2017

Pennsylvania State Health Improvement Plan Annual Report

HEALTHY PEOPLE, HEALTHY COMMUNITIES, HEALTHY PENNSYLVANIA

PENNSYLVANIA DEPARTMENT OF HEALTH | Harrisburg, Pennsylvania

2017 Pennsylvania State Health Improvement Plan Annual Report
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Executive Summary

Introduction

The State Health Improvement Plan (SHIP) is a multi-year strategic plan developed by the Pennsylvania Department of Health (DOH) in collaboration with a diverse public partnership of stakeholders across the commonwealth. Implementation of the plan began with its release in May 2016.

The SHIP identifies health goals, objectives, strategies and assets to enable the stakeholders of the public health system to coordinate efforts and provide efficient and integrated programs. It can be used for state, regional and local community health improvement planning, as well as regional and local community health assessment, agency strategic planning and operational planning. Stakeholders can draw on the SHIP as a resource for marketing, grant seeking and identifying research and innovation opportunities. It can also be used for informing, educating and empowering residents about key health issues.

During the past year, three task forces have been implementing and promoting strategic initiatives to improve population health outcomes in three priority areas. This annual report documents progress toward the goals and the implementation of strategies. Included are examples of successful programs and the impact of those strategies implemented in the first year. As the public health environment changes, new opportunities that may impact goals are considered by the task forces. Recommendations to improve the SHIP are provided to the advisory committee. Adjustments to the SHIP strategies are implemented by the task forces.

Task forces are comprised of stakeholders with expertise in one of three priority issues. They meet at least quarterly throughout the year to report on progress in implementing the identified strategies, assess progress and make recommendations for updates to the SHIP.

The advisory committee is comprised of stakeholders and meets twice during the year to review progress toward the SHIP goals. The committee advises DOH on the health improvement priorities identified in the SHIP based on their positions in communities and with state and local public health agencies and organizations.

The three health priorities addressed by the SHIP are obesity, physical inactivity and nutrition; primary care and preventive services; and mental health and substance use. Across these priority areas are five themes that have an impact on health. They are health literacy; the public health system; health equity; social determinants of health; and integration of primary care and mental health.

This report is the product of assessment of the most current data reporting on the health outcome measures identified in the SHIP; reports from stakeholders on the implementation and progress made on strategic initiatives; and consideration of current health policy issues affecting Pennsylvania. The report is presented to stakeholders and the public so they may know how the commonwealth is performing on the priority issues and can prioritize policy decisions based on performance results.

Priority issues, goals and objectives

The SHIP identifies three Pennsylvania health priorities, goals and measurable objectives. Each goal includes strategies, lead individuals, collaborating organizations and associated timeframes. The SHIP priorities are:

Health Priority 1: Obesity, physical inactivity and nutrition

Obesity, being overweight, poor nutrition and physical inactivity are associated with profound, adverse health conditions. These include high blood pressure, high cholesterol, type 2 diabetes, heart disease, some cancers, and other limiting physical and mental health issues. In Pennsylvania, two out of three adults (6.2 million residents) and one out of three school-age children (500,000) have excess weight[1]. Evidence links obesity, physical inactivity and poor nutrition to shortened lifespan. Today's youth are in danger of dying at younger ages than their parents.

Health Priority 2: Primary care and preventive services

Limited access to quality health care is a growing issue in many communities in Pennsylvania. Limits relate to the number of primary care practitioners, cultural competency, knowledge, location, affordability, coordination of comprehensive care, reimbursement and technology, among other things. Such limitations prevent many people from obtaining quality preventive and disease management services.

Health Priority 3: Mental health and substance use

Unmet mental health and substance use needs frequently lead to preventable illness and death in individuals, families and communities.

The following are tables showing a dashboard view of the progress made for each of the SHIP objectives. Shown are the percent, rate or status of the objective at the time the SHIP was developed and the status reflected by the most recent reports of data. A symbol indicates if the commonwealth is making progress toward the goal stated in the original objective:


Goal achieved


Making progress


No change


Negative progress


Not reported

In the strategies section of the report, the color in the box indicates one of three types of strategies for each health priority. The strategy number in this example is expressed as goal number one, objective number one and strategy number one.

Strategy 1.1.1

Initiatives with business and private non-government entities	Initiatives for public and professional education	Initiatives for public policy changes

Health Priority 1: Obesity, physical inactivity and nutrition		
Goal 1: Decrease the percentage of adults and children who meet the criteria for overweight and obesity.		
Objective 1.1: Decrease the percentage of Pennsylvania adults who are obese from 30 percent in 2013 to 27 percent by December 2020.	30 percent in 2015[2] LCI 28, UCI 32	
Objective 1.2: Decrease the percentage of Pennsylvania youth that are overweight or obese from 39 percent in 2012-13 school year to 36 percent by December 2020.* *Data from the Mandated School Health Program for comparison was not available at the time of publication. Youth Risk Behavior Surveillance System (YRBSS) data indicated 28 percent in 2009 and is used for comparison in this report.	30 percent in 2015[3] LCI 27, UCI 33	
Goal 2: Improve the health of Pennsylvania residents already impacted by obesity, poor nutrition and physical inactivity.		
Objective 2.1: Decrease the percentage of Pennsylvania adults who have obesity who report they have fair or poor general health from 26 percent in 2013 to 23 percent by December 2020.	26 percent in 2015[4] LCI 23, UCI 29	
Goal 3: Increase opportunities for, and engagement in, physical activity.		
Objective 3.1: Decrease the percentage of Pennsylvania adults who engage in no leisure-time physical activity from 26 percent in 2013 to 23 percent by December 2020.	28 percent in 2015[5] LCI 28, UCI 31	
Objective 3.2: Increase percentage of Pennsylvania adolescents who are physically active daily from 28 percent in 2009 to 31 percent by December 2020.	25 percent in 2015[6] LCI 22, UCI 27	
Goal 4: Increase opportunities for access to and consumption of healthy foods and healthy beverages.		
Objective 4.1: Increase the percentage of Pennsylvania adults who consume at least five servings of fruits and/or vegetables every day from 15 percent in 2013 to 17 percent by December 2020.	15 percent in 2015[7] LCI 14, UCI 16	

