Pennsylvania State Health Improvement Plan
Annual Report
Fiscal Year 2019-2020

April 2021
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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 3 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 5 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.

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, 3 task forces have been implementing and promoting strategic initiatives to improve population health outcomes in 3 priority areas. This annual report documents progress toward the goals and the implementation of strategies. Included are examples of successful programs. As the public health environment changes, new opportunities that may impact goals are considered by the task forces. Adjustments to the SHIP strategies are implemented by the task forces.

Task forces meet quarterly throughout the year to report on progress in implementing the identified strategies, assess progress, and make recommendations for adjustments.

The Healthy Pennsylvania Partnership (HPP) is a multi-sector collaboration that identifies key health challenges in Pennsylvania and works to solve them. Within the HPP, there are two initiatives: the State Health Assessment (SHA) and the State Health Improvement Plan (SHIP). The partnership works on the SHIP to identify health improvement priorities that will be addressed in this 5-year strategic plan. The SHIP identifies strategies and targets for addressing issues along with the parties responsible for implementing each strategy.
This report provides the health outcome measures identified in the SHIP, implementation and progress made on strategic initiatives, and consideration of current health policy issues affecting Pennsylvania. It 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. Organizations and individuals are invited to participate. For information, email RA-ship@pa.gov.

The figure below shows the relationship between the State Health Improvement Plan and the input received from the Healthy Pennsylvania Partnership, the Statewide Health Assessment, and regional stakeholders.

*Acronyms used: Social Determinants of Health (SDOH) Maternal and infant health (MIH)*
Priority issues, goals and objectives

The SHIP\textsuperscript{1} identifies 3 Pennsylvania health priorities with one or more goals and measurable objectives for each priority. Each goal includes strategies, lead individuals, collaborating organizations, and associated timeframes. The SHIP priorities are:

<table>
<thead>
<tr>
<th>Health Priority 1: Obesity, physical inactivity, and nutrition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Priority 2: Primary care and preventive services</td>
</tr>
<tr>
<td>Health Priority 3: Mental health and substance use</td>
</tr>
</tbody>
</table>

**Health Priority 1: Obesity, physical inactivity, and nutrition (OPIN)**

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, 2 out of 3 adults (6.2 million residents) and 1 out of 3 school-age children (500,000) have excess weight. 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 (PCPS)**

Limited access to quality health care is a growing issue in many communities in Pennsylvania. Limitations 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 (MHSU)**

Unmet mental health and substance use needs frequently lead to preventable illness and death in individuals, families, and communities. The goal is for Pennsylvania residents to have access to the best practices in screening, support, assessment, and treatment for mental health and substance use disorders in order to achieve and maintain optimal health outcomes.

Goals and Objectives

SHIP Goals and Objectives:

OPIN 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% in 2013 to 27% by December 2020.
- Objective 1.2: Decrease the percentage of Pennsylvania youth that are overweight or obese from 33% in the 2012-2013 school year to 30% by December 2020.

OPIN 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% in 2013 to 23% by December 2020.

OPIN 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% in 2013 to 23% by December 2020.
- Objective 3.2: Increase the percentage of Pennsylvania adolescents who are physically active daily from 28% in 2009 to 31% by December 2020.

OPIN 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 5 servings of fruits and/or vegetables every day from 8% in 2017 to 9% by December 2019.

---

PCPS 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% by December 2020:
  - Primary care: from 45 to 43
  - Dental: from 61 to 59
  - Mental health: from 26 to 25

PCPS Goal 2: Increase the number of Pennsylvania residents receiving preventive health care services.
- Objective 2.1: [This objective has been scheduled for revision by the PCPS task force.]
- Objective 2.2: Reduce the 8-month provisional enrollment period for children to receive all required school immunizations by December 2020.
- 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 42.5% in FFY 2014 to 47% by December 2020.

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

MHSU Goal 1: Pennsylvania residents will have access to the best practices in screening, support, assessment, and treatment for mental health and substance use disorders in order 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 percentage of adults 18 or older with any mental health illness who received treatment or counseling from 46.7% in 2009-2013 to 51% by December 2020.
- Objective 1.2: By December 2020:
  - Decrease adults who smoke every day from 16% in 2013 to 11.3%.
  - Decrease adults who smoke some days from 5.7% in 2012 to 4.4%.
  - Increase adults who are former smokers from 26% in 2013 to 31.8%.
  - Increase adults who have never smoked from 53% in 2013 to 57.6%.
- Objective 1.3: For Pennsylvania adults and adolescents, decrease rate of deaths due to substance use from 17.1 per 100,000 in 2012 to 15.4 per 100,000 by December 2020.
- Objective 1.4: Reduce the rate of suicides from 12.1 per 100,000 in 2012 to 10.9 per 100,000 in December 2020.
- 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 46.7% in 2009-2013 to 54.7% by December 2020, plus an increase in enrollment in substance use treatment by 20% by December 2020, from 57,715 enrollees in 2013 to 69,260.
In this report, these symbols are used to indicate the health determinants that the objectives target and the status indicating if an objective has been achieved, has made progress, has seen no change, or has experienced a negative trend. The sector indicators identify where strategies and activities are being implemented.

