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# South Central Pennsylvania Community Health Needs Assessment

December 2020

**Geisinger**



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## Our Commitment to Our Communities

Founded over a century ago as a single hospital in Danville, Pa., today Geisinger provides superior healthcare services to communities throughout central and northeast Pennsylvania. The nonprofit mission of the professionals at our hospital campuses and other locations is not only to meet the immediate healthcare needs of their region's residents, but to anticipate, identify and address future health issues and trends.

The community health needs assessment (CHNA) report is exactly what the name describes. Every 3 years we conduct a formal survey to identify the specific needs of the communities and regions we serve — and then we develop meaningful, measurable responses to those needs in conjunction with our communities. On November 1, 2020 Geisinger Holy Spirit transitioned to Penn State Health. With a majority of time invested in developing the CHNA, we are pleased to provide this work as a South Central community report.

Together with our communities, we have a shared goal to help people stay well, not just through clinical treatment and positive patient experiences, but also through education and programs that help them prevent or manage disease and live healthier lives. Geisinger's well-being is closely tied to the health of our communities, and we remain committed to understanding and responding to identified community health needs. We have taken major steps toward constant improvement and more focused responsiveness to community needs as demonstrated by this report.

We are firmly committed to staying on the forefront of innovation, quality and value; finding the most efficient and effective ways to deliver care; and collaborating with other organizations to best serve the communities where we live, work and play.

## 2021 CHNA Methodology

The 2021 CHNA was conducted in partnership with Geisinger, Allied Services Integrated Health System, and Evangelical Community Hospital. The CHNA was overseen by a Planning Committee of representatives from each health system, as well as a Regional Advisory Committee of hospital and health system representatives. Community health consultants assisted in all phases of the CHNA, including project management, data collection and analysis, and report writing.

The South Central Pennsylvania 2021 CHNA was conducted from July to December 2020, and encompassed the following counties: Cumberland, Dauphin, Perry, and York. Quantitative and qualitative methods, representing both primary and secondary research, were used to illustrate and compare health and social trends and disparities across the four counties. The following research methods were used to illustrate community health needs:

- > Statistical analysis of health and socioeconomic data indicators; a full listing of data references is included in Appendix A, and a summary of data findings is included in Appendix B
- > Electronic survey of key stakeholders, including experts in public health and individuals representing medically underserved, low-income and minority populations; a list of key informants and their respective organizations is included in Appendix C

Community engagement was an integral part of the 2021 CHNA. A Virtual Town Hall was held in August 2020 to announce the onset of the CHNA and encourage broad stakeholder participation. A Key Informant Survey was sent to nearly 1,000 community stakeholders to solicit input on health disparities, opportunities for collaboration, COVID-19 response, community health priorities, among other insights.

For questions regarding the CHNA or Geisinger's commitment to community health, please contact Allison Clark, Community Benefit Coordinator, Strategy & Market Advancement, Geisinger at [aclark1@geisinger.edu](mailto:aclark1@geisinger.edu).

## Summary of Findings

### Population Trends

South Central Pennsylvania (PA), including Cumberland, Dauphin, Perry, and York counties is comprised of more than one million people. The state capitol, Harrisburg, is the largest city in the area, followed by the City of York. Approximately 43% of South Central PA residents reside in York County; 25% each in Cumberland and Dauphin counties; and less than 5% in Perry County.

Cumberland County is the fastest growing population in South Central PA

In contrast with much of PA, the population of South Central PA is growing. South Central PA is projected to experience population growth of 2.7% by 2025 with the largest increase in Cumberland County (4.1%). Predominantly rural Perry County is projected to experience the slowest population growth within South Central PA with growth of 1.6% by 2025.

**South Central, Pennsylvania Population Trends**

	2017 Population*	2020 Population	Growth 2017-2020	Growth by 2025
Cumberland County	253,836	255,665	0.7%	4.1%
Dauphin County	276,447	280,234	1.4%	2.0%
Perry County	46,674	47,542	1.9%	1.6%
York County	449,636	455,952	1.4%	2.4%
<b>Total Population</b>	<b>1,026,593</b>	<b>1,039,393</b>	<b>1.2%</b>	<b>2.7%</b>

Consistent with PA, all South Central PA counties have a higher percentage of seniors and a higher median age compared to the national average. Cumberland County has the largest senior population with 20% of residents age 65 or over. Perry County has the oldest median age at 43.4 compared to 41.6 for the state and 38.5 for the nation. The South Central PA senior population is projected to increase by 6-8 percentage points by 2025.

South Central PA is less diverse compared to state or national benchmarks, with the exception of Dauphin County. Dauphin County has a higher percentage of Black residents (18%) than state and national averages, and a higher percentage of Asian (5%) and Latinx (10.5%) residents than the state overall.

Harrisburg (Dauphin County) benefits from the greatest diversity among cities in the region with 50% of residents identifying as Black; 27% as White; 24% as Latinx; and 5% as Asian. York City (York County) also benefits from greater diversity; approximately 44% of residents are White; 39% are Latinx; 29% are Black; and 1% are Asian.

Dauphin County, particularly Harrisburg, benefits from more diversity than state and national averages

The Amish population in South Central PA makes up less than 0.5% of the total population. The largest Amish settlements are in Millersburg/Lykens Valley in Dauphin County (1,647); Newburg/Cumberland Valley in Cumberland County (1,051); and Loysville/Blain in Perry County (1,041). The estimated Amish population in South Central PA increased about 12% from 3,408 in 2017 to 3,826 in 2020.

Pennsylvania residents overall are slightly more likely to report a disability when compared to the nation. York County has a similar proportion of all residents with a disability as the state, but a higher proportion of children.

Nearly 7% of York County youth have a disability compared to 5% statewide and 4% nationally.

York County has a higher percentage of youth with a disability than the state and nation

### Socioeconomic Trends

About 36% of Key Informant Survey respondents named poverty among the top three contributing factors to health concerns, ranking it as the #1 contributor in the region. Related socioeconomic factors, including transportation options, health literacy, and affordable housing, were also indicated as top community needs.

Across South Central PA, both poverty and food insecurity are declining and affect a lower proportion of residents compared to state and national averages, however wide differences in socioeconomic status exist between White residents and people of color.

Cumberland County as a whole is more affluent than other counties in South Central PA with an overall poverty rate (7%) that is half the national rate (14%) and lower than the state (13%). Dauphin County has the highest overall poverty (13%) and food insecurity (11%) in the region; 1 in 5 children live in poverty and 15% are food insecure.

Ten percent of people in York County live in poverty, including 15% of children. In Perry County, 8.5% of all people live in poverty, including 11% of children.

10-20% of children live in poverty within South Central PA

Poverty and food insecurity are declining across the region, but people of color experience significant disparity compared to the White population

People of color in almost all counties experience significant disparity compared to the White population. In York County, poverty among White residents is 9%, compared to 30% for Latinx, 22% for Black, and 13% for Asian residents. In Dauphin County, 28% of Latinx, 24% of Black, and 11% of Asian residents live in

poverty, compared to 9% of White residents. In Cumberland County 6% of Whites live in poverty, compared to 28% of Black, 26% of Latinx, and 4% of Asian residents.

Differences in income can be partially explained by education inequalities. Across the region, fewer than 20% of Black and Latinx residents attain a bachelor's degree compared to as many as 36% of White residents. In line with poverty rates, fewer Asians in Dauphin (44.5%) and York counties (40%) achieve a bachelor's degree or higher compared to their peers statewide (55%) and nationally (53.5%). Cumberland County overall has the highest percentage of residents with a bachelor's degree (38%), followed by Dauphin County (32%).

Across the region, fewer than 20% of Black and Latinx residents attain a bachelor's degree compared to as many as 36% of White residents

Homeowners in South Central PA are less likely to be housing cost burdened compared to state and/or national averages. Housing cost burden is defined as spending 30% or more of household income on rent or mortgage expenses. Fewer residents rent their homes in all counties except Dauphin. Overall, renters have similar or lower cost burden than state and national comparisons. York County renters are the most likely to experience housing cost burden at 50.5%.

## Health Trends

### Access to Healthcare

Across the state and nation, primary care provider rates stabilized and dental provider rates increased marginally. Within South Central PA, Cumberland and Dauphin counties have higher provider rates than the state and nation, and Dauphin County rates increased. While both Perry and York counties have lower provider rates than the state and nation, Perry County's rates are less than half of York County's rates. Western Perry County is a dental Health Professional Shortage Area (HPSA) for low-income residents.

York and Perry counties have the lowest provider rates in the region, and Perry County's rates are less than half of York County's rates

The mental health provider rate increased across the region, state, and nation. However, similar disparities in provider access exist in Perry and York counties as seen for primary and dental care. The City of York (York County) is a mental health HPSA.

Key Informant Survey respondents affirmed the need for additional behavioral health services, particularly mental health services. Mental health services were the top ranked missing resource in the region, identified by 73% of respondents. Substance use disorder services were the fourth ranked missing resource, potentially indicating an awareness of capacity among existing providers.

The percentage of uninsured youth in Perry is double to triple national averages

The total uninsured population continued to decline across the region, and all counties except Perry have a lower uninsured percentage than the state and nation. The percentage of uninsured youth in Perry County is double to triple national averages. Cumberland County also has a

slightly elevated percentage of uninsured youth, particularly for children under 6 years. These data should be further evaluated to determine barriers to health insurance coverage for children.

Employer-based insurance continues to be the majority coverage type within South Central PA, covering a higher percentage of residents compared to the state and nation. Consistent with the expansion of Medicaid in PA, the percentage of Medicaid covered residents grew from prior years. Dauphin County has the highest Medicaid coverage in the region at 20%.

### Chronic Disease Prevention and Management

The percentage of adults that are obese in Cumberland (26%), Perry (29%), and York (30%) counties is below the state (31%) and national (31%) averages and meets the Healthy People 2020 goal (30.5%). Dauphin County is higher at 33% obesity among adults. Obesity among students has generally been increasing in all counties except Cumberland. In Dauphin, Perry, and York counties, obesity for students in grades 7-12 exceeds the state average. About 33% of Key Informant Survey respondents named overweight/obesity among the top three health concerns, ranking it as the #3 concern for the region. Key informants saw health habits, including diet and exercise, as a top contributing factor to obesity.

Obesity among older youth increased in all counties except Cumberland

All counties saw an increase in adult and youth tobacco use, with the sharpest increase among Cumberland County youth

Consistent with PA overall, tobacco use is increasing among adults and youth in South Central PA, although all counties continue to have lower prevalence than the state. Adult smoking increased in all South Central PA counties from 2016 to 2017; Cumberland, Dauphin, and Perry counties saw the greatest increase of approximately 2 percentage points.

Vaping and e-cigarette use have contributed to this upward trend. All South Central PA counties saw an increase in the prevalence of youth vaping/e-cigarette use from 2015 to 2019. Cumberland County saw the greatest increase of nearly 3 points.

Perry County has higher death rates for chronic conditions, particularly cancer, chronic lower respiratory disease, and diabetes, compared to other counties in South Central PA. Chronic disease death rates for Perry County generally exceed state and national death rates. The lung cancer death rate is particularly high in Perry County than the comparisons.

Perry County has the highest diabetes death rate of the counties, but lower diabetes prevalence, which may reflect a lack of early detection

In comparison to the state and nation, adult diabetes prevalence is higher in all South Central PA counties except Perry.

Black residents in Dauphin County have disproportionately higher death rates due to heart disease and cancer than White residents

Cumberland County saw the most consistent increase in adult diabetes over the past four years and currently has the second highest prevalence in the region. York County



has the highest prevalence of adult diabetes, as well as a higher diabetes death rate compared to the state and nation. Perry County has the lowest reported prevalence of diabetes, but consistently the highest death rate due to diabetes in the region. This contrast may reflect less access to healthcare and lower screening rates for diabetes. Dauphin County nearly meets the state benchmark for diabetes prevalence, and has a lower death rate than both the state and nation.

Health disparities in South Central PA correlate with higher poverty rates, lower education attainment, and rural geographies. Black residents in Dauphin County have disproportionately higher death rates due to heart disease and cancer than White residents. Perry County residents are more likely to die from chronic conditions than residents in other South Central PA counties.

### Behavioral Health

Mental health and substance use disorder were seen as top community health needs by Key Informant Survey respondents, ranked as the #1 and #2 health concerns respectively. Consistent with state and national trends, suicide deaths are generally increasing across South Central PA, particularly in Perry County. The Perry County suicide death rate (23.7) is nearly 9 points higher than the state (14.9) and increased nearly 8 points since 2014-2016 reporting. York County (18.2) also has an elevated suicide death rate compared to the state and nation, and it has increased nearly 2 points since 2014-2016. While Dauphin County's suicide rate is consistent with the state and nation, it is the only county to have a higher rate of hospitalizations for mental disorders (99.2 per 10,000) than the state (88.8). The Cumberland County suicide death rate is lower than state and national rates.

The suicide death rate in Perry County is nearly 9 points higher than the state and has steadily increased since 2014

Perry and York counties have higher rates of opioid overdose hospitalizations and neonatal abstinence syndrome (NAS) than the state. The Perry County NAS rate (36.6 per 1,000 newborn hospital stays; total of 17 NAS newborn stays) is more than 2.5 times the state rate (13.8). The York County rate is 15.1, with a total of 66 NAS newborn hospital stays.

Perry and York counties have elevated suicide death rates, overdose hospitalizations, and NAS rates

Overdose deaths declined in the past three years for Dauphin and York counties. In Dauphin County, deaths dropped from a high of 179 in 2017 to 67 as reported in August 2020. In York County, deaths dropped from a high of 128 in 2018 to 32 in August 2020. Both counties also have a lower opioid overdose hospitalization rate than the state. While these findings are indicative of improved access to care and treatment for substance use disorder, they should continue to be monitored, particularly in light of COVID-19. The American Medical Association (AMA) stated in October 2020 that it, "Is greatly concerned by an increasing number of reports from national, state and local media suggesting increases in opioid- and other drug-related mortality—particularly from illicitly manufactured fentanyl and fentanyl analogs."

York County has the highest percentage of DUI deaths in South Central PA, and exceeds state and national averages

Deaths due to DUI deaths decreased and the percentage of adults who reported excessive drinking stayed consistent in all counties, except Cumberland, where both measures increased by 1 percentage point. York County has the highest percentage of driving deaths due to alcohol impairment (31%) and exceeds state (27%) and national (28%) benchmarks by more than 3 points.

South Central PA youth are more likely to report feeling consistently sad or depressed than the state average (38%). The percentage of youth who have attempted suicide increased in all counties, and Dauphin (11%), Perry (11.5%), and York (11%) counties are higher than the state (10%). Cumberland County (9%) is slightly lower than the state. Alcohol and marijuana use among youth generally decreased across the region and is lower than the state average.

The percentage of youth who have attempted suicide increased in all counties

#### Maternal & Child Health

Consistent with the state, the birth rate is decreasing in all South Central PA counties, although the birth rates in Dauphin (23.8) and Perry (22.2) counties are higher than the state (20.8). Dauphin County has the most racial and ethnic diversity with 22% of births to Black women, 16% to Latina women, and 6% to Asian women. Births to Latina women in York County make up about 12% of births, slightly higher than the state average.

In line with a more diverse population, Dauphin County births are the most racially and ethnically diverse

The percentage of births to teens is slightly higher than the state (4.1%) in Dauphin (5.0%), Perry (4.9%) and York (4.2%) counties; Cumberland County (2.7%) is lower. Teen births are generally decreasing slowly, except in Perry County where the trend has been more variable.

Women in South Central PA are less likely to receive first trimester prenatal care than the national average (77.5%). York County (74%) is on track with the state (74%), while Dauphin (71%), Cumberland (70%), and Perry (64.5%) counties are lower than the state and nation.

Women in South Central PA are less likely to receive first trimester prenatal care than the national average

In Cumberland County, 49% of Black women and 59% of Latina women receive early prenatal care compared to 72% of White women

Wide disparities exist between racial and ethnic populations in receiving prenatal care in the first trimester, particularly for Black and Latina women. In Cumberland County, about 72% of White women receive early prenatal care, compared to about 49% of Black women and 59% of Latina women. In Dauphin County, about 77% of White women receive early prenatal care, compared to 62% of Black women, 65% of Latina women, and 70% of Asian women. Asian women (66%) in York

experience similar disparities as Black women (63%) and Latina women (64%), compared to White women (77%). Relevant to prenatal care disparities, women of color are more likely to have low birth and preterm births compared to White women.

South Central PA women are less likely to be exclusively breastfeeding their infants at the time of hospital discharge compared to the national average. The percentage of Black and Latina women who breastfeed is lower than that of White women. York County has the lowest percentage of breastfeeding and highest disparities among women of color.

Women of color—particularly in Dauphin and York counties—experience disparities in birth outcomes including breastfeeding, birth weight, preterm births, and infant mortality

Pregnant women across PA are more likely to smoke during pregnancy (10.4%) than women nationwide (6.5%), although smoking is declining across both geographies. Cumberland, Dauphin, and York county percentages are on par with the state. More pregnant women in Perry County smoke (14%), but this statistic has been steadily declining from 21% in 2014.

About 14% of Perry County pregnant women smoke compared to 10% statewide and 6.5% nationally

The infant death rate in Dauphin County (7.8 per 1000 live births) has consistently increased since 2013-15 reporting, and currently exceeds state (6.1) and national (5.7) benchmarks. Within the county, the death rate among Black infants (13.2 per 1,000 live births) is more than double the death rate among White infants (5.8).

### Senior Health

The South Central PA senior population is projected to increase by 6-8 percentage points by 2025. Cumberland County has the largest senior population with 20% of residents aged 65 or over, and the highest percentage of senior Medicare beneficiaries with two or more chronic conditions in the region. Perry County has the oldest median age at 43.4 compared to 41.6 for the state and 38.5 for the nation, and the highest percentage of seniors with 6 or more chronic conditions. Dauphin County seniors have the lowest percentage of chronic condition comorbidities among the comparison counties.

Cumberland and Perry counties have older populations and more seniors with multiple chronic conditions

Diabetes, hypertension, depression, and high cholesterol are among the most prevalent chronic diseases for South Central PA senior Medicare beneficiaries. Spending for senior Medicare beneficiaries is generally lower than the state and national averages for 2-5 conditions and higher for 6 or more conditions. Dauphin County has the highest spending across all South Central PA counties.

Dauphin County has a slightly higher prevalence of Alzheimer’s disease (13%) among seniors, compared to the state (12%) and nation (12%), but the death rate is lower than other South

Central PA counties, the state, and the nation. Perry County has the highest Alzheimer’s disease death rate at 215.1 per 100,000 people. All other counties are below the state rate (180.8). The Alzheimer’s disease death rate in Cumberland County has grown 45 points since 2013-15 reporting, compared to 27 points nationally and 14 points statewide.

The Alzheimer’s disease death rate in Cumberland County has grown 45 points since 2013-15 reporting, compared to 27 points nationally and 14 points statewide

In line with statewide and national trends, the percentage of seniors living alone is increasing across South Central PA. In all counties, seniors are more likely to live alone than the national average (11%), but less likely than the state average (13%). Cumberland and Dauphin county seniors are more likely to live alone (12%) compared to Perry (11%) and York (11%) county seniors. Living alone is a key driver for social isolation, which is associated with poor mental and physical health among seniors.

### COVID-19 Statistics

Coronaviruses are a large family of viruses which may cause illness in animals or humans. COVID-19, named as a novel coronavirus discovered in Wuhan China in December 2019, caused a worldwide pandemic, resulting in nearly one million deaths worldwide (as of the printing of this report) and global economic impact. New insights are derived daily during this dynamic situation and we will continue to learn from data collected throughout the pandemic. As of October 2020, York County had 5,649 cases and 185 deaths; Dauphin County had 4,290 cases and 185 deaths; Cumberland County had 2,174 cases and 77 deaths; and Perry County had 297 cases and 6 deaths due to COVID-19.

Responses from the Key Informant Survey indicated that community representatives were “somewhat” to “moderately” worried about the long-term impact of COVID-19 on communities and residents. They were most concerned about the impact on community financial health, the mental and emotional health of residents, and the well-being of the elderly. Most agencies had effectively transitioned to using technology and social media to provide virtual learning and services, although key informants acknowledged an increased need for safety net services. They encouraged increased cross-sector collaboration to disseminate services and consistent communication.

### Racial and Ethnic Disparities

Historical public policies and systematic inequities have perpetuated stark and persistent racial disparities in wealth, education attainment, health, power distribution, and nearly every measure of well-being for people of color. While efforts to reconcile these disparities are being made, people of color in South Central PA continue to experience these inequities, as demonstrated by disproportionate poverty levels, lower education attainment, and related

About 58% of key informants indicated that social and community context declined in the past 3-5 years

socioeconomic measures. These social determinants of health directly drive decreased access to healthcare, higher death rates, and overall lower life expectancy. About 58% of key informants indicated that social and community context, including perceptions of discrimination and equity, declined in the past 3-5 years.

Across the state and nation, and demonstrated where data is available for South Central PA, Black and Latinx residents historically experience disproportionately high death rates due to chronic conditions. Women of color and their babies also experience poorer maternal and birth outcomes. In communities where Asian populations experience education and poverty disparities, they are also more likely to have health disparities.

Health and socioeconomic disparities are evident for people of color, particularly in Harrisburg and the City of York, where there is more diversity

Racial and ethnic disparities can be seen most notably within the cities of Harrisburg and York. While Black and Latinx populations are smaller in Cumberland County, there is a wide gap between health and socioeconomic status compared to White residents. Asian populations in Cumberland County have more positive socioeconomic and health measures than Asian populations within Dauphin and York counties.

To ensure disparities are quantified and reconciled, it is imperative that patient outcome data is carefully tracked and regularly reviewed for patients of color to ensure equitable healthcare access and outcomes.

### Rural Health Factors

Approximately 45.5% of key informants perceived that economic stability had declined across the region. Rural communities have been particularly impacted due to decreased availability of services, as well as increased travel time and distance to health and social services. These factors can delay or deter residents' ability to receive care when they need it.

Perry County is the most predominantly rural of the South Central PA counties, and experiences the most challenges related to health insurance coverage, availability of providers, health risk behaviors, and health outcomes. Decreased availability of services, as well as increased travel time and distance to health and social services may delay or deter residents' ability to receive care when they need it.

Perry County is the most rural of the South Central PA counties and has the most challenges related to access to care and health outcomes

Telehealth and other virtual services are increasing and can be a successful way to mitigate rural health disparities. Internet service and smart devices are essential tools for successful utilization of these services. Perry County residents are the least likely to have access to a computer device (84%) compared to the other South Central PA counties, the state (86.5%), and the nation (89%). They are also the least likely to have an internet subscription (77%) compared to other counties and the state (80%) and nation (81%).

## Community Engagement and Collaboration

Among questions on the Key Informant Survey, respondents were asked about their partnerships with health providers and community engagement of diverse stakeholders and residents. Approximately 72% of respondents indicated that they regularly partnered with hospitals on health improvement initiatives. About 59% of respondents thought that these types of partnerships were effective at addressing health needs, while 22% of informants thought there was room for improvement. Approximately 31% of informants thought that healthcare providers could do better to garner resident feedback or engage residents when developing health improvement initiatives.

Available operating support; demonstrating outcomes; and aligning service areas were seen as the top ways that healthcare and social service providers could improve effective collaboration. Respondents acknowledged that social service agencies are often “stretched thin” and limited by short-term funding opportunities that challenge long-term partnerships and sustainable community health improvement initiatives.

A full summary of CHNA research findings and comparisons to state and national benchmarks follows.



# Full Report of CHNA Research Findings

## Secondary Data Profile

### Background

Secondary data, including demographic, socioeconomic, and public health indicators, were analyzed for South Central PA to measure key data trends and to assess emerging health needs. Data were compared to Pennsylvania (PA) and United States (US) benchmarks and Healthy People 2020 (HP2020) goals, as available, to assess areas of strength and opportunity for the region. Healthy People 2020 is a US Department of Health and Human Services health promotion and disease prevention initiative that sets science-based, 10-year national objectives for improving the health of all Americans.

