COMMUNITY HEALTH IMPROVEMENT PLAN

2016-2019

Penn Medicine
Lancaster General Health

ACKNOWLEDGEMENTS

Organizations represented in the 2015 Community Health Stakeholder Forum and community health priority determination process

Baker Tilly
Boys & Girls Club of Lancaster
Lancaster County Business Group on Health
Cocalico School District
Columbia Borough School District
Community Action Program/WIC
Community Life Network
Community Services Group
Domestic Violence Services of Lancaster
Elizabethtown Area School District
Ephrata Area School District
I'm Able Foundation
Lancaster County Behavioral Health & Developmental Services
Lancaster County Children and Youth Agency
Lancaster County Drug and Alcohol Commission
Lancaster County Immunization Coalition
Lancaster Osteopathic Health Foundation
Lancaster Regional Medical Center
Mental Health America of Lancaster County
Moravian Center Adult Day
Nonprofit Resource Network @ Millersville University
Project Access Lancaster County (PALCO)
School District of Lancaster
SouthEast Lancaster Health Services
United Health Care
Water Street Health Services
WellSpan Health
Welsh Mountain Health Centers
White Deer Run
YWCA Lancaster

CONTENTS

EXECUTIVE SUMMARY

Based on the identified needs for Lancaster County, the Board of Trustees for LG Health/ Penn Medicine approved the development of a 2016-2019 implementation strategy focused on improving obesity, mental well-being, and substance abuse, while addressing disparities, poverty, and access within each health topic. Board approval was obtained on March 10, 2016.

2016 Targeted & Systemic Approach to Health Improvement

To appropriately address the needs of our friends and neighbors in Lancaster County, the 2016-2019 strategies for community health improvement will be implemented

- Within the health care delivery system by engaging patients that we see within our entities,

- Through alignment with geographically grouped community resources, and

- By supporting better health in every community throughout Lancaster County.

Tactics to address obesity, mental well-being, and substance misuse/abuse are addressed in the following chapters. Using a socioecological model, which recognizes the importance of individual, interpersonal, organizational, and community-level factors,

our tactics are designed to address:

- Awareness
- Education
- Behavioral Change
- Systems Change
- Policy Change (both organizational/local policies, as well as legislative change)
- Environmental Change

This targeted and systemic approach has been vetted through our Board of Trustees, physician leaders, key partners, and community nurses at various meetings during June, July, and August of 2016.

For questions or comments, please contact Jessica Klinkner at 717-544-3867 or jklinkner2@ lghealth.org.

INTRODUCTION

Healthcare is undergoing profound change. Reform is necessary to make healthcare more affordable and accessible to all. Too often, we focus on treating people when they are sick, rather than helping them get and stay healthy. Our Mission is to "advance the health and well-being of the communities we serve." Our Vision is to "deliver on the promise of a healthier future." Through this vision we engage, educate, and guide people to take charge of their health. We will transform the way care is delivered by providing coordinated and affordable, high-quality services. With input from our Trustees, employees, physician leaders and the community, Lancaster General Health/Penn Medicine continually plans for the future by pursuing a strategic direction that enables us to be successful.

"Our Mission is to advance the health and well-being of the communities we serve."

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"Our Vision is to deliver on the promise of a healthier future."

A Snapshot of Lancaster General Health/Penn Medicine

Lancaster General Health (LG Health) became a member of the University of Pennsylvania Health System (Penn Medicine) in 2015. We are a 631-licensed bed not-for-profit health system with a comprehensive network of care encompassing Lancaster General Hospital (LGH), Women & Babies Hospital and the Lancaster Rehabilitation Hospital (in partnership with Kindred Healthcare). Our membership in Penn Medicine brings together the strengths of a world-renowned, not-for-profit academic medical center and a nationally recognized, not-for-profit community healthcare system.

Outpatient services are provided at the Downtown and Suburban Pavilions, along with additional outpatient facilities and Express and Urgent Care locations throughout the region. Lancaster General Health Physicians is a network of more than 300 primary-care and specialty physicians, at more than 40 offices throughout the region. Pennsylvania College of Health Sciences is a private, co-educational, Middle States-accredited four-year college offering a variety of associate, baccalaureate, master degree and certification programs in healthcare.

LGH has been designated a Magnet hospital for nursing excellence four times. It has been recognized regionally and nationally for clinical excellence and patient safety; and ranked nationally by U.S. News & World Report as one of the nation's best hospitals in 2016-17. In 2014, we were the first hospital in Pennsylvania to achieve Baby-Friendly® designation—an international award recognizing birth facilities that offer breastfeeding mothers the information, confidence, and skills they need to successfully start and continue breastfeeding their babies.

LG Health is led by a Board of Trustees made up of dedicated community and business leaders who volunteer their time and expertise. They are committed to ensuring that LG Health's services reflect the values, traditions, and priorities of the diverse communities we serve. To emphasize the importance of community health as a priority, the LG Health Board of Trustees has a Mission & Community Benefit Committee that is often led by the Chair-Elect of the Board. The Mission & Community Benefit Committee is one of 11 standing Committees of the Board.

Population Health Management:
A Health System Strategy

Under the Affordable Care Act, healthcare providers are rewarded for keeping people well rather than just treating those who are sick. Government, payers and employers want healthcare organizations to keep people out of hospitals, to enhance our quality, and to become more efficient and lower our costs. Today, our business is to keep people healthy. Called "Population Health Management," this approach challenges our health system to develop innovative ways to educate and empower individuals so they can proactively manage their health. We continue to transform how care is delivered to enhance quality, patient satisfaction and overall value, and we are beginning to make real strides:

• We are enhancing patient care and reducing costs through initiatives such as Care Connections, an award-winning program that empowers our community's most vulnerable patients to take a holistic approach to their health. Care Connections is helping high-risk, high-utilizing patients better manage their health.

