

Community Health Improvement Plan

FY2021 Annual Update
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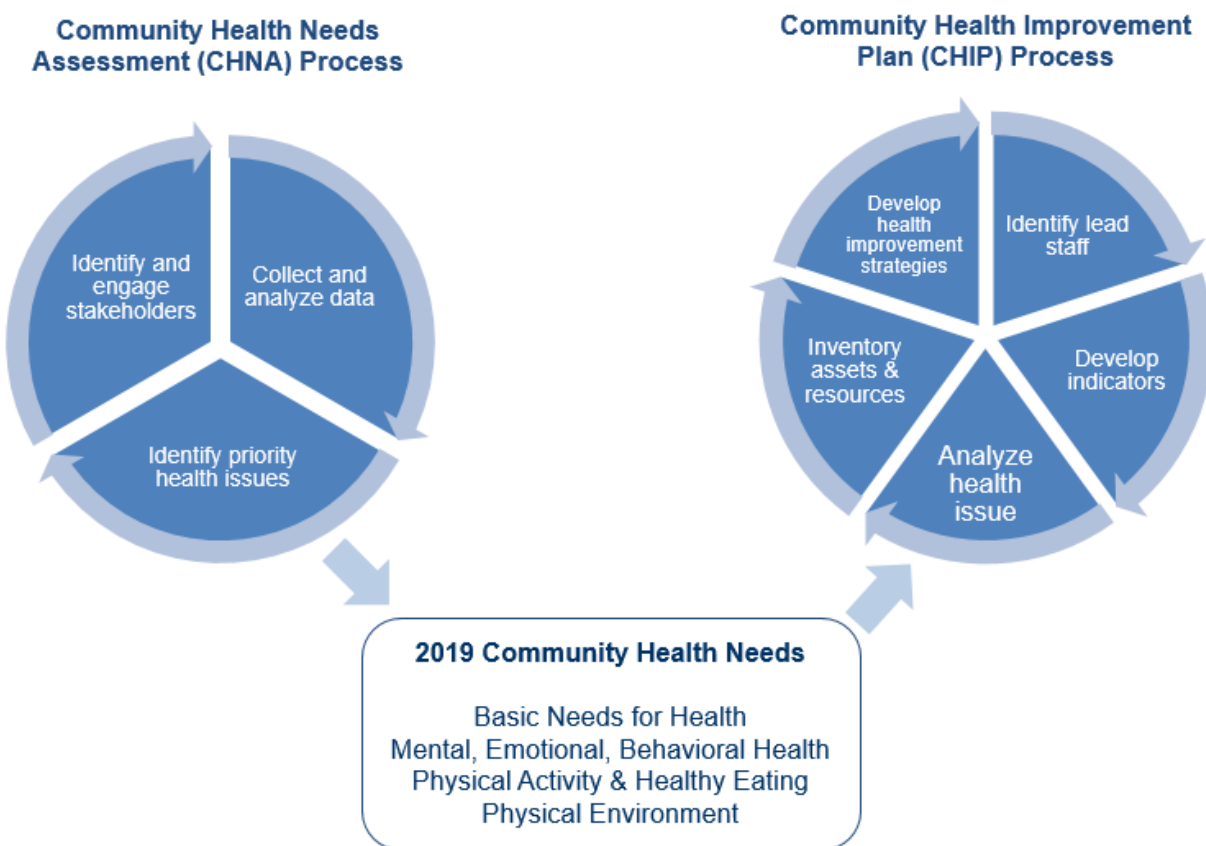
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Introduction

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

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

Figure 1. LG Health Community Health Improvement Process



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

1. Basic conditions that support health, including access to care, family-sustaining incomes, accessible transportation, affordable and quality housing, violence reduction, and reduction in exposure to adverse childhood experiences
2. Improved mental health including reducing and treating substance use
3. Active living, healthy eating, and less obesity
4. Improvements to the county’s physical environment, emphasizing improved air and water quality

Focus on Health Equity

Our community health improvement plan has a single, overarching goal that aligns with Penn Medicine LG Health’s vision: that everyone in our community will have an equal opportunity to be healthy. Some in Lancaster County are at greater risk for health problems and early death because of their race, income, sexual orientation, gender identity, and experiences of neglect, abuse, and discrimination. The communities most affected by health inequities must be our first priority. Throughout this update, we call attention to issues that affect certain groups differently. When possible, we show health data for different genders, races, and ages.

There are many reasons why there are unjust differences in health outcomes for certain groups. As shown in the figure below, differences in health are often caused by differences in economic and educational opportunities, neighborhood and social environments, and resources like healthy food and medical care. A health equity approach recognizes the historical and present-day disadvantages that some people face, and works to ensure that everyone has access to opportunities for a healthy life.¹

Figure 2. Social Determinants Leading to Health Outcomes and Health Disparities

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Racism and Discrimination					
Employment	Housing	Literacy	Food security	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Stress	Quality of care
Medical bills	Playgrounds	Higher education		Exposure to violence/trauma	
Support	Walkability				
	Zip code / geography				

Health Outcomes: Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations



Community Health Needs: An Update

In the 2019 Community Health Needs Assessment, we conducted a complete review of our community’s health needs. However, needs assessment is not only done once every three years. Throughout the year, staff at LG Health review secondary data, engage community partners to discuss community issues, and collect primary data on health. This section provides a summary of new data about our priority community health needs that has been published in the past year. In addition, we provide special updates about COVID-19, an urgent public health crisis that emerged after our most recent Community Health Needs Assessment and Community Health Improvement Plan were published.

¹ Samantha Artiga and Elizabeth Hinton. “Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity.” Kaiser Family Foundation. May 10, 2018.

COVID-19

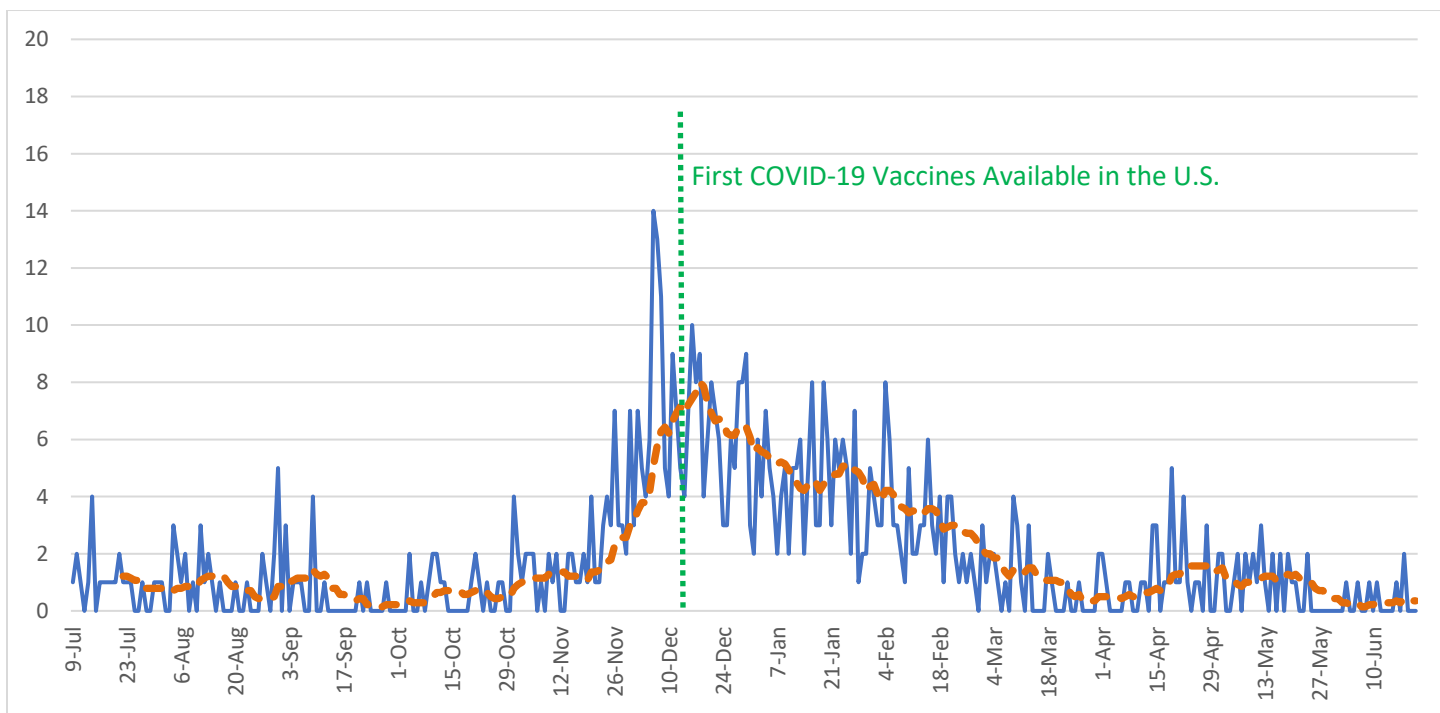
On March 18, 2020, the first case of COVID-19 in Lancaster County was identified in a patient at Lancaster General Hospital. As of June 30, 2021, there had been 55,428 cases of COVID-19 and 1,165 deaths from COVID-19 in Lancaster County. The highest incidence of new cases and the greatest numbers of deaths occurred in December 2020, with an average of 365 new cases each day and a total of 235 deaths.²