All reported demographic and socioeconomic data were provided by ESRI Business Analyst, 2020 and the US Census Bureau, American Community Survey, unless otherwise noted. Public health data were analyzed for a number of health issues, including access to care, health behaviors and outcomes, chronic disease prevalence and mortality, mental health and substance use disorder, and maternal and child health. Data were compiled from secondary sources including the Pennsylvania Department of Health, the Centers for Disease Control and Prevention (CDC), the Behavioral Risk Factor Surveillance System (BRFSS), the University of Wisconsin County Health Rankings & Roadmaps program, among other sources. A comprehensive list of data sources can be found in Appendix A.

Age-adjusted rates are referenced throughout the report to depict a comparable burden of disease among residents. Age-adjusted rates are summary measures adjusted for differences in age distributions so that data from one year to another, or between one geographic area and another, can be compared as if the communities reflected the same age distribution.

The BRFSS is a telephone survey of residents age 18 or over conducted nationally by states as required by the CDC. A consistent survey tool is used across the US to assess health risk behaviors, prevalence of chronic health conditions, access to care, preventive health measures, among other health indicators. BRFSS data indicators are referenced throughout the public health data analysis.

A summary of public health data findings is included in Appendix B. The summary provides a snapshot of areas of strength and opportunity for the region in comparison to state and national benchmarks.



## Demographics and Socioeconomics

Analyses of demographic and socioeconomic data are essential in understanding health trends and determining key drivers of health status. Socioeconomic indicators play a significant role in community and individual health. Known as **social determinants of health**, they are defined as factors within the environment in which people live, work, and play that can affect health and quality of life. Social determinants of health are often the root causes of **health disparities**.

### Demographic Key Findings

- > The Pennsylvania population as a whole is less diverse and older than the population nationwide. Residents of South Central PA, excluding Dauphin County, are less diverse and older than the state. Perry County residents are the least diverse and oldest with 96% of residents identifying as White and a median age nearly two years older than the state median. Within Dauphin County, more residents identify as Asian and/or Latinx when compared to the state, and Black when compared to both the state and nation.
- > Consistent with prior years, population diversity within South Central PA is increasing. The White population as a percentage of the total population will continue to decline through 2025 with the greatest decline projected in Cumberland and Dauphin counties. Within these two counties, growth is primarily expected among Asian and Latinx populations.
- > Pennsylvania and South Central PA counties have a higher median age than the nation. Approximately 1 in 5 residents across the state and region are age 65 or over, and the percentage is growing. From 2010 to 2025, the senior population as a percentage of the total population is projected to increase at a minimum of 6 percentage points (Cumberland) and a maximum of 8 percentage points (Perry). A positive finding is that seniors in all South Central PA counties are less likely to experience disability than seniors statewide and nationally.
- > Pennsylvania residents overall are slightly more likely to report a disability when compared to the nation. York County has a similar proportion of all residents with a disability as the state, but a higher proportion of children with a disability (7% versus 5%). Perry County also has a similar proportion of residents with a disability as the state, while Cumberland and Dauphin counties more closely align with the nation.
- > Approximately 3,800 Amish individuals live in South Central PA, an increase from 3,400 in 2017. Relative to total population size, Perry County has the most prominent Amish population at 1,041.
- > Computer and internet access varies marginally across the region with the lowest reported access in rural Perry County. Perry County residents are less likely to report having a desktop/laptop, smartphone, or broadband internet subscription when compared to the state and nation. Other South Central PA counties report similar percentages as the state and nation with the greatest access in Cumberland County.

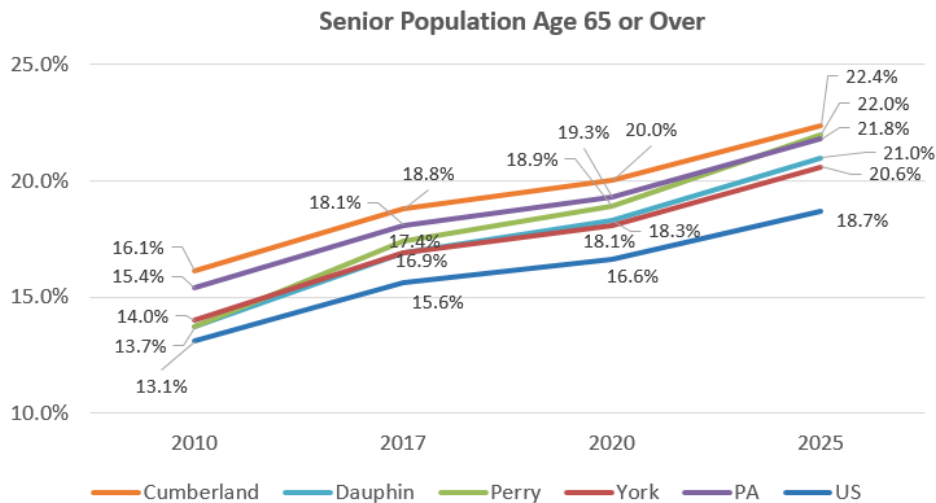
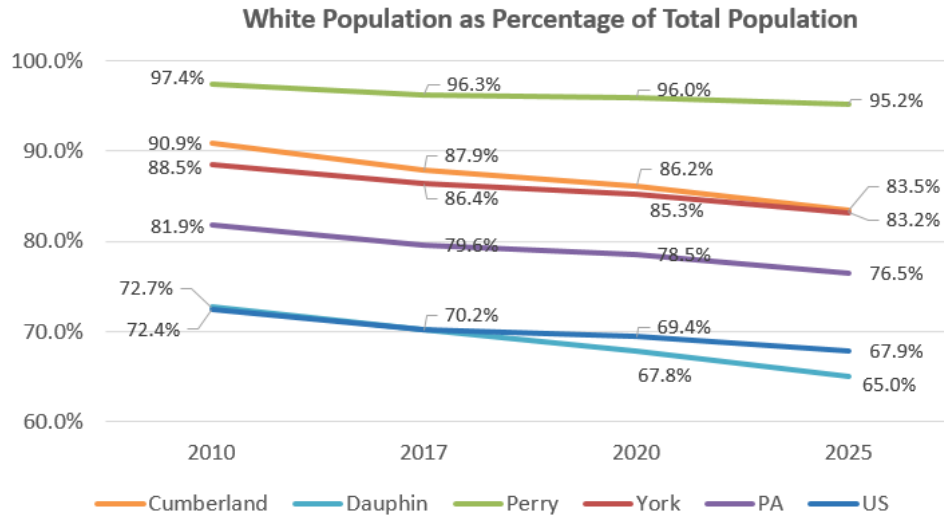
## Demographic Data Summary

**Yellow** highlighting indicates a percentage that is at least 3 points *higher* than the state and nation.

**Grey** highlighting indicates a percentage that is at least 3 points *lower* than the state and nation.

	Cumberland County	Dauphin County	Perry County	York County	PA	US
<b>Racial and Ethnic Diversity (ESRI)</b>						
2020 Asian	4.9%	5.3%	0.5%	1.5%	3.8%	5.9%
2025 Projection	6.2%	6.7%	0.7%	1.7%	4.5%	6.5%
2020 Black	4.5%	18.4%	1.0%	6.5%	11.4%	13.0%
2025 Projection	5.2%	18.4%	1.2%	7.1%	11.8%	13.1%
2020 White	86.2%	67.8%	96.0%	85.3%	78.5%	69.4%
2025 Projection	83.5%	65.0%	95.2%	83.2%	76.5%	67.9%
2020 Latinx, any race	4.6%	10.5%	2.4%	8.7%	8.2%	18.8%
2025 Projection	5.6%	12.6%	3.0%	10.7%	9.8%	20.1%
Primary language other than English (2014-2018)	9.5%	11.7%	5.2%	7.5%	11.3%	21.5%
<b>Age Distribution (ESRI, 2020)</b>						
Under 15 years	15.8%	17.6%	17.6%	17.5%	16.5%	18.4%
15-24 years	13.8%	11.7%	10.3%	11.6%	12.7%	13.0%
25-34 years	11.7%	13.2%	12.0%	12.4%	12.8%	14.0%
35-54 years	24.9%	24.9%	25.7%	25.8%	24.6%	25.0%
55-64 years	13.9%	14.4%	15.6%	14.5%	14.2%	13.0%
65+ years	20.0%	18.3%	18.9%	18.1%	19.3%	16.6%
Median Age	42.0	40.9	43.4	41.9	41.6	38.5
<b>Disability Status (US Census Bureau, 2014-2018)</b>						
Total population	11.6%	12.9%	14.1%	13.6%	13.9%	12.6%
Under 18 years	4.4%	4.7%	4.9%	6.8%	5.3%	4.2%
65+ years	31.3%	31.8%	32.9%	33.4%	34.1%	35.0%
Ambulatory	18.6%	20.9%	17.2%	20.6%	21.2%	22.2%
Independent Living	12.3%	13.6%	11.2%	12.8%	14.2%	14.5%
Hearing	13.2%	12.6%	15.7%	15.0%	14.1%	14.6%
Cognitive	7.5%	7.0%	6.2%	7.8%	8.0%	8.8%
Vision	5.9%	6.2%	5.0%	4.5%	5.7%	6.4%
<b>Household Internet/Digital Access (US Census Bureau, 2014-2018)</b>						
Computer device (1+)	89.1%	86.8%	84.1%	87.2%	86.5%	88.8%
Desktop/laptop	82.4%	75.3%	75.0%	76.5%	76.6%	77.9%
Smartphone	73.4%	71.6%	66.1%	72.6%	70.9%	75.9%
Other	59.6%	56.5%	52.7%	56.5%	57.9%	61.5%
Internet subscription	80.0%	80.0%	77.2%	79.4%	79.9%	80.9%
Dial-up only	0.5%	0.6%	1.5%	0.8%	0.7%	0.5%
Broadband	82.8%	79.4%	75.8%	78.6%	79.2%	80.4%

## Notable Demographic Trends



### Estimated Amish Population (pop.) by Settlement

County	Settlements	2017 Pop.	2020 Pop.	% Change
Cumberland	Newburg/Cumberland Valley	954	1,051	10.2%
Dauphin	Millersburg/Lykens Valley	1,462	1,647	12.7%
Perry	Loysville/Blain	920	1,041	13.2%
York	New Freedom/Glen Rock	72	87	20.8%
South Central PA Total		3,408	3,826	12.3%
Pennsylvania Total		74,251	81,499	9.8%

Source: Elizabethtown College, Young Center for Anabaptist and Pietist Studies

## Socioeconomic Key Findings

- > Across South Central PA, poverty and food insecurity declined and affect a lower proportion of residents than the state and nation. Despite these consistent trends, wide differences in socioeconomic status exist between counties. Cumberland County continues to be a more affluent area with a higher percentage of residents with a bachelor's degree and an overall poverty rate that is nearly half the national rate. Dauphin County residents experience the greatest potential for disparity with the highest poverty (13%) and food insecurity (11%) rates in the region, particularly among children (21%, 15%). Perry and York counties have a more prominent blue-collar workforce that is reflected in lower poverty rates and lower education attainment overall.
- > Pennsylvania has greater income inequality among racial and ethnic groups when compared to the nation. While White PA residents are less likely to live in poverty than their peers nationwide, Asian, Black, and Latinx residents are more likely to live in poverty. This trend is reflected in South Central PA, particularly among Black and Latinx residents and most notably in Cumberland County. Within Cumberland County, 28% of Black residents and 26% of Latinx residents live in poverty compared to 6% of White residents. Dauphin and York counties also report notable income disparity. Within Dauphin County, income disparity is of greatest concern for Black residents who comprise nearly 20% of the population and experience poverty at a rate of 24%.
- > Differences in income can be partially explained by education inequalities. Across the region, fewer than 20% of Black and Latinx residents attain a bachelor's degree compared to as many as 36% of White residents.
- > COVID-19 has increased unemployment rates. While South Central PA, particularly Cumberland and Perry counties, has lower unemployment than the state and nation, rates more than tripled from May 2019 to May 2020.
- > Home ownership varies widely across the region with the highest percentages in Perry and York counties. A similar percentage of homeowners in Perry and York counties experience housing cost burden (25%-26%) as the state. However, more than 50% of renters in York County are considered housing cost burdened compared to 35% in Perry County.
- > Cumberland County has the highest median home value in the region, but consistent with a higher median income and lower poverty rates, fewer homeowners are considered housing cost burdened when compared to the state and nation.
- > Residents of Dauphin County are the least likely to own their home, despite having the lowest median home value in the region. Nearly 37% of households are renter-occupied and 46% of renters are housing cost burdened, slightly lower than the state average.
- > Pennsylvania's housing stock is older than the nation's housing stock with 70% of homes built before 1980. Dauphin County has the oldest housing stock in the region with 67% of homes built before 1980. In general, occupants of older housing have higher rates of chronic disease and accidental injury.

## Socioeconomic Data Summary

**Red** highlighting indicates potential *disparity* based on at least a 3-point difference from the state and nation.  
**Green** highlighting indicates potential *strength* based on at least a 3-point difference from the state and nation.

	Cumberland County	Dauphin County	Perry County <sup>1</sup>	York County	PA	US
<b>Income and Poverty (US Census Bureau, 2014-2018)</b>						
Median household income	\$68,895	\$58,916	\$62,266	\$63,902	\$59,445	\$60,293
All people in poverty	7.4%	12.7%	8.5%	10.0%	12.8%	14.1%
Asian	4.2%	11.1%	2.7%	12.8%	14.3%	11.5%
Black	27.7%	24.2%	1.7%	21.7%	26.9%	24.2%
White	6.4%	8.7%	8.5%	8.6%	10.0%	11.6%
Latinx, any race	25.8%	28.2%	18.9%	30.2%	29.4%	21.0%
Children in poverty	10.3%	20.6%	10.6%	14.9%	18.1%	19.5%
Seniors in poverty	4.4%	7.0%	7.2%	6.4%	8.1%	9.3%
Households with SNAP <sup>2</sup>	7.2%	12.5%	9.4%	11.2%	13.2%	12.2%
<b>Food Insecurity (Feeding America, 2018)</b>						
All people	7.9%	10.6%	8.7%	9.1%	10.9%	11.5%
Children	11.1%	15.0%	13.0%	13.5%	15.1%	15.2%
<b>Unemployment (US Bureau of Labor Statistics)</b>						
May 2019	3.2%	3.7%	3.2%	3.5%	4.0%	3.4%
May 2020	9.9%	12.7%	9.7%	12.1%	13.2%	13.0%
<b>Housing (US Census Bureau, 2014-2018)</b>						
Renters	29.6%	36.8%	20.2%	25.3%	31.0%	36.2%
Cost burdened <sup>3</sup>	43.5%	45.9%	34.8%	50.5%	48.4%	50.2%
Owners	70.4%	63.2%	79.8%	74.7%	69.0%	63.8%
Median home value	\$197,900	\$165,200	\$166,200	\$173,200	\$174,100	\$204,900
Cost burdened <sup>3</sup>	22.3%	23.3%	25.3%	26.3%	26.0%	28.7%
Housing built before 1980	56.9%	66.8%	58.6%	57.8%	70.1%	54.2%
<b>Education (ESRI, 2020; US Census Bureau, 2014-2018 race/ethnicity data)</b>						
No high school diploma	6.7%	9.1%	11.1%	9.4%	8.7%	11.3%
Bachelor's degree or higher	37.6%	32.2%	17.6%	25.7%	32.3%	33.1%
Asian	62.5%	44.5%	63.8%	39.7%	55.4%	53.5%
Black	14.7%	17.9%	3.3%	19.0%	18.5%	21.1%
White	35.8%	33.0%	16.2%	24.5%	31.7%	32.9%
Latinx, any race	19.1%	15.7%	8.5%	11.5%	15.8%	15.8%

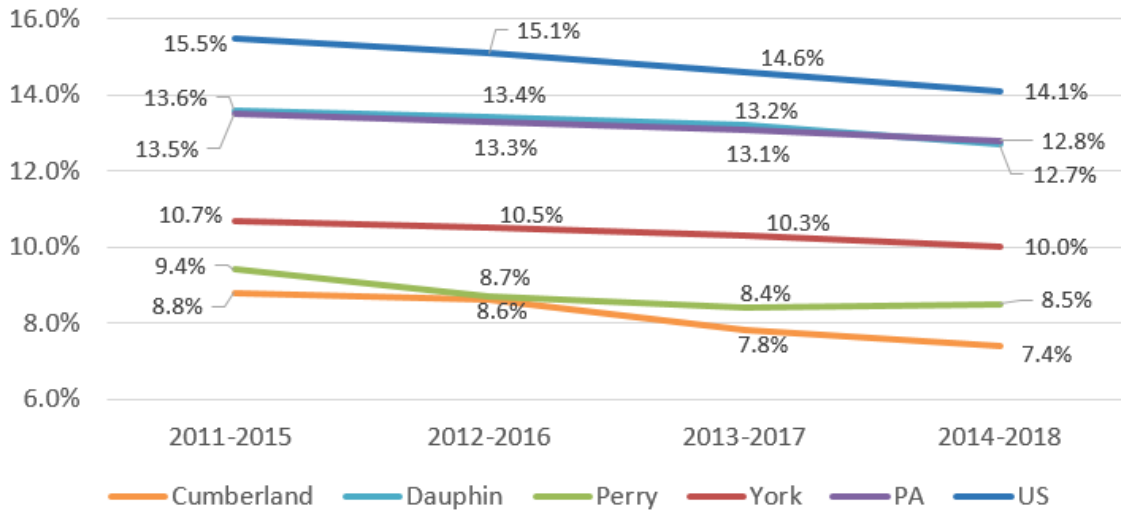
<sup>1</sup> Perry County race/ethnicity data are based on small counts; interpret data findings with caution.

<sup>2</sup> Supplemental Nutrition Assistance Program.

<sup>3</sup> Housing cost burden is defined as spending 30% or more of household income on housing-related costs.

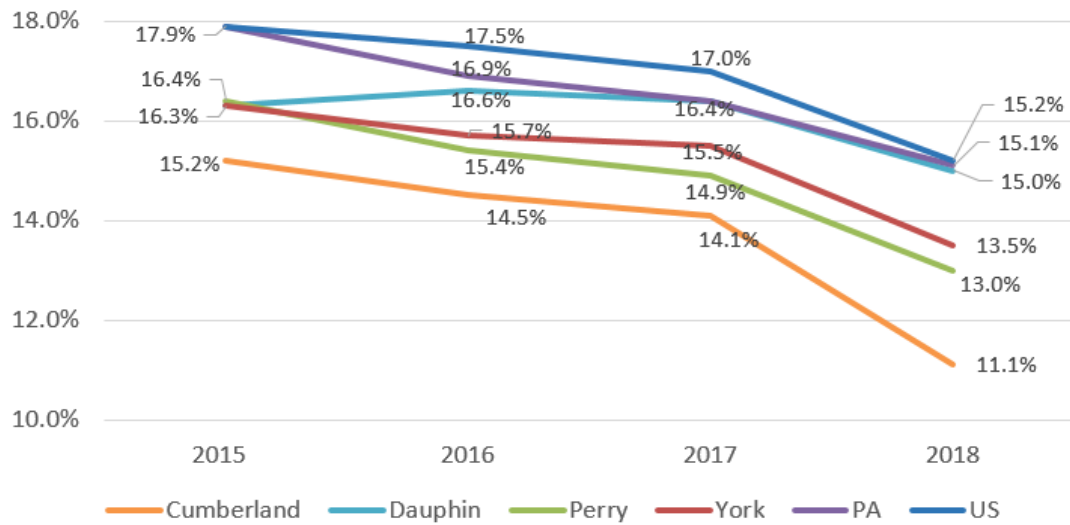
## Notable Socioeconomic Trends

### People in Poverty



Source: US Census Bureau

### Food Insecure Children



Source: Feeding America

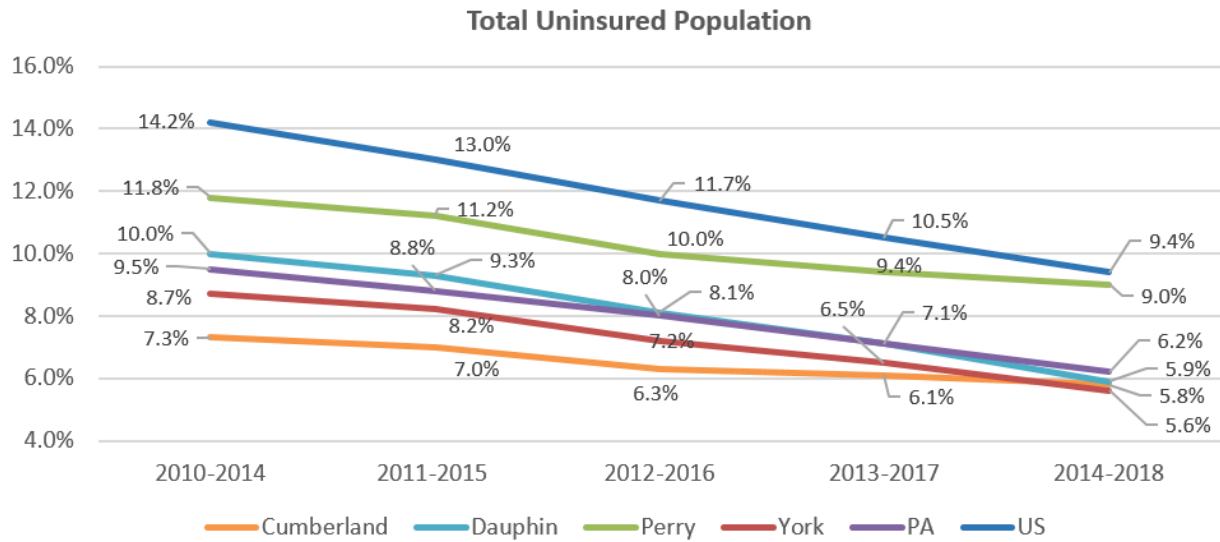
## Public Health Data Analysis

The following sections highlight key public health data findings for South Central PA by topic area, with a focus on priority health needs and vulnerable and high-risk populations.

