PennState Health

A SIX-COUNTY

Berks | Cumberland | Dauphin | Lancaster | Lebanon | Perry

COMMUNITY HEALTH NEEDS ASSESSMENT

FULL REPORT

Conducted on behalf of:

Penn State Health Milton S. Hershey Medical Center

Penn State Health Holy Spirit Medical Center

Penn State Health St. Joseph Medical Center

Penn State Health Hampden Medical Center

Pennsylvania Psychiatric Institute

Penn State Health Rehabilitation Hospital

2021

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Overview

Introduction – Our Commitment to Community Health

Penn State Health is committed to understanding and addressing the health needs of the communities it serves. In order to best do that, the health system completed its 2021 Community Health Needs Assessment (CHNA).

For this fourth assessment cycle, Penn State Health formed a collective workgroup that included Penn State Health Milton S. Hershey Medical Center, Penn State Health Holy Spirit Medical Center, Penn State Health St. Joseph Medical Center, Penn State Health Hampden Medical Center, Pennsylvania Psychiatric Institute, Penn State Health Rehabilitation Hospital and key community stakeholders to identify and address the needs of residents living in Berks, Cumberland, Dauphin, Lancaster, Lebanon and Perry counties. Because Penn State Health Lancaster Medical Center was under construction during this assessment, this community was also included. The Department of Public Health Sciences at Penn State College of Medicine coordinated the CHNA efforts. By taking a systemwide approach to data collection and community health planning, Penn State Health will leverage system assets across the service area to address prioritized health needs.

The following pages describe the process and methods used in the 2021 CHNA and our findings on the health status of the communities we serve. We thank all of our community partners who joined us in these efforts. Our next step will be to develop our Implementation Plan to foster a collective impact to improve health across the region and reduce health disparities. We look forward to continued partnership to strengthen our community together.

Thank you,

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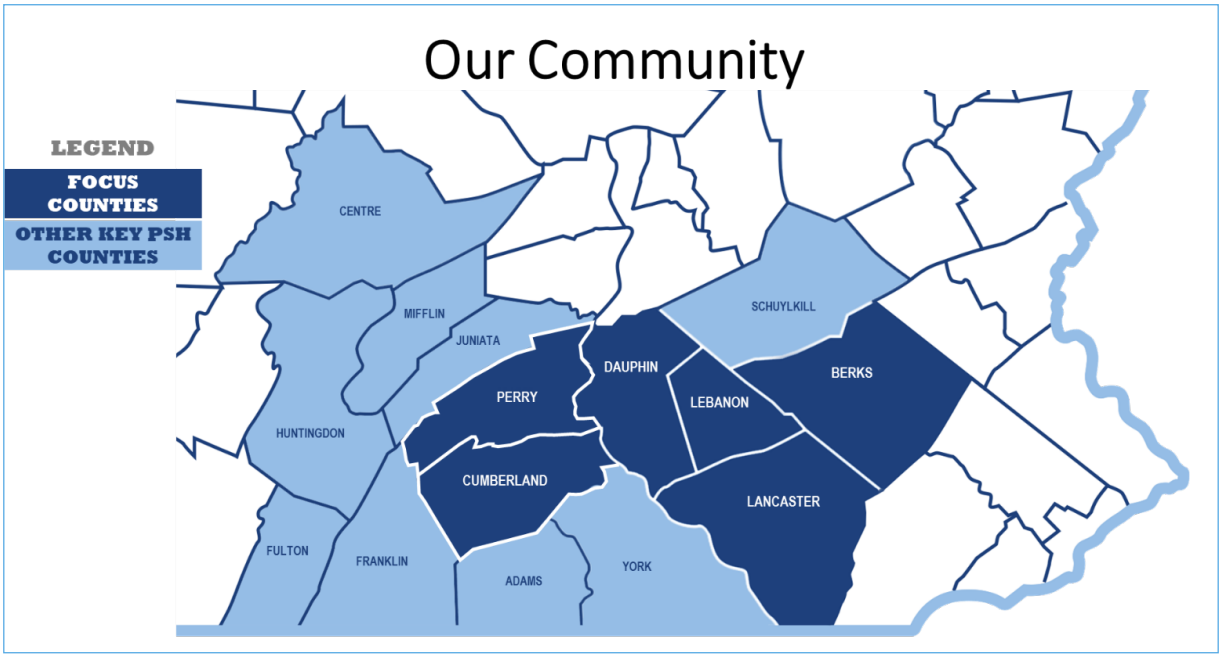
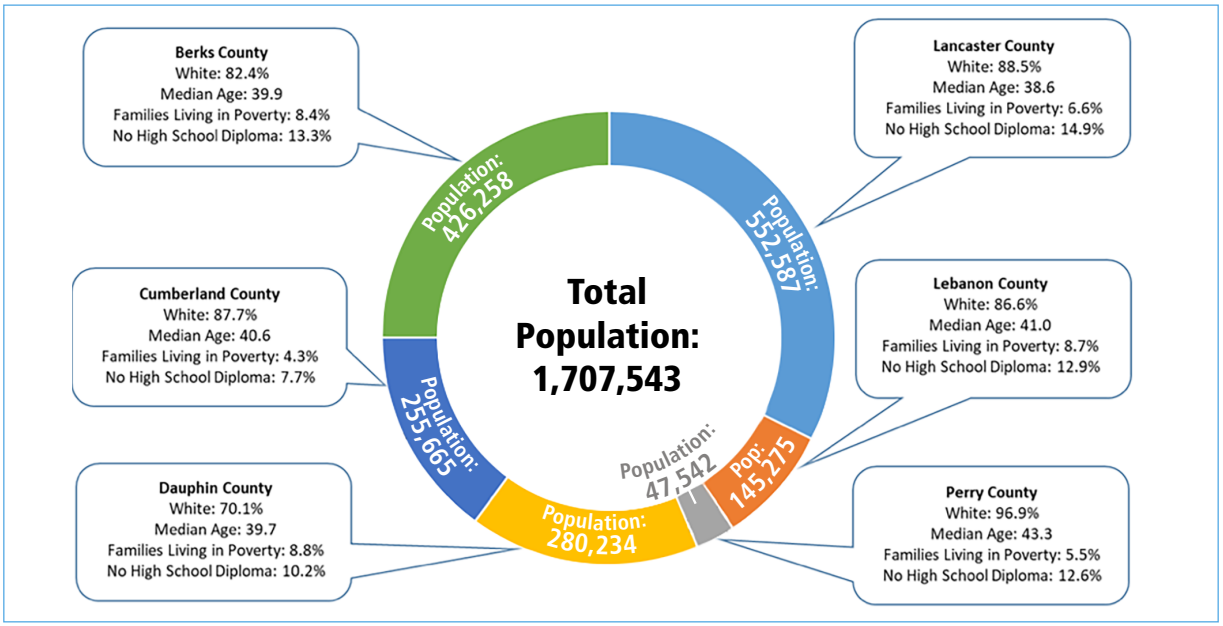
Community Description

The service area defined for purposes of the CHNA encompasses 225 ZIP codes in six Pennsylvania counties: Berks, Cumberland, Dauphin, Lancaster, Lebanon and Perry. These six focus counties represent the community where health care resources are available and provided by the partnering Penn State Health organizations. The counties are also home to the majority of Penn State Health's patient population.





CHNA Process

The 2021 CHNA used both primary and secondary methods to solicit community input and compare health trends and disparities across the six-county service area. The CHNA timeline complied with IRS Tax Code 501(r) requirements to conduct a CHNA every three years, as set forth by the Affordable Care Act.

Specific CHNA steps included:

- *Kickoff meeting to announce the start of the CHNA process and host all internal community-minded staff members. They provided input on community partners to engage based on high-need areas, as defined by Community Need Index (CNI) scores*
- *Monthly leadership meetings, including all hospitals, to review progress and provide feedback*
- *A Key Informant Survey with 317 community leaders and stakeholders representing the broad interests of the community, including experts in public health and individuals representing medically underserved, low-income and minority populations*
- *A Community Member Survey (CMS) completed by 2,778 individuals, with 2,532 responses able to be used based upon county of residence and age*
- *An analysis of existing secondary data sources, including public health statistics, demographic and social measures and health care utilization*
- *Two Partner Forums, with representatives from diverse community-based and public health organizations, to gather insight on community health needs and foster collaboration toward community health improvement – the first forum hosted 112 participants and the second 103 participants*
- *Review of the current CHNA Implementation Plan and available resources*
- *Prioritization of identified community health needs to determine the most pressing issues on which to focus community health improvement efforts*

Appendix B contains a list of community partner organizations that participated in any aspect of the assessment process. Please note this list may not be all-inclusive since participants could remain anonymous.

Prioritized Community Health Needs

Through multiple methods of community engagement, facilitated dialogue with community health experts and a series of criteria-based voting exercises, the most significant issues to focus systemwide health improvement efforts over the three-year cycle from July 1, 2022, to June 30, 2025, are **1) Mental Health 2) Health Equity** and **3) Wellness and Disease Prevention.**

Mental Health includes a focus on community groups, such as the LGBTQ+ community, people of color and youth. Substance use disorder will also be addressed under this priority. Health Equity covers concerns that include access to care, elder issues with access, social determinants of health, racism, diversity, transportation and housing. Wellness and Disease Prevention encompasses food access and nutrition, substance use prevention, chronic disease prevention, health education and physical activity. Everyone agreed that these priorities, and focus areas within, represent all six ranked health concerns, that all of these areas are very interrelated and one cannot be addressed without the other.

Additional Information and Feedback

For additional information about the CHNA and opportunities for collaboration, please contact us at CHNA@pennstatehealth.psu.edu.

To provide feedback on this CHNA at any time, please link or scan:
Link: redcap.link/34eua53p

Scan:

CHNA Summary of Findings Per Priority

Partnering hospitals will focus systemwide health improvement efforts over the next three-year cycle on the identified priority areas of 1) Mental Health 2) Health Equity and 3) Wellness and Disease Prevention. The following section summarizes key CHNA findings, community health needs and comments related to the priority areas.

Priority 1 – Mental Health

Within the six-county service area, the average number of mentally and physically unhealthy days reported in the past 30 days has continued to increase, with more mentally unhealthy days being reported than physically unhealthy days (CHR, 2021). **Fifty-seven percent** of adult community member survey respondents had at least one poor mental health day in the past month (up from 54% in the 2018 survey), and **1 in 10** respondents reported 15 or more days of poor mental health.

Among the LGBTQ+ population, **63%** said depression was a top three health concern (LGBTQ Health Needs Assessment, 2020). **Eighteen percent** of community member survey respondents needed and received mental health services, while **1 in 11** respondents needed, but did not receive, mental health services. Furthermore, **40%** of children in the service area reported feeling sad or depressed most days in the past year, and **1 in 6** reported considering suicide one or more times in the past year (PAYS, 2019).

One community member commented, *"I think that our largest community health issue, which is of epidemic proportions, is childhood trauma/adverse childhood experiences."*

Priority 2 – Health Equity

While **8%** of community member respondents were unemployed, **11%** of Black/African American respondents were unemployed, compared to only **3%** of white/Caucasian respondents. **Twenty-seven percent** of households in the service area earn above the poverty level but below the cost of living (United Way, 2018). One community member stated, *"Many of the supports offered regarding food or health care are aimed at those who are eligible for free government programs, but there are many of us who are in the 'working poor' category who qualify for nothing."*

For respondents who were uninsured, **almost half** indicated that they cannot afford insurance, while **one-quarter** indicated they are ineligible for employer-paid insurance. Hispanic/Latino individuals and Black/African American individuals were more likely to report being uninsured compared to white individuals. Even though many individuals do have health insurance, **1 in 11** still did not receive care in the past year due to cost. One key informant mentioned, *"Most people are forced to travel outside of an hour to get to doctors who accept Medicaid or Medicare."* However, many individuals don't seek care at all due to a lack of transportation.

Fifty-four percent of Key Informant Survey respondents indicated that residents may not have transportation to medical appointments. In particular, **1 in 15** community respondents indicated that they or their family needed transportation services but were not able to access them.

Priority 3 – Wellness and Disease Prevention

Unfortunately, **44%** of CMS respondents reported being told they're overweight or obese (up from 41% in 2018), and **1 in 5** children in grades 7-12 were found to be obese during the 2017-2018 school year (School Health Statistics, 2017-18). Two large contributors to obesity include lack of exercise and poor diet. Access to exercise opportunities has been decreasing among all counties in the service area, and approximately **1 in 5** community member respondents reported no days of physical activity in the past month.

While **98%** of respondents said they're able to have fresh/healthy foods when they want them, **1 in 8** respondents reported being worried about running out of food before having money to buy more, and **1 in 14** children reported having skipped a meal due to family finances (PAYS, 2019). Poor eating habits, lack of exercise and obesity can result in many negative health outcomes. **Forty-two percent** of CMS respondents reported having been told they have high blood pressure and **39%** had high cholesterol. Overall, **16%** of respondents had diabetes; however, **22%** of Hispanic/Latino respondents had diabetes compared to **16%** of non-Hispanics/Latinos.

Further exacerbating these negative health outcomes, about **1 in 7** respondents age 50 or older had never received a colonoscopy, and approximately **1 in 15** women respondents aged 40+ had not received a mammogram. Unfortunately, there are more cases of melanoma within our service area compared to Pennsylvania overall and, as one community member stated, *"Dermatologist appointments are not available in a reasonable time frame or at all."*

Board Approvals

The 2021 CHNA final report was reviewed and approved by the hospitals' boards of directors and made available to the public via each hospital's website:

Penn State Health Milton S. Hershey Medical Center
Penn State Health Holy Spirit Medical Center
Penn State Health St. Joseph Medical Center
Penn State Health Hampden Medical Center
pennstatehealth.org/community

Pennsylvania Psychiatric Institute
ppimhs.org/about-us/community-programs

Penn State Health Rehabilitation Hospital
psh-rehab.com/patients-and-caregivers/admissions/community-health-needs-assessment/

Key Informant Survey

Background

A Key Informant Survey was conducted electronically to solicit information about community health needs. A total of 317 individuals responded to the survey, including health and social service providers; community and statewide public health experts; civic, religious and social leaders; community planners, policymakers and elected officials; and others representing diverse populations, including minority, low-income, LGBTQ+ and other underserved or vulnerable populations.

The survey was available in English and Spanish and included a disability and language accommodation statement. It was open for a longer period of time compared to past CHNA cycles, from November 2020 to March 2021, due to the COVID-19 pandemic. QR codes and links to the survey were shared multiple times via email, as well as at virtual meetings and professional education sessions.

Survey Participants

Key informants were asked a series of questions about their perceptions of community health, including health drivers, barriers to care, community infrastructure and recommendations for community health improvement. Respondents represented excellent geographic balance across the six county area, as follows: Berks County (124, 39.1%), Cumberland County (123, 38.8%), Dauphin County (167, 52.7%), Lancaster County (97, 30.6%), Lebanon County (97, 30.6%), Perry County (100, 31.6%) and Other (67, 21.1%). Respondents were able to select multiple counties, so percentages do not add up to 100%.

Populations Served

About 40% of respondents provided services to all residents. Of those organizations that focused primarily on a special population, most served low-income/poor (35%), families (27%) or children/youth (27%). “Other” populations served, as indicated by 5% of respondents, included Arabic, Nepalese, veterans, pregnant women, single parents, college students and individuals affected by specific issues, including HIV/AIDS, mental health, intellectual disabilities, epilepsy or substance use.

Populations Served by Key Informants

	Percentage of Informants*	Number of Informants
Not Applicable (Serve All Populations)	39.8%	126
Low-Income/Poor	35.3%	112
Families	27.4%	87
Children/Youth	27.1%	86
Seniors/Elderly	25.9%	82
Hispanic/Latino	23.3%	74
Uninsured/Underinsured	22.4%	71
Black/African American	21.5%	68
Women	21.1%	67
Disabled	20.8%	66
LGBTQ+ Community	20.2%	64
Homeless	20.2%	64
Men	15.8%	50
Immigrant/Refugee	13.3%	42
Asian/Pacific Islander	7.9%	25
Migrant Workers/Families	6.6%	21
American Indian/Alaska Native	6.6%	21
Other**	5.1%	16

*Key informants were able to select multiple populations. Percentages do not add up to 100%.

Health Perceptions

Choosing from a list of 24 specified health issues, respondents were asked to select the top three health conditions impacting the populations they serve. An option for "other" was also provided. The respondents were then asked a second question to similarly select what they saw as the top three contributing factors to those health conditions. The top 10 responses (percentage and count) for each question are depicted in the tables that follow.

Top 10 Health Conditions Affecting Residents

Ranking	Condition	Informants Selecting as a Top 3 Health Concern	
		Percent	Count
1	Mental Health Conditions	61.8%	196
2	Substance Use Disorder	43.9%	139
3	Overweight/Obesity	30.9%	98
4	Diabetes	26.5%	84
5	Heart Disease and Stroke	19.6%	62
6	Infectious Disease	16.7%	53
7	Disability	12.9%	41
8	Cancers	11.4%	36
9	Domestic Violence	9.5%	30
10	Alzheimer's Disease/Dementia	7.3%	23

Approximately two-thirds of respondents (61.8%) saw mental health conditions as a top three health concern in the community; 43.9% of respondents selected substance use disorder as a top three health concern; and 30.9% of respondents selected overweight/obesity.

Key informants' responses were more divided on their perceptions of factors that most contributed to the health conditions they chose in the previous question. This variation in perception suggests less consensus among respondents about what factors most contribute to community health conditions.

Nearly 30% of respondents considered poverty as a top three contributing factor to health conditions, followed by ability to afford health care (28.7%) and drug/alcohol use (27.1%).

Top 10 Contributing Factors to Health Conditions Affecting Residents

Ranking	Contributing Factor	Informants Selecting as a Top 3 Contributor	
		Percent	Count
1	Poverty	30.0%	95
2	Ability to Afford Health Care	28.7%	91
3	Drug/Alcohol Use	27.1%	86
4	Health Habits	26.8%	85
5	Inadequate or No Health Insurance	17.7%	56
6	Stress	16.7%	53
7	Food Insecurity	15.1%	48
8	Availability of Health and Wellness Programs	13.9%	44
9	Health Literacy	12.6%	40
10	Availability of Healthy Food Options	12.3%	39

To expand upon their quantitative responses, respondents were asked to provide comments about their selections. Comments are included below.

Health Perceptions – Comments by Key Informants

Ability to Afford Health Care/Poverty

- *"Even with insurance, health care is often still unaffordable due to copays, deductibles, etc."*
- *"We have an inaccessible, unaffordable and complex health care system that is difficult to navigate."*

Health Habits & Overweight/Obesity

- *"Go where the people live, work and play/relax – get close to all residents; offer programs on dangers/benefits of being overweight, eating well and exercise; ensure such programs are in schools."*

Mental Health/Substance Abuse

- *"For mental health and Substance Use Disorder, there are services available, but not always enough. Barriers include type of insurance and not having the right insurance."*
- *"Improve competency working with marginalized populations; increase communication between medical, mental health and social support services."*

Health Care Access

Key informants were asked to rate their agreement with statements pertaining to health of the community and access to care using a scale of (1) "strongly disagree" to (4) "strongly agree."

Approximately 51% of informants "somewhat disagreed" or "strongly disagreed" that their community is healthy. Access to adequate and timely health services is a key contributor to the health of a community. Yet, primary care services were not considered to be widely available across the community. Approximately 42% of respondents "somewhat disagreed" or "strongly disagreed" that residents have a regular primary care doctor that they go to for care. Approximately 54% of informants indicated that there is a sufficient number of providers who accept Medicaid/Medical Assistance. Although, approximately 54% of informants "somewhat disagreed" or "strongly disagreed" that residents have access to transportation to services.

Perceptions were divided on cultural sensitivities and competencies among providers. Cultural sensitivity received the highest mean score (2.76), while sufficient number of bilingual providers received the lowest mean score (2.00).

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Resident Health Care Access

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
I would describe my community as healthy.	11.1%	40.0%	43.2%	5.7%
Residents have a regular primary care provider/doctor/ practitioner that they go to for health care.	5.2%	36.8%	47.7%	10.3%
Residents have available transportation (public, personal or other service) for medical appointments and other services.	19.1%	35.0%	37.9%	8.0%
Providers in the community are culturally sensitive to race, ethnicity, cultural preferences, etc., of patients.	6.1%	26.6%	52.2%	15.1%
There is a sufficient number of providers that accept Medicaid/Medical Assistance in the community.	17.6%	28.7%	39.4%	14.3%
There is a sufficient number of bilingual providers in the community.	32.8%	40.2%	21.2%	5.8%

Key informants were asked to rate their agreement to statements pertaining to the availability and accessibility of primary and specialty care providers using scale of (1) "strongly disagree" to (4) "strongly agree."

Mental health and substance abuse services were identified by informants as the least available and accessible resources to residents. Around 70% of informants "somewhat disagreed" or "strongly disagreed" that residents receive mental health care when they need it and that there is a sufficient number of providers in the community. More than 60% of informants "somewhat disagreed" or "strongly disagreed" that residents receive substance abuse care when they need it and that there is a sufficient number of providers in the community.

Health Care Provider Availability

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
Primary Care				
Residents can receive care when they need it.	4.5%	31.7%	48.5%	15.2%
There is a sufficient number of providers in the community.	7.6%	21.6%	50.8%	20.0%
Vision Care Services				
Residents can receive care when they need it.	16.5%	35.5%	37.2%	10.9%
There is a sufficient number of providers in the community.	14.7%	21.7%	46.3%	17.3%
Specialty Care Services				
Residents can receive care when they need it.	9.5%	32.9%	43.7%	14.0%
There is a sufficient number of providers in the community.	12.8%	29.7%	40.9%	16.7%
Dental Care Services				
Residents can receive care when they need it.	25.0%	32.8%	32.1%	10.1%
There is a sufficient number of providers in the community.	19.5%	25.0%	38.3%	17.2%
Substance Abuse Services				
Residents can receive care when they need it.	21.8%	38.6%	31.4%	8.3%
There is a sufficient number of providers in the community.	25.0%	37.7%	29.0%	8.3%
Mental Health Care Services				
Residents can receive care when they need it.	30.5%	37.0%	25.3%	7.1%
There is a sufficient number of providers in the community.	33.2%	36.5%	21.9%	8.4%

Inability to afford care, challenges of navigating the health care system, lack of transportation, feeling healthy and lack of awareness/emphasis on preventive health were most chosen within respondents' top three selections as why residents who have health insurance do not receive regular care.

