



**PennState Health**

2024

Community Health  
Needs Assessment



## **SERVING SIX COUNTIES**

Berks | Cumberland | Dauphin | Lancaster | Lebanon | Perry

**CONDUCTED ON BEHALF OF:**

Penn State Health Milton S. Hershey Medical Center

Penn State Health Hampden Medical Center

Penn State Health Holy Spirit Medical Center

Penn State Health Lancaster Medical Center

Penn State Health St. Joseph Medical Center

Pennsylvania Psychiatric Institute

Penn State Health Rehabilitation Hospital

Penn State College of Medicine

<b>4</b>	<b> </b>	<b>Overview</b>
<b>6</b>	<b> </b>	<b>Prioritized Community Health Needs</b>
<b>8</b>	<b> </b>	<b>Key Informant Survey</b>
<b>16</b>	<b> </b>	<b>Community Member Survey</b>
<b>25</b>	<b> </b>	<b>Penn State Health / Community Health Data</b>
<b>28</b>	<b> </b>	<b>Secondary Data</b>
<b>38</b>	<b> </b>	<b>Prior CHNA Implementation Plan – Evaluation of Impact and Comments Received</b>
<b>51</b>	<b> </b>	<b>Existing Community Assets to Address Community Health Needs</b>
<b>52</b>	<b> </b>	<b>Board Approvals and Additional Information and Feedback</b>
<b>54</b>	<b> </b>	<b>Appendix A: Participating Community Organizations</b>
<b>58</b>	<b> </b>	<b>Appendix B: References</b>
<b>59</b>	<b> </b>	<b>Appendix C: Secondary Data Tables and Figures</b>

*On the cover: Cristel Woodcock, right, a community health worker at Penn State Health and Pennsylvania Psychiatric Institute, listens to the needs of Maria Hernandez of Harrisburg during a visit to Woodcock's table with information about the Contact to Care program.*

## Introduction – Our Commitment to Community Health

Penn State Health (PSH) is committed to understanding and addressing the health needs of the communities it serves. To best do that, the health system conducted its 2024 Community Health Needs Assessment (CHNA).

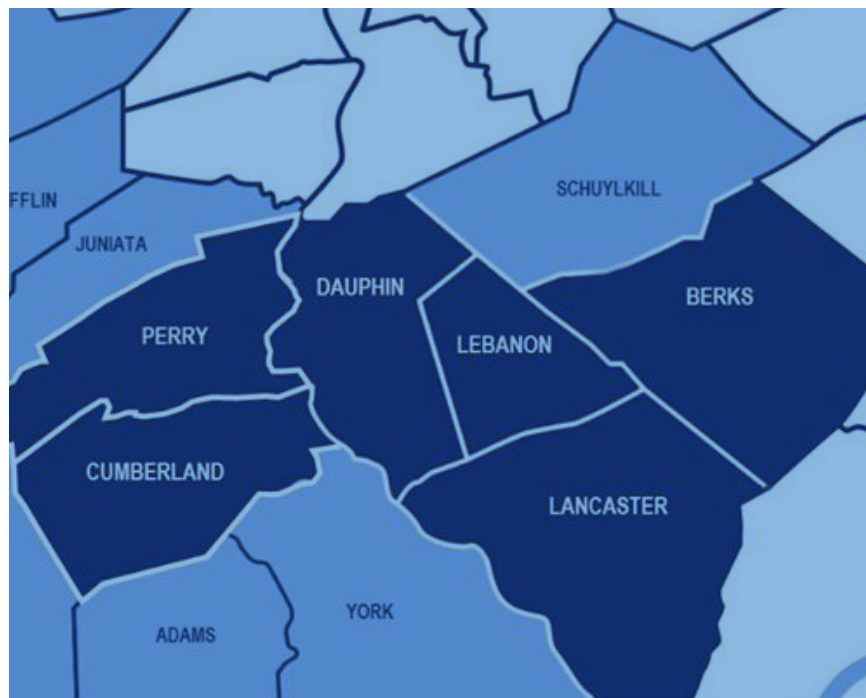
For this fifth assessment cycle, PSH formed a collective workgroup that included all PSH hospital leaders, five CHNA Task Forces and the PSH Community Health Team, including key community stakeholders. They worked together to identify and address the needs of residents living in Berks, Cumberland, Dauphin, Lancaster, Lebanon and Perry counties. The Department of Public Health Sciences at Penn State College of Medicine coordinated CHNA efforts. By taking a systemwide and communitywide approach to data collection and community health planning, PSH will leverage system assets across the service area to address the most important health needs.

This report describes the process and methods used in the 2024 CHNA and our findings on the health status of the communities we serve. We thank all our community partners who joined us in these efforts. Our next step will be to develop an Implementation Strategy to improve health across the region and reduce health disparities. We look forward to continued partnership in strengthening our community together.

Thank you,  
Ashley Visco, Community Health Director  
Penn State Health  
[avisco@pennstatehealth.psu.edu](mailto:avisco@pennstatehealth.psu.edu)

## 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 communities where health care resources are available and provided by the partnering PSH organizations. The counties are also home to 75% of Penn State Health’s patient population. Please see the Secondary Data Section for additional population demographics.



## CHNA Process

The 2024 CHNA used both primary and secondary methods to solicit community input and compare health trends and disparities across the six-county service area. The CHNA timeline from January to November 2024 complied with IRS Tax Code 501(r) requirements to conduct a CHNA every three years as set forth by the Affordable Care Act.

## New during this fifth CHNA cycle:

- Engaged the five task forces to carry out our current CHNA Implementation Plan:
  - 1) Mental health
  - 2) Health equity
  - 3) Chronic disease and risk factor prevention
  - 4) Nutrition and food access
  - 5) Physical activity
- Shortened both Key Informant and Community Member surveys to simplify and focus on information we cannot gather with secondary data.
- Shared the Key Informant survey broadly but prioritized completing the Community Member survey in marginalized communities often not heard from in other data sources.
- Partnered with Penn Medicine Lancaster General Health and WellSpan Health to conduct the Key Informant survey in our overlapping counties of Lebanon and Lancaster.
- Held Key Informant conversations to gather more input on survey responses and how we can best address resulting community needs.
- Analyzed Community Health data collected and managed by our community health nurses using research electronic data capture (REDCap) tools, as well as our own patient data from the Social Drivers of Health Inpatient Screening Tool and the TriNetX database.
- Met monthly with leaders of all hospitals to review progress, provide feedback and determine priorities.
- Conducted a Key Informant Survey with 460 community leaders and stakeholders representing the broad interests of the community, including experts in public health and individuals representing medically underserved, low-income and minority populations. Out of 460 surveys, 450 were analyzed, and 10 were excluded because they did not represent any of our six counties.
- Held 12 follow-up conversations with Key Informants who requested them when completing their survey.
- 1,521 individuals completed a Community Survey, and 1,474 responses were eligible for use based on the participants' county and age.
- Conducted an analysis of PSH data sources, including Community Health data.
- Analyzed existing secondary data sources, including public health statistics, demographics, social measures and health care utilization.
- Reviewed assets and available resources of the current CHNA Implementation Plan.
- Prioritized the identified community health needs to determine the most pressing issues on which to focus community health improvement efforts.
- Listed community partner organizations that participated in any aspect of the assessment process in Appendix A. This list may not be all-inclusive since participants could choose to be anonymous.

## Specific CHNA steps included:

- Kicked off the CHNA cycle with announcements to the CHNA Task Forces composed of community leaders and PSH staff operating the current Implementation Plan, as well as the Community Health Team. These groups met on a regular basis throughout the cycle to pilot the surveys, assist with surveying and determine priorities.

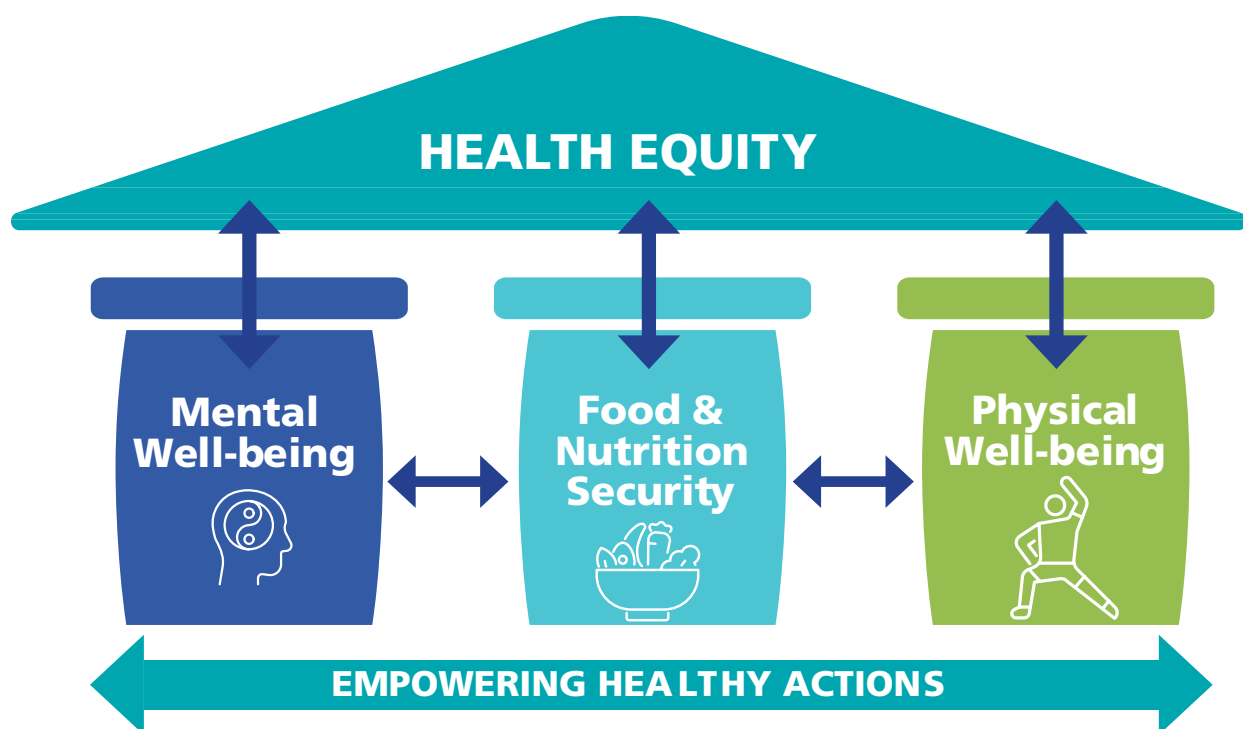
# PRIORITIZED COMMUNITY

A CHNA Leadership Team representing all PSH hospitals met on a regular basis throughout the CHNA process. This group reviewed all findings, including survey results, Key Informant conversations, secondary data analysis, current plan accomplishments and available assets, to recommend the three top-priority health needs to focus on. The Leadership Team also presented these results and recommendations to the PSH Community Health Team and five active CHNA Task Forces. All these groups consist of community-minded positions from PSH entities as well as community partners. The prioritization criteria considered included the severity and magnitude of the need, contributing social issues, existing community partnerships and assets, what the community identified as important and needed, and a review of our current plan's accomplishments. We also considered the expertise, resources and goals within each medical center and across PSH. Therefore, through multiple methods of community engagement and dialogue with community health experts, the top-prioritized health needs for systemwide health improvement efforts over the three-year cycle from July 1, 2025, to June 30, 2028, are:

1. **Mental Well-being**
2. **Food and Nutrition Security**
3. **Physical Well-being**

These efforts are aimed at empowering healthy actions to ultimately achieve health equity.

All priorities will focus on the community populations most affected, as described in the data results that follow. Mental Well-being will include a focus on the areas of mental health, social support,





*Angela Shuman, a community health nurse with Penn State Health, provides a health screening for Cynthia Minnich at the Salvation Army Harrisburg Capital City Region.*

loneliness, stress, substance use/misuse, trauma, abuse and gun violence. Mental Well-being messages will be embedded in most educational sessions offered across all priorities. Food and Nutrition Security will focus on continued expansion of PSH food access resources and education across our service area, such as community gardens, fridges, farmstands/markets, corner store initiatives, food pantries and boxes, Pantries and Wellness Support (PaWS), Veggie Rx, Supplemental Nutrition Assistance Program (SNAP) outreach, produce distribution, toolkits, etc., to not only improve access to food, but also improve access to nutritious food. Physical Well-being will focus on promoting healthy actions to reduce cancer risk, diabetes, high blood pressure, obesity and tobacco use, and increase physical activity. As PSH moves into its CHNA fifth cycle, we are committed to achieving our ultimate goal of health equity while addressing these interrelated priorities, as well as homelessness, access to care and poverty-related issues.

The following sections highlight findings from our surveys and secondary data analysis that contributed to these priorities.

# KEY INFORMANT SURVEY

## Background

Our CHNA Leadership Committee piloted the Key Informant Survey, which was then conducted electronically in April 2024 to solicit information about community health needs. A total of 460 individuals responded to the survey, including health and social service providers; community and statewide public health experts; civic, religious and social leaders; community planners, policymakers and elected officials; and others representing diverse populations, including minority, low-income, LGBTQ+ and other underserved or vulnerable populations. A total of 450 survey responses were usable after excluding organizations that only served counties outside the service area.

The survey was available in English and Spanish and included a disability and language accommodation statement. We shared QR codes and links to the survey multiple times via email, as well as at virtual meetings and professional education sessions. New this cycle, we partnered with Penn Medicine Lancaster General Health and WellSpan Health to conduct the survey in our overlapping counties of Lebanon and Lancaster. The three health systems shared data results and will use the findings to plan collaborative initiatives in these counties.

## Survey Participants

The survey asked Key Informants a series of questions about their perceptions of community health, including health drivers, barriers to care, community infrastructure and recommendations for community health improvement. Respondents represented excellent geographic balance across the six-county area as follows: Berks County (112, 24.9%), Cumberland County (156, 34%), Dauphin County (187, 41.6%), Lancaster County (204, 45.3%), Lebanon County (157, 34.9%), Perry County (112, 24.9%) and Other (76, 16.9%). Respondents were able to select multiple counties, so percentages do not add up to 100%.

## Populations Served

About 49% of respondents served residents from all six counties. Of those organizations that focused primarily on a special population, most served low-income/poor (40.2%), children/youth (36.9%) or families (34.7%). "Other" populations served, as indicated by 3.8% of respondents, included trauma survivors, those living with HIV or at risk of contracting HIV, infants and toddlers, justice-impacted individuals, and Arabic and rural populations.



POPULATION	N	%*
All of the Above (serve all populations)	219	48.7
Low-Income/Poor	181	40.2
Children/Youth	166	36.9
Families	156	34.7
Schools/Education/Students	134	29.8
Hispanic/Latino	124	27.6
Uninsured/Underinsured	114	25.3
Black/African American	110	24.4
Women	107	23.8
Disabled	105	23.3
Single Parents	104	23.1
Unemployed	103	22.9
Unhoused	103	22.9
LGBTQ+ Community	99	22.0
Seniors/Elderly	96	21.3
Immigrant/Refugee	93	20.7
English Language Learners	81	18.0
Men	80	17.8
Asian/Pacific Islander	62	13.8
Military/Veterans	53	11.8
Religious/Spiritual	53	11.8
Migrant Workers	40	8.9
American Indian/Alaska Native	39	8.7
Other	17	3.8

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

## Health Perceptions

Respondents chose from a list of 27 specified health issues to select the top three health conditions impacting the populations they serve. We also provided options for “none” and “other.” We then asked a second question to find out what they saw as the top three factors contributing to those health conditions. The top 10 responses (count and percentage) to each question are listed below:

### Top Health Concerns Affecting the Communities Key Informants Serve

HEALTH CONCERN	N	%*
Mental health conditions	285	63.3
Trauma (emotional, neglect, physical, racial, sexual, spiritual)	183	40.7
Drug use/misuse (including opioids)	131	29.1
Overweight/obesity	79	17.6
Abuse	76	16.9
Diabetes	71	15.8
Heart disease	48	10.7
Cancers	47	10.4
Maternal and child health	40	8.9
Other	40	8.9
Disability	39	8.7

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

## Top Contributing Factors for the Health Concerns Selected by Key Informants

CONTRIBUTING FACTOR	N	%*
Ability to afford health care (doctor visits, prescriptions, deductibles, copays, etc.)	150	33.3
Ability to navigate the health care system	111	24.7
Poverty	106	23.6
Lack of social support (family, friends, community connections)	93	20.7
Healthy habits (diet, physical activity)	71	15.8
Stress (work, family, school, etc.)	65	14.4
Availability/quality of housing	63	14.0
Number of health care providers available in community	61	13.6
Access to health and wellness programs	49	10.9
Inadequate or no health insurance	46	10.2
Lack of transportation	42	9.3

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

## Health Perceptions – Comments by Key Informants

We asked Key Informants to share any additional insight to support their responses to the questions about health concerns. They made 249 additional comments. Key or repeated comments are listed below. Many informants commented on the need for mental health education, treatment and the lack of affordable housing in their communities.

Relating to “Ability to navigate health care system as top contributing factor,” one person stated:

*“I am an attorney representing undocumented immigrant children. Many have never received any sort of medical/dental, etc., care in their home country. On their arrival to the U.S., the federal government, via the Office of Refugee Resettlement (ORR), provides basic medical care and screenings. But children only spend about an average of 30 days in the ORR system before being released into the care of family members living in our communities who are frequently also recent arrivals and undocumented. So, everything is a barrier. Language, transport, insurance, poverty, unfamiliarity with our systems and norms, etc.”*

*“Our health care system is confusing and intimidating for our community.”*

*“Housing can be offered, but most of the community is an ALICE (Asset Limited, Income Constrained and Employed) population and does not qualify for subsidized housing. Therefore, other housing options are not affordable in the area. The same concept applies to affording health care services.”*

*“Our patients are, for the most part, the working poor. Many work two to three part-time jobs and make too much money to qualify for medical assistance and cannot access PENNIE or any other option due to monthly costs. In addition, we are also seeing a huge influx of immigrants who do not speak English and need access to dental and health care. It is difficult for us to be sure that we understand patient concerns and that they understand us, and this is not possible with lack of translation services.”*

*“I see a connection to many things surrounding anxiety and ability to help find resources for children/youth and families in a timely manner. So many disparities to this, but truly understanding personal issues is a problem everywhere. Also, housing is a major issue. Many doubling up but reporting of these situations is not being done well for systems to know to increase help for these needs. Housing issues also seem to be connected to food insecurity as well, which can be a worry and additional stress, causing health concerns.”*

*“In this rural community, affordable housing, community supports, transportation and living wage jobs are all lacking.”*

*“There are many barriers to needs related to individuals with intellectual disabilities/developmental disabilities/autism. Ensuring supports and families have knowledge and ability to access supports that may be available, consistent information provided across the state to resources/supports and, for many of our areas, the rural location is a barrier to services as providers are not accessible.”*

*“We have very limited health and wellness programs and facilities. Including an indoor recreation facility that has indoor pool, track, etc. Indoor recreation center can provide other services like dietitians, social workers, mental health supports, etc. Also, connecting our downtown areas to state parks through trail systems. Also, it is critical we have access to public transportation for our residents to be able to get to health facilities, jobs, etc.”*

*“Trauma abounds in our communities in ways that are not being addressed due to the scarcity of mental health services and the rampant racial/ethnic/poverty-driven disparities in our communities.”*

*“Untreated mental health contributes to numerous behaviors and impacts quality of life and maintaining relationships and employment. Stress as a form of mental/emotional health is often a significant contributing factor to poor health and relationship even in people who appear success[ful] and well balanced.”*

## Key Informant Conversations

When completing the Key Informant Survey, individuals had the option of requesting to discuss their survey answers in more depth. After the survey closed, we conducted 12 interviews with Key Informants who signed up for an additional conversation.

