

# Lancaster County 2022 Community Health Needs Assessment

Brenda Buescher, MPH  
Health Promotion Specialist  
Penn Medicine Lancaster General Health

## 2022 Community Health Needs Assessment

LANCASTER COUNTY, PENNSYLVANIA



FINAL DRAFT  
MAY 19, 2022



# What is a CHNA?

A Community Health Needs Assessment is a systematic process involving the community to identify community health needs and assets, prioritize those needs, and help develop a plan to address significant unmet needs.

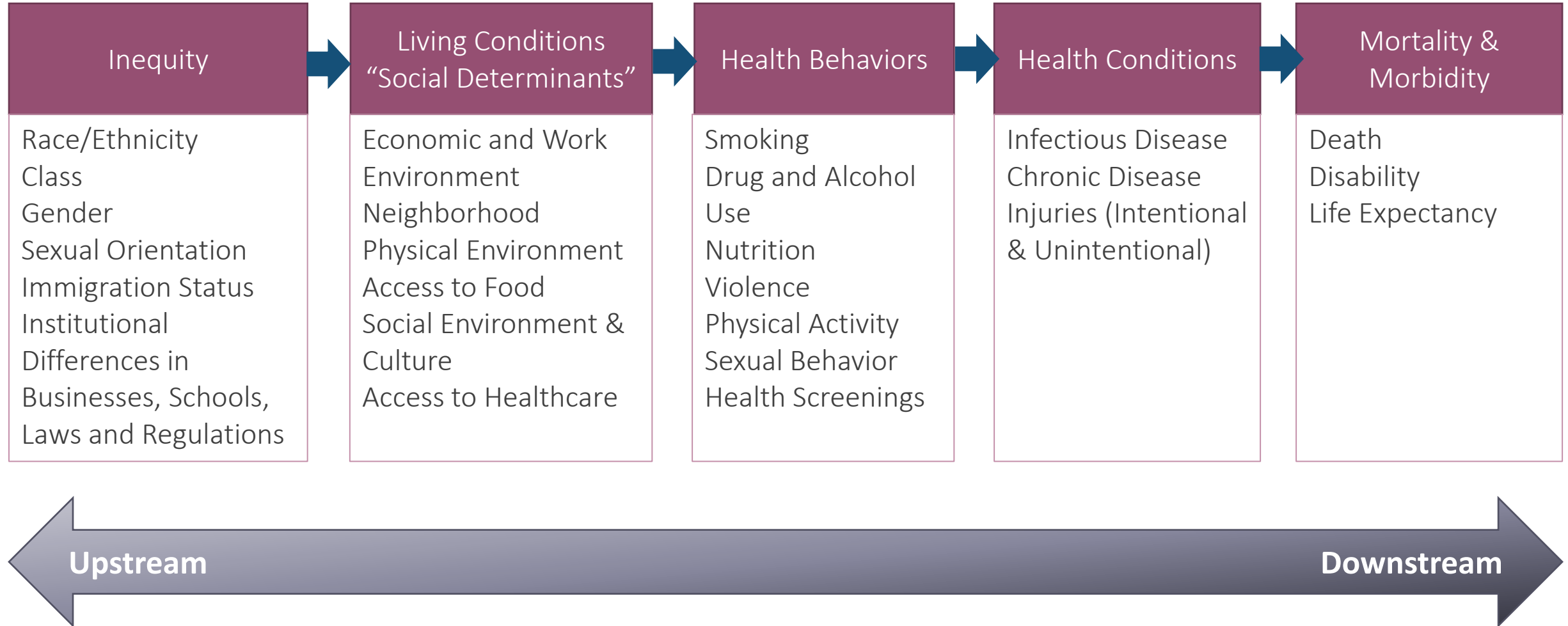


# Data Collection Process

- ▶ Existing Community Needs Assessments/Document Review
- ▶ Key Community Partner Interviews
  - 41 leaders representing different populations
- ▶ Secondary Data Review
- ▶ Community Priority Survey and Forums
  - Online survey received 1,006 responses
  - Virtual discussion forums with 70 participants
- ▶ Prioritization
  - Equally weighted quantitative secondary data and community input



# Framework for Improving Health and Reducing Disparities





# Overall Health Outcomes

- Life expectancy in Lancaster County is 2 years longer than for the state of Pennsylvania overall.
- Fewer people in Lancaster report that their health limited their daily activities compared to the state of Pennsylvania overall (17% compared with 23%).

