

# Pennsylvania State Health Improvement Plan

Annual Report

**Pennsylvania**

Fiscal Year 2017-2018



**pennsylvania**  
DEPARTMENT OF HEALTH

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Pennsylvania State Health Improvement Plan  
2017-2018 Annual Report  
October 4, 2019  
Division of Plan Development  
Bureau of Health Planning

# Executive Summary

## Introduction

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

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

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

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

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

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

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



Healthy Pennsylvania Partnership is a partnership for sharing the State Health Assessment and State Health Improvement Plan, as well as promising practices, health reports and population health data with partners throughout the commonwealth.

The State Health Improvement Plan (SHIP) is a multi-year strategic plan developed by the (DOH) in collaboration with a diverse public partnership of stakeholders across the commonwealth. The SHIP sets health priorities and identifies strategies, goals and measurable outcomes for 2015 through 2020.



The Pennsylvania SHIP was developed using the Mobilizing for Action through Planning and Partnerships (MAPP)<sup>1</sup> model originated by the National Association of County and City Health Officials (NACCHO) and utilized a collaborative process coordinated by the DOH and including other state agencies and organizations that represented diverse state populations and state health challenges, as well as DOH bureaus and programs.

<sup>1</sup> NACCHO (2019), Phase 3: Collecting and Analyzing Data. <https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp/phase-3-the-four-assessments>

## Priority issues, goals and objectives

The SHIP identifies three Pennsylvania health priorities with one or more goals and measurable objectives for each priority.<sup>2</sup> Each goal includes strategies, lead individuals, collaborating organizations and associated timeframes. The SHIP priorities are:

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

### **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, two out of three adults (6.2 million residents) and one out of three 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.

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<sup>2</sup> Pa. Department of Health (2016), State Health Improvement Plan 2015-2020.  
[https://www.health.pa.gov/topics/Documents/SHIP/2015-2020\\_PA\\_SHIP.pdf](https://www.health.pa.gov/topics/Documents/SHIP/2015-2020_PA_SHIP.pdf)



Pennsylvania State Flagship U.S. Brig Niagara<sup>3</sup>

## 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 percent in 2013 to 27 percent by December 2020.
- Objective 1.2: Decrease the percentage of Pennsylvania youth that are overweight or obese from 39 percent in 2012-13 school year to 36 percent by December 2020.

#### **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 percent in 2013 to 23 percent 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 percent in 2013 to 23 percent by December 2020.
- Objective 3.2: Increase percentage of Pennsylvania adolescents who are physically active daily from 28 percent in 2009 to 31 percent 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 five servings of fruits and/or vegetables every day from 15 percent in 2013 to 17 percent by December 2020.

<sup>3</sup> Wikimedia Commons (2009). Brig Niagara full sail.  
[https://commons.wikimedia.org/wiki/File:Brig\\_Niagara\\_full\\_sail.jpg](https://commons.wikimedia.org/wiki/File:Brig_Niagara_full_sail.jpg)

**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 percent 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 is under revision. The State Immunization Information System reporting is being reviewed to update this objective.]
- Objective 2.2: Reduce the eight-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 percent in FFY 2014 to 47 percent 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.**

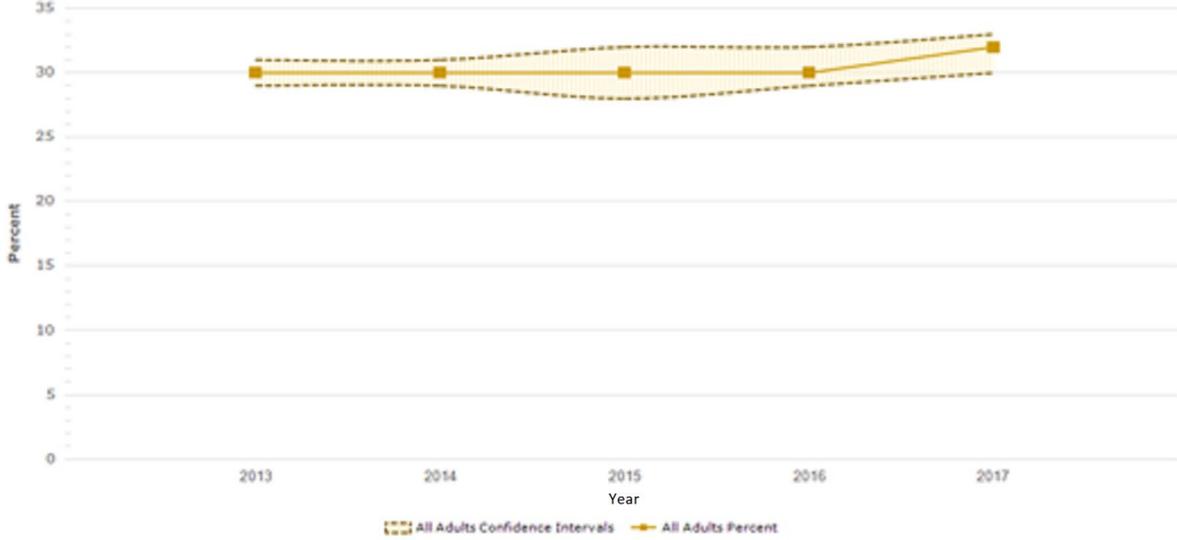
- Objective 1.1: Increase access to quality mental health and substance use services for all Pennsylvania residents by increasing the percent of adults 18 or older with any mental health illness who received treatment or counseling from 46.7 percent in 2009-2013 to 51 percent by December 2020.
- Objective 1.2: By December 2020:
  - Decrease adults who smoke every day from 16 percent in 2013 to 11.3 percent.
  - Decrease adults who smoke some days from 5.7 percent in 2012 to 4.4 percent.
  - Increase adults who are former smokers from 26 percent in 2013 to 31.8 percent.
  - Increase adults who have never smoked from 53 percent in 2013 to 57.6 percent.
- 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 percent in 2009-2013 to 54.7 by December 2020, plus an increase in enrollment in substance use treatment by 20 percent by December 2020, from 57,715 enrollees in 2013 to 69,260.

Health Determinants		Public Health Priority Issues	Sector indicators	
Healthy eating 	Substance-free living 	<b>Overweight/Obesity</b> <b>Health Status</b> <b>Physical Activity</b> <b>Access to Care</b> <b>Preventive Care</b> <b>Health Literacy</b> <b>Behavioral Health</b>	Community 	Health care 
Active living 	Linkages to care 		Education 	Policy 

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 progress has been level 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.
	SHIP objectives not reported this year are marked in the status column with a gray box.
<b>New!</b>	Newly added SHIP objectives or strategies are labeled in the status column as new.

# Obesity, physical inactivity and nutrition

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

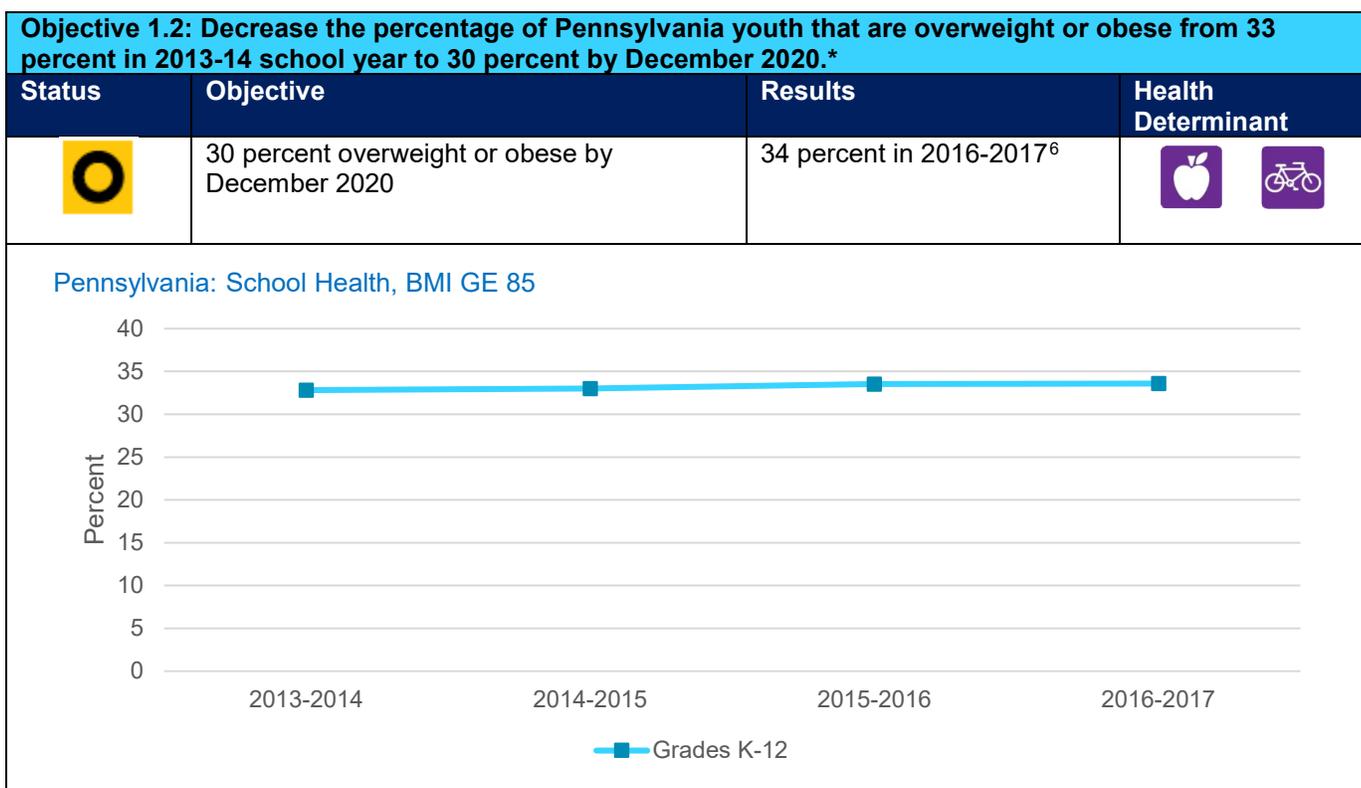
Objective 1.1: Decrease the percentage of Pennsylvania adults who are obese from 30 percent in 2013 to 27 percent by December 2020.			
Status	Objective	Results	Health Determinant
	27 percent obese (BMI GE 30) by December 2020	32 percent BMI GE 30 in 2017 <sup>4</sup>	
<p>Pennsylvania BRFSS: Overweight and Obesity - Obese GE 30)</p> 			