Primary Reason Individuals With Health Insurance Do Not Receive Regular Care

Ranking	Reason	Informants Selecting as a Top 3 Reason	
		Percent	Count
1	Unable to afford care (copays, deductibles, prescriptions, etc.)	48.9%	155
2	Challenges of navigating the health care system	48.0%	152
3	Lack of transportation to access health care services	35.3%	112
4	Feel healthy ("Don't need to go to the doctor.")	34.4%	109
5	Awareness/emphasis of preventive health measures	30.9%	98
6	Fear of diagnosis, treatment	24.0%	76
7	Providers not accepting insurance/new patients	18.0%	57
8	Limited office hours of providers (no weeknight/weekend office hours)	14.8%	47
9	Lack of providers available in the community	13.9%	44
10	Providers do not speak their language	7.6%	24
11	Personal beliefs or community biases related to religion, spirituality, culture, gender/sexual orientation, etc.	7.3%	23
12	Other*	3.2%	10

*Other responses include insurance policy limitations, poor treatment in the past, a negative perspective of care and a lack of personal motivation.

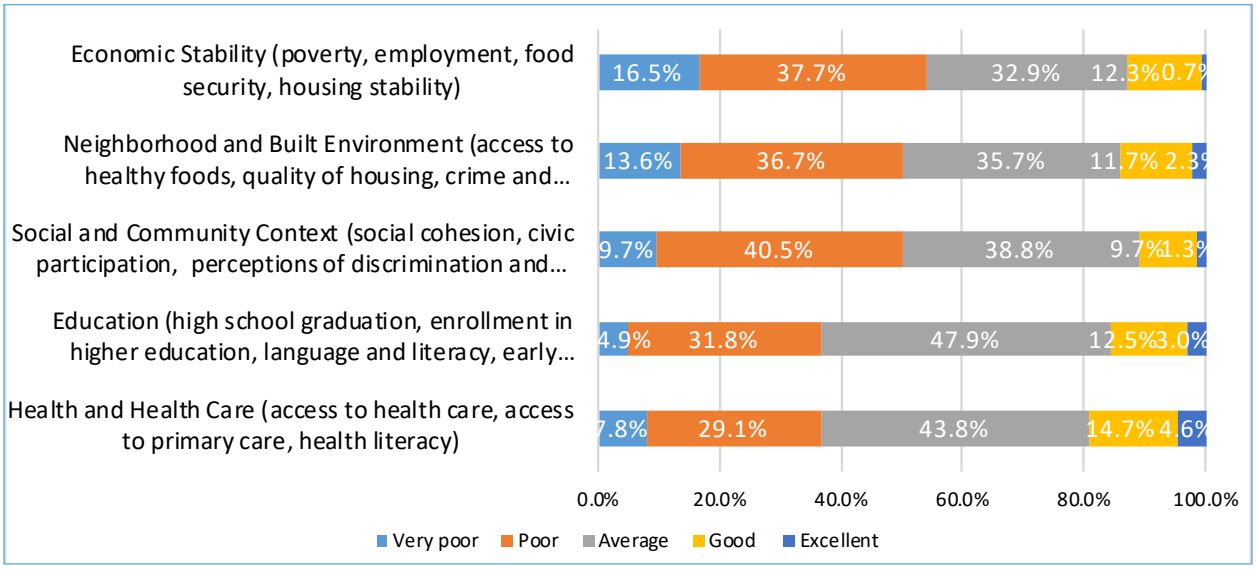
Social Determinants of Health

Healthy People 2030 defines social determinants of health as conditions in the environments in which people are born, live, learn, work, play, worship and age that affect a wide range of health, function and quality of life outcomes and risks. Based on comments made throughout the survey, key informants recognized the impact that social determinants had upon residents' health. A section within the survey asked respondents to rate social determinants of health across five different dimensions: economic stability; education; health and health care; neighborhood and built environment; and social and community context, using a scale of (1) "very poor" to (5) "excellent."

The mean scores for each dimension are listed in the table below in rank order, followed by a table showing the scoring frequency. Mean scores fell between 2.79 to 2.43, with most respondents rating the listed social determinants as "poor" or "average."

Ranking	Social Determinant of Health	Mean Score
1	Health and Health Care	2.79
2	Education	2.77
3	Social and Community Context	2.52
4	Neighborhood and Built Environment	2.52
5	Economic Stability	2.43

Social Determinants of Health Impacting the Community



Impact of Social Determinants on Health

Key informants acknowledged the impact of social determinants—particularly poverty—as key underlying factors of health issues within the community. Key informants' specific comments related to poverty and health impact are included below.

- *"Social determinants of health are a main driver for mental health and physical health."*
- *"I feel that food insecurity and poverty lead to a lot of the other factors listed. Poverty causes health disparities and issues obtaining healthy foods that lead to unhealthy eating habits."*
- *"Affordable, safe housing is the number one social determinant for a healthy life."*
- *"Education, social support, unemployment, poverty, health literacy, availability of healthy and affordable food and other factors certainly have an impact on health concerns."*
- *"A collaborative approach with community organizations, especially for underserved, low-income families (food pantries, cultural groups), and community context can be improved by more positive perception on discrimination and equity."*
- *"Build language accessibility; maybe consider mobile service options; effectively screen for trauma, domestic violence and social determinants of health in patient-care settings."*

Community Resources

Key informants were asked what resources are missing in the community that would help residents optimize their health. Respondents could choose as many options as they thought applied. Approximately 60% of informants chose mental health services as a missing resource within the community, and just over half included transportation. Just under 40% checked health and wellness programs, followed by multicultural or bilingual health care providers, housing and substance abuse services.

Missing Resources Within the Community to Optimize Health

Ranking	Resource	Percentage of Informants	Number of Informants
1	Mental Health Services	59.9%	190
2	Transportation Options	51.4%	163
3	Health and Wellness Education and Programs	39.8%	126
4	Multicultural or Bilingual Health Care Providers	36.9%	117
5	Housing	34.7%	110
6	Substance Abuse Services	34.7%	110
7	Dental Care	30.9%	98
8	Healthy Food Options	30.6%	97
9	Child Care Providers	30.0%	95
10	Community Clinics/Federally Qualified Health Centers	28.1%	89

Community Member Survey

Background

A Community Member Survey was conducted with residents across the six-county community to gather insights into health status, risk behaviors, barriers to accessing health services and the health and social needs of vulnerable community members. The survey was conducted with adults age 18 or over and included low-income, underserved or minority populations.

Due to the COVID-19 pandemic limiting in-person opportunities, the survey was conducted over a longer period, from September 2020 to April 2021, than past CHNA cycles. Electronic and paper versions of the survey were available in English and Spanish, and they included a disability and language accommodation statement. Paper surveys were collected at 29 community partner physical locations, primarily focused on underserved communities. Advertising cards, including QR codes and links, were shared at community events where in-person surveying could not be accommodated due to COVID-19. Paper and virtual advertising materials were shared extensively by our community partners via their virtual events and educational sessions, with support groups, in community and professional newsletters, with former patient/client email lists, via press release cycles, from September 2020 to April 2021, and through social media articles.

The survey was not intended to be a representative sample of the greater community, but rather provide general insights into respondents' perceptions and health status. The survey data were analyzed by county and race/ethnicity. (Note: Racial/ethnic data was not analyzed for groups with fewer than 10 respondents.)

Demographics

A total of 2,778 individuals completed the survey across the six-county service area, and 2,532 responses were able to be used based upon county of residence and age. The largest percentages of respondents resided in Dauphin County (43%) and Berks County (19%), which are the home counties of the Milton S. Hershey Medical Center, Penn State Health St. Joseph Medical Center, Pennsylvania Psychiatric Institute and Penn State Health Rehabilitation Hospital. The largest percentages of respondents were female (67.5%) and white (87.4%). Nine percent of respondents identified as Hispanic or Latino and 5% of respondents identified as Black or African American.

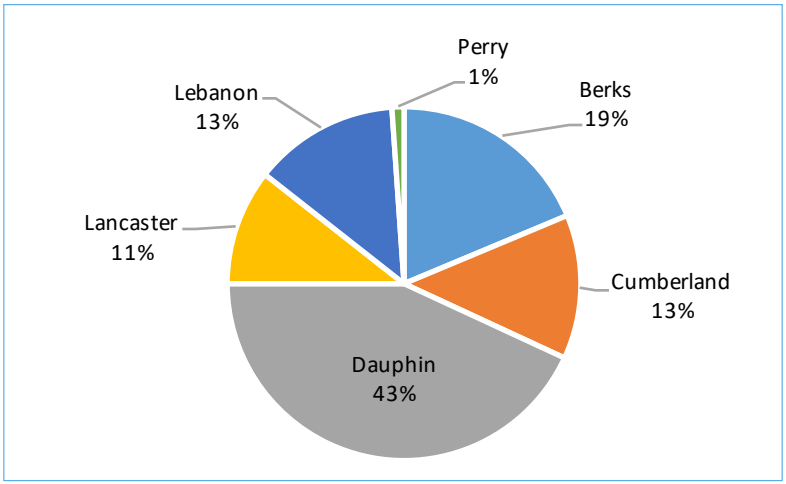
The most represented age groups were 65 to 74 (23.4%) and 55 to 64 (22.6%). Approximately 19% of respondents reported a household income of $34,999 or less. About 2.8% did not complete high school, while 15.6% graduated high school or earned a GED. Seventy-seven percent of respondents have some college experience, including earning an associate, bachelor's or master's degree. About half of the respondents were employed, while the other half was not working due to being retired (32.7%), unemployed (4.4%), unable to work (4.1%) or for other reasons. Demographic data for all survey respondents is shown in the charts that follow.

2021

NOTE: Data from the 2021 survey questions are included in some of the following charts, but should not be used for comparison given the use of convenience sampling, rather than generalizable samples.

2021 Community Survey Respondents

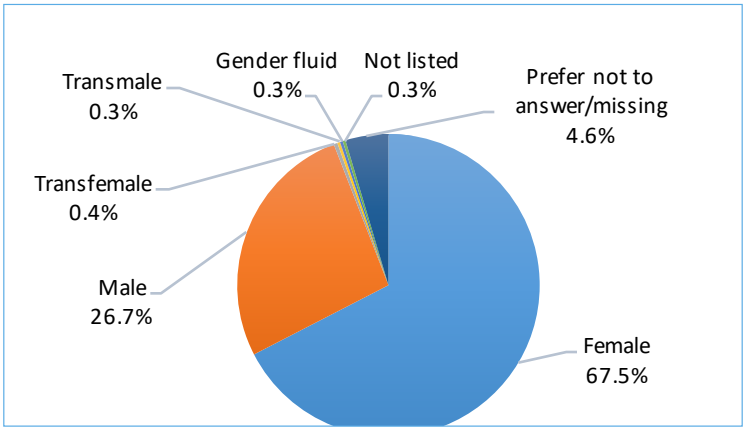
County of Residence



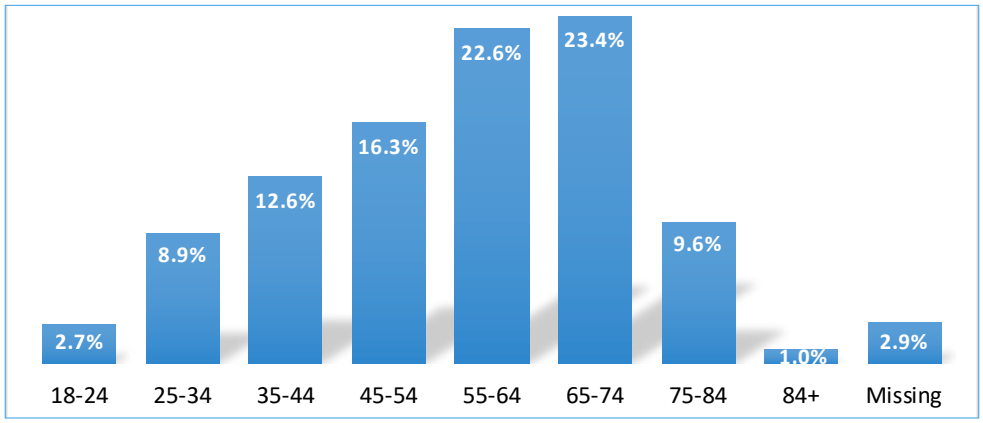
2021 Top Three ZIP Codes of Respondent Residence, by County

Berks	Cumberland	Dauphin	Lancaster	Lebanon	Perry
19601 Reading (10.7%)	17050 Mechanicsburg (23.1%)	17036 Hummelstown (28.5%)	17022 Elizabethtown (22.4%)	17078 Palmyra (34.4%)	17053 Marysville (20.8%) 17068 New Bloomfield (20.8%)
19606 Reading (9.4%)	17055 Mechanicsburg (20.3%)	17033 Hershey (25.5%)	17603 Lancaster (14.8%)	17042 Lebanon (27.8%)	17020 Duncannon (12.5%) 17074 Newport (12.5%)
19604 Reading (8.1%)	17011 Camp Hill (17.5%)	17112 Harrisburg (7.7%)	17602 Lancaster (11.2%)	17046 Lebanon (13.6%)	17090 Shermans Dale (8.3%)

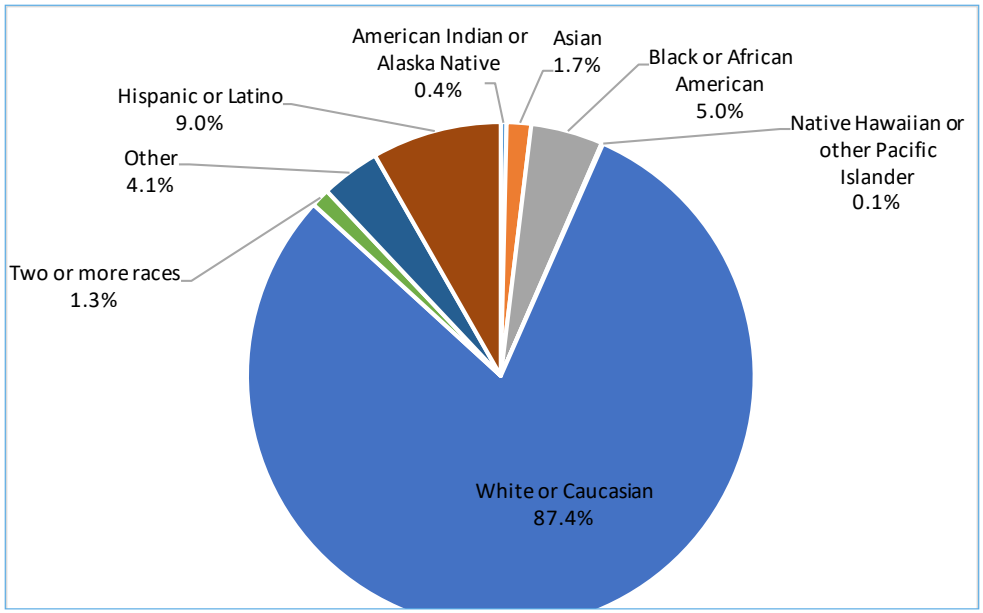
Gender of Respondents



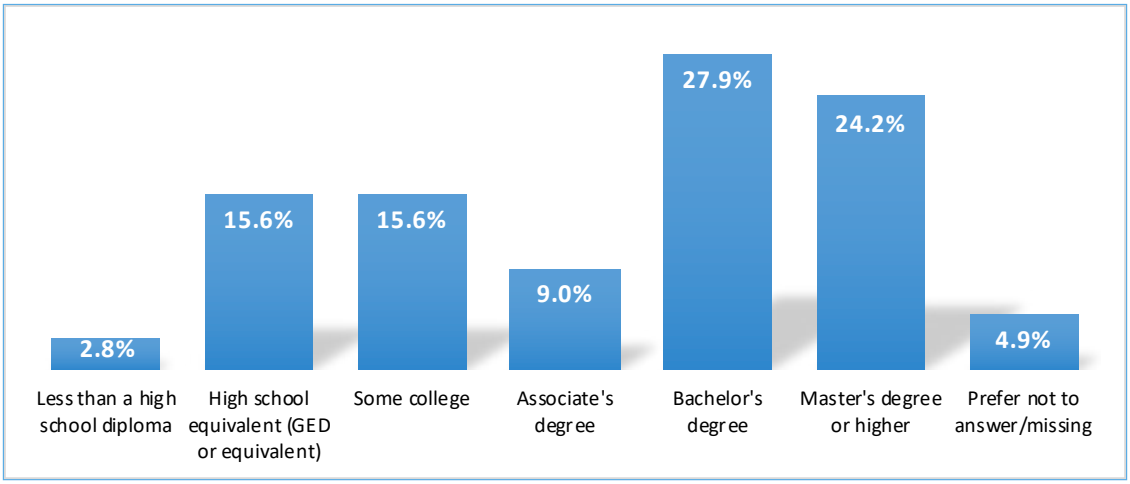
Age of Respondents



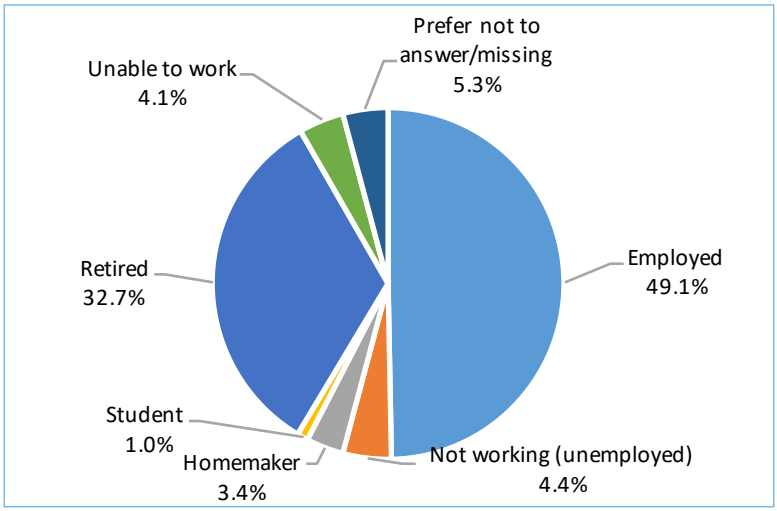
Race and Ethnicity of Respondents



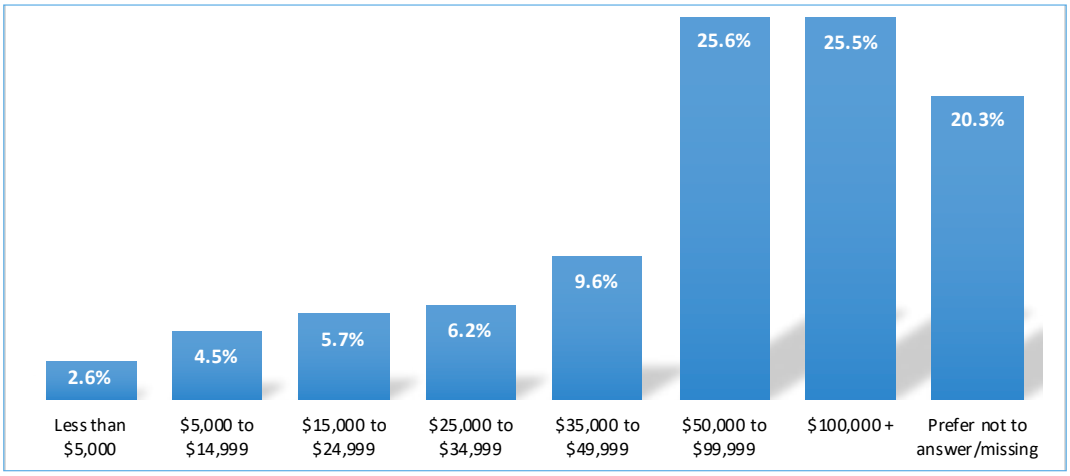
Education Level of Respondents



Employment Status of Respondents



Annual Household Income



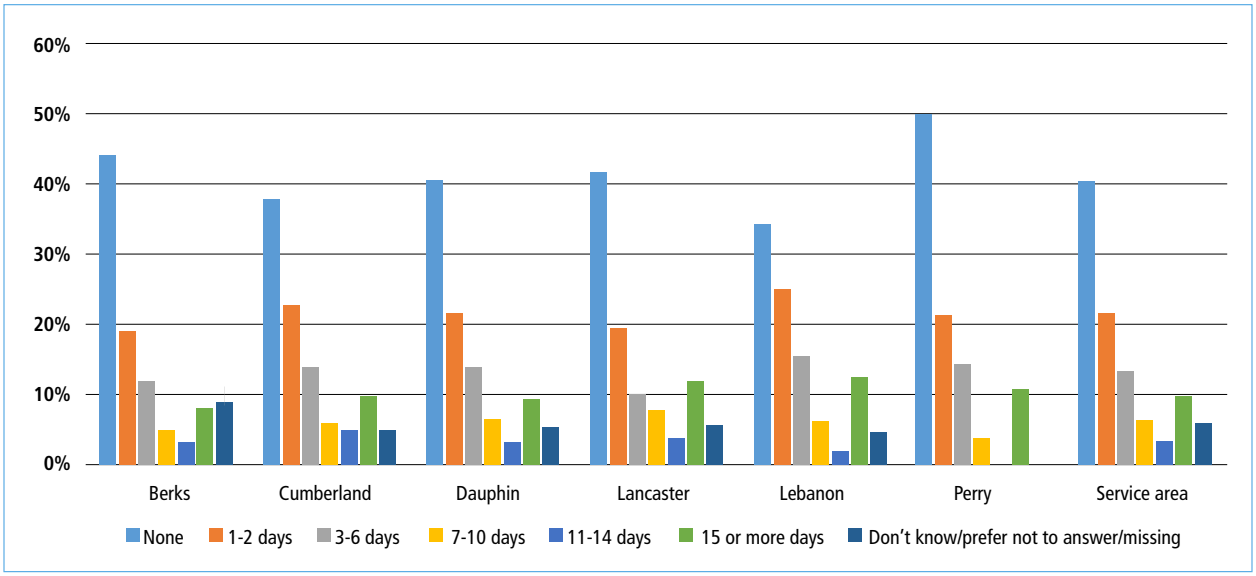
Mental Health

Across the region, 60% of respondents had at least one poor mental health day in the past month and one in 10 people reported 15 or more days of poor mental health. Among respondents from Cumberland, Lancaster and Lebanon counties, 20% or more reported poor mental health on more than seven days in the past month.

