WELLSPAN® HEALTH

2023–2025

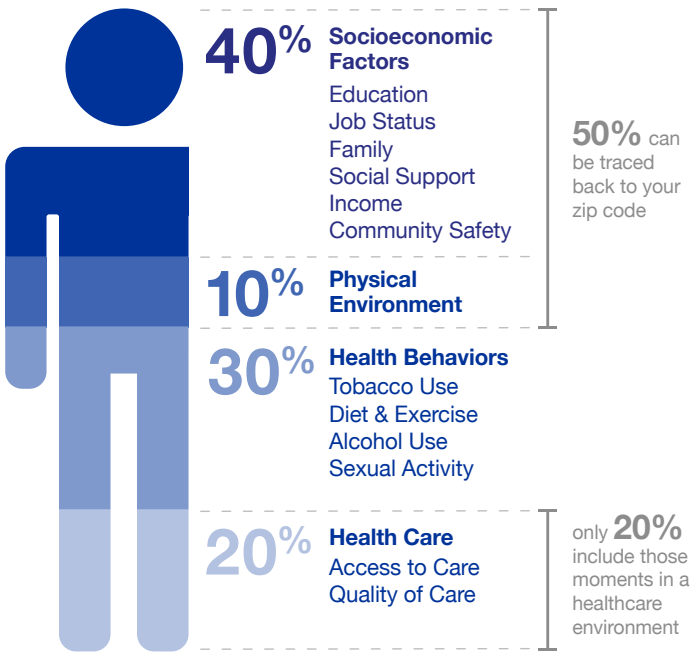
Community Health Improvement Plan

Inspiring Healthy Communities

Growing together to be our healthiest.

WellSpan

- Medical Group
- Chambersburg Hospital
- Ephrata Community Hospital
- Gettysburg Hospital
- Good Samaritan Hospital
- Philhaven
- Surgery & Rehabilitation Hospital
- VNA Home Care
- Waynesboro Hospital
- York Hospital



Adapted from ProMedica National Social Determinants of Health Institute. Source: Institute for Clincal Systems Improvement. Going Clinical Wall: Solving Complex Problems (October 2014)

Introduction

As our region's most comprehensive health system, we are humbled that our friends in Adams, Franklin, Lancaster, Lebanon and York counties entrust their good health—and the health of their families—to us. WellSpan Health understands that good health is more than exceptional healthcare. It starts in the communities in which we live, work and play. Every day across South Central Pennsylvania, the people of WellSpan Health work together to support our mission. These collaborative efforts positively impact one patient, one community, one unique health care need at a time.

A person's health is influenced by education, income, employment, physical environment and personal health behaviors. WellSpan strives to not only take care of people when they are ill but to help them stay healthy. This approach means addressing health factors beyond the walls of our facilities and embracing a model of community health that has a social determinants of health focus.

WellSpan aims to be a catalyst for community change by collaborating with partners to address the social, demographic, behavioral, and economic issues facing our neighbors and communities. We know we can't do this alone. That's why we work with our friends and neighbors throughout the region to identify community health needs and address them.

WellSpan Values

Respect for All
Working as One
Assume Positive Intent
Do the Right Thing
Find a Better Way

WellSpan puts our values into action to perform this important work. We are committed to respecting everyone as we seek to better know and appreciate our community. Under the Community Health Improvement Plan, our team members and community partners work as one to better meet the needs of those we serve. We strive to do the right thing by earning people's trust and confidence. The priorities outlined in this plan demonstrate WellSpan's relentless pursuit of finding a better way to serve our communities. In partnership with you, WellSpan can improve health through exceptional care for all, lifelong wellness, and healthy communities.

WellSpan's Community Health Improvement Plan:

- Reinforces our commitment to being a trusted partner who uses diverse opinions and data sources to understand the complex health needs of South Central Pennsylvania, specifically those within the WellSpan service area.
- Uses health data and insights from thousands of community members in meaningful ways to reimagine healthcare.
- Advances our focus on diversity and health equity to inspire health for our communities.

The 2022 Community Health Needs Assessment was conducted at a pivotal time, from the fall of 2021 to the spring of 2022. It captured ongoing health trends while also exploring the complexities of living during a pandemic. The Center for Opinion Research at Franklin & Marshall College in Lancaster, Pennsylvania serves as WellSpan's consultant in this work and prepared the findings.

Previous Community Health Improvement Plan and Needs Assessments can be found online.

Infrastructure for Improving Community Health

Infrastructure Priorities

- Develop strong community partnerships
- Be a voice for change through policy and advocacy
- Build a community health metric dashboard
- Advance learning on root cause issues, anchor network strategies to build healthy communities

Organizational Engagement & Shared Responsibility

- WellSpan Board of Directors
- WellSpan Management Teams
- WellSpan Community Health Action Plans
- WellSpan Community Health & Engagement
- County Health Coalitions
- Program Champions / Leaders

Ongoing Needs Assessment

- Community Health Survey (3 years)
- Interim data assessments
- Ongoing data monitoring
- Focus groups and key informant interviews

Reporting and Accountability

- Community Benefit Database
- Community Benefit Report
- Communication Plan

Mission

Working as one to improve health through expectational care for all, lifelong wellness and healthy communities.

Objectives

Be a catalyst and leader in health equity — collaborating with community partners to address the social, demographic, behavioral and economic/poverty issues facing our neighbors and communities, to positively impact healthy community indicators and to reshape our care models to understand and develop interventions to support cultural, social and behavioral issues which impact health.

Maintain and fulfill WellSpan's mission as a charitable, nonprofit organization by providing necessary care for all, regardless of ability to pay; sponsoring services which are difficult to sustain financially, but necessary to the health and well-being of the community, identifying unmet community health needs and developing approaches to meet them.

Care for All

Ensure access and quality of care for patients by identifying and reducing disparities and barriers to care.

FY23- FY25 Priorities

- Re-engage our community in preventive care, well visits, and chronic disease management post-pandemic.
- Develop and maintain a strong safety net of services and programs which address access and financial barriers to care for vulnerable populations.
- Improve health equity by addressing gaps in access to care faced by members of our diverse communities

Mental Well-being

Support personal well-being and whole person health by making it easier for people to recognize and get support for mental health and addiction issues.