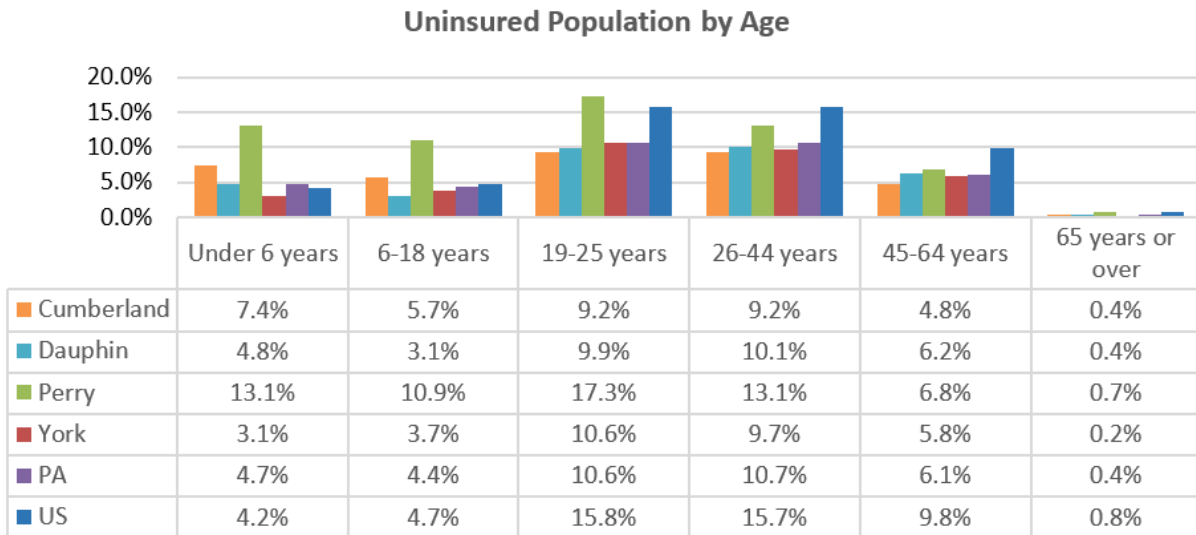
### Healthcare Access Key Findings

- > The total uninsured population continued to decline across the region. All counties except Perry have a lower uninsured percentage than the state and nation. While the overall uninsured percentage for Perry County is similar to the nation, the percentage of uninsured youth is double to triple national averages. This disparity may be linked to preferences of the Amish population and others that seek self-pay alternative programs. Cumberland County also has a slightly elevated percentage of uninsured youth.
- > Uninsured rates among minority residents declined statewide and nationally, but continue to be disproportionately higher compared to Whites. Similar disparities exist across South Central PA.
- > Employer-based insurance continues to be the majority coverage type within the region, covering a higher percentage of residents than statewide or nationally. Consistent with the expansion of Medicaid in PA, the percentage of Medicaid covered residents increased from prior years, with higher coverage in Dauphin County (20%).
- > Across the state and nation, primary care provider rates stabilized and dental provider rates increased marginally. Within South Central PA, Cumberland and Dauphin counties have higher provider rates than the state and nation, and Dauphin County rates increased. While both Perry and York counties have lower provider rates than the state and nation, Perry County rates are less than half of York County rates. Western Perry County is a dental Health Professional Shortage Area (HPSA) for low-income residents.
- > The mental health provider rate increased across the region, state, and nation. However, consistent with primary and dental care provider rates, mental health provider rates are notably lower in Perry and York counties. York City is a mental health HPSA.
- > Potentially preventable hospitalizations are inpatient stays that might have been avoided with effective primary or preventative care. South Central PA counties have a lower rate of preventable hospitalizations than the state with the lowest rate in Cumberland County.
- > COVID-19 has highlighted long-standing, systemic health and socioeconomic disparities among minority populations, particularly Black residents. Across PA, the COVID-19 death rate is more than 3 times higher among Black residents as White residents. This disparity may also be reflected in Dauphin County, where nearly 1 in 5 residents is Black and the COVID-19 death rate is the highest in South Central PA.

## Health Insurance Coverage Data



Source: US Census Bureau

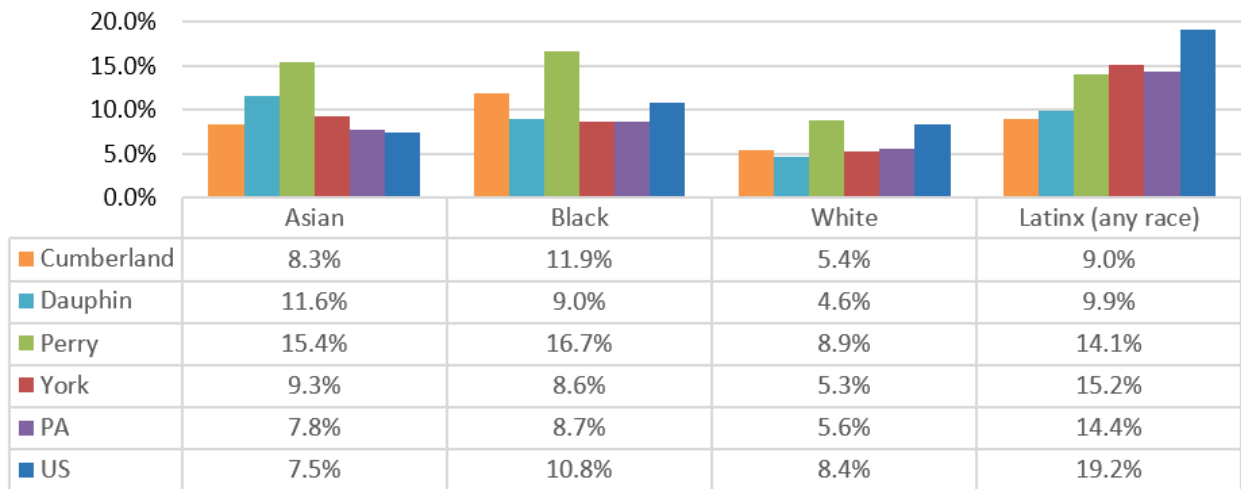


Source: US Census Bureau, 2014-2018



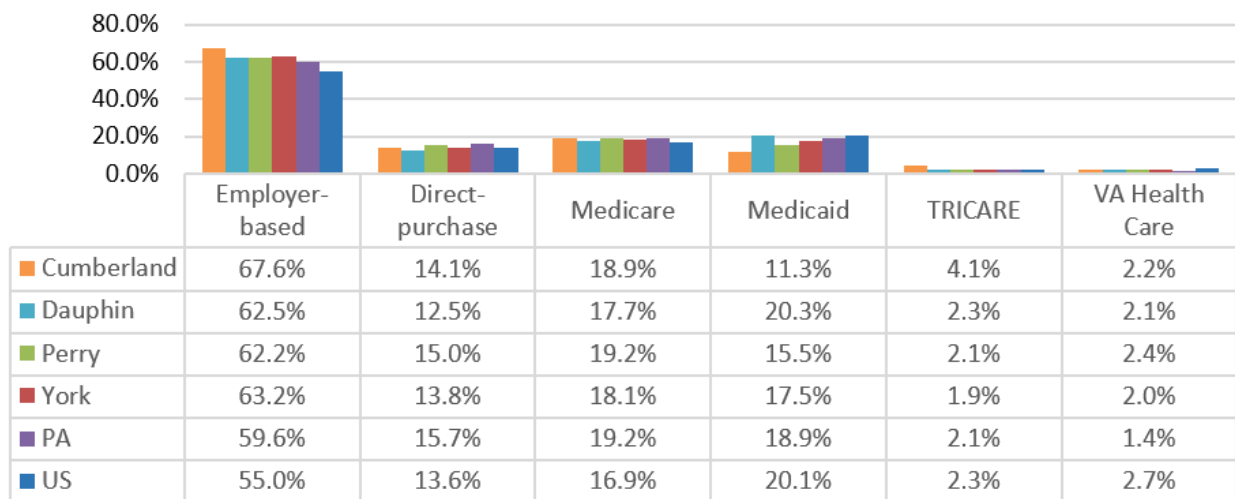
## Health Insurance Coverage Data

### Uninsured Population by Race & Ethnicity



Source: US Census Bureau, 2014-2018

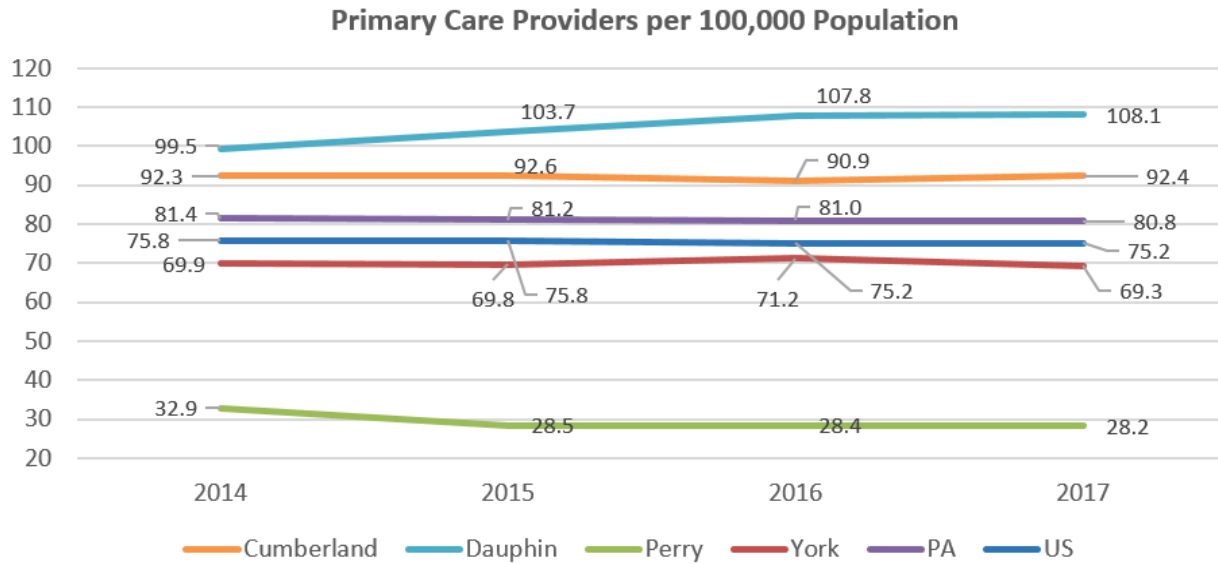
### Insured Population by Coverage Types (alone or in combination)



Source: US Census Bureau, 2014-2018

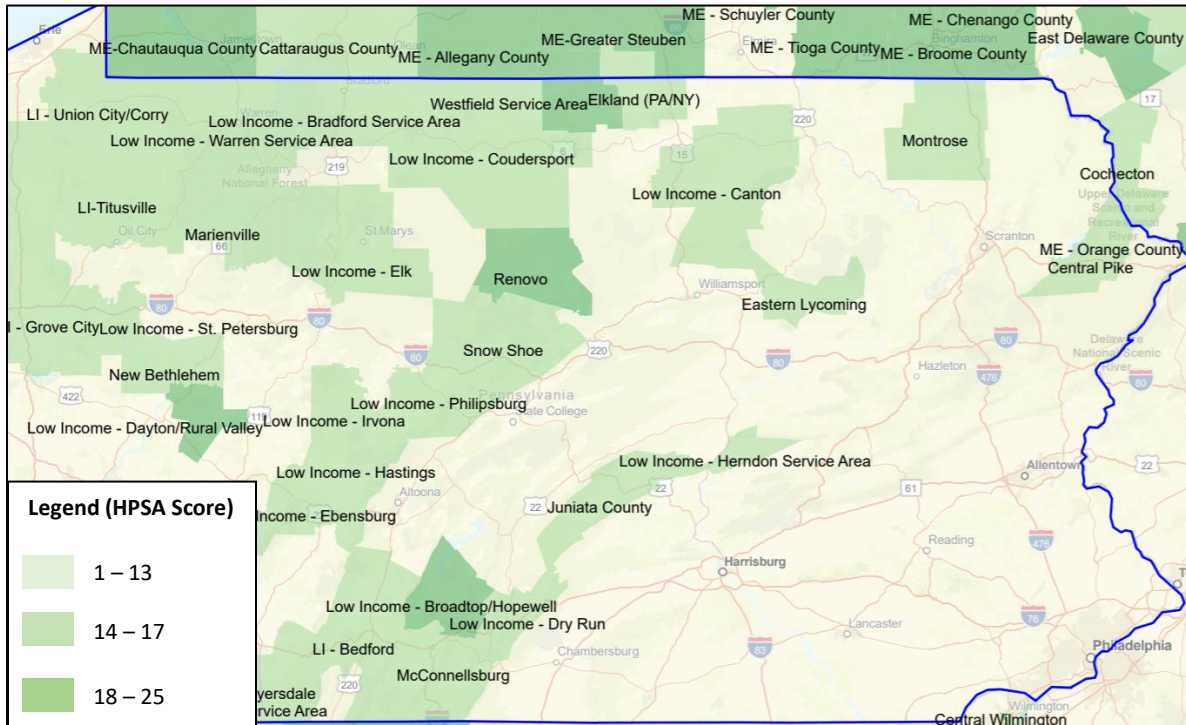
## Provider Availability Data

**Note:** Providers are identified based on their preferred business mailing address; provider rates do not take into account providers that serve multiple counties or satellite clinics.



Source: Health Resources & Services Administration

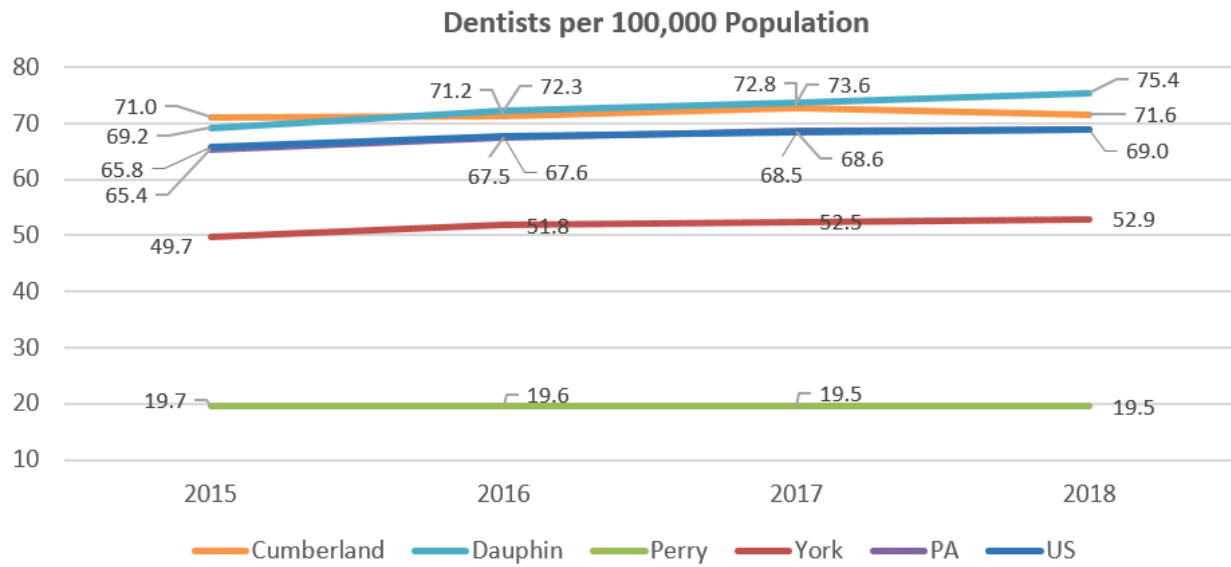
## Primary Care Health Professional Shortage Areas (HPSA)



Source: Health Resources & Services Administration

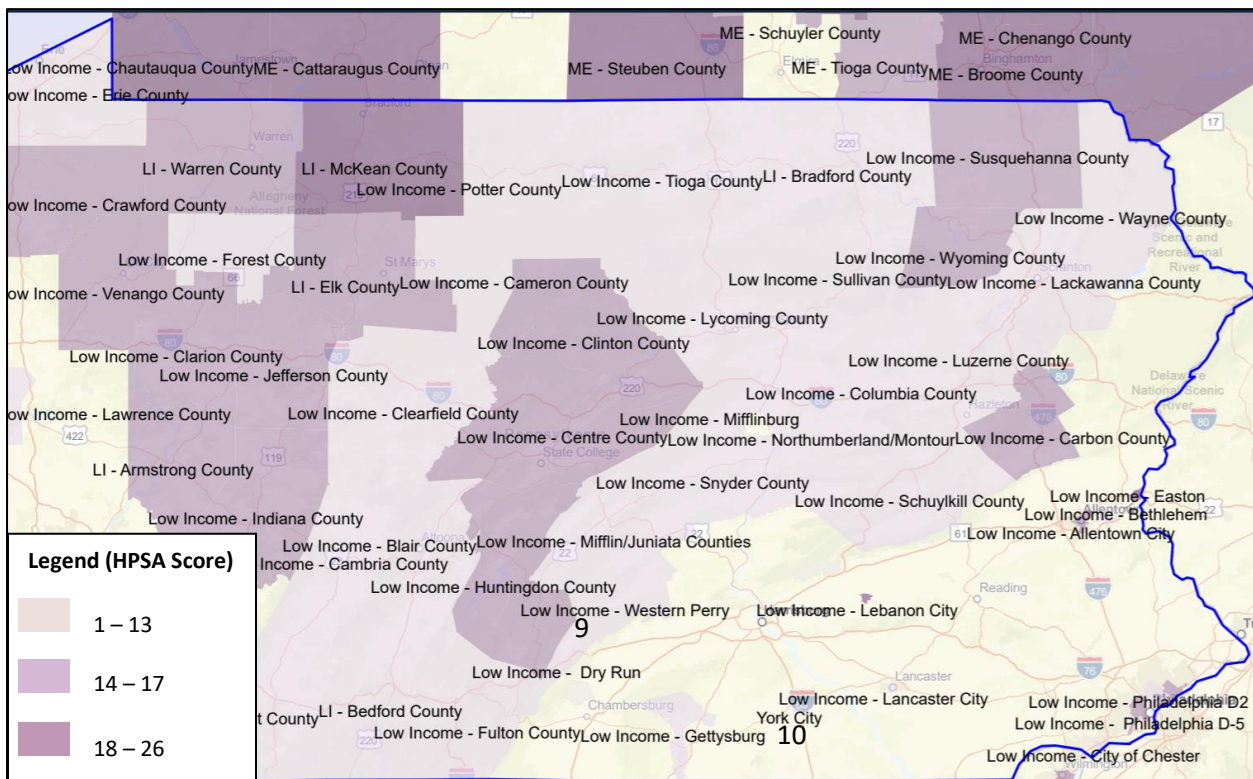
\*Primary care HPSAs can receive a score between 0-25 with 25 indicating the highest need.

## Provider Availability Data



Source: Health Resources & Services Administration

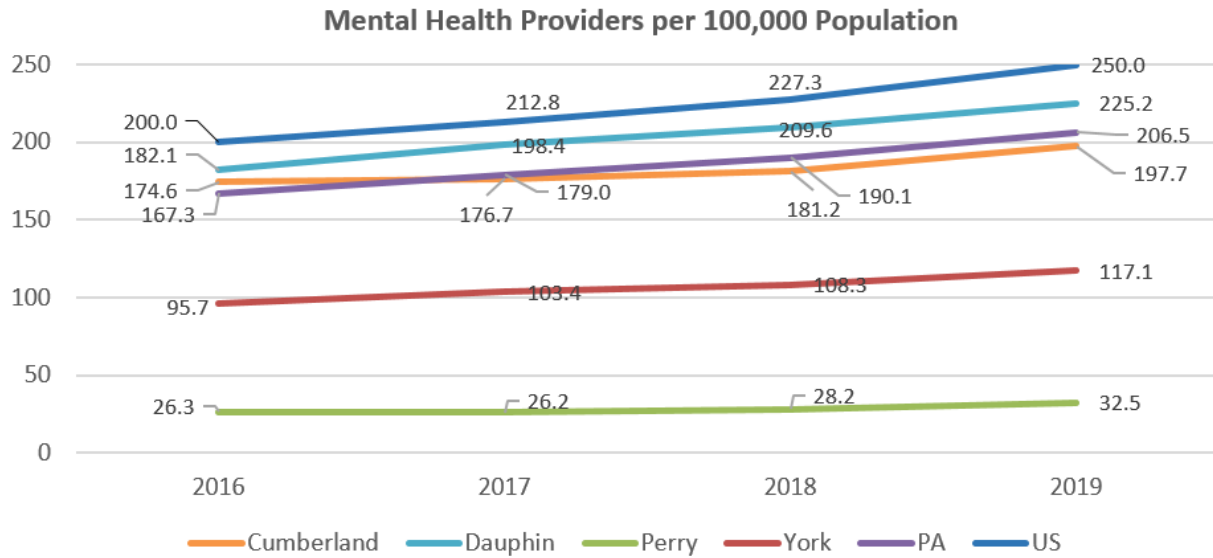
## Dental Care Health Professional Shortage Areas (HPSA) HPSA Scores Noted within CHNA Counties



Source: Health Resources & Services Administration

\*Dental care HPSAs can receive a score between 0-26 with 26 indicating the highest need.

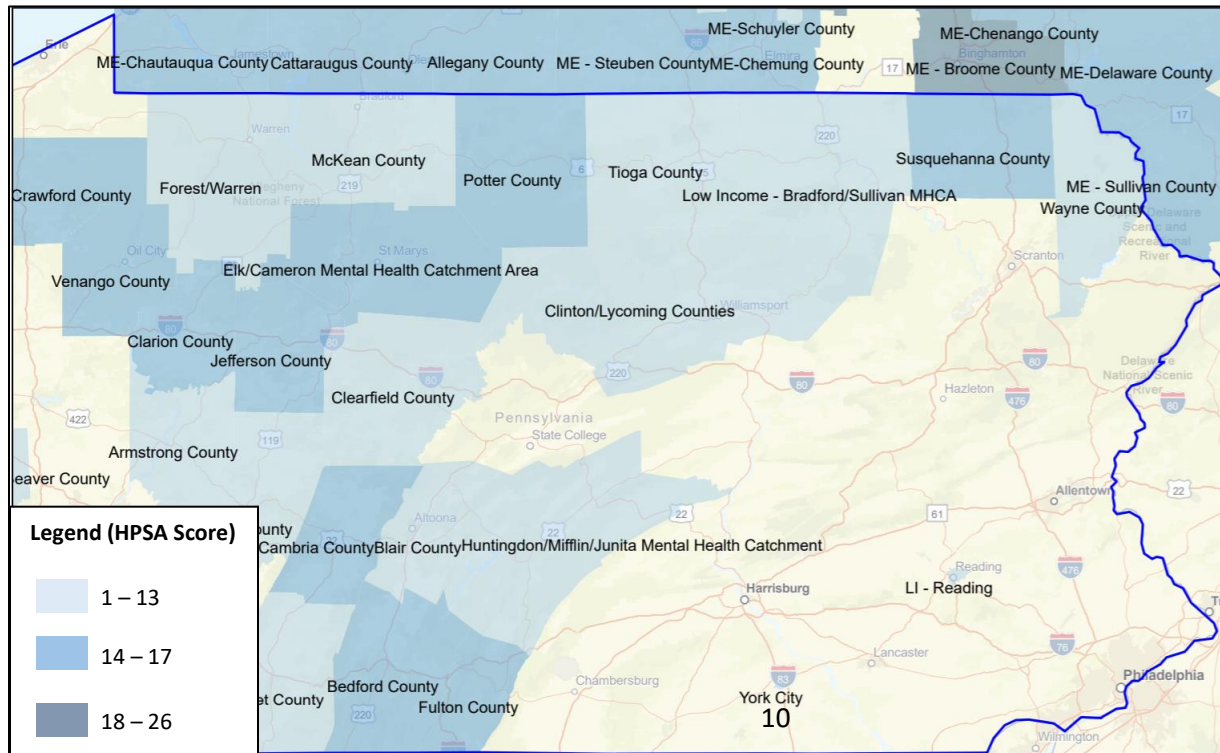
## Provider Availability Data



Source: Centers for Medicare and Medicaid Services

\*Mental health providers include psychiatrists, psychologists, licensed clinical social workers, counselors, and mental health providers that treat alcohol and other drug abuse, among other providers.