Approximately 18% of all respondents received services or treatment for a mental health issue in the past 12 months, and one in 11 respondents needed mental health services but did not receive them. Respondents from Cumberland County were the most likely to have received mental health services, while respondents from Lebanon County were most likely to have needed services but not received them.

2021 Community Survey Respondents

How Many Days During the Past 30 Days was Your Mental Health Not Good?



Mental Health Services or Treatment in the Past 12 Months

County	% Received Services	% Needed, But Did Not Receive Services
Berks	12.1%	6.6%
Cumberland	22.7%	9.3%
Dauphin	18.7%	8.7%
Lancaster	17.5%	9.7%
Lebanon	18.8%	11.9%
Perry	14.3%	3.6%
Service Area	17.8%	8.8%

Substance use can be both a cause and result of poor mental health. When asked about substance use, approximately 9% of respondents reported smoking cigarettes. Almost half (47%) reported having at least one drink in an average week, and one in 12 respondents had seven or more drinks per week. Approximately one in 15 respondents reported having ever taken a nonprescribed prescription drug, and 7% had ever taken an illegal drug. When asked about ease of access, marijuana was reported as the easiest recreational drug to access, followed by prescription opioids.

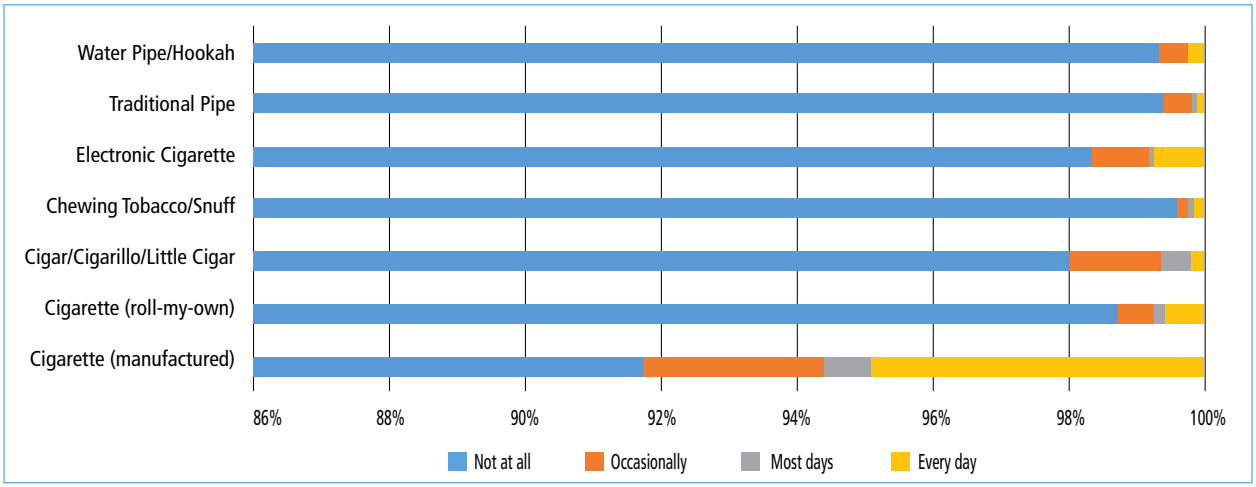
Amount of Alcoholic Drinks Consumed in an Average Week

County	None	1 to 6 Drinks	7 or More Drinks
Berks	54.9%	38.8%	6.3%
Cumberland	58.5%	32.6%	8.9%
Dauphin	50.5%	40.1%	9.4%
Lancaster	54.0%	39.5%	6.5%
Lebanon	53.4%	40.0%	6.6%
Perry	71.4%	25.0%	3.6%
Service Area	53.4%	38.6%	8.0%

Prescription and Illegal Drug Consumption

County	% Taken a Nonprescribed Prescription Drug	% Taken an Illegal Drug
Berks	6.5%	5.7%
Cumberland	6.1%	9.5%
Dauphin	6.0%	6.2%
Lancaster	7.3%	10.9%
Lebanon	6.9%	7.9%
Perry	7.1%	7.1%
Service Area	6.4%	7.3%

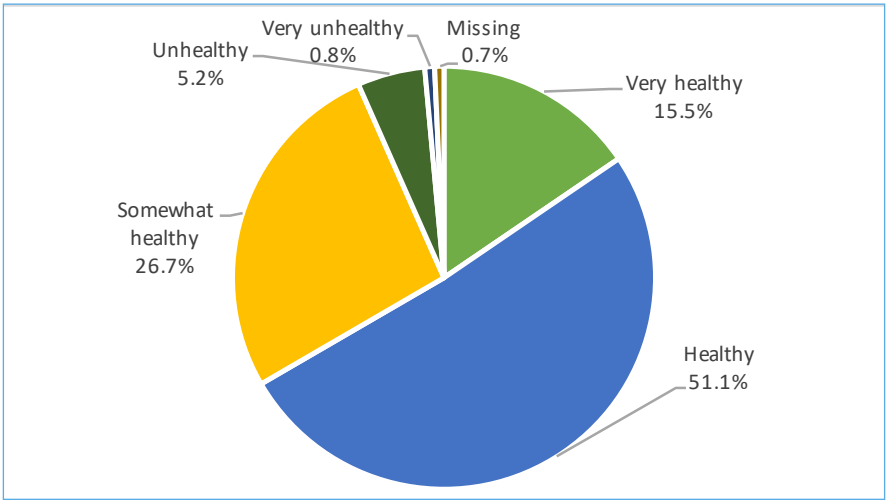
Tobacco Use in the Past 30 Days



Health Equity

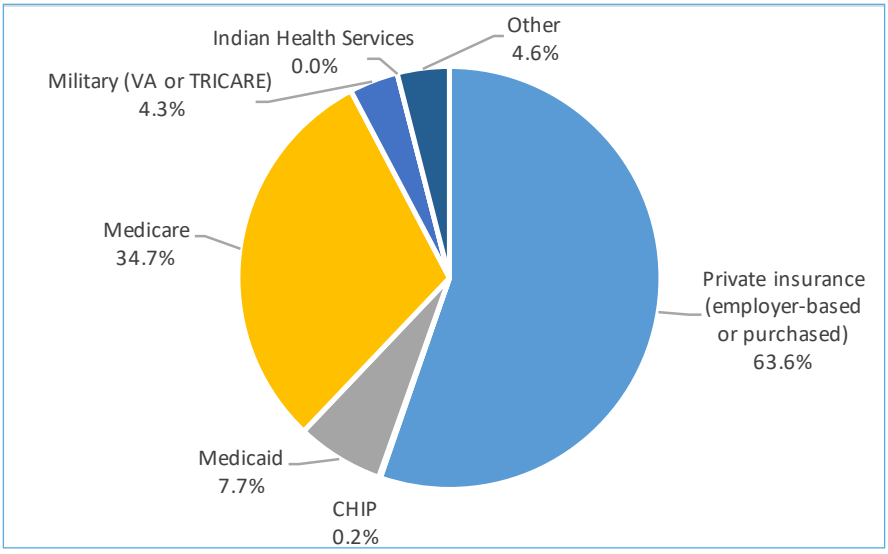
Approximately 67% of respondents reported that they are “healthy” or “very healthy,” and only 6% considered themselves to be “unhealthy” or “very unhealthy.”

How Would You Rate Your Health?



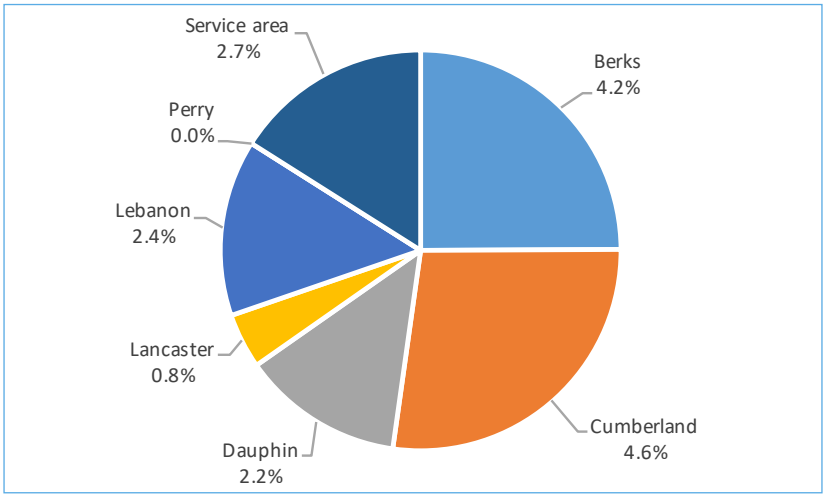
When asked about health insurance, almost two-thirds of insured respondents indicated they are covered by private insurance, while slightly more than one-third indicated they are covered by Medicare.

Health Insurance Type Among Insured Respondents

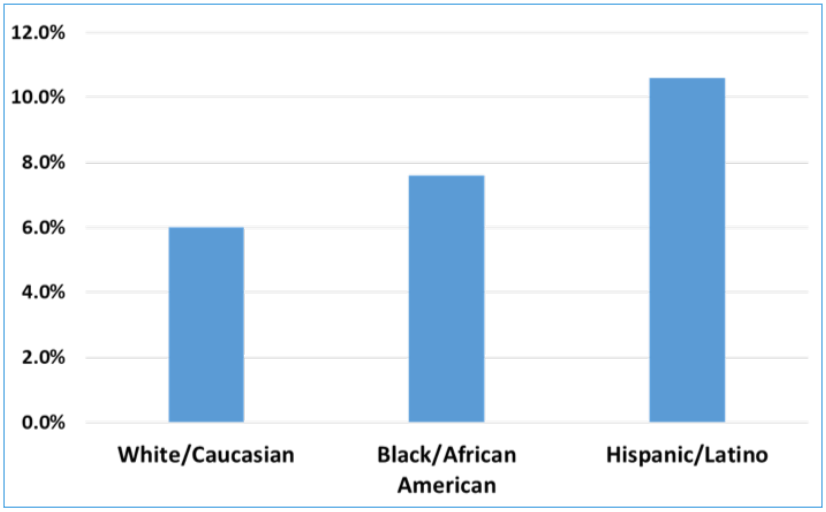


Of respondents who reported not having insurance, approximately 50% lived in Berks and Cumberland counties, and Hispanic/Latino individuals and Black/African American individuals were most likely to report being uninsured. For respondents who were uninsured, almost half indicated that they cannot afford insurance, while one-quarter indicated they are ineligible for employer-paid insurance.

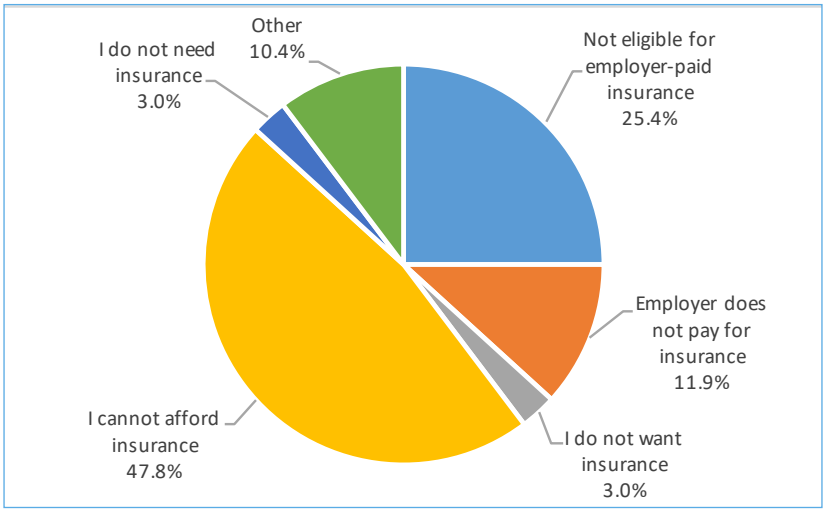
Uninsured Respondents by County



Percentage of Uninsured Respondents by Race and Ethnicity

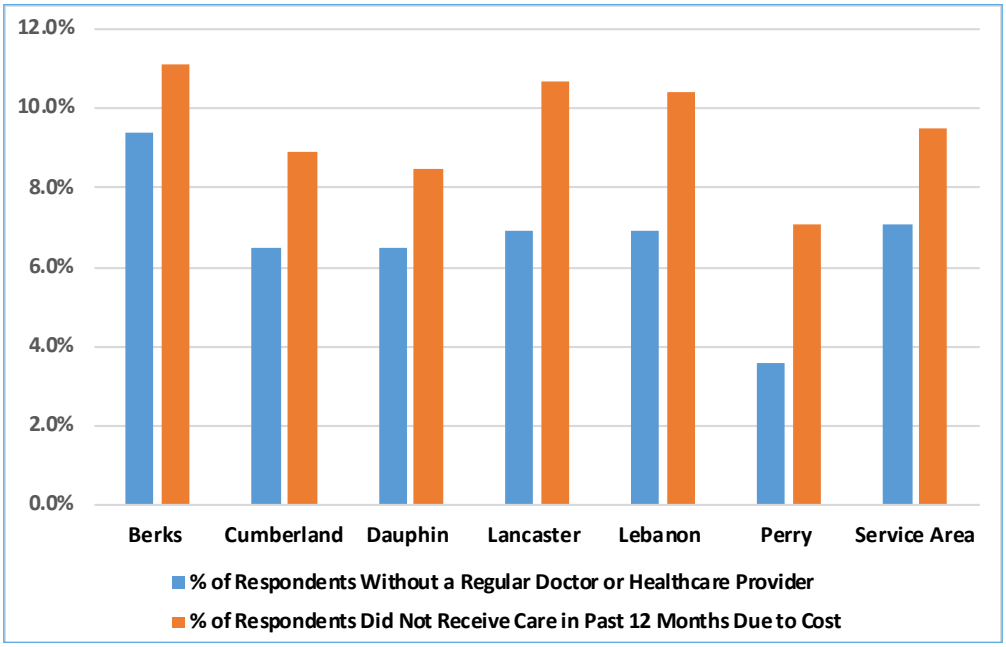


Reason for Not Having Health Insurance

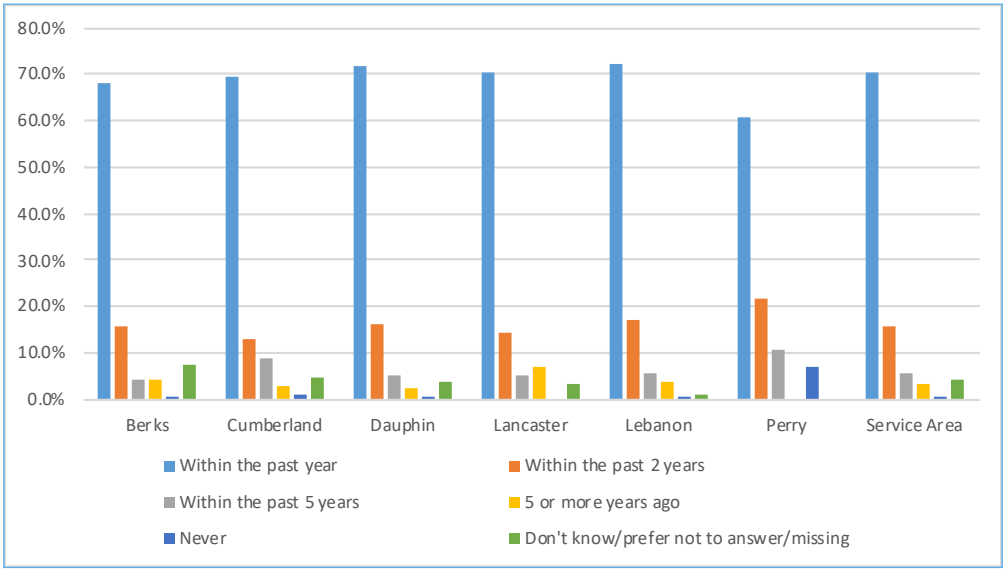


When asked about routine care and having a regular health care provider, one in 14 respondents did not have a regular doctor or health care provider and one in 11 did not receive care in the past year due to cost. Within the past year, Lebanon County respondents were the most likely and Perry County residents were least likely to receive a preventive checkup. When asked about the primary location they sought medical care, approximately 1% of respondents said it was the emergency department (compared to 7% in 2018) 3% said it was an urgent care center (5% in 2018), and 5% chose a community clinic or federally qualified health center.

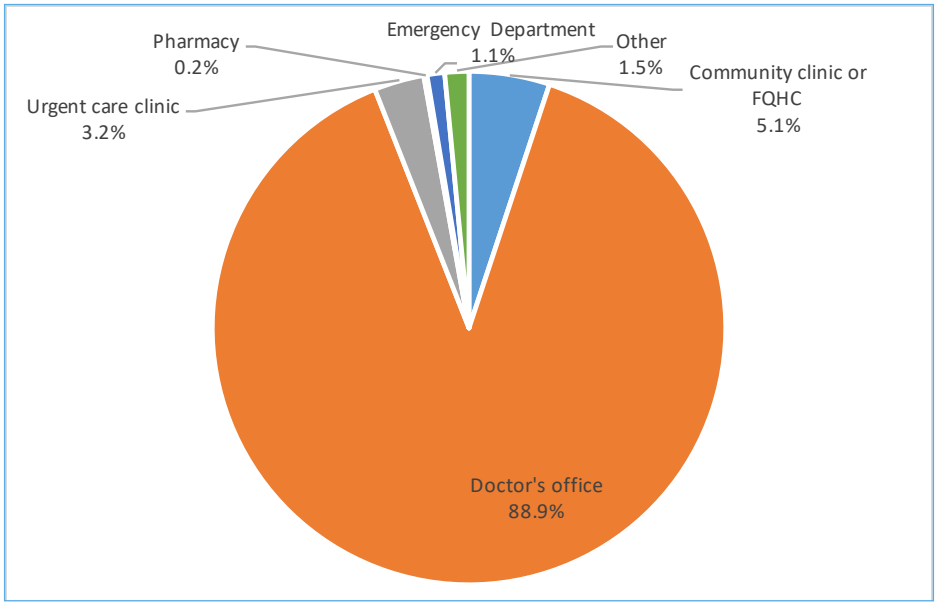
Respondents Without a Regular Provider and Those Who Did Not Receive Care in the Past 12 Months Due to Cost



Time of Last Preventive Checkup

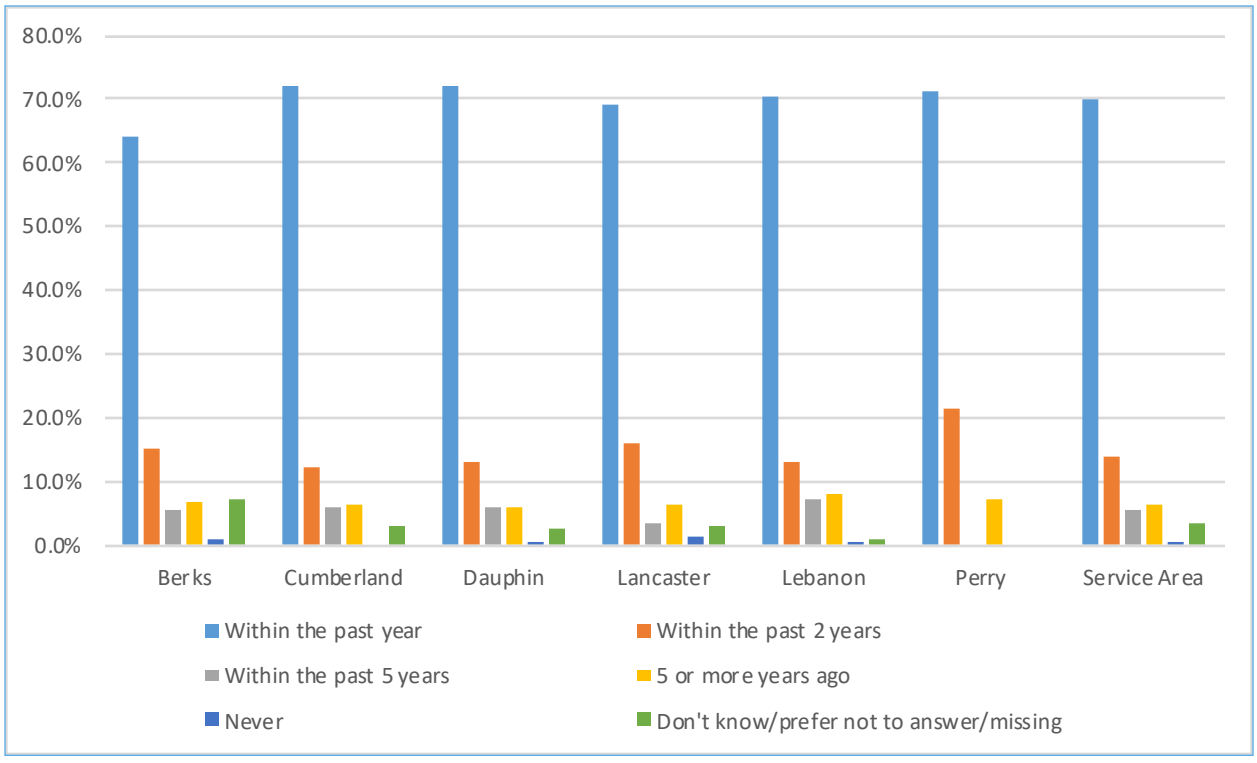


Primary Location for Seeking Medical Care

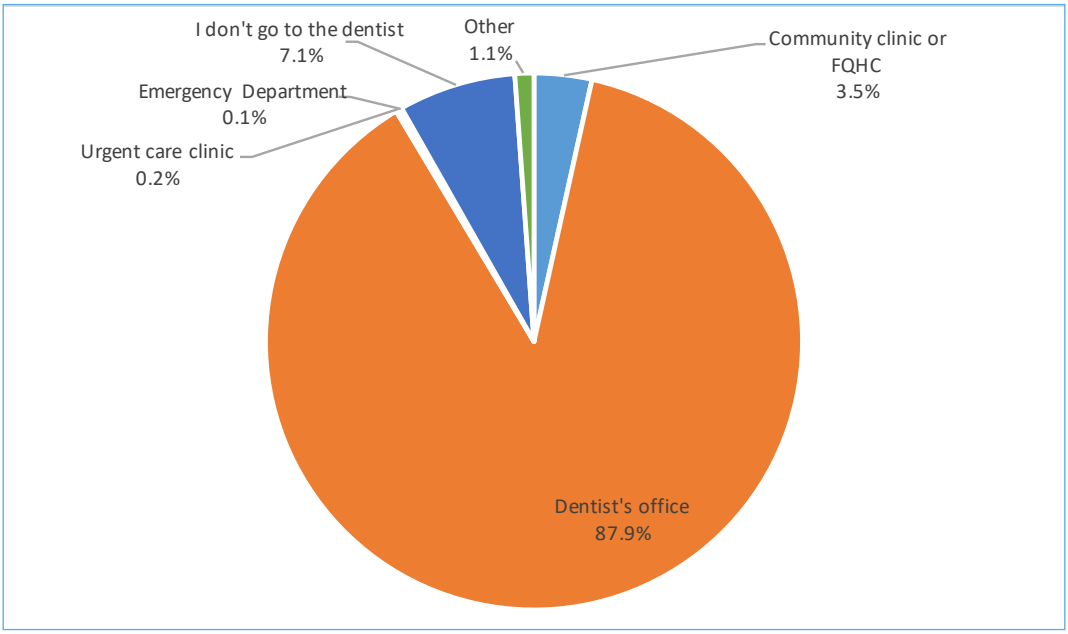


Regarding dental care, 30% of respondents across the service area had not been to the dentist within the past year, and Berks County respondents were least likely to have gone to the dentist in the past year. When asked about the primary location they sought dental care, approximately 7% of respondents said they don't go to the dentist.

