2025 – 2028

Community Health Implementation Plan

Penn Medicine

Table of Contents

Introduction

The 2025 Penn Medicine Community Health Implementation Plan (CHIP) is a three-year strategic roadmap that outlines how Penn Medicine will address the most pressing health needs, as identified in the 2025 Community Health Needs Assessment (CHNA). Good health—and access to high-quality health care—are essential to the personal, social, and economic well-being of individuals and communities. To advance the health of our patients and neighbors, Penn Medicine conducts a Community Health Needs Assessment every three years. This federally required process helps identify and prioritize the most pressing health needs across the region, with a particular emphasis on communities disproportionately affected by health inequities.

The CHIP is an outgrowth of the CHNA process, an action plan for advancing health equity and improving outcomes in the communities Penn Medicine serves. This plan focuses on Philadelphia County and provides information about the strategies, initiatives, and resources Penn Medicine currently invests in addressing these health needs and acts as a guide for investment in future programs. Specifically, it represents a multi-campus health system consisting of the following hospitals within Penn Medicine:

- **The Hospital of the University of Pennsylvania, including HUP Cedar**
  (EIN: 23-1352685) 3400 Spruce Street | Philadelphia, PA 19104
- **Pennsylvania Hospital**
  (EIN: 31-1538725) 800 Spruce Street | Philadelphia, PA 19107
- **Presbyterian Medical Center of the University of Pennsylvania**
  d/b/a Penn Presbyterian Medical Center
  (EIN: 23-2810852) 51 N 39th Street | Philadelphia, PA 19104

CHNA Findings + Resulting Priorities

The CHNA is informed by community surveys, focus groups, and analyses of key health indicators. The priorities of community members have slightly shifted since the 2022-2025 CHNA. This includes adding trust and communication, healthy aging, and neighborhood conditions as explicit priorities to directly address relationship-building and access issues. The call out of these specific priorities emphasizes the complex needs of Philadelphia's multifaceted communities.

As a result, this CHIP responds to the twelve ranked, community-driven priorities outlined in the CHNA, as well as eight youth-focused health priorities (i.e. 'Youth Priorities Cluster'). The following community health priorities are rooted in lived experience and shaped by the social, economic, and environmental conditions unique to neighborhoods across our service area:

1. Trust and Communication
2. Racism and Discrimination in Healthcare
3. Chronic Disease Prevention and Management
4. Access to Care (Primary and Specialty)
5. Healthcare and Health Resources Navigation
6. Mental Health Access
7. Substance Use and Related Disorders
8. Healthy Aging
9. Culturally and Linguistically Appropriate Services
10. Food Access
11. Housing
12. Neighborhood Conditions
13. Youth Community Health Priorities
    - » Youth Mental Health
    - » Lack of Resources / Knowledge of Resources
    - » Substance Use and Related Disorders
    - » Bullying
    - » Gun violence
    - » Access to Physical Activity
    - » Activities for Youth
    - » Access to Good Schools

This plan highlights select programs and activities led by Penn Medicine faculty, staff, and students in service to our community. It does not encompass the full breadth of their contributions. Additionally, many initiatives address multiple priorities identified in the Community Health Needs Assessment (CHNA) due to the interconnected nature of health challenges.

This CHIP highlights collaborations with local organizations, public health agencies, and community groups to maximize impact. It also responds to the clear call from community members for stronger visibility, trust, and collaboration from Penn Medicine.

Our Process

As in 2019 and 2022, Penn Medicine worked closely with regional hospitals, county departments of public health, community-based organizations, and the Health Care Improvement Foundation (HCIF), an independent nonprofit organization based in Philadelphia and dedicated to the vision of creating healthier communities through equitable, accessible, high-quality health care. HCIF provided project management, data collection and synthesis, health need prioritization, and report development for the CHNA. Guided by a qualitative team composed of a subset of steering committee representatives, HCIF gathered information with extensive public engagement, including 45 in-person community conversations and 20 virtual focus groups.

Since Fall 2024, a core team of system leaders from the Office of Government and Community Relations, the Department of Family Medicine and Community Health, and the Center for Health Equity Advancement (CHEA) have led an intentional and inclusive engagement process in concert with the regional CHNA to create the CHIP. This work included quarterly convenings with more than fifty internal stakeholders and content matter experts to guide the development of this CHIP. We also held community listening sessions that shared the findings from the 2025 CHNA to communities within Penn Medicine's Philadelphia service area to ensure community perspectives and guidance are at the center of our CHIP strategies.

This plan would not be possible without the assistance and input of many stakeholders, including our partners, communities, residents, and leaders, as well as Penn Medicine's own staff and leadership.

Integration

We understand how the investment and sustainment of institution-wide, comprehensive programs anchor Penn Medicine's charge in the improvement of community health. These programs are evidence of Penn Medicine integrating CHNA priorities to guide strategy, operations, and investments:

- **The Center for Health Equity and Advancement (CHEA)** at Penn Medicine collaborates closely with a network of healthcare leaders, clinical teams, community partners, and research fellows to transform scientific research into practical, impactful strategies. Through focused efforts in research and evaluation, care transformation, education and training, workforce development, and community engagement, CHEA is dedicated to enhancing care delivery, fostering meaningful connections with those living near our hospitals, and inspiring the next generation of healthcare scientists and providers.
- **The Center for Health Justice (CHJ)** works to advance health through support provided to communities harmed by structural inequity. Its two main groups—Urban Health Lab and Health Justice Transformation—lead research, community action, and health system reform. CHJ collaborates across Penn Medicine and the University of Pennsylvania to guide strategy and build infrastructure for lasting change. Through its Health Justice Transformation portfolio, CHJ partners with staff and leaders to embed transformative community support into health system operations and policy.
- **The Penn Center for Community Health Workers** works to advance health equity and improve health outcomes. Since its creation, the center has supported close to 25,000 people in our region by leveraging the compassion and resourcefulness of community health workers to provide trusted, person-centered support. Community health workers partner with patients to address various aspects of their lives that impact health—from navigating the health system to tackling underlying social barriers, such as unstable housing, social isolation, and unemployment.
- **The Penn Medicine Wharton Fund for Health** is in partnership with the Social Impact Initiative at the University of Pennsylvania's Wharton School, and works to improve the social determinants of health for Philadelphians. Initially committing $5 million over three years, this initiative invests in innovative, forward-thinking ventures creating meaningful improvements in our city's health while fostering sustainable and profitable companies that generate jobs and economic opportunities for more residents. Building on the success of the initial startups and their positive effect on health inequities, investment in Fund for Health will continue.
- **The Penn Medicine CAREs Grant** will continue to empower community-based initiatives led by employees and medical students by awarding funding on a quarterly basis. These grants can be used to purchase supplies and resources essential to advancing fair health outcomes within the community. Since its inception in 2012, the program has supported over 1,264 projects, distributing more than $1.35 million in total funding. We eagerly anticipate the innovative approaches that faculty, staff, and students at Penn Medicine will continue to develop to address community health needs.

Finally, we have integrated the CHNA and CHIP into the health system's strategic plan. Penn Medicine's 2023-28 **"Serving a Changing World" Strategic Plan** incorporates the CHNA/CHIP within the plan's pillar dedicated to uplifting the community, the lives of students and staff, and the environment.

Evaluation

This implementation plan delivers strategies that Penn Medicine will employ over the next three years to address these priorities, strengthen partnerships, and ensure our health system is more accessible, equitable, and responsive to the needs of every community we serve.

Each identified priority is paired with measurable objectives and specific strategies for our hospitals to implement. This plan intends to be a living and evolving document over the next three years, as we continuously track progress and efficacy through metrics, key performance indicators, and implementation efforts.

Summary

This plan aims to activate the CHNA's findings into real-world programs, partnerships, and policies that improve the health and well-being of communities—particularly those facing the greatest barriers.

Through this work, Penn Medicine intends to reduce health disparities and address structural barriers to care, by increasing visibility, trust, and collaboration. This CHIP outlines our system-wide strategies for the next three years; strategies that address both medical and social drivers of health. Our approach emphasizes equity, innovation, and partnership, with the goal of creating healthier, stronger, and more connected communities throughout the Philadelphia region.

The remainder of this plan will detail the strategies Penn Medicine is deploying and identifies the impact we aim to make from implementing these strategies throughout our system. Further, as Penn Medicine CAREs grant funding criteria includes alignment with CHNA community health priorities, we highlight grantee programs and initiatives throughout this plan that align with respective priorities.

We hope the 2025 CHIP draws an effective road map toward improving health and care delivery across our region.

PRIORITY AREA #1

Building Trust and Improving Communication

Trust and effective communication form the foundation of all relationships, particularly those between patients and health care providers. We recognize that challenges in communication can lead to breakdowns in trust, ultimately resulting in disengagement, suspicion, and adverse health outcomes. When exploring existing strategies and identifying novel approaches, one central question we consider is: How can we measure the effectiveness of communications and levels of trust? To address this, Penn Medicine focuses on proactive storytelling and outward-facing communications.

Key enhancements include the redesign of the Penn Medicine website with a focus on accessibility, readability, and intuitive navigation. In addition, we leverage social media platforms such as Facebook, X (formerly Twitter), Instagram, and LinkedIn to expand our reach.

Moving forward, we will develop methods to measure trust more precisely—especially within community-based initiatives and programs—to further strengthen engagement with those we serve. Further, we will continue to utilize Penn Medicine's Community Events Calendar to amplify our patient support groups, educational classes, professional development opportunities, and community health programs.

Our Community Relations team will continue to facilitate requests for volunteers, bringing Penn Medicine experts and quality health services directly into community spaces. These efforts reflect Penn Medicine's commitment to building and sustaining trust with our communities and extending that commitment into the heart of our city's neighborhoods.

The strategies and programs in this section respond to the "Trust and Communications" community health priority identified in the 2025 regional Community Health Needs Assessment for southeastern Pennsylvania.

Strategies

- **Establish baseline measurement tools for trust and communication effectiveness:** Metrics will assess the extent to which Penn Medicine is perceived, with a desired perception as a reliable, consistent, and high-quality health care provider and community resource. We will utilize social media platforms and community listening tools to gauge public sentiment and engagement.
- **Standardize the collection, reporting, and sharing of community engagement metrics:** These may include event participation rates, volunteer participants and hours, and qualitative feedback from community members.
- **Increase utilization of MyChart by myPennMedicine:** MyChart by myPennMedicine serves as a powerful tool for patients to access their health care information and manage their care more effectively. To maximize its utilization, Penn Medicine will work to address barriers such as digital access and literacy, while revitalizing promotional efforts to ensure patients recognize the platform's value in enhancing their health care experience.
- **Produce and screen waiting room videos across emergency departments:** Penn Medicine is committed to improving the patient experience across its emergency departments by producing and screening waiting room videos on digital screens. These videos are designed to explain care processes, patient rights, and how to access services—aiming to reduce anxiety while enhancing understanding for patients and their families.
- **Deepen engagement with Community Advisory Boards (CABs) and Patient and Family Advisory Councils (PFACs):** Penn Medicine recognizes the invaluable role of CABs and PFACs in fostering meaningful connections with patients and communities. Strengthening partnerships with these groups ensures a more inclusive, culturally relevant, and patient-centered approach to care. Penn Medicine will engage CABs and PFACS as trusted messengers and co-designers of outreach strategies, leveraging their insights to ensure initiatives resonate with the communities Penn Medicine serves.
- **Continue to amplify messaging and storytelling around community health priorities:** Penn Medicine will ensure that our communications efforts reflect our dedication to addressing community health challenges, while positioning Penn Medicine as a reliable partner in care. We will continue to highlight partnerships with local organizations and stakeholders to demonstrate shared efforts in improving community health outcomes. We will share authentic patient stories that illustrate the impact of Penn Medicine's care on individuals and families, and explore novel ways to share patient and community members' stories consistently.

Current Programs and Initiatives

The Penn Medicine CAREs Community Event Calendar

The calendar serves as a vital platform to showcase Penn Medicine's commitment to fostering trust and strengthening relationships within the communities we serve. Through this initiative, Penn Medicine employees actively host, sponsor, and volunteer at events designed to support our neighbors through health programs, educational opportunities, and outreach activities. Managed by the Office of Government and Community Relations, the calendar highlights year-round community events that are shared across multiple channels to maximize awareness and engagement including:

- **Online public calendar:** A centralized hub for accessing event details in real-time.
- **Email listservs:** Direct communication with subscribers—the majority of whom reside within the Penn Medicine Philadelphia service area—ensures timely updates about valuable resources and upcoming events.
- **Social media platforms:** Posts on platforms such as Facebook, X (formerly Twitter), Instagram, and LinkedIn amplify reach and visibility.
- **Radio announcements:** Broadcast messaging connects with audiences who may rely on traditional media sources.

Penn Medicine staff play an integral role at these events—not only by providing services but by establishing a visible presence that underscores our dedication to community well-being. These interactions help build trust and demonstrate our unwavering commitment to addressing the needs of those we serve. The calendar is more than a scheduling tool; it reflects Penn Medicine's deep-rooted relationship with its communities, strengthening connections through meaningful engagement year after year.

Further, Penn Medicine currently tracks community engagement activities shared and managed through the Penn Medicine CAREs calendar, as a way to address trust and communication. For FY25:

- 210 events were posted to the Calendar
- 183 events were fulfilled with 1,058 employees
- 2,833 volunteer hours were reported from employee efforts

Note: *Figures above include only those events posted on the Community Events Calendar only. There are a breadth of employees and departments across the health system working within our community in their own area of expertise.*

Pennsylvania Hospital Emergency Department Waiting Room Video

Developed to help eliminate frustration among patients in the emergency department, this video can be viewed by patients as they enter the facility and while waiting—helping answer common questions about emergency department procedures and preparing them for what lies ahead in their visit. These animated videos offer an overview of waiting room processes (such as triage), highlight rules around code of conduct, and set clear expectations for what may occur during their visit. To ensure accessibility for audiences across language proficiencies, videos are available in English and Spanish.

