PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH COMMUNITY HEALTH IMPROVEMENT PLAN

Contents

Introduction

Overview

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

A series of three stakeholder conversations were held for each of the above areas of focus. 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, including health care providers and representatives of larger agencies, 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.

Roles of teams

This process was highly collaborative between PDPH and Drexel. Drexel partnered with the Injury Prevention Program, the Office of Bioterrorism and Public Health Preparedness, and the Division of Ambulatory Care at PDPH to plan, recruit, and host the stakeholder conversations relevant to their office/division. The Drexel team also met regularly with the deputy health commissioner to assure the planning process were meeting the overall needs of PDPH. 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 conversations. This report was developed in partnership between Drexel and PDPH.

Timeline of project

Planning for these series of stakeholder conversations began in March 2022. The Drexel team met with each of the PDPH relevant divisions to identify target audiences and develop a basic agenda for each of the three conversations. Subsequently these teams worked collaboratively to identify specific stakeholders and tailor a template discussion guide for each topic. Recruitment for these events began in May 2022 and the conversations were held between May and June 2022. In July 2022 results were analyzed and a report on findings developed. Recommendations based on the findings were developed in August 2022.

Methods

Planning & Development

A series of planning meetings were held between Drexel and the PDPH unit most relevant to each topic area. Stakeholders were identified and recruited in partnership between Drexel and the PDPH unit. The stakeholders included Philadelphia residents and patients, representatives of community-based organizations, social service agencies, health care providers, and many others. Community residents who participated outside of any professional roles were eligible for a gift card to compensate them for their time.

A template discussion guide was developed based on CHIP requirements and past CHIP processes. This guide was then adapted to each topic based on the framing and information that would be present by PDPH unit. To see further details on the planning process for each topic including target audience, dates and times of each conversation, and the tailored discussion guides, refer to the planning briefs in Appendix A.

Conversations were held both virtually on zoom and in person in easily accessible locations throughout the city. The conversations began with a short presentation on Philadelphia data related to each topic and then transitioned to a facilitated discussion to solicit reactions, feedback on current solutions, and ideas for new ways to address these issues. 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. The qualitative themes and survey rankings from the conversations were used to identify major areas of concern and possible solutions or goals for each topic area. These concerns and solutions were used to identify recommendations and policies by PDPH which are included at the end of this report.

Data Collection & 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 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. Frequencies were calculated from survey results and used to describe the priorities identified by participants. Any item that was ranked as a 1st, 2nd, or 3rd priority received one vote. We then matched themes with survey results and display them in this way throughout this report. However, it is important to note that not all discussion themes were reflected in survey results, and not all survey items ended up being a discussion theme.
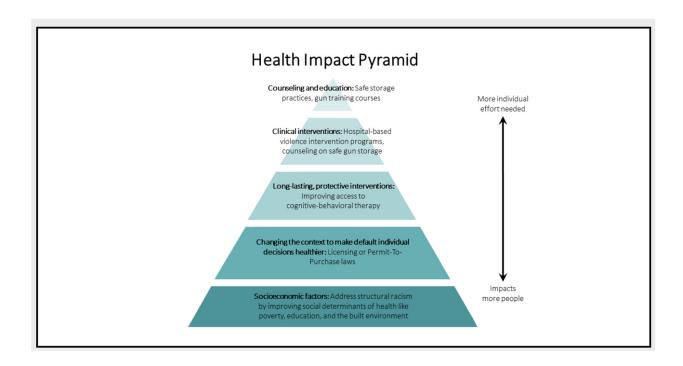
Social Determinants of Community Violence

Participants

For this topic, key stakeholders were identified in collaboration with the Violence Prevention Program Manager from the Office of Injury Prevention. The majority of these stakeholders included community residents – both youth and adults - and representatives of community-based organizations working on violence prevention. Two focus groups were conducted with two existing groups of diverse community violence stakeholders and organizations: the Drexel University-convened Community Violence Working Group (CVWG), a group with representatives of organizations working on violence prevention in Philadelphia, and the Giffords group, a group funded by the Giffords Foundation consisting of individuals and professionals working to address gun violence both locally and nationally. To reach youth residents, we partnered with Dimplez 4 Dayz, a community-based organization founded by a youth in Philadelphia to offer programs to youth impacted by violence. Dimplez 4 Dayz conducted the recruitment for this conversation from among youth participants of their programming.

Topic Framing

For this topic, the short presentation focused on the public health approach to violence prevention and social determinants of community violence. In addition, some data around gun violence incidents and trends in Philadelphia was shared. The Health Impact Pyramid was included in the presentation to help demonstrate the range of services to address gun violence and explain the public health approach which focuses more on the lower tiers of the pyramid.
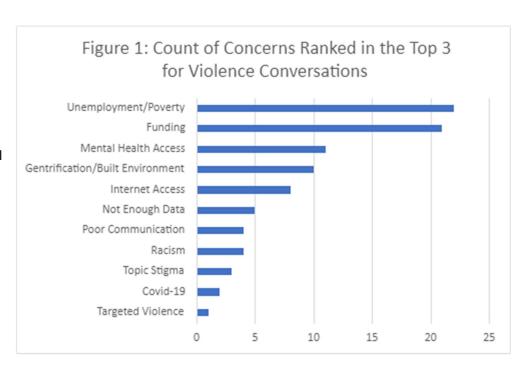
Results

Key Concerns

The most frequently ranked concerns in the survey included unemployment/ poverty, lack of funding, and mental health access (see Figure 1). Additional themes from the conversations showed lack of adequate youth programming and other structural issues as key themes.

The text below summarizes the key concerns from the conversations, followed by a table of the themes and number of votes (Table 1.1-Table 1.5). To see a table with all the votes for all themes for this topic, refer to Appendix B.

Key Concerns: Lack of access to services

Mental Health

Lack of mental health support was mentioned in two of the three conversations. It was recognized that participants who live in areas with high violence and crime don't often have access to mental health services (e.g., facilities, support groups, etc.). As it relates to youth, it was discussed that the lack of mental health services may lead youth to be unable to recognize when they are experiencing a mental health crisis or may challenge their ability to cope with trauma such as violence. Participants also discussed race as it relates to seeking mental health services, specifically stigma within black or African American communities around accessing services.

> "The mental and behavioral health in the neighborhoods that … usually have a high crime-- there aren't many health facilities, or … there aren't any groups that support any type of mental health or behavioral health to help the people in the neighborhood … that is almost nonexistent."

Internet

Lack of reliable internet access was mentioned as being a contributor to community violence. Without internet access, participants felt that people can't do things like apply for jobs and participate in online programming. Having to go to another location for free internet access (e.g., McDonald's parking lot) can create safety concerns. It was also mentioned that lack of internet access plays into the way that information is received; If a person does not have internet, interventions like online anti-violence campaigns are inaccessible. One participant described it as,

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"When we see information deserts in areas most impacted by violence here in Philadelphia, what is that telling us? If you don't have access to internet, if you don't have reliable access to internet, can you even apply for jobs?"

Table 1.1 shows a summary of where participants ranked the concerns related to this theme as one of their top three priorities. The same concerns were not necessarily raised in each conversation. Conversations where these concerns were not raised or where the item was not ranked highly by any participants are grayed out in the table below.

Table 1.1 Violence Prevention Concerns: Lack of Access to Services			
	Number of times ranked 1st, 2nd or 3rd		
Concerns from ranking survey	Meeting 1 (n=9)	Meeting 2 (n=5)	Meeting 3 (n=19)
Mental Health Access	11		
Early childhood experience (ACEs) and emotional/mental health of people who commit violent acts before they are violent		2	
Lack of Mental Health Access/knowledge on mental health issues			9
Internet Access	8		
Internet access/reliable internet services	1		7

Key Concerns: Inadequate Youth Programming

Lack of programs

Concerns were voiced about the lack of youth programming and its connection to community violence. Some of the lack of programming is due to COVID-19's impact on programs being shut down or being offered at limited times. It was also recognized that there is a disconnect between programming and young people's involvement in the development and operations of programs (i.e., youth programs being organized and run by adults with little to no youth input).

Barriers to existing programs

In one of the conversations, conflicts between different neighborhoods was a barrier. Participants recognized that it can sometimes be dangerous to step out of their community boundaries to attend programming in neighboring communities. One youth participant explained,

"We got two programs down there, two food programs, but we can only go to one. The kids, we don't go to one because if we go to the other one, there's a possibility to get shot because somebody might recognize it from down here."

Barriers surrounding travel, specifically youth traveling at night for programming was also mentioned.

Poverty was brought up in one conversation as it relates to the accessibility of programs. Youth expressed being more likely to attend a program if it was provided free of cost. While these themes arose from the qualitative analysis of the conversations, it did not end up ranked high in the survey.

Mainly discussed in the youth conversation, participants were concerned with the accessibility of online information. Not only was information not communicated well, but they also saw a lack of online engagement from PDPH with young people to help spread information. Youth recognized that social media plays a big role in how they receive information and found a disconnect between the way information is being disseminated by PDPH and how they access information. One youth described feeling the lack of engagement from the health department lead to a further lack of interest in their information,

> *"So no disrespect to you all again, but if I did see the public health page, of course, I'm not clicking on their page because I'm not interested in what they got going on because they're not interested in what I got going on and what I'm doing, and that's why."*

Table 1.2 Violence Prevention Concerns: Information Accessibility			
	Number of times ranked 1st, 2nd or 3rd		
Concerns from ranking survey	Meeting 1 (n=9)	Meeting 2 (n=5)	Meeting 3 (n=19)
Poor Communication	4		
Inconsistent outreach in communities (public health department comes in, "drops information", and doesn't follow up)			4

Key Concerns: Neighborhood level changes

Gentrification

Gentrification was briefly mentioned as possibly having a correlation to community violence. Participants questioned if there was any data collected that examined the role of gentrification and people being displaced on community violence. Some participants felt that neighborhoods that are changing in a way that is unfamiliar can lead to violence.

> *"I do wonder if there's any correlation or if there's any data collected on development areas of high development recently thinking about gentrification, new folks moving in, old folks being forced to live with things that they don't want to, and possibly that being a response or part of their response to what's happening in the neighborhoods."*

Built environment

Different from concerns around gentrification, the concerns surrounding the built environments were addressing the lack of investment in greenspaces/recreational spaces. While some neighborhoods have parks or recreational spaces, those space and facilities are often too run down to function. This disinvestment penetrates the community and issues surrounding community cohesion arise.

> *"But then you come to the deep-down neighborhoods that don't-- that aren't cared about, the parks aren't improved, where they just aren't cared about, of course, they're not gonna care about each other because the communities aren't even being encouraged to care about each other."*

Table 1.3 Violence Prevention Concerns: Neighborhood level changes			
	Number of times ranked 1st, 2nd or 3rd		
Concerns from ranking survey	Meeting 1 (n=9)	Meeting 2 (n=5)	Meeting 3 (n=19)
Gentrification & Built Environment	10		
Impact of gentrification/fast development	2		
Lack of green spaces/ safe spaces to recreate yourself (playground, libraries, rec center, etc.)			8

Key Concerns: Stigma & Trauma

Stigma against speaking out

This concern only arose in one of the conversations but recognized that stigma around the word "snitch" is one of the things hindering violence prevention work. The participant emphasized that work needs to be done to "educate and change the culture" around that language. Fear of being perceived as a snitch by others directly plays into sharing experiences surrounding violence.

