2022 Community Health Needs Assessment

LANCASTER COUNTY, PENNSYLVANIA

Penn Medicine
Lancaster General Health

WELLSPAN®
HEALTH

FINAL DRAFT
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Contents

Executive Summary

This 2022 Community Health Needs Assessment was conducted by Penn Medicine Lancaster General Health and WellSpan Health to identify and prioritize significant community health needs in Lancaster County, Pennsylvania. We used a broad definition of health as a complete state of physical and mental well-being.

To complete this assessment, we gathered secondary data on death and disability, health conditions, and risk and protective factors. Our data collection included many different factors that influence health, including behaviors, the physical environment, social and cultural factors, community resources, and experiences of inclusion or exclusion.

Community members provided input through an online community survey, virtual discussion forums, and key informant interviews. Our interview participants represented a wide variety of sectors and had diverse experiences working with underserved groups in the community, including refugees, Plain and Amish communities, older adults, people with mental illnesses, the LGBTQ+ community, and the Black and Hispanic/Latino/a communities.

We prioritized health issues based on trends over time, comparison to national and state benchmarks, importance to the community, and impact on health equity.

Based on our assessment, these were the highest priority significant community needs:

A healthy environment

- Lancaster County receives a failing grade for air quality from the American Lung Association due to the number of days when particulate matter exceeds healthy standards.
- Our tree canopy covers 14.9% of our land area, lower than the state (25.0%) and the U.S. (20.5%), and trees are distributed unevenly across communities.
- A total of 15.2% of Lancaster County households experience one or more serious housing challenges: severe cost burden, lacking kitchen facilities or plumbing, and overcrowding.
- A total of 117,314 homes (55.6% of the homes in Lancaster County) may be at risk for having lead paint contamination.
- The bicycle and pedestrian network is fragmented, and many roads are unsafe and uncomfortable for walking and bicycling.

Healthcare access and quality

- The percentage of uninsured adults in Lancaster County is 12%, higher than the state overall (7%).
- The ratio of population to primary care providers, dentists, and mental health providers in Lancaster is higher than the state overall, and the ratio of PCPs is worsening.
- In our community survey, the top 3 recommendations to improve access to care were to reduce the cost of care, help people understand and navigate services, and improve health insurance coverage.
- Increasing the diversity and cultural competence of health care providers was rated as a top priority by Black, Hispanic/Latino, and LGBTQ+ participants in our survey.

Mental health

- Deaths from suicide and drug overdose have been trending higher in Lancaster County in recent years. Drug overdose deaths have a disproportionate impact on the Black and Hispanic/Latino communities.
- More than 1 in 3 adolescents report feeling sad or depressed most days in the last year.
- Nearly 1 in 4 adults (23%) in Lancaster County have been told they have a depressive disorder, and 31% of adults have had at least one poor mental health day in the past 30 days.
- Mental health conditions were rated as the #1 health issue affecting our community by 71.9% of the participants in our survey.

This 2022 Community Health Needs Assessment will be shared broadly with the public and used to guide community health improvement efforts by the healthcare systems and many community partners.

Introduction

This Community Health Needs Assessment for Lancaster County, Pennsylvania was conducted collaboratively by Penn Medicine Lancaster General Health (Lancaster General Hospital, Women & Babies Hospital, Lancaster Rehabilitation Hospital, and Lancaster Behavioral Health Hospital), WellSpan Health (WellSpan Ephrata Community Hospital), and many community leaders and community members from Lancaster County. The goal of this CHNA is to identify and prioritize the most important community health needs for people in Lancaster County.

About Penn Medicine Lancaster General Health

Penn Medicine Lancaster General Health is a not-for-profit health system with a comprehensive network of care, including more than 300 primary-care and specialty physicians; outpatient and Urgent Care services; and four hospitals with a total of 786 licensed beds: Lancaster General Hospital, Women & Babies Hospital, Lancaster Rehabilitation Hospital, and Lancaster Behavioral Health Hospital.

Lancaster General Hospital is consistently ranked among the top hospitals in Pennsylvania by U.S. News & World Report and numerous services are recognized nationally.

Our membership in Penn Medicine brings together the strengths of a world-renowned, not-for-profit academic medical center and a nationally recognized, not-for-profit community health care system.

About WellSpan Health

WellSpan Health is an integrated health system that serves the communities of central Pennsylvania and northern Maryland. The organization includes a clinically integrated network of approximately 2,600 physicians and advanced practice providers (APPs), including more than 1,600 employed physicians and advanced practice providers; a regional behavioral health organization; a home care organization; eight respected hospitals; approximately 20,000 employees; and more than 200 patient care locations.

WellSpan serves the Lancaster County community through Ephrata Community Hospital, primary and specialty care practices, and other care and diagnostic services. WellSpan is a charitable, mission-driven organization, committed to exceptional care for all, lifelong wellness, and healthy communities.

Commitment to Community Health Needs

The last Lancaster County Community Health Needs Assessment was completed by the Center for Public Opinion Research in partnership with Penn Medicine LG Health, WellSpan Health, and UPMC in 2019.

Using data on morbidity and mortality, prevalence, and trends, as well as community perceptions of the impact of community health needs and the potential to create change, we identified four significant community health needs in the 2019 Lancaster County Community Health Needs Assessment:

1. Establishing and maintaining the basic conditions that support health, including access to care, family-sustaining incomes, accessible transportation, affordable and quality housing, violence reduction, and reduction in exposure to adverse childhood experiences
2. Supporting improved mental health including reducing and treating substance use
3. Supporting active living, healthy eating, and less obesity
4. Advocating for improvements to the county's physical environment, emphasizing improved air and water quality

WellSpan Health and Penn Medicine LG Health have worked to address these community health priorities over the past three years.

WellSpan Health

The 2019 Community Health Improvement Plan served as a roadmap to address community health issues identified in the five-county WellSpan Community Health Needs Assessment, as well as the Lancaster County Community Health Needs Assessment. Though the COVID-19 pandemic forced our health system and community to pivot in many unexpected ways, there have been considerable strides taken to accomplish the goals identified in the 2019 CHIP.

Access to Care. WellSpan prioritizes leadership and partnership in access to care and health equity issues in our community. WellSpan continues to develop and maintain a strong safety net of services that improve access to care among vulnerable populations as evidenced by our contribution of more than $5.5 million to Federal Qualified Health Centers since 2019. Additionally, WellSpan provided more than $36,500,000 in charity care, more than $520,000,000 in subsidized healthcare services, and absorbed roughly $250 million in actual costs that are unreimbursed. WellSpan revised and expanded its Financial Assistance Policy, its Healthy Community Network partnerships and specialty offerings to enhance its charity care commitment.

WellSpan made great strides to ensure our services are linguistically and culturally appropriate, through efforts like the availability of our patient portal in Spanish and an expansion of our language and interpretation services. More than 380,000 patients were supported by language and interpretation services in the last three years, including more than 4.1 million minutes of phone interpretation. To meet the evolving pandemic needs of our community, WellSpan formed an At-Risk and Vulnerable Population workgroup to ensure equitable access to COVID-19 vaccinations.

WellSpan continues to lean into innovation and our commitment to reimagining healthcare, as evidenced by joining the Healthcare Anchor Network in 2020 - an affiliation that will support the growth of inclusive, local economies. We are leveraging technology and data in new ways to understand patient social vulnerabilities

and disparities. We've rapidly expanded the availability of telehealth services across the region during the COVID-19 pandemic to include over 275,000 telehealth visits in one year.

Social Determinants of Health. WellSpan established an Ambulatory Population Health HUB to support our patients with social determinant of health challenges, along with standard processes for referral of patients and coordination of care to support them. The Hub managed nearly 21,000 referrals since 2019, including more than 6,900 attributed to social barriers like housing and food related challenges. WellSpan patients are now regularly screened for social determinants of health in both inpatient and ambulatory settings.

Food insecurity has been identified as a major priority. WellSpan actively participates in food insecurity work teams where initiatives like school-based pantries and backpack programs, FMNP/SNAP voucher incentive programs, mobile pantry expansion, community gardens and gleaning projects are advanced. WellSpan Market Bucks patient voucher program now supports nearly 500 patients annually while infusing funding back into the local farming community. As our food-insecure hospital patients are identified, shelf stable meals are provided to them upon discharge until the community referral is completed. A list of recommended pantries allows the case management team to refer ambulatory patients to the most convenient pantry for urgent and long- term support. WellSpan actively seeks opportunities to fund and collaborate with community partners to improve access to high quality, affordable food in our communities.

WellSpan remains focused on housing challenges for the region. Throughout the pandemic, WellSpan has supported homeless shelters in keeping their clients safe, including the establishment of county-specific quarantine locations. The Omega and Arches to Wellness programs support patients who need a safe place to heal upon discharge from the hospital. The Arches program alone has successfully supported more than 180 patients, with 71% attaining permanent housing. WellSpan also provides resources to the Alliance for Low-income Personal Care Home Advancement (ALPHA) initiative, which garners local and state support for low-income personal care homes across the state.

Our commitment to our community is especially pertinent in our long-standing investment in local health coalitions across the region, which build community capacity to address needs.

Behavioral Health & Lifelong Wellness. The 2019 CHIP prioritized Behavioral Health and Lifelong Wellness and articulated clear goals aligning access to mental health services, committing to reducing deaths of despair such as overdoses or suicide, and reducing substance misuse and abuse.

WellSpan recognizes the need to incorporate mental health screenings at all levels of care and has implemented a standard depression screening tool (PHQ-2) into primary care practices to ensure all patients are screened. WellSpan Philhaven supports mental health programs for the community that equip community members with the skills they need to identify mental illness or suicidal crisis, provide coping skills and increase awareness of additional resources.

WellSpan understands the evolving field of behavioral and mental health and onboarded its first Addictionologist to reimagine our addiction and substance use models which focus on innovative, collaborative approaches. WellSpan participates in opioid task forces across all of our counties. Our concerns for individuals struggling with mental health challenges, addiction and social isolation heightened during the pandemic. As a result, WellSpan offered the MyStrength app as a free resource for the community while also expanding telehealth functionality, providing 190,000 virtual behavioral health visits in 2020 alone.

WellSpan has implemented an alert in Epic to allow clinicians to recognize potential overdose risks and has expanded programs like WellSpan Foundations Pregnancy Support. WellSpan has prescribed 2.4 million fewer oxycodone pills for individuals with chronic pain since May 2019. We established the WARM Line call center, a telephonic resource to support community members, families and friends experiencing addiction. WellSpan has also expanded the availability of Medication-Assisted Treatment (MAT) for opioid addiction to include 18 practices across the region providing support to nearly 1,500 patients in three years.

WellSpan has continued to advance our lifelong wellness programming and services and encourages prevention. More than 25,000 community members each year engage in WellSpan programs that have guided them in their health journey. Assisting community members with diabetes management or prevention, promoting physical activity and weight management, encouraging tobacco cessation are a few examples. Programs like Get Outdoors and 10 Pound Throwdown have continued to expand providing support and motivation for individuals, families, and friends in their quest for better health.

As we look forward, WellSpan is reimagining our 2022 CHNA and CHIP to ensure a broad and inclusive lens to capture community members on their health journey from birth through advanced age.

Penn Medicine Lancaster General Health

Basic Needs for Health. LG Health provides a wide range of free and low-cost health services to keep the public healthy and to increase access to basic health services for people who might experience barriers to care.

We provided breast and cervical cancer screenings and diagnostic services for 735 women in FY20 and 729 women in FY21. There was only a slight decrease in number of patients served due to COVID-19, a significant accomplishment in continuing preventive care throughout the pandemic.

DALCO, a dental services access program that LG Health operates in partnership with volunteer dentists, stopped enrolling new patients in 2020. As this report shows, the number of dentists in Lancaster County is low for the population, and the DALCO program has struggled to maintain and recruit dentists. Since the beginning of FY2016, the number of volunteer dentists decreased from 114 to 92. LG Health staff are working to determine a sustainable way to connect underserved patients with dental homes in the future.

LG Health operates school-based health clinics in the School District of Lancaster to provide acute and preventive services to support students' health and continued learning. The clinics remained in operation throughout COVID-19 with some temporary closures of the elementary clinics, but experienced low volume when students were not attending school in person. In FY21, the elementary and high school clinics combined provided 1,104 health visit encounters for students and staff. Through the ChildProtect program, LG Health provided a total of 514 visits for recommended childhood immunizations in FY20 and 320 visits in FY21.

LG Health provides a range of maternal and child health services to support low-income families. In FY20 and FY21, we served 276 patients in Nurse-Family Partnership, a home visiting program for first-time mothers and their children up to age 2. We also provided free prenatal care and support services for low-income pregnant people in Healthy Beginnings Plus for 645 patients in FY20 and 770 patients in FY21. In addition, the team received grant funding to implement new treatment and recovery support programs to assist people with opioid addiction who are pregnant and parenting.

Mental, Behavioral, and Emotional Health.

LG Health started the Let's Talk Lancaster coalition to improve mental well-being in 2014. After several years, there are many community organizations focusing on access, navigation, crisis, police reform, trauma, and referrals to mental health services. The Let's Talk Lancaster Steering Committee continues to meet quarterly and provide strategic oversight, operational support, and funding for coordinating activities.

Within LG Health, we've screened 64.6% of our primary care patients for depression, achieved a 12% increase in behavioral health substance use consultations, and reached a 24% increase in referrals to integrated counselors working with our healthcare teams. The number of treatment providers offering Medication Assisted Treatment for opioid addiction has increased from 62 in 2016 to 243 in 2021.

We are working within our organization and across the community to raise awareness about the impact of trauma on health and to educate people about trauma-informed practices that can prevent harm to people who have experienced trauma. Between July 2020 and December 2021, a total of 3,157 people participated in trauma-informed training, and we have also facilitated a monthly resilience series highlighting community experts from local organizations on trauma and resilience. We have signed agreements with 23 community organizations to provide trauma training for their staff and assist them in implementing trauma-informed practices and policies. We recently received two new grants, one to advance trauma-informed practices in the City of Lancaster and one to provide Mental Health First Aid training to communities and Teen Mental Health First Aid to 10th graders from four school districts in Lancaster County.

Since July 2019, LG Health has steadily worked to prevent and address substance use throughout Lancaster County. We offer free nicotine dependence services to the Lancaster County community, including one-on-one counseling and free nicotine replacement therapy, as well as education and treatment programs for youth. We completed 190 intake assessments in FY20 and 219 in FY2021 for services.

We have continued to lead the Lancaster County Joining Forces collaborative to reduce fatal overdose deaths. As the community risk factors have changed during the COVID-19 pandemic, Lancaster Joining Forces continues to convene key leaders across sectors of the community to monitor local trends and coordinate the implementation of prevention and intervention strategies to reduce overdose deaths.

LG Health leads several interventions under the Joining Forces umbrella: Joining Forces for Prevention (JFP) and Joining Forces for Children (JFC). JFP provides evidence-based prevention programs, LifeSkills and Strengthening Families, in Pequea Valley and Eastern Lancaster County School Districts. JFC provides individualized education, resource navigation, and support to children impacted by substance use.

In addition to direct services, JFC has launched Handle With Care (HWC). Handle with Care is a process that allows local law enforcement to send a notification to school personnel when they encounter a child at a traumatic scene (car accident, fire, overdose, etc.). School personnel respond through trauma-sensitive supports and when necessary, connect students and families to community-based services. Though HWC launched during the pandemic, there are 11 public school districts, 5 non-public schools, and 43 early learning classrooms participating in the process.

Similarly, LG Health continued to offer overdose prevention trainings and provide naloxone to individuals who may be likely to respond to an overdose incident. Over the past 3 years, we have distributed a total of 4,985 naloxone kits to a total of 145 organizational partners and sites. LG Health also launched a leave-behind naloxone program through a countywide diversion program, Second Chances PA. Certified peers who are responding alongside EMS, Police, and Fire will leave behind naloxone for any person who has overdosed or is at risk of overdose.

In 2021, LG Health partnered with the Center for Public Opinion Research to conduct a baseline community survey to understand attitudes and beliefs about people who use drugs, people who are in recovery, and people with mental illnesses. This survey will help guide future interventions to increase knowledge and reduce stigmatizing attitudes and beliefs about mental health and substance use.

Healthy Eating and Active Living. Over the past three years, LG Health piloted the Food Farmacy, a new program to provide healthy food and nutrition counseling to food-insecure patients with diet-related chronic diseases. In FY20 and FY21, 218 patients were referred to the program, and of the patients who completed the program, 89% of patients lost weight and 50% had a decrease in their HbA1c. The Food Farmacy program has distributed more than 14,000 pounds of healthy food to patients and their families since it began. After creating the program with a small group of primary care and specialty care providers, the Food Farmacy will be expanding to serve all of Lancaster County in the coming years.

Fresh Express, a program LG Health started in 2018, was created to increase access to affordable fresh produce for food insecure residents in Columbia. The program has served a total of 13,625 individuals to date, with 121,768 pounds of food distributed in FY21 alone. The program uses a low-barrier model to encourage participation by families who meet the income guidelines. During COVID-19, the team adopted a drive-through model to continue to serve families while allowing for social distancing.

Physical Environment. In the last Community Health Improvement Plan, LG Health planned to conduct a feasibility analysis to reduce lead hazards and lead poisoning in Lancaster County. We partnered with the Green and Healthy Homes Initiative to complete a detailed asset and gap analysis for lead poisoning prevention in Lancaster County. Based on the analysis, we developed an implementation plan for the Lead-Free Families program. In FY22, we launched the Lead-Free Families program, a 10-year and $50 million initiative to reduce childhood lead poisoning. In addition, LG Health was awarded $2 million from the U.S. Department of Housing and Urban Development to complete 150 Healthy Homes projects over the next 3 years to address mold and mildew, radon, falls prevention, and burn injury prevention.

LG Health is also committed to preserving and protecting the physical environment with our day-to-day operations. We have set an ambitious goal to be nearly carbon neutral by 2050. We continue to maintain and upgrade our Energy Center, replace equipment with high-energy replacements as needed, and continue to optimize our chillers. In our existing and new facilities, we are completing projects to support the natural landscape, such as installing riparian buffers at our new Lititz facility and developing a new native plantings plan for employee seating areas.

Emerging Need: COVID-19. Since the onset of COVID-19, our health system has performed over 416,000 COVID tests on more than 228,000 individuals (nearly half of the county population), with a focus on providing convenient access to all. Our mass testing sites alone completed 12,900 encounters in the first 3 months of the pandemic. LG Health also facilitated contract tracing for the County, reaching over 14,000 COVID-positive patients (87% of all cases) and over 25,000 contacts who were exposed to COVID-19. The Lancaster County Community Vaccination Center, led by LG Health, administered just over 238,000 vaccines, with our community clinics providing an additional 3,000 vaccines to date. Our outreach to diverse communities has resulted in higher vaccination rates among people of color. Our school technical assistance team facilitated over 100 weekly liaison calls over 9 months, responded to 97 frequently asked questions, answered 957 nurses' calls and completed 600 on-call hours. In addition, our 11 educational webinars reached over 700 staff, parents and students. Finally, our participation in a statewide program aimed at improving COVID-19 response efforts in long-term care facilities included 1,980 consultation calls and 265 site visits by our team members to assist with rapid response.
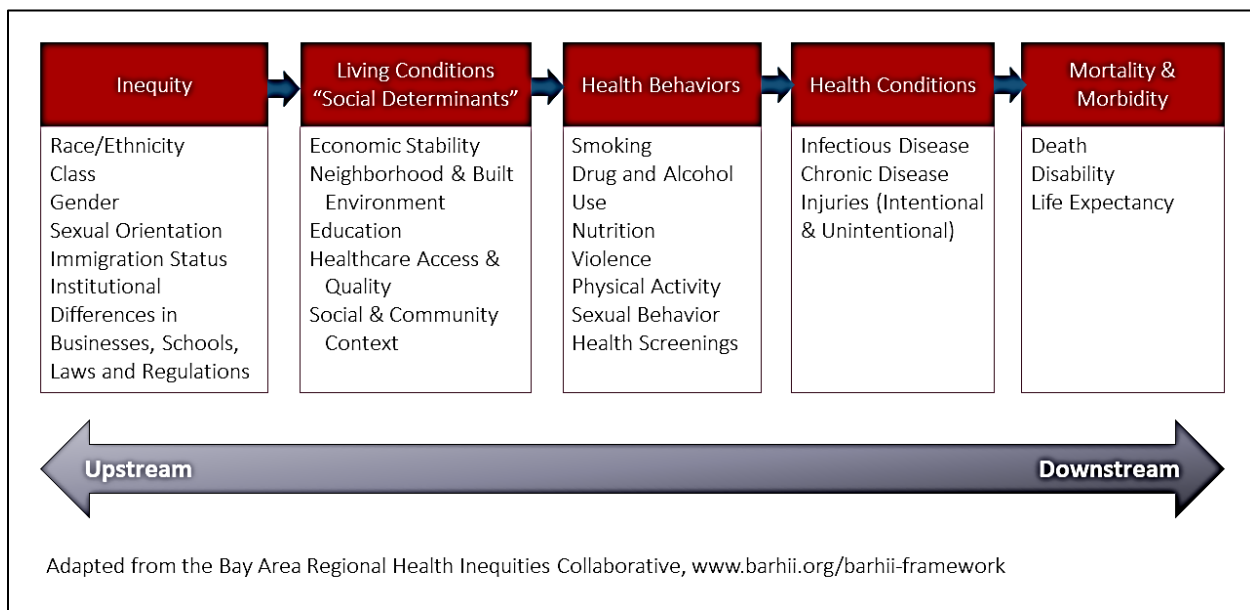
Methods

What Creates Health?

Why are some groups of people healthy, and some groups of people less healthy?

This is a key question to improve health for everyone in our community. There are many factors that contribute to health, including family history and genetics, behaviors, relationships and resources, and the world around us. The graphic below shows a framework for understanding the issues that lead to differences in health conditions, death, and disability ("mortality and morbidity").

Figure 1. Factors leading to differences in health outcomes

Inequity	Living Conditions "Social Determinants"	Health Behaviors	Health Conditions	Mortality & Morbidity
Race/Ethnicity Class Gender Sexual Orientation Immigration Status Institutional Differences in Businesses, Schools, Laws and Regulations	Economic Stability Neighborhood & Built Environment Education Healthcare Access & Quality Social & Community Context	Smoking Drug and Alcohol Use Nutrition Violence Physical Activity Sexual Behavior Health Screenings	Infectious Disease Chronic Disease Injuries (Intentional & Unintentional)	Death Disability Life Expectancy

Upstream — **Downstream**

Adapted from the Bay Area Regional Health Inequities Collaborative, www.barhii.org/barhii-framework

Healthy behaviors and healthy living conditions can help reduce the risk for many chronic diseases, infectious diseases, injuries, and early death. Healthy behaviors include quitting smoking, avoiding alcohol and drugs, getting preventive healthcare, eating a healthy diet, and joining social groups. Behaviors are strongly influenced by the environment and our living conditions. For example, people are more likely to get health screenings if they have health insurance and money for a co-pay, access to transportation, and free time for an appointment.

Healthy living conditions, or **the social determinants of health**, affect a wide range of health and quality-of-life outcomes.[1] According to Healthy People 2030, the national objectives to improve health and well-being over the next decade, social determinants of health include job opportunities and wages, housing, air pollution, education opportunities, racism and discrimination, and access to quality healthcare.

To create a healthy community, everyone needs an equal opportunity for good health. When certain groups of people have less opportunity for education, jobs, quality healthcare, and other resources that support

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[1] U.S. Department of Health and Human Services, HealthyPeople2030. health.gov/healthypeople/objectives-and-data/social-determinants-health

health because of their race, ethnicity, gender identity, sexual orientation, income, or disability, these differences lead to differences in health behaviors, health conditions, quality of life, and life expectancy. These unjust differences are called **health disparities.**

This report includes data about causes of death in our community, health conditions, behaviors, and social determinants of health. By understanding all of the factors that lead some groups to be healthy and some groups to be less healthy, we can work together to reduce health disparities and give everyone an equal opportunity for good health.

Secondary Data Analysis

LG Health and WellSpan Health use the Conduent Healthy Communities Institute data platform. This database, which is available to the public on both hospitals' websites, includes hundreds of indicators at the state, county, city, zip code, and census tract levels. These indicators include a wide range of health outcomes, health behaviors, clinical care, and social determinants of health. The data sources include the Pennsylvania Department of Health, American Community Survey, National Cancer Institute, County Health Rankings, and other reliable public health institutions. Secondary data included in this report were gathered from August to October 2021.

Document Review

The health care systems work closely with partners at the local, state, and national level. We gathered existing plans covering Lancaster County related to community health and sectors relevant to health, such as planning and social services. These plans include the Pennsylvania State Health Assessment and 2020 LGBTQ Health Needs Assessment, a study on Health Needs Assessment of Plain Populations in Lancaster County, Lancaster County's Office of Aging Four Year Area Plan, United Way Pennsylvania reports on ALICE (Asset Limited, Income Constrained Employed) families, and Lancaster County Planning Commission's Places2040 and Active Transportation Plan. These plans are summarized in Appendix A.

Community Partner Interviews

We interviewed 41 community partners about the strengths of Lancaster County, barriers to good health, community capacity to meet community health needs, and what is needed to ensure that everyone in Lancaster County can achieve their best health. These partners included leaders in various sectors including public health, business, housing, advocacy, mental health, substance use, healthcare services, education, planning, philanthropy, and social services.

Community interviews were conducted by staff members in the Community Health department at Penn Medicine Lancaster General Health using a semi-structured interview guide. Each interviewer took detailed notes and summarized interview themes. The lead report author read and analyzed notes from all interviews and independently summarized themes. Finally, the group met to discuss the results and arrive at consensus about key interview themes. A complete summary of the methods and findings from the interviews is provided in Appendix B.

Community Survey and Forums

To gather broad community input about the county's most important health problems, we completed an online survey with the public from October 14 to November 15, 2021. Links to the survey were posted on social media, printed in the local newspaper, and emailed to lists of community partners to share with the public. The survey was available in English and Spanish, and a total of 1,008 individuals completed the survey. Complete survey results are available in Appendix C.

WellSpan Health and Penn Medicine Lancaster General Health also invited Lancaster County community members to attend a virtual discussion in early November 2021 to view a presentation of community health data and contribute input about community health priorities. These presentations were offered at a variety of times and days of the week to accommodate different schedules. A total of 70 community members attended these sessions.

Each health system provided updates about community benefit activities conducted since the last CHNA, followed by a summary of key health indicators for Lancaster County. Next, community members responded to questions about Lancaster County's health resources, challenges, and priorities electronically using Poll Everywhere. For each question, community members could view other participants' answers and vote in agreement. This process helps build consensus around priority issues. A summary of the input gathered at the community forums is provided in Appendix D.

Limitations

There are several important limitations of this assessment.

First, only certain indicators are stratified at the county or local level by sex, race, ethnicity, income, and other social factors. There are very few population level indicators that are available stratified by sexual orientation or gender identity. Even when indicators are available for a particular group, it is important to recognize that there are many differences within groups. For example, people who identify as Hispanic or Latino/a in Lancaster County are a diverse group with a variety of races, cultural backgrounds, and languages. In addition, people have multiple characteristics that are important to their identity, and they are not only defined by their race, class, gender, sexual orientation, etc.

Second, many health indicators that are public, valid and reliable, and available at the county level are focused on challenges, illness, and disease, rather than well-being. As a result, this assessment may draw attention to problems and challenges, particularly for certain communities that have historically faced discrimination. It is important to recognize that we do not have measures for all the assets and strengths of the community, such as social connections between friends and family, hope and resiliency, spirituality, and more.[2]

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[2] For example, Indigenous North American communities may view community health needs differently: "Fundamentally, deficit-based measures focused on disease and illness do not reflect Indigenous worldviews of well-being…Indigenous worldviews require a description of….well-being based on strengths, reflecting the web of connections among the child, family, and community; cultural and spiritual practices; and individual health and stability." Rountree and Smith (2016). Strength-Based Well-Being Indicators for Indigenous Children and Families: A Literature Review of Indigenous Communities Identified Well-Being Indicators.

Third, population-level public health data often require 1-2 years to collect and analyze. As a result, many data sources included in this report reflect several years in the past by the time the CHNA is published. In particular, many indicators are from 2019, which is before the beginning of the COVID-19 pandemic in 2020.

To address these limitations, we have collected community feedback in a variety of ways to gather different perspectives, and we have weighted community input equally with quantitative public health data in prioritizing issues. The qualitative and quantitative data provided by individuals from the county are timely and reflect the most current issues facing the community. We have also included data from a variety of sources at different levels to address gaps. For example, when local data on disparities are not available, we have provided state-level or national data for additional information.

Community Description

This community health needs assessment is for Lancaster County, Pennsylvania. Penn Medicine Lancaster General Health and WellSpan Health organized and supported this community health needs assessment, relying on county-level data and input from individuals and organizations throughout the county to identify the most pressing community health needs.

Lancaster County is on the traditional native lands of the Susquehannock and Lənape Haki-nk (Lenni-Lenape) people.[3] The County was formed May 10, 1729 as the first county created beyond the original three Pennsylvania counties of Bucks, Chester, and Philadelphia. Lancaster has a diverse population and a diverse landscape. Many people enjoy our world-class farmland and rural places, our thriving urban areas and boroughs, and beautiful natural areas like the Susquehanna River, parks, and preserves.

Population and Population Trends

Lancaster County's total population is 540,999.[4] Since 2014, Lancaster's population has grown at a faster rate than the state overall (Lancaster: 2.7%, Pennsylvania: 0.3%). The northwestern region of the county and the suburban municipalities around Lancaster City are the fastest-growing areas of the county, as shown in the map below.

Figure 2. Change in Population from 2010-2020 by Municipality in Lancaster County[5]

Legend:
Decrease under 5.0% (687)   Decrease 5.0% to 10.0% (508)   Decrease over 10.0% (383)   No Change (11)
Increase under 5.0% (529)   Increase 5.0% to 10.0% (258)   Increase over 10.0% (195)

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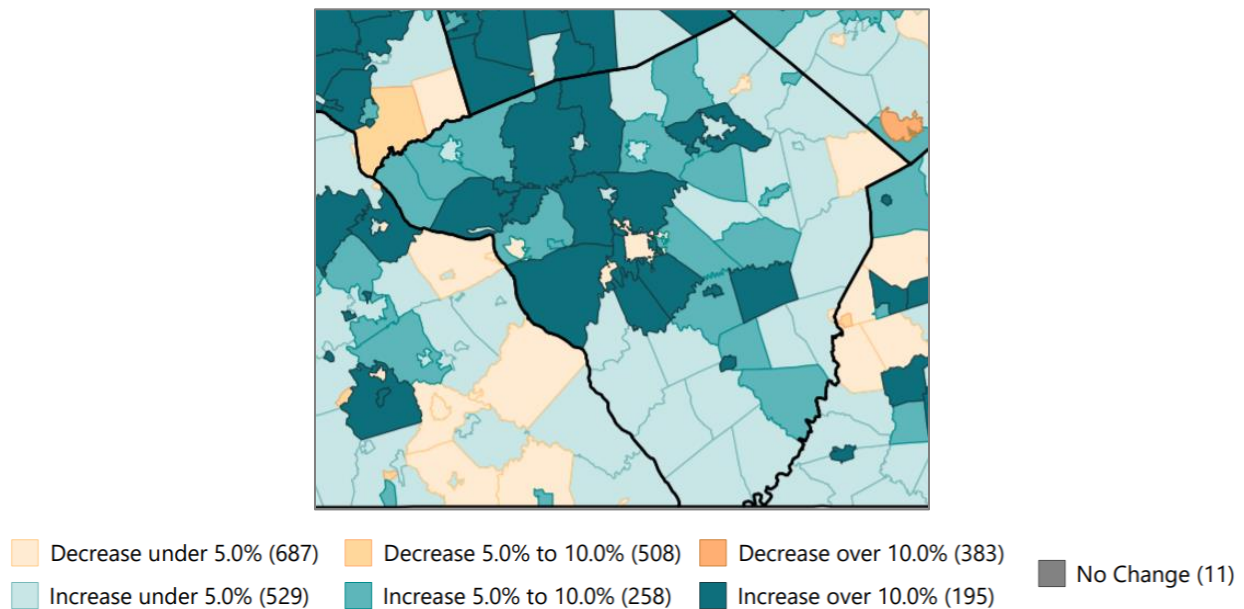
[3] Native Lands Digital, native-land.ca, accessed 10/11/2021.
[4] American Community Survey, 2019 5-year estimate.
[5] Pennsylvania State Data Center, accessed 9/10/2021.
pasdc.hbg.psu.edu/sdc/pasdc_files/mapsofthemonth/Census2020_MCDpctchg.pdf

Age

Lancaster has a larger share of children than the state overall, with 35,479 children under 5 and 128,175 children under 18. There are 94,915 older adults age 65 or older. The percentage of adults over 65 is similar to the statewide percentage, and age groups between 60 and 80 are the fastest growing population age groups in the county.[6] With a large population of children and a growing population of seniors, it is important to plan for services to support the health and wellness of these groups.

Race, Ethnicity, and Language

Lancaster County is becoming more diverse in race and ethnicity. Overall, 88.5% of the County population is White. Between 2014 and 2019, the Lancaster County population increased among those who identify as Black (2.5% increase), Asian (15.5% increase), Native Hawaiian/Pacific Islander (12.2% increase), or come from multiple racial backgrounds (23.1% increase).

More than 56,000 people in Lancaster, 10.5% of the population, identify as Hispanic or Latino/a. These County residents trace their origins to a variety of places. The most common is Puerto Rico (36,836), followed by Mexico (5,702) and the Dominican Republic (4,042).

Lancaster City, our urban center, has a very racially diverse population. In the City, 59.8% of the population is White, 17.2% Black, 4.4% Asian, 6.7% two or more races, 11.6% another race, and 38.3% identifies as Hispanic or Latino/a (of any race). Although the City population is very diverse, it is important to note that the majority of the County population, including the majority of people in any racial or ethnic group, lives outside the City.

After English, the most commonly spoken household languages in Lancaster County are Spanish (15,426 households), German or West Germanic languages (9,735), Russian/Polish/Slavic languages (2,270), French/Haitian/Cajun (1,812), and Vietnamese (1,224). Over 6,500 households that speak other languages speak limited English.[7]

Sexual Orientation and Gender Identity

According to the Human Rights Campaign, gender identity is a person's "innermost concept of self as male, female, a blend of both, or neither." Gender identity can be the same or different from the sex they are assigned at birth. People who are transgender have a gender identity that is different from cultural expectations based on the sex they were assigned at birth.

Sexual orientation is an emotional, romantic, or sexual orientation to other people. People who are lesbian, gay, bisexual, heterosexual, and asexual are members of every community, including Lancaster County. Gallup found that 5.6% of Americans identify as lesbian, gay, bisexual, or transgender.[8] Similarly, in our community survey for Lancaster County, 6.1% of the participants were lesbian, gay, or bisexual, and 0.8% were transgender or non-binary.

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[6] American Community Survey, 2019 5-year estimates.

[7] American Community Survey, 2019 5-year estimates.

[8] Gallup, 2021. news.gallup.com/poll/329708/lgbt-identification-rises-latest-estimate.aspx

There are many terms used to describe sexual and gender identity. This report uses LGBTQ+ as a broad term to refer to the diverse population of people who identify with a sexual or gender identity other than cisgender or heterosexual.

Members of the LGBTQ+ community are at higher risk for several health issues compared to those who are not LGBTQ+. For this reason, it is important for health professionals to ensure that general public health strategies reach this community, and also to plan for their unique health needs.

Groups with Special Health Needs

People living with disabilities may also need special services or resources to reach their best health. Overall, 11.7% of the population in Lancaster County has a disability. Approximately 30,000 individuals have an ambulatory difficulty, 23,000 have a cognitive difficulty, and 21,000 have an independent living difficulty.

Lancaster County has a population of 28,817 veterans. The largest group (over 10,000 veterans) served in the Vietnam War, but veterans represent all ages, genders, and racial/ethnic groups. Veterans may be at higher risk of certain health conditions based on their years and place of service. These conditions may include diseases related to exposure to toxic chemicals, infectious diseases, hearing problems, trauma, mental health problems, and traumatic brain injury.[9]

Lancaster County has a well-developed refugee resettlement program and welcomes refugees from around the world. Refugees arriving in Lancaster meet the United Nations definition of a refugee as a person who is not able to return to their home country because of a "well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion." Between 2015 and 2020, 2,138 refugees have arrived in Lancaster County. The most common countries of origin for refugees arriving in the Lancaster-Harrisburg region are the Democratic Republic of the Congo, Cuba, Bhutan, Burma, and Somalia, but many other countries are represented as well. Due to changes in national policies, Lancaster expects to welcome more refugees in the future than in the past few years.

Lancaster County is home to the largest Amish settlement in the United States, founded in the 1700s. There are 245 church districts and a total population of approximately 41,795 Amish people living in the Lancaster County settlement.[10] The "Plain Community" is a general term for Amish, Old Order Mennonite, and other groups that trace their roots to the Anabaptist Christian movement and share certain customs such as plain clothing, community life, and limiting certain types of technology. Amish groups in Lancaster County have shared schools, religious beliefs, and cultural traditions but are also a diverse group of individuals. Similarly, the Old Order Mennonite community operates its own schools and churches, but farm and business life intersects with the population at large. Many people from the Plain Community use modern healthcare services, but some prefer home care, traditional healing practices, and alternative medicine.

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[9] U.S. Department of Veterans' Affairs. Veterans' health issues related to service history. www.va.gov/health-care/health-needs-conditions/health-issues-related-to-service-era/

[10] Twelve Largest Amish Settlements, 2021." Young Center for Anabaptist and Pietist Studies, Elizabethtown College. groups.etown.edu/amishstudies/statistics/twelve-largest-settlements-2021/

Community Themes and Strengths

Vision: What is a healthy community?

Lancaster County has a broad view of health and an inspiring vision of what an ideal healthy community should be. In our community partner interviews, conducted at the beginning of the CHNA process, our interviewees shared these characteristics of a healthy community:

In a healthy community:

- Each person can achieve their full potential and has an equal opportunity for well-being.
- People are empowered with knowledge and resources for their journey towards good health.
- All people are welcome, valued, and have a strong support network of friends, family, and neighbors.
- Everyone can access good quality medical care, food, safe shelter, and other basic necessities.
- We work towards economic stability for everyone and provide extra help for those who need it.
- Children and adults are safe from trauma, violence, stigma, and discrimination.
- The environment is clean and safe, free from smoke, pollution, lead, and other toxins.
- Community leaders and community members work together to solve problems and create solutions.

> **Community Health Assets**
>
> We can build on our strengths to improve health and well-being for all. Based on our community input, some of the strongest assets in Lancaster County are:
>
> Our people
> Culture of collaboration
> Strong sense of place
> Community organizations
> Business community
> Commitment to positive change
> Generosity
> Healthcare services
> Healthy, farm-fresh food
> Parks and trails
> Safety
> Natural beauty and open spaces

Community Strengths

In our key informant interviews, community leaders agreed that there is a strong commitment to make positive changes in Lancaster County. There are many examples of individuals and groups who have committed to tackling serious problems, including poverty, homelessness, mental health and addiction, health disparities, and childhood trauma. Many people agreed that the dedication of their fellow community members gave them hope for a better future.

There was also general agreement that we have a culture that supports collaboration in Lancaster County. Many groups and individuals work together, including across sectors, in their aim to improve health and quality of life. Several people praised the work of Lancaster County's social service hubs (groups of social service organizations collaborating in a specific geographic area to meet the needs of their residents). Others mentioned topic-specific collaboratives, such as Let's Talk Lancaster (mental health) or the Coalition for Sustainable Housing (affordable housing). In general, community leaders viewed willingness to collaborate as a strength in Lancaster County, and the spirit of collaboration was also cited as a top strength during our community forums.

In addition, community leaders noted that there is a strong philanthropic community in Lancaster. Individuals and organizations are willing to invest financially in community solutions to address problems. Although funding remains a challenge and resource needs are growing, many people felt that generosity is a community asset.

As shown in the survey results below, our community enjoys good quality of life, and most people view Lancaster County as a safe place and a good place to raise children and grow older.

Table 1. Community Survey Ratings of Quality of Life in Lancaster County

	Excellent	Very good	Good	Fair	Poor
Overall quality of life	17.0%	48.9%	27.0%	6.1%	1.0%
Safety	13.0%	46.0%	32.3%	7.0%	1.6%
As a place to raise children	21.6%	46.3%	24.2%	6.5%	1.3%
As a place to grow older	21.2%	43.9%	23.6%	9.2%	2.2%

Community members who participated in our survey also agreed that Lancaster County is rich in resources. In particular, more than 8 in 10 participants were somewhat or very satisfied with parks, trails, and green spaces (88.1%), places to get healthy food (85.8%), healthcare services (85.3%), and dental services (81.5%) in the county.

Health Status Assessment

How Healthy Are We?

The County Health Rankings and U.S. News and World Report Healthy Community Rankings use multiple indicators of health to score counties and rank them. These rankings include many factors that contribute to health and can help communities identify challenges and opportunities to improve health for all. However, it is important not to focus too much on small movements in the rankings, because they change depending on conditions in other communities.

The University of Wisconsin Population Health Institute's County Health Rankings rank counties within each state both in health outcomes (such as life expectancy and self-rated health) and health factors (such as medical care, health behaviors, and social and environmental conditions). The Rankings include social, economic, physical, clinical, and other factors that influence population health. In the 2021 County Health Rankings, Lancaster County ranks 9 in health outcomes and 16 in health factors among Pennsylvania's 67 counties. For both categories, Lancaster ranks in the top quartile (within the top 25%).[11]

Figure 3. County Health Rankings 2021 for Pennsylvania

County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors
Adams	10	8	Clinton	23	42	Lackawanna	53	32	Pike	27	24
Allegheny	24	10	Columbia	35	27	Lancaster	9	16	Potter	43	63
Armstrong	59	58	Crawford	54	48	Lawrence	65	57	Schuylkill	63	55
Beaver	45	21	Cumberland	6	4	Lebanon	29	19	Snyder	8	35
Bedford	38	28	Dauphin	37	20	Lehigh	13	23	Somerset	49	61
Berks	17	31	Delaware	22	11	Luzerne	60	62	Sullivan	18	40
Blair	39	38	Elk	14	13	Lycoming	30	25	Susquehanna	46	54
Bradford	25	45	Erie	47	29	McKean	51	53	Tioga	15	36
Bucks	5	5	Fayette	66	65	Mercer	52	46	Union	3	9
Butler	7	6	Forest	42	66	Mifflin	50	50	Venango	57	51
Cambria	62	47	Franklin	12	18	Monroe	36	41	Warren	21	22
Cameron	48	39	Fulton	31	56	Montgomery	4	1	Washington	33	17
Carbon	56	49	Greene	64	64	Montour	16	7	Wayne	26	33
Centre	2	3	Huntingdon	34	43	Northampton	11	14	Westmoreland	20	12
Chester	1	2	Indiana	41	44	Northumberland	55	60	Wyoming	61	34
Clarion	32	37	Jefferson	44	52	Perry	40	26	York	19	15
Clearfield	58	59	Juniata	28	30	Philadelphia	67	67			

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[11] University of Wisconsin Population Health Institute, County Health Rankings, 2021. countyhealthrankings.org.

U.S. News and World Report Healthiest Communities Rankings		
County	Rank	Score
Montgomery County, PA	93	76
Chester County, PA	106	76
Cumberland County, PA	232	70
Butler County, PA	276	69
Lancaster County, PA	-	56

The U.S. News and World Report Healthiest Communities rankings include more metrics (84 metrics across 10 categories) and rank counties against peer groups in all other states. These indicators are based on factors identified by the National Committee on Vital and Health Statistics. The categories (population health, equity, education, economy, housing, food and nutrition, environment, public safety, community vitality, and infrastructure) are weighted according to expert opinion. Lancaster County is not ranked in the U.S. News and World Report top 500 communities, but the overall score for the county is 56 out of 100 possible points.[12] The top scoring counties in Pennsylvania are Montgomery (score 76) and Chester (score 76).

See Appendix E for data included in County Health Rankings and U.S. News and World Report.

Life Expectancy and Mortality

Lancaster County's overall life expectancy is 80.5 years, longer than the U.S. average (79.2) and the Pennsylvania average (78.5). People in Lancaster can expect to live two years longer than the average person in Pennsylvania, which is an important indicator of our good health. However, life expectancy is not the same for everyone. Life expectancy is highest for Asian people in Lancaster (86.9), followed by Hispanic/Latino people (82.7), White people (80.5), and Black people (77.8).[13] Geographically, Columbia and Lancaster City are the areas with the lowest life expectancy, but there are other areas with lower life expectancy scattered in each region of the County. (See Figure below).

The leading causes of death in Lancaster County are shown in Table 2. Similar to recent years, heart disease (225.0 per 100,000) and cancer (229.6 per 100,000) are the two leading causes of death.[14] But in a major shift, an infectious disease (COVID-19) was the third leading cause of death (136.9 deaths per 100,000). Over the past twenty years, influenza and pneumonia have been the only other infectious diseases in the leading causes of death and caused far fewer deaths (17.6 deaths per 100,000).[15] Overall, chronic diseases remain the most common causes of death, but the COVID-19 pandemic has shown the urgent need to prepare and respond effectively to infectious disease outbreaks as well.

> **COVID-19 and Life Expectancy**
>
> Early estimates from the CDC show that life expectancy in the United States fell by a year and a half in 2020 due to the COVID-19 pandemic.
>
> From 2019 to 2020, Hispanic people and Black people experienced the greatest drop in life expectancy (3.0 and 2.9 years, respectively). White people also experienced a decline of 1.2 years.
>
> *Source: CDC. Provisional Life Expectancy Estimates for 2020. July 2021.*

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[12] U.S. News and World Report. Healthiest Communities 2021. usnews.com/news/healthiest-communities/rankings
[13] County Health Rankings and U.S. Small-Area Life Expectancy Estimates Project (USALEEP), 2017-2019. Accessed from Conduent Healthy Communities Institute.
[14] CDC WONDER. Leading Causes of Death, 2020.
[15] CDC WONDER. Leading Causes of Death, 2020. (Influenza and pneumonia statistic 1999-2019).

Figure 4. Life Expectancy in Lancaster County by Zip Code
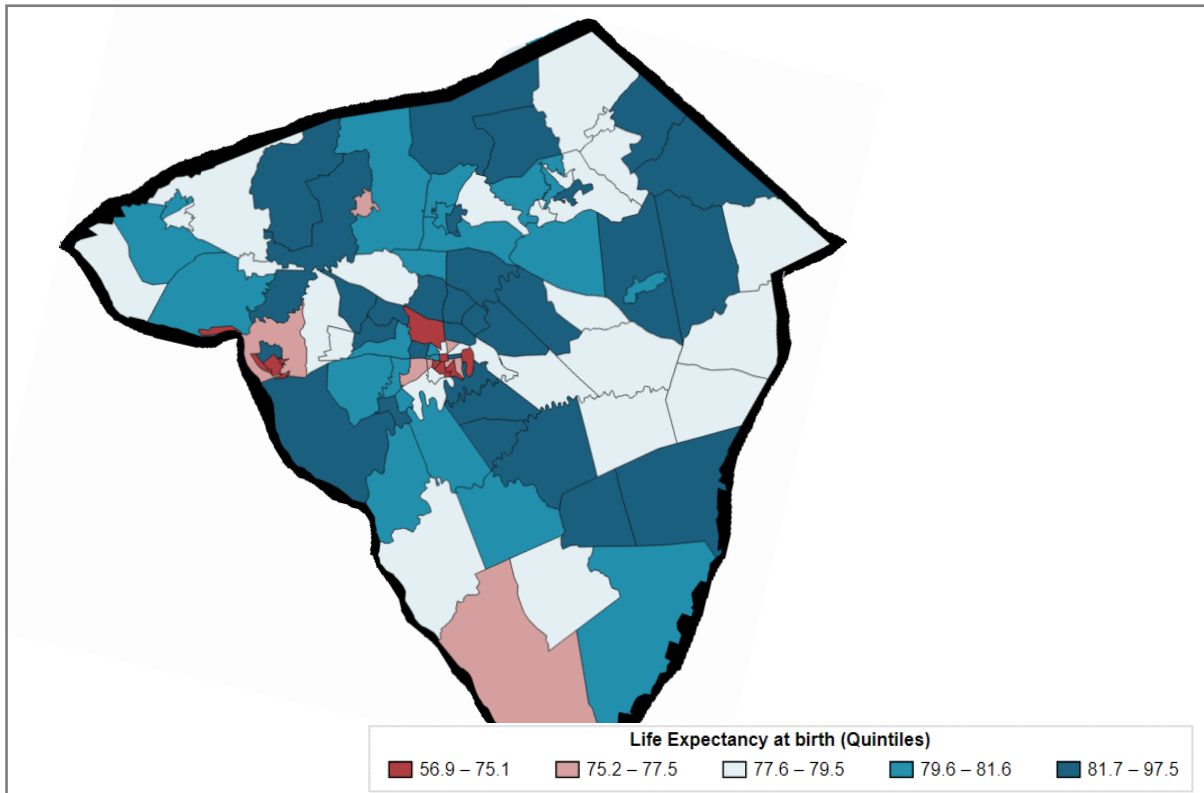
Table 2. Leading Causes of Death in Lancaster County, 2020[16]

Cause of Death	Crude Death Rate per 100,000
Heart Disease	225.0
Cancer	209.6
COVID-19	136.9
Stroke	70.5
Unintentional injuries	63.7
Alzheimer's Disease	45.0
Chronic lower respiratory disease (such as COPD)	43.8
Diabetes	30.9
Kidney Disease	26.0
Parkinson's Disease	14.3
Septicemia	13.0
Suicide	10.6
Chronic liver disease and cirrhosis	10.3
Influenza and pneumonia	9.5

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[16] CDC WONDER. Leading Causes of Death, 2020.

Infant and Child Mortality

In 2019, there were 5.8 deaths per 1,000 live births in Lancaster County, which is a statistically significant decline from 7.2 per 1,000 in 2009.[17] Lancaster's infant mortality rate is slightly lower than the state of Pennsylvania (5.9 per 1,000) and slightly higher than the overall United States average (5.7 per 1,000). As shown in the figure below, infant mortality rates disproportionately affect Black and Hispanic/Latino infants in Lancaster County and in the state of Pennsylvania overall.[18]

Figure 5. Racial and ethnic disparities in infant mortality[19]

Infant Mortality Rates by Racial and Ethnic Groups, 2015-2019

Pennsylvania: All Races 6, White 4.7, Black 13.4, Asian/Pacific Islander 2.9, Multi-Race 6.6, Hispanic 6.6

Lancaster County: All Races 5.6, White 5.1, Black 7.1, Hispanic 8.4
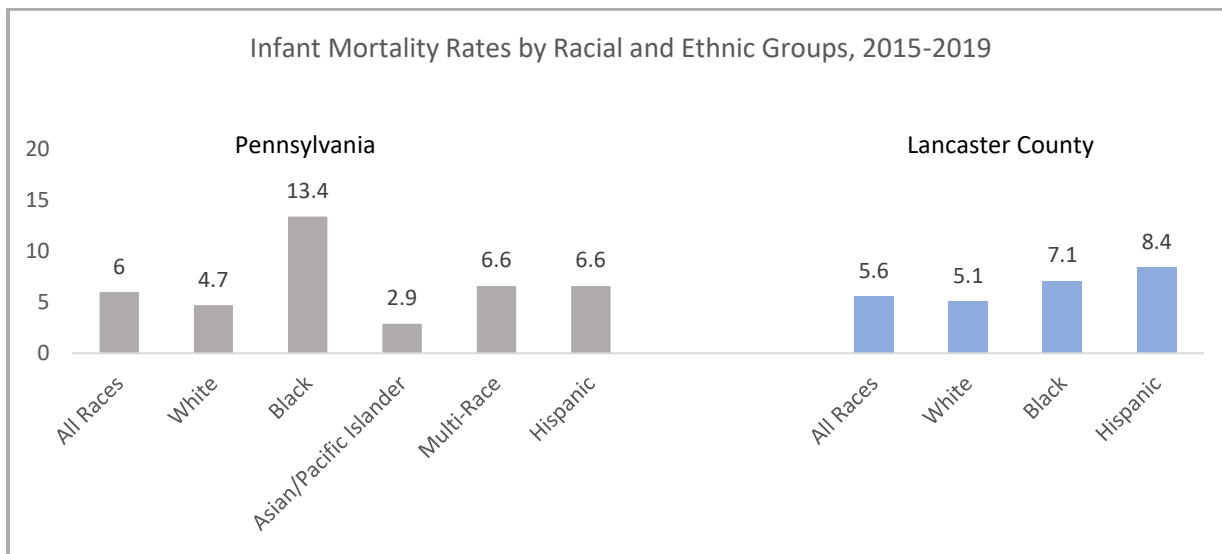
Among children, the leading causes of death in Lancaster County are conditions related to labor and delivery (13.4 per 100,000), congenital malformations and chromosomal abnormalities (11.3 per 100,000), unintentional injuries (9 per 100,000), and suicide (<5 per 100,000).[20]

Overall Health Status

People in Lancaster County are generally living in good health, but 12% of Lancaster County adults rate their general health as fair or poor.[21] Although data are not available for Lancaster County for all demographic groups, the data for Pennsylvania show that certain groups are more at risk for poor health. People tend to experience poorer health as they get older. About 1 in 4 Pennsylvanians over 65 years old have fair/poor health compared with 1 in 8 people 18-44 years old. Figure 6 also shows a clear relationship between education and income and health. People with less education and lower income are more likely to have fair or poor health, compared with people who have higher education and more income. There is also a

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[17] Pennsylvania Department of Health, 2019. Accessed via lghealth.org/countyhealthdata.

[18] Pennsylvania Department of Health, 2015-2019. Accessed via PA Enterprise Data Dissemination Informatics Exchange (EDDIE).

[19] Pennsylvania Department of Health, 2015-2019. Accessed via PA EDDIE.

[20] Centers for Disease Control and Prevention, National Center for Health Statistics, 2015-2019. Accessed Oct. 21, 2021.

[21] Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS), 2018-2020.

significant difference in health outcomes by race. A higher percentage of People of Color (20%) report fair or poor health compared with White, non-Hispanic people (17%).[22]

These differences in overall health and in life expectancy have deep root causes. These causes include different access to resources, discrimination, hazardous living and working conditions, lack of investment in certain neighborhoods, and limited education and job opportunities.

Figure 6. Self-Rated General Health by Demographic Groups[23]

Percentage of Pennsylvania Adults with Fair or Poor General Health, 2018-2020
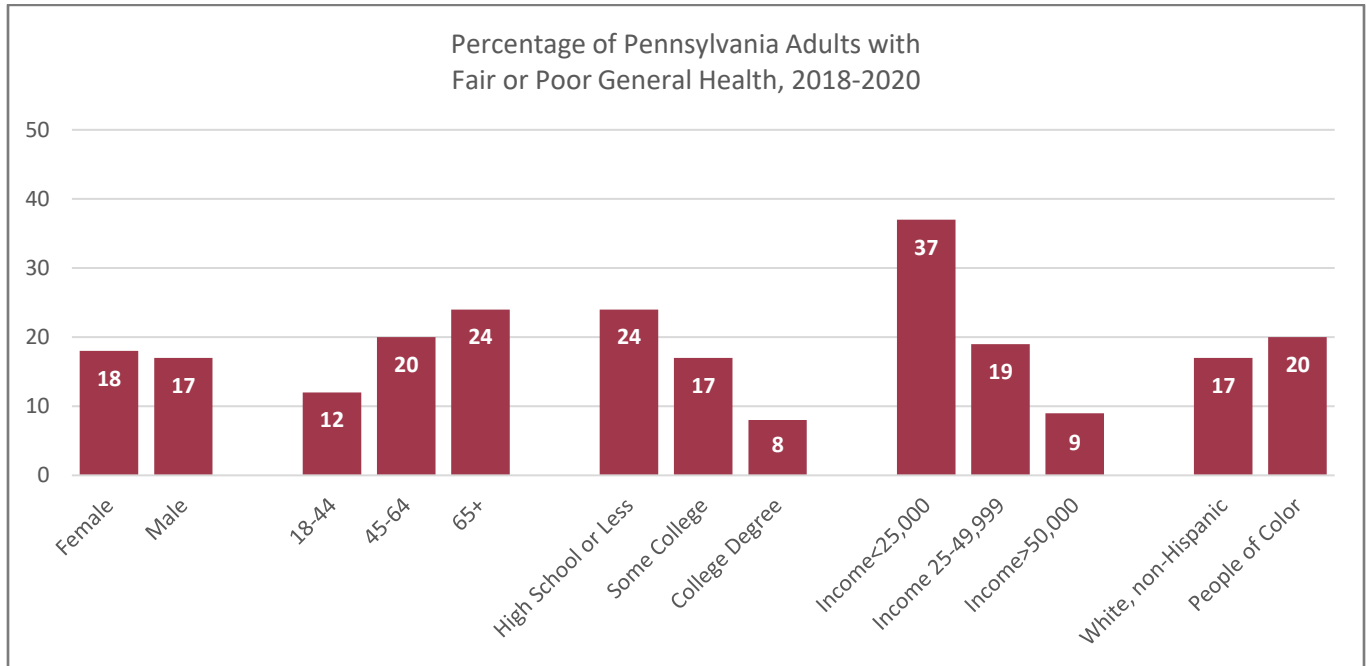
Health Conditions and Health Behaviors

Chronic Conditions

In Lancaster County, many people experience chronic illnesses. These conditions, including heart disease, cancer, chronic obstructive pulmonary disease (COPD), and kidney disease, are among the leading causes of death in the county.

High cholesterol, high blood pressure, and obesity are the most common chronic conditions that people in Lancaster County experience.[24] These conditions affect more than 30% of adults in the county, a number well above 100,000 people. A total of 28.6% of adults have arthritis, and 11.0% have asthma. Among children, poor mental health, asthma, and obesity are common conditions. More than 1 in 3 adolescents felt

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[22] Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS), 2018-2020.

[23] Pennsylvania Behavioral Risk Factor Surveillance System, 2018-2020. Accessed via PA Enterprise Data Dissemination Informatics Exchange (EDDIE).

[24] Chronic conditions data are from CDC PLACES and the Pennsylvania Behavioral Risk Factor Surveillance System, 2017-2019. Accessed via Conduent Healthy Communities Institute at lghealth.org.countyhealthdata.

depressed or sad most days in the last year. Nearly 15,000 children have asthma. 18.2% of teens and 15.3% of children have obesity.

For most chronic conditions shown in the table below, Lancaster performs in the top 50th percentile of the counties in Pennsylvania. In other words, fewer people experience these conditions in Lancaster than in most other counties in the state. However, Lancaster ranks in the worst 50th percentile for asthma among both adults and children.

Table 3. Health Conditions in Lancaster County

Indicator	Percentage with Chronic Condition	Estimated People Affected	Among Best 50% of PA Counties?
Adults with High Cholesterol	33.5%	139,980	Yes
Adults with High Blood Pressure	31.5%	131,623	Yes
Adults with Obesity	31.0%	129,534	Yes
Adults with Arthritis	28.6%	119,506	Yes
Adults with Asthma	11.0%	45,964	No
Adults with Cancer	7.7%	32,175	Yes
Adults with Chronic Obstructive Pulmonary Disease	7.7%	32,175	Yes
Adults who Experienced Coronary Heart Disease	7.4%	30,921	Yes
Adults 65+ with Total Tooth Loss	15.8%	15,855	Yes
Adults who Experienced a Stroke	3.5%	14,625	Yes
Adults with Kidney Disease	3.0%	12,536	Yes
Adolescents Depressed or Sad: Past Year	36.4%	18300	Yes
Children with Asthma	11.7%	14961	No
Teens with Obesity	18.2%	9150	Yes
Children with Obesity: Grades K-6	15.3%	8746	Yes
Child Abuse Rate (cases per 1,000)	15.2	1944	Yes
Babies with Low Birth Weight	6.4%	441	Yes
Babies with Very Low Birth Weight	1%	69	Yes

Limited data are available about disparities in these chronic conditions at the county level. However, the state of Pennsylvania Behavioral Risk Factor Surveillance System provides data for different demographic groups at the state level. Many chronic conditions are more common among Pennsylvania adults who make less than $25,000 in annual income compared with people who make more than $75,000 (including high blood pressure, heart disease, obesity, arthritis, COPD, and asthma). Black people in Pennsylvania are disproportionately affected by high blood pressure, joint pain, and obesity compared with White people. Hispanic/Latino people are more likely to have asthma than White people. Arthritis and asthma are more common among females than males; for other conditions, there are no statistically significant gender differences. In these data, it is important to note that certain groups have less access to healthcare than others and may have undiagnosed conditions. In other words, the disparities that exist may be even larger than they appear. Detailed data tables are available in the Secondary Data Appendix F.