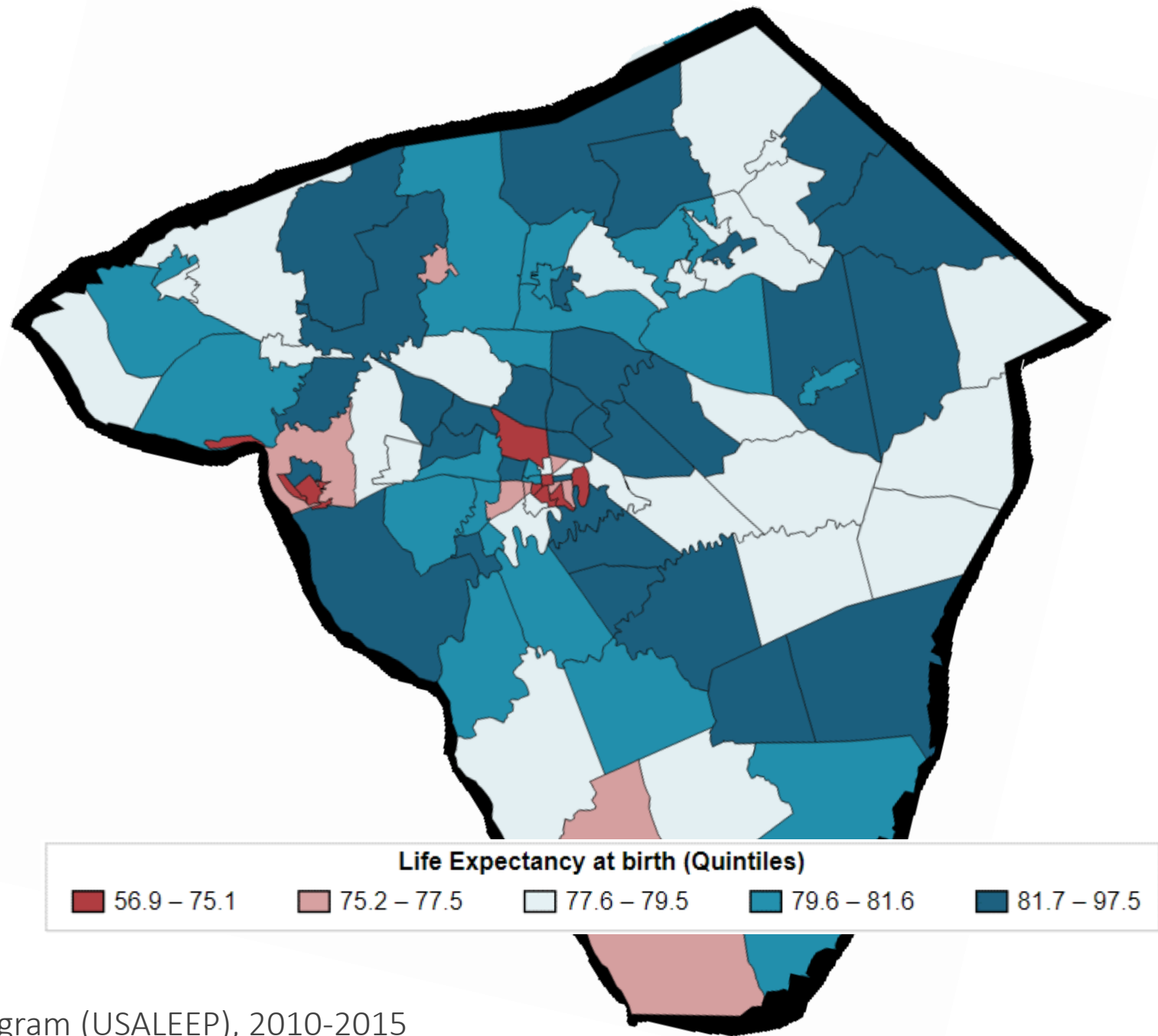
Sources: County Health Rankings; PA Behavioral Risk Factor Surveillance Survey; US Small Area Life Expectancy Estimates Program (USALEEP)

Lancaster County ranks in the **top 25% of counties** in Pennsylvania in health outcomes



Lancaster  
County Overall  
Life Expectancy:  
80.5  
(Pennsylvania 78.5)

Asian: 86.9  
Hispanic/Latino: 82.7  
White: 80.5  
Black: 77.8



Source: USA Small Life Expectancy Estimates Program (USALEEP), 2010-2015

# Mortality (Causes of Death)

Lancaster County Top Causes of Death (2020)	Crude Death Rate per 100,000
Heart Disease	225.0
Cancer	209.6
COVID-19	136.9
Stroke	70.5
Unintentional injuries	63.7
Alzheimer's Disease	45.0
Chronic lower respiratory disease (such as COPD)	43.8
Diabetes	30.9
Kidney Disease	26.0
Parkinson's Disease	14.3
Septicemia	13.0
Suicide	10.6
Chronic liver disease and cirrhosis	10.3
Influenza and pneumonia	9.5

- Top Causes of Death for Children:
- Complications of labor & delivery
  - Congenital malformations
  - Accidents
  - Suicide

# Health Conditions: Adults

Health Indicators for Lancaster County	Value	Estimated People Affected	Top 50 <sup>th</sup> Percentile in PA?
Adults with High Cholesterol	33.5%	139,980	Yes
Adults with High Blood Pressure	31.5%	131,623	Yes
Adults with Obesity	31.0%	129,534	Yes
Adults with Arthritis	28.6%	119,506	Yes
Poor Mental Health 14+ Days	14.5%	60,589	Yes
Adults with Asthma	11.0%	45,964	No
Adults with Cancer	7.7%	32,175	Yes
Adults with COPD	7.7%	32,175	Yes
Adults who Experienced Coronary Heart Disease	7.4%	30,921	Yes
Adults 65+ with Total Tooth Loss	15.8%	15,855	Yes
Adults who Experienced a Stroke	3.5%	14,625	Yes
Adults with Kidney Disease	3.0%	12,536	Yes
Chlamydia Incidence per 100,000	310.2	1,693	No
Gonorrhea Incidence per 100,000	73.1	399	No
Lyme Disease Incidence per 100,000	56.8	310	Yes
Salmonella Incidence per 100,000	8.5	46	Yes



# Health Conditions: Children

Indicator	Value	Estimated People Affected	Top 50th Percentile PA?
Adolescents Depressed or Sad: Past Year	36.4%	18300	Yes
Children with Asthma	11.7%	14961	No
Teens who are Obese	18.2%	9150	Yes
Children who are Obese: Grades K-6	15.3%	8746	Yes
Child Abuse Rate (cases per 1,000)	15.2	1944	Yes
Babies with Low Birth Weight	6.4%	441	Yes
Babies with Very Low Birth Weight	1%	69	Yes

# Priority Health Needs

Healthy Environment	Healthcare Access & Quality	Mental Health
<ul style="list-style-type: none"><li>• Air and water quality</li><li>• Safe, healthy housing</li><li>• Bicycle-pedestrian safety</li><li>• Parks, trails, green space</li><li>• Tree canopy</li></ul>	<ul style="list-style-type: none"><li>• Insurance coverage</li><li>• Providers per capita</li><li>• Diversity, equity, inclusion</li><li>• Health literacy</li><li>• Navigation</li><li>• Free and low cost services</li></ul>	<ul style="list-style-type: none"><li>• Mental well-being</li><li>• Access to care</li><li>• Addressing trauma</li><li>• Suicide and overdose prevention</li></ul>

# Healthy Environment

- ▶ Over 117,000 housing units are at risk for lead hazards due to their age (pre-1979).
- ▶ Lancaster County's air quality regularly exceeds the threshold that the American Lung Association sets for unhealthy air.
- ▶ 82% of Lancaster County's roadways receive the "most uncomfortable" rating (level of traffic stress 4) for bicyclists.
- ▶ There are 1,167 miles of sidewalk in the County, and 2,380 miles of roadway where sidewalks are missing.
- ▶ 60,658 people in Lancaster County are low-income and have low access to grocery stores.
- ▶ 42,000 adults in Lancaster County and 17,000 children do not have access to enough food for a healthy, active life.