Time of Last Dental Visit

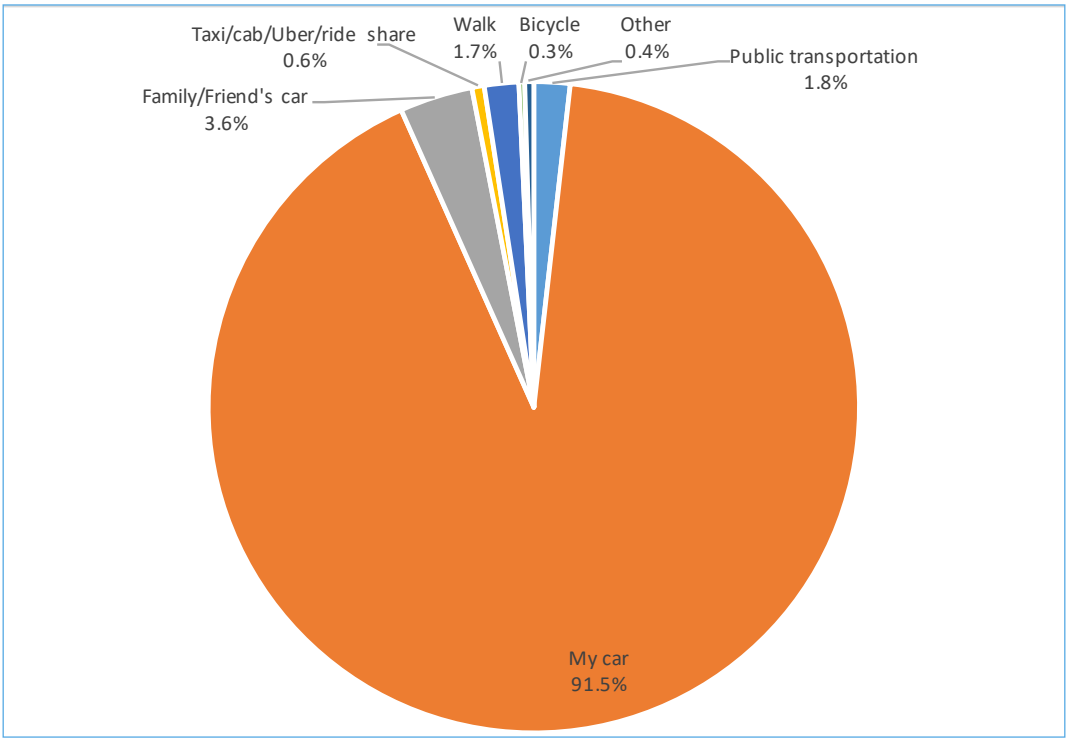


Primary Location for Seeking Dental Care



Community members were asked about transportation, and 2% of respondents said that public transportation was their main form of transportation, while 92% said it was their car. However, when asked about services needed in the community, one in 15 respondents indicated that they or their family needed transportation services but were not able to access them.

Main Form of Transportation



Community members were also asked about housing and safety. Across the service area, 30% of respondents did not feel extremely safe in their neighborhoods. Perry County respondents were most likely to feel safe, while Lancaster County respondents were least likely to feel safe. When examining safety by race/ethnicity, 72% of white/Caucasian respondents felt extremely safe in their neighborhoods, while only 58% of Black/African American respondents felt extremely safe.

How Safe Do You Feel in Your Neighborhood/Community?

County	Extremely Safe	Somewhat Safe	Not At All Safe
Berks	69.0%	29.2%	1.8%
Cumberland	70.3%	29.4%	0.3%
Dauphin	71.8%	27.1%	1.1%
Lancaster	64.8%	33.2%	2.0%
Lebanon	69.9%	29.2%	0.9%
Perry	78.6%	21.4%	0.0%
Service Area	70.2%	28.7%	1.2%

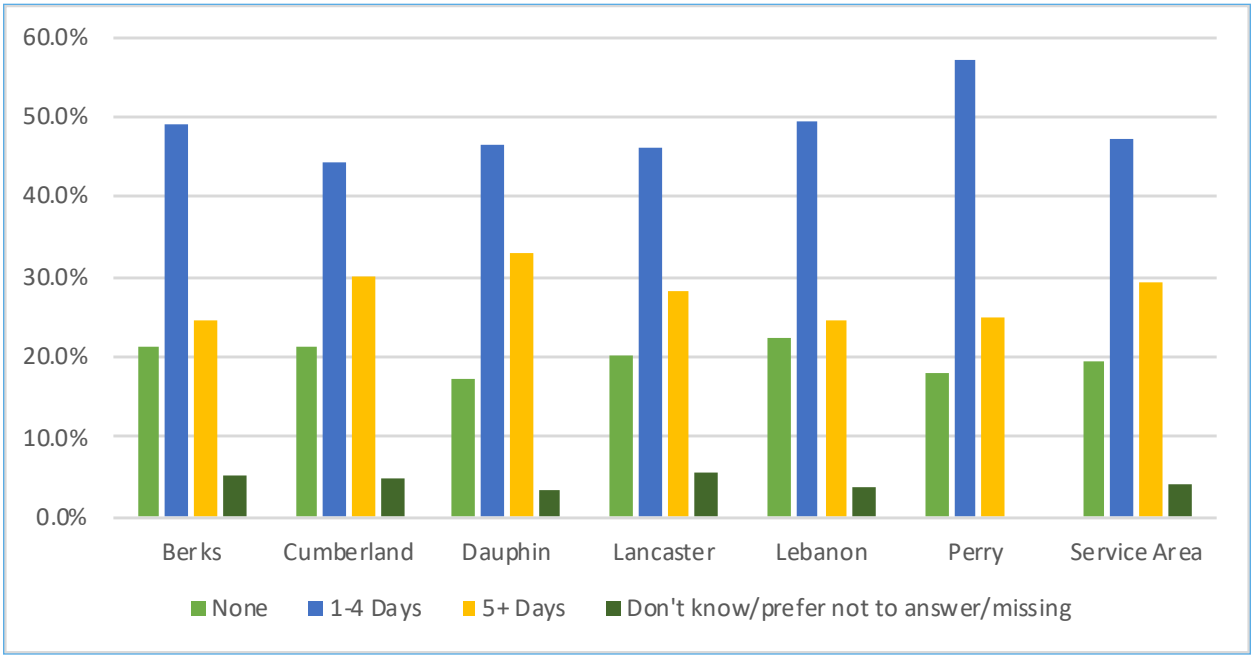
Respondents Who Feel Extremely Safe in Their Neighborhood/Community by Race/Ethnicity

Race/Ethnicity	Percent
Black/African American	58.0%
Hispanic/Latino	60.8%
American Indian/Alaska Native	62.5%
Asian	59.6%
White/Caucasian	71.7%

Wellness and Disease Prevention

According to the Office of Disease Prevention and Health Promotion, adults should participate in at least 150 minutes of moderate-intensity aerobic physical activity each week, the equivalent of 30 minutes on at least five days. Less than 30% of respondents met the physical activity guideline. Approximately one in 5 respondents across the service area reported no days of physical activity, and 54% of respondents reported ever being told by their health care provider to exercise more. Lebanon County respondents were the least likely to participate in any physical activity, followed by respondents from Berks and Cumberland counties.

Days Per Week Participating in 30 Minutes or More of Physical Activity



Approximately one in 8 respondents worried about running out of food before getting money to buy more. Respondents in Dauphin and Lancaster counties were the most likely to report being worried about running out of food. Thirty-two percent of Hispanic/Latino respondents worried about running out of food, while only 10.5% of white/Caucasian respondents worried about food. Perry County residents were most likely to report not having fresh, healthy foods (fruits/vegetables) when they wanted them. Among all respondents, 58% reported consuming less than the recommended serving of two to three cups of vegetables per day.

Food Insecurity by County

County	Within the past 12 months, I worried whether our food would run out before we got money to buy more. "Yes" Response	Are you able to have fresh, healthy foods (fruits/vegetables) when you want them? "No" Response
Berks	12.7%	2.5%
Cumberland	11.0%	2.4%
Dauphin	13.5%	1.7%
Lancaster	13.4%	3.7%
Lebanon	11.6%	1.5%
Perry	10.7%	7.1%
Service Area	12.7%	2.2%

Food Insecurity by Race and Ethnicity

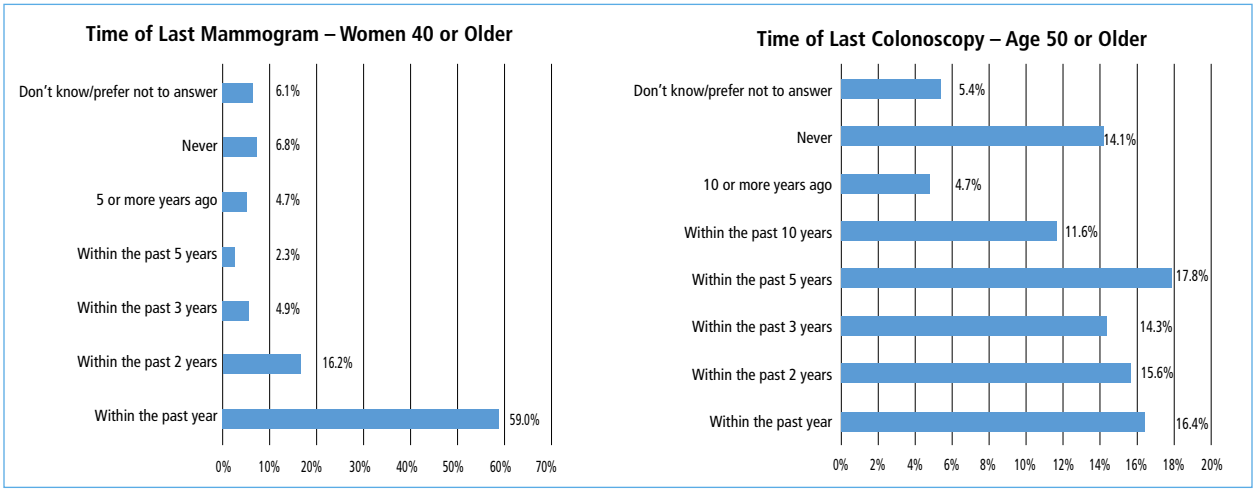
Race/Ethnicity	Within the past 12 months, I worried whether our food would run out before we got money to buy more. "Yes" Response	
	Percent	Count
Asian	22.2%	10
Black/African American	24.4%	30
Hispanic/Latino	32.1%	68
White/Caucasian	10.5%	215

When asked whether they had ever been told they have any of the following conditions, 44% of respondents across the service area reported having been told they're overweight/obese, 42% were told they have high blood pressure and 40% had high cholesterol. Cumberland County respondents were most likely to report having high cholesterol (44%), and half (50%) of respondents in Lebanon County reported being overweight/obese. In Perry County, 25% of respondents reported having been diagnosed with cancer.

Percentage Respondents With Chronic Condition Diagnoses, by County

County	Cancer	Diabetes	Heart Problems	High Blood Pressure	High Cholesterol	Overweight/ Obesity
Berks	14.0%	16.3%	15.0%	38.3%	36.4%	42.5%
Cumberland	15.8%	15.5%	18.2%	39.1%	44.2%	46.3%
Dauphin	18.7%	14.8%	16.5%	43.3%	39.0%	42.3%
Lancaster	19.0%	18.2%	17.8%	43.1%	35.3%	46.1%
Lebanon	20.5%	15.2%	18.8%	41.1%	39.3%	50.0%
Perry	25.0%	17.9%	17.9%	42.9%	35.7%	42.9%
Service Area	17.8%	15.6%	16.9%	41.5%	38.8%	44.3%

Approximately one in 15 female respondents age 40 years or older had never received a mammogram, and about one in 7 respondents age 50 or older had never received a colonoscopy.



Secondary Data

Background

Secondary data, including demographic, social determinant and public health indicators, were analyzed for the six-county service area consisting of Berks, Cumberland, Dauphin, Lancaster, Lebanon and Perry Counties. Community drivers of health status, health and socioeconomic trends and emerging community needs were examined through data analysis. Data focus on county-level reporting but were compared to state and national benchmarks, as available, to identify areas of strength and opportunity for the region.

The Health Equity section provides data related to the social determinants of health and access to health care. Social determinants include the conditions or environments in which people work, live, learn and play that can greatly affect their health risks and outcomes. The data included in this section are provided by the U.S. Census Bureau. The county-level demographic and socioeconomic data are reported from the 2015-2019 American Community Survey (ACS) five-year estimates, unless otherwise noted.

Public health data were analyzed for a number of health issues, including mental health and wellness and disease prevention. Data were compiled from secondary sources, including the Pennsylvania Department of Health, Centers for Disease Control and Prevention, U.S. Census Bureau, and University of Wisconsin County Health Rankings & Roadmaps, among other sources. Appendix A contains a comprehensive list of data sources.

Demographic Analysis and Health Equity

A total of 1,707,543 people live in the 3,784-square-mile report area. Lancaster County has the highest total population of 552,587, and Perry County has the lowest total population of the six-county region at 47,542. The populations of all six counties are expected to continue to grow from 2020 to 2025. Cumberland County is expected to have the greatest annual growth rate of 0.82%, which is greater than both the state and national averages. Perry County is expected to have the lowest annual growth rate of 0.31%, which is still greater than the state average but lower than the national average.

The median age for the six-county region is greatest in Perry County (43.3) and lowest in Lancaster County (38.6). The median age of all six counties is greater than the median age of the United States (38.1). For the report area, 22.6% of the population is 0 to 17 years of age, which is greater than the percentage for Pennsylvania (20.8%) but the same as the United States (22.6%). Lancaster County has the greatest percentage (23.7%) of residents aged 0 to 17, which is significantly greater than both the state and nation. Cumberland County has the lowest percentage (20.3%) of residents aged 0 to 17, which is lower than both the state and nation. For the report area, 17.5% of the population is greater than 65 years of age, which is lower than the percentage for Pennsylvania (17.8%) but higher than the United States (15.6%). Lebanon County had the highest percentage (19.1%) of residents greater than age 65 in the report area.

Population, Growth Rate and Age

County	Population 2020	Population Projection 2025	2020-2025 Annual Growth Rate	Median Age	Population Age 0-17	Population Age 65+
Berks County	426,258	433,130	.32%	39.9	22.5%	16.9%
Cumberland County	255,665	266,292	.82%	40.6	20.3%	18.1%
Dauphin County	280,234	285,840	.40%	39.7	22.5%	16.5%
Lancaster County	552,587	568,856	.58%	38.6	23.7%	17.5%
Lebanon County	145,257	150,775	.75%	41.0	22.9%	19.1%
Perry County	47,542	48,286	.31%	43.3	21.6%	18.0%
Service Area	1,707,543	1,753,179	.53%	39.8	22.6%	17.5%
Pennsylvania	12,991,367	13,107,352	.18%	40.8	20.8%	17.8%
United States	333,793,107	346,021,282	.72%	38.1	22.6%	15.6%

In Perry County, 96.9% of people reporting only one race are white, the highest percentage for the reporting area. For the overall six-county region, 6.8% of the population is Black, which is lower than both the state (11.2%) and nation (12.7%). Dauphin County has the greatest percentage (19.5%) of people who are black. For the report area, 11.9% of the population identify as being Hispanic or Latino, which is higher than the state (7.3%) but lower than the nation (18.0%). Berks County has the highest percentage (21.0%) of Hispanic or Latino population, and Perry County has the lowest (2.0%). The percentage (5.7%) of the population in the report area over the age of 5 that has limited English proficiency is higher than Pennsylvania (4.3%) but lower than the United States (8.4%).

Race and English Proficiency

County	White	Black	Asian	American Indian/ Alaska Native	Some Other Race	Multiple Races	Hispanic or Latino	Limited English Proficiency
Berks	82.4%	5.4%	1.4%	0.6%	5.6%	4.6%	21.0%	7.6%
Cumberland	87.7%	4.0%	4.3%	0.1%	1.2%	2.7%	3.9%	3.1%
Dauphin	70.1%	19.5%	4.4%	0.3%	2.6%	3.1%	9.2%	5.2%
Lancaster	88.5%	4.2%	2.2%	0.2%	2.5%	2.5%	10.5%	6.3%
Lebanon	86.6%	2.5%	1.4%	0.1%	7.3%	2.1%	13.1%	4.7%
Perry	96.9%	1.0%	0.4%	0.2%	0.4%	1.2%	2.0%	1.1%
Service Area	83.9%	6.8%	2.6%	0.3%	3.4%	3.1%	11.9%	5.7%
Pennsylvania	80.5%	11.2%	3.4%	0.2%	2.2%	2.5%	7.3%	4.3%
United States	72.5%	12.7%	5.5%	0.8%	4.9%	3.3%	18.0%	8.4%

Race and Ethnicity Projected Change, 2020-2025 (Advisory Board, Demographic Profiler)

County	White Population % Change	Black Population % Change	Asian Population % Change	Other Race % Change	Hispanic Population % Change
Berks	-0.9%	7.9%	31.9%	6.6%	7.0%
Cumberland	3.2%	11.5%	15.5%	4.7%	4.8%
Dauphin	-0.5%	8.2%	27.0%	7.2%	5.5%
Lancaster	0.2%	7.5%	22.7%	4.7%	4.3%
Lebanon	0.3%	10.4%	24.3%	9.3%	8.1%
Perry	1.6%	8.3%	12.8%	5.3%	5.2%
Service Area	0.4%	8.4%	23.9%	6.3%	6.1%

In the six-county region, the percentage of individuals greater than 25 years of age without a high school diploma (12.4%) is higher than both the state (9.5%) and nation (12.0%). Lancaster County has the highest percentage of population without a high school diploma (14.9%) and Cumberland County has the lowest (7.7%).

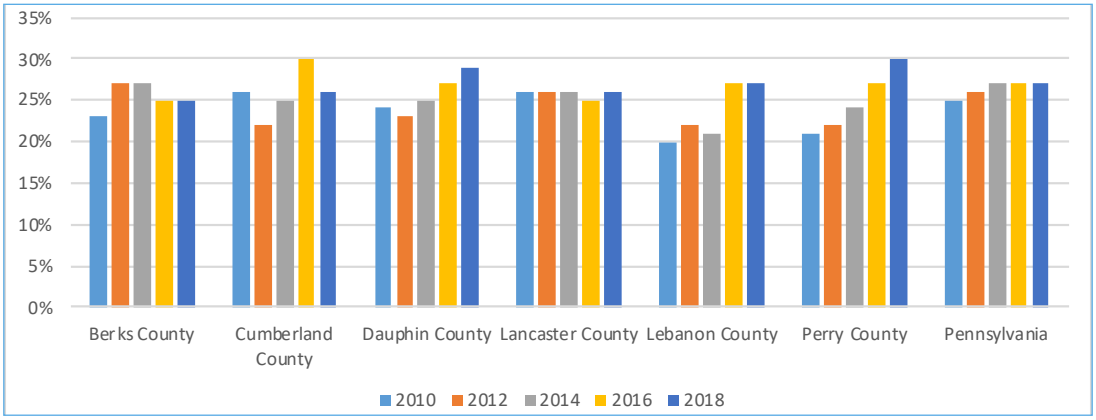
The median household income for the six-county region is $64,311, which is greater than both Pennsylvania ($61,744) and the United States ($62,843). Lebanon County has the lowest median household income ($60,281), and Cumberland County has the highest ($71,269). In the service area, 7.2% of families have an income below poverty level, and 15.8% of children under the age of 18 are living in poverty. In Dauphin County, 20.2% of children under the age of 18 are living in poverty, which is higher than both the state (17.6%) and the nation (18.5%). The percentage of children eligible for free or reduced lunch is highest in Dauphin County (59.8%) and Berks County (51.8%), both of which are higher than the state (50.9%) and nation (49.5%).

Education, Income and Poverty – ACS 2015-2019 Five Year Estimates

County	Percentage of Population Age 25+ With No High School Diploma	Median Household Income	Percentage of Families With Income Below Poverty Level	Percentage of Population Under Age 18 in Poverty	Children Eligible for Free/Reduced Price Lunch (2018-2019)
Berks	13.3%	$63,728	8.4%	18.7%	33,891 (51.8%)
Cumberland	7.7%	$71,269	4.3%	9.3%	9,905 (30.5%)
Dauphin	10.2%	$60,715	8.8%	20.2%	29,126 (59.8%)
Lancaster	14.9%	$66,056	6.6%	14.4%	31,698 (47.3%)
Lebanon	12.9%	$60,281	8.7%	16.5%	9,735 (48.9%)
Perry	12.6%	$63,718	5.5%	11.8%	2,344 (38.9%)
Service Area	12.4%	$64,311	7.2%	15.8%	
Pennsylvania	9.5%	$61,744	8.4%	17.6%	870,251 (50.9%)
United States	12.0%	$62,843	9.5%	18.5%	25,124,175 (49.5%)

Asset limited, income constrained, employed (ALICE) households are those that earn above the federal poverty level but not enough to afford basic household necessities (United Way, 2018). Across the service area, 27% of households are considered to be ALICE. Perry County has the greatest percentage (30%) of ALICE households, while Berks County has the lowest percentage (25%).