Note: Lower confidence intervals (LCI) and upper confidence intervals (UCI) are 95 percent lower and upper confidence intervals.

Health Priority 2: Primary care and preventive services		
Goal 1: Improve access to primary care services for Pennsylvanians.		
Objective 1.1: Reduce the number of federally designated Geographic and Population Health Professional Shortage Areas (HPSA) by 3 percent by December 2020: • Primary Care: from 45 to 43	44 in 2016[8]	
• Dental: from 61 to 59	60 in 2016[9]	
• Mental Health: from 26 to 25	26 in 2016[10]	
Goal 2: Increase the number of Pennsylvania residents receiving preventive health care services.		
Objective 2.1: Increase the percent of providers that report the administration of all immunizations into the State Immunization Information System to 100 percent by December 2020.	[Deleted in 2016 on recommendation of the task force]	
Objective 2.2: Reduce the eight-month provisional enrollment period for children to receive all required school immunizations by December 2020.	Final rule published	
Objective 2.3: For youth ages 1 to 20 years old who are enrolled in Medicaid with at least 90 days of continuous eligibility, increase the percentage who have had a preventive dental service in the past year from 41 percent in FFY 2014 to 47 percent by December 2020.	43 percent in 2015[11]	
Goal 3: Improve health literacy (i.e., the capacity to obtain, process and understand basic health information and services needed for informed health decision-making) of Pennsylvania residents.		
Objective 3.1 Establish a method of determining the health literacy of Pennsylvania residents by December 2020.	Under development	

Note: LCI and UCI are 95 percent lower and upper confidence intervals.

Health Priority 3: Mental Health and Substance Use		
Goal 1: Pennsylvania residents will have access to the best practices in screening, support, assessment and treatment for mental health and substance use disorders to achieve and maintain optimal health outcomes.		
Objective 1.1: Increase access to quality mental health and substance use services for all Pennsylvania residents by increasing the percent of adults 18 or older with any mental health illness who received treatment or counseling from 47 percent in 2009-2013 to 51 percent by December 2020.	48 percent in 2010-2014[12]	
Objective 1.2: By December 2020: • Decrease adults who smoke every day from 16 percent in 2013 to 11 percent. • Decrease adults who smoke some days from 6 percent in 2012 to 4 percent. • Increase adults who are former smokers from 26 percent in 2013 to 32 percent. • Increase adults who have never smoked from 53 percent in 2013 to 58 percent.	13 percent in 2015[13] LCI 12, UCI 15 5 percent in 2015[14] LCI 4, UCI 6 26 percent in 2015[15] LCI 24, UCI 27 56 percent in 2015[16] LCI 54, UCI 58	   
Objective 1.3: For Pennsylvania adults and adolescents, decrease rate of deaths due to substance use from 17 per 100,000 in 2012* to 15 per 100,000 by December 2020. *Age-adjusted rate updated for underlying cause of death (UCODs) X40-X44 and X45	20 per 100,000 in 2014[17]	
Objective 1.4: Reduce the rate of suicides from 12 per 100,000 in 2012 to 11 per 100,000 in December 2020 (age-adjusted rate).	14 per 100,000 in 2015[18] LCI 13, UCI 15	
Objective 1.5: Increase the comfort level of Pennsylvania residents in discussing mental health and substance use problems with their health care providers, neighbors and community, as measured by an increase in the number of treatments for any mental illness from 47 percent in 2009-2013 to 55 by December 2020, plus an increase in enrollment in substance use treatment by 20 percent by December 2020, from 57,715 enrollees in 2013 to 69,260.	48 percent in 2010-2014[19] No enrollment number reported in 2015	 

Note: LCI and UCI are 95 percent lower and upper confidence intervals.

Health Priority 1: Obesity, physical inactivity and nutrition

Implementation of obesity, physical inactivity and nutrition strategic initiatives

Goal 1: Decrease the percentage of adults and children who meet the criteria for overweight and obesity.

Strategy 1.1.1 **Collaborate with insurance companies to include in insurance plans evidence-based services for wellness and prevention programs (e.g., weight management, nutrition counseling, gym membership and healthy living programs) provided by licensed qualified individuals and organizations.**

Starting January 1, 2018 an expanded benefit of the Medicare Diabetes Prevention Program approved by the Centers for Medicare and Medicaid Services will allow community-based diabetes prevention programs to bill for diabetic intervention programs. The core benefit is a 12-month intervention that consists of at least 16-weekly core hour-long sessions, over months 1-6, and at least 6-monthly core maintenance sessions over months 6-12, furnished regardless of weight loss.