> *"So really educating the community on what a snitch is and changing the culture of that language, and social norms of not reporting gun violence and just closing your door, your windows, and you're turning your [head], like, you didn't see what just happened and nobody coming forth. That's why these things are repeatedly happening in our neighborhoods because we are not standing up."*

Cycles of violence, trauma, & retaliation

In one conversation a participant discussed the issue of retaliatory violence leading to cycles of violence and trauma that is hard to break. The participant described how trauma from gun violence can reverberate throughout the entire community and result in more violence as well,

> *"So the place that I think we need to look at is retaliatory gun violence. If we're not putting our efforts towards that, we are just overlooking what's not so much the causal factor but certainly the factor that keeps the cycle going. So to that end, if we're not being in contact with the victims of gun violence, street group members, family members, if we're not actually providing a public health paradigm to address, then we are allowing the fertile ground of retaliation to actually occur."*

Table 1.4 Violence Prevention Concerns: Stigma & Trauma			
	Number of times ranked 1st, 2nd or 3rd		
Concerns from ranking survey	Meeting 1 (n=9)	Meeting 2 (n=5)	Meeting 3 (n=19)
Topic Stigma	3		
Retaliatory Violence		2	
Culture around silence in response to violence (snitching)		1	

Lack of funding

Lack of funding for violence prevention programs was a concern that was brought up in two of the three conversations. Participants emphasized the importance of funding in sustaining programs including funding for an appropriate number of staff, materials and activities, renting appropriately sized facilities, and more. Funding is needed for programs to address both prevention and response. One participant described,

> *"We need to allocate additional funding as we're allocating to all these other things…*
> *This support needs to be comparable. We need to be able to look at other municipalities*
> *in terms of what their allocation of dollars have been in terms of public health support."*
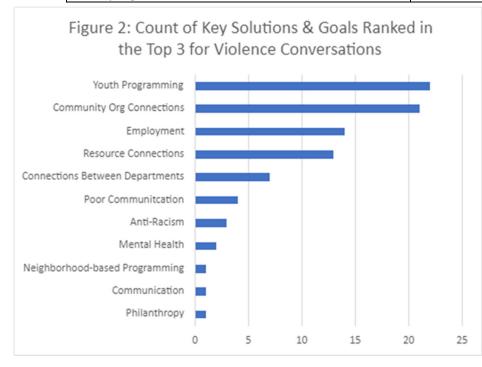
COVID-19 impact on violence

The COVID-19 pandemic was mentioned a couple of times throughout the conversations both in general and about specific impacts. Participants discussed the lack or cancellation of programming, especially for youth as well as the increased need for internet to access virtual programming. Finally, it was mentioned COVID-19's impact on unemployment and poverty which led to further violence.

Key Concerns: Other topics

Unemployment was mentioned as it related to internet access and not being able to apply for jobs if you lack reliable internet access. Briefly one or two participants brought up concerns related to interpersonal, internalized, or systematic racism. One participant felt that there was a general lack of data as well as a specific type of data (e.g., not enough geographic data or data not broken down by race) to help understand and address violence in Philadelphia. Finally, only mentioned during one conversation, there was a concern about violence targeted against the LGBTQ+ community.

Table 1.5 Violence Prevention Concerns: Other			
	Number of times ranked 1st, 2nd or 3rd		
Concerns from ranking survey	Meeting 1 (n=9)	Meeting 2 (n=5)	Meeting 3 (n=19)
Unemployment/Poverty	22		
Unemployment	6		
Poverty/Income inequality	4		
Correlation (Link) between violence and poverty (unemployment)		3	9

Table 1.5 Violence Prevention Concerns: Other (continued)			
	Number of times ranked 1st, 2nd or 3rd		
Concerns from ranking survey	Meeting 1 (n=9)	Meeting 2 (n=5)	Meeting 3 (n=19)
Funding	20		
Better funding opportunities to work on upstream approaches in smaller groups most affected by violence		2	
Office of Injury Prevention does not have enough staff to address this major issue		1	
Lack of funding and resources for grassroots organizations			11
Not having knowledge on funding opportunities and resources			6
Violence has not consistently been a high enough priority by the health department, local and state government, and global groups		1	
Not Enough Data	5		
Need for geographic data/data in general to advocate for more resources	5		
Racism	4		
Systemic Racism	4		
Covid-19	2		
Impact of pandemic in general & on schooling/after school programs	2		

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

Key Solutions/Goals

Based on the survey, the top voted solutions for violence prevention were youth programming, connections with community organizations & groups, and employment. Figure 2 displays the counts of the highest ranked solutions while the text below summarizes the findings from the conversations.

Increase in programming

Participants in all three conversations discussed a need for an increased investment in youth programming as a solution to community violence. Some participants spoke more specifically about making programs more affordable to all youth as well. There was a call by the youth participants for programs that engage youth in the creation and/or implementation of those programs.

Access to free programming

Participants expressed that it is not only important to have more programming available, but that it is equally as important to offer free youth programming. Participants One participant said, "I think with schools and bringing teachers to volunteer their time to do these classes for free or low cost to our community in their area, I think that's also important."

Paid programming/employment opportunities for youth

In one conversation it was discussed how there was a need for paid opportunities for youth as a violence prevention strategy. A participant pointed to examples of other departments at the city that have paid opportunities for youth to use as a model in PDPH.

> "There are over 300 spaces owned by Parks and Rec or managed by Parks and Rec that, to me, I see opportunity for job creation [for youth]."

Table 2.1 Violence Prevention Solutions & Goals: Youth programming			
	Number of times ranked 1st, 2nd or 3rd		
Solutions & Goals from ranking survey	Meeting 1 (n=9)	Meeting 2 (n=5)	Meeting 3 (n=19)
Youth Programming	22		
Increase and investment in youth programming/ providing free programming for youths	7		15
Employment	14		
Sustainable youth employment programs to address the link between poverty and violence		2	12

Community Connections

This solution was brought up in two of the conversations and was discussed extensively by the participants. Not only did participants want to see more connection to community groups, they wanted to see funding for these partnership. Participants expressed that it was important for the PDPH to "work more with local neighborhood-based groups," and support these groups with capacity building and receiving funding.

> *"I stay stuck on funding because I feel like resources are really fundamental to progressing the work that we're trying to do. And there are small organizations, folks who are really passionate, folks who are from the community, dedicated, interested in in their community. I live there, I want to stay there, and who cannot compete with folks who may have higher educational attainment, may be more connected to institutions. I*

think this capacity building for these small organization is critical because they are the organizations that will make the difference."

Community Engagement

An emphasis was put on the importance of having deep, meaningful, and ongoing community engagement to address community violence. Participants felt that it is important to meaningfully engage community members, especially when decisions are made that would directly have an impact on them (ex. programming in their communities).

Connections Between Departments

Many participants recognized that there are many city departments that are either doing violence prevention work already or should be part of violence prevention work. It was emphasized that there needs to be coordination between city departments to bridge some of the gaps in the ongoing violence prevention work. One participant stated, "I think a lot of the violence intervention work exists naturally in different agencies in the city. Some of it is behavioral health. Some of it is Office of Homelessness. Some of it is human services. Some of it is children and families. And I think a big challenge is what is it that the health department can focus on that either is collaborative across agencies and perhaps more place-based or issue-based?" Some additional connections were also suggested with Parks and Rec and the Police Department specifically for addressing connections with youth.

> *"Creating a relationship between law enforcement and the community because there's a lot of distrust and having a league where the police officers are teaching and playing with our kids after school, creating that connection between them so that they can see them as role models and coaches."*

One participant mentioned creating and strengthening community relationships with law enforcement as a solution to addressing community violence. The participant described that while there is distrust in law enforcement, fostering a relationship can help change this to have a positive impact on community violence.

Philanthropy

This solution was only brought up in one conversation where participants thought that partnership with philanthropic organizations could be useful in violence prevention. One of the examples given was partnering with Philadelphia sports teams to help address stigma around violence or mental health.

Table 2.2 Violence Prevention Solutions & Goals: Collaborations			
	Number of times ranked 1st, 2nd or 3rd		
Solutions & Goals from ranking survey	Meeting 1 (n=9)	Meeting 2 (n=5)	Meeting 3 (n=19)
Community Organization Connections	20		
Increase in community engagement/fostering relationships (consistent, deep, meaningful outreach to communities)			9
Funding & capacity building in communities, especially grassroots organizations	2	3	4
Working more with local neighborhood-based groups (civics, resident groups, block captains, etc.)	1		1
Support for small local organizations to complete and receive funding		1	
Creating relationships between police and community, especially youth and police	2		
Connections Between Departments	7		
Support programs & services offered in other departments (ex. parks & recs) & bridging gaps between departments at City	5		
Consistent strategies and priorities around violence from local to global level		1	
Comprehensive /collective effort; collaborations between multiple entities (city governments, schools, community, etc)		1	
Philanthropy	1		
Building stronger ties with large groups and corporations in Philly, like sports teams, to address key issues/messages and forming stronger relationships with local philanthropy to support this issue	1		

Key Solutions/Goals: Access to Resources

Resource Connections

Participants described the need to map a wide variety of assets such as rec centers, after school programs, libraries, play streets, and more. They felt this would make it easier for community members to navigate and access needed resources both in prevention and in response to community violence.

Mental Health

Addressing stigma surrounding mental health was a topic that was brought up in all three conversations. Participants voiced how culture plays a role in whether people seek mental health services or not. Participants felt that people can be perceived as weak by seeking mental health services. In order to

change this, participants wanted to hear people speak out to emphasize the benefits of seeking mental health services, especially for those who have experienced trauma and violence. Changing mental health stigma was an important solution in all conversations. One participant described the hesitancy people feel about accessing mental health services as,

> *"A lot of people see mental health and the whole behavior modification as a weakness. So they don't want to come forth and say, "I have a problem," because then, they're going to be-- say, "Well, people might think I'm really weak if I have to go see a therapist or I have to go talk to someone because can't get my thoughts together." So we have to change that stigma..."*

Neighborhood based programming

Providing more neighborhood-based programs and services was discussed a couple of times in two of the three conversations. Participants saw this as a way to increase access to services because people don't have to travel to seek services or programs. Participants felt that services offered in every community would make it more accessible, especially for youth. "I think focusing on bringing funds to these neighborhoods and bringing the programs to them, sometimes having to travel to get the services that they need, can be a barrier to receiving services. So looking at what we have locally, what we have in our areas that are more needed, and if we don't have that, putting the funds to make sure that's that it's available to them".

Table 2.3 Violence Prevention Solutions & Goals: Access to Resources			
	Number of times ranked 1st, 2nd or 3rd		
Solutions & Goals from ranking survey	Meeting 1 (n=9)	Meeting 2 (n=5)	Meeting 3 (n=19)
Resource Connections	13		
Mapping of assets such as rec centers, after school programs, libraries, play streets, etc.	4		
Providing tangible resources for communities			9
Mental Health	2		
Addressing stigma to receiving mental health care	1		
Providing support to family members of victims, not just those directly impacted by violent acts		1	
Neighborhood-based Programming	1		
Awareness of local barriers to access to programs			1

Key Solutions/Goals: Other solutions

Built environment

Investment in the built environment of communities was brought up as a solution in one of the conversations. The participant mentioned how the visual appearance of a community has great influence on how people feel towards it. Creating more green and recreational spaces and repurposing things like vacant lots or houses can be a solution to addressing violence. The participant described,

"The blueprint of the environment, the built environment someone mentioned. We got a bunch of dilapidated houses that just make the environment look deplorable. And so when you look at a deplorable environment, you can't but think deplorable thoughts. And so getting rid of stuff that doesn't bring down the visual appearance of your community can also be helpful."