Asset Limited, Income Constrained, Employed (ALICE) Households – United Way, 2018



The percentage of the population in the service area that does not have health insurance (8.0%) is higher than the state (5.7%) but lower than the nation (8.8%). In the service area, 9.5% of individuals less than 18 years of age do not have insurance. Lancaster County has the greatest percentage (11.7%) of the population that does not have health insurance, with 17.0% of those under age 18 not having insurance. Dauphin County has the lowest percentage (5.3%) of people without health insurance.

A shortage of health professionals contributes to access and health status issues. Among all counties in the service area, Perry County residents have the lowest access to mental health providers, primary care physicians and dentists. Lebanon County has the greatest access to mental health providers, and residents of Dauphin County have the greatest access to primary care physicians and dentists.

Health Insurance and Provider Access

County	Percentage of Population Without Health Insurance (ACS, 2015-2019)	Percentage Under Age 18 Without Health Insurance (ACS, 2015-2019)	Ratio of Population to Mental Health Providers (National Provider Identifier, 2020)	Ratio of Population to Primary Care Physicians (Area Health Resources Files, 2018)	Ratio of Population to Dentists (Area Health Resources Files, 2019)
Berks	6.0%	4.6%	680:1	1,600:1	1,780:1
Cumberland	5.5%	6.1%	480:1	1,110:1	1,380:1
Dauphin	5.3%	3.4%	420:1	930:1	1,270:1
Lancaster	11.7%	17.0%	650:1	1,390:1	1,770:1
Lebanon	8.6%	9.5%	350:1	1,700:1	1,870:1
Perry	9.1%	13.1%	2,890:1	3,840:1	5,140:1
Service Area	8.0%	9.5%			
Pennsylvania	5.7%	4.3%	450:1	1,230:1	1,410:1
United States	8.8%	5.1%	490:1	1,300:1	1,650:1

Within the service area, Lebanon County had the greatest percentage of housing units that are overcrowded (2.6%), which is higher than the state (1.7%) but lower than the nation (4.4%). The percentage of occupied housing units with one or more substandard conditions is higher in Berks (29.4%), Lancaster (28.9%) and Lebanon (28.2%) counties than the state (28.1%), but all counties in service area are lower than the nation (31.9%)

Cost burden is experienced when housing costs exceed 30% of total household income. The information provides a measure of affordability and excessive expenses. For households with mortgages, Berks County has the highest percentage of households that are cost burdened (25.7%), followed closely by Lancaster County (25.5%), both of which are higher than Pennsylvania (25.0%). Housing cost burden for rental households is higher than for owner-occupied households. For example, over half (50.7%) of rental households in Berks County are cost burdened.

Housing Units With Substandard Conditions and Cost Burdened Households – ACS 2015-2019

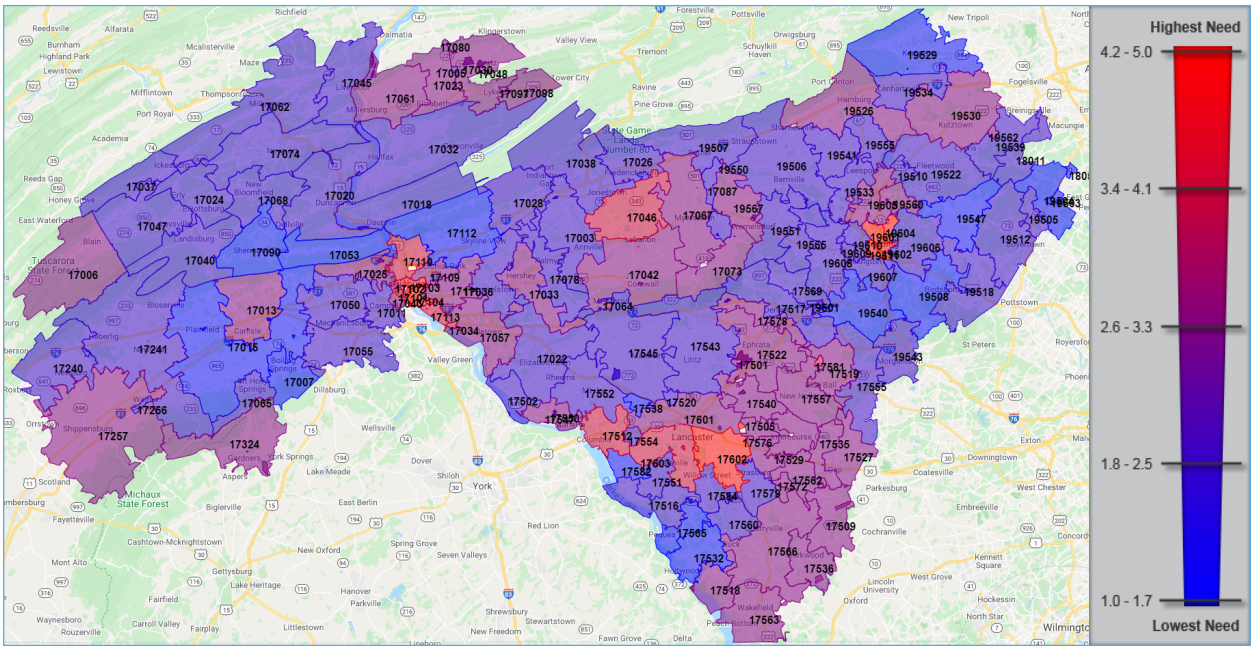
County	Housing Units That Are Overcrowded	Occupied Housing Units With One or More Substandard Conditions	Rental Households That are Cost Burdened	Owner Occupied Households With Mortgages That are Cost Burdened
Berks	2,190 (1.6%)	45,510 (29.4%)	20,844 (50.7%)	18,122 (25.7%)
Cumberland	795 (0.9%)	24,154 (24.2%)	12,118 (42.7%)	9,651 (21.4%)
Dauphin	1,627 (1.9%)	30,921 (27.6%)	17,111 (43.7%)	10,225 (23.0%)
Lancaster	3,963 (2.2%)	58,354 (28.9%)	29,460 (48.1%)	21,830 (25.5%)
Lebanon	1,246 (2.6%)	15,093 (28.2%)	7,072 (46.2%)	5,542 (24.5%)
Perry	299 (1.7%)	4,264 (23.4%)	1,235 (36.6%)	2,168 (25.0%)
Pennsylvania	72,925 (1.7%)	1,417,722 (28.1%)	692,584 (47.7%)	520,428 (25.0%)
United States	4,045,979 (4.4%)	38,530,862 (31.9%)	20,002,945 (49.6%)	13,400,012 (27.8%)

In summary, a recent qualitative study conducted in central Pennsylvania by Daniel George, et al. (2021) found the most common factors associated with diseases of despair (morbidity or mortality due to suicidality, drug abuse and alcoholism) to be financial distress, lack of infrastructure or social services, deteriorating sense of community and family fragmentation. Intervention strategies to address these factors included: (1) building resilience to despair through better community and organizational coordination and peer support at the local level and (2) encouraging broader state investments in social services and infrastructure to mitigate despair-related illness.

Community Need Index

The Community Need Index (CNI) scores are important in the process of collecting socioeconomic factors in the community. Based on a variety of demographic and economic data, the CNI provides a score ranging from 1.0 to 5.0 for each ZIP code across the United States. A score of 1.0 indicates a ZIP code with the least need, while a score of 5.0 represents a ZIP code with the most need. The CNI is strongly linked to variations in community health care needs and is a strong indicator of a community's demand for various health care services.

In reviewing the CNI scores for the six-county region, the top ZIP codes that face the most barriers to health care are located in Berks and Dauphin counties. The 19601 (Reading), 19602 (Reading), 17101 (Harrisburg), and 17104 (Harrisburg) ZIP codes had the overall highest scores (4.8) in the six-county region, followed by 19604 (Reading) and 19611 (Reading).



Highest CNI Scores for Six-County Region (Highest level of socioeconomic barriers)

	ZIP Code	CNI Score	Population	City	County	State
	19601	4.8	33399	Reading	Berks	Pennsylvania
	19602	4.8	17961	Reading	Berks	Pennsylvania
	17101	4.8	2408	Harrisburg	Dauphin	Pennsylvania
	17104	4.8	21745	Harrisburg	Dauphin	Pennsylvania
	19604	4.6	28125	Reading	Berks	Pennsylvania
	19611	4.6	10773	Reading	Berks	Pennsylvania
	17103	4.2	12186	Harrisburg	Dauphin	Pennsylvania
	17602	4.2	54541	Lancaster	Lancaster	Pennsylvania
	17102	4	8095	Harrisburg	Dauphin	Pennsylvania
	17046	3.8	31333	Lebanon	Lebanon	Pennsylvania

The ZIP codes with the lowest CNI scores that face the least barriers to health care are located in Cumberland and Berks counties. The 17007 (Boiling Springs) ZIP code had the lowest overall score (1.2) in the six-county region, followed by 17015 (Carlisle) and 19504 (Barto).

Lowest CNI Scores for the Six-County Region (Lowest level of socioeconomic barriers)

	ZIP Code	CNI Score	Population	City	County	State
	19547	1.6	4350	Oley	Berks	Pennsylvania
	17090	1.6	5319	Shermans Dale	Perry	Pennsylvania
	17112	1.6	35904	Harrisburg	Dauphin	Pennsylvania
	17266	1.6	486	Walnut Bottom	Cumberland	Pennsylvania
	17538	1.6	5887	Landisville	Lancaster	Pennsylvania
	17582	1.6	2078	Washington Boro	Lancaster	Pennsylvania
	18011	1.6	5793	Alburtis	Berks	Pennsylvania
	19504	1.4	4995	Barto	Berks	Pennsylvania
	17015	1.4	23603	Carlisle	Cumberland	Pennsylvania
	17007	1.2	5618	Boiling Springs	Cumberland	Pennsylvania

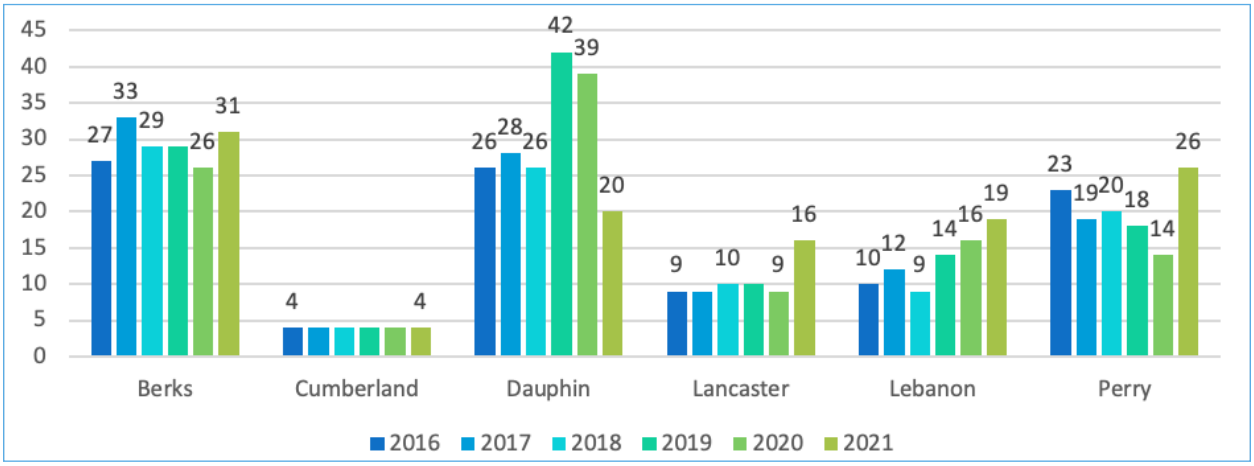
Public Health Analysis of the Six-County Region

Publicly reported health data were collected and analyzed to display health trends and identify health disparities across the six-county region. Data reported were compiled by secondary sources, such as the County Health Rankings & Roadmaps program, CARES Network and the Pennsylvania Department of Health's EDDIE system. A list of all data sources can be found at the end of the report.

County Health Rankings

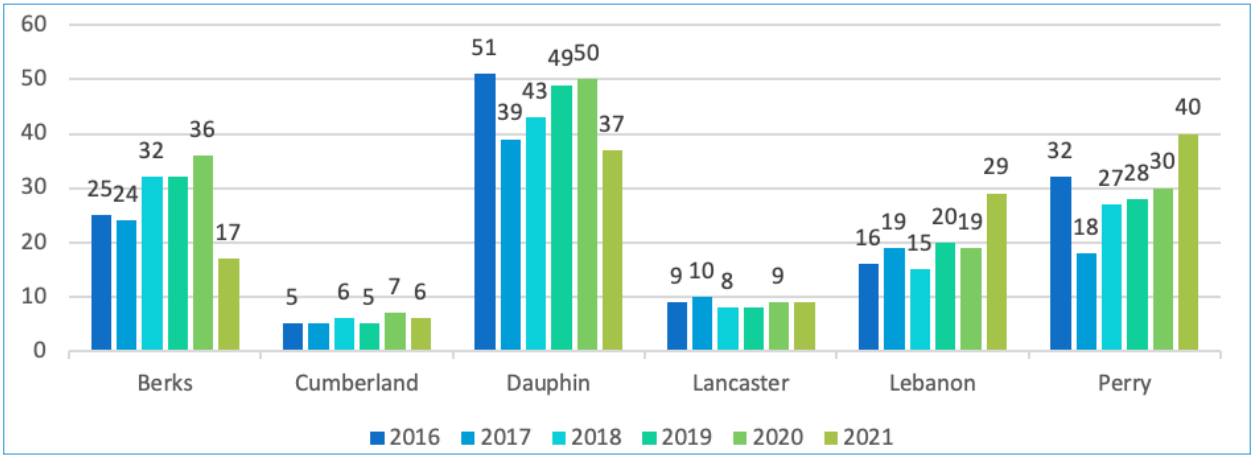
The overall rankings in health factors represent what influences the health of a county. They are an estimate of the future health of counties compared to other counties within a state. The ranks are based on four types of measures: health behaviors, clinical care, social and economic, and physical environment factors.

Health Factors Rank (out of 67 counties) – Lower = Better



The overall rankings in health outcomes represent how healthy counties are within the state. The healthiest county in the state is ranked #1. The health outcomes ranks are based on two types of measures: how long people live and how healthy people feel while alive.

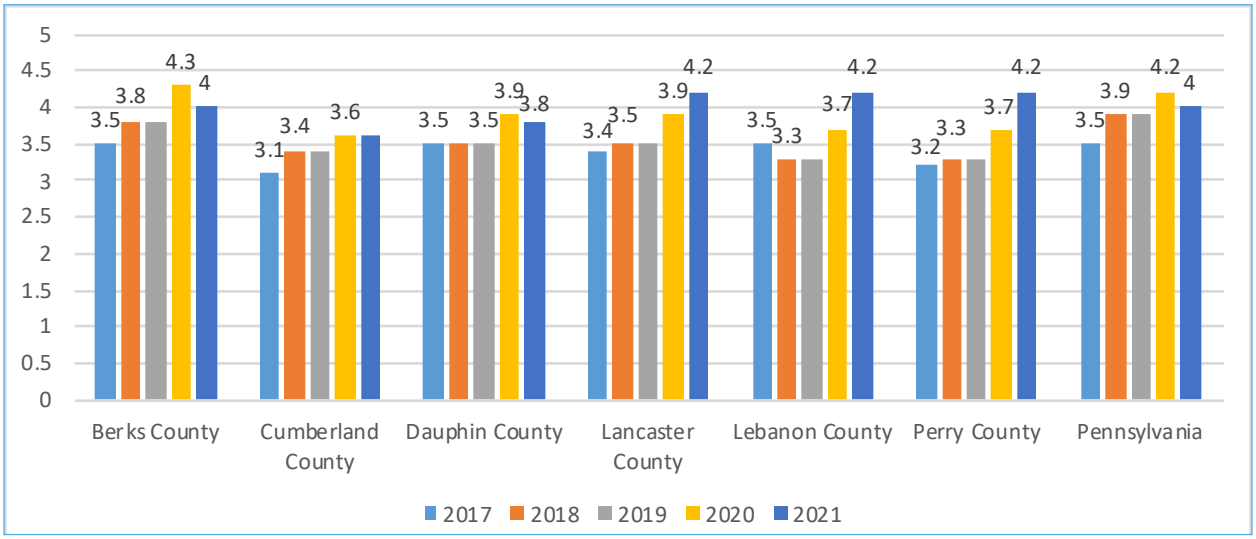
Health Outcomes Rank (out of 67 counties) – Lower = Better



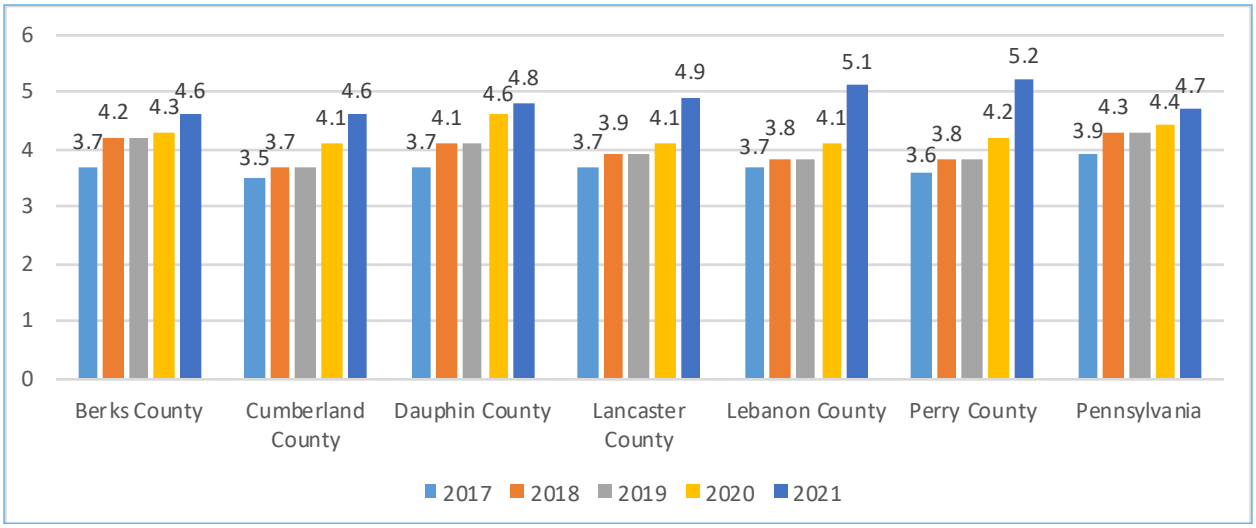
2021

In 2021, the number of physically unhealthy days reported in Lancaster, Lebanon and Perry counties (4.2) was greater than the Pa. average (4.0), and the number of mentally unhealthy days reported in Dauphin, Lancaster, Lebanon and Perry counties was greater than the Pa. average (4.7). It is important to note that, overall, there were more mentally unhealthy days reported than physically unhealthy days, and the total number of unhealthy days has continued to trend upward.

Average Number of Physically Unhealthy Days Reported in Past 30 Days (Age-Adjusted)



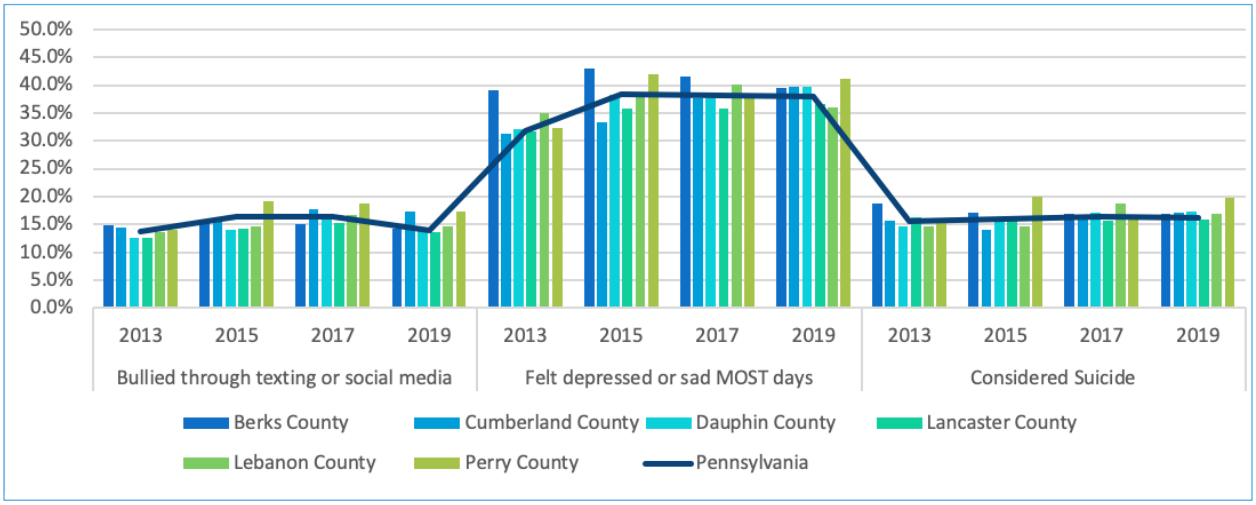
Average Number of Mentally Unhealthy Days Reported in Past 30 Days (Age-Adjusted)



Mental Health

The percentage of students who reported being bullied through texting or social media decreased in all counties from 2017 to 2019, with 14 to 17% reporting being bullied in 2019. More than a third of all students in all counties reported feeling sad or depressed most days in 2019, with Perry County having the highest percentage of students, at 41%, reporting feeling depressed or sad. This percentage increased in Cumberland, Dauphin, Lancaster and Perry counties from 2017 to 2019 but decreased in Berks and Lebanon counties. Finally, the percentage of students who reported considering suicide in the past year was highest in Perry County, at 20%. Cumberland, Dauphin, Lancaster and Perry counties saw an increase from 2017 to 2019, Lebanon saw a decrease and Berks stayed the same.

