



Magee Rehabilitation Hospital Community Health Needs Assessment Report

For Fiscal Year Ending June 30, 2019

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EXECUTIVE SUMMARY

Magee Rehabilitation Hospital, a tax-exempt hospital in Philadelphia, developed and conducted a Community Health Needs Assessment (CHNA) in accordance with the requirements of the Affordable Care Act (ACA). For the purposes of the CHNA, the Hospital focused on the population it serves - adults with disabilities. Survey questions pertained to physical and mental health, as well as access to and utilization of health and social services. Respondents reside throughout the greater Philadelphia region, including Philadelphia, Bucks, Chester, Delaware and Montgomery counties, southern New Jersey and Delaware. Most of the respondents have incurred life-changing injuries and illnesses including, but not limited to, spinal cord injury, stroke, acquired brain injury, amputation, multi-trauma and other catastrophic injuries and illnesses.

Individuals with Disabilities

An individual can develop a disabling impairment or chronic condition at any point in life. Living with a disability often requires unique health and social supports. Understanding population level needs for individuals with disabilities can be challenging as they are often under-represented in population-based surveys and other outreach efforts. About 90 percent of the 301 survey respondents are current or former patients at Magee, so responses are biased toward those receiving care at Magee and may not represent the larger community of adults with disabilities.

Key findings

Need for additional caregiver support for daily activities

- 67% of respondents require personal assistance for major life activities, but 21% of those respondents reported that they were unable to get the help they needed for activities of daily living and driving to doctor appointments
- 67% of those requiring assistance reported that family members or friends generally provided the care they needed and were unpaid for these services

Health status

- 32% rate their health as fair or poor compared to 19.2% of adults in Southeastern PA (2018 PHMC Household Health survey)
- 40% report chronic pain
- 50% had fallen within the past year
- 16% reported some level of food insecurity
- All but 4 respondents indicated that they had some form of health insurance (51% had Medicare, 23% had Medicaid, and 40% had access to private health insurance)
- *Access to health screening and preventive health services* 3% reported that they are not able to get the medications they need (44% due to cost, 22% due to transportation issues) This compares favorably with the results from the 2018 PMHC HHS Adult survey where 13% reported an inability to get medications.

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- 25% do not see a dentist at least once per year. (This compares favorably with the results from the 2018 PMHC HHS Adult survey, where 30% reported that they do not see a dentist at least once per year.)
- 22% do not have access to psychological and/or counseling services, if needed.
- 31% reported having been diagnosed with a mental health condition. Of those, 38% are currently receiving treatment
- 45% had been screened at least once for colon cancer, compared to 77% of adults in Southeast PA (2018 PHMC Household Health survey)
- 24% of women had not had a pap smear within the past 3 years, and another 7% were unsure (This rate is similar to 2018 PMHC HHS Adult survey data)
- 26% of women never had a mammogram, and only 33% had one in the past two years (According to 2018 PHMC survey data for Southeastern PA, 5.8% of women had never gotten a mammogram and 76% had a mammogram in the past two years)
- 33% of men had been screened at least once for prostate cancer

Opportunities for exercise

- 13% reported participating in adaptive sports
- 34% report exercising three or more days per week, and another 24% exercise two days per week.
- 29% never exercise and indicated the following reasons: 16% due to cost, 19% due to lack of capability, 23% due to lack of knowledge about what exercise might be appropriate, 30% due to lack of access to a facility with appropriate equipment

Accessible and affordable housing

- 27% are not able to enter or leave their homes without assistance
- 16% reported that their housing does not meet their needs
- 28% reported that the sidewalks, curb cutouts and ramps in their neighborhoods are not in good condition or not present
- 16% reported a time in the last 12 months that they were not able to pay their mortgage, rent or utility bills

Employment opportunities

- 28% reported that disability did not limit their employment or ability to work
- 24% reported wages and earnings as their current source of income
- 35% received SSDI and 26% received Federal SSI
- 17% work full-time, 9% work part-time, and 25% are retired

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Community Health Needs Assessment Process

To conduct the Community Health Needs Assessment, Magee Rehabilitation Hospital convened a working group that included administrative staff and specially selected interns, under the advisement of upper management. The CHNA survey contained 79 questions and was launched in December 2018 and closed in February 2019. The survey was distributed to current outpatients and former Magee Rehabilitation Hospital inpatients via the Hospital's Lifetime Follow-Up Clinic and various Outpatient programs. The survey was also distributed by various other organizations that serve adults with disabilities, such as the Mayor's Commission on People with Disabilities.

The survey was available either on paper or online, via Survey Monkey, and 301 individuals completed the survey. Of those who responded, 228 individuals, (89.41%), reported being current or former inpatients and/or outpatients at Magee, so it should be noted this sample is biased toward those receiving services at Magee Rehabilitation Hospital. Because Magee Rehabilitation provides extensive lifetime follow-up to the persons served, the responses of Magee's patients may not be representative of the larger community of adults with disabilities.

The CHNA survey was divided into seven main sections, including:

- Disability
- Accessing Health and Social Services
- Income and Employment
- Housing and Transportation
- Technology and Assistive Devices
- Community Participation
- Individual Information

Themes and Major Community Health Needs

- Accessible and affordable housing
- Reliable and timely transportation, especially for physician appointments, but also for daily needs and desires
- Employment opportunities
- Opportunities for exercise
- Access to health screening and preventive health services
- Need for additional caregiver support for daily activities

Recommendations:

- Provide assistance in identifying and accessing the waiting lists for accessible housing
- Provide information regarding available transportation services and facilitate the process for accessing these services. Continue to advocate for additional services.
- Refer interested patients to employment services. Continue to advocate for an overhaul of the disability system, so that people with disabilities are able to work without losing the attendant care services that they need.
- Continue to grow wellness programs and increase community education, so that persons with disabilities are aware of what is available to them. Raise awareness of other wellness venues in the community that are accessible to persons with disabilities.
- Continue to advocate and educate about the need for more accessible healthcare offices and access to preventive care and health screening for persons with disabilities.

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Dissemination of the Report to the Public

Magee's full community health needs assessment can be found at <https://mageerehab.org/about-us/outcomes/community-needs-assessment-report/>

Reports are also available from the Magee Marketing and Public Relations Department by calling 215-587-3363.

I. INTRODUCTION

SITUATION ANALYSIS

Magee Rehabilitation Hospital, a tax-exempt hospital in Philadelphia, developed and conducted a Community Health Needs Assessment (CHNA) in accordance with the requirements of the Affordable Care Act (ACA). For the purposes of the CHNA, the Hospital focused on the population it serves - adults with disabilities. Actions to address identified needs were documented and will continue to develop over time.

Survey questions pertained to physical and mental health as well as access to and utilization of health and social services. Respondents reside throughout the greater Philadelphia region, including Philadelphia, Bucks, Chester, Delaware and Montgomery counties, southern New Jersey and Delaware. Most of these patients have incurred life-changing injuries and illnesses including, but not limited to, spinal cord injury, stroke, acquired brain injury, amputation, multi-trauma and other catastrophic injuries and illnesses.

ABOUT MAGEE REHABILITATION HOSPITAL

Magee Rehabilitation Hospital opened in 1958 as the first freestanding rehabilitation hospital in Philadelphia. The Hospital has over 700 employees and is nationally recognized for outstanding programs in physical and cognitive rehabilitation, with comprehensive inpatient and outpatient services for spinal cord injury, brain injury, stroke, multiple trauma, amputation, neurologic conditions, (such as Parkinson's disease and Multiple Sclerosis), and work-related injury. Magee, in conjunction with Thomas Jefferson University Hospital, serves as the federally designated Regional Spinal Cord Injury Center of Delaware Valley. Only 14 such centers exist in the country. Magee is a founding member of [The Christopher Reeve Foundation NeuroRecovery Network](#). In January 2018, Magee joined Jefferson Health.

Inpatient services are delivered at Magee's main facility located at 1513 Race Street, in Center City Philadelphia. Outpatient programs are delivered in a variety of community settings including the Magee Riverfront outpatient center at 1500 South Columbus Boulevard, Magee at Watermark at 18th and Callowhill Streets and Magee at Oxford Valley which is located at 400 North Buckstown Road in Langhorne. Work injury and pain management services are offered at Magee Riverfront.

MISSION

The mission of Magee Rehabilitation is to improve the quality of life of persons with disabilities by providing high quality physical and cognitive rehabilitation services.

VISION

We will be a preeminent, independent provider of physical and cognitive rehabilitation services within the global market. We will accomplish our vision by:

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- Delivering clinical care that sets a world community standard for excellence as measured by outcomes
- Sustaining the highest levels of patient, family, and referral source satisfaction
- Being the employer of choice thus attracting and retaining the most competent, productive work force
- Engaging in strategic partnerships that achieve sustainable clinical outcomes

Success in attaining the vision will be gauged by:

- Attainment of business and financial goals without reduction in either quality or patient satisfaction
- Maintaining name equity and reputation
- Recruitment and retention of competent, caring, and effective employees
- Magee being sought out as a strategic partner
- An increase in market share

COMMUNITY SERVED

Magee Rehabilitation Hospital defines the community served by geography and special populations. The hospital primarily defines its community as Philadelphia County, surrounding Southeastern Pennsylvania counties, as well as Southern New Jersey and Delaware (Figures 1A-B). The special population served includes adults with disabilities, many of whom have incurred life-changing injuries and illness including, but not limited to, spinal cord injury, stroke, acquired brain injury, amputation, major orthopedic issues and others (Figure 1C). For the purposes of our Community Health Needs Assessment, the Hospital focused on the special population served.