<table>
<thead>
<tr>
<th>Health determinants</th>
<th>Public health priority issues</th>
<th>Sector indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy eating</td>
<td></td>
<td>Community</td>
</tr>
<tr>
<td>Substance-free living</td>
<td>Overweight/obesity</td>
<td>Health care</td>
</tr>
<tr>
<td></td>
<td>Health status</td>
<td></td>
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<tr>
<td></td>
<td>Physical activity</td>
<td></td>
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<tr>
<td></td>
<td>Access to care</td>
<td></td>
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<tr>
<td></td>
<td>Preventive care</td>
<td></td>
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<tr>
<td></td>
<td>Health literacy</td>
<td></td>
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<tr>
<td></td>
<td>Behavioral health</td>
<td></td>
</tr>
<tr>
<td>Active living</td>
<td>Linkages to care</td>
<td>Education</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Policy</td>
</tr>
</tbody>
</table>

**Status indicators**

- **Ship objectives that have already been completed are marked in the status column with a check.**
- **Ship objectives making progress are marked in the status column with a plus.**
- **Ship objectives where there has been no progress are marked in the status column with a zero.**
- **Ship objectives trending in a negative direction are marked in the status column with a minus sign.**

The abbreviations LCL and UCL indicate lower confidence limit and upper confidence limit respectively.
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% in 2013 to 27% by December 2020.

<table>
<thead>
<tr>
<th>Status</th>
<th>Objective</th>
<th>Results</th>
<th>Health determinant</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>27% obese (BMI GE 30) by December 2020</td>
<td>33% obese (BMI GE 30) in 2019 (LCL 32, UCL 35)³</td>
<td>🚴‍♂️</td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>Lead organization</th>
<th>2019-2020 Achievements</th>
<th>Priority issue</th>
<th>Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division of Nutrition and Physical Activity, Pennsylvania Department of Health</td>
<td>In 2020, there were 92 providers recognized by the National Diabetes Prevention Program that are eligible for reimbursement based on coverage rules issued by the Centers for Medicare and Medicaid Services.⁴ This is up from the previous year of 85 providers.</td>
<td>Overweight/obesity</td>
<td>🌼 🏛</td>
</tr>
</tbody>
</table>


⁴ National Diabetes Prevention Program [https://nccd.cdc.gov/DDT_DPRP/Registry.aspx](https://nccd.cdc.gov/DDT_DPRP/Registry.aspx)
Utilizing data from the National Diabetes Prevention Program, Registry of All Recognized Organizations, an interactive map of the 92 current Diabetes Prevention Program (DPP) sites in Pennsylvania was compiled. Using the map link allows users to identify program site information by clicking on the map pins. Figure 1 shows the location of the DPP sites in Pennsylvania. They are group-based, structured lifestyle change programs that help participants make lifestyle changes to reduce their risk for type 2 diabetes.

**Figure 1: Pennsylvania Diabetes Prevention Program Sites, 2020**

![Map of Pennsylvania Diabetes Prevention Program Sites, 2020](https://batchgeo.com/map/c5a40024605aea95bb633f8facb579f5)

Source: National Diabetes Prevention Program (2020).[^5]

<table>
<thead>
<tr>
<th>Lead organization</th>
<th>2019-2020 Achievements</th>
<th>Priority issue</th>
<th>Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Way of Pennsylvania</td>
<td>A project was implemented with PA 211 to increase utilization of 211 by 5% during 2020 for calls for these services. From January 1 through June 30, 2020, Pennsylvania 211 reported processing 11,964 calls for food pantries, food assistance, and other nutrition related services resulting in an increase of 4.2%.[^6]</td>
<td>Overweight/obesity Physical activity</td>
<td></td>
</tr>
</tbody>
</table>

[^5]: NDPP sites in Pennsylvania  
https://batchgeo.com/map/c5a40024605aea95bb633f8facb579f5

Beginning in January 2020, a project to support 211 utilization was started in partnership with PA 211 to increase organizations listed in the 211 database and increase requests for referrals for services related to all 3 SHIP priorities. After establishing a baseline in the first calendar quarter of the year, the SHIP task forces began to promote 211 to stakeholders. Initial results at the end of the second quarter on June 30 found increases across all SHIP priorities. Following are the baseline (first calendar quarter) and the second calendar quarter results of the year covered in this report. (percent growth in parentheses):

Increase organizational listings from the public for targeted services by 5% from baseline
- OPIN - 454 baseline
- PCPS - 473 baseline
- MHSU - 800 baseline
- OPIN - 473 (4.2%)
- PCPS - 484 (2.3%)
- MHSU - 802 (0.3%)

Increase call volume from provider for targeted service referrals by 5% from baseline
- OPIN - 4,914 baseline
- PCPS - 3,640 baseline
- MHSU - 597 baseline
- OPIN - 7,050 (43.5%)
- PCPS - 6,205 (70.5%)
- MHSU - 903 (51.3%)

Due to the COVID-19 pandemic, some organizations have curtailed services; however, evaluation of the project has continued through 2020.
Objective 1.2: Decrease the percentage of Pennsylvania youth that are overweight or obese from 33% in 2013-14 school year to 30% December 2020.*

<table>
<thead>
<tr>
<th>Status</th>
<th>Objective</th>
<th>Results</th>
<th>Health determinant</th>
</tr>
</thead>
<tbody>
<tr>
<td>-</td>
<td>30% overweight or obese by December 2020</td>
<td>35% in 2018-2019,(^7) with no SHIP activities reported in 2019-2020</td>
<td><img src="https://www.health.pa.gov/topics/school/Pages/Statistics.aspx" alt="Apple" /> <img src="https://www.health.pa.gov/topics/school/Pages/Statistics.aspx" alt="Bicycle" /></td>
</tr>
</tbody>
</table>

### Percent of Pennsylvania Students, Grades K-12, That Are Overweight and Obese

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013-2014</td>
<td>32.8</td>
</tr>
<tr>
<td>2014-2015</td>
<td>33.0</td>
</tr>
<tr>
<td>2015-2016</td>
<td>33.5</td>
</tr>
<tr>
<td>2016-2017</td>
<td>33.6</td>
</tr>
<tr>
<td>2017-2018</td>
<td>34.4</td>
</tr>
<tr>
<td>2018-2019</td>
<td>34.7</td>
</tr>
</tbody>
</table>

Target 30

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**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.

