National Summit on Social Determinants of Health
Every three years, tax-exempt hospitals must complete:

**Community Health Needs Assessment (CHNA):**

- Describe service area and demographics
- Analyze health needs and disparities
- Gather community input and identify resources
- Prioritize needs with community input
- Evaluate impact of previous actions taken

**Implementation Strategy (IS):**

- Determine strategy for each health need that will be addressed
- Describe planned actions, collaboration and resources
- Describe anticipated impact of actions
A CYCLICAL PROCESS

CHNA
- Assess Community Needs
- Seek community Input, including poor and vulnerable populations
- Identify Priority Health Needs

Evaluation
- Monitor Progress
- Assess and Adjust Programs/Strategies/Activities
- Revisit and Adjust Evaluation Framework

Planning and Implementation & Action
- Prepare: Consider Accountability, Responsibility & Sequencing
- Develop Evaluation Framework
  - Investigate Evidence-Based Practices in Set Priority Areas
  - Develop Logic Models/ Theory of Change Models
- Develop Programs to Address Priority Areas
- Develop Measurements, set Targets/Benchmarks
- Implement Programs
LESSONS LEARNED IN FIRST CHNA CYCLE

First year of IRS requirement (2013)

System-wide assessment (spring 2014):
• Need for internal capacity building and skills development
• Request for structured guidance and tools
• Opportunity for alignment at national level

Review of implementation plans (fall 2014):
• Varying levels of detail in plans
• Limited or no evaluation framework included in plans:
  – Main focus: process measures
  – Outcomes not clearly defined
SYSTEM SHIFT

Our Quadruple Aim commits us to:

• Delivering exceptional health outcomes
• Ensuring an exceptional experience for those we serve and their families
• Creating an exceptional experience for providers
• Making healthcare delivery more affordable

Objectives:

• Quality
• Consistency
• Impact

Engagement:

• Convening Internal leadership
• Development of animated infographic
In 2014, partnered with Healthy Communities Institute to:

- Provide technical assistance and **capacity building**
- Build a **central platform** to share resources and tools across the system
TECHNOLOGY PLATFORM

SOCIONEEDS INDEX

• Synthesize complex socio-economic determinants
• Map the most vulnerable populations within communities served
• Identify zip codes correlated with high preventable hospitalization and poor health outcomes

HEALTH IMPROVEMENT TOOL BOX

• Access presentations, templates, webinars, and examples
• Share tools
• Align efforts using the best tools
PROMISING PRACTICES

• Access vast research base, more than 2000 intervention ideas
• Identify the best evidence-based strategies
• Understand peer best practices and share results

SUCCESS STORIES

• Learn from peers
• Share knowledge, success and what works
• Gain insight into activities and learn about system-wide impact
TOOLS

**CHNA/IS checklist**
- Detailed list with key activities, dates and milestones to standardize CHNA/IS process and approach

**Community input guide**
- Tips for preparing, gathering and analyzing community input through key informant interviews, focus groups, listening circles

**Implementation strategy template**
- Design based on external document review and internal feedback
- Final template inclusive of IRS and Ascension requirements
- Accompanying instructions and resources
TECHNICAL ASSISTANCE

Bimonthly calls with community health leaders:

- Foster engagement, cross-sharing and peer learning
- Guidance for program implementation and evaluation

Capacity-building:

- Individualized technical assistance (email, phone)
- 5 implementation strategy planning workshops:
  - Root cause analysis to identify social determinants of health
  - Logic modeling to map out strategy to address health needs
  - Identification of evaluation measures to track progress and success
- Self-reported knowledge/skills increases as high as 80%
Opportunities to:

- Identify **root causes** of significant health issues in community
- **Collaborate** with community partners to integrate knowledge, experience and skills
- Develop **meaningful strategies** that address social determinants of health and aim for measurable outcomes
WAY FORWARD

Example:

• 1 in 6 adults and 1 in 4 children in Indiana suffer from food insecurity
• With support of St. Vincent chief nursing officers, adding a two question screening tool to the nursing assessment to identity food insecurity within patient population
• Connect patients with short and long-term resources
COMMUNITY HEALTH IMPROVEMENT

http://www.viddler.com/v/418af1e2
OSF Community Health

Leaning Toward Our Roots

Tim Vega, M.D., FAAFP
Medical Director, Ambulatory Patient Care
OSF Saint Francis Medical Center, Peoria, Illinois
OSF HealthCare

- **HOSPITALS & AMBULATORY SITES**
  - 11 acute care hospitals
  - 1 heart hospital
  - 1 children’s hospital
  - 79 OSF Medical Group locations
  - 13 prompt care sites

- **MEDICAL STAFF & CO-WORKERS**
  - 15,880 co-workers
  - 640 physicians
  - 317 mid-level providers

- **UTILIZATION FY13**
  - 1289 licensed beds
  - 232,929 ED visits
  - 1,314,740 outpatient visits
  - 1,175,450 physician visits
  - 60,034 inpatient discharges
  - 185,717 Home Health annual visits

- **FINANCIAL INFORMATION**
  - $6,254,186,023 Annual Gross Patient Services Revenue FY13
  - $2,665,459,000 total assets FY13
  - $19,917,388 Foundation contributions
  - $71,713,000 charity care at cost FY13
Quantifying Root Causes
Family Health Interactions

- Dentists
- Schools
- Transit
- Hospitals
- Doctors/Nurses
- Pharmacy
- Employers
- Health Dept
- Police/Fire
- Grocers
- CHARITIES
- Churches
- Mental Health
- Media
- Zoning/Public Space
- Philanthropy
- Churches
- Neighbors
- Mental Health
- Media
- Zoning/Public Space
Where You Live, Work, Play and Pray

- School
- Work
- Agencies
- Church
- Individual Family
- Friends
  - Local Organizations
  - Community Centers
OSF Health and Wellness Service

- Motion/Exercise
- Weight Loss/Nutrition
- Sleep Quality
- Smoking Cessation
- Stress Reduction
- Spirituality
- Community Connection
- Medical Navigation
- Primary Care Connection
County Assessment Data
## Prioritized Community Health Needs

### All OSF Communities

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<th>County</th>
<th>OSF Hospital</th>
<th>Access to Health Services</th>
<th>Asthma</th>
<th>Cancer</th>
<th>Community Misperceptions</th>
<th>Dental</th>
<th>Diabetes</th>
<th>Healthy Behaviors</th>
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Local Medical Data 61605

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<td>Males per 100 Females</td>
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<tr>
<th>Population By Age</th>
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<td>Population &lt;5 Years</td>
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Local Demographic Data 61605
OSF Accountable Care Analytics

Future Risk and Cost of Care
Blinded data

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<th>CGI</th>
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<th>LOH</th>
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<th>Relative Risk Score</th>
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Likelihood of Hospitalization
Likelihood of ER Visit
Care Gaps
OSF Care A Van
OSF Faith Community Engagement
OSF Community Partner Engagement
OSF School Nursing and School Engagement
OSF Business Engagement
OSF 4Life.org
OSF TeleWellness
# Accountable Community Measure

<table>
<thead>
<tr>
<th>Place or Site</th>
<th>Number of Patients Served</th>
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<tbody>
<tr>
<td>Blaine Sumner School</td>
<td>63</td>
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<tr>
<td>B’nai B’rith</td>
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<tr>
<td>Catholic Charities</td>
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<tr>
<td>Friendship House</td>
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<tr>
<td>Manna Food Pantry</td>
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<tr>
<td>Neighborhood House Dental</td>
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<tr>
<td>New Beginnings Back to School</td>
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<tr>
<td>Pleasant Hill School</td>
<td>25</td>
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<tr>
<td>Promise Academy</td>
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<tr>
<td>Salvation Army</td>
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<td>Sophia’s Kitchen</td>
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## Accountable Community Measure

### Reasons for Visit

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<th>Reason</th>
<th>Count</th>
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<td>Blood pressure evaluation</td>
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<td>Illness or injury</td>
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<tr>
<td>Wellness screening, PWP, Molina wellness</td>
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<tr>
<td>Dental only</td>
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<tr>
<td>Education, referrals, insurance assistance</td>
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<td>School physical</td>
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<td>Misc.</td>
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<tr>
<td>Blank</td>
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### Notes:

An attempt was made to group reasons for visits into categories. Each visit was only counted once. Numerous patients were seen for multiple reasons. The purpose of grouping was to provide cleaner reporting. Recommendation: provide drop down selections for future reporting.

