



## **UPMC Lititz Community Health Needs Assessment, July 2019**

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## **UPMC Lititz Implementation Plan, December 2019**

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# 2019 LANCASTER COUNTY Community Health Needs Assessment



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## On Behalf Of

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# Executive Summary

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## Overview

This Community Health Needs Assessment identifies community health needs based on the prevalence of health risks, health disparities, and disabling conditions, including their precursors and the social contexts that lead to health disparities. It focuses specifically on health risks that contribute to the non-communicable diseases that are among the leading causes of death and disability with some emphasis on how these risk factors are unevenly distributed across demographic groups.

Rather than simply updating the standard community health needs assessments of the past with new data, we aim here to produce a report that does more than state the data and the summaries of previous reports. This summary attempts instead to provide recommendations based on identified community health needs that are theoretically justifiable, practicable, understandable, and a good fit for the community. The goal is to convey a better understanding of the “why” and the “how” of our community’s health needs. Specifically, why are there differences in health among demographic groups, and how do socioeconomic, structural, and environmental factors play a role in our well-being, to get beyond a simple assessment of the current health of the community?

## Key Findings

Community data related to social determinants indicators reveal notable concerns about the county’s economic stability and community and social conditions, including rates of educational attainment. The major social determinants issues facing the county include:

- Large numbers of renters struggling with housing affordability
- High rates of poverty, particularly for minorities: in 2016 28.3% of Latinos and 28.8% of Blacks compared to 8% for whites
- Large income disparities between whites and non-whites
- Hourly wage rates that are decreasing for persons on the lower half of the earnings scale
- Low rates of post-secondary educational attainment
- An aging population
- Poor air quality; Lancaster is ranked 13th nationally for people at risk by short-term particle pollution and is ranked 8th nationally for people at risk by year-round particle pollution
- A polluted physical environment; indicators of air and water quality place Lancaster’s physical environment 64<sup>th</sup> out of the state’s 67 counties

The number of Lancaster County residents affected by specific conditions or engaging in specific behaviors offers suggestions about which health issues need attention. Progress toward reaching



Healthy People 2020 targets also provides some guidance about potential health priorities.

Lancaster County's most concerning health metrics show that:

- More than 275,000 adult residents are overweight or obese
- Nearly 150,000 adults reported having one or more poor mental or physical health days
- Nearly 75,000 assess their health as fair or poor
- More than 50,000 have no usual source of health care
- Each of the above indicators now affects more residents than in 2015
- The fastest growing problems in the county are related to both obesity and mental health
- National goals for having a usual source of health care and for having health insurance have not been met
- Leading health indicators related to nutrition, physical activity, and obesity, which include obesity rates for adults and adolescents, have not been met
- Rates of infant mortality exceed Healthy People targets
- Death rates for suicide and unintentional injuries exceed Healthy People targets

Despite these concerns, Lancaster County can point to at least seven positive health metrics, including data that show:

- Fewer adults smoke compared to 2013 (- 43%)
- Fewer adults are without health insurance compared to 2013 (- 25%)
- Fewer adults binge drink compared to 2013 (- 17%)
- Indicators for the proportion of children who are obese meet national targets
- Rates of binge drinking meet national targets
- Rates of smoking meet national targets
- Many Healthy People goals related to cancer death rates and cancer incidence and also for death rates due to coronary heart disease, HIV, firearms, and motor vehicle accidents have been met

## Health Priorities

Presentations based on this summary and analytic approach have provided community members with a rich set of data to consider. Based on scope, severity, and community perceptions of severity and potential impact, Lancaster County's most significant needs focus on two social determinants and two behavioral health priorities:

- Establishing and maintaining the 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
- Advocating for improvements to the county's physical environment, emphasizing improved air and water quality
- Supporting improved mental health including reducing and treating substance use
- Supporting active living, healthy eating, and less obesity

# Reporting Framework

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## Community Served

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

## Data Sources

A complete list of data sources used as the basis for this summary is provided in Attachment F. Generally speaking, data used to profile the social determinants of health and demographic makeup of Lancaster County, which includes statistics related to population growth, employment, income, expenses, income supports, poverty, housing, transportation, the environment, education, social integration, and stress come primarily from government sources like the American Community Survey, the Pennsylvania Department of Health, and other similar government-supported data collection systems. Data used to profile health-related indicators such as health care access, mortality, morbidity, and health behaviors, also come primarily from publicly-available sources that include the Census Bureau's American Community Survey, the Pennsylvania Department of Health, and the County Health Rankings. No primary data collection (such as a county-wide behavioral risk factor survey) to measure current health status, health behaviors, health risks, health conditions, or health disparities specific to Lancaster County in 2018 was conducted, although community input about health priorities was solicited as part of the needs assessment process.



## Community Input

This needs assessment used two mechanisms to gather community input about health needs. Penn Medicine Lancaster General Health conducted a survey of community members at selected community events during summer 2018 to gather input about perceived community health needs and barriers to good health. Penn Medicine Lancaster General Health collected a total of 258 survey responses from members of the Coalition to End Homelessness and Lighten Up Lancaster County coalition, staff from Community Action Partnership and Healthy Beginnings Plus, the Lancaster County Office of Aging, and community members who took the survey online or at Lancaster County's Pride Day celebration. The goal of the survey was to sample from selected locations, organizations, and coalitions to gather feedback from traditionally marginalized communities, including people of color, people of Hispanic/Latino ethnicity, and individuals who identify as gay, lesbian, bisexual, and/or transgender.

In addition to the community survey, Penn Medicine Lancaster General Health, WellSpan Health, and UPMC Lititz jointly hosted a community stakeholder forum on December 17, 2018. The three primary goals of the forum were to: (1) explain the CHNA process and the role of community stakeholders; (2) present the analytic framework and preliminary community health data included in this summary; and (3) gather input from community stakeholders, particularly those with public health expertise and individuals and organizations serving medically underserved, low-income, and minority populations in Lancaster County, about community health needs and community resources.

## Process Tracing

The purpose of the data and analyses presented in this document is to identify the health needs of the Lancaster County community. This exercise has produced an array of indicators, many familiar and long discussed and others less familiar and perhaps even startling, but all leading back to the same question: how should this mass of data be organized to provide clear direction and a collectively acceptable understanding of the needs the community should address?

The overwhelming amount of data associated with individual and community health outcomes can lead to reporting that presents a mass of statistics with little guidance about what should and should not be emphasized. Instead of just a compilation of data, this report uses a specific analytic framework to guide its use and interpretation of community data in the hopes of providing recommendations that are theoretically justifiable, practicable, understandable, and a good fit for the community.

*“This process approach emphasizes prevention by focusing on those problems that contribute most to wasted lives and wasted dollars and have the greatest effect on our communities.”*

The framework used in this summary is presented visually in Figure 1 and is further described in the paragraphs that follow. Ultimately, this summary reaches its conclusions about need by considering: (1) the scope of the problem in terms of how many residents are affected, trends, and comparisons to other communities; (2) the community-level effects attributed to the problem by thinking specifically about wasted dollars, reduced quality of life, and lives lost; (3) the community resources available to implement change; and (4) the alignment of these problems with local health systems' goals, missions, and resources.<sup>1</sup>

**Figure 1.** *Process Tracing Model for Assessing Health Priorities*



This process approach emphasizes prevention by focusing on those problems that contribute most to wasted lives and wasted dollars and have the greatest effect on our communities. It is undeniable that the causes of death and disability have changed markedly over the past century. In the United States today, the leading causes of death are all non-communicable diseases: heart disease, cancer, and chronic obstructive pulmonary disease. Compare today's causes of death to 1900, when infectious diseases like pneumonia, influenza, and tuberculosis accounted for most mortality.<sup>2</sup> Improvements in sanitation and hygiene, vaccinations, and the emergence of antibiotics helped reduce infectious disease, in turn leading to increases in longevity and decreases in infant mortality.<sup>3</sup>

The process approach considered here suggests that reducing death and disability from chronic disease should be approached similarly to the way the public health sector attacked the problems of infectious disease; i.e., through interventions aimed at society as a whole and not solely at

<sup>1</sup>The process described here arises from a host of questions that arise when attempting to determine need. Should we consider those problems where the community performs poorly relative to other communities, should we consider those problems that affect the most people, should we consider those problems that adversely affect some groups more than others, or should we consider those problems that contribute most to wasted lives and dollars? Unfortunately, the federal legislation that mandates these community health needs assessments provides little guidance. The legislation says that communities may, "use any criteria to prioritize the significant health needs [of a community], including but not limited to the burden, scope, severity, or urgency of the health need; the estimated feasibility and effectiveness of possible interventions; the health disparities associated with the need; or the importance the community places on addressing the need." [https://www.federalregister.gov/documents/2014/12/31/2014-30525/additional-requirements-for-charitable-hospitals-community-health-needs-assessments-for-charitable#sectno-citation-%E2%80%891.501\(r\)-3](https://www.federalregister.gov/documents/2014/12/31/2014-30525/additional-requirements-for-charitable-hospitals-community-health-needs-assessments-for-charitable#sectno-citation-%E2%80%891.501(r)-3). The quotation appears in §1.501(r)-3(4), added to the Code by the Patient Protection and Affordable Care Act, Public Law 111-148 (124 Stat.119 (2010)).

<sup>2</sup>Infectious diseases are caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi; the diseases can be spread, directly or indirectly, from one person to another. Zoonotic diseases are infectious diseases of animals that can cause disease when transmitted to humans. Non-communicable diseases (NCDs), also known as chronic diseases, are not passed from person to person. They are of long duration and generally slow progression. The four main types of non-communicable diseases are cardiovascular diseases (like heart attacks and stroke), cancers, chronic respiratory diseases (such as chronic obstructive pulmonary disease and asthma) and diabetes. (WHO definitions)

<sup>3</sup><http://www.cdc.gov/mmwr/preview/mmwrhtml/mm4829a1.htm>

individuals. A public health approach considered infectious disease as a community problem and now considers non-communicable disease as a community problem.

Prevention of lifestyle diseases for too long has focused on trying to change individual behavior and choices and has focused on the individual and their personal responsibilities. This individual focus ignores research that clearly shows how influential physical and social surroundings are on individuals' actions. Context and environment shape decision-making processes that impact health. Research suggests that altering environments may be an effective driver of behavior change. Intentionally designing environments and policies, in terms of both public laws and organizational practices, to promote healthy behaviors holds promise to reverse the increase of lifestyle diseases.<sup>4</sup>

The data included in this community health assessment primarily focus on individuals, the incidence and prevalence of specific diseases, conditions, attitudes, and behaviors present within the local community, but such data represent only part of the story. There are multiple influences on community health and multiple barriers to health improvement. Identifying, documenting, and addressing these multiple influences and barriers are as necessary for improving a community's health as is understanding individual-level data. This means that communities must address multiple factors impacting health through policy interventions that emphasize the interaction between individual characteristics and environmental context. For example, efforts to educate people on the importance of exercise will do little to change behaviors if people lack safe, affordable, and accessible places to exercise.

Chronic, non-communicable diseases pose a tremendous health burden throughout the world, but it is not only death that concerns us. We are also interested in disability. Long-term health risk and disability can be quantified by calculating something known as disability-adjusted life years. Disability-adjusted life years (DALYs) calculations provide an estimate of the burden of disease by assessing premature mortality and disability, thus providing an overall view of the most important contributors to health loss. In the United States, the leading causes of DALYs are the non-communicable diseases mentioned earlier: heart disease, lung cancer, chronic obstructive pulmonary disease, accidents, diabetes, and major depressive disorders. But focusing primarily on these diseases emphasizes treatment and not root causes and prevention of disease and will do little to reduce lives lost and disability within Lancaster County.

Instead of focusing on specific conditions, this analysis identifies the risk factors that lead to these conditions and create the most premature death and disability (i.e., disease burden). In the United States and Lancaster County today, those behaviors include dietary risks, smoking and alcohol use, and high body mass index. Each contributes to cancer, cardiovascular and circulatory disorders, chronic respiratory diseases, and diabetes. So, understanding how many county residents smoke, drink, have diabetes, have hypertension, have high cholesterol, get sufficient physical activity, eat properly and maintain a healthy weight helps us understand how many county residents are exposed to significant long-term health risks and should give the community somewhere to focus.

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<sup>4</sup>See Stulberg, Harvard Public Health Review, Vol 2, Oct 2014

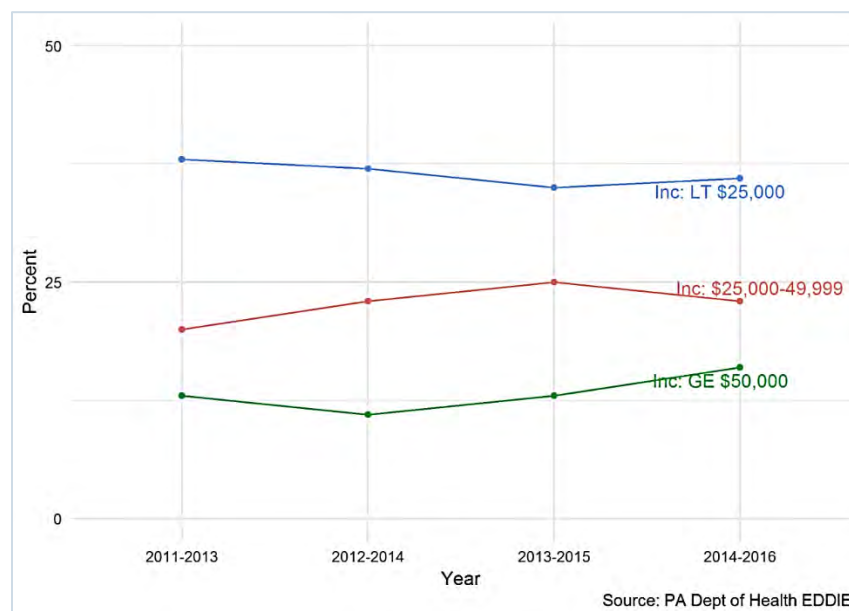


# Social Determinants and Health Disparities

Public health researchers frequently attribute persistent patterns of health disparities, i.e., gaps in access, conditions, or behaviors that are larger for some demographic groups than for others, to a set of social determinants. Social determinants thinking suggests that health is determined by access to social and economic opportunities that arise from the places where we learn, live, and work. According to the Centers for Disease Control (CDC), “The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be.”<sup>5</sup> As such, the CDC has established a set of indicators that can track progress towards a goal of creating social and physical environments that promote good health for all people.

Figure 2 provides a simple example of how health inequalities relate to social determinants. Figure 2 shows differences in being limited by poor health in everyday activities in relation to income. Income makes a clear difference in being limited by physical or mental health problems as higher income individuals are much less likely to be limited by their health. This illustration reinforces how social characteristics can be strongly associated with health behaviors and conditions. It also can help show the disproportionality evident for many indicators, meaning the odds of experiencing some condition or practicing some behavior can differ radically depending on social standing and context.

**Figure 2.** *Poor physical or mental health prevented usual activities one or more times in past month by income*



<sup>5</sup>A complete description of the Social Determinants of Health model and objectives can be found on the Healthy People 2020 website.

The analysis of secondary data that appears in Attachment B provides data on a number of important indicators useful for judging social determinants indicators for Lancaster County and shows the county has identifiable social problems that can contribute to persistent health disparities and continued health risk. Lancaster has large numbers of renters struggling with housing affordability (Table B2); high rates of poverty, particularly for minorities (Table C3); large income disparities



between whites and non-whites (Table C2); low rates of post-secondary educational attainment (Table E1); and an aging population (Table A2). Access to health providers is also a concern; compared to the state and nation, Lancaster County has fewer primary care physicians, dentists, and mental health providers per capita (Appendix E). Taken together, community data related to social determinants indicators reveal notable concerns about the county's economic stability and community and social conditions, including rates of educational attainment. Some of the major concerns related to economic stability and community and social conditions that emerge from this analysis appear in the following paragraphs.

## Economic Stability

One substantive concern is that hourly wage rates in Lancaster County, when adjusted for inflation, are actually decreasing for persons on the lower half of the earnings scale (see Table 1). The pay of the lowest paid 25 percent of workers has decreased (by eight percent) since 2001. Lancaster, like many other communities, has experienced a major structural shift in its economy that has disproportionately affected less skilled workers.

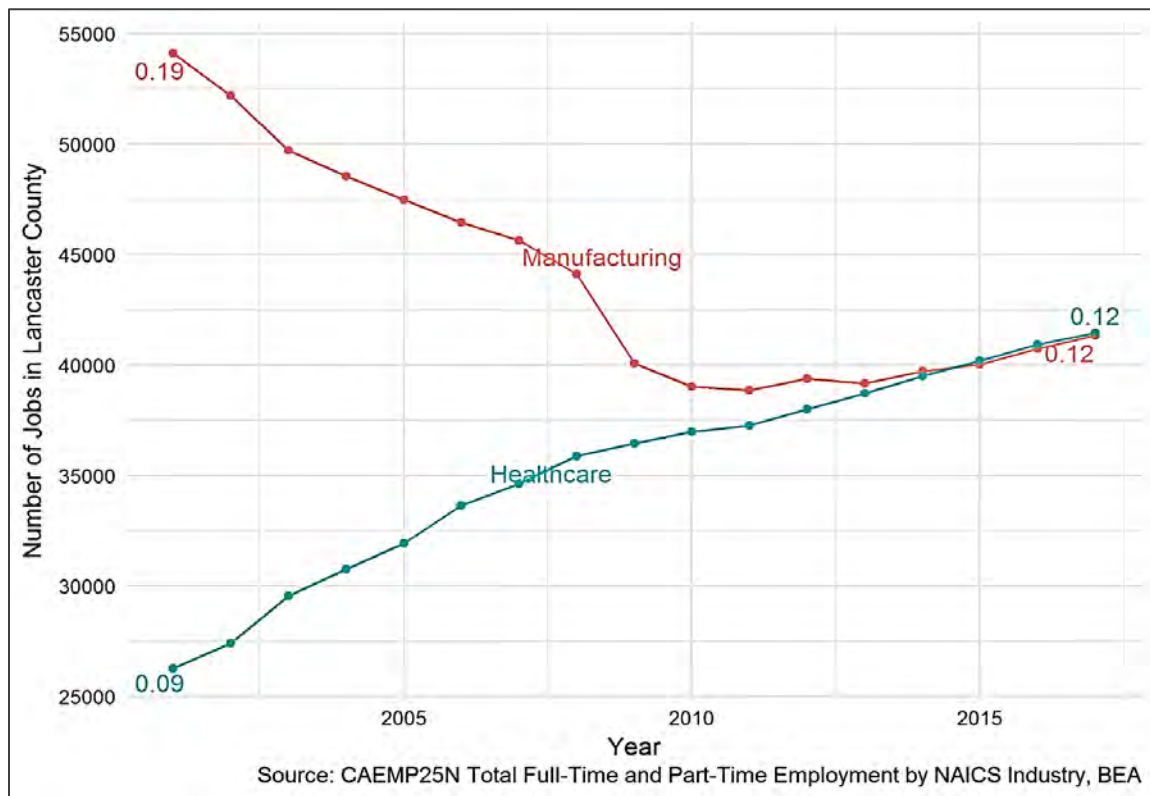
**Table 1. Inflation Adjusted Hourly Wages by Percentile**

	Lancaster County Average Hourly Wage, Adjusted for Inflation (2017 Dollars)		Percent Change from 2001 to 2017
	2001	2017	
10th percentile	\$9.53	\$9.15	-4%
25th percentile	\$12.19	\$11.26	-8%
Median	\$17.02	\$16.95	-0.4%
75th percentile	\$24.31	\$24.91	2%
90th percentile	\$35.02	\$36.67	5%

Sources: Bureau of Labor Statistics Occupational Employment Estimates and Consumer Price Index

Lancaster County's job market has experienced a rapid decline in manufacturing employment and a significant expansion in service employment, particularly in the health care sector (Figure 3). This has created a widespread decline in household income as manufacturing jobs that formerly provided families with stable, moderate incomes are replaced by lower-wage service sector jobs. Manufacturing employment has declined from 19% to 12% of employment during this time period, while health-related employment has grown from 9% to 12%. This structural change may relate to a labor-force participation rate that has declined to 66.6% of working age people in 2017 from a pre-recession rate of 68.0% in 2005.

**Figure 3.** *Manufacturing and Health Care Employment in Lancaster County, 2001 – 2017*



County-level data by industry sector provide a snapshot of how Black, Latino, and White households have experienced the industrial shift from manufacturing to services (see Table 2). Latinos experienced the largest proportional manufacturing job loss (-16%), followed by Blacks (-12%), then Whites (-9%). Black and Latino employment increased in two very low paying sectors: retail and hospitality. For an average worker, a shift from manufacturing into retail or hospitality meant a pay cut of 50 to 70 percent. The red numbers in these tables indicate a weekly wage difference that is below the manufacturing wage.

**Table 2.** *The Effects of Manufacturing Job Loss by Race*

	Change in Share of Employment (2000 to 2013)	Estimated Weekly Wages	Weekly Wage Difference from Manufacturing
<b>Latino Manufacturing Job Loss</b>	<b>-15.9%</b>	<b>\$808</b>	
Latinos gained jobs in:			
Health Care	+8.2%	\$586	(\$222)
Transportation	+3.2%	\$731	(\$77)
Food and Hotels	+2.3%	\$288	(\$520)
Retail Trade	+1.8%	\$410	(\$398)
Wholesale Trade	+1.5%	\$744	(\$64)
<b>Black Manufacturing Job Loss</b>	<b>-11.8%</b>	<b>\$862</b>	
Blacks gained jobs in:			
Health Care	+11.1%	\$583	(\$279)
Retail Trade	+2.5%	\$365	(\$498)
Food and Hotels	+2.1%	\$279	(\$583)
Transportation	+1.7%	\$717	(\$145)
<b>White Manufacturing Job Loss</b>	<b>-9.2%</b>	<b>\$1,071</b>	
Whites gained jobs in:			
Health Care	+5.3%	\$836	(\$235)
Management	+1.4%	\$1,295	\$224
Professional and Technical	+1.0%	\$1,143	\$72
Transportation	+1.0%	\$879	(\$192)

## Community and Social Conditions

Changes in employment and wages have had a significant effect on the community, particularly among minority populations. The poverty rate in 2016 was 28.3% for Latinos and 28.8% for Blacks compared to 8% for whites. The overall proportion of Lancaster County public school students eligible for free and reduced lunch (i.e., economically disadvantaged) has grown from 27% in 2011 to 43% in 2016.

*“The poverty rate in 2016 was 28.3% for Latinos and 28.8% for Blacks compared to 8% for whites.”*

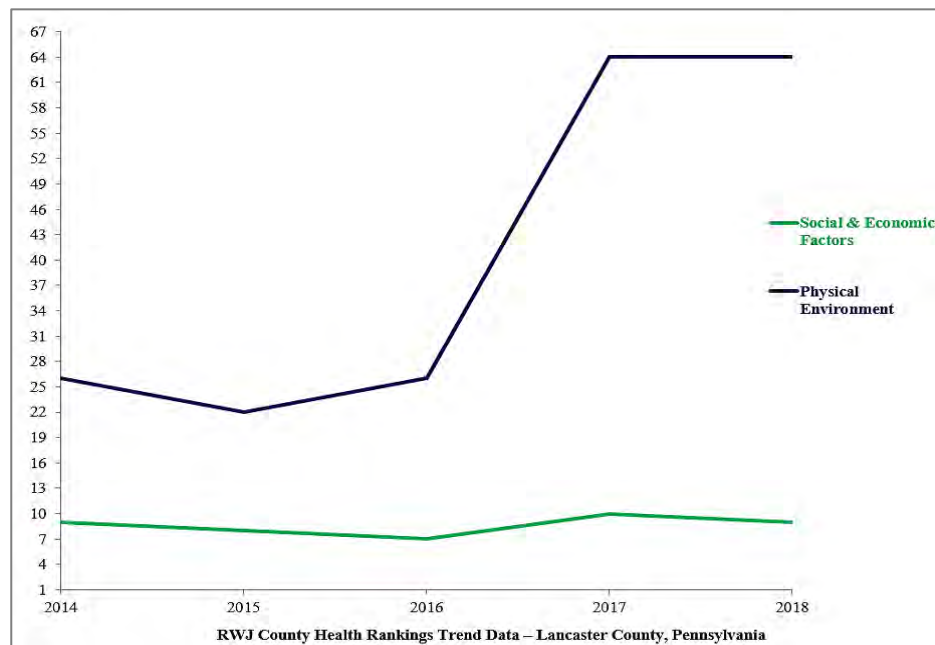
The effects are also felt in the local housing market. There are fewer homeowners in Lancaster County today (65.1% in 2016) than there were prior to the 2008 recession (67%) and the proportion of renters who spend more than 30 percent of their income on rent has risen from 46% pre-recession to 50% in 2016.