The majority of the respondents interviewed selected Mental Health, Trauma, Abuse and Diabetes as top health concerns in their communities, which was consistent with the overall Key Informant Survey findings. The top contributing factors for this interviewee group included poverty, housing, food insecurity, ability to afford health care and number of providers in a community. Each interview was transcribed, coded for key ideas and words, categorized based on the codes selected and then sorted into three main themes. These themes answered the main questions in the interview:

1. What were the needs seen in an informant's community?
2. What could the health system do for community members directly?
3. How could the health system partner with the Key Informant's organization to serve the community?

**Theme 1:** Community members lack basic needs like food, stability, education and transportation.

The first theme identified was that a lack of basic needs was a main contributing factor for health concerns such as mental health and trauma in all the communities that the 12 Key Informants served. In multiple communities, poverty, unmet basic needs, lack of stability and weak social support led many individuals to become unhoused or unable to finish high school, which in turn worsened their health and kept them in poverty.

**Theme 2:** Interactions in a health care environment are stressful for community members.

Respondents told us that health systems could do more to make their environment more accessible for those with disabilities and intellectual disabilities, including offering more sensory areas within the hospital. They also explained how providers "not being familiar with how to work [with] someone... with complex needs" leads to stressful interactions and community members not receiving the care they need. To achieve more pleasant one-on-one interactions, respondents suggested that PSH offer more training to their providers, specifically on how to work with those who have intellectual disabilities, as well as more diversity training.

**Theme 3:** Community organizations need training and education to promote better relationships with their community, such as trauma and diversity and inclusion training.

We found that community organizations wanted more trainings to offer to community members, but also to their staff and leaders so they can be more informed when interacting with their own community members. Specific trainings requested were trauma, including gun violence trauma and education, and diversity, as well as education on offering wellness programs for those with intellectual and physical disabilities. Community organizations also suggested offering more educational sessions on health care careers to community members and partnering with outside organizations' events to help supply volunteers.



*Angela Shuman, a community health nurse at Penn State Health, is embraced by Keith Spells while he visits her table during breakfast at Anchor Lancaster.*

# COMMUNITY MEMBER SURVEY

## Background

PSH conducted a Community Member Survey with residents across the six-county community to gather insights into health status, risk behaviors, barriers to accessing health services and the health and social needs of marginalized community members. The participants were adults aged 18 and older, with a focus on high-need ZIP codes identified through the Vizient Vulnerability Index.

We piloted the survey in February 2024 at three community locations and conducted it from March through June 2024. Based on feedback from community members and the Health Equity Task Force, we rephrased questions to be clearer and to also be more sensitive and inclusive. Additionally, we adjusted the formatting to make the paper versions easier to see and understand (alternate line shading, use of icons). The survey was available in both electronic and paper formats in Arabic, English, French, Nepali, Somali and Spanish and included a disability and language accommodation statement. We conducted paper surveys at the physical locations of 69 community partners. In addition, we shared cards advertising the survey with QR codes and links at community events. CHNA Task Force members and other community partners shared the survey electronically with their membership lists and support groups via their social media pages and through QR code flyers and cards displayed at their locations.

The survey was not intended to be a representative sample of the greater community but rather focus on marginalized communities to provide general insights into respondents' perceptions and health status. It was a mechanism to engage in conversations with our community. We analyzed the survey data by county, ZIP code, race/ethnicity and other specific groups identified on the survey. (Note: Data was not analyzed for groups with fewer than 10 respondents.)

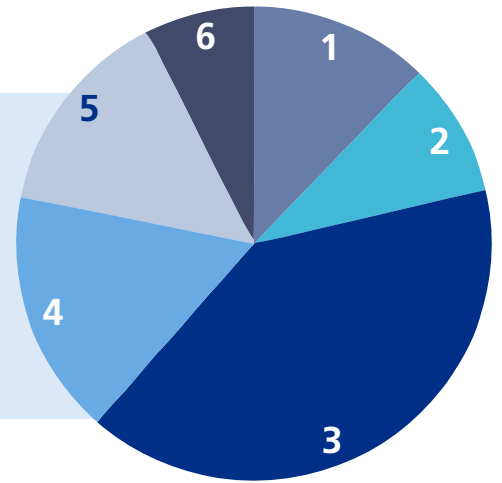
## Demographics

A total of 1,521 individuals completed the survey across the six-county service area, and 1,474 responses were usable based on county of residence and age. Overall, we received an even distribution of responses by county, age group, race/ethnicity and community groups such as veteran/military, LGBTQ+, homeless/unhoused, disabled, etc. The largest percentages of respondents resided in Dauphin County (40.1%), followed by Lancaster County (16.7%), which are the home counties of Penn State Health Milton S. Hershey Medical Center, Penn State Health Lancaster Medical Center and Pennsylvania Psychiatric Institute. The largest percentages of respondents were white (58.5%), 15.3% of respondents identified as Black or African American and 22% of respondents identified as Hispanic or Latino. The most-represented age group was 55 to 64 years (20.6%), with similar response rates (15 to 20%) from those age 25 to 74. Demographic data for all survey respondents are shown in the following charts.

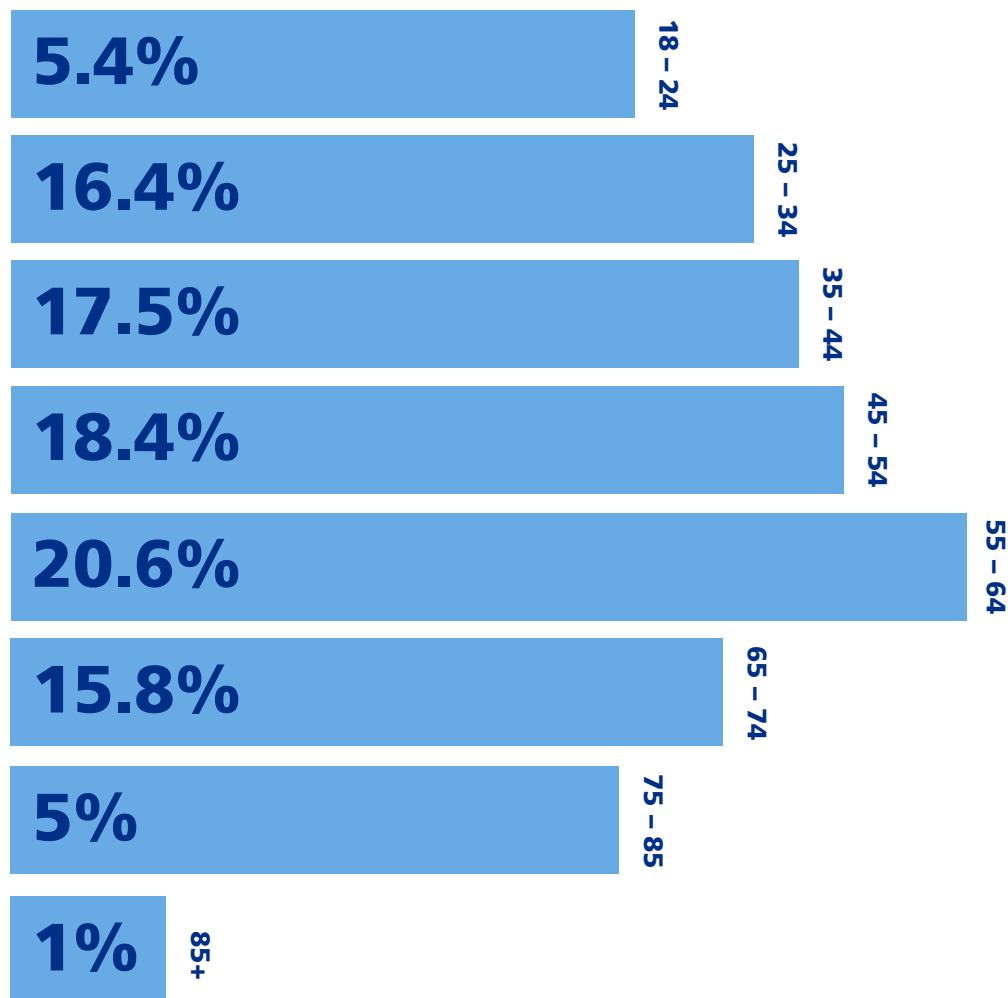


## County of Residence

- 1. Berks 12.2%
- 2. Cumberland 9.2%
- 3. Dauphin 40.1%
- 4. Lancaster 16.7%
- 5. Lebanon 14.5%
- 6. Perry 7.4%

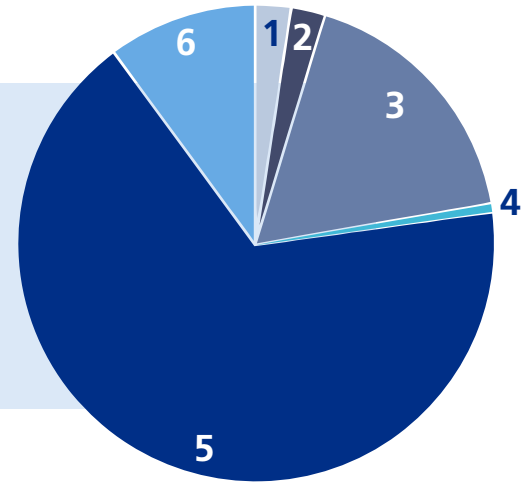


## Age Demographics



## Race

- |                                       |  |
|---------------------------------------|--|
| 1. American Indian/Alaska Native 2.0% | 4. Native Hawaiian/Pacific Islander 0.5% |
| 2. Asian 2.1%                         | 5. White 58.5%                           |
| 3. Black/African American 15.3%       | 6. Other 8.8%                            |



COMMUNITY GROUP	N	%*
Active military or veteran	132	9.0
Disabled	200	13.6
High school graduate	503	34.1
Homeless/unhoused	87	5.9
LGBTQ+ community	94	6.4
Religious/spiritual	408	27.0
Single parent	163	11.1
Student	68	4.6
None	250	17.0
I choose not to answer	88	6.0

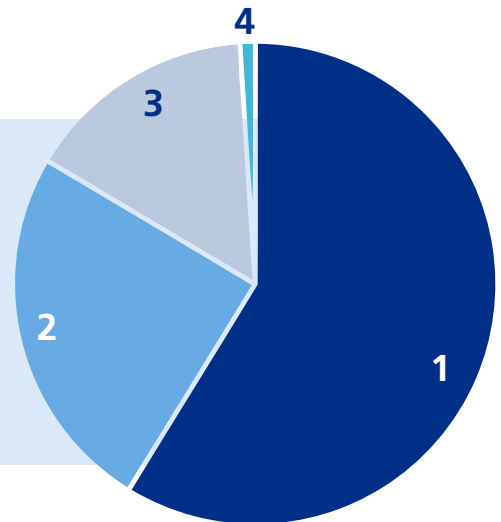
\*Community members were able to select multiple contributing factors. Percentages do not add up to 100%.

## Overall Health

Approximately 59% of respondents reported that their overall health was about the same as it was one year ago, 25% said it was better, and 15% said it was worse. When looking at the results by county, respondents from Cumberland County had the highest percentage (18.3%) of individuals reporting their health was worse than it was one year ago. Thirty percent of Hispanic/Latino respondents reported that their health was better than it was one year ago, compared to 24% of non-Hispanic/Latino respondents. A higher percentage (27.4%) of Black/African American respondents said their overall health was better than it was a year ago compared to white respondents (22%).

## Is your overall health better, worse, or about the same as it was one year ago?

1. About the same 58.9%
2. Better 24.8%
3. Worse 15.5%
4. Choose not to answer 0.8%



## Top Health Concerns Affecting Community

The top three (from a list of 27) health concerns selected by community members were drug use/misuse, including opioid misuse (26.5%), mental health conditions (25.4%) and cancers (21.6%).

RANKING	HEALTH CONCERN	N	%*
1	Drug use/misuse (including opioid misuse)	391	26.5
2	Mental health conditions	375	25.4
3	Cancers	319	21.6
4	Overweight/obesity	314	21.3
5	Abuse	310	21.0
6	Diabetes	308	20.9
7	Gun violence	223	15.1
8	Alcohol use	223	15.1
9	High blood pressure	202	13.7
10	Trauma (emotional, neglect, physical, racial, sexual, spiritual)	200	13.6

\*Community members were able to select multiple contributing factors. Percentages do not add up to 100%.

## Top Health Concerns by County



### **Drug Use/Misuse (Including Opioid Misuse)**

is the **#1 health condition** selected in **Berks, Dauphin** and **Lebanon** counties.



**Mental Health Conditions** are the **#1 health concern** selected in **Lancaster** and **Cumberland** counties.



**Overweight/Obesity** was the **top health concern** selected in **Perry County**.



**Gun Violence** was one of the top five health concerns selected in **Berks County** and among respondents in the LGBTQ+ community.

Regarding race and ethnicity, the top health concern selected by Black/African American individuals was gun violence (29.2%), followed by drug use/misuse (24.3%) and cancers (22.1%). Among white individuals, the top health concern was mental health conditions (31.0%), followed by drug use/misuse (29.9%) and overweight/obesity (24.1%). Hispanic/Latino individuals selected diabetes as the top health concern (29.4%), followed by cancers (24.1%) and drug use/misuse (22.8%).

## Items Community Members Could Not Access

We asked community members to select from a list of 17 items anything that they could not get in the past year. Housing was the most selected item (17%), followed by medicine/health care (15%) and health insurance (12%). Among those who identified as members of the LGBTQ+ community, housing was the No. 1 service they could not access, followed by social support. Among both White and Black/African American respondents, housing was the most commonly reported service they could not access, followed by medicine/health care and social support. Housing was also selected most by Hispanic/Latino individuals (22.4%), but the second and third most selected services for this population were employment assistance (22.1%) and health insurance (22.1%).

RANKING	SERVICE	N	%*
1	Housing	262	17.1
2	Medicine/health care	225	15.3
3	Health insurance	179	12.1
4	Food	174	11.8
5	Transportation	174	11.8
6	Social support	170	11.5
7	Employment	163	11.1
8	Utilities	141	9.6
9	Clothing	127	8.6
10	Internet	107	7.3

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

Four hundred open-ended responses detailed why community members couldn't access the services in the previous question. The main themes were cost, time, lack of child care or cost of child care, and lack of transportation.

## Why?

### Main Themes

"Couldn't find [jobs willing to hire without a degree]."

- CMS Respondent



Cost/finances/money



Time

"Cost of living is too high. You're constantly picking and choosing how best to make your dollar stretch."

- CMS Respondent



Lack of child care/  
cost of child care



Transportation

## Wellness and Disease Prevention

According to the Office of Disease Prevention and Health Promotion, adults should participate in at least 150 minutes of moderate-intensity aerobic physical activity each week, the equivalent of 30 minutes on at least five days. We asked a more general question about exercise: “Do you exercise? For example, running, sports, weightlifting, gardening, walking, etc.” Approximately one in four respondents across the service area reported they do not exercise. Berks County respondents were the least likely to exercise (35.8%), and Perry County respondents were most likely to exercise (84.9%). Among community groups, respondents who identified as disabled had the highest percentage reporting they did not exercise (32%), followed by single parents (31%). When examining exercise by race of respondent, Black/African American individuals reported the highest percentage of no exercise (27.7%), followed closely by Asian respondents (27.6%).



### Physical Activity

- Approximately 1 in 4 CMS respondents do not exercise.
- 32% of disabled respondents reported no exercise.
- 31% of single parent respondents reported no exercise.

## Health Behaviors

Community members were asked if they used tobacco products, and about 20% of all respondents reported “yes” to using tobacco products. The highest percentage of respondents who answered “yes” were located in Lancaster County (27%). Among community group responses, those who identified as unhoused or experiencing homelessness had the highest percentage reporting “yes” to using tobacco products (56%), followed by individuals who identified as disabled (29%). Almost a quarter (24%) of Black/African American respondents reported using tobacco products, compared to 18% of white respondents.



### Tobacco Use

- 20% of CMS respondents reported using tobacco products.
- 27% of Lancaster County respondents were tobacco users.
- 56% of Homeless/unhoused
- 29% of Disabled

We also asked community members if they ate fruits and vegetables at most meals. Twenty percent of respondents reported not eating fruits and vegetables at most meals. Among community group responses, those who identified as experiencing homelessness or being unhoused reported the highest percentage answering “yes” to this question (84%), while respondents who identified as disabled had the highest percentage of individuals reporting not eating fruits and vegetables at most meals (24%).



## Nutrition and Food Access

- **20%** of CMS respondents **do not** eat fruits and vegetables at most meals.
- **24%** of Disabled **do not** eat fruits and vegetables at most meals.
- **84%** of Homeless/unhoused **do** eat fruits and vegetables at most meals.

## Poor Physical and Mental Health Days

Across the region, 61% of respondents had at least one poor physical health day in the past 30 days, and 13.4% reported 15 or more days of poor physical health. Lancaster County had the highest percentage (17%) of individuals reporting 15+ days of poor physical health, and Perry County had the lowest (7.6%). Forty-three percent of Hispanic/Latino individuals had zero days of poor physical health compared to 31.5% of non-Hispanic/Latino individuals, and only 12% of individuals who considered themselves disabled had zero days of poor physical health in the past 30 days.

How many days during the past 30 days was your physical health not good?

