

Community Health Improvement Plan

LANCASTER COUNTY, PENNSYLVANIA

FISCAL YEARS 2026-2028

Authors

Ashley Lundy, MHA
Director of Community Health

Brenda Buescher, MPH
Health Promotion Specialist

Contributors

Mary Dorman
Manager of Community Health & Wellness

Troy Hafer
Director of Facilities Engineering

Mary Halye
Manager of Lancaster County Children's Alliance

Elizabeth Hivner
Manager of Community Health & Wellness

Lindsay Pringle
Manager of Community Health & Wellness

Ashlee Rineer
Manager of Community Health & Wellness

Contents

Community Health Needs	4
Our Plan	6
Our Strategic Vision	6
Key Metrics	6
Community Health Improvement Approach	8
Goals and Strategies	9
Priority 1: Behavioral Health	9
Priority 2: Safe & Healthy Environment	9
Priority 3: Access and Prevention	10
Resources	11
Accountability and Reporting	11

Community Health Needs

Our 2025 Community Health Needs Assessment identified and prioritized the top community health needs in Lancaster County, PA. Our assessment process used data on health outcomes, health behaviors and risk factors, and the community health environment, as well as community input about the most pressing health needs and most important solutions. In addition, we evaluated our past work and the capacity and resources of our health system to address community needs. We prioritized three significant community health needs, described below.

Priority 1: Behavioral Health

Behavioral health includes mental health and the use of alcohol, tobacco, and other drugs. Among community members who participated in a deliberative forum about community health needs, three in four “strongly agreed” that mental health was among the top three health needs in Lancaster County and about half strongly agreed that substance abuse was among the top three issues. In-depth interviews with community leaders from Lancaster County who represent social services, education, local government, healthcare, and the non-profit sector also pointed to substance use and mental health as the most pressing issues affecting their clients.

- The risk factors that account for the most disease burden in the United States and Pennsylvania include tobacco, drug, and alcohol use.
- Lancaster adults report that they experience 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.
- Deaths from drug use disorders rank higher as a cause of death in Pennsylvania than in the US.
- Adults living in Lancaster County smoke at higher rates than residents in the state overall.

Priority 2: Safe and Healthy Environment

A safe and healthy environment, especially healthy housing and health resources for individuals experiencing homelessness, is a significant health need.

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

Priority 3: Access and Prevention

Access to healthcare and prevention are key priorities, focusing on keeping people healthy and reducing barriers to healthcare services. The community members who participated in the deliberative forum about community health needs felt that cost and insurance issues and maintaining healthy lifestyles deserved more attention.

- 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. There is significant variability in life expectancy across census tracts, with life expectancy at birth in Lancaster County ranging from a low of 67.7 years to a high of 88.2 years. Social problems, such as intergenerational poverty and lack of access to education, contribute to these differences.



Our Plan

Penn Medicine Lancaster General Health’s Community Health Improvement Plan is a comprehensive strategy to address the significant community health needs identified in the 2025 Community Health Needs Assessment. This plan will cover fiscal years 2026-2028 (July 1, 2025 –June 30, 2028).

This plan document includes a summary of our significant community health needs, the public health framework we use to plan our interventions, and measurable goals and objectives for the next 3 years. It is approved and adopted by the LG Health Board of Trustees and made available to the public at lanastergeneralhealth.org.

Our Strategic Vision

One of the pillars of Penn Medicine's 2023-2028 Strategic Plan is to "Uplift Our Community, Our Environment, and Ourselves." Through this pillar, the health system aims to increase life expectancy and the social and economic welfare of residents in our communities. This strategic pillar is at the heart of LG Health's mission to advance the health and well-being of the community we serve.

Our goal for community health is for Lancaster County to rank in the top decile of the healthiest counties in the United States.

Table 1 shows County Health Rankings indicators, covering health outcomes, behaviors, clinical care, and environment. The table provides Lancaster County’s current metric and the metric achieved by the top decile of counties in the US. There are 3 indicators in green (low birthweight, mammography screening, and flu vaccination, where Lancaster already performs in the top decile.

