

# Pennsylvania State Health Improvement Plan 2015-2020

Healthy people,  
healthy communities,  
healthy Pennsylvania



## **Acknowledgements**

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The Pennsylvania State Health Improvement Plan is the result of more than a year of collaboration among community partners and state agencies. We would like to thank those individuals, agencies, and organizations that have contributed their time and expertise to the development of this plan. Appendices C, D, E, F, and G list the individuals and organizations that participated in the planning and developed the goals, objectives, and strategies for the plan.

This publication was supported by the Cooperative Agreement Number #5U58CD001297 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC.

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## Introduction

### Healthy people, healthy communities, healthy Pennsylvania

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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. This document sets health priorities and identifies strategies, goals and measurable outcomes for the next five years.

In 2014 and 2015, the Pennsylvania Department of Health brought together a diverse group of partners to create a strategic plan that would serve as a guide for efforts to improve the health of residents statewide in the years ahead. The result of that effort is the State Health Improvement Plan.

The SHIP identifies health goals, objectives, strategies, and assets to enable the stakeholders of the state's public health system to coordinate efforts and provide more 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, operational planning, etc. Stakeholders can draw on this document as a resource for marketing, grant seeking, and identifying research and innovation opportunities, and it can be used for informing, educating, and empowering residents about key health issues.

### Plan Development

The development of the SHIP began in April 2014, when the DOH convened the **SHIP Steering Committee**. The steering committee was responsible for leading the development and, going forward, for the evaluation of the SHIP. They reached broadly to identify stakeholders to invite to regional stakeholder meetings, to serve on the advisory committee, and later on task forces. The plans were developed in

accordance with Public Health Accreditation Board (PHAB) requirements. The steering committee was responsible for facilitating the advisory committee, stakeholder, and task force meetings. See Appendix B for steering committee members.

The SHIP **Advisory Committee**, comprised of 38 members from many areas of the public health system, convened in June 2014. This committee developed the vision for the SHIP: “Healthy people, healthy communities, healthy Pennsylvania.” The advisory committee met quarterly to advise the process and will continue to do so as the SHIP moves into implementation. They participated in several of the assessments that were used to identify the key health issues. Advisory committee members can be found in Appendix C.

Over seven hundred **stakeholders** in many public health roles were invited to participate in six regional meetings in July 2014. The SHIP vision was shared, as were key findings from the 2013 Pennsylvania State Health Assessment (SHA). Participants were asked about important health issues in their regions through a community themes and strengths assessment. Later, those stakeholders who did not attend the meetings were invited to provide information on community themes and strengths electronically.

In November 2014, the steering committee invited stakeholders to view a webinar on key findings from the completed assessments. After viewing the webinar, stakeholders were invited to participate in an online tool, Concept Mapping. The tool allowed stakeholders to sort and rate 48 strategic health issues identified during the analysis of the assessments. Over 150 stakeholders, representing 40 Pennsylvania counties and more than 25 areas of the public health system, participated in the concept mapping process.

An additional six regional stakeholder meetings took place in March 2015 to review and discuss the key health priority issues and statewide health statistics. The stakeholders selected five key health priority topics at each regional meeting; the priority topics were later condensed to three.

Three SHIP **Task Forces**, made up of about 100 experts in the selected priority topics, convened in May through July 2015. They were asked to describe the problem and its impact on health in the state’s population and to identify the population most in need of intervention. These task forces reviewed best practices, promising practices, evidence-based interventions, HealthyPeople 2020 objectives, other agencies’ and organizations’ statewide reports, and statewide health statistics to develop goals, objectives, strategies and activities for their priority area. The task forces were asked to identify assets and to serve as a lead or partner on strategies developed by their task force. They were asked to recruit local or regional groups or partners for implementation.

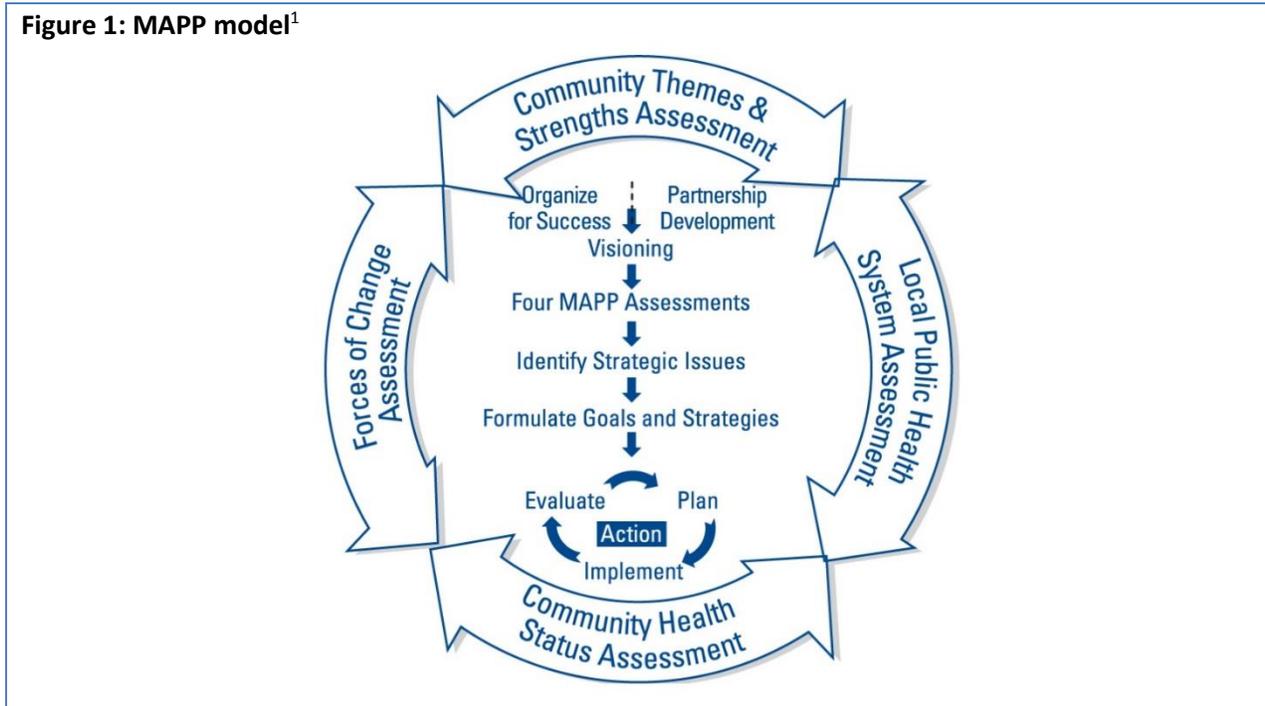
In preparation for implementation, each task force selected two co-chairs to coordinate meetings of the task force with the DOH, work with the task force members to collect information, and sit on the advisory committee. Appendices D, E and F list task force members.

## **Assessment Strategies**

The model, Mobilizing for Action through Planning and Partnerships (MAPP), was used for the SHIP planning process. In addition, concept mapping was included as an additional tool.

**Mobilizing for Action through Planning and Partnerships:** The MAPP model, originated by the National Association of County and City Health Officials (NACCHO), relies on active stakeholder participation in the development, implementation and evaluation of a plan. Broad participation is essential to the process, which brings public, private and voluntary organizations together with community members and government agencies to determine the most pressing public health issues and effective strategies for addressing them. Figure 1 shows this process.

**Figure 1: MAPP model<sup>1</sup>**



Four assessments, shown in the outer arrows of the MAPP model, were used to inform the development of the strategic issues of the SHIP.

**The 2013 Pennsylvania State Health Assessment**

The 2013 Pennsylvania State Health Assessment (SHA) is a report (published in March 2014) on the health status, health risks, and health care services in Pennsylvania. It identifies areas for health improvement; reports factors that contribute to health issues; and identifies assets and resources that can be mobilized to address population health improvement. The SHA was developed through a collaborative process coordinated by the DOH and included other state agencies and organizations that represented diverse state populations and state health challenges, as well as DOH bureaus and programs.

Ten major topics were identified:

- context of health
- general health status
- major risk and protective factors
- occupational health
- infectious disease
- injury and violence

- maternal and child health
- environmental health
- health care services
- chronic disease

### Community Themes and Strengths Assessment

A survey to identify themes of perceived weaknesses and strengths of the regions was administered at stakeholder meetings throughout the commonwealth in July 2014. The most important health-related issues identified were:

- mental health;
- access to health care;
- chronic disease;
- obesity; and
- alcohol and drug abuse.

Strengths included:

- access to parks and recreation;
- local 24-hour police, fire, and rescue services;
- safe food supply;
- safe neighborhoods;
- access to arts and cultural events; and
- programs, activities and support for the senior community.

Themes that would improve the quality of life were:

- more jobs and a healthier community;
- access to quality health care for everyone;
- meeting basic needs of everyone;
- more jobs and a healthier economy;
- more programs, activities and support for youth and teens during non-school hours;
- access to affordable housing for everyone; and
- access to health education.

### Forces of Change Assessment

The Forces of Change assessment identified forces that affect the context in which the community and its public health system operate. Six forces were identified:

- determinants of health
  - biology and genetics
  - individual behavior
  - social environment
  - physical environment
- economy
- demographics
- health systems change
- technology
- climate change

Common opportunities across the six forces included innovation, the transformation of health care, new research, and changes to legislation. Common challenges among the six forces included decrease or reallocation in public health funding, disparities, access issues and the cost of health care.

### National Performance Standards

A modified State Public Health System Performance survey was administered to the advisory committee in September 2014. The survey was designed to examine planning, implementation, capacity, and resources of the public health system in Pennsylvania, including public, private and voluntary entities that contribute to public health activities and the health and well-being of its residents. The survey standards

relate to the 10 essential services of public health. Strengths and weaknesses that were identified are shown in Table 1 below.

**Table 1: Findings from State Public Health System Performance survey**

| Strengths   | Weaknesses   |
|---|--|
| <ul style="list-style-type: none"> <li>• surveillance</li> <li>• laboratories</li> <li>• coordination of response to public health threats</li> <li>• threat/hazard response and planning</li> <li>• collaboration to improve health and the public health system</li> <li>• knowledge of public health law and associated actions</li> </ul> | <ul style="list-style-type: none"> <li>• financial resources</li> <li>• failure to eliminate barriers to access to care</li> <li>• access to health insurance</li> <li>• public health workforce development</li> <li>• research</li> <li>• inability to mobilize and sustain partnerships</li> <li>• evaluate public and personal health care services</li> </ul> |

### Community Health Needs Assessments (CHNAs) and Community Health Improvement Plans (CHIPs)

CHNAs and CHIPs for county/city health departments and non-profit hospitals were reviewed to determine priorities identified by these assessments. Of the 10 county/city health departments in Pennsylvania, five had current CHIPs, Table 2.

**Table 2: Priorities identified in local health assessments**

| Area                        | Priorities  |
|-----------------------------|---|
| <b>Allegheny County</b>     | <ul style="list-style-type: none"> <li>• access to care</li> <li>• chronic disease health risk behaviors</li> <li>• environment</li> <li>• maternal and child health</li> <li>• mental health and substance use disorders</li> </ul>                              |
| <b>City of Bethlehem</b>    | <ul style="list-style-type: none"> <li>• teenage pregnancy</li> <li>• child abuse</li> <li>• overweight and obesity</li> <li>• substance abuse</li> </ul>   |
| <b>Chester County</b>       | <ul style="list-style-type: none"> <li>• cultural competence to expand access</li> <li>• integrate physical and behavioral health (access)</li> <li>• increase awareness of services (access)</li> <li>• prevention</li> <li>• supportive environments</li> </ul> |
| <b>Erie County</b>          | <ul style="list-style-type: none"> <li>• nutrition (obesity, chronic disease)</li> <li>• substance abuse</li> <li>• tobacco</li> <li>• physical activity (obesity, chronic disease)</li> <li>• mental health</li> <li>• suicide (mental health)</li> </ul>        |
| <b>City of Philadelphia</b> | <ul style="list-style-type: none"> <li>• access to care</li> <li>• behavioral health</li> <li>• chronic disease</li> </ul>  |

In addition, 131 non-profit hospitals were researched, and 126 of those were found to have plans. A total of 100 plans were reviewed (since several of the hospitals collaborated and developed joint products). The main priority issues identified by non-profit hospitals, and the percentage of hospital plans that identified them were:

- access to care – 76 percent
- chronic disease – 65 percent
- obesity – 51 percent
- substance abuse – 43 percent
- mental health – 33 percent
- other – 42 percent

“Other” responses included “community and economic development to address the high rates of poverty and unemployment” and “workforce development and diversity.”