The overall demographic profile of the community is also changing. While the county is slowly changing its racial composition, it still lacks significant racial diversity; 92% of all residents identified as white in 2017 compared to 93% in 2010. About one in ten (11%) county residents identifies as Hispanic or Latino. Perhaps the most consequential demographic change in the community is the distribution of population by age. The county continues to age, with the share of the population under 18 declining (falling from 25% in 2010 to 24% in 2017) and the share over 65 years of age increasing (growing from 15% in 2010 to 17% in 2017).

## Physical Environment

The analysis of Robert Wood Johnson County Health Rankings data that follows also considers a number of health and social determinants measures specific to place. These rankings show that, relatively speaking, Lancaster County's physical environment is poor and likely contributes to poor health outcomes. Indicators of air and water quality place Lancaster's physical environment 64<sup>th</sup> out of the state's 67 counties. Lancaster County ranks 9<sup>th</sup> in social and economic factors<sup>6</sup>. Lancaster's social and economic rankings scores have remained stable over the past decade, while physical environment rank has significantly declined relative to other counties in the state (Figure 4). Compared to other counties in the state, Lancaster shows higher rates of severe housing problems, drinking violations/water safety, daily fine particulate matter, driving alone to work, as well as lower rates of college attainment (see Attachment B). Lancaster does relatively well on having low rates of unemployment, violent crime, children in single parent households, and income inequality.

**Figure 4.** *Social and Economic Factors and Physical Environment Relative Health Rankings, Lancaster County 2018*



Data Source: Robert Wood Johnson Foundation County Health Rankings

<sup>6</sup>Robert Wood Johnson Foundation. (2018). 2018 County Health Rankings Pennsylvania Data – v1\_0.xls [Data file]. Retrieved from <http://www.countyhealthrankings.org/app/pennsylvania/2018/overview>.



The relative performance of Lancaster County on the grouped indicators reveals the indicator groups that need the greatest improvement. Lancaster receives its poorest relative ranking for its physical environment, which includes poor air quality and problems related to housing and transportation. Table 3 displays the health outcomes and factors for Lancaster County as well as the same ranks for the top performing counties in Pennsylvania.

**Table 3.** *Relative County Ranks on County Health Rankings Outcomes and Factors*

County	Social & Economic Factors	Physical Environment
Lancaster	9	64
Top Performing Counties		
Union	8	4
Centre	4	21
Montgomery	1	44

Lancaster County has 97,950 pounds of recognized carcinogens released into the air annually. Between 2010 and 2016, Lancaster has had an average of 18,621 pounds of PBT (Persistent, Bioaccumulative, and Toxic Chemicals, such as lead and mercury) released into the air on an annual basis (see table A-5 in Appendix A). Lancaster County is ranked 13<sup>th</sup> nationally for people at risk in the top 25 U.S. cities most polluted by short-term particle pollution (24-hour PM<sub>2.5</sub>), and Lancaster County is ranked 8<sup>th</sup> nationally among the top 25 U.S. cities for people at risk in cities most polluted by year-round particle pollution (annual PM<sub>2.5</sub>)<sup>7</sup>.

## Summary

Community data related to social determinants indicators reveal notable concerns about the county's economic stability and community and social conditions, including rates of educational attainment. The major social determinants issues facing the county include:

- Large numbers of renters struggling with housing affordability
- High rates of poverty, particularly for minorities: in 2016 28.3% of Latinos and 28.8% of Blacks compared to 8% for whites
- Large income disparities between whites and non-whites
- Hourly wage rates that are decreasing for persons on the lower half of the earnings scale
- Low rates of post-secondary educational attainment
- An aging population
- Lancaster is ranked 13<sup>th</sup> nationally for people at risk by short-term particle pollution and is ranked 8<sup>th</sup> nationally for people at risk by year-round particle pollution
- A polluted physical environment; indicators of air and water quality place Lancaster's physical environment 64<sup>th</sup> out of the state's 67 counties

<sup>7</sup><https://www.lung.org/assets/documents/healthy-air/state-of-the-air/sota-2018-full.pdf>

## Health Behaviors and Conditions

The prevalence estimates available from the Pennsylvania Department of Health and used throughout this report can be used to estimate the number of residents in Lancaster County who experience a condition, engage in a specific behavior, or encounter some specific health barrier. These population estimates, in turn, can be used to help understand which problems are growing faster, and which are declining faster, than others. A second advantage of this estimation approach is that it accounts for population change over time. All of this information can be helpful for informing the county's health needs and planning. Attachment C provides population estimates for 49 conditions and behaviors.

### Population Estimates: How Many Affected?

In aggregate terms, obesity, poor mental and physical health, and having no access to a regular health care provider affect the largest numbers of Lancaster county residents (Table 4). In Lancaster County, more than 275,000 adult residents are overweight or obese; nearly 220,000 adults drove alone to work; nearly 150,000 adults reported having one or more poor mental or physical health days; nearly 75,000 assess their health as fair or poor; and more than 50,000 say they have no usual source of health care. Each of these indicators now affects more residents than in 2015.<sup>8</sup>

**Table 4.** *Health Indicators Affecting the Most Lancaster County Residents*

Indicator	2013	2015	2017	Change
Adults who are Overweight or Obese	260,882	244,681	275,033	5%
Workers who Drive Alone to Work	211,704	219,540	219,436	4%
Poor Mental Health Days	134,394	142,730	143,674	7%
Poor Physical Health Days	126,488	138,652	143,674	14%
Adults who are Obese	110,677	106,028	135,464	22%
Self-Reported General Health Assessment: Poor or Fair	67,197	61,170	73,889	10%
Adults with NO Usual Source of Health Care	51,386	48,936	53,365	4%

<sup>8</sup>Readers should keep in mind that these estimates are subject to sampling error. The estimated error of each statistic will differ depending on the sample size used to estimate the prevalence of the indicator in any given year. The population base used to estimate the number of county residents affected by an indicator differs depending on the indicator. For most estimates, the calculation is based on the total number of adults residing in the county during a given year. As an example, the sample error for the estimated number of adults who are overweight or obese is  $\pm 19,763$  in 2013,  $\pm 24,468$  in 2015, and  $\pm 20,525$  in 2017. This expected variability means the change in this indicator is not significant.

## Population Estimates: Changing Conditions

The fastest growing problems in the county are related to both obesity (which can be thought of at least in part as problems of diet and physical activity) and mental health problems (Table 5). The number of Lancaster County adults who are obese has increased by more than 20% in the past decade, rising from 110,000 residents to 135,000 residents. The number of adults with diabetes has risen by 27% in the past decade, from 35,000 adults to 45,000. Higher relative growth rates are seen in death rates due to drug use (44%), unintentional injuries (38%), firearms (24%), and suicide (18%). Although the total number of citizens directly affected by these increasing death rates is relatively small, they signal something important about the County's ability to assist distressed adults. From a social determinants perspective, the rise in the number of people over 65 years of age living in poverty (18%) and the rise in the number of households receiving public assistance (14%) is a concern given the perceived health of the local economy.

**Table 5. Fastest Growing Indicators in Lancaster County, Change in Affected Residents, 2013-2017**

Indicator	2013	2015	2017	Change
Adults who are Overweight or Obese	260,882	244,681	275,033	<b>5%</b>
Adults who are Obese	110,677	106,028	135,464	<b>22%</b>
Adults with Diabetes	35,575	40,780	45,155	<b>27%</b>
Children who are Overweight or Obese: Grades K-6	12,299	14,276	14,393	<b>17%</b>
Households with Public Assistance	5,523	6,055	6,277	<b>14%</b>
People 65+ Living Below Poverty Level	5,260	5,829	6,188	<b>18%</b>
Child Abuse Rate (per 1,000 children)	1,103	1,159	1,942	<b>76%</b>
Lyme Disease Incidence Rate (per 100,000)	9	173	287	<b>3200%</b>
Age-Adjusted Death Rate due to Unintentional Injuries	149	174	206	<b>38%</b>
Age-Adjusted Death Rate due to Diabetes	63	75	79	<b>25%</b>
Age-Adjusted Death Rate due to Drug Use (per 100,000)	44	53	63	<b>44%</b>
Age-Adjusted Death Rate due to Suicide	37	43	44	<b>18%</b>
Age-Adjusted Death Rate due to Firearms	23	27	28	<b>24%</b>

Despite the growth of a number of problems related to obesity, mental health, and social determinants, the county has made progress on important indicators related to health behaviors, access, and the economy (Table 6). The relative declines in adults who smoke (- 43%), adults without health insurance (-25%), and adults who binge drink (- 17%) offer substantive proof that community-level interventions can help reduce risky health behaviors and increase access to health care. The large reduction in unemployed workers (- 46%) over the past decade is a net positive from a social determinants perspective.

**Table 6.** *Fastest Improving Indicators in Lancaster County, Change in Affected Residents, 2013-2017*

Indicator	2013	2015	2017	Change
Adults who Binge Drink	59,291	48,936	49,260	-17%
Adults with NO Health Insurance	60,873	50,975	45,565	-25%
Adults who Smoke	79,055	53,014	45,155	-43%
Unemployed Workers (16+) in Civilian Labor Force	26,361	19,150	14,248	-46%
Teens who are Overweight or Obese: Grades 7-12	16,399	13,931	13,627	-17%
Gonorrhea Incidence Rate (per 100,000)	268	173	165	-39%
Infant Mortality Rate (per 1,000 live births)	49	48	45	-8%
Age-Adjusted Death Rate due to HIV	4	3	3	-27%



## Healthy People 2020

The Healthy People 2020 indicators establish national objectives that, if met, should lead to improved health for both individuals and communities. Healthy People 2020 established more than 1,200 objectives for 42 public health topics. County-level data is not available for all of these indicators due to the limitations of the data sources that track them, but this assessment includes 35 indicators where Lancaster County data is available, including 10 that are considered leading health indicators because they represent high-priority health issues.

Lancaster County meets 17 of the 35 Healthy People 2020 objectives we were able to track, including three leading health indicators (Table 7). Lancaster County meets leading health indicator targets for the proportion of children who are obese, and for rates of binge drinking and smoking. The County meets many Healthy People goals for cancer death rates and cancer incidence and also for death rates due to coronary heart disease, HIV, firearms, and motor vehicle accidents.

**Table 7. Healthy People 2020 Goals Achieved**

Indicator	Lancaster	PA	HP2020	Goal Met
Adults who Binge Drink	12%	18%	24%	Yes
Adults who Smoke	11%	18%	12%	Yes
Age-Adjusted Death Rate due to Coronary Heart Disease	93.6	111.3	100.8	Yes
Age-Adjusted Death Rate due to Firearms	6.8	11.2	9.2	Yes
Age-Adjusted Death Rate due to HIV	0.7	1.4	3.3	Yes
Age-Adjusted Death Rate due to Motor Vehicle Collisions	9.1	9.4	12.4	Yes
Age-Adjusted Death Rate due to Cancer	154.3	168.5	160.6	Yes
Age-Adjusted Death Rate due to Colorectal Cancer	13.8	15.2	14.5	Yes
Age-Adjusted Death Rate due to Lung Cancer	35.5	43.7	45.5	Yes
Age-Adjusted Death Rate due to Prostate Cancer	16.0	18.8	21.2	Yes
Babies with Low Birth Weight (per 1,000 live births)	7.1%	8.2%	7.8%	Yes
Cervical Cancer Incidence Rate	7.2	7.4	7.3	Yes
Children who are Obese: Grades K-6	15.2%	16.7%	15.7%	Yes
Colorectal Cancer Incidence Rate	37.1	42.6	39.9	Yes
Mothers who Breastfeed	86.4%	79.7%	81.9%	Yes
Salmonella Incidence Rate (per 100,000)	9.3	12.1	11.4	Yes
Workers who Walk to Work	3.7%	3.8%	3.1%	Yes





Lancaster County fails to meet 18 of the 35 Healthy People 2020 objectives we are able to track, including seven leading health indicators (Table 8). Goals for having a usual source of health care and for having health insurance, two leading health indicators related to health access, have not been met. Leading health indicators related to nutrition, physical activity, and obesity, which include obesity rates for adults and adolescents, were also missed. Rates of infant mortality and death rates for suicide and unintentional injuries also exceed the Healthy People targets. In short, Lancaster County misses Healthy People targets for seven out of the 10 leading health indicators we can track. Lancaster County's rates for the Healthy People 2020 targets are often similar to the state's rates on its missed targets, with two exceptions; the rates of children without health insurance and early prenatal care are much lower in Lancaster County than in the state as a whole.

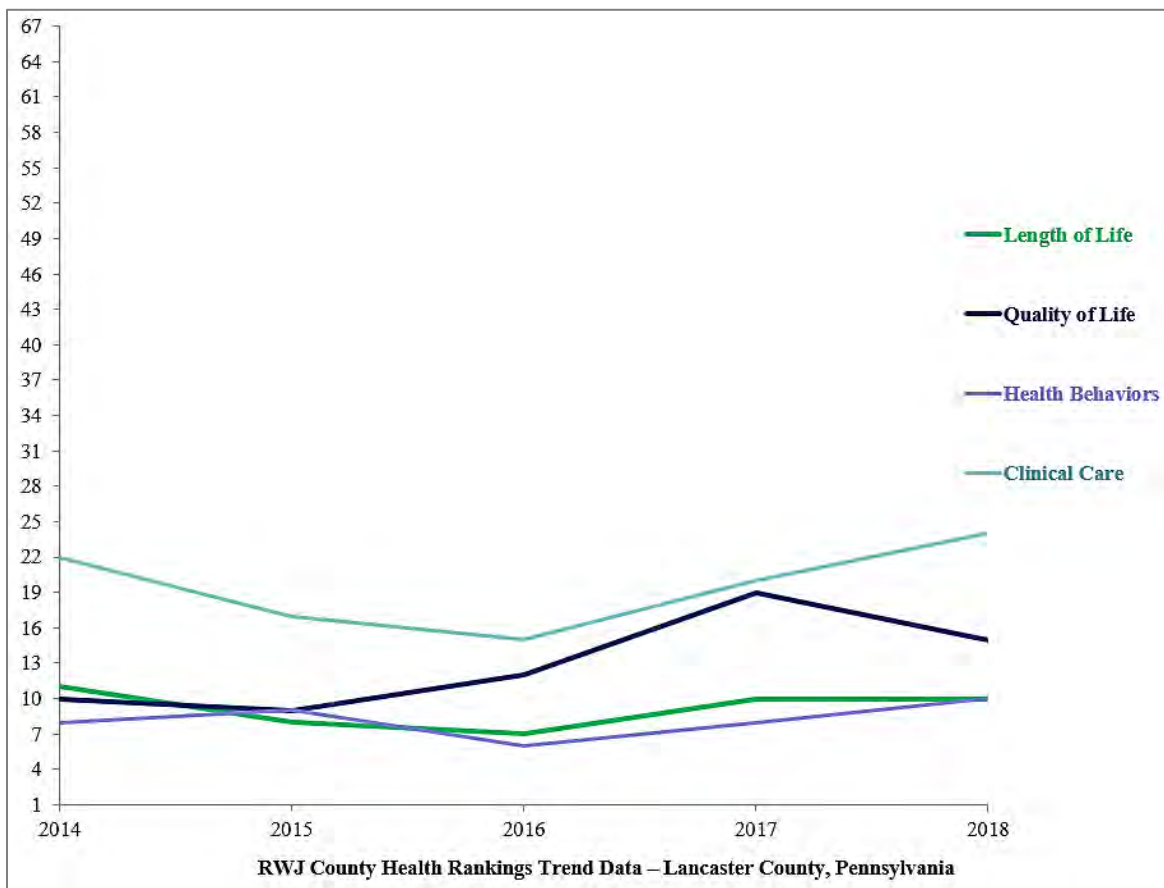
**Table 8. Healthy People 2020 Goals Missed**

Indicator	Lancaster	PA	HP2020	Goal Met
Adults who are Obese	33%	31%	31%	No
Adults with a Usual Source of Health Care	87%	86%	89%	No
Adults with Health Insurance	89%	93%	100%	No
Age-Adjusted Death Rate due to Cerebrovascular Disease	37.5	37.1	33.8	No
Age-Adjusted Death Rate due to Drug Use	15.4	25.3	11.3	No
Age-Adjusted Death Rate due to Falls	8.3	9	7.0	No
Age-Adjusted Death Rate due to Suicide	10.6	13.4	10.2	No
Age-Adjusted Death Rate due to Suicide	10.6	13.4	10.2	No
Age-Adjusted Death Rate due to Unintentional Injuries	50.3	61.2	36.0	No
Age-Adjusted Death Rate due to Breast Cancer Females	20.7	21.6	20.6	No
Age-Adjusted Death Rate due to Drug Use	15.4	25.3	11.3	No
Child Abuse Rate (per 1,000 children)	15.1	14.5	8.5	No
Children (0 - 17 years of age) with Health Insurance	83%	96%	100%	No
Infant Mortality Rate (per 1,000 live births)	6.4	6.4	6.0	No
Mothers who did not Smoke During Pregnancy	91.7%	87.4%	98.6%	No
Mothers who Received Early Prenatal Care	61.4%	72.5%	77.9%	No
Pneumonia Vaccination Rate 65+	71%	74%	90%	No
Teens who are Obese: Grades 7-12	18.0%	19.0%	16.1%	No
Workers Commuting by Public Transportation	1.2%	5.6%	5.5%	No

## Health Behavior and Health Outcomes

The Robert Wood Johnson County Health Rankings data shows that Lancaster County ranks 8 out of 67 counties in health outcomes and 10 out of 67 counties in health factors. The health outcomes and health rankings scores for Lancaster County have remained stable over the past decade. Compared to other counties in the state, Lancaster shows higher rates of uninsured individuals and lower rates of college attainment (see Attachment B). Lancaster does relatively well on having low rates of premature death, preventable hospital stays, and smoking (Figure 5).

**Figure 5.** Length of Life, Quality of Life, Health Behaviors, and Clinical Care Relative Health Rankings, Lancaster County 2018



\*Note: Figure created by the Center for Opinion Research using Robert Wood Johnson Foundation County Health Rankings data.

The relative performance of Lancaster County on the grouped indicators reveals the indicator groups that need the greatest improvement. Clinical care indicators, which include access and quality indicators, is the second lowest performing set of factors for Lancaster County. The third area of concern relates to quality of life indicators. Table 9 displays the health outcomes and factors for Lancaster County as well as the same ranks for the top performing counties in Pennsylvania.

**Table 9.** *Relative County Ranks on County Health Rankings Outcomes and Factors*

County	Length of Life	Quality of Life	Health Behaviors	Clinical Care
Lancaster	10	15	10	24
<b>Top Performing Counties</b>				
Union	3	4	22	4
Centre	1	5	9	13
Montgomery	4	3	2	2

## Summary

The number of Lancaster County residents affected by specific conditions or engaging in specific behaviors offers suggestions about which health issues need attention. Progress toward reaching Healthy People 2020 targets also provides some guidance about potential health priorities.

This section has identified Lancaster County's most concerning health metrics:

- More than 275,000 adult residents are overweight or obese
- Nearly 150,000 adults reported having one or more poor mental or physical health days
- Nearly 75,000 assess their health as fair or poor
- More than 50,000 have no usual source of health care
- Each of these indicators now affects more residents than in 2015
- The fastest growing problems in the county are related to both obesity and mental health
- National goals for having a usual source of health care and for having health insurance have not been met
- Leading health indicators related to nutrition, physical activity, and obesity, which include obesity rates for adults and adolescents, have not been met
- Rates of infant mortality exceed Healthy People targets
- Death rates for suicide and unintentional injuries exceed Healthy People targets

This section also identified health metrics that are positive:

- Fewer adults smoke (- 43%)
- Fewer adults are without health insurance (- 25%)
- Fewer adults binge drink (- 17%)
- Indicators for the proportion of children who are obese meet national targets
- Rates of binge drinking meet national targets
- Rates of smoking meet national targets
- Many Healthy People goals related to cancer death rates and cancer incidence and also for death rates due to coronary heart disease, HIV, firearms, and motor vehicle accidents have been met

# Health Risks and Disability-Adjusted Life Years

## Leading Causes of Death and Disability

Long-term health risks and disability can be quantified by calculating disability-adjusted life years. Disability-adjusted life years (DALYs) calculations provide an estimate of the burden of disease by assessing premature mortality and disability, thus providing an overall view of the most important contributors to health loss. In the United States, the leading causes of DALYs were all non-communicable diseases: heart disease, COPD, lung cancer, and major depressive disorders. The rates of these major causes of death and disability for Lancaster County, Pennsylvania, and the US are shown in Table 10.

**Table 10.** *Leading Causes of Death, Age-Adjusted Rates per 100,000*

	Lancaster <sup>a</sup>	Pennsylvania <sup>a</sup>	US <sup>b</sup>
Heart disease	159.4	176.2	165.5
Cancer	153.5	164.7	155.8
Accidents	50.3	61.8	47.4
Stroke	37.8	37.0	37.3
Chronic lower respiratory diseases	33.7	36.8	40.6
Alzheimer's disease	29.4	21.7	30.3
Diabetes mellitus	19.6	20.3	21.0
Kidney Disease <sup>c</sup>	14.2	15.7	13.1
Influenza and pneumonia	7.3	13.9	13.5
Septicemia	9.7	13.5	10.7

a. 2016 Age-adjusted rate; Source: <https://www.phaim1.health.pa.gov/EDD/WebForms/DeathCntySt.aspx>

b. 2016 Age-adjusted rate; Source: <https://www.cdc.gov/nchs/pressroom/states/pennsylvania/pennsylvania.htm>

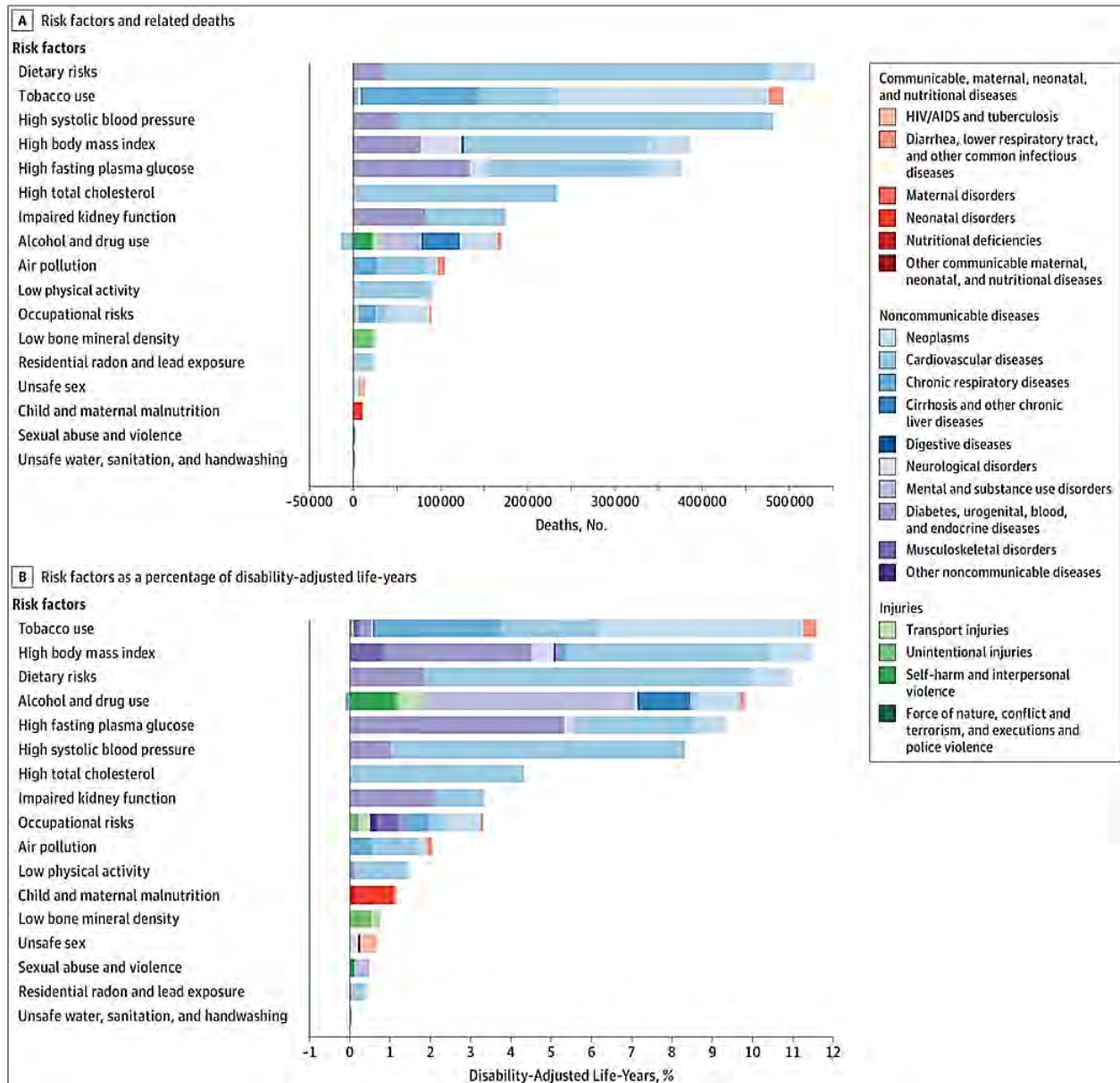
c. In county-level data, indicator for kidney disease<sup>c</sup> is "Nephritis, nephrotic syndrome and nephrosis"

## Leading Risk Factors for Death and Disability

The disability-adjusted life years estimates might encourage a focus on these conditions, but focusing on these conditions would do little to reduce lives lost and disability within a community. Instead, a public health focus on reducing DALYs prioritizes the prevention of disease for an entire population instead of treatment for individual conditions. Even though the specific conditions affect a small segment of the population, the risk factors that account for the most disease burden in the United States are dietary risks, smoking, and high BMI. Each contributes to cancer, cardiovascular and circulatory disorders, chronic respiratory diseases, and diabetes, as Figure 6 displays.<sup>9</sup>

<sup>9</sup>Institute for Health Metrics and Evaluation. GBD Profile: United States. Retrieved from <http://www.healthmetricsandevaluation.org>.