According to the Lancaster County Coroner's Office, which provides demographic data on most COVID-19 deaths in the county:³

- 95% of the COVID-19 deaths were among people 60 and over, and 5% were among people under 60
- 90.2% of the COVID-19 deaths were among White individuals, 5.3% Hispanic or Latino individuals, 2.5% Black individuals, and 1.8% Asian/Pacific Islander individuals
- Data on cases of COVID-19 by race and ethnicity group are not available for Lancaster County

Community education, outreach, and distribution of the COVID-19 vaccine was a top community need in FY21. On December 11, 2020, the U.S. Food and Drug Administration issued the first emergency use authorization (EUA) for a vaccine to prevent COVID-19. Over the following months, additional vaccines were granted EUAs, including 1-dose and 2-dose options. As of June 2021, nearly 280,000 people in Lancaster County (58.6% of the population 10+) had received at least one dose of vaccine. COVID-19 deaths declined sharply as community members became vaccinated, as shown in the graph below.

Figure 3. Daily COVID-19 Deaths July 2020-June 2021 in Lancaster County



LG Health led many public health efforts to mitigate the spread of COVID-19, including free community testing, contact tracing, and community vaccination outreach.

² Pennsylvania Department of Health. Aggregate Case Data and Aggregate Death Data.

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

³ Lancaster County Coroner's Office. "Lancaster County COVID-19." <https://covid-19-lancastercountypa.hub.arcgis.com/>

Contact Tracing. In the absence of a county public health department, Penn Medicine Lancaster General Health provided contact tracing for Lancaster County under the guidance of the Pennsylvania Department of Health from May 23, 2020 until June 30, 2021. This program was funded by a CARES grant through November 15, 2020. During that time, Lancaster Health Center and WellSpan Health assisted with contact tracing as subcontractors. After that date, health systems including LG Health continued contact tracing solely as a community benefit activity.

The Contact Tracing Program conducted case investigation, contact tracing, and daily patient monitoring between the hours of 7:30 a.m. and 7:30 p.m., seven days per week. Overall, the Contact Tracing team reached over 14,000 COVID-positive patients and over 25,000 contacts who were exposed to COVID-19.

Nurse Case Investigators contacted each patient who tested positive for COVID-19, providing test results, isolation instructions, and education. They collected close contacts from each patient, screened for barriers related to social determinants of health, and enrolled patients in daily monitoring through the SARA Alert app. Contact Tracers (CTs) reached out to each contact, providing notification of exposure, quarantine instructions, initial education, screening for symptoms, screening for barriers, and enrolling contacts in SARA Alert. Following recommendations from the CDC in early October, the Contact Tracing department began referring contacts directly for scheduling of asymptomatic testing. LG Health also provided specialized contact tracing for skilled nursing facilities and Lancaster County schools, working directly with these high-risk environments to protect vulnerable older adults and children.

In October, new cases of COVID-19 began increasing exponentially. On November 12, despite the end of federal funding, LG Health hired an additional 11 FTEs for RNs and 15 FTEs for CTs to handle the surge in COVID-19 cases, approximately doubling the size of the department. The Contact Tracing program's volume peaked in December, with a peak total of 508 new cases in a single day and 1913 new cases the week of December 12. Throughout the year, the Contact Tracing team completed interviews with 87% of referred cases and successfully reached 60% of identified contacts.

Community Testing. At the beginning of the pandemic, LG Health operated centralized public testing sites at the Pennsylvania College of Health Science and Clipper Stadium. The sites were initially staffed with employees from across the health system. As these staff members returned to their regular roles, the sites closed in June 2020.

Between June 2020 and March 2021, LG Health operated community testing sites at the Downtown Pavilion and at the Lancaster County Public Safety Training Center to provide testing for any community member experiencing symptoms of COVID-19 and those who were exposed to someone with COVID-19. These sites provided testing outside in an effort to limit possible exposure to others, and most people were tested without leaving their vehicle. Testing was available free of charge and for people who did not have primary care providers. A total of 12,476 tests were provided at these community sites.

Community Vaccination. The Lancaster County Community Vaccination Center was an unprecedented public-private response to the COVID-19 pandemic. In February 2021, group of community partners – led by the Lancaster County Board of Commissioners and Penn Medicine Lancaster General Health – came together to form the Vaccinate Lancaster Coalition. Other founding partners in the coalition included Penn State Health, UPMC, WellSpan Health and the Lancaster City and County Medical Society.

Together, these partners planned, developed and operated the Lancaster County Community Vaccination Center from March 10 through June 30, 2021. The center was housed in the former Bon-Ton department store at Park City Center. Lancaster General Health served as managing partner for the vaccination center, while Rock Lititz managed on-site logistics. In addition, TriStarr Staffing managed staff recruitment, while Brookfield Properties served as site location partner. The center was staffed by approximately 1,000 employees and volunteers, as well as a contingent of approximately 50 members of the Pennsylvania National Guard, filling both clinical and non-clinical roles. Overall, the Lancaster County Community Vaccination Center staff administered approximately 240,000 vaccines, making it one of the highest-volume vaccination sites in the state.

At the same time, LG Health used a focused equity-based strategy to reach populations that were less likely to seek vaccination at the Community Vaccination Center. Working together with trusted partners, LG Health hosted vaccine clinics in churches, community-based organizations, school-based clinics, and other community gathering places for the Black and African-American, Hispanic/Latino, and Plain communities. Overall, these clinics provided vaccines for 1871 individuals, including 1- and 2-dose vaccine options.