Anti-racism Focus

While this was only brought up in one conversation, some participants emphasized that the PDPH should focus on anti-racist efforts when it comes to addressing issue and creating programming. TO better address community violence, creating programming must be informed by historical trauma and acknowledge that racism is a public health crisis. A participant stated,

"And that is to say if the health department is not including historical trauma into the way in which they are onboarding or … creating programs, if they're not including historical trauma, intergenerational trauma in those programs, you're really missing the point because we're not getting to the bottom of things."

Budget Transparency

Finally, a couple participants discussed how there needs to be more communication around how budgets are disbursed. This may include better transparency around how much funding is allocated towards specific issues, who and how funding decisions are made, and why specific programs are or are not funded.

Table 2.4 Violence Prevention Solutions & Goals: Other			
	Number of times ranked 1st, 2nd or 3rd		
Solutions & Goals from ranking survey	Meeting 1 (n=9)	Meeting 2 (n=5)	Meeting 3 (n=19)
Anti-Racism	3		
Explicitly addressing the impact of historical trauma of slavery and racism against communities of color and the link between that trauma and current violence as well as current issues of racism in the health department		3	
Communication	1		
Packaging information in ways that are relatable/ using "credible messengers"			1

Public Health Preparedness

Participants

For this topic, key stakeholders were identified in collaboration with the staff from the Bioterrorism and Public Health Preparedness Program from the Division of Disease Control at the PDPH. These stakeholders primarily included community residents and representatives of community-based organizations working with populations who would be most vulnerable to disasters. One conversation was held with organizational representatives virtually and two conversations were held in person with community residents. Recruitment of these groups were initiated by staff from the Bioterrorism and Public Health Preparedness Program who had existing relationships with many of these organizations and individuals with support from the Drexel team.

Table 1. Hazards in order of Planning Priority Score, Philadelphia,

PPS*	Hazard	Planning Priority
1	Pandemic	CRITICAL
2	Coastal Storm	CRITICAL
3	Flood	CRITICAL
4	Utility Interruption	CRITICAL
5	Localized Infectious Disease	HIGH
6	Hazardous Material Release	HIGH
7	Winter Storm	HIGH
8	Conventional Explosive	MODERATE
9	Tornado	MODERATE
10	Biological Terrorism	MODERATE
11	Civil Disturbance	MODERATE
12	Radiation Dispersal Device	MODERATE
13	Drought	LOW
14	Temperature Extremes	LOW
15	Active Shooter	LOW
16	Nuclear Facility	LOW
17	Chemical Terrorism	LOW
18	Fire	LOW
19	Cyber Terrorism	LOW
20	Earthquake	LOW

Topic Framing

For this topic, the framing presentation focused on an introduction to public health preparedness, what the top hazards in Philadelphia are, and the role of the Program in addressing these hazards and public health emergencies. Below is the list of key hazards for Philadelphia that was referenced throughout much of the conversations.
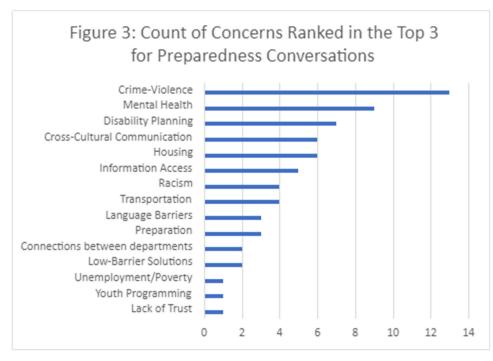
Findings

Key Concerns

Survey results demonstrate the top voted concerns for preparedness were safety, mental health, and disability planning. However, qualitative analysis seemed to show more discussion and concern around information barriers and lack of connections as major concerns. Figure 3 below shows the overarching themes and number of votes, while the text below summarizes the key concerns from the conversations. For each major concern, the relevant votes are shown in a table below while the full table of all votes are in Appendix B.

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

Concern	Count
Crime-Violence	13
Mental Health	9
Disability Planning	7
Cross-Cultural Communication	6
Housing	6
Information Access	5
Racism	4
Transportation	4
Language Barriers	3
Preparation	3
Connections between departments	2
Low-Barrier Solutions	2
Unemployment/Poverty	1
Youth Programming	1
Lack of Trust	1

Key Concerns: Information barriers

In all three conversations, several participants brought up issues around communication and accessing information to prepare for or respond to public health emergencies and hazards. Specifically, cultural, language, or technology barriers were important reasons information did not always reach the target audience. But even when those specific barriers did not exist, participants still felt that many residents did not have the knowledge or education to know where to find relevant information about hazards and public health emergencies.

Cross-Cultural communications & language barriers

In two conversations, participants discussed the difficulty of getting information to residents in a culturally competent way such as in formats they use and trust. One participant described it as "the problem with people of different [ethnicities] coming in and telling you certain things, and you're getting a lot of feedback from different things." Related, issues around language barriers in communication came up in all three conversations. Participants described a lack of interpretation services or information available in multiple languages about preparedness, especially the COVID-19 pandemic. Where translation services were available, one of the participants brought up that the translations were often in technical terms at high reading levels. Additionally, one participant spoke on the issue of getting information about resources or services to specific neighborhoods.

Technology Barriers

Technology barriers related to communication was another major concern related to information. Participants in one conversation were concerned about the overuse of technology to get information to people, such as only receiving alerts about extreme weather on phone as well as to only being able to sign up for services online, such as vaccine sites.

> *"I think like acknowledging digital divide in Philadelphia is important in like how folks are able to or unable to access crucial information, because it's first available online before it's available in print or other forms of, what you said, ways that folks can access information."*

Table 3.1 Preparedness Concerns: Information barriers			
	Number of times ranked 1st, 2nd or 3rd		
Concerns from ranking survey	Meeting 1 (n=11)	Meeting 2 (n=6)	Meeting 3 (n=5)
Language Barriers	3		
Language barriers & accurate interpretation that actually uses lay terms	2		
Language barriers that keep people from responding to hazard and preparing for emergencies			1
Cross-Cultural Communication	6		
Access issues with communications reaching folks with language, cultural, visual, or technology/internet barriers and those impacted the most. Also, a reliance on traditional news media with barriers (pay walls, literacy) and that don't always reflect everyone's voice or suppress voices of people of racial and ethnic minorities	6		
Information Access	5		
Lack of access to information and resources (education)		2	
Lack of access to information, education & communication around the pandemic and these hazards in general in ways people can understand (simple language, multiple languages, etc.)			3

Key Concerns: Lack of connections

Another major theme to come out of all three conversations were PDPH's lack of connections, both internally and externally, to help residents prepare for and respond to emergencies. In one conversation, participants raised the question of what relationships exist between city departments in general and specifically with certain department. One participant felt that the police are more involved with communities and block captains than other departments and a partnership with the police could help to distribute resources in communities. In addition to internal connections, participants felt that the PDPH did not have enough connections to community-based organizations and other groups who are most connected to residents. One participant questioned,

> *"What is the coordination within PDPH but also across different agencies, and also with community? What's the response aspect? I know there are a lot of relationship that exists. I certainly receive a lot of emails from [Office of Bioterrorism and Public Health Preparedness] which is awesome, that there is that very direct relationship. But I'm just curious, internally, what is that coordination and plan actually look like?"*

Table 3.2 Preparedness Concerns: Lack of connections			
	Number of times ranked 1st, 2nd or 3rd		
Concerns from ranking survey	Meeting 1 (n=11)	Meeting 2 (n=6)	Meeting 3 (n=5)
Connections between Departments	2		
Issues with coordination within PDPH, across the City, and with outside community agencies to address emergencies	2		

Key Concerns: Impact of Social determinants of health on accessing services

The impact of specific social determinants of health, including housing, food, transportation, and unemployment, were all brought up in relation to how residents can respond to or prepare for emergencies.

Housing

Specifically, around housing, participants felt there was a need for accessible and affordable housing to be able to respond to emergencies. For unhoused folks, participants felt there were added challenges in accessing support to respond to disasters or accessing safe and healthy shelters during the COVID-19 pandemic. One participant said,

> *"I see accessible housing as an intersection to most hazard responses. People cannot evacuate a flood, or get pandemic healthcare, or access a cooling center if they cannot independently get in or out of their home."*

Transportation

Related to transportation, participants described challenges in reaching services needed to respond to emergencies. They also discussed that the services SEPTA offers for folks with disabilities can often be short staffed and fail to meet their needs.

Table 3.3 Preparedness Concerns: SDoH barriers			
	Number of times ranked 1st, 2nd or 3rd		
Concerns from ranking survey	Meeting 1 (n=11)	Meeting 2 (n=6)	Meeting 3 (n=5)
Unemployment/Poverty	1		
The role of unemployment in the ability to respond to hazards			1
Transportation	4		
Transportation & issues with public transportation impacting folks with economic barriers such as accessing vaccine sites	4		
Housing	6		
Fires		1	
Heat, winter storms, & extreme weather, especially need for elderly folks		3	
Affordable housing		2	

Key Concerns: Lack of Disability Planning

During one conversation, several participants discussed at length how the lack of planning specifically for people with disabilities is a major concern. More specifically, participants discussed the challenges of being prepared for emergencies with specific populations such as those who are blind or visually impaired, people who have mobility issues, and people dependent on technology (such as ventilators or dialysis). All populations have specific needs in emergencies that current planning does not meet. One participant described it as

> *"Oftentimes, our loved ones are technology-dependent in some way or another. So they use central lines. They use ventilators, breathing machines in the home and require a significant amount of equipment and supplies to remain safe at home and things like electricity, air conditioning, safe temperatures."*

Table 3.4 Preparedness Concerns: Disability Planning			
	Number of times ranked 1st, 2nd or 3rd		
Concerns from ranking survey	Meeting 1 (n=11)	Meeting 2 (n=6)	Meeting 3 (n=5)
Disability Planning	7		
Lack of planning/specific resources for folks with medical disabilities (blind or visually impaired impaired) and/or are technology dependent (ventilators, dialysis etc.) to address their specific mobility and equipment needs	7		

Key Concerns: Impact of violence and crime

While this series of conversations was not focused on public safety, the impact on violence and crime on accessing and providing resources inevitably came up in all three conversations due to the ongoing crises in Philadelphia. Participants brought up the individual aspect of not feeling safe due to violence and crime in accessing needed resources to respond to public health emergencies. One participant explained the conflict residents feel during extreme heat,

> *"it's like you want to open the windows to get some air, but you don't want to because you scared somebody going to jump through the window."*

Additionally, participants discussed the impacts from an organizational perspective. Due to violence and crime, organizations had to plan events such as vaccine clinics in specific locations or times.