**Figure 6.** Number of Deaths and Percentage of Disability-Adjusted Life-Years Related to the 17 Leading Risk Factors in the United States, 2016



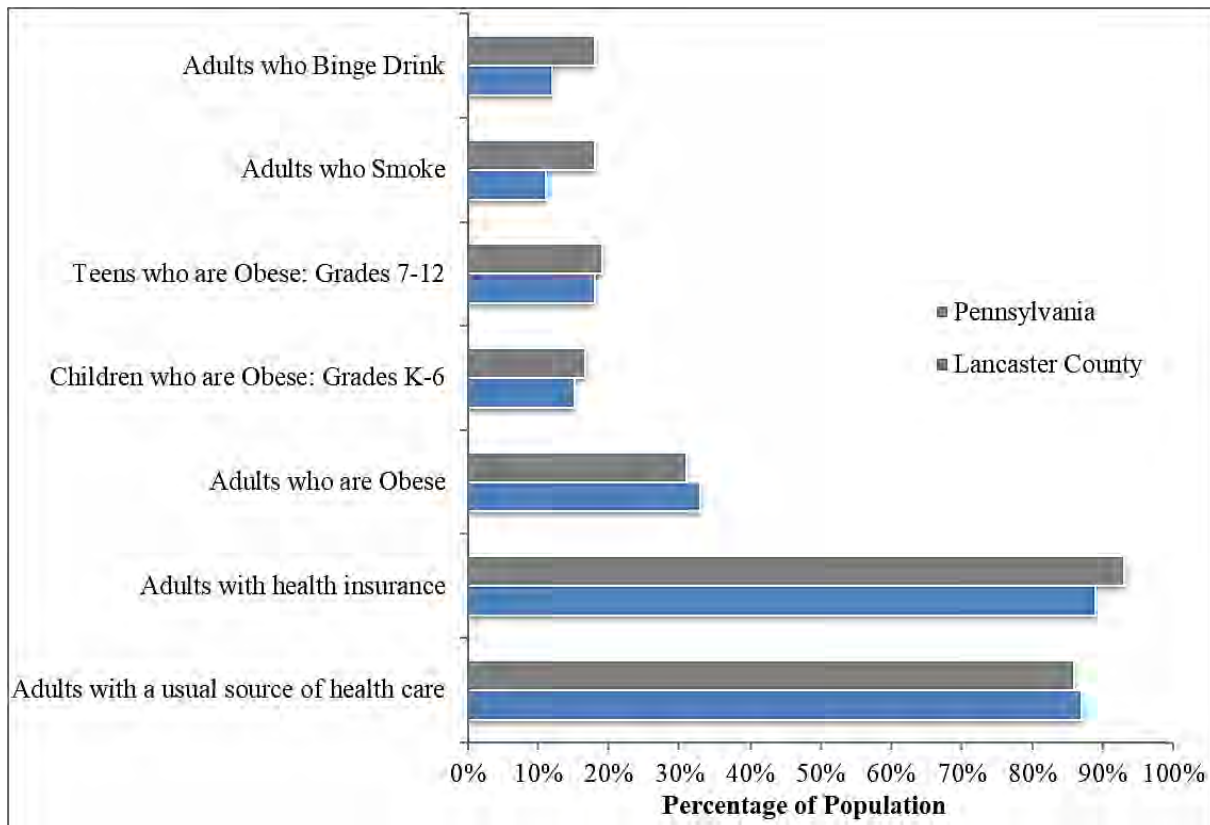
Source: *The State of US Health, 1990 – 2016 JAMA. 2018;319(14):1444-1472. doi:10.1001/jama.2018.0158*



## Lancaster County Risk Factors

Residents of Lancaster County have better comparative rates of smoking and binge drinking compared to adults in the state, but they also struggle with obesity and health access issues.

**Figure 7. Behavioral Health Risk Comparison**



## Summary

The risk factors that account for the most disease burden in the United States are dietary risks, smoking, and high BMI. Each contributes to cancer, cardiovascular and circulatory disorders, chronic respiratory diseases, and diabetes. Residents of Lancaster County have better comparative rates of smoking and binge drinking compared to adults in the state, but they also struggle with obesity and health access issues.

# Engaging the Community

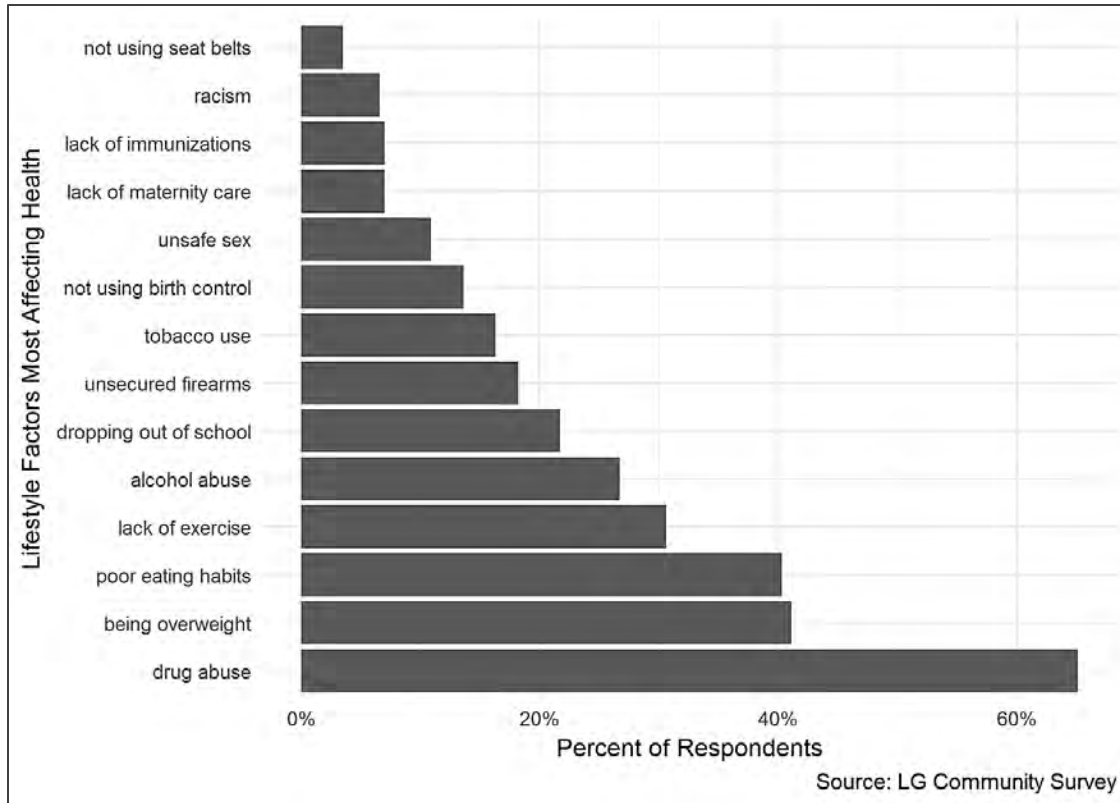
## Community Survey

Penn Medicine Lancaster General Health conducted a survey of community members at selected community events during summer 2018 to gather input about perceived community health needs and barriers to good health. Penn Medicine Lancaster General Health collected a total of 258 survey responses from members of the Coalition to End Homelessness and Lighten Up Lancaster County coalition, staff from Community Action Partnership and Healthy Beginnings Plus, the Lancaster County Office of Aging, and community members who took the survey online or at Lancaster County's Pride Day celebration. The goal of the survey was to sample from selected locations, organizations, and coalitions to gather feedback from traditionally marginalized communities, including people of color, people of Hispanic/Latino ethnicity, and individuals who identify as gay, lesbian, bisexual, and/or transgender. The survey is not representative of the community as a whole. Most community survey respondents were white (85%), female (73%), and held a Bachelor's (38%) or postgraduate (32%) degree. Two percent of respondents identified as transgender and one in seven identified as gay or lesbian (6%) or bisexual (6%).

Community survey respondents were most likely to believe that affordable housing (54%), jobs with livable wages (42%), and access to healthy food (38%) were the most important characteristics of a healthy, stable community. Community respondents are also most likely to rate a lack of affordable housing (51%) as the most important challenge facing the community. Lack of economic opportunity (8%) and access to healthy food (8%) were rated as far lesser challenges at the moment. Instead, drug and alcohol abuse (38%), access to mental health services (32%), and homelessness (27%) were rated as the community's most important challenges. In fact, community survey respondents consider drug abuse (65%) as the most important lifestyle factor currently affecting community health (see Figure 8). Lifestyle factors including being overweight (41%) and having a poor diet (40%) were a distant second and third.



*“Community respondents are most likely to rate a lack of affordable housing (51%) as the most important challenge facing the community.”*



## Stakeholder Forum

Penn Medicine Lancaster General Health, WellSpan Health, and UPMC Lititz jointly hosted a community stakeholder forum on December 17, 2018.<sup>10</sup> The three primary goals of the forum were to: (1) explain the CHNA process and the role of community stakeholders; (2) present the analytic framework and preliminary community health data included in this summary; and (3) gather input from community stakeholders, particularly those with public health expertise and individuals and organizations serving medically underserved, low-income, and minority populations in Lancaster County, about community health needs and community resources. After a brief presentation of community health data, including demographics, social determinants such as education and income, health behaviors, and health outcomes, attendees answered two specific questions: what are the

<sup>10</sup>A total of 99 individuals attended the community forum and provided input. The participants represented diverse sectors, including healthcare, social services, education, public health, economic and community development, government, housing, food access, philanthropy, early child development, higher education, aging and disability services, and others. In Lancaster County, there has been a movement to concentrate social services in “hubs” throughout the county. Each hub works closely with members of their community to identify community needs and develop community resources to meet those needs. Several hubs were represented at the stakeholder forum and provided valuable feedback on the variety of needs facing different geographic regions of Lancaster County. In addition, there were many participants who work closely with low-income and underserved community members, including social workers, counselors, community organizers, and case managers. We also ensured that our definition of health extended beyond physical health, with representation from behavioral health and mental health providers and advocacy organizations.

most important health needs in our community? And which health needs have feasible community solutions?<sup>11</sup>

Table 11 shows the community health needs identified by 10 or more of those attending the forum as the most important needs in Lancaster. Participants were encouraged to reflect on the needs that have had the most negative impact on their clients, family, and social networks.

**Table 11.** *Community Perceptions of Health Needs by Importance*

Health Needs	Total mentions
Mental health and access to mental health care	42
Access to health care and health insurance	39
Affordable healthy housing	25
Drug & alcohol use and access to treatment	25
Nutrition education/access to healthy food/food security	25
Obesity/overweight	20
Transportation	18
Violence/sexual assault/abuse/trauma and adverse childhood experiences (ACEs)	17
Quality jobs/wages/income/poverty	14
System navigation/case management/complex needs	12
Physical activity/physical literacy/access to exercise opportunities	10

The stakeholders offered feasible solutions for all of the health needs identified above and noted many community resources available in Lancaster to address them. Capturing this sentiment, one stakeholder wrote, "All can be addressed with appropriate connections and partners working together toward common goals." The stakeholders identified many community resources available to address needs.

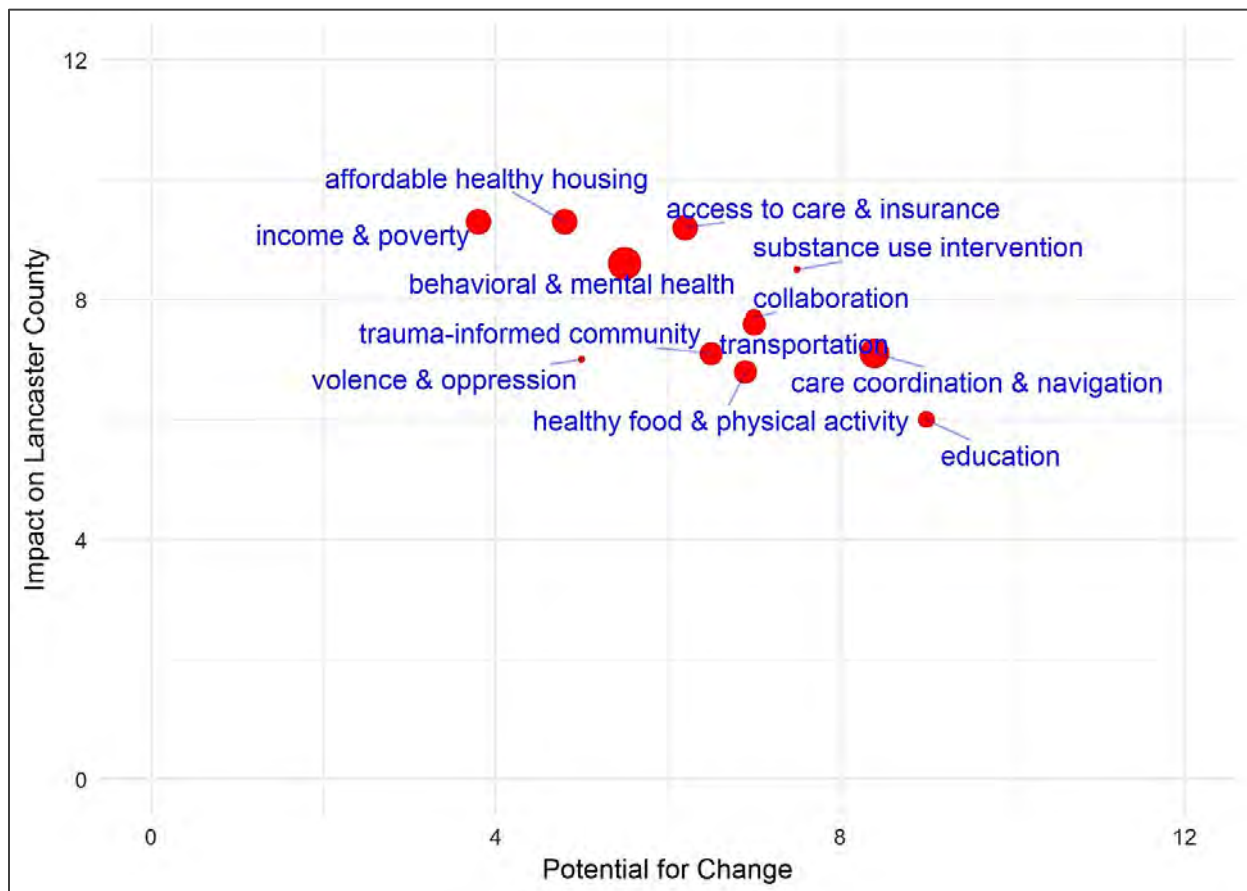
Many stakeholders mentioned the strength of our community coalitions, including Let's Talk Lancaster (mental health), Lighten Up Lancaster County (obesity, physical activity, nutrition), Hunger-Free Lancaster County (food security), the Coalition to End Homelessness, the Coalition to Combat Poverty, Joining Forces (opioid use) and LiveWell Lancaster (general health). Others identified individual community organizations (such as the Boys and Girls Club, COBYS, Lancaster Family YMCA, and Community Action Partnership) and local healthcare systems as community resources. Schools and school staff, housing communities, faith-based organizations, businesses,

<sup>11</sup>For each question, participants recorded individual answers on a worksheet then had two minutes to discuss the question with a partner and four additional minutes to discuss their answers with a group of four. Next, several groups shared their ideas with the full group. Throughout the discussion, participants were encouraged to record additional ideas on their worksheets. After discussing both questions, groups of six to eight participants ranked the health needs they had identified on a two-dimensional scatterplot, with community impact on the y-axis and potential for community change on the x-axis. All individual worksheets and the group scatterplots were collected and compiled to include in this report.

and media were also identified as potential resources. Finally, many stakeholders recognized that Lancaster County's community hubs are essential community resources.

Figure 9 shows the compiled scatterplots that the groups created to rate community health needs according to their community impact and potential for change. The points on Figure 9 reflect the number of groups who included the health need on their plot, so larger dots indicate that more groups chose to rate the need. All of the top needs in Table 11 are reflected in Figure 9, with impact scores above 6. Several groups ranked income and poverty, affordable and healthy housing, access to care and insurance, and behavioral/mental health at the top of the impact scale. The issues identified by several groups with the greatest potential for change were care coordination/navigation, substance use intervention, healthy eating and physical activity, and transportation.

**Figure 9.** Community Perceptions of Health Needs by Impact and Potential for Change





# Prioritized Significant Health Needs

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Based on scope, severity, and community perceptions of severity and potential impact, Lancaster County's most significant needs focus on two social determinants and two behavioral health priorities:

- Establishing and maintaining the 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
- Advocating for improvements to the county's physical environment, emphasizing improved air and water quality
- Supporting improved mental health including reducing and treating substance use
- Supporting active living, healthy eating, and less obesity

Table A-1 Health Care Access: Estimates, Comparisons, Trends and Goals									
	Lancaster					Pennsylvania	U.S.	Healthy People 2020	
	2009-11	2011-2013	2012-2014	2014-16	2015-17	2015-17			
Access to Health Services									
Adults with a Usual Source of Health Care	90%	87%	87%	88%	87%	86%		89%	
	<b>2011</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2016</b>	<b>2016</b>		
Adults with Health Insurance	85%	85%	85%	88%	89%	93%	88%	100%	
Children (0 - 17 years of age) with Health Insurance	85%	84%	85%	85%	83%	96%	96%	100%	
	<b>2011</b>	<b>2012</b>		<b>2014</b>	<b>2015</b>	<b>2015</b>	<b>2015</b>		
Primary Care Provider Rate (per 100,000 people)	75	75		75	74	81	75		
Table A-2 Health Behaviors: Estimates, Comparisons, Trends and Goals									
	Lancaster						PA	U.S.	Healthy People 2020
	2001-03	2011-13	2012-14	2013-15	2014-16	2015-17	2015-17		
Exercise, Nutrition, & Weight									
Adults who are Obese	24%	28%	27%	25%	26%	33%	31%		31%
Adults who are Overweight or Obese	62%	66%	64%	60%	60%	67%	66%		
	<b>2009-10</b>	<b>2011-12</b>	<b>2012-13</b>	<b>2013-14</b>	<b>2014-15</b>	<b>2015-16</b>	<b>2015-16</b>		
Children who are Obese: Grades K-6	14.9%	13.9%	14.6%	15.2%	14.9%	15.2%	16.7%		15.7%
Children who are Overweight or Obese: Grades K-6	30.2%	28.9%	36.3%	29.1%	29.6%	29.8%	31.9%		
Teens who are Obese: Grades 7-12	16.4%	13.1%	17.4%	17.4%	17.8%	18.0%	19.0%		16.1%
Teens who are Overweight or Obese: Grades 7-12	32.3%	27.6%	40.1%	32.6%	33.8%	33.9%	35.5%		
Substance Abuse	<b>2004-06</b>	<b>2011-13</b>	<b>2012-14</b>	<b>2013-15</b>	<b>2014-16</b>	<b>2015-17</b>	<b>2015-17</b>		
Adults who Binge Drink	14%	15%	13%	10%	12%	12%	18%		24%
Adults who Smoke	19%	20%	18%	15%	13%	11%	18%		12%
	<b>2000-04</b>	<b>2008-12</b>	<b>2009-13</b>	<b>2010-14</b>	<b>2011-15</b>	<b>2012-16</b>	<b>2012-16</b>	<b>2016</b>	
Age-Adjusted Death Rate due to Drug Use (per 100,000)	6.4	11.1	11.4	11.8	12.9	15.4	25.3	17.9	11.3

Note: Green shading for the Healthy People 2020 column means that Lancaster County has met the goal; red shading means the county has not met the goal.

