

Pennsylvania State Health Improvement Plan

Annual Report

Fiscal Year 2020-2021

February 2022



pennsylvania
DEPARTMENT OF HEALTH

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Pennsylvania State Health Improvement Plan
2020-2021 Annual Report
February 2022
Office of Operational Excellence

Executive Summary

Introduction

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 major and interrelated initiatives: the State Health Assessment (SHA) and the State Health Improvement Plan (SHIP). The SHA identifies population health priorities and the populations most impacted by major health issues.

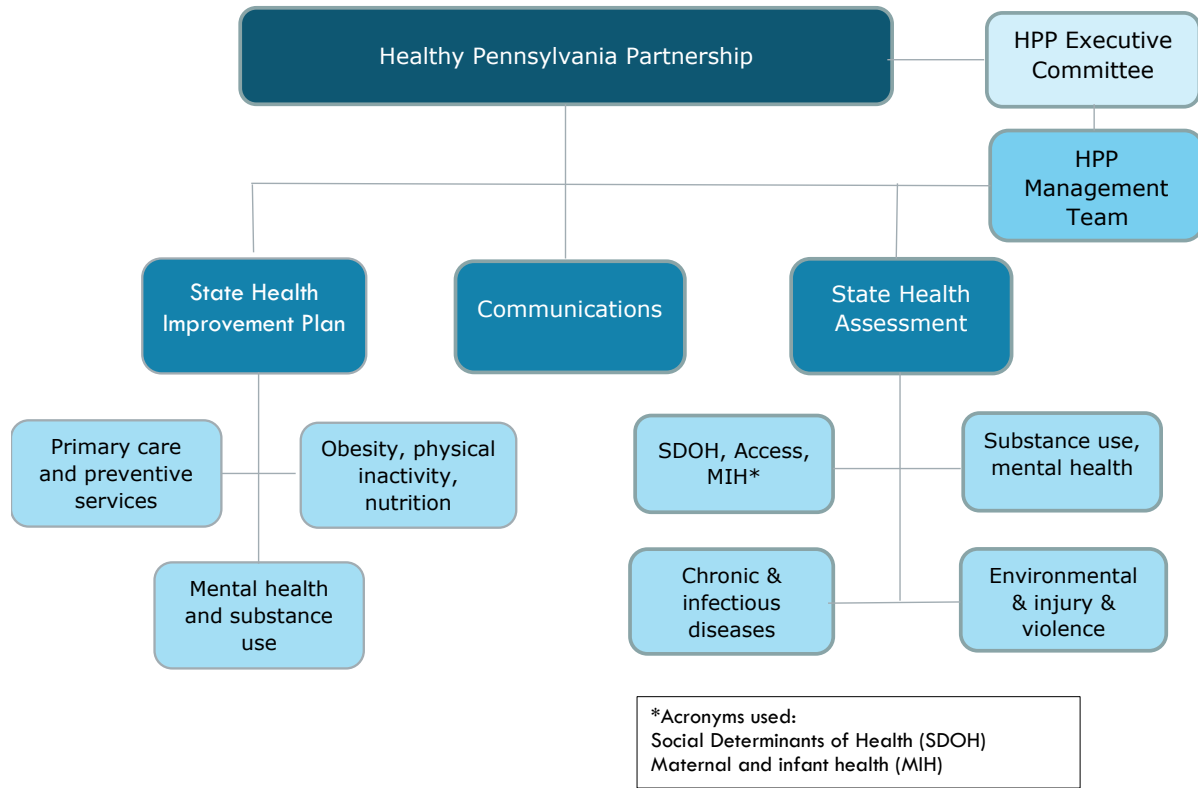
The [State Health Improvement Plan](#) (SHIP), based on the SHA, is a five-year strategic plan developed by the Pennsylvania Department of Health (DOH) in collaboration with the HPP. The purpose of the SHIP is to describe how the health department and the community it serves will work together to improve the health of the Pennsylvania population. The community, stakeholders, and partners can use this health improvement plan to set priorities, direct the use of resources, and develop and implement projects, programs, and policies. Implementation of the plan began with its release in May 2016.

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. For each SHIP priority, strategies, the target populations, collaborators, targets, and data sources are identified. Across these priority areas are cross-cutting themes that are key to implementing the strategies: health literacy, the public health system, health equity, social determinants of health, and integration of primary care and mental health.

During the past year, three task forces have implemented and promoted the strategic initiatives. This annual report documents progress toward the goals and the implementation of strategies. 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.

This report provides the health outcome measures identified in the SHIP, and implementation and progress made on strategic initiatives. It is presented to stakeholders and the public, so they may know how the commonwealth is performing on the priority issues and can prioritize 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 Healthy Pennsylvania Partnership, the Statewide Health Assessment, and regional stakeholders.



Priority issues, goals and objectives

The SHIP¹ 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:

Health Priority 1: Obesity, physical inactivity, and nutrition
Health Priority 2: Primary care and preventive services
Health Priority 3: Mental health and substance use

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.

¹ Pa. Department of Health (2016), State Health Improvement Plan 2015-2020.
https://www.health.pa.gov/topics/Documents/SHIP/2015-2020_PA_SHIP.pdf

SHIP Goals and Objectives

Several goals and objectives have been completed from the previous year or had no lead sponsor. Only those that were active are included in this report.

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.

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.

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 2.3: 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 (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.

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.

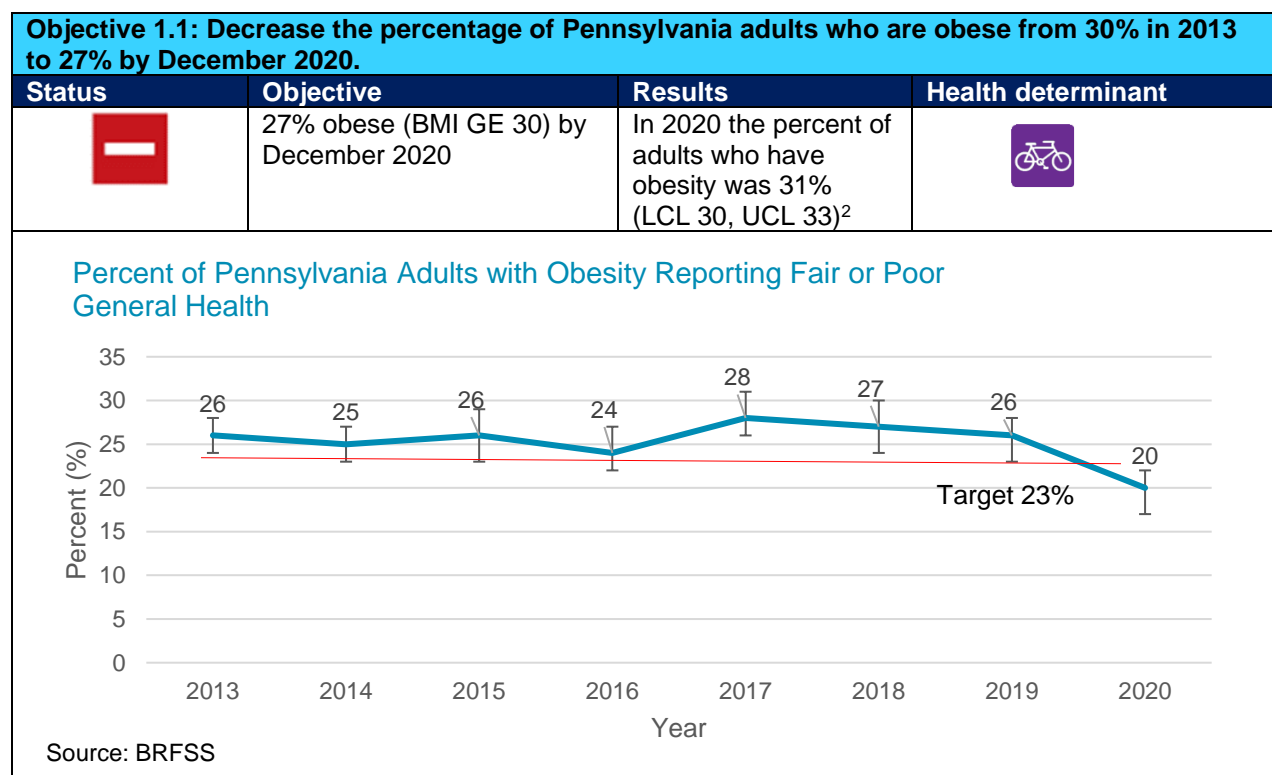
In this report, these symbols are used to indicate the health determinants that the objectives target and the status indicating if an objective has been achieved, made progress, seen no change, or experienced a negative trend. The sector indicators identify where strategies and activities are being implemented.