FY23- FY25 Priorities

- Build mental well-being and resiliency in our community.
- Decrease the number of community members experiencing poor mental health and address issues of despair (grief and suicide) exacerbated by the pandemic.
- Continue ongoing efforts to address opioid misuse while assessing emerging trends, such as vaping and other substance misuse.

Social Determinants of Health

Develop and implement new approaches for collaborating with community-based organizations to impact the most pressing social determinants of health (SDoH) affecting our patients and community.

FY23- FY25 Priorities

- Advance navigation and support between our care teams and community programs.
- Address Food and Housing insecurities as system-wide health issues through expansion of social programs and community partnership advancement.
- Improve the collection of SDoH patient data to build approaches designed to prevent poor health outcomes within specific patient populations.

Healthy Communities

Create healthy, safe communities and ensure our youngest community members and next generation can thrive and grow.

FY23- FY25 Priorities

- Ensure children (ages 0-6) get a healthy start and are ready to thrive as they approach kindergarten.
- Complete gap analysis of public health functions across our community and identify opportunities for WellSpan engagement and support.
- Advocate for and partner to support public health planning, infrastructure, and community health programs to advance community preparedness.
- Actively support coalitions and community partnerships to drive community health goals.

Core Principles

Adoption of a broad population health definition • Integration of cultural competency and health literacy tenets • Emphasis on vulnerable populations and addressing unmet health-related needs • Collaboration with diverse populations and stakeholders • Focus on prevention and primary care • Establish connections between health system, family and community • Ongoing collection of data, feedback and evidence-based practices to inform decision-making

Community Health Needs Assessment Methodology

Overview Process and Scope

Assessing community health needs every three years has been instrumental to WellSpan's community health and benefit strategy since the early 1990s. Through collaboration with local health coalitions and community partners, WellSpan seeks diverse information from our community members about health, lifestyle, behaviors, access to healthcare, and other topics. The 2022 Community Health Needs Assessment provided the data necessary to implement this 2023-2025 Community Health Improvement Plan, an action-oriented plan that determines WellSpan Health's response to the community's identified needs and builds on previous assessments and improvement plans, including the most recent 2018-2019 reports.

The Community Health Needs Assessment is intended to be a data resource and tool for anyone who shares our mission to improve the health and well-being of the community.

Our overarching objectives to be a catalyst and leader in health equity and to maintain and fulfill WellSpan's mission will serve as primary drivers for developing action plans to address these priorities at the local and regional levels.

Community Health Needs Assessment Process

The key methodological tasks for a Community Health Needs Assessment are to 1) define the community in which the Community Health Needs Assessment will take place, 2) identify the major data elements and the associated data sources that will be used, 3) analyze the data to identify core themes and areas for improvement and 4) establish an implementation plan to address identified needs.

Defining the Community

The 2022 WellSpan Community Health Needs Assessment provides a representative analysis of pertinent community health issues in the South Central Pennsylvania. The assessment includes the entirety of Franklin, Adams, York and Lebanon counties as well as specific geographic areas within Lancaster County. This geographic focus encompasses the WellSpan service area and the patients, covered lives, and communities within the five-county reach of our organization. A local emphasis permits WellSpan's seven acute care hospitals and one behavioral health hospital to act on unique county attributes while maintaining a regional perspective of community health issues challenging our patients, neighbors and communities. This Community Health Improvement Plan will describe strategies which translate into tactics to address identified challenges locally and across WellSpan's entire service area.

The 2022 Community Health Needs Assessment has been expanded from a historically adult-focused approach to include data from birth through advanced age. This change permitted a robust understanding of the needs of our youngest community members and has explored the

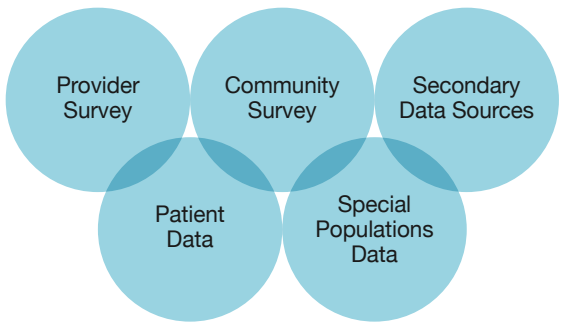
experience of aging in our community. The saturation of data in our communities makes this process more attainable, though the abundance of available data has also necessitated focus—our Community Health Needs Assessment did not seek to explore every health indicator or behavior but rather, seeks to tell a story of our communities' health and identify core themes for which we can act upon.

Many community members are disproportionately at risk of poor health outcomes because of health inequities. Our Community Health Needs Assessment strategy aligns with WellSpan's organizational approaches to address Diversity and Inclusion and Health Equity. For example, each indicator was considered with a geographic, age, race, language, gender and income/ poverty lens to identify disparities among segments of our community. The Community Health Needs Assessment also gathered data about subgroups within our community who have traditionally been underserved through healthcare including (but not limited to) Hispanic/Latino, Black/African American, Plain Community, individuals living in poverty, seniors and children.

Data Elements and Data Sources

WellSpan's 2022 Community Health Needs Assessment leveraged data from multiple data sources, including:

1. **WellSpan Health Patient Data:** Extracted from our Electronic Health Record (EHR, Epic), this de-identified aggregate data provides specific perspective on the health and well-being of WellSpan patients. This data source allows us to reinforce learnings at the local and national level by understanding consistencies among our patient population. Additionally, this data allows us to identify attributes that are unique to our patients.
2. **WellSpan Health's Provider Survey:** Created by an interdisciplinary team of physicians and leaders, this survey was administered to all physicians and advanced practice providers (i.e. Physician Assistants, Nurse Practitioners, etc.). With a 30% response rate, the survey offers insight from the provider's community concerns about community health and proposed strategies for improvement.
3. **Local, State and National Data Sources:** Leveraging the support of our consultant at Franklin & Marshall College, secondary data from local and state sources such as the Department of Health and Behavioral Risk Factor Surveillance Survey were extracted.
4. **Representative and Special Populations Community Survey:** Building on survey instruments used in previous Community Health Needs Assessments, an online and telephonic survey that is action-oriented and impact-focused was developed and administered in English and Spanish. The representative survey demonstrated the demographic distribution of the community broadly, as defined by secondary sources like the US Census Bureau. The Special Populations Survey was distributed through local health coalitions in each county and community partners in order to engage additional community members in our survey data collection, including racial ethnic minority groups who tend to be underrepresented.
5. **Special Populations Data Collection:** In addition to our routine data collection methods, which provide a community-wide perspective of strengths and challenges, a Plain Community Survey, focus groups, key informant interviews, and off-cycle exploratory data collection have permitted an opportunity to learn about groups within our community who have been marginalized and underrepresented in similar assessments.