Table 3.5 Preparedness Concerns: Violence & Crime			
	Number of times ranked 1st, 2nd or 3rd		
Concerns from ranking survey	Meeting 1 (n=11)	Meeting 2 (n=6)	Meeting 3 (n=5)
Crime-Violence	13		
Safety & gun violence's impact on preparing for these hazards, such as feeling safe going somewhere to cool down		6	
Role of gun violence on people's ability to deal with hazards			4
Hazards, like civil disobedience, keeping people at home and not seeking resources			3

Key Concerns: Mental health

The final major theme to arise in all three conversations was the mental health impacts of responding to public health emergencies. Participants were concerned about the major impacts of living through several overlapping public health emergencies. One participant said,

> "It's like this ongoing underlying trauma and how folks, individual, and then as a collective in their respective communities have to respond to the impact of the overlaps of all the events that occur, right, the overlap of a pandemic with the flood with gun violence."

While this was discussed broadly about all the hazards, several participants also discussed the impact of isolation from the COVID-19 pandemic.

Table 3.6 Preparedness Concerns: Mental Health			
	Number of times ranked 1st, 2nd or 3rd		
Concerns from ranking survey	Meeting 1 (n=11)	Meeting 2 (n=6)	Meeting 3 (n=5)
Mental Health	9		
Underlying mental health toll/trauma both individually and collectively to respond to overlapping disasters	3		
Collective trauma/mental health impacts from these events/hazards		3	
Lack of mental health access			3

Key Concerns: Additional concerns

A few more themes arose in one or two but not all conversations. One was the lack of ongoing support for individuals and organizations from the government after an emergency. Participants felt that while there were immediate supports in the aftermath of emergencies like COVID-19 or floods, there are not

any ongoing resources currently available to communities. In one conversation, a couple participants discussed how there were a lack of low barrier solutions that prevent individuals, especially those experiencing homelessness, from accessing needed resources. Finally, a few participants discussed the impact of both historical and current racism on the lack of information and resources available to certain neighborhoods as well as the impact of racism on health outcomes from emergencies, such as the higher burden of COVID-19 deaths in African Americans in Philadelphia.

| Table 3.7 Preparedness Concerns: Other			
	Number of times ranked 1st, 2nd or 3rd		
Concerns from ranking survey	Meeting 1 (n=11)	Meeting 2 (n=6)	Meeting 3 (n=5)
Low Barrier Solution	2		
How to serve unhoused folks in future/current pandemics & addressing issues with the COVID hotels	2		
Racism	4		
Generally, how disasters and emergencies disproportionately impact racial & ethnic minorities & poor response to prioritize those populations (ex. lack of vaccine site in certain neighborhoods)	4		

Key Solutions/Goals
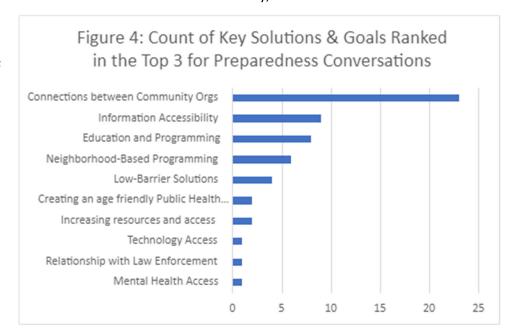
According to survey results, the top voted solutions for preparedness were connections with community organizations and groups, information accessibility, and youth programming. Similarly, in the conversations, the major themes that arose were connections both internally and externally, information accessibility, neighborhood specific resources, and additional education and programming. Figure 4 shows the overarching themes and number of votes from the survey, while the text below summarizes the key concerns from the conversations.

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

Key Solutions/Goals: Connections & Collaborations

A major theme to arise from these conversations surround how PDPH should partner with both internal and external organizations to better reach their goals related to public health preparedness.

Connection with community organizations & groups
The desire to see more partnerships between the PDPH and community organizations or

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group came up several times in all three conversations. Some participants pointed to past successful partnerships between the Office of Bioterrorism and Public Health Preparedness and community-based organizations (CBOs) to increase vaccination rates in underserved and hard to reach neighborhoods. They saw this model as something that should be carried forward to continue to address disparities in COVID-19 vaccination rates as well as address other issues with getting both information and other services to communities. The participants felt CBOs are and would continue to be most successful because they are most knowledgeable of and trusted by the neighborhoods they serve. Not only was establishing these connections important to participants, but several also discussed the desire to see these relationships continued past a onetime event. One participant suggested, "I think it would be good if you guys could have a point of contact [inaudible] in the neighborhood that would work a certain block radius that can address the initiatives that you guys want whether it's heat or telling the kids about certain activities they could do during the summer, things like that." Participants suggested establishing ongoing partnerships with civic associations, other CBOs, RCOs, and CDCs, churches & faith-based organizations, block captains, and other groups who are visible and knowledgeable about how to work with their communities, especially the individuals in their communities who are most vulnerable. One participant who was a leader in his neighborhood added,

> *"But all of us are very well connected with those communities so I think it's just a matter of keeping-- keeping the organizations that already are in touch with those people readily available to you so that when you need announcements to get out, we can pass that along. So it doesn't need to be-- you don't need to get each individual actively engaged with your offices. It's more so go through the organizations that have these networks already established."*

Connections between departments

Participants discussed the need for better communication and coordination across departments to address various aspects of public health emergencies like mental health and economics. One participant wanted to see better connections with mental health agencies at the city to help provide services in response to emergencies. Another participant wanted to see stronger partnerships with law enforcement due to the fact they are most integrated in many communities. Similarly, in one conversation a couple participants discussed the need for better coordination between the city and state public health agencies. There was confusion residents experienced with the differences in phases of the COVID-19 pandemic for the city and state.

Quality of collaborations

One participant also brought up that in general, the partnerships must be with organizations and individuals who "Do the work or actually have meaningful, trusted relationship with communities they claim to serve." They suggested vetting individuals and organizations to identify those who do or do not actually represent or work with the people they claim to.

Table 4.1 Preparedness Solutions & Goals: Connections			
	Number of times ranked 1st, 2nd or 3rd		
Solutions & Goals from ranking survey	Meeting 1 (n=11)	Meeting 2 (n=6)	Meeting 3 (n=5)
Connections between Community Orgs	23		
Building out existing communication channels such as working with organizations or service providers that know best how to reach specific populations & are already trusted	6		
Partnership with small local CBO for providing services & prioritizing the partnership that have been successful	5		
Stronger & ongoing partnerships between the Health department and local groups, civic associations, faith-based organizations, communities, schools, block captains to get resources out		4	5
Help specifically with elderly folks for extreme weather such as fans, ACs, & support through visitation by block captains		3	
Connections between departments	1		
Strengthening the relationship between law enforcement and communities			1
Mental Health Access	1		
Access to Mental health counselors for all ages during these emergencies and extreme events		1	

Key Solutions/Goals: Information Accessibility

It came up in every conversation that PDPH needs to better communicate with residents in general as well as with specific populations who may be at highest risk. Participants felt that all information and websites must be accessible to people of all abilities. While the need for information to be quickly available online or on cellphones was discussed, participants in one conversation also discussed the need for additional accessibility options for online communication to reach more residents. Specifically screen readers came up a few times as helpful both to people with visual impairments but also with people who have low literacy levels to access information online.

Some of the suggestions to better get information out included partnering with folks in the communities/on the ground to better get the information out. A couple residents discussed the need to partner with local media outlets so that information can better reach all residents. One participant described it as,

"But also working with local ethnic media as well. And then also working with local newsrooms and not just relying on the Inquirer, so. … like Kensington Voice, Germantown Info Hub, and more niche-serving news outlets across different media. Because they recognize variances in literacy rates across all communities not just English language publishing communities as well."

Finally, participants discussed how the PDPH needs to do a better job of letting people know what services they provide. One participant emphasized "you can have something available but if people don't know it's available then it's not as useful." Some suggested passing information through children at school or rec centers to get to parents. Another specific recommendation was developing information packets about preparing for specific emergencies to distribute.

Table 4.2 Preparedness Solutions & Goals: Information Accessibility			
	Number of times ranked 1st, 2nd or 3rd		
Solutions & Goals from ranking survey	Meeting 1 (n=11)	Meeting 2 (n=6)	Meeting 3 (n=5)
Information Accessibility	9		
Building digital literacy & ensuring websites & other communications are accessible to those who are visually impaired or have language barriers (such as screen readers)	1		
Better ways to get information out such as apps like citizens for getting information out		4	
Providing education on how to prepare for and deal with hazards and emergencies before they present themselves			2
Finding better ways to get information out to community members			2
Technology Access	1		
Find a way to ensure that people who are home bound due to his/her disability have access to technology.			

Key Solutions/Goals: Neighborhood specific resources and services

Participants discussed the need to offer services and resources directly in communities rather than at a few central locations throughout the city in all three conversations. They also discussed the need for better outreach to specific populations and neighborhoods because every neighborhood has different issues and needs related to preparing for or responding to public health emergencies. Again, participants pointed to past examples of when PDPH has worked to provide small clinics for vaccines in specific communities that have been successful. Participants wanted to see this going farther than just in community and offering more at home services for those with disabilities and have difficulty leaving their homes or are homebound.

> *"So we need to do a better job of making sure that there is access and it's the same thing with the visually impaired, make it close to where they are. So I think we need to-- this is causing us to look at things a little bit differently and we know that people want to do things close to where they live and what's comfortable for them. Coming into center city may or may not work for people, transportation issues or whatever, but when you're in the neighborhoods where people live, it is much easier for them to react to that."*

A few participants agreed they would also like to see plans for emergency response at the neighborhood level rather than only one plan city wide.

Table 4.3 Preparedness Solutions & Goals: Neighborhood Services			
	Number of times ranked 1st, 2nd or 3rd		
Solutions & Goals from ranking survey	Meeting 1 (n=11)	Meeting 2 (n=6)	Meeting 3 (n=5)
Neighborhood-Based Programming	6		
Providing services at home or in their own communities	5		
Developing preparedness plans specific for each neighborhood rather than the whole city		1	
Increasing resources and access	2		

Key Solutions/Goals: Education & programming

At a couple of the conversations, participants discussed wanting to see some educational programs offered to both parents and youth to teach about public health preparedness. One participant suggested hosting these programs out of rec centers and said,

> *"I like the idea that maybe if we get to the youth and just have workshops. Let them come in over the summer and have workshops [about] disasters and communicable diseases and stuff. Kind of educate them on what to do in case there's a disaster."*

Table 4.4 Preparedness Solutions & Goals: Education			
	Number of times ranked 1st, 2nd or 3rd		
Solutions & Goals from ranking survey	Meeting 1 (n=11)	Meeting 2 (n=6)	Meeting 3 (n=5)
Education & Programming	8		
Partnering with recs & community centers to get information to people & especially youth		3	
Investing in partnerships with youth/young adults		2	
Investing in youth and young adults			3

Key Solutions/Goals: Additional solutions

Finally, a few other solutions arose across the three conversations. A couple participants discussed the need for more low barrier solutions and suggested "when I'm thinking about emergencies like extreme heat, I think it'll be useful to think about low-barrier ways for our community to access those resources. ….. And so wanted to think instead about low-barrier solutions like [inaudible] structures or sprinkler systems or cool drinks…"

The other solutions a few participants brought up in the first conversation was some structural changes to public health system that included making public health agencies more age friendly.