The creation of these videos involved input from Penn Medicine's Community Advisory Boards (CAB) and Patient Family Advisory Councils (PFACs)—ensuring content aligns with community needs while reinforcing trust between patients and health care providers and ultimately enhancing patient experiences within our emergency care system.

The Listening Lab

The Penn Medicine Listening Lab utilizes a unique methodology that validates the lived experiences of patients, caregivers, staff, and providers to nurture a cohesive culture of caregiving. Deep listening can be transformative for those working to positively impact the care team experience across the continuum of care, particularly regarding patient experience. The stories featured in this initiative have been recorded through a facilitated process, collaboratively edited, and released with the consent of the storyteller. Our story collection process is designed to be HIPAA compliant.

Stories contributed to the Listening Lab are widely disseminated across Penn Medicine in various ways, including the following:

- Featured in new employee orientation and recruitment efforts
- Integrated into medical school and nursing education/training
- Engaged through extensive collaboration with Patient and Family Advisory Councils systemwide
- Shared at leadership events, meetings, and staff huddles
- Highlighted in communication to all employees, including CEO Updates, PM Reports, Cobalt, and other resilience tools
- Promoted systemwide through screensavers in all clinical rooms

Many of our storytellers have also found the experience of sharing a story to be validating, comforting, and healing.

Patient Quality and Safety Website and Dashboard

In 2024, Penn Medicine launched a new section of our website dedicated to patient safety and clinical quality, providing transparent data on key measures such as preventive care, infection prevention, mortality, and home health outcomes. This information is updated regularly and, where available, compared to national and state benchmarks to help patients make informed healthcare decisions. To make the data more accessible and meaningful, each section includes clear narratives, and some are supplemented by explainer videos highlighting our blueprint for quality and safety, patient experience feedback, and community health needs goals.

Transparency In Pricing

The Centers for Medicare and Medicaid Services (CMS) requires all hospitals to post a list of their standard charges on the internet. Known as a charge description master (CDM) or chargemaster, this information must be in machine-readable format and be updated at least annually. Pennmedicine.org has a section labeled “Transparency in Pricing” that allows patients to receive an estimate for their health care services. They can contact their providers directly via MyChart or phone, or look at the negotiated price lists that are posted on the web page.

Penn Medicine Experience (PMX) Feedback Program

The PMX feedback program is essential for improving patient care at Penn Medicine. Between July 2021 and September 2023, over 4.8 million surveys were sent to patients, with more than 1.4 million responses, achieving a 30 percent response rate—nearly double the industry standard of 16 percent. This text-based survey is brief, multilingual, and accessible to all patient populations. It captures ratings on key areas such as meeting patient needs (93 percent rated “5”), likelihood of recommending providers (93 percent rated “5”) or practices (91 percent rated “5”), and team collaboration (92 percent rated “5”). Unlike traditional mailed surveys, PMX delivers near real-time insights within three days, enabling actionable improvements in clinical and operational processes. By analyzing feedback trends tied directly to practice data, Penn Medicine ensures responsiveness and transparency, enhancing trust and the overall patient experience across hundreds of medical practices.

Penn Medicine Academy (PMA) Training and Recognition for Enhancing Patient Interactions

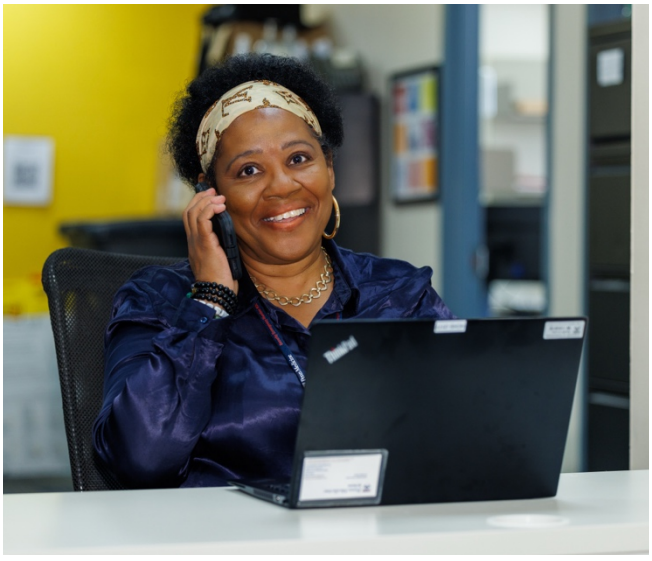
To address negative patient experiences and motivate staff to improve outcomes, Penn Medicine Academy offers targeted training and recognition programs aimed at fostering trust-building behaviors and enhancing communication skills. The outpatient Penn Medicine Experience course is a mandatory monthly two-hour session designed for frontline staff, covering:

- The AIDET Model (Acknowledge, Introduce, Duration, Explanation, Thank You)
- Verbal de-escalation techniques to handle challenging situations
- The importance of body language in patient interactions
- Role-playing real-world scenarios in breakout groups
- Effective digital engagement, including MyChart by myPennMedicine or phone-based care

Recognition has included:

- PM Report “Difference Makers” highlighting standout employees making a meaningful impact on patients’ lives
- Incentivized participation, rewarding employees who consistently demonstrate trust-building behaviors that enhance patient satisfaction
- Highlighting ongoing employee engagement and recognition efforts to reinforce positive interactions in critical areas such as the Emergency Department

By equipping staff with advanced tools and celebrating exceptional performance, these initiatives aim to transform patient experiences while fostering a culture of excellence across Penn Medicine practices.



Service In Action Online Storytelling

Service to community is deeply integrated into Penn Medicine’s medical education, clinical care, and biomedical research missions. For more than 10 years, we communicated this ethos through an annual photo-driven print publication that documented the experiences of patients and clients served by our community programs and by volunteer efforts of physicians, nurses, staff, and students. For the June 2020 edition, we sought to expand our storytelling into multimedia formats, measure our impact, and be responsive to our audience’s interests by completely relaunching the report in a digital format. From 2020 through 2025, the **Service in Action** website has offered visitors an array of storytelling and data that convey the impact of Penn Medicine’s service mission. It has served as the centerpiece of all our institution’s timely health equity storytelling, rather than an annual report with separate editions. The stories are labeled with topic tags that reflect the major health needs in our communities.

In 2025, Service in Action articles will be migrated to Penn Medicine’s newly launched and redesigned website. These stories will continue to be housed on **a centralized landing page for all stories that impact our community health and health equity**. They will continue to be multimedia-rich and tagged with relevant health need topics, while making it easier to hyperlink to these stories from related pages across other parts of the website, where members of the community are more likely to browse.

Integrated Communications and Marketing Support for Community Programs

The Marketing and Communications departments at Penn Medicine drive both internal and external communications and marketing efforts that prioritize awareness, trust, and participation in community impact initiatives. Many internal communications tactics support employee participation in community events and volunteering, including promotion of CAREs grants and the CAREs community events calendar. Owned storytelling through the “Service in Action” content area is one aspect included in many integrated efforts that deploy multiple coordinated communications and marketing tactics. For example, in July 2025, when the Penn Medicine mobile mammogram van debuted at the fourth annual Penn Medicine community health fair, in partnership with Community of Compassion CDC, integrated communications and marketing tactics included: owned storytelling on the Penn Medicine website and on social media channels; earned media placement on local radio, TV, and print outlets, as well as in more niche channels targeting hospital executives and radiologists; and a Penn Medicine-produced video including feedback from patients.

Metrics

- Improvement of sentiments and attitudes related to Penn Medicine’s community-based services and initiatives via targeted social media engagement tracking and integrated survey tools in existing marketing analytics
- Community engagement participation, including number of events, attendance, and volunteer hours
- Penn Medicine website traffic patterns, particularly for Service in Action

CAREs Grant: The Patient Story Collective

Isabel Yoon, *Perelman School of Medicine*

The Patient Story Collective aims to use narrative medicine to improve patients’ experiences during hospitalization and illness. Writing can help patients derive meaning and healing from difficult experiences. Isabel’s grant will go to help train volunteer medical students, who will then be paired with palliative-care patients. After light editing, patients will receive a copy of their stories, which they may choose to share.

PRIORITY AREA #2

Eliminating Discrimination in Health Care

Marginalized communities, including people of color, immigrants, individuals with disabilities, those living with mental illness or substance use disorders, LGBTQ+ individuals, those from rural communities, and other groups, continue to face discrimination and institutional barriers to accessing quality health care. These challenges are compounded for individuals with intersecting marginalized identities, who often experience amplified discrimination and trauma. Additionally, the current political climate in the United States has intensified feelings of vulnerability and fear within these communities, further impacting their ability to seek and receive equitable care.

The strategies and programs in this section respond to the "Racism and Discrimination in Health Care" community health priority identified in the 2025 regional Community Health Needs Assessment for southeastern Pennsylvania.

Strategies

Penn Medicine's approach to avoiding and eliminating discrimination in health care will focus on:

- **Education and training to Improve Patient Experience:** Issue systemwide education at onboarding and annually, with role-specific modules and accountability for completion.
- **Language access and communication:** Scale interpreter services policy across the enterprise, strengthen multilingual staffing, and ensure consistent documentation.
- **Trauma-informed, non-stigmatizing care:** Embed trauma-informed training, rectify bias that may exist in EHR systems, and scale successful models such as the PROUD Clinic and Sickle Cell Disease Task Force.
- **Systemic equity reforms:** Strengthen equity dashboards, implement departmental response mechanisms to avoid bias and discrimination, and build community advisory boards to guide accountability.

Current Programs and Initiatives

Interpreter Services at HUP

The Hospital of the University of Pennsylvania (HUP) recently strengthened interpreter services by prioritizing in-person interpretation, recruiting multilingual staff, and ensuring clear documentation standards. Over the next three years, Penn Medicine will extend this approach across all downtown hospitals to improve communication and safety for patients with limited English proficiency.

Alliance of Minority Physicians (AMP)

This joint initiative from Penn and Children's Hospital of Philadelphia (CHOP) supports medical students, trainees, and faculty aiming to ensure equal treatment for medical students, trainees, and faculty from all backgrounds. AMP offers mentorship, networking, and professional development opportunities, helping to attract talent and foster inclusive learning environments across Penn Medicine.

Trauma-Informed Training in Emergency Medicine

Penn's Department of Emergency Medicine is embedding trauma-informed care into all aspects of its operations, to reduce stigma and create healing-centered environments. This approach will serve as a model for training staff systemwide in trauma-informed practices.

Trauma-Informed Training Across the Downtown Hospitals

Led by OncoLink team, part of the Penn Medicine Radiation Oncology Department, we have completed synchronous training for 804 care team members from multiple disciplines, across all the downtown hospitals. In this interactive training, using case discussion and experiential learning, participants learn about basics of trauma, adverse childhood experiences (ACEs), trauma responses, and principles of trauma-informed care and sensitive practice techniques. There will be opportunity for case discussion and experiential learning. Participants complete a pre and post training survey to measure their knowledge and opinions of TIC, competence in providing TIC, barriers to TIC and interventions to TIC.
Future directions include implementation of an online, asynchronous required training module for all new employees in the Department of Radiation Oncology that can be leveraged by other departments. OncoLink will continue to provide synchronous training to departments and centers upon request.

Workplace Violence Prevention Module
With Epic's new workplace violence flagging system, Penn Medicine can stratify data to identify potential biases. A task force reviews flagged cases to ensure only true incidents of violence are recorded, protecting staff safety while preventing discrimination.

PROUD Clinic
The Perinatal Resources for Opioid Use Disorder (PROUD) Clinic provides comprehensive, affirming care to perinatal patients with substance use disorders. Using an interdisciplinary team model, including social work, pharmacy, psychiatry, OB/GYN, and family medicine, the clinic supports both birthing parents and infants. Expansion across the system will improve access and outcomes for this high-need population.

Sickle Cell Disease Task Force
Focused on improving equitable treatment for Black patients with sickle cell disease, the task force develops standardized protocols and uses data dashboards to track care plans and utilization. This effort ensures consistency, improves pain management, and closes gaps in quality of care.

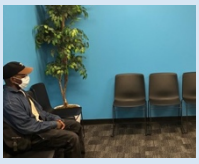
Specialized Behavioral Health Clinics
Penn Psychiatry operates a set of culturally responsive clinics, including the Q-munity Wellness Clinic for uninsured LGBTQ+ patients, the LGBTQ+ DBT (dialectical behavior therapy) Skills Group, a Medicaid-designated post-traumatic stress disorder (PTSD) treatment program, and the Southeast Asian Program at Hall-Mercer Community Behavioral Health Center of Pennsylvania Hospital, which provides multilingual, culturally tailored services.

Equity Data Infrastructure
The Center for Health Equity Advancement (CHEA) developed the Equity and Quality Dashboard and Health-Related Social Needs (HRSN) Dashboard to provide real-time insight into disparities in care to avoid discrimination in care delivery. At the same time, Penn Medicine is standardizing collection, enabling more precise measurement of inequities and guiding data-driven interventions.

Together, these programs demonstrate Penn Medicine's commitment to eliminating discrimination in health care. By strengthening language access, embedding trauma-informed practices, and advancing equity-focused data systems, Penn Medicine is building a more inclusive and responsive health system. Through collaboration with community partners, mentoring programs, and patient-centered reforms, these efforts aim to create lasting change in the experience of care, trust, and health outcomes for all patients.

CAREs Grant: Bebashi
Charlene Willis, *Clinical Practices of the University of Pennsylvania*

Bebashi's Wellness Center serves people from marginalized communities in Philadelphia, often underinsured or uninsured. They are frequently at high risk for HIV and other sexually transmitted infections and often have no access to primary care. Several labs are often required to provide the patients with proper treatment, which is not covered when the patients are underinsured or uninsured. This funding will allow Bebashi to continue providing patients with the necessary labs needed in providing overall treatment.