Strategy 1.1.2 **Work with medical providers to educate patients on prevention of chronic disease and weight loss strategies in a linguistically appropriate manner and provide referrals to community resources.**

Efforts to co-locate registered dietitians with primary care practices to increase referrals are being developed.

Strategy 1.1.3 **Develop a process for identifying community resources so that providers (e.g., health care, educational, religious) can provide adults and children with individualized referrals to resources for healthy eating and activity choices.**

LiveHealthyPA connects people, communities, schools, organizations, health teams and businesses in Pennsylvania to programs, data and resources to address challenges in improving the health status of the population.

PA 2-1-1 is a statewide telephone information and referral collaborative for health and human service information for Pennsylvanians. It includes a broad array of programs for the public and operates 24/7, provides text-to-chat, a mobile application and a website.

A website from the Academy of Nutrition and Dietetics offers a listing of registered and licensed dietitians who provide nutrition and weight loss counseling to adults and children.

Strategy 1.2.1 **Implement youth healthy living programs that reach parents to improve the nutrition and physical activity levels of youth at home and in school.**

School health and wellness programs for students, families and communities are recognized annually on Every Kid Healthy Week. They share resources, provide technical assistance for the events and help schools recruit volunteers. Schools register their informational events online for families to participate in nutrition and physical activities.

Strategy 1.2.2 **Increase and strengthen school-based policies around nutrition and physical activity.**

The Pennsylvania Department of Education developed a new school wellness policy template to support schools in implementing the final rule on wellness policies as published in the Federal Register by June 30, 2017.

Strategy 1.2.3 **Work with medical providers to educate patients on prevention of chronic disease, weight loss strategies and referral to community resources.**

From April 2016 through March 2017, 31 "Educating Physicians In Their Communities" (EPIC) training presentations were held. These reached 27 counties for 132 organization sites and 719 providers.

Goal 2: Improve the health of Pennsylvania residents already impacted by obesity, poor nutrition and physical inactivity.

Strategy 2.1.1 **Work with primary care providers to increase referrals for those with obesity, poor nutrition or physical inactivity that includes counseling about wellness checks, nutrition, diet and physical activity provided by licensed qualified health care providers.**

One initiative in Allentown provides nutrition counseling to overweight and obese youth at no cost. In Lancaster a SmartForm for metabolic syndrome and weight concerns is being used to provide clinical guidance.

Strategy 2.1.2 **Remove barriers to evidence-based medical practices for people with severe obesity.**

This strategy is under development.

Goal 3: Increase opportunities for and engagement in physical activity.

Strategy 3.1.1 **Provide affordable and accessible opportunities to be physically active, such as parks, trails, fitness events and recreational facilities, particularly in underserved communities.**

The Department of Conservation and Natural Resources (DCNR) developed several programs that provide technical and financial assistance to communities. These programs are to support local municipal and community park projects to improve parks in high need areas, and rehabilitate parks in underserved communities. Projects include the Explore PA Local Parks and the GoodForPA programs.

The PennDOT Connects System is a tool to assist with the development of transportation proposals to be included in the state's 2017-2020 Transportation Improvement Program. Among the projects that this supports are local planning efforts to develop bicycle and pedestrian accommodation infrastructure in communities.

Local projects in progress include programs such as the free city-wide walking program Million Clicks for Million Hearts and public trails such as the Northwest River Trail.

Strategy 3.1.2 **Reduce barriers so that every Pennsylvania resident has equal access to local parks, school campuses and facilities and outdoor recreation opportunities.**

DCNR plans to collect geographic information system (GIS) data on 6,000 local parks by 2018. Currently 5,920 parks have been mapped with GIS. A poverty overlay using the GIS data has

been developed to help identify high needs areas. Ultimately one goal to have a park within 25 miles of every citizen has mostly been met. Another goal to have a walking or biking trail within 15 minutes of the population is progressing. The Pennsylvania Department of Health WalkWorks program developed local walking routes in 14 counties and partnered with local organizations to manage and promote the program.

Strategy 3.1.3 **Encourage walking and bicycling for transportation and recreation through improvements in the built environment.**

DCNR along with PennDOT, DOH, the Department of Aging, and the Department of Community and Economic Development convened a collaborative workshop on walkable communities to start a long-term statewide planning process to address increasing walking opportunities. Two counties, Bradford and Erie, have been identified as "trail deserts" through GIS mapping and technical assistance is being provided to develop infrastructure. GIS mapping is completed for over 11,000 miles of trails in the commonwealth. America Walks submitted its final report in December recommending five next steps and committing to continued engagement with the team.

The Healthy Communities in Pennsylvania Task Force, during the past year, combined the expertise of health and planning professionals to better facilitate projects that improve health in the built environment. This diverse task force of twenty-one members representing health and planning professionals is identifying common areas of interest and strategizing the improvements that increase active transportation, physical activity and access to healthy foods.

Strategy 3.2.1 **Work with school boards, districts, principals and community partners to integrate physical activity into the culture of schools by offering ABCs (Activity Breaks for Children), physical education and/or recess.**

The Standards Aligned System (SAS), developed by the Pennsylvania Department of Education (PDE) offers training programs for teachers, students, parents and communities to improve student achievement. Standards include nutrition, health, wellness and physical development.

