

Pennsylvania State Health Assessment

2016 Update

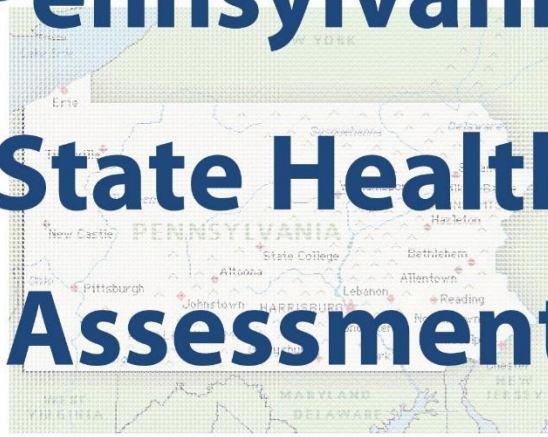


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Introduction

This Pennsylvania State Health Assessment (SHA) 2016 Update focuses on updating statistical information relevant to the State Health Improvement Plan (SHIP) and the Health Innovation in Pennsylvania (HIP) priorities. Appendix A shows the relationship between the 2013 SHA and the SHIP and HIP goals addressed in this update.

The [State Health Improvement Plan](#) is a collaborative effort to identify priorities and strategies to improve health in the commonwealth's residents. The health priority areas include:

- Priority Issue 1: Obesity, Physical Inactivity, and Nutrition (OPIN);
- Priority Issue 2: Primary Care and Preventive Services (PCPS); and
- Priority Issue 3: Mental Health and Substance Use (MHSU).

The [Health Innovation in Pennsylvania](#) plan's population health improvement plan seeks to change the way Pennsylvania pays for, delivers and coordinates care by transforming health and health care delivery. The population health improvement plan has two main goals: to advance population health across the commonwealth and to align population health outcomes with value-based payment methodologies. Building upon previous statewide health assessments, the population health improvement plan focuses on five key priorities that have the greatest impact on health outcomes:

1. Obesity/physical inactivity;
2. Diabetes;
3. Oral health;
4. Substance use; and
5. Tobacco use.

The following sections outline the SHIP and HIP priorities and the corresponding data updates relating to each priority.

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Priority Issue 1: Obesity, Physical Inactivity and Nutrition (OPIN)

The first section of the Pennsylvania State Health Assessment 2016 Update includes data relevant to Priority Issue 1 of the SHIP: Obesity, Physical Inactivity and Nutrition.

The SHIP problem statement for priority issue 1 is:

“Obesity, overweight, poor nutrition, and physical inactivity are associated with profound, adverse health conditions. These include high blood pressure, high cholesterol, type 2 diabetes, heart disease, some cancers, and other limiting physical and mental health issues. In Pennsylvania, two out of three adults (6.2 million residents) and one out of three school-age children (0.5 million) have excess weight. Evidence links obesity, physical inactivity, and poor nutrition to shortened lifespan. Today’s youth are in danger of dying at younger ages than their parents.”

Priority Issue 1 has three goals:

- Goal 1. Decrease the percentage of adults and children who meet the criteria for overweight and obesity;
- Goal 2. Improve the health of Pennsylvania residents already impacted by obesity, poor nutrition, and physical inactivity; and
- Goal 3. Increase opportunities for and engagement in physical activity.

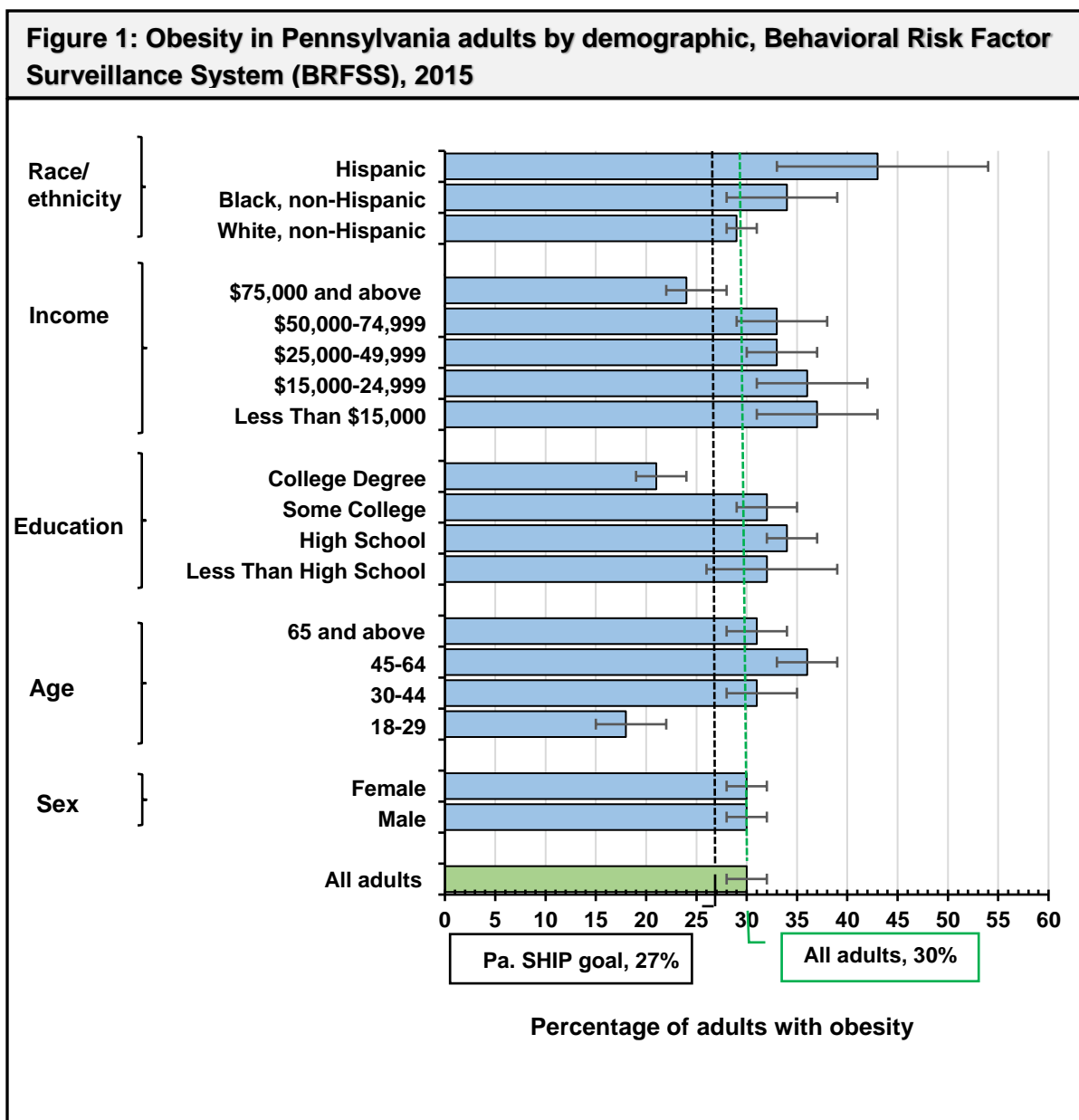
The HIP’s population health priorities of obesity, physical inactivity and diabetes are addressed in priority issue 1.

The DOH programs will focus on the following areas:

1. Increasing health-related physical activity through population-based approaches;
2. Improving aspects of dietary quality most related to the population burden of chronic disease and unhealthy child development;
3. Decreasing prevalence of obesity through preventing excess weight gain and maintenance of healthy weight loss; and
4. Reduce the burden of diabetes and improve the quality of life of individuals living with diabetes by preventing and controlling its complications.

Obesity and Overweight

SHIP OPIN 1.1 Decrease the percentage of Pennsylvania adults who are obese from 30 percent in 2013 to 27 percent by December 2020



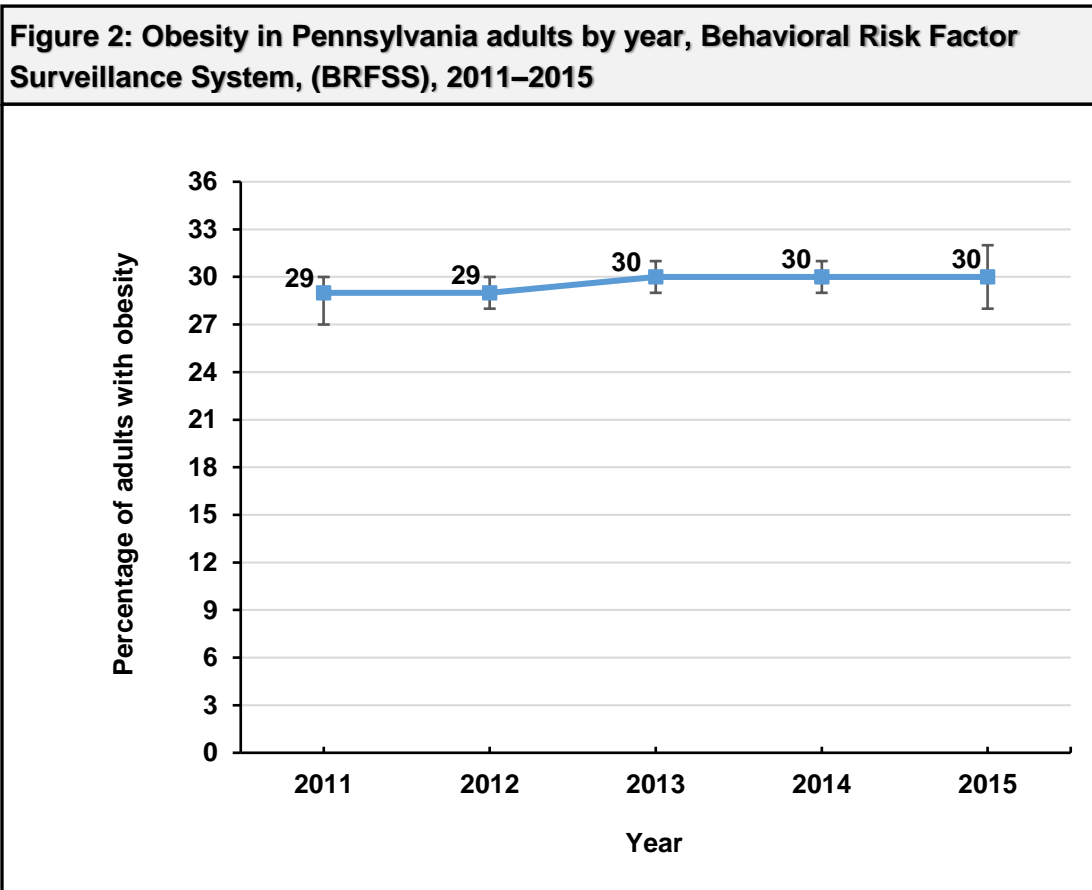
Source: [Behavioral Risk Factor Surveillance System](#) (Pennsylvania BRFSS, 2015)

Obesity among adults is defined as having a body mass index (BMI) greater than or equal to 30.

Rates of obesity among Pennsylvania men and women were both 30 percent.

Among Pennsylvania adults in 2015, lower rates of obesity were found in:

- Individuals with household incomes of \$75,000 and above (24 percent);
- Individuals with a college degree (21 percent); and
- Individuals under 29 years old (18 percent).

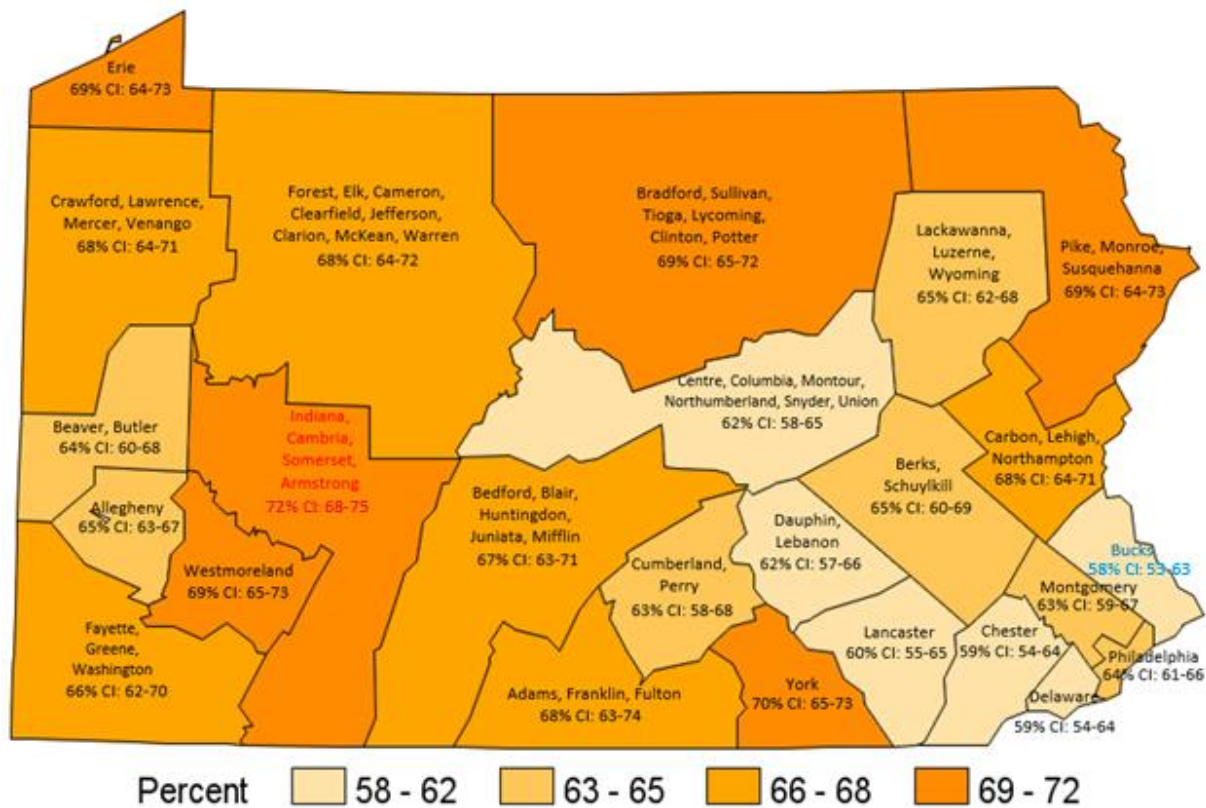


Source: [Behavioral Risk Factor Surveillance System](#) (Pennsylvania BRFSS, 2011 - 2015)

Obesity among adults is defined as having a body mass index (BMI) greater than or equal to 30.

- The rate of obesity among Pennsylvania adults in 2011 was 29 percent and in 2015 it was 30 percent.

Map 1: Overweight and obese adults in Pennsylvania by region, Behavioral Risk Factor Surveillance System (BRFSS), 2015



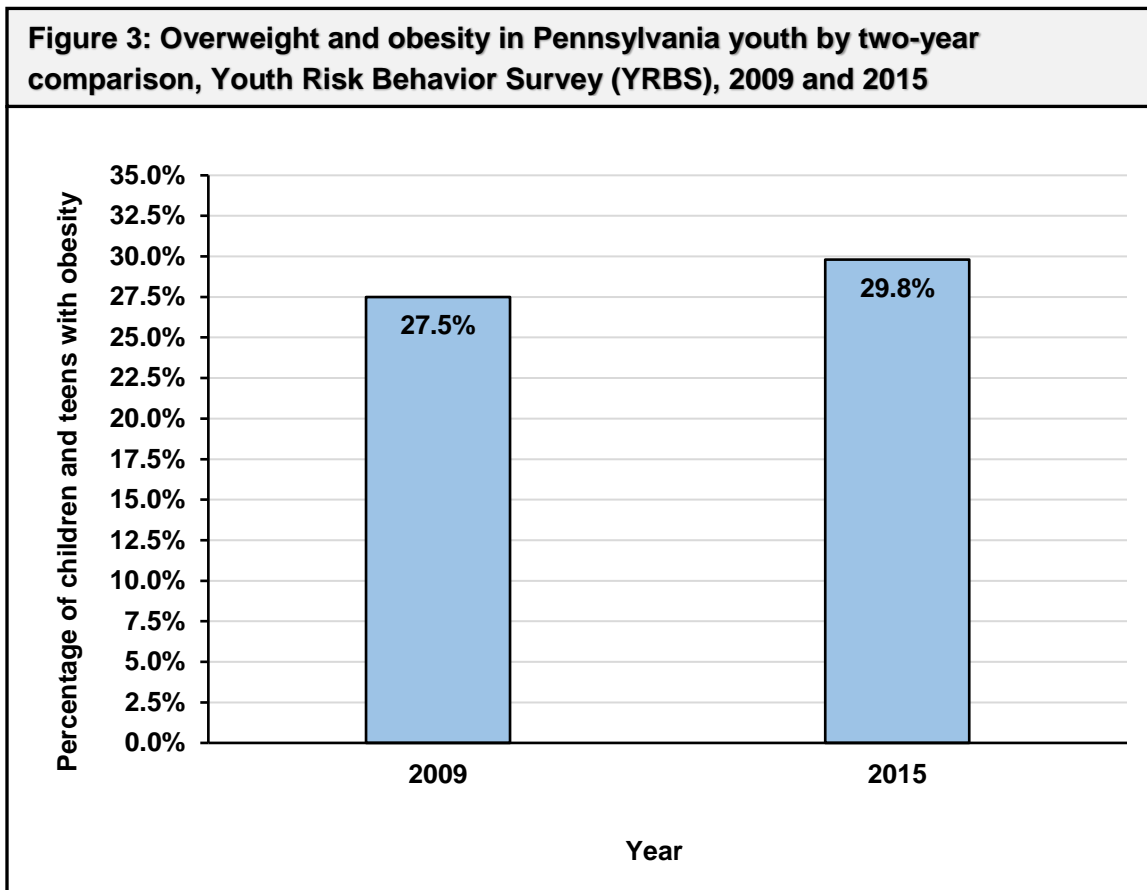
Source: [Behavioral Risk Factor Surveillance System](#) (Pennsylvania BRFSS, 2013 - 2015)

Note: Red fonts indicate significantly higher than the state rate, and blue indicates significantly lower than the state rate of 65 percent.

Overweight and obesity among adults is defined as having a body mass index (BMI) greater than or equal to 25.

- The statewide rate of overweight and obesity among Pennsylvania adults between 2013 and 2015 was 65 percent.
- During that period, the lowest rate of overweight and obesity (58 percent) was found in Bucks County.
- During that period, the highest rate of overweight and obesity (72 percent) was found in the combined area that includes Indiana, Cambria, Somerset and Armstrong counties.

SHIP OPIN 1.2 Decrease the percentage of Pennsylvania youth that are overweight or obese from 39 percent in 2012-13 school year to 36 percent by December 2020.



Source: [Youth Risk Behavior Surveillance System](#) (Division of Adolescent and School Health, 2009, 2015)

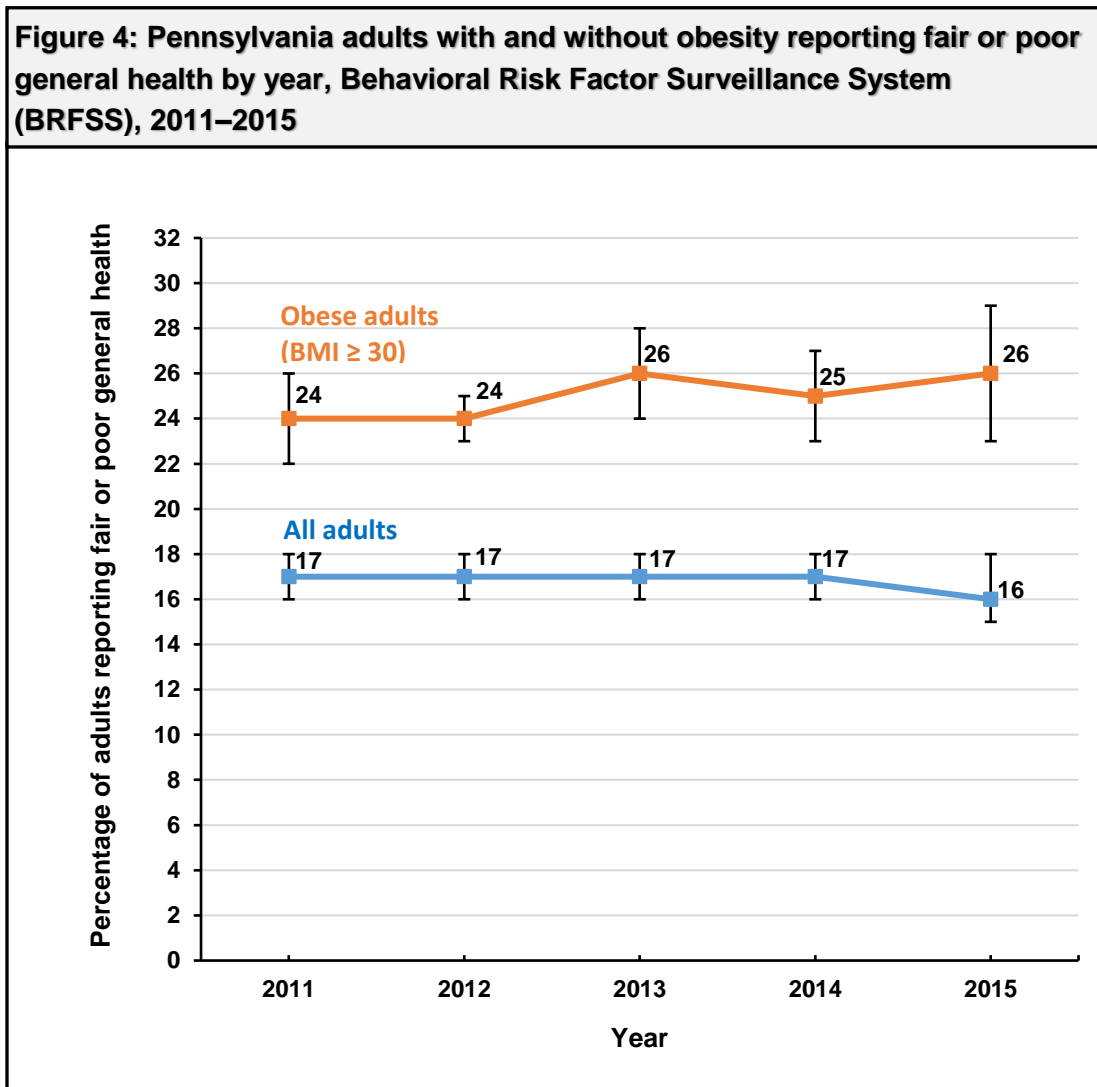
According to the Centers for Disease Control and Prevention, BMI for children and teens: Is expressed as a percentile which can be obtained from either a graph or a percentile calculator. These percentiles express a child’s BMI relative to children in the U.S. who participated in national surveys that were conducted from 1963-65 to 1988-94. Because weight and height change during growth and development, as does their relation to body fatness, a child’s BMI must be interpreted relative to other children of the same sex and age.

Overweight is described as being in the 85th to under the 95th percentile, and obesity is in the 95th percentile and above.

In 2009, 27.5 percent of Pennsylvania youth in grades 9 through 12 were either overweight or obese, while in 2015, that rate climbed to 29.8 percent.

Note: New data from the Pennsylvania Department of Health, Mandated School Health Program (Exams/Screens) is not yet available. This chart uses data from YRBS, which is not the same data source that was used in the objective.

SHIP OPIN 2.1 Decrease the percentage of Pennsylvania adults who have obesity who report they have fair or poor general health from 26 percent in 2013 to 23 percent by December 2020



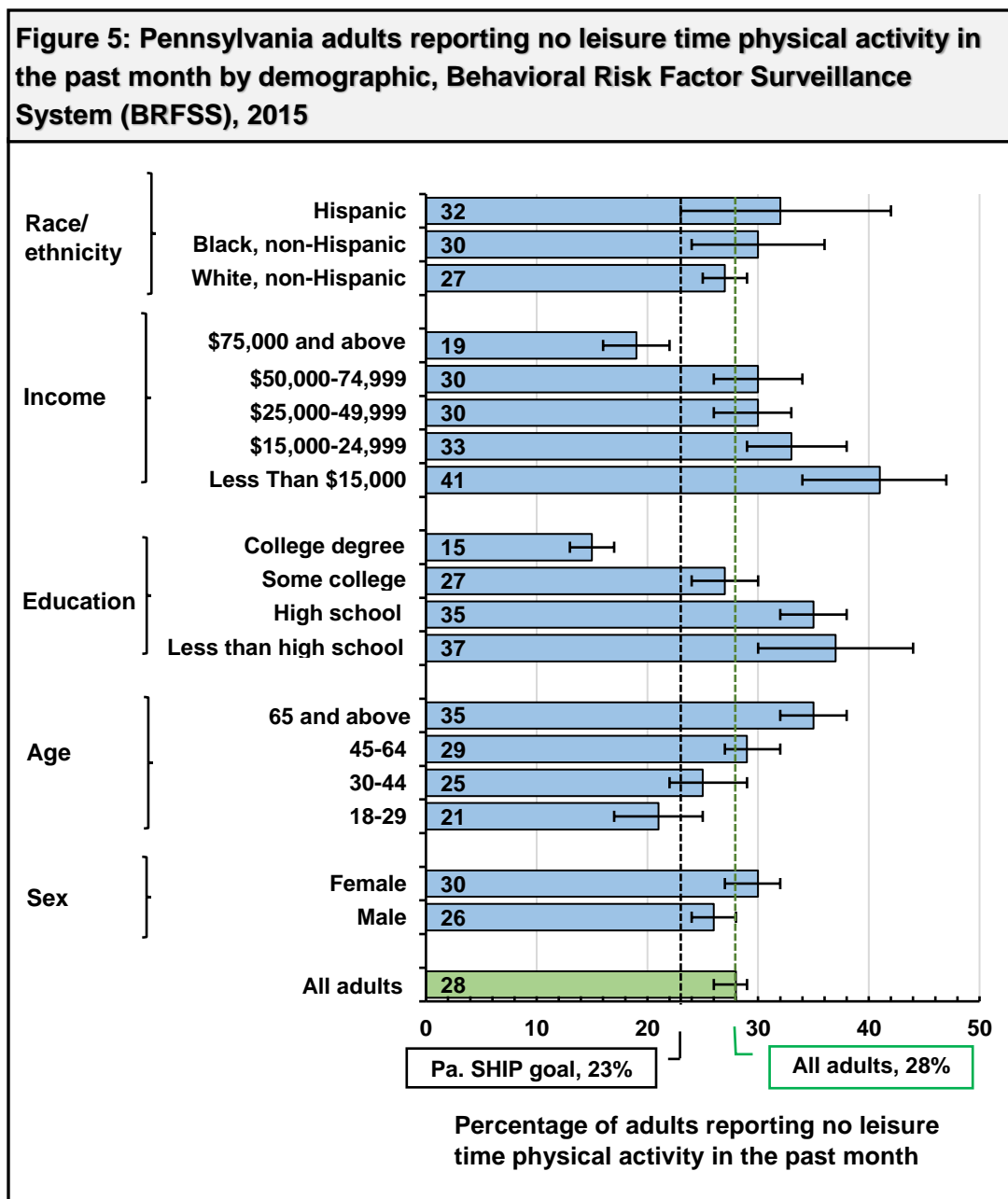
Source: [Behavioral Risk Factor Surveillance System](#) (Pennsylvania BRFSS, 2011 - 2015)

Obesity among adults is defined as having a body mass index (BMI) greater than or equal to 30.