Health determinants		Public health priority issues	Sector indicators	
Healthy eating 	Substance-free living 	Overweight/obesity Health status Physical activity Access to care Preventive care Health literacy Behavioral health	Community 	Health care 
Active living 	Linkages to care 		Education 	Policy 
Status indicators				
	Objectives that have been achieved are marked in the status column with a check.			
	Objectives making progress are marked in the status column with a plus.			
	Objectives where there has been no progress are marked in the status column with a zero.			
	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.






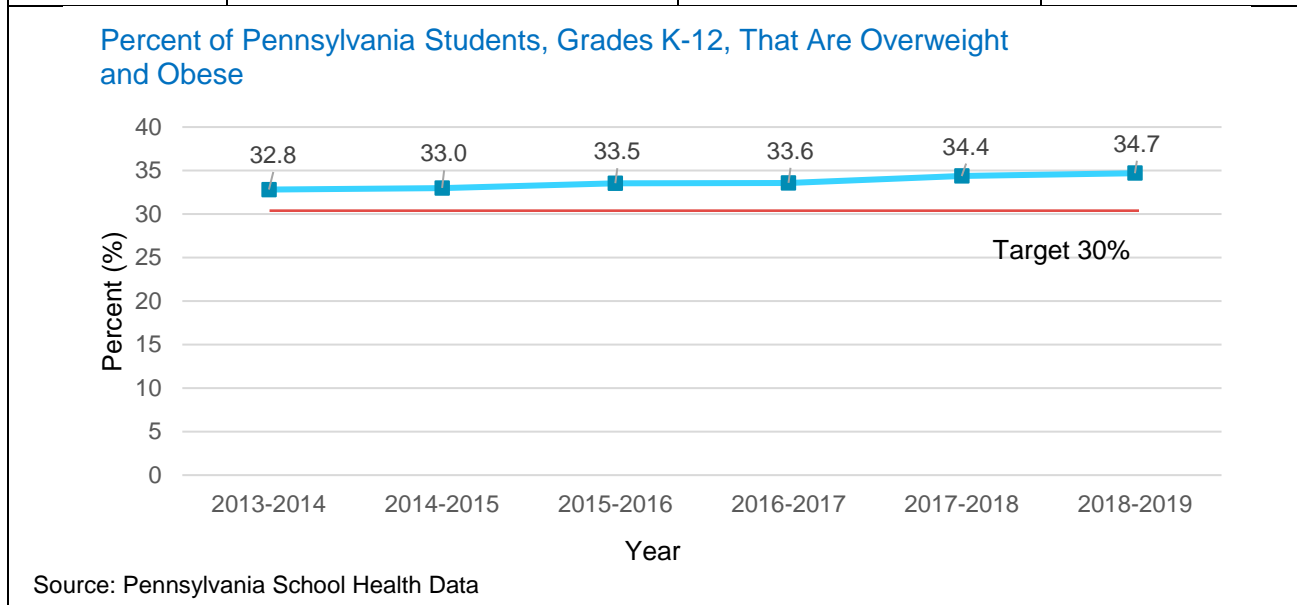
Strategy 1.1.1 Collaborate with insurance companies to include in insurance plans evidence-based services for wellness and prevention programs (eg, weight management, nutrition counseling, gym membership, and healthy living programs) provided by licensed qualified individuals and organizations.

Lead organization	2020-2021 Achievements	Priority issue	Sector
Division of Nutrition and Physical Activity, Pennsylvania Department of Health	About 3.5 million adults are at risk for type 2 diabetes. In collaboration with tobacco regional primary contractors, the Health Promotion Council, and the Pennsylvania Pharmacists Association, the department has promoted registration of diabetes prevention programs (DPP) and the utilization of the DPPs recognized as listed by the Centers for Disease Control and Prevention (CDC). There has been a 18%	Overweight / obesity	

² Pennsylvania Department of Health. Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS). Retrieved from: <https://www.phaim1.health.pa.gov/EDD/WebForms/BRFSSstate.aspx>

	increase in number of CDC-recognized organizations from 90 to 106.		
Strategy 1.1.3 Develop a process for identifying community resources so that providers (eg, health care, educational, religious) can provide adults and children with individualized referrals to resources for healthy eating and activity choices.			
Lead organization	2020-2021 Achievements	Priority issue	Sector
United Way of Pennsylvania	A project was implemented with Pennsylvania 211 to increase organizations providing OPIN related services listed in the 211 database. A total of 473 OPIN organizations were listed as of June 30, 2020. As of June 30, 2021 there were 1,437 OPIN organizations registered in the Pennsylvania 211 database. ³	Overweight/obesity Physical activity	 




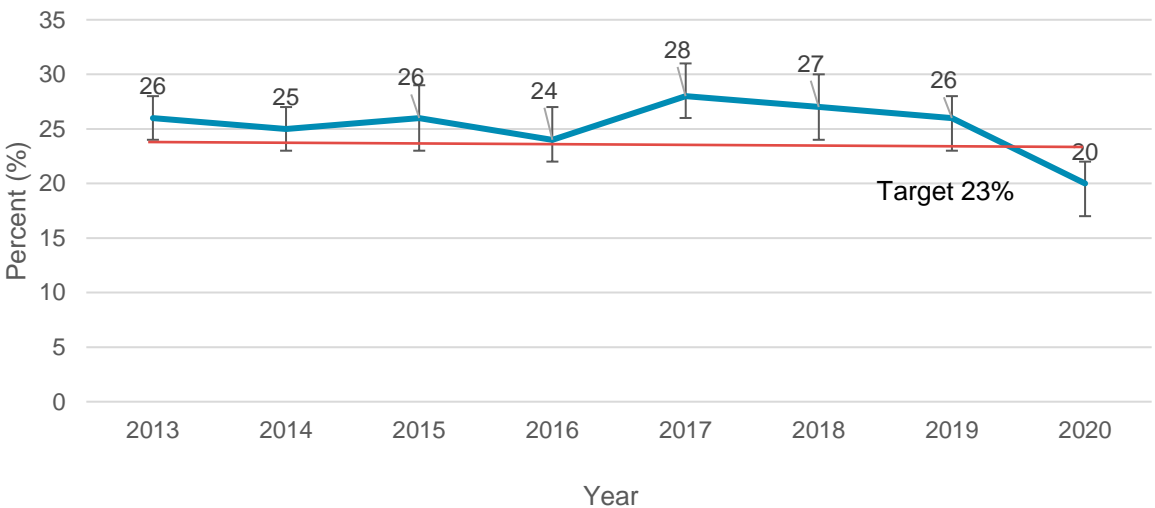
Objective 1.2: Decrease the percentage of Pennsylvania youth that are overweight or obese from 33% in 2013-14 school year to 30% December 2020.*			
Status	Objective	Results	Health determinant
	30% overweight or obese by December 2020	The 2018-2019 school year results were 34.7% ⁴	 