• We have established Patient-Centered Medical Homes and Be Well Teams at all LG Health Physicians primary-care practices. This team approach aims to keep patients well, rather than just treating them when they are sick or injured. Each practice has a multidisciplinary group, called a Be Well

Team, dedicated to coordinating care and engaging patients so they can make the best choices to stay healthy.

• Ambulatory Complex Care Teams are tightening inpatient and primary care coordination with the goal of reducing hospital readmissions, while helping patients meet their social needs.

• The LG Health Community Care Collaborative, our Accountable Care Organization (ACO), is discovering ways to increase efficiency and quality for more than 20,000 Medicare beneficiaries in our community.

Healthcare is ever-changing and we are confident that we will continue to develop the tools, skills and connections to keep pace and to serve the healthcare needs of our community. Specifically, the Community Health Improvement Plan (CHIP) outlines the strategies we will implement which are based on the Community Health Needs Assessment (CHNA) results and integrated in to the community commitment and population health goals of the organization.

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"Our business is to keep people healthy."

Core Principles of Community Health Improvement

Responding to the health needs of our communities, especially the most vulnerable among us, is central to LG Health/Penn Medicine's mission to advance the health and well-being of the communities we serve. We constantly strive to pursue a deep understanding of health needs and carry out a strategic approach to address those priority needs. As the most comprehensive health care provider in Lancaster County we take our role and commitment to the community very seriously. Our intention is always to provide the highest quality care for those we serve, regardless of their ability to pay.

Our community health improvement strategy has developed into an organized process that is grounded in four key principles:

• Community Collaboratives and Partnerships

• Data driven needs assessment

• Systematic approach to addressing the needs

• Continual measurement and evaluation

All programs and initiatives are evidence based whenever possible and designed with supporting data to achieve successful outcomes.

Focus on Collaboration

LG Health has established long-standing partnerships with physicians, government agencies, businesses, schools, and local and regional non-profits. Figure 1 provides the conceptual framework for the process LG Health uses to assess community needs, establish priorities, and set broad community indicators as well as hospital specific goals and measures. The *Live*WELL Lancaster County Coalition (formerly Lancaster Health Improvement Partnership) is our primary partnership.

LiveWELL is a public/private partnership of stakeholders representing diverse organizations, groups, and businesses. This collaborative assists Lancaster General Health/Penn Medicine and WellSpan Ephrata Community Hospital in the facilitation of the Community Health Needs Assessment (CHNA), as well as the establishment of a data driven process that is the foundation for decision making in setting health priorities. LiveWELL coordinated Lancaster County's 2013 & 2016 CHNAs and participated in the development of the Community Health Improvement Plans (CHIP) for each hospital organization. The 2013 & 2016 CHNAs, as well as the Community Health Improvement Plan & Annual Updates can be found at www.lghealth.org/countyhealthdata.
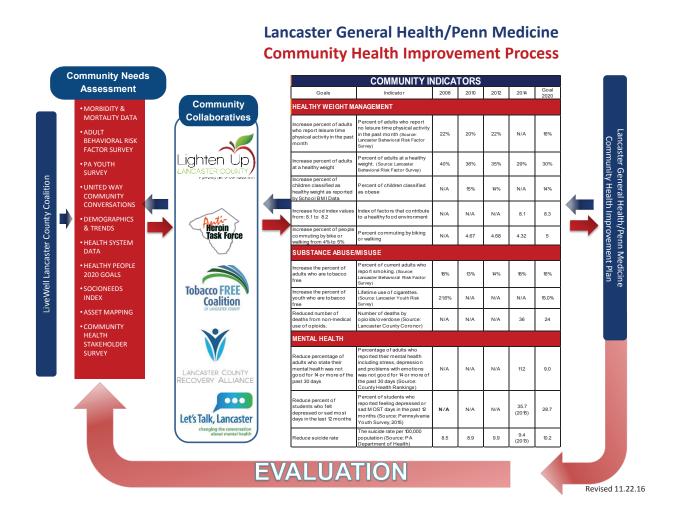
Lancaster General Health/Penn Medicine
Community Health Improvement Process

Community Needs Assessment

- MORBIDITY & MORTALITY DATA
- ADULT BEHAVIORAL RISK FACTOR SURVEY
- PA YOUTH SURVEY
- UNITED WAY COMMUNITY CONVERSATIONS
- DEMOGRAPHICS & TRENDS
- HEALTH SYSTEM DATA
- HEALTHY PEOPLE 2020 GOALS
- SOCIONEEDS INDEX
- ASSET MAPPING
- COMMUNITY HEALTH STAKEHOLDER SURVEY