# Healthcare Access and Quality

- ▶ The percentage of uninsured adults in Lancaster County is 12%, higher than the state overall (7%).
- ▶ Lancaster has fewer primary care providers, dentists, and mental health providers per capita than the state overall.
- ▶ In our community survey, the top 3 recommendations to improve access to care:
  - Reduce the cost of care
  - Help people understand and navigate services
  - Improve health insurance coverage
- ▶ “Increase the diversity and cultural competence of health care providers” was rated as a top 3 issue by both Black and African-American and Hispanic/Latino participants in our survey.

“The community needs access to providers who provide culturally humble care. These are providers who ask questions, who say ‘you tell me,’ recognizing that they don’t know everything.” – *Community interview*

“The idea of anyone going bankrupt because they get sick is unacceptable. Yes, there is charity care – but this is the wrong way to solve the problem. Imagine the fear, the barrier, that the cost creates.”  
– *Community interview*

# Mental Health & Mental Disorders

- ▶ 36.4% of adolescents report feeling sad or depressed most days in the last year.
- ▶ 31% of adults have had at least one poor mental health day in the past 30 days, and 14.5% have had 14 more poor mental health days.
- ▶ Nearly 1 in 4 adults (23%) in Lancaster County have been told they have a depressive disorder. This percentage has been increasing since 2014-2016, and is higher than the statewide percentage of 20%.
- ▶ “Deaths of despair” (suicide and drug overdose) have been trending higher in Lancaster County in recent years.

Mental health conditions were rated as the #1 health issue affecting our community by 71.9% of the participants in our survey.



Community health data dashboards and reports are available at:  
[lghealth.org/countyhealthdata](https://lghealth.org/countyhealthdata)



Penn Medicine  
Lancaster General Health

# Community Health Improvement Plan

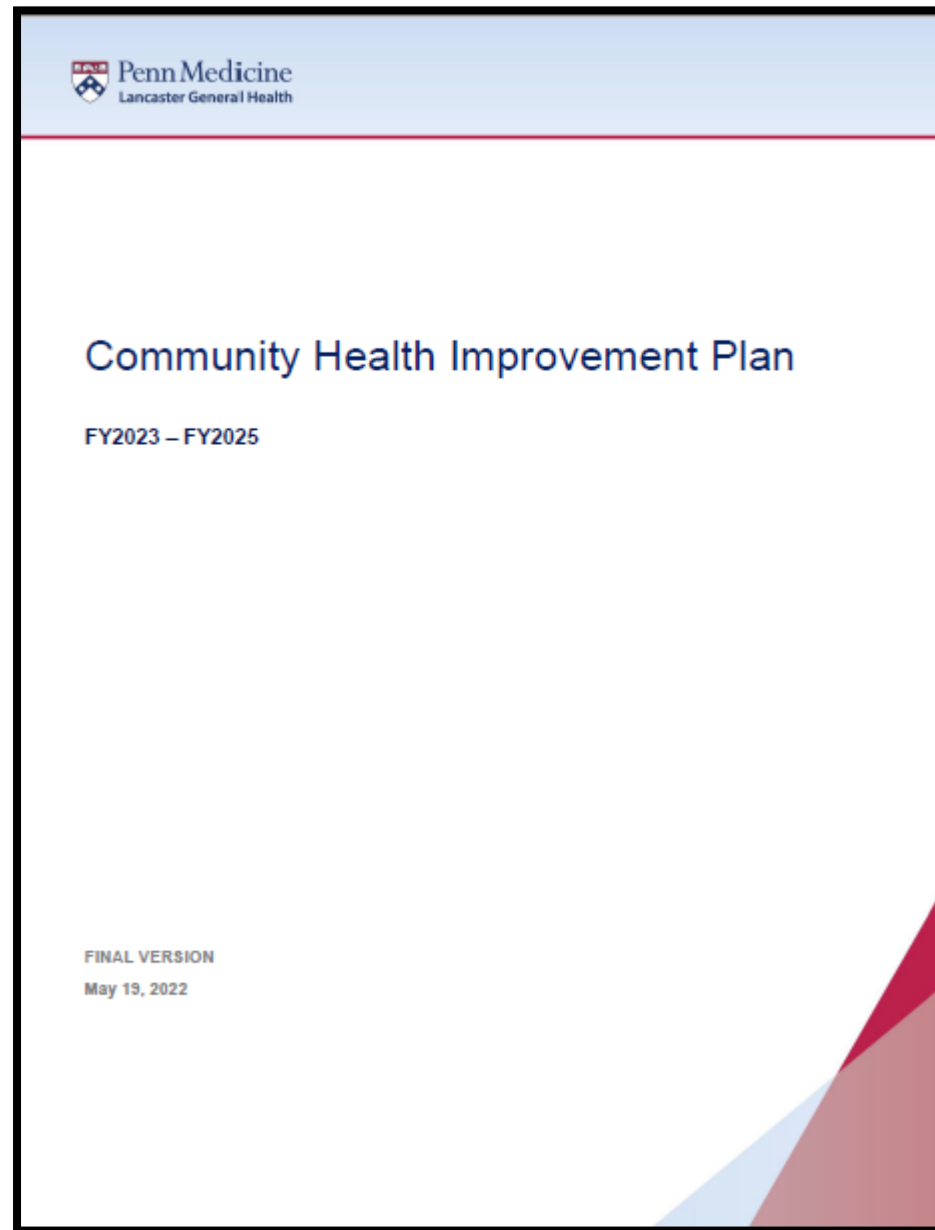
Alice Yoder, Executive Director, Community Health

August 5, 2022



Our detailed annual update is  
online at:

<https://www.lancastergeneralhealth.org/about-lancaster-general-health/caring-for-our-community/needs-assessment-and-improvement-plan>