³ United Way of Pennsylvania, PA 211 Project. Data request, August 16, 2021

⁴ 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>

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.																					
Status	Objective	Results	Health determinant																		
	23% by December 2020	Adults reporting fair or poor general health in 2020 was 20% ⁵	 																		
<p>Percent of Pennsylvania Adults with Obesity Reporting Fair or Poor General Health</p>  <table border="1"> <caption>Data for Percent of Pennsylvania Adults with Obesity Reporting Fair or Poor General Health</caption> <thead> <tr> <th>Year</th> <th>Percent (%)</th> </tr> </thead> <tbody> <tr><td>2013</td><td>26</td></tr> <tr><td>2014</td><td>25</td></tr> <tr><td>2015</td><td>26</td></tr> <tr><td>2016</td><td>24</td></tr> <tr><td>2017</td><td>28</td></tr> <tr><td>2018</td><td>27</td></tr> <tr><td>2019</td><td>26</td></tr> <tr><td>2020</td><td>20</td></tr> </tbody> </table> <p>Source: BRFSS</p>				Year	Percent (%)	2013	26	2014	25	2015	26	2016	24	2017	28	2018	27	2019	26	2020	20
Year	Percent (%)																				
2013	26																				
2014	25																				
2015	26																				
2016	24																				
2017	28																				
2018	27																				
2019	26																				
2020	20																				

Strategy 2.1.2 Remove barriers to evidence-based medical practices for people with severe obesity.			
Lead organization	2020-2021 Achievements	Priority issue	Sector
Obesity Action Coalition	There is legislation in Congress to improve access to obesity medications and diabetes prevention programs which will correct exclusions such as obesity medications and access to dieticians through Medicare. The bill is in the Senate Finance committee. In Pennsylvania HB 293 and SB 782 would provide for the payment of anti-obesity medications and are in committee.	Overweight /obesity	

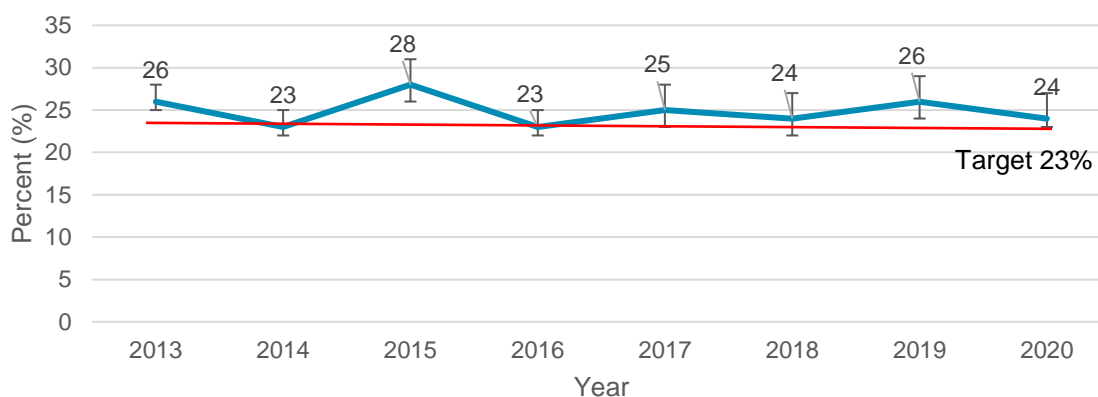
⁵ Pennsylvania Department of Health. Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS). Retrieved from: <https://www.phaim1.health.pa.gov/EDD/WebForms/BRFSSstate.aspx>

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.


Status	Objective	Results	Health determinant
	23% by December 2020	Adults reporting no leisure-time activity in 2020 was 24% (LCL 23, UCL 26). ⁶	

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




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.



Lead organization	2020-2021 Achievements	Priority issue	Sector
Pennsylvania Department of Conservation and Natural Resources	DCNR is continually adding new parks and trail miles to GIS data layers . The local park layer has increased to 6,160 local parks. An additional 38 new parks were added during July 1 through June 30. An additional 553 miles of trails in local parks and nature preserves were added to the trail GIS layer.	Overweight/obesity Physical activity	

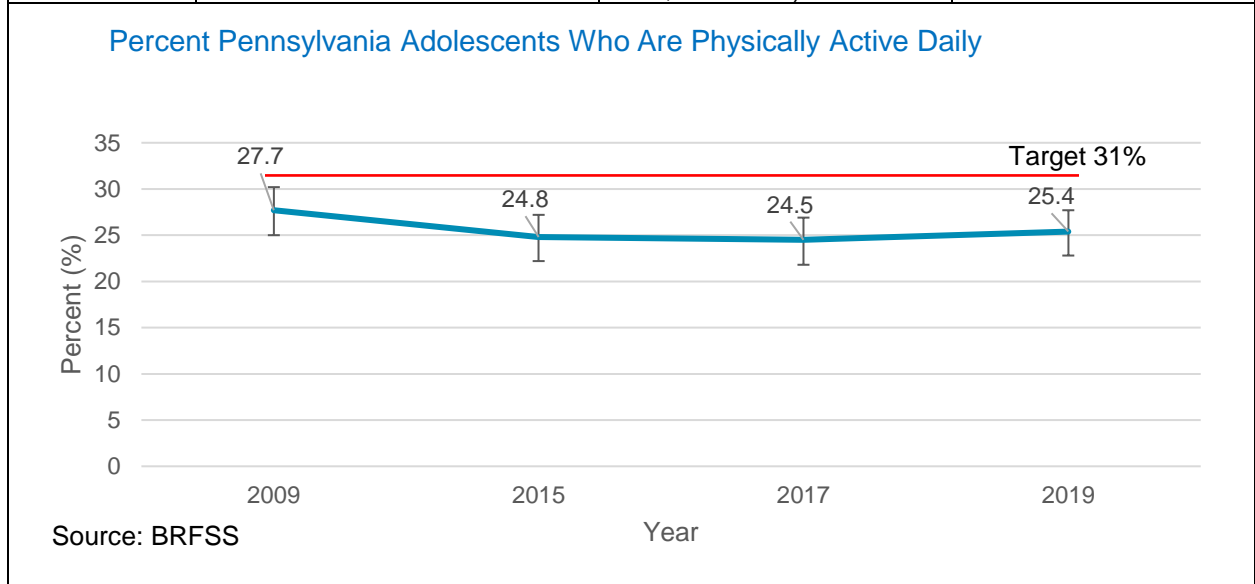
Strategy 3.1.2 Reduce barriers so that every Pennsylvania resident has equal access to local parks, school campuses and facilities, and outdoor recreation opportunities.

