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LANCASTER COUNTY, PENNSYLVANIA

Community Health Needs Assessment

Report Prepared By:

Center for OPINION RESEARCH

On Behalf Of:

- Lancaster General Hospital
- Women and Babies Hospital
- Lancaster Behavioral Health Hospital
- Lancaster Rehabilitation Hospital

Adopted By:

Lancaster General Health Board of Trustees
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ATTACHMENTS

Introduction

At Penn Medicine Lancaster General Health, we believe that caring for our community extends beyond the walls of our hospitals and clinics. It is about partnering with our communities to foster wellness, prevent disease, and improve quality of life. Our Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP) are critical components of this commitment. These essential documents reflect our dedication to addressing the unique health needs of Lancaster County, focusing on those factors that influence health outcomes beyond just clinical care.

Together, the CHNA and the CHIP form a blueprint for how we will work alongside local leaders, organizations, and residents to make Lancaster County a healthier place for all. By aligning our resources, expertise, and passion for health with the needs and priorities of the community, we aim to tackle the most pressing health challenges our neighbors face.

In partnership with the Center for Opinion Research at Franklin & Marshall College, we have carefully crafted this CHNA by engaging with community members, listening to their concerns, and analyzing the latest health data. The cornerstone of our community input strategy was a deliberative forum, hosted on January 11, 2025 with 50 diverse community members representative of Lancaster County as a whole. This innovative practice, described in detail in the report, gave us the opportunity to engage citizens in the CHNA in an in-depth way.

This CHNA has identified several significant needs where we can have a significant impact: promoting behavioral health, which includes mental health promotion and substance use prevention; creating a safe and healthy environment; and increasing access to healthcare and prevention services. We are prioritizing these areas based on objective health data, community priorities, and our strengths and capacity as a healthcare system.

In our CHIP, we will collaborate with a wide range of community stakeholders—local governments, educational institutions, nonprofits, and other healthcare providers—to implement evidence-based initiatives to address these priority needs. Whether it is expanding access to services, promoting a healthier community environment, or connecting people with resources needed for health, our efforts are centered on empowering individuals to take charge of their health and well-being.

But this work cannot be done alone. I invite all of you—our patients, neighbors, and partners—to join us in making a lasting impact. Together, we will continue to strengthen our community and ensure that everyone in Lancaster County has the opportunity to live a healthier, more fulfilling life.

John J. Herman, MBA, FACHE
Chief Executive Officer
Penn Medicine Lancaster General Health

Executive Summary

This community health needs assessment process reviewed and analyzed a large amount of community data. It also relied on multiple strategies for gathering community input and guidance from a variety of public health experts, community stakeholders and citizens at large.

Community input pointed overwhelmingly to health priorities focused on mental health, substance use, housing, and access to care.

Among community members who participated in a deliberative forum about community health needs, three in four "strongly agreed" that mental health and homelessness were among the top three health needs in Lancaster County and about half strongly agreed that substance abuse was among the top three issues. Cost and insurance issues and maintaining healthy lifestyles were common health topics that participants also thought deserved more attention.

In-depth interviews with community leaders from Lancaster County who represent social services, education, local government, healthcare, and the non-profit sector, pointed to substance use, mental health, and chronic diseases such as diabetes as the most pressing health issues affecting their clients and communities. The contributing factors that were most concerning to them included the cost of healthcare, barriers to accessing care, lack of affordable housing, poverty and the cost of living in general, and social isolation or lack of social support.

The key informant survey data from Lancaster County community leaders identified three health priorities: mental health (67%), trauma (40%), and drug use/misuse (26%). The key informant survey suggested that contributing factors driving these problems are affordability (33%), healthcare navigation (27%), and lack of social support (24%), which differed by priority. Finding services and housing loom larger for those experiencing drug use/misuse than those experiencing the other two conditions.

The data used to identify community health needs clearly point to the same set of priorities as suggested by the community's input. The data highlighted below underscores the relevance of each priority to community well-being.

Behavioral Health (Mental Health and Substance Use)

More than one in seven (15%) Lancaster adults reports their health is fair or poor, and they also report that they experience an average of 3.6 days each month of poor physical health and an average of 4.8 days each month of poor mental health. These rates have increased in recent years and are slightly above state and national averages.

Adults in Lancaster County experience 4.8 days of poor mental health each month.

The top ten causes of death in Pennsylvania are the same as the top ten leading causes of death in the United States as a whole, although deaths from drug use disorders rank higher as a cause of death in Pennsylvania than in the US. Changes in death rates between 2011 and 2021 were higher in the state for drug use disorders than they were nationally.

Sizable numbers of Lancaster County adults engage in behaviors that lessen their quality of life and increase their likelihood of disability and early death. Adults living in Lancaster County smoke at higher rates than residents in the state overall.

The risk factors that account for the most disease burden in the United States and Pennsylvania are tobacco, drug, and alcohol use, as well as behavioral risks related to diet, such as high BMI. These risks contribute to cancer, cardiovascular and circulatory disorders, chronic respiratory diseases, and diabetes. Six of the ten leading risks increased over the last decade, producing increased risk of disability. The greatest increases in disability risk levels come from drug use and high alcohol use, as well as high BMI, high fasting glucose, kidney dysfunction, and high blood pressure.

Tobacco, alcohol, and drug use are some of the biggest contributors to the burden of disease in our communities.

Safe & Healthy Environment

Lancaster County's physical environment is poor and likely contributes to poor health outcomes. Compared to other counties in the state, Lancaster shows higher rates of severe housing problems. Air quality, measured by particulate matter, is among the worst in the nation.

Housing affordability is a significant issue in Lancaster County--half (48%) of renters and a quarter (23%) of homeowners in the county struggle with housing affordability. One consequence of increasingly burdened renters is homelessness. Homelessness has risen in virtually every state and the national homeless counts were the highest recorded since counting began in 2007. The trends in Lancaster County mirror the trends in other parts of the nation: homelessness has risen sharply in the county since 2017, with the number of unsheltered homeless reaching record levels.

Housing affordability is one of the community's greatest concerns, and the number of unsheltered homeless individuals has reached record levels.

Access and Prevention

Lancaster's rate of health insurance coverage is lower than the state and nation and the share of the population without insurance is high. Uninsured rates by age show much higher rates of being uninsured for those under six, those of college age, and those over 65 than state and national averages. Access to health providers is also an issue in Lancaster County. Compared to the state and nation, Lancaster County has fewer primary care physicians, dentists, and mental health providers per capita.

Lancaster County has a high percentage of people without health insurance, as well as a shortage of primary care providers, dentists, and mental health providers.

As mentioned above, many risk factors that account for the burden of disease in Pennsylvania are preventable, such as high BMI, high fasting glucose, and high blood pressure. However,

health risk behaviors and associated health outcomes are not distributed randomly among the county's residents. Some groups of people in our community are at higher risk of death and disability than are others. Estimates of life expectancy by census tract show that there is significant variability in life expectancy, with life expectancy at birth in Lancaster County ranging from a low of 67.7 years to a high of 88.2 years, depending on the census tract where someone lives. The social characteristics that define each census tract, such as differences in income, educational attainment, or race and ethnicity, are strongly associated with life expectancy.

Secondary data for Lancaster County clearly shows the county has social problems that can contribute to health disparities and persistent health risks. Interviews with community leaders focused on health risks within families, passed from generation to generation. Lancaster County has high rates of poverty, particularly for minorities, and large income disparities between whites and non-whites. In the most recent 5-year census estimates, the median household income for Whites was $25,893 higher than Black households and $22,195 higher than Latino households. Similarly, poverty rates in Lancaster County are much lower for White households compared to Black and Latino households. In Lancaster County, 27 communities (8%) rank within the top quintile of deprivation nationally and 8 (2%) rank within the most deprived decile.

There are considerable community resources available to address community needs and improve health for all. This assessment included robust community participation and found that both leaders and ordinary citizens of Lancaster County are committed to well-being and creating a healthier community.

Reporting Framework

Community Served

Lancaster County, Pennsylvania, defines the geographic boundary of the community for this community health needs assessment. Penn Medicine Lancaster General Health relied on county-level data and input from individuals and organizations throughout the county to identify the most pressing community health needs.

Community Input Gathered for Assessing Community Health Needs

This needs assessment used multiple strategies to gather community input about community health needs. Penn Medicine Lancaster General Health (LG Health) staff conducted in-depth interviews with key informants from the community with the purpose of identifying health needs, which was further supplemented by a key informant survey of 204 Lancaster County community leaders conducted in partnership with other area health systems. LG Health also led intensive discussions with its Community Advisory Board to hear feedback about the health needs of underserved and minority populations. Finally, LG Health convened a deliberative forum about community health needs in partnership with Franklin & Marshall College. This forum included a randomly-selected, representative group of community members who were brought together to deliberate about community health needs. Prior to assembling, the participants read briefing materials so they arrived at the forum better informed about community health issues. The goal of the deliberation was not unanimity but well-informed and deeply considered collective judgment about community health needs.