LiveWell Lancaster County Coalition

Community Collaboratives

Lighten Up LANCASTER COUNTY

Anti Heroin Task Force

Tobacco FREE Coalition OF LANCASTER COUNTY

LANCASTER COUNTY RECOVERY ALLIANCE

Let's Talk, Lancaster — changing the conversation about mental health

Lancaster General Health/Penn Medicine Community Health Improvement Plan

COMMUNITY INDICATORS						
Goals	Indicator	2008	2010	2012	2014	Goal 2020
HEALTHY WEIGHT MANAGEMENT						
Increase percent of adults who report leisure time physical activity in the past month	Percent of adults who report no leisure time physical activity in the past month (Source: Lancaster Behavioral Risk Factor Survey)	22%	20%	22%	N/A	16%
Increase percent of adults at a healthy weight	Percent of adults at a healthy weight. (Source: Lancaster Behavioral Risk Factor Survey)	40%	36%	35%	29%	30%
Increase percent of children classified as healthy weight as reported by School BMI Data	Percent of children classified as obese	N/A	15%	14%	N/A	14%
Increase food index values from: 8.1 to 8.2	Index of factors that contribute to a healthy food environment	N/A	N/A	N/A	8.1	8.3
Increase percent of people commuting by bike or walking from 4% to 5%	Percent commuting by biking or walking	N/A	4.67	4.68	4.32	5
SUBSTANCE ABUSE/MISUSE						
Increase the percent of adults who are tobacco free	Percent of current adults who report smoking. (Source: Lancaster Behavioral Risk Factor Survey)	18%	13%	14%	18%	16%
Increase the percent of youth who are tobacco free	Lifetime use of cigarettes. (Source: Lancaster Youth Risk Survey)	21.6%	N/A	N/A	N/A	15.0%
Reduced number of deaths from non-medical use of opioids.	Number of deaths by opioids/overdose (Source: Lancaster County Coronor)	N/A	N/A	N/A	36	24
MENTAL HEALTH						
Reduce percentage of adults who state their mental health was not good for 14 or more of the past 30 days	Percentage of adults who reported their mental health including stress, depression and problems with emotions was not good for 14 or more of the past 30 days (Source: County Health Rankings)	N/A	N/A	N/A	11.2	9.0
Reduce percent of students who felt depressed or sad most days in the last 12 months	Percent of students who reported feeling depressed or sad MOST days in the past 12 months (Source: Pennsylvania Youth Survey, 2015)	N/A	N/A	N/A	35.7 (2015)	28.7
Reduce suicide rate	The suicide rate per 100,000 population (Source: PA Department of Health)	8.5	8.9	9.9	9.4 (2013)	10.2

Revised 11.22.16

EVALUATION

Figure 1. LG Health/Penn Medicine Community Health Improvement Process

Prioritized Needs to be Addressed

Based on the identified needs for Lancaster County from the 2016 CHNA and the valuable input received from community health stakeholders, the Board of Trustees for LG Health/Penn Medicine approved the development of a 2016-2019 implementation strategy. The strategic focus is improving obesity, mental well-being, and substance misuse and abuse, while addressing disparities, poverty, and access within each health topic, as depicted in Figure 2. Board approval was obtained on March 10, 2016. These priorities have been adopted into LG Health's annual operating plan and budget.

Figure 2. LG Health/Penn Medicine Adopted Community Health Priorities, 2016-2019

Identified Health Needs Not Addressed in This Plan

Although asthma was identified as a need in the secondary data analysis of the CHNA, LG Health/Penn Medicine has not selected it as a health priority at this time. LG Health will however, address the root causes of asthma by focusing on obesity, active transportation, and tobacco use, as well as the social determinants of health as described in greater detail in Chapter 2. The high rate of asthma among both adults and children in our community is an issue that will be monitored closely and will be explored in greater detail in 2017-2018, with potential strategy development in 2018-2019.

CHAPTER 1:
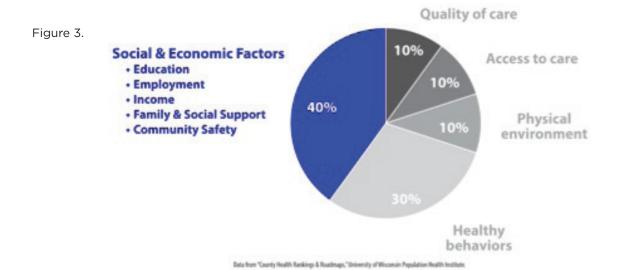# ADDRESSING THE ROOT CAUSES OF POOR HEALTH

"I diagnosed 'abdominal pain' when the real problem was hunger; I confused social issues with medical problems in other patients, too. I mislabeled the hopelessness of long term unemployment as depression and the poverty that causes patients to miss pills or appointment as noncompliance. In one older patient, I mistook the inability to read for dementia. My medical training had not prepared me for this ambush of social circumstance. Real-life obstacles had an enormous impact on my patient' lives, but because I had neither the skills nor the resources for treating them, I ignored the social context of disease altogether."

– Laura Gottlieb, MD, MPH
University of California, San Francisco School of Medicine

To develop a Community Health Improvement Plan for Lancaster County, it is critical to be aware of all factors affecting health outcomes in our community. There is an increased recognition of social factors that surround the structural and functional capabilities of health systems and how they affect the health of the communities they serve. Health care systems are being transformed with a unified vision that demands a shared responsibility of all public service sectors to acknowledge the social and economic context of disease.

