A SIX-COUNTY

Berks | Cumberland | Dauphin | Lancaster | Lebanon | Perry

COMMUNITY HEALTH NEEDS ASSESSMENT

IMPLEMENTATION PLAN

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

2022-2025

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Our Commitment to Community Health

Penn State Health is committed to understanding and addressing the health needs of the communities it serves and promoting sustainable and collaborative action. To best do that, the health system partnered with community organizations and members to complete its fourth Community Health Needs Assessment (CHNA) and develop a plan to address the prioritized needs identified.

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. The Lancaster community was included because Penn State Health Lancaster Medical Center was under construction during this assessment. 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 Implementation Plan developed to address these prioritized health needs. We thank all our community partners and employees who joined us to develop this plan to improve health across the region and reduce health disparities. We look forward to further collaborating and partnering over the next three years to strengthen our community together.

Thank you,

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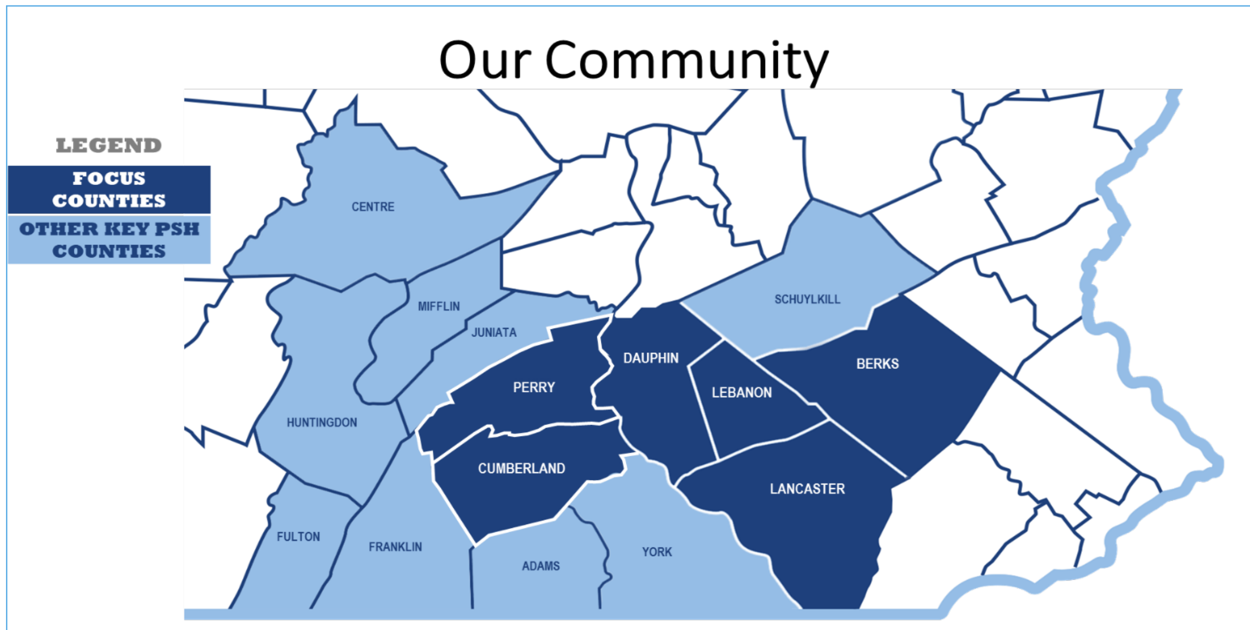
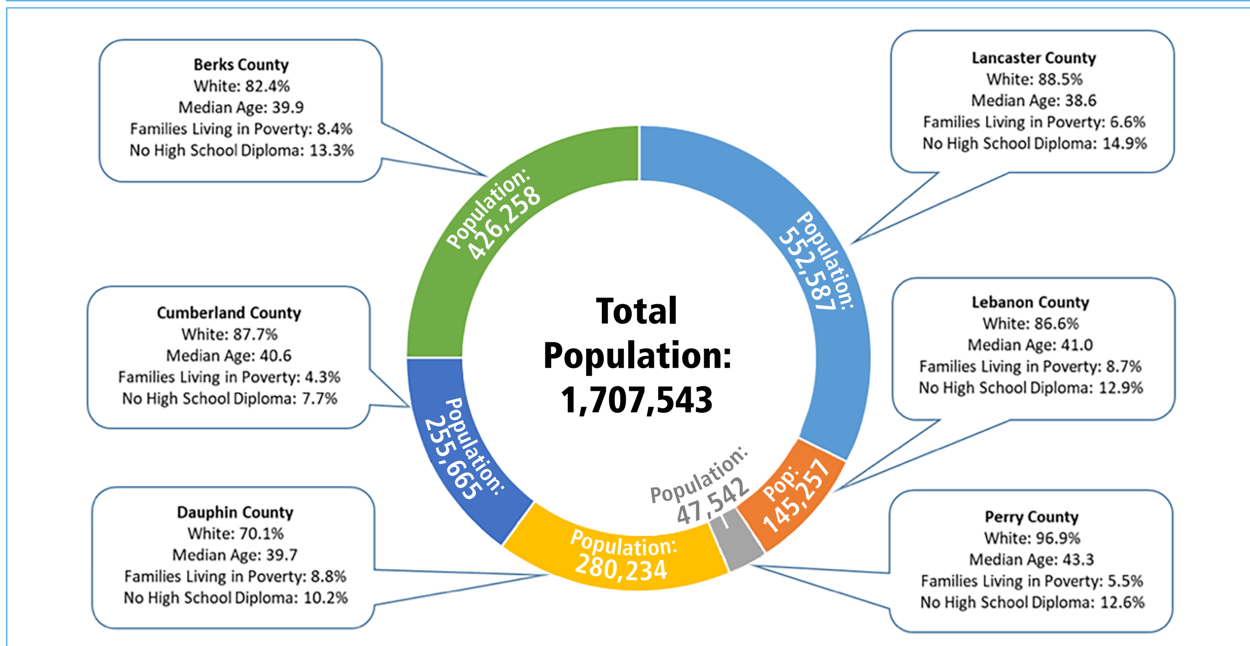
Overview

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.