DAYS	N	%
0 days	454	34.4%
1–6 days	468	35.5%
7–14 days	158	12.0%
15+ days	177	13.4%
I choose not to answer.	62	4.7%



## Community groups reporting 15+ days of poor physical health

- 35% Disabled
- 22% Veteran/military

*”Consider having some wellness activities that are for the disabled population...”*

-Key Informant

Sixty-four percent of respondents had at least one poor mental health day in the past 30 days, and 15.5% reported 15 or more days of poor mental health. In Lancaster County, 21% of respondents reported 15 or more days of poor mental health in the past 30 days. Among respondents from all counties, 20% or more reported poor mental health on more than seven days in the past month. Among the respondents who considered themselves to be part of the LGBTQ+ community, 30% reported they had 15+ days of poor mental health in the past 30 days, and among those who identified as disabled, 32% reported they had 15+ days of poor mental health in the past 30 days. One-third of Hispanic/Latino individuals had zero days of poor mental health compared to 27.5% of non-Hispanic/Latino individuals. Forty percent of Black/African American individuals had zero days of poor mental health compared to 25.7% of white respondents.

How many days during the past 30 days was your mental health not good?

DAYS	N	%
0 days	400	29.3
1–6 days	500	36.6
7–14 days	164	12
15+ days	212	15.5
I choose not to answer.	91	6.7



### Community groups reporting 15+ days

- 32% Disabled
- 30% LGBTQ+ community
- 23% Homeless/unhoused
- 22% Veteran/military



# PENN STATE HEALTH/ COMMUNITY HEALTH DATA

As previously mentioned, data from Community Health, TriNetX and Inpatient Social Driver of Health Screening were also available and reviewed this cycle to supplement the data collected from community members and key informants.

## Community Health Nurse Data

In addition to patients seen within our hospitals and outpatient offices, our community health nurses are embedded in the community to provide education and health screenings at various locations such as food pantries, health fairs and other nonprofit organizations. They meet marginalized community members, who may not otherwise seek health care, where they are located. The screenings provided include blood pressure, cholesterol and blood sugars/A1C and can be combined with other risk factors to estimate atherosclerotic cardiovascular disease (ASCVD) risk. The nurses and community health workers (CHWs) also collaborate to refer community members for other services and assistance, such as health insurance, financial assistance, medical-legal assistance and other free or reduced cost medical care. We use more than 20 different forms to collect all this information in REDCap. Based upon the first year (March 2023 – March 2024) of the program and data being captured in the REDCap database, the following statistics were found:

- 762 total individuals registered.
- 29% Hispanic or Latino, 16% Black or African American, 41.7% white, 4.2% Asian.
- 16% are smokers, and 21% are former smokers.
- 75% of those with an ASCVD risk screening are overweight or obese.
- 43% said they have high blood pressure; however, 44% of those that said they didn't have high blood pressure were found to have the condition (>130 or >80).
- 34% said they have high cholesterol; however, 21% of those who said they didn't have high cholesterol were found to have high cholesterol (>200 mg/dL).
- 46% have an increased risk of having a heart attack or stroke over the next 10 years.

Overall, this program registered 762 people in the first year, proving effective for reaching individuals where they are located. Both the blood pressure and cholesterol screenings are effective in identifying participants who are not aware of their condition. We will continue to monitor this data to identify health needs in specific communities and look for individual health improvements over time.

## Penn State Health Utilization Data – TriNetX

PSH patients make up a portion of the population in the report area. Looking at the health concerns in our patients can reflect what the community is struggling with. In 2023, 339,550 PSH patients had at least one health care visit. Of those patients, 44% were 50 years old or older, and 27% were 18 years old or younger. More than half of the patients identified as white (69.5%), 8% of patients identified as Hispanic or Latino, and 5.8% identified as Black or African American. Eleven percent of patients did not speak English as their primary language.

The two main chronic conditions seen in our patients were high blood pressure (24%) and high cholesterol (21.5%), and one in 10 patients have diabetes. One in 10 patients had a substance use disorder diagnosis, and about one in three patients had a mental health diagnosis.

The data used in this section were collected in May 2024 from the TriNetX LIVE Network, which provided access to deidentified electronic medical records (diagnoses, procedures, medications, laboratory values, genomic information).

## Patient Population

**339,550** Penn State Health patients with at least one visit in 2023.

## Demographics

**5.8%**  
Black/African American

**8%**  
Hispanic/Latino

**69.5%**  
White

**44%**  
50 years or older

**27%**  
18 years or younger

**11%** of patients  
do not speak  
English as primary language

## Chronic Conditions

**24%**  
have high blood pressure

**21.5%**  
of patients have high cholesterol

**2.9%**  
of patients had a stroke

**10.8%**  
of patients have diabetes

**3.7%**  
of patients have heart failure

**1 in 3** patients have a mental health diagnosis

**10.1%** have a substance use disorder diagnosis or treatment

In the last year, April 2023 – April 2024, more than 51,000 patients had a mental health diagnosis and an ambulatory or emergency room visit. Of the 51,000 patients, 58.2% of them were female, and 41.8% of them were male. The mean age of patients was 43 years, and the number of patients coming in for an emergency or ambulatory visit with a mental health diagnosis peaked among individuals aged 16 to 17 years as well as 61 years.



While her mother Jha-Neisha Dum, rear, looks on, 7-year-old Autumn Thomas looks at her new glasses in the mirror at the Lebanon Free Clinic.

## Inpatient Social Drivers of Health Screenings

PSH has also begun conducting a screening for social drivers of health (SDoH) upon inpatient admission. The Protocol for Responding to & Assessing Patients' Assets, Risks & Experiences (PRAPARE) is a standardized risk assessment tool that evaluates a patient's unique social determinants of health. These are the specific factors in a person's environment that can impact their ability to achieve their fullest health potential. From Jan. 1 through May 14, 2024, we conducted a total of 11,369 screenings, representing 81% of all inpatient admissions. Among those screened, 15% indicated interpersonal safety concerns, 4% had transportation needs, 3% documented housing instability, 2% indicated food insecurity, and 1% noted difficulties with utilities.

Total Screenings 11,369 (81% of inpatient population)

**15%** of patients (1,705 individuals) selected **Interpersonal Safety**

**2%** of patients (227 individuals) selected **Food Insecurity**

**4%** of patients (454 individuals) selected **Transportation Needs**

**1%** of patients (113 individuals) selected **Utility Difficulties**

**3%** of patients (341 individuals) selected **Housing Instability**

## Background

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

The Demographic Analysis and Health Equity section provides data related to the social drivers of health and access to health care. Social drivers include the conditions or environments in which people work, live, learn and play that can greatly affect their health risks and outcomes. The data included in this section are provided by the U.S. Census Bureau, and the population projections are provided via Vizient's Sg2 Market Demographics database. All other county-level demographic and socioeconomic data are reported from the 2018-2022 American Community Survey (ACS) five-year estimates, unless otherwise noted.

We analyzed public health data for several health issues, including mental and physical well-being and food and nutrition security. We compiled data from secondary sources, including the Pennsylvania Department of Health, the Centers for Disease Control and Prevention, the U.S. Census Bureau and the University of Wisconsin's County Health Rankings & Roadmaps, among other sources. A full list of data sources can be found in Appendix B.

## Demographic Analysis and Health Equity

A total of 1.77 million people live in the 3,784-square-mile report area. Lancaster County has the highest total population of 561,025, and Perry County has the lowest total population of the six-county region at 47,917. The populations of all six counties are expected to continue to grow from 2024 to 2029. Cumberland County is expected to have the greatest growth rate of 4.5%. Perry County is expected to have the lowest growth rate of 1.2%.

For the report area, 21.4% of the population is 0 to 17 years of age but is projected to decrease by 0.8% by 2029. Lancaster County has the greatest percentage (22.5%) of residents aged 0 to 17, and Cumberland County has the lowest percentage (19.9%) of residents aged 0 to 17. From 2024 to 2029, the 0 to 17 age group is expected to decrease in all counties in the service area except for Cumberland and Lancaster counties. For the report area, 20.5% of the population is greater than 65 years of age and is projected to increase by 11.8% by 2029. Lebanon County and Perry County had the highest percentages of residents greater than age 65 in the service area (22.2% and 22.3%, respectively), and the population greater than 65 is expected to increase by 11.8% across the service area from 2024 to 2029.

In Perry County, 93.0% of people reporting only one race are white. This is the highest percentage for the service area, which has 74.8% of the overall population reporting their race as white. Berks County has the highest percentage (25.9%) of Hispanic or Latino population, and Perry County has

the lowest (2.5%). From 2024 to 2029, the white population is expected to decrease in all counties in the service area, while the Black population is expected to increase in all counties except for Dauphin. Across the service area, the Asian population is expected to increase the most by 24.5% from 2024 to 2029.

## Life Expectancy (National Center for Health Statistics, 2020)

Life expectancy at the county-level in our service area ranges from 76.7 years in Perry County to 79.6 years in Cumberland County. However, when examining smaller areas within each county, known as census tracts, we find even more drastic disparities in life expectancy. These differences can sometimes be greater than five years of life within just a mile or two apart. At the census tract level, the lowest life expectancy within the six-county service area is 67.2 years in Harrisburg, Dauphin County, and the highest life expectancy is 88.2 years in Quarryville, Lancaster County, a difference of 21 years.

LIFE EXPECTANCY AT BIRTH (COUNTY AVERAGE IN YEARS)	
Berks County	78.0
Cumberland County	79.6
Dauphin County	77.3
Lancaster County	79.3
Lebanon County	77.7
Perry County	76.7
Pennsylvania	77.3
United States	77.6

## Social Drivers of Health

In the six-county region, the percentage of individuals greater than 25 years of age without a high school diploma (10.9%) is higher than both the state (8.3%) and nation (10.8%). Lancaster County has the highest percentage without a high school diploma (13.1%), and Cumberland County has the lowest (6.5%).

Median household income is lower than the state (\$73,170) in Lebanon (\$72,532) and Dauphin (\$71,046) counties. In the report area, 9.9% of the entire population is living in poverty, and 13.7% of children under the age of 18 are living in poverty. In Berks and Dauphin counties, 17.9% and

17.4% of children under the age of 18 are living in poverty, which is both higher than the state (16.2%) and the nation (16.7%). The percentage of children eligible for free lunch in Dauphin County also continues to increase, with 58.0% of children eligible in the 2021-22 school year.

More than **1 in 2** children in Berks (52%) and Dauphin (58%) counties were eligible for free lunch in the 2021–22 school year.

Asset limited, income constrained, employed (ALICE) households are those that earn above the federal poverty level but not enough to afford basic household necessities (United Way, 2023). Across the service area, about 27% of households are considered to be ALICE. Perry County has the greatest percentage (29%) of ALICE households, while Dauphin County has the lowest percentage (25%). Among all counties in the service area, at least one in four households is ALICE.

Across the service area, **1 in 4** households are considered to be ALICE, earning too much to be considered for services focused on those living in poverty, but still struggling to afford basic necessities.

Cost burden is experienced when housing costs exceed 30% of total household income. The information provides a measure of affordability and excessive expenses. For households with mortgages, Berks County has the highest percentage of households that are cost burdened (24.1%), followed closely by Lancaster County (23.6%), both of which are higher than Pennsylvania (23.5%). Housing cost burden for rental households is higher than for owner-occupied households. For example, close to half (46.3%) of rental households in Berks County are cost burdened.

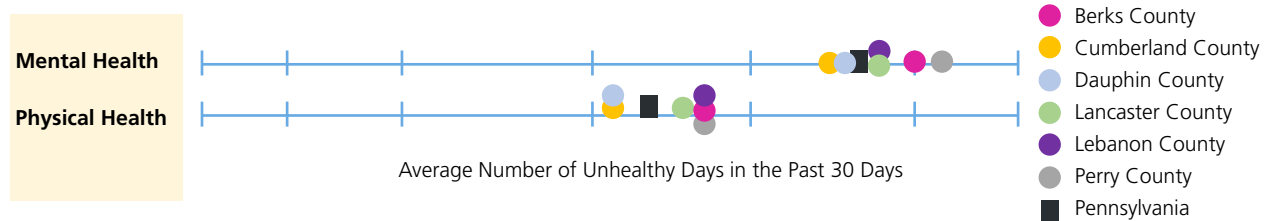
All counties in the service area, except Cumberland County, have a higher percentage of individuals without health insurance compared to Pennsylvania as a whole (5.6%). Lancaster County has the greatest percentage (11.2%) of the population that does not have health insurance, followed by Perry County with 9.9%. Both Lancaster and Perry counties have 15.8% of those under age 19 without health insurance. Cumberland County has the lowest percentage (5.2%) of people without health insurance.

## Public Health Analysis of the Six-County Region

PSH collected and analyzed publicly reported health data to display health trends and identify health disparities across the six-county region. We compiled this data from secondary sources such as the County Health Rankings & Roadmaps program, the Pennsylvania Youth Survey (PAYS), Behavioral Risk Factor Surveillance System (BRFSS) PLACES data and Pennsylvania Department of Health's EDDIE system. A list of sources can be found at the end of the report.

## Poor Mental and Physical Health Days

The 2024 County Health Rankings show that people in Berks, Lebanon, and Perry counties reported an average of 3.7 physically unhealthy days, which is greater than the PA average (3.4). In Perry County, people reported 5.2 mentally unhealthy days, surpassing the PA average (4.7). Overall, people reported more mentally unhealthy days than physically unhealthy days.



## Mental Well-Being

The percentage of students who reported being bullied decreased in all counties from 2017 to 2021 but then increased in 2023, with 24% to 31% reporting being bullied in 2023. The percentage of students who reported feeling sad or depressed most days in the past year decreased from 2021 to 2023, but more than a third of all students in all counties still reported feeling sad or depressed most days in 2023, with Perry County having the highest percentage of students at 41.8% reporting feeling depressed or sad. Finally, the percentage of students who reported they had seriously considered suicide in the past year was highest in Perry County, at 19.2%, but these numbers decreased or improved in all counties from 2021 to 2023.

More than **1 in 3** students have **felt depressed or sad most days** in the past year in **all six counties**.

Individuals with limited social contact and involvement in the community have been shown to be at higher risk of morbidity and mortality, and those with a stronger social support network are more likely to make healthy lifestyle choices.

In our service area, the greatest percentage of students who reported no participation in pro-social activities was in Berks County (17.6%), followed by Dauphin (16.3%) and Lebanon (15.1%) counties, all of which were higher than the state (13.1%). The percentage of teens and young adults ages 16-19 who are neither working nor in school increased in Lebanon County but remained constant or decreased in all other counties. Overall, from 2020 to 2021, the number of membership associations per 10,000 population decreased in all our counties except Perry County.

## Substance Use

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

The percentage of students using alcohol decreased in all counties between 2019 and 2023, except for a slight increase in 2023 in Perry County (12.2%), which was also higher than the state (11.5%). All counties in the report area saw a decrease in marijuana use among students between 2019 and 2023, except for Lebanon and Perry counties, which saw a slight increase (5.3% and 7.3%, respectively). Cigarette use decreased in all counties from 2019 to 2023, but the percentage of students reporting cigarette use in Perry County (3.1%) in 2023 was highest among all counties in our service area and higher than the state (2.0%). Vaping/e-cigarette use was greatest in Perry County (8.5%) but decreased in all counties from 2019 to 2023.

### Alcohol Use

The percentage of students using alcohol **decreased** in five counties, except Perry County, which experienced an increase, between 2019–2023.

LOCATION	PERCENTAGE OF STUDENTS USING ALCOHOL IN PAST 30 DAYS
Perry County	12.2%
Pennsylvania	11.5%
Berks County	9.6%
Cumberland County	8.5%
Dauphin County	8.2%
Lancaster County	7.8%
Lebanon County	8.8%



### Tobacco, Vaping and Marijunana Use Among Students - Past 30 Days

	CIGARETTES	E-CIGARETTE/ VAPING	MARIJUANA
	2023	2023	2023
Berks County	1.2%	6.8%	5.1%
Cumberland County	1.3%	5.4%	4.2%
Dauphin County	1.6%	7.1%	5.0%
Lancaster County	1.1%	5.1%	4.1%
Lebanon County	1.6%	6.9%	5.3%
Perry County	3.1%	8.5%	7.3%
Pennsylvania	2.0%	7.9%	6.3%

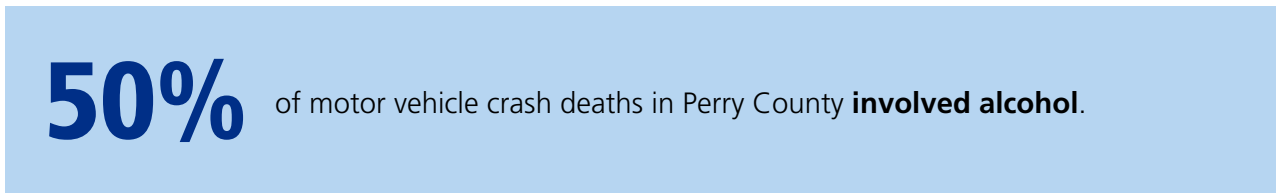
The percentage of current smokers has decreased from 2021 to 2024 in all counties but is higher than the state percentage in all counties except Cumberland County. The percentages of excessive drinkers have decreased from 2023 to 2024 in all counties. Within the report area, Lebanon and Perry counties had the greatest percentage of adults who reported excessive drinking at 18%, but all counties were lower than the state (19%). Of the six-county service area, Perry County also reported the highest percentage of driving deaths with alcohol involvement (50%), almost double the rate of the state (25%).

### Adult Smokers

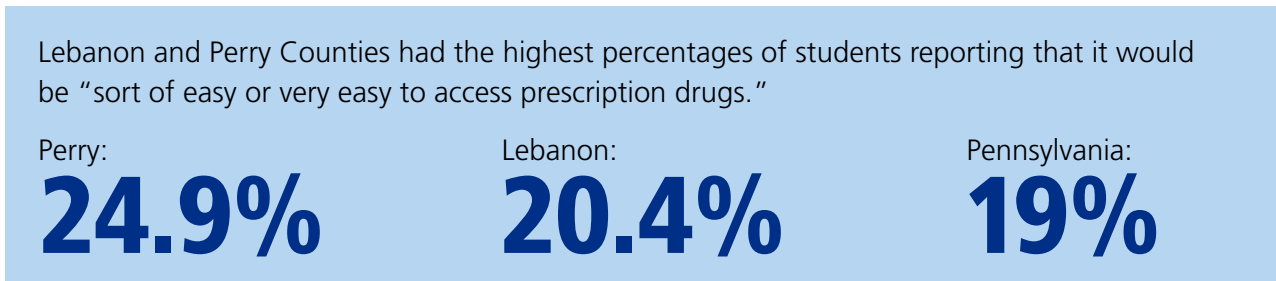


COUNTY	PERCENTAGE OF ADULTS WHO ARE SMOKERS
Berks	18%
Cumberland	15%
Dauphin	17%
Lancaster	17%
Lebanon	19%
Perry	19%

### Alcohol-Impaired Driving Deaths



### Access to Prescription Drugs



The percentage of students who reported that it would be sort of easy or very easy to access prescription drugs decreased from 2021 to 2023 in Berks, Cumberland, Dauphin and Lancaster counties, but increased in Lebanon and Perry counties. Lebanon and Perry counties had the highest percentages (20.4% and 24.9%, respectively) of students reporting that it would be sort of easy or very easy to access prescription drugs, which were also higher than the state (19.0%).