Data Collection Process

The data collection methods of the 2022 Community Health Needs Assessment was built on foundational work from previous WellSpan Community Health Needs Assessment processes and was expanded to be more inclusive and innovative. Data collection was facilitated by the Center for Opinion Research at Franklin and Marshall College, led by Berwood Yost, director of the Center and project consultant for the 2021 Community Health Needs Assessment. Data collection started in the spring of 2021 with an analysis of demographic indicators from secondary data sources. Simultaneously, the engagement of key stakeholders and subject matter experts helped to frame core areas of focus for further exploration. Primary data collection, such as the community survey, allowed for a deeper understanding of community health needs with an action-oriented focus.

The community survey was launched in early February 2022 with 1,901 interviews completed. A notable finding through the interviewing process was the anecdotal feedback from interviewers. The interview, which was designed with the expectation of taking a respondent 15-20 minutes to complete, took an average of 34 minutes. Interviewers reported the perceived reasons for the longer interview times was linked to the enormity of the trauma and desperation they were hearing through telephonic interviews. Interviewers reported that respondents tended to talk at length with the interviewer, and frequently disclosed circumstances that prompted the interviewer to provide resources and support intermittently throughout the call.

The Special Population Community Survey was distributed through WellSpan and our local health coalitions' contacts and partners with a desire to collect a greater number of survey responses from racial ethnic minority groups, low-income individuals living in poverty and families. The survey yielded 1,445 responses.

Though not included in our Community Health Needs Assessment Report, a Plain Community Survey is currently underway. Ongoing qualitative focus groups and key informant interviews continue to add focus and direction for action. WellSpan subject matter experts helped develop this plan due to its added relevance and alignment to the strategic organizational direction.

The three-year cycle that we follow for the completion of the Community Health Needs Assessment provides ample opportunity to explore findings during "off-cycle years." As such, planning for further exploration of community members who speak languages other than English and Spanish is currently underway for off-cycle relationship building and data collection.

Respondents

	Community Survey		Special Populations Outreach Survey	
County	**Amt**	**Date Conducted**	**Amt**	**Date Conducted**
Adams	197	Jan-Mar 2022	214	Feb-Apr 2022
Franklin	283	Jan-Mar 2022	488	Feb-Apr 2022
Lebanon	279	Jan-Mar 2022	105	Feb-Apr 2022
N. Lancaster	256	Jan-Mar 2022	76	Feb-Apr 2022
York	886	Jan-Mar 2022	562	Feb-Apr 2022
Total	1901	Jan-Mar 2022	1445	Feb-Apr 2022

Reimagining our Community Health Needs Assessment

Though the 2010 Affordable Care Act mandated the completion of Community Health Needs Assessments and the development of an implementation plan or Community Health Improvement Plan, in some of our regions WellSpan had been doing this important work as a mission-driven focus for decades. The impact of COVID-19 on our communities, along with the amplification of health disparities throughout the last three years provided an opportunity for reflection.

This year, WellSpan enhanced inclusivity by increasing the number of racial ethnic minority community members engaged. This needs assessment will build on the previous data sources by expanding the list of secondary data sources utilized, adding WellSpan patient data, incorporating a survey of our Providers, and engaging more respondents in our community survey methods. A more robust qualitative process will round out data collection. Finally, we sought to gain an understanding of the profound impact COVID-19 has had on our community.

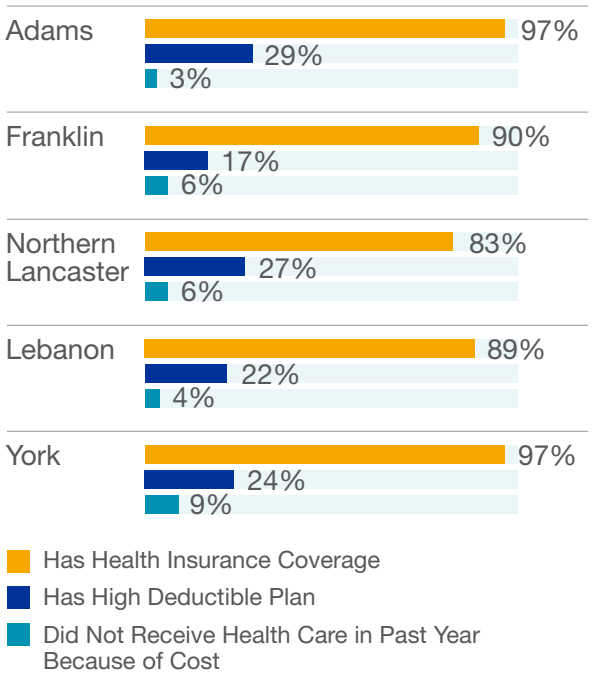
Collaborative Process

WellSpan values collaboration and will coordinate action to address identified needs with community partners and other regional health systems. At the community level, the local health coalitions in each county (Healthy Adams, Healthy York, Healthy Franklin, Northern Lancaster Hub, and the Community Health Council of Lebanon County) regularly convene local stakeholders. These coalitions capture the expertise, spirit, and commitment of many individuals, businesses, schools, social service agencies and others that are dedicated to improving the health of our communities. Each coalition has a strategic plan with priorities that align to issues identified in the community health needs assessment. Early in the 2022 Community Health Needs Assessment process, the coalition executive directors convened discussions with the community-based steering committees to inventory and map community health priorities to the themes identified in our data collection.

Many individuals contributed to the development of the Community Health Needs Assessment and Community Health Improvement Plan. Table 1 demonstrates the diverse community sectors engaged in the community health needs assessment.