<table>
<thead>
<tr>
<th>Lead organization</th>
<th>2019-2020 Achievements</th>
<th>Priority issue</th>
<th>Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead organization needed</td>
<td>No reported activities during this year</td>
<td>Overweight/obesity Health status Physical activity</td>
<td><img src="https://www.health.pa.gov/topics/school/Pages/Statistics.aspx" alt="Heart" /> <img src="https://www.health.pa.gov/topics/school/Pages/Statistics.aspx" alt="World" /></td>
</tr>
</tbody>
</table>

\(^7\) Pennsylvania Department of Health, Bureau of Community Health Systems, Division of School Health, Pa. Department of Health [https://www.health.pa.gov/topics/school/Pages/Statistics.aspx](https://www.health.pa.gov/topics/school/Pages/Statistics.aspx)
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% in 2013 to 23% by December 2020.**

<table>
<thead>
<tr>
<th>Status</th>
<th>Objective</th>
<th>Results</th>
<th>Health determinant</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>23% by December 2020</td>
<td>Adults reporting fair or poor general health in 2019 was 26% (LCL 23, UCL 28).&lt;sup&gt;8&lt;/sup&gt;</td>
<td></td>
</tr>
</tbody>
</table>

**Percent of Pennsylvania Adults with Obesity Reporting Fair or Poor General Health**

![Graph](https://www.phaim1.health.pa.gov/EDD/WebForms/BRFSSstate.aspx)

Source: BRFSS

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

<table>
<thead>
<tr>
<th>Lead organization</th>
<th>2019-2020 Achievements</th>
<th>Priority issue</th>
<th>Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity Action Coalition</td>
<td>Legislation was introduced in the Pennsylvania House (HB 410) to include anti-obesity drugs approved by the Food and Drug Administration as compensable under medical assistance. It was passed by the House and referred to the Senate Health and Human Services Committee. Reintroduction will be required in the new legislative session.</td>
<td>Overweight/obesity</td>
<td></td>
</tr>
</tbody>
</table>

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<sup>8</sup> Pennsylvania BRFSS
https://www.phaim1.health.pa.gov/EDD/WebForms/BRFSSstate.aspx
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% in 2013 to 23% by December 2020.

<table>
<thead>
<tr>
<th>Status</th>
<th>Objective</th>
<th>Results</th>
<th>Health determinant</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>23% by December 2020</td>
<td>Adults reporting no leisure-time activity in 2019 was 26% (LCL 24, UCL 27).&lt;sup&gt;9&lt;/sup&gt;</td>
<td><img src="image" alt="Bike" /></td>
</tr>
</tbody>
</table>

### Percent Pennsylvania Adults Engaging in No Leisure Time Activity in Past Month

![Graph showing the percentage of Pennsylvania adults engaging in no leisure time activity from 2013 to 2019](image)

Source: BRFSS

#### 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.

<table>
<thead>
<tr>
<th>Lead organization</th>
<th>2019-2020 Achievements</th>
<th>Priority issue</th>
<th>Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pennsylvania Department of Conservation and Natural Resources</td>
<td>No reported activities during this year</td>
<td>Overweight/obesity Physical activity</td>
<td><img src="image" alt="Capitol" /></td>
</tr>
</tbody>
</table>

#### 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.

<table>
<thead>
<tr>
<th>Lead organization</th>
<th>2019-2020 Achievements</th>
<th>Priority issue</th>
<th>Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pennsylvania Department of Conservation and Natural Resources</td>
<td>No reported activities during this year</td>
<td>Overweight/obesity Physical activity</td>
<td><img src="image" alt="Capitol" /></td>
</tr>
</tbody>
</table>

<sup>9</sup> Pennsylvania BRFSS

[https://www.phaim1.health.pa.gov/EDD/WebForms/BRFSSstate.aspx](https://www.phaim1.health.pa.gov/EDD/WebForms/BRFSSstate.aspx)
Strategy 3.1.3 Encourage walking and bicycling for transportation and recreation through improvements in the built environment.

<table>
<thead>
<tr>
<th>Lead organization</th>
<th>2019-2020 Achievements</th>
<th>Priority issue</th>
<th>Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>PennDOT</td>
<td>During 2019-2020, WalkWorks, a DOH-funded program, funded 10 municipal and governmental agencies during the fiscal year to assist with the development of 9 active transportation plans and 3 policies, bringing the total number of WalkWorks routes to 100.¹⁰</td>
<td>Overweight/obesity</td>
<td>Physical activity</td>
</tr>
</tbody>
</table>

Objective 3.2: Increase percentage of Pennsylvania adolescents who are physically active daily from 28% in 2009 to 31% by December 2020.

<table>
<thead>
<tr>
<th>Status</th>
<th>Objective</th>
<th>Results</th>
<th>Health determinant</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>31% by December 2020</td>
<td>Adolescents who are physically active daily in 2019 was 25.4% (LCL 23.1, UCL 28.0).¹¹</td>
<td></td>
</tr>
</tbody>
</table>

Percent Pennsylvania Adolescents Who Are Physically Active Daily

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¹⁰ Center for Public Health Practice, Data request, August 26, 2020.

¹¹ Pennsylvania 2017 YRBSS Results
https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=PA
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 5 servings of fruits and/or vegetables every day from 8% in 2017 to 9% by December 2019.

<table>
<thead>
<tr>
<th>Status</th>
<th>Objective</th>
<th>Results</th>
</tr>
</thead>
</table>
| ☑               | 9% by December 2020        | Adults reporting consuming at least 5 servings of fruits and/or vegetables every day in 2019 was 10% (LCL 9, UCL 11).  

| Source: BRFSS |

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).

