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AN EXECUTIVE SUMMARY
As a follow-up of the 2013 regional community health needs assessment, the Pennsylvania Psychiatric Institute, Penn State Health Milton S. Hershey Medical Center, PinnacleHealth System, Carlisle Regional Medical Center, Hamilton Health Center, and Holy Spirit Hospital—a Geisinger affiliate, completed a comprehensive community health needs assessment (CHNA) of the five-county Pennsylvania region during the 2015-2016 fiscal year. The region included Cumberland, Dauphin, Lebanon, Perry and northern York counties (Appendix A and B). The collaborative worked with regional stakeholders to discover and understand residents’ range of health needs (Appendix C).

The CHNA and implementation plan meet requirements of the Patient Protection and Affordable Care Act. The act has changed how individuals are obtaining care and promotes reduced healthcare costs, greater care coordination, and better care and services. Healthcare organizations and systems are striving to improve the health of the community they serve through collaboration with local, state and national partners.

The CHNA Process
Through hand-delivered surveys, leader interviews and community forums, broad community engagement was achieved. CHNA contributors included public and private organizations, such as health and human service entities, government agencies, faith-based organizations, and academic institutions. Stakeholders represented populations living in urban, rural and suburban communities.

Primary and secondary data, including surveys, open-discussion forums and county statistics, were used to evaluate the needs of these populations. A community index score was developed to reflect health disparity levels as compared to other communities in the region. Tripp Umbach, a nationally recognized consulting firm, was responsible for the collection and analysis of the data.

The comprehensive CHNA process included a health provider survey that engaged nearly 700 physicians and nurses and a provider resource inventory that highlights health and human service programs and services across the five-county focus area. The inventory identifies the range of organizations and agencies in the community that serve the various target populations within each of the priority needs and includes program descriptions, contact information, and the potential for coordinating community activities by creating linkages among agencies.
Following the completion of the 2016 CHNA, to better serve the needs of people living in the five-county region of Pennsylvania, the Pennsylvania Psychiatric Institute (PPI), Penn State Health Milton S. Hershey Medical Center (HMC), and PinnacleHealth System joined together to:

- Develop and deploy an integrated community health needs assessment implementation plan to address identified gaps in accessing primary, specialty and dental care services.
- Strengthen behavioral health awareness education and outreach.
- Increase access to mental health and substance abuse services.
- Develop goals and strategies to improve lifestyle choices.

2016 - 2019 Community Health Regional Priorities

The implementation plan outlines HMC, PinnacleHealth and PPI's plan of action for addressing the top community health priorities over the next three years. The CHNA identified the following three overarching priorities:

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<th>1. Access to Health Services</th>
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<th>3. Healthy Lifestyles</th>
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<td>✔ Primary Care</td>
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<td>✔ Specialty Care</td>
<td>✔ Substance Abuse</td>
<td>✔ Obesity and Inadequate Nutrition</td>
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<td>✔ Dental Care</td>
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To address each of the identified priorities and to impact the health of the community, the implementation team decided that goals, strategies and actions should be:

- Consistent with the needs and resources of the community
- Developed with an understanding of the social and economic factors contributing to the problem
- Designed based on what existing programs and services are currently impacting health
- Sustainable and feasible over time
- Age-, gender- and culture - appropriate
- Evidence-based and centered on best practices
PRIORITY 1: ACCESS TO HEALTH SERVICES

ISSUE
The findings of the CHNA pointed to a growing issue: lack of access to quality healthcare, specifically related to primary, specialty and dental care, in many communities of the five-county region of Pennsylvania. Health insurance coverage, affordability, health literacy, cultural competence, coordination of comprehensive care, and the availability of physicians are all factors affecting the level of healthcare access.

The lack of affordable health insurance coverage can act as a barrier to health services. Low-income and economically challenged populations are especially affected by the lack of healthcare coverage. Before 2013’s health insurance expansion under the Affordable Care Act, over 1.2 million people were uninsured (11 percent of people in Pennsylvania). Among the 89 percent of Pennsylvanians with insurance in 2013, 62 percent were covered under an employer plan. One in five Pennsylvanians (20 percent) were enrolled in Medicaid or the Children’s Health Insurance Program (CHIP), and 7 percent were individually insured. Fifty-one percent of uninsured respondents from the CHNA surveys reported affordability as the reason for not having coverage.

According to the Henry J. Kaiser Family Foundation, “Between 2013 and 2014, the uninsured rate dropped significantly, from 16.2% in the last quarter of 2013 to 12.1% in the last quarter of 2014. Declines have continued into 2015, with preliminary data indicating an uninsured rate of 10.7% in the first quarter of 2015, the lowest rate in decades.

PRIMARY CARE

GOAL:
Strengthen access to provider-based services and supportive services, and increase the utilization of healthcare services by community members.

OBJECTIVE:
Increase access to primary care services for residents of the five-county region by 2019.
**STRATEGY:**
Provide insurance enrollment specialists and financial advisors to educate and enroll uninsured adults and children in appropriate insurance plans.