Maternal and Child Health

In Lancaster County, 62.8% of pregnant people received early prenatal care, compared with 74.2% for the state of Pennsylvania and 75.8% for the U.S. overall. However, this rate has increased over time from 60.7% in 2010. Hispanic/Latina individuals are most likely to receive prenatal care, and there are no other statistically significant differences by race at the county level. Only 0.2% received no prenatal care, which is a lower rate than the state (2.1%) and the U.S. overall (1.8%).[25]

Most pregnant people (94.5%) do not smoke during pregnancy in Lancaster County, and most (87.6%) do breastfeed. These rates both compare favorably to the state overall. There are no racial or ethnic disparities in smoking, but both Black and Hispanic people have lower rates of breastfeeding than White people in Lancaster County.[26] Barriers to breastfeeding include workplace and parental leave policies, lack of access to lactation support, and lack of social support. A multidisciplinary approach that involves community, family, parents, and health care professionals can strengthen support for parents and improve equity.[27]

Figure 7. Disparities in Pre-Term Births[28]
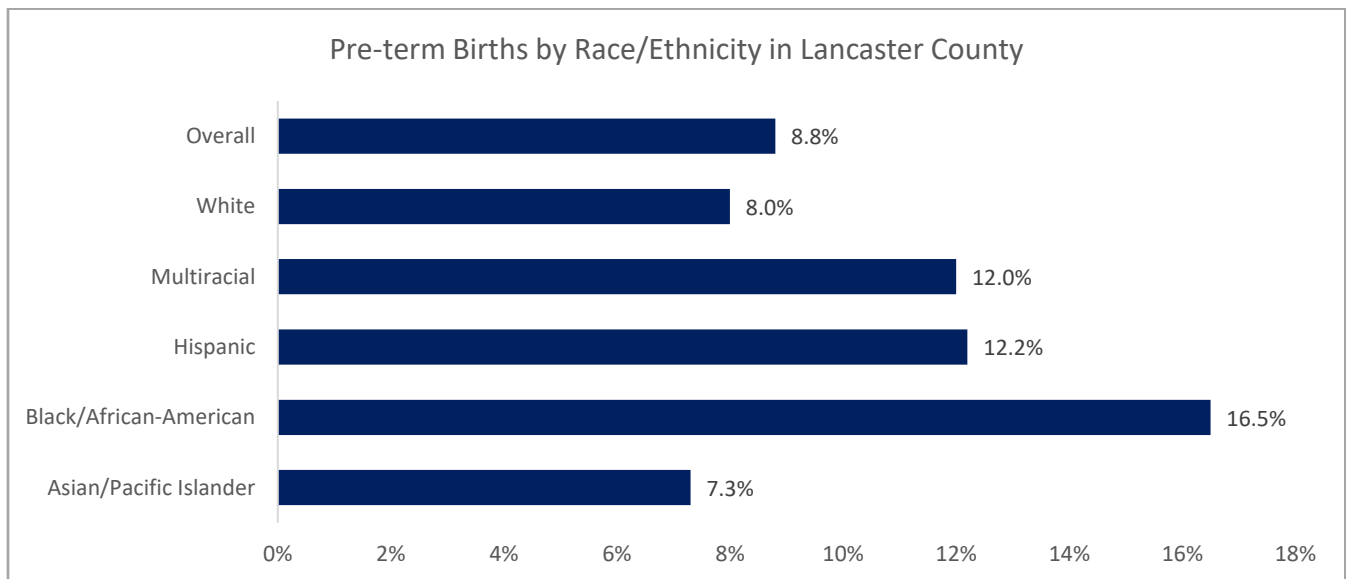
There are significant racial and ethnic disparities in preterm birth and birthweight in Lancaster County. While the overall pre-term birth rate is 8.8% for Lancaster County and 8.0% for White people, it is 12.2% for Hispanic/Latina people and 16.5% for Black people. Similarly, 5.5% of White babies in Lancaster are born with low birthweight, compared with 9.3% of Hispanic/Latino babies and 14.9% of Black babies.

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[25] Pennsylvania Department of Health, Bureau of Health Statistics and Research, 2019.

[26] Pennsylvania Department of Health, Bureau of Health Statistics and Research, 2019.

[27] American College of Obstetricians and Gynecologists. Barriers to Breastfeeding: Supporting Initiation and Continuation of Breastfeeding Committee Opinion, February 2021.

[28] Pennsylvania Department of Health, Bureau of Health Statistics and Research, 2019.

Mental Health, Mental Illness, and Suicide

Nearly 1 in 3 adults in Lancaster County (31%) report that they have experienced one or more days in the past month when their mental health was not good. This percentage has decreased slightly from 36% in 2015. Meanwhile, the percentage for the state of Pennsylvania increased from 35% to 38% over the same time period.[29]

Lancaster County primary care providers have been working together since 2015 to increase screening for depression during routine primary care visits. Over the past several years, approximately 50-60% of patients have been regularly screened for depression in primary care.[30] Nearly 1 in 4 adults (23%) in Lancaster County have been told they have a depressive disorder. This percentage has been increasing since 2014-2016, and is higher than the statewide percentage of 20%. Given the decrease in reported poor mental health days, it is important to note that an increase in **diagnosed** depression could indicate increasing access to care for mental health.[31]

> **Focus on Health Equity**
>
> People of Color, younger adults, females, and lower-income people are more likely to report poor mental health days, according to data from the Pennsylvania Risk Factor Surveillance Survey. Men and White non-Hispanic people are more likely to die by suicide.

Overall, Lancaster was making good progress in improving mental well-being prior to the pandemic. Mental health providers in Lancaster County report that many more people experienced mental health challenges during COVID-19. Nationally, the CDC found that anxiety and depression symptoms increased and decreased along with the average number of daily COVID-19 cases.[32] Now and in the future, it is extremely important to monitor the mental health impact of the COVID-19 pandemic and develop community-wide strategies to respond to mental health distress and promote mental wellness.

Suicide is a serious and preventable public health problem in Lancaster County. For each death by suicide, the CDC estimates there may be up to 25-30 additional attempted suicides.[33] In Lancaster County, the overall age-adjusted rate of suicide is lower (9.4 per 100,000) than the state of Pennsylvania overall (14.0 per 100,000) and meets the Healthy People 2030 goal (12.8 deaths per 100,000 population).[34] However, suicide deaths have been increasing over the past decade, and certain groups are at higher risk. In Lancaster County, men are 3 times more likely than women to die from suicide (17.6 compared with 5.8 per 100,000). By age, the highest rates of suicide were among people between the ages of 55-59 and 65-69. Pennsylvania data shows that the rates of suicide are higher for people of White non-Hispanic race (15.9 per 100,000) than other racial and ethnic groups. Although data are not available locally, national data also show that veterans, people who live in rural areas, workers in mining and construction occupations, and

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[29] Pennsylvania Behavioral Risk Factor Surveillance System, 2018-2020. Accessed via PA Enterprise Data Dissemination Informatics Exchange (EDDIE).

[30] Let's Talk Lancaster County Coalition, 2017-2021.

[31] PA Behavioral Risk Factor Surveillance System, 2018-2020.

[32] CDC. National and State Trends in Anxiety and Depression Severity Scores Among Adults During the COVID-19 Pandemic — United States, 2020–2021. cdc.gov/mmwr/volumes/70/wr/mm7040e3.htm

[33] CDC. Suicide Prevention Fast Facts. https://www.cdc.gov/suicide/facts/index.html

[34] Pennsylvania Department of Health, 2015-2019 Death Rates, accessed through PA EDDIE.

young people who are lesbian, gay, or bisexual have a higher rate of suicidal ideation and may also be at higher risk for suicide.[35]

Young people in Lancaster County also have significant mental health needs. The 2019 Pennsylvania Youth Survey (PAYS) found that 36.6% of youth felt sad or depressed most days in the past 12 months and 24.2% sometimes feel that life is not worth it.[36]

The Trevor Project's 2021 National Survey on LGBTQ Youth Mental Health shows that lesbian, gay, bisexual, transgender, queer and questioning (LGBTQ) youth ages 13–24 experience increased risk for mental health distress.[37]

- 42% of LGBTQ youth seriously considered attempting suicide in the past year, including more than half of transgender and non-binary youth.
- 48% of LGBTQ youth reported they wanted counseling from a mental health professional but were unable to receive it in the past year.

Youth who belonged to spaces that affirmed their sexual orientation and gender identity, and transgender youth who were able to change their name and/or gender marker on legal documents reported lower rates of attempting suicide.

Figure 8. Suicide Deaths in Pennsylvania and Lancaster County, 2009-2019

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[35] CDC. Suicide Prevention Fast Facts. https://www.cdc.gov/suicide/facts/index.html
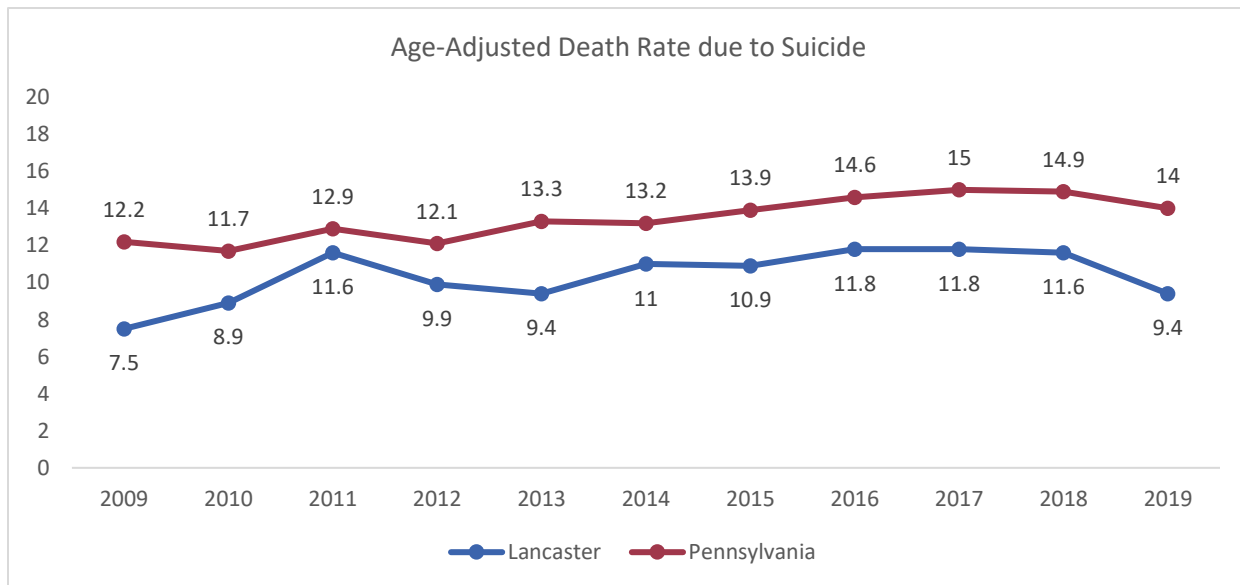
[36] Pennsylvania Commission on Crime and Delinquency, PA Youth Survey, 2019. pccd.pa.gov/Juvenile-Justice/Pages/Pennsylvania-Youth-Survey-(PAYS)-2019.aspx

[37] The Trevor Project. National Survey on LGBTQ Youth Mental Health, 2021. https://www.thetrevorproject.org/survey-2021/

Alcohol. In general, Lancaster County has relatively low levels of harmful alcohol use. Overall, 8% of adults in Lancaster County binge drink. This percentage is much lower than the overall state percentage (17%) and has declined significantly in the past decade.[38]
Similarly, youth alcohol use declined in 2019 compared with 2015 and 2017, but alcohol remains the most common substance used by youth. Older students are more likely to drink alcohol than younger students. According to survey data, 22.2% of 12th graders, 14.9% of 10th graders, 7.0% of 8th graders, and 3.6% of 6th graders in Lancaster County have used alcohol in the past 30 days, but these percentages are all lower than the percentages at the state level overall.[39]

Focus on Health Equity

Younger adults, the areas around the colleges and universities in Lancaster County, males, and LGBTQ individuals are at higher risk for harmful alcohol use compared with the general population, according to the Pennsylvania Behavioral Risk Factor Surveillance Survey and the state LGBTQ health needs assessment.

Marijuana Use. Data on adult use of marijuana is available at the regional level from the National Survey on Drug Use and Health. In our region, which includes Lebanon, York, Adams, and Dauphin Counties, 10.88% of individuals 12 and older report using marijuana in the past year, and this percentage has increased from 8.10% in 2008-2010.[40] Among Lancaster County youth who report vaping (13.2%), the percentage who vape marijuana increased from 7.4% in 2015 to 22.6% in 2019 on the PA Youth Survey.[41] The PA Youth Survey shows a relationship between students who report using marijuana and those who experience moderate or high depressive symptoms. The passage of medical marijuana laws in Pennsylvania has led to increased information about marijuana being more prominent in a variety of venues and formats. Many youth report a low perception of risk with using marijuana, and as youth get older, they report less harm associated with marijuana use. Further, youth report less peer disapproval of marijuana use than other substance use indicating that youth believe marijuana to be relatively safe and commonly used among their peers.

Tobacco and Nicotine Use. Overall in Lancaster County, 14% of adults smoke, a lower percentage than the state overall (17%). The percentage of adult smokers has declined over time, with a trend downward from 20% in 2011-2013 in the County. However, there are disparities in smoking associated with socioeconomic status.[42] In Pennsylvania, the percentage of adults who smoke is much higher among people with lower education and lower income. Overall, 6% of people with a college degree currently smoke, compared with 26% of people with less than a high school education. Similarly, 10% of people with an income greater than $75,000 smoke, compared with 32% of those with an income less than $15,000 annually. The areas of the County with the highest percentages of adults who smoke are Columbia,

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[38] Pennsylvania Behavioral Risk Factor Surveillance System, 2018-2020. Accessed via PA Enterprise Data Dissemination Informatics Exchange (EDDIE).

[39] Pennsylvania Commission on Crime and Delinquency, PA Youth Survey, 2019. pccd.pa.gov/Juvenile-Justice/Pages/Pennsylvania-Youth-Survey-(PAYS)-2019.aspx

[40] National Survey on Drug Use and Health Substate Regional Reports, 2016-2018.

[41] Pennsylvania Commission on Crime and Delinquency, PA Youth Survey, 2019. pccd.pa.gov/Juvenile-Justice/Pages/Pennsylvania-Youth-Survey-(PAYS)-2019.aspx

[42] Pennsylvania Behavioral Risk Factor Surveillance System, 2018-2020. Accessed via PA Enterprise Data Dissemination Informatics Exchange (EDDIE).

Lancaster City, and the southern and eastern regions of the County. These geographic areas have a larger population of people with lower incomes.

There are also differences in smoking habits associated with gender identity and sexual orientation. In the 2020 LGBTQ state needs assessment, 29% of LGBTQ+ individuals in the Lancaster County region reported smoking, which is higher than the estimate in the overall population.[43]

CDC research has found that people with lower incomes and less education are just as likely to attempt quitting as people who have higher incomes and more education, but they are less likely to succeed. Health researchers have also found a higher density of tobacco retailers in lower income neighborhoods and aggressive marketing to certain groups. For example, tobacco companies advertise at pride festivals and other LGBTQ+ community events and have developed ad campaigns that depict tobacco use as a "normal" part of LGBTQ+ life.[44]

Among youth in Lancaster County, cigarette smoking is low, but more adolescents are using e-cigarettes and vaping. The Pennsylvania Youth Survey provides data on students in 6th, 8th, 10th, and 12th grades. Among these students, only 1.8% have smoked cigarettes in the past 30 days, but 13.2% of adolescents reported using e-cigarettes/vaping in the past 30 days. Among the students who reported vaping in the past year, 49.1% reported using flavor only and 49.4% reported using nicotine. The percentage of students who smoke and vape are higher among older students and lower among younger students. Rates of smoking and vaping in Lancaster are lower compared to the state of Pennsylvania (3.5% smoke cigarettes, 19% smoke e-cigarettes or vape).[45]

Opioids, Stimulants, and Drug Overdoses. As in many other parts of the country, Lancaster County has experienced increasing rates of drug overdose deaths in the past decade, mainly caused by opioids. Deaths from drug overdoses began to increase in 2014 and more than doubled between 2015-2017. Health systems and other community partners took urgent action to reduce risky prescribing practices, connect people with treatment, and distribute life-saving naloxone medication. As a result, there was a 36% decrease in deaths in 2018, and an additional 12% decrease in 2019. Deaths caused by heroin have decreased sharply. Fentanyl, a synthetic opioid, is now responsible for the vast majority of overdose deaths (79% in 2020).

During the COVID-19 pandemic in 2020, overdoses increased by 44% in Lancaster County. Community members engaged in the Joining Forces coalition, a group focused on reducing deaths from opioids and heroin, perceived a variety of factors that contributed to this increase. Their observations are shown in the sidebar.

> **What factors contributed to the increase in overdose deaths in 2020?**
> (Reported at the Joining Forces Community Forum, April 2021)
>
> - Impact of COVID-19
> - Relapse in heroin addiction
> - More dangerous substances
> - Mental health issues
> - Increased stress and anxiety
> - Reduced services and/or no access to computer for virtual services
> - Not being able to get face-to-face care
> - Isolation (using drugs alone; lack of positive family and friend support)
> - Loss of work
> - Use of new or different substances
> - Fear of calling emergency services due to COVID-19

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[43] 2020 Pennsylvania LGBTQ Health Needs Assessment. www.bradburysullivancenter.org/health_needs_assessment

[44] CDC. Lesbian, Gay, Bisexual, and Transgender Persons and Tobacco Use. www.cdc.gov/tobacco/disparities/lgbt/index.htm

[45] Pennsylvania Youth Survey, 2019.

Figure 9. Drug Overdose Deaths
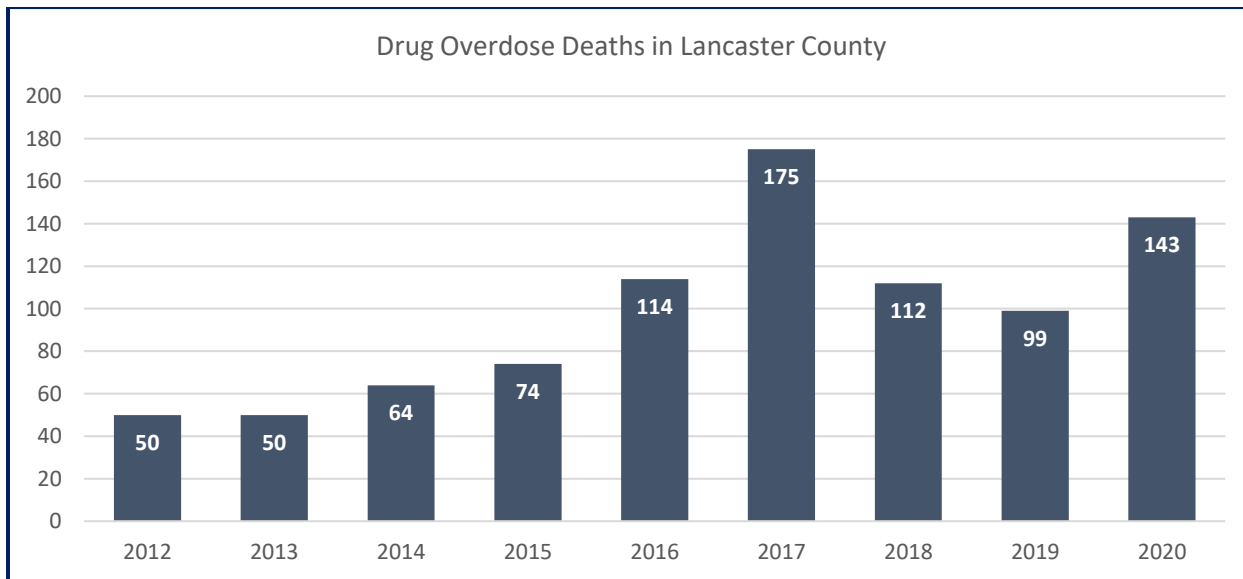
Drug Overdose Deaths in Lancaster County

Year	Deaths
2012	50
2013	50
2014	64
2015	74
2016	114
2017	175
2018	112
2019	99
2020	143

Deaths from drug overdoses are higher among males than females, people of color compared with people of white race, and Hispanic/Latino people compared with non-Hispanic/Latino people. Between 2019 and 2020, the death rate more than doubled among people of color.

Physical Activity and Nutrition

Physical Activity. In Lancaster County, 23% of adults report that they do not participate in any leisure time physical activity. Physical activity is a key health behavior that helps reduce the risk of many negative health outcomes, including heart disease, cancer, Alzheimer's Disease, diabetes, depression, and more. For the best health benefits, adults should do at least 150 minutes (2 hours and 30 minutes) a week of moderate-intensity, or 75 minutes a week of vigorous-intensity aerobic physical activity. Adults should also do muscle-strengthening activities on 2 or more days a week. Children should be physically active for at least one hour (60 minutes) each day.[46]

Younger adults and people with higher incomes and higher levels of education are most likely to participate in leisure time physical activity, according to disparity data at the Pennsylvania state level. People in these groups are more likely to have good physical health and access to important resources, like safe spaces for recreation and exercise near home and workplace wellness programs that offer physical activity.[47]

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[46] U.S. Department of Health and Human Services. Physical Activity Guidelines for Americans, 2nd edition. Washington, DC: U.S. Department of Health and Human Services; 2018.

[47] Pennsylvania Behavioral Risk Factor Surveillance System, 2018-2020. Accessed via PA Enterprise Data Dissemination Informatics Exchange (EDDIE).

> Food insecurity is associated with some of the most common chronic health problems that affect children and adults in Lancaster County, including obesity, diabetes, and mental health problems.

Food Insecurity. Eating a nutritious diet is another key health behavior that leads to longer and better quality of life. People who are food insecure do not have reliable access to enough food for a healthy life, so food insecurity is an important indicator of health risk for our community. Poverty and unemployment are closely linked to food insecurity in the United States. Food insecurity is associated with some of the most common chronic health problems that affect children and adults in Lancaster County, including behavioral and developmental problems, diabetes, heart disease, high blood pressure, obesity, and mental health issues. [48]

According to the most recent final estimates, 9.0% of adults in Lancaster County and 11.7% of children are food insecure. Due to the COVID-19 pandemic, Feeding America also released projected food insecurity rates for 2020 and 2021. During that time, when many families struggled with unemployment and may have been unable to access resources such as school meal programs, the rates of food insecurity increased. For adults, the estimated rates are 11.9% in 2020 and 10.2% in 2021. For children, the estimates are 16.9% in 2020 and 13.3% in 2021.[49] Because our economy is relatively strong, Lancaster County has lower food insecurity rates than the state of Pennsylvania overall, but thousands of people are still unable to reach their best health because they lack reliable access to healthy food.

> *"We need to focus on getting people in rather than keeping people out.*
>
> *Think about making every child food secure rather than deciding if someone is worthy or proves they need assistance."*
>
> – Community partner interview

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[48] Food Research and Action Center. The Impact of Poverty, Food Insecurity, and Poor Nutrition on Health and Well-Being. December 2017. http://frac.org.

[49] Feeding America. *Mind the Meal Gap: Food Insecurity in the United States.* 2021.
The Impact of Coronavirus on Food Security. March 31, 2021.

Traffic, Pedestrian, and Bicycle Crashes

Motor vehicle crashes are a major cause of unintentional injuries and deaths in Lancaster County. The total crashes in Lancaster County increased over the past decade from 5,060 in 2010 to 5,957 in 2019, but decreased sharply to 4,800 in 2020. The decrease in 2020 was likely due to decreased vehicle traffic in general during the COVID-19 pandemic. [50]

Distracted driving crashes declined sharply in recent years from 1,049 in 2016 to 588 in 2020. Alcohol-related and speeding crashes have also both declined over the past 20 years.[51]

Pedestrians and bicyclists are considered vulnerable road users, and safe streets are important to encourage active transportation. There were 111 pedestrian crashes in 2020, the lowest number in the past 20 years. There were 51 bicyclist crashes in 2020, which is similar to other recent years (48 in 2019, 48 in 2018, and 54 in 2017).[52]

Figure 10a. Trends in Traffic Crashes in Lancaster County, 2001-2020

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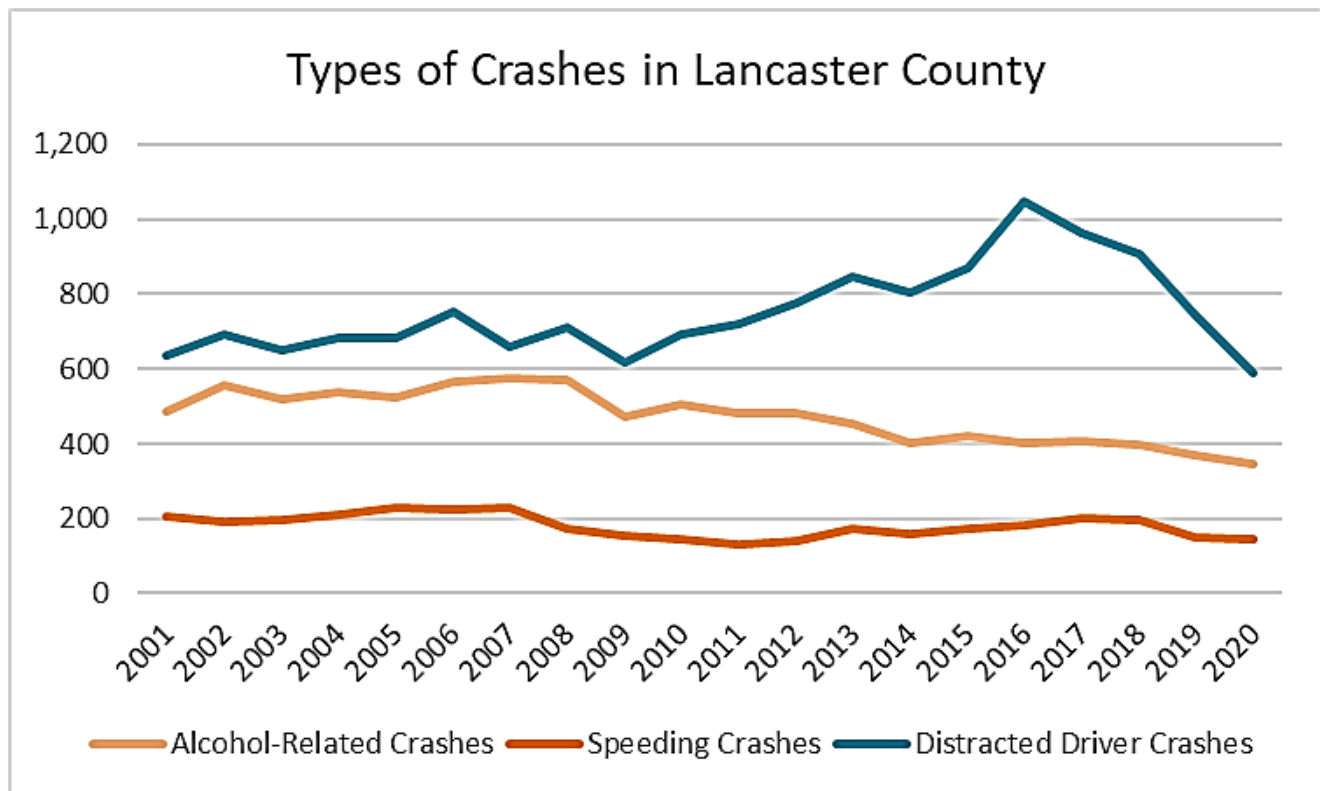
[50] Pennsylvania Department of Transportation, Pennsylvania Crash Information Tool (PCIT).

[51] Pennsylvania Department of Transportation, Pennsylvania Crash Information Tool (PCIT).

[52] Pennsylvania Department of Transportation, Pennsylvania Crash Information Tool (PCIT).

Figure 10b. Trends in Traffic Crashes in Lancaster County, 2001-2020
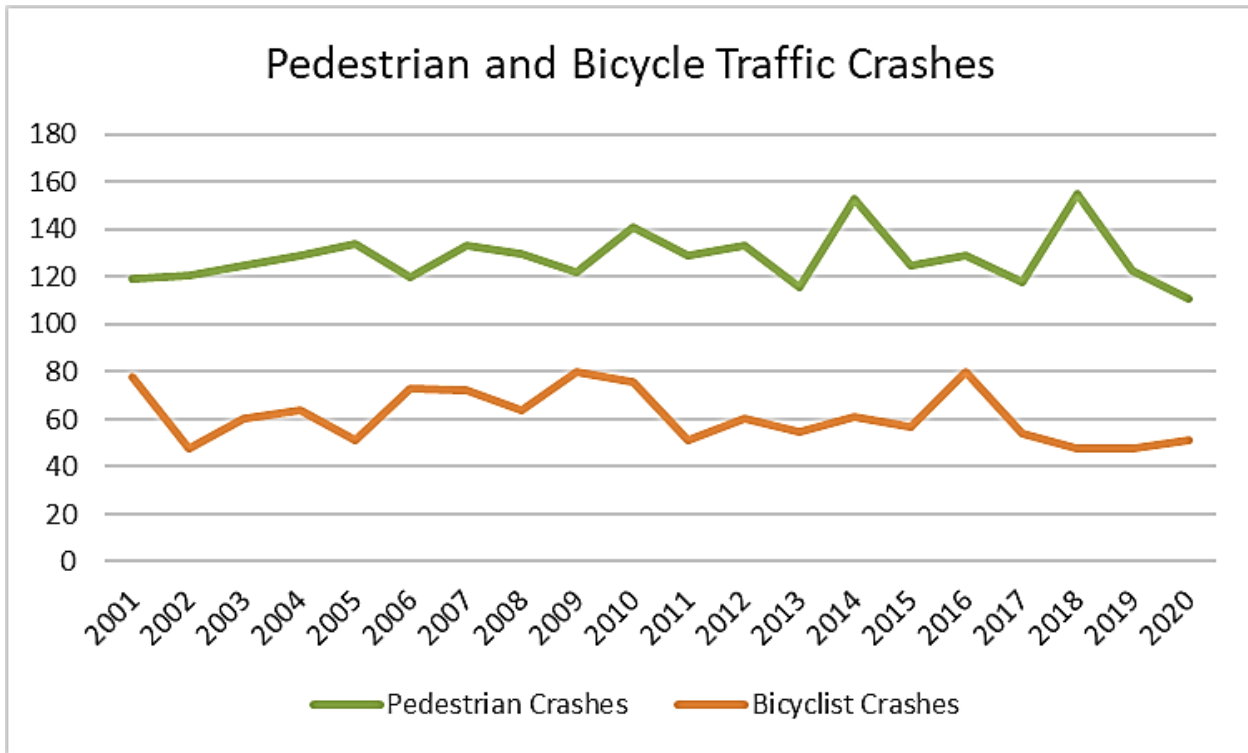
Table 4. Trends in Traffic Crashes in Lancaster County, 2011-2020

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Total Crashes	5,418	5,251	5,251	5,340	5,608	5,932	5,822	6,041	5,957	4,800
Pedestrian Crashes	129	133	116	153	125	129	118	155	123	111
Bicyclist Crashes	51	60	55	61	57	80	54	48	48	51
Alcohol-Related Crashes	481	482	454	402	422	400	408	399	370	344
Drinking Driver Crashes	460	473	446	396	410	395	399	385	361	332
Speeding Crashes	132	139	172	159	172	183	201	195	149	145

Oral Health

Good oral health is important for overall health and well-being. Overall, 15.8% of adults 65 and older in Lancaster County have lost all of their teeth. This percentage is higher than the U.S. average overall (13.5%). Periodontal disease and tooth decay are the most frequent causes of tooth loss, and missing teeth can affect overall health and nutrition. As shown in the map below, the areas of the county with the highest prevalence of tooth loss are Lancaster City, Columbia, and the eastern and southern regions of the county. [53]

Figure 11. Percentage of adults 65+ with all teeth lost [54]
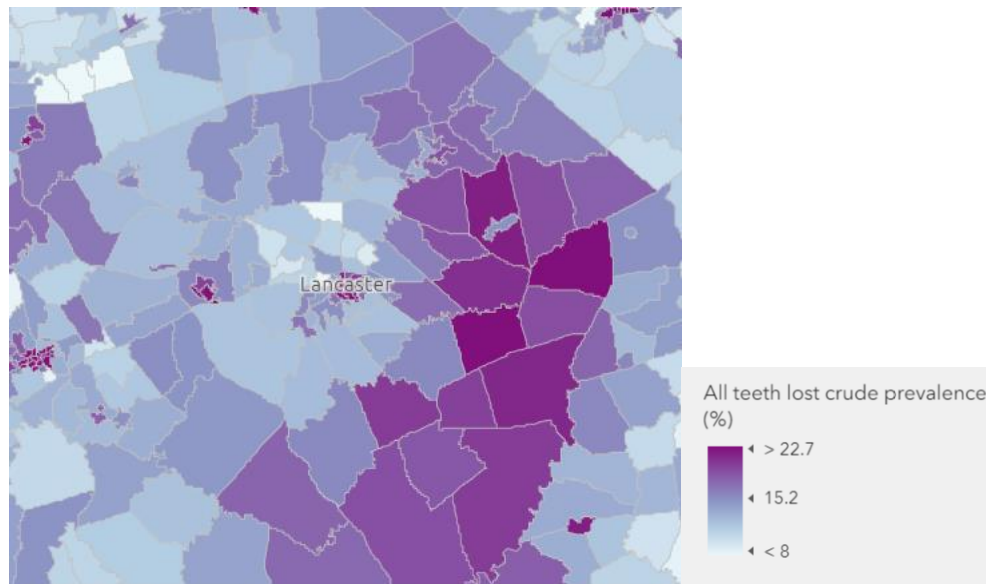
Local population data are not available on disparities in dental health. However, there are statistics available for the state of Pennsylvania overall. There is a clear need for better dental care and prevention among lower income people, who are at much greater risk of losing teeth because of dental problems. In Pennsylvania, 6 in 10 older adults with income below $15,000 have lost six or more teeth, compared with fewer than 3 in 10 of those making more than $50,000. There is also a need to address racial disparities in dental care. Black older adults in Pennsylvania are nearly twice as likely to lose teeth due to decay and disease compared with White older adults.[55]

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[53] PLACES. Centers for Disease Control and Prevention, National Center for Chronic Disease and Health Promotion, Division of Population Health, Atlanta, GA.

[54] PLACES. Centers for Disease Control and Prevention, National Center for Chronic Disease and Health Promotion, Division of Population Health, Atlanta, GA.

[55] CDC, Behavioral Risk Factor Surveillance System, 2018. Accessed from https://www.cdc.gov/oralhealthdata/.

Infectious Diseases and Immunizations

On March 18, 2020, the first case of COVID-19 in Lancaster County was identified in a patient at Lancaster General Hospital. In 2020 and 2021, there were 92,611 cases of COVID-19 and 1,567 deaths from COVID-19 in Lancaster County.[56] According to the Lancaster County Coroner's Office, which provides demographic data on most COVID-19 deaths in the county:[57]

- 77.2% of the COVID-19 deaths were among people age 70 and over
- 90.85% of the COVID-19 deaths were among White individuals, 4.82% Hispanic or Latino individuals, 2.24% Black individuals, and 1.54% Asian/Pacific Islander individuals
- 36.2% of the deaths occurred in skilled nursing facilities or long-term care facilities

New variants, Delta and Omicron, have produced new waves of COVID-19 cases and hospitalizations.   As of the end of 2021, vaccines are available to all individuals age 5 and older to prevent COVID-19. Booster shots are encouraged for all adults 6 months after their initial vaccination. A total of 294,928 people have been fully vaccinated in Lancaster County (57.6% of the population 5+), and 109,010 have received a booster dose.[58]

Immunizations in general are important for preventing disease among the general population. Vaccines protect the people who receive them, as well as vulnerable people around them because infectious diseases can no longer spread through the community if most people are immunized. Childhood immunizations reduce the number of deaths and disability from infections, such as measles, whooping cough, and chickenpox. The vaccine against human papillomavirus (HPV) prevents cervical cancer.

In Lancaster County, the vast majority of children receive immunizations that are recommended. However, our vaccination rates are lower than the state overall, and the number of exemptions has been increasing. In Lancaster County, between 94-95% of kindergarteners have received each recommended childhood vaccine. In the 2019-2020 school year, 2.8% of students received a religious exemption and 2.5% received a philosophical exemption. Between 85-90% of 7th graders have received each recommended childhood vaccine. In the 2019-2020 school year, 2.0% of students received a religious exemption and 10.8% received a philosophical exemption.[59]

	Percentage of students with required vaccines							Percentage with exemptions		
	Tetanus, diptheria, pertussis (DTaP/ DTP/DT)	Polio	Measles, mumps, rubella (MMR)	Hepatitis B	Varicella (or immunity)	TDAP (7th grade dose)	Meningococcal conjugate vaccine (MCV)	Students with medical exemption	Students with religious exemption	Students with philosophical exemption
Kindergarten	94.8%	94.1%	94.3%	94.9%	94.0%			0.6%	2.8%	2.5%
7th Grade	89.6%	88.6%	89.2%	90.0%	88.7%	86.5%	85.8%	1.2%	2.0%	10.8%

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[56] Pennsylvania Department of Health. COVID-19 Data for Pennsylvania, 2021. health.pa.gov/topics/disease/coronavirus/Pages/Cases.aspx.

[57] Lancaster County Coroner, 2021. covid-19-lancastercountypa.hub.arcgis.com

[58] Pennsylvania Department of Health. COVID-19 Vaccines, 2021. health.pa.gov/topics/disease/coronavirus/Vaccine/Pages/Vaccine.aspx

[59] Pennsylvania Department of Health. School Immunization Law Report System.

HIV and Sexually Transmitted Infections

In the most recent 3-year period available, there were 4,276 cases of chlamydia, 817 cases of gonorrhea, and 74 cases of syphilis in Lancaster County. Cases of chlamydia and syphilis have increased in Lancaster County between 2010-2012 and 2017-2019. Cases of gonorrhea have decreased since 2010-2012, but they did begin to increase again from 2015-2017 to 2017-2019.

Figure 12. Sexually Transmitted Infections in Lancaster County[60]

Cases of Sexually Transmitted Infections in Lancaster County

	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019
Chlamydia	3,688	3,390	3,425	3,711	3,948	3,732	3,836	4,276
Gonorrhea	1,066	910	766	680	645	548	626	817
Syphilis	26	31	31	32	42	48	58	74
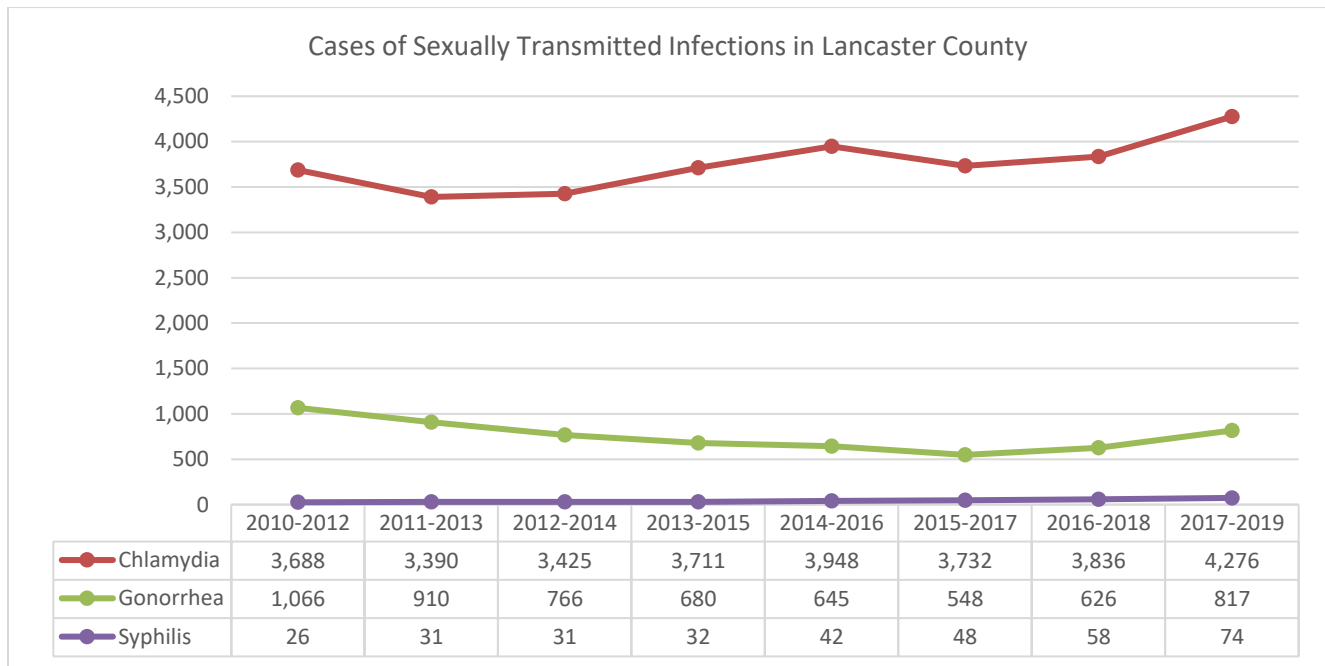
In Lancaster County, females are more likely to be diagnosed with chlamydia than males, and males are more likely to be diagnosed with gonorrhea and syphilis. Overall, 63.8% of these STDs are diagnosed in young people 15-24 years old. The Black and Latino/a members of our community are also disproportionately affected by sexually transmitted infectious diseases. Demographic groups are shown in the table below.

According to the CDC, these racial disparities in sexually transmitted infections exist across the U.S. These differences are not caused by ethnicity or heritage, but by social conditions that are more likely to affect these groups. Income, education and job opportunities, access to quality sexual health services, and trusting relationships with inclusive healthcare providers are important for sexual health.[61]

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[60] PA Enterprise Data Dissemination Informatics Exchange (EDDIE), Accessed 11/14/21.
[61] CDC. STD Health Equity. www.cdc.gov/std/health-disparities/default.htm. March 2020.

Table 5. Sexually Transmitted Infections in Lancaster County by Demographic Groups

	Total chlamydia, gonorrhea, and syphilis cases 2017-2019	%
Female	3205	62.0%
Male	1959	37.9%
Black	633	12.3%
Hispanic	801	15.5%
White	1730	33.5%
Other/Unknown	2003	38.8%
Age < 15	27	0.5%
15 to 24	3295	63.8%
25 to 34	1358	26.3%
Age 35+	487	9.4%

In Lancaster County, there were 23 new cases of HIV reported in 2017, 16 in 2018, 24 in 2019, and 17 in 2020. The Department of Health published 2019 rates in 2021, noting that 2020 rates may be unstable due to the COVID-19 pandemic. In 2019, the rate of new HIV infections in Lancaster was 4.4 per 100,000, which is lower than the surrounding counties of York (5.8 per 100,000), Dauphin (8.6 per 100,000), Lebanon (4.9 per 100,000), and Berks (6.4 per 100,000).[62]

Demographic data on HIV disparities are not available for Lancaster County. In Pennsylvania, roughly 3 times as many males have been diagnosed with HIV disease compared to females. Black and African-American people and Latino/a people make up 12% and 6.6% of the population of Pennsylvania, respectively, but account for 49.2% and 13.8% of all new HIV diagnoses among Pennsylvania residents. The majority of new diagnoses are in people between the ages of 20 and 49.[63]

According to the 2020 LGBTQ State Health Needs Assessment, gay cisgender men were most likely to be diagnosed with HIV (12.6%). Rates of ever being tested for HIV were also highest among gay cisgender men (89.8%). Overall, 67% of the participants in the survey had been tested for HIV, while 33% had not.[64]

In the South-Central Pennsylvania region in 2020, the modes of transmission of HIV were 53% men having sex with men (MSM), 19% heterosexual contact, 14% unknown, 9% injection drug use (IDU), and 5% both MSM/IDU.[65]

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[62] Pennsylvania Department of Health. 2020 Annual HIV Surveillance Summary Report. September 2021.

[63] Pennsylvania Department of Health. 2020 Annual HIV Surveillance Summary Report. September 2021.

[64] Research & Evaluation Group at Public Health Management Corporation and Bradbury-Sullivan LGBT Community Center. (2020). 2020 Pennsylvania LGBTQ Health Needs Assessment.

[65] Pennsylvania Department of Health. 2020 Annual HIV Surveillance Summary Report. September 2021.

Health System Assessment

The ability to find, understand, and use healthcare services is essential for people to reach their best health. At the community level, we can improve the health, quality of life, and productivity of our community by ensuring that people can access high-quality healthcare services. According to the 2021 County Health Rankings, Lancaster County ranks 45 out of 69 counties in Pennsylvania in clinical care metrics. These metrics include insurance coverage, the number of providers per capita, and the use of certain preventive services.[66]

Many people face barriers that make it challenging to access healthcare services, which may increase the risk of poor health outcomes and health disparities. According to Healthy People 2030, there are many issues that may create barriers to healthcare, including:[67]

- Inadequate health insurance coverage
- High out-of-pocket medical costs (copays, deductibles, etc.)
- Inconvenient or unreliable transportation
- Limited availability of health care resources and providers
- Social and cultural barriers between patients and providers

Our community interviews raised these issues and others related to healthcare access. Previous negative or traumatic experiences, language barriers, confusion about costs and insurance coverage, lack of time, and inability to find specialists were some of the issues raised in our community conversations.

Community Wisdom about Access to Care

In our community survey, 291 out of 988 participants reported that there was a time in the last 12 months when they needed care but did not receive it. Specifically, 15.6% reported they delayed medical care, 17.6% delayed dental care, and 15.4% delayed mental health or substance use treatment. As shown in the table below, the most common reasons for delayed care were cost, inability to get an appointment soon enough, and worries about COVID-19. Other issues included inconvenient hours, transportation barriers, lack of time, concerns about quality of care or providers, and embarrassment or uncertainty about care needs.

The survey also asked participants to share ways that we could best improve access to care in Lancaster County. The most common answers were to reduce the cost of care, help people understand and navigate services, and improve health insurance coverage, as shown in the table below. Cost of care and insurance were top concerns across all racial groups that responded to the survey. However, Black or African-American and Latino/a survey participants also ranked "increase the diversity and cultural competence of care providers" as a top three priority.

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[66] University of Wisconsin Population Health Institute. (2021). County Health Rankings. www.countyhealthrankings.org

[67] Healthy People 2030. Access to Health Services. https://health.gov/healthypeople/objectives-and-data/social-determinants-health/literature-summaries/access-health-services

Table 6. Community reported reasons for delayed medical, dental, or mental health care

Reasons for delayed care in the past 12 months	n=291
The cost was too much.	41.2%
You couldn't get an appointment soon enough.	33.0%
You were worried about COVID-19.	24.4%
The provider's office wasn't open when you could get there.	11.3%
You could not find the type of care provider you needed.	9.6%
You didn't have transportation.	3.8%
Other *Other reasons included: embarrassment, lack of time/too busy, work or family obligations, lack of confidence in providers, concerns about quality of care, uncertainty about services needed, conditions improving on their own, uncertainty about LGBTQ-affirming care, providers not accepting new patients*	23.7%

Table 7. Community survey reported ways to improve access to care

Strategies to increase access to care	n=940
Reduce the cost of care	55.1%
Help people understand and navigate services	47.9%
Improve health insurance coverage	41.0%
Increase the number of care providers	28.7%
Offer more options for appointments outside of business hours	24.1%
Reduce wait times	17.9%
Increase the diversity and cultural competence of care providers	17.6%
Communicate more about services and resources for health	16.9%
Locate healthcare services in community locations such as schools	14.4%
Improve the quality of care providers	12.9%
Provide transportation	11.4%
More phone and video appointments (telemedicine)	9.1%
Improve language access and translation services	4.9%
Other *(Examples: universal healthcare coverage/Medicare for all, transparent pricing and billing, remove COVID-19 vaccine requirements for staff, make PCPs more available, provide more holistic/preventive care, have more providers of color)*	4.4%

Healthcare Providers

Lancaster County has fewer healthcare providers per capita than the state of Pennsylvania overall, including primary care physicians, other primary care providers (such as nurse practitioners), dentists, and mental health professionals. The ratio of dentists and mental health providers has been improving, but the ratio of primary care physicians to population is worsening. In other words, the population has been growing more quickly than primary care capacity.

Table 8. County Health Rankings Health Provider Ratios[68]

	Lancaster	Pennsylvania	Top Performing US Counties	Trend
Primary care physicians (population: provider ratio)	1,390:1	1,230:1	1,030:1	Worsening
Other primary care providers (population: provider ratio)	1,050:1	800:1	620:1	Data not available
Dentists (population: provider ratio)	1,770:1	1,410:1	1,210:1	Improving
Mental health providers (population: provider ratio)	650:1	450:1	270:1	Improving

Many parts of the country have shortages of dentists. Lancaster County has 309 dental providers, or a ratio of 1,770 people per dentist. Dental providers have increased in the county since 2010, when the ratio was 2,262:1 people per dentist.[69]

There has also been improvement in the number of mental health providers, including psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and mental health providers that treat alcohol and other drug abuse, as well as advanced practice nurses specializing in mental health care. The increase in mental health providers is important as mental and behavioral health is more integrated into primary care. Since 2017, primary care providers in Lancaster County have monitored depression screening in primary care, with the goal of increasing the percentage of patients screened. The participating providers include Family First FQHC, Union Community Care, Lancaster General Health Physicians, Penn State Health, Water Street Health Services, and WellSpan Health. Overall, approximately 50-60% of eligible patients in Lancaster County are screened for depression at least once annually during their primary care visits.[70]

> *"We need to make sure wages are competitive for mental health or we won't be able to attract people to the field…some healthcare professionals at entry level make the same as a social worker with doctorate level training."*
> – Community partner interview

Health Insurance Coverage

Uninsured adults and children are less likely to receive important preventive and treatment services such as diabetes care, appropriate treatment for asthma, dental care, immunizations, and other services to maintain good health. Overall in Lancaster County, about 1 in 9 people (11.7%) do not have health insurance.[71] This percentage is considerably higher than the state of Pennsylvania (5.7%) and the United States overall (8.8%). The groups with the highest need for insurance in Lancaster are children under 6 (20.8% uninsured), American Indian/Alaska Natives (16.8% uninsured), people who are not U.S. citizens (19.3%

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[68] University of Wisconsin Population Health Institute. (2021). County Health Rankings. www.countyhealthrankings.org
[69] University of Wisconsin Population Health Institute. (2021). County Health Rankings. www.countyhealthrankings.org
[70] Let's Talk Lancaster County Coalition, 2021.
[71] American Community Survey, 2015-2019 5-year estimates.

uninsured), and people with less than a high school education (28.4% uninsured). As shown in the maps below, the highest percentages of people without insurance are located in southern Lancaster City.

Figure 13. Percentage of the population without health insurance[72]
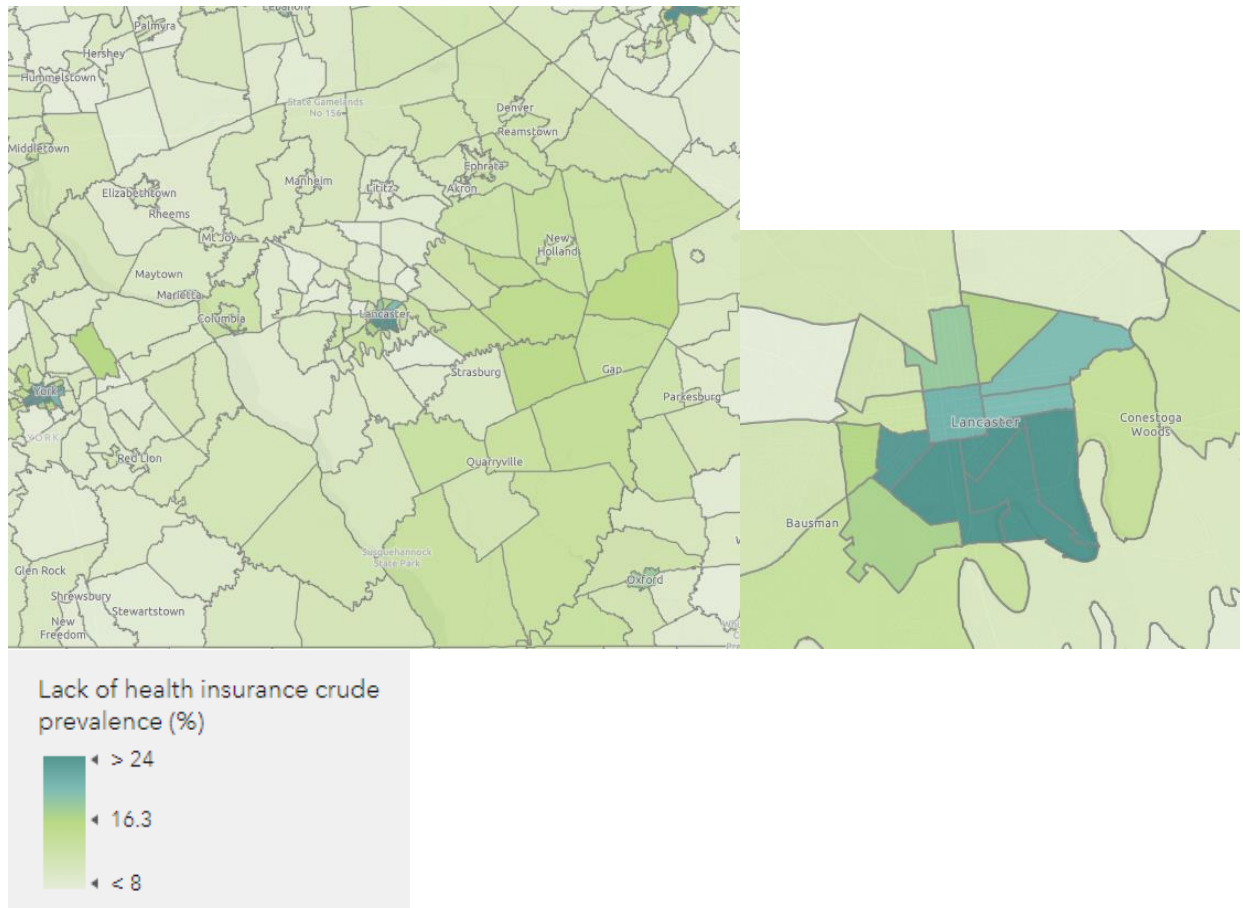
The table below shows the types of health insurance for residents of Lancaster County. Among older adults, Medicare is the most common type of insurance, while employer-sponsored coverage is the most common overall.

Table 9. Percentage of Lancaster County residents with types of health care coverage (alone or in combination)[73]

Lancaster County Population	Medicare	Medicaid/ public coverage	VA health care	Employer-based coverage	Direct-purchase insurance
Overall	18.4%	16.4%	1.9%	56.7%	14.6%
Under 19	0.8%	31.0%	0.0%	50.1%	7.5%
19 to 64 years	3.5%	12.3%	1.1%	66.9%	10.9%
65 years and over	95.5%	8.7%	7.7%	32%	37.7%

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[72] PLACES. Centers for Disease Control and Prevention, National Center for Chronic Disease and Health Promotion, Division of Population Health, Atlanta, GA. Accessed 7/7/2021.
[73] American Community Survey, 2015-2019 5-year estimates.

Preventive Care Services

Preventive care reduces the risk for certain diseases, disabilities, and death. It is important for a healthy community to have affordable, accessible preventive care for people of all ages. Recommended preventive care for adults includes screening tests for cancer, high blood pressure, cholesterol, diabetes, and other chronic diseases, as well as immunizations and dental cleanings. For children, well-child visits are important to track development and identify and treat any health problems early. Vaccinations for children are also essential for preventing serious diseases, such as measles and cervical cancer.

In Lancaster County, 87% of adults have had a regular check-up with a primary care provider in the past 2 years. This percentage has increased from 75% over the past ten years, but remains slightly lower than the state average of 89%.[74] In the county, females are more likely to have had a check-up (92% of females compared with 82% for males). Older adults are also more likely to have regular check-ups, with 99% of people 65 and older completing a check-up in the past 2 years. The percentage of younger people 18-44 is lower at 80%. Data by income, ethnicity, and race are limited at the county level, but there are no statistically significant differences in regular check-ups at the state level.

The additional clinical care indicators included in County Health Rankings are shown in the table below. Lancaster County performs very well in limiting preventable hospital stays. The number of preventable hospital stays in Lancaster is much lower than the state overall and approaches the top 10th percentile of all U.S. counties.

There is a significant opportunity to improve mammography screening and flu vaccinations and to reduce racial and ethnic disparities in these preventive services. Data are available for Medicare enrollees, showing that 48% of females 65-74 have completed an annual mammogram and 61% of all patients have received an annual flu vaccination. However, the rates are significantly higher among White individuals than Black and Hispanic individuals for both preventive services, and higher than Asian individuals for mammography.

Table 10. County Health Rankings Clinical Care Indicators[75]

	Lancaster	Pennsylvania	Top Performing US Counties	Trend
Preventable hospital stays	2,689	4,464	2,565	Improving
Mammography screening (percentage of females 65-74)	Overall: 48% Asian: 38% Black: 35% Hispanic: 34% White: 48%	45%	51%	Improving
Flu vaccinations (percentage among Medicare enrollees)	Overall: 61% Asian: 61% Black: 47% Hispanic: 49% White: 61%	53%	55%	Improving

Dental health is important for overall health, and preventive care includes dental care. Left untreated, dental problems can lead to pain, infection, and tooth loss. Based on the latest data, about 65.4% of adults 18 and

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[74] Pennsylvania Department of Health. Pennsylvania Behavioral Risk Factor Surveillance Survey. 2018-2020 and 2011-2013.

[75] University of Wisconsin Population Health Institute. (2021). County Health Rankings. www.countyhealthrankings.org

older in Lancaster County had a dental visit in the last year.[76] The greatest opportunities to increase dental care are in Lancaster City, Columbia, and the eastern end of Lancaster County, which have the lowest percentages of people with recent dental visits.

Figure 14. Percentage of people with a dental visit in the past year, 2018
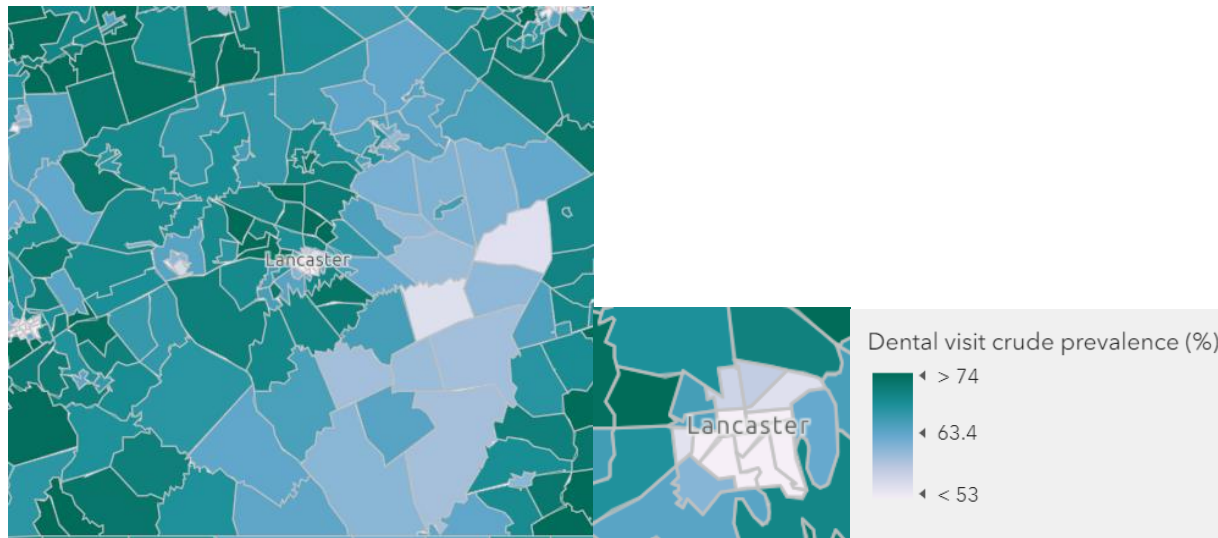
Diversity and Inclusion in Healthcare Services

According to the 2020 Pennsylvania LGBTQ Health Needs Assessment, the LGBTQ community needs better healthcare services. Over 6,500 LGBTQ people across the state responded to a survey about their health needs. The survey found that about 2 in 10 people did not have a healthcare provider (19.2%) and had not visited a doctor for a routine check-up in the past year (23.6%). More than 3 in 10 (36.0%) had not visited a dentist or dental clinic.