### Follow Up Care

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<th>Count</th>
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<tr>
<td>Coordination</td>
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<tr>
<td>No follow up; homeless, misc.</td>
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<tr>
<td>Education; Spiritual Care</td>
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<tr>
<td>Insurance Assistance</td>
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<td>Admitted to hospital, sent to PC</td>
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<tr>
<td>Personal Wellness Profile</td>
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</table>

### Notes:

This section was challenging to summarize. Many patients fell into more than one category, however this was an attempt to consolidate and provide feedback regarding data collection. This should generate conversation regarding the care on the mobile van.
Accountable Community Measure
### Local Medical Data 61605

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### Health Care

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<td>Medical Care</td>
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</tbody>
</table>

### Notes

- OSF HealthCare Logo
Thank You!
Taking the Clinic to the Community (and Vice Versa)

The Root Cause Coalition National Summit

Chinwe Onyekere
Associate Administrator
Lankenau Medical Center
Our Geography
The 67th vs. the 3rd: Your zip code is more powerful than your genetic code

Geography & Income

Median Household Income
- Under $25,000
- $25,000 – $49,999
- $50,000 – $74,999
- $75,000 – $100,000
- Over $100,000

Acute Hospital
- MLH
- Non-MLH

*Five Year Inflation-Adjusted Income to 2010. Note: Census tracts with small sample sizes are non-shaded. Source: US Census Bureau.*
**County Health Rankings for Pennsylvania: Health Outcomes**

- Montgomery - 3rd
- Bucks - 6th
- Philadelphia - 67th
- Delaware - 35th

*LMC serves both relatively healthy and unhealthy populations: Montgomery County ranked 3rd and Philadelphia County ranked last at 67th in the State.*

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**Adults Self-reported Health Status – Fair Or Poor**

A greater percent of persons in the Urban West area report having poorer health as compared to other LMC areas and Southeastern PA (SEPA).

**Health Outcomes**: 50% Length of Life & 50% Quality of Life

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*Robert Wood Johnson Foundation, University of Wisconsin Population Health Institute

In terms of health factors the comparison is even more stark with Montgomery County ranked 1st and Philadelphia County ranked last at 67th in the State. Our surrounding counties are also ranked higher.
Community Health Needs Assessment: Addressing needs of our most vulnerable

<table>
<thead>
<tr>
<th>Focus area:</th>
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<tbody>
<tr>
<td>Obesity / Diabetes</td>
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<tr>
<td>Cardiovascular / Stroke</td>
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<tr>
<td>Cancer</td>
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<tr>
<td>Lung Disease</td>
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<tr>
<td>Senior Care</td>
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<tr>
<td>Cultural / Diversity</td>
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CHNA identifies the major issues
**Vision:** LMC Campus serves as a reflection of MLH commitment to wellness, prevention, and patient centered care
ReDESIGNing our environment to improve health
ReDESIGNing our environment to improve health

• Food:
  – Innovate around food access (farmers markets, address food insecurity)

• Physical Activity:
  – Increased options for physical activity: safe and accessible

The Delema G. Deaver Wellness Farm at Lankenau Medical Center

At Lankenau, we recognize the connection between nutrition and wellness. In collaboration with Greener Partners, we are one of only a few hospitals nationwide to take the progressive step of planting and maintaining a year-round organic farm on site. Our goal is to harness the power of locally grown food to strengthen our community’s health.
Bringing fresh, local, and healthy food to our LMC community!!!
Delema G. Deaver
Wellness Farm: Purpose

• Serve as a nutritional education site for approximately 10,000 school children taking classes at Lankenau’s Health Education Center.

• Address food insecurity and chronic disease management needs of our most vulnerable patients.

