

# **Community Health Improvement Plan**

**FY2020 Annual Update**  
**July 1, 2019 – June 30, 2020**

November 1, 2020

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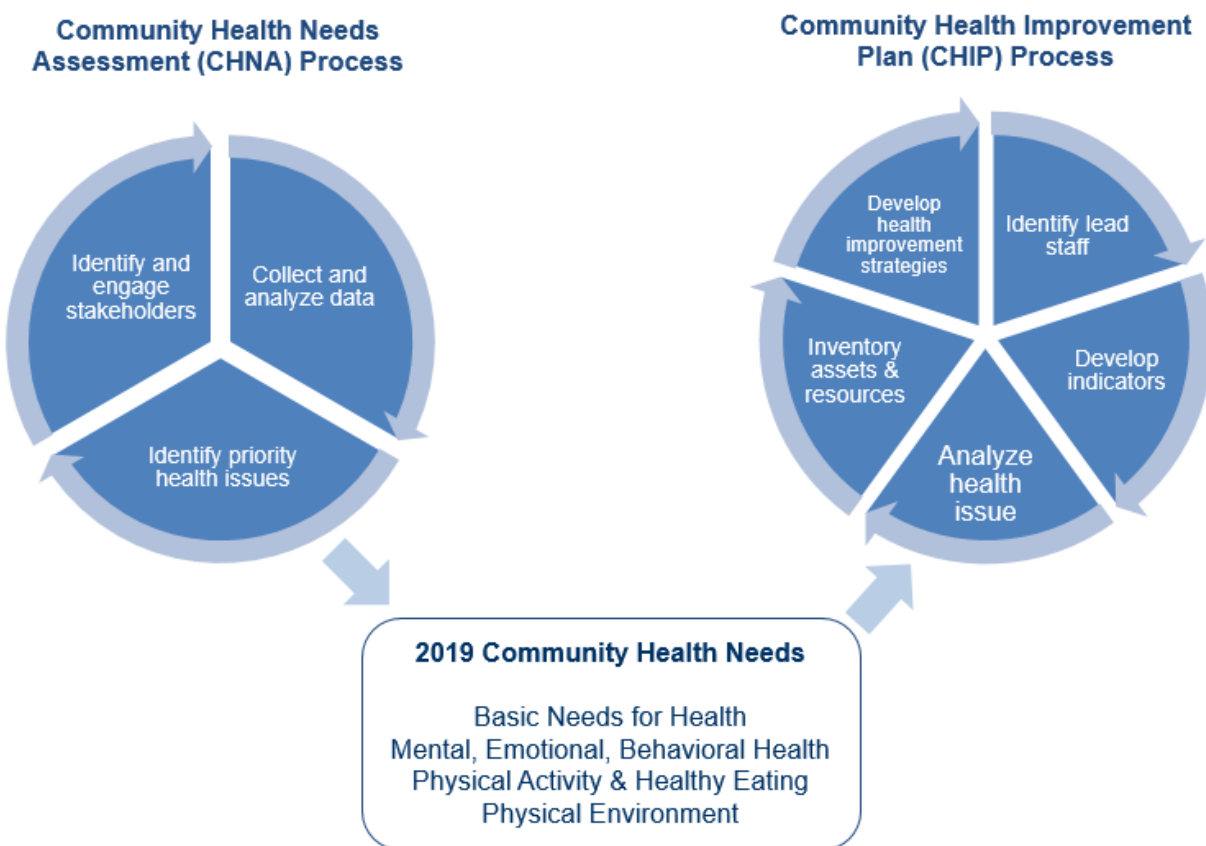
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## Introduction

Penn Medicine Lancaster General Health's 2020-2022 Community Health Improvement Plan (CHIP) is a comprehensive strategy to respond to Lancaster County's greatest health needs identified in the 2019 Community Health Needs Assessment. This update will provide a progress report on the objectives in the 2020-2022 CHIP, a summary of changing community health needs, and updated and revised objectives to address those needs.

The graphic below shows the process that LG Health uses to develop the Community Health Needs Assessment and the Community Health Improvement Plan.

**Figure 1. LG Health Community Health Improvement Process**



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

1. 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. Improved mental health including reducing and treating substance use
3. Active living, healthy eating, and less obesity
4. Improvements to the county's physical environment, emphasizing improved air and water quality

These priorities continue to be the community’s most important health needs. While the COVID-19 pandemic, which reached Lancaster County in March 2020, has changed the community in many ways, it has not changed the need for access to healthcare, basic needs such as healthy food, support for mental health and individuals with substance use disorder, and the importance of a healthy physical environment.

## Focus on Health Equity

Our community health improvement plan has a single, overarching goal that aligns with Penn Medicine LG Health’s vision: that everyone in our community will have an equal opportunity to be healthy.

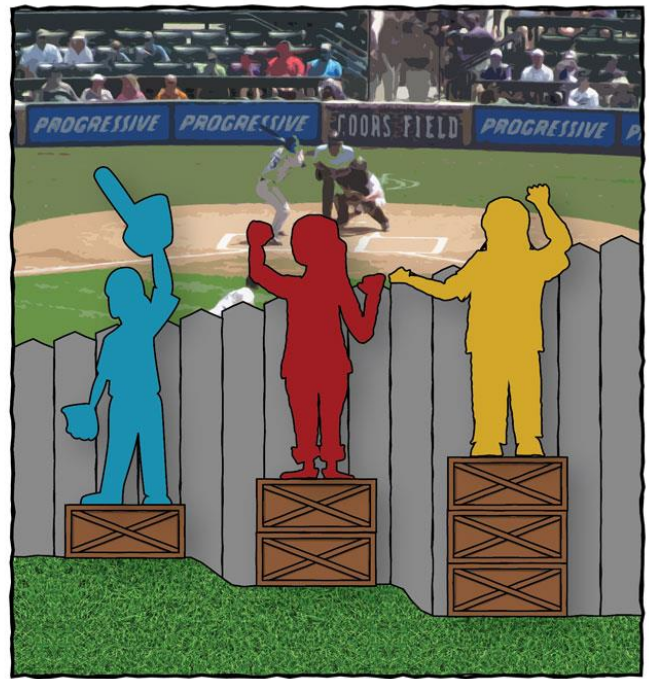
Some in Lancaster County are at greater risk for health problems and early death because of their race, income, sexual orientation, gender identity, and experiences of neglect, abuse, and discrimination. The communities most affected by health inequities must be our first priority.

Throughout this update, we call attention to issues that affect certain groups differently. We show health data for different genders, races, and ages whenever it is available, and we explain the solutions that are needed to end health disparities and ensure equal health opportunities for all.

**Figure 2. A health equity approach recognizes the historical and present-day disadvantages that some people face, and creates solutions to give everyone an equal chance for good health.<sup>1</sup>**



**EQUALITY**



**EQUITY**

<sup>1</sup> Graphic by Paul Kuttner, CulturalOrganizing.org

## Community Health Needs: An Update

In the 2019 Community Health Needs Assessment, we conducted a complete review of our community's health needs. However, needs assessment is not only done once every three years. Throughout the year, staff at LG Health review secondary data, engage community partners to discuss community issues, and collect primary data on health. This section provides a summary of our recent activities to assess the community's health needs and new data about changing community conditions over the past year.

### COVID-19

The novel coronavirus that causes COVID-19 emerged in December 2019 in China and spread worldwide into a global pandemic. On March 18, 2020, the first case of COVID-19 in Lancaster County was identified in a patient at Lancaster General Hospital. Early in the pandemic, cases increased exponentially and quickly exceeded the ability of public health officials to contain the virus. As a result, aggressive mitigation strategies were put in place throughout the state of Pennsylvania, including closure of businesses and schools and a stay-at-home order. As of June 30, there had been 4,442 cases of COVID-19 and 349 deaths in Lancaster County.<sup>2</sup>

In March and April, while the number of COVID-19 cases in the hospital was manageable, LG Health prepared to experience a surge, much like other communities in the United States and around the world. In FY20, the number of COVID-19 inpatients peaked at 56 patients on April 26. In April and May, the percentage of positive COVID-19 tests conducted by LG Health reached 19%.

As of early July, 85% of all deaths in Lancaster County were in residents of senior care facilities, and two-thirds of those who died in Lancaster County were 80 or older. Of the total deaths by early July, 319 (91%) were white; 21 (6%), were Hispanic; 6 (1.7%) were Black; and 5 (1.4%) were Asian.<sup>3</sup> Data on cases of COVID-19 by race and ethnicity group are not available for Lancaster County, and the data available for the state of Pennsylvania are limited, with more than half of the cases missing race or ethnicity data.

National data collected by the CDC show that communities of color are experiencing the impact of COVID-19 at higher rates. There are several risk factors that are more common among people of color: poverty, chronic diseases such as diabetes and heart disease, and occupations in front line jobs in critical industries.

The table below shows the increased risk of infection, hospitalization, and death nationwide for American Indian or Alaska Native individuals, Asian individuals, Black or African-American individuals, and Hispanic or Latino individuals.

#### Focus on Health Equity: COVID-19

The COVID-19 pandemic has had the greatest impact on older adults, particularly those in nursing homes. The majority of deaths in Lancaster County have been in those 80 and older, and 85% of the deaths were in nursing homes.

National data also show that people of color are more at risk for becoming infected, being hospitalized, and dying, compared with white people.

<sup>2</sup> Pennsylvania Department of Health. County Case Counts.

<https://www.health.pa.gov/topics/disease/coronavirus/Pages/Archives.aspx>

<sup>3</sup> Lancaster County Coroner's Office, July 7, 2020.

**Table 1. COVID-19 Hospitalization and Death by Race/Ethnicity in the U.S.<sup>4</sup>**

Rate ratios compared to White, Non-Hispanic Persons	American Indian or Alaska Native, Non-Hispanic persons	Asian, Non-Hispanic persons	Black or African American, Non-Hispanic persons	Hispanic or Latino persons
Cases <sup>1</sup>	2.8x higher	1.1x higher	2.6x higher	2.8x higher
Hospitalization <sup>2</sup>	5.3x higher	1.3x higher	4.7x higher	4.6x higher
Death <sup>3</sup>	1.4x higher	No Increase	2.1x higher	1.1x higher

Individuals who have limited English skills are also at risk for health disparities due to difficulties accessing health information and navigating healthcare systems. In April, LG Health observed that 30% of the individuals who indicated Spanish as their language tested positive for COVID-19, compared with 13% of those who indicated English as their language. Spanish-speaking individuals also accounted for 8.38% of our positive cases, but only 4% of those tested. Early in the pandemic, these data indicated that more outreach was needed to identify possible cases and encourage testing in the Spanish-speaking community.

To limit the spread of the virus, public health experts recommended that communities expand COVID-19 testing capacity, implement comprehensive contact tracing, and promote general prevention measures encouraging the public to limit travel, practice social distancing, wear face coverings, and practice handwashing. LG Health’s response to the COVID-19 pandemic is described beginning on p. 39 of this report.

## Racism

Racism, a root cause of preventable death and illness, became a top priority issue for the community in 2020.

We define racism as a system of oppression based on an individual’s physical characteristics (such as their skin tone or hair texture). It is marked by imbalances of rights and power, resulting in groups of people being excluded from opportunities that others have.

Everyone approaches the world with a unique set of personal beliefs. Decision-makers develop policies and procedures based on their personal beliefs and stereotypes. In our community, decision-makers have traditionally been people who are white. Over time, some of their decisions have continued and increased inequity in rights, power, and privilege.

For example, a practice commonly known as redlining restricted who was eligible for mortgage lending to only the most desirable communities – white communities. Communities that were redlined were considered “hazardous” simply because they were communities of color. It was thought that people of color would be more likely to default on their loans. Discriminatory lending practices in redlined communities resulted in fewer job opportunities, less funding for education, more exposure to environmental toxins, less access to fresh fruits and vegetables, and policing policies that

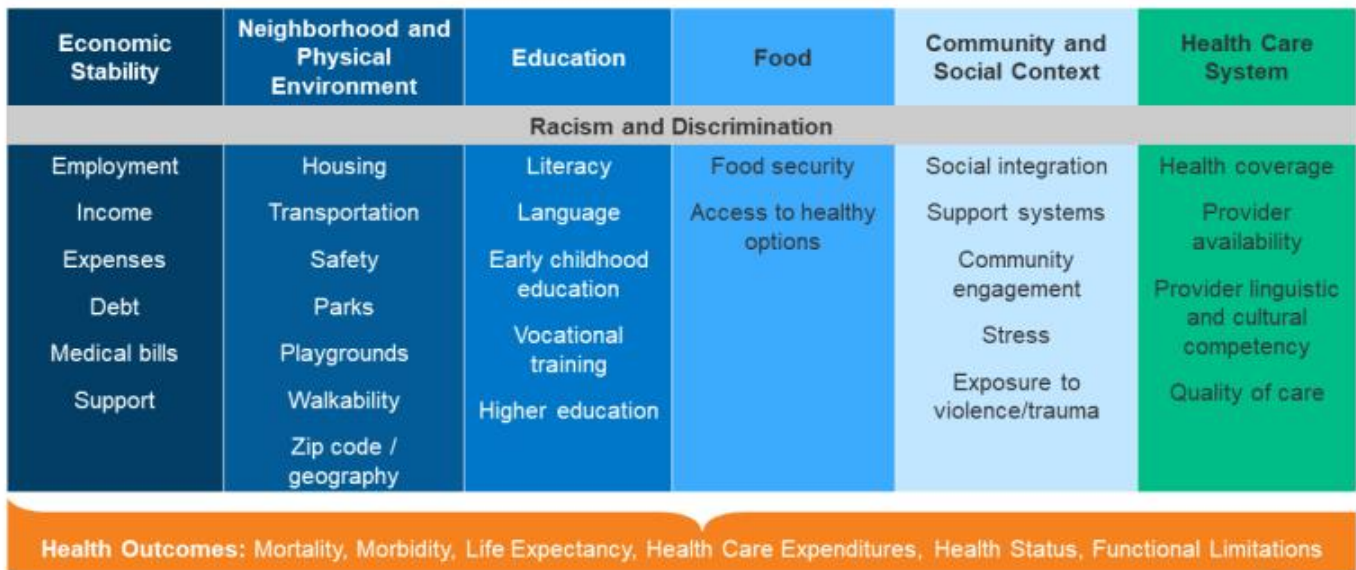
<sup>4</sup> CDC. COVID-19 Hospitalization and Death by Race/Ethnicity. August 18, 2020.

<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html>



resulted in more contact with law enforcement. Today, people of color are still more likely to live in these areas, exposed to the risk factors that drive poor health outcomes.

**Figure 3. Social and economic differences, driven by racism and discrimination, lead to health disparities**



Though redlining was banned after passing the Fair Housing Act in 1968, many historically “redlined” communities are still experiencing the same negative impacts of those biased policies.

Though a smaller city, Lancaster was not immune to redlining practices. The region of Lancaster City commonly referred to as SouthEast was identified as a “hazardous” area and was redlined. Over time, under urban renewal policies in Lancaster in the 1960s and 1970s, many habitable houses in this neighborhood were demolished to make room for new, affordable, project housing. Many SouthEast residents experienced discrimination if they tried to move to less impoverished areas.<sup>5</sup>

Historical trauma cannot be ignored when examining the health of non-white communities. It is essential to understand the stresses their ancestors lived through and the way those experiences shaped where and how current generations live, work, and play. Current research shows that non-white individuals have higher markers of toxic stress (known as *allostatic load*), which is increased by experiences of racial discrimination.<sup>6</sup> Research around Adverse Childhood Experiences (ACEs), epigenetics, and chronic stress have shown that the impact of trauma is cumulative. The more trauma an individual experiences, the more likely they are to have poor physical and behavioral health.<sup>7</sup>

The health impacts of racism are clear throughout this assessment. As described above, the COVID-19 pandemic disproportionately affects people of color. Black communities experience a higher prevalence of obesity, diabetes, and hypertension. It is well documented that Black patients are less likely to receive quality, culturally competent medical

<sup>5</sup> National Community Reinvestment Coalition. “Redlining and Neighborhood Health.” <https://ncrc.org/holc-health/>

<sup>6</sup> Duru et al. “Allostatic Load Burden and Racial Disparities in Mortality.” *J Natl Med Assoc.* 2012 Jan-Feb; 104(1-2): 89–95.

<sup>7</sup> Felitti VJ, Anda RF, Nordenberg D, et al. Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. *American Journal of Preventive Medicine* 1998; 14: 245–58.



care.<sup>8</sup> Black patients are more likely to be blamed for their poor health and less likely to be believed when they describe symptoms or pain. Low birth weight and maternal mortality continue to be disproportionately higher for Black people compared with White people.<sup>9</sup>

Many people in the Lancaster County community called for urgent action to end racism following the death of George Floyd, a Black man in Minneapolis, at the hands of police on May 25, 2020. Protesters, overwhelmingly peaceful, engaged in demonstrations across the county to call attention to the impact of police violence on Black communities. In Lancaster and many communities across the country, protesters called for citizen review boards for police, transparency about complaints against police and disciplinary actions, reallocation of funding from police departments towards supportive social services, and release of body camera footage to the public. Throughout the summer, the community conversation broadened beyond police violence to other areas of racial injustice, including voting rights, education, environmental justice, and health.

## Basic Needs for Health

**Income and Jobs.** Overall, Lancaster County has fewer families living in poverty (6.4%) than in the state of Pennsylvania overall (8.7%) and the U.S. overall (10.1%). However, there are large differences in income between different race groups. While 4.3% of White non-Hispanic households live below poverty, the percentages are much higher for Asian households (10.6%), Black households (22%), Hispanic households (22.1%), and households of another race (22.9%) or more than one race (17.1%). Between 2009-2013 and 2014-2018, the percentage of families in poverty declined in every race group except Asian. The percentage of Asian families in poverty doubled during that time frame.<sup>10</sup>

### Focus on Health Equity: Income

In Lancaster County, the average median income for non-Hispanic White households is \$27,000 higher than the average median income for Black or African-American households. The average median income for a household headed by a single female is \$38,153, compared with 54,718 for a household headed by a single male. (ACS, 2014-2018).

We are committed to closing the income gap by supporting local, diverse, and ethical businesses and creating high-quality job opportunities for people of color. Read more in [ASSETS' case study about LG Health](#).

The COVID-19 pandemic created economic hardship across the county. Nearly 48,700 unemployment compensation claims were filed in Lancaster County between March 21 and April 11 – representing 1 in 5 non-farm private sector workers.<sup>11</sup> The most impacted sectors were accommodations and food service, retail, manufacturing, construction, and health care and social services. The construction industry began to recover more quickly than the other sectors, returning to pre-COVID claim levels by mid-May. However, in July, overall unemployment claims remained around 28,000.<sup>12</sup>

<sup>8</sup> Institute of Medicine. Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care. Washington, DC: The National Academies Press. 2003.

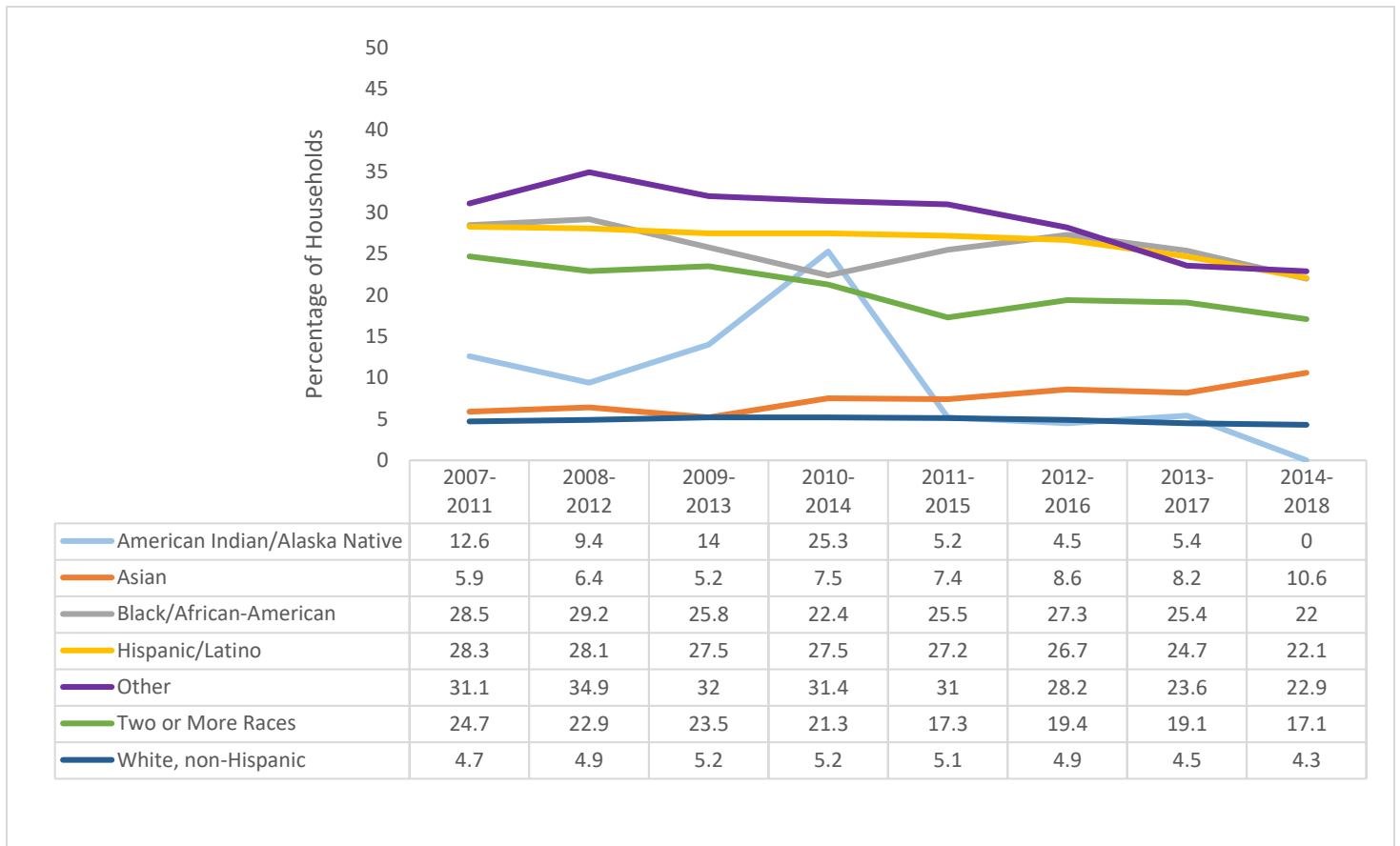
<sup>9</sup> Pennsylvania Department of Health. The State of Health Equity in Pennsylvania. January 2019.

<sup>10</sup> American Community Survey, 2007-2011 through 2014-2018. Accessed at [lghealth.org/countyhealthdata](http://lghealth.org/countyhealthdata).

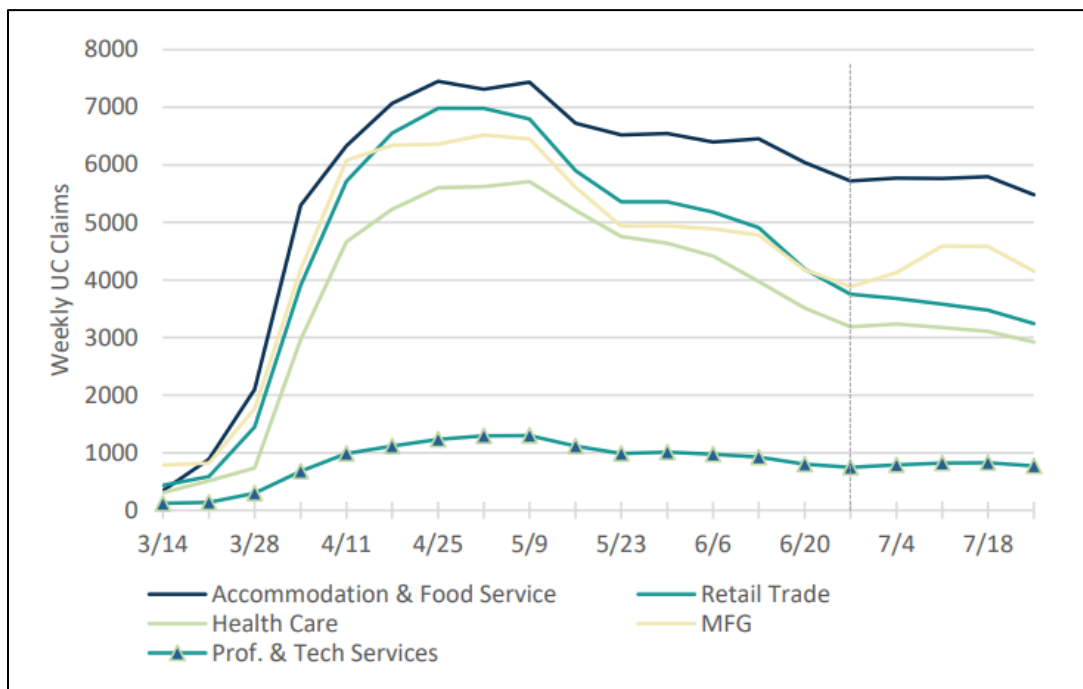
<sup>11</sup> Lancaster County EDC Center for Regional Analysis. "Unemployment in Lancaster County: A Closer Look at the Sectors with Employment Impacts." June 9, 2020.

<sup>12</sup> Lancaster County EDC Center for Regional Analysis. "[Unemployment Update](#)." August 5, 2020

**Figure 4. Families Living Below Poverty in Lancaster County, by Race (American Community Survey)**



**Figure 5. Lancaster County Unemployment Claims (2-week moving average)<sup>13</sup>**



<sup>13</sup> Lancaster County EDC Center for Regional Analysis. [“Unemployment Update.”](#) August 5, 2020

**Access to Healthy Food.** As the economy has struggled, food insecurity has increased during the pandemic. Feeding America projects that the food insecurity rate for Lancaster County will increase from 8.7% in 2018 to 13.9% in 2020.<sup>14</sup> Central Pennsylvania Food Bank reported that the demand for food increased more than 40 percent since the start of the COVID-19 pandemic in the region.<sup>15</sup>

In the most recent Pennsylvania Youth Survey, 12.6% of students in grades 6, 8, 10, and 12 were worried about running out of food one or more times during the past year, and 6.8% had skipped a meal because of family finances once or more in the past year.<sup>16</sup>

**Transportation.** Transportation is essential for connecting people to important resources, including school and job opportunities, food and other essentials, medical care, opportunities to socialize, and services. Even before the pandemic, many leaders and community members were concerned about transportation challenges in Lancaster. In particular, transportation is a challenge for people who are not able to transport themselves or to purchase transportation because of physical or mental disability, income, or age.

In April 2019, LG Health convened a group of community leaders to understand existing resources for people with special transportation needs, to identify the most pressing gaps in our county transportation system, and to recommend possible short-term and long-term solutions.

Overall, the group identified these four issues as the greatest transportation needs for people who are unable to transport themselves or to purchase transportation:

- 1) Regular transportation to work for workers/employers who are not near public transit routes.
- 2) Transportation service for time-based appointments (social services, school appointments, job interviews).
- 3) Transportation service for important time-flexible needs (such as grocery shopping).
- 4) Services for medical/special needs (such as discharge after surgery and other medical needs).

The group developed five recommendations to address these needs:

- 1) Incorporate working group findings in the Metropolitan Transportation Plan.
- 2) Continue to support implementation of places2040 and the Active Transportation Plan, which are existing plans with action items to improve transportation options for vulnerable populations.
- 3) Healthcare organizations will develop partnerships to support patient transportation needs.
- 4) Continue to experiment with regional transit circulators in response to community needs.
- 5) Develop a plan for a Lyft-211 community transportation program.

The complete Transportation Working Group report is available in Appendix C.

### **Focus on Health Equity: Transportation**

Individuals who are not able to transport themselves due to disability, income, or age need special accommodations to access essential resources for health, including jobs and education, food, medical care, and opportunities to connect with others.

<sup>14</sup> Feeding America, "The Impact of Coronavirus on Food Insecurity." <https://www.feedingamericaaction.org/the-impact-of-coronavirus-on-food-insecurity/>

<sup>15</sup> Penn State Extension. [Resources for Rising PA Food Insecure Due to COVID-19](#). August 7, 2020.

<sup>16</sup> Pennsylvania Commission on Crime and Delinquency. 2019 Pennsylvania Youth Survey: Empowering Communities to Develop Strategic Prevention Programming, 2020.

**Housing.** Safe, affordable housing has been a growing challenge for Lancaster. Nearly half of all renters in Lancaster (48.3%) spend more than 30% of their income on rent.<sup>17</sup> Spending a high percentage of household income on rent can create financial hardship, especially for lower-income renters. By spending a large portion of their income on rent, individuals and families may not have enough money for other basic needs, such as food, transportation and medical care.

This year, LG Health partnered with the Green and Healthy Homes Initiative to conduct a comprehensive needs assessment and gap analysis on lead in Lancaster County homes. This initiative is described in detail in the section on the physical environment.

During the pandemic, paying for housing has become even more difficult for some people. In Pennsylvania in July 2020, 17% of renters reported that they did not pay their rent the previous month and 30% reported that they had no confidence or only slight confidence they could pay their rent the following month.<sup>18</sup> Pennsylvania allocated \$175,000,000 to a rental and mortgage assistance program for individuals who have lost jobs or had income reduced due to COVID-19.<sup>19</sup> Governor Tom Wolf also issued an executive order protecting renters and homeowners from eviction proceedings until August 31, 2020, but there are concerns about how individuals will manage housing costs when the order expires.

**Focus on Health Equity: Housing**

Nationwide, Black, Native American, and Hispanic households are more likely than White households to be low-income renters. Homeownership rates are higher among White households. These disparities are caused by decades of racial discrimination in real estate, lending practices, and federal housing policies that have made homeownership more difficult for racial minorities.

(National Low Income Housing Coalition, “The Gap: A Shortage of Affordable Rental Homes.” 2019)

Individuals experiencing homelessness are especially vulnerable to health concerns, including COVID-19. These community members face many COVID-19 risk factors: limited access to handwashing facilities and other hygiene supplies, frequent close contact with others in shelters, shared housing, and meal programs, and transportation and cost barriers to accessing healthcare.<sup>20</sup> In the special section on COVID-19 response, this report describes the rapid response programs developed to reduce these risks and prevent the spread of COVID-19 in the homeless population of Lancaster County.

<sup>17</sup> American Community Survey, 2014-2018. Accessed through [lghealth.org/countyhealthdata](https://data.census.gov/tables/2014/hh/hhp12.html).

<sup>18</sup> U.S. Census Bureau, Week 12 Household Pulse Survey: July 16-21.

<https://www.census.gov/data/tables/2020/demo/hhp/hhp12.html>

<sup>19</sup> Housing Alliance of Pennsylvania. “PHFA Opens Applications for New Rental and Mortgage Assistance.” June 29, 2020.

<sup>20</sup> CDC. Interim Guidance on Unsheltered Homelessness and Coronavirus Disease 2019 (COVID-19) for Homeless Service Providers and Local Officials. August 6, 2020.

## Mental Health and Substance Use

### Mental Health

In Lancaster County, 1 in 3 adults (33%) report that their mental health was not good one or more days in the last month. This percentage is lower than the state of Pennsylvania overall (39%), but it has been approximately the same since 2011-2013 (33%-36%). In Lancaster, females are more likely to report poor mental health days (44%) than males (22%).<sup>21</sup> However, males have a much higher rate of death by suicide than females. The overall age-adjusted suicide rate for Lancaster County is 11.4 per 100,000, but it is 18.4 per 100,000 for males compared with 4.9 per 100,000 for females.

State data show that anxiety and depression symptoms increased during the COVID-19 pandemic. Between 30-40% of Pennsylvania adults reported symptoms of anxiety disorder or depression in weekly surveys conducted by the Census Bureau starting in April 2020. For reference, from January to June 2019, 11.0% of U.S. adults reported symptoms of anxiety or depressive disorder in the National Health Interview Survey. Nationwide, anxiety and depression were significantly more common among younger adults 18-29 than adults 30+, in Hispanic and non-Hispanic black individuals than in non-Hispanic whites, and in females than males.<sup>22</sup>

Even before the COVID-19 pandemic, many people did not receive mental health care that they needed. According to a recent Kaiser Family Foundation analysis of 2017-2018 data, in Pennsylvania, 64.3% (575,000) of adults with mild mental illness, 53.7% (251,000) of adults with moderate mental illness, and 29.1% (127,000) of adults with serious mental illness in the past year did not receive mental health treatment.<sup>23</sup>

#### Focus on Health Equity: Mental Health

Anxiety and depression are more common in Hispanic and Black individuals than in non-Hispanic Whites. There are notable gender differences in mental health needs, as females are more likely to report poor mental health days than males, but males are more likely to die from “diseases of despair”, including suicide and overdose.

Opportunities to improve mental health equity include:

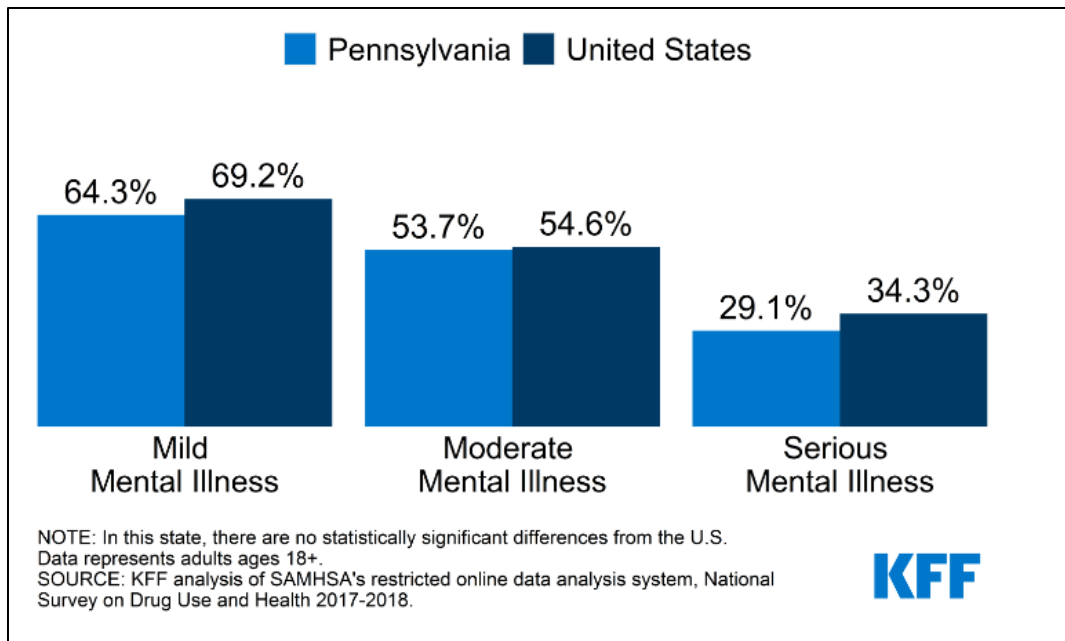
- 1) Expanding the diversity of mental health providers
- 2) Using trauma-informed approaches to address adverse childhood experiences
- 3) Increasing the use of consumer advisory panels
- 4) Engaging a broader audience in the Let’s Talk Lancaster Coalition

<sup>21</sup> Pennsylvania Behavioral Risk Factor Surveillance Survey, 2011-2018.

<sup>22</sup> U.S. Census Bureau, Household Pulse Survey, 2020. <https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm>

<sup>23</sup> Kaiser Family Foundation. Mental Health in Pennsylvania. <https://www.kff.org/interactive/mental-health-and-substance-use-state-fact-sheets/pennsylvania>

**Figure 6. Adults with mental illness who did not receive treatment in the past year, 2017-2018**



**Pennsylvania Youth Survey**

Since 1989, Pennsylvania has conducted a biennial survey of youth in the 6th, 8th, 10th, and 12th grades to gather information about their knowledge, attitudes, and behaviors towards alcohol, tobacco, and other drug use. All 16 Lancaster County school districts and La Academia Partnership Charter School participated in the 2019 Pennsylvania Youth Survey (PAYS) in fall of 2019.

PAYS includes questions about feelings of sadness, hopelessness, and worthlessness, as well as suicidal intention and suicide attempts. The table below shows the percentages of all students with the risk factors below, for the past three surveys in Lancaster County and compared to the 2019 data for Pennsylvania overall.

The most common depressed thought was “at times I think I am no good at all,” reported by 36.0% of students in Lancaster County. 36.6% of students reported they felt sad or depressed MOST days in the past 12 months. Overall, 15.9% of students had seriously considered attempting suicide, and nearly 1 in 10 students had attempted suicide.<sup>24</sup>

**Focus on Health Equity: Youth Mental Health**

Nearly half of the students of color in Lancaster County experience poor emotional health. Overall, 47.2% of Black students, 47.5% of American Indian/Alaska Native students, and 43.4% of Asian or Pacific Islander students reported that they were depressed or sad most days in the past year, compared with 33.8% of White students.

<sup>24</sup> Pennsylvania Commission on Crime and Delinquency. 2019 Pennsylvania Youth Survey: Empowering Communities to Develop Strategic Prevention Programming, 2020.



**Table 2. Mental health indicators for students in grades 6, 8, 10, and 12**

	Lancaster County			Pennsylvania
	2015	2017	2019	2019
Self-harm (e.g. cutting, scraping, burning) in the past 12 months	14.6%	14.1%	14.7%	14.4%
Felt sad or depressed MOST days in the past 12 months	35.7%	35.7%	36.6%	38%
Sometimes I think that life is not worth it	23.1%	23.7%	24.2%	25.0%
At times I think I am no good at all	33.3%	33.4%	36.0%	36.3%
All in all, I am inclined to think I am a failure	19.3%	19.6%	23.5%	23.4%
Seriously considered suicide	16.0%	15.7%	15.9%	16.2%
Attempted suicide	9.7%	9.3%	9.4%	9.7%

### **Let’s Talk Lancaster Community Needs Assessment**

LG Health serves as the backbone organization for the Let’s Talk Lancaster Coalition, a cross-sector collaborative to improve mental well-being in the county. On September 13, 2019, staff from LG Health facilitated an interactive session for Let’s Talk members to discuss community needs related to mental health. During this session, coalition members participated in a “SOAR” activity to identify strengths, opportunities, aspirations, and (desired) results for improving mental well-being in Lancaster County.

The group identified several opportunities to address community needs in the area of mental health, including:

- Expanded navigation and care coordination for behavioral health services
- Expanded diversity and accessibility of providers to better serve diverse cultural backgrounds, individuals who do not speak English as a first language, and LGBTQ+ individuals
- Increased awareness about the impact of adverse childhood experiences
- Expanded use of universal precautions for trauma screening
- Increasing the use of consumer advisory boards and expanding a dedicated core team for the Let’s Talk Lancaster Coalition
- Engaging a wider and more diverse audience in the work of the coalition and improving mental well-being

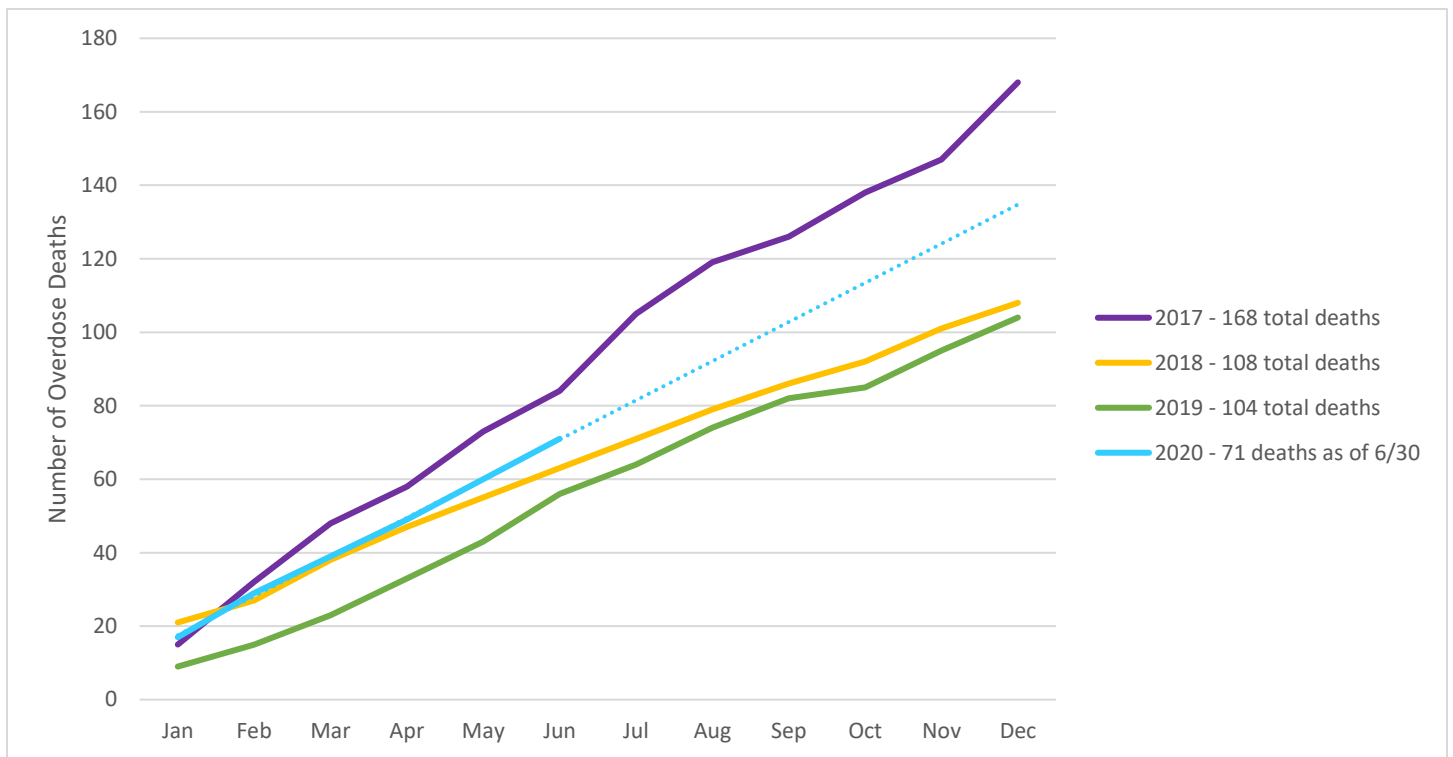
The complete results from the SOAR are shown in Appendix D.

### **Substance Use Disorder and Overdose**

Like other places across Pennsylvania and the United States, Lancaster County experienced a rapid increase in overdose deaths between 2015 and 2017. After reaching a peak of 168 deaths in 2017, the number of overdose deaths declined to 108 in 2018 and 104 in 2019.<sup>25</sup> As of June 30, there were 71 overdose deaths in 2020, and the number of deaths is trending higher than 2018 and 2019.

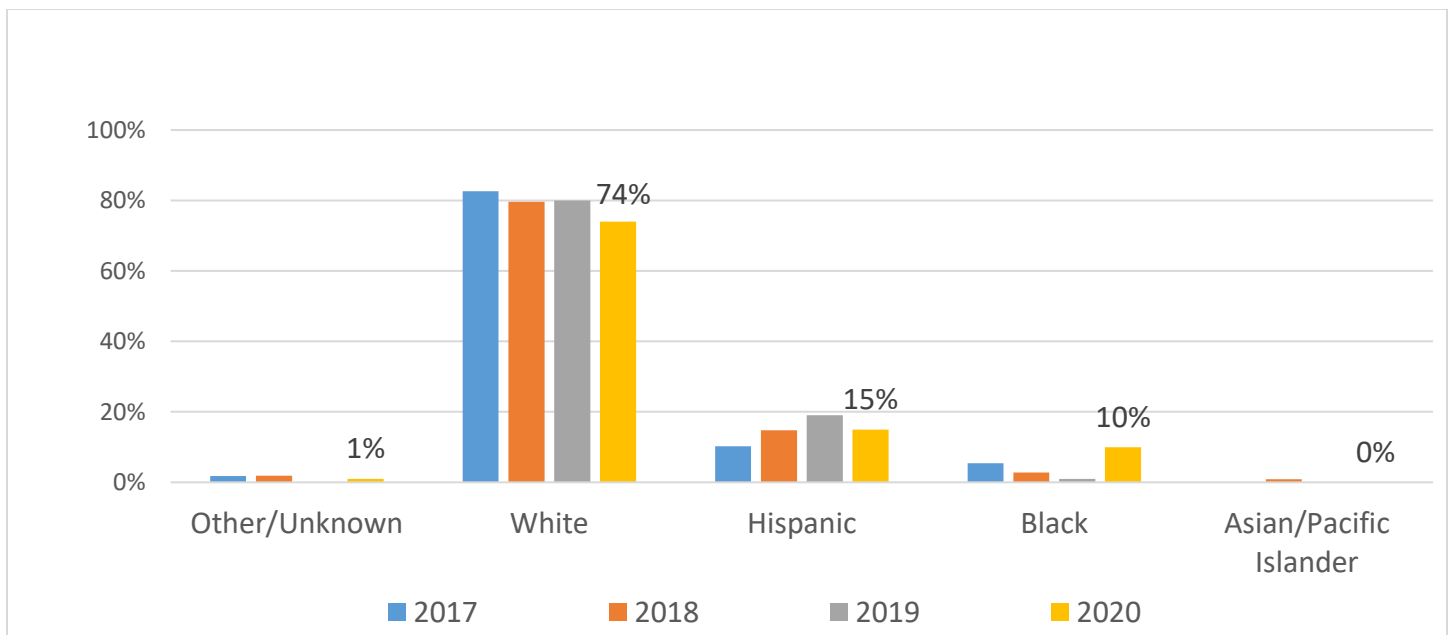
<sup>25</sup> Lancaster County Coroner’s Office, 2018-2019.

**Figure 7. Cumulative Overdose Deaths in Lancaster County by month, 2017-2020<sup>26</sup>**



In Lancaster County, more males than females experience fatal drug overdoses. In 2019, 73% of the overdose deaths were in males. Although the majority of overdose deaths in Lancaster County are in white individuals, the percentage of deaths among Hispanic individuals increased from 2017-2019, and the percentage of Black individuals who have died in 2020 is significantly higher than in recent years.

**Figure 8. Overdose Deaths in Lancaster County by race, 2017-2020<sup>27</sup>**



<sup>26</sup> Lancaster County Coroner’s Office, 2017-2020.

<sup>27</sup> Lancaster County Coroner’s Office, 2017-2020.

In later April and early May, the Addiction Policy Forum surveyed a national sample about the impact of COVID-19 on individuals with a substance use disorder. The survey was completed by 1,079 individuals.

The key findings of the survey were as follows:<sup>28</sup>

- 1 in 3 (34%) of the 1,079 respondents reported changes or disruptions in accessing treatment or recovery support services.
- 20% of respondents reported increased substance use since the COVID-19 pandemic began.
- 4% of respondents reported an overdose has occurred since the pandemic began.
- The top emotions reported by respondents are worry (62%), sadness (51%), fear (51%) and loneliness (42%).
- 87% of those who report access disruptions (n=266) also report emotional changes since the pandemic began, compared to 72% of those who do not report access disruptions (n=806).
- 48% of patients and families reported fear of becoming infected with COVID-19 as a top concern, followed by spreading the virus (46%) and social isolation (40%).

### **Impact of Opioid Crisis on Pregnant People and Children**

In 2017, LG Health joined partners to launch Lancaster County Joining Forces to coordinate countywide efforts to reduce the number of deaths from opioid and heroin overdoses. Joining Forces brings together key stakeholders, including community members, to strengthen existing initiatives across all sectors; identify and address gaps in services and resources; and implement unified, comprehensive strategies for prevention, intervention, and monitoring.

This year, Joining Forces and community partners identified the need to focus on the impacts of this crisis on children and families. Many of the individuals who were experiencing fatal overdoses were of childbearing age, and there was an increase in the number of infants born with neonatal abstinence syndrome (NAS). From 2001 to 2018, the number of infants identified with NAS during their hospital stay has increased by almost 900% in Pennsylvania.<sup>29</sup>

Local first responders reported that they were encountering children frequently at overdose scenes. According to Children and Youth, caregiver substance use is the most common concern in valid general protective services reports (392 of 1,954 total concerns in 2018 and 352 of 1,888 total concerns in 2019).<sup>30</sup>

It became clear that there was a significant impact on children and loved ones. As a result, with backbone support from LG Health, partners formed Joining Forces for Children to identify local assets, improve awareness and accessibility of those assets, and to address any unmet needs for children and families impacted by substance use disorders. See the section *Responding to Community Needs* for more information about this new initiative and Appendix E for the complete Community Assessment.

In our own healthcare system, at Women and Babies Hospital (WBH), between 3-5 women per month are identified as using opioids, and some are polysubstance users. WBH began universal use of the Single Screening Question for substance use in 2017. Self-reports are compared with urine screens. The LGH Center of Excellence (COE) saw 14 pregnant and postpartum women in the past year. Lancaster Addiction Recovery Systems has had 20 pregnant and postpartum patients over the past year, and the RASE (Recovery Advocacy Service Empowerment) Project is currently

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<sup>28</sup> Addiction Policy Forum. "COVID-19 Pandemic Impact on Patients, Families & Individuals in Recovery from a SUD." June 8, 2020. <https://www.addictionpolicy.org/post/covid-19-pandemic-impact-on-patients-families-individuals-in-recovery-from-substance-use-disorder>.

<sup>29</sup> Pennsylvania Health Care Cost Containment Council, 2019.

<sup>30</sup> Pennsylvania Department of Human Services, Child Protective Services. *2018 Annual Report* and *2019 Annual Report*.

supporting 21 pregnant and postpartum women. To respond to these needs, LG Health received a \$400,000 grant for pregnancy support services for patients with opioid use disorder (included in *Goals and Objectives 2.6*).