## Mental Health Professional Shortage Areas (HPSA) HPSA Scores Noted within CHNA Counties

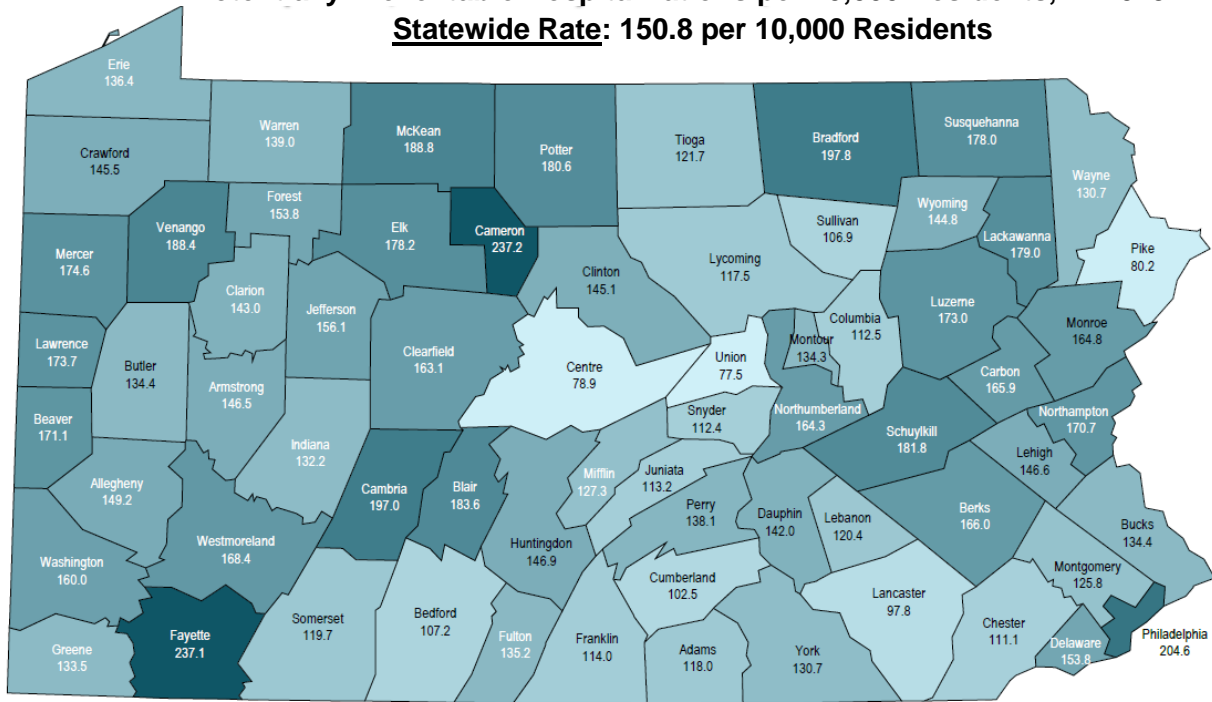


Source: Health Resources & Services Administration

\*Mental health HPSAs can receive a score between 0-25 with 25 indicating the highest need.

## Preventable Hospitalizations Data

### Potentially Preventable Hospitalizations per 10,000 Residents, FY2019 Statewide Rate: 150.8 per 10,000 Residents



Potentially Preventable Hospitalization Rate Per 10,000

Source: Pennsylvania Health Care Cost Containment Council (PHC4), July 1, 2018-June 30, 2019  
\*PHC4 defines potentially preventable hospitalizations as, “Inpatient stays for select conditions that might have been avoided with effective primary or preventive care—thereby avoiding the need for a more expensive hospital admission.”

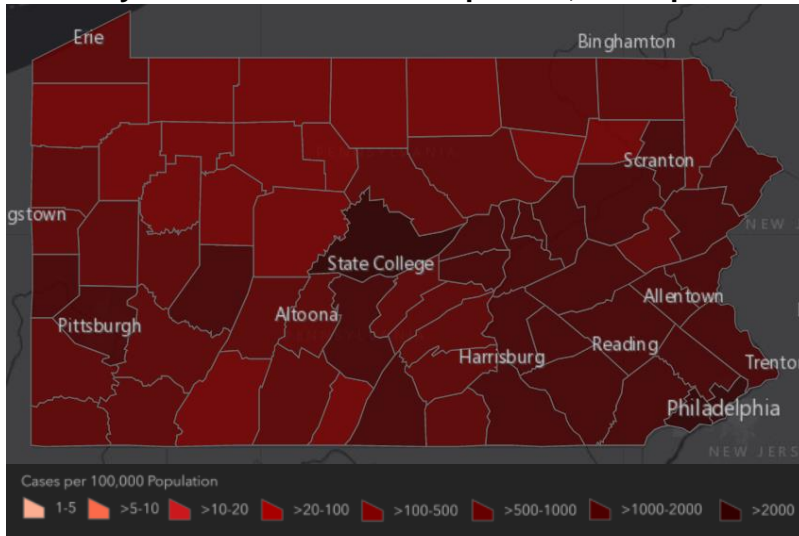
### Statewide Potentially Preventable Hospitalizations by Condition, FY2019

Condition	Number of Cases	Percent of Cases	Total Number of Hospital Days
Heart Failure	54,676	35.7%	284,232
COPD or Asthma (adults age 40+)	28,742	18.8%	116,136
Pneumonia	20,472	13.4%	87,354
Urinary Tract Infection	13,974	9.1%	51,454
Diabetes – Long-term Complications	10,641	6.9%	61,254
Diabetes – Short-term Complications	8,387	5.5%	29,718
Hypertension	6,142	4.0%	19,430
Diabetes – Uncontrolled	4,824	3.1%	16,288
Lower Extremity Amputation	3,876	2.5%	41,393
Asthma (adults age 18-39)	1,502	1.0%	4,039
<b>Total</b>	<b>153,236</b>	<b>100%</b>	<b>711,298</b>

Source: Pennsylvania Health Care Cost Containment Council (PHC4), July 1, 2018-June 30, 2019

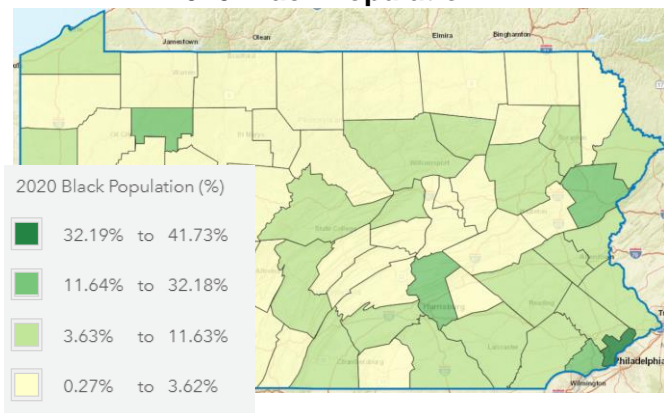
## COVID-19 Data

### Pennsylvania COVID-19 Cases per 100,000 Population

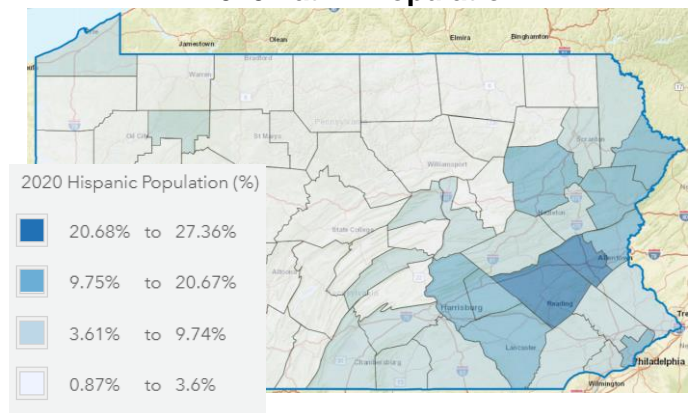


Source: Pennsylvania Department of Health, October 15, 2020

### 2020 Black Population



### 2020 Latinx Population



### COVID-19 Age-Adjusted Death Rate per 100,000 by Race and Ethnicity

	Black	Latinx	White	Asian
PA	147.7	121.2	43.5	57.1
US	131.3	125.1	38.4	49.7

Source: American Public Media Research Lab, September 15, 2020

### South Central PA COVID-19 Cases

	Cases	Cases per 100,000	Deaths	Deaths per 100,000
Cumberland County	2,174	864.7	77	30.6
Dauphin County	4,290	1,548.2	185	66.8
Perry County	297	643.7	6	13.0
York County	5,649	1,260.2	185	41.3

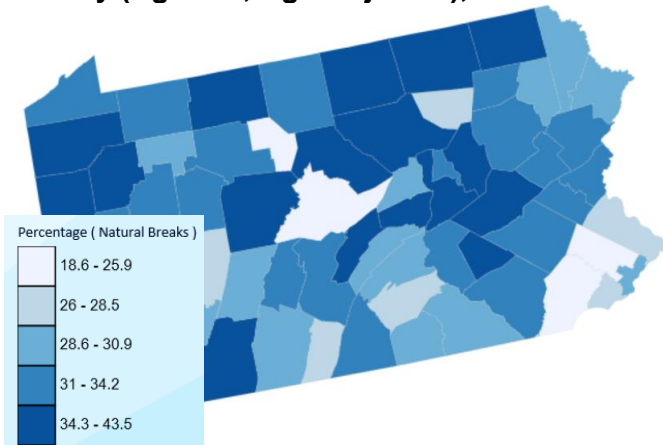
Source: Pennsylvania Department of Health, October 15, 2020

## Chronic Disease and Health Risk Factors Key Findings

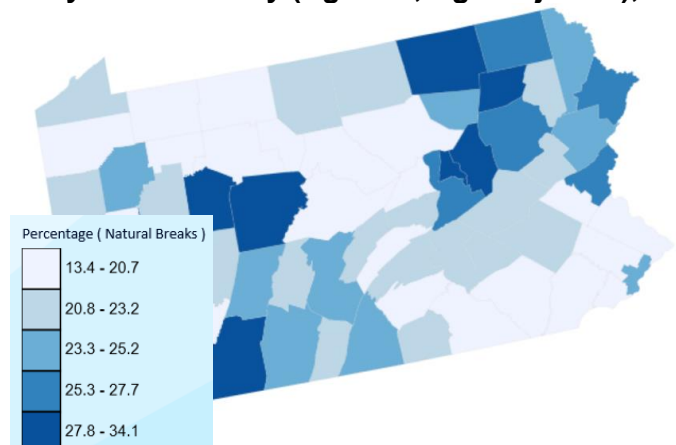
- > Socioeconomic barriers have a direct impact on health. Pennsylvania counties with a lower median income and fewer opportunities for physical activity generally have higher rates of obesity and conditions like diabetes and heart disease. This trend is reflected in South Central PA with more negative health outcomes reported in Dauphin County, where residents have a lower median income and the highest rates.
- > Dauphin County is the only county to exceed state and national benchmarks for adult obesity. However, adult obesity declined in Dauphin County, as well as Cumberland and York counties. Perry County has one of the lowest obesity rates in the region, but it increased 3 points from 2016 to 2017 and should continue to be monitored.
- > Adult diabetes prevalence is higher in all South Central PA counties except Perry. While Cumberland County has the lowest prevalence of adult obesity, it has seen the most consistent increase in adult diabetes over the past four years and currently has the second highest prevalence in the region. York County has the highest prevalence of adult diabetes, as well as a higher diabetes death rate compared to the state and nation.
- > Adult obesity is lower and/or declined in all South Central PA counties, but youth obesity (grades 7-12) is higher and increased in all counties except Cumberland. Dauphin County has the highest youth obesity and diabetes prevalence in the region.
- > While adult smoking continued to decline across the nation, PA and South Central PA saw an increase from 2016 to 2017. This trend may be due in part to vaping and e-cigarette use. Cumberland, Dauphin, and Perry counties saw the greatest increase in adult smoking, although all counties continue to have a lower prevalence than the state.
- > Youth are particularly vulnerable to vaping/e-cigarette trends. South Central PA counties have a lower prevalence of youth vaping/e-cigarette use than the state, but all counties saw an increase from 2015 to 2019. Cumberland County saw the greatest increase of nearly 3 points.
- > Heart disease and cancer continue to be the leading causes of death regionally, statewide, and nationally. The heart disease death rate decreased in all South Central PA counties; current rates are lower than or similar to state and national rates. The cancer death rate is higher in Perry and York counties despite recent declines. Across the state and nation, Black residents continue to have disproportionately higher death rates due to heart disease and cancer. This trend is also reflected in Dauphin County.
- > Notable chronic disease death disparities exist within Perry County. While death rates due to cancer, chronic lower respiratory disease (CLRD), and diabetes declined, the county continues to have higher rates of death than the state and nation. Specific to cancer, the county has higher incidence and death rates due to lung cancer compared to the state and nation.
- > Asthma is the most prevalent chronic condition among youth. Despite higher CLRD death rates, Perry County has the lowest youth asthma prevalence rate (7%). All other counties have similar or higher rates than the state at approximately 11%-13%.

## Health Risk Factors Data

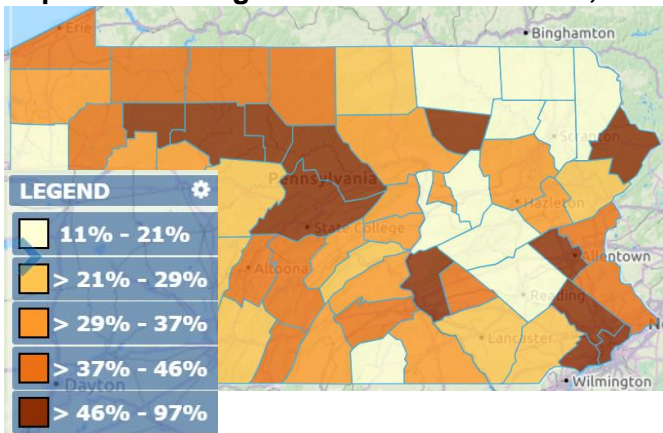
Obesity (Age 20+, Age-Adjusted), 2017



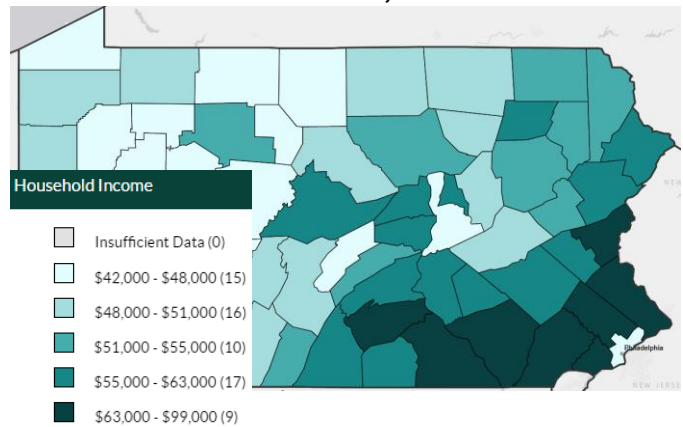
Physical Inactivity (Age 20+, Age-Adjusted), 2017



Population Living within 1/2 Mile of a Park, 2015



Median Household Income, 2014-2018



### Age-Adjusted Adult (Age 20+) Health Risk Factors and Social Determinants of Health

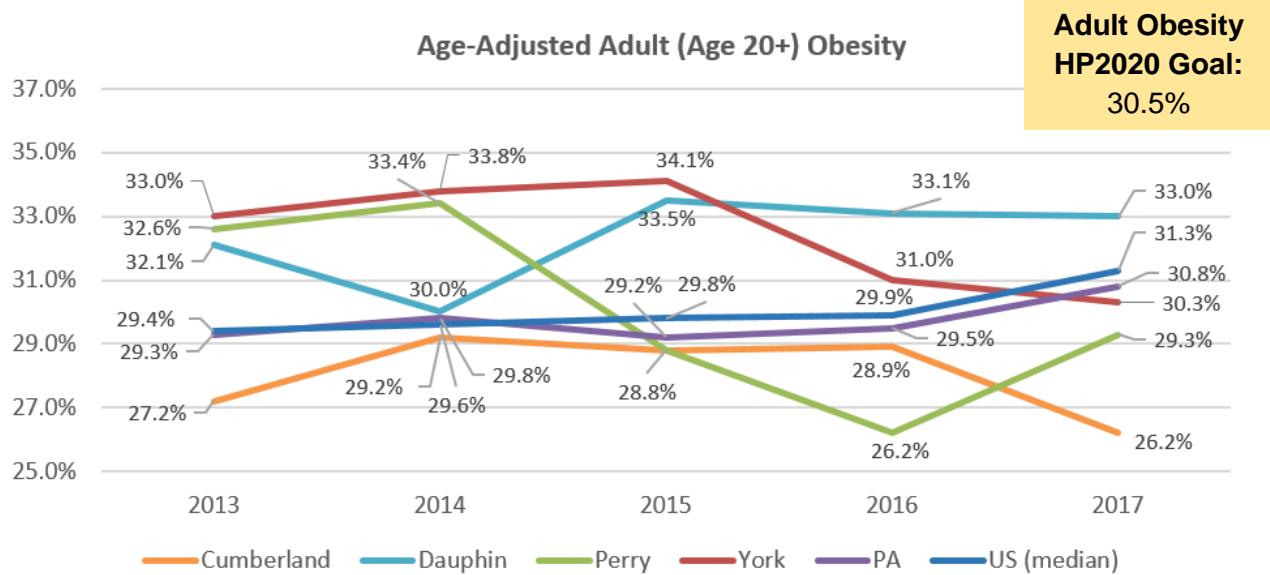
	Cumberland County	Dauphin County	Perry County	York County	PA	US (median)
Obesity	26.2%	33.0%	29.3%	30.3%	30.8%	31.3%
Physical inactivity	19.0%	22.7%	21.8%	19.9%	23.9%	25.6%
Population living with 1/2 mile of a park	33%	41%	15%	12%	47%	NA
Median household income	\$68,895	\$58,916	\$62,266	\$63,902	\$59,445	\$60,293

Source: Centers for Disease Control and Prevention

\*Green highlighting indicates positive socioeconomic *and* health outcomes in comparison to the state and nation; red highlighting indicates negative outcomes.



## Health Risk Factors Data



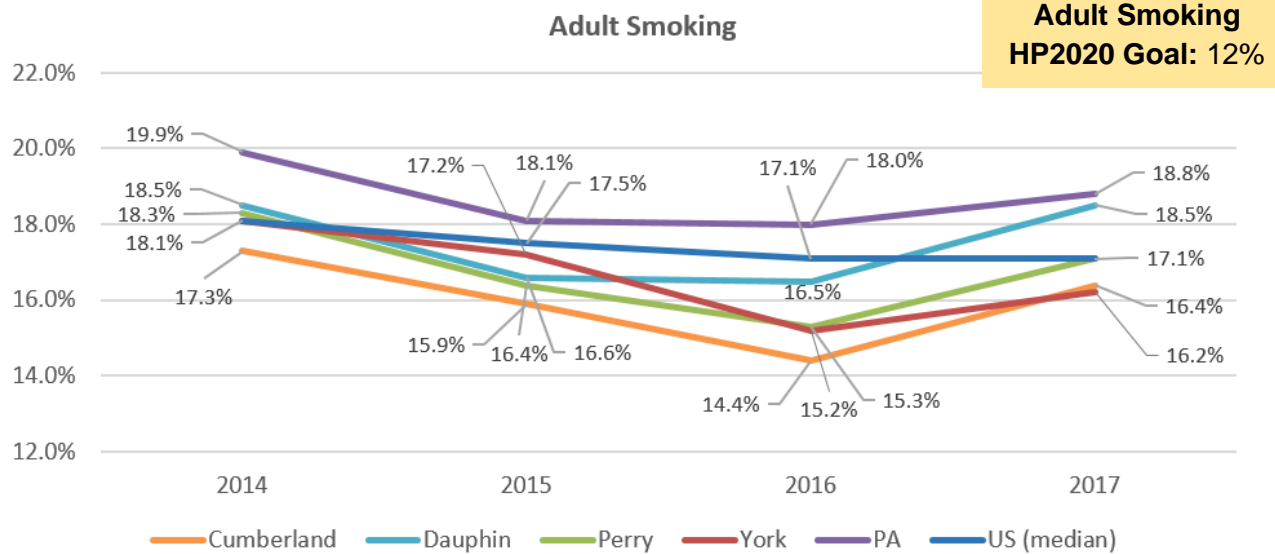
## Youth Obesity by School Year

	Cumberland County	Dauphin County	Perry County	York County	PA
<b>Grades K-6</b>					
2017-2018	14.7%	17.9%	17.7% ▲	16.3%	16.8%
2016-2017	14.7%	17.9%	16.2%	15.8%	16.4%
2015-2016	14.2%	17.3%	15.9%	16.3%	16.7%
2014-2015	15.3%	14.7%	15.4%	15.0%	16.5%
2013-2014	15.0%	16.6%	15.5%	15.2%	16.3%
<b>Grades 7-12</b>					
2017-2018	17.4%	22.5% ▲	22.0%	20.2% ▲	19.5%
2016-2017	17.7%	21.8%	21.7%	19.6%	18.9%
2015-2016	17.4%	22.2%	21.5%	19.4%	19.1%
2014-2015	17.2%	20.5%	22.2%	18.6%	18.6%
2013-2014	17.7%	20.5%	21.2%	17.9%	18.2%

Source: Pennsylvania Department of Health

\*Green highlighting indicates a lower percentage than the state; red highlighting indicates a higher percentage. Trending denoted as increasing (▲) or decreasing (▼) by ≥2 percentage points since 2013-2014.

## Health Risk Factors Data



### Youth Tobacco Use (Grades 6, 8, 10, 12)

	Cumberland County	Dauphin County	Perry County	York County	PA
<b>Cigarette use within Past 30 Days</b>					
2019	1.9% ▼	2.3% ▼	4.2% ▼	2.1% ▼	3.5%
2017	4.4%	3.9%	5.0%	4.2%	5.6%
2015	5.4%	5.2%	7.9%	5.0%	6.4%
<b>Vaping/E-cigarette use within Past 30 Days</b>					
2019	16.1% ▲	15.1%	16.4%	16.2%	19.0%
2017	14.2%	12.7%	11.3%	13.8%	16.3%
2015	13.5%	13.3%	15.5%	14.9%	15.5%

Source: Pennsylvania Commission on Crime and Delinquency

\*Green highlighting indicates a lower percentage than the state; red highlighting indicates a higher percentage. Trending denoted as increasing (▲) or decreasing (▼) by ≥2 percentage points since 2015.

## Chronic Disease Data

### Leading Chronic Disease Causes of Death, Age-Adjusted Death Rates per 100,000

	Cumberland County	Dauphin County	Perry County	York County	PA	US
<b>Heart Disease</b>						
2018	171.9 ▼	175.8 ▼	162.7 ▼	145.2 ▼	176.1	163.6
2017	185.1	182.1	183.7	151.5	176.0	165.0
2016	179.9	182.6	180.7	153.8	176.2	165.5
2015	174.5	189.7	197.5	154.2	177.8	168.5
2014	177.9	182.6	191.5	155.4	175.8	167.0
<b>Cancer</b>						
2018	141.9	148.4 ▼	169.3 ▼	158.8 ▲	156.6	149.1
2017	150.3	150.7	162.4	163.4	161.0	152.5
2016	144.1	162.5	176.6	170.6	164.7	155.8
2015	158.2	161.5	184.6	166.3	167.2	158.5
2014	142.4	155.8	181.9	156.0	169.6	161.2
<b>Chronic Lower Respiratory Disease (CLRD)</b>						
2016-2018	37.5 ▲	29.7	48.5 ▼	29.8 ▼	36.3	40.4
2015-2017	36.3	29.8	47.2	32.1	37.3	41.0
2014-2016	33.9	29.2	52.4	32.8	37.3	40.9
<b>Stroke</b>						
2016-2018	33.7	30.3 ▼	33.1 ▲	42.1	36.2	37.3
2015-2017	35.9	34.9	33.4	42.8	37.4	37.5
2014-2016	34.1	34.9	29.8	40.4	37.5	37.2
<b>Diabetes</b>						
2016-2018	16.3	19.2	23.8 ▼	22.6	20.5	21.3
2015-2017	16.0	20.1	30.3	20.5	21.1	21.2
2014-2016	16.0	19.4	29.9	23.6	21.5	21.1

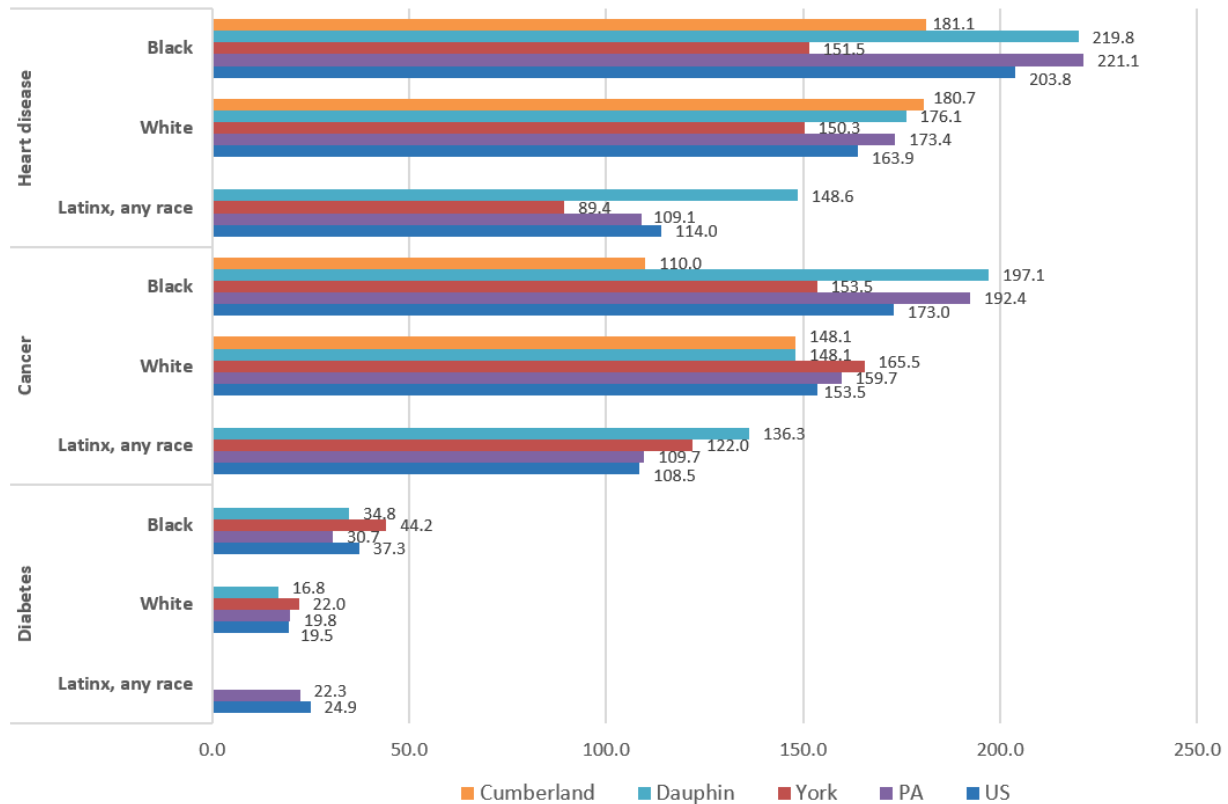
Source: Centers for Disease Control and Prevention

\*Death rates for CLRD, stroke, and diabetes are shown as a 3-year aggregate due to lower death counts.