Negative experiences with doctors and hospitals have created barriers to healthcare for LGBTQ people. Nearly 1 in 4 LGBTQ individuals (23.4%) experienced a negative reaction from a healthcare provider when they told the provider that they were LGBTQ. 25% do not believe most of their providers are culturally competent towards the LGBTQ community, and 35% do not believe most of their providers have medical expertise related to their needs. As a result, only 35% have disclosed their identity to all of their healthcare providers.[77]

In our Lancaster County community survey, 37.5% of Black participants and 36.4% of Hispanic or Latino/a participants chose "improving the diversity and cultural competence of providers" as one of the most important ways to improve access to care. Among these groups, this was the third most popular response after cost reduction and improving health insurance coverage. According to the most recent data available from the Association of American Medical Colleges, 56.2% of currently active U.S. physicians identified as

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[76] PLACES. Centers for Disease Control and Prevention, National Center for Chronic Disease and Health Promotion, Division of Population Health, Atlanta, GA

[77] Research & Evaluation Group at Public Health Management Corporation and Bradbury-Sullivan LGBT Community Center. (2020). 2020 Pennsylvania LGBTQ Health Needs Assessment.

White, 17.1% identified as Asian, 5.8% identified as Hispanic, 5.0% identified as Black or African American, and 13.7% were unknown race.[78]

Health Literacy

Health literacy has traditionally been defined as "the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others".[79] In the United States, 88% of the population has less than proficient health literacy.[80] With limited health literacy, people struggle to understand, interpret, and act upon health information. For example, over 50% of patients cannot recall treatments and recommendations from their providers.[81] This can result in poor health outcomes, including increased hospitalizations and readmissions, increased emergency department visits, and missed preventive care. For these reasons, health literacy is a priority area in various national action plans, including Healthy People 2030.[82]

Focus on Health Equity

A person's health literacy is affected by education, employment, social support, language, culture, race, ethnicity, and income. We can work to recognize and reduce these barriers that prevent people from effectively understanding and engaging in their health care decisions.

Healthy People 2030 also encourages healthcare organizations to consider **organizational health literacy**. This is "the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others" (US Department of Health and Human Services, 2021).

In our 2021 community survey, 47.9% of the participants recommended helping people understand and navigate services as an important way to improve access to care in Lancaster County.

Rather than considering health literacy an individual issue, healthcare organizations can actively take steps to ensure that patients can understand and use health information and health services. The *10 Attributes of a Health Literate Organization* lays out best practices for organizations in health literacy.[83]

Public Health Infrastructure

Public health infrastructure helps communities prevent disease, promote health, and respond effectively to public health emergencies. In the 20th century, public health interventions such as vaccines, motor vehicle safety, tobacco control, and workplace safety increased the average lifespan in the United States by 30 years. A study of U.S. health department expenditures from 1993-2005 found that a $10 per capita increase

[78] AAMC. Diversity in Medicine: Facts and Figures 2019. www.aamc.org/data-reports/workforce/report/diversity-medicine-facts-and-figures-2019

[79] CDC. *What is health literacy? Take action. Find out.* cdc.gov/healthliteracy/learn/index.html. May 19, 2021.

[80] US Department of Education. (2006). The Health Literacy of America's Adults: Results from the 2003 National Assessment of Adult Literacy. National Center for Education Statistics.

[81] Laws, M. B., Lee, Y., Taubin, T., Rogers, W. H., & Wilson, I. B. (2018). Factors associated with patient recall of key information in ambulatory specialty care visits: Results of an innovative methodology. PLOS ONE, 13(2), e0191940.

[82] US Department of Health and Human Services. (2021). Health Literacy in Healthy People 2030.

[83] Brach, C., Dreyer, B., Schyve, P., Hernandez, L., Baur, C., Lemerise, A., & Parker, R. (2012). Attributes of a Health Literate Organization. NAM Perspectives, 2(1). https://doi.org/10.31478/201201f

in county-level public health expenditures reduced infectious disease morbidity by 7.4% and premature mortality by 1.5%.[84]

In our community survey, a Lancaster County Public Health Department was the second most common issue community members reported that we should focus on to improve overall health and well-being. More than 1/3 of the participants (38.9%) selected this issue as one of their top five priorities.[85]

Table 11. Community survey responses: top 5 most important issues

What are the most important community issues we should focus on to improve overall health and well-being in Lancaster County?	n=942
Make housing more affordable	47.8%
Create a Lancaster County Public Health Department	38.9%
Make healthy food more affordable and available	37.9%
Reduce stress and promote mental wellness	34.1%
Improve job opportunities and increase wages	32.3%

According to the National Public Health Standards updated in 2020 by the CDC and a task force of public health experts and agencies, there are 10 essential services that a community needs to keep the public healthy.[86]

A local public health **system** includes a state or local public health agency and many different partners who help provide these essential services. Lancaster County has a strong network of hospitals, healthcare providers, non-profit organizations, schools, public safety, and elected officials – but there is no local public health agency.

Some strengths of Lancaster's existing public health infrastructure are:

- Community Health Needs Assessments conducted by non-profit hospitals every three years
- A culture of collaboration among stakeholders working towards improving community health
- Successful history of implementing evidence-based health promotion and disease prevention
- High-quality healthcare services across the continuum of care, including basic public health services by the state department of health (such as HIV testing & tuberculosis treatment).

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[84] McCullough JM. The Return on Investment of Public Health System Spending. AcademyHealth. June 2018.

[85] Lancaster County Community Health Needs Assessment Community Survey, October-November 2021.

[86] 10 Essential Public Health Services Futures Initiative Task Force. 10 Essential Public Health Services. September 9, 2020. phnci.org/uploads/resource-files/EPHS-English.pdf

Figure 15. Essential Public Health Services by the 10 Essential Public Health Services Futures Initiative Task Force
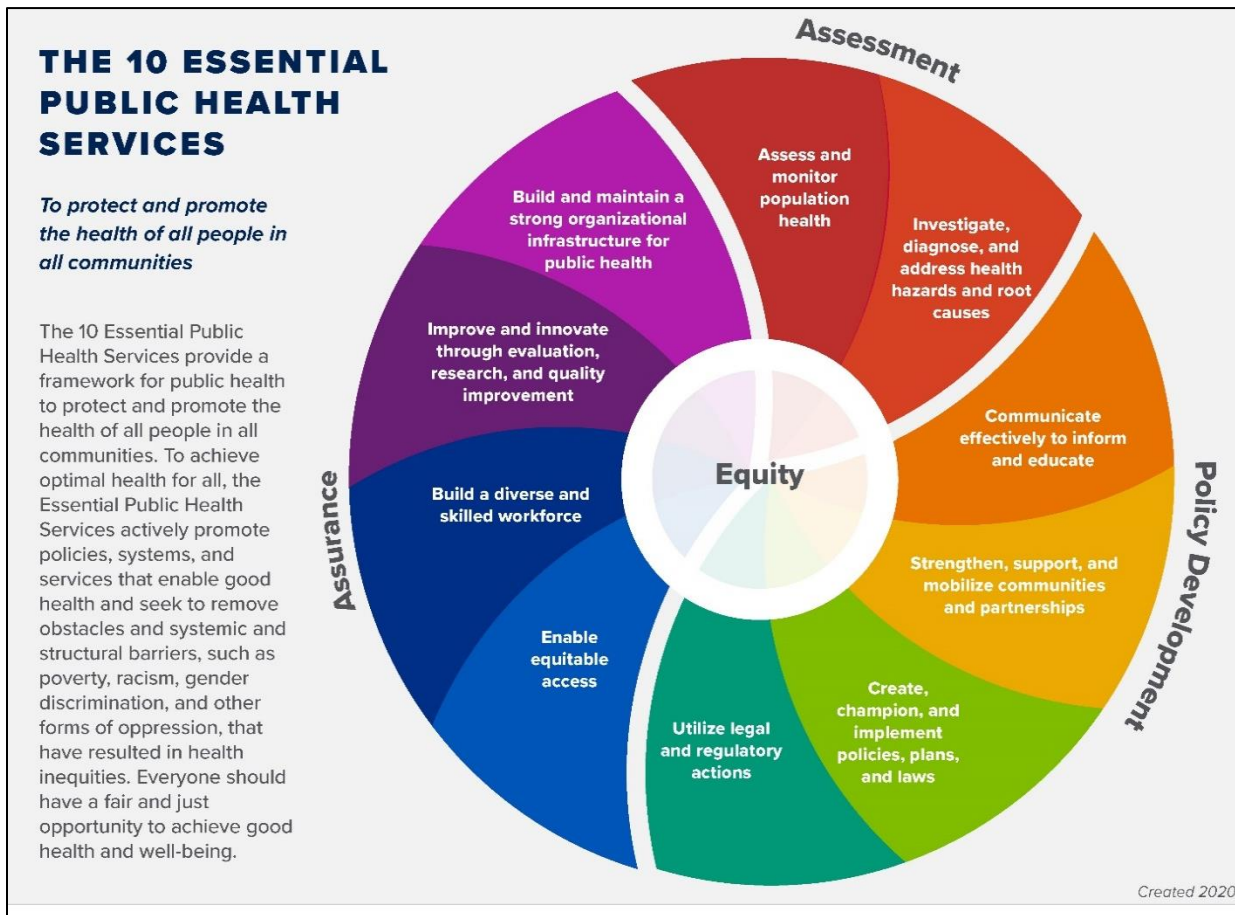
By contrast, some weaknesses are:

- Lack of a central agency with trained public health professionals to provide public health leadership and coordinate countywide health improvement plans.
- Lack of consistency in public health policies across school districts and municipalities.
- Limited access to gather, analyze, and share public health data in a timely manner to monitor and respond to public health threats and issues (such as infant and child deaths, outbreaks of sexually transmitted and other infectious diseases, lead poisoning, and overdoses).
- Limited coordination around health communication, workforce development, and research & evaluation of local health improvement efforts to determine the most cost-effective strategies.

During COVID-19, Lancaster County's hospitals and federally qualified health centers took responsibility for many public health services (contact tracing, free community testing sites, mass media communication campaigns, technical assistance to schools, and mass and mobile vaccination sites). They provided these services while also managing surges in clinical care needs. However, it is important to note that healthcare organizations do not have the same capabilities as public health agencies: they do not have authority to create or enforce policies, to share data to protect the public's health, or to access funds allocated to public

health departments. In addition, health care focuses on clinical prevention and individual services, while public health focuses on community-wide interventions that enhance the health of the entire population.[87]

In 2022, the County Commissioners created a new Lancaster County Health Advisory Council to "advise the Commissioners on matters of health emergency planning, and provide information, data analysis and recommendations on matters of community-wide health in Lancaster County."[88] This group, which will have 9-13 members that represent different sectors, will work closely with the County's Health and Medical Preparedness Coordinator, a staff member of the Lancaster County Emergency Management Agency. This group is not a local public health department, but it is designed to provide additional capacity to address public health issues at the county level.

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[87] CDC. Public Health Systems and Best Practices. www.cdc.gov/publichealthgateway/bestpractices/index.html
[88] County of Lancaster. Charter of the County Health Advisory Council. Accessed 1/24/2022.

Physical and Social Environment

Racism and Discrimination

The CDC, American Medical Association, American Hospital Association, and many other leading health experts agree that racism is a serious threat to public health. Racism can be interpersonal or structural. Interpersonal racism exists in different treatment for people based on race, whether this is intentional or unintentional.

In a national 2020 survey, 21% of adults indicated that they had experienced discrimination in the health care system, and 72% of those who had experienced discrimination reported experiencing it more than once. Racial or ethnic discrimination was the most common type of discrimination. Compared with non-Hispanic White respondents (20.3%), higher proportions of Hispanic respondents (22.9%), non-Hispanic Black respondents (22.8%), and non-Hispanic respondents with other racial/ethnic identities (23.4%) reported experiences of discrimination.[89]

> *"The cumulative effects of racism and discriminatory practices lead to generational trauma, higher rates of illness, overall poorer health and lower life expectancy for people of color. These conditions combined with other societal factors that influence health make it clear that racism is a serious public health threat."*
> – American Hospital Association

Structural racism is a system of policies, practices, and social norms that are deeply rooted in our community. For example, there has been significant research showing that discriminatory housing policies against residential neighborhoods where many people of color lived in the 1930s are correlated with socioeconomic and health outcomes today. In Lancaster City, certain neighborhoods in the southeast were officially designated as "hazardous" in this discriminatory system known as redlining. These areas were denied access to credit and investment for decades, and their residents continue to experience a disproportionate burden of health problems today.[90]

Figure 16. Map showing areas of Lancaster City "redlined" in the 1930s

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[89] Nong et al. "Patient-Reported Experiences of Discrimination in the US Health Care System." JAMA Netw Open. 2020;3(12).
[90] National Community Reinvestment Coalition. Redlining and Neighborhood Health. ncrc.org/holc-health/

Positive Childhood Experiences, Adverse Childhood Experiences, and Trauma

"Trauma is the experience of an event or enduring condition in which the individual and/or community experiences a threat to life, the psychic, or bodily integrity, and experiences intense fear, helplessness, or horror. A key aspect of traumatic experiences is that the individual and/or community's coping capacity is overwhelmed. Trauma often impacts multiple domains, including physical, social, emotional, and/or spiritual. Trauma can take many forms such as collective and community trauma, historical trauma, intergenerational trauma and insidious trauma." [91]

Adverse childhood experiences (ACEs) are negative life events or experiences that occur before the age of 18. The number of ACEs is strongly connected to the risk for health problems in adults, including chronic diseases, mental health problems, substance use, and other risky behaviors. Unfortunately, local data on ACEs is not available for Lancaster County, but based on national and state data, it is likely that many people have experienced ACEs.[92]

In Pennsylvania, 54% of adults have experienced 1 or more ACEs, with 10% experiencing 5 or more. ACEs have become more common over time, as 54% of older adults over 65 have experienced no ACEs, but only 41% of people 18-29 have experienced no ACEs. The most common ACEs, as shown in the table below, are emotional abuse, having parents separated or divorced, and physical abuse.

Figure 17. ACEs in Pennsylvania

Prevalence (%) of ACEs in Pennsylvania, 2019

ACE	Prevalence (%)
Emotional Abuse	37
Parents Separated or Divorced	28
Physical Abuse	26
Household Alcohol Abuse	24
Household Mental Illness	19
Witnessed Domestic Violence	17
Household Drug Use	13
Incarcerated Household Member	10
Touched by someone 5+ years older	10
Forced to touch someone 5+ years older	7
Forced into sex with someone 5+ years older	4

In Lancaster County specifically, there were 178 substantiated reports of child abuse in 2020. The number of reports from 2017-2020 are the highest of all years available, dating back to 2004.[93] The 2020 substantiated reports included a total of 185 allegations (including 46.5% sexual abuse, 20.0% reasonable likelihood of bodily injury, 16.8% physical abuse, 13.0% neglect). In addition, there were 5,931 reports for General Protective Services; 2,359 of these were assessed and 1,100 were considered valid reports. The

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[91] Josie Serrata, PhD & Heidi Notario, M.A. Trauma Informed Principles through a Culturally Specific Lens.
[92] Pennsylvania Department of Health. 2019 Adverse Childhood Experiences: BRFSS Prevalence Estimates for Pennsylvania Adults. August 2020.
[93] Pennsylvania Department of Human Services, Annual Child Protective Services Report, 2020.

most common concerns were caregiver substance use (464 concerns), child behavioral health or intellectual disability concerns (304 concerns), domestic violence (287 concerns), and conduct by caregiver that places the child at risk (274 concerns).[94]

There is evidence that supporting safe, stable, nurturing environments and positive childhood experiences can reduce depression for people who have had adverse childhood experiences.[95] Safe, stable, nurturing environments for children are closely connected with resources and support available to families. According to the CDC, various studies have found that neighborhood economic distress, housing stress, low social capital, low family income, low parental education, and lack of social support, are associated with child maltreatment. Intervention strategies that focus on these issues at a community level might reach a broad segment of the population and help promote positive childhood experiences.[96]

[94] Pennsylvania Department of Human Services, Annual Child Protective Services Report, 2020.

[95] Bethell et al. (2019). Positive Childhood Experiences and Adult Mental and Relational Health in a Statewide Sample: Associations Across Adverse Childhood Experiences Levels. JAMA Pediatrics 2019.

[96] CDC. Preventing Child Maltreatment Through the Promotion of Safe, Stable, and Nurturing Relationships Between Children and Caregivers.

Economic Stability

Economic status directly and indirectly affects an individual's health and well-being. Low-income individuals are less likely to use preventive care services or seek out care because they are unable to afford these services.[97] Without access to care, low-income people are more likely to have illnesses that go unnoticed or untreated, resulting in worse health outcomes. Additionally, other issues related to the environment negatively impact health for people with lower incomes, such as poor housing, unhealthy work environments, and increased stress.[98]

In Lancaster County, 10.1% of the population and 14.4% of children in Lancaster County live below the poverty level. There are significant racial disparities in poverty. Poverty rates are much higher among people who are Native Hawaiian/Pacific Islander, Hispanic or Latino, Black, or multiracial, compared with Asian and non-Hispanic White individuals. From a geographic perspective, the areas with the highest poverty rates in the County are Leola, Paradise, Lancaster City, and Columbia.[99]

Focus on health equity

Median income in Lancaster County is lower among people who are Black, Hispanic or Latino, or identify as another race, compared with those who are White, Asian, or American Indian/Alaska Native. Median income is also significantly lower for single head of household females compared with single males.

People living below the poverty level are not the only community members who may struggle economically. ALICE is an acronym for families and individuals who are Asset Limited, Income Constrained, Employed. United for ALICE provides the Household Survival Budget, which refers to the bare minimum cost to live and work in the modern economy. This budget includes housing, child care, food, transportation, health care, technology (a smartphone plan), and taxes but it does not include savings for emergencies or future goals like college or retirement.[100] In 2018, in Lancaster County, the average Household Survival Budget was $24,168 per year for a single adult, $26,712 per year for a single senior, and $60,204 for a family of four, all of which require more than the current minimum wage. For a single adult, the survival budget requires a $12.08 hourly wage. As of 2018, the cost of household basics exceeded the wages that people received. Prices and wages are both increasing as of early 2022, due to higher levels of inflation nationwide.

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[97] Cunningham, Peter. Why Even Healthy Low-Income People Have Greater Health Risks Than Higher-Income People. The Commonwealth Fund. September 2018.

[98] Woolf et al. How Are Income and Wealth Linked to Health and Longevity? Urban Institute. April 2015. www.urban.org/sites/default/files/publication/49116/2000178-How-are-Income-and-Wealth-Linked-to-Health-and-Longevity.pdf

[99] American Community Survey, 2019 5-year estimates.

[100] United For Alice. Pennsylvania, 2018. https://unitedforalice.org/county-profiles/pennsylvania

Affordable, Safe, and Healthy Housing

Safe and healthy housing is a basic need for maintaining good health, managing chronic conditions, and recovering from illness. On our community survey, 45% of participants were somewhat dissatisfied or very dissatisfied with affordable safe and healthy housing in Lancaster County. Making housing more affordable was the most important community issue to improve health and well-being selected by the participants in our survey.

> *"We once had a man with 'chest pain' calling every day…what it was, he was homeless and hungry."*
>
> - Community partner interview

In Lancaster County, 48.1% of renters (almost 1 in every 2 renters) pay more than 30% of their income on rent. This percentage has declined over time, but not significantly, and is similar to the Pennsylvania state average (47.7%).

Of the housing units in Lancaster County, 871 do not have complete plumbing facilities, and 2,411 housing units do not have a complete kitchen with running water, a stove, and a refrigerator. Overall, 3,963 households are considered overcrowded, with more than 1 occupant per room.[101]

Lead is a toxic substance that can be found in older homes with lead-based paint, as well as soil and water. Lead can damage children's internal organs and brain development, resulting in long-term learning difficulties and behavior challenges. There is no safe blood lead level for children.[102] In Lancaster County from 2015-2019, over 1,300 children were identified with elevated blood lead levels (EBLL). In 2019, 5.7% of the children tested (238 children) aged 0-6 were identified with elevated blood lead levels. Only a small percentage of children are tested for blood lead (9.8% of children under 6, 17.9% of children under 2). Compared to Pennsylvania, Lancaster ranks in the lowest 20% of counties for screening rates, but has a high percentage of children with elevated results.[103]

Pennsylvania explored race and ethnicity lead data for the first time in 2018 by matching children's testing data to birth certificate data. In Lancaster County, testing rates were highest among Hispanic children and non-Hispanic Black children compared with White children. Elevated blood lead levels were higher among non-Hispanic black or African American children than Hispanic or White children, both as a percentage of children tested and as a percentage of the population.

Table 12. Racial/Ethnic Disparities in Lead Poisoning, 2019

		Population 0-71 Months	Percentage Tested for Lead	Confirmed EBLL>5	% of Tested with EBLL	% of Population with EBLL
Lancaster County	Non-Hispanic Black or African-American	2,497	13.7%	39	11.4%	1.6%
	Hispanic	6,743	15.2%	48	4.7%	0.7%
	Non-Hispanic White	32,252	7.2%	107	4.6%	0.3%

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[101] American Community Survey, 2015-2019 5-year estimate.
[102] Healthy People 2030. health.gov/healthypeople.
[103] PA Department of Health, Childhood Lead Surveillance Reports, 2015-2019.

Air Quality

Ozone is a colorless gas that can be good or bad for human health. Ozone high in the stratosphere is good because it shields the earth from ultraviolet light from the sun. Ozone at ground level, where we breathe, causes irritation and inflammation in the lungs. Ozone can cause coughing, breathing difficulty, and lung damage. Exposure to ozone can make the lungs more susceptible to infection, aggravate lung diseases, increase the frequency of asthma attacks, and increase the risk of early death from heart or lung disease. Ozone comes from pollution caused by vehicles, industrial pollution, power plants, and products such as solvents and paints. Annual high ozone days have declined in Lancaster County since the 1990s, and over the past five years, there have been less than 5 high ozone days on average.[104]

Focus on Health Equity

People at higher risk from the effects of air pollution include people who work or exercise outside, children, older adults, and people with lung diseases such as asthma.

Particle pollution comes from factories, power plants, motor vehicles, and diesel or gas-powered equipment. Other sources include wildfires and burning wood in wood stoves or residential fireplaces. Breathing particle pollution increases the risk of lung cancer. Particle pollution can also increase the risk of heart attack, stroke, and asthma attacks. People at higher risk from the effects of air pollution include people who work or exercise outside, children, older adults, and people with lung diseases such as asthma.[105] Lancaster County's year-round particle pollution has declined since 2000, but the County still receives a "Fail" grade from the American Lung Association due to the number of days that particle pollution is higher than healthy standards. The annual average of high particle days is shown in the figure below.

Figure 18. 24-Hour Particle Pollution in Lancaster County, PA

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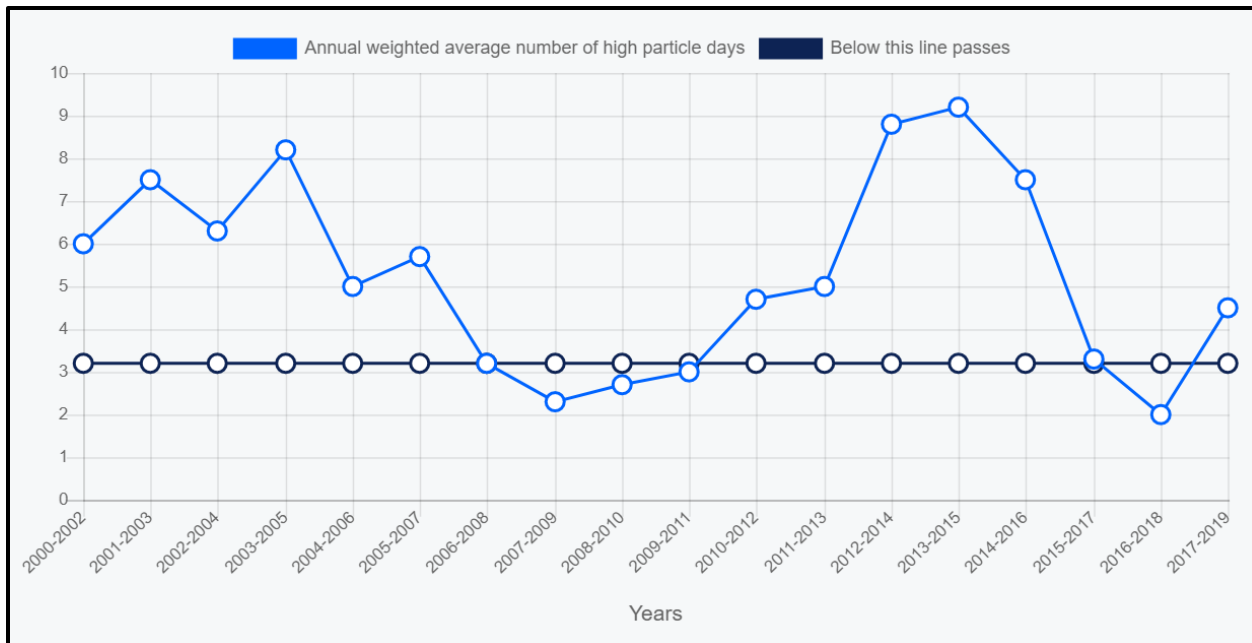
[104] American Lung Association, *State of the Air 2020.*
[105] American Lung Association, *State of the Air 2020.*

Heat and Extreme Weather

High summer temperatures are increasing in the United States and in Lancaster County. Researchers predict that extreme heat events will be more common in the future. Anyone can be at risk to the health effects of heat, but some are more vulnerable, including pregnant people, people with heart or lung conditions, young children, older adults, and people who work outdoors. Urban populations tend to also be more vulnerable to extreme heat because of higher temperatures in urban areas.

In 2019, there were 43 days when Lancaster County's heat index was above 90 degrees.[106] In most years between 2010 and 2019, there were more than 30 days annually when the heat index was above 90. The geographic areas with the most extreme heat days are the City of Lancaster and Manheim Township and the municipalities along the Route 30 corridor throughout the western metro area to the Susquehanna River, including East Petersburg, Columbia, Mount Joy, and Marietta.

Table 13. Lancaster County Extreme Heat Days

Year	Days Heat Index Above 90 Degrees
2019	43
2018	37
2017	24
2016	45
2015	31
2014	22
2013	31
2012	40
2011	38
2010	49

Figure 19. Days with Heat Index Above 90 by Census Tract

LEGEND
- 0 - 12
- >12 - 21
- >21 - 36
- >36 - 46
- >46 - 51
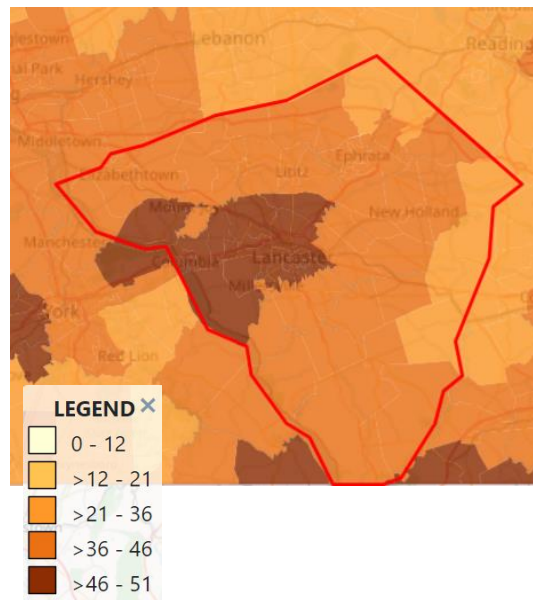
In 2019, Lancaster County also experienced 30 extreme precipitation events. These heavy precipitation events have gradually become more frequent over the past 50 years. A total of 10,679 people in Lancaster County live in a FEMA-designated flood area and may be at greater risk when there is heavy precipitation.[107]

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[106] National Environmental Public Health Tracking Network. Accessed from https://ephtracking.cdc.gov/DataExplorer.

[107] National Environmental Public Health Tracking Network. Accessed from https://ephtracking.cdc.gov/DataExplorer.

Bicycle and Pedestrian Infrastructure

Walking and bicycling are simple physical activities that people of many ages and abilities can do. Physical activity promotes health and reduces risk factors for chronic diseases. Adults should participate in 2.5 hours of moderate physical activity per week and children should participate in 1 hour of physical activity per day.[108] To encourage physical activity, communities can add features to the environment that provide safe and appealing places for walking and bicycling. Increasing walking and bicycling as forms of transportation may also reduce single-driver vehicles and traffic emissions that contribute to poor air quality.

According to the 2019 Active Transportation Plan for Lancaster City, there are 215.8 miles of bicycle routes, paths, and trails in Lancaster County, 56.6 miles in the Lancaster Inter-Municipal Committee metro area, and 19.4 miles in Lancaster City. An analysis of the sidewalk network throughout Lancaster County found that there are 1,167 miles of sidewalk in the County, and 2,380 miles of roadway where sidewalks are missing.[109]

A comprehensive review of 90 studies by the U.S. Community Preventive Services Task Force[1] found that transportation projects can effectively increase physical activity by increasing or improving:

- Street connectivity
- Sidewalk and trail infrastructure
- Bicycle infrastructure
- Public transit infrastructure and access (such as bus stops)
- Mixed land use to create places where people can live, work, and spend their recreation and leisure time in the same area
- Access to parks, and other public or private recreational facilities

The level of traffic stress (LTS) is a metric to measure the level of comfort for people walking and bicycling along roadways. For bicycling, LTS is rated on a scale from 1-4, with 1 being most comfortable and 4 being least comfortable. For walking, LTS is rated 1-5. In Lancaster County, the vast majority of roadways are very uncomfortable for bicycling. Only 10% of roadways receive the top score for being most comfortable for bicyclists. The roads are better for pedestrians, with 75% receiving a score of 1 or 2.[110]

Table 14. Level of traffic stress for bicycles and pedestrians on Lancaster County roads

Level of Traffic Stress	Roads for People on Bicycles	Roads for Pedestrians
LTS 1 (Most Comfortable)	10%	23%
LTS 2	2%	52%
LTS 3	6%	3%
LTS 4	82%	1%
LTS 5 (Least Comfortable)		22%

[108] U.S. Department of Health and Human Services. Physical Activity Guidelines for Americans, 2nd edition. Washington, DC: U.S. Department of Health and Human Services; 2018.

[109] Lancaster County Active Transportation Plan, 2019.

[110] Lancaster County Active Transportation Plan, 2019.

Tree Canopy

Tree canopy is the layer of leaves, branches, and stems of trees that cover the ground when viewed from above. Trees are an important resource for human health because they clean the air, filter and cool our water to improve water quality, and reduce storm and flood damage.

Focus on Health Equity

Tree equity means that a community has an ideal number of trees for its land type and the health risks of the population. Some of the areas with low tree equity include Columbia, Lancaster City's center, and Manheim Borough. Areas with high tree equity include Northwest Lancaster City, Eden, Willow Street, and Hempfield.

In 2010, the Lancaster County Planning Commission completed a tree canopy analysis overall for Lancaster County and for key watershed areas. At the time, Lancaster County had 149,211.9 total acres of tree canopy, or 24.6% of our total land area. The analysis of the tree canopy by watershed showed that coverage ranged from a low of 8.4% in the Middle Conestoga River Watershed to a high of 65.0% in the Laurel Run-Susquehanna Watershed.[111] According to U.S. News and World Report, using 2016 data from the U.S. Forest Service, only 14.9% of the County is covered with tree canopy, lower than the state (25.0%) and the U.S. (20.5%).[112] This resource-intensive analysis provides important data for health, and it is important for our community to dedicate time and resources to complete using consistent methods approximately once per decade.

Trees are most useful for improving health equity in areas with higher population density, higher temperatures, and larger numbers of people who are older, younger, or have health risks. Lower-income neighborhoods and neighborhoods with more People of Color often have disproportionately fewer trees. The American Forests Tree Equity Score evaluates data from the existing tree canopy, population density, surface temperature, demographic risk factors such as income, race, and age, and health risks. These metrics are combined into a single score between 0 and 100. A score of 100 means that a community has achieved tree equity. Lancaster County's overall tree equity score is 81.[113]

Some of the areas with low tree equity include Columbia, Lancaster City's center, and Manheim Borough. Areas with high tree equity include Northwest Lancaster City, Eden, Willow Street, and Hempfield.

Figure 20. Tree Equity Scores in Lancaster County

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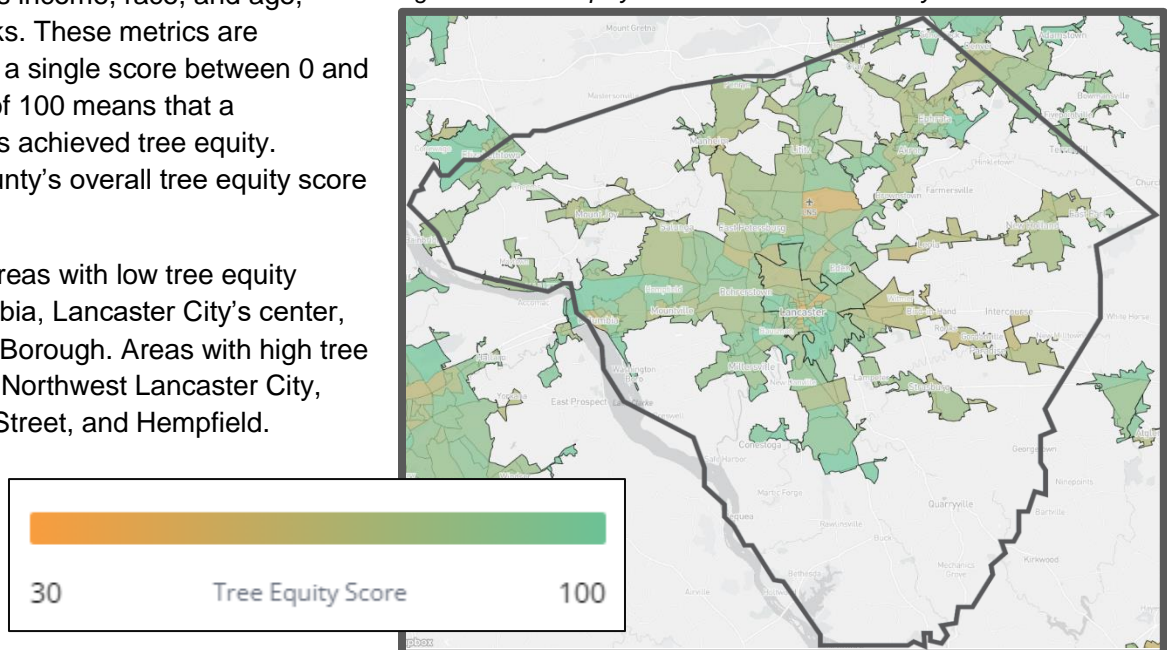
[111] Lancaster County Planning Commission. Blueprints: An Integrated Water Resources Plan for Lancaster County. 2012.

[112] U.S. News and World Report. Healthiest Communities 2021. www.usnews.com/news/healthiest-communities.

[113] American Forests Tree Equity Score. treeequityscore.org

Access to Outdoor Recreation

The Pennsylvania Department of Conservation and Natural Resources and the Trust for Public Lands have created maps showing access to outdoor recreation spaces for all counties in Pennsylvania.[114] These maps show areas that are not within a 10-minute walk to a public recreation area such as a park or trailhead. The areas are ranked by need based on their population density, youth population, and low-income population.

Each county is analyzed separately, and so the maps can be used to find the areas within the county with the most need for new outdoor recreation opportunities.

In Lancaster County, 46% of the population is within a 10-minute walk of an open access outdoor space. Low-income households in Lancaster have the most access to public open spaces (54%), followed by medium-income households (47%) and high-income households (42%). A higher percentage of People of Color have access (69%) compared with people of White race (43%). This is largely because the City of Lancaster has the County's most racially- and income-diverse population, and 96% of the City population is within a 10-minute walk of a public open space.

> Less than half of Lancaster County's population is within a 10-minute walk of a public park or trailhead. The greatest need for outdoor recreation areas is in Lancaster County's growing suburban areas outside of Lancaster City.

The greatest need for outdoor recreation areas is in Lancaster County's growing suburban areas outside of Lancaster City: the townships and boroughs around the City and lining the major routes to the northeast and northwest, west, and east. Two Lancaster County municipalities appear on the state's list of top 20 highest need areas: Earl Township (only 3% of the population has access) and Salisbury Township (8% has access). The data for all municipalities is available at bit.ly/lancasteroutdoors.

The outdoor recreation plan also provides information about trail and water access within a 10-minute drive. Trail access has been growing in recent years, with notable progress. A total of 99% of the population of Lancaster County now lives within a 10-minute drive of a trail. The greatest need for trail access is in the area of Terre Hill and New Holland.

69% of the county lives within a 10-minute drive to water recreation access points, with the most access along the Susquehanna River and Conestoga River. The greatest need for water access is in the eastern and northern portions of the county.

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[114] PA Department of Conservation and Natural Resources, Trust for Public Lands, and We Conserve PA. Outdoor Recreation Access in Pennsylvania. https://www.dcnr.pa.gov/Recreation/PAOutdoorRecPlan/Pages/default.aspx 2019.

Prioritized Significant Health Needs

Prioritization

Significant health needs were identified using both secondary data from the Healthy Communities Institute platform and data from the community survey and interviews.

For each indicator in the HCI database, the community is assigned a score based on their comparison to other communities, whether health targets have been met, and the trend of the indicator value over time. These comparison scores range from 0-3, where 0 indicates the best outcome and 3 the worst. The indicators are combined into topics and scores are averaged. The following components are included in the scores:

- **County Ranking**: A distribution is created by taking all county values, ordering them from low to high, and dividing them into four equally sized groups based on their order. If the county value falls within the first (or best) quartile, it receives a score of 0 for the indicator. Falling in the second quartile results in a score of 1; the third quartile a score of 2, and the fourth (or worst) quartile a score of 3.

- **Comparison Values**: The county is compared to the state value, the national value, and target values. For all value comparisons, the scoring depends on whether the county value is better or worse than the comparison value, with severity determined by the percent difference between the two values. If the county value is better than the comparison value and the percent difference is more than 10%, then the indicator is scored 0. If the county value is equal to or better than the comparison value, but by 10% or less, then the resulting score is 1. If the county value is worse than the comparison value by 10% or less, then the resulting score is 2; if worse by more than 10% the resulting score is 3.

- **Trend**: The Mann-Kendall statistical test for trend is used to assess whether the county value is increasing over time or decreasing over time, and whether the trend is statistically significant. The trend comparison uses the four most recent comparable values for the county, and statistical significance is determined at the 90% confidence level. If the indicator value is trending in the good (improving) direction, and is statistically significant, the indicator is scored 0. If the value is trending in the good direction overall, but is not statistically significant, the resulting score is 1. If there is no evidence of a trend in either direction, the score is 1.5. If trending in the bad (worsening) direction, but not statistically significant, the score is 2. And if the trend is in the bad direction and is statistically significant, the score is 3.

The table below shows the results of the prioritization for ranking, comparison, and trend.

Table 15. Quantitative Ranking of Community Health Indicators

Topic	Number of Indicators	Topic Score 0 (best) – 3 (worst)
Other Conditions	5	1.83
Environmental Health	31	1.55
Health Care Access & Quality	9	1.53
Mental Health & Mental Disorders	7	1.47
Older Adults	23	1.46
Prevention & Safety	7	1.45
Oral Health	4	1.44
Physical Activity	14	1.44
Heart Disease & Stroke	16	1.36
Education	5	1.33
Women's Health	5	1.32
Weight Status	4	1.31
Immunizations & Infectious Diseases	10	1.3
Children's Health	13	1.29
Wellness & Lifestyle	5	1.27
Respiratory Diseases	13	1.19
Sexually Transmitted Infections	3	1.18
Cancer	17	1.08
Mortality Data	23	1.08
Alcohol & Drug Use	7	1.07
Community	24	1.06
Maternal, Fetal & Infant Health	9	1.03
Adolescent Health	8	1.01
Economy	28	0.97
Diabetes	3	0.77

In addition to the HCI data ranking above, we assigned each topic an additional score of 1 point if it was identified in the top 3 health conditions or community issues of concern in the community survey or our community forums. We assigned an additional 1 point if the issue was named as one of the 2-3 most important issues to address to achieve health equity in our key informant interviews. Using this strategy, community input and health equity were key factors in our prioritization.

The issues at the top of the priority list included:

- A healthy environment
- Healthcare access and quality
- Mental health and mental disorders

Table 16. Overall Prioritization of Community Health Needs

Topic	HCI Topic Score	Top Community Priority	Interview Theme	Overall Priority Rating
Healthy Environment (food access, air quality, etc.)	1.55	1	1	3.55
Health Care Access & Quality	1.53	1	1	3.53
Mental Health & Mental Disorders	1.47	1	1	3.47
Education	1.33	1	1	3.33
Alcohol & Drug Use	1.07	1	1	3.07
Economy (including wages, housing)	0.97	1	1	2.97
Oral Health	1.44	0	1	2.44
Weight Status	1.31	1	0	2.31
Community (including transportation)	1.06	0	1	2.06
Other Conditions	1.83	0	0	1.83
Older Adults	1.46	0	0	1.46
Prevention & Safety	1.45	0	0	1.45
Physical Activity	1.44	0	0	1.44
Heart Disease & Stroke	1.36	0	0	1.36
Women's Health	1.32	0	0	1.32
Immunizations & Infectious Diseases	1.3	0	0	1.3
Children's Health	1.29	0	0	1.29
Wellness & Lifestyle	1.27	0	0	1.27
Respiratory Diseases	1.19	0	0	1.19
Sexually Transmitted Infections	1.18	0	0	1.18
Cancer	1.08	0	0	1.08
Mortality Data	1.08	0	0	1.08
Maternal, Fetal & Infant Health	1.03	0	0	1.03
Adolescent Health	1.01	0	0	1.01
Diabetes	0.77	0	0	0.77

Appendix A: Document Review

1. The State of our Health: A Statewide Health Assessment of Pennsylvania
2. 2020 Pennsylvania LGBTQ Health Needs Assessment
3. Health Needs Assessment of Plain Populations in Lancaster County, Pennsylvania
4. Lancaster County Office of Aging Four Year Area Plan
5. ALICE In Pennsylvania: A Financial Hardship Study
6. COVID-19 Impact on Pennsylvania: The ALICE Story
7. Lancaster County 211 Annual 2020 Report
8. Lancaster County Active Transportation Plan
9. Places2040: Lancaster County Comprehensive Plan

1. The State of our Health: A Statewide Health Assessment of Pennsylvania
Publication Date: January 2021
Authored by: Pennsylvania Department of Health

Report Purpose/Topics covered: The State of Our Health is an assessment of the health of Pennsylvanians. It identifies the populations most impacted by various health risks and outcomes and the possible causes for those disparate impacts. This report is intended to foster discussion, promote ongoing and expanded data analysis, support local health improvement interventions, and inform the next Healthy Pennsylvania Partnership (HPP) State Health Improvement Plan.

Brief Description of Methods: The State of Our Health: A Statewide Health Assessment of Pennsylvania was developed through collection and analysis of qualitative and quantitative data with engagement of 82 organizations who participate in the Healthy Pennsylvania Partnership.

Community Needs Identified: The state health assessment reviews a broad range of indicators of health and conditions to describe health in Pennsylvania and the factors contributing to disparate health outcomes. This report explores social determinants of health and health equity, and eight health themes:
- Access to Care: Among adults under, about 7% were uninsured, 16% did not have a personal health care provider, and 10% needed to see a doctor in the past year but were unable due to cost.
- Substance Use: Substance use is one of the biggest challenges in Pennsylvania, with the use of opioids a pronounced burden. In 2018, the state ranked 47 among 50 states in drug-induced deaths.
- Chronic Diseases: Smoking, physical inactivity, and poor diet remain major risk factors for chronic diseases, disproportionately affecting certain groups.
- Mental Health: In 2019, 14% of adults in Pennsylvania suffered from frequent mental distress, defined as not good mental health in 14 or more days in the past month.
- Maternal and Infant Health: Maternal mortality, infant deaths, and barriers to prenatal care were higher among blacks than their white counterparts.
- Injury and Violence Prevention: Overall violent crime has decreased in Pennsylvania, but homicide rates are disproportionately high among Black residents and sexual violence disproportionately affects females and LGBTQ individuals.
- Immunizations and Infectious Diseases: Pennsylvania continues to be among the top states for incidence of Lyme disease, and sexually transmitted infections are increasing.
- Environmental Health: Air pollution, lead toxicity, and rising heat are environmental health risks.

Community Assets Identified: There are many strengths and opportunities within Pennsylvania, positioning the state to address gaps and barriers to health. Pennsylvania has a strong public health and health care infrastructure, with many successful programs and other resources that can be leveraged to improve health. Throughout the SHA process, public health stakeholders and community residents identified assets and resources at local and state levels. Top community strengths cited by poll respondents include: parks and recreational spaces, availability of fresh food, good schools, and safety.

2. 2020 Pennsylvania LGBTQ Health Needs Assessment
Publication Date: 2020
Authored by: Pennsylvania Department of Health**,** Bradbury-Sullivan LGBT Community Center, PHMC

Report Purpose/Topics covered: LGBTQ communities have health and wellness needs that are not always captured in large data systems. In spring 2020, PA Department of Health, Bradbury-Sullivan LGBT Community Center, and Public Health Management Corporation conducted a Pennsylvania LGBTQ Health Needs Assessment. Our local Lancaster County LGBTQ+ Coalition was an active partner.

Brief Description of Methods: A total of 6,582 LGBTQ-identified people from Pennsylvania participated in an online English/Spanish survey. A total of 908 respondents came from our region, South-Central PA. The people who responded identified across LGBTQ communities, including more than a quarter of respondents who identify as transgender, non-binary, or genderqueer (27%). In addition, 110 respondents were born intersex.

Community Needs Identified: The top community priorities reported by LGBTQ people from South Central PA were depression, suicide, and loneliness/isolation. Rates of smoking (29%), binge drinking (31%), and risk behaviors for HIV (32%) were higher in the LGBTQ community than in the population overall. In the survey overall, more than one in three respondents do not believe most of their healthcare providers have medical expertise related to their health needs as an LGBTQ person (35.4%). In their lifetime, more than six in ten respondents experienced discrimination based on their LGBTQ status (61.1%). One in three respondents fear seeking health care services because of past or potential negative reactions from health care providers.

Community Assets Identified: Most respondents self-report their health as good, very good, or excellent (77.5%). Of the people who responded to the survey, 97% were interested in incorporating healthy living strategies in their lives, demonstrating resilience and readiness for health supports. More than six out of ten respondents (61.9%) often or always feel respected in their LGBTQ identity by the people in their life, particularly by their friends (93.0%) and members of their household (78.3%).

Solutions: Recommended action items for South-Central PA include:
1) Support connections to LGBTQ-competent providers
2) Support initiatives that address social determinants of health
3) Identify community-wide mental health supports
4) Support chronic disease prevention
5) Promote tobacco cessation opportunities
6) Encourage health screening discussions and health education
7) Bolster community supports for black, indigenous, and people of color
8) Prioritize the health needs of transgender, non-binary, genderqueer, and individuals born intersex
9) Continue and enhance data collection
10) Partner with LGBT community-based organizations

3. Health Needs Assessment of Plain Populations in Lancaster County, Pennsylvania
Publication Date: February 2017
Authored by: Miller K, Yost B, Abbott C, Thompson S, Dlugi E, Adams Z, Schulman M, Strauss N.

Report Purpose/Topics covered: The purpose of the survey was to gain an understanding of the current health and health needs of these Plain communities and to measure how their perceptions of modern medicine and technology may be altering the Plain way of life. Several Anabaptist sects migrated to America and settled in Lancaster County, including Old Order Amish and Mennonites. The Old Order Amish community has no electricity or telephones in their homes and depends on horse and buggy for transportation. Mennonites in Lancaster County are a more diverse group, and several Old Order Mennonite groups emerged in disagreements over assimilation, the use of technology, higher education, and language.

Brief Description of Methods: The Center for Opinion Research at Franklin & Marshall College conducted a household survey between August 2014 and May 2015 that assessed the health needs of adult Old Order Amish and Old Order Mennonite individuals (18 years of age and older) living in Lancaster County, Pennsylvania.

Community Assets/Needs Identified: Compared with the general population of adults, Plain respondents were more likely to be married, to have children, and they had large families. They were more likely to drink well water, to eat fruit and vegetables, to drink raw milk, and to live on a farm. Plain respondents had better self-rated physical health and were much less likely to report poor mental health days compared with the general population in Lancaster County. They were less likely overall to have been diagnosed with various medical conditions compared with the general population of adults in Lancaster County, but Old Order Mennonite respondents were more likely to have been diagnosed compared with Old Order Amish respondents.
Plain respondents usually have a regular doctor and often receive preventive care. Old Order Mennonite respondents were more likely to have a regular doctor, to receive preventive care, to have had their children vaccinated, and to receive routine dental care compared with Old Order Amish respondents. The Strasburg, PA Clinic for Special Children and the New Holland, PA Parochial Medical Center provide services especially for the Plain communities. The Welsh Mountain Medical and Dental Clinic (now Union Community Care) is a federally-qualified health center that serves the rural poor and many from the Plain communities.

4. Lancaster County Office of Aging Four Year Area Plan
Publication Date: 9/16/2020
Authored by: Lancaster County Office of Aging

Report Purpose/Topics covered: The Lancaster County Office of Aging 4-Year Plan aims to meet the needs of the growing and diverse aging population in Lancaster county. This will be achieved by exploring new funding sources while maximizing limited existing resources, encouraging innovation in business practices, and pursuing new partnerships and collaborations with organizations that can enhance the Area Agencies on Aging's (AAA) capacity to serve.

Brief Description of Methods: This report used data from the LCOA Needs Assessment survey which was sent out to over 1,100 agency consumers and 628 surveys were received. Comments from the PA Department of Aging's Needs Assessment survey, collected on Lancaster County residences were also taken into consideration.

Community Needs Identified: Looking at the demographics of Lancaster County, people ages 60 years or older represent roughly 1 in 4 residents and this number is expected to keep increasing. Older adults are more vulnerable to financial risk and are more likely to struggle with rising housing and health care costs, inadequate nutrition, access to transportation, social isolation, and reduced savings. In Lancaster County, around 10.8% of adults 65 years or older live alone and roughly 45% of individuals with disabilities are 75 years or older.

Community Assets Identified: In 2018-2019, Lancaster County Office of Aging provided many services to help the aging population in Lancaster County including home delivered meals, community centers, financial assistance with caregivers, and more. Lancaster County OOA works closely with the United Way as well as many community partners and faith-based organizations.

Solutions: The plan includes several goals to address the needs of our aging population. The first goal is to strengthen the Lancaster County Office of Aging's capacity, promote innovation and build efficiencies to respond to the growing and diverse aging population in Lancaster County. The second goal is to emphasize a citizen-first culture that encourages outreach, promotes awareness, embraces diversity, and honors individual choice. The third goal is to improve services for older adults and the ability to advocate for them by implementing evidence-informed planning, committing to data integrity and being accountable for results. The fourth goal is to advocate for the rights of older adults and ensure their safety and dignity by raising awareness of and responding to incidents of abuse, injury, exploitation, violence, and neglect. The fifth goal is to establish and enhance efforts to support healthy living, active engagement, and a sense of community for all older Lancaster County residents.

5. ALICE In Pennsylvania: A Financial Hardship Study
6. COVID-19 Impact on Pennsylvania: The ALICE Story
Publication Date(s): 2020
Authored by: United Way

Report Purpose/Topics covered: ALICE represents the 27% of Pennsylvanians who work, but struggle to survive. ALICE stands for Asset Limited, Income Constrained, Employed. This report provides new data that highlights the obstacles that ALICE households encounter as a result of financial hardships. The follow-up report from August 2020 looks at the impact of COVID-19 on ALICE households and resources needed to assist them throughout the pandemic and the recovery that follows.

Brief Description of Methods: The ALICE team includes researchers who collaborated with a Research Advisory Committee composed of experts from across the state. They collected data about financial hardship over time and across demographic groups, quantified the basic cost of living in PA, assessed job trends, and identified gaps in assistance and community resources. In August 2020, the United Way of Pennsylvania conducted a COVID-19 Impact Survey with a random sample and over 1700 responses from people living in Pennsylvania.

Community Needs Identified: ALICE households earn above the federal poverty level, but not enough to afford basic household necessities. Even before the pandemic, the cost of living, driven by the cost of housing, was also increasing for ALICE households. As a result, child care, financial instability, and food insecurity were expected to become more problematic for these households. ALICE workers are essential to PA's economy, but they are vulnerable because of the declining power of wages to keep up with the cost of living, greater dependence on hourly wages, a large number of adults out of the labor force, and increased economic risk for workers. All of these challenges lead to increased gaps in health based on socioeconomic factors.

During COVID-19, rising unemployment, closed businesses, and halted production of many goods and services negatively impacted millions of families. COVID-19 highlighted the role that ALICE employees play as essential frontline workers. Most survey respondents with household income below the ALICE threshold had one month or less in savings to cover basic household bills (77%). ALICE families are more likely to fall into debt, especially those without savings and working hourly paid jobs, making it more difficult to seek affordable and high-quality care. Many ALICE households applied for unemployment and government assistance programs and also received food from food pantries or food banks. Overall, 58% of the survey respondents below the ALICE income threshold reported being unable to afford food in August 2020.

Solutions: Throughout the pandemic, many households relied on community resources such as food banks and food pantries as well as government assistance programs to provide aid. The ALICE report recognizes the need for income among these families, as having an income above the ALICE threshold would have a positive impact on families, their communities, and the state economy.

7. Lancaster County 211 Annual 2020 Report
Publish Date: 2021
Authored by (organization): United Way of Lancaster County

Report Purpose/Topics Covered: 211 is a central contact number for people seeking health and social services, and the annual report summarizes the community's top requests and unmet needs.

Community Needs Identified: The top needs in 2020 were for income support/assistance, housing, individual/family/community support, food or meals, and utility assistance. Overall, there were 22,630 phone contacts, 12,743 web searches, and 372 contacts by chat/email/social media. Of these, 3,368 stated that their need was directly related to COVID-19.

Community Assets Identified: The top agency referrals made by 211 went to the VITA Tax Program, Tabor Community Services (CHART), Pennsylvania Department of Human Services, Salvation Army, Lancaster County Project for the Needy (holiday meals), LHOP Lancaster Housing Opportunity Partnership, Pennsylvania Housing Finance Agency, Lancaster County Food Hub, Community Action Partnership of Lancaster County, and MidPenn Legal Services.

8. Lancaster County Active Transportation Plan
Publication Date: April 22, 2019
Authored by: Lancaster County Planning Commission, the Lancaster Inter-Municipal Committee (LIMC), and the City of Lancaster

Report Purpose/Topics Covered: The Lancaster Active Transportation Plan (ATP) is a guide to increasing the connectivity of our communities through an active transportation network. It designates Mobility Hubs across Lancaster County for people to easily switch between cars, shoes, bikes, and transit. Other large projects in the ATP include a bike network in Lancaster City, and three trails in the County: the Greater Lancaster Heritage Pathway, the Northeast Greenway Extension, and the Engleside Greenway. The ATP also contains policies and programs for implementation.

Brief Description of Methods: The participatory planning process involved over one thousand participants and concluded in the spring of 2019. The project began with the formation of two steering committees, the Visioning Committee and Technical Advisory Committee, formed of municipal staff, local stakeholders, related active transportation organizations, and citizen volunteers. The Technical Advisory Committee was formed to guide and review technical elements, such as the greenway feasibility studies, interim deliverables, and final report. The project team sought public input throughout the planning process via regular website updates, community meetings, an online survey, and focus groups.

Community Needs Identified: Many residents view active travel within their communities as unsafe due to heavy traffic, speeding vehicles, and a scarcity of sidewalks, crosswalks, and bicycle facilities. The lack of infrastructure for bicyclists and pedestrians makes it difficult to navigate Lancaster's hub-and-spoke layout and highway corridors. Lancaster City and borough downtowns have more connections, streets laid out in a grid pattern, and more sidewalks. However, these communities typically have narrow streets that limit the space available for bicycle and pedestrian infrastructure. Speeding, aggressive driving, and failure to yield at crosswalks are common.

Community Assets Identified: The City of Lancaster, Lancaster Township, Columbia Borough, and Elizabethtown Borough have adopted Complete Streets resolutions. There are currently 215.8 miles of existing bikeways and bike trails and 1,167 miles of existing sidewalks in Lancaster County. The Municipal Planning Organization has created a Smart Growth Transportation funding program to fund projects and studies that are 1) located in the county's growth areas and 2) that improve livability, support smart growth, and build the infrastructure needed to increase walking, biking and the use of transit.

Solutions: The ATP includes proposed bicycle and pedestrian infrastructure networks and five major recommendations: 1) Connect the transportation network, 2) Implement Complete Streets and consider all roadway users in infrastructure design, 3) Improve safety through education, awareness, and enforcement, 4) Encourage everyone to walk and bike, and 5) Align resources and work collaboratively to implement active transportation priorities.

9. Places2040: Lancaster County Comprehensive Plan
Publication Date: October 24, 2018
Authored by: Lancaster County Planning Commission

Report Purpose/Topics covered: Places2040 is the comprehensive plan for Lancaster County. The comprehensive plan is a guidebook for the community to reach its desired future. It highlights a few things that need to happen to make the most difference in the next 10 to 20 years. Many recommendations are related to health and well-being, including improved safety, increased walking and bicycling, preserving green spaces and access to nature, and improved access to resources.

Community Needs/Assets Identified: Places2040 identified eight priorities based on the community's current values, goals, and vision for the future of Lancaster County: managing growth, transportation alternatives and connections, urban places, parks/trails/natural areas, housing choice, agriculture and farmland, employment, and thinking beyond boundaries.

Solutions: Places2040 shares five "big ideas" with a variety of supporting policy recommendations to achieve the community's goals.
1) Creating great places
   - Make our downtowns more vibrant, safe, and attractive; design communities that put people first; create a mix of uses in our communities and corridors; provide a greater supply and diversity of housing types to own and rent; find new and innovative ways to reduce congestion.
2) Connecting people, place, and opportunity
   - Make our downtowns into regional hubs; create more places to hike, bike, play, and enjoy nature; make it easier for residents and visitors to get around without a car; connect housing, jobs, schools, transportation, and other destinations; intentionally cultivate, retain, and expand industry; maintain, attract, and retain a skilled workforce that earns a competitive wage; facilitate business partnerships
3) Taking care of what we have
   - Preserve large, contiguous areas of agricultural and natural land; preserve the farmer as well as the farm; improve water quality and work together on stormwater management; use existing buildings and maintain public infrastructure; promote entrepreneurship and help local businesses grow
4) Growing responsibly
   - Grow where we're already growing; prioritize redevelopment and infill in Urban Growth Areas; manage the use of large tracts of vacant land in Urban Growth Areas; limit large-lot suburban development in rural areas; build more compactly and efficiently
5) Thinking beyond boundaries
   - Integrate place-based thinking into all future planning initiatives; break down the traditional silos that limit our effectiveness; make planning and regulation more efficient, consistent, and regional; keep ourselves accountable for the goals we've set

Appendix B. Key Informant Interviews

Introduction

Penn Medicine Lancaster General Health and WellSpan Health are working together to complete a 2022 Community Health Needs Assessment (CHNA) for Lancaster County, Pennsylvania. As part of the community engagement portion of the CHNA process, we conducted interviews with key community leaders. This paper describes the participants, methods, and brief outcomes from the interviews, which will be incorporated into the final CHNA report.

Participants and Methods

We interviewed 41 community partners about the strengths of Lancaster County, barriers to good health, community capacity to meet community health needs, and what is needed to improve health. These partners included leaders in various sectors including public health, business, housing, advocacy, mental health, substance use, healthcare services, education, planning, philanthropy, and social services. Individuals were selected for interviews because they lead community organizations that are dedicated to improving community health and are regular partners who collaborate with Lancaster County's non-profit hospitals.

The 41 individuals represented the following organizations:

- Bright Side Opportunities Center
- Central Penn Business Group on Health
- Central Pennsylvania Food Bank
- CHI St. Joseph's Children's Health
- Church World Service
- Community Action Partnership
- CompassMark
- Franklin & Marshall College
- HDC Mid-Atlantic
- Hope Within
- Lancaster Chamber
- Lancaster City & County Medical Society
- Lancaster County Behavioral Health & Disabilities Services
- Lancaster County Children & Youth
- Lancaster County Community Foundation
- Lancaster County Courts
- Lancaster County Drug & Alcohol Commission
- Lancaster County EMS
- Lancaster County IU-13
- Lancaster County Planning Commission
- Lancaster Harm Reduction Project
- Launch Community Health
- LGBTQ+ Coalition

- LOHF
- Mental Health America
- NAACP Lancaster
- Pennsylvania State Health Center
- RASE Project
- SACA
- San Juan Bautista
- TenFold
- Union Community Care
- United Way of Lancaster County
- WellSpan Health
- YWCA

Community interviews were conducted by staff members in the Community Health department at Penn Medicine Lancaster General Health using a semi-structured interview guide. All of the participants were asked these key questions:

- In your own words, what is a healthy community?
- What do you believe are the 2-3 most important issues that must be addressed to improve the health and quality of life in Lancaster County?
- What actions, policies, or resources are needed to create a healthier community in Lancaster?
- What are some specific examples of people or groups working together to improve the health and quality of life in our community?
- How have your approaches to improving the community changed over time?