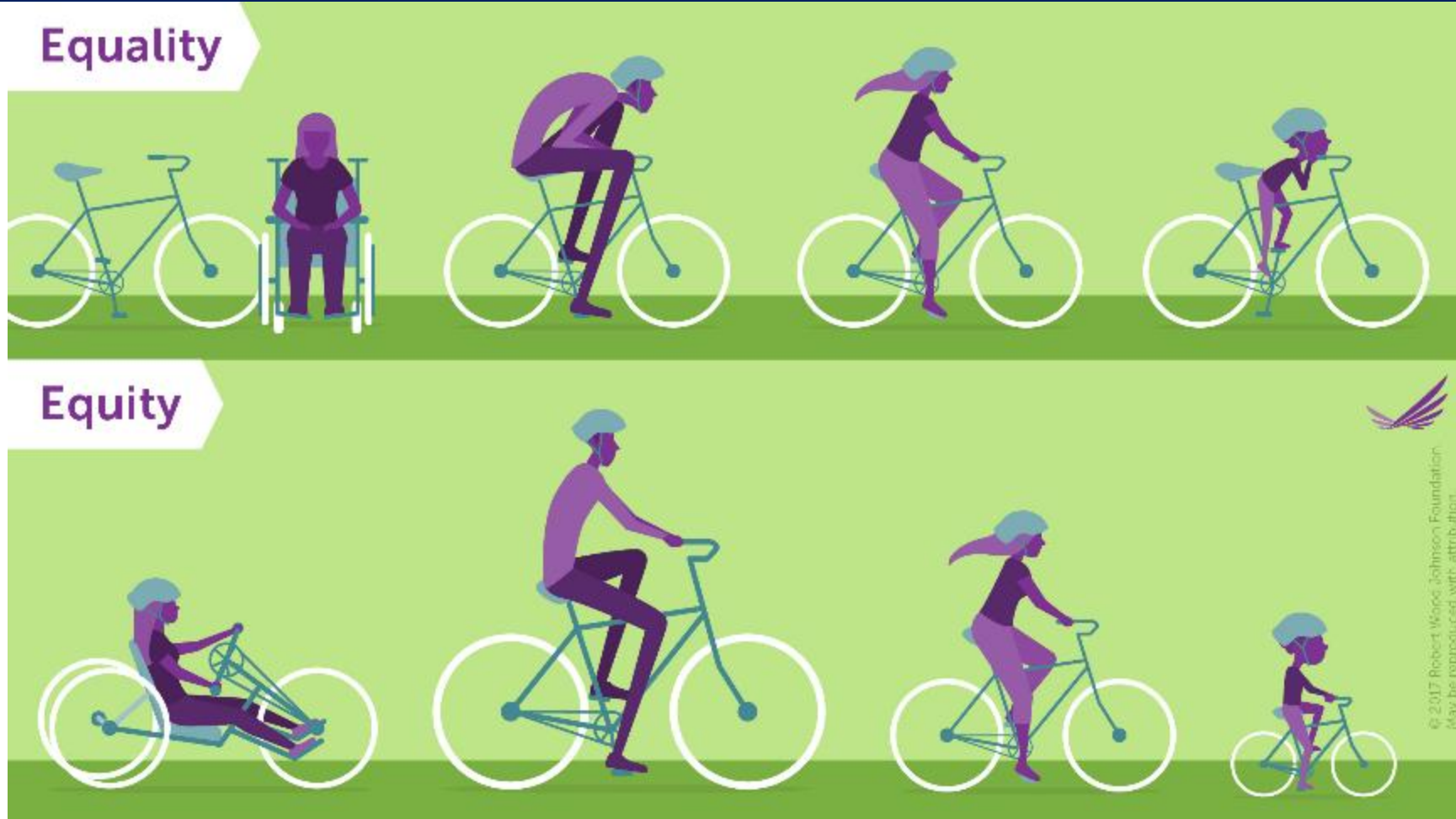
# Principles of the Community Health Improvement Plan

Equity

Upstream Prevention

Evidence-Based Practice

# Our Approach: Equity





# Our Approach: “Upstream” Prevention



Source: County Health Rankings model 2014 UWPHI

# Our Approach: Evidence-based Practices

- ❑ Scientifically-based practices, programs or policies
- ❑ Translate science into action
- ❑ Match interventions to needs
- ❑ Take to scale whenever possible

# Key Priorities

1. A Safe and Healthy Environment
2. Healthcare Access & Equity and
3. Improving Mental Health & Well-Being for People in Lancaster County

# Priority #1: A Safe and Healthy Environment

## Advancing Food Farmacy throughout Lancaster County

**Goal 1:** Improving access to healthy food and health outcomes for individuals with food insecurity.



# Priority #1: A Safe and Healthy Environment

## Advancing Lead-Poisoning Prevention throughout Lancaster County



**Goal 2:** Reduce homes with lead hazards and reduce lead poisoning among children and pregnant people.



Education &  
Awareness



Screening



Remediation

In partnership with  
Green and Healthy Homes  
Initiative



Case  
Management



Policy  
Advocacy



## Priority #2: Healthcare Access and Equity

**Goal #3:** Increase access to healthcare by assisting patients with social determinants of health.

**Goal #4:** Eliminate health disparities and achieve health equity

### We are:

- Caring for kids in school-based health clinics
- Providing free breast and cervical cancer screenings
- Providing free tobacco dependence treatment services
- Offering free vaccines for uninsured children
- Supporting healthy moms-to-be and their infants with Nurse-Family partnership and Healthy Beginnings Plus