<table>
<thead>
<tr>
<th>Lead organization</th>
<th>2019-2020 Achievements</th>
<th>Priority issue</th>
<th>Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bureau of Health Promotion and Risk Reduction, Pennsylvania Department of Health</td>
<td>No reported activities during this year</td>
<td>Overweight/obesity Physical activity</td>
<td>🏛️</td>
</tr>
</tbody>
</table>

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12 Pennsylvania BRFSS  
https://www.phaim1.health.pa.gov/EDD/WebForms/BRFSSstate.aspx
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% by December 2020:

- Primary care: from 45 to 43
- Dental: from 61 to 59
- Mental health: from 26 to 25

<table>
<thead>
<tr>
<th>Status</th>
<th>Objective</th>
<th>Results</th>
<th>Health determinant</th>
</tr>
</thead>
</table>
| ✔️     | Primary care: 43  
Dental care: 59  
Mental health: 25 | Shortage designations lists  
Primary care: 40  
Dental care: 58  
Mental health: 25 | |

Pennsylvania Health Professional Shortage Areas (HPSAs)

![Graph showing the number of designated HPSAs for primary care, dental care, and mental health categories.](Source: HRSA)

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

<table>
<thead>
<tr>
<th>Lead organization</th>
<th>2019-2020 Achievements</th>
<th>Priority issue</th>
<th>Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division of Health Professions Development, Pennsylvania Department of Health</td>
<td>Nine primary care residency slots are being supported through a grant with the Pennsylvania Academy of Family Physicians, which is the same as last year.</td>
<td>Access to care</td>
<td>Health</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Lead organization</th>
<th>2019-2020 Achievements</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Pennsylvania Association of Community Health Centers</td>
<td>From July 2019 through June 2020, the Pennsylvania Association of Community Health Centers placed primary care providers in community health centers through its Primary Care Career Center jobs program: 4 family medicine, 8 nurse practitioners, 1 nurse, 1 psychiatrist, 1 psychiatric nurse practitioner, 1 pediatrician, 1 nephrologist, 1 general surgeon, 7 dentists, and 2 dental hygienists.</td>
<td>Access to care</td>
<td>Health</td>
</tr>
</tbody>
</table>

[13] Federally Designated Underserved Areas  
https://www.health.pa.gov/topics/Health-Planning/Pages/Underserved-Areas.aspx
### Strategy 1.1.3 Develop new models and expand on emerging models of health care workforce.

<table>
<thead>
<tr>
<th>Lead organization</th>
<th>2019-2020 Achievements</th>
<th>Priority issue</th>
<th>Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>PA Academy of Family Physicians</td>
<td>No reported activities during this year</td>
<td>Access to care Preventive care</td>
<td></td>
</tr>
</tbody>
</table>
Goal 2: Increase the number of Pennsylvania residents receiving preventive health care services.

Objective 2.1: Increase the number of providers participating in the Pennsylvania Patient and Provider Network

Strategy 2.1.2 Increase the number of providers participating in the Pennsylvania Patient and Provider Network (P3N) through a health information organization (HIO) by 15% by September 2021.

<table>
<thead>
<tr>
<th>Lead organization</th>
<th>2019-2020 Achievements</th>
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<th>Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pennsylvania eHealth Partnership</td>
<td>There are 128 hospitals, 202 long-term care and post-acute care facilities, and 852 physician practices and other providers connected to the P3N through HIOs.</td>
<td>Access to care</td>
<td></td>
</tr>
</tbody>
</table>

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 42.5% in FFY 2014 to 47% by December 2020.

<table>
<thead>
<tr>
<th>Status</th>
<th>Objective</th>
<th>Results</th>
<th>Health Determinant</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>47% by 2020</td>
<td>46.8% in fiscal year 2019&lt;sup&gt;14&lt;/sup&gt;</td>
<td></td>
</tr>
</tbody>
</table>

Dental Visits for Pennsylvania Youth Ages 1 to 20 Years Old, Enrolled in Medicaid With at Least 90 Days of Continuous Eligibility

<table>
<thead>
<tr>
<th>Year</th>
<th>Total eligibles receiving any dental services</th>
<th>Total eligibles receiving preventive dental services</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>42.5%</td>
<td>46.8%</td>
</tr>
<tr>
<td>2015</td>
<td>44.4%</td>
<td>48.7%</td>
</tr>
<tr>
<td>2016</td>
<td>46.1%</td>
<td>50.3%</td>
</tr>
<tr>
<td>2017</td>
<td>46.6%</td>
<td>50.8%</td>
</tr>
<tr>
<td>2018</td>
<td>47.3%</td>
<td>51.5%</td>
</tr>
<tr>
<td>2019</td>
<td>46.8%</td>
<td>52.0%</td>
</tr>
</tbody>
</table>

Source: Medicaid Early and Periodic Screening, Diagnostic, and Treatment FY2019 data

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

<table>
<thead>
<tr>
<th>Lead organization</th>
<th>2019-2020 Achievements</th>
<th>Priority issue</th>
<th>Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pennsylvania Coalition for Oral Health</td>
<td>Provider organizations are actively working in schools to provide primary oral health services. These include health systems, community organizations, and school districts utilizing certified school dental hygienists.</td>
<td>Access to care</td>
<td>Preventive care</td>
</tr>
</tbody>
</table>

Goal 3: Improve health literacy (ie, 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.**

<table>
<thead>
<tr>
<th>Status</th>
<th>Objective</th>
<th>Results</th>
<th>Health determinant</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔️</td>
<td>Establish a method of determining the health literacy of Pennsylvania residents by December 2020.</td>
<td>The BRFSS health literacy module was included in the 2016 survey in Pennsylvania.</td>
<td>🌟</td>
</tr>
</tbody>
</table>