Bullying, Depression and Suicide – Past 12 Months (6, 8, 10 and 12 Grades)

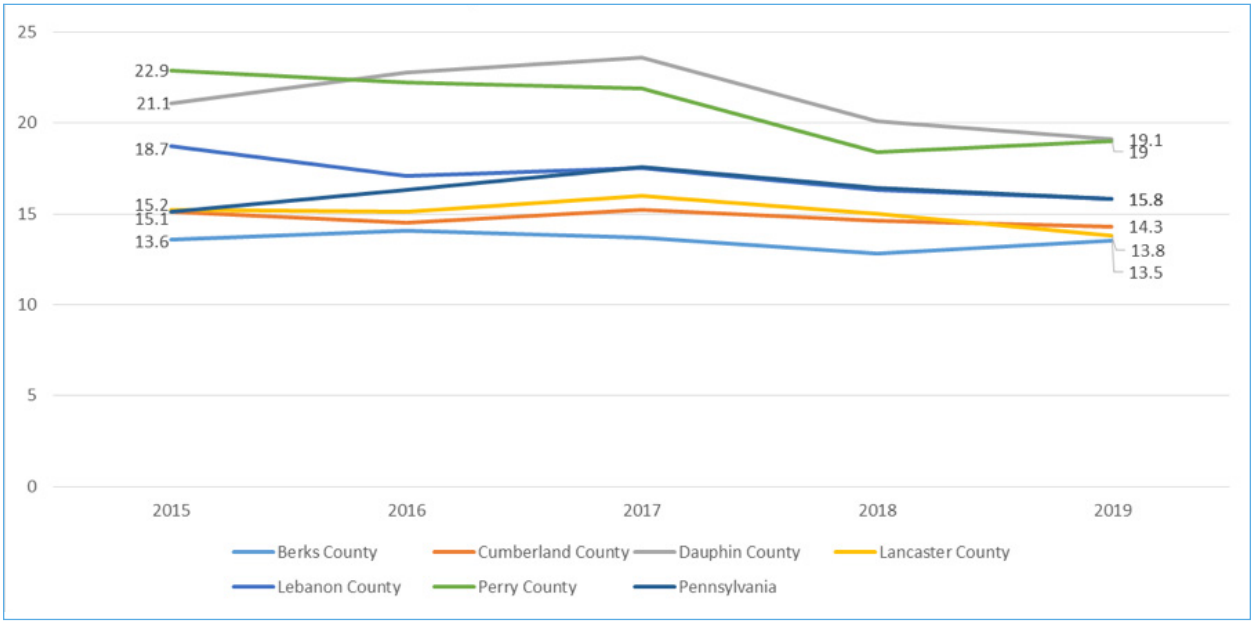


Bullying, Depression and Suicide – Past 12 months (6, 8,10 and 12 Grades)

County	Bullied via texting or social media				Felt depressed or sad most days				Considered Suicide			
	2013	2015	2017	2019	2013	2015	2017	2019	2013	2015	2017	2019
Berks	14.8%	15.6%	15.1%	14.3%	39.1%	42.9%	41.5%	39.4%	18.7%	17.2%	16.9%	16.9%
Cumberland	14.5%	15.4%	17.7%	17.4%	31.2%	33.3%	37.6%	39.7%	15.6%	14.1%	16.8%	17.2%
Dauphin	12.5%	14.0%	15.9%	14.4%	32.1%	38.2%	37.7%	39.6%	14.6%	16.1%	17.1%	17.4%
Lancaster	12.7%	14.2%	15.3%	13.6%	31.6%	35.7%	35.7%	36.6%	16.3%	16.1%	15.7%	15.9%
Lebanon	13.6%	14.6%	16.8%	14.6%	35.0%	38.5%	40.2%	36.0%	14.7%	14.7%	18.8%	16.9%
Perry	14.0%	19.2%	18.8%	17.3%	32.3%	41.9%	38.3%	41.2%	15.8%	19.9%	16.5%	19.7%
Pennsylvania	13.7%	16.3%	16.5%	14.0%	31.7%	38.3%	38.1%	38.0%	15.6%	16.0%	16.5%	16.2%

Child maltreatment has been trending downward from 2015 to 2019 in all counties in the service area (Pennsylvania Department of Human Services, 2017). Dauphin County had the highest rate of child maltreatment in 2019 at 19.1 children per 1,000, and Berks County had the lowest rate (13.5 per 1,000).

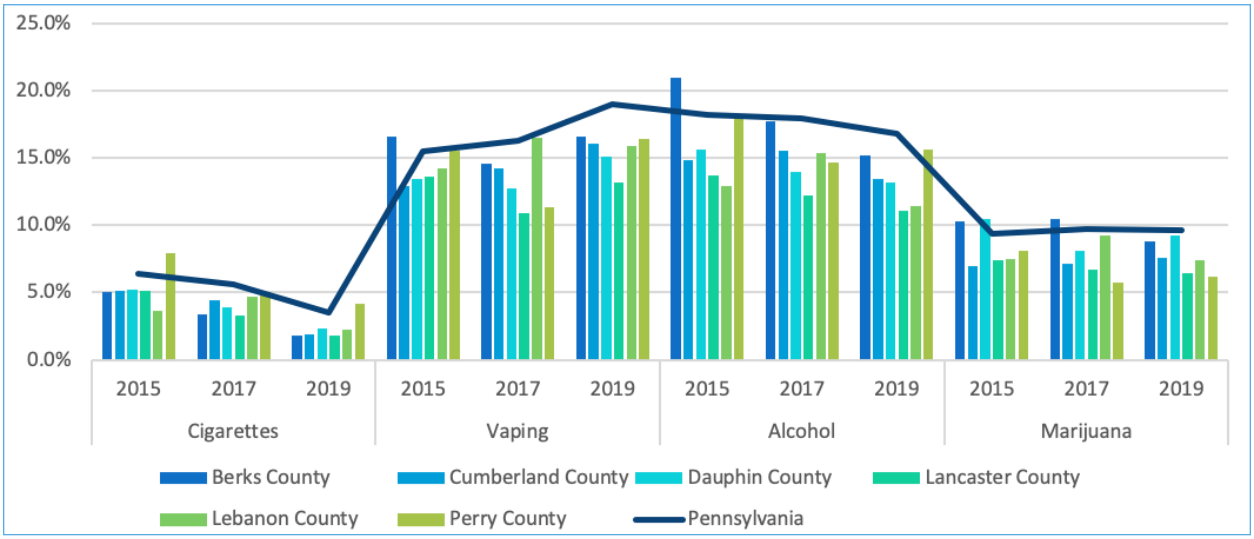
Child Maltreatment Rate Per 1,000 Children Under Age 18 – Pennsylvania Department of Human Services, 2013-2019



Current behaviors are determinants of future health, and smoking and drinking may cause significant health issues, such as cirrhosis, cancers and untreated mental and behavioral health needs.

Cigarette use among children decreased in all counties from 2015 to 2019; however, in 2019, 13 to 16% of students reported vaping in the past 30 days in all counties, with only Lebanon County seeing a small decrease in the percentage of students having reported vaping. The percentage of students using alcohol increased in Perry County between 2017 and 2019 and decreased in all other counties, while the percentage of students using marijuana increased in Cumberland, Dauphin and Perry counties from 2017 to 2019. All counties in the report area had a lower percentage of students using marijuana compared to Pennsylvania overall.

Cigarettes, Vaping and Early Initiation and Higher Prevalence Drugs – 30 Day Use (6, 8, 10 and 12 Grades)



Cigarettes, Vaping, Alcohol and Marijuana – 30- Day Use (6, 8, 10 and 12 Grades)

County	Cigarettes			Vaping			Alcohol			Marijuana		
	2015	2017	2019	2015	2017	2019	2015	2017	2019	2015	2017	2019
Berks	5.0%	3.4%	1.8%	16.6%	14.6%	16.6%	21.0%	17.7%	15.2%	10.3%	10.5%	8.8%
Cumberland	5.1%	4.4%	1.9%	12.9%	14.2%	16.1%	14.8%	15.5%	13.4%	7.0%	7.1%	7.6%
Dauphin	5.2%	3.9%	2.3%	13.4%	12.7%	15.1%	15.6%	14.0%	13.2%	10.5%	8.1%	9.2%
Lancaster	5.1%	3.3%	1.8%	13.6%	10.9%	13.2%	13.7%	12.2%	11.1%	7.4%	6.7%	6.4%
Lebanon	3.6%	4.7%	2.2%	14.2%	16.5%	15.9%	12.9%	15.4%	11.4%	7.5%	9.2%	7.4%
Perry	7.9%	5.0%	4.2%	15.5%	11.3%	16.4%	18.1%	14.7%	15.6%	8.1%	5.7%	6.2%
Pennsylvania	6.4%	5.6%	3.5%	15.5%	16.3%	19.0%	18.2%	17.9%	16.8%	9.4%	9.7%	9.6%

2021

The percentage of current smokers has increased from 2020 to 2021 in all counties, and is higher than the state percentage in all counties except Cumberland. The percentages of excessive drinkers has either remained constant or increased from 2017 to 2021 in all counties, except for Lancaster, which saw a slight decrease over the last three years. Within the report area, Berks and Perry counties had the greatest percentage of adults who reported excessive drinking, at 21%.

Percentage of Adults Smoking and Drinking – County Health Rankings, 2017-2021

County	Current Smoker					Excessive Drinking				
	2017	2018	2019	2020	2021	2017	2018	2019	2020	2021
Berks	20%	17%	15%	17%	20%	16%	19%	19%	19%	21%
Cumberland	17%	16%	14%	16%	18%	18%	19%	20%	20%	20%
Dauphin	19%	17%	17%	19%	20%	17%	19%	19%	19%	19%
Lancaster	17%	16%	14%	15%	20%	17%	18%	21%	18%	17%
Lebanon	18%	17%	15%	16%	21%	17%	19%	20%	20%	20%
Perry	18%	16%	15%	17%	23%	18%	20%	21%	20%	21%
Pennsylvania	20%	18%	18%	19%	18%	18%	18%	21%	19%	20%

The percentage of students who reported it would "be sort of easy" or "very easy" to access prescription drugs decreased from 2017 to 2019 in all counties except Perry, and all counties had a lower percentage than the state in 2019.

Access to prescription drugs (6, 8, 10 and 12 Grades)

Ease of Access to Rx Pain Drugs				
County	2013	2015	2017	2019
Berks	25.5%	27.5%	24.9%	21.7%
Cumberland	26.1%	27.2%	27.1%	23.6%
Dauphin	24.7%	28.7%	25.9%	22.0%
Lancaster	26.5%	26.1%	24.2%	22.7%
Lebanon	24.4%	22.0%	26.1%	21.5%
Perry	26.4%	25.4%	22.0%	23.7%
Pennsylvania	24.3%	27.8%	25.5%	23.9%

Suicide due to overdose is an indicator of poor mental health. The rate of drug-related overdose deaths decreased from 2018 to 2019 in all counties except Dauphin, which saw a decrease. However, while Dauphin County had the highest rate of overdose death, it's important to note that Berks County had the highest raw count of overdose death. The 2019 rates were lower than the state rate in all counties except Dauphin.

Rate and Count of Drug-Related Overdose Deaths Per 100,000, 2015-2019

County	2015 Rate (Count)	2016 Rate (Count)	2017 Rate (Count)	2018 Rate (Count)	2019 Rate (Count)
Berks	16 (69)	27 (117)	27 (111)	23 (100)	28 (117)
Cumberland	15 (41)	23 (58)	30 (74)	19 (52)	16 (41)
Dauphin	29 (82)	30 (84)	35 (97)	44 (128)	36 (101)
Lancaster	14 (80)	22 (116)	30 (165)	20 (108)	19 (103)
Lebanon	15 (20)	12 (16)	21 (29)	19 (27)	16 (23)
Perry	7 (3)	20 (9)	22 (10)	33 (15)	n/a*
Pennsylvania	26.3 (3,264)	37.9 (4,642)	44.3 (5,456)	36.1 (4,491)	35.6 (4,458)
United States	16.3 (52,898)	19.8 (63,600)	21.7 (70,237)	20.7 (67,367)	21.6 (70,630)

Source: DEA Philadelphia Field Division
*Counties with overdose death counts between one and nine are suppressed.

Wellness and Disease Prevention

In 2019, 17% of students in Perry County reported being worried about running out of food, and all other counties had 12 to 15% of students being worried about running out food, all of which were higher than the state average. In 2019, 8% of students in Berks County reported that they did skip a meal because of family finances, and 7.5% of Lebanon County students reported skipping a meal.

Food and Stress (6, 8, 10 and 12 Grades)*

County	Worried About Running Out of Food*				Skipped a Meal Because of Family Finances*			
	2013	2015	2017	2019	2013	2015	2017	2019
Berks	17.3%	18.9%	17.7%	15.0%	7.5%	8.9%	8.7%	7.9%
Cumberland	9.5%	10.9%	10.8%	12.0%	4.4%	4.9%	5.2%	5.9%
Dauphin	11.1%	14.4%	14.0%	14.7%	5.1%	6.1%	6.5%	6.9%
Lancaster	11.1%	14.6%	12.9%	12.6%	5.5%	7.2%	6.4%	6.8%
Lebanon	12.4%	14.4%	15.7%	14.3%	5.5%	6.8%	7.7%	7.5%
Perry	10.4%	17.6%	15.0%	17.3%	5.0%	9.7%	7.0%	7.3%
Pennsylvania	9.5%	13.7%	13.4%	11.7%	4.4%	6.6%	6.8%	6.2%

*One or more times in the past year

2021

Limited access to healthy foods measures the percentage of the population that is low income and does live close to a grocery store. In the six-county region, Dauphin County has the greatest percentage (8%) of people who have limited access to healthy foods, and the percentages have stayed constant among all counties. Food insecurity estimates the percentage of the population without access to a reliable source of food during the past year. Food security was also highest in Dauphin County (11%). Considered together, food insecurity and access to healthy foods account for an overall food environment index score ranging from 0 (worst) to 10 (best). The highest or best score was in Cumberland County (8.8), and the lowest was in Dauphin County (8.1). All counties had a better score than the state (8.4), except for Dauphin County.

Food Access, Insecurity and Index – County Health Rankings, 2017-2021

County	Limited Access to Healthy Foods					Food Insecurity				
	2017	2018	2019	2020	2021	2017	2018	2019	2020	2021
Berks	3%	3%	3%	3%	3%	10%	9%	10%	9%	10%
Cumberland	3%	5%	5%	5%	5%	11%	10%	10%	9%	8%
Dauphin	12%	8%	8%	8%	8%	14%	14%	14%	13%	11%
Lancaster	5%	5%	5%	5%	5%	11%	10%	10%	10%	9%
Lebanon	4%	3%	3%	3%	3%	10%	10%	9%	9%	9%
Perry	4%	4%	4%	4%	4%	10%	10%	9%	9%	9%
Pennsylvania	4%	5%	5%	5%	5%	14%	13%	13%	12%	11%

Food Environment Index

County	2017	2018	2019	2020	2021
Berks	8.5	8.8	8.7	8.7	8.6
Cumberland	8.4	8.5	8.5	8.5	8.8
Dauphin	6.8	7.6	7.6	7.6	8.1
Lancaster	8.2	8.5	8.5	8.5	8.6
Lebanon	8.5	8.8	8.8	8.7	8.7
Perry	8.4	8.6	8.6	8.6	8.7
Pennsylvania	7.8	8.2	8.2	8.2	8.4

2021

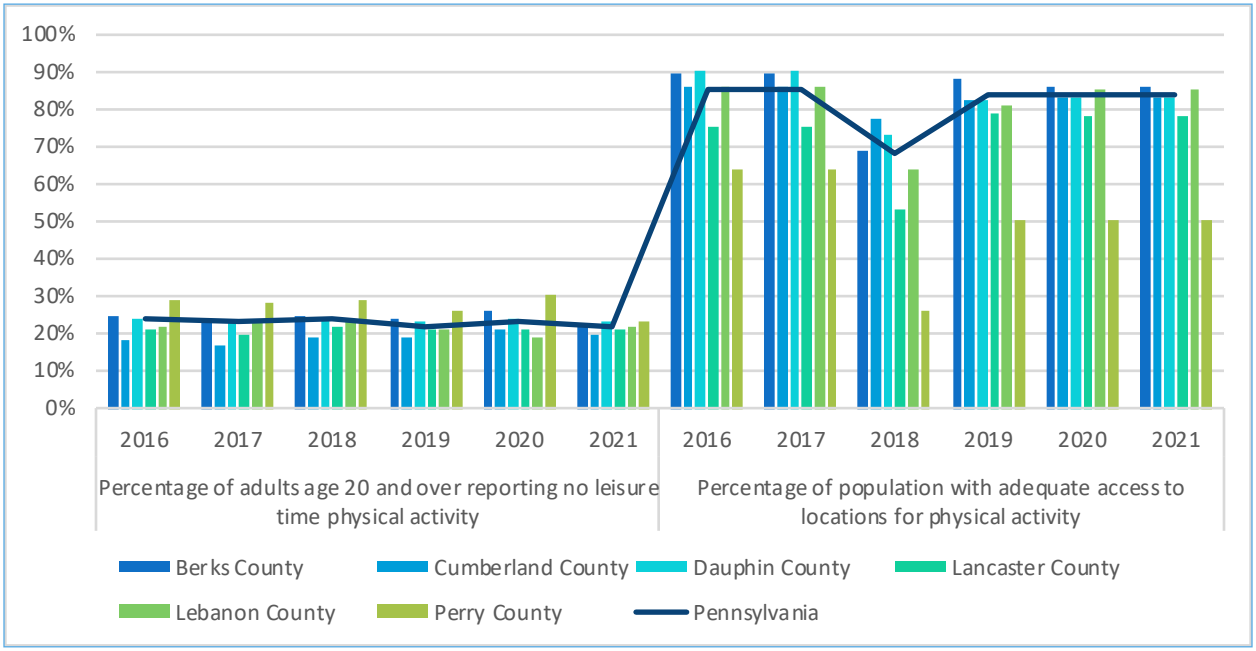
Current behaviors are determinants of future health and no leisure time physical activity may cause health issues, such as obesity and poor cardiovascular health. Access to exercise opportunities encourages physical activity and other healthy behaviors.

From 2017 to 2021, the percentage of adults reporting no leisure time physical activity stayed fairly constant in Berks, Dauphin, Lancaster and Lebanon counties, but increased in Cumberland and decreased in Perry. Dauphin and Perry counties had the highest (worst) percentage of adults reporting no physical activity, and Cumberland County had the lowest (best) percentage reporting no physical activity. Adequate access to exercise opportunities was lowest in Perry and highest in Berks.

Leisure Time Physical Activity and Adequate Access

County	Physical Inactivity Percentage of adults age 20 and over reporting no leisure time physical activity					Access to Exercise Opportunities Percentage of population with adequate access to locations for physical activity				
	2017	2018	2019	2020	2021	2017	2018	2019	2020	2021
Berks	23%	25%	24%	26%	22%	89%	69%	88%	86%	86%
Cumberland	17%	19%	19%	21%	20%	86%	77%	82%	83%	83%
Dauphin	23%	24%	23%	24%	23%	90%	73%	82%	83%	83%
Lancaster	20%	22%	21%	21%	21%	75%	53%	79%	78%	78%
Lebanon	23%	23%	21%	19%	22%	86%	64%	81%	85%	85%
Perry	28%	29%	26%	30%	23%	64%	26%	50%	50%	50%
Pennsylvania	23%	24%	22%	23%	22%	85%	68%	84%	84%	84%

Physical Inactivity and Access to Exercise Opportunities



Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues. In Lebanon County, one in 5 students in grades K to 6 and 7 to 12 were obese, while Dauphin and Perry counties had the greatest percentage (~22%) of students in grades 7 to 12 who were obese. Obesity among grades K to 6 increased or stayed constant in all counties except for Lancaster, which saw a small decrease. There was a greater percentage of obese students in grades 7 to 12 than K to 6.

Overweight and Obesity – Grades K to 6

County	Overweight (BMI > 85th to < 95th percentile)					Obese (BMI ≥ 95th percentile)				
	2013-14	2014-15	2015-16	2016-17	2017-18	2013-14	2014-15	2015-16	2016-17	2017-18
Berks	16.4%	17.2%	15.9%	15.8%	16.7%	18.2%	17.7%	18.1%	18.9%	19.4%
Cumberland	13.8%	13.9%	15.1%	14.7%	15.1%	15.0%	15.3%	14.2%	14.7%	14.7%
Dauphin	14.3%	14.6%	15.7%	15.3%	15.1%	16.6%	14.7%	17.3%	17.9%	17.9%
Lancaster	13.9%	14.7%	14.6%	14.1%	14.4%	15.2%	14.9%	15.2%	15.6%	15.3%
Lebanon	21.6%	15.1%	13.7%	16.6%	16.7%	14.7%	17.3%	19.4%	17.5%	20.0%
Perry	12.9%	13.1%	14.1%	14.0%	16.1%	15.5%	15.4%	15.9%	16.2%	17.7%
Pennsylvania	15.5%	15.1%	15.2%	15.5%	15.7%	16.3%	16.5%	16.7%	16.4%	16.8%

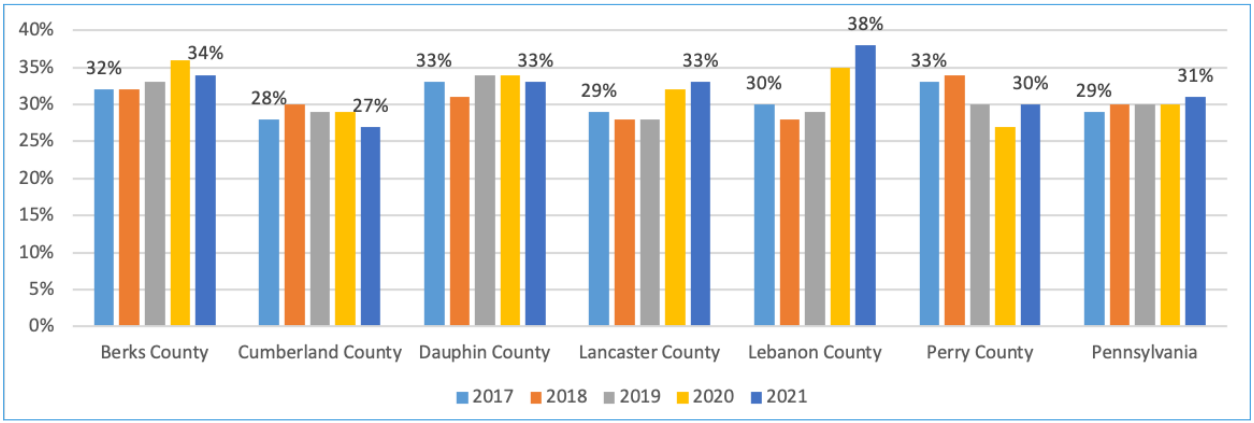
Overweight and Obesity – Grades 7 to 12

County	Overweight (BMI > 85th to < 95th percentile)					Obese (BMI ≥ 95th percentile)				
	2013-14	2014-15	2015-16	2016-17	2017-18	2013-14	2014-15	2015-16	2016-17	2017-18
Berks	18.6%	16.7%	17.6%	16.6%	22.7%	20.4%	20.6%	20.2%	20.9%	20.9%
Cumberland	14.2%	15.0%	16.4%	15.8%	16.2%	17.7%	17.2%	17.4%	17.7%	17.4%
Dauphin	16.3%	16.0%	16.3%	16.4%	17.2%	20.5%	20.5%	22.2%	21.8%	22.5%
Lancaster	15.2%	16.0%	16.0%	16.4%	16.1%	17.4%	17.8%	18.0%	18.8%	18.2%
Lebanon	15.5%	16.3%	15.9%	16.0%	17.0%	19.2%	19.6%	20.8%	21.3%	20.7%
Perry	14.8%	15.6%	16.2%	16.1%	17.6%	21.2%	22.2%	21.5%	21.7%	22.0%
Pennsylvania	16.3%	16.1%	16.5%	16.7%	17.1%	18.2%	18.6%	19.1%	18.9%	19.5%

2021

In 2021, the percentage of obese adults was greater in Berks, Dauphin, Lancaster and Lebanon counties than in the state, with Lebanon having the greatest percentage of obese adults. The percentage of obese adults was decreasing in Cumberland and Perry counties from 2017 to 2021, staying constant in Dauphin County and increasing in all other counties.