Metrics

Training to improve patient experience
- Percent completion of knowledge link/training
- Percent improvement in patient-reported experiences of respect and treatment experience on the Penn Medicine Experience survey, particularly among populations historically marginalized in health care

Language access and communication
- Percent of critical encounters with documented use of certified medical interpreters
- Percent of materials translated into Penn's top five priority languages
- Patient experience scores stratified by language

Trauma-informed, non-stigmatizing care
- Percent of staff trained in trauma-informed care—modeled after Emergency Medicine's Building Resilience After Violent Experiences (BRAVE) team rollout
- Changes in workplace violence (WPV) flag rates
- Number of patients referred to and retained in PROUD clinic programs
- Expansion of PROUD model to other sites
- Standardization of sickle cell disease treatment protocols across system (track rollout and outcomes)
- Utilization of culturally responsive psychiatry services

Systemic Equity Reforms
- Number of clicks on equity dashboards created by CHEA
- Number of departments moving from separate to integrated practices (resident and faculty combined)
- Number of departments with active community partnerships and advisory boards
- Number of departments with functional response teams to avoid bias and discrimination

PRIORITY AREA #3

Improving the Management and Prevention of Chronic Diseases

The U.S. Centers for Disease Control and Prevention defines a chronic disease as a condition that lasts at least one year and requires ongoing medical attention, limits daily activities, or both. Examples include hypertension, diabetes, and tobacco-related conditions such as chronic obstructive pulmonary disease (COPD) and stroke. These are leading causes of death in the Penn Medicine service area.

Penn Medicine remains committed to identifying and treating chronic disease through access to evidence-based cancer screening programs and diagnosis and management of chronic diseases—simultaneously focusing on health system and community strategies to prevent these diseases and address barriers to care. Early detection allows individuals to take control of their health, leading to more effective treatment, better outcomes, and a greater chance of full recovery. By identifying health issues early, we can provide timely care that can save lives and support long-term well-being.

The strategies and programs in this section respond to the "Chronic Disease Prevention and Management" community health priority identified in the 2025 regional Community Health Needs Assessment for southeastern Pennsylvania.

Strategies

- **Cancer screening and connection to care:** Increase cancer screenings, particularly for breast, colorectal, and lung cancers, and Increase connection to care.
- **Chronic disease management:** Enhance tools and programs to support more hands-on chronic disease management, particularly for hypertension, diabetes, and tobacco use disorder.
- **Access to care:** Improve availability of clinical services and appointments (including walk-in and after-hours care); geographic access; address barriers to care resulting from, for example, varied language proficiencies and physical ability access limitations; and increasing ability for patients to use services to their fullest extent.

Current Programs and Initiatives

Mobile Mammography

Since 2021, Penn Medicine has been hosting free, yearly mammogram events in partnership with Siemens Healthineers since 2021. Since the initiative's launch, Over the past four years, Penn Medicine has delivered nearly 1,000 free mammograms at these events, detecting nine breast cancers, which is higher than the average cancer detection rate of approximately 5.1 cancers per 1,000 mammograms for screening mammography.

The mobile mammogram initiative builds on the Abramson Cancer Center's cancer screening programs for underserved communities. For example, the Penn Medicine Breast Health Initiative, which has provided free mammograms and pap smears to uninsured and underinsured individuals at Penn Medicine locations since 2014.

In July 2025, Penn Medicine launched its own mobile mammography van. The new van is designed to provide innovative breast imaging in a comfortable setting, with Siemens' 3D mammography technology in a private, air-conditioned suite. Penn Medicine will partner with local businesses to bring the mobile mammogram van to health fairs, community events, employee wellness events, and corporate campuses in the Greater Philadelphia area.

Organizations can request the mobile mammography van by completing an online request form. A calendar of public events featuring the mobile mammography van will be available online. At these events, the patients' insurance will be billed, if applicable, and no one will be turned away due to lack of insurance.

Penn Medicine Breast Health Initiative

In recognition of the barriers that can exist for women seeking breast cancer screening and treatment, Penn Medicine offers these breast cancer screenings, and diagnostic and treatment services to underserved and uninsured women, in partnership with more than a dozen nonprofits and clinics in the region. Since its inception in 2014, the initiative has provided free mammograms to nearly 7,000 women. Of these, 57 percent of the women did not speak English. Through the FY2024 fiscal year, 728 biopsies were completed and 124 cases of breast cancer were identified and treated through this initiative.

Breast Cancer Navigation

Penn Medicine's oncology nurse and patient navigators provide personalized support to patients with breast cancer, guiding them from diagnosis through treatment and survivorship. Navigators help patients understand their diagnosis and treatment options, schedule appointments, connect with resources such as support groups and financial assistance, and explore clinical trials. By simplifying complex medical information and coordinating care, navigators empower patients and their families to actively participate in decision-making and feel supported throughout their cancer journey.

Colorectal Cancer Screening Outreach

Penn Medicine's Drive, Walk, Mail, Text initiative brings colorectal cancer screening into the community by combining drive- and walk-through events, mailed fecal immunochemical testing (FIT) kits, and targeted text message reminders. This multi-pronged program partners with community groups, churches, and local clinics to identify individuals needing screening, distribute at-home testing kits, and support follow-through for positive results, helping to close gaps in screening—especially in historically underserved populations.

LungWatch

This comprehensive lung cancer screening and nodule management program of the Harron Lung Center and Department of Interventional Pulmonology at Penn Medicine aims to discover lung cancer at earlier stages. LungWatch comprises a world-class clinical team that coordinates the entire process from discovery and diagnosis to treatment, streamlining the process for patients.

Free Diabetic Eye Screenings

Penn Medicine's Scheie Eye Institute, in collaboration with Wills Eye Hospital and Temple Ophthalmology, hosts free diabetic eye screenings across Philadelphia as part of its Diabetes Day outreach. This citywide event aims to combat diabetic blindness—a leading cause of vision loss—by providing accessible, preventive retinal care to community members.

BP Pal

This remote blood pressure monitoring program offers a seamless, text-based solution for Penn Medicine primary care patients with uncontrolled hypertension. Participants receive weekly reminders and submit blood pressure readings via text. Readings outside the healthy range are flagged through an automated process for timely follow-up by a centralized nurse–physician assistant care team.

Smoking Cessation Support

Penn Medicine's Comprehensive Smoking Treatment Program offers personalized, multidisciplinary support to help patients quit smoking with confidence. Led by experts in pulmonary medicine, public health, social work, and neuroscience, the program embraces a compassionate, "pro-smoker" philosophy that avoids guilt or shame and treats nicotine addiction like any other chronic disease. Patients receive tailored strategies—such as counseling, medication support, and behavior-based planning—designed to address the physical, psychological, and social challenges of quitting, while promoting long-term success and well-being.

DOTbot

Penn Medicine's Diabetes Outreach by Text Program (DOTbot) a bi-directional texting solution developed on the Way to Health platform, is designed to improve adherence to A1C testing among patients with uncontrolled diabetes. The program sends algorithm-driven text reminders, offering patients a choice to visit a lab or receive orders by mail.

Language Support Services

Penn Medicine provides free, professional medical interpretation and translation services to patients, families, and visitors who speak languages other than English, or are deaf or hard of hearing. Services include in-person interpreters, phone and video remote interpretation, and agency-assisted interpretation in over 140 languages—ensuring clear, equitable communication for all patients.

The CUT Hypertension Project

This innovative program turns the corner barber shop—well-known as an informal gathering place in many Black and Latino communities—into a social hub as well as a health hub. In Philly Cuts, a West Philadelphia local barber shop, volunteers conduct blood pressure screenings and share information on how to combat hypertension in the Black community. Project leaders and volunteers also provide education on healthy dieting and exercise. The program not only helps address hypertension, but builds trust between health care providers and the Black residents of West Philadelphia.

Basser Center for BRCA

The Basser Center's mission is to see a world free of the devastating effects of BRCA-related cancers. Men and women with mutations in either the BRCA1 or BRCA2 genes are at heightened risk for certain cancers, including breast, ovarian, prostate, and pancreatic cancers. These gene mutations can be passed to children by either men or women. The Basser Center conducts cutting-edge research as well as community outreach and education and is a place where families can turn for information and genetic counseling. The center's work is focused on and its leaders are dedicated to raising awareness, which is currently the most effective way to save lives and provide options to those affected by a BRCA mutation. Initiatives include focusing on providing education and resources to communities throughout Philadelphia, including targeted outreach to Black, Latino, and LGBTQ+ populations.

United Community Clinic (UCC)

UCC provides free long-term care to underinsured individuals in the West and Southwest Philadelphia. In partnership with the New River Presbyterian Church and the African Family Health Organization, UCC brings primary and preventive care for patients with chronic diseases. Under faculty supervision, medical, nursing, pharmacy, and social work students work together to develop care plans for patients. Services include free medications, support for diet and lifestyle changes, patient education, and regular follow-up visits.

Metrics

Cancer Screening And Connection To Care:

- **Breast cancer screening:** Mobile mammogram, same-day mammogram, breast cancer navigator
  - » Current: Mammogram rates for women ages 41 to 74: 78.05 percent; white women: 84 percent; Black women: 75 percent
  - » Three-year goal: Close the racial disparity in breast cancer screening rates in Philadelphia primary care
- **Colorectal cancer (CRC) screening:** Centralized FIT campaign, abnormal FIT outreach, colonoscopy navigation and financial support, FIT Flu community events, high-risk population follow-through
  - » Current: CRC screening rates in Philadelphia for primary care patients ages 45 to 73: 73.39 percent
  - » Three-year goal: Increase to 74.5 percent to match the rates across Penn Medicine primary care
- **Lung cancer screening:** LungWatch
  - » Current: Screening rates across Penn Medicine primary care: 41 percent
  - » Three-year goal: Increase by 10 percent in the Philadelphia region

Chronic Disease Management:

- **Hypertension:** BP Pal text-based remote patient monitoring program for hypertension, currently in 12 primary care practices with planned expansion to all Penn Partners in Care practices by the end of 2025, medication adherence outreach
  - » Current—Rate of hypertension control for primary care patients in Philadelphia: 66.65 percent
  - » Three-year goal—Improve to rate of control comparable to rest of Penn Medicine primary care network
- **Diabetes:** Centralized Diabetes Outreach Text Bot (DOT Bot), diabetic retinopathy screening in office, diabetes retinopathy screening day (Scheie Eye Institute)
  - » Current—Rate of A1C <8 percent: 71 percent
  - » Three-year goal—Increase to 75.19 percent to match the rate across Penn Medicine primary care
- **Tobacco:** Family medicine smoking cessation program (in development), Dr. Frank Leone clinic, Pharm D cessation
  - » Current—Intervention given: 66 percent
  - » Three-year goal—Improve number of patients given intervention by 5 percent

CAREs Grant: WeCanRow

Doris Piccinin, Corporate

WeCanRow-Philly, a program of Whitemarsh Boat Club, boosts both physical and mental health for survivors of breast cancer through the sport of rowing. Doris has been a volunteer with the program for three years. The goal is for participants to regain energy, strength and endurance through physical activity—while also connecting with a team of other breast cancer survivors. Her grant will go toward scholarships and coaching sessions for women in need.

PRIORITY AREA #4

Increasing Access to Primary and Specialty Care

The 2025 Access to Primary and Specialty Care priority focuses on ensuring patients and community members have equitable access to timely, high-quality primary and specialty care to address their health-related needs and support long-term well-being. Penn Medicine addresses the persistent barriers to accessing primary and specialty care—such as inadequate insurance coverage, limited transportation, extended appointment wait times, and closures of hospitals and pharmacies—by advancing a comprehensive, community-centered approach. Recognizing the critical link between primary care access and improved health outcomes, Penn Medicine is committed to establishing medical homes throughout Philadelphia and expanding access points across the region.

Among the strategies, the organization is actively enhancing partnerships with Federally Qualified Health Centers (FQHCs) and safety net providers to reach underserved populations. The health system also continues to leverage pandemic-era innovations like telehealth and virtual programming, while embedding social workers, patient navigators, and community health workers into care teams to improve care coordination and resource navigation.

These efforts reflect Penn Medicine's holistic commitment to eliminating disparities and ensuring equitable, accessible care for all the communities it serves.

The strategies and programs in this section respond to the "Access to Care (Primary and Specialty)" community health priority identified in the 2025 regional Community Health Needs Assessment for southeastern Pennsylvania.

Strategies

- **Expansion of insurance coverage for underserved and underinsured populations:** Allow Medicaid coverage for patients at Penn Medicine's Virtual First Primary Care.
- **Expansion of access to oral health care in Philadelphia and beyond**: Explore opportunities to expand access to oral health care services through community partnerships and sustainable financial strategies.
- **Expansion of primary care access:** Increase the number of Penn faculty and residents working in regional Federally Qualified Health Centers (FQHC) and increase the number of managed lives cared for within the Penn Medicine Primary Care network, while expanding access to 24/7 virtual care.
- **Reduction of avoidable ED utilization:** Ensure adequate availability of hospital discharge visits and sick visits within the primary care practices by increasing hospital discharge and sick visit appointment slots and hiring additional advanced practice providers.
- **Addressing brick-and-mortar pharmacy closures:** Provide enhanced access to pharmacy services to one high-priority neighborhood/community by 2028 through mail order or other means.
- **Addressing transportation barriers:** Improve access to primary care for patients residing in rural areas by implementing a pilot program utilizing Lyft ride-booking services.
- **Expansion of specialty care access:** Utilize tools and measures such as specialist e-consults, specialist handoffs to PCPs (graduation programs), and increase the number of Penn Medicine specialists embedded in local FQHCs.

Current Programs and Initiatives

Insurance Coverage

Efforts are underway to open Penn Medicine's Virtual First Primary Care (VFPC) to Medicaid. VFPC is a mostly-virtual primary care practice currently positioned to serve the Lancaster, Pa. market, but looking to be scaled across the remainder of our regions. VFPC is currently a subscription service with a $9 per month fee associated with enrollment. The goal is to remove the fee and allow Medicaid enrollment for this virtual primary care home.