**Actions/Tactics**
Expand the availability of certified application counselors (CAC) in each emergency room to identify uninsured patients as they register. The CAC will review options for insurance enrollment and follow the enrollment process to completion beyond the visit to the emergency room. The CACs work with financial aid counselors to determine the best options for enrollment and reasonable financial accountability. CACs will attend community outreach events targeting populations that struggle to understand their financial options for health care coverage.

Expand outreach efforts to inform and assist families with enrolling in Children’s Health Insurance Plan (CHIP) and improve access to more affordable medications. Providing information on CHIP to parents and families through community health fairs and initiatives will improve CHIP enrollment.

**STRATEGY:**
Optimize the patient-centered medical home model

**Actions/Tactics**
Collaborate with social workers, nurse care managers, and community-based social service organizations to assist with social program eligibility and barriers to insurance access. Social workers conduct social assessments and identify patients’ needs. This includes identifying medical and financial concerns in the home that create a barrier to care and linking patients and families to community and health system resources. Patients are called regularly and reminded to keep appointments and follow through with their care.

Provide home visits to high-risk populations. A medical team including a physician and/or certified registered nurse practitioner (CRNP) and a registered nurse (RN) will provide home visits and conduct assessments for those in need of an office visit but who cannot commute to a practice site. Targeted individuals will include those who have been discharged with acute needs or have health status changes.

Expand Navigation Teams. Navigation teams provide care management and coordination to high-risk patient populations in community settings, including low-income senior high-rise buildings, community-based shelters and community clinics.

**STRATEGY:**
Collaborate with community health centers and clinics to coordinate care to uninsured, underinsured and diverse populations.

**Actions/Tactics**
Provide care coordination among each health system and community health clinics such as LionCare, Bethesda Mission, Hope Within Ministries, Community Check UP Center and Hamilton Health Center to bridge gaps and enhance access to care for diverse and vulnerable populations. As more members of the Nepalese and Bhutan communities use health care services, efforts to enhance understanding of their history, struggles and needs is essential to provide appropriate care and ensure culturally competent services.

Conduct educational events and programs that focus on the traditions, cultures and healthcare needs of unique and diverse populations in the service area. To improve cultural sensitivity and awareness among medical providers, staff and the community, on-site content experts and speakers share examples and cultural preferences, which result in improved quality of care for all patients, regardless of cultural differences.

Utilize community partnerships to address the social determinants of health. Coordinate care for patients in the service area with cultural sensitivity and awareness.
SPECIALTY CARE

Health disparities, social determinants, and shortages of physicians adversely impact accessibility to specialty care services. Home life, education levels, income and employment are key social determinants that affect how community residents live. The Association of American Medical College’s Center for workforce studies estimates that the United States will face a shortage of 46,100 surgeons and medical specialists by 2020. For example, the current obesity epidemic, increased lifespan and slightly more active Americans are increasing the demand for orthopedic surgeons. By 2025, the country’s need for oncologists will nearly double. Information collected from the CHNA highlighted the need for more specialists in the five-county region of Pennsylvania. Health provider survey data in 2015 reported that health providers would like to see an improvement in timely access to specialty care (11.3 percent) in the healthcare system.

GOAL:
Strengthen access to specialty provider-based services and supportive services and increase the utilization of healthcare services by community members.

OBJECTIVE:
Increase access to specialty care services for residents of the five-county region by 2019.
STRATEGY: Expand heart and stroke health education and screenings through community outreach activities.

Actions/Tactics
Enhance public awareness of heart and vascular health to reduce heart and vascular disease mortality and morbidity.

• Increase participation in annual community events,
• Enhance heart and vascular education outreach materials for adults and children in both English and Spanish,
• Improve screening opportunities such as lipid screenings provide for the early detection of disease and illness.

Work with stroke program, cardiovascular and thoracic surgery teams to focus education on school-aged children and at-risk adults in collaboration with the community team.

• Conduct multiple large-scale education events, participate in employer health fairs, and develop a phone application.
• Expand at-risk community outreach to increase the number of community members educated about cardiovascular risk factors, the signs and symptoms of strokes, and when to call 911.

STRATEGY: Improve diabetic adult care.

Actions/Tactics
Identify high-risk patients during their hospitalization with a diagnosis of diabetes and provide ongoing education post discharge.

• Utilize secure text messaging to identify and follow high-risk patients post discharge
• Develop diabetic support groups
• Improve glycemic control to reduce long-term complications and future hospitalizations

Conduct group diabetic education sessions to help patients learn about diabetes and how to manage the disease. Diabetes education includes information on diabetes management, physical activity, medication usage, complication prevention and how to cope with this chronic disease. Nutrition education focuses on food choices and improving blood sugar control. Diabetic education aims to reduce heart disease risk factors and improve weight management. Health professionals provide diabetes-during-pregnancy education through individualized instruction and intensive diabetes self-management instruction on insulin therapy.
ACCESS TO HEALTH SERVICES

STRATEGY:
Improve cancer care.