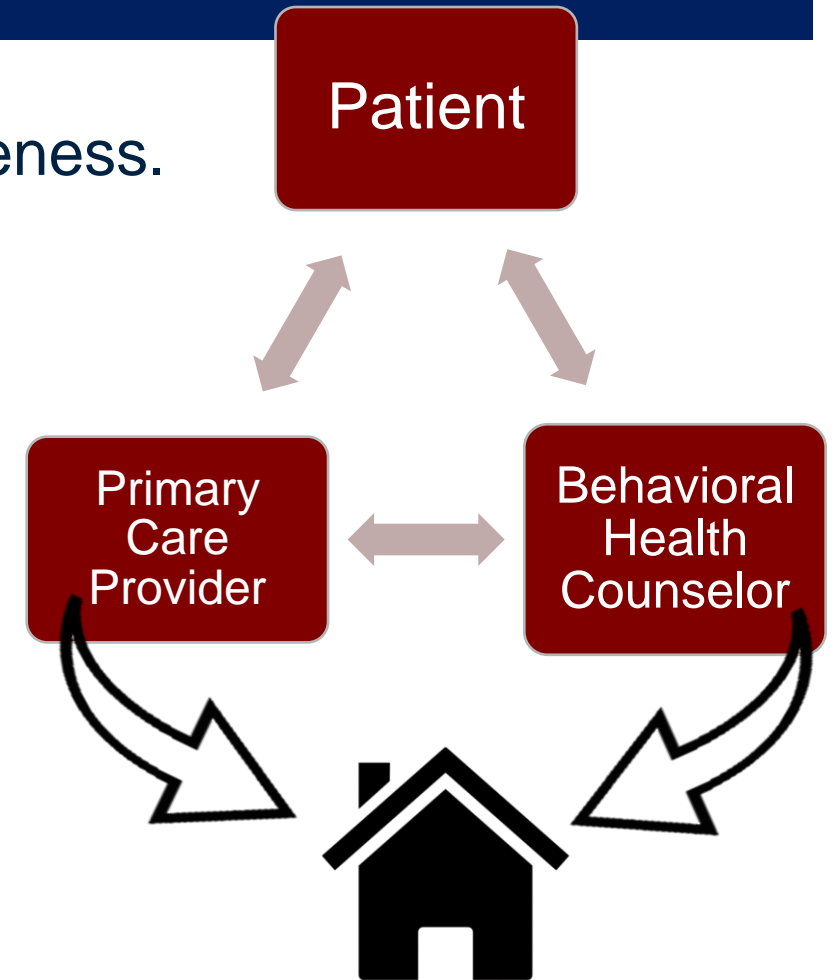


# Priority #3: Improving Mental Health & Well-Being for People in Lancaster County

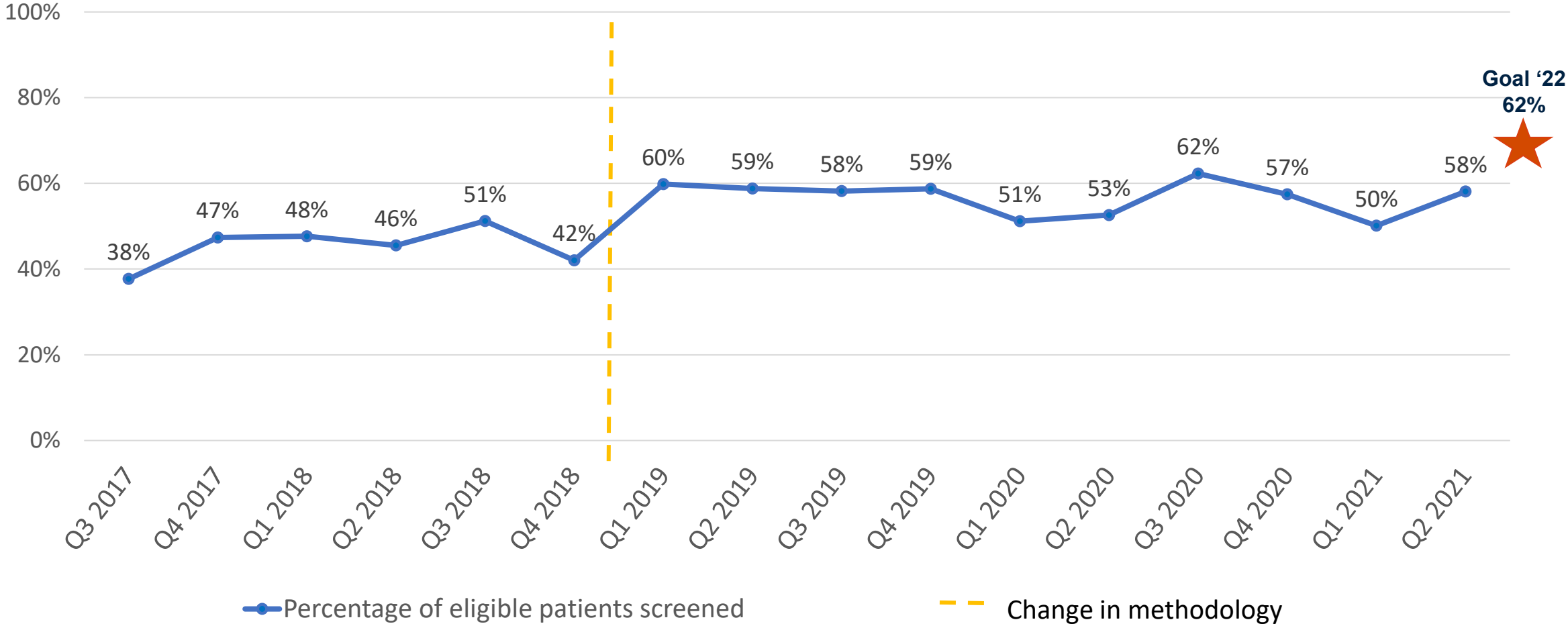
**Goal #5:** Increase mental health screening and awareness.

## We are:

- Screening patients for depression in primary care
- Screening hospital inpatients for substance use and connecting them with behavioral health experts
- Supporting patients' mental health with integrated counselors in primary care (over 12,000 referrals in FY'21)



# Screening for Depression in Lancaster County Primary Care Practices



Data sources: Family First FQHC, Lancaster Health Services, Lancaster General Health Physicians, Penn State Health, Water Street Health Services, WellSpan Health (Q4 17-18 and Q3 18-19 only), Welsh Mountain Medical Center. Screening eligibility and workflow vary.

# Priority #3: Improving Mental Health & Well-Being for People in Lancaster County

**Goal #6** (con't): Increase trauma-informed policies and practices throughout the community.

## So far:

- **7,000** people have attended trauma informed trainings
- **36** Behavioral Counselors trained in evidence-based trauma treatment modalities
- **20** educators trained to deliver the Trauma Sensitive Schools curriculum
- **20** criminal justice professionals trained to be certified trainers in the SAMHSA Gains Center Trauma Informed Criminal Justice and Trauma Informed Courts curricula
- **100+** facilitate monthly resilience series highlighting community experts from local organizations on trauma and resilience

# Priority #3: Improving Mental Health & Well-Being for People in Lancaster County

**Goal #6:** Increase trauma-informed policies and practices throughout the community.

## We are:

- Training Lancaster City government in trauma-informed practices and facilitating policy changes
- Training Lancaster City block captains to provide trauma-informed trainings to City residents.
- Creating system-wide goals within Penn Medicine Lancaster General Health related to trauma-informed training.