## Concept Mapping

Concept mapping was a strategy that involved many stakeholders in the assessment process. Through individual and group-oriented data collection activities, concept mapping supports the development of group consensus, shows relationships between ideas, and facilitates the prioritization and organization of collected information.

Concept mapping is a participatory research approach that involves stakeholders in this process:<sup>2,3</sup>

- creating a project focus prompt and rating questions
- sorting items and rating them with regard to their relationship to the focus prompt
- generating visual depictions of the data
- interpreting the data
- utilizing the data in a way that allows stakeholders and researchers to take action

Concept mapping occurred in three parts. The first phase involved the development of a focus prompt and the collection of responses to that prompt.

Based on review of the Forces of Change Assessment, the Community Themes and Strengths Assessment, National Performance Standards, the 2013 SHA, and CHNAs and CHIPs, a list of 48 health topics was created. (See Figure 2.) The focal question for this phase was “What are the health issues in Pennsylvania?”

The second phase of concept mapping was sorting and rating. In December 2014 and January 2015, stakeholders clustered the responses and prioritized them. First, the 48 individual topics were sorted into piles of similarity. After sorting, stakeholders ranked items from 1 to 4 on Likert scales for the questions “How important is each individual health issue listed here to the population you serve?” and “What is the likelihood that a statewide, strategic, and coordinated effort could make a measurable impact on this health issue?” The Concept Systems Global<sup>4</sup> (Concept Systems, Inc.) web-based program was used by 157 stakeholders from 40 counties and more than 25 areas of the public health sector.

The third part of concept mapping for the SHIP involved analysis and interpretation of the findings. This process showed that 20 of the original 48 health issues were ranked high for both importance and likelihood that a statewide, strategic and coordinated effort could address this health problem. This subset was presented to the advisory committee for further consideration.

**Figure 2: SHIP concept mapping health topics**

|   |  |
|---|--|
| Drug and alcohol abuse by adults ↑ ○      | Health/dental/vision insurance ↑                               |
| Adolescent tobacco use                    | Adverse childhood experiences                                  |
| Immunizations                             | Sexually transmitted diseases (STDs)                           |
| Cancer                                    | Transportation   |
| Lyme disease                              | Cerebrovascular disease/stroke                                 |
| Primary care ↑ ○                          | Prenatal/obstetrical care                                      |
| Knowledge of available services ↑         | Unintentional injuries   |
| Suicide                                   | Obesity ↑ ○  |
| Infant mortality                          | Education ↑ ○  |
| Diseases of the heart ↑                   | Secondhand smoke   |
| Drug and alcohol use by adolescents ↑     | HIV/AIDS   |
| Behavioral/mental health for adults ↑ ○   | Asthma   |
| Behavioral/mental health for children ↑ ○ | Integration of healthcare and behavioral/mental healthcare ↑ ○ |
| Homicide                                  | Health literacy ↑  |
| Poverty                                   | Cultural/language barriers                                     |
| Arthritis                                 | Adult tobacco use  |
| Chronic kidney disease                    | Domestic violence ↑  |
| Health care ↑                             | Nutrition ↑ ○  |
| Alzheimer's disease                       | Access to healthy food ↑                                       |
| Physical inactivity ↑ ○                   | Special needs populations                                      |
| Chronic lower respiratory disease         | Dental care  |
| Specialist care                           | Housing  |
| Preventive screenings ↑ ○                 | Communicable diseases ↑ ○                                      |
| Diabetes ↑                                | Aging  |

↑ denotes item was ranked “high” for both importance and ability to be measurably impacted by a statewide effort.

○ denotes item was short-listed by the advisory committee for stakeholders’ consideration.

## Priority Selection

The 20 health issues identified during the concept mapping process are shown in Table 3. They were presented to the advisory committee, which reviewed statewide health statistics, assessments, and community health needs assessments and improvement plans and recommended 11 health priority issues.

**Table 3: Subset of 20 health issues**

| Health Issue   | State Health Assessment (2013) | MAPP                 |                  |                                | CHNA/CHIP |
|--|--------------------------------|----------------------|------------------|--------------------------------|-----------|
|  |                                | Themes and Strengths | Forces of Change | National Performance Standards |           |
| Access to healthy food                                     | X                              |                      |                  |                                | X         |
| Behavioral/mental health for adults                        | X                              | X                    | X                |                                | X         |
| Behavioral/mental health for children                      |                                | X                    |                  |                                |           |
| Communicable disease                                       | X                              |                      |                  |                                | X         |
| Diabetes   | X                              |                      |                  | X                              | X         |
| Diseases of the heart                                      | X                              |                      |                  |                                | X         |
| Domestic violence  | X                              |                      | X                |                                |           |
| Drug and alcohol abuse by adolescents                      | X                              |                      |                  |                                | X         |
| Drug and alcohol abuse by adults                           | X                              | X                    |                  |                                | X         |
| Education  | X                              |                      |                  |                                | X         |
| Health care  | X                              | X                    | X                | X                              | X         |
| Health literacy  |                                | X                    | X                |                                | X         |
| Health/dental/vision insurance                             | X                              |                      |                  |                                | X         |
| Integration of healthcare and behavioral/mental healthcare |                                | X                    |                  |                                | X         |
| Knowledge of available services                            |                                |                      |                  | X                              | X         |
| Nutrition  | X                              |                      |                  |                                | X         |
| Obesity  | X                              | X                    | X                |                                | X         |
| Physical inactivity  | X                              |                      |                  |                                | X         |
| Preventive screenings                                      | X                              |                      |                  |                                | X         |
| Primary care   | X                              |                      |                  | X                              | X         |

The eleven health issues identified by the SHIP Advisory Committee were:

- preventive screenings;
- obesity;
- drug and alcohol abuse by adults;
- nutrition;
- integration of health care and behavioral/mental health care;
- communicable diseases;
- behavioral/mental health for adults;
- behavioral/mental health for children;
- primary care;
- physical inactivity; and
- education.

As shown in Figure 3, these issues were presented to the stakeholders at six regional stakeholder meetings. The stakeholders were provided relevant health statistics to assist with the selection of the priority health issues. The stakeholders identified five regional key health issues.

The results of the regional stakeholder meetings were presented to the advisory committee. Of the eleven health issues, only two (education and communicable diseases) were not in the top five of at least one of the regions. The advisory committee took the remaining health issues and grouped them into three health priority areas and a list of cross-cutting themes.

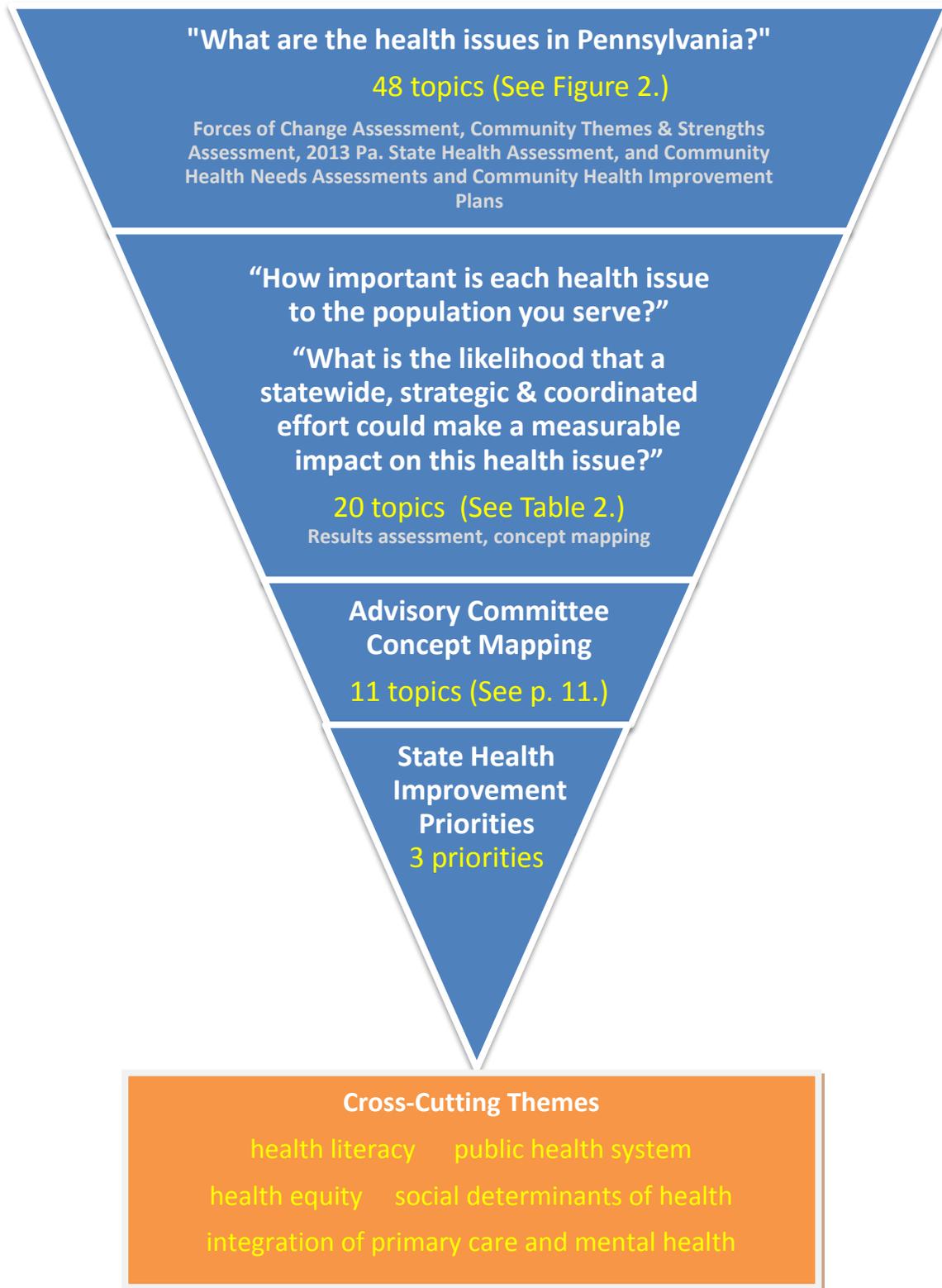
Three health priority areas:

- behavioral/mental health for adults and children, drug and alcohol abuse by adults
- obesity, physical inactivity, and nutrition
- primary care, preventive screenings

Five cross-cutting themes that have an impact on residents' health:

- health literacy
- public health system
- health equity
- social determinants of health
- integration of primary care and mental health

**Figure 3: Process of identifying priorities for State Health Improvement Plan**



In the process of reviewing the health priority areas, the task force members renamed their task forces as follows:

- Obesity, Physical Inactivity, and Nutrition
- Primary Care and Preventive Services
- Mental Health and Substance Use

DOH staff, together with the task forces and advisory committee will monitor progress towards achieving the goals and objectives identified in the plan. The SHIP and the ongoing process of its development and assessment reflect the efforts of many of the key players in the public health system to work together and improve residents' health. Figure 4 summarizes the development and implementation process of the SHIP.

**Figure 4: Development and implementation of the Pennsylvania SHIP**





## Priority Issue 1: Obesity, Physical Inactivity, and Nutrition

### Problem Statement

Obesity, 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 (0.5 million) 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.

### 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<sup>5</sup> to 27 percent by December 2020.

**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.

### **Suggested Activities**

- Collect information from insurance companies about their programs to promote wellness and reward individuals for successful participation.
- Gather information on wellness incentives offered by insurance companies.
- Make recommendations for best practices to implement better access to screening and prevention services.
- Establish and define a list of qualified providers for this strategy.

### **Performance Measures**

- Increase the number of insurance companies offering nutrition counseling, gym membership, and healthy living provided by licensed qualified individuals and organizations.

### **Assets**

- Department of Human Services (DHS)
- Pennsylvania Insurance Department
- Aetna, Blue Cross, Blue Shield, and Highmark for some level of nutrition intervention

### **Lead Agency/Organization**

DOH, Innovation Center; Pennsylvania Academy of Nutrition and Dietetics (PAND)

### **Potential Partners**

DHS; MCO Group; DOH, Bureau of Health Promotion and Risk Reduction (BHPRR)

**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.

### **Suggested Activities**

- Identify a liaison within Pennsylvania Medical Society (PAMED) to help push information about SHIP initiatives out to medical community.
- Work with lead medical association and professional affiliations to encourage medical providers to increase their efforts to educate their patients on evidenced-based approaches available for decreasing chronic disease, increasing weight loss and increasing community referrals to available programs.