Interviewers asked follow-up questions to explore areas of interest and to gather more detail based on each participant's answers to the key questions. Interviews were approximately 60 minutes long. Each interviewer took detailed notes and summarized interview themes. The lead report author read and analyzed notes from all interviews and independently summarized themes. Finally, the group met to discuss the results and arrive at consensus about key interview themes.

What is a healthy community?

The discussions began by asking interview participants to describe a healthy community. The answers are summarized in 5 key characteristics of a healthy community below.

Theme 1: Equal Opportunity to Thrive. Many people focused on the idea that a healthy community helps people thrive. In other words, a healthy community supports every person's physical, mental, and emotional health and allows each person to achieve their full potential. In a healthy community, each person is as healthy as they can be and has the opportunity to live their life to the fullest.

Theme 2: Supportive. In this common theme, many people mentioned that a healthy community supports everyone who lives there. They described a community that is open and welcoming to all people and makes all people feel valued. In a healthy community, everyone has a support network, and there are strong friendships and families.

Theme 3: Access to Resources. Many people stated that a healthy community makes resources for health available and accessible to everyone. A healthy community meets basic human needs by making healthcare, food, housing, and other basic necessities open to everyone. It provides a stable economic environment and also provides extra help to people in need. In this discussion, many people specifically mentioned that a healthy community must have accessible healthcare for all.

Theme 4: Safe. Safety was a fourth key theme in a healthy community, and included a variety of forms of safety. A healthy community is physically safe, free from toxins and with a clean environment. Violence is prevented, children are protected, and people respond effectively to help those who have experienced trauma. Each person is safe from injustice and discrimination, and the community works towards equity and justice for everyone.

Theme 5: Collaborative. Throughout the discussion about healthy communities, our interviewees mentioned that people work together to address problems in an ideal healthy community. Leaders would empower people with knowledge and resources, involve community members in solutions, and meet people where they are to improve the health of the community.

What are the most important issues we need to address to improve health and quality of life in Lancaster County?

The answers to this question ranged from very general to very specific. The discussions demonstrated that community leaders have a deep understanding about the connection between social and physical environments and overall health. Many of the issues mentioned are considered "social determinants of health." Access to healthcare was another common theme, with a range of specific issues related to access.

Overall, these were the most common themes about our community's biggest issues/needs from the discussions about this question:

- Housing (Homelessness and unstable housing, unhealthy housing, zoning policies, unaffordable housing)
- Income (low wages and benefits, poverty)
- Education (all levels, disparities in resources and funding)
- Access to affordable healthy food
- Transportation for rural population to access services
- Toxic environment (lead, tobacco smoke, air quality)
- Access to healthcare and cost of healthcare
    - Quality of healthcare services for low-income people
    - Wait times
    - Insurance access
    - Navigation/complexity of systems
    - Transportation issues/telemedicine access
    - Language accessibility
    - Cultural humility & diversity of providers
    - Transparency in costs
    - Better coordination among systems
    - More access to preventive care/programs
    - Access to specialists & medications
- Mental health
- Addiction and substance use
- Dental health
- Inequity, discrimination, stigma
    - Disproportionate effects of COVID-19
    - Health inequities to black and brown individuals
    - Stigma related to mental health and addiction
- Public information and education (misinformation about health, mistrust, and lack of accessible information about services)
- Lack of a Public Health Department

Appendix C. Lancaster County Online Community Survey Results

To gather broad community input about the county's most important health problems, Penn Medicine LG Health and WellSpan Health completed an online survey with the public from October 14 to November 15, 2021. Links to the survey were posted on social media, printed in the local newspaper, and emailed to lists of community partners to share with the public. The survey was available in English and Spanish, and a total of 1,008 individuals completed the survey.

What is your age?

	Age *n=1,006*
Under 18	0.2%
18-24	2.9%
25-34	14.2%
35-44	25.3%
45-54	21.1%
55-64	16.9%
65+	19.4%

What is your race?

	Race *n=1,002*
American Indian/Alaska Native	0.2%
Asian	1.0%
Black or African-American	1.7%
Native Hawaiian or Pacific Islander	0.1%
White	92.7%
More than one race	3.1%
Other (*Hispanic, Puerto Rican)*	1.2%

Would you describe yourself as Hispanic or Latino?

	Ethnicity *n=999*
Yes, Hispanic or Latino	5.6%
No, not Hispanic or Latino	94.4%

What best describes your gender?

	Gender
	n=1,005
Male	22.8%
Female	76.4%
Non-Binary	0.6%
Transgender Female	0.1%
Transgender Male	0.1%

How would you describe your sexual orientation?

	Sexual Orientation
	n=999
Gay	1.9%
Lesbian	1.4%
Straight (Heterosexual)	93.1%
Bisexual	2.8%
Other *(Nonsexual, asexual, pansexual, queer, questioning)*	0.8%

What is your annual household income?

	Income
	n=943
Less than $14,999	2.0%
$15,000 to $24,999	4.0%
$25,000 to $49,999	14.2%
$50,000 to $99,999	36.5%
$100,000+	43.3%

Would you say your physical health is excellent, very good, good, fair, or poor?

	Physical Health
	n=1,003
Excellent	13.4%
Very good	40.7%
Good	34.5%
Fair	10.1%
Poor	1.4%

Would you say your mental health is excellent, very good, good, fair, or poor?

	Mental Health
	n=999
Excellent	16.2%
Very good	36.1%
Good	30.8%
Fair	14.3%
Poor	2.5%

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

	Change in Health
	n=1,007
Better	15.0%
About the same	65.7%
Worse	19.3%

Do you have health insurance?

	Insurance
	n=1,001
Yes	97.2%
No	2.8%

What type of health insurance do you have?

	Insurance
	n=970
Insurance through a current or former employer or union	72.7%
Insurance purchased directly from the insurance company	3.3%
Medicare	16.1%
Medicaid	3.8%
TRICARE	1.2%
Other type of health insurance	2.9%

When you are sick, what kind of place do you go most often?

	Care Location n=1,007
A doctor's office or health center	84.1%
An urgent care office	8.6%
A retail clinic in a pharmacy or grocery store	0.2%
Emergency room	0.3%
A VA Medical Center or VA Outpatient Clinic	0.7%
Some other place	0.4%
I do not go to any one place most often	5.7%

Do you have a primary care provider?

	Primary Care n=991
Yes	94.5%
No	5.5%

Was there a time in the last 12 months when you needed care but did not get it?

	Delayed Care n=988
Yes, medical care	15.6%
Yes, dental care	17.6%
Yes, mental health/substance use	15.4%

What were the reasons you could not get the care you needed?

	Care Barriers n=291
The cost was too much.	41.2%
You couldn't get an appointment soon enough.	33.0%
The provider's office wasn't open when you could get there.	11.3%
You didn't have transportation.	3.8%
You could not find the type of care provider you needed.	9.6%
You were worried about COVID-19.	24.4%
Other	23.7%

Other reasons include: embarrassment, lack of time/too busy, work or family obligations, lack of confidence in providers, concerns about quality of care, uncertainty about services needed, conditions improving on their own, uncertainty about LGBTQ-affirming care, providers not accepting new patients

Have you seen a healthcare provider in the last 12 months?

	Recent Care
	n=991
Yes	94.6%
No	5.4%

Over the last 12 months, did your healthcare providers listen carefully to you and respect what you had to say?

	Recent Care
	n=923
Always	54.4%
Usually	37.5%
Sometimes	6.7%
Rarely	1.1%
Never	0.3%

Over the last 12 months, did your healthcare providers involve you as much as you wanted in decisions about your health?

	Recent Care
	n=917
Always	59.8%
Usually	32.0%
Sometimes	6.7%
Rarely	1.2%
Never	0.4%

How long has it been since you last saw a doctor or other health professional for a "wellness visit," physical examination, or general purpose check-up?

	Recent Care
	n=979
Never	0.9%
Within the past year	73.7%
Within the last 2 years	14.9%
Within the last 3 years	4.2%
Within the last 5 years	3.4%
Within the last 10 years	1.4%
10 years ago or more	1.4%

How would you rate Lancaster County?

	Excellent	Very good	Good	Fair	Poor
Overall quality of life	17.0%	48.9%	27.0%	6.1%	1.0%
Safety	13.0%	46.0%	32.3%	7.0%	1.6%
As a place to raise children	21.6%	46.3%	24.2%	6.5%	1.3%
As a place to grow older	21.2%	43.9%	23.6%	9.2%	2.2%

How satisfied are you with these community resources?

	Very satisfied	Somewhat satisfied	Somewhat dissatisfied	Very dissatisfied	No opinion
Affordable safe healthy housing (*n=964*)	17.2%	33.8%	25.8%	19.2%	3.9%
Places to get healthy food (*n=957*)	44.6%	41.2%	9.4%	2.9%	1.9%
Childcare and programs for children (*n=957*)	15.3%	29.8%	18.1%	7.0%	29.9%
Job opportunities with good pay (*n=959*)	20.0%	47.5%	21.1%	4.9%	6.5%
Opportunities to walk, bike, use public transportation (*n=965*)	27.5%	44.0%	18.1%	6.8%	3.5%
Parks, trails, green spaces (*n=963*)	45.5%	42.6%	8.5%	2.1%	1.3%
Social activities and community groups (*n=960*)	26.4%	46.3%	15.1%	3.5%	8.8%
Healthcare services (*n=953*)	41.9%	43.4%	9.7%	3.5%	1.6%
Mental health services and substance use treatment (*n=961*)	14.7%	32.9%	19.7%	12.0%	20.8%
Dental services (*n=959*)	34.6%	46.9%	10.8%	4.1%	3.5%

What do you think are the most important health conditions or diseases our community needs to address?

	Conditions & Diseases *n=944*
Mental health problems	71.9%
Substance use disorder and overdoses	56.4%
Overweight and obesity	49.2%
COVID-19	48.0%
Cancer	36.5%
Heart disease and stroke	29.8%
Intimate partner violence and child abuse	28.9%
Suicide	25.0%
Diabetes	23.4%
Alzheimer's disease/dementia	22.9%
Gun violence	22.6%

Sexual assault and rape	12.1%
Tobacco and nicotine use (smoking and vaping)	9.9%
Autism	8.1%
Dental problems	7.2%
Motor vehicle injuries and deaths	7.1%
Accidental injuries and deaths, such as farm injuries	7.0%
Infectious diseases (such as flu and measles)	7.0%
Unplanned pregnancy	6.7%
Lung diseases, such as COPD	5.4%
Sexually transmitted diseases/HIV	1.7%
Infant death	0.8%
None of these	0.2%
Other	5.4%

(*Examples: Lead poisoning, autoimmune disorders, women's health such as PCOS, maternal mortality in black women, epilepsy, ADHD, asthma*)

What are the most important ways to improve access to healthcare services in Lancaster County, including mental health services?

	Access
	n=940
Reduce the cost of care	55.1%
Help people understand and navigate services	47.9%
Improve health insurance coverage	41.0%
Increase the number of care providers	28.7%
Offer more options for appointments outside of business hours	24.1%
Reduce wait times	17.9%
Increase the diversity and cultural competence of care providers**	17.6%
Communicate more about services and resources for health	16.9%
Locate healthcare services in community locations such as schools	14.4%
Improve the quality of care providers	12.9%
Provide transportation	11.4%
More phone and video appointments (telemedicine)	9.1%
Improve language access and translation services	4.9%
Other	4.4%

(*Examples: universal healthcare coverage/Medicare for all, transparent pricing and billing, remove COVID-19 vaccine requirements for staff, make PCPs more available, provide more holistic/preventive care, have more providers of color*)

***Note: "Increase the diversity and cultural competence of care providers" was ranked in the top 3 responses for participants who identified as Black or Hispanic/Latino. Reduce the cost of care and health insurance coverage were in the top 3 responses across all racial/ethnic groups.

What do you think are the most important community issues we should focus on to improve overall health and well-being in Lancaster County?

	Community Issues *n=942*
Make housing more affordable	47.8%
Create a Lancaster County Public Health Department	38.9%
Make healthy food more affordable and available	37.9%
Reduce stress and promote mental wellness	34.1%
Improve job opportunities and increase wages	32.3%
Provide more support for families with children	29.3%
Eliminate racism, discrimination, and stigma	26.5%
Promote diversity, equity, and inclusion	25.8%
Increase wellness and healthy living programs	24.2%
Reduce hazards in the environment such as lead and air pollution	23.8%
Improve communication of accurate health information	22.7%
Improve education opportunities for children	21.5%
Reduce crime	18.9%
Stronger social support networks (friends and neighbors)	15.3%
Improve quality of housing	15.2%
Encourage walking, bicycling, and public transportation	14.9%
Increase transportation options	14.3%
Increase parks, trails, and recreation	11.3%
Increase trees and green spaces	10.0%
Increase religious participation or spiritual wellness	9.7%
Increase arts and cultural opportunities	3.9%
Other	2.8%

(*Examples: Improve health literacy, protect farmland, improve air quality, promote ethics and values, reduce homelessness, increase urgent cares, improve services for the elderly*)

Appendix D. Community Health Needs Assessment Public Forums

WellSpan Health and Penn Medicine Lancaster General Health invited Lancaster County community members to attend a virtual discussion in early November 2021 to view a presentation of community health data and contribute input about community health priorities. These presentations were offered at a variety of times and days of the week to accommodate different schedules. A total of 70 community members attended these sessions.

- November 4, 2021: 8 attended
- November 10, 2021: 33 attended
- November 12, 2021: 29 attended

Each health system provided updates about community benefit activities conducted since the last CHNA, followed by a summary of key health indicators for Lancaster County. Next, community members responded to the questions below using Poll Everywhere. For each question, community members could provide their own responses and/or vote in agreement with other participants' answers.

What is the biggest strength of Lancaster County?

Themes of Responses	Total Responses
Sense of place/culture/community	34
Partnership/collaboration	23
Parks/open spaces/natural beauty	16
Community organizations	13
Small town feel but lots of resources	8
People	7
Business community/small businesses	5
Lancaster Central Market	4
Resources	4
Opportunities	4
Generosity	3
Access to cities & open spaces	3
Local, healthy food	3
Safety	2
Schools	1
Grand Total	**130**

What resources help keep the community healthy?

Themes of Responses	Total Responses
Parks and trails	37
Farmers markets/local produce/healthy food	32
Medical care/healthcare systems	12
YMCA	5
Job opportunities	5
Farmers markets/local produce	4
Community events	4
Walking/bicycle paths	4
Health literacy resources	4
Navigation assistance	4
Walkable communities	3
Small businesses promoting community	3
Agriculture	2
Sense of community/neighbors	2
Collective impact	1
Door to door promotional materials	1
Grand Total	**123**

What health problems have the biggest impact on your community?

Themes of Responses	Total Responses
Obesity	29
Mental health/behavioral health issues	21
Safe, affordable healthy housing	17
Drugs/alcohol/substance use	17
Poor air/water quality	15
Stigma around mental health	9
Heart disease	6
Chronic diseases	6
Social isolation	6
Cancer	6
COVID-19	5
Lack of health insurance	4
Dementia in older adults	3
Diabetes	2
Lead poisoning	2
Health disparities	2
Politics & lack of trust in medical community	2
Poor oral hygiene	2
Lack of access to health information	1

Transportation barriers	1
Caregiving needs for older adults	1
Cost of healthcare	1
Grand Total	**158**

What issues do we need to work on so that everyone in Lancaster can have access to a healthy life?

Themes of Responses	Total Responses
Safe, affordable healthy housing	23
Access to mental health resources (free, language options, peer support/alternative models)	12
Access to education	9
Liveable wages	8
Healthy food access/options	8
Increase health providers (primary care, psychiatry)	8
Access to resources/services	8
Biking/walking infrastructure	7
Increase access to health insurance	6
Stigma	5
Forms needed to access services	4
Transportation/extend bus routes	4
Recovery resources	3
Action rather than more meetings	3
Access to healthcare	3
Access to economic opportunities	3
Obesity	3
Free substance use resources	3
Immunizations	3
Income guidelines	2
More facts, less conjecture	2
Environmental issues	2
Holistic family-based services	2
Provide hand-up vs. hand-outs	2
Childcare	1
In-home care for seniors & people with disabilities	1
Workforce	1
Affordable deductibles and co-pays	1
Social isolation	1
Improved work life balance	1
Grand Total	**139**

Appendix E. County Health Rankings and U.S. News & World Report's Healthiest Communities

County Health Rankings

The Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute have released the *County Health Rankings* annually since 2010. The report ranks almost all of the counties in the nation, based on methodology that has been used to rank all Wisconsin counties since 2003. The *Rankings* are compiled using county-level measures from a variety of national and state data sources that are weighted for statistical comparison. The *County Health Rankings* provide a snapshot of a community's health and a starting point for investigating and discussing ways to improve health.

Each year, health measures are selected that affect the **Health Outcomes** (representing the current health of our community) and **Health Factors** (representing the factors that influence the health of our community).

The health measures are re-evaluated annually for inclusion in the *Rankings* process, with measure and data source selection based on the following criteria:

- Reflect important aspects of population health that can be improved
- Valid, reliable, recognized and used by others
- Available at the county level
- Available for free or low cost
- As up-to-date as possible

County Health Rankings model © 2014 UWPHI
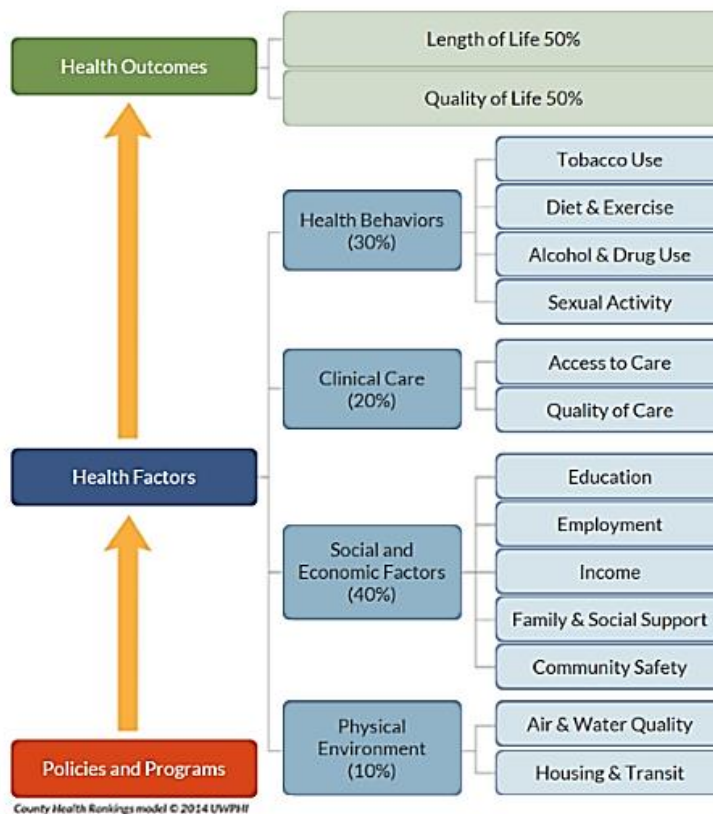
U.S. News and World Report's Healthiest Communities

The general framework of categories and sub-categories is based around factors that are necessary to evaluating community health. These were identified by the National Committee on Vital and Health Statistics (NCVHS), which is a policy advisory board to the head of the U.S. Department of Health and Human Services, as a part of its Measurement Framework for Community Health and Well-Being.

Each category is weighted differently, and to determine how these weights would be assigned, more than a dozen population health and well-being experts took part in an online survey where they evaluated each category's relative importance to community health. Each individual distributed 100 points across the 10 health-related categories, assigning more points to categories they perceived to be more important. The total points assigned to each category were then averaged to create final category weights. Subcategories were weighted equally within each of their larger categories, and so were individual metrics within each subcategory.

The weights are as follows:
- Population Health: 14.2 percent
- Equity: 12.23 percent
- Education: 12.15 percent
- Economy: 11.1 percent
- Housing: 9.5 percent
- Food & Nutrition: 8.8 percent
- Environment: 8.6 percent
- Public Safety: 8.5 percent
- Community Vitality: 7.6 percent
- Infrastructure: 7.5 percent

County Health Rankings	Pennsylvania	Lancaster County, PA
Health Outcomes		Rank: 9
Length of Life (50% of score)		
Premature death	7,500	5,900
Quality of Life (50% of score)		
Poor or fair health	18%	18%
Poor physical health days	4	4.2
Poor mental health days	4.7	4.9
Low birthweight	8%	7%
Health Factors		Rank: 16
Health Behaviors (30% of score)		
Adult smoking	18%	20%
Adult obesity	31%	33%
Food environment index	8.4	8.6
Physical inactivity	22%	21%
Access to exercise opportunities	84%	78%
Excessive drinking	20%	17%
Alcohol-impaired driving deaths	26%	25%
Sexually transmitted infections	463.4	289.2
Teen births	17	15
Clinical Care (20% of score)		
Uninsured	7%	12%
Primary care physicians	1,230:1	1,390:1
Dentists	1,410:1	1,770:1
Mental health providers	450:01:00	650:01:00
Preventable hospital stays	4,464	2,689
Mammography screening	45%	48%
Flu vaccinations	53%	61%
Social & Economic Factors (40% of score)		
High school completion	91%	85%
Some college	66%	57%
Unemployment	4.40%	3.40%
Children in poverty	17%	15%
Income inequality	4.8	3.9
Children in single-parent households	26%	18%
Social associations	12.2	14.3
Violent crime	315	170
Injury deaths	89	70
Physical Environment (10% of score)		
Air pollution - particulate matter	9	11.4
Drinking water violations		Yes
Severe housing problems	15%	15%
Driving alone to work	76%	78%
Long commute - driving alone	38%	30%

U.S. News and World Report Healthiest Communities	Lancaster County, PA
Overall Rank	Not Ranked
Overall Score	56
Peer Group	Urban, High-Performing
Population Health Score (14.2% of total score)	65
Access to Care Score	48
Hospital Bed Availability	1.8/1k
Population With No Health Insurance	12.10%
Primary Care Doctor Availability	1.4/1k
Health Behaviors Score	60
Adults With No Leisure-Time Physical Activity	23.70%
Adults With Recent Preventive Care Visit	75.80%
Smoking Rate	19.50%
Health Conditions Score	66
Cancer Incidence Rate	459.8/100k
Heart Disease Prevalence	6.00%
Preventable Hospital Admissions Among Medicare Beneficiaries	2,805/100k
Health Outcomes Score	73
Adults in Poor or Fair General Health	16.20%
Babies Born With Low Birth Weight	6.80%
Life Expectancy	80.1 years
Teen Birth Rate	11.7/1k
Mental Health Score	62
Adults With Frequent Mental Distress	15.10%
Deaths of Despair	35.5/100k
Medicare Beneficiaries With Depression	18.90%
Equity Score (12.2% of score)	48
Educational Equity Score	60
Neighborhood Disparity in Educational Attainment	14.03
Racial Disparity in Educational Attainment	0.09
Health Equity Score	45
Air Toxics Exposure Disparity Index Score	15.92
Premature Death Disparity Index Score	0.01
Income Equity Score	47
Gini Index Score	0.43
Neighborhood Disparity in Poverty	8.73
Racial Disparity in Poverty	0.26
Social Equity Score	55
Disability Employment Gap	0.59
Segregation Index Score	0.37
Education Score	54
Educational Achievement Score	60
Children Meeting Standards in Grade 4 R/LA	63.60%
High School Graduation Rate	88.50%

Population With Advanced Degree	34.90%
Education Infrastructure Score	53
Child Care Programs	5.7/100k
Per-Pupil Expenditures	$16,547
Youth Within 5 Miles of a Public School	97.10%
Education Participation Score	46
Continuing Education Tax Credits as Share of Total Tax Filings	9.20%
Idle Youth (Not Working or Enrolled)	3.10%
Preschool Enrollment	35.10%
Economy Score	67
Employment Score	65
Average Weekly Wage	$919
Labor Force Participation	66.20%
Unemployment Rate	3.50%
Income Score	67
Households Receiving Public Assistance Income	3.00%
Median Household Income	$66,056
Medical Debt in Collections	11%
Poverty Rate	10.20%
Opportunity Score	64
Business Growth Rate	7.50%
Job Diversity Index Score	0.91
Jobs Within a 45-Minute Commute	50,709
Housing Score	50
Housing Affordability Score	44
Change in Housing Value	10.70%
Eviction Rate	0.70%
Households Spending at Least 30% of Income on Housing	28.70%
Work Hours Needed to Pay for Affordable Housing	48.3
Housing Capacity Score	47
Affordable Housing Shortfall	-72.5
Overcrowded Households	2.00%
Housing Quality Score	87
Households With Incomplete Plumbing Facilities	0.40%
Vacant Houses	0.60%
Food & Nutrition Score	56
Food Availability Score	48
Food Environment Index Score	13.2
Local Food Outlets	3.5/100k
Population Without Access to Large Grocery Store	19.00%
Nutrition Score	58
Diabetes Prevalence	9.50%
Obesity Prevalence	32.40%
Share of At-Home Food Expenditures on Fruit/Veg	12.30%

Environment Score	43
Air and Water Score	61
Airborne Cancer Risk	29.88
Air Quality Hazard	0.42
Unsafe Drinking Water	4.90%
Natural Environment Score	29
Area With Tree Canopy	14.90%
Natural Amenities Index Score	0.45
Population Within 0.5 Mile of a Park	26.00%
Natural Hazards Score	56
Extreme Heat Days per Year	9.7 days
Homes in Flood Hazard Zone	2.10%
Toxic Release Index Score	1,607,799.93
Public Safety Score	67
Crime Score	74
Property Crime Rate	1,475.5/100k
Violent Crime Rate	170.4/100k
Injuries Score	78
Accidental Death Rate	48.6/100k
Vehicle Crash Fatality Rate	8.4/100k
Public Safety Capacity Score	39
Per Capita Spending on Health and Emergency Services	$491
Population Living Close to Emergency Facilities	44.40%
Public Safety Professionals in Population	0.50%
Community Vitality Score	47
Community Stability Score	46
Homeownership Rate	68.10%
Net Migration Rate	-0.90%
Social Capital Score	48
Census Self-Response Rate	73.70%
Nonprofits	42.5/100k
Voter Participation Rate	70.00%
Infrastructure Score	63
Community Layout Score	63
Population With Access to Broadband	96.60%
Population Within 0.5 Mile of Walkable Destinations	20.30%
Walkability Index Score	7.4
Transportation Score	51
Households With No Vehicle	10.10%
Workers Commuting 60 Minutes or More	5.60%

Appendix F. Chronic Conditions Disparities in Pennsylvania

Note: black dots show upper and lower confidence limits on the following charts.

Pennsylvania: Adults ever told they had high blood pressure, 2019

Pennsylvania: Adults ever told they have high cholesterol, 2019
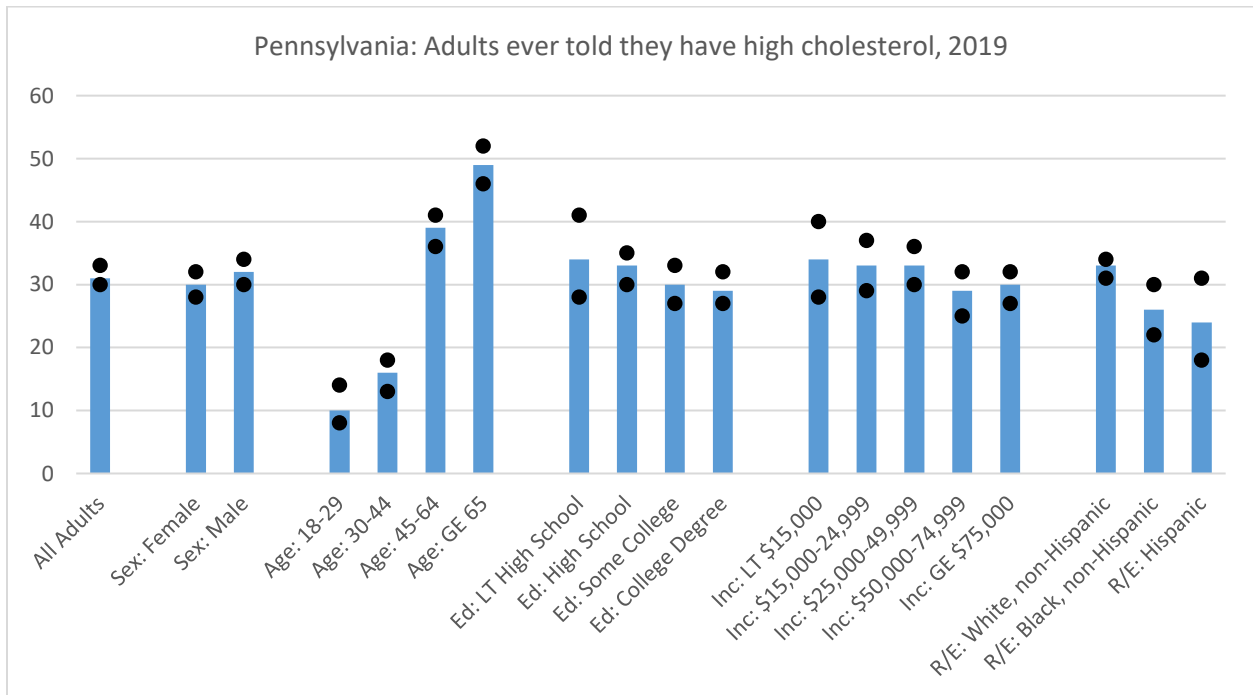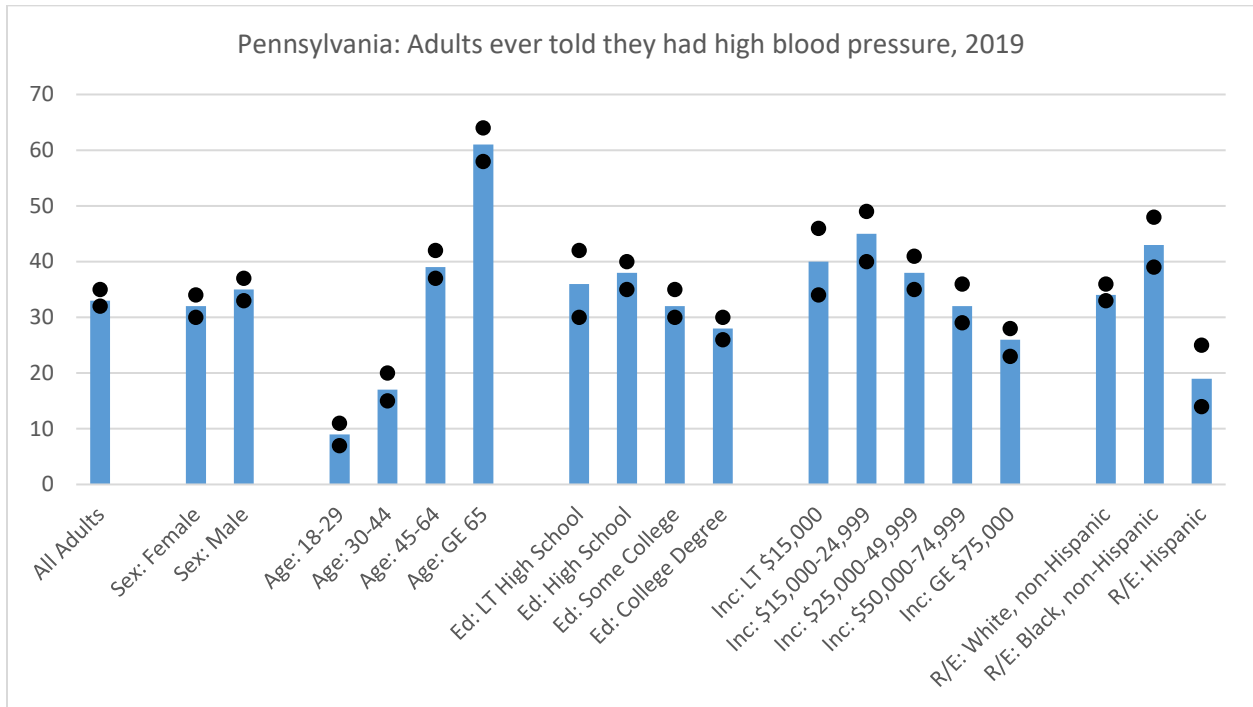
Pennsylvania: Adults >35 ever told they had a heart attack, heart disease, or stroke, 2020
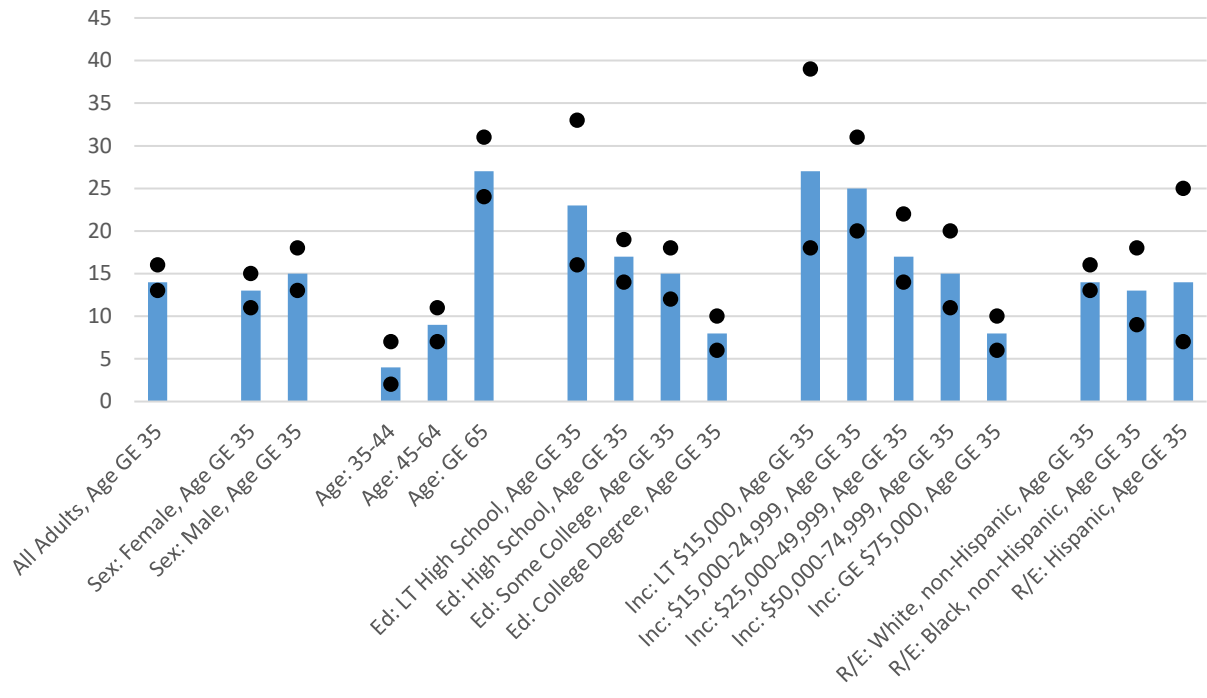
Pennsylvania: Adults with Obesity (BMI>30), 2020
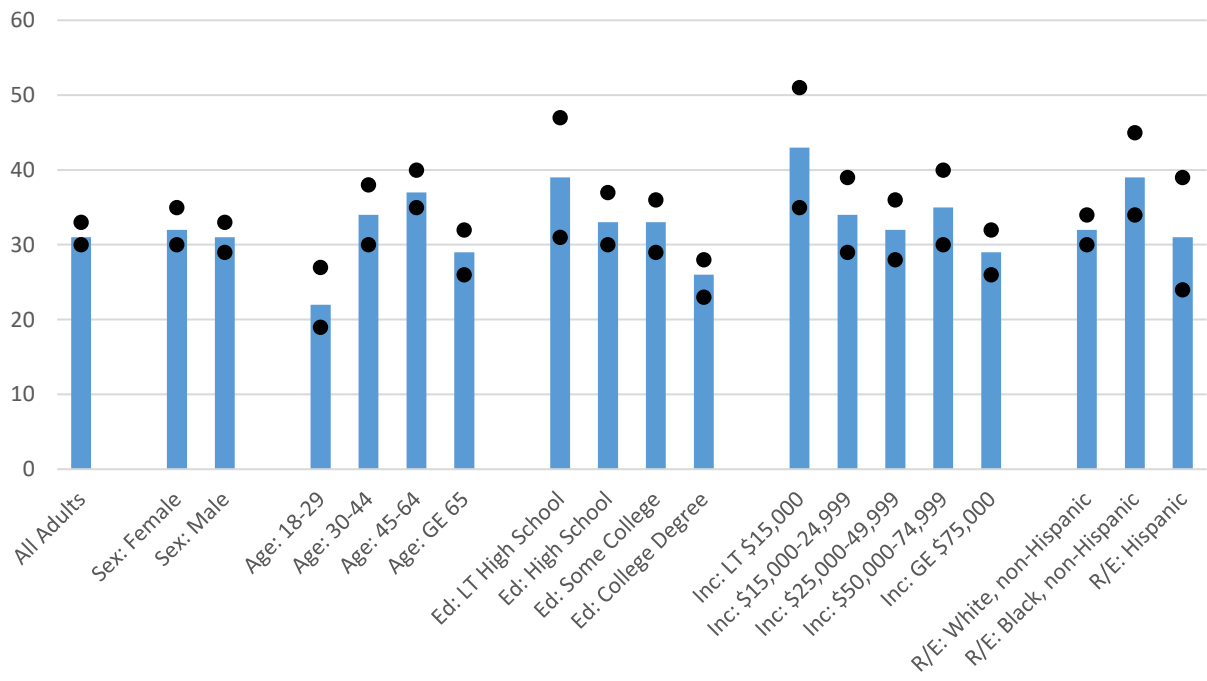
Pennsylvania: Adults ever told they have arthritis, 2020
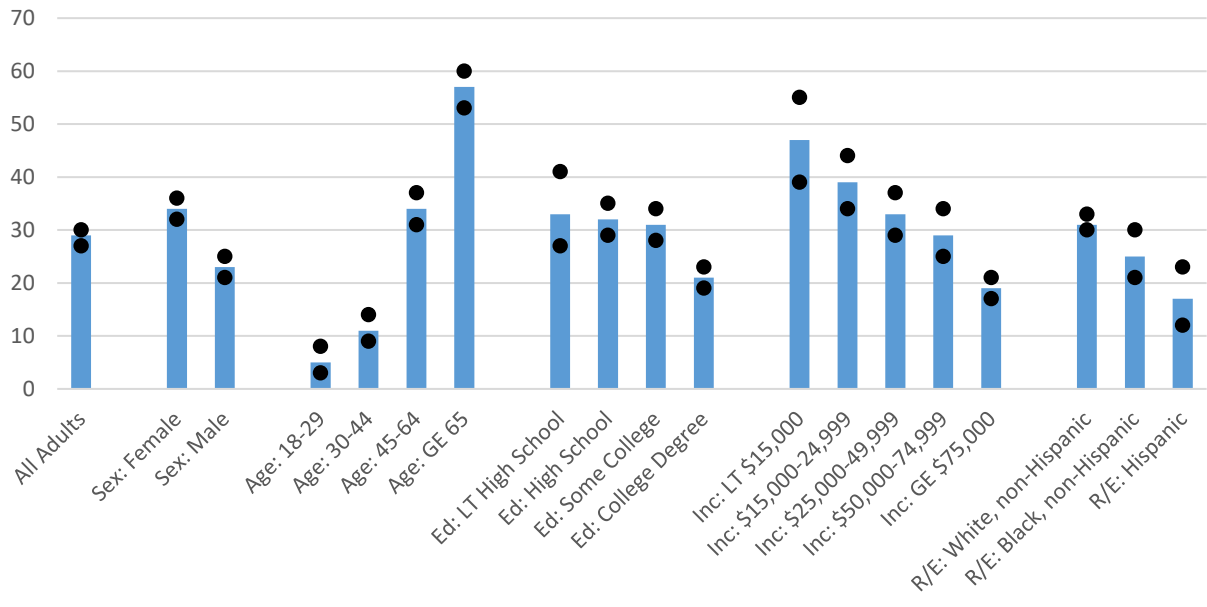
Pennsylvania: Adults with moderate to severe joint pain in last 30 days, 2019

Pennsylvania: Adults ever told they have asthma, 2020

Pennsylvania: Adults ever told they have COPD, emphysema, or chronic bronchitis, 2020

Pennsylvania: Adults with a regular check-up in the past 2 years, 2018-2020
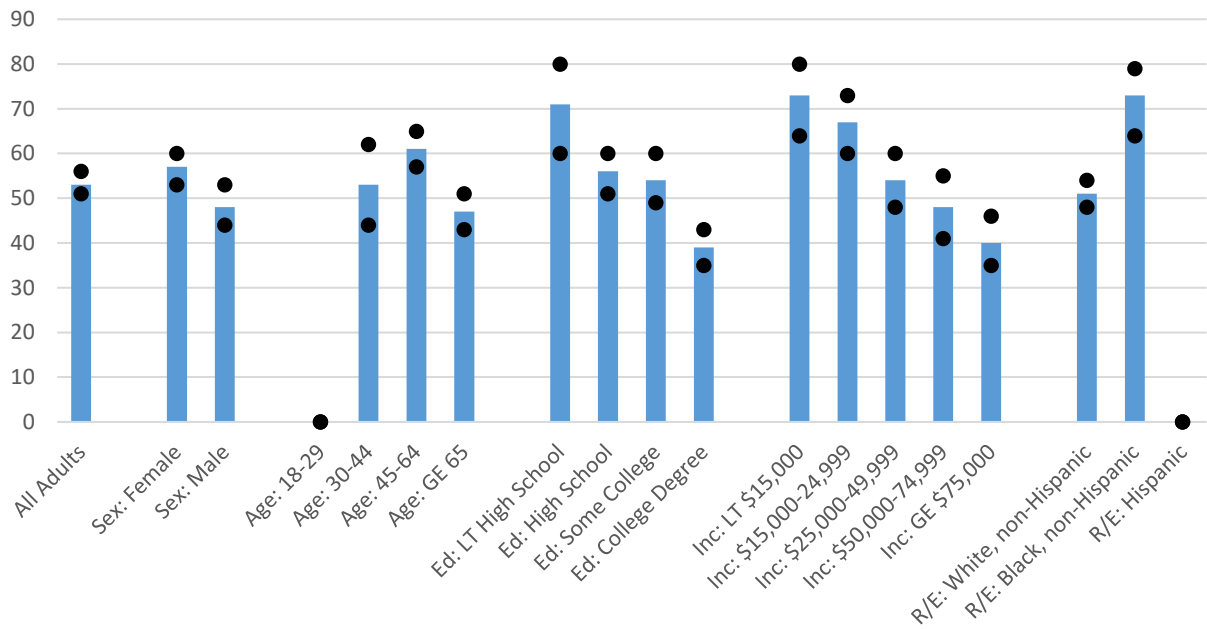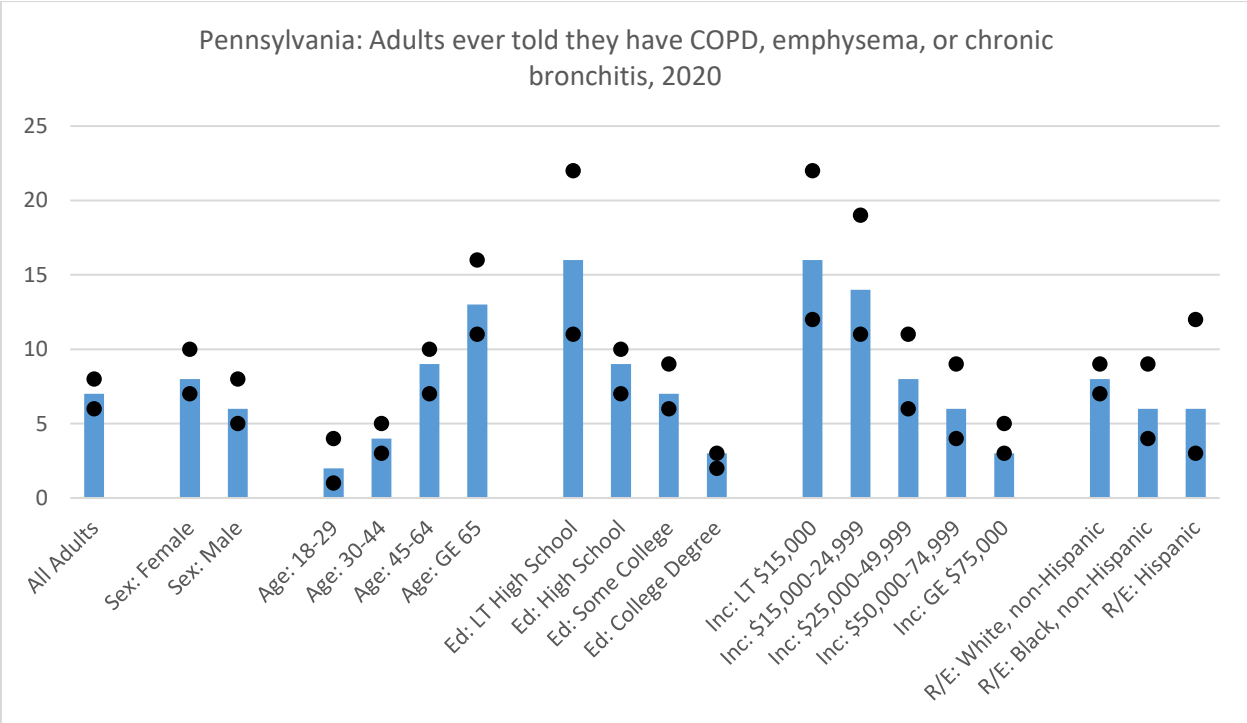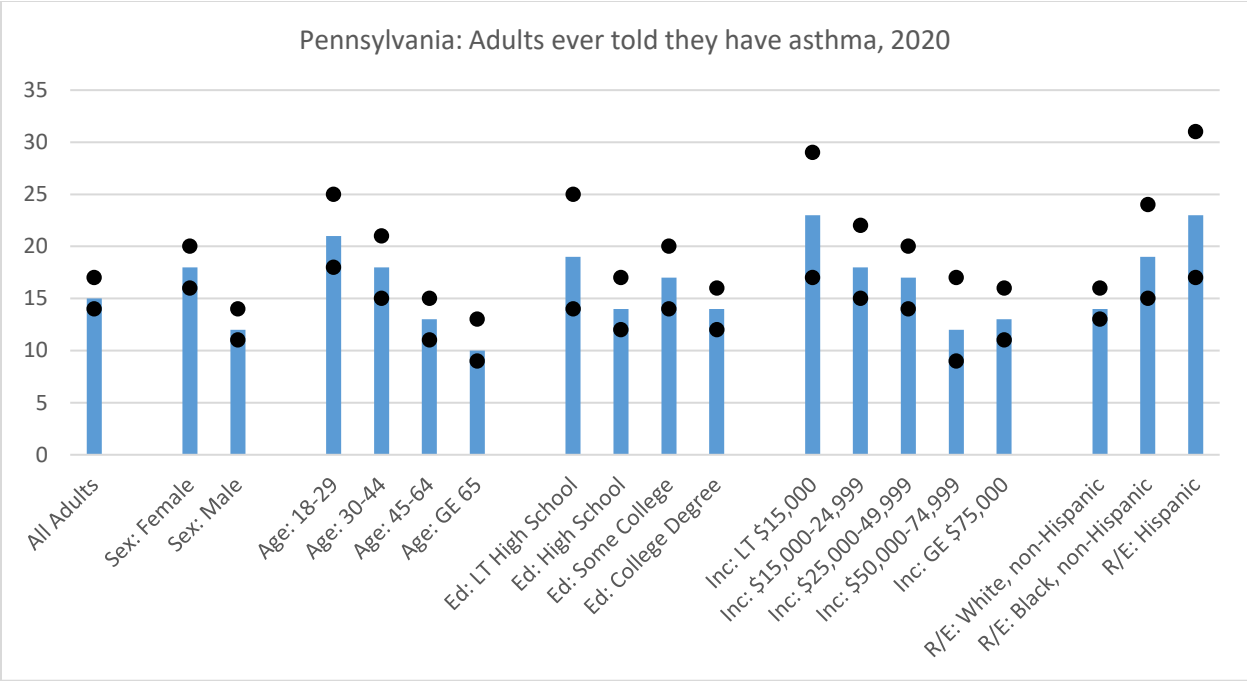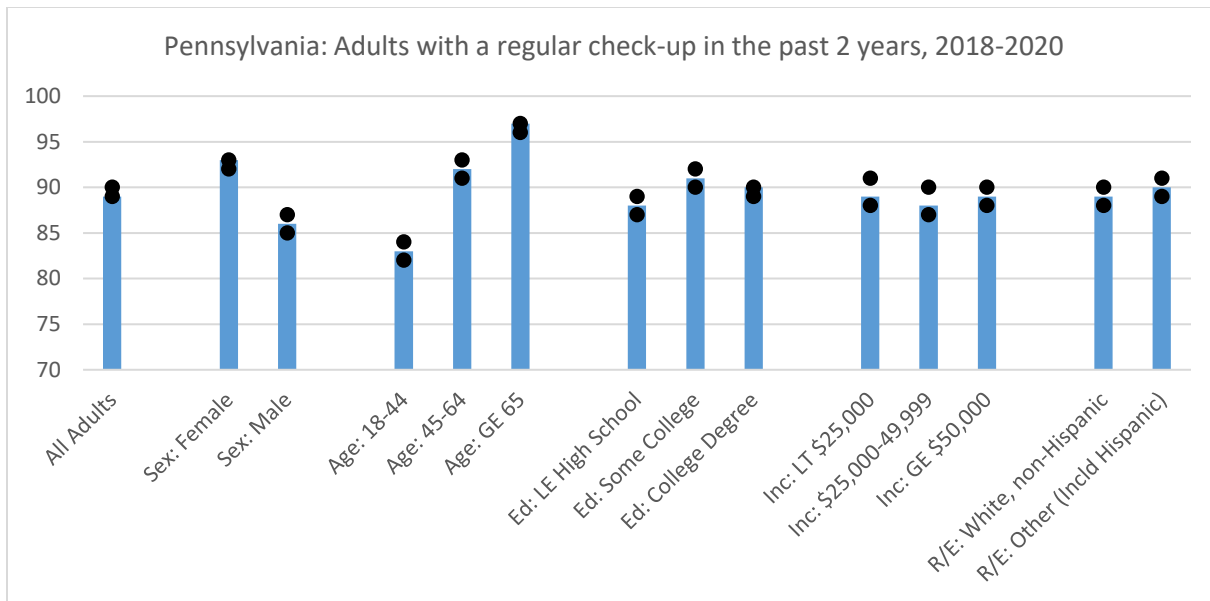
Source: Pennsylvania Behavioral Risk Factor Surveillance System, accessed through PA EDDIE.
www.phaim1.health.pa.gov/EDD/

Appendix G. Secondary Data Appendix

A. Demographics

Total Population and Growth

Lancaster County's total population is 540,999. Since 2014, Lancaster's population has grown 2.7%, which is greater than the overall state population increase of 0.3%. The northwestern region of the county and the suburban municipalities around Lancaster City are the fastest-growing areas of the county.
See Tables A1 and A2.

Population Shares by Age

Lancaster County has 35,479 children under 5 and 128,175 total children under 18. Lancaster has a greater share of children under 18 compared to the state. There are 94,915 older adults age 65 or older. The percentage of adults over 65 is similar to the statewide percentage, and age groups between 60 and 80 are the fastest growing population age groups in the county. See Table A3.

Share of Population by Race and Ethnicity

In Lancaster County overall, 88.5% of the population is White. The population shares of Black, Asian, Native Hawaiian/Pacific Islander, and people with multiple racial backgrounds in Lancaster are increasing. More than 56,000 people in Lancaster, 10.5% of the population, identify as Hispanic or Latino, which is a larger percentage of the population than the state's overall percentage. See Table A4.

Languages

After English, the most commonly spoken household languages in Lancaster County are Spanish (15,426 households), German or West Germanic languages (9,735), Russian/Polish/ Slavic languages (2,270), French/Haitian/Cajun (1,812), and Vietnamese (1,224). Over 6,500 households that speak other languages speak limited English. See Table A5.

Veterans

There are over 28,000 veterans in Lancaster County, with the largest group of veterans from the era of serving in the Vietnam War. See Table A6.

Disability Status

Overall, 11.7% of the population in Lancaster County has a disability. Approximately 30,000 individuals have an ambulatory difficulty, 23,000 have a cognitive difficulty, and 21,000 have an independent living difficulty. See Table A7.

Refugees

Between 2015-2020, 2,138 refugees have arrived in Lancaster County. The most common countries of origin for refugees arriving in the Lancaster-Harrisburg region are the Democratic Republic of the Congo, Cuba, Bhutan, Burma, and Somalia. See Table A8.

B. Health Insurance Coverage

Adults with Health Insurance

Overall, 87.7% of adults in Lancaster County have health insurance, which is lower than the statewide percentage of 92.1% but has increased between 2017-2019. The areas of Lancaster County with the highest rates of uninsured adults are Lancaster City (where up to 29% of the population in the area south of King Street is uninsured), followed by Columbia and two census tracts in the eastern end of Lancaster.

The groups with the highest need for insurance in Lancaster are children under 6 (20.8% uninsured), American Indian/Alaska Natives (16.8% uninsured), people who are not U.S. citizens (19.3% uninsured), and people with less than a high school education (28.4% uninsured). See Figure B1, B2, B3.

Children with Health Insurance

Lancaster has a lower percentage of children with health insurance (84.4%) compared to 95.4% overall in the state of Pennsylvania. This percentage has increased in Lancaster since 2017. See Figure B4.

Primary Care Providers

There are 72 primary care providers per 100,000 people in Lancaster County, lower than the rate at the state level overall (81 per 100,000). Based on our population, the number of providers per capita in Lancaster County has declined since 2011. See Figure B5.

Mental Health Providers

There are 153 mental health providers per 100,000 people in Lancaster County (a total of 835 providers). Mental health providers are defined as psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and mental health providers that treat alcohol and other drug abuse, as well

as advanced practice nurses specializing in mental health care. This number has increased from 112 per 100,000 in 2016, but is lower than the state's overall rate of 220 providers per 100,000 Pennsylvanians. See Figure B6.

Dentists

There are 57 dentists per 100,000 population in Lancaster County. This number has steadily increased since 2010 but remains lower than the overall state rate of 71 dentists per 100,000 population. See Figure B7.

Adults with a Usual Source of Care

In Lancaster County, 83% of adults report having a usual source of care. This percentage has declined over the past ten years, and is lower than the percentage for the state of Pennsylvania overall (85%). See Figure B8.

Adults with Routine Check-Ups

Based on estimates from the CDC, 77.7% of adults in Lancaster County report having had a routine check-up in the past year. Lancaster City, Millersville, Columbia, and the far eastern region of the County have the lowest rates of people who have had routine medical check-ups. See Figure B9.

Adults with Dental Visits

Based on estimates from the CDC, 65.4% of adults in Lancaster County report having visited a dentist or dental clinic for any reason in the past year. Lancaster City, Columbia, and the eastern end of the county are estimated to have the lowest annual dental visits. See Figure B10.

Use of Mental Health Services

According to the most recent National Survey on Drug Use and Health, 16.6% of the population in our region (Lancaster, Lebanon, York, Adams, and Dauphin Counties) used mental health services in the past year. This percentage decreased from 18.3% in 2014-2016. It is higher than the U.S. overall (14.7%) and similar to the state of Pennsylvania overall (16.5%). See Figure B11.

D. Immunizations

Immunizations among Kindergarteners

In Lancaster County, between 94-95% of kindergarteners have received each recommended childhood vaccine. These percentages are lower than the state overall. In the 2019-2020 school year, 2.8% of students received a religious exemption and 2.5% received a philosophical exemption. See Figure B12.

Immunizations among 7th Graders

In Lancaster County, between 85-90% of 7th graders have received each recommended childhood vaccine. These percentages are lower than the state overall. In the 2019-2020 school year, 2.0% of students received a religious exemption and 10.8% received a philosophical exemption.
See Figure B13.

C. Mental Health Statistics

Screening for Depression in Primary Care

On average, over the past two years, 50-60% of patients have been screened for depression during primary care visits. In 2020, the percentage decreased, but it returned to baseline in 2021. See Figure C1.

Poor Mental Health Days

Overall, 31% of adults in Lancaster County experienced at least one poor mental health day in the past 30 days. It is lower than the percentage for the state of Pennsylvania overall, 39%. Poor mental health days are more common in Lancaster County among females (38%) than males (25%), and among the 18-44 age group (38%) than the 65+ age group (18%). Based on CDC estimates, 14.5% in Lancaster County had more than 14 poor mental health days, and 15.1% experienced frequent mental health distress. See Figure C2.

Diagnosed Depression

Nearly 1 in 4 adults (23%) in Lancaster County have been told they have a depressive disorder. This percentage has been increasing since 2014-2016, and is higher than the statewide percentage of 20%. It is important to note that an increase in diagnosed depression could indicate increasing prevalence of depression, increasing access to care for mental health, or both. In Lancaster County, more females (29%) than males (17%) have diagnosed depression. At the state level, the prevalence of diagnosed depressive disorder is higher among people with incomes less than $25,000 (33%) compared with incomes greater than $50,000 (15%). See Figure C3.

Suicide

The age-adjusted rate due to suicide in Lancaster County is 9.4 per 100,000. This rate is lower than the state rate of 14 per 100,000 and the U.S. rate of 13.9 per 100,000. Lancaster County's suicide rate decreased from 2018 to 2019, but in general it has been increasing since 2013. Early estimates suggest that there was a small increase in suicides from 2019 to 2020. See Figure C4.

Youth Mental Health

Overall, 36.6% of youth in grades 6, 8, 10, and 12 felt sad or depressed most days in the last 12 months. A total of 14.7% have done self-harm such as cutting in the past 12 months. The group of 10th graders were the most likely to report feeling sad or depressed, feeling like a failure, like life is not worth it, and like they are no good at all. Overall, these mental health risk factors have increased or remained at the same level since 2015. Compared to the state overall, Lancaster's risks are slightly lower. See Figure C5.

D. Alcohol, Tobacco, Other Drug Use

Adults who Binge Drink

Overall, 8% of adults in Lancaster County binge drink. This percentage is much lower than the overall state percentage (17%) and has declined in a statistically significant trend from 15% in 2011-2013. The areas of Lancaster County with the highest rates of binge drinking are northwestern Lancaster City, Millersville, Elizabethtown, and East Donegal/Marietta.
In the 2020 LGBTQ state needs assessment, 31% of LGBTQ individuals in the Lancaster County region reported binge drinking, a higher percentage than the general population. See Figures D1 and D2.

Adolescent Use of Alcohol in Past 30 Days

According to the most recent Pennsylvania Youth Survey (2019), 22.2% of 12th graders, 14.9% of 10th graders, 7.0% of 8th graders, and 3.6% of 6th graders in Lancaster County have used alcohol in the past 30 days. These percentages are all lower than the percentages at the state level overall and are lower than the percentages reported by County youth in 2015 and 2017. See Table D3.

Adults who Smoke

Overall in Lancaster County, 14% of adults smoke, a lower percentage than the state overall (17%). This percentage has decreased from 20% in 2011-2013 in the County, but the decrease is not significant. The areas of the County with the highest percentages of adults who smoke are Columbia, Lancaster City, Salisbury, and Paradise. See Figures D4-D5.

There is not a statistically significant difference in smoking by gender in Lancaster County. There is a higher rate of smoking among Black (21%) than White individuals (15%) at the Pennsylvania state level, and there is a distinct disparity associated with income and education. In the 2020 LGBTQ state needs assessment, 29% of LGBTQ individuals in the Lancaster County region reported smoking.   See D6.

Adolescent Use of Nicotine and Tobacco

Overall in Lancaster County, 1.8% of 6th, 8th, 10th, and 12th graders have smoked cigarettes in the past 30 days. The percentage is highest among older students and lowest among younger students. The percentage overall is lower than the state percentage of 3.5%.

Overall, 13.2% of adolescents reported using e-cigarettes/vaping in the past 30 days.   This percentage has been similar since 2015. Again, the percentage is higher among older students, lower among younger students, and lower than the state overall (19%). Among the students who reported vaping in the past year, 49.1% reported using flavor only and 49.4% reported using nicotine. See D7.

C. Other Drug Use

Data on adult use of marijuana and cocaine is available at the regional level from the National Survey on Drug Use and Health 2016-2018. Lancaster's region includes Lebanon, York, Adams, and Dauphin Counties. In our region, 10.88% of individuals 12 and older report using marijuana in the past year, and this percentage has increased from 8.10% in 2008-2010. Overall, 1.67% report using cocaine, and this percentage has not changed significantly.

Among Lancaster County youth who report vaping (13.2%), the percentage who vape marijuana increased from 7.4% in 2015 to 22.6% in 2019 on the PA Youth Survey. See D8.

