



2015-2020 Pennsylvania State Health Improvement Plan Update Healthy people, healthy communities, healthy Pennsylvania

The [Pennsylvania State Health Improvement Plan](#) (SHIP), a five-year strategic plan to improve the health of Pennsylvania residents, was recently published. The result of over a year of collaboration with a diverse partnership of stakeholders, this plan sets health priorities and identifies strategies, goals and measurable outcomes to enable stakeholders of the state's public health system to coordinate efforts and provide more efficient and integrated programs. The SHIP can be used for state, regional and local community health improvement planning, as well as regional and local community health

assessment, agency strategic planning, operational planning, etc. One hundred fifty stakeholders in many public health roles participated in the development of the SHIP. Included in the collaboration were community organizations and advocacy groups, local coalitions and agencies, professional associations, health systems, managed care organizations, universities, and state agencies.

The three health priorities in the Pennsylvania SHIP are:

- Obesity, physical inactivity and nutrition;
- Primary care and preventive services; and
- Mental health and substance use.

The 2015-2020 SHIP in a Nutshell

Following are the goals and objectives determined for each of the priority issues identified in the SHIP. The plan is being implemented through collaboration with stakeholders at the state and local levels. Lead organizations and individuals have been identified to carry out the strategies that were developed. See the plan for specific strategies and activities and for much more information.

Priority Issue 1: Obesity, Physical Inactivity and Nutrition

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

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

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.

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.

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.

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.

Priority Issue 2: Primary Care and Preventive Services

Goal 1 Improve access to primary care services for Pennsylvanians.

Objective 1.1 Reduce the number of federally designated Geographic and Population Health Professional Shortage Areas (HPSA) by 3 percent by December 2020:

Primary care: from 45 to 43

Dental: from 61 to 59

Mental health: from 26 to 25

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

Objective 2.1 Increase the percent of providers that report the administration of all immunizations into the State Immunization Information System to 100 percent by December 2020.

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.

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.

Priority Issue 3: Mental Health and Substance Use

Goal 1 Pennsylvania residents will have access to the best practices in screening, support, assessment and treatment for mental health and substance use disorders 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 receive treatment or counseling through Medical Assistance 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 Medical Assistance 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.

July is ...

[Cord Blood Awareness Month](#)

[International Group B Strep Awareness Month](#)

[Juvenile Arthritis Awareness Month](#)

[National Cleft & Craniofacial Awareness & Prevention Month](#)

[World Hepatitis Day](#) (July 28)



“Don’t Wait, Vaccinate” Campaign

Pennsylvania currently allows for an eight-month provisional period from the time school begins for parents to get their child’s immunizations up to date. A child could be enrolled in a provisional status from August/September to April/May. The Departments of Health and Education are in the process of amending the school immunization regulations. One of the proposed changes is reducing the eight-month provisional period to five days. This coincides with one of the SHIP objectives to reduce the eight-month provisional enrollment period for children to receive all required school immunizations by December 2020.

To learn more visit the [Don’t Wait, Vaccinate](#) website.

This program supports SHIP Priority Issue 2, Goal 2.



Safe Routes to School (SRTS) in Pennsylvania

Safe Routes to School is a collaborative program in Pennsylvania that enables and encourages students to walk or bicycle to school, including students with disabilities.

A Resource for Healthy Walking and Bicycling

The SRTS [website](#) serves as a central clearinghouse of information that a community can use to develop, implement and maintain safe, healthy walking and bicycling routes to schools. The site includes the latest news, funding information, training opportunities, resources and materials available on Safe Routes to School in Pennsylvania.

Collaborative Partnerships

Safe Routes to School programs are built on collaborative partnerships among many stakeholders, including educators, parents, students, elected officials, engineers, community planners, business and community leaders, health officials, and bicycle and pedestrian advocates. Review the [“Making Strides”](#) report card assessing each state, including Pennsylvania, on 24 indicators specific to walking, biking and active kids. The report cards primarily look at state policy focusing on four key areas: Complete Streets and Active Transportation, Safe Routes to School and Active Transportation Funding, Active Neighborhoods and Schools, and State Physical Activity Planning and Support. In 2016, Pennsylvania scored 91/200 overall, placing it in the “Warming Up” category.



[America Walks](#), working with the Safe Routes to School National Partnership and the [YMCA](#), is offering a webinar on July 12, [Grading the Walking Movement: The 2016 State Report Cards](#).

This program supports SHIP Priority Issue 1, Goal 3.

Prescription Drug Monitoring Program (PDMP)

Pennsylvania's [PDMP](#) is a program to help prevent prescription drug abuse and protect the health and safety of our communities. This program will allow the Department of Health to monitor Schedule II through Schedule V controlled substances and give prescribers and dispensers access to a patient's controlled substance prescription medication history through a secure database. Health care professionals will have the information they need to enable them to make more informed decisions about prescribing and dispensing monitored prescription drugs to their patients. Information for dispensers, prescribers and patients is available at the PDMP program website (linked above).