## Healthy Eating and Physical Activity

Healthy eating and physical activity can reduce the risk of many health problems, including heart disease, high blood pressure, diabetes, obesity, and depression. The CDC has also concluded that regular physical activity can help reduce the risk of 8 different types of cancer: bladder, breast, colon, endometrium, esophagus, kidney, lung, and stomach.<sup>31</sup>

Like many health issues, poor nutrition, lack of activity, and obesity are related to poverty, inequality, and an unhealthy environment. A healthy built environment, including open spaces, a mix of land uses, and compact development with a mix of housing types, is associated with higher levels of physical activity.<sup>32</sup> Food insecurity, which is closely linked to economic conditions, is associated with a greater risk for obesity and poor diet quality.<sup>33</sup>

According to the most recent data available, the percentage of adults with obesity in Lancaster County has increased from 28% in 2011-2013 to 36% in 2016-2018. This percentage is higher than the state of Pennsylvania overall (31%) but lower than the U.S. rate (42%).<sup>34</sup> The percentage of children with obesity in Lancaster County is 15.3% and has remained relatively stable over the past decade.<sup>35</sup>

According to the Trust for America's Health, the national adult obesity rate has increased by 26% since 2008. Overall, 19.3% of U.S. children ages 2 to 19 have obesity compared with the mid-1970s, when only 5.5% of young people had obesity.

### Focus on Health Equity

“The United States has failed to create a coordinated and comprehensive response to the obesity epidemic. The higher rates of hospitalization and mortality for COVID-19 patients with underlying conditions, including obesity and related chronic diseases, underscore the importance of working toward an America where current and future generations live healthier lives. Furthermore, the racial and ethnic disparities that characterize COVID-19 and obesity are a sharp reminder of the effects that underlying social and economic conditions and structures can have on the health and well-being of Americans.”

- The Trust for America's Health

<sup>31</sup> Physical Activity Guidelines for Americans, 2nd edition (Chapter 2, page 32).

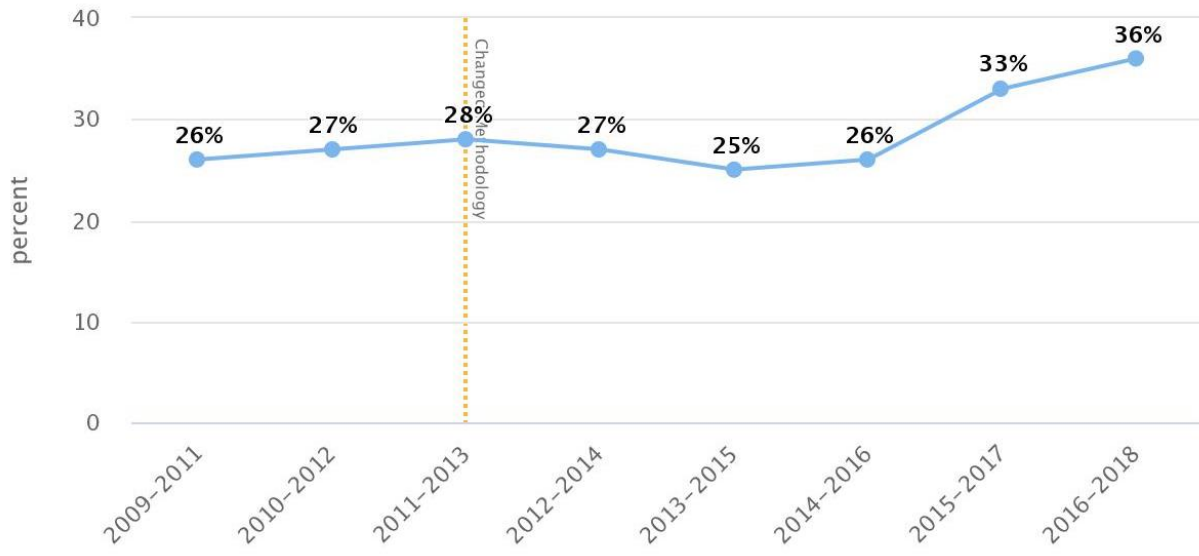
<sup>32</sup> A systematic review of built environment factors related to physical activity and obesity risk. *Obesity Reviews*. 12;5: May 2011.

<sup>33</sup> Trust for America's Health. *The State of Obesity*.

<sup>34</sup> Pennsylvania Behavioral Risk Factor Surveillance Survey, 2011-2018.

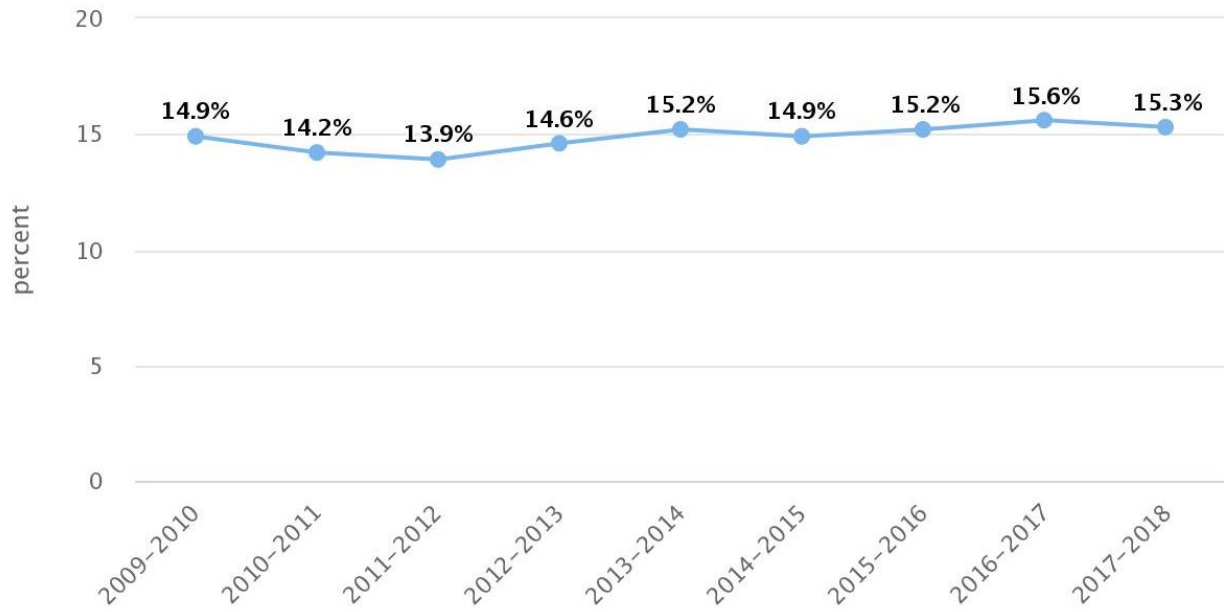
<sup>35</sup> Pennsylvania Department of Health, Bureau of Community Health Systems, Division of School Health, 2009-2018.

**Figure 9. Percentage of adults who have obesity (BMI>30) in Lancaster County**



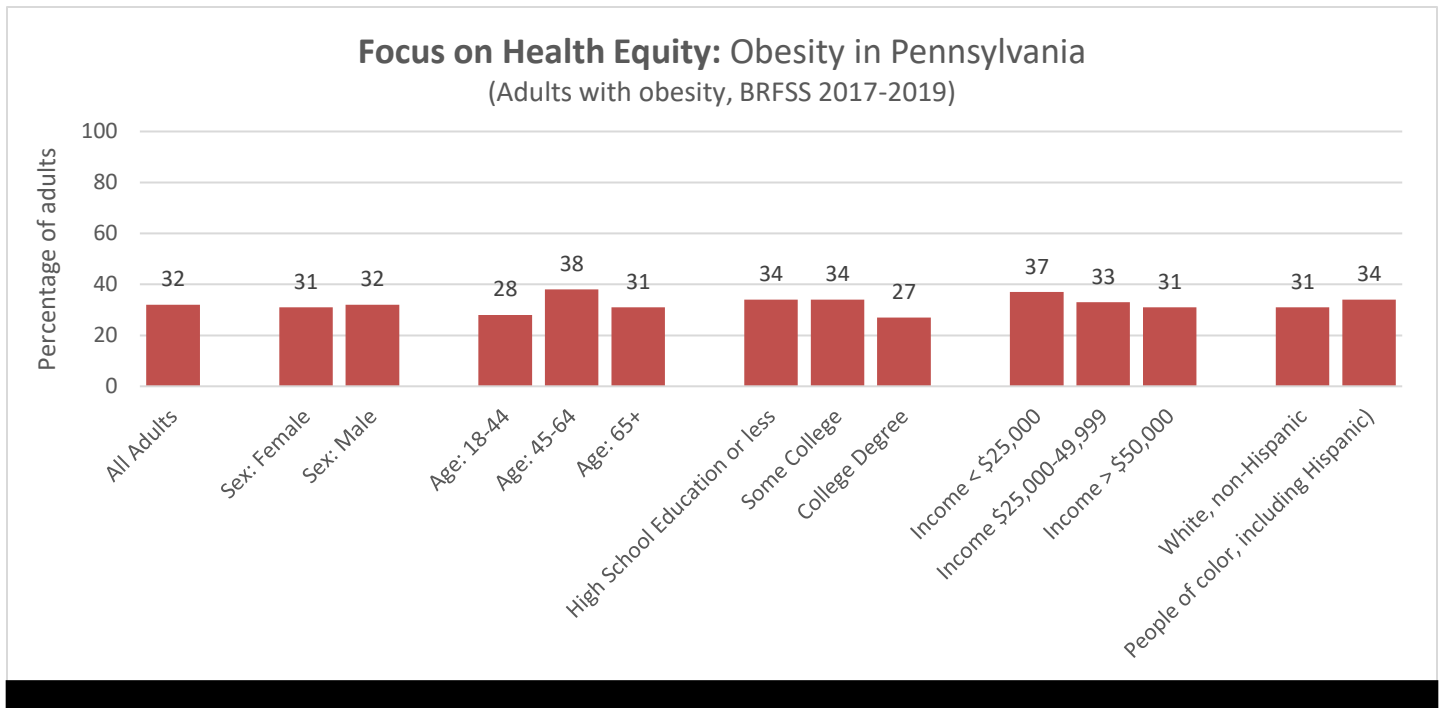
Source: Pennsylvania Behavioral Risk Factor Surveillance System (2016-2018)

**Figure 10. Percentage of children who have obesity (BMI>30) in Lancaster County**



Source: Pennsylvania Department of Health, Bureau of Community Health Systems, Division of School Health (2017-2018)

**Figure 11. Disparities in obesity in Pennsylvania**



### Complete Streets

Complete Streets are streets for everyone. They are designed to enable safe access for all users, including pedestrians, bicyclists, motorists, and transit riders of all ages and abilities. In a community with Complete Streets, it is easy to cross the street, walk to shops, and bicycle to work or school. With the Lancaster County Planning Commission (LCPC), LG Health conducted a survey about Complete Streets in the fall of 2019.

The main goal of the survey was to gather feedback from local municipal representatives in Lancaster County about their knowledge, motivation, and experiences with Complete Streets.

- Which municipalities in Lancaster County have programs and policies that support Complete Streets that are safe for all users?
- How knowledgeable are municipal representatives about implementing Complete Streets in their communities?
- What are the perceived benefits and barriers for implementing Complete Streets?
- What resources and support are needed for municipalities to make their streets safer for all users?

There is broad agreement about the benefits of Complete Streets in our community for safety, mobility, quality of life, and public health. Many of the survey respondents are knowledgeable about Complete Streets; however, there are still opportunities to provide training and technical assistance, as most participants have not participated in a formal training on the subject. There are also many opportunities to develop resources and technical guidance (such as design guidelines, official maps, and regional plans). Many municipalities do not have these policies and documents, but several suggested that it would be valuable to have assistance developing them.

Although only a few municipalities in Lancaster County have official Complete Streets policies, many officials reported specific projects that they have completed or plan to complete, including sidewalk additions, widening shoulders in rural areas, adding trail connections and pedestrian crossings. The majority of survey participants noted that Lancaster County Planning Commission strongly supports Complete Streets and has provided essential assistance for local projects.



These results will be used to develop resources and strategies for supporting the development of Complete Streets in Lancaster County.

The complete results are available in Appendix E.

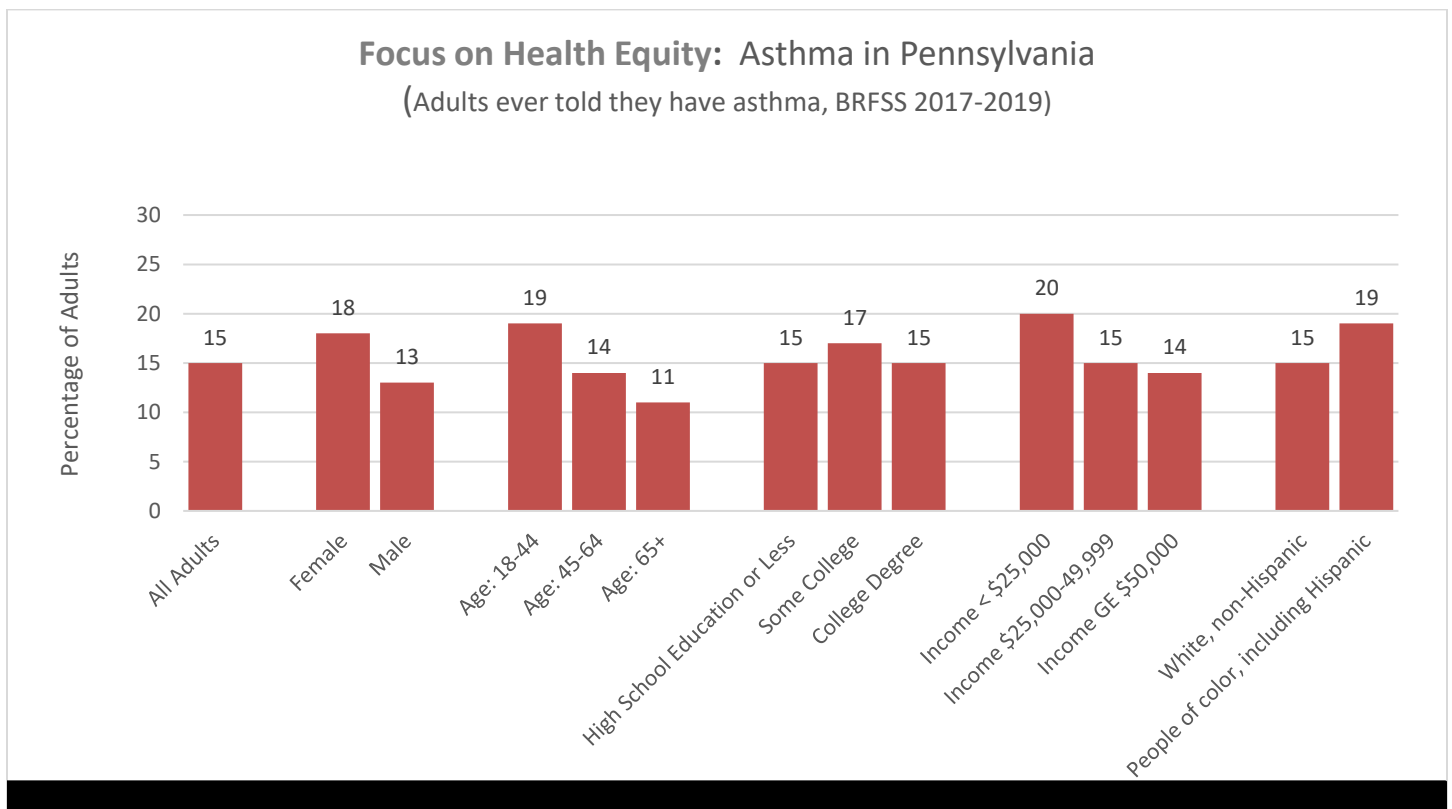
## Physical Environment

### Asthma

Asthma is a condition that affects the lungs and can make it difficult to breathe. Asthma is one of the most common diseases of children and also affects adults. The symptoms can be made worse by dust, pollen, mold, cigarette smoke, and animal dander, or by exertion and stress. It is important to address poor housing conditions, traffic pollution, and poor air quality to help prevent and reduce asthma.

Currently, 17% of adults in Lancaster have been told that they have asthma.<sup>36</sup> The data on asthma for different groups are limited in Lancaster County but available for the state of Pennsylvania. In Pennsylvania overall, asthma is more common among females than males, lower-income individuals, and people of color.

Figure 11. Disparities in asthma in Pennsylvania



<sup>36</sup> Pennsylvania Behavioral Risk Factor Surveillance Survey, 2017-2019.

## Lead

In 2019, LG Health engaged the Green and Healthy Homes Initiative (GHHI) to develop a feasibility assessment and plan to reduce exposure to lead in residential properties in Lancaster County. To identify community gaps and assets in this area, GHHI conducted 29 interviews with local stakeholders, including medical providers, city and county officials, housing providers, housing developers, inspectors, local non-profits, philanthropic organizations, and social service providers. Initial interviews were scheduled with key stakeholders identified by LG Health. Additional stakeholders were identified and interviewed throughout the research process. Stakeholder interviews followed a standardized format, allowing GHHI to gather qualitative data about housing needs, policy landscapes, service delivery, and funding sources in Lancaster County. GHHI analyzed these data along with publicly available data including municipal laws, US Census data, Pennsylvania Department of Health elevated blood lead data and funding data, US Department of Housing and Urban Development grantee performance and funding data, state and local childcare facility data, to provide a comprehensive analysis of the assets and gaps in the landscape of Lancaster County's lead poisoning prevention and case management systems. The complete Asset and Gap Analysis is available in Appendix F.

Using national statistics on the prevalence of lead-based paint in housing based on age, Lancaster County is estimated to have 90,931 units with lead-based paint. The City of Lancaster is estimated to have 18,204 housing units with lead-based paint, roughly 76% of its total housing stock. Manheim (6,245), Columbia (3,348), East Hempfield (3,633), Lancaster Township (3,246) and Ephrata (3,144) are also among the other municipalities with the highest numbers of housing units with lead-based paint.

Lancaster County has the second lowest rate of blood lead level testing amongst children age 0-23 months in the state of Pennsylvania, and the third lowest rate amongst children aged 0-71 months. According to the 2017 Childhood Lead Surveillance Annual Report released by the Pennsylvania Department of Health, 13.76% of children aged 0-23 months were tested for elevated blood lead levels compared to a testing rate of 29.55% of children in Pennsylvania as a whole. Among children aged 0-71 months, 8.09% were tested for elevated lead levels in Lancaster County compared to 17.79% of children in the state of Pennsylvania in this age group.<sup>37</sup>

According to the 2017 data, 6.85% of children age 0-23 months who were tested had elevated blood lead levels (defined as 5µg/dL), and 7.96% of children age 0-71 months who were tested had elevated levels. Both percentages are higher than the state of Pennsylvania as a whole.<sup>38</sup>

**Figure 12. Percent of children tested with elevated blood lead levels in Pennsylvania and Lancaster County, 2017**

Percent of Children Tested with Elevated Blood Lead Levels 2017				
0-23 Months		5-9.9 µg/dL	10≤ µdL	Total
	Lancaster County	4.95%	1.90%	6.85%
	State of Pennsylvania	3.58%	1.06%	4.64%
0-71 Months				
	Lancaster County	5.61%	2.35%	7.96%
	State of Pennsylvania	4.74%	1.41%	6.15%

<sup>37</sup> Pennsylvania Department of Health. *2017 Childhood Lead Surveillance Annual Report (2018)*. Retrieved from: <https://www.health.pa.gov/topics/Documents/Environmental%20Health/2017%20Childhood%20Lead%20Surveillance%20Annual%20Report.pdf>

<sup>38</sup> Pennsylvania Department of Health, *Childhood Lead Surveillance 2017 Annual Report*.

Findings from the LG Health Community Health Needs Assessment have identified safe affordable housing as a priority social determinant of health in Lancaster County, and residential lead exposure is a serious community health concern. The Asset and Gap Analysis identified 5 opportunities to meet community needs in this area:

1. Invest directly in remediation of lead-based paint hazards in housing in Lancaster County, bringing homes to a lead-safe standard that can be maintained over time.
2. Fund lead abatement training and certification and work with partners to build the workforce for lead abatement.
3. Encourage enforcement of lead ordinances and lead abatement orders for children with elevated blood lead levels.
4. Increase screening for elevated blood lead in children.
5. Invest in data infrastructure to support the proposed lead poisoning prevention program, including tracking and linking environmental investigation and lead hazard remediation data to elevated blood lead data.

## Progress on Goals & Objectives

### Basic Needs for Health

Goal 1: Reduce poverty and income disparities through LG Health’s procurement, human resources, and investment practices

Objective	Progress Updates	Status	Revised Objective (if applicable)
<p><b>Objective 1.1:</b> By June 30, 2022, develop policies, procedures, and goals for an impact procurement program at LG Health.</p>	<ul style="list-style-type: none"> <li>• Contracted with ASSETS to study how to improve the social determinants of health through our purchasing.</li> <li>• Analyzed the geography, diversity, and social impact of our vendors</li> <li>• LG Health departments (Real Estate &amp; Leasing, Marketing and Public Relations, Food Service, Materials Management &amp; Purchasing) committed to explore opportunities for new local, diverse, and ethical vendors.</li> <li>• Expanded our business relationships with local socially conscious businesses.</li> <li>• Our work led several of our vendors to evaluate their own practices and explore opportunities for greater social impact.</li> <li>• Jan Bergen and Joe Byorick spoke at the launch of ASSETS’ In Good Company initiative.</li> </ul>	<p><b>In progress</b></p>	<p><b>N/A – Continuing objective</b></p>
<p><b>Objective 1.2:</b> By June 30, 2022, develop a plan to increase the diversity of our workforce by hiring</p>	<ul style="list-style-type: none"> <li>• LGH executive staff participated in Career Ready Lancaster, a program designed to</li> </ul>	<p><b>In progress</b></p>	<p><b>N/A – Continuing objective</b></p>

<p>and retaining workers with barriers to employment.</p>	<p>support career development and work readiness for high school students.</p> <ul style="list-style-type: none"> <li>• LG Health staff also participated on Lancaster County Workforce Development Board and the Health Care Careers Advisory Board</li> <li>• Created a diversity and inclusion advisory committee to assess opportunities and develop an action plan to promote an inclusive workplace and culture at LGH.</li> <li>• Designed a robust Career Services Strategy to assist employees in developing and growing their careers across the LG Health system.</li> <li>• Designed targeted Career Services workshops for roles in the organization with higher turnover levels.</li> <li>• Bright Futures program continued supporting development of certified medical assistants and surgical technologists.</li> <li>• Over 350 leaders participated in workforce education focused on leadership coaching and change management.</li> </ul>		
<p><b>Objective 1.3:</b> By June 30, 2020, deliver employee resources that provide access to community resources that support and address social determinants of health (SDH).</p>	<ul style="list-style-type: none"> <li>• Created and promoted Your Community Connections, a website social service navigation resource for employees.</li> <li>• Increased percentage of employees with a medical home who have seen a provider in the last 24 months from 58% (July 2019) to 63% (June 2020).</li> </ul>	<p><b>Achieved</b></p>	<p><b>N/A – Continuing objective</b></p>

Goal 2: Reduce disparities in access to healthcare related to income, age, rurality, race and ethnicity, sexual orientation and gender identity.

Objective	Progress Updates	Status	Revised Objective
<p><b>Objective 2.1:</b> By June 30, 2020, increase the number of visits at our Elementary School Based Health Clinics by 10% (FY19 Baseline=1697).</p>	<ul style="list-style-type: none"> <li>• In FY20, a total of 761 students were seen at the Elementary School Based Health Clinics (as of 3/13/2020).</li> <li>• The clinics did not remain open when schools closed in March 2020.</li> <li>• Due to COVID-19, the projections for student visits are being revised, but LG Health is committed to maintain access during COVID-19 and virtual learning.</li> </ul>	<p><b>Revised</b></p>	<p><b>Objective 2.1:</b> Through June 30, 2021, maintain access for students during the COVID-19 pandemic and expand access for staff members at the elementary school based health clinics.</p>
<p><b>Objective 2.2:</b> By June 30, 2020, increase the number of visits at the McCaskey High School Health Center by 20% (FY19 Baseline=1597).</p>	<ul style="list-style-type: none"> <li>• In FY20, a total of 1181 students were seen at the McCaskey High School Health Center (as of 3/13/2020).</li> <li>• The clinic remained open during the COVID-19 pandemic, but the patient volume was very low.</li> </ul>	<p><b>Revised</b></p>	<p><b>Objective 2.2:</b> Through June 30, 2021, maintain access for students during the COVID-19 pandemic and expand access for staff members at McCaskey High School Health Center.</p>
<p><b>Objective 2.3:</b> By June 30, 2020, we will increase the number of uninsured women accessing breast and cervical cancer screenings/diagnostic services by 5%, as funding allows (FY19 Baseline=457).</p>	<ul style="list-style-type: none"> <li>• In FY20, 735 uninsured women accessed breast and cervical cancer screenings and diagnostic services.</li> </ul>	<p><b>Achieved</b></p>	<p><b>Objective 2.3:</b> By June 30, 2021, we will increase the number of uninsured women accessing breast and cervical cancer screenings/diagnostic services by 5%, as funding allows (FY20 Baseline=735).</p>



<p><b>Objective 2.4:</b> By June 30, 2020, add 10 new patient slots within volunteer dental practices in order to increase access to primary dental care through the DALCO program.</p>	<ul style="list-style-type: none"> <li>• DALCO is no longer enrolling new patients.</li> <li>• The program has struggled to maintain and recruit dentists. Since the beginning of Fiscal Year 2016, the number of volunteer dentists decreased from 114 to 92.</li> <li>• Dentists have declined participation in the DALCO program due to the high expenses of setting up a new practice, school loans, or practices are bought by corporations.</li> <li>• LG Health staff are working to determine a sustainable way to connect underserved patients with dental homes in the future.</li> </ul>	<p><b>Not achieved</b></p>	<p><b>N/A - Removed</b></p>
<p><b>Objective 2.5:</b> By June 30, 2020, we will increase the number of children served by the ChildProtect program by 10% (FY19 Baseline: approx. 770).</p>	<ul style="list-style-type: none"> <li>• In FY20, ChildProtect had a total of 514 visits for immunizations.</li> <li>• Nationally, childhood and adolescent immunizations were significantly reduced during the COVID-19 pandemic.</li> <li>• Due to COVID-19, LG Health cancelled public events in April and restricted clinics to patients aged 0-2 years to comply with CDC recommendations. We relocated the clinic from April to June and resumed clinics in June with an appointment-only schedule.</li> </ul>	<p><b>Revised</b></p>	<p><b>Objective 2.5:</b> By June 30, 2021, complete 550 visits for immunizations through the ChildProtect program.</p>

<p><b>Objective 2.6:</b> By June 30, 2022, promote healthy pregnancy, healthy birth outcomes, and early child development for at least 276 patients in Nurse-Family Partnership (NFP) and 795 patients in Healthy Beginnings Plus (HPB) annually.</p>	<ul style="list-style-type: none"> <li>• In FY20, we served 276 patients in NFP and 645 patients in HBP.</li> <li>• Formed a medical-legal partnership with Mid Penn Legal Services and assisted 12 women with preventing homelessness and loss of income, and built capacity among staff to handle high-risk cases.</li> <li>• Using a DDAP grant of \$400,000, assisted 53 women with opioid addictions who are pregnant and parenting (up to age 1 year old), reducing the preterm birth rate in this population from 53% to 24%.</li> <li>• Decrease in the HBP population may be due to increased availability of long-term contraceptives, the addition of the McCaskey Health Center, the practice of inserting nexplanon after birth and before discharge at Women and Babies Hospital, and the outreach of the LG Health Family Planning Clinic.</li> </ul>	<p><b>In Progress</b></p>	<p><b>N/A – Continuing objective</b></p>
<p><b>Objective 2.7:</b> By June 30, 2022, develop and implement a strategic plan to improve equity, inclusion, and access to care for LGBTQ patients.</p>	<ul style="list-style-type: none"> <li>• We developed a multi-disciplinary steering committee in September 2019.</li> <li>• Developed a draft LGBTQ+ business plan</li> <li>• Completed the Healthcare Equality Index and received 100% score.</li> <li>• Developed 4 broad goals for LGBTQ+ equity, inclusion, and access to care: 1) increase access to specialty services for transgender patients, 2) provide training to increase staff competency, 3) increase syphilis and PrEP access for LGBTQ+ population across LGHP, and 4) increase support for families of transgender patients.</li> </ul>	<p><b>In Progress</b></p>	<p><b>N/A – Continuing objective</b></p>

<b>Objective 2.8:</b> By June 30, 2022, enroll 10 Lancaster County School Districts in Health-e Student Connect to provide access for school nurses to shared electronic medical records and improve communication between healthcare providers.	<b>New Objective</b>	<b>New</b>	<b>N/A – New Objective</b>
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## Mental, Behavioral, and Emotional Health

Goal 3: Lancaster County will become a trauma-informed community that reduces and addresses adverse childhood experiences.

*This means we will: realize the widespread impact of trauma and understand paths for recovery; recognize the signs and symptoms of trauma in individuals, families, and groups; respond by integrating knowledge into policies, practices, and procedures; and resist re-traumatization through education, policy, and practice.*

Objective	Progress Updates	Status	Revised Objective
<b>Objective 3.1:</b> By June 30, 2020, we will provide training to increase awareness of Adverse Childhood Experiences and their impact for 2000 people in Lancaster County.	<ul style="list-style-type: none"> <li>• Between July 1, 2019 - June 30, 2020, we provided training and education to 1613 people</li> <li>• 1373 people completed our 2-hour or 4-hour trauma training</li> <li>• 240 people attended our 2-day Lancaster County Trauma-Informed Summit</li> <li>• Following the COVID-19 outbreak, we developed and launched an online, interactive, self-paced training curriculum.</li> </ul>	<b>Revised</b>	<b>Objective 3.1:</b> In FY21, we will provide training to increase awareness of Adverse Childhood Experiences and their impact via online, self-paced training modules, as well as online, facilitated sessions, for 1500 people in Lancaster County.

<p><b>Objective 3.2:</b> By June 30, 2022, we will develop a baseline and increase the number of organizations in Lancaster County that adopt trauma-informed policies.</p>	<ul style="list-style-type: none"> <li>• As of June 30, 2020, 17 organizations have signed an agreement to train their staff in trauma-informed practice, assess their organizational policies and practices, and become more trauma-informed.</li> <li>• Organizational partners include CASA, Clare House, Community Basics, Factory Ministries, Housing Development Corporation Mid-Atlantic, KPETS, Lancaster City Bureau of Fire, Lancaster County Children &amp; Youth, LancCo MyHome, Lancaster County Prison, Lancaster Housing Opportunity Partnership, Lancaster Rec Commission, Mom’s House, Music for Everyone, Representative Michael Sturla’s office, United Cerebral Palsy, and Water Street Health.</li> </ul>	<p><b>In progress</b></p>	<p><b>N/A – Continuing objective</b></p>
<p><b>Objective 3.3:</b> By June 30, 2020, we will increase the number of behavioral health clinicians trained in evidence-based trauma treatment interventions (FY19 Baseline: 8/34 EMDR trained and 3/34 TF-CBT trained).</p>	<ul style="list-style-type: none"> <li>• In FY20, we increased the number of counselors on the integrated behavioral health counseling team trained in Trauma-Focused CBT from 3/34 to 31/33.</li> <li>• This objective is being extended because the in-person EMDR training was postponed due to COVID-19 and will be delivered virtually in FY21.</li> </ul>	<p><b>Revised</b></p>	<p><b>Objective 3.3:</b> By June 30, 2022, we will increase the number of behavioral health clinicians trained in evidence-based trauma treatment interventions (FY19 Baseline: 8/34 EMDR trained and 3/34 TF-CBT trained).</p>
<p><b>Objective 3.4:</b> By June 30, 2022, Penn Medicine Lancaster General Health will implement policies and practices to become a trauma-informed health system.</p>	<ul style="list-style-type: none"> <li>• Behavioral Health staff have increased trauma-informed training.</li> <li>• Care Connections program for patients with social risk factors completed a grant for trauma-informed technical assistance.</li> </ul>	<p><b>In progress</b></p>	<p><b>N/A – Continuing objective</b></p>

<p><b>Objective 3.5:</b> Handle With Care, a trauma-sensitive approach that allows local law enforcement to notify school personnel when they've encountered a child at a traumatic scene, will be implemented in 12 public school districts by June 30, 2022.</p>	<p><b>New Objective</b></p>	<p><b>New</b></p>	<p><b>N/A – New objective</b></p>
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Goal 4: Create an environment that supports and enhances the mental, behavioral, and emotional health of all in Lancaster County.

<b>Objective</b>	<b>Progress Updates</b>	<b>Status</b>	<b>Revised Objective</b>
<p><b>Objective 4.1:</b> By June 30, 2020, we will increase the number of LGHP patients who receive PHQ-9 screening to 68% (FY19 Baseline 59.7%).</p>	<ul style="list-style-type: none"> <li>In FY20, we increased the percentage of LGHP patients who received PHQ-9 screening to 61.2% (76,535/124,987).</li> <li>The LGHP Depression Screening Workgroup paused its efforts because of COVID19 and reconvened in July 2020 with a focus on process improvement to increase screening rates through standard work and leveraging technology.</li> </ul>	<p><b>Revised</b></p>	<p><b>Objective 4.1:</b> By June 30, 2022, we will increase the number of LGHP patients who receive PHQ-9 screening to 64% (FY19 Baseline 59.7%).</p>
<p><b>Objective 4.2:</b> Continue screening inpatients for drug and alcohol (D&amp;A) use and provide behavioral health D&amp;A consultations, including brief interventions and referral to treatment as needed (FY19 Baseline: 2,324 Behavioral Health consults).</p>	<ul style="list-style-type: none"> <li>In FY20, behavioral health drug and alcohol consultations increased 27% from 2324 to 2949 consults.</li> </ul>	<p><b>In Progress</b></p>	<p><b>N/A – Continuing objective</b></p>

<p><b>Objective 4.3:</b> Provide increased access to behavioral health counseling for mental health, substance use, and chronic medical problems in primary care practices, measured by increased referrals (FY19 Baseline: 8,713 referrals).</p>	<ul style="list-style-type: none"> <li>In FY20, we achieved a 16% increase in referrals to integrated counseling, from 8,713 to 10,080 referrals.</li> </ul>	<p><b>In Progress</b></p>	<p><b>N/A – Continuing objective</b></p>
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Goal 5: Reduce the impact of substances in Lancaster County (including alcohol, drugs, and tobacco/nicotine).

Objective	Progress Updates	Status	Revised Objective
<p><b>Objective 5.1:</b> Convene community partners at least bimonthly to work collaboratively to reduce opioid overdoses in Lancaster County.</p>	<ul style="list-style-type: none"> <li>The Joining Forces Steering Committee, including representatives of Lancaster County government, Drug &amp; Alcohol Commission, Compass Mark, WellSpan Health, EMS Council, and the Lancaster County Recovery Alliance met bimonthly. Due to COVID-19, meetings became virtual in March.</li> </ul>	<p><b>Achieved</b></p>	<p><b>N/A – Continuing objective</b></p>
<p><b>Objective 5.2:</b> By June 30, 2020, 200 6<sup>th</sup> grade students in the Pequea Valley and Eastern Lancaster County School Districts will receive evidence-based substance use prevention programming (LifeSkills Training Curriculum).</p>	<ul style="list-style-type: none"> <li>During the 2019-2020 school year, a total of 358 6th graders received the LifeSkills curriculum in ELANCO and Pequea Valley School Districts.</li> </ul>	<p><b>Revised</b></p>	<p><b>Objective 5.2:</b> By June 30, 2021, 200 6<sup>th</sup> grade students and 200 7<sup>th</sup> grade students in the Pequea Valley and Eastern Lancaster County School Districts will receive evidence-based substance use prevention programming (LifeSkills Training Curriculum).</p>
<p><b>Objective 5.3:</b> By June 30, 2020, increase the percentage of LGHP patients on chronic opioid therapy with</p>	<ul style="list-style-type: none"> <li>The percentage of LGHP patients on chronic opioid therapy with naloxone prescribed if indicated has increased</li> </ul>	<p><b>Achieved</b></p>	<p><b>N/A - Completed</b></p>

<p>naloxone prescribed if indicated to 50% (FY19 Baseline: 31.4%).</p>	<p>from 31.4% to 56.4% at the end of FY20.</p> <ul style="list-style-type: none"> <li>• The improvement impacted 1,192 patients.</li> <li>• To reach the goal, improvements were made in the electronic health record, including reminders and reports.</li> </ul>		
<p><b>Objective 5.4:</b> By June 30, 2020, increase the percentage of clinicians with 70% completion of medication agreements for patients on chronic opioid therapy to 55% (FY19 Baseline: 50.9%).</p>	<ul style="list-style-type: none"> <li>• Given improvements in the electronic health record in terms of reminders and reports, the percentage of clinicians with 70% completion of medication agreements and urine screens for patients on chronic opioid therapy was 54.9% at the end of FY20.</li> <li>• This improvement impacted 2,096 patients. The goal was extended with a new benchmark for FY21.</li> </ul>	<p><b>Revised</b></p>	<p><b>Objective 5.4:</b> By June 30, 2021, increase the percentage of clinicians with 70% completion of medication agreements for patients on chronic opioid therapy to 70% (FY19 Baseline: 50.9%).</p>
<p><b>Objective 5.5:</b> By September 30, 2020, distribute 3350 naloxone kits to community members at risk for opioid overdose.</p>	<ul style="list-style-type: none"> <li>• As of July 31, 2020, we have distributed <b>2931</b> naloxone kits to community organizations and individuals at risk for opioid overdose.</li> </ul>	<p><b>In progress</b></p>	<p><b>N/A – Continuing objective</b></p>
<p><b>Objective 5.6:</b> By June 30, 2022, increase the number of patients per month receiving medication assisted therapy (MAT) in primary care for opioid use disorder (FY19 Baseline as of May = 363).</p>	<ul style="list-style-type: none"> <li>• In FY20, we achieved a 43% increase in the number of patients received MAT in primary care for OUD.</li> <li>• On June 30, 2020, we had 520 patients.</li> </ul>	<p><b>In progress</b></p>	<p><b>N/A – Continuing objective</b></p>
<p><b>Objective 5.7:</b> By June 30, 2020, develop a formal strategy to offer tobacco and nicotine dependence treatment options for adolescents.</p>	<ul style="list-style-type: none"> <li>• Identified two evidence-based programs for teens (Not on Tobacco) and InDepth, an alternative to suspension curriculum.</li> </ul>	<p><b>Revised</b></p>	<p><b>Objective 5.7:</b> By June 30, 2022, develop and implement a formal strategy to offer tobacco and nicotine dependence treatment options for adolescents.</p>

	<ul style="list-style-type: none"> <li>• Piloted the two programs in two Lancaster County school districts, Ephrata and Warwick.</li> <li>• Plans developed to implement programming in additional districts in FY21 (Donegal and Penn Manor).</li> </ul>		
<p><b>Objective 5.8:</b> By June 30, 2020, expand Tobacco Dependence Treatment program offerings beyond group classes and 1:1 counseling to increase number of patients served.</p>	<ul style="list-style-type: none"> <li>• Explored Quitters Circle app; however, app is no longer supported and was not feasible to implement.</li> <li>• Began conducting all individual counseling appointments telephonically during COVID-19. Explored video chat options but have not implemented due to lack of patient interest.</li> </ul>	<p><b>Revised</b></p>	<p><b>Objective 5.8:</b> By June 30, 2022, expand Tobacco Dependence Treatment program offerings beyond group classes and 1:1 counseling to increase number of patients served.</p>
<p><b>Objective 5.9:</b> By June 30, 2022, LG Health's Family Advocate will provide direct support and navigation services to 75 children affected by substance use disorder and their caregivers.</p>	<p><b>New Objective</b></p>	<p><b>New</b></p>	<p><b>N/A – New Objective</b></p>
<p><b>Objective 5.10:</b> By June 30, 2022, train 500 youth-serving professionals in strategies to mitigate the impact of substance use on children.</p>	<p><b>New Objective</b></p>	<p><b>New</b></p>	<p><b>N/A – New Objective</b></p>



## Active Living and Healthy Eating

Goal 6: Create a safe and encouraging environment for walking and bicycling in Lancaster County.

Objective	Progress Updates	Status	Revised Objective
<b>Objective 6.1:</b> By June 30, 2022, evaluate and increase motivation and confidence among municipalities to implement Complete Streets that are safe for all users.	<ul style="list-style-type: none"> <li>We conducted a survey in late 2019 to evaluate motivation, confidence, and perceived benefits and barriers to implementing Complete Streets in municipalities.</li> <li>28 municipalities completed the survey.</li> <li>The motivation scores ranged from 4 - 98, with a median value of 52. Confidence scores ranged from 0 – 99, with a median score of 42.</li> </ul>	In progress	N/A – Continuing objective
<b>Objective 6.2:</b> By June 30, 2022, reach 500+ community members annually with information about safely using pedestrian and bicycle infrastructure in Lancaster County.	<ul style="list-style-type: none"> <li>This goal is in progress and slightly ahead of the target.</li> <li>COVID-19 has created an increased interest within our community to get outside and explore walking and biking paths, and partners report an increase in pedestrian and bike traffic.</li> </ul>	In progress	N/A – Continuing objective

Goal 7: Increase access to healthy food for Lancaster County residents who are food insecure.

Objective	Progress Updates	Status	Revised Objective
<b>Objective 7.1:</b> By June 30, 2022, improve nutrition knowledge, dietary habits, and food security for 90 patients annually through the Food Farmacy program.	<ul style="list-style-type: none"> <li>A total of 53 patients are actively enrolled or completed the Food Farmacy program in FY20.</li> <li>169 patients were referred, 87 patients were eligible, but 34 were not enrolled due to reasons such as incomplete</li> </ul>	Revised	<b>Objective 7.2:</b> By June 30, 2022, improve nutrition knowledge, dietary habits, and food security for 50 patients annually through the Food Farmacy program.

	<p>bloodwork, no interest in continuing with the program, and lack of availability during pantry hours.</p> <ul style="list-style-type: none"> <li>• The Food Farmacy program has distributed more than 9,300 pounds of healthy food.</li> <li>• Three patients have completed the 6-month-long program and lost an average of 13.9 pounds and experienced a decrease of .2%-.3% in their HbA1c.</li> </ul>		
<p><b>Objective 7.2:</b> By June 30, 2020, provide access to affordable fresh produce for 200-500 food insecure residents in Columbia each month.</p>	<ul style="list-style-type: none"> <li>• The Fresh Express program distributed fresh, healthy food to an average of 444 individuals each month from July – March 2020.</li> <li>• In March, the program transitioned to a drive-through pick up model using COVID-19 precautions.</li> </ul>	<p><b>Revised</b></p>	<p><b>Objective 7.2:</b> By June 30, 2021, provide access to affordable fresh produce for 250-400 total households in Columbia each month.</p>
<p><b>Objective 7.3:</b> By June 30, 2022, increase the availability of fruits and vegetables in Lancaster City through the Healthy Corner Stores network (FY19 Baseline: 2.83 products per store).</p>	<ul style="list-style-type: none"> <li>• Availability of fruits and vegetables in Lancaster City Healthy Corner Stores increased from 2.83 to 3.22 products per store (as of March 31, 2020).</li> </ul>	<p><b>In progress</b></p>	<p><b>N/A – Continuing objective</b></p>
<p><b>Objective 7.4:</b> Through June 30, 2021, maintain 50% healthier products in vending machines at Penn Medicine Lancaster General Health facilities (FY19 Baseline: 48%)</p>	<ul style="list-style-type: none"> <li>• At the last measurement in February 2020, <b>61% of the products in vending machines</b> were healthier options.</li> </ul>	<p><b>In progress</b></p>	<p><b>N/A – Continuing objective</b></p>

## Physical Environment

Goal 8: Reduce lead exposure in Lancaster County housing.

Objective	Progress Updates	Status	Revised Objective
<b>Objective 8.1:</b> By June 30, 2020, develop a feasibility assessment and plan to reduce exposure to lead in residential properties in Lancaster County.	<ul style="list-style-type: none"> <li>LG Health partnered with the Green and Healthy Homes Initiative to complete an Asset and Gap analysis for lead poisoning prevention in Lancaster County (Appendix F).</li> </ul>	<b>Achieved</b>	<b>N/A - Completed</b>

Goal 9: Use best practices in LG Health facilities to promote a healthy physical environment in Lancaster County.

*The Pennsylvania Climate Action Plan administered by the Pennsylvania Department of Environmental Protection aims to reduce CO2 emissions by 26-28% by 2025, and 80% by 2050. This goal is intended to ensure global climate stability with continued statewide reductions in GHG emissions. At LG Health, our goal is to meet Pennsylvania’s action plan by reducing annual emissions by 20% or 6,887 Metric Tons of CO2 by 2025 and reducing emissions by 80% or 27,546 Metric Tons of CO2 by 2050. Ultimately, we strive to be nearly carbon neutral by 2050.*

Objective	Progress Updates	Status	Revised Objective
<b>Objective 9.1:</b> By June 30, 2022, reduce the carbon emissions from LG Health Facilities by 20% from a baseline of 34,433 Metric Tons per year.	<ul style="list-style-type: none"> <li>Currently operating state of the art Energy Center to improve energy efficiency</li> <li>Implemented Chiller Optimization Program, saving 1,641,440 kWh/year and CO<sub>2</sub> reduction of 1,161 metric tons.</li> <li>In the process of replacing old boilers with high efficiency boilers and retrofitting lighting to convert to LED</li> </ul>	<b>In progress</b>	<b>N/A – Continuing objective</b>

<p><b>Objective 9.2:</b> By June 30, 2022, add landscaping elements to support Lancaster County’s Community Wildlife Habitat on at least three LG Health properties.</p>	<ul style="list-style-type: none"> <li>• Entered an agreement with Lititz Borough to maintain the new Lititz Run Watershed Multifunctional Buffer at the new LG Health facility in Lititz.</li> <li>• Designed a new outdoor garden to be installed in spring 2021 at the Ann B. Barshinger Cancer Center.</li> <li>• Planned to include new native plants along Duke Street with new ED project.</li> </ul>	<p><b>In progress</b></p>	<p><b>N/A – Continuing objective</b></p>
<p><b>Objective 9.3:</b> Prevent all pharmaceutical waste from entering waterways or landfills.</p>	<ul style="list-style-type: none"> <li>• Installed take back/return bins for the community to dispose of prescription medications at the Convenience Pharmacy and ABBCI.</li> <li>• Expanding controlled substance waste program, which prevents pharmaceutical waste from entering waterways, to Nursing Units in September 2020.</li> <li>• Plan to strengthen our pharmaceutical waste program with a more streamlined approach, re-education, and clearer disposal instructions on medication labels in FY21.</li> </ul>	<p><b>In progress</b></p>	<p><b>N/A – Continuing objective</b></p>

Goal 10: Encourage employees to use environmentally-friendly transportation to work.

Objective	Progress Updates	Status	Revised Objective
<p><b>Objective 10.1:</b> By June 30, 2021, earn silver designation as a bicycle-friendly workplace from the National League of American Bicyclists.</p>	<ul style="list-style-type: none"> <li>• HR Benefits Team working with Community Health Team to submit application for Silver designation as Bicycle-Friendly workplace in October 2020.</li> <li>• HR Benefits Team and employee wellness team are collaborating to create rewards associated with family bicycling activities.</li> </ul>	<p><b>In progress</b></p>	<p><b>N/A – Continuing objective</b></p>
<p><b>Objective 10.2:</b> By June 30, 2022, increase the percentage of employees telecommuting or commuting by bicycling, walking, transit, carpooling, or vanpooling (baseline TBD).</p>	<ul style="list-style-type: none"> <li>• Continued promotion of commuter pre-tax benefit (QTA) availability during Annual Benefit Enrollment in May 2020.</li> <li>• LGHealthBenefitExtras website will begin promotion of discounted Red Rose Transit ticket offerings.</li> <li>• Developing baseline to allow for metric tracking of employees telecommuting, or bicycling, walking, transit or car/vanpooling, beginning January 1, 2021.</li> </ul>	<p><b>In progress</b></p>	<p><b>N/A – Continuing objective</b></p>

## Responding to Emerging Needs in FY20

In addition to the progress made on the goals and objectives from the 2020-2022 Community Health Improvement Plan, LG Health has completed additional community benefit activities as new community needs emerged in 2020. This section summarizes these special activities and new projects.

### COVID-19 Response

During the COVID-19 outbreak, LG Health took immediate action to prepare for providing necessary healthcare, to educate the community about best practices in prevention, and to implement public health strategies to slow the spread of the virus.

**Community Testing.** Beginning in March and continuing through July, LG Health operated a community COVID-19 drive-through testing site at Pennsylvania College and an additional site at Clipper Stadium. Testing was available to any community member with symptoms of COVID-19 or a doctor's order, at no cost to the individual. LG Health also contracted with LEMSA to provide transportation to testing for those without transportation. A total of 10,490 individuals were tested at the two sites before testing transitioned to LG Health practices and a central community testing site at the Downtown Outpatient Pavilion in July 2020.

**Contact Tracing.** LG Health developed and implemented the Lancaster County Contact Tracing Program in partnership with the Pennsylvania Department of Health. Without a local county health department, LG Health built the program materials, data management systems, and staff for a comprehensive program. The program launched on May 22, 2020. By early July, the program had contacted 562 people with COVID-19 and 668 of their contacts. The staff provide health education, information about quarantine and isolation, and assist community members with social needs and behavioral health services as needed.

**Patient Education and Community Outreach.** LG Health used a variety of communication channels to provide clear and understandable information about COVID-19 to the public. Community Health staff created and distributed fact sheets on COVID-19 using plain language in English, Spanish, Nepali, Haitian Creole, Vietnamese, and Arabic. Staff members collaborated with Wellspan Health, the Amish Research Center, PA Parochial Center, Welsh Mountain, and the Young Center for Anabaptist and Pietist Studies at Elizabethtown College on outreach and education strategies for the Plain community, including weekly education material in the Busy Beaver publication.

LG Health also coordinated the "I'm In" community outreach campaign to encourage prevention behaviors, including staying home, wearing a mask, washing hands, and social distancing. LG Health developed graphics and a webpage to share campaign resources with community partners, and coordinated PSAs and billboard advertisements with other health systems and community organizations. The campaign was unbranded and developed without copyright restrictions, and partners were encouraged to use and adapt the materials freely. Community partners in various sectors,

including Lancaster Chamber, Lancaster City Alliance, The Retreat, Boys & Girls Club, LHOP, Leadership Lancaster, ECHOS, and the City of Lancaster participated in the campaign on social media.