Dental Care Access

Penn Dental Medicine (PDM) is committed to caring for underserved populations and currently provides comprehensive oral health care services to more than 30,882 underserved and underinsured patients living in the West Philadelphia region. Last year, PDM completed 89,585 dental visits in the following clinics: Saito Pediatric Dentistry, Vulnerable Populations, the Personalized Care Suite (PCARE) for patients with special health care needs, and other PDM community-based affiliate sites. By 2028, PDM is committed to increasing dental visit access for our underserved populations by 5 percent. While PDM has no immediate plans to expand its cohort of 650+ predoctoral trainees, the school will focus on enhancing postdoctoral clinical education through the expansion of the Advanced Education in General Dentistry (AEGD) Residency Program. By 2028, PDM commits to increasing the number of AEGD residents by 28 percent to help meet the growing oral health needs of underserved patients at Federally Qualified Health Centers (FQHCs) and community-based affiliate sites.

PDM launched the Personalized Care Suite for Persons with Disabilities (PCARE) in 2021. The PCARE suite located at 240 S. 40th Street offers fully accessible clinical spaces and is staffed by an expert interdisciplinary care team of medical and dental clinicians trained in special needs dentistry, behavioral management, and teledentistry. Additionally, PDM's Division of Community Oral Health has expanded its services through five core programs: Mercy LIFE senior care, PennSmiles (school-based care), Philadelphia Health Management Corporation (PHMC) on Cedar integrated FQHC, Puentes de Salud immigrant health center, and Woods Services for persons with disabilities. In partnership with PHMC on Cedar, PDM opened an 11-chair, state-of-the-art dental clinic in Southwest Philadelphia in 2024. In partnership with Woods Services, PDM opened the Mikey Faulkner Dental Care Center for children and adults with intellectual and developmental disabilities in 2023.

Primary Care Access

Penn Medicine reaffirms its commitments to care within the community setting through existing student clinics and access within both Federally Qualified Health Centers (FQHC) and city health centers. The Department of Family Medicine and Community Health is committed to expanding the number of faculty and residents working in regional FQHCs and city health centers and aims to add two by 2028. The 2025 baseline is four cFTEs (clinical full-time equivalents).

Outside of community-based access, Penn Medicine's regional primary care practices are committed to expanding the number of managed lives cared for within the primary care practices by 3 percent annually. Managed lives is defined as patients seen within the past two years in primary care practices. The current number of patients within the regional practices is 388,947; our goal is to cover 425,012 lives in the regional practices by 2028.

Aligned with the expansion of Virtual First Primary Care (VFPC) to Medicaid patients, there is also a project to expand and enhance 24/7 access to virtual acute care through Penn Medicine on Demand (PMOD). PMOD is in the process of taking over all after-hours access needs for patients receiving care from a Penn Medicine Primary Care practice. This will allow all patients within the Penn Medicine primary care network to have direct access to virtual visits 24/7. The goal is to have all practices covered by October 2025.

Acute Care Access

Excessive emergency department (ED) demand and utilization is a concern for patients and health systems. One source of this excess demand are patients presenting with clinical concerns that do not require ED-level interventions. This potentially avoidable demand results in extended wait times for patients and strain on the local health systems. Project Right Care is currently working to reduce avoidable ED utilization. This is an inter-departmental effort with improved primary care access at the center.

One way to reduce ED utilization is to ensure adequate availability of hospital discharge visits and sick visits within the primary care practices. Advanced practice providers (APPs) such as nurse practitioners and physician assistants are being deployed in regional practices to provide additional acute care/sick access for all existing primary care patients. This will allow for better same-day/next-day access and avoid people being directed to the ED. Penn Medicine's goal is for all regional primary care providers to have two transitional care management slots in their weekly office templates by June of 2026 and for all primary care regions to hire at least one float APP by June 2027 to provide sick visit access.

Pharmacy Access

Penn Medicine pharmacy services recognizes that the closure of many chain pharmacy locations, specifically Rite Aid and Walgreens, has left many patients without brick-and-mortar retail pharmacies in their neighborhoods and communities. Penn is developing a strategic plan to expand access to pharmacy services through mail order and other novel interventions. Geo-mapping data will be used to identify high-risk neighborhoods that are most likely to benefit from these interventions. Penn Medicine's goal is to increase pharmacy services access to one high-priority neighborhood/community by 2028 through mail order or other means.

Transportation Access

Penn Medicine collaborates with Ride Health to provide free transportation services to cancer patients, addressing a significant barrier to care. This partnership enables healthcare coordinators to arrange rides for patients to and from medical appointments, including chemotherapy sessions, through Ride Health's platform. The initiative has been instrumental in reducing missed appointments and enhancing participation in clinical trials, thereby improving patient outcomes and care continuity. Additionally, Penn Medicine has extended its transportation services to include other patient groups, such as those requiring assistance for routine medical visits. The program offers free rides to eligible patients, including seniors, individuals with disabilities, and those enrolled in Medical Assistance Transportation Program (MATP) in Pennsylvania. This comprehensive approach ensures that transportation challenges do not impede access to necessary healthcare services.

Specialty Care Access

Multiple groups are working to improve access to specialty care within Penn Medicine. Current projects and their associated possible impacts include:

- E-consults, a care delivery tool that allows a specialist to review a patient's chart and weigh in on next steps in their care, without the patient having to be seen in person or virtually by that specialist. E-consults have been used successfully by other health systems and are being scaled across Penn Medicine with more specialty groups offering this as an option. The clinical question/concern may be resolved by the e-consult alone, or the specialist may recommend that the patient be seen for a visit with the specialist. Currently, e-consults are underutilized. Penn Medicine's goal is to expand the number of specialties performing e-consults from 13 to 18 by 2028 and increase the volume of e-consults by 20 percent.
- An access-limiting concern for specialists is the number of return patient visits. The more return patients, the fewer new patient consults they can do. To reduce the number of return slots needed, the health system is developing a "graduation program," where patients are returned to their Penn Medicine PCP for ongoing management of their clinical concern after meeting certain criteria. One example is a patient with gastroesophageal reflux (GERD) that is well-controlled. If well-controlled, the GI team will not schedule them for follow-up but will have them be followed by their PCP. This will significantly increase the available slots for new consults and, therefore, the availability of specialty appointments by community members.
- Founded in 2020, the Center for Surgical Health (CSH), housed in the Department of Surgery at Penn Medicine, has developed and implemented a first-of-its-kind replicable program to support vulnerable patients in need of surgery. Through this patient support model, the Center has simultaneously fostered structured opportunities for student professional development through a graduated service-learning program. By integrating patient navigation, education, access to surgical care, and connections to comprehensive services, CSH has become a trusted resource for referring providers and patients at Penn Medicine. Outside of improved access to specialists within its specialty practices, Penn Medicine proposes embedding specialists within local FQHCs, as we have done with primary care. This model already exists in other health systems and can be replicated for needed high-value specialties.

Metrics

Insurance

- Number of managed lives cared for within Penn Medicine Primary Care network

Primary care access

- Number of transitional care management slots in PCP weekly office templates and number of float APPs in each primary care region
- Number of Medicaid-covered individuals enrolled with the Virtual First Primary Care medical home
- Number of clinicians working in regional FQHC's and city health centers
- Number of Penn Medicine primary care practices offering patients direct access to 24/7 virtual visits

Pharmacy access

- Number of prescriptions filled by a Penn Medicine pharmacy for patients living within a targeted high-priority area

Transportation Barriers

- Number of unique rides completed by Lyft for eligible patients attending ambulatory appointments

Specialty Care access

- Embedding one specialty group into one FQHC by 2028
- Number of specialties performing e-consults and volume of e-consults completed
- Creation of a graduation program process for three Penn Medicine specialties by 2028

CAREs Grant: Physical Medicine and Rehabilitation Free Clinic

Juan Polanco, *Hospital of the University of Pennsylvania*

Juan volunteers weekly at the Physical Medicine and Rehabilitation Free Clinic in conjunction with the **University City Hospitality Coalition,** run by Penn medical students. The PM&R Clinic operates out of Philadelphia Episcopal Cathedral, near Penn's campus. The clinic's target population is the unhoused patient population of West Philadelphia. Juan's grant funds will go to purchase two portable patient beds and various medical equipment and pain management supplies for underserved patients.

PRIORITY AREA #5

Supporting Healthcare and Health Resources Navigation

Penn Medicine recognizes that barriers to navigating the health care system contribute to inequities and poor health outcomes—particularly for vulnerable populations. Findings from the 2025 Community Health Needs Assessment underscore the importance of informing patients and connecting them with essential resources.

To address these challenges, Penn Medicine leverages a team of community health workers, social workers, clinicians, students, and other professionals who guide patients through complex systems. As part of a statewide network supporting PA Navigate, Penn Medicine collaborates to enhance navigation tools and improve access to care for all Pennsylvanians.

By prioritizing equitable navigation support, Penn Medicine empowers individuals to overcome barriers and achieve better health outcomes.

The strategies and programs in this section respond to the "Health Care and Health Resources Navigation" community health priority identified in the 2025 regional Community Health Needs Assessment for southeastern Pennsylvania.

Strategies

- Provide personalized, high-quality, supported navigation
- Link patients directly to health assistance programs
- Track and address health-related social needs such as transportation, housing, and food insecurity
- Ensure culturally responsive communication throughout the care continuum

Current Programs and Initiatives

Penn Center for Community Health Workers

For more than a decade, this national center of excellence has conducted, applied, and disseminated important research on community health work and community health workers. The center's cornerstone initiative is IMPaCT©, which helps community health workers strike the right balance between community and clinic. Community health workers integrate with other care teams to optimize processes around patient referrals, data infrastructure, team interaction, and communication via the electronic medical record. Skilled in system navigation and problem-solving, community health workers assist clients with everything from finding the right care to advocating on their behalf.

PHMC Public Health Campus on Cedar, Anchored by the Hospital of the University of Pennsylvania–Cedar Avenue

The PHMC Public Health Campus on Cedar is founded on the guiding principle of providing high-quality, community-informed, patient-centered health care and social services supporting the needs of the facility's West and Southwest Philadelphia neighbors. Coalition goals for the public health campus focus on health equity and aim to provide the community with access to primary and behavioral health care, emergency services, acute care services, substance use treatment, and other social support services. PHMC Public Health Campus on Cedar is a partnership consisting of Public Health Management Corporation (PHMC) as the owner and operator of the property, with Penn Medicine managing the hospital emergency department, inpatient services, and hospital-based behavioral health programming as a remote location for the Hospital of the University of Pennsylvania (HUP), known as Hospital of the University of Pennsylvania–Cedar Avenue. Children's Hospital of Philadelphia (CHOP) and the Independence Blue Cross Foundation join PHMC and Penn Medicine as coalition partners.

PA Navigate

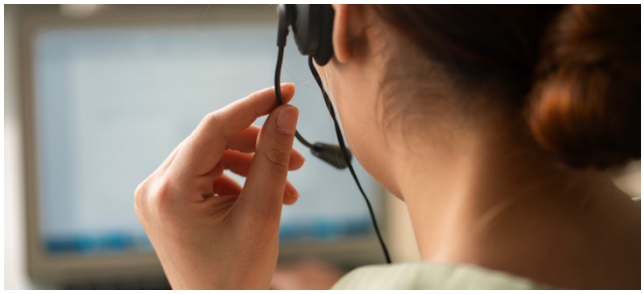
PA Navigate is a valuable tool utilized by Penn Medicine to support patients and community members in accessing essential health and social resources. Developed as a centralized, statewide platform, PA Navigate connects individuals with services such as food assistance, housing support, transportation, behavioral health care, and more. By streamlining referrals and enhancing coordination among health care providers and community-based organizations, PA Navigate helps reduce barriers to care and promotes more equitable access to resources. As part of Penn Medicine's community health implementation strategy, the platform is integrated into care coordination workflows and leveraged by staff, including community health workers and social workers, to ensure individuals receive timely, culturally responsive support aligned with their unique needs.

Social Needs Response Team (SNRT)

This program was created by the Hospital of the University of Pennsylvania's Department of Social Work with support from the **Center for Health Equity Advancement** (CHEA), in order to ensure all Penn Medicine patients and employees have the support they need to be safe and well. SNRT is a virtual call center, established in April 2020, that supports Penn Medicine patients and the wider Philadelphia community with access to resources to address social needs. Under the supervision of a clinical social worker, an interdisciplinary team of graduate-level health professionals (medicine, nursing, social work) address patient safety, distress, and a host of other unmet social needs, in order to mitigate their compounding negative impact on health. Penn Medicine will expand the SNRT with a full-time licensed clinical social worker to oversee the growth of the team.

Penn Medicine Contact Center

The Penn Medicine contact center (1-800-789-PENN) provides health system navigation services to new and established patients who are seeking clinical care at Penn Medicine. The contact center employs customer service representatives and registered nurses who are available Monday through Friday to the general public. Contact center agents are familiar with the complete scope of Penn Medicine clinical care, including physicians, departments, programs, centers, services, and locations. Agents help callers find an appropriate health care provider based on the caller's needs, symptoms, or diagnosis. Once appropriate care has been identified, scheduling specialists help callers set up their appointment. Annual contact center volume currently averages approximately 800,000 calls.



Puentes de Salud

This nonprofit organization works to improve the health and wellness of the uninsured Spanish-speaking population in Philadelphia through the provision of care and social programs. The program helps patients with complex medical needs navigate the health care system by connecting them with appropriate care, scheduling appointments, and assisting with other services.

Penn Medicine's LGBTQ+ Patient Navigation Program

This program plays a critical role in advancing health equity by helping LGBTQ+ patients access affirming, high-quality care across the health system. Navigators provide personalized support to patients, including assistance with finding knowledgeable providers, coordinating appointments, and addressing barriers related to insurance, and specialized care. The program fosters trust and safety for LGBTQ+ individuals, particularly those who have experienced discrimination in health care settings. By serving as a bridge between patients and providers who have expertise, LGBTQ+ patient navigators help ensure that care is respectful and responsive to the unique needs of LGBTQ+ communities, aligning with Penn Medicine's broader commitment to equitable health outcomes.