According to the CDC, social determinants of health are defined as "conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes".[1] The undeniable driving force behind a health system's mission is the enhancement of the health of its patients, but medical care is not the paramount factor that affects health. Although medical care is an inarguable contributor to a person's health status, studies show that the quality and access to medical care amount to only 20% of relative contribution to that status. In contrast, socio-economic factors are linked to 40% of that relative contribution, as illustrated in Figure 3.[2]
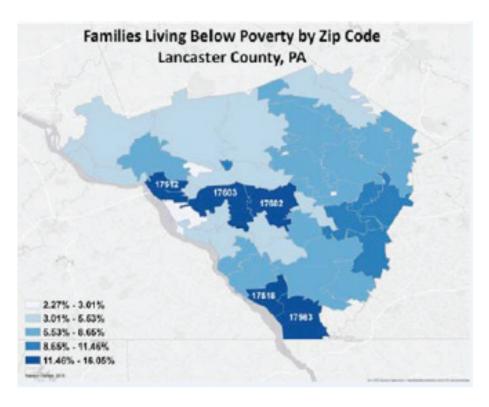
Figure 3.

Social & Economic Factors
- **Education**
- **Employment**
- **Income**
- **Family & Social Support**
- **Community Safety**

Quality of care

Access to care

Physical environment

Healthy behaviors

40%

10%

10%

10%

30%

Data from "County Health Rankings & Roadmaps," University of Wisconsin Population Health Institute.

Therefore, in setting health priorities, social determinants of health must be addressed. This requires us to ask why our communities may be unhealthy, before we ask what we can do to help. In doing so, our aim is to work in partnership with community organizations to provide holistic care that targets the elemental issues that are affecting the lives of many in our county.

We must first seek to fully understand the basic conditions that our communities face in and out of the healthcare setting. Communities throughout Lancaster County differ not only in their collective health status, but also in a myriad of different features that create and affect the root causes of the population's ailments (or lack thereof). In knowing Lancaster County's greatest obstacles to leading healthy lives, we can delve into the reasons for their existence and make a difference.

In this three year term (2016-2019), the CHNA named obesity, mental health, and substance misuse and abuse as Lancaster County's most urgent health priorities.[3] While strategically planning on how to improve health related obesity, mental health, and substance misuse and abuse, the "why before what" approach was implemented and a list of social determinants of health believed to hold influence over these health priorities was established. This list is dynamic. Social determinants of health are not mutually exclusive from one another. In reality, many of the factors that influence the health of a community are codependent and are intricately connected in a web of circumstantial social structures. On page 10, you will find an example of how one of the selected social determinants of health affects not only the targeted health priorities but also how it is connected to other social determinants of health.

A Closer Look at Poverty's Impact on the Selected Health Priorities

Families Living Below Poverty by Zip Code
Lancaster County, PA

2.27% - 3.01%
3.01% - 5.53%
5.53% - 8.65%
8.65% - 11.46%
11.46% - 16.05%

The social determinant of health that is arguably the most relevant in our own health system and community is income - as some of our most densely populated regions within Lancaster County have poverty rates as high as 16.05%. There is a direct correlation between economic standing and health status. As economic status incrementally decreases, so does one's health. This is the cause and effect of the health disparities seen nationwide.[3]

Obesity

Low income is a root cause for the high rates of obesity seen in people of lesser economic standing. For example, those who have lower income often have to work longer hours and/or work more jobs. Working longer hours means less time to prioritize diet choices and exercise. Additionally, lower income individuals often live in under resourced communities—built environments – that are more prone to food deserts, which increases food insecurity and less access to healthy foods. High-poverty neighborhoods are less likely to have the infrastructure for physical activity, including well maintained parks and trails, as well as a safe bicycle and pedestrian infrastructure. Without these two components, sustained healthy diets and exercise, the fight against obesity, and the plethora of health related problems onset by this disease, is futile.[5]

In Lancaster County, 37% of adults whose annual income is less than $25,000 are obese, a rate statistically higher than those that make over $50,000 annually.[4]

Mental Health

Working more hours for less pay is correlated to higher stress levels due to demanding financial burdens that ensue. Stress reduction is often not a possibility for many in these circumstances because of their insufficient free time outside of work. The unbalanced scale between work and play can often lead to high stress levels that are detrimental to one's mental health, causing chronic depression and anxiety.[6] Furthermore, children who grow up in households stricken by the stress of economic hardship and a lacking sense of security at home are also more likely to display signs of emotional instability. This can manifest in cases of mental health issues like depression and anxiety, which can translate into many spheres of their lives including school. These potential risk factors present a great obstacle for children who come from low income families, and negatively impact their ability to achieve their full academic potential. Children then become discouraged by their inability to meet expectations in the classroom, adding to their stress, anxiety, and depression, creating a feedback loop where mental illness is nearly inescapable.[7]

In Lancaster County, 34% of adults whose annual income is less than $25,000 have been diagnosed with a depressive disorder, a rate statistically higher than those that make over $50,000 annually.[4]

Substance Abuse & Misuse

Poor mental health, which is often a byproduct of poverty, has also been linked to higher rates of substance abuse.[8] Poverty is a risk factor even for youth, as children who grow up in low income homes have higher rates of tobacco use than their more affluent counterparts.[9] Early tobacco use is detrimental not only for the health of the developing child or adolescent but is also known to have a correlation to low educational attainment.[10] Today, this often means low prospects for an economically stable future – again,

In Lancaster County, 29% of adults whose annual income is less than $25,000 are current tobacco users, a rate statistically higher than those that make over $50,000 annually.[4]

reinforcing this feedback loop of poverty and poor health outcomes. Substance abuse can lead to serious health problems and exacerbate all risk factors mentioned previously.