Table A-3 Health Conditions: Estimates, Comparisons, Trends and Goals									
	Lancaster						PA	U.S.	Healthy People 2020
	2000-04	2008-12	2009-13	2010-14	2011-15	2012-16	2012-16	2016	
Cancer									
Age-Adjusted Death Rate due to Breast Cancer Females	26.6	23.4	22.1	21	21.4	20.7	21.6		20.6
Age-Adjusted Death Rate due to Cancer	186.4	167	159.4	155.8	153.4	154.3	168.5		160.6
Age-Adjusted Death Rate due to Colorectal Cancer	21	16.6	14.9	14.6	14.0	13.8	15.2		14.5
Age-Adjusted Death Rate due to Lung Cancer	47.2	41.2	38.9	36.7	35.2	35.5	43.7		45.5
Age-Adjusted Death Rate due to Prostate Cancer	26	19.4	17.7	15.8	16.1	16.0	18.8		21.2
		<b>2005-09</b>	<b>2008-12</b>	<b>2009-13</b>	<b>2010-14</b>	<b>2011-15</b>	<b>2011-15</b>	<b>2011-15</b>	
All Cancer Incidence Rate	467.9	449.7	444.7	441.1	444.0	441.1	481.7	441.2	
Breast Cancer Incidence Rate	119.8	123.8	122.5	125.2	126.3	131	124.7		
Cervical Cancer Incidence Rate	8.7	7.5	7.3	6.6	7.2	7.4	7.5	7.5	7.3
Colorectal Cancer Incidence Rate	48.8	40.7	39.8	37.1	37.1	42.6	39.2	39.2	39.9
Lung and Bronchus Cancer Incidence Rate	59	55.1	53.3	52.1	51.1	64.7	60.2		
Oral Cavity and Pharynx Cancer Incidence Rate	8.9	9	9.6	9.6	10.5	11.9	11.6		
Prostate Cancer Incidence Rate		147.7	125.2	113	103.2	94.9	111.1	109	
Diabetes	<b>2001-03</b>	<b>2011-13</b>	<b>2012-14</b>	<b>2013-15</b>	<b>2014-16</b>	<b>2015-17</b>	<b>2015-17</b>		
Adults with Diabetes	6%	9%	9%	10%	10%	11%	11%		
	<b>2000-04</b>	<b>2008-12</b>	<b>2009-13</b>	<b>2010-14</b>	<b>2011-15</b>	<b>2012-16</b>	<b>2012-16</b>	<b>2016</b>	
Age-Adjusted Death Rate (per 100,000) due to Diabetes	22.0	16	16.8	17.6	18.4	19.3	21.8	21	
	<b>2008-09</b>	<b>2011-12</b>	<b>2012-13</b>	<b>2013-14</b>	<b>2014-15</b>	<b>2015-16</b>	<b>2015-16</b>		
Children with Type 1 Diabetes	0.29%	0.29%	0.29%	0.28%	0.30%	0.32%	0.33%		
Children with Type 2 Diabetes	0.03%	0.03%	0.05%	0.05%	0.04%	0.03%	0.06%		
Heart Disease & Stroke	<b>2004-06</b>	<b>2011-13</b>	<b>2012-14</b>	<b>2013-15</b>	<b>2014-16</b>	<b>2015-17</b>	<b>2015-17</b>		
Adults who Experienced a Heart Attack, Coronary Heart Disease, or a Stroke	9%	12%	12%	13%	11%	12%	13%		
	<b>2000-04</b>	<b>2008-12</b>	<b>2009-13</b>	<b>2010-14</b>	<b>2011-15</b>	<b>2012-16</b>	<b>2012-16</b>	<b>2016</b>	
Age-Adjusted Death Rate (per 100,000) due to Cerebrovascular Disease (Stroke)	57.8	41.1	38.8	37.7	37.6	37.5	37.1	37.3	33.8
Age-Adjusted Death Rate (per 100,000) due to Coronary Heart Disease	151	100.4	97.2	92.6	92.2	93.6	111.3		100.8
Mental Health & Mental Disorders	<b>2000-04</b>	<b>2008-12</b>	<b>2009-13</b>	<b>2010-14</b>	<b>2011-15</b>	<b>2012-16</b>	<b>2012-16</b>	<b>2016</b>	
Age-Adjusted Death Rate (per 100,000) due to Suicide	8.9	9.3	9.5	10.2	10.6	10.6	13.4	13.5	10.2
		<b>2009-11</b>	<b>2010-12</b>	<b>2011-13</b>	<b>2014-16</b>	<b>2015-17</b>	<b>2015-17</b>		
Poor Mental Health Days		29%	28%	34%	35%	35%	37%		
				<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2016</b>	<b>2016</b>	
Frequent Mental Distress				11.2%	10.8%	11.4%	13.0%	15.0%	
Respiratory Diseases	<b>2004-06</b>	<b>2011-13</b>	<b>2012-14</b>	<b>2013-15</b>	<b>2014-16</b>	<b>2015-17</b>	<b>2015-17</b>		
Adults with Asthma	9%	11%	11%	9%	7%	11%	10%		
	<b>2009-10</b>	<b>2011-12</b>	<b>2012-13</b>	<b>2013-14</b>	<b>2014-15</b>	<b>2015-16</b>	<b>2015-16</b>		
Children with Asthma	13.2%	14.0%	13.6%	13.6%	13.5%	13.8%	12.1%		

Note: Green shading for the Healthy People 2020 column means that Lancaster County has met the goal; red shading means the county has not met the goal.

Table A-4 Vital Statistics: Estimates, Comparisons, Trends and Goals									
	Lancaster						PA	U.S.	Healthy People 2020
	2010	2012	2013	2014	2015	2016	2016	2015	
Family Planning									
Teen Birth Rate (per 1,000 ages 15 - 17)	11.9	10.5	8.4	8.9	7.3	7.7	7.1	8.8	
Food Safety	<b>2003-05</b>	<b>2010-12</b>	<b>2011-13</b>	<b>2012-14</b>	<b>2013-15</b>	<b>2014-16</b>	<b>2014-16</b>		
Salmonella Incidence Rate (per 100,000)	17.4	9.2	8.6	8.2	8.8	9.3	12.1		11.4
Immunizations & Infectious Diseases	<b>2000-04</b>	<b>2008-12</b>	<b>2009-13</b>	<b>2010-14</b>	<b>2011-15</b>	<b>2012-16</b>	<b>2012-16</b>		
Age-Adjusted Death Rate (per 100,000) due to HIV	2.3	1	0.9	0.8	0.7	0.7	1.4	1.9	3.3
Age-Adjusted Death Rate (per 100,000) due to Influenza and Pneumonia	16.7	11.7	11.7	10.7	10.9	10.1	14.6	13.5	
	<b>2003-05</b>	<b>2010-12</b>	<b>2011-13</b>	<b>2012-14</b>	<b>2013-15</b>	<b>2014-16</b>	<b>2014-16</b>		
Chlamydia Incidence Rate (per 100,000)	175.1	234.9	214.6	215.4	232	245.5	419.4	458.2	
Gonorrhea Incidence Rate (pe 100,000)	52.3	67.9	57.6	48.2	42.5	40.1	104.5	113	
Lyme Disease Incidence Rate (per 100,000)	40.6	2.2	2.3	11.1	42.4	69.9	73.9	8.1	
	<b>2010-12</b>	<b>2011-13</b>	<b>2012-14</b>	<b>2013-15</b>	<b>2014-16</b>	<b>2015-17</b>	<b>2015-17</b>		
Pneumonia Vaccination Rate 65+	75%	72%	75%	75%	75%	71%	74%		90%
Maternal, Fetal & Infant Health	<b>2003-05</b>	<b>2010-12</b>	<b>2011-13</b>	<b>2012-14</b>	<b>2013-15</b>	<b>2014-16</b>	<b>2014-16</b>	<b>2014-16</b>	
Babies with Low Birth Weight (per 1,000 live births)	6.5%	6.9%	6.8%	7.1%	7.2%	7.1%	8.2%	8.2%	7.8%
Babies with Very Low Birth Weight: Singleton Births (per 1,000 live births)	1.2%	1.2%	1.1%	1.3%	1.3%	1.3%	1.4%		
Mothers who Breastfeed	78.7%	81.1%	81.2%	82.2%	84.9%	86.4%	79.7%		82%
Mothers who did not Smoke During Pregnancy	87.0%	89.0%	89.7%	90.3%	90.9%	91.7%	87.4%		99%
Mothers who Received Early Prenatal Care	69.2%	61.5%	61.8%	61.7%	61.3%	61.4%	72.5%		78%
Mothers who Received No Prenatal Care	0.4%	0.4%	0.4%	0.3%	0.3%	0.3%	1.7%	1.6%	
Preterm: Singleton Births (per 1,000 live births)	8.9%	8.8%	8.3%	8.8%	9.0%	9.4%	9.4%	9.8%	
	<b>2000-04</b>	<b>2008-12</b>	<b>2009-13</b>	<b>2010-14</b>	<b>2011-15</b>	<b>2012-16</b>	<b>2012-16</b>	<b>2012-16</b>	
Infant Mortality Rate (per 1,000 live births)	7.6	6.7	6.8	6.8	6.6	6.4	6.4	5.9	6.0
Prevention & Safety									
Age-Adjusted Death Rate (per 100,000) due to Falls	3.8	7.6	8.5	8	8.2	8.3	9	8.9	7.0
Age-Adjusted Death Rate (per 100,000) due to Firearms	5.8	5.7	5.6	5.7	6.5	6.8	11.2		9.2
Age-Adjusted Death Rate (per 100,000) due to Suicide	8.9	9.3	9.5	10.2	10.6	10.6	13.4	13.5	10.2
	<b>2009</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2016</b>	<b>2016</b>	
Age-Adjusted Death Rate (per 100,000) due to Unintentional Injuries	37.7	38.3	40.9	37.8	42.6	50.3	61.2	46.9	36.0

Note: Green shading for the Healthy People 2020 column means that Lancaster County has met the goal; red shading means the county has not met the goal.

Table A-5 Social Context: Estimates, Comparisons, Trends and Goals								
	Lancaster					PA	U.S.	Healthy People 2020
	2012			2014	2017	2017	2017	
Economy								
Unemployed Workers (16 and older) in Civilian Labor Force	6.5%			4.6%	3.4%	5.3%	5.3%	
				2009-13	2012-16	2012-16	2012-16	
Households with Public Assistance				6,208	6,370	168,007	3,147,577	
	2007-11	2008-12	2009-13	2011-15	2012-16	2012-16	2012-16	
Homeownership	67.0%	66.7%	66.2%	65.4%	65.1%	61.3%	55.9%	
	2006-10	2007-12	2009-13	2010-14	2011-15	2012-16	2012-16	2012-16
Renters Spending 30% or More of Household Income on Rent	45.7%	51.8%			50.4%	49.6%	51.1%	
Median Household Income (dollars)	\$54,765	\$56,172	56483		57721	59237	54895	55322
Per Capita Income (dollars)	\$25,854	\$26,283	26496		27158	28152	30137	29829
Children Living Below Poverty Level		14.2%	14.9%	15.1%	15.6%	15.9%	19.1%	21.2%
Families Living Below Poverty Level	6.7%	7.3%				7.2%	9.1%	11.0%
Households with children receiving SNAP				51.8%	51.2%	46.8%	53.0%	
People 65+ Living Below Poverty Level	6.7%	6.8%	6.8%	6.5%	6.7%	8.1%	9.3%	
People Living 200% Above Poverty Level	72.8%	72.2%	71.5%	71.0%	71.4%	69.8%	66.4%	
People Living Below Poverty Level	9.9%	10.3%	10.5%	10.7%	10.8%	13.3%	15.1%	
Young Children (ages 0 - 5) Living Below Poverty Level	16.4%	17.4%	17.3%	18.0%	17.9%	21.6%	23.6%	
	2010-11	2011-12	2012-13	2014-15	2015-16	2015-16	2015-16	
Students Eligible for the Free Lunch Program	27.3%	28.4%	31.9%	38.7%	42.9%	43.6%	42.6%	
Education	2010-11	2012-13	2013-14	2014-15	2015-16	2016-17	2016-17	2015-16
School Dropouts	2%	1%	1.10%		1.10%	1.10%	1.70%	
Student-to-Teacher Ratio	14.4	15	14.9	14.6	14.5		14.7	17.7
	2006-10	2007-11	2008-12	2009-13	2011-15	2012-16	2012-16	2012-16
People 25+ with a Bachelor's Degree or Higher	23%	23%	23.50%	24.20%	25.20%	25.70%	29.30%	30.30%
Environment		2008-10	2010-12	2011-13	2013-15	2014-16		
Annual Ozone Air Quality (days)		5	5	5	3	4		
Annual Particle Pollution (days)		4	4	4	5	5		
			2010	2011	2015	2016		
Recognized Carcinogens Released into Air (pounds)			109586	96560	99175	97950		
PBT Released (pounds)			11912	49849	7198	5525		
		2009	2010	2011	2012	2014-16	2016	
Farmers Market Density (per 1,000 residents)	0.02			0.03	0.03	0.02	0.03	
Fast Food Restaurant Density (per 1,000 residents)	0.56			0.59	0.62	0.61		
Grocery Store Density (per 1,000 residents)	0.21			0.22	0.21	0.21		
Households without a Car and > 1 Mile from a Grocery Store			4.0%			3.9%		
Low-Income and >1 Mile from a Grocery Store			5.2%			5.2%		
SNAP Certified Stores (per 1,000 residents)	0.6	0.7	0.7	0.6	0.6			
	2009-10	2011	2012	2015	2016-17	2015-16	2016-18	
Recreation and Fitness Facilities (per 1,000 residents)		0.11	0.11		0.10		0.06	
Public Safety								
Violent Crime Rate (per 100,000)			180	167.4	180.3	175.7	315.6	386.3
Age-Adjusted Death Rate (per 100,000) due to Motor Vehicle Collisions	11.5	12.2	10.1	9.8	9.1	9.4		12.4
Social Environment			2009-10	2011	2012	2015		
Child Abuse Rate (per 1,000 children)		6.9	6.7	8.3	15.1	14.5		8.5
	2007-11	2008-12	2009-13	2011-15	2012-16	2012-16	2012-16	
Single-Parent Households	22%	22%	22%	25%	24%	34%	34%	
Transportation	2007-11	2011	2012	2017	2018	2018	2018	
Mean Travel Time to Work (minutes)	22.1	21.9	21.9	22.9	23.1	26.5	26.1	
Workers who Walk to Work	3.6%	3.6%	3.6%	3.6%	3.7%	3.8%	2.8%	3.1%
	2006-10	2007-11	2008-12	2009-13	2011-15	2012-16	2012-16	2012-16
Workers who Drive Alone to Work	78.8%	79.2%	79.2%	79.3%	79.3%	79.1%	76.5%	76.4%
Households without a Vehicle		9.8%	9.3%	9.7%	9.5%	9.5%	11.2%	9.0%
Workers Commuting by Public Transportation	1.2%	1.2%	1.2%	1.2%	1.3%	1.2%	5.6%	5.1%

Note: Green shading for the Healthy People 2020 column means that Lancaster County has met the goal; red shading means the county has not met the goal.



## Overview – Lancaster County

All data in the tables below are extracted from Census Bureau American Community Survey (ACS) 1-year and 5-year estimates, except where noted. Since all ACS data is survey based, all of the estimates provided in this report are subject to sampling error. This report uses ACS 5-year survey estimates whenever possible because the data has larger sample sizes, which produces more precise estimates due to smaller sampling error. When population subgroups are particularly small, readers are reminded that large year-to-year changes in the estimates may be a result of sampling variability. All monetary values in the tables are expressed in 2016 inflation-adjusted dollars, using the CPI index for all urban consumers.

### Demographic Statistics

#### A. Population Statistics

##### *Total Population*

Lancaster County's population has grown at a faster rate than that of the State. Lancaster's 2010-2017 population growth rate of 4.3% is almost as fast as that of the United States, which is 5.3% ([Table A1](#)).

##### *Population Shares by Age*

Lancaster County has a larger share of children than Pennsylvania and the United States. Its share of older persons is similar to that of the nation and of the state ([Table A2](#)).

##### *Share of Population by Race and Ethnicity*

The population shares of minority groups in Lancaster have been increasing over the prior 7 years. White persons continue to comprise over 90% of the population of Lancaster County in 2017 ([Table A3](#)).

#### B. Household Statistics

##### *Households by Occupancy*

Lancaster has a housing vacancy rate that is less than half of those of Pennsylvania and the United States. A majority of housing units are still owner occupied (68%), but the share of households that are renting is growing in Lancaster ([Table B1](#)).

##### *Housing Characteristics*

Unlike in the U.S., inflation adjusted median home value has dropped in Pennsylvania and Lancaster between the 2009-13 and 2012-16 periods. Housing affordability has improved for owners and renters, but half of all renters in Lancaster continue to experience a housing affordability problem ([Table B2](#)).

##### *Households by Type*

Household size has increased in Lancaster County faster than it has in the state and the nation. Shares of single-parent households have increased slightly (+0.8%) in the prior 3 years in Lancaster ([Table B3](#)).

### C. Income Statistics

##### *Household and Family Income*

Incomes in Lancaster County have been increasing in recent years, even after adjusting for inflation. The highest income households in Lancaster experienced the biggest percentage income gains (5.5% inflation adjusted income growth, compared to 1.7-2.4% growth for lower and middle-class households) between the two reference periods. In Lancaster, the lowest quintile experienced a 1.7% increase in its income, which is a larger income gain than the lowest quintiles in the state and the nation ([Table C1](#)).

##### *Median Household Income by Race and Ethnicity*

There are large income disparities by race and ethnicity in Lancaster County, with Black and Latino households having much lower median income levels than White households. In Lancaster, median income for White and Latino households has increased between the two reference periods, while Black households' median income has decreased ([Table C2](#)).

##### *Poverty*

In Lancaster, poverty rates have slightly increased for individuals (+0.3%), and for families with children (+0.2%). Child poverty has increased faster in Lancaster (+1.0%) than in Pennsylvania (+0.3%), and this trend contrasts with that of the U.S. as a whole, which has seen

its child poverty rate drop in recent years ([Table C3](#)).

#### ***Households with Supplemental Benefits in the Past 12 Months***

The number of Lancaster County households that receive supplemental benefits, which include food stamps/SNAP, cash public assistance, and supplemental security income, has increased ([Table C4](#)).

### **D. Employment Statistics**

#### ***Employment Status of the Population 16 Years and Older***

Over the past 5 years, the rate of labor force participation has increased in Lancaster, in contrast to the declines that took place in the state and the nation. Lancaster County has had a consistently lower unemployment rate than these comparison areas, although the gap between the unemployment rates of the U.S. and Lancaster has been getting smaller since 2015 ([Table D1](#)).

#### ***Means of Transportation to Work***

The average length of workers' commutes in Lancaster County has increased in recent years, but the types of transportation used has remained essentially unchanged. Lancaster County hasn't experienced the drops in rates of carpooling and public transportation use that have taken place in the state and nation ([Table D2](#)).

#### ***Employment by Occupation***

Jobs in Lancaster have shifted away from blue-collar occupations such as construction (-0.9%), production (-0.8%), and material moving (-0.6%), as well as from sales and office occupations (-1.6%). Shares of jobs in occupations such as health care practitioners (+1.2%), personal care (+0.6%), and food services (+0.6%) have increased ([Table D3](#)).

#### ***Employment by Class of Worker***

Employment patterns in Lancaster have shifted away from the public sector and from self-employment, into private sector wage and salary jobs ([Table D4](#)).

#### ***Employment by Industry Sector***

Lancaster County has experienced a shift of employment away from sectors such as construction (-1.2%), manufacturing (-3.1%), and retail (-1.1%). Industry sectors that have increased their shares of employment include transportation (+1.4%), health care (+1.3%), finance (+1.2%), and professional and technical services (+0.9%) ([Table D5](#)).

### **E. Education Statistics**

#### ***Educational Attainment of the 25+ Population***

Lancaster County is experiencing an increase in the educational attainment levels of adults. The pace of this change is slightly slower than the state and the nation as a whole. In recent years, the share of persons with an Associate's Degree in Lancaster has increased significantly ([Table E1](#)).

#### ***School Enrollment***

Rates of school enrollment in Lancaster have dropped for most age groups, including pre-school age children (ages 3-4), high-school age children (ages 15-17), and adults. The percentages of college-age adults who are enrolled in higher education has declined, particularly for women ([Table E2](#)).

### **G. Health Care Access Statistics**

#### ***Health Insurance Coverage***

Health coverage rates have increased in Lancaster County for most groups, with the notable exception of children. Lancaster County has a much higher rate of children who are uninsured than the state and the nation, and the uninsured rate is increasing in Lancaster, in contrast to these comparison areas ([Table G1](#)).

Table A1: Total Population

	United States			Pennsylvania			Lancaster County		
	2010	2017	% change	2010	2017	% change	2010	2017	% change
Total Population	309,348,193	325,719,178	5.3%	12,712,343	12,805,537	0.7%	520,361	542,903	4.3%
<b>Population by Gender</b>	<b>change</b>			<b>change</b>			<b>change</b>		
Male share of population	49.2%	49.2%	0.1%	48.7%	49.0%	0.2%	48.9%	49.0%	0.1%
Female share of population	50.8%	50.8%	-0.1%	51.3%	51.0%	-0.2%	51.1%	51.0%	-0.1%

Lancaster County's population has grown at a faster rate than that of the State. Lancaster's 2010-2017 population growth rate of 4.3% is almost as fast as that of the United States, which is 5.3%. ([Click here to return to text](#))

Data Source: Census Population Estimates Program

Table A2: Population Shares by Age

	United States			Pennsylvania			Lancaster County		
	2010	2017	change	2010	2017	change	2010	2017	change
Ages 0-4	6.50%	6.10%	-0.40%	5.70%	5.50%	-0.20%	6.80%	6.70%	-0.10%
Ages 5-9	6.60%	6.20%	-0.40%	5.90%	5.50%	-0.40%	6.80%	6.70%	-0.10%
Ages 10-14	6.70%	6.50%	-0.20%	6.20%	6.10%	-0.10%	6.80%	6.40%	-0.40%
Ages 15-19	7.10%	6.60%	-0.50%	7.10%	6.40%	-0.70%	7.30%	6.60%	-0.70%
Ages 20-24	7.00%	6.70%	-0.30%	6.90%	6.50%	-0.40%	6.80%	6.40%	-0.40%
Ages 25-34	13.30%	13.80%	0.50%	12.00%	13.20%	1.20%	11.80%	13.00%	1.20%
Ages 35-44	13.20%	12.70%	-0.50%	12.60%	11.60%	-1.00%	12.20%	11.20%	-1.00%
Ages 45-54	14.50%	13.00%	-1.50%	15.20%	13.30%	-1.90%	14.50%	12.40%	-2.10%
Ages 55-64	11.90%	12.90%	1.00%	12.90%	14.10%	1.20%	12.00%	13.10%	1.10%
Ages 65-74	7.10%	9.10%	2.00%	7.70%	10.00%	2.30%	7.40%	9.50%	2.10%
Ages 75-84	4.20%	4.50%	0.30%	5.30%	5.20%	-0.10%	5.10%	5.20%	0.10%
Ages 85+	1.80%	1.90%	0.10%	2.40%	2.60%	0.20%	2.50%	2.80%	0.30%
Population Under 18	24.00%	22.60%	-1.40%	21.90%	20.80%	-1.10%	24.80%	23.70%	-1.10%
Population 65+	13.10%	15.60%	2.50%	15.40%	17.80%	2.40%	15.00%	17.40%	2.40%
Median Age	37.2	38.1	0.9	40.2	40.8	0.6	38.2	38.8	0.6

Lancaster County has a larger share of children than Pennsylvania and the United States. Its share of older persons is similar to that of the nation and the state. ([Click here to return to text](#))

Data Source: Census Population Estimates Program

**Table A3: Share of Population by Race and Ethnicity**

	United States			Pennsylvania			Lancaster County		
	2010	2017	change 2010-17	2010	2017	change 2010-17	2010	2017	change 2010-17
White	80.3%	79.0%	-1.3%	85.3%	83.9%	-1.4%	93.2%	91.9%	-1.3%
Black/African American	14.0%	14.6%	0.6%	12.3%	13.2%	0.9%	5.4%	6.4%	1.0%
American Indian/Alaska Native	2.0%	2.1%	0.1%	0.8%	0.9%	0.1%	0.8%	0.8%	0.0%
Asian	5.8%	6.8%	1.0%	3.2%	4.1%	0.9%	2.3%	2.9%	0.6%
Native Hawaiian and Pacific Islander	0.4%	0.5%	0.1%	0.1%	0.1%	0.0%	0.1%	0.2%	0.1%
Hispanic or Latino (of any race)	16.4%	18.1%	1.7%	5.7%	7.3%	1.6%	8.7%	10.5%	1.8%

The population shares of minority groups in Lancaster have been increasing over the prior 7 years. White persons continue to comprise over 90% of the population of Lancaster County in 2017. ([Click here to return to text](#))

*Data Source: Census Population Estimates Program \*Note: because persons can be of multiple race and ethnicity categories, the numbers above do not add up to 100%. These data by race are based on persons reporting that they are a particular race alone or in combination with other race categories.*

**Table B1: Households by Occupancy**

	U.S.			Pennsylvania			Lancaster County		
	2009-13	2012-16	change	2009-13	2012-16	change	2009-13	2012-16	change
Total housing units	132,057,804	134,054,899	1,997,095	5,565,653	5,592,175	26,522	203,673	206,308	2,635
Percent occupied	87.5%	87.8%	0.3%	89.1%	88.7%	-0.4%	95.3%	95.1%	-0.2%
Percent vacant	12.5%	12.2%	-0.3%	10.9%	11.3%	0.4%	4.7%	4.9%	0.2%
Total occupied housing units	115,610,216	117,716,237	2,106,021	4,958,427	4,961,929	3,502	194,082	196,171	2,089
Percent owner-occupied	64.9%	63.6%	-1.3%	69.8%	69.0%	-0.8%	69.5%	68.4%	-1.0%
Percent renter-occupied	35.1%	36.4%	1.3%	30.2%	31.0%	0.8%	30.5%	31.6%	1.0%

Lancaster has a housing vacancy rate that is less than half of those of Pennsylvania and the United States. A majority of housing units are still owner occupied (68%), but the share of households that are renting is growing in Lancaster. ([Click here to return to text](#))