Penn Medicine's Financial Advocates and Assistance Programs

These programs are essential to ensuring that all patients, regardless of income or insurance status, can access the care that they need. Financial advocates work directly with patients to assess eligibility for insurance coverage, financial assistance, and payment plans, helping to reduce the financial burden of medical care. They assist with applications for Medicaid, Penn Medicine's financial assistance program, and other state and federal resources, and provide guidance on navigating complex billing and insurance processes. These services are available throughout Penn Medicine facilities and are designed to be accessible, confidential, and supportive. By addressing financial barriers to care, the program reinforces Penn Medicine's commitment to health equity and ensures that cost is not a deterrent to receiving timely, high-quality health care.

The Center for Surgical Health (CSH)

This key initiative within Penn Medicine supports uninsured and underinsured patients in accessing necessary surgical care. CSH provides comprehensive navigation services to help patients move through the entire surgical journey—from initial diagnosis to post-operative recovery—while addressing barriers such as insurance, language, transportation, and care coordination. The program collaborates closely with Penn Medicine's financial advocates and community partners to connect patients with financial assistance, social services, and follow-up care. By integrating clinical, financial, and social support, CSH ensures that lifesaving and life-improving surgical care is accessible to all, regardless of socioeconomic status, and reflects Penn Medicine's commitment to advancing health equity and reducing disparities in surgical outcomes.

Metrics

- Increased connectivity of patients to resources
- Reduced missed opportunities for a warm hand-off between health care and social care providers
- Decreased patient experiences in which care and resource needs went unmet

CAREs Grant: Flow Trials: Enhancing Clinical Trial Access

Malhaar Agrawal, *Perelman School of Medicine*

Malhaar is a student leader and co-founder of **Flow Trials,** a platform designed to improve access to clinical trials for Philadelphia communities that have been historically underserved. For the last year, Malhaar and other Penn students have worked with ACHIEVEability, The Enterprise Center, First Corinthian Baptist Church, and the Muslim organization, Masjid Al-Wasatiyah. Their goal: to educate, foster trust, and increase access. By increasing access to clinical trials, the group seeks to foster trust, improve patient outreach, and ensure Penn Medicine's research directly benefits the communities it serves. Malhaar's funding will be used for community outreach and engagement, technology, student training, and other expenses.

PRIORITY AREA #6

Making Mental Healthcare More Accessible

Penn Medicine recognizes that good mental health care is a top health need in Philadelphia and is committed to providing high-quality, accessible, team-based, and culturally responsive mental health care, particularly for vulnerable populations. Penn Medicine strives to increase the capacity of the mental health workforce and amplify services available through community engagement.

The strategies and programs in this section respond to the "Mental Health Access" community health priority identified in the 2025 regional Community Health Needs Assessment for southeastern Pennsylvania.

Strategies

- Bolster access to and capacity of outpatient mental health programs that serve the Penn Medicine community
- Bring care to patients where they are by continuing to invest in innovative care models
- Grow partnerships for mental health access

Current Programs and Initiatives

Hall-Mercer Community Behavioral Health Center of Pennsylvania Hospital

This outpatient community mental health center (Pennsylvania's first) is dedicated to enriching the lives of people affected by mental illness or developmental disabilities. The center has played a significant role in broadening acceptance and advancing care for people with psychiatric disorders or intellectual disabilities by providing a comprehensive range of services for young children to adults. Part of Philadelphia's behavioral health system, it is one of 11 community mental health centers in the city.

Penn Center for Youth and Family Trauma Response and Recovery (CYFTRR)

This center provides a range of interventions for children and families to address the physical and psychological systems associated with trauma. As the only provider in the Philadelphia area that offers effective early intervention for youth, the center is an essential point of access to specialized behavioral health services for those in our community.

Penn Psychiatry's Fellowship in Community Psychiatry

This one-year, non-ACGME training program is run by the Department of Psychiatry. Through this program, Penn Psychiatry contracts out the services of up to four community fellows to partnering community-based agencies. Community fellows are board-eligible psychiatrists who have completed their adult psychiatric training and can provide attending-level psychiatric services to these community agencies.

Penn Employee Assistance Program (EAP)

This program offers eight free counseling sessions per topic/per year to enrolled dependents to help them manage issues such as stress, anxiety, and depression. Additionally, the MyLifeExpert feature offers thousands of up-to-date, topic-related articles, videos, podcasts, webinars, and more, related to holistic wellness.

The Penn Psychiatry Time Efficient, Accessible, Multidisciplinary (TEAM) Clinic

This innovative clinical care model is designed to increase patient access to treatment using an evidence-based and collaborative approach (medication management and psychotherapy) to mental health treatment. At the first visit, patients meet with a multidisciplinary treatment team to discuss their symptoms and treatment needs. The team includes a psychiatrist or psychiatric nurse practitioner, licensed therapist, medical assistant, and care manager. Based on the TEAM assessment, treatment recommendations may include: four-month medication management by a psychiatric nurse practitioner or psychiatrist; four months of evidence-based psychotherapy provided by a licensed clinical social worker or licensed professional counselor; and four months of medication management combined with evidence-based psychotherapy.

Penn Integrated Care (PIC)

This program embeds mental health clinicians in nearly 50 Penn primary care practices, as well as OB/GYN and oncology, to support triage, care navigation, and treatment with medication and/or psychotherapy. Future initiatives will include expanding PIC access to specialty clinics that serve patients with chronic medical illness.

Penn Parenting Resource Center (PPRC)

This outpatient practice, associated with Pennsylvania Hospital, is dedicated to supporting the holistic needs of growing families in the Philadelphia region. PPRC provides comprehensive lactation and education support, in addition to postpartum mental health support, to help families manage birth trauma, perinatal mood disorders, and adjustment to life with a new baby. Services are offered in both group and individual settings.

Metrics

- Increased access and capacity to meet demand, and decreased time to scheduling appointments
- Increased linkages between Penn Medicine primary care and other physical health programs with longer-term mental health treatment resources within Penn Medicine
- Strengthened relationship between hospital-based care provided under the “two tower” model and outpatient care settings
- Closed gaps in the continuum of mental health care at Penn Medicine by increasing availability of mental health services for the community, both within and outside of Penn Medicine
- Enhanced community engagement in mental health care
- Improved the mental health and well-being of our patients, employees, and community

CAREs Grant: Warrior Canine Connection

Paula Crawford-Gamble, Corporate

Paula initially worked with **Warrior Canine Connection** (WCC) from 2008-2011 while on active duty in the military. At that time, she saw firsthand how the organization’s program benefited patients at Walter Reed National Military Medical Center. WCC is a separate nonprofit that breeds, trains, and places service dogs with disabled veterans. It also uses animal-assisted therapy to teach veterans how to train service dogs for fellow warriors. Paula's funds will be used for dog food, training equipment and supplies, and the printing of outreach and recruiting materials for the Penn campus community.

PRIORITY AREA #7

Providing Quality Care for Substance Use and Related Disorders

Philadelphia remains severely impacted by the opioid crisis. In 2023, the city recorded approximately 1,315 overdose deaths—the second-highest annual total in its history—despite a 7 percent decrease from the record-setting numbers in 2022. Most of these deaths involved polysubstance exposures, reflecting the increasing toxicity of our local drug supply. Although overdose deaths have slightly declined both nationally and locally in 2024, Black and Indigenous populations remain disproportionately impacted. Locally, overdose deaths among Black Philadelphians continue to rise, demonstrating the urgent need for culturally tailored interventions to address inequities driving these disparities.

Penn Medicine remains committed to rising to meet these challenges by providing high-quality care to those in need, expanding access to evidence-based care in hard-hit neighborhoods to help people struggling with substance use, advocating for positive change, and training physicians and other health professionals in addiction medicine.

The strategies and programs in this section respond to the "Substance Use and Related Disorders" community health priority identified in the 2025 regional Community Health Needs Assessment for southeastern Pennsylvania.

Strategies

- **Increased access to prevention and treatment:** Expand access to treatment for all substance use disorders and incorporate services into settings across the care continuum.
- **Supporting justice system-involved individuals with substance use disorders (SUD):** Provide critical care to vulnerable populations to reduce overdose risk, promote recovery, and support successful reentry into the community. Justice-involved populations experience disproportionately high rates of SUD, yet often face significant barriers to accessing evidence-based treatment.
- **Development of enhanced data systems to drive equity and high-quality care:** Continue to develop data systems that inform Penn Medicine's goals of equitable treatment access for substance use disorders, evidence-based care for patients with SUD, and community engagement in prevention. Track overdoses and overdose deaths, both overall and in communities of color. Data systems will support patient engagement across health care settings, including the emergency room, inpatient care, and outpatient medications for opioid use disorder (MOUD).

Current Programs and Initiatives

Penn Medicine Center for Addiction Medicine and Policy (CAMP)

Founded in 2019, CAMP is a multidisciplinary initiative that helps advance Penn Medicine as a leader in addiction medicine education and substance use treatment and research. A range of professionals, from nursing to social work to surgery, work in partnership with recovery specialists to improve evidence-based and stigma-free care for patients with opioid use and/or any other substance use disorder. CAMP staff work to raise awareness that opioid use disorder (OUD) is treatable, while strategizing to facilitate enhanced care in the emergency department, primary care, and hospital settings. CAMP also provides harm reduction and overdose education and resources in the community.

Primary Care Medication for Opioid Use Disorders (MOUD)

Primary care is a critical part of any response to the opioid epidemic. Primary care physicians from the Perelman School of Medicine's Department of Family Medicine and Community Health and Division of General Internal Medicine led efforts to build and expand access to MOUD and harm reduction services at Penn Medicine. Incorporating MOUD care into primary care has decreased stigma, expanded access, emphasized harm reduction, and provided critical health care services. Six Penn Medicine practices in downtown Philadelphia now offer high-quality MOUD care within their clinical operations. In combination, more than 800 patients with OUD received treatment with buprenorphine in primary care.

Prevention Point Philadelphia (PPP)

Celebrating 30 years of service in 2022, PPP is a nonprofit public health organization providing harm reduction services to Philadelphia and the surrounding area. Penn Medicine will continue its partnership with the organization, providing counseling services, case management, needle exchanges, legal services, and overdose prevention and reversal training. Faculty and residents from the Department of Infectious Disease oversee the Sana Clinic, which integrates HIV and substance use care at PPP. Faculty and residents from the Department of Family Medicine and Community Health staff the PPP mobile unit providing care to those with OUD experiencing street homelessness.

Perinatal Resources for Opioid Use Disorder (PROUD)

Through its PROUD initiative, Penn Family Care in downtown Philadelphia provides comprehensive, multidisciplinary care to patients with a history of opioid use disorder during and after pregnancy. Patients are seen in dedicated sessions by providers trained in managing opioid use disorders as well as prenatal/intrapartum/postpartum care. The PROUD team also includes certified recovery specialists, a clinical pharmacist, an HIV and viral hepatitis specialist, and access to psychiatric services.

Wellness on Wheels

In collaboration with Prevention Point Philadelphia and the Philadelphia Department of Behavioral Health and Intellectual disAbility Services, expert caregivers deliver services and resources to communities that are especially vulnerable to overdoses. This includes distributing Narcan, delivering trainings on harm reduction and overdose reversal, case management, rapid testing for HIV and hepatitis C, MOUD starts, and rapid access to inpatient SUD treatment. The project pairs harm reduction services with mobile MOUD treatment in overdose “hotspots” in Philadelphia. Many of these patients are then referred to Penn Medicine primary care sites for ongoing treatment, thus creating a critical link for many patients who had not previously accessed care.

Penn Medicine Opioid Task Force

This systemwide initiative aims to significantly standardize and improve patient care for all—irrespective of culture or background, reduce opioid-related harm to patients, decrease rates of leaving against medical advice (AMA) in patients with OUD, and reduce the number of unused opioids in the community.

Center for Opioid Recovery and Engagement (CORE)

CORE provides comprehensive peer support for individuals struggling with opioid use, as well as their loved ones. The center’s mission is to support all pathways to recovery and remove barriers for patients throughout the Penn Medicine health system.

School of Medicine Addiction Medicine Fellowship

The Perelman School of Medicine’s Department of Family Medicine and Community Health provides specialty training in addiction medicine—now in its third year. In 2026, the fellowship will expand from two to five fellows each year, as a result of a training grant from the Health Resources and Services Administration (HRSA), further expanding the clinical reach of specialists within Penn Medicine and the local community. The fellowship will add to the pipeline of providers who can provide clinical addiction services and education in Philadelphia.

The CareConnect Warmline

Through an innovative partnership with the Philadelphia Department of Public Health, the CareConnect Warmline is a substance use navigation phone line designed to improve same-day access to treatments. The project emerged from the early phases of the COVID-19 pandemic, when the need for safer, remote solutions like telehealth led to a swift transformation of many aspects of outpatient and inpatient care. Services on the CareConnect Warmline recently expanded to include clinical consultations with experts in perinatal SUD and reproductive psychiatry, available in Philadelphia and its surrounding counties.

Peer Fellowship Program for Certified Recovery Specialists (CRSs)

The CRS is an important professional in addiction and recovery care teams. CAMP provides internship and training opportunities for persons with lived experience interested in working with patients experiencing substance use disorder.

The Addiction Medicine Consult Service

This service was launched at Penn Presbyterian Medical Center in 2023 to provide compassionate, evidence-based care for hospitalized patients with substance use disorders (SUDs). The multidisciplinary team, which includes physicians, social workers, and CRSs, supports patients during hospitalization and facilitates transition to outpatient or inpatient SUD care. In 2025, the service expanded to the Hospital of the University of Pennsylvania (HUP).