Income is only one of the many social determinants of health that can be traced to many prevalent health concerns. All determinants have similar cause and effect trajectories. If we fail to surveil the course in which these determinants breed healthy or unhealthy lifestyles, then we are simply treating the symptoms and not the illness. The social determinants of health are so inextricably connected that it is possible when targeting one of these factors, other social determinants of health can be positively affected collaterally, reinforcing the push for healthier and happier communities. While health systems may not have the jurisdiction or full capacity necessary to rid communities of poverty, there are ways in which simply acknowledging their existence and working towards mitigating and intervening its effects on people's health, can make a difference.

"If we fail to surveil the course in which these determinants breed healthy or unhealthy lifestyles, then we are simply treating the symptoms and not the illness."

Taking the Next Step

The social determinants of health are complex and vast. Investing time and resources to fully understand the population being served both in and out of the medical sphere benefits health systems. The inefficiencies of increasing volume of treatment with no consideration of resource demands are simply not sustainable. As we know, curative care alone does not assure the turnout of healthier patients or healthier communities. The factors out of a clinicians control when it comes to an individual's health, let alone a community's, are innumerable. Targeting social determinants of health and integrating them into the fabric of the health system's mission reduces patient flow into areas of the hospital where funds disappear in acute care – areas where hospitals see no returns. This increases cost effectiveness and efficiency as a whole. More so, stabilizing per capita cost of care can improve the health system's performance by funding initiatives that help more people in a more sustainable and long term approach.[11]

Veering away from institutional benefits as a health system, LG Health/ Penn Medicine has a social obligation to address social determinants of health. In most communities, health systems are seen as the iconic institutions that have the most authority on health. Because of this, it is our responsibility to live up to these expectations. This means that we must act on this knowledge that can potentially bring about the most effective change for all. Health systems have the infrastructure, assets, and social capital to take on this role. The opportunity to create an integrated system of networks within our community where all determinants of health, but specifically those that have the most effect on the population, are acknowledged and addressed is monumental. Not only is it the most optimal way of creating healthy communities, but a way in which we can sustain them.[12] Health systems, of all institutions, have the chance to reach a vast amount of people in their provision of healthcare, although we all know it takes a village to truly reach everyone. Collaborating across all sectors to target Social determinants of health makes the foresight rather expansive and increases the chances of making healthier communities in Lancaster County a reality in the foreseeable future.

By recognizing the social determinants of health that affect our populations the most, we can be leaders and collaborators in this journey while raising awareness, educating, affecting behavioral change, and advocating for policies and systems change that will effectively create sustainable, healthier communities.

CHAPTER 2:
A NEW APPROACH TO ACCESS IN LANCASTER COUNTY

Although access to care has been an organizational priority at LG Health for many years, this targeted and systemic approach to impact the social determinants of health illustrates a shift in health improvement. This approach to both care delivery and community health improvement is validated by federally developed programs such

as the Accountable Health Communities Model (Centers for Medicare and Medicaid Services), the HI-5 Health Impact in 5 Years Initiative (Centers for Disease Control and Prevention) and the National Prevention Action Plan (Centers for Disease Control and Prevention), illustrated in Figure 4.

Figure 4. National Prevention Strategy.[13]

To appropriately address the needs of our friends and neighbors in Lancaster County, the 2016-2019 strategies for community health improvement will be implemented

- Within the health care delivery system by engaging patients that we see within our entities,

- Through alignment with geographically grouped community resources, and

- By supporting better health in every community throughout Lancaster County.

Partnerships are vital to achieving lasting impact on health outcomes. The following chapters will recognize specific key partners that have:

- Committed to address social and environmental determinants of health

- Agreed to a common agenda to address root causes of health problems and health disparities in Lancaster County

- Agreed to measure health related indicators and regularly report progress towards improving these indicators

- Demonstrated organizational capacity to achieve goals.

Tactics to address obesity, mental well-being, and substance misuse/abuse are addressed in the following chapters. Using a social ecological model, which recognizes the importance of individual, interpersonal, organizational, and community-level factors, our tactics are designed to address:

- Awareness

- Education

- Behavioral Change

- Systems Change

- Policy Change (both organizational/local policies, as well as legislative change)

- Environmental Change

This targeted and systemic approach has been vetted through our Board of Trustees, physician leaders, key partners, and community nurses at various meetings during June, July, and August of 2016.

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"Partnerships are vital to achieving lasting impact on health outcomes."

Improving Our Practice: Access to Care and Human Services

Until recently, LG Health/Penn Medicine's strategic planning and wellness efforts were viewed as separate and distinct. On one side of the coin, our efforts addressed health promotion, including tobacco dependence treatment, weight management, and stress management. On the other side, we had our healthcare delivery efforts, including clinical work and traditional service-line orientation. Now focused on population health, we are blending the two efforts into how our resources should be deployed to help individuals and families achieve an optimal level of health and reduce the need for traditional health care services. We are creating more connections by looking at how our patient centered medical homes (PCMH) can tie healthcare delivery with our diverse work around changing the health status of our community.

This chapter highlights LG Health/Penn Medicine's overall approach to Community Health Improvement and our movement towards Accountable Care Communities. In addition, this chapter begins the theoretical framework that is detailed in Chapter 3, identifying strategies that go beyond those that influence our patients or "covered lives" but that have the great (best practice) potential to improve the health and well-being for everyone in our community with a particular focus on the most vulnerable populations; those in poverty.