### **Performance Measures**

- Rate of inclusion in medical journals, e-news, and other communications about evidence-based programs, initiatives and best practices

### **Assets**

None identified

### **Lead Agency/Organization**

DOH, Division of Nutrition and Physical Activities (DNPA)

### **Potential Partners**

PAMED; PAFP; Pennsylvania Section of the American Congress of Obstetricians and Gynecologists' (ACOG); Pennsylvania Society of Internal Medicine; DOH; local health departments

**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.

### **Suggested Activities**

- Develop a health resources compendium for community organizations that identifies resources to address health related issues.
- Educate providers about local 211 resources available to their patients.
- Educate providers of local health departments.

### **Performance Measures**

- Review resources compendium for completeness and usage.

### **Assets**

- DOH information resources

### **Lead Agency/Organization**

DOH, DNPA

### **Potential Partners**

None identified

**Objective 1.2** Decrease the percentage of Pennsylvania youth that are overweight or obese from 39 percent in 2012-13 school year<sup>6</sup> to 36 percent by December 2020.

**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.

### **Suggested Activities**

- Provide information about youth healthy living programs to various entities that work with parents regarding child health.
- Address healthy living topics in school social media campaigns.
- Conduct focus groups with parents.

### **Performance Measures**

- Number of requests from parents for information on resources for nutrition and physical activity
- Number of parents who participate in a training
- Number of training sessions provided for parents

## **Assets**

- Pennsylvania Chapter of Action for Healthy Kids
- The DOH, BHPRR will be implementing LiveHealthyPA.com, an online hub for individuals, communities, schools, organizations and businesses to connect and access information and share ideas about preventing disease and injury.

## **Lead Agency/Organization**

- Pennsylvania Chapter of Action for Healthy Kids

## **Potential Partners**

Penn State University Extension; Pennsylvania School Board Association; school nurses; Keystone Stars; Pennsylvania Department of Education (PDE); National Association of Pediatric Nurse Practitioners; DHS, Office of Child Development and Early Learning

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

## **Suggested Activities**

- PDE, Division of Food and Nutrition (DFN), will provide technical assistance, best practices, and templates for strong policy language in local school wellness policies (LSWP) to schools and districts.
- PDE, DFN will partner with the Pennsylvania School Board Association (PSBA) to develop a LSWP template.
- PDE will post LSWP template on website.
- DOH, DNPA will administer a grant program to 15 targeted school districts to assess nutrition and physical activity policies and practices and provide technical assistance to revise their wellness policies.

## **Performance Measures**

- Number of schools that revise their LSWP by 2018
- Number of LSWPs in existence
- Development of new policy/regulation

## **Assets**

- DOH, DNPA is administering a capacity building grant program.
- DOH Offices of Policy and Legislation
- A final rule from U.S. Department of Agriculture on new, stronger requirements for LSWP is expected in 2015.

## **Lead Agency/Organization**

DOH, DNPA; PDE, DFN

## Potential Partners

Pennsylvania Chapter of Action for Healthy Kids; Pennsylvania Chapter of American Academy of Pediatrics (PA AAP); Pennsylvania School Boards Association (PSBA); schools; school nurses; health education teachers

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

## Suggested Activities:

- Publicize availability of free, continuing medical education/continuing education unit (CME/CEU) on-site and webinar Educating Practices/Educating Physicians In their Communities (EPIC) programs through agencies, institutions and professional associations that have contact with health care professionals and school personnel (e.g., health education teachers, school nurses).

## Performance Measures:

- Number of EPIC programs given
- Number of sites reached by EPIC programs (some programs, such as conferences, reach more than one site)
- Number of EPIC program attendees and geographic reach (aim for every county)
- Follow-up with sites as part of assessing EPIC program impact

## Assets

- PA AAP EPIC programs on topics of obesity, breastfeeding, medical home (special needs)

## Lead Agency/Organization

PA AAP

## Potential Partners

Pennsylvania Health Literacy Coalition; Pennsylvania Academy of Family Physicians (PAFP); PAND; Pennsylvania State Association for Health, Physical Education, Recreation, and Dance (PSAHPERD); Pennsylvania Nutrition Education Network; regional health networks (e.g., Geisinger, University of Pittsburgh, Children's Hospital of Philadelphia); insurers (e.g., Highmark, Blue Cross)

## 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<sup>7</sup> to 23 percent by December 2020.

**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.

### Suggested Activities

- Survey physicians on numbers of referrals.
- Encourage physicians to distribute nutrition and physical activity prescription pads.
- Increase screening, diagnosis and referral to Diabetes Prevention Program.

### Performance Measures

- Number of programs given
- Number of sites reached by programs
- Number of attendees and geographic reach
- Follow-up with sites as part of assessing program impact

### Assets

- Penn State University Extension
- Diabetes Prevention Program

### Lead Agency/Organization

Pennsylvania Academy of Nutrition and Dietetics (PAND)

### Potential Partners

Penn State University Extension; Hospital and Healthsystem Association of Pennsylvania (HAP); DHS; DOH, BHPRR; Pennsylvania State Nursing Association (PSNA)

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

### Suggested Activities

- Hold a coalition meeting to craft an “ask” for Pennsylvania employers to add evidenced-based medical practices to employee health plans.
- Meet with Pennsylvania employers to discuss employee health plan coverage.

## Performance Measures

- Pilot or implementation of a more complete benefit plan

## Assets

- University of Pennsylvania and University of Pittsburgh Medical Center are leaders on studies on this topic.
- Geisinger Health System, Obesity Institute

## Lead Agency/Organization

Obesity Action Coalition (OAC)

## Potential Partners

Geisinger, Obesity Institute; American Society for Metabolic and Bariatric Surgery; Obesity Society

# 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<sup>8</sup> to 23 percent by December 2020.**

**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.**

## Suggested Activities

- Establish best practices for the implementation of an annual Temple University sponsored physical activity fair responsive to rural/urban needs.
- Provide outdoor fitness equipment accessible to all ages and abilities in parks.
- Expand DOH's WalkWorks program.
- Develop a diverse collection of park and playground designs that appeal to all ages, ethnicities and abilities.
- Conduct research to explore recreation needs and behaviors of African Americans, Hispanics and other ethnic groups.
- Encourage worksite wellness.
- Develop a toolkit to meet the physical activity and recreational needs of Pennsylvania's residents, including those with disabilities.
- Hold physical activity events.
- Identify grants or resources to promote physical activity.
- Work with local governments to survey residents for their recreation needs.

## Performance Measures

- Completion of a toolkit to meet the needs of Pennsylvania’s residents, including those with disabilities
- Increase the percentage of residents who walk outdoors.

## Assets

- Temple University Collaborative on Community Inclusion is implementing a physical activity fair.
- Penn State Extension offers a free, statewide “Everybody Walk Across PA” program online.
- DOH, DNPA is partnering with the DOH, Division of Tobacco Prevention and Control, on a Worksite Wellness initiative that includes tobacco control, lactation support, diabetes, high blood pressure and community resources.
- University of Pittsburgh and DOH work together on WalkWorks.

## Lead Agency/Organization

DOH, DNPA; Department of Conservation and Natural Resources (DCNR)

## Potential Partners

Penn State University Extension; DOH, DNPA; universities; community development corporations; YMCAs; Temple University; local parks and recreation organizations

**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.

## Suggested Activities

- Explore free transportation (e.g., park bus, park pass, school bus) that would be reimbursable with a physical activity prescription.
- Increase the number of parks that are compliant with the Americans with Disabilities Act (ADA).
- Provide guidelines to help communities conduct walkability and bike-ability assessments and apply for national recognition as bicycle- or walk-friendly communities.
- Launch a mobile-friendly website for residents to easily find local parks.
- Work with Pennsylvania counties to identify gaps in local outdoor recreation opportunities.
- Identify the park and recreation needs of Pennsylvania’s rural communities.
- Develop Pennsylvania-specific park/trail “prescription” programs to encourage outdoor physical activity.

## Performance Measures

- Launch of ExplorePALocalparks.com
- Number of counties that update their county park and recreation plans

## **Assets**

- Philadelphia Parks and Recreation Department implemented a park/trail “prescription” program with Children’s Hospital of Philadelphia.

## **Lead Agency/Organization**

DCNR

## **Potential Partners**

Pennsylvania Recreation and Preservation Society; physicians; school boards; local parks; local health departments

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

## **Suggested Activities**

- Engage county planning directors around the built environment.
- Organize community-sponsored walking/biking events to a location or activity.
- Increase access to bikes and related equipment.
- Develop a statewide list of bike resources (e.g., earn a bike, bike share, bike repair).
- Provide technical assistance to municipalities to consider the addition of bike lanes and sidewalks, where appropriate, during the planning process for transportation projects.
- Provide guidelines to help communities and businesses conduct walkability and bikeability assessments and apply for national (and other) recognition for bicycle and/or pedestrian-friendly communities.
- Develop toolkit and market to community, organizations, and churches.
- Develop strategies to access and repurpose abandoned bikes.

## **Performance Measures**

- Meeting with county planning directors
- Number of municipalities that receive technical assistance
- Development of toolkit to implement activity

## **Assets**

- 2014-2019 Pennsylvania Statewide Comprehensive Outdoor Recreation Plan

## **Lead Agency/Organization**

Pennsylvania Department of Transportation (PennDOT)

## **Partners and Potential Partners**

DOH, Innovation Center (would engage county planning directors on physical activity); DCNR; Fraternal Order of Police; police departments; universities; landscape architects; DOH, Safe Transportation Program

**Objective 3.2 Increase percentage of Pennsylvania adolescents who are physically active daily from 28 percent in 2009<sup>9</sup> to 31 percent by December 2020.**

**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.

#### **Suggested Activities**

- Provide comprehensive school physical activity program (CSPAP) training to schools.
- Improve school policies and practices regarding physical activity and nutrition using PDE materials and forthcoming template.
- Encourage state and local parks to list amenities, resources, and educational materials so that schools and youth-based organizations can more easily incorporate local outdoor activities into curricula.

#### **Performance Measures**

- Number of CSPAP trainings provided to schools

#### **Assets**

- CSPAP training, funded by the CDC and developed by SHAPE America in conjunction with Let's Move! Active Schools, is available to schools.
- A final rule from US Department of Agriculture on new, stronger requirements for LSWP is expected in 2015.
- PDE will develop school materials and templates for new LWSP rulings.

#### **Lead Agency/Organization**

DOH, DNPA; PDE, health and physical education (HPE)

#### **Potential Partners**

DCNR; PSAHPERD

**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.

#### **Suggested Activities**

- Collaborate with PDE to create a committee that will review state standards.
- Review state standards for HPE.
- Create a survey about health and physical education curriculum and standards concerns, which will be sent to all school districts for completion.
- Create Pennsylvania Standards Aligned System (SAS) portal to HPE to build lesson plans, discussion boards for collaboration between schools, trainings and resources.

### **Performance Measures**

- Complete update of state standards for HPE.
- Number of meetings to review standards with committee
- Evaluate surveys to build SAS Portal page and to review standards with educators.
- Number of schools participating in SAS training
- Number of group members from schools on HPE SAS portal

### **Assets**

- Chapter 23 regulations

### **Lead Agency/Organization**

DOH, Innovation Center

### **Potential Partners**

PDE; PSAHPERD; state university HPE department chairs or designated staff

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

### **Suggested Activities**

- Post all professional development trainings to schools on SAS portal and email to HPE teachers.
- Create professional development opportunities with state universities.
- Schedule meetings with state universities to discuss trainings.
- Work with PSAHPERD for HPE training opportunities.
- Develop topics for trainings.
- Create a calendar of trainings and easy access to sign up to participate.
- Institute schedule from CDC's grants presented to additional school districts.
- Create trainings for adaptive physical education.

### **Performance Measures**

- Number of HPE teachers trained

### **Assets**

- PDE works closely with state universities to see the number of trainings that are available to health and physical education teachers.
- PSAHPERD
- DOH grant from CDC to promote and implement quality physical education and supportive nutrition environment in schools
- DOH grant from CDC to promote adolescent health through school-based IV/sexually transmitted disease prevention and school-based surveillance.

### **Lead Agency/Organization**

PDE, health and physical education advisor

### **Partners and Potential Partners**

State universities; school districts

## 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<sup>10</sup> to 17 percent by December 2020.

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

### Suggested Activities

- Relaunch Pennsylvania’s Interagency Council on Food and Nutrition.
- Refresh/reissue the existing Blueprint for a Hunger-Free Pennsylvania.
- Work with legislators to ensure funding for anti-hunger programs.
- Develop community-based group activities that link procurement of affordable healthy foods with improving skills and purchasing and preparing foods.

### Performance Measures

- Develop performance measures based on the refresh of the Blueprint for a Hunger-Free Pennsylvania.