Each year, the Hospital treats approximately 900 inpatients and 2,000 outpatients. Of those inpatients, approximately 37% are treated for a spinal cord injury; 20% for brain injury; 18% for a stroke; 16% for orthopedic reasons; 2% for general rehabilitation; and 7% for other types of rehabilitation (Figure 1C).

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II. METHOD

IDENTIFICATION OF AREAS TO BE ADDRESSED IN CHNA

To conduct the 2019 Community Health Needs Assessment, Magee Rehabilitation Hospital convened a working group that included administrative staff and selected interns under the advisement of upper management.

- Magee Rehabilitation Hospital 2018-2019 Community Health Needs Assessment Team
 - Meg Rider (CHNA Project Lead; Manager for Guest Relations, Spiritual Care and Volunteers)
 - Marci Ruediger (CHNA Leadership Team; Director of Performance Excellence and SCI Medical Home Project Director)
 - Ron Siggs (Executive Sponsor; Senior Vice President for Development)
 - Rickie Brawer, PhD, MPH, MCHES (Consultant Co Director- Center for Urban Health, Thomas Jefferson University Hospitals; Assistant Professor- Department of Family and Community Medicine)
 - Rachel Barakat (CHNA Leadership Team; Director of Marketing)
- Survey 2018-2019 Collectors and Data Entry
 - Carmella Love (Magee Rehabilitation Hospital Registered Nurse; Riverfront)
 - Ju Eun Jeon (Drexel University Co-op Nursing; Main Hospital)
 - Ziyang Zhao (Drexel University Co-op Nursing; Main Hospital)
- Data Analysis
 - Sinja Kriete (Clinical Operations Analyst)
 - CHNA Leadership team
- Report Writing
 - Angelika Murray (Compliance Assistant)
 - Marci Ruediger

The working group was under advisement from Jack Carroll, President and CEO; Stephen DeStefano, Chief Financial Officer; and Ron Siggs, Senior Vice President of Development.

ACCESSIBILITY

To ensure the survey's readability for people with varying degrees of ability, the Hospital followed the Americans with Disabilities Act (ADA) guidelines for accessible printed materials. The survey was formatted in accordance with these requirements, including the use of a 14 point, easy-to-read, non-italic, sans serif font.

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SURVEY

DISTRIBUTION AND COLLECTION

To collect the data on the topic areas identified in the preliminary research, the Hospital constructed a survey that addressed the following topics: disability; health and social services; income and employment; housing and transportation; technology and assistive devices; community participation; and individual information.

The survey, which contained 79 questions (**Figure 2A**), was **launched on December 4, 2018 and closed on February 14, 2019**. Significant changes were made to the 2016 questions. The survey was distributed and collected in three ways:

- 1) **Online:** The survey was developed in the online tool, SurveyMonkey, and shared in waves via email to individuals and organizations serving people living with disabilities.
 - a. The first wave of electronic surveys was emailed in early December to Magee's peer mentors, volunteers, wheelchair sports teams, and support groups. Reminder messages and links were sent regularly.
 - b. Magee staff were also sent the link to the survey and asked to share with people living with disabilities and/or organizations serving individuals with disabilities on December 18, 2018.
 - c. The second wave of electronic surveys was emailed on January 14, 2019 to [the Mayor's Commission on People with Disabilities](#) and member organizations serving individuals with disabilities.
 - d. The online survey was also shared on Magee's website, Twitter and Facebook pages regularly.
- 2) **Hard-Copy:** Paper versions of the survey were available at Magee's main hospital, as well as Magee outpatient centers. Versions of this survey were shared with organizations that requested hard-copies.
- 3) **Administered:** In the event that the person was unable to take the survey without assistance, Magee volunteers administered surveys in private spaces at the Hospital and its outpatient centers.

Online survey results were collected via SurveyMonkey, which provided detailed statistics on responses. Open-ended questions and "Other" responses were reviewed by working group staff and categorized appropriately.

Hard-copy and administered surveys were reviewed and entered into SurveyMonkey by trained Magee volunteers and marked as non-electronic entry. All paper surveys will be kept on file.

ANALYTICAL METHODOLOGY

At the close of the survey, results for each question were tabulated and measured in percentages. The Hospital compared the results from the survey with statistics from the Public Health Management Corporation's (PHMC) Community Health Database, the Department of Health for Philadelphia County's database, and 2017 estimated Census data. From there, the Hospital identified those areas where statistically significant differences (5%) could be seen between the general population of the geographic community served and the special population served. These areas where significant differences between

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the communities were identified, as well as responses that indicated an unmet need in the special population, are addressed in this report as community health needs.

The report was reviewed and approved by the Magee Rehabilitation Hospital Board in May 2019.

III. RESULTS

In total, 301 people completed the survey. All percentages detailed in the results section were calculated for each question to account for questions that may have been skipped or were not appropriate for the person taking the survey.

For ease of use, the CHNA survey was divided into seven main sections grouped by question topic: Disability, Health and Social Services, Income and Employment, Housing and Transportation, Technology and Assistive Devices, Community Participation and Individual Information.

DISABILITY

Of the total respondents, 221 (75%) were told by a doctor or healthcare professional that their disability is permanent.

From the population that responded, spinal cord injury was the most common disability, accounting for 51% of respondents. It is important to note that this survey has a disproportionately large population of persons with spinal cord injury, due to Magee's Lifetime Follow-up Clinic. Brain injury accounted for the second most common disability, accounting for 17% of respondents. Other disabilities included other health comorbidities (16%), neurological illness (11%), stroke (10%), orthopedic (9%), and amputation (7%).

Of the total respondents, 54% have had their disability for five years or more, but not since birth. Individuals who have had their disability for one to two years accounted for 15% of respondents, while individuals who have had their disability for three to four years accounted for 12%, and one year or less accounted for 16%. Of the total respondents, 5% have had their disability since birth.

In addition to the type of disability, respondents were asked to describe their health condition or functional limitation. A majority of respondents, 86%, indicated they had a mobility or physical disability limiting the use of arms, legs or hands. Other common functional limitations included chronic pain (40%); cognitive disability (22%); psychological, psychiatric or emotional disability (10%); speech disability/impairment or oral motor disability (8%); other functional limitation (7%); blindness/color blindness, severe vision impairment, auditory disability, deafness or severe hearing impairment (5%).

Respondents were also asked to identify major life activities affected by their health condition, disability, or functional limitation. Of the total respondents, 72% indicated mobility, such as walking or climbing, was affected by their disability. Other common life activities impacted by respondents' disabilities included mobility, such as bending or carrying something (65%); self-care, such as bathing, dressing, preparing meals, or eating (51%); cleaning (48%); cooking (45%); driving (44%); shopping (41%); remembering and/or concentrating (24%); interacting socially, such as developing friendships (19%); learning new skills or activities (15%); communicating, such as talking with or listening to other people (13%); and money

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management (12%). Of the total respondents, 19% indicated their major life activities are not currently affected by their health condition.

Of the 241 total respondents, 193 or 67% indicated they required personal assistance for major life activities. A majority of the respondents, 79%, who required assistance for those activities, were able to get the help they needed. Of the respondents, (21%) that reported they were unable to get the help they needed, the most common activities for which they needed help were physical therapy in the home, driving to doctor appointments, and daily living activities. Of the population that required personal assistance, 67% indicated family members or friends generally provided this care, unpaid. Other care providers included paid home health aides (30%); paid family members or friends (26%); and other (11%). A majority of respondents, 78%, indicated that their caregiver did not need additional relief. Of those who indicated their caregiver needed additional relief (22%), the needed help included having respite, overnight respite, and addressing emotional needs.

HEALTH AND SOCIAL SERVICES

A vast majority of respondents had some type of health coverage, with only 1% indicating they did not have health insurance. Of the total respondents, 51% have coverage through Medicare. Other common types of health coverage included private health insurance through themselves or a family member (40%), and Medical Assistance or other state program that provides health insurance for low-income families (23%). Less common types of health coverage included military (2%) and worker's compensation (2%).

Of the eleven respondents that did not have health insurance, a majority (73%) indicated it was too expensive.

A majority of respondents (74%) indicated there was never a time they needed medical care and were unable to receive it. There was a variety of reasons why respondents were unable to get medical care when they needed it. Nine per cent were not able to receive care because the problem or treatment was not covered by insurance; 8% could not afford the medical care they needed; 6% could not find a doctor or healthcare provider that understands their condition; 6% indicated they had transportation issues; 4% could not get an appointment; 4% stated they did not know a good doctor or clinic; and 3% could not find a doctor that would accept their insurance.

Additionally, respondents were asked if they would speak with their physician over video chat or the phone, if they had that option. A majority of respondents (64%) indicated that they would use telemedicine to contact their physician, while 32% stated they would rather see their physician in person. A significant majority of respondents (87%) never used telemedicine services before. A small percentage (4%) of respondents stated they did not have access to a smart phone or a computer. A vast majority of respondents had internet access at home (94%). For those who did not have access, the common reasons were that it was too expensive (41%) or that they did not own a computer (41%).

Respondents were also asked about routine health visits and screenings. Of the total respondents, 75% indicated they see a dentist at least once a year; and 78% indicated they have access to psychological and/or counseling services, if they need them. A minority of respondents (30%) indicated they were diagnosed with a mental health condition; and most (62%) were not currently receiving care for their mental health condition. A majority of respondents (84%) stated that they do not participate in any support groups, though 49% would participate in one if available.

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When asked if they had access to a medical professional for issues related to sexuality and/or reproduction services, 40% indicated they did have access to those services, while 40% answered they did not have a need for these services. Similarly, respondents were asked about specific screenings; 45% had never been screened for colon cancer and 33% were never screened for prostate cancer.