Data Sources Used for Assessing Community Health Needs

This needs assessment is built on data from numerous publicly-available sources. Data used to profile the social determinants of health and demographics of Lancaster County (including population growth, employment, income, expenses, income supports, poverty, housing, transportation, the environment, education, social integration, and stress) come primarily from government sources like the American Community Survey, the Pennsylvania Department of Health, and other similar government-supported data collection systems. Data on health care access, mortality, morbidity, and health behaviors also come primarily from publicly-available sources that include the Census Bureau's American Community Survey, the Pennsylvania Department of Health, and County Health Rankings. Data about deaths and disability are based on the University of Washington's Institute for Health Metrics and Evaluation data.[i] Life expectancy data came from the Center for Disease Control's Small-area Life Expectancy Estimates Project (USALEEP).[ii] Data about deprivation was downloaded from the Center for Health Disparities Research at the University of Wisconsin.[iii] No quantitative primary data collection (such as a county-wide behavioral risk factor survey) to measure residents' current health status, health behaviors, health risks, health conditions, or health disparities specific to Lancaster County was conducted, although community input about health priorities was solicited as part of the needs assessment process through a deliberative forum, which is fully described later in this overview.

Community Input and Guidance

This needs assessment used multiple strategies to gather community input about community health needs. To evaluate health needs, LG Health staff conducted in-depth interviews with key informants as well as a key informant survey of 204 Lancaster County community leaders in partnership with other area health systems. LG Health also led intensive discussions with its Community Advisory Board, which includes male and female residents of all ages who are Black/African-American and/or Hispanic or Latino. These community residents regularly advise the health system about the best ways to ensure that healthcare is accessible and welcoming for all. Finally, LG Health convened a deliberative forum about community health needs in partnership with Franklin & Marshall College.

Deliberative Forum on Community Health Needs

Deliberative forums, often referred to as “deliberative mini-publics," are an innovation in democratic practice and institutional design that are increasingly popular in cities and countries around the world. The critical feature of such forums is that the assembly consists of a randomly-selected, representative group of community members who are brought together to deliberate about an issue. Prior to assembling, the participants are asked to read briefing materials so that they arrive at the forum better informed about the issue they'll be discussing. Experts are available at the forum to be questioned by the participants and small-group discussions, led by facilitators, occur on various aspects of the issue. The goal of the deliberation is not unanimity but well-informed and deeply considered collective judgment. A randomly-selected, representative group of 46 individuals from around Lancaster County participated in the forum on January 11, 2025.

Participants considered how three issues - mental health, substance use, and homelessness - affect the well-being of county residents, discussed where those issues should be prioritized as health needs, and debated both causes and solutions that might address them. Participants also discussed other health needs that they felt should be prioritized.

Participants believed that the topics discussed at the forum were among the top health needs facing the community. Three in four participants “strongly agreed” that mental health and homelessness were among the top three health needs in Lancaster County and about half strongly agreed that substance abuse was among the top three issues. Costs/insurance issues and maintaining healthy lifestyles were common health topics that participants also thought deserved more attention.

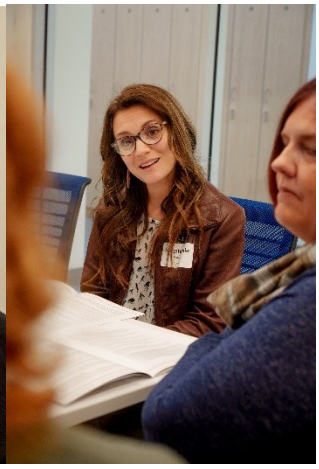
About four in five participants thought that hospitals and healthcare providers should play a large role in addressing mental health and substance use issues, but fewer believed they should play a large role in addressing homelessness. At least seven in ten participants think government should play a large role in addressing homelessness, with four in five saying county government should play a large role.

The forum discussions showed that hospitals and health systems are seen as having a significant, yet complex role in addressing issues like homelessness, mental health, and substance use. Forum participants identified several layers of involvement for local health

systems. While participants believed that hospitals can contribute significantly to addressing these problems, they were also aware that there are resource limitations and a need to have a primary focus on providing healthcare. The discussions highlight the need for a balanced approach that does not overextend the health system's responsibilities. For homelessness in particular, there is a consensus that health systems should focus on health-related aspects of homelessness, such as mental health care and substance use treatment, rather than directly addressing housing or financial assistance.

Hospitals and health systems are expected to play a supportive and collaborative role in addressing homelessness and related issues, focusing on healthcare provision, resource connection, and community partnerships, while recognizing their limitations and primary responsibilities.

A full summary of findings from the deliberative forum is included as Attachment A and the deliberative forum briefing document is included as Attachment B.



Key Informant In-Depth Interviews

In July and August 2024, LG Health staff completed 26 in-depth interviews with community leaders from Lancaster County. These individuals represented social services, education, local government, healthcare, the non-profit sector, and more. The goal of the interviews was to learn about community health needs from leaders who are familiar with marginalized and underserved community members. The individuals who completed interviews worked with a wide range of people in the community with special health needs, including individuals with disabilities, food insecurity, poverty, history of incarceration, homelessness, and substance use disorder.

These leaders pointed to substance use, mental health, and chronic diseases such as diabetes and obesity as the most pressing health issues affecting their clients and communities. The contributing factors that were most concerning to them included the cost of healthcare, barriers to accessing care, lack of affordable housing, poverty and the cost of living in general, and social isolation or lack of social support.

Barriers to healthcare included the cost of care, wait times for care, eligibility for services (for individuals who are undocumented), inability to afford prescriptions, lack of transportation, and especially difficulty navigating services. In particular, leaders worried about individuals with mental health conditions, addiction, or disabilities navigating complex healthcare systems. One person said, “The navigation of [substance use disorders] is complex and we lack resources such as navigators and case managers that can help guide people through recovery, relapses, and stigma.” One person noted that telemedicine can be helpful for increasing access, but it isn’t the best option for some populations, including the elderly.

Many interviews discussed the social issues that create barriers to good health in the community. Leaders brought up the increasing cost of living and challenges paying for medical care as well as healthy food, safe housing, and other necessities. One leader summarized, “Poverty is dangerous for one’s health…People aren’t getting the healthcare that they need to diagnose a problem – they don’t have the money to pay for gas, to call off work, to get childcare…and an unhealthy body becomes more susceptible to chronic issues made worse by stress.” The lack of affordable housing and increasing problems with homelessness was a common theme in many conversations.

Overall, the key informants recommended these areas for focusing solutions:

- More mental health resources, peer support, case managers, and effort to reduce stigma are needed to improve mental health.
- Improved social connections and positive community relationships are important for addressing multiple health issues.
- Mental health, substance use, and homelessness are closely linked, and people facing these challenges also struggle with trauma. Approaches must be integrated to address all issues together.
- A focus on youth prevention is important for substance use and mental health.

- Vulnerable populations (such as people leaving prison, people with disabilities, and people leaving inpatient substance use treatment) need comprehensive assistance with health, housing, employment, food, and all basic necessities.
- Risks are passed down from generation to generation (trauma, poverty, etc.), so approaches focused on families are needed to break this cycle.

Many of the partners were eager to work together to address these issues. There was a consistent understanding that community health depends on many organizations and individuals working together. Most people urged the health system to continue to partner with community organizations to build long-term sustainable solutions, rather than short-term programs.

Key Informant Survey

The key informant survey data of Lancaster County community leaders identified three health priorities: mental health (67% of respondents listed it), trauma (40% listed it), and drug use/misuse (26% listed it).

The survey suggested that the contributing factors driving these problems are affordability (33% of respondents listed it), healthcare navigation (27% listed it), and lack of social support (24% listed it). These driving factors differed by priority. Finding services and housing loom larger as those experiencing drug use/misuse than those experiencing the other two conditions. Response tables for questions about priorities and contributing factors are included in Attachment C.

Community leaders in Lancaster are concerned about mental health, substance use, housing issues, and barriers to getting healthcare. To make lasting changes, they believe solutions include addressing basic social needs, focusing on youth, and helping to support entire families.

The general consensus among community leaders suggested the need to formally explore the issues of mental health and substance use with members of the community. It also showed that community leaders connected homelessness to issues of substance use, making it a topic worth further exploration.

Community Advisory Board

In September 2024, LG Health hosted a meeting with its Community Advisory Board (CAB) focused on the CHNA and community needs. The CAB was formed in 2023 to advise the health system on ways to reduce disparities in preventable hospitalizations among Black/African-American and Hispanic/Latino patients. The group provided feedback on the community's most important health needs and which needs had feasible solutions. Their discussion focused on the need to increase access to care and focus on preventive services, especially in communities that have been underserved by the medical system. The CAB proposed a variety of solutions, including building trust with diverse populations, increasing outreach and education about preventing illnesses, improving accessible transportation options, and increasing the availability of healthcare providers who are familiar with the local community.

Assessing Community Health Needs

Death and Disability

Heart disease, COVID-19, Alzheimer's disease, cancer, lung disease, and drug overdoses are among the top causes of death for Lancaster County and Pennsylvania.

This section of the needs assessment describes the leading causes of death in the United States, Pennsylvania, and the local community, and the effects of community and social factors on longevity and well-being. Data about the causes of and risks related to death and disability provides information about our community's primary health needs that can be used for planning and to devise effective interventions.

Nine of the ten leading causes of death in Pennsylvania and the nation reflect the ongoing burden of non-communicable disease, with the emergence of COVID-19 representing the lone communicable disease among the leading causes of death (Table 1). The top ten causes of death in Pennsylvania are the same as the top ten leading causes of death in the United States as a whole, although deaths from drug use disorders rank higher as a cause of death in Pennsylvania than in the US. Causes of death in Lancaster County in 2021 are included in Attachment E.