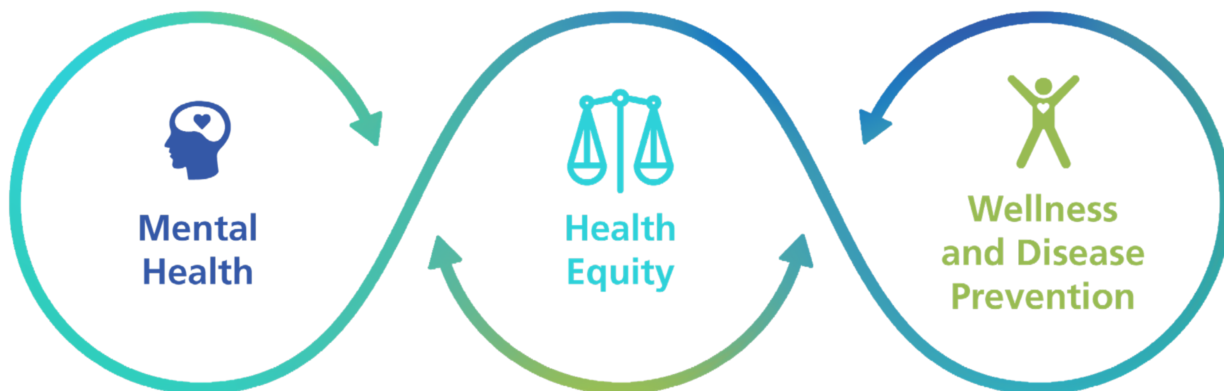




Three Priority Areas

The 2021 CHNA gathered community input and compared health trends and disparities across the six-county service area. Specific CHNA steps included a kickoff meeting, monthly hospital leadership meetings, a key informant survey completed by community leaders, a community member survey, a review of other public health data sources already gathered for our service area, a review of our former implementation plan outcomes and resources, and two community partner forums and a steering committee meeting to gather additional feedback and prioritize community health needs. The entire process engaged over 3,000 individuals. Based on this work, our hospitals, in collaboration with our community partners, 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.

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. These priorities are interrelated, and one cannot be addressed without the other.



Implementation Plan

To develop our Implementation Plan, internal employees and community partners attended a kickoff meeting, where CHNA findings and partner forum recommendations were shared. Participants organized into the following task forces to best develop our plan: 1) Mental Health; 2) Health Equity; 3) Chronic Disease and Risk Factor Prevention; 4) Nutrition and Food Access; and 5) Physical Activity. These task forces met from November 2021 to February 2022 to discuss key findings from the CHNA; explore underserved communities through review of Community Need Index (CNI) scores, life expectancy measures and other key social determinants of health; find additional community partner resources; and develop a plan. The plan includes key program descriptions, goals and objectives to be met over the next three years.

Due to the overlapping nature of our priorities, all five task forces have proposed similar programs to expand communication and promote existing resources. All have agreed to continue to meet and engage new partners over the three years of this plan to encourage dialogue among themselves and continue to streamline and strengthen each other's community efforts. Additionally, each task force plans to compile an inventory of community resources that are currently available to not only increase awareness among the group but also to advertise to community members. Not knowing what resources are available and how to access them was a clear message heard during our CHNA process. Through key partnerships with organizations listed at the end of this document, the plan is to make these resources more well known — through PA 211, for example, a free and confidential service that helps people find the local resources they need 24/7.

Our projects focus heavily on community education, another message we heard through our CHNA process. In addition, many of our projects will serve more than one of our identified community needs. For example, increasing our outreach and programming to more food pantries across our service area furthers our work in the areas of Health Equity, Wellness and Disease Prevention and Nutrition and Food Access. Within each priority area, we will be focusing our efforts on communities identified with the highest need. These might be areas with larger minority populations, lower life expectancy and other high-risk groups.

Penn State Health has completed five cycles of community health needs assessments and has established a long legacy of community health programming. Many programs identified in our current plan will carry forward into the new plan and be further developed and enhanced. For example:

- Pennsylvania Psychiatric Institute will continue Mental Health Signs and Symptoms training.
- NARCAN distribution and education, as well as a comprehensive drug safety program, including education, drug take-back days and boxes, lock boxes and DisposeRx drug disposal packet distribution will continue.
- The Berks County Veggie Rx program has been so successful, it will be expanded into Lebanon County.
- The Pantries and Wellness Support (PaWS) program started at the Milton S. Hershey Medical Center will expand cardiovascular screenings and health education into additional food pantries across our community in all six counties.
- The Penn State Health Holy Spirit Medical Center Medical Outreach Clinic will bring free health services to community members in the Allison Hill neighborhood of Harrisburg, Pa.
- Penn State Health Rehabilitation Hospital will plan its extremely popular Rec Fest event to introduce adaptive recreational activities.
- The Hershey Medical Center bike share program will continue to expand into our community, and the adult and pediatric trauma and injury prevention outreach program will address auto, bike and pedestrian safety.
- Disease-specific support groups, health screenings and outreach and navigation programs will continue to be a focus of all hospitals to aid and educate our communities.

- Our dental clinics and residency training programs will serve community members who need this important care to support their overall good health.
- We will continue annual flu shot events in underserved community locations, ensuring these important vaccines can be received by everyone.
- We will continue to adapt our programming as needed to respond to COVID-19.