With regard to medications, 94% of respondents indicated they were able to get their necessary medications; 4% indicated they did not take any medication; and 3% indicated they were not able to get the medications they need. Of those respondents that were not able to get their necessary medications, 44% indicated it was because some or all of their medications were too costly, required a specialty pharmacy or because it was difficult to go out to pick up medications (22%). Of note, the current opioid crisis has made it increasingly difficult for Magee providers to provide refills of pain medications to persons with chronic pain.

Physical activity and exercise were also addressed in this year's survey. Of the total respondents, 71% regularly participate in exercise or fitness activities, excluding physical therapy. Of those respondents that did not regularly participate in exercise or fitness activities, 23% indicated they do not know what types of exercises were appropriate for their condition. Other common reasons for not participating in exercise include a lack of physical capability to participate in any exercise program (19%); the facilities near respondents' homes are not accessible or do not have specialized equipment to meet their needs (18%); unable to afford membership to a gym (16%); no interest (15%); no transportation to gym or other fitness facility (7%); and no places in respondents' communities to exercise (6%). Other responses include time constraint, weakness, and pain.

Respondents were also asked about their participation in community and complimentary therapy programs. Of the total respondents, 70% have not participated in any complimentary therapy program in the past three years. In the past three years, 17% participated in art therapy; 13% participated in adaptive sports; 10% in horticultural therapy; 8% in pet therapy; 8% in music therapy; and 2% in dance therapy.

Questions regarding food insecurities were also included in this year's survey. Within the last 12 months, 8% stated they had to cut the size of their meals or skip meals because of not enough money. Similarly, 13% express that they *sometimes* worry about running out of food, while 3% *often* worried of running out of food. Some respondents (9%) stated sometimes their food did not last long enough and did not have enough money to buy more. There was one question in this survey related to diet. A majority of respondents (73%) stated they had at least one serving of fruits and vegetables a day.

Other findings from the Health and Social Services section include: 86% did not use any tobacco products (cigarettes, vape, hookah, or e-cigarettes); 90% of respondents do not feel as though drug or alcohol issues affect their daily life. Some of the respondents (9%) needed the services of an attorney in the past year and could not afford one. Of those that required legal assistance, 41% needed help with planning documents, such as power of attorney or living will. Other legal issues included public benefits (25%); landlord/tenant disputes (11%); and domestic relations, such as divorce or custody (11%).

INCOME AND EMPLOYMENT

Social Security Disability Insurance (SSDI) was the most common source of income among respondents, accounting for 35% of the population surveyed. Other common sources of income included Social Security income (26%); wages and earnings (24%); pension program (15%); other sources, such as trust funds, investments, inheritance, etc. (12%); disability insurance, privately funded or state issued (9%); spouse as

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sole provider (8%); family member as the sole provider (7%); worker's compensation (6%) and state issued Supplemental Security Income (3%).

A majority of respondents indicated they were unable to work (33%) or retired (25%). Of the total respondents, 18% were working full-time, 11% were unemployed, 9% were working part-time, 6% were volunteer, and 3% were currently looking for work. A vast majority of respondents (71%) indicated that their disability limited either their employment or ability to attend school. Ten people indicated that they were full-time students, and two people were part-time students.

HOUSING AND TRANSPORTATION

The most common primary mode of transportation for respondents was driving their own vehicle (50%). Other primary modes of transportation included a friend or family member providing rides (39%); public transportation such as bus, train, and trolley (13%) and Para-Transit or similar service (12%). Of the total respondents, 4% indicated their primary mode of transportation varies because they take any ride they can get. A smaller percentage of respondents opt not to leave their homes (4%); paying for a car service or taxi (6%); walk or use their power chair or scooter (1%).

Of the total respondents, 90% indicated their current means of transportation met their needs. Nineteen respondents stated that their current means of transportation makes them late or does not allow them to follow their own schedule. Only 5% indicated that they had difficulty getting to their doctors' appointment because of a lack access to transportation.

A majority of respondents own their own home (53%), while 10% rent a home. Apartments and condominiums are less popular, with 5% indicating they own an apartment/condo and 12% indicating they rent an apartment/condo. Other housing situations include living with a family member or friend (15%); and residential/long-term care (2%). Most of the respondents (86%) reported they had not moved in the last 12 months. Of those respondents that have a physical disability, most (68%) indicated they had could leave their home without assistance and their neighbored sidewalks were accessible (72%) to them.

The survey also asked respondents if they had difficulty to afford their housing costs in the last year. Thirty-one stated it was not difficult at all, 28% responded that it was not very difficult, and 20% answered that it was somewhat difficult. A small percentage of respondents (16%) stated in the last 12 months, they was a time they were unable to pay their mortgage, rent, or utility bills.

Of the total respondents, 84% indicated their housing meets their current needs. Of those that indicated their housing did not meet their needs, 33 respondents chose to elaborate. Many of the themes found in those responses were related to lack of accessible restroom, living space not configured for accessibility, and a lack of ramps.

TECHNOLOGY AND ASSISTIVE DEVICES

Of the total respondents, 21% indicated that there are assistive devices or special equipment they currently need, but do not have. Of those that indicated a need for special equipment, the most popular needs included a motorized wheelchair, cart, or scooter (23%); lifts, a ramp at their home or apartment (19%); railing/bar/other non-mechanized assists (17%); a lift or carrier to handle their wheelchair or scooter into a car (17%); computer/software (16%) and lifts, chairs, or other mechanized assets (16%).

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Other common needs included a manual wheelchair (15%), a vehicle big enough to handle their wheelchair or scooter (13%); brace or orthotic (13%); walker or cane (11%); voice-activated control device (9%); hearing aid device (5%); vision assistance (3%); and a guide dog (3%).

COMMUNITY PARTICIPATION

To gauge community participation, respondents were asked whether or not they participated in common activities and the type of communities they live in. More than half of the respondents (52%) stated that they live in a suburban community, while (40%) reported they live in a city or urban community, and (8%) live in a rural community. They were asked to select all answers that apply. Of the total respondents, 219 socialized with close friends, relatives or neighbors; 232 felt there are people they are close to; 203 go to restaurants or out to eat; 101 go to church, synagogue, mosque, or other place of worship; 165 go to a show, movie, sports event, club meeting, class or other group event; and 181 feel their daily lives are full of things that are interesting to them.

Eighty respondents indicated there were things not covered in the survey that they would like to do, but were unable to do due to their disability.

INDIVIDUAL INFORMATION

Of the total respondents, 59% were male and 40% were female. Most respondents were between the ages of 40 to 59 (37%), while 24% were between 18 and 39; 25% were between 60 and 70; and 13% were older than 70. Zip codes were also tracked, with the greatest percentage of respondents from 249 zip codes in Philadelphia County (51%).

Of the total respondents, 89% indicated they had been a patient at Magee. Of those respondents, 71% were inpatients and 81% were outpatients.

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IV. Themes and Major Community Health Needs

From these results, we were able to identify several health needs specific to the community Magee serves.

- Accessible and affordable housing
- Reliable and timely transportation, especially for physician appointments, but also for daily needs and desires
- Employment opportunities
- Opportunities for exercise
- Access to health screening and preventive health services
- Need for additional caregiver support for daily activities

V. Recommendations and Actions

- Provide assistance in identifying and accessing the waiting lists for accessible housing
- Provide information regarding available transportation services and facilitate the process for accessing these services. Continue to advocate for additional services.
- Refer interested patients to employment services. Continue to advocate for an overhaul of the disability system, so that people with disabilities are able to work without losing the attendant care services that they need.
- Continue to grow wellness programs and increase community education, so that persons with disabilities are aware of what is available to them. Raise awareness of other wellness venues in the community that are accessible to persons with disabilities.
- Continue to advocate and educate about the need for more accessible healthcare offices and access to preventive care and health screening for persons with disabilities.

Housing

While a majority of survey respondents were satisfied with their current housing, there is a known lack of accessible housing within Philadelphia. More than 26% of respondents could not enter or leave their home independently, and 28% indicated that sidewalks, ramps, and curb cutouts were either missing or in disrepair. Among the 16% of survey participants whose housing did not meet their needs, the most common request was a ramp for their home or apartment. Lack of an accessible bathroom was frequently noted..

The Philadelphia Housing Authority offers public housing options for the residents of Philadelphia with financial need, including units with various features to meet the needs of individuals with mobility, hearing, or vision impairments. Unfortunately, the wait lists are often very long, and it may take several years for a person to have the opportunity to obtain accessible housing. PHA notes that a full-time accessibility coordinator is on staff to ensure that individuals with disabilities receive a preferred spot on the housing waiting lists and receive reasonable accommodations to meet their needs, including wheelchair lifts, enlarged entrances, visual smoke detector systems, or space for a live-in aide if required. Other housing authorities in the area, including the Delaware County Housing Authority, Montgomery County Housing Authority and Chester County Housing Authority, offer similar accommodations for those living with disabilities.

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The Philadelphia Office of Housing and Community Development (OHCD) established the Housing and Disability Technical Assistance Program, TAP, in December of 1999. TAP provides the most up-to-date information on accessible housing, fair housing laws and regulations, financial and technical resources, model projects and other issues related to housing for people with disabilities in the City of Philadelphia. TAP includes a Home Finder and the Philly Primer, which provides information on home buying.

There are also several private and non-profit organizations in the community that provide these services. [The Inglis Organization](#) provides 380 accessible and affordable apartments. They provide affordable independent living opportunities to Philadelphians with disabilities in units that exceed ADA guidelines. Inglis House properties also include options for nursing and rehabilitative care and day services for those in need. Liberty Resources, Inc. is a non-profit consumer driven organization that advocates and promotes Independent Living for persons with disabilities. Similarly, the [Center for Independent Living of South Central Pennsylvania](#) provides supportive services to persons with disabilities who wish to increase or maintain their level of independence in the community and at home and offer housing advocacy.