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.			
Lead Organization	2017-2018 Achievements	Priority Issue	Sector
Division of Nutrition and Physical Activity	All Pa. Department of Human Services contracted health insurers offer supplemental wellness benefits. An important evidence-based program is the National Diabetes Prevention Program. In Pennsylvania, 93 programs have achieved recognition by the CDC and are eligible for reimbursement based on coverage rules issued by the Centers for Medicare and Medicaid Services. <sup>5</sup>	Overweight/Obesity	

<sup>4</sup> Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS)  
<https://www.phaim1.health.pa.gov/EDD/WebForms/BRFSSstate.aspx>

<sup>5</sup> National Diabetes Prevention Program  
[https://nccd.cdc.gov/DDT\\_DPRP/Registry.aspx](https://nccd.cdc.gov/DDT_DPRP/Registry.aspx)

<b>Strategy 1.1.2 Work with medical providers to educate patients on prevention of chronic disease and weight loss strategies in a linguistically appropriate manner and provide referrals to community resources.</b>			
<b>Lead Organization</b>	<b>2017-2018 Achievements</b>	<b>Priority Issue</b>	<b>Sector</b>
Division of Nutrition and Physical Activity	No activity reported.	Overweight/obesity	 
<b>Strategy 1.1.3 Develop a process for identifying community resources so that providers (e.g., health care, educational, religious) can provide adults and children with individualized referrals to resources for healthy eating and activity choices.</b>			
<b>Lead Organization</b>	<b>2017-2018 Achievements</b>	<b>Priority Issue</b>	<b>Sector</b>
Division of Nutrition and Physical Activity	No activity reported.	Overweight/obesity Physical activity	 



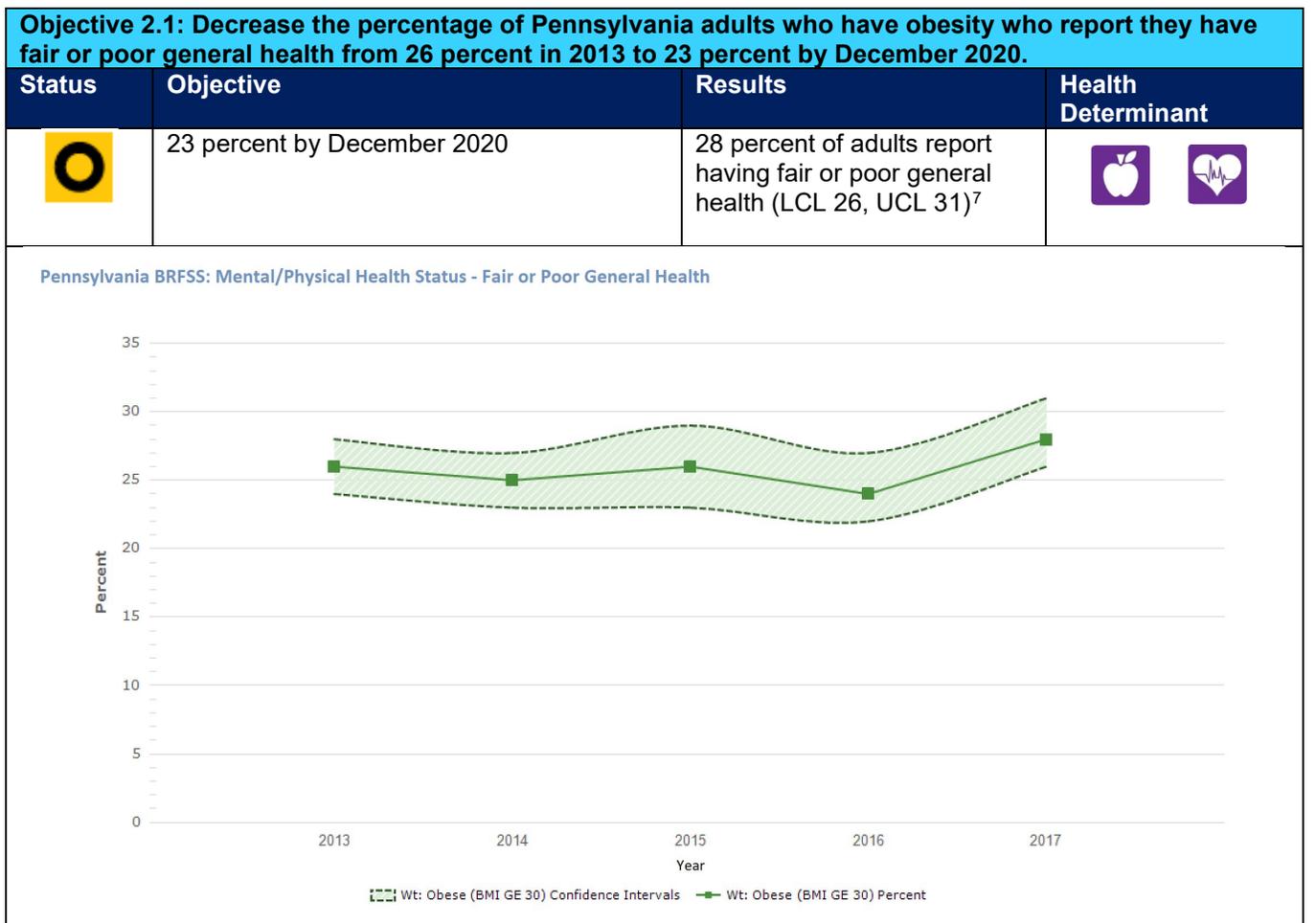
\*Objective 1.2 revised from an original target of 36 percent to 30 percent overweight or obese by December 2020 to reflect more accurate data available beginning with school year 2013-14 data reports.

<b>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.</b>			
<b>Lead Organization</b>	<b>2017-2018 Achievements</b>	<b>Priority Issue</b>	<b>Sector</b>
Action for Healthy Kids	52 Every Kid Healthy Week events were registered and held by schools to promote and reinforce healthy eating, nutrition education, physical activity and physical education.	Overweight/obesity Health status Physical activity	  

<sup>6</sup> Pennsylvania Department of Health, Bureau of Community Health Systems, Division of School Health

Strategy 1.2.2 Increase and strengthen school-based policies around nutrition and physical activity.			
Lead Organization	2017-2018 Achievements	Priority Issue	Sector
Pa. Department of Education	The Pa. Department of Education (PDE) provided local school wellness policies (LSWP) template to schools and districts. The implementing of LSWPs is being reviewed by PDE over a three-year cycle.	Overweight/obesity Physical activity	
Strategy 1.2.3 Work with medical providers to educate patients on prevention of chronic disease, weight loss strategies, and referral to community resources.			
Lead Organization	2017-2018 Achievements	Priority Issue	Sector
Pa. Chapter, American Academy of Pediatrics	EPIC Pediatric Obesity training was carried out in 46 pediatric, family medicine, nursing, teacher and child care programs reaching 124 sites and 961 participants, who provide care for 117,479 children ages 0-18 years.	Overweight/obesity Health status	

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



<sup>7</sup> Pennsylvania BRFSS  
<https://www.phaim1.health.pa.gov/EDD/WebForms/BRFSSstate.aspx>

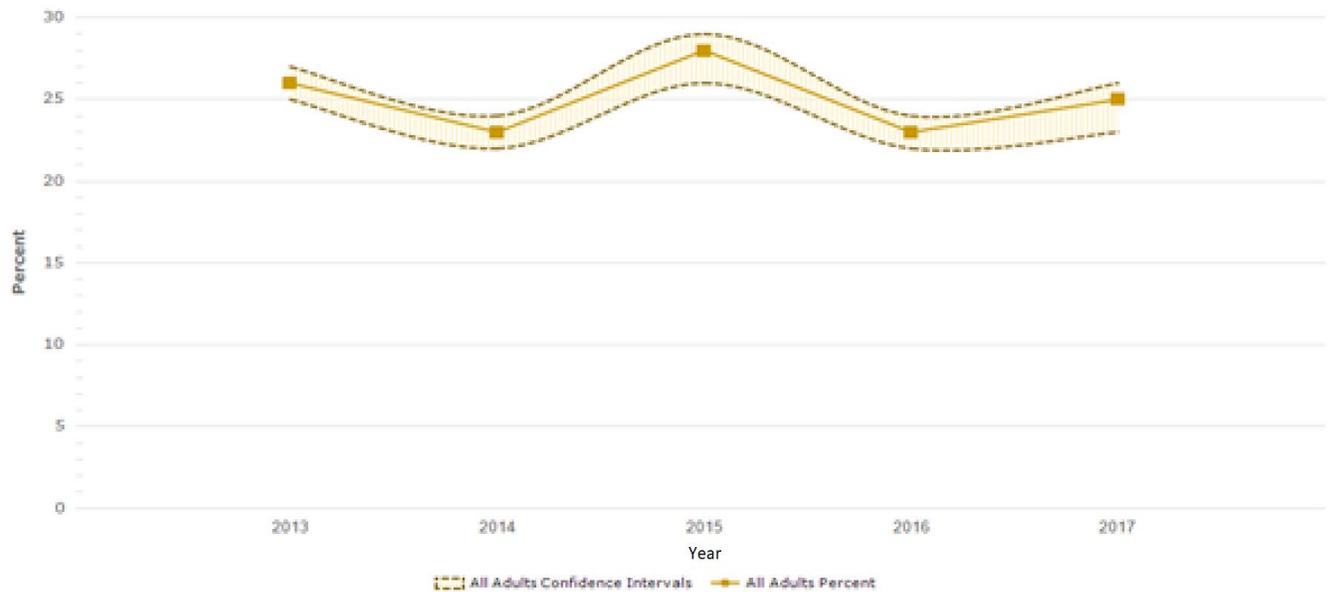
Strategy 2.1.1 Work with primary care providers to increase referrals for those with obesity, poor nutrition or physical inactivity that includes counseling about wellness checks, nutrition, diet and physical activity provided by licensed qualified health care providers.			
Lead Organization	2017-2018 Achievements	Priority Issue	Sector
Pa. Chapter, American Academy of Pediatrics	No activity reported.	Overweight/obesity Physical activity	
Strategy 2.1.2 Remove barriers to evidence-based medical practices for people with severe obesity.			
Lead Organization	2017-2018 Achievements	Priority Issue	Sector
Obesity Action Coalition	Bariatric surgery has been added to the benefits in the Pennsylvania Employees Benefit Trust Fund Plan as of April 1, 2018, for beneficiaries who have Type 2 diabetes, have a BMI of 40 or greater, have participated in a multidisciplinary nutrition and exercise program, and other restrictions. <sup>8</sup>	Overweight/obesity	

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

#### Objective 3.1: Decrease the percentage of Pennsylvania adults who engage in no leisure-time physical activity from 26 percent in 2013 to 23 percent by December 2020.