Strategy 3.2.2 **Work with PDE to review the Chapter 23 regulations and update the Pennsylvania State Standards for health, safety and physical education.**

Legislation was introduced in the General Assembly through HB 1365 during the 2015-16 session to allow charter and cyber schools and homeschoolers to partner with community organizations to provide physical education and wellness programs. The bill may be reintroduced in a future session.

Strategy 3.2.3 **Provide professional development to update physical education curriculum, including physical education for children with disabilities.**

Intermediate Units have been hosting trainings on the physical education curriculum.

Goal 4: Increase opportunities for access to and consumption, of healthy foods and healthy beverages.

Strategy 4.1.1 **Ensure low-income Pennsylvanians at risk of hunger have access to fruits and vegetables through programs.**

In September of 2015 the governor's office created the Governor's Food Security Partnership and committed to update the "Blueprint for a Hunger-Free Pennsylvania" to move towards becoming a hunger-free state. Among the accomplishments are identifying 26 counties with food alliances, funding grants for school breakfast programs and SNAP education, conducting training and outreach to increase WIC participation and adding 151 stores in 9 cities to the Healthy Corner Store program.

Strategy 4.1.2 **Increase access and promote fruits and vegetables and outreach in a variety of settings (e.g., community, home or school gardens, farm stands, urban agriculture, mobile markets and healthy corner store initiatives).**

Community initiatives in support of this strategy include operating school and community gardens and partnering with local food banks to provide access for residents to healthy food options, recruiting markets into the Healthy Corner Store initiative, delivering fresh fruits and vegetables to youth on playgrounds in the summer, developing farm share programs to share produce and herbs among participants and distribution of donated food to local food banks.

Strategic leads and partners

Strategy	Lead organization	Collaborating organizations
Strategy 1.1.1	DOH Pennsylvania Academy of Nutrition and Dietetics	Pennsylvania State Alliance of YMCAs
Strategy 1.1.2	DOH, Division of Nutrition and Physical Activity	DOH, Division of Health Risk Reduction
Strategy 1.1.3	DOH, Division of Nutrition and Physical Activity	Pennsylvania Academy of Nutrition and Dietetics
Strategy 1.2.1	The Food Trust	Pennsylvania Chapter of Action for Healthy Kids
Strategy 1.2.2	Pennsylvania Department of Education, Division of Food and Nutrition Pennsylvania Department of Health, Division of Nutrition and Physical Activity	
Strategy 1.2.3	Pennsylvania Chapter, American Academy of Pediatrics	Pennsylvania Academy of Family Physicians Pennsylvania Academy of Nutrition and Dietetics
Strategy 2.1.1	Pennsylvania Academy of Nutrition and Dietetics	Allentown Health Bureau Lancaster General Health
Strategy 2.1.2	Obesity Action Coalition	
Strategy 3.1.1	DCNR	PENNDOT Allentown Health Bureau Lancaster County
Strategy 3.1.2	DCNR	DOH
Strategy 3.1.3	PENNDOT	DCNR DOH Pennsylvania Department of Aging

		Pennsylvania Department of Community and Economic Development American Planning Association, Pennsylvania Chapter
Strategy 3.2.1	DOH, Division of Nutrition and Physical Activity Pennsylvania Department of Education	
Strategy 3.2.2	DOH	Pennsylvania State Alliance of YMCAs
Strategy 3.2.3	Pennsylvania Department of Education	
Strategy 4.1.1	Pennsylvania Department of Agriculture	DOH Governor's Food Security Partnership
Strategy 4.1.2	DOH, Division of Nutrition and Physical Activity	DOH, Bureau of Women Infants and Children Pennsylvania State Alliance of YMCAs Lancaster City Allentown Health Bureau

Changes to obesity, physical inactivity and nutrition

New Strategy 3.1.4

Install up to 15 additional trail counters on trails across Pennsylvania by 2018 to measure progress towards Pa's goal of expanding trail use by five percent by 2020.

Lead organization: DCNR

Partners: Rails-to-Trails Conservancy

Health Priority 2: Primary care and preventive services

Implementation of primary care and preventive services strategic initiatives

Goal 1: Improve access to primary care services for Pennsylvanians.

Strategy 1.1.1 **Increase community-based educational training tracts for primary care and dental health professions students in underserved areas.**

The Pennsylvania Area Health Education Center (PA AHEC) Program is developing and coordinating community-based health professions education and training for medical students, dental students and primary care residents. In fiscal year 2015-2016, PA AHEC facilitated 1,847 medical student rotations (182 percent of goal of 574), 135 dental student rotations (270 percent of goal of 50) and 162 resident rotations (762 percent of goal of 21) in underserved community-based sites.

UPMC is developing more tracks in family medicine residencies promoting prevention and treatment, training in outside-of-hospital settings and efforts to retain primary care residents in western Pennsylvania.

A grant for nine primary care residency slots was awarded to the Pennsylvania Academy of Family Physicians for a period of three years. The first cohort of nine residents will finish in June 2017.

In November 2016, the Pennsylvania Coalition for Oral Health held a summit to advance oral health. An initiative is being developed with the Harrisburg Area Community College dental assisting program and local high schools to recruit students into a dental careers pipeline. This program is expected to be established in 2017 and then be expanded.

Strategy 1.1.2 **Expand access to care through primary care safety net facilities.**

The Primary Care Career Center was created to support this strategy by recruiting and placing primary care providers throughout the state. In the past year, they have placed two family physicians, one pediatric physician, four CRNPs, one PA-C, one RN and two dentists at Federally Qualified Health Centers.