### Assets

- Supplemental Nutrition Assistance Program (SNAP)
- Women, Infants, and Children (WIC) Program
- School Breakfast and Lunch Program from PDE
- Summer Food and Child and Adult Care Food Program (CACFP) from PDE
- State Food Purchase Program (Department of Agriculture)
- Emergency Food Assistance Program (Department of Agriculture)
- Pennsylvania Agricultural Surplus System (Department of Agriculture)
- Commodity Supplemental Food Program (Department of Agriculture)
- Farmer’s Market Nutrition Program (Department of Agriculture and WIC)
- Charitable emergency food distribution
- DOH, Healthy Corner Store Program

### Lead Agency/Organizations

Pennsylvania Department of Agriculture

### Potential Partners

Pennsylvania Department of Aging; DOH, WIC; DOH, DNPA; DHS, Office of Income Maintenance; PDE, DFN; Department of Community and Economic Development; anti-hunger groups (e.g., Feeding Pennsylvania, Hunger-Free Pennsylvania, Just Harvest, Greater Philadelphia Coalition to End Hunger); Pennsylvania Legislative Hunger Caucus

**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).

### **Suggested Activities**

- Partner with grocery stores on implementing mobile markets.
- Identify and convert vacant or unused lots into garden space or urban agriculture with local health departments.
- Encourage farmers markets to accept SNAP and WIC farmers market checks.
- Improve funding for outreach and transportation to encourage use of farmers markets.
- Develop community-based group activities that link procurement of affordable healthy foods with improving skills and purchasing and preparing foods.
- Review study of farmers' market nutrition program (FMNP) redemption, being done at Chatham University.

### **Performance Measures**

- Number of farmers markets that accept SNAP or FMNP
- Number of community gardens
- Number of Master Gardener Training sessions
- Number of FMNP checks that are not cashed

### **Assets**

- Penn State Master Gardener Program
- Most of the local health departments in Pennsylvania get funding for increasing access to fruits and vegetables.
- Department of Agriculture received a grant from the USDA to allow participants to receive double SNAP dollars on their farmers market checks.
- Mediterranean Cuisine Comes to Pennsylvania (Penn State Extension)
- Everybody Walk Across Pennsylvania (Penn State Extension)
- Dining with Diabetes (Penn State Extension)
- State Food Purchase Program (Department of Agriculture)
- The Emergency Food Assistance Program (Department of Agriculture)
- Pennsylvania Agricultural Surplus System (Department of Agriculture)
- Commodity Supplemental Food Program (Department of Agriculture)
- Farmers Market Nutrition Program (Department of Agriculture and WIC)

### **Lead Agency/Organization**

DOH, Bureau of WIC; DOH, DNPA

### **Potential Partners**

Penn State Extension; Department of Agriculture; WIC; county and municipal health departments; state food banks; Pennsylvania Association for Sustainable Agriculture; SNAP



## Priority Issue 2: Primary Care and Preventive Services

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### Problem Statement

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

### 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<sup>11</sup> to 43**

**Dental: from 61<sup>12</sup> to 59**

**Mental Health: from 26<sup>13</sup> to 25**

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

### **Suggested Activities**

- Identify and expand current workforce pipeline programs.
- Promote additional residency spots for primary care in underserved areas.
- Explore avenues to increase the number of primary care preceptors to provide community-based training.
- Advocate for program to retrain providers.

### **Performance Measures**

- Number of programs identified
- Number of residency spots available
- Number of partners/champions identified for residency programs
- Increase in the number of retraining programs available

### **Assets**

- DOH innovation workforce priority area
- Pennsylvania Nursing Association reports
- Pennsylvania Health Care Workforce reports
- Association of American Medical Colleges' "Physician Report for Pennsylvania"
- Dental reports
- DOH, Primary Health Practitioner Program
- Existing DOH, PAFP grant-funded partnership to expand the number of family medicine residency slots in underserved areas
- Increased access to underserved populations aligns with current Primary Care Medical Home (PCMH) and Meaningful Use requirements.

### **Lead Agency/Organization**

DOH, Innovation Center

### **Potential Partners**

Pennsylvania Coalition for Oral Health (PCOH); Pennsylvania Area Health Education Centers (AHEC); Pennsylvania Osteopathic Medical Association (POMA); Pennsylvania Association of Community Health Centers (PACHC); National Nursing Centers Consortium (NNCC); PSNA; PAFP; The Free Clinic Association of Pennsylvania (FCAP)

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

### **Suggested Activities**

- Promote the establishment and expansion of school-based health care clinics.
- Promote the establishment and expansion of primary care safety net facilities (e.g., free clinics, charitable clinics, rural health clinics, Federally Qualified Health Centers (FQHC), FQHC Look-Alikes).

### **Performance Measures**

- Number of grants given to support new safety net clinics or expand services at existing clinics
- Number of patient visits at the grant-funded safety net clinics

### **Assets**

- DOH, Community-Based Health Care Grant Program (Act 10 of 2013) administered by the Bureau of Health Planning, Division of Health Professions Development.

### **Lead Agency/Organization**

DOH, Bureau of Health Planning, Division of Health Professions Development

### **Potential Partners**

FCAP; PACHC; Pennsylvania Rural Health Association; AccessMatters; NNCC; Office of Rural Health

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

### **Suggested Activities**

- Recruit and retain primary care clinicians and dentists in underserved areas in the state.
- Promote emerging workforce models, such as team-based care and patient centered medical homes, to provide coordination and integration of care, including dental.
- Hold a state dental workforce summit.
- Advocate for advanced practitioners to practice to the fullest extent of their licensure and education.
- Promote the use of community health workers (CHW) to improve access to and coordination of health care.
- Identify and standardize training and certification programs for CHW.

### **Performance Measures**

- Reduction in the number of primary care HPSA
- Reduction in the number of dental HPSA
- Occurrence of dental summit
- Number of placements for primary care providers and/or dentists in underserved areas
- Number of health systems that have integrated CHWs into primary care practice
- Increase of policies that support the integration and reimbursement of CHW in primary care
- Number of CHW training and certification programs that have standardized curriculums
- Number of medical schools that include a rural and/or underserved health training track

### **Assets**

- Priority area under DOH's innovation workforce area
- Pennsylvania Primary Care Career Center
- Three workgroups examining employer/policy/workforce-training issues related to community health workers (A steering committee provides direction and communication between the groups.)

## Lead Agency/Organization

DOH, Innovation Center; DOH, Bureau of Health Planning, Division of Health Professions Development

## Potential Partners

AHEC; POMA; PACHC; NNCC; PSNA; FCAP; PCOH; PAFP; PACHC

## 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.**

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

### Suggested Activities

- Draft language requiring all providers to report the administration of immunizations into the State Immunization Information System.
- Convene appropriate stakeholders to discuss proposed changes.
- Obtain preliminary approval of draft regulations by the necessary agencies within the governor's office.
- Obtain approval of regulations by the Advisory Health Board.
- Obtain final approval of draft regulations by the necessary agencies within the governor's office, including the attorney general.
- Submit regulations to the Independent Regulatory Review Commission and the state legislative standing committees, following the prescribed process for public comment and final rulemaking.
- Respond to all comments received during the public comment period.
- Participate in the Independent Regulatory Review Commission hearing in which a final decision on the regulations will be rendered.

### Performance Measures

- Passage of regulation

### Assets

- There is a defined process for updating regulations.
- The language and amendment package for these regulations is already drafted; no need to start from scratch.
- This is a priority of the Pennsylvania secretary of health.

- There is support from a network of immunization coalitions and other stakeholders.
- Immunization administration is part of future plans for the Public Health Gateway, whereby the information will be sent to the State Immunization Information System via electronic health records.

### **Lead Agency/Organization**

DOH, Bureau of Communicable Diseases

### **Partners and Potential Partners**

Pennsylvania eHealth Partnership Authority; DHS; Pennsylvania Immunization Coalition (PAIC)

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

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

### **Suggested Activities**

- Work with the PDE to draft language eliminating or reducing the provisional enrollment period.
- Convene appropriate stakeholders to discuss proposed changes.
- Ensure PDE is on the same timeline with its regulations.
- Obtain preliminary approval of draft regulations by the necessary agencies in the governor's office.
- Obtain approval of draft regulations by the Advisory Health Board.
- Obtain final approval of draft regulations by the necessary agencies, including the office of the attorney general.
- Submit regulations to the Independent Regulatory Review Commission and the state legislative standing committees, following the process for public comment and final rulemaking.
- Respond to all comments received during the public comment period.
- Participate in the Independent Regulatory Review Commission hearing in which a final decision on the regulations will be rendered.

### **Performance Measures**

- Passage of regulation

### **Assets**

- There is a defined process for updating regulations.
- Conversations with PDE have already begun.
- This is a priority for the Pennsylvania secretary of health.
- DOH has begun to draft language.

**Lead Agency/Organization**

DOH, Bureau of Communicable Diseases

**Potential Partners**

PDE, PSBA; School Nurse Association; PAIC

**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<sup>14</sup> to 47 percent by December 2020.**

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

**Suggested Activities**

- Educate primary care practitioners to apply fluoride varnish during early periodic screening diagnostic and treatment.
- Educate general dentists about age 1 dentistry.
- Provide Cavity-Free Kids program to early childhood education venues.

**Performance Measures**

- Number of primary care practitioners educated
- Number of general dentists educated
- Number of Cavity-Free Kids programs provided

**Assets**

- Child oral health is a priority area under DOH's innovation work.
- Programs by the PA AAP
- Programs by Pennsylvania Head Start Association

**Lead Agency/Organization**

PCOH

**Potential Partners**

DOH, Innovation Center; DOH, BHPRR; PA AAP; Pennsylvania Head Start Association

## 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.**

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

### Suggested Activities

- Convene diverse stakeholders to develop the structure, goals, objectives, and activities of the Health Literacy Coalition.
- Collect data on existing health literacy programs, including activities of regional health literacy coalitions.
- Build a database of programs to be disseminated through coalition website.
- Raise awareness of existing programs.

### Performance Measures

- Establishment of coalition structure, charter, and work plan that includes goals, objectives and activities.
- Completion of website.
- Increases in coalition and member capacity, coordination, and collaboration as indicated by annual assessment.

### Assets

- DOH grant to Health Care Improvement Foundation (HCIF) for the development of the Pennsylvania health literacy coalition
- Partnerships with providers and community-based organizations around health literacy
- 2013 eHealth Partnership survey on consumer views on health information technology

### Lead Agency/Organization

HCIF

### Potential Partners

HAP; Pennsylvania Libraries Association (PaLA); Thomas Jefferson University and hospitals; Pennsylvania eHealth Partnership Authority; Pennsylvania Health Literacy Coalition; DOH, Division of Health Risk Reduction

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

### **Suggested Activities**

- Develop a toolkit for organizations, and disseminate it through the coalition website. The toolkit should include examples, resources and practical guidance for system changes to address patient and consumer health literacy needs.
- Support organizations in implementing strategies in toolkit through coaching and mentoring provided by the statewide coalition.

### **Performance Measures**

- Number of organizations accessing and using toolkit
- Number of strategies (e.g., policies, procedures, leadership development) adopted by organizations
- Changes in number and type of services or programs provided
- Changes in staff and provider knowledge, skills, attitude, and behavior as a result of strategy implementation (e.g., policy changes, training initiatives)

### **Assets**

- Expertise of organizational partners (nine health systems, five senior-serving organizations, five organizations serving immigrant and refugee groups in southeast Pennsylvania)

### **Lead Agency/Organization**

HCIF

### **Potential Partners**

Thomas Jefferson University and hospitals; Pennsylvania Health Literacy Coalition; DOH, Division of Health Risk Reduction

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

### **Suggested Activities**

- Provide training and education on clear communication to health care providers across Pennsylvania through programs including online training, in-person train-the-trainer sessions, and webinars.
- Support participants of train-the-trainer sessions to coach staff and providers in their organizations in adoption of clear communication techniques (e.g., teachback).

### **Performance Measures**

- Number of health care professionals who complete training
- Number of trained health care professionals reporting intention to change behavior as a result of training

## Assets

- Experienced trainers from Thomas Jefferson University and hospitals
- Existing training curricula
- Funding to provide training and educational sessions
- Written materials health literacy audit process

## Lead Agency/Organization

HCIF

## Potential Partners

HAP; NNCC; PACHC; FCAP; PSNA; AccessMatters; Thomas Jefferson University and Hospitals; Pennsylvania Health Literacy Coalition; DOH, Division of Health Risk Reduction; PAFP

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

## Suggested Activities

- Collect stories about patient experiences with healthcare communication and disseminate to a variety of audiences (e.g., providers, policymakers) to raise awareness of health literacy needs.
- Recruit and educate health care consumers to serve as health literacy advocates or advisors.
- Provide opportunities for educated health care consumers to advise and support health literacy efforts of providers and advocate for health literacy in their communities.