In addition to helping people secure accessible housing, there are also community resources available that advocate on behalf of renters. [The Legal Clinic for the Disabled \(LCD\)](#) provides legal support for tenants in housing issues. LCD is housed in the offices of Magee Rehabilitation Hospital, and provides free high-quality legal services to low-income people with physical disabilities and to the deaf and hard of hearing in Philadelphia, Bucks, Chester, Delaware and Montgomery Counties.

Moving forward, Magee will continue to inform patients of the resources that are available within the community and will continue to advocate for the construction of more accessible housing.

Reliable and Consistent Transportation for People Living with Disabilities

A majority of those surveyed use their own car or have family members or friends for transportation. While many respondents are satisfied with their current means of transportation, others expressed frustration with public transportation. Specific frustrations revolved around being late to appointments, the inability to go where they needed to go, and inability to travel at the time they wished. These are common complaints heard daily in Magee's outpatient centers. Additionally, when asked what type of adaptive equipment they needed but did not have, many respondents indicated they needed larger vehicles to hold their wheelchairs.

Magee currently provides shuttle service between the hospital and the Riverfront Outpatient Center. Additionally, Magee case managers provide patients with information related to transportation resources and assist them in accessing those resources. As appropriate, therapists work with patients to practice using public transportation. Beyond these activities, Magee will continue to advocate for improved transportation options for the community of persons with disabilities.

Currently, several organizations seek to meet the transportation needs for the community of persons with disabilities. [SEPTA](#), the Southeastern Pennsylvania Transportation Authority, serves Philadelphia and surrounding counties. SEPTA offers a [Disability Hotline and Accessible Services](#). All SEPTA buses are accessible for individuals living with disabilities, and there are currently more than 100 accessible train stations. Other publicly operated transportation services that offer accessible services include New Jersey Transit and Delaware Transit Corporation. SEPTA, New Jersey Transit and DART also offer Paratransit Services. These services are for people with disabilities who are unable to use regular accessible fixed-

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route services for some or all of their transportation needs. With Paratransit, individuals can travel within the region where service is offered.

Regional public transportation services, such as [Rabbit Transit](#) and [Pottstown Urban Transit](#), offer specific programs for people living with disabilities, including accessible fixed routes, Persons with Disabilities shared ride programs and others. The [Philadelphia Corporation for Aging](#) offers Attendant Transportation Service, which provides door-through-door and upper floor assistance to impaired older adults, and the Medical Assistance Transportation Program provides transportation to any health care service covered by Medical Assistance, such as doctor's visits, pharmacy for prescriptions, therapy, etc.

Additionally, there are many privately operated accessible transportation services available. Regional privately operated accessible transportation services include [TransNet](#), [ROVER Community Transportation](#), [Bucks County Transport](#), and [Delaware County Community Transit](#). Each of these services provides transportation for people living with disabilities. Uber offers a program called [WAV](#), where users in select cities, (Chicago, District of Columbia, New York City, and Philadelphia), get rides on their own schedule in a wheelchair assessable vehicle.

Employment

Of the population surveyed, less than 25% indicated wages and earnings as their primary source of income, compared with more than 71% of the population of Philadelphia County.² This difference is staggering. While many of the people surveyed cited disability as the primary reason they were not working, a large group expressed the desire to work. One of the major barriers is that persons with disabilities often lose their state waiver-supported services if they earn more than a minimal income. Thus, if they accept employment, they may lose the help they need to get out of bed and perform self-care and activities of daily living, and they become unable to work. This is a problem that needs a comprehensive solution at the state and federal level. Magee will continue to advocate for such solutions.

- There are a variety of organizations throughout the geographic area that provide employment services. These include: The Office of Vocational Rehabilitation, which offers services and compensation for Pennsylvania residents with disabilities.
- The Ticket to Work program helps to reduce the barriers to employment for people with disabilities by emphasizing work incentives and more choices of services leading to work or better wages.
- [Programs Employing People](#) is an organization that offers education, jobs and support for people with mild and moderate disabilities. PEP also offers production work center options for local individuals. This pays for assembly line work with multiple business contracts and matches people with employers in the community.
- The [Sierra Group](#) offers an array of recruiting, consulting and training services designed to reverse the high unemployment rate of people living with disabilities.

In addition to helping individuals with disabilities secure jobs, there are also organizations that provide training. InspiriTec offers vocational training programs to enable people living with disabilities to gain skills and jobs in the information technology field. Programs include computer assembly and repair/networking, applications development and programming, and web design and development.

Magee often refers patients and their families to these resources.

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Wellness Services

Through the survey and review of public data, Magee identified a strong need for programs that address wellness for the geographic community and the special population served. The survey found that 42% of respondents do not regularly participate in exercise two or more days per week, and 29% never participate. This is significantly more than adults in Philadelphia County. According to the PHMC's Community Health Data Base Southeastern Pennsylvania Household Survey, only 19% of adults in Philadelphia indicate they never exercise or exercise less than once a week.¹ Of the survey respondents that did not participate in regular exercise, some of the most common reasons were lack of knowledge about the types of exercises they should do and that their local gyms were not accessible.

To address this health need, Magee Rehabilitation Hospital created the Magee Health and Wellness Center at the Hospital's Riverfront Outpatient Center in South Philadelphia. The Wellness Center offers flexible hours, a variety of levels of membership and specialized equipment that can be used by people with disabilities. Treadmills, free weights, elliptical, arm bike and NuStep (a cross between a recumbent bike and an elliptical machine), accompany more specialized equipment, such as the RTI bike with its electrical stimulation, and Motomed, a multi-fitness trainer and a Total Gym, so individuals with a broad array of disabilities can participate in physical activity. Membership is open to the community for a nominal fee and scholarships are provided as needed.

In order to address the common concern that people living with disabilities were unsure of the exercises appropriate for them, all Wellness Center users meet with the director of the Center before they become members to talk about their health and fitness goals. The director then develops a personalized fitness plan and shows them how to use all the equipment. Physical and occupational therapists are available if any questions arise during workouts. The Wellness Center also offers yoga classes.

Of the total survey respondents, 87% indicated they have not participated in adaptive sports in the past three years. When asked how they would like to be involved in their community or what they would like to do that their disability has prevented, sports and athletics was a common desire. To address this need, Magee offers a [Wheelchair Sports Program](#) that includes basketball, rugby, tennis, and hand-cycling for individuals with disabilities. While most Magee athletes participate as a recreational outlet, several do compete in regional, national, and even international sporting events. Magee employs a wheelchair sports coordinator to lead the program, and about 50 individuals actively participate. Any adult with a disability can participate in the program free of charge.

A variety of Magee's support groups and clubs, including the Stroke Club, peer mentors and others, as referenced in the education section, support the Hospital's geographic and special communities in a wellness capacity. These are documented and explained in the Education section of this report (see page 23).

There are also community organizations that offer adaptive sports programs for people living with disabilities, many of which act as Magee partners. Philadelphia Department of Recreation offers a year-round program in a 6.4-acre indoor and outdoor complex called the [Carousel House](#), which includes a playground, fitness track, gymnasium, exercise room with wheelchair accessible weight equipment, and

¹ (2015). Public Health Management Corporation Community Health Data Base's (2014) Southeastern Pennsylvania Household Health Survey.

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swimming pool with an adjustable floor. Activities include swimming, dance, athletics, summer day camp, martial arts, weight lifting, nature walks, track meets and other athletic tournaments. The Philadelphia Center for Adapted Sports is a non-profit organization providing sport and recreation programs for people with disabilities. Magee refers individuals to this organization. Similarly, YMCAs in the Greater Philadelphia area offer adapted aquatics at all locations, and some locations offer additional adaptive sports options for children with physical or emotional limitations including martial arts, soccer, basketball or gymnastics.

There are several specialized adaptive sports programs within the community. [The Eastern Amputee Golf Association](#) is a non-profit organization designed to assist in the rehabilitation of amputees and provide for their general welfare, both physical and psychological, through the medium of golf and its associated activities. The [American Dance Wheels](#) is an artistic organization that trains individuals with disabilities, their able-bodied partners, and ballroom dance teachers and occupational and physical therapists the art of wheelchair ballroom and Latin dancing. [All Riders Up](#) is a non-profit charitable organization that provides area residents with special needs a way to exercise, improve balance and coordination, strengthen core muscles, and develop self-confidence by learning to ride horses.

To advance wellness in the community of people with spinal cord injury, Magee created the SCI Medical Home in 2015. Emerging trends in healthcare delivery have increasingly looked to the patient-centered medical home to prevent medical complications, reduce hospital re-admissions, improve patient health, and reduce the total cost of care. The SCI Medical Home is not a physical place, but rather, a bundle of services and a support system for persons with new spinal cord injuries and their care providers, as they make the transition from inpatient rehabilitation to home and community. Medical Home participants have the support of a dedicated healthcare team that provides comprehensive care and services, with the goal of maximizing health and wellness and reducing emergency room visits, readmissions, and other medical complications.

Participants in the SCI Medical Home receive close supervision from psychiatrists, case managers, pharmacists, and certified rehabilitation nurses. Other specialized services, such as wound management, nutrition, and urology are available as needed. Patients have access to a Medical Home hotline for 24/7 medical guidance. In addition to addressing medical needs, staff help participants address social determinants of health, such as food insecurity, housing and homelessness, unemployment, financial issues, and other barriers to wellness, including environmental barriers to care, such as transportation and a lack of accessibility. Since its inception, the SCI Medical Home has reduced re-hospitalizations and ED visits by more than 10%.