Obesity – Percentage of Adults Reporting a BMI of 30 or Higher



Lebanon County had the greatest percentage (9.7%) of adults indicating they had diabetes, which was higher than the state, and Cumberland County had the lowest percentage (8.9%). For both high blood pressure and high cholesterol, all counties except Dauphin and Lancaster had a higher percentage of Medicare fee-for-service population with high blood pressure or cholesterol, compared to the state and nation.

Prevalence of Respondent-Indicated Ailments, 2018-19
(Advisory Board, Demographic Profiler 2021)

County	Diabetes	High Cholesterol	High Blood Pressure	Heart Disease/ Heart Attack
Berks	9.6%	12.4%	17.1%	3.0%
Cumberland	8.9%	12.3%	17.3%	3.0%
Dauphin	9.2%	12.0%	17.2%	3.1%
Lancaster	9.4%	12.7%	17.4%	3.1%
Lebanon	9.7%	12.9%	18.0%	3.5%
Perry	9.0%	13.3%	18.8%	4.0%
Service Area	9.4%	12.5%	17.4%	3.1%
Pennsylvania	9.2%	12.1%	17.3%	3.3%

Medicare Beneficiaries with Diabetes, High Cholesterol,
High Blood Pressure and Heart Disease, 2017

County	Medicare Beneficiaries With Diabetes	Medicare Beneficiaries With High Cholesterol	Medicare Beneficiaries With High Blood Pressure	Medicare Beneficiaries With Heart Disease
Berks	12,491 (26.3%)	23,888 (50.2%)	29,552 (62.1%)	12,694 (26.7%)
Cumberland	6,824 (25.2%)	13,679 (50.5%)	16,813 (62.0%)	7,541 (27.8%)
Dauphin	6,300 (27.1%)	9,979 (42.9%)	13,603 (58.5%)	6,306 (27.1%)
Lancaster	14,305 (24.6%)	23,721 (40.8%)	33,828 (58.2%)	14,784 (25.4%)
Lebanon	4,256 (26.2%)	7,319 (45.1%)	9,845 (60.6%)	4,224 (26.0%)
Perry	1,300 (28.4%)	2,286 (49.9%)	2,841 (61.5%)	1,396 (30.5%)
Pennsylvania	354,833 (26.2%)	605,704 (44.7%)	793,672 (58.6%)	374,436 (27.6%)
United States	9,188,128 (27.2%)	13,714,033 (40.7%)	19,269,721 (57.1%)	9,076,698 (26.9%)

Engaging in cancer screening allows for early detection and treatment of any problems. Lack of screening can also indicate lack of access to preventive care, a lack of health knowledge, insufficient provider outreach and/or social barriers preventing utilization of services.

Dauphin County had the lowest percentage (43%) of female Medicare enrollees with an annual mammogram, and Lebanon County had the highest (49%). Hispanic females in Lebanon County had the lowest percentage (24%) receiving an annual mammogram, followed by black females at 26%.

Percentage of Medicare Enrollees Ages 65-74 Receiving Annual Mammography Screening, 2017

County	Total	White	Black	Asian	Hispanic
Berks	44%	44%	36%	37%	35%
Cumberland	48%	49%	34%	33%	40%
Dauphin	43%	44%	39%	40%	33%
Lancaster	47%	48%	42%	35%	34%
Lebanon	49%	49%	26%	47%	24%
Perry	45%	N/A	N/A	N/A	N/A
Pennsylvania	45%	N/A	N/A	N/A	N/A

In 2018, rates of melanoma in females and males were higher in Dauphin, Lancaster and Cumberland counties than in the state. Males had higher rates than females in all counties, with the highest rate among males in Cumberland. The breast cancer rate was highest in Lancaster County in 2018, which was also higher than the state's rate. Breast cancer rates were trending upwards in Berks, Cumberland, Lancaster and Perry counties. The prostate cancer rate was highest in Berks County in 2018, and both Berks and Lebanon counties had higher rates than the state. Prostate cancer rates were trending upward in all counties, except Dauphin.

Melanoma Incidence: Age-Adjusted Rates per 100,000, 2014-2018

County	Melanoma – Female					Melanoma – Male				
	2014	2015	2016	2017	2018	2014	2015	2016	2017	2018
Berks	18.6	19.5	17.8	15.0	16.4	23.0	26.3	18.2	31.6	22.7
Cumberland	27.3	18.8	26.1	24.0	19.7	44.4	19.6	41.7	25.6	38.4
Dauphin	18.1	20.5	25.1	22.9	25.0	37.6	35.8	30.1	35.4	29.9
Lancaster	17.7	26.3	25.8	24.6	24.9	35.0	41.2	40.2	32.4	34.8
Lebanon	23.3	27.1	ND (15)	ND (16)	ND (15)	ND (12)	27.1	40.0	33.7	24.0
Perry	ND (5)	ND (5)	ND (3)	ND (5)	ND (7)	ND (6)	ND (15)	ND (8)	ND (14)	ND (10)
Pennsylvania	21.8	21.8	18.8	17.4	17.4	31.9	31.4	29.3	26.9	26.0

*ND (Count) = Not displayed when counts less than 20

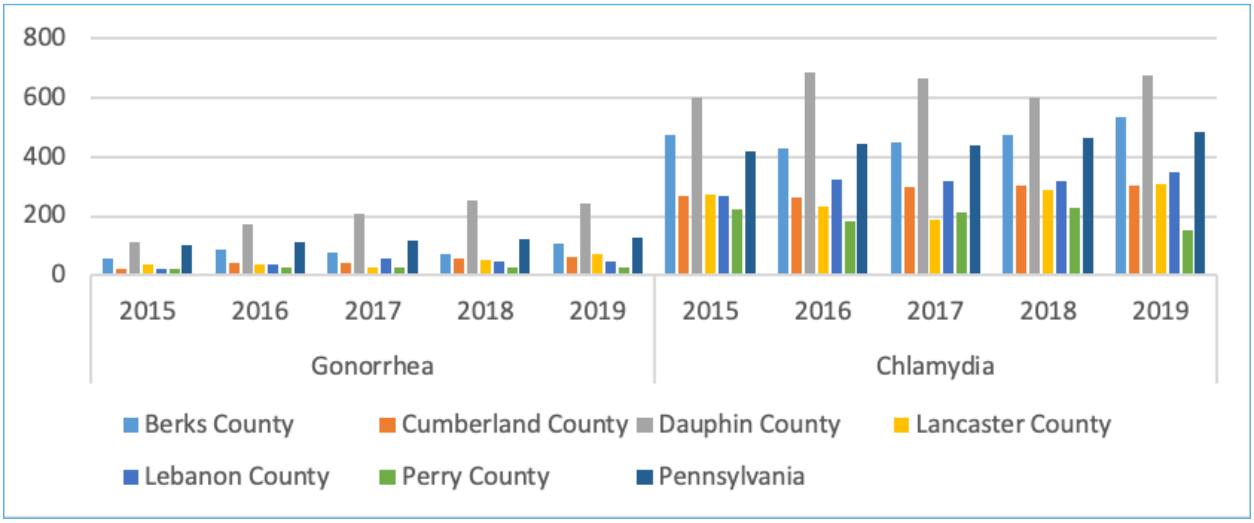
Breast and Prostate Cancer Incidence: Age-Adjusted Rates per 100,000, 2014-2018

County	Breast Cancer – Female					Prostate Cancer – Male				
	2014	2015	2016	2017	2018	2014	2015	2016	2017	2018
Berks	118.5	122.7	124.1	131.9	123.5	95.8	117.3	119.2	111.5	128.4
Cumberland	124.3	132.7	130.1	130.4	126.4	65.9	62.0	59.0	78.6	73.8
Dauphin	144.6	129.3	137.5	116.8	116.8	88.9	108.5	83.9	98.7	74.7
Lancaster	129.4	119.1	139.0	131.4	132.9	76.3	83.6	98.9	100.7	96.2
Lebanon	120.7	163.5	137.8	117.0	117.7	72.8	91.3	89.3	98.0	109.4
Perry	106.7	99.8	113.6	134.7	128.6	62.2	ND (14)	79.8	ND (16)	85.2
Pennsylvania	132.0	131.2	132.9	131.1	129.8	92.0	104.4	106.7	102.4	103.0

2021

Sexually transmitted diseases (STDs) are a measure of poor health status and indicate the prevalence of unsafe sex practices. The rates of gonorrhea and chlamydia are the highest in Dauphin County and are higher than the state rates. Overall, the rates of chlamydia have increased in all counties, except Perry, between 2015 and 2019, and the rates of gonorrhea have increased in all counties between 2015 and 2019.

Sexually Transmitted Diseases (STDs) per 100,000



Sexually Transmitted Diseases – Crude/Age-Specific Rates Per 100,000

County	Gonorrhea					Chlamydia				
	2015	2016	2017	2018	2019	2015	2016	2017	2018	2019
Berks	57.1	86.8	75.1	74.7	109.9	475.1	430.1	451.1	472.4	536.4
Cumberland	22.7	39.8	44.4	58.9	62.8	268.3	265.2	297.9	301.1	301.9
Dauphin	111.4	173.9	206.0	250.8	240.7	602.2	685.8	667.0	598.3	673.7
Lancaster	38.2	38.6	24.9	52.1	73.1	273.2	232.7	186.6	288.8	310.2
Lebanon	19.7	34.6	57.2	48.8	45.8	269.2	324.1	317.7	320.6	348.4
Perry	21.9	26.2	28.2	28.2	28.1	225.5	181.1	212.5	227.6	153.4
Pennsylvania	99.9	114.3	119.0	124.0	125.6	417.6	445.4	440.8	463.3	482.2

Partner Forums

Background

Two Partner Forums were held virtually via Zoom sessions due to COVID-19 in-person meeting restrictions. Community partners and members were invited to attend one of two sessions held on May 12, 2021, from 11 a.m. to 12:30 p.m., and May 20, 2021, from 2:30 p.m. to 4 p.m. Participants from all six counties represented a wide variety of communities and organizations ,including public health and social service agencies, senior services, schools, religious institutions and other civic and social organizations. There were 112 attendees on May 12, 2021, and 103 on May 20, 2021.

The purpose of the forums was to share CHNA findings, solicit feedback from community representatives and provide a platform to identify opportunities to collaborate. Participants were not only asked to provide feedback on the CHNA findings, but were also asked to share their insight on priority health needs, underserved populations, existing community resources to address health needs and gaps in services. After the forums, a summary of all findings and recommendations was shared with participants, as well as a contact information list to foster collaboration, for those who wished to participate.

Prioritization Process

CHNA findings were provided to registrants in advance of the forum and formally presented to attendees. Questions about the data were encouraged and clarified. At the conclusion of the data presentation, a list of six health topics derived from an analysis of the key informant and Community Member Survey findings, and secondary data were presented to the group for discussion and recommendations in determining priority health needs. Discussion prior to voting included missing items, combining health issues and any additional feedback attendees wanted to provide.

Partner Forum participants were asked to participate in the prioritization exercise. Voting results were based on scoring the following criteria on a scale of 1 (low) to 4 (high) across each health issue.

Scope: How many people are affected?

- Magnitude or burden of the issue (i.e., the number of people impacted)
- High need among vulnerable populations

Severity: How critical is the issue?

- Degree to which health status is worse than state/national norms
- Cost/burden of the issue in the community (e.g., dollars, time, social)
- Focus on social determinants of health and eliminating health disparities

Ability to Impact: Can we achieve the desired outcome?

- Availability of resources/community capacity
- Community readiness to address the issue
- Can “move the needle” to demonstrate measureable outcomes

Voting results were combined for both sessions, and the top health issues were ranked as follows: 1. Mental Health (3.35), 2. Access to Care (3.18), 3. Social Determinants of Heath (3.14), 4. Chronic Disease Prevention and Management (3.12), 5. Substance Use Disorder (2.97), and 6. Food Access (2.95).

Prioritization Results

Priority	Overall Score 1 (Low) to 4 (High)
Mental Health	3.35
Access to Care	3.18
Social Determinants of Health	3.14
Chronic Disease Prevention and Management	3.12
Substance Use Disorder	2.97
Food Access	2.95

Small Group Discussion

Participants were divided into small breakout sessions based on their expertise, knowledge or interest to discuss the priority areas. Prior to breaking out, the participants were reminded to consider all factors that influence health when discussing possible interventions, such as environmental factors and policies, the physical environment, individual health behaviors and health care. They were asked to focus on the different factors that can affect the health of an individual, what relationships an individual has within the community and how to maximize collaboration with a wide range of community partners and members. Moderators led the group discussions to determine the top three goals to influence the priority by addressing the following questions:

1. What is going on in the community? – Who is most impacted? Which social determinants are involved?
2. How can we improve? – How can we partner? What can we do with existing resources?
3. How can we measure success? – What data points stick out the most that we should focus on?

Results from the breakout discussions are listed below. The top three goals recommended per priority per date are as follows:

Mental Health

May 12

- Provide more training for teachers, staff, providers, children and parents.
- Increase number of providers in the region.
- Increase number of support staff (crisis staff to support the influx of patients as additional Emergency Departments are established).
- Share information, resources, etc., among organizations; approach as united front.

May 20

- Partner among community organizations (instead of spreading resources, pull together).
- Use metrics to show what we are doing is improving access.
- Educate on self-care strategies for adults and children.
- Add clubhouses in communities.
- Provide stress management education.

Common themes from both sessions: additional community education/training and collaboration is needed.

Access to Care

May 12

- Improve navigation – provide clear navigation/instruction, make sure people know the resources that are available and help them get to the resources.
- Strengthen partnerships with community groups.
- Education – seems to be a knowledge deficit.

May 20

- Implement better telehealth programs (would help with transportation barriers).
- Collaborate with transportation companies (government entities, Uber, Lyft, taxi companies).
- Utilize navigators (social workers) to help with access.

Common themes from both sessions: improved navigation and collaboration is needed.

Social Determinants of Health

May 12

- Work to implement formal training and provide education in additional places throughout the community to combat racism.
- Work with community partner organizations to review and change local policies to help address the current housing crisis.
- Address disparities in the LGBTQ+ community.

May 20

- Housing: Establish incentives for large organizations to invest in affordable housing, advocate for local policies and partner with landlord associations, home sharing and bartering programs.
- LGBTQ+: Increase reach overall for related health services, especially in Lebanon County; engage medical students.
- Racism/discrimination: Require workplace training, and partner to increase education in the community.

Common themes from both sessions: focus on racism, housing and the LGBTQ community.

Chronic Disease Prevention and Management

May 12

- Educate youth/young adults on healthy eating – as an extension of our school assessment work with school nurses, to establish better habits at an earlier age.
- Collaborate and share information more formally with nonprofit service agencies to avoid overlapping work.
- Develop educational programming targeted to underserved communities on health reluctance topics (vaccination, trust of the medical system, etc.).

May 20

- Find ways to support those with chronic disease with health care education programs, information, etc.
- Better coordinate and communicate existing programs; do not duplicate effort but utilize programming already established.
- Identify programming for libraries, as they are known locations and organizations whose trust is already established.

Common themes from both sessions: focus on community education and collaboration.

Substance Use Disorder

May 12

- Conduct substance use screenings and brief interventions in the community, as well as at all care settings.
- Provide warm handoffs from emergency department and other settings where Narcan is given, using certified recovery specialists (CRSs), certified family recovery specialists (CFRSs) and community health workers (CHWs).
- Connect with adolescents and young adults where they are and provide supportive opportunities.
- Offer screening and education at all levels (youth/adults, providers, organizations, etc).

Note: No participants chose this breakout session on the May 20 forum.

Food Access

May 12

- Go into communities with coordinated efforts (food pantry programs, schools, bodegas and healthy corner stores).
- Work with schools and summer programs to reach kids and extend to families (train-the-trainer programs).
- Garden education (schools, community gardens, task force model with a part-time garden manager, container gardens).
- Urban planning for grocery stores and transportation.

May 20

- Provide education in multiple languages.
- Understand from ALICE Households what prevents access to healthier foods (time, money, transportation, choice, location).
- Partner with existing organizations, corner stores, bodegas and farm stands to increase access to healthier foods; connect farmers to corner stores.
- Share resources and best practices across the region, communicate more, develop a shared database.

Common themes from both sessions: Coordinate efforts regionally and educate in existing infrastructure, such as schools, food pantries, corner stores, markets, community gardens, etc.

Final Determination of Prioritized Community Health Needs

A CHNA Leadership Team representing all Penn State Health hospitals met on a regular basis throughout the CHNA process. This group reviewed all findings and forum breakout notes and goal suggestions to recommend the three top priority health needs to focus on. Next, these recommendations were brought to the Penn State Health Community Health Team (CHT). The CHT monthly meeting consists of community-minded positions from Penn State Health entities, as well as community partners. Most of the CHT members were engaged with the CHNA process many times through surveying, practice presentations and participating in the forums. Attendees of both meetings considered contributing social issues, existing community resources, gaps in services and expertise and resources within each medical center in determining recommendations for priority health issues.

Multiple meetings and discussions determined the top three prioritized health needs of **1) Mental Health** **2) Health Equity** and **3) Wellness and Disease Prevention.**

Mental Health includes a focus on community groups, such as the LGBTQ+ community, people of color and youth. Substance Use Disorder will also be addressed under this priority. Health Equity covers concerns such as access to care, elder issues with access, social determinants of health, racism, diversity, transportation and housing. Wellness and Disease Prevention encompasses food access and nutrition, substance use prevention, chronic disease prevention, health education and physical activity. Everyone agreed that these priorities, and focus areas within, represent all six ranked health concerns and that all of these areas are very interrelated. One cannot be addressed without the others.

Penn State Health, in partnership with key community stakeholders, will use this information and these intertwined priorities to develop community health and benefit activities over the next three-year cycle. By adopting systemwide priorities, Penn State Health seeks to promote a regional approach to addressing community health needs and foster partner collaboration.

Prior CHNA Implementation Plan – Evaluation of Impact and Comments Received

Evaluation of Impact

The Implementation Plan and Annual Report Cards can be found at: pennstatehealth.org/community

The findings of the 2018 CHNA conducted by Penn State Health (Milton S. Hershey Medical Center, St. Joseph Medical Center and Pennsylvania Psychiatric Institute) identified three overarching priorities, and each of these had subcategories of goals and measureable objectives established. Addressing access to care and social determinants of health were seen as crosscutting strategies needed to improve outcomes across all priority areas.

The following section highlights key achievements and impacts during the first two years of the Implementation Plan set to address these needs.

- An average of **91%** of the indicators set for the first two years of our CHNA Implementation Plan were achieved.

#1 Behavioral Health

Behavioral Health

- Pennsylvania Psychiatric Institute reached over **1,000** participants with mental health training to identify warning signs and symptoms. This education was provided to community members and professionals, including law enforcement, Pennsylvania State Police cadets, Dauphin County correctional and probation officers, the Pennsylvania Driving Under the Influence (DUI) Association and local school districts.
- The Center for the Protection of Children iLookOut team has worked to make a new, online, state-authorized version of the iLookOut for Child Abuse Mandated Reporter Training available to all mandated reporters in Pennsylvania. This program is believed to play a significant role in helping protect children who are at risk for abuse.
- Community Relations grants were initiated with community partners to support drive-through Narcan education and distribution events, CRS and CFRS scholarships, community harm reduction education, art for public health, substance use disorder newsletter campaigns and trauma informed care.
- A Comprehensive Drug Safety Program provides for storage of medications and safe disposal at home, drop boxes on the Penn State Health campuses, Drug Take-Back Days and community Narcan distribution in underserved communities.
- **3,700** DisposeRx Packets, **2,000+** lock boxes and **hundreds** of doses of Narcan were distributed over the two-year period.
- Drug Take-Back boxes were established in the hospital lobbies and Drug Take-Back Days were held in partnership with local police departments, collecting over **2,500** pounds of discarded medications and **49** sharps containers over the two-year period.