This program supports SHIP Priority Issue 3, Goal 1.

COMMENTARY

Plants: Partners in Health?

“Vegetables, Fruits, Herbs and You”

A strategy in the SHIP aims to increase opportunities for access to and consumption of healthy foods, especially fruits and vegetables. This article discusses the merits of gardening, from a few pots on a windowsill to a backyard garden. Not only can gardening improve your diet, it can also help to relieve stress, reduce anxiety and increase physical activity, among many other benefits.

[Read more from the National Institutes of Health.](#)

This article supports SHIP Priority Issue 1, Goal 4.

EVENTS AND TRAININGS

Cultural Sensitivity Training for Mental and Medical Health Professionals

Sponsored by the Pennsylvania Developmental Disabilities Council, the purpose of these trainings is to ultimately eliminate health disparities by improving the quality of care within health care systems. The trainings include a didactic portion in which participants receive comprehensive instruction on using intercultural humility and intercultural sensitivity to develop relationships and communicate effectively with patients cross-culturally. Also included is a practical portion in which participants experience scenarios that allow them to employ the skills learned in the didactic portion of the training.

This is an all day free training. Check-in will begin at 7:30 a.m.. The training will end at 5 p.m. Lunch will be provided.

When: Sept. 15, 2016, or April 27, 2017

Where: African-American Museum, 701 Arch St., Philadelphia, PA 19106

For more information, visit [The ECWITI Group](#).

This training supports SHIP Priority Issues 2 and 3.



CDC TRAIN

The CDC offers numerous training and continuing education programs through [CDC TRAIN](#), including webcasts and web-based self-study programs, which support many of the SHIP goals and strategies. Some examples of this include [Community Water Fluoridation 101](#), [Health Literacy and Cultural Competency in Behavioral and Medical Health](#), [A Guide To Educating Patients](#), [Immunization Strategies: Using the Evidence and What Works to Improve Practice](#), and many others. [CDC TRAIN](#) is available to learners in the public health community, including public health practitioners, health care professionals, laboratorians, epidemiologists, veterinarians, first responders, educators and students. To start, select "Create Account" on the left menu to register for TRAIN. TRAIN is a free service of the Public Health Foundation.

RESOURCES AND TOOLS

Understanding the Social Determinants of Health

“Understanding the Social Determinants of Health – A Self-Guided Learning Module for Rural Health Care Teams” from the University of Iowa and the Center for Rural Health Policy Analysis is a program for people who work in rural health and are interested to learn more about the concept of social determinants of health. It includes a lesson plan that can be used to facilitate group discussion and to enable rural health teams to improve outcomes in their communities by addressing factors that contribute to the social determinants of health. Find out more from [Rural Health Value](#).

This program supports SHIP Priority Issue 2, Goal 3.

PA Free Quitline

The [PA Free Quitline](#) is a free online service available to all Pennsylvanians. By signing up, an individual gets access to special tools, a support team of coaches, research-based information and a community of others trying to become tobacco free. Expert coaches can talk about overcoming common barriers, such as dealing with stress, fighting cravings, coping with irritability and controlling weight gain.

Also offered is a free telephone service, so people can speak to a coach in person, if preferred. Through the telephone program, a free two-week supply of tobacco cessation patches or gum is available to people age 18 and older.

Quick Facts

CDC Fact Sheet: [Current Cigarette Smoking Among Adults in the United States](#)

This program supports SHIP Priority Issue 3, Goal 1.



Young Lungs at Play

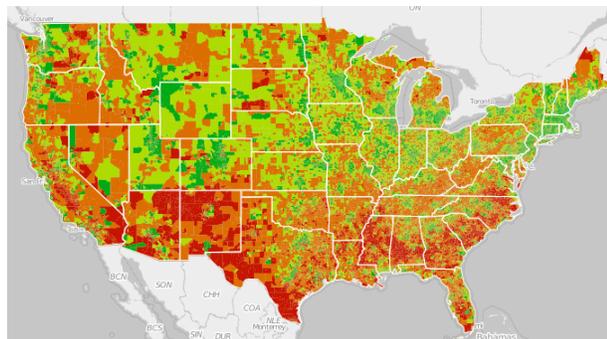
[Young Lungs at Play](#) is a program aimed at helping communities create tobacco-free parks, playgrounds and recreational areas for children. Many Pennsylvania communities have adopted outdoor tobacco-free policies at parks, zoos, athletic fields, playgrounds, trails and even city sidewalks and streets to help protect both children and the environment. Tools available through the website include outreach material for schools, municipalities, sports and recreation programs; fact sheets; sample policies, ordinances and resolutions; and sample announcements and press releases.