Adults in Pennsylvania with obesity reported a much higher rate of fair or poor health, at 26 percent in 2015, compared with adults in the general population at 16 percent.

Physical Inactivity

SHIP OPIN 3.1 Decrease the percentage of Pennsylvania adults who engage in no leisure time physical activity from 26 percent in 2013 to 23 percent by December 2020

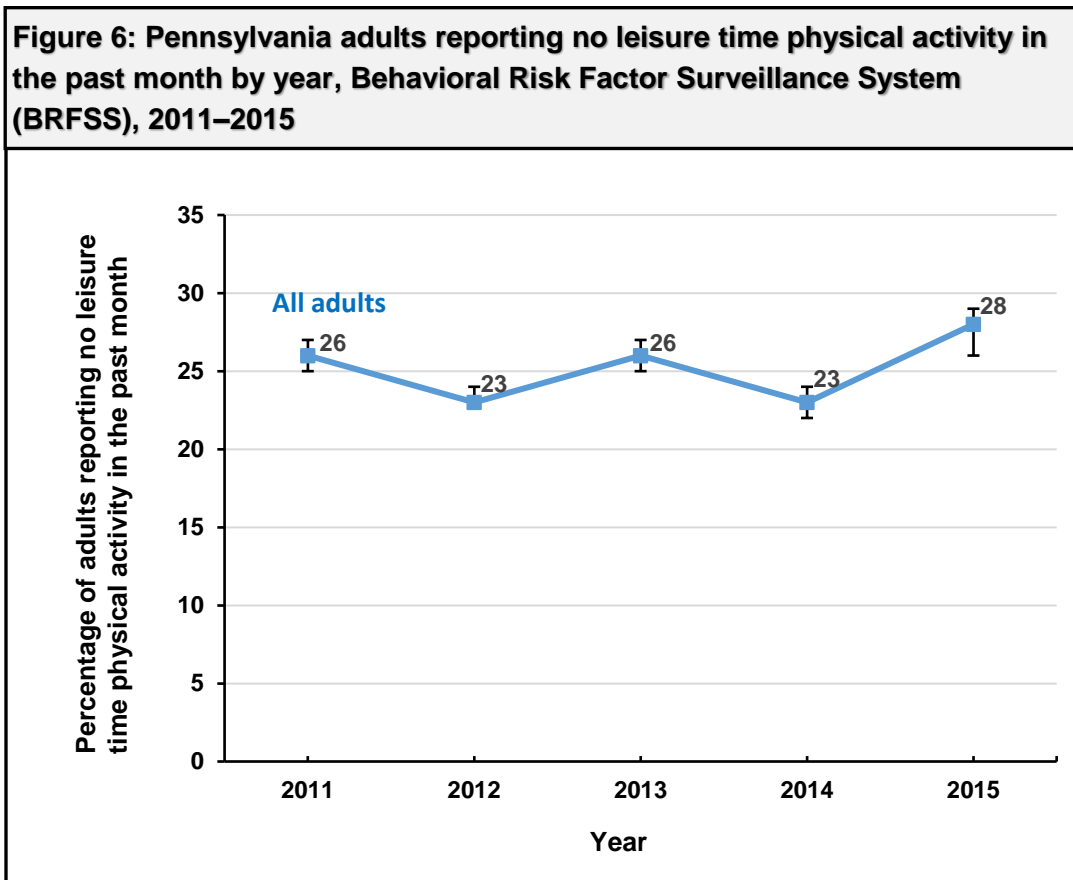


Source: [Behavioral Risk Factor Surveillance System](#) (Pennsylvania BRFSS, 2015)

Among Pennsylvania adults in 2015, the rate of reporting no leisure time physical activity in the past month was 28 percent.

Higher rates of not participating in leisure time physical activity in the past month were found in:

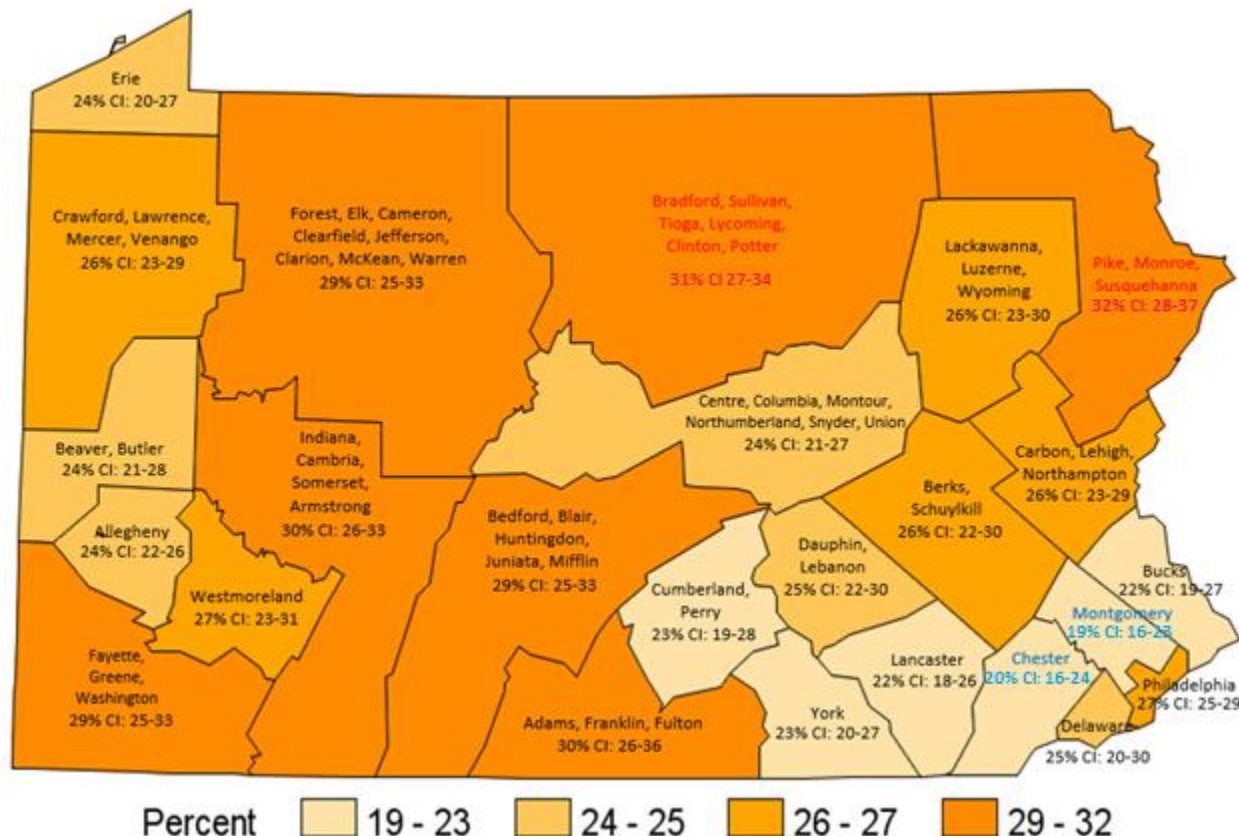
- Individuals with household incomes below \$15,000 (41 percent) and between \$15,000 and \$24,999 (33 percent);
- Individuals with a high school education (35 percent) or less than high school (37 percent); and
- Individuals 65 years old or older (35 percent).



Source: [Behavioral Risk Factor Surveillance System](#) (Pennsylvania BRFSS, 2011 - 2015)

- The rate of no leisure time physical activity in the past month among Pennsylvania adults in 2011 was 26 percent, and in 2015 it was 28 percent.

Map 2: Participated in no leisure time physical activity in the past month among Pennsylvania adults by region, Behavioral Risk Factor Surveillance System (BRFSS), 2013-2015

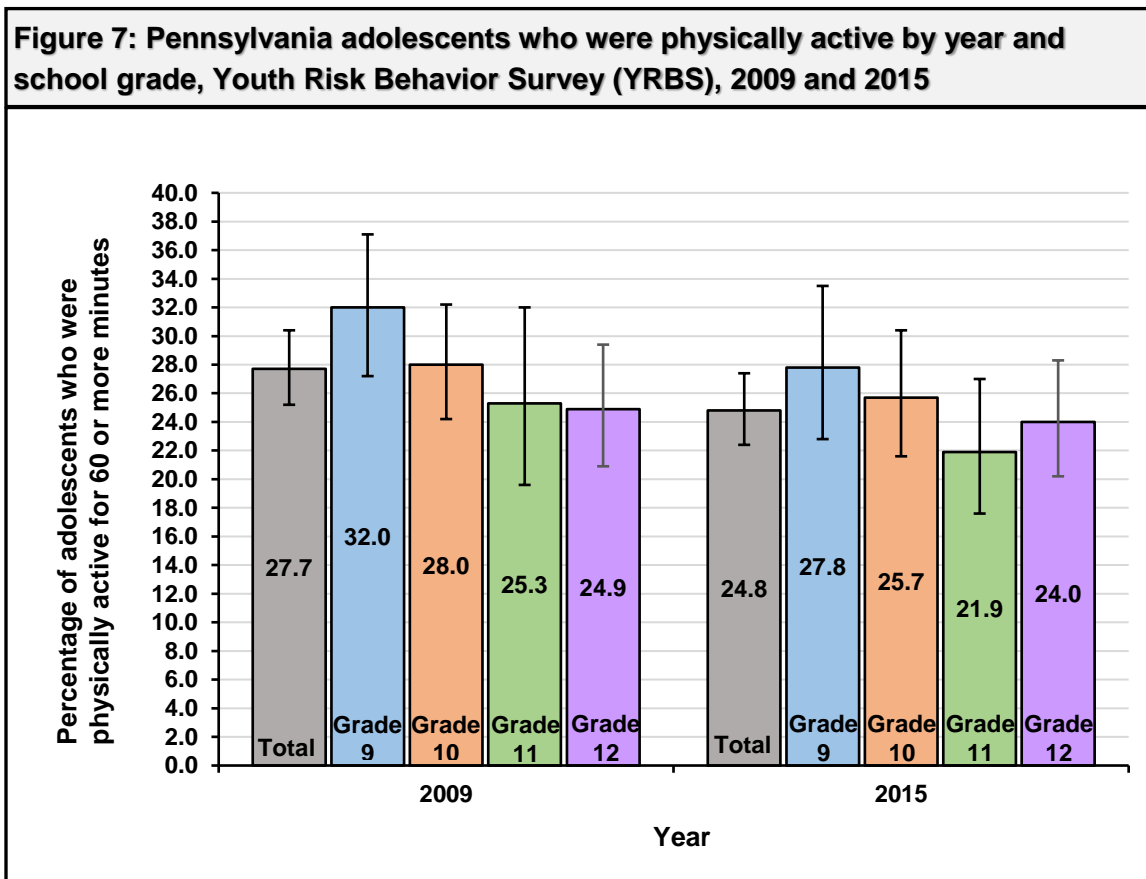


Source: [Behavioral Risk Factor Surveillance System](#) (Pennsylvania BRFSS, 2013 - 2015)

Note: Red fonts indicate significantly higher than the state rate; blue indicates significantly lower than the state rate of 25 percent.

- The statewide rate of no leisure time physical activity in the past month among Pennsylvania adults between 2013 and 2015 was 25 percent.
- During that period, the lowest rate of no leisure time physical activity in the past month was found in Montgomery County (19 percent).
- During that period, the highest rate of no leisure time physical activity in the past month (32 percent) was found in the combined area that includes Pike, Monroe and Susquehanna counties.

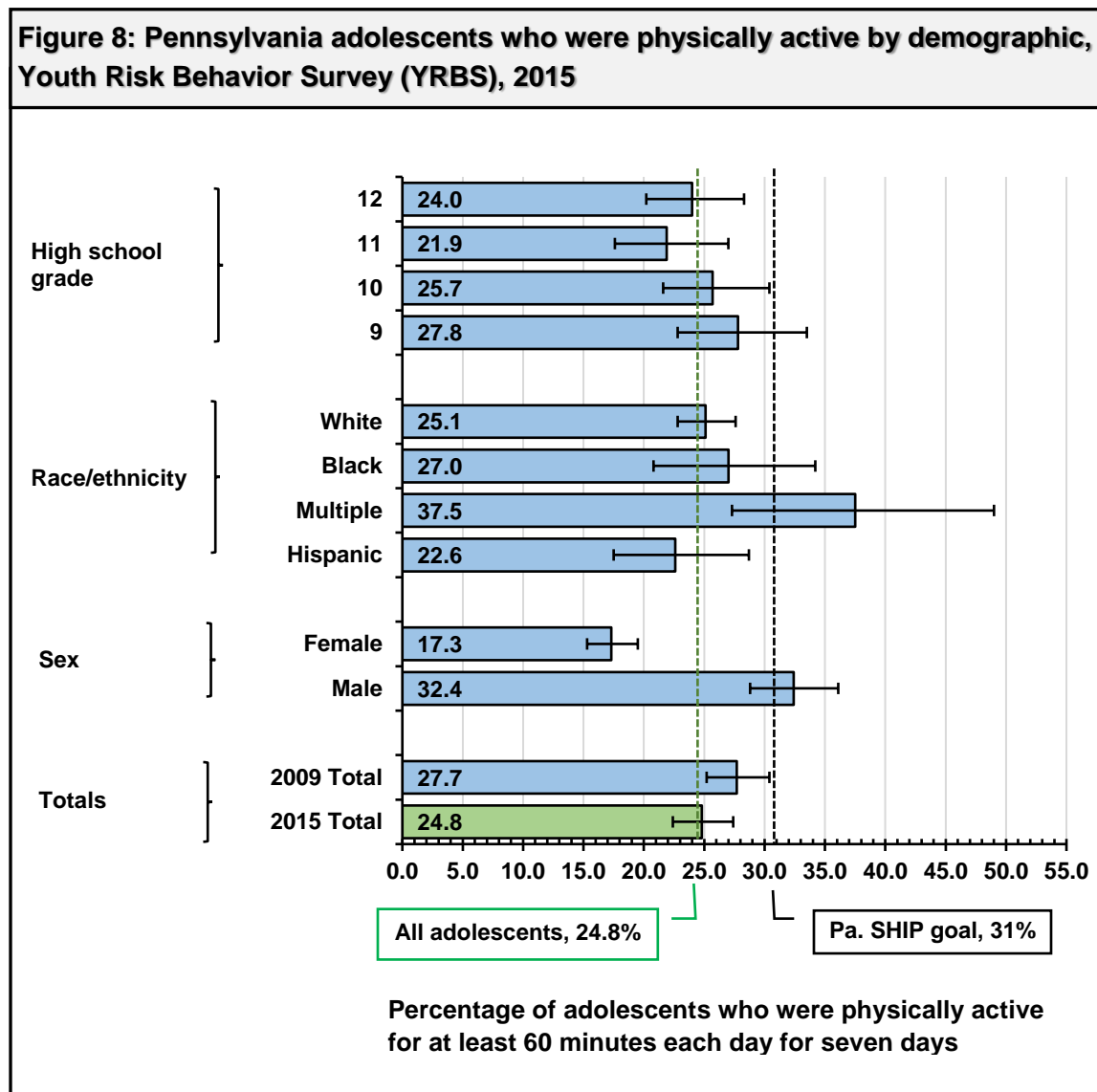
SHIP OPIN 3.2 Increase percentage of Pennsylvania adolescents who are physically active daily from 28 percent in 2009 to 31 percent by December 2020



Source: [Youth Risk Behavior Surveillance System](#) (Division of Adolescent and School Health, 2009, 2015)

- In 2009, 27.7 percent of Pennsylvania youth in grades 9 through 12 were physically active for at least 60 minutes each of the past seven days, while in 2015, that rate fell to 24.8 percent.

SHIP OPIN 3.2 Increase percentage of Pennsylvania adolescents who are physically active daily from 28 percent in 2009 to 31 percent by December 2020



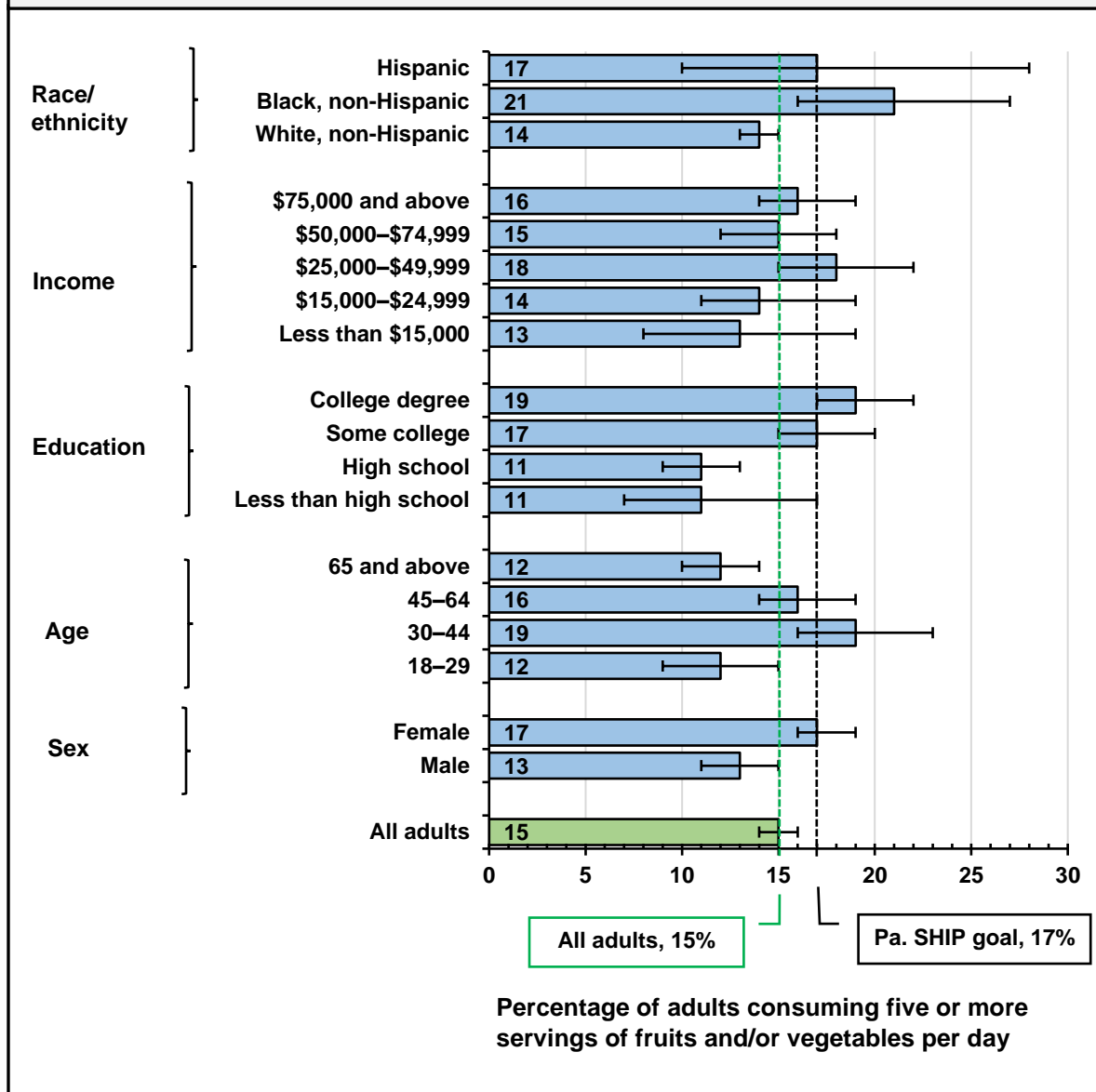
Source: [Youth Risk Behavior Surveillance System](#) (Division of Adolescent and School Health, 2009, 2015)

- In 2015, male adolescents in Pennsylvania were almost two times more likely (32.4 percent) than females (17.3 percent) to be physically active for at least 60 minutes every day.
- Students of multiple races and/or ethnicities were more likely to have been physically active every day for at least 60 minutes (37.5 percent) than were whites (25.1 percent).

Nutrition

SHIP OPIN 4.1 Increase the percentage of Pennsylvania adults who consume at least five servings of fruits and/or vegetables every day from 15 percent in 2013 to 17 percent by December 2020

Figure 9: Pennsylvania adults who consume at least five servings of fruits and/or vegetables every day by demographic, Behavioral Risk Factor Surveillance System (BRFSS), 2015



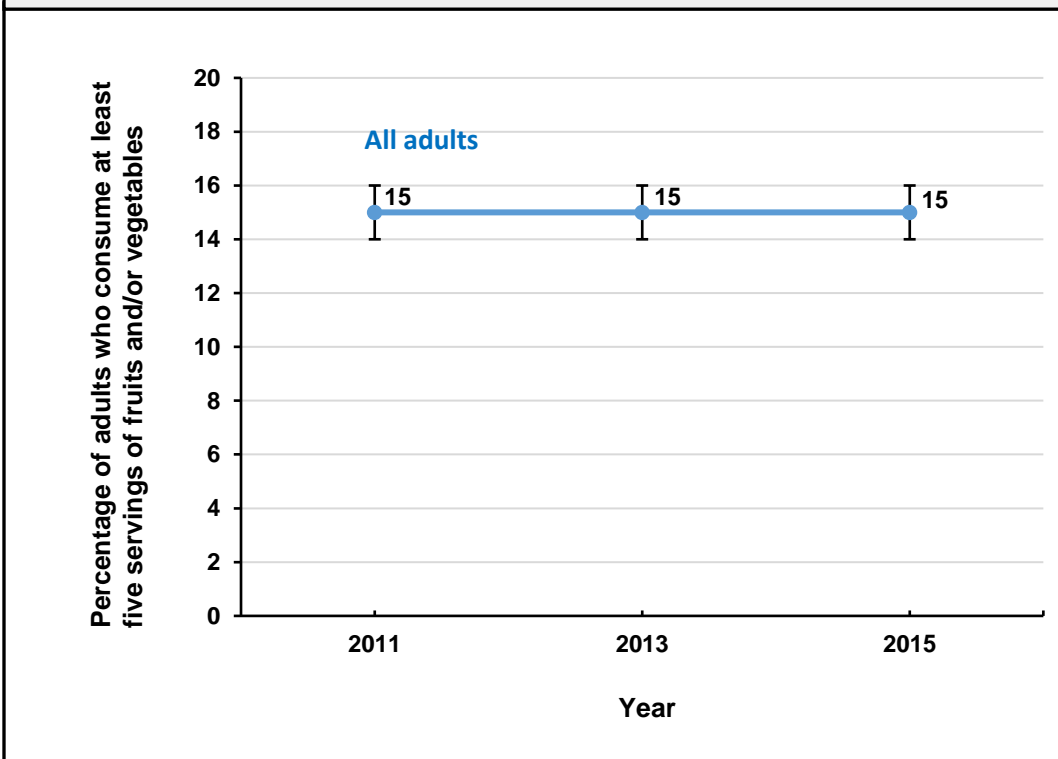
Source: [Behavioral Risk Factor Surveillance System](#) (Pennsylvania BRFSS, 2015)

Among Pennsylvania adults, 15 percent said that they consumed at least five servings of fruits and/or vegetables every day.

Higher rates of consuming at least five servings of fruits and/or vegetables were found among:

- Black non-Hispanics (21 percent);
- Individuals with a college degree (19 percent);
- Individuals 30-44 years old (19 percent); and
- Females (17 percent).

Figure 10: Pennsylvania adults who consume at least five servings of fruits and/or vegetables every day by year, Behavioral Risk Factor Surveillance System (BRFSS), 2011–2015



Source: [Behavioral Risk Factor Surveillance System](#) (Pennsylvania BRFSS, 2011, 2013, 2015)

- The rate of consuming at least five servings of fruits and/or vegetables among Pennsylvania adults in 2011 was 15 percent, and in 2015, it was also 15 percent.

Priority Issue 2: Primary Care and Preventive Services (PCPS)

The second section of the Pennsylvania State Health Assessment 2016 Update includes data relevant to Priority Issue 2 of the SHIP: Primary Care and Preventive Services.