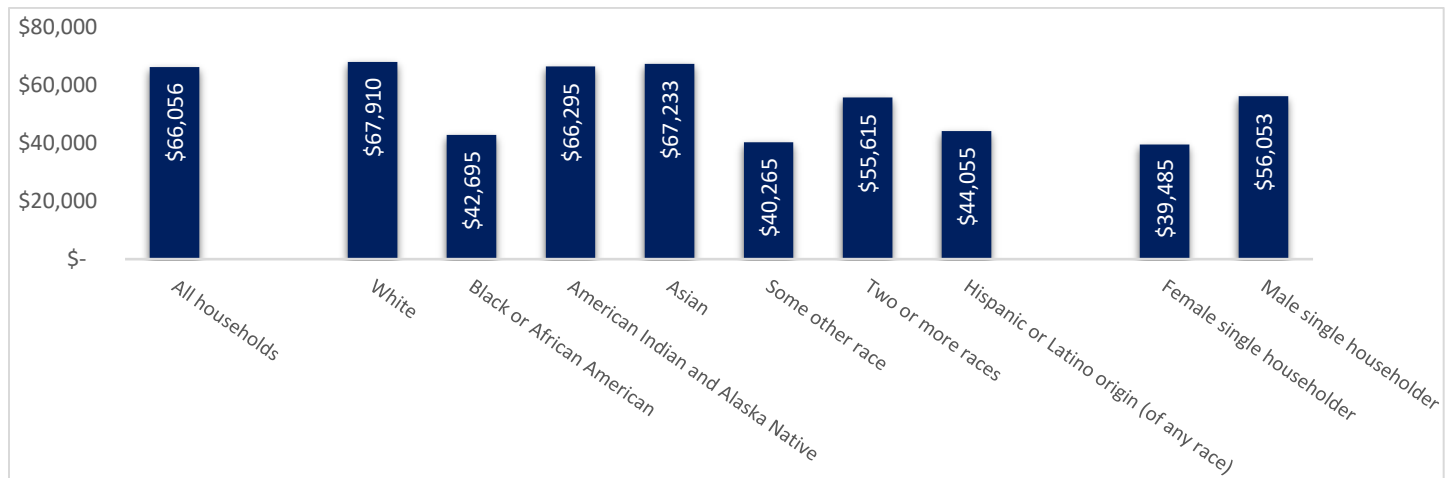
Priority 1: Basic Needs for Health

Income and poverty. In Lancaster County before the pandemic, 10.1% of the population was living below the poverty level (53,659 people). The poverty rate is higher among children, with 14.4% of children under 18 living in poverty. The percentage in poverty had declined slightly over the past five years from 10.6%.⁴ However, the impact of the pandemic on poverty rates is not yet known.

Like much of the country, Lancaster’s unemployment rate increased during the pandemic and gradually declined as public health mitigation measures relaxed. According to the Center for Regional Analysis, the unemployment rate for Lancaster County decreased from 6.3% at the beginning of 2021 to 4.5% in May 2021. Certain sectors, such as hospitality, have been slower to recover jobs lost during the pandemic. Lancaster County’s labor force was estimated at 277,500 in May 2021. Compared to the same month in 2019, the number of employed persons was down 10,100 and unemployed up 3,100. According to CRA, “While unemployment remains elevated, it has steadily improved through the year and is expected to keep improving.”⁵

The pandemic created greater challenges for people who already faced economic challenges. According to the most recent pre-pandemic data, there are clear disparities in income by race and gender in Lancaster County, as shown in the graph below.

Figure 4. Average Median Income in Lancaster County, by Household Groups (American Community Survey)⁶



Food insecurity. Before the pandemic, food insecurity had been declining for over a decade. Approximately 9.0% percent of Lancaster County’s population was food insecure, meaning they did not have reliable access to enough healthy food for an active life. However, according to Feeding America projections, 13.9% of the population was food

⁴ American Community Survey 2019 and 2014 5-year estimates.

⁵ Young, Naomi. Intelligence Report on the State of Lancaster County’s Economy. Economic Development Company of Lancaster County’s Center for Regional Analysis. July 28, 2021.

⁶ American Community Survey; 2019 and 2014 5-year estimates.

insecure in 2020, and 10.2% may be food insecure in 2021.⁷ According to Feeding America, “Food insecurity levels that we are projecting are still elevated compared to before COVID-19. Further, the pandemic and economic crisis have not been evenly experienced across the U.S. population. Many people who have been most impacted were food insecure or at risk of food insecurity before COVID and are facing greater hardship since COVID.”

Housing. Safe, affordable housing has been a growing challenge for Lancaster. There are 210,985 housing units in Lancaster County, with 95.6% occupied (much higher than the state occupancy rate of 88.8%). Nearly half of all renters in Lancaster (48.1%) spend more than 30% of their income on rent.⁸ Spending a high percentage of household income on rent can create financial hardship, especially for lower-income renters. By spending a large portion of their income on rent, individuals and families may not have enough money for other basic needs, such as food, transportation and medical care.

Over 100,000 homes (56% of the total) in Lancaster County were built in 1979 or earlier. Homes built during this timeframe are at risk for toxic lead due to lead paint. Over 800 homes lack complete plumbing facilities, and over 2,400 lack complete kitchen facilities. The number of homes without kitchen facilities has increased since 2014, when it was under 2,000 homes.

During the pandemic, paying for housing has become even more difficult for some people. Governor Tom Wolf issued an executive order protecting renters and homeowners from eviction proceedings until August 31, 2020, when it expired. However, the CDC also issued a moratorium on evictions and extended it in August 2021 in counties with substantial or high levels of community transmission. According to the Housing Alliance of Pennsylvania, there were 116,673 eviction filings in Pennsylvania in 2019. In the first quarter of 2021, under CDC eviction moratorium, there were 14,854 eviction filings. Although the CDC eviction moratorium reduced the number of eviction filings by half, people continued to experience eviction as the pandemic continued. It is expected that evictions will increase, possibly dramatically, when the moratorium ends.⁹

Priority 2: Mental, Emotional, and Behavioral Health

Adult Mental Health. Poor mental health affects many adults in Lancaster County, but the community was making progress in bending the curve prior to the pandemic. Before the pandemic, about 1 in 3 Lancaster County adults (31%) reported that their mental health was not good one or more days in the last month. This percentage is significantly lower than the state of Pennsylvania overall (39%) and had begun to decline in recent years.¹⁰

- In Lancaster, females are more likely to report poor mental health days (40%) than males (23%). However, males have a much higher rate of death by suicide than females. The overall age-adjusted suicide rate for Lancaster County is 11.4 per 100,000, but it is 18.4 per 100,000 for males compared with 4.9 per 100,000 for females.
- Mental health improves with age. In Lancaster County, the percentage reporting poor mental health days is 38% for ages 18-44, 31% for ages 45-64, and 18% for older adults over 65.
- Local data by race are not available, but in Pennsylvania overall, poor mental health days are reported by 38% of White non-Hispanic individuals, compared with 42% for minority racial and ethnic groups.