The rates of change in death rates between 2011 and 2021 in Pennsylvania were generally below the rates of change in the US, either growing more slowly here or declining at a faster rate for eight of the ten causes. Death rates for heart disease, lung cancer, colorectal cancer, and diabetes all declined in Pennsylvania, while only the rate of death from heart disease declined nationally during the same period. Changes in death rates were higher in the state for drug use disorders than they were nationally. Deaths rates from chronic kidney disease and Alzheimer's also had notable increases.

Table 1. Top 10 causes of deaths per 100k in 2021 and rate change 2011-2021, all ages combined, Pennsylvania and the United States

Cause	PA 2011 rank	PA 2021 rank	Change in deaths per 100k, PA 2011-2021	US 2021 rank	Change in deaths per 100k, US 2011-2021
Ischemic heart disease	1	1	-12.5	1	-1.3
COVID-19	-	2	159.7	2	145.4
Alzheimer's disease	2	3	5.3	3	7.7
Stroke	4	4	0.4	5	7
COPD	5	5	1.6	4	6.5
Lung cancer	3	6	-7.2	6	4.5
Chronic kidney disease	**6**	**7**	**12.2**	**7**	**13.2**
Drug use disorders	**13**	**8**	**19.7**	**10**	**10.2**
Colorectal cancer	7	9	-2.0	8	0.5
Diabetes	8	10	-0.9	9	1.1

See related publication: Global burden of 288 causes of death and life expectancy decomposition in 204 countries and territories and 811 subnational locations, 1990-2021: a systematic analysis for the Global Burden of Disease Study 2021

https://doi.org/10.1016/S0140-6736(24)00367-2

Life Expectancy

Life expectancy is useful to public health planners because it succinctly captures the overall health status of a population. Life expectancy data also helps public health researchers explore differences across and within geographic areas and demographic subgroups. Understanding which groups are most at risk for poor health helps efficiently direct resources to improve health.

Life expectancy is higher in Lancaster County than in the U.S. overall, but recently national lifespans have decreased due to COVID-19 and drug overdoses.

The surge in deaths from COVID-19 reduced US life expectancy in 2021 compared to prior years. But declining life expectancy has also been related to an increase in unintentional injuries, driven by more drug overdoses.[iv] From a comparative perspective, residents of the US tend to have shorter lifespans than residents of other developed nations, with deaths due to overdose, violence, and injury being more common.[v] Deaths from COVID-19 were greater in the US than in other peer nations, in part, because the US has higher rates of heart disease, obesity, and diabetes and because its health system is more fragmented and less accessible for some populations.

Life expectancy is higher in Lancaster County than it is for the state overall or for the nearby counties of Lebanon and York, but life expectancy in Lancaster County is lower than in Cumberland County (Table 2). Notably, rates of child and infant mortality are higher in Lancaster than in comparison counties, although still a bit below state averages.

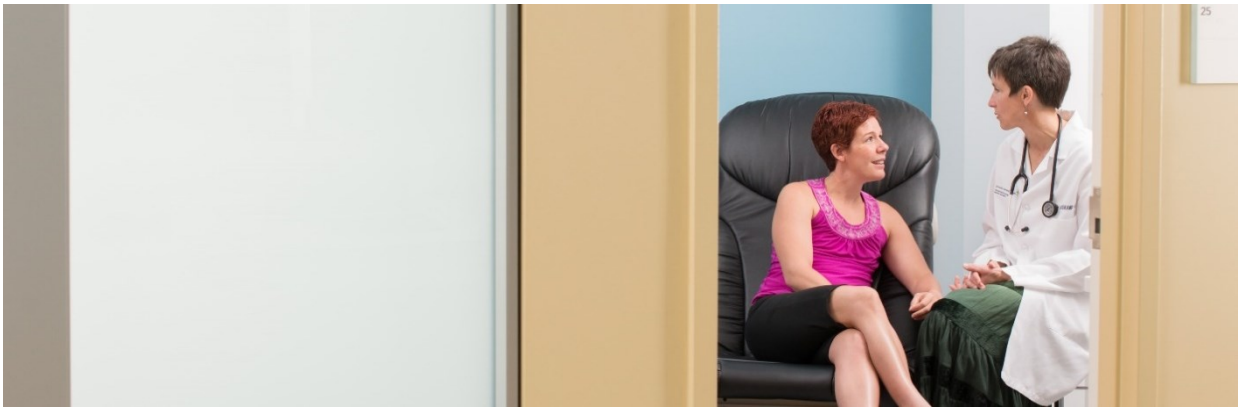
Table 2. Selected Life Expectancy and Mortality Indicators for Selected Counties

Measure	Description	PA	Cumberland	Lancaster	Lebanon	York
Life Expectancy	Average number of years people are expected to live	77.3	79.6	**79.3**	77.7	77.7
Premature Age-Adjusted Mortality	Number of deaths among residents under age 75 per 100,000 population (age-adjusted)	389.9	300.5	**314.9**	363.9	370.6
Child Mortality	Number of deaths among residents under age 20 per 100,000 population	49.6	34.3	**49.1**	41.4	44.9
Infant Mortality	Number of infant deaths (within 1 year) per 1,000 live births	5.9	4.9	**5.4**	4.7	5.1
Premature Death	Years of potential life lost before age 75 per 100,000 population (age-adjusted)	8032.3	5744.4	**6502.8**	7253.3	7592.0

Source: National Center for Health Statistics - Natality and Mortality Files; Census Population Estimates Program, 2019-2021 (reported by County Health Rankings, 2024). Age-adjusted rates are used to account for age differences in a population.[vi]

The differences in life expectancy at birth for the central Pennsylvania counties shown in Table 2 imply that there must be underlying differences in the characteristics of their populations that account for them. This is undoubtedly true. For example, the median household income ($82,849) and college attainment (39% of adults) rates in Cumberland County are both higher than the median household income ($81,458) or college attainment (31% of adults) rates in Lancaster County.

Estimates of life expectancy by census tract show that there is significant variability in life expectancy across and within counties.[vii] *Life expectancy in Lancaster County ranges from a low of 67.7 years to a high of 88.2 years, depending on the census tract where someone lives.* Figure 1 displays the variability of life expectancy at birth by census tract. The large differences in life expectancy within nearby geographic areas are striking.



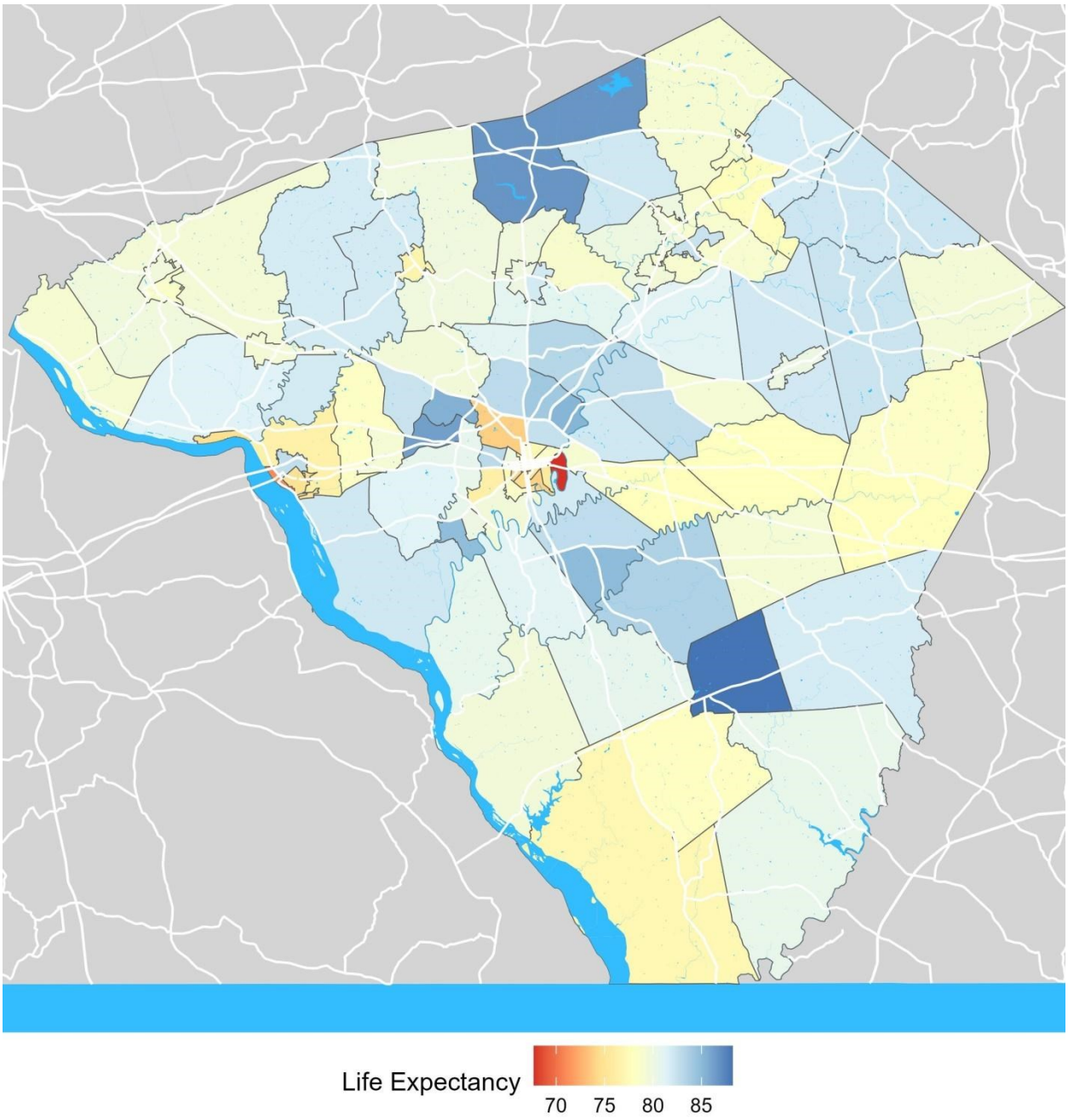


Figure 1. Life Expectancy by Census Tract, Lancaster County, Pennsylvania.
This figure shows life-expectancy at birth for residents of Lancaster County by Census tract. Tracts with the lowest life expectancy are tinted red. Life expectancy in Lancaster County ranges from a low of 67.7 years to a high of 88.2 years, depending on the census tract where someone lives.