Ensuring Patient Understanding through Clear Communication

Patients enter our doors each day without the ability to read, understand, and effectively act on the health information we provide to them. Regardless of education level, these individuals have limited health literacy, as defined by the Institute of Medicine.[14] According to the American Medical Association's report on Health Literacy and Patient Safety, health literacy is a stronger predictor of individual health status than age, income, employment status, education level or racial/ethnic group.[15] Not surprisingly, this is a significant concern, as limited health literacy affects people's ability to:

• Navigate the healthcare system, which includes filling out complex forms and locating providers/services

• Share personal information, such as health history, with clinicians

• Engage in self-care and chronic-disease management, increasing the risk for medication and self-care errors

• Understand mathematical concepts, such as probability and risk.[15]

The Joint Commission, American Medical Association, CDC and other organizations have recognized the critical need to address health literacy. LG Health's Patient Education Committee is acting on their recommendations by developing, implementing and evaluating a patient education system that is coordinated across the care continuum. Transparent documentation of patient understanding will positively impact transitions of care, and elevate patient safety, quality, and engagement.[15] Additionally, the Committee is dedicated to ensuring patient understanding through clearly written, verbal, and navigational communications. *The Ten Attributes of a Health Literate Health Care Organization,* established by the National Academies of Medicine, serve as the foundational goal drivers for the system-wide Patient Education committee.[16]

Screening to Identify Risk

Screening patients for the presence of chronic disease factors has become routine in physician offices around the nation. It is the intent of the Community Health and Wellness Department at LG Health to make screening of modifiable risk factors of chronic disease routine as well. Strategies for improvement include planned efforts to increase screening and referral rates for BMI, depression, tobacco use, and chronic opioid use.

Regional Health Education and Awareness Programming

Research and best practice pilots have demonstrated that targeted prevention strategies during a person's lifespan increase optimal health and well-being. Offering these strategies regionally will remove the geographic and transportation barriers currently faced by residents that are not centrally located around our main facilities in Lancaster where programs are currently offered. Strategies for improvement are aimed at educating both providers to increase referrals and educating patients to encourage and support behavior change.

Programs for Vulnerable Populations

The community health and wellness strategy includes program offerings for vulnerable populations, regardless of health risk. These include, but are not limited to free car seats through Safe Kids, Child Protect immunizations, Healthy Beginnings Plus for expectant mothers, and the Healthy Woman breast and cervical cancer screening program. Community partners offer additional programs to meet the various needs of disparate populations, including food, housing, and transportation services.

Creating a Community Linkage Plan

The introduction of the Accountable Care Organization (ACO) has not fundamentally changed LG Health/Penn Medicine's commitment to community health improvement, but it has reframed how community health improvement activities are depicted in the overarching organizational strategy.

Moving forward, the goals of community health improvement include:

• More tightly integrated community-based organization with primary care as appropriate.

• Enhanced connectivity with most frequently used referrals including system re-design with community based organizations to improve communications and care.

• Refined process for community referrals with loop closure to ensure patient needs are met.

Alignment with community resources that are geographically grouped

As part of LG Health/Penn Medicine's 2016-2019 Community Health Improvement Plan (CHIP), both the health priorities (obesity, mental well-being, and substance abuse) and the social determinants of health (disparity, poverty, and access) will be a primary focus in the following geographic areas:

• Southeast Lancaster City

• Columbia

• Pequea Valley School District

• Solanco School District

We will be identifying key partners in each of these locations to develop collaborative strategies for health improvement.

Enhanced Connectivity: CaseWorthy

To enhance connectivity with community based organizations, particularly to create a feedback loop for referrals, Lancaster County organizations are employing CaseWorthy. CaseWorthy is a commercial case management, client management and participation-tracking application for non-profit organizations to support and enable health and human service organizations to create stronger and healthier people, families, and communities.

LG Health/Penn Medicine has been actively engaged in the expansion of the CaseWorthy application. Linking social services to medical services through technology could prove to be a win/win for social service organizations, healthcare organizations and most importantly, the client/patient.

Enhanced Connectivity: TimeBanking

The Lancaster County TimeBank is a referral service of a network of individuals and service organizations that have come together to share skills and services in a non-monetary exchange system. Members are individuals, clinical partners and service organizations that come together to share skills and services in a web-based non-monetary exchange system.

• People and organizations join The Lancaster County TimeBank and select the services and assets that they can provide to others

• Everyone's time is valued equally (hour / 1/2 Hour)

• No minimum or maximum of hours required

• Members both give and receive services

• Examples: transportation, help and home, companionship, education

LG Health is a member of the Lancaster County TimeBank Startup Committee, and has committed to aligning this network with the following entities (at a minimum):

• Care Connections

• Ambulatory Community Care Teams

• Ann B. Barshinger Cancer Institute

• Renal Dialysis

Additionally, this network aims to enhance social capability (aligns with Let's Talk, Lancaster) and provides a resource for financially under resourced populations. The network will be coordinated by the United Way of Lancaster County.

LANCASTER COUNTY
TimeBank

CHAPTER 3:
IMPROVING HEALTH OUTCOMES
Priority 1: Obesity

WHAT WE KNOW ABOUT LANCASTER COUNTY

- 60% of adults are overweight or obese (2013-2015).[4]

- 25% of adults are obese (2013-2015).[4]

- 36% of children K-6th grade are overweight or obese, rate that continues to increase (2012-2013).[17]

- 15% of children K-6th grade are obese, a rate that continues to increase (2012-2013).[17]

- 40% of teens are overweight or obese, a rate that continues to rise and that is higher than the rate in PA (2012-2013).[17]

- 17% of teens are obese (2012-2013).[17]

- 25% of residents to not live in close proximity to a park or recreational facility, limiting access to exercise opportunities (2013-2015).[4]

Proven Strategies to Make Positive Changes

These broad strategies are aligned with evidence-based and scientifically supported strategies to address obesity from the following clearinghouses:

- The National Academies of Medicine (formerly Institute of Medicine)

- Robert Wood Johnson Foundation: *What Works for Health*

- Centers for Disease Control and Prevention: *The Community Guide*

Specific tactics, performance indicators, targets, and timeline for completion will be tracked internally and reported in the annual update report. All community wide strategies and tactics will be conducted in the partner communities as well, but to a greater degree of intensity.