Deaths due to Drug Overdose

In Lancaster County, deaths due to drug overdose began to increase in 2014 and more than doubled between 2015-2017. There was a decrease in deaths in 2018 and 2019, but another notable increase during the COVID-19 pandemic in 2020. Compared to the state of Pennsylvania, the age-adjusted death rates from

overdose in Lancaster have been lower for more than a decade. See Figures D9-D10.

Deaths from drug overdoses are higher among males than females, people of color compared with people of white race, and Hispanic/Latino people compared with non-Hispanic/Latino. Between 2019 and 2020, the death rate more than doubled among people of color. See Figure D11.

Fentanyl is the substance most commonly identified in overdose deaths. In 2020, it was present in 79% of drug overdose deaths. As fentanyl has appeared in more overdoses, heroin and prescription drugs have become less common (although prescription overdoses increased again from 2019-2020). See D12.

E. Nutrition and Food Security

Food Insecurity and Hunger

According to the most recent estimates, 9.0% of adults in Lancaster County and 11.7% of children are food insecure. Feeding America has also released projected food insecurity rates for 2020 and 2021. For adults, these estimated rates are 11.9% in 2020 and 10.2% in 2021. For children, the estimates are 16.9% in 2020 and 13.3% in 2021. For both the final rates and the projections, Lancaster's food insecurity rates are lower than the state of Pennsylvania overall. See Figures E1-E2.

Access to Food

In Lancaster County, there are estimated to be 235,309 people who don't live within ½ mile of a grocery store in an urban area or 10 miles of a grocery store in a rural area. There are 60,658 people who are low income and live outside these ranges from a store. The areas of Lancaster County with a large low-income population and low access to stores are Ephrata, Manheim, Columbia, and the western side of Lancaster City and Millersville. See Figure E3.

Obesity

Currently, 31% of adults in Lancaster County have obesity, and this percentage has increased over time, but not significantly. In Pennsylvania, 32% of adults have obesity. The areas in the metropolitan area surrounding Lancaster City have the lowest rates of adult obesity, but in general, most areas of the county have a similar challenge with obesity.

Among children in grades K-6, 15.3% have obesity. This percentage has had a statistically significant increase over time, but is lower than the state of Pennsylvania overall (16.8%). See Figures E4-E6.

Diabetes

In Lancaster County, 13% of adults have diabetes, which has increased from 9% in 2011-2013. The percentage of adults with diabetes in Lancaster County is higher than in the state of Pennsylvania overall (11%). Geographically, Lancaster City, Columbia, and areas around New Holland, Quarryville, and Gap have the highest percentages of adults with diabetes in the county. See Figures E7-E8.

Physical Inactivity

As of 2018-2020, 23% of adults in Lancaster County get no leisure time physical activity. This percentage has remained approximately the same since 2013-2015 (22%) and is slightly lower than the state overall (25%). At the state level, females (27%) are more likely to be sedentary than males (22%). The percentage is 40% for people with incomes less than $25,000 compared with 16% for people with incomes greater than $50,000, a significant income disparity. Figure E9.

F. Social Determinants of Health

CDC Social Vulnerability Index

The CDC SVI ranks all census tracts in the United States on 15 social factors, including unemployment, minority status, and disability. Each tract and county receive a ranking for each Census variable as well as an overall ranking. Possible scores range from 0 (lowest vulnerability) to 1 (highest vulnerability). Lancaster County overall receives a score of 0.4573, indicating a low to moderate level of vulnerability compared with other U.S. counties. Within Lancaster County, Columbia and Lancaster City have the highest social vulnerability. See Figure F1.

Healthy Communities Institute SocioNeeds Index

The SocioNeeds Index summarizes multiple socio-economic indicators into one composite score (higher scores are areas of greater need). The SocioNeeds Index is calculated for a community from several social and economic factors, including poverty, education, and income. The index is correlated with potentially preventable hospitalization rates.

The census tracts around Lancaster City, Columbia, Marietta, and New Holland/Gap are estimated to have the highest socioeconomic need in Lancaster County. In general, the east, northeast, and southern end of Lancaster have higher socioeconomic need than the Lancaster City metro suburbs and the west/northwest region of the County. See Figure F2.

High School Graduation & Higher Education

In Lancaster County, 85% of the population 25 and older has a high school education or higher, a slight increase since 2014, when 84.3% had a high school education. According to the most recent data, a total of 27.3% have a bachelor's degree or higher, a steady increase over the past decade.

The eastern and southern regions of the County have the lowest percentages of people who have completed a high school education. By race, Black and Hispanic/Latino individuals have the lowest opportunity to complete a Bachelor's Degree. See Figures F3-F5.

School Drop-Out

Drop-out rates are lower in Lancaster County than in the state of Pennsylvania, and have generally been stable in recent years. In the 2019-2020 school year, 1.0% of students in grades 7-12 dropped out during the year in Lancaster County, compared with 1.4% for the state of Pennsylvania. See Figure F6.

Social Associations

Lancaster County has more social membership organizations per capita than the state of Pennsylvania overall. According to the most recent data, there are 14.3 membership associations for every 10,000 people in Lancaster, and this number has remained stable for the past five years. See Figure F7.

Violent Crime

The most recent data from Pennsylvania's Uniform Crime Reporting System dates back to 2016. Lancaster County has a much lower crime rate than the state of Pennsylvania overall. As of 2016, the violent crime rate in Lancaster was 175.7 crimes per 100,000 population, compared with 315.6 per 100,000 for the state overall. The crime rate in Lancaster County has increased slightly over time, but not significantly. See Figure F8.

Child Abuse

In 2020, there were 178 substantiated reports of child abuse in Lancaster County. The substantiated reports in 2017, 2018, 2019, and 2020 were the highest recorded since 2004. See Figure F9.

Median Income

Overall, the median income in Lancaster County is $66,056. Median income is highest among households that are White, Asian, or American Indian/Alaska Native. It is lowest among those who are Black, Hispanic or Latino, or identify as another race. Median income is also significantly higher for single male head of households compared with single females. See Figure F10.

Children Living in Poverty

Overall, 14.4% of children in Lancaster County live below the poverty level, which is lower than the state overall (17.6%). However, there are significant racial and ethnic disparities in child poverty, with much higher rates among Black, Hispanic or Latino, and children who identify as an "other" race compared with the overall rate. These rates align with the trends in median income in the County. The highest rates of child poverty are in Columbia and southeast Lancaster City, where more than 50% of children live in poverty. See Figures F11-F12.

People Living in Poverty

In Lancaster County, 10.1% of the population, or 1 in 10 people, is living in poverty. This rate is lower than the overall state rate of 12.4%. Poverty rates are much higher among people who are Native Hawaiian/Pacific Islander, Hispanic or Latino, Black, or multiracial, compared with Asian and non-Hispanic White individuals. The areas with the highest poverty rates in the County are Leola, Paradise, Lancaster City, and Columbia. See Figure F13-14.

Employment

As of June 2021, Lancaster has 5.1% of workers unemployed in the civilian labor force; lower than the state rate of 6.4%. Similar to the rest of the country, Lancaster County experienced a spike in unemployment in April 2020, reaching 14.7%. The rate has declined since then, roughly following the trend in new cases of COVID-19. See Figure F15.

Housing Quality

Over 3,000 households in Lancaster County are considered to have severe housing problems because their housing lacks complete kitchen facilities and/or plumbing. A total of 117,314 homes (55.6% of the homes in Lancaster County) were built before 1979 and may be at risk for having lead paint contamination. In Lancaster City, 89.6% of the total housing units were built before 1979. See Table F16.

Housing Affordability

In Lancaster County, 48.1% of renters (almost 1 in every 2 renters) pay more than 30% of their income on rent. This percentage has declined over time, but not significantly. It is slightly higher than the percentage for the state overall, at 47.7%. See Figure F17.

Overall Healthy, Affordable Housing

Healthy Communities Institute combines several indicators of housing hardship, including paying more than 50% of income on housing, lacking kitchen/plumbing, and overcrowding (more than one person per room). A total of 15.2% of Lancaster County households experience one or more of these housing challenges, a higher percentage than the state overall. See Figure F18.

Access to Transportation

A total of 20,315 households in Lancaster County have no vehicle (10.1% of households). In Lancaster City, this percentage is much higher, at 20.8%. See Table F19.

Transportation to Work

The majority of workers in Lancaster County (78%) commute to work by driving alone. Only 1% used public transportation, 3% walked, and 10% carpooled. See Table F20.

G. Physical Environment

Ground Level Ozone

The current national ambient air quality standard for ozone is 70 parts per billion (ppb) measured over eight hours. The American Lung Association identifies the number of days each county, with at least one ozone monitor, experienced air quality in zone orange (Unhealthy for Sensitive Groups), red (Unhealthy), or purple (Very Unhealthy). Annual high ozone days have declined in Lancaster County since the 1990s, and over the past five years, there have been less than 5 high ozone days on average. See Figure G1.

Particle Pollution

The American Lung Association identified the number of days that Lancaster experienced air quality designated as orange (Unhealthy for Sensitive Groups), red (Unhealthy), purple (Very Unhealthy) or maroon (Hazardous) according to the EPA Air Quality Index for 24-hour particle pollution.

Since no comparable Air Quality Index exists for year-round particle pollution (annual PM2.5), the grading was based on the 2012 National Ambient Air Quality Standard for annual PM2.5 of 12 µg/m3. Counties that EPA listed as being at or below 12 µg/m3 were given grades of "Pass." Counties EPA listed as being at or above 12.1 µg/m3were given grades of "Fail."

Lancaster County's year-round particle pollution has declined since 2000, but the County still receives a failing grade due to the number of days that particle pollution is higher than healthy standards. See Figures G2 and G3.

Heat Exposure

In 2021, the majority of Lancaster County had more than 36 days over 90 degrees, and a portion of the county including Lancaster City and metro-west areas had more than 46 days.

The CDC Climate and Health program projects that Lancaster County will experience 17 more days over 90 degrees annually from 2016-2045, compared with 1976–2005. See Figure G4.

Tree Equity Score

The American Forests Tree Equity Score evaluates data from the existing tree canopy, population density, surface temperature, demographic risk factors such as income, race, and age, and health risks. These metrics are combined into a single score between 0 and 100. A score of 100 means that a community has achieved Tree Equity.

Lancaster County's overall tree equity score is 81 (compared with York County: 81, Dauphin County: 79, Chester County: 89, Lebanon County: 73, and Berks County: 82). Some of the areas with low tree equity include Columbia, Lancaster City's center, and Manheim Borough. Areas with high tree equity include Northwest Lancaster City, Eden, Willow Street, and Hempfield. See Figure G5.

Tree Canopy Analysis

In 2010, the Lancaster County Planning Commission completed a tree canopy analysis overall for Lancaster County and for key watershed areas. Complete data can be found in *Blueprints: An Integrated Water Resource Plan for Lancaster County.*

At the time, Lancaster County had 149,211.9 total acres of tree canopy, or 24.6% of our total land area. The analysis of the tree canopy by watershed showed that coverage ranged from a low of 8.4% in the Middle Conestoga River Watershed to a high of 65.0% in the Laurel Run-Susquehanna Watershed.
See Figure G6.

Bicycle Paths and Sidewalks

According to the 2019 Active Transportation Plan for Lancaster City, there are 215.8 miles of

bicycle routes, paths, and trails in Lancaster County, 56.6 miles in the Lancaster Inter-Municipal Committee metro area, and 19.4 miles in Lancaster City. See Table G7.

An analysis of the sidewalk network throughout Lancaster County found that there are 1,167 miles of sidewalk in the County, and 2,380 miles of roadway where sidewalks are missing. See Figure G8.

Level of Traffic Stress

The level of traffic stress (LTS) is a metric to measure the level of comfort for people walking and bicycling along roadways.

For bicycling, LTS is rated on a scale from 1-4, with 1 being most comfortable and 4 being least comfortable. In Lancaster County, 10% of roads are LTS 1 for bicycles, 2% are LTS 2, 6% are LTS 3, and the vast majority (82%) are LTS 4. See Figure G9.

For pedestrians, LTS is rated on a scale from 1-5, with 1 being most comfortable and 5 being least comfortable. In Lancaster County, 23% are LTS 1 for pedestrians, 52% are LTS 2, 3% are LTS 3, 1% are LTS 4, and 22% are LTS 5. See Figure G10.

Parks

Park Score provides a measure of the percentage of people located within a 10-minute walk from a park, and highlights areas of greatest opportunity for adding park facilities.

The percentage varies for different areas of Lancaster County. For example: Lancaster City (96%), Elizabethtown (64%), Mount Joy (86%), Ephrata (77%), Quarryville (78%), and Columbia (80%). Additional town/city data is available at https://www.tpl.org/parkscore.
See maps in Figure G11.

Table A1: Total Population

Indicator	2014	2019	Percentage Change
Lancaster County Total Population (5-year estimate)	526,839	540,999	2.7%
Lancaster County Total Population (1-year estimate)	533,320	545,724	2.3%
Pennsylvania Total Population (5-year estimate)	12,758,729	12,791,530	0.3%
Pennsylvania Total Population (1-year estimate)	12,787,209	12,801,989	0.1%

Data Source: American Community Survey 2019 5-year estimates

Table A2. Population Change by Municipality

Municipality	2010 Population	2020 Population	Percent Change	Municipality	2010 Population	2020 Population	Percent Change
Pequea township	4605	5474	18.9%	Adamstown borough	1772	1916	8.1%
Penn township	8789	10210	16.2%	Mountville borough	2802	3017	7.7%
Lancaster township	16149	18642	15.4%	Akron borough	3876	4152	7.1%
Manheim township	38133	43977	15.3%	Warwick township	17783	19022	7.0%
Rapho township	10442	12024	15.2%	Eden township	2094	2239	6.9%
West Lampeter township	15209	17383	14.3%	Colerain township	3635	3883	6.8%
Mount Joy borough	7410	8325	12.3%	New Holland borough	5378	5743	6.8%
East Donegal township	7755	8684	12.0%	Strasburg township	4182	4457	6.6%
East Hempfield township	23522	26304	11.8%	West Hempfield township	16153	17020	5.4%
Manor township	19612	21849	11.4%	Conoy township	3194	3361	5.2%
Strasburg borough	2809	3117	11.0%	Brecknock township	7199	7557	5.0%
Paradise township	5131	5672	10.5%	Terre Hill borough	1295	1357	4.8%
Ephrata township	9400	10386	10.5%	Fulton township	3074	3214	4.6%
Quarryville borough	2576	2843	10.4%	East Cocalico township	10310	10767	4.4%
West Earl township	7868	8560	8.8%	Sadsbury township	3395	3536	4.2%
Clay township	6308	6857	8.7%	Salisbury township	11062	11494	3.9%
Mount Joy township	9873	10721	8.6%	Manheim borough	4858	5046	3.9%
West Donegal township	8260	8944	8.3%	East Drumore township	3791	3936	3.8%
Leacock township	5220	5652	8.3%	Conestoga township	3776	3914	3.7%
East Lampeter township	16424	17776	8.2%	Ephrata borough	13394	13794	3.0%

East Earl township	6507	6699	3.0%
Bart township	3094	3181	2.8%
Elizabeth township	3886	3985	2.5%
Upper Leacock township	8708	8921	2.4%
West Cocalico township	7280	7456	2.4%
Earl township	7024	7144	1.7%
East Petersburg borough	4506	4573	1.5%
Providence township	6897	6995	1.4%
Marietta borough	2588	2623	1.4%
Elizabethtown borough	11545	11639	0.8%
Martic township	5190	5221	0.6%
Little Britain township	4106	4118	0.3%
Lititz borough	9369	9381	0.1%
Drumore township	2560	2561	0.0%
Denver borough	3861	3792	-1.8%
Columbia borough	10400	10207	-1.9%
Lancaster city	59322	58039	-2.2%
Caernarvon township	4748	4609	-2.9%
Millersville borough	8168	7903	-3.2%
Christiana borough	1168	1112	-4.8%

Data Source: Pennsylvania State Data Center, https://pasdc.hbg.psu.edu/

Table A3: Population Shares by Age

Pennsylvania	2019		Percent Change 2014-2019
	Total	Percent of Population	
AGE			
Under 5 years	706563	5.5	-1.1%
5 to 9 years	723668	5.7	-3.9%
10 to 14 years	761572	6	-2.1%
15 to 19 years	820130	6.4	-5.5%
20 to 24 years	825365	6.5	-6.2%
25 to 29 years	863138	6.7	5.7%
30 to 34 years	817769	6.4	6.8%
35 to 39 years	763451	6	3.2%
40 to 44 years	730453	5.7	-10.5%
45 to 49 years	813311	6.4	-10.2%
50 to 54 years	879559	6.9	-9.3%
55 to 59 years	927080	7.2	0.9%
60 to 64 years	877751	6.9	11.0%
65 to 69 years	731119	5.7	19.4%
70 to 74 years	545571	4.3	22.2%
75 to 79 years	395902	3.1	10.8%
80 to 84 years	284260	2.2	-7.2%
85 years +	324868	2.5	1.8%
SELECTED AGE CATEGORIES			
Under 18	2662391	20.8	-2.9%
65 years +	2281720	17.8	11.8%

Lancaster County, PA	2019		Percent Change 2014-2019
	Total	Percent of Population	
AGE			
Under 5 years	35479	6.6	0.5%
5 to 9 years	36023	6.7	-0.9%
10 to 14 years	35010	6.5	-0.8%
15 to 19 years	36172	6.7	-3.3%
20 to 24 years	34342	6.3	-2.7%
25 to 29 years	36712	6.8	10.6%
30 to 34 years	33941	6.3	9.2%
35 to 39 years	31925	5.9	4.5%
40 to 44 years	29450	5.4	-6.8%
45 to 49 years	31676	5.9	-10.3%
50 to 54 years	34818	6.4	-8.2%
55 to 59 years	36441	6.7	3.2%
60 to 64 years	34095	6.3	13.5%
65 to 69 years	29250	5.4	15.7%
70 to 74 years	21899	4	29.9%
75 to 79 years	16745	3.1	13.5%
80 to 84 years	12499	2.3	3.2%
85 years and over	14522	2.7	6.0%
SELECTED AGE CATEGORIES			
Under 18	128175	23.7	-0.3%
65 years +	94915	17.5	14.8%

Data Source: American Community Survey 2019 and 2014 5-year estimates

Table A4: Population Shares by Race

Pennsylvania	2019		Percent Change 2014-2019
	Total	Percent of Population	
RACE	12791530		
White	10300602	80.5%	-1.4%
Black or African American	1430664	11.2%	2.5%
American Indian and Alaska Native	24691	0.2%	7.6%
Asian	436324	3.4%	15.5%
Native Hawaiian/Pacific Islander	4198	0.0%	12.2%
Some other race	275177	2.2%	10.4%
Two or more races	319874	2.5%	23.1%
ETHNICITY			
Hispanic or Latino (of any race)	935216	7.3%	19.2%

Lancaster	2019		Percent Change 2014-2019
	Total	Percent of Population	
RACE	540999		
White	478516	88.5%	2.2%
Black or African American	22580	4.2%	8.5%
American Indian and Alaska Native	823	0.2%	-12.3%
Asian	11863	2.2%	10.9%
Native Hawaiian/Pacific Islander	132	0.0%	355.2%
Some other race	13655	2.5%	-15.5%
Two or more races	13430	2.5%	34.2%
ETHNICITY			
Hispanic or Latino (of any race)	56715	10.5%	15.8%

Data Source: American Community Survey 2019 and 2014 5-year estimates

Table A5: Household Languages Spoken in Lancaster County

Lancaster County 2019	Households Speaking Language	Households Speaking Limited English
HOUSEHOLD LANGUAGE		
English only	168,859	N/A
Spanish	15,426	2,553
French, Haitian, or Cajun	1,812	91
German or other West Germanic languages	9,735	1,489
Russian, Polish, or other Slavic languages	2,270	790
Other Indo-European languages	1,429	0
Korean	185	127
Chinese (incl. Mandarin, Cantonese)	790	267
Vietnamese	1,224	449
Tagalog (incl. Filipino)	155	67
Other Asian and Pacific Island languages	836	66
Arabic	441	116
Other and unspecified languages	1,539	498
Total	204,701	6,513

Data Source: American Community Survey 2019 1-year estimates

Table A6: Veterans in Lancaster County

Lancaster County 2019	Total Population
All Veterans	28,817
Gulf War (9/2001 or later) veterans	3,628
Gulf War (8/1990 to 8/2001) veterans	4,530
Vietnam era veterans	10,073
Korean War veterans	3,314
World War II veterans	1,715

Data Source: American Community Survey 2019 5-year estimates

Table A7: Individuals with Disabilities in Lancaster County

People with a Disability	Total Population	Percentage of Population
DISABILITY		
Total individuals with a disability	62,722	11.7
With a hearing difficulty	18,643	3.5
With a vision difficulty	10,754	2
With a cognitive difficulty	23,301	4.7
With an ambulatory difficulty	29,338	5.9
With a self-care difficulty	10,357	2.1
With an independent living difficulty	21,439	5.3

Data Source: American Community Survey 2019 5-year estimates

Table A8. Refugees

Refugees Arriving in Lancaster	Total
2015-2016	757
2016-2017	614
2017-2018	245
2018-2019	401
2019-2020	121

Home Countries of Refugees Arriving in Lancaster-Harrisburg Region, 2015-2020	
DEM REP OF CONGO	829
CUBA/CUBAN ENTRANT	518
BHUTAN	285
BURMA	201
SOMALIA	193
SYRIA	168
AFGHANISTAN	104
UKRAINE	93
VIETNAM	83
ERITREA	78
HAITI	65

IRAQ	46
BELARUS	32
PAKISTAN	32
ETHIOPIA	25
RUSSIA	21
NEPAL	19
CENTRAL AFR REP	17
SUDAN	14

Data Source: Pennsylvania Department of Human Services,
https://www.dhs.pa.gov/refugeesinpa/Pages/Facts.aspx

Figure B1. Adults with Health Insurance

Adults with Health Insurance

- County: Lancaster — 2017: 86.8%, 2018: 86.8%, 2019: 87.7%
- State: Pennsylvania — 2017: 92.6%, 2018: 92.5%, 2019: 92.1%
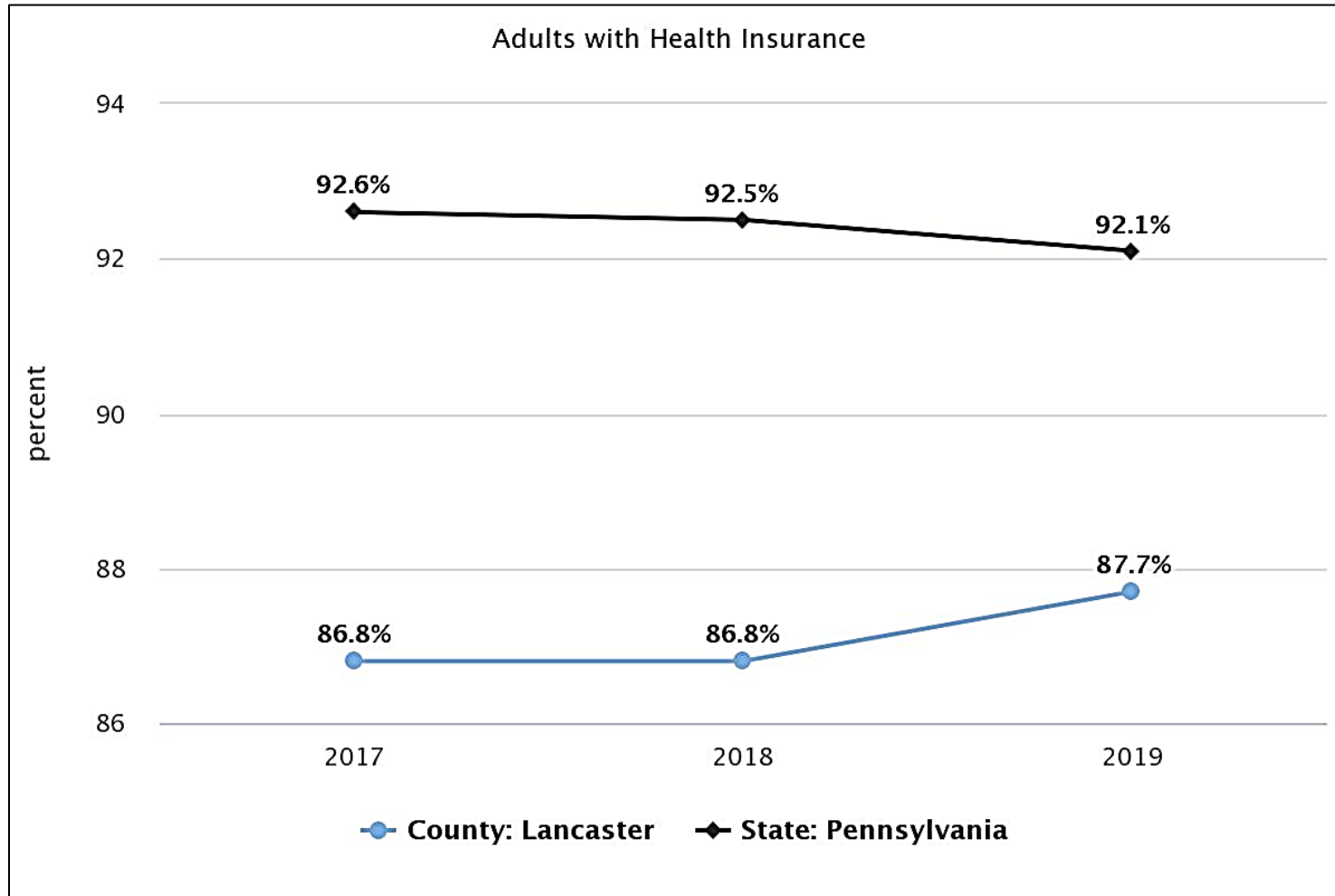
Data Source: American Community Survey 1-year estimates

Figure B2. Percentage of the Population without Health Insurance by Census Tract
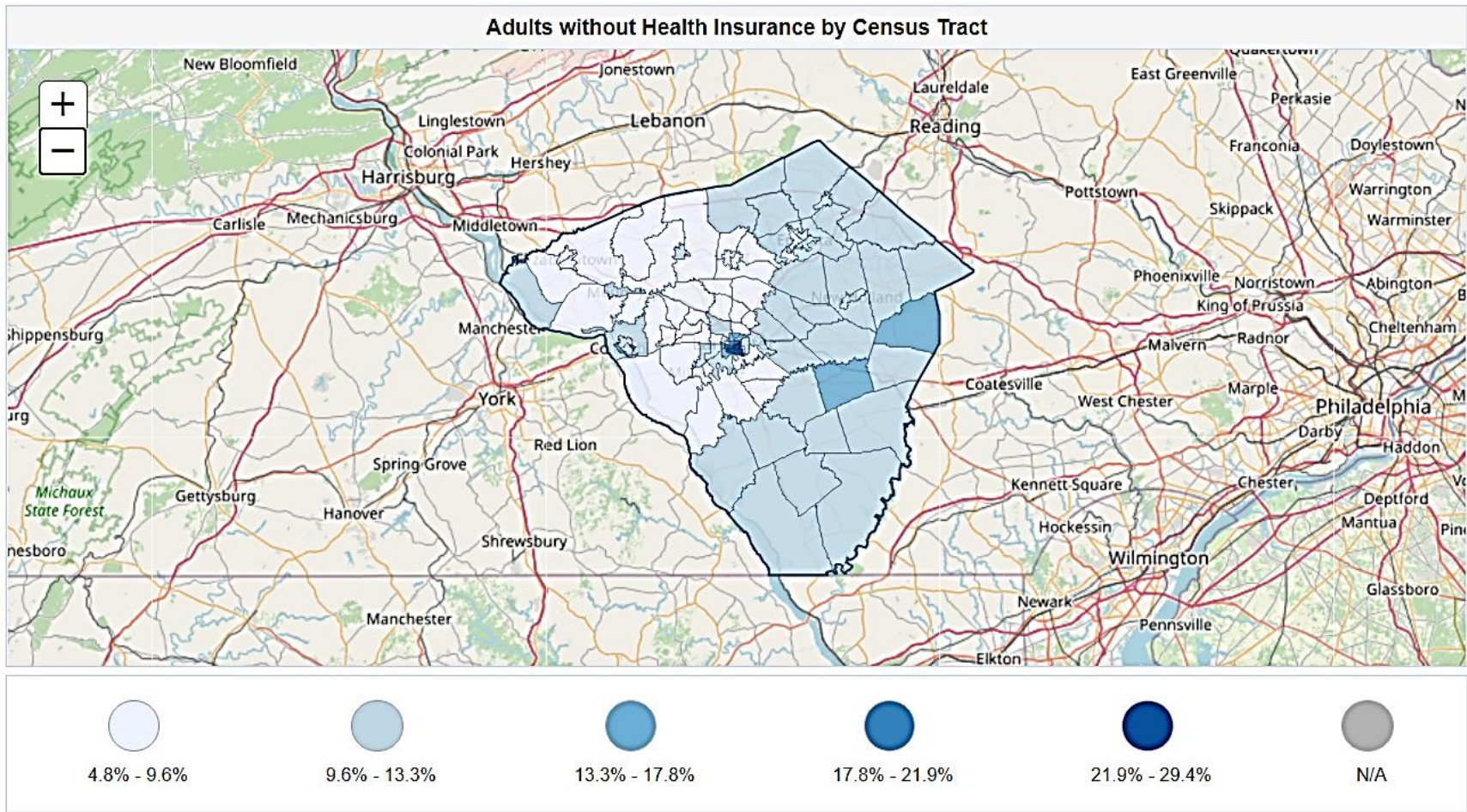
Data Source: CDC PLACES (2018 data)

Figure B3. Adults without Insurance by Demographics

Lancaster County Health Insurance ACS 2019 5-year estimates	Number Uninsured	Percent Uninsured
AGE		
Under 6 years	8864	20.8
6 to 18 years	14181	15.3
19 to 25 years	8298	17.1
26 to 34 years	9731	15.5
35 to 44 years	8076	13.2
45 to 54 years	6371	9.6
55 to 64 years	5408	7.7
65 to 74 years	1243	2.5
75 years and older	597	1.5
Under 19 years	23045	17
Male	32281	12.3
Female	30488	11.2
RACE AND HISPANIC/LATINO ORIGIN		
American Indian/Alaska Native	136	16.8
White	58284	12.3
Some other race	1335	9.8
Black or African American	1684	7.6
Two or more races	724	5.4
Asian	606	5.1
Native Hawaiian/Pacific Islander	0	0

ETHNICITY		
White alone, not Hispanic or Latino	54759	12.5
Hispanic or Latino (of any race)	5633	10
NATIVITY AND U.S. CITIZENSHIP STATUS		
Native born	59363	11.7
Foreign born	3406	12.7
Naturalized	1078	7.3
Not a citizen	2328	19.3
EDUCATIONAL ATTAINMENT		
Less than high school graduate	14762	28.4
High school graduate	8684	7
Some college/associate's degree	5024	6.4
Bachelor's degree or higher	2956	3.1
HOUSEHOLD INCOME		
Under $25,000	5841	10.8
$25,000 to $49,999	14120	14.6
$50,000 to $74,999	13118	12.6
$75,000 to $99,999	8722	9.8
$100,000 and over	20670	11.2

Data Source: American Community Survey 2019 5-year estimates

Figure B4. Children with Health Insurance

Children with Health Insurance
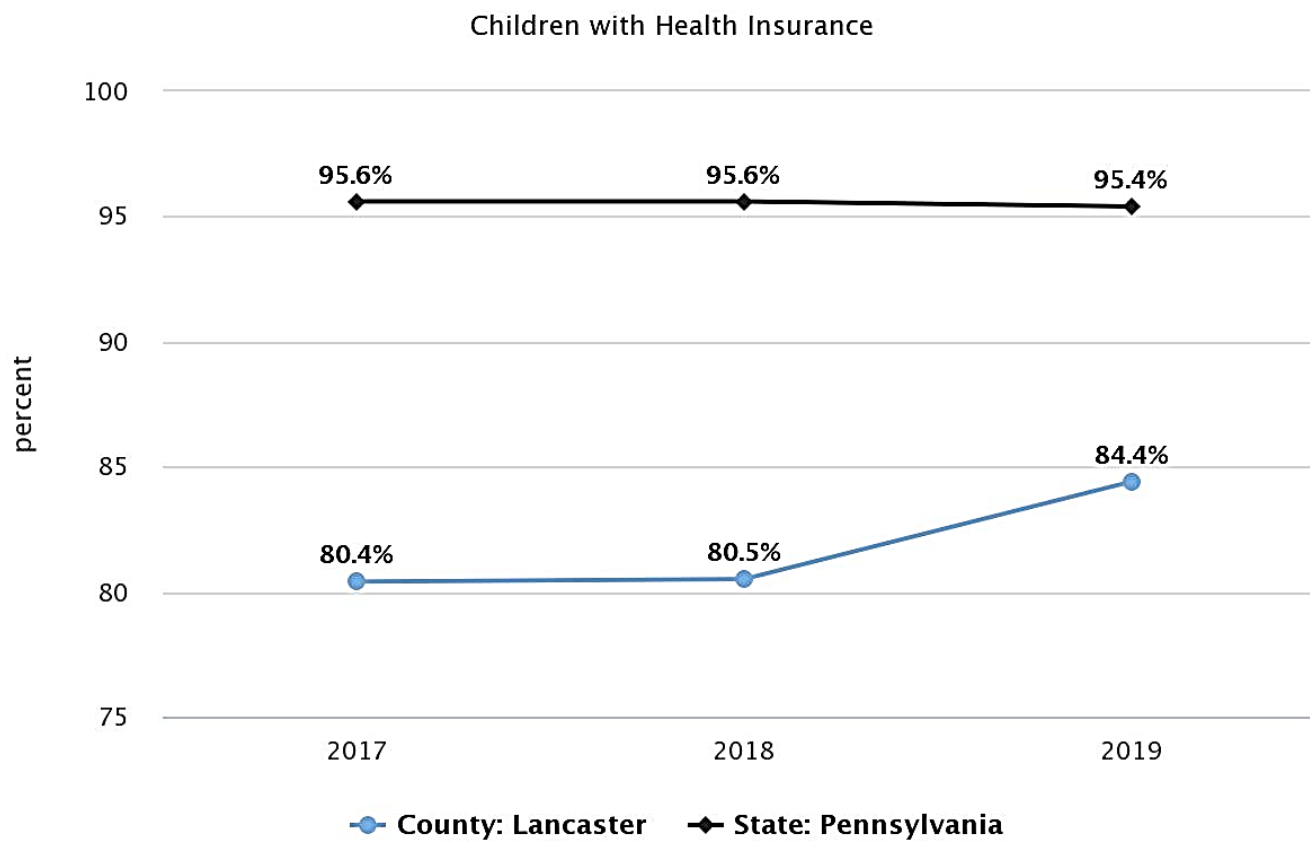
Figure B5. Primary Care Provider Rate
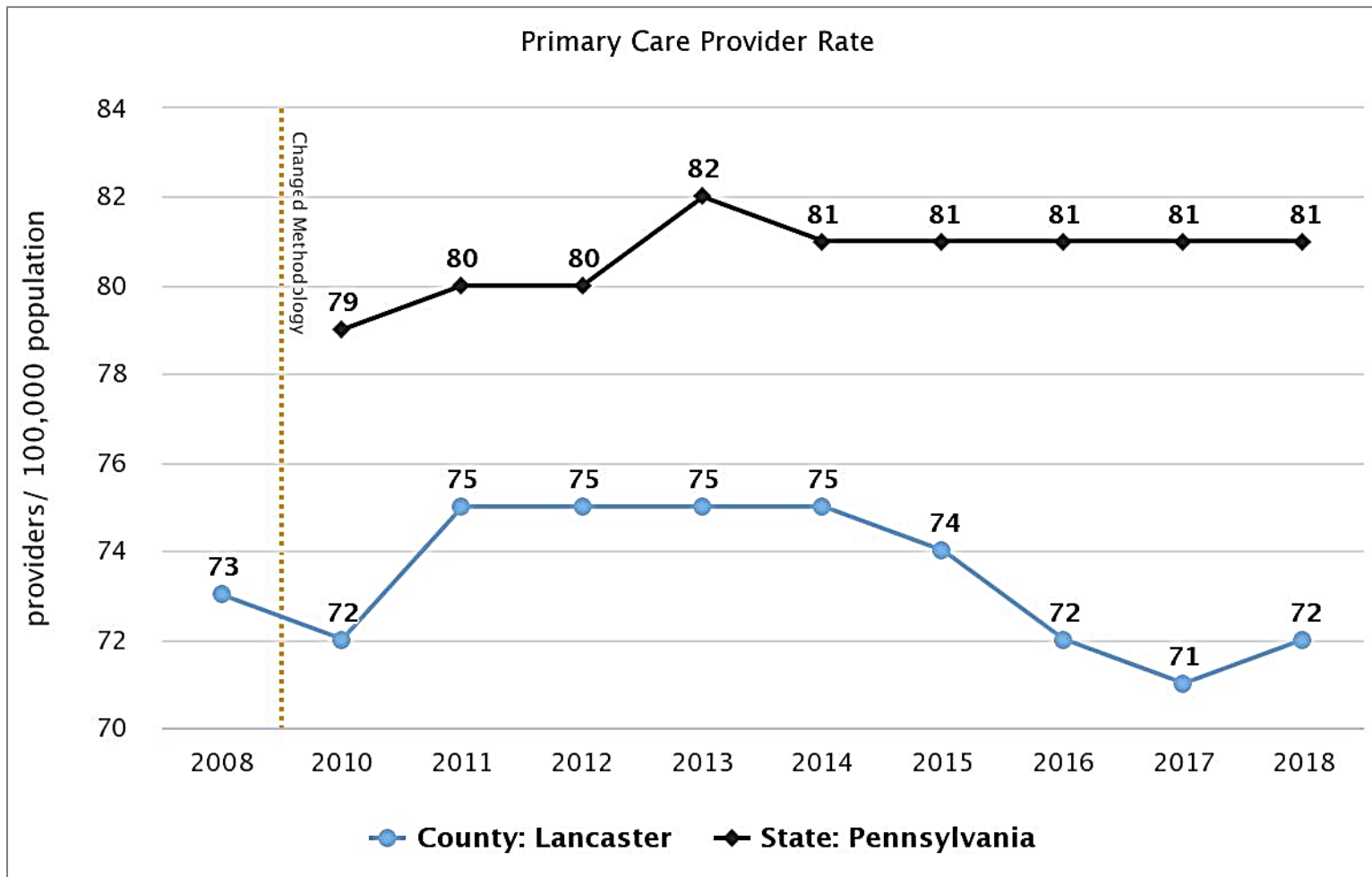
Data Source: County Health Rankings 2020, maintained by Conduent Healthy Communities Institute

Figure B6. Mental Health Provider Rate
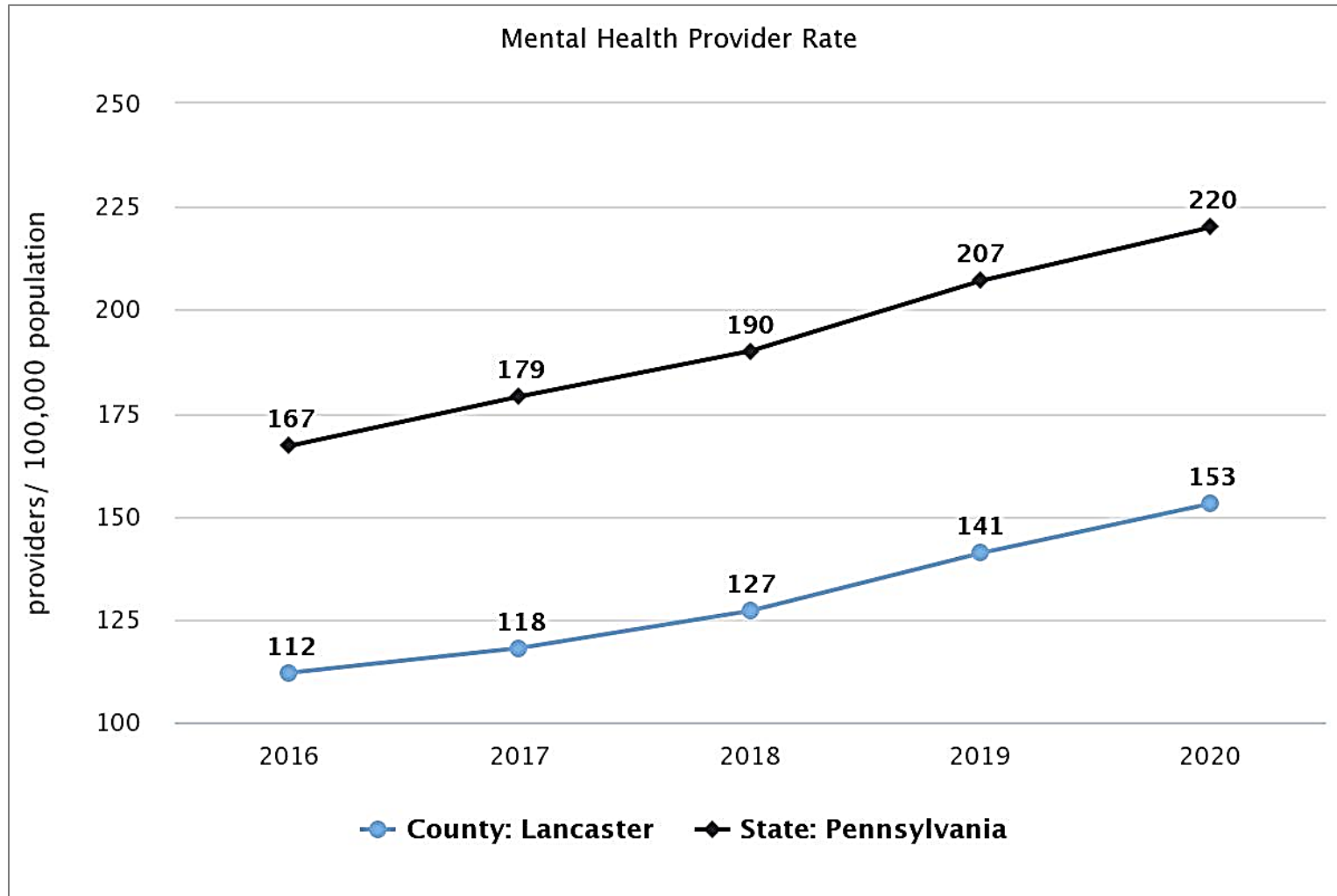
Data Source: County Health Rankings 2020, maintained by Conduent Healthy Communities Institute

Figure B7: Dentists
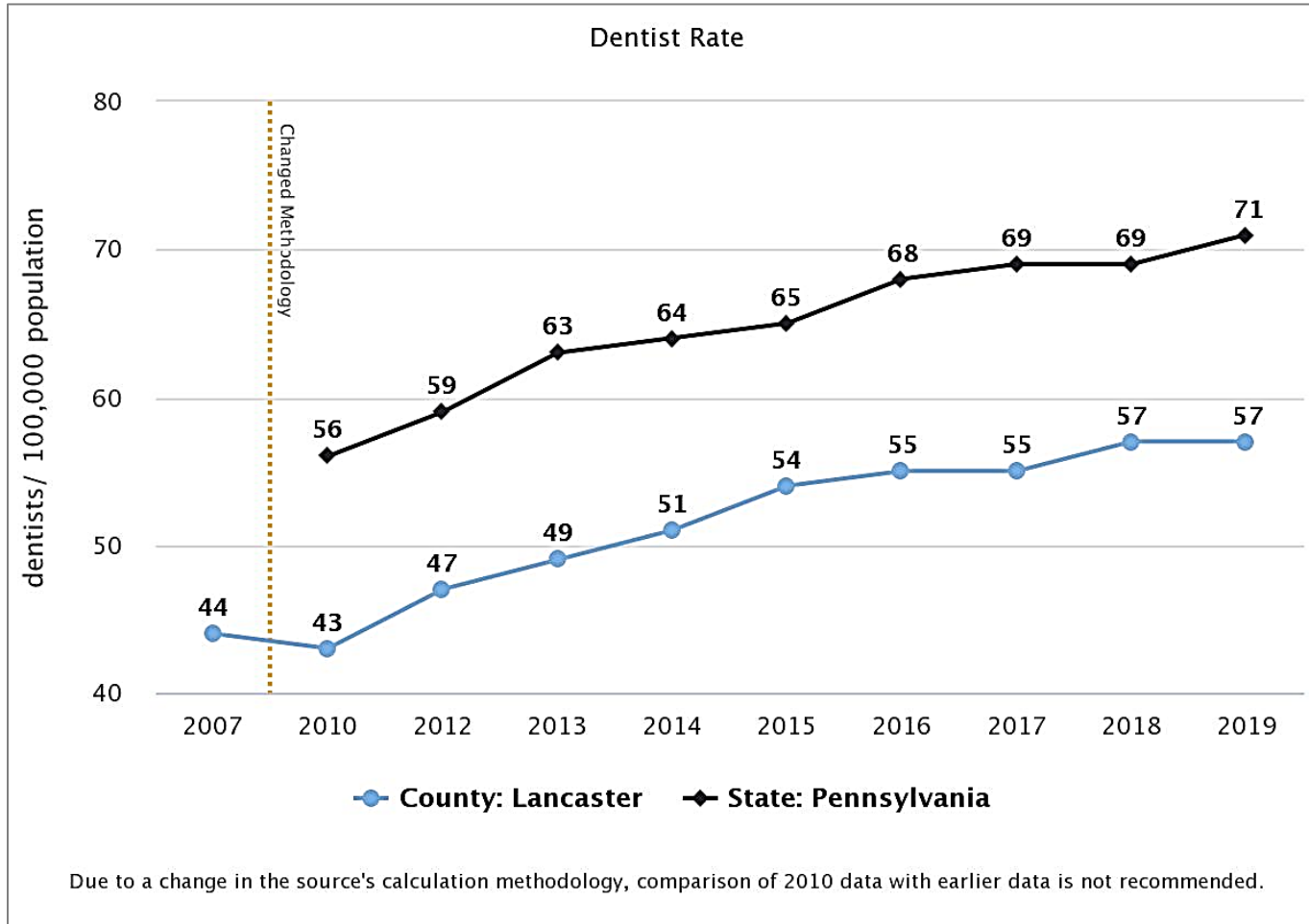
Dentist Rate

- County: Lancaster — blue line: 2007: 44, 2010: 43, 2012: 47, 2013: 49, 2014: 51, 2015: 54, 2016: 55, 2017: 55, 2018: 57, 2019: 57
- State: Pennsylvania — black line: 2010: 56, 2012: 59, 2013: 63, 2014: 64, 2015: 65, 2016: 68, 2017: 69, 2018: 69, 2019: 71

Changed Methodology

dentists / 100,000 population

Due to a change in the source's calculation methodology, comparison of 2010 data with earlier data is not recommended.

Data Source: County Health Rankings 2020, maintained by Conduent Healthy Communities Institute

Figure B8. Adults with a Source of Care
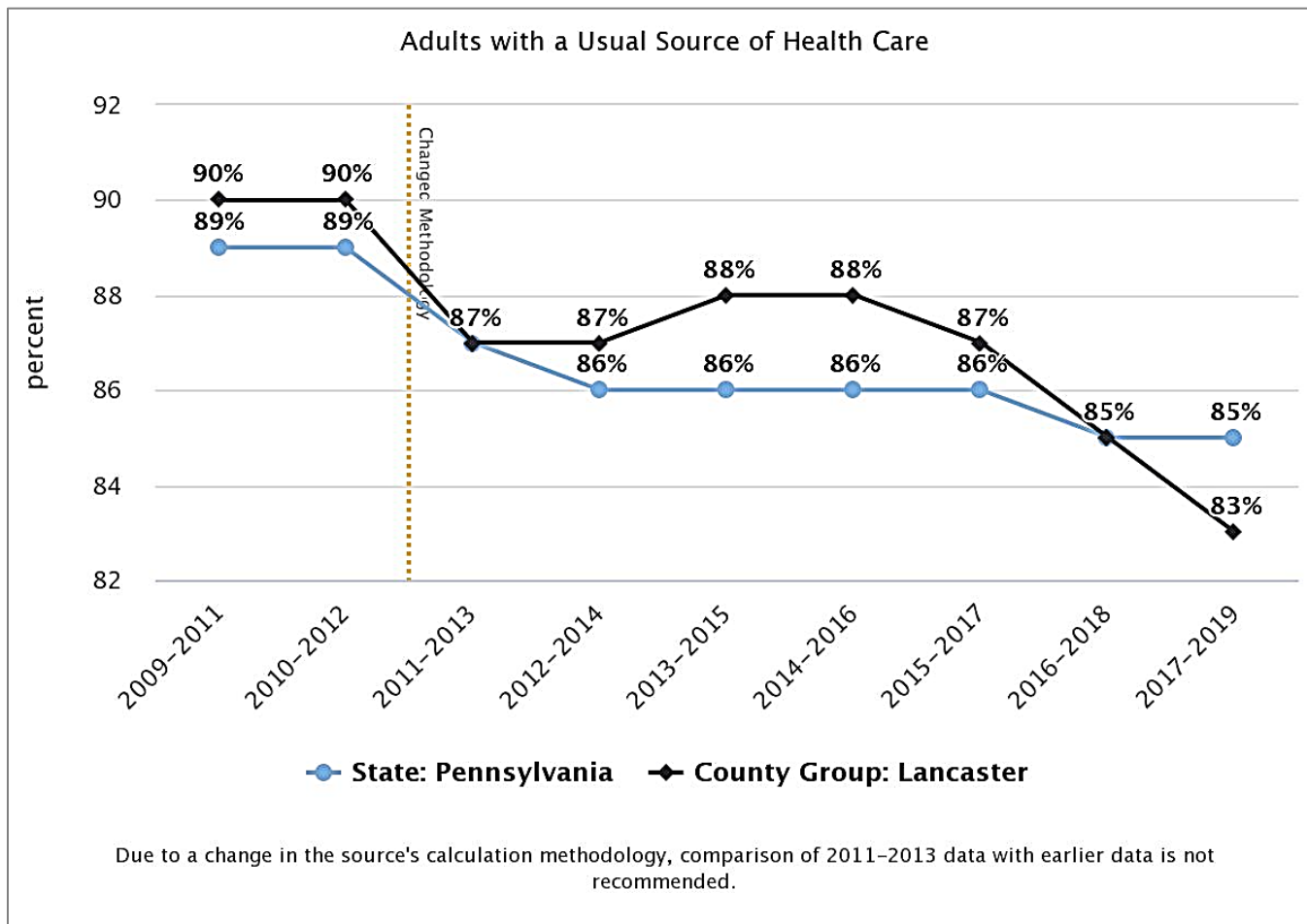
Data Source: Pennsylvania Behavioral Risk Factor Surveillance Survey, maintained by Conduent Healthy Communities Institute

Figure B9. Percentage of Adults with a Routine Check-Up in the Past Year by Census Tract

Adults who have had a Routine Checkup

Color	Range
(dark blue)	72.7% – 74.4%
(blue)	74.4% – 75.9%
(medium blue)	75.9% – 77.5%
(light blue)	77.5% – 79.3%
(very light blue)	79.3% – 82.7%
(gray)	N/A
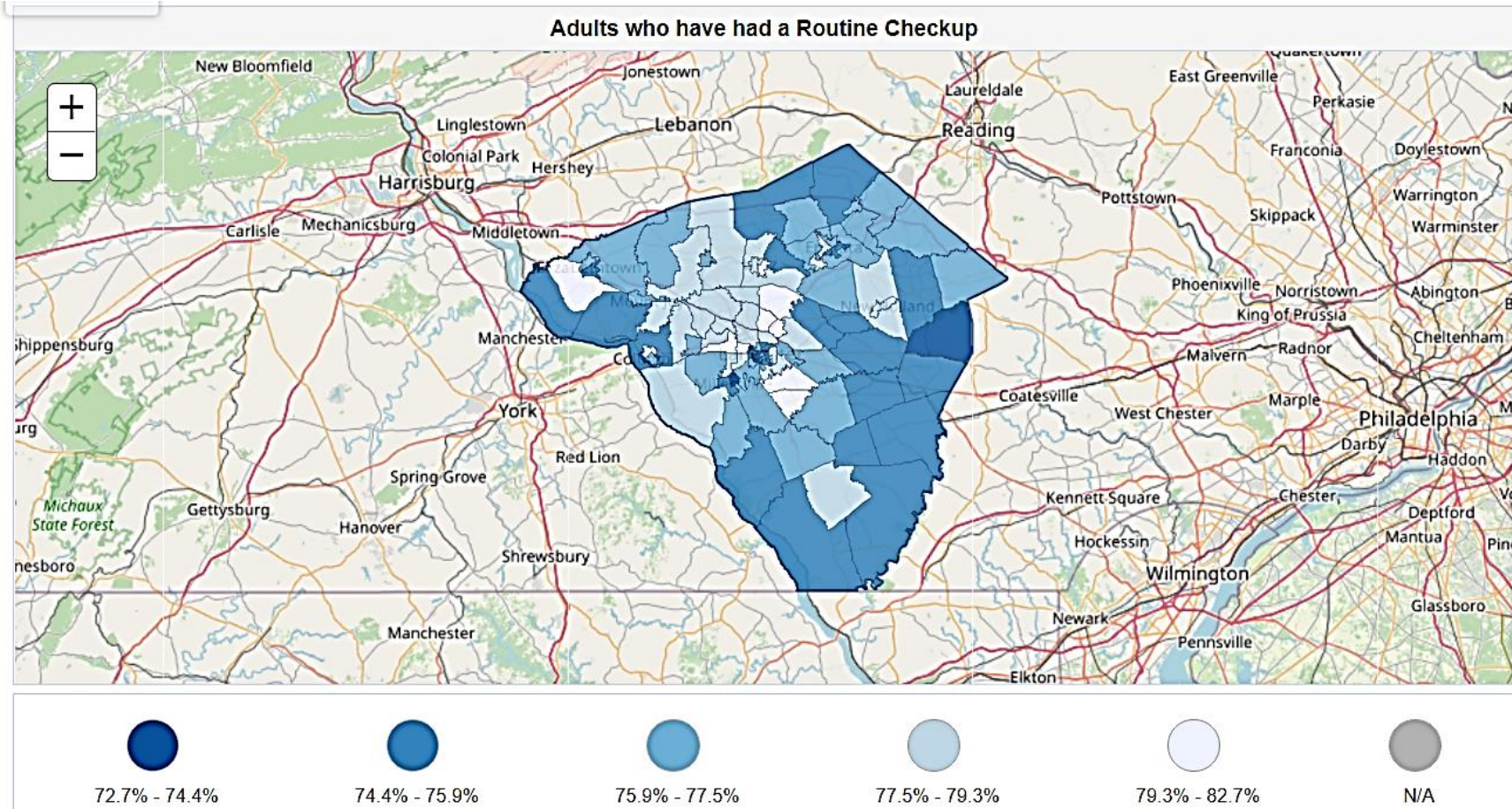
Source: CDC - PLACES (2018)

Figure B10. Percentage of Adults who Visited a Dentist in the Past Year by Census Tract
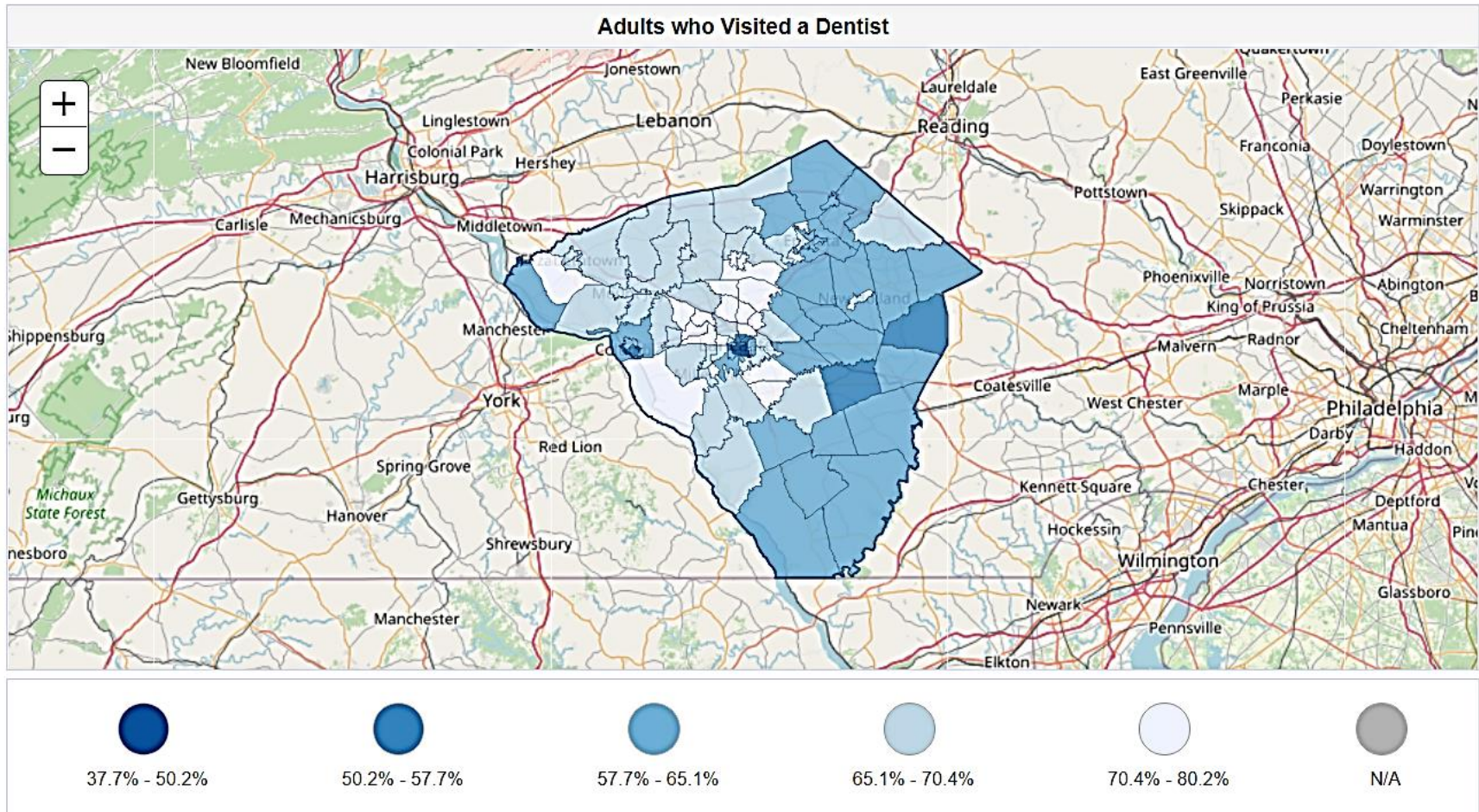
Source: CDC - PLACES (2018)

Figure B11. Use of Mental Health Services

Received Mental Health Services in the Past Year (Adults 18+)

Category	Percentage
United States 2014-2016	14.5%
United States 2016-2018	14.7%
Pennsylvania 2014-2016	16.5%
Pennsylvania 2016-2018	16.5%
Region 2014-2016 (Lancaster, Lebanon, York, Dauphin, Adams)	18.3%
Region 2016-2018	16.6%
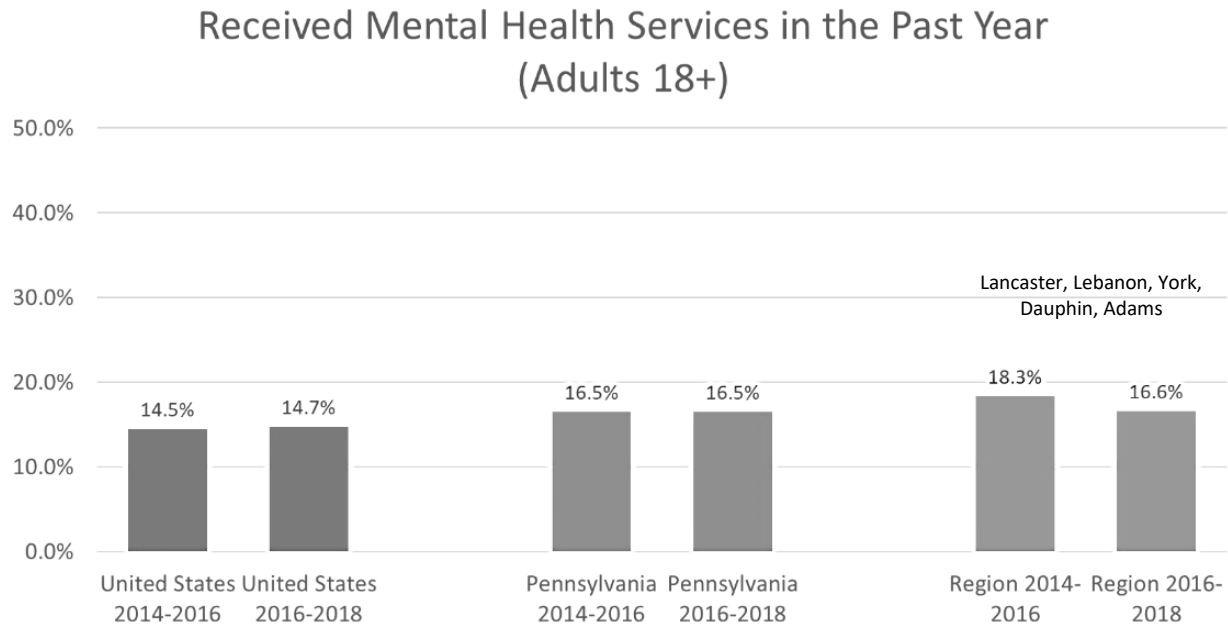
Data Source: SAMHSA, National Survey on Drug Use and Health, 2014-2016 and 2016-2018 Sub-state reports

Figure B12. Immunizations Among Kindergarteners

Kindergarten Students with Immunizations,
Lancaster and PA, 2019-2020

	Tetanus, diptheria, and acellular pertussis (DTaP/DTP/DT)	Polio	Measles, mumps, rubella (MMR)	Hepatitis B	Varicella (or evidence of immunity)
Kindergarten-Lancaster	94.8%	94.1%	94.3%	94.9%	94.0%
Kindergarten-PA	96.6%	96.3%	96.4%	97.0%	96.2%
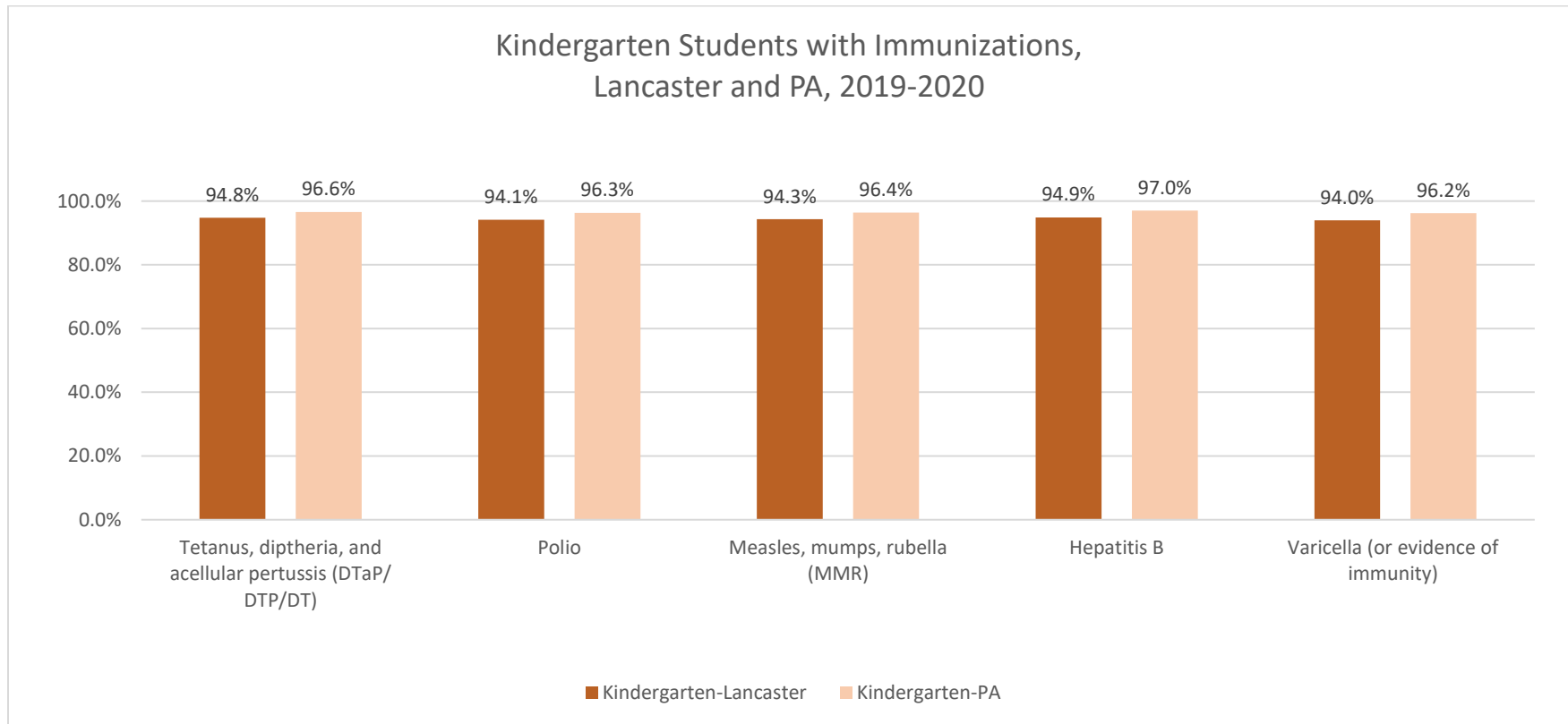
Source: Pennsylvania Department of Health. School Immunization Law Report System.