**Figure 13. I'm in Community Campaign Materials**



**Training and Technical Assistance.** LG Health staff provided technical assistance and advice on CDC recommendations for preventing the spread of COVID-19 tailored for specific sectors. Many organizations requested assistance from LG Health in understanding and implementing public health guidance, including Lancaster County school districts, Tabor, Water Street Mission, Lancaster Central Market, West Hempfield Township, United Way of Lancaster County, and social service hubs throughout the county.

## Supporting People Experiencing Homelessness with Lanc Co MyHome

Lanc Co MyHome, a cross-sector collaboration housed at Penn Medicine Lancaster General health, was established in 2009 to help people experiencing homelessness in Lancaster County. It brings together more than 200 partners from health care to housing, government agencies, and human services organizations to help people experiencing homelessness in Lancaster County.

This year, the efforts of Lanc Co MyHome are particularly crucial because housing affects many aspects of COVID-19 prevention and treatment. With millions of people losing wages and other benefits due to the pandemic, many are at high risk for eviction and homelessness during stay-at-home and social distancing measures. In addition, residents of crowded, low-income housing and shelters are less able to adequately practice social distancing, potentially hastening the spread of the virus.

During the pandemic, the coalition worked with partners to extend seasonal shelters, add portable bathrooms and hand washing stations, arrange new grab-and-go meal sites, open a day center, and organize a quarantine hotel. LG Health is also working closely with shelters to implement best practices recommended by the CDC to protect the homeless population. In the early days of the pandemic, LG Health launched a system to ensure that individuals without a permanent address can receive an expedited test, as self-isolation during waiting periods may be more challenging for this population than others. The health system also expanded its courtesy transportation program during the pandemic. As part of the program, community organizations serving individuals experiencing homelessness can contact LG Health to arrange a ride to COVID-19 testing sites (or to the area's quarantine hotel) for individuals who are sick. Rides are provided by trained health professionals using wheelchair-equipped vans that are thoroughly disinfected after each trip.

Quarantine services are offered to individuals living in one of the emergency shelters or living on the streets (unsheltered) who are awaiting COVID-19 test results or have tested positive. Transportation services have taken individuals to testing and quarantine sites quickly, ensuring that the potential for the disease to spread remains low. In quarantine, Lanc Co MyHome provides three meals a day, check-in calls with case managers twice a day, and additional calls from medical personnel.

The new day center opened within a few weeks of the pandemic's start in Lancaster County, at a time when the state's stay-at-home order precluded individuals from going inside to get out of the elements. In partnership with a local church and a new local non-profit, the day center has been able to serve between 20-30 people a day and offers on-site drug and alcohol counseling, connection to human and housing services, snacks, clothing, laundry cards, as well as a sense of community for a group of individuals who have been so marginalized that a sense of belonging has been non-existent.

Lastly, a low-barrier overnight shelter recently opened to serve individuals who are historically challenging to bring inside. This important initiative allows Lanc Co MyHome to build trusting relationships by meeting one of the basic needs people have. Additionally, it allows individuals to get out of areas where people are congregating and reduce potential exposure to COVID-19. To date, an average of 12 people have used the shelter per night.



## Joining Forces for Children

As mentioned in the Community Needs Assessment Update, LG Health and partners identified a need to provide aligned, comprehensive services for children who have experienced addiction in their families. This year, Joining Forces for Children (JFC) was launched to address this pressing need.

The launch of JFC included hiring a Project Coordinator (in November 2019) and Family Advocate (in June 2020). The Project Coordinator quickly worked to pull a group of stakeholders together to drive a strategic planning process. The stakeholders include:

- COBYS Family Services
- Community Action Partnership (CAP) – Thrive to 5 and Parents as Teachers
- Penn Medicine Lancaster General Health Healthy Beginnings Plus
- Lancaster County Behavioral Health and Disability Services
- Lancaster County Children’s Alliance
- Lancaster County Children and Youth
- Lancaster County Early Intervention
- Lancaster County Victim/Witness Services
- Lancaster Lebanon Intermediate Unit 13
- RASE Project

This planning process resulted in collaborative goals, a data collection and analysis plan, and a better-defined role for the Family Advocate.

In addition to coordinating the strategic plan, the project team has:

- Developed and implemented a virtual training about the impact of substance use disorder and recovery on children and families, delivered to 200 individuals
- Engaged local partners and developed local protocols for the Handle With Care program, a trauma-sensitive approach that allows local law enforcement to notify school personnel when they’ve encountered a child at a traumatic scene.
- Worked with the Family Advocate to identify and document internal procedures for recruitment, participant contact, and record keeping.
- Created a database in REDCap to securely document the services provided to individuals and families working with the Family Advocate.
- Created several guidance documents for families impacted by substance use disorder in addition to guidance for professionals, including a resource directory highlighting local resources for children of addiction, *How to Talk to Children about Substance Use Disorder and Recovery*, and *How to Support Children Impacted by Addiction*.
- Developed and adapted materials for child participants, which include a “My Journey” booklet, *The Brain House*, and a variety of social-emotional learning tools.

Objectives 3.5, 5.9, and 5.10 have been added to the CHIP to capture the on-going work of JFC.

## **2020 Census**

LG Health participated in the cross-sector Lancaster County effort to count everyone in the 2020 Census. We have focused on advancing the health and well-being of the communities we serve for more than 125 years. As time has changed, so have the needs of our community. To help the health system gauge the evolving needs of the community, LG Health utilizes various forms of data and information, included Census Bureau data.

The census takes place every ten years, with the next census taking place throughout 2020. The 2020 Census will aid the federal government in administering more than \$1.5 trillion in federal funding and to determine how the 435-seat U.S. House of Representatives will be allocated based on population.

The Census also collects various health statistics that are important in measuring the nation's and individual communities' overall well-being. Data collected during the 2020 Census will continue to provide a snapshot of the strengths and needs of our community, and will guide LG Health's community programs, partnerships and initiatives for years to come.

Our staff distributed education materials throughout the community, gave presentations to community partner groups, and shared health-related stories about the importance of completing the Census.

## **Expansion of Lancaster County Children's Alliance**

The Lancaster County Children's Alliance (LCCA) is the county's only child advocacy center that coordinates the investigation, prosecution, and treatment of child sexual abuse. LCCA opened a new, fully renovated location at 430 North Lime Street in Lancaster on January 27, 2020.

The new facility is specifically designed to provide a safe and child-focused environment. New forensic interview and observation rooms will enable team members to more effectively gather evidence to help prosecute abusers, all while helping the child take their first steps to healing. Other features include a new family counseling room, consultation rooms and off-street parking for families.

The facility was renovated following a \$1.2 million campaign that was generously supported by the community, and led by campaign co-chairs Ralph Simpson, CEO of Warfel Construction, and Gregg Scott, Partner Emeritus of RLPS architects. Carol Rae Cullition, President of the Gunterberg Charitable Foundation, served as the Honorary Campaign Chair and generously provided a leadership gift that matched all gifts made to this project.

## **Practicing Within the Bigger Picture**

Practicing Within the Bigger Picture was a pilot project to support LG Health's goal to increase access to quality care for individuals who are at risk for health disparities. In December 2019, LG Health received funding from the National Institute of Health/Network of the National Library of Medicine to pilot a new staff development curriculum.

The goals of the project were:

- 1) to increase awareness of the various aspects of a patient's health literacy that affect the way they access and receive care
- 2) to equip interprofessional staff with knowledge around evidence based practice to improve the way they provide care, keeping health literacy and these various aspects in mind.

In this pilot program, two departments participated in the Clinical Conversations curriculum, 14 modules of 10-30 minutes focusing on social determinants of health, cultural humility, and LGBTQ+ Affirming Care. Due to COVID-19, all non-essential training and meetings were cancelled across the health system and the pilot project was only partially completed.

The participants found that the curriculum covered vital factors in patient care that are not addressed in professional schooling. In addition, interest in the program has been expressed from various groups who were not part of the initial pilot. There is strong interest in continuing this program or other similar professional development opportunities in the future.

## Appendix A. Updated Social and Economic Indicators

Indicator	Overall	Age	Race	Gender	Sexual Orientation
Average household median income (American Community Survey, 2014-2018)	\$63,823	15 to 24 years: \$38,639 25 to 44 years: \$68,320 45 to 64 years: \$79,265 65 years and over: \$44,627	White: \$65,683 Black: \$39,940 American Indian/Alaska Native (AI/AN): \$63,661 Asian: \$70,792 Other: \$35,044 2+ Races: \$54,124 Hispanic/Latino: \$40,494	Family households: Female householder, no husband present: \$38,153 Male householder, no wife present: \$54,718	ND
Individuals living below the poverty level (American Community Survey, 2014-2018)	10%	Under 5 years: 15.5% 5 to 17 years: 13.6% 18 to 34 years: 12.7% 35 to 64 years: 7.3% 65 years +: 6.5%	White: 8.4% Black: 26.7% AI/AN: 2.2% Asian: 11.7% NH/PI: 33.0% Other: 27.3% 2+ Races: 16.9% Hispanic/Latino: 26.1%	Male: 8.9% Female: 11.0%	ND
Percentage with health insurance (American Community Survey, 2014-2018)		Under 6 years: 81.6% 6 to 18 years: 85.7% 19 to 25 years: 82.9% 26 to 34 years: 86.8% 35 to 44 years: 86.7% 45 to 54 years: 89.3% 55 to 64 years: 91.3% 65 to 74 years: 97.3% 75 years +: 98.7%	White: 88.0% Black: 94.5% AI/AN: ND Asian: 95.8% NH/PI: ND Other: 90.7% 2+ Races: 91.8% Hispanic/Latino: 92.1%	Male: 88.2% Female: 89.1%	ND
Adults without a personal health care provider (BRFSS, 2017-2019)	17%	18-44: 31% 45-64: 7% 65+: 5%	ND	Female: 11% Male: 23%	ND
Adults who needed to see a doctor but didn't because of cost (BRFSS, 2017-2019)	7%	18-44: 11% 45-64: 3% 65+: 5%	ND	Female: 10% Male: 5%	ND


## Appendix B. Updated Health Indicators<sup>39</sup>

Indicator	Overall	Age	Race	Gender	Sexual Orientation
Babies with low birth weight (PA Department of Health, 2018)	6.1%	ND	White: 5.3% Black: 12.1% Asian: 7.4% Hisp/Latino: 10.3% 2+ Races: 8.1%	ND	ND
Pre-term births (PA Department of Health, 2018)	8.6%	ND	White: 8.0% Black: 12.2% Asian: 8.6% Hisp/Latino: 10.9% 2+ Races: 10.8%	ND	ND
Percentage of adults with fair/poor general health (BRFSS, 2017-2019)	17%	18-44: 12% 45-64: 18% 65+: 28%	ND	Male: 18% Female: 17%	ND
Percentage of adults whose mental health was not good at least 1 day in the past month (BRFSS, 2017-2019)	31%	18-44: 38% 45-64: 31% 65+: 18%	ND	Male: 23% Female: 40%	ND
Adults with obesity (BRFSS, 2017-2019)	34%	18-44: 34% 45-64: 35% 65+: 31%	ND	Male: 29% Female: 39%	ND
Adults with asthma (BRFSS, 2017-2019)	17%	18-44: 22% 45-64: 13% 65+: 11%		Male: 13% Female: 20%	
Adults ever told they have COPD, chronic bronchitis, or emphysema (BRFSS, 2017-2019)	4%	18-44: 1% 45-64: 5% 65+: 10%	ND	Male: 5% Female: 3%	ND

<sup>39</sup> These data were provided by the Pennsylvania Department of Health. The Department specifically disclaims responsibility for any analyses, interpretations or conclusions.

Adults age 35+ ever told they have heart disease (BRFSS, 2017-2019)	5%	35-44: 0% 45-64: 2% 65+: 11%	ND	Male: 8% Female: 2%	ND
Age-adjusted mortality rate from cancer (National Cancer Institute, 2014-2018)	148.1 per 100,000	ND	White: 148.4 Black: 196.1 Asian: 99.1 Hispanic/Latino: 117.7	Male: 175.1 Female: 128.0	ND
Age-adjusted mortality rate from suicide (PA Department of Health, 2014-2018)	11.4 per 100,000	ND	Hispanic/Latino: 8.2	Female: 4.9 Male: 18.4	ND
Age-adjusted drug overdose mortality rate (PA Department of Health, 2016-2018)	27.4 per 100,000	ND	Hispanic/Latino: 30.3	Male: 38.8 Female: 16.1	ND
Age-adjusted mortality rate from diabetes (PA Department of Health, 2014-2018)	20.0 per 100,000	ND	Hispanic/Latino: 31.9	Male: 24.3 Female: 16.3	ND

**Appendix C. Lancaster County Transportation Working Group Report**



# Lancaster County Transportation Working Group Summary

February 2020



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Stacy Newcomer, Commuter Services of PA  
Rod Redcay, Mayor, Denver, PA  
Jonathan Russell, Hourglass  
Michele Sipel, Landis Homes  
Scott Standish, Lancaster County Planning Commission  
Heather Valudes, Lancaster Chamber  
Kim Wittel, Love INC  
Jeremy Young, Lancaster City Alliance

## Introduction

Transportation is essential for connecting people to important resources, including school and job opportunities, food and other essentials, medical care, opportunities to socialize, and services. In Lancaster County, community members, government leaders, planning professionals, the business community, environmental groups, and health professionals are concerned about transportation challenges in Lancaster. In particular, there is concern about people with special transportation needs - those are unable to transport themselves or to purchase transportation because of physical or mental disability, income status, or age.

In April 2019, a group of community leaders came together to develop an asset inventory of existing community resources for people with special transportation needs, to identify the most pressing gaps in our county transportation system, and to recommend possible short-term and long-term solutions.

## People with Special Transportation Needs

The group defined people with special transportation needs as people who are unable to transport themselves or to purchase transportation because of physical or mental disability, income status, or age.

- Lancaster County has a total population of 536,494. In general, Lancaster County relies heavily on car transportation. According to the most recent data, 74.5% of the working population drives alone to work, 12.9% carpool, 0.9% use public transportation, 3.8% walk, 0.6% bicycle, and 5.8% work from home.<sup>40</sup> For special populations who are unable to drive their own vehicles, other options are needed.
- Approximately 11% of the households in Lancaster County (23,125 households) have no vehicle available.<sup>41</sup>
- People who are living in poverty may have difficulty accessing transportation, either their own vehicle or other transportation options, because of cost barriers. In Lancaster County, 7.6% of the population is living below the poverty level (approximately 40,000 individuals).<sup>42</sup> In rural areas, people living in poverty have particular difficulty with transportation because these areas are too sparsely populated to support fixed route public transit.
- Physical or age limitations may also create barriers to transportation. In Lancaster County, 24% of the population (128,724) is under age 18 and 16.7% (89,833) is over age 65. Although Americans are healthier and living longer than ever before, many middle-aged and senior individuals suffer from arthritis, reduced flexibility and limited range of motion, or use medications that may make driving difficult.<sup>43</sup>
- Individuals of all ages may also have other disabilities that require special transportation solutions. Table 1 shows the individuals in Lancaster County with disabilities.

**Table 1. Disabilities in the Lancaster County Population<sup>44</sup>**

	<b>Number of Individuals</b>	<b>Percent of the Population</b>
With a hearing difficulty	20,419	3.8%
With a vision difficulty	12,024	2.2%
With a cognitive difficulty	25,719	5.1%
With an ambulatory difficulty	29,944	6.0%
With a self-care difficulty	11,417	2.3%
With an independent living difficulty	22,883	5.6%

<sup>40</sup> American Community Survey 1-Year Estimates, 2018.

<sup>41</sup> American Community Survey 1-Year Estimates, 2018.

<sup>42</sup> American Community Survey 1-Year Estimates, 2018.

<sup>43</sup> AAA.com. Senior Driving: Facts and Research. <https://seniordriving.aaa.com/resources-family-friends/conversations-about-driving/facts-research/>

<sup>44</sup> American Community Survey 1-Year Estimates, 2018.

## Community Transportation Assets

Lancaster County has a variety of transportation resources, including public transit, services offered by volunteer-run organizations, private transportation services, and community organizations.

### Regional or Client-based Services

These services are provided by Red Rose Access, a variety of volunteer-run organizations, and social service agencies for a specific group of people in a geographic region or clients with special needs. Red Rose Access is a coordinated service responsible for social service transportation in Lancaster. It was first created in 1979 as the Lancaster Integrated Specialized Transportation Service (LISTS) through collaboration between the County and City of Lancaster, Lancaster County Planning Commission, the Office of Aging, Community Action Program, other social service agencies and several private transportation providers.

### Countywide Transportation Services

These services include countywide organizations and Red Rose Transit Authority, the public transit provider. Lancaster City Council and the Lancaster County Board of Commissioners formed the Red Rose Transit Authority (RRTA) in 1973 to provide public transportation services in Lancaster County. RRTA became an operating agency in 1976, when it acquired the fixed route assets of the local private carrier and began operating the fixed route bus system in Lancaster County. Since 1997, Lancaster County has provided funding to support RRTA operations and appoints the members of the RRTA Board of Directors. The figures below show the existing Lancaster Area transit system

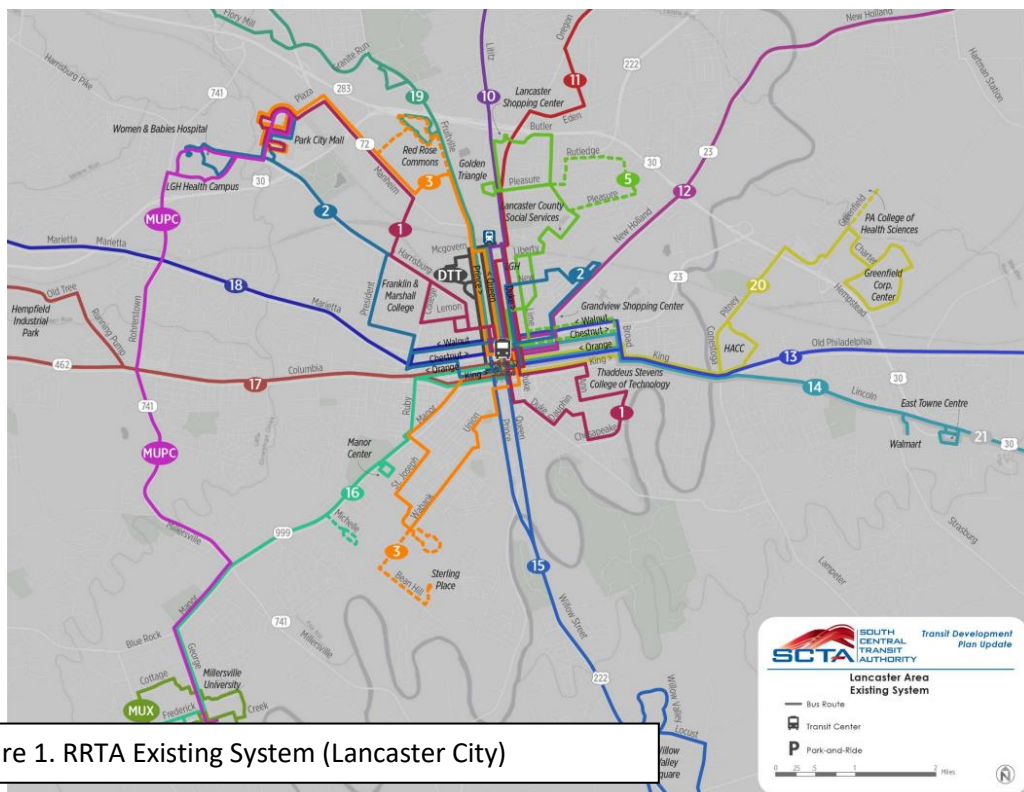


Figure 1. RRTA Existing System (Lancaster City)

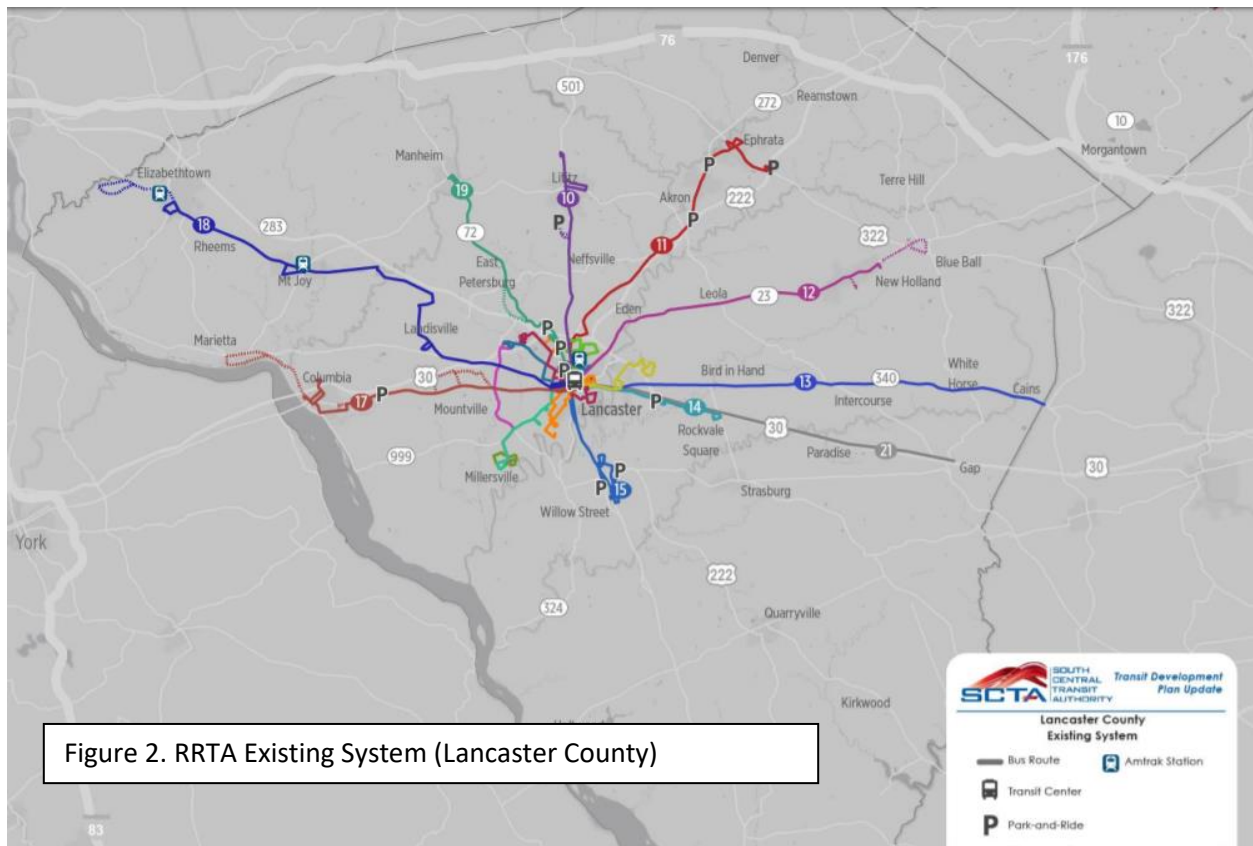


Figure 2. RRTA Existing System (Lancaster County)

### Medical Transportation

Specialty services are provided by several organizations to transport patients to medical appointments, including those with mobility needs or those needing basic life support during transport.

### Supportive Services

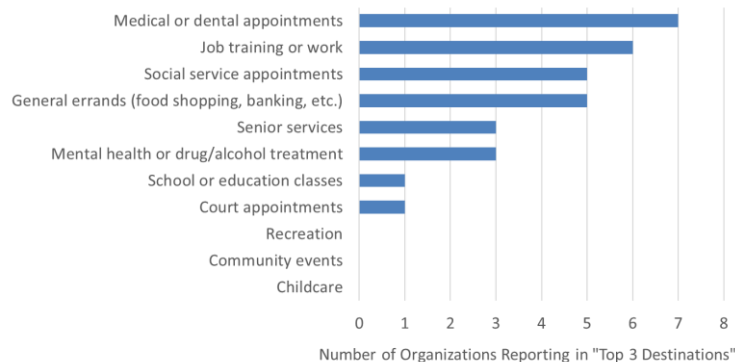
These organizations do not provide transportation but offer discounts or other assistance to clients who are in need of transportation.

A complete description of the services the group members identified is shown in Appendix A.

## Transportation Gaps and Barriers

- 1) **Limited fixed route bus service.** The group discussed demand-based planning for transit services. The timing of scheduled, fixed route bus service depends on population density, employment centers, and predicted need for transit (low-income, no vehicle, etc.). In many areas of Lancaster County, there is not enough anticipated demand to support fixed route transit service. Denver, Strasburg, Quarryville and the southern end of the community are some of the specific geographic areas not covered by existing bus service.
- 2) **Inconvenience of transit.** Group members noted that the hub-and-spoke system can create long transit times for those riding buses, and buses do not operate as frequently as some riders would prefer. The Red Rose Access program helps vulnerable populations with door-to-door service, but the wait times can be long. Some group members noted that individuals could wait hours before or after an appointment due to the ride schedule.
- 3) **Cost.** Organizations currently providing transportation services through volunteers or as a social service noted that their clients are low-income families. Those who are unemployed, retired, or in low-income jobs may not be able to afford existing options, such as transit service or ride share programs.
- 4) **Lack of alternative options.** In many areas of the county, getting around by car/vehicle is the only safe and feasible option. There is limited pedestrian and bicycle infrastructure in most areas of the county, and many people live relatively far from job opportunities and services.
- 5) **Medical and dental transportation.** Group members from Love, Inc. and Ephrata Area Social Services reported that they provide rides to medical appointments often. Healthcare case managers noted that “concierge” services for medical transportation are too costly for many people to afford. As shown in the table below, medical and dental appointments were the most common destination for non-profits currently providing transportation for vulnerable populations.

**Figure 3. Most Common Destinations for Non-Profits Providing Transportation (N=8)<sup>45</sup>**



<sup>45</sup> Lancaster County Transportation Working Group Survey, June 2019

## Summary of Community Needs

Overall, the group identified these four issues as the greatest transportation needs for people who are unable to transport themselves or to purchase transportation because of physical or mental disability, income status, or age:

- 1) Regular transportation to work for workers/employers who are not near public transit routes.
- 2) Transportation service for time-based appointments (social services, school appointments, job interviews).
- 3) Transportation service for important time-flexible needs (such as grocery shopping).
- 4) Services for medical/special needs (such as discharge after surgery and other medical needs).

## Potential Solutions

The group brainstormed four potential solutions and briefly reviewed the feasibility of each solution.

### Countywide Culture Shift Towards Public Transit

A comprehensive culture change strategy could increase the use and reach of public transit in Lancaster County. This strategy would require a combination of tactics to change the community perceptions about transit and increase ridership.

These tactics could include:

- A professional marketing campaign to encourage the use of public transit
- A comprehensive review of the current barriers to using transit and a systematic approach to reducing these barriers
- Increasing the benefits of using transit, such as rewards, workplace incentives, etc.
- Developing partnerships with workplaces, schools, and other organizations to increase the use of transit among their communities
- Improving transit stops and expanding service frequency, reach, and hours
- Connecting transit with other forms of transportation so that people can easily reach transit stops.

Some community partners are already committed to using these strategies, including SCTA, the Lancaster County Planning Commission, and Commuter Services of PA. Scaling up this type of strategy would require long-term commitment and sustainable funding.

### Transit Circulators

Transit circulators offer transportation in a specific, limited geographic area to meet a community need.

The Lancaster Chamber and employer partners developed a pilot program to offer transportation to work on a regular schedule from Lancaster City to specific job sites in Denver. The cost of the service is

split by employers and employees. This scheduled service has limited stops and operates on a schedule that aligns with employer job shifts. In addition, the Northern Lancaster Hub has started a fixed route shuttle from Denver to Ephrata, aiming to link essential services in the two communities. This route also effectively extends the existing bus route, allowing people in Denver to connect to the RRTA stop in Ephrata.

These shuttles can be effective solutions when enough community members in one area have a common need to reach services, jobs, or resources in another area. Fixed route shuttle services can be coordinated and funded by many types of partners, including businesses, non-profits, government, higher education or schools, etc. In Lancaster County, there are other social service hubs, similar to the Northern Lancaster Hub, that may have an interest in creating regional circulators. A map of social service hub regions is shown in Appendix B.

The group also found that senior living facilities often have vans or buses that may not always be in use and could potentially be used to develop circulators.

### Clearinghouse of Vehicles

The group considered the possibility of using existing vans and buses to meet the transportation needs for patients leaving the hospital. This solution would involve identifying senior centers, schools, and other organizations that may have vehicles that are not used for the entire day. Instead of sitting idle, these vehicles could be used to transport patients who do not have a ride home from the hospital.

Ultimately, this solution had too many legal and policy barriers to be feasible. Instead, each hospital system participating in the group identified other more feasible solutions (see Recommendations section).

### Ride Share Solutions

Many communities have developed programs with Uber and/or Lyft that offer subsidized rides for community members in need. The United Way sponsored a pilot Lyft-211 partnership program in 12 cities in 2018, and provided more than 12,000 free rides. Community members who contacted 211 and met the eligibility criteria for the program received a free Lyft ride. The program was expanded to 25 new markets in 2019. Now, across the country, 211 can apply to become an independent partner with Lyft for discounted rates.

Other communities, including Pinellas County, FL; San Joaquin, CA; and Philadelphia, PA, have developed partnerships with specific aims, such as increasing access to fresh food stores or transporting community members to job opportunities. Universities, healthcare companies, and private businesses have also developed partnerships with ride share companies to serve their students, patients, and clients.

Based on other communities' experience and past call volume to 211 for transportation, the group estimated that Lancaster County could start a pilot Lyft-211 partnership program, offering 20 rides per month, for approximately \$8,000-\$10,000 per year. **The group identified this solution as the most feasible option to continue pursuing.**



## Recommendations

### **1) Incorporate working group findings in the Metropolitan Transportation Plan.**

Long-term county planning documents should include specific assessments of the transportation needs for special populations. While this report was being created, the Metropolitan Transportation Plan was also being developed. Group members from the working group participated in special focus group sessions with the MTP consultant to share perspectives on county needs for special populations. This report will also be included in the MTP and will be presented to the Metropolitan Planning Organization (MPO) and the Transportation Technical Advisory Committee (TTAC).

### **2) Continue to support implementation of places2040 and the Active Transportation Plan.**

The group endorses places2040 and the Lancaster County Active Transportation Plan (see Appendix C). These plans call for building communities with better transportation alternatives. We support efforts to build Complete Streets, building with more density, and creating more mixed-use transit-oriented communities. This type of community design allows people to walk and bike safely and supports new opportunities to expand public transit.

### **3) Healthcare organizations will develop partnerships to support patient transportation needs.**

The group's healthcare members are committed to assisting their patients with transportation. WellSpan has worked with partners to create stops for RRTA and the Northern Hub shuttle at WellSpan Ephrata Community Hospital. In addition, their case managers offer bus and taxi vouchers to patients in need. Penn Medicine Lancaster General Health launched a courtesy transportation service from LEMSA to bring patients home from the hospital and to scheduled medical appointments. The healthcare group members will continue to monitor transportation requests to 211 and to non-profits to ensure these solutions are meeting patient needs.

### **4) Continue to experiment with regional transit circulators in response to community needs.**

The Chamber and community hubs are continuing to consider other opportunities to create fixed route shuttles to help community members reach jobs, services, school, and recreation opportunities. In the future, it may be beneficial for experienced operators to create a toolkit with lessons learned and clear guidance about how to create a community circulator.

### **5) Develop a plan for a Lyft-211 community transportation program.**

A new working group will form to create a detailed plan for a Lyft-211 program in Lancaster County. Group members recommend that this program serve low-income individuals (18+ and children with caregivers) and provide rides for social service appointments, drug & alcohol or mental health treatment, job interviews/training/job fairs, school events for parents, senior centers, and services such as grocery stores. The new working group will confirm program logistics and details, develop a budget, and identify funding opportunities.

## Appendix A. Community Transportation Assets

Regional/Client Based Services	Service/ Organization	Days & Hours of Operation	Geographic Area Served	Clients Served	Cost	Type of Service Provided
	Red Rose Access Access to Jobs Program	As needed	6-mile radius of Lancaster City	Low-income clients (150% FPL) needing transportation to work within 1/4 mile of a bus route outside of fixed route hours		Scheduled door-to-door service. Clients complete an application to be approved for the program. The application process takes about 5 to 7 business days for acceptance.
	Red Rose Access ADA Program	Mon - Sat, 5:30 a.m. – 7:00 p.m. outside the Lancaster metro area; Mon-Sat 5:00 a.m. to 11:35 p.m. and Sunday 7:00 a.m. to 7:00 p.m. in Lancaster City	Lancaster City and County	Clients with a disability within 3/4 of a mile of a bus route	Same as RRTA	Scheduled door-to-door service. An application must be completed to be approved for the ADA Program. RRTA will make a determination of eligibility within 21 days of receiving your application for service.
	Red Rose Access Additional Programs	Generally available from 6:00 a.m. to 6:00 p.m., with evening and weekend service for some programs.	Lancaster County	Seniors 65+ and Patients with Medical Assistance and seniors traveling to medical appointments	Varies	Scheduled door-to-door service

Regional/Client Based Services	The Factory Ministries	As needed	Eastern Lancaster County	Factory Ministries clients	Free	Scheduled door-to-door service The Factory Ministries arranges rides by volunteers if a client has an urgent need. We also provide transportation for teens to various appointments and Factory events, and for home-bound individuals attending our workshops (serve 5-10 people on a routine basis and about 30-40 people for a one-time ride per year).
	CrossNet Ministries	Monday-Friday 8AM-6PM	ELANCO School District	Individuals traveling to health and school appointments	Free	Scheduled door-to-door service (with one week notice). Volunteers are on call to provide rides and are not guaranteed. Also provide transit passes.
	Ephrata Area Social Services	Monday-Friday 8:30 AM – 4:00 PM	Ephrata Area & Cocalico School Districts	Anyone in the EASS service area	Free	Provide on-demand and scheduled rides, as well as discounted/free bus passes. 2018 - 2698 rides 2019 Jan - April – 1505 rides
	Northern Lancaster Hub Shuttle	Monday-Friday 8:30AM-2:30PM	Denver/Ephrata	Anyone	Free	Fixed route service, Denver to Ephrata <a href="http://www.northernlanasterhub.org/hub-shuttle">www.northernlanasterhub.org/hub-shuttle</a>
	Domestic Violence Services/CAP	As needed	N/A	DVS clients	Free	We offer emergency transportation to or from shelter, and our shelter offers bus passes as needed. Occasionally volunteers will provide transportation for other needs. <i>Note: Transportation is almost always a barrier for our clients.</i>
	Your Job Connection (Lancaster Chamber & partners)	Scheduled service every day 12-7AM and 12-6 PM	Lancaster City to High/Four Seasons	Employees or applicants for employment at Four Seasons or High Concrete	\$40/month to rider (\$64/month covered by employer)	Service operates on a fixed route, fixed time schedule.

Countywide Transportation Services	Service/ Organization	Days & Hours of Operation	Geographic Area Served	Clients Served	Cost	Type of Service Provided
	Red Rose Transit	Varies, generally 6AM-11PM weekdays and condensed schedule weekends	17 routes serving Lancaster City and Lancaster County, with a hub-and-spoke model	General public	\$1.70-\$2.90 per trip \$12.00-\$21.00 for 10 rides \$35.00-\$64.00 per month Discounts for K-12, people with disabilities; free for seniors 65+	Fixed route service
	Love INC of Lancaster County	As needed <i>Note: Not often on the weekends, but available on a case-by-case basis.</i>	Lancaster County	Lancaster County adults. Children with parent or guardian, who must have car seat.	Free	Scheduled door-to-door rides provided by volunteer drivers.
	Center for Independent Living of Central PA	All days, 8 AM – 10 PM	Lancaster County and surrounding counties	General public	\$17.00 per trip plus \$1.00/mile for Dauphin/Cumberland and extra for other counties	Scheduled door-to-door service
	Brighter Day Foundation	As needed	Lancaster County	Low-income adults	Free	Scheduled door-to-door service by volunteers to medical appointments, procedures, dental appointments, pharmacy, grocery shopping,

Medical Transportation	Service/ Organization	Days & Hours of Operation	Geographic Area Served	Clients Served	Cost	Type of Service Provided
	American Cancer Society Road to Recovery Program	Mon-Fri 8:30am to 4:30pm	Lancaster County	Cancer patients	Free	ACS offers transportation to treatment sites by volunteer drivers when no other alternative exists. Transportation is provided for radiation and chemotherapy treatments and for cancer-related bloodwork. An 800 number (800-ACS-2345) and website (www.cancer.org) offer 24 hour up-to-date information for assistance and support.
	Lancaster EMS	As needed	Lancaster County	Generally patients with wheelchairs	Roundtrip \$73 + \$2.60/ mile	Provides non-emergency medical transportation to and from hospitals and other health care facilities, including specialized van for wheelchair patients and ambulance. Membership rates are also available.
	Integrated Medical Transport	As needed	Lancaster and other counties	Individuals and health systems needing medical transportation	Varies (beginning at \$50/trip)	Company offers 60 wheelchair vans, 6 ambulances to transport patients to medical appointments and procedures. Accepts all forms of insurance.

Supportive Services	Service/ Organization	Days & Hours of Operation	Geographic Area Served	Clients Served	Cost	Type of Service Provided
	Lancaster County Workforce Development Board (CareerLink)	N/A	Lancaster County	CareerLink clients	Free	Provides supportive services to help people access transportation for workforce needs. Bus passes are provided to some of our clients as needed to get to work, interviews, etc.
	Lancaster County Office of Assistance	N/A	Lancaster County	Clients needing transportation to work	Free	The Lancaster County Office of Assistance partners with Red Rose Transit Authority to help their clients who need transportation for employment. RRTA provides passes free of charge to the organization for their caseworkers to provide for their clients if they are employed.

# Appendix B. Social Service Hub Regions

## Place-Based Planning Areas Lancaster County, Pennsylvania with overlay of Social Service HUBs

★ County Planning areas do not directly reflect HUB service areas



## Appendix C. Existing County Transportation Plans

### Places2040

<http://places2040.com>

Places2040 is the Lancaster County Comprehensive Plan, completed in October 2018. The purpose of the plan is to:

- Educate people about the community’s strengths, weaknesses, opportunities, and threats;
- Discuss how key resources will be protected and enhanced;
- Establish principles for growth and development;
- Recommend priorities for funding and new investment;
- Provide a rationale for future direction and policies; and
- Guide community leaders in making decisions.

The ideas in this plan reflect the consensus that emerged from the residents of Lancaster County, the Partners for Place (representing the business community and nonprofit groups) and other leaders in our community. The civic engagement phase of the planning process identified eight priorities, including transportation. The community asked for a “more efficient and flexible transportation system with more alternatives and connections.” Places2040 includes 5 “big ideas,” 26 policies, and 7 catalytic tools & strategies. These represent the handful of actions that are most likely to move the needle to achieve our priorities in the next 10 to 15 years.

The key policies in Places2040 that are related to improving transportation for special populations are:

- Create a mix of uses in communities and corridors
- Make our downtowns into regional hubs
- Create more places to hike, bike, play and enjoy nature
- Make it easier to get around without a car
- Connect housing, jobs, schools, transportation, and other destinations
- Create more road, transit, trail and sidewalk connections
- Build more compactly and efficiently
- Integrate place-based thinking into all future planning initiatives.

The 7 catalytic tools and strategies include practicing place-based planning, simplified zoning, official maps, Complete Streets, investment in infrastructure and public services, collaboration to implement policies, and aligning community resources.

### Transit Development Plan

<https://www.sctapa.com/>

In August 2018, the South Central Transit Authority (SCTA) completed the development a Transit Development Plan (TDP) for the fixed-route bus and paratransit services in Berks and Lancaster Counties. The TDP is a guide for meeting future demands for transit services and increasing the overall use of public transit. Development of the TDP involved:

- Identifying demographics and travel trends



- Evaluating current BARTA and RRTA service
- Gathering input from riders and the public regarding existing services and future needs
- Establishing goals and strategies to address unmet transit needs and service issues, such as connecting employees to their place of work
- Identifying and evaluating opportunities for potential growth
- Estimating the level of funding available to provide transit services over the life of the plan
- Conducting a fare analysis

According to the TDP, “the combination of population and employment densities can be used to identify the large majority of underlying transit demand, typically driving 80% or more of year-round resident-based demand.” The TDP maps the population density of Lancaster County, adjusted for factors that indicate people are more likely to use transit (such as income, lack of vehicle ownership, and minority race), and the locations of Lancaster’s significant employers. Based on this analysis, these are the areas with the highest demand for transit in Lancaster County:

- Lancaster City and just northwest of the city
- Northwest along PA Route 72, through East Petersburg
- Just west of Lancaster City, along US Route 30
- Ephrata
- Columbia
- There are also areas with some demand in the northern half of the county in Lititz, Manheim, Elizabethtown, and Mt. Joy, as well as New Holland.

### Lancaster County Active Transportation Plan

<http://www.lancasteratp.org/>

Active transportation is a term used to describe transportation that is self-propelled or powered by human energy, such as walking and bicycling. The built environment provides important cues that influence the transportation decisions people make. Features of the built environment include the design of our roads; the provision of sidewalks, trails, and bicycle lanes; the compactness of development; and a mix of land uses. If it is easy and safe to walk and bike to a variety of destinations, people are more likely to choose active transportation.

The Lancaster County Active Transportation Plan (ATP) lays the framework for action by public, private, and non-profit partners in our community to achieve the vision that has been developed for active transportation. It establishes a priority network to focus investment in both on-road and off-road facilities throughout the County, the LIMC region, and the City of Lancaster. It contains policies and programs that will encourage and educate bicyclists, pedestrians, and automobile drivers, foster respect and enhance safety.

The ATP includes: a bicycle and pedestrian network for Lancaster County, a bike network for Lancaster City, and feasibility plans for cross-county greenways (the Greater Lancaster Heritage Pathway and the Engleside Greenway).



**Appendix D. Let's Talk Lancaster SOAR**

**Goal 1. Increase the number of people who have access to behavioral health services.**

<b>Strengths</b>	<b>Opportunities</b>	<b>Aspirations</b>	<b>Results</b>
What are our greatest strengths?	What are our best opportunities?	What are our aspirations / preferred future?	What are our measurable results?
<ul style="list-style-type: none"> <li>• Number of providers</li> <li>• Increased access due to:               <ul style="list-style-type: none"> <li>• same day access</li> <li>• beds</li> <li>• co-pay assistance</li> </ul> </li> <li>• Increase comfort to PCP and screening for depression</li> <li>• 211 increased accuracy</li> <li>• Increased awareness</li> <li>• Existing coalitions and relationships</li> </ul>	<ul style="list-style-type: none"> <li>• Navigation/care coordination</li> <li>• Increase number of providers consider multiple tiers</li> <li>• Expand diversity and depth of providers and services               <ul style="list-style-type: none"> <li>• Culture / language</li> <li>• LGBT</li> <li>• Interpretation</li> <li>• Family based nontraditional</li> <li>• telehealth</li> </ul> </li> <li>• Develop non crisis walk in</li> <li>• Enhance provider retention, training and reimbursement</li> <li>• Enhance collaboration, communication and support among current service providers</li> <li>• Increase screening for SUD, suicide, anxiety in PCP</li> </ul>	<ul style="list-style-type: none"> <li>• Decrease in wait times and barriers to receive care:</li> <li>• Transportation</li> <li>• Financial</li> <li>• Interpretation/language and wait times</li> <li>• Increased services for uninsured</li> <li>• Licensed professionals and case managers</li> <li>• Increase reimbursement</li> <li>• Increase childhood prevention</li> <li>• Reciprocity in multicultural credentialing</li> <li>• Diversion vs incarceration</li> <li>• Reimbursement Restructuring /Value based</li> <li>• Increase awareness/education/tools about mental health for people working with kid/teens</li> </ul>	<ul style="list-style-type: none"> <li>• Sufficient ratios of providers</li> <li>• 100% screened</li> <li>• Increase all MH providers</li> <li>• Restore \$ budget cuts</li> <li>• Decrease wait time</li> <li>• Increase Access</li> <li>• Increase in percentage of diagnosis</li> <li>• Increase in % receiving care</li> <li>• Measure people who cannot find a provider who speaks their language</li> <li>• Measure quality of tele services as potential intervention</li> <li>• Patients reporting improved coping skills</li> </ul>

**Goal 2. Lancaster County will become a trauma-informed community that reduces, responds to adverse childhood experiences.**

<b>Strengths</b>	<b>Opportunities</b>	<b>Aspirations</b>	<b>Results</b>
What are our greatest strengths?	What are our best opportunities?	What are our aspirations / preferred future?	What are our measurable results?
<ul style="list-style-type: none"> <li>• School district awareness</li> <li>• PA peer support coalition</li> <li>• Trauma 101 trainings</li> <li>• Mental Health First Aid</li> <li>• Collaboration</li> <li>• Existing resource Hubs</li> <li>• Recognition at State level</li> <li>• Mental Health First Aid</li> <li>• Conversations/dialogue about trauma happening in our community</li> <li>• Resources to help guide organizations to be trauma informed</li> <li>• Ace’s Connection</li> <li>• Care Connections</li> <li>• Nurse Family Partnership</li> </ul>	<ul style="list-style-type: none"> <li>• Increase awareness of aces impact across sectors</li> <li>• Criteria for trauma informed organization</li> <li>• Increased media</li> <li>• Address vicarious trauma in all sectors clinical /non</li> <li>• LGBTQ affirming care</li> <li>• Cultural sensitive in in care</li> <li>• Moving from theory to practice</li> <li>• Proactive instead of reactive</li> <li>• Remove sense that problem is too big</li> <li>• Universal precautions for trauma screenings</li> <li>• More connection to existing trauma assessment tools (not just ACE’s)</li> <li>• Special populations support</li> <li>• Data sharing access across sectors and providers</li> <li>• Find common elements being measured and tracked</li> </ul>	<ul style="list-style-type: none"> <li>• Prevention campaigns</li> <li>• All school staff trained</li> <li>• Paired mentorship for those with ACEs impact</li> <li>• Affordable access for care</li> <li>• Integration of awareness of trauma MH, D&amp;A, and physical health</li> <li>• Increase early childhood intervention and prevention</li> <li>• Structured collaborative</li> <li>• Family resource centers</li> <li>• Change perception of how and where care is provided</li> <li>• Standardization for data collection such as PAYs</li> <li>• Common agenda align efforts to not duplicate work, use other expertise</li> <li>• Increase level of advance trauma training</li> <li>• Better collaboration to do “social justice work”</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce aces</li> <li>• Reduce incarcerations</li> <li>• Reduce juvenile delinquency</li> <li>• Reduce suicide rate</li> <li>• Increase # people trained</li> <li>• Increase # of trainers</li> <li>• Increase # policies changed</li> <li>• Increase in evidence based early childhood programs</li> <li>• Public officials on board</li> <li>• Determining validated tool and measurements</li> <li>• Reduce trauma and re-traumatizing in medical and all settings</li> <li>• Increase provider patient satisfaction scores</li> <li>• Decrease absenteeism presentism in workplace</li> <li>• Increase staff retention</li> <li>• More measurement of ACE/trauma screening tools</li> <li>• Decrease violence in community</li> <li>• Decrease rates of depression</li> <li>• Decrease in healthcare costs</li> </ul>

### Goal 3. Enhance the Effectiveness of Let's Talk Lancaster County

<b>Strengths</b>	<b>Opportunities</b>	<b>Aspirations</b>	<b>Results</b>
<b>What are our greatest strengths?</b>	<b>What are our best opportunities?</b>	<b>What are our aspirations / preferred future?</b>	<b>What are our measurable results?</b>
<ul style="list-style-type: none"> <li>• Sustainability</li> <li>• Strong diverse coalition</li> <li>• Knowledge of existing gaps</li> <li>• Dedicated core team</li> <li>• Dedicated invested members attend the meetings</li> <li>• Size of organizations vary</li> <li>• Trust and cooperation</li> <li>• Size of collaborative</li> <li>• Variety of partners</li> <li>• Known entity as lead/backbone</li> <li>• Attendance history</li> </ul>	<ul style="list-style-type: none"> <li>• Consumer advisory boards</li> <li>• Increase dedicated core team</li> <li>• Engage wider diverse audience, HUBS, criminal justice, SUD</li> <li>• Increase number of coalition leaders who participate in LTL</li> <li>• Refocus common agenda</li> <li>• Identify /Redefine conflict</li> <li>• Define goals and roles</li> <li>• Optimize data collection</li> <li>• Enhancing voice in media</li> <li>• Education on Let's Talk progress/achievement</li> <li>• Continue to decrease stigma</li> <li>• Build on strengths of individual organizations</li> </ul>	<ul style="list-style-type: none"> <li>• Provider investment in screenings</li> <li>• Lets Talk serves as a model for all PA communities</li> <li>• Community / consumer engagement</li> <li>• More action than talk</li> <li>• Aggressive funding grant development opportunities</li> <li>• Consider regional regular update meeting with local leaders</li> <li>• Training in consensus building include key stakeholders</li> <li>• Connect Let's Talk and Joining Forces</li> <li>• Balance data collection needs with member workload</li> </ul>	<ul style="list-style-type: none"> <li>• 100% screening for PHQ9 and Substance use</li> <li>• Increase consumer satisfaction</li> <li>• Increase number of coalition grants in kind gifts</li> <li>• Expand collaboration to include new partners</li> <li>• Higher degree of participation in survey</li> <li>• Decrease stigma</li> <li>• Increase knowledge of MH in community</li> <li>• Continued Data tracking</li> <li>• Increased meaningful partnerships</li> </ul>

**Appendix E. Joining Forces for Children Community Assessment**



JOINING  
FORCES  
FOR CHILDREN

# COMMUNITY ASSESSMENT



March 2020

## I. LANCASTER COUNTY OVERVIEW

Lancaster County is located in South Central Pennsylvania along the Susquehanna River. It is an area of just 984 square miles, houses a population of about 543,557 residents. (2018 American Community Survey) Lancaster County is home to a diverse population with agricultural roots, a large Amish community (about 39,000 members as of June 2019), 60 municipalities, a third class city, and a strong sense of history.