The social characteristics that define each census tract, such as differences in income, educational attainment, or race and ethnicity, are strongly associated with life expectancy.[viii] Figure 2 shows how life expectancy at the census tract level is associated with median household income in Pennsylvania and in Lancaster County. Lancaster County census tracts are shown as red dots and the relationship between median income and life expectancy in the

County is represented by the red line of best fit. Figure 2 shows how the life expectancy within a census tract increases as household income within that tract increases.

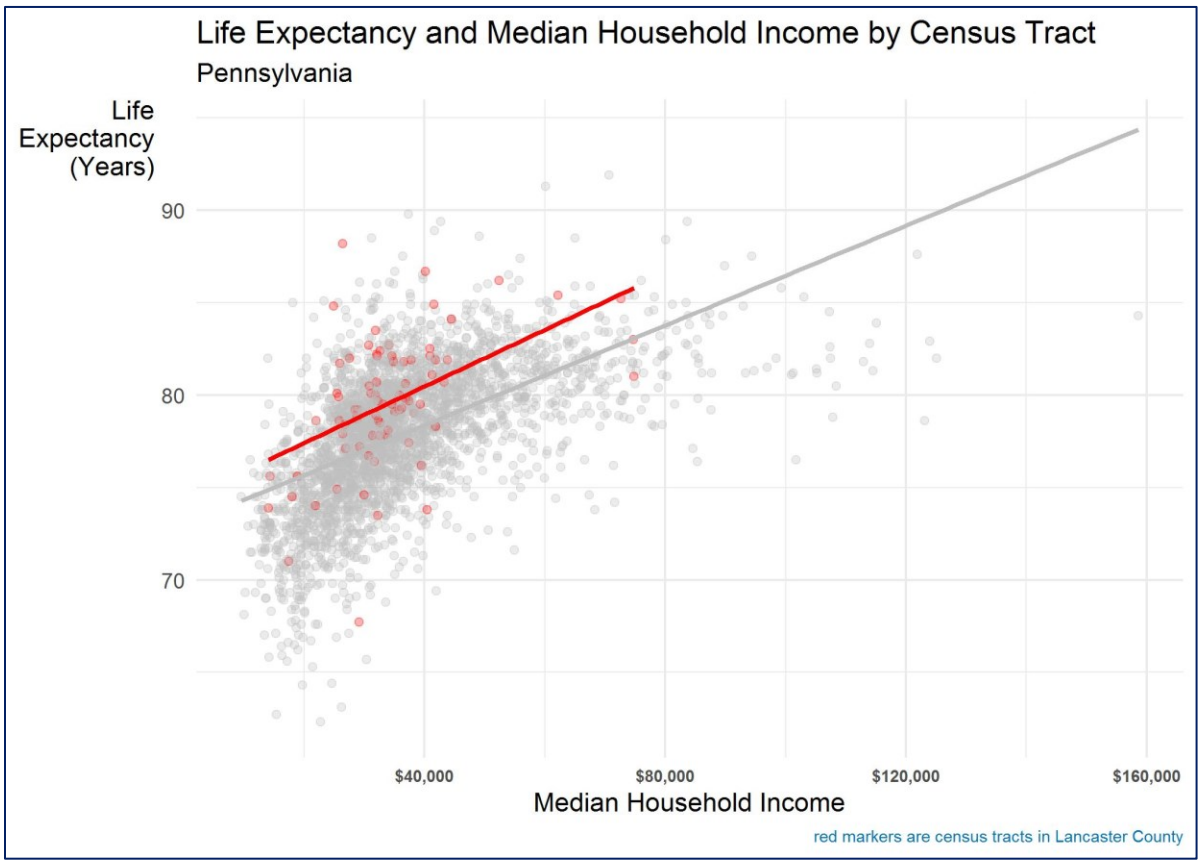


Figure 2. Life Expectancy and Median Household Income by Census Tract, Pennsylvania.
This figure shows the relationship at the census tract level between median household income and life expectancy. The red markers are census tracts located in Lancaster County.

Leading Risk Factors for Death

Focusing on the conditions that lead to the most deaths is not helpful to public health planning if it focuses attention on those specific outcomes without considering and remedying the underlying causes that lead to death and disability. For instance, in 2023 Lancaster County had 5,367 total deaths, including 78 accidental drug overdose deaths, 232 lung cancer deaths, and 1,231 deaths from heart disease.[ix] Instead, a public health focus on reducing disability-adjusted life years (DALYs) prioritizes the *prevention of disease for an entire population* instead of focusing on the treatment of individual conditions. The use of DALYs also serves as a reminder that disability is consequential to quality of life. The World Health Organization defines DALYs for a disease or health condition, "as the sum of the years of life lost to due to premature mortality and the years lived with a disability due to the disease or health condition in a population."[x] One DALY represents the loss of one year of full health.

The risk factors that account for the most disease burden in the United States and Pennsylvania are behavioral risks related to diet, such as high BMI, and to tobacco, drug, and alcohol use (Table 3). These risks contribute to cancer, cardiovascular and circulatory disorders, chronic

respiratory diseases, and diabetes. Six of these ten leading risks increased over the last decade, producing increased risk of disability. The greatest increases in disability come from high BMI, high fasting glucose, drug use, kidney dysfunction, high blood pressure, and high alcohol use.

Table 3. Top 10 risks contributing to Disability-Adjusted Life Years (DALYs) per 100k in 2021 and rate change 2011-2021, all ages combined, Pennsylvania and the United States

Risk	PA 2011 rank	PA 2021 rank	Change in DALYs per 100k, PA 2011-2021	US 2021 rank	Change in DALYs per 100k, US 2011-2021
High body-mass index	**2**	**1**	**502**	**1**	**661.3**
High fasting plasma glucose	**3**	**2**	**621.2**	**2**	**736.6**
Tobacco	1	3	-394.5	3	-184.5
Drug use	**6**	**4**	**1,567.5**	**6**	**1,011.4**
Dietary risks	4	5	-57.5	4	140.6
High blood pressure	5	6	97.1	5	316.5
Kidney dysfunction	7	7	200.4	7	276.9
High alcohol use	8	8	50.8	8	143.8
High LDL	9	9	-78.9	9	-16.6
Occupational risks	10	10	-54.1	10	-23.2

See related publication: Global incidence, prevalence, years lived with disability (YLDs), disability-adjusted life-years (DALYs), and healthy life expectancy (HALE) for 371 diseases and injuries in 204 countries and territories and 811 subnational locations, 1990-2021: a systematic analysis for the Global Burden of Disease Study 2021(https://doi.org/10.1016/S0140-6736(24)00757-8).

Many Lancaster County adults engage in behaviors that lessen their quality of life and increase their likelihood of disability and early death. Adults living in Lancaster County smoke at higher rates, tend to have less access to places where they can engage in physical activity, and they are more likely to be obese (Table 4). Lancaster County adults are also similar to state residents in their rates of physical inactivity, excessive drinking and alcohol-impaired driving deaths. More positively, the food environment is generally better in Lancaster than it is elsewhere in the state.

These behavioral health indicators can be consequential for assessing both quality of life and mental well-being. More than one in seven (15%) Lancaster adults reports their health is fair or poor, and they also report that they experience an average of 3.6 days each month of poor physical health and an average of 4.8 days each month of poor mental health. These rates have increased in recent years and are slightly above state and national averages. Attachment D includes more information about these quality of life indicators.

Table 4. Comparative Health Behavior Indicators

Measure	Description	PA	Cumberland	Lancaster	Lebanon	York
Adult Smoking	Percentage of adults who are current smokers (age-adjusted).	15%	15%	**17%**	19%	16%
Adult Obesity	Percentage of the adult population (age 18 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2 (age-adjusted).	33%	31%	**35%**	36%	39%
Food Environment Index	Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best).	8.5	8.8	**8.8**	8.5	8.7
Physical Inactivity	Percentage of adults age 18 and over reporting no leisure-time physical activity (age-adjusted).	23%	20%	**23%**	26%	25%
Access to Exercise Opportunities	Percentage of population with adequate access to locations for physical activity.	86%	88%	**81%**	87%	79%
Excessive Drinking	Percentage of adults reporting binge or heavy drinking (age-adjusted).	19%	17%	**17%**	18%	18%
Alcohol-Impaired Driving Deaths	Percentage of driving deaths with alcohol involvement.	25%	24%	**23%**	19%	26%

Source: Data come from various sources and are reported by County Health Rankings, 2024.