Lighten Up LANCASTER COUNTY
In partnership with Lancaster General Health

PROMOTING HEALTHY LIFESTYLES RELATED TO OBESITY TO ALL LANCASTER COUNTY RESIDENTS	
Education and Awareness	Increase awareness about healthy lifestyles and best practices in prevention through mass media and social marketing campaigns.
Behavior Change	Increase physical activity, healthy eating patterns, and active transportation among Lancaster County residents through community based challenges.
Policy and Systems Change	Increase the number of schools and workplaces with comprehensive wellness initiatives.
	Promote policies that support healthy community design and active transportation (Complete Streets)
	Create an environment in Lancaster County that supports healthy eating and active transportation.
	Coordinate and facilitate the Lighten Up Lancaster County Coalition.
	Advocate for health on local planning committees and boards.

REDUCING BARRIERS RELATED TO OBESITY IN PARTNER COMMUNITIES	
Education and Awareness	Increase awareness about healthy eating and physical activity using targeted communication strategies.
	Educate community members in under resourced areas about healthy eating habits.
Behavior Change	Increase physical activity through community programs with social support by developing community walking programs.
Policy and Systems Change	Increase access to affordable healthy foods for people receiving SNAP benefits and using the emergency food network.
	Create a healthier food environment through development of school gardens and healthy corner stores.
	Create a heathier environment for physical activity by collaborating with partners to develop a Lancaster County Bicycle/Pedestrian Plan.

IMPROVING THE HEALTH OF LGHP PATIENTS RELATED TO OBESITY

Education and Awareness	Educate LGHP providers about Wellness Center program offerings and resources for weight management.
	Educate LGHP providers and patients about healthy lifestyle habits.
Behavior Change	Support behaviors associated with healthy lifestyles among LGHP patients to increase patient engagement in LG Health and Community programs.
Policy and Systems Change	Implement standardized screening of patients for BMI and refer to appropriate resources.
	Implement policies that support healthy living to guide the design of LG Health facilities, following Active Design Guidelines.
	Create a healthy food environment in LG Health facilities for employees, patients, and families by increasing nutritional offerings within the hospital and available for purchase.

Priority 2: Mental Well-Being

WHAT WE KNOW ABOUT LANCASTER COUNTY

- Over 1/3 (36%) of adults in Lancaster County stated that their mental health was not good for one or more days in the last month (2013-2015).[4]

- 11.2% of adults in Lancaster County stated that their mental health, which includes stress, depression, and problems with emotions, was not good for 14 or more of the past 30 days (2014).[18]

- 38% of our 10th graders in the County report being sad or depressed MOST days in the past year (2015).[19]

- About 1/4 of all 8th, 10th, and 12th graders in the County report feeling like "life isn't worth it at all" one or more times over the past year (2015).[19]

- Overall, 1800 Lancaster County students in 6th, 8th, 10th, and 12th grade considered suicide, 1437 planned a suicide, and 1115 attempted suicide at least once in 2015.[19]

Proven Strategies to Make Positive Changes

These broad strategies are aligned with evidence-based and scientifically supported strategies to address mental well-being from the following clearinghouses:

- The Substance Abuse and Mental Health Services Administration (SAMHSA)

- The United States Preventative Services Task Force (USPSTF)

- The World Health Organization (WHO)

Specific tactics, performance indicators, targets, and timeline for completion will be tracked internally and reported in the annual update report. All community wide strategies and tactics will be conducted in the partner communities as well, but to a greater degree of intensity.

Let's Talk, Lancaster
changing the conversation about mental health

PROMOTING HEALTHY LIFESTYLES RELATED TO MENTAL WELL-BEING TO ALL LANCASTER COUNTY RESIDENTS

Education and Awareness	Increase awareness about healthy lifestyles and best practices in prevention through mass media and social marketing campaigns.
Policy and Systems Change	Create a supportive community environment for people who have experienced trauma.
	Coordinate and facilitate the Let's Talk Lancaster Coalition for mental health.
	Create/enforce a rapid response team of first responders, law enforcement, public health professionals.

REDUCING BARRIERS RELATED TO MENTAL WELL-BEING IN PARTNER COMMUNITIES

Education and Awareness	Education and Awareness Educate community members in under resourced areas about mental well-being
Policy and Systems Change	Implement a system to close the loop on referrals to social service providers in LGHP practices located in the under resourced communities (CaseWorthy).
	Reduce financial barriers to mental health services for vulnerable/low-income populations.
	Increase capacity to reduce barriers that inhibit access to health care and social service support (TimeBanking)

IMPROVING THE HEALTH OF LGHP PATIENTS RELATED TO MENTAL WELL-BEING

Education and Awareness	Educate LGHP providers about Wellness Center program offerings and resources for mental health to increase screening and intervention.
	Educate LGHP providers and patients about healthy lifestyle habits.
Behavior Change	Support behaviors associated with healthy lifestyles among LGHP patients to increase patient engagement in LG Health and Community programs.
Policy and Systems Change	Implement standardized screening of patients for depression and refer to appropriate resources.