The SHIP problem statement for priority issue 2 is:

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

Priority Issue 2 has three goals:

- Goal 1. Improve access to primary care services for Pennsylvanians;
- Goal 2. Increase the number of Pennsylvania residents receiving preventive health care services;
- and
- Goal 3. Improve health literacy (i.e., the capacity to obtain, process, and understand basic health information and services needed for informed health decision-making) of Pennsylvania residents.

The HIP’s population health priority of workforce development is addressed in priority issue 2. HIP goals include ensuring there is an adequately sized and competently trained workforce so that Pennsylvanians are not disadvantaged on the basis of where they live.

Access to Primary Care

SHIP PCPS 1.1 Reduce the number of federally designated Geographic and Population Health Professional Shortage Areas (HPSA) by 3 percent by December 2020:

Primary Care: from 45 to 43

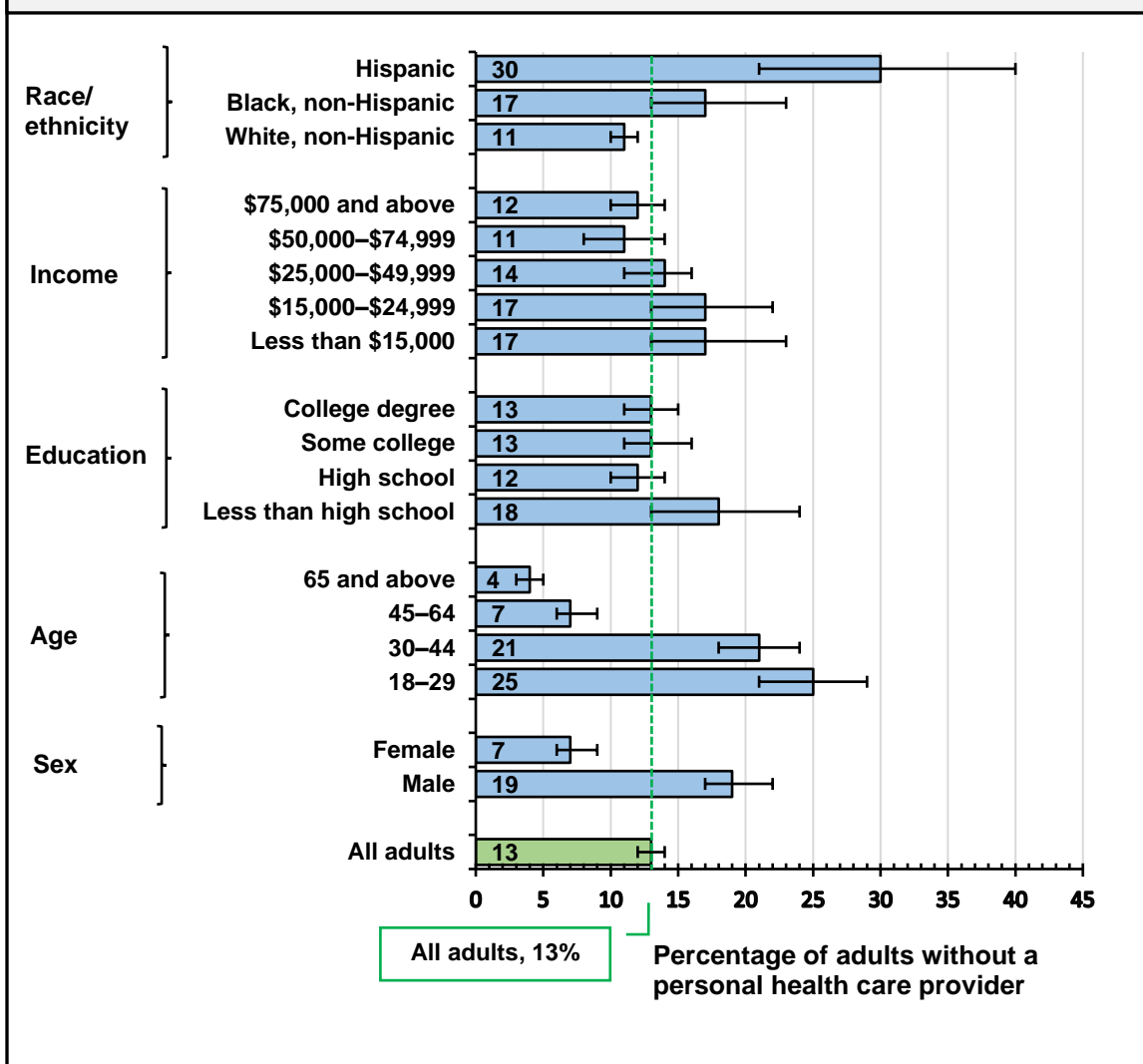
Dental: from 61 to 59

Mental Health: from 26 to 25

	2015	2016	2020 Goal
Primary care	45	44	43
Dental	61	60	59
Mental health	26	26	25

Source: [Health Resources and Services Administration](#) (Bureau of Health Planning, 2015, 2016)

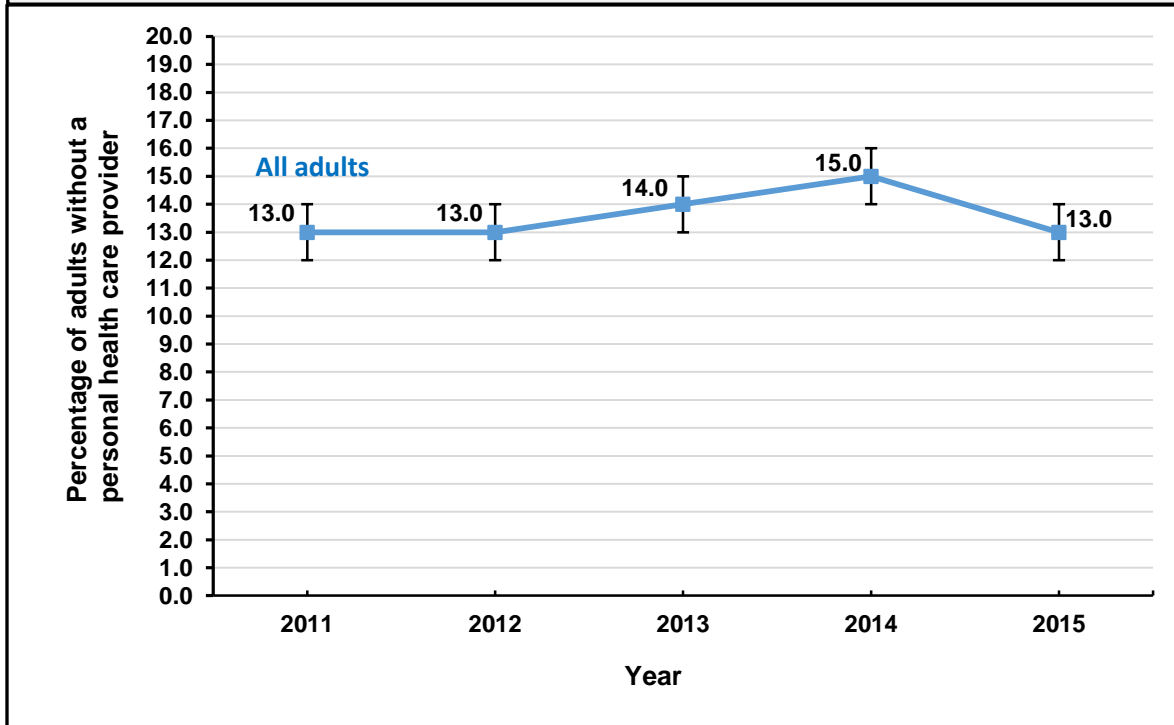
Figure 11: Pennsylvania adult residents without a personal health care provider by demographic, Behavioral Risk Factor Surveillance System (BRFSS), 2015



Source: [Behavioral Risk Factor Surveillance System](#) (Pennsylvania BRFSS, 2015)

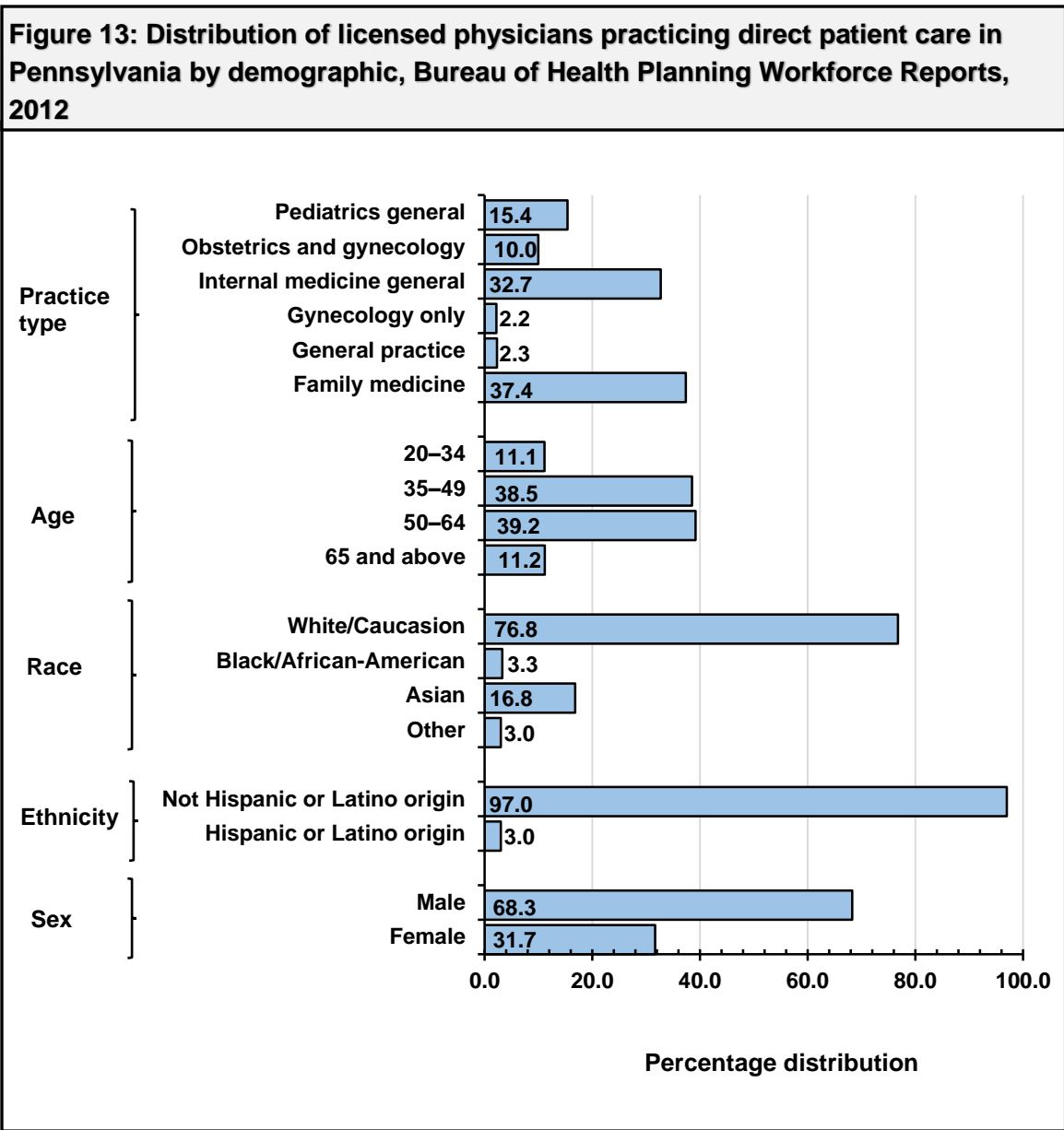
- Among Pennsylvania adults in 2015, 13 percent were without a personal health care provider.
- Higher rates of not having a personal health care provider were found among:
 - Black non-Hispanics (17 percent) and Hispanics (30 percent);
 - Individuals whose household incomes were below \$15,000 (17 percent) and between \$15,000 and \$24,999 (17 percent);
 - Individuals 30-44 years of age (21 percent) and 18-29 (25 percent); and
 - Males (19 percent).

Figure 12: Pennsylvania adult residents without a personal health care provider by year, Behavioral Risk Factor Surveillance System (BRFSS), 2011–2015



Source: [Behavioral Risk Factor Surveillance System](#) (Pennsylvania BRFSS, 2011 - 2015)

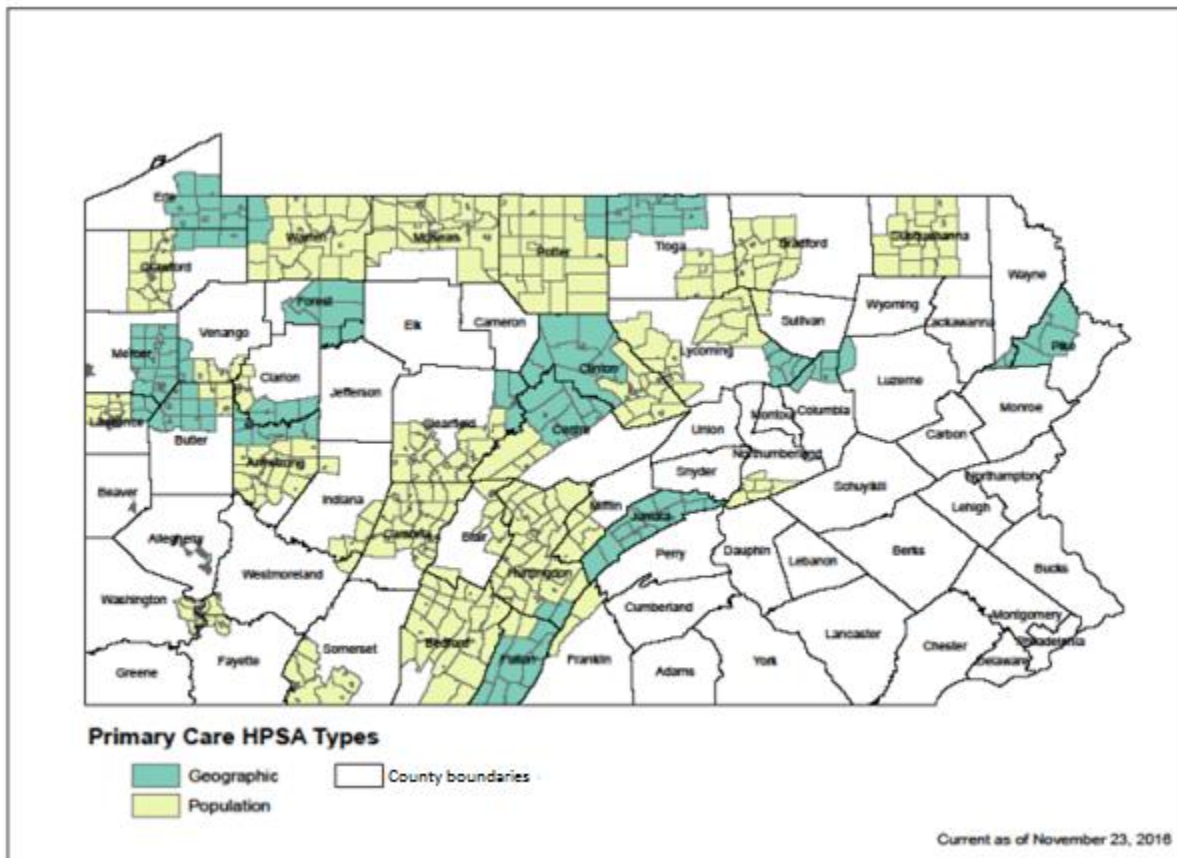
- The percentage of Pennsylvania adults without a personal health care provider in 2011 was 13 percent, and in 2015, the rate was also 13 percent.



Source: [Health Care Workforce Reports](#) (Bureau of Health Planning, 2012)

- Direct patient care was defined to include the following specialties: pediatrics, obstetrics and gynecology, internal medicine, gynecology only, general practice, and family medicine.
- The greatest percentage of physicians practicing direct patient care in Pennsylvania in 2012 was either in family medicine (37.4 percent) or internal medicine (32.7 percent).
- The age distribution of the direct patient care includes 11.2 percent of physicians who were 65 and over.
- While only 3.3 percent of physicians practicing direct patient care in Pennsylvania in 2012 were black, 16.8 percent were Asian.
- Females accounted for 31.7 percent of physicians practicing direct patient care in Pennsylvania in 2012.

Map 3: Pennsylvania’s currently designated primary care Health Professional Shortage Areas (HPSAs), 2016



Source: [Health Resources and Services Administration](#) (Bureau of Health Planning, 2016)

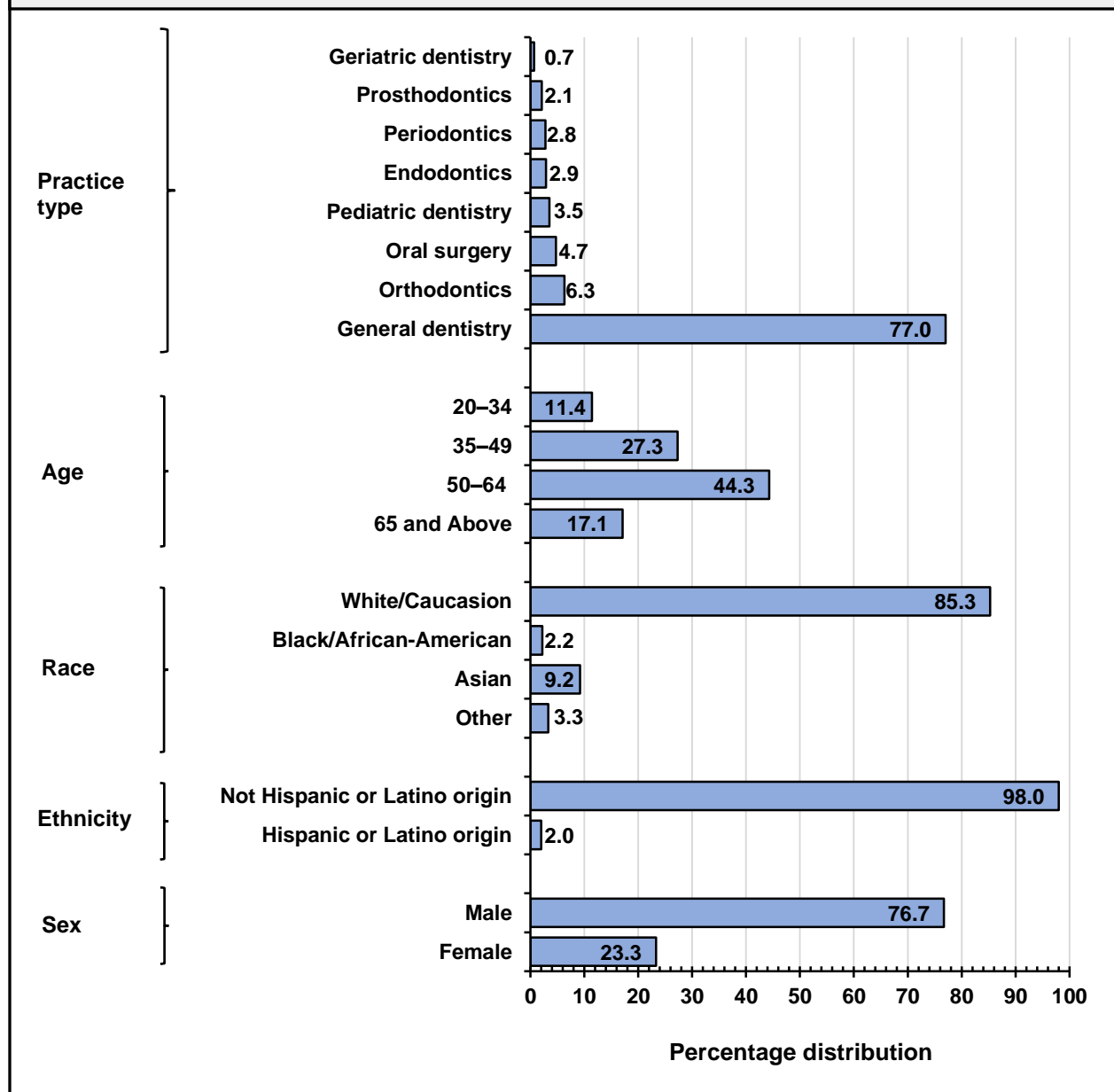
- A significant portion of rural Pennsylvania has a shortage of primary care providers.
- This shortage is especially prevalent among the low-income population in these rural areas.

Table 2: Primary care Health Professional Shortage Areas, Pennsylvania, Health Resources and Services Administration (HRSA), 2016

	2012		2016	
	Pennsylvania	United States	Pennsylvania	United States
Designated Health Professional Shortage Areas (HPSAs)	155	5,805	159	6,550
Population of HPSAs	746,398	55,340,531	636,095	63,979,497
Percent of population in HPSAs	5.88%	17.58%	5.00%	19.91%
Additional providers needed to achieve a population to provider ratio of 3,500:1	167	15,431	88	8,893

Source: [Health Resources and Services Administration](#) (Bureau of Health Planning, 2012, 2016)

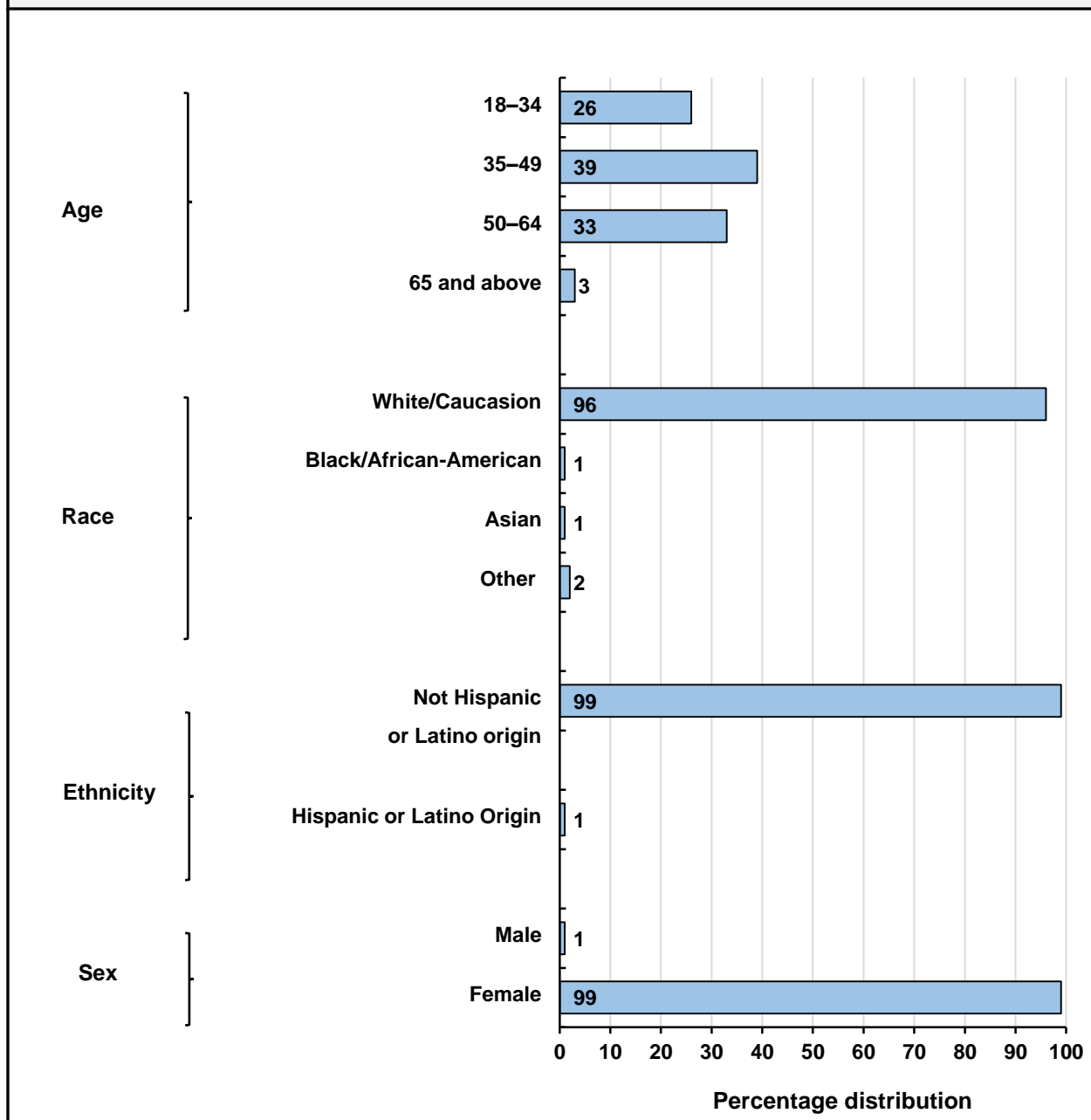
Figure 14: Distribution of licensed dentists practicing direct patient care in Pennsylvania by demographic, Bureau of Health Planning Workforce Reports, 2013



Source: [Health Care Workforce Reports](#) (Bureau of Health Planning, 2013)

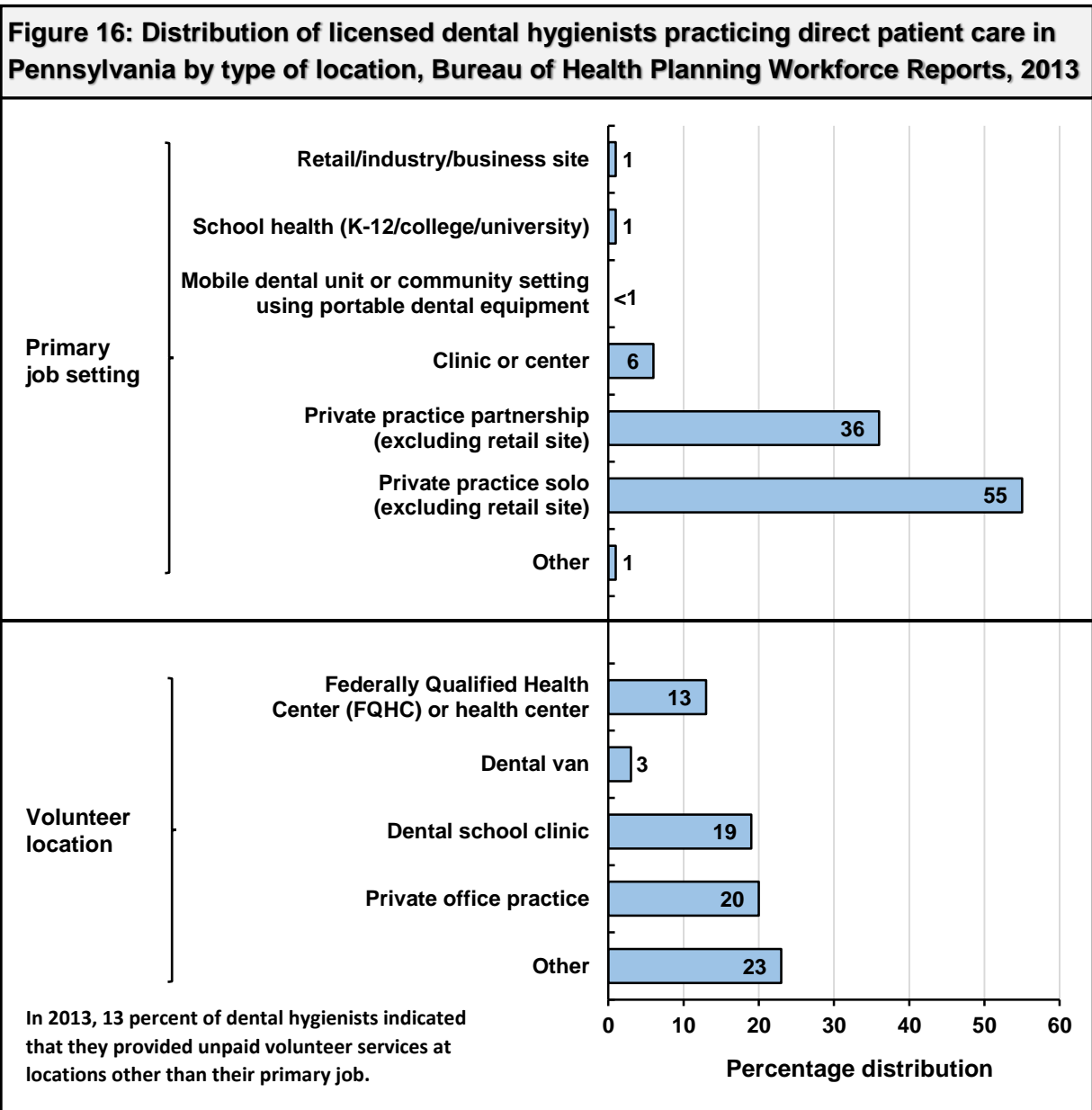
- The greatest percentage of dentists practicing direct patient care in Pennsylvania in 2013 were in general dentistry (77.0 percent).
- The age distribution of the dentists practicing direct patient care includes 17.1 percent who were 65 and over.
- Only 2.2 percent of dentists practicing direct patient care in Pennsylvania in 2013 were black, 2.0 percent were Hispanic, and 9.2 percent were Asian.
- Females accounted for 23.3 percent of dentists practicing direct patient care in Pennsylvania in 2013.