Table B2: Housing Characteristics

	United States			Pennsylvania			Lancaster County		
	2009-13	2012-16	change	2009-13	2012-16	change	2009-13	2012-16	change
<b>Owner-Occupied Housing</b>									
Owner-occupied units	75,075,700	74,881,068	-194,632	3,462,512	3,425,706	-36,806	134,847	134,255	-592
Housing units with a mortgage	66.4%	64.1%	-2.2%	62.4%	61.0%	-1.4%	64.8%	63.4%	-1.4%
Housing units without a mortgage	33.6%	35.9%	2.2%	37.6%	39.0%	1.4%	35.2%	36.6%	1.4%
Median Value (2016 dollars)	\$182,000	\$184,700	\$2,700	\$169,700	\$167,700	-\$2,000	\$193,900	\$191,400	-\$2,500
Households spending 30% or more of income on owner costs	28.7%	24.9%	-3.9%	26.0%	23.4%	-2.6%	26.0%	22.6%	-3.4%
<b>Renter-Occupied Housing</b>									
Occupied units paying rent	40,534,516	42,835,169	2,300,653	1,495,915	1,536,223	40,308	59,235	61,916	2,681
Median monthly rent (2016 dollars)	\$931	\$949	\$18	\$838	\$859	\$21	\$901	\$932	\$31
Households spending 30% or more of income on rent	52.3%	51.1%	-1.2%	50.2%	49.6%	-0.6%	51.8%	50.4%	-1.4%

Unlike in the U.S., inflation adjusted median home value has dropped in Pennsylvania and Lancaster between the 2009-13 and 2012-16 periods. Housing affordability has improved for owners and renters, but half of all renters in Lancaster continue to experience a housing affordability problem. ([Click here to return to text](#))

Table B3: Households by Type

	United States			Pennsylvania			Lancaster County		
	2009-13	2012-16	change	2009-13	2012-16	change	2009-13	2012-16	change
Total households	115,610,216	117,716,237	2,106,021	4,958,427	4,961,929	3,502	194,082	196,171	2,089
Average household size	2.63	2.64	0.01	2.48	2.49	0.01	2.62	2.65	0.03
Average family size	3.22	3.24	0.02	3.09	3.10	0.01	3.14	3.16	0.02
<b>Shares of all households that are:</b>									
Family households	66.4%	65.9%	-0.5%	64.8%	64.4%	-0.4%	70.5%	70.4%	-0.1%
Male householder, no wife	4.7%	4.8%	0.1%	4.3%	4.4%	0.2%	3.6%	3.8%	0.2%
Female householder, no husband	13.0%	12.9%	-0.1%	11.9%	11.9%	0.0%	8.9%	9.5%	0.6%
Married-couple families	48.7%	48.2%	-0.5%	48.6%	48.0%	-0.6%	58.0%	57.1%	-0.9%
Nonfamily households	33.6%	34.1%	0.5%	35.2%	35.6%	0.4%	29.5%	29.6%	0.1%
Householder living alone	27.5%	27.7%	0.2%	29.5%	29.6%	0.1%	24.2%	23.8%	-0.5%
65 years and over, living alone	9.8%	10.4%	0.6%	11.8%	12.2%	0.4%	10.4%	10.6%	0.2%

Household size has increased in Lancaster County faster than it has in the state and the nation. Shares of single-parent households have increased slightly (+0.8%) in the prior 3 years in Lancaster. ([Click here to return to text](#))



Table C1: Household and Family Income (Inflation-Adjusted 2016 Dollars)

	United States			Pennsylvania			Lancaster County		
	2009-13	2012-16	% change	2009-13	2012-16	% change	2009-13	2012-16	% change
<b>Household Income Quintile Averages</b>									
Lowest quintile	\$12,248	\$12,243	0.0%	\$12,524	\$12,545	0.2%	\$15,666	\$15,939	1.7%
Second quintile	\$32,346	\$32,709	1.1%	\$32,163	\$32,682	1.6%	\$36,781	\$37,664	2.4%
Third quintile	\$54,994	\$55,754	1.4%	\$54,372	\$55,298	1.7%	\$58,293	\$59,422	1.9%
Fourth quintile	\$86,976	\$88,586	1.9%	\$84,805	\$86,722	2.3%	\$85,400	\$87,193	2.1%
Highest quintile	\$191,992	\$200,035	4.2%	\$182,333	\$188,930	3.6%	\$165,668	\$174,820	5.5%
<b>Household Income</b>									
Median household income	\$54,651	\$55,322	1.2%	\$54,138	\$54,895	1.4%	\$58,192	\$59,237	1.8%
Mean household income	\$75,711	\$77,866	2.8%	\$73,239	\$75,235	2.7%	\$72,362	\$75,008	3.7%
<b>Family Income</b>									
Median family income	\$66,678	\$67,871	1.8%	\$68,663	\$69,960	1.9%	\$69,693	\$70,512	1.2%
Mean family income	\$88,178	\$90,960	3.2%	\$88,176	\$90,446	2.6%	\$83,731	\$86,531	3.3%

Incomes in Lancaster County have been increasing in recent years, even after adjusting for inflation. The highest income households in Lancaster experienced the biggest percentage income gains (5.5% inflation adjusted income growth, compared to 1.7-2.4% growth for lower and middle-class households) between the two reference periods. In Lancaster, the lowest quintile experienced a 1.7% increase in its income, which is a larger income gain than the lowest quintiles in the state and the nation. ([Click here to return to text](#))

Table C2: Median Household Income by Race and Ethnicity

	United States			Pennsylvania			Lancaster County		
	2009-13	2012-16	change	2009-13	2012-16	change	2009-13	2012-16	change
<b>Total</b>	<b>\$54,651</b>	<b>\$55,322</b>	<b>\$671</b>	<b>\$54,138</b>	<b>\$54,895</b>	<b>\$757</b>	<b>\$58,192</b>	<b>\$59,237</b>	<b>\$1,045</b>
Black	\$36,487	\$36,651	\$164	\$33,407	\$33,645	\$238	\$34,751	\$34,350	-\$401*
Latino	\$43,314	\$44,254	\$940	\$34,991	\$35,607	\$616	\$31,550	\$35,476	\$3,926*
White Non-Latino	\$59,854	\$61,018	\$1,164	\$57,731	\$59,238	\$1,507	\$61,145	\$62,253	\$1,108

There are large income disparities by race and ethnicity in Lancaster County, with Black and Latino households having much lower median income levels than White households. In Lancaster, median income for White and Latino households has increased between the two reference periods, while Black households' median income has decreased. ([Click here to return to text](#))

\*Note: Estimates of Black and Latino median household income above are based on relatively small sample sizes and are subject to sampling error.

Table C3: Poverty

	United States			Pennsylvania			Lancaster County		
	2009-13	2012-16	change	2009-13	2012-16	change	2009-13	2012-16	change
All families	11.3%	11.0%	-0.3%	9.2%	9.1%	0.0%	7.3%	7.2%	-0.1%
With related children under 18 years	17.8%	17.4%	-0.4%	15.5%	15.6%	0.0%	12.1%	12.4%	0.2%
With related children under 5 years	22.7%	21.8%	-0.9%	20.3%	19.7%	-0.6%	15.3%	15.3%	0.0%
Married couple families	5.6%	5.5%	-0.1%	3.8%	3.9%	0.1%	3.8%	3.8%	0.0%
With related children under 18 years	8.3%	7.9%	-0.3%	5.5%	5.5%	0.1%	5.3%	5.7%	0.5%
With related children under 5 years	10.9%	10.3%	-0.6%	7.2%	7.2%	0.0%	7.6%	8.0%	0.4%
Female-headed households, no husband present	30.6%	29.9%	-0.8%	28.9%	28.0%	-0.9%	28.5%	25.8%	-2.7%
With related children under 18 years	40.0%	39.7%	-0.3%	39.5%	39.0%	-0.5%	37.4%	35.5%	-1.9%
With related children under 5 years	52.7%	51.7%	-1.0%	52.4%	50.6%	-1.8%	49.0%	47.7%	-1.4%
All People	15.4%	15.1%	-0.3%	13.3%	13.3%	0.0%	10.5%	10.8%	0.3%
Individual poverty by age									
Under 18 years	21.6%	21.2%	-0.4%	18.8%	19.1%	0.3%	14.9%	15.9%	1.0%
18-64 years	14.3%	14.2%	-0.1%	12.6%	12.7%	0.1%	9.5%	9.8%	0.3%
65 years and over	9.4%	9.3%	-0.1%	8.3%	8.1%	-0.2%	6.8%	6.7%	-0.1%
Individual poverty by race									
Black	27.1%	26.2%	-0.9%	28.6%	28.2%	-0.4%	27.4%	28.8%	1.4%*
Latino	24.7%	23.4%	-1.3%	32.3%	31.5%	-0.8%	28.8%	28.3%	-0.5%*
White non-Latino	10.6%	10.6%	0.0%	9.6%	9.6%	0.0%	7.9%	8.0%	0.1%

In Lancaster, poverty rates have slightly increased for individuals (+0.3%), and for families with children (+0.2%). Child poverty has increased faster in Lancaster (+1.0%) than in Pennsylvania (+0.3%), and this trend contrasts with that of the U.S. as a whole, which has seen its child poverty rate drop in recent years. ([Click here to return to text](#))

\*Note: Estimates of Black and Latino poverty rates above are based on relatively small sample sizes, which is important to consider when interpreting change over time.

Table C4: Households with Supplemental Benefits in the Past 12 Months

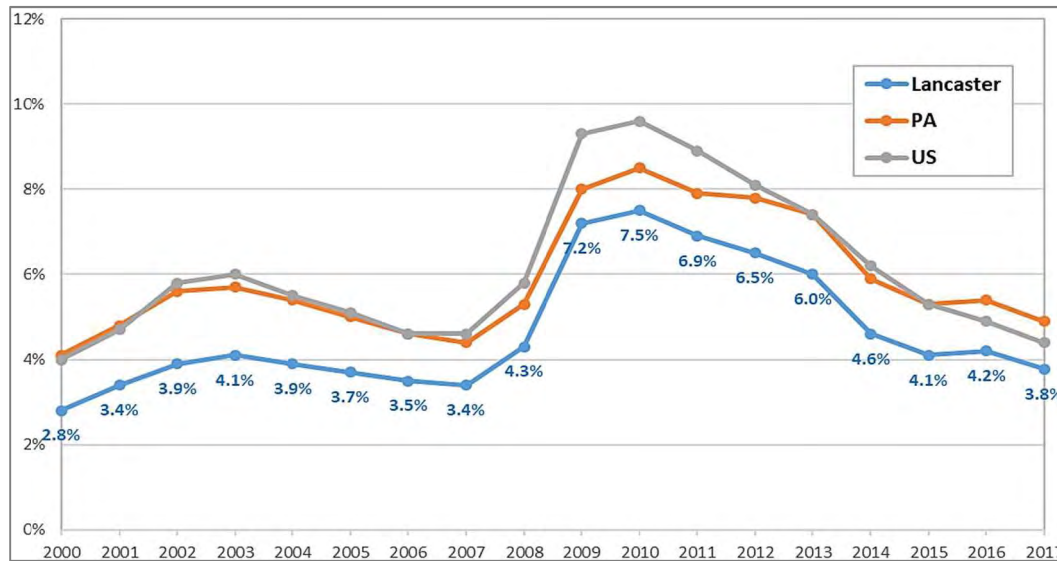
	United States			Pennsylvania			Lancaster County		
	2009-13	2012-16	change	2009-13	2012-16	change	2009-13	2012-16	change
Households below poverty level	14.2%	14.1%	-0.1%	12.8%	12.7%	-0.1%	9.6%	9.7%	0.1%
Households with supplemental security income	5,716,592	6,355,071	638,479	270,849	291,771	20,922	8,152	9,405	1,253
Mean supp. security income (annual, 2016 dollars)	\$9,429	\$9,523	\$94	\$9,748	\$9,838	\$90	\$10,137	\$10,096	-\$41
Households with cash public assistance income	3,255,213	3,147,577	-107,636	174,576	168,007	-6,569	6,208	6,370	162
Mean public assist. income (annual, 2016 Dollars)	\$3,923	\$3,336	-\$587	\$3,059	\$2,648	-\$411	\$3,328	\$2,584	-\$744
Number of households with food stamp benefits	14,339,330	15,360,951	1,021,621	585,892	644,209	58,317	16,836	18,271	1,435
Share of households with food stamp benefits	12.4%	13.0%	0.6%	11.8%	13.0%	1.2%	8.7%	9.3%	0.6%
Share of households receiving food stamp benefits that are below the poverty level	52.3%	50.3%	-2.0%	52.9%	49.6%	-3.3%	47.8%	45.9%	-1.9%
Share of households receiving food stamp benefits with one or more people 60 years and older	26.0%	29.2%	3.2%	27.5%	31.6%	4.1%	23.6%	28.6%	5.0%
Share of households receiving food stamp benefits with children under 18 years	55.5%	53.0%	-2.5%	49.6%	46.8%	-2.8%	54.4%	52.1%	-2.3%

The number of Lancaster County households that receive supplemental benefits, which include food stamps/SNAP, cash public assistance, and supplemental security income, has increased. ([Click here to return to text](#))

Table D1: Employment Status of the Population 16 years and older

	United States				Pennsylvania				Lancaster County			
	2012	2014	2017	2012-17 change	2012	2014	2017	2012-17 change	2012	2014	2017	2012-17 change
Population in labor force (thousands)	158,729	160,533	164,727	5,998	6,514	6,507	6,525	11	270	278	285	15
% of population in labor force	63.8%	63.3%	63.2%	-0.6%	62.8%	62.5%	62.4%	-0.4%	65.4%	66.3%	66.6%	1.2%
Civilian labor force	63.4%	62.9%	62.8%	-0.6%	62.8%	62.5%	62.3%	-0.5%	65.4%	66.3%	66.5%	1.1%
Armed forces	0.4%	0.4%	0.4%	0.0%	0.1%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%
% of population not in labor force	36.2%	36.7%	36.8%	0.6%	37.2%	37.5%	37.6%	0.4%	34.6%	33.7%	33.4%	-1.2%
Unemployment Rate (Bureau of Labor Statistics, Annual Average)	8.1%	6.2%	5.3%	-2.8%	7.8%	5.9%	5.3%	-2.5%	6.5%	4.6%	3.4%	-3.1%

Figure D1: Unemployment Rate 2000 – 2017



Over the past 5 years, the rate of labor force participation has increased in Lancaster, in contrast to the declines that took place in the state and the nation. Lancaster County has had a consistently lower unemployment rate than these comparison areas, although the gap between the unemployment rates of the U.S. and Lancaster has been getting smaller since 2015. ([Click here to return to text](#))

Data Source for unemployment rates: Bureau of Labor Statistics

Table D2: Means of Transportation to Work

	United States			Pennsylvania			Lancaster County		
	2009-13	2012-16	change	2009-13	2012-16	change	2009-13	2012-16	change
Drove alone	76.3%	76.4%	0.1%	76.7%	76.5%	-0.2%	79.3%	79.1%	-0.2%
Carpooled	9.8%	9.3%	-0.4%	8.9%	8.5%	-0.3%	9.0%	9.1%	0.1%
Public transportation	5.0%	5.1%	0.1%	5.4%	5.6%	0.2%	1.1%	1.2%	0.1%
Walked	2.8%	2.8%	0.0%	3.9%	3.8%	0.0%	3.7%	3.7%	0.0%
Other means	1.8%	1.8%	0.1%	1.3%	1.4%	0.1%	1.9%	1.8%	-0.1%
Worked at home	4.3%	4.6%	0.2%	3.8%	4.2%	0.4%	4.9%	5.0%	0.1%
Mean travel time to work (minutes)	25.5	26.1	0.6	25.9	26.5	0.6	22.5	23.1	0.6

The average length of workers' commutes in Lancaster has increased in recent years, but the types of transportation used has remained essentially unchanged. Lancaster hasn't experienced the drops in rates of carpooling and public transportation use that have taken place in the state and nation. ([Click here to return to text](#))

Table D3: Employment by Occupation

	United States			Pennsylvania			Lancaster County		
	2006-10	2012-16	change	2006-10	2012-16	change	2006-10	2012-16	change
Management, business, and financial occupations	14.3%	14.9%	0.6%	13.4%	14.3%	0.9%	12.8%	13.0%	0.1%
Computer, engineering, and science occupations	5.2%	5.5%	0.3%	5.0%	5.3%	0.3%	3.6%	3.9%	0.3%
Community and social service occupations	1.6%	1.7%	0.1%	2.0%	2.0%	0.0%	1.9%	2.0%	0.2%
Legal occupations	1.2%	1.1%	0.0%	1.1%	1.1%	0.0%	0.5%	0.5%	0.0%
Education, training, and library occupations	5.9%	6.1%	0.1%	5.9%	5.9%	0.0%	5.5%	5.4%	-0.1%
Arts, design, entertainment, sports, and media occupations	1.9%	2.0%	0.1%	1.6%	1.6%	0.1%	1.4%	1.7%	0.3%
Healthcare practitioners and technical occupations	5.2%	5.8%	0.6%	6.2%	6.9%	0.7%	5.2%	6.4%	1.2%
Healthcare support occupations	2.3%	2.4%	0.1%	2.6%	2.8%	0.1%	2.3%	2.4%	0.1%
Protective service occupations	2.2%	2.2%	0.0%	1.9%	2.0%	0.1%	1.1%	1.2%	0.1%
Food preparation and serving related occupations	5.4%	5.8%	0.4%	5.5%	5.8%	0.3%	5.3%	5.9%	0.6%
Building and grounds cleaning and maintenance occupations	3.9%	3.9%	0.1%	3.5%	3.5%	0.0%	3.1%	3.5%	0.4%
Personal care and service occupations	3.3%	3.7%	0.4%	3.0%	3.6%	0.6%	2.7%	3.3%	0.6%
Sales and office occupations	25.4%	23.8%	-1.5%	25.4%	23.6%	-1.7%	24.7%	23.1%	-1.6%
Farming, fishing, and forestry occupations	0.7%	0.7%	0.0%	0.4%	0.5%	0.0%	1.1%	1.2%	0.0%
Construction and extraction occupations	5.7%	5.0%	-0.7%	5.0%	4.5%	-0.5%	6.5%	5.6%	-0.9%
Installation, maintenance, and repair occupations	3.4%	3.2%	-0.2%	3.4%	3.2%	-0.2%	3.8%	3.8%	0.0%
Production occupations	6.3%	5.9%	-0.4%	6.9%	6.3%	-0.5%	10.0%	9.1%	-0.8%
Transportation occupations	3.6%	3.6%	0.1%	3.7%	3.7%	0.0%	4.2%	4.2%	0.0%
Material moving occupations	2.5%	2.6%	0.1%	3.3%	3.3%	0.0%	4.2%	3.6%	-0.6%

Jobs in Lancaster have shifted away from blue-collar occupations such as construction (-0.9%), production (-0.8%), and material moving (-0.6%), as well as from sales and office occupations (-1.6%). Shares of jobs in occupations such as health care practitioners (+1.2%), personal care (+0.6%), and food services (+0.6%) have increased. ([Click here to return to text](#))

Table D4: Employment by Class of Worker

	United States			Pennsylvania			Lancaster County		
	2006-10	2012-16	change	2006-10	2012-16	change	2006-10	2012-16	change
Private wage and salary	78.5%	79.8%	1.3%	82.4%	84.2%	1.8%	84.1%	84.7%	0.6%
Government	14.8%	14.0%	-0.8%	11.7%	10.6%	-1.1%	8.3%	8.1%	-0.2%
Self-employed	6.5%	6.0%	-0.5%	5.7%	5.1%	-0.6%	7.3%	6.9%	-0.3%
Unpaid family workers	0.2%	0.2%	0.0%	0.2%	0.1%	0.0%	0.2%	0.1%	0.0%

Employment patterns in Lancaster have shifted away from the public sector and from self-employment, into private sector wage and salary jobs. ([Click here to return to text](#))



Table D5: Employment by Industry Sector

	United States				Pennsylvania				Lancaster County			
	2006	2011	2016	2006-2016 change	2006	2011	2016	2006-2016 change	2006	2011	2016	2006-2016 change
Farming, Forestry, Fishing	1.9%	2.0%	1.8%	-0.1%	1.2%	1.3%	1.3%	0.1%	2.5%	2.8%	3.0%	0.4%
Mining, Utilities	0.9%	1.0%	1.0%	0.2%	0.7%	1.0%	1.0%	0.3%	0.3%	0.2%	0.3%	0.1%
Construction	6.5%	5.0%	5.2%	-1.3%	5.7%	4.9%	4.9%	-0.8%	8.3%	7.2%	7.1%	-1.2%
Manufacturing	8.3%	7.0%	6.8%	-1.6%	9.7%	8.2%	7.8%	-1.9%	15.3%	12.9%	12.2%	-3.1%
Transportation, Wholesale, Warehousing	7.0%	6.7%	7.3%	0.3%	7.2%	7.1%	7.5%	0.3%	8.9%	8.8%	10.3%	1.4%
Retail	10.7%	10.2%	10.0%	-0.7%	11.2%	10.6%	10.3%	-0.9%	12.7%	12.5%	11.6%	-1.1%
Administrative and Waste Disposal	6.1%	6.1%	6.1%	0.0%	5.0%	5.1%	5.2%	0.2%	4.5%	4.5%	4.2%	-0.3%
Information	2.0%	1.8%	1.7%	-0.3%	1.7%	1.5%	1.3%	-0.4%	1.4%	1.3%	1.2%	-0.2%
Professional, Science, and Tech Services	6.4%	6.8%	7.1%	0.6%	6.3%	6.4%	6.9%	0.6%	4.3%	4.8%	5.2%	0.9%
Finance, Real Estate, Management	10.1%	11.2%	11.0%	0.9%	9.6%	11.0%	11.0%	1.4%	7.6%	8.7%	8.8%	1.2%
Health Care	9.9%	11.0%	11.3%	1.5%	12.9%	13.9%	14.2%	1.3%	11.1%	12.4%	12.3%	1.3%
Entertainment, Food Service, Hotels	8.8%	9.2%	9.7%	0.8%	8.1%	8.4%	8.8%	0.7%	8.1%	8.5%	8.8%	0.7%
Education (private), Personal Services, Civic Orgs.	7.7%	8.1%	8.3%	0.6%	9.3%	9.4%	9.7%	0.4%	7.6%	7.9%	8.3%	0.7%
Federal and State government	5.7%	5.8%	5.2%	-0.5%	4.7%	4.6%	4.3%	-0.4%	2.1%	2.0%	2.0%	-0.1%
Local government	8.0%	8.0%	7.3%	-0.6%	6.7%	6.6%	5.9%	-0.8%	5.3%	5.4%	4.7%	-0.6%

Lancaster County has experienced a shift of employment away from sectors such as construction (-1.2%), manufacturing (-3.1%), and retail (-1.1%). Industry sectors that have increased their shares of employment include transportation (+1.4%), health care (+1.3%), finance (+1.2%), and professional and technical services (+0.9%). ([Click here to return to text](#))

Data Source: Bureau of Economic Analysis

Table E1: Educational Attainment of the 25+ Population

	United States			Pennsylvania			Lancaster County		
	2009-13	2012-16	change	2009-13	2012-16	change	2009-13	2012-16	change
Less than high school diploma	14.0%	13.0%	-1.0%	11.3%	10.5%	-0.9%	16.1%	15.4%	-0.7%
High school graduate (incl. equivalency)	28.1%	27.5%	-0.6%	37.0%	36.0%	-1.1%	38.5%	37.4%	-1.2%
Some college, no degree	21.2%	21.0%	-0.3%	16.5%	16.2%	-0.3%	15.0%	14.5%	-0.4%
Associate's degree	7.8%	8.2%	0.4%	7.6%	8.0%	0.5%	6.1%	7.1%	0.9%
Bachelor's degree	18.0%	18.8%	0.8%	16.9%	17.8%	1.0%	15.9%	16.7%	0.7%
Graduate or professional degree	10.8%	11.5%	0.7%	10.7%	11.5%	0.8%	8.3%	9.0%	0.7%
Percent high school graduate or higher	86.0%	87.0%	1.0%	88.7%	89.5%	0.9%	83.9%	84.6%	0.7%
Percent bachelor's degree or higher	28.8%	30.3%	1.5%	27.5%	29.3%	1.8%	24.2%	25.7%	1.4%

Lancaster County is experiencing an increase in the educational attainment levels of adults. The pace of this change is slightly slower than the state and the nation as a whole. In recent years, the share of persons with an Associate's Degree in Lancaster has increased significantly. ([Click here to return to text](#))