Actions/Tactics
Continue the Northern Appalachia Cancer Network (NACN) and Harrisburg Community Cancer Network (HCCN) initiatives. Established and proven rural and urban cancer networks help residents and populations to decrease the risk of developing cancer.

The NACN comprises community, clinical and academic partners dedicated to reducing cancer incidence, morbidity, and mortality among rural and medically underserved residents of Pennsylvania. The network develops tests and disseminates evidence-based strategies that increase physical activity, improve nutrition, reduce obesity, increase cancer screenings, and enhance cancer survivorship among persons at risk for cancer.

The HCCN is a community-academic partnership that strives to reduce the cancer burden and health disparities among minority and medically underserved populations in the five-county region of Pennsylvania. It places special emphasis on the city of Harrisburg. Community health workers develop and conduct an annual Harrisburg community cancer education summit, an ongoing African-American breast cancer support group, and a cancer survivorship and awareness program.

In partnership with the HMC Division of Gastroenterology and the Third Street Clinic, community health workers will test an initiative to increase the number of colorectal cancer screenings in Harrisburg.

Work with community cancer support groups such as Catalyst to reduce health disparities and improve the health of our communities. These initiatives expand existing community-based education and programs on cancer, enhance skills and provide information about resources that improve cancer survivorship for patients, caregivers and families in the service area.

STRATEGY:
Improve HIV/AIDS Care.

Actions/Tactics
Continue to provide the Resources, Education and Comprehensive Care (REACCH) program to HIV/AIDS clients. REACCH provides free and confidential HIV testing, as well as primary medical care, HIV treatment and treatment adherence for men, women and adolescents. A multi-disciplinary team develops a holistic, individualized care plan for each patient that provides support services for patients and their families including psychological services, case management, nutritional counseling, financial counseling, help in accessing community resources and outreach to those who have fallen out of care.

Continue to work with Alder Health Services for HIV AIDS care. Penn State College of Nursing (PSCON) provides a valuable clinical experience to students, and Alder Health Services improves the health and well-being of individuals living with HIV/AIDS as well as members of the Lesbian, Gay, Bisexual and Transgender (LGBT) community by providing a culturally competent and affirming environment that empowers the people they serve.

Expand free Mammogram Voucher Program (MVP) to underserved and/or underinsured women.
Free mammograms are provided to women that do not have insurance to receive diagnostic care and prevention of breast cancer. The MVP has provided potentially life-saving mammograms to more than 3,000 uninsured and underinsured women since its inception.
DENTAL CARE

Although many of the residents of the five-county Pennsylvania region obtain primary and preventive dental care on a regular basis, some individuals experience significant challenges with receiving this care. The CHNA found that economic and financial barriers, lack of dental providers accepting public insurance, and lack of awareness of the importance of good oral hygiene and its effect on physiological conditions were obstacles to receiving dental care services. Limits to accessing dental care also included health illiteracy, cultural competence and coordination of comprehensive care.

- **Economic and financial barriers:** Participants interviewed for the CHNA reported limited dental providers accepting public insurance programs such as Medicaid, Medicaid Managed Care, Medicare and Medicare Managed Care, as well as high costs for dental services. More than 34 percent of surveyed individuals reported paying out of pocket or not being able to pay at all for their dental services.

- **Lack of dental providers:** In 2015, the five-county region of Pennsylvania retained less than 6 percent of the total number of practicing dentists in Pennsylvania. In 2012, more than 14 percent of Pennsylvania residents lived in a Dental Health Provider Shortage Area (DHPSA), compared to more than 15 percent of the U.S. population. In 2013, the rate of practicing dentists providing direct patient care in rural Pennsylvania counties was 36 per 100,000 residents and 55 per 100,000 in urban counties.

- **Awareness:** The CHNA reported the community’s need for dental information regarding prevention, disease treatment and oral-hygiene education. One out of every five surveyed individuals reported that they do not see a dentist.

**GOAL:**
Strengthen access to provider-based dental services and supportive services and increase the utilization of healthcare services by community members.

**OBJECTIVE:**
Increase access to dental care for uninsured and underinsured residents in the five-county region by 2019.
**STRATEGY:**
Increase utilization of the SMILES program to minimize dental care as a barrier to overall health status improvement and coordinate care of urgent dental needs with the emergency department.

**Actions/Tactics**
Utilize volunteer dentists in the SMILES network. A network of more than fifty volunteer dentists spans the East and West Shores of Harrisburg. Once it is determined that a patient has an urgent dental need and does not have dental insurance, they can be referred to the dental access coordinator who will work with the patient and dentist to set up an appointment to alleviate the urgent need. In 2015, PinnacleHealth received more than 250 referrals from community partners and PinnacleHealth emergency rooms.

Partner with community clinics to provide ongoing preventive dental care or non-urgent dental care. Hamilton Health Center is a local federally qualified health center (FQHC) that is equipped with a state-of-the-art dental clinic.