Figure 15: Distribution of licensed dental hygienists practicing direct patient care in Pennsylvania by demographic, Bureau of Health Planning Workforce Reports, 2013



Source: [Health Care Workforce Reports](#) (Bureau of Health Planning, 2013)

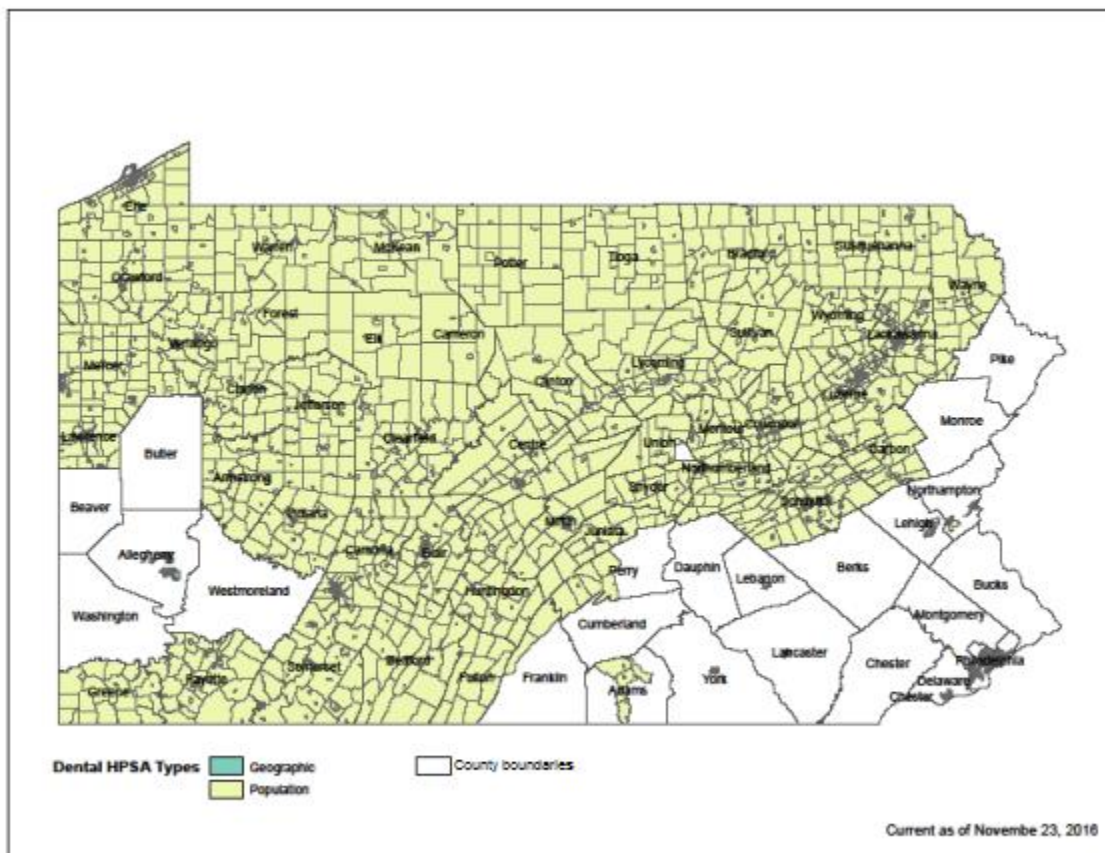
- The age distribution of the dental hygienists practicing direct patient care in Pennsylvania in 2013 shows 39 percent in the 35-49 age group and 33 percent in the 50-64 age group.
- Ninety-six percent of these dental hygienists were white.
- Females accounted for 99 percent of dental hygienists practicing direct patient care in Pennsylvania in 2013.



Source: [Health Care Workforce Reports](#) (Bureau of Health Planning, 2013)

- The vast majority of dental hygienists practicing direct patient care in Pennsylvania had a primary job setting of either private practice partnership (36 percent) or a solo private practice (55 percent).
- There are 13 percent of dental hygienists who volunteer their time in various settings, including at private office practices (20 percent of volunteers) and dental school clinics (19 percent of volunteers).

Map 4: Pennsylvania’s currently designated dental Health Professional Shortage Areas (HPSAs), 2016



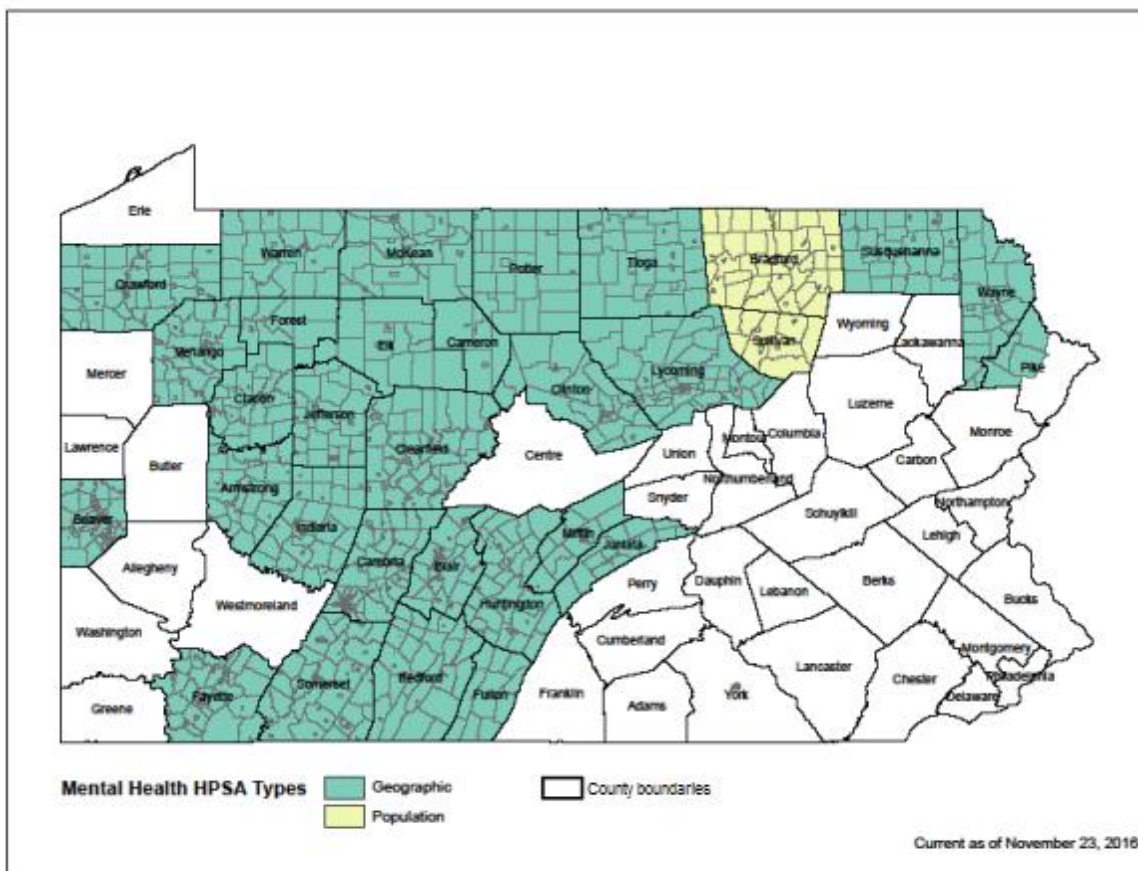
Source: [Health Resources and Services Administration](#) (Bureau of Health Planning, 2016)

- Large sections of the commonwealth, especially in rural areas, are experiencing a shortage of dentists.
- This situation is exacerbated by the lack of access to dental care by low-income population in these areas.

	2012		2016	
	Pennsylvania	United States	Pennsylvania	United States
Designated health professional shortage areas (HPSAs)	153	4,534	164	5,450
Population in HPSAs	1,959,788	44,579,445	1,997,447	51,250,011
Percent of total population residing in HPSAs	15.43%	14.16%	15.60%	15.94%
Additional providers needed to achieve a population to practitioner ratio of 5,000:1	388	8,692	310	8,042

Source: [Health Resources and Services Administration](#) (Bureau of Health Planning, 2012, 2016)

Map 5: Pennsylvania’s currently designated mental Health Professional Shortage Areas (HPSAs), 2016



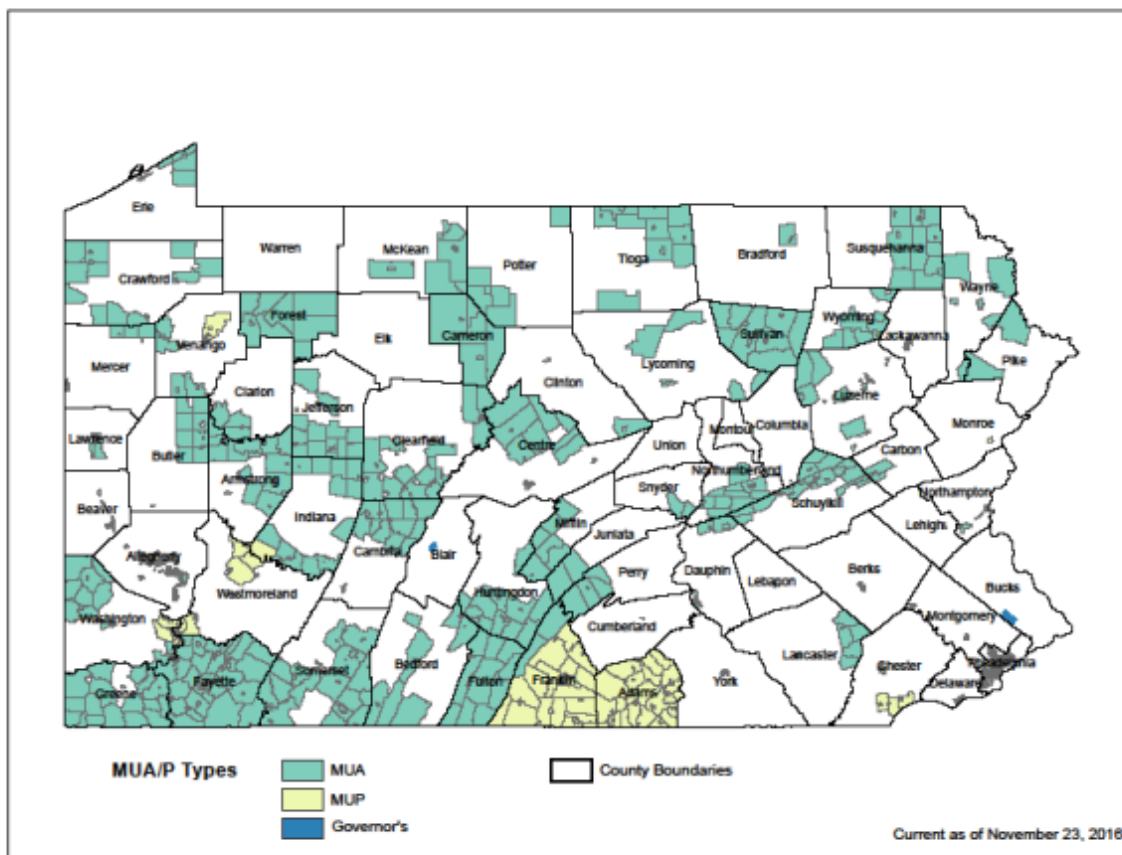
Source: [Health Resources and Services Administration](#) (Bureau of Health Planning, 2016)

- An insufficient number of psychiatrists are available to treat Pennsylvania’s population, especially in rural areas.
- This circumstance is not restricted to the low-income population.

	2016	
	Pennsylvania	United States
Designated HPSAs	122	4,570
Population of HPSAs	1,832,032	104,054,968
Percent of population in HPSAs	14.31%	32.37%
Additional providers needed	44	2,914

Source: [Health Resources and Services Administration](#) (Bureau of Health Planning, Workforce Reports, 2016)

Map 6: Pennsylvania’s currently designated Medically Underserved Areas/Populations (MUA/MUP), 2016



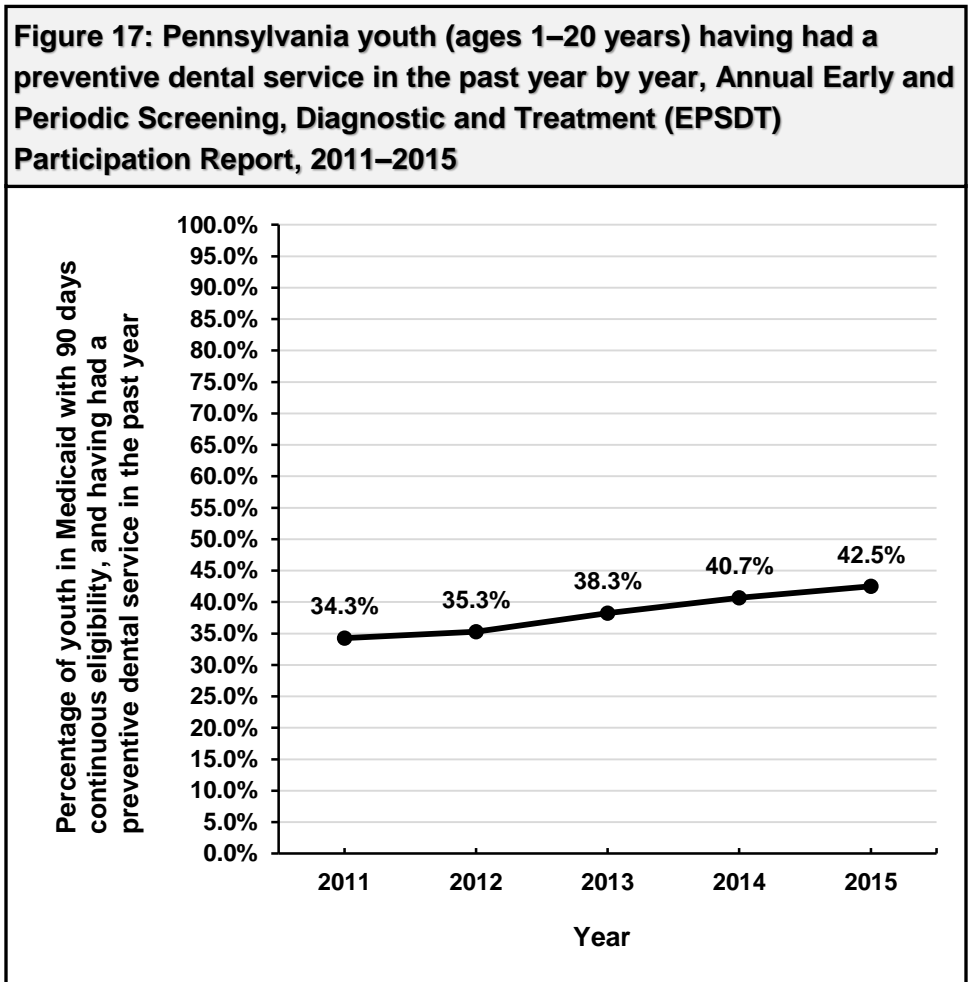
Source: [Health Resources and Services Administration](#) (Bureau of Health Planning, 2016)

- Medically Underserved Areas/Populations are areas or populations designated by the Health Resources and Services Administration as having a shortage of primary health care services based on the following criteria:
 - the population to provider ratio;
 - the percent of the population below the federal poverty level;
 - the percent of the population over age 65; and
 - the infant mortality rate.
- This map indicates MUA/Ps are dispersed throughout the commonwealth and are not limited to rural areas.

Table 5: Number of MUA/Ps, Pennsylvania, Health Resources and Services Administration (HRSA), 2016	2012		2016	
	Pennsylvania	United States	Pennsylvania	United States
Medically Underserved Areas/Populations Designation	155	4,135	156	4,235

Source: [Health Resources and Services Administration](#) (Bureau of Health Planning, 2012, 2016)

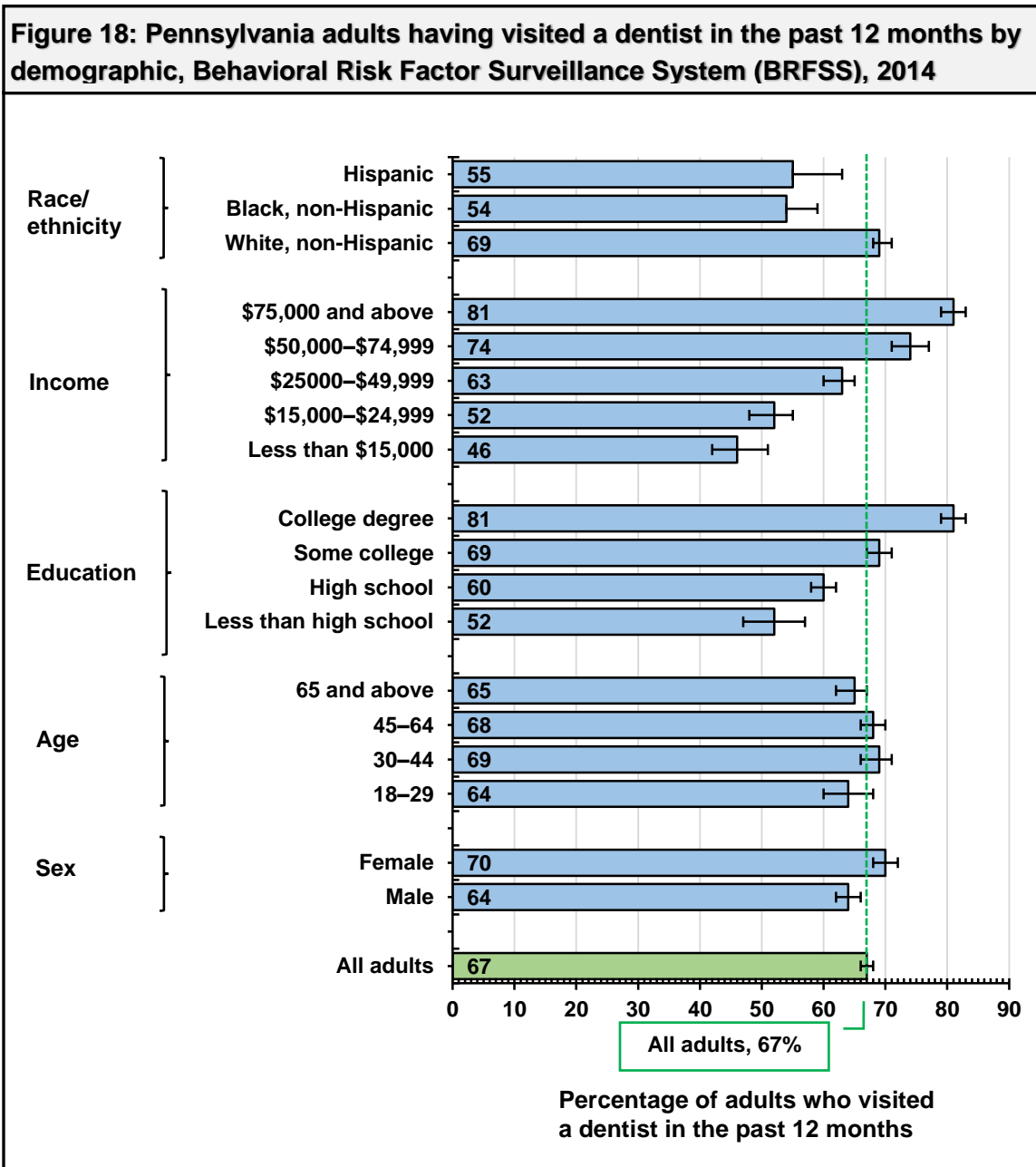
SHIP PCPS 2.3 For youth ages 1 to 20 years old who are enrolled in Medicaid with at least 90 days of continuous eligibility, increase the percentage who have had a preventive dental service in the past year from 42.5 percent in FFY 2014 to 47 percent by December 2020



Source: [Annual EPSDT Participation Report](#) (Centers for Medicare & Medicaid Services, 2011, 2012, 2013, 2014, 2015)

- Of Pennsylvania youth aged 1-20 who were enrolled in Medicaid with at least 90 days of continuous eligibility, 34.3 percent in 2011 and 42.5 percent in 2015 had a preventive dental service in the past year.
- The percentages shown were obtained from the referenced reports by dividing item 12.b. (Total Eligibles Receiving Preventive Dental Services) by item 1.b. (Total Individuals eligible for EPSDT for 90 Continuous Days).

Workforce Status



Source: [Bureau of Health Planning Workforce Reports](#) (Pennsylvania BRFSS, 2015)

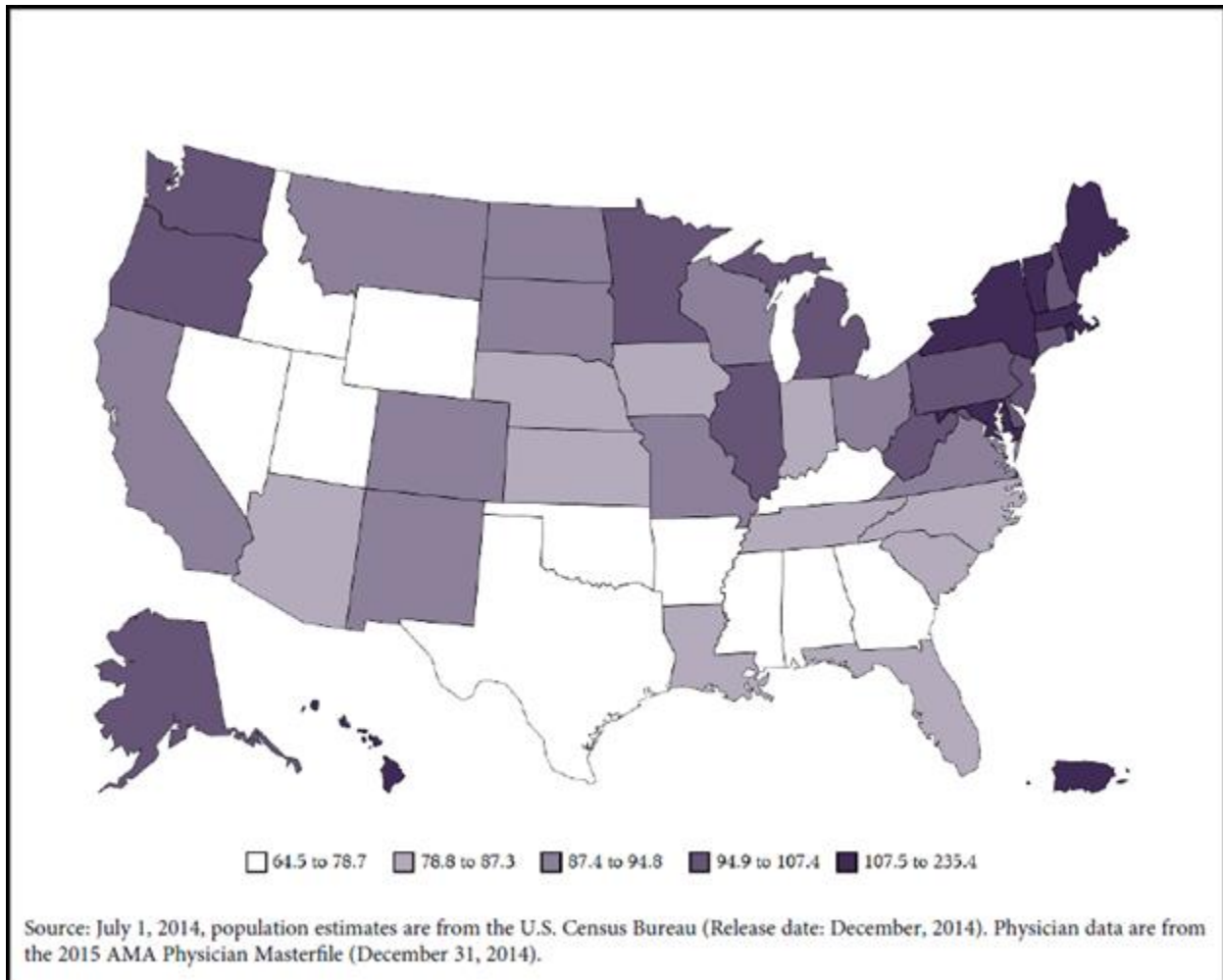
Among Pennsylvania adults in 2015, the percentage having visited a dentist in the past 12 months was 67 percent.