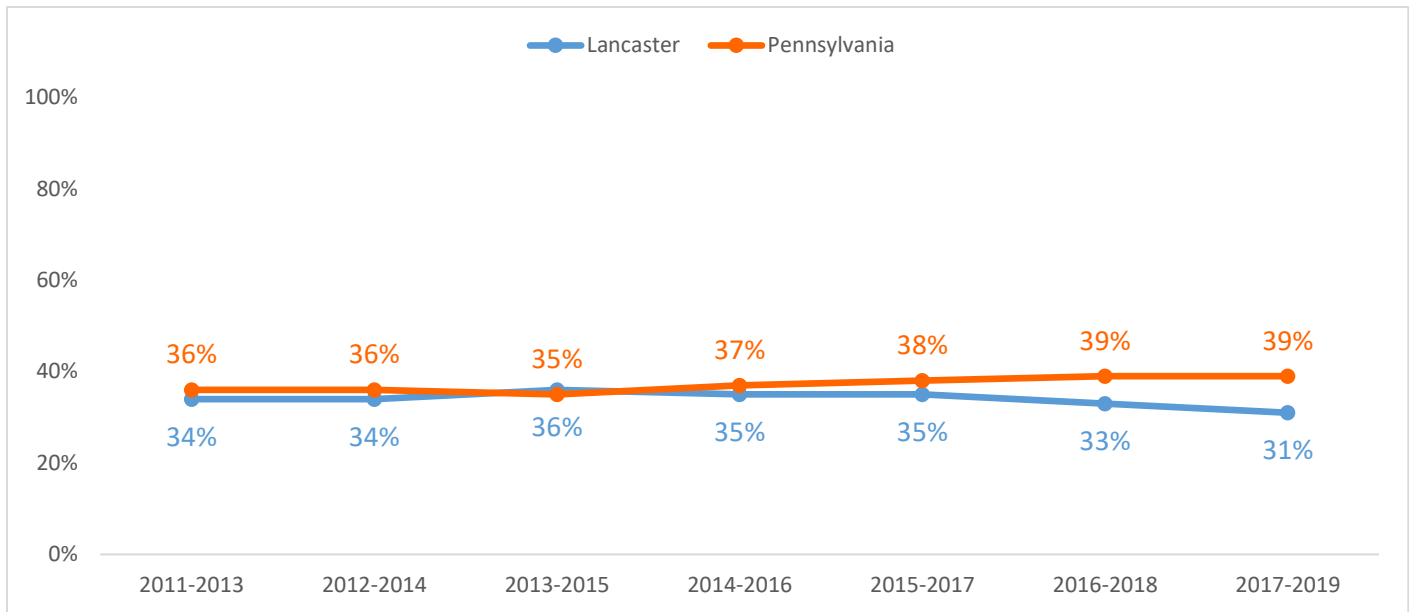
⁷ Gundersen, C., Strayer, M., Dewey, A., Hake, M., & Engelhard, E. (2021). Map the Meal Gap 2021: An Analysis of County and Congressional District Food Insecurity and County Food Cost in the United States in 2019. Feeding America.

⁸ American Community Survey, 2014-2018. Accessed through [lghealth.org/countyhealthdata](https://data.census.gov/tables/2018/acs/5000/geographies/countyhealthdata).

⁹ Housing Alliance of Pennsylvania. (2021). Keep Families in Their Homes: Preventing Evictions When the Eviction Moratorium Ends on July 31.

¹⁰ All mental health stats are from the Pennsylvania Departments of Health, Behavioral Risk Factor Surveillance Survey, 2011-2019.

Figure 5. Percentage of adults reporting mental health was “not good” in the past month



Youth Mental Health.¹¹ The Pennsylvania Youth Survey (PAYS) gathers information from 6th, 8th, 10th, and 12th graders about their knowledge, attitudes, and behaviors towards alcohol, tobacco, and other drug use. The table below shows the percentages of all students with the risk factors below, for the past three surveys in Lancaster County and compared to the 2019 data for Pennsylvania overall.

This is a priority issue because it affects many youth, several indicators have gotten worse from 2017 to 2019, and it affects students of color disproportionately.

- More than one-third (36.6%) of students felt sad or depressed MOST days in the past 12 months
- Nearly 1 in 10 students had attempted suicide.
- Nearly half of the students of color in Lancaster County experience poor emotional health. Overall, 47.2% of Black students, 47.5% of American Indian/Alaska Native students, and 43.4% of Asian or Pacific Islander students reported that they were depressed or sad most days in the past year, compared with 33.8% of White students.

Figure 6. Mental health indicators for students in grades 6, 8, 10, and 12

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

¹¹ Pennsylvania Commission on Crime and Delinquency. 2019 Pennsylvania Youth Survey: Empowering Communities to Develop Strategic Prevention Programming, 2020.

Substance Use Disorder and Overdose. Like other places across Pennsylvania and the United States, Lancaster County experienced a rapid increase in overdose deaths between 2015 and 2017. After reaching a peak of 168 deaths in 2017, the number of overdose deaths declined to 108 in 2018 and 104 in 2019, following focused community efforts to address the opioid crisis.¹²

During the pandemic, overdose deaths rose across the country and in Lancaster County. Lancaster County experienced a 40% increase in overdose deaths from 2019 to 2020, with a total of 146 overdose deaths in 2020. Overdoses increased in all age groups, all races, and all genders.

- Fentanyl was by far the most common substance present in overdose deaths, appearing in 79% of deaths. The percentage of deaths involving prescription opioids increased to 15%, the highest level since 2017, after declining steadily for several years.
- Deaths more than doubled between 2019 and 2020 in two age groups: 45-54 (increasing from 10 to 23 deaths) and 55-64 (12 to 25 deaths).
- In Lancaster County, more males than females experience fatal drug overdoses. In 2020, 70% of the overdose deaths were in males.
- The majority of overdose deaths in Lancaster County are in white individuals. The percentage of 2020 deaths among Black individuals (9%) far exceeds their percentage of the County population (approximately 4%).

Priority 3: Healthy Eating and Physical Activity

Healthy eating and physical activity can reduce the risk of many health problems, including heart disease, high blood pressure, diabetes, obesity, and depression. The CDC has also concluded that regular physical activity can help reduce the risk of 8 different types of cancer: bladder, breast, colon, endometrium, esophagus, kidney, lung, and stomach.¹³

Like many health issues, poor nutrition, lack of activity, and obesity are related to poverty, inequality, and an unhealthy environment. A healthy built environment, including open spaces, a mix of land uses, and compact development with a mix of housing types, is associated with higher levels of physical activity.¹⁴ Food insecurity, which is closely linked to economic conditions, is associated with a greater risk for obesity and poor diet quality.¹⁵

- According to the most recent data available, the percentage of adults with obesity in Lancaster County has increased from 28% in 2011-2013 to 34% in 2017-2019. This percentage is higher than the state of Pennsylvania overall (32%) and the US (32%).¹⁶
- The percentage of children with obesity in Lancaster County is 15.3% and has remained relatively stable over the past decade.¹⁷
- As mentioned earlier, and discussed shown in the figures below, 9% of adults and nearly 12% of children are food insecure.

¹² Lancaster County Coroner's Office, 2018-2019.

¹³ Physical Activity Guidelines for Americans, 2nd edition (Chapter 2, page 32).

¹⁴ A systematic review of built environment factors related to physical activity and obesity risk. *Obesity Reviews*. 12;5: May 2011.

¹⁵ Trust for America's Health. *The State of Obesity*.

¹⁶ Pennsylvania Behavioral Risk Factor Surveillance Survey, 2011-2019.

¹⁷ Pennsylvania Department of Health, Bureau of Community Health Systems, Division of School Health, 2009-2018.