In 2017, Magee completed a \$4.5 million construction project with a focus on therapy and patient wellness: **The Creative Therapy Center and Healing Gardens**. A diverse team worked with landscape designers and other specialists to create rooftop gardens and therapeutic spaces that physically transformed the hospital's sixth floor rooftop, as well as transforming the way care was delivered. The design also added an Art Therapy Studio, Art Galleries, a Meditation Garden & Spirituality Center, Patient Resource Center and a Three Seasons Therapy Area.

Magee is the only acute rehabilitation hospital in the area to offer music therapy.. This program uses music within a therapeutic relationship to address physical, emotional, cognitive, and social needs of individuals. After assessing the strengths and needs of each client, the music therapist provides the indicated treatment including creating, singing, moving to, and/or listening to music. Through musical involvement in the therapeutic context, clients' abilities are strengthened and transferred to other areas

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of their lives. Music therapy also provides avenues for communication that can be helpful to those who find it difficult to express themselves in words.

Additionally, Magee provides patients with a horticultural therapy program and access to a rooftop greenhouse. Horticultural Therapy has benefits including increasing strength, range of motion, balance, and sensory stimulation and improving cognitive sequencing skills.

Moving physical and occupational therapy sessions out of the gym and into the outdoors creates a dramatically different environment for Magee patients. They are able to leave the typical hospital environment, many for the first time in weeks, to learn the skills that will help them live a meaningful, active, and dignified life with their disability.

The Assistive Technology Center (ATC) at Magee Rehabilitation Hospital is a unique hospital-based program provided by occupational and physical therapists to help people with disabilities manage barriers that impede mobility or communication function. Assistive technology can range from low-tech switches to high-tech communication and wheelchair systems. This specialized equipment enables people to function independently in areas where they would otherwise have difficulty, need assistance or be unable to participate.

Staff at the center maximize patient independence by focusing on strengths and using equipment and technology to overcome impairments and improve overall quality of life. Once the most effective equipment is identified, therapists assist the patient and their families to obtain the needed equipment. Inpatients may trial specialized equipment in their rooms, and outpatients may trial the equipment in our Assistive Technology Center.

Access to Health Screening and Preventive Health Services

A lack of access to timely preventive health services and screening remains problematic for persons with disabilities. Most physician offices lack the necessary equipment to safely transfer persons with severe disabilities onto and off of exam tables. Standard mammography equipment may not be adapted for persons with limited range of motion in their arms. Even when equipment is present, office staff may not know how to use it. Accessible dental and gynecological services are very limited and may be nonexistent in more rural areas.

Though Magee assists patients to locate accessible primary care and specialty services through its Lifetime Follow-Up System of Care and SCI medical Home, obtaining that care can be very difficult because of the reasons stated above. To address this gap we suggest that practices refer to the document "*A blueprint for Improving Access to Primary Care for Adults with Physical Disabilities*" which can be found at: <https://nyshealthfoundation.org/resource/blueprint-for-improving-access-to-primary-care-adults-physical-disabilities/> This document addresses critical elements and provides "foundational, short-term, more easily achievable steps..." to begin "providing disability-competent primary care to adults with physical disabilities" as well as advanced and longer-range steps to further build disability competence.

The five critical elements are:

- the physical plant and equipment,
- administration: Policies, procedures, staffing
- disability sensitivity and awareness training
- clinical expertise
- a disability-competent model of care

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VI. Additional Actions in Support of People Living with Disabilities

Substance Abuse Support for People Living with Disabilities

Of the population surveyed, 4% indicated they believed drugs or alcohol issues affected their daily lives. Magee Rehabilitation currently addresses this need with the Addictions Mentor Program. This program, which is currently limited to inpatients, is designed to offer those who struggle with addiction issues the opportunity to talk with a specially selected and trained person who has experience as an addiction advocate. The mentors offer their support; accompany patients to Alcoholics Anonymous and Narcotics Anonymous meetings held at the hospital, share information and resources, and serve as a connection to the community for patients during their transition after an inpatient stay at Magee.

Beyond the Addictions Mentor Program, Magee Rehabilitation Hospital does not intend to meet this need in the community because there are myriad organizations better suited for substance abuse support within the Hospital's geographic community. Magee continues to refer patients to these community organizations when appropriate. In addition to public and private support groups throughout the area, the City of Philadelphia's Office of Addiction Services (OAS) plans, funds and monitors substance abuse prevention, intervention, treatment and recovery support services in Philadelphia. The OAS manages and compiles an up-to-date list of addictions services and programs offered throughout the area, as well as special populations served. These institutions provide specialized care to meet this particular health need of the Hospital's communities served.

Access to Medications

While a majority of respondents indicated they were always able to get the medication they needed, 3% indicated there have been times when they were unable to do so, primarily due to cost. According to the larger 2018 PHMC survey, 16% of respondents reported that they could not afford to fill a needed prescription in the past year.² Thus, it is unlikely that our biased survey sample reflects the experience of the larger population of persons with disabilities in this region. Rather, it likely reflects a population that is relatively well connected to services through its affiliation with Magee.

To support medication adherence after discharge from Magee, Magee offers a service to inpatients that delivers medications to each patient's bedside prior to discharge. Prior to discharge, the interdisciplinary team develops a home medication list and assures that all medications will be available and affordable to the patient after discharge. All medications, including prescription and over-the-counter medications are evaluated. The medical team considers alternative, less expensive therapies whenever possible, and other financial means of support are explored. Patient and caregiver counseling, provided by the interdisciplinary team, stresses the importance of medication adherence and looks to identify barriers that may keep patients from taking their medications. Medication education, schedules, pillboxes and other assistive devices are made available.

In addition to the services, Magee provides to its patients, there are a variety of organizations throughout the geographic area that currently provide services to the community at large. The [Partnership for](#)

² (2018). Public Health Management Corporation Community Health Data Base's (2018) Southeastern Pennsylvania Household Health Survey.

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[Prescription Assistance](#) helps patients find assistance programs (private and public) for their needs, free of charge. In New Jersey, there are two pharmaceutical assistance programs for seniors. [Pharmaceutical Assistance to the Aged and Disabled \(PAAD\)](#) and [Senior Gold](#) are state-funded prescription programs that help eligible New Jersey residents with the cost of prescribed medications. National resources that are also available include the [American's Drug Card](#), which is a discount prescription card that is accepted at many pharmacies. Magee staff refers patients and their families to these resources.

Education and Support for Those with Disabilities and Their Loved Ones

Through its Lifetime follow-up clinic, Magee continues to provide education and support to individuals with new disabilities and their loved ones. Magee Rehabilitation Hospital offers a variety of peer mentoring programs and support groups aimed at educating adults living with disabilities and their families. These programs are open to all members of the community and are not limited to patients or former patients.

[The Peer Mentor Program](#) at Magee is designed to offer someone who is newly injured the opportunity to talk with a specially selected and trained person with a spinal cord injury, stroke, traumatic brain injury or amputation who has returned to a full and meaningful life. The program not only provides a support system and resource network, but also promotes independent living to the level that is attainable. Anyone in the community, regardless of whether or not they have been a patient at the Hospital, is able to become a Peer Mentor. Additionally, the Peer Mentor program recently began offering sessions via Skype, to help circumvent any transportation challenges that might otherwise keep someone from meeting with a peer.

The Family Peer Mentor groups are set up similarly to the injury-based Peer Mentor groups. Mentors are family members of people who have sustained a spinal cord injury, stroke or brain injury. They are volunteers who are specially trained to guide and provide information and experiences to families and loved ones of newly injured individuals. Mentoring can be done in the form of participating in the family group, which is held twice, monthly at Magee or contacting a new family by telephone or face to face if possible.

In addition to the Peer Mentor Programs, Magee also offers several support groups open to the community that are designed to provide education to those living with disabilities on how to live a full life with their new functional limitations. The Spinal Cord Injury Support Group provides education, recreation and support opportunities to individuals with spinal cord injuries. Traditionally, meetings are held at Magee on the second Thursday of every month, and regular social outings are scheduled. The Amputee Support Group consists of social meetings and events in addition to guest speakers on a variety of topics. Meetings are held the second Tuesday of each month at Magee Rehabilitation Hospital. The Spinal Cord Injury (SCI) Young Adult Group gives young adults access to leisure and recreational activities in a supportive environment. These social outings happen every other month and are planned by the group members.

There are also community support groups for people who have had a stroke or brain injury. The Stroke Club is a social group for people who have had strokes, but also provides a regular education component. The club meets every month to socialize, share experiences and provide support to one another. For those who have had strokes or brain injuries and are non-verbal, the Aphasia Community Support Group provides an opportunity to practice speech and language skills in a safe and supportive environment; provides education about aphasia; and encourages socialization among the members. Additionally, there

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are also specialty education groups Magee offers to members of the community. The Spinal Cord Injury and Sexuality Educational Support Group meets every other Tuesday at Magee Rehabilitation Hospital.

Lastly, Magee offers "[Day in the Life Videos](#)" for individuals with spinal cord injuries. There are four educational videos featuring actual accounts of daily community skills from a person with a spinal cord injury who uses a wheelchair in a home or city environment. The videos will give individuals a foundation of skills to use when they return home and offer adaptations and techniques that have helped others to be successful in their home and community environments. Each video includes a demonstration by someone using a wheelchair in different environments. The topics addressed in these videos include cooking and kitchen mobility, home mobility, community mobility and general health and fitness. These videos are available on Magee's website and YouTube channel as well as through DVD distribution.