Higher rates were found in:

- White non-Hispanics (69 percent);

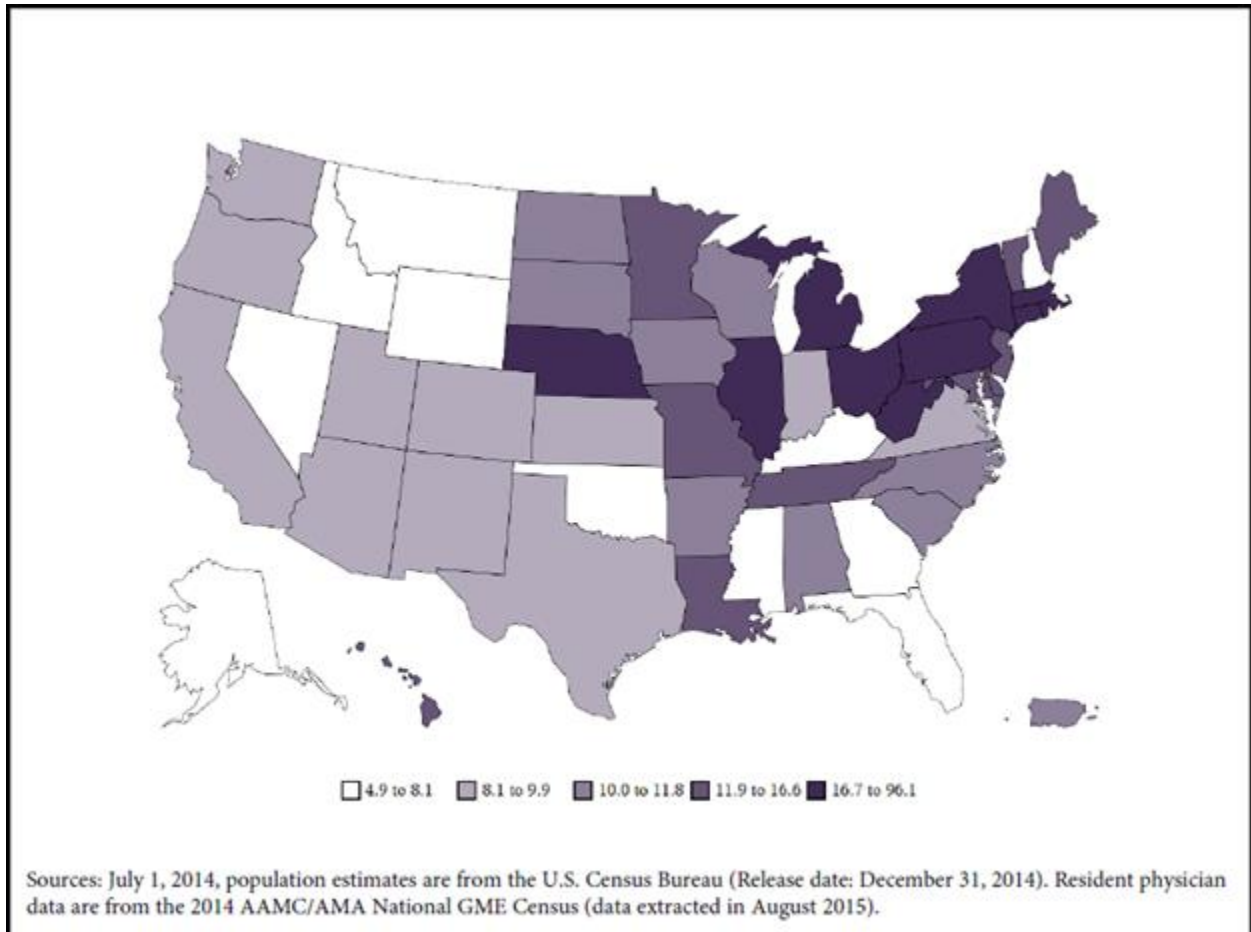
- Individuals with household incomes at \$75,000 and above (81 percent) and between \$50,000 and \$74,999 (74 percent);
- Individuals with a college degree (81 percent) or some college (69 percent); and
- Females (70 percent).

Map 7: Active primary care physicians per 100,000 population, Center for Workforce Studies, 2014



Source: [2015 State Physician Workforce Data Book](#) (Center for Workforce Studies, 2015)

Map 8: Residents and fellows per 100,000 population, Center for Workforce Studies, Dec. 31, 2014



Source: [2015 State Physician Workforce Data Book](#) (Center for Workforce Studies, 2015)

This map shows residents and fellows per 100,000 population on duty in an Accreditation Council for Graduate Medical Education accredited primary care program

Priority 3: Mental Health and Substance Use

The third section of the Pennsylvania State Health Assessment 2016 Update includes data relevant to Priority Issue 3 of the SHIP: Mental Health and Substance Use.

The SHIP problem statement for priority issue 3 is:

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

Priority Issue 3 has one goal:

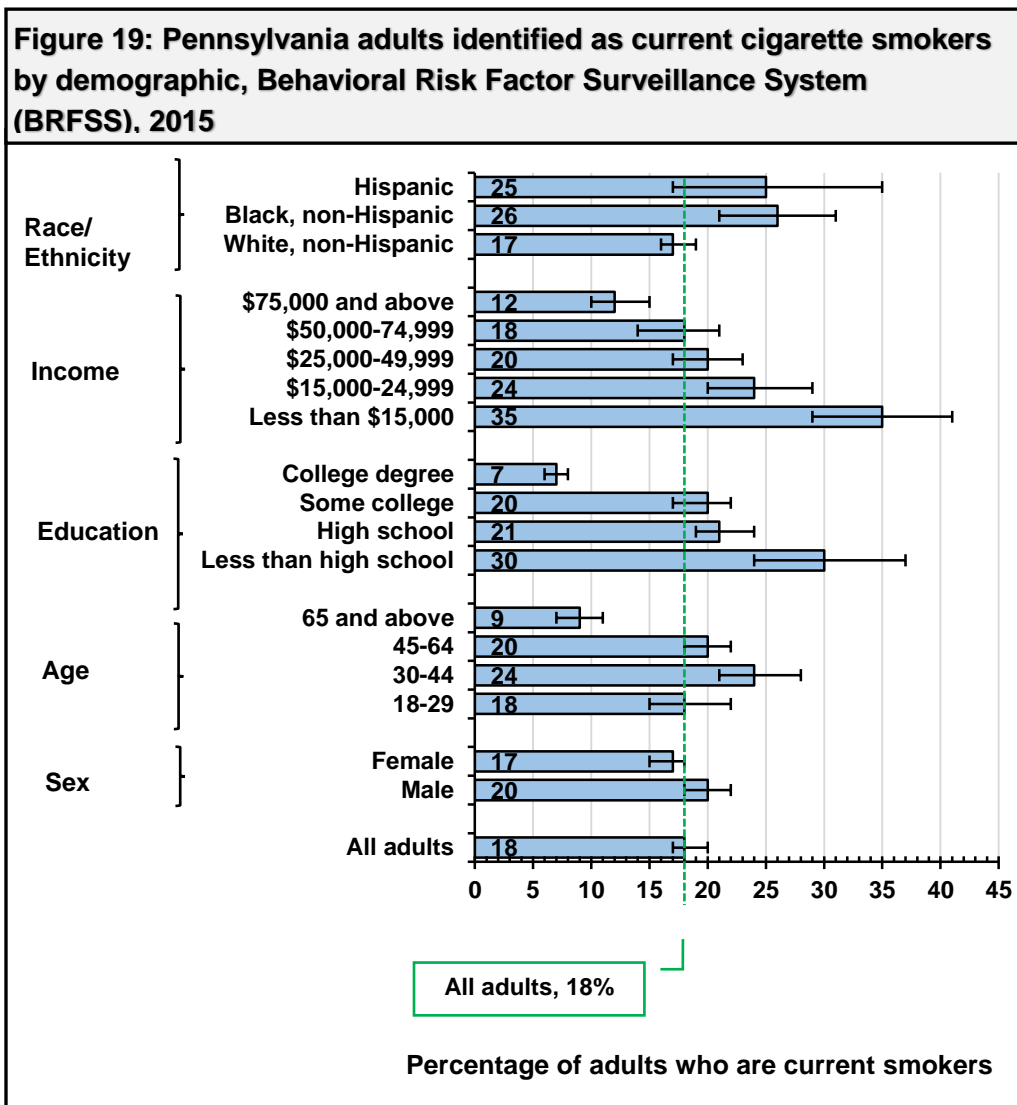
Goal 1. Pennsylvania residents will have access to the best practices in screening, support, assessment, and treatment for mental health and substance use disorders in order to achieve and maintain optimal health outcomes.

The HIP’s population health priorities focusing on substance and tobacco use are addressed in priority 3.

The DOH programs will focus on the following areas:

1. Preventing initiation of tobacco use among youth and young adults;
2. Promoting tobacco use cessation among adults and youth, and in particular among women (ages 18-49) during their pregnancy;
3. Eliminating exposure to secondhand smoke;
4. Identifying and eliminating tobacco-related disparities;
5. Enhancing Pennsylvania’s role as a nationally recognized leader in tobacco control programs and policies;
6. Reducing drug-associated deaths.

Tobacco Use



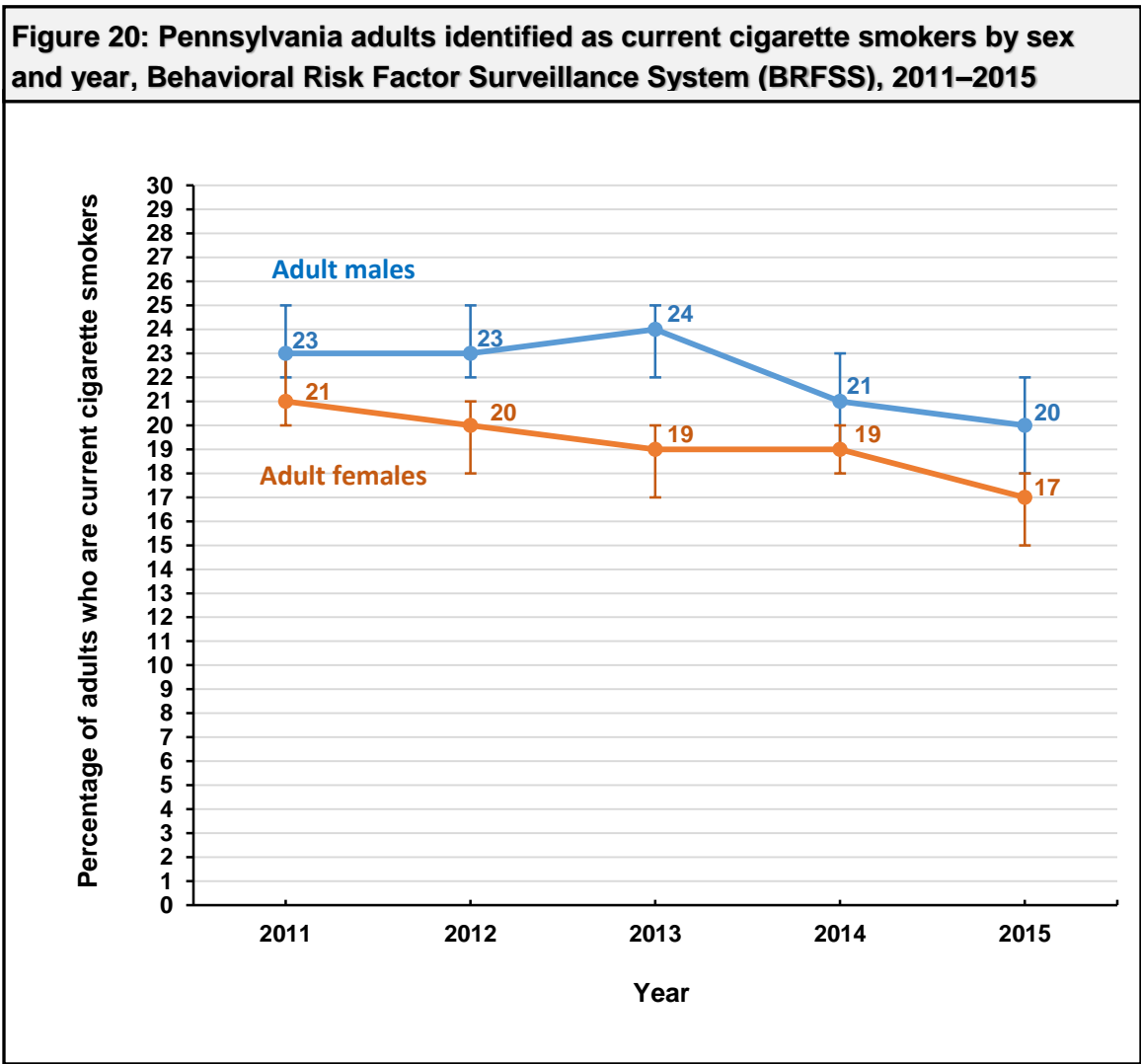
Source: [Behavioral Risk Factor Surveillance System](#) (Pennsylvania BRFSS, 2015)

Current cigarette smokers are defined as those smoking cigarettes either every day or some days in the past 30 days prior to the survey and having smoked at least 100 cigarettes in their lifetime.

Among Pennsylvania adults in 2015, the rate of current smoking was 18 percent.

Higher rates were found in:

- Black non-Hispanics (26 percent) and Hispanics (25 percent);
- Individuals with household incomes below \$15,000 (35 percent) and between \$15,000 and \$24,999 (24 percent);
- Individuals with a high school degree (21 percent) or no high school degree (30 percent);
- Individuals between 30 and 44 years old (24 percent); and
- Males (20 percent).

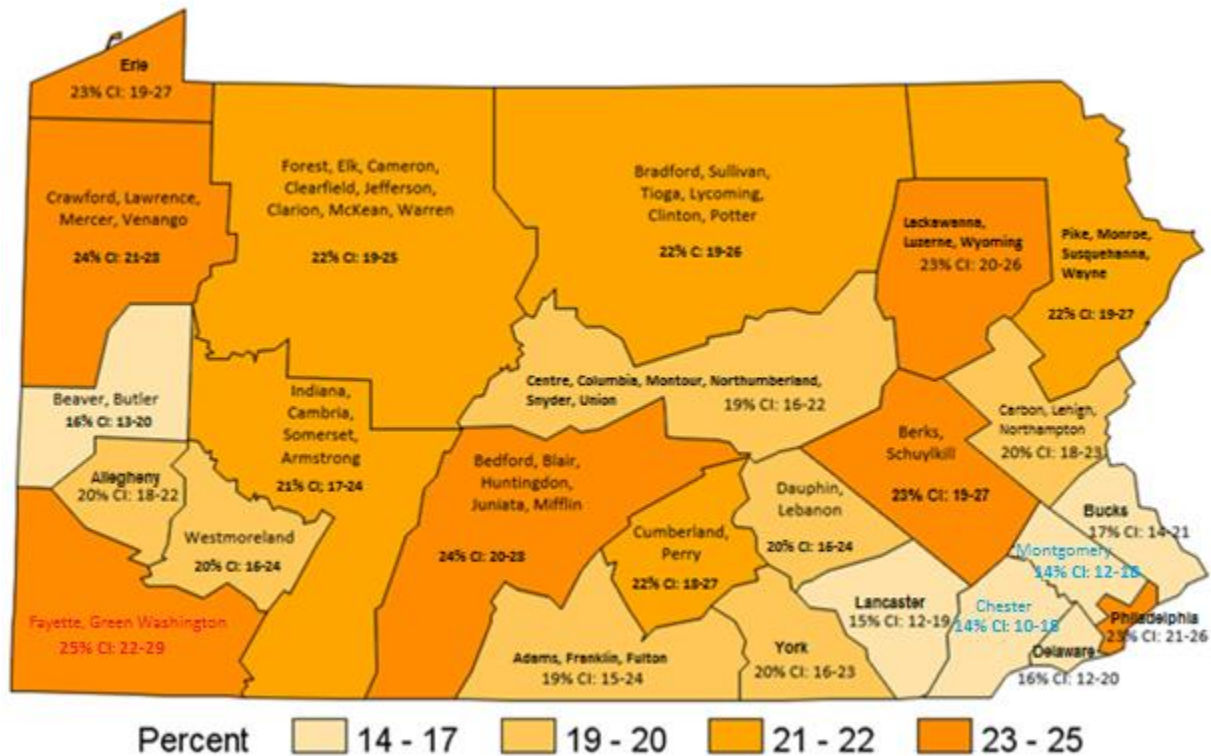


Source: [Behavioral Risk Factor Surveillance System](#) (Pennsylvania BRFSS, 2011 - 2015)

Current cigarette smokers are defined as those smoking cigarettes either every day or some days in the past 30 days prior to the survey and having smoked at least 100 cigarettes in their lifetime.

- During the five years of 2011 through 2015, men consistently had higher rates of current smoking than women.
- In 2015, 20 percent of men and 17 percent of women were current smokers.

Map 9: Pennsylvania adults identified as current cigarette smokers by region, Behavioral Risk Factor Surveillance System (BRFSS), 2013-2015



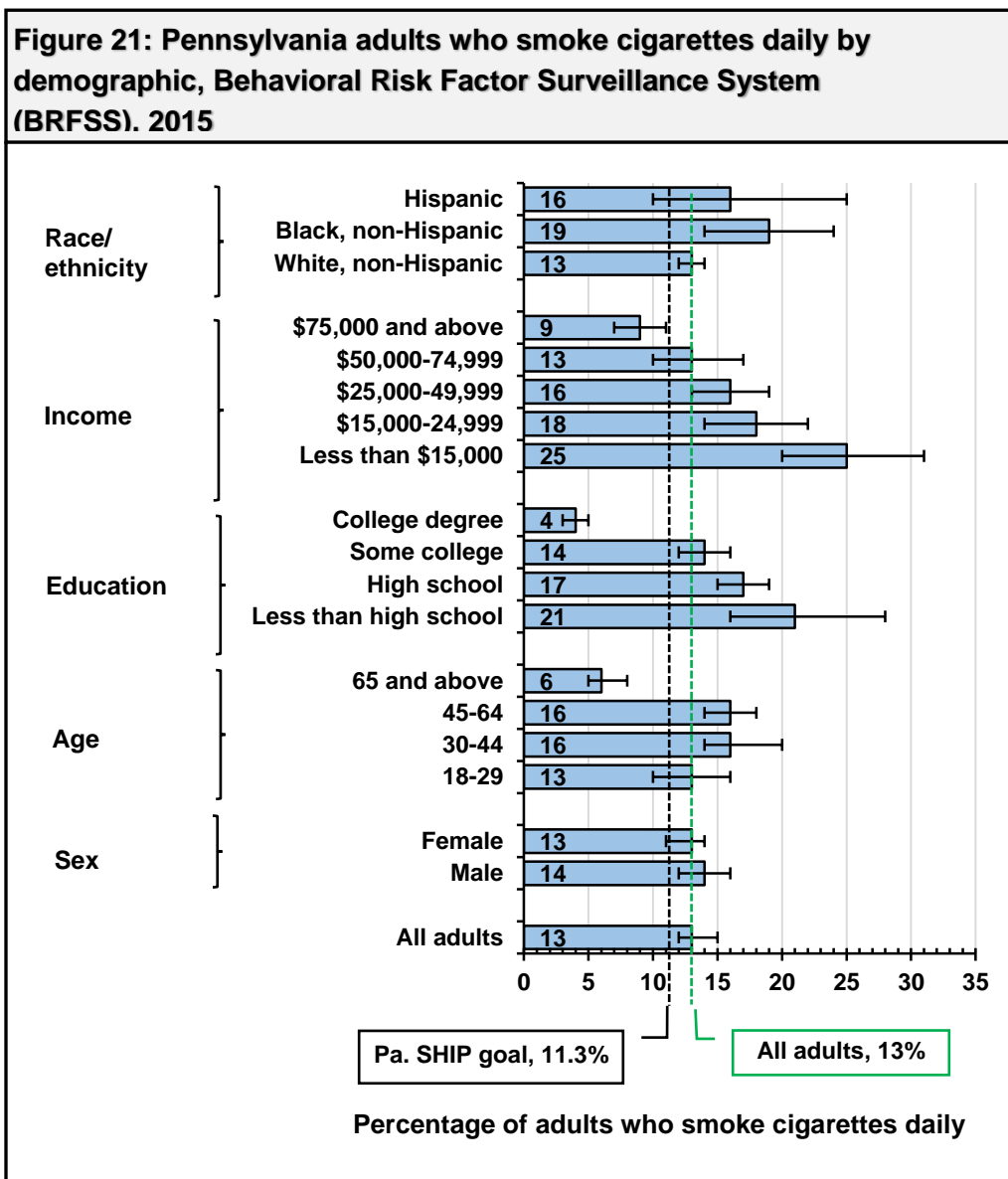
Source: [Behavioral Risk Factor Surveillance System](#) (Pennsylvania BRFSS, 2013 - 2015)

Note: Red fonts indicate significantly higher than the state rate; blue indicates significantly lower than the state rate of 20 percent.

Current cigarette smokers are defined as those smoking cigarettes either every day or some days in the past 30 days prior to the survey and having smoked at least 100 cigarettes in their lifetime.

- The statewide rate of current smoking among Pennsylvania adults between 2013 and 2015 was 20 percent.
- During that period, the lowest rate of smoking was found in Chester (14 percent) and Montgomery (14 percent) counties.
- Also during that period, the highest rate of smoking (25 percent) was found in the combined region that includes Fayette, Greene and Washington counties.

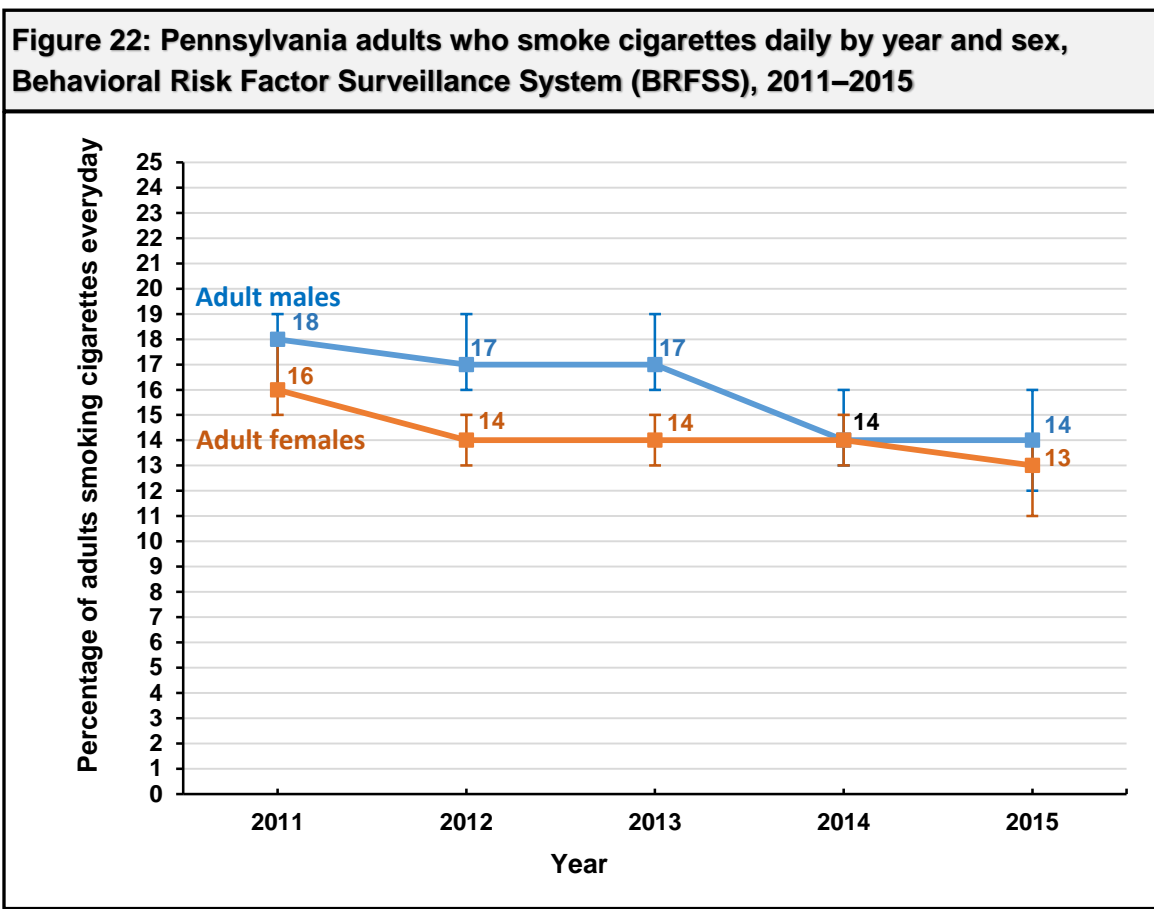
SHIP MHSU 1.2 Decrease adults who smoke every day from 16 percent in 2013 to 11.3 percent by December 2020.