Key Metrics

Based on our goal to rank among the healthiest counties in the United States, we will be tracking a set of key metrics included in the County Health Rankings to measure our progress towards this goal. These metrics are listed below:

Health Outcomes	Health Conditions, Behaviors, and Risks
Premature Death (years lost) Poor or Fair Health Poor Physical Health Days Poor Mental Health Days Low Birthweight	Excessive drinking Alcohol-impaired driving deaths Adult smoking Severe housing problems Air pollution – particulate matter

Table 1. County Health Rankings

Focus Area	Measure	Lancaster, PA	Top US Performers (Top 10th percentile)
HEALTH OUTCOMES			
Length of Life	Premature Death (years lost)	6,500	6,000
Quality of Life	Poor or Fair Health	15%	13%
	Poor Physical Health Days	3.6	3.1
	Poor Mental Health Days	4.8	4.4
	Low Birthweight	6%	6%
HEALTH FACTORS			
HEALTH BEHAVIORS			
Tobacco Use	Adult Smoking	17%	14%
Diet and Exercise	Adult Obesity	35%	32%
	Food Environment Index	8.8	8.9
	Physical Inactivity	23%	20%
	Access to Exercise Opportunities	81%	90%
Alcohol and Drug Use	Excessive Drinking	17%	13%
	Alcohol-Impaired Driving Deaths	23%	10%
Sexual Activity	Sexually Transmitted Infections	247.3	151.7
	Teen Births	11	9
CLINICAL CARE			
Access to Care	Uninsured	11%	6%
	Primary Care Physicians (pop per provider)	1,380	1,030
	Dentists (pop per provider)	1,690	1,180
	Mental Health Providers (pop per provider)	520	230
Quality of Care	Preventable Hospital Stays	2,186	1,558
	Mammography Screening	53%	52%
	Flu Vaccinations	60%	53%
SOCIAL & ECONOMIC FACTORS			
Education	High School Completion	87%	94%
	Some College	60%	74%
Employment	Unemployment	3.50%	2.30%
Income	Children in Poverty	12%	10%
	Income Inequality	3.8	3.7
Family and Social Support	Children in Single-Parent Households	16%	13%
	Social Associations	13.8	18
Community Safety	Injury Deaths	75	64
PHYSICAL ENVIRONMENT			
Air and Water Quality	Air Pollution - Particulate Matter	11.1	5
	Drinking Water Violations	Yes	
Housing and Transit	Severe Housing Problems	14%	8%
	Driving Alone to Work	74%	70%
	Long Commute - Driving Alone	30%	17%

Community Health Improvement Approach

We use a systematic approach to planning community health improvement activities. This approach involves assessing community health needs in our CHNA, planning interventions, and evaluating progress.

We use three key guiding principles in our work.

Upstream Prevention. We aim to prevent health problems before they begin. To make a significant impact on community health, we must focus on the root causes of poor health – these are called “upstream” approaches. Many of our community health problems, from substance use and suicide to obesity and chronic disease, have common causes: adverse childhood experiences, poverty, and lack of access to the resources needed for health. A wide range of factors influence health, from education and income to the quality of our housing and the safety of our neighborhoods. We need to help create healthy conditions where people are born, grow, live, work, and age to improve health and decrease healthcare costs.



Equal Opportunity for All. Our goal is to help ensure that each person in Lancaster County has an equal opportunity for good health. The communities that are most at risk for poor health must be our first priority. In our 2025 Community Health Needs Assessment, we found large differences in life expectancy and health across different regions of Lancaster County. We found that some people in Lancaster County are at greater risk for health problems and early death because of their social and economic environment. For everyone to have an equal opportunity for good health, we must always understand the barriers facing people most at risk.