Status	Objective	Results	Health Determinant
	23 percent by December 2020	25 percent of adults report no leisure-time activity (LCL 23, UCL 26) <sup>9</sup>	

Pennsylvania BRFSS: Physical Activity - No Leisure Time Physical Activity in the Past Month



<sup>8</sup> Pennsylvania Employees Benefit Trust Fund (PEBTF) Summary Plan Description  
<https://www.pebtf.org/PDF/SPD.pdf>

<sup>9</sup> Pennsylvania BRFSS  
<https://www.phaim1.health.pa.gov/EDD/WebForms/BRFSSstate.aspx>

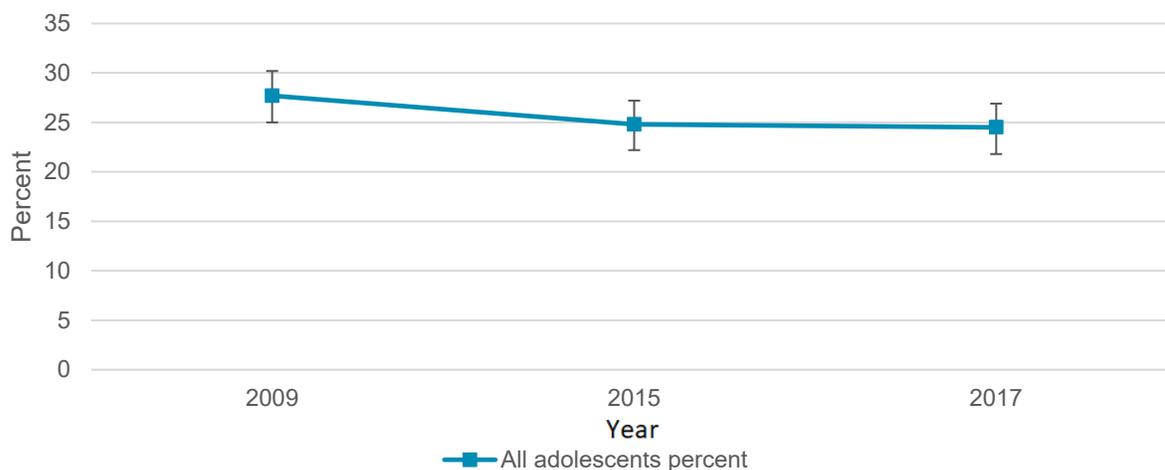
<b>Strategy 3.1.1 Provide affordable and accessible opportunities to be physically active, such as parks, trails, fitness events and recreational facilities, particularly in underserved communities.</b>			
<b>Lead Organization</b>	<b>2017-2018 Achievements</b>	<b>Priority Issue</b>	<b>Sector</b>
Pennsylvania Chapter, American Planning Association	2017 DCNR funded project accomplishments include 39 trail grant projects, development of 20 miles of non-motorized trail (including 5 bridges) and rehabilitation of 18.3 miles of non-motorized trails. <sup>10</sup> DCNR has identified 469 municipalities without a local park and is developing a plan with a goal to have a park within 10 minutes of every Pennsylvanian. Fit City PHL promotes the design of environments where we live, work and play in southeast Pa. to improve health by encouraging physical activity and healthy eating. Three symposiums were held in Philadelphia to encourage collaboration to address the built environment, the opioid crisis and transforming neighborhoods in a sustainable way for residents.	Overweight/obesity Physical activity	 
<b>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.</b>			
<b>Lead Organization</b>	<b>2017-2018 Achievements</b>	<b>Priority Issue</b>	<b>Sector</b>
Pa. Department of Conservation and Natural Resources	DCNR provided nearly \$9.5 million in grants to assist in the improvement of trails in over 50 municipalities and over \$14 million in funding to improve parks in 95 municipalities. The website ExplorePALocalParks.com was launched to promote the outdoors and physical activity. It lists 6,045 local parks. <sup>11</sup> There are 2,570 municipalities in Pa., of which 1,881 have a local park; 689 are without a local park. Including school parks, 2,035 municipalities have a local or school park and 2,101 have a local, school and/or state park. Over 50,000 people have used the website between 2015 and 2018.	Overweight/obesity Physical activity	 
<b>Strategy 3.1.3 Encourage walking and bicycling for transportation and recreation through improvements in the built environment.</b>			
<b>Lead Organization</b>	<b>2017-2018 Achievements</b>	<b>Priority Issue</b>	<b>Sector</b>
Bureau of Health Promotion and Risk Reduction	Through the Safe & Healthy Communities program, 101 policy, environmental, and systems changes were identified, influenced, and/or implemented to increase access to safe physical activity and transportation within the jurisdiction of the 10 county and city health departments.	Overweight/obesity Physical activity	 
<b>Strategy 3.1.4 <i>New!</i> Install up to 15 additional trail counters on trails across Pennsylvania by 2018 to measure progress towards PA's goal of expanding trail use by 5 percent by 2020. (New for 2017-2018)</b>			
<b>Lead Organization</b>	<b>2017-2018 Achievements</b>	<b>Priority Issue</b>	<b>Sector</b>
Pa. Department of Conservation and Natural Resources	The DCNR trail counter 5-year pilot project has seen the installation of 8 counters in 2016, 13 in 2017 and 9 in 2018 for a total of 30 across the state.	Overweight/obesity Physical activity	 

<sup>10</sup> Department of Conservation and Natural Resources. 2017 *Annual Trails Report*.  
[http://www.docs.dcnr.pa.gov/cs/groups/public/documents/document/dcnr\\_20033678.pdf](http://www.docs.dcnr.pa.gov/cs/groups/public/documents/document/dcnr_20033678.pdf)

<sup>11</sup> <http://maps.dcnr.pa.gov/localparks/>

Objective 3.2: Increase percentage of Pennsylvania adolescents who are physically active daily from 28 percent in 2009 to 31 percent by December 2020.			
Status	Objective	Results	Health Determinant
	31 percent by December 2020	24.5 percent of adolescents are physically active daily (22.1 LCL, 27.2 UCL) <sup>12</sup>	

Pennsylvania YRBSS: All Adolescents Who Are Physically Active Daily



Strategy 3.2.1 Work with school boards, districts, principals and community partners to integrate physical activity into the culture of schools by offering ABCs (Activity Breaks for Children), physical education and/or recess.			
Lead Organization	2017-2018 Achievements	Priority Issue	Sector
Pa. Department of Education	Several bills were introduced in the 2017-2018 legislative session to increase required elementary physical activity education hours but were not brought to the floor for a vote. Legislation is being introduced again in the 2019-2020 session.	Overweight/obesity Physical activity	
Strategy 3.2.2 Work with PDE to review the Chapter 23 regulations and update the Pennsylvania State Standards for health, safety and physical education.			
Lead Organization	2017-2018 Achievements	Priority Issue	Sector
Pa. Department of Education	Legislation has been introduced (HB 449) to require students in kindergarten through 5th grade to participate in a minimum of 150 minutes of physical education during each school week, and in 6th through 8th grade to participate in a minimum of 225 minutes of physical education each school week.	Overweight/obesity Physical activity	

<sup>12</sup> Pennsylvania 2017 YRBSS Results  
<https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=PA>

<b>Strategy 3.2.3 Provide professional development to update physical education curriculum, including physical education for children with disabilities.</b>			
<b>Lead Organization</b>	<b>2017-2018 Achievements</b>	<b>Priority Issue</b>	<b>Sector</b>
Pa. Department of Education	No activity reported.	Overweight/obesity Physical activity	

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

<b>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 2020.*</b>			
<b>Status</b>	<b>Objective</b>	<b>Results</b>	<b>Health Determinant</b>
	9% by December 2020	In 2017, 8% of adults consumed at least 5 servings of fruits and/or vegetables every day (7 LCL,9 UCL) <sup>13</sup>	

\*In 2017 The BFRSS fruit and vegetable module was changed to simplify the phone survey. The new questions are based on the National Cancer Institute’s Dietary Screener Questionnaire. Following reports will use 2017 as the baseline and will not compare to previous years.<sup>14</sup> The target has been updated to reflect the revised data.

<b>Strategy 4.1.1 Ensure low-income Pennsylvanians at risk of hunger have access to fruits and vegetables through programs.</b>			
<b>Lead Organization</b>	<b>2017-2018 Achievements</b>	<b>Priority Issue</b>	<b>Sector</b>
Pa. Department of Agriculture	The Blueprint for a Hunger-Free Pennsylvania is assessing this need. Participants include the Pa. Departments of Aging, Agriculture, Community and Economic Development, Education, Health, and Human Services. More than 100 participants attended the annual meeting in 2018.	Overweight/obesity Physical activity	

<b>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).</b>			
<b>Lead Organization</b>	<b>2017-2018 Achievements</b>	<b>Priority Issue</b>	<b>Sector</b>
Bureau of Health Promotion and Risk Reduction, Pa. Department of Health	There were 98 activities held in the jurisdictions of the 10 county or municipal health departments (Allegheny County, Allentown, Bethlehem, Bucks County, Chester County, Erie County, Montgomery County, Philadelphia, Wilkes-Barre and York City) to increase access and promote fruits and vegetables and outreach in a variety of settings in FY 2017-2018. These included community, home or school gardens, farm stands, urban agriculture, mobile markets and healthy corner store initiatives.	Overweight/obesity Physical activity	

<sup>13</sup> Pennsylvania BRFSS

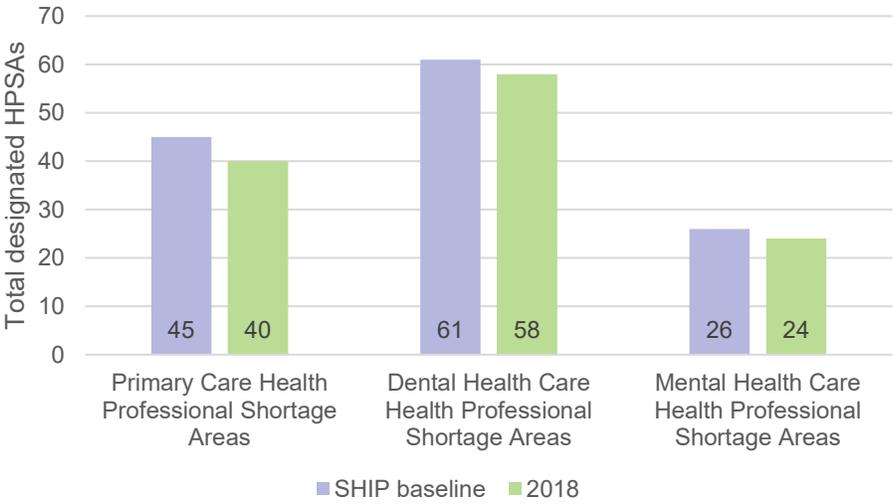
<https://www.phaim1.health.pa.gov/EDD/WebForms/BRFSSstate.aspx>

<sup>14</sup> Centers for disease Control and Prevention. (2019). Using the New BRFSS Modules.