Figure 7. Percentage of adults who are food insecure in Lancaster County

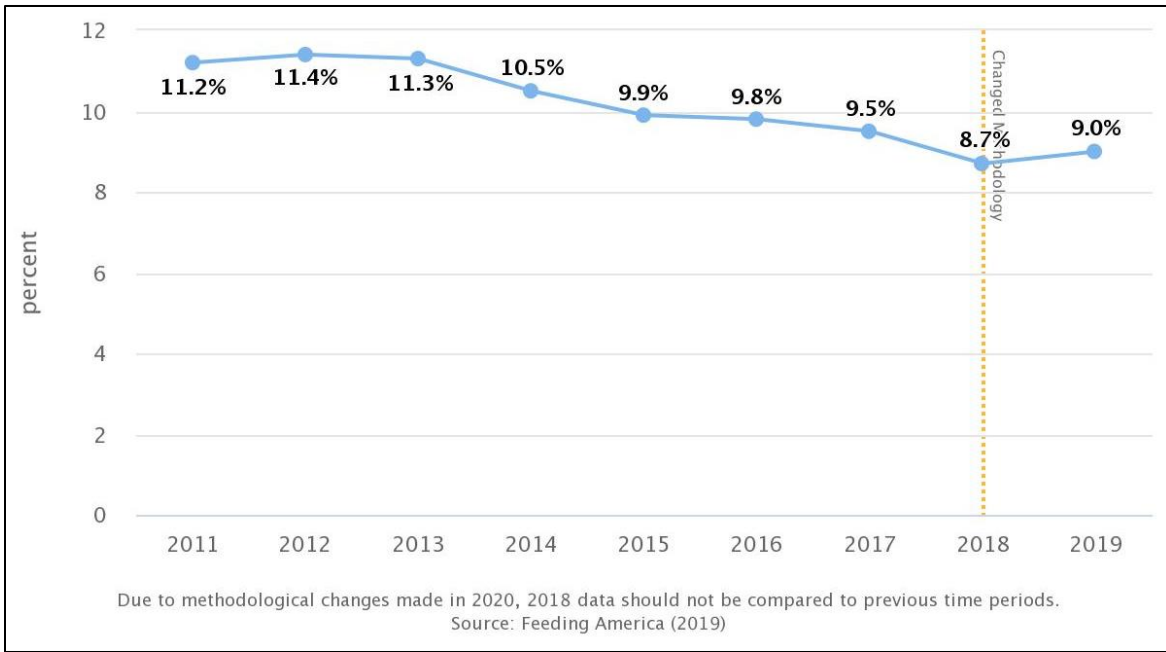
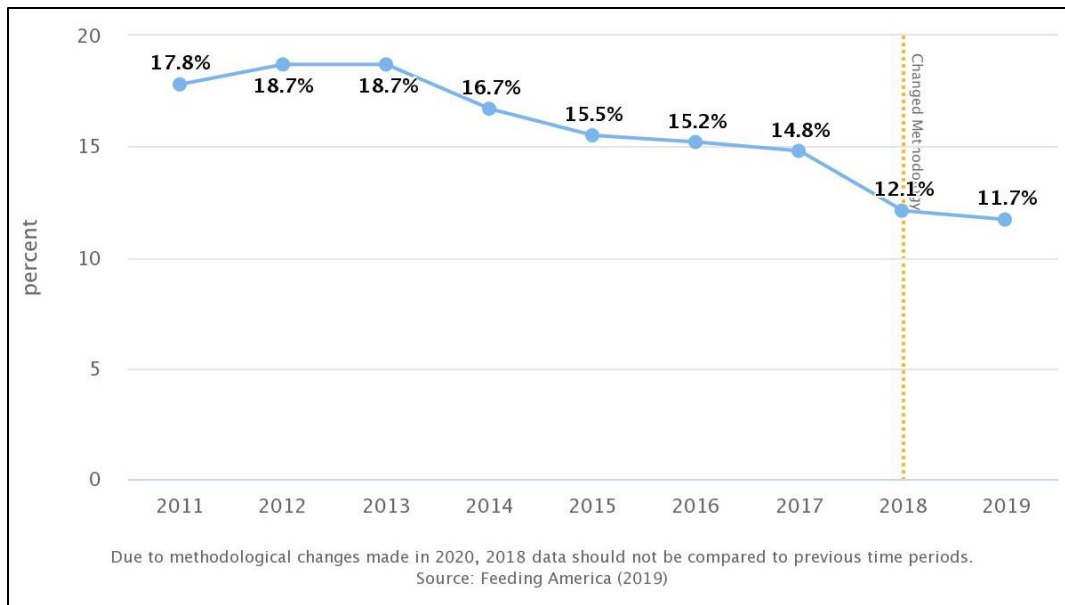


Figure 8. Percentage of children who are food insecure in Lancaster County



Complete Streets. A healthy built environment provides safe, inviting places to walk, bicycle, and use other forms of active transportation. The Lancaster County Active Transportation Plan, published in April 2019, provided an analysis of the existing conditions for pedestrian and bicycle infrastructure for Lancaster County.

Some of the key findings include:¹⁸

- On all roads in Lancaster County’s designated growth areas, there are 1,167 miles of existing sidewalk and 2,380 miles of missing sidewalk.
- Within ¼ mile of existing bus stops, Lancaster County has 592 existing miles of sidewalk and 891 missing miles of sidewalk.
- Based on speed, bicycle infrastructure, traffic volume and the number of travel lanes, 82% of Lancaster County’s road miles are least comfortable for bicycling (Level of Traffic Stress score 4). Only 10% have the highest level of comfort for people on bicycles (Level of Traffic Stress score 1).

Because the community is mostly auto-centric, most of Lancaster County’s workers commute by car. Overall 77.9% of workers drive alone to work, compared with 1.2% using public transportation, 3.9% walking, and 0.7% bicycling.¹⁹

Priority 4: Physical Environment

Air Quality

The American Lung Association (ALA) assigns grades A-F to counties, based on average annual number of days that particle pollution levels exceeded U.S. standards during the three year measurement period. The air quality data is collected by the EPA and summarized by the ALA. For 7 of the past 10 years, Lancaster County has received an F grade,

¹⁸ Lancaster County, Lancaster Inter Municipal Committee, City of Lancaster. *Lancaster Active Transportation Plan*. April 2019.

¹⁹ American Community Survey, 2019 5-year estimates.

indicating a high level of particle pollution. Inhaling particulate matter can adversely affect health through illnesses such as asthma or cardiovascular problems, or premature death.

However, the county's grade for ozone has improved from an F in 2015-2017 to a C in 2017-2019. This grade is based on average annual number of days that ozone levels exceeded U.S. standards during the three year measurement period. Ozone primarily affects the respiratory tract, causing breathing difficulties, aggravating existing lung diseases, and inflaming lung tissue. Although everyone is susceptible to ozone's effects, children, people with lung disease, and older adults tend to be more sensitive to ozone.²⁰

Particle pollution (or emissions) comes from many sources, including wood stoves and forest fires, power plants, coal fires, factories, cars and trucks, and construction sites. The CDC estimates that Lancaster County has 4,668 deaths annually attributable to particulate matter pollution. By reducing our particulate matter concentration by 10%, we could save an estimated 33 lives each year.²¹

Climate Change

Changes in our physical environment due to climate change are expected to impact human health. Climate change may increase ground-level ozone and/or particulate matter air pollution through increased temperatures, methane emissions, wildfire emissions, and other factors.

The CDC collects data and helps communities prepare for the possible impact of climate change by region. In our Northeast region, the CDC expects the following impacts of climate change in addition to poor air quality:

- Deaths and illness from extreme heat events, particularly in urban areas with higher temperatures than surrounding areas and for vulnerable populations more sensitive to heat
- Increased frequency and severity in flooding due to extreme weather events and sea level rise, potentially resulting in contaminants entering soils and waterways from the many industrial and commercial sites in the region
- Food-borne and water-borne illnesses from increased soil erosion and agricultural runoff—including manure, fertilizer, and pesticides—as well as pathogens from rising water temperatures
- Mental health impacts from uncertainty and consequences of increased extreme weather events

Asthma

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

Currently, 15% of adults in Lancaster have ever been told that they have asthma.²² The data on asthma for different groups are limited in Lancaster County but available for the state of Pennsylvania. In Pennsylvania overall, asthma is more common among females than males, lower-income individuals, and people of color.