**Percent of Pennsylvania Adults Indicating Somewhat or Very Easy to Understand Information From Doctors, Nurses, or Other Health Professionals, 2016**

<table>
<thead>
<tr>
<th>Income level</th>
<th>≥ $75,000</th>
<th>$50,000-74,999</th>
<th>$25,000-49,999</th>
<th>$15,000-24,999</th>
<th>&lt; $15,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Source: BRFSS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Education</th>
<th>College Degree</th>
<th>Some College</th>
<th>High School</th>
<th>&lt; High School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Source: BRFSS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age group</th>
<th>≥ 65</th>
<th>45-64</th>
<th>30-44</th>
<th>18-29</th>
</tr>
</thead>
<tbody>
<tr>
<td>Source: BRFSS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sex</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Source: BRFSS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Lead organization</th>
<th>2019-2020 Achievements</th>
<th>Priority issue</th>
<th>Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bureau of Health Promotion and Risk Reduction, Pennsylvania Department of Health</td>
<td>No reported activities during this year</td>
<td>Health literacy</td>
<td>🌟</td>
</tr>
</tbody>
</table>

16 Pennsylvania BRFSS
https://www.phaim1.health.pa.gov/EDD/WebForms/BRFSSstate.aspx
### Strategy 3.1.3 Increase capacity of health care providers in Pennsylvania to communicate clearly with patients.

<table>
<thead>
<tr>
<th>Lead organization</th>
<th>2019-2020 Achievements</th>
<th>Priority issue</th>
<th>Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bureau of Health Promotion and Risk Reduction, Pennsylvania Department of Health</td>
<td>No reported activities during this year</td>
<td>Health literacy</td>
<td></td>
</tr>
</tbody>
</table>
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 in order 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 percentage of adults 18 or older with any mental health illness who received treatment or counseling from 46.7% in 2009-2013 to 51% by December 2020.

<table>
<thead>
<tr>
<th>Status</th>
<th>Objective</th>
<th>Results</th>
<th>Health determinant</th>
</tr>
</thead>
<tbody>
<tr>
<td>+</td>
<td>Increase from 46.7% to 51.0%</td>
<td>47.6% in 2017–2019&lt;sup&gt;16&lt;/sup&gt;</td>
<td>Behavioral health</td>
</tr>
</tbody>
</table>

### Pennsylvania Adults 18 or Older With Any Mental Health Illness Who Received Treatment or Counseling

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009-2013</td>
<td>46.7%</td>
</tr>
<tr>
<td>2011–2015</td>
<td>47.2%</td>
</tr>
<tr>
<td>2013-2017</td>
<td>46.6%</td>
</tr>
<tr>
<td>2017-2019</td>
<td>47.6%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Lead organization</th>
<th>2019-2020 Achievements</th>
<th>Priority issue</th>
<th>Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division of Plan Development, Pennsylvania Department of Health</td>
<td>The SHIP Mental Health and Substance Use Task Force had 51 members in 2017-2018, the same as in 2016-2017.</td>
<td>Health status Behavioral health</td>
<td>![Health status Behavioral health]</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Lead organization</th>
<th>2019-2020 Achievements</th>
<th>Priority issue</th>
<th>Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Care Improvement Foundation (HCIF)</td>
<td>The Health Literacy Coalition website had 540 website subscribers in 2019 compared to 519 at the end of fiscal year 2018.</td>
<td>Health status Behavioral health</td>
<td>![Health status Behavioral health]</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>Lead organization</th>
<th>2019-2020 Achievements</th>
<th>Priority issue</th>
<th>Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office of Operational Excellence, Pennsylvania Department of Health</td>
<td>The SOGI module will be included in the BRFSS in 2021.</td>
<td>Health status Behavioral health</td>
<td>![Health status Behavioral health]</td>
</tr>
</tbody>
</table>

---

<sup>16</sup> Behavioral Health Barometer Pennsylvania, Volume 6, SAMHSA
Objective 1.2: By December 2020:
- Decrease adults who smoke every day from 16.0% in 2013 to 11.3%.
- Decrease adults who smoke some days from 5.7% in 2013 to 4.4%.
- Increase adults who are former smokers from 26% in 2013 to 31.8%.
- Increase adults who have never smoked from 53% in 2013 to 57.6%.

<table>
<thead>
<tr>
<th>Status</th>
<th>Objective</th>
<th>Results</th>
<th>Health determinant</th>
</tr>
</thead>
<tbody>
<tr>
<td>![Green Check]</td>
<td>Decrease adults who smoke every day from 16% in 2013 to 11.3%.</td>
<td>13% in 2019 LCL 12, UCL 14</td>
<td>![Green Check]</td>
</tr>
<tr>
<td>![Green Check]</td>
<td>Decrease adults who smoke some days from 5.7% in 2013 to 4.4%.</td>
<td>4% in 2019 LCL 4, UCL 5</td>
<td>![Green Check]</td>
</tr>
<tr>
<td>![Red Circle]</td>
<td>Increase adults who are former smokers from 26% in 2013 to 31.8%.</td>
<td>26% in 2019 LCL 25, UCL 28</td>
<td>![Red Circle]</td>
</tr>
<tr>
<td>![Green Check]</td>
<td>Increase adults who have never smoked from 53% in 2013 to 57.6%.</td>
<td>56% in 2019 LCL 55, UCL 58</td>
<td>![Green Check]</td>
</tr>
</tbody>
</table>