#2 Healthy Lifestyles

Healthy Lifestyles

Nutrition

- According to countyhealthrankings.org, the percentage of persons who lack adequate Access to Food improved in Dauphin County over the two year period and the target we set for this metric was met. We are also seeing a slight decrease in the percentage of adults who report a BMI of ≥ 30 in both Dauphin and Berks Counties. We cannot directly say that these trends are the result of our efforts, but hopefully all of our nutrition and food outreach efforts, such as our Food Box initiatives, Farmers' Market, Food Pantry, Community Garden, Farm Stand and Veggie Rx Program, reaching over **120,000** individuals with healthy food choices and consistent MyPlate (choosemyplate.gov) messaging contributed to these positive trends.
- At the St. Joseph Medical Center Downtown Campus, Veggie Rx Program, 111 patients were initially enrolled, impacting over 215 family members. During the last two fiscal years, **36,771** vouchers were redeemed, totaling **$75,542** spent on local fruits and veggies.
- Through a Highmark Foundation Grant, multiple fresh produce outreaches to community food pantries were completed by our community health nurses. MyPlate messaging, recipes and cooking utensils were provided with the produce to create a healthy meal. Participants across all food pantry health outreach efforts expressed appreciation for these services. Despite moving to pickup service-only during the COVID-19 pandemic, blood pressure checks and other health education and screenings were continued outside. Through this program, much-needed care and conversation are brought to community members where they are. For example, one participant was referred to a smoking cessation counselor and was very proud that she hadn't smoked two weeks later. Another participant who was struggling with an amputation was connected to a community health worker who assisted with obtaining a prostheses and a job. Many participants have their blood pressure, cholesterol and glucose measurements tracked who would otherwise not be monitored.

Oral Health

- The Dental Operatory opened at Hershey Medical Center, and planning has begun to initiate a dental residency program, as well as an outpatient dental clinic to increase access to dental care in our community.
- An oral health resource was collaborated on with **pa211.org,** and oral health messaging focused on brushing twice per day and the importance of fluoride reached **700+** members of underserved communities.
- A pediatric ongoing quality study has demonstrated that brushing habits and fluoride use have improved.
- St. Joseph Medical Center worked with the Pennsylvania Area Health Education Center (AHEC) office and Oral Health Task Force to update the CHW training curriculum to include early childhood oral health education with an online component that is publicly available.

Physical Activity

- According to countyhealthrankings.org, the percentage of adults who report no leisure time physical activity is improving.
- Over **40,000** community members were reached through initiatives to improve walkability, a bike-share program, walking and biking trails and social walking and safety programs, as well as a youth tennis program initiated in underserved communities.
- "Racquets and Recipes" was offered as an extension of the youth tennis program in Lebanon to provide healthy cooking demonstrations and snacks to parents while their children learned to play tennis.
- Pediatric Trauma and Injury Prevention used community relations grant funds to engage with **16** local police departments and provide **720** bike helmets to promote bike safety to avoid injury, as well as bring communities together. Officers took a seven question pre-test, completed a training (train the trainer), then took a seven question post-test. A statistically significant increase in knowledge was shown.

#3 Disease Management

Disease Management

- Community paramedicine reduced chronic disease readmissions for heart failure and stroke patients and expanded these efforts from Hershey Medical Center to St. Joseph Medical Center. Our CHW programs and Training Institute and Patient Navigation Program also improved access to care and important community services.
- Just over **37,000** community members were reached by disease prevention screening, education, navigation and support programs focused on cancer, cardiovascular diseases and stroke. These teams coordinated efforts to organize a common message between disease programs and offer these programs in high-need communities.
- The "Let's Get Educated Against Cancer" Spanish monthly webinar series was initiated in partnership with the Spanish American Civic Association (SACA). After the first six webinars were offered, **181** participants attended the live sessions and **2,001** viewed the recordings.

COVID-19 Response

Although COVID-19 changed many of our plans, we were able to quickly adapt to the pandemic and serve our community in other ways needed, such as with increasing access to community COVID-19 vaccines through pop-up sites and transportation vouchers, employee food pantries and collaborating with the Caring Cupboard Food Pantry to support food delivery to COVID-positive patients. Additional initiatives included an outdoor farm stand in downtown Reading that also distributed "COVID relief bucks" the form of $2 in Berks Farm Bucks (vouchers) to every shopper, the OnDemand COVID-19 screening app, drive-thru testing, Community Donation Center, contact tracing, nursing home support and radio/TV educational sessions.

The COVID-19 OnDemand app is provided as a free community benefit to increase access to screening, testing and contact tracing and reached over **13,000** people during the pandemic. A focus group was held with community partners to assess the interest in COVID-19 vaccinations, hesitancy concerns and community locations where they should be offered. As a result, COVID-19 vaccine pop-up events were held in **46** underserved communities, thus taking almost **10,000** doses of this important intervention to community members who, for many reasons, may not have been able to receive their vaccination.

Community Health – FY 2020

- Community Health includes all community health improvement projects offered (not only those prioritized by our CHNA process), cash and in-kind contributions, community building activities and community benefit operations.
- Overall in **FY 2020,** Penn State Health **served over 580,000 community members,** with over **124,000 employee hours** and **76,000 volunteer hours**, resulting in **over $4.8 million** in Community Health services provided to our community.

Community Benefit – FY 2020

- Community Benefit is the total value of quantifiable benefits provided to our community and reported to the IRS. This number does not include research, bad debt or Medicare.
- In **FY 2020**, Penn State Health provided **$117,694,540 in community benefit.**

Comments Received

Community members were asked to provide their feedback on previous CHNAs conducted by Penn State Health as part of the Key Informant Survey, as well as during the Community Partner Forums. The opportunity to provide feedback is also available to the general public on an ongoing basis via a link posted on pennstatehealth.org/community. Overall, the feedback was positive, with many comments indicating that respondents felt Penn State Health has been doing an excellent job with facilitating collaboration, fostering partnerships and documenting and sharing findings. Some respondents expressed a desire for Penn State Health to have a stronger presence in various geographical locations and to utilize its influence to have an impact on systemic factors that influence health. A full list of comments received is included in Appendix C.

Conclusion

Based on the results of the current Implementation Plan, Penn State Health hospitals will continue into the final year of the strategy intending to accomplish the established indicators, as well as any not yet met or reestablished due to COVID-19. Data sources will be monitored with the overarching goal of demonstrating improved community health. These accomplishments and new partnerships provided input into the 2021 CHNA process and priorities determination and will inform the next Implementation Plan.

Existing Community Assets to Address Community Health Needs

Community Benefit Inventory

All Penn State Health hospitals maintain an inventory of community partners in a community benefit database, the Community Benefit Inventory for Social Accountability (CBISA) Plus™ for Healthcare by Lyon Software (lyonsoftware.com/). These partner inventories include over 300 community organizations and multiple contacts for each one and highlight programs and services within the six-county assessment area. They are continually updated by the CBISA project managers to remain current and include contact names, organization name, emails, telephone numbers, addresses, program descriptions and relationship to Penn State Health. A current copy of these inventories can be generated in real time upon request.

Because these inventories represent organizations our entire health system works with, they identify a wide range of community organizations and public health agencies that are serving the various target populations within our service area. Therefore, it was used to generate an initial list to invite organizations to provide their input on community health needs via Key Informant Surveys, assist with conducting Community Member Surveys and attend Community Forums.

In addition to this list, other departments across Penn State Health who are very active in the community maintain lists of their key community contacts. Owners of these lists were invited to complete the Key Informant Survey and were asked to share it with their contacts to also complete. For example, the Pediatric Trauma and Injury Prevention Program shared it with their Safe Kids Coalition and Penn State Cancer Institute shared it with their Community Advisory Board. The invitation was also sent to the Penn State College of Medicine Department of Public Health Sciences workforce development list, which includes excellent connections to several Pennsylvania Department of Health divisions.

Names of the organizations and groups engaged in any aspect of our CHNA process can be found in Appendix B. Please note this list may not be all-inclusive since participants could remain anonymous.

Community Grants

The Penn State Health Community Relations department offers grants to engage employees across the health system to partner with community organizations and initiate a program addressing at least one of the health need priorities identified by the CHNA. Not only do these grants provide local health programming, they also 1) engage employee talent in community outreach, 2) help develop an organizational culture of community health improvement and 3) provide our employees and students with the opportunity to learn from community partners and better understand the social influences on health that our patients experience outside of our hospital walls. Grant examples and outcomes are available in real time upon request.

Appendix A: Secondary Data References

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Appendix B: Participating Community Organizations

Thank you to these community organizations, and others that may not be included below, that contributed time, space, feedback, advertising or other support to the 2021 Penn State Health Community Health Needs Assessment.

Ability Prosthetics & Orthotics

AccessMatters

Adagio Health

Advance African Development, Inc.

Advanced Metrics

Aetna

A.J. Drexel Autism Institute

Alder Health Services

Allison Hill Community Center

Alzheimer's Association

American Lung Association

American Red Cross

AmeriHealth Caritas

Anchor Lancaster

Armstrong-Indiana-Clarion Drug & Alcohol Commission Inc.

ASERT Collaborative

Aspirations

Band Together

Beacon Clinic

Bell & Evans

Berks Alliance

Berks Area Regional Transportation Authority

Berks Community Health Center

Berks Counseling Center Inc.

Berks County

Berks County Area Agency on Aging

Berks County Community Foundation

Berks County Department of Emergency Services

Berks County Intermediate Unit

Berks County Office of Mental Health and Developmental Disabilities

Berks Encore

Berks Nature

Berks Teens Matter

Bethany Christian Services

Bethesda Mission

Bloomsburg University

Blue Mountain Academy Agriculture

Borough of Hamburg

Borough of West Reading

Breast Cancer Support Services of Berks County

Brethren Housing Association

Calvary United Church of Christ, Reading

Capital Area Head Start

Capital Blue Cross

Carlisle Community Area Action Network

Cathedral Parish of Saint Patrick

Catholic Health Initiatives St. Joseph Children's Health

Central Pennsylvania Food Bank

Central Pennsylvania Youth Ballet

Child Care Consultants Inc.

Church of the Good Shepherd

Church World Service-Lancaster

City of Harrisburg

City of Lebanon

City of York Bureau of Health

Cocoa Packs Inc.

Commonwealth Media Services

Communities Practicing Resiliency (CPR) of Greater Harrisburg

Community CARES

Community First Fund

Community Health Council of Lebanon County

Community Prevention Partnership

Community Services Group

Conquista Y Victoria

CONTACT Helpline 211

Contact to Care

Council on Chemical Abuse

Cumberland Area Economic Development Corporation

Cumberland County Aging & Community Services

Cumberland County Housing & Redevelopment Authorities

Cumberland/Perry County Mental Health, Intellectual & Developmental Disabilities

Cumberland Valley School District

Dauphin County Case Management Unit

Dauphin County Coroner's Office

Dauphin County Court Appointed Special Advocates

Dauphin County Drug & Alcohol Services

Dauphin County Health Improvement Partnership

Dauphin County Human Services

Dauphin County Library System

Dauphin County Medical Society Alliance

Dauphin County Prison

Derry Township

Derry Township School District

Dickinson College

Diocese of Harrisburg

Domestic Violence Intervention of Lebanon County

Domestic Violence Services of Lancaster County, Inc.

Downtown Daily Bread

Drexel University

Early Learning Resource Center

East Hanover Township

Ebenezer Baptist Church

Elizabethtown Area School District

Elizabethtown Community Housing & Outreach Services

Employment Skills Center

Epilepsy Foundation Eastern Pennsylvania

Episcopal Church of the Nativity and St. Stephen, Newport

Family Guidance Center

Family Promise of Harrisburg Capital Region

First United Church of Christ

Fishburn Church

Gateway Health

Gather the Spirit for Justice

Gemma's Angels

GLO

Grace Lutheran Church

Grantville Area Food Pantry

Greater Reading Chamber Alliance

Hadee Mosque

Hamburg Emergency Medical Services

Hamilton Health Center

HANDS of Wyoming County

Hanoverdale Church

Harrisburg Area Community College

Harrisburg Area YMCA

Harrisburg School District

Harrisburg University of Science and Technology

Healthy Family Partnership

Healthy Steps Diaper Bank

Heartshine

Hempfield recCenter

Hershey Entertainment & Resorts

Hershey Plaza Apartments

Highmark

Hill Terrace

Hope Within Ministries

Hospice of Central PA

Hoy Towers

Hummelstown Food Pantry

Hummelstown United Church of Christ

Immediate Homecare & Hospice

Jabbok Counseling

Jewel David Ministries Inc.

Jewish Family Service of Greater Harrisburg

Jewish Federation of Greater Harrisburg

Jewish Federation of Reading/Berks

Jewish Home of Greater Harrisburg

Joseph T. Simpson Public Library

Joy of Sports Foundation

Keystone Health Agricultural Worker Program

Lancaster Behavioral Health Hospital

Lancaster Family YMCA

Lancaster LGBTQ+ Coalition

Lancaster Osteopathic Health Foundation

Latino Connection

Latino Hispanic American Community Center

Lebanon County Christian Ministries

Lebanon County Mental Health /Intellectual Disabilities/ Early Intervention Program

Lebanon Diversity Social

Lebanon Family Health Services

Lebanon School District

Lebanon Valley Community Tennis Association

Lebanon Valley Family YMCA

LGBT Center of Central PA

LionReach

Literacy Council of Reading-Berks

LivingWell Institute

Lower Dauphin Communities That Care

Manna Food Pantry

Maple Terrace

Mary's Helpers Food Pantry and Clothing Store

Maternal & Family Health Services

Mechanicsburg Area School District

Merakey

Messiah Lifeways

Messiah University

Metropolitan Community Church of the Spirit

Middletown Food Pantry

MidPenn Legal Services

Milton Hershey School

Minersville Area School District

Mohler Senior Center

Monongalia County Health Department

Montgomery County Department of Health and Human Services

Mount Nittany Health

National Institute for Coordinated Health Care

New Hope Ministries

New Life Community Church

Northern Dauphin Human Services Center

Our Lady of Lourdes

PA Coalition for Oral Health

Palmyra Grace Church

Partnership for Better Health

Penn Medicine Lancaster General Health

Penn National Race Course

Penn State Addiction Center for Translation

Penn State Berks

Penn State Cancer Institute

Penn State College of Medicine

Penn State College of Medicine Student-run and Collaborative Outreach Program for Health Equity (SCOPE)

Penn State College of Nursing

Penn State Extension

Penn State Harrisburg

Penn State Health Medical Group

Penn State PRO Wellness

Penn Street Market

Pennsylvania Association of Community Health Centers

Pennsylvania Department of Conservation and Natural Resources

Pennsylvania Department of Health

Pennsylvania Department of Human Services

Pennsylvania Fetal Alcohol Task Force

Pennsylvania Health Access Network

Pennsylvania Link to Aging and Disability Resources

Pennsylvania Office of Vocational Rehabilitation

Pennsylvania Recovery Organizations Alliance

Pennsylvania Special Supplemental Nutrition Program for Women, Infants and Children

Pennsylvania State University

Perry County

Perry County Area Agency on Aging

Perry County Emergency Management Agency

Perry County Health Coalition

Perry Human Services

Planned Parenthood Keystone

Poplar Terrace Apartments

Prince of Peace Parish

Pyramid Healthcare

Racial and Ethnic Approaches to Community Health

Reading Farm Stand

Reading Hospital

Reading Housing Authority

Reading School District

Riverfront Federal Credit Union

Safe Berks

Safe Harbour

Safe Kids Dauphin County

Safe Kids Pennsylvania

Saint Clair Area School District

Saint Elizabeth Ann Seton Parish, Mechanicsburg

Samara

SAMBA – Susquehanna Area Mountain Bike Association

Samaritan Fellowship

Saratoga Area Senior Coordinating Council

Schaner Senior Center

Sexual Assault Resource and Counseling Center

Shippensburg Civic Club

Shippensburg Community Resource Coalition

Slippery Rock University

Southeastern Health Care at Home

South Central Transit Authority

St. Anne Catholic Church

St. John's United Church of Christ

St. Peter the Apostle Roman Catholic Church

Steelton-Highspire School District

Success Against All Odds

Susquenita School District

Tamaqua Area School District

The Caring Cupboard

The Danya Institute Inc.

The Food Trust

The Foundation for Enhancing Communities

The Hershey Company

The Kidney Foundation of Central PA

The Period Project Harrisburg

The Salvation Army

The Salvation Army Harrisburg Capital City Region

The Salvation Army of Reading

The Wyomissing Foundation

Threshold Rehabilitation Services

Tioga County Partnership for Community Health

TLR Business Solutions, Inc.

TLR Insurance

Trans Advocacy Pennsylvania

Trehab Community Action Agency

Tri County Community Action

Trinity Preschool, Harrisburg

Tri-State Advocacy Project

Tulpehocken Terrace

Unitarian Church

United Community Services for Working Families

United Way of Berks County

United Way of Carlisle & Cumberland County

United Way of Lebanon County

United Way of the Capital Region

University of Pittsburgh Medical Center (UPMC)

UPMC Harrisburg

UPMC Health Plan

Vickie's Angel Foundation

Visiting Nurse Association of Central PA

Volunteers of America of Pennsylvania

Weidenhammer

WellSpan Good Samaritan Hospital

WellSpan Philhaven

West Chester University

West Reading Borough

West Shore Chamber of Commerce

West Shore School District

West Shore YMCA

Western Berks Free Medical Clinic, Inc.

Wilkes-Barre City Health Department

Willow Terrace Senior Apartments

YMCA Center for Healthy Living

YMCA of Reading and Berks County

York College of Pennsylvania

YWCA Carlisle & Cumberland County

Zion Lutheran Church, Union Deposit

Appendix C: Feedback Comments for Past CHNAs and Implementation Plans

- *"Additional questions specifically about LGBTQ+ community."*
- *"I have been impressed with the work that has been done to address community health needs."*
- *"Collaboration is key to help meet the goals and effect change."*
- *"Each county is unique, and the response should be tailored as such."*
- *"Good job compiling information. Would love to see a graph of measurable impact since CHNA began. This might be helpful in determining/revising next steps."*
- *"Are you using the ACEs survey? ACEs and toxic stress syndrome are powerful determinants of physical and mental health."*
- *"Asking people to indicate if they are: male, female, transmale, transfemale, gender fluid or not listed (please tell us) is flawed. Male and female and biological sexes. Transgender and nonbinary identities are gender identities. These are two entirely different categories. Instead, respondents should be asked, in two different questions, about their sex and gender identity. Furthermore, this question does not help us collect data on intersex folks. The terms "transmale" and "transfemale" are outdated and flawed language. These questions need to be asked in a different way in order to gather accurate data."*
- *"I believe we must better address mental health treatment needs."*
- *"Since mental health is an increasing problem throughout the country, are there any plans to increase providers (inpatient/outpatient)?"*
- *"Comprehensive programs defined with measurable outcomes."*
- *"Great info! One small question – for the tobacco module, should it be specifically named nicotine and include vaping? We have seen a number of stats demonstrating that smoking is declining, but vaping is more than making up for the decrease. Just a thought."*
- *"I think it's important to include a diverse range of stakeholders on the implementation task forces."*

- *"I applaud the efforts. I have seen a significant decrease in the ability of Penn State Health St. Joseph Medical Center staff to participate in community collaboration meetings in the community. They are invited but not at the table. The overwhelming response is we are short-staffed/spread thin. This is concerning to me. Especially in the past 14 months with virtual formats, staff had the opportunity to collaborate with minimal time commitment."*

- *"I believe that St. Joseph Medical Center did an outstanding job identifying the needs of the community. I am unaware of how the plan was implemented, but I am certain that they followed through."*

- *"I do not have any but THANK YOU so much for doing these CHNA. I think this CHNA is a great approach to helping the public get better health care services. Thank you again."*

- *"I think it's wonderful that Penn State Health has initiated these plans. I hope that these assessments continue to be made a part of all hospitals' responsibilities, even if the Affordable Care Act does not mandate it. The results of the implementation of these plans should be on the Penn State Health organization's website, if they aren't already."*

- *"I understand the need, in our current structures, to prioritize need areas. At the same time, this needs to be done in conjunction with deep systems work that includes the voices of all the people being served by the system – a very challenging task in something as huge as health care, but the pandemic is showing us what some of the systemic issues are. A good place to start?"*

- *"I would like to see more research on local transgender and nonbinary populations. It would also be additionally helpful to see how folks who have intersecting marginalized identities are affected when seeking out and accessing care."*

- *"I'd like to be able to see the responses and feed back from needs assessments."*

- *"It is my hope that Penn State Health will consider a network of social service agencies working in partnership with St. Joseph Medical Center to address the social determinants of health that are identified, as well as the issues raised through this CHNA."*

- *"Just keep continuing to engage the greater Reading community in this process as much as you can."*

- *"This should be more than just what additional services could be offered. Penn State Health has a physical presence in downtown Reading, but it needs to have an investment presence."*

- *"Transportation is our largest barrier to get folks to medical appointments. CAT share and bus is not always practical for disabled and elderly. Poverty in general, housing specifically, is prioritized over medical care. This survey did not include access to Internet, computer, smartphones, assisting elderly with technology – this is a huge barrier."*

- *"We value our collaboration with Penn State Health and have seen firsthand how it strengthens the community."*

- *"While I'm sure it took more time to create, the Progress Report through 2015 provided solid data on what happened and related it clearly to the goals. The reporting documents since then haven't been quite as impressive or helpful in my opinion."*

- *"This was wonderful! Would like to see this implemented statewide!"*

- *"Excellent"*

- *"I noticed that during break outs that there was only one person who joined substance abuse discussion – may be reason for lowest prioritization."*

- *"I always welcome and APPRECIATE each and every opportunity to work with Penn State Health. These opportunities have afforded our community members to learn of available services and receive health and wellness services through local events and our NDHI network."*

- *"I am recently very pleased about our agency's opportunity to actively work with and collaborate with Penn State Health here in Berks County. In the past, it has been very difficult to forge a strong relationship. We are very grateful to [redacted] for her involvement with our agency and the manner in which she has led us through the process to open new doors and opportunities to work together."*

- *"I began pressing for health care services for East Hanover Township in the 1970s when the newly opened Hershey Medical Center denied new patient services to our residents. Then, Hershey Medical Center rescinded their limits and accepted our residents. Many things have changed over the years and the Medical Center has expanded its services north, south, and west. Now, how about spreading your services north to your very close neighbor that abuts the mountains and would benefit greatly from your services? We have mobile home parks, an aging population and minority workers at the track who need you. A disappointed resident, [redacted]"*

- *"I believe what is currently being done in terms of partnership is what was on the implementation plan."*

- *"Thank you for including Western Berks Free Medical Clinic in this important survey! Let us know if we can help in any way."*

- *"Thanks for asking for our input."*
- *"We appreciate the opportunity to be included in your CHNA. Best wishes!"*
- *"We are a rural community with some essential services but many that are not available."*
- *"We worked with Penn State Health and Penn State St. Joseph several years ago. We had two or three Sundays. If memory serves, a few people dropped down in the church hall after mass. One of two were very interested. To live healthily requires much discipline. And time. (Shop right. Exercise. Prepare a balanced meal vs. take out. Many of our people don't have the luxury of time.)"*

PennState Health

2021