With easy access by car, bus, or train to five major urban cities (Philadelphia, Washington DC, New York City, and Baltimore), Lancaster County allows for opportunities to experience a mix of rural serenity or the hustle and bustle of the big city. Lancaster County’s nine higher-education institutions coupled with just shy of twenty retirement communities helps to create a beautiful melting pot of individuals and experiences.

Individuals under the age of 18 represent about 23% (127,711) of the overall county population. With 35,227 of those individuals being under the age of five. Lancaster County has a variety of educational entities to serve this population young people ages 5-18. See Table 1.

Table 1. Lancaster County Educational Entities and Their Student Enrollment

Type of Educational Entity	Number within Lancaster County	Student Enrollment 2018-2019
Public School Districts	16	67,000
Career and Technical Center	1	20,776
Charter School (La Academia is only charter school recognized by PDE)	1	223
Licensed, Private Academic School	27	12,095 (K-8)* 3,088 (7-12)*
Nonpublic, Non-Licensed School	364	
Other Private, Non-Licensed Entity	22	
Accredited Schools 1 – public high school 17 – nonpublic, non-licensed 1 – nonpublic, non-licensed candidate	23	
2017-2018 Homeschoolers ages 5-18+		2,663

\*Some schools classify 7<sup>th</sup> and 8<sup>th</sup> grades as elementary and others classify those grades as secondary. Enrollment numbers in figure 1 are representative of unduplicated students.

Educational entities are defined in Appendix I

It is worth noting that in the Southern part of Lancaster County, the Amish births have been steadily outpacing the English births over the past 3 years, which has had and is projected to continue to impact school enrollment.

Like many communities in the United States, Lancaster County has not been immune to the current addiction crisis. Our county has seen a significant increase in the number of overdose deaths starting in 2015-2016. As a result, many community members and agencies have been compelled to act.

Initially, this action was occurring with little coordination, some duplication, and no measurable outcomes to show that the work was saving lives.

In 2017, Lancaster County Joining Forces launched with the primary aim to support and coordinate countywide efforts to reduce the number of deaths from opioid and heroin overdoses. Joining Forces brings together key stakeholders, including community members, to strengthen existing initiatives across all sectors; identify and address gaps in services and resources; and implement unified, comprehensive strategies for prevention, intervention, and monitoring.

Through countywide coordination, Joining Forces and community partners identified the need to focus on the impacts of this crisis on children and families. Data showed that many of the individuals who were experiencing fatal overdoses were of childbearing age. Local first responders reported that they were encountering children frequently at overdose scenes. The child welfare sector reported that they were experiencing an increase in the number of cases where substance use was a factor. There was an increase in the number of infants born with neonatal abstinence syndrome. It was becoming clear that there was a significant impact on children and loved ones. As a result, Joining Forces for Children has formed to identify local assets, improve awareness and accessibility of those assets, and to address any unmet needs for children and families impacted by Substance Use Disorders.

## THE IMPACT OF SUBSTANCE USE DISORDER ON CHILDREN

**According to the American Academy of Pediatrics, children whose caregivers have a substance use disorder are 3 times more likely to be physically, emotionally or sexually abused and 4 times more likely to be neglected.**

**Children zero-five are most vulnerable to abuse and neglect because:**

they are very susceptible to physical injury and illness

they are totally dependent upon adults to meet their basic survival needs

during this time of tremendous growth and development, children have significant nutritional, supportive, emotional, protective, and stimulative needs. If abuse or neglect prevents a child from having these needs met, growth and development can be disrupted or impaired.

they cannot protect themselves by running away, calling for help, or telling someone about being mistreated

Pennsylvania Child Welfare Resource Center, 2016



There will be infants who are prenatally exposed to substances during their mother's pregnancy. There are two conditions that can result after prenatal substance exposure. They are Neonatal Abstinence Syndrome (NAS) also known as Neonatal Opioid Withdrawal Syndrome (NOWS) and Fetal Alcohol Spectrum Disorders (FASD). Any substance use during pregnancy can result in a variety of outcomes including premature birth, low birth weight, and a variety of social, emotional, and cognitive delays for the child following delivery and, in some cases, into adulthood.

### **NEONATAL ABSTINENCE SYNDROME (NAS)**

NAS is a group of conditions that can occur when newborns withdraw from certain substances including opioids that they were exposed to before birth. Withdrawal caused by opioids during the first 28 days of life is sometimes also called neonatal opioid withdrawal syndrome (**NOWS**). Withdrawal symptoms in newborns usually occur 48–72 hours after birth.

In 2018, there were 2,140 reported cases in Pennsylvania of NAS infants who were prenatally exposed to opioids and symptomatic. Prenatal exposure due to prescription opioid use, medication assisted treatment (MAT), or illegal use are counted in the reported cases.

In Lancaster County, there were 67 NAS infants in 2018. (Pennsylvania Department of Health, Bureau of Epidemiology 2019). These infants represent about 1% of the total births in Lancaster County in 2018.

From 2001 to 2018, the number of infants identified with NAS during their hospital stay has increased by almost 900% in Pennsylvania. (Pennsylvania Health Care Cost Containment Council, 2019)

### **FETAL ALCOHOL SPECTRUM DISORDERS (FASD)**

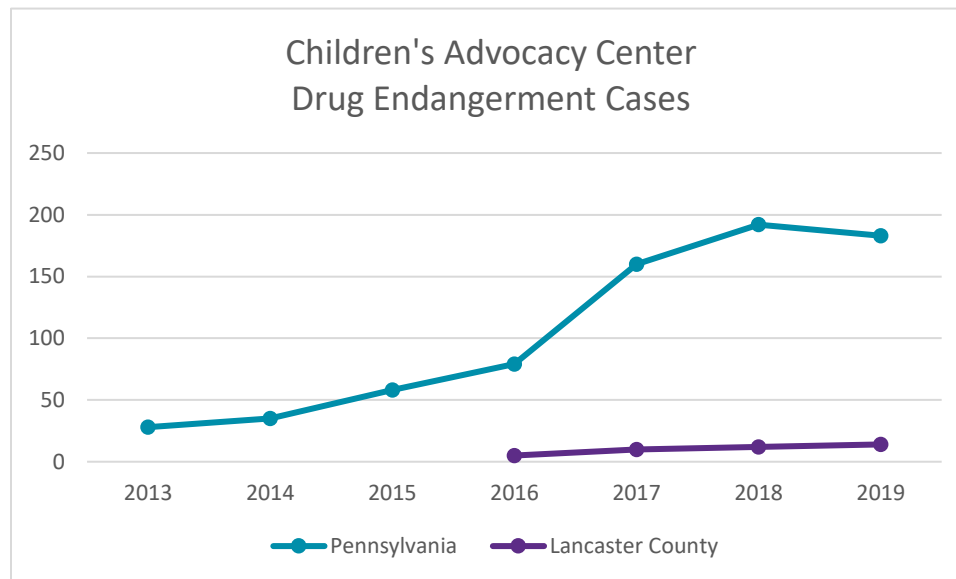
Fetal alcohol spectrum disorders (FASDs) are a group of conditions that can occur in a person whose mother drank alcohol during pregnancy. These effects can include physical problems and problems with behavior and learning. Often, a person with an FASD has a mix of these problems.

According to recent studies, the prevalence of FASD in the United States is estimated to be 2.4 – 4.8 in 100 (May et al., 2014). Based upon the number of births in PA in 2014, this rate would mean that between 3,983 and 6,830 children were born with an FASD in PA. Calculated on a daily basis, every day 11-19 Pennsylvania children begin their lives with an FASD. (PA DHS Website)

### **CHILD ABUSE**

Lancaster County Children's Alliance (LCCA) is the Children's Advocacy Center for Lancaster County. LCCA's goal is to ensure that children who are disclosing abuse are not further victimized by the intervention systems designed to protect them. The LCCA offers a centralized location for coordination of investigation and intervention services to create a child-centered approach to child abuse cases.

Over the last few years, the LCCA team has noticed more cases where substance use has been a factor in the cases they work on including home manufacturing or distribution of substances, and familial substance use. The chart below shows the increase in the number of cases that were referred to the Alliance due to drug endangerment. It is important to note that this chart is not reflective of all the cases where substance use was reported a factor in the home.



## CHILDREN WHO LIVE IN A FAMILY SYSTEM SUFFERING FROM ADDICTION

Nationally, it is estimated that 1 in 5 children lives in a home in which someone has a substance use disorder. (American Academy of Pediatrics, 2016). Applying that ratio to Lancaster County, it is estimated that there are 25,500 individuals under the age of 18 living with someone suffering from a substance use disorder.

While every situation is unique to that family system, decades of research proves that children living in families experiencing addiction are more likely to:

- experience a lack of supervision
- experience abuse (physical, emotional, or sexual)
- experience neglect
- demonstrate symptoms of anxiety or depression (may be related to insecure attachment)
- experience poor physical health
  - sometimes due to a lack of basic needs (poor nutrition, hygiene, etc.)
- have behavior problems
  - ADHD, ODD, low self-esteem, lack of empathy
- have difficulties at school

- higher rates of absenteeism, dropout, retention, and referrals to school psychologists
  - experience cognitive and/or developmental delays
- (National Association for Children of Alcoholics)

Currently in Lancaster County, there is limited awareness about how to identify children prior to their family being in “crisis”. For the purposes of this report, families in crisis are families that have become so unhealthy that they are introduced to a system of care. These systems may include: Child Welfare, Law Enforcement, Drug and Alcohol Treatment, Mental Health Treatment, or Criminal Justice (probation, parole, courts).

Joining Forces for Children has identified some crisis scenarios where a family can currently enter a system and receive supports and services to begin their recovery journey. They are:

- prenatal exposure to substance use
- incarceration (substance use related charges such as possession, distribution, manufacturing, etc. Can also include child endangerment)
- an overdose incident where 911 was called
- a ChildLine report/notification was made due to suspected abuse or neglect (with substance use as a factor)

**Appendix II contains workflows of the current process for the scenarios mentioned above.**

While all systems of care have noted increases due to the current overdose epidemic, two systems of care that have seen a significant increase in the number of cases they receive due to caregiver substance use are **CHILD WELFARE** and **EARLY INTERVENTION**.

## **CHILD WELFARE**

In Lancaster County in 2018, the **LANCASTER COUNTY CHILDREN AND YOUTH AGENCY** received 1,954 valid general protective services (GPS) allegations. Of those, 392 were due to parental substance abuse – the type of allegation most frequently identified for GPS reports in 2018. It’s important to note that this number does not include child protective services (CPS) reports where parental substance use may have been a factor.

Approximately 60% of reports received by Lancaster County Children and Youth have substance abuse identified as a primary safety and risk threat.

85-90% of Lancaster County Children and Youth cases with children in out of home placement identify substance abuse as the primary factor for placement.



The number of reports that Children and Youth received has steadily increased since 2012. The increase is due, in part, to parental substance use. This has resulted in an increase in the number of Children and Youth investigations, but also a significant increase in the number of young children being referred to Early Intervention for an evaluation. Both agencies report higher caseloads, staff turnover, and an increase in spending. Despite these very real challenges, they continue to explore innovative and collaborative ways to serve children and families. This includes, exploring ways to identify children at risk as early as possible – including implementation of **PLANS OF SAFE CARE**.

A **PLAN OF SAFE CARE** is designed to improve the health, safety, development, and well-being of a mother, infant, and the infant's family/caregiver by identifying, guiding, and directing appropriate services and supports.

Any infant or pregnant individual will be offered the option to work with a multi-disciplinary team to develop their own **PLAN OF SAFE CARE**. In Lancaster County, the offer to develop a plan will be offered to any pregnant individual regardless of the substance(s) they may have used at any point during their pregnancy.

### **Appendix III contains the Lancaster County Plans of Safe Care Documents**

Our local Child Welfare team has explored other ways to ensure the health and wellbeing of families. This includes partnering with the Drug and Alcohol Commission to host a **RECOVERY SPECIALIST** from The RASE Project. This dedicated recovery specialist functions in an intake capacity to help get families stabilized during a crisis. The Recovery Specialist connects caregivers to treatment and/or recovery supports to help them regain their health so that they can safely parent their child(ren). Since September 2018, the recovery specialist has worked with **61 caregivers** with children 0-2 years old. The Recovery Specialist's clients range in age from 18-38 and have an average of 2 children living in the household.

### **EARLY INTERVENTION**

Infants and toddlers who are prenatally exposed have the best outcomes when they and their caregivers engage in Early Intervention (EI) services. The **PLANS OF SAFE CARE** for Lancaster County will allow the Early Intervention team to meet with caregivers prior to delivery, explain the EI evaluation process, what kinds of services and supports they can provide, and answer questions. Moving this process further upstream for families will hopefully increase their interest and engagement with Early Intervention services.

During January 1, 2019 – February 25, 2020, there were 80 infants identified with a referral reason for prenatal drug exposure. Of that number, 33 are documented as withdrawals. This means that the caregiver(s) decided not to stay engaged with Early Intervention services.

For infants who are referred to Early Intervention from the NICU, there is a significantly higher rate of engagement by the caregivers.

It is reported that when caregivers are active with Children and Youth and are referred to Early Intervention by CYA, that families are less likely to participate, even when mandated.

EI staff has reported challenges at the various stages of engagement from the initial referral, to the intake appointment, the evaluation, and then when services will begin. The EI team have begun to tweak processes, re-engage referral sources after staff changeover, and identify other strategies through their Child Find Committee to identify children and engage families. EI staff knows that they are still missing youngsters – despite each support coordinator currently having a caseload double the norm.

### **SCHOOL-AGE CHILDREN**

The Future Ready PA Index keeps “snapshots” of all public school districts in Pennsylvania. Using that data (submitted by the districts), during the 2018-2019 school year, Lancaster County school districts served about 67,000 students. Of the students enrolled in a K-12 public school:

- 1,706 are experiencing homelessness (3% of enrolled students)
- 288 are in foster care (less than 1% of enrolled students)
- 30,689 are considered economically disadvantaged (45.8% of enrolled students)

Every two years, Lancaster County schools can participate in a state-wide survey to better understand the experiences and needs of their students. The **Pennsylvania Youth Survey (PAYS)** is available for 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> graders. In 2017, all 16 public school districts had at least some of their eligible students participate (with parent permission).

About 13,300 Lancaster County students participated in the 2017 **PAYS**. A few highlights from the survey:

- The survey showed that the most common protective factor among Lancaster County youth was Family Attachment. Family attachment is defined as young people who feel that they are a valued part of their family.

- 88.7% of students reported that their family has clear rules about alcohol and drug use.
- 92.7% of students surveyed reported that their parents know where they are and who they are with
- 22.9% of students surveyed reported that they have known adults who have used marijuana, crack, cocaine, or other drugs
- 50.6% of students surveyed have known adults who have gotten high or drunk.

## **IMPACT OF SUBSTANCE USE DISORDERS ON FAMILIES**

### **ADDICTION AS FAMILY DISEASE**

Addiction has long been understood as a chronic illness that affects the entire household. During the current overdose epidemic, community-wide efforts have largely remained focused on the individual suffering from the substance use disorder (SUD) in an effort to prevent overdose fatalities and help more individuals begin the recovery process.

While work continues to reduce the number of overdose fatalities, its important to keep in mind the impact that an individuals' substance use disorder has on their family. The individual organizes their life around substances and as a result family life becomes organized around that family member. Therefore, the entire family unit is unhealthy. This is not by choice, but rather an adaptation (usually subconsciously) that the family makes in an effort to find balance.

While every situation and family system is unique, families who are suffering from substance use disorders often exhibit similar characteristics. See Table 2.

Table 2. Family Characteristics of Families with Addiction and Healthy Families

Family with Parental Alcoholism/Addiction	Healthy Family
1. Rigid thinking - black and white	1. Open to change and new ideas
2. Low self-worth / shame	2. High self-worth
3. Compulsive behavior covers pain	3. Individuals choose their behavior
4. Rules are arbitrary - rigid or non-existent and chaotic	4. Rules are designed to guide and protect, are age appropriate and consistent
5. Feelings are avoided and repressed - no risks taken because there is no safe place within the family	5. Feelings are expressed openly and validated. Touch is appropriate and nurturing
6. Denial of stress, challenging issues and problems. Although crisis can be used as a welcome distraction from emotional pain	6. Expect stress and work together for mutual support
7. Disturbed hierarchy - one person or no one in charge, children provide parenting for siblings. Hidden coalitions, inconsistency and chaos	7. Parents are in charge - strong coalition, they protect and assume responsibility for the children
8. Terminal seriousness – anger (often suppressed), depression, hostility or phony happiness	8. Fun, humor, joy and laughter exist in adults and children

NaCoA – The Family Illness – December 2018

## THE NEED FOR KINSHIP CAREGIVERS

Kinship care is broadly defined as, “the full-time nurturing and protection of children who must be separated from their parents, by relatives, members of their tribes or clans, godparents, stepparents, or other adults who have a kinship bond with a child” (Child Welfare League of America, 1994).

Kinship care allows children to live with adults that they know and trust, reducing the trauma a child may experience when they are separated from their parents. Additionally, kinship care helps to reinforce their sense of identity and self-esteem which comes from their family history and culture.

Kinship care is considered to be the least-restrictive and safest setting on the continuum of out-of-home placements. For these reasons, there has been a national increase in Kinship placement as the need for out-of-home placements increased during the current overdose epidemic.

According to the 2018 American Community Survey, there are 2,258 grandparents responsible for their own grandchildren under the age of 18 in Lancaster County. The amount of time that they have been responsible for their grandchildren varies. (see Table 3 ) About 62% of grandparents responsible for grandchildren are female and 57% are married.

Table 3. Number of Years a grandparent has been responsible for a grandchild in Lancaster County.

Years Responsible for Grandchildren	
Less than 1 year	507
1 or 2 years	664
3 or 4 years	353
5 or more years	734

When looking at a September 30 snapshot of youth in placement, provided by the Kids Count Data Center, in 2009, only 10.1% of Lancaster County children in placement were placed with a relative compared to 29.2% in 2018 – almost three times as many kinship placements over the nine year time period.

**COBYS FAMILY SERVICES** has led the way in Lancaster County to support Kinship Caregivers by holding educational sessions throughout the county and offering free child care. Kinship Support Services are available to assist families with resource coordination and navigation. COBYS has also developed a resource guide outlining Kinship Caregivers’ Rights and Responsibilities.

Through Kinship Support Services, COBYS has worked with 47 families from July 2019 through February 2020 through their coffee hours and seminars. This, however, does not include numerous phone calls from individuals requesting help.

Kinship coffee hours and seminars are being held throughout the county to reduce any transportation barriers for families. Additionally, childcare is provided on a limited basis. COBYS continues to work with geographically located social service hubs to identify and engage kinship caregivers.



## **II. BARRIERS**

### **IDENTIFICATION**

Many times, children and families are not identified as needing resources until they are in the midst of a crisis and become involved with one of the systems (child welfare, criminal justice, etc.). It can be challenging during a family crisis to engage families meaningfully in treatment and service coordination because the family illness is at its peak.

### **LACK OF FAMILY BASED, EVIDENCE-BASED INTERVENTIONS AND SUPPORTS**

The evidence to support the increased benefits of family-based treatments is clear – it is the gold standard. However, funding for treatment is typically only authorized by insurance companies for the individual experiencing the symptoms. Some treatment programs will hold family days/weekends and provide similar types of family supports on a limited basis. Lancaster County is fortunate to have two treatment facilities in our region that allow for children or family members to participate in residential treatment with their loved one. Amount of available beds, insurance coverage, and family finances do impact the ability for families to access these treatments.

Some other communities have tackled the lack of family-based treatment through other community-based interventions and supports.

### **NEGATIVE ATTITUDES ABOUT SUBSTANCE USE DISORDERS**

Individuals and families experiencing addiction are reluctant to talk about it and reluctant to seek help. Substance Use Disorders continue to be misunderstood by some professions and community members. Though there is ample science to support that addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences – that education has not been widely available or promoted across all sectors.

### **LACK OF MENTAL HEALTH PROVIDERS FOR CHILDREN AND ADOLESCENTS**

There are waitlists for children/adolescents to get an appointment with a mental health counselor. This includes school-based and community-based providers. For individuals who live in communities farthest from the city, there are typically less providers in those communities, so those residents may experience longer wait times. This is also true of providers who provide in-home services – it has been reported that there are challenges for providers to travel that far from their offices. Some agencies have restrictions on how far their employees can travel from the office. For young folks needing a higher level of care (partial hospitalization, inpatient treatment) similar barriers exist. It has long been understood that there is an overall lack of psychiatrists in Lancaster County – which impacts children and adolescents. Lancaster County BHDS reports that sometimes families are unable to access care because a kinship caregiver may not have the legal documentation necessary to receive benefits and services. Additionally, some providers are unwilling to serve youth because of significant behavior issues.

#### **OTHER COMMON BARRIERS CITED BY FAMILIES:**

- Transportation
- Affordable Housing
- Childcare
- Obtaining identification – fees are waived for birth certificates, but there is not anything similar to replace a photo ID which is necessary to apply for benefits, employment, etc.

### **III. STRATEGIES TO ADDRESS IDENTIFIED BARRIERS**

#### **1. IMPLEMENT COMMUNITY-WIDE COLLABORATIVE APPROACH**

The development of the **Joining Forces for Children (JFC)** collaborative will allow for increased communication and coordination among community-based supports working with children and families impacted by substance use disorder. While there are many sectors and organizations who play critical roles in this work, community leaders have pulled together to help drive our strategic planning. This leadership team will pay special attention to opportunities that allow us to create systems changes for lasting impact.

This JFC leadership team includes representatives from:

- COBYS Family Services
- Community Action Partnership (CAP) – Thrive to 5 team
- Healthy Beginnings Plus/Nurse Family Partnership
- Lancaster County Behavioral Health and Developmental Services
- Lancaster County Children’s Alliance
- Lancaster County Children and Youth Agency
- Lancaster County Early Intervention
- Lancaster County Victim/Witness Services
- Lancaster-Lebanon Intermediate Unit 13 (IU 13)
- RASE Project

Joining Forces for Children, with backbone support provided by Penn Medicine Lancaster General Health, reports through the Joining Forces steering committee which offers another layer of experience, perspective, and accountability. Additionally, both Joining Forces and Joining Forces for Children have many other community allies that serve children and families including Lancaster County’s geographically based social service hubs.

This multi-sector collective impact approach allows all of the community partners to align to address the common goal which is to provide evidence-based, trauma-informed services to children and families impacted by substance use disorders. These relationships provide the infrastructure for a continuous feedback loop. This allows everyone to make informed decisions based on our local

conditions and data. This structure will also create increased connectivity between and among providers so that there is no wrong door for children and families to ask for help.

As a collaborative, JFC will use a variety of strategies to increase our community's ability to serve the youngest individuals impacted by the overdose epidemic. Some of those strategies are outlined below.

## 2. IDENTIFY FAMILIES SOONER

2.1 Train **front line staff that work with children** to identify behaviors in children that may indicate substance use disorder in the household.

a) Provide tangible tools for difficult conversations with caregivers and connectivity to local substance use treatment

- 82% of families in Lancaster County eligible for a child care subsidy are NOT enrolled.
- There are 8,980 eligible children ages 3-4 in Lancaster County
  - 74% of eligible children do not have access -higher than state average (56%)
  - 332 additional Pre-K classrooms needed

(Data Provided by KIDS COUNT: PA Partnerships for Children)

2.2 Train **employers** to recognize early warning signs

- a) Work with Chambers of Commerce and their membership to increase the number of businesses in Lancaster County who have robust Employee Assistance Programs (EAP)
- b) Work with Chambers of Commerce and employers to implement policies that allow employees to seek treatment and still be employed at the completion of treatment has been known to improve outcomes.

2.3 **Train Pediatricians and OBGYNs** to identify warning signs and to have difficult conversations with caregivers.

- a) Explore their current processes and procedures and identify opportunities to streamline
- b) Assess need for amount and type(s) of caregiver educational materials to have available for Pediatricians and OBGYNs to provide to families

2.4 Educate other **key interveners** (police, fire, and EMS personnel)

- a) Identify opportunities and implement improved processes when they encounter children (ex: Handle With Care)

2.5 Educate **caregivers/families**

- 2.6 Develop a **Resource Directory** of supports and services for children and families impacted by substance use.
  - a) Universal and targeted distribution strategies
- 2.7 **Promote Recovery** – share positive messages and collaborate with Joining Forces and Lancaster County Recovery Alliance

### **3. INCREASE EVIDENCE-BASED INTERVENTIONS AND SUPPORTS**

- 3.1 Explore feasibility for transitioning the county’s Adult Drug Court to **Family Drug Court**.
- 3.2 Explore increasing the number of recovery specialists working with Children and Youth Agency
- 3.3 Support work of Let’s Talk Lancaster and its partners to:
  - a) increase access to mental health providers in Lancaster County
  - b) increase number of trauma-informed providers in Lancaster County
  - c) expand school-based offerings where needed

### **4. ADDRESS NEGATIVE ATTITUDES ABOUT ADDICTION**

- 4.1 Collaborate with Joining Forces and The Lancaster County Recovery Alliance to:
  - a) Promote Recovery by
    - i) Using person-first language
    - ii) Sharing Recovery Promotion Campaign materials

### **5. DEVELOP AND DISSEMINATE CONSISTENT MESSAGES**

- 5.1 Identify and implement a processes for loved ones to share concerns about substance use impacting child(ren).
  - a) Mechanisms for school-aged children to explore include:
    - i) SAP Referrals

- ii) Safe2Say
- b) Explore opportunities to leverage existing infrastructure for children 0-5
  - i) What support can OCDEL provide?
- c) When does ChildLine need to be utilized?

5.2 Develop a comprehensive messaging campaign that helps to identify children in addition to increase awareness of available supports.

- a) Available platforms to share messages:
  - i) print media (LNP)
  - ii) TV news (WGAL's State of Addiction, for example)
  - iii) Social Media
  - iv) other collaboratives: P3, Hubs, schools, etc.
  - v) Pediatrician's offices
  - vi) County-wide school social worker and school counselor groups
  - vii) Outpatient treatment and recovery support providers
  - viii) Joining Forces for Children trainings

## **RESOURCES**

**Appendix IV contains more detailed information about the identified resources**

### **EARLY CHILDHOOD – CHILDREN AGES ZERO TO FIVE**

#### **COMMUNITY ACTION PARTNERSHIP**

Thrive to 5: Creating Head Starts for the Future

#### **LANCASTER-LEBANON INTERMEDIATE UNIT 13**

Early Head Start

Pre-School Early Intervention

Autism Solutions for Families

Family Literacy

Parent Groups

Parent-Child Interaction Therapy (PCIT)

#### **PENN MEDICINE LANCASTER GENERAL HEALTH**

Nurse Family Partnership

Healthy Beginnings Plus

STEPS

Joining Forces for Children Family Advocate

#### **LANCASTER COUNTY BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES**

Early Intervention

## **SCHOOL-AGED CHILDREN – GRADES K-12**

### **LANCASTER COUNTY BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES**

Children's Mental Health Services

### **LANCASTER COUNTY CHILDREN'S ALLIANCE**

Forensic Interviews

Licensed Clinical Counselor

High Risk Behavior Assessments

Non-Offending Caregiver Group

Specialized Medical Evaluations

### **LANCASTER COUNTY CHILDREN AND YOUTH AGENCY**

Protection Services for children and Families

### **LANCASTER COUNTY VICTIM/WITNESS SERVICES**

Information, Support, and Advocacy for victims of crime and to witness for trials

### **BETHANY CHRISTIAN SERVICES**

ReNew: Recovering Mothers with Newborns

Safe Families for Children

### **COMPASS MARK**

Family Services Advocate for Children of  
Incarcerated Parents

Information and Referrals

### **LANCASTER OSTEOPATHIC HEALTH FOUNDATION**

Children's Mental Health Copay Assistance Program

### **LANCASTER-LEBANON INTERMEDIATE UNIT 13**

Parent Groups

Secondary Transition Programs

Parent-Child Interaction Therapy (PCIT)

Work Immersion Programs

Education Leading to Employment and  
Career Training (ELECT) Program

School to Work

Special Education Services

## **FAMILY SUPPORTS**

### **COBYS FAMILY SERVICES**

Kinship Support Services  
Kinship Coffee Sessions  
Family Educational Opportunities

### **Community Action Partnership**

Super Padres

### **YWCA Parent Alliance**

Family Support Group

### **Donegal Substance Abuse Alliance**

Mom's Coffee Hour  
12-Step Yoga  
CRAFT  
SMART Recovery - Friends and Family

For individuals and families seeking treatment information or recovery support services please call  
Compass Mark 717.299.2831 or visit [compassmark.org](http://compassmark.org)



# APPENDIX I

## EDUCATIONAL ENTITIES IN PENNSYLVANIA

**PUBLIC SCHOOLS** are schools that offer free education for all school-aged students that reside within a particular geographic region. Public schools are governed by a locally elected school board with additional oversight provided by the Pennsylvania Department of Education.

**CAREER AND TECHNICAL EDUCATION (CTE)** in Pennsylvania offers students the opportunity to develop critical skills through a combination of classes and hands-on learning experiences, which allow them to apply academics to real-world problems. These programs are built on foundations of academic rigor and high expectations for student learning and success. Students self-select to enroll in a Career and Technical Center, and many participate in Advanced Placement or Honors courses within their local school district.

**CHARTER SCHOOLS** were created to provide opportunities for teachers, parents, students and community members to establish and maintain schools that operate independently from the existing school district structure as a method to accomplish the following: improve student learning; increase learning opportunities for all students; encourage the use of different and innovative teaching methods; create new professional opportunities for teachers; provide parents and students with expanded choices in the types of educational opportunities that are available within the public school system; and be accountable for meeting measurable academic standards.

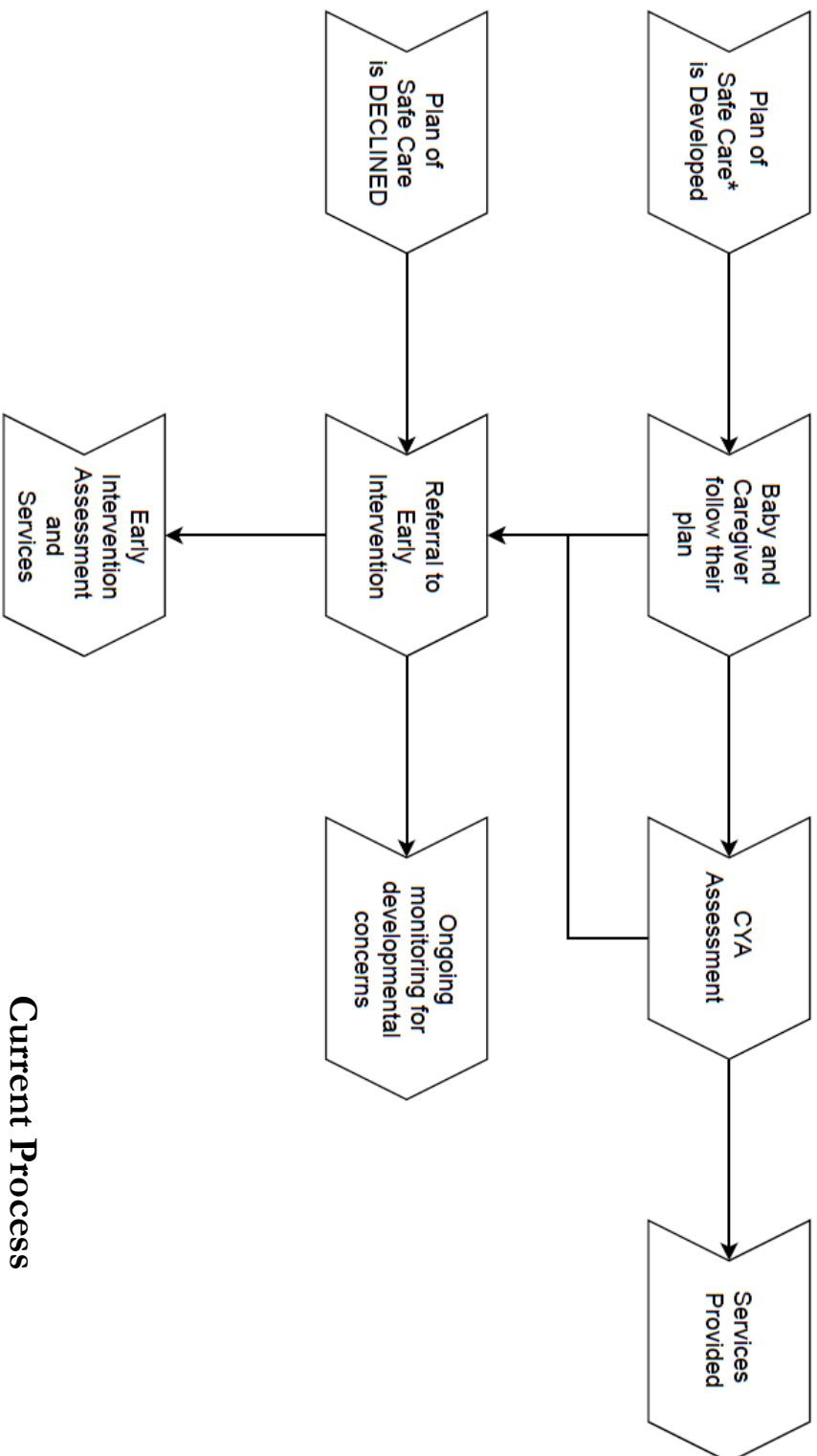
**LICENSED PRIVATE ACADEMIC SCHOOLS** are licensed and regulated by the State Board of Private Academic Schools, whose rules, regulations, and standards are concerned with quality education, teacher certification, attendance and courses of study, which closely parallel public school requirements. These schools are primarily nonsectarian.

**NONPUBLIC NON-LICENSED SCHOOLS** are schools sponsored by bona fide religious institutions. Registration is required of these schools by the Pennsylvania School Code; however, they can choose to be licensed.

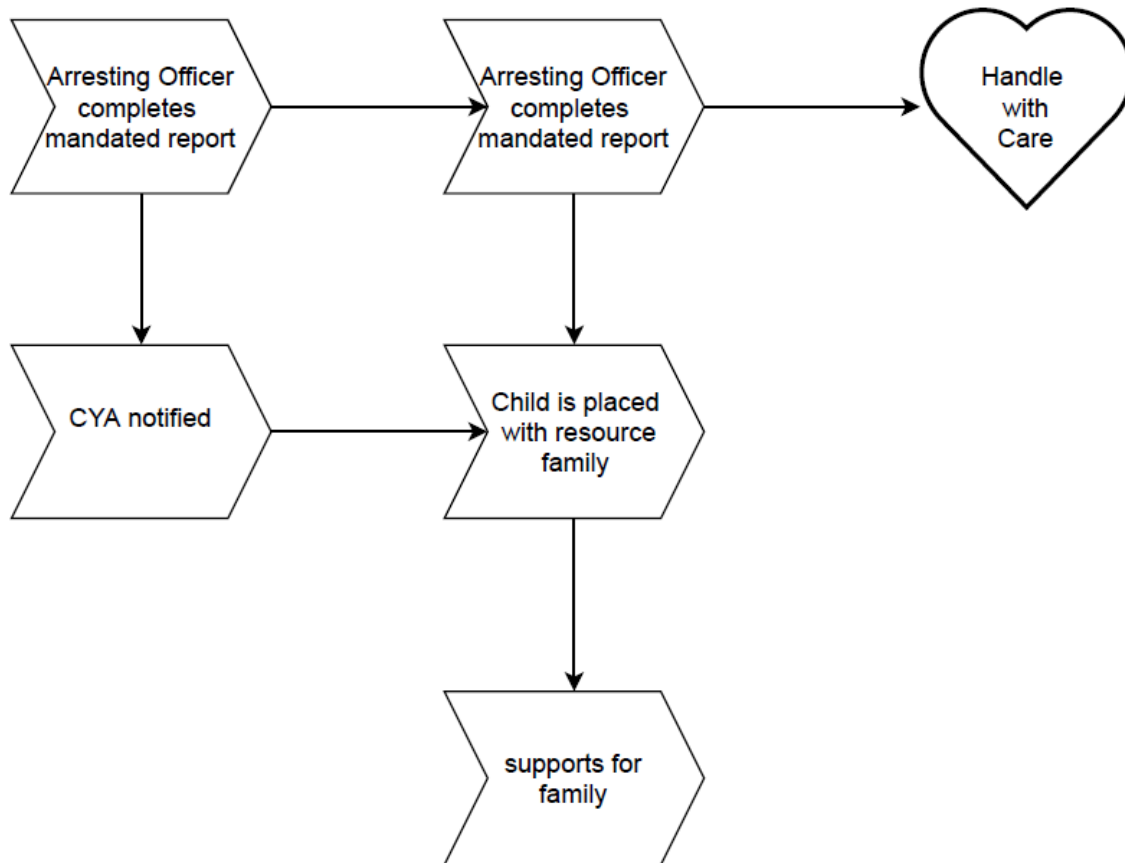
**OTHER PRIVATE, NON-LICENSED ENTITY** includes a variety of day and residential programs where children received an education while they're enrolled in the program. One example of an entity in this category includes the Lancaster County Youth Intervention Center.

**ACCREDITED SCHOOLS** are schools that are accredited by accrediting associations approved by the State Board of Education. The purpose of these organizations is to provide schools a measured, recognized means of improving their academic and operational performance. Schools that desire to become accredited must meet prescribed quality standards established by the accrediting organization. The accredited schools are able to participate in the student services provided to the Licensed and Nonpublic Non-licensed schools.

# Substance Exposed Infant



# Child Present at Drug Related Arrest



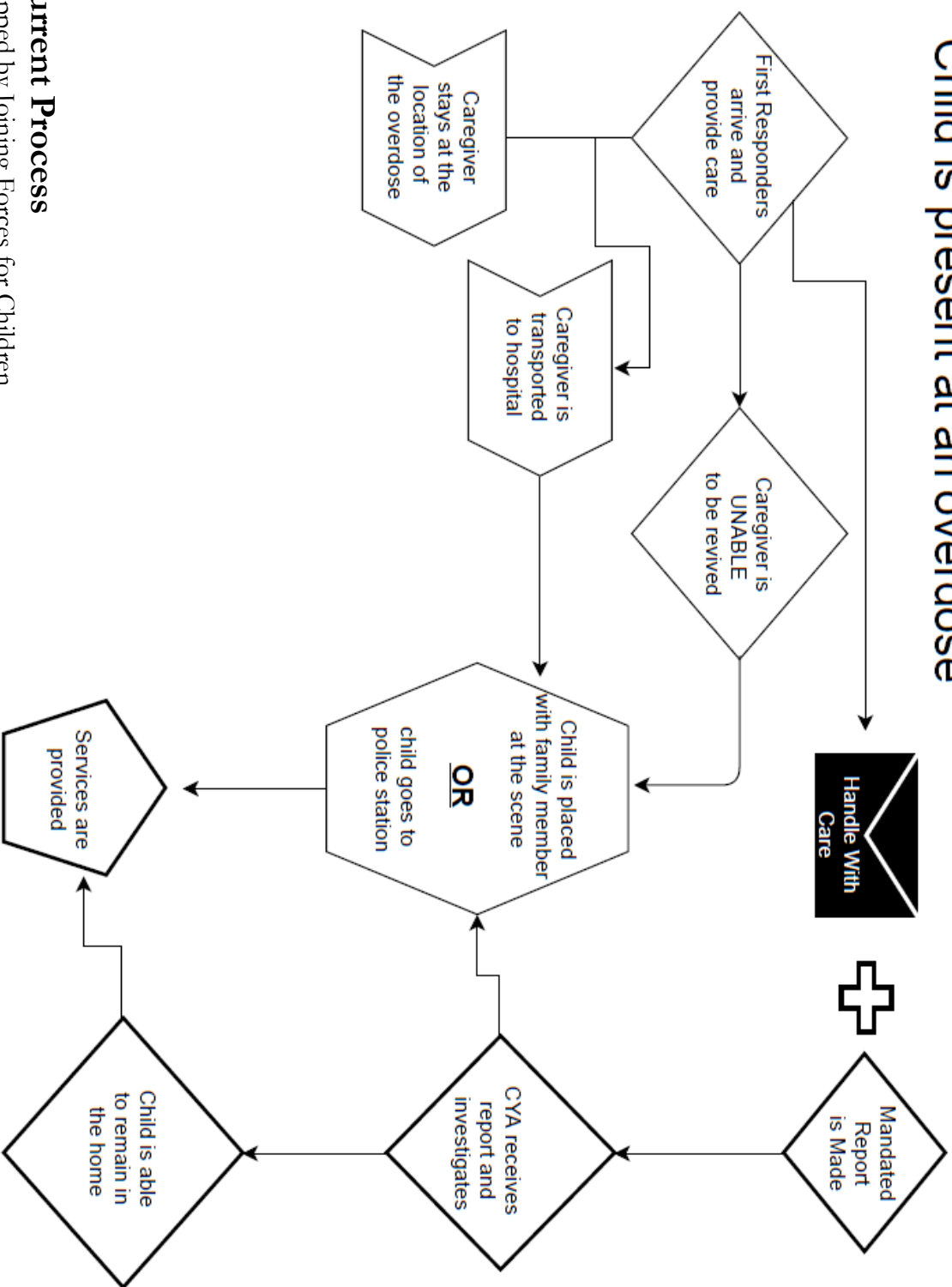
## Current Process

Mapped by Joining Forces for Children

January 2020

(Handle With Care not fully implemented)

# Child is present at an overdose

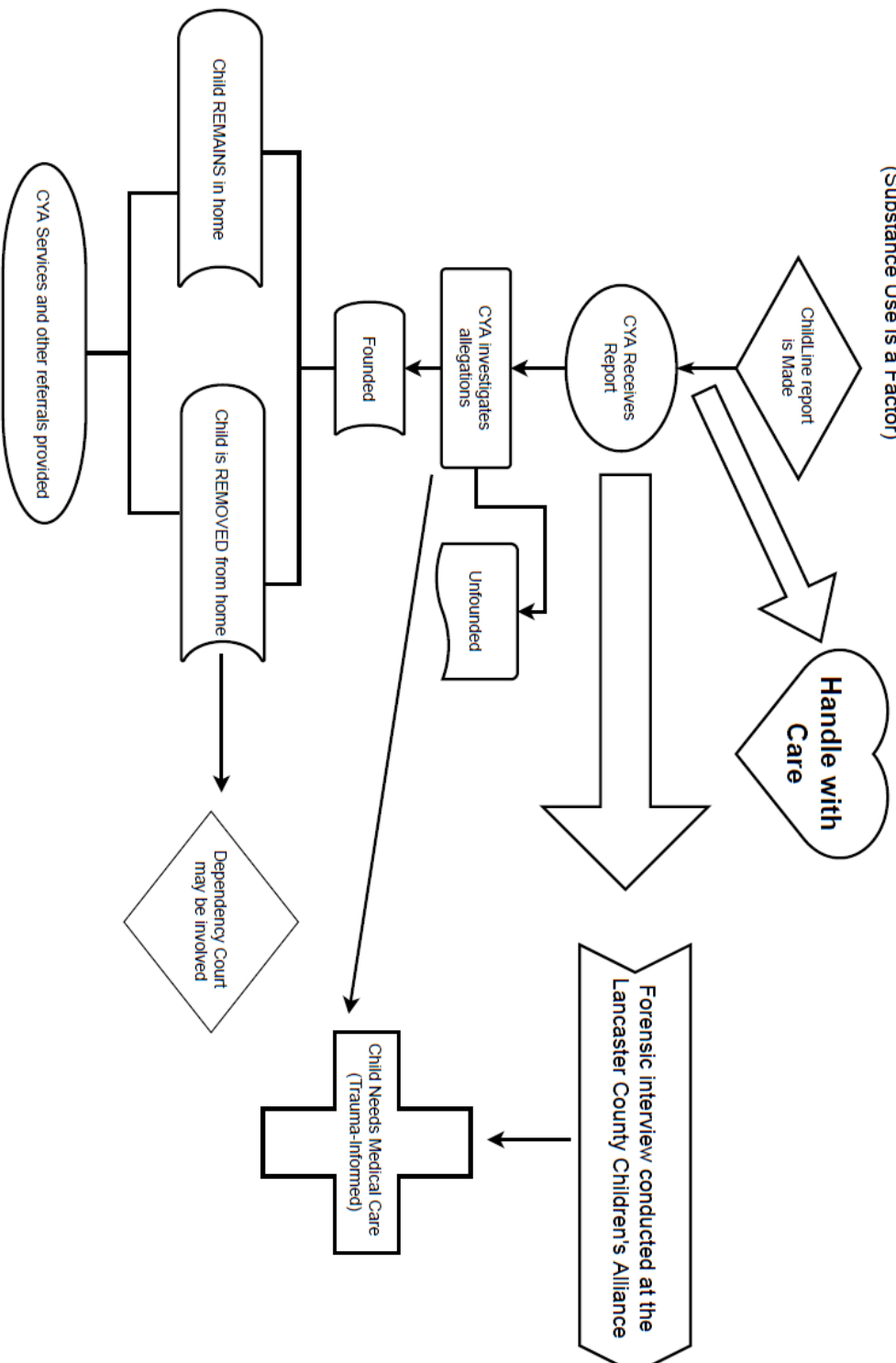


## Current Process

Mapped by Joining Forces for Children  
January 2020  
(Handle With Care not fully implemented)

# Child Experiences Abuse or Neglect

(Substance Use is a Factor)



## Current Process

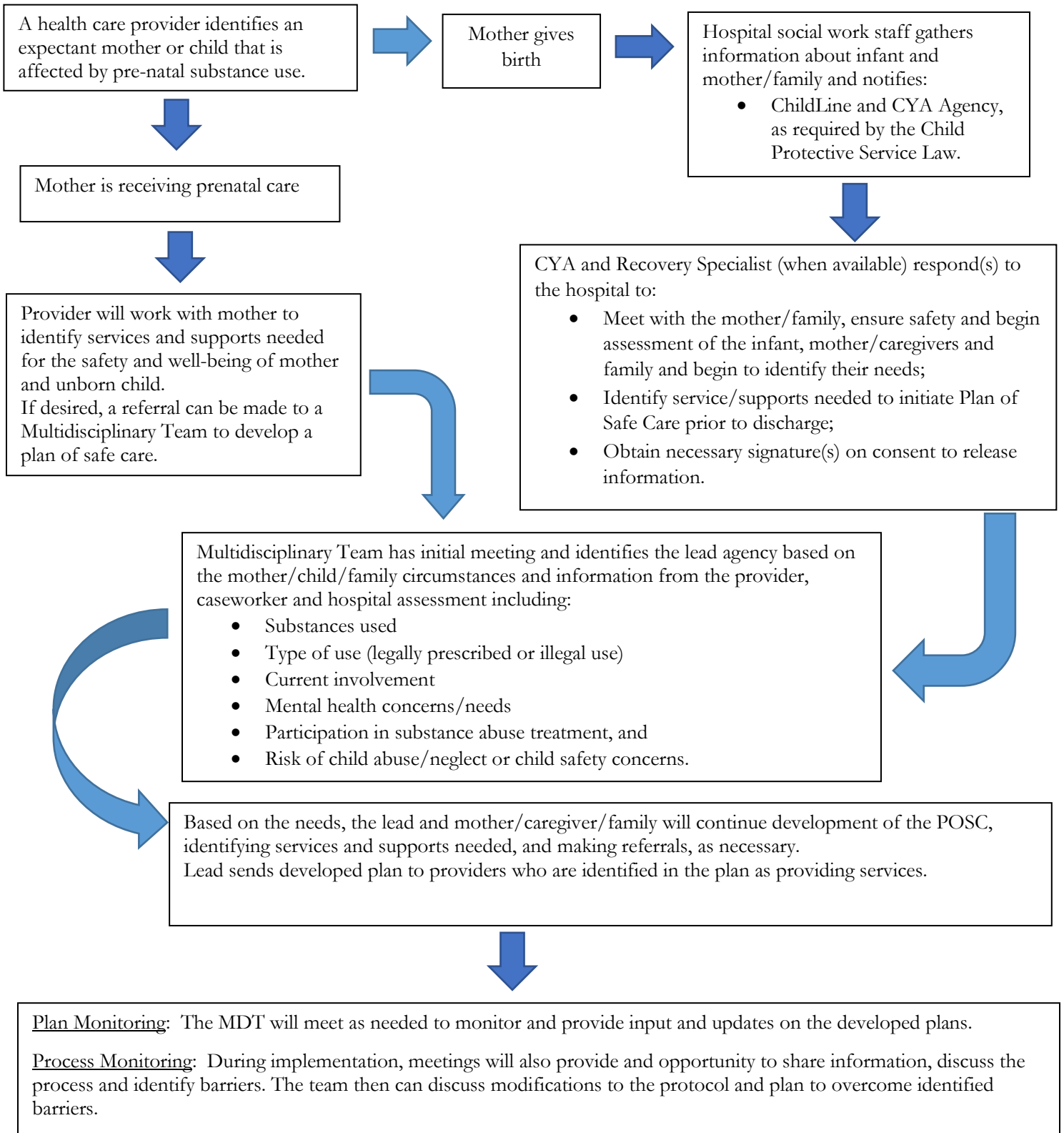
Mapped by Joining Forces for Children

January 2020

(Handle With Care not fully implemented)

APPENDIX III – PLANS OF SAFE CARE GUIDANCE

Lancaster County Proposed Pathway for Development of Plans of Safe Care



## Lancaster County Plan of Safe Care/Family Support Plan

Pregnancy and parenting a young child are exciting and challenging times for all parents. Planning, preparation, and support are important – especially for parents who are working on recovery from substance use. All parents need and deserve help and support. It is important to reach out and ask for the help, even if you don't always know what you need or what is available.

### Purpose of the Plan of Safe Care/Family Support Plan:

The Plan is designed to help families access the services they may need to prepare for parenting and for keeping their child healthy and safe.

It was designed to help you identify the resources that you and your child(ren) need and the services and supports in the community that can help keep you and your child healthy and safe. It can help make sure that you have the skills and resources necessary to care for an infant who was exposed to substances during pregnancy. It also may be used to show that parents are making an effort to engage in substance use treatment and recovery and provide a safe and healthy home for their children.