Lead organization	2020-2021 Achievements	Priority issue	Sector
Pennsylvania Department of Conservation and Natural Resources	A pilot project is being funded with the Pottstown Health and Wellness Foundation to explore incorporating parks at schools.	Overweight/obesity Physical activity	

⁶ Pennsylvania Department of Health. Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS). Retrieved from: <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.			
Lead organization	2020-2021 Achievements	Priority issue	Sector
PennDOT	During 2020-2021, PennDOT selected 13 projects to encourage walking and bicycling for transportation and recreation through improvements in the built environment. ⁷	Overweight/obesity Physical activity	

Objective 3.2: Increase percentage of Pennsylvania adolescents who are physically active daily from 28% in 2009 to 31% by December 2020.			
Status	Objective	Results	Health determinant
	31% by December 2020	Adolescents who are physically active daily in 2019 was 25.4% (LCL 23.1, UCL 28.0). ⁸	





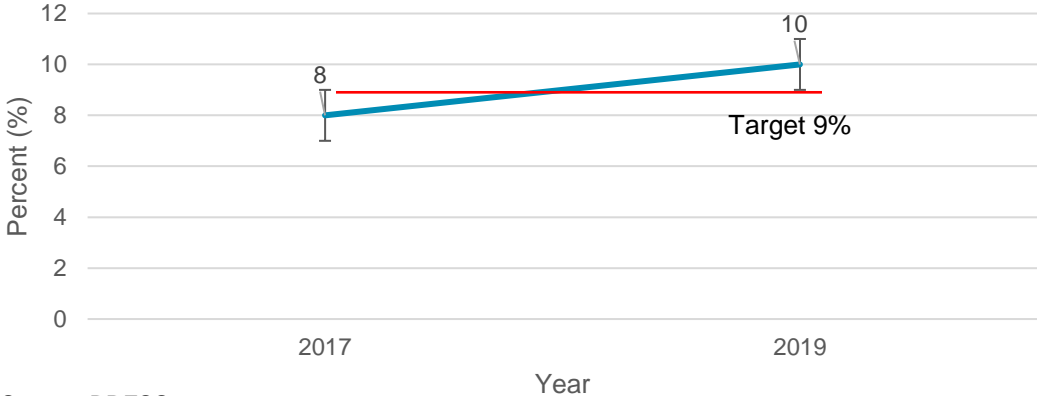
⁷ PennDOT, Data request.

⁸ 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.

Status	Objective	Results	Health determinant
	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). ⁹	
<p>Percent Pennsylvania Adults Consuming 5 Servings of Fruits and Vegetables Daily</p>  <p>Source: BRFSS</p>			

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



Lead organization	2020-2021 Achievements	Priority issue	Sector
Bureau of Health Promotion and Risk Reduction, Pennsylvania Department of Health	There were 226 policy, environmental, and system changes influenced or implemented in the nine of ten county or municipal health departments). Community gardens and farmers markets saw significant increases from the previous year. For produce, 13,352 pounds was grown and distributed in five of the counties/municipalities. One of these saw a 875% increase from the previous year. Summer meals distributed in one municipality increased by 47% from the previous year. Farmers markets saw an increase in sales/produce sold as well as an increase in SNAP transactions. One county saw a 255% increase in transactions and a 384% increase in total sales volume over the pre-pandemic levels in the same quarter of 2019.	Overweight/obesity Physical activity	

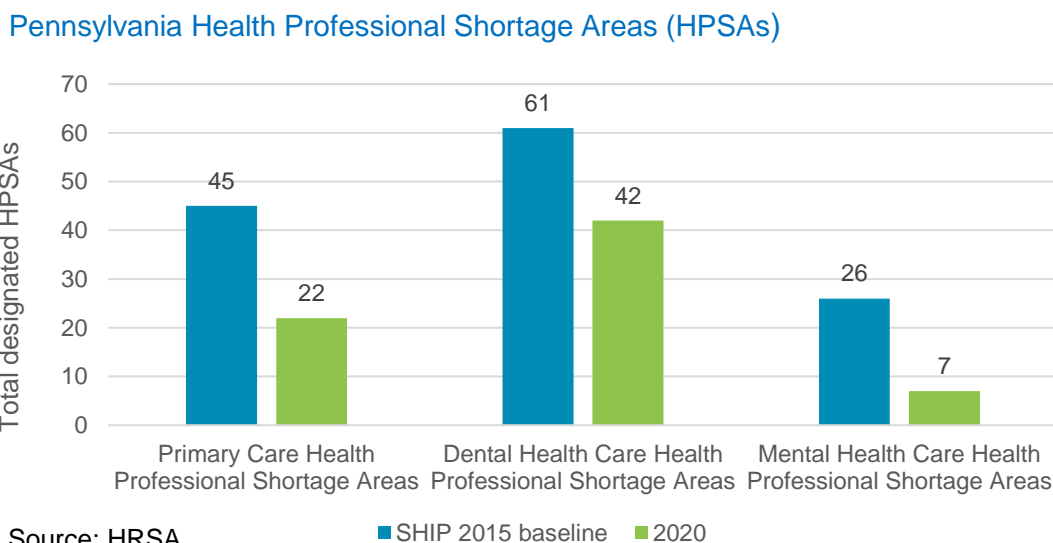
⁹ Pennsylvania Department of Health. Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS). Retrieved from: <https://www.phaim1.health.pa.gov/EDD/WebForms/BRFSSstate.aspx>

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

Status	Objective	Results	Health determinant
	Primary care: 43 Dental care: 59 Mental health: 25	Shortage designations 2020 ¹⁰ Primary care: 22 Dental care: 42 Mental health: 7	





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

Lead organization	2020-2021 Achievements	Priority issue	Sector
Pennsylvania Primary Care Office, Pennsylvania Department of Health	Nine primary care residency slots are being supported through a grant with the Pennsylvania Academy of Family Physicians, the same as last year. In addition, 18 slots have been taken over by health care organizations for a total of 27 slots resulting from the program. These residents are encouraged to practice in rural and medically underserved areas upon graduation.	Access to care preventive care	

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

¹⁰ Federally Designated Underserved Areas
<https://www.health.pa.gov/topics/Health-Planning/Pages/Underserved-Areas.aspx>


Lead organization	2020-2021 Achievements	Priority issue	Sector
Pennsylvania Association of Community Health Centers	From July 2020 through June 2021, the Pennsylvania Association of Community Health Centers placed 19 practitioners. These include three family medicine physicians, three pediatricians, five dentists, five nurse practitioners and certified registered nurse practitioners, one chief operating officer, one physician assistant, and one operations director.	Access to care preventive care	

Strategy 1.1.3 Develop new models and expand on emerging models of health care workforce.			
Lead organization	2020-2021 Achievements	Priority issue	Sector
PA Academy of Family Physicians	A new collaborative group has formed to work on identifying, coordinating, and strengthening the rural primary care physician pipeline. It includes representatives from Pennsylvania Area Health Education Centers, the Pennsylvania Academy of Family Physicians, the Pennsylvania Association of Community Health Centers, the Pennsylvania Office of Rural Health, and representatives from several medical schools, residency programs, college pre-med programs and more. The Department of Health funds the <u>Bridging the Gaps</u> project to expose college, dental, and medical school students to providing services in underserved communities. This impacts primary care resident trainees, medical students, and potentially learners earlier in the pipeline including middle school, high school, undergraduate students. The annual report can be found at this website . The Joint State Commission report on medical student choice is expected to be released in September 2021, bringing clarity and accountability to the primary care output of Pennsylvania medical schools.	Access to care Preventive care	



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

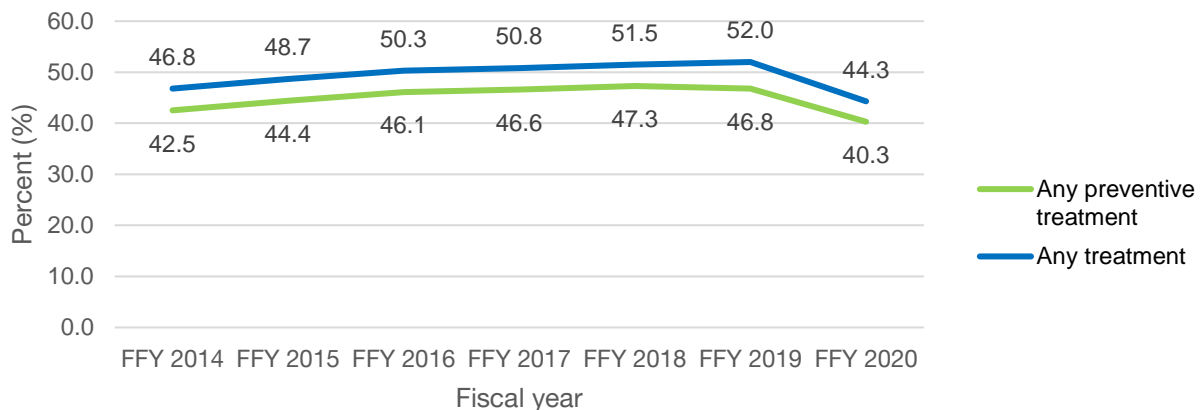
Strategy 2.1.2 Increase the number of providers participating in the Pennsylvania Patient and Provider Network (P3N) through a health information organization (HIO) by 15% by September 2021.