Figure B13. Immunizations Among 7th Graders

7th Grade Students with Immunizations,
Lancaster and PA, 2019-2020
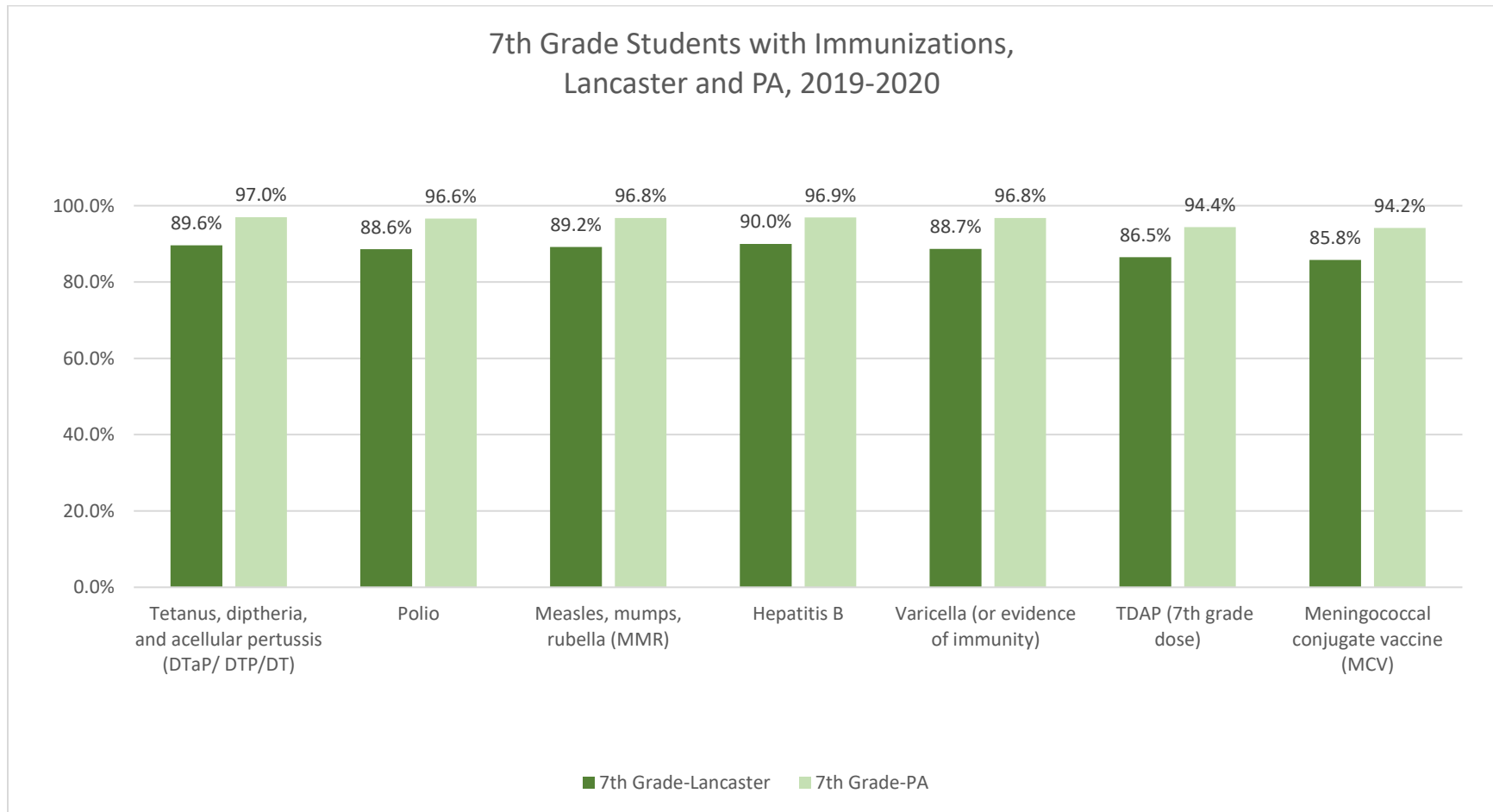
Source: Pennsylvania Department of Health. School Immunization Law Report System.

Figure C1. Screening for Depression in Primary Care

Screening for Depression in Lancaster County Primary Care Practices
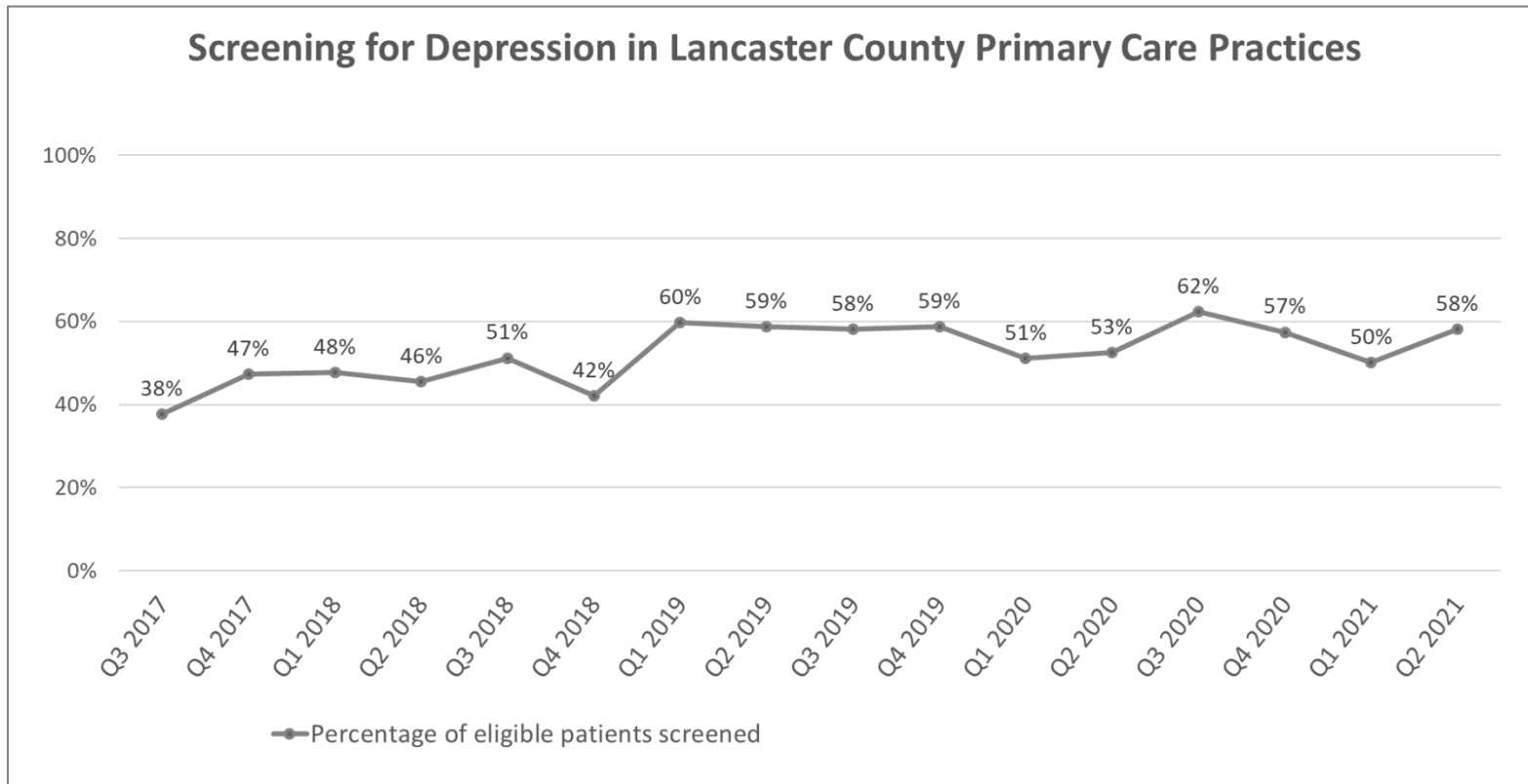
Data Source: Family First FQHC, Union Community Care, Lancaster General Health Physicians, Penn State Health, Water Street Health Services, WellSpan Health. Screening eligibility and workflow vary.

Figure C2. Poor Mental Health Days

Poor Mental Health Days
County Group: Lancaster

2009–2011: 29%
2010–2012: 28%
2011–2013: 34%
2012–2014: 34%
2013–2015: 36%
2014–2016: 35%
2015–2017: 35%
2016–2018: 33%
2017–2019: 31%

Due to a change in the source's calculation methodology, comparison of 2011–2013 data with earlier data is not recommended.
Source: Pennsylvania Behavioral Risk Factor Surveillance System (2017–2019)

Poor Mental Health Days
State: Pennsylvania

2009–2011: 35%
2010–2012: 35%
2011–2013: 36%
2012–2014: 36%
2013–2015: 35%
2014–2016: 37%
2015–2017: 38%
2016–2018: 39%
2017–2019: 39%

Due to a change in the source's calculation methodology, comparison of 2011–2013 data with earlier data is not recommended.
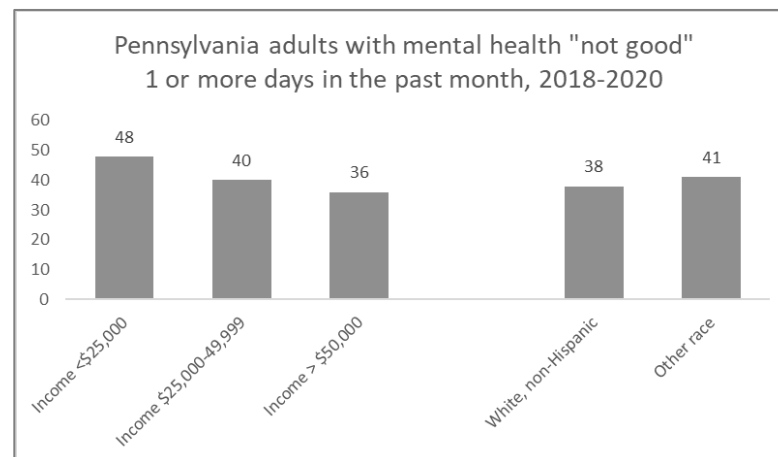Source: Pennsylvania Behavioral Risk Factor Surveillance System (2017–2019)

Lancaster adults with mental health "not good"
1 or more days in the past month, 2018-2020

Female: 38
Male: 25
Age: 18-44: 39
Age: 45-64: 29
Age: 65+: 19
High School or Less: 26
Some College: 34
College Degree: 41

Pennsylvania adults with mental health "not good"
1 or more days in the past month, 2018-2020

Income <$25,000: 48
Income $25,000-49,999: 40
Income > $50,000: 36
White, non-Hispanic: 38
Other race: 41

Data Source: PA Behavioral Risk Factor Surveillance System. These data were provided by the Pennsylvania Department of Health. The Department specifically disclaims responsibility for any analyses, interpretations, or conclusions.

Figure C4. Adults told they have a depressive disorder

Adults ever told they have a depressive disorder

Lancaster

Percentage (y-axis: 0, 5, 10, 15, 20, 25, 30, 35)

Data points: 2011-2013: 19, 2012-2014: 20, 2013-2015: 18, 2014-2016: 16, 2015-2017: 17, 2016-2018: 19, 2017-2019: 21, 2018-2020: 23

Adults ever told they have a depressive disorder

Pennsylvania

Percentage (y-axis: 0, 5, 10, 15, 20, 25, 30, 35)

Data points: 2011-2013: 18, 2012-2014: 19, 2013-2015: 19, 2014-2016: 19, 2015-2017: 19, 2016-2018: 20, 2017-2019: 20, 2018-2020: 20

Lancaster County adults ever told they have a depressive disorder (disparities), 2018-2020

(y-axis: 0, 10, 20, 30, 40)

Female: 29, Male: 17, Age: 18-44: 21, Age: 45-64: 28, Age: 65+: 20, High School or Less: 22, Some College: 21, College Degree: 27

Pennsylvania adults ever told they have a depressive disorder (disparities), 2018-2020

Percentage (y-axis: 0, 10, 20, 30, 40)

Income <$25,000: 33, Income $25,000-…: 23, Income >$50,000: 15, White, non-Hispanic: 20, Other race: 20

Data Source: PA Behavioral Risk Factor Surveillance System. These data were provided by the Pennsylvania Department of Health. The Department specifically disclaims responsibility for any analyses, interpretations, or conclusions.

Figure C5. Suicide

Age-Adjusted Death Rate due to Suicide

Legend: —●— Lancaster —●— Pennsylvania

Rate Per 100,000 (y-axis: 0, 2, 4, 6, 8, 10, 12, 14, 16)

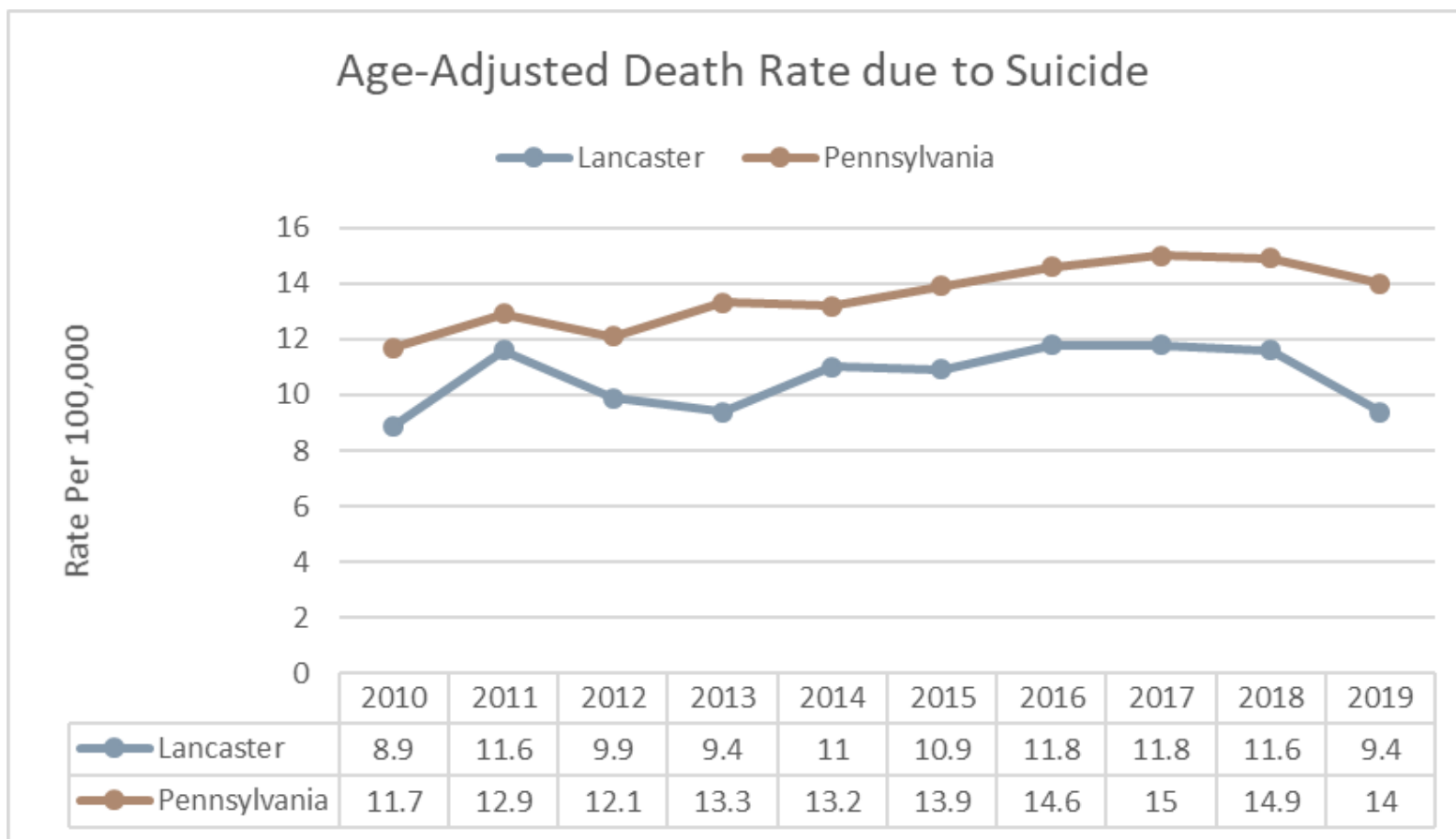|	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Lancaster	8.9	11.6	9.9	9.4	11	10.9	11.8	11.8	11.6	9.4
Pennsylvania	11.7	12.9	12.1	13.3	13.2	13.9	14.6	15	14.9	14

Data Source: PA Behavioral Risk Factor Surveillance System. These data were provided by the Pennsylvania Department of Health. The Department specifically disclaims responsibility for any analyses, interpretations, or conclusions.
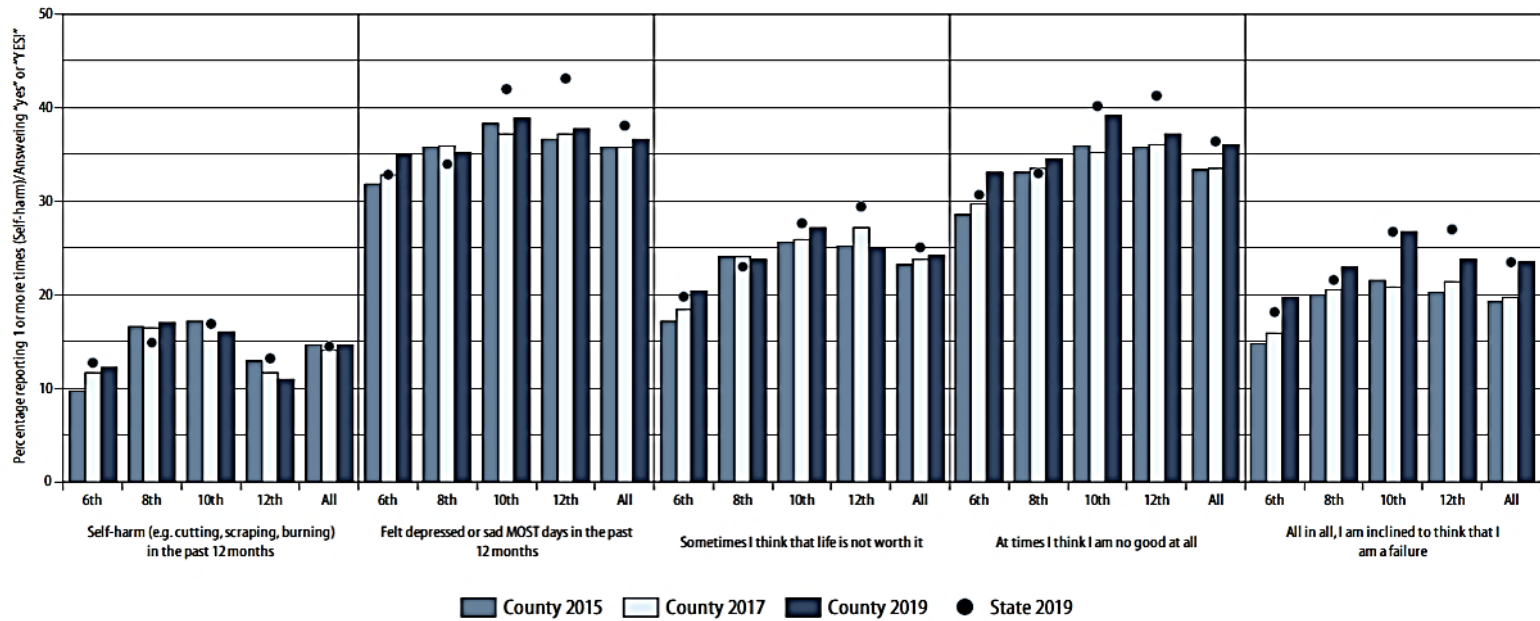
Figure C6. Lancaster County Youth Mental Health Risks

Mental Health Concerns
Lancaster County 2019 Pennsylvania Youth Survey

Legend: County 2015, County 2017, County 2019, State 2019

Grade	Self-harm (e.g. cutting, scraping, burning) in the past 12 months				Felt depressed or sad MOST days in the past 12 months				Sometimes I think that life is not worth it				At times I think I am no good at all				All in all, I am inclined to think that I am a failure			
	County 2015	County 2017	County 2019	State 2019	County 2015	County 2017	County 2019	State 2019	County 2015	County 2017	County 2019	State 2019	County 2015	County 2017	County 2019	State 2019	County 2015	County 2017	County 2019	State 2019
6th	9.7	11.7	12.2	12.7	31.8	32.7	34.8	32.8	17.2	18.4	20.4	19.8	28.5	29.6	33.0	30.6	14.7	15.9	19.7	18.1
8th	16.6	16.4	17.0	14.9	35.8	35.8	35.2	33.9	24.0	24.0	23.8	23.0	33.1	33.5	34.5	32.9	20.0	20.5	22.9	21.5
10th	17.2	15.1	16.0	16.9	38.2	37.1	38.8	41.9	25.6	25.9	27.1	27.6	35.9	35.1	39.0	40.1	21.5	20.8	26.7	26.7
12th	12.9	11.7	11.0	13.2	36.6	37.2	37.7	43.1	25.1	27.2	25.0	29.4	35.7	36.1	37.2	41.2	20.3	21.4	23.7	27.0
All	14.6	14.1	14.7	14.4	35.7	35.7	36.6	38.0	23.1	23.7	24.2	25.0	33.3	33.4	36.0	36.3	19.3	19.6	23.5	23.4

Data Source: 2019 Pennsylvania Youth Survey

Figure D1. Adult Binge Drinking
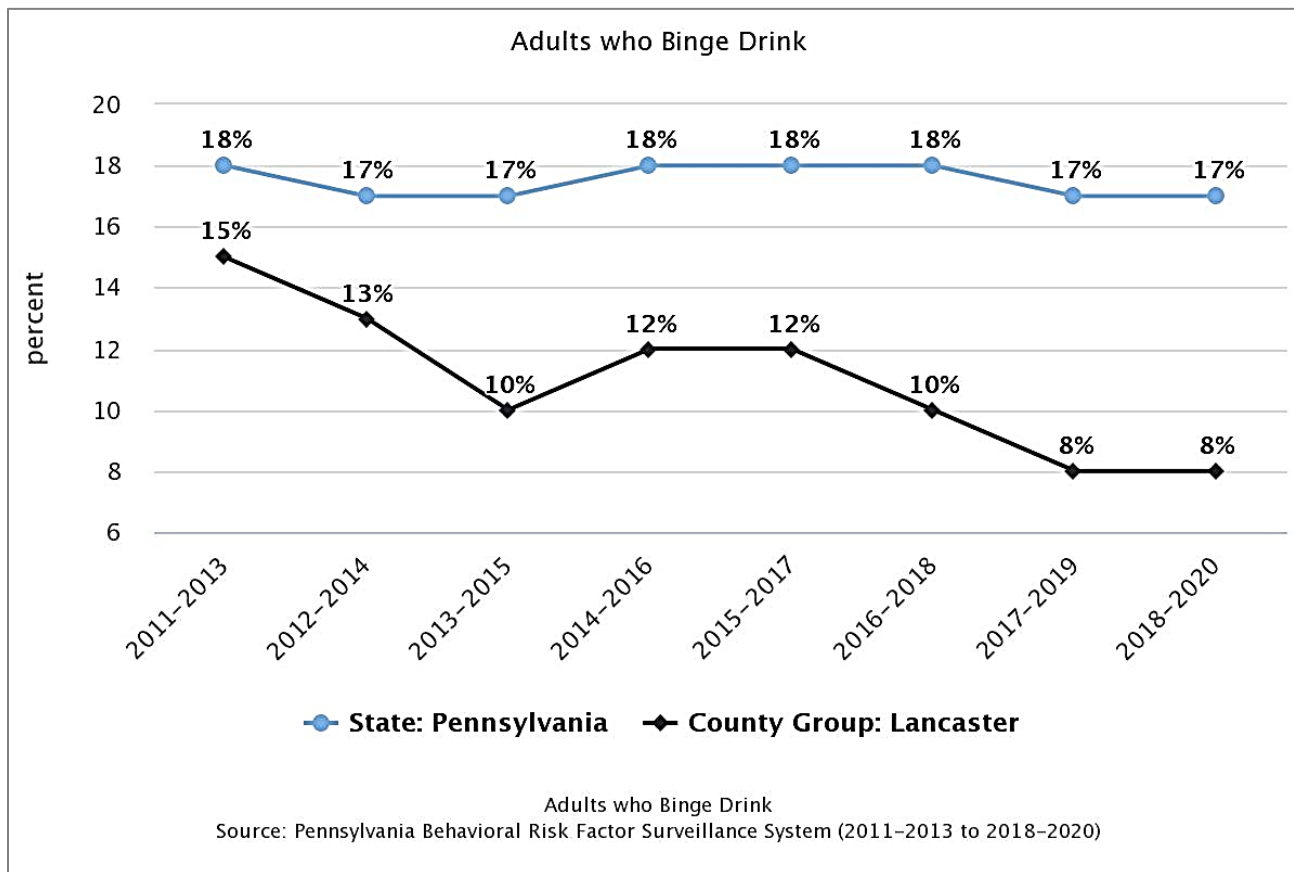
Adults who Binge Drink
Source: Pennsylvania Behavioral Risk Factor Surveillance System (2011–2013 to 2018–2020)

Data Source: Pennsylvania Behavioral Risk Factor Surveillance System, maintained by Conduent Healthy Communities Institute

Figure D2. Adult Binge Drinking by Census Tract
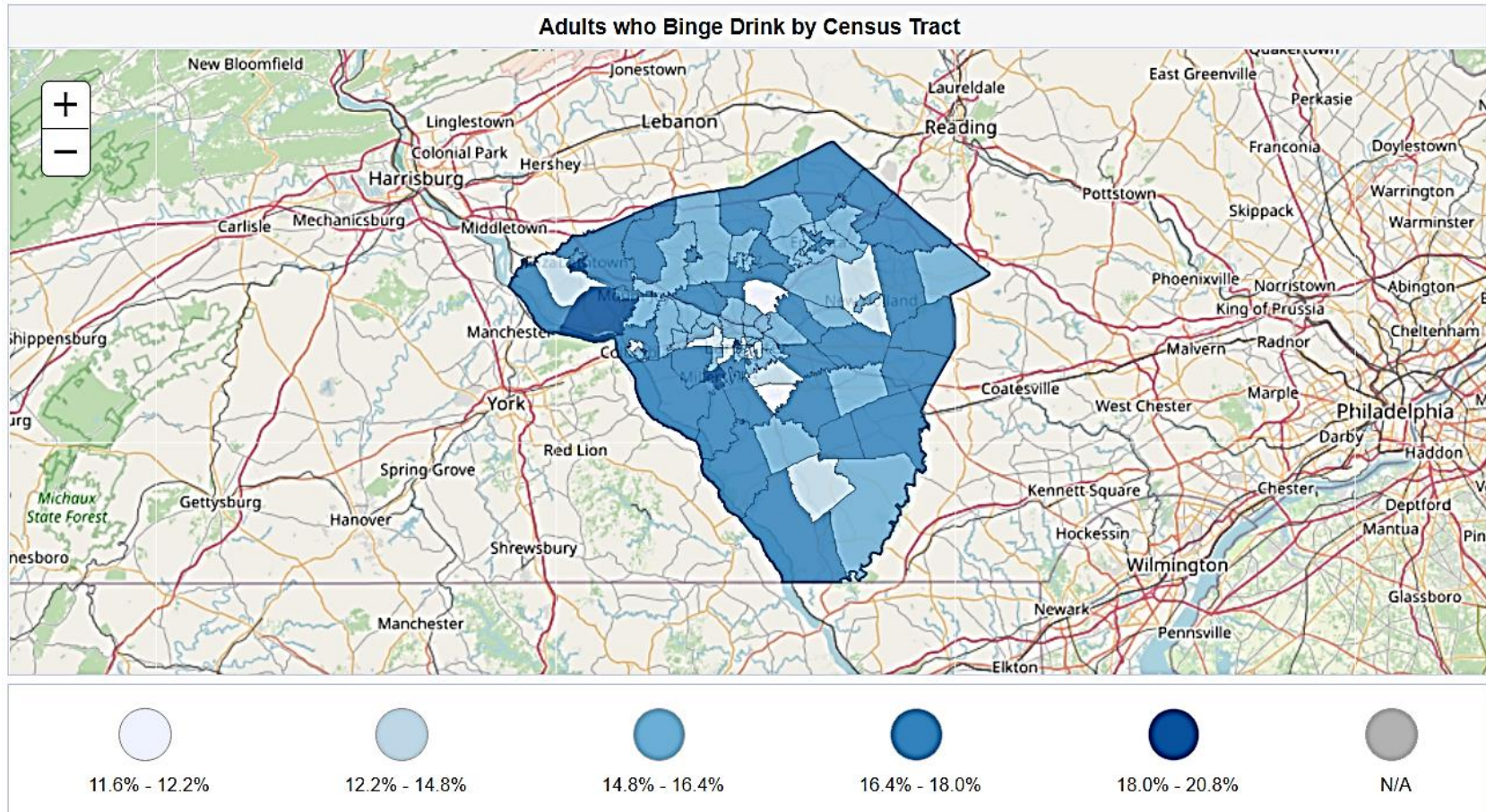
Data Source: CDC PLACES, maintained by Conduent Healthy Communities Institute

Figure D3. Adolescent Alcohol and Other Drug Use in Past 30 Days in Lancaster County

4_30_2020

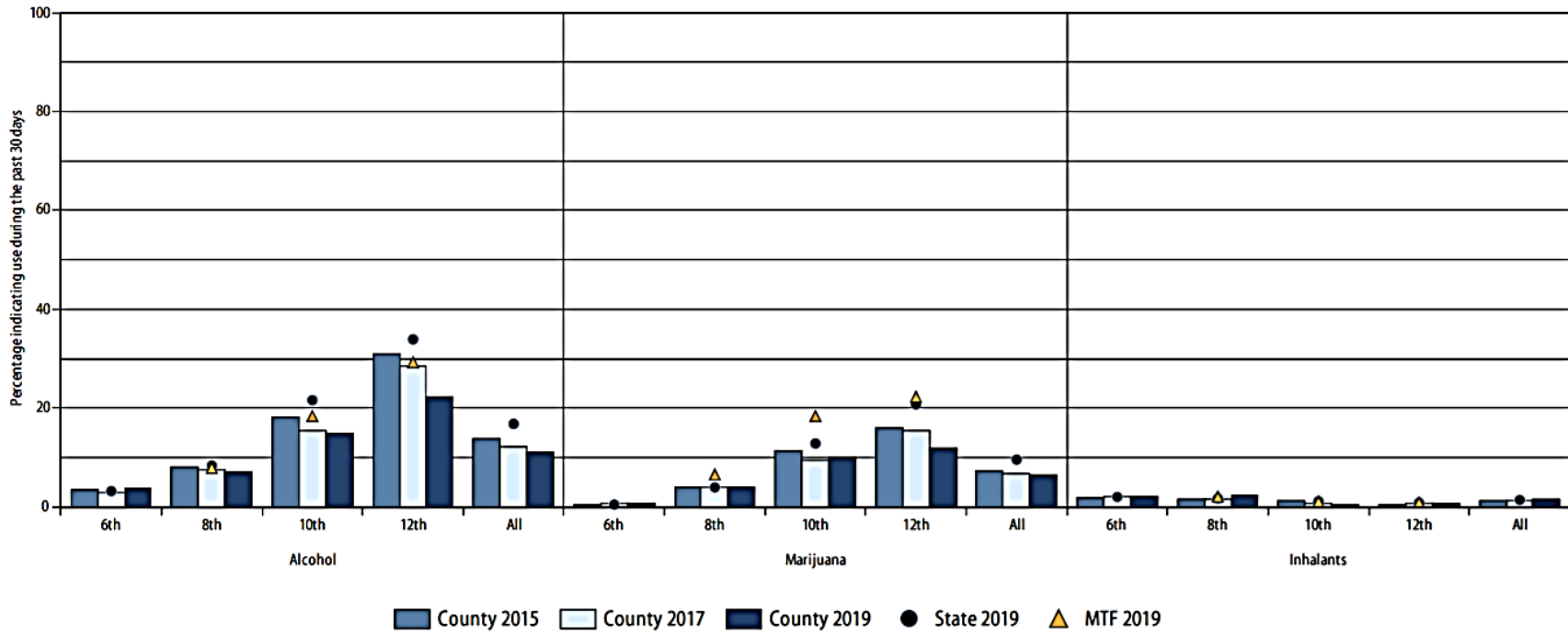| Grade	Alcohol					Marijuana					Inhalants				
	County 2015	County 2017	County 2019	State 2019	MTF 2019	County 2015	County 2017	County 2019	State 2019	MTF 2019	County 2015	County 2017	County 2019	State 2019	MTF 2019
6th	3.4	2.9	3.6	3.2	n/a	0.5	0.8	0.8	0.5	n/a	1.8	2.1	2.2	2.0	n/a
8th	8.0	7.7	7.0	8.4	7.9	3.9	4.0	4.0	4.0	6.6	1.6	1.6	2.4	1.7	2.1
10th	18.1	15.5	14.9	21.6	18.4	11.5	9.6	9.9	12.9	18.4	1.3	0.8	0.6	1.1	1.1
12th	31.0	28.6	22.2	33.9	29.3	16.0	15.4	11.8	20.8	22.3	0.5	0.7	0.9	0.8	0.9
All	13.7	12.2	11.1	16.8	n/a	7.3	6.7	6.4	9.6	n/a	1.4	1.3	1.5	1.4	n/a

Data Source: Pennsylvania Youth Survey, 2019

D4. Adult Smoking
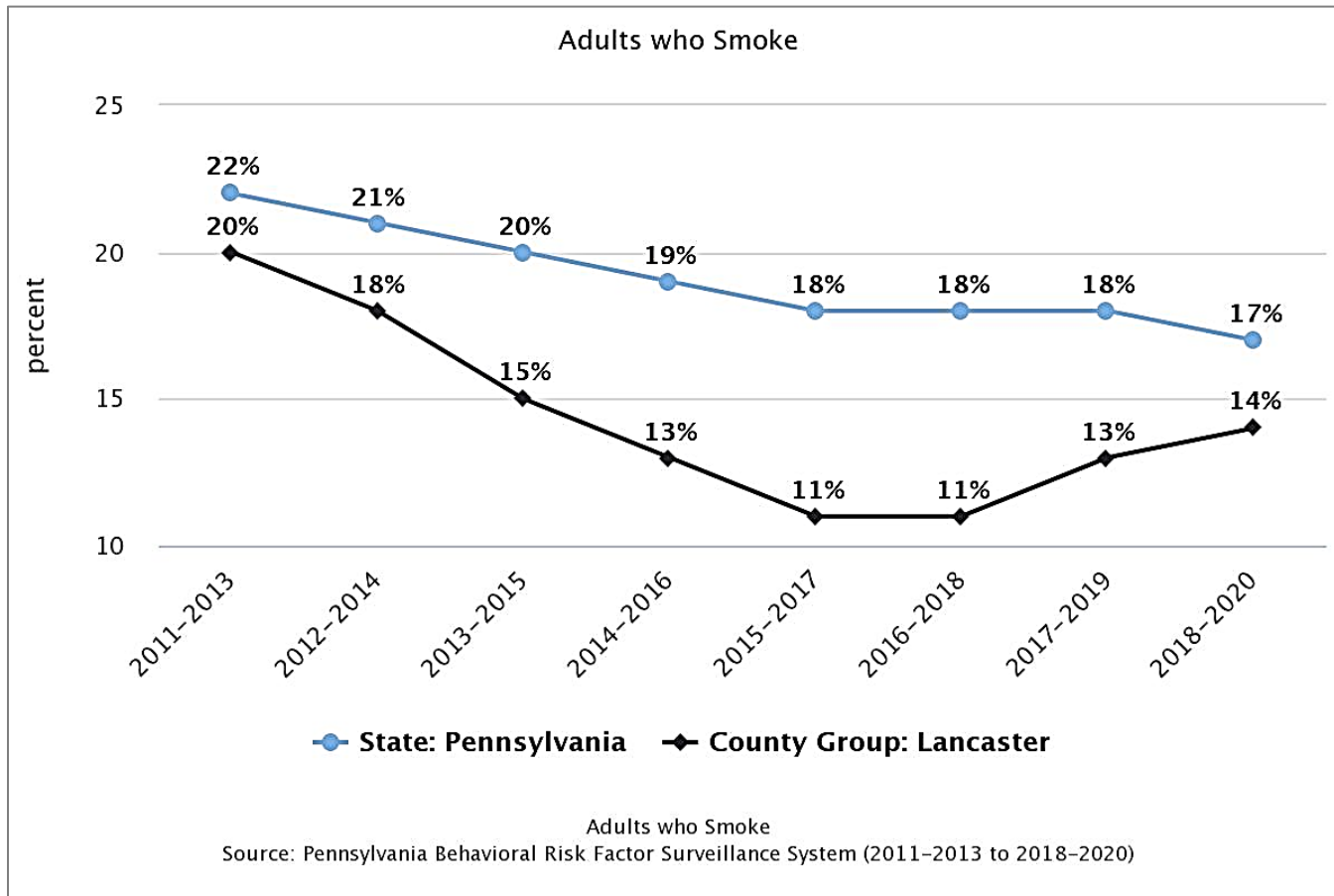
Adults who Smoke
Source: Pennsylvania Behavioral Risk Factor Surveillance System (2011–2013 to 2018–2020)

Data Source: Pennsylvania Behavioral Risk Factor Surveillance Survey, maintained by Conduent Healthy Communities Institute

D5. Adults who Smoke by Census Tract

Adults who Smoke by Census Tract

Legend: 9.6% – 15.0% | 15.0% – 18.9% | 18.9% – 21.6% | 21.6% – 24.6% | 24.6% – 28.7% | N/A

Data Source: CDC PLACES, maintained by Conduent Healthy Communities Institute

D6. Percentage of Adults in Pennsylvania who are Current Smokers, 2020
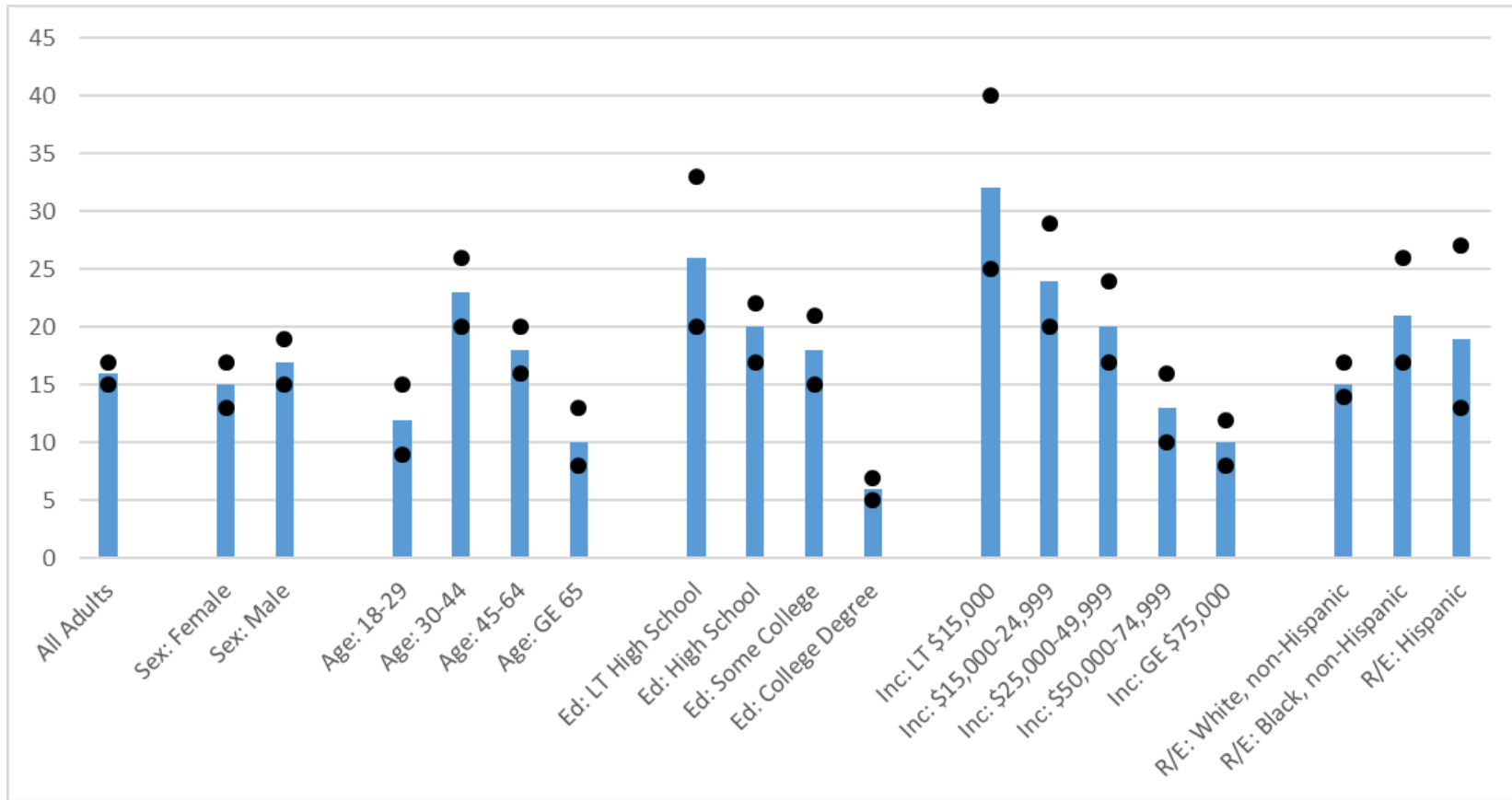
D7. Adolescent Use of Cigarettes, Smokeless Tobacco, and E-Cigarettes

Legend: County 2015, County 2017, County 2019, State 2019 (●), MTF 2019 (△)
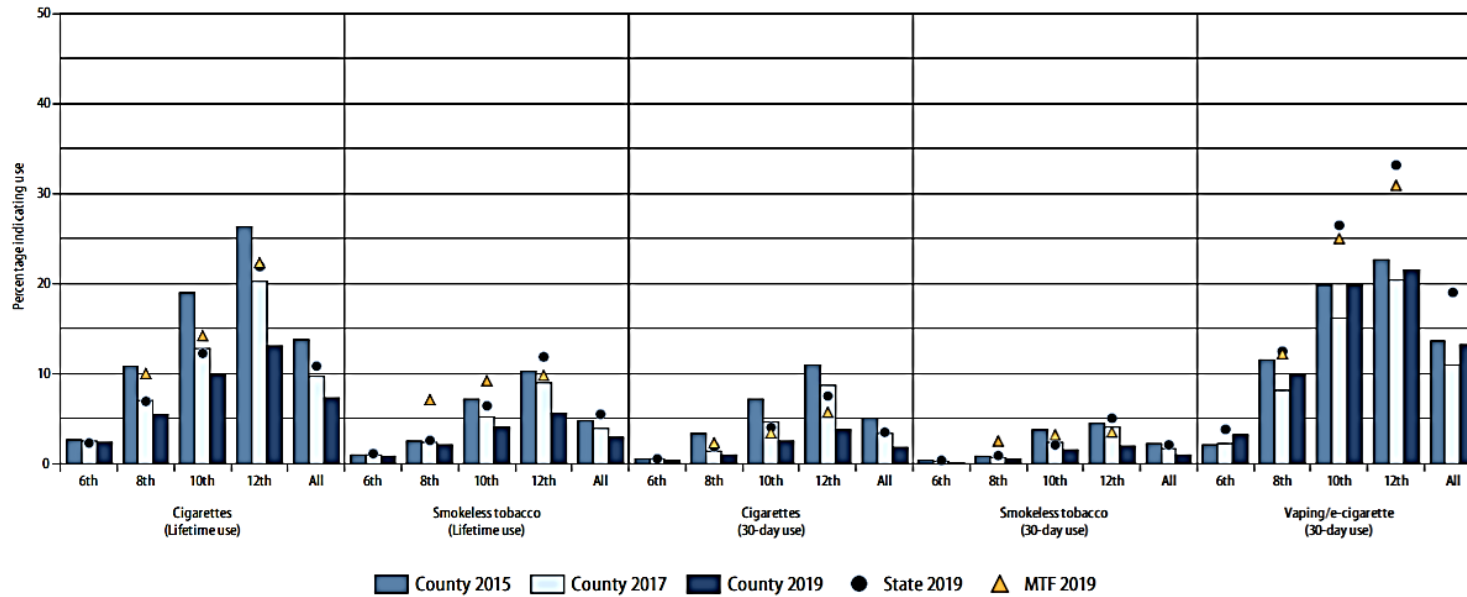
4_30_2020

| Grade	Cigarettes (Lifetime use)					Smokeless tobacco (Lifetime use)					Cigarettes (30-day use)					Smokeless tobacco (30-day use)					Vaping/e-cigarette (30-day use)				
	County 2015	County 2017	County 2019	State 2019	MTF 2019	County 2015	County 2017	County 2019	State 2019	MTF 2019	County 2015	County 2017	County 2019	State 2019	MTF 2019	County 2015	County 2017	County 2019	State 2019	MTF 2019	County 2015	County 2017	County 2019	State 2019	MTF 2019
6th	2.6	2.5	2.3	2.3	n/a	0.9	0.9	0.8	1.1	n/a	0.5	0.5	0.5	0.5	n/a	0.3	0.2	0.2	0.3	n/a	2.0	2.1	3.3	3.8	n/a
8th	10.8	7.0	5.4	6.9	10.0	2.5	2.3	2.1	2.6	7.1	3.3	1.4	1.0	1.9	2.3	0.9	0.7	0.6	0.9	2.5	11.6	8.2	9.8	12.5	12.2
10th	19.0	12.8	9.8	12.2	14.2	7.2	5.1	4.0	6.4	9.2	7.2	4.6	2.5	4.0	3.4	3.8	2.3	1.5	2.1	3.2	19.8	16.2	19.8	26.5	25.0
12th	26.2	20.2	13.0	21.9	22.3	10.2	8.9	5.6	11.8	9.8	11.0	8.7	3.7	7.5	5.7	4.5	4.1	2.0	5.0	3.5	22.7	20.4	21.5	33.1	30.9
All	13.8	9.7	7.3	10.8	n/a	4.8	3.9	2.9	5.5	n/a	5.0	3.3	1.8	3.5	n/a	2.2	1.6	1.0	2.1	n/a	13.6	10.9	13.2	19.0	n/a

Data Source: Pennsylvania Youth Survey, 2019

D8. Substance Use among Individuals 12 and older, Lancaster County Region

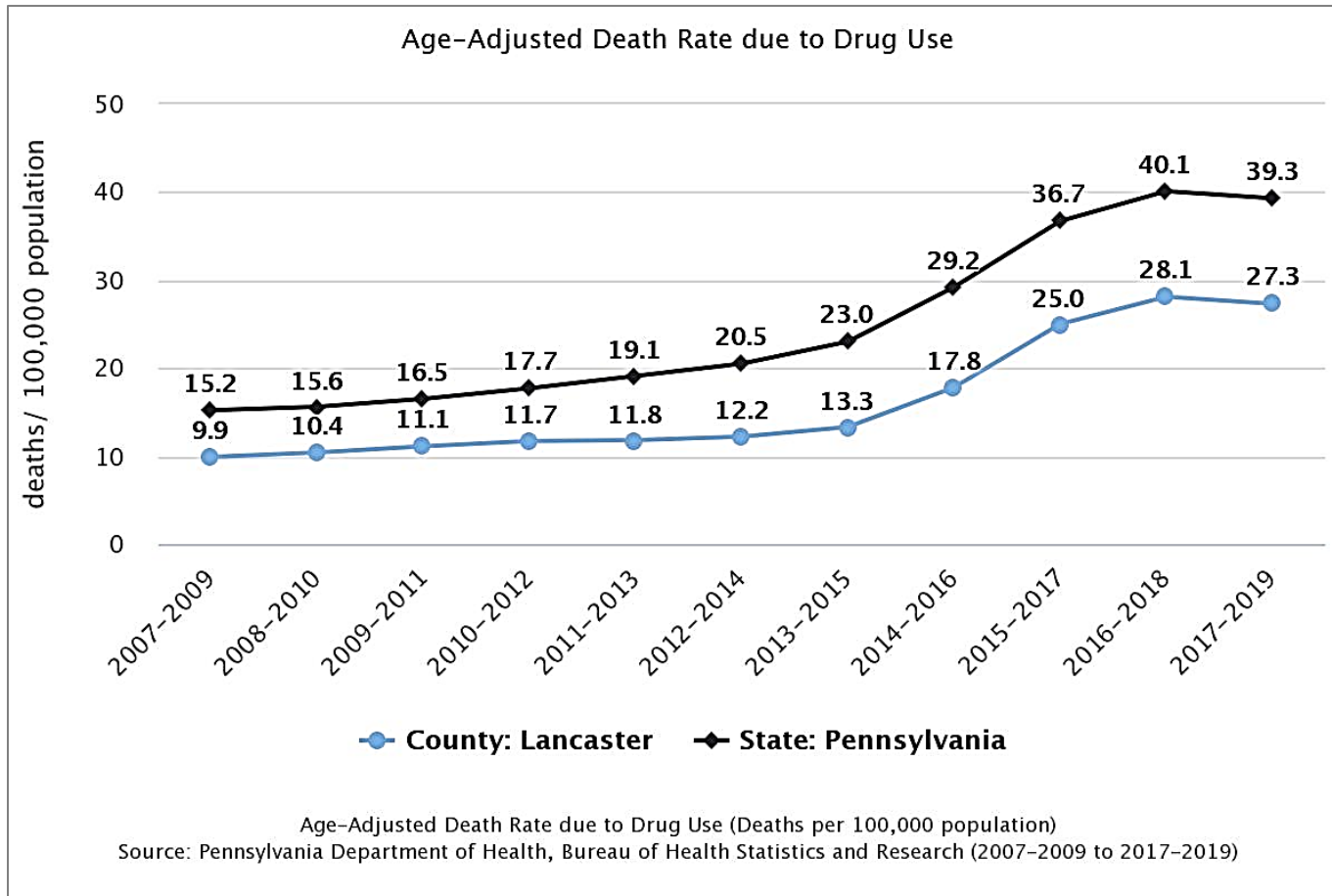|	Lancaster Region (Lebanon, Dauphin, Lancaster, York, Adams)		Significant Change from 2010 to 2018?	Pennsylvania		Significant Change from 2010 to 2018?
	2008-2010	**2016-2018**		**2008-2010**	**2016-2018**	
Marijuana Use in the Past Year (Age 12+)	8.10%	10.88%	Increase	10.22%	13.98%	Increase
Marijuana Use in the Past Month (Age 12+)	4.14%	6.79%	Increase	5.89%	8.48%	Increase
Cocaine Use in the Past Year (Age 12+)	1.81%	1.67%		2.10%	2.05%	
Tobacco Product Use in the Past Month (Age 12+)	29.55%	26.48%		30.78%	25.88%	Decrease
Alcohol Use Disorder in the Past Year (Age 12+)	6.32%	4.43%	Decrease	6.78%	5.01%	Decrease

Data Source: National Survey on Drug Use and Health, Substate Estimates
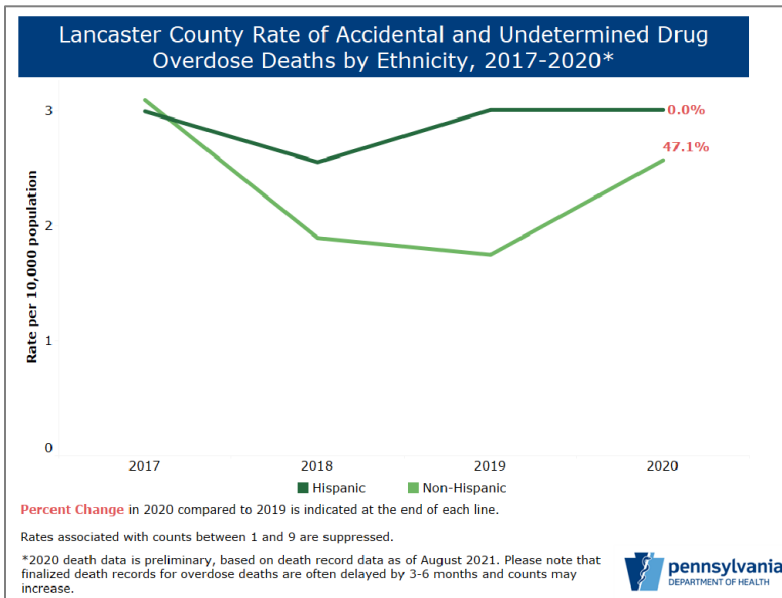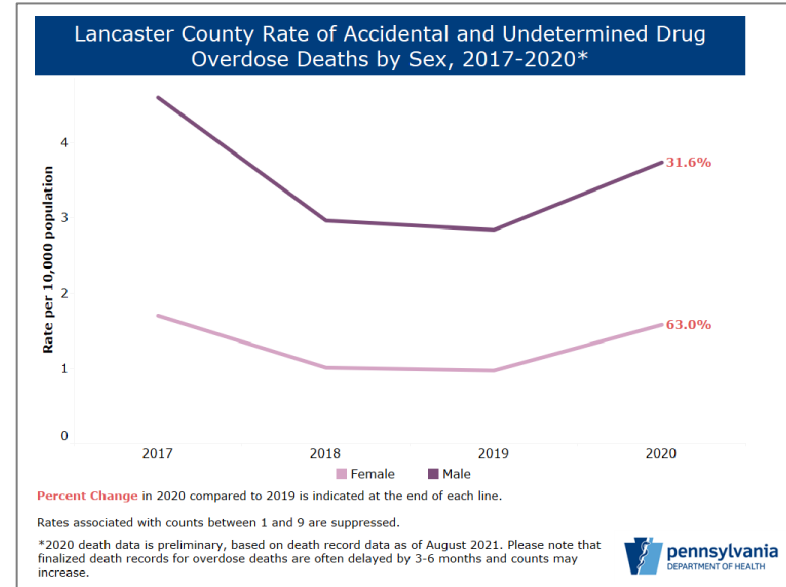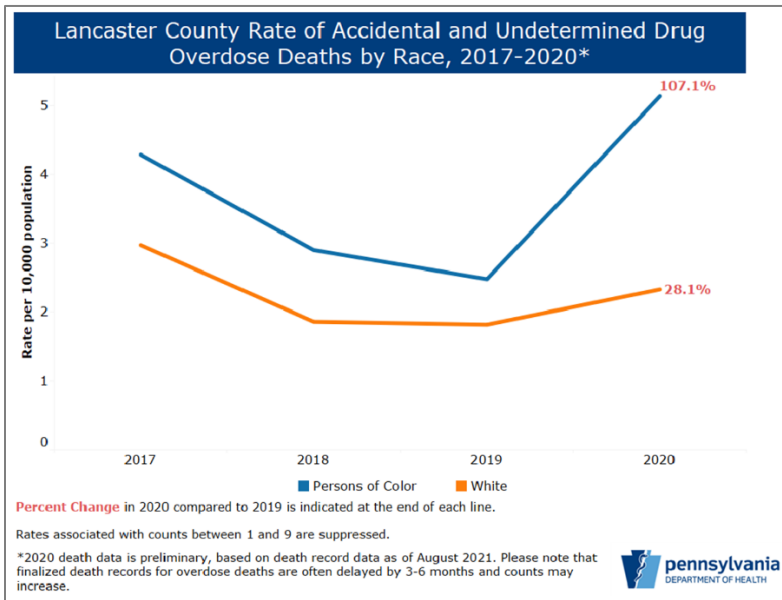
D9. Drug Overdose Deaths in Lancaster County
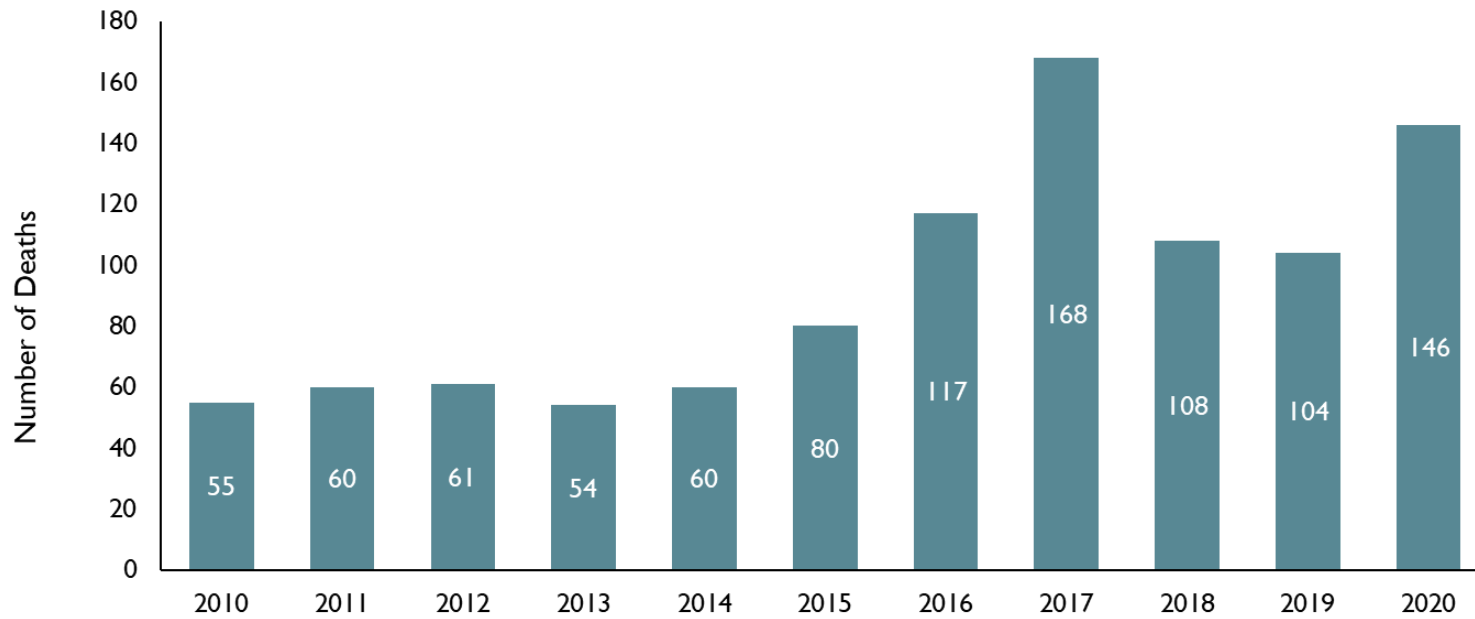
Data Sources: Compiled by Penn Medicine LG Health from Pennsylvania Death Certificate Dataset, 2009-2013; Pennsylvania State Coroners Association Report on Overdose Death Statistics, 2014; Analysis of Drug Related Overdose Deaths in Pennsylvania, 2015; Analysis of Overdose Deaths in Pennsylvania, 2016; Lancaster County Coroner's Office

D10. Trend in Age-Adjusted Drug Overdose Death Rates in Lancaster and PA

Age–Adjusted Death Rate due to Drug Use

deaths/ 100,000 population

Period	County: Lancaster	State: Pennsylvania
2007–2009	9.9	15.2
2008–2010	10.4	15.6
2009–2011	11.1	16.5
2010–2012	11.7	17.7
2011–2013	11.8	19.1
2012–2014	12.2	20.5
2013–2015	13.3	23.0
2014–2016	17.8	29.2
2015–2017	25.0	36.7
2016–2018	28.1	40.1
2017–2019	27.3	39.3

Age–Adjusted Death Rate due to Drug Use (Deaths per 100,000 population)
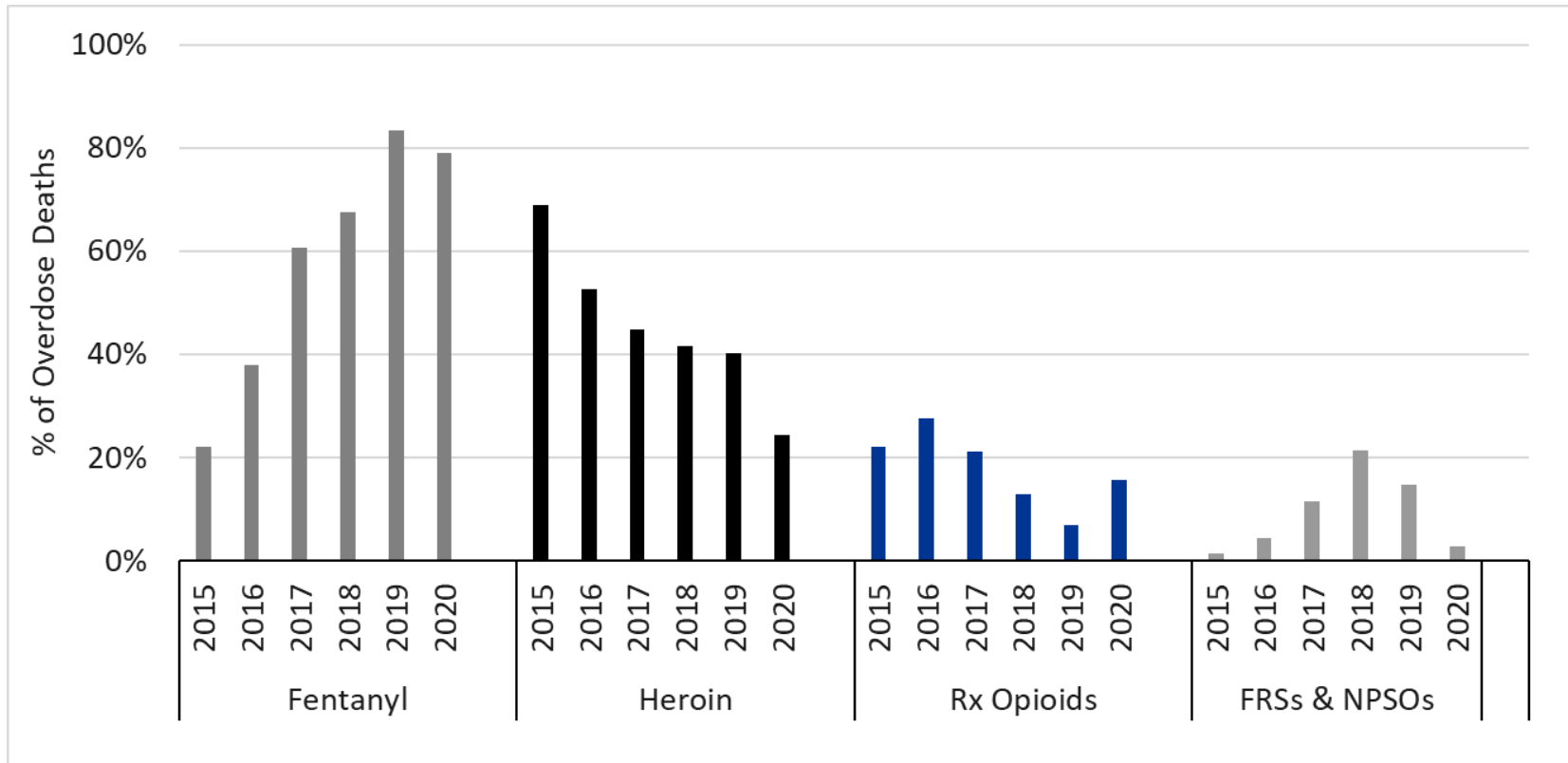Source: Pennsylvania Department of Health, Bureau of Health Statistics and Research (2007–2009 to 2017–2019)

Data Source: Pennsylvania Department of Health

D11. Disparities in Overdose Deaths by Race, Sex, and Ethnicity

Lancaster County Rate of Accidental and Undetermined Drug Overdose Deaths by Race, 2017-2020*

Percent Change in 2020 compared to 2019 is indicated at the end of each line.