The Community-Based Health Care Program provides funding for establishing or expanding primary care safety net services. Currently, 38 grants are in place in this program. During the previous grant year of 2014-2015 and 2015-2016, 17 grants yielded 97,611 new patients seen at community-based clinics.

Strategy 1.1.3 **Develop new models and expand on emerging models of health care workforce.**

Community health worker (CHW) policy, training and employer task forces met and completed their scope of work in October 2016. The CHW policy task force created a common definition of CHWs, created a list of core competencies, recommended an approach for implementing a CHW

certification policy and suggested ways to help finance CHWs' work in Pennsylvania. The CHW employer task force conducted a survey among CHW employers and presented in November at the State Forum in Harrisburg to raise awareness of CHWs' value-added roles.

In February and April 2017, two oral health professional development trainings were held through the Pennsylvania Oral Health Collective Impact Initiative in Reading and Bethlehem. Thirty CHWs were trained on oral health education and dental home importance.

Goal 2: Increase the number of Pennsylvania residents receiving preventive health care services.

Strategy 2.1.1 **Strategy deleted. [Amend the communicable and non-communicable disease reporting regulations to include mandated reporting of the administration of immunizations.]**

Strategy 2.2.1 **Amend the school immunizations regulations to reduce or eliminate the provisional enrollment period.**

The provisional period for school immunizations was reduced from eight months to five days. The final rule was published in the Pennsylvania Bulletin on March 4, 2017 and took effect on August 1, 2017 for the 2017-2018 school term.

Strategy 2.3.1 **Increase access, utilization and education of preventive dental services, through various modalities.**

The Free Clinic Association of Pennsylvania surveyed Pennsylvania free clinics in the fall of 2016 to determine which clinics were providing on-site oral health care to their patients. Of 33 responding, 16 said they are providing on-site dental care in conjunction with their physical health services.

There are currently 720 Public Health Dental Hygiene Practitioners (PHDHP) in Pennsylvania, which is an increase of nearly 100 in the last year. The Pennsylvania Dental Hygienists' Association estimates approximately 35-40 percent are working within the public health sector, mostly through Federally Qualified Health Centers.

Healthy Teeth Healthy Children is a medical-dental partnership designed to improve early oral health-care in children. Since its inception in 2012, 155 Oral Health in Your Office trainings have been conducted, reaching over 2,000 medical provider personnel (including over 600 primary care physicians). Since Oral Health in the Prenatal Office was launched in 2015, 18 trainings have been held. In 2016, the number of prenatal presentations delivered increased by 5 times the number in the previous year.

The Smiles for Life curriculum endorsed by the Teachers of Family Medicine is being used to train family medicine residents on the application of fluoride varnish. The program gives fluoride varnish every six months or at least once a year at well-child checks. One health system reports that 74 children received the varnish at family practices and family medicine residency programs. The treatment is covered by Pennsylvania Medicaid.

Goal 3: Improve health literacy (i.e., the capacity to obtain, process and understand basic health information and services needed for informed health decision-making) of Pennsylvania residents.

Strategy 3.1.1 **Develop a statewide health literacy coalition.**

From July 1, 2015 through June 30, 2016, a total of 459 people attended 16 trainings on health literacy sponsored by the Health Care Improvement Foundation. Trainings were held in all six regions of the commonwealth. The annual meeting for the Pennsylvania Health Literacy Coalition included a train-the-trainer on providing an overview of health literacy and its relationship to health outcomes and enhancing patient interaction and communication. The meeting included opportunities to develop plans for addressing the most pressing health literacy issues in Pennsylvania.

Strategy 3.1.2 **Increase capacity of organizations in Pennsylvania to address health literacy needs of patients and consumers.**

The Engage for Health program encourages individuals to be more actively engaged in their health and care. A series of tools were developed to conduct a community education program on taking an active role in your health care. Many libraries across Pennsylvania received the Engage for Health toolkit and are looking to expand partners.

Strategy 3.1.3 **Increase capacity of health care providers in Pennsylvania to communicate clearly with patients.**

A series of motivational interviewing trainings were provided to offer hands-on training and practice in these techniques.

Strategy 3.1.4 **Increase capacity of and opportunities for patients and consumers to support and advocate for health literacy.**

The Smart Choice Health Insurance Basics program from University of Maryland extension educators, intended to improve consumer health insurance literacy, was offered to health insurance consumer navigators and advocates in August.

Strategy 3.1.5 **Develop and implement questions for a statewide population survey to measure health literacy of Pennsylvania residents.**

A new revision of Strategy 3.1.5 has been proposed (below).