<https://www.cdc.gov/nutrition/data-statistics/using-the-new-BRFSS-modules.html>

# Primary Care and Preventive Services

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

Objective 1.1: Reduce the number of federally designated Geographic and Population Health Professional Shortage Areas (HPSA) by 3 percent by December 2020: Primary care: from 45 to 43 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 lists <sup>15</sup> Primary care: 40 Dental care: 58 Mental health: 24													
<p style="text-align: center;">Pennsylvania HPSAs</p>  <table border="1"> <caption>Pennsylvania HPSAs Data</caption> <thead> <tr> <th>Category</th> <th>SHIP baseline</th> <th>2018</th> </tr> </thead> <tbody> <tr> <td>Primary Care Health Professional Shortage Areas</td> <td>45</td> <td>40</td> </tr> <tr> <td>Dental Health Care Health Professional Shortage Areas</td> <td>61</td> <td>58</td> </tr> <tr> <td>Mental Health Care Health Professional Shortage Areas</td> <td>26</td> <td>24</td> </tr> </tbody> </table>				Category	SHIP baseline	2018	Primary Care Health Professional Shortage Areas	45	40	Dental Health Care Health Professional Shortage Areas	61	58	Mental Health Care Health Professional Shortage Areas	26	24
Category	SHIP baseline	2018													
Primary Care Health Professional Shortage Areas	45	40													
Dental Health Care Health Professional Shortage Areas	61	58													
Mental Health Care Health Professional Shortage Areas	26	24													

Strategy 1.1.1 Increase community-based educational training tracts for primary care and dental health professions students in underserved areas.			
Lead Organization	2017-2018 Achievements	Priority Issue	Sector
Division of Health Professions Development	A grant for 9 primary care residency slots was awarded to the Pennsylvania Academy of Family Physicians for a period of each of 3 years. June 2018 was the completion for the 2nd cohort of 9 residents.	Access to care Preventive care	
Strategy 1.1.2 Expand access to care through primary care safety net facilities.			
Lead Organization	2017-2018 Achievements	Priority Issue	Sector
PA Primary Care Career Center Pennsylvania, Association of	There are 8 FQHCs located in schools in 2018 (the number is not available for comparison in 2017).	Access to care Preventive care	

<sup>15</sup> Federally Designated Underserved Areas  
<https://www.health.pa.gov/topics/Health-Planning/Pages/Underserved-Areas.aspx>

Community Health Centers			
<b>Strategy 1.1.3 Develop new models and expand on emerging models of health care workforce.</b>			
<b>Lead Organization</b>	<b>2017-2018 Achievements</b>	<b>Priority Issue</b>	<b>Sector</b>
Temple University Pa. Coalition for Oral Health	There were 4 medical schools with a training track for rural/underserved areas in 2017 and the same in 2018.	Access to care Preventive care	

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

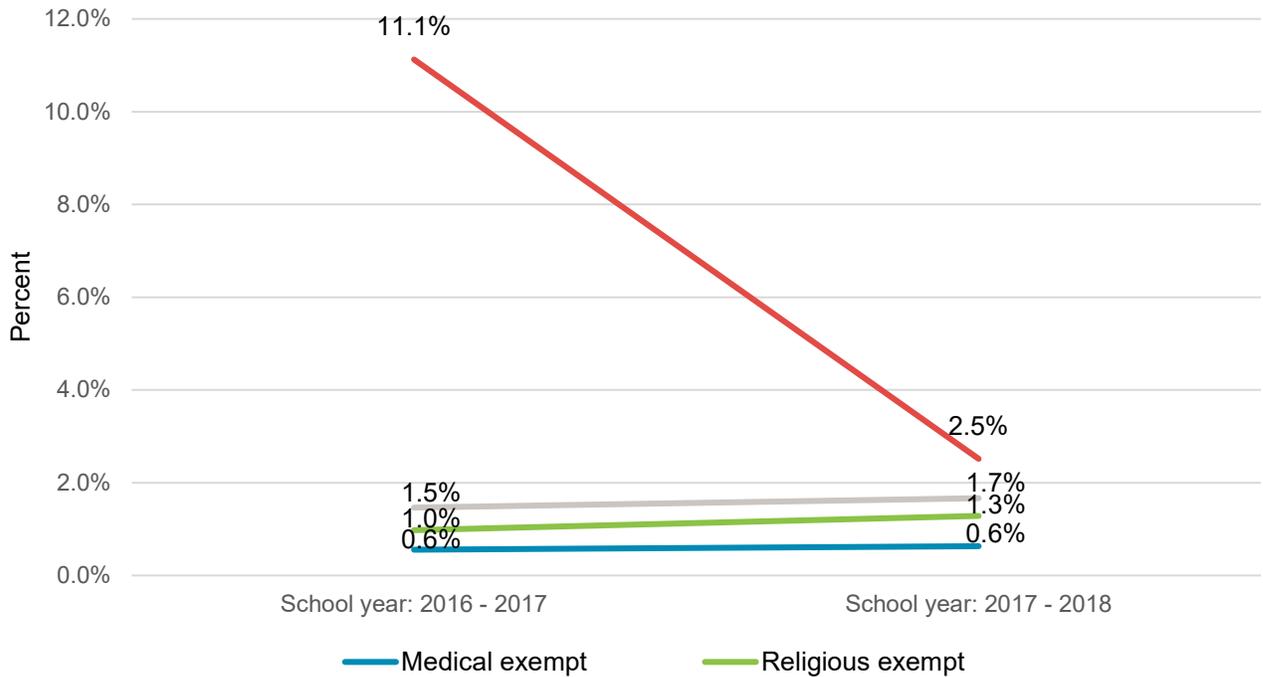
<b>Objective 2.1: Under revision</b>			
<b>Status</b>	<b>Objective</b>	<b>Results</b>	<b>Health Determinant</b>
	Section under revision: The section on mandatory immunization reporting was removed in favor of better tracking through electronic health records. Reporting criteria for the State Immunization Information System is being reviewed.		

<b>Strategy 2.1.2 New! Increase the number of providers participating in the Pennsylvania Patient and Provider Network (P3N) through a health information organization (HIO). (New for 2017-2018)</b>			
<b>Lead Organization</b>	<b>2017-2018 Achievements</b>	<b>Priority Issue</b>	<b>Sector</b>
Pa. eHealth Partnership	Pa. Association of Community Health Centers provides grants to HIOs to help onboard providers. In calendar year 2018, there were 33 new provider connections to public health registries including Electronic Laboratory Reporting (ELR), cancer, immunization, and electronic clinical quality measure through the Public Health Gateway (PHG). There was one PHG/ELR connection in 2017.	Access to care	

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

Status	Objective	Results	Health Determinant
	Implement new regulation	New regulation for a 5-day provisional enrollment period implemented beginning effective Aug. 1, 2017 <sup>16</sup>	

Pennsylvania School Immunizations (Public and Private Schools)



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

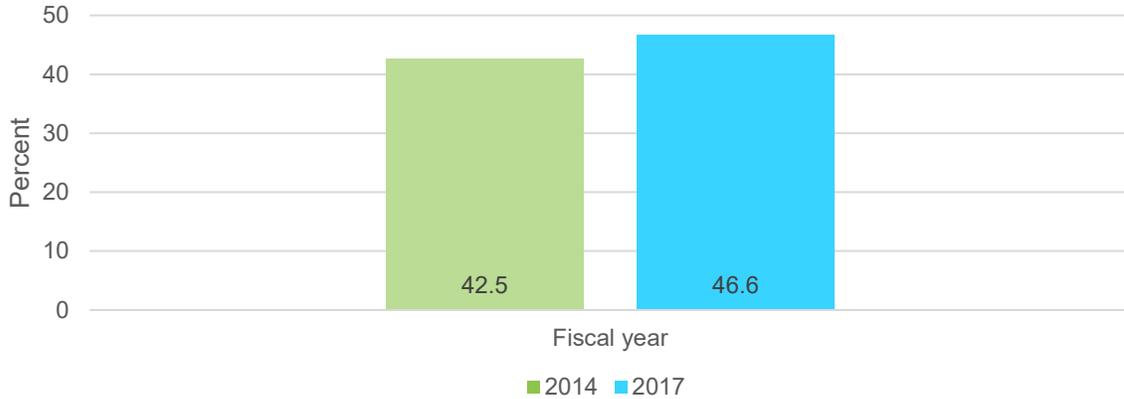
Lead Organization	2017-2018 Achievements	Priority Issue	Sector
Bureau of Communicable Diseases, Pa. Department of Health	The Pennsylvania Code was changed March 3, 2017 to reduce the provisional enrollment period for school students from 8 months to 5 days. This regulation was implemented for the 2017-2018 school year, resulting in a decrease in provisional enrollments but with a slight increase in philosophical and religious exemptions as shown in the above figure.	Preventive care	 

<sup>16</sup> Pennsylvania Code Subchapter C Immunization  
<https://www.pacode.com/secure/data/028/chapter23/subchapCtoc.html>

**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.**

Status	Objective	Results	Health Determinant
	47 percent by 2020	46.6 percent in fiscal year 2017 <sup>17</sup>	

Pennsylvania Youth Ages 1 to 20 Years Old, Enrolled in Medicaid With at Least 90 Days of Continuous Eligibility, Who Had a Preventive Dental Service in the Past Year