Drug overdose deaths are an indicator of poor mental health. The rates of drug-related overdose deaths are lower among all counties in our service area compared to Pennsylvania (39 per 100,000). Perry County had the highest rate of overdose death among our six counties (35 per 100,000); however, the overdose death rate was greatest overall among Hispanic individuals in Dauphin County (59 per 100,000), followed by non-Hispanic Black individuals in Berks County (51 per 100,000).



*Jann Shanaman, left, a master gardener, gives tips to Steelton resident Gordon Hill as they join others working in the Steelton Community Gardens.*

More than half of all gun deaths in Pennsylvania are suicides (56%) (CDC, Underlying Cause of Death, Five-Year Average: 2018-2022). Among children and teens, gun deaths are the number one killer as one in four gun deaths among this age group are suicides. In the six-county service area, Perry County has the highest rate of gun deaths by population size (13.9 per 100,000 people), which is higher than the national rate (13.3 deaths per 100,000 people).

## **Nutrition & Food Security**

In 2023, almost 29% of students in Perry County reported being worried about running out of food, and Dauphin and Berks counties had 25% to 26% of students being worried about running out food, both of which were higher than the state average. This number drastically increased in all counties from 2021 to 2023. In 2023, 13.9% of students in Perry County reported that they skipped a meal because of family finances, and about 13% reported skipping a meal in Berks and Dauphin counties.

Limited access to healthy foods measures the percentage of the population that is low income and doesn't live close to a grocery store. In the six-county region, Dauphin County has the greatest percentage (8%) of people that have limited access to healthy foods, and the percentages have stayed constant among all counties.

Food insecurity estimates the percentage of the population that did not have access to a reliable source of food during the past year. Food insecurity was highest in Berks, Dauphin and Lebanon counties (9%) but improved in all counties from 2023 to 2024. However, racial and ethnic disparities in food insecurity remain significant, with approximately 9% of non-Hispanic white individuals experiencing food insecurity compared to around 25% of Black or Hispanic individuals (Feeding America, 2024). Furthermore, more than two-thirds (66%) of children living in households with incomes below 185% of the federal poverty level are experiencing food insecurity across our service area.

Considered together, food insecurity and access to healthy foods account for an overall food environment index score ranging from 0 (worst) to 10 (best). The highest or best score was in Perry County (9.0), and the lowest was in Dauphin County (8.1). All counties had an equal or better score than Pennsylvania (8.5), except for Dauphin County.

## Physical Well-Being

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

The percentage of adults reporting no leisure time physical activity was about 24% for the service area, which is higher/worse than the state (23%). Lebanon County had the highest/worst percentage of adults reporting no leisure-time physical activity, while Cumberland County had the lowest/best (20%). Adequate access to exercise opportunities was lowest in Perry County, with less than half (46%) of the population having adequate access.

Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues. In 2024, the percentage of obese adults was greater in Berks, Dauphin, Lancaster, Lebanon and Perry counties than in Pennsylvania, with Dauphin having the greatest percentage of obese adults (37%). The percentage of obese adults decreased in Cumberland from 2022-2024, stayed fairly constant in Berks County and Lebanon County and increased in all other counties.

### Adults who have Obesity



COUNTY	PERCENTAGE OF ADULTS WHO HAVE OBESITY
Berks	36%
Cumberland	31%
Dauphin	37%
Lancaster	35%
Lebanon	36%
Perry	35%

Across the service area, all counties had higher percentages of adults visiting a doctor for a routine checkup compared to the United States (71.8%). However, approximately 25% of individuals still did not have a routine checkup in the past year (PLACES, 2023). Perry County had the lowest percentage of adults with a dental visit (63.0%) as well as the lowest percentage of adults with a cholesterol screening (81.9%), both of which were also lower than the United States. Colorectal cancer screening was lowest in Berks County (72%), but all counties ranked higher than the U.S. rate.

Berks County had the greatest percentage (9.8%) of adults diagnosed with diabetes, and Cumberland County had the lowest (8.0%), but all counties were lower than the state (11.0%). Dauphin County had the greatest percentage (30.2%) of adults with high blood pressure, which was also higher than the state (29.4%). All counties had lower percentages of adults with high cholesterol and heart disease compared to the state (35% and 5.7%, respectively).

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

Berks County had the lowest percentage (45%) of female Medicare enrollees with an annual mammogram, and Cumberland and Lancaster counties had the highest (53%). Asian females in Dauphin County had the lowest percentage (29%) receiving an annual mammogram, followed by Hispanic females in Cumberland County (30%). In 2021, rates of melanoma in females and males were higher in Dauphin, Lancaster, Lebanon and Cumberland counties than in Pennsylvania. Males had higher rates than females in all counties, with the highest rate among males in Dauphin County. The breast cancer rate was highest in Berks County in 2021 (138.2 per 100,000), which was also higher than the rate in Pennsylvania (133.2 per 100,000). Breast cancer rates decreased in 2020 for all counties but then increased again in 2021, except for Lebanon County, which saw a further decrease. The prostate cancer rate was highest in Berks County in 2021 (134.2 per 100,000), and only Lancaster and Perry counties had lower rates than PA. Prostate cancer rates decreased in all counties in 2020 but then increased in 2021.

# PRIOR CHNA IMPLEMENTATION PLAN – EVALUATION OF IMPACT AND COMMENTS RECEIVED

## Evaluation of Impact

The 2022-2025 Implementation Plan and annual Community Benefit Reports can be found at: <https://www.pennstatehealth.org/community>.

The findings of the 2021 CHNA conducted by the PSH hospitals identified three intertwined priorities:

1. **Mental Health**
2. **Health Equity**
3. **Wellness and Disease Prevention**



Thank you to the five task forces, comprised of community partners and PSH employees, for developing and implementing the plan to address these needs:

1. **Mental Health and Substance Use Prevention**
2. **Health Equity**
3. **Chronic Disease and Risk Factor Prevention**
4. **Nutrition and Food Access**
5. **Physical Activity**

These groups have achieved key impacts over the first two years of the Implementation Plan, which are highlighted below. Much of the work of these groups was intertwined to have optimum collective impact. For example, they all collaborated to create a Community Network Directory of ongoing programs and resources to foster awareness and collaboration across all groups. A Top 10 List to promote community use of this resource was created and presented to all task forces in Year Two. In Year One, the PA Area Health Education Center and the Penn State College of Medicine Department of Family and Community Medicine presented the Equity-based Decision-making for Health tool to

the task forces to assist all groups with understanding the meaning of health equity, how to identify socially vulnerable groups within our community and how to use the tool to make more equitable decisions when planning programs.

The following section is not an all-inclusive summary of the impactful community work taking place across PSH or with our community partners, but only a sample of the accomplishments of our task forces.



## Mental Health

### Expand and increase behavioral health training and education:

- Trained 618 individuals (80 of which were students) on mental health signs and symptoms, in partnership with the following organizations: Dauphin County Crisis Intervention Team, PA State Police Academy Cadets, Beacon Clinic, Penn State Health Employee Resource Groups, Dauphin County District Attorney's Office, International Service Center and Community Health Workers.
- Clinical Simulation Center partnered with PA State Police Academy on seven interactive and innovative trainings to help cadets learn how to best handle mental illness cases.
- Provided substance use education via 18 lectures, trainings, webinars or health fairs, including the Penn State Addiction Center for Translation Topics in Addiction monthly seminar series, Annual Addiction Symposium and Opioid Overdose Reversal Training.
- Distributed naloxone, lockboxes and safe disposal pouches at numerous community health events, in partnership with Dauphin County Drug and Alcohol and at Save a Life Day.
- Collaborated on a Community Health Vending Machine project to dispense naloxone, drug checking kits and other health necessities.
- Offered Drug Take-Back Day three times in two years, collecting 2,342 pounds of unwanted, unneeded or expired medications, as well as 54 sharps containers.

### Collaborate with organizations to develop an inventory of behavioral health resources and support systems:

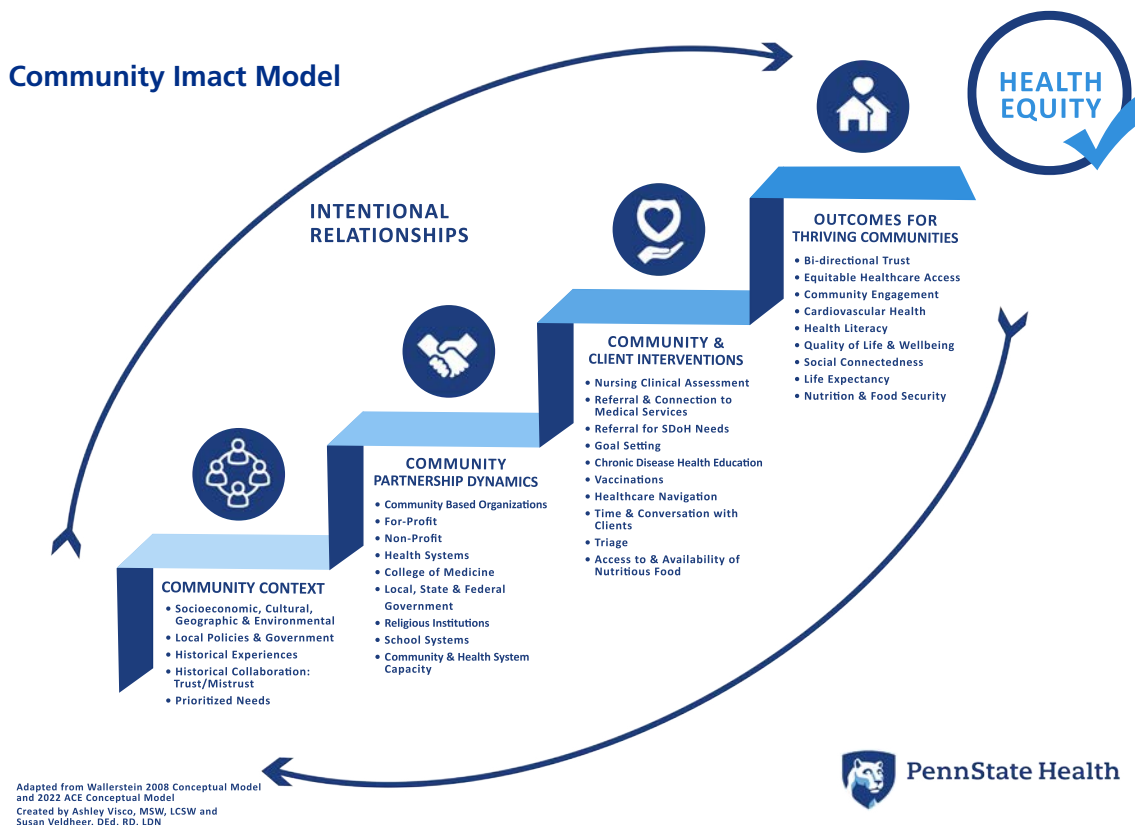
- Received three Community Relations Grants:
  - o Taught six Sensory Regulation Workshops geared toward children, teens and young adults.
  - o Partnered with Steelton-Highspire School District to offer experiential education to its students: 48 students participated in yoga and mindfulness classes, 18 in dialectical behavioral therapy, 20 attended a workshop at the Baltimore Aquarium, 18 participated in a mental health overview and 18 in a sensory regulation and mindfulness workshop.
  - o Partnered with an outreach specialist in the community to provide free high-quality, evidence-based, trauma-sensitive training on substance use, harm reduction and mental health topics to members of the community.

- Joined HEAL PA Initiative and partnered with the Health Equity Task Force, PA 211 and United Way of the Capital Region on a video to promote usage of 211, a free phone number that provides access to local community services and resources in the United States.
- PSH Government Relations met with leadership to review and assess mental health priorities and needs for the next two years.
- Initiated United Way of the Capital Region Contact to Care and Road to Success initiatives and employed a Community Health Worker at Pennsylvania Psychiatric Institute (PPI).
- In two years, we recruited and trained six fellows through the Addiction Medicine Fellowship, preparing these providers to work in community and clinical settings.
- Trained a leader to initiate the SMART Recovery Support Group. PPI is offering adult and child support groups.
- Behavioral Health Services at Penn State Health Holy Spirit Medical Center operates Teenline to provide counselors who serve as mental health liaisons for Student Assistance Program teams at all public secondary schools in Cumberland and Perry counties.



## Health Equity

Collaborate to create and maintain an inventory of community health access points and organizations promoting trauma-informed care practices:





- The Community Impact Model was created in FY 2024 and is a conceptual framework that we use to guide our community health work. It recognizes that achieving health equity isn't a straightforward path from intervention to outcome. Instead, Outcomes for Thriving Communities can only be reached by honoring the Community Context, Community Partnership Dynamics, and Community and Client Interventions. These components function within the realm of intentional relationships, recognizing that progress often requires moving back and forth through the model. The ultimate goal is to foster health equity, acknowledging the complexity and dynamic nature of community health efforts.

*“I first met a client at a food pantry in July 2023 with a blood pressure of 214/144, no insurance, taking old meds (sometimes), lost his insurance. Over the year we have assisted him with getting insurance, a PCP, educating on blood pressure and all that goes along with it, and general support. In June, 2024, he stopped by only to say hi and report that he is feeling great, blood pressures are now in the normal range, he's on medication he can afford (and actually takes) and just wanted us to know how well he is doing now.”*

#### **Uplift partnership with the United Way:**

- PA 211 Campaign video created and provided to community partners. Joint social media campaign ran in July 2022.
- PA 211 information was embedded in PSH discharge instructions June 2023.
- The United Way campaigns for 2022 and 2023 ran successfully.
- PSH hired and certified two United Way Contact to Care CHWs. One position specifically supports Pennsylvania Psychiatric Institute with mental health awareness activities. CHWs improve access to health care by connecting individuals to resources to overcome their barriers to health care and address social determinants of health. Additionally, they assist individuals who are uninsured or underinsured with gaining insurance and maintaining access to a medical home. In FY 2023-2024, the CHWs have actively worked with 214 individuals and made 93 referrals for health care/primary care and 47 for health insurance.

#### **Partner with community organizations on trauma-informed care trainings:**

- We provided 30 staff and community partner education sessions in Berks, Cumberland, Dauphin and Lancaster counties and presented results at the American Public Health Association conference.
- Evaluation results: 829 pre-surveys and 597 post-surveys have been completed to evaluate the training program. Participant responses have shown a statistically significant improvement in their “knowledge” and “understanding” of trauma. Ninety-seven percent of open-ended responses have been positive, with many stating that the training is “eye-opening” and “informative.” The most significant improvement was seen in participants’ comprehensive understanding of Trauma-Informed Sensory Care.
- In 2024, we started the Empowered Relief Program, an evidence-based pain management community education series, and offered three sessions.

*“I just wanted to thank you again for spending your Saturday morning providing a program for Lancaster Public Library patrons. Though I was only in the room for the very beginning of the session, it was wonderful to watch you create a caring, supportive environment for two women whose daily lives have been so deeply impacted by chronic pain. Attendance may have been low, but it truly felt like the program turned out exactly as it was meant to. Thank you for using your knowledge and compassion to help our patrons improve their quality of life!”*

### **Additional highlights:**

- Provided services at 43 regular community outreach locations; 22 PaWS and Health Outreach sites, including health screenings, blood pressure monitors and education. Locations are food pantries, the Racetrack, Anchor Lancaster, Lancaster Public Library and the Corner Store Initiative in Reading. Internal Medicine residents are now partnering with nurses at Anchor Lancaster.
- The Holy Spirit Medical Center Outreach Clinic provided 11,335 free nursing care visits in FY 2024. The center offers referral assistance via a Contact to Care Community Health Worker and fresh produce by hosting a community refrigerator. The nurses also expanded their outreach work to assist additional populations at the Racetrack.
- Partnered with PSH Heart and Vascular to increase atherosclerotic cardiovascular disease screening in the community. The number of screenings doubled within the first quarter.
- Track Community Health Nurse and CHW participant health data in REDCap so we can evaluate efforts.
- Implemented A1C screening at all community sites where our nurses provide health screenings.
- Launched the PSH Systemwide Health Equity Strategy, with the CHNA Health Equity Task Force serving as the community pillar. PSH hired a Program Director for Health Equity.
- Offered task force training on Systems Work to make Systematic Changes provided by Dr. Marcellus Taylor.
- Penn State College of Medicine Community Health Equity & Engagement in Research (CHEER) Team developed and launched community-engaged research toolkits for both research teams and community partners.
- Offered the CHW Training Program at the Penn State Health Downtown Campus in Reading, and three cohorts trained 24 CHWs, preparing these individuals to help community members navigate their health and social needs to improve health outcomes.