\*\*Green highlighting indicates a lower rate than the state and nation; red highlighting indicates a higher rate. Trending denoted as increasing (▲) or decreasing (▼) by ≥2 points since 2014/2014-2016.

## Chronic Disease Data

Select Chronic Disease Death Rates per Age-Adjusted 100,000 by Race and Ethnicity



Source: Centers for Disease Control and Prevention, 2016-2018

\*Data for South Central PA counties are reported as available due to low death counts.

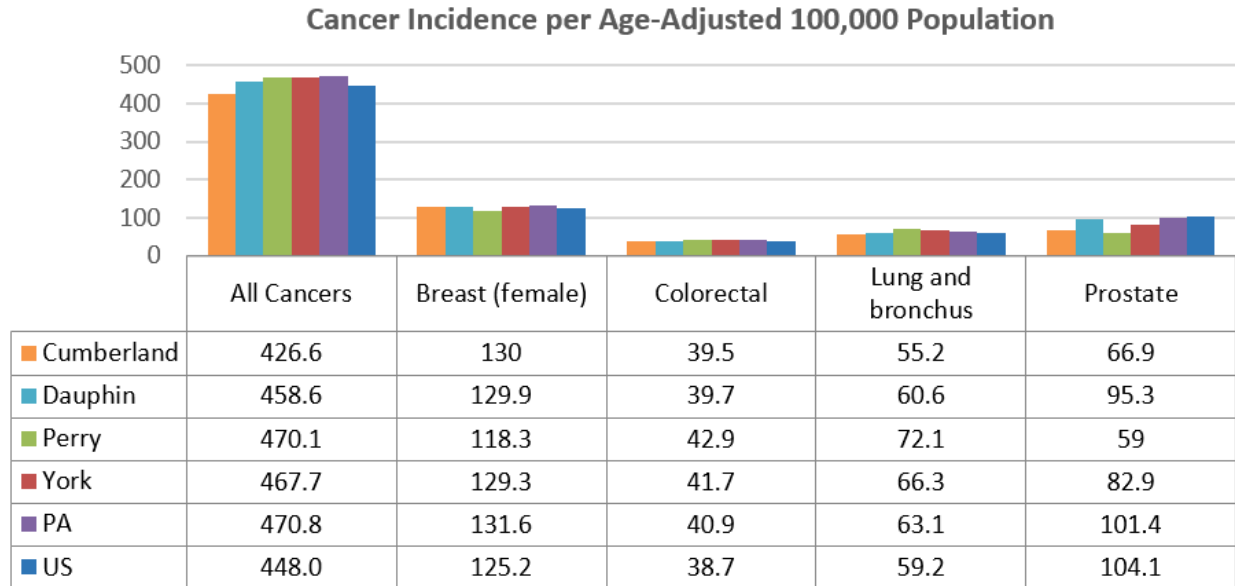
## Youth Chronic Disease Prevalence

	Cumberland County	Dauphin County	Perry County	York County	PA
<b>Asthma</b>					
Total students	3,438	5,335	397	8,381	206,712
Percent	10.8%	12.8%	6.8%	11.6%	11.3%
<b>Type II Diabetes</b>					
Total students	8	35	0	37	1,052
Percent	0.03%	0.08%	0.0%	0.05%	0.06%

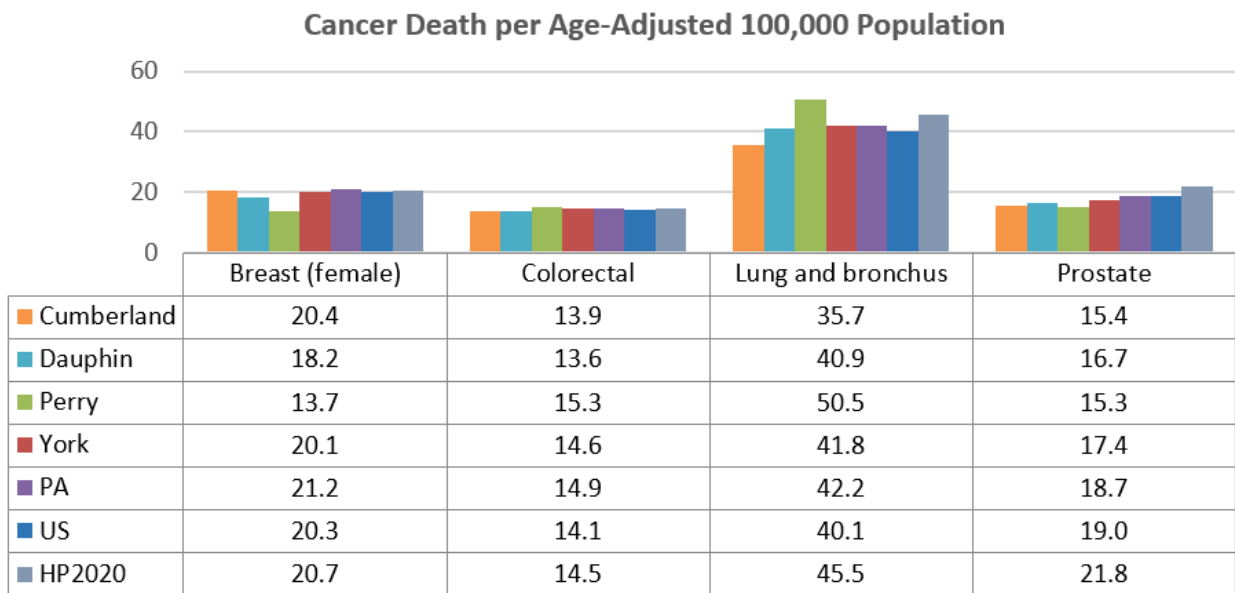
Source: Pennsylvania Department of Health, 2017-2018

\*Green highlighting indicates a lower percentage than the state; red highlighting indicates a higher percentage.

## Chronic Disease Data



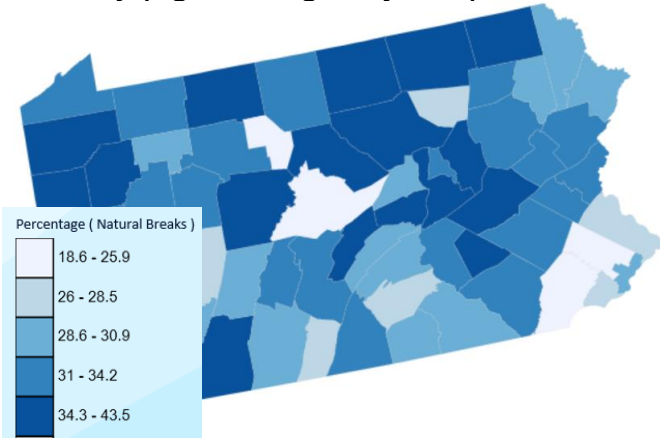
Source: Pennsylvania Department of Health, 2013-2017; Centers for Disease Control and Prevention, 2012-2016 (most recent available)



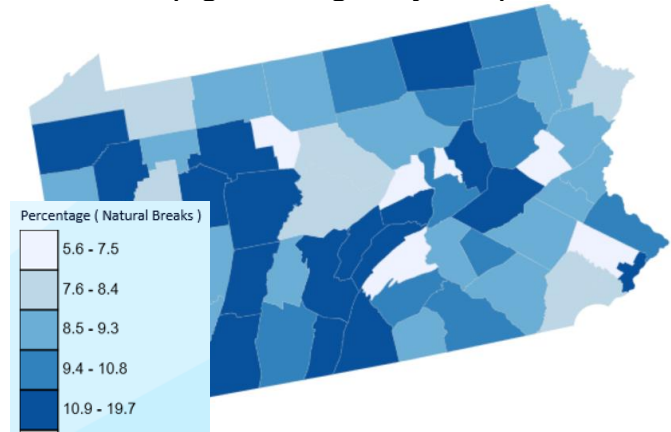
Source: Pennsylvania Department of Health, 2013-2017; Centers for Disease Control and Prevention, 2013-2017

## Chronic Disease Data

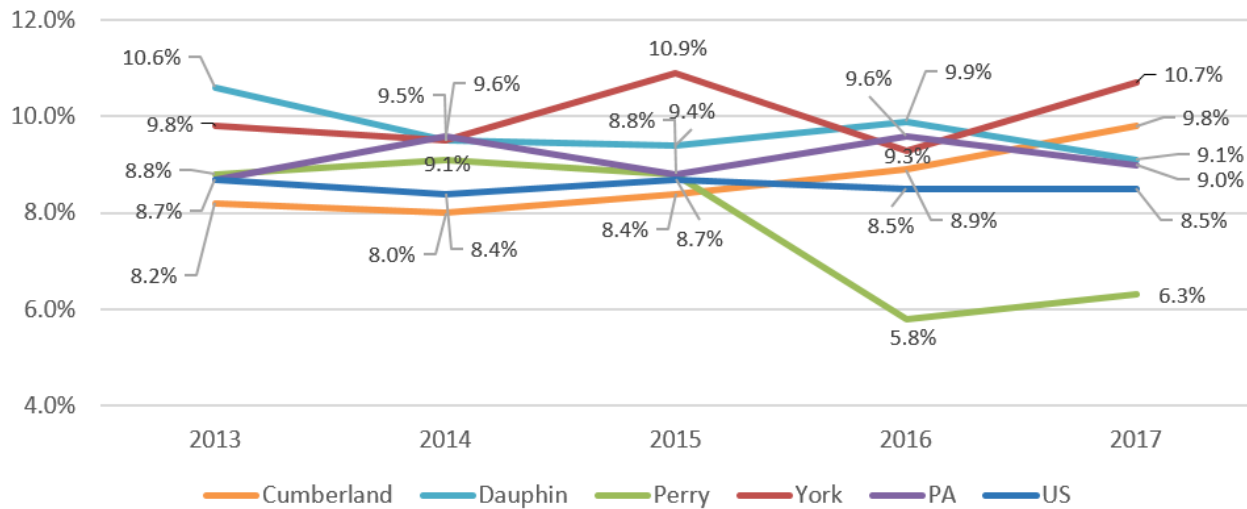
### Obesity (Age 20+, Age-Adjusted), 2017



### Diabetes (Age 20+, Age-Adjusted), 2017



### Age-Adjusted Adult (Age 20+) Diabetes



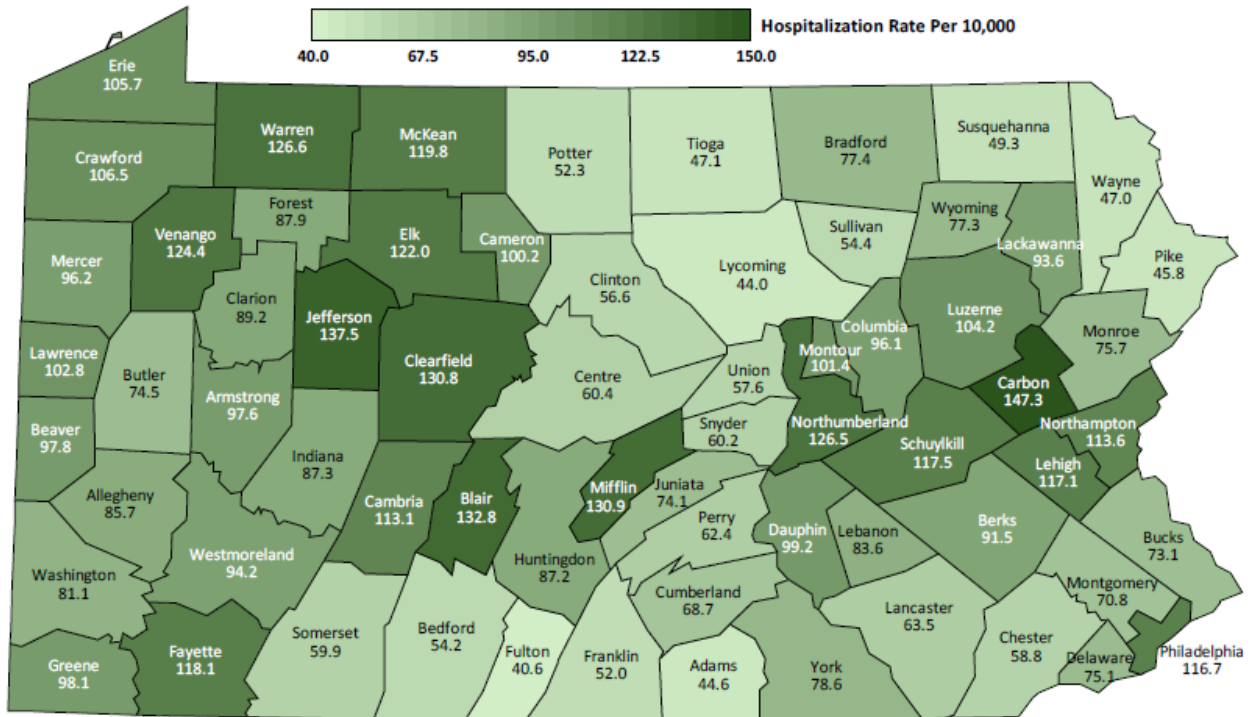
Source: Centers for Disease Control and Prevention

## Behavioral Health Key Findings

- > Across the state in 2018, there were 113,704 hospital stays for mental disorders for a rate of 88.8 per 10,000 residents. All South Central PA counties except Dauphin (99.2) have a lower rate of hospitalizations than the state. Mental distress in Dauphin County may be partially attributed to socioeconomic barriers. Statewide, mental disorder hospitalization rates were approximately 3 times higher in areas of high poverty and 2 times higher among Black versus White residents.
- > Across the state in 2018, depression diagnoses accounted for nearly 44% of all mental disorders hospitalizations. About half of all patients were between the ages of 18-44 and one-third were ages 45-64.
- > The PA Health Care Cost Containment Council reports that across PA from 2016 to 2017, “the number of hospitalizations for opioid overdose increased from 3,342 to 3,500—a 4.7% increase. In 2018, the number dropped to 2,667—a 23.8% decrease from 2017.” The percentage of overdoses due to pain medication increased from 2017 to 2018, while the percentage due to heroin decreased. Opioid overdose hospitalizations were more prevalent in areas of socioeconomic distress.
- > Consistent with the state and nation, suicide deaths generally increased across South Central PA, particularly in Perry County. The Perry County suicide death rate is nearly 9 points higher than the state and increased nearly 8 points since 2014-2016. York County also has an elevated suicide death rate compared to the state and nation.
- > Perry and York counties also have higher rates of opioid overdose hospitalizations and neonatal abstinence syndrome (NAS). The NAS rate is particularly high in Perry County (36.6 per 1,000 newborn stays) compared to the statewide rate of 13.8.
- > Overdose deaths dropped significantly in the past three years for Dauphin and York counties. In Dauphin County, deaths dropped from a high of 179 in 2017 to 67 as reported in August 2020. In York County, deaths dropped from a high of 128 in 2018 to 32 in August 2020. Cumberland and Perry county data are only reported through 2018.
- > In all counties except Cumberland, the percentage of driving deaths due to alcohol impairment decreased and the percentage of adults who report excessive drinking stayed consistent from prior years. Cumberland County saw a 1 percentage point increase in both measures. While all counties have a similar percentage of adults who report excessive drinking as the state and nation, Cumberland, Perry, and York counties have a higher percentage of alcohol impaired driving, with the highest percentage in York County.
- > All South Central PA counties have a higher percentage of youth who report feeling consistently sad or depressed, and all counties except Cumberland have a higher percentage of youth who have attempted suicide, compared to the state. Perry County youth are among the most at risk for mental distress.
- > South Central PA youth are less likely to report substance use, including alcohol and marijuana, than youth statewide. Alcohol use is generally declining among youth.

## Behavioral Health Data

### Hospitalizations for Mental Disorders per 10,000 Residents, 2018 Statewide Rate: 88.8 per 10,000 Residents



Source: Pennsylvania Health Care Cost Containment Council (PHC4), 2018

### Mental Disorders Hospitalizations per 10,000 by Socioeconomic Factors, 2018

	Pennsylvania
<b>Poverty Rate</b>	
Areas of high poverty (>25% of population)	163.3
Areas of low poverty (≤5% of population)	53.0
<b>Education</b>	
Areas of low education (≤10% with a bachelor's degree)	159.4
Areas of higher education (≥40% with a bachelor's degree)	58.4
<b>Race/Ethnicity</b>	
Black, Non-Hispanic	154.0
White, Non-Hispanic	81.7
Hispanic/Latinx	67.9

Source: Pennsylvania Health Care Cost Containment Council (PHC4), 2018



## Behavioral Health Data

### Mental Disorders Hospital Stays, 2018

	Pennsylvania (Total Hospital Stays: 113,704)
<b>Treatment Setting</b>	
Acute care hospital	56.4%
Psychiatric hospital	43.6%
<b>Average Length of Stay</b>	
Acute care hospital	8.6 days
Psychiatric hospital	12.3 days
<b>Type of Mental Disorder</b>	
Depression	44.0%
Schizophrenia	20.7%
Bipolar	20.2%
Other (conduct, anxiety, somatic, miscellaneous)	7.3%
Suicidal	4.2%
Trauma (adjustment, post-traumatic stress and dissociative disorders)	3.6%
<b>Patient Age</b>	
Under 18 years	14.8%
18-44 years	50.8%
45-64 years	27.2%
65-74 years	4.7%
75 years or over	2.6%

Source: Pennsylvania Health Care Cost Containment Council (PHC4), 2018

### Suicide Death per Age-Adjusted 100,000 Population

**Suicide Death  
HP2020 Goal: 10.2**

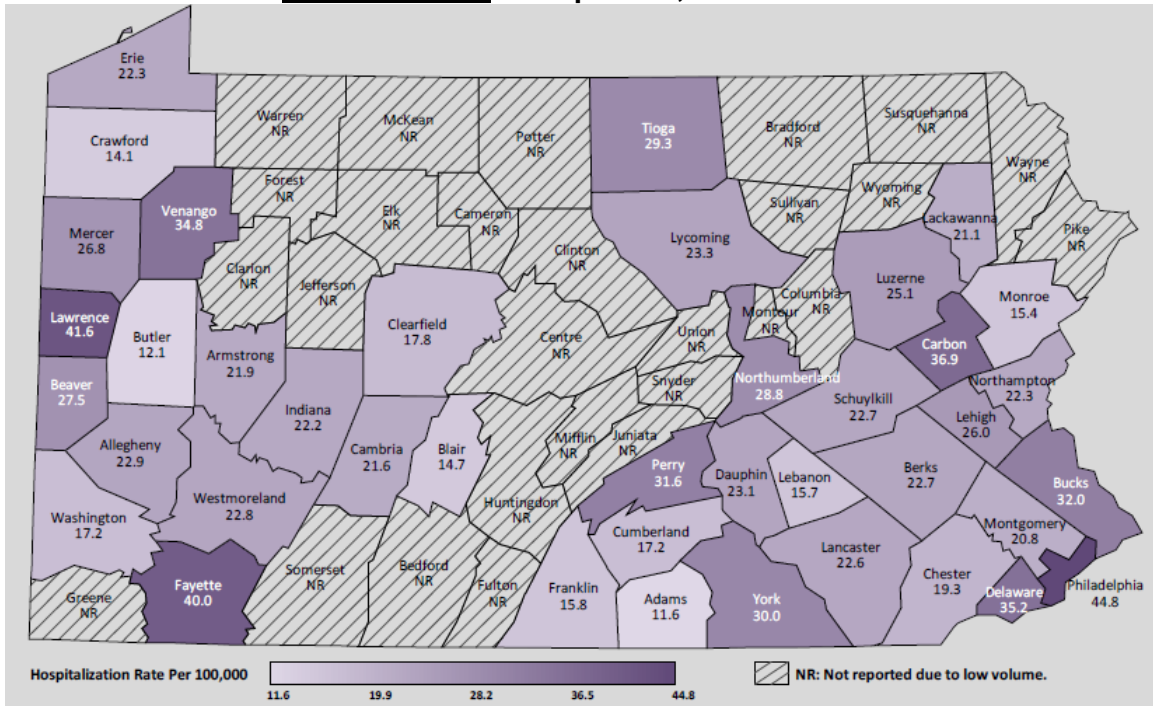
	Cumberland County	Dauphin County	Perry County	York County	PA	US
2016-2018	13.5	14.2	23.7 ▲	18.2	14.9	13.9
2015-2017	12.8	13.8	21.7	16.7	14.6	13.6
2014-2016	13.3	13.6	15.9	16.5	14.0	13.2

Source: Centers for Disease Control and Prevention

\*Green highlighting indicates a lower rate than the state and nation; red highlighting indicates a higher rate. Trending denoted as increasing (▲) or decreasing (▼) by ≥2 points since 2014-2016.