Strategic leads and partners

Strategy	Lead organization	Collaborating organizations
Strategy 1.1.1	DOH	Pennsylvania Area Health Education Center UPMC Pennsylvania Academy of Family Physicians Pennsylvania Coalition for Oral Health
Strategy 1.1.2	DOH, Division of Health Professions Development	Pennsylvania Association of Community Health Centers
Strategy 1.1.3	DOH, Division of Health Professions Development	
Strategy 2.1.1	Deleted	
Strategy 2.2.1	DOH, Bureau of Communicable Diseases	
Strategy 2.3.1	Pennsylvania Coalition for Oral Health	Free Clinic Association of Pennsylvania Pennsylvania Dental Hygienists' Association Pennsylvania Chapter American Academy Pediatrics UPMC
Strategy 3.1.1	Health Care Improvement Foundation	
Strategy 3.1.2	Health Care Improvement Foundation	Hospital and Healthsystem Association of Pennsylvania
Strategy 3.1.3	Health Care Improvement Foundation	Free Clinic Association of Pennsylvania UPMC
Strategy 3.1.4	Health Care Improvement Foundation	Pennsylvania Health Literacy Coalition
Strategy 3.1.5	Health Care Improvement Foundation	

Changes to primary care and preventive services

New Strategy 2.1.2 **Increase the number of providers participating in the Pennsylvania Patient and Provider Network (P3N) through a health information organization (HIO).**

Lead organization: Pennsylvania eHealth Partnership.

New Strategy 3.1.5 **Review the initial Pennsylvania Health Access Network consumer literacy survey results for 2017 and determine outcome goals for subsequent years.**

Lead organization: Pennsylvania Health Access Network.

Partners: Pennsylvania Health Funders Collaborative

Health Priority 3: Mental health and substance use

Implementation of mental health and substance use strategic initiatives

Goal 1: Pennsylvania residents will have access to the best practices in screening, support, assessment and treatment for mental health and substance use disorders to achieve and maintain optimal health outcomes.

Strategy 1.1.1 **Develop appropriate partnerships to activate and leverage existing resources.**

Multiple organizations and state agencies have collaborated to provide buprenorphine waiver training. Trainings are planned to begin summer 2017 with a goal to have 30 clinical staff in attendance at each program.

Strategy 1.1.2 **Promote consumer and system health literacy.**

Behavioral health care providers have conducted substance use disorder educational programs including formal presentations, webinars and clinical workshops. Over 20 substance use disorder educational programs were delivered to several thousand participants (including providers, members and other regional stakeholders) during 2015 and 2016.

The Naloxone Education Project provided education around prescribing and distributing naloxone to 86 providers in the summer of 2016.

Strategy 1.1.3 **Support adoption of meaningful payment reform to optimize access to quality services.**

In December 2016, the commonwealth was awarded a demonstration grant to receive an enhanced federal matching rate on payments to Certified Community Behavioral Health Clinics. The project led by Office of Mental Health and Substance Abuse Services, working in partnership with the Office of Medical Assistance Programs and the Department of Drug and Alcohol Programs, is estimated by the Department of Human Services (DHS) to bring in an additional $10 million in federal funding. Initially 10 clinics qualified for the program which will be implemented on July 1, 2017.

Strategy 1.2.1 **Increase access to evidence-based smoking cessation programs.**

Hospital campuses are becoming smoke free and are referring patients who smoke to aftercare upon discharge.

Health coaches who use evidence-based approaches to help members quit smoking are being employed by managed care organizations. Population health programs track individuals who use tobacco products, identify and coach individuals and develop skills to influence health behavior changes have been implemented.

Strategy 1.3.1 **Utilize screening, assessment and placement tools to determine emergent care needs (e.g., detoxification, prenatal care, perinatal care, psychiatric care), level of care needs (e.g., residential rehabilitation, outpatient, intensive outpatient) and any other needs an individual may have that might affect placement decisions.**

The TiPS Program (Telephonic Psychiatric Consultation Service Program), a new HealthChoices Medicaid managed care initiative, is increasing the availability of child psychiatry consultation teams regionally and telephonically to primary care providers and other prescribers of psychotropic medications. Three TiPS program sites are now operational at Children's Hospital of Philadelphia, Penn State Health Milton S. Hershey Medical Center and Western Psychiatric Institute and Clinic of UPMC.

Strategy 1.3.2 **Ensure the full continuum of care is available for individuals suffering from substance use disorder.**

During the past year, the commonwealth developed an integrated system of treatment in response to the opioid epidemic:

- Pennsylvania's physician general signed a standing order prescription for naloxone. It is available to the general public and is carried by EMS, police, fire departments and in schools.
- The warm handoff approach has been promoted for emergency departments and other health providers to do a face-to-face introduction to a substance abuse specialist and makes a direct referral into substance abuse treatment.
- Participation in the Pennsylvania's Prescription Drug Monitoring Program is now required of all prescribers. Prescribing guidelines were developed for emergency departments, chronic non-cancer pain, dentists, geriatric, obstetrics and gynecology and pharmacists.

Strategy 1.3.3 **Promote public education and awareness for preventing prescription drug and opioid misuse, abuse and overdose.**

DOH and the Department of Drug and Alcohol Programs (DDAP) convened the Safe and Effective Prescribing Practices Task Force. The task force, which includes various state agencies, representatives from medical associations, provider advocates and community members, developed and adopted guidelines for nine medical specialties on the safe and effective use of opioids in the treatment of pain.

Through PAStop.org, with the support of the Commonwealth Prevention Alliance, PA Commission on Crime and Delinquency and Department of Drug and Alcohol Programs, over 30 pieces of media and toolkits for parents, caregivers, workplaces and employers was developed. The campaign has been promoted through billboards, TV, radio, web PSAs, posters at Turnpike service plazas, driver license centers, welcome centers and mass mailing to chambers of commerce.