All hospitals will partner with the following Penn State College of Medicine experts:

- Penn State Addiction Center for Translation
- Penn State Center for the Protection of Children
- Penn State REACH (Racial and Ethnic Approaches to Community Health) program
- Penn State PRO Wellness
- Penn State Project ECHO (Extension for Community Healthcare Outcomes)
- Band Together, strength training program
- Penn State Cancer Institute
- Medical student programs, including the Health Systems Science Patient Navigation and Culinary Medicine courses and the Student-run and Collaborative Outreach Program for Health Equity (SCOPE).
- Penn State Health Office for Diversity, Equity and Inclusion pipeline programs
- Penn State College of Medicine Department of Public Health Sciences
- Community Health Equity & Engagement in Research (CHEER) program
- Penn State College of Nursing

More internal Penn State and Penn State Health projects will be identified to partner with over the course of this plan.

The following pages show the actions that will address our prioritized health needs over the next three years, as well as the specific hospital addressing each need. All needs will be addressed in this plan.

The information is organized by priority and subcategories, and includes:

- Description of the health concerns found through the CHNA process
- The responsible hospitals
- Initiatives the hospitals intend to implement
- Anticipated health impact of these strategies based on achieving set goals, indicators and objectives
- Projected resources
- Potential community partners related to the plan

Strategies included are evidence-based, or strategies that will be evaluated, to ensure the most effective use of community and hospital resources. All outcomes will be tracked and any necessary adjustments to this plan will be shared in annual reports that will be communicated publicly on our websites.

Priority #1: Mental Health

According to the 2021 County Health Rankings, 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. Fifty-seven percent of adults who responded to our community member survey had at least one poor mental health day in the past month (up from 54% in the 2018 survey), and 1 in 10 individuals reported 15 or more days of poor mental health. Among the LGBTQ+ population, 63% said depression was a top-three health concern, according to the 2020 LGBTQ Health Needs Assessment.

Eighteen percent of community members who responded to our survey needed and received mental health services. However, 1 in 11 individuals needed, but did not receive, mental health services. Furthermore, according to the 2019 Pennsylvania Youth Survey, 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.

"I think that our largest community health issue, which is of epidemic proportions, is childhood trauma/adverse childhood experiences." - Community Member Survey comment

"For mental health and substance use disorder, there are services available, but not always enough." - Key Informant Survey comment

Goal

Improve mental health through prevention, intervention and support.

Overarching Indicators/Measurements for Success

- Reduce the number of poor mental health days reported by adults in the past 30 days.
- Decrease the percentage of children reporting feeling sad or depressed most days in the past year.
- Decrease the number of drug overdose deaths per 100,000 population.

Behavioral Health Education and Prevention

Offer and increase/expand behavioral health training and education, such as Mental Health Signs and Symptoms, Crisis Intervention Team (CIT) and substance use and harm reduction trainings, especially to students, families, people of color, those who identify as LGBTQ+ and the general community. Expand the drug safety program, which includes storage of medications and safe disposal at home, drop boxes on the Hershey Medical Center campus and drug take-back days.

Responsible Party: Pennsylvania Psychiatric Institute, Penn State Health Milton S. Hershey Medical Center, Penn State Health Holy Spirit Medical Center, Penn State Health St. Joseph Medical Center and Penn State Health Hampden Medical Center

Program Goal	Short-Term Objectives (Year 1)	Medium-Term Objectives (Year 2)	Long-Term Objectives (Year 3)
Expand and increase behavioral health training and education.	1. Offer Mental Health Signs/Symptoms trainings. • 5 to teachers • 3 to law enforcement • 2 to community health workers (CHWs) • Collaborate with the Dauphin County District Attorney's Office to offer 3 CIT trainings.	1. Offer Mental Health Signs/Symptoms trainings. • Use train-the-trainer to educate 3 CHWs on offering Mental Health Signs/Symptoms training. • Offer 3 Mental Health Signs/Symptoms trainings to students in grades 7 and higher.	1. Offer Mental Health Signs/Symptoms trainings. • By the end of the 3rd year, over 800 individuals will have received Mental Health Signs/Symptoms training.
	2. Provide substance use education via 15 lectures, trainings, webinars or health fairs.	2. Expand substance use education via lectures, trainings, webinars or health fairs in 2 additional counties and within the Bureau of Prisons.	2. Provide substance use education via 15 lectures, trainings, webinars or health fairs among 2 additional populations (LGBTQ+, religious, people of color, etc.).
	3. Distribute naloxone, lock boxes and safe disposal pouches at 2 health fairs in our service area.	3. Distribute naloxone, lock boxes and safe disposal pouches at 2 additional health fairs in our service area.	3. Distribute naloxone, lock boxes and safe disposal pouches at 2 additional health fairs in our service area.

Behavioral Health Resources, Support and Collaboration

Join or develop a collaborative workgroup to share and promote behavioral health resources and availability. Seek grants to fund development and maintenance of a behavioral health resource database, while promoting current resources such as 988, PA 211 and the 741741 crisis text line, especially within local school districts. Provide increased substance use intervention and treatment via a SMART Recovery support group and the availability of additional addiction medicine fellows and physicians within the Advancement in Recovery (AIR) program and addiction medicine fellowship.

Responsible Party: Pennsylvania Psychiatric Institute (PPI), Penn State Health Milton S. Hershey Medical Center, Penn State Health Holy Spirit Medical Center, Penn State Health St. Joseph Medical Center and Penn State Health Hampden Medical Center.