Each of these education programs aimed at individuals living with disabilities in Magee's geographic community is open to the public. They address a health need otherwise unmet in the area. To build community awareness of these programs and to expand their reach, Magee Rehabilitation Hospital added a special Ask a Peer section to the hospital blog at blog.mageerehab.org, which discusses issues in the disability and geographic community. For those unable to attend support group meetings or unsure about meeting with a peer mentor, this format allows them to ask their questions in an anonymous venue and have them answered by a trained peer mentor. In this way, the hospital hopes to increase awareness of this service to the community and expand the ways people can participate.

In addition to these programs, Magee has created an online educational resource of caregivers, family members and friends of people living with disabilities. [The Caregiver Support](#) section of Magee Rehabilitation Hospital website is designed to assist caregivers of persons with traumatic brain injury. This resource provides educational modules to read or view to increase caregiving knowledge. The current modules available include brain physiology, community resources and coping.

While there are few, there are also community resources addressing these educational needs. The Center for Independent Living of South Central Pennsylvania provides supportive services to persons with disabilities who wish to increase or maintain their level of independence in the community or at home.

ILLNESS AND INJURY PREVENTION

Through the survey, as well as results from public data, the Hospital identified illness and injury prevention as a health need for the geographic community. Of those surveyed, only 5% have had their disability since birth, and a majority of the remaining respondents indicated their disability was caused by something preventable.

The Philadelphia Department of Public Health's Vital Statistics Report of 2015 found assaults and homicides are the leading causes of death of people age 15 to 24.³ As such, there is a particular need to address violence as a cause of disability in youth in the geographic community. To address this health need, Magee Rehabilitation Hospital offers the [Think First program](#). This award-winning program for teens and young adults is offered to schools and organizations in the Delaware Valley, and stresses prevention and "thinking first" in order to prevent permanent brain and spinal cord injuries. The program is presented in assembly forum to groups of young people, ranging from 15 to 300. The program is led by Keith Newerla

³ (2018). Gujar, Vibha; Siegel, Claudia and Washington, Raynard. Vital Statistics Report Philadelphia: 2015. Philadelphia Department of Public Health.

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and features speakers telling firsthand stories of how “thinking first” could have prevented their life-changing injury. Since 2015, the program has been offered to more than 100 schools and community groups, and offered free of charge. The program annually reaches more than 5,000 individuals ages 13 to 19.

Another potentially preventable, disability-causing illness prevalent in the community is stroke. The Philadelphia County Department of Health’s Philadelphia County Health Profile 2015 found that stroke is the fourth leading cause of adult death in the Delaware Valley, trailing behind only heart disease and cancer. To address this health need, Magee Rehabilitation Hospital is very active within the Delaware Valley Stroke Council and hosts preventative blood pressure screenings open to the community.

Other Magee offerings designed to address the community health need of injury and illness prevention include Magee’s Brain Injury Prevention Program and Concussion Clinic. The Brain Injury Prevention Program provides brain injury education to survivors of brain injury, their families, and those who are at risk for suffering brain injury. Magee participates annually in Brain Safety Fairs run by the Brain Injury Association of Pennsylvania. More than 300 individuals receive bicycle helmets and brain injury prevention information, and more than a dozen Magee staff members volunteer. Magee’s Concussion Clinic provides concussion prevention and treatment education for high school and college students, nurses and staff as well as for sports teams, trainers and coaches as requested.

The Magee Osteoporosis Clinic offers free consumer education on osteoporosis to interested audiences, which include local Senior Centers and professional groups. Additionally, the program offers free screenings using heel densitometer to these same groups, as well as Magee employees. Free screenings are also available and open to the community monthly at our Riverfront outpatient facility.

Another education resource available at Magee is the Legal Clinic for the Disabled. This non-profit organization is housed within and partially funded by Magee Rehabilitation Hospital, as Magee provides office space free of charge, as well as related overhead expenses such as supplies, computer support, etc. Its mission is to provide civil law legal services at no charge for financially eligible, disabled clients. Individuals with disabilities are referred to lawyers who have volunteered their services to LCD. Cases include wrongful evictions, consumer fraud, employment discrimination, and compliance failures related to the Americans with Disabilities Act of 1990. Other services include estate planning and benefit consulting. Magee supports and promotes the services provided by the Legal Clinic for the Disabled as an educational resource for the community.

The Lifetime Follow-Up System of Care at Magee plays an important role in provision of a full continuum of service and education throughout a person’s lifetime. This System of Care provides patients and families with continued access to a rehabilitation physician and a team of expert rehabilitation professionals. This team provides a variety of services to help patients maintain or regain their level of physical function and good health. Case management is offered to coordinate each patient’s lifetime care needs.

All Magee inpatients, upon discharge, as well as any person who was never a patient of Magee before, can utilize this system to continue services to supplement primary care in the community. The Follow-Up System at Magee offers medical, nursing, functional, psychological, nutritional, social, and vocational support and services. Specialty services available as part of the Lifetime Follow-Up System include medical clinics such as urology and wound care services, specialized equipment and assistive technology clinics, case management services, nutritional supplement program, bowel and bladder management, spasticity management (baclofen pump or Botox), podiatry, and rehab physician services. The Follow-Up Clinic

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collaborates with a person's primary care physician and home care agencies to offer a comprehensive, rehabilitation specialized and coordinated care plan. In 2015, Magee received a \$300,000 grant from the Craig H. Neilsen Foundation to create the SCI Medical Home and take its existing lifetime follow-up clinical care system to the next level.

Beyond the programs at Magee, there is also a community resource addressing this need. [The Public Health Management Corporation](#) (PHMC) is a nonprofit public health institute that works to improve the health of the community through partnerships with government, foundations, businesses and community-based organizations. PHMC offers services for special needs populations, health promotions, injury prevention and environmental health.

(2017). 2013-2017 American Community Survey 5-year estimates. U.S. Census Bureau.

(2018). Southern Pennsylvania Household Health Survey. PHMC's Community Health Data Base.

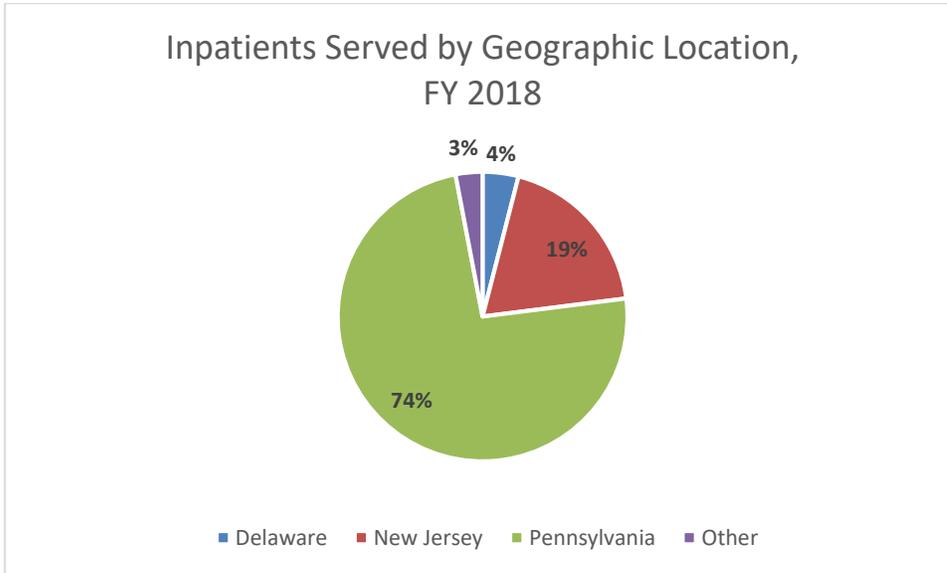
(2015). Southern Pennsylvania Household Health Survey. PHMC's Community Health Data Base.

(2018). Gujar, Vibha; Siegel, Claudia and Washington, Raynard. Vital Statistics Report Philadelphia: 2015. Philadelphia Department of Public Health.

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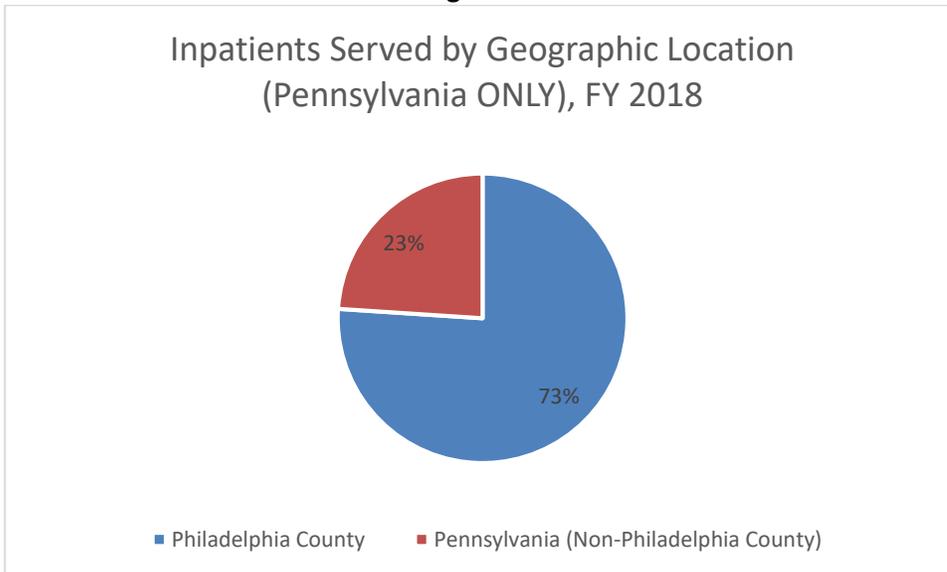
VI. APPENDIX