Rates associated with counts between 1 and 9 are suppressed.

*2020 death data is preliminary, based on death record data as of August 2021. Please note that finalized death records for overdose deaths are often delayed by 3-6 months and counts may increase.

Lancaster County Rate of Accidental and Undetermined Drug Overdose Deaths by Sex, 2017-2020*

Percent Change in 2020 compared to 2019 is indicated at the end of each line.

Rates associated with counts between 1 and 9 are suppressed.

*2020 death data is preliminary, based on death record data as of August 2021. Please note that finalized death records for overdose deaths are often delayed by 3-6 months and counts may increase.

Lancaster County Rate of Accidental and Undetermined Drug Overdose Deaths by Ethnicity, 2017-2020*

Percent Change in 2020 compared to 2019 is indicated at the end of each line.

Rates associated with counts between 1 and 9 are suppressed.

*2020 death data is preliminary, based on death record data as of August 2021. Please note that finalized death records for overdose deaths are often delayed by 3-6 months and counts may increase.
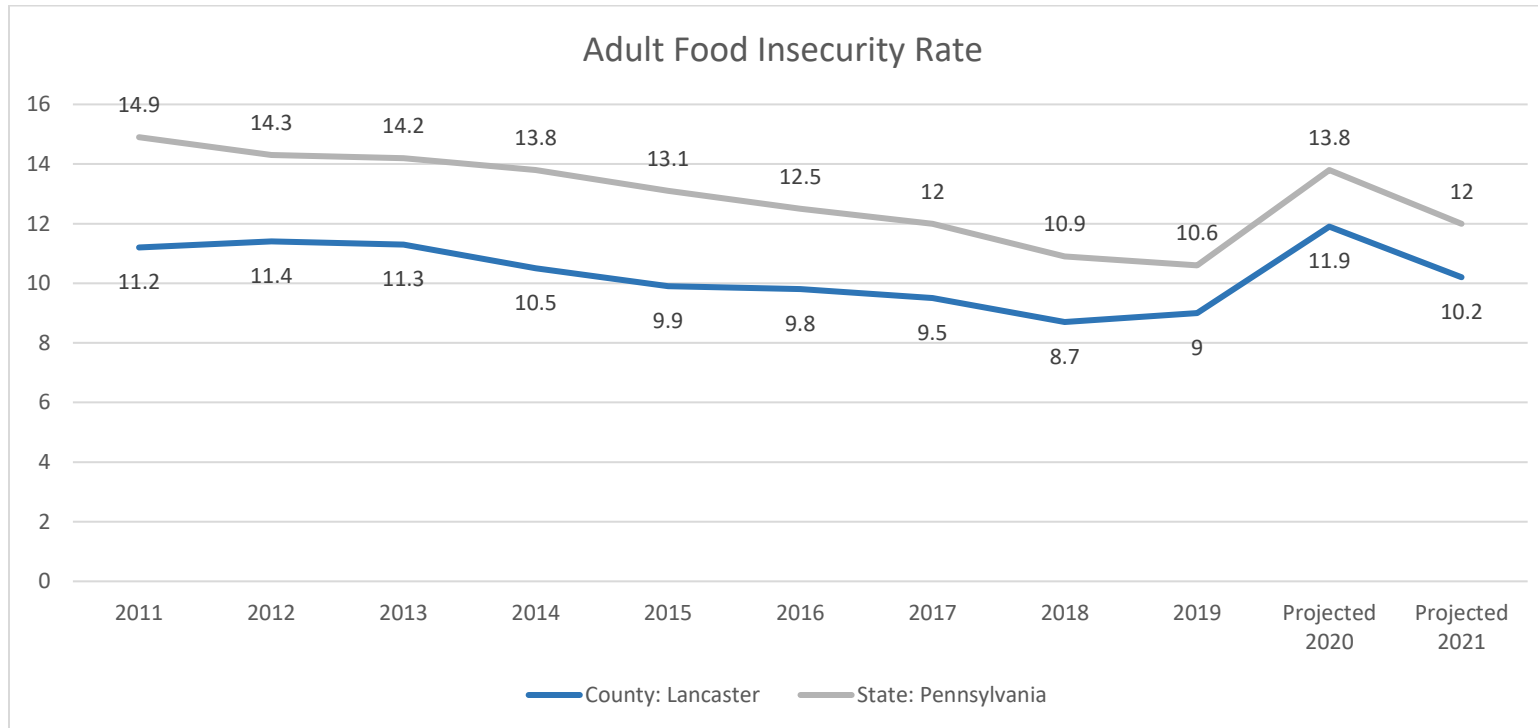
Data Source: Pennsylvania Department of Health (preliminary estimates)

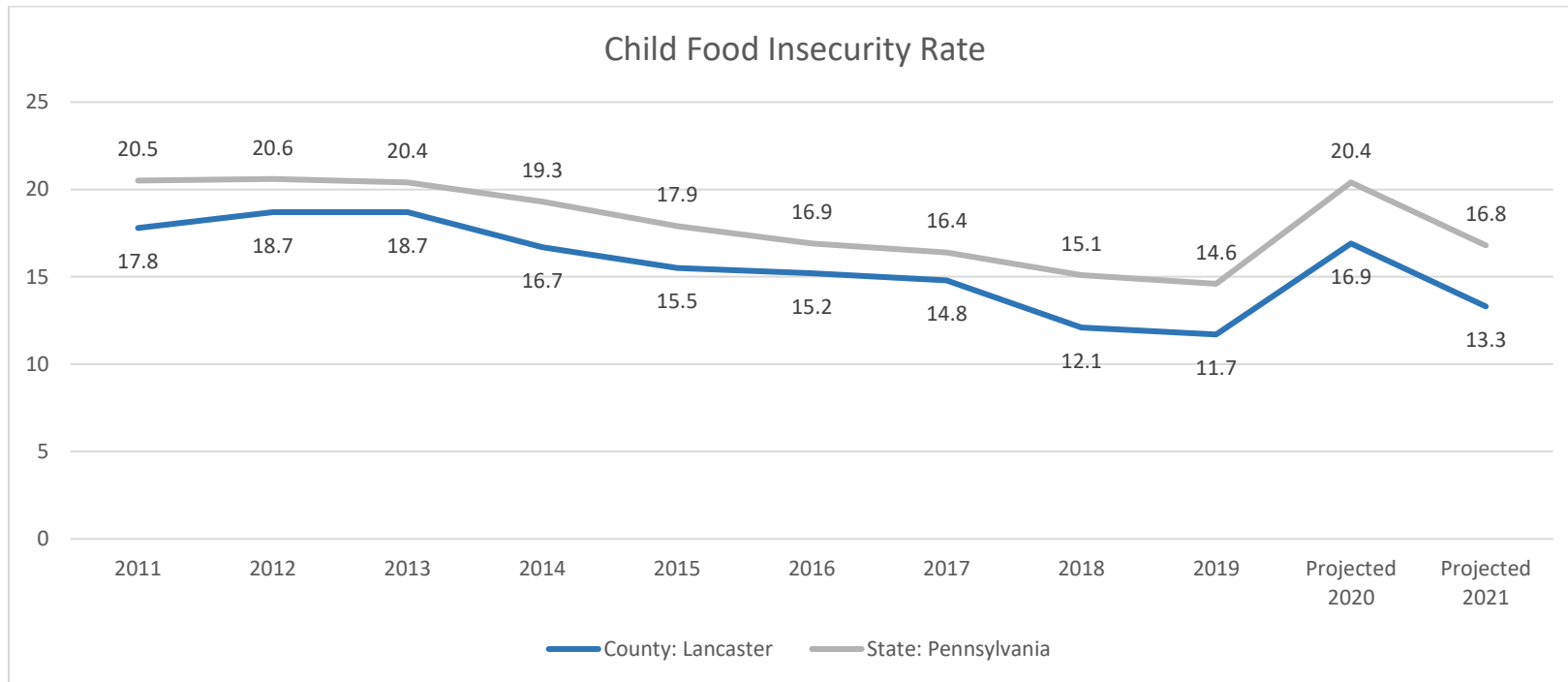**D12. Substances Involved in Drug Overdose Deaths in Lancaster County**

*Data Source: University of Pittsburgh PERU, 2021*

Figure E1. Adult Food Insecurity

Adult Food Insecurity Rate

Data Source: Feeding America. Mind the Meal Gap: Food Insecurity in the United States. 2021.

Figure E2. Child Food Insecurity

Child Food Insecurity Rate

County: Lancaster — State: Pennsylvania

Year	County: Lancaster	State: Pennsylvania
2011	17.8	20.5
2012	18.7	20.6
2013	18.7	20.4
2014	16.7	19.3
2015	15.5	17.9
2016	15.2	16.9
2017	14.8	16.4
2018	12.1	15.1
2019	11.7	14.6
Projected 2020	16.9	20.4
Projected 2021	13.3	16.8

Data Source: Feeding America. Mind the Meal Gap: Food Insecurity in the United States. 2021.

Figure E3. Access to Grocery Stores in Lancaster County

Note: Low access is defined as not having a store within ½ mile in urban area and 10 miles in a rural area.
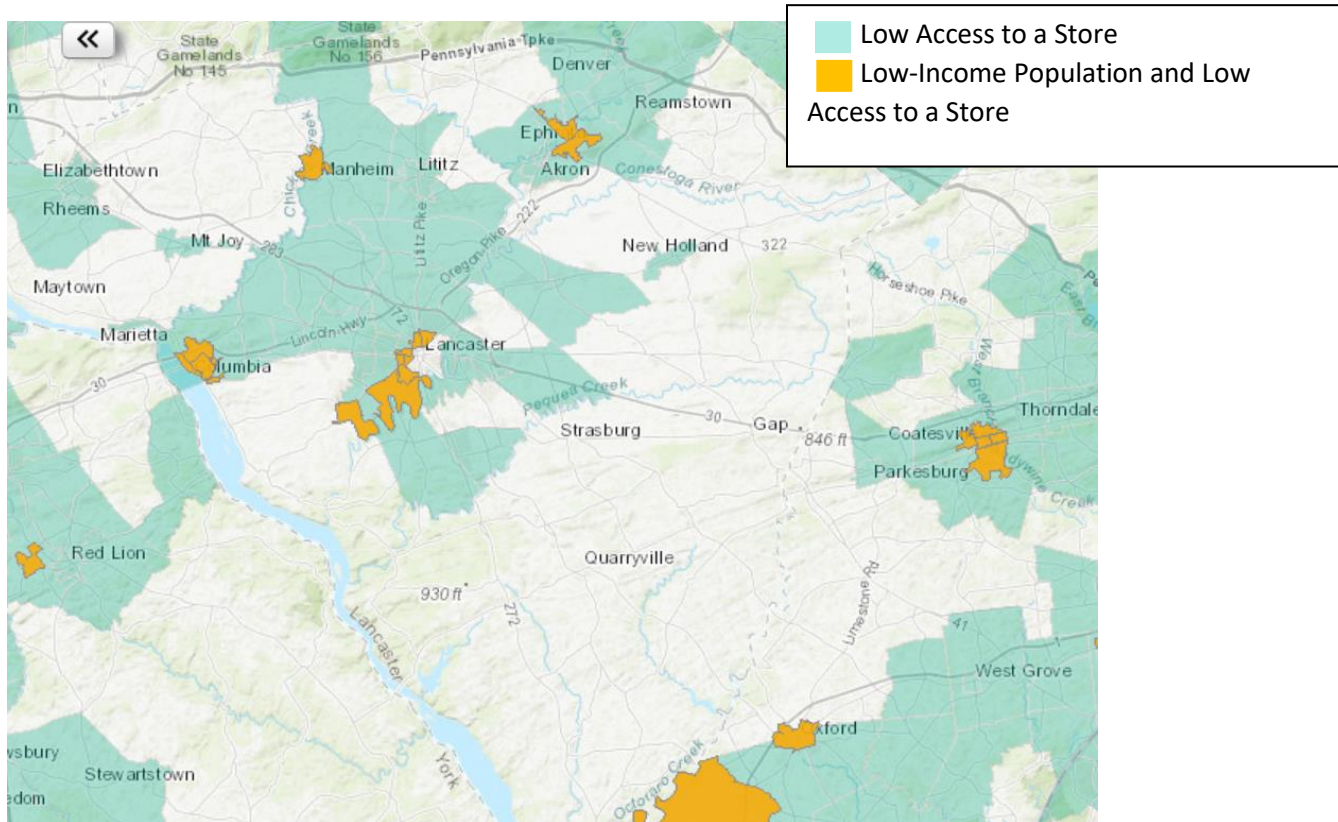
| Food Access Indicator	Estimated Population in Lancaster County, PA
Population with low access to store, 2019	235,309
Low income population with low access to store, 2019	60,658

Data Source: USDA Food Access Research Atlas, https://www.ers.usda.gov/data-products/food-access-research-atlas/

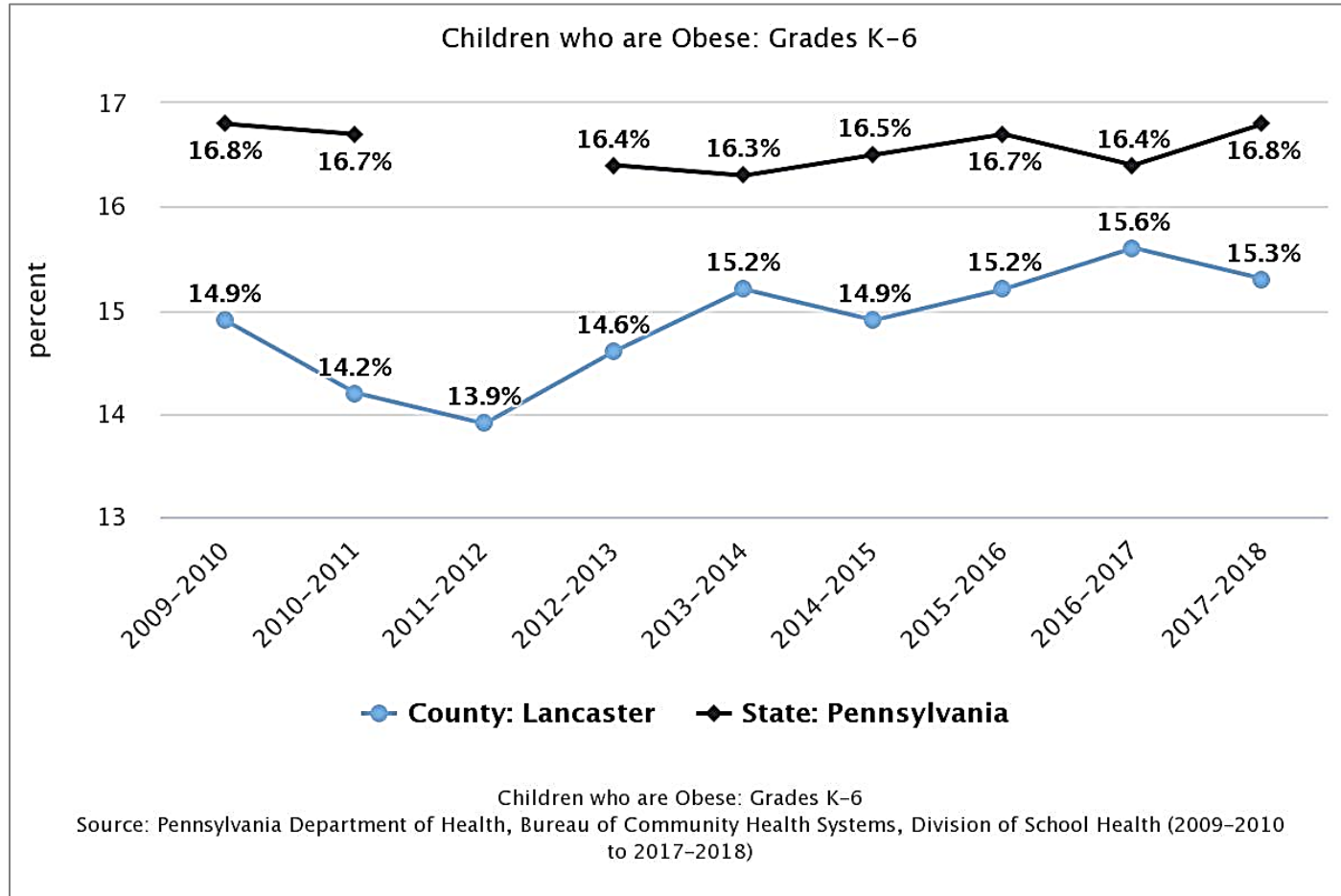**Figure E4. Adults with Obesity**
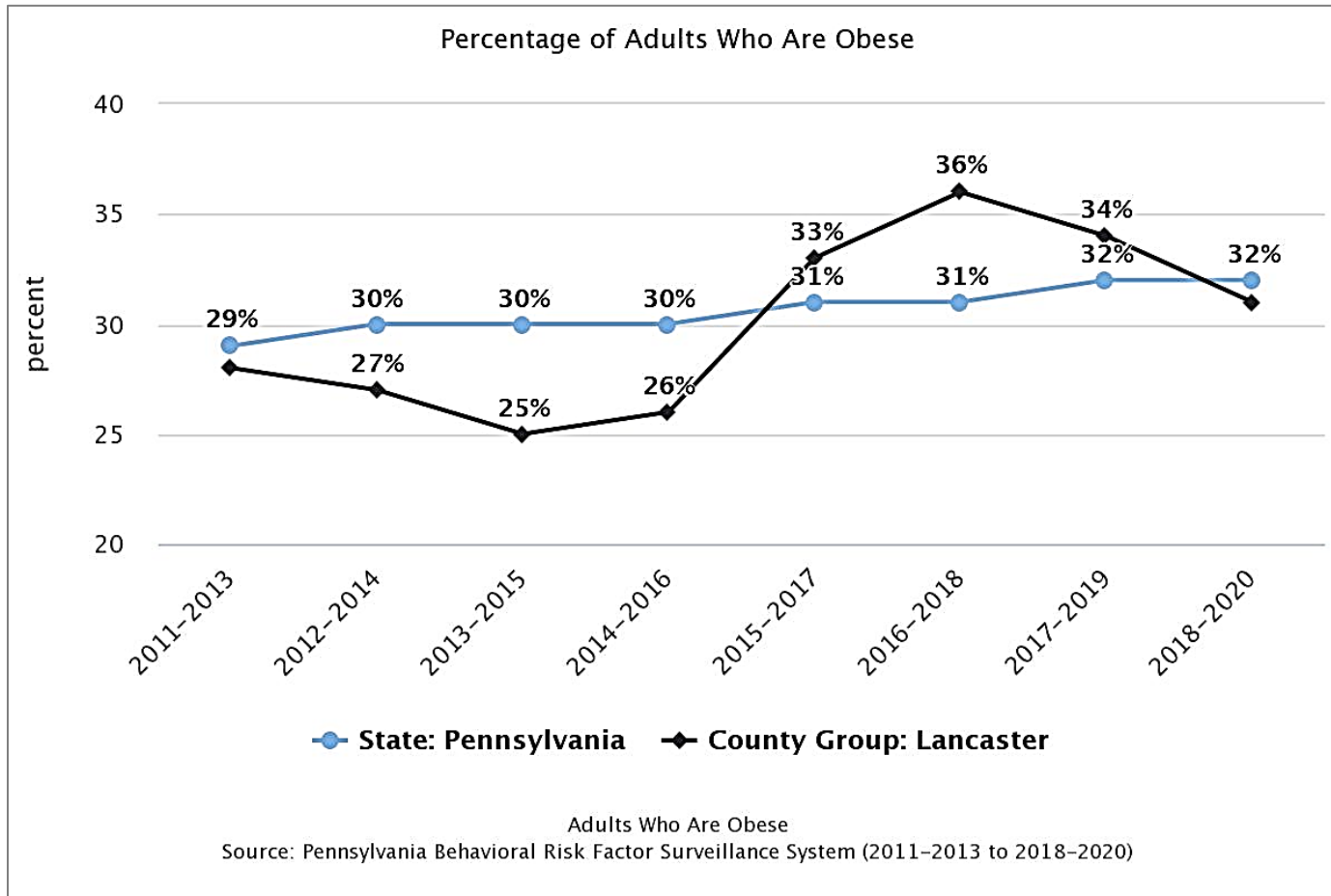
Data Source: Pennsylvania Behavioral Risk Factor Surveillance System, maintained by Conduent Healthy Communities Institute
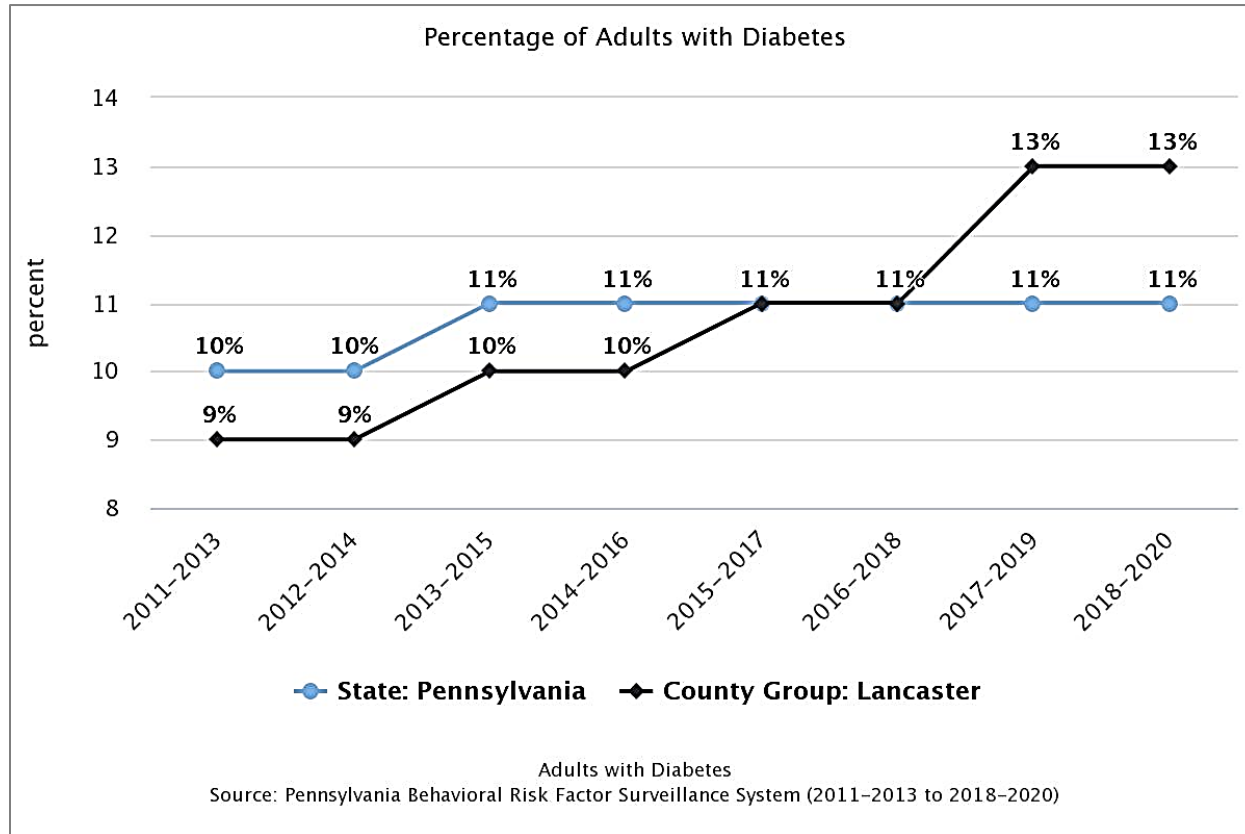
Figure E5. Adults with Obesity by Census Tract
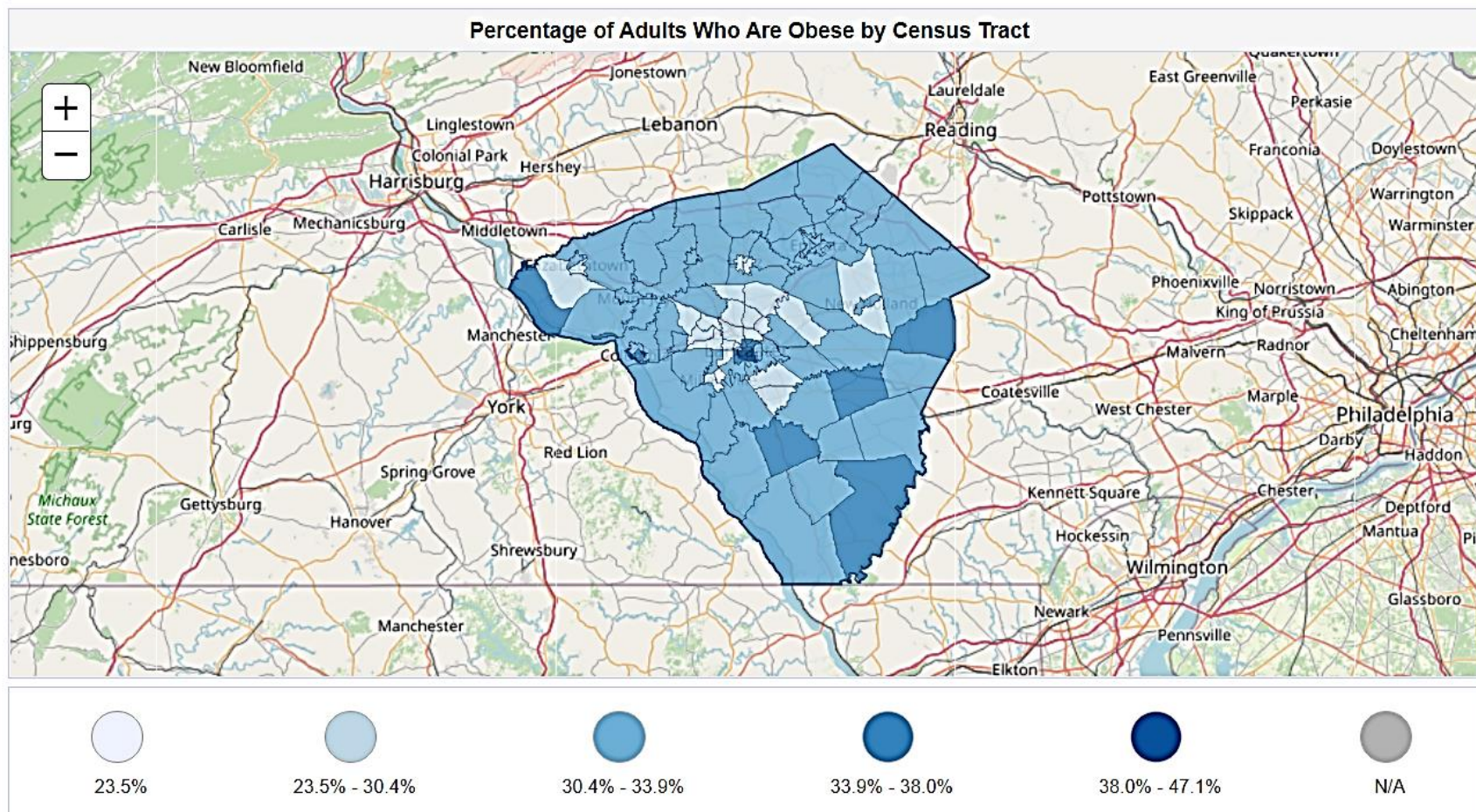
Data Source: CDC PLACES, maintained by Conduent Healthy Communities Institute

Figure E6. Children with Obesity

Children who are Obese: Grades K–6

Source: Pennsylvania Department of Health, Bureau of Community Health Systems, Division of School Health (2009–2010 to 2017–2018)

Data Source: Pennsylvania Department of Health, maintained by Conduent Healthy Communities Institute

Figure E7. Trend in Diabetes

Percentage of Adults with Diabetes

Adults with Diabetes
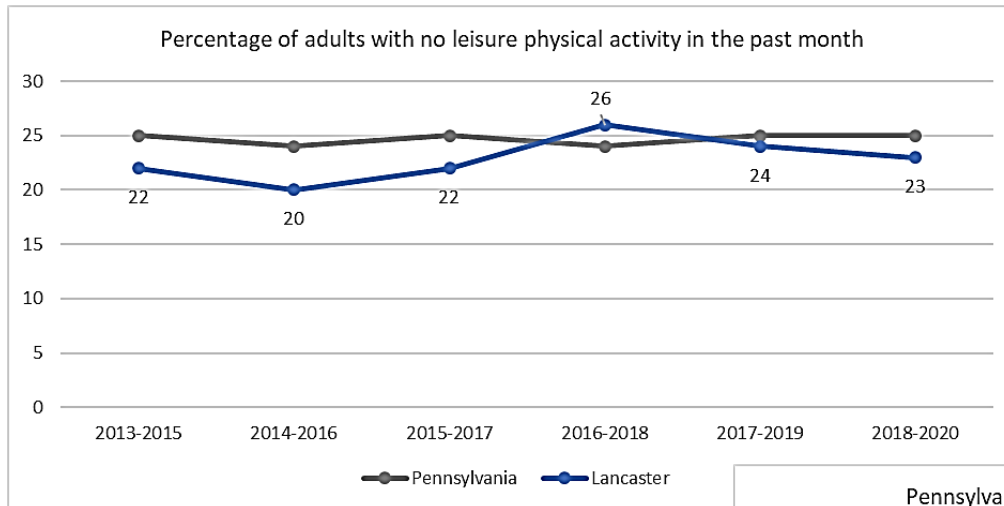Source: Pennsylvania Behavioral Risk Factor Surveillance System (2011–2013 to 2018–2020)

Data Source: Pennsylvania Behavioral Risk Factor Surveillance System, maintained by Conduent Healthy Communities Institute

Figure E8. Adults with Diabetes by Census Tract

Percentage of Adults with Diabetes

| 4.8% - 7.2% | 7.2% - 9.7% | 9.7% - 11.4% | 11.4% - 13.6% | 13.6% - 20.4% | N/A |
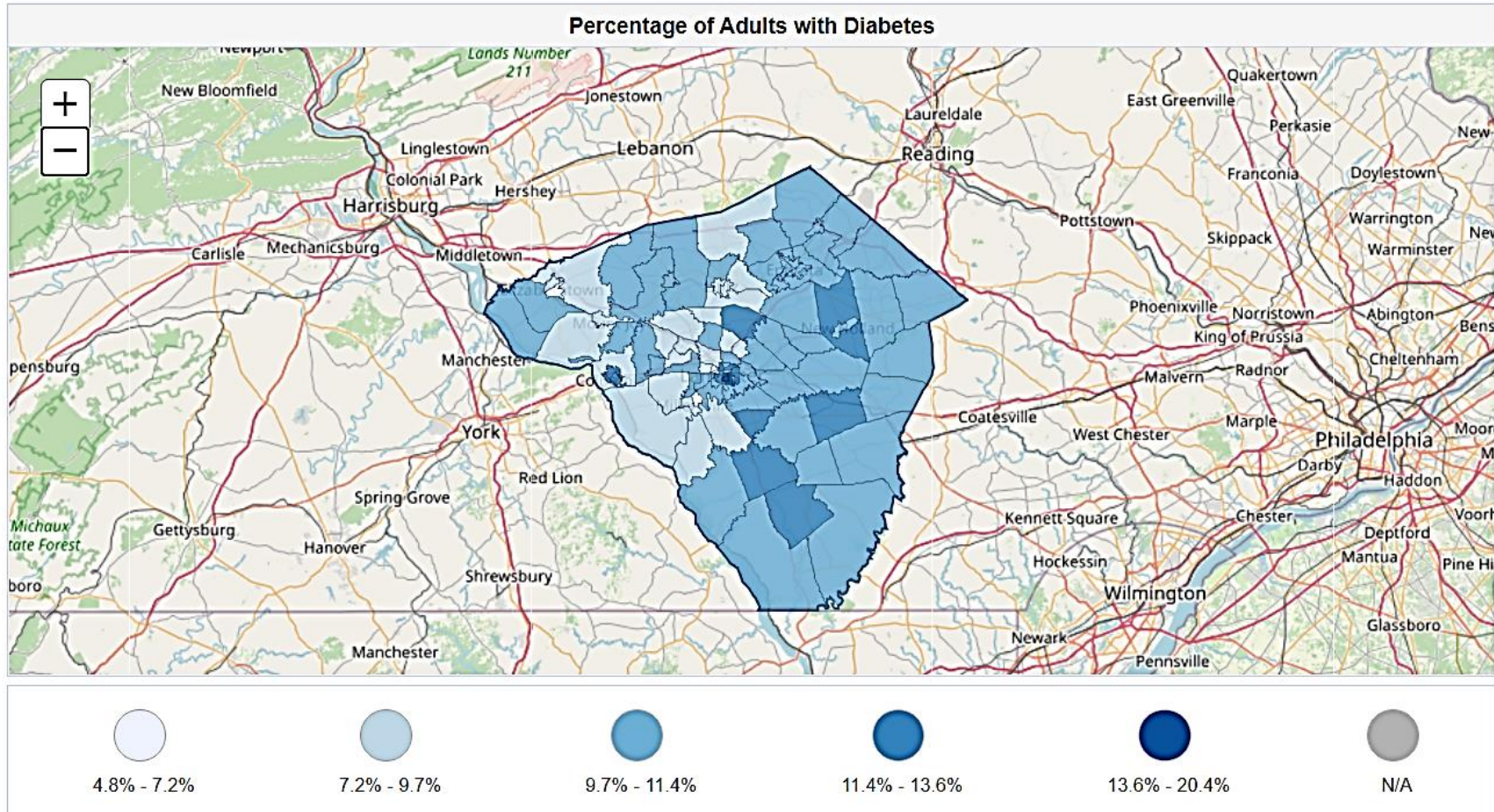
Data Source: CDC PLACES, maintained by Conduent Healthy Communities Institute

E9. Physical Inactivity in Lancaster County and Pennsylvania

Percentage of adults with no leisure physical activity in the past month

Pennsylvania line: 25 (2013-2015), 24 (2014-2016), 25 (2015-2017), 24 (2016-2018), 25 (2017-2019), 25 (2018-2020)

Lancaster values: 22, 20, 22, 26, 24, 23

Legend: Pennsylvania — Lancaster

Data Source: Pennsylvania Behavioral Risk Factor Surveillance System, 2018-2020

Pennsylvania: Percentage of adults with no leisure physical activity

Categories: All Adults; Sex: Female; Sex: Male; Age: 18-44; Age: 45-64; Age: GE 65; Ed: LE High School; Ed: Some College; Ed: College Degree; Inc: LT $25,000; Inc: $25,000-49,999; Inc: GE $50,000; R/E: White, non-Hispanic; R/E: Other (Incld Hispanic)
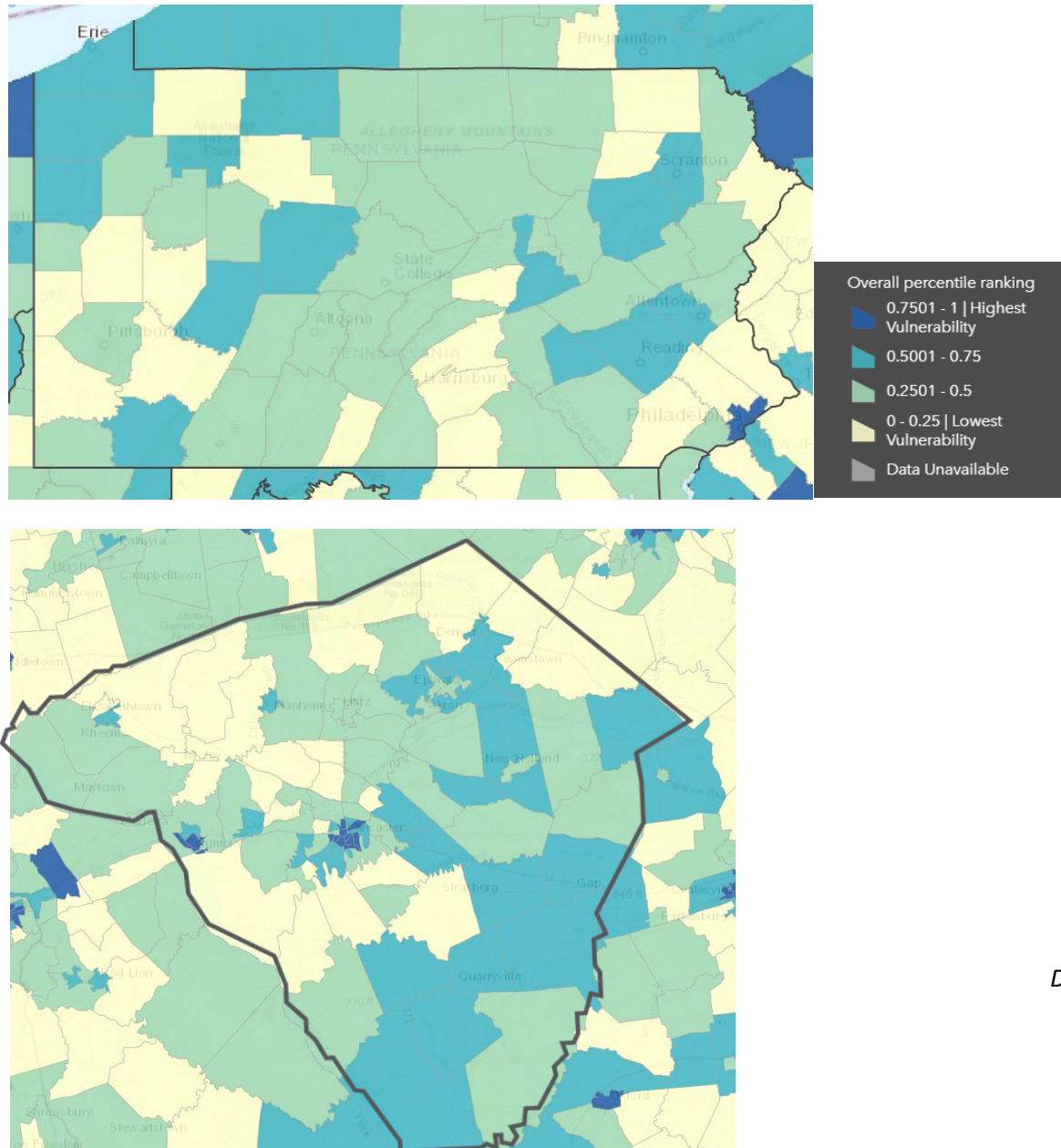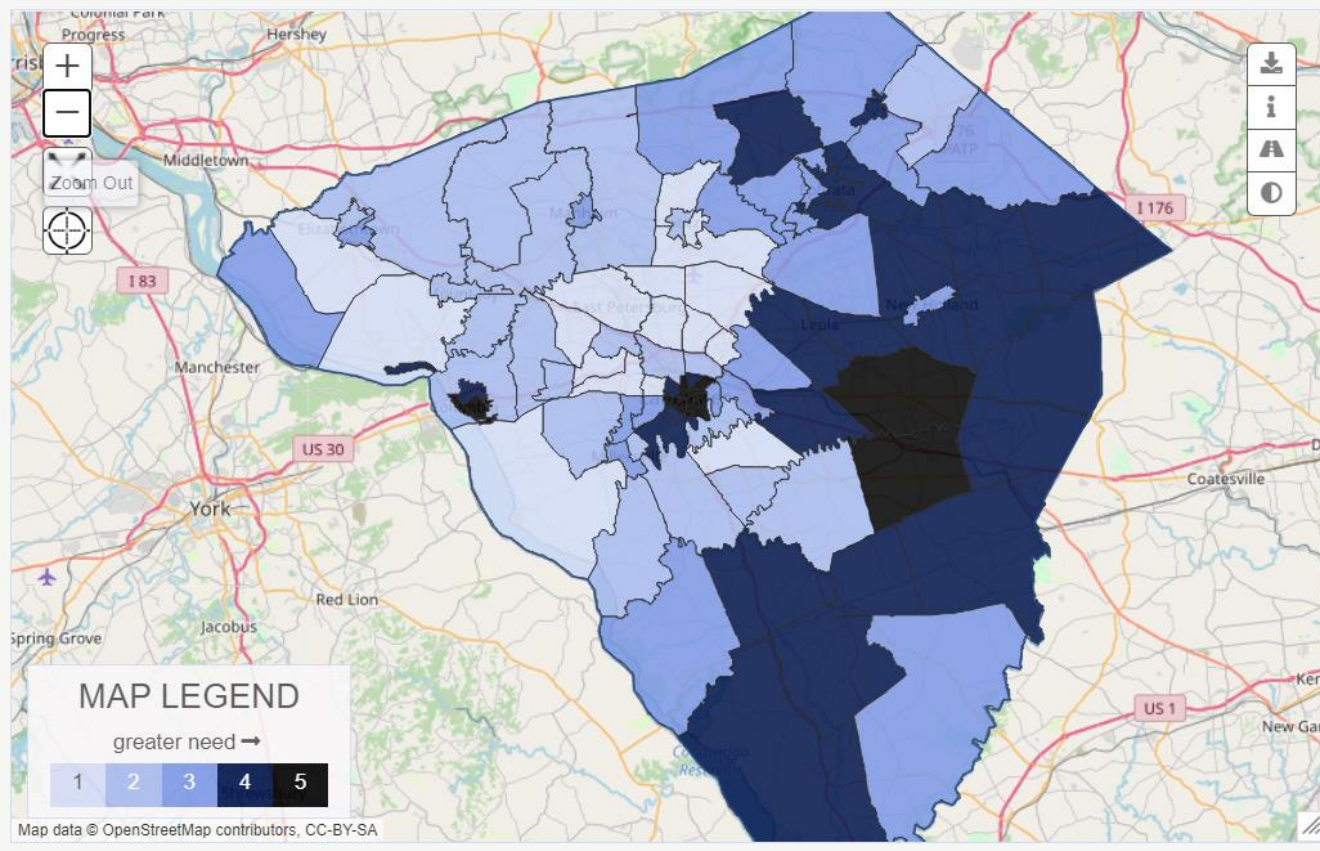
Figure F1. CDC Social Vulnerability Ranking for Pennsylvania and Lancaster County

Data Source: CDC Social Vulnerability Index, 2018
https://svi.cdc.gov/map.html

Figure F2. Healthy Communities Institute SocioNeeds Index

Data Source: Conduent Healthy Communities Institute, accessed at lghealth.org/countyhealthdata

Table F3: Educational Attainment

Completed Education (25 and older)	Estimated Population	Percent of Population
Total population 25 years and over	363973	
Less than 9th grade	24905	6.8
9th to 12th grade, no diploma	29516	8.1
High school graduate (includes equivalency)	128466	35.3
Some college, no degree	53883	14.8
Associate's degree	27932	7.7
Bachelor's degree	63009	17.3
Graduate or professional degree	36262	10
High school graduate or higher	309552	85
Bachelor's degree or higher	99271	27.3

Percent Population with At Least HS Diploma

Insufficient Data
81.47% or less
81.48% - 87.66%
87.67% - 91.53%
91.54% - 94.66%
94.67% or more

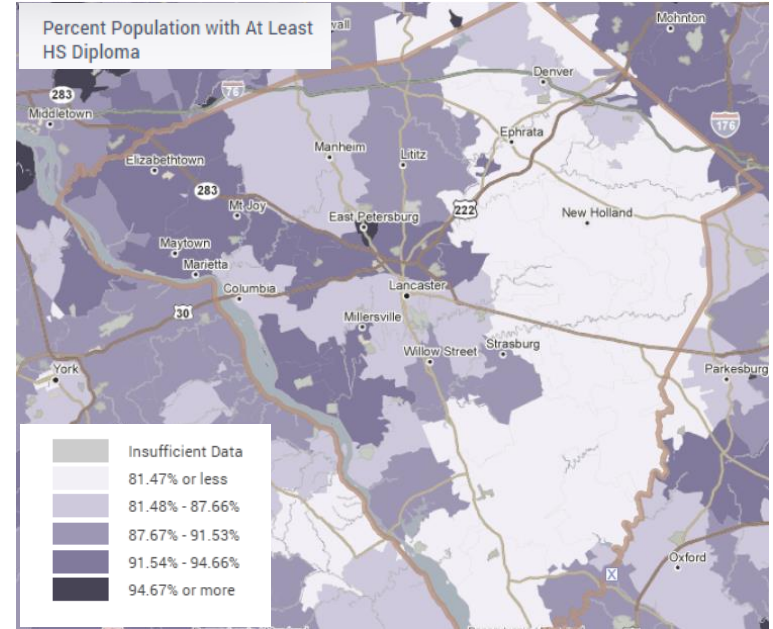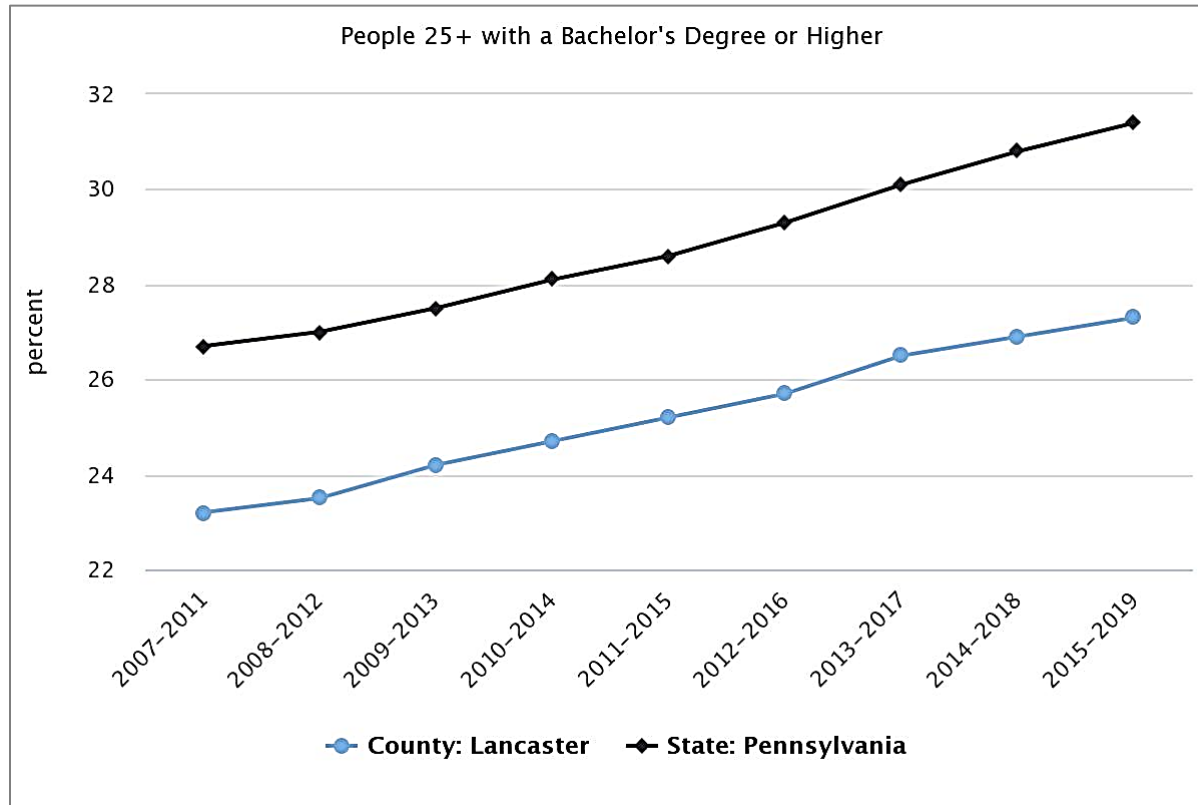*Data Source: American Community Survey 2019 5-year estimates*

Table F4. Educational Attainment by Race & Ethnicity

| Completed Education by Race/Ethnicity	White, non-Hispanic	Black	American Indian or Alaska Native	Asian	Native Hawaiian/ Pacific Islander	Other Race	2+ Races	Hispanic/ Latino
High school graduate or higher (%)	86.3%	84.3%	99.1%	77%	100%	70.7%	80.5%	73.2%
Bachelor's degree or higher (%)	28.5%	18.7%	28.4%	42.7%	0%	7%	29.7%	13.2%

Data Source: American Community Survey 2019 5-year estimates

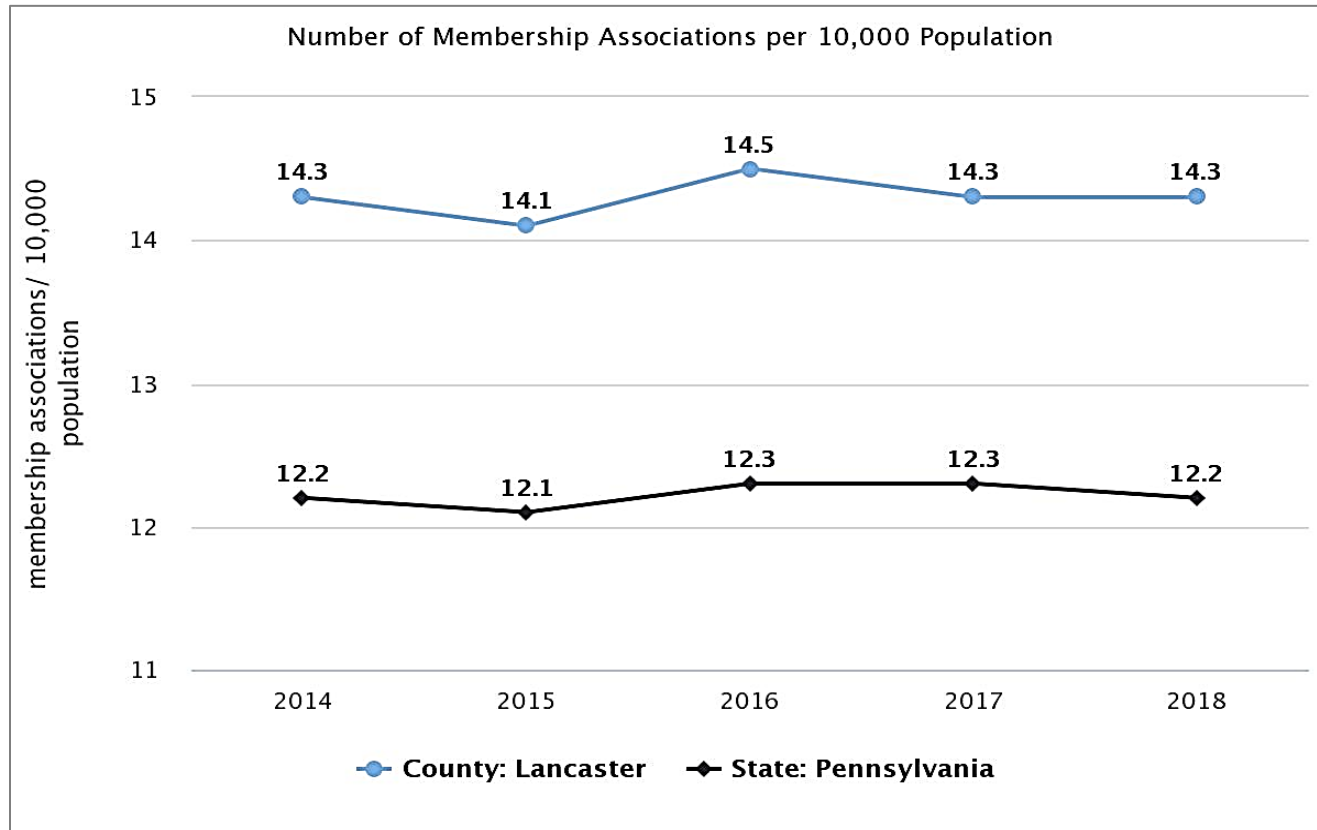**Figure F5. People with a Bachelor's Degree or Higher Trend & Comparison**