Table 1

	Adams	Franklin	N. Lancaster	Lebanon	York
Behavioral Health	●	●	●	●	●
Colleges/Universities	●	●		●	●
County/Municipal Government	●	●	●	●	●
Faith-based Community	●		●	●	
Federally Qualified Heath Centers (FQHC)		●	●	●	●
Health Coalition/Partners	●	●	●	●	●
Health Care Providers	●	●	●	●	●
Philanthropic Organizations	●			●	●
Recreation Centers (YMCA/YWCA)	●	●	●	●	●
Schools (Elementary-High)	●	●	●	●	●
United Way	●	●	●		●
Human Services	●	●	●	●	●
Economic Development/Businesses	●	●	●	●	●
Community Members/Volunteers		●	●	●	●



Overall Findings/Themes

The Community Health Needs Assessment paints a picture of the health of our communities, identifies concerning trends across the region, and compares the counties that WellSpan Health services with others throughout the state. The health indicators measured by the Community Health Needs Assessment have remained mostly stable over time, though COVID-19 and other influences have impacted the trends observed most recently.

Access Indicators

Access indicators across our five-county footprint remain positive, with most residents reporting they have health care coverage and a personal physician. A growing number of residents report having a high deductible plan and the majority of community members report having a personal health care provider. Despite many favorable trends, disparities among uninsured community members demonstrate racial and ethnic variability with minority groups being disproportionately uninsured.

Data suggests that many community members delayed preventative care in the last two years; decisions that may have been influenced by the pandemic. More than a quarter of the community did not receive a routine check-up in the past year, 21% of community members who are recommended for colonoscopies received them and 10% of women over 40 years of age have never had a mammogram.

While there are many reasons for delaying care, more than 6% of our community reports “cost” as a barrier to getting necessary medical care.

Mental Well-Being

The 2022 Community Health Needs Assessment demonstrated that more than 40% of our communities’ mental health has been impacted negatively by COVID-19. Most of our community members experienced depressive symptoms within the past two weeks and nearly half of them reported at least one poor mental health day in the past month. A rising number of our community members do not believe they have adequate social and emotional support. More than a third of the community is experiencing stress because of the recent loss of a loved one.

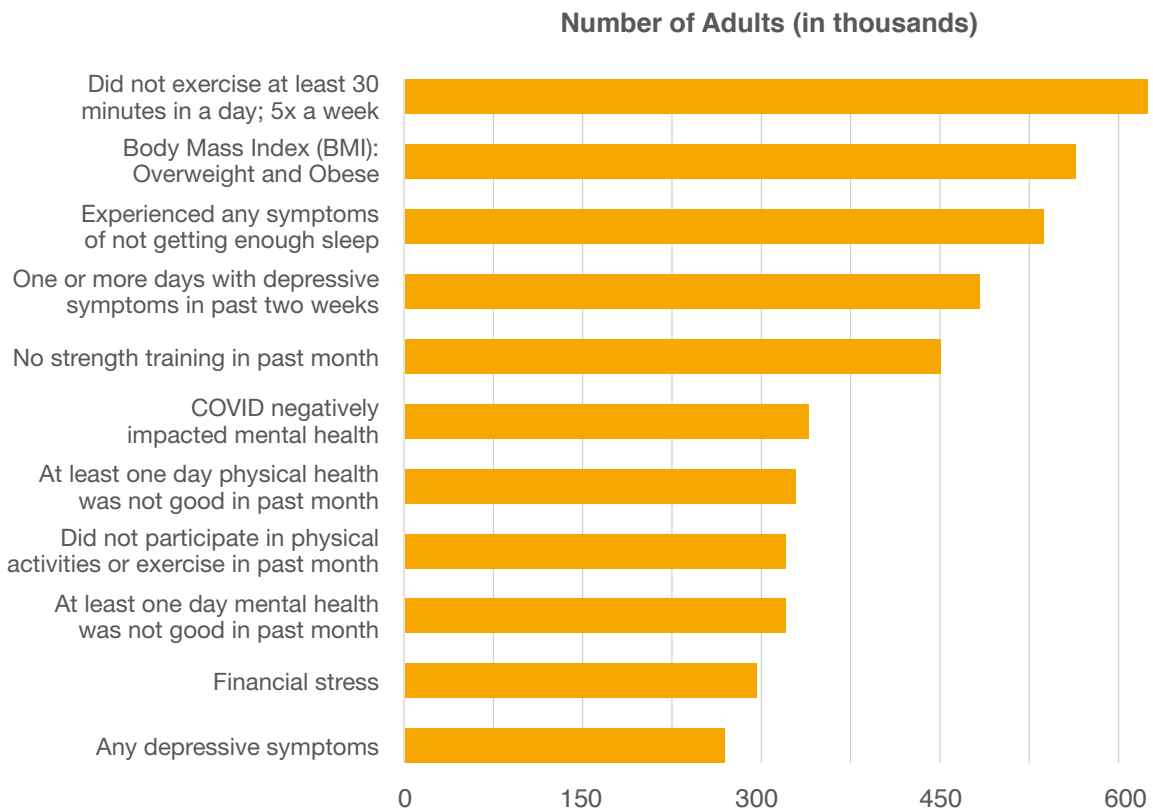
In the last few years, illegal drugs have become more dangerous with new substances (including blended drug products) being introduced. The use of electronic cigarettes or vaping has increased significantly within our communities with nearly a quarter of high school students and more than 10% of adults reporting the use of e-cigarettes.

Social Determinants of Health

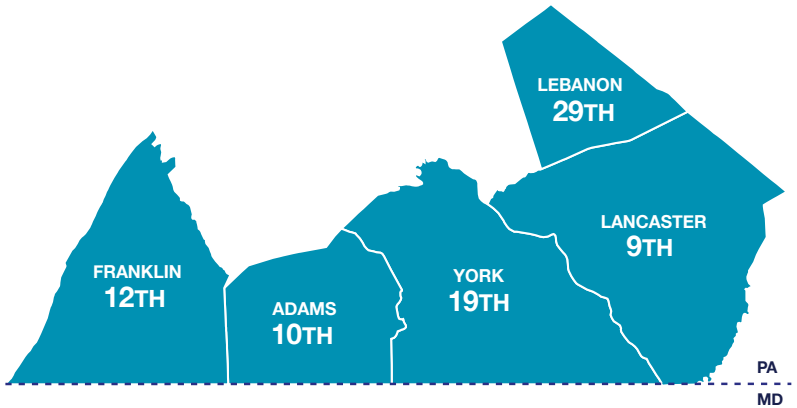
The Community Health Needs Assessment data found notable and persistent health disparities within all of the Central Pennsylvania counties served by WellSpan. These disparities are largely attributable to a set of social determinant factors.