Lead

In 2019, LG Health engaged the Green and Healthy Homes Initiative (GHHI) to develop a feasibility assessment and plan to reduce exposure to lead in residential properties in Lancaster County. Using national statistics on the prevalence of lead-based paint in housing based on age, Lancaster County is estimated to have 90,931 units with lead-based paint. The

²⁰ American Lung Association and Conduent Healthy Communities Institute. Accessed 8/30/2021 at lghealth.org/countyhealthdata.

²¹ Centers for Disease Control and Prevention. Environmental Public Health Tracking Network. Mortality benefits associated with reducing PM2.5 concentration levels. Accessed From: <https://ephtracking.cdc.gov/DataExplorer>. Accessed on 08/30/2021.

²² Pennsylvania Behavioral Risk Factor Surveillance Survey, 2017-2019.

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

In 2019, a total of 238 children under 6 had confirmed elevated blood lead levels (EBLL), or 5.66% of the children tested. However, only 9.8% of children under 6 in the county have been tested for elevated blood lead levels. Lancaster County's screening rate is among the lowest in the state, with only three counties having lower screening rates. In the state of Pennsylvania, the percentage of children who have EBLL $\geq 5 \mu\text{g/dL}$ as a percentage of those tested under age 2 is highest in the cities of Reading (8.37% EBLL) and Lancaster City (8.29% EBLL).²³

There are racial disparities in childhood lead poisoning. In Lancaster County, 8.6% of non-Hispanic Black or African-American children under 2 had confirmed high blood lead $\geq 5 \mu\text{g/dL}$, compared with 4.5% of non-Hispanic White children and 3.5 of Hispanic children. For children under 6, the racial disparity was even greater, with 11.4% of Black or African-American children with high blood lead, compared with 4.7% for Hispanic children and 4.6% of non-Hispanic White children.²⁴

²³ Pennsylvania Department of Health. 2019 Childhood Lead Surveillance Annual Report.


²⁴ Pennsylvania Department of Health. 2019 Childhood Lead Surveillance Annual Report.

Progress on Goals & Objectives

Basic Needs for Health

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


Objective	Progress Updates	Status	Revised Objective (if applicable)
<p>Objective 1.1: By June 30, 2022, develop policies, procedures, and goals for an impact procurement program at LG Health.</p>	<ul style="list-style-type: none"> • Contracted with ASSETS to analyze the geography, diversity, and social impact of our vendors. • Jan Bergen and Joe Byorick spoke at the launch of ASSETS’ In Good Company initiative. • Our work led several of our vendors to evaluate their own practices and explore opportunities for greater social impact. • LG Health departments (Real Estate & Leasing, Marketing and Public Relations, Food Service, Materials Management & Purchasing) formed the Anchor Purchasing Committee to identify new opportunities for local diverse businesses. 	<p>In progress</p>	<p>N/A – Continuing objective</p>
<p>Objective 1.2: By June 30, 2022, develop a plan to increase the diversity of our workforce by hiring and retaining workers with barriers to employment.</p>	<ul style="list-style-type: none"> • Hosted quarterly virtual webinar sessions for employees to orient themselves to the self-service technology available. • Conducted a series of career workshops on professionalism in the workplace and career goal setting. • Developed a Career Planning toolkit for employees and managers for career/development related discussions. 	<p>In progress</p>	<p>N/A – Continuing objective</p>

	<ul style="list-style-type: none"> • Provided 1:1 coaching service for internal employees who were not selected for internal positions. • Over 375 leaders participated in a webinar series, <i>Coaching 2.0</i>. 		
<p>Objective 1.3: By June 30, 2020, deliver employee resources that provide access to community resources that support and address social determinants of health (SDH).</p>	<ul style="list-style-type: none"> • Created and promoted Your Community Connections, a website social service navigation resource for employees. • Increased percentage of employees with a medical home who have seen a provider in the last 24 months from 58% (July 2019) to 63% (June 2020). 	<p>Achieved</p> 	<p>N/A – Continuing objective</p>

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

Objective	Progress Updates	Status	Revised Objective
<p>Objective 2.1: Through June 30, 2021, maintain access for students during the COVID-19 pandemic and expand access for staff members at the elementary school based health clinics.</p>	<ul style="list-style-type: none"> • Clinics remained open at the beginning of the 2020-2021 school year, but most students were 100% virtual. • Clinics officially closed in November, and all appointment requests were directed to the McCaskey High School Clinic (see below). 	<p>Revised</p>	<p>Objective 2.1: In FY21, complete 2,000 total patient encounters for students or staff in the School District of Lancaster at our three school-based health centers.</p>
<p>Objective 2.2: Through June 30, 2021, maintain access for students during the COVID-19 pandemic and expand access for staff members at McCaskey High School Health Center.</p>	<ul style="list-style-type: none"> • The McCaskey Clinic remained open throughout the school year, although students were not in the building. • The elementary and high school clinics combined provided 1,104 encounters for the year. 	<p>Revised</p>	
<p>Objective 2.3: By June 30, 2021, we will increase the number of uninsured women accessing breast and cervical cancer screenings/diagnostic services by 5%, as funding allows (FY20 Baseline=735).</p>	<ul style="list-style-type: none"> • In FY21, 729 uninsured women accessed breast and cervical cancer screenings and diagnostic services. • There was a slight decrease in number of patients served due to COVID-19; however, it was a significant accomplishment to continue preventive care at this level throughout the pandemic. 	<p>Revised</p>	<p>Objective 2.3: In FY21, we will assist 749 uninsured women in accessing breast and cervical cancer screenings/diagnostic services.</p>

<p>Objective 2.4: By June 30, 2020, add 10 new patient slots within volunteer dental practices in order to increase access to primary dental care through the DALCO program.</p>	<ul style="list-style-type: none"> • DALCO is no longer enrolling new patients. • The program has struggled to maintain and recruit dentists. Since the beginning of Fiscal Year 2016, the number of volunteer dentists decreased from 114 to 92. • Dentists have declined participation in the DALCO program due to the high expenses of setting up a new practice, school loans, or practices are bought by corporations. • LG Health staff are working to determine a sustainable way to connect underserved patients with dental homes in the future. 	<p>Not achieved</p>	<p>N/A - Removed</p>
<p>Objective 2.5: By June 30, 2021, complete 550 visits for immunizations through the ChildProtect program.</p>	<ul style="list-style-type: none"> • In FY21, ChildProtect had a total of 320 visits for immunizations. • Due to COVID-19 restrictions, child immunization clinics became appointment-only events. As a result, the goal for immunizations was revised to 30 per month over 9 months. 	<p>Revised</p>	<p>Objective 2.5: In FY21, complete 360 visits for child immunizations for uninsured and underinsured children through the ChildProtect program.</p>
<p>Objective 2.6: By June 30, 2022, promote healthy pregnancy, healthy birth outcomes, and early child development for at least 276 patients in Nurse-Family Partnership (NFP) and 795 patients in Healthy Beginnings Plus (HPB) annually.</p>	<ul style="list-style-type: none"> • In FY21, we served 276 patients in NFP and 770 patients in HBP. • Using a DDAP grant of \$400,000, enrolled 51 new patients and continued to provide services to 53 women with opioid addictions who are pregnant and parenting (up to age 1 year old), reducing the pre-term birth rate to 16%. • All case management, education, and services in Healthy Beginnings and Nurse Family Partnership continued to be provided in-person or virtually during the COVID-19 pandemic. 	<p>In Progress</p>	<p>N/A – Continuing objective</p>