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

Lead Organization	2017-2018 Achievements	Priority Issue	Sector
Pa. Coalition for Oral Health	Office of Medical Assistance Programs data shows an increase in total fluoride varnish claims from 36,948 in CY 2015 to 49,527 in CY 2017, a 29.8 percent increase. In 2017, 661 unique medical providers submitted claims for fluoride varnish application compared to 487 in 2015, a 35.7 percent increase. Over 1,200 individuals have been trained in the last 5 years on age one dentistry.	Access to care Preventive care	

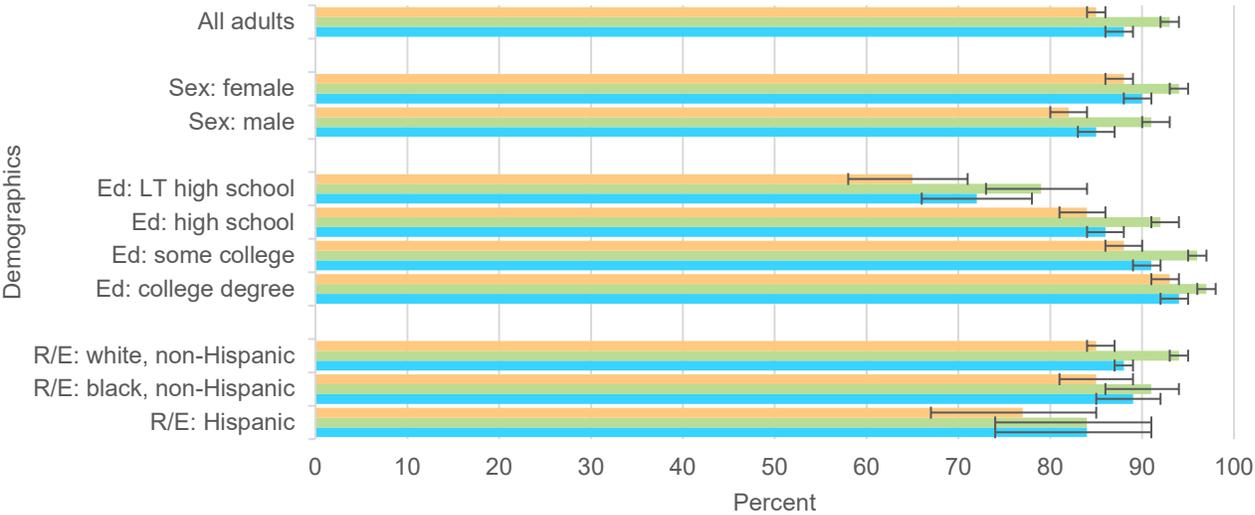
<sup>17</sup> Medicaid Early and Periodic Screening, Diagnostic, and Treatment FY2017 data <https://www.medicaid.gov/medicaid/benefits/epsdt>

**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.			
Status	Objective	Results	Health Determinant
	Establish a method of determining the health literacy of Pennsylvania residents by December 2020. <sup>18</sup>	The BRFSS in Pennsylvania includes this module and is planned to be included in future even years.	

2016 Pennsylvania BRFSS: Health Literacy



Demographics

0 10 20 30 40 50 60 70 80 90 100  
Percent

- Somewhat or very easy to understand written health information
- Somewhat or very easy to understand information from doctors, nurses or other health professionals
- Somewhat or very easy to get needed advice or information about health or medical topics

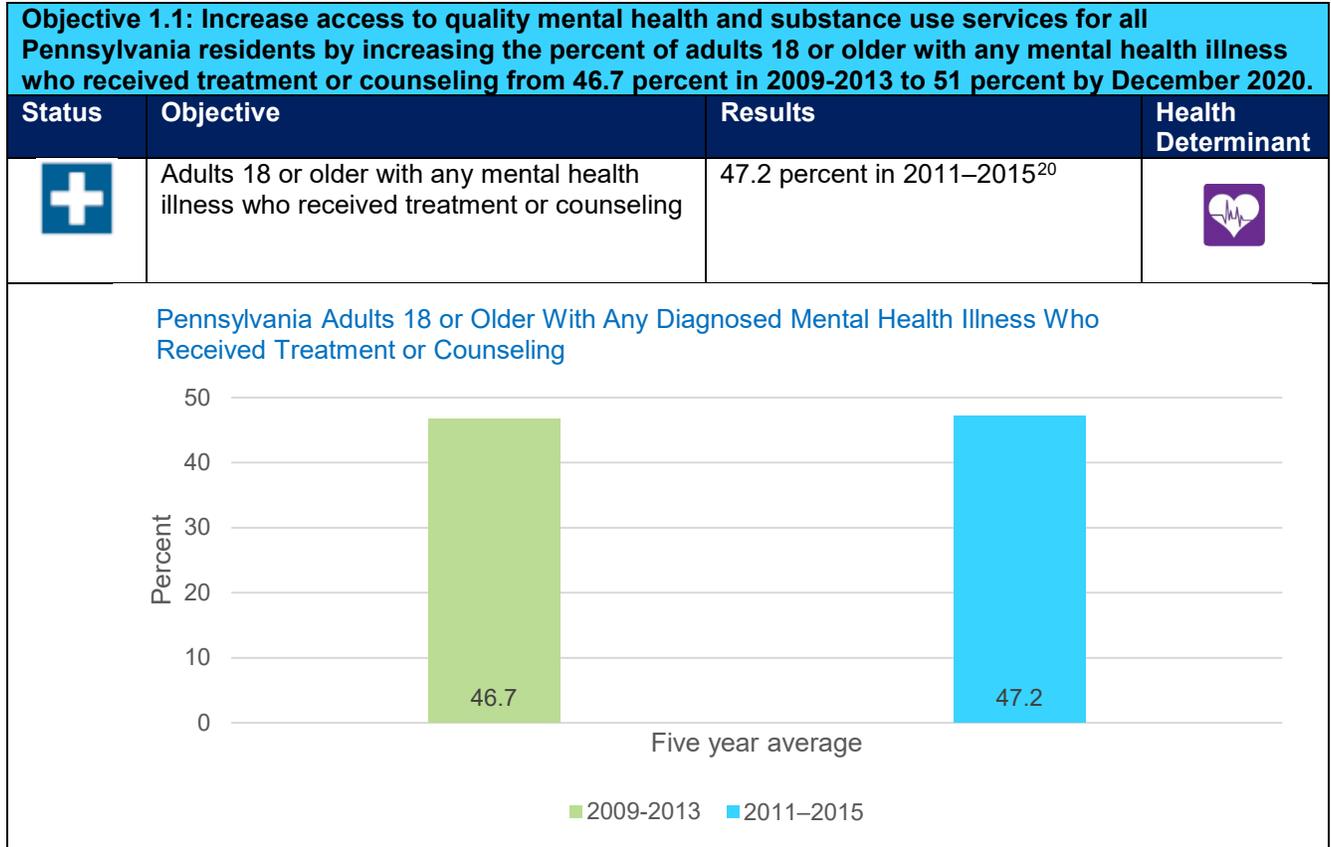
Strategy 3.1.1 Develop a statewide health literacy coalition.			
Lead Organization	2017-2018 Achievements	Priority Issue	Sector
Health Care Improvement Foundation (HCIF)	Pennsylvania Health Literacy Coalition meeting was held in Lancaster on April 30 and May 1. In 2018, 71 people registered, compared with 62 people registered for this meeting in 2017.	Health literacy	
Strategy 3.1.2 Increase capacity of organizations in Pennsylvania to address health literacy needs of patients and consumers.			
Lead Organization	2017-2018 Achievements	Priority Issue	Sector
HCIF	A health literacy toolkit has been created and is available at <a href="http://www.healthliteracypa.org">www.healthliteracypa.org</a> . <sup>19</sup>	Health literacy	

<sup>18</sup> Pennsylvania BRFSS  
<https://www.phaim1.health.pa.gov/EDD/WebForms/BRFSSstate.aspx>  
<sup>19</sup> <http://healthliteracypa.org/>

<b>Strategy 3.1.3 Increase capacity of health care providers in Pennsylvania to communicate clearly with patients.</b>			
<b>Lead Organization</b>	<b>2017-2018 Achievements</b>	<b>Priority Issue</b>	<b>Sector</b>
HCIF	HCIF reached 6,067 providers in 34 counties in Pa. from FY16-FY18 to promote literacy.	Health literacy	
<b>Strategy 3.1.4 Increase capacity of and opportunities for patients and consumers to support and advocate for health literacy.</b>			
<b>Lead Organization</b>	<b>2017-2018 Achievements</b>	<b>Priority Issue</b>	<b>Sector</b>
HCIF	Consumers are not currently engaged in training.	Health literacy	
<b>Strategy 3.1.5 Review the initial Pennsylvania Health Access Network consumer literacy survey results for 2017 and determine outcome goals for subsequent years. (Revised Strategy for 2017)</b>			
<b>Lead Organization</b>	<b>2017-2018 Achievements</b>	<b>Priority Issue</b>	<b>Sector</b>
Pennsylvania Health Access Network	No activity reported	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	2017-2018 Achievements	Priority Issue	Sector
Division of Plan Development	The SHIP Mental Health and Substance Use Task Force had 51 members in 2017-2018 compared to 51 in 2016-2017.	Health status Behavioral health	

<sup>20</sup> Behavioral Health Barometer Pennsylvania, Volume 4, SAMHSA  
[https://www.samhsa.gov/data/sites/default/files/Pennsylvania\\_BHBarometer\\_Volume\\_4.pdf](https://www.samhsa.gov/data/sites/default/files/Pennsylvania_BHBarometer_Volume_4.pdf)