Lead organization	2020-2021 Achievements	Priority issue	Sector
Pennsylvania eHealth Partnership	223 organizations have been onboarded with P3N through fiscal year 2021. There is a new provisional HIO onboarding to P3N. The process was started to onboard Lehigh Valley Network which includes 10 hospitals and ambulatory care centers, and the Delaware Health Network for the purpose of sharing admit, discharge, and transfer notifications.	Access to care	

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.


Status	Objective	Results	Health Determinant
	47% by 2020	40.3% in fiscal year 2020 ¹¹	

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



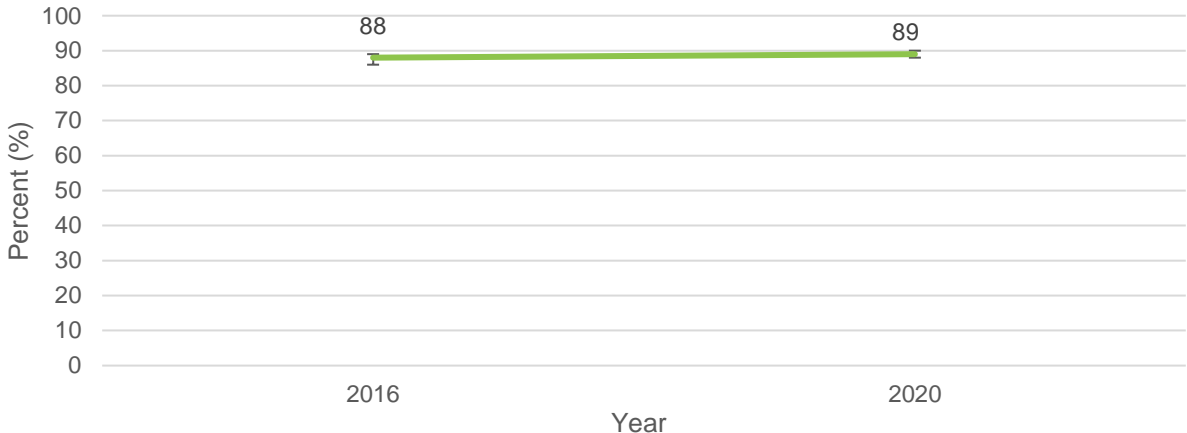


Source: Medicaid Early and Periodic Screening, Diagnostic, and Treatment FY2019 data



¹¹ Medicaid Early and Periodic Screening, Diagnostic, and Treatment FY2020 data <https://www.medicaid.gov/medicaid/benefits/early-and-periodic-screening-diagnostic-and-treatment/index.html>

Strategy 2.3.1 Increase access, utilization, and education of preventive dental services through various modalities.			
Lead organization	2020-2021 Achievements	Priority issue	Sector
Pennsylvania Coalition for Oral Health	Programs are increasing oral health literacy for parents of children enrolled in Medicaid through school programs, YMCA Health Equity Tour, food pantries, WIC programs, and ELRCs. Increasing knowledge and referrals to dental homes by early learning providers and pediatricians.	Access to care Preventive care	

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.

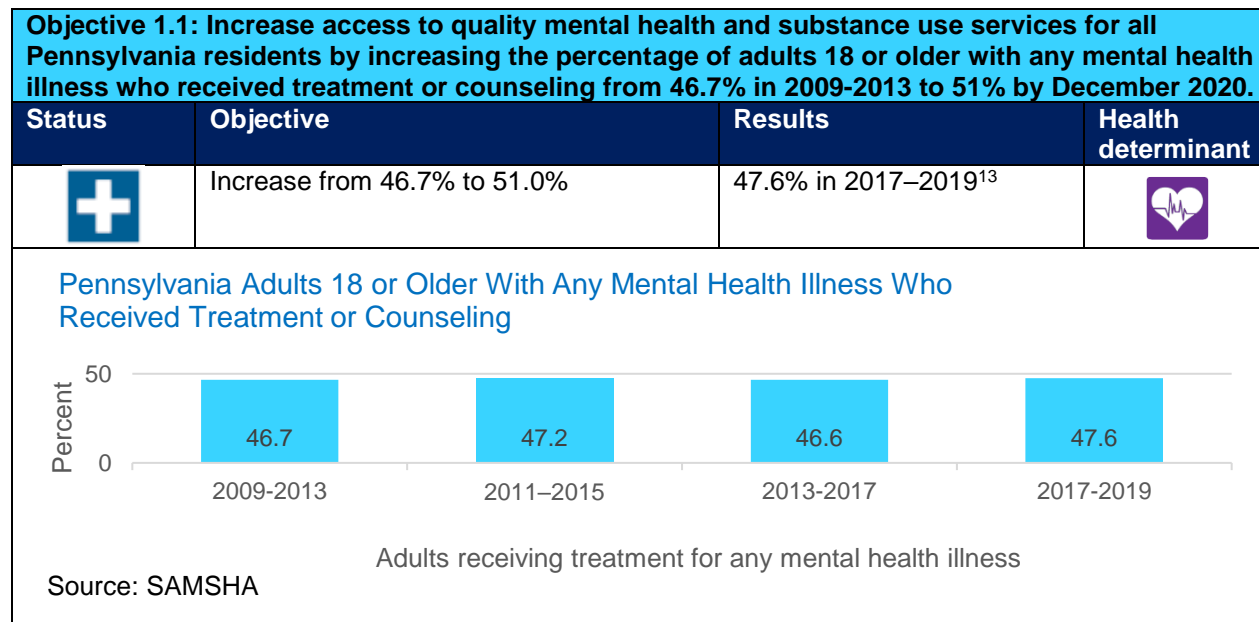
Objective 3.1: Establish a method of determining the health literacy of Pennsylvania residents by December 2020.									
Status	Objective	Results	Health determinant						
	Establish a method of determining the health literacy of Pennsylvania residents by December 2020. ¹²	The BRFSS health literacy module was included in the 2016 and 2020 surveys in Pennsylvania.							
<p>Percent of Pennsylvania Adults Indicating Somewhat or Very Easy to get Needed Advice or Information about Health or Medical Topics, 2016, 2020</p>  <table border="1"> <caption>Data for Health Literacy Bar Chart</caption> <thead> <tr> <th>Year</th> <th>Percent (%)</th> </tr> </thead> <tbody> <tr> <td>2016</td> <td>88</td> </tr> <tr> <td>2020</td> <td>89</td> </tr> </tbody> </table> <p>Source: BRFSS</p>				Year	Percent (%)	2016	88	2020	89
Year	Percent (%)								
2016	88								
2020	89								

¹² Pennsylvania Department of Health. Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS). Retrieved from: <https://www.phaim1.health.pa.gov/EDD/WebForms/BRFSSstate.aspx>

Strategy 3.1.2 Increase capacity of organizations in Pennsylvania to address health literacy needs of patients and consumers.			
Lead organization	2020-2021 Achievements	Priority issue	Sector
Bureau of Health Promotion and Risk Reduction, Pennsylvania Department of Health	The Pennsylvania Health Literacy Coalition has offered free resources including online training modules to improve health literacy capacity. The series is intended for any learner who plays a role in addressing the health and health care of patients or consumers.	Health literacy	
Strategy 3.1.3 Increase capacity of health care providers in Pennsylvania to communicate clearly with patients.			
Lead organization	2020-2021 Achievements	Priority issue	Sector
Bureau of Health Promotion and Risk Reduction, Pennsylvania Department of Health	The Pennsylvania Health Literacy Coalition online training modules include language and written communications development webinars.	Health literacy	

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.