This program supports SHIP Priority Issue 3, Goal 1.

DATA AND STATISTICS

Health Literacy Data Map

The [Health Literacy Data Map](#) is a new tool from the University of North Carolina at Chapel Hill. Using census data, the website provides an online, searchable map of health literacy estimates for the entire United States. The predictive model was created using 2010 Census data and 2011 5-year American Community Surveys (ACS) summary files. The health literacy estimates are based on the 2003 National Assessment of Adult Literacy (NAAL). Estimates using standard demographics predict the mean health literacy of individuals living in each census block group. For more information about the tool, see [CommunicateHealth](#) "Health Lit Live."



This article supports SHIP Priority Issue 2, Goal 3.

What is "Health Literacy?"

"Considerations for a New Definition of Health Literacy"

"The field of health literacy has evolved over the decades. While early work focused on individual skills (and deficits) and specific products (brochures and documents, for example), the authors of this article have come to a greater appreciation that health literacy is multidimensional—it includes both system demands and complexities as well as the skills and abilities of individuals. The individuals may be patients or family members, and the providers of information may be health care providers, protocol developers, insurance organizations, pharmaceutical companies, and others." Read more from the [National Academy of Medicine](#).

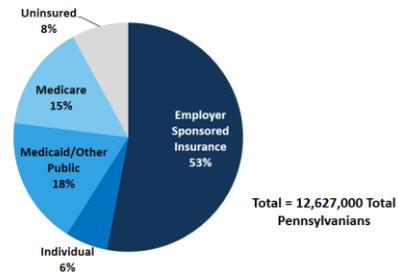
Pleasant A, Rudd RE, O'Leary C, Paasche-Orlow MK, Allen MP, Alvarado-Little W, Myers L, Parson K, Rosen S. Considerations for a New Definition of Health Literacy. *NAM*. April 04, 2016.

This article supports SHIP Priority Issue 2, Goal 3.

Kaiser Family Foundation Report

The recently published report, “The Pennsylvania Health Care Landscape,” includes current data useful for writing grant applications, reports to boards of directors and outreach to the public to describe the factors affecting health status in Pennsylvania. Information includes demographics, population health statistics, information about the economy and budget, insurance coverage and the health insurance marketplace, Medicaid expansion and the delivery system. The endnotes provide a list of sources from state and federal government agencies, research organizations and professional associations that can be used for expanded research when developing proposals, grant writing or gathering current information to answer questions about public health in Pennsylvania. The report can be found at the [Kaiser Family Foundation](http://www.kff.org) website.

Figure 6
Health Insurance Coverage of the Total Population in Pennsylvania, 2014



NOTES: Data may not sum to totals due to rounding and the exclusion of these people. Data exclude a small number of people with private coverage of an unknown source. Medicaid includes those covered by Medicaid, CHIP, and both Medicaid and another type of coverage, such as dual eligibles who are also covered by Medicare.
SOURCE: Kaiser Family Foundation estimates based on the Census Bureau's March 2015 Current Population Survey (CPS: Annual Social and Economic Supplements).



Research

The Pennsylvania Department of Health has proposed changes to regulations related to required immunizations to ensure that children attending school in the commonwealth are adequately protected against potential outbreaks of vaccine-preventable diseases. Research has shown that unvaccinated children in the population increase the risk for resurgence of preventable diseases. **“Association Between Vaccine Refusal and Vaccine-Preventable Diseases in the United States: A Review of Measles and Pertussis.”**

“A substantial proportion of the U.S. measles cases in the era after elimination were intentionally unvaccinated. The phenomenon of vaccine refusal was associated with an increased risk for measles among people who refuse vaccines and among fully vaccinated individuals. Although pertussis resurgence has been attributed to waning immunity and other factors, vaccine refusal was still associated with an increased risk for pertussis in some populations.” [Read more from JAMA.](http://jama.com) Phadke VK, Bednarczyk RA, Salmon DA, Omer SB. Association Between Vaccine Refusal and Vaccine-Preventable Diseases in the United States: A Review of Measles and Pertussis. *JAMA*. 2016;315(11):1149-1158. doi:10.1001/jama.2016.1353.

This article supports SHIP Priority Issue 2, Goal 2.

Quick Facts from Healthy People 2020



Diabetes-related deaths (per 100,000 pop) (age-adjusted to 2000 std. population)	Goal	PA	PA	PA	PA	PA
	2020	2009	2010	2011	2012	2013
Adults 20+	66.6	71.8	69.0	69.9	66.6	66.1
White	66.6	70.2	67.3	67.4	64.8	64.4
Black	66.6	95.8	92.8	99.4	93.4	88.2

These statistics refer to SHIP Priority Issue 1, Goal 2.