<b>Strategy 1.1.2 Promote consumer and system health literacy.</b>			
<b>Lead Organization</b>	<b>2017-2018 Achievements</b>	<b>Priority Issue</b>	<b>Sector</b>
HCIF	The Health Literacy Coalition website had 519 subscribers at the end of 2017-2018 compared to 459 at the end of 2016-2017. In 2017 the Pa. Department of Human Services issued guidance to Medical Assistance providers regarding the provision of interpretation and translation services free of charge to all individuals who have limited English proficiency, vision limitations and/or auditory limitations. <sup>21</sup>	Health status Behavioral health	
<b>Strategy 1.1.3 Support adoption of meaningful payment reform to optimize access to quality services.</b>			
<b>Lead Organization</b>	<b>2017-2018 Achievements</b>	<b>Priority Issue</b>	<b>Sector</b>
Hospital and Healthsystem Association of Pennsylvania	No activity reported.	Access to care Behavioral health	
<b>Strategy 1.1.4 Adopt proposed Pennsylvania Code Chapter 5200 mental health outpatient clinic regulation changes by 2018.</b>			
<b>Lead Organization</b>	<b>2017-2018 Achievements</b>	<b>Priority Issue</b>	<b>Sector</b>
Rehabilitation and Community Providers Association	Proposed regulations for Chapter 5200 were published in the <u>Pennsylvania Bulletin</u> for consideration on Aug. 12, 2017, to expand opportunity to provide services in underserved areas. <sup>22</sup>	Access to care Behavioral health	
<b>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.</b>			
<b>Lead Organization</b>	<b>2017-2018 Achievements</b>	<b>Priority Issue</b>	<b>Sector</b>
Pa. Department of Health	The SOGI module has been included in the Pa. BRFSS every year from 2014 through the 2018 BRFSS to provide health information about these populations.	Health status Behavioral health	

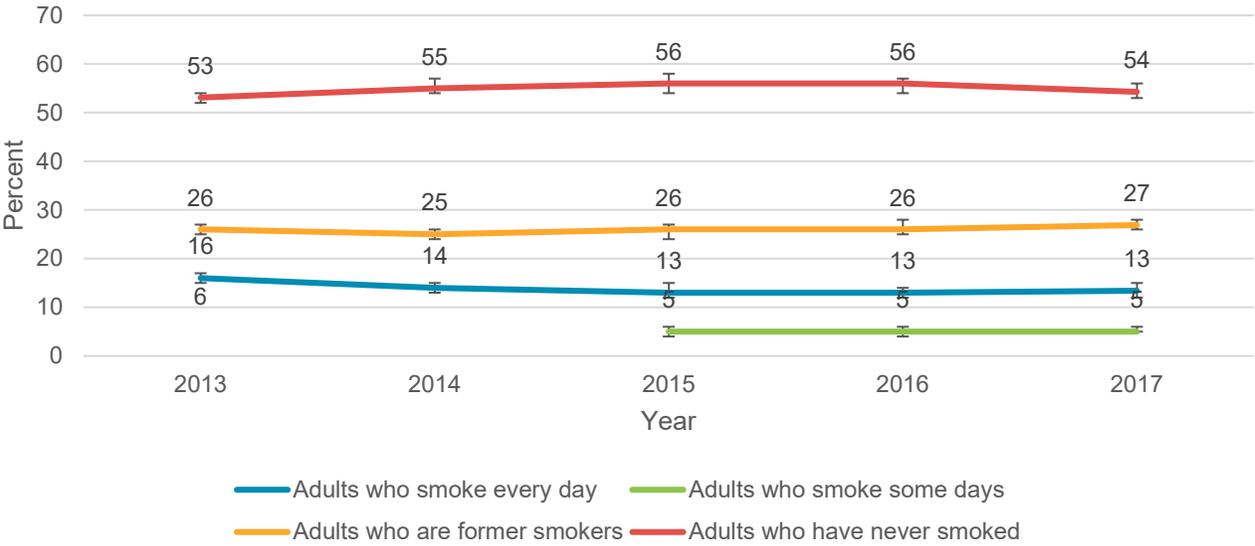
<sup>21</sup> Pa. Department of Human Services. (2017). Medical Assistance Bulletin: Limited English Proficiency Requirements. [http://www.dhs.pa.gov/cs/groups/webcontent/documents/bulletin\\_admin/c\\_264290.pdf](http://www.dhs.pa.gov/cs/groups/webcontent/documents/bulletin_admin/c_264290.pdf)

<sup>22</sup> Pa. Bulletin. (2017). Outpatient Psychiatric Services and Psychiatric Outpatient Clinics. <https://www.pabulletin.com/secure/data/vol47/47-32/1339.html>

**Objective 1.2: By December 2020:**  
 Decrease adults who smoke every day from 16.0 percent in 2013 to 11.3 percent.  
 Decrease adults who smoke some days from 5.7 percent in 2013 to 4.4 percent.  
 Increase adults who are former smokers from 26 percent in 2013 to 31.8 percent.  
 Increase adults who have never smoked from 53 percent in 2013 to 57.6 percent.

Status	Objective	Results	Health Determinant
	Decrease adults who smoke every day from 16% in 2013 to 11.3%.	13.4% in 2017 <sup>23</sup> LCI 12.2, UCI 14.5	
	Decrease adults who smoke some days from 5.7% in 2013 to 4.4%.	5.4% in 2017 <sup>24</sup> LCI 4.6, UCI 6.1	
	Increase adults who are former smokers from 26% in 2013 to 31.8%.	26.9% in 2017 <sup>25</sup> LCI 25.5, UCI 28.3	
	Increase adults who have never smoked from 53% in 2013 to 57.6%.	54.3% in 2017 <sup>26</sup> LCI 52.7, UCI 55.9	

### Pennsylvania BRFSS: Adult Smoking Rates



<sup>23</sup> Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS) <https://www.phaim1.health.pa.gov/EDD/WebForms/BRFSSstate.aspx>  
<sup>24</sup> Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS) <https://www.phaim1.health.pa.gov/EDD/WebForms/BRFSSstate.aspx>  
<sup>25</sup> Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS) <https://www.phaim1.health.pa.gov/EDD/WebForms/BRFSSstate.aspx>  
<sup>26</sup> Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS) <https://www.phaim1.health.pa.gov/EDD/WebForms/BRFSSstate.aspx>

<b>Strategy 1.2.1 Increase access to evidence-based smoking cessation programs.</b>			
<b>Lead Organization</b>	<b>2017-2018 Achievements</b>	<b>Priority Issue</b>	<b>Sector</b>
Division of Tobacco Prevention and Control	The Pa. Quitline received 27,348 calls from Pa. phone numbers, and 9,723 people were enrolled and received at least one counseling call. There was a 33% quit rate among those receiving more than one counseling call. During July 2017 to June 2018, 72.6% of Pa. Quitline enrollees received nicotine replacement therapy (NRT). Provision of NRT as part of services significantly increased 6 month quit rates (30.3%) compared to individuals that did not receive NRT from the PA Free Quitline (22.5%). <sup>27</sup> Technical assistance has resulted in 105 new worksites adopting tobacco policy initiatives protecting 9,764 employees. In July 2017 to June 2018, 53 new multiunit housing sites adopted smoke free policies protecting 22,350 residents. <sup>28</sup>	Health status Behavioral health	 
<b>Strategy 1.2.2 Establish tobacco cessation resources in eight medical care organizations including behavioral providers and begin building baseline data to measure progress in future years.</b>			
<b>Lead Organization</b>	<b>2017-2018 Achievements</b>	<b>Priority Issue</b>	<b>Sector</b>
Division of Tobacco Prevention and Control	The 8 MCOs for Medical Assistance in Pennsylvania offer cessation benefits.	Health status Behavioral health	 
<b>Strategy 1.2.3 Reduce the use of e-cigarettes or other electronic “vaping” through education programs.</b>			
<b>Lead Organization</b>	<b>2017-2018 Achievements</b>	<b>Priority Issue</b>	<b>Sector</b>
Division of Tobacco Prevention and Control	From July 2017 to June 2018, Worksite Tobacco and Wellness Policy Index forms were completed by 56 new worksites. Of these, 80 percent had improved index scores with policies to prohibits use of e-cigarettes or other “vaping” products. <sup>29</sup>	Health status Behavioral health	 

<sup>27</sup> MPOWER Annual Summary Report State Fiscal year 2017/2018, Pennsylvania Tobacco Prevention and Control Program

[https://www.livehealthypa.com/docs/default-source/tobacco-use/mpower\\_2018.pdf](https://www.livehealthypa.com/docs/default-source/tobacco-use/mpower_2018.pdf)

<sup>28</sup> MPOWER Annual Summary Report State Fiscal year 2017/2018, Pennsylvania Tobacco Prevention and Control Program

[https://www.livehealthypa.com/docs/default-source/tobacco-use/mpower\\_2018.pdf](https://www.livehealthypa.com/docs/default-source/tobacco-use/mpower_2018.pdf)

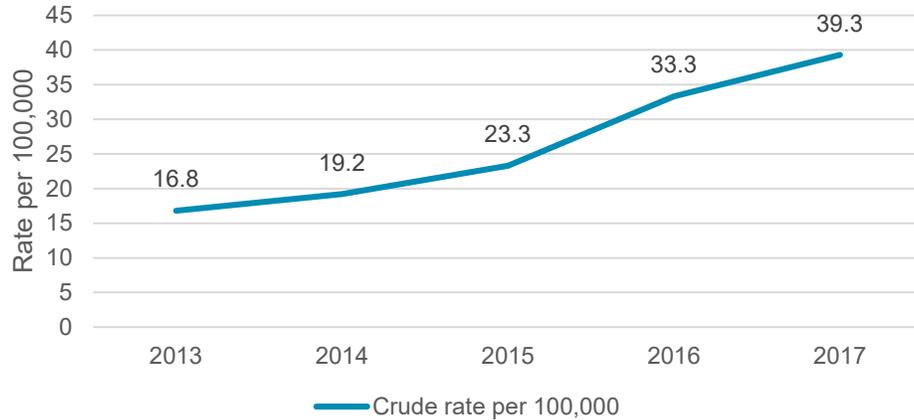
<sup>29</sup> MPOWER Annual Summary Report State Fiscal year 2017/2018, Pennsylvania Tobacco Prevention and Control Program

[https://www.livehealthypa.com/docs/default-source/tobacco-use/mpower\\_2018.pdf](https://www.livehealthypa.com/docs/default-source/tobacco-use/mpower_2018.pdf)

**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.**

Status	Objective	Results	Health Determinant
	Decrease rate of deaths due to substance use from 17.1 per 100,000 in 2012 to 15.4 per 100,000 deaths*	39.3 drug poisonings listed as cause of death per 100,000 in 2017 <sup>30</sup>	

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



\*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 16.6 per 100,000.