Geography, Social Determinants, and Health Disparities

Linking Health Risks and Social Circumstances

The preceding section of this health needs assessment on death and disability has presented data about the leading causes of death, discussed the metabolic and behavioral health risks that increase disability and the likelihood of premature death, and documented the health behaviors of county residents that increase those risks. These health risk behaviors and associated health outcomes are not distributed randomly among the county's residents, as the relationship between social characteristics and life expectancy across the county's census tracts shows. Some groups of people in our community are at higher risk of death and disability than others.

Public health researchers frequently attribute health disparities to social determinants. Social determinants are the social and economic opportunities available in the places where we learn, live, and work. According to the Centers for Disease Control (CDC), “The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be.”[xi] As such, the CDC has established a set of indicators that can track progress towards the goal of creating social and physical environments that promote good health for all people.

Health disparities are gaps in access, conditions, or behaviors that are larger for some demographic groups than for others.

Figure 2, which showed the relationship between life expectancy and household income, provided a simple example of how health relates to social determinants. Income affects life expectancy. Higher income individuals are much more likely to live longer lives, even among people who live relatively close to one another. These data should reinforce the idea that social characteristics can be strongly associated with health outcomes and their causal behaviors and conditions. It also can help show the disproportionality evident for many indicators, meaning the odds of experiencing a condition or engaging in a health behavior can differ radically depending on social standing and the social context.

Secondary data provides information about social determinants for Lancaster County and clearly shows the county has social problems that can contribute to persistent health disparities and health risks. Lancaster County has high rates of poverty, particularly for minorities, and large income disparities between whites and non-whites (Table 5). In the most recent 5-year census estimates, the median household income for Whites was $25,893 higher than Black households and $22,195 higher than Latino households. Similarly, poverty rates in Lancaster

There is a strong link between higher income and better health outcomes for people in our community. But creating a healthier community environment can help improve health for all.

County are much lower for White households compared to Black and Latino households. These disparities in income and poverty rates are evident in the comparison counties and for the state as a whole.

Table 5. Median Household Income and Poverty Rates by Racial and Ethnic Group

Median Household Income	Year	Black	Latino	White, Non-Latino
Pennsylvania	2015-19	38,560	41,725	66,184
	2018-22	45,944	55,042	78,481
Cumberland County	2015-19	37,648	50,476	72,257
	2018-22	48,542	64,946	83,034
Lancaster County	**2015-19**	**42,695**	**44,055**	**69,665**
	2018-22	**59,045**	**62,743**	**84,938**
Lebanon County	2015-19	42,955	38,882	63,826
	2018-22	54,683	46,780	76,671
York County	2015-19	49,746	39,309	69,300
	2018-22	53,391	50,802	82,198
Poverty Rates		**Black**	**Latino**	**White, Non-Latino**
Pennsylvania	2015-19	26.0%	28.1%	8.9%
	2018-22	24.5%	24.5%	8.5%
Cumberland County	2015-19	25.9%	22.1%	5.8%
	2018-22	30.7%	25.5%	6.0%
Lancaster County	**2015-19**	**23.5%**	**26.9%**	**7.3%**
	2018-22	**17.3%**	**19.4%**	**6.3%**
Lebanon County	2015-19	14.5%	31.1%	7.6%
	2018-22	17.1%	27.3%	7.6%
York County	2015-19	20.9%	28.5%	7.0%
	2018-22	18.1%	22.3%	6.5%

Source: American Community Survey, 5-Year Estimates. Tables S1903 and S1701

Educational attainment is associated with income, unemployment, and poverty in the United States. People with more formal education earn significantly more and have lower rates of unemployment.[xii] Lancaster County has fewer adults 25 – 44 with some post-secondary education than the state and two of our three comparison counties and has the lowest high school completion rate. Most importantly, there is a sizable difference in the educational attainment of White, Black, and Hispanic adults in the county (Figure 3).[xiii]

Figure 3 compares the proportion of Whites aged 25 and older with a college degree or higher with the proportion of Blacks and Hispanics aged 25 and older with a college degree or higher. The data comes from five-year census estimates. A larger share of White adults in Lancaster County has a college education compared to Blacks and Hispanics. For instance, in the 2018 – 2022 time period 32% of Whites in Lancaster County had a college degree, but only 21% of Blacks and 18% of Hispanics did. This means that 1.5 times more Whites than Blacks and 1.7 times more Whites than Latinos had a college diploma. The differences in educational attainment between Whites and Blacks has been consistent over time and is better than the average educational gap for the state, while the gaps between Whites and Hispanics has declined over time and is now similar the state average.

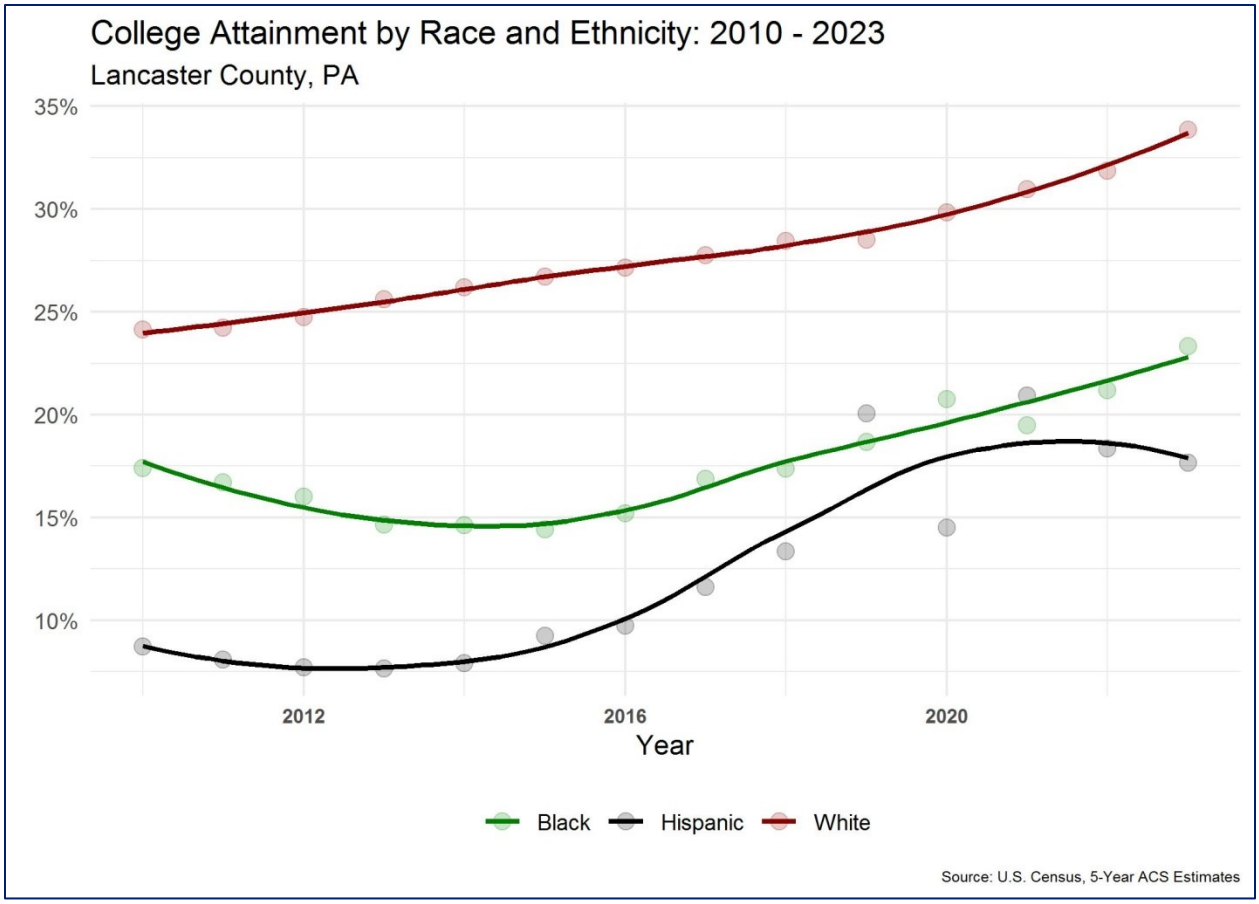


Figure 3. Racial Inequities in Educational Attainment, Lancaster County Pennsylvania.
This figure compares the proportion of Whites aged 25 and older with a college degree or higher with the proportion of Blacks and Hispanics aged 25 and older with a college degree or higher. The data comes from five-year census estimates. A larger share of White adults in Lancaster County has a college education compared to Blacks and Hispanics.

The overall demographic profile of the community is also changing. While the county is slowly changing its racial composition, it lacks significant racial diversity; 89% of all residents identified as White in 2023 compared to 93% in 2010. Perhaps the most consequential demographic change in the community is the distribution of population by age. The county continues to age, with the share of the population under 10 declining (falling from 14% in 2010 to 13% in 2022) and the share over 65 years of age increasing (growing from 15% in 2010 to 19% in 2022). The median age in Lancaster County is 39 years, a bit below the state's median age of 40.8. Detailed information about the community characteristics described in this section can be seen in Attachment D.