Program Goal	Short-Term Objectives (Year 1)	Medium-Term Objectives (Year 2)	Long-Term Objectives (Year 3)
Collaborate with other organizations to develop an inventory of behavioral health resources and support systems.	1. Develop Opportunities to Collaborate • Join a collaborative already in place, such as the HEAL PA initiative. • Apply for PSH Community Relations and Association for Faculty and Friends grants.* • Gather and create an inventory of mental health and substance use resources.	1. Maintain and expand the inventory of mental health and substance use resources.	1. Maintain and expand the inventory of mental health and substance use resources.
	2. Build relationships with 3 superintendents to discuss mental health resource promotion.	2. Collaborate with 3 school districts to add PA 211 and 741741 as resources in students' agenda books.	2. Continue collaborating with school districts to promote mental health resources.
	3. Collaborate with PA 211 to increase awareness of mental health resources. • Obtain baseline statistics on PA 211 mental health resource usage.	3. Determine increase in PA 211 mental health resource use during Year 1 and increase by 10%.	3. Meet or exceed target of 10% increase in use of PA 211 mental health resources.
	4. PSH Government Relations will meet with PSH leadership to review and assess mental health priorities and needs for the next 2 years.	4. PSH Government Relations will work on addressing the mental health priority areas identified in Year 1.	4. PSH Government Relations will continue to work on addressing the mental health priority areas identified in Years 1 and 2.
	5. Recruit additional providers. • Recruit 5 physicians focused on addiction to the AIR program. • Recruit 2 fellows to the addiction medicine fellowship and obtain a baseline number of patients seen in clinics at PPI.	5. Increase the number of patients receiving methadone or buprenorphine treatment at PPI clinics by 45%.	5. Maintain the number of patients receiving methadone or buprenorphine treatment at PPI clinics.
	6. Initiate 1 SMART Recovery support group.	6. Initiate 1 SMART Recovery Friends and Family support group.	6. Continue to offer 2 SMART Recovery support groups.

** PSH = Penn State Health*

Priority #2: Health Equity

Social determinants of health impact nearly 80% of health outcomes. These often result in gaps in care, which means that some groups of vulnerable populations are receiving less health care than others. According to the United Way's 2020 Asset Limited, Income Constrained, Employed (ALICE) report, 27% of households in the service area earn above the poverty level but below the cost of living. 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." When asked about inequity in health care, one community leader 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. The top four reasons why community leaders believe people who have health insurance do not receive care are: inability to afford care, challenges of navigating the health care system, lack of transportation and feeling healthy and thinking they don't need preventive health care. Community members identified social determinants of health, racism, LGBTQ+ discrimination, lack of diversity in health care and housing as additional causes of inequitable care.

"Improve competency working with marginalized populations; increase communication between medical, mental health and social support services." - Key Informant Survey comment

"I think we need to get services to where people are instead of getting them to the services." - Community Member Survey comment

"Build relationships with respected members in the communities that can become a liaison for their community and available resources." - Key Informant Survey comment

Goals

- Bridge systemic gaps in care by expanding community access and navigation points in collaboration with community partners.
- Expand language and practices that are sensitive to issues like social determinants of health, racism and LGBTQ+ discrimination by promoting trauma-informed care (TIC).

Overarching Indicators/Measurements for Success

- Reduce disparities in life expectancy within our service area.
- Increase the percentage of adults with a routine checkup in the past year.
- Decrease the average scores of the Community Need Index, Social Vulnerability Index or Area Deprivation Index.

Community Access Points

Ensuring that individuals across our service area can access quality health care regardless of circumstance is integral to the Penn State Health mission. The focus of this plan is to identify key partnerships with organizations that are trusted by their communities. These organizations serve as health care access and navigation points to underserved members of our service area through outreach locations and events that provide free or low-cost health care and education. Examples of these include food pantries, health fairs, community centers or any opportunity that can connect a community member to health services or aid in navigating the health care system. Through these connections, we will be better able to target health outreach to communities who need it most.

Responsible Party: 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 and Penn State Health Rehabilitation Hospital.

Program Goal	Short-Term Objectives (Year 1)	Medium-Term Objectives (Year 2)	Long-Term Objectives (Year 3)
Collaborate with formal and informal community leaders to find community access and navigation points to enhance health outreach.	1. Collaborate to create and maintain an inventory of community health care access points in highest need areas, focusing on health needs specific to community.	1. Maintain and update inventory of community health care access and navigation points, and increase number of community access points by 6 locations/events.	1. Maintain and update inventory of community health care access and navigation points, increase number of community access points by 12 locations/events and assess the community impact.
	2. Uplift partnership with United Way: • Support promotion of PA 211 program. • Run PSH United Way campaign. • Hire Contact to Care CHW to implement CHW program for PSH in Cumberland, Dauphin and Perry Counties.	2. Continue partnership with United Way: • Continue supporting promotion of PA 211 program. • Run PSH United Way campaign, increasing donations by 3%. • Develop PSH Contact to Care CHW program for Cumberland, Perry and Dauphin counties.	2. Continue partnership with United Way: • Continue supporting promotion of PA 211. • Run United Way campaign, increasing employee contributions by 3%. • Assess United Way CHW program.

Trauma Informed Communities

Penn State Health and its partnering organizations are committed to a TIC model. This is a healing-centered approach that assumes an individual is more likely than not to have a history of trauma. Trauma can include violence, crime, poverty, racism, LGBTQ+ discrimination and the effects of COVID-19. Changes in communities and health care settings can be made to emphasize respecting and appropriately responding to the effects of trauma at all levels. The University of Buffalo and the United Way describe TIC as a shift from asking, "What is wrong with this person?" to "What has happened to this person and how do we help?" We will assess language used in communities and community organizations to examine stories around trauma, care and health. This will help us to determine how Penn State Health and its partners can make adjustments.

Responsible Party: 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 and Penn State Health Rehabilitation Hospital

Program Goal	Short-Term Objectives (Year 1)	Medium-Term Objectives (Year 2)	Long-Term Objectives (Year 3)
Expand trauma-informed and healing-centered practices across the service area.	1. Collaborate to create and maintain an inventory of community organizations already promoting trauma-informed practices.	1. Increase PSH involvement in statewide trauma-informed care work by: • Serving on three task forces • Expanding occupational therapy education on sensory needs of children to 2 counties	1. Begin to educate at the state level on how to implement trauma-informed processes.
	2. Partner with community organizations to identify existing TIC training options for PSH staff.	2. In partnership with community organizations, offer 2 TIC trainings to PSH staff that are also open to the community to participate.	2. In partnership with community organizations, offer 2 TIC trainings to PSH staff that are also open to the community to participate.