Support for Justice System-Involved Individuals with SUD

Justice-involved populations experience disproportionately high rates of SUD yet often face significant barriers to accessing evidence-based treatment. Providing care to vulnerable populations is critical to reducing overdose risk, promoting recovery, and supporting successful reentry into the community. We have included expanding access to treatment within this population as a key strategy for addressing health inequities and improving outcomes. Penn Medicine has expanded our reach and support of this population with the following programs:

- **The Police Assisted Diversion (PAD) program** provides support for persons taken into police custody for minor offenses related to their substance use by offering the option for referral to receive supportive services, including linkage to treatment and social resources—ultimately diverting arrest. Penn Medicine certified recovery specialists (CRSs) and substance use navigators (SUNs) provide support for PAD-engaged individuals, including care navigation to treatment options, MOUD connections, follow-up post discharge from inpatient care, and support to address common barriers to care—such as transportation access, housing resources, wound care, cell phones, and harm reduction resources and supplies.
- **Service expansion at the Kensington Wellness Support Center (KWSC)** includes daily support from a Penn Medicine multidisciplinary team of SUNs, CRSs, and nursing staff, in partnership with multiple city agencies, including Merakey behavioral health. Available services include in-person care navigation, resources, and peer support for individuals required to attend Wellness Court and those participating in the accelerated misdemeanor program.
- **Peer support for currently incarcerated individuals** encompasses a Penn Medicine CAMP partnership with a local jail to provide in-house recovery planning and peer support pre-release. These services are designed to ease the reentry process by supporting linkage to other peers in recovery with firsthand knowledge of our local treatment landscape.

Expanding Access to Treatment for Alcohol Use Disorder (AUD) in the ED

Expanding access to treatment for all substance use disorders remains a top priority within our health system. Penn Medicine addiction medicine teams developed a program to aid in identifying and initiating treatment for AUD using naltrexone, a medication that has been shown to significantly reduce cravings and “drinking days.” Identifying and treating AUD is coupled with facilitated referral to ongoing care through CareConnect, a service that coordinates follow-up appointments and linkage to recovery support. This multifaceted, scalable approach has led to a significant increase in ED-initiated AUD treatment and offers a promising pathway to facilitate walk-in access to addiction care.

Expansion of Peer ED Navigation in Partnership with NACCHO

In partnership with the Philadelphia Department of Public Health (PDPH), the Center for Addiction Medicine and Policy (CAMP), and the National Association of County and City Health Officials (NACCHO), our team of certified recovery specialists (CRSs) provide on-site support to patients seeking care at the HUP–Cedar Emergency Department (ED). Located in an area with limited access to harm reduction services, HUP–Cedar serves a community with heightened vulnerability to the effects of the overdose crisis. CRSs play a critical role by engaging patients in the ED, supporting them throughout inpatient admissions or detox stays, and facilitating warm hand-offs to trusted community providers. They also assist clinical teams with discharge planning, to ensure patients are connected to ongoing care and resources beyond the hospital.

In addition to offering peer counseling on recovery pathways, including MOUD, our CRS team helps patients access social services, secure recovery housing, and provide linkage to other social resources. Through a partnership with a local opioid treatment program, our team expanded MOUD access through our methadone pathway, which allowed for rapid intake for patients ready to begin treatment.

Increasing the Availability of Safer-Use Supplies in the ED

The Penn Presbyterian Medical Center medical staff, ED nursing, and Penn CAMP, with support from the Bach fund, developed an initiative aimed at increasing the availability of safer-use supplies to patients with SUDs presenting to the ED for care. This nurse-led initiative is built on one of the core principles of harm reduction—to "meet people where they are" and reduce harms associated with substance use. This project provides access to crucial supplies to keep people who use drugs (PWUD) safe and informed, while maintaining their autonomy to choose their path to recovery.

Development of Enhanced Data Systems to Drive Equity and High-Quality Care

Penn Medicine will continue to develop data systems that inform our goals of equity in access to treatment for SUD, evidence-based care for patients with SUD, and community engagement in prevention. Data systems will support patient engagement across health care settings, including the emergency room, inpatient care, and outpatient MOUD, as well as track overdoses and overdose deaths, both overall and in communities of color.

Metrics

- Growth in programmatic outreach to help reduce substance use overdoses, emergency department visits, and deaths related to drugs and opioids
- Growth in patient engagement in MOUD
- Equity in access to MOUD and treatment for other substance uses disorders
- Increased distribution of Narcan in clinical and community settings

CAREs Grant: Ur Story Tellers

Shawn Anderson, Sr., *Penn Presbyterian Medical Center*

For the past 10 years, Shawn has volunteered with **Ur Story Tellers,** whose goal is to support the unhoused and those with substance use disorder in Philadelphia. He previously received a CAREs grant to distribute 500 hygiene kits to 380 unhoused individuals and 120 households. This year's funding will go to provide additional hygiene kits as well as resources, education, and first-aid care for xylazine wounds in outreach planned for this year. In addition, it will provide service and training on how to properly give first aid to the local population with xylazine wounds.

PRIORITY AREA #8

Providing Care and Resources to Support Healthy Aging

An older adult is defined by the National Institutes of Health as a person aged 65 or older. The National Council on Aging reports that by 2040, older adults will represent 22 percent of the American population. Penn Medicine understands the special needs of the aging population, and our geriatric medicine physicians provide personal attention and convenience to this growing segment of the community. Through Penn Geriatric Medicine and Penn Memory Center (PMC), we provide older adult programming and specialized treatments with a comprehensive approach.

The strategies and programs in this section respond to the "Healthy Aging" community health priority identified in the 2025 regional Community Health Needs Assessment for southeastern Pennsylvania.

Strategies

- Optimize clinical care management pathways
- Provide social engagement programs for older adults and caregivers
- Reduce transportation barriers to care
- Improve health literacy and resource navigation for older adults and caregivers

Current Programs and Initiatives

Guiding an Improved Dementia Experience (GUIDE)

Penn Medicine follows this new Medicare model to help people living with dementia receive high-quality care at home, while offering caregivers the support they need. The goals are simple: Better care. Less stress. More time at home. GUIDE offers personalized dementia care, caregiver support, social and wellness activities, respite services, and a dedicated care navigator.

Supporting Older Adults at Risk (SOAR)

SOAR aims to get older adults home sooner and help them recover safely at home. The program comprises three phases:

- **Prepare—**A custom dashboard automatically identifies patients who are eligible for the program. Once identified, geriatric nurse consultants (GNCs) perform comprehensive assessments and create specialized patient care plans. GNCs keep the care team, patients, and caregivers informed using standardized communication templates and checkpoints throughout the preparation phase.
- **Transition—**Hospital and home care providers participate in a collaborative call on the day of discharge to enable seamless and timely handoffs between care teams. Discharge time is defaulted to 10 a.m., and patients receive transportation home aligned with caregiver availability. Most importantly, SOAR patients receive same- or next-day nursing visits and medication delivery to ensure that they have all of the support and resources they need to begin recovery at home.
- **Support—**SOAR patients are defaulted to receive home evaluations for physical therapy, occupational therapy, and social work, with an option to add speech therapy, if necessary. They also have access to telemedicine support for vital monitoring and virtual case managers who can assist with geriatric concerns, care navigation, and connection to community resources for services such as home health aides, meal delivery, and adult day care services.

Grief Yoga

This program allows caregivers to unwind from the labor of caregiving for a loved one. During this restorative class, caregivers can reflect, connect, express, and find release.

Memory Café

Each month, the Penn Memory Center invites patients and caregivers to a free pop-up café at Christ Church Neighborhood House in Old City. The participants enjoy music from around the world, lectures by Penn experts, and coffee from local cafés.

Creative Expression Through Music
This fun, free interactive program, powered by the talented musicians from Curtis Institute of Music, shows the expressive power of music composition.

Cognitive Fitness Program
The Penn Memory Center launched this program in 2017 for adults with a diagnosis of mild cognitive impairment. It consists of three options: Skills Group, Therapy Group, and Social Group.

Mindfulness Meditation Classes
These short mindfulness exercises can be done in a group or alone at home.

Cognitive Comedy
This free program, open to all members of the PMC community, lets participants get out of their own heads and experience “group mind,” while learning the tenets of improv comedy.

Ride4Health Medical Transportation (R4H)
This service addresses the nationwide issue of missed appointments. Close to four million health care appointments are cancelled every year. With the American senior population set to double in the coming decade, seamless coordination between all stakeholders is paramount. Penn Medicine outpatient practices can partner with R4H Medical Transportation to provide transport services for older adult patients facing transportation barriers.

Individualized Management for Patient-Centered Targets (IMPaCT)
This evidence-based, standardized program harnesses the power of community health workers to improve patient outcomes and quality of care. IMPaCT provides a broad range of services, including advocacy, social support, navigation, and health coaching.

The Caring Collective
This free program matches former and seasoned family caregivers with current family caregivers to provide support through their caregiving journey.

Caregiver Support Groups
These groups are designed to provide support and resources for caregivers of individuals with dementia. Caregivers of PMC patients are welcome to join one of our support groups, tailored to specific caregiving needs and experiences. If the individual they care for is not a PMC patient, they may join our open community support group.

Caregiver Class
This seven-week program is for those caring for a loved one with dementia. It offers a unique curriculum that teaches techniques for providing better care while coping with the personal and emotional challenges caregivers face.

Hospital Elder Life Program (HELP)
This evidence-based bundle of nonpharmacological interventions for hospitalized older patients, designed to prevent delirium, functional decline, and falls. HELP was established as a formal program in1999 by Dr. Sharon Inouye to facilitate translation of evidence into practice. For over 30 years, HELP has been studied in multiple clinical trials and its benefits demonstrated via meta-analyses (highest level of evidence). The program is one of the strongest evidence-based interventions in comprehensive, hospital-based geriatric care, and has been adopted by the American Geriatrics Society as a CoCare program.

The program’s target population comprises patients over 70 years old, with a length of stay greater than two days. The clinical areas for implementation are hospital medicine, oncology, and heart failure. HELP Interventions include: daily visitors, therapeutic activities, mobility, vision, hearing, feeding and fluids.

These interventions are delivered by our student geriatric associates (SGAs)—junior and senior nursing students from area nursing schools in paid per-diem positions. This differentiates our program from other hospitals that staff the standard HELP program with volunteers.

The benefits and outcomes of HELP include:

- Maintaining functional and cognitive ability throughout hospitalization
- Maximizing patient independence at discharge
- Promoting person-centered care
- Promoting transition home versus facility care
- Helping prevent hospital readmissions

HELP has demonstrated cost-effectiveness through lower resource use during hospitalization.

Metrics

- Improved continuity of care for complex patients across settings so that patients can receive expedited, comprehensive, and compassionate care tailored to their specific needs and home recovery goals
- Reduction in 30-day hospital readmission rates among patients aged 70+ enrolled in HELP or SOAR
- Enhanced quality of life for older adults and their caregivers
- Decrease in caregiver stress level and increased satisfaction levels with support services
- Number of unique participants per quarter and average attendance per session across all social engagement programs
- Number of completed medical appointments facilitated by R4H and percentage decrease in missed appointments among older adults
- Increased health literacy for older adults and their families

CAREs Grant: Community Alliance for Development

Cordelia Baffic, *Clinical Practices of the University of Pennsylvania*

The **Community Alliance for Development** is committed to enhancing the lives of senior citizens in West Philadelphia's 19104 zip code. Through its health and wellness initiatives, social engagement programs, educational resources, and community support, it strives to restore wholeness, promote well-being, and empower its seniors toward self-sufficiency and sustainability. Cordelia, who has been part of the alliance for four years, will use her grant funding to help host a four-week nutrition and wellness program. Among the items and services to be paid for are notebooks, gloves, aprons, and a tabletop cooker for demonstrations.

PRIORITY AREA #9

Ensuring Culturally and Linguistically Appropriate Services in Healthcare

Effective clinician-patient communication is vital to delivering equitable care, yet misunderstandings stemming from language differences often dissuade patients—especially immigrants and American Sign Language (ASL) speakers—from seeking medical attention.

In alignment with census data, nearly 10 percent of Philadelphians report speaking English less than "very well," with rates ranging from 5 to 14 percent across the Penn Medicine service region. Many of these individuals are English language learners, facing language barriers that significantly impact health care access and quality.

To address this, Penn Medicine prioritizes high-quality language services, including oral interpretation and written translation. Asking patients about interpreter needs during appointment scheduling ensures seamless access to care.

Beyond language, cultural identities and religious norms shape individual beliefs about health and influence health care experiences. For some communities, stigma surrounding mental health or fear related to immigration status and lack of insurance further discourage care-seeking behaviors.

Penn Medicine is committed to ensuring every patient receives culturally responsive care that values their identity, experiences, and background. By integrating robust language services with an understanding of cultural dynamics, Penn Medicine strives to break down barriers to care while fostering trust and inclusivity in its practices.

Strategies

The strategies and programs in this section respond to the "Culturally and Linguistically Appropriate Services" community health priority identified in the 2025 regional Community Health Needs Assessment for southeastern Pennsylvania.Strategies

- **Expanded language access:** Improve real-time interpretation by streamlining scheduling through PennChart, exploring Epic-integrated translation tools or third-party solutions, and embedding interpretation into telehealth visits. Implement visual cues (e.g., wristbands or signage) to quickly identify patients with language barriers, and strengthen documentation in Epic to track interpreter use, availability, and needs across all sites. To ensure affordability, pursue partnerships, grants, and philanthropic support to offset costs for in-person interpretation while maintaining affordable tools like CyraCom.
- **Enhanced health literacy:** Simplify and standardize patient-facing materials so they are accessible across literacy levels before translation. Provide staff training on plain-language communication and ensure consistent translation of forms, MyChart messages, signage, and digital resources.
- **Strengthened spiritual care:** Rebuild chaplain staffing and the Clinical Pastoral Education program, while developing updated digital, cultural, and religious practice guides for providers, linked within Epic for ease of use.

By implementing these strategies, Penn Medicine can create a robust framework that addresses language barriers, promotes cultural sensitivity, enhances spiritual care resources, and ensures equitable health care delivery across its service region.

Current Programs and Initiatives

CyraCom

Clinicians and staff across Penn Medicine are able to use CyraCom units for quick and effective interpretation in a range of languages. The easy-to-use mobile tablets are HIPAA approved and create a virtual connection between patients and certified medical interpreters. Along with non-native English speakers, CyraCom can serve the needs of people who are deaf and hard of hearing. Spanish, Arabic, American Sign Language, and Russian—four of the most commonly used non-English languages among hospital patients—are readily available, but users can access a number of other languages through the tool.

The Refugee Clinic at Penn Presbyterian Medical Center

This clinic provides initial health assessments for refugees upon arrival to the city, as well as follow-up health services for women. The clinic provides culturally sensitive care by partnering with refugee resettlement agencies, translators, and physicians familiar with refugee health.