WellSpan patient screening data shows strong correlations between food and/or housing insecurity and poor health outcomes. For example, food insecure patients are 8-10x more likely to have uncontrolled diabetes (A1C 9% or higher) and children who are food insecure are 4-6x more likely to be obese compared to the general patient population. Approximately 5% of WellSpan patients screen positive for risk of either food and/or housing insecurity and Latino/Hispanic and Black/African American patients are more than twice as likely to experience food or housing insecurities.

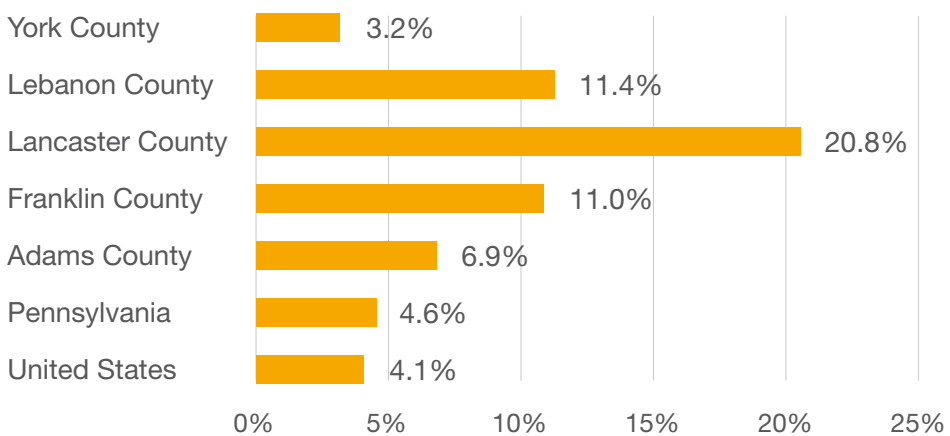
Beyond WellSpan patients, data sources shows that housing and food insecurity are complex issues affecting our community. Housing costs remain challenging, with renters disproportionately experiencing severe financial strain from housing costs. Roughly 15% of community members worry about being able to pay their bills, 9% report skipping/limiting meals and 13% indicate they have recently experienced a loss in pay. Meanwhile, economic inflation rose significantly since this data was collected and poverty rates continue to fluctuate with recent increases being observed.



2022 Robert Wood Johnson Foundation's



Percent Uninsured - Under 6 Years Old



Healthy Communities

The Robert Wood Johnson Foundation's County Health Rankings, which rank all 67 counties within Pennsylvania based on health behaviors, clinical care, social and economic factors, and physical environment demonstrate little improvement in the counties served by WellSpan. The overweight and obesity rates in our region remain high with more than 70% of community members reporting elevated body mass indexes. Most community members do not exercise regularly and the majority of adults do not get enough sleep. Additionally, COVID-19 has amplified many challenges in our communities and significant attention has been paid to our regions health infrastructure; as a result death rates in our community have surged.

To that end, young children have been impacted by COVID-19 in several ways, ranging from disruptions in education and childcare to missed well-visits and vaccinations. Data demonstrates a rising rate of uninsured children in our region. More children are becoming overweight and obese.

Lastly, economic disadvantage continues to rise among every school district throughout the region. More than 90% of school districts report at least one quarter of students are eligible for free or reduced lunch. Our region continues to observe inadequate access to publicly funded, high-quality Pre-kindergarten for children under age four who are living in poverty. With the entire region trailing the state rate of 40.2% of children having access to a quality education.

Identifying Priority Areas

After compiling data and reviewing findings with top experts, community stakeholders, WellSpan leaders and WellSpan Boards of Directors—key themes and priorities emerged. The themes and priorities were considered in comparison with national benchmarks to ensure evidence-based impact alignment.

The analysis of the Community Health Needs Assessment data helped provide recommendations that are theoretically justifiable, practical, understandable, and a good fit for the community by considering:

- the scope of the problem in terms of how many residents are affected, trends, and comparisons to other communities.
- the community-level effects attributed to the problem by thinking specifically about wasted dollars, reduced quality of life, and lives lost.
- the community resources available to implement change.
- the alignment of these problems with local health systems' goals, missions, and resources.

WellSpan and community leaders considered the following questions as they prioritized their focus areas:

- What are the most pressing needs that WellSpan should be addressing?
- Are there issues that are more important than others?
- What would success look like in 2025?

WellSpan partners with patients, neighbors, community organizations and policy makers to tackle community health priorities by applying the principles of the Socio-Ecological Model. Complex issues identified in the needs assessment cannot be solved by WellSpan alone and requires coordination of efforts at many levels. This builds on an understanding that health is affected by the interaction between individuals, groups/community, and physical, social, and political communities.

This model is used by health professionals, researchers and community leaders to identify factors at different levels (the individual, the interpersonal level, the community, society) that contribute to poor health and to develop approaches to disease prevention and health promotion that include action at those levels. Through community-engaged partnerships, we can develop coordinated strategies to produce and reinforce change on all levels.

One example of how WellSpan has already applied this model is our work in transitional housing. Avoidable delays in hospital discharges data reflected three themes causing delays: social barriers with nursing homes, homeless persons needing medical care at discharge, and a crisis/lack of low-income personal care homes in the community. To address these issues, WellSpan partnered with community organizations to create innovative programs for patients, defined measurable performance indicators to track impact, engaged community coalitions to establish Aligning for Low-income Personal Care Home Advancement (ALPHA) with over 30 organizations and 100 individual volunteers, and established our first state advocacy campaign for policy changes for low-income personal care homes to thrive throughout Pennsylvania.

National Benchmark Alignment

Observing change and demonstrating impact is a core principle of the Community Health Improvement Plan. Although community needs are identified at the local level, it is acknowledged that these needs are not unique to the communities of southcentral Pennsylvania and, in many cases, extend to a national scale. WellSpan has reviewed evidence-based national or state-level goals and accompanying metrics such as Healthy People 2030, Robert Wood Johnson Foundation's County Health Rankings and goals from organizations such as the Advisory Board.