### **A Plan of Safe Care is:**

- **A plan to improve the health, safety, development, and well-being of a mother, infant, and the infant's family/caregiver by identifying, guiding, and directing appropriate services and supports.**
- **Offered in response to:**
  - **An infant's substance abuse or withdrawal symptoms,**
  - **Prenatal drug exposure, or**
  - **a Fetal Alcohol Spectrum Disorder (FASD)**

### How to use this plan:

**Parents and Families** – If you are pregnant or recently had a child, this plan can help you find the supports and services you need to keep yourself and your child healthy and safe. You can update this plan over time to keep track of all the work you've done to prepare for parenting and to show the progress you have made. It is important to work on this plan with others who can help you – for example your doctor, a counselor, a case manager, or a recovery coach.

*This form can be used for families in many different situations, before and/or after the birth of a child. Not all sections may apply to you or your family. You may need to add sections your family needs. The Plan may need to be updated as the needs of you and your family change.*

**Providers** – this plan is a guide to assist you in your work with perinatal women and families. It contains a list of services and supports that may be useful to families. Additional resources can be added, as needed. This plan should be completed jointly with parents/families in the context of a non-judgmental conversation.

It should be updated as parent, child, and family needs change, rather than being completed during a single session. It may be helpful to discuss this plan monthly and update the plan as family circumstances evolve.

This plan is voluntary and offered to be helpful – to help parents identify the resources and supports they need to keep themselves and their child healthy and safe. However, all families with an infant that is affected by substance use must be offered the opportunity to develop a Plan of Safe Care/Family Support Plan.

### Confidentiality and Communication:

The Plan of Safe Care/Family Support Plan is primarily designed to organize and facilitate access to services that help parents in early recovery or who are using substances. Families have the right to privacy, but this plan may offer useful information to the agencies who are working with your family. Families are encouraged to sign a *Consent to Release Confidential Information* so that information about their needs and services can be shared with providers involved in their care and other agencies. This will help them to coordinate and communicate about services and supports needed.

**Ask for help. Every new parent needs help.**

**There is help and support available to you, even when you don't think there is.**

**Stay connected with your treatment providers and recovery community.**

**PRIMARY CONTACTS/SUPPORTS:**

<b>My main support person is:</b>					
Name:		Relationship to you and your child:			
Street address City, State ZIP		Phone:		OK to text?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>In case of emergency, who would you want to take care of your child?</b>					
Name:		Phone:		OK to text?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to you/your child:					
<b>Other household members</b> (Who else is living with your infant?):					
Name:		Phone:		Relationship:	
Name:		Phone:		Relationship:	
Name:		Phone:		Relationship:	
Name:		Phone:		Relationship:	
<b>Other important people</b> (Who can be a help or support to you or your child?):					
Name:		Phone:		Relationship:	
Name:		Phone:		Relationship:	

The people who participated in the development of this plan and the other people and agencies listed in this plan are your team. They can help provide and connect you with the services and supports needed by you, your child, and your family.

Please consider signing the Consent to Release Confidential Information so that information about your needs and services can be shared with the agencies/services identified in the Plan. This will help them to coordinate and communicate about services provided and supports needed.

You may need to sign additional releases in order for some team members to share information or if additional agencies are added to your team.

**Ask for help. Every new parent needs help.  
There is help and support available to you, even when you don't think there is.  
Stay connected with your treatment providers and recovery community.**



**WHO ELSE IS ON YOUR TEAM?**

In the chart, below, make a list of people who are helping you or who know something about your life. These can be professionals, family, or friends. If there is a service listed that you think might be helpful, or that you would like to start working with, ask for help connecting with an agency that provides that service.

<b>Role on team / Type of provider</b>	<b>Agency (or relationship)</b>	<b>Contact person name</b>	<b>Phone number(s)</b>	<b>Other contact information (e- mail)</b>	<b>Next appt. date</b>	<b>Progress notes / activities</b>
Primary Care Doctor						
OB/GYN/Prenatal Care provider						
Counselor / Therapist						
Social Worker						
Psychiatrist						
Medically Assisted Treatment (MAT) Provider						
Substance Use Treatment Provider						
Peer Support						
Probation Officer						
Children and Youth Caseworker						
Recovery Specialist						

### Infant's Plan of Safe Care

Early Identification of infants with prenatal substance and alcohol exposure combined with the infant being connected to supported caregivers and appropriate developmental interventions can improve outcomes. The federal Child Abuse & Prevention Act (CAPTA) requires all providers to refer all newborns that meet the criteria.

<b>I. Family Name:</b>	<b>Case #:</b>	<b>Children's Names or Suffixes:</b>	<b>Date of Safe Care Plan:</b>	
<b>II. Plan of Safe Care:</b>	This document assists in guiding and directing appropriate services and supports to provide for the safety and well-being of a mother and infant affected by substance abuse, withdrawal, or FASD, including services for the infant and their family/caregiver.			
<b>Strengths:</b>				
<b>Concerns:</b>				
<b>Provider / Organization</b>	<b>Responsible Person</b>	<b>Safety</b>	<b>Time Period</b>	<b>How Monitored &amp; Action Steps</b>
<b>Provider / Organization</b>	<b>Responsible Person</b>	<b>Health</b>	<b>Time Period</b>	<b>How Monitored &amp; Action Steps</b>
<b>Provider / Organization</b>	<b>Responsible Person</b>	<b>Development</b>	<b>Time Period</b>	<b>How Monitored &amp; Action Steps</b>
<b>III. Plans of Safe Care:</b>		The responsible persons are those on your team and are available to assist you.		
<b>Responsible Persons</b> (Print Name & Organization)	<b>Phone No.</b>	<b>Relationship to Plan of Safe Care</b>	<b>Date</b>	
LEAD:				

Copies to: White-Agency / Pink-Parent / Canary-

Other

### Mother's Plan of Safe Care

<p>Early Identification of infants with prenatal substance and alcohol exposure combined with the infant being connected to supported caregivers and appropriate developmental interventions can improve outcomes. The federal Child Abuse &amp; Prevention Act (CAPTA) requires all providers to refer all newborns that meet the criteria.</p>				
<b>I. Family Name:</b>		<b>Case #:</b>	<b>Children's Names or Suffixes:</b>	<b>Date of Safe Care Plan:</b>
<b>II. Plan of Safe Care:</b>	<p>This document assists in guiding and directing appropriate services and supports to provide for the safety and well-being of a mother and infant affected by substance use, withdrawal, or FASD, including services for the infant and their family/caregiver.</p>			
<b>Strengths:</b>				
<b>Concerns:</b>				
<b>Provider / Organization</b>	<b>Responsible Person</b>	<b>Health</b>	<b>Time Period</b>	<b>How Monitored &amp; Action Steps</b>
<b>Provider / Organization</b>	<b>Responsible Person</b>	<b>Substance use, prevention, treatment &amp; behavioral health</b>	<b>Time Period</b>	<b>How Monitored &amp; Action Steps</b>
<b>Provider / Organization</b>	<b>Responsible Person</b>	<b>Family Support</b>	<b>Time Period</b>	<b>How Monitored &amp; Action Steps</b>
<b>III. Plans of Safe Care:</b> The responsible persons are those on your team and are available to assist you.				
<b>Responsible Persons</b> (Print Name & Organization)		<b>Phone No.</b>	<b>Relationship to Plan of Safe Care</b>	<b>Date</b>
LEAD:				

Copies to: White-Agency / Pink-Parent / Canary-

Other

# CONSENT TO RELEASE CONFIDENTIAL INFORMATION

## AUTHORIZATION TO DISCLOSE PROTECTED HEALTH AND SUBSTANCE ABUSE INFORMATION

**1. Family:**

Identified Child \_\_\_\_\_ DOB: \_\_\_\_\_ Case #: \_\_\_\_\_

Identified Mother: \_\_\_\_\_ DOB: \_\_\_\_\_

Identified Father: \_\_\_\_\_ DOB: \_\_\_\_\_

- 2. By signing this Authorization, I hereby voluntarily permit the use or disclosure of Protected Health Information (PHI) and Substance Abuse Information pertaining to me, my health, or my health care (including paper, oral, and electronic interchange) by and to the following individuals or organizations (check all that apply):**

LANCASTER COUNTY PLANS OF SAFE CARE TEAM PARTNERS	
<input type="checkbox"/> Lancaster County Children and Youth Social Service Agency	150 North Queen Street Suite #111 Lancaster, PA 17603
<input type="checkbox"/> Lancaster County Behavioral Health and Developmental Services (BH/DS) <input type="checkbox"/> Early Intervention Program	150 North Queen Street Suite #517 Lancaster, PA 17603
<input type="checkbox"/> WellSpan Ephrata Community Hospital <input type="checkbox"/> Healthy Beginnings Plus (HBP) <input type="checkbox"/> Foundations Pregnancy Support Services (FPSS)	169 Martin Ave. Ephrata, PA 17522
<input type="checkbox"/> UPMC Lititz	1500 Highlands Drive Lititz, PA 17543
<input type="checkbox"/> Lancaster General Hospital, Penn Medicine (LGH): <input type="checkbox"/> Women & Babies Hospital <input type="checkbox"/> Healthy Beginnings Plus (HBP) <input type="checkbox"/> Nurse Family Partnership	555 N. Duke Street Lancaster, PA 17602
<input type="checkbox"/> Drug & Alcohol Commission <input type="checkbox"/> The RASE Project, Lancaster	131 East Orange Street Lancaster PA 17602

OTHER IDENTIFIED PROVIDERS/AGENCIES	
<input type="checkbox"/> Maternal and Child Health Agency:	
<input type="checkbox"/> Home Visitation Program:	
<input type="checkbox"/> Substance Use Disorder Prevention and Treatment Provider:	
<input type="checkbox"/> Mental Health Provider:	
<input type="checkbox"/> Managed Care Organization and Private Insurers:	
<input type="checkbox"/> Hospital or Medical Provider:	

OTHER IDENTIFIED SUPPORTS	
<input type="checkbox"/> Name:	Relationship:
<input type="checkbox"/> Name:	Relationship:

<b>Medical records:</b>	<input type="checkbox"/> Entire Record	<input type="checkbox"/> Medications	<input type="checkbox"/> Discharge plans	<input type="checkbox"/> Billing Record	<input type="checkbox"/> X-ray/imaging	<input type="checkbox"/> Lab Results
	<input type="checkbox"/> Mental Health Evaluation/Treatment		<input type="checkbox"/> Treatment Progress/Cooperation/Compliance			
DATES:		From:		to		
<b>DRUG AND ALCOHOL records:</b>	<input type="checkbox"/> Entire Record	<input type="checkbox"/> Medications	<input type="checkbox"/> Discharge plans	<input type="checkbox"/> Lab Results		
	<input type="checkbox"/> Drug/Alcohol Evaluation/Treatment		<input type="checkbox"/> Treatment Progress/Cooperation/Compliance			
DATES:		From:		to		
<input type="checkbox"/> Day Care:		<input type="checkbox"/> Other:				

3. The type and amount of information to be used or disclosed is as follows: (include dates or name of provider where appropriate). **Check each category that applies:**
4. **Purpose for the Disclosure: (The information to be used or disclosed is to)**
  - Obtain or coordinate services and supports for a Plan of Safe Care relevant to my child's and my well-being and health by a multidisciplinary team. Authorizing the disclosure of health and substance abuse information is voluntary.
  - Other:
5. **Persons Authorized to Use or Disclose: (The person(s) authorized to make the requested use or disclosure)**
  - Staff employed or contracted by the above specified provider.
  - Other:
6. **Persons Permitted to Receive the Information: (The person(s) to whom the use or disclosure may be made)**
  - Multidisciplinary Team partners and other identified providers/agencies identified above. Persons or business providers with which identified providers have entered service contract(s) or HIPAA Business Associate Agreements.
  - Other:
7. **Voluntary Consent:** Your authorization to disclose health information and substance abuse information is voluntary. You can refuse to sign this form. You need not sign this form to obtain treatment. If you have any questions about disclosure of your health or substance use information, contact the provider's privacy officer.
8. **Expiration Date or Event:** This authorization shall remain in force until you are no longer in need of the identified services or until revoked; unless a different event or date is specified here:
9. **Right to Revoke:** You have the right to revoke this Authorization at any time and may do so by contacting the provider's records department. If we have already used or disclosed your protected health information or substance abuse information before receiving your revocation, you understand that we cannot take back those uses or disclosures.
10. **Condition of Treatment:** If you do not sign this form, the providers involved may still determine that you need treatment/services. In those situations, as permitted by law, your care will be authorized by that provider and it will be noted in your record that an attempt was made to have you sign this form.
11. **Information May be Re-disclosed:** Information used or disclosed pursuant to the Authorization may be subject to re-disclosure by the recipient and may no longer be subject to privacy protections provided by law.

\_\_\_\_\_  
Printed Name of Mother or Legal Representative

\_\_\_\_\_  
Signature of Mother or Legal Representative

\_\_\_\_\_  
Date / Time

\_\_\_\_\_  
Printed Name of Father or Legal Representative

\_\_\_\_\_  
Signature of Father or Legal Representative

\_\_\_\_\_  
Date / Time

**For those individuals physically unable to sign this document:**

I, \_\_\_\_\_, am physically unable to sign this authorization. My verbal understanding of this document is hereby witnessed by the individual whose signature appears below.

\_\_\_\_\_  
Witness Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

## Appendix IV – Resource Directory

### Early Childhood –Children Zero to Five

#### Community Action Partnership

##### *Thrive to 5: Creating Head Starts for the Future*

Thrive to 5 is a high quality early learning program for infants through age 5 that emphasizes language, literacy, math, science, art, and the development of social skills to prepare children for school success. In addition to education services, Thrive to 5 also provides family support services, nutritious meals and health screenings. The program provides services for children for 6 hours/day and all day care for working families at 2 locations.

The Thrive to 5 program serves children and families at over 20 sites throughout Lancaster County. The program is free for qualifying families living in 100-300% the federal poverty guidelines and does accept Child Care Subsidy through the Early Learning Resource Center for all day care.

In more rural areas of Lancaster County, Thrive to 5 services are offered in the home rather than the classroom. A highly qualified home visitor meets with participating families weekly to help structure learning opportunities in the home setting. Children and parents who live in the same local area get together at least twice a month for group play and learning opportunities.

<https://caplanc.org/our-programs/education-childhood-development/head-start/>

#### Lancaster-Lebanon Intermediate Unit 13

**Early Head Start:** Early Head Start is a federally funded community-based program for low-income pregnant women and families with infants and toddlers. Its mission is to enhance the development of very young children, and to promote healthy family functioning. Children ages birth to 3 are eligible for Early Head Start.

[Early Head Start Child Care Partnership](#)

OR

[Early Head Start Home-Based](#)

**Preschool Early Intervention:** The Early Intervention Program of IU13 provides support and services to children, from age three to age five, with disabilities and the need for specially designed instruction. Children may be eligible for Preschool Special Education by meeting the criteria for one of the following disability categories:

- Deaf/Blindness
- Autism
- Developmental Delay
- Emotional Disturbance
- Hearing Impairment (including Deafness)
- Intellectual Disabilities
- Multiple Disabilities
- Orthopedic Impairment
- Other Health Impairment
- Speech or Language Impairment
- Traumatic Brain Injury
- Visual Impairment (including Blindness)

There is no cost to families or caregivers for Early Intervention screenings, evaluations, or services. If you think your child may need Early Intervention services, please call the IU13 Referral Hotline at 717-606-1601.

**Autism Solutions for families:** After an initial consultation with Dr. Bruey, an individualized treatment plan will be created and implemented.

All services provided by Autism Solutions will focus on developing effective strategies for improving the child with Autism's success in the home as well as in the community.

As per the PA Autism Insurance, many services provided by Autism Solutions can be reimbursed by the family's insurance carrier. Please contact us to determine if your insurance is accepted.

**Family Literacy** program simultaneously provides parents with education that will increase their own literacy skills while equipping them to be effective as their children's first and most important teacher.

The program is designed to provide services to parents and children between birth and 3<sup>rd</sup> grade and focuses on:

- Instruction to prepare parents for **High School Equivalency exams** or to learn **English as a second language**.
- Specific skills in parent education and interactive literacy activities that enable parents to **support their children's educational and developmental needs** in preschool and early elementary school years.

**Parent Groups:** A parent is each child's first and most important teacher. IU13 values family involvement! To support these efforts, we coordinate or participate in a number of parent groups to help our whole team work together to benefit the students we serve. Please consider joining one of these groups.

**Parent-Child Interaction Therapy (PCIT):** PCIT is an evidence-based treatment for young children ages 2-7 with behavioral problems.

PCIT is conducted through “coaching” sessions during which a therapist observes behavior between you and your child in a playroom. The therapist watches interactions through a one-way mirror, all while providing realtime coaching skills to you through a “bug-in-ear” device.

Please see additional IU13 programming available in the School-Aged Section

## Nurse Family Partnership

Nurse-Family Partnership is a free program that helps first-time, low-income mothers and their babies receive healthcare services, health education, emotional support, and achieving economic self-sufficiency. When you enroll, you will be connected to your own personal, registered nurse who will visit you in the privacy of your home throughout your pregnancy and until your baby is two years old. Your nurse will provide the support, advice and information you need to have a healthy pregnancy and baby, and be a great mom.

Your nurse will help you learn about breastfeeding, nutrition, child development, and safe sleep and soothing techniques to make you a more confident mom. Your nurse will also help you get referrals for healthcare, child care, job training, and other services available in the community. She will support you as you continue your education, develop job skills, and pursue your goals for personal development. The father of the baby, family members, and friends are welcome to participate in the program — but as the mom, you are the main focus. Eligible women may participate in both Healthy Beginnings Plus and Nurse-Family Partnership.

If interested, please call 717-544-1952 before your 28th week of pregnancy.

## Healthy Beginnings Plus

If you are an expectant mother who is eligible for Medical Assistance, Healthy Beginnings Plus (HBP) at Penn Medicine Lancaster General is available to help you have a healthy pregnancy and baby. As a participant in HBP you will have a healthcare team dedicated to your individual needs. Your team will include a doctor or certified nurse midwife at the practice you choose to receive your care. The team also consists of a nurse care coordinator, social worker, lactation support, and a registered dietician.

HBP helps assure you and your baby receive the best medical care possible. In addition to checkups, we offer childbirth, exercise, nutrition, and breastfeeding classes.

If you do not have insurance, or your insurance does not fully cover prenatal care, please contact us for more information at 717-544-4305.



## STEPS

The STEPS program provides support, education, and case management to pregnant & parenting women who are struggling with an **Opioid Use Disorder or are in Medication Assisted Recovery**. The STEPS support team consists of a Nurse Navigator, Social Worker, and Recovery Specialist. They work alongside the medical providers to help eliminate barriers to receiving care. The team strives to support and equip women with the tools and knowledge to maintain their recovery, have a healthy pregnancy, and the ability to keep their children safe and families strong. Women are eligible to receive services during their pregnancy and their baby's first year of life. The program is free, regardless of insurance.

The STEPS program has optional groups for education and support for all OUD/MAT pregnant and post-partum moms. The group is open for women to attend until their babies are 1 year old. Groups allow time to meet with supportive professionals and other moms to help with your journey of pregnancy, motherhood and recovery. Meetings include creative activities, as well as education. Group and individual session incentives are provided.

For additional questions about the STEPS program or to refer, call 717-544-5262 or email Dawn at [Dawn.Horst@PennMedicine.upenn.edu](mailto:Dawn.Horst@PennMedicine.upenn.edu)

## Lancaster County Behavioral Health & Developmental Services Early Intervention

**Early Intervention (EI)** is a program that provides services and supports to children birth to five at risk for developmental delays or disabilities. Anyone can make a referral to EI to include hospitals, physicians, parents, childcare providers, local education agencies, public health facilities, and other social service providers. EI services and evaluations are provided at no cost to families.

**Infant/Toddler Program:** Upon receiving a referral, a Referral Coordinator will reach out to the family member/caregiver of the child to explain the program, gather initial information and offer a screening or arrange for a developmental evaluation which will occur in the home or other setting familiar to the child. A Support Coordinator will be assigned to help the family through the evaluation process which is designed to look at how the child grows and learns (e.g. thinking, talking, moving, hearing, seeing, responding to others and taking care of basic needs). Parents/caregivers will have the opportunity to talk about their child's growth and development since birth and their concerns. This may also include information from the child's doctor or childcare provider. The purpose of the evaluation is to understand the whole picture of the child.

Eligibility for services and supports are based upon one of three criteria: (1) a 25% delay in one or more areas of development, (2) Informed Clinical Opinion, or (3) a diagnosed disability that has a

high probability for developmental delays (e.g. hearing and/or vision loss, Down syndrome, cerebral palsy, cleft palate). An evaluation looks at five developmental domains to include:

- Self-help skills (feeding and dressing)
- Cognitive skills (thinking, learning, and reasoning abilities)
- Communication skills – (talking, listening and understanding)
- Physical Development (vision, hearing, movement, crawling, walking, sitting)
- Social-Emotional Development (feelings, getting along with others, relationships)

When a child is eligible, services must start within 14 days. An Individualized Family Services Plan (IFSP) is a written plan that identifies family/child outcomes, strategies and supports that will best help reach identified outcomes. Supports can include occupational therapy, Speech-language therapy, physical therapy, special instruction, special instruction – behavior and social work. Sessions can occur at various frequencies to include weekly, bi-weekly, or monthly depending upon the needs of the family.

The early years establish the foundation upon which all learning and development takes place. For some young children, development unfolds along a slower timetable or in a less predictable manner. EI provides services and supports to promote the best possible developmental outcomes, and, at the same time, enhance the capacity of families to meet their child's needs. EI can also serve as a protective buffer against multiple adverse influences that may hinder a child's developmental progress.

For Infants & Toddlers (Birth to 3), call EI at 717.399.7323

For Preschool Children (3 to 5), call IU13 at 717.606.1601

Preschool Age Early Intervention Program at IU13 at 717-606-1601.

## School-Aged Children – Grades K-12

### Lancaster County Behavioral Health & Developmental Services

**Children’s Mental Health Services:** The Mental Health Program offers case management services for children who have a serious emotional disturbance.

There are three levels of case management that an individual may receive:

**Administrative Case Management (ACM)** - Contact with the individual at least once a year, more if needed.

**Resource Coordination (RC)** - Meets with the individual at least once per month.

**Intensive Case Management (ICM)** - Meet with the individual every two weeks and provides on-call services 24 hours a day, 7 days a week.

The level of case management offered is determined by the Mental Health Program and is based upon the needs of the child and the family seeking services.

<http://pa-lancastercountybhds.civicplus.com/DocumentCenter/View/41/Childrens-Services-PDF?bidId=>

### Lancaster County Children’s Alliance

The Lancaster County Children’s Alliance (LCCA) is the Children’s Advocacy Center for Lancaster County. It is our goal to ensure that children disclosing abuse are not further victimized by the intervention systems designed to protect them. The LCCA emphasizes the coordination of investigation and intervention services by bringing together professionals and agencies as a multidisciplinary team to create a child-focused approach to child abuse cases.

Our multidisciplinary team includes child protection workers, law enforcement officers, medical providers, prosecutors, victim advocates, mental health providers, and advocacy center staff. A trained forensic interviewer conducts coordinated interviews that are observed through closed circuit television by law environment and/or child protective services.

Services provided at LCCA include:

- **Forensic Interviews**
- **High Risk Behavior Assessments**
- **Specialized Medical Evaluations**
- Our **Licensed Clinical Counselor** is at the center and able to provide services to children who were seen at LCCA. Referrals for the specialized trauma-focused therapy are made when the child is at LCCA or through caseworkers and other MDT professionals. Families are also able to reach out to LCCA on their own if they decide they want services at a later time.
- **The Non-Offending Caregiver Group** is a psycho-educational program for caregivers of sexually abused children and partners of sexual offenders. It consists of 10, 90-minute group sessions designed to help participants acknowledge the impact of the abuse, recognize indicators, and protect children from sexual abuse.

## Lancaster County Children and Youth

**Lancaster County Children and Youth:** The Lancaster County Children and Youth Social Service Agency is a public child welfare agency mandated to provide protection services to Lancaster County's children and their families. The Agency investigates all reports of child abuse and neglect and provides intervention services to address safety threats and risk factors and stabilize the family. The Agency's mission is to address the safety, permanency and well-being of children and youth at risk of abuse and neglect.

Referrals can be made to the agency by calling 717-299-7925 during business hours. To report abuse, call 1-800-932-0313 toll free or visit <https://www.compass.state.pa.us/cwis> anytime.

If a crisis occurs after business hours, a standby case worker is available by calling the Communication Center at 717.293.7724. If it is a situation involving a life-threatening emergency, please call 911.

## Lancaster County Victim/Witness Services

Victim / Witness Services is a special program of the Office of the District Attorney. Victim / Witness Services provides information, support, and advocacy to victims of crime and to witnesses for trials. Victim/Witness Services believes that every victim is entitled to sensitivity, dignity and respect. We will provide information, support and advocacy to crime victims, witnesses and family members by addressing the effects of crime, empowering victims and upholding victims' rights.

## Bethany Christian Services

**ReNew:** Case Management and Advocacy Support for Recovering Mothers and their Newborns. Mothers are identified while pregnant and incarcerated.

**Safe Families for Children:** When a family is in crisis, kids can become vulnerable to neglect and abuse. No family should experience this. Through the Safe Families for Children ministry, volunteer Host Families offer loving care to parents, watching over their children while the parents regain stability.

<https://bethany.org/help-a-child/emergency-care/safe-families>

## Compass Mark

**Family Services Advocate:** The Family Services Advocate works to identify, support, and advocate for the unique needs and rights of children with incarcerated parents. This program helps families and caregivers connect with existing community supports, and maintain healthy parent child relationships through case management.

<https://www.compassmark.org/family-services-advocate/>

**Information and Referral:** Compass Mark's Information & Referral Team offers anonymous, confidential support around topics such as:

- Alcohol, drug or gambling concerns for a loved one
- Treatment referrals
- 12-step meeting schedules
- Workplace drug & alcohol policy
- Local drug trends
- Prevention & intervention skills for clergy
- Prescription drug addiction, including chronic pain
- Role of drug testing
- Tobacco cessation programs
- Interventions

Call (717) 299-2831 Monday-Friday, 9am-5pm or email Christine Weidner.

For treatment information visit [Find Help](#).

To learn more about Compass Mark's School-Based Prevention Programs, visit:

<https://www.compassmark.org/school-based-programs/>

## Lancaster Osteopathic Health Foundation

**Children's Mental Health Copay Assistance:** We offer Mental Health Copay Assistance to youth, children, and parents of dependent children (ages 0-25) who live in Lancaster County, Pa., and have financial need. This reduces their copays to just \$10 per visit to a licensed behavioral healthcare provider.

Applicants for this program must be under age 26, or the parent of a dependent child under age 26. Household income may not exceed 250% of the Federal Poverty Level. Applicants must be residents of Lancaster County, Pa. If an applicant does not have insurance, they should call PMHCA (Pennsylvania Mental Health Consumers' Association) at (717) 564-4930 to apply for ACA or Medicaid.

<https://lohf.org/mental-health-copay-assistance/>

## Lancaster-Lebanon Intermediate Unit 13

Please see additional programming available through IU13 in the early childhood section.

**Parent Groups:** A parent is each child's first and most important teacher. IU13 values family involvement! To support these efforts, we coordinate or participate in a number of parent groups to help our whole team work together to benefit the students we serve. Please consider joining one of these groups.

<https://www.iu13.org/students-families/resources-for-families/educational-resources-for-families/parent-groups/>

**Parent-Child Interaction Therapy (PCIT):** PCIT is an evidence-based treatment for young children ages 2-7 with behavioral problems.

PCIT is conducted through "coaching" sessions during which a therapist observes behavior between you and your child in a playroom. The therapist watches interactions through a one-way mirror, all while providing realtime coaching skills to you through a "bug-in-ear" device.

[https://www.iu13.org/images/uploads/documents/ECSES/Autism\\_Solutions/PCIT\\_Brochure\\_-\\_FINAL.pdf](https://www.iu13.org/images/uploads/documents/ECSES/Autism_Solutions/PCIT_Brochure_-_FINAL.pdf)

### **Education Leading to Employment and Career Training (ELECT) Program**

The ELECT program provides pregnant and parenting youth up to age 21 with the supports they need to complete their high school education and transition successfully into employment or continue in higher education. Services include:

- Biweekly visits for individual support
- Parenting, healthcare, and nutrition education
- Job information
- Attendance tracking and grade monitoring
- Intensive case management and support services.

[https://www.iu13.org/images/uploads/documents/ECSES/Brochure-ELECT-FINAL\\_11-2018.pdf](https://www.iu13.org/images/uploads/documents/ECSES/Brochure-ELECT-FINAL_11-2018.pdf)

### **Secondary Transition Programs**

Preparing students with disabilities to become successful workers requires hands-on experiences beyond what is offered in a traditional school setting. Supports are provided to students through job training services.

### **Work Immersion Programs**

Focus on helping young adults with disabilities make a successful transition from school to productive adult life. This unique one-year immersion program serves students with disabilities who are in their last year of high school. With the goal of competitive employment, each student receives classroom instruction and hands-on experience through internships. Through their work immersion experiences, students also develop employability, social, and independent life skills.

**School to Work (STW)** program provides community-based training in real work settings. The program, which is available for high school students with disabilities, is designed to help students learn self-determination and functional academics, and to establish linkages to adult service agencies.

<https://www.iu13.org/students-families/special-ed/special-ed-programs/secondary-transition/>

### **Special Education Services**

Materials are available through IU13 and the PA Training and Technical Assistance Network (PaTTAN). These materials will help to explain the process to determine if a student qualifies for services, your rights as a parent, and what to expect – including tips for how to talk to school staff.

<https://www.iu13.org/students-families/evaluating-children/>  
<https://www.pattan.net/>

## FAMILY SUPPORTS

### COBYS Family Services

**Kinship Support Services:** Call 435-8139 to receive help in navigating systems, information about your rights, and connections to resources in your community.

Hours: Tuesday through Thursday, 9:30am-2:30pm [kinship@cobys.org](mailto:kinship@cobys.org)

**Kinship Coffee Sessions:** Attend groups, information sessions, and family programs for information and support specific to kinship caregivers. Network with others that are going through similar experiences. Childcare is available on a limited basis. Registration is required. Kinship Coffee Sessions are held in New Holland, Northern Lancaster, Quarryville, School District of Lancaster, and Manheim Township. Visit <https://cobys.org/family-support/kinship/> for dates and times.

COBYS offers a variety of **family educational opportunities** throughout Lancaster County. Please visit <https://cobys.org/family-support/programs-offered/> for a list of current offerings and information about how to enroll.

### YWCA Parent Alliance (Family Support Group)

The YWCA of Lancaster is dedicated to eliminating racism, empowering women, and promoting peace, justice, freedom, and dignity for all. The family support group is open to anyone, however, females are the primary clients. The YWCA offers various programs in which the support group members can participate. Parents receive referrals to other helping agencies as needed. Problems are discussed in a caring, supportive, non-judgmental manner. Confidentiality and anonymity is respected, except when the health or safety of a family member is at risk.

The support group offers a place where parents can talk about their concerns and receive support from other parents. The support group meets weekly at the YWCA on Thursday evenings. Childcare is provided. There is no cost to participate. For more information, contact the YWCA at 717-393-1735.

### CAP Super Padres



This is an educational and parent support program specifically for Latino families, and is designed to support and preserve the family unit. Objectives include:

- Behavior management / discipline techniques
- Improving communication
- Strength building
- Stress management
- Utilizing community resources

Any family residing in Lancaster County can participate; there is no cost. For more information, call the CAP office at 717-431-1027, ext. 3209.

For individuals and families seeking treatment information or recovery support services please call Compass Mark 717.299.2831 or visit [compassmark.org](http://compassmark.org)

**Appendix F. Lancaster County Complete Streets Survey Report**

LANCASTER COUNTY  
PLANNING  
COMMISSION



# Lancaster County Complete Streets Survey

February 2020

## PLACES2040 AND COMPLETE STREETS

Places2040 is Lancaster County’s Comprehensive Plan. The plan offers a roadmap to maintain the special features of our area that make Lancaster County unique. Complete Streets are one of the catalytic strategies recommended in the plan to move the county towards our goals.

Complete Streets are streets for everyone. They are designed to enable safe access for all users, including pedestrians, bicyclists, motorists, and transit riders of all ages and abilities. In a community with Complete Streets, it is easy to cross the street, walk to shops, and bicycle to work or school.

As partners in Places2040, Lancaster County Planning Commission (LCPC) and Penn Medicine Lancaster General Health conducted a survey about Complete Streets in the fall of 2019.

## SURVEY METHODS

The goal of the survey was to understand Complete Streets policies and projects in each Lancaster County municipality and the perceived benefits and barriers to implementing safe streets for all users. Our specific research questions were as follows:

- Which municipalities in Lancaster County have programs and policies that support Complete Streets that are safe for all users?
- How knowledgeable are municipal representatives about implementing Complete Streets in their communities?
- What are the perceived benefits and barriers for implementing Complete Streets?
- What resources and support are needed for municipalities to make their streets safer for all users?

Our 15-question survey was adapted with permission from a 2017 survey of municipal representatives throughout the state of Pennsylvania developed by the University of Pittsburgh for PA WalkWorks. The questionnaire was built in REDCap and emailed to a contact list of municipal representatives (managers, planning professionals, and public works officials).

A total of 28 municipalities and 35 individuals provided their feedback by completing the Complete Streets survey. The participating municipalities are shown in Table 1. The majority of respondents were managers/administrators (60%), and we also received responses from planners, public works staff, elected officials, and engineers.

**Table 1. Lancaster County municipalities participating in the Complete Streets survey**

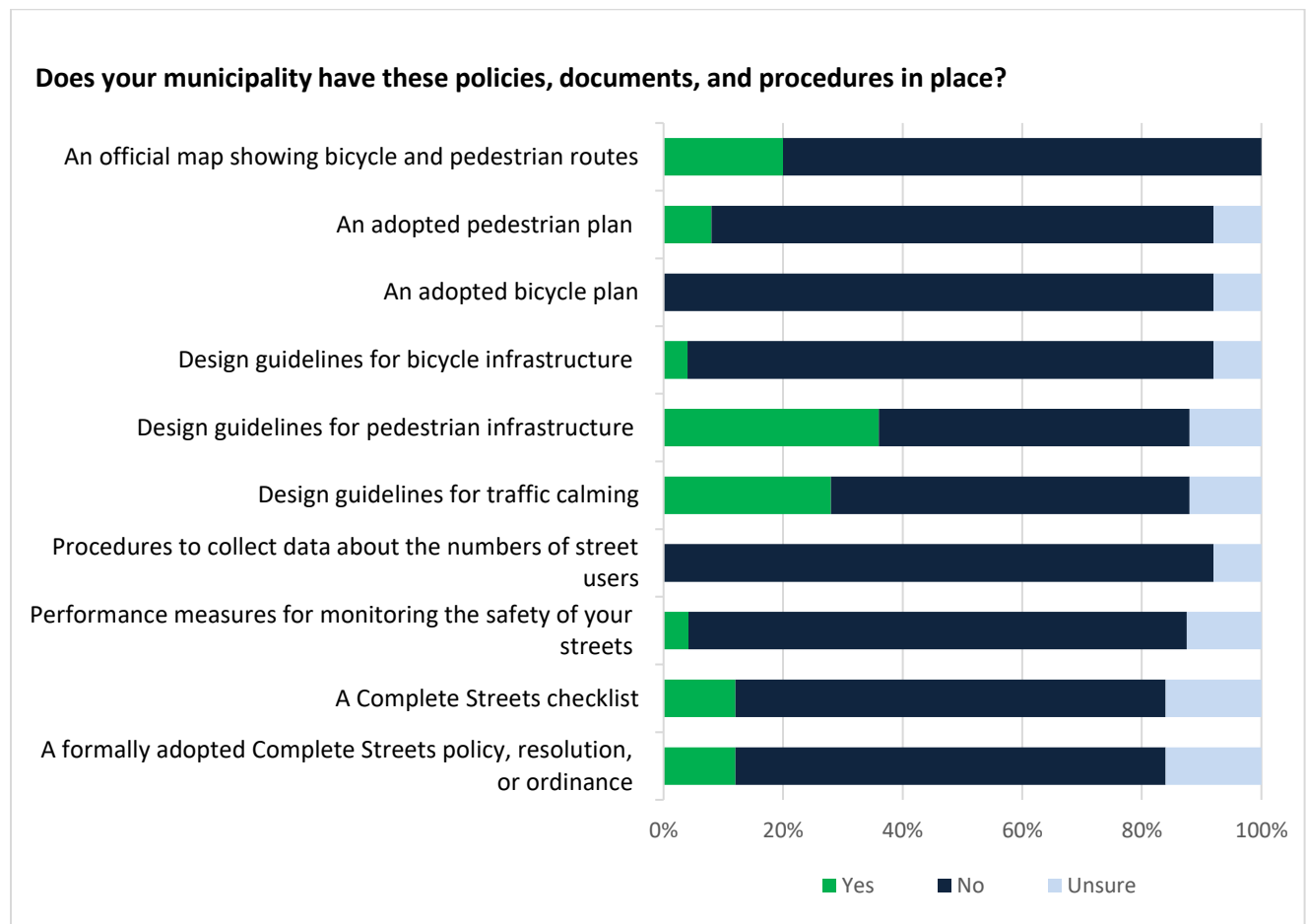
Adamstown Borough	Conestoga Township	Lititz Borough	Quarryville Borough
Bart Township	Conoy Township	Manor Township	Rapho Township
Christiana Borough	East Hempfield Township	Mount Joy Borough	Salisbury Township
City of Lancaster	East Lampeter Township	Mount Joy Township	Warwick Township
Clay Township	East Petersburg Borough	New Holland Borough	West Cocalico Township
Colerain Township	Elizabethtown Borough	Penn Township	West Hempfield Township
Columbia Borough	Ephrata Borough	Pequea Township	West Lampeter Township

## SURVEY RESULTS

**Knowledge.** Two-thirds of the respondents (66%) reported that they were familiar or very familiar with Complete Streets, and 39.4% had participated in an official training regarding the initiative.

**Policies and Procedures.** Figure 1 shows the policies, procedures, and documents municipalities currently have. Only three respondents reported that their municipalities have formally adopted a Complete Streets policy, resolution, or ordinance. Three respondents reported that they use a Complete Streets checklist to help make improvements. Only one municipality reported using performance measures to track the safety of pedestrians and bicyclists. Several municipalities reported having design guidelines for pedestrian infrastructure (9, 36%), traffic calming (7, 28%), and bicycle infrastructure (1, 4%). Five municipalities (20%) have an official map showing bicycle and pedestrian routes.

**Figure 1. Complete Streets policies, documents, and procedures in Lancaster County municipalities**



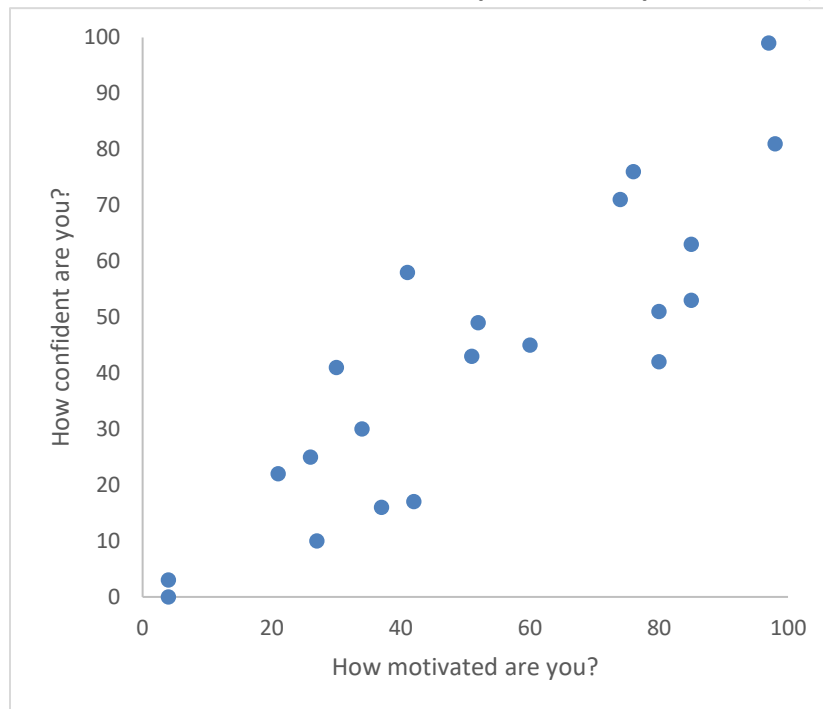
**Completed Projects.** The survey respondents reported improvements that they have made to make streets safer for all users in the past five years, as shown in Table 2. Stormwater projects, such as adding planting strips or pervious pavement, were the most common projects. New sidewalks (71%), sidewalk repairs (62%), pedestrian crossings (47%), and increasing access for those with disabilities (37%) were the other top five improvements.

**Table 2. Complete Streets projects completed in the past five years**

Type of project	Respondents who have completed this type of project in the past five years	
	Number	Percentage
Stormwater projects (rain gardens, pervious pavement, etc.)	17	81.0%
Adding new sidewalk or pedestrian paths	15	71.4%
Repairing sidewalks or pedestrian paths	13	61.9%
Improving pedestrian crossings with high-visibility crosswalks, refuge areas, signal lights, etc.	10	47.6%
Improving facilities for individuals with disabilities	8	38.1%
Adding traffic calming elements, such as curb extensions, narrowed lanes, chicanes, etc.	6	28.6%
Adding multimodal paths or trails	5	23.8%
Repairing multimodal paths or trails	5	23.8%
Streetscape projects (lighting, furniture, landscape, etc.)	3	14.3%
Adding new bicycle infrastructure (bike lanes, sharrows)	1	4.8%
Repairing bicycle infrastructure	1	4.8%

**Motivation and Confidence.** Figure 2 shows the respondents’ motivation and confidence about implementing Complete Streets. The survey asked respondents to rate their motivation to implement Complete Streets and their confidence in implementing Complete Streets on a scale from 1-100. The motivation scores ranged from 4 - 98, with a median value of 52. Confidence scores ranged from 0 – 99, with a median score of 42.

**Figure 2. Motivation and confidence to implement Complete Streets (n=21)**



**Benefits and Barriers.** Table 3 shows the perceived benefits of implementing Complete Streets and the barriers that make it difficult to implement. Most survey respondents reported that increased safety, improved mobility, quality of life, and public health would be benefits of Complete Streets in their municipalities. Cost was the primary barrier reported, and differing opinions about priorities was also cited as a top barrier.

**Table 2. Benefits and barriers to implementing Complete Streets in Lancaster County**

What would be the benefits of Complete Streets for your municipality?			What barriers, if any, make it difficult to implement Complete Streets in your municipality?		
	No.	%		No.	%
Safety	21	87.5%	Cost	20	83.3%
Mobility	18	75.0%	Different opinions about priorities	15	62.5%
Quality of life	18	75.0%	Right-of-way acquisition	10	41.7%
Public health	18	75.0%	Lack of local expertise/experience	8	33.3%
Economic development	12	50.0%	No interest from elected officials	7	29.2%
Attracting residents	12	50.0%	Opposition from elected officials	6	25.0%
Recreational tourism	10	41.7%	Lack of public interest	6	25.0%
None of these	2	8.3%	Public opposition	6	25.0%
			Organizational culture	3	12.5%
			Road ownership	3	12.5%
			Other	2	8.3%

## DISCUSSION

The main goal of the survey was to gather feedback from local municipal representatives in Lancaster County about their knowledge, motivation, and experiences with Complete Streets. These results will be used to develop resources and strategies for supporting the development of Complete Streets in Lancaster County.

There is broad agreement about the benefits of Complete Streets in our community for safety, mobility, quality of life, and public health. Many of the survey respondents are knowledgeable about Complete Streets; however, there are still opportunities to provide training and technical assistance, as most participants have not participated in a formal training on the subject. There are also many opportunities to develop resources and technical guidance (such as design guidelines, official maps, and regional plans). Many municipalities do not have these policies and documents, but several suggested that it would be valuable to have assistance developing them.

Although only a few municipalities in Lancaster County have official Complete Streets policies, many officials reported specific projects that they have completed or plan to complete, including sidewalk additions, widening shoulders in rural areas, adding trail connections and pedestrian crossings. The majority of survey participants noted that Lancaster County Planning Commission strongly supports Complete Streets and has provided essential assistance for local projects.

Funding is the major barrier to implementing Complete Streets. Assistance with funding projects, writing grants, identifying feasible potential projects, and navigating complex funding requirements were the most common requests for support from the municipal representatives. Several respondents also noted opposition from local officials and the public, partly due to cost, and suggested education materials and public presentations for the public and elected officials about the return on investment and economic benefits of Complete Streets.

## NEXT STEPS

**Complete Streets Resources and Technical Assistance Program.** Municipal governments require knowledge, skills, and resources to develop Complete Streets-related solutions. This program, provided by Lancaster County Planning Commission, will support their efforts. No direct funding to municipalities is provided, but selected participants receive free direct technical assistance to complete a specific task related to advancing a complete streets initiative in their communities. These initiatives help advance Complete Streets by documenting existing conditions, exploring opportunities for improvement, and providing recommendations.

In addition, LCPC plans to take the following steps to support municipalities:

- Relaunch a Complete Streets resource page on new Lancaster County MPO website
- Compile a list of bicycle-pedestrian and Complete Streets funding sources
- Create case studies of Complete Streets planning and projects in Lancaster County representing urban, suburban, and rural character zones
- Develop temporary demonstration project guidance
- List available resources and technical assistance from LCPC and PennDOT
  - Bikeability and walkability audits of intersections, other crossings, or street segments
  - Complete Streets policy development
  - Local LTAP classes on various topics related to Complete Streets
  - Placemaking and streetscape improvements
  - Potential for assistance with grant applications

## FOR MORE INFORMATION

Please contact:

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Lancaster County Planning Commission  
150 N. Queen Street, Suite 320  
Lancaster, PA 17603  
(717) 299-8333  
kbarr@co.lancaster.pa.us



**Appendix G. Lancaster County Lead Poisoning Asset and Gap Analysis**



# Lancaster County Lead Poisoning Asset and Gap Analysis

Prepared for Penn Medicine Lancaster General  
Health

November 2019

## Executive Summary

Lancaster County is a uniquely vibrant and growing county, comprised of 60 distinct communities – 41 townships, 18 boroughs and 1 city. The county experiences unique risks for lead exposure among its most vulnerable residents. The following analysis outlines the landscape of risk factors, resources, and gaps in the current lead poisoning prevention infrastructure in Lancaster County and presents opportunities to make meaningful investments in eliminating lead poisoning.

### Lead Poisoning

Lancaster County has a lower blood lead screening rate and higher prevalence of elevated blood lead (EBL) than the state of Pennsylvania. This serves as an indicator of unidentified EBL cases county-wide. Many factors contribute to the County's unique risks for environmental lead exposure, including its historic housing stock, aging water infrastructure, diversity and unique population-based risk factors, economic pressures of population growth, and rising housing costs.

### Current Funding and Capacity

Lancaster County residents are generous and community-oriented. Resources to meet community needs are often found through the County's anchor institutions, faith-based organizations, and residents themselves. Lead poisoning is an ongoing issue throughout the county, and community advocates, partnerships, philanthropic investment, and the attention of key leaders and anchor institutions have built the current landscape of resources to address lead hazards in Lancaster.

The City of Lancaster was awarded \$9.1 million in Lead Hazard Control Funding from the Department of Housing and Urban Development in 2019. These funds will be utilized to remediate lead hazards in 710 residential properties over 5 years in 4 contiguous census tracts in the southern part of the city and can work in conjunction with Community Development Block Grant (CDBG), HOME program, and Weatherization Assistance Program (WAP) funds.

The fast-moving housing market in Lancaster County creates high demand for contractors, which can drive up costs and disincentivize contractors from taking smaller jobs or complying with additional requirements in HUD-funded projects. Licensed, certified lead abatement contractors are in high demand in Lancaster County. In total, 5 certified firms are located in the county (3 in Lancaster City, 2 in the County). There are also about 200 firms certified in EPA Renovation, Repair, and Painting (RRP).

### Policy Landscape

Lead poisoning prevention policies, like most laws and regulations in the county, are set at the level of the township, borough, or city. Thus, these policies differ across the county's 60 jurisdictions. Pre-1978 rental property lead safety certification and property lead inspection laws are on the books in Lancaster City and Columbia. In Lancaster City and communities with prospective rental inspection and lead-safe certification laws, enforcement still presents a challenge.

### Opportunities for Impact

Findings from the LG Health Community Health Needs Assessment have identified safe affordable housing as a priority social determinant of health in Lancaster County, and residential lead exposure is a serious community health concern. There are opportunities to support better

community health outcomes in five sectors of primary lead exposure prevention and mitigation of the impacts of lead exposure:

1. **Address Lead Hazards in Housing:** Invest directly in remediation of lead-based paint hazards in housing in Lancaster County. There is an opportunity to align funds from multiple sources, including federal funds, community benefit dollars from non-profit hospitals, Children's Health Insurance Program (CHIP) Health Services Initiatives (HSI) dollars, employer investment, and philanthropic dollars to make a county-wide investment that can be deployed to remediate lead hazards in homes, bringing them to a lead-safe standard that can be maintained over time. Investment can be deployed through a mix of hospital-administered lead remediation grants and no- or low-interest loans in partnership with community institutions.
2. **Build Workforce Capacity:** Fund lead abatement training and certification and work with partners as a start-up incubator for local small home contractor businesses.
3. **Support Enforcement:** Leverage lead remediation investment to encourage enforcement of lead ordinances and lead abatement orders for children with elevated blood lead levels. Directly fund training and certification of lead dust wipe technicians and inspectors.
4. **Screen and Improve Elevated Blood Lead Service Delivery:** Provide technical and financial support for point-of-care lead testing in pediatric offices or mobile clinics. Support changes to the Pennsylvania Department of Public Health regulations to allow venous blood lead draws in pediatric clinic or office visits and increase access to the Pennsylvania National Electronic Disease Surveillance System (PA-NEDSS), the data system for elevated blood lead test results and medical case management, for community providers and lead inspectors. Invest in information technology systems to support EBL case management.
5. **Data Infrastructure:** Invest in data infrastructure to support the proposed lead poisoning prevention program and support elevated blood lead case management activities in Lancaster County more broadly, including tracking and linking environmental investigation and lead hazard remediation data to elevated blood lead data. Create a portal for publicly-available data on lead-safe housing and elevated blood lead data in Lancaster County.