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

**Lead organization**: Division of Tobacco Prevention and Control, Pennsylvania Department of Health

**2019-2020 Achievements**: The department supported Tobacco Free Kids initiatives. High school smoking rates in 2020 are: students who smoke 6.6% (PA), 4.6% (US) and students who use e-cigarettes 24.4% (PA), 19.6% (US).17

**Priority issue**: Health status

**Sector**: Behavioral health

![Map of Pennsylvania]

### Strategy 1.2.3 Reduce the use of e-cigarettes or other electronic “vaping” through education programs.

**Lead organization**: Division of Tobacco Prevention and Control, Pennsylvania Department of Health

**2019-2020 Achievements**: No reported activities during this year

**Priority issue**: Health status

**Sector**: Behavioral health

---

17 Campaign for Tobacco-Free Kids
https://www.tobaccofreekids.org/problem/toll-us/pennsylvania
Objective 1.3: For Pennsylvania adults and adolescents, decrease rate of deaths due to substance use from 16.8 per 100,000 in 2013 to 15.4 per 100,000 by December 2020.*

<table>
<thead>
<tr>
<th>Status</th>
<th>Objective</th>
<th>Results</th>
<th>Health determinant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decrease rate of deaths due to substance use from 16.8 per 100,000 in 2013 to 15.4 per 100,000 deaths</td>
<td>32.0 per 100,000 drug and alcohol poisonings listed as cause of death in 2019(^\text{18})</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Pennsylvania Underlying Cause of Death Accidental Drug Poisoning (X40-X44) Accidental Poisoning by and Exposure to Alcohol (X45)

![Graph showing the decrease in deaths due to substance use from 2013 to 2019.](16.8 19.2 23.3 33.3 39.3 32.0 32.0)

*The measure for this objective was changed in 2017 to use UCOD X-40-X44 and X45 rather than “Accidental poisoning and exposure to noxious substances.” The revised baseline is 16.8 per 100,000 in 2013 crude death rate.

---

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

<table>
<thead>
<tr>
<th>Lead organization</th>
<th>2019-2020 Achievements</th>
<th>Priority issue</th>
<th>Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pennsylvania Department of Drug and Alcohol Programs</td>
<td>Calls to the Get Help Now Intake Hotline starting the beginning of the week of 7/1/19 through the week of 6/29/20 averaged 267 calls per week, with 55% resulting in intakes by individuals seeking treatment. In 2018-2019, there was an average of 309 calls per week, with 48% resulting in intakes.(^\text{19})</td>
<td>Health status Behavioral health</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Lead organization</th>
<th>2019-2020 Achievements</th>
<th>Priority issue</th>
<th>Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pennsylvania Department of Health, Prescription Drug Monitoring Program</td>
<td>The Safe and Effective Prescribing Practices Task Force has published 14 opioid prescribing guidelines. This is 2 additional guidelines from last year.(^\text{20})</td>
<td>Health status Behavioral health</td>
<td></td>
</tr>
</tbody>
</table>

---

\(^\text{18}\) Pa. Office of Administration, Health and Human Services Delivery Center, Statistical Support for the Department of Drug and Alcohol Programs

\(^\text{19}\) Drug and Alcohol Treatment Get Help Now Intake Hotline November 2016 - Current Statewide Drug and Alcohol Programs


https://www.health.pa.gov/topics/disease/Opioids/Pages/Prescribing-Guidelines.aspx
Objective 1.4: Reduce the rate of suicides from 12.1 per 100,000 in 2012 to 10.9 per 100,000 in December 2020.

<table>
<thead>
<tr>
<th>Status</th>
<th>Objective</th>
<th>Results</th>
<th>Health determinant</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10.9 per 100,000 in December 2020</td>
<td>14.9 suicides listed as cause of death per 100,000 population in 2018(^{21})</td>
<td>![Heart Icon]</td>
</tr>
</tbody>
</table>

Percent Pennsylvania Adults Death Due to Suicide (Intentional Self-harm)

![Graph showing the percentage of Pennsylvania adults who died by suicide from 2012 to 2018. The target is 10.9%.](image)

Source: BRFSS

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

<table>
<thead>
<tr>
<th>Lead organization</th>
<th>2019-2020 Achievements</th>
<th>Priority issue</th>
<th>Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pennsylvania Department of Human Services</td>
<td>No reported activities</td>
<td>Health status Behavioral health</td>
<td>![Government Building]</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Lead organization</th>
<th>2019-2020 Achievements</th>
<th>Priority issue</th>
<th>Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pennsylvania Department of Human Services</td>
<td>No reported activities during this year</td>
<td>Health status Behavioral health</td>
<td>![Government Building]</td>
</tr>
</tbody>
</table>

---

\(^{21}\) Pennsylvania Death Certificate Dataset

https://www.phaim1.health.pa.gov/EDD/WebForms/DeathCntySt.aspx
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 46.7% in 2009-2013 to 54.7% by December 2020, plus a 20% increase in enrollment in substance use treatment by December 2020 and an increase from 57,687* enrollees in 2013 to 69,260.