This clinic is designed to provide ongoing preventive care to patients without dental insurance and is poised to be the dental home for these patients. Harrisburg Area Community College’s dental hygiene program provides dental cleanings, and a local church-based free clinic provides dental services.

Explore how patients from the HMC Emergency Department can be referred to the SMILES program and the feasibility of providing a SMILES program in that service area.

An expansion of the SMILES program to regional service areas will bridge the gap, provide greater access to dental care and reinforce prevention of dental health issues.
**PRIORIT 2:**
**BEHAVIORAL HEALTH SERVICES**

**ISSUE**
Behavioral health is a major concern across the nation and is a top health priority in the five-county study area. The issues affect not only the mental well-being of an individual, but also spiritual, emotional and physical health. Unmanaged mental illnesses increase the likelihood of adverse health outcomes, chronic disease, and substance abuse partly due to a decrease in accessing medical care. Patients often deal with lengthy waiting periods, traveling long distances, and being unable to secure appointments when it comes to receiving behavioral health services. The primary focus is to provide access to mental health and substance abuse services.

**MENTAL HEALTH**
The majority of adults with mental illness received no mental health treatment in the last year, indicating a nationwide issue with individuals being able to receive proper mental health services and treatment. There is a lack of mental health providers available to United States citizens. Close to 91 million adults live in areas where there is a shortage of mental health professionals.

The primary data received from residents, health professionals and community leaders across the CHNA study area showed the need for attention to mental health services. Treatment of mental health is often reactive in the form of crisis intervention through hospital emergency rooms rather than proactive practices. Additional barriers to mental health services include out-of-pocket costs and insurance coverage, negative social stigmas and lack of health education. Many residents who have mental health issues tend to also have multiple behavioral diagnoses, making it even more essential for those in need to have access to and receive continuous treatment.

**GOAL:**
Improve access to the best practices in screenings, assessment, treatment and support programs for mental health and child protection.

**OBJECTIVE:**
Improve the mental health of all adults and children living in the five-county region by 2019.
STRATEGY:
Improve access and continuity of behavioral health and mental health services.

Actions/Tactics
Create a direct admit program. For individuals experiencing a mental health crisis in a physician’s office, therapy office or other outpatient facility, a direct admit program will enable direct access to a psychiatric facility and increase access to inpatient, partial hospitalization or outpatient services. The plan includes developing assessment tools and placement tools to determine the level of care required, and utilizing screening assessment and placement tools to determine emergent care needs in emergency departments (e.g., psychiatric care, determining level of care).

Implement an integrated care model for behavioral health services. Integrate PinnacleHealth Psychological Associates (PHPA) services into the PinnacleHealth Medical Group (PHMG). Having the mental health professional on site will enhance integration and continuity of mental and physical health services. The approach allows the professional to engage the patient while they are on site.

The HMC Department of Psychiatry is partnering with the Penn State Hershey Medical Group (PSHMG) and several other departments to introduce a coordinated and integrated model of care for behavioral health services into PSHMG-operated, outpatient practice sites. Behavioral health providers (e.g., psychologists, therapists, clinical psychiatric specialists) are being placed into existing medical outpatient practice sites to perform mental health evaluations, provide short-term treatment and counseling, and consult with practice site clinical staff to serve patients with a demonstrated need for behavioral health treatment or interventions.

Integrate psychological evaluation into psychological medical offices. Primary care settings have become a gateway for many individuals with behavioral health and primary care needs. While patients typically present with a physical health complaint, data suggests that underlying mental health or substance abuse issues are often the cause of these visits. Pennsylvania Psychiatric Institute (PPI) will establish satellite offices and provide psychiatric evaluation for patients in need of behavioral health services at specialist medical offices.

Partner with Hamilton Health Center to provide behavioral health services. As a partner in the collaboration and a major provider of services in the Harrisburg community, Hamilton Health Center, the local Federally Qualified Health Center (FQHC), will continue to be a satellite site for behavioral health services staffed with a psychiatrist, psychologist and licensed clinical social workers (LCSWs).

Promote consumer and system health literacy on mental health concerns. PinnacleHealth is committed to understanding how consumers engage in their health and reducing barriers to health for our community members. Health literacy plays an important role with total well-being. Efforts to educate inpatient clinicians on health literacy and health literacy communication techniques began in 2012. In 2015, health literacy education and training techniques were expanded to all areas of the health system and throughout community-based organizations. A health literacy screening tool is being implemented in the emergency department. Through use of this tool, clinicians will screen for patients at high risk for communication errors or adherence issues. The patient can be connected to resources based on need prior to being readmitted or surfacing as a high utilizer of the health system. Assessing and taking action on health literacy provides appropriate care when and how patients need it most and helps reduce disparities.

The Pennsylvania Psychiatric Institute will provide health education on the understanding of mental health concerns and where resources may be found as needed for community outreach activities.
PPI will explore a partnership for a tele-psychiatry program to provide behavioral health care to patients in an acute setting. Psychiatric patients seeking emergency mental health evaluations are increasing more than any other patient group. However, services to meet these needs are dwindling. In the absence of a readily available psychiatrist, tele-psychiatry can be an effective tool for patient evaluation, facilitating access to care in an emergency setting.