## Chronic Disease and Risk Factor Prevention

### Collaborate to increase opportunities for chronic disease education and trainings with a focus on underserved communities:

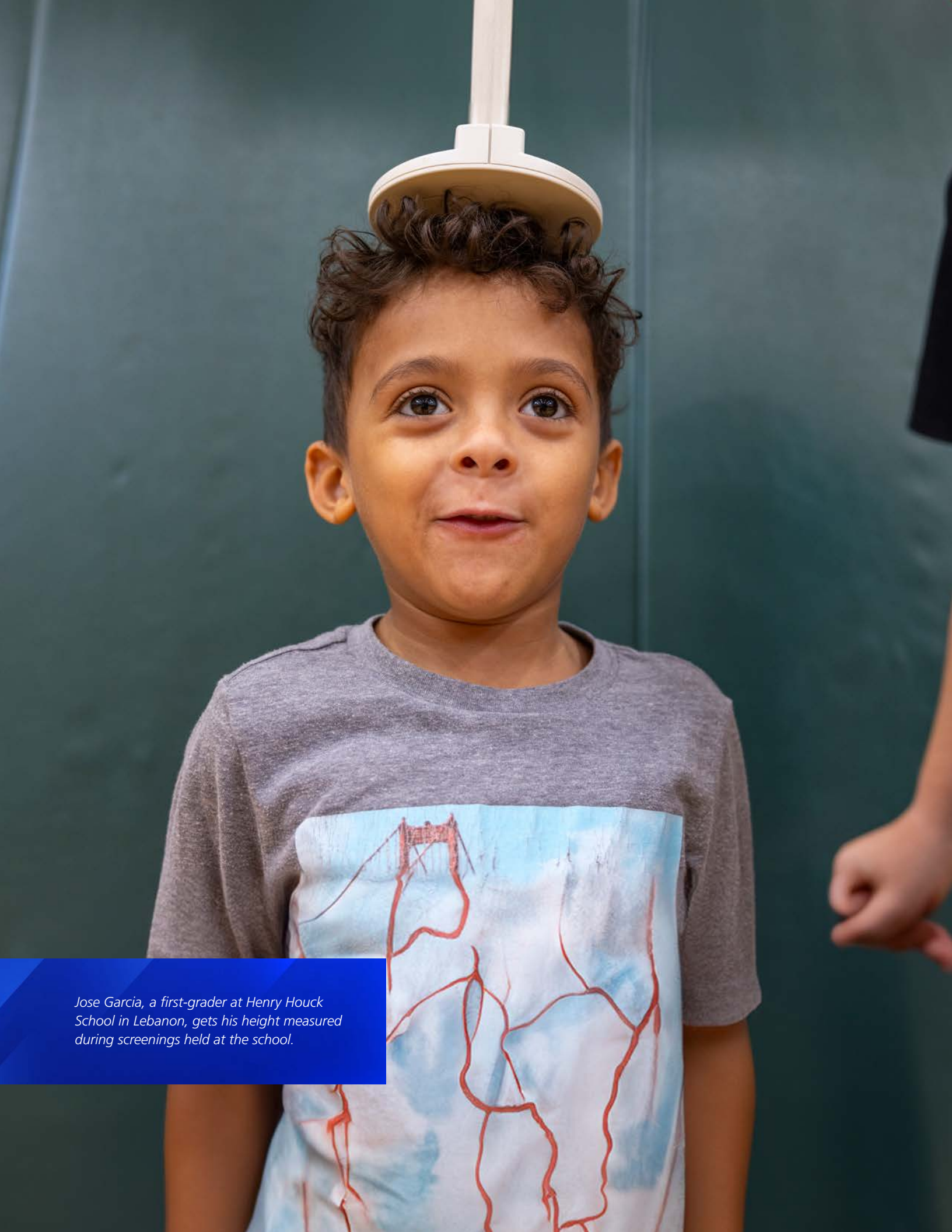
- Task force meetings have fostered collaboration to extend our reach, and many presenters have commented about the excellent programs. PSH collaborated at many annual, large community events across our six counties. Examples include: National Night Out, PSH RecFest, YMCA Health Equity Tour, Guts & Glory Digestive and Wellness Expo in Reading, American Heart Association Heart and Stroke Walk, Berks Cultural Diversity Festival in downtown Reading, PSH Cancer Survivorship Celebration, Penn State Blue-White Game, diabetes health fairs, flu shot events, Racial and Ethnic Approaches to Community Health (REACH) events, Northern Dauphin County Ladies' Night Out, and PSH "Walk with a Doc" events in Reading to provide education on preventing stroke, reducing diabetes, handling stress, skin cancer prevention and managing cancer through physical activity.
- Upon review, the task force identified a gap in educational offerings in Perry County and collaborated with the Perry County Rotary Club to provide educational sessions on stroke and lung cancer prevention. Community Gardens and the PaWS Program also expanded to Perry County.
- Cancer community education and screenings offered by institutes and departments across PSH and Penn State College of Medicine reached approximately 134,000 community members in two years. These included lung cancer prevention, tobacco cessation, a colorectal cancer education and screening initiative, No-Shave November and free prostate screenings, breast cancer support services and Berks Relay for Life leadership, free mammograms, Breast Bingo for Latinas, Let's Get Educated against Cancer Spanish webinar series, cancer Community Health Workers and advocates, Cancer Navigation and Survivorship Network, cancer advisory boards, sun safety and skin cancer prevention initiatives, FIT Kit distributions, Prescription Assistance Program and numerous cancer-related support groups.
- Adult Trauma and Pediatric Trauma and Injury Prevention programming reached about 125,000 community members in two years. Programs include Stop the Bleed, Matter of Balance, senior and teen driving programs, The Center for the Protection of Children, violence prevention, child safety seat inspections, pedestrian and bicycle safety, water safety, Safe Sitter Program, Hands-Only CPR, Tourniquet Exchange Program and Trauma-Informed Care.

### Create an evaluation survey to implement at community educational events that demonstrates improved understanding of chronic disease risk factor prevention:

- In Year One, we created the evaluation framework and surveys. Short and long (includes demographic questions) versions are available in English and Spanish via PDFs, REDCap links and a PowerPoint slide and flier with QR Codes.
- Through June 2024, respondents completed a total of 352 evaluation surveys on 19 topics at 10 different community locations. They include 264 short English surveys; 63 long English surveys

and 25 short Spanish surveys. We used the evaluation surveys at various events, including Signs and Symptoms of Mental Illness, Stroke Prevention, Preventative Health, Urinary Health, CPR, Flu Information, Hearing, Emotional Self-Awareness, Osteoporosis, Senior Safety and What to Expect at an ED Visit, “It’s All in Your Head” and an A-fib presentation. The surveys were either completed virtually or at various locations such as The Salvation Army, Morning Star, Cumberland County Housing, Leader Center for Active Life, Prince of Peace Church in Steelton and the International Service Center. These are combined results from all three types of surveys:

- o When asked what part of the event was the most useful to learning, the majority (83%) selected “presentation” in a check-all-that-apply question. The next most useful part of the event was “group discussion” (48%).
- o When asked how they would like to receive educational information in the future, 54% of respondents selected “in person,” with email being the second most selected option (33%).
- o About 92% of respondents selected that they were “very much” satisfied with the organization of the event, and 91% of individuals responded that they were “very much” satisfied with their instructor/presenter.
- o Ninety-seven percent of respondents said they either “strongly agree” or “agree” that they “learned something new that they can use in work/life.” In a “select-all-that-apply” section, most participants responded that after the event they planned to either “use this information to improve their own health” (56%) or “discuss with a friend/family member/colleague/provider” (44%); showing how educational events can impact the health of others in the community that did not attend the event.
- o About 86% of respondents answered that they were “very likely” to participate in a similar educational event in the future.
- We created four separate projects for ongoing programs using the evaluation framework: Stroke Prevention, Sensory Regulation, Empowered Relief and the Hello Game.

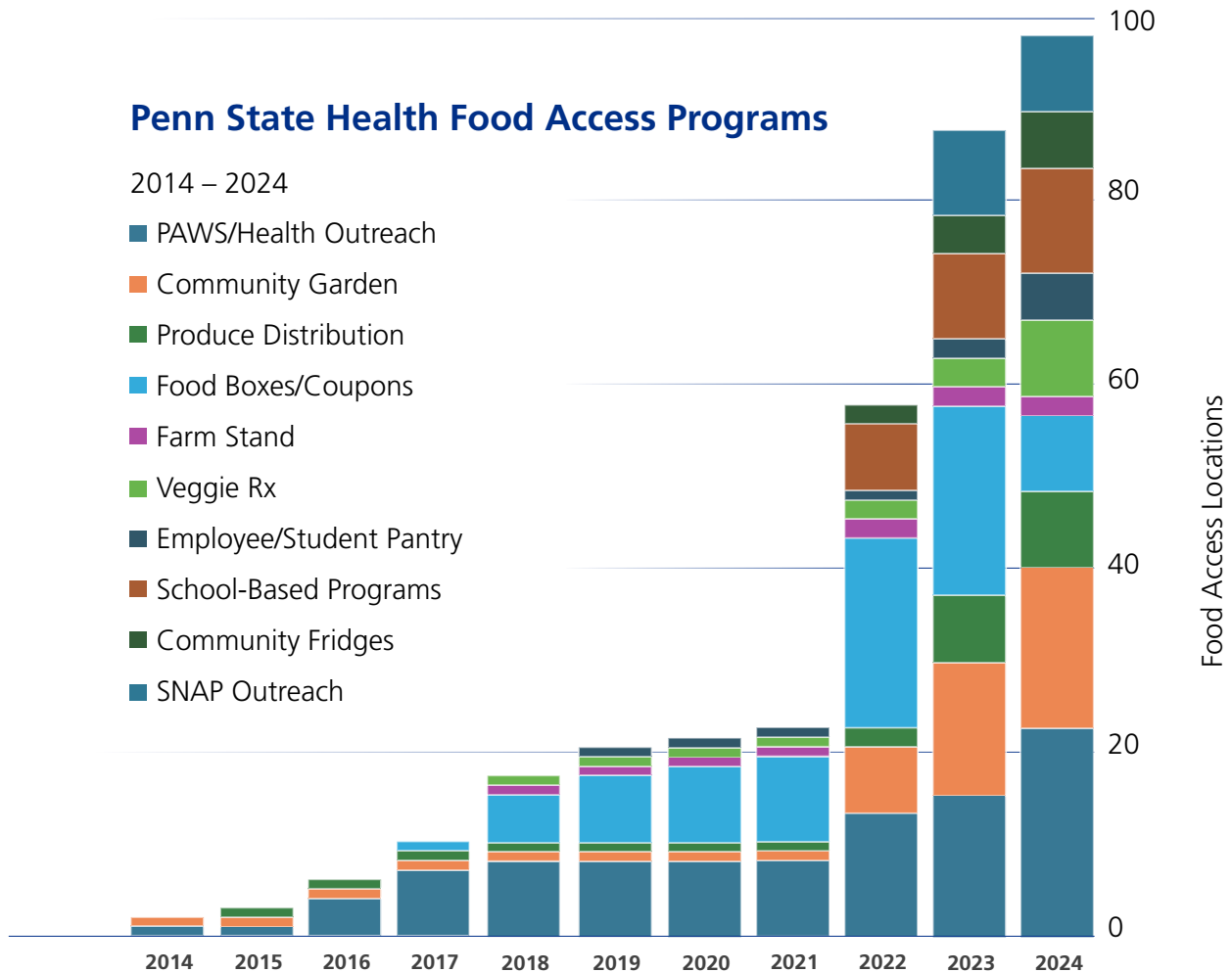


*Jose Garcia, a first-grader at Henry Houck School in Lebanon, gets his height measured during screenings held at the school.*

## Nutrition and Food Access

### Expand reach of nutrition and food access programs:

- Since 2014, PSH has been dedicated to addressing food and nutrition insecurity within our six counties and, thanks to generous support from the Rite Aid Healthy Futures grant, has been able to expand these efforts over the past two years. Eighty-five nutrition and food access points in Year One, expanding to 94 locations in Year Two of this plan, reached just over 81,500 community members, leading to sustainability, growth, equity and data-driven research. The table below illustrates this expansion.

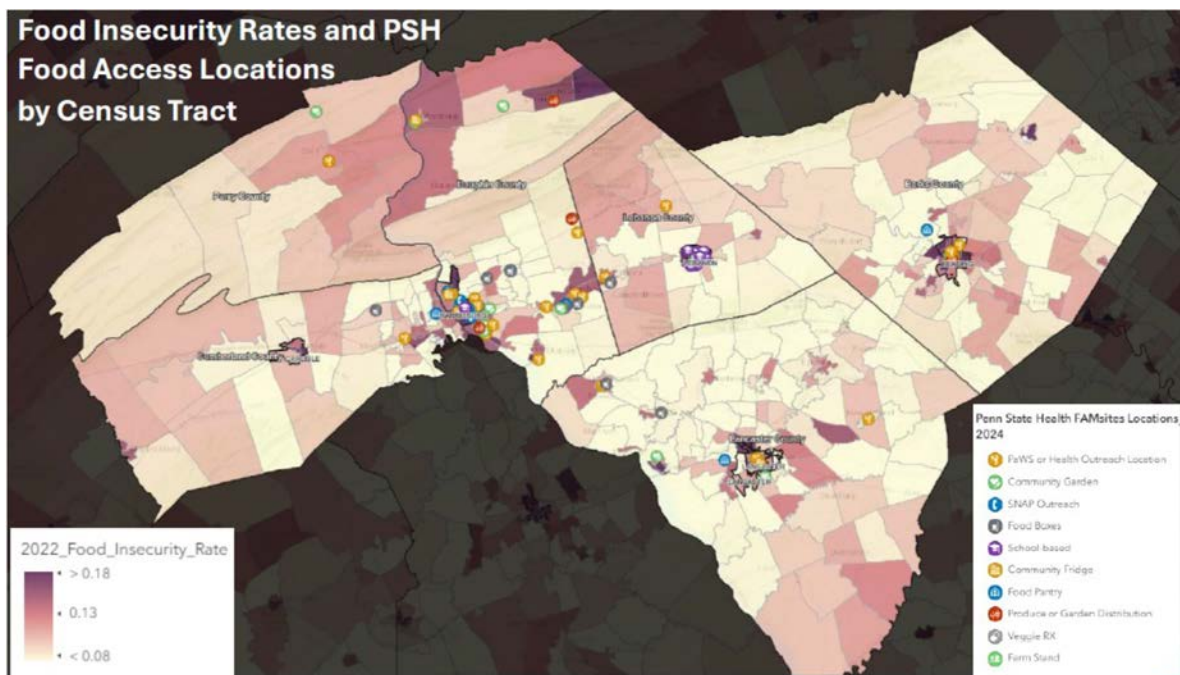


- About 5,025 people are served annually in the Garden Programs, and more than 10,000 pounds or 16,000 servings of fruits and vegetables are distributed at 14 community gardens and five distribution sites. The original community garden, located on the Milton S. Hershey Medical Center and Penn State College of Medicine campus, also donates over 2,000 pounds of produce and honey and 1,200 flower arrangements annually. These sites not only provide fresh produce but also offer access to community resources, education, social support and physical activity.
- The Veggie Rx Program is a produce voucher and nutrition education program for communities facing health disparities and chronic health conditions like cardiovascular disease and diabetes. It continues to have positive outcomes in Berks County for both individual well-being, such as a

significant decrease in A1C, and for local economic development by supporting farmers markets and grocery stores. Veggie Rx expanded, and new community partners started classes in FY 2024: Tec Centro in Lancaster, Lebanon County Christian Ministries in Lebanon, Northern Dauphin Human Services Center in Elizabethville and Family First Health in Columbia. One class demonstrated that average total cholesterol and diastolic blood pressures improved. Surveys also showed that the classes are improving participants' perception of their health.

**Develop a regional collaborative to increase communication and develop a nutrition/food access resource.**

- We created Veggie Rx and Community Garden Toolkits and fact sheets to help other organizations expand these programs in the community.
- In collaboration with the Salvation Army Harrisburg Capital Region and Penn State Master Gardener Program, 18 people attended a six-week “Seed to Supper” program held at the Salvation Army. This involved gardening education, hands-on gardening and cooking classes as well as a pre- and post-biometric screening.
- PSH, the Chestnut Street Community Center in Lebanon and the Lebanon County Area Agency on Aging partnered to provide a shuttle from eight senior living buildings to the center’s weekly farmer’s market. The seniors also received nutrition vouchers to redeem at the market, with the goal of increasing their fresh produce consumption.
- Established partnership with Central Pennsylvania Food Bank for geocoding and mapping of food access areas. As a result, we know that PSH food access locations are extremely well-targeted across our six-counties. The map below shows these services are concentrated near areas with the highest food insecurity rates in each county, including Harrisburg City, Steelton and Northern Dauphin County; Reading in Berks County; Lebanon City and Palmyra in Lebanon County; and Columbia, Elizabethtown, Mount Joy, New Holland and Lancaster City in Lancaster County. This map shows one of 42 indicators, such as child food insecurity, chronic conditions and food deserts.



### **Improve access to fruits and vegetables and nutrition education within our service area:**

- Provided programming about container gardening to 150 people at eight locations and served 58 people with cooking classes in four of the gardens.
- Provided 12 AeroGardens to the Lebanon School District to teach students in all grades gardening techniques and how to grow their own healthy foods, while also increasing consumption. We developed and utilized pre- and post-surveys for evaluation. We also used additional supplies to create an Aquaponics program for fifth graders.
- REACH partnered with Bell & Evans on a diabetes prevention program that incentivized participation in an online educational program by providing vegetable boxes once a week.
- Farm Fresh Fridays at PSH St. Joseph Medical Center distributed 215 healthy recipe meal kits in 2024.
- Held five additional community garden programs in 2024 in Lancaster, Dauphin and Lebanon counties serving over 200 people with small home garden supplies and education.
- On the PSH campuses, we offer four employee food pantries. Food insecure patients at eight clinics receive food boxes. In FY 2024, 434 food boxes, as well as food and clothing coupons, served 1,404 people.

## **Physical Activity**

### **PSH collaborated to share more opportunities for community physical activity programs:**

- Held meetings every other month to highlight upcoming events across our six counties.
- Invited presenters to share about physical activity programs and help promote and possibly replicate them in other areas to expand opportunities for physical activity and infrastructure. Learned about 22 programs in two years including: The Common Wheel, Community Health Council of Lebanon County – Lebanon Valley Calendar, Pennsylvania Parks & Forests Foundation, The Aspen Institute – Project Play, Penn State PRO Wellness, AHEC - Health Equity Tool Kit, Better Together Lebanon Summer Fest, Girls Rugby Inc., Girls on the Run, JCWK Dance Lab, Harrisburg Bicycle Club – Smart Cycling Class, REACH Physical Activity Projects, Penn State Rehabilitation RecFest, Silver Sneakers, PA Moves, PSH St. Joseph Medical Center “Walk With a Doc,” Dauphin County Parks & Recreation and Adventure Explorations.
- Partnered with Dauphin County Parks and Recreation on their Park Rx “Walk With a Doc” program. PSH providers share a message and walk with participants to answer questions.
- Task force members participate on the PA State Health Improvement Plan development committee for physical activity and nutrition.
- PA Parks and Forests Foundation created a video that focuses on quiet and its role in mental health and features two Penn State researchers who have studied the role of quiet.

### **Enhance policies and infrastructure to increase opportunities for physical activity:**

- PSH worked with physical activity infrastructure and initiatives in all six counties and reached more than 61,000 participants over two years.