LGBTQ+ Health Program

Penn Medicine's program supports access to care, quality of care, and a positive patient experience for LGBTQ+ patients across the system. Care is delivered by compassionate and skilled providers who offer culturally competent care in a judgment-free setting. The program also works to support changes to policies, workflows, and operations to affirm LGBTQ+ people, and runs the LGBTQ+ patient navigation program. Under the LGBTQ+ patient navigation program, advocates help connect patients anywhere along the LGBTQ+ spectrum to outpatient or specialty care at Penn Medicine and offer support within the health system.

Penn Medicine Pastoral Care and Education

Pastoral care is an important part of Penn Medicine's healing mission. Chaplains, as a valued part of the health care team, help patients draw upon spiritual resources, values, and traditions to cope with illness and tragedy. Care is culturally competent, following an interfaith model and respecting the full range of patient faiths and spiritual expressions. Some of the hospitals contain chapels and prayer rooms for patients, visitors, and staff to utilize. Penn Medicine Pastoral Care and Education is nationally accredited through ACPE, an organization providing the highest quality clinical pastoral education programs for spiritual care professionals of any faith and in any setting.

Penn Medicine Dietary Services

Penn Medicine provides custom dietary options that respect religious and cultural differences, including kosher, halal, vegetarian, and other choices—all of which are available upon request.

Metrics

- Increased access and awareness of culturally and linguistically appropriate services by staff and patients
- Increased availability of translated outward-facing materials and resources
- Verified usage data of interpretation and translation services

CAREs Grant: Oshun Family Center

Sable Daniel, *Clinical Practices of the University of Pennsylvania*

For five years, Sable has volunteered at **Oshun Family Center,** which provides care to members of the Black community through psychotherapy and holistic healing. It also provides birthing support such as doula and lactation services. Her grant will support its Black Maternal Health Week, during which the center offers therapy/counseling, access to lactation specialists, and a host of other services. Her grant will be used to supply expecting families with essentials such as diapers, wipes, bottles, strollers, and car seats.

PRIORITY AREA #10

Improving Access to Food

Food insecurity and limited access to fresh, affordable produce remain significant concerns in Penn Medicine's Philadelphia community, especially within food deserts and areas where farmers markets do not accept public benefits such as SNAP and WIC. Similarly, the intersections of housing instability and neighborhood safety highlight the importance of collaborative, community-driven solutions that address the social drivers of health.

The 2025 Food Access priority focuses on ensuring patients and community members have consistent, equitable access to healthy food and nutritional support.

The strategies and programs in this section respond to the "Food Access" community health priority identified in the 2025 regional Community Health Needs Assessment for southeastern Pennsylvania.

Strategies

Overall, the goal is to expand reach, improve coordination, and embed food access as a core component of patient care and community health:

- **Sustainability and system alignment:** Establish leadership support, annual progress reviews, and a unified "systemness" approach with shared resources, contracts, and dedicated staff to manage food access programs.
- **Screening and education:** Expand use of the Health-Related Social Needs (HRSN) screening tool with trauma-informed training, to improve identification of food-insecure patients and connect them to resources.
- **Food as medicine:** Develop programs at all sites that integrate nutrition education, healthy food access, and fresh produce distribution. Identify eligible patients and track outcomes such as reduced hospital stays and improved health indicators.
- **Urban gardening:** Partner with nonprofits to create on-site gardens, providing fresh produce for patients and staff while promoting environmental sustainability, mental health benefits, and community engagement.

Current Programs and Initiatives

Penn Medicine's Food Access initiatives include both ongoing and new programs aimed at reducing food insecurity, improving nutrition, and connecting people to healthy food:

HUP Harvest

Formerly HUP Food Pantry, HUP Harvest partners with Philabundance to receive a minimum of 500 pounds of food each week. The food bank has expanded to a second location at HUP–Cedar's PHMC campus and offers client-choice shopping to all patients of the hospital and all employees of Penn Medicine.

Market on 8th Street

Formerly Hall Mercer Pantry, this food bank located within Pennsylvania Hospital serves both patients and community with pre-made grocery bags and referral-based pickup.

Food for Health

This maternal health program of the Helen O. Dickens Center for Women's Health includes community health worker support and nutrition education for patients screening positive for food insecurity. Food for Health relies on HUP Harvest as its food resource.

Food Access Support Technology (FAST)

This platform was developed by the Center for Health Equity Advancement (CHEA) at Penn Medicine to improve connections between health care systems, food access organizations, and minority-owned businesses addressing food insecurity in Philadelphia. By streamlining the process of matching food needs with available resources, FAST ensures quicker and more reliable food delivery to vulnerable households.

Food Connect

The Hospital of the University of Pennsylvania (HUP) contracts with this community-based food relief transportation service to deliver food weekly from HUP Harvest to patients' homes.

Sharing Excess

This national program provides retail grocery rescue produce to Penn Medicine food banks.

Penn Medicine Assist Program

Through this ongoing, high-profile partnership with the Philadelphia Flyers hockey team, Penn Medicine donates 30 pounds of food to Philabundance for each assist of the season. In FY25, 12,090 pounds of food was donated to Philabundance.

Chosen 300

This nonprofit serves hot, nutritious meals five days a week at two Philadelphia locations. With support from Penn Medicine through an annual financial contribution and coordinated weekly volunteer efforts by employees, the organization reaches hundreds of individuals in need of a meal. Each week, the West Philadelphia site serves 150 people and the Spring Garden location serves roughly 430 people.

Good Food, Healthy Hospitals

All of Penn Medicine's Philadelphia hospitals maintain food service measures to support healthier and more sustainable food and beverage options, following guidelines from the Pennsylvania Department of Health. As part of this initiative, the Philadelphia Department of Public Health granted funding to both HUP and Pennsylvania Hospital for their food banks.

MANNA

This community-based organization plans, creates, and delivers medically-tailored meals. Penn Medicine's partnership with MANNA ensures our patients are empowered to improve their health and quality of life after discharge.

HUP Food Insecurity Impact Study

Led by Zena Harrison, RD, HUP–Cedar, this study enrolled patients from clinical nutrition support services who met the criteria for being food insecure between the months of January and May 2025. Once enrolled, participants were provided with an assortment of resources—a bag of food from HUP Harvest that met their dietary restrictions, referrals to receive meal delivery status post-discharge, and information on available food resources in the community. Participants were then contacted by phone 30 days after discharge and asked about their current degree of food insecurity, if the tools provided met their needs, and for any feedback they could provide to improve the offerings. While the study has yielded improvements to quality of life, it is still ongoing.

Health-Related Social Needs (HRSN) Dashboard

The HRSN screening dashboard is an internal tool used by Penn Medicine to track rates of assessment for food insecurity and rates of positive response to the assessment by patients, among other key social drivers of health (housing, transportation, utility needs, and interpersonal violence). By monitoring these metrics, the dashboard is used to identify opportunities for targeted interventions and improvements. It allows analysis by clinical unit and location, as well as patient characteristics. This data-driven approach allows Penn Medicine to better understand and address food insecurity and other social needs within specific hospital locations, while also giving a larger picture of the system as a whole.

Metrics

- Stronger coordination and collaboration and increased efficiency within the system and with community-based organizations working to improve food access
- Patients and community routinely receiving healthier food options and resources on how to obtain them
- Sustained and enhanced partnerships delivering nutritious food to Penn Medicine patients and neighbors

CAREs Grant: Take a Sistah to Lunch

Ashley Loftus, *Penn Medicine at Home*

Take a Sistah to Lunch has two monthly food cupboards, run by volunteers and operated out of fire stations. Each cupboard serves about 75 households a month. Ashley's CAREs entire grant will be used to purchase the produce, canned goods, and other food that is provided to the people served by the organization's two food cupboards and emergency food delivery program. Take a Sistah to Lunch has two monthly food cupboards, run by volunteers and operated out of fire stations. Each cupboard serves about 75 households a month. Ashley points out that the food-delivery program has been a blessing for the patients of Penn Medicine at Home.

PRIORITY AREA #11 + #12

Improving Conditions for Housing and Neighborhoods

Safe, stable housing and livable neighborhoods are indispensable to physical and mental health and well-being. During the community health needs assessment (CHNA) process, community members expressed deep concern about housing instability and neighborhood conditions. The growing shortage of affordable housing has led to long waitlists, increased evictions, and unsafe living situations, especially in Philadelphia.

Homelessness and lack of resources for vulnerable groups—such as older adults and veterans—were seen as contributing to perceptions of neighborhood insecurity. Residents emphasized the importance of safe, clean, and connected environments, noting that features like green spaces, libraries, and health centers enhance well-being. Conversely, issues like crime, poor road conditions, and trash accumulation were linked to negative mental health outcomes and reduced physical activity. Despite these challenges, community events and long-standing local pride were recognized as powerful drivers of cohesion and hope for neighborhood improvement.

As part of its commitment to improving housing insecurity and neighborhood conditions—two key health priorities identified in the CHNA—Penn Medicine is actively considering and supporting innovative approaches that recognize these issues as critical determinants of health.

The strategies and programs in this section respond to the “Housing” and “Neighborhood Conditions” community health priorities identified in the 2025 regional Community Health Needs Assessment for southeastern Pennsylvania.

Strategies

- **City partnerships and home improvements:** Explore deeper partnerships with the City of Philadelphia on home and neighborhood improvement programs, potentially to include basic systems repair, adaptive modifications, and the Philadelphia Water Department’s Rain Check program.
- **Research on home improvements and housing outcomes:** Expand research on home improvements and their potential correlation with housing and neighborhood conditions.
- **Housing as health care:** Embrace a public health framework that views safe, stable housing as essential to physical and mental well-being.
- **Partnering with communities:** Continue working with communities to support neighborhoods served by downtown hospitals and expand the Deeply Rooted collaborative.

CAREs Grant: Mini-Picnic

Felicia Morrison, *Hospital of the University of Pennsylvania*

While in the process of establishing a nonprofit called Friends with Benefits Coalition, Felicia had already begun to help unhoused individuals in West and Southwest Philadelphia. She had partnered with other organizations and her circle of colleagues. This grant funding will support an outreach event for 45 unhoused people in West Philadelphia, where she will also provide food and clothing. Related goals are to foster community connections, raise awareness of available resources, and help individuals feel valued and supported.

Current Programs and Initiatives

Center of Excellence in Environmental Toxicology (CEET)

The CEET is a regional resource and the only Environmental Health Sciences Core Center in Pennsylvania, though it also serves Delaware, Maryland, Virginia, West Virginia, and Washington, DC. The center works directly with communities to identify environmental health questions and concerns, then mobilizes its research expertise to resolve those questions. One common and important theme in the center's work is air pollution and lung health. CEET team members are always taking action in this area. For example, the center worked with day care facilities to decrease air pollution exposure in Philadelphia communities and worked with air management professionals to map releases of airborne toxins. To further CEET impact, Penn Medicine's office of Government and Community Relations supports advocacy efforts with local, state, and federal regulators and legislators.

Deeply Rooted

Deeply Rooted is a community-academic collaborative, led by Penn's Urban Health Lab, that uses the healing power of nature to promote health and well-being in Black and other minority Philadelphia neighborhoods. The collaboration is forged between health systems, nonprofits, and community groups and is driven by a $6 million investment from Penn Medicine and Children's Hospital of Philadelphia. Deeply Rooted empowers communities to achieve their visions for green space within their neighborhoods through deep partnership, green-space expansion and activation, youth and green workforce development, and advancing environmental justice.

Deeply Rooted has strengthened community partnerships with 27 active organizations across eight neighborhoods in West and Southwest Philadelphia. To date, the initiative has resulted in 1,039 trees planted, 1,073 vacant lots stabilized, and $212,000 in Community Green Grants awarded to 79 grassroots projects. Neighborhood-based and community-led steering committees are actively shaping the design of six new mini-parks, ensuring they reflect local priorities and foster long-term neighborhood impact. These mini-parks will be completed by spring 2026.

With support from the William Penn Foundation, Deeply Rooted will expand its work over the next two years by engaging existing and new partners and residents, youth and adults, in a community-driven green space planning process inclusive of the original eight neighborhoods. This process will result in an overarching green node plan that connects green spaces across the eight West and Southwest Philadelphia neighborhoods.

Climate and Sustainability Action Plan

In 2024, Penn Medicine announced its Climate and Sustainability Action Plan (CSAP), an ambitious strategy to halve emissions by 2030, and eliminate them by 2042, underscoring the goal to become the nation's most environmentally friendly health care organization. The plan is part of a **university-wide effort** to reduce Penn's carbon footprint, and builds upon the **university's power purchase agreement** and University of Pennsylvania Health System (UPHS) efforts already underway to **go green for good health.** This includes purchasing 70 percent of the health system's electricity from renewable energy for the UPHS locations in the Greater Philadelphia area**, phasing out the use of desflurane,** an anesthetic gas that remains in the atmosphere for 14 years, and continuing initiatives to reduce waste from surgical equipment, print less paper, and recycle or donate unused furniture.

Targeted Community Sponsorships

Recognizing the critical link between safe housing and overall well-being, Penn Medicine will continue to make targeted investments through sponsorships of trusted community partners, including AHARI (A Home Is A Right) and the American Red Cross. These partnerships support initiatives that provide emergency shelter, transitional housing, and wraparound services for vulnerable populations across Southeastern Pennsylvania. By aligning resources with organizations deeply embedded in the community, Penn Medicine aims to reduce housing insecurity and improve health outcomes for residents facing systemic barriers to well-being.

Metrics

- Expanded bodies of research exploring correlations between health, neighborhoods, and housing conditions
- Increased and enhanced partnerships and investments into neighborhoods and housing via Deeply Rooted, CAREs grants, and philanthropic and publicly funded opportunities

CAREs Grant: Penn Community Violence Prevention Program

Denise Johnson, *Perelman School of Medicine*

Penn Community Violence Prevention Program established its Community Advisory Board (CAB) in March 2023. Denise reports that CAB has built trust and engagement among its members and the Southwest Philadelphia community. This grant funding will help establish initiatives to prevent gun violence by hosting community engagement events, distributing gun locks, and developing and disseminating research findings and community-driven solutions for preventing violence.