2022 WellSpan Community Health Framework & Priorities

Based on the Community Health Needs Assessment results, WellSpan's three-year strategies and priorities within its Community Health Improvement Plan will include:

- **Care for All:** Ensure access and quality of care for patients by identifying and reducing disparities and barriers to care.
- **Mental Well-Being:** Support personal well-being and whole-person health by making it easier for people to recognize and get support for mental health and addiction issues.
- **Social Determinants of Health:** Develop and implement new approaches for collaborating with community-based organizations to impact the most pressing social determinants of health (SDoH) impacting our patients and the community.
- **Healthy Communities:** Create healthy, safe communities and ensure our youngest community members and next generation can thrive and grow.

Inevitably, the health needs identified and prioritized will differ slightly across each community in our region. A multifaceted, local approach involving the health coalitions, WellSpan subject matter experts, and community partners will address the county-level intricacies of how we advance each priority area. Several county—and population-specific needs were significant enough to highlight in the Community Health Improvement Plan. Each of the respective WellSpan entities will address the following strategies and priorities (Table 2.)

Table 2. 2023-2025 Community Health Improvement Plan Priorities

	Care for All			Mental Well-being		Healthy Communities			Social Determinants of Health
	Access	Health Equity	Plain Community	Mental Health	Addiction	Public Health	Children's Health	Violence	SDoH
Chambersburg Hospital	●	●	●	●	●	●	●		●
Ephrata Community Hospital	●	●	●	●	●	●	●		●
Gettysburg Hospital	●	●		●	●	●	●		●
Good Samaritan Hospital	●	●	●	●	●	●	●		●
Philhaven	●	●	●	●	●	●	●		●
Waynesboro Hospital	●	●	●	●	●	●	●		●
WellSpan Medical Group	●	●	●	●	●	●	●		●
WellSpan Surgery & Rehab Hospital	●	●		●	●	●	●		●
York Hospital	●	●	●	●	●	●	●	●	●

PRIORITY

Care for All

WellSpan Health values the patient-provider relationship and has worked diligently to increase access to primary care providers and specialists. In 2021, 3.1 million patient visits were made to WellSpan Medical Group primary and specialty care practices. Promoting the patient—provider relationship extends beyond the health care system though, as WellSpan partners with local Federally Qualified Health Centers (FQHC) including Family First, Keystone Health, and Union Community Care, as well as other clinics to implement strategies that increase patient access to local providers.

In response to the changing healthcare climate nationally, WellSpan remains focused on health equity and access to care. WellSpan recognizes disparities related to high deductible health plans, high prescription costs and the significant number of community members who make challenging decisions not to receive healthcare because of the associated costs.

This is why WellSpan has expanded its financial assistance policy, has restructured its Healthy Community Network charity care program, and expanded its prescription assistance program. WellSpan seeks to transform our communities to ensure quality healthcare is available to all, regardless of their ability to pay.

Preventive care helps our community members maintain health. Screenings are important to avoid future health problems and/or catch them early when they are easier to treat. Data shows that many people avoided or delayed care throughout the pandemic. Delays or disruption in care lead to missed opportunities for management of chronic conditions, receipt of routine vaccinations, or early detection of new conditions, which might worsen outcomes. WellSpan seeks to help our communities catch up on health care so that everyone can maintain a healthy and active lifestyle.

GOALS	OBJECTIVES
Re-engage our community in accessing and practicing preventive care, early detection, healthy behaviors, and chronic disease management resources post-pandemic.	• Increase proportion of patients who can access and receive necessary cancer preventative screenings (i.e., breast, colorectal). • Advance and promote self-care, prevention and disease management campaigns, programs and initiatives offered by WellSpan and in partnership with community.
Develop and maintain a strong safety net of services and programs which address access and financial barriers to care for vulnerable populations.	• Provide easy access to WellSpan's Financial Assistance Policy and patient support programs while increasing price transparency for out-of-pocket expenses. • Advance Healthy Community Network "Healthy Care Card" as an access point in each community to support prospective enrollment and access to Medicaid, Medicare and other insurance payers. • Partner with local Federally Qualified Health Centers to deliver comprehensive care to our community's at-risk and underserved populations. • Support community-based charity care providers to support specific health needs of vulnerable populations.
Improve health equity by addressing gaps in access to care faced by members of our diverse communities.	• Achieve national standards for health equity and language and interpreting services to ensure equitable access to care for all. • Use quality measures to identify and address health disparities in populations to improve access to care. • Engage disparate populations (i.e., Plain Community, Latino/Hispanic, Black/African American, LGBTQIA+ populations) to identify gaps in access to care and support efforts to provide culturally competent care.

PRIORITY

Mental Well-Being

Behavioral health broadly encompasses mental health challenges like anxiety, depression, stress, grief, or trauma while also including substance use or addiction. The experience of living through a pandemic caused widespread trauma, anxiety and mental health challenges as community members were faced with social isolation, grief, exhaustion, and uncertainty.

Our communities are struggling with the negative impact of COVID-19 on mental health—more community members than ever before are reporting poor mental health days, limited social and emotional support and increased stress related to grief and loss. Additionally, overdose rates continue to increase across our region despite WellSpan's notable efforts to address opioid use over the last three years (2019 Reflection).

We are concerned about our communities' youth, who seem to be influenced significantly by depression, anxiety, isolation and grief and we remain concerned about emerging and risky behaviors among this group.

Focus on Mental Health: While feelings of depression and grief are not always indicative of a mental health illness, our friends and neighbors would benefit from innovative tools and mechanisms to help manage these feelings and to understand when they or a loved one needs to seek treatment. When seeking help, our neighbors deserve timely and appropriate care to meet their own personal needs.

Focus on Addiction: In the last few years, the scope of addiction has shifted. COVID-19 had a significant impact on substance use disorder, as substances were used by some to mask the anxiety, depression, isolation, and stress of the pandemic. At the same time, illegal drugs became more dangerous with the introduction of blended products. With the emergence of new illicit drugs and increased risky behaviors in our adolescent population, there is a need to continue our focus on opioid addiction while expanding the scope to address other substances, including tobacco, alcohol, and emerging drugs.