<table>
<thead>
<tr>
<th>Status</th>
<th>Objective</th>
<th>Results</th>
<th>Health Determinant</th>
</tr>
</thead>
<tbody>
<tr>
<td>✨</td>
<td>Increase the number of treatments for any mental illness (AMI) from 46.7% in 2009-2013 to 54.7% by December 2020, plus a 20% increase in enrollment in substance use treatment by December 2020, and an increase from 57,715 enrollees in 2013 to 69,260.</td>
<td>During 2017–2019, the annual average prevalence of past-year mental health service use among those with AMI in Pennsylvania was 47.6%. A single day count of individuals enrolled in substance use treatment in Pennsylvania in 2019 was 66,969, a 16.1% increase from 2013 (46.6% of the total population in 2013–2017).</td>
<td><img src="image" alt="Heart" /> <img src="image" alt="Drugs" /></td>
</tr>
</tbody>
</table>

**Pennsylvania Number of Individuals Enrolled in Substance Use Treatment, Single-Day Counts**

<table>
<thead>
<tr>
<th>Year</th>
<th>Individuals enrolled in substance use treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>57,687</td>
</tr>
<tr>
<td>2014</td>
<td>No data</td>
</tr>
<tr>
<td>2015</td>
<td>59,584</td>
</tr>
<tr>
<td>2016</td>
<td>58,534</td>
</tr>
<tr>
<td>2017</td>
<td>64,303</td>
</tr>
<tr>
<td>2018</td>
<td>No data</td>
</tr>
<tr>
<td>2019</td>
<td>66,969</td>
</tr>
</tbody>
</table>

*Number updated from most recent SAMHSA figures.
**SAMHSA did not collect data for 2014.

---

Appendix A

2019-2020 SHIP Leadership

OPIN Co-Chairs:
Tiffany Bransteitter, Obesity Prevention and Wellness Section Chief, Pennsylvania Department of Health
Anthony Fabricatore, Ph.D., Medical Liaison, Novo Nordisk, Inc.

PCPS Co-Chairs:
Ed Naugle, PhD, Director, Bureau of Health Planning, Division of Health Professions Development, Pennsylvania Department of Health
Betsy Snook, M.Ed., RN, Chief Executive Officer, Pennsylvania State Nurses Association

MHSU Co-Chairs:
Matthew Hurford, M.D., Vice President of Medical Affairs, Community Care Behavioral Health
Sharon Larson, PhD, Executive Director, Center for Population Health Research, Lankenau Institute for Medical Research

Pennsylvania Department of Health staff:
Janet Bargh, Public Health Program Director, Health Plans Development, Pennsylvania Department of Health
Brian Lentes, Director, Office of Operational Excellence, Pennsylvania Department of Health
Mark Milliron, Public Health Program Administrator, Health Plans Development, Pennsylvania Department of Health
Appendix B

2019-2020 Obesity, Physical Inactivity and Nutrition Task Force

Tina Amato, Nutrition and Physical Activity Manager, Allentown Health Bureau
Ashleigh Aviles, Senior Project Manager, Latino Connection
Janet Bargh, Division Director, Division of Health Plans Development, Pennsylvania Department of Health
Anne Berry, Associate Director, State Government Affairs, Novo Nordisk, Inc.
Kristen Bishop, Health Facility Quality Examiner, Bureau of Community Program Licensure and Certification, Pennsylvania Department of Health
Melissa Bopp, Coordinator, Exercise is Medicine on Campus, Department of Kinesiology, Pennsylvania State University
Chinenye Boyer, Vaccines for Children Public Health Program Assistant Administrator, Pennsylvania Department of Health
Tiffany Bransteitter, Obesity Prevention and Wellness Section Chief, Pennsylvania Department of Health
Brenda Buescher, Health Promotion Specialist, Penn Medicine Lancaster General Health
Cheryl Bumgardner, Manager, Clinical and Quality Improvement, Pennsylvania Association of Community Health Centers
Justin Dula, Regional Coordinator, Pennsylvania Department of Environmental Protection
Jen Ebersole, Director of State Government Affairs, Alzheimer's Association
Jennifer Edmondson, Public Health Nutrition Consultant, Pennsylvania Department of Education
Jeanne Elberfeld, Schuylkill County’s VISION
Anthony Fabricatore, Ph.D., Medical Liaison, Novo Nordisk, Inc.
George Fernandez, CEO Latino Connection
Amy Flaherty, Public Health Program Director, Division of Nutrition and Physical Activity, Pennsylvania Department of Health
Serena Gaston, Executive Director, Pennsylvania Nutrition Education Network
Roy Gothie, PennDOT
Megan Greevy, Liaison, Pennsylvania Academy of Nutrition and Dietetics
Lori Gutierrez, Executive Policy Specialist, Policy Office, Pennsylvania Department of Health
Hannah Hardy, Program Manager, Chronic Disease Prevention Program Allegheny County Health Department
Marilyn Howarth, MD, Center of Excellence in Environmental Toxicology, Perelman School of Medicine, University of Pennsylvania
Susan Jacobs, Executive Director of Healthy Living, Harrisburg Area YMCA
David John, Pennsylvania State Alliance of State YMCAs
Linda Johns, Wellness Nurse, Devereux Children’s Behavioral Health Center
Whitney Sipe, Public Health Program Administrator, Bureau of Health Promotion and Risk Reduction, Pennsylvania Department of Health
Diane Kripas, Division Chief, Bureau of Recreation and Conservation, Department of Conservation and Natural Resources
Ted Kyle, Vice-Chair, Obesity Coalition and Founder, ConscienHealth, Obesity Action Coalition
Brian Lentes, Director, Office of Operational Excellence, Pennsylvania Department of Health
Caryn Long Earl, Director, Bureau of Food Distribution, Pennsylvania Department of Agriculture
Emma Lowe, Special Assistant to the Secretary, Pennsylvania Department of Transportation
Marshal Ma, PhD, Epidemiologist, Health Promotion and Risk Reduction, Pennsylvania Department of Health
Vicki March, M.D., Bariatric Medicine, Obesity Medicine, UPMC
Megan Maurer, Senior Program Director, Harrisburg Area YMCA
Mark Milliron, Public Health Program Administrator, Division of Health Plans Development, Pennsylvania Department of Health
Jeannie Morris, Associate Director Government Relations, Lehigh University
Ursula Nwabueze, Professor of Nursing, Wilkes University
David O’Gurek, MD, Board Chair, Pennsylvania Academy of Family Physicians
Samantha Pierpoint, Communications and Community Engagement Coordinator Pennsylvania Chapter of the American Academy of Pediatrics
Carol Reichbaum, Senior Project Coordinator, Center for Public Health Practice
Geoffrey Roche, Executive Director, Strategic Healthcare Initiatives, Harrisburg University of Science and Technology
Eric Rothermel, Program Director, Harrisburg Area YMCA
Robin Rothermel, Pennsylvania Medical Society
Kristen Rotz, President, United Way of Pennsylvania
David Saunders, Director, Office of Health Equity, Pennsylvania Department of Health
Shakila Shah, Refugee Health Promotion Coordinator, Pennsylvania Department of Human Services
Nicholas Slotterback, Health and Physical Education Advisor, Bureau of Assessment and Accountability, Pennsylvania Department of Education
Gail Snyder, Director of Community Reporting, Penn State Health
Ann Spottswood, Director of Community Services, Summit Health
Hollie Stevenson, Vice President Affiliate & Government Relations, Dental Lifeline Network
Janine Strick, Nursing Services Consultant, Division of Immunizations, Pennsylvania Department of Health
Amy Szydłowski, District Executive Director, Northeast District, Pennsylvania Department of Health
Eileen Thompson, Program Director, PA MHI, Pennsylvania Chapter of the American Academy of Pediatrics
Verlyn Warrington, MD, Obesity Medicine Association
Emily Watts, Executive Policy Specialist, PennDOT
Laurie Weinreb-Welch, Extension Educator, Penn State Extension
Appendix C