Strategy 1.1.1 Develop appropriate partnerships to activate and leverage existing resources.			
Lead organization	2020-2021 Achievements	Priority issue	Sector
Office of Operational Excellence, Pennsylvania Department of Health	The SHIP Mental Health and Substance Use Task Force had 64 members in 2019-2020.	Health status Behavioral health	
Strategy 1.1.2 Promote consumer and system health literacy.			
Lead organization	2020-2021 Achievements	Priority issue	Sector
Health Care Improvement Foundation	From July 1, 2020 through June 30, 2021 the Pennsylvania Health Literacy Coalition reached 1,170 professionals through its provider training efforts. Its mailing list included 638 subscribers. Three health literate resources were developed translated into 16 different languages including English: <ul style="list-style-type: none"> • Community-Based Organization Appointment Card: This material supports navigation to health-related appointments; 	Health status Behavioral health	

¹³ Behavioral Health Barometer Pennsylvania, Volume 6, SAMHSA
https://www.samhsa.gov/data/sites/default/files/reports/rpt32855/Pennsylvania-BH-Barometer_Volume6.pdf

	<ul style="list-style-type: none"> • Philadelphia Domestic Violence Hotline Card: This material provides contact information for Philadelphia's local DV hotline; and • Philadelphia City Health Center Guide: This booklet comes in web and print format and provides an overview/description of the services and resources available in Philadelphia's city run health centers. 		
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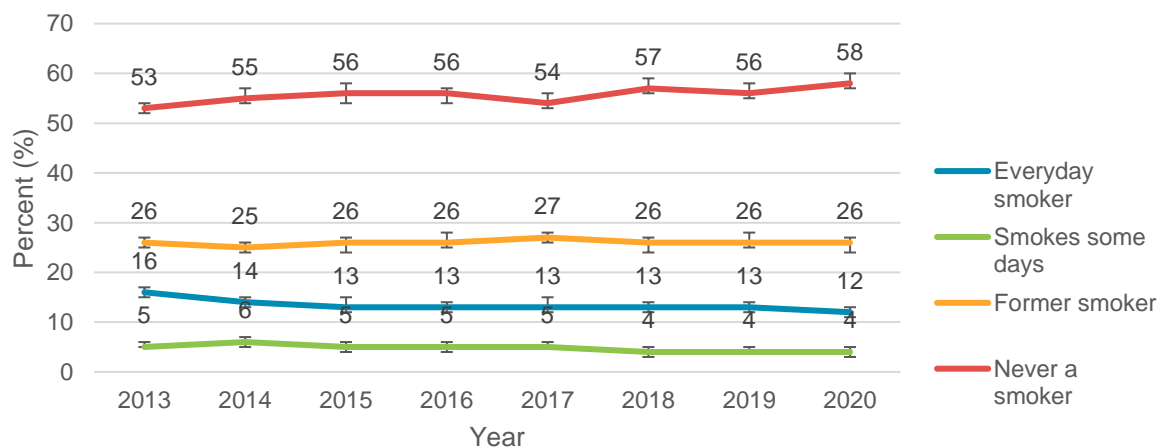
Strategy 1.1.5 Promote the use of the sexual orientation and gender identity (SOGI) module option in the 2018 BRFSS survey and determine outcome goals for subsequent years.

Lead organization	2020-2021 Achievements	Priority issue	Sector
Office of Operational Excellence, Pennsylvania Department of Health	SOGI module included in 2021 survey. In addition to the data collection from BRFSS that is used to track LGBTQ health data, the state has supported an LGBTQ Health Needs Assessment from Bradbury-Sullivan LGBT Community Center and PHMC Research & Evaluation Group.	Health status Behavioral health	



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%.



Status	Objective	Results	Health determinant
	Decrease adults who smoke every day from 16% in 2013 to 11.3%.	12% in 2020 LCL 11, UCL 13	
	Decrease adults who smoke some days from 5.7% in 2013 to 4.4%.	4% in 2020 LCL 3, UCL 5	
	Increase adults who are former smokers from 26% in 2013 to 31.8%.	26% in 2020 LCL 24, UCL 27	
	Increase adults who have never smoked from 53% in 2013 to 57.6%.	58% in 2020 LCL 57, UCL 60	

Percent Pennsylvania Adults Smoking

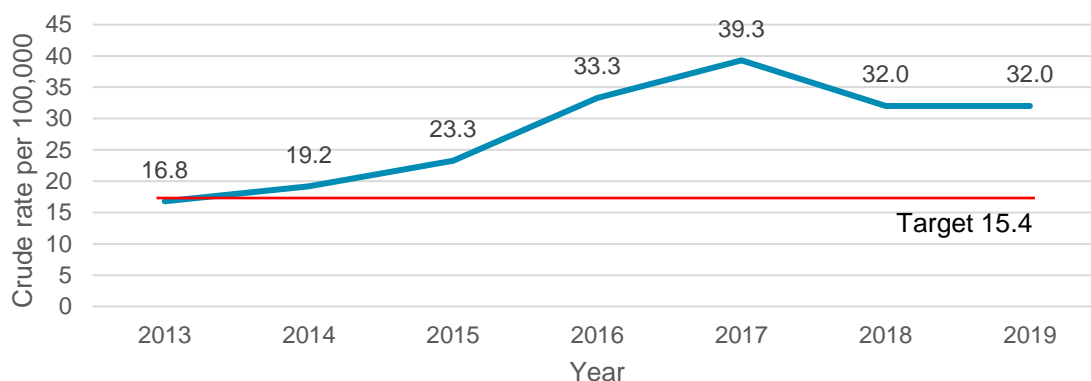


Source: BRFSS

Strategy 1.2.1 Increase access to evidence-based smoking cessation programs.			
Lead organization	2020-2021 Achievements	Priority issue	Sector
Division of Tobacco Prevention and Control, Pennsylvania Department of Health	The department supported Tobacco Free Kids initiatives. ¹⁴	Health status Behavioral health	
Strategy 1.2.3 Reduce the use of e-cigarettes or other electronic “vaping” through education programs.			
Lead organization	2020-2021 Achievements	Priority issue	Sector
Division of Tobacco Prevention and Control, Pennsylvania Department of Health	The My Life, My Quit program was targeted to youth ages 13 to 17 to promote stopping vaping. Advertisements were run on YouTube, Tik-Tok, Instagram, Facebook, and Snapchat. The campaign ran for 8 weeks and there were 132 unduplicated enrollments.	Health status Behavioral health	

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.*			
Status	Objective	Results	Health determinant
	Decrease rate of deaths due to substance use from 16.8 per 100,000 in 2013 to 15.4 per 100,000 deaths	32.0 per 100,000 drug and alcohol poisonings listed as cause of death in 2019 ¹⁵	

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



Source: Division of Health Informatics¹⁶

*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.