Figure 1A



From Magee Rehabilitation Hospital Patient Records, 2017-2018

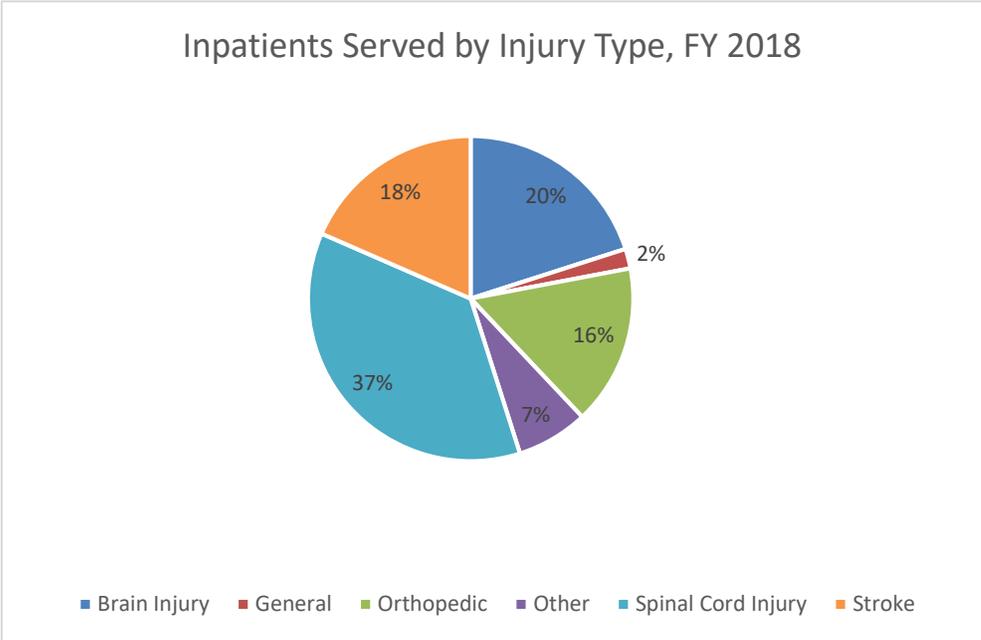
Figure 1B



From Magee Rehabilitation Hospital Patient Records, 2017-2018

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Figure 1C



From Magee Rehabilitation Hospital Patient Records, 2017-2018

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Figure 2A

ABOUT THE COMMUNITY HEALTH NEEDS ASSESSMENT

Magee Rehabilitation Hospital Jefferson Health would like to thank you in advance for taking the time to help us better understand the needs of people with disabilities in our region. Magee Rehabilitation Hospital is nationally recognized for its outstanding programs in physical and cognitive rehabilitation, with comprehensive services for spinal cord injury, brain injury, stroke, amputation, and orthopedic injuries.

We are conducting this Community Health Needs Assessment (CHNA) in order to evaluate the health needs of our community and in accordance with The Patient Protection and Affordable Care Act enacted in March 2010. This act requires all non-profit U.S. hospitals to conduct a Community Health Needs Assessment (CHNA) every three years and to report on the findings. **Magee will use the information from this community-wide survey to identify key issues for people with disabilities.**

This survey should be completed by the individual with the disability. However, if you are filling out this form on behalf of someone else, please answer ALL questions from the perspective of the individual with the disability. All responses are completely anonymous and confidential and will remain that way unless you choose to identify yourself at the end of the survey. Thank you again for your time!

Guest Relations

Magee Rehabilitation Hospital Jefferson Health

1513 Race Street, Room 267E

Philadelphia, PA 19102

Fax: (215) 587-3447

Email: Survey@mageerehab.org

Online Survey: <https://www.surveymonkey.com/r/MAGEE2019CHNA>

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Part 1. Disability

- 1) Have you been told by a doctor or other healthcare professional that your disability is permanent?
 - Yes
 - No

- 2) What is your disability or health condition? **Please check all that apply.**
 - Amputation
 - Brain Injury
 - Neurological (e.g., MS, Parkinson's, Guillain-Barre, Cerebral Palsy)
 - Orthopedic (e.g. hip replacement, multiple fractures, etc.)
 - Spinal Cord Injury
 - Stroke
 - Other (please specify): _____

- 3) How long have you had your primary disability or health condition?
 - Less than 1 year
 - 1-2 years
 - 3-4 years
 - 5 or more years, but I was not born with my disability
 - I was born with my disability

- 4) Which of the following categories best describes this health condition, disability, or functional limitation? **Check all that apply.**
 - Mobility or physical disability limiting use of my legs, arms, or hands
 - Cognitive disability (my thinking, memory, problem-solving, ability to learn etc. is affected)
 - Psychological, psychiatric, or emotional disability (e.g., bipolar disorder, schizophrenia, depression, autism)
 - Chronic pain
 - Blindness, severe vision impairment, Auditory disability, deafness, or severe hearing impairment
 - Speech disability, oral motor disability, speech impairment, or inability to speak
 - Other (please specify): _____

- 5) Which of the following major life activities are currently affected by this health condition, disability, or functional limitation? **Check all that apply.**
 - My major life activities are not currently affected by this health condition
 - Self-care, such as bathing, dressing, preparing meals, or eating
 - Communicating, such as talking with or listening to other people

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- Learning any new skills or activities
 - Remembering and/or concentrating
 - Interacting socially, such as developing friendships
 - Mobility, such as walking or climbing stairs
 - Mobility, such as bending or carrying something
 - Cooking
 - Shopping
 - Cleaning
 - Driving
 - Money Management
 - Other (please specify):
-

6) Do you require personal assistance for any of the items above?

- Yes
- No (go to question #8)

7) If you require personal assistance for the items above, who generally provides this care? **Check all that apply.**

- Family members or friends (paid)
- Family members or friends (unpaid)
- Home health aides (paid)
- Other: _____

8) Are there activities for which you need help, but are not able to get the help you need?

- Yes
- No

If yes, for what activities do you need help that you cannot get?

9) Family, friends and other caregivers often need support to take care of themselves, so they can take care of others. Do your family or friends need additional relief support (respite) to take care of themselves, so they are physically and mentally able to help you?

- Yes
- No

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10) If yes, what specific help is needed?

Part 2. Accessing Health & Social Services

11) What type of health coverage do you have?

- I don't have health insurance
- Private health insurance through myself or a family member
- Medicare (the government plan that pays healthcare bills for people ages 65 and older and for some younger individuals with disabilities)
- Medicaid, Medical Assistance, or other state program that provides healthcare for low income families
- Military
- Other (please specify): _____

If you DO NOT have health coverage, answer question #12. Otherwise, go to question #13

12) What is the primary reason you do not have coverage? **Please check all that apply.**

- It is too expensive.
- I was refused coverage due to poor health, pre-existing condition, age, or another reason.
- I do not know how to get it.
- My employer does not offer it.
- I am not eligible for employer coverage.
- I do not have the proper documentation to obtain insurance.
- I am waiting for my new insurance plan to begin.
- Other (please specify): _____

13) If there was a time **in the past year** when you needed medical care but did not get it, please tell us why. **Please check all that apply.**

- Not applicable. I got the care I needed.
- I couldn't get an appointment.
- I did not know a good doctor/clinic.
- It is too difficult to get to the doctor's office/clinic.

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- I couldn't find a doctor or other healthcare provider who understood my condition.
- The problem or treatment was not covered by insurance.
- I couldn't find a doctor or other healthcare provider that would accept my insurance.
- I couldn't afford to get the medical care I needed
- I had transportation problems
- Other (please specify):

14) If the option were available, would you use your smart phone or computer to video chat/talk with your doctor?

- Yes
- No – I want to see my doctor in person, not on a smart phone or computer
- No - I don't have a smart phone or computer.

15) Do you have internet service at home?

- Yes (go to question #17)
- No

16) If you do not have internet service at home, why not?

- It's too expensive.
- I don't have a computer
- Other: _____

17) If you have used telehealth services, did you find the appointment beneficial?

- Yes
- No
- I have not used telehealth services before.

Please tell us more about your access to health care and social services.

18) In general, how would you rate your health?

- 1 Excellent
- 2 Very Good
- 3 Good
- 4 Fair
- 5 Poor
- 6 Don't Know

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19) Have you fallen within the past year?

- Yes
- No
- Don't know

20) Have you ever been told by a doctor or other health professional that you have or had diabetes or high blood sugar?

- Yes
- No
- Only during pregnancy
- Don't Know

21) Have you ever been told by a doctor or other health professional that you have asthma?

- Yes
- No
- Don't Know

22) Have you ever been told by a doctor or other health professional that you have high blood pressure (hypertension)?

- Yes
- No
- Don't Know

23) Do you see a dentist at least once a year?

- Yes
- No

24) Do you have access to psychological and/or counseling services, if you need them?

- Yes
- No

25) Do you participate in any support groups?

- Yes
- No (go to question #27)

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26) Which support groups? (go to question #29)

27) If one was available, would you participate?

- Yes
- No

28) What kind of support groups would be beneficial for you?

29) Have you ever been diagnosed with any mental health condition, including clinical depression, anxiety disorder or bipolar disorder?

- Yes
- No (go to question #31)

30) Are you currently receiving treatment for this mental health condition?

- Yes
- No

31) Do you have access to a medical professional for issues related to sexuality and/or reproductive services?

- Yes
- No
- I do not need these services.

32) Have you ever been screened for colon cancer?

- Yes
- No
- Don't know

If you are male, skip to question #34. Otherwise, continue with #33.