- We operate a continuous bike share program and sit on the regional bike share planning committee. Bike racks were placed in downtown Hershey and Hummelstown as an extension of our campus bike share system.
- We provided counting devices to the Susquehanna Area Mountain Bike Association (SAMBA) for the mountain biking trails on the campus of Milton S. Hershey Medical Center and will continue to support these trails.
- We promoted and participated in meetings for the Tri-County Regional Planning Commission and Harrisburg Area Transportation Study and the Harrisburg Parks and Recreation Design Update meetings.
- PSH provided 2023 Community Relations grants to the Joy of Sports Foundation PlayFit Program in Derry Township, Lebanon Bicycle Recycle and Bringing Balance to Older Adults through A Matter of Balance; and 2024 grants to StoryWalk in Dauphin County, Lebanon Bicycle Recycle Growth, Susquehanna Team River Runner expansion equipment purchase and Spinal Cord Injury Sexual Health workshop to increase opportunities for physical activity.
- PSH Downtown Campus in Reading and the REACH project received official recognition from the national “Walk With a Doc” program. Over two years, they organized four series of walks, engaging more than 200 participants in regular exercise, education and socialization.
- REACH works to increase physical activity through the built environment. Various physical activity initiatives in Lebanon and Berks counties include:
  - o Lebanon: Traffic garden, Liberty Trail improvements, Pumptrack, SAMBA trails, basketball court improvements at Coleman Park, Lebanon Bicycle Recycle and Rail-Trail Spur projects.
  - o Reading: active transportation plan in downtown Reading and bilingual and inclusive walking guides and tours, Walk Works in both Lebanon and Reading.
  - o Lebanon: Support Lebanon Physical Activity Task Force and community events like Healthy Kids Day, Summerfest, Lebanon Valley Tennis Events, Lebanon Valley Mountain Bike Team, etc.
- Penn State PRO Wellness provides ongoing support to schools for Walk to School Day and Move It Outside.
- PSH presented RecFest 2023 and 2024 at Spooky Nook in Lancaster, an adaptive sports recreation and exercise expo for all ages and abilities, to introduce how to use and access adaptive equipment. Milton S. Hershey Medical Center also hosted Adaptive Ski Day in February 2024.
- National Night Out took place on the first Tuesday in August 2023 and planned for 2024 at 10 locations across our six counties. Our messaging during both years included safe physical activity. We created a planning toolkit to allow others to replicate this work.
- PSH created a StoryWalk in partnership with Dauphin County Parks and Recreation at Detweiler Park. Families enjoyed walking outdoors while reading a children’s book.
- Since funding is often a barrier to success, the Task Force compiled and shared a list of 20 local grant opportunities and best practices for promoting and increasing participation in physical activity.

## Community Health – FY 2024

- Community Health includes all community health improvement projects offered (not only those prioritized by our CHNA process), cash and in-kind contributions, community-building activities and community benefit operations.
- Overall, in FY 2024, Penn State Health served 1,009,514 community members with 143,584 employee hours and 37,773 volunteer hours, resulting in \$9,167,051 in Community Health services provided to our community.

## Community Benefit – FY 2023

- Community Benefit is the total value of quantifiable benefits provided to our community and reported to the IRS. This number does not include Research, Bad Debt or Medicare.
- In FY 2023, Penn State Health provided \$165,936,729 in Community Benefit.

## Comments Received

- Community members were asked to provide their feedback on previous CHNAs conducted by PSH as part of the Key Informant Survey and Conversations and at the end of all meeting presentations. The public can give feedback at any time using the link posted on the PSH website: [www.pennstatehealth.org/community](http://www.pennstatehealth.org/community). Ongoing feedback is positive, helps build important community connections and includes the following examples:
  1. Enjoyed reading about PSH outreach efforts and made connection to the Teenline Student Assistance Program at [www.pennstatehealth.org/teenline](http://www.pennstatehealth.org/teenline).
  2. Requested a community program sponsorship.
  3. Made connection to the Lebanon County Christian Ministries Market on 7th.
  4. The CHNA Report is critical work to our College of Medicine, since it is regularly used in medical school coursework to help educate learners on the social determinants and health equity topics.
  5. Like hearing the updates on community engagement and upcoming goals. Would like to see more similar projects in downtown Reading, for example, community gardens and refrigerators and more fresh food access beyond the 6th Street location. Requested a community program sponsorship.

## Next Steps

Based on the results of the current Implementation Plan, PSH hospitals will continue into the final year of the strategy aiming to meet both the established indicators and any that were not met or adjusted in Year Two. We will monitor data sources with the goal of improving community health and equity. These accomplishments and new partnerships will shape the 2024 CHNA process and priority setting and will guide the next Implementation Strategy that is scheduled to begin on July 1, 2025.

# EXISTING COMMUNITY ASSETS TO ADDRESS COMMUNITY HEALTH NEEDS

The PSH Community Relations Department has a dedicated budget committed to Community Health, Community Relations and Community Benefit tracking across our entire health system. This budget includes funds contributed to charitable purpose sponsorships and grants that are required to address at least one of the health need priorities identified in our CHNA. During the past nine years, we funded 118 Community Relations grants by \$443,754. The grants engage employees across the health system to partner with community organizations. 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 our patients experience outside of our hospital walls. To evaluate the effectiveness of the grant process, we scored each individually funded project from 2016 to 2022 based on various measures. We funded 94 projects during the evaluation period, averaging about 13 grants per year and representing 40 different departments, exhibiting a diverse, systemwide shared vision of community health.

Our grant scoring process has proven effective in identifying successful projects. Out of 94 grants, 87 (93%) achieved all their stated objectives. Additionally, 43% of the funded grants focused on people living in poverty or underserved areas, accelerating health equity. Grant examples and outcomes are available in real time upon request.

All PSH hospitals track community benefits and outcomes and maintain an inventory of community partners in a community benefit database, the Community Benefit Inventory for Social Accountability (CBISA) Plus™ for Healthcare by Lyon Software (lyonsoftware.com). These partner inventories include more than 770 unique community organizations and multiple contacts for each one and highlight programs and services within the six-county assessment area. CBISA project managers continually update these inventories to keep them current and include contact names, organization name, email addresses, telephone numbers, addresses, program descriptions and relationship to PSH. You can request a current copy of these inventories.

These inventories list a diverse range of community organizations and public health agencies that our health system collaborates with. We used this list to invite organizations to share their insights on community health needs through Key Informant surveys and conversations, and to help conduct Community Member surveys. In addition to this list, the five CHNA Task Forces carrying out our current Implementation Plan and other PSH departments that are active in the community maintain lists of their key community contacts. Owners of these lists were invited to complete the Key Informant survey and were asked to share it with their contacts for completion as well.

Names of the organizations and groups engaged in any aspect of our CHNA process can be found in Appendix A. This list may not be all-inclusive since participants could remain anonymous, and primary organizations were listed, not all departments and programs.

The 2024 CHNA final report was reviewed and approved by the Penn State Health Board of Directors on Nov. 6, 2024, and sent to all hospital boards to acknowledge. Following the PSH Board's approval, the report was made available to the public via each hospital with a link to our primary community website: [www.pennstatehealth.org/community](http://www.pennstatehealth.org/community).

For additional information about the CHNA and opportunities for collaboration, please contact us at: [CHNA@pennstatehealth.psu.edu](mailto:CHNA@pennstatehealth.psu.edu).

To provide feedback on this CHNA, please click or scan: <https://redcap.link/34eua53p>





*Julie Groh, right, a community health nurse with Penn State Health, provides a health screening for Angela Evans at the Salvation Army Harrisburg Capital City Region.*

# APPENDIX A: PARTICIPATING

Thank you to these community organizations, and others that may not be included below, that contributed time, space, feedback, advertising or other support to the 2024 PSH CHNA.

717 Latino	Catherine Hershey Schools for Early Learning
AARP	Catholic Charities
Abilities In Motion	Center for Independent Living of Central Pennsylvania
Adalyn Rose Foundation	Central Dauphin School District
Advanced Physical Therapy and Fitness	Central PA LGBT Center
Advoz: Mediation & Restorative Practices	Central Pennsylvania Food Bank
Alder Health Services	Centro Hispano
Alzheimer's Association	Chestnut Housing
American Cancer Society	Chestnut Street Community Center
American Heart Association - Eastern States	Choices Healthcare
American Legion Post 974	Church of the Nativity & St. Stephen
American Physical Therapy Association	Church World Service
Anchor Lancaster	City of Columbia Community Development
Arch Street Center	City of Harrisburg
ARS of Lancaster	City of Lancaster
Aveanna Healthcare	City of York Bureau of Health
BAYADA Home Health Care	COBYS Family Services
bcmPEACE	Cocalico School District
Beacon Clinic	Cocoa Packs Inc.
Behavioral Healthcare Consultants	Columbia Dream Center
Bell & Evans	Communities Practicing Resiliency (CPR) of Greater Harrisburg
Berks Alliance	Community Action Association of Pennsylvania
Berks Counseling Center	Community Action Partnership of Lancaster County
Berks County	Community Connections for Children
Berks County Community Foundation	Community Cupboard of Elizabethtown
Berks County Office of Mental Health and Developmental Disabilities	Community Health Council of Lebanon County
Berks County Veterans Affairs Office	Community Homes of Lebanon County
Berks Free Medical Clinic	Community Prevention Partnership
Bethany House	Community Services Group
Bethesda Mission	Compass Mark
Better Together Lebanon	Compassion Action Network
Bhutanese Community in Harrisburg	Connected Together Lebanon County
Boyertown Area School District	Connections Work
Bread of Life Outreach	Contact to Care
Breakthrough T1D	Council on Chemical Abuse
Breast Cancer Support Services of Berks	CrossNet Ministries
Brightside Opportunities Center	Crunch Fitness - Mechanicsburg
Caitlin's Smiles	Cumberland County
Calvary United Church of Christ, Reading	Cumberland County Health Improvement Partnership
Campbelltown Community Alliance	Cumberland County Library System
Capital Area Coalition on Homelessness	Cumberland/Perry County Mental Health, Intellectual & Developmental Disabilities
Capital Area Intermediate Unit	Cumberland/Perry County Mental Health, Intellectual & Developmental Disabilities
Capitol Rehabilitation and Healthcare Center	Dauphin County
Carlisle Area School District	
Carlisle Family YMCA	

Dauphin County Agency on Aging  
 Dauphin County Case Management Unit  
 Dauphin County Drug & Alcohol Services  
 Dauphin County Early Intervention Program  
 Dauphin County Health Improvement Partnership  
 Dauphin County Human Services  
 Dauphin County Library System  
 Dauphin County Mental Health/Autism/Developmental Programs  
 Dauphin County Parks & Recreation  
 Dauphin County System of Care  
 Dauphin County Trauma Informed Collaborative  
 Dayspring Homes, Inc.  
 Derry Township  
 Derry Township Department of Parks and Recreation  
 Derry Township School District  
 Detweiler Park  
 Disability Empowerment Center  
 Discerning Eye Community Agriculture  
 East Lampeter Township  
 Eastern Lebanon County School District  
 Easy Does It, Inc.  
 Elizabethtown Area School District  
 Elizabethtown Kung Fu Center  
 Emergency Health Services Federation  
 Ephrata Area School District  
 Ephrata Area Social Services  
 Ephrata Public Library  
 Family First Health  
 Family Fresh Food Pantry  
 Family Guidance Center  
 Family Promise of Harrisburg Capital Region  
 Feeding Pennsylvania  
 Firetree Ltd.  
 Gather the Spirit for Justice  
 Gaudenzia  
 Geisinger Health Plan  
 Genentech  
 GIANT  
 Girls on the Run  
 GLO Harrisburg  
 GoggleWorks Center for the Arts  
 Good Samaritan Services  
 Grantville Area Food Pantry  
 Greater Harrisburg Healthy Start  
 Gretna Music  
 Gunn-Mowery  
 Hamilton Health Center  
 Harrisburg Area Community College  
 Harrisburg Area YMCA  
 Harrisburg Bicycle Club  
 Harrisburg School District  
 Harrisburg Urban Growers  
 Haven Behavioral Hospital of Eastern Pennsylvania

Health Partners Plans  
 Helping Harvest  
 Hershey Entertainment & Resorts  
 Hershey Impact  
 Hershey Plaza Apartments  
 Highmark  
 Hispanics United of Lebanon, PA  
 Hope Within Ministries  
 Hospice & Community Care  
 Housing Authority of the County of Dauphin  
 Humanitee Counseling Services  
 Hummelstown Food Pantry  
 IHartHarvest, Inc.  
 International Service Center  
 Italian Lake  
 JCWK Dance Lab  
 Jefferson Health Plans  
 Join Hands Ministry  
 JOY Food Pantry  
 Joy of Sports Foundation  
 Juniper Village at Lebanon  
 Juntos De Lebanon  
 Keystone Health Agricultural Worker Program  
 Kingdom Warriors Outreach Ministries  
 Kutztown University of Pennsylvania  
 Lancaster City Alliance  
 Lancaster County  
 Lancaster County Adult Probation  
 Lancaster County Behavioral Health & Developmental Services  
 Lancaster County Children & Youth Agency  
 Lancaster County Drug & Alcohol Commission  
 Lancaster County Reentry Coalition  
 Lancaster Harm Reduction Project  
 Lancaster Pride  
 Lancaster Public Library  
 Lancaster-Lebanon IU13  
 Landisburg EMS  
 Latino Hispanic American Community  
 Launch Pad Foundation  
 Laurel Life  
 Leader Center for Active Life  
 Lebanon Bicycle Recycle  
 Lebanon County  
 Lebanon County Area Agency on Aging  
 Lebanon County Christian Ministries  
 Lebanon County Community Action Partnership  
 Lebanon County Juvenile Probation  
 Lebanon County Library System  
 Lebanon County Mental Health/Intellectual Disabilities/Early Intervention  
 Lebanon County Office of the Board of Commissioners  
 Lebanon Family Health Services  
 Lebanon Rescue Mission

Lebanon School District  
 Lebanon Transit  
 Lebanon VA Medical Center  
 Lebanon Valley Chamber of Commerce  
 Lebanon Valley College  
 Lebanon Valley Family YMCA  
 Lebanon Valley Health Services  
 LGBT Center of Central PA  
 Library System of Lebanon County  
 Literacy Council of Reading-Berks  
 Living Unlimited Inc.  
 LivingWell Institute  
 LogosWorks  
 Love INC of Greater Hershey  
 Lower Paxton Township Police Department  
 Manheim Township School District  
 Manna Food Pantry  
 Mary's Shelter  
 Masonic Villages  
 Mechanicsburg Area School District  
 Mechanicsburg Chamber of Commerce  
 Medard's House Youth Center  
 Meghan Zook Consulting  
 Messiah Lifeways  
 Messiah University  
 Middletown Food Pantry  
 Millersburg Borough  
 Millerstown Kids Garden Club  
 Milton Hershey School  
 Minersville Area School District  
 Mount Calvary Christian School  
 Mount Joy Borough  
 Move Forward Counseling  
 Multicultural Counseling and Consulting  
 MYO Park  
 NAACP - Lancaster Branch  
 NAMI Berks County  
 NAMI Cumberland and Perry Counties  
 NAMI Dauphin County  
 National Institute of Rural & Minority Health  
 New Cumberland Borough  
 New Heightz Grocery Store  
 New Hope Ministries  
 New Horizons Counseling Services, Inc  
 New Journey Community Outreach  
 Newport School District  
 Northern Dauphin Human Services Center  
 Northern Dauphin Library  
 Northern Lancaster County Chamber of Commerce  
 Northern Lebanon School District  
 Opportunity House  
 PA 211  
 PA CareerLink - Lebanon County  
 PA Coalition for Oral Health  
 PA Link  
 PA Recovery Organizations Alliance  
 PA Youth Ministries  
 Parents and Children Together  
 Partnership for Better Health  
 Pathways Center for Grief and Loss  
 Paxton Ministries  
 Peace and Harmony House  
 Penn Medicine Lancaster General Health  
 Penn National Race Course  
 Penn State Addiction Center for Translation  
 Penn State Berks  
 Penn State Cancer Institute  
 Penn State Center for Translational Science Institute  
 Community Health Equity & Engagement in Research  
 Penn State College of Medicine  
 Penn State College of Nursing  
 Penn State Extension  
 Penn State Harrisburg  
 Penn State LionCare  
 Penn State PRO Wellness  
 Penn's Civilians  
 Pennsylvania Association for Community Health Centers  
 Pennsylvania Counseling Services - Lancaster City  
 Pennsylvania Department of Aging  
 Pennsylvania Department of Conservation and Natural Resources  
 Pennsylvania Department of Health  
 Pennsylvania Department of Military and Veteran Affairs  
 Pennsylvania Office of Attorney General  
 Pennsylvania Parks and Forests Foundation  
 Pennsylvania State University  
 Pequea Valley School District  
 Perry County  
 Perry County Area Agency on Aging  
 Perry County Chamber of Commerce  
 Perry County Emergency Management  
 Perry County Health Coalition  
 Perry County Literacy Council  
 Perry County Veteran Affairs  
 Perry Link  
 Pine Street Presbyterian Church  
 Planned Parenthood Keystone  
 Ponessa Behavioral Health  
 Power Packs Project  
 Project SHARE  
 Quarryville Borough  
 rabbittransit  
 Racial and Ethnic Approaches to Community Health  
 Reading Branch NAACP  
 Reading Farm Stand  
 Reading School District  
 REAL Life Community Services  
 Recycle Bicycle Harrisburg



Research Institute for Key indicators Data Laboratory  
Rite Aid Healthy Futures  
Riverfront Federal Credit Union  
Riverside Associates PC  
Rotary Club of Perry County PA  
ruOK? Berks  
Safe Harbour  
Safe Kids Pennsylvania  
Saint Patrick School, Carlisle  
Samara  
Samaritan Counseling Center  
SAMBA Trails  
Select Medical  
Seniors Helping Seniors  
Sexual Assault Resource and Counseling Center  
Shippensburg Community Resource Coalition  
Solanco Neighborhood Ministries  
SOS Berks - Opioid Coalition  
South Hanover Township Parks and Recreation  
Sovia Therapy  
Spanish American Civic Association  
St. Catherine Labouré Parish  
St. John Missionary Baptist Church  
Steelton Borough  
Steelton-Highspire High School Garden  
Steelton-Highspire School District  
Strive Physical Therapy  
Super Natural Produce  
Susquehanna Area Mountain Bike Association  
Team River Runner  
Tec Centro  
Tec Centro Lebanon  
Teenline  
The Arc of Cumberland & Perry Counties  
The Bridge Eco-Village  
The Caring Cupboard  
The Common Wheel  
The Factory Ministries  
The Food Trust  
The Foundation for Enhancing Communities  
The Literacy Council of Lancaster – Lebanon  
The Paloma School  
The Period Project Harrisburg  
The RASE Project  
The Salvation Army  
The Salvation Army Harrisburg Capital City Region  
The Salvation Army Reading Citadel  
The Unified Judicial System of Pennsylvania  
Thoughtful Wellness  
Thrive to Five  
Touchstone Foundation  
Trans Advocacy Pennsylvania  
Tri County Community Action  
Tri-State Advocacy Project