• Produce fresh foods to be integrated into Lankenau’s cafeteria options and year-round farmers market for patients and employees alike.

• Support population health initiatives that demonstrate how hospitals can play a vital and important role in creating a culture of health.

• Serve as a platform for research and conversation around issues at the intersection of food and health.
Delema G. Deaver Wellness Farm
Earth Day 2016

All Photography by JB Henken ©copyright
Bringing the Deaver Farm into Primary Care: Lankenau Medical Associates Cooking Demonstration Classes

**Pop-up Nutrition and Food Demo Classes:**

- *Health Educators* conducted over 100 classes in the waiting room, reaching over 1100 patients in the past year.

- Every patient receives the healthy ingredients from the Farm and the recipe to try it at home!
Delema G. Deaver Wellness Farm

Over 3900 pounds of healthy vegetables, fruits, and herbs from the Deaver Farm provided to over 350 patients in Lankenau Medical Associates and Lankenau OB/GYN Care Center
FOSTERING COMMUNITY BENEFITS

How Food Access Nonprofits and Hospitals Can Work Together to Promote Wellness
Linking Primary Care to Community Food Access

Connecting at-risk patients to healthy, affordable food

- Nutrition and health education
- Blood pressure screenings
- Philly Food Bucks SNAP incentive program

Connecting at-risk community members to quality healthcare

- Philly Food Bucks distribution
- Nutrition education
- Integrated medical care
Next steps: integrating food into primary care home visits
Overview: Philly Food Bucks at LMA 2013 (Pilot Year)

- Daily Huddle and review of all patients
- Physician informed patient of PFB and made RX for Health
- Nutrition Education provided by Health Educators, Physician, or Medical Student Advocate (MSA)
- Physician indicated PFB on billing slip
- Follow up Nutrition Education Scheduled for PFB participant
Early Outcomes and Success

- Total of **2,172** Philly Food Bucks distributed in pilot program to 600 patients
  - Across 8 markets over 66 market dates
  - 707 participants received health screenings at the market
  - Provided Health information to over 1,200 farmer market shoppers

- Gateway to identify and address additional resource needs (i.e. insurance, employment, childcare) → Medical Student Advocate Program
“Yes, it went well. I had enough information and I fully understood the program.”

“It was really great. I would love to get more PFB.”

“You really explained it well on the phone, and I have all the information you mailed me, so I know how the program works.”
Community health partnership promotes wellness

Posted: Tuesday, July 21, 2015 12:00 am

Ayana Jones Tribune Staff Writer | 0 comments

An innovative community partnership is positively impacting the health of West Philadelphia residents.

In an effort to improve patient outcomes, Lankenau Medical Center partnered with the Philadelphia Department of Public Health and The Food Trust, a national food access nonprofit, to pilot a program that puts Philly Food Bucks coupons into the hands of eligible patients. The initiative marked the first time that a health care system purchased Philly Food Bucks to distribute to their patients.

“The reason that is so important is that we know that many of our patients here at Lankenau are dealing with a number of social issues in addition to health care issues and that social issues can have a direct impact on health outcomes,” said Chinwe Onyekere, associate administrator at Lankenau Medical Center, which is part of Main Line Health.
Philly Food Bucks and Farmers Markets

• LMC is the exclusive hospital sponsor for eight large Philadelphia farmers markets and provide health education, screenings, and community outreach

• Partner for Philly Food Bucks Program: A partnership with the Philadelphia Department of Public Health and The Food Trust that encourages SNAP (food stamp) recipients to purchase fresh, healthy food
LMC and the Food Trust have become partners in an initiative to convert the corner store into a **Healthy Community Asset**.