Table 4.5 Preparedness Goals & Solutions: Other			
	Number of times ranked 1st, 2nd or 3rd		
Solutions & Goals from ranking survey	Meeting 1 (n=11)	Meeting 2 (n=6)	Meeting 3 (n=5)
Low Barrier Solutions	4		
Providing Low barrier solutions to accessing resources	4		
Creating an age friendly Public Health System	2		

Access to Care and Community-Clinical Linkages

Participants

For this topic, key stakeholders were identified in collaboration with staff from the Division of Ambulatory Health Services as well as the Program Manager for Health Partnerships at PDPH. These stakeholders included community residents and patients, representatives of health care agencies, and representatives of social services or community-based organizations. Each of the three conversations were conducted with one of these three stakeholder groups. Community residents were recruited from health centers 3 and 4 and the conversation was held in person. Organizations and contacts for the other two conversations were identified from a task force run by the Program Manger. Outreach for all events was managed by the Drexel team.

Topic Framing
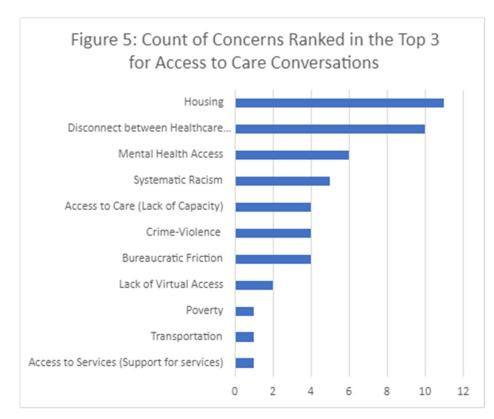
At the start of each conversation a brief presentation was given to frame the topic and inform the discussion. For this topic, the presentation centered around an introduction to what community clinical linkages are, why theses linkages and access to health care is importance to individual and population health, as well as basic information about PDPH's role in this topic.

Findings

Key Concerns

Survey results demonstrate the top voted concerns for access to care were housing, gaps between health care and service, and mental health. Figure 5 below shows the overarching themes and number of votes, while the text below summarizes the key concerns from the conversations.

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

Concern	Count
Housing	11
Disconnect between Healthcare...	10
Mental Health Access	6
Systematic Racism	5
Access to Care (Lack of Capacity)	4
Crime-Violence	4
Bureaucratic Friction	4
Lack of Virtual Access	2
Poverty	1
Transportation	1
Access to Services (Support for services)	1

Key Concerns: Social Determinants of Health

Housing

Housing issues, such as securing permanent housing and utilities, were commonly identified concerns that were brought up in all three conversations. Most participants were concerned not in the ways that housing impacted access to care but how challenging it was to find a link to permanent acceptable housing. As one participant put it, "not that they [housing and food] necessarily get in the way of care, but when it comes to priorities, with the limited amount of time that providers have to work or speak with or engage with the patient, those needs may get in the way of getting to some other health-related needs that also need to be addressed." Particularly, participants were concerned about long waitlists, utility shutoffs during emergencies (like heat events), and housing that did not support health (e.g., patient with PTSD placed in high-crime area). Most comments also emphasized the structural nature of this issue which was best exemplified by the following comment:

> *"I feel like the push for linkages is somewhat misplaced because we are putting all of this focus on individual-level interactions rather than population-level solutions... the wait list for housing-- it doesn't matter if I know where the housing [inaudible] are … we have a lot of big institutions with big money coming in in the city and we spent the money on these [one to two?] solutions instead of doing what I've seen in other cities like funding housing."*

Transportation

Many participants identified reliable and affordable transportation as a major barrier to accessing care. The concern was not a lack of services but the quality of them as this participant described,

> *"I know that there are a lot of sort of transportation programs through Medicaid providers and I heard anecdotally from a lot of folks that those are not working, that those are not reliable. People will make appointments and folks either won't show up or will be late, and I actually spoke with one of the schedulers at one of the hospitals and then he said, 'Oh, people call me crying all the time because My Ride never came.'"*

Poverty

Poverty-related issues prevented individuals from accessing health care in a variety of ways. According to participants, patients knew cost was not a deterrent at the health centers, but the fear of potential costs associated with being diagnosed with a chronic disease was identified as a barrier to accessing care. Another poverty-related barrier was that Social Determinants of Health screening methods generated fear in being reported to DHS/CPS for their poverty-related needs.

Gentrification

One comment mentioned that displacement due to gentrification interrupts primary care relationships that are challenging to build in the first place.

Food Access

One comment mentioned that the amount of time needed to travel for access to food was one of many constraints on time that prevented accessing care.

Table 5.1 Access to Care Concerns: SDoH			
	Number of times ranked 1st, 2nd or 3rd		
Concerns from ranking survey	Meeting 1 (n=8)	Meeting 2 (n=6)	Meeting 3 (n=4)
Housing	11		
Secure Housing	6	3	1
Utility insecurities		1	
Transportation	1		
Poverty	1		

Key Concerns: Linking to Services

Disconnect between Healthcare and Services

A large overarching concern was when referrals were made from healthcare to social services it was very hard to "close the loop." The resources existed to help make the connection to social services, for example, the platform FindHelp was mentioned. However, participants were frustrated that the resources listed had long waitlists, unanswered phonelines/full voicemails, complex documentation requirements, or simply no longer existed. This led to more "hand-to-hand" connections which is undesirable.

Mental Health Access

Mental health access came up in every conversation. Overall, concerns were related to the lack of access, but also, concerns of long waitlists, quality of care, and a lack of trauma-informed approaches were mentioned.

Support for services

One comment mentioned that services exist that are part of the community-clinical linkages system but don't receive funding from the PDPH to do the work that this system relies on.

Table 5.2 Access to Care Concerns: Linking to Services			
	Number of times ranked 1st, 2nd or 3rd		
Concerns from ranking survey	Meeting 1 (n=8)	Meeting 2 (n=6)	Meeting 3 (n=4)
Disconnect between Healthcare and Services	10		
There's a focus on what healthcare wants as opposed to what the community needs	5		
Community partners are struggling to pick up resources	2		
Hard to close the loop on referrals to resources	1		
Resources aren't updated regularly and have outdated information		2	
Mental Health Access	6		
Access to Services (support for services)	1		
Lack of funding for organizations outside of the health department		1	

Key Concerns: Healthcare Delivery

Systematic Racism

Concerns of systematic racism focused largely on culturally incompetent provider-patient interactions. As one participant put it, "when they [providers] encounter something that they have not experienced or grown up around, they just can't understand. We have had so many parents, DHS has been called on them because a doctor thinks is abuse, how maybe the parent has spoken to the child or handled the child, or what they would consider a neglect. And we try to explain to them, you have to look at culture… when they come into certain communities, their advice is just not realistic. And I think we have a real problem with that." As alluded to by that participant, others identified that the root of this issue is that the staffing was not representative of the clients,

> *"we're screaming and hollering about the fact that black males don't come into our health centers. No wonder, the staffing does not commensurate with the target clientele. And I believe that's by design."*

Lack of Capacity

Every conversation offered a concern related to the current lack of capacity in the city's primary care system. Participants mentioned geographic access, lack of time with providers, long wait times (especially if appointment was missed), lack of services (e.g., x-rays and dental) and lack of walk-in availability. These concerns were underscored as one participant stated, "These people depend on more, depend on these centers. They do not call them centers. They call them hospitals."

Bureaucratic Friction

This theme arose from multiple participants describing situations where access and quality of care suffered due to bureaucratic barriers, largely documentation and paperwork issues. These were also not isolated instances but created problems that reverberated through a chain of processes. One participant

describes, "one thing in the process falls through it all kind of triggers a list of things that kind of increases barriers to that access."

Communication inaccessibility

There were a variety of factors that made communication inaccessible for patients. The emphasis on digital portals was problematic for older individuals not proficient in English. Thus, interpreters were relied on to navigate the portal. However, other patients preferred portals because they were much faster to get results.

Table 5.3 Access to Care Concerns: Healthcare Delivery			
	Number of times ranked 1st, 2nd or 3rd		
Concerns from ranking survey	Meeting 1 (n=8)	Meeting 2 (n=6)	Meeting 3 (n=4)
Systematic Racism	5		
Health Department has not found staffing that is representative of their clientele		3	
Role of systemic racism on access to care and seeking care		2	
Lack of Capacity	4		
Not enough primary care providers/care centers		3	
Availability of walk-in appointments			1
Bureaucratic Friction	4		
Primary care clinics turning people away due to different circumstances (ex. Not having Identification documents)		1	
Long wait times for available appointments, especially if the initial appointment is missed			2
Lack of easy access to identity documents (driver's license, social security card, etc.)		1	
Communication inaccessibility	2		
Lack of virtual access (websites not being user friendly, lack of internet access, lack of digital literacy)		1	
Lack of easy access to health information (test results)			1

Key Concerns: Additional Concerns

Gun Violence

Gun violence was only mentioned in one conversation. One participant was concerned with its relation to trauma, and another said it was important to not overlook its impact in the health care setting as well.

Stigma

One comment mentioned that stigma associated with a history of use disorder makes it more challenging to access services. Dialysis in particular was mentioned.
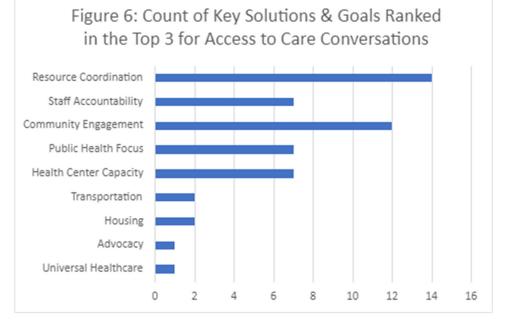
Healthcare hesitancy largely overlapped with other categories. Individuals were hesitant to seek healthcare because they feared getting diagnosed with a chronic disease or distrusted the healthcare system.

Table 5.4 Access to Care Concerns: Other			
	Number of times ranked 1st, 2nd or 3rd		
Concerns from ranking survey	Meeting 1 (n=8)	Meeting 2 (n=6)	Meeting 3 (n=4)
Crime-Violence	4		
Gun Violence	3		
Role of crime and violence in accessing health care			1

Key Solutions/Goals

According to survey results, the top voted solutions for access to care included resource coordination, staff accountability, and community engagement. Figure 6 shows the overarching themes and number of votes, while the text below summarizes the key concerns from the conversations.

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

Key Solutions/Goals: Linking to Services

Resource Coordination

A large theme that emerged is that resources existed but were not well coordinated or verified. Participants saw PDPH as potential coordinator of these resources.

> "I think it is none of each of these institution's jobs to figure out collaboration and figure-- and then it's a full-time job to sort of be able to get everybody together and really-- and I think the recognition of that, and owning that, and having the health department really take that role."

The idea of creating an easy way for patients to self-select into resources was also mentioned which PDPH could manage and promote.

Public Health Focus

Multiple participants wanted to see solutions in this area more oriented towards populations and less towards individuals. As stated by one participant,

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"the push for linkages is somewhat misplaced because we are putting all of this focus on individual-level interactions rather than population-level solutions."