2019-2020 Primary Care and Preventive Services Task Force

Chris Alichnie, Past President, Pennsylvania State Nurses Association
Jane Astle, Assistant Dean, Duquesne University School of Pharmacy
Janet Bargh, Division Director, Division of Health Plans Development, Pennsylvania Department of Health
Anne Berry, Associate Director, State Government Affairs, Novo Nordisk, Inc.
Adam Bingnear, Public Health Program Administrator, Bureau of Communicable Diseases, Pennsylvania Department of Health
Kristen Bishop, Health Facility Quality Examiner, Bureau of Community Program Licensure and Certification, Pennsylvania Department of Health
Bridget Calhoun, Pennsylvania Society of Physician Assistants
Cindi Christ, Chief Operations Officer, Pennsylvania Association of Community Health Centers
Martin Cicconioppo, Executive Director, Pennsylvania eHealth Partnership Authority, Pennsylvania Department of Health
Tracey Conti, MD, President, Pennsylvania Academy of Family Physicians
Michelle Cooper, Health Education Specialist, Pennsylvania Coalition Against Domestic Violence
Susan Cosgrove, Project Manager, Health Care Improvement Foundation
Susan DeSantis, Board Administrator, Pennsylvania Society of Physician Assistants
Jen Ebersole, Director of State Government Affairs, Alzheimer's Association
Jeanne Elberfeld, Schuylkill County’s VISION
George Fernandez, CEO, Latino Connection
Cindy Findley, Director Division of Immunizations, Bureau of Communicable Diseases, Pennsylvania Department of Health
Tim Golightly, Public Health Program Administrator, Bureau of Health Promotion and Risk Reduction, Pennsylvania Department of Health
Tracie Gray, Director, Life, Accident and Health Insurance, Pennsylvania Insurance Department
Stacey Gustin, Community Health Nurse, Bureau of Family Health, Pennsylvania Department of Health
Helen Hawkey, Executive Director, Pennsylvania Coalition for Oral Health
Marilyn Howarth, MD, Center of Excellence in Environmental Toxicology, Perelman School of Medicine, University of Pennsylvania
Whitney Sipe, Public Health Program Administrator, Bureau of Health Promotion and Risk Reduction, Pennsylvania Department of Health
Rebecca Kishbaugh, Director, Division of Cancer, Bureau of Health Promotion and Risk Reduction, Pennsylvania Department of Health
Brian Lentes, Director Office of Operational Excellence, Pennsylvania Department of Health
Jan Miller, Public Health Program Administrator, Bureau of Health Promotion and Risk Reduction, Pennsylvania Department of Health
Mark Milliron, Public Health Program Administrator, Division of Health Plans Development, Pennsylvania Department of Health
Jeannie Morris, Associate Director Government Relations, Lehigh University
Ed Naugle, Director, Bureau of Health Planning, Division of Health Professions Development, Pennsylvania Department of Health
Ursula Nwabueze, Professor of Nursing, Wilkes University
Geoffrey Roche, Executive Director, Strategic Healthcare Initiatives, Harrisburg University of Science and Technology
Robin Rothermel, Pennsylvania Medical Society
Kristen Rotz, President, United Way of Pennsylvania
David Saunders, Director Office of Health Equity, Pennsylvania Department of Health
Robert Shipp, III, Vice President, Population Health Strategies, Hospital & Healthsystem Association of Pennsylvania
Betsy Snook, CEO, Pennsylvania State Nursing Association
Hollie Stevenson, Vice President Affiliate & Government Relations, Dental Lifeline Network
Molly Talley, Director, Resident & Student Initiatives, Pennsylvania Academy of Family Physicians
Ashley Visco, Community Heath Director, Penn State Health
Amy Williams, Program Specialist for Behavioral Health and Substance Use Disorder, Pennsylvania Association of Community Health Centers
Amy Wishner, Program Director, Pennsylvania Chapter, American Academy of Pediatrics
Brian Wright, Director, Bureau of Information Technology, Division of Health Informatics, Pennsylvania Department of Health
Appendix D

2019-2019 Mental Health and Substance Use Task Force

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