SPECIAL SECTION

Youth Community Health Priorities

Recognizing the unique challenges faced by young people, the 2025 CHNA included a dedicated youth-focused priority list, incorporating input from youth serving organizations, schools, and young residents. Youth are the experts of their own experiences, and their voices offer important insight into what's working and what's not in their communities. Youth spoke about the strengths in their communities, such as supportive relationships and access to parks and schools. They also shared serious concerns including bullying, gun violence, mental health challenges, and lack of access to food, safe transportation, and equal education. Most importantly, they shared solutions: more mental health support, safer neighborhoods, better schools, and programs that prepare them for success.

The strategies and programs in this section respond to "Youth Community Health Priorities" priority identified in the 2025 regional Community Health Needs Assessment for southeastern Pennsylvania.

Strategies and Metrics

- **Increase access to mental health care and substance use disorder care for young people** through the expansion of Penn Medicine care sites and in partnership with the Children's Hospital of Philadelphia (CHOP).
- **Lack of resources or knowledge of resources:** Increase awareness of PA Navigate for all care teams who work with children and adolescents, and for all patients and community partners.
- **Bullying:** Expand the number of schools we partner with to offer anti-bullying curricula.
- **Gun violence:** Deliver trauma-informed, wraparound care and community partnerships to support survivors of violent injury, addressing medical, psychosocial, and structural needs to promote holistic healing and reduce the long-term impacts of violence.
- **Access to physical activity:** Increase access to sports physicals and adolescent sports medicine.
- **Activities for youth:** Expand our internship and career pathway opportunities for youth to provide age-appropriate career mentoring activities.

Current Programs and Initiatives

Youth Mental Health and Substance Use and Related Disorders

Comprehensive, fully integrated mental health hub at Penn Medicine HUP–Cedar

This licensed crisis intervention, walk-in facility for inpatient and outpatient care serves as a discreet psychiatric emergency room, providing triage, evaluation, treatment, and social services support for acute substance use and serious psychiatric conditions such as bipolar disorder, major depression, anxiety disorders, and schizophrenia. The co-location of the Penn Medicine Crisis Response Center (CRC) with the Children's Hospital of Philadelphia's CRC and Crisis Stabilization Unit and inpatient hospital care enables a seamless transition of care for patients across the age continuum, eliminating the wait time and additional steps required to transfer patients to inpatient units at other facilities—a common occurrence in a city where emergency psychiatric resources remain in short supply.

Hall-Mercer Community Mental Health Center at Pennsylvania Hospital

Hall-Mercer's Child and Family Services provide outpatient mental health evaluations and treatment to children and adolescents ages 3 to 18 and their families who are residents of Philadelphia. Referrals are received from area public, parochial, and private schools; social service agencies; pediatricians; health centers; managed care organizations (primarily Community Behavioral Health); police; courts; and residents. Programs at Hall-Mercer Community Mental Health Center include the Student Assistance Program (SAP), Targeted Case Management Services (Child), Home-School Connection, the Connection Clinic, the Early Childhood Program (ECP), PHIICAPS, and PATCH.

- The Connection Clinic is a new program from the **Hall-Mercer Community Mental Health Center** at Pennsylvania Hospital. It serves as a bridge to support teens from their initial request for services until their first appointment with a therapist, within two weeks. The program uses interns to assess adolescent patients and orient them to therapy.
- The Early Childhood Program (ECP) provides intervention based in applied behavior analysis to children ages 3 to 5 years old who are diagnosed with autism spectrum disorder. ECP delivers intervention in a small group format and develops social communication and play skills as well as independence with daily routines.
- Philadelphia Intensive In-home Child and Adolescent Psychiatry Services (PHIICAPS) is an in-home, community-based program which provides trauma-informed therapy and case management to children, adolescents, and families in Philadelphia with Medicaid insurance. The primary goal of PHIICAPS is to stabilize the child and family so they can effectively utilize traditional outpatient services. PHIICAPS is made up of seven specialty teams—each has one master's-level clinician and one bachelor's-level mental health worker. Five of those teams are designated as trauma-specialty, one team specializes in anxiety and OCD (PHIIPATCH), and one team has a juvenile justice focus (JCAPS). PHIICAPS also offers bilingual service for Spanish-speaking families.
- PHIIPATCH is the specialty PHIICAPS team created through a partnership with the PATCH clinic (Pediatric Anxiety Treatment Center at Hall-Mercer). PHIIPATCH serves the families of children and adolescents with obsessive-compulsive disorder (OCD) or other anxiety-related disorders that need additional support beyond what the outpatient PATCH clinic provides. This specialty team follows the same family-focused, trauma-informed model as the other PHIICAPS teams, with specific focus on addressing anxiety symptoms through exposure and response prevention (ERP).
- JCAPS is the juvenile justice specialty team. JCAPS treats youth transitioning out of the Juvenile Justice Services Center (JJSC) to help coordinate care and provide intensive therapeutic services in the home and community. JCAPS coordinates with Family Court to connect with youth as soon as possible. JCAPS, like the other PHIICAPS teams, is voluntary and participation is dependent on the family's willingness to engage in treatment.
- PATCH (Pediatric Anxiety Treatment Center at Hall-Mercer) is a specialty clinic in Center City Philadelphia that assesses and treats children and adolescents with anxiety disorders, obsessive-compulsive disorder, tics, and trichotillomania.

Penn Integrated Care (PIC) program

This collaborative care model (CoCM) integrates mental health and physical health care within the primary care setting, has two main components: the PIC Resource Center—a centralized intake, triage, and referral management center to facilitate referral to mental health services for patients in primary care, and CoCM services in the primary care practice. PIC provides a CoCM for all Penn Medicine primary care practices, including those that care for adolescent patients.

The Wellness Center at West Philadelphia High School

Operated by the Department of Family Medicine and Community Health, The Wellness Center is an integrated behavioral health primary care center that provides comprehensive assessment of behavioral health needs as well as counseling, medication management, and referrals to West Philadelphia students.

Lack of Resources or Knowledge of Resources

PA Navigate

Penn Medicine participates in PA Navigate, an online tool that connects Pennsylvanians with community-based organizations, county and state agencies, and health care providers, for referrals to community resources that help them meet their most basic needs such as food, shelter, transportation, and more. PA Navigate also allows individuals to refer themselves for services and facilitates greater connection and communication between health care providers and organizations that serve shared populations.

Bullying

Health and Human Development program

This program is operated by the Department of Family Medicine and Community Health's Center for Public Health and the Netter Center for Community Partnerships. Based on the Rights, Respect, Responsibility curriculum, this program engages students in lessons spanning from anatomy and reproduction to birth control and STI prevention to healthy relationships, consent, and identity. The curriculum includes content on bullying and staying safe online. By 2028, this program will grow from three partner schools to six.

Gun Violence

Penn Trauma Violence Recovery Program (PTVRP)

The PTVRP, a hospital-based violence intervention program (HVIP), works to improve care and outcomes for patients injured in acts of violence treated at our Level 1 Trauma Center at Penn Presbyterian Medical Center. Patients injured through community violence are at risk for numerous physical, emotional, social, and economic challenges in their recovery. Our multidisciplinary PTVRP care team collaborates with community-based partners to provide psychosocial support, trauma-informed care, and wraparound services to survivors of violent injury to promote their holistic healing. The most common needs for PTVRP patients have included relocation, psychotherapy, and survival expenses. In response to these needs, we have established a housing assistance fund and general patient needs fund; we also brought in a team of psychotherapists to provide bedside and ongoing services to our patients. Our program hopes to begin bridging the gaps and easing our patients' transitions from the hospital back to their lives and communities by actively intervening on the social and structural determinants of health.

Access to Physical Activity

Community Partnerships for Wellness (CP4W)

This program from the Department of Family Medicine and Community Health seeks to improve health equity in West and Southwest Philadelphia by delivering preventive and primary care, violence prevention, and health education services through school and community health partnerships. Access to health care at school leads to healthier and more engaged students, and participation in school-based activities, whether athletic (e.g. basketball or cheer) or academic (e.g. robotics or chess), promotes overall well-being and reduces the risk of exposure to violence and related injury—in short, they provide a healthy outlet.

For young athletes, sports can open many doors beyond the borders of their middle school, high school, or local neighborhood, but even one injury that does not receive immediate or adequate care can mean the end of the road before they've had the chance to see where that road could lead.

CP4W operates a school-based health and wellness center four days a week at West Philadelphia High School, and mobile school-based health care at 20+ partner schools throughout the City of Philadelphia. Through CP4W's school-based programming we provide over 1,000 sports physical exams and hundreds of immunizations to school-age children every year, ensuring their ability to participate safely in physical activity and athletic programs.

Activities For Youth

Public Health Pipeline Plus (PHPP)

This longitudinal summer internship for high school students is operated by the Department of Family Medicine and Community Health's Center for Public Health and the Netter Center for Community Partnerships, and funded by the City of Philadelphia through its Philadelphia Youth Network's WorkReady summer internship program. PHPP engages Philadelphia high school students who are interested in a health-related career and introduces them to the field of public health through classroom learning and fieldwork activities.

Pipeline Programs

Penn Medicine currently operates and continues to expand pipeline programs, mentorship, and equitable promotion practices to increase our workforce and provide Philadelphia area youth with access to opportunities at Penn Medicine.

- **Penn Medicine Pathways–Emerging Careers:** This program introduces high school graduates to entry-level health system roles, such as transport associate and materials management associate. In partnership with schools in West Philadelphia, Pathways connects Philadelphia area students with career opportunities, provides mentoring, and offers tuition benefits to support long-term advancement within Penn Medicine.
- **Pipeline Plus:** This summer internship program, led by the Center for Public Health and the Netter Center for Community Partnerships, provides up to 40 high school students each year with hands-on experience in public health through paid internships. Students are mentored, develop college readiness skills, and are encouraged to return for multiple summers to build career pathways in health and equity.

- **ASPIRE Nurse Scholars Program:** Sponsored by the Howley Foundation in partnership with La Salle University, ASPIRE exposes high school juniors and seniors to nursing careers through enrichment activities, stipends, and mentorship. Graduates of the program may receive scholarships to pursue a Bachelor of Science in Nursing degree at La Salle while working part-time at HUP, creating a supportive pipeline into the nursing profession.
- **Penn Presbyterian Medical Center Emerging Career Pipeline:** This collaborative program brings together West Philadelphia organizations, schools, and workforce groups to train recent high school graduates for hospital careers. Participants receive coaching, training, and mentorship, with the dual goal of creating opportunities for local youth while building a skilled workforce at Penn Presbyterian Medical Center that comes from the Philadelphia-area.

Metrics

Access to mental health care and substance use disorder care for young people

- Number of Penn Medicine and CHOP care sites offering adolescent behavioral health and SUD services
- Average wait time for initial appointments in psychiatry, therapy, and medications for opioid use disorder (MOUD) for youth
- Number/percentage of youth receiving integrated behavioral health screening in primary care
- Patient and family satisfaction scores related to behavioral health care access

Lack of resources or knowledge of resources

- Number of patient and caregiver referrals made through PA Navigate each quarter
- Website or portal traffic data (unique visits, downloads, resource utilization)
- Number of community organizations engaged and trained on PA Navigate

Bullying

- Number of new schools added to partnership annually
- Total number of students reached by anti-bullying programming
- Pre- and post-program survey results on student perceptions of bullying and school climate

Gun violence

- Number of violently injured patients referred to and enrolled in the PTVRP
- Percentage of patients receiving psychosocial assessments within 72 hours of admission
- Percentage of patients connected to community-based services post-discharge
- Patient-reported outcomes: emotional well-being, safety, and connection to care

Access to physical activity

- Number of schools/sites where sports physicals are offered
- Total number of students receiving physicals annually
- Percentage of student athletes cleared for sports participation
- Number of referrals made to adolescent sports medicine specialists

Activities for youth

- Number of internships, shadowing opportunities, or career workshops offered annually
- Total number of students participating in career pathway programs
- Number of Penn Medicine/CHOP departments engaged in hosting interns
- Post-program survey data on student career knowledge, interest in health careers, and satisfaction
- Percentage of program alumni who pursue post-secondary education or training in health-related fields

CAREs Grant: Ladies in Power for Peace

Cherlynne Graham Seay, *Penn Medicine at Home*

Cherlynne founded The Jarell Christopher Seay Love and Laughter Foundation in 2012. 13 years ago. It was a way to deal with the loss of her son to a shooting on the porch of her home in West Philadelphia. CAREs GrantHer funding will help the Foundation to host LIPP (Ladies in Power for Peace), a 5-week mentorship program for young women ages 10 to 18 years old.

Conclusion

The Penn Medicine Community Health Needs Assessment (CHNA) and Community Health Implementation Plan (CHIP) together serve as a road map for tackling Philadelphia's greatest health needs. Penn Medicine is committed to acting on these priorities, and setting and achieving goals for progress.

This plan will guide the system in setting initiatives and priorities, improving care and services, coordinating among departments and partners, financial decision-making, and creating and assessing community impact.

This report would not be possible without a host of collaborators, including community members, internal engagement stakeholders, core staff members, executive sponsors, and system leaders.

Community partners include, but are not limited to: the Young Chances Foundation, the Southwest Community Development Corporation, Children's Hospital of Philadelphia, the University of Pennsylvania's (UPenn) First Thursday's network of community partners, and the community advisory board for the Public Health Management Corporation's Health Center on Cedar.

In particular, Penn Medicine would like to recognize the hard work of the Health Care Improvement Foundation (HCIF), an independent nonprofit organization based in Philadelphia and dedicated to creating healthier communities through equitable, accessible, high-quality health care. HCIF was a founding partner of the regional approach to the federally mandated Community Health Needs Assessment, on which this document is based, from conception to completion, with guidance from a Penn Medicine steering committee and extensive public outreach and discourse.

Finally, thank you for reading this plan. Working together, we can succeed in improving the health of every Philadelphian.