Table E2: School Enrollment

	United States			Pennsylvania			Lancaster County		
	2009-13	2012-16	change	2009-13	2012-16	change	2009-13	2012-16	change
<b>Total School Enrollees</b>									
Nursery school, preschool	5,011,192	4,959,823	-51,369	197,902	185,764	-12,138	7,808	7,277	-531
Kindergarten	4,208,394	4,181,764	-26,630	147,963	143,093	-4,870	5,861	6,171	310
Elementary school (grades 1-8)	32,796,856	32,831,750	34,894	1,219,439	1,200,055	-19,384	56,162	56,204	42
High school (grades 9-12)	17,153,559	16,985,786	-167,773	663,526	635,645	-27,881	27,018	26,510	-508
College, undergraduate	19,333,036	19,060,114	-272,922	744,717	700,536	-44,181	25,498	23,757	-1,741
Graduate or professional school	4,121,769	4,129,133	7,364	175,489	166,850	-8,639	4,912	4,871	-41
<b>Share of Persons Enrolled in School by Age</b>									
3 and 4 years	47.7%	47.5%	-0.2%	49.2%	46.9%	-2.3%	38.1%	37.0%	-1.1%
5 to 9 years	95.6%	95.6%	0.0%	94.6%	94.2%	-0.4%	91.4%	91.4%	0.0%
10 to 14 years	98.4%	98.3%	-0.1%	98.2%	98.1%	-0.1%	97.1%	97.3%	0.2%
15 to 17 years	96.6%	96.8%	0.2%	96.6%	96.3%	-0.3%	90.9%	87.9%	-3.0%
18 and 19 years	74.9%	75.6%	0.7%	79.2%	78.9%	-0.3%	71.1%	70.2%	-0.9%
20 to 24 years	42.5%	42.0%	-0.5%	44.1%	42.7%	-1.4%	34.1%	33.8%	-0.3%
25 to 34 years	13.6%	12.8%	-0.8%	12.1%	11.0%	-1.1%	8.5%	8.0%	-0.5%
35 years and over	2.8%	2.7%	-0.1%	2.2%	2.0%	-0.2%	2.2%	1.9%	-0.3%
<b>Share Enrolled in College by Gender</b>									
Share of men ages 18-24 enrolled in college	38.7%	38.7%	0.0%	41.8%	40.8%	-1.0%	33.8%	33.5%	-0.3%
Share of women ages 18-24 enrolled in college	47.5%	47.1%	-0.4%	50.9%	49.1%	-1.8%	41.5%	38.3%	-3.2%

Rates of school enrollment in Lancaster have dropped for most age groups, including pre-school age children (ages 3-4), high-school age children (ages 15-17), and adults. The percentages of college-age adults who are enrolled in higher education has declined, particularly for women. ([Click here to return to text](#))

## II. Health Statistics

Table G1. Health Insurance Coverage

	United States			Pennsylvania			Lancaster County		
	2009-13	2012-16	change	2009-13	2012-16	change	2009-13	2012-16	change
<b>Health Insurance Coverage</b>									
Population with health insurance coverage	260,878,830	276,875,891	15,997,061	11,296,309	11,579,382	283,073	447,354	461,565	14,211
% of population with coverage	85.1%	88.3%	3.2%	90.2%	92.0%	1.8%	86.6%	87.7%	1.1%
% with private health insurance	66.0%	66.7%	0.7%	73.0%	73.0%	0.0%	71.5%	70.4%	-1.1%
% with public coverage	30.2%	33.0%	2.8%	31.4%	33.5%	2.1%	28.0%	30.4%	2.4%
% of population without health insurance	14.9%	11.7%	-3.2%	9.8%	8.0%	-1.8%	13.4%	12.3%	-1.1%
<b>Percent Uninsured by Race and Ethnicity</b>									
Black	17.5%	13.7%	-3.8%	14.5%	11.5%	-3.0%	13.3%	11.1%	-2.2%
Latino	29.6%	23.4%	-6.2%	20.6%	17.4%	-3.2%	17.1%	14.3%	-2.8%
White Non-Latino	10.4%	8.1%	-2.3%	8.2%	6.6%	-1.6%	13.2%	12.3%	-0.9%
<b>Percent Uninsured by Age Group</b>									
Under 6 years old	6.1%	4.8%	-1.3%	5.3%	5.0%	-0.3%	17.6%	18.3%	0.7%
Ages 6-17	8.4%	6.4%	-2.0%	5.3%	4.7%	-0.6%	14.2%	14.4%	0.2%
Ages 18-24	26.4%	16.4%	-10.0%	17.8%	11.0%	-6.8%	21.8%	13.7%	-8.1%
Ages 25-44	24.0%	19.5%	-4.5%	16.6%	13.8%	-2.8%	17.6%	16.6%	-1.0%
Ages 45-64	15.1%	12.3%	-2.8%	9.7%	8.0%	-1.7%	10.9%	9.5%	-1.4%
Ages 65 and older	1.0%	0.9%	-0.1%	0.5%	0.5%	0.0%	2.2%	2.0%	-0.2%

Health coverage rates have increased in Lancaster County for most groups, with the notable exception of children. Lancaster County has a much higher rate of children who are uninsured than the state and the nation, and the uninsured rate is increasing in Lancaster, in contrast to these comparison areas. ([Click here to return to text](#))

<b>Economic Stability</b>											
<b>Employment</b>											
Employment Status of Pop 16+ yrs	Lancaster 2005	Lancaster 2012	Lancaster 2014	Lancaster 2017	PA 2005	PA 2012	PA 2014	PA 2017	U.S. 2012	U.S. 2014	U.S. 2017
Population in labor force thousands	235	270	278	285	6,105	6,514	6,507	6,525	158,729	160,533	164,727
% of population in labor force	68.0%	65.4%	66.3%	66.6%	64.1%	62.8%	62.5%	62.4%	63.8%	63.3%	63.2%
	Lancaster 2012	Lancaster 2014	Lancaster 2017	PA 2012	PA 2014	PA 2017	U.S. 2012	U.S. 2014	U.S. 2017		
Civilian labor force	65.4%	66.3%	66.5%	62.8%	62.5%	62.3%	63.4%	62.9%	62.8%		
Armed forces	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.1%	0.4%	0.4%		
% of population not in labor force	34.6%	33.7%	33.4%	37.2%	37.5%	37.6%	36.2%	36.7%	36.8%		
Unemployment Rate Bureau of Labor Statistics, Annual Ave	6.5%	4.6%	3.4%	7.8%	5.9%	5.9%	8.1%	6.2%	5.3%		
Employment by Industry Sector	Lancaster 2006	Lancaster 2011	Lancaster 2016	PA 2006	PA 2011	PA 2016	U.S. 2006	U.S. 2011	U.S. 2016		
Farming, Forestry, Fishing	2.5%	2.8%	3.0%	1.2%	1.3%	1.3%	1.9%	2.0%	1.8%		
Mining, Utilities	0.3%	0.2%	0.3%	0.7%	1.0%	1.0%	0.9%	1.0%	1.0%		
Construction	8.3%	7.2%	7.1%	5.7%	4.9%	4.9%	6.5%	5.0%	5.2%		
Manufacturing	15.3%	12.9%	12.2%	9.7%	8.2%	7.8%	8.3%	7.0%	6.8%		
Transportation, Wholesale, Warehousing	8.9%	8.8%	10.3%	7.2%	7.1%	7.5%	7.0%	6.7%	7.3%		
Retail	12.7%	12.5%	11.6%	11.2%	10.6%	10.3%	10.7%	10.2%	10.0%		
Administrative and Waste Disposal	4.5%	4.5%	4.2%	5.0%	5.1%	5.2%	6.1%	6.1%	6.1%		
Information	1.4%	1.3%	1.2%	1.7%	1.5%	1.3%	2.0%	1.8%	1.7%		
Professional, Science, and Tech Services	4.3%	4.8%	5.2%	6.3%	6.4%	6.9%	6.4%	6.8%	7.1%		
Finance, Real Estate, Management	7.6%	8.7%	8.8%	9.6%	11.0%	11.0%	10.1%	11.2%	11.0%		
Health Care	11.1%	12.4%	12.3%	12.9%	13.9%	14.2%	9.9%	11.0%	11.3%		
Entertainment, Food Service, Hotels	8.1%	8.5%	8.8%	8.1%	8.4%	8.8%	8.8%	9.2%	9.7%		
Education private, Personal Services, Civic Orgs.	7.6%	7.9%	8.3%	9.3%	9.4%	9.7%	7.7%	8.1%	8.3%		
Federal and State government	2.1%	2.0%	2.0%	4.7%	4.6%	4.3%	5.7%	5.8%	5.2%		
Local government	5.3%	5.4%	4.7%	6.7%	6.6%	5.9%	8.0%	8.0%	7.3%		
Employment by Occupation	Lancaster 2006-10	Lancaster 2012-16	PA 2006-10	PA 2009-13	U.S. 2006-10	U.S. 2012-16					
Management, business, and financial occupations	12.8%	13.0%	13.4%	14.3%	14.3%	14.9%					
Computer, engineering, and science occupations	3.6%	3.9%	5.0%	5.3%	5.2%	5.5%					
Community and social service occupations	1.9%	2.0%	2.0%	2.0%	1.6%	1.7%					
Legal occupations	0.5%	0.5%	1.1%	1.1%	1.2%	1.1%					
Education, training, and library occupations	5.5%	5.4%	5.9%	5.9%	5.9%	6.1%					
Arts, design, entertainment, sports, and media occupations	1.4%	1.7%	1.6%	1.6%	1.9%	2.0%					
Healthcare practitioners and technical occupations	5.2%	6.4%	6.2%	6.9%	5.2%	5.8%					
Healthcare support occupations	2.3%	2.4%	2.6%	2.8%	2.3%	2.4%					
Protective service occupations	1.1%	1.2%	1.9%	2.0%	2.2%	2.2%					
Food preparation and serving related occupations	5.3%	5.9%	5.5%	5.8%	5.4%	5.8%					
Building and grounds cleaning and maintenance occupations	3.1%	3.5%	3.5%	3.5%	3.9%	3.9%					
Personal care and service occupations	2.7%	3.3%	3.0%	3.6%	3.3%	3.7%					
Sales and office occupations	24.7%	23.1%	25.4%	23.6%	25.4%	23.8%					
Farming, fishing, and forestry occupations	1.1%	1.2%	0.4%	0.5%	0.7%	0.7%					
Construction and extraction occupations	6.5%	5.6%	5.0%	4.5%	5.7%	5.0%					
Installation, maintenance, and repair occupations	3.8%	3.8%	3.4%	3.2%	3.4%	3.2%					
Production occupations	10.0%	9.1%	6.9%	6.3%	6.3%	5.9%					
Transportation occupations	4.2%	4.2%	3.7%	3.7%	3.6%	3.6%					
Material moving occupations	4.2%	3.6%	3.3%	3.3%	2.5%	2.6%					
Employment by Class of Worker											
Private wage and salary	84.1%	84.7%	82.4%	84.2%	78.5%	79.8%					
Government	8.3%	8.1%	11.7%	10.6%	14.8%	14.0%					
Self-employed	7.3%	6.9%	5.7%	5.1%	6.5%	6.0%					
Unpaid family workers	0.2%	0.1%	0.2%	0.1%	0.2%	0.2%					
Income	Lancaster 2006-10	Lancaster 2008-12	Lancaster 2009-13	Lancaster 2011-15	Lancaster 2012-16	PA 2006-10	PA 2012-16	U.S. 2012-16			
Per Capita Income	\$25,854	\$26,283	\$26,496	\$27,158	\$28,152	\$27,049	\$30,137	\$29,829			
Median household income	\$54,765	\$56,172	\$56,483	\$57,721	\$59,237	\$50,398	\$54,895	\$55,322			
HH and Family Income Inflation-Adj 2016 Dollars	Lancaster 2009-13	Lancaster 2012-16	PA 2009-13	PA 2012-16	U.S. 2009-13	U.S. 2012-16					
Lowest quintile	\$15,666	\$15,939	\$12,524	\$12,545	\$12,248	\$12,243					
Second quintile	\$36,781	\$37,664	\$32,163	\$32,682	\$32,346	\$32,709					
Third quintile	\$58,293	\$59,422	\$54,372	\$55,298	\$54,994	\$55,754					
Fourth quintile	\$85,400	\$87,193	\$84,805	\$86,722	\$86,976	\$88,586					
Highest quintile	\$165,668	\$174,820	\$182,333	\$188,930	\$191,992	\$200,035					
Median household income	\$58,192	\$59,237	\$54,138	\$54,895	\$54,651	\$55,322					
Mean household income	\$72,362	\$75,008	\$73,239	\$75,235	\$75,711	\$77,866					
Median family income	\$69,693	\$70,512	\$68,663	\$69,960	\$66,678	\$67,871					
Mean family income	\$83,731	\$86,531	\$88,176	\$90,446	\$88,178	\$90,960					
Median HH Income by Race and Ethnicity	Lancaster 2006-10	Lancaster 2009-13	Lancaster 2012-16	PA 2005-09	PA 2009-13	PA 2012-16	U.S. 2009-13	U.S. 2012-16			
Total	\$54,893	\$58,192	\$59,237	\$49,737	\$54,138	\$54,895	\$54,651	\$55,322			
Black	\$29,562	\$34,751	\$34,350	\$31,308	\$33,407	\$33,645	\$36,487	\$36,651			
Latino	\$30,542	\$31,550	\$35,476	\$32,554	\$34,991	\$35,607	\$43,314	\$44,254			
White Non-Latino	\$57,309	\$61,145	\$62,253	\$52,594	\$57,731	\$59,238	\$59,854	\$61,018			
Expenses	Lancaster 2006-10	Lancaster 2009-13	Lancaster 2012-16	PA 2006-10	PA 2009-13	PA 2012-16	U.S. 2009-13	U.S. 2012-16			
HHs by Occupancy-HHs spending >30% of income on owner costs	26.6%	26.0%	22.6%	27.1%	26.0%	23.4%	28.7%	24.9%			
HHs by Occupancy-HHs spending >30% of income on rent	45.7%	51.8%	50.4%	48.3%	50.2%	49.6%	52.3%	51.1%			
Support	Lancaster 2011-15	Lancaster 2012-16	PA 2012-16	U.S. 2012-16							

Households with children receiving SNAP	51.8%	52.1%	46.8%	53.0%					
Students Eligible for the Free Lunch Program	Lancaster 2010-11	Lancaster 2011-12	Lancaster 2012-13	Lancaster 2014-15	Lancaster 2015-16	PA 2015-16	U.S. 2015-16		
	27.3%	28.4%	31.9%	38.7%	42.9%	43.6%	42.6%		
HHs with Supplemental Benefits in Past 12 Months	Lancaster 2009-13	Lancaster 2012-16	PA 2009-13	PA 2012-16	U.S. 2009-13	U.S. 2012-16			
HHs below poverty level	9.6%	9.7%	12.8%	12.7%	14.2%	14.1%			
HHs with supplemental security income	8,152	9,405	270,849	291,771	5,716,592	6,355,071			
Mean supp. security income annual, 2016 dollars	\$10,137	\$10,096	\$9,748	\$9,838	\$9,429	\$9,523			
HHs with cash public assistance income	6,208	6,370	174,576	168,007	3,255,213	3,147,577			
Mean public assist. income annual, 2016 Dollars	\$3,328	\$2,584	\$3,059	\$2,648	\$3,923	\$3,336			
Number of HHs with food stamp benefits	16,836	18,271	585,892	644,209	14,339,330	15,360,951			
Share of HHs with food stamp benefits	8.7%	9.3%	11.8%	13.0%	12.4%	13.0%			
Share of HHs receiving food stamp benefits:									
that are below the poverty level	47.8%	45.9%	52.9%	49.6%	52.3%	50.3%			
with one or more people 60+ yrs	23.6%	28.6%	27.5%	31.6%	26.0%	29.2%			
with children <18 yrs	54.4%	52.1%	49.6%	46.8%	55.5%	53.0%			
<b>Poverty</b>									
Poverty	Lancaster 2006-10	Lancaster 2009-13	Lancaster 2012-16	PA 2006-10	PA 2009-13	PA 2012-16	U.S. 2009-13	U.S. 2012-16	
All families	6.7%	7.3%	7.2%	8.5%	9.2%	9.1%	11.3%	11.0%	
	Lancaster 2009-13	Lancaster 2012-16	PA 2009-13	PA 2012-16	U.S. 2009-13	U.S. 2012-16			
With related children under 18 years	12.1%	12.4%	15.5%	15.6%	17.8%	17.4%			
With related children under 5 years	15.3%	15.3%	20.3%	19.7%	22.7%	21.8%			
Married couple families	3.8%	3.8%	3.8%	3.9%	5.6%	5.5%			
With related children under 18 years	5.3%	5.7%	5.5%	5.5%	8.3%	7.9%			
With related children under 5 years	7.6%	8.0%	7.2%	7.2%	10.9%	10.3%			
Female-headed Households, no husband present	28.5%	25.8%	28.9%	28.0%	30.6%	29.9%			
With related children under 18 years	37.4%	35.5%	39.5%	39.0%	40.0%	39.7%			
With related children under 5 years	49.0%	47.7%	52.4%	50.6%	52.7%	51.7%			
All People	10.5%	10.8%	13.3%	13.3%	15.4%	15.1%			
Under 18 years	14.9%	15.9%	18.8%	19.1%	21.6%	21.2%			
18-64 years	9.5%	9.8%	12.6%	12.7%	14.3%	14.2%			
65 years and over	6.8%	6.7%	8.3%	8.1%	9.4%	9.3%			
Black	27.4%	28.8%	28.6%	28.2%	27.1%	26.2%			
Latino	28.8%	28.3%	32.3%	31.5%	24.7%	23.4%			
White non-Latino	7.9%	8.0%	9.6%	9.6%	10.6%	10.6%			
	Lancaster 2007-11	Lancaster 2009-13	Lancaster 2010-14	Lancaster 2011-15	Lancaster 2012-16	PA 2007-11	PA 2012-16	U.S. 2012-16	
Children Living Below Poverty Level	14.2%	14.9%	15.1%	15.6%	15.9%	17.7%	19.1%	21.2%	
Families Living Below Poverty Level	7.0%	7.3%	7.3%	7.3%	7.2%	8.8%	9.1%	11.0%	
People 65+ Living Below Poverty Level	6.7%	6.8%	6.8%	6.5%	6.7%	8.4%	8.1%	9.3%	
People Living 200% Above Poverty Level	72.8%	72.2%	71.5%	71.0%	71.4%	70.4%	69.8%	66.4%	
People Living Below Poverty Level	9.9%	10.3%	10.5%	10.7%	10.8%	12.6%	13.3%	15.1%	
Young Children Living Below Poverty Level	16.4%	17.4%	17.3%	18.0%	17.9%	21.0%	21.6%	23.6%	
<b>Neighborhood and Physical Environment</b>									
<b>Housing</b>	Lancaster 2007-11	Lancaster 2008-12	Lancaster 2009-13	Lancaster 2011-15	Lancaster 2012-16	PA 2007-11	PA 2012-16	U.S. 2012-16	
Homeownership	67.0%	66.7%	66.2%	65.4%	65.1%	63.0%	61.3%	55.9%	
HHs by Occupancy	Lancaster 2009-13	Lancaster 2012-16	PA 2009-13	PA 2012-16	U.S. 2009-13	U.S. 2012-16			
Total housing units	203,673	206,308	5,565,653	5,592,175	132,057,804	134,054,899			
Percent occupied	95.3%	95.1%	89.1%	88.7%	87.5%	87.8%			
Percent vacant	4.7%	4.9%	10.9%	11.3%	12.5%	12.2%			
Total occupied housing units	194,082	196,171	4,958,427	4,961,929	115,610,216	117,716,237			
Percent owner-occupied	69.5%	68.4%	69.8%	69.0%	64.9%	63.6%			
Percent renter-occupied	30.5%	31.6%	30.2%	31.0%	35.1%	36.4%			
Owner-occupied units	134,847	134,255	3,462,512	3,425,706	75,075,700	74,881,068			
housing units with a mortgage	64.8%	63.4%	62.4%	61.0%	66.4%	64.1%			
housing units without a mortgage	35.2%	36.6%	37.6%	39.0%	33.6%	35.9%			
Median Value 2016 dollars	\$193,900	\$191,400	\$169,700	\$167,700	\$182,000	\$184,700			
Occupied units paying rent	59,235	61,916	1,495,915	1,536,223	40,534,516	42,835,169			
Median monthly rent 2016 dollars	\$901	\$932	\$838	\$859	\$931	\$949			
Total HHs	194,082	196,171	4,958,427	4,961,929	115,610,216	117,716,237			
Average HH size	2.62	2.65	2.48	2.49	2.63	2.64			
Average family size	3.14	3.16	3.09	3.1	3.22	3.24			
<b>Transportation</b>	Lancaster 2007-11	Lancaster 2008-12	Lancaster 2009-13	Lancaster 2011-15	Lancaster 2012-16	PA 2007-11	PA 2012-16	U.S. 2012-16	
Households without a Vehicle	9.8%	9.3%	9.7%	9.5%	9.5%	11.5%	11.2%	9.0%	
	Lancaster 2006-10	Lancaster 2007-11	Lancaster 2008-12	Lancaster 2009-13	Lancaster 2011-15	Lancaster 2012-16	PA 2007-11	PA 2012-16	U.S. 2012-16
Workers who Drive Alone to Work	78.8%	79.2%	79.2%	79.3%	79.3%	79.1%	76.5%	76.5%	76.4%
Workers Commuting by Public Transportation	1.2%	1.2%	1.2%	1.2%	1.3%	1.2%	5.4%	5.8%	5.1%
Means of Transportation to Work	Lancaster 2009-13	Lancaster 2012-16	PA 2009-13	PA 2012-16	U.S. 2009-13	U.S. 2012-16			
Drove alone	79.3%	79.1%	76.7%	76.5%	76.3%	76.4%			
Carpooled	9.0%	9.1%	8.9%	8.5%	9.8%	9.3%			
Public transportation	1.1%	1.2%	5.4%	5.6%	5.0%	5.1%			
Walked	3.7%	3.7%	3.9%	3.8%	2.8%	2.8%			
Other means	1.9%	1.8%	1.3%	1.4%	1.8%	1.8%			
Worked at home	4.9%	5.0%	3.8%	4.2%	4.3%	4.6%			
Mean travel time to work minutes	22.5	23.1	25.9	26.5	25.5	26.1			