The use of tele-psychiatry as a strategy to evaluate patients with behavioral health illnesses in an emergency room could potentially expedite dispositions when an on-site psychiatrist is not available.

Enhance behavioral health services for children in need. In 2011, HMC launched a broad-based effort to make a difference in the nation and the world by committing its expertise and research power to the development of the Center for the Protection of Children. Based at Penn State Children’s Hospital, the center is a remarkable collaborative effort. Its goals are to prevent maltreatment, improve reporting of suspected abuse, provide comprehensive care for children who have experienced abuse, and share knowledge on how to protect vulnerable children and support their families.

The Center for the Protection of Children responds to victims of abuse or neglect and to children and families 24/7 and serves as a medical home clinic for children in out-of-home placement. Training on recognition of child abuse, and provision of Act 31 training (mandatory training for licensed providers under Act 31 of the Child Protection Services Law) is supported through the PA-American Academy of Pediatrics and Pennsylvania Family Support Alliance.

Design new adolescent unit at PPI. The demand for child and adolescent services at PPI has increased dramatically since its opening eight years ago. Because of limited clinical space, 120 children and their families needing our care and support were turned away in 2015. A new unit is being designed to meet this need. The new children’s unit will add nine private rooms for children ages 4-12, a play-therapy room and a sensory room.

Collaborate with PA Youth Suicide Prevention Initiative, PPI and schools to improve early detection and reduce risk of youth suicide. Suicide is a serious public health problem that can have lasting harmful effects on individuals, families, and communities. While its causes are complex and determined by multiple factors, the goal of suicide prevention is simple: reduce factors that increase the risk (i.e., risk factors) and increase factors that promote resilience (i.e., protective factors). Prevention addresses all levels of influence: individual, relationship, community and societal. Effective prevention strategies are needed to promote awareness of suicide and encourage a commitment to social change. (Centers for Disease Control and Prevention, 2015).

Providing free access to suicide prevention and health literacy education to community groups, faith-based organizations and beauty/barber shops is essential. PPI will initially target counties with high rates and explore areas with current successes to replicate in high-risk regions. PPI will host suicide prevention presentations at area agencies on aging, senior centers and veteran service centers. Efforts will also be made to support the Pennsylvania Department of Education and schools in implementation of Act 71 and to identify existing Mental Health First Aid (MHFA) trainers or other awareness raising trainings. PPI will use social media as a vehicle to educate on suicide prevention.
SUBSTANCE ABUSE

More than 24 million individuals age 12 years or older were current illicit drug users when the Substance Abuse and Mental Health Services Administration 2013 National Survey of Drug Use and Health was conducted. More than half of Americans age 12 years or older were current alcohol users in 2013, translating into close to 137 million individuals. Of the 22.7 million individuals ages 12 or older who needed treatment for an illicit drug or alcohol problem, only 2.5 million received treatments in a specialty facility.

GOAL:
Provide residents with better access to the best practices in screening, assessment, treatment and support programs for substance abuse disorders.

OBJECTIVE:
Decrease the rate of adult and adolescent deaths due to substance abuse in the five-county region by 2019.
**STRATEGY:**
Develop inpatient and community-based substance abuse education and treatment services.

**Actions/Tactics**
Implement an Opioid Task Force and Stewardship Program (OTF&SP). In response to the dangerous trends that are harming the population of central Pennsylvania, the Department of Anesthesiology in cooperation with the Department of Nursing and Pharmacy has developed an inpatient OTF&SP.

PPI will initiate an opiate treatment program by 2017. Studies show that the annual cost of substance abuse to the nation was $510.8 billion in 1999 (Harwood, 2000). More specifically, alcohol abuse cost the nation $191.6 billion. Tobacco use cost the nation $167.8 billion. Drug abuse cost the nation $151.4 billion. Substance abuse clearly is among the most costly health problems in the United States. Among national estimates of the costs of illness for 33 diseases and conditions, alcohol ranked second, tobacco ranked sixth, and drug disorders ranked seventh (National Institutes of Health [NIH], 2000).

Promote medical staff and community awareness education for preventing prescription drug and opioid misuse, abuse and overdose. Drugs 101: What Parents and Kids Need to Know is a program that helps to increase drug and alcohol awareness for parents and children ages 10 and older. The program is unique because it involves both parents and children in the same event.

Targeting high school, college and higher education teachers and nurses with simple advertising materials and promoting the negative effects of drug and alcohol will enhance community awareness. The Pennsylvania Client Placement Criteria screening tool will be promoted to determine the drug and alcohol level of care required for patients.

Reduce access to prescription drugs, and the possibility of misuse and abuse, by participating in National Drug Take Back Day and promoting drug take back collection sites available at community police departments. During this event, HMC utilizes a drive-thru campaign on the hospital campus. The plan aims to provide a safe, convenient and responsible means of disposing of prescription drugs with no questions asked, while also educating the general public on the potential abuse of medications. Medication cards and pillboxes are provided to participants, obtaining a baseline and future number of pounds of medications returned. Through marketing and social media, program participation can be increased by ten percent.