Priority #3: Wellness and Disease Prevention

Chronic Disease and Risk Factor Prevention

Engaging our community in health screenings allows for early detection and treatment of many 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. According to the 2021 County Health Rankings, within the six-county service area, Dauphin County had the lowest percentage (43%) of female Medicare enrollees with an annual mammogram, and Lebanon County had the highest (49%). However, only 26% of Black females in Lebanon County received an annual mammogram. Among female community members aged 40 or older who responded to our survey, 15% of Hispanic women and 13% of Black women had never received a mammogram, compared to only 6% of white women. Of the community members aged 50 and over who responded to our survey, about 14% had never received a colonoscopy, and these percentages were much higher among Black (24%) and Hispanic individuals (39%). Unfortunately, according to the Pennsylvania Department of Health, there are more cases of melanoma within our service area compared to Pennsylvania overall.

> *"Dermatologist appointments are not available in a reasonable time frame or at all."*
> *- Community Member Survey comment*

Forty-two percent of community members who responded to our survey reported having been told they have high blood pressure, 39% have high cholesterol and 16% have diabetes. Twenty-two percent of Hispanics/Latinos who responded have diabetes compared to 16% of non-Hispanics/Latinos. Only about 9% of adults who responded to our survey said they smoke cigarettes. However, about 12% of respondents to the 2020 Pennsylvania LGBTQ Health Needs Assessment reported current cigarette use. Furthermore, according to the 2019 Pennsylvania Youth Survey, about 1 in 7 students within our service area reported vaping in the past 30 days. Community leaders who participated in our two forums agreed that we need to focus on education and collaboration to help our community members understand the risk factors for chronic disease and how to prevent them.

Goal

Improve chronic disease prevention by providing screenings and educational sessions in identified high-need communities.

Overarching Indicators/Measurements for Success

- Increase the number of health screenings provided in high-need community locations that result in education and/or referrals for follow-up care.
- Participants show improved knowledge of chronic disease risk factor prevention after educational sessions.
- Increase the percentage of female Medicare enrollees ages 65 to 74 who received an annual mammography screening.

Community Chronic Disease and Risk Factor Prevention Programs

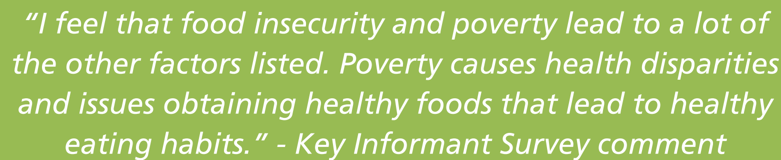
Penn State Health hospitals and partners will continue to provide opportunities for community screening, education and support programs. These will include collaborating with community partners on larger events in underserved communities, such as the PA Health Equity Tour and national health recognition events, such as the American Heart Association heart and stroke walks, Annual Cancer Education Summit, diabetes awareness fairs, Reading Guts & Glory expo, PA Latino Convention, Berks Encore Health Fair, National Night Out, Lebanon Latino Health Fair and Summerfest, Rec Fest, Pride festivals and Veterans Day health fairs. Partners will also collaborate on smaller educational opportunities with key groups and communities, in both webinar and live session formats. These include chronic conditions support groups, atherosclerotic cardiovascular disease (ASCVD) screenings and other health messaging through food pantries, cancer educational webinar series, various cancer screenings, diabetes prevention programs, smoking cessation programs and educational programs serving a variety of community audiences.

Responsible Party: 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 and Penn State Health Rehabilitation Hospital

Program Goals	Short-Term Objectives (Year 1)	Medium-Term Objectives (Year 2)	Long-Term Objectives (Year 3)
• Collaborate to increase opportunities for chronic disease education and screenings, with a focus on underserved communities as identified by CHNA and committee input. • Evaluate educational programs to demonstrate improved understanding of chronic disease risk factor prevention.	1. Collaborate on providing education and screenings at 4 large opportunities. • Form and hold regular task force meetings to enhance communication between PSH hospitals and community partners across the 6-county region. • Develop and promote an inventory of events, activities and programs already being offered in underserved communities. • Identify gaps and develop one new opportunity where needed.	1. Collaborate on providing education and screenings at 6 large opportunities. • Summarize and evaluate community opportunities attended in Year 1 to determine best fit for meeting high-need communities.	1. Collaborate on providing education and screenings at 8 large opportunities. • Summarize and evaluate community opportunities attended in Year 2 to determine best fit for meeting high-need communities.
	2. Create an evaluation survey to implement at each educational program.	2. Collaborate with community partners to offer 6 educational sessions, and measure improved understanding of chronic disease risk factor prevention.	2. Collaborate with community partners to offer 8 educational sessions, and measure improved understanding of chronic disease risk factor prevention.

Nutrition and Food Access

Unfortunately, 44% of community members who responded to our survey reported being told they're overweight or obese (up from 41% in 2018), and 1 in 5 children in grades 7 to 12 were found to be obese during the 2017-2018 school year, according to the Pennsylvania Department of Health's School Health Statistics. Two large contributors to obesity include lack of exercise and poor diet. While 98% of those community members who responded said they're able to have fresh/healthy foods when they want them, 1 in 8 reported being worried about running out of food before having money to buy more and, according to the 2019 Pennsylvania Youth Survey, 1 in 14 children reported having skipped a meal due to family finances. Recommendations from community leaders who attended our CHNA forums included coordinating efforts regionally and educating in existing infrastructure, such as schools, food pantries, community grocery stores, markets and community gardens.



Goal

Address issues related to obesity and food insecurity by promoting access to and consumption of healthful diets, and determine the impact of nutrition education and improved access.

Overarching Indicators/Measurements for Success

- Reduce obesity rates in Berks, Lebanon and Dauphin counties.
- Reduce the percentage of residents with low access to food in Berks, Lebanon and Dauphin counties.
- Increase the reach of nutrition education and food access to residents of Berks, Cumberland, Dauphin, Lancaster, Lebanon and Perry counties.