33) About how long has it been since you last had a pap smear?

- One year or less
- More than one year, up to 2 years
- More than 3 years

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- Never had one
- Don't know
- Not applicable

34) About how long has it been since you last had a mammogram?

- One year or less
- More than one year, up to 2 years
- 3 or more years
- Never
- Don't know
- Not applicable

If you are female, skip to question #36. If you are male, continue with question #35.

35) Have you been screened for prostate cancer?

- Yes
- No
- Don't know
- Not applicable

36) In general, are you able to get the medications you need?

- Yes (go to question #38)
- No
- I don't take any medications

37) If you generally are NOT ABLE to get the medications you need, please tell us why not.
Please check all that apply.

- Some or all of my medications are too costly.
- It is difficult for me to go out and pick up my medications.
- Some of my medications are not available at my local pharmacy
- Other (please specify): _____

38) How often do you participate in exercise or fitness activities for at least 30 minutes (excluding physical therapy)?

- Never
- 1 day per week
- 2 days per week
- 3 or more days per week (go to question #40)

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39) What prevents you from being more physically active? **Please check all that apply.**

- The facilities near my home are not accessible or do not have special equipment to meet my needs.
- I do not have the physical capability to participate in ANY exercise program.
- I have no interest in participating in any regular fitness program.
- I have no transportation to a gym or other fitness facility.
- I cannot afford membership to a gym or other fitness facility.
- I do not know what types of exercises are appropriate for my condition
- There are no places in my community to exercise
- Other (please specify): _____

40) Have you participated in an adaptive sports program in the past three years?

- Yes
- No

41) If you have participated in any complementary therapy program in the past three years, please check the box next to those you found beneficial to your physical, emotional, or social well-being.

- Art therapy
- Dance therapy
- Horticultural therapy
- Music therapy
- Pet therapy
- I have not participated in any complementary therapy program in the past three years.
- Other (please specify): _____

42) Do you feel as though your use of drug or alcohol impacts your daily life?

- Yes
- No
- Don't Know

43) Do you currently smoke cigarettes, vape, use hookah or e-cigarettes?

- Yes
- No (go to question #45)

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44) If yes, about how many do you smoke in a typical day? # _____ cigarettes, # _____ Vape Puffs or # _____ minutes of hookah

45) Does anyone in your household currently smoke cigarettes?

- Yes
- No

46) In the last 12 months, did you ever cut the size of meals or skip meals because there was not enough money in the budget for food?

- Yes
- No

For the question #47 and #48, respond whether the statement is often true, sometimes true, or never true.

47) Within the past 12 months, we worried whether our food would run out before we got money to buy more

- Often true
- Sometimes true
- Never true

48) Within the past 12 months, the food we bought just didn't last, and we didn't have money to get more.

- Often true
- Sometimes true
- Never true

49) How many servings of fruits and vegetables do you eat on a typical day? (A serving of a fruit or vegetable is equal to a medium apple, half a cup of peas or half a large banana.)

- # of servings _____
- Don't Know

50) In the past year, have you needed the services of an attorney but found that you could not afford one?

- Yes

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- No (go to question #52)

51) If you NEEDED legal assistance and could not afford to pay for it, what was the legal issue(s) you needed to address?

- Planning Documents (writing or revising a will, power of attorney, living will, etc.)
- Mortgage Foreclosure
- Domestic Relations (e.g. divorce, custody, and support)
- Domestic Violence
- Public Benefits (SSI/SSDI, Medicare, Medicaid, food stamps and cash assistance)
- Landlord/Tenant
- Other (please specify): _____

Part 3. Income & Employment

52) What is your current source of income? **Please check all that apply.**

- Wages and earnings
- Social Security Disability Insurance (SSDI)
- Social Security Income (federal SSI)
- Disability Insurance (privately funded or state issued)
- Supplemental Security Income (state issued SSI)
- Workers' Compensation
- Pension Program
- Unemployment Compensation
- My significant other is the primary wage earner
- My family member is the primary wage earner
- Investments
- Other (please specify): _____

53) What is your current employment/life status? **Please check all that apply.**

- Working full-time (36-40 hours a week)
- Working part-time (1-35 hours a week)
- Retired
- Volunteer
- Unemployed
- Looking for work
- Full-time student
- Part-time student
- Full-time homemaker
- Unable to work
- Other (please specify): _____

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54) Does your disability limit your employment or ability to work? If yes, how?

- My disability does not limit my employment or ability to work.
 - My disability limits my employment or ability to work and is explained below.
-
-

Part 4. Housing & Transportation

55) What is your primary mode(s) of transportation? **Please select all transportation options you use:**

- I drive my own personal vehicle.
- A friend/family member usually gives me a ride.
- I take public transportation (bus, train, trolley).
- I use Para transit services or a similar service.
- It varies, I take a ride any way I can get it.
- I usually do not leave the house.
- I usually pay for a car service or taxi.
- Other (please specify): _____

56) Do you have difficulty getting to **doctors' appointments** because you do not have access to transportation?

- Yes
- No

57) Does your current mode of transportation meet your current needs?

- Yes (go to question #59)
- No

58) If your primary means of transportation generally DOES NOT MEET your needs, why not?

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59) What type of housing do you have?

- | | |
|-----------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Own a home | <input type="checkbox"/> Assisted living |
| <input type="checkbox"/> Rent a home | <input type="checkbox"/> I live with a family member or friend |
| <input type="checkbox"/> Own an apartment/condo | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Rent an apartment/condo | _____ |
| <input type="checkbox"/> Group home | |
| <input type="checkbox"/> Residential/long-term care | |

60) The next question asks about your housing costs. Housing costs refer to the money that you and your household spend on utility bills, rent, mortgage payments and/or property taxes. Overall, how difficult was it for you to afford your housing costs during the past year?

- Very difficult
- Somewhat difficult
- Not very difficult
- Not difficult at all
- I do not pay for housing costs
- Don't know

61) During the last 12 months, was there a time when you were not able to pay your mortgage rent or utility bills?

- Yes
- No
- Don't know/not sure

62) In the last 12 months, how many times have you moved from one home to another?

- ____ moves in the past 12 months
- None (Did not move in the past 12 months)
- Don't know/not sure

63) If you have a physical disability, can you enter or leave your home without assistance from someone else?

- Yes
- No
- I don't have a physical disability.

64) Are the sidewalks in your neighborhood accessible? (They are in good condition, and ramps and curb cutouts are present where needed.)

- Yes

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- No

65) In the place where you live, do any of the following items currently need repair?

- Roof
- Plumbing
- Heating or cooling system
- Electricity
- None of the above
- Other (describe): _____

66) Does your current housing meet your needs?

- Yes
- No

If your housing **meets** your needs, continue to question #67.

If your housing **does not meet** your needs, please explain.

Part 5. Technology & Assistive Devices

67) Is there any special equipment or type of assistive devices

(e.g. ramp, hearing aid, computer/software) that you currently need but do not have?

- No (go to question #69)
- Yes – What is preventing you from getting this equipment? Explain below:

68) What kind of special equipment or assistive device **do you need but do not have?**
Please check all that apply.

- Motorized wheelchair/carts/scooter
- Walker/cane
- Wheelchair (manual)

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- Lift/carrier to handle wheelchair/scooter in or onto car
- Vehicle big enough to handle wheelchair/scooter
- Ramp at home/apartment
- Lifts/chairs/other mechanized assists
- Artificial limb
- Railing/bar/other non-mechanized assists
- Brace/Orthotic
- Voice activated control device
- Hearing aid device
- Computer/software
- Vision assistance
- Guide dog
- Other (please specify): _____

Part 6. Community Participation

69) In what type of community do you live?

- Suburban community
- City or urban community
- Rural community
- Other (please specify): _____

70) For each of the following, please circle YES or NO to indicate if you typically:

- Socialize with close friends, relatives, or neighbors
Yes No
- Feel there are people you are close to
Yes No
- Go to restaurants to eat
Yes No
- Go to church, synagogue, mosque, or other place of worship
Yes No
- Go to a show, movie, sports event, club meeting, class or other group event
Yes No
- Feel your daily life is full of things that are interesting to you
Yes No

71) Are there other things (not covered in this survey) that you would like to do in your life but are unable to do because of your disability?

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Part 7. Individual Information

72) What is your gender:

- Male
- Female
- Other: _____

73) Which age group do you fall into?

- under 18
- 18-39
- 40-59
- 60-70
- over 70

74) What is your marital or relationship status?

- Married
- Living with a partner
- Widowed
- Divorced
- Separated
- Single
- Other
- Don't know

75) Are you White, Black or African-American, American Indian or Alaskan Native, Asian, Native Hawaiian or other Pacific Islander, or some other race?

- White
- Black or African-American
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or other Pacific islander
- From multiple races
- Some other race (please specify): _____

76) What is the highest level of school you have completed or the highest degree you have received?

- Less than high school degree
- High school degree or equivalent (e.g., GED)

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- Some college but no degree
- Associate degree
- Bachelor degree
- Graduate degree
- Employment

77) What zip code do you live in? _____

78) Have you ever been a patient at Magee?

- Yes
- No

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79) If yes, check all that apply:

- In-patient
- Out-patient

Optional: If you would like to receive information about any of our services, be added to our mailing list, or become more involved with Magee Rehabilitation, please provide your contact information below. We value your privacy and will not share or sell this information to any outside organizations.

Contact Information:

Name: _____

Street Address: _____

City, State, Zip:

Email: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Today's Date: _____

Thank you for taking the time to complete this important survey. If you are interested in learning about the results of the survey please visit us online at mageerehab.org. We expect to post our findings by the summer of 2019.