Another example was shifting energy from scattered screening efforts to connecting individuals to primary care doctors.

Housing

Housing accessibility was seen as a solution overwhelming in scope but identified one that "would make a great difference." Participants recognized this would require investment. In the group of healthcare providers, the idea of advocating as a group on this issue was floated.

Transportation

In response to transportation issues, participants recommended only contracting "with transportation services that are held accountable for having up-to-date technology, delivering patients, and picking them up on time." One participant mentioned using rideshare platforms have been successful for them.

Table 6.1 Access to Care Goals & Solutions: Linking to Services			
	Number of times ranked 1st, 2nd or 3rd		
Solutions & Goals from ranking survey	Meeting 1 (n=8)	Meeting 2 (n=6)	Meeting 3 (n=4)
Resource Coordination	14		
Coordination between programs, organizations, health department (making sure resources are distributed properly)	6		
A one stop shop model for clinical and community/social resources	2		
Ensure that there are resources to match the identified needs and never punish families for being victimized by social neglect		3	
Coordination between city departments so that work is being done collectively and the same work is being continuously replicated		1	
Build relationships/networks with other health clinics/centers outside of the health department			1
Increase in primary care provider collaboration, especially if a patient is seeing different doctors in the same health center			1
Public Health Focus	7		
Focus on population level solutions, instead of just individual level solutions	7		
Housing	2		
Focus on housing accessibility	2		
Transportation	2		
Contract with reliable transportation services (provide services on time and are considerate of patients)		2	

Key Solutions/Goals: Healthcare Delivery

Personnel Accountability

These solutions involved changes to hiring, firing, and training of staff at health centers and social service providers. In response to systematic racism, participants recommended hiring practices that encouraged diversity and cultural competency. Cultural competency and general customer service training and accountability procedures were also recommended.

Health Center Capacity

Participants identified three top priorities related to increasing health center capacity: reducing wait times, increasing primary care providers, increasing social workers.

Table 6.2 Access to Care Goals & Solutions: Healthcare Delivery			
	Number of times ranked 1st, 2nd or 3rd		
Solutions & Goals from ranking survey	Meeting 1 (n=8)	Meeting 2 (n=6)	Meeting 3 (n=4)
Staff Accountability	7		
Improve sensitivity training of front-line staff that are responding to the calls of the community		2	
More accountability of service providers that are contracted to ensure services are provided and patients feel mentally/emotionally safe to continue to access these services		2	
Re-evaluating hiring practices and prioritize recruiting staff that are culturally competent and culturally align to clientele		3	
Health Center Capacity	7		
Reducing appointment wait times while in the health centers (time efficiency)			3
Increase in primary care providers			3
Increase in caring social workers			1

Key Solutions/Goals: Collaborations

Community Engagement – Activity

More community engagement was seen both as a solution in and of itself and a prerequisite for other solutions. For example, one participant commented that,

> *"before we go trying to set up a lot of primary care, we have to work in the community to help people understand what that is and how that could potentially open doors for both medical as well as some social assistance."*

Suggested modes of community engagement included mobile primary care units and investing money in small CBOs that are already trusted in the neighborhoods they serve to be connectors.

Advocacy – Activity

The group of healthcare providers reached a consensus on convening a city-wide campaign on one of these issues as a goal since the barriers are upstream. They recognized PDPH may not be able to lead the effort but could convene the stakeholders necessary for this advocacy.

Partnerships – Activity

Participants saw a role for PDPH in "quarterbacking" a system of diverse partners in terms of community clinical linkages. Each partner has its strength. The health department can evaluate this and convene for "cross-sector problem solving."

Trusted Leaders/Messengers - Partner

Trusted leaders, particularly faith leaders, were mentioned multiple times as potential collaborators to connect both to healthcare and social services. Participants identified this as a method to reduce stigma as this comment highlighted:

> "whether or not we may actually need to know that or whether the question is really more like, 'Would you like help [with] resource?' not like, 'Are you food insecure' all these things. And I know we're all-- many of us are researchers, and so we would love to have that information. But just for a faith leader to say, 'Hey, here's some fresh produce. Take some if you need it or want it.' I think the idea of not having that stigma or whatever might be-- or concerns around sharing that with a lesser-known healthcare provider I think is also kind of there."

CBOs and Grassroots Organizations - Partner

An emphasis was placed on partnering with CBOs that already have a deep relationship in the community. It was also cautioned that in these partnerships the models that CBOs already have should not be changed since they are already successful.

Defining PDPH's Role – Prerequisite

Another prerequisite for solutions was understanding the role and limitations of PDPH in terms of community clinical linkages. So far, participants agreed the community clinical linkages task force has done a good job in convening but are curious what else PDPH can offer. This would help to plan future solutions and was recommended to potentially be a future conversation.

Table 6.3 Access to Care Goals & Solutions: Collaborations			
	Number of times ranked 1st, 2nd or 3rd		
Solutions & Goals from ranking survey	Meeting 1 (n=8)	Meeting 2 (n=6)	Meeting 3 (n=4)
Community Engagement	9		
Partnership with community leaders, identify community members to help with crafting solutions	4	3	
Resources (inclusive of funding) to help community partners	2	2	
Health Center outreach to patients that are uninsured, people that have missed appointments			1
Advocacy	1		
Engaging elected officials	1		
Universal Healthcare	1		

Conclusions & Cross-Cutting Themes

Throughout this process and the three series of conversations there were a few themes that arose regardless of what topic was being discussed. These cross-cutting themes were both about specific topics as well as about process.

Current Events

Regardless of which topic was being discussed, violence was a common topic of conversation. Participants saw violence as impacting their lives in a number of ways including how they access services related to preparedness or community clinical linkages. Similarly, the impact of COVID-19 was also discussed frequently in all the topics including the shift to online programming's impact on violence prevention or the increased need for internet.

Racism & Cultural Competencies

Throughout all topics, the need to address racism from interpersonal through structural and historic contexts as well as the need for further cultural competencies were discussed frequently. In the violence conversations, participants wanted to see racism's history addressed in violence prevention programs as well as in the stigma around accessing mental health care. Related to preparedness, participants noted the need for culturally competent communications and the disproportionate burden of COVID-19 deaths on African American Philadelphians. Finally in the Access to care conversations, participant discussed the impact of cultural insensitive providers as barriers to health care or other services.

Need for Multiple Approaches

When asked to think about their top priority, many participants did not feel that they could select just one. Participants acknowledged that many issues faced by themselves or by their clients interconnect and play into the outcomes. One participant plainly questioned,

> *"And yeah, I mean, they're all intertwined. So it's like, "How am I supposed to rate it when it's like all the things need to be addressed?"*

Focusing on one solution, did not feel sufficient to participants and they felt there is a need to work on multiple social determinants at once to both address the issues as well as understand where and how the different determinants intersect. Examples included unemployment's relationship to accessing resources because of the difficulty of having to travel outside of community as well as the built environment's relationship to emergency preparedness.

> "I think about it, and I'm like, "How can one health system get to the root cause of things."

Ongoing Engagement

Participants expressed a strong desire in having an ongoing relationship with PDPH across all the topic areas. Some participants mentioned how they felt that PDPH only engaged with them when it was beneficial to the department but did not make efforts to continue the engagement past these one-time events. One participant suggested,

> *"I would think maybe coming out periodically and getting in touch with the community leaders and saying, "We'd like to come out, and what can we share informationally in*

your community?" and then let them respond to that and let's pull a meeting together and get people out."

In addition to being discussed in the conversations, organizations that partnered to help host or recruit for these conversations expressed similar desires to see ongoing engagement.

Conversations Lacking Action & Follow Up

While participants wanted to participate in these processes and have their voice heard, they simultaneously felt frustrated by not seeing any tangible changes or benefits after giving feedback to PDPH. Some participants expressed pessimism in these discussions, particularly conversations around violence and community clinical linkages. One participant said,

> *"I'm very pessimistic that there is going to be any change. I mean, we talk about this over and over again and it's just the same old-- what looks good on paper is not actually fulfilled. And I can only speak about the health department. But until changes are made from the top, it's not going to change in our system."*

Another said, "It's a curse because we've had this discussion before. We've talked about this before. It's a cyclical conversation with no meaningful and substantive change that I've seen." These past experiences led to frustration at again being asked for feedback without any clear next steps and actions by PDPH.

Next Steps

Overall, the comments and feedback reflect a frustration with the limited response and follow-up after similar conversations. Thus an important next step for PDPH is to maintain and deepen its connections with communities and community-based organizations. Additionally, multiple discussions expressed a wish for PDPH to implement initiatives in areas where the department is currently programmatically active. This reflects the need to improve communications to ensure the community members are aware of the services available. Further, understanding the disparate impacts of violence, COVID-19 and other public health hazards, and service and resource referral needs among Black and Brown city residents and other socially vulnerable populations, PDPH is committed to maintaining equity at the center of its work.

PDPH's next steps on these three topics will include:

Social Determinants of Community Violence

1. 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 and Village of Arts.
2. 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.
3. Expressly acknowledge the generative mechanism of historical and contemporary racism of violence to ensure prevention programming explicitly addresses its current impacts.

Public Health Preparedness

1. 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 restricted access to communications technologies.
2. 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.
3. 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.

Community-Clinical Linkages

1. 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.
2. Address long waiting times for appointments by strengthening information access regarding existing and expanded primary care safety net resources.
3. Identify and implement approaches to develop the health center workforce to become demographically reflective of the populations served.

Appendix

A. Planning Briefs

For each topic, a planning brief was developed with the dates, times, location, and agenda of each conversation. These briefs also detailed the target audience & rationale for each conversation. Finally, the briefs include the discussion guide used in all conversations and an example of the Qualtrics ranking survey to be sent to all participants.

Social Determinants of Community Violence Planning Brief

As determined by the Health Department, social determinants of community violence is one of the three priority topics for this year's Community Health Improvement Plan. In partnership with the Office of Injury Prevention, we have planned 3 events to solicit feedback from stakeholders to inform the development of the CHIP. Below are the key details of the three events.

I. **General outline for each event:**
   1. Project introduction by Amy Carroll-Scott (5 mins)
   2. Presentation by Ruth Abaya (10 mins)
   3. Guided discussion to generate ideas led by co-facilitators Tyler Munn and Hyden Terrell (50 mins) see question guide below
   4. Qualtrics ranking survey to prioritize ideas generated in discussion (10 mins)
   5. Wrap up/closing remarks, distribute gift cards where appropriate (10mins)

II. **Event details & recruitment plan**
   Event 1:
   - **Audience**: Professional representatives from the Drexel University Community Violence Working Group (CVWG): stakeholders from organizations in Philadelphia that address violence prevention
     - **Rationale**: This group has been convening for two years to discuss the ongoing violence crisis in Philadelphia and represent a variety of different agencies working in this area.
     - **Recruitment Strategy:** Time on the agenda was secured for an already scheduled CVWG agenda.
     - **Gift cards:** Not eligible for gift cards as representatives attending in a professional role
   - **Location & rationale**: Virtual. This group already convenes virtually.
   - **Date**: 5/13/2022, 1:30pm
   Event 2:
   - **Audience**: Gifford group: A group of Black and Brown community members discussing and working on violence prevention both locally and nationally
     - **Rationale**: This group has been meeting for X long on this topic and represents a different group of individuals than the CVWG. These individuals represent residents of Philadelphia as well as professionals working to address gun violence.
     - **Recruitment Strategy:** Ruth Abaya, as an active member of this group will reach out to coordinate a time.
     - **Gift cards:** Eligible for gift cards as members in this group are not participating in a professional role

- **Location & rationale**: Virtual – meeting already occur regularly online, thus lack of internet access is not a concern for this goup
- **Date**: Friday June 17th from 11:30-1pm

Event 3:
- **Audience**: Youth residents convened recruited by youth organizations (see attached spreadsheet for invitees)
    - **Rationale**: Young people are more likely to be victims of violence. There are also several youth groups engaged in grassroots activity around this issue.
    - **Recruitment Strategy:** We are coordinating with Dimplez 4 Dayz, a group dedicated to violence prevention in youth.
    - **Gift cards:** Eligible for gift cards as residents not participating in a professional role?
- **Location**: In-person at the Dimplez 4 Dayz Center at 3509 Haverford Ave
- **Date**: June 22nd 5-6:30 PM

III. Brief summary of Presentation
Data and slides from the Injury Prevention Dashboard will be shared particularly on their Public Health Approach, Social Determinants of Violence, and the recent increases in violence in Philadelphia.