<b>Parks</b>	Lancaster 2008	Lancaster 2011	Lancaster 2012	Lancaster 2014	U.S. 2014						
Recreation and Fitness Facilities	0.13	0.11	0.10	0.11	0.06						
<b>Walkability</b>	Lancaster 2007-11	Lancaster 2008-12	Lancaster 2009-13	Lancaster 2010-14	Lancaster 2011-15	Lancaster 2012-16	PA 2007-11	PA 2012-16	U.S. 2012-16	HP2020	
Mean Travel Time to Work	22.1	22.3	22.5	22.8	22.9	23.1	25.7	26.5	26.1		
Workers who Walk to Work	3.6%	3.6%	3.7%	3.5%	3.6%	3.7%	3.9%	3.8%	2.8%	3.1%	
<b>Safety</b>	Lancaster 2007-11	Lancaster 2008-12	Lancaster 2009-13	Lancaster 2010-14							
Recognized Carcinogens Released into Air	109,586	96,560	99,175	97,950							
PBT Released	11,912	49,849	7,198	5,525							
Violent Crime Rate	Lancaster 2007-11	Lancaster 2008-12	Lancaster 2009-13	Lancaster 2010-14	PA 2016	U.S. 2016					
	180	167.4	180.3	175.7	315.6	386.3					
Age-Adjusted Death Rate due to Motor Vehicle Collisions	Lancaster 2009	Lancaster 2011	Lancaster 2012	Lancaster 2013	Lancaster 2014	Lancaster 2015	Lancaster 2016	PA 2009	PA 2016	HP2020	
	11.5	12.2	10.1	11.1	11.2	9.8	9.1	10.2	9.4	12.4	
Child Abuse Rate	Lancaster 2010	Lancaster 2011	Lancaster 2012	Lancaster 2013	Lancaster 2014	Lancaster 2015	PA 2010	PA 2015	HP2020		
	6.9	6.7	8.3	8.7	9.0	15.1	9.0	14.5	8.5		
Annual Ozone Air Quality	Lancaster 2008-10	Lancaster 2010-12	Lancaster 2011-13	Lancaster 2013-15	Lancaster 2014-16						
	5	5	5	3	4						
Annual Particle Pollution	4	4	4	5	5						
<b>Education</b>											
<b>Early childhood education</b>	Lancaster 2009-13	Lancaster 2012-16	PA 2009-13	PA 2012-16	U.S. 2009-13	U.S. 2012-16					
<b>School Enrollment</b>											
Nursery school, preschool	7,808	7,277	197,902	185,764	5,011,192	4,959,823					
Kindergarten	5,861	6,171	147,963	143,093	4,208,394	4,181,764					
Elementary school grades 1-8	56,162	56,204	1,219,439	1,200,055	32,796,856	32,831,750					
Share of Persons Enrolled in School by Age-3 and 4 years	38.1%	37.0%	49.2%	46.9%	47.7%	47.5%					
Share of Persons Enrolled in School by Age-5 to 9 years	91.4%	91.4%	94.6%	94.2%	95.6%	95.6%					
<b>Vocational training</b>	Lancaster 2009-13	Lancaster 2012-16	PA 2009-13	PA 2012-16	U.S. 2009-13	U.S. 2012-16					
Educational Attainment of the 25+ Pop-Some college, no degree	15.0%	14.5%	16.5%	16.2%	21.2%	21.0%					
<b>Higher education</b>	Lancaster 2006-10	Lancaster 2007-11	Lancaster 2008-12	Lancaster 2009-13	Lancaster 2011-15	Lancaster 2012-16	PA 2006-10	PA 2007-11	PA 2012-16	U.S. 2012-16	
People 25+ with a Bachelor's Degree or Higher	23.3%	23.2%	23.5%	24.2%	25.2%	25.7%	26.4%	26.7%	29.3%	30.3%	
<b>Educational Attainment of the 25+ Pop</b>	Lancaster 2009-13	Lancaster 2012-16	PA 2009-13	PA 2012-16	U.S. 2009-13	U.S. 2012-16					
Associate's degree	6.1%	7.1%	7.6%	8.0%	7.8%	8.2%					
Bachelor's degree	15.9%	16.7%	16.9%	17.8%	18.0%	18.8%					
Graduate or professional degree	8.3%	9.0%	10.7%	11.5%	10.8%	11.5%					
Percent high school graduate or higher	83.9%	84.6%	88.7%	89.5%	86.0%	87.0%					
Percent bachelor's degree or higher	24.2%	25.7%	27.5%	29.3%	28.8%	30.3%					
<b>School Enrollment-College, undergraduate</b>	25,498	23,757	744,717	700,536	19,333,036	19,060,114					
<b>School Enrollment-Graduate or professional school</b>	4,912	4,871	175,489	166,850	4,121,769	4,129,133					
Share of Persons Enrolled in School by Age- to 24 years	34.1%	33.8%	44.1%	42.7%	42.5%	42.0%					
Share of Persons Enrolled in School by Age-25 to 34 years	8.5%	8.0%	12.1%	11.0%	13.6%	12.8%					
Share of Persons Enrolled in School by Age-35 years and over	2.2%	1.9%	2.2%	2.0%	2.8%	2.7%					
Share of men ages 18-24 enrolled in college	33.8%	33.5%	41.8%	40.8%	38.7%	38.7%					
Share of women ages 18-24 enrolled in college	41.5%	38.3%	50.9%	49.1%	47.5%	47.1%					
<b>Education</b>	Lancaster 2010-11	Lancaster 2012-13	Lancaster 2013-14	Lancaster 2014-15	Lancaster 2015-16	Lancaster 2016-17	PA 2010-11	PA 2016-17	U.S. 2015-16		
School Dropouts	1.6%	1.1%	1.1%	1.1%	1.1%	1.1%	1.6%	1.7%			
Student-to-Teacher Ratio	14.4	15.0	14.9	14.6	14.5	13.8	14.7	17.7			
Educ Attainment of 25+ Pop-Less than high school diploma	Lancaster 2009-13	Lancaster 2012-16	PA 2009-13	PA 2012-16	U.S. 2009-13	U.S. 2012-16					
	16.1%	15.4%	11.3%	10.5%	14.0%	13.0%					
Educ Attainment of 25+ Pop-High school grad incl. equivalency	38.5%	37.4%	37.0%	36.0%	28.1%	27.5%					
<b>School enrollment</b>											
School Enrollment-High school grades 9-12	27,018	26,510	663,526	635,645	17,153,559	16,985,786					
Share of Persons Enrolled in School by Age-10 to 14 years	97.1%	97.3%	98.2%	98.1%	98.4%	98.3%					
Share of Persons Enrolled in School by Age-15 to 17 years	90.9%	87.9%	96.6%	96.3%	96.6%	96.8%					
Share of Persons Enrolled in School by Age-18 and 19 years	71.1%	70.2%	79.2%	78.9%	74.9%	75.6%					
<b>Food</b>											
<b>Access to healthy options</b>	Lancaster 2009	Lancaster 2011	Lancaster 2012	Lancaster 2013	Lancaster 2016	U.S. 2009	U.S. 2016				
Farmers Market Density	0.02	0.03	0.03	0.02	0.02	0.02	0.03				
Fast Food Restaurant Density	Lancaster 2007	Lancaster 2009	Lancaster 2011	Lancaster 2012	Lancaster 2014						
	0.57	0.56	0.59	0.62	0.61						
Grocery Store Density	Lancaster 2008	Lancaster 2009	Lancaster 2011	Lancaster 2012	Lancaster 2014						
	0.21	0.21	0.22	0.21	0.21						
Households without a Car and > 1 Mile from a Grocery Store	Lancaster 2010	Lancaster 2015									
	4.0%	3.9%									
Low-Income and >1 Mile from a Grocery Store	Lancaster 2009	Lancaster 2010	Lancaster 2011	Lancaster 2012	Lancaster 2016						
	5.2%	5.2%									
SNAP Certified Stores	0.6	0.7	0.7	0.6	0.6						
<b>Community and social context</b>											
<b>Social integration</b>	Lancaster 2010	Lancaster 2017	PA 2010	PA 2017	U.S. 2010	U.S. 2017					
Population-White	93.2%	91.9%	85.3%	83.9%	80.3%	79.0%					
Population-Black/African American	5.4%	6.4%	12.3%	13.2%	14.0%	14.6%					
Population-American Indian/Alaska Native	0.8%	0.8%	0.8%	0.9%	2.0%	2.1%					
Population-Asian	2.3%	2.9%	3.2%	4.1%	5.8%	6.8%					
Population-Native Hawaiian and Pacific Islander	0.1%	0.2%	0.1%	0.1%	0.4%	0.5%					
Population-Hispanic or Latino of any race	8.7%	10.5%	5.7%	7.3%	16.4%	18.1%					



HHS by Occupancy-Shares of all HHS that are:	Lancaster 2009-13	Lancaster 2012-16	PA 2009-13	PA 2012-16	U.S. 2009-13	U.S. 2012-16					
Family HHS	70.5%	70.4%	64.8%	64.4%	66.4%	65.9%					
Male householder, no wife	3.6%	3.8%	4.3%	4.4%	4.7%	4.8%					
Female householder, no husband	8.9%	9.5%	11.9%	11.9%	13.0%	12.9%					
Married-couple families	58.0%	57.1%	48.6%	48.0%	48.7%	48.2%					
Nonfamily HHS	29.5%	29.6%	35.2%	35.2%	33.6%	34.1%					
householder living alone	24.2%	23.8%	29.5%	29.6%	27.5%	27.7%					
65 years and over, living alone	10.4%	10.6%	11.8%	12.2%	9.8%	10.4%					
<b>Support systems</b>	Lancaster 2007-11	Lancaster 2008-12	Lancaster 2009-13	Lancaster 2011-15	Lancaster 2012-16	PA 2007-11	PA 2012-16	U.S. 2012-16			
Single-Parent Households	22.1%	21.8%	22.1%	24.7%	24.1%	32.1%	33.8%	33.6%			
<b>Stress</b>	Lancaster 2009-11	Lancaster 2010-12	Lancaster 2011-13	Lancaster 2014-16	Lancaster 2015-17	PA 2009-11	PA 2015-17				
Poor Mental Health Days	29%	28%	34%	35%	35%	35%	37%				
	Lancaster 2014	Lancaster 2015	Lancaster 2016	PA 2014	PA 2016	U.S. 2016					
Frequent Mental Distress	11.2%	10.8%	11.4%	10.0%	13.0%	15.0%					
Frequent Physical Distress	10.3%	10.1%	10.5%	10.0%	11.9%	15.0%					
<b>Population</b>	Lancaster 2010	Lancaster 2017	PA 2010	PA 2017	U.S. 2010	U.S. 2017					
Total Population	520,361	542,903	12,712,343	12,805,537	309,348,193	325,719,178					
Male share of population	48.9%	49.0%	48.7%	49.0%	49.2%	49.2%					
Female share of population	51.1%	51.0%	51.3%	51.0%	50.8%	50.8%					
Ages 0-4	6.8%	6.7%	5.7%	5.7%	6.5%	6.1%					
Ages 5-9	6.8%	6.7%	5.9%	5.5%	6.6%	6.2%					
Ages 10-14	6.8%	6.4%	6.2%	6.1%	6.7%	6.5%					
Ages 15-19	7.3%	6.6%	7.1%	6.4%	7.1%	6.6%					
Ages 20-24	6.8%	6.4%	6.9%	6.5%	7.0%	6.7%					
Ages 25-34	11.8%	13.0%	12.0%	13.2%	13.3%	13.8%					
Ages 35-44	12.2%	11.2%	12.6%	11.6%	13.2%	12.7%					
Ages 45-54	14.5%	12.4%	15.2%	13.3%	14.5%	13.0%					
Ages 55-64	12.0%	13.1%	12.9%	14.1%	11.9%	12.9%					
Ages 65-74	7.4%	9.5%	7.7%	10.0%	7.1%	9.1%					
Ages 75-84	5.1%	5.2%	5.3%	5.2%	4.2%	4.5%					
Ages 85+	2.5%	2.8%	2.4%	2.6%	1.8%	1.9%					
Population Under 18	24.8%	23.7%	21.9%	20.8%	24.0%	22.6%					
Population 65+	15.0%	17.4%	15.4%	17.8%	13.1%	15.6%					
Median Age	38.2	38.8	40.2	40.8	37.2	38.1					
<b>Health care system</b>											
<b>Health coverage</b>	Lancaster 2001-03	Lancaster 2011	Lancaster 2013	Lancaster 2014	Lancaster 2015	Lancaster 2016	PA 2011	PA 2016	US 2011	U.S. 2016	HP2020
Adults with Health Insurance 18-64 years old	79%	84.6%	84.6%	85.0%	87.5%	88.9%	86.0%	92.5%	79.0%	88.0%	100.0%
Children with Health Insurance 0-17		85.1%	84.1%	84.8%	85.0%	82.9%	94.6%	95.6%	92.5%	95.5%	100.0%
	Lancaster 2008-12	Lancaster 2009-13	Lancaster 2012-16	PA 2008-12	PA 2009-13	PA 2012-14	U.S. 2009-13	U.S. 2012-16			
Population with health insurance coverage	445,783	447,354	461,565	11,284,898	11,296,309	11,579,382	260,878,830	276,875,891			
% of population with health insurance coverage	86.8%	86.6%	87.7%	90.3%	90.2%	92.0%	85.1%	88.3%			
% with private health insurance		71.5%	70.4%		73.0%	73.0%	66.0%	66.7%			
% with public coverage	10.0%	28.0%	30.4%	10.5%	31.4%	33.5%	30.2%	33.0%			
% of population without health insurance	13.2%	13.4%	12.3%	9.7%	9.8%	8.0%	14.9%	11.7%			
Percent Uninsured											
by Race and Ethnicity-Black	14.2%	13.3%	11.1%	14.5%	14.5%	11.5%	17.5%	13.7%			
by Race and Ethnicity-Latino	18.2%	17.1%	14.3%	20.7%	20.6%	17.4%	29.6%	23.4%			
by Race and Ethnicity-White Non-Latino	12.7%	13.2%	12.3%	8.1%	8.2%	6.6%	10.4%	8.1%			
by Age Group-Under 6 years old		17.6%	18.3%		5.3%	5.0%	6.1%	4.8%			
by Age Group-Ages 6-17		14.2%	14.4%		5.3%	4.7%	8.4%	6.4%			
by Age Group-Ages 18-24		21.8%	13.7%		17.8%	11.0%	26.4%	16.4%			
by Age Group-Ages 25-44		17.6%	16.6%		16.6%	13.8%	24.0%	19.5%			
by Age Group-Ages 45-64		10.9%	9.5%		9.7%	8.0%	15.1%	12.3%			
by Age Group-Ages 65 and older		2.2%	2.0%		0.5%	0.5%	1.0%	0.9%			
<b>Provider availability</b>	Lancaster 2009-11	Lancaster 2011-13	Lancaster 2012-14	Lancaster 2014-16	Lancaster 2015-17	PA 2009-11	PA 2015-17	HP2020			
Adults with a usual Source of Health Care	90%	87%	87%	88%	87%	89%	86%	89.4%			
	Lancaster 2008	Lancaster 2011	Lancaster 2012	Lancaster 2014	Lancaster 2015	PA 2015	U.S. 2015				
Primary Care Provider Rate	73	75	75	75	74	81	75				
<b>Health Outcomes</b>											
<b>Mortality</b>	Lancaster 2000-04	Lancaster 2008-12	Lancaster 2009-13	Lancaster 2010-14	Lancaster 2011-15	Lancaster 2012-16	PA 2000-04	PA 2012-16	U.S. 2016	HP2020	
Age-Adjusted Death Rate due to											
Breast Cancer Females	26.6	23.4	22.1	21.0	21.4	20.7	27.6	21.6		20.6	
Cancer	186.4	167.0	159.4	155.8	153.4	154.3	200.8	168.5		160.6	
Colorectal Cancer	21.0	16.6	14.9	14.6	14.0	13.8	21.5	15.2		14.5	
Lung Cancer	47.2	41.2	38.9	36.7	35.2	35.5	54.0	43.7		45.5	
Prostate Cancer	26.0	19.4	17.7	15.8	16.1	16.0	28.7	18.8		21.2	
Diabetes	22.0	16.0	16.8	17.6	18.4	19.3	24.9	21.8	21.0		
Cerebrovascular Disease Stroke	57.8	41.1	38.8	37.7	37.6	37.5	54.6	37.1	37.3		33.8
Coronary Heart Disease	151.0	100.4	97.2	92.6	92.2	93.6	180.9	111.3		100.8	
HIV	2.3	1.0	0.9	0.8	0.7	0.7	3.9	1.4	1.9		3.3
Influenza and Pneumonia	16.7	11.7	11.7	10.7	10.9	10.1	18.9	14.6	13.5		
Infant Mortality Rate	7.6	6.7	6.8	6.8	6.6	6.4	7.2	6.4	5.9 (2013-15)		6.0
Age-Adjusted Death Rate due to											

Suicide	8.9	9.3	9.5	10.2	10.6	10.6	10.6	13.4	13.5	10.2
Falls	3.8	7.6	8.5	8	8.2	8.3	5.4	9	8.9	7.0
Accidents - Motor Vehicle	12.3	12.3	11.5	11.5	10.8	10.2	12.3	9.6		
Firearms	5.8	5.7	5.6	5.7	6.5	6.8	9.8	11.2		9.2
Unintentional Injuries	37.7 (2009)	37.8	37.7		42.6	50.3	39.2 2009	61.2	46.9	36.0
Drug Use	6.4	11.1	11.4	11.8	12.9	15.4		25.3	17.9	11.3
<b>Morbidity</b>	<b>Lancaster 2005-09</b>	<b>Lancaster 2008-12</b>	<b>Lancaster 2009-13</b>	<b>Lancaster 2010-14</b>	<b>Lancaster 2011-15</b>	<b>PA 2005-9</b>	<b>PA 2011-15</b>	<b>HP2020</b>		
All Cancer Incidence Rate	467.9	449.7	444.7	441.1	444	497.4	481.71			
Breast Cancer Incidence Rate	119.8	123.8	122.5	125.2	126.3	125.8	131			
Cervical Cancer Incidence Rate	8.7	7.5	7.3	6.6	7.2	8	7.4	7.3		
Colorectal Cancer Incidence Rate	48.8	40.7	39.8	37.1	37.1	50.9	42.6	39.9		
Lung and Bronchus Cancer Incidence Rate	59	55.1	53.3	52.1	51.1	70.2	64.7			
Oral Cavity and Pharynx Cancer Incidence Rate	8.9	9	9.6	9.6	10.5	10.8	11.9			
Prostate Cancer Incidence Rate	147.7	125.2	113	103.2	94.9	154.1	111.1			
<b>Lancaster 2001-03</b>	<b>Lancaster 2011-13</b>	<b>Lancaster 2012-14</b>	<b>Lancaster 2013-15</b>	<b>Lancaster 2014-16</b>	<b>Lancaster 2015-17</b>	<b>PA 2001-03</b>	<b>PA 2015-17</b>	<b>HP2020</b>		
Adults with Diabetes	6%	9%	9%	10%	10%	11%	7%	11%		
Adults who are Obese	24%	28.0%	27.0%	25.0%	26.0%	33.0%	23.0%	31.0%	30.6%	
Adults who are Overweight or Obese	62%	66.0%	64.0%	60.0%	60.0%	67.0%	60.0%	66.0%		
<b>Lancaster 2008-09</b>	<b>Lancaster 2011-12</b>	<b>Lancaster 2012-13</b>	<b>Lancaster 2013-14</b>	<b>Lancaster 2014-15</b>	<b>Lancaster 2015-16</b>	<b>PA 2008-09</b>	<b>PA 2015-16</b>			
Children with Type 1 Diabetes	0.29%	0.29%	0.29%	0.28%	0.30%	0.32%	0.33%			
Children with Type 2 Diabetes	0.03%	0.03%	0.05%	0.05%	0.04%	0.03%	0.07% (2009-10)	0.06%		
<b>Lancaster 2009-10</b>	<b>Lancaster 2011-12</b>	<b>Lancaster 2012-13</b>	<b>Lancaster 2013-14</b>	<b>Lancaster 2014-15</b>	<b>Lancaster 2015-16</b>	<b>PA 2009-10</b>	<b>PA 2015-16</b>	<b>HP2020</b>		
Children who are Obese: Grades K-6	14.90%	13.9%	14.6%	15.2%	14.9%	15.2%	16.8%	16.7%	15.7%	
Children who are Overweight or Obese: Grades K-6	30.20%	28.9%	36.3%	29.1%	29.6%	29.8%	32.4%	31.9%		
Teens who are Obese: Grades 7-12	16.40%	13.1%	17.4%	17.4%	17.8%	18.0%	18.2%	19.0%	16.1%	
Teens who are Overweight or Obese: Grades 7-12	32.30%	27.6%	40.1%	32.6%	33.8%	33.9%	34.5%	35.5%		
Children with Asthma	13.20%	14.0%	13.6%	13.6%	13.5%	13.8%	11.8%	12.1%		
<b>Lancaster 2003-05</b>	<b>Lancaster 2010-12</b>	<b>Lancaster 2011-13</b>	<b>Lancaster 2012-14</b>	<b>Lancaster 2013-15</b>	<b>Lancaster 2014-16</b>	<b>Lancaster 2015-17</b>	<b>PA 2003-05</b>	<b>PA 2014-16</b>	<b>PA 2015-17</b>	<b>HP2020</b>
Salmonella Incidence Rate	17.4	9.2	8.6	8.2	8.8	9.3	14.1	12.1	11.4	11.4
Lyme Disease Incidence Rate	40.6	2.2	2.3	11.1	42.4	69.9	34.9	73.9		
Chlamydia Incidence Rate	175.1	234.9	214.6	215.4	232	245.5	230.7	302.6	419.4	434.6
Gonorrhea Incidence Rate	52.3	67.9	57.6	48.2	42.5	40.1	33.9	92.3	104.5	111.1
<b>Lancaster 2004-06</b>	<b>Lancaster 2011-13</b>	<b>Lancaster 2012-14</b>	<b>Lancaster 2013-15</b>	<b>Lancaster 2014-16</b>	<b>Lancaster 2015-17</b>	<b>PA 2004-06</b>	<b>PA 2015-17</b>	<b>HP2020</b>		
Adults who exp a heart attack, coronary heart dis, or a stroke	9%	12%	12%	13%	11%	12%	11%	13%		
Adults with Asthma	9%	11%	11%	9%	7%	11%	9%	10%		
<b>Health Status</b>										
Poor Physical Health Days	34%	32%	33%	35%	34%	35%	37%	39%		
Self-Reported General Health Assessment: Poor or Fair	13%	17%	18%	17%	15%	18%	14%	17%		
<b>Risky Behavior</b>										
Adults who Smoke	19%	20.0%	18.0%	15.0%	13.0%	11.0%	23.0%	18.0%	12.0%	
Adults who Binge Drink	14% (2006-08)	15.0%	13.0%	10.0%	12.0%	12.0%	17% (2006-08)	18.0%	24.2%	
<b>Lancaster 2009-11</b>	<b>Lancaster 2010-12</b>	<b>Lancaster 2011-13</b>	<b>Lancaster 2012-14</b>	<b>Lancaster 2013-15</b>	<b>Lancaster 2014-16</b>	<b>Lancaster 2015-17</b>	<b>PA 2015-17</b>	<b>HP2020</b>		
Adults 65+ with pneumonia vaccine	73.0%	75.0%	72.0%	75.0%	75.0%	75.0%	71.0%	74.0%	90.0%	
<b>Prenatal/Maternity</b>	<b>Lancaster 2010</b>	<b>Lancaster 2012</b>	<b>Lancaster 2013</b>	<b>Lancaster 2014</b>	<b>Lancaster 2015</b>	<b>Lancaster 2016</b>	<b>PA 2010</b>	<b>PA 2016</b>		
Teen Birth Rate	11.9	10.5	8.4	8.9	7.3	7.7	14.2	7.1		
<b>Lancaster 2003-05</b>	<b>Lancaster 2010-12</b>	<b>Lancaster 2011-13</b>	<b>Lancaster 2012-14</b>	<b>Lancaster 2013-15</b>	<b>Lancaster 2014-16</b>	<b>PA 2003-05</b>	<b>PA 2014-16</b>	<b>HP2020</b>		
Babies with Low Birth Weight	6.50%	6.9%	6.8%	7.1%	7.2%	7.1%	8.2%	8.2%	7.8%	
Babies with Very Low Birth Weight	1.20%	1.2%	1.1%	1.3%	1.3%	1.3%	1.6%	1.4%		
Mothers who Breastfeed	78.70%	81.1%	81.2%	82.2%	84.9%	86.4%	62.3%	79.7%	81.9%	
Mothers who did not Smoke During Pregnancy	87.00%	89.0%	89.7%	90.3%	90.9%	91.7%	82.2%	87.4%	98.6%	
Mothers who Received Early Prenatal Care	69.20%	61.5%	61.8%	61.7%	61.3%	61.4%	73.4%	72.5%	77.9%	
Mothers who Received No Prenatal Care	0.40%	0.4%	0.4%	0.3%	0.3%	0.3%	1.2%	1.7%		
Preterm Births	8.90%	8.8%	8.3%	8.8%	9.0%	9.4%	10.3%	9.4%		

	Lancaster Population Counts			Change
	Date Ranges			
	2008-13	2010-16	2011-17	
Adults who are Overweight or Obese	260,882	244,681	275,033	5.4%
Workers who Drive Alone to Work	211,704	219,540	219,436	3.7%
Poor Mental Health Days	134,394	142,730	143,674	6.9%
Poor Physical Health Days	126,488	138,652	143,674	13.6%
Adults who are Obese	110,677	106,028	135,464	22.4%
Self-Reported General Health Assessment: Poor or Fair	67,197	61,170	73,889	10.0%
Adults with NO Usual Source of Health Care	51,386	48,936	53,365	3.9%
Adults who Binge Drink	59,291	48,936	49,260	-16.9%
Adults who Experienced a Heart Attack, Coronary Heart Disease, or a Stroke	47,433	44,858	49,260	3.9%
Adults with NO Health Insurance	60,873	50,975	45,565	-25.1%
Adults who Smoke	79,055	53,014	45,155	-42.9%
Adults with Diabetes	35,575	40,780	45,155	26.9%
Adults with Asthma	43,480	28,546	45,155	3.9%
Frequent Mental Distress	40,713	41,188	43,102	5.9%
Children with NO Health Insurance	19,807	19,310	21,997	11.1%
Children Living Below Poverty Level	20,073	20,082	20,454	1.9%
Households without a Vehicle	18,345	18,556	18,636	1.6%
Children with Asthma	18,610	17,379	17,752	-4.6%
Children who are Overweight or Obese: Grades K-6	12,299	14,276	14,393	17.0%
Unemployed Workers (16 and older) in Civilian Labor Force	26,361	19,150	14,248	-46.0%
Teens who are Overweight or Obese: Grades 7-12	16,399	13,931	13,627	-16.9%
Workers who Walk to Work	9,623	9,966	10,264	6.7%
Households with Public Assistance	5,523	6,055	6,277	13.7%
People 65+ Living Below Poverty Level	5,260	5,829	6,188	17.6%
Child Abuse Rate (per 1,000 children)	1,103	1,159	1,942	76.1%
All Cancer Incidence Rate	1,778	1,799	1,823	2.5%
Chlamydia Incidence Rate (per 100,000)	929	946	1,008	8.5%
Violent Crime Rate (per 100,000)	662	735	721	9.0%
Age-Adjusted Death Rate due to Cancer	660	626	633	-4.0%
Babies with Low Birth Weight (per 1,000 live births)	501	522	494	-1.3%
Children with Type 1 Diabetes	386	386	412	6.8%
Age-Adjusted Death Rate due to Coronary Heart Disease	397	376	384	-3.2%
Lyme Disease Incidence Rate (per 100,000)	9	173	287	3199.6%
Teen Birth Rate (per 1,000 ages 15 - 17)	246	212	222	-9.5%
Age-Adjusted Death Rate due to Unintentional Injuries	149	174	206	38.2%
Gonorrhea Incidence Rate (per 100,000)	268	173	165	-38.7%
Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	162	153	154	-5.2%
Babies with Very Low Birth Weight: Singleton Births (per 1,000 live births)	87	94	90	3.9%
Age-Adjusted Death Rate due to Diabetes	63	75	79	25.3%
Age-Adjusted Death Rate due to Drug Use (per 100,000)	44	53	63	44.1%
Age-Adjusted Death Rate due to Suicide	37	43	44	18.4%
Age-Adjusted Death Rate due to Motor Vehicle Collisions	49	44	42	-13.9%
Age-Adjusted Death Rate due to Influenza and Pneumonia	46	44	41	-10.4%
Infant Mortality Rate (per 1,000 live births)	49	48	45	-8.2%
Children with Type 2 Diabetes	40	51	39	-3.5%
Salmonella Incidence Rate (per 100,000)	36	36	38	5.0%
Age-Adjusted Death Rate due to Falls	30	33	34	13.4%
Age-Adjusted Death Rate due to Firearms	23	27	28	23.9%
Age-Adjusted Death Rate due to HIV	4	3	3	-27.3%

## 2008-13

The population base used to estimate the number of county residents affected by an indicator differs depending on the indicator. For most estimates, the calculation is based on the total number of adults residing in the county during 2011 (N=395,276). Other bases include: workforce aged 16 and older N=405,556; workers (employed aged 16+) N=267,303; children (ages 0-17 N=132,392); teens (ages 15-17 N=23,406); children in grades 7-12 (N=59,417); children in grades K-6 (N=42,556); adults over 65 (N=77,356); households (N=197,256); and live births (N=7,258).