Strategy 1.3.4 **Reduce access to prescription drugs for misuse and abuse.**

Drug take-back boxes have been set up throughout the commonwealth with support from insurers and law enforcement professional associations. Several pharmacy retail chains have also set up take back boxes. Under the Pennsylvania Prescription Drug Take-Back Program

124,336 pounds(62 tons) of drugs in 2016 were not ingested or deposited in landfills or water sources thanks to this program. As of April 1, 2017, 19,280 pounds of drugs have been reported destroyed. Since the program's inception in January 2014, over 118 tons have been collected. There are 584 boxes statewide to date, of which 385 are grant-funded, 25 at pharmacies and 174 other-funded.

As of January 1, 2017, all Schedule II-V dispensed prescriptions must be reported to the Pennsylvania Prescription Drug Monitoring Program (PDMP). It now has 97 thousand users registered and all prescribers must now be registered with the PDMP for initial licensing and licensing renewal.

Strategy 1.4.1 **Increase awareness of psychological distress symptoms and risk factors for suicide, among all Pennsylvania residents.**

The Pennsylvania Association of Community Health Centers collects yearly depression screening data from member clinics. In 2015, 51 percent of health centers conducted the Screening for Clinical Depression and Follow-Up Plan for patients 12 years and older with at least one medical visit during the measurement year. This was up from 39 percent the year before. Screenings are also being completed in one dental site with a warm hand-off to a behavioral health during the dental visit. The goal is to increase the percentage of patients being screened each year.

Strategy 1.4.2 **Increase access to educational programs about suicide risk for all residents.**

This strategy is under development.

Strategy 1.4.3 **Increase the use of evidence-based tools to identify potential mental health and substance use concerns, as well as the influences of social determinants that affect the suicide rate.**

Screening, brief intervention and referral to treatment (SBIRT), is used at seven primary care sites in PA. SBIRT assesses the severity of substance use and identifies the appropriate level of treatment.

The American Society of Addiction Medicine, or ASAM, criteria will replace the Pennsylvania Client Placement Criteria (PCPC) by single county authorities in July 2018 as the method used to determine the appropriate level of care for people on the substance use disorder continuum.

Strategy 1.4.4 **Increase access to available quality resources for those at risk for, or impacted by, suicide.**

One of the factors important to addressing suicide is access to treatment for risk factors including mental health and substance use disorders treatments. The Pennsylvania Insurance Department (PID) has an ongoing comprehensive strategy to ensure that parity laws are correctly implemented in response to concerns surrounding the implementation and enforcement of existing laws governing mental health parity and substance use disorder coverage. A notice was issued in October of 2016 regarding the standards for applying parity

laws. A guide for consumers on insurance coverage for mental health and substance use disorder benefits was also published in October 2016 on PID's website.

Strategy 1.5.1 **Address stigma among human resource professionals through training on mental illness and substance use, including the need to successfully reintegrate individuals affected by these illnesses into the workforce during and after recovery.**

Guidance, training and certification for peer recovery specialists is available through PA Peer Support Coalition, PA Recovery Organizations Alliance (PRO-A) and PA Certification Board, respectively.

DDAP offers the course "Healing the Stigma of Addiction" as part of the Certified Recovery Specialist coursework. Its purpose is "raising consciousness … and educating all within or connected to the Recovering Community …"

The Campaign to Change Direction program works to change the culture in America about mental health, mental illness and wellness.

Strategic leads and partners

Strategy	Lead partners	Collaborating organizations
Strategy 1.1.1	Geisinger DOH	Pennsylvania Association of Community Health Centers Central East Addiction Technology Transfer Center Danya Institute American Society of Addiction Medicine American Academy of Addiction Psychiatry Substance Abuse and Mental Health Services Administration
Strategy 1.1.2	Health Care Improvement Foundation	UPMC Community Care Behavioral Health Organization
Strategy 1.1.3	Hospital and Healthsystem Association of Pennsylvania (HAP)	DOH, Office of Mental Health and Substance Abuse Services DOH, Office of Medical Assistance Programs DDAP DHS
Strategy 1.2.1	DOH, Division of Tobacco Prevention and Control	Temple University Hospital UPMC
Strategy 1.3.1	DDAP	
Strategy 1.3.2	DDAP	Pennsylvania Medical Society Hospital and Healthsystem Association of Pennsylvania

		Pennsylvania Pharmacists Association
Strategy 1.3.3	Commonwealth Prevention Alliance	DDAP DOH Pennsylvania Commission on Crime and Delinquency
Strategy 1.3.4	PDMP	DDAP Pennsylvania Chiefs of Police Association Pennsylvania District Attorneys Association
Strategy 1.4.1	DHS, Office of Mental Health and Substance Abuse Services	Pennsylvania Association of Community Health Centers
Strategy 1.4.2	DHS, Office of Mental Health and Substance Abuse Services	
Strategy 1.4.3	DHS, Office of Mental Health and Substance Abuse Services	
Strategy 1.4.4	DHS, Office of Mental Health and Substance Abuse Services	PID
Strategy 1.5.1	DHS, Office of Mental Health and Substance Abuse Services	Pennsylvania Peer Support Coalition Pennsylvania Recovery Organizations Alliance Pennsylvania Certification Board DDAP Let's Talk, Lancaster

Changes to mental health and substance use

In Goal 1, two new strategies have been developed to improve access to mental health and substance use disorders treatment.

New Strategy 1.1.4 **Adopt proposed Pennsylvania Code Chapter 5200 mental health outpatient clinic regulation changes by 2018.**

Lead organization: Rehabilitation and Community Providers Association.