## Behavioral Health Data

### Opioid Overdose Hospitalizations per 100,000 Residents, 2018 Statewide Rate: 25.1 per 100,000 Residents



Source: Pennsylvania Health Care Cost Containment Council (PHC4), 2018

### Opioid Overdose Hospitalizations, 2018

Pennsylvania	
<b>Total Hospitalizations</b>	
2018	2,667
2017	3,500
2016	3,342
<b>Heroin Overdose Admissions</b>	
2018	1,115 (41.8%)
2017	1,753 (50.1%)
2016	1,555 (46.5%)
<b>Pain Medication Overdose Admissions</b>	
2018	1,552 (58.2%)
2017	1,747 (49.9%)
2016	1,787 (53.5%)

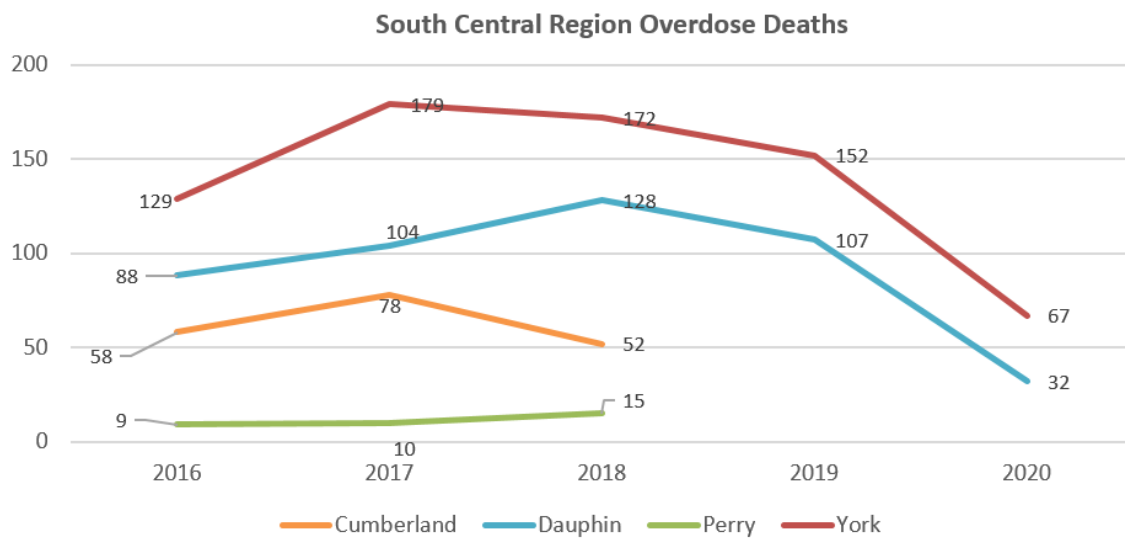
Source: Pennsylvania Health Care Cost Containment Council (PHC4), 2018

## Behavioral Health Data

### Opioid Overdose Hospitalizations per 100,000 by Socioeconomic Factors, 2018

	Pennsylvania
<b>Income</b>	
Low-income areas (avg. less than \$30,000)	54.4
High-income areas (avg. \$90,000 or higher)	17.3
<b>Education</b>	
Areas of low education ( $\leq 10\%$ with a bachelor's degree)	46.2
Areas of higher education ( $\geq 60\%$ with a bachelor's degree)	14.6
<b>Race/Ethnicity</b>	
Black, Non-Hispanic	28.9
White, Non-Hispanic	25.2
Hispanic/Latinx	20.0

Source: Pennsylvania Health Care Cost Containment Council (PHC4), 2018



Source: OverdoseFreePA

\*Data are reported as available through 2020; 2020 counts reflect deaths as of August.

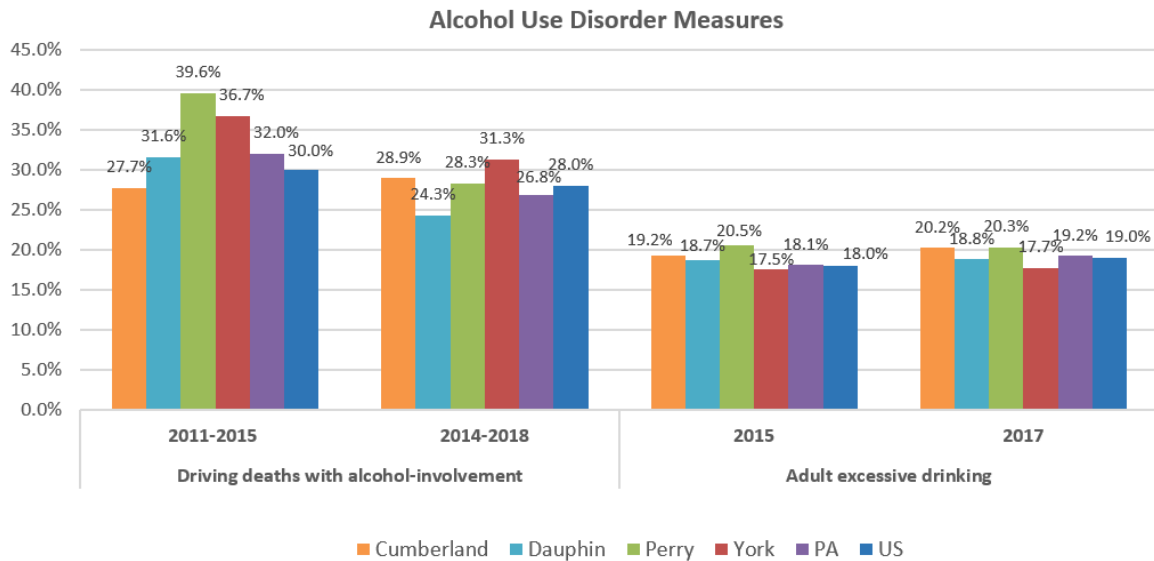
### Neonatal Abstinence Syndrome (NAS), FY2019

	Cumberland County	Dauphin County	Perry County	York County	PA
Number of NAS stays	25	22	17	66	1,733
Rate per 1,000 newborn stays	10.3	7.0	36.6	15.2	13.8

Source: Pennsylvania Health Care Cost Containment Council (PHC4), July 1, 2018-June 30, 2019

\*PHC4 defines NAS as “An array of withdrawal symptoms that develops soon after birth in newborns exposed to addictive drugs (e.g., opioids) while in the mother’s womb.”

## Behavioral Health Data



Source: Centers for Disease Control and Prevention & National Highway Safety Administration

### Youth Behavioral Health Measures (Grades 6, 8, 10, 12)

	Cumberland County	Dauphin County	Perry County	York County	PA
<b>Sad or Depressed Most Days in the Past Year</b>					
2019	39.7% ▲	39.6%	41.2%	39.3%	38.0%
2017	37.6%	37.7%	38.3%	39.6%	38.1%
2015	34.4%	38.2%	41.9%	38.1%	38.3%
<b>Attempted Suicide</b>					
2019	9.0%	11.1%	11.5%	11.4%	9.7%
2017	8.6%	10.2%	9.3%	11.3%	10.0%
2015	8.0%	9.4%	10.7%	10.4%	9.5%
<b>Alcohol Use within Past 30 Days</b>					
2019	13.4%	13.2% ▼	15.6% ▼	13.0%	16.8%
2017	15.5%	14.0%	14.7%	14.1%	17.9%
2015	15.2%	15.6%	18.1%	14.9%	18.2%
<b>Marijuana Use within Past 30 Days</b>					
2019	7.6%	9.2%	6.2%	8.4%	9.6%
2017	7.1%	8.1%	5.7%	8.8%	9.7%
2015	7.5%	10.5%	8.1%	8.7%	9.4%

Source: Pennsylvania Commission on Crime and Delinquency

\*Green highlighting indicates a lower percentage than the state; red highlighting indicates a higher percentage. Trending denoted as increasing (▲) or decreasing (▼) by ≥2 percentage points since 2015.

## Maternal and Child Health Key Findings

- > The total birth rate continued to decline statewide and regionally. Cumberland and York counties have a similar birth rate as the state, while Dauphin and Perry counties have a slightly higher rate. Births by race and ethnicity generally reflect overall county demographics with a higher percentage of births among Black and Latina mothers in Dauphin County.
- > All South Central PA counties except Cumberland have a higher percentage of births to teens compared to the state. Teen births declined in Cumberland and York counties, but remained stable in Dauphin and Perry counties.
- > The percentage of pregnant women receiving first trimester prenatal care declined in all South Central PA counties from prior years. All counties have fewer women receiving early prenatal care compared to the nation, and all counties except York have a lower percentage compared to the state.
- > The percentage of low birth weight and preterm births among South Central PA counties varies on a year-to-year basis. Dauphin County is the only county to report more low birth weight and preterm births than the state and nation; all other counties meet or nearly meet Healthy People 2020 goals.
- > A similar percentage of mothers report breastfeeding across South Central PA; the percentage is similar to the state, but lower than the nation. Of note, all counties saw a notable decline in breastfeeding from 2017 to 2018 that should continue to be monitored.
- > Pennsylvania has a higher percentage of pregnant women who report smoking compared to the nation overall, although the percentage is declining. Within South Central PA, a similar percentage of Cumberland, Dauphin, and York county pregnant women report smoking as the state. Perry County mothers are more likely to report smoking than the state, but the percentage is declining rapidly.
- > The infant death rate in Dauphin County consistently increased from 2013-2015 to 2016-2018 and currently exceeds state and national benchmarks. Within Dauphin County, a higher infant death rate may be due in part to health inequities among Black mothers and their infants. The Dauphin County death rate for Black infants (13.2) is more than double the death rate for White infants (5.8).
- > As demonstrated in these data, across PA and the nation, Black and/or Latina mothers experience notable maternal and child health disparities. Of grave concern, as a national average, Black mothers are more than 2.5 times as likely as White and/or Latina mothers to die due to pregnancy-related causes. Maternal and child health disparities are more pronounced within South Central PA, particularly for Black mothers and their infants and in Dauphin and York counties.

## Maternal and Child Health Data

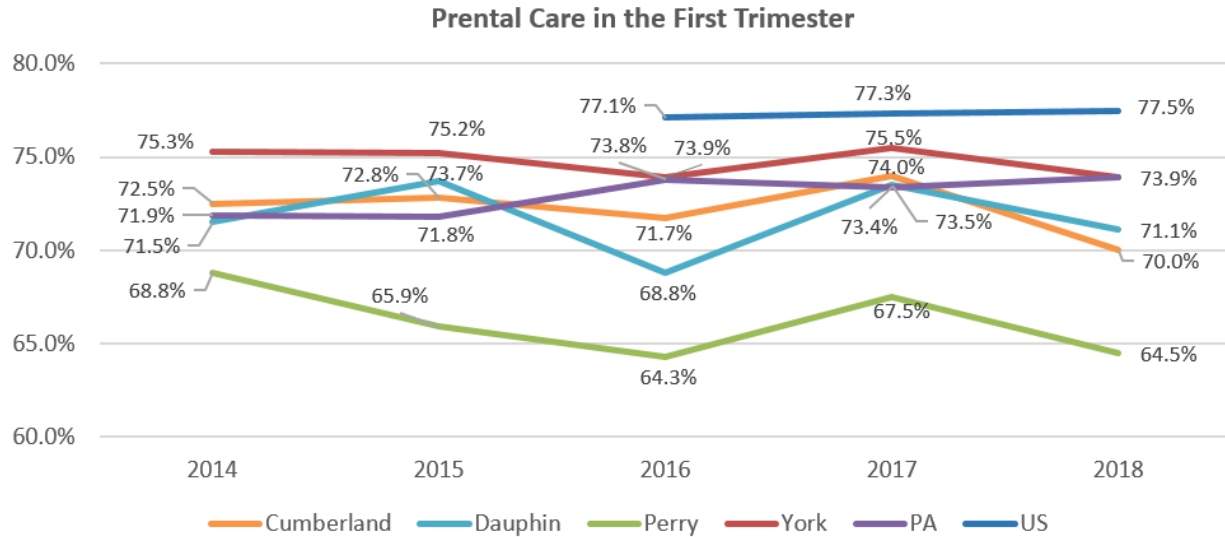
### Total Births

	Cumberland County	Dauphin County	Perry County	York County	PA
<b>Birth Rate per 1,000</b>					
2018	20.5	23.8	22.2	20.8	20.8
2017	20.6	24.0	22.8	21.8	21.1
2016	21.2	24.5	23.5	22.2	21.4
2015	21.2	24.0	23.6	22.2	21.5
<b>2018 Births by Race and Ethnicity</b>					
Total	2,598	3,402	506	4,711	135,677
Asian	7.1%	5.9%	0.6%	2.0%	4.6%
Black	5.9%	22.1%	0.2%	7.7%	13.9%
White	79.4%	54.5%	94.7%	77.6%	70.1%
Latinx	5.7%	15.6%	2.2%	12.2%	11.6%
<b>Births to Teens</b>					
2018	2.7%	5.0%	4.9%	4.2%	4.1%
2017	2.8%	5.1%	4.8%	5.2%	4.3%
2016	2.9%	5.5%	5.8%	5.1%	4.6%
2015	3.2%	5.2%	4.7%	5.6%	5.1%

Source: Pennsylvania Department of Health

\*Green highlighting indicates a lower percentage than the state; red highlighting indicates a higher percentage. Trending denoted as increasing (▲) or decreasing (▼) by ≥2 points since 2015.

## Maternal and Child Health Data



Source: Pennsylvania Department of Health & Centers for Disease Control and Prevention

\*Starting in 2016, all of the US reported data based on the 2003 US Certificate of Live Birth, providing national indicators.

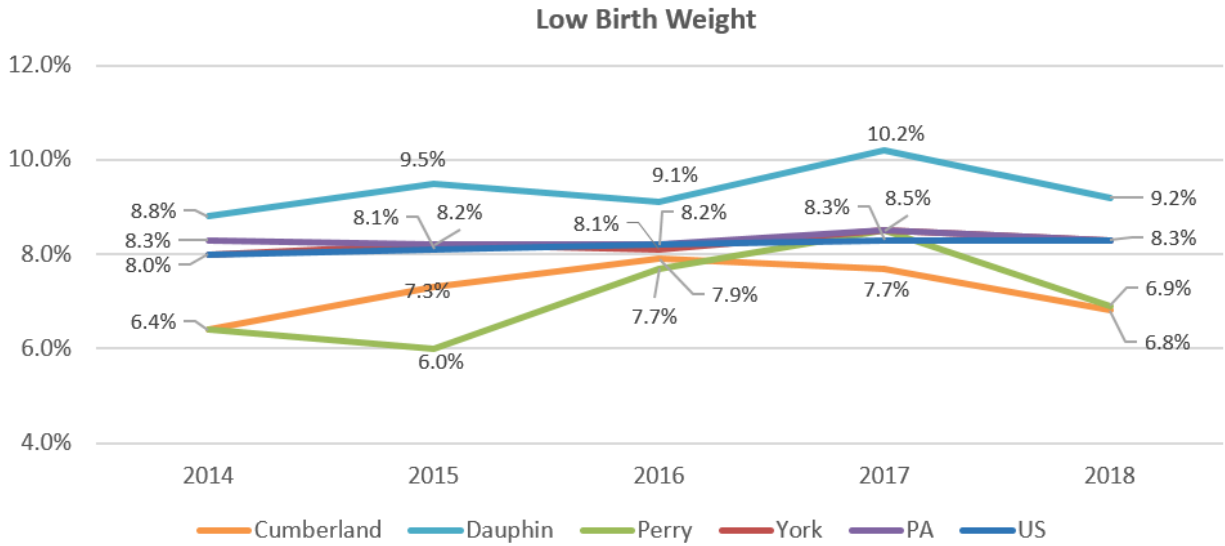
### Prenatal Care in the First Trimester by Race and Ethnicity

	Total Births	Asian	Black	White	Latina
Cumberland County	70.0%	75.8%	49.3%	72.2%	59.0%
Dauphin County	71.1%	69.7%	61.6%	76.9%	64.7%
Perry County	64.5%	NA	NA	66.4%	NA
York County	73.9%	65.6%	62.8%	76.6%	63.8%
PA	73.9%	73.0%	64.6%	77.3%	65.3%
US	77.5%	81.8%	67.1%	82.5%	72.7%
HP2020	77.9%	--	--	--	--

Source: Pennsylvania Department of Health, 2018 & Centers for Disease Control and Prevention, 2018

\*Green highlighting indicates a higher percentage than state and national benchmarks; red highlighting indicates a lower percentage.

## Maternal and Child Health Data



Source: Pennsylvania Department of Health & Centers for Disease Control and Prevention

### Low Birth Weight by Race and Ethnicity

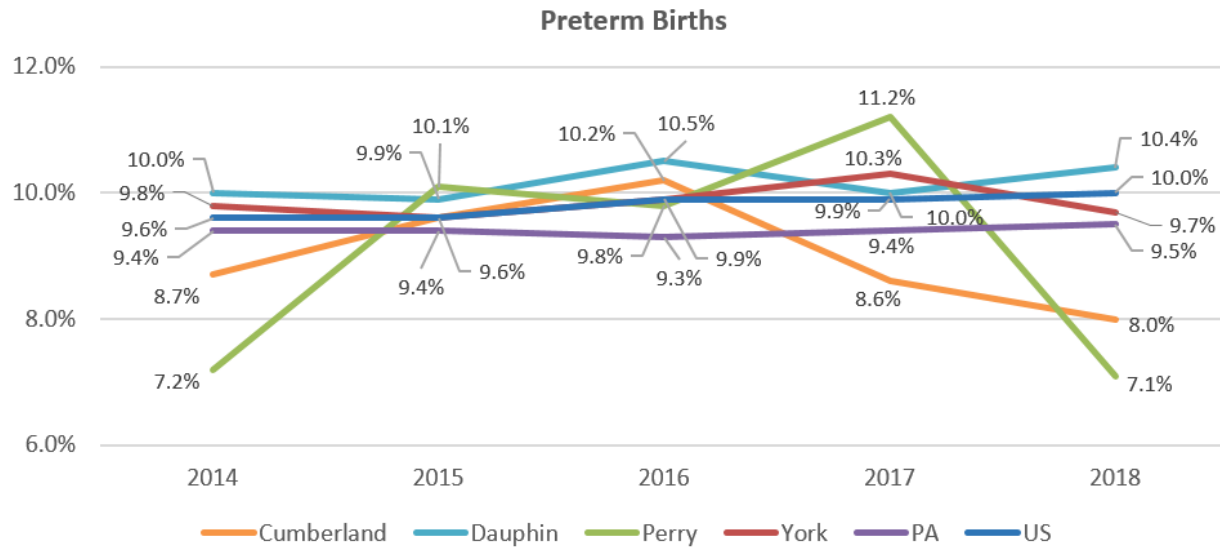
	Total Births	Asian	Black	White	Latinx
Cumberland County	6.8%	12.5%	8.6%	6.1%	8.2%
Dauphin County	9.2%	13.5%	13.1%	7.1%	7.9%
Perry County	6.9%	NA	NA	6.7%	NA
York County	8.3%	NA	15.7%	7.3%	9.0%
PA	8.3%	8.8%	13.9%	7.0%	9.0%
US	8.3%	8.6%	14.1%	6.9%	7.5%
HP2020	7.8%	--	--	--	--

Source: Pennsylvania Department of Health, 2018 & Centers for Disease Control and Prevention, 2018

\*Green highlighting indicates a lower percentage than state and national benchmarks; red highlighting indicates a higher percentage.



## Maternal and Child Health Data



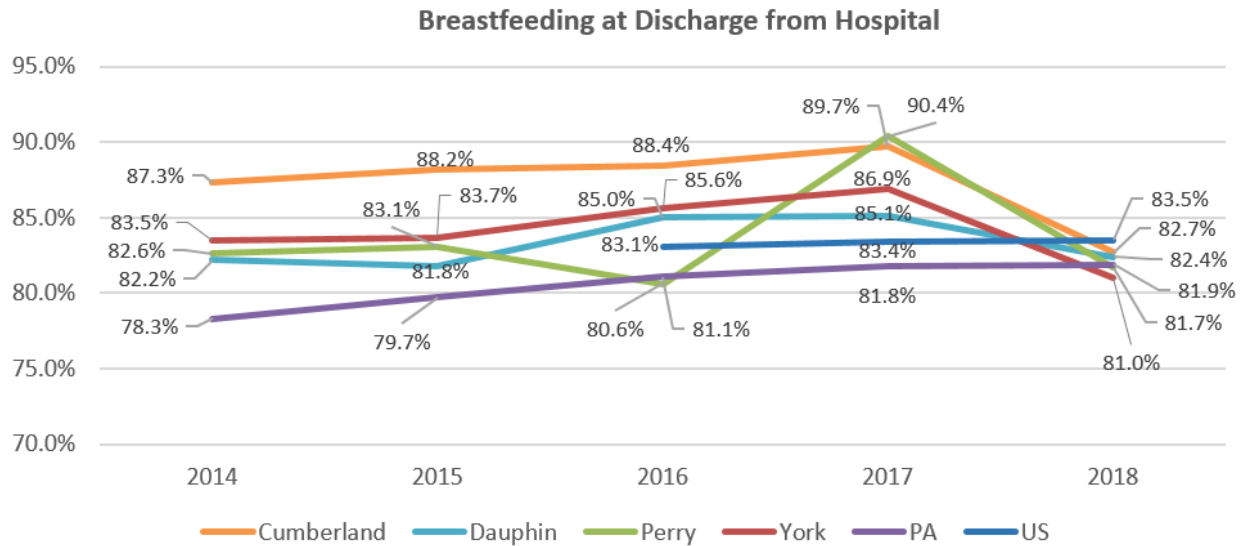
Source: Pennsylvania Department of Health & Centers for Disease Control and Prevention

### Preterm Births by Race and Ethnicity

	Total Births	Asian	Black	White	Latinx
Cumberland County	8.0%	7.1%	9.9%	7.9%	7.5%
Dauphin County	10.4%	10.0%	13.8%	9.5%	9.6%
Perry County	7.1%	NA	NA	7.1%	NA
York County	9.7%	NA	15.7%	8.9%	10.8%
PA	9.5%	8.1%	13.6%	8.7%	10.0%
US	10.0%	8.6%	14.1%	9.1%	9.7%
HP2020	9.4%	--	--	--	--

Source: Pennsylvania Department of Health, 2018 & Centers for Disease Control and Prevention, 2018  
 \*Green highlighting indicates a lower percentage than state and national benchmarks; red highlighting indicates a higher percentage.

## Maternal and Child Health Data



Source: Pennsylvania Department of Health & Centers for Disease Control and Prevention  
 \*Starting in 2016, all of the US reported data based on the 2003 US Certificate of Live Birth, providing national indicators.

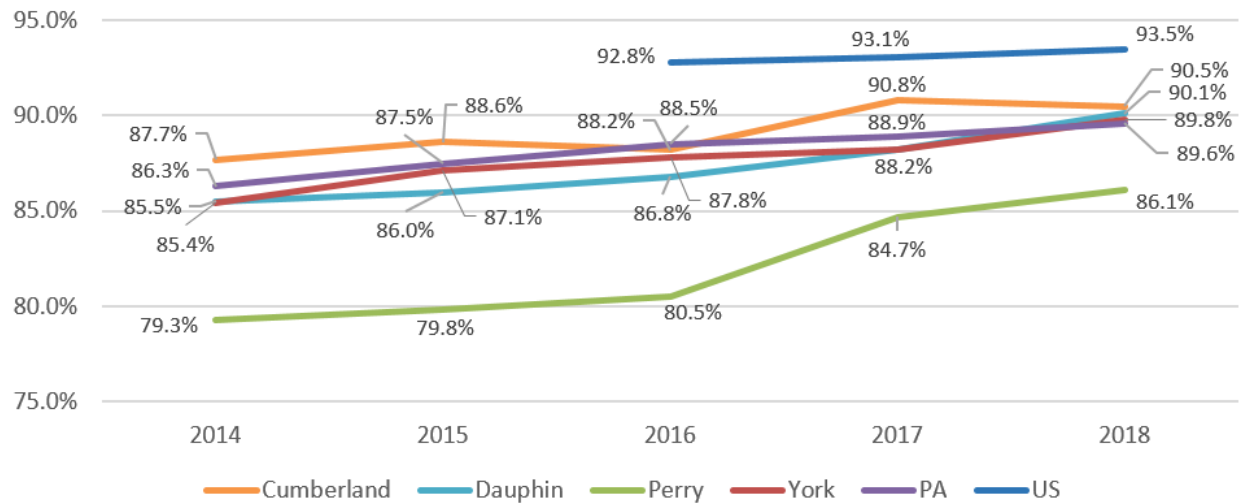
### Breastfeeding at Discharge from Hospital by Race and Ethnicity

	Total Births	Asian	Black	White	Latina
Cumberland County	82.7%	91.8%	78.9%	82.1%	80.3%
Dauphin County	82.4%	90.9%	77.3%	83.8%	82.3%
Perry County	81.7%	NA	NA	81.2%	NA
York County	81.0%	84.9%	70.1%	83.0%	72.8%
PA	81.9%	92.1%	76.7%	82.4%	80.6%
US	83.5%	90.9%	72.3%	84.9%	87.1%
HP2020	81.9%	--	--	--	--

Source: Pennsylvania Department of Health, 2018 & Centers for Disease Control and Prevention, 2018  
 \*Green highlighting indicates a higher percentage than state and national benchmarks; red highlighting indicates a lower percentage.