# Priority #3: Improving Mental Health & Well-Being for People in Lancaster County

**Goal #7:** Reduce substance use and its harmful impacts in Lancaster County.

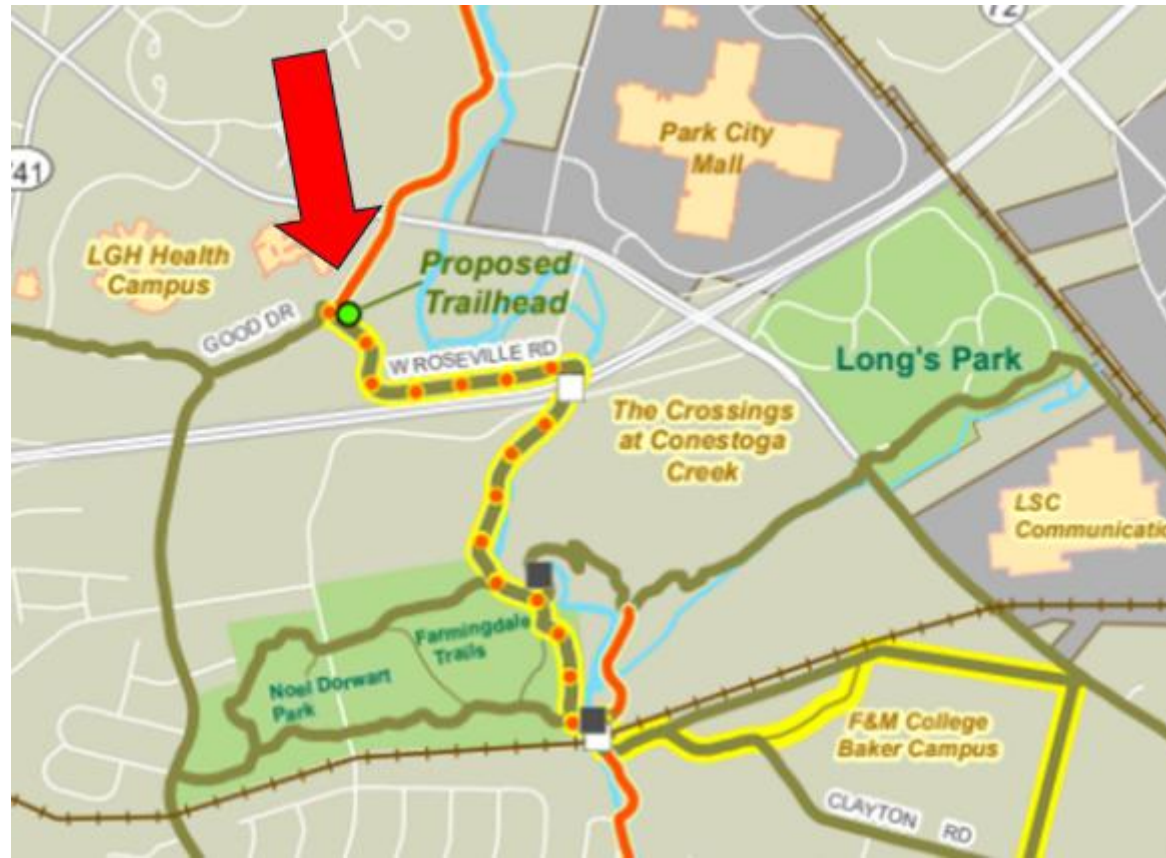
## We are:

- Leading evidence-based LifeSkills and Strengthening Families prevention programs in schools
- Training community members to give first aid with naloxone in an overdose emergency
- Expanding access to medication-assisted treatment
- Helping children affected by addiction connect with services and increase their hope and resilience.
- Facilitating the development of County Overdose Fatality Review process



# Sample of Additional Initiatives

1. Plan and construct a bicycle-pedestrian trailhead at the Suburban Outpatient Pavilion for the Greater Lancaster Heritage Pathway.







Penn Medicine  
Lancaster General Health





2023–2025

Community Health Improvement Plan

2022

Community Health Needs Assessment Report

# Inspiring Healthy Communities

Growing together to be our healthiest.



WellSpan in the Community - Wi

wellspan.org/about/wellspan-in-the-community/

WellSpan HEALTH

COVID-19 Our PHYSICIANS Families & PATIENTS Programs & SERVICES Offices & LOCATIONS About WELLSPAN MyWellSpan

Home About WellSpan in the Community

## WellSpan in the Community

### Meeting the Needs of Central Pennsylvania

WellSpan is committed to understanding local healthcare needs and then partnering with physicians, community leaders and residents to develop innovative solutions that address identified needs and help community members achieve their health goals close to home.

Key areas of focus for our community-oriented mission include:

#### Providing care for all

Thousands of central Pennsylvanians have difficulty accessing the health care they need. At WellSpan, we believe that lack of sufficient health insurance should not be an obstacle for care. In 2021, WellSpan provided more than \$187.9 million in charity and subsidized care, as well as in community programs and outreach.

#### Collaborating to meet the community health needs of today and tomorrow

We believe good health is not just the absence of illness and disease—it's a state of physical, mental and social well-being—and it's a goal for our communities that can't be achieved alone. Through key partnerships, such as [Healthy Community Network](#), [Community Health Council of Lebanon County](#), [Healthy Adams County](#), [Healthy Franklin County](#) and [Healthy York County Coalition](#), WellSpan works with community members, businesses, and health and human service organizations to share ideas and focus on programs and services that sustain and strengthen the communities where we live, work and play.

#### Our Approach to Improving Community Health

Learn more about the process WellSpan uses to measure and address the needs of the communities we serve.

Who We Are  
Transforming Care  
WellSpan in the Community  
Awards & Recognitions  
Quality & Safety  
Philanthropy  
Volunteering  
Employer Solutions  
Patient/Family Advisory Councils  
Healthy Community Network