Food Bucks/Veggie Rx Expansion

Hershey Medical Center offers a Food Box Initiative, Community Garden and Farmers Market in Hershey, including Wellness on Wheels outreach initiatives to food pantries and food deserts. The St. Joseph Medical Center Bern Campus hosts a weekly farmers market, while its Downtown Reading Campus offers the Farm Stand, Healthy Food Pantry and Veggie Rx initiatives. These programs are designed to increase access to healthy options and address food insecurities. Specifically, the Food Bucks and Veggie Rx initiative will be expanded to Lebanon.

Responsible Party: Penn State Health Milton S. Hershey Medical Center, Penn State Health Holy Spirit Medical Center, Penn State Health St. Joseph Medical Center and Penn State Health Hampden Medical Center

Program Goal	Short-Term Objectives (Year 1)	Medium-Term Objectives (Year 2)	Long-Term Objectives (Year 3)
Expand reach of nutrition and food access programs.	1. Begin program planning and development of Veggie Rx into Lebanon. • Identify key partners and required resources. • Determine goals, objectives and measurable outcomes. • Determine referral process and eligibility. • Create needs assessment of community participants.	1. Start new site location in Lebanon. • Enrollment of 30 individuals at new site location. • Determine process-evaluation methods. • Monitor progress toward the program's goals.	1. Enroll 40 individuals in the program. • Utilize an evaluation tool. • Expand the network of food retail partners.
	2. Engage at least 10,000 participants across all nutrition and food access programs (Food Box Initiative, Community Garden, farmers markets, Wellness on Wheels, Farm Stand, Veggie Rx and Downtown Healthy Food Pantry).	2. Engage at least 12,000 participants across all nutrition and food access programs (Food Box Initiative, Community Garden, Farmers Markets, Wellness on Wheels, Farm Stand, Veggie Rx and Downtown Healthy Food Pantry).	2. Engage at least 14,000 participants across all nutrition and food access programs (Food Box Initiative, Community Garden, Farmers Markets, Wellness on Wheels, Farm Stand, Veggie Rx and Downtown Healthy Food Pantry).
	3. Develop a pre-/post-evaluation plan for nutrition education for current Veggie Rx program.	3. Implement the pre-/post-evaluation of educational offerings for participants.	3. Evaluate the pre-/post-data for nutrition education.

"Doctors complain about obesity yet do nothing about it. Why are there no free services to help fight obesity?"
- Community Member Survey comment

Regional Collaborative and Standardized Nutrition and Food Access Resource Guide			
Responsible Party: Penn State Health Milton S. Hershey Medical Center, Penn State Health St. Joseph Medical Center, Penn State Health Holy Spirit Medical Center and Penn State Health Hampden Medical Center			
Goal	**Short-Term Objectives (Year 1)**	**Medium-Term Objectives (Year 2)**	**Long-Term Objectives (Year 3)**
Develop a regional 6-county collaborative to increase communication and develop a nutrition/food access resource guide.	1. Establish a meeting schedule for the collaborative and identify partners to include.	1. Maintain the meeting schedule for the collaborative.	1. Maintain the meeting schedule for the collaborative. • Develop and implement a post-survey to assess the effectiveness of the collaborative.
	2. Identify programs that will be included in the resource guide. • Categorize the resource guide based on need and county. • Finalize methods of dissemination and distribute the resource guide through at least 5 outlets.	2. Maintain and distribute the resource guide through at least 10 community opportunities in underserved communities.	2. Maintain and distribute the resource guide through at least 15 community opportunities in underserved communities.

Community Garden Initiative			
Responsible Party: Penn State Health Milton S. Hershey Medical Center			
Goal	**Short-Term Objectives (Year 1)**	**Medium-Term Objectives (Year 2)**	**Long-Term Objectives (Year 3)**
Improve access to fruits, vegetables and nutrition education within the service area.	1. Plant at least 2 community/sensory gardens in the service area. • Engage local partners and community members. • Complete a food insecurity survey, identifying barriers to accessing food.	1. Offer 3 nutrition and gardening education programs at community gardens.	1. Offer 6 nutrition and gardening education programs at community gardens.

Physical Activity

Access to exercise opportunities has been decreasing among all counties in the service area, according to the 2021 County Health Rankings. The U.S. Department of Health and Human Services Office of Disease Prevention and Health Promotion states that 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. Of the community members surveyed, less than 30% met the physical activity guideline, and approximately 1 in 5 reported no days of physical activity in the past month. Only 54% were ever told by their health care provider to exercise more. Lebanon County respondents were the least likely to exercise, followed by respondents from Berks and Cumberland counties.

"More free community exercise programs."
- Community Member Survey comment

Goal

Improve health, fitness and quality of life through daily physical activity.

Overarching Indicators/Measurements for Success

- Increase the number of free exercise opportunities for all ages in ZIP codes identified by our CHNA and community partners as having the greatest risk factors for poor health.
- Reduce the percentage of adults who do not engage in leisure-time physical activity.

<table>
<tr><th colspan="4">Community Physical Activity Programs and Infrastructure</th></tr>
<tr><td colspan="4">Coordinate and offer safe physical activity options across the six-county region, with a focus on underserved communities. Develop a collaborative task force to share initiatives and best practices. Initiatives could include annual community fairs and events, Walk with a Leader, Nature Rx, Bike Safety and programs focused on specific populations, such as youth, seniors and those living with disabilities. Seek opportunities to expand policies and infrastructure to promote physical activity, including community bike and pedestrian safety programs; expand bike share programs; enhance and promote walking and biking trails; support multipurpose exercise tracks, rinks and courts; and promote physical activity initiatives, such as bicycle recycle programs, Walking School Buses, drop-off points, educational messaging/signage and apps that increase activity at existing trails and parks.</td></tr>
<tr><td colspan="4">Responsible Party: 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 and Penn State Health Rehabilitation Hospital</td></tr>
<tr><th>Program Goals</th><th>Short-Term Objectives (Year 1)</th><th>Medium-Term Objectives (Year 2)</th><th>Long-Term Objectives (Year 3)</th></tr>
<tr><td rowspan="5">• Collaborate to share opportunities for safe, community exercise programs.