Evidence-Based Practices. We focus on implementing interventions that have been evaluated in peer-reviewed research. Sources for evidence based practices in community health include the Community Preventive Services Task Force, What Works for Health from County Health Rankings, and Healthy People 2030. For emerging issues that do not yet have a large base of evidence-based interventions, we use approaches that are supported by existing science and successes from public health practice.

Goals and Strategies

Priority 1: Behavioral Health

Goal 1: Promote access to mental health resources and enhance prevention efforts.	
Strategies:	
	Facilitate access and affordability of behavioral health services.
	Improve connectedness of resources and systems of care.
	Promote education on physical and mental well-being.
Goal 2. Deploy resources and prevention programming to address youth mental health concerns.	
Strategies:	
	Improve coordination and communication between pediatric BH patients and providers in the community.
	Foster collaboration and education on youth suicide prevention.
	Reduce and prevent trauma to children caused by substance use.
Goal 3. Reduce addiction and dependence and their negative effects.	
Strategies:	
	Strengthen evidence-based overdose prevention.
	Strengthen school and community-based prevention programs.
	Reduce stigma associated with substance use and treatment.
	Improve housing and employment resources to promote recovery.

Priority 2: Safe & Healthy Environment

Goal 4: Mitigate lead and safety hazards in Lancaster County homes.	
Goal 5: Provide coordinated support to alleviate suffering of those experiencing homelessness.	
Strategies:	
	Deliver medical care outside traditional facilities.
	Improve data systems and data-sharing on housing and homelessness.
	Support development of county-wide strategic plan to address housing and homelessness.
	Promote supportive and affordable housing.
Goal 6: Support local ecosystem conservation efforts for public benefit.	
Goal 7: Minimize climate footprint of enterprise operations.	
Strategies:	
	Complete baseline assessment of sustainability practices in partnership with the Mazzetti Group, and implement action plan based on the results.

Priority 3: Access and Prevention

Goal 8: Improve access to healthy food and health outcomes for individuals experiencing food insecurity.	
Goal 9: Implement data-driven approaches to minimize health disparities and mitigate social needs.	
Strategies:	
	Promote comprehensive social support by screening patients for health-related social needs.
	Advance culturally competent healthcare engagement strategies in marginalized populations.
	Collaborate on a primary care strategy for the Plain community, Medicaid patients and the uninsured.
Goal 10: Provide oversight for county-wide child safety and prevention efforts.	
Strategies:	
	Facilitate connectedness with schools to better manage patients and distribute community health resources.
	Ensure that children experiencing abuse have access to a response system that puts their needs at the forefront.
	Explore expansion of child abuse services to include physical abuse.
Goal 11: Distribute training and resources that promote safe and responsible firearm ownership.	



Resources

This plan has been reviewed and approved by Penn Medicine Lancaster General Health's Board of Trustees, executive leadership team, and the many departments and service lines responsible for executing the plan.

Our health system dedicates financial and human resources to implementing the Community Health Improvement Plan. The Community Health and Wellness department is responsible for overseeing implementation and monitoring of this plan, but team members throughout the organization are involved in meeting the needs identified in our Community Health Needs Assessment.

Each strategy in the plan has one or more responsible staff members who will lead the work and report on progress each year. The Director of Community Health reports on progress regularly to the Board of Trustees.

Accountability and Reporting

Each year, we provide an annual report on our progress meeting the goals and objectives in the Community Health Improvement Plan. This plan outlines the goals, strategies, and key metrics we will use for monitoring progress. In our annual plan updates, we also identify emerging community health needs that we have identified since the CHNA. To meet these emerging needs, we will add or revise strategies in the plan accordingly.

All of LG Health's key community health improvement documents, including the Community Health Needs Assessment, the Community Health Improvement Plan, and the annual updates, are posted online at lghealth.org/countyhealthdata. This website also includes a data dashboard with updated community health indicators related to each health priority. Written copies of the plan are also available from the Community Health and Wellness Department by contacting 717-544-3137 or ashley.lundy@pennmedicine.upenn.edu.