Objective 2.7: By June 30, 2022, develop and implement a strategic plan to improve equity, inclusion, and access to care for LGBTQ patients.	<ul style="list-style-type: none"> Business plan for improving LGBTQ+ services has been 75% completed. 	In Progress	N/A – Continuing objective
Objective 2.8: By June 30, 2022, enroll 10 Lancaster County School Districts in Health-e Student Connect to provide access for school nurses to shared electronic medical records and improve communication between healthcare providers.	<ul style="list-style-type: none"> In FY21, 14 out of 16 public school districts in Lancaster County were enrolled in Health-e Student Connect. 	Achieved 	N/A – Continuing objective

Mental, Behavioral, and Emotional Health

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

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


Objective	Progress Updates	Status	Revised Objective
Objective 3.1: In FY21, we will provide training to increase awareness of Adverse Childhood Experiences and their impact via online, self-paced training modules, as well as online, facilitated sessions, for 1500 people in Lancaster County.	<ul style="list-style-type: none"> A total of 1059 people were trained in FY21. Due to the pandemic, many organizations put trauma-informed practice goals on hold, and training increased in the second half of FY21. 	Revised	Objective 3.1: In FY22, we will provide training to increase awareness of Adverse Childhood Experiences and their impact for 1000 people.



<p>Objective 3.2: By June 30, 2022, we will develop a baseline and increase the number of organizations in Lancaster County that adopt trauma-informed policies.</p>	<ul style="list-style-type: none"> • LG Health has signed memoranda of understanding with 21 organizations to date to assess their trauma-informed policies and set goals for improving their policies. 	<p>In progress</p>	<p>N/A – Continuing objective</p>
<p>Objective 3.3: By June 30, 2022, we will increase the number of behavioral health clinicians trained in evidence-based trauma treatment interventions (FY19 Baseline: 8/34 EMDR trained and 3/34 TF-CBT trained).</p>	<ul style="list-style-type: none"> • At LG Health, 31/35 counselors are currently being trained in EMDR and will complete training in August 2021. Additional staff are new hires who joined the organization after training began. 	<p>Revised</p>	<p>N/A – Continuing objective</p>
<p>Objective 3.4: By June 30, 2022, Penn Medicine Lancaster General Health will implement policies and practices to become a trauma-informed health system.</p>	<ul style="list-style-type: none"> • Women & Babies Hospital has formed a team meeting monthly to review current staff education and develop new educational opportunities for TI practice. • Lancaster County Children’s Alliance has completed an organizational self-assessment on TI principles and policies. Staff have recorded video clips about TI practice to use for future educational opportunities. 	<p>In progress</p>	<p>N/A – Continuing objective</p>
<p>Objective 3.5: Handle With Care, a trauma-sensitive approach that allows local law enforcement to notify school personnel when they’ve encountered a child at a traumatic scene, will be implemented in 12 public school districts by June 30, 2022.</p>	<ul style="list-style-type: none"> • This year, we expanded eligible sites to include non-public school and early learning programs. • As of June 30, 2021 participating sites include 11 public school districts, 5 non-public schools, and 43 early learning classrooms. 	<p>New</p>	<p>Objective 3.5: Handle With Care, a trauma-sensitive approach that allows local law enforcement to notify school personnel when they’ve encountered a child at a traumatic scene, will be implemented in 65 of 70 identified sites (including public school districts, nonpublic schools, and early learning centers).</p>


Goal 4: Create an environment that supports and enhances the mental, behavioral, and emotional health of all in Lancaster County.

Objective	Progress Updates	Status	Revised Objective
<p>Objective 4.1: By June 30, 2022, we will increase the number of LGHP patients who receive PHQ-9 screening to 64% (FY19 Baseline 59.7%).</p>	<ul style="list-style-type: none"> In FY21, we exceeded the goal and screened 64.6% of LGHP patients (84,037/130,088). 	<p>In Progress</p>	<p>N/A – Continuing objective</p>
<p>Objective 4.2: Continue screening inpatients for drug and alcohol (D&A) use and provide behavioral health D&A consultations, including brief interventions and referral to treatment as needed (FY19 Baseline: 2,324 Behavioral Health consults).</p>	<ul style="list-style-type: none"> In FY21, behavioral health substance use consultations increased from 2949 to 3307. 	<p>In Progress</p>	<p>N/A – Continuing objective</p>
<p>Objective 4.3: Provide increased access to behavioral health counseling for mental health, substance use, and chronic medical problems in primary care practices, measured by increased referrals (FY19 Baseline: 8,713 referrals).</p>	<ul style="list-style-type: none"> In FY21, we achieved a 24% increase in referrals to integrated counseling, from 10,080 to 12,544 referrals. 	<p>In Progress</p>	<p>N/A – Continuing objective</p>

Goal 5: Reduce the impact of substances in Lancaster County (including alcohol, drugs, and tobacco/nicotine).

Objective	Progress Updates	Status	Revised Objective
<p>Objective 5.1: Convene community partners at least bimonthly to work collaboratively to reduce opioid overdoses in Lancaster County.</p>	<ul style="list-style-type: none"> The Joining Forces Steering Committee, including representatives of Lancaster County government, Drug & Alcohol Commission, Compass Mark, WellSpan Health, EMS Council, and the Lancaster County Recovery Alliance met bimonthly. 	<p>In Progress</p>	<p>N/A – Continuing objective</p>
<p>Objective 5.2: By June 30, 2021, 200 6th grade students and 200 7th grade students in the Pequea Valley and Eastern Lancaster County School Districts will receive evidence-based substance use prevention programming (LifeSkills Training Curriculum).</p>	<ul style="list-style-type: none"> During the 2020-2021 school year, a total of 691 6th and 7th graders received the LifeSkills curriculum in ELANCO and Pequea Valley School Districts. 	<p>Revised</p>	<p>Objective 5.2: By June 30, 2022, 200 6th grade students, 200 7th grade students, and 200 8th grade students in the Pequea Valley and Eastern Lancaster County School Districts will receive evidence-based substance use prevention programming (LifeSkills Training Curriculum).</p>
<p>Objective 5.3: By June 30, 2020, increase the percentage of LGHP patients on chronic opioid therapy with naloxone prescribed if indicated to 50% (FY19 Baseline: 31.4%).</p>	<ul style="list-style-type: none"> The percentage of LGHP patients on chronic opioid therapy with naloxone prescribed if indicated has increased from 31.4% to 56.4% at the end of FY20. The improvement impacted 1,192 patients. To reach the goal, improvements were made in the electronic health record, including reminders and reports. 	<p>Achieved</p> 	<p>N/A - Completed</p>

<p>Objective 5.4: By June 30, 2021, increase the percentage of clinicians with 70% completion of medication agreements for patients on chronic opioid therapy to 70% (FY19 Baseline: 50.9%).</p>	<ul style="list-style-type: none"> The percentage of clinicians with 70% completion of medication agreements for patients on chronic opioid therapy was 79.6% as of June 2021. 	<p>Achieved</p> 	<p>N/A - Completed</p>
<p>Objective 5.5: By September 30, 2020, distribute 3350 naloxone kits to community members at risk for opioid overdose.</p>	<ul style="list-style-type: none"> As of July 31, 2021, we have distributed 3244 naloxone kits to community organizations and individuals at risk for opioid overdose. 	<p>Revised</p>	<p>Objective 5.5: From October 1, 2018 to September 30, 2022, distribute 1850 naloxone kits to community members at risk for opioid overdose each year.</p>
<p>Objective 5.6: By June 30, 2022, increase the number of patients per month receiving medication assisted therapy (MAT) in primary care for opioid use disorder (FY19 Baseline = 363).</p>	<ul style="list-style-type: none"> In FY21, we continued to expand the number of patients receiving MAT in our primary care and our addiction medicine sites. At the close of FY21, we had 762 patients. 	<p>In progress</p>	<p>N/A – Continuing objective</p>
<p>Objective 5.7: By June 30, 2022, develop and implement a formal strategy to offer tobacco and nicotine dependence treatment options for adolescents.</p>	<ul style="list-style-type: none"> LG Health staff have worked with 4 school districts to implement evidence-based programming options (Ephrata, Solanco, Donegal, and Penn Manor). Offered individual telephonic and video individual counseling, working with SAP coordinators and SROs for referrals. 	<p>In progress</p>	<p>N/A – Continuing objective</p>
<p>Objective 5.8: By June 30, 2022, expand Tobacco Dependence Treatment program offerings beyond group classes and 1:1 counseling to increase number of patients served.</p>	<ul style="list-style-type: none"> All individual counseling is offered by telephone or video chat. In addition, this year, we started a virtual group course, Freedom from Smoking. 	<p>Achieved</p> 	