## Maternal and Child Health Data

### Mothers Who Do Not Smoke during Pregnancy



Source: Pennsylvania Department of Health & Centers for Disease Control and Prevention

\*Starting in 2016, all of the US reported data based on the 2003 US Certificate of Live Birth, providing national indicators.

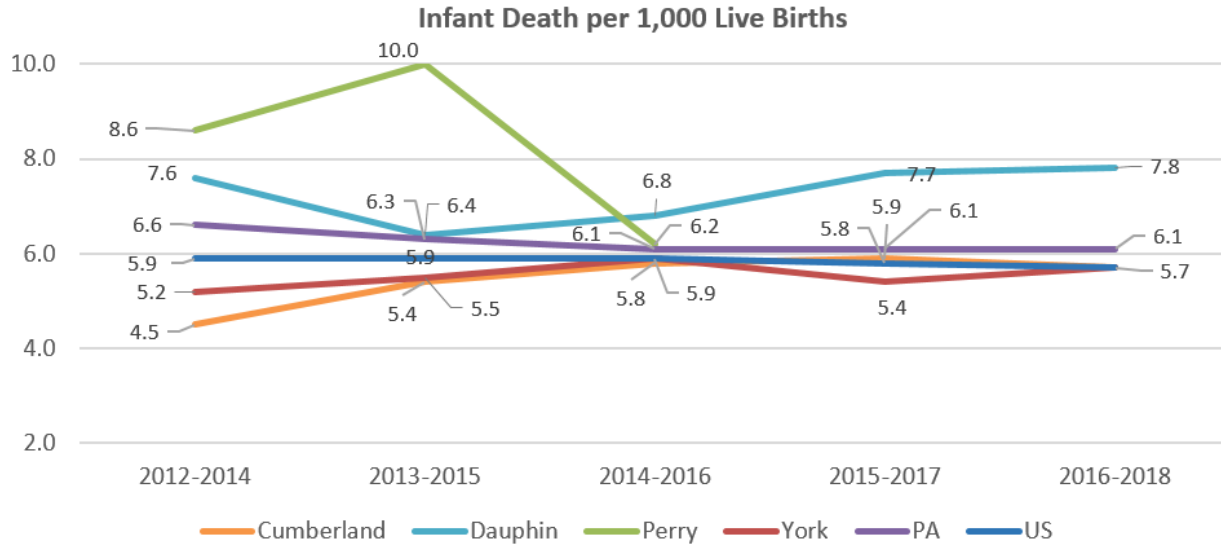
### Mothers Who Do Not Smoke during Pregnancy by Race and Ethnicity

	Total Births	Asian	Black	White	Latina
Cumberland County	90.5%	98.9%	92.6%	89.7%	91.7%
Dauphin County	90.1%	99.5%	92.3%	88.3%	90.6%
Perry County	86.1%	NA	NA	86.2%	90.9%
York County	89.8%	97.8%	92.8%	88.5%	95.1%
PA	89.6%	99.2%	91.8%	88.1%	94.6%
US	93.5%	99.5%	94.8%	90.5%	98.3%
HP2020	98.6%	--	--	--	--

Source: Pennsylvania Department of Health, 2018 & Centers for Disease Control and Prevention, 2018

\*Green highlighting indicates a higher percentage than state and national benchmarks; red highlighting indicates a lower percentage.

## Maternal and Child Health Data



Source: Pennsylvania Department of Health & Centers for Disease Control and Prevention  
 \*Perry County data are not reported beyond 2014-2016 due to low death counts.

### Maternal Death per 100,000 Live Births

	Total Deaths	Total Death Rate	Black Death Rate	White Death Rate	Latina Death Rate
PA	19	14.0	NA	NA	NA
US	658	17.4	37.1	14.7	11.8

Source: Pennsylvania Department of Health, 2018 & Centers for Disease Control and Prevention, 2018  
 \*Maternal deaths include deaths of women while pregnant or within 42 days of termination of pregnancy, from any cause related to pregnancy or its management.

## Aging Population Key Findings

- > Cumberland County has the highest projected senior population for 2025 and the highest percentage of senior Medicare beneficiaries with two or more chronic conditions (comorbidities) in the region, exceeding state and national benchmarks. Perry and York counties also have a higher percentage of senior Medicare beneficiaries with chronic condition comorbidities compared to the state and nation, and Perry County has a higher percentage of seniors with 6 or more conditions.
- > Seniors spend more money on healthcare than any other age group, and spending increases with a higher reported number of chronic conditions. Across South Central PA, senior Medicare beneficiaries with 6 or more chronic conditions have approximately \$29,000 or more in annual Medicare expenses. Cumberland, Dauphin, and York counties have higher spending than the state and nation for beneficiaries with 6 or more chronic conditions.
- > Across all South Central PA counties, senior Medicare beneficiaries have a lower prevalence of asthma and heart failure compared to the state and nation, but a higher prevalence of hypertension. All counties except Dauphin also have a higher prevalence of depression and high cholesterol. All counties except Cumberland have a higher prevalence of diabetes. Perry County senior Medicare beneficiaries experience notable disparity with a higher prevalence of 6 out of the 12 reported chronic conditions.
- > Alzheimer's disease death rates among seniors increased statewide and nationally before leveling off in recent years. Some of the increase in death rates may be due to reclassification of cause of death to Alzheimer's disease as the primary cause of death rather than the resulting acute condition e.g. pneumonia or heart failure. Cumberland, Dauphin, and York counties have a lower Alzheimer's disease death rate than the state and nation. Perry County's death rate is similar to the nation, but nearly 35 points higher than the state.
- > As seniors age, they are at risk for isolation due to physical limitations and decreasing social circles. One indicator of isolation is the percentage of seniors who live alone. The percentage of seniors living alone increased statewide and nationally with a higher percentage in PA (13%) versus the US (11%). Within South Central PA, seniors are more likely to live alone compared to the nation, but less likely to live alone compared to the state. The percentage of seniors living alone increased in all counties.

## Aging Population Data

### 2017 Chronic Conditions among Medicare Beneficiaries 65 Years or Over

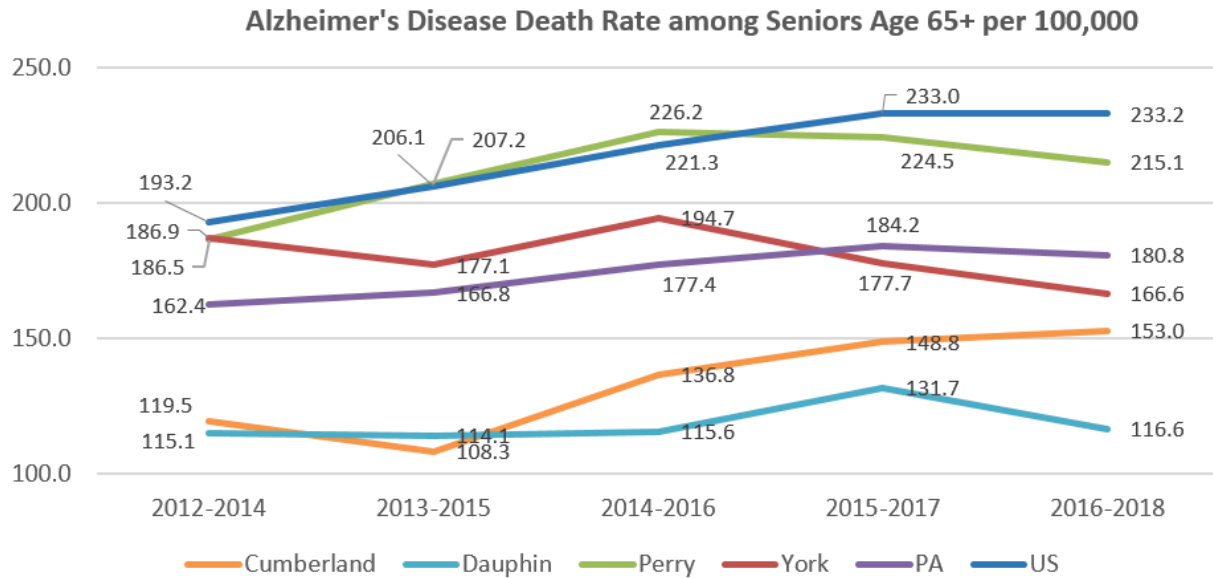
	Cumberland County	Dauphin County	Perry County	York County	PA	US
<b>Multiple Chronic Conditions (Comorbidities)</b>						
2 to 3 Conditions	33.3%	31.8%	30.4% ▼	33.1% ▼	31.1%	29.6%
2015 comparison	32.7%	31.7%	31.5%	34.1%	31.1%	30.0%
4 to 5 Conditions	24.5%	22.2%	23.8%	23.7%	22.9%	21.8%
2015 comparison	23.8%	21.8%	23.4%	24.0%	22.9%	21.6%
6 or More conditions	16.6%	17.2%	18.9%	16.6%	18.2%	17.4%
2015 comparison	16.8%	16.6%	18.0%	16.4%	17.6%	16.2%
<b>Per Capita Standardized<sup>1</sup> Spending</b>						
2 to 3 Conditions	\$4,742	\$5,174	\$4,716	\$4,971	\$5,141	\$5,392
4 to 5 Conditions	\$10,050	\$10,493	\$9,040	\$10,080	\$10,117	\$10,475
6 or More conditions	\$29,244	\$31,043	\$29,689	\$28,764	\$29,184	\$29,004
<b>Chronic Condition Prevalence by Type</b>						
Alzheimer's Disease	11.7%	12.6%	11.1%	11.0%	12.2%	12.1%
Arthritis	36.8%	33.5%	32.5%	34.4%	36.1%	34.2%
Asthma	4.2%	3.8%	4.2%	4.5%	4.9%	4.6%
Cancer	9.7%	9.6%	9.5%	9.5%	10.1%	9.2%
COPD	9.3%	9.6%	12.0%	10.2%	11.2%	11.6%
Depression	16.4%	15.0%	17.2%	17.1%	16.1%	15.4%
Diabetes	25.4%	27.5%	29.2%	27.5%	26.6%	27.4%
Heart Failure	13.0%	13.6%	13.7%	13.0%	14.4%	14.5%
High Cholesterol	52.6%	46.2%	53.0%	48.6%	47.6%	43.0%
Hypertension	64.7%	62.4%	65.4%	64.5%	62.3%	59.9%
Ischemic Heart Disease	29.2%	29.1%	32.1%	28.1%	29.9%	28.8%
Stroke	4.4%	4.3%	5.2%	4.0%	4.6%	4.0%

Source: Centers for Medicare & Medicaid Services, 2015 & 2017

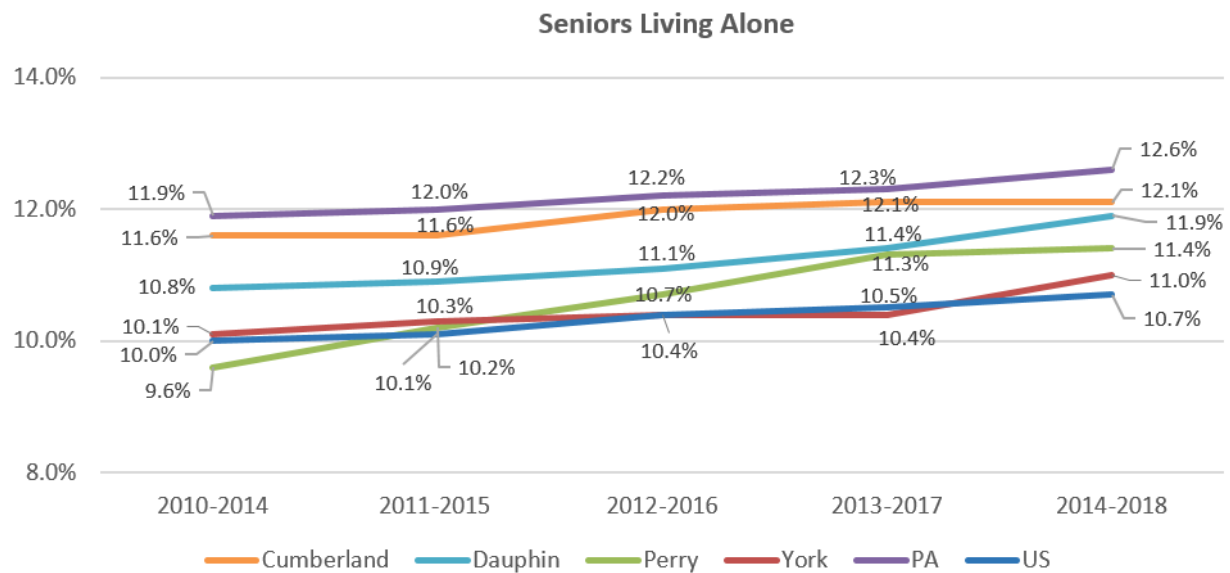
\*Green highlighting indicates a lower burden of disease than the state and nation; red highlighting indicates a higher burden. Trending denoted as increasing (▲) or decreasing (▼) by ≥1 percentage point since 2015.

<sup>1</sup> Standardized spending takes into account payment factors that are unrelated to the care provided (e.g. geographic variation in Medicare payment amounts)

## Aging Population Data



Source: Centers for Disease Control and Prevention



Source: US Census Bureau

## Key Informant Survey Findings

### Background

A Key Informant Survey was conducted with community representatives of South Central PA to solicit information about health needs among residents. A total of 33 individuals responded to the survey, including health and social service providers; community and public health experts; civic, religious, and social leaders; policy makers; and others representing diverse populations including minority, low-income, and underserved residents. A list of the represented community organizations and the key informants' respective titles is included in Appendix C. Key informant names are withheld for confidentiality.

These key informants were asked a series of questions about their perceptions of community health including health drivers, barriers to care, community infrastructure, and needed services within the community. Following is a summary of findings from their responses.

### Summary of Findings

- > Key informants identified South Central PA's top community strengths as available social services (42%), good schools (36%), and safe neighborhoods (30%).
- > Behavioral health was seen as the top community health concern for the region. Sixty-seven percent (67%) of informants selected mental health conditions and 45.5% of informants selected substance use disorder (SUD) among the top three health concerns across the region. Other top health concerns indicated by key informants were overweight/obesity and aging-related problems.
- > Social determinants of health were seen as top contributors to regional health concerns. Poverty was ranked as the #1 contributor by 36% of key informants. Approximately 1 in 4 informants also identified lack of transportation and health literacy. Of note, transportation options were ranked as the #2 missing resource in the region.
- > Racial and ethnic disparities were seen as an area of opportunity for South Central PA. Nearly 60% of informants stated that social and community context, which includes perceptions of discrimination and equity, declined in the region over the past 3-5 years.
- > Consistent with the top identified health concern for the region, mental health services was the top identified missing resource by 73% of informants. While SUD was the second ranked health concern for the region, it was the fourth ranked missing resource by 39% of key informants. This finding may indicate an awareness of available capacity among existing SUD services.
- > Affordable housing was seen as a primary need for South Central PA. Approximately 42% of informants identified affordable housing as a missing resource (#3 ranking). Similarly, 42% of informants stated that housing opportunity, including quality, cost, and availability, declined in the region over the past 3-5 years.



- > Approximately one-quarter of respondents perceived improvement in the region’s “neighborhood and built environment” and “health and healthcare” over the past 3-5 years.
- > Nearly 72% of informants “agreed” or “strongly agreed” that they regularly partner with hospital providers on health improvement initiatives. Some informants commented that more work is needed to ensure effective collaboration to address the region’s health needs and to engage residents when developing health initiatives.
- > The top perceived barrier to health and social service partnerships, according to key informants, was lack of operating support (50%). Other top barriers included ability to demonstrate outcomes (37.5%) and inconsistent service areas or geographic boundaries (34%). Verbatim comments by key informants reinforced the need for sustained funding and personnel and a commitment to strategic collective action.
- > Key informants were “somewhat” to “moderately” worried about the long-term impact of COVID-19 on communities and residents. They were most concerned about the impact on community financial health, the mental and emotional health of residents, and well-being of the elderly.
- > When asked to share how their organization is effectively engaging community residents during COVID-19, many informants spoke to the increased use of technology and social media to provide virtual learning and service environments, community education and awareness campaigns, increased support for social needs and safety net providers, and cross-sector partnerships to better understand COVID-related needs and disseminate available information and resources.

### Survey Participants

Key informants represented diverse organizations and populations across South Central PA. The table below shows the breakdown of survey participants by county, with the highest number of responses from Cumberland County. Approximately one-third (36%) of key informants indicated that they served all populations. The most commonly served special population groups were low-income/poor, homeless, seniors/elderly, and families.

**South Central PA Counties Served by Key Informants**

	Percent of Informants*	Number of Informants
Cumberland County	87.9%	29
Perry County	75.8%	25
Dauphin County	66.7%	22
York County	45.5%	15

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

### Populations Served by Key Informants

	Percent of Informants*	Number of Informants
Low-Income/Poor	54.6%	18
Homeless	51.5%	17
Seniors/Elderly	48.5%	16
Families	45.5%	15
Children/Youth	39.4%	13
Emotionally or Physically Disabled	36.4%	12
Women	36.4%	12
Not Applicable (serve all populations)	36.4%	12
Men	33.3%	11
Uninsured/Underinsured	30.3%	10
Veteran	27.3%	9
Black/African American	24.2%	8
Hispanic/Latinx	24.2%	8
LGBTQ+	21.2%	7
Immigrant/Refugee	18.2%	6
Asian/Pacific Islander	15.2%	5
American Indian/Alaska Native	12.1%	4
Other**	9.1%	3

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

\*\*Other populations included: Migrant farm workers; individuals with serious mental illness and/or intellectual disabilities

### Community Health and Well-Being

An asset-based approach to health improvement planning acknowledges and makes visible the strengths, resources, and potential in communities. This approach helps community planners to identify the existing factors that support resident health and well-being to better mobilize stakeholders.

### Community Strengths

Choosing from a wide-ranging list of environmental, health, and social resources, key informants were asked to select the top three strengths in the communities they serve. An option to “write in” any resource not included on the list was provided. The top responses are depicted in the table below. The table is rank ordered by the percentage of respondents that selected the resource as a top three community strength.

Available social services and good schools were most commonly seen as the top strengths in South Central PA. About one-third of respondents indicated safe neighborhoods, access to healthcare services, and community connectedness as top community strengths.

### Top Community Strengths

Ranking	Community Strength	Informants Selecting as a Top 3 Community Strength	
		Percent*	Count
1	Available social services	42.4%	14
2	Good schools	36.4%	12
3	Safe neighborhoods	30.3%	10
4	Access to healthcare services	27.3%	9
4	Community connectedness	27.3%	9
6	Employment opportunities	24.2%	8
7	Strong family life	21.2%	7
8	Resources for seniors	12.1%	4
9	Clean environment	9.1%	3
9	Healthy behaviors and lifestyles	9.1%	3
9	Recreation resources	9.1%	3
9	Walkable, bike friendly communities	9.1%	3

\*Key informants were able to select up to three community strengths. Percentages do not add up to 100%.

### Health Concerns

Key informants were asked to similarly select what they perceived as the top three health concerns and contributing factors impacting the population(s) they serve. An option to “write in” any health issue or contributing factor not included on the lists was provided. The top responses are depicted in the tables below. The tables are rank ordered by the percentage of respondents that selected the issue or contributing factor as a top three concern.

Approximately two-thirds (67%) of informants indicated mental health conditions among the top three health concerns for the region. About 45% also indicated substance use disorder (SUD) as a top community health issue. Overweight/Obesity was the next most common concern indicated by 33% of survey participants.

Just over one-quarter of respondents acknowledged aging-related problems as a top concern. Approximately 1 in 5 residents across South Central PA is age 65 or over, a higher proportion than the national average. All four counties in the region have a higher median age than the nation, and all counties except Dauphin have a higher median age than the state.

Just under one-quarter of respondents identified racial and ethnic disparities as one of the top three health concerns for South Central PA. While the region overall is less diverse compared to state and national benchmarks, people of color in almost all counties experience significant disparity compared to the White population. This disparity is more pronounced in Dauphin County, particularly Harrisburg, which benefits from greater population diversity.

### Top Health Concerns Affecting Residents

Ranking	Health Concern	Informants Selecting as a Top 3 Health Concern	
		Percent*	Count
1	Mental health conditions	66.7%	22
2	Substance use disorder	45.5%	15
3	Overweight/Obesity	33.3%	11
4	Aging-related problems	27.3%	9
5	Racial/Ethnic disparities	24.2%	8
6	Dental problems	15.2%	5
6	Diabetes	15.2%	5
8	Child abuse/neglect	9.1%	3
8	Domestic violence	9.1%	3
8	Vaping/E-cigarette use	9.1%	3
8	Other**	9.1%	3

\*Key informants were able to select up to three health concerns. Percentages do not add up to 100%.

\*\*Other concerns: Behavioral health services, homelessness, access to care.

Results were more varied with regard to the top contributing factors for health concerns. Respondents were most agreed that poverty was a top contributor with about 36% of informants choosing this factor. Less than one-third agreed that drug/alcohol use was a factor; and just under one-quarter saw health habits and transportation as key contributors. A little more than 20% chose health literacy as a top issue.

### Top Contributing Factors to Community Health Concerns

Ranking	Contributing Factor	Informants Selecting as a Top 3 Contributor	
		Percent*	Count
1	Poverty	36.4%	12
2	Drug/Alcohol use	30.3%	10
3	Health habits (diet, physical activity)	24.2%	8
3	Lack of transportation	24.2%	8
5	Health literacy (ability to understand health information)	21.2%	7
6	Ability to afford healthcare	18.2%	6
6	Lack of health insurance	18.2%	6
6	Stress (work, family, school, etc.)	18.2%	6
9	Availability of healthcare providers	15.2%	5
9	Housing quality/stability	15.2%	5

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

## Missing Resources

Key informants were asked what resources are missing in the community that would help residents optimize their health. Respondents could choose as many options as they saw as needed. An option to “write in” any resource not included on the list was provided.

Consistent with mental health conditions as the top identified community health concern for the region, mental health services were named by 73% of respondents as a missing resource. About 50% of respondents saw transportation among the top three needs in the community, followed by affordable housing by about 42% of the responses. SUD ranked lower in missing services (5<sup>th</sup>) compared to being the #2 community health concern. This trend may indicate respondents’ awareness of available capacity for these services.

**Top Missing Resources within the Community to Optimize Health**

Ranking	Resource	Percent of Informants	Number of Informants
1	Mental health services	72.7%	24
2	Transportation options	48.5%	16
3	Affordable housing	42.4%	14
4	Substance use disorder services	39.4%	13
5	Dental care	30.3%	10
5	Health and wellness education and programs	30.3%	10
7	Community support groups	21.2%	7
7	Multi-cultural or bilingual healthcare providers	21.2%	7
9	Adult education (GED, training, work force development)	18.2%	6
9	Community health screenings (blood pressure, cancer risk, stroke, etc.)	18.2%	6
9	Early childhood education	18.2%	6
9	Outlets for physical activity (parks, rec centers, gyms, walking trails, etc.)	18.2%	6
9	Social services assistance (housing, electric, food, clothing)	18.2%	6

## Social Determinants of Health

The US Department of Health and Human Services’ Healthy People initiative defines social determinants of health (SDoH) as, “The conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality of life outcomes and risks.”