Environmental Risks

The analysis below includes County Health Rankings data and a number of health and social indicators specific to place. These indicators show that, relatively speaking, Lancaster County's physical environment is poor and likely contributes to poor health outcomes. Compared to other counties in the state, Lancaster has higher rates of daily fine particulate matter, drinking violations/water safety, severe housing problems, and driving alone to work (Table 6).

Table 6. Selected Environmental Indicators

Measure	Description	PA	Cumberland	Lancaster	Lebanon	York
Air Pollution - Particulate Matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).	8.5	10.8	11.1	9.4	8.9
Drinking Water Violations	Indicator of the presence of health-related drinking water violations. 'Yes' indicates the presence of a violation, 'No' indicates no violation.		Yes	Yes	No	Yes
Severe Housing Problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.	14 %	11%	14%	13%	12%
Driving Alone to Work	Percentage of the workforce that drives alone to work.	71 %	76%	74%	78%	80%
Long Commute - Driving Alone	Among workers who commute in their car alone, the percentage that commute more than 30 minutes.	37 %	25%	30%	30%	37%

Source: Data come from various sources and are reported by County Health Rankings, 2024.

Limited Access to Health Care

An additional barrier that can affect health outcomes is the lack of access to health care. Lancaster's rate of health insurance coverage is lower than the state and nation, and the share of the population without insurance is high. Compared with state and national averages, Lancaster has higher uninsured rates among children under six, people of college age, and people over 65. Access to health providers is also an issue in Lancaster County. Compared to the state and nation, Lancaster County has fewer primary care physicians, dentists, and mental health providers per capita (Table 7).

Table 7. Selected Health Access Indicators

Indicator			
Health Insurance	**Lancaster**	**PA**	**US**
% of population with coverage	**88.8%**	94.4%	91.3%
% with public coverage	**33.2%**	37.6%	35.9%
Uninsured	**Lancaster**	**PA**	**US**
% of population without health insurance	**11.2%**	5.6%	8.7%
% Black uninsured	**6.5%**	6.9%	9.8%
% Latino uninsured	**7.7%**	12.1%	17.6%
% White non-Latino uninsured	**12.1%**	4.7%	5.9%
Uninsured by Age	**Lancaster**	**PA**	**US**
Under 6	**19.7%**	4.9%	4.4%
Ages 19 – 25	**16.1%**	8.9%	14.1%
Over 65	**1.9%**	0.5%	0.8%
Health Provider Rates	**Lancaster**	**PA**	**US**
Primary Care Physicians	**1,384:1**	1265:1	1,330:1
Dentists	**1,692:1**	1400:1	1360:1
Mental Health Providers	**523:1**	371:1	320:1

***Table Notes**: Health provider rates are ratios that show the ratio of residents per provider. For example, if a county has a population of 100,000 and has 40 providers, the ratio would be 2,500:1.*

***Table Sources**: Health Provider Rates, Robert Wood Johnsons Foundation, 2024 Community Health Rankings; Insurance Rates: 5-Year American Community Survey Estimates, 2018-2022, Tables S2701, S2703, S2704*

Rising Homelessness

Housing affordability is a significant issue in Lancaster County – half (48%) of renters and a quarter (23%) of homeowners in the county struggle with housing affordability.[xiv] One consequence of increasingly burdened renters is homelessness.[xv] Homelessness has risen in virtually every state, and the national homeless counts were the highest recorded since counting began in 2007.[xvi] The trends in Lancaster County mirror the trends in other parts of the nation: homelessness has risen sharply in the county since 2017, with the number of unsheltered homeless reaching record levels (Figure 4).

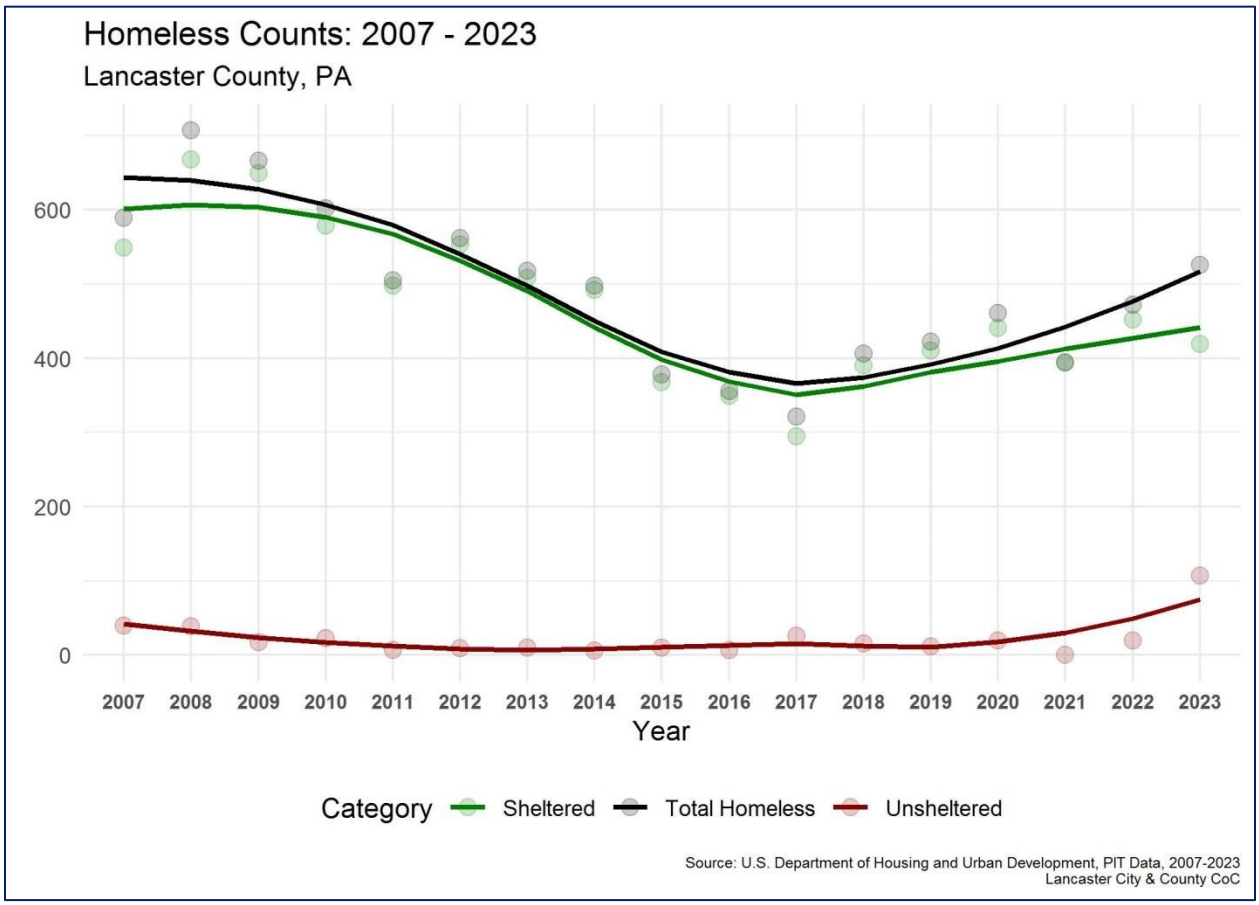


Figure 4. Point-in-time Homeless Counts: 2007 - 2024, Lancaster County, Pennsylvania.
This figure shows the total homeless and the sheltered and unsheltered homeless in Lancaster County since 2007.

Identifying Neighborhood Disparities

This report has summarized many community indicators, which can make it difficult to evaluate which is most important for guiding effective interventions. Further, many of these indicators provide only comparative, county-level information that give little information about where specific interventions are most needed and are likely to have the greatest effects. This section of the needs assessment presents community-level data from a composite indicator that includes 17 education, employment, housing-quality, and poverty measures derived from Census data. The Area Deprivation Index (ADI) is a tool that can identify neighborhoods, defined as census block groups, with significant social disadvantages.[xvii] These disadvantages have been associated with negative health outcomes and should be considered in conjunction with proposed health interventions or policies to make those interventions more effective. Higher deprivation scores indicate higher rates of deprivation and represent where a community scores nationally. In Lancaster County, 27 communities (8%) rank within the top quintile of deprivation nationally and 8 (2%) rank within the most deprived decile.