Source: [Behavioral Risk Factor Surveillance System](#) (Pennsylvania BRFSS, 2015)

Among Pennsylvania adults in 2015, the rate smoking cigarettes daily was 13 percent. Higher rates were found in:

- Black non-Hispanics (19 percent);
- Individuals with household incomes below \$15,000 (25 percent) and between \$15,000 and \$24,999 (18 percent);
- Individuals with a high school degree (17 percent) or no high school degree (21 percent); and
- Individuals between 30 and 44 years old (16 percent) and between 45 and 64 years (16 percent).

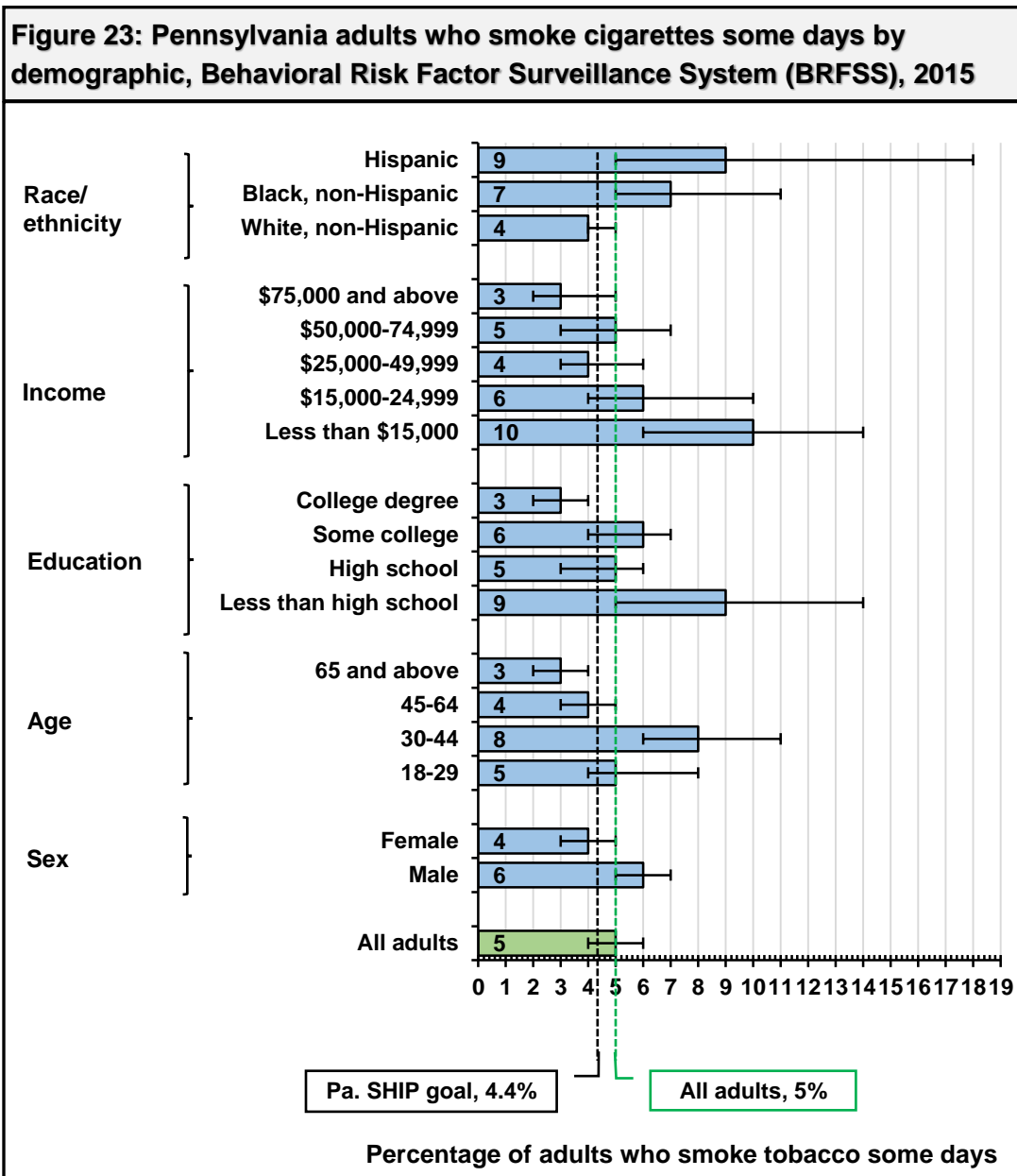


Source: [Behavioral Risk Factor Surveillance System](#) (Pennsylvania BRFSS, 2015 - 2015)

- During the five years of 2011 through 2015, Pennsylvania men consistently had higher rates of daily smoking than women, except for 2014, when both had a 14 percent rate of smoking daily.
- In 2015, 14 percent of men and 13 percent of women were daily smokers.

SHIP MHSU 1.2 By December 2020:

Decrease adults who smoke some days from 5.7 percent in 2012 to 4.4 percent

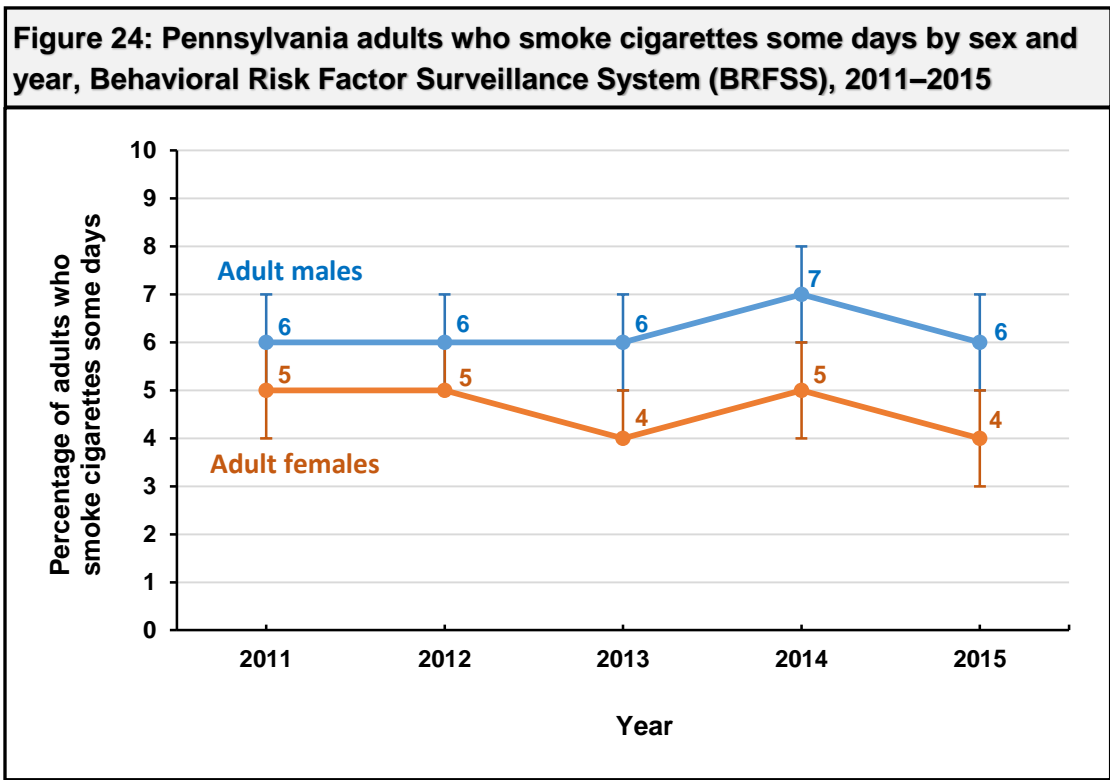


Source: [Behavioral Risk Factor Surveillance System](#) (Pennsylvania BRFSS, 2015)

Among Pennsylvania adults in 2015, the rate of smoking cigarettes on some days was 5 percent.

Higher rates were found in:

- Hispanics (9 percent) and black non-Hispanics (7 percent);
- Individuals with household incomes below \$15,000 (10 percent);
- Individuals with no high school degree (9 percent);
- Individuals between 30 and 44 years old (8 percent); and
- Males (6 percent).

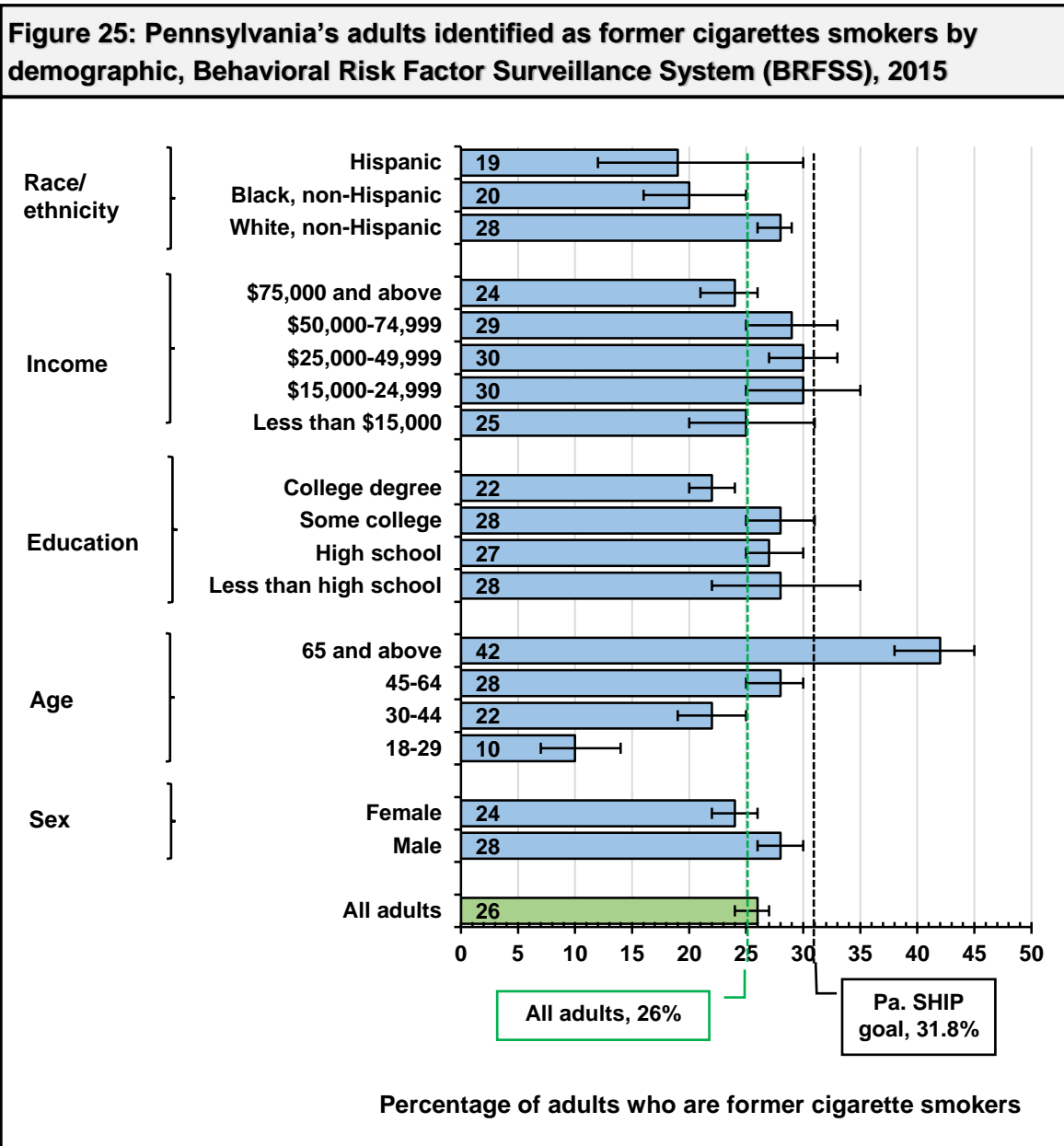


Source: [Behavioral Risk Factor Surveillance System](#) (Pennsylvania BRFSS, 2015 - 2015)

- During the five years of 2011 through 2015, Pennsylvania men consistently had higher rates of some days smoking than women.
- In 2015, 6 percent of men and 4 percent of women were some days smokers.

SHIP MHSU 1.2 By December 2020:

Increase adults who are former smokers from 26 percent in 2013 to 31.8 percent

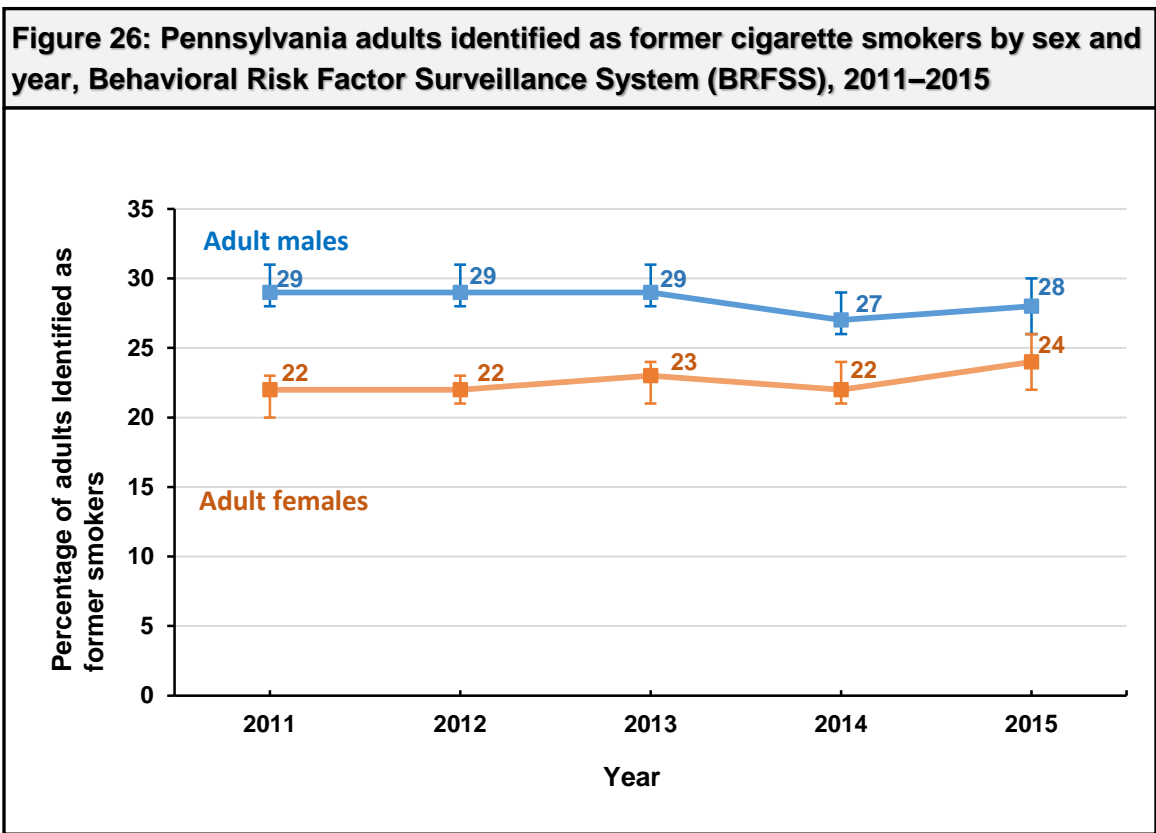


Source: [Behavioral Risk Factor Surveillance System](#) (Pennsylvania BRFSS, 2015)

Among Pennsylvania adults in 2015, the rate for former cigarette smoking was 26 percent.

Higher rates were found in:

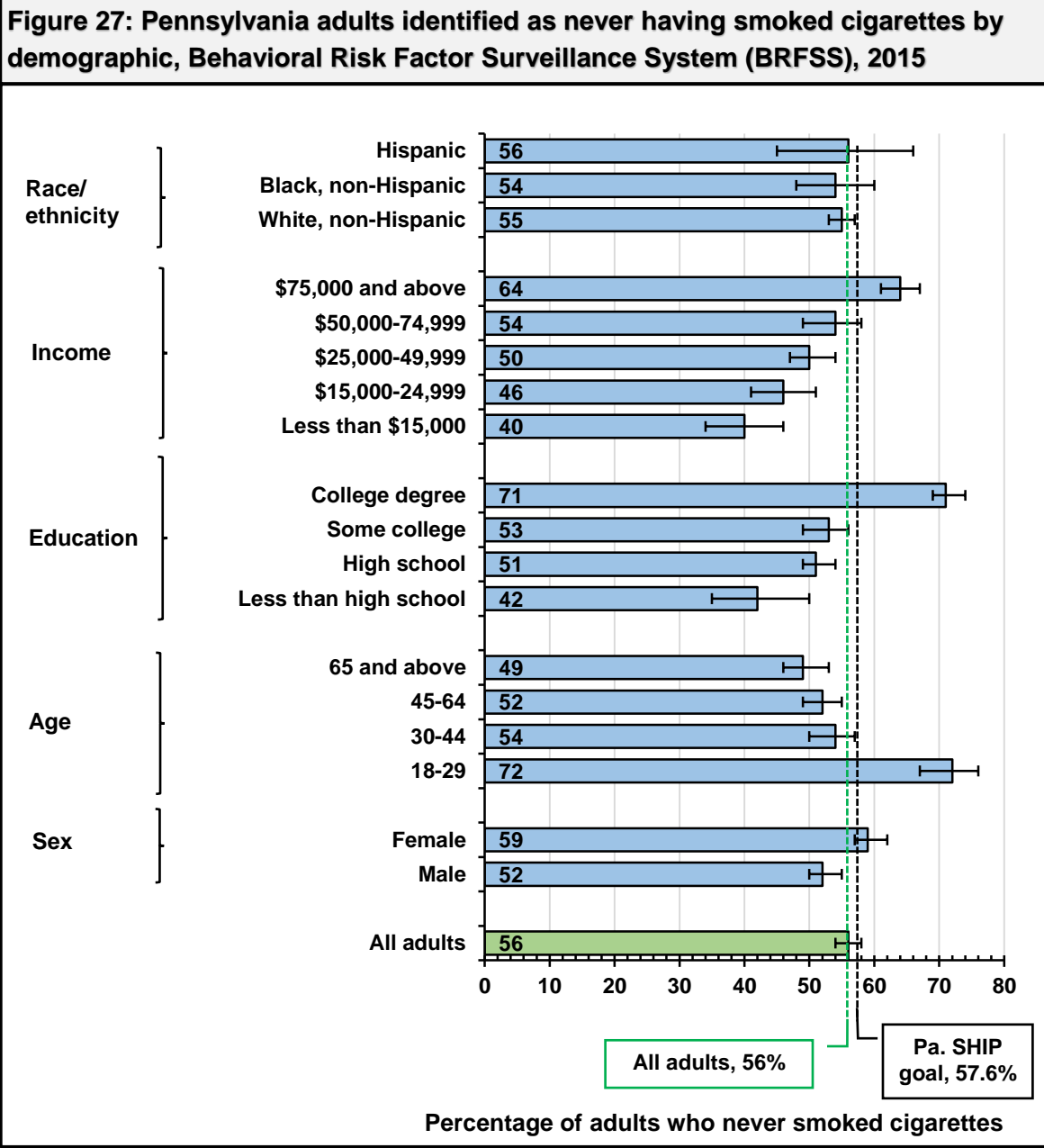
- Whites (28 percent);
- Individuals with household incomes between \$25,000 and \$74,999;
- Individuals with no college degree;
- Individuals over 65 years old (42 percent) and between 45 and 64 (28 percent); and
- Males (28 percent).



Source: [Behavioral Risk Factor Surveillance System](#) (Pennsylvania BRFSS, 2011 - 2015)

- During the five years of 2011 through 2015, Pennsylvania men consistently had higher rates of former cigarette smoking than women.
- In 2015, 28 percent of men and 24 percent of women were former smokers.

SHIP MHSU 1.2 Increase adults who have never smoked from 53 percent in 2013 to 57.6 percent by December 2020

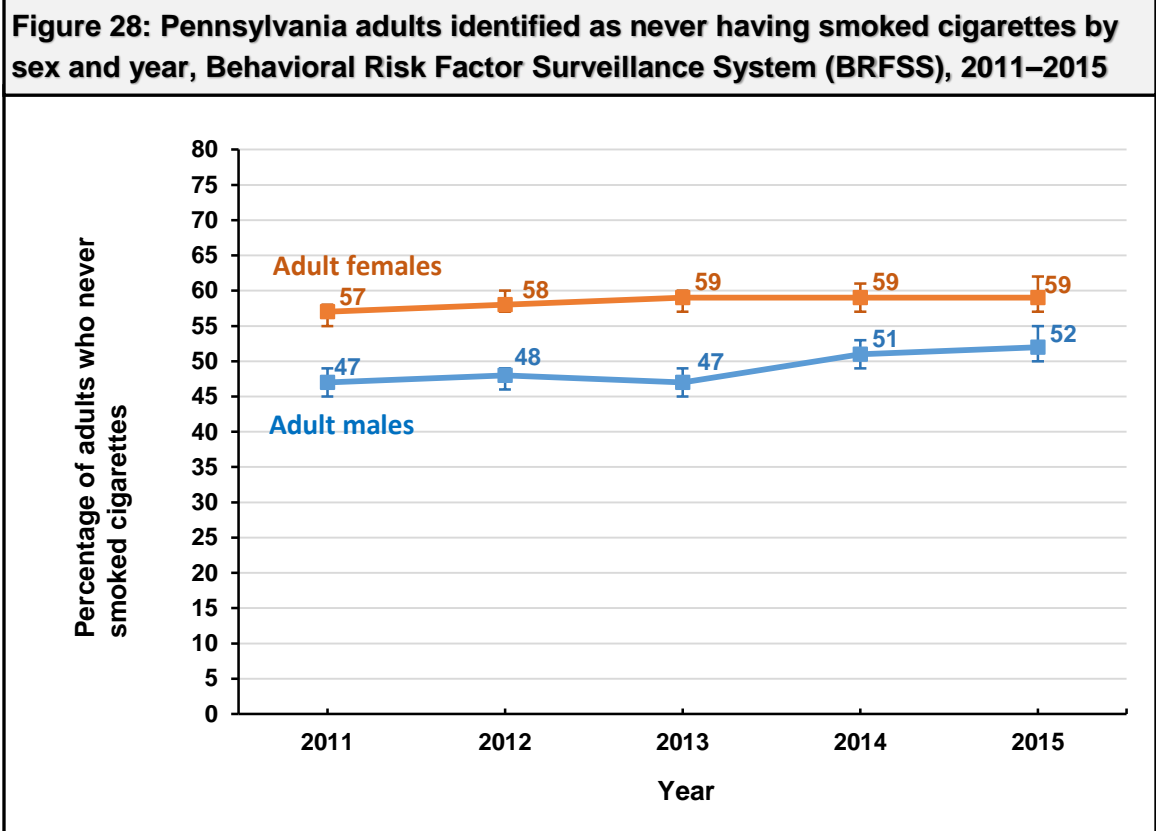


Source: [Behavioral Risk Factor Surveillance System](#) (Pennsylvania BRFSS, 2015)

Among Pennsylvania adults in 2015, the rate for never smoking cigarettes was 56 percent.

Higher rates were found in:

- Individuals with household incomes above \$75,000 (64 percent);
- Individuals with a college degree (71 percent);
- Individuals between 18 and 29 (72 percent); and
- Females (59 percent).