## Performance Measures

- Number of stories collected
- Number of community partners trained to serve as health literacy advocates or advisors
- Number of opportunities

## Assets

- Strong partnership with community-based organizations
- Existing southeast Pennsylvania-based, DOH-funded community peer educator program focused on Ask Me 3 technique<sup>15</sup>

## Lead Agency/Organization

HCIF

## Potential Partners

Thomas Jefferson University and hospitals; Pennsylvania Health Literacy Coalition; DOH, Division of Health Risk Reduction; AHEC

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

**Suggested Activities**

- Convene coalition members and state and national health literacy experts to develop and pilot a question or set of questions.
- Advocate for inclusion of these questions in statewide population survey.

**Performance Measures**

- Inclusion of health literacy questions in statewide survey

**Assets**

- Funding to develop Pennsylvania health literacy coalition
- Partnerships with providers and community-based organizations around health literacy
- Close collaboration with expert faculty at Thomas Jefferson University and hospitals

**Lead Agency/Organization**

HCIF

**Potential Partners**

Thomas Jefferson University and hospitals; Pennsylvania Health Literacy Coalition; DOH, Division of Health Risk Reduction



## Priority 3: Mental Health and Substance Use

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### Problem Statement

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

### 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<sup>16</sup> to 51 percent by December 2020.**

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

#### Suggested Activities

- Identify potential partners to implement strategies.
- Survey partners to assess needs and map assets.

## Performance Measures

- Number of partners

## Assets

- Existing mailing and distribution lists and networks

## Lead Agency/Organization

Geisinger Health System; DOH, Innovation Center

## Potential Partners

Department of Drug and Alcohol Programs (DDAP); DHS; Single County Authorities on Drugs and Alcohol (SCA); Drug and Alcohol Service Providers Organization of Pennsylvania (DASPOP); Pennsylvania Recovery Organizations Alliance (PRO-A); Pennsylvania Psychiatric Society (PaPS); Rehabilitation and Community Providers Association (RCPA); Pennsylvania Mental Health Consumers Association (PMHCA); Pennsylvania Mental Health Association (PMHA); Pennsylvania Psychiatric Leadership Council (PPLC); Pennsylvania Association of Community Health Centers (PACHC)

## Strategy 1.1.2 Promote consumer and system health literacy.

### Suggested Activities

- Identify audiences in both the consumer and service delivery system.
- Target outreach to consumer and service delivery system using newly emerging messaging strategy, promising practices and multi-modal methods for delivering messages.
- Promote cultural humility and linguistic competency across the treatment system.

## Performance Measures

- Number of providers receiving training
- Demographic characteristics of providers

## Assets

- Existing training by the Pennsylvania Health Literacy Coalition
- Culturally and Linguistically Appropriate Services (CLAS) standards
- American Community Survey of the U.S. Census Bureau
- Managed care organization (MCO) reports on ethnicity
- Health Resources and Services Administration (HRSA)

## Lead Agency/Organization

HCIF; Pennsylvania Health Literacy Coalition

## Potential Partners

DOH, Division of Health Risk Reduction; Health literacy coalition members and organizations; DDAP; DHS; SCAs; DASPOP; PRO-A; PaPS; RCPA; PMHCA; PMHA; PPLC; PACHC

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

**Suggested Activities**

- Identify and advocate for sustainable models of payment reform on a federal and state level.
- Identify and advocate for meaningful, person-centered outcome measures to drive payment reform.
- Advocate for increased eligibility for reimbursement for appropriate practitioners and services through Medicaid.

**Performance Measures**

- Passage of regulations or legislation that promotes or supports payment reform
- Change of Medicaid provider contract

**Assets**

- Advocacy groups, professional associations and emerging partnerships between groups
- DOH, Innovation Center, who will be looking into integration of behavioral health and physical health.

**Lead Agency/Organization**

Hospital and Healthsystem Association of Pennsylvania (HAP)

**Partners and Potential Partners:**

DDAP; DOH, Division of Health Risk Reduction; Health Literacy Coalition members and organizations; professional guilds; DHS; payers; providers; advocacy groups; professional associations; DOH, Innovation Center; Patient Centered Medical Home Advisory Committee; SCAs; DASPOP; PRO-A; PaPS; RCPA; PMHCA; PMHA; PPLC

### **Objective 1.2 By December 2020:**

**Decrease adults who smoke every day from 16 percent in 2013<sup>17</sup> to 11.3 percent.**

**Decrease adults who smoke some days from 5.7 percent in 2012<sup>18</sup> to 4.4 percent.**

**Increase adults who are former smokers from 26 percent in 2013<sup>19</sup> to 31.8 percent.**

**Increase adults who have never smoked from 53 percent in 2013<sup>20</sup> to 57.6 percent.**

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

#### **Suggested Activities**

- Explore alternative payment methodologies that allow for reimbursement of evidence-based smoking cessation programs.
- Facilitate further collaboration among private and public agencies.

#### **Performance Measures**

- Number of calls to Pennsylvania Quit Line
- Adult prevalence in the Behavioral Risk Factor Surveillance System
- Youth prevalence in the Youth Risk Behavior Surveillance System
- Number of Medicaid claims for cessation services
- Quit rate provided by Pennsylvania Quit Line
- Referral rate from Pennsylvania Quit Line

#### **Assets**

- Affordable Care Act requirement to cover cessation treatment
- Pennsylvania Quit Line
- Medicaid coverage for cessation

#### **Lead Agency/Organization**

DOH, Division of Tobacco Prevention and Control

#### **Potential Partners**

HAP; DOH, Innovation Center; Pennsylvania Insurance Department; PDE; regional primary contractors; OMHSAS; DDAP; SCA; PRO-A; DASPOP; PaPS; RCPA; PMHCA; PMHA; PPLC; PACHC

### **Objective 1.3 For Pennsylvania adults and adolescents, decrease rate of deaths due to substance use from 17.1 per 100,000 in 2012<sup>21</sup> to 15.4 per 100,000 by December 2020.**

**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.**

### **Suggested Activities**

- Provide drug and alcohol screening and level of care assessment to adults and adolescents entering the drug and alcohol service delivery system.
- Utilize the most recent version of the Pennsylvania Client Placement Criteria (PCPC) or American Society of Addiction Medicine, 3<sup>rd</sup> edition (ASAM), while conducting level of care assessments and placement determinations.

### **Performance Measures**

- Frequency of application of the PCPC or ASAM criteria when conducting level of care assessments
- Frequency of PCPC or ASAM Summary Sheet being used to record and exchange client information necessary in making or validating placement determinations
- Frequency of contents of the PCPC or ASAM Summary Sheet complying with state and federal confidentiality regulations
- Number of alterations, modifications, or additions made to the PCPC or ASAM Summary Sheet

### **Assets**

- SCA
- Licensed drug and alcohol treatment facilities
- Pennsylvania recovery organizations (e.g., PRO-A, Pro-Act [Pennsylvania Recovery Organization- Achieving Community Together], message carriers)
- PCPC
- ASAM

### **Lead Agency/Organization**

DDAP

### **Potential Partners**

OMHSAS; DOH; SCAs; DASPOP; PRO-A; Pro-Act; PaPS; RCPA; PMHCA; PMHA; PPLC

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

### **Suggested Activities**

- Develop a provider network that offers drug and alcohol clients the full continuum of care to include: early intervention, outpatient, intensive outpatient, partial hospitalization, halfway house, detoxification, residential rehabilitation, medication assisted treatment and recovery support services.

### **Performance Measures**

- Number of people receiving substance abuse services

- Medicaid claims

**Assets**

- SCAs
- DDAP grants to provide full continuum of care to SCA
- Mental health and substance use state agencies
- Licensed addiction treatment programs

**Lead Agency/Organization**

DDAP

**Potential Partners**

DOH; OMHSAS; SCAs; DASPOP; PaPS; RCPA; PMHCA; PMHA; PPLC

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

**Suggested Activities**

- Develop overdose prevention resources for use in community, prevention and treatment settings.
- Maintain up-to-date fact sheet on prescription drug misuse/abuse/addiction and related consequences.
- Promote, disseminate and further develop the Commonwealth Prevention Alliance's Campaign (CPA) to Stop Opiate Abuse and related campaign website, [pastop.org](http://pastop.org).

**Performance Measures**

- Number of informational resources developed or updated
- Number of counties disseminating the CPA STOP Campaign materials
- Number of hits to [pastop.org](http://pastop.org) website

**Assets**

- Mental health and substance use state and local agencies

**Lead Agency/Organization**

DDAP

**Potential Partners**

Commonwealth Prevention Alliance; DOH, Division of Health Risk Reduction; OMHSAS; Emergency Department Physicians Association; DOH; Public and private health insurers; SCAs; DASPOP; PRO-A; Pennsylvania Commission on Crimes and Delinquency (PCCD); Health Literacy Council; PaPS; RCPA; PMHCA; PMHA; PPLC

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

#### **Suggested Activities**

- Develop and maintain prescribing guidelines for prescription opioids.
- Support the collaborative drug disposal efforts between the attorney general's office, the National Guard Counterdrug Joint Task Force, the Pennsylvania District Attorneys Association (PDAA), and local law enforcement.
- Encourage the ongoing placement of additional drug disposal drop boxes throughout the state.
- Implement a new prescription drug monitoring system that will expand reporting from Schedule II to Schedule II-V controlled substances.
- Provide educational training and materials to dispensers and prescribers, as well as targeted outreach to prescribers in counties with the highest burden of deaths and hospitalizations.
- Encourage prescribers to access and use the system to: a) increase the quality of patient care and b) evaluate the potential for abuse and make informed treatment decisions.

#### **Performance Measures**

- Number of prescribing guidelines developed
- Monitor drug disposal process and totals incinerated via the attorney general's office and PDAA.
- Number of active drug disposal drop boxes (via drop box location listing on the Get Help Now page of DDAP's website)
- Number of training materials developed
- Number of training sessions provided
- Number of dispensers and prescribers using the prescription drug monitoring system

#### **Assets**

- Drug disposal drop boxes
- Prescription drug monitoring program (DOH)
- Safe and Effective Prescribing Practices and Pain Management Task Force
- Funds from two grants to be awarded September 2015

#### **Lead Agency/Organization**

DDAP; DOH, Prescription Drug Monitoring Office

#### **Potential Partners**

Pennsylvania Office of the Attorney General; Pennsylvania National Guard Counterdrug Joint Task Force; PDAA; local law enforcement; Pennsylvania Medical Society (PAMED); Pennsylvania Pharmacists Association; State Board of Medicine; State Board of Nursing; State Board of Dentistry; Pennsylvania Department of State; Pennsylvania Department of Aging; DHS; Board of Pharmacy; HAP; PaPS; RCPA; PMHCA; PMHA; PPLC; PACHC

**Objective 1.4 Reduce the rate of suicides from 12.1 per 100,000 in 2012<sup>22</sup> to 10.9 per 100,000 in December 2020.**

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

### **Suggested Activities**

- Examine differences in suicide rate by county.
- Target counties with high rates first and explore areas with current successes to replicate in high risk areas.
- Utilize social media as a vehicle to educate about suicide prevention.
- Encourage suicide prevention education in schools (e.g., Project Launch).
- Explore expanding the Pennsylvania Youth Suicide Prevention Initiative Public Service Announcement contest to college students.
- Institute a State Board of Licensure Requirement for continuing education on suicide prevention and emergency response to suicidal ideation.
- Provide access to free suicide prevention and health literacy education with the following groups: community groups, faith-based groups/organizations, beauty shops/ barber shops.
- Host suicide prevention presentations at area agencies on aging/senior centers.

### **Performance Measures**

- [www.Preventsuicidepa.org](http://www.Preventsuicidepa.org) website visits and click-thru rates
- Change in suicide rate in each county
- Number of teachers trained
- Number of schools trained by county
- Number of students that participate
- Number of posters and CDs of public service announcement ads distributed
- Results of pre- and post-tests to assess knowledge of suicide prevention following awareness campaigns

### **Assets**

- Information from [www.Preventsuicidepa.org](http://www.Preventsuicidepa.org) for the general population as well as targeted professionals (e.g., educators, primary care, nurses, mental health).
- Social media
- Continuation of support for PDE in implementation of Act 71, which requires schools to implement suicide prevention policies and staff training
- Existing high school public service announcement contest
- Existing Continuing Medical Education and Continuing Educational Units state board requirements
- Hospital-based competencies on suicide prevention due to third party payor requirements
- Zero Suicide Academy
- Pennsylvania Health Literacy Council

**Lead Agency/Organization**

OMHSAS

**Potential Partners**

DOH, Division of Health Risk Reduction; PDE; Star-D (Sequenced Treatment Alternatives to Relieve Depression study); HAP; The Joint Commission (TJC); American Foundation for Suicide Prevention (AFSP); Pennsylvania Department of Aging; Area Agencies on Aging (AAAs); National Institute for Mental Health (NIMH); Pennsylvania Health Literacy Council; PaPS; RCPA; PMHCA; PMHA; PPLC

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

**Suggested Activities**

- Sponsor statewide suicide prevention conference.
- Increase use of anti-stigma media campaign: Drive Out Suicide.
- Utilize public service announcements more for the topic of suicide prevention.
- Increase education at events such as walks and runs, booths at professional sporting events and health fairs, encouraged through HAP.
- Use social media to educate. Use mobile apps to educate.