Union Community Care  
United Disabilities Services Foundation  
United Way of Berks County  
United Way of Lancaster County  
United Way of the Capital Region  
United Way of York County  
University of Pittsburgh Medical Center  
Upper Dauphin Human Services Center  
Veterans of Foreign Wars Post 1620  
Veterans of Foreign Wars Post 7530  
Water Street Health Services  
WellSpan Health  
West Lampeter Township  
West Perry School District  
West Shore Chamber of Commerce  
Wiconisco Fire Engine Company No. 1  
Wildwood Park  
Williams Valley School District  
Wyomissing Area School District  
YMCA Center For Healthy Living  
YMCA of Reading and Berks County  
YMCA of the Roses  
York College of Pennsylvania  
YWCA Greater Harrisburg  
YWCA Lancaster  
ZenFit

# APPENDIX B: REFERENCES

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# APPENDIX C: SECONDARY DATA

## Population, Growth Rate and Age (Sg2, 2024)

	TOTAL POPULATION			POPULATION AGE 0-17			POPULATION AGE 65+		
	2024	2029 Projection	% Change	2024	2029 Projection	% Change	2024	2029 Projection	% Change
Service Area	1,770,455	1.81M	2.4%	379,083	376,120	(0.8%)	362,401	405,138	11.8%
Berks County	430,867	438,022	1.7%	91,174	88,562	(2.9%)	85,240	96,190	12.8%
Cumberland County	295,816	309,169	4.5%	58,776	59,283	0.9%	61,774	70,509	14.1%
Dauphin County	286,560	293,352	2.4%	60,673	60,362	(0.5%)	55,747	63,028	13.1%
Lancaster County	561,025	573,056	2.1%	126,188	126,495	0.2%	115,996	126,818	9.3%
Lebanon County	148,270	151,548	2.2%	32,089	31,378	(2.2%)	32,961	36,509	10.8%
Perry County	47,917	48,506	1.2%	10,183	10,040	(1.4%)	10,683	12,084	13.1%

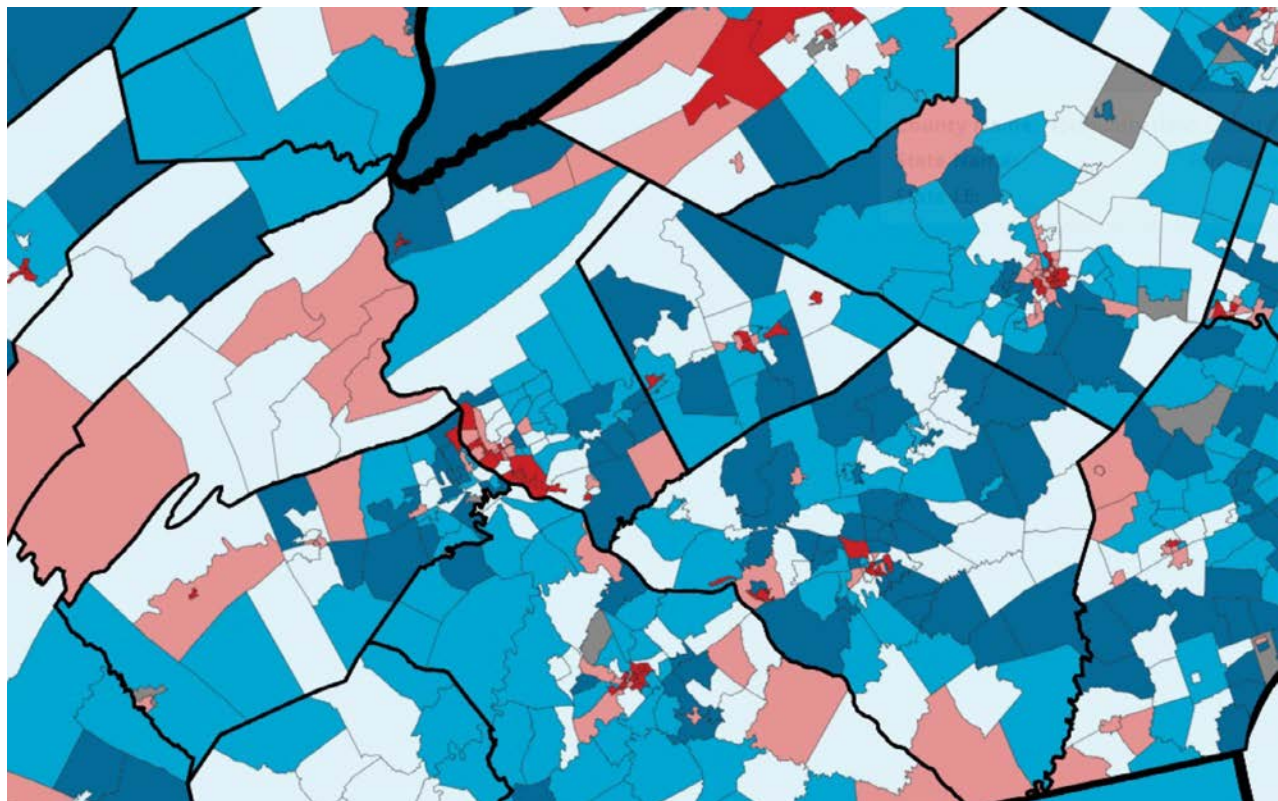
## Population by Race and Ethnicity (Sg2, 2024)

	AMERICAN INDIAN / ALASKA NATIVE	ASIAN	BLACK / AFRICAN AMERICAN	MULTIPLE RACES	NATIVE HAWAIIAN / PACIFIC ISLANDER	OTHER RACE	WHITE	HISPANIC / LATINO
Service Area	5,783	66,110	116,943	135,805	743	120,038	1,325,033	254,962
Berks County	2,498	6,424	23,914	42,423	203	56,129	299,276	111,627
Cumberland County	624	17,868	14,583	18,732	144	6,321	237,553	16,469
Dauphin County	886	22,387	50,677	23,227	125	16,728	172,530	35,516
Lancaster County	1,406	16,092	23,930	38,528	174	29,779	451,116	67,044
Lebanon County	310	3,172	3,426	10,605	92	10,689	119,976	23,127
Perry County	59	167	413	2,299	5	392	44,582	1,179

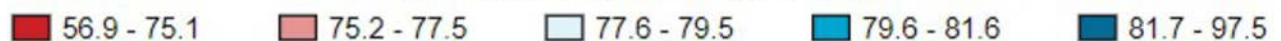
## Population Percent Change from 2024 to 2029 by Race and Ethnicity (Sg2, 2024)

	WHITE POPULATION % CHANGE	BLACK POPULATION % CHANGE	ASIAN POPULATION % CHANGE	HISPANIC POPULATION % CHANGE
Service Area	(1.6)	8.0	24.5	16
Berks County	(3.3)	11.6	1.3	15
Cumberland County	(0.9)	28.5	28.0	28
Dauphin County	(3.5)	(0.2)	32.3	18
Lancaster County	(0.3)	8.9	16.6	12
Lebanon County	(0.9)	6.3	38.2	16
Perry County	(0.5)	30.0	21.0	29
Pennsylvania	(2.9)	2.9	9.6	17

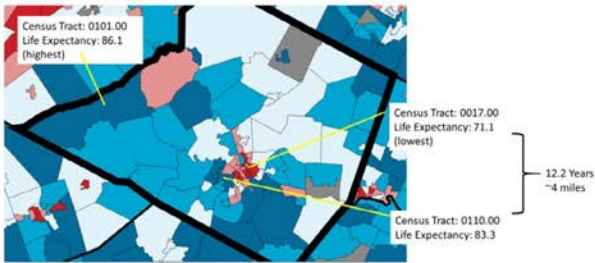
## Life Expectancy by Census Tract (National Center for Health Statistics, 2020)



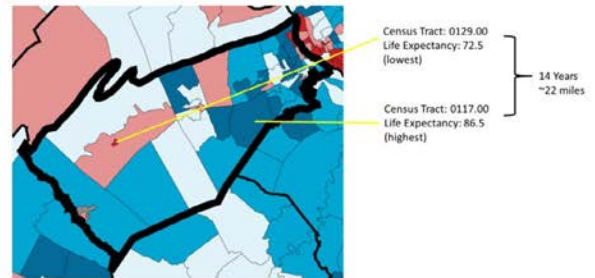
Life Expectancy at birth (Quintiles)



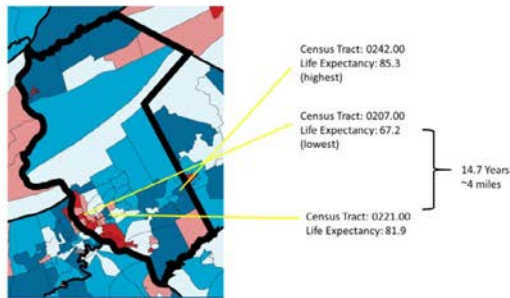
### Berks County



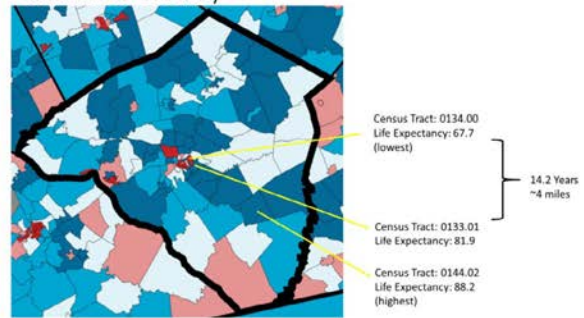
### Cumberland County



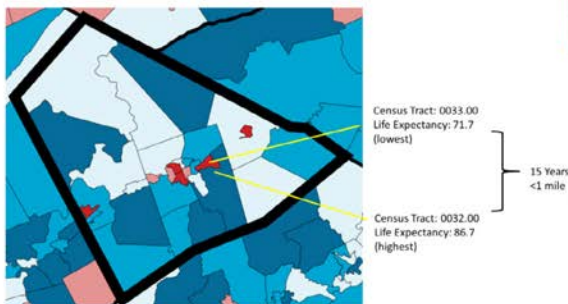
### Dauphin County



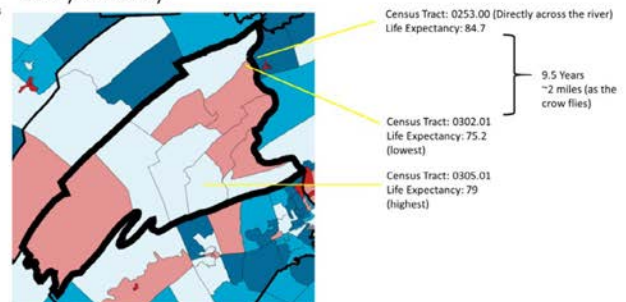
### Lancaster County



### Lebanon County



### Perry County



## Education, Income and Poverty (2018-2022, ACS 5-year Estimates)

	PERCENT POPULATION AGE 25+ WITH NO HIGH SCHOOL DIPLOMA	MEDIAN HOUSEHOLD INCOME	PERCENT PEOPLE W/ INCOME BELOW POVERTY LEVEL	PERCENT POPULATION UNDER AGE 18 IN POVERTY	CHILDREN ELIGIBLE FOR FREE/ REDUCED PRICE LUNCH
Service Area	10.9%	\$76,847	9.9%	13.7%	
Berks County	12.0%	\$74,617	11.8%	17.9%	52%
Cumberland County	6.5%	\$82,849	7.7%	10.4%	32%
Dauphin County	8.8%	\$71,046	12.2%	17.4%	58%
Lancaster County	13.1%	\$81,458	8.2%	9.9%	46%
Lebanon County	12.4%	\$72,532	10.9%	16.2%	49%
Perry County	10.8%	\$76,103	8.2%	10.9%	38%
Pennsylvania	8.3%	\$73,170	11.8%	16.2%	52%
United States	10.8%	\$75,149	12.5%	16.7%	51%

## Asset Limited, Income Constrained, Employed (ALICE) Households (United Way, 2023)

	2016	2017	2018	2021
Berks County	25%	24%	25%	28%
Cumberland County	30%	24%	26%	26%
Dauphin County	27%	23%	29%	25%
Lancaster County	25%	24%	26%	26%
Lebanon County	27%	26%	27%	28%
Perry County	27%	24%	30%	29%
Pennsylvania	27%	24%	27%	27%

## Housing Units with Substandard Conditions, Cost-Burdened Households, and Households w/out a Vehicle 2018-2022 (ACS, 2018-2022 5-Year Estimates)

	OCCUPIED HOUSING UNITS WITH ONE OR MORE SUBSTANDARD CONDITIONS	RENTAL HOUSEHOLDS THAT ARE COST BURDENED	OWNER OCCUPIED HOUSEHOLDS W/ MORTGAGES THAT ARE COST BURDENED	HOUSEHOLDS WITHOUT A VEHICLE AVAILABLE FOR PERSONAL USE
Berks County	28.2%	46.3%	24.1%	8.7%
Cumberland County	23.7%	38.9%	21.8%	5.5%
Dauphin County	26.6%	40.2%	22.1%	9.0%
Lancaster County	26.9%	43.9%	23.6%	9.1%
Lebanon County	26.7%	44.7%	23.0%	6.8%
Perry County	22.3%	35.9%	23.0%	5.6%
Pennsylvania	27.2%	43.8%	23.5%	10.6%
United States	31.7%	46.5%	27.2%	8.3%

## Vizient Vulnerability Index

The Vizient Vulnerability Index (VVI) identifies social needs and obstacles to care in neighborhoods that may influence a person’s overall health. Any score >1 is considered an area of “high vulnerability”. The 13 ZIP Codes in our six-county service area with a score greater than one are listed in the following table, along with the scores for each of the individual domains that make up the overall VVI score.

ZIP Code	County Name	V	Economic	Education	HealthCareAccess	Neighborhood	HousingC	leanEnvironmentS	ocial	Transportation	PublicSafety
17101D	auphin County1	.700	.21	0.55	-2.11	0.03	3.29	1.65	2.95	4.99	1.78
17129D	auphin County1	.700	.21	0.55	-2.11	0.03	3.29	1.65	2.95	4.99	1.78
17103D	auphin County1	.651	.030	.48	0.54	0.26	2.06	1.70	4.72	2.00	1.76
17104D	auphin County1	.530	.880	.69	0.38	0.00	1.85	1.73	4.72	1.81	1.78
17122D	auphin County1	.530	.880	.69	0.38	0.00	1.85	1.73	4.72	1.81	1.78
19602B	erks County1	.451	.390	.79	0.95	-0.742	.361	.712	.662	.78	2.07
17102D	auphin County1	.450	.32	1.05	-1.32	1.16	1.51	1.68	6.96	2.12	1.78
17121D	auphin County1	.450	.32	1.05	-1.32	1.16	1.51	1.68	6.96	2.12	1.78
19601B	erks County1	.391	.420	.89	0.95	-1.072	.182	.462	.742	.36	2.08
19603B	erks County1	.391	.420	.89	0.95	-1.072	.182	.462	.742	.36	2.08
19604B	erks County1	.180	.900	.87	0.76	-1.512	.012	.201	.681	.94	2.08
19612B	erks County1	.180	.900	.87	0.76	-1.512	.012	.201	.681	.94	2.08
19611B	erks County1	.140	.680	.10	1.54	0.70	0.90	2.15	1.75	1.19	0.95

## Social Vulnerability Index (SVI)

Social Vulnerability refers to the demographic and socioeconomic factors (such as poverty, lack of access to transportation and crowded housing) that adversely affect communities that encounter hazards and other community-level stressors. These stressors can include natural or human-caused disasters (such as hurricanes or forest fires) or disease outbreaks (such as COVID-19). The current Social Vulnerability Index uses 16 U.S. Census variables from the five-year American Community Survey (ACS) to identify communities that may need support before, during or after disasters. For example, a SVI ranking of 0.95 in Berks County (the highest of our six counties) signifies that 95% of counties in PA are less vulnerable than Berks County and that 5% of counties in PA are more vulnerable; whereas an SVI score of 0.17 in Cumberland County signifies that 17% of counties in PA are less vulnerable than Cumberland County, and 83% are more vulnerable.