Figure 5 provides more evidence that the social conditions within the county vary considerably, with some community deprivation scores revealing neighborhoods that are among the most disadvantaged places in the nation. Recognizing these neighborhood gaps will be important for planning and interventions. Research continues to show inequalities among Americans by geographic locale, with life expectancy varying significantly depending on the location of their residence, the economic conditions in that community, and one's racial and ethnic identity.[xviii]

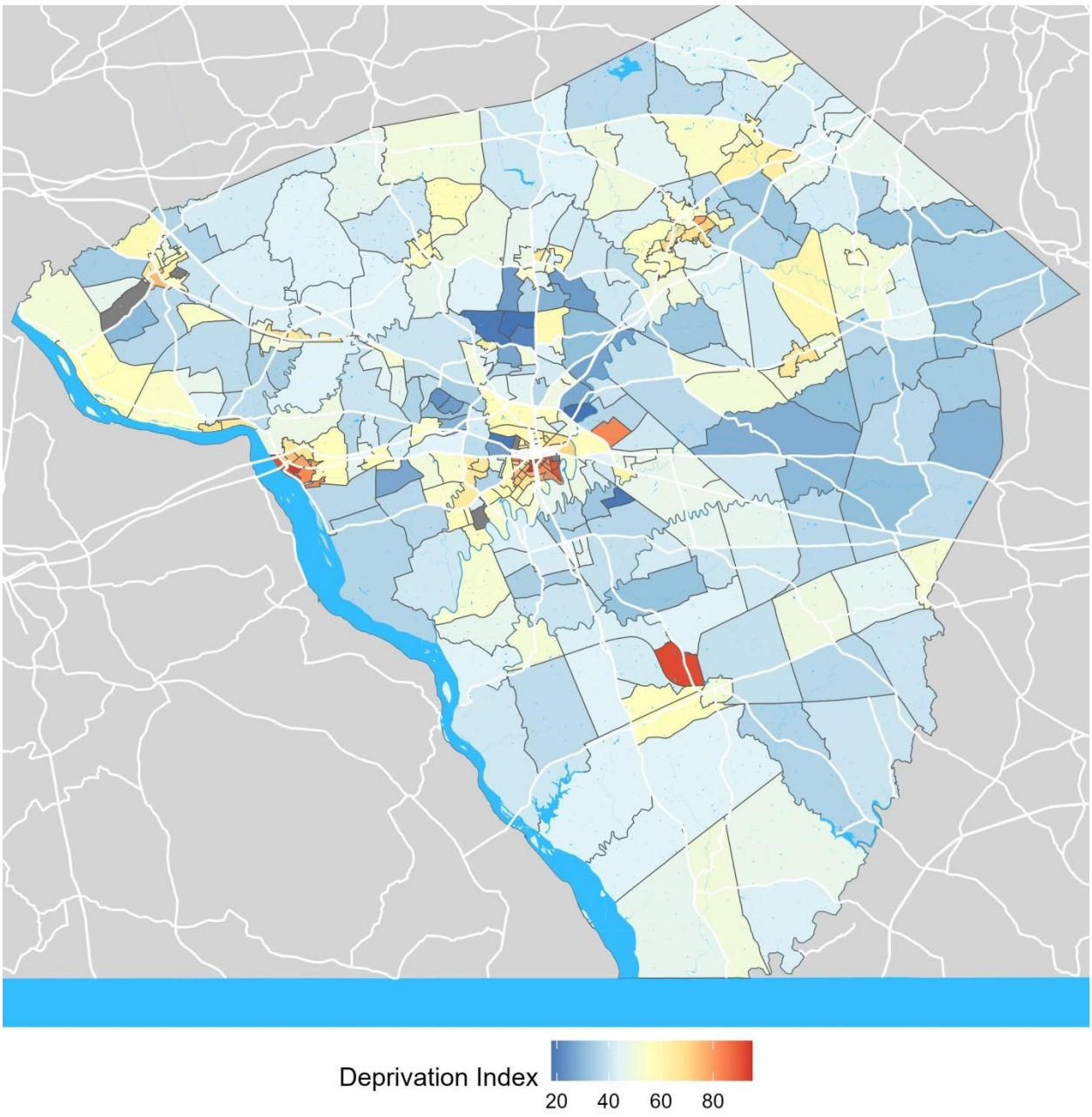


Figure 5. Area Deprivation Index Scores, Lancaster County, Pennsylvania.
This figure shows community-level deprivation scores based on 17 education, employment, housing-quality, and poverty measures derived from Census data. Higher deprivation scores indicate higher rates of deprivation and represent where a community scores nationally. In Lancaster County, 27 communities (8%) rank within the top quintile of deprivation nationally and 8 (2%) rank within the most deprived decile.

Community Health Priorities

This community health needs assessment process reviewed and analyzed a large amount of community data. It also used multiple strategies for gathering community input and guidance from a variety of public health experts, community stakeholders and citizens at large. Combining secondary data, community input, and the resources and expertise of the health system, the prioritized community needs are mental health, substance use, housing/homelessness, and access to care.

Among community members who participated in a deliberative forum about community health needs, most agreed that mental health and homelessness were among the top three health needs in Lancaster County and about half strongly agreed that substance abuse was among the top three issues. The participants also indicated that cost and insurance issues, important issues to accessing healthcare, deserved more attention. Most community members, about four in five, thought that hospitals and healthcare providers should play a large role in addressing mental health and substance use issues. For homelessness, there was consensus that health systems should focus on health-related aspects of homelessness, such as mental health care and substance use treatment, rather than directly addressing housing or financial assistance.

Combining secondary data, community input, and the resources and expertise of the health system, the prioritized community needs are mental health, substance use, housing/homelessness, and access to care.

In-depth interviews with community leaders from Lancaster County pointed to substance use and mental health as pressing health issues affecting their clients and communities. The contributing factors that were most concerning to them included the cost of healthcare, barriers to accessing care, and lack of affordable housing.

The key informant survey data from Lancaster County community leaders identified three health priorities: mental health (67%), trauma (40%), and drug use/misuse (26%). Again, the key informant survey suggested that contributing factors driving these problems include affordability (33%) and healthcare navigation (27%). Finding services and housing loom larger for those experiencing drug use/misuse than those experiencing the other two conditions. The general consensus among these community leaders suggested the need to formally explore the issues of mental health and substance use. Their responses also showed that community leaders connected homelessness to issues of substance use.

The data used to identify community health needs clearly point to the same set of priorities as suggested by the community's input. The data highlighted below underscores the relevance of each priority to community well-being.

Behavioral Health (Mental Health and Substance Use)

More than one in seven (15%) Lancaster adults reports their health is fair or poor, and they also report that they experience an average of 3.6 days each month of poor physical health and an average of 4.8 days each month of poor mental health. These rates have increased in recent years and are slightly above state and national averages.

The top ten causes of death in Pennsylvania are the same as the top ten leading causes of death in the United States as a whole, although deaths from drug use disorders rank higher as a cause of death in Pennsylvania than in the US. Changes in death rates between 2011 and 2021 were higher in the state for drug use disorders than they were nationally.

Sizable numbers of Lancaster County adults engage in behaviors that lessen their quality of life and increase their likelihood of disability and early death. Adults living in Lancaster County smoke at higher rates than residents in the state overall and they are also more likely to be obese. Lancaster County adults are also similar to state residents in their rates of physical inactivity, excessive drinking, and alcohol-impaired driving deaths.

The risk factors that account for the most disease burden in the United States and Pennsylvania are tobacco, drug, and alcohol use, as well as behavioral risks related to diet, such as high BMI. These risks contribute to cancer, cardiovascular and circulatory disorders, chronic respiratory diseases, and diabetes. Six of these ten leading risks increased over the last decade, producing increased risk of disability. The greatest increases in disability come from drug use and high alcohol use, as well as high BMI, high fasting glucose, kidney dysfunction, and high blood pressure.

Poor mental health, drug overdose deaths, tobacco use, excessive alcohol use are concerning both to the community and to health experts based on death and disability data.

Safe & Healthy Environment

Lancaster County's physical environment is poor and likely contributes to poor health outcomes. Compared to other counties in the state, Lancaster shows higher rates of severe housing problems. Air quality, measured by particulate matter, is among the worst in the nation.

Housing affordability is a significant issue in Lancaster County--half (48%) of renters and a quarter (23%) of homeowners in the county struggle with housing affordability. One consequence of increasingly burdened renters is homelessness. Homelessness has risen in virtually every state and the national homeless counts were the highest recorded since counting began in 2007. The trends in Lancaster County mirror the trends in other parts of the nation: homelessness has risen sharply in the county since 2017, with the number of unsheltered homeless reaching record levels.

The need for safe, affordable housing is a major community issue and an increasing barrier to good health in our community.

Access and Prevention

Lancaster's rate of health insurance coverage is lower than the state and nation and the share of the population without insurance is high. Uninsured rates by age show much higher rates of being uninsured for those under six, those of college age, and those over 65 than state and national averages. Access to health providers is also an issue in Lancaster County. Compared to the state and nation, Lancaster County has fewer primary care physicians, dentists, and mental health providers per capita

Health risk behaviors and associated health outcomes are not distributed randomly among the county's residents. Some groups of people in our community are at higher risk of death and disability than are others. Estimates of life expectancy by census tract show that there is significant variability in life expectancy across and within counties.

For instance, life expectancy in Lancaster County ranges from a low of 67.7 years to a high of 88.2 years, depending on the census tract where someone lives. The social characteristics that define each census tract, such as differences in income, educational attainment, or race and ethnicity, are strongly associated with life expectancy.

Secondary data provides information about social determinants indicators for Lancaster County and clearly shows the county has identifiable social problems that can contribute to persistent health disparities and continued health risk. Lancaster County has high rates of poverty, particularly for minorities, and large income disparities between whites and non-whites. In the most recent 5-year census estimates, the median household income for Whites was $25,893 higher than Black households and $22,195 higher than Latino households. Similarly, poverty rates in Lancaster County are much lower for White households compared to Black and Latino households. In Lancaster County, 27 communities (8%) rank within the top quintile of deprivation nationally and 8 (2%) rank within the most deprived decile.

Community Resources

A summary of resources available to meet the prioritized needs is contained within the deliberative forum briefing document, which is included as Attachment B.