GOALS	OBJECTIVES
Build mental well-being and resiliency of our community.	• Advance strategies to increase behavioral health screenings and improve navigation to resources. • Leverage technology to optimize access and connectivity to innovative behavioral health resources within WellSpan and in the community. • Partner with the community to build mental well-being and resiliency.
Decrease the number of community members experiencing poor mental health and address issues of despair (grief and suicide) exacerbated by the pandemic.	• Enhance availability of community-wide resources for youth and adults struggling with behavioral health challenges. • Engage in community-wide efforts to prevent suicide.
Continue ongoing efforts to address opioid misuse while assessing emerging trends, such as vaping and other substance misuse.	• Continue to reduce prescription use of opioids in hospital and ambulatory care settings. • Optimize pathways for patients and community members to seek and obtain resources and treatment services for substance use disorder.

PRIORITY

Social Determinants of Health

WellSpan recognizes community collaboration as the cornerstone to advancing health outcomes for all people living and working in our region. Social barriers have a significant influence on health outcomes. In 2019, WellSpan established a systemwide work team to launch social determinants of health (SDoH) screenings for patients.

Three years later, over 40% of all unique patients in the ambulatory care settings and 89% of all inpatient unique patients (844,000 in total) were screened for food and housing insecurity. Our patient screening data shows strong correlations between food and/or housing insecurity and poor health outcomes. We also know that our Latino/Hispanic and Black/African American patients are more than twice as likely to experience food or housing insecurities.

To support our patients with social barriers, WellSpan expanded innovative programs with favorable key performance indicators across all five regions to address food and housing challenges. COVID-19 has accentuated the need for these services and highlighted the opportunity for healthcare and social service providers to collaborate with a goal to improve the accessibility of resources and services.

Creating a strong, easy to use network of health and social service agencies for helping individuals and providers to address social determinants of health barriers is essential to identifying gaps in community resources and working together through advocacy and innovative programming.

GOALS	OBJECTIVES
Advance navigation and support between our care teams and community programs.	• Improve navigation to and utilization of resources, services, and programming and incorporate SDoH care plans into patient treatment plans. • Build strong social service referral network as part of a closed loop navigation system.
Address "Hunger and Food Insecurity" as system-wide health issues.	• Build capacity and strength of community-wide food and housing eco-system through partnership, advocacy, and program innovation. • Expand reach of WellSpan's social programs addressing food and housing insecurity for patients and community members.
Improve the collection of SDoH patient data to build approaches designed to prevent poor health outcomes within specific patient populations.	• Expand screening of other SDoH and understanding of correlation to health outcomes. • Implement impactful approaches that prevent poor health outcomes among groups disproportionately affected by SDoH challenges.

PRIORITY

Healthy Communities

WellSpan Health believes that its impact on community health is strengthened by partnering with community organizations to address identified community needs. WellSpan's commitment to partnership is evident in many ways including its Community Partnership grants, sponsorships and support of local health coalitions in our counties. WellSpan provides significant funding support to Healthy Adams County, Healthy York County Coalition and the Community Health Council of Lebanon County. In addition, it provided support for the development of the Northern Lancaster Hub of social services. Maintaining and strengthening partnerships, with these entities and many others, is essential to building healthy and thriving communities for current and future generations.

WellSpan supports the advancement of community-wide programs and services focused on preventive health and safety. The pandemic exposed vulnerabilities in our public health infrastructure and highlighted the importance of community preparedness. Through continued advocacy, planning and engagement, WellSpan and community partners can build a healthier and safer community for all.

Additionally, evidence points to the significance of the first years of life as an indicator of lifelong health and wellness. Adverse childhood experiences, trauma and living in poverty are demonstrated to decrease life expectancy, impact childhood development, increase the risk of chronic conditions and increase the risk of poor health in adulthood. Ensuring our youngest community members have a healthy start is a way to influence the community's health and to ensure our next generation is equipped for success.

WellSpan will engage in focused and impactful opportunities to advance community health. We understand that the health of a community is dependent upon collaboration with diverse stakeholders. Together, we can strategically partner to build a safe environment for our current neighbors and future generations to thrive.

GOALS	OBJECTIVES
Ensure children (ages 0-6) get a healthy start and are ready to thrive as they approach Kindergarten.	• Increase proportion of children who have health insurance. • Actively engage caregivers of patients to ensure more children receive well visits on time and school-required vaccinations. • Explore how WellSpan can partner with the community to support school-based readiness and school-based issues. • Partner with the community to address social determinants of health and safety issues for families with young children.
Engage and partner with the community to advance public health and community health priorities.	• Complete gap analysis of public health functions across our communities and identify opportunities for WellSpan engagement and support. • Advocate for and partner to support public health planning, infrastructure, and community health programs to advance community preparedness. • Actively support coalitions and partnerships which promote mutual goals, assume shared responsibilities, build community capacity and represent diverse stakeholder perspectives.

Acknowledgment of Limitations and Topics Not Addressed

WellSpan has evolved its Community Health Needs Assessment process over time and remains committed to ensuring data integrity and a sound scientific approach. Nevertheless, there are limitations to our process. We have minimized the risk of incomplete or inaccurate data whenever possible but remain cognizant of the following limitations:

1. **Lagging Data:** Utilizing secondary data sources means embracing the limitations of those sources. For example, data may not be reported within the last year, may lack statistical significance for specific subgroups of the community and may not update the indicator for a year or more.
2. **Internal Patient Data:** Utilizing WellSpan patient data may have an inherent bias of not including those who cannot afford care and are therefore not captured in our records.
3. **Survey Sample Sizes:** For a variety of reasons, we are not able to survey every member of our community. Though we maintain a commitment to statistically significant sample sizes, our sample sizes may limit our ability to draw conclusions about certain subsets or very specific groups of the community.

WellSpan understands the unique and diverse community health needs of each county we serve. Our team is comprised of more than 20,000 employees whose families live, work, and/or play in our community. WellSpan believes that through partnership and collaboration we can positively influence many factors affecting health, even those not prioritized in this plan. We are well positioned to impact change through partnership and collaboration at the local and regional level. WellSpan's support of local health coalitions in each county also speaks to the value of collaboration and the commitment WellSpan has made to building an infrastructure to support community-driven partnerships.

While this plan includes an array of goals and objectives for broad priority areas, it does not address all health-related issues identified through the Community Health Needs Assessment process. WellSpan uses the following criteria to determine when not to address an identified need in our formal Community Health Improvement Plan:

1. Efforts specific to an issue are already underway and will continue, therefore a call-out in the Community Health Improvement Plan is unnecessary.
2. Issue appears to be emerging and warrants monitoring, but not affecting the community in a manner that requires immediate action.
3. A community-wide or partner specific approach would be more effective in addressing the need.