Participate in collaborative efforts to improve policy and address drug addiction and abuse. The Attorney General developed a collaborative team to share information regarding hospital admissions, emergency department visits, and treatment services related to current drug trends. Collecting and collating this information will allow policy makers to make informed decisions regarding the allocation of funds and effective policy to support law enforcement, the health care profession, and treatment professionals. HMC and PinnacleHealth are members of this collaborative team.

Offer AL-Anon support for those in need. AL-Anon is a fellowship of relatives and friends of alcoholics who share their experience, strength, and hope in order to solve their common problems. The monthly meetings are held on the HMC campus for employees and community members. The philosophy is that alcoholism is a family illness and that changed attitudes can aid recovery. The purpose is to help families of alcoholics and offer support.
PRIORITIZE 3:
HEALTHY LIFESTYLES

ISSUE
The CHNA revealed a lack of healthy lifestyles in the five-county region. Obesity, being overweight, poor nutrition, lack of physical activity and smoking are associated with profound, adverse health conditions. These include high blood pressure, high cholesterol, Type 2 diabetes, heart disease, some cancers, and other limiting physical and mental health issues. Evidence links obesity, physical inactivity, poor nutrition and smoking to shortened lifespan. The Strategy Implementation Collaborative plans to address this need by increasing opportunities for physical activity, promoting healthy eating, offering health screenings, prevention services, and smoking cessation programs.

PHYSICAL ACTIVITY
In Pennsylvania, 26.3 percent of adults engage in no leisure time physical activity, and only 27.7 percent of adolescents in Pennsylvania are physically active on a daily basis. County Health Rankings reported that Perry (27 percent) and Dauphin (25 percent) counties had the highest percentage of adults aged 20 and older who reported no leisure time physical activity when compared to Lebanon (23 percent), York (22 percent), and Cumberland (19 percent) counties and the state (24 percent). Lower socioeconomic status also contributes to lack of physical education. Health information and education in schools, community organizations and media outlets need to reinforce the importance of daily physical activities and the overall health benefits of exercising. New and expanded opportunities for exercise will be offered.

GOAL:
Increase engagement in physical activity.

OBJECTIVE:
Decrease the average percentage of adults in the five-county region who report no leisure time physical activity by 2019.
HEALTHY LIFESTYLES

STRATEGY:
Assess and expand existing venues for physical activity.

Actions/Tactics
Conduct a walk-friendly assessment to improve walkability. HMC plans to conduct a walkability assessment of Derry Township in Dauphin County. For more information, please visit: http://www.walkfriendly.org/assessment/.

Expand the Band Together Program. This exercise program for seniors includes strength and balance exercises. HMC currently has 15 sites in local churches and community centers where over 250 seniors exercise each week. In 2015, HMC was awarded $14 million to test whether or not the program is effective at reducing injuries from falls. It is opening 50 new Band Together sites in Pittsburgh, central Pennsylvania and Philadelphia, and looking to enroll more than 2,000 seniors in the program.

Increase walking opportunities. Walking is an effective, low-cost form of exercise that also promotes socialization. Opportunities for increasing walking will occur through participation in regional 5K events and “Walk, Central PA, Walk,” a program that promotes annual walking/biking days, walking trails and maps, and participation in annual walking events. Along with regional partners, we will track walks, the number of participants and mileage throughout the five-county region communities.

Continue Eat Smart, Play Smart (ESPS). PinnacleHealth will continue to conduct ESPS 3-4 times per year; and incorporate smoking prevention into the curriculum. PinnacleHealth continues to develop programs focused on improving health for the children in our service area. ESPS focuses on families with children to improve education and awareness of healthy choices.

STRATEGY:
Initiate new physical activity programs.

Actions/Tactics
Launch “Get Fit Together” Program in collaboration with YMCA. The Harrisburg East Shore YMCA is committed to helping low-income families who reside in the five-county region improve their health. “Get Fit Together” will be a free program that provides low-income families the tools required to get fit and live a healthy life. Each family participating in the program will meet with a certified personal trainer two times per week to participate in exercises that promote strength, endurance, and flexibility. The objective is to make being active a fun and interactive experience for families, encouraging a lifetime of fitness. In addition, each family will meet with a registered dietitian to learn healthy eating habits and how to read food labels. Families and individuals will learn the importance of eating a healthy diet and understand the long-term health benefits associated with proper nutrition. The program will be offered for six consecutive weeks twice annually. Get Fit Together will measure outcomes through evaluation before, during, and after the six-week session ends.