**Performance Measures**

- Number of statewide suicide prevention conferences held per year
- Increased use from baseline of Drive Out Suicide
- Number of individuals who complete electronic education on suicide prevention

**Assets**

- Facilitation of trainings such as “Question, Persuade, Refer” (QPR), ASIST, AMSR, and MHFA
- Support for PDE and schools in implementation of Act 71
- Drive Out Suicide
- Mythbusters
- Nonprofit community agencies – community benefit reporting
- Social media

**Lead Agency/Organization**

OMHSAS

**Potential Partners**

Nonprofit community providers; OMAP; payors; large insurers in Pennsylvania; state medical societies; NIMH; PaPS; RCPA; PMHCA; PMHA; PPLC

**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.

#### **Suggested Activities**

- Encourage use of QPR.
- Encourage the use of early identification screening tools throughout the life span.
- Train CHWs in QPR methods for peer interventions.
- Train certified peer specialists (CPS) and certified older adult peer specialists in QPR.
- Increase use of publicly available depression screenings.

#### **Performance Measures**

- Number of QPR trained individuals in the state
- Number of depression screenings done

#### **Assets**

- Patient Centered Medical Home models – use as community recommendations
- Current CHW programs – Jefferson, Penn, Temple and others
- Current CPS programs – Department of Behavioral Health and Intellectual Disability Services (DBHIDS), Temple Episcopal

#### **Lead Agency/Organization**

OMHSAS

#### **Potential Partners**

Already implemented Patient Centered Medical Homes; National Committee for Quality Assurance (NCQA); Pa. MA payors; employers of CHWs and CPSs; Academic medical centers; AOASPC (Pennsylvania Adults/Older Adult Suicide Prevention Coalition)/PAYSPI (Pennsylvania Youth Suicide Prevention Initiative); Department of Behavioral Health and Intellectual Disability Services (DBHIDS); PaPS; RCPA; PMHCA; PMHA; PPLC

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

#### **Suggested Activities**

- Identify existing resources for access to care.
- Create an online up-to-date resource database for health care professionals and consumers.
- Identify and disseminate best practices for care and treatment of the suicidal patient.
- Hold focus groups with those CPS and others affected in past by suicidal ideation to identify barriers to access.
- Increase use of educated care managers for community level interventions.

- Continue to support local task forces across the state, which are often the first line resources for their community (e.g., support groups for survivors of suicide).
- Provide posters with suicide hotline number to area agencies on aging/senior centers.

### **Performance Measures**

- Number of interventions per case manager
- Number of people receiving mental health services
- Number of staff trained in evidenced-based practices
- Number of posters distributed
- Possible use of American Medical Association (AMA) rate from all levels of care to use as a proxy for patient satisfaction

### **Assets**

- Payors
- Providers
- Pay-for-performance plans increasing access already
- Local support task forces
- AAAs

### **Lead Agency/Organization**

OMHSAS

### **Potential Partners**

Local task forces which are often the first line resources for their community, (e.g., support groups for survivors of suicide); AAAs; Mental health care providers; DOH; Pennsylvania Department of Aging; PaPS; RCPA; PMHCA; PMHA; PPLC

**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<sup>23</sup> 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<sup>24</sup> to 69,260.**

**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.

### **Suggested Activities**

- Identify existing Mental Health First Aid (MHFA) trainers or other awareness raising trainings.
- Offer awareness raising presentations (e.g., Mental Health First Aid) to human resource professionals in at least 25 counties.

- Create interest within the Pennsylvania House and Senate, to support this effort and propose legislation to raise awareness about mental health and substance use in the employment arena.
- Promote National Academy of Science report on Stigma.

**Performance Measures**

- Number of human resource professionals who have attended trainings

**Assets**

- Current MHFA training assets or other similar training presenters have been increased significantly over the past five years and can be accessed through national databases.
- Advocacy agencies to address legislators.

**Lead Agency/Organization**

OMHSAS

**Potential Partners**

RCPA; DDAP; DHS; SCAs; DASPOP; PRO-A; SHRM; PaPS; RCPA; PMHCA; PMHA; PPLC

## Appendix A

### Potential Strategies Without Leads

#### Priority Issue 1: Obesity, Physical Inactivity, and Nutrition

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| <b>Goal 1: Decrease the percentage of adults and children who meet the criteria for overweight and obesity.</b>  |  |
| <b>Objective 1.1 Decrease the percentage of Pennsylvania adults who are obese from 30 percent in 2013<sup>25</sup> to 27 percent by December 2020.</b>   |  |
| <b>Potential Strategy</b> Educate employers about incentive based strategies to improve eating and lifestyle behaviors in the workplace.   |  |
| <b>Suggested Activities</b>  | <ul style="list-style-type: none"> <li>Collect information about existing programs and provide access to any data that exists regarding the benefit of the programs.</li> </ul>  |
| <b>Performance Measures</b>  | <ul style="list-style-type: none"> <li>Number of programs in database</li> <li>Number of successes</li> <li>Number of new programs implemented</li> </ul>  |
| <b>Assets</b>  | None identified  |
| <b>Potential Partners</b>  | Pennsylvania Chamber of Business and Industry; DOH; Department of Aging  |
| <b>Objective 1.2 Decrease the percentage of Pennsylvania youth that are overweight or obese from 39 percent in 2012-13 school year<sup>26</sup> to 36 percent by December 2020.</b>                              |  |
| <b>Potential Strategy</b> Develop and implement culturally diverse statewide public service announcements and social media campaigns about resources that address chronic disease, for widespread dissemination. |  |
| <b>Suggested Activities</b>  | <ul style="list-style-type: none"> <li>Public service announcements</li> <li>Social media campaign</li> <li>Promote American Academy of Pediatrics 5-2-1-0 campaign</li> <li>Promote WalkWorks campaign</li> <li>Live Healthy website</li> </ul> |
| <b>Performance Measures</b>  | <ul style="list-style-type: none"> <li>Number of views</li> <li>Number of likes</li> <li>Number of shares</li> <li>Number of referrals to Diabetes Prevention Program (DPP)</li> </ul>   |
| <b>Assets</b>  | <ul style="list-style-type: none"> <li>YMCAs already doing DPP</li> </ul>  |
| <b>Potential Partners</b>  | None identified  |

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| <b>Potential Strategy</b> Develop after-school programs that focus on physical activity and healthy eating.   |  |
| <b>Suggested Activities</b>   | <ul style="list-style-type: none"> <li>PDE, Division of Food and Nutrition (DFN) could assist in this strategy by identifying schools that operate the Afterschool Snack Program to partner groups who are interested in working with schools to integrate a physical activity component into their after-school enrichment programs.</li> </ul> |
| <b>Performance Measures</b>   | <ul style="list-style-type: none"> <li>Number of schools identified to integrate physical activity component into their after-school enrichment programs</li> </ul>  |
| <b>Assets</b>   | <ul style="list-style-type: none"> <li>The Alliance for a Healthier Generation operates a free Healthier Out of School Time (HOST) program that addresses physical activity and nutrition in before and after-school programs.</li> </ul>  |
| <b>Potential Partners</b>   | None identified  |
| <b>Goal 2: Improve the health of Pennsylvania residents already impacted by obesity, poor nutrition, and physical inactivity.</b>   |  |
| <b>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<sup>27</sup> to 23 percent by December 2020.</b>    |  |
| <b>Potential Strategy</b> Develop and implement a culturally diverse statewide public service announcements and social media campaign aimed at weight control, nutrition and physical activity.               |  |
| <b>Suggested Activities</b>   | None identified  |
| <b>Performance Measures</b>   | None identified  |
| <b>Assets</b>   | None identified  |
| <b>Potential Partners</b>   | Technology organizations; universities   |
| <b>Goal 4: Increase opportunities for access to and consumption of healthy foods and healthy beverages.</b>   |  |
| <b>Objective 4.2 Decrease the percentage of Pennsylvania adolescents who drink soda daily from 26 percent in 2009<sup>28</sup> to 23 percent by December 2020.</b>  |  |
| <b>Potential Strategy</b> Work with legislators to ensure that menu options of schools and youth serving organizations meet best nutrition practices and increase healthy options in school vending machines. |  |
| <b>Suggested Activities</b>   | None identified  |
| <b>Performance Measures</b>   | None identified  |
| <b>Assets</b>   | None identified  |
| <b>Potential Partners</b>   | None identified  |

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| <b>Potential Strategy</b> Work with schools and youth serving organizations to ensure that menu options meet best nutrition practices and increase healthy options in school vending machines.   |  |
| <b>Suggested Activities</b>  | None identified  |
| <b>Performance Measures</b>  | <ul style="list-style-type: none"> <li>• Number of chef-led, hands-on culinary trainings to schools</li> <li>• Number of schools that implement Smarter Lunchroom techniques</li> </ul>  |
| <b>Assets</b>  | <ul style="list-style-type: none"> <li>• PDE, DFN oversees the National School Lunch and Breakfast Programs. Recent changes to the federal requirements include nutrition standards for all foods offered to kids during school day (Smart Snacks in Schools).</li> <li>• PDE, DFN is offering chef-led, hands-on culinary trainings during the summers of 2015 and 2016 to help schools learn techniques to serve more whole-grains and fresh fruits and vegetables that students will enjoy.</li> <li>• PDE, DFN is sponsoring an initiative utilizing Smarter Lunchroom techniques (<a href="http://www.smarterlunchrooms.org">www.smarterlunchrooms.org</a>), which are low- and no-cost, evidence-based techniques to nudge students to select healthier options in the cafeteria.</li> </ul> |
| <b>Potential Partners</b>  | None identified  |
| <b>Potential Strategy</b> Work with schools and youth serving organizations to increase access for school-age children to nutrition education provided by licensed qualified individuals yearly. |  |
| <b>Suggested Activities</b>  | <ul style="list-style-type: none"> <li>• Work with PDE to ensure nutrition education is taught yearly to all students.</li> </ul>  |
| <b>Performance Measures</b>  | None identified  |
| <b>Assets</b>  | None identified  |
| <b>Potential Partners</b>  | PDE, DFN (limited partner promotes availability of nutrition curriculum, a local strategy)   |

## Priority Issue 3: Mental Health and Substance Use

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| <b>Goal 1: Pennsylvania residents will have access to the best practices in screening, support and treatment for mental health and substance use disorders in order to achieve and maintain optimal health outcomes.</b>  |  |
| <b>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<sup>29</sup> to 51 percent by December 2020.</b> |  |
| <b>Potential Strategy</b> Improve access to quality services and treatment, addressing barriers such as geography, lack of specialty care and workforce limitations.  |  |
| <b>Suggested Activities</b>   | <ul style="list-style-type: none"> <li>Promote linkages/collaboration between employers and education/training, matching supply and demand.</li> <li>Explore reciprocal accreditation agreements with other states.</li> <li>Encourage state government to optimize partnerships with federal government to address health care shortages using promising models of innovative care.</li> <li>Expand access to quality mental health and substance use services through health information technology, including telepsych.</li> </ul> |
| <b>Performance Measures</b>   | <ul style="list-style-type: none"> <li>Number of institutions that plan new tracks</li> <li>Number of students graduated</li> <li>Number of people receiving telehealth services</li> <li>Number of providers able to practice telepsych</li> </ul>  |
| <b>Assets</b>   | <ul style="list-style-type: none"> <li>Pennsylvania eHealth Authority, claims data</li> </ul>  |
| <b>Potential Partners</b>   | Members of professional guilds; PDE; Department of State (accreditation); DDAP; DHS; SCAs; DASPOP; PRO-A; PaPS; RCPA; PMHCA; PMHA; PPLC; Pennsylvania Insurance Department;  |
| <b>Objective 1.3 For Pennsylvania adults and adolescents, decrease rate of deaths due to substance use from 17.1 per 100,000 in 2012<sup>30</sup> to 15.4 per 100,000 by December 2020.</b>   |  |
| <b>Potential Strategy</b> Create a public education campaign regarding preventing substance use related deaths.   |  |
| <b>Suggested Activities</b>   | <ul style="list-style-type: none"> <li>Identify where to seek treatment.</li> <li>Identify those at risk.</li> </ul>   |
| <b>Performance Measures</b>   | <ul style="list-style-type: none"> <li>Number of people seeking treatment (over baseline).</li> <li>The number of new Medicaid and county-funded claims for outpatient substance use services (DHS, over baseline)</li> </ul>  |
| <b>Assets</b>   | <ul style="list-style-type: none"> <li>Mental health and substance use state agencies</li> </ul>   |
| <b>Potential Partners</b>   | DOH, Division of Health Risk Reduction; HAP; DHS, OMHSAS; Emergency Department Physicians Association; DOH; Public and private health insurers; SCAs; DASPOP; PRO-A; Health Literacy Council; DDAP; SCAs; DASPOP; PRO-A; PaPS; RCPA; PMHCA; PMHA; PPLC; Pennsylvania Insurance Department  |
| <b>Potential Strategy</b> Ensure broad use of naloxone across Pennsylvania.   |  |
| <b>Suggested Activities</b>   | <ul style="list-style-type: none"> <li>Monitor use to focus resources.</li> <li>Create public education campaign to promote access for residents and providers.</li> </ul>   |
| <b>Performance Measures</b>   | <ul style="list-style-type: none"> <li>Number of emergency responders (police, EMT/paramedic/ Fire) who have access to naloxone</li> <li>Pharmacy dispensing</li> <li>Hospital admission</li> </ul>  |