Piloting an innovative model to integrate health screenings, nutrition education and medical referral for at-risk adults in a corner store environment.
Heart Smarts Corner Store Program

- In-store and community based education on healthy eating and heart disease prevention including taste test and cooking demos
- Free health screenings (blood pressure, BMI, stroke and heart disease assessments) conducted on a monthly basis by health professionals
- Referrals and follow-up for all participants with high blood pressure
- Referrals for smoking quit line and insurance exchange
November-July Blood Pressure Results:

- **200 Blood Pressures**
  - **34 Normal (Below 120/80)**
  - **57 Pre-Hypertension (120/80-139/89)**
  - **56 Hypertension Stage 1 (140/90-159/99)**
  - **31 Hypertension Stage 2 (160/100-179/119)**
  - **22 Hypertension Crisis (Above 180/120)**
November-July BMI Results:

186 BMIs

2 BMI < 18 Underweight

55 BMI 18.5-24.9 Healthy

58 BMI 25–29.9 Overweight

71 BMI >30 Obese
### West Philadelphia Adult Population and Heart Bucks Corner Store Participant Comparison for select Demographic and Health Status Characteristics

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Gender</th>
<th>High BP</th>
<th>Weight Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>65+</td>
<td>55-64</td>
<td>45-54</td>
<td>35-44</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>100%</td>
<td>90%</td>
<td>80%</td>
<td>70%</td>
</tr>
</tbody>
</table>

**Sources:** LMC Corner Store Database, November 2015 to July 2016; Public Health Management Corporation 2015 Southeastern Pennsylvania Household Health Survey; Truven Health Analytics, 2016
"The physical and emotional health of an entire generation and the economic health and security of our nation is at stake."

- First Lady Michelle Obama at the Let’s Move! Launch
Program Offerings

DECAY NO WAY: (Grades Pre-K to K) 60 minutes
Students will learn how to care for teeth and gums by using proper dental hygiene and eating healthy foods. PA 10.1.3.C, E, 10.2.3.A, B

ALL ABOUT ME: (Grade K) 75 minutes
Students will learn about their amazing body through the use of interactive learning centers that highlight the heart, lungs, and healthy foods. PA 10.1.3.C, D, 10.2.3.A

GERM BUSTERS: (Grades Pre-K to 1) 60 minutes
Students will learn how to stay healthy through the use of proper hand-washing techniques. PA 10.2.3.A, 10.3.3.E, 11.3.3.B

HEALTHY ME: (Grades K to 2) 75 minutes
Students will learn how to keep their bodies healthy through the use of good hygiene, healthy food and exercise. PA 10.1.3.C, E

READY, SET, EAT: (Grades K to 2) 75 minutes
Students will explore the topic of good nutrition through activities designed to highlight the importance of healthy food choices. PA 10.1.3.C, 11.3.3.D

SENSIBLE ME: (Grades K to 2) 75 minutes
Students will explore the senses through activities that demonstrate how they work, how they protect us, and how we can protect them. PA 10.2.3.A, B, 16.1.3.A, 16.1.3.A

BE A BUDDY NOT A BULLY: (Grades 1-2) 60 minutes
Students will learn what to do if they are the target of bullying. Focus is also on how to be a friend in order to stop bullying. PA 16.2.2.A, 16.2.2.B, 16.3.2.A, 10.2.3.D

THE INSIDE STORY: (Grades 1-2) 75 minutes
Students will learn about the amazing body and explore some of the organs that make it special. PA 10.1.3.B

HEALTH ADVENTURE: (Grades 2 & 3) 90 minutes
Students will learn about the skeletal and digestive systems and also explore the circulatory system. PA 10.1.3.A, 3.1.7.A, 3.1.4.A, B

BE IN THE “NO” : (Grades 2-4) 75 minutes
Students will examine the effects of tobacco, and the importance of saying no. Peer pressure and refusal skills are emphasized. PA 10.1.3.D, 10.1.6.B

SAFETY FIRST: (Grades 2-6) 90 minutes
Students will explore the importance of safety, and learn a variety of ways they can help themselves and others avoid injury. The Heimlich maneuver is included. PA 10.3.3.A, 10.3.6.A, B, 10.3.3.A, B

HARASSMENT Hurts: (Grades 3-5) 75 minutes
Students will examine the bullying that may occur in their lives. Focus is on self-confidence and behavior choices needed to resolve conflicts. PA 10.3.6.C, 10.3.6.C, 10.2.3.D

EAT SMART: (Grades 4-8) 90 minutes
Students will learn the key concepts of good nutrition and investigate how healthy food and exercise positively impact health. PA 10.3.3.C, 10.1.6.B, C, E, 11.3.6.D, E