Priority 3: Substance Misuse and Abuse

WHAT WE KNOW ABOUT LANCASTER COUNTY

- **15% of adults are current smokers (2013-2015).[4]**

- **13.5% of students used e-cigarettes within the past month; 20% of whom had no idea what substance they were vaping (2015). [19]**

- **From 2010-2015, there was a 46% increase in overdose related calls to the County 9-1-1 Center.[20]**

- **The death rate due to drug poisoning, as well as the rate of alcohol impaired driving deaths is increasing. [21]**

Proven Strategies to Make Positive Changes

These broad strategies are aligned with evidence-based and scientifically supported strategies to address substance misuse and abuse from the following clearinghouses:

- The Substance Abuse and Mental Health Services Administration (SAMHSA)

- The National Academies of Medicine (formerly Institute of Medicine)

- Robert Wood Johnson Foundation: *What Works for Health*

- Centers for Disease Control and Prevention: *The Community Guide, Best Practices for Comprehensive Tobacco Control Programs.*

Specific tactics, performance indicators, targets, and timeline for completion will be tracked internally and reported in the annual update report. All community wide strategies and tactics will be conducted in the partner communities as well, but to a greater degree of intensity.

PROMOTING HEALTHY LIFESTYLES RELATED TO SUBSTANCE MISUSE AND ABUSE TO ALL LANCASTER COUNTY RESIDENTS	
Education and Awareness	Increase awareness about healthy lifestyles and best practices in prevention through mass media and social marketing campaigns.
	Increase awareness about heroin/opioid addiction.
Behavior Change	Increase tobacco cessation efforts among Lancaster County residents by regionalizing health education programs to increase engagement.
Policy and Systems Change	Increase the number of schools and workplaces with comprehensive wellness initiatives.
	Promote policies that support tobacco-free green spaces (Young Lungs at Play), by educating and engaging municipal leaders.
	Increase the number of schools implementing evidenced based tobacco prevention programs in elementary and middle school.
	Coordinate and facilitate the Tobacco-Free Coalition of Lancaster County.
	Create/enforce a rapid response team of first responders, law enforcement, public health professionals.
	Improve "warm handoff" process in which a person who overdoses and wants help is referred to treatment.
	Increase access to anti-overdose drug naloxone.
	Improve access to data related to substance abuse/misuse including primary prevention, fatal/non-fatal overdoses.

REDUCING BARRIERS RELATED TO SUBSTANCE MISUSE AND ABUSE IN PARTNER COMMUNITIES

Education and Awareness	Educate community members in under resourced areas about the dangers of substance misuse and abuse.
	Educate social service providers in under resourced areas about free quit tobacco programs in Lancaster County.
Behavior Change	Increase access to tobacco dependence treatment programs by regionalizing health education programs to increase engagement.
	Reduce the number of pregnant women that use tobacco during pregnancy through collaboration with Healthy Beginnings Plus staff.
Policy and Systems Change	Implement a system to close the loop on referrals to social service providers in LGHP practices located in the under resourced communities (CaseWorthy).
	Provide school-based preventative education in combination with other interventions.
	Create a healthy environment in low-income multi-unit housing by implementing smoke-free policies.

IMPROVING THE HEALTH OF LGHP PATIENTS RELATED TO SUBSTANCE MISUSE AND ABUSE

Education and Awareness	Educate LGHP providers about Wellness Center program offerings and resources for tobacco dependence treatment and substance misuse support to increase screening and intervention.
	Educate LGHP providers and patients about healthy lifestyle habits, including opioid therapy and alternatives.
Behavior Change	Support behaviors associated with healthy lifestyles among LGHP patients to increase patient engagement in LG Health and Community programs.
Policy and Systems Change	Implement standardized screening of patients for tobacco use and opioid use, and refer to appropriate resources.
	Evaluate the efficiency of inpatient tobacco consultation services.

NEXT STEPS

The strategies and tactics identified in this Plan to improve the health of the communities of Lancaster County will be implemented, evaluated and continually re-assessed to ensure that they are the most appropriate approach. We will report progress on the CHIP annually on www.lghealth.org/countyhealthdata, and as part of the organization's 990 submission to the Internal Revenue Service.

Conclusion

Community health is a continuous, long-term journey for LG Health/Penn Medicine. We've been at it for a quarter century and that history has enabled us to build meaningful, trusting relationships with partners throughout our community. Our approach to improving the health and well-being of our community is strategic, focused on priorities and constantly measured to determine effectiveness and future approaches. Our community health improvement model begins with a strong relationship with community partners. *Live*WELL is made up of social services organizations, all county hospitals, businesses, retirement community, faith-based organizations, and government, providing oversite for assessing needs and setting priorities within the County.

As priorities are established, specific coalitions are initiated to address the issue bringing other interested stakeholders to the table. Community level measures and logic models are developed with the stakeholders to provide strategies for the community health improvement plan. We have programs and services for individuals and families, but a major emphasis is placed on broad policy and systems changes that have long-term sustainable impact. Caring for the most vulnerable people within an ACO, within our primary care practices, hospitals and ambulatory setting and all others in the community through direct services, we will see policy and community systems change.

Our community health effort is integral to all levels of our organization, from our Board of Trustees and executive leadership, to our medical staff and front-line employees. The relationship between our community health and Population Health Management efforts are increasingly intertwined, enhancing our ability to improve health and well-being throughout Lancaster County.

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