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

Lead Organization	2017-2018 Achievements	Priority Issue	Sector
Department of Drug and Alcohol Programs	The Pennsylvania Client Placement Criteria for Adults (PCPC) was phased out and the American Society of Addiction Medicine (ASAM) screening criteria for determining the most appropriate care for individuals with substance use disorders became mandatory as of July 1, 2018.	Health status Behavioral health	 

<sup>30</sup> Pennsylvania Death Certificate Dataset  
<https://www.phaim1.health.pa.gov/EDD/WebForms/DeathCntySt.aspx>

<b>Strategy 1.3.2 Ensure the full continuum of care is available for individuals suffering from substance use disorder.</b>			
<b>Lead Organization</b>	<b>2017-2018 Achievements</b>	<b>Priority Issue</b>	<b>Sector</b>
Pa. Department of Drug and Alcohol Programs	Calls to the Get Help Now Intake Hotline since data has been collected, starting the beginning of the week of 11/10/16 through the week of 6/4/18, have averaged 345 calls per week with an average of 44% resulting in intakes by individuals seeking treatment. <sup>31</sup> The rate per 1,000 population of buprenorphine dispensation filled by pharmacies in the first quarter of 2017 was 21.52 and 23.52 in 2018. <sup>32</sup>	Health status Behavioral health	 
<b>Strategy 1.3.3 Promote public education and awareness for preventing prescription drug and opioid misuse, abuse and overdose.</b>			
<b>Lead Organization</b>	<b>2017-2018 Achievements</b>	<b>Priority Issue</b>	<b>Sector</b>
Pa. Department of Drug and Alcohol Programs	Pennsylvania physicians were required to take 2 hours of education in pain management, identification of addiction, or safe opioid prescribing to renew their medical license in 2018. <sup>33</sup>	Health status Behavioral health	 
<b>Strategy 1.3.4 Reduce access to prescription drugs for misuse and abuse.</b>			
<b>Lead Organization</b>	<b>2017-2018 Achievements</b>	<b>Priority Issue</b>	<b>Sector</b>
Prescription Drug Monitoring Program	The rate of prescriptions for opioids (all schedules excluding buprenorphine) in Pennsylvania have decreased: 158.1 per 1,000 in 2018 quarter two compared to 181.4 per 1,000 in 2017 quarter two. This is a decrease of 298,990 prescriptions. <sup>34</sup> 686 drug take back boxes were listed by county drug and alcohol programs as of May 2018. <sup>35</sup> The Safe and Effective Prescribing Practices Task Force has published 11 opioid prescribing guidelines. <sup>36</sup> The next guidelines to be developed are for opioid use disorder and sickle cell disease.	Health status Behavioral health	 

<sup>31</sup> Drug and Alcohol Treatment Get Help Now Intake Hotline County Drug and Alcohol Programs, Open Data Pennsylvania

<https://data.pa.gov/Opioid-Related/Drug-and-Alcohol-Treatment-Get-Help-Now-Intake-Hot/46ti-pw3n>

<sup>32</sup> Buprenorphine Dispensation Data Quarter 3 2016 through Current Statewide Health, Open Data Pennsylvania

<https://data.pa.gov/Opioid-Related/Buprenorphine-Dispensation-Data-Quarter-3-2016-thr/6js5-2mjf/data>

<sup>33</sup> Prescription Drug Monitoring Program Preventing Opioid-Use Disorder

<https://data.pa.gov/stories/s/rt9u-wz4c>

<sup>34</sup> Prescription Drug Monitoring Program Interactive Data Report

<https://www.health.pa.gov/topics/programs/PDMP/Pages/Data.aspx>

<sup>35</sup> Prescription Drug Take-Back Box Locations County Drug and Alcohol Programs, Open Data Pennsylvania

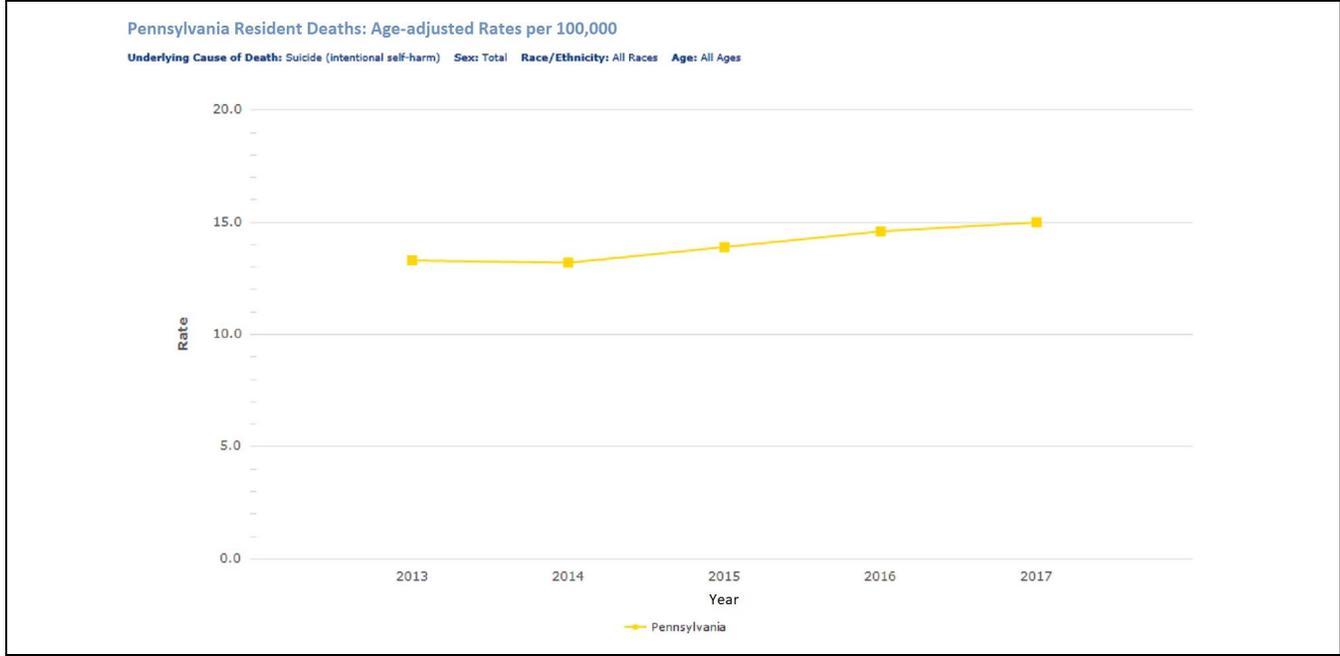
<https://data.pa.gov/Opioid-Related/Prescription-Drug-Take-Back-Box-Locations-County-D/vjk8-em4w/data>

<sup>36</sup> Pa. Department of Health. (2019). Opioid Prescribing Guidelines

<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.**

Status	Objective	Results	Health Determinant
	10.9 per 100,000 in December 2020.	14.6 suicides listed as cause of death per 100,000 deaths in 2016 <sup>37</sup>	



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

Lead Organization	2017-2018 Achievements	Priority Issue	Sector
Pa. Department of Human Services	Act 74, signed in July 2016, now requires licensees of the State Board of Psychology and the State Board of Social Workers, Marriage & Family Therapists, and Professional Counselors to complete one hour of continuing education in the assessment, treatment and management of suicide risk as a portion of the total continuing education required for license renewal. <sup>38</sup>	Health status Behavioral health	 

<sup>37</sup> Pennsylvania Death Certificate Dataset  
<https://www.phaim1.health.pa.gov/EDD/WebForms/DeathCntySt.aspx>

<sup>38</sup> Pa. General Assembly. (2016). Act 74.  
<https://www.legis.state.pa.us/cfdocs/legis/li/uconsCheck.cfm?yr=2016&sessInd=0&act=74>

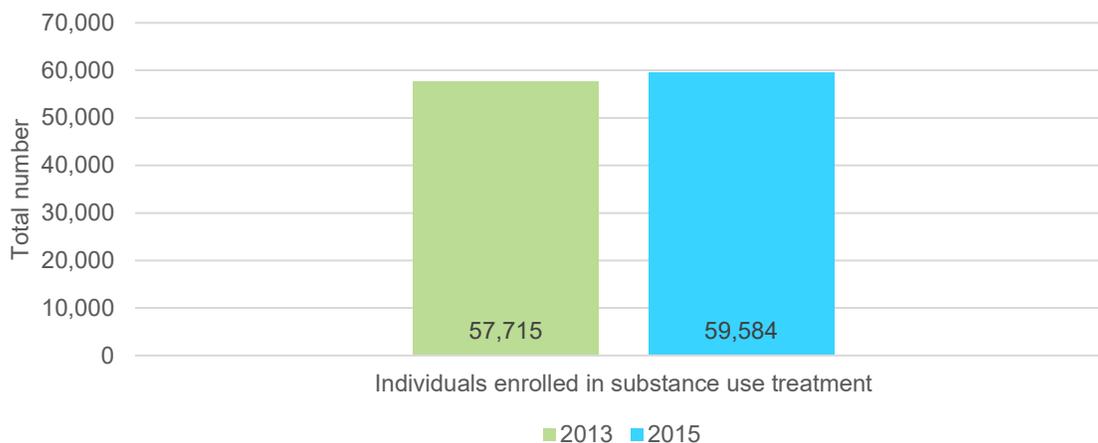
<b>Strategy 1.4.2 Increase access to educational programs about suicide risk for all residents.</b>			
<b>Lead Organization</b>	<b>2017-2018 Achievements</b>	<b>Priority Issue</b>	<b>Sector</b>
Pa. Department of Human Services	<p>Two suicide prevention conferences were held in fiscal year 2017-2018, the Pa. Higher Education Suicide Prevention Conference and Prevent Suicide PA Conference.</p> <p>The annual high school public service announcement contest for youth suicide prevention was held for the 7th year for: poster, 60-second video, 30-second video, 30-second audio. Winners, honorable mentions and noteworthy submissions are posted to the Prevent Suicide PA website.<sup>39</sup></p> <p>In 2017 and 2018, Prevent Suicide PA hosted 3 "Suicide Prevention Night at the Ballpark" events to recognize the winners of the high school PSA contest.</p> <p>Prevent Suicide PA utilizes social media sites on Facebook, Twitter and Instagram. Posts are sent out from these sites 6 to 7 times per week on average.</p> <p>Walks and runs, booths at professional sporting events and health fairs to promote suicide prevention are used on a local basis by many county task forces.</p>	Health status Behavioral health	 
<b>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.</b>			
<b>Lead Organization</b>	<b>2017-2018 Achievements</b>	<b>Priority Issue</b>	<b>Sector</b>
Pa. Department of Human Services	There are currently 800 Question, Persuade, and Refer (QPR) training instructors in Pa., with 281 of these instructors trained.	Health status Behavioral health	 
<b>Strategy 1.4.4 Increase access to available quality resources for those at risk for, or impacted by, suicide.</b>			
<b>Lead Organization</b>	<b>2017-2018 Achievements</b>	<b>Priority Issue</b>	<b>Sector</b>
Pa. Department of Human Services	Office of Mental Health and Substance Use Services (OMHSAS) refers to national guidance documents and resources from the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Suicide Prevention Resource Center (SPRC), including the <u>Zero Suicide</u> program.	Health status Behavioral health	 