Informants were asked to rate select SDoH dimensions, as well as overall quality of life, based on perceived trends in the community over the past 3-5 years. Statements were rated on a scale of (1) “declined” to (3) “improved.” Key informants’ responses are outlined in the table below; SDoH are rank ordered by mean score.

According to survey responses, overall quality of life in South Central PA has been largely consistent (67%) over the past 3-5 years; similar percentages of informants indicated it improved (18%) or declined (12%). Survey participants perceived the greatest progress occurred in addressing “health and healthcare” and the “neighborhood and built environment.” Approximately one-quarter of respondents indicated that these dimensions improved over the past 3-5 years.

Other SDoH dimensions were largely seen as stagnant or declining. “Social and community context” was identified as declining by 58% of informants. “Economic stability” and “housing opportunity” were seen as declining by 45.5% and 42% of informants, respectively. These findings may be indicative of the recent emphasis on historical and systemic racial inequities, the economic impact of COVID-19, and a growing need for affordable housing.

### Quality of Life and Social Determinants of Health: Perceived Trends

	Improved (3)	Stayed the Same (2)	Declined (1)	Don't Know/NA	Mean Score
<b>Quality of Life</b> , defined as the general well-being of individuals and communities	18.2%	66.7%	12.1%	3.0%	2.00
<b>Social Determinants of Health</b>					
<b>Health and healthcare</b> (access, cost, availability, quality)	25.0%	59.4%	12.5%	3.1%	2.06
<b>Neighborhood and built environment</b> (access to healthy foods, sidewalks, open spaces, transportation)	24.2%	60.6%	9.1%	6.1%	2.03
<b>Education</b> (high school graduation, enrollment in higher education, language/literacy, early childhood education and development)	18.2%	63.6%	12.1%	6.1%	1.94
<b>Economic stability</b> (poverty, food security, employment, housing stability)	18.2%	33.3%	45.5%	3.0%	1.67
<b>Housing opportunity</b> (quality, cost, availability)	3.0%	48.5%	42.4%	6.1%	1.48
<b>Social and community context</b> (social cohesion, civic participation, perceptions of discrimination and equity, incarceration/institutionalization)	9.1%	27.3%	57.6%	6.1%	1.48

Informants were asked to share open-ended feedback regarding community health and well-being for the populations they serve. Many informants spoke to the impact of COVID-19 on the community, as well as social determinants of health, particularly affordable housing. Verbatim comments by key informants are included below.

- > *“Affordable housing in the biggest need for low-income individuals and families. Lack of housing effects their health.”*
- > *“Covid-19 epidemic, state shutdowns, job loss, and rioting have caused a downturn in the mental, physical and economic health of our communities over the last six months. If you take out those last six months things showed significant improvement.”*
- > *“I definitely believe we must help people to be the best they can be by helping them realize their potential through healthy lifestyles, higher wages, adequate housing, easy access to healthcare and education.”*
- > *“Sadler Health Center and Hamilton Health Centers are now very accessible to county residents. Both are FQHCs.”*
- > *“Social determinants of health that limit the availability of quality jobs with family sustaining wages, affordable housing and child care for hard working adults continue to limit the health of community members who live on fragile budgets. These kinds of chronic financial stresses affect mental health, physical health, substance use and our community's ability to improve our culture of health. Additionally, we need to ensure that everyone has the resources, time and knowledge to embrace a healthy lifestyle.”*
- > *“Some responses may have been different pre-pandemic.”*
- > *“There continues to be a lack of sufficient providers for dental issues.”*

### **Community Engagement and Partnerships**

Key informants were asked to rate their agreement to statements pertaining to community partnerships and engagement of diverse stakeholders and residents. Statements were rated on a scale of (1) “strongly disagree” to (5) “strongly agree.” Key informants’ responses are outlined in the table below in rank order by mean score.

Approximately 72% of informants “agreed” or “strongly agreed” that they regularly partner with hospital providers on health improvement initiatives. Approximately two-thirds of informants “agreed” or “strongly agreed” that area hospitals welcome partnership opportunities with health and social service providers, and vice versa. These factors received the highest mean scores by key informants.

Approximately 59% of key informants “agreed” or “strongly agreed” that health and social service providers effectively collaborate to address health needs, while 22% of informants “disagreed” or “strongly disagreed” that providers effectively collaborate. Informants saw the greatest need to improve how partners garner resident feedback or engage residents when

developing health improvement initiatives. Approximately 31% of informants “disagreed” or “strongly disagreed” that residents are actively engaged in health initiatives.

**Community Engagement and Partnership Indicators in Descending Order by Mean Score**

	<b>Strongly Disagree (1)</b>	<b>Disagree (2)</b>	<b>Neither agree nor disagree (3)</b>	<b>Agree (4)</b>	<b>Strongly Agree (5)</b>	<b>Mean Score</b>
My organization regularly partners with the local hospital(s)/health system(s) on health improvement initiatives.	6.3%	12.5%	9.4%	37.5%	34.4%	3.81
The hospital(s)/health system(s) located in the community I serve welcome partnership opportunities with surrounding health and social service providers.	6.3%	9.4%	18.8%	31.3%	34.4%	3.78
Health and social service providers in the community I serve welcome partnership opportunities with surrounding hospital(s)/health system(s).	9.4%	6.3%	15.6%	37.5%	31.3%	3.75
If I want to collaborate with the hospital(s)/health system(s) located in the community I serve, I know who to contact.	9.4%	18.8%	6.3%	34.4%	31.3%	3.59
Health and social service partners in the community I serve effectively collaborate to address health needs.	3.1%	18.8%	18.8%	53.1%	6.3%	3.41
Health and social service partners in the community I serve garner resident feedback or engage residents when developing health improvement initiatives.	3.1%	28.1%	25.0%	40.6%	3.1%	3.13



Key informants were asked what they perceived as barriers to health and social service partnerships within their communities. Respondents could choose as many barriers as applied. Lack of operating support was the #1 perceived barrier, identified by 50% of informants. Other top identified barriers, selected by 31%-37.5% of informants, included ability to demonstrate outcomes, inconsistent service areas or geographic boundaries, and lack of shared data or measurement tools.

### Top Perceived Barriers to Community Collective Impact Partnerships

Ranking	Barrier	Percent of Informants	Number of Informants
1	Lack of operating support	50.0%	16
2	Ability to demonstrate outcomes	37.5%	12
3	Inconsistent service areas or geographic boundaries	34.4%	11
4	Lack of shared data or measurement tools	31.3%	10
5	Ability to get local leaders to work together (competition, varying agendas)	28.1%	9
6	Lack of backbone structure or leadership	25.0%	8
6	Lack of consistent or timely communication	25.0%	8
8	Lack of agreement on the functions or management of the partnership	21.9%	7
9	Lack of agreement on partnership structure or roles	18.8%	6
10	Lack of agency leadership engagement (support, commitment to act)	15.6%	5

Informants provided the following comments related to community partnerships and engagement:

- > *“Our legislature and Governor and local leaders need to work better together to help people instead of focusing on what works best for them in their positions. People need to be more open to change and have more commitment to help others.”*
- > *“Our social service agencies are stretched thin. Staff are always willing to meet and talk but garnering additional action and work from small nonprofits and government agencies that are already stretched thin can be hard. How can our health systems further invest to support this kind of strategic collective impact/community building work?”*
- > *“Partnership for true community based quality improvement issues is vital. Often that is challenged by the ability of partners and providers to have the structure and resources necessary to do so effectively. Within our scope of focusing on those 65+ and particularly those with cognitive concerns, we know there are well-documented challenges in detection and diagnosis, particularly in primary care and community settings. Geisinger’s Memory Clinic staff have been incredibly engaged leaders and partners but overall sites and departments throughout the system are not and quite often any willingness or responsiveness to further discussions is met with silence or significant institutional barriers that make true partnerships difficult to advance.”*

- > *“The Perry County Health Coalition has been in existence since 2013 with a membership of about 60 agencies and healthcare providers. There is still a lot to accomplish, but we have been making significant steps.”*
- > *“We can't change the world with one year of funding, nor can we tackle and achieve long-term outcomes that way. Also, hospital systems say they want to partner, but their idea of partnering is re-creating the wheel and becoming competitors for scarce resources for needs already being met by other nonprofits.”*

### COVID-19 Response and Recovery

COVID-19, named as a novel coronavirus discovered in Wuhan China in December 2019, caused a worldwide pandemic, resulting in nearly one million deaths worldwide (as of the printing of this report) and global economic impact. New insights are derived daily during this dynamic situation and the CHNA partners will continue to learn from data collected throughout the pandemic.

Key informants were asked to rate the extent to which their organization is worried about the long-term impact of the COVID-19 health crisis on communities and residents. Ratings were based on a scale of (1) “not at all worried” to (5) “very worried.” Key informants’ responses are outlined in the table below in rank order by mean score.

Mean score findings indicate that key informants were “somewhat” to “moderately” worried about the long-term impact of COVID-19 on communities and residents. Approximately 80% of informants indicated that they were “moderately” or “very worried” about the impact of COVID-19 on community financial health, the mental and emotional health of residents, the well-being of the elderly, and the well-being of healthcare workers.

**Perceived Level of Worry for the Long-Term Impact of COVID-19 on Communities and Populations in Descending Order by Mean Score**

	Not At All Worried (1)	Slightly Worried (2)	Somewhat Worried (3)	Moderately Worried (4)	Very Worried (5)	Mean Score
Community financial health	0.0%	6.3%	15.6%	15.6%	62.5%	4.34
Mental and emotional health of residents	0.0%	6.3%	12.5%	31.3%	50.0%	4.25
Well-being of the elderly	0.0%	9.4%	12.5%	28.1%	50.0%	4.19
Well-being of healthcare workers	3.1%	9.4%	9.4%	34.4%	43.8%	4.06
Well-being of racial and ethnic minority groups	0.0%	15.6%	15.6%	34.4%	34.4%	3.88
Well-being of young people	6.3%	25.0%	15.6%	25.0%	28.1%	3.44
Trust in public health institutions and information	18.8%	21.9%	15.6%	15.6%	28.1%	3.13

COVID-19 has created new challenges for engaging residents in their health and well-being, and has highlighted longstanding inequities that perpetuate disparities among people of color and within vulnerable communities. Health and social service providers have the opportunity to apply lessons learned from COVID-19 to future efforts to better engage residents and promote sustained changes for community health.

Key informants were asked to share how their organization is effectively engaging community residents during COVID-19. Many informants spoke to the increased use of technology and social media to provide virtual learning and service environments, community education and awareness campaigns, increased support for social needs and safety net providers, and cross-sector partnerships to better understand COVID-related needs and disseminate available information and resources.

- > *“All services remain in operation except the Senior Action Center due to the high-risk population served.”*
- > *“Community service announcements, availability of testing, keeping families informed, announcements on patient portals, and extremely active and advanced team of laboratory clinicians using the most sophisticated and rapid testing, and so on.”*
- > *“Discussions and coordination with other organizations such as HHS (federal) deputy, Perry County Healthcare Coalition, Partnership for Better Health, and others has helped.”*
- > *“Holding regular COVID zoom meeting with our partners in Perry County. Providing updates on services available, continuing to improve access to healthcare. Including school districts in our calls. Recent collaboration with local school district and Sadler Health Center to initiate a school based health center.”*
- > *“Launched several initiatives aimed at helping businesses, schools, and community organizations reopen, as well as served as the trusted healthcare partner to disseminate info on COVID.”*
- > *“Over the summer we did a lot of virtual programming for our campers to increase engagement.”*
- > *“Providing programming and services to help meet the needs of patients, members, and communities to help them successfully navigate through this challenging time. Engaging with CBOs and forming partnerships and formalized referral options in conjunction with newly introduced tech support (Neighborly). Doing "check in" appointments and making sure we are embedding questions during appointments to better understand if any concerns or issues.”*
- > *“Providing teaching during nursing visits, handing out soap and water to wash hands, handing out masks.”*
- > *“Provision of information on COVID-19, provision of PPE, and use of facility as testing site.”*
- > *“Requiring masks of all visitors, prohibiting visitors from staying longer than two hours, continually disinfecting building and surroundings, requiring tests of possible cases.”*

- > *“We are a conduit of information to our businesses and communities. We help connect resources and needs.”*
- > *“We are educating our families and supporting them during this time with food and support for their children by way of educational supplies and access to internet.”*
- > *“We are making over \$900,000 in grants available to health and human service nonprofit organizations serving our region. We have done neighborhood mask and CDC information distributions. Each of our community coalitions has shifted their focus to strategizing and sharing up-to-date information about COVID-19. Over the past three months, we convened and led a new South Central Contact Tracing Consortium with the PA Department of Health and area health systems, FQHC's, nonprofits, and more.”*
- > *“We are using social media as a tool and posting more information online. We also have received CARES funds to support our local community in getting their immediate housing and social services needs met.”*
- > *“We collaborate with all of our community partners to provide as many services as possible. We take the programs and services to the individuals.”*
- > *“We have continued in-person visits with PPE for Adult and Child Protective Services, Crisis Outreach and Homeless Outreach. We incorporated telehealth and video conferences into casework and case management across all human service systems. We have virtual meetings with numerous stakeholder groups and have added COVID-19 related task forces, comprised of community members.”*
- > *“We have raised over \$250,000 to provide grants to non-profits to help them pay the costs to keep their clients protected from the virus.”*
- > *“We hold monthly COVID-19 update Zoom calls for Perry County non-profits, agencies, school districts, and healthcare providers.”*
- > *“Working with care managed older adults to monitor status.”*

Additionally, informants were asked to share how hospitals and community partners can effectively collaborate to address health and social disparities highlighted by COVID-19. Informants provided the following suggestions:

- > *“By working together and not trying to outdo each other. Competition is good, but do we need all the hospitals we are going to have here?”*
- > *“Collaborative participation on local calls and meetings.”*
- > *“Consistent and clear communication between all affected parties.”*
- > *“Continued synergy is critical as we look to continue to provide services and programs to meet the needs for our communities.”*
- > *“Engaging at-risk groups to stress the importance of preventive measure.”*

- > *“Geisinger launched Neighborly as an easy-to-use social care platform that can help connect our neighbors to free and reduced-cost programs and services in the community. Since March 2020, over 600 people from various community organization participated in training regarding the platform.”*
- > *“Continue to educate the public about safety measures. Continue to ensure people have access to basic health services. Develop a masterful plan for vaccine distribution and vaccine education. Begin to pay much more attention to the needs of the middle class, for whom previously stable incomes and jobs are beginning to unravel. How do people who have never relied on social services before know how to gain access to them? Lobby Congress for additional CARES Act and Paycheck Protection supports. Recognize that our young people in middle adolescence (grades 5 to 10) are an especially high risk population—all the virtual learning has substantially increased their isolation and intensified their exposure to social media. For this age group that is already entrenched in peer comparisons, this is a quietly seething yet huge problem in the making. For adolescents, it puts at risk their mental health, physical health, cognitive functioning, social and emotional growth, and risk of addiction. If there is no PA Youth Risk Behavior Survey this year, how and when will we even know if harm is being done? Could school counselors be surveyed about what they're seeing, in real time? Plenty to worry about and plenty to act upon.”*
- > *“Hire additional mental health treatment staff; work to develop strong partnerships with the local first responder community including crisis intervention, police, and EMS.”*
- > *“I feel that telehealth is key for our communities in this period of time. It allows access to healthcare without risk to others.”*
- > *“Keep working together and meet people where they are at. Build relationships.”*
- > *“More testing with speedy reports.”*
- > *“Not only do we need funding, but we need VOLUNTEER SUPPORT! Volunteers are vital to our services!”*
- > *“Outreach to communities of color, different modalities of communication especially to those without internet access, outreach to rural communities, providing solid scientifically evidenced-based advice to schools, businesses, and others.”*
- > *“Provide acute, scientific information to residents. Provide testing within the county to eliminate travel concerns for residents.”*
- > *“The partners need to provide the education and PPE needed in the communities.”*
- > *“We cannot reinvent the wheel. We need to partner together and share our individual expertise. The hospital could collaborate with local non-profits to have questions answered and to be available in the event of an outbreak.”*

## Appendix A: Public Health Secondary Data References

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## Appendix B: Public Health Data Summary

The following table highlights key public health data findings for South Central PA. A “red” finding indicates an area of opportunity, while a “green” finding indicates an area of strength, in comparison to state and national benchmarks. Arrows indicate increasing (▲) or decreasing (▼) trends, as demonstrated in this report.

**Public Health Data Summary**

	Cumberland County	Dauphin County	Perry County	York County	PA	US
<b>Access to Healthcare</b>						
Total Uninsured (2014-2018)	5.8% ▼	5.9% ▼	9.0% ▼	5.6% ▼	6.2%	9.4%
Black uninsured	11.9%	9.0%	16.7%	8.6%	8.7%	10.8%
Latinx uninsured	9.0%	9.9%	14.1%	15.2%	14.4%	19.2%
Medicaid insured (2014-2018)	11.3%	20.3%	15.5%	17.5%	18.9%	20.1%
Primary care providers per 100,000 (2017)	92.4	108.1 ▲	28.2 ▼	69.3	80.8	75.2
Dentists per 100,000 (2018)	71.6	75.4 ▲	19.5	52.9 ▲	69.0	69.0
Potentially Preventable Hospitalizations per 10,000 (FY2019)	102.5	142.0	138.1	130.7	150.8	NA
<b>Chronic Disease and Health Risk Factors</b>						
Adult smoking (2017)	16.4% ▲	18.5% ▲	17.1% ▲	16.2% ▲	18.8%	17.1%
Adult obesity (2017)	26.2% ▼	33.0% ▼	29.3% ▲	30.3% ▼	30.8%	31.3%
Adult physical inactivity (2017)	19.0%	22.7%	21.8%	19.9%	23.9%	25.6%
Adult diabetes (2017)	9.8% ▲	9.1% ▼	6.3% ▼	10.7%	9.0%	8.5%
Heart disease death <sup>1</sup> (2018)	171.9 ▼	175.8 ▼	162.7 ▼	145.2 ▼	176.1	163.6
Black (2016-2018)	181.1	219.8	NA	151.5	221.1	203.8
Latinx (2016-2018)	NA	148.6	NA	89.4	109.1	114.0
Cancer death <sup>1</sup> (2018)	141.9	148.4 ▼	169.3 ▼	158.8 ▲	156.6	149.1
Black (2016-2018)	110.0	197.1	NA	153.5	192.4	173.0
Latinx (2016-2018)	NA	136.3	NA	122.0	109.7	108.5
CLRD <sup>2</sup> death <sup>1</sup> (2016-2018)	37.5 ▲	29.7	48.5 ▼	29.8 ▼	36.3	40.4

<sup>1</sup> Death per age-adjusted 100,000.

<sup>2</sup> Chronic Lower Respiratory Disease (e.g. asthma, COPD, emphysema).



**Public Health Data Summary, cont'd**

	Cumberland County	Dauphin County	Perry County	York County	PA	US
<b>Behavioral Health</b>						
Mental health providers per 100,000 (2019)	197.7 ▲	225.2 ▲	32.5 ▲	117.1 ▲	206.5	250.0
Mental disorders hospitalizations per 10,000 (2018)	68.7	99.2	62.4	78.6	88.8	NA
Suicide death <sup>1</sup> (2016-2018)	13.5	14.2	23.7 ▲	18.2	14.9	13.9
Adult excessive drinking	20.2% ▲	18.8%	20.3%	17.7%	19.2%	19.0%
Opioid overdose hospitalizations per 10,000 (2018)	17.2	23.1	31.6	30.0	25.1	NA
<b>Maternal and Child Health</b>						
Teen births (2018)	2.7%	5.0%	4.9%	4.2%	4.1%	4.7%
First trimester care (2018)	70.0% ▼	71.1%	64.5% ▼	73.9% ▼	73.9%	77.5%
Black	49.3%	61.6%	NA	62.8%	64.6%	67.1%
Latina	59.0%	64.7%	NA	63.8%	65.3%	72.7%
Low birth weight (2018)	6.8% ▼	9.2%	6.9%	8.3%	8.3%	8.3%
Preterm births (2018)	8.0% ▼	10.4%	7.1%	9.7%	9.5%	10.0%
Breastfeeding (2018)	82.7% ▼	82.4% ▼	81.7% ▼	81.0% ▼	81.9%	83.5%
Non-smoking during pregnancy (2018)	90.5% ▲	90.1% ▲	86.1% ▲	89.8% ▲	89.6%	93.5%
<b>Aging Population Age 65 or Over</b>						
Two or more chronic conditions (2017)	74.4% ▲	71.2% ▲	73.2%	73.4% ▼	72.2%	68.8%
Alzheimer's disease	11.7%	12.6%	11.1%	11.0%	12.2%	12.1%
Depression	16.4%	15.0%	17.2%	17.1%	16.1%	15.4%
Diabetes	25.4%	27.5%	29.2%	27.5%	26.6%	27.4%
High cholesterol	52.6%	46.2%	53.0%	48.6%	47.6%	43.0%
Hypertension	64.7%	62.4%	65.4%	64.5%	62.3%	59.9%
Living alone (2014-2018)	12.1% ▲	11.9% ▲	11.4% ▲	11.0% ▲	12.6%	10.7%
<b>Youth Health</b>						
Obesity (Grades 7-12, 2017-2018)	17.4%	22.5% ▲	22.0%	20.2% ▲	19.5%	NA
Asthma diagnosis (2017-2018)	10.8%	12.8%	6.8%	11.6%	11.3%	NA
Sad or depressed most days (2019)	39.7% ▲	39.6%	41.2%	39.3%	38.0%	NA
E-cigarette use (2019)	16.1% ▲	15.1%	16.4%	16.2%	19.0%	NA
Alcohol use (2019)	13.4%	13.2% ▼	15.6% ▼	13.0%	16.8%	NA

<sup>1</sup> Death per age-adjusted 100,000.

## Appendix C: Key Informants

A Key Informant Survey was conducted with 33 community representatives. The organizations represented by key informants, and their respective role/title, included:

Key Informant Organization	Key Informant Title/Role
Alzheimer's Association	Executive Director
Camp Hill Fire Department	Assistant Chief
Camp Victory	Camp Director
Cumberland-Perry Mental Health, Intellectual & Developmental Disabilities	Administrator
Cumberland County Aging and Community Services	Director
Cumberland County Housing and Redevelopment Authorities	Executive Director
Dauphin County Drug & Alcohol	Administrator
Dauphin County Human Services	Human Services Director
Family Promise of Harrisburg Capital Region	Executive Director
Geisinger Health System	Community Benefit Coordinator
Geisinger Health System	Marketing Specialist
Geisinger Health System	Director Tax Services
Geisinger Health Plan	Senior Director, Health and Wellness
Geisinger Health System	Vice President, Health Innovation
Geisinger Holy Spirit	Director, Medical Outreach
Geisinger Holy Spirit	Medical Director of the GHS Medical Group
Geisinger Holy Spirit	Associate Chief Medical Informatics Officer
Geisinger Holy Spirit	Administrative Director
Harrisburg Area YMCA	Executive Director of Chronic Disease
Joseph T. Simpson Public Library	Executive Director
MidPenn Legal Services	Coordinated Intake
MidPenn Legal Services	Staff Attorney
Partnership for Better Health	Executive Director
Penn State	Project Manager
Penn State Extension/Nutrition Links	Nutrition Education Adviser
Pennsylvania Office of Rural Health	Director and Outreach Associate Professor of Health Policy and Administration
Perry County Health Coalition	Consultant to this coalition since 2016
Perry County Health Coalition	Chairperson
Safe Harbour	President/Chief Executive Officer
The Foundation for Enhancing Communities	President/Chief Executive Officer
The Salvation Army	Business & Development Associate
Tri County Community Action	Executive Director
West Shore Chamber of Commerce	President/Chief Executive Officer