Community Health & Wellness

2023-2025 Community Health Improvement Plan

2022 Community Health Needs Assessment

2021 Community Benefit Report

Community Health Reports

Healthy York County

Healthy Adams County

Healthy Franklin County

Community Health Council of Lebanon County

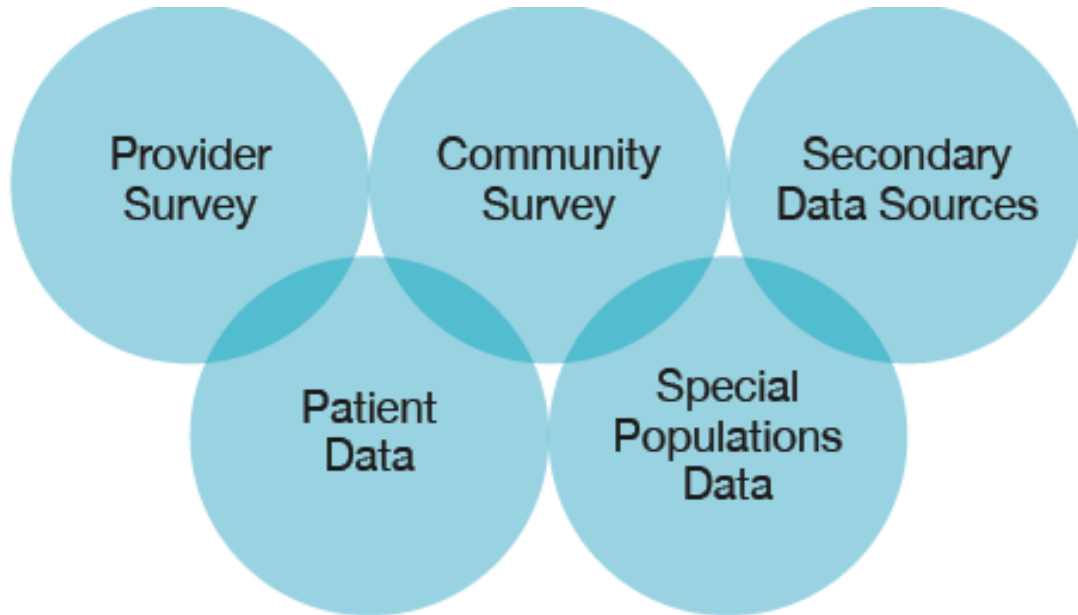
Northern Lancaster Hub

Chat with us...

<https://www.wellspan.org/about/NeedsAssessment>



## Community Health Needs Assessment Process



### Respondents

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

**What are the most pressing health needs affecting our community?**

# Key Themes

- Living through a pandemic has impacted the health and wellbeing of our communities.
  - Widespread trauma, anxiety, and mental health challenges
- Existing community issues and disparities have been exacerbated.
  - New concerns emerging such as delays in care, interruption and isolation of children, workforce shortages and challenges of the public health system.

COVID-19 Effects/ Observations	
Delays in care	Behavioral health (grief/loss)
Childhood development	Health disparity visibility
Vaccine distrust	Long-haul chronic health issues
Social determinants of health impact	Gap in public health infrastructure
Workforce shortages	





## CHIP Priorities

### Care for All

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

### Mental Wellbeing

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

### Social Determinants of Health (SDoH)

Develop and implement new approaches for collaborating with community-based organizations to impact the most pressing SDoH impacting our patients and the community.

### Healthy Communities

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



# Community Health Improvement Plan Framework

<div><b>Infrastructure for Improving Community Health</b></div> <div><b>Infrastructure Priorities</b></div> <ul style="list-style-type: none"><li>• Develop strong community partnerships</li><li>• Be a voice for change through policy and advocacy</li><li>• Build a community health metric dashboard</li><li>• Advance learning on root cause issues, anchor network strategies to build healthy communities</li></ul> <div><b>Organizational Engagement &amp; Shared Responsibility</b></div> <ul style="list-style-type: none"><li>• WellSpan Board of Directors</li><li>• WellSpan Management Teams</li><li>• WellSpan Community Health Action Plans</li><li>• WellSpan Community Health &amp; Engagement</li><li>• County Health Coalitions</li><li>• Program Champions / Leaders</li></ul> <div><b>Ongoing Needs Assessment</b></div> <ul style="list-style-type: none"><li>• Community Health Survey (3 years)</li><li>• Interim data assessments</li><li>• Ongoing data monitoring</li><li>• Focus groups and key informant interviews</li></ul> <div><b>Reporting and Accountability</b></div> <ul style="list-style-type: none"><li>• Community Benefit Database</li><li>• Community Benefit Report</li><li>• Communication Plan</li></ul>	<div><b>Mission</b></div> <p>Working as one to improve health through expectational care for all, lifelong wellness and healthy communities.</p>			
	<div><b>Objectives</b></div> <p>Be a catalyst and leader in health equity — collaborating with community partners to address the social, demographic, behavioral and economic/poverty issues facing our neighbors and communities, to positively impact healthy community indicators and to reshape our care models to understand and develop interventions to support cultural, social and behavioral issues which impact health.</p> <p>Maintain and fulfill WellSpan's mission as a charitable, nonprofit organization by providing necessary care for all, regardless of ability to pay; sponsoring services which are difficult to sustain financially, but necessary to the health and well-being of the community, identifying unmet community health needs and developing approaches to meet them.</p>			
	<div><b>Care for All</b></div> <p>Ensure access and quality of care for patients by identifying and reducing disparities and barriers to care.</p> <p>FY23- FY25 Priorities</p> <ul style="list-style-type: none"><li>• Re-engage our community in preventive care, well visits, and chronic disease management post-pandemic.</li><li>• Develop and maintain a strong safety net of services and programs which address access and financial barriers to care for vulnerable populations.</li><li>• Improve health equity by addressing gaps in access to care faced by members of our diverse communities</li></ul>	<div><b>Mental Well-being</b></div> <p>Support personal well-being and whole person health by making it easier for people to recognize and get support for mental health and addiction issues.</p> <p>FY23- FY25 Priorities</p> <ul style="list-style-type: none"><li>• Build mental well-being and resiliency in our community.</li><li>• Decrease the number of community members experiencing poor mental health and address issues of despair (grief and suicide) exacerbated by the pandemic.</li><li>• Continue ongoing efforts to address opioid misuse while assessing emerging trends, such as vaping and other substance misuse.</li></ul>	<div><b>Social Determinants of Health</b></div> <p>Develop and implement new approaches for collaborating with community-based organizations to impact the most pressing social determinants of health (SDoH) affecting our patients and community.</p> <p>FY23- FY25 Priorities</p> <ul style="list-style-type: none"><li>• Advance navigation and support between our care teams and community programs.</li><li>• Address Food and Housing insecurities as system-wide health issues through expansion of social programs and community partnership advancement.</li><li>• Improve the collection of SDoH patient data to build approaches designed to prevent poor health outcomes within specific patient populations.</li></ul>	<div><b>Healthy Communities</b></div> <p>Create healthy, safe communities and ensure our youngest community members and next generation can thrive and grow.</p> <p>FY23- FY25 Priorities</p> <ul style="list-style-type: none"><li>• Ensure children (ages 0-6) get a healthy start and are ready to thrive as they approach kindergarten.</li><li>• Complete gap analysis of public health functions across our community and identify opportunities for WellSpan engagement and support.</li><li>• Advocate for and partner to support public health planning, infrastructure, and community health programs to advance community preparedness.</li><li>• Actively support coalitions and community partnerships to drive community health goals.</li></ul>
	<div><b>Core Principles</b></div> <p>Adoption of a broad population health definition • Integration of cultural competency and health literacy tenets • Emphasis on vulnerable populations and addressing unmet health-related needs • Collaboration with diverse populations and stakeholders • Focus on prevention and primary care • Establish connections between health system, family and community • Ongoing collection of data, feedback and evidence-based practices to inform decision-making</p>			