¹⁴ Campaign for Tobacco-Free Kids

<https://www.tobaccofreekids.org/problem/toll-us/pennsylvania>



¹⁵ Pa. Office of Administration, Health and Human Services Delivery Center, Statistical Support for the Department of Drug and Alcohol Programs

¹⁶ Division of Health Informatics. Data request, March 23, 2021



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

Lead organization	2020-2021 Achievements	Priority issue	Sector
Pennsylvania Department of Drug and Alcohol Programs	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.	Health status Behavioral health	 

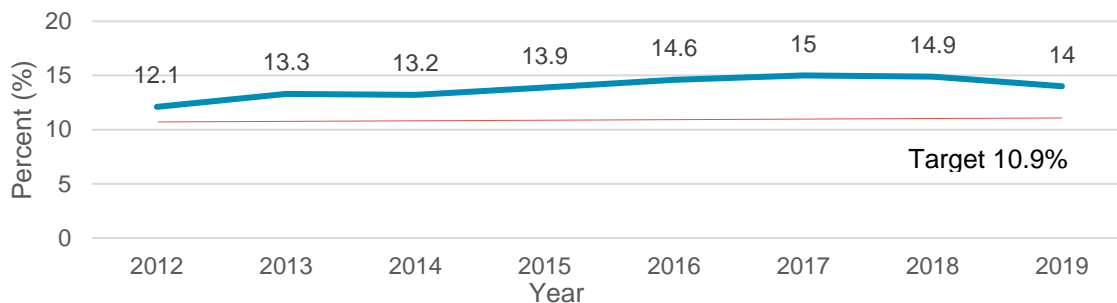
Strategy 1.3.4 Reduce access to prescription drugs for misuse and abuse.

Lead organization	2020-2021 Achievements	Priority issue	Sector
Pennsylvania Department of Health, Prescription Drug Monitoring Program	The Safe and Effective Prescribing Practices Task Force has published 14 opioid prescribing guidelines. This is 2 additional guidelines from last year. ¹⁷	Health status Behavioral health	 

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.



Status	Objective	Results	Health determinant
	10.9 per 100,000 in December 2020	14.0 suicides listed as cause of death per 100,000 population in 2019 ¹⁸	

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





Source: Pennsylvania Death Certificates

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

Lead organization	2020-2021 Achievements	Priority issue	Sector
Pennsylvania Department of Human Services	No reported activities	Health status Behavioral health	 




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

Lead organization	2020-2021 Achievements	Priority issue	Sector
Pennsylvania Department of Human Services	No reported activities during this year	Health status Behavioral health	 

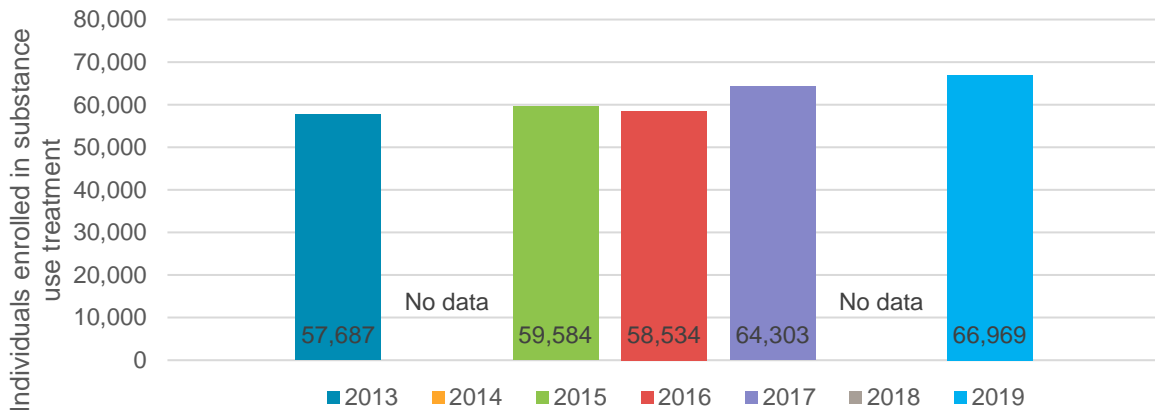
¹⁷ Pa. Department of Health. (2020). Opioid Prescribing Guidelines <https://www.health.pa.gov/topics/disease/Opioids/Pages/Prescribing-Guidelines.aspx>

¹⁸ 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.

Status	Objective	Results	Health Determinant
	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.	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). ¹⁹	 

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



Source: SAMSHA

*Number updated from most recent SAMHSA figures.

**SAMHSA did not collect data for 2014.

¹⁹ Behavioral Health Barometer Pennsylvania, Volume 6, SAMHSA
https://www.samhsa.gov/data/sites/default/files/reports/rpt32855/Pennsylvania-BH-Barometer_Volume6.pdf

Appendix A

2020-2021 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

2020-2021 Obesity, Physical Inactivity and Nutrition Task Force

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Tina Amato, Nutrition and Physical Activity Manager, Allentown Health Bureau
Ashleigh Aviles, Senior Project Manager, Latino Connection
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
Marla Breitbarth, Program Coordinator, Community Health & Wellness, Duquesne University, Center for Integrative Health
Brenda Buescher, Health Promotion Specialist, Penn Medicine Lancaster General Health
Cheryl Bumgardner, Manager, Clinical and Quality Improvement, Pennsylvania Association of Community Health Centers
Stephanie Cole, Special Assistant to the Secretary, Pennsylvania Department of Aging
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
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
Evan Fleischauer, Harrisburg University of Science and Technology
Merhawi Gebrezgi, Ph.D., Epidemiologist, Office of Operational Excellence, Pennsylvania Department of Health
Roy Gothie, PennDOT
Megan Greevy, Liaison, Pennsylvania Academy of Nutrition and Dietetics
Faith Haeussler, Executive Director, Pennsylvania Council on Aging
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

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

Kim Labno, citizen member

Caryn Long Earl, Director, Bureau of Food Distribution, Pennsylvania Department of Agriculture

Emma Lowe, Special Assistant to the Secretary, Pennsylvania Department of Transportation

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Shea Zwerver, Executive Policy Specialist, Pennsylvania Department of Conservation & Natural Resources

Appendix C

2020-2021 Primary Care and Preventive Services Task Force

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Jane Astle, Assistant Dean, Duquesne University School of Pharmacy
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Robert Shipp, III, Vice President, Population Health Strategies, Hospital & Healthsystem
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Molly Talley, Director, Resident & Student Initiatives, Pennsylvania Academy of Family
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Cheryl White, Free Clinic Association of Pennsylvania
Amy Williams, Program Specialist for Behavioral Health and Substance Use Disorder,
Pennsylvania Association of Community Health Centers
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Brian Wright, Director, Bureau of Information Technology, Division of Health Informatics,
Pennsylvania Department of Health

Appendix D

2020-2021 Mental Health and Substance Use Task Force

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Cynthia Ward, Hospital Director, Devereux Children's Behavioral Health Center

Dan Warner, Executive Director, Community Data Roundtable

Aerielle Waters, Public Health Program Administrator, Bureau of Family Health, Pennsylvania Department of Health

Lloyd Wertz, Associate Director of P&P Development, Philadelphia Mental Health Care Corporation, Inc., Psychiatric Leadership Council

Cheryl White, Free Clinic Association of Pennsylvania
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Alice Yoder, Executive Director of Community Health, Penn Medicine Lancaster General Health

Appendix E

OPIN SHIP Objectives by Population

OPIN: Objective 1.1: Decrease the percentage of Pennsylvania adults who are obese from 30 percent in 2013 to 27 percent by December 2020.