LET’S GET PHYSICAL: (Grades 4-8) 90 minutes
Students will discuss the importance of physical activity through active participation and learn ways they can increase their movement. Healthy nutrition will also be introduced as an important aspect of staying fit. PA 10.4.6.A, B, C, D, 10.4.6.A, B, C, D, 10.1.6.C, E, 10.5.6.D

THE INCREDIBLE MACHINE: (Grades 4-9) 90 minutes
Students will learn about the basic building blocks of life (cells), and explore the circulatory and nervous systems. PA 10.1.3.B, 3.1.5.A, 3.1.6.A, 3.1.6.A

DRUG SMART: (Grades 4-9) 90 minutes
Students will learn about drugs, how they affect the body and the importance of making healthy choices. PA 10.1.6.D, E, 10.1.9.B, 10.2.5.C

LIFE BEGINS: (Grades 5-9) 90 minutes
Students will follow human growth and development from conception to birth. The changes of the body during maturation will also be explored. PA 10.1.5.A, 10.1.9.A, E, 10.2.9.C, D

AGGRESSION, INTIMIDATION
AND BULLYING: (Grades 6-8) 75 minutes
Students will investigate the physical and emotional impacts of bullying and learn appropriate ways of responding to bully behavior. PA 10.3.3.C, 10.3.9.A

TEEN DILEMMAS AND DECISIONS:
(Grades 8-12) 90 minutes
Students will examine the effects of alcohol and marijuana, and make a hard look at the consequences. Decision-making skills and the influence of peer pressure are highlighted. PA 10.1.6.B, D, 10.2.12.D, E, 10.1.9.B, D, E, 10.1.12.D

At the Center Children Can...

- Observe the building blocks of a typical human cell and study the body’s specialized cells
- Analyze the nutritional value of different foods and its’ effect on the body
- Discover the different systems of the body and how body systems are interdependent
- Understand the different centers of the brain and how they control the body
- Follow the flow of blood through the heart and learn how arteries become blocked
- Learn the impact of drugs, legal and illegal, on the human body
- Understand the importance of physical activity to a healthy lifestyle
- Learn the importance of making good health decisions throughout their lives
- Understand the importance of the five senses
- Recognize the changes of puberty and learn how life begins

Program Information

The LMC HEC programs supplement your school health and science curriculum requirements. Programs meet the PA Standards for Science and Health Safety and Physical Education.
Health Education Center (HEC): regional resource promoting health and wellness

• Over 20 years of serving children and families in our region with a variety of health education classes and programs.
  • Many schools serving disadvantaged children utilize the HEC
  • HEC programs supplement school health and science curriculum requirements, and meet the PA standards for Science, Health Safety, and Physical Education
  • Last year we welcomed 7,212 students and teachers to 178 classes on topics including general health and human body facts, nutrition, fitness, substance abuse and safety, and harassment and bullying
  • In total, 523 different schools and camps have visited the HEC, for a grand sum of 233,770 visitors over the last 20 years

• Future: Integrate Deaver Wellness Farm programming and create partnership with Safe Routes Philly (pedestrian and bicycle safety program)
Medical Student Advocate Program
MSA Participant Role & Tracking Program Impact

1. Patient Intake
2. Refer to resource(s)
3. Follow up
4. Resolve needs & close the case
5. Close feedback loop with Medical Home Team
6. Medical Home Team & Patient Self Referral
Impact
...and growing

Medical Students Lives Changed

Changing the future of health care
Building a pipeline of future physicians that understand the team based, patient centered care and how to provide culturally competent care
884

Patient Served

Number of patient referrals between May 2013 – October 2016 from LMA Medical Home Teams and Patient Self Referrals
Number of Resource Needs

Addressed over 2000 psychosocial needs
(e.g. food access, insurance, employment, utilities, smoking cessation, physical activity, and transportation)
“Imagine a health care system that couples treatment with care, and considers the life needs of patients, families, and caregivers, **inside and outside the clinic.**”

-Risa Lavizzo-Mourey, President and CEO, Robert Wood Johnson Foundation