Through innovative investment, partnerships, and commitment, Lancaster County can effectively eliminate lead poisoning for children in this generation once and for all.

# I. Lancaster County Lead Exposure Risk Factors

## Project Background

The 2019 Lancaster County Community Health Needs Assessment (CHNA) identified the top community health needs in Lancaster County, based on scope, severity, and community perceptions of severity and potential impact. The CHNA was conducted collaboratively by Penn Medicine Lancaster General Health (LG Health), WellSpan, UPMC, and the Center for Public Opinion Research. The top community health need identified in the CHNA was to establish and maintain the basic conditions that support health, including access to safe affordable housing. In Lancaster County, the risk of lead poisoning in residential properties is a particular concern related to healthy housing.

As part of its 2020-2022 Community Health Improvement Plan, LG Health engaged The Green and Healthy Homes Initiative (GHHI) to develop a feasibility assessment and plan to reduce exposure to lead in residential properties in Lancaster County. LG Health has been involved in raising awareness and addressing the issue of lead for many years. In 2010, physicians and staff from LG Health convened with partners from Lancaster City, the Pennsylvania Department of Health, and Pinnacle Health to form the Lancaster County Lead Coalition. The Coalition has analyzed the geographic distribution of elevated blood lead levels in the county, identified gaps and increased screening locations, assisted with developing municipal lead ordinances for Columbia and Lancaster City, and developed processes to help connect children with high blood lead levels to appropriate resources.

## Methodology

For this analysis, GHHI conducted twenty-nine interviews with local stakeholders, including medical providers, city and county officials, housing providers, housing developers, inspectors, local non-profits, philanthropic organizations, and social service providers. Initial interviews were scheduled with key stakeholders identified by LG Health. Additional stakeholders were identified and interviewed throughout the research process. Stakeholder interviews followed a standardized format, allowing GHHI to gather qualitative data about housing needs, policy landscapes, service delivery, and funding sources in Lancaster County. GHHI analyzed these data along with publicly available data including municipal laws, US Census data, Pennsylvania Department of Health elevated blood lead data and funding data, US Department of Housing and Urban Development grantee performance and funding data, state and local childcare facility data, to provide a comprehensive analysis of the assets and gaps in the landscape of Lancaster County's lead poisoning prevention and case management systems.

## Lancaster County Lead Risks

Lancaster County is a uniquely vibrant and growing county, comprised of 60 distinct communities – 41 townships, 18 boroughs and 1 city. The county leads the nation in the size and diversity of its refugee and resettlement populations, a quality born of Lancaster's tradition of embracing religious freedom and welcoming people in need. Lancaster's natural beauty and thriving culture increasingly draws people to move to the county, which has experienced consistent population growth since 1990, with 5% growth in the last 10 years alone.<sup>46</sup> Lancaster County also has unique

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<sup>46</sup> Compared to under 1% population growth in the state of Pennsylvania.

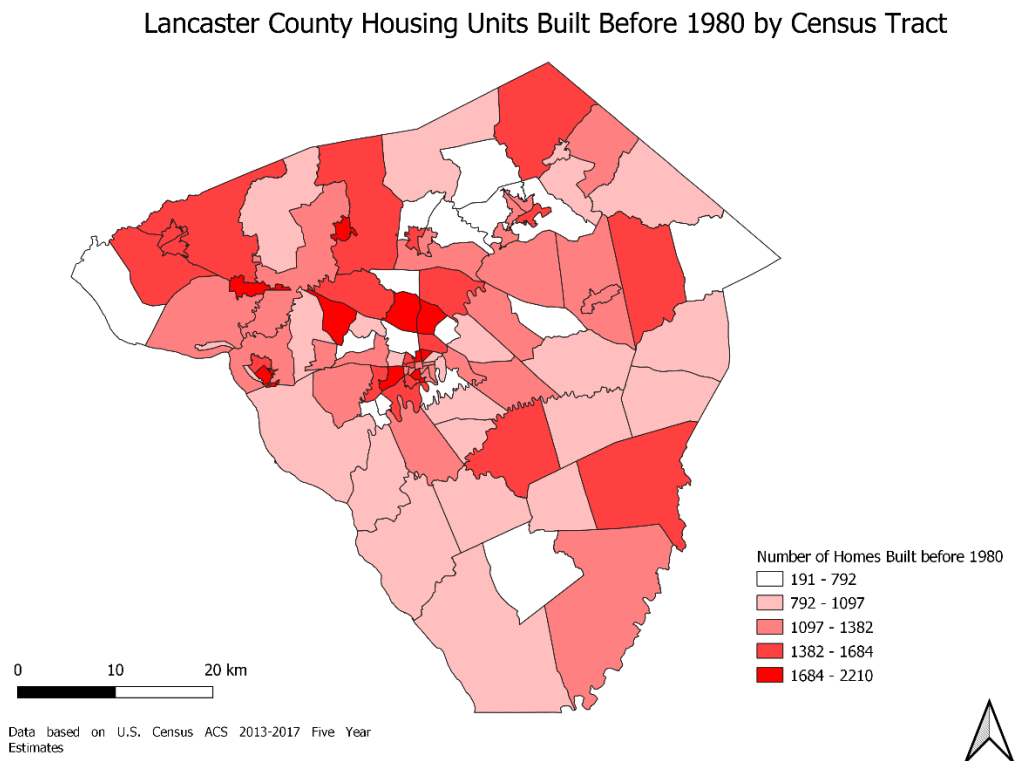
risks for environmental lead exposure and elevated rates of lead poisoning. This section focuses on specific sources of lead exposure county-wide: housing, drinking water, schools, and childcare facilities, as well as socio-demographic factors that contribute both to lead exposure risk and lack of access to resources to mitigate lead's impact, including racial discrimination, immigrant or refugee status, language and cultural barriers, socio-economic status, geographic location, and affiliation with plain communities.

## Housing

### *Housing Age*

Lead-based paint was banned for use in residential properties in 1978, placing any housing built before 1979 at risk for lead-based paint hazards. County-wide, just over half of the housing (56%) was built while lead-based paint was still in use. Using national statistics on the prevalence of lead-based paint in housing based on age, Lancaster County is estimated to have 90,931 units with lead-based paint. The City of Lancaster is estimated to have 18,204 housing units with lead-based paint, roughly 76% of its total housing stock. Manheim (6,245), Columbia (3,348), East Hempfield (3,633), Lancaster Township (3,246) and Ephrata (3,144) are also among the other municipalities with the highest numbers of housing units with lead-based paint (Figure 1, Appendix Figure 10).<sup>47,48</sup>

Figure 1: Lancaster County Percentage of Residential Structures Constructed Prior to 1980 by Census Tract



<sup>47</sup> US Census, 2017

<sup>48</sup> Cox, D. Dewalt, FG. O'Haver, R. (April 8, 2011) Summary Report: Investigate the Implications of Lowering the Lead-based Paint Standard. Policy and Economic Implications. Retrieved from: <https://www.hud.gov/sites/documents/LOWERINGTHELBPSTANDARD.PDF>

Housing built before 1960 presents the highest risk for lead exposure, both because lead-based paint was more widely used before 1960, and because very old homes require ongoing, expensive maintenance to reduce lead exposure risk. County-wide, about 35.6% of housing was built before 1960. While these county-wide statistics point to an elevated risk associated with older housing, pockets of the county’s housing stock pose particularly high age-related risk. In Lancaster City, 90% of the housing was built while lead-based paint was still in use, and over 3/4 of housing is pre-1960.<sup>49</sup> The hazard from lead is also not contained within the confines of the City of Lancaster. Pockets of older housing stock exist throughout the county, which are likely to contain lead hazards that place children at risk for exposure. In both Columbia and Marietta, as well as in the City of Lancaster, more than half of the housing stock was built before 1939.<sup>50</sup> Figure 2 shows the age of the housing stock for the municipalities with some of the highest concentrations of older housing (a detailed assessment of housing stock age by municipality can be seen in figures 10 and 11 in the appendix). Furthermore, the boundaries between municipalities are porous and children can move in and out of at-risk areas. Often when a lead poisoned child is identified, the child is moved out of the unit, effectively removing the hazard for that child, but leaving the lead hazard unabated.<sup>51</sup>

Figure 2: Municipality Number of Housing and Percent of Housing Stock Built Before 1950, 1960, and 1979

	<b>Total Housing Units</b>	<b>Number of Units Built Before 1950</b>	<b>% Built Before 1950</b>	<b>Number of Units Built Before 1960</b>	<b>% Built Before 1960</b>	<b>Number of Units Built 1979 or Earlier</b>	<b>% Built 1979 or Earlier</b>
<b>City of Lancaster</b>	24,010	16,052	66.9%	18,736	78%	21,615	90%
<b>Marietta Borough</b>	1,167	782	67%	898	76.9%	1,007	86.3%
<b>Columbia Borough</b>	4,757	3,058	64.3%	3,409	71.7%	3,982	83.7%
<b>Millersville Borough</b>	2,936	696	23.7%	1,279	43.6%	1,997	68%
<b>Manheim Borough</b>	1,972	1,087	55.1%	1,491	75.6%	1,810	91.8%
<b>All of Lancaster County</b>	208,751	54,610	26.2%	74,252	35.6%	117,731	56.4%

\* Data based on the *U.S. Census Bureau American Community Survey (ACS) 2017 Five Year Estimates*

<sup>49</sup> U.S. Census Bureau; American Community Survey (ACS) 2017 Five Year Estimates

<sup>50</sup> Zimmerman/Volk Associates (2013). Housing Market Analysis of Lancaster, Pennsylvania. Retrieved from the Lancaster Housing Opportunity Partnership website: <https://www.lhop.org/wp-content/uploads/2019/04/2013-Housing-Market-Analysis.pdf>

<sup>51</sup> Interview, Karen Bousquet, Deputy Director, Department of Community Planning and Economic Development of Lancaster City, October 2019.

The overall rental market in Lancaster County is balanced, while the apartment rental market has a relatively low vacancy rate of 4%. The rent for apartments has been increasing since 2010 at an average rate of 5% per year. A portion of the demand for multifamily rental housing will be met with current construction projects, and the demand for rental housing is expected to decrease as job growth slows. As of 2015, single family housing accounted for 42 percent of the rental housing market in the county.<sup>52</sup> While home ownership in Lancaster City has increased slightly amongst the white population, it has decreased amongst people who are black or Latino.<sup>53</sup>

The concentration of renter-occupied housing varies across the county, with Columbia, Lancaster City, Elizabethtown, Ephrata, and others emerging with the highest proportion of rental properties.<sup>54</sup> This has implications for how lead-safe standards can be enforced. It indicates that a growing number of households will benefit from lead ordinances like the one in Lancaster City that establish and enforce lead-safe standards for rental housing. It also has implications for housing stability. Families in rental housing are more likely to move often, meaning that a property can be made lead safe for a child who resides there and then the child soon after moves to a different property that may or may not be lead safe. Finally, because rental housing is generally not as well maintained as owner-occupied housing, higher percentages of rentals can indicate how well old housing stock is being maintained and kept safe from health and safety hazards. Rental housing is also not forecasted to keep up with demand for housing in Lancaster City through 2020, meaning that renters will have fewer options and less control over the standards of the units they rent.<sup>55</sup>

### Income

The City of Lancaster is also currently benefitting from urbanization and revitalization of some of its central neighborhoods as the preferences of its residents shift from rural to urban mixed-use neighborhoods.<sup>56</sup> Unfortunately, this revitalization has not impacted all neighborhoods within the city equally, and while some portions of downtown have been prospering, others have faced worsening hardship and inequity.<sup>57</sup> Growing disparities have emerged, particularly along racial and ethnic lines, as residents shift away from middle wage manufacturing jobs and the numbers

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<sup>52</sup> U.S. Department of Housing and Urban Development (2017). *Comprehensive Housing Market Analysis: Lancaster, Pennsylvania*. Retrieved from HUD Office of Policy Development and Research website: <https://www.huduser.gov/portal/publications/pdf/LancasterPA-comp-17.pdf>

<sup>53</sup> Callari, A, et al. (2015). *Lancaster Prospers? An Analysis of Census Data on Economic Opportunities and Outcomes*. Retrieved from Franklin and Marshall College website: <https://www.fandm.edu/uploads/files/57180730379654530-lancastereconomyreportaugust2015.pdf>

<sup>54</sup> U.S. Census American Community Survey 2017 Five Year Estimates

<sup>55</sup> U.S. Department of Housing and Urban Development (2017). *Comprehensive Housing Market Analysis: Lancaster, Pennsylvania*. Retrieved from HUD Office of Policy Development and Research website: <https://www.huduser.gov/portal/publications/pdf/LancasterPA-comp-17.pdf>

<sup>56</sup> Zimmerman/Volk Associates (2013). *Housing Market Analysis of Lancaster, Pennsylvania*. Retrieved from the Lancaster Housing Opportunity Partnership website: <https://www.lhop.org/wp-content/uploads/2019/04/2013-Housing-Market-Analysis.pdf>

<sup>57</sup> Callari, A, et al. (2015). *Lancaster Prospers? An Analysis of Census Data on Economic Opportunities and Outcomes*. Retrieved from Franklin and Marshall College website: <https://www.fandm.edu/uploads/files/57180730379654530-lancastereconomyreportaugust2015.pdf>



of high or low wage jobs have been increasing.<sup>58</sup> Children in low-income families are at a higher risk of being impacted by lead. Additionally, Lancaster City's urban revitalization has translated into noticeable hikes in rental prices and a shortage of affordable housing. Low-income families are often willing to take units that have not been well maintained and feel that they have very little power to negotiate standards with their landlords for fear of retaliation and eviction.<sup>59</sup> A 2013 housing market study found that 47.8 percent of households in the county were cost burdened with more than 30 percent of their income going towards rent, and that there was a need for both low-income and market-rate rental units in the county. In 2017 data showed that the rate of people who are cost burdened remained high, at just over 45 percent.<sup>60</sup> Poverty levels vary across the county.<sup>61 62</sup>

## Race

Lancaster County's population is growing in its diversity, particularly within Lancaster City. A history of over 300 years of welcoming refugees has made Lancaster City a national leader in refugee resettlement, and work opportunities and economic development continue to draw diverse residents to the area (Figures 3 and 4). While population trendlines in Lancaster County have been moving to greater diversity since 1950 with the most noticeable changes occurring in Lancaster City, revitalization in the city has also coincided with a deepening of racial inequity<sup>63</sup>. As well-paying manufacturing jobs have decreased in the county, job loss has been most prevalent amongst Latino and African American residents. In addition to this, the jobs that have increased amongst African Americans and Latinos have been low-wage jobs in industries such as retail and hospitality, while white residents are more likely to switch to jobs in higher paying industries.<sup>64</sup>

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<sup>58</sup> 2019 Lancaster County Community Health Needs Assessment. Retrieved from: <https://www.lancastergeneralhealth.org/about-lancaster-general-health/caring-for-our-community/needs-assessment-and-improvement-plan/community-improvement-dashboards>

<sup>59</sup> Mike McKenna, President of Tabor Community Services, October 2019.

<sup>60</sup> Salviati, Chirs. 2018 Cost Burden Report: Despite Improvements, Affordability Issues Are Immense (2018). Retrieved from <https://www.apartmentlist.com/rentonomics/cost-burden-2018/>

<sup>61</sup> Zimmerman/Volk Associates (2013). Housing Market Analysis of Lancaster, Pennsylvania. Retrieved from the Lancaster Housing Opportunity Partnership website: <https://www.lhop.org/wp-content/uploads/2019/04/2013-Housing-Market-Analysis.pdf>

<sup>62</sup> Zimmerman/Volk Associates (2013). Housing Market Analysis of Lancaster, Pennsylvania. Retrieved from the Lancaster Housing Opportunity Partnership website: <https://www.lhop.org/wp-content/uploads/2019/04/2013-Housing-Market-Analysis.pdf>

<sup>63</sup> Lancaster Prospers? An Analysis of Census Data on Economic Opportunities and Outcomes. Retrieved from: *Retrieved from Franklin and Marshall College website:* <https://www.fandm.edu/uploads/files/57180730379654530-lancastereconomyreportaugust2015.pdf>

<sup>64</sup> 2019 Lancaster County Community Health Needs Assessment. Retrieved from: [file:///C:/Users/kmclain/OneDrive%20-%20Green%20&%20Healthy%20Homes%20Initiative/Lancaster%20Sources/CHNA\\_Report\\_Complete.pdf](file:///C:/Users/kmclain/OneDrive%20-%20Green%20&%20Healthy%20Homes%20Initiative/Lancaster%20Sources/CHNA_Report_Complete.pdf)

Figure 3: Lancaster City Population by Race

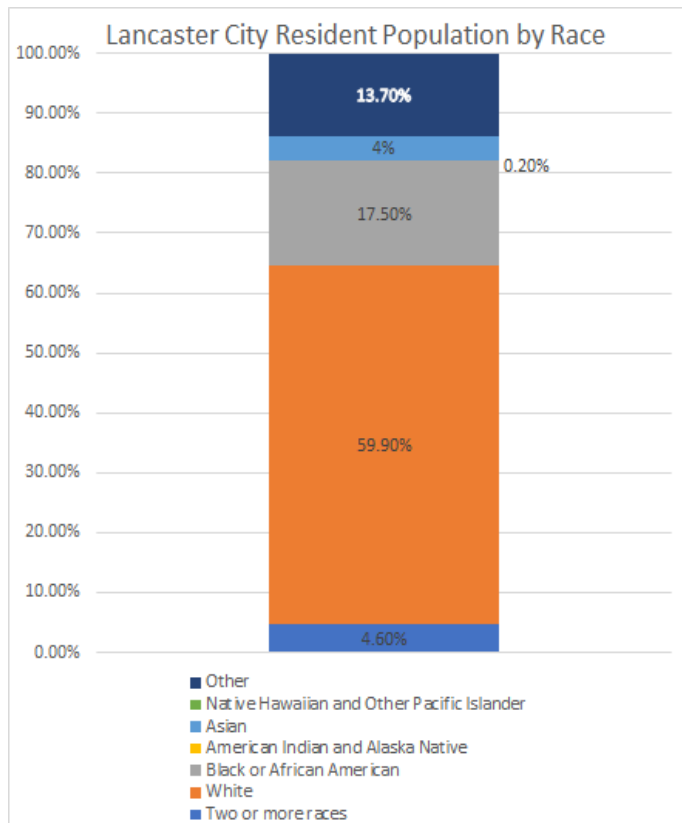
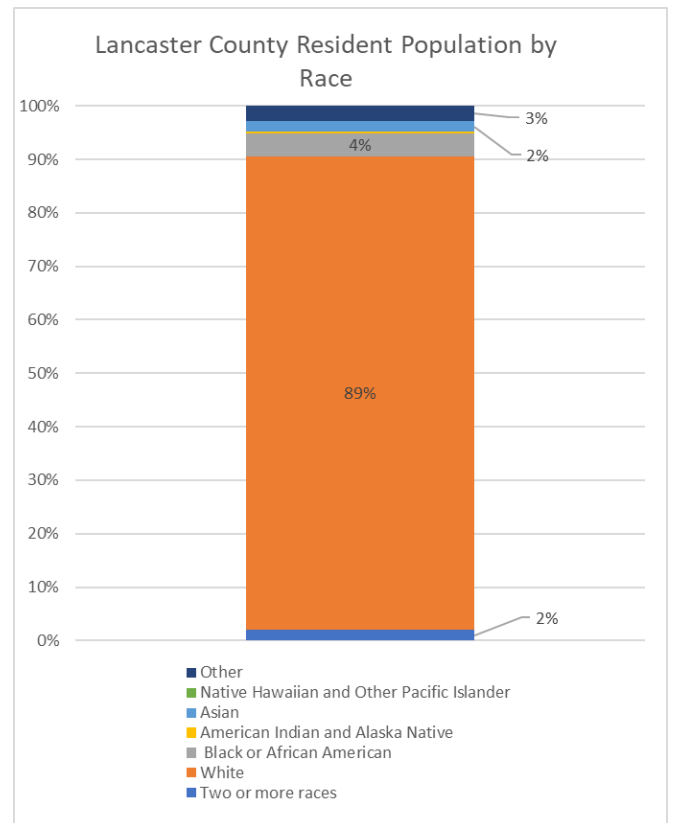


Figure 4: Lancaster County Population by Race



Data Based on U.S. Census 2013-2017 American Community Survey 5-Year Estimates

Race, ethnicity, religious background, language preference, immigration and documentation status, and country of origin are correlated with risk for lead exposure in a number of complex ways. Barriers to building generational wealth and racist housing practices limit access to safe and healthy housing for people of color. In Lancaster County, black and Latino residents are more likely to live in rental properties, meaning they are more at risk to move frequently and live in properties that are not well maintained, all factors that put them at higher risk for lead exposure. In Lancaster city, rates of home ownership have increased for white residents but decreased for the city’s black and Latino populations.

Lead exposure-linked chronic health conditions like cardiovascular disease and neurodegenerative disease affect people of color at disproportionately high rates, and lead to more adverse health outcomes including hospitalization.<sup>65,66</sup> Addressing the upstream causes of

<sup>65</sup> Centers for Disease Control and Prevention. (April, 2019). Health, United State Spotlight: Racial and Ethnic Disparities in Heart Disease. Retrieved from: [https://www.cdc.gov/nchs/spotlight/HeartDiseaseSpotlight\\_2019\\_0404.pdf](https://www.cdc.gov/nchs/spotlight/HeartDiseaseSpotlight_2019_0404.pdf)

<sup>66</sup> Golden, Marita. (June, 1, 2017). African Americans Are More Likely to Develop Alzheimer’s Disease: Why? Washington Post. Retrieved from: [https://www.washingtonpost.com/lifestyle/magazine/why-are-african-americans-so-much-more-likely-than-whites-to-develop-alzheimers/2017/05/31/9bfbccccc-3132-11e7-8674-437ddb6e813e\\_story.html](https://www.washingtonpost.com/lifestyle/magazine/why-are-african-americans-so-much-more-likely-than-whites-to-develop-alzheimers/2017/05/31/9bfbccccc-3132-11e7-8674-437ddb6e813e_story.html)

lead exposure in Lancaster County's populations of color could have a long-term impact in mitigating at least one source of these disparities and driving down the associated costs.

The most recent standardized test scores for Lancaster County students display a significant achievement gap between the lowest performing and highest performing districts<sup>67</sup>. More affluent, whiter districts including Manheim Township, Hempfield, and Lampeter-Strasburg outperformed districts in Columbia and Lancaster City, populations with higher levels of poverty and more children of color. Lead exposure has been closely linked to academic under-achievement. We know that irreversible damage to the structure and function of the developing brain can be caused by even low levels of lead in the growing body. While more granular lead prevalence data are needed to understand the relationship between elevated blood lead and academic achievement in neighborhoods throughout the county<sup>68</sup>, it is important to consider the disparate impact of lead exposure on this demonstrated achievement gap.

Lancaster City also has a large immigrant and refugee population. Children in these demographic groups are at greater risk of lead poisoning<sup>69</sup>. Factors that increase lead poisoning risk among the recently-immigrated include exposure to traditional medicines, food, household items, cosmetics and other products from the country of origin. Other factors include a lack of access to resources and information due to language barriers, lack of knowledge around healthcare and social systems, barriers to accessing public benefits for the undocumented and those seeking citizenship, and lower earning potential and household incomes. This is especially true for rental property tenants, who may fear eviction or reporting of undocumented family members in retaliation for exercising their rights to housing that meets minimum health and safety standards.

Amish communities living in Lancaster County will encounter unique lead hazards and will have unique service needs. Cases of lead poisoning and possible lead exposure have been observed in chipping paint from old barns, lead bobby pins, and furniture made from repurposed wood that had been contaminated with lead. However, much is still unknown about the prevalence of lead poisoning in this population. The Partnership for Public Health will soon be conducting a funded research study, which includes blood lead and environmental sampling, to increase available data on lead poisoning prevalence and risk factors among Lancaster's Amish families. This demographic group may have unmet lead poisoning prevention needs.

### Drinking Water Infrastructure

While the Environmental Protection Agency estimates that up to 20% of national elevated blood lead levels are a result of exposure to lead in drinking water, this source poses an elevated risk for exposure for formula-fed infants, who may receive 40% to 60% of their lead exposure from

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<sup>67</sup> Geli, Alex. (October 24, 2019). The achievement gap among Lancaster County schools is on display in 2019 PSSA/Keystone results. Lancaster Online. Retrieved from: [https://lancasteronline.com/news/local/the-achievement-gap-among-lancaster-county-schools-on-display-in/article\\_e70d02de-f5da-11e9-beb4-0ffad9f38cc3.html](https://lancasteronline.com/news/local/the-achievement-gap-among-lancaster-county-schools-on-display-in/article_e70d02de-f5da-11e9-beb4-0ffad9f38cc3.html)

<sup>68</sup> The City of Lancaster plans to measure the impact of its HUD-funded lead remediation program by analyzing trends in academic achievement over time in the schools serving the program's 4 census tract footprint.

<sup>69</sup> <https://www.aappublications.org/content/29/4/2.2>

drinking water<sup>70</sup>. Lead in drinking water, both nationally and in Lancaster County, is almost exclusively the result of contact with leaded plumbing components, including water distribution pipelines and household plumbing<sup>71</sup>. Lead is most often found in three parts of the water delivery system: lead service lines (LSL) that connect the water main of a public water system to the individual building, lead solder in plumbing and interior fixtures (including faucets) containing lead<sup>72</sup>. In this section of the report, we will focus on lead service lines as a major source of lead in drinking water in residential properties and will discuss the replacement of leaded fixtures further in the section on lead in schools, as this is often the main source of lead in drinking water in larger buildings<sup>73</sup>.

A ban on the use of lead service lines was instituted in 1986, so any residential property built prior to this year is at elevated risk for LSL, however homes built before the 1920's are at highest risk, followed by homes built between 1930 and 1950<sup>74</sup>. In Lancaster County, 70.65% of housing is known to have or be at-risk for having lead service lines<sup>75</sup>.

Where homes in Lancaster County are served by a public water system, responsibility for the lead service line is shared by the utility and the property owner. The utility, under the provisions of the EPA Lead and Copper Rule, may be required to replace their portion of lead service lines, running from the water main to the curb or property line, at a rate of 7% per year. Property owners may be responsible for the cost of replacing the portion of the line that runs under their property, at an average cost of \$3,000 to \$10,000 depending upon the length of the line. Partial LSL replacement is not recommended by the EPA, as disruption of the LSL can make lead more available for absorption into drinking water.

Lancaster County is served by 213 separate water systems, some of which serve fewer than 25 people. In 2016, approximately 14% of water samples taken in Lancaster County tested above the EPA action level for lead in water, compared to about 13% of samples regionally.<sup>76</sup>

One of the largest service providers, Lancaster County Water and Sewer District (LCWSD), serves 90% of Lancaster County, providing water to nearly 26,000 retail customers and wholesale water services to Lancaster City among other localities. LCWSD's 2018 Water Quality tests indicate that the highest level of lead detected in the system's water sampling was 3.5 parts per

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<sup>70</sup> Environmental Protection Agency. (March 28, 2019). "Basic Information About Lead In Drinking Water". Retrieved from: <https://www.epa.gov/ground-water-and-drinking-water/basic-information-about-lead-drinking-water>

<sup>71</sup> Centers for Disease Control and Prevention. (July 30, 2019). Lead In Drinking Water. Retrieved from: <https://www.cdc.gov/nceh/lead/prevention/sources/water.htm>

<sup>72</sup> Joint State Government Commission. (April 30, 2019). Lead Exposure risks and Responses in Pennsylvania: Report of the Advisory Committee and Task Force on Lead Exposure.

<sup>73</sup> Due to the upper limit on the diameter of lead service lines, larger building with a higher demand for water are typically served by lines made from a different type of metal alloy, not lead.

<sup>74</sup> 26% of housing in Lancaster County was built before 1950.

<sup>75</sup> Joint State Government Commission. (April 30, 2019). Lead Exposure risks and Responses in Pennsylvania: Report of the Advisory Committee and Task Force on Lead Exposure.

<sup>76</sup> Duvernay, Adam. (March 16, 2016). 17 water systems with spiking lead call Pa. county home. USA Today. Retrieved from: <https://www.usatoday.com/story/news/nation/2016/03/16/lancaster-county-pa-lead-drinking-water/81576034/>

billion (ppb)<sup>77</sup>. The EPA currently requires that 90% of samples fall below 15ppb<sup>78</sup>. Thus, LCWSD is in compliance with the EPA Lead and Copper Rule and not required to undertake the replacement of lead service lines in the County at this time.

The City of Lancaster supplies drinking water to 110,000 people through 43,000 taps city-wide. Since 2012, the City has undertaken the replacement of lead service lines as a preemptive action to upgrade drinking water infrastructure and to prevent lead exposure. The most currently available data are samples taken in 2016, which indicate a 90<sup>th</sup> percentile lead level of 6.0 ppb.<sup>79</sup> At that time, fewer than 2% of the city's lead service lines remained; the rest had been replaced with non-lead pipes.

In addition to the County's publicly-owned water systems, Lancaster County has approximately 38,000 privately-owned wells<sup>80</sup>. These wells are not regulated by any state or federal agency, and any testing of drinking water quality would occur at the expense and discretion of the property owner. For Lancaster County's public water systems and property owners alike, drinking water contamination from agricultural chemicals like nitrates is often paramount to concerns about lead in drinking water.

## Soil

Lead in soil comes primarily from three environmental sources – legacy lead contamination from leaded gasoline along historically high traffic corridors, lead contamination on the site of former or current industrial/commercial activities such as lead smelting, and lead contamination from building demolition, remediation or the erosion of exterior lead-based paint on buildings.

Parks located next to an old tramway that used to run through the city are an area of suspected lead exposure risk.<sup>81</sup> While widespread data on lead in soil are not available for Lancaster County, the University of Pennsylvania Center for Excellence in Environmental Toxicology (CEET) has sampled soil in locations with specific risk factors, including proximity to a firing range, and a high likelihood of use by children. In 2016, CEET researchers sampled soil along historic tramway lines, in areas that are also proximal to childcare centers. In this study, none of the nearly 50 soil samples exceeded the Environmental Protection Agency (EPA) standards for lead in soil in play areas, 400ppm; however, several samples approached that level.<sup>82</sup>

In addition, several stakeholder interviews revealed concerns related to soil contamination. Lancaster's booming housing market has created a common practice of flipping houses. When

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<sup>77</sup> Lancaster County Water and Sewer District. (July, 2019). Annual Drinking Water Report. Retrieved from: <https://www.lcwasd.org/wp-content/uploads/2019/06/2019-CCR.pdf>

<sup>78</sup> EPA has proposed an amendment to the Lead and Copper Rule which would reduce the acceptable limit for lead in drinking water to 10ppb.

<sup>79</sup> City of Lancaster Water Department. (2019). 2018 Annual Drinking Water Quality Report. Retrieved from: <https://cityoflanasterpa.com/current-annual-water-quality-report/>

<sup>80</sup> Meko, Hurubie. (September 23, 2019). Lancaster County has around 38,000 private wells. The state regulates none of them. Lancaster Online. Retrieved from: [https://lancasteronline.com/news/local/lancaster-county-has-around-private-wells-the-state-regulates-none/article\\_e223ae86-da4a-11e9-ae18-67945c1a834b.html](https://lancasteronline.com/news/local/lancaster-county-has-around-private-wells-the-state-regulates-none/article_e223ae86-da4a-11e9-ae18-67945c1a834b.html)

<sup>81</sup> Interview, Jeff Martin, Lancaster Lead Coalition. (October, 2019).

<sup>82</sup> Lewis, J. Mason, H. (2016). Childhood Lead Poisoning In Lancaster, Pennsylvania.

houses are flipped, sometimes the material gutted from the house sits in the yard while renovations are taking place. The lead from these fixtures then leaches into the soil.<sup>83</sup>

## Schools

Lancaster County has 16 school districts with 113 buildings, 35 of which were built before 1960. Some school buildings have unknown original construction dates. School districts with schools that have a known pre-1960 construction include Columbia Borough, Conestoga Valley, Eastern Lancaster County, Elizabethtown Area, Hempfield, Lancaster, Manheim Township, Penn Manor, and Warwick. All of these identified older construction buildings except one have record of renovations made since construction. The dates of the most recent renovations range from 1986 to currently ongoing<sup>84</sup>.

Lancaster County Schools have also experienced problems with elevated levels of lead in drinking water. In 2016 and 2017, ten schools in four County school districts identified levels of lead in drinking water in exceedance of the EPA Lead and Copper rule current action limit of 15ppb. Typical actions for schools to take when lead is identified includes flushing the pipes, remediation of the lead source, and shutting off the impacted faucets if remediation is unsuccessful. A 2018 change to state law that encourages school districts to test drinking water resulted in testing in five additional Lancaster school districts during this school year. Results are not yet available, but the state law also requires that schools develop a plan for risk mitigation where lead in drinking water levels exceed 15ppb.<sup>85</sup>

In many cases where elevated levels of lead were identified in school drinking water in Lancaster, the point-of-use fixture (i.e., water fountain, faucet, etc.) is the source of contamination. Those fixtures have been repaired or taken out of use, and in at least one case the entire school utilizes bottled water.

## Childcare Facilities

In-home childcare centers are common in Lancaster. While the licensing process does require passing a lead inspection in Lancaster City, unlicensed centers are known to exist. For in-home facilities in the City's immigrant and Latino communities, language, documentation-related fears and mistrust of government licensing entities can be barriers to getting homes properly licensed to serve as childcare facilities. United Way currently supports efforts to identify unlicensed childcare centers to encourage owners to become properly licensed.<sup>86</sup> Systems Aligned in Learning (SAIL) is a United Way Collective Impact Partnership dedicated to improving the quality of in-home childcare centers throughout the county. SAIL partners, including LG Health, provide technical assistance and mentorship to 38 in-home providers on a variety of issues, including creating a healthy environment.

### Figure 3: Lancaster City Daycare Center with Lead Remediation Work Completed

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<sup>83</sup> Interview, Darren Parmer, Housing Rehabilitation & Lead-Paint Specialist, Lancaster City (October 2019).

<sup>84</sup> Joint State Government Commission. (April 30, 2019). Lead Exposure risks and Responses in Pennsylvania: Report of the Advisory Committee and Task Force on Lead Exposure.

<sup>85</sup> Pennsylvania Department of Education. (2019). Lead in Drinking Water: Information for Schools. Retrieved from: <https://www.education.pa.gov/Schools/safeschools/resources/Pages/Lead-in-Drinking-Water.aspx>

<sup>86</sup> Interview, Cindi Moses, Vice President of Strategic Impact, United Way of Lancaster County (October, 2019)





While new childcare centers must pass lead inspections in order to operate legally in Lancaster City, this requirement is part of a new ordinance, and childcare centers that were already existing when the ordinance was passed were grandfathered in, meaning these childcare centers will only undergo a lead inspection if a child is poisoned. Resources to inspect and remediate childcare centers (Figure 5) can be targeted based upon neighborhood-level elevated blood lead data. Because there is no county-wide lead ordinance, the lead safety requirements for childcare centers will vary amongst the county's municipalities.

### Elevated Blood Lead Data

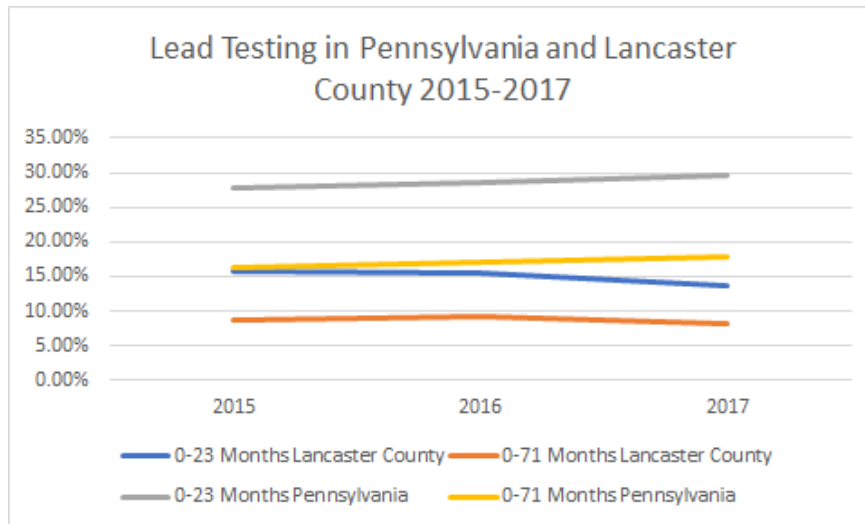
Lancaster County has the second lowest rate of blood lead level testing amongst children age 0-23 months in the state of Pennsylvania, and the third lowest rate amongst children aged 0-71 months. According to the 2017 Childhood Lead Surveillance Annual Report released by the Pennsylvania Department of Health, 13.76% of children aged 0-23 months were tested for elevated blood lead levels compared to a testing rate of 29.55% of children in Pennsylvania as a whole. Amongst children aged 0-71 months, 8.09% were tested for elevated lead levels in Lancaster County compared to 17.79% of children in the state of Pennsylvania in this age group.<sup>87</sup> Due to a change in methodology that occurred in the state's data analysis process, data prior to 2015 cannot be considered in comparison to data reported after 2014.<sup>88</sup> However, Lancaster county's testing rates have been lower than those for the state of Pennsylvania for the last three years and the testing rates reported from 2017 represent a decrease from previous years (Figure 6).

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<sup>87</sup> Pennsylvania Department of Health. *2017 Childhood Lead Surveillance Annual Report (2018)*. Retrieved from: <https://www.health.pa.gov/topics/Documents/Environmental%20Health/2017%20Childhood%20Lead%20Surveillance%20Annual%20Report.pdf>

<sup>88</sup> Pennsylvania Department of Health. *2015 Childhood Lead Surveillance Annual Report (2016)*. Retrieved from: <https://www.health.pa.gov/topics/Documents/Environmental%20Health/2015%20Lead%20Surveillance%20Annual%20Report.pdf>

Figure 4: Blood Lead Testing, PA and Lancaster, 2015-2017



Data from the Pennsylvania Department of Health Childhood Lead Surveillance 2015-2017 Annual Reports

According to the 2017 data, 6.85% of children age 0-23 months who were tested had elevated blood lead levels (defined as  $5\mu\text{g}/\text{dL}$ ), and 7.96% of children age 0-71 months who were tested had elevated levels. In Pennsylvania, 4.64% of children age 0-23 months and 6.15% of children age 0-71 months who were tested had elevated blood lead levels (see Figures 7 and 8).<sup>89</sup>

Figure 5: Percent of Children Tested with Elevated Blood Lead Levels in Pennsylvania and Lancaster County, 2017

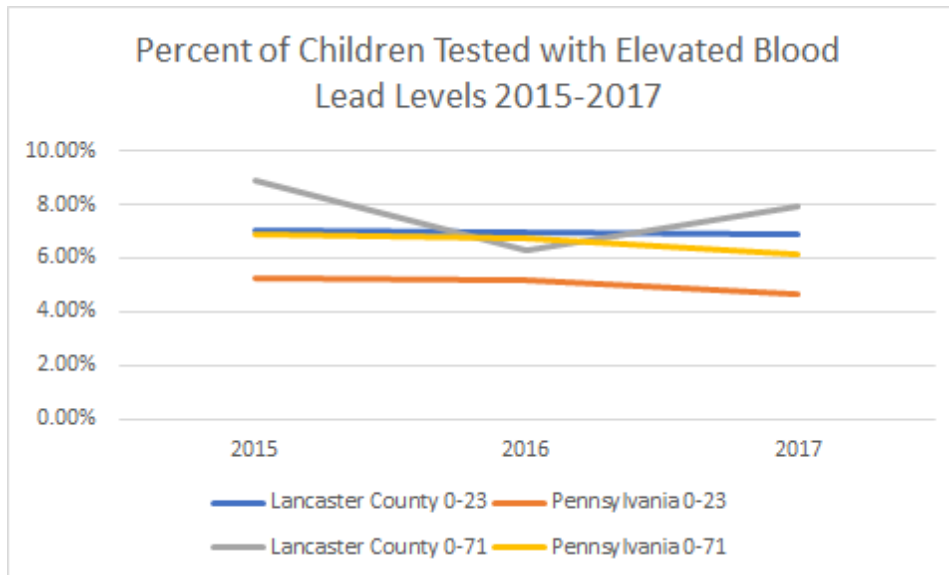
Percent of Children Tested with Elevated Blood Lead Levels 2017				
0-23 Months		5-9.9 $\mu\text{g}/\text{dL}$	$10\leq\mu\text{dL}$	Total
	Lancaster County	4.95%	1.90%	6.85%
	State of Pennsylvania	3.58%	1.06%	4.64%
0-71 Months				
	Lancaster County	5.61%	2.35%	7.96%
	State of Pennsylvania	4.74%	1.41%	6.15%

Data from the Pennsylvania Department of Health Childhood Lead Surveillance 2017 Annual Report

<sup>89</sup> Pennsylvania Department of Health. 2017 Childhood Lead Surveillance Annual Report (2018). Retrieved from: <https://www.health.pa.gov/topics/Documents/Environmental%20Health/2017%20Childhood%20Lead%20Surveillance%20Annual%20Report.pdf>



Figure 6: Percent of Children Tested with Elevated Blood Lead Levels in Pennsylvania and Lancaster County, 2015-2017



Data from the Pennsylvania Department of Health Childhood Lead Surveillance 2015-2017 Annual Reports

Beginning in 2015, the state Childhood Lead Surveillance Annual Report began reporting lead screening and elevated blood lead levels only at the state and county level.<sup>90</sup> This means that current lead surveillance reports are not able to inform practitioners on testing rates or rates of lead poisoning at the local level, and there are no recent data to show whether a child’s likelihood of getting lead poisoning or of being screened for lead exposure could depend on where they live.<sup>91</sup>

### Gaps

The PA Department of Health’s annual childhood lead poisoning prevention surveillance report does not provide blood lead data at geographic levels smaller than county-wide and does not provide data to track whether lead exposure could be related to other risk factors such as family income, insurance status, race, or ethnicity (the current report reports race data at the state level only). In Lancaster County, there is no government entity with access to the web-based disease surveillance system, PA-NEDSS, to track individual elevated blood lead cases, create community-level reports, or engage in data-driven planning for lead poisoning prevention services.

<sup>90</sup> Pennsylvania Department of Health. 2015 Childhood Lead Surveillance Annual Report (2016). Retrieved from: <https://www.health.pa.gov/topics/Documents/Environmental%20Health/2015%20Lead%20Surveillance%20Annual%20Report.pdf>

<sup>91</sup> Pennsylvania Department of Health. 2017 Childhood Lead Surveillance Annual Report (2018). Retrieved from: <https://www.health.pa.gov/topics/Documents/Environmental%20Health/2017%20Childhood%20Lead%20Surveillance%20Annual%20Report.pdf>

## Barriers to Blood Lead Screening

Lead exposure places children at risk for adverse health outcomes, even at low levels. Primary prevention of exposure – removal of lead hazards from the environment before a child is poisoned – is the only completely effective treatment for lead poisoning. However, elevated blood lead screening is an important public health tool, both to identify children in need of services to mitigate the impact of exposure and to characterize risk for lead exposure and target lead poisoning prevention resources at a community level. Because there is no universal lead screening requirement in Pennsylvania, pediatric providers do not always screen children at the American Association of Pediatrics (AAP)-recommended intervals of 9-12 months and again at 24 months. Lancaster County stakeholders point to a number of specific barriers which lead to low levels of lead screening in the county.

### Operational barriers to screening during medical check-ups

Pediatric blood lead screening is often most effectively accomplished in the office or clinic during a well child check-up, either through finger stick with confirmatory venous blood draw or venous blood draw alone. In Lancaster County, relatively few pediatric offices are equipped to do in-office screening (which requires access to a point-of-care blood lead analyzer for a capillary test and a laboratory for a venous test). Even in cases where the facility has an in-house lab, recently-enacted PADOH regulations prohibit phlebotomists from drawing blood in the adjacent pediatric office – parents and children must physically go to the lab to get the test.<sup>92</sup> However, insurance may not cover a point-of-care screening. Lancaster Health Center had to pursue grant money to cover point-of-care screening but saw it as a necessity to minimize barriers to lead screening in the population they serve.<sup>93</sup> In Roseville Pediatric practice, where point-of-care screening is also used, only about 20% of patients receive a venous blood draw.<sup>94</sup>

### Medical Provider Perception of Risk

Medical providers serving largely privately-insured patients, in regions of the county that tend to be more suburban or rural, do not perceive their pediatric patients to be at risk for lead exposure and may be reluctant to subject children to a venous blood draw to complete the lead test.<sup>95</sup> Physician education may encourage adherence to AAP lead screening guidelines, particularly where physicians can advocate best practices with each other.<sup>96</sup>

### Special Populations

In the eastern part of the county, two large rural areas home to many plain residents are areas of concern for elevated risk of lead exposure. The Partnership for Public Health has begun a University of Pennsylvania and National Institute of Environmental Health (NIEH) grant-funded research study to sample blood lead and environmental lead levels in these areas to identify a potential pocket of risk for exposure and direct resources such as lead inspection/risk assessments.<sup>97</sup>

### Universal Screening

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<sup>92</sup> Interview, Brian Young, Care Transformation Medical Director, LG Health. (October, 2019).

<sup>93</sup> Interview, Jennifer Brubaker, Pediatric Lead, Lancaster Health Center. (October, 2019).

<sup>94</sup> Interview, John Wood, Medical Director of LG Health Physicians (October, 2019)

<sup>95</sup> Interview, Brian Young, Medical Director of Care Transformation, LG Health. (October, 2019).

<sup>96</sup> Interview, John Wood, Medical Director of LG Health Physicians. (October, 2019).

<sup>97</sup> Interview, Susan Baldrige, Executive Director, Partnership for Public Health (October, 2019).

Medical providers and advocates recognize that screening rates differ by insurance type, place of residence, and race and ethnicity for Lancaster County children,<sup>98</sup> and some recommend advocating for a universal screening requirement at the state level to guarantee access. There is an opportunity for the county's anchor medical institutions to implement universal blood lead screening in their own practice guidelines, both to serve as an example to providers and to boost the level of available screening resources and data. However, paired with that mandate, there is a recognition that resources to identify and help property owners deal with lead hazards are especially important.<sup>99</sup> An example of this exists in Roseville Pediatric Practice, which provides universal screening in two ways: Medicaid recipients all receive screening and all other patients are required to opt out of lead screening.

## II. Description of Service Delivery

### Services to Mitigate the Impact of Lead Poisoning

When a child has been identified with an elevated blood lead level in Lancaster County (at or above 5µg/dL), the child's primary care provider or other medical provider is typically responsible for medical case management. Medical providers refer families to environmental investigation services provided by UPMC Pinnacle or a municipal lead inspector/risk assessor. UPMC Pinnacle is a contracted private health service that grew out of a historic structure of lead case management services provided by nurses. Both UPMC Pinnacle and City lead inspector/risk assessors provide an in-home lead inspection/risk assessment to identify lead hazards and create a lead hazard report for property owners. Once a lead inspection/risk assessment has been completed, municipal code enforcement officials in places where a municipal lead ordinance is in place may issue a violation and require the property owner to address the identified lead-based paint hazards on the interior and exterior of the home to make the property lead safe.<sup>100</sup> Municipal lead ordinances are on the books in two jurisdictions: Lancaster City and Columbia. Even in these jurisdictions, enforcement of existing regulations is a challenge.

In the past, public health nurses provided case management to families of children with elevated blood lead levels, which included in-home lead education and outreach to ensure follow-up lead testing and screening for other family members. This process is now part of the Medicaid Managed Care Organizations (MCO) contracted services with the state of Pennsylvania. However, medical providers report that this case management is sub-optimal, often consisting of phone outreach to encourage follow-up lead tests, which is not effective.<sup>101</sup>

Families may fall out of this process due to a number of factors, including language barriers and fear of retaliatory eviction. Effective treatment to lower elevated blood lead levels includes removing the sources of exposure from the child's environment. Thus, lead inspections to identify lead hazards in the home are a critical component of treatment for lead poisoning. Where medical providers cannot effectively connect families to environmental services, the families may become lost to follow-up, or the medical providers may involve child protective services when families are

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<sup>98</sup>Interview, Brian Young, Medical Director of Care Transformation, LG Health. (October, 2019).

<sup>99</sup> Interview, Brian Young, Medical Director of Care Transformation, LG Health (October, 2019)

<sup>100</sup> In Lancaster City and Columbia, there are proactive rental lead safety laws which this report analyzes in a later section.

<sup>101</sup> Interview, Jeff Martin, Lancaster Lead Coalition (October, 2019).

not compliant with the inspection process. Both scenarios create risk for a variety of adverse outcomes for families and children, including removal of children from the home environment. Renters may move in order to escape the lead hazards that have poisoned their child, a costly and disruptive process with no guarantee that their next property is lead safe. This cycle of lead exposure and relocation also leaves lead hazardous properties on the housing market, which adds to the persistent difficulties that low-to-moderate income families face finding decent, safe and affordable housing in Lancaster County.

For low-to-moderate income property owners, available resources to address lead hazards vary across Lancaster County. The City of Lancaster recently closed a Department of Housing and Urban Development (HUD) Lead Hazard Control grant, which funded lead remediation in the city and select areas of the county. In 2019, the City was the recipient of \$9.1 million in HUD Lead Hazard Control funding, to be used in 4 census tracts in the city and paired with \$600,000 in funding to address other health and safety hazards in housing. Additional housing repair resources are discussed below. Though not directly related to lead, these additional resources can assist in repairs to reduce lead hazards and make homes healthier and safer.

#### Lancaster Lead Coalition

The Lancaster Lead Coalition is a community-based advocacy group that includes stakeholders from the City and County, including government, health care (UPMC Pinnacle), community organizations (Lancaster Community Action Partnership, Spanish American Civic Association), social service providers (Women, Infants and Children (WIC) program, Nurse Family Partnership), institutions of higher learning (Franklin and Marshall, University of Pennsylvania Center for Excellence in Environmental Toxicology Community Engagement Core), residents and other individuals affiliated with the healthcare, education, housing and social service sectors<sup>102</sup>.