	OVERALL SVI SCORE
Berks County	0.9545
Cumberland County	0.1818
Dauphin County	0.7121
Lancaster County	0.7727
Lebanon County	0.9091
Perry County	0.1212



# CDC/ATSDR Social Vulnerability Index 2020



## County Health Rankings, 2023

	HEALTH FACTORS RANK (OUT OF 67 COUNTIES)				HEALTH OUTCOMES RANK (OUT OF 67 COUNTIES)			
	2020	2021	2022	2023	2020	2021	2022	2023
Berks County	26	31	34	47	36	17	15	17
Cumberland County	4	4	3	4	7	6	5	5
Dauphin County	39	20	23	19	50	37	44	42
Lancaster County	9	16	12	12	9	9	9	9
Lebanon County	16	19	17	17	19	29	27	26
Perry County	14	26	25	32	30	40	35	33

## Average Number of Physically or Mentally Unhealthy Days Reported in Past 30 Days (Age-Adjusted) (County Health Rankings, 2024)

	PHYSICALLY UNHEALTHY DAYS					MENTALLY UNHEALTHY DAYS				
	2020	2021	2022	2023	2024	2020	2021	2022	2023	2024
Berks County	4.3	4.0	4.2	3.4	3.7	4.3	4.6	4.6	4.8	5
Cumberland County	3.6	3.6	3.6	2.9	3.2	4.1	4.6	4.5	5	4.5
Dauphin County	3.9	3.8	4	3.2	3.4	4.6	4.8	4.6	4.8	4.6
Lancaster County	3.9	4.2	4.1	3.1	3.6	4.1	4.9	4.8	4.7	4.8
Lebanon County	3.7	4.2	4.2	3.3	3.7	4.1	5.1	4.8	4.9	4.8
Perry County	3.7	4.2	4.3	3.4	3.7	4.2	5.2	5.1	5	5.2
Pennsylvania	4.2	4.0	3.9	3.1	3.4	4.4	4.7	4.6	4.8	4.7

## Bullying, Depression and Suicide – Past 12 months (6, 8, 10, and 12th Grades, PAYS 2023)

	BULLIED				FELT DEPRESSED OR SAD MOST DAYS				SERIOUSLY CONSIDERED SUICIDE			
	2017	2019	2021	2023	2017	2019	2021	2023	2017	2019	2021	2023
Berks County	29.6%	28.0%	22.3%	25.1%	41.5%	39.4%	40.5%	38.4%	16.9%	16.9%	17.9%	16.2%
Cumberland County	34.4%	32.8%	24.4%	28.1%	37.6%	38.2%	39.4%	36.4%	16.8%	16.8%	18.0%	16.4%
Dauphin County	31.1%	28.1%	22.5%	26.3%	37.7%	39.6%	41.9%	38.3%	17.1%	17.4%	19.9%	16.1%
Lancaster County	30.4%	27.9%	25.2%	28.2%	35.7%	36.4%	38.5%	34.4%	15.7%	15.9%	17.8%	15.3%
Lebanon County	32.8%	28.1%	22.8%	24.3%	40.2%	36.0%	39.5%	37.2%	18.8%	16.9%	18.9%	16.1%
Perry County	34.7%	33.3%	32.3%	31.4%	38.3%	41.2%	45.6%	41.8%	16.5%	19.7%	23.7%	19.2%
Pennsylvania	30.5%	27.1%	23.2%	26.2%	38.1%	38.0%	40.1%	37.3%	16.5%	16.2%	18.6%	16.1%

## Involvement in Pro-Social Activities in the Past 12 Months (6, 8, 10 and 12th Grades, PAYS 2023)

County	ORGANIZED COMMUNITY ACTIVITIES			FAMILY-SUPPORTED ACTIVITIES			SCHOOL-SPONSORED ACTIVITIES			I DO NOT PARTICIPATE		
	2019	2021	2023	2019	2021	2023	2019	2021	2023	2019	2021	2023
Berks	20.1%	15.5%	15.8%	39.6%	41.5%	43.1%	57.6%	52.6%	55.8%	18.5%	20.3%	17.6%
Cumberland	23.5%	18.4%	20.3%	47.6%	46.2%	53.2%	56.2%	52.9%	58.7%	14.8%	17.1%	12.9%
Dauphin	22.4%	17.5%	18.5%	44.8%	45.5%	46.9%	57.1%	51.5%	55.3%	16.0%	19.4%	16.3%
Lancaster	21.0%	14.9%	17.0%	45.6%	46.3%	54.4%	61.6%	54.5%	62.5%	15.4%	17.4%	11.8%
Lenanon	22.7%	15.6%	18.8%	44.5%	41.5%	46.1%	61.0%	54.9%	58.2%	16.7%	19.5%	15.1%
Perry	23.5%	17.0%	17.8%	44.5%	43.3%	52.4%	57.9%	54.0%	63.5%	16.2%	18.2%	11.6%
Pennsylvania	21.6%	17.2%	18.8%	44.0%	44.7%	49.0%	59.8%	55.5%	60.5%	14.9%	16.2%	13.1%

## Social Support and Civic Engagement (County Health Rankings, 2024)

County	SOCIAL ASSOCIATIONS		DISCONNECTED YOUTH		VOTER TURNOUT
	Number of membership associations per 10,000 population.		Percentage of teens and young adults ages 16-19 who are neither working nor in school.		Percentage of population aged 18+ who voted in the 2020 U.S. Presidential election.
	2023	2024	2023	2024	2024
Berks County	10.9	10.7	6%	5%	66%
Cumberland County	13.4	12.8	5%	5%	73%
Dauphin County	18.0	17.7	5%	5%	72%
Lancaster County	14.1	13.8	7%	6%	69%
Lebanon County	14.9	14.4	7%	8%	67%
Perry County	15.4	16.1	7%	6%	69%
Pennsylvania	12.1	11.8	6%	6%	71%

## Tobacco, Vaping, Alcohol, and Marijuana – 30-day use (6, 8, 10 and 12th Grades, PAYS 2023)

	CIGARETTES			VAPING/E-CIGARETTE			ALCOHOL			MARIJUANA		
	2019	2021	2023	2019	2021	2023	2019	2021	2023	2019	2021	2023
Berks County	1.8%	1.0%	1.2%	16.6%	10.9%	6.8%	15.2%	11.5%	9.6%	8.8%	5.5%	5.1%
Cumberland County	1.9%	1.7%	1.3%	15.6%	9.8%	5.4%	13.0%	10.1%	8.5%	7.0%	5.5%	4.2%
Dauphin County	2.3%	1.3%	1.6%	15.1%	10.6%	7.1%	13.2%	11.0%	8.2%	9.2%	5.9%	5.0%
Lancaster County	1.7%	1.1%	1.1%	13.1%	9.4%	5.1%	11.0%	8.8%	7.8%	6.3%	4.5%	4.1%
Lebanon County	2.2%	1.3%	1.6%	15.9%	11.7%	6.9%	11.4%	9.8%	8.8%	7.4%	5.1%	5.3%
Perry County	4.2%	2.3%	3.1%	16.4%	13.1%	8.5%	15.6%	11.1%	12.2%	6.2%	5.5%	7.3%
Pennsylvania	3.5%	2.3%	2.0%	19.0%	13.0%	7.9%	16.8%	13.4%	11.5%	9.6%	7.0%	6.3%

## Percent of Adults Smoking and Drinking (County Health Rankings, 2024)

	CURRENT SMOKER					EXCESSIVE DRINKING				
	2020	2021	2022	2023	2024	2020	2021	2022	2023	2024
Berks County	17%	20%	19%	18%	18%	19%	21%	19%	21%	17%
Cumberland County	16%	18%	18%	16%	15%	20%	20%	22%	22%	17%
Dauphin County	19%	20%	19%	18%	17%	19%	19%	19%	19%	17%
Lancaster County	15%	20%	20%	18%	17%	18%	17%	18%	20%	17%
Lebanon County	16%	21%	21%	19%	19%	20%	20%	19%	21%	18%
Perry County	17%	23%	22%	21%	20%	20%	21%	21%	22%	18%
Pennsylvania	19%	18%	18%	17%	15%	19%	20%	20%	21%	19%

## Easy access to prescription drugs (6, 8, 10 and 12th Grades, PAYS 2023)

EASE OF ACCESS TO PRESCRIPTION DRUGS NOT PRESCRIBED TO YOU				
	2017	2019	2021	2023
Berks County	24.9%	21.7%	18.6%	16.5%
Cumberland County	27.1%	23.3%	19.6%	18.8%
Dauphin County	25.9%	22.0%	19.6%	18.8%
Lancaster County	24.2%	22.6%	19.6%	19.5%
Lebanon County	26.1%	21.5%	19.8%	20.4%
Perry County	22.0%	23.7%	18.8%	24.9%
Pennsylvania	25.5%	23.9%	20.6%	19.0%

## Drug Overdose Death Rate per 100,000 People\* (County Health Rankings, 2024)

	Overall	Hispanic (all races)	Non-Hispanic Black	Non-Hispanic White
Berks County	32	38	51	29
Cumberland County	19	N/A	N/A	N/A
Dauphin County	33	59	35	33
Lancaster County	25	32	44	23
Lebanon County	25	48	N/A	21
Perry County	35	N/A	N/A	N/A
Pennsylvania	39			

\*An N/A value is reported for counties with fewer than 10 drug poisoning deaths in the time period.

## Total Gun Deaths (including gun homicides and gun suicides) and Rate of Gun Deaths per 100,000 by County (CDC, Underlying Cause of Death, Five-Year Average: 2018-2022)

COUNTY	TOTAL GUN DEATHS FROM 2018-2022	RATE PER 100,000	POPULATION SIZE
Perry	32	13.9	45,828
Lebanon	89	12.5	143,282
Dauphin	172	12.2	286,685
Berks	227	10.7	428,631
Lancaster (8th in State)	224	8.2	552,761
Cumberland (19th in State)	106	8.2	260,223
Philadelphia	2,396	30.4	1,600,600

## Food and Stress (6, 8, 10 and 12th Grades, PAYS 2023)\*

	WORRIED ABOUT RUNNING OUT OF FOOD*				SKIPPED A MEAL BECAUSE OF FAMILY FINANCES*			
	2017	2019	2021	2023	2017	2019	2021	2023
Berks County	17.7%	15.0%	10.8%	25.3%	8.7%	7.9%	5.4%	12.8%
Cumberland County	10.8%	12.0%	8.5%	19.4%	5.2%	5.8%	4.4%	9.6%
Dauphin County	14.0%	14.7%	11.7%	26.3%	6.5%	6.9%	5.8%	13.3%
Lancaster County	12.9%	12.5%	9.8%	20.5%	6.4%	6.7%	5.0%	10.4%
Lebanon County	15.7%	14.3%	10.6%	22.4%	7.7%	7.5%	5.3%	10.9%
Perry County	15.0%	17.3%	14.0%	28.6%	7.0%	7.3%	7.5%	13.9%
Pennsylvania	13.4%	11.7%	9.1%	20.7%	6.8%	6.2%	5.0%	10.7%

\*One or more times in the past year

## Food Access, Food Insecurity and Food Environment Index (County Health Rankings, 2024)

	LIMITED ACCESS TO HEALTHY FOODS					FOOD INSECURITY				
	2020	2021	2022	2023	2024	2020	2021	2022	2023	2024
Berks County	3%	3%	3%	3%	3%	9%	10%	9%	10%	9%
Cumberland County	5%	5%	5%	5%	5%	9%	8%	8%	8%	7%
Dauphin County	8%	8%	8%	8%	8%	13%	11%	10%	10%	9%
Lancaster County	5%	5%	5%	5%	5%	10%	9%	9%	9%	7%
Lebanon County	3%	3%	4%	4%	4%	9%	9%	10%	10%	9%
Perry County	4%	4%	2%	2%	2%	9%	9%	10%	9%	8%
Pennsylvania	5%	5%	5%	5%	5%	12%	11%	11%	9%	9%

	FOOD ENVIRONMENT INDEX				
	2020	2021	2022	2023	2024
Berks County	8.7	8.6	8.7	8.4	8.6
Cumberland County	8.5	8.8	8.8	8.6	8.8
Dauphin County	7.6	8.1	8.1	7.9	8.1
Lancaster County	8.5	8.6	8.6	8.5	8.8
Lebanon County	8.7	8.7	8.5	8.4	8.5
Perry County	8.6	8.7	8.8	8.8	9
Pennsylvania	8.2	8.4	8.4	8.4	8.5
United States	7.6	7.8	7.8	7	7.7

## Food Insecurity by Race, Ethnicity, Age and Household Income (Feeding America’s Map the Meal Gap, 2022)

COUNTY, STATE	FOOD INSECURITY RATE AMONG BLACK PERSONS (ALL ETHNICITIES)	FOOD INSECURITY RATE AMONG WHITE, NON-HISPANIC PERSONS	FOOD INSECURITY RATE AMONG HISPANIC PERSONS (ANY RACE)	CHILD FOOD INSECURITY RATE	% FOOD INSECURE CHILDREN IN HH W/ HH INCOMES BELOW 185 FPL	% FOOD INSECURE CHILDREN IN HH W/ HH INCOMES ABOVE 185 FPL
Berks	25%	9%	26%	16.0%	68%	32%
Cumberland	31%	8%	24%	12.8%	64%	36%
Dauphin	27%	9%	24%	19.5%	67%	33%
Lancaster	24%	8%	23%	12.3%	68%	32%
Lebanon	23%	9%	27%	14.7%	76%	24%
Perry	NA	8%	22%	13.4%	81%	18%
Pennsylvania	27%	9%	25%	16.6%	69%	31%

## Physical Activity and Exercise Opportunities (County Health Rankings, 2024)

	PHYSICAL INACTIVITY					ACCESS TO EXERCISE OPPORTUNITIES				
	Percentage of adults age 20 and over reporting no leisure-time physical activity					Percentage of population with adequate access to locations for physical activity				
	2020	2021	2022	2023	2024	2020	2021	2022	2023	2024
Berks County	26%	22%	28%	25%	25%	86%	86%	79%	87%	86%
Cumberland County	21%	20%	24%	20%	20%	83%	83%	77%	86%	88%
Dauphin County	24%	23%	28%	24%	25%	83%	83%	70%	87%	89%
Lancaster County	21%	21%	26%	23%	23%	78%	78%	73%	85%	81%
Lebanon County	19%	22%	28%	25%	26%	85%	85%	80%	87%	87%
Perry County	30%	23%	28%	24%	25%	50%	50%	42%	46%	46%
Pennsylvania	23%	22%	25%	23%	23%	84%	84%	78%	86%	86%

## Obesity — Percent of Adults that Report a BMI of 30 or More (County Health Rankings, 2024)

	2020	2021	2022	2023	2024
Berks County	36%	34%	34%	37%	36%
Cumberland County	29%	27%	35%	32%	31%
Dauphin County	34%	33%	35%	32%	37%
Lancaster County	32%	33%	31%	34%	35%
Lebanon County	35%	38%	35%	36%	36%
Perry County	27%	30%	34%	34%	35%
Pennsylvania	30%	31%	33%	32%	33%

## Prevention Measures (PLACES, BRFSS 2021)

	VISITS TO DOCTOR FOR ROUTINE CHECKUP WITHIN THE PAST YEAR AMONG ADULTS AGED $\geq 18$ YEARS (2021)	VISITS TO DENTIST OR DENTAL CLINIC AMONG ADULTS AGED $\geq 18$ YEARS (2020)	CHOLESTEROL SCREENING AMONG ADULTS AGED $\geq 18$ YEARS (2021)	COLORECTAL CANCER SCREENING AMONG ADULTS AGED 50–75 YEARS (2020)
Berks County	75.5%	65.8%	83.3%	72.0%
Cumberland County	74.3%	69.1%	84.0%	77.0%
Dauphin County	75.6%	65.6%	84.2%	74.6%
Lancaster County	73.3%	64.2%	83.0%	74.2%
Lebanon County	73.5%	63.2%	82.1%	74.0%
Perry County	73.1%	63.0%	81.9%	73.0%
United States	71.8%	64.5%	84.3%	70.6%



## Prevalence of Health Outcomes, 2021 (PLACES, BRFSS 2021)

	DIABETES	HIGH CHOLESTEROL	HIGH BLOOD PRESSURE	HEART DISEASE
Berks County	9.8%	28.5%	29.3%	5.7%
Cumberland County	8.0%	28.7%	26.9%	5.0%
Dauphin County	9.6%	29.6%	30.2%	5.4%
Lancaster County	8.2%	30.1%	27.5%	5.4%
Lebanon County	9.2%	29.4%	29.2%	5.6%
Perry County	8.6%	29.3%	29.2%	5.6%
Pennsylvania	11.0%	35.0%	29.4%	5.7%

## Sexually Transmitted Diseases (STDs): Crude/Age-Specific Rates per 100,000 (EDDIE, 2024)

	GONORRHEA				CHLAMYDIA			
	2018	2019	2020	2021	2018	2019	2020	2021
Berks County	74.7	109.9	112.0	96.2	472.4	536.4	422.7	468.4
Cumberland County	58.9	62.8	50.0	69.6	301.1	301.9	250.8	267.0
Dauphin County	250.8	240.7	226.1	267.6	598.3	673.7	607.9	617.6
Lancaster County	52.1	73.1	70.4	62.1	288.8	310.2	255.5	247.3
Lebanon County	48.8	45.8	61.4	39.0	320.6	348.4	324.6	288.5
Perry County	28.2	28.1	37.1	28.3	227.6	153.4	179.0	119.6
Pennsylvania	124.0	125.6	140.8	145.9	463.3	482.2	402.5	409.8

## Melanoma Incidence: Age-Adjusted Rates per 100,000 (2017-2021) (EDDIE, 2024)

	MELANOMA - FEMALE					MELANOMA - MALE				
	2017	2018	2019	2020	2021	2017	2018	2019	2020	2021
Berks County	15.0	16.4	13.7	18.8	12.3	31.6	22.7	22.1	19.7	20.3
Cumberland County	24.0	19.7	27.3	24.5	21.9	25.6	38.4	44.1	27.4	39.4
Dauphin County	22.9	25.0	29.9	12.6	21.8	35.4	29.9	42.7	26.9	41.9
Lancaster County	24.6	24.9	17.8	20.3	24.5	32.4	34.8	34.3	28.9	26.9
Lebanon County	ND (16)	ND (15)	ND (15)	ND (14)	22.7	33.7	24.0	31.4	35.1	29.9
Perry County	ND (5)	ND (7)	ND (8)	ND (4)	ND (15)	ND (14)	ND (10)	ND (6)	ND (6)	ND (17)
Pennsylvania	17.4	17.4	16.7	14.9	15.1	26.9	26.0	25.0	21.0	21.6

ND=Not Displayed. Rates not shown for counts < 20.

## Breast and Prostate Cancer Incidence: Age-Adjusted Rates per 100,000 (2017-2021) (EDDIE, 2024)

	BREAST CANCER - FEMALE					PROSTATE CANCER - MALE				
	2017	2018	2019	2020	2021	2017	2018	2019	2020	2021
Berks County	131.9	123.5	131.9	114.3	138.2	111.5	128.4	116.7	97.7	134.2
Cumberland County	130.4	126.4	137.6	104.4	114.6	78.6	73.8	110.5	83.4	113.9
Dauphin County	116.8	116.8	125.1	106.6	108.0	98.7	74.7	102.0	92.5	117.6
Lancaster County	131.4	132.9	140.1	126.7	133.7	100.7	96.2	115.6	79.8	90.1
Lebanon County	117.0	117.7	135.7	103.5	102.5	98.0	109.4	92.5	83.9	123.5
Perry County	134.7	128.6	119.5	83.4	111.3	ND (16)	85.2	76.6	60.1	100.5
Pennsylvania	131.1	129.8	130.6	120.7	133.2	102.4	103.0	113.3	95.1	109.1

## Air Pollution (County Health Rankings, 2024)

COUNTY	AVERAGE DAILY DENSITY OF FINE PARTICULATE MATTER IN MICROGRAMS PER CUBIC METER (PM2.5)
Berks	9.2
Cumberland	10.8
Dauphin	9.2
Lancaster	11.1
Lebanon	9.4
Perry	9.6
Pennsylvania	8.5
United States	7.4

## Safe Drinking Water (County Health Rankings, 2024)

COUNTY	INDICATOR OF PRESENCE OF HEALTH-RELATED DRINKING WATER VIOLATIONS IN 2022. "YES" INDICATES AT LEAST ONE COMMUNITY WATER SYSTEM DRINKING VIOLATION. "NO" INDICATES NO VIOLATIONS.
Berks	Yes
Cumberland	Yes
Dauphin	Yes
Lancaster	Yes
Lebanon	No
Perry	Yes

*Madison Ritter, 5, plays tennis during Penn State Health RecFest, an adaptive sports and exercise event for all ages and abilities.*





**PennState Health**