2022-2025 Community Health Improvement Plan Update

In 2022, LG Health published the last Community Health Needs Assessment for Lancaster County and developed a Community Health Improvement Plan covering FY2023-FY2025 (July 1, 2022 – June 30, 2025). This plan outlined a strategy for developing community health interventions and measurable goals and objectives to address significant health needs. Below are several key accomplishments and progress made to address the priority areas over the past 3 years.

Priority 1: A Safe, Healthy Environment

Access to Healthy Food

- LG Health's Food Farmacy offers free nutrition counseling and free, healthy food to patients with diet-related chronic diseases and their families. This program serves low-income community members who may not otherwise have access to healthy foods needed to manage diabetes, high blood pressure, or other chronic conditions. Since it began, the program has served over 400 patients and over 800 family members. Overall, 73% of the participants improved healthy eating habits during the program and 49% reported increased food security.
- Fresh Express is a mobile fresh food pantry program started by LG Health and partners in Columbia, PA in 2018. Each year, this program distributes over 45,000 pounds of healthy fruits and vegetables, shelf-stable goods, and proteins to over 3500 low-income families and individuals.

Lead-Free Families & Healthy Homes

- Lancaster County has one of the highest rates of elevated blood lead levels in Pennsylvania. LG Health created Lead-Free Families to eliminate childhood lead poisoning by remediating lead hazards, providing community education, and supporting families. This program remediated 201 homes in FY23 and 231 homes in FY24, and is on track to remediate over 200 in FY25. We also operate the Healthy Homes Program, a federally-funded initiative that addresses many environment-related childhood diseases and injuries in a coordinated way. The program focuses on health concerns such as mold, lead, allergens, asthma, carbon monoxide, home safety, pesticides, and radon. It has served over 100 homes since beginning in FY24.

Active Living

- LG Health works with partners across the county to improve bicycle, pedestrian, and vehicle safety. We are a member of the Lancaster Bikes Coalition and an interdisciplinary group with the City of Lancaster to collect and share comprehensive data on traffic crashes. Over the past several years, we have also collaborated with the Planning Department and other partners to plan for a bicycle/pedestrian trailhead for the Lancaster Heritage Pathway at the Suburban Outpatient Pavilion, with construction planned for spring 2025.

Priority 2: Healthcare Access and Quality

Screening for Social Needs

- LG Health provides resources for patients to assist with health-related social needs, such as food, housing, transportation, and medications. Over the past several years, we have been working to increase the number of patients screened for needs and referred to resources for help. At baseline (FY21), 39.4% of patients were screened in their primary care practice for financial strain. As of February 2025, this percentage had increased to 53.5% of patients.
- The Ambulatory Collaborative Care Team, which assists patients with these challenges, assisted 6,385 patients in FY23 and 6,910 patients in FY24.

Reducing Health Disparities

- LG Health joined the statewide Hospital Quality Improvement Program to reduce health disparities in preventable hospitalizations. This initiative focused on outreach to patients who had been in the hospital for diabetes and heart failure, and successfully reduced the percentage of preventable hospitalizations among Black and Latino patients from 5.8% in 2022 to 5.5% in 2023.
- In January 2023, LG Health formed a Community Advisory Board for Health Equity. This group, which includes community members who identify as Black/African-American and/or Hispanic/Latino, meets quarterly to advise the healthcare system on issues related to health equity. Since forming, the group has assisted with projects to reduce complications of diabetes and heart failure, to improve racial diversity in clinical trials, to ensure that the system responds effectively to complaints of racism and discrimination, and to select priorities for the 2025 Community Health Needs Assessment.
- LG Health maintained status as an LGBTQ+ Healthcare Equality Leader on the Human Rights Campaign Healthcare Equality Index by upholding policies and practices to promote equity and inclusion of LGBTQ+ patients, visitors and employees.
- LG Health's Street Medicine program started in spring 2022 to serve the vulnerable population living outside in Lancaster City. The Street Medicine team visits downtown Lancaster locations where homeless individuals gather, shelters, community meals, and community services centers. The team provides basic physical exams, mental health care, treatment for illnesses and injuries, minor medical procedures, and prescriptions for medications.

Priority 3: Mental Health

Increase Screening and Awareness

- Mental Health First Aid is a national program to teach the skills to respond to the signs of mental illness and substance use. In partnership with Lancaster County school districts and CSG, LG Health provided Mental Health First Aid training for 1142 people in FY23, 396 in FY24, and plans to train 500 in FY25.

Increase Trauma-Informed Policies and Practices

- Many people in Lancaster County have experienced trauma and adverse childhood experiences, increasing their risk for future health problems. Implementing trauma-informed practices is one way to reduce health risk and promote well-being. LG Health partnered with the City of Lancaster to provide training for City government employees and neighborhood leaders in trauma-informed practices and to assess opportunities to implement trauma-informed policies. Through community focus groups, surveys, and interviews with city staff and leaders, LG Health developed a comprehensive report highlighting positive trends and areas for improvement.

Reducing Overdose Deaths

- In 2020, there were 146 overdose deaths in Lancaster County, which has declined to less than 50 deaths in 2024. LG Health is the backbone organization for Joining Forces, a collective impact effort that has been working since 2017 to reduce overdose deaths in Lancaster County. In January 2023, LG Health also started Lancaster County's Overdose Fatality Review Team, an interdisciplinary effort to collect detailed data about overdose deaths to identify opportunities for prevention.
- LG Health has distributed over 6,000 naloxone kits and provided training to first responders and community members in overdose response over the past three years. We have also funded an advertising campaign across the county promoting the Good Samaritan law and encouraging community members to intervene in an overdose emergency.
- The Joining Forces for Children Family Advocate program provides education, skill building, and resource navigation services to children who have been affected by substance use and their families. Our Family Advocate served 127 children in FY23, 73 in FY24, and plans to serve 100 children in FY25.

Behavioral Health Programs

- LG Health continues to expand behavioral health services to meet patient needs. Over the past three years, we started an Interventional Psychiatry Clinic to improve quality of care for chronic and medication resistant patients. We have also started an Intensive Outpatient Program and Partial Hospitalization Program at Lancaster Behavioral Health Hospital, as well as a walk-in clinic at Duke Street in Lancaster City, to address gaps in care.

ENDNOTES

[i] *See www.healthdata.org.*

[ii] *National Center for Health Statistics. U.S. Small-Area Life Expectancy Estimates Project (USALEEP): Life Expectancy Estimates File for {Jurisdiction}, 2010-2015]. National Center for Health Statistics. 2018. Available from: https://www.cdc.gov/nchs/nvss/usaleep/usaleep.html.*

[iii] *See https://www.neighborhoodatlas.medicine.wisc.edu/*

[iv] *https://www.cfr.org/in-brief/us-life-expectancy-decline-why-arent-other-countries-suffering-same-problem*

[v] *Farzana Kapadia: Life Expectancy in the United States: A Public Health of Consequence, June 2024, American Journal of Public Health **114**, 556_558, https://doi.org/10.2105/AJPH.2024.307677*

[vi] *See https://www.cdc.gov/nchs/hus/sources-definitions/age-adjustment.htm for more details about age adjustments.*

[vii] *The life expectancy data in this analysis comes from the CDC: https://www.cdc.gov/nchs/data-visualization/life-expectancy/index.html and https://www.cdc.gov/nchs/nvss/usaleep/usaleep.html. Tract-level census data from the American Community Survey 2021 five-year estimates were merged to compare life expectancy with income, educational and race data.*

[viii] *The correlations at the state level show that life expectancy increases with higher median household income (r = .56), educational attainment (r = .51) and non-Hispanic White population shares (r = .48).*

[ix] *These statistics were downloaded from the state vital statistics web site on 1/30/2025 located at https://www.phaim1.health.pa.gov/EDD/*

[x] *See https://www.who.int/data/gho/indicator-metadata-registry/imr-details/158*

[xi] *A complete description of the Social Determinants of Health model and objectives can be found on the Healthy People 2030 website, https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health.*

[xii] *For example, see this analysis from the US Bureau of Labor Statistics: https://www.bls.gov/emp/chart-unemployment-earnings-education.htm*

[xiii] *The logic and scoring for the measure used in this analysis comes from: Chantarat, Tongtan, David C. Van Riper, and Rachel R. Hardeman. "Multidimensional structural racism predicts birth outcomes for Black and White Minnesotans." Health Services Research 57, no. 3: 448-457. doi:10.1111/1475-6773.13976. The source of the data is Rachel Hardeman, Claire Kamp Dush, Wendy Manning, and David Van Riper. Racism- countyeducational inequity. IPUMS Contextual Determinants of Health. Minneapolis, MN: IPUMS. 2024. https://doi.org/10.18128/M130-009.2024-02.*

[xiv] *This is defined as households that spend 30% or more of their income on rent. The proportion in Lancaster County is similar to other central Pennsylvania counties.*

[xv] *See for example: https://www.jchs.harvard.edu/blog/record-homelessness-amid-ongoing-affordability-crisis and https://pmc.ncbi.nlm.nih.gov/articles/PMC10574586/.*

[xvi] *See https://www.huduser.gov/portal/datasets/ahar/2023-ahar-part-1-pit-estimates-of-homelessness-in-the-us.html.*

[xvii] *Visit https://www.neighborhoodatlas.medicine.wisc.edu/ for more information about the Area Deprivation Index.*

[xviii] *See, for example, Ten Americas: a systematic analysis of life expectancy disparities in the USA, Lancet 2024; 404: 2299-323.*