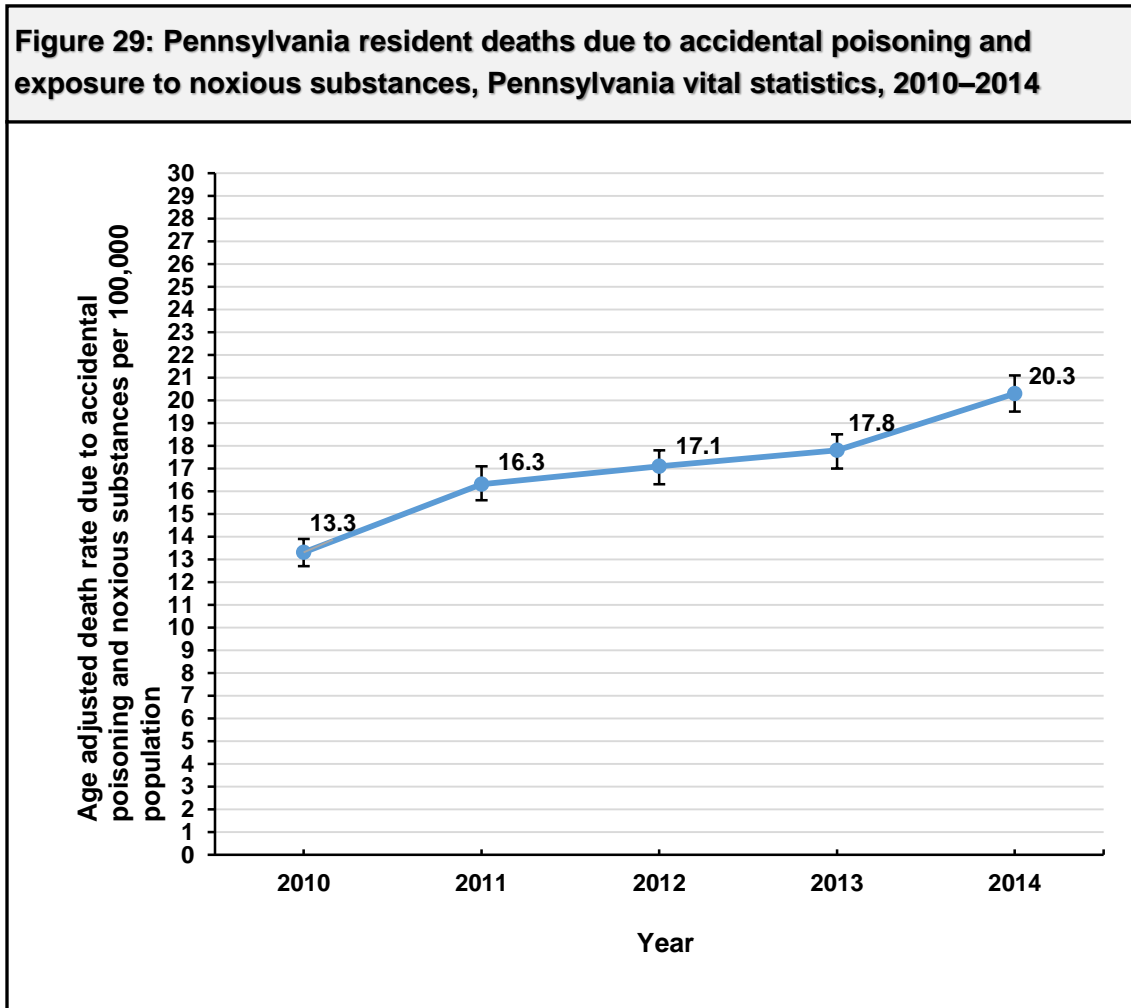


Source: [Behavioral Risk Factor Surveillance System](#) (Pennsylvania BRFSS, 2011 - 2015)

- During the five years of 2011 through 2015, Pennsylvania females consistently had higher rates of never smoking cigarettes than men.
- In 2015, 59 percent of women and 52 percent of men never smoked cigarettes.

Substance Use

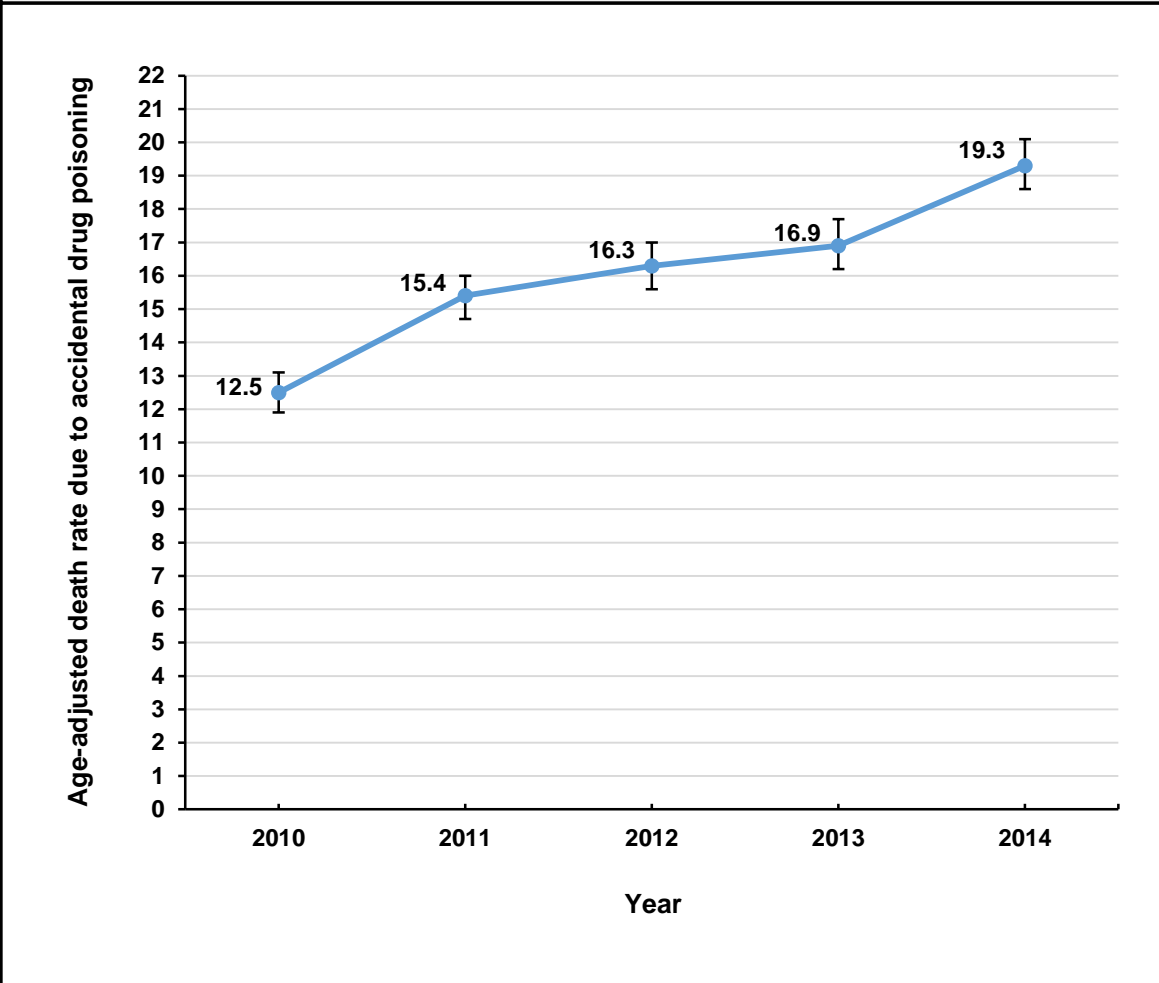
SHIP MHSU 1.3 For Pennsylvania adults and adolescents, decrease rate of deaths due to substance use from 17.1 per 100,000 in 2012 to 15.4 per 100,000 by December 2020



Source: [Pennsylvania Vital Statistics](#) (Pennsylvania Death Certificate Dataset, 2010 - 2014)

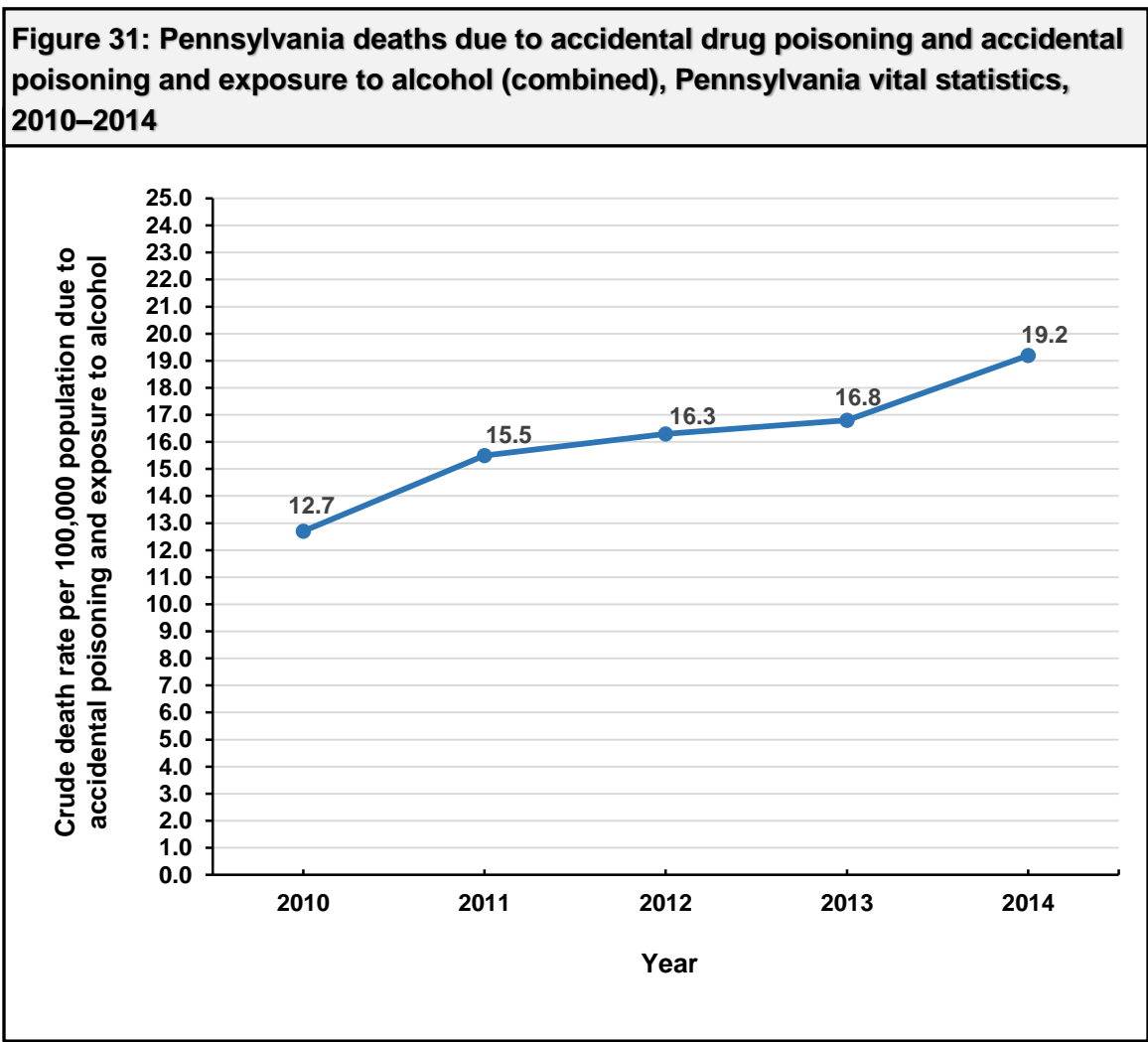
- The age-adjusted death rate due to accidental poisoning and noxious substances increased over 50 percent from 13.3 per 100,000 population in 2010 to 20.3 in 2014.

Figure 30: Pennsylvania deaths due to accidental drug poisoning, Pennsylvania vital statistics, 2010–2014



Source: [Pennsylvania Vital Statistics](#) (Pennsylvania Death Certificate Dataset, 2010 - 2014)

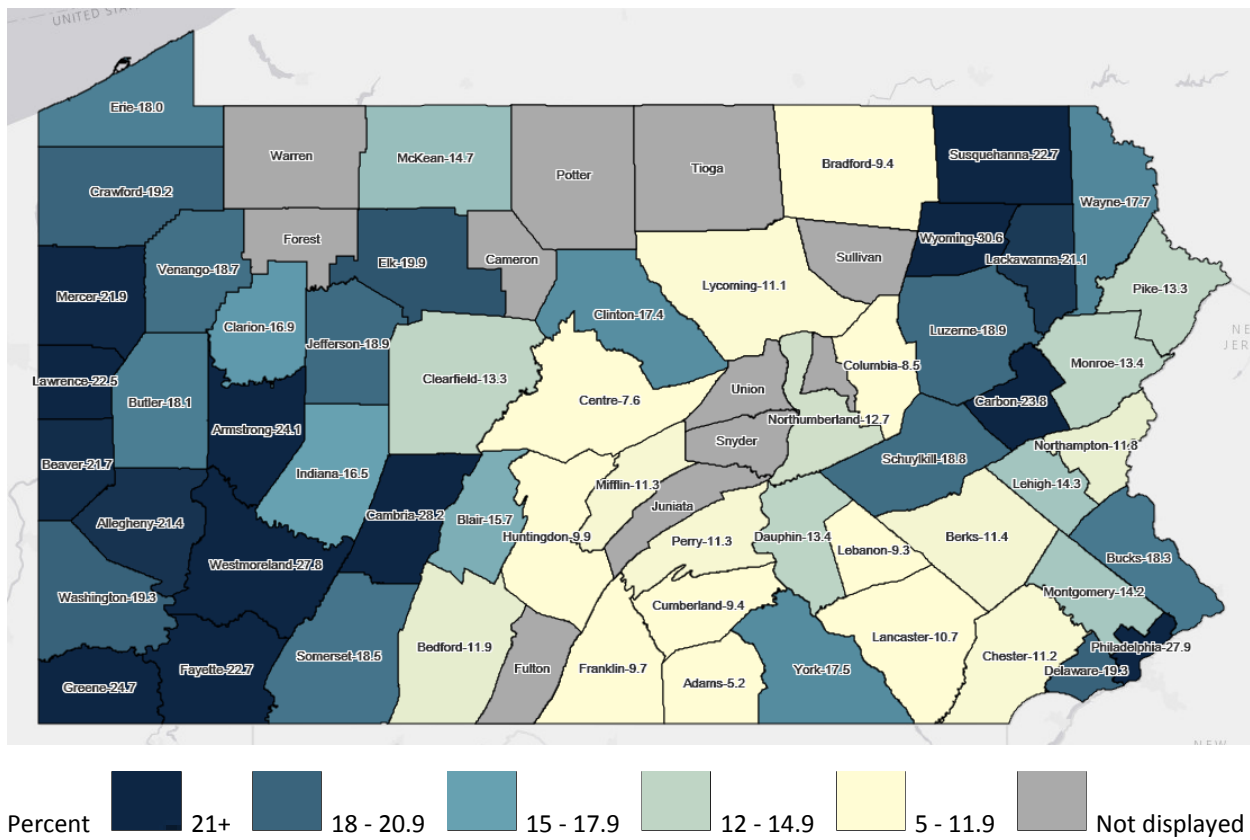
- The age-adjusted death rate due to accidental drug poisoning increased over 50 percent from 12.5 per 100,000 population in 2010 to 19.3 in 2014.



Source: [Pennsylvania Vital Statistics](#) (Pennsylvania Death Certificate Dataset, 2010 - 2014)

- The crude rate of death associated with the combined number of deaths attributable to accidental drug poisoning and accidental alcohol poisoning increased by 51.2 percent, from 12.7 in 2010 to 19.2 per 100,000 population in 2014.

Map 10: Pennsylvania deaths due to accidental drug poisoning, Pennsylvania Death Certificate Dataset, 2012-2014

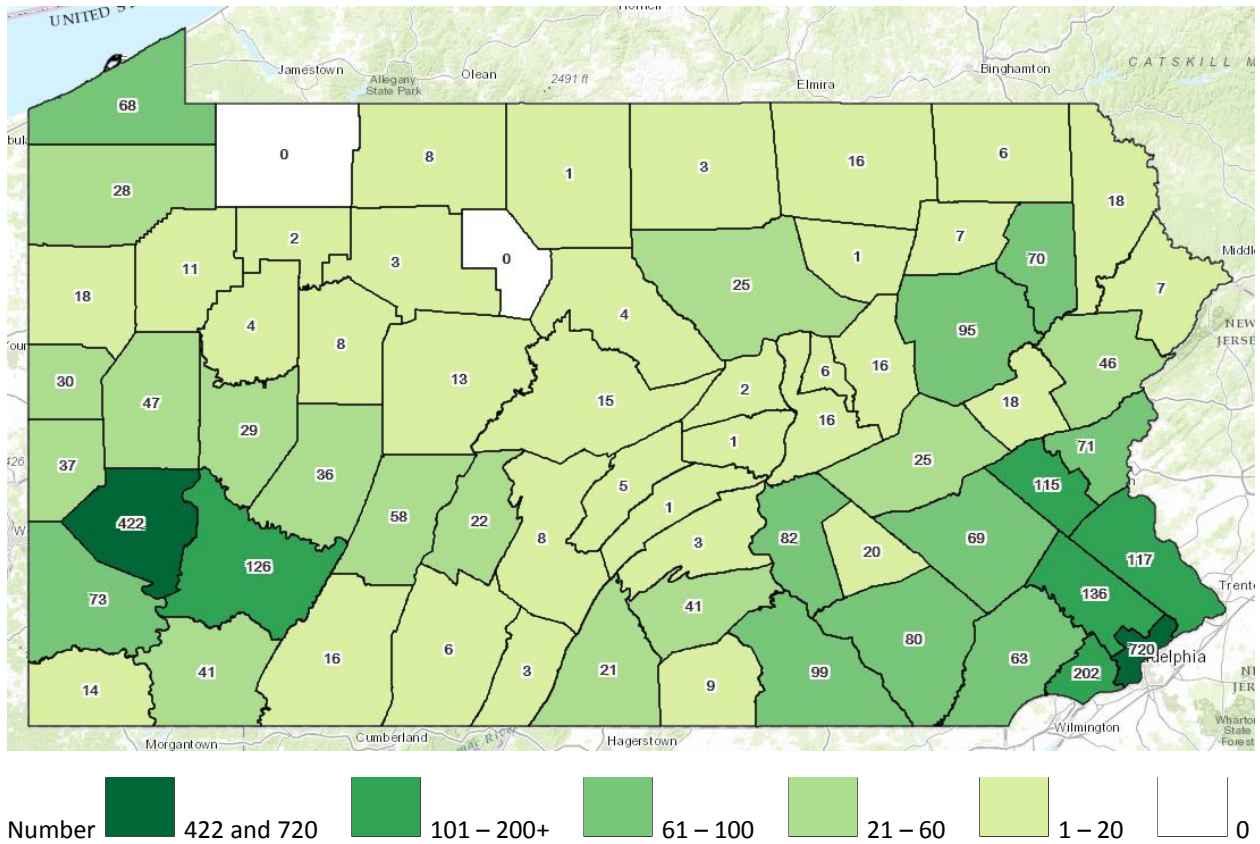


Source: [Pennsylvania Vital Statistics](#) (Pennsylvania Death Certificate Dataset, 2012 - 2014)

Age-adjusted rates per 100,000.

- In the combined years of 2012-2014, the highest age-adjusted death rates due to accidental drug poisoning occurred in Wyoming (30.6), Cambria (28.2), Philadelphia (27.9) and Westmoreland (27.8) counties.

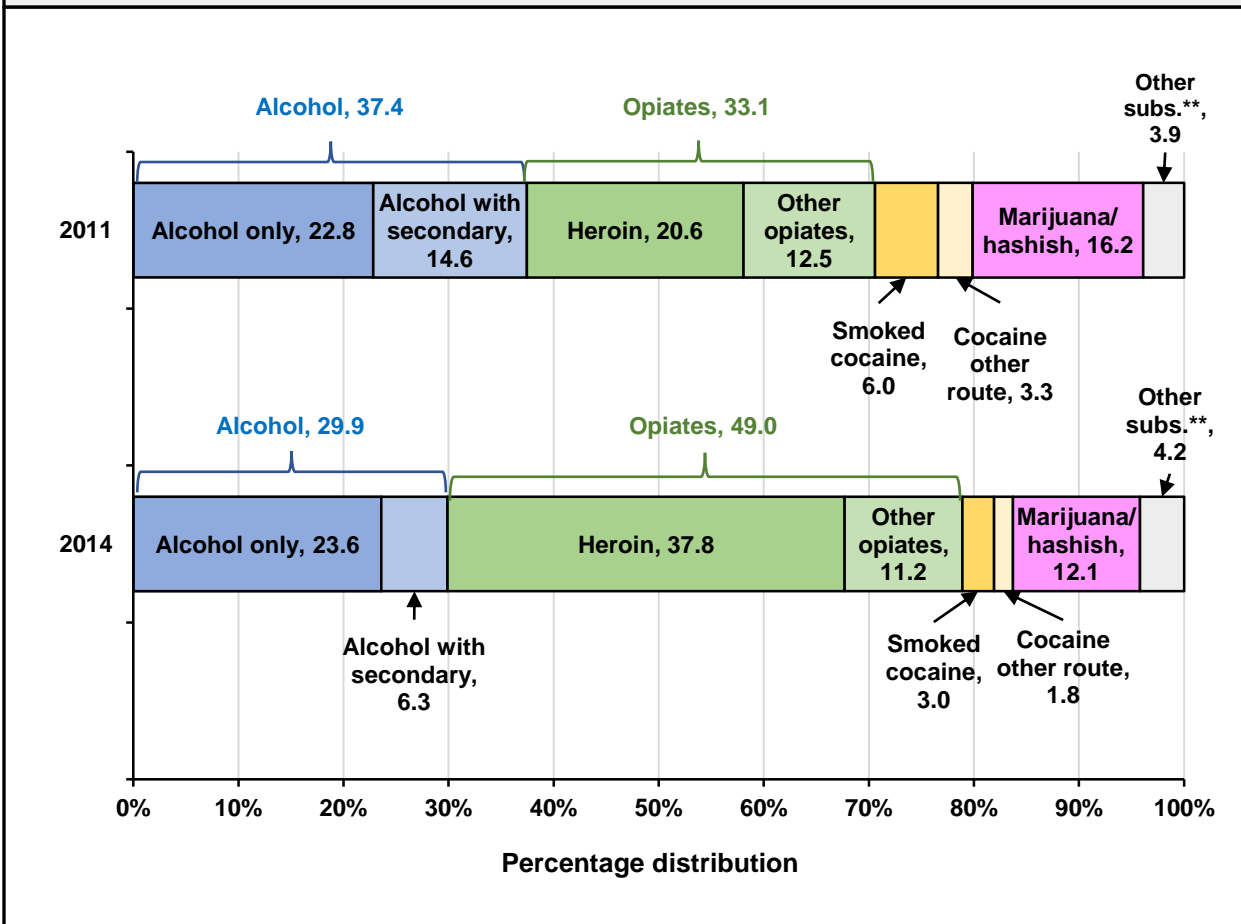
Map 11: Pennsylvania deaths due to drug related overdose, Drug Enforcement Administration, 2015



Source: [Analysis of Drug-Related Overdose Deaths in Pennsylvania, 2015](#) (DEA Philadelphia Field Division, 2016)

- In 2015, the counties with the highest number of deaths due to drug related overdoses in 2015 were Philadelphia (720), Allegheny (422) and Westmoreland (126) counties.

Figure 32: Pennsylvania admissions aged 12 and older* by primary substance, Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS), 2011 and 2014



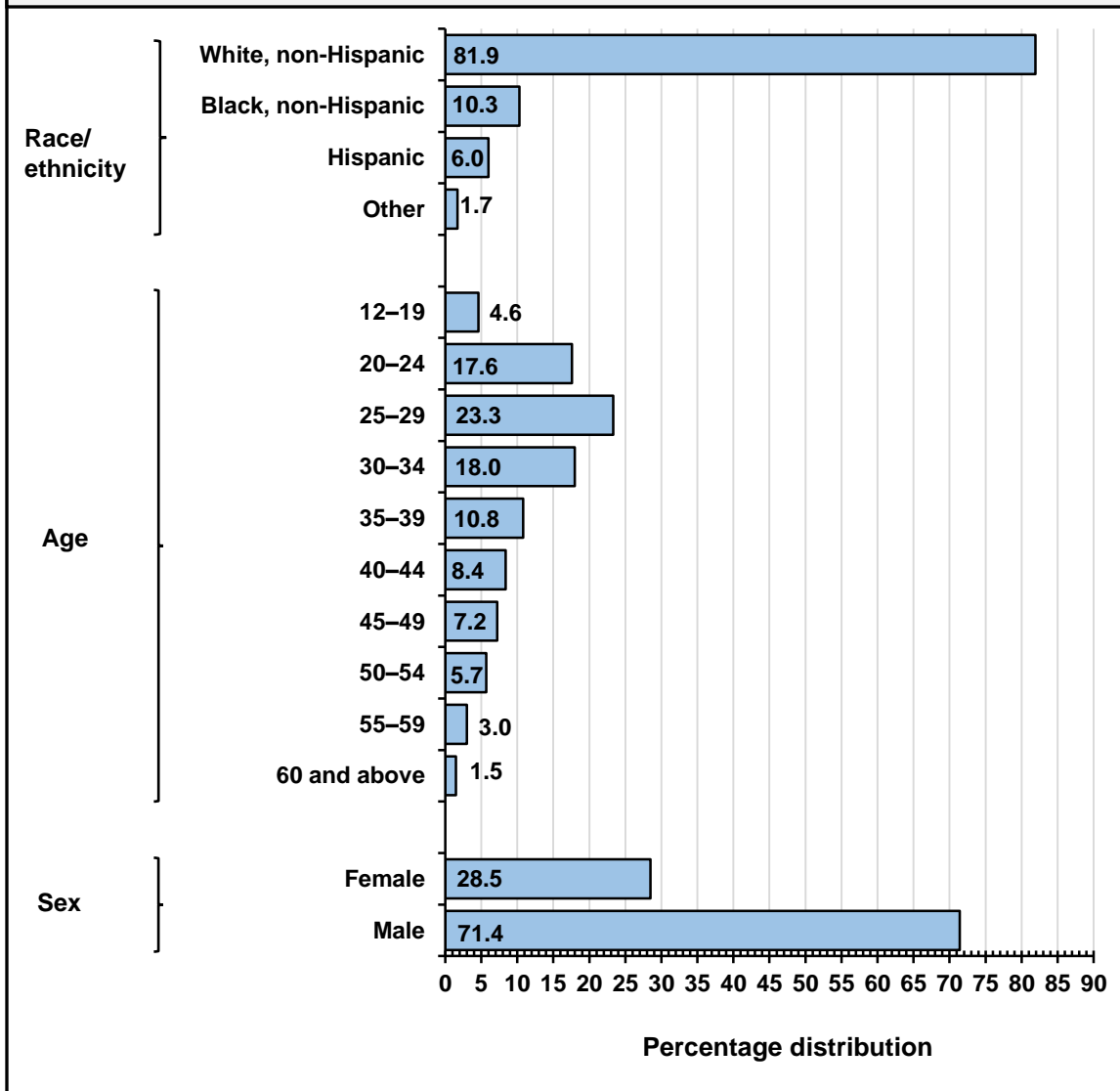
* The total admissions aged 12 and older in 2011 were 51,858 and, in 2014, were 42,204
 ** Other substances include: methamphetamine/amphetamines, tranquilizers, sedatives, hallucinogens, PCP, inhalants, and other/none specified.
 Notes: (1) TEDS does not include all admissions to substance abuse treatment. It includes admissions to facilities that are licensed or certified by the state substance abuse agency to provide substance abuse treatment (or are administratively tracked for other reasons). In general, facilities reporting TEDS data are those that receive state alcohol and/or drug agency funds (including Federal Block Grant funds) for the provision of alcohol and/or drug treatment services. (2) Percentages may not sum to 100 due to rounding.