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|   | <ul style="list-style-type: none"> <li>Number of unique Medicaid enrollees who fill naloxone Prescriptions (DHS)</li> </ul>  |
| <b>Assets</b>   | <ul style="list-style-type: none"> <li>DDAP initiatives</li> <li>Naloxone dollars from the state and federal government</li> </ul>   |
| <b>Potential Partners</b>   | Board of Pharmacy; police departments; local agencies (i.e., Prevention Point Pittsburgh and Philadelphia); SCAs; DASPOP; PRO-A; PaPS; RCPA; PMHCA; PMHA; PPLC   |
| <p><b>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<sup>31</sup> 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<sup>32</sup> to 69,260.</b></p> |  |
| <p><b>Potential Strategy</b> Train health care providers to discuss mental health and substance use needs and concerns with their patients during every appointment, providing assessments as needed.</p>   |  |
| <b>Suggested Activities</b>   | <ul style="list-style-type: none"> <li>Identify regionally based organizations to offer primary care physicians semi-annual training about collaborative care.</li> <li>Locate and enroll trainers for this effort.</li> <li>Discover, highlight and enlist academic medical centers and existing organizations.</li> </ul>  |
| <b>Performance Measures</b>   | <ul style="list-style-type: none"> <li>Number of attendees participating in trainings each year</li> </ul>   |
| <b>Assets</b>   | None identified  |
| <b>Potential Partners</b>   | DHS, Office of Medical Assistance Programs; DOH; DDAP; SCAs; DASPOP; PRO-A; PaPS; RCPA; PMHCA; PMHA; PPLC; Pennsylvania Insurance Department   |
| <p><b>Potential Strategy</b> Identify and implement an evidence-based survey for use in primary care physician practices, emergency departments, urgent care settings and youth correction facilities to increase awareness about stigma and determine the levels of stigma regarding mental health and substance use in the population being served.</p>   |  |
| <b>Suggested Activities</b>   | <ul style="list-style-type: none"> <li>Identify two health care organizations in three areas that are willing to implement this information gathering tool in their enrolled practices.</li> <li>Create a survey on mental health and drug use topics.</li> <li>Physician practices to administer this survey to a sampling of at least 10 percent of patients.</li> </ul> |
| <b>Performance Measures</b>   | <ul style="list-style-type: none"> <li>Use stigma measures from the National Survey of Drug Use and Health (NSDUH) as an indication of population health level stigma in the commonwealth.</li> </ul>  |
| <b>Assets</b>   | <ul style="list-style-type: none"> <li>Health care organizations within the commonwealth that are attempting to become accountable care organizations</li> <li>Pennsylvania Department of Corrections</li> <li>PDE</li> <li>Faith-based organizations</li> </ul>   |
| <b>Potential Partners</b>   | Substance Abuse and Mental Health Services Administration (SAMHSA); DDAP; DHS; SCAs; DASPOP; PRO-A; PaPS; RCPA; PMHCA; PMHA; PPLC  |

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| <b>Potential Strategy</b> Provide opportunities for peer specialists, family peer specialists or certified recovery specialists who have experienced mental illness and substance use problems to share ways that they have become successful, integrated members of society. |  |
| <b>Suggested Activities</b>   | <ul style="list-style-type: none"> <li>• In at least half of Pennsylvania counties each year, have one or more certified peer specialists or certified recovery specialists provide an activity or presentation as part of an otherwise publicly focused event.</li> <li>• Encourage the development of social media and other marketing tools to introduce individuals who have created successful lifestyles.</li> </ul> |
| <b>Performance Measures</b>   | <ul style="list-style-type: none"> <li>• Number of events and attendees</li> <li>• Use stigma measures from the NSDUH</li> <li>• Number of “likes” or “hits” to social media sites</li> </ul>  |
| <b>Assets</b>   | <ul style="list-style-type: none"> <li>• Current groups of certified peer specialists, certified recovery specialists and advocacy agencies</li> <li>• Social media popularity to be expanded upon and exploited inside and outside of state government</li> </ul>   |
| <b>Potential Partners</b>   | DHS, OMHSAS; RCPA; DOH; DHS; Department of Veterans Affairs; NAMI; DDAP; SCA; DASPOP; PRO-A; PAPS; PMHCA; PMHA; PPLC   |

## Appendix B

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### Steering Committee

**Janet Bargh**

Bureau of Health Planning  
Pennsylvania Department of Health

**Gerald Barron, MPH**

Graduate School of Public Health  
University of Pittsburgh

**Christian Gallon**

Office of Policy  
Pennsylvania Department of Health

**Katrina Kyle**

Bureau of Health Planning  
Pennsylvania Department of Health

**Alyssa Landen, MPH**

Graduate School of Public Health  
University of Pittsburgh

**Carol L. Reichbaum, MSL, MSPA**

Graduate School of Public Health  
University of Pittsburgh

## Appendix C

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### Advisory Committee

**Dale Adair, MD**

Pennsylvania Department of Human Services,  
Office of Mental Health and Substance Abuse  
Services

**John Alduino**

American Cancer Society

**Abigail Coleman**

Pennsylvania Department of Health, Bureau of  
Women, Infants and Children

**Dianne Dabulis**

Pennsylvania Department of Education, Division  
of Food and Nutrition

**Lisa Davis**

Pennsylvania Office of Rural Health

**Barry L. Denk**

The Center for Rural Pennsylvania

**Angie Halaja-Henriques**

Pennsylvania Academy of Family Physicians

**Matthew Hurford, MD**

Community Care Behavioral Health

**Donna Kephart**

Penn State Hershey PRO Wellness Center

**Diane Kripas**

Pennsylvania Department of Conservation and  
Natural Resources, Greenways and  
Conservation Partnerships Division

**Stephanie Koppersmith**

Pennsylvania Department of Health, Innovation  
Center

**Sharon Larson, PhD**

Geisinger Health System

**Crystal Lowe**

Pennsylvania Association of Area Agencies on  
Aging

**Steve Lyle**

Regional Emergency Medical Services Council

**Marshal Ma**

Pennsylvania Department of Health, Bureau of  
Health Promotion and Risk Reduction

**Mary Marshall**

Hospital and Healthsystem Association of  
Pennsylvania

**Steve Michelone**

Pennsylvania Emergency Management Agency

**Galene Nason**

Pennsylvania Housing Finance Agency

**Judy Ochs**

Pennsylvania Department of Health, Bureau of  
Health Promotion and Risk Reduction

**Dennis Olmstead**

Pennsylvania Medical Society

**Lori Rancik, RN, BSN**

Penn Highlands Healthcare

**Joseph Reilly**

Highmark

**Deanna Reiss**

Devereux Children's Behavioral Health Services

**Cheri L. Rinehart**

Pennsylvania Association of Community Health Centers

**Margaret Rivello**

Free Clinic Association of Pennsylvania

**Robin Rothermel**

Pennsylvania Department of Health, Bureau of Communicable Disease

**Meg Rowe, MS, RD, LDN, FAND**

Pennsylvania Academy of Nutrition and Dietetics

**Susan Rzucidlo, MSN, RN**

Pediatric Trauma and Injury Prevention, Penn State Hershey Children's Hospital

**Lisa Schildhorn, MS**

Pennsylvania Coalition for Oral Health

**Steven Seitchik**

Pennsylvania Department of Drug and Alcohol Programs

**Jessica Shirley**

Pennsylvania Department of Environmental Protection

**Lt. Tracy M. Shull**

Pennsylvania State Police

**Betsy Snook, MEd, RN**

Pennsylvania State Nurses Association

**Kathryn Tartaglia**

Pennsylvania Department of Transportation, Policy Office

**Phuoc Tran, MEd., RN**

Pennsylvania Department of Health, Bureau of Community Health Systems Southcentral District

**Cathy Utz**

Pennsylvania Department of Human Services, Office of Children, Youth and Families

**Kristen Wenrich, MPH, CPH**

Bethlehem Health Bureau

**Stuart Wesbury, Jr, PhD**

Pennsylvania Council on Aging

## Appendix D

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### Obesity, Physical Inactivity and Nutrition Task Force Members

**Tina Amato, MS, RD, LDN**  
Allentown Health Bureau

**Andrew Blum**  
Pennsylvania Department of Transportation,  
Policy Office

**Phillip M. Burrell**  
Hospital and Healthsystem Association of  
Pennsylvania

**Abigail Coleman**  
Department of Health, Women, Infants and  
Children

**Thomas Dimino**  
Pocono Health System

**Caryn Long Earl**  
Department of Agriculture

**Jennifer Edmondson, MS**  
Pennsylvania Department of Education, Division  
of Food and Nutrition

**Wes Fahringer**  
Pennsylvania Department of Conservation and  
Natural Resources, Bureau of Recreation and  
Conservation

**Serina Gaston**  
Pennsylvania Department of Health, Bureau of  
Health Promotion and Risk Reduction

**Stephen Habbe**  
American Diabetes Association

**Lauren Hughes, MD, MPH, MSc, FAAFP**  
Department of Health, Innovation Center

**Lynn James, MS, RDN, LDN**  
Penn State Extension

**Diane Kripas**  
Pennsylvania Department of Conservation and  
Natural Resources, Bureau of Recreation and  
Conservation

**Stephanie Koppersmith, MPH, CHES**  
Department of Health, Innovation Center

**Ted Kyle, RPh, MBA**  
Obesity Action Coalition

**Emma Lowe**  
Pennsylvania Department of Transportation

**Marshal Ma**  
Pennsylvania Department of Health, Health  
Promotion and Risk Reduction

**Anne Macky**  
Pennsylvania Department of Conservation and  
Natural Resources, Policy Office

**Nathan G. Mains**  
Pennsylvania School Boards Association

**Eric Neal**  
YMCA of Indiana and State Alliance Executive  
Committee

**Sara Nichols**

Pennsylvania Department of Conservation and  
Natural Resources

**Lela Reichart**

Pennsylvania Department of Agriculture

**Martha C. Romney, RN, MS, JD, MPH**

Thomas Jefferson University, College of  
Population Health

**Meg Rowe, MS, RD, LDN, FAND**

Pennsylvania Academy of Nutrition and  
Dietetics

**Sandra Sherman, EdD**

Pennsylvania Chapter of the Action for Healthy  
Kids

**Susan Shermer**

Pennsylvania Chapter of the American Planning  
Association

**Nicholas Slotterback**

Pennsylvania Department of Education, Bureau  
of Assessment and Accountability

**Gretchen Snethen, PhD, CTRS**

Temple University

**Kathryn Tartaglia**

Pennsylvania Department of Transportation

**Janet A. Welsh, PhD**

Penn State University

**Stuart Wesbury, Jr, PhD**

Pennsylvania Council on Aging

**Amy Wishner, MSN, RN, APHN-BC**

Pennsylvania Chapter American Academy of  
Pediatrics

**Susan Wokulich**

United Way of the Capital Region

**Alice Yoder, RN, MSN**

Lancaster General Health

## Appendix E

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### Primary Care and Preventive Services Task Force Members