The Lead Coalition is involved in advocacy for stronger ordinances to regulate lead exposure in housing, including Lancaster City's Lead ordinance and an ordinance in Columbia<sup>103</sup>. It also trains home visitors to do lead poisoning prevention education and recently hired a social worker to guide at-risk families through the lead inspection process<sup>104</sup>. The social worker is, in some ways, an answer to the fractured EBL case management system in Lancaster County, where families are referred by medical providers to lead inspection/risk assessment services but may not access those services for a variety of reasons. Families who are not compliant with the lead inspection process may be referred to child protective services by their physician as a last resort to address the ongoing lead hazards in the home environment. The Lead Coalition's social worker, funded through the Partnership for Public Health, works to get children diagnosed with EBL to a safer environment and prevent a formal case being opened with child protective services. The social worker connects families to tenant advocates, housing resources and medical resources, including blood lead testing for other children in the home.<sup>105</sup>

#### Lancaster County Redevelopment Authority

The County Redevelopment Authority administers the Community Development Block Grant-funded home repair program, wherein they test properties for lead under HUD regulations and

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<sup>102</sup> Interview, Susan Baldrige, Executive Director, Partnership for Public Health (October, 2019)

<sup>103</sup> Interview, Jeff Martin, Lancaster Lead Coalition (October, 2019)

<sup>104</sup> Interview, Susan Baldrige, Executive Director, Partnership for Public Health (October, 2019)

<sup>105</sup> Interview, Susan Baldrige, Executive Director, Partnership for Public Health. (October, 2019)

remediate lead hazards. The program repairs 10-15 homeowner-occupied units per year, completing about \$25,000 dollars in lead work on average.

Recently, the Redevelopment Authority began a program in Columbia to assist in testing properties for lead hazards under the municipal ordinance. The services include a full inspection with an XRF machine to test for the presence of lead-based paint, and a lead dust wipe test to ascertain the presence of lead hazards. However, there is currently no funding for owners of rental properties to address those issues. Occasionally, the Redevelopment Authority will get calls from medical providers where a child has an elevated blood lead level. If the family qualifies for one of their existing programs, they will complete a lead inspection/risk assessment and enroll the household for services.<sup>106</sup>

#### Columbia Life Network

The Columbia Life Network is a social service agency that connects Columbia residents to information and access to benefits and affordable medical care through personal navigators and community resources. The Columbia Life Network often supports case management for families of children with elevated blood lead levels. Navigators make a direct referral to Columbia housing code compliance to enforce the municipal lead ordinance, to assist with landlord/tenant issues, and to help track medical case management and connect the child to behavioral health services.<sup>107</sup> Columbia families often receive services from the school district to address the long-term impacts of lead exposure via a robust special education program. Columbia partners with larger school districts to offer services and resources to low-income families in the town. However, due to the town's size and location, transportation into Lancaster City or other social service hubs is limited and costly, which is a barrier to access to services.<sup>108</sup>

#### Gaps

The Pennsylvania Department of Health Childhood Lead Poisoning Prevention program does not provide funding, direct services, or technical support to Lancaster County or any municipality in the county. The lack of county or municipal government public health services decentralizes case management to medical providers. Lancaster County's medical provider-led elevated blood lead case management system has significant gaps that allow children to remain in lead hazardous housing. For at-risk populations especially, the current system can lead to adverse outcomes like frequent moves, involvement with child protective services, and prolonged exposure to lead hazards.

Additional resources are needed to assist families in navigating the lead case management process, including getting access to lead poisoning prevention education, environmental lead inspection/risk assessment, resources to remediate lead hazards, and tenant advocacy for those in rental properties. Effective EBL case management completed by professionals with adequate capacity and supported by access to data and effective referral networks can eliminate some of the adverse outcomes likely in the current system and more effectively connect children and families to resources such as Early Intervention to mitigate lead's impact.<sup>109</sup>

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<sup>106</sup> Interview, Matthew Sternberg, Executive Director, County Redevelopment Authority (October, 2019)

<sup>107</sup> Interview. Jeff Helm, Code Enforcement, Columbia Borough. (October, 2019)

<sup>108</sup> Interview, Jeff Helm, Code Enforcement, Columbia Borough. (October, 2019)

<sup>109</sup> Interview, John Wood, Medical Director of LG Health Physicians (October, 2019).

Municipal regulations that mandate lead hazard remediation, paired with effective enforcement mechanisms, are a critical gap in the current framework for services to mitigate the impact of lead exposure. Without a lever to mandate lead remediation in cases where a child has been poisoned, the source of the exposure will likely not be addressed, and children will continue to be exposed as leaded homes remain on the Lancaster housing market. Municipalities can pass lead ordinances like those in the City of Lancaster and Columbia or amend health or housing codes to mandate lead abatement. Enforcement mechanisms often involve issuing notices of violation, fines, and taking property owners to municipal court.

Additional tenant protections can break down barriers to lead remediation, including laws that protect tenants from retaliatory eviction where a child has an elevated blood lead level, and mandate more targeted, prospective rental inspections that do not rely on tenant complaints to address hazards in housing.

Lastly, property owners will need broader access to lead remediation resources, paired with requirements to engage in primary prevention before a child is poisoned, to leverage public resources with their own investment and to maintain affordability of units where public dollars are spent to make improvements.

Where housing resources are available, lessons learned from previous lead hazard remediation grant programs indicate that additional resources are needed to get property owners to participate in these programs, including lowered barriers to eligibility, application assistance and guidance materials in many languages. Families also require assistance with relocation while lead work is completed, either in the form of financial assistance or a lead-safe temporary residence.<sup>110</sup>

### Outreach and Education

Education, outreach, and community engagement are critical components of effective lead poisoning prevention. Stakeholders in Lancaster have identified the need for more community education to increase awareness around the dangers of lead exposure and the resources available to Lancaster County residents.<sup>111</sup>

### Current or Recent Initiatives

CHI St. Joseph's Children's Health piloted a lead poisoning prevention navigator who engaged the community through door-to-door outreach. They found that residents were not very receptive to this type of engagement, partly due to mistrust of an uninvited person at their home. CHI St. Joseph's also developed educational material at appropriate reading levels in six languages for patients, provides point-of-care screenings at community events, and has an on-staff lead inspector/risk assessor.<sup>112</sup>

The City of Lancaster provided property owner training in lead-safe work practices as part of their previous HUD funding and plans to train and certify lead abatement contractors as part of the next round of funding.<sup>113</sup>

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<sup>110</sup> Interview, Jeff Martin, Lancaster Lead Coalition. (October, 2019).

<sup>111</sup> Interview, Susan Baldrige, Executive Director, Partnership for Public Health. (October, 2019)

<sup>112</sup> Interview, Jeff Martin, Lancaster Lead Coalition. (October, 2019)

<sup>113</sup> Interview, Karen Bousquet, Deputy Director, Department of Community Planning and Economic Development of Lancaster City (October, 2019)



There is an effort underway to educate families in rural areas to recognize when there is a risk for lead exposure, including in plain communities, where there has been outreach directly through Mennonite and Amish elder forums conducted by Lancaster County Children and Youth. In addition, most school districts county-wide provide lead education materials to parents, but most of the risk for lead exposure occurs before children enter school, so this effort may protect younger family members.<sup>114</sup>

LOHF organizes both continuing medical education in lead poisoning case screening and case management in partnership with UPMC, as well as classes for parents in partnership with doctors of osteopathy and teachers. The parent classes are organized by age group and cover development and learning so that kids can be ready for kindergarten. These programs, while effective, often lack marketing support.<sup>115</sup>

In-home visiting programs like Healthy Beginnings Plus and Nurse Family Partnership are engaged in lead poisoning prevention education for pregnant and parenting women, and their staff have been trained in lead risk assessment through the Lancaster Lead Coalition.

The Spanish American Civic Association (SACA) offers general health education and outreach to link patients to primary care, assists with housing resources, promotes healthy behaviors, and links consumers with behavioral health services.<sup>116</sup>

The Lancaster County Office on Aging provides home visits and in-home assessments for fall and injury hazards among other health and safety issues. They educate residents and provide referrals to home repair resources to allow older adults to age at home.

Lancaster County Community Action Partnership (CAP) provides Head Start early childhood education services and administers the Women, Infants, and Children (WIC) program. Through these programs, they provide education and information on lead poisoning prevention to parents. Lead screening was, at one time, provided through the WIC program but was discontinued because it was not connected to the child's medical home or other case management resources.<sup>117</sup>

### Gaps

Education and outreach efforts in Lancaster County lack a central repository of reliable, multi-lingual, and reading-level appropriate educational materials, as well as marketing support for the resources that already exist in communities. Messages around lead poisoning prevention sometimes alienate Lancaster County residents because they seem hopeless or are not tied to resources to address the lead issue. Residents at greatest risk for lead exposure may weigh the dangers of lead against the risk of eviction or other pressing life issues. For these populations, ongoing engagement and appropriate messaging are essential.<sup>118</sup>

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<sup>114</sup> Interview, Larry George, County Administrator, Lancaster County (October, 2019).

<sup>115</sup> Interview, Cindi Moses, Vice President of Strategic Impact, United Way of Lancaster County (October, 2019).

<sup>116</sup> Interview, Sandra Valdez, Associate Director, Spanish American Civic Organization (October, 2019).

<sup>117</sup> Interview, Dan Jurman, CEO, Community Action Partnership (October, 2019).

<sup>118</sup> Interview, Jan Bailey, Deputy Director, Early Intervention (October, 2019).

Additional efforts are needed to reach rental property owners and break down barriers to providing lead-safe housing, including providing technical information on lead-safe work practices, and explaining municipal lead laws and lead safety requirements for federally-assisted housing.

Lessons learned from previous federal Lead Hazard Control grants and other lead remediation resource programs point to the need for effective outreach and marketing of these programs to increase uptake and break down perceived barriers to participation.

## Other Housing, Health, and Social Services

### Behavioral Health

#### Early Intervention Program

The Commonwealth of Pennsylvania has a state-mandated Early Intervention (EI) program, available to all residents regardless of income or documentation status from birth to 3 years. The role of EI is to identify children who could be at risk for developmental delays or have a diagnosis that creates a higher probability of developmental delays, including lead poisoning. EI receives referrals from a variety of sources, including families, pediatricians or primary care providers, health systems, and the Women, Infants, and Children (WIC) program. Once a referral is received, the care coordinator reaches out to the family, conducts an evaluation, arranges services, and follows the child with a 3-month check-in and bi-annual review.<sup>119</sup>

### Health

#### Care Management at LG Health

Care Connections serves patients with three or more medical problems and behavioral health issues who have been admitted to the hospital multiple times in the past year. Most patients enrolled in the program are adults. These patients receive comprehensive care for their needs from a multidisciplinary team of patient care navigators, social workers, a medical-legal attorney, hospital chaplains, care management nurses, a behavioral health psychologist, physicians, nurse practitioners, and a clinical pharmacist. Care Connections partners with the County of Lancaster and multiple community stakeholders including the local United Way. Among the services provided by the care team are access to housing and assistance with home modifications. Similarly, LG Health's Ambulatory Care Management Team provides wrap-around services including assistance with housing resources to adults with slightly less complex healthcare and social needs. These services are also available to pediatric patients at Roseville Pediatrics. Lastly, the health system connects patients with social service hubs, which facilitate access to transportation, housing, food, and other resources. Patients are screened for these social determinants of health annually, and referrals are processed through the health system's electronic medical record and referral system.<sup>120</sup>

#### United Way Community Impact

One of the community impact goals of the United Way of Lancaster County's grantmaking is to connect residents to a medical home for medical and behavioral health needs. In pursuit of this priority, UWLC funds initiatives that break down barriers to care, including lack of insurance coverage, lack of behavioral health practitioners (particularly in rural parts of the county), lack of transportation to health practitioners in the city, and language barriers and fear of involvement

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<sup>119</sup> Interview, Jan Bailey, Deputy Director, Early Intervention (October, 2019).

<sup>120</sup> Interview, Brian Young, Medical Director of Care Transformation, LG Health (October, 2019)



with social programs among recently immigrated or undocumented Lancaster County residents.<sup>121</sup>

One example of a collaborative effort to address these barriers is the UWLC-funded Integration for New Americans program at Reynolds Middle School in Lancaster, which provides one-stop, wrap-around health, financial, and education services and access to care for students at their school.<sup>122</sup>

## Housing

### Spanish American Civic Association

The Spanish American Civic Association (SACA) implements a development corporation, which purchases and renovates previously abandoned apartments and houses to a lead-free standard for purchase by low-income homebuyers. They also run several residential programs including a 32-apartment complex that is rented to low-income residents under the HUD Housing Choice Voucher Program.

### Lancaster General Health Housing

LG Health has rehabilitated 103 properties, 42 of which are residential. Most properties are located around the perimeter of the hospital and are occupied by tenants from the community (30%-40%) or LG Health employees (30%-40%) or used as quarters for interns and students (20%-40%). The hospital has made these units lead safe through window replacement and repairs, at an average cost of over \$8,000. As in many older homes, the homes renovated by LG Health have other health and safety issues, including asbestos and trip and fall hazards due to defects in flooring. The workforce for these efforts includes 2 EPA Renovation, Repair and Painting-certified maintenance workers (LG Health also has an RRP firm license), with 2-3 more to be hired soon. In addition, the hospital is working to create four lead-free housing units in a multifamily building for temporary relocation of families during lead remediation.<sup>123</sup>

### Lancaster Housing Opportunity Partnership

LHOP is a community lender working to support homeownership, community development, and small business in Lancaster. They provide down payment assistance, housing repair, and rehabilitation dollars. As a community lender, they have relationships with other financial institutions and experience working with low- to moderate-income homeowners with lower credit ratings and other barriers to accessing traditional sources of capital. LHOP could be an asset in working with families to apply for HUD program remediation resources, low interest loans, or other lead remediation program funds.<sup>124</sup>

### Lancaster County Community Action Partnership

The Lancaster County Community Action Partnership is a community-based social service hub offering resources to support education and childhood development, health and nutrition, household stability, and safety and empowerment. Among the services provided through CAP is

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<sup>121</sup> Interview, Cindi Moses, Vice President of Strategic Impact, United Way of Lancaster County (October, 2019)

<sup>122</sup> Interview, Cindi Moses, Vice President of Strategic Impact, United Way of Lancaster (October, 2019)

<sup>123</sup> Interview, Jeremy Rohrer, Project Maintenance Supervisor, LG Health. (October, 2019)

<sup>124</sup> Interview, Ray D'Agostino, CEO, Lancaster Housing Opportunity Partnership (October, 2019)

a nonprofit construction company that hires neighborhood residents to rehabilitate blighted housing, with a particular focus on residents with barriers to employment. This program has the dual impacts of developing workforce capacity and pathways to meaningful employment and filling a need for certified lead abatement contractor crews who can take on smaller, federally-funded projects in partnership with governments and community-based organizations. CAP is focused on issues in rental housing. They facilitate an advisory board for community development, consisting of both professionals and residents, which has identified rental housing quality and affordability as a core issue. Under the guidance of the board, CAP works to implement a redevelopment plan for southwest Lancaster and has produced 16 housing units over the last two years, 6 of which are rental properties. Their team currently consists of two and a half crews of three workers each, and their projects are funded through a mix of financing through LHOP and grants from banks, energy companies, Columbia Borough, and Columbia Land Bank.<sup>125</sup>

Tabor serves over 5,000 individuals annually with street outreach to people experiencing homelessness, a 52-room homeless shelter, coordinated entry, rapid rehousing, landlord partnerships to match people with housing, permanent supportive housing, transitional housing for formerly-incarcerated women; supportive housing with onsite behavioral health and social services, financial education, budgeting, credit counseling, homebuyer education, eviction prevention, asset development services, and reverse mortgages. Tabor's funding includes federal, state, and local government contracts, and about 50% of their revenue comes from individual, foundation, faith-based, and corporate donations.<sup>126</sup>

#### The Housing Development Corporation Mid-Atlantic

The Housing Development Corporation creates, strengthens, and preserves affordable housing communities in 13 counties in 3 states, including Denver, Ephrata, Lititz, Lancaster, Columbia and other Lancaster County locations. They specialize in housing that meets the needs of seniors, though some communities are intergenerational. They partner with the Lancaster County Office of Aging to provide services that allow older adults to age at home.<sup>127</sup>

#### Community Basics

Community Basics is a non-profit housing development corporation whose mission is to create affordable rental housing in Lancaster County. Since 1997, CBI has partnered with federal, state, and local organizations, general contractors, architects, and supportive service providers to build and manage affordable housing communities for working families, disabled residents, and homeless individuals.<sup>128</sup>

#### Community Action Program of Delaware County

The Delaware County CAP is contracted with Pennsylvania Department of Economic Development to provide weatherization and energy efficiency repairs to housing in Lancaster County through the Weatherization Assistance (WAP) program. Annually, they weatherize 35 to 40 properties in the county at an average cost of \$7,541 per unit. They have not been able to

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<sup>125</sup> Interview, Dan Jurman, CEO, Community Action Partnership (October, 2019)

<sup>126</sup> Interview, Mike McKenna, President, Tabor (October, 2019)

<sup>127</sup> Housing Development Corporation Mid Atlantic. (2019) Mission, Vision and Values. Retrieved from: <https://hdcweb.com/mission/>

<sup>128</sup> Community Basics. (2019). About CBI. Retrieved from: <http://www.communitybasics.com/about.php>

successfully partner with other housing programs in the county, though city and county housing rehabilitation programs typically refer consumers to Delaware County CAP for weatherization.<sup>129</sup>

## Workforce

### Secure Incomes Initiative

Part of the City of Lancaster's strategic plan, Block By Block, Secure Incomes involves partnerships between Lancaster businesses, educational institutions, and nonprofits, with the goal of providing every Lancaster resident access to one good job. The goals of these partnerships include involving educational institutions in preparing Lancaster's workforce to meet the needs of local employers, supporting employers in growing and staying in Lancaster, and supporting benefits agreements, living wage policies, and mentorship/internship opportunities for workers.

### ASSETS

ASSETS is a Lancaster City-based start-up/entrepreneurship incubator, training provider, and lender that serves a five-county region in central Pennsylvania. Each year, ASSETS provides working capital and training to several hundred start-up entrepreneurs and consults with established businesses to improve community impact. ASSETS is a registered CDFI, which currently receives grants from banks under the CRA credit program. Their loan portfolio includes \$250,000 in loans, which are typically \$10,000-20,000 each. ASSETS receives funding from loan interest, contract work with established companies, federal funding, and donations from people and corporations. The organization is funded 80-90% by philanthropy and roughly 10% by earned income.<sup>130</sup>

Currently, ASSETS is working with LG Health to assess the community impact of the health system's procurement practices, particularly looking for opportunities to work with businesses in the community, businesses run by women and people of color, and start-up entrepreneurs in low-income communities. Among low-income families and workers in Lancaster, ASSETS has identified housing stability, citizenship, transportation, and lack of strong social networks as challenges to accessing sustainable employment. ASSETS has addressed these issues by connecting workers to social services and going beyond the services of a traditional employment agency to meet workers' needs. ASSETS is interested in connecting workers to lead abatement certification to prepare them for additional demand in this space.<sup>131</sup>

### Spanish American Civic Association

SACA has a workforce development center that includes construction and may be a resource to provide lead training and certification.<sup>132</sup>

### Municipal Code Enforcement

Two municipalities in Lancaster County are currently leveraging housing code enforcement staff to enforce existing lead inspection and lead safety certification laws – Lancaster City and Columbia Borough. In Lancaster, eight housing inspectors are engaged in housing code enforcement across the city's rental properties, and Columbia code enforcement is staffed by 2

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<sup>129</sup> Interview, Janine Lee, Weatherization Coordinator, Community Action Agency of Delaware County

<sup>130</sup> Interview, Craig Dalen, Chief Strategy Office, ASSETS (October, 2019)

<sup>131</sup> Interview, Craig Dalen, Chief Strategy Office, ASSETS. (October, 2019)

<sup>132</sup> Interview, Sandra Valdez, Associate Director, Spanish American Civic Association (October, 2019)

inspectors. In both municipalities, effective enforcement of existing housing codes will require higher staffing levels moving forward.<sup>133,134</sup>

Outside of these municipalities, housing code enforcement is variable, and some municipalities do not have any housing codes. Where housing codes have been adopted, code enforcement can address and prevent chipping, peeling paint, leaky roofs and other housing conditions that lead to lead exposure, although lead-safe certification laws are the most effective way to ensure enforcement.

Even where lead hazard remediation in housing is mandated, there is a challenge identifying certified contractors who can complete these jobs.<sup>135</sup>

#### Lead Abatement Contractors

Housing Contractor capacity is a challenge across Lancaster County. In properties where a child has been identified with elevated blood lead, or federal or state funds are being used to address lead hazards, state and federal law require that a certified lead abatement contractor complete the lead remediation or lead abatement work. In properties built before 1978, where moderate to extensive repair work is being completed (but the primary intent is not to remove or address lead hazards), state and federal law requires contractors to be receive lead-safe work practices training under the Renovation, Repair and Painting (RRP) Rule. For both types of certification, the contractor firms are also required to apply for separate firm certification.

Currently, the county has 5 local certified lead abatement contractors. In the past, the lack of available certified lead abatement contractors has created delays in deploying federal lead abatement funds, which causes families to fall out of programs, increases lead exposure for children, and becomes administratively burdensome.<sup>136,137</sup> In the coming months, the City will be ramping up to deploy HUD's \$9.1 million investment, which will be used to address lead hazards in 140-150 properties per year for five years. This level of work will require up to 30 full-time certified lead abatement contractor crews to be active over 5 years. These crews could be established under existing certified firms, built out under new firms, or created through a combination of strategies. Key to the success of this capacity-building effort are a reliable workstream for contractor crews and support for up-front costs including liability insurance and supplies.

There are over 200 Renovation, Repair, and Painting (RRP) certified contractors currently in Lancaster County, which includes crew members, supervisors, and firms. While this level is likely sufficient to meet demand for repair work in Lancaster County's aging housing stock, housing code enforcement can require proof of RRP certification on building permit applications, for example, to incentivize training and ensure lead-safe work practices.

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<sup>133</sup> Interview, Karen Bousquet, , Deputy Director, Department of Community Planning and Economic Development of Lancaster City , (October, 2019)

<sup>134</sup> Interview, Paul Paulson, Code Enforcement, Columbia Borough (October, 2019)

<sup>135</sup> Interview, Jeff Helm, Code Enforcement, Columbia Borough (October, 2019)

<sup>136</sup> Interview, Karen Bousquet, Deputy Director, Department of Community Planning and Economic Development of Lancaster City (October, 2019)

<sup>137</sup> Interview, Matthew Sternberg, Executive Director, County Redevelopment Authority (October, 2019)

## Gaps

There are a variety of public, community-based, and private resources working to support Lancaster County residents by providing health, housing, and social services. In addition to the partners mentioned above, faith-based partners and philanthropic organizations provide a safety net of resources to meet basic housing, nutrition, and other needs in the county. However, these partners lack a unified strategy for leveraging and deploying existing resources to address lead hazards in housing and increasingly will need to work together to meet the demands of a changing economic landscape.

Over and over, lead abatement contractor capacity has been highlighted as an issue in the county. Factors in this gap include a booming housing market that pulls contractors toward larger-scale projects, difficulty connecting workers to available jobs, and barriers to participation in federally-funded lead hazard remediation programs. Lead abatement certification can be costly for small firms, and training commitments, slow payment, and the relatively small scale of HUD-funded projects can disincentivize participation.

Strategies to move workers from low-wage jobs into the higher-paying construction industry can address this gap. Lancaster County workers require social supports, training, and direct connections to employers. Small and community-based contractor firms in Lancaster need supports that lower the cost barriers to participating in the lead remediation market, including the costs of firm certification and liability insurance, start-up, and supply costs.

## III. Funding

Lancaster County is a self-reliant community that often looks within to solve problems and find resources to address its needs. Lead poisoning is an ongoing issue throughout the county, and community-based partnerships, philanthropic investment, and the attention of key leaders and anchor institutions to this issue have built the current landscape of resources to address lead hazards in Lancaster.

### Federal and Commonwealth Funds

The City of Lancaster was awarded \$9.1 million in Lead Hazard Control Funding from the Department of Housing and Urban Development in 2019, along with \$600,000 in healthy homes funding, which will be used to address health and safety hazards other than lead in homes receiving lead remediation. The city has matched HUD's investment with an additional \$1.3 million in in-kind and financial contributions. In total, these funds will be utilized to remediate lead hazards in 710 residential properties over 5 years in 4 contiguous census tracts in the southern part of the city (Figure 9).

Figure 7: Lancaster City Census Tracts Targeted by HUD Lead Hazard Reduction Grant



Source: [lancasteronline.com](http://lancasteronline.com)

The county receives other federal funding to repair housing, in addition to the current HUD investment. From 2012 through 2018, Lancaster County spent just over \$1.1 million (40%) of its flexible Community Development Block Grant funds for a home repair program administered through the Lancaster County Redevelopment Authority. During that same time period, \$1.8 million of Pennsylvania’s HOME program funds (1.5%) were used for housing rehabilitation in Lancaster County. The Community Action Agency of Delaware County is also funded through the Department of Energy’s Weatherization Assistance Program (WAP) to provide energy efficiency upgrades for 35- 40 Lancaster County households per year. The National Institute of Environmental Health recently awarded a small research grant to the Partnership for Public Health to conduct blood lead testing and environmental lead sampling among Lancaster County’s plain population in an effort to better understand lead poisoning prevalence and risk in that community.

The Commonwealth of Pennsylvania received \$2.5 million in Lead Hazard Control Funds from the Department of Housing and Urban Development. While these funds are not designated to Lancaster County, the successful implementation of this grant may make Pennsylvania eligible to apply for additional funds in the future. In addition, the governor has called on the PA state legislature to make funds available to increase access to blood lead testing and train and certify the state’s lead remediation workforce. Pennsylvania also received funding from the Centers for Disease Control and Prevention (CDC) for elevated blood lead surveillance and lead poisoning case management. In fiscal year 2019, this funding totaled \$444,989.<sup>138</sup>

### Medicaid and Children’s Health Insurance Program

Medicaid can support lead inspections, in-home lead poisoning prevention education, and other related services through the Early and Periodic Screening Diagnostic and Treatment (EPSDT)

<sup>138</sup> Childhood Lead Poisoning Prevention: Program Information- Pennsylvania. Accessed November 1, 2019. Retrieved from the CDC website: <https://www.cdc.gov/nceh/lead/programs/pa.htm>



benefit, which requires states to cover a broad array of preventative and treatment services for children enrolled in Medicaid. Pennsylvania jurisdictions, including Philadelphia, currently receive Medicaid reimbursement for lead inspections through EPSDT. Providers in Lancaster County could utilize this benefit more widely, and additional services can be covered, including home visits, lead poisoning case management, and primary prevention interventions.

In addition, Pennsylvania has explored the option of directing unused Children’s Health Insurance Program (CHIP) administrative funds to lead poisoning prevention, in the model of states like Indiana, Maryland, Michigan, New York, and Ohio. In 2018, the commonwealth had up to \$56.3 million in available CHIP administrative funds, which may be used to fund innovative initiatives to improve outcomes for special populations through a Health Services Initiative (HSI), as long as spending does not exceed 10% of the total CHIP budget.<sup>139</sup> In 2020, available CHIP administrative funds may be up to \$44 million.<sup>140</sup>

Last year, the Pennsylvania Department of Human Services explored submission of an 1115 waiver, requesting permission to direct Medicaid funds to lead hazard remediation. Ultimately, this waiver was not submitted due in part to the state’s inability to achieve the federally-required budget neutrality attached to 1115 waiver-funded projects.<sup>141</sup> The CHIP HSI application has no budget neutrality requirement.

### Anchor Institutions

Among the County’s many resources are robust anchor institutions that are deeply engaged in the communities they serve. Addressing lead hazards in Lancaster County housing can be supported through additional investment in partnership with these institutions.

### Health System Community Benefit Investments

In 2019, LG Health, Wellspan, and UPMC Lititz engaged in a joint Lancaster County Community Needs Assessment, which identified housing affordability and quality as priority needs in the county. Health system expenditures categorized as ‘Community Health Improvement Services’ could support community outreach and education in lead poisoning prevention, and expenditures categorized as ‘Subsidized Health Services’ could support access to point-of-care lead screening or other primary prevention services. Increasing the level of community benefit expenditures on lead poisoning prevention and coordinating the deployment of these resources among the major health systems serving Lancaster County could more effectively reduce lead exposure for Lancaster’s children.

### Employer and Corporate Contributions

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<sup>139</sup> Medicaid and CHIP Payment and Access Commission. MACStats Medicaid and CHIP Databook (2018). Retrieved from: <https://www.macpac.gov/wp-content/uploads/2015/01/EXHIBIT-33.-CHIP-Spending-by-State-FY-2017.pdf>

<sup>140</sup> Medicaid and CHIP Payment and Access Commission. MACStats Medicaid and CHIP Databook (2018). Retrieved from: <https://www.macpac.gov/wp-content/uploads/2015/01/EXHIBIT-33.-CHIP-Spending-by-State-FY-2017.pdf>

<sup>141</sup> Interview, Kelly Holland, Director of Division of Child and Adult Health Services, Pennsylvania Department of Health. (2019)

Lancaster County employers have a vested interest in healthy, safe housing for their employees. High-quality affordable housing supports a stable, productive workforce, and housing investments for employees can attract qualified candidates. Companies that employ Lancaster County residents can provide direct support for housing repairs and upgrades for their employees or contribute to community-based organizations or funds to support lead hazard remediation in the community. Anchor institutions can require or incentivize contributions in their contracts with suppliers and other corporate partners.

### Financial Institutions

Financial institutions serving Lancaster County are required to invest in community development under the Community Reinvestment Act. The Community Reinvestment Act (CRA) is a mechanism to encourage financial institutions to assist with the credit needs of low- to moderate-income communities. Depository and financial institutions are evaluated periodically to ensure financial investments and loans are provided in low- and moderate-income census tracts. While many institutions provide additional loans in these communities, many also seek the assistance of community development financial institutions or revolving loan funds to assist in this effort. These loan funds provide lower-interest loans for qualified homeowners for rehabilitation and down payment assistance. Loans can also assist developers seeking a lower-interest loan to develop or rehabilitate affordable housing units. Educating financial institutions on the importance of lead abatement in rehabilitation efforts may expand the use of CRA for targeted lead abatement and housing hazard reduction efforts in Lancaster County.

### Universities

The three largest colleges and universities in Lancaster County, Millersville, Franklin & Marshall, and Elizabethtown, have combined endowments of over \$458 million. These institutions of higher learning have a vested interest in supporting healthy, safe housing for their current employees and future student populations. This is especially true with regard to preventing lead poisoning, which causes lifelong impacts to the structure and function of the developing brain, diminishes academic achievement, and results in lower high school graduation rates. If Lancaster County's universities were to commit 1-2% of their current endowments to this effort, an additional \$4.5 to \$9 million could be available to match the investments of other partners.

### Philanthropy

While the current level of philanthropic investment in lead poisoning is not high in Lancaster, the impact goals of many of the county's largest funders align with the impacts of reducing lead exposure, including improved education outcomes, better community health, and increasing access to high-quality affordable housing.

The Lancaster County Community Foundation is made up of 450 different funds, which are directed to invest in initiatives that improve equity and empower communities.

LOHF is focused on pediatric behavioral health and invests \$632,000 per year in improving behavioral health. Their programs have a measurable impact that has been shown to create a return on investment to the county.

The United Way of Lancaster County is also active in the community, providing \$50,000-\$300,000 grants to collections of community organizations that are working together to increase



kindergarten readiness, increase post-secondary education, alleviate poverty, and enroll families in medical homes.

These organizations can partner with the Lancaster General Health Foundation, which is increasingly focused on impactful services to improve community health rather than capital facility improvements, to have a significant impact on lead poisoning in the community.

### Gaps

Beyond the four census tracts funded by the high-impact HUD Lead Hazard Control grant, lead remediation resources are not available for property owners in Lancaster County.

Where HUD funds are available, property owners with household incomes above the standard for federally-funded home repair programs (80% of area median income, or an annual income of \$60,950 for a family of 4) may still find the expense of lead hazard remediation out of reach and may have difficulty accessing capital for home health and safety repairs and ongoing maintenance. Data show that 75% of low- to moderate-income homeowners were denied small home repair loans in Philadelphia between 2015 and 2017. Working with financial institutions to make no- or low-interest loans available to homeowners earning 80-100% of area median income, allowing access for those with less-than-average credit ratings (560-580 and above), and buying down interest and loan servicing costs with public, private, or philanthropic dollars can unlock needed capital for home repairs in Lancaster County and satisfy the requirements of banks under the Community Reinvestment Act. Similar models are currently at work in Philadelphia, Detroit, Cleveland Heights, and elsewhere. This model could assist low-income landlords in matching city's HUD grant at the required 10% level.

HUD grants also fund lead remediation but cannot be used for abatement of lead paint. Performing abatement is a way to make a property permanently safe and removes the need for ongoing surveillance and rehabilitation. Dollars other than those from the HUD grant would be needed to make properties lead free.<sup>142</sup>

## IV. Policy Framework and Enforcement

While effective screening and case management are important factors to addressing lead poisoning, primary prevention is the only completely effective treatment for the lifelong damaging impacts of even very low levels of lead exposure. Primary prevention requires a system in which lead-safe housing is the universal standard.

Two municipalities in Lancaster County, the City of Lancaster and Columbia, have passed lead ordinances that serve as motivation for landlords to make properties lead safe and provide mechanisms for enforcement.<sup>143</sup> However, there are opportunities to make both of these ordinances stronger. Lancaster City's lead ordinance requires rental housing to be lead safe only if one of the residents is a child aged six or younger. This is problematic because if a child is lead poisoned and a hazard in their home is identified, often the family moves out of the unit and then the landlord is no longer required to fix the hazard. The lead is then left to potentially poison another child. Family sizes might change after a family moves into a unit, and even units that have

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<sup>142</sup> Interview, Danene Sorace, Mayor of Lancaster City. (October, 2019).

<sup>143</sup> Manheim Borough has not yet passed a municipal lead ordinance, though it is expected to be passed.

no small children living in them may have kids who regularly visit. Additionally, requiring landlords to make a property lead safe only if there is a child living in the unit incentivizes landlords to discriminate against families with young children and not rent to them. Columbia's ordinance requires rental properties to be lead safe regardless of who lives in them; however, there is nothing in Columbia's ordinance that identifies steps that will be taken to follow up with a landlord in cases where a child has been diagnosed with lead poisoning. Both Lancaster and Columbia lack strong language in their ordinances that offer protections and pathways for residents who have identified chipping paint in their home and would like to report this to their landlord. Service providers in Lancaster report that some residents are afraid to speak up if they notice chipping paint because they are worried about landlord retaliation.

Lancaster City currently has eight inspectors who are each assigned to a specific portion of the city and are responsible for the housing stock in their assigned area. Every four years they conduct spot inspections. During these inspections they can inquire whether a child under six lives in the residence, and if the answer is yes, they ask to see the unit's lead-safe certification. Tenants may file complaints of chipping paint to the landlord, but the law does not contain substantial language to protect tenants from landlord retaliation.<sup>144</sup>

In Lancaster, the county and larger municipalities have an opportunity to be leaders demonstrating best practices and model lead ordinances for other jurisdictions. There is no county-wide ordinance related to lead hazards or housing quality because the county does not have the power to enact one<sup>145</sup>. This leads to a lack of uniform standards across the county's 60 jurisdictions and disadvantages smaller or lower-resourced municipalities. In Columbia, for example, housing code inspector resources are not adequate to conduct the required education, tenant relocation, and abatement services. Columbia has filled this gap through partnerships with community-based organizations including the Lancaster County Redevelopment Authority.<sup>146</sup>

The Pennsylvania Department of Health is advising the Pennsylvania Partnership for Children in a Pritsker Children's Initiative-funded planning report, which has identified the following policy goals: to put in place a regulatory requirement that every child be referred to Early Intervention, to increase the number of children in housing that has been made lead safe, to increase funding for lead remediation, and to increase the number of Medicaid children that have received a blood lead test. These recommendations will inform the advisory group for the governor's Ready To Start initiative, which is focused on connecting PA children to the services they need for long-term success.

Separately, the State's Title V funding needs assessment is in progress, and focus groups have identified lead poisoning prevention as a priority. Title V funding provides support for home visiting programs and home health and safety assessments in areas throughout the state.

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<sup>144</sup> Interview, Karen Bousquet, Deputy Director, Department of Community Planning and Economic Development of Lancaster City, October 2019

<sup>145</sup> Interview, Commissioner Parsons, Lancaster County (October, 2019)

<sup>146</sup> Interview, Jeff Helm, Code Enforcement, Columbia Borough (October, 2019)

## Gaps

The Lancaster City ordinance, while comprehensive in addressing lead hazards in paint, soil, and dust prospectively in rental properties as well as in EBL cases, limits the requirements to child-occupied housing. This provision opens the door to housing discrimination against families with young children and may even create a violation of the US Fair Housing Act. It is also ineffective from a public health standpoint, as family status frequently changes, and children often spend time in properties where they may not live. Applying lead safety standards universally to rental housing regardless of occupancy improves the housing stock, drives private investment into lead hazard control, and more effectively protects children. In addition, in each of the communities with prospective rental inspection and lead-safe certification laws, enforcement presents a challenge. While Columbia's law ties the certification to rental licensure, additional staff and a mechanism for linking property-level data are needed to improve enforcement. Resources to support enforcement are not available at the county level, and legislation or regulations cannot be put into place county-wide.

Where a child has been diagnosed with elevated blood lead in Lancaster County, most jurisdictions do not issue or enforce lead violation orders, and there are few protections in place to prevent retaliatory eviction or other forms of retaliation against tenants.

## V. Synthesis and Opportunities

Finds from the LG Health Community Health Needs Assessment have identified the link between housing conditions and Lancaster County community health outcomes and identified residential lead exposure as a priority social determinant of health upon which to focus. Based upon this asset and gap analysis, there are opportunities to support better community health outcomes in five sectors of primary lead exposure prevention and mitigation of the impacts of lead exposure:

1. **Address Lead Hazards in Housing:** Invest directly in remediation of lead-based paint hazards in housing in Lancaster County. There is an opportunity to align funds from multiple sources, including federal funds, community benefit dollars from non-profit hospitals, Children's Health Insurance Program (CHIP) Health Services Initiatives (HSI) dollars, employer investment, and philanthropic dollars, to make a county-wide investment that can be deployed to remediate lead hazards in homes, bringing them to a lead-safe standard that can be maintained over time. Investment can be deployed through a mix of hospital-administered lead remediation grants and no- or low-interest loans in partnership with community institutions.
  - a. **Leverage Funds:** Because of the current level of federal investment and the interest of government and other Lancaster institutions in lead poisoning prevention, there is an opportunity to align investments to grow sustainable support to address residential lead hazards.
    - i. The City of Lancaster's HUD-funded program will address lead hazards in housing in 4 high-needs census tracts, as well as engaging in community outreach and education to raise awareness around the danger posed by lead exposure.
    - ii. Hospital community benefit dollars: three health systems serving Lancaster County engaged in a joint Community Needs Assessment in 2019 and jointly identified housing conditions as a key driver of community health outcomes.

Investment in community building across these three health systems could infuse dollars into housing for at-risk populations county-wide.

- iii. Other healthcare dollars: Additional support for lead and healthy homes interventions is accessible through the commonwealth's Children's Health Insurance Program, which may have up to \$44 million in federal dollars (requiring a small state match) available in 2020 for a Health Services Initiative to prevent and address lead poisoning. The hospital can advocate to the Department of Human Services, Department of Health and the Governor's office for Pennsylvania to submit a lead HSI, as well as expand the use of the EPSDT benefit to support lead inspections and case management.
  - iv. Philanthropic Investment: Organizations with interest in primary prevention of lead poisoning (Lancaster County Community Health Foundation), pediatric behavioral health (Lancaster Osteopathic Health Foundation), community health improvement (Lancaster General Health Foundation), and early childhood education outcomes (United Way of Lancaster County) may recognize the potential impact of investments in lead abatement.
  - v. Low or no-interest loans for lead remediation: LG Health and others can work with Community Development Financial Institutions like Lancaster Housing Opportunity Partnership as well as community and national banks to offer no- or low-interest loans to households at 80-100% AMI. Providing small loans to households with lower-than-traditional credit ratings and utilizing public or private capital as guarantee funds to buy down interest costs or defray the costs of loan servicing makes lower-cost capital available for health and safety home repairs and fulfills Community Reinvestment Act requirements.
2. **Build Workforce Capacity:** Fund lead abatement training and certification and work with partners as a start-up incubator for local small home contractor businesses.
    - a. Fund lead abatement training and certification for Lancaster County community residents to enter into the lead remediation workforce.
    - b. Work with ASSETS and other partners as a start-up incubator for local small residential contractor businesses, which lowers the barriers to participation in the lead remediation industry by providing access to an umbrella insurance policy.
  3. **Support Enforcement:** Leverage lead remediation investment to encourage enforcement of lead ordinances and lead abatement orders for children with elevated blood lead levels. Directly fund training and certification of lead dust wipe technicians and inspectors.
  4. **Screening and Improved Elevated Blood Lead Service Delivery:** Provide technical and financial support for point-of-care lead testing in pediatric offices or mobile clinics. Support changes to the Pennsylvania Department of Public Health regulations to allow venous blood lead draws in pediatric clinic or office visits and increase access to the Pennsylvania National Electronic Disease Surveillance System (PA-NEDSS), the data system for elevated blood lead test results and medical case management, for community providers and lead inspectors. Invest in information technology systems to support for EBL case management.
    - a. Removing barriers to allow venous blood lead draws in clinic or office visits.
    - b. Increasing access to the PA-NEDSS system for the county, city, and service providers, including lead inspectors.

- c. Information Technology support for EBL case management.
  - d. Technical and financial support for point-of-care lead testing in pediatric offices or mobile clinics.
5. **Data Infrastructure:** Invest in data infrastructure to support the proposed lead poisoning prevention program and support elevated blood lead case management activities in Lancaster County more broadly, including tracking and linking environmental investigation and lead hazard remediation data to elevated blood lead data. Create a portal for publicly-available data on lead safe housing and elevated blood lead data in Lancaster County.
- a. The hospital can also play a role in increasing access to publicly-available de-identified lead data for risk-based planning and resource targeting and advocate for broader access to PA-NEDSS for those engaged in lead case management.

Through innovative investment, partnerships and commitment, Lancaster County can effectively eliminate lead poisoning for this generation of children once and for all.

## Appendix

### Spotlight: Lancaster County Communities

#### **Columbia Borough**

The Borough of Columbia contains 4,757 housing units with an estimated 3,348 units that contain lead paint. Renters account for 41.6% of Columbia's occupied housing. 19.5% of people in Columbia are below the poverty level, and the median household income in the borough is \$40,982.<sup>147</sup> In November of 2018, the borough passed a lead ordinance that required all properties built before 1978 to have a lead safe certificate as part of its requirements for receiving rental property license and that all child day care facilities provide a lead paint safe report prior to occupancy. Columbia does have code enforcement that mandates triennial inspections for every multi-unit rental property as well as inspections when a tenant leaves a rental property.<sup>148</sup> The County Redevelopment Authority has provided services in Lancaster surrounding lead inspections and remediation. CHI St. Joseph Children's Health also operates a lead program that offers free home assessments from a licensed lead risk assessor, lead screening, and financial assistance. Housing rehabilitation and work force development are also being done by the Community Action Partnership (CAP) and Lancaster Housing Opportunity Partnership (LHOP).

#### **Ephrata**

Ephrata Borough has 5,863 housing units which include an estimated 3,144 that contain lead. Renters represent 39.4% of the occupied housing. 11.2% of people in Ephrata are below the poverty line and the median household income in the borough is \$50,944.<sup>149</sup> Ephrata does have code enforcement. It is served by organizations that provide resources for housing rehabilitation throughout the county, including the County Redevelopment Authority and LHOP.

#### **Marietta**

Marietta Borough has 1,167 housing units, with an estimated 861 that contain lead paint. 34.4 percent of the borough's occupied housing is occupied by renters. 16.4% of residents in Marietta are below the poverty line and the borough's median household income is \$52,270.<sup>150</sup> Marietta does not have residential building code enforcement. The service providers include the Lancaster County Redevelopment Authority and LHOP.

#### **Manheim Borough**

Manheim Borough has 1,972 housing units, with an estimated 1,482 units that contain lead. Renters account for 33.9% of the borough's occupied housing. The median household income is \$49,871 and 10.6% of residents live below the poverty line.<sup>151</sup> Manheim does have code enforcement and there has been recent momentum to pass a lead ordinance in this municipality.<sup>152</sup> County service providers are working in Manheim to help property owners tackle lead through financial assistance and no-interest loans for housing rehabilitation to homeowners. These service providers include the Lancaster County Redevelopment Authority and LHOP.

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<sup>147</sup> U.S. Census American Community Survey 2013-2017 Five Year Estimates

<sup>148</sup> Jeff Helm, Columbia Code Enforcement, October 2019

<sup>149</sup> U.S. Census American Community Survey 2013-2017 Five Year Estimates

<sup>150</sup> U.S. Census American Community Survey 2013-2017 Five Year Estimates

<sup>151</sup> U.S. Census American Community Survey 2013-2017 Five Year Estimates.

<sup>152</sup> Susan Baldrige, Executive Director, Partnership for Public Health, October 2019.