New Strategy 1.1.5 **Promote the use of the sexual orientation and gender identity (SOGI) module option in the 2018 BRFSS survey and determine outcome goals for subsequent years.**

Lead organization: DOH, Bureau of Health Promotion and Risk Reduction.

Partners: DOH Bureaus of Communicable Disease, Family Health, Health Promotion and Risk Reduction; Department of Aging; DHS and DDAP.

In Goal 2, two new strategies have been developed to continue to decrease the number of Pennsylvanians who smoke.

New Strategy 1.2.2 **Establish tobacco-cessation resources in eight medical-care organizations, including behavioral providers, and begin building baseline data to measure progress in future years.**

Lead organization: DOH, Bureau of Health Promotion and Risk Reduction.

Partners: DHS, Office of Mental Health and Substance Abuse Services.

New Strategy 1.2.3 **Reduce the use of e-cigarettes or other electronic "vaping" through education programs.**

Lead organization: DOH, Bureau of Health Promotion and Risk Reduction.

Partners: School districts.

Where are we now?

Since the SHIP was initially developed, changes in the environment, policies and other factors have caused a need for adjustments to the plan. Several new strategies will be implemented for the coming year.

New initiatives such as installing trail counters in public parks and on trails will help measure the use of recreational facilities in the efforts to combat physical inactivity. This single project reflects the partnerships that are developing between DOH and other state and local agencies.

In recognition of the systemic and widespread inequities that occur in Pennsylvania's most vulnerable populations, DOH reinstated the Office of Health Equity in May 2015. They work to understand the barriers that prevent all Pennsylvanians from achieving their greatest health potential and bringing teams from all sectors together to ultimately change poor health outcomes. One initiative to accomplish this is Public Health 3.0, where all three SHIP priorities are addressed through intersectoral (e.g. housing, education, transportation), collaboration and action plans.

The Pennsylvania eHealth Partnership has developed new systems to increase the efficiency and effectiveness of sharing information among providers to improve health outcomes. As more health-care providers participate in the Pennsylvania Patient and Provider Network, hospitals and ambulatory care organizations will connect to health information organizations and share electronic health records.

The prescription opioid and heroin overdose epidemic is a Pennsylvania public health crisis. It affects Pennsylvanians across the state, from big cities to rural communities. The SHIP will continue to focus on this issue, including:

- Prescription Drug Monitoring Program;
- Standing order prescriptions for naloxone;
- Naloxone program in schools;
- Warm hand-off;
- Prescribing guidelines; and
- Continuing education for health-care providers.

By collecting new data, DOH will have a better understanding the impact of programs associated with certain health risks. This includes:

- Measuring outcomes from combining behavioral health oriented tobacco cessation programs with physical health treatment, as well as quantifying the use of e-cigarettes or other electronic "vaping" products to understand their impact on health;
- Assessment of the sexual orientation and gender identity module in the BRFSS surveys to improve opportunities for addressing substance use within this population as well as the impact of domestic violence and other health threats; and
- Using data to understand population health barriers and health equity issues that affect access to care among all at-risk populations.

Finally, gaining a better understanding and addressing consumer health-literacy will help Pennsylvania respond to the changing health care environment.

Sources

[1] Pennsylvania State Health Improvement Plan 2015-2020 (Pennsylvania SHIP, 2016)
[2] Behavioral Risk Factor Surveillance System (Pennsylvania BRFSS, 2015)
[3] Youth Risk Behavior Surveillance System (Division of Adolescent and School Health, 2009, 2015)
[4] Behavioral Risk Factor Surveillance System (Pennsylvania BRFSS, 2015)
[5] Behavioral Risk Factor Surveillance System (Pennsylvania BRFSS, 2015)
[6] Youth Risk Behavior Surveillance System (Division of Adolescent and School Health, 2015)
[7] Behavioral Risk Factor Surveillance System (Pennsylvania BRFSS, 2015)
[8] Health Resources and Services Administration (Bureau of Health Planning, 2016)
[9] Health Resources and Services Administration (Bureau of Health Planning, 2016)
[10] Health Resources and Services Administration (Bureau of Health Planning, 2016)
[11] Annual EPSDT Participation Report (Centers for Medicare and Medicaid Services, 2015)
[12] Behavioral Health Barometer: Pennsylvania (SAMHSA, 2015)
[13] Behavioral Risk Factor Surveillance System (Pennsylvania BRFSS, 2015)
[14] Behavioral Risk Factor Surveillance System (Pennsylvania BRFSS, 2015)
[15] Behavioral Risk Factor Surveillance System (Pennsylvania BRFSS, 2015)
[16] Behavioral Risk Factor Surveillance System (Pennsylvania BRFSS, 2015)
[17] Pennsylvania Department of Health, Bureau of Health Statistics and Research
[18] Pennsylvania Vital Statistics (Pennsylvania Death Certificate Dataset, 2010 - 2015)
[19] Behavioral Health Barometer: Pennsylvania (SAMHSA, 2015)

Appendix A: Advisory committee

Name		Agency
Dale	Adair, MD	DHS, Office of Mental Health & Substance Abuse Services
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Appendix B: Obesity, physical inactivity and nutrition task force

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Appendix C: Primary care and preventive services task force

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Susan	DeSantis	Pennsylvania Society of Physician Assistants
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Appendix D: Mental health and substance use task force

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