<sup>39</sup> <https://www.preventsuicidepa.org/>

**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 percent in 2009-2013 to 54.7 by December 2020, plus an increase in enrollment in substance use treatment by 20 percent by December 2020, from 57,715 enrollees in 2013 to 69,260.**

Status	Objective	Results	Health Determinant
	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.	47.2% in 2011–2015 <sup>40</sup>  59,584 individuals enrolled in substance use treatment in 2015, a 3.2% increase from 2013 <sup>41</sup>	 

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



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

Lead Organization	2017-2018 Achievements	Priority Issue	Sector
Pa. Department of Human Services	No activity reported	Health status Behavioral health	 

<sup>40</sup> Behavioral Health Barometer Pennsylvania, Volume 4, SAMHSA  
[https://www.samhsa.gov/data/sites/default/files/Pennsylvania\\_BHBarometer\\_Volume\\_4.pdf](https://www.samhsa.gov/data/sites/default/files/Pennsylvania_BHBarometer_Volume_4.pdf)

<sup>41</sup> Behavioral Health Barometer Pennsylvania, Volume 4, SAMHSA  
[https://www.samhsa.gov/data/sites/default/files/Pennsylvania\\_BHBarometer\\_Volume\\_4.pdf](https://www.samhsa.gov/data/sites/default/files/Pennsylvania_BHBarometer_Volume_4.pdf)

## Appendix A

### 2017-2018 Advisory Committee

John Alduino, Sr., Director Preventive Health Services, American Cancer Society

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Department of Health

Lisa Davis, Director, Pa. Office of Rural Health

Barry L. Denk, Director, The Center for Rural Pa.

Barbara Deppen, Aging Services Specialist, Bureau of Aging Services, Pa. Department of Aging

Kimberly Early, Executive Policy Manager, Health Policy Office, Pa. Department of Health

Cindy Findley, Acting Director Division of Immunizations, Bureau of Communicable Diseases, Pa.  
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Amy Flaherty, Public Health Program Director, Division of Nutrition and Physical Activity, Pa.  
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Jeff Geibel, Drug and Alcohol Program Supervisor, Department of Drug and Alcohol Programs

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Lori Gutierrez, Executive Policy Specialist, Health Policy Office, Pa. Department of Health

Angie Halaja-Henriques, Chief QI and Public Health Officer, Pa. Academy of Family Physicians

Ellie Hogentogler, Marketing and Communications Manager, Penn State Hershey PRO Wellness  
Center

Alicia Hoke, Research Project Manager, Penn State Hershey PRO Wellness Center

Matthew Hurford, M.D., Vice President of Medical Affairs, Community Care Behavioral Health

Vicky Kistler, Allentown Health Bureau

Barbara Kovacs, York City Bureau of Health

Diane Kripas, Division Chief, Recreation and Conservation Partnerships Division, Greenways and  
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Cynthia Malinen, Violence and Injury Prevention Program Section Chief, Health Promotion and Risk  
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Krista Pattison, Penn State PRO Wellness Center  
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Lori Rancik, RN BSN, Case Manager of the Women's Health Center, Penn Highlands Healthcare  
Kelly Ranieli, Board President, Free Clinic Association of Pa.  
Deanna Reiss, Nursing Director, Devereux Children's Behavioral Health Services  
Cheri L. Rinehart, President and CEO, Pa. Association of Community Health Centers  
Stephanie Rovito, Director of Population Health, Health Innovation, Pa. Department of Health  
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Danielle Rudy, Supportive Housing Officer, Pa. Housing Finance Agency  
Laura Saccente, Director, Pa. Statewide Afterschool/Youth Development Network (PSAYDN)  
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Sharon Watkins, Director, Bureau of Epidemiology, Pa. Department of Health  
Kristen Wenrich, MPH, CPH, Health Director, Bethlehem Health Bureau

## Appendix B

### 2017-2018 Obesity, Physical Inactivity and Nutrition Task Force

Tina Amato, Nutrition and Physical Activity Manager, Allentown Health Bureau  
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Andrew Blum, Policy Specialist, Pa. Department of Transportation, Policy Office  
Melissa Bopp, Coordinator, Exercise is Medicine on Campus, Pa. State University Dept Kinesiology  
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Linda Johns, Wellness Nurse, Devereux Children's Behavioral Health Center  
Diane Kripas, Division Chief, Bureau of Recreation and Conservation, Department of Conservation  
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Ted Kyle, Vice-Chair, Obesity Coalition and Founder, ConscienHealth, Obesity Action Coalition  
Hugh Lavery, Health Services/Hospital Administrator, Thomas Jefferson University Hospital  
Brian Lentz, Director Bureau of Health Planning, Pa. Department of Health  
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Mark Milliron, Public Health Program Administrator, Division of Plan Development, Pa. Department of  
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Emily Nardella, Community Impact Manager-Health, United Way of the Capital Region

Eric Neal, CEO of YMCA of Indiana County and State Alliance Executive Committee  
Ngani Ndimbie, Executive Policy Specialist, Pa. Department of Transportation  
Krista Pattison, Penn State PRO Wellness Center  
Deanna Philpott, Pa. State Coordinator, Pa. Chapter of Action for Healthy Kids  
Carol Reichbaum, Senior Project Coordinator, Center for Public Health Practice  
Robin Rothermel, Pa. Medical Society  
Stephanie Rovito, Director, Innovation Center, Population Health, Pa. Department of Health  
Meg Rowe, Consumer Protection and Licensure Coordinator, Pa. Academy of Nutrition and Dietetics  
Laura Saccente, Director, Pa. Statewide Afterschool/Youth Development Network (PSAYDN)  
David Saunders, Director, Office of Health Equity, Pa. Department of Health  
Sandra Sherman, State Team Chair, Action for Healthy Kids and Director of Nutrition Education, The Food Trust, Pa. Chapter of Action for Healthy Kids  
Susan Shermer, Chapter Administrator, Pa. Chapter of the American Planning Association  
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Ann Spottswood, Director of Community Services, Summit Health  
Sarah States, Director of Research and Science Education, Let's Move Pittsburgh  
William Sunday, Public Health Program Administrator, Bureau of Health Planning, Pa. Department of Health  
Verlyn Warrington, MD, Obesity Medicine Association  
Laurie Weinreb-Welch, Penn State Extension, Centre, Lycoming and Clinton counties  
Amy Wishner, Director, EPIC® Pediatric Obesity, Pa. American Academy of Pediatrics  
Susan Wokulich, Director of Allocations and Agency Relations, United Way of the Capital Region  
Alice Yoder, Executive Director of Community Health, Penn Medicine Lancaster General Health

## Appendix C

### 2017-2018 Primary Care and Preventive Services Task Force

Chris Alichnie, Past President, Pa. State Nurses Association

Janet Bargh, Division Director, Division of Plan Development, Pa. Department of Health

Glenn Brown, Director of Support Services and Business Development, EmeryCare

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Carolyn Cass, Director, Bureau of Family Health, Pa. Department of Health

Martin Ciccocioppo, Executive Director, Pa. eHealth Partnership Authority, Pa. Department of Health

Cindi Christ, Chief Operations Officer, Pennsylvania Association of Community Health Centers

Susan Cosgrove, Project Manager, Health Care Improvement Foundation

Michael Consuelos, Senior Vice President, Clinical Integration, Hospital and Healthsystem Association of Pa.

Caryn Decker, Public Health Program Administrator, Bureau of Family Health, Pa. Department of Health

Susan DeSantis, Board Administrator, Pa. Society of Physician Assistants

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Tracie Gray, Children's Health Insurance Program, Pa. Department of Insurance

Stacey Gustin, Community Health Nurse, Bureau of Family Health, Pa. Department of Health

Helen Hawkey, Executive Director, Pa. Coalition for Oral Health

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David Kelley, Medical Director, Department of Human Services

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Betsy Snook, CEO, Pa. State Nursing Association  
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Jenifer Thompson, Director of Program Services, Pennsylvania Coalition Against Domestic Violence  
Ann Torregrossa, Pa. Health Funders Collaborative  
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Amy Wishner, Program Director, Pa. Chapter, American Academy of Pediatrics  
Brian Wright, Director, Bureau of Information Technology, Division of Health Informatics, Pa.  
Department of Health

## Appendix D

### 2017-2018 Mental Health and Substance Use Task Force

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Janet Bargh, Division Director, Division of Plan Development, Pa. Department of Health

Erich Batra, Board of Directors, Prevent Suicide Pa.

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Shamit Chaki, Director, Crisis Response Center, Einstein Healthcare Network

Lynn Cooper, Assistant Director, Rehabilitation and Community Providers Association

Susan Cosgrove, Project Manager, Health Care Improvement Foundation

Barry L. Denk, Director, The Center for Rural Pa.

Michele Denk, Executive Director, Pa. Association of County Drug and Alcohol Administrators

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Lynn Keltz, Executive Director, Pa. Mental Health Consumers Association

Weston Kensinger, Professor-in-Charge Health Education Graduate Program, Penn State Harrisburg

Grace Kindt, Chief, Prevention Section, Pa. Department of Drug and Alcohol Programs

Lisa Kramer, Director of Outpatient Services, Comhar Inc. Mental Health Center

Sharon Larson, Executive Director, Center for Population Health Research, Lankenau Institute for  
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Brian Lentz, Director, Bureau of Health Planning, Pa. Department of Health

Cyndi Malinen, Violence and Injury Prevention Program Section Chief, Health Promotion and Risk  
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Rebecca May-Cole, Executive Director, Pa. Association of Area Agencies on Aging

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Luciano Rasi, Director, Temple University Health System Utilization Management  
George Reitz, Drug and Alcohol Program Analyst, Department of Drug and Alcohol Programs  
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James Schuster, Chief Medical Officer, Community Care Behavioral Health  
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Alden Small, Statistical Analyst Supervisor, Division of Statistical Support, Pa. Department of Health  
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Bill Stauffer, Executive Director, Pa. Recovery Organizations – Alliance (PRO-A)  
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