Demographics	2013	2014	2015	2016	2017	2018	2019	Met goal
All	30 (29-31)	30 (29-31)	30 (28-32)	30 (29-32)	32 (30-33)	31 (29-32)	33 (32-35)	No
White, non-Hispanic	30 (28-31)	29 (28-31)	29 (28-31)	30 (28-31)	32 (30-33)	30 (28-32)	32 (31-34)	No
Black, non-Hispanic	36 (32-41)	37 (32-41)	34 (28-39)	39 (33-44)	38 (33-44)	42 (37-47)	44 (39-50)	No
Hispanic	36 (29-43)	39 (31-48)	43 (33-54)	37 (29-45)	25 (19-32)	35 (28-43)	33 (26-40)	No
LGBT	N/A	N/A	N/A	N/A	30 (23-39)	34 (26-43)	N/A	No
Heterosexual	N/A	N/A	N/A	N/A	33 (31-34)	31 (29-33)	N/A	No

OPIN: 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.

Demographics	2013	2014	2015	2016	2017	2018	2019	Met goal
All	26 (25-27)	23 (22-24)	28 (26-29)	23 (22-24)	25 (23-26)	24 (22-25)	26 (24-27)	No
White, non-Hispanic	25 (24-27)	22 (21-23)	27 (25-29)	22 (21-24)	24 (23-26)	23 (21-25)	24 (23-26)	No
Black, non-Hispanic	34 (30-39)	27 (24-32)	30 (24-36)	28 (24-33)	25 (20-30)	29 (24-33)	31 (26-35)	No
Hispanic	27 (21-34)	34 (27-43)	32 (23-42)	24 (17-32)	32 (25-40)	31 (24-39)	32 (26-39)	No
LGBT	N/A	N/A	N/A	N/A	19 (13-29)	24 (17-33)	N/A	No
Heterosexual	N/A	N/A	N/A	N/A	25 (24-27)	23 (21-25)	N/A	No

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

Demographics	2009	2015	2017	2019	Met goal
All	72.3 (69.6–74.8)	75.2 (72.6–77.6)	75.5 (72.8–77.9)	74.6 (72.0–76.9)	No
White, non-Hispanic	71.9 (69.5–74.2)	74.9 (72.4–77.2)	74.0 (70.9–76.9)	72.9 (69.7–75.8)	No
Black, non-Hispanic	73.0 (64.3–80.3)	73.0 (65.8–79.2)	77.6 (71.7–82.6)	79.3 (74.0–83.8)	No
Hispanic	75.5 (69.1–81.0)	77.4 (71.3–82.5)	77.6 (73.7–81.1)	79.4 (74.6–83.5)	No
Asian	N/A	N/A	86.3	85.1	No

			(78.5–91.6)	(75.1–91.5)	
Multirace	N/A	62.5 (51.0–72.7)	83.3 (76.7–88.3)	N/A	No
LGBT	N/A	84.6 (77.5–89.7)	89.0 (83.6–92.8)	83.4 (78.1–87.6)	No
Heterosexual	N/A	73.8 (71.1–76.3)	73.5 (70.8–76.1)	72.6 (69.8–75.2)	No

OPIN: Objective 4.1: Increase the percentage of Pennsylvania adults who consume at least five servings of fruits and/or vegetables every day from 8 percent in 2017 to 9 percent by December 2019.

Demographics	2017	2019	Met goal
All	8 (7-9)	10 (9-11)	Yes
White, non-Hispanic	7 (6-9)	9 (8-10)	Yes
Black, non-Hispanic	9 (5-16)	12 (9-15)	Yes
Hispanic	7 (3-14)	16 (10-24)	Yes
LGBT	12 (6-25)	N/A	Yes
Heterosexual	7 (6-9)	N/A	Yes

Appendix F

PCPS SHIP Objectives by Population

PCPS: Objective 2.2: Reduce the eight-month provisional enrollment period for children to receive all required school immunizations by December 2020.

- Data not available by race/ethnicity

PCPS: 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 percent in FFY 2014 to 47 percent by December 2020.

- Data not available by race/ethnicity

Appendix G

MHSU SHIP objectives by Population

MHSU: Objective 1.2: By December 2020: Decrease adults who smoke every day from 16 percent in 2013 to 11.3 percent. (everyday smoker)

Demographics	2014	2015	2016	2017	2018	2019	Met goal
All	14 (13-15)	13 (12-15)	13 (12-14)	13 (12-15)	13 (12-14)	13 (12-14)	No
White, non-Hispanic	14 (13-15)	13 (12-14)	13 (12-14)	14 (12-15)	12 (11-14)	13 (12-15)	No
Black, non-Hispanic	14 (11-18)	19 (14-24)	15 (12-20)	14 (11-18)	16 (13-20)	14 (11-18)	No
Hispanic	15 (10-22)	16 (10-25)	12 (8-18)	13 (9-19)	15 (10-21)	12 (8-18)	No
LGBT	N/A	N/A	N/A	17 (12-24)	30 (22-40)	N/A	No
Heterosexual	N/A	N/A	N/A	13 (12-15)	12 (11-14)	N/A	No

MHSU: 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. (Deaths due to accidental drug poisoning)

Demographics	2014	2015	2016	2017	2018	2019	Met goal
All	19.3 (18.6-20.1)	23.8 (22.9-24.7)	34.6 (33.6-35.7)	41.2 (40.1-42.3)	33.3 (32.3-34.4)	33.1 (32-34.1)	No
White	20 (19.1-20.8)	25 (24-26)	36.3 (35.1-37.5)	42.8 (41.5-44.1)	34.1 (32.9-35.2)	32.3 (31.2-33.5)	No
Black	18.4 (16.2-20.6)	22.5 (20.1-24.9)	31.7 (28.9-34.6)	37.7 (34.6-40.8)	34.5 (31.5-37.4)	41.8 (38.5-45)	No
Asian/Pacific Islander	N/A	N/A	3.5 (1.9-5)	3.3 (1.7-4.8)	3.1 (1.6-4.5)	4 (2.3-5.8)	Yes
Multi-Race	10 (4.9-15)	8.9 (4.5-13.2)	11.1 (6.2-5.9)	11.6 (7.1-16.2)	9.9 (5.3-14.5)	5.7 (2.5-8.9)	Yes
Hispanic	16.5 (13.6-19.3)	18 (15-20.9)	22.9 (19.6-26.1)	34.4 (30.5-38.3)	33.9 (30-37.8)	36 (32.1-39.9)	No

MHSU: 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.

Demographics	2014	2015	2016	2017	2018	2019	Met goal
All	13.2 (12.6-13.8)	13.9 (13.3-14.5)	14.6 (13.9-15.2)	15 (14.3-15.6)	14.9 (14.2-15.5)	14 (13.4-14.6)	No
White	14.2 (13.5-14.9)	14.9 (14.2-15.6)	16 (15.3-16.7)	16 (15.3-16.7)	15.9 (15.2-16.6)	14.9 (14.2-15.6)	No
Black	5.9 (4.6-7.1)	6.1 (4.9-7.4)	6.5 (5.2-7.8)	8.2 (6.8-9.6)	7.4 (6.1-8.8)	7.9 (6.5-9.4)	Yes
Asian/Pacific Islander	3.7 (2-5.4)	6 (3.7-8.2)	5.6 (3.5-7.7)	4.9 (3-6.8)	7.4 (5.1-9.8)	6.6 (4.3-8.8)	Yes
Multi-Race	8 (3.7-12.4)	7.8 (3.6-12)	N/A	6.6 (2.7-10.5)	N/A	3.7 (1.4-5.9)	Yes
Hispanic	8.7 (6.5-10.8)	7.2 (5.2-9.2)	7.2 (5.3-9.1)	6.6 (4.9-8.4)	8.6 (6.7-10.5)	5.9 (4.4-7.4)	Yes