**Holly Alexander**

Department of Human Services, Office of  
Clinical Quality Improvement

**Christine Alichinie, PhD, RN**

Bloomsburg University and Pennsylvania State  
Nursing Association

**Tinesha Banks**

AccessMatters

**Susan Choi, PhD, CPHQ**

Health Care Improvement Foundation

**Cindi Christ**

Pennsylvania Association of Community Health  
Centers

**Dr. Michael Consuelos**

Hospital and Healthsystem Association of  
Pennsylvania

**Patricia Fonzi**

Family Health Council of Central Pennsylvania

**Jonathan Goldner, DO, FCCP, FCCM**

Pocono Health System and Commonwealth  
Medical College

**Alexandra Goss**

Pennsylvania eHealth Partnership Authority,  
Office of Administration

**Stacey Gustin**

Pennsylvania Department of Health, Bureau of  
Family Health

**Angie Halaja-Henriques**

Pennsylvania Academy of Family Physicians  
Foundations

**Tine Hansen-Turton, MGA, JD, FCPP, FAAN**

National Nursing Centers Consortium

**Lauren Hughes, MD, MPH, MSc, FAAFP**

Department of Health, Innovation Center

**Linda Kanzleiter-Keister, MPSc, DEd**

Center for Primary Care, Pennsylvania Area  
Health Education Center

**Rebecca Kishbaugh**

Pennsylvania Department of Health, Bureau of  
Health Promotion and Risk Reduction

**Amy Knehans, MLIS, AHIP**

Pennsylvania Library Association, Pennsylvania  
Forward Health Literacy Team

**Stephanie Koppersmith, MPH, CHES**

Pennsylvania Department of Health, Innovation  
Center

**William Markle**

University of Pittsburgh Medical Center

**Lauren Merlie**

Pennsylvania eHealth Partnership Authority,  
Office of Administration

**Ed Naugle, PhD**

Department of Health, Bureau of Health  
Planning

**Dennis Olmstead**

Pennsylvania Medical Society

**Christopher Olson, DO**

Pennsylvania Osteopathic Medicine Association

**Peggy Pearl**

Pennsylvania Coalition of Nurse Practitioners

**Margaret Rivillo**

Free Clinic Association of Pennsylvania

**Sarah Rosenberg, JD**

Convenient Care Association

**Robin Rothermel**

Department of Health, Bureau of  
Communicable Diseases

**Shelba Scheffner, MPH, MCHES**

Education Center, Pennsylvania Area Health  
Education Center and Northeast Pennsylvania  
Area Health Education Center

**Lisa Schildhorn, MS**

Pennsylvania Coalition for Oral Health

**Betsy Snook, RN, MEd, BSN**

Pennsylvania State Nursing Association

**Joanne Sullivan**

Pennsylvania Immunization Coalition

**Joe Wagner**

Pennsylvania Department of Health, Bureau of  
Family Health

**Tyrone Williams**

Department of Human Services, Bureau of  
Managed Care Operations

## Appendix F

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### Mental Health and Substance Use Task Force Members

**Dale Adair, MD**

Department of Human Services, Office of  
Mental Health and Substance Abuse Services

**Doris Arena, MPA**

Department of Human Services, Office of  
Mental Health and Substance Abuse Services,  
Bureau of Children’s Behavioral Health Services

**Dr. John Bart**

Department of Military and Veterans Affairs

**Deb Beck**

Drug and Alcohol Service Providers Organization  
of Pennsylvania

**Tami D. Benton, MD**

The Children’s Hospital of Philadelphia,  
Department of Child and Adolescent Psychiatry  
and Behavioral Sciences

**Jamie Buchenauer**

Hospital and Healthsystem Association of  
Pennsylvania

**Kimberly Buffington**

Department of Health, Office of Quality  
Assurance

**Cheryl Bumgardner**

Pennsylvania Association of Community Health  
Centers

**Steve Carson**

Temple University Health System

**Lynn Cooper**

Rehabilitation and Community Providers  
Association

**Susan Cosgrove, MPA, CPHQ**

Health Care Improvement Foundation

**Michelle Denk**

Pennsylvania Association of County Drug and  
Alcohol Administrators (CCAP)

**Barbara Deppen**

Pennsylvania Department of Aging

**Mary Hawk**

Institute for Evaluation Science in Community  
Health, University of Pittsburgh

**Marianna Horowitz**

Pennsylvania Recovery Organizations Alliance

**Matthew Hurford, MD**

Community Care Behavioral Health

**Lynn Keltz**

Pennsylvania Mental Health Consumers  
Association

**Sharon L. Larson, PhD**

Geisinger Health System

**Judy Ochs**

Department of Health, Bureau of Health  
Promotion and Risk Reduction

**Ashley Parsons, MPH**

Department of Health, Innovation Center

**Michelle Evans Phillips, CRNP, FNP-BC**

Department of Human Services, Office of  
Children Youth and Families, Bureau of Juvenile  
Justice Systems

**Luciano P. Rasi**

Temple University Health System

**Michael Reardon**

Department of Military and Veterans Affairs

**Sara Reitenauer, MPH, LPC, CRC**

Magellan Behavioral Health of Pennsylvania

**Geoffrey Roche**

Pocono Health System

**Angela Roebuck**

Capital Area Head Start

**CPT Sarah Salvo**

Department of Military and Veterans Affairs

**Steve Seitchik**

Department of Drug and Alcohol Programs

**Jill Shepler**

Pennsylvania Department of Corrections

**Deborah Ann Shoemaker**

Pennsylvania Psychiatric Society

**Brian Smith**

Hospital and Healthsystem Association of  
Pennsylvania

**Joan Stakem**

Department of Military and Veterans Affairs

**William Stauffer**

Pennsylvania Recovery Organizations Alliance

**Amy Szydlowski, MPA, MSW**

Department of Health, Bureau of Community  
Health Systems

**Sally Walker**

Behavioral Health Alliance of Rural Pennsylvania

**Sally Walther**

Mental Health Association of Pennsylvania

**Lloyd Wertz**

Psychiatric Leadership Council

**Alice Yoder, RN MSN**

Lancaster General Health

## Appendix G

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### Task Force Chairs

#### Obesity, Physical Inactivity, and Nutrition

**Abigail Coleman**

Pennsylvania Department of Health, Bureau of  
Women, Infants, and Children

**Meg Rowe, MS, RD, LDN, FAND**

Pennsylvania Academy of Nutrition and  
Dietetics

#### Primary Care and Preventive Services

**Stephanie Koppersmith**

Pennsylvania Department of Health, Innovation  
Center

**Betsy Snook, MEd, RN**

Pennsylvania State Nurses Association

#### Mental Health and Substance Use

**Sharon Larson, PhD**

Geisinger Health System

**Matthew Hurford, MD**

Community Care Behavioral Health

## Appendix H

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### Acronyms

|               |  |
|---------------|--|
| <b>AAA</b>    | Area Agencies on Aging   |
| <b>ACOG</b>   | American Congress of Obstetricians and Gynecologists                 |
| <b>ADA</b>    | Americans with Disabilities Act                                      |
| <b>AFSP</b>   | American Foundation for Suicide Prevention                           |
| <b>AHEC</b>   | Area Health Education Centers  |
| <b>AMA</b>    | American Medical Association   |
| <b>AOASPC</b> | Pennsylvania Adults/Older Adult Suicide Prevention Coalition         |
| <b>ASAM</b>   | American Society of Addiction Medicine, 3rd edition                  |
| <b>BHPRR</b>  | Bureau of Health Promotion and Risk Reduction                        |
| <b>CACFP</b>  | Child and Adult Care Food Program                                    |
| <b>CDC</b>    | Centers for Disease Control and Prevention                           |
| <b>CHIP</b>   | Community Health Improvement Plan                                    |
| <b>CHNA</b>   | Community Health Needs Assessment                                    |
| <b>CHW</b>    | Community Health Workers   |
| <b>CLAS</b>   | Culturally and Linguistically Appropriate Services                   |
| <b>CPA</b>    | Commonwealth Prevention Alliance                                     |
| <b>CPS</b>    | certified peer specialists   |
| <b>CSPAP</b>  | Comprehensive School Physical Activity Programs                      |
| <b>DASPOP</b> | Drug and Alcohol Service Providers Association of Pennsylvania       |
| <b>DBHIDS</b> | Department of Behavioral Health and Intellectual Disability Services |
| <b>DCNR</b>   | Pennsylvania Department of Conservation and Natural Resources        |
| <b>DDAP</b>   | Department of Drugs and Alcohol Programs                             |
| <b>DFN</b>    | Division of Food and Nutrition                                       |
| <b>DHS</b>    | Department of Human Services   |
| <b>DNPA</b>   | Division of Nutrition and Physical Activity                          |
| <b>DOH</b>    | Pennsylvania Department of Health                                    |
| <b>EPIC</b>   | Educating Practices/Physicians In their Communities                  |
| <b>FCAP</b>   | The Free Clinics Association of Pennsylvania                         |
| <b>FQHC</b>   | Federally Qualified Health Centers                                   |
| <b>HAP</b>    | Hospital and Healthsystem Association of Pennsylvania                |
| <b>HCIF</b>   | Health Care Improvement Foundation                                   |
| <b>HPE</b>    | Health and Physical Education  |
| <b>HPSA</b>   | Health Professional Shortage Areas                                   |
| <b>HRSA</b>   | Health Resources and Services Administration                         |
| <b>LSWP</b>   | Local School Wellness Policies                                       |
| <b>MAPP</b>   | Mobilizing for Action through Partnerships and Planning              |
| <b>MCO</b>    | Managed Care Organizations   |
| <b>MHFA</b>   | Mental Health First Aid  |
| <b>MHSU</b>   | Mental Health and Substance Use                                      |
| <b>NACCHO</b> | National Association of County and City Health Officials             |
| <b>NCQA</b>   | National Committee for Quality Assurance                             |

|                 |  |
|-----------------|--|
| <b>NIMH</b>     | National Institute for Mental Health   |
| <b>NNCC</b>     | National Nursing Centers Consortium  |
| <b>NSDUH</b>    | National Survey of Drug Use and Health   |
| <b>OAC</b>      | Obesity Action Coalition   |
| <b>OMAP</b>     | Office of Medical Assistance Programs  |
| <b>OMHSAS</b>   | Office of Mental Health and Substance Use Services                                   |
| <b>OPIN</b>     | Obesity, Physical Inactivity, and Nutrition  |
| <b>PA AAP</b>   | Pennsylvania Chapter of the American Academy of Pediatrics                           |
| <b>PACHC</b>    | Pennsylvania Association of Community Health Centers                                 |
| <b>PAFP</b>     | Pennsylvania Academy of Family Physicians  |
| <b>PAIC</b>     | Pennsylvania Immunization Coalition  |
| <b>PaLA</b>     | Pennsylvania Library Association   |
| <b>PAMED</b>    | Pennsylvania Medical Society   |
| <b>PAND</b>     | Pennsylvania Academy of Nutrition and Dietetics                                      |
| <b>PaPS</b>     | Pennsylvania Psychiatric Society   |
| <b>PAYSPI</b>   | Pennsylvania Youth Suicide Prevention Initiative                                     |
| <b>PCCD</b>     | Pennsylvania Commission on Crimes and Delinquency                                    |
| <b>PCOH</b>     | Pennsylvania Coalition for Oral Health   |
| <b>PCPC</b>     | Pennsylvania Client Placement Criteria   |
| <b>PCPS</b>     | Primary Care and Preventive Services   |
| <b>PDE</b>      | Pennsylvania Department of Education   |
| <b>PEBTF</b>    | Pennsylvania Employee Benefit and Transfer Fund                                      |
| <b>PennDOT</b>  | Pennsylvania Department of Transportation  |
| <b>PHAB</b>     | Public Health Accreditation Board  |
| <b>PMHA</b>     | Pennsylvania Mental Health Association   |
| <b>PMHCA</b>    | Pennsylvania Mental Health Consumers Association                                     |
| <b>POMA</b>     | Pennsylvania Osteopathic Medical Association   |
| <b>PPLC</b>     | Pennsylvania Psychiatric Leadership Council  |
| <b>PRO-A</b>    | Pennsylvania Recovery Organizations Alliance   |
| <b>Pro-Act</b>  | Pennsylvania Recovery Organization- Achieving Community Together                     |
| <b>PSAHPERD</b> | Pennsylvania State Association for Health, Physical Education, Recreation, and Dance |
| <b>PSBA</b>     | Pennsylvania School Boards Association   |
| <b>PSNA</b>     | Pennsylvania State Nursing Association   |
| <b>QPR</b>      | Question, Persuade, Refer  |
| <b>RCPA</b>     | Rehabilitation and Community Providers Association                                   |
| <b>SAMHSA</b>   | Substance Abuse and Mental Health Services Administration                            |
| <b>SAS</b>      | Standards Aligned System   |
| <b>SCA</b>      | Single County Authorities on Drugs and Alcohol                                       |
| <b>SHA</b>      | State Health Assessment  |
| <b>SHIP</b>     | State Health Improvement Plan  |
| <b>SNAP</b>     | Supplemental Nutrition Assistance Program  |
| <b>SPHSP</b>    | State Public Health System Performance   |
| <b>TJC</b>      | The Joint Commission   |
| <b>WIC</b>      | Women, Infants, and Children program   |

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