• Enhance policies and infrastructure to increase opportunities for physical activity.</td><td>1. Create an inventory of free community exercise programs.</td><td>1. Promote and share the inventory of free community programs through 5 opportunities.</td><td>1. Promote and share the inventory of free community programs through 5 new opportunities.</td></tr>
<tr><td>2. Join community collaboratives already in place to increase physical activity.</td><td>2. Collaborate on enhancing 1 existing community physical activity opportunity in 3 of our 6 counties.</td><td>2. Collaborate on enhancing one existing community physical activity opportunity in all 6 of our counties.</td></tr>
<tr><td>3. Investigate opportunities with local, county and statewide parks and recreation systems in all 6 counties; establish a partnership with 1.</td><td>3. Establish 1 additional partnership with a local, county or statewide parks and recreation system.</td><td>3. Establish 1 additional partnership with a local, county or statewide parks and recreation system.</td></tr>
<tr><td>4. Investigate opportunities to foster physical activity at all PSH hospital locations and extending into local communities.</td><td>4. Increase/enhance 2 opportunities for physical activity at PSH hospital locations and extended into local communities.</td><td>4. Increase/enhance 2 opportunities for physical activity at PSH hospital locations and extended into local communities.</td></tr>
<tr><td>5. Collaborate with 1 school district or community organization to identify ways to enhance the built environment for youth physical activity.</td><td>5. Collaborate with 1 additional school district or community organization to identify ways to enhance the built environment for youth physical activity.</td><td>5. Collaborate with 1 additional school district or community organization to identify ways to enhance the built environment for youth physical activity.</td></tr>
</table>

Projected Resources

Penn State Health is committed to addressing the health need priorities of our community. As previously described, we will coordinate with our internal and external community partners to ensure we are making the most effective use of our resources to have the greatest impact on health. The information that follows summarizes annual resources, and the same level of commitment will be provided over the next three years of this Implementation Plan.

Overall, in FY 2021, Penn State Health served over 554,000 community members with over 150,000 employee hours and 36,000 volunteer hours, resulting in about $4.6 million in Community Health services. If counting all the COVID-19 response provided, such as community testing sites; vaccine pop-up clinics in underserved communities; transportation vouchers; free OnDemand app to increase access to screening, testing and contact tracing; food pantries, outdoor farm stands and food delivery to COVID-19-positive community members; contact tracing; nursing home support; and public education campaigns, this number would increase to about $7 million. "Community Health" contains all health improvement projects offered, including those prioritized by our CHNA process, cash and in-kind contributions, community-building activities and community benefit operations. The following table depicts these accomplishments for each of our hospital locations. Note: Figures were not available for Hampden Medical Center since this facility just opened in 2021.

Penn State Health Community Health FY 2021

Metric	Hershey	St. Joseph	Holy Spirit	PSH
Persons Served	427,653	71,279	55,093	554,025
Employee Hours	105,798	22,563	25,556	153,917
Volunteer Hours	31,847	985	4,032	36,864
$ Community Benefit **NO** COVID-19 Programs	$3,683,461	$323,700	$561,934	$4,569,095
$ Community Benefit **WITH** COVID-19 Programs	$4,783,461	$1,105,700	$1,182,934	$7,072,095

In FY 2021, Penn State Health dedicated $647,280 to sponsorships of community-based health organizations, with precedence given to those addressing prioritized community health needs. Annual Community Relations grants were also awarded. Calendar year 2022 is the seventh year of these grants and, over this time frame, 94 project teams were funded by $350,000. This successful endeavor engages employees to partner with community organizations to start a program addressing at least one of the health need priorities named in the CHNA. Priority is given to sustainable start-up projects that will have a positive health impact on our community. Applications may also be submitted to

support preexisting programs and continue their excellent work. Not only do these grants provide local health programming, but 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 exist outside of our hospital walls.

"Community Benefit" is the total value or "bigger picture" of quantifiable benefits provided to our community and reported to the Internal Revenue Service. This total includes Community Health, mentioned above, as well as Health Professions Education, Subsidized Health Services, Financial Assistance and Medicaid. It does not include Research, Bad Debt or Medicare. In FY 2020, Penn State Health provided $143,465,209 in Community Benefit. The following table displays these totals for each of our hospital locations. Note: Figures were not available for Hampden Medical Center since this facility just opened in 2021.

Penn State Health Community Benefit FY 2020

Metric	Hershey	St. Joseph	Holy Spirit	PSH
Community Health	$4,372,508	$523,366	$324,447	$5,220,321
Health Professions Education	$66,324,042	$229,226	$652,995	$67,206,263
Subsidized Health Services	$32,641,000	$0	$0	$2,641,000
Financial Assistance	$15,167,640	$1,318,723	$4,446,792	$20,933,155
Medicaid	$13,037,530	$14,080,505	$20,346,435	$47,464,470
Total	**$101,542,720**	**$16,151,820**	**$25,770,669**	**$143,465,209**

Pennsylvania Psychiatric Institute is committed to understanding how and why behavioral health illnesses develop and can best be treated. During FY 2021, PPI served a total of 45,392 patients: 3,322 children (ages 4 to 12), 8,328 adolescents (ages 13 to 18), 29,312 adults (ages 19 to 64) and 4,430 mature adults (ages 65 and older). Our patients came from 51 counties in Pennsylvania. More than $159,861 in charitable care was provided to patients who did not have insurance or were unable to pay. Pennsylvania Psychiatric Institute staff are a professional resource for community organizations and are frequently asked to provide trainings and seminars. During FY 2021, staff provided 80 hours to train 220 individuals. To date, this training has helped 1,011 community professionals and volunteers recognize the symptoms of mental health issues and provide appropriate first aid support and referrals for care. Over the next three years, Pennsylvania Psychiatric Institute will continue its commitment to serving the community through continued and improved access to services, voluntary programs and ongoing education.