People 25+ with a Bachelor's Degree or Higher

Data Source: American Community Survey 2019 5-year estimates

Figure F6. School Drop-Out

Students (grades 7–12) who dropped out of school during the academic year
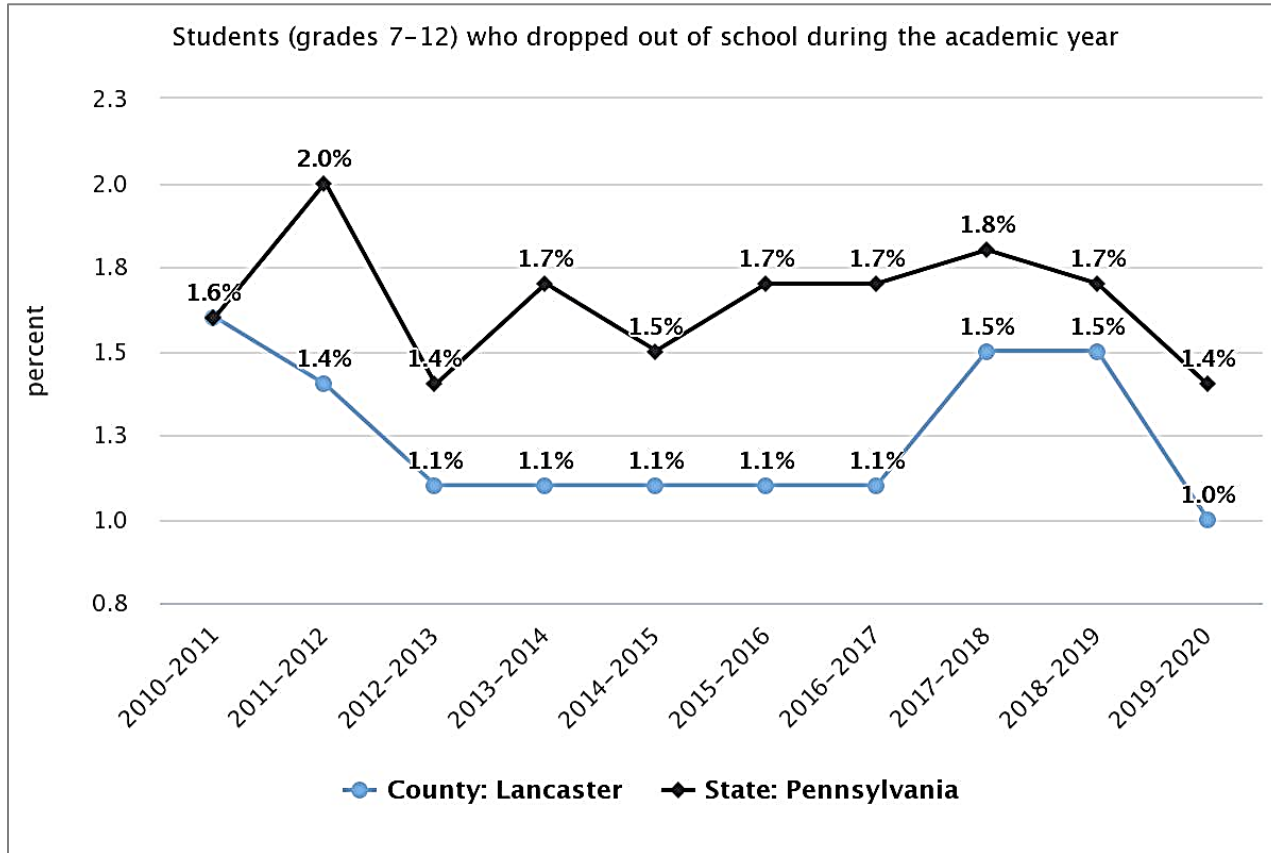
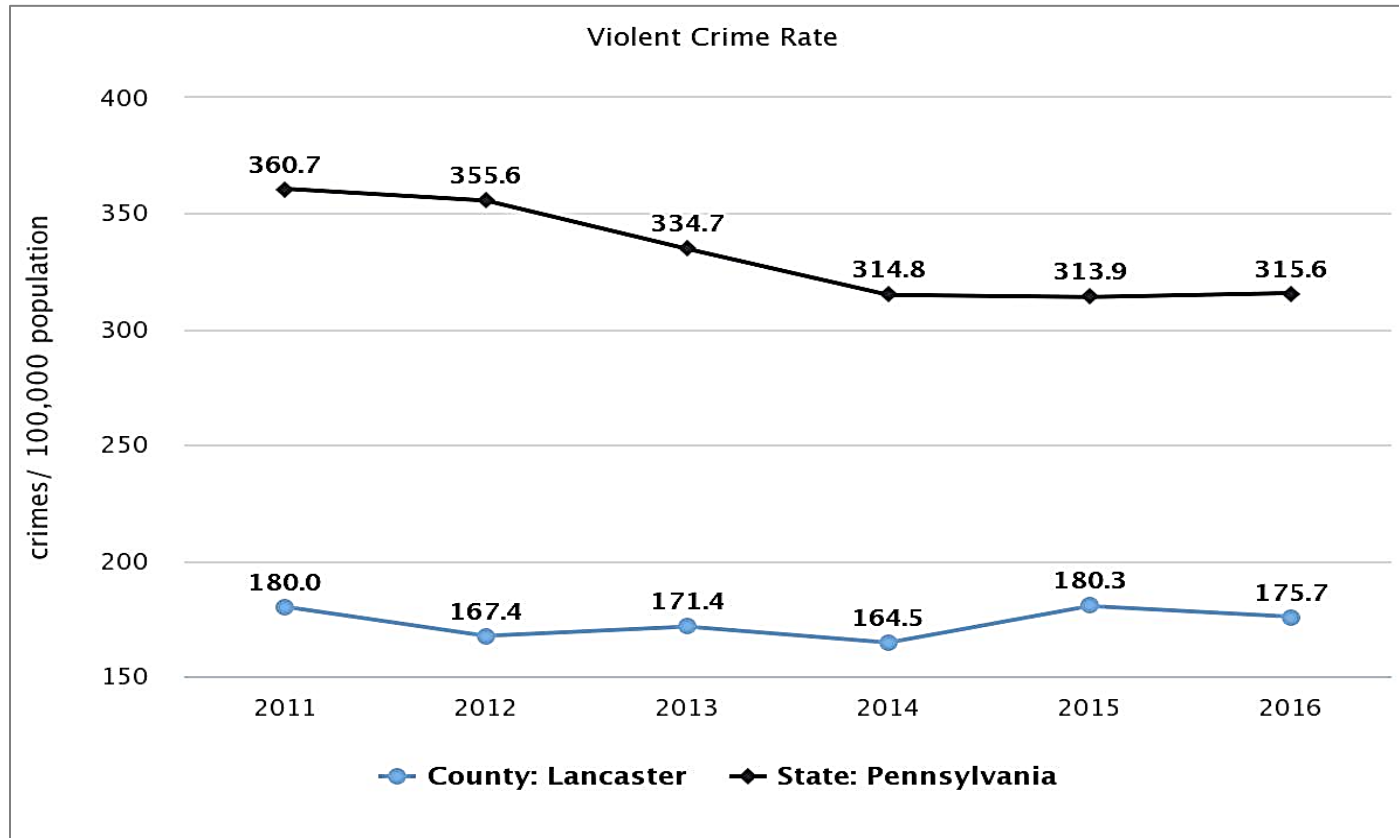*Data Source: Pennsylvania Department of Education, maintained by Healthy Communities Institute*

Figure F7. Membership Associations

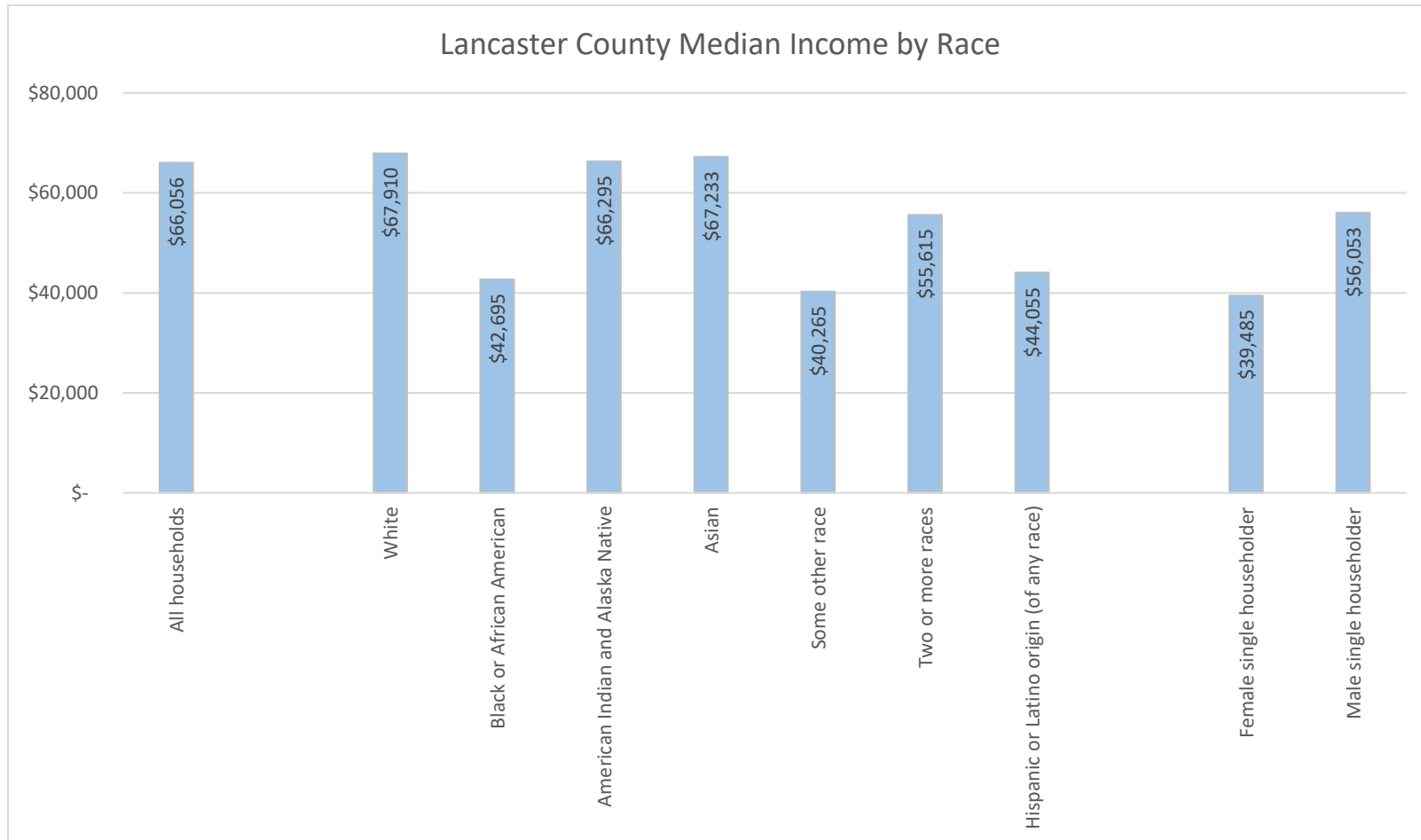Number of Membership Associations per 10,000 Population

membership associations/ 10,000 population

| | 2014 | 2015 | 2016 | 2017 | 2018 |

County: Lancaster — 14.3, 14.1, 14.5, 14.3, 14.3

State: Pennsylvania — 12.2, 12.1, 12.3, 12.3, 12.2

● County: Lancaster   ◆ State: Pennsylvania

Data Source: County Health Rankings, maintained by Conduent Healthy Communities Institute

Figure F8. Violent Crime

Violent Crime Rate

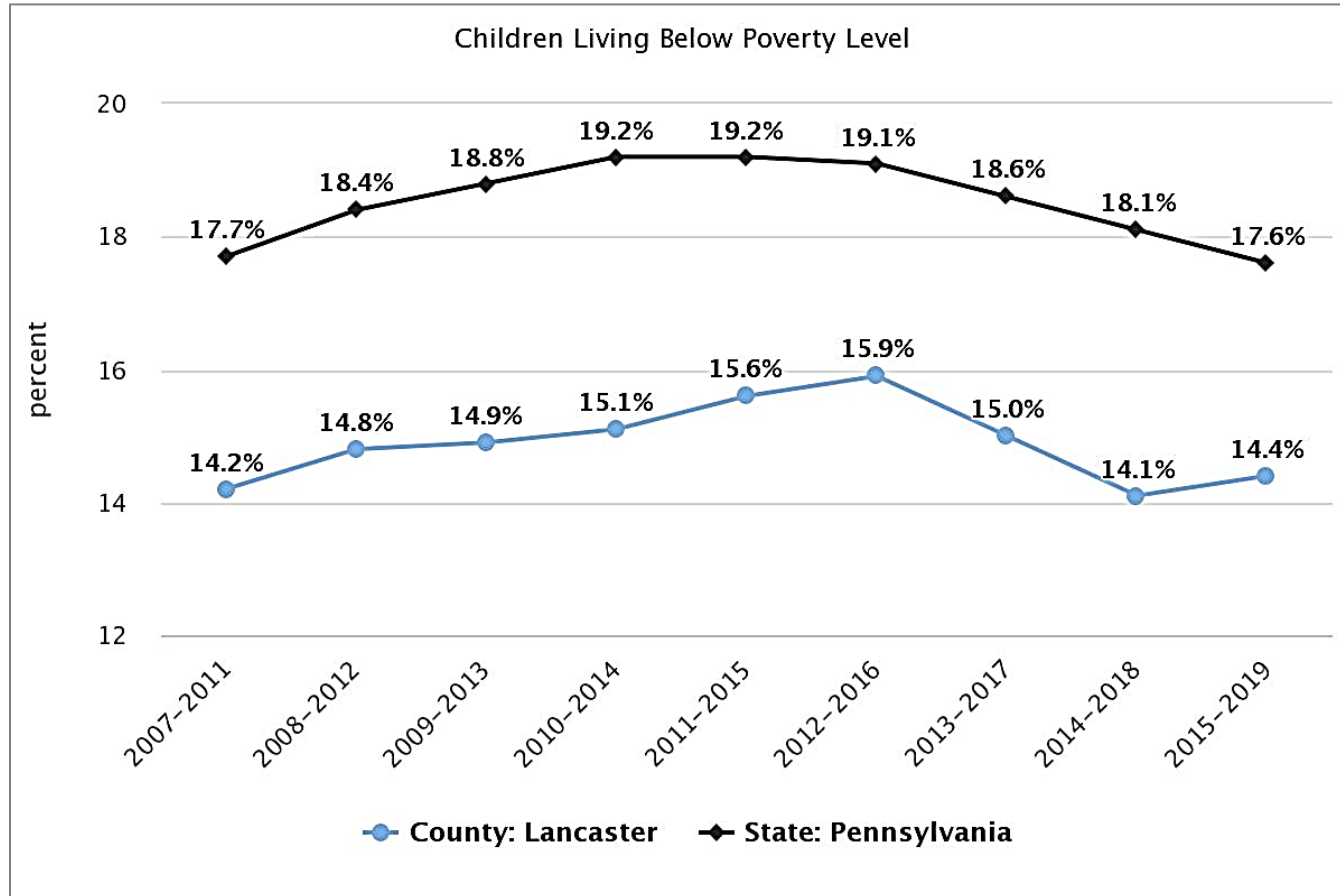State: Pennsylvania values: 360.7, 355.6, 334.7, 314.8, 313.9, 315.6

County: Lancaster values: 180.0, 167.4, 171.4, 164.5, 180.3, 175.7

Years: 2011, 2012, 2013, 2014, 2015, 2016

y-axis: crimes/ 100,000 population

Legend: County: Lancaster — State: Pennsylvania

Data Source: Pennsylvania Uniform Crime Reporting System, 2011-2016

Figure F9. Child Abuse Reports

Substantiated Cases of Child Abuse - Lancaster County

Data values by year:
- 2004: 140
- 2005: 117
- 2006: 119
- 2007: 99
- 2008: 149
- 2009: 151
- 2010: 136
- 2011: 137
- 2012: 162
- 2013: 97
- 2014: 94
- 2015: 136
- 2016: 147
- 2017: 215
- 2018: 204
- 2019: 164
- 2020: 178

Data Sources:

Annie E. Casey Foundation,
https://datacenter.kidscount.org/
and Pennsylvania Department of Human Services,
Annual Child Protective Services Reports, 2018-2020.

SUBSTANTIATED CHILD ABUSE REPORTS

Figure F10. Median Income

Lancaster County Median Income by Race

Category	Median Income
All households	$66,056
White	$67,910
Black or African American	$42,695
American Indian and Alaska Native	$66,295
Asian	$67,233
Some other race	$40,265
Two or more races	$55,615
Hispanic or Latino origin (of any race)	$44,055
Female single householder	$39,485
Male single householder	$56,053

Data Source: American Community Survey 2019 5-year estimates

F11. Children Living Below Poverty Level

Children Living Below Poverty Level

	percent

State: Pennsylvania values: 17.7%, 18.4%, 18.8%, 19.2%, 19.2%, 19.1%, 18.6%, 18.1%, 17.6%

County: Lancaster values: 14.2%, 14.8%, 14.9%, 15.1%, 15.6%, 15.9%, 15.0%, 14.1%, 14.4%

X-axis: 2007–2011, 2008–2012, 2009–2013, 2010–2014, 2011–2015, 2012–2016, 2013–2017, 2014–2018, 2015–2019

Legend: ● County: Lancaster   ◆ State: Pennsylvania

Y-axis: 12, 14, 16, 18, 20

Data Source: American Community Survey 2019 5-year estimates

Figure F12. Racial Disparities in Child Poverty

Children Living Below Poverty Level by Race/Ethnicity

Category	Percent
Overall	14.4%
American Indian/Alaska Native	0.0%
Asian	9.1%
Black/African American	32.8%
Hispanic/Latino	34.2%
Native Hawaiian/Pacific Islander	0.0%
Other	35.8%
Two or More Races	22.2%
White, non-Hispanic	9.5%
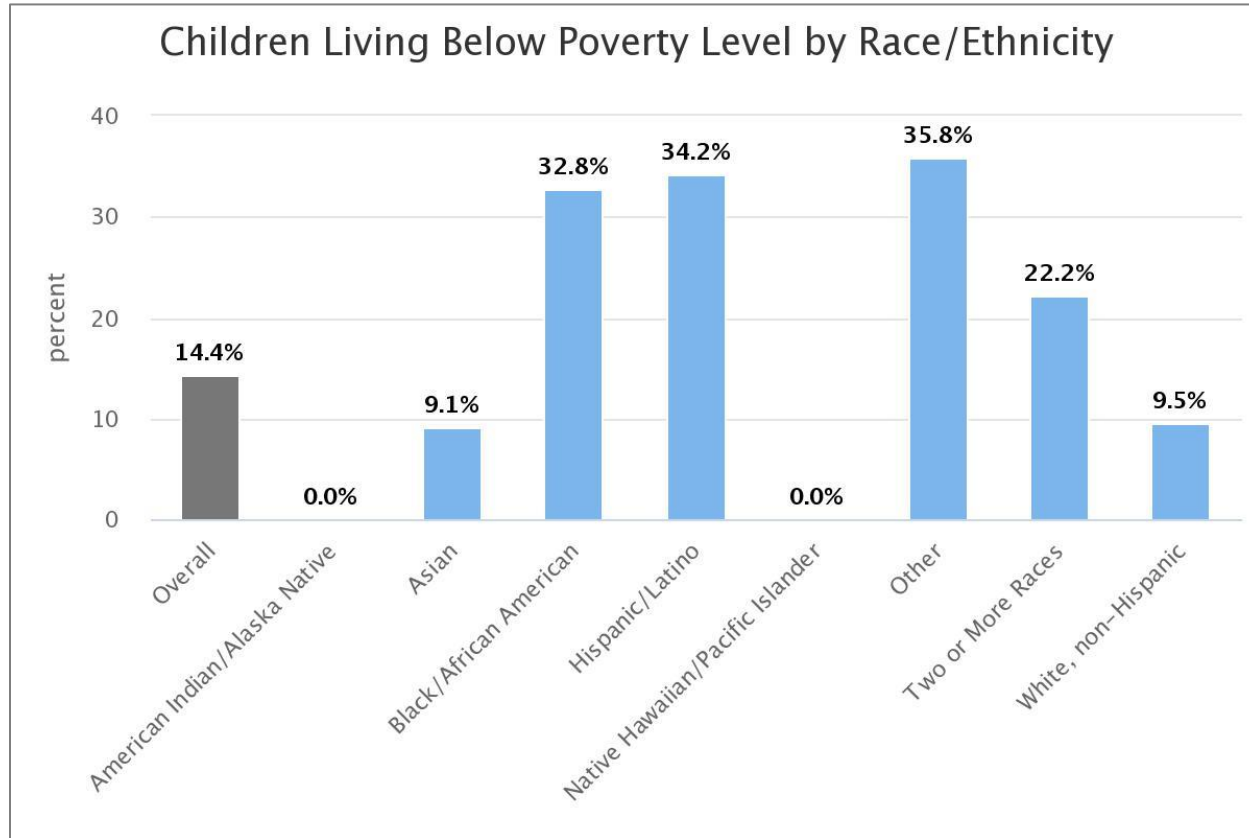
Data Source: American Community Survey 2019 5-year estimates

Figure F13. People Living Below the Poverty Level

People Living Below Poverty Level

State: Pennsylvania values: 12.6%, 13.1%, 13.3%, 13.5%, 13.5%, 13.3%, 13.1%, 12.8%, 12.4%

County: Lancaster values: 9.9%, 10.3%, 10.5%, 10.6%, 10.7%, 10.8%, 10.4%, 10.0%, 10.1%

Years: 2007–2011, 2008–2012, 2009–2013, 2010–2014, 2011–2015, 2012–2016, 2013–2017, 2014–2018, 2015–2019

— County: Lancaster   — State: Pennsylvania

Data Source: American Community Survey 2019 5-year estimates

Figure F14. People Living Below Poverty by Race and Census Tract

People Living Below Poverty Level by Race/Ethnicity

Data Source: American Community Survey 2019 5-year estimates

People Living Below Poverty Level by Census Tract
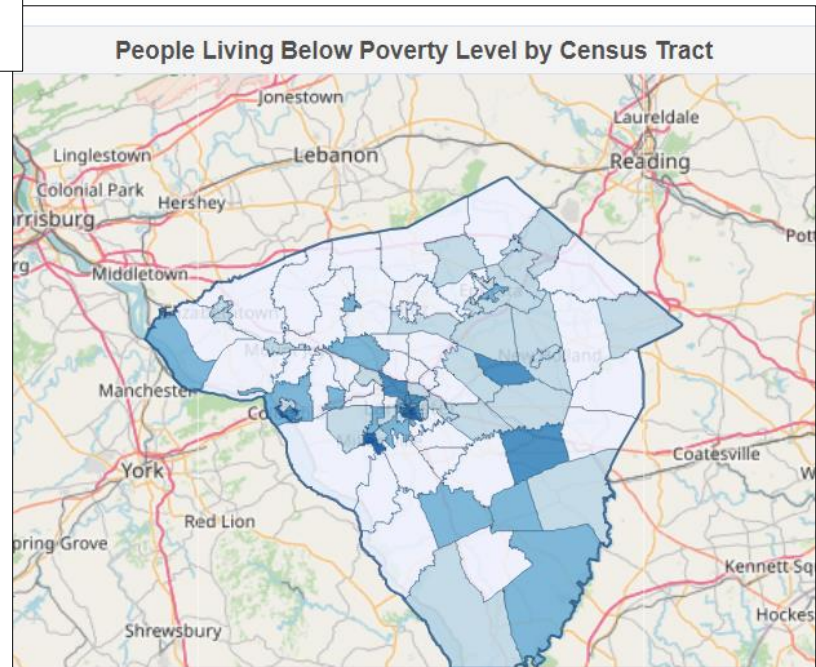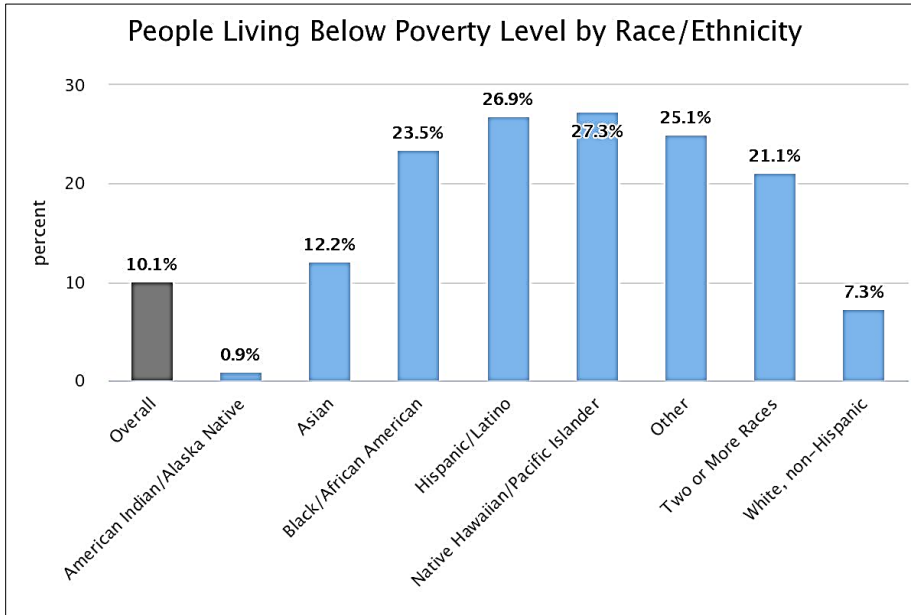
Figure F15. Unemployment
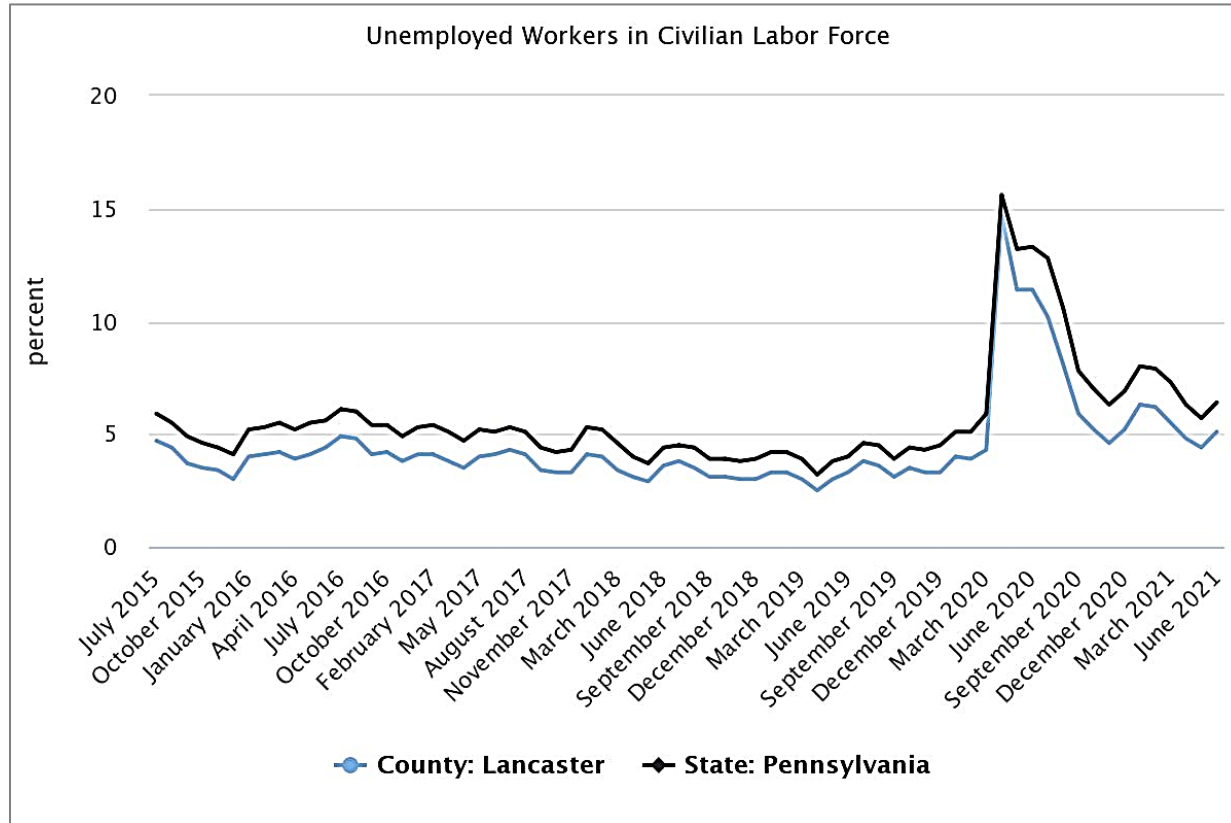
Data Source: Lancaster County EDC

Table F16. Housing Quality

	Pennsylvania		Lancaster County, Pennsylvania		Lancaster City, Pennsylvania	
	Estimate	Percent	Estimate	Percent	Estimate	Percent
HOUSING OCCUPANCY						
Total housing units	5,693,314	5,693,314	210,985	210,985	23,734	23,734
Occupied housing units	5,053,106	88.8%	201,620	95.6%	22,092	93.1%
Vacant housing units	640,208	11.2%	9,365	4.4%	1,642	6.9%
YEAR STRUCTURE BUILT						
Total housing units	5,693,314	5,693,314	210,985	210,985	23,734	23,734
Built 1939 or earlier	1,489,147	26.2%	45,066	21.4%	13,282	56.0%
Built 1979 or earlier (lead risk)	3,964,115	69.6%	117314	55.6%	21,239	89.6%
SELECTED CHARACTERISTICS						
Lacking complete plumbing facilities	19,650	0.4%	871	0.4%	313	1.4%
Lacking complete kitchen facilities	49,382	1.0%	2,411	1.2%	429	1.9%
No telephone service available	83,335	1.6%	6,107	3.0%	604	2.7%

Data Source: American Community Survey 2019 5-year estimates

Figure F17. Housing Affordability

Renters Spending 30% or More of Household Income on Rent
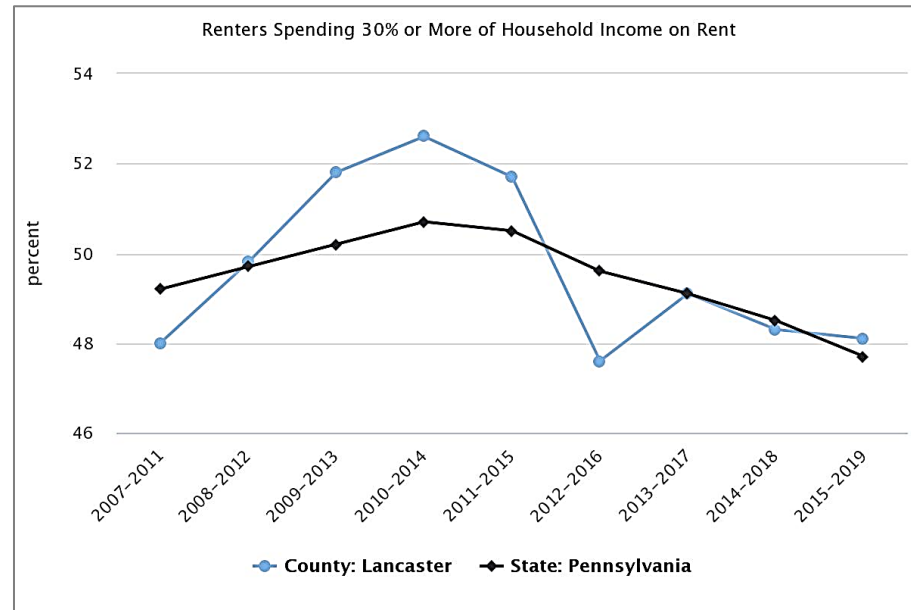
Period	Lancaster County	Pennsylvania
2007-2011	48.00%	49.20%
2008-2012	49.80%	49.70%
2009-2013	51.80%	50.20%
2010-2014	52.60%	50.70%
2011-2015	51.70%	50.50%
2012-2016	47.60%	49.60%
2013-2017	49.10%	49.10%
2014-2018	48.30%	48.50%
2015-2019	48.10%	47.70%

Data Source: American Community Survey 2019 5-year estimates

Figure F18. Healthy Affordable Housing

Households with overcrowding, high housing costs, or lack of kitchen/plumbing facilities
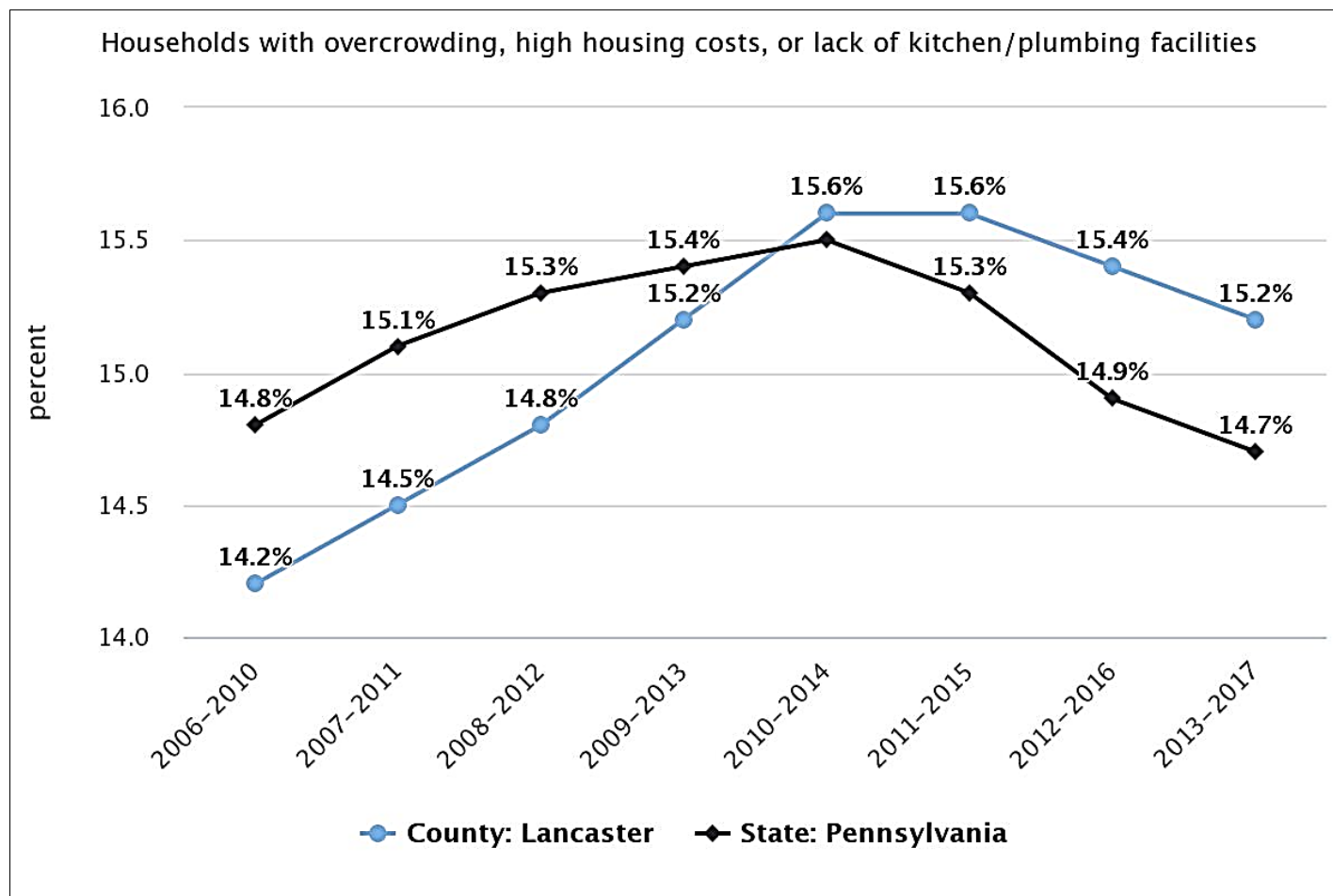
Data Source: Healthy Communities Institute, Accessed October 2021

Figure F19. Access to Transportation

	Pennsylvania		Lancaster County, Pennsylvania		Lancaster City, Pennsylvania	
	Estimate	**Percent**	**Estimate**	**Percent**	**Estimate**	**Percent**
VEHICLES AVAILABLE						
Occupied housing units	5,053,106	5,053,106	201,620	201,620	22,092	22,092
No vehicles available	552,961	10.9%	20,315	10.1%	4,588	20.8%

Data Source: American Community Survey 2019 5-year estimates

Figure F20. Transportation to Work

	Lancaster County	
COMMUTE METHOD TO WORK	Estimate	Percent
Car, truck, or van - drove alone:	207463	78%
Car, truck, or van - carpooled:	26750	10%
Public transportation (excluding taxicab):	3087	1%
Walked:	9134	3%
Taxicab, motorcycle, bicycle, or other means:	4866	2%
Worked from home:	13304	5%

Data Source: American Community Survey 2019 5-year estimates

Figure G1. High Ozone Days in Lancaster County, PA
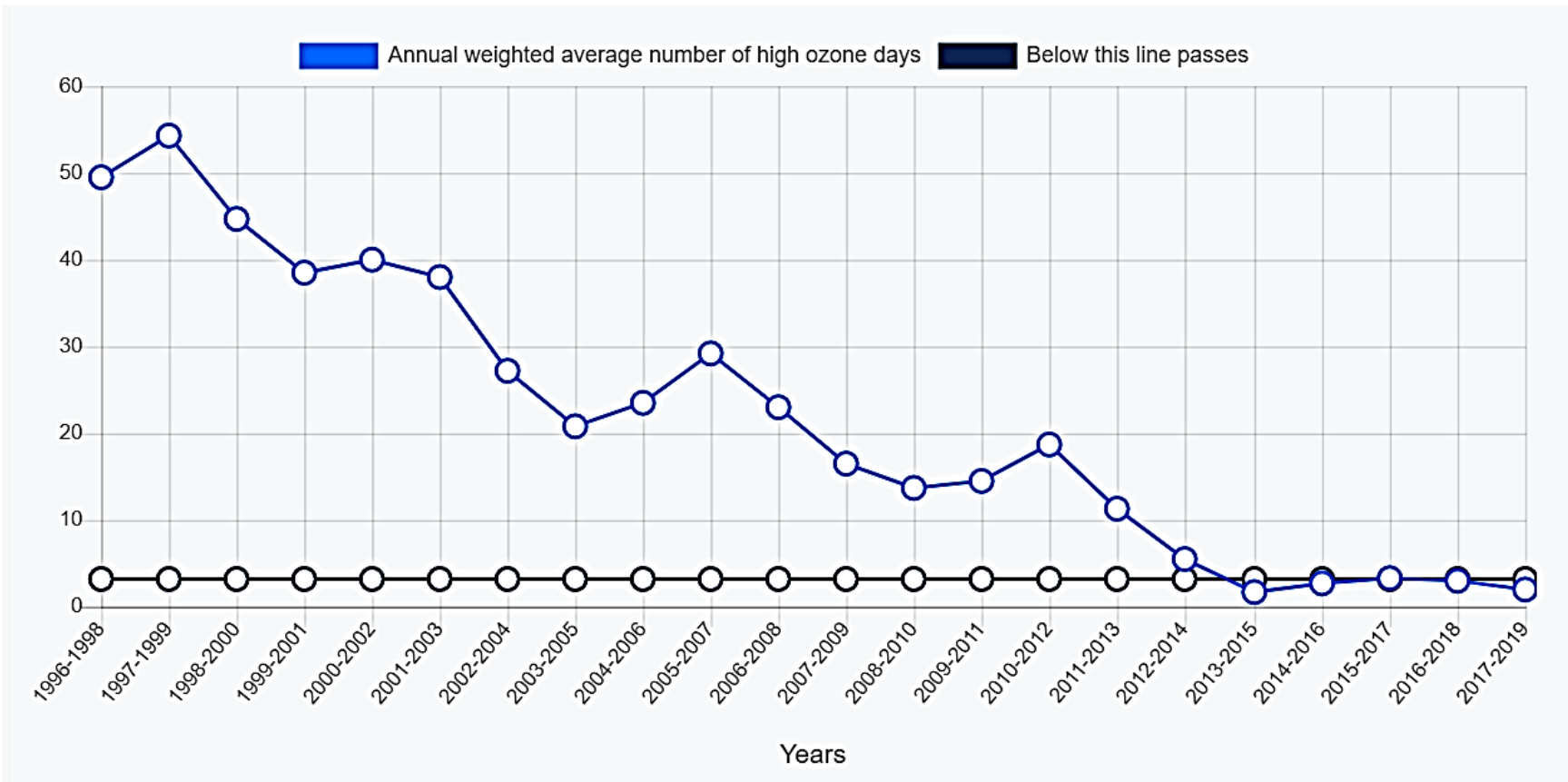
Data Source: American Lung Association State of the Air Report, 2020

Figure G2. 24-Hour Particle Pollution in Lancaster County, PA
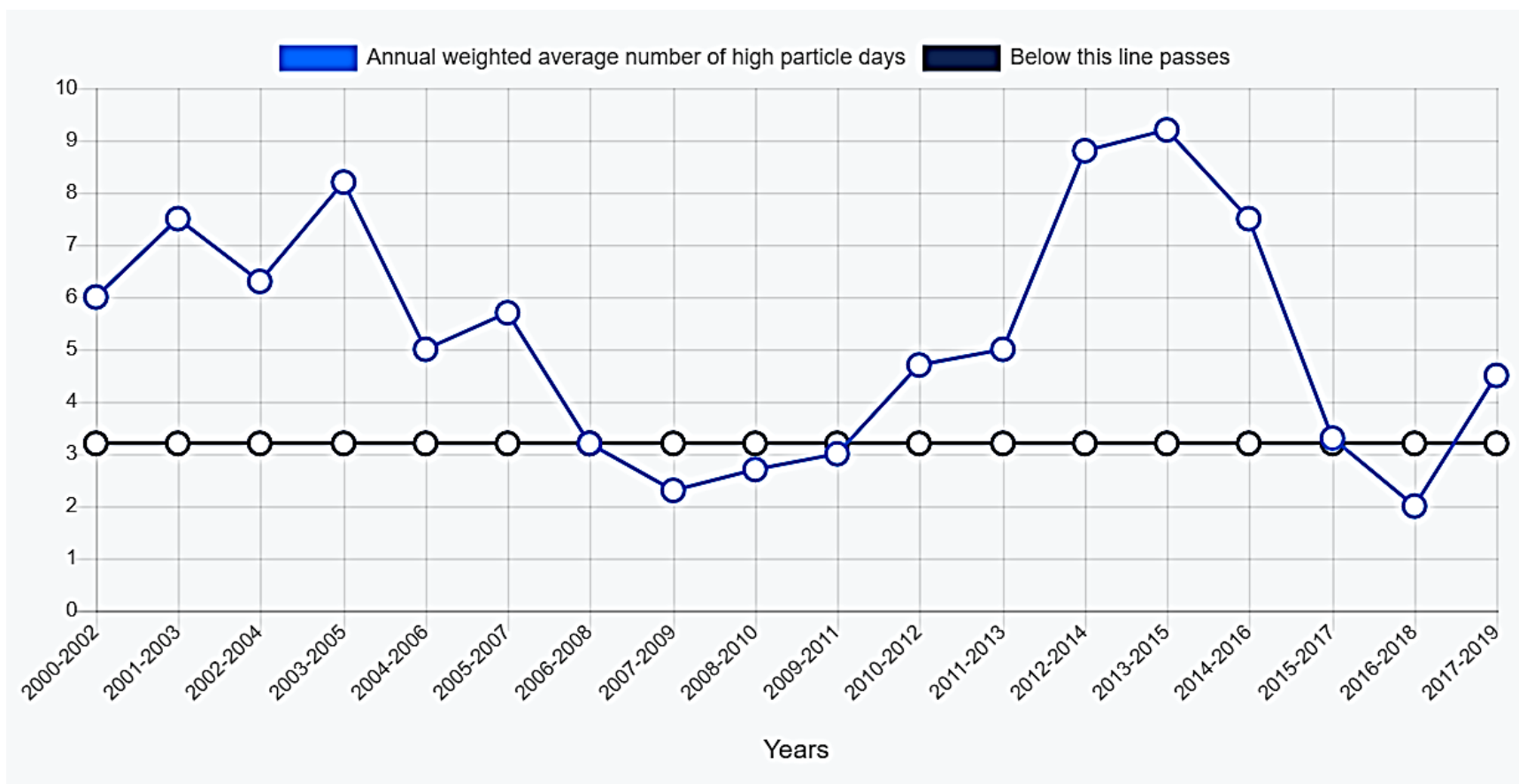
Data Source: American Lung Association State of the Air Report, 2020

Figure G3. Annual Particle Pollution in Lancaster County, PA
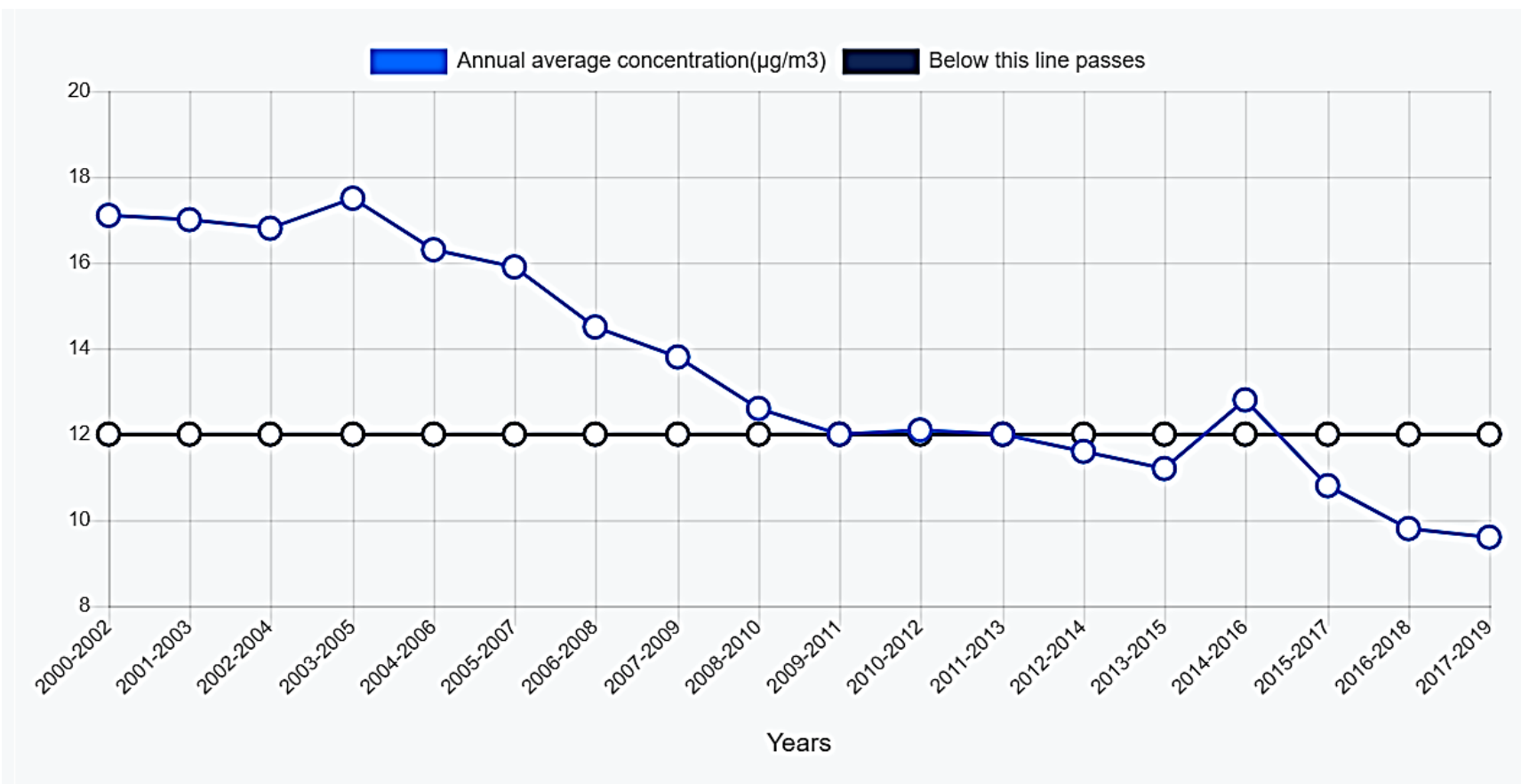
Data Source: American Lung Association State of the Air Report, 2020

G4. Heat Exposure: Days Above 90 Degrees in 2021
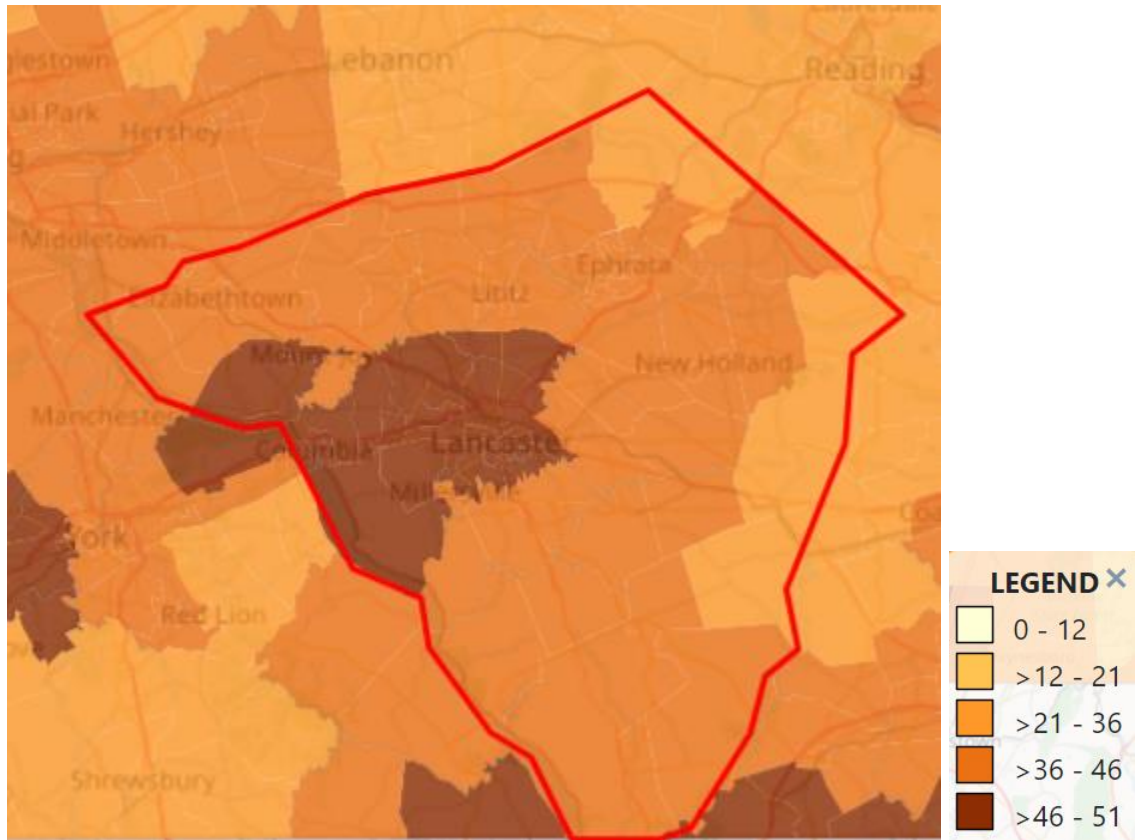
Data Source: CDC Climate and Health Program, https://ephtracking.cdc.gov/Applications/heatTracker/

G5. Tree Equity Scores

Data Source: American Forests Tree Equity Score.

G6. Lancaster County Tree Canopy (2010)

COUNTY-WIDE TREE CANOPY LAND COVER ANALYSIS *	Total Land Area (Acres)	Existing TC (Acres)	Existing TC (Percent)
Ag Areas	206,445.41	18,663.22	9.04%
Ag Natural Areas	230,642.12	64,041.59	27.77%
Natural Areas	56,397.50	38,608.62	68.46%
Suburban Built	48,779.03	11,564.83	23.71%
Suburban Future Growth	30,074.88	7,129.58	23.71%
Suburban No Growth	1,214.09	528.90	43.56%
Urban Centers	22,897.98	6,622.11	28.92%
Village Built	5,471.43	1,215.33	22.21%
Village Future Growth	3,763.90	800.98	21.28%
Village No Growth	71.09	36.71	51.65%
Total	**605,757.4**	**149,211.9**	**24.63%**

* Land cover analysis is based on categories outlined in *Balance – The Growth Management Element of the Lancaster County Comprehensive Plan.*

Source: University of Vermont Spatial Analysis Laboratory (2010); Lancaster County GIS (2012)

Data Source: Lancaster County Planning Commission

G7. Existing Bicycle Routes and Trails Mileage in Lancaster County, Lancaster Inter Municipal Committee (LIMC) and City

Facility Type	County Miles	LIMC Miles
On Road Designated Route	37.1	10.9
Primary Paved Trail	23.2	4.6
Primary Unpaved Trail	90	9.1
State Bike Routes*	65.5	32.5
Total	**215.8**	**56.5**

Facility Type	City Miles
Minor Separated Bikeway	4.1
Bicycle Boulevard	0.9
Trails	2.7
State Bike Routes*	6.2
Shared Street	6.6
Total	**19.4**

While state bike routes have a technical designation through PennDOT, they may not be appropriate to riders of all ages and abilities.

G8. Existing and Missing Miles of Sidewalk in Lancaster County and Lancaster Inter Municipal Committee (LIMC)

LANCASTER COUNTY

EXISTING 1,167 miles

MISSING 2,380 miles

LIMC

EXISTING 540 miles

MISSING 1,179 miles

Mileage calculations based on the entire geographic extent specified.

Data Source: Lancaster County Active Transportation Plan, 2019

## G9. Bicycle Level of Traffic Stress in Lancaster County and Lancaster Inter Municipal Committee

		COUNTY	LIMC
MOST COMFORTABLE	LTS 1	79 miles (10%)	55 miles (18%)
	LTS 2	19 miles (2%)	11 miles (4%)
	LTS 3	53 miles (6%)	34 miles (11%)
LEAST COMFORTABLE	LTS 4	672 miles (82%)	202 miles (67%)

G10. Pedestrian Level of Traffic Stress in Lancaster County and Lancaster Inter Municipal Committee

	PLOS 1	PLOS 2	PLOS 3	PLOS 4	PLOS 5
COUNTY	361 miles (23%)	821 miles (52%)	48 miles (3%)	16 miles (1%)	346 miles (22%)
LIMC	194 miles (23%)	466 miles (56%)	19 miles (2%)	8 miles (1%)	139 miles (17%)
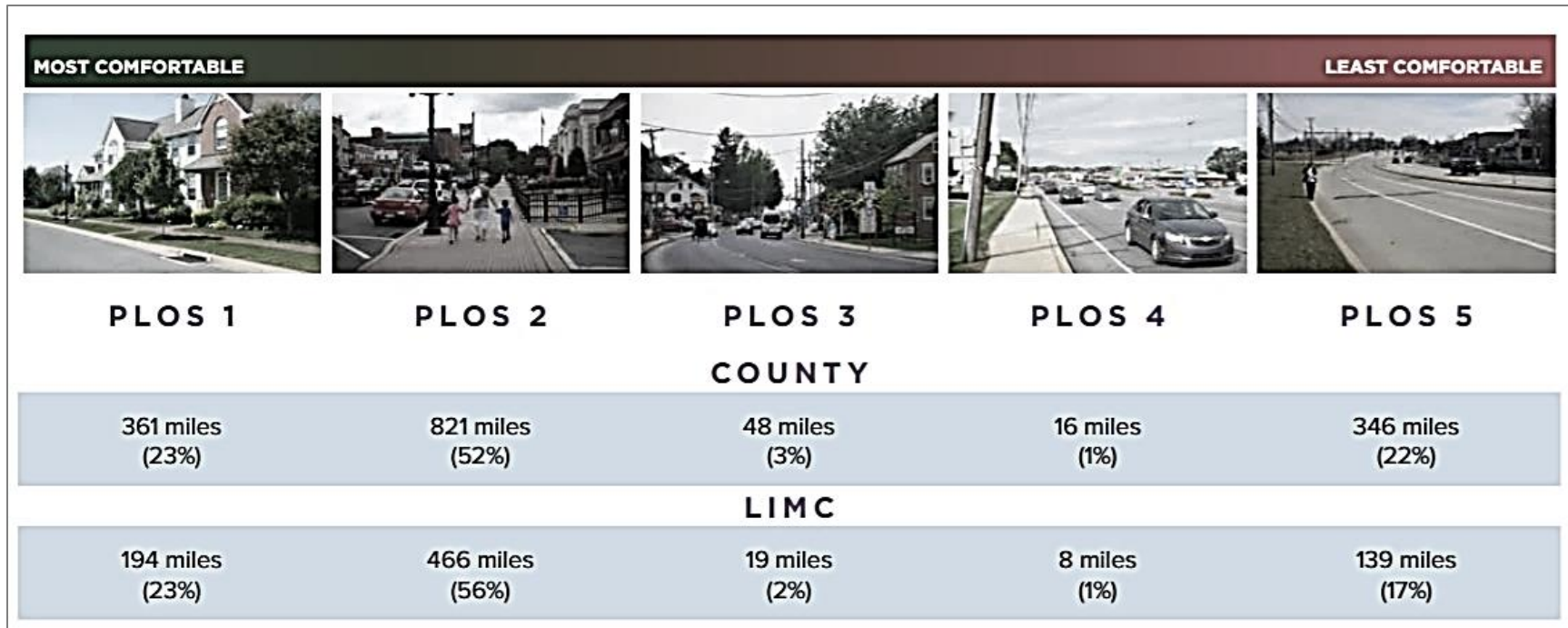
Data Source: Lancaster County Active Transportation Plan, 2019

G11. Park Score Maps of Elizabethtown, Mt. Joy, Columbia, Lancaster City, Quarryville, and Ephrata

Parks

10 minute walk service areas

Priority areas for new parks ⓘ

- Very high priority
- High priority
- Moderate priority
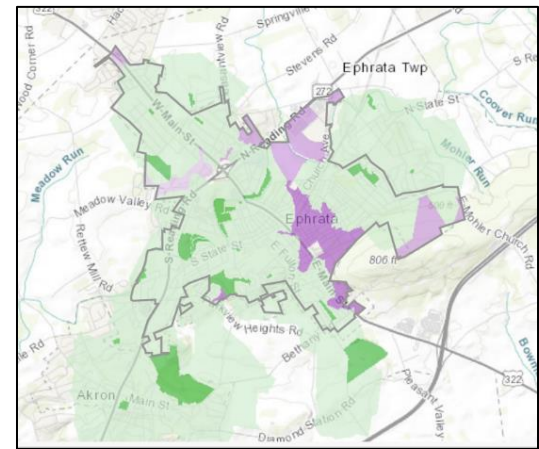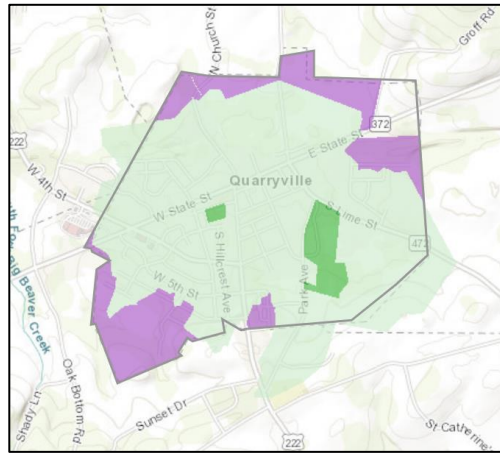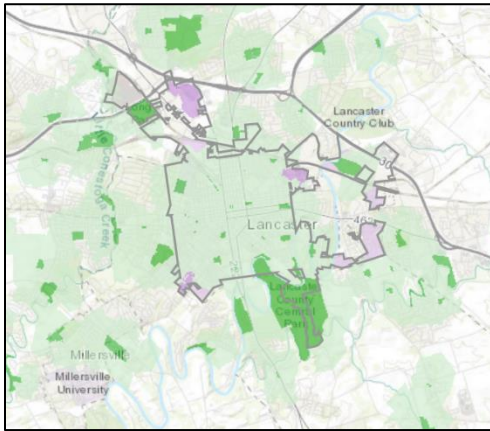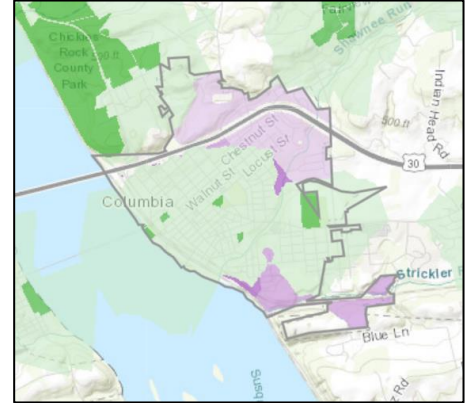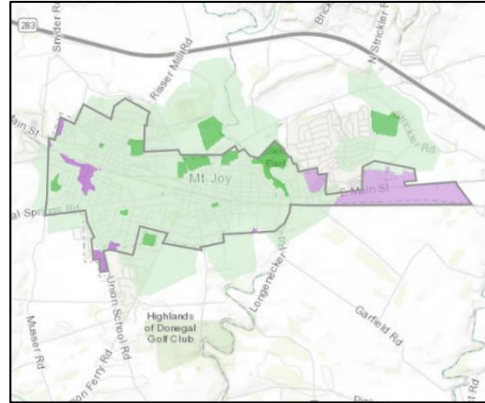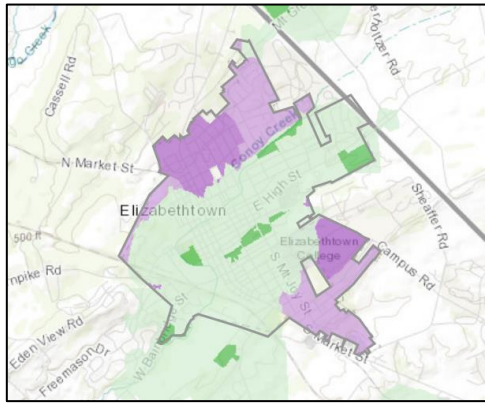
Data Source: The Trust for Public Land, ParkServe; https://parkserve.tpl.org/