IV. Topic Specific Questions:
1. Does the public health approach to violence presented reflect what you see in your work out in the field or your experience as a community member?
    a. Probe: How so?
2. What are the biggest concerns in this topic that are related to the public health approach put forward in the presentation?
3. What do you see as ambitious but achievable public health goals to address this issue?
    a. Ex: Like a program that improves employment opportunities as a violence prevention program?
4. What are the challenges of addressing the social determinants of community violence from a public health department?
5. Given the description of the health department's role in the presentation at the start of the meeting, what do you think the role of the health department should be in violence prevention?
6. What should the health department be doing collectively to address the issues highlighted today?
    a. Probe: What collaborations/connections are necessary?
    b. Probe: How can the health department better engage community leaders?
7. Which of these ideas would you prioritize in the next 3-5 years?

V. Qualtrics Ranking Survey
1. Rank the highest priority **concerns** to you that arose from our discussion.
    a. Options generated from discussion
2. Please list any **concerns** not listed that you would like to include?
3. Rank the highest priority **solutions** that arose from our discussion.
    a. Options generated from discussion
4. Please list any **solutions** not listed that you would like to include.
5. Please use this space for any other feedback that was not captured in the discussion or this survey.

Public Health Preparedness Planning Brief

As determined by the Health Department, public health preparedness is one of the three priority topics for this year's Community Health Improvement Plan. In partnership with the Bioterrorism and Public Health Preparedness Program in the Division of Disease Control, we are planning 3 events to solicit feedback from stakeholders to inform the development of the CHIP. Below are the key details of the three events.

I.   **General outline for each event:**
     1. Project introduction by Amy Carroll-Scott (5 mins)
     2. Presentation by Preparedness team (10 mins)
     3. Guided discussion to generate ideas led by co-facilitators Tyler Munn and Hyden Terrell (50 mins) see question guide below
     4. Qualtrics ranking survey to prioritize ideas generated in discussion (10 mins)
     5. Wrap up/closing remarks, distribute gift cards where appropriate (10mins)

II. **Event details & recruitment plan**
     Event 1:
     - **Audience**: Professional representatives from organizations that work with communities most vulnerable to disasters (e.g., immigrants and refugees, elderly, persons with disabilities, etc.) (see attached spreadsheet for invitees)
         o **Rationale**: Important to have representation from individuals, who, in their professional capacity, serve and are knowledgeable about populations that are most likely to experience adverse outcomes during a disaster.
         o **Recruitment Strategy:** Initial contact will be done by preparedness staff who have some connections and relationships with many of the organizations on the recruitment list. Drexel staff will then take over management of logistics, RSVP, and any reminder emails to be sent to invitees after initial contact.
         o **Gift cards:** Not eligible for gift cards as representatives attending in a professional role
     - **Location & rationale**: Virtual. For professionals in this field, it was decided that zoom meetings during the day would best accommodate participants' schedules.
     - **Date**: 6/10/2022, 10:00am-11:30am

     Event 2:
     - **Audience**: Community-based organizations and residents of West/Southwest Philadelphia as identified by partner organizations (see attached spreadsheet for invitees)
         o **Rationale**: This population may be at risk for adverse outcomes from disasters due to social determinants and access barriers.
         o **Recruitment Strategy:** Initial contact will be done by preparedness staff who have some connections and relationships with many of the organizations on the recruitment list. Drexel staff will then take over management of logistics, RSVP, and any reminder emails to be sent to invitees. Additionally, organizations recruited for the first event will be asked to nominate any constituents to participate in this event
         o **Gift cards:** Eligible for gift cards as residents not participating in a professional role
     - **Location**: Blackwell Library. This is a neutral location centrally located in West Philadelphia that is easily accessible to the intended audience.

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- **Date**: 6/13/2022 4-5:30 PM

Event 3:

- **Audience**: Community-based organizations and residents of North Philadelphia as identified by partner organizations (see attached spreadsheet for invitees)
    - **Rationale**: This population may be at risk for adverse outcomes from disasters due to social determinants and access barriers.
    - **Recruitment Strategy:** Initial contact will be done by preparedness staff who have some connections and relationships with many of the organizations on the recruitment list. Drexel staff will then take over management of logistics, RSVP, and any reminder emails to be sent to invitees. Additionally, organizations recruited for the first event will be asked to nominate any constituents to participate in this event.
    - **Gift cards:** Eligible for gift cards as residents not participating in a professional role
- **Location & rationale**: Esperanza Health Center in Hunting Park. This is a neutral location centrally located in North Philadelphia that is easily accessible to the intended audience.
- **Date**: 6/21/22 between 4-5:30 PM

III.   Brief summary of Presentation

The presentation for each event will remain the same. The presentation will include an introduction to public health preparedness, a summary of the key hazards and planning priorities in Philadelphia, and a brief overview of the work the Department does to build public health preparedness capacity.

IV.   Topic Specific Questions:

1. Does the presentation reflect what you see as priorities for public health preparedness in your work out in the field or your experience as a community member?
    a. *Probe*: How so?
        i. Which priorities do you think are most important for your community/the communities you serve?
2. Are there any hazards or priorities not captured here that you think are relevant to your community/the communities you serve?
3. How would the hazards discussed so far impact the communities you serve or represent?
    a. *Probe:* What access barriers to public health emergency services do you anticipate or commonly face?
4. What social determinants most impact your community's ability to prepare for and recover from public health emergencies?
    a. *Probe: Examples* could include…Language/cultural services? Housing? Transportation? Economic factors?
5. What are your biggest concerns on this topic that arose from the presentation?
6. What do you see as ambitious but achievable public health goals to address these issues?
    a. Example: Increasing community trainings and workshops on extreme heat events in the most vulnerable communities
7. What should the health department be doing together with your community to address the issues highlighted today?
    a. *Probe:* What can the health department do to better prepare communities before public health emergencies occur? To help communities build resilience to public health emergencies?

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      b. *Probe*: What are the best ways for the health department to communicate with residents before, during and after emergencies?
      c. *Probe*: What collaborations/connections are necessary?
      d. *Probe:* How can the health department better engage and collaborate with community leaders?

8. Which of these ideas would you prioritize in the next 3-5 years?

V.   <u>**Qualtrics Ranking Survey**</u>
1. Rank the highest priority **concerns** to you that arose from our discussion.
      a. Options generated from discussion
2. Please list any **concerns** not listed that you would like to include?
3. Rank the highest priority **solutions** that arose from our discussion.
      a. Options generated from discussion
4. Please list any **solutions** not listed that you would like to include.
5. Please use this space for any other feedback that was not captured in the discussion or this survey.

Access to Care & Community Clinical Linkages Planning Brief

As determined by the Health Department, access to care and community-clinical linkages are one of the three priority topics for this year's Community Health Improvement Plan. In partnership with the Division of Ambulatory Health Services (AHS), we are planning 3 events to solicit feedback from stakeholders to inform the development of the CHIP.

I. **General outline for each event:**
   1. Project introduction by Amy Carroll-Scott/Maggie Beverly (5 mins)
   2. Presentation by PDPH team (10 mins)
   3. Guided discussion to generate ideas led by co-facilitators Tyler Munn and Hyden Terrell (50 mins) see question guide below
   4. Qualtrics ranking survey to prioritize ideas generated in discussion (10 mins)
   5. Wrap up/closing remarks, distribute gift cards where appropriate (10mins)

II. **Event details & recruitment plan**

   Event 1:

   - **Audience**: Local community-based organizations, small health non-profits, and community health workers
     o **Rationale**: This group has been convening for many years to discuss issues around access to care and community-clinical linkages and will be helpful to understand their feedback.
     o **Recruitment Strategy:** recruited through the Promise Zone's Access to Care committee, community-based orgs from Kinnari's task force, and the community health workers collaborative from Health Fed
     o **Gift cards:** Not eligible for gift cards
   - **Location & rationale**: Virtual
   - **Date**: Tuesday June 21st 12:30-2pm

   Event 2:

   - **Audience**: Residents & patients recruited through health center's advisory boards
     o **Rationale**:
     o **Recruitment Strategy:** Partner with AHS to recruit these residents from Health center 3 & 4
     o **Gift cards:** Eligible for gift cards as members in this group are not participating in a professional role
   - **Location & rationale**: Blackwell Library at S 52nd St.
   - **Date**: Monday June 27th 4-5:30pm

   Event 3:

   - **Audience**: Staff from FQHC and other local health care organizations representatives
     o **Rationale**:

- o **Recruitment Strategy:** We will be coordinating with Health Federation's CHW collaborative and their board that has members of all FQHC staff as well as members of Kinnari Chandriani's task force
        - o **Gift cards:** Not eligible for gift cards as representatives attending in a professional role
- **Location**: Virtual
- **Date**: Friday June 24th 10:30-12pm

III.   Brief summary of Presentation

Data and slides from the PDPH will be compiled in partnership with staff from PDPH to present some general statistics and maps of the health issues impacting the most Philadelphians as well as describe the role of Ambulatory Health services & the community clinical linkages task force.

IV.   Topic Specific Questions:
1. Does this approach to creating connections between community resources and healthcare reflect what you see in your work out in the field or your experience as a community member?
    a. Probe: How so?
2. What unmet social and economic needs/social services are impacting you or your patient's ability to access health care?
3. What are your biggest concerns in this topic?
4. What do you see as ambitious but achievable public health goals to address this issue?
    a. Ex: Increasing the amount of primary care providers who screen for social needs in annual checkups
5. What should the health department be doing collectively to address the issues highlighted today? (8 min)
    a. Probe: What collaborations/connections are necessary?
    b. Probe: How can the health department better engage community leaders?
6. Which of these ideas would you prioritize in the next 3-5 years? (8 min)

V.   Qualtrics Ranking Survey
1. Rank the highest priority **concerns** to you that arose from our discussion.
    a. Options generated from discussion
2. Please list any **concerns** not listed that you would like to include?
3. Rank the highest priority **solutions** that arose from our discussion.
    a. Options generated from discussion
4. Please list any **solutions** not listed that you would like to include.
5. Please use this space for any other feedback that was not captured in the discussion or this survey.