Penn State Health Rehabilitation Hospital's mission is a commitment to the provision of comprehensive physical medicine and rehabilitation programs and services to maximize the health, function and quality of life to those it serves, ultimately returning those persons back to their communities. Our vision is to serve our communities as the premiere provider of adult and pediatric rehabilitation care, resulting in the highest level of independence for our patients. Through highly specialized care, advanced treatment and leading-edge technologies, Penn State Health Rehabilitation Hospital helps individuals rebuild their lives following an injury or illness. During the calendar year of 2021, Penn State Health Rehabilitation Hospital staff served a total of 1,857 adult patients and 62 pediatric patients. Penn State Health Rehabilitation Hospital has sponsored community events, such as Rec Fest, Stroke Community Day and the American Heart Walk, serving over 400 community members. Penn State Health Rehabilitation Hospital supports both in-person and virtual support groups for stroke, spinal cord injury, brain injury, amputees and aphasia, with over 150 community members impacted.

Additional Information and Feedback

We thank our community partners and employees for their invaluable contributions to the CHNA and this Implementation Plan, which was developed to foster collaboration and improve the health of all residents in the region. For additional information about the CHNA, Implementation Plan and opportunities to partner, please contact us at CHNA@pennstatehealth.psu.edu.

To provide feedback at any time please link or scan:
Link: https://redcap.link/34eua53p

Scan:

Board Approval

The CHNA Implementation Plan 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/

Community Partners Related to This Plan*

Age Wave Coalition
American Cancer Society
American Heart Association - Eastern States
American Stroke Association
Anchor Lancaster
Beacon Clinic
Bell & Evans
Berks Alliance
Berks Counseling Center
Berks County Office of Mental Health and Developmental Disabilities
Better Together
Blue Mountain Academy
Capital Area Coalition on Homelessness
Capital Area Head Start
Capital Area Intermediate Unit and Early Intervention Services
Case Management Unit (CMU) Harrisburg
Catholic Charities
Center for Independent Living of Central Pennsylvania
Central Pennsylvania Food Bank
Christian Churches United
Church World Services
City of Harrisburg
Cocoa Packs
Communities Practicing Resiliency
Community Check-Up Center
Community Cupboard
Community Health Council of Lebanon County
CONTACT Helpline
CoreCivic
Council on Chemical Abuse
Cumberland County Housing & Redevelopment Authorities
Cumberland County Library
Cumberland/Perry County Mental Health, Intellectual & Developmental Disabilities
Dauphin County Department of Mental Health/Autism/Developmental Programs
Dauphin County District Attorney's Office
Dauphin County Health Improvement Partnership
Dauphin County Human Services
Dauphin County Parks and Recreation
Dauphin County Trauma-Informed Collaborative
Derry Township
Derry Township Department of Parks and Recreation
Derry Township School District
Domestic Violence Intervention of Lebanon County
Episcopal Church of the Nativity and St. Stephen, Newport
Family Health Council of Central Pennsylvania
Farmers Market in Hershey
Feeding Pennsylvania
Gather the Spirit for Justice
GIANT
Grantville Food Pantry
Harrisburg Area Community College
Harrisburg Area YMCA
Harrisburg Bicycle Club
Harrisburg City FARM
Harrisburg Resists and Responds Coalition
Harrisburg School District
HEAL PA
Hershey Community Gardens
Hershey Plaza
Highmark

Hope Within Ministries
Hummelstown Food Pantry
Interdenominational Ministers' Conference of Greater Harrisburg
International Service Center
Joy of Sports Foundation
Kline Foundation
Lancaster LGBTQ+ Coalition
Lancaster Public Library
Latino Connection
Latino Hispanic American Community Center
Lebanon County Christian Ministries
Lebanon Free Clinic
Lebanon School District
Lebanon Valley College
Lebanon Valley Tennis
LGBT Center of Central PA
Lower Dauphin Communities that Care
Lower Dauphin School District
Manna Food Pantry
Middletown Food Pantry
Mohler Senior Center
NAACP Greater Harrisburg
NAACP Lancaster
National Alliance on Mental Illness of Dauphin County
National Pan-Hellenic Council of Greater Harrisburg
New Hope Ministries
Northern Dauphin Human Services Center
PA AHEC
PA Recovery Organizations Alliance (PRO-A)
PA State Police Cadets
Partnership for Better Health
Penn Medicine Lancaster General Health
Penn National Race Course
Penn State Extension
Penn State Harrisburg
Pennsylvania Area Health Education Center
Pennsylvania Department of Conservation and Natural Resources
Pennsylvania Department of Health
Pennsylvania Diversity Coalition
Pennsylvania Office of Attorney General
Pennsylvania Prison Society
Pennsylvania State Police Academy
Pennsylvania State University
Perry County Health Coalition
Perry County Literacy Council
PNC Foundation
ProspHire
Reading School District
Recycle Bicycle Harrisburg
Rite-Aid Foundation
ruOK? Berks
Samara
SAMBA – Susquehanna Area Mountain Bike Association
Seeds to Supper
Simpson Public Library
Spanish American Civic Association
Steelton Food Pantry
Steelton-Highspire School District
Tandem Mobility
The Caring Cupboard
The Common Wheel
The Food Trust
The Salvation Army
The Salvation Army Harrisburg Capital City Region
The Wyomissing Foundation
Transgender Training Institute
Truth and Reconciliation Commission
Union Community Care

United Way of Berks County
United Way of Lebanon County
United Way of Pennsylvania
United Way of the Capital Region
University of Pittsburgh Medical Center (UPMC)
Vista School
Walmart
Waterstreet Ministries
WellSpan Health
YMCA Center for Health Living
YMCA of Reading and Berks County
Young Professionals of Color - Greater Harrisburg
YWCA Greater Harrisburg
ZenFit

** This list is not all inclusive and we anticipate adding partners as the plan moves forward.*

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2022-2025