Objective 5.9: By June 30, 2022, LG Health’s Family Advocate will provide direct support and navigation services to 75 children affected by substance use disorder and their caregivers.	<ul style="list-style-type: none"> As of June 30, 2021, the family advocate has served 59 participants and is on track to meet the program goal. 	In Progress	N/A – Continuing objective
Objective 5.10: By June 30, 2022, train 500 youth-serving professionals in strategies to mitigate the impact of substance use on children.	<ul style="list-style-type: none"> As of June 30, 2021, 514 youth-serving professionals have been trained. 	Achieved 	

Active Living and Healthy Eating

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


Objective	Progress Updates	Status	Revised Objective
Objective 6.1: By June 30, 2022, evaluate and increase motivation and confidence among municipalities to implement Complete Streets that are safe for all users.	<ul style="list-style-type: none"> Following last year’s survey of Lancaster County municipalities about Complete Streets, 3 new municipalities applied for a WalkWorks grant to work on developing and implementing Complete Streets. 	In progress	N/A – Continuing Objective
Objective 6.2: By June 30, 2022, reach 500+ community members annually with information about safely using pedestrian and bicycle infrastructure in Lancaster County.	<ul style="list-style-type: none"> This objective was placed on hold and revised due to the pandemic. 	In progress	Objective 6.2: By June 30, 2022, develop and implement a countywide public health campaign around active transportation.

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

Objective	Progress Updates	Status	Revised Objective
<p>Objective 7.1: By June 30, 2022, improve nutrition knowledge, dietary habits, and food security for 50 patients annually through the Food Farmacy program.</p>	<ul style="list-style-type: none"> • A total of 27 patients were actively enrolled or completed the Food Farmacy program in FY21. • Since the beginning of the program, 218 patients have been referred. • The Food Farmacy program has distributed more than 14,000 pounds of healthy food since its inception. • Of patients who completed the program, 89% of patients lost weight and 50% had a decrease in their HbA1c. 	<p>Revised</p>	<p>Objective 7.1: By June 30, 2022, provide preventative nutrition care to 80 individuals at Food Farmacies across Lancaster County.</p>
<p>Objective 7.2: By June 30, 2021, provide access to affordable fresh produce for 250-400 food insecure residents in Columbia each month.</p>	<ul style="list-style-type: none"> • Fresh Express continued to operate in a drive up/walk up model due to COVID-19. • Fresh Express distributed fresh, healthy food to an average of 264 individuals each month in FY21. A total of 121,768 pounds of food was distributed. 	<p>Revised</p>	<p>Objective 7.2: By June 30, 2022, provide access to affordable fresh produce for 250-400 food insecure residents in Columbia each month.</p>
<p>Objective 7.3: By June 30, 2022, increase the availability of fruits and vegetables in Lancaster City through the Healthy Corner Stores network (FY19 Baseline: 2.83 products per store).</p>	<ul style="list-style-type: none"> • Due to COVID-19 and the challenges of social distancing in the small corner stores, this initiative is currently on hold. 	<p>In progress</p>	<p>TBD</p>
<p>Objective 7.4: Through June 30, 2022, maintain greater than 50% healthier products in vending machines at Penn Medicine Lancaster General Health facilities (FY19 Baseline: 48%)</p>	<ul style="list-style-type: none"> • As of FY21 Q4, 57.3% of products maintained in vending machines were identified as healthy. • We work to implement healthy options as new locations are added to the LG Health system (such as Mills and Commercial buildings). 	<p>In progress</p>	<p>N/A – Continuing objective</p>

Physical Environment

Goal 8: Reduce lead exposure in Lancaster County housing.

Objective	Progress Updates	Status	Revised Objective
Objective 8.1: By June 30, 2020, develop a feasibility assessment and plan to reduce exposure to lead in residential properties in Lancaster County.	<ul style="list-style-type: none"> LG Health partnered with the Green and Healthy Homes Initiative to complete an Asset and Gap analysis for lead poisoning prevention in Lancaster County (Appendix F). 	Achieved 	
Objective 8.2: By June 30, 2022, launch the Lead-Free Families initiative and enroll 150 families with children under 6 or pregnant women in the lead abatement program to remove lead hazards from their homes.	New Objective	New	

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

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

Objective	Progress Updates	Status	Revised Objective
Objective 9.1: By June 30, 2022, reduce the carbon emissions from LG Health Facilities by 20% from a baseline of 34,433 Metric Tons per year.	<ul style="list-style-type: none"> Replacing Energy Center’s main component turbine and one boiler with a high-efficiency replacement in fall 2021. Continue to optimize chillers, although slight increase in CO2 due to increased natural gas usage. 	In progress	N/A – Continuing objective

<p>Objective 9.2: By June 30, 2022, add landscaping elements to support Lancaster County's Community Wildlife Habitat on at least three LG Health properties.</p>	<ul style="list-style-type: none"> • Riparian buffer plantings installed and recently expanded at new Lititz site. • New garden installation at ABBCI completed. • New native plantings plan expanded to include employee respite seating areas to be installed by spring 2022. 	<p>In progress</p>	<p>N/A – Continuing objective</p>
<p>Objective 9.3: Prevent all pharmaceutical waste from entering waterways or landfills.</p>	<ul style="list-style-type: none"> • Controlled substance disposal unit for patients added at ABBCI. • Controlled substance wasting system installed at every Omnicell, so that medication is not wasted in the sink. • Simplified pharmaceutical waste system implemented. • Pharmaceutical waste program installed at off-licensed practices. 	<p>In progress</p>	<p>N/A – Continuing objective</p>

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

Objective	Progress Updates	Status	Revised Objective
<p>Objective 10.1: By June 30, 2021, earn silver designation as a bicycle-friendly workplace from the National League of American Bicyclists.</p>	<ul style="list-style-type: none"> Application submitted and LG Health received bronze Bicycle-Friendly workplace designation in October 2020. 	<p>Partially achieved</p>	
<p>Objective 10.2: By June 30, 2022, increase the percentage of employees telecommuting or commuting by bicycling, walking, transit, carpooling, or vanpooling (baseline TBD).</p>	<ul style="list-style-type: none"> Promoted pre-tax commuter benefit during Annual Benefit Enrollment periods. To further enhance program accessibility and ease-of-use, switched vendor partners for TSA administration in May 2020. Red Rose Ticket offerings were promoted in the HR/Employee Resource Center. Baseline metric collection will begin via Limeade tracking tools on September 13, 2021. Review and reporting on the same will occur quarterly, beginning on October 1, 2021. 	<p>In progress</p>	<p>N/A – Continuing objective</p>