Establish a HMC bike share program. Investigate the possibility of establishing a program on the HMC campus to provide bicycles for staff and students, and integrate it into wellness program offerings.
INADEQUATE NUTRITION AND OBESITY

The CHNA reports inadequate nutrition and obesity as a problem for the five-county region of Pennsylvania. When comparing the results of the 2012 CHNA to the 2015 CHNA, Lebanon (32.0 percent), Perry (31.0 percent), and York (33.0 percent) counties saw a rise in the number of community residents who are overweight and/or obese; these rates were higher than Pennsylvania’s rate (29.0 percent). Residents in Cumberland and Dauphin counties stayed the same (26.0 percent and 32.0 percent). Dauphin County had the highest overall overweight student rate (33.4 percent), while Lebanon County had the highest obesity rate (17.3 percent) for students in kindergarten through sixth grade; both are higher than Pennsylvania’s rate. In grades 7 through 12, Dauphin County had the highest rate of overweight students (37.2 percent), and Perry County had highest rate of obese students (22.8 percent), both higher than Pennsylvania’s rate. Socioeconomics, education and lack of access to healthier, fresh foods are the top reasons for inadequate nutrition and the subsequent obesity rates in the region.

GOAL:
Increase opportunities to make healthy food choices and provide education to reduce obesity.

OBJECTIVE 1:
Reduce adult and childhood obesity rates in the five-county region by 2019.

OBJECTIVE 2:
Reduce the number of residents in the five-county region reporting inadequate fruit and vegetable consumption by 2019.
HEALTHY LIFESTYLES

**STRATEGY:**
Increase access to healthy food choices and nutrition education.

**Actions/Tactics**
Increase access to healthy food choices and nutrition education through the Food as Medicine Program. The program promotes healthy eating and community health, and is offered annually from May through October at community farmers markets. The Food as Medicine program offers several educational and outreach initiatives including health screenings, the children’s educational summer program, Wellness on Wheels, the Senior Voucher Program and Prevention Produce. Prevention Produce enables students to serve as “nutrition navigators” for patients and vulnerable populations during their visits to the farmers market in Hershey as well as the Broad Street Market in Harrisburg.

Continue the Hershey Community Garden located on the HMC campus. This program, operated by Hershey Impact, offers 124 community plots under the direction of a garden manager. In addition to providing increased access to fresh fruits and vegetables to community members, it also provides opportunities for increased physical activity and socialization. Annually, a portion of fresh produce from the garden is donated to underserved populations in our community.

Partner with Penn State Extension and PPI to develop monthly health education sessions for food pantry clients to improve their health. In addition, HMC faculty, staff and students have collaborated with Steelton Food Pantry (Mary’s Helpers at Prince of Peace Parish) and Penn State Extension to bring health education to children as part of their summer feeding program. The program provides free meals to children from low-income families so they can receive the same high-quality nutrition during school vacations that they get in school cafeterias during the school year. After the summer, this continued nutrition support helps children return to school ready to learn. The plan includes continuing year-round screenings, providing health education on nutrition and physical education to clients.

**Continue to support the Power Pack Program.** The program is designed to provide nutrition to students over the weekend when they are away from the school setting. Currently, PinnacleHealth supports programs in the Harrisburg, Central Dauphin and Newport School districts. The ultimate goal is to address the root cause of hunger and disseminate educational and employment opportunities to families eligible for the Power Pack Program to assist them in working out of poverty. More 1,000 students and families are served annually.

**STRATEGY:**
Identify at-risk youth through school-based assessments and implement community nutrition education and obesity prevention programs.

**Actions/Tactics**
Conduct school-based assessments. PinnacleHealth, HMC nurses and health partners will work with school nurses in local school districts to expedite the process of performing school-based screenings (height, weight, vision, hearing and scoliosis) that are required annually and assist with data entry for Department of Health reporting. Assisting with school assessments allows school nurses to go beyond the completion of the assessments and spend more time with children who require one-on-one health interventions.

Expand community nutrition education and obesity prevention programs. HealthSLAM is a health education curriculum designed by Penn State College of Medicine (PSCOM) students to teach healthy nutrition concepts to fourth and fifth grade students, a critical age for learning individual decision-making skills for good food choices and nutrition.
SMOKING CESSATION

The National Survey on Drug Use and Health conducted by the Substance Abuse and Mental Health Services Administration (study years 2010, 2011, and 2012) reported that Cumberland and Perry counties have the highest rates of cigarette use and tobacco use within the study area at 27.0 percent and 34.0 percent, respectively. These rates are also higher than the Pennsylvania rate of 24.7 percent. However, all of the counties in the study area had decreased rates of cigarette use. Dauphin, Lebanon, and York counties went from 26.0 percent down to 22.0 percent and Cumberland and Perry counties went from 27.5 percent down to 27.0 percent. The decreased percentages are encouraging signs that community members understand the long-term detrimental health effects of smoking; however, there is still a need for easily accessible, continued outreach about smoking cessation and the risks of smoking.

GOAL:
Increase access to evidence-based smoking cessation and prevention programs.