B. Full Tables with Ranking

Social Determinants of Community Violence

Table 7.1 Violence Prevention: Concerns			
	Number of times ranked 1st, 2nd or 3rd		
Concerns from ranking survey	Meeting 1 (n=9)	Meeting 2 (n=5)	Meeting 3 (n=19)
Unemployment/Poverty	22		
Unemployment	6		
Poverty/Income inequality	4		
Correlation (Link) between violence and poverty (unemployment)		3	9
Funding	21		
Better funding opportunities to work on upstream approaches in smaller groups most affected by violence		2	
Office of Injury Prevention does not have enough staff to address this major issue		1	
Lack of funding and resources for grassroots organizations			11
Not having knowledge on funding opportunities and resources			6
Violence has not consistently been a high enough priority by the health department, local and state government, and global groups		1	
Mental Health Access	11		
Early childhood experience (ACEs) and emotional/mental health of people who commit violent acts before they are violent		2	
Lack of Mental Health Access/knowledge on mental health issues			9
Gentrification/Built Environment	10		
Impact of gentrification/fast development	2		
Lack of green spaces/ safe spaces to recreate yourself (playground, libraries, rec center, etc)			8
Topic Stigma	3		
Retaliatory Violence		2	
Culture around silence in response to violence (snitching)		1	
Internet Access	8		
Internet access/reliable internet services	1		7
Not Enough Data	5		
Need for geographic data/data in general to advocate for more resources	5		
Racism	4		

	Meeting 1	Meeting 2	Meeting 3
Systemic Racism	4		
Poor Communication	4		
Inconsistent outreach in communities (public health department comes in "drops information" and doesn't follow up)			4
Covid-19	2		
Impact of pandemic in general & on schooling/after school programs	2		

Table 7.2 Violence Prevention: Goals & Solutions			
	Number of times ranked 1st, 2nd or 3rd		
Goals & Solutions from ranking survey	Meeting 1 (n=9)	Meeting 2 (n=5)	Meeting 3 (n=19)
Youth Programming	22		
Increase and investment in youth programming/ providing free programming for youths	7		15
Community Org Connections	21		
Increase in community engagement/fostering relationships (consistent, deep, meaningful outreach to communities)			9
Funding & capacity building in communities, especially grassroots organizations	2	3	4
Working more with local neighborhood-based groups (civics, resident groups, block captains, etc.)	1		1
Support for small local organizations to complete and receive funding		1	
Creating relationships between police and community, especially youth and police	2		
Employment	14		
Sustainable youth employment programs to address the link between poverty and violence		2	12
Resource Connections	13		
Mapping of assets such as rec centers, after school programs, libraries, play streets, etc	4		
Providing tangible resources for communities			9
Connections Between Departments	7		
Support programs & services offered in other departments (ex. parks & recs) & bridging gaps between departments at City	5		
Consistent strategies and priorities around violence from local to global level		1	

Comprehensive /collective effort; collaborations between multiple entities (city governments, schools, community, etc)		1	
Poor Communication	4		
Inconsistent outreach in communities (public health department comes in drops information€ and doesn't follow up)			4
Anti-Racism	3		
Explicitly addressing the impact of historical trauma of slavery and racism against communities of color and the link between that trauma and current violence as well as current issues of racism in the health department		3	
Mental Health	2		
Addressing stigma to receiving mental health care	1		
Providing support to family members of victims, not just those directly impacted by violent acts		1	
Neighborhood-based Programming	1		
Awareness of local barriers to access to programs			1
Communication	1		
Packaging information in ways that are relatable/ using "credible messengers"			1
Philanthropy	1		
Building stronger ties with large groups and corporations in Philly, like sports teams, to address key issues/messages and forming stronger relationships with local philanthropy to support this issue	1		

Public Health Preparedness

Table 8.1 Preparedness: Concerns			
	Number of times ranked 1st, 2nd or 3rd		
Concerns from ranking survey	Meeting 1 (n=11)	Meeting 2 (n=6)	Meeting 3 (n=5)
Connections between departments	2		
Issues with coordination within PDPH, across the City, and with outside community agencies to address emergencies	2		
Cross-Cultural Communication	6		
Access issues with communications reaching folks with language, cultural, visual, or technology/internet barriers and those impacted the most. Also, a reliance on traditional news media with barriers (pay walls, literacy) and that don't always reflect everyone's voice or suppress voices of people of racial and ethnic minorities	6		
Disability Planning	7		
Lack of planning/specific resources for folks with medical disabilities (blind or visually impaired impaired) and/or are technology dependent (ventilators, dialysis etc.) to address their specific mobility and equipment needs	7		
Housing	6		
Fires		1	
Heat, winter storms, & extreme weather, especially need for elderly folks		3	
Affordable housing		2	
Language Barriers	3		
Language barriers & accurate interpretation that actually uses lay mans terms	2		
Language barriers that keep people from responding to hazard and preparing for emergencies			1
Low-Barrier Solution	2		
How to serve unhoused folks in future/current pandemics & addressing issues with the COVID hotels	2		
Mental Health	9		
Underlying mental health toll/trauma both individually and collectively to respond to overlapping disasters	3		
Collective trauma/mental health impacts from these events/hazards		3	
Lack of mental health access			3
Racism	4		

	Meeting 1	Meeting 2	Meeting 3
Generally how disasters and emergencies disproportionately impact racial & ethnic minorities & poor response to prioritize those populations (ex. lack of vaccine site in certain neighborhoods)	4		
Transportation	4		
Transportation & issues with public transportation impacting folks with economic barriers such as accessing vaccine sites	4		
Information Access	5		
Lack of access to information, education & communication around the pandemic and these hazards in general in ways people can understand (simple language, multiple languages, etc.)		2	
Lack of access to information and resources (education)			3
Preparation	3		
Preparing for the next disease outbreak/pandemic		3	
Crime-Violence	13		
Safety & gun violence's impact on preparing for these hazards, such as feeling safe going somewhere to cool down		6	
Role of gun violence on people's ability to deal with hazards			4
Hazards, like civil disobedience, keeping people at home and not seeking resources			3
Unemployment/Poverty	1		
The role of unemployment in the ability to respond to hazards			1
Youth Programming	1		
Lack of Trust	1		

Table 8.2 Preparedness: Goals & Solutions			
	Number of times ranked 1st, 2nd or 3rd		
Goals & Solutions from ranking survey	Meeting 1 (n=11)	Meeting 2 (n=6)	Meeting 3 (n=5)
Connections between Community Orgs	23		
Building out existing communication channels such as working with organizations or service providers that know best how to reach specific populations & are already trusted	6		
Partnership with small local CBO for providing services & prioritizing the partnership that have been successful	5		

Stronger & ongoing partnerships between the Health department and local groups, civic associations, faith-based organizations, communities, schools, block captains to get resources out		4	5
Help specifically with elderly folks for extreme weather such as fans, ACs, & support through visitation by block captains		3	
Information Accessibility	9		
Building digital literacy & ensuring websites & other communications are accessible to those who are visually impaired or have language barriers (such as screen readers)	1		
Better ways to get information out such as apps like citizens for getting information out		4	
Providing education on how to prepare for and deal with hazards and emergencies before they present themselves			2
Finding better ways to get information out to community members			2
Low-Barrier Solutions	4		
Providing Low barrier solutions to accessing resources	4		
Neighborhood-Based Programming	6		
Providing services at home or in their own communities	5		
Developing preparedness plans specific for each neighborhood rather than the whole city		1	
Education and Programming	8		
Partnering with recs & community centers to get information to people & especially youth		3	
Investing in partnerships with youth and young adults		2	
Investing in youth and young adults			3
Mental Health Access	1		
Access to Mental health counselors for all ages during these emergencies and extreme events		1	
Relationship with Law Enforcement	1		
Strengthening the relationship between law enforcement and communities			1
Increasing resources and access	2		
Technology Access	1		
Find a way to ensure that people who are home bound due to his/her disability have access to technology.			
Creating an age friendly Public Health System	2		

Table 9.1 Access to Care: Concerns			
	Number of times ranked 1st, 2nd or 3rd		
Concerns from ranking survey	**Meeting 1 (n=8)**	**Meeting 2 (n=6)**	**Meeting 3 (n=4)**
Housing	11		
Secure Housing	6	3	1
Utility insecurities		1	
Disconnect between Healthcare and Services	10		
There's a focus on what healthcare wants as opposed to what the community needs	5		
Community partners are struggling to pick up resources	2		
Hard to close the loop on referrals to resources	1		
Resources aren't updated regularly and have outdated information		2	
Mental Health Access	6		
Systematic Racism	5		
Health Department has not found staffing that is representative of their clientele		3	
Role of systemic racism on access to care and seeking care		2	
Crime-Violence	4		
Gun Violence	3		
Role of crime and violence in accessing health care			1
Access to Care (Lack of Capacity)	4		
Not enough primary care providers/care centers		3	
Availability of walk-in appointments			1
Bureaucratic Friction	4		
Primary care clinics turning people away due to different circumstances (ex. Not having Identification documents)		1	
Long wait times for available appointments, especially if the initial appointment is missed			2
Lack of easy access to identity documents (driver's license, social security card, etc.)		1	
Lack of Virtual Access	2		
Lack of virtual access (websites not being user friendly, lack of internet access, lack of digital literacy)		1	
Lack of easy access to health information (test results)			1
Access to Services (support for services)	1		
Lack of funding for organizations outside of the health department		1	

Transportation	1
Poverty	1

Table 9.2 Access to Care: Goals & Solutions			
	Number of times ranked 1st, 2nd or 3rd		
Goals & Solutions from ranking survey	Meeting 1 (n=8)	Meeting 2 (n=6)	Meeting 3 (n=4)
Resource Coordination	14		
Coordination between programs, organizations, health department (making sure resources are distributed properly)	6		
A one stop shop model for clinical and community/social resources	2		
Ensure that there are resources to match the identified needs and never punish families for being victimized by social neglect		3	
Coordination between city departments so that work is being done collectively and the same work is being continuously replicated		1	
Build relationships/networks with other health clinics/centers outside of the health department			1
Increase in primary care provider collaboration, especially if a patient is seeing different doctors in the same health center			1
Staff Accountability	7		
Improve sensitivity training of front-line staff that are responding to the calls of the community		2	
More accountability of service providers that are contracted to ensure services are provided and patients feel mentally/emotionally safe to continue to access these services		2	
Re-evaluating hiring practices and prioritize recruiting staff that are culturally competent and culturally align to clientele		3	
Community Engagement	12		
Partnership with community leaders, identify community members to help with crafting solutions	4	3	
Resources (inclusive of funding) to help community partners	2	2	
Health Center outreach to patients that are uninsured, people that have missed appointments			1
Public Health Focus	7		

Focus on population level solutions, instead of just individual level solutions	7		
Health Center Capacity	7		
Reducing appointment wait times while in the health centers (time efficiency)			3
Increase in primary care providers			3
Increase in caring social workers			1
Housing	2		
Focus on housing accessibility	2		
Transportation	2		
Contract with reliable transportation services (provide services on time and are considerate of patients)		2	
Advocacy	1		
Engaging elected officials	1		
Universal Healthcare	1		