Suicide rate (per 100,000) (age-adjusted to 2000 std. pop)	Goal	PA	PA	PA	PA	PA
	2020	2009	2010	2011	2012	2013
All persons	10.2	12.2	11.9	13.2	12.4	13.4
Male	10.2	20.1	19.4	21.9	20.5	21.7
Female	10.2	5.0	4.9	5.1	4.8	5.6

These statistics refer to SHIP Priority Issue 3, Goal 1.

FUNDING OPPORTUNITIES

Grants Supporting Youth Athletics

Sponsor: Finish Line Youth Foundation

The purpose of this funding is to support youth athletic programs and camps, improvements in athletic program facilities, and emergency needs of organizations benefitting youth athletic programs, especially programs that serve disadvantaged and special needs kids. Various grant programs are available with awards of up to \$5,000, \$25,000 and \$75,000. Nonprofit organizations are eligible to apply. Check the website for the location of Finish Line stores.

Deadline: Applications will be accepted and reviewed on a quarterly basis. The next deadline is June 30, 2016.

Please contact the [Finish Line Youth Foundation](#) for more information and to apply for this funding.

This grant supports SHIP Priority Issue 1, Goal 3.

Presidential Youth Fitness Program

Sponsor: President's Council on Fitness, Sports and Nutrition

The purpose of this funding is to support schools and districts to enhance implementation of the nation's youth fitness education and assessment programs. Physical education programs focus on physical competence, health-related fitness and self-responsibility, with outcomes leading to improved academic performance, better attendance, behavior improvements and higher self-esteem. Awards of up to \$2,000 in resources, including software and student recognition items, are available. Schools and districts in the U.S. are eligible to apply.

Deadline: Rolling

Please contact the [President's Council on Fitness, Sports and Nutrition](#) for more information and to apply for this funding.

This grant supports SHIP Priority Issue 1, Goal 3.

The Lunch Box

The Lunch Box shares best practices from around the United States by building a network of school food change makers. This includes a wide range of in-depth tools and resources to help with menu creation, financial management, procurement, marketing and engagement strategies. Enjoy free access to scalable and downloadable recipes, USDA-compliant menu cycles, procurement tools, financial calculators, implementation strategies, training tools, marketing materials and much more. Grants are available to schools participating in the National School Lunch Program and include support for such items as salad bars and breakfast programs.

Deadline: Rolling

Please contact the [Lunch Box](#) for more information and to apply for this funding.

This grant supports SHIP Priority Issue 1, Goal 4.

Community Grant Program 2016

Sponsor: Walmart Foundation

Walmart and the Walmart Foundation have identified four core areas of giving: Hunger Relief and Healthy Eating, Sustainability, Women's Economic Empowerment and Career Opportunity. To ensure that an application has the best chance of being funded, the proposed use of the grant should fit within one of these areas of giving. Programs that do not align with these areas may also be given consideration if they are geared toward strengthening the local communities (for example, local organizations providing health and dental screenings, support for local police and fire departments and local school-based initiatives). Awards of \$250 to \$2,500 are available to select applicants. Nonprofit organizations, government entities and K-12 schools are eligible to apply.

Deadline: Dec. 31, 2016

Please contact the [Walmart Foundation](#) for more information and to apply for this funding.

This grant supports SHIP Priority Issue 1, Goal 4.

Evidence for Action: Investigator-Initiated Research to Build a Culture of Health

Evidence for Action focuses on developing the evidence base needed by stakeholders who wish to advance the vision: an America where we all strive together to build a national culture of health — a culture that enables all in our diverse society to lead healthier lives, now and for generations to come. Funding is dedicated for research projects and is available to universities, nonprofit organizations, government agencies and other tax-exempt entities. Proposals that help address the most pressing research gaps to advance health equity and build a culture of health in the United States are encouraged.

Deadline: Rolling

For more information on this program go to [Evidence for Action](#).

UPDATE THE HIPP DIRECTORY

On the [HIPP website](#) is a directory of HIPP-participating organizations with links to listings by [county](#) and by [health district/region](#). To update an organization’s listing, please complete and send back only the relevant [registration](#) information for changes. To register an organization not currently listed in the directory, please complete the entire form. Information can be emailed to ra-dhhipp@pa.gov, or the form can be scanned and emailed or faxed to 717-705-6525.

COMMENTS? SUGGESTIONS?

Please send any comments or suggestions for this and future newsletters to ra-dhhipp@pa.gov. Your input is valued and appreciated.

Disclaimer:

The information provided in this newsletter is intended to be of general information to Pennsylvania's HIPP partnerships. It is not intended as an endorsement or recommendation of any specific process, service, product, company or funding source outside of the Department of Health auspices. Further examination and research of information is recommended.

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