# Care For All

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

## GOALS

## OBJECTIVES

Re-engage our community in accessing and practicing preventive care, early detection, healthy behaviors, and chronic disease management resources post-pandemic.

- Increase proportion of patients who can access and receive necessary cancer preventative screenings (i.e., breast, colorectal).
- Advance and promote self-care, prevention and disease management campaigns, programs and initiatives offered by WellSpan and in partnership with community.

Develop and maintain a strong safety net of services and programs which address access and financial barriers to care for vulnerable populations.

- Provide easy access to WellSpan's Financial Assistance Policy and patient support programs while increasing price transparency for out-of-pocket expenses.
- Advance Healthy Community Network "Healthy Care Card" as an access point in each community to support prospective enrollment and access to Medicaid, Medicare and other insurance payers.
- Partner with local Federally Qualified Health Centers to deliver comprehensive care to our community's at-risk and underserved populations.
- Support community-based charity care providers to support specific health needs of vulnerable populations.

Improve health equity by addressing gaps in access to care faced by members of our diverse communities.

- Achieve national standards for health equity and language and interpreting services to ensure equitable access to care for all.
- Use quality measures to identify and address health disparities in populations to improve access to care.
- Engage disparate populations (i.e., Plain Community, Latino/Hispanic, Black/African American, LGBTQIA+ populations) to identify gaps in access to care and support efforts to provide culturally competent care.

# Mental Well-Being

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

## GOALS

Build mental well-being and resiliency of our community.

Decrease the number of community members experiencing poor mental health and address issues of despair (grief and suicide) exacerbated by the pandemic.

Continue ongoing efforts to address opioid misuse while assessing emerging trends, such as vaping and other substance misuse.

## OBJECTIVES

- Advance strategies to increase behavioral health screenings and improve navigation to resources.
- Leverage technology to optimize access and connectivity to innovative behavioral health resources within WellSpan and in the community.
- Partner with the community to build mental well-being and resiliency.

- Enhance availability of community-wide resources for youth and adults struggling with behavioral health challenges.
- Engage in community-wide efforts to prevent suicide.

- Continue to reduce prescription use of opioids in hospital and ambulatory care settings.
- Optimize pathways for patients and community members to seek and obtain resources and treatment services for substance use disorder.

# Social Determinants of Health

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

## GOALS

Advance navigation and support between our care teams and community programs.

Address “Hunger and Food Insecurity” and “Housing Insecurity” as system-wide health issues.

Improve the collection of SDoH patient data to build approaches designed to prevent poor health outcomes within specific patient populations.

## OBJECTIVES

- Improve navigation to and utilization of resources, services, and programming and incorporate SDoH care plans into patient treatment plans.
- Build strong social service referral network as part of a closed loop navigation system.

- Build capacity and strength of community-wide food and housing eco-system through partnership, advocacy, and program innovation.
- Expand reach of WellSpan’s social programs addressing food and housing insecurity for patients and community members.

- Expand screening of other SDoH and understanding of correlation to health outcomes.
- Implement impactful approaches that prevent poor health outcomes among groups disproportionately affected by SDoH challenges.

# Healthy Communities

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

## GOALS

Ensure children (ages 0-6) get a healthy start and are ready to thrive as they approach Kindergarten.

Engage and partner with the community to advance public health and community health priorities.

## OBJECTIVES

- Increase proportion of children who have health insurance.
- Actively engage parents of patients to ensure more children receive well visits on time and school-required vaccinations.
- Explore how WellSpan can partner with the community to support school-based readiness and school-based issues.
- Partner with the community to address social determinants of health and safety issues for families with young children.

- Complete gap analysis of public health functions across our communities and identify opportunities for WellSpan engagement and support.
- Advocate for and partner to support public health planning, infrastructure, and community health programs to advance community preparedness.
- Actively support coalitions and partnerships which promote mutual goals, assume shared responsibilities, build community capacity and represent diverse stakeholder perspectives.

# How would you take action?



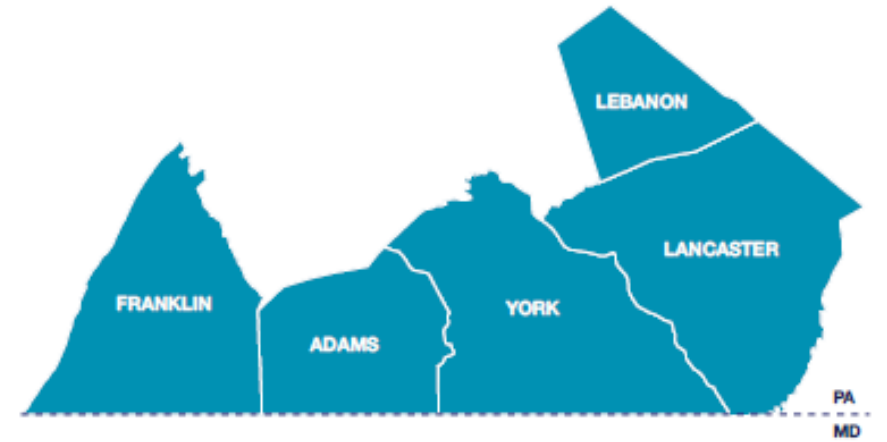
## *How will we be successful in 2025?*

- Improved **metrics** around outcomes and measures --  
(Long term and short term)
- Strong community **partnerships**



# Action Plan Development

- Local. Coordinated. Impactful.
- Lead. Partner. Support.



# Thank you!