Figure 8: Lancaster County Municipality Housing Unit Totals and Total Units with Lead by Year Built

Municipality	Total Housing Units	Total Built 1970 to 1979	1970 to 1979 Estimated Units with Lead Paint	Total Built 1960 to 1969	1960 to 1969 Estimated Units with Lead Paint	Total Built 1950 to 1959	1950 to 1959 Estimated Units with Lead Paint	Total Built 1940 to 1949	1940 to 1949 Estimated Units with Lead Paint	Total Built 1939 or earlier	1939 or earlier Estimated Units with Lead Paint	Estimated Total Units with Lead Paint
Lancaster County, Pennsylvania	208,751	25548	15840	17931	11117	19642	15714	8890	7112	45720	41148	90931
Lancaster City	24010	1157	717	1722	1068	2684	2147	1748	1398	14304	12874	18204
Manheim Township	16135	2563	1589	1883	1167	2117	1694	616	493	1447	1302	6245
East Hempfield Township	10367	1869	1159	1142	708	938	750	326	261	839	755	3633
Lancaster Township	7081	872	541	524	325	976	781	426	341	1399	1259	3246
Ephrata Borough	5863	858	532	574	356	737	590	252	202	1628	1465	3144
Columbia Borough	4757	295	183	278	172	351	281	402	322	2656	2390	3348
Manor Township	8626	796	494	826	512	1058	846	235	188	959	863	2903
East Lampeter Township	6737	829	514	804	498	616	493	178	142	900	810	2458
Elizabethtown Borough	4483	443	275	481	298	1151	921	259	207	837	753	2454
Lititz Borough	4060	539	334	413	256	452	362	188	150	1241	1117	2219
West Hempfield Township	6676	903	560	551	342	404	323	164	131	697	627	1983
West Lampeter Township	6876	598	371	356	221	732	586	169	135	731	658	1970
Warwick Township	7273	809	502	597	370	349	279	70	56	672	605	1812
Rapho Township	4748	834	517	164	102	340	272	115	92	767	690	1673
Mount Joy Borough	3627	613	380	224	139	263	210	159	127	951	856	1712
Millersville Borough	2936	328	203	390	242	583	466	242	194	454	409	1514
East Cocalico Township	3940	491	304	339	210	543	434	104	83	359	323	1355
Upper Leacock Township	3059	346	215	517	321	382	306	95	76	493	444	1360
Manheim Borough	1972	85	53	234	145	404	323	175	140	912	821	1482
Salisbury Township	3348	463	287	187	116	89	71	101	81	808	727	1282
West Donegal Township	3322	442	274	303	188	148	118	86	69	508	457	1106
West Cocalico Township	2603	398	247	168	104	104	83	116	93	676	608	1135
Penn Township	3472	585	363	243	151	219	175	67	54	311	280	1022
Mount Joy Township	4110	508	315	103	64	85	68	142	114	558	502	1063
New Holland Borough	2315	268	166	278	172	157	126	211	169	414	373	1006
West Earl Township	2680	433	268	268	166	109	87	102	82	360	324	927
East Donegal Township	2915	390	242	229	142	100	80	0	0	545	491	954
Ephrata Township	3833	514	319	205	127	175	140	67	54	285	257	896
Earl Township	2571	315	195	161	100	144	115	117	94	479	431	935



Municipality	Total Housing Units	Total Built 1970 to 1979	1970 to 1979 Estimated Units with Lead Paint	Total Built 1960 to 1969	1960 to 1969 Estimated Units with Lead Paint	Total Built 1950 to 1959	1950 to 1959 Estimated Units with Lead Paint	Total Built 1940 to 1949	1940 to 1949 Estimated Units with Lead Paint	Total Built 1939 or earlier	1939 or earlier Estimated Units with Lead Paint	Estimated Total Units with Lead Paint
Pequea Township	1871	314	195	145	90	288	230	122	98	328	295	908
East Earl Township	2064	225	140	255	158	79	63	155	124	471	424	909
East Petersburg Borough	1924	164	102	459	285	277	222	126	101	151	136	845
Akron Borough	1679	320	198	275	171	268	214	131	105	172	155	843
Marietta Borough	1167	59	37	50	31	116	93	28	22	754	679	861
Brecknock Township	2669	246	153	185	115	122	98	174	139	273	246	750
Providence Township	2927	527	327	166	103	69	55	94	75	129	116	676
Conestoga Township	1597	350	217	69	43	84	67	58	46	417	375	749
Paradise Township	1707	145	90	284	176	82	66	68	54	395	356	741
Martic Township	1969	355	220	150	93	156	125	44	35	264	238	711
Leacock Township	1773	174	108	103	64	168	134	143	114	360	324	745
Denver Borough	1506	115	71	126	78	179	143	85	68	374	337	697
Clay Township	2419	284	176	121	75	47	38	61	49	296	266	604
Strasburg Borough	1131	133	82	134	83	135	108	37	30	352	317	620
Elizabeth Township	1404	344	213	159	99	88	70	62	50	132	119	551
Caernarvon Township	1537	272	169	100	62	75	60	17	14	300	270	574
Strasburg Township	1320	185	115	85	53	80	64	34	27	316	284	543
Conoy Township	1269	181	112	87	54	96	77	28	22	234	211	476
East Drumore Township	1360	203	126	63	39	71	57	57	46	225	203	470
Bart Township	1017	147	91	173	107	52	42	60	48	185	167	455
Mountville Borough	1210	37	23	48	30	131	105	59	47	317	285	490
Little Britain Township	1568	211	131	47	29	38	30	17	14	271	244	448
Fulton Township	1028	179	111	78	48	53	42	14	11	250	225	438
Colerain Township	1147	205	127	91	56	15	12	27	22	225	203	420
Quarryville Borough	998	66	41	77	48	135	108	54	43	223	201	441
Sadsbury Township	906	196	122	91	56	70	56	46	37	139	125	396
Adamstown Borough	838	65	40	33	20	82	66	57	46	242	218	390
Drumore Township	851	133	82	46	29	43	34	44	35	184	166	346
Terre Hill Borough	497	31	19	25	16	79	63	12	10	217	195	303
Christiana Borough	353	22	14	14	9	36	29	34	27	210	189	267
Eden Township	650	116	72	28	17	18	14	10	8	124	112	223

Source: U.S. Census American Community Survey 2013-2017 Five Year Estimate; Cox, D. Dewalt, FG. O'Haver, R. (April 8, 2011) Summary Report: Investigate the Implications of Lowering the Lead-based Paint Standard. Policy and Economic Implications. Retrieved from: <https://www.hud.gov/sites/documents/LOWERINGTHELBPSTANDARD.PDF>



Figure 9: Lancaster County Municipalities Housing Units Built Pre-1979, Pre-160, and Pre-1950

Municipality	Total Built Pre-1979	Percent Built Pre-1979	Total Built Pre-1960	Percent Built Pre-1960	Total Built Pre-1950	Percent Built Pre-1950
Lancaster County, Pennsylvania	117731	56.4	74252	35.6	54610	26.2
Lancaster City	21615	90	18736	78	16052	66.9
Manheim Township	8626	53.5	4180	25.9	2063	12.8
East Hempfield Township	5114	49.3	2103	20.3	1165	11.2
Lancaster Township	4197	59.3	2801	39.6	1825	25.8
Ephrata Borough	4049	69.1	2617	44.6	1880	32.1
Columbia Borough	3982	83.7	3409	71.7	3058	64.3
Manor Township	3874	44.9	2252	26.1	1194	13.8
East Lampeter Township	3327	49.4	1694	25.1	1078	16
Elizabethtown Borough	3171	70.7	2247	50.1	1096	24.4
Litz Borough	2833	69.8	1881	46.3	1429	35.2
West Hempfield Township	2719	40.7	1265	18.9	861	12.9
West Lampeter Township	2586	37.6	1632	23.7	900	13.1
Warwick Township	2497	34.3	1091	15	742	10.2
Rapho Township	2220	46.8	1222	25.7	882	18.6
Mount Joy Borough	2210	60.9	1373	37.9	1110	30.6
Millersville Borough	1997	68	1279	43.6	696	23.7
East Cocalico Township	1836	46.6	1006	25.5	463	11.8
Upper Leacock Township	1833	59.9	970	31.7	588	19.2
Manheim Borough	1810	91.8	1491	75.6	1087	55.1
Salisbury Township	1648	49.2	998	29.8	909	27.2
West Donegal Township	1487	44.8	742	22.3	594	17.9
West Cocalico Township	1462	56.2	896	34.4	792	30.4
Penn Township	1425	41	597	17.2	378	10.9
Mount Joy Township	1396	34	785	19.1	700	17
New Holland Borough	1328	57.4	782	33.8	625	27
West Earl Township	1272	47.5	571	21.3	462	17.2
East Donegal Township	1264	43.4	645	22.1	545	18.7
Ephrata Township	1246	32.5	527	13.7	352	9.2
Earl Township	1216	47.3	740	28.8	596	23.2
Pequea Township	1197	64	738	39.4	450	24.1
East Earl Township	1185	57.4	705	34.2	626	30.3
East Petersburg Borough	1177	61.2	554	28.8	277	14.4
Akron Borough	1166	69.4	571	34	303	18
Marietta Borough	1007	86.3	898	76.9	782	67
Brecknock Township	1000	37.5	569	21.3	447	16.7
Providence Township	985	33.7	292	10	223	7.6
Conestoga Township	978	61.2	559	35	475	29.7
Paradise Township	974	57.1	545	31.9	463	27.1
Martic Township	969	49.2	464	23.6	308	15.6
Leacock Township	948	53.5	671	37.8	503	28.4
Denver Borough	879	58.4	638	42.4	459	30.5
Clay Township	809	33.4	404	16.7	357	14.8
Strasburg Borough	791	69.9	524	46.3	389	34.4
Elizabeth Township	785	55.9	282	20.1	194	13.8
Caernarvon Township	764	49.7	392	25.5	317	20.6
Strasburg Township	700	53	430	32.6	350	26.5
Conoy Township	626	49.3	358	28.2	262	20.6
East Drumore Township	619	45.5	353	26	282	20.7
Bart Township	617	60.7	297	29.2	245	24.1
Mountville Borough	592	48.9	507	41.9	376	31.1
Little Britain Township	584	37.2	326	20.8	288	18.4
Fulton Township	574	55.8	317	30.8	264	25.7
Colerain Township	563	49.1	267	23.3	252	22
Quarryville Borough	555	55.6	412	41.3	277	27.8
Sadsbury Township	542	59.8	255	28.1	185	20.4
Adamstown Borough	479	57.2	381	45.5	299	35.7
Drumore Township	450	52.9	271	31.8	228	26.8
Terre Hill Borough	364	73.2	308	62	229	46.1
Christiana Borough	316	89.5	280	79.3	244	69.1
Eden Township	296	45.5	152	23.4	134	20.6

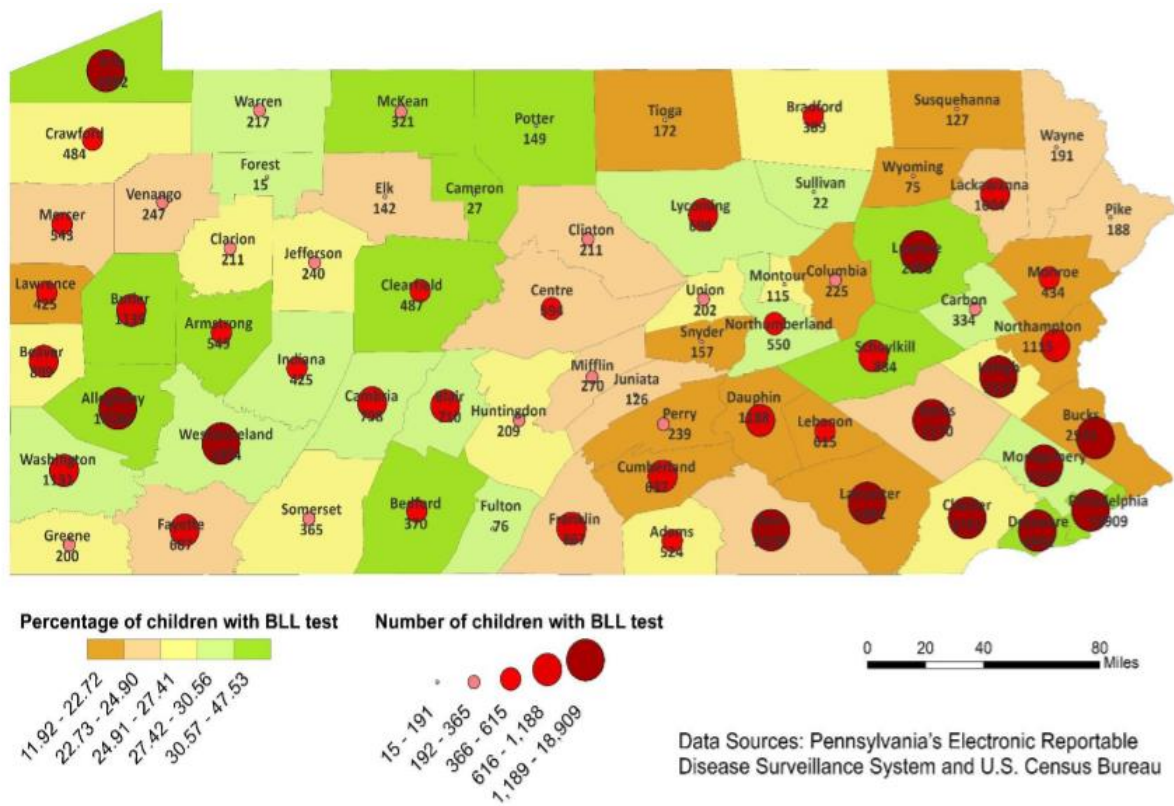
Source: U.S. Census American Community Survey 2013-2017 Five Year Estimates

Figure 10: National Estimate of Percent of Housing Stock that Contains Lead Paint by Year Built

1960-1979	62%
1940-1959	80%
Before 1940	90%

Source: Cox, D. Dewalt, FG. O'Haver, R. (April 8, 2011) Summary Report: Investigate the Implications of Lowering the Lead-based Paint Standard. Policy and Economic Implications. Retrieved from: <https://www.hud.gov/sites/documents/LOWERINGTHELBPSTANDARD.PDF>

Figure 11: Number and Percentage of Children Aged 0-23 Months Tested for Blood Lead Level by County, 2017

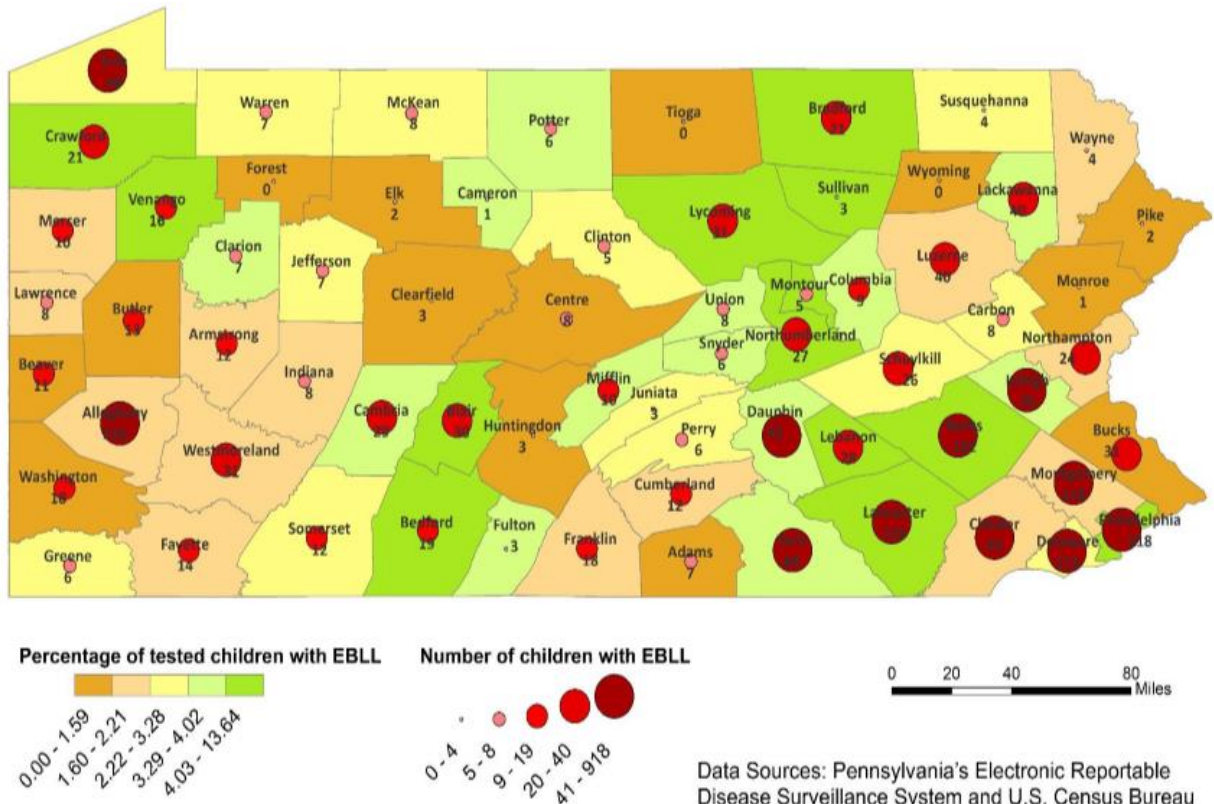


\*Percentage was calculated by dividing the number of children aged 0–23 months tested in each county by the 2017 intercensal estimate of the number of children aged 0–23 months residing in the county.

Source: Pennsylvania Department of Health. 2017 Childhood Lead Surveillance Annual Report (2018). Retrieved from:

<https://www.health.pa.gov/topics/Documents/Environmental%20Health/2017%20Childhood%20Lead%20Surveillance%20Annual%20Report.pdf>

Figure 12: Number and Percentage of Children Aged 0-23 Months with Confirmed Elevated Blood Lead Level, by County 2017

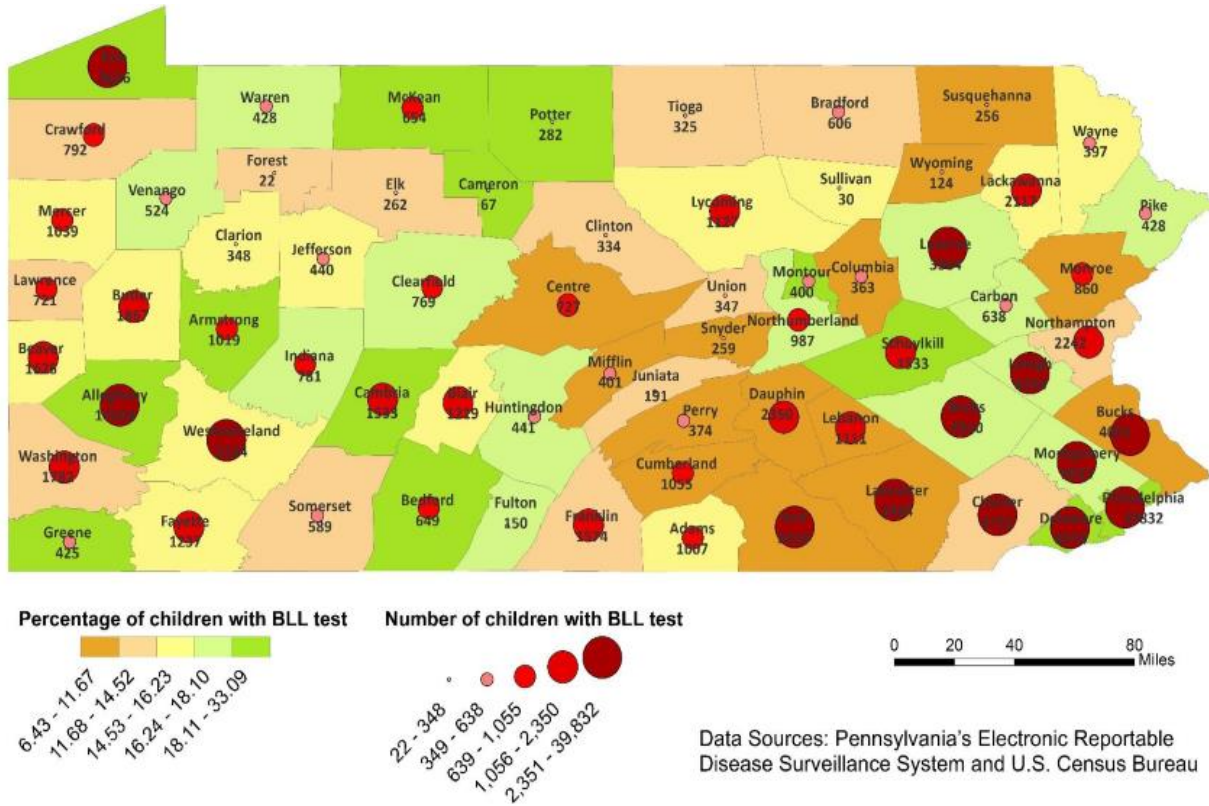


\*Percentage was calculated by dividing the number of children aged 0–23 months with EBLL by the total number of children aged 0–23 months tested for blood lead level in 2017.

Source: Pennsylvania Department of Health. 2017 Childhood Lead Surveillance Annual Report (2018). Retrieved from:

<https://www.health.pa.gov/topics/Documents/Environmental%20Health/2017%20Childhood%20Lead%20Surveillance%20Annual%20Report.pdf>

Figure 13: Number and Percentage of Children Aged 0-71 Months Tested for Blood Lead Level, by County 2017



\*Percentage was calculated by dividing the number of children aged 0–71 months tested in each county by the 2017 intercensal estimate of the number of children aged 0–71 months residing in the county.

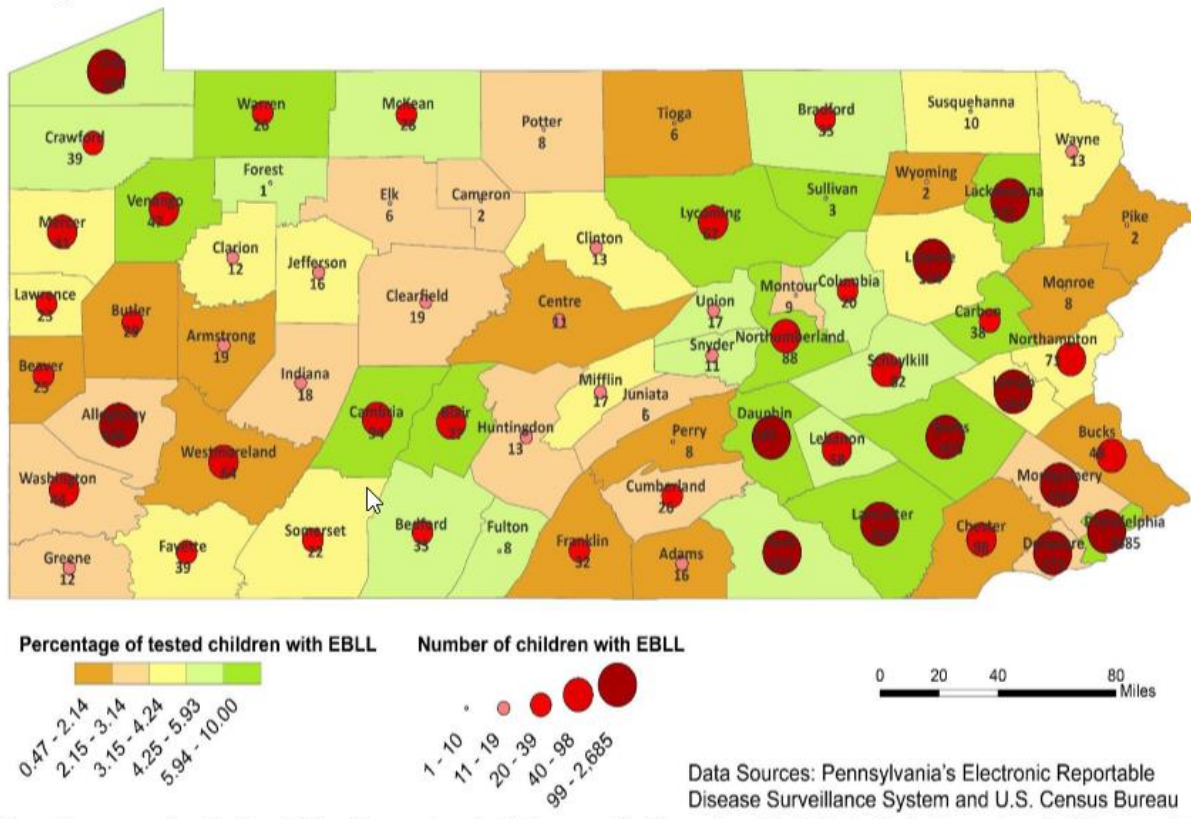
Source: Pennsylvania Department of Health. 2017 Childhood Lead Surveillance Annual Report (2018).

Retrieved from:

<https://www.health.pa.gov/topics/Documents/Environmental%20Health/2017%20Childhood%20Lead%20Surveillance%20Annual%20Report.pdf>



Figure 14: Number and Percentage of Children Aged 0-71 Months with Confirmed Elevated Blood Lead Level, by County 2017



\*Percentage was calculated by dividing the number of children aged 0-71 months with EBLL by the total number of children aged 0-71 months tested for blood lead level in 2017.

Source: Pennsylvania Department of Health. 2017 Childhood Lead Surveillance Annual Report (2018).

Retrieved from:

<https://www.health.pa.gov/topics/Documents/Environmental%20Health/2017%20Childhood%20Lead%20Surveillance%20Annual%20Report.pdf>

Figure 15: Lancaster County Schools, Year Built and Years Renovated

LANCASTER COUNTY SCHOOLS				
School District	Building	Grades	Year Built	Renovations/ Additions
Cocalico	Adamstown Elementary	K-5	--	--
	Denver Elementary	K-5	--	2013
	Reamstown Elementary	K-5	--	--
	Middle	6-8	--	---
	Senior High	9-12	--	2013
Columbia Borough	Park Elementary	K-4	1917	1981, 1997, 2006
	Middle – Taylor Campus	5-6	1988	1997, 2006
	Middle – Hill Campus	7-8	1957	1989, 1997, 2010
	High	9-12	1957	1989, 1997, 2010
Conestoga Valley	Brownstown	K-6	1964	4993
	J.E. Fritz	K-6	1968	1992, 2004
	Leola	K-6	1955	1959, 1968, 1986, 1997
	Smoketown	K-6	1937	1959, 1966, 1972, 1993
	Middle	7-8	1996	--
	High	9-12	1957	1965, 1975, 1981, 1989, 1999, 2001, 2005
Donegal	Primary Elementary	K-2	--	--
	Intermediate Elementary	3-6	--	--
	Junior High	7-8	--	--
	High	9-12	2012	--
Eastern Lancaster County	Blue Ball	K-6	--	--
	Brecknock	K-6	1954	2014
	New Holland	K-6	--	2004
	Garden Spot Middle	K-6	--	2012
	Garden Spot Senior High	9-12	--	2012
Elizabethtown Area	East High Elementary	K-3	1963	1989, 2012
	Mill Road Elementary	K-3	1957	1986, 1988
	Bainbridge Elementary	K-3	1934	1964, 1992
	Rheems Elementary	K-3	1956	1964, 1995
	Bear Creek Elementary	4-6	2011	--
	Middle	7-8	1962	1973, 1999
	High	9-12	1957	1974, 1999
Ephrata Area	Akron Elementary	K-4	--	--
	Clay Elementary	K-4	--	--
	Fulton Elementary	K-4	--	--
	Highland Elementary	K-4	--	--
	Intermediate	5-6	--	--
	Middle	7-8	--	--
	High	9-12	--	--
Hempfield	Centerville Elementary	K-6	1970	2002
	East Petersburg	K-6	2013	--
	Farmdale	K-6	2013	--
	Landisville	K-6	1994	2012
	Mountville	K-6	2004	--
	Rohrerstown	K-6	2004	--

LANCASTER COUNTY SCHOOLS				
School District	Building	Grades	Year Built	Renovations/ Additions
	Centerville Middle	7-8	1967	2007
	Landisville Middle	7-8	1995	--
	Hempfield High	9-12	1955	1967, 1974, 1995
Lampeter-Strasburg	Lampeter Elementary	K-2	--	--
	Hans Herr Elementary	3-5	--	--
	Martin Meylin Middle	6-8	--	--
	Lampeter-Strasburg High	9-12	--	--
Lancaster	Burrowes Elementary	K-5	1954	1969, 1989
	Carter and MacRae Elementary	K-5	1989	2011
	Elizabeth R. Martin Elementary	K-8	2014	--
	Fulton Elementary	K-5	1919	1984, 1986, 1994, 2013
	George Washington Elementary	K-5	1934	1960, 1995, 1997, 2011
	Hamilton Elementary	K-5	1964	1997
	James Buchanan Elementary	K-5	1929	1955, 1998
	King Elementary	K-5	1967	1981
	Lafayette Elementary	K-5	1951	1991, 2011
	Price Elementary	K-5	1972	--
	Ross Elementary	K-5	1974	1959, 1988, 1994, 2011
	Thomas Wharton Elementary	K-5	1898	1959, 2011
	Wickersham Elementary	K-5	1929	1950, 1994
	Edward Hand Middle	6-8	1929	1997, 2013
	Lincoln Middle	6-8	1962	1972, 1982, 1992
	Reynolds Middle	6-8	1929	1958, 1997
	Wheatland Middle	6-8	1955	1995
	J. P. McCaskey	9-12	1936	1974, 1997
	McCaskey East	9-12	1996	--
	Phoenix Academy	6-12	1975	1995
Buehrle School	6-12	1895	--	
Manheim Central	H.C. Burgard	PreK-4	--	--
	Doe Run Elementary	K-4	2016	--
	Baron Elementary	--	--	Under construction; to open Fall 2019
	Junior High	--	--	--
Senior High	--	--	--	
Manheim Township	Brecht Elementary	--	1929	2000
	Bucher Elementary	--	1971	2010
	Neff Elementary	K-4	1941	1996
	Nitrauer Elementary	K-4	1964	1967, 1991
	Schaeffer Elementary	K-4	1937	1980, 2003
	Reidenbaugh Elementary	K-4	1993	--

LANCASTER COUNTY SCHOOLS				
School District	Building	Grades	Year Built	Renovations/ Additions
	Landis Run Intermediate	5-6	2012	--
	Manheim Twp. Middle	7-8	1968	1997
	Manheim Twp. High	9-12	1962	2008
<b>Octorara Area</b>	Some Lancaster County students attend Octorara, but all school buildings are located in Chester County			
<b>Penn Manor</b>	Fred S. Eshelman Elementary	K-6	1958	1966, 1986, 2002
	Central Manor Elementary	K-6	1936	1961, 1987, 2010
	Conestoga Elementary	K-6	1952	1957, 1966, 1992, 2017
	Ann Letort Elementary	K-6	1960	1960, 1961, 2001,
	Martic Elementary	K-6	1952	1966, 1986
	Hambright Elementary	K-6	2013	--
	Pequea Elementary	K-6	1953	1955, 1958, 1989, 2015
	Manor Middle	7-8	1992	--
	Marticville Middle	7-8	1970	1988, 2008
	High	9-12	1958	1962, 1995, Renovations 2019-2022
<b>Pequea Valley</b>	Paradise Elementary	K-6	2009	--
	Salisbury Elementary	K-6	--	2002
	Intermediate	7-8	--	--
	Senior High	9-12	--	--
<b>Solanco</b>	Bart-Colerian Elementary	K-5	--	2002
	Clermont Elementary	K-5	--	--
	Providence Elementary	K-5	--	2002
	Quarryville Elementary	K-5	--	--
	Swift Middle	6-8	--	--
	George A. Smith Middle	6-8	--	--
	Senior High	9-12	--	--
<b>Warwick</b>	Lititz Elementary	K-6	2005	--
	John Beck Elementary	K-6	1936	1955, 1960, 1966, 1973, 1987, 1988, 2003
	Kissel Hill Elementary	K-6	1966	1988, 2003
	John R. Bonfield Elementary	K-6	1994	2015
	Middle	7-8	1971	2008
	Senior High	9-12	1956	1964, 1989, 2003

\*Red indicates construction prior to 1940, Orange indicates construction between 1940-1959

Source: Joint State Government Commission. (April 30, 2019). Lead Exposure risks and Responses in Pennsylvania: Report of the Advisory Committee and Task Force on Lead Exposure. Retrieved from: <http://jsg.legis.state.pa.us/resources/documents/ftp/publications/2019-04-29%20Final%20LEAD%20Report%20updated%20staff.pdf>



Figure 16: Lancaster Data Profile

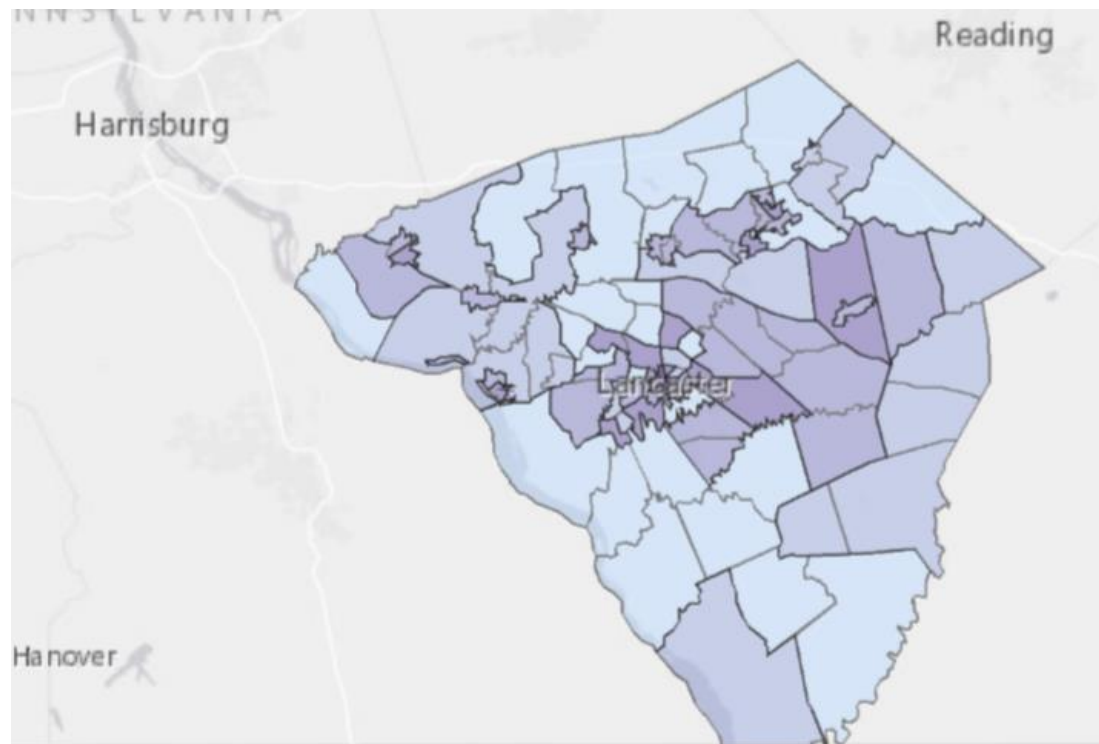
	2000	2010	Current	Average Annual Change (%)	
				2000 to 2010	2010 to Current
Total resident employment	244,446	247,913	268,500	0.1	1.3
Unemployment rate	2.8%	7.5%	4.1%		
Nonfarm payroll jobs	226,700	227,900	250,500	0.1	1.5
Total population	470,658	519,445	540,600	1.0	0.6
Total households	172,560	193,602	201,800	1.2	0.6
Owner households	122,208	132,703	134,100	0.8	0.1
Percent owner	70.8%	68.5%	66.5%		
Renter households	50,352	60,899	67,700	1.9	1.5
Percent renter	29.2%	31.5%	33.5%		
Total housing units	179,990	202,952	210,600	1.2	0.5
Owner vacancy rate	1.4%	1.5%	1.0%		
Rental vacancy rate	4.9%	5.3%	4.5%		
Median Family Income	\$50,046	\$64,937	\$68,260	2.6	0.8

Notes: Numbers may not add to totals because of rounding. Employment data represent annual averages for 2000, 2010, and the 12 months through March 2017. Median Family Incomes are for 1999, 2009, and 2015. The current date is April 1, 2017.

Sources: U.S. Census Bureau; U.S. Department of Housing and Urban Development; estimates by analyst

Market Analysis: Lancaster, Pennsylvania. Retrieved from HUD Office of Policy Development and Research website: <https://www.huduser.gov/portal/publications/pdf/LancasterPA-comp-17.pdf>

Figure 17: Percent of Renter-Occupied Housing by Census Tract



**Legend**

**Data Classes**

7 - 131
135 - 241
260 - 400
438 - 659
857 - 1,153

Source: U.S. Census American Community Survey 2017 Five Year Estimates

Figure 18: Lancaster Housing Demand

	Lancaster HMA	
	Sales Units	Rental Units
Total demand	2,775	990
Under construction	330	160

Source: U.S. Department of Housing and Urban Development (2017). Comprehensive Housing Market Analysis: Lancaster, Pennsylvania. Retrieved from HUD Office of Policy Development and Research website:

Notes: Total demand represents estimated production necessary to achieve a balanced market at the end of the forecast period. Units under construction as of April 1, 2017. A portion of the estimated 4,250 other vacant units in the HMA will likely satisfy some of the forecast demand. The forecast period is April 1, 2017, to April 1, 2020.

Source: Estimates by analyst

<https://www.huduser.gov/portal/publications/pdf/LancasterPA-comp-17.pdf>;

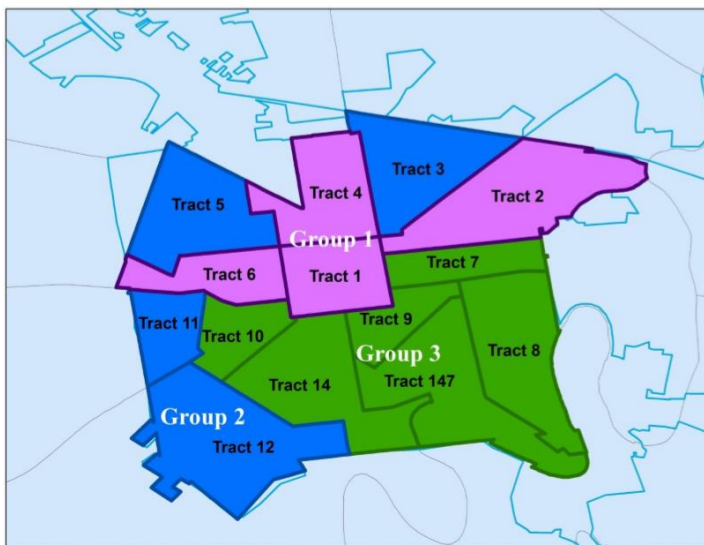
Figure 19: Lancaster City Resident Employment and Wage Changes by Race and Ethnicity, 2000-2013

	Change in Share of Employment (2000 to 2013)	Estimated Weekly Wages	Weekly Wage Difference from Manufacturing
<b>Latino Manufacturing Job Loss</b>	<b>-15.9%</b>	<b>\$808</b>	
Latinos gained jobs in:			
Health Care	+8.2%	\$586	(\$222)
Transportation	+3.2%	\$731	(\$77)
Food and Hotels	+2.3%	\$288	(\$520)
Retail Trade	+1.8%	\$410	(\$398)
Wholesale Trade	+1.5%	\$744	(\$64)
<b>Black Manufacturing Job Loss</b>	<b>-11.8%</b>	<b>\$862</b>	
Blacks gained jobs in:			
Health Care	+11.1%	\$583	(\$279)
Retail Trade	+2.5%	\$365	(\$498)
Food and Hotels	+2.1%	\$279	(\$583)
Transportation	+1.7%	\$717	(\$145)
<b>White Manufacturing Job Loss</b>	<b>-9.2%</b>	<b>\$1,071</b>	
Whites gained jobs in:			
Health Care	+5.3%	\$836	(\$235)
Management	+1.4%	\$1,295	\$224
Professional and Technical	+1.0%	\$1,143	\$72
Transportation	+1.0%	\$879	(\$192)

Source: 2019 Lancaster County Community Health Needs Assessment. Retrieved from: <https://www.lancastergeneralhealth.org/about-lancaster-general-health/caring-for-our-community/needs-assessment-and-improvement-plan/community-improvement-dashboards>

Figure 20: Lancaster City Economic Stability Stratification by Census Tract

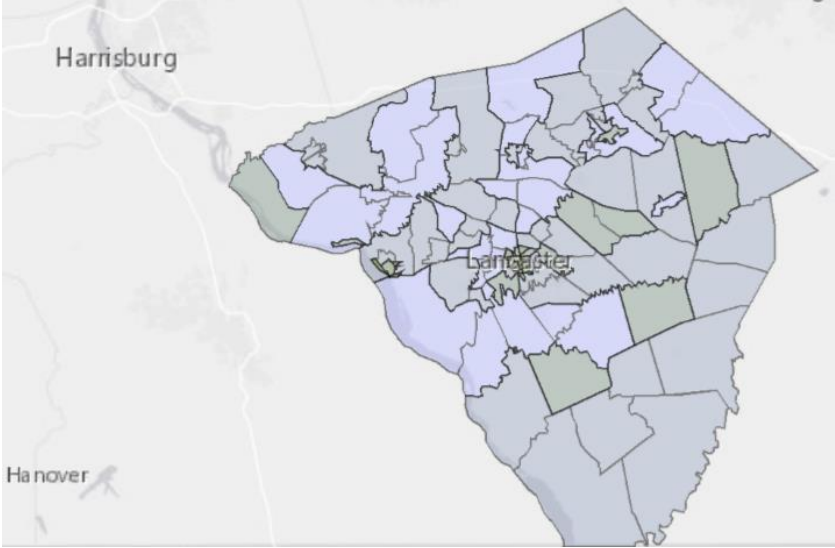
Group 1 – Economically Stable  
 Group 2 – Economically Stressed  
 Group 3 – Economically Depressed



Callari, A, et al. (2015). Lancaster Prospers? An Analysis of Census Data on Economic Opportunities and Outcomes. Retrieved from Franklin and Marshall College website:

<https://www.fandm.edu/uploads/files/57180730379654530-lancastereconomyreportaugust2015.pdf>

Figure 21: Percent of Families with Income Below the Poverty Level in Past 12 Months by Census Tract



**Legend**

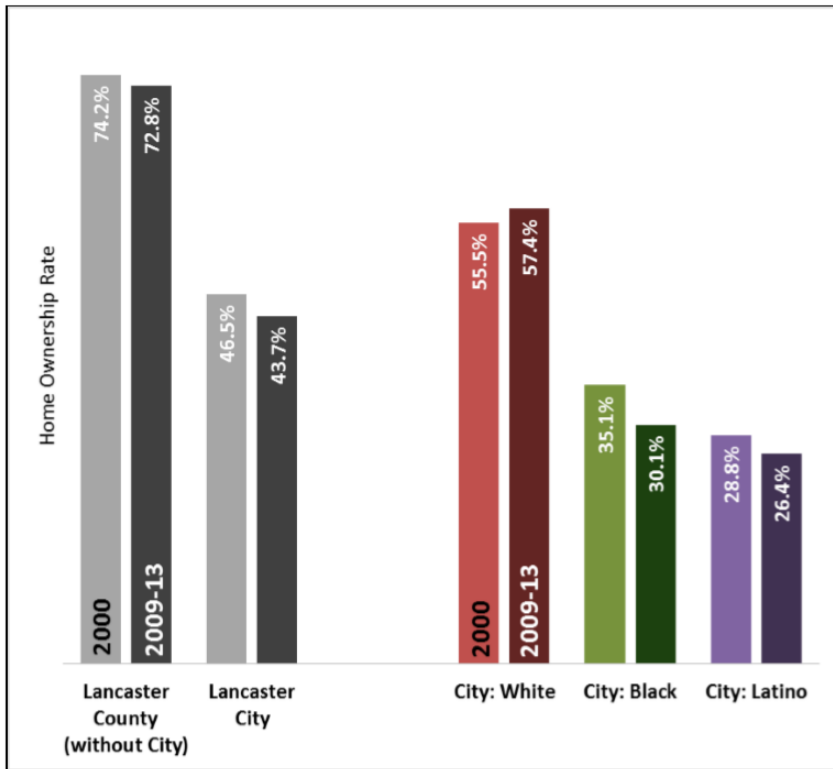
**Data Classes**

Percent

0.0 - 3.7
4.2 - 7.8
8.4 - 13.6
18.1 - 27.3
30.9 - 40.2

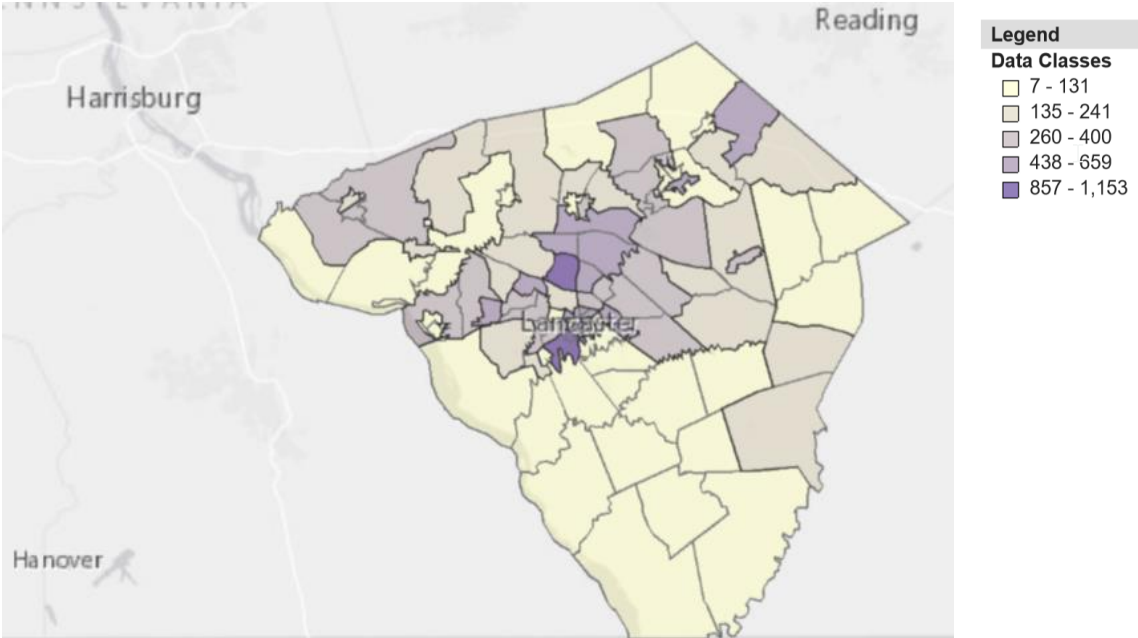
Data based on U.S. Census 2013-2017 American Community Survey 5-Year Estimates

Figure 22: Lancaster Home Ownership by Race 2000-2013



Source: *Lancaster Prospers? An Analysis of Census Data on Economic Opportunities and Outcomes*. Retrieved from: Retrieved from Franklin and Marshall College website: <https://www.fandm.edu/uploads/files/57180730379654530-lancastereconomyreportaugust2015.pdf>

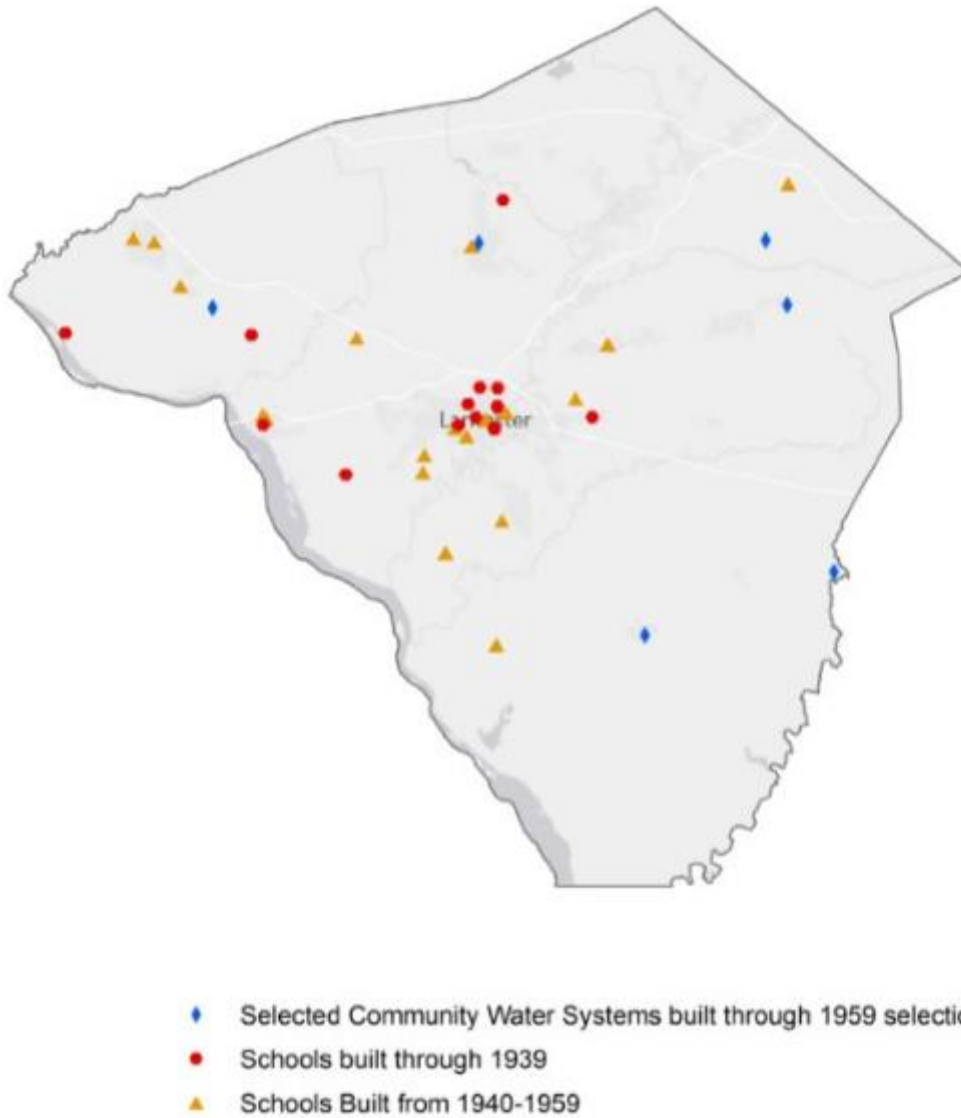
Figure 23: Lancaster County, Number of Foreign Born by Census Tract



Source: 2013-2017 American Community Survey 5-Year Estimates

Figure 24: Locations of Potential Lead Sources in Community Water Systems and Schools

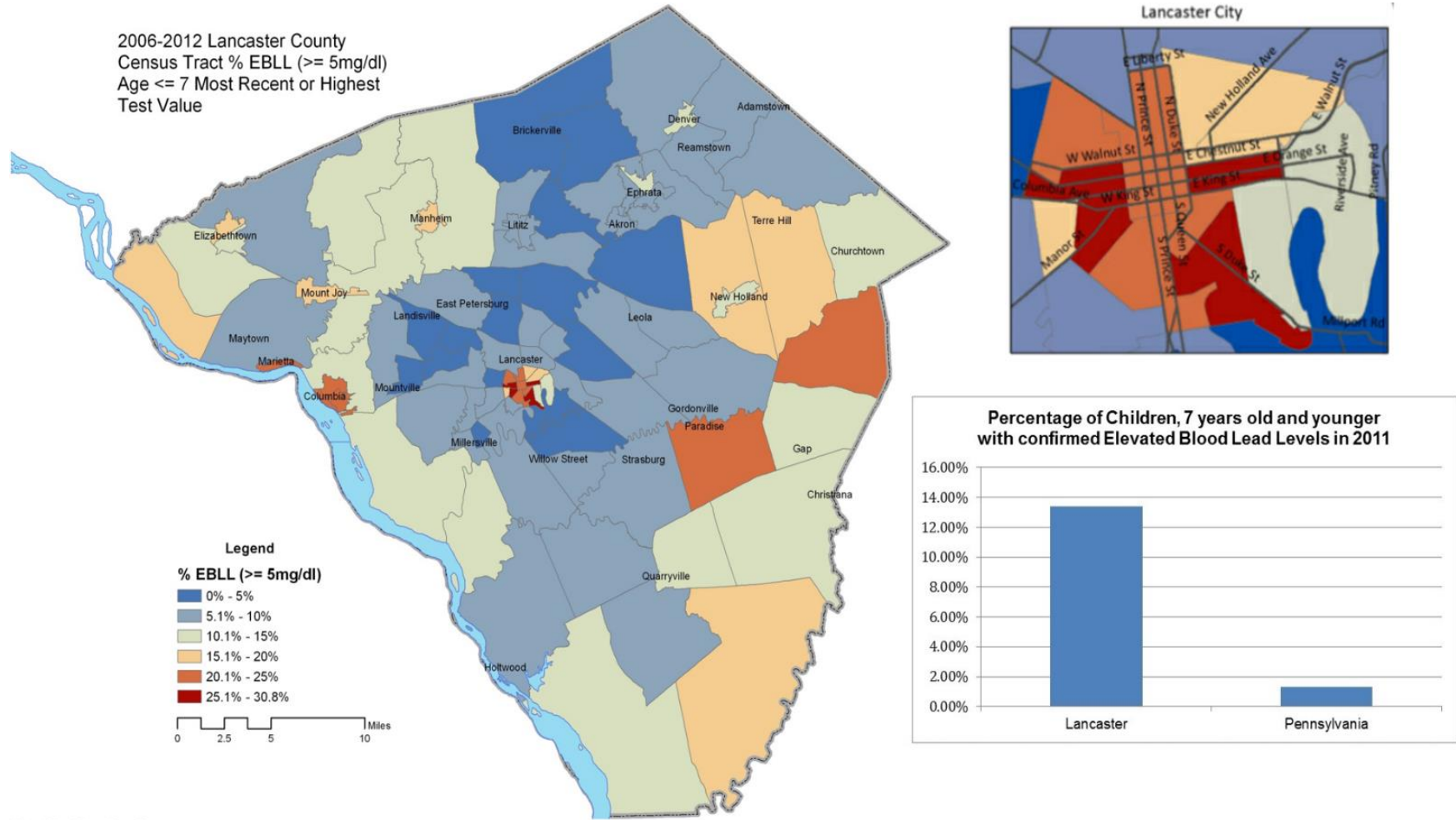
## Potential Lead Sources in Lancaster County



Source: *Lead Exposure risks and Responses in Pennsylvania: Report of the Advisory Committee and Task Force on Lead Exposure (April 2019)*



Figure 25: Percent Elevated Blood Lead Levels by Census Tract, 2006-2012



Source: Martin, J. Lead Poisoning in Lancaster County Retrieved October 28, 2019 retrieved from the Partnership for Public Health website: <http://1kiq0k4d44h61jekl24b9thh-wpengine.netdna-ssl.com/wp-content/uploads/2016/10/Hourglass-presentation-2016-pdf.pdf>