OBJECTIVE 1:
Decrease the use of any tobacco product by adults and among middle and high school students by 2019.
**HEALTHY LIFESTYLES**

**STRATEGY:**
Provide tobacco cessation programs.

**Actions/Tactics**
Conduct HMC’s Monday night support group for community and employees. Counseling sessions are held every Monday evening in the University Conference Center on the Penn State Hershey campus. The goal of this program is to provide tobacco cessation information, guidance and support to current and past tobacco users. The group offers a supportive environment in which participants can share stories of tobacco cessation tips and tricks, successes and struggles.

Conduct smoking cessation lunch and learns. Expand class series to community-based locations and worksites, increase one-to-one, face-to-face sessions, increase participation in support groups, and engage physicians’ practices in educational programs.

Implement Text to Quit and Better Breathers clubs. Offer at both PinnacleHealth campuses and expand to community locations and measure annually.

Conduct inpatient-based tobacco cessation initiatives. Inform and educate those admitted to the Emergency Department about tobacco support group meetings and offer a Q and A opportunity around basic cessation topics. There is evidence, though limited, that some individuals admitted to the Emergency Department are particularly motivated to make lifestyle changes.

Conduct Chronic Obstructive Pulmonary Disease (COPD) initiative. COPD educators are trained through the American Association for Respiratory Care’s COPD patient-education training program. They meet with inpatient COPD patients four days per week to discuss topics such as proper medication administration and energy conservation techniques. The respiratory therapist (RT) will also assess the appropriateness of patients’ breathing medications and risk of readmission based upon GOLD guidelines. The RT will also make follow up phone calls to answer questions and help address barriers to proper self-care.

**STRATEGY:**
Decrease the use of any tobacco product among middle and high school students.

**Actions/Tactics**
Provide tobacco prevention programs to middle and high school students. Utilize “Healthy Lungs” and “Tar in a Jar” stations and conduct school visits. Add a smoking prevention component to Eat Smart, Play Smart program and participate at community-based health fairs.

Conduct Carbon Monoxide (CO) testing and offer prevention education and cessation resources at community events. The piCO CO monitor is a breath CO monitor. It is an effective teaching tool and utilizes a traffic light system to demonstrate normal, above normal and high levels of CO to individuals. There is good evidence that high CO levels due to smoking increases the rate of cardiovascular disease. Focus education for young people on using e-cigarettes (“vaping”) and the risk of long-term addiction.

**CHNA Implementation Strategy Progress Reporting**

The CHNA Implementation Strategy defines our commitment to the community, documents how we will meet the identified community needs, and ensures that the results of the assessment and its impact on the health of the community will be reported and communicated. Each community strategy and action initiative has a set of measurable objectives and is aligned with the 2016-2019 CHNA priorities. Evaluation and progress on the implementation of community initiatives will be reported annually to the community and each health system board of directors and will be included in community benefit reporting.
## APPENDIX A: CHNA Study Area

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APPENDIX B: Map of CHNA Study Area
APPENDIX C:
CHNA Study Area Regional Stakeholders

- Alder Health Services
- Capital Area Head Start
- Capital Area Intermediate Unit
- Carlisle Area School District
- Catholic Charities of Diocese of Harrisburg
- Central Pennsylvania Food Bank
- Community Check Up Center
- CONTACT Helpline
- County Commissioners Association of Pennsylvania
- Cumberland – Perry Drug and Alcohol Commission
- Cumberland – Perry Mental Health, Intellectual & Developmental Disabilities (MH.IDD)
- Cumberland County Aging and Community Services
- Cumberland County Crisis Intervention at Holy Spirit—A Geisinger Affiliate
- Dauphin County Area Agency on Aging
- Dauphin County Case Management Unit
- Dauphin County Drug & Alcohol Services
- Dauphin County Library System
- Dauphin County Mental Health, Intellectual & Developmental Disabilities
- Domestic Violence Services of Cumberland and Perry Counties
- Gaudenzia, Inc.
- Harrisburg Area Community College (HACC)
- Harrisburg Area Dental Society
- Harrisburg Center for Peace & Justice
- Harrisburg Housing Authority
- Health Ministries of Christ Lutheran Church
- Hope Within Ministries
- Latino Hispanic American Community Center of the Greater Harrisburg Region
- Lebanon School District
- Lebanon VA Medical Center
- Mazzitti & Sullivan Conseling Services, Inc.
- Mechanicsburg School District
- Mental Health Association of the Capital Region
- Mental Health Association of the Capital Region
- National Alliance for the Mentally Ill (NAMI) of Dauphin County
- Northern Dauphin Human Services Center
- Partnership for Better Health
- Pastoral Care at Holy Spirit—A Geisinger Affiliate
- Pennsylvania Department of Health – The District Office of the five-county region
- Pennsylvania Immigrant and Refugee Women’s Network
- Pennsylvania State Representative
- Perry County Commissioner
- Philhaven Hospital
- Pressley Ridge
- Sadler Health Center
- The Foundation for Enhancing Communities
- The Hershey Company
- Tri County Community Action
- United Way of the Capital Region
- Wesley Union African Methodist Episcopal Zion Church
- YMCA Camp Curtin