Source: [Treatment Episode Data Set \(TEDS\): 2004-2014](#) (Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality)

- Among Pennsylvanians age 12 years and above, there was a total of 51,858 admissions in 2011 and 42,204 in 2014. This represents an 18.6 percent point decrease over that period.
- An examination of 2014 admissions by primary substance revealed that opiates comprised the highest proportion with 49 percent of all admissions. Heroin comprised 37.8 percent, and “other opiates” comprised 11.2 percent.

- The proportion of admissions attributable to heroin as the primary substance increased 83.5 percent, from 20.6 percentage points in 2011 to 37.8 percentage points in 2014.
- Between 2011 and 2014, the proportion of admissions attributable to alcohol only (no secondary) increased slightly by 3.5 percent, from 22.8 percentage points to 23.6 percentage points.
- Between 2011 and 2014, the proportion of admissions attributable to marijuana/hashish as the primary substance decreased by 25.3 percent, from 16.2 percentage points in 2011 to 12.1 percentage points in 2014.

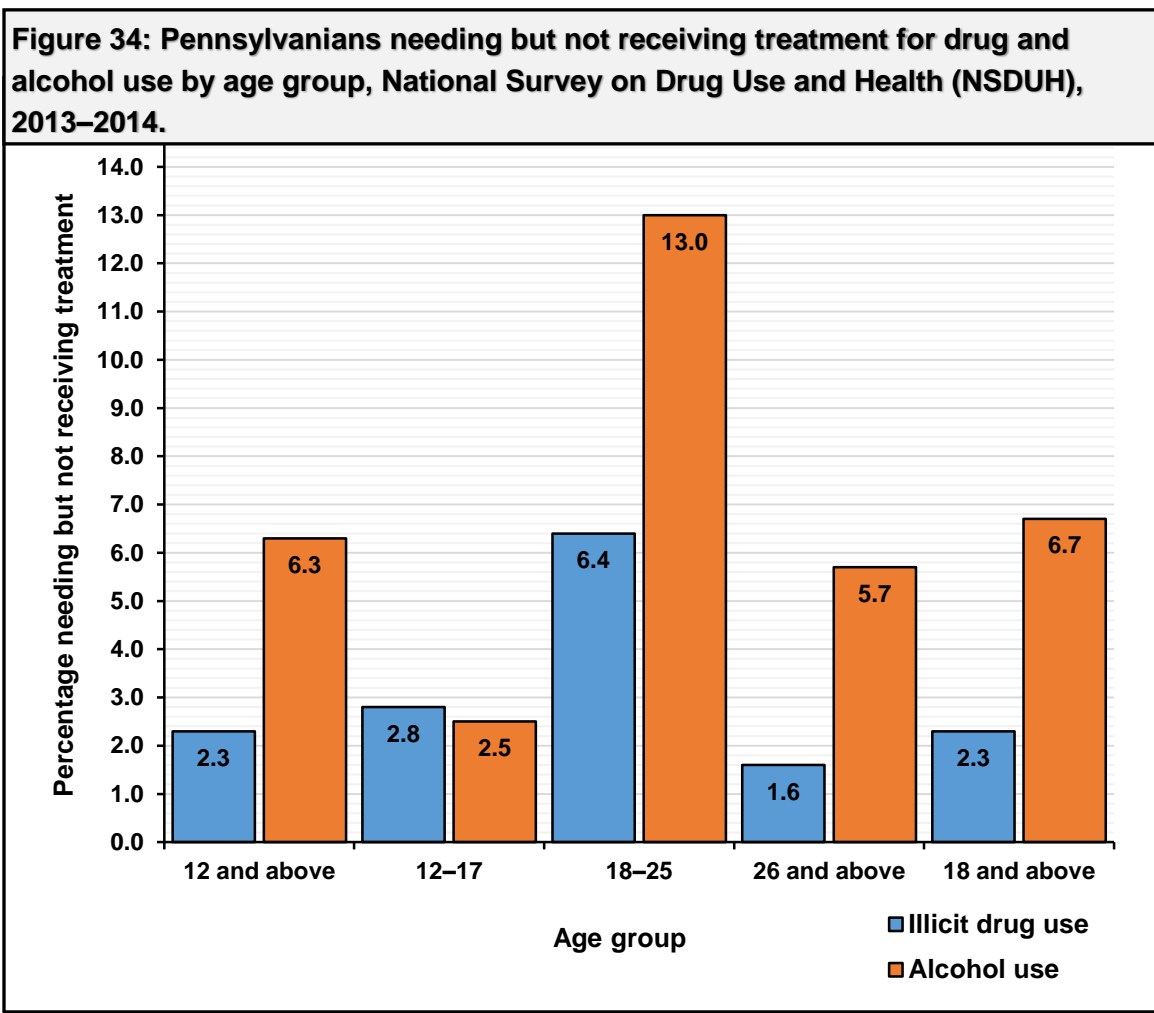
Figure 33: Pennsylvania admissions aged 12 and older* by primary substance, by demographic, Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS), 2014



* The total admissions aged 12 and older in 2014 were 42,204.
 ** Other substances include: methamphetamine/amphetamines, tranquilizers, sedatives, hallucinogens, PCP, inhalants, and other/none specified.
 Note: TEDS does not include all admissions to substance abuse treatment. It includes admissions to facilities that are licensed or certified by the state substance abuse agency to provide substance abuse treatment (or are administratively tracked for other reasons). In general, facilities reporting TEDS data are those that receive state alcohol and/or drug agency funds (including Federal Block Grant funds) for the provision of alcohol and/or drug treatment services.

Source: [Treatment Episode Data Set \(TEDS\): 2004-2014](#) (Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality)

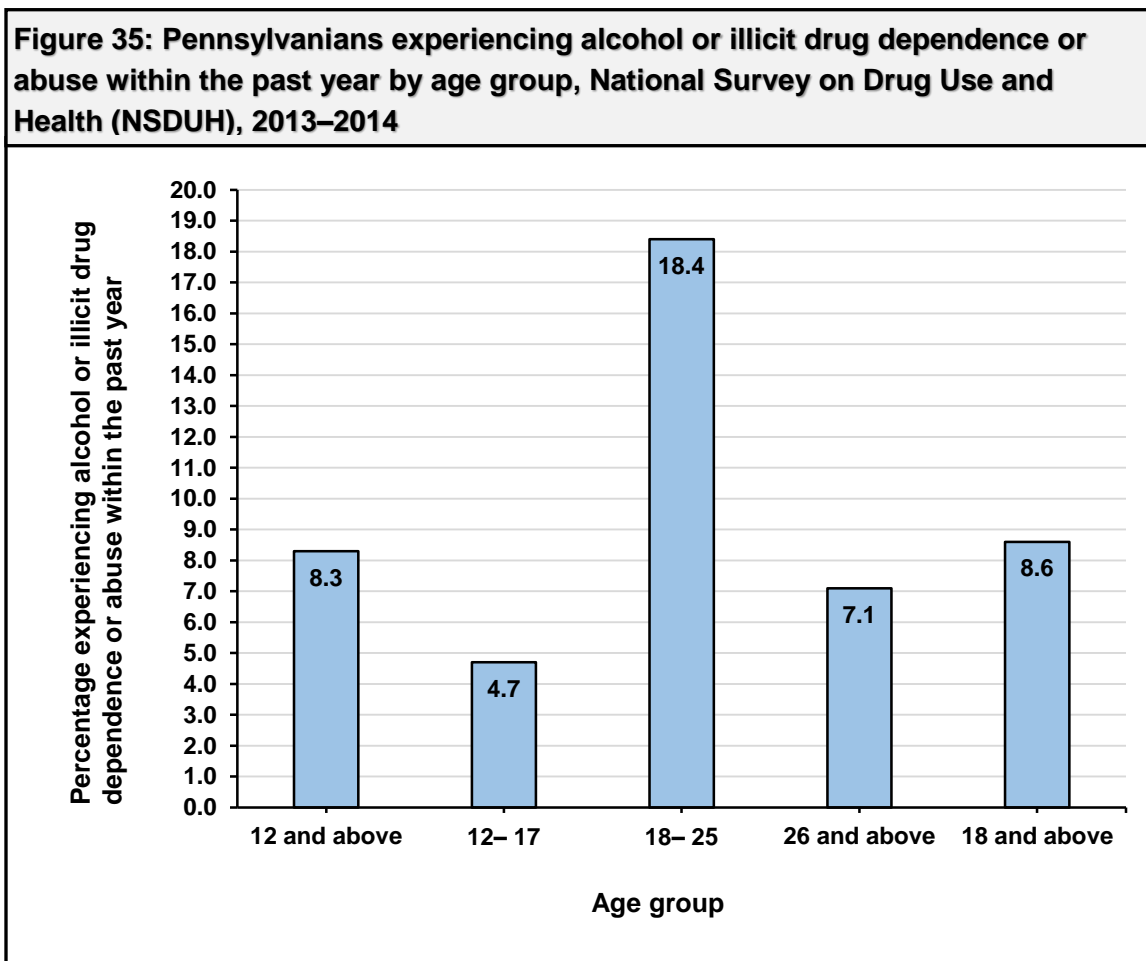
- Among Pennsylvania’s population aged 12 years and above, there were 42,204 admissions in 2014.
- Of those total admissions:
 - 81.9 percent were among the state’s white, non-Hispanic population;
 - 10.3 percent were among the state’s black, non-Hispanic population;
 - 6.0 percent were among the state’s Hispanic population; and
 - 1.7 percent were among the state’s race/ethnicity “other” category.
- Most admissions (23.3 percent) were among those aged 25 through 29 years.
- Admissions among Pennsylvanians under 30 years of age comprised 45.5 percent of the total.
- Most admissions (71.4 percent) were among males. Admissions among females comprised 28.5 percent.



Source: [National Survey on Drug Use and Health, 2013 and 2014](#) (Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, 2014)

- Within all age groups examined except one, ages 12 through 17 years, the proportion of Pennsylvanians needing but not receiving treatment for alcohol use exceeded the proportion needing but not receiving treatment for illicit drug use.
- The highest proportion of those needing but not receiving treatment was realized within the age group of 18 through 25 years, wherein 13 percent needed but did not receive treatment for alcohol use and 6.4 percent needed but did not receive treatment for illicit drug use.
- Among Pennsylvanians aged 12 years and above, 6.3 percent needed but did not receive treatment for alcohol use, and 2.3 percent needed but did not receive treatment for illicit drug use.
- Among Pennsylvanians ages 12 through 17 years, 2.5 percent needed but did not receive treatment for alcohol use, and 2.8 percent needed but did not receive treatment for illicit drug use.

- Among Pennsylvanians aged 26 years and above, 5.7 percent needed but did not receive treatment for alcohol use, and 1.6 percent needed but did not receive treatment for illicit drug use.
- Among Pennsylvanians aged 18 years and above, 6.7 percent needed but did not receive treatment for alcohol use, and 2.3 percent needed but did not receive treatment for illicit drug use.



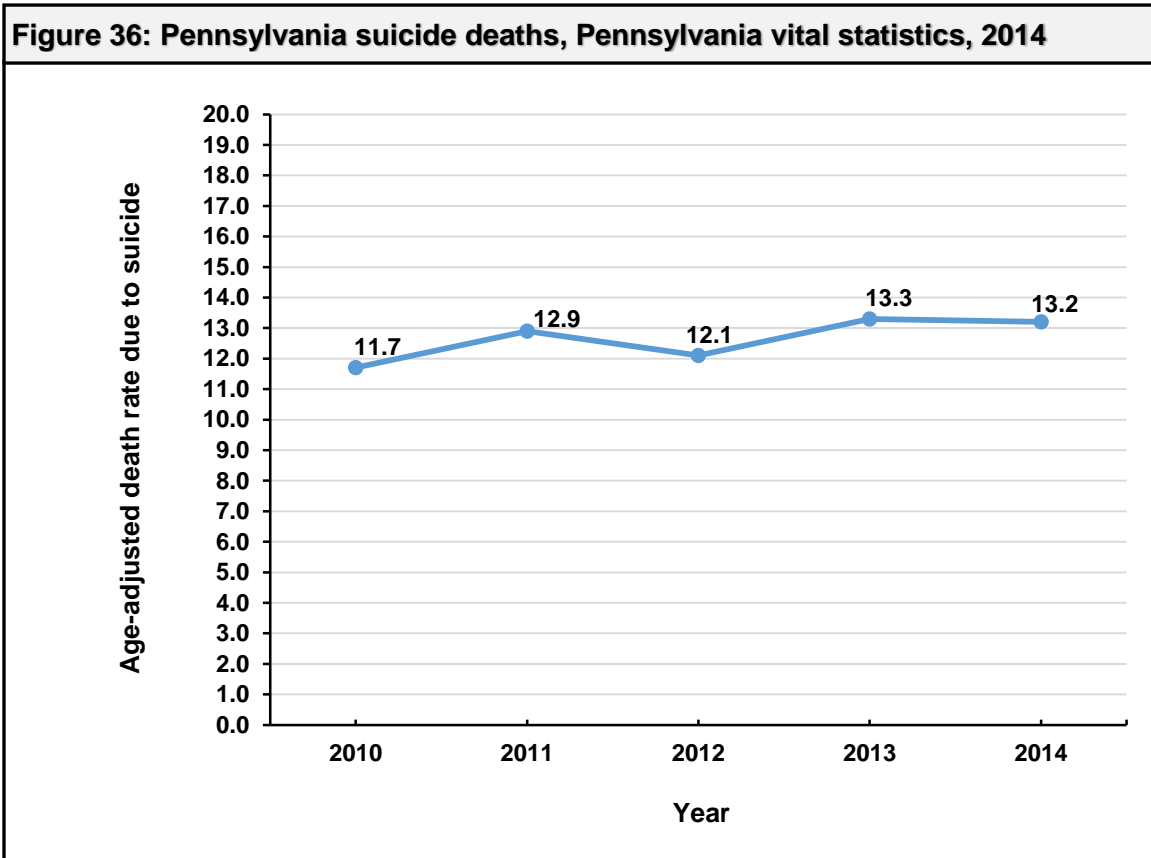
Source: [National Survey on Drug Use and Health, 2013 and 2014](#) (Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, 2014)

- Based on 2013-2014 annual averages, 18.4 percent of Pennsylvanians ages 18 through 25 years experienced alcohol or illicit drug dependence or abuse within the past year.
- 8.6 percent of Pennsylvanians ages 18 and above experienced alcohol or illicit drug dependence or abuse within the past year.
- 8.3 percent of Pennsylvanians ages 12 and above experienced alcohol or illicit drug dependence or abuse within the past year.
- 7.1 percent of Pennsylvanians ages 26 and above experienced alcohol or illicit drug dependence or abuse within the past year.

- 4.7 percent of Pennsylvanians ages 12 through 17 years experienced alcohol or illicit drug dependence or abuse within the past year.
- Based on this data, Pennsylvanians ages 18 through 25 years were almost four times (3.9) more likely than Pennsylvanians ages 12 through 17 years to have experienced alcohol or illicit drug dependence or abuse within the past year.

Suicide

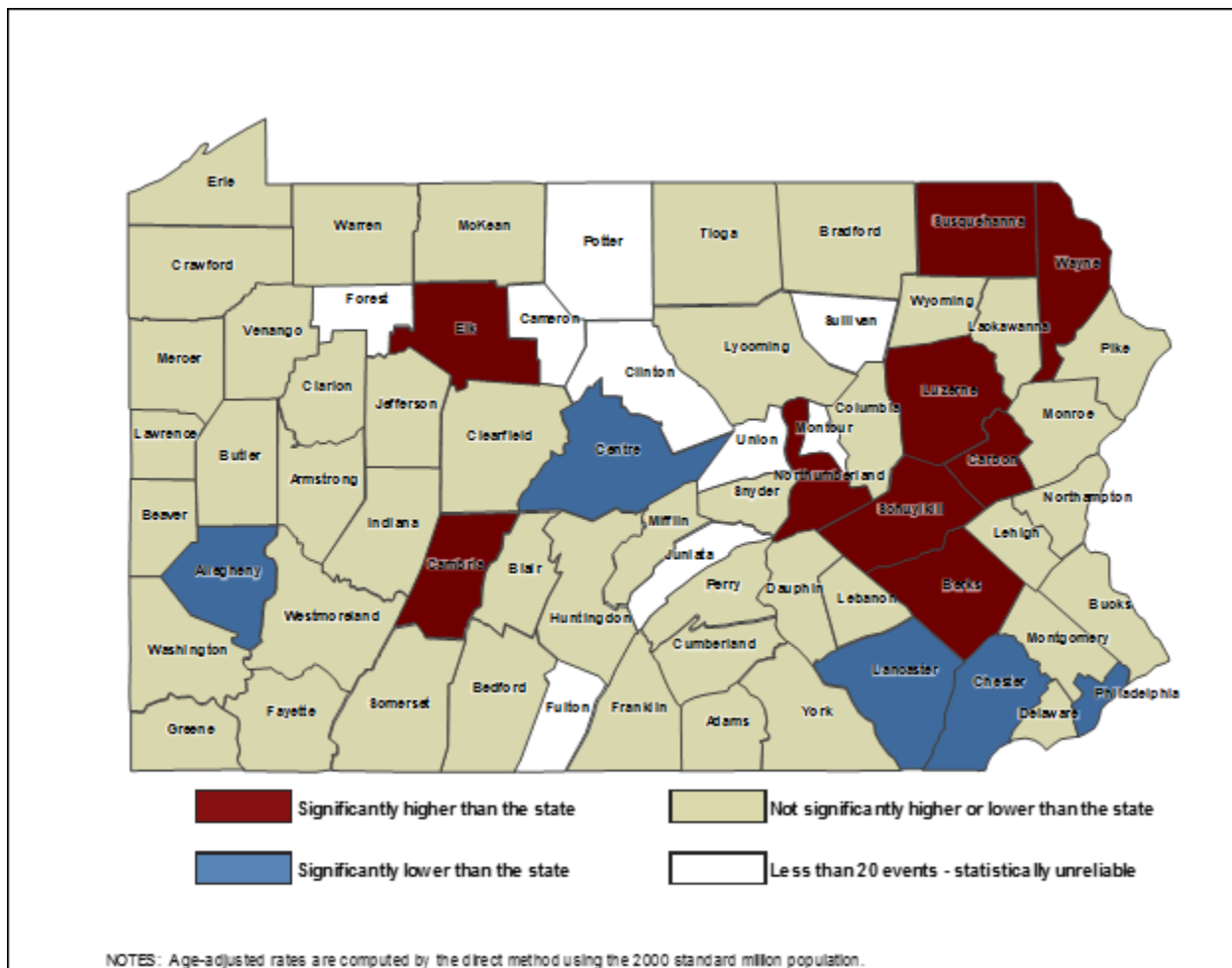
SHIP MHSU 1.4 Reduce the rate of suicides from 12.1 per 100,000 in 2012 to 10.9 per 100,000 in December 2020.



Source: [Pennsylvania Vital Statistics](#) (Pennsylvania Death Certificate Dataset, 2010 - 2014)

- The age-adjusted suicide (intentional self-harm) death rate increased by 12.8 percent, from 11.7 in 2010 to 13.2 per 100,000 population in 2014.

Map 12: Pennsylvania suicide deaths, 2010-2014



Source: [2010-2014 Combined Injury Report](#) (Division of Health Informatics, 2014)

Age-adjusted rates by county with significant differences versus the state:

- In the combined years of 2010-2014, the highest age-adjusted suicide death rates occurred in these nine Pennsylvania counties:

Berks	Cambria	Carbon
Elk	Luzerne	Northumberland
Schuylkill	Susquehanna	Wayne

Appendix A: SHA – SHIP – HIP Crosswalk

Item	2013 SHA	SHIP	HIP
Fig. 1 Adults, obesity	p. 3-9 - 3-11	OPIN 1.1	1.1, 7.1, 7.2
Fig. 2 Adults, obesity	p. 3-9 - 3-11	OPIN 1.1	1.1, 7.1, 7.2
Map 1 Adults, overweight and obese	p. 3-9 - 3-11	OPIN 1.1	1.1, 7.1, 7.2
Fig. 3 Children and teens, overweight and obese	P. 3-11	OPIN 1.2	1.1, 7.1, 7.2
Fig. 4 Adults, obese reporting health status		OPIN 2.1	1.1
Fig. 5 Adults, no leisure time physical activity	p. 3-15 - 3-17	OPIN 3.1	7.1, 7.2
Fig. 6 Adults, no leisure time physical activity	p. 3-15 - 3-17	OPIN 3.1	7.1, 7.2
Map 2 Adults, no leisure time physical activity	p. 3-15 - 3-17	OPIN 3.1	7.1, 7.2
Fig. 7 Adolescents, physical activity		OPIN 3.2	7.2
Fig. 8 Adolescents, physical activity		OPIN 3.2	7.2
Fig. 9 Adults, five servings fruits/vegetables	p. 3-19 - 3-21	OPIN 4.1	
Fig. 10 Adults, five servings fruits/vegetables	p. 3-19 - 3-21	OPIN 4.1	
Table 1 HPSAs	p. 9-29	PCPS 1.1	1.4, 10.1
Fig. 11 Adults, without personal care provider		PCPS 1.1	1.1
Fig. 12 Adults, without personal care provider		PCPS 1.1	1.1
Fig. 13 Practicing primary care physicians	p. 9-7	PCPS 1.1	1.4, 10.1
Map 3 HPSAs, primary care		PCPS 1.1	1.4, 10.1
Table 2 HPSAs, primary care		PCPS 1.1	1.4, 10.1
Fig. 14 Practicing dentists	p. 9-28 - 9-30	PCPS 1.1	1.1, 1.4, 10.1
Fig. 15 Practicing dental hygienists	p. 9-28 - 9-30	PCPS 1.1	1.1, 1.4, 10.1
Fig. 16 Practicing dental hygienists	p. 9-28 - 9-30	PCPS 1.1	1.1, 1.4, 10.1
Map 4 HPSAs, dental	p. 9-28 - 9-30	PCPS 1.1	10.1
Table 3 HPSAs, dental	p. 9-28 - 9-30	PCPS 1.1	10.1
Map 5 HPSAs, mental health		PCPS 1.1	10.1
Table 4 HPSAs, mental health		PCPS 1.1	10.1
Map 6 MUAs/MUPs		PCPS 1.1	
Table 5 MUAs/MUPs		PCPS 1.1	
Fig. 17 Youth, Medicaid receiving dental care	p. 9-28, 9-30	PCPS 2.3	
Fig. 18 Adults, dentist visit			10.1
Map 7 Primary care physician per 100,000			10.1
Map 8 Residents/fellows per 100,000			10.1
Fig. 19 Adults, current smokers	p. 3-2 - 3-4		1.1, 7.1
Fig. 20 Adults, current smokers	p. 3-2 - 3-4		1.1, 7.1
Map 9 Adults, current smokers	p. 3-2 - 3-4		1.1, 7.1
Fig. 21 Adults, daily smokers	p. 3-2 - 3-4	MHSU 1.2	1.1, 7.1
Fig. 22 Adults, daily smokers	p. 3-2 - 3-4	MHSU 1.2	1.1, 7.1
Fig. 23 Adults, some days smokers	p. 3-2 - 3-4	MHSU 1.2	1.1, 7.1
Fig. 24 Adults, some days smokers	p. 3-2 - 3-4	MHSU 1.2	1.1, 7.1

Fig. 25	Adults, former smokers	p. 3-2 - 3-4	MHSU 1.2	1.1, 7.1
Fig. 26	Adults, former smokers	p. 3-2 - 3-4	MHSU 1.2	1.1, 7.1
Fig. 27	Adults, never smoked	p. 3-2 - 3-4	MHSU 1.2	1.1, 7.1
Fig. 28	Adults, never smoked	p. 3-2 - 3-4	MHSU 1.2	1.1, 7.1
Fig. 29	Deaths, accidental poisoning and noxious substances	p. 3-25 - 3.27	MHSU 1.3	7.1
Fig. 30	Deaths, accidental drug poisoning	p. 3-25 - 3.27	MHSU 1.3	7.1
Fig. 31	Deaths, accidental drug poisoning and alcohol	p. 3-25 - 3.27	MHSU 1.3	7.1
Map 10	Accidental drug poisoning rate	p. 3-25 - 3.27	MHSU 1.3	7.1
Map 11	Deaths, drug overdose	p. 3-25 - 3.27	MHSU 1.3	7.1
Fig. 32	D and A treatment admissions, by substance	p. 3-25 - 3.27	MHSU 1.3	7.1
Fig. 33	D and A treatment admissions, by demographics	p. 3-25 - 3.27	MHSU 1.3	7.1
Fig. 34	D and A treatment, needing but not receiving	p. 3-25 - 3.27	MHSU 1.3	7.1
Fig. 35	D and A dependence or abuse	p. 3-25 - 3.27	MHSU 1.3	7.1
Fig. 36	Deaths, suicides		MHSU 1.4	
Map 12	Deaths, suicides		MHSU 1.4	

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