Our health system and community experienced great hardships over the past couple years due to the pandemic. The enormity of the COVID-19 impact warrants a realistic approach to addressing community needs in an outcomes-focused manner. This is an unprecedented time and our communities have not yet recovered from the intensity of the pandemic's influences. The full impact of COVID-19 is not yet known and continual attention to metrics and indicators that tell our communities' stories will be critical. We will continue to advance ongoing efforts that promote healthy living, collaborate with partners to address issues important to each local community, and monitor emerging trends that may warrant action in the future.

Reflection on 2019 Community Health Improvement Plan

WellSpan Health exists to improve health through exceptional care for all, lifelong wellness, and healthy communities. Our three year 2019 Community Health Improvement Plan was designed to address priority needs identified in the 2018 Community Health Needs Assessment. Throughout the last few years, this plan served as a roadmap for how we worked with partners, locally and regionally, to address food and housing insecurity, promote healthy behaviors, contribute to public safety, and provide care for all. All of this while navigating through a global pandemic, during a time WellSpan led many efforts to improve and protect our community through COVID-19 awareness, prevention and treatment.

Working as one with community partners, WellSpan made great strides in advancing the priorities identified in our 2019 Community Health Improvement Plan. These accomplishments are a result of 20,000 WellSpan employees' relentless commitment to positioning WellSpan as a leader and catalyst for health equity as they live out our shared mission and values.

Access To Care	$556.5 million investment in charity care and subsidized healthcare	**Advanced health equity by addressing disparities and ensuring equitable access to all**	• Expansion of language and cultural resources • Rapidly increased telehealth access with 275,000 virtual visits in 2021 alone • Maintained longstanding commitment to support safety net providers • Improved Financial Assistance support for patients ≤ 400% Federal Poverty Level
Covid-19 Response	203,000 persons fully vaccinated by end of 2021	**Led widespread efforts to test, care for and vaccinate our community**	• $280 million costs unreimbursed COVID-19 patient care • Cared for 14,443 patients hospitalized with COVID-19 • Established comprehensive COVID Care program for people who experienced long-term symptoms. • Reduced vaccine disparities for populations disproportionately impacted by the pandemic by ~10%
Social Determinants of Health	844,000 patients screened for social determinants barriers	**Increased screening and response to needs affecting our patients' health**	• Designed system-wide transitional housing programs to free up 27 hospital beds per day • Completed 22,000 referrals through Ambulatory Hub, established in 2019 • Expanded housing and food programs with community partners across all 5 countries • Transformed community grand program to promote innovation in social support initiatives
Behavioral Health	Established first of its kind in southcentral PA's Specialized Treatment and Recovery Team Clinic	**Introduced innovative care models to support patients and built community awareness**	• Integrated standardized depression screening (PHQ-2) for WellSpan primary care patients • Increased access to virtual behavioral health visits, completing 190,000 telehealth visits in 2020 • Offered free access to MyStrength, an application for self-care and mental health resiliency • Trained community in mental health awareness, suicide prevention, and trauma-informed care
Addiction	2.4 million fewer oxycodone pills prescribed since May 2019	**Expanded support for those with substance use disorder and introduced opiod pain management options**	• Onboarded first Addictionologist to lead addiction service strategies • Provided Medication Assisted Treatment to 15,000 patients in three years • Established WARM Line call center for individuals seeking addiction resources & treatment • Built Foundations Pregnancy Support Program with 97% abstinence rate for 6+ months
Lifelong Wellness	75,000 neighbors participated in WellSpan health education programs in last 3 years	**Collaborated with the community to promote positive health behaviors and disease prevention/ management**	• Expanded Get Outdoors program from four to six counties, reaching thousands of families • Advanced system-wide health education (10lb Throwdown, Prevent T2, Get Healthy Now) • Integrated Tobacco Cessation services into EPIC to ensure seamless referrals • Created walking path and rooftop garden on WellSpan Heart & Vascular Center grounds
Children's Health	$131,000 Summit Endowment grant for First Start Partnerships for Children and Families' Family Center	**Supported community-based efforts to address needs of children with focus on ensuring a healthy start in life**	• Launched INDEPTH vaping alternative to student suspension programs in two school districts • Led Safe Kids Coalition in York County reaching more than 4,400 young children and families • Expanded Cribs for Kids safe sleep program which provided 475 cribettes for families since 2019 • Partnered with the Lincoln Intermediate Unit to host school nurse health education programs

Conclusion

WellSpan is a steadfast community partner with a proven commitment to the communities we serve. We are making great strides already in the community's health—both with medical advancements and care that occur inside the walls of our hospitals, medical group practices and ancillary services and with our strong engagement and partnership within the community.

WellSpan wishes to extend our gratitude to the many, invaluable partners who assisted with the planning and completion of the Community Health Needs Assessment and the Community Health Improvement Plan. Thank you to our local health coalitions, Healthy Adams County, Healthy Franklin County, Healthy York Coalition, the Northern Lancaster Hub, and the Community Health Council of Lebanon County as well as to our consultants, Berwood Yost and Scottie Thompson Buckland at the Center for Opinion Research at Franklin & Marshall College—your expertise and commitment to the community is instrumental in this work.

As we move forward, we will engage in focused and impactful opportunities to advance the health of our community, understanding that this is dependent upon collaboration with diverse stakeholders, coordinating efforts and implementing strategies to address the prioritized needs. We are excited to move forward with our friends and neighbors on a quest to further live out our mission: working as one to improve health through exceptional care for all, lifelong wellness and healthy communities.

Regulatory Note

The 2022 WellSpan Health Community Health Needs Assessment represents all hospitals within the five-county region, including WellSpan Chambersburg Hospital, WellSpan Waynesboro Hospital, WellSpan Gettysburg Hospital, WellSpan York Hospital, WellSpan Surgery and Rehabilitation Hospital, WellSpan Ephrata Community Hospital, WellSpan Good Samaritan Hospital and WellSpan Philhaven. The Community Health Needs Assessment and associated Community Health Improvement Plan is in compliance with all mandates outlined in the 2010 Affordable Care Act and follows the guidance of the Catholic Health Association and other similar organizations to ensure all requirements are met.

WELLSPAN® HEALTH

Approved by the board.