## 2010-16

The population base used to estimate the number of county residents affected by an indicator differs depending on the indicator. For most estimates, the calculation is based on the total number of adults residing in the county during 2015 (N=407,801). Other bases include: workforce aged 16 and older N=416,312; workers (employed aged 16+) N=276,847; children (ages 0-17 N=128,733); teens (ages 14-17 N=29,057); children in grades 7-12 (N=41,217); children in grades K-6 (N=48,229); adults over 65 (N=89,680); households (N=195,330); and live births (N=7,256).

## 2011-17

The population base used to estimate the number of county residents affected by an indicator differs depending on the indicator. For most estimates, the calculation is based on the total number of adults residing in the county during 2016 (N=410,497). Other bases include: workforce aged 16 and older N=419,058; workers (employed aged 16+) N=277,416; children (ages 0-17 N=128,640); teens (ages 14-17 N=28,872); children in grades 7-12 (N=40,199); children in grades K-6 (N=48,229); adults over 65 (N=92,360); households (N=196,171); and live births (N=6,959).

Health Outcomes							
Focus Area	Measure	Description	Top performers	US overall	PA overall	PA top performers	Lancaster County
<b>Health Outcomes Rank</b>							<b>8</b>
<b>Length of Life Rank</b>							<b>10</b>
<b>Length of life (50%)</b>	Premature death	Years of potential life lost before age 75 per 100,000 population (age-adj)	5,300	6,700	6900	3900	5747
<b>Quality of Life Rank</b>							<b>15</b>
<b>Quality of life (50%)</b>	Poor or fair health	% of adults reporting fair or poor health (age-adj)	12	16	15	11	13
	Poor physical health days	Average # physically unhealthy days reported in past 30 days (age-adj)	3.0	3.7	3.9	3.0	3.5
	Poor mental health days	Average # mentally unhealthy days reported in past 30 days (age-adj)	3.1	3.8	4.3	3.5	3.9
	Low birthweight	% of live births with low birthweight (< 2500 grams)	6.0	8.0	8.2	7.0	7.0
Health Behaviors							
<b>Health Behaviors Rank</b>							<b>10</b>
<b>Tobacco use (10%)</b>	Adult smoking	% of adults who are current smokers	14	17	18	12	14
<b>Diet and exercise (10%)</b>	Adult obesity	% of adults that report a BMI of 30 or more	26	28	30	27	28
	Food environment index	Index of factors that contribute to a healthy food environment(0=worst, 10=best)	8.6	7.7	8.2	8.8	8.5
	Physical inactivity	% of adults aged 20+ reporting no leisure-time physical activity	20	23	24	21	22
	Access to exercise opportunities	% of population w/ adequate access to locations for phys activity	91	83	68	84	53
<b>Alcohol and drug use (5%)</b>	Excessive drinking	% of adults reporting binge or heavy drinking	13	18	21	21	21
	Alcohol-impaired driving deaths	% of driving deaths with alcohol involvement	13	29	30	32	31
<b>Sexual activity (5%)</b>	Sexually transmitted infections	# of newly diagnosed chlamydia cases per 100,000 population	145	479	418	200	275
	Teen births	Teen birth rate per 1,000 female population, ages 15-19	15	27	21	9	19
Clinical Care							
<b>Clinical Care Rank</b>							<b>24</b>
<b>Access to care (10%)</b>	Uninsured	% of population under age 65 without health insurance	6	11	8	5	11
	Primary care physicians	Ratio of population to primary care physicians	1030:1	1320:1	1232:1	221:1	1355:1
	Dentists	Ratio of population to dentists	1280:1	1480:1	1481:1	965:1	1807:1
	Mental health providers	Ratio of population to mental health providers	330:1	470:1	559:1	235:1	851:1
<b>Quality of care (10%)</b>	Preventable hospital stays	# hospital stays for ambulatory-care sensitive cond. per 1,000 Medicare enrollees	35	49	52	26	34
	Diabetic monitoring	% diabetic Medicare enrollees age 65-75 receive HbA1c monitor.	91	85	86	87	90
	Mammography screening	% of female Medicare enrollees ages 67-69 that receive mammography screening	71	63	65	69	69

<b>Social and Economic Environment</b>							
<b>Social &amp; Economic Factors Rank</b>						<b>9</b>	
<b>Education (10%)</b>	High school graduation	% of ninth-grade cohort that graduates in four years	95	83	85	94	90
	Some college	% of adults ages 25-44 years with some post-secondary education	72	65	64	78	55
<b>Employment (10%)</b>	Unemployment	% of population ages 16 and older unemployed but seeking work	3	5	5	4	4
<b>Income (10%)</b>	Children in poverty	% of children under age 18 in poverty	12	20	18	8	16
	Income inequality	Ratio of household income at the 80th to the 20th percentile	3.7	5.0	4.8	4.4	3.9
<b>Family and social support (5%)</b>	Children in single-parent hh	% of children that live in a household headed by single parent	20	34	34	21	24
	Social associations	Number of membership associations per 10,000 population	22	9	12	11	14
<b>Community safety (5%)</b>	Violent crime	# of reported violent crime offenses per 100,000 population	62	380	333	163	168
	Injury deaths	Number of deaths due to injury per 100,000 population	55	65	76	61	61
<b>Physical Environment</b>							
<b>Physical Environment Rank</b>							<b>64</b>
<b>Air and water quality (5%)</b>	Air pollution - particulate matter	Ave daily density of fine particulate matter in mcgs per cubic meter (PM2.5)	6.7	8.7	10.4	8.4	12.8
	Drinking water violations	Indicator of presence of health-related drinking water violations	NA	NA	NA	No	Yes
<b>Housing and transit (5%)</b>	Severe housing problems	% households w/ at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen or plumbing facilities	9	19	15	7	16
	Driving alone to work	% of the workforce that drives alone to work	72	76	76	78	79
	Long commute - driving alone	Among workers who commute in their car alone, % that commute > 30 minutes	15	35	36	20	28.9

**Social Determinants Data Tables Sources**

Data in the tables below come from the following data sources (see page 2 for full source list for every indicator used):

- Census Bureau American Community Survey (ACS) 1-year and 5-year estimates
- Pennsylvania Department of Health:
  - Bureau of Community Health Systems, Division of School Health
  - Bureau of Health Statistics and Research
  - Behavioral Risk Factor Surveillance Survey (BRFSS) (accessed via EDDIE - Enterprise Data Dissemination Informatics Exchange)
  - Pennsylvania Births (accessed via EDDIE - Enterprise Data Dissemination Informatics Exchange)
  - PA Communicable Diseases (Other than STDs) (accessed via EDDIE - Enterprise Data Dissemination Informatics Exchange)
  - PA Sexually Transmitted Diseases (STDs) (accessed via EDDIE - Enterprise Data Dissemination Informatics Exchange)
  - Pennsylvania Resident Deaths (accessed via EDDIE - Enterprise Data Dissemination Informatics Exchange)
  - Pennsylvania Resident Infant Deaths (accessed via EDDIE - Enterprise Data Dissemination Informatics Exchange)
- American Lung Association, accessed via LGH CHNA:  
<http://www.lancastergeneralhealth.org/LGH/About-Lancaster-General-Health/Community-Health-Involvement/Community-Health-Involvement/Community-Needs-Assessment.aspx>
- Annie E. Casey Foundation, accessed via LGH CHNA:  
<http://www.lancastergeneralhealth.org/LGH/About-Lancaster-General-Health/Community-Health-Involvement/Community-Health-Involvement/Community-Needs-Assessment.aspx>
- County Health Rankings, accessed via LGH CHNA:  
<http://www.lancastergeneralhealth.org/LGH/About-Lancaster-General-Health/Community-Health-Involvement/Community-Health-Involvement/Community-Needs-Assessment.aspx>
- National Cancer Institute, accessed via LGH CHNA:  
<http://www.lancastergeneralhealth.org/LGH/About-Lancaster-General-Health/Community-Health-Involvement/Community-Health-Involvement/Community-Needs-Assessment.aspx>
- National Center for Education Statistics, accessed via LGH CHNA:  
<http://www.lancastergeneralhealth.org/LGH/About-Lancaster-General-Health/Community-Health-Involvement/Community-Health-Involvement/Community-Needs-Assessment.aspx>
- Pennsylvania Department of Education , accessed via LGH CHNA:  
<http://www.lancastergeneralhealth.org/LGH/About-Lancaster-General-Health/Community-Health-Involvement/Community-Health-Involvement/Community-Needs-Assessment.aspx>
- Pennsylvania Uniform Crime Reporting System, accessed via LGH CHNA:  
<http://www.lancastergeneralhealth.org/LGH/About-Lancaster-General-Health/Community-Health-Involvement/Community-Health-Involvement/Community-Needs-Assessment.aspx>
- U.S. Department of Agriculture-Food Environment Atlas, accessed via LGH CHNA:  
<http://www.lancastergeneralhealth.org/LGH/About-Lancaster-General-Health/Community-Health-Involvement/Community-Health-Involvement/Community-Needs-Assessment.aspx>
- U.S. Environmental Protection Agency, accessed via LGH CHNA:  
<http://www.lancastergeneralhealth.org/LGH/About-Lancaster-General-Health/Community-Health-Involvement/Community-Health-Involvement/Community-Needs-Assessment.aspx>



Economic Stability		
Employment	ACS 1-Year Estimates-DP03: SELECTED ECONOMIC CHARACTERISTICS	Employment Status of Pop 16+ yrs
		Population in labor force thousands
		% of population in labor force
		Civilian labor force
		Armed forces
		% of population not in labor force
		Unemployment Rate Bureau of Labor Statistics, Annual Ave
		Employment by Industry Sector
		Farming, Forestry, Fishing
		Mining, Utilities
		Construction
		Manufacturing
		Transportation, Wholesale, Warehousing
		Retail
		Administrative and Waste Disposal
		Information
		Professional, Science, and Tech Services
		Finance, Real Estate, Management
		Health Care
		Entertainment, Food Service, Hotels
		Education private, Personal Services, Civic Orgs.
		Federal and State government
		Local government
	ACS 5-Year Estimates C24010: SEX BY OCCUPATION FOR THE CIVILIAN EMPLOYED POPULATION 16 YEARS AND OVER	Management, business, and financial occupations
		Computer, engineering, and science occupations
		Community and social service occupations
		Legal occupations
		Education, training, and library occupations
		Arts, design, entertainment, sports, and media occupations
		Healthcare practitioners and technical occupations
		Healthcare support occupations
		Protective service occupations
		Food preparation and serving related occupations
		Building and grounds cleaning and maintenance occupations
		Personal care and service occupations
		Sales and office occupations
		Farming, fishing, and forestry occupations
		Construction and extraction occupations
		Installation, maintenance, and repair occupations
		Production occupations
		Transportation occupations
		Material moving occupations

	ACS 1-Year Estimates-DP03: SELECTED ECONOMIC CHARACTERISTICS	Employment by Class of Worker Private wage and salary Government Self-employed Unpaid family workers
<b>Income</b>	ACS 1-Year Estimates-DP03: SELECTED ECONOMIC CHARACTERISTICS	Per Capita Income Median household Income
	ACS 5-Year Estimates B19081: MEAN HOUSEHOLD INCOME OF QUINTILES - Universe: Households	HH and Family Income Inflation-Adj 2016 Dollars Lowest quintile Second quintile Third quintile Fourth quintile Highest quintile
	ACS 1-Year Estimates-DP03: SELECTED ECONOMIC CHARACTERISTICS	Median household income Mean household income Median family income Mean family income
	ACS 5-Year Estimates S1903: MEDIAN INCOME IN THE PAST 12 MONTHS	Median HH Income by Race and Ethnicity Total Black Latino White Non-Latino
<b>Expenses</b>	ACS 5-Year Estimates DP04: SELECTED HOUSING CHARACTERISTICS	HHs by Occupancy-HHs spending >30% of income on owner costs HHs by Occupancy-HHs spending >30% of income on rent
<b>Support</b>	ACS 5-Year Estimates- S2201 FOOD STAMPS/Supplemental Nutrition Assistance Program (SNAP)	Households with children receiving SNAP
	ACS 5-Year Estimates DP03: SELECTED ECONOMIC CHARACTERISTICS	HHs with Supplemental Benefits in Past 12 Months HHs below poverty level HHs with supplemental security income Mean supp. security income annual, 2016 dollars HHs with cash public assistance income Mean public assist. income annual, 2016 Dollars Number of HHs with food stamp benefits Share of HHs with food stamp benefits
	ACS 5-Year Estimates- S2201 FOOD STAMPS/Supplemental Nutrition Assistance Program (SNAP)	Share of HHs receiving food stamp benefits: that are below the poverty level with one or more people 60+ yrs with children <18 yrs
<b>Poverty</b>	ACS 5-Year Estimates B17010: POVERTY STATUS IN THE PAST 12 MONTHS OF FAMILIES BY FAMILY TYPE	Poverty All families With related children under 18 years With related children under 5 years Married couple families With related children under 18 years With related children under 5 years Female-headed Households, no husband present With related children under 18 years With related children under 5 years

	ACS 5-Year Estimates S1701: POVERTY STATUS IN THE PAST 12 MONTHS	All People Under 18 years 18-64 years 65 years and over Black Latino White non-Latino
	ACS, accessed via LGH CHNA: <a href="http://www.lancastergeneralhealth.org">http://www.lancastergeneralhealth.org</a>	Children Living Below Poverty Level Families Living Below Poverty Level People 65+ Living Below Poverty Level People Living 200% Above Poverty Level People Living Below Poverty Level Young Children Living Below Poverty Level
<b>Support</b>	National Center for Education Statistics, accessed via LGH CHNA: <a href="http://www.lancastergeneralhealth.org">http://www.lancastergeneralhealth.org</a>	Students Eligible for the Free Lunch Program
<b>Neighborhood and Physical Environment</b>		
<b>Housing</b>	ACS, accessed via LGH CHNA: <a href="http://www.lancastergeneralhealth.org">http://www.lancastergeneralhealth.org</a> ACS 5-Year Estimates DP04: SELECTED HOUSING CHARACTERISTICS	Homeownership HHs by Occupancy Total housing units Percent occupied Percent vacant Total occupied housing units Percent owner-occupied Percent renter-occupied Owner-occupied units housing units with a mortgage housing units without a mortgage Median Value 2016 dollars Occupied units paying rent Median monthly rent 2016 dollars
	ACS 5-Year Estimates DP02: SELECTED SOCIAL CHARACTERISTICS IN THE UNITED STATES	Total HHs Average HH size Average family size
<b>Transportation</b>	ACS, accessed via LGH CHNA: <a href="http://www.lancastergeneralhealth.org">http://www.lancastergeneralhealth.org</a> ACS 5-Year Estimates DP03: SELECTED ECONOMIC CHARACTERISTICS	Households without a Vehicle Workers who Drive Alone to Work Workers Commuting by Public Transportation Means of Transportation to Work Drove alone Carpooled Public transportation Walked Other means Worked at home Mean travel time to work minutes
<b>Parks</b>	U.S. Department of Agriculture-Food Environment Atlas, accessed via LGH CHNA: <a href="http://www.lancastergeneralhealth.org">http://www.lancastergeneralhealth.org</a>	Recreation and Fitness Facilities
<b>Walkability</b>	ACS, accessed via LGH CHNA: <a href="http://www.lancastergeneralhealth.org">http://www.lancastergeneralhealth.org</a>	Mean Travel Time to Work Workers who Walk to Work
<b>Safety</b>	U.S. Environmental Protection Agency, accessed via LGH CHNA: <a href="http://www.lancastergeneralhealth.org">http://www.lancastergeneralhealth.org</a>	Recognized Carcinogens Released into Air PBT Released

	Pennsylvania Uniform Crime Reporting System, accessed via LGH CHNA: <a href="http://www.lancastergeneralhealth.org">http://www.lancastergeneralhealth.org</a>	Violent Crime Rate	
	PA Dept of Health, Bureau of Health Statistics and Research, accessed via LGH CHNA: <a href="http://www.lancastergeneralhealth.org">http://www.lancastergeneralhealth.org</a>	Age-Adjusted Death Rate due to Motor Vehicle Collisions	
	Annie E. Casey Foundation, accessed via LGH CHNA: <a href="http://www.lancastergeneralhealth.org">http://www.lancastergeneralhealth.org</a>	Child Abuse Rate	
	American Lung Association, accessed via LGH CHNA: <a href="http://www.lancastergeneralhealth.org">http://www.lancastergeneralhealth.org</a>	Annual Ozone Air Quality	
		Annual Particle Pollution	
<b>Education</b>			
<b>Early childhood education</b>	ACS 5-Year Estimates S1401: SCHOOL ENROLLMENT	School Enrollment	
		Nursery school, preschool	
		Kindergarten	
		Elementary school grades 1-8	
		Share of Persons Enrolled in School by Age-3 and 4 years	
		Share of Persons Enrolled in School by Age-5 to 9 years	
<b>Vocational training</b> <b>Higher education</b>	ACS 5-Year Estimates B15003: EDUCATIONAL ATTAINMENT FOR THE POPULATION 25 YEARS AND OVER	Educ Attainment of the 25+ Pop-Some college, no degree	
		People 25+ with a Bachelor's Degree or Higher	
		Educational Attainment of the 25+ Pop	
		Associate's degree	
		Bachelor's degree	
		Graduate or professional degree	
		Percent high school graduate or higher	
		Percent bachelor's degree or higher	
		ACS 5-Year Estimates S1401: SCHOOL ENROLLMENT	School Enrollment-College, undergraduate
			School Enrollment-Graduate or professional school
Share of Persons Enrolled in School by Age- to 24 years			
Share of Persons Enrolled in School by Age-25 to 34 years			
Share of Persons Enrolled in School by Age-35 years and over			
Share of men ages 18-24 enrolled in college			
		Share of women ages 18-24 enrolled in college	
<b>Education</b>	Pennsylvania Department of Education, accessed via LGH CHNA: <a href="http://www.lancastergeneralhealth.org">http://www.lancastergeneralhealth.org</a>	School Dropouts	
	National Center for Education Statistics, accessed via LGH CHNA: <a href="http://www.lancastergeneralhealth.org">http://www.lancastergeneralhealth.org</a>	Student-to-Teacher Ratio	
	ACS 5-Year Estimates B15003: EDUCATIONAL ATTAINMENT FOR THE POPULATION 25 YEARS AND OVER	Educ Attainment of 25+ Pop-Less than high school diploma	
		Educ Attainment of 25+ Pop-High school grad incl. equivalency	
<b>School enrollment</b>	ACS 5-Year Estimates S1401: SCHOOL ENROLLMENT	School Enrollment-High school grades 9-12	
		Share of Persons Enrolled in School by Age-10 to 14 years	
		Share of Persons Enrolled in School by Age-15 to 17 years	

		Share of Persons Enrolled in School by Age-18 and 19 years
<b>Food</b>		
<b>Access to healthy options</b>	U.S. Department of Agriculture-Food Environment Atlas, accessed via LGH CHNA: <a href="http://www.lancastergeneralhealth.org">http://www.lancastergeneralhealth.org</a>	Farmers Market Density
		Fast Food Restaurant Density
		Grocery Store Density
		Households without a Car and > 1 Mile from a Grocery Store
		Low-Income and >1 Mile from a Grocery Store
		SNAP Certified Stores
<b>Community and social context</b>		
<b>Social integration</b>	ACS 1-Year Estimates DP05: ACS DEMOGRAPHIC AND HOUSING ESTIMATES	Population-White
		Population-Black/African American
		Population-American Indian/Alaska Native
		Population-Asian
		Population-Native Hawaiian and Pacific Islander
		Population-Hispanic or Latino of any race
	ACS 5-Year Estimates DP02: SELECTED SOCIAL CHARACTERISTICS IN THE UNITED STATES	HHs by Occupancy-Shares of all HHs that are:
		Family HHs
		Male householder, no wife
		Female householder, no husband
		Married-couple families
		Nonfamily HHs
		householder living alone
		65 years and over, living alone
<b>Support systems</b>	ACS, accessed via LGH CHNA: <a href="http://www.lancastergeneralhealth.org">http://www.lancastergeneralhealth.org</a>	Single-Parent Households
<b>Stress</b>	PA BRFSS, accessed via LGH CHNA: <a href="http://www.lancastergeneralhealth.org">http://www.lancastergeneralhealth.org</a> County Health Rankings, accessed via LGH CHNA: <a href="http://www.lancastergeneralhealth.org">http://www.lancastergeneralhealth.org</a>	Poor Mental Health Days
		Frequent Mental Distress
		Frequent Physical Distress
<b>Population</b>	ACS- PEPANNRES Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2017	Total Population
	ACS 1-Year Estimates- S0101 AGE AND SEX	Male share of population
		Female share of population
		Ages 0-4
		Ages 5-9
		Ages 10-14
		Ages 15-19
		Ages 20-24
		Ages 25-34
		Ages 35-44
		Ages 45-54
		Ages 55-64
		Ages 65-74
		Ages 75-84
Ages 85+		
Population Under 18		
Population 65+		
Median Age		

Health care system		
<b>Health coverage</b>	ACS, accessed via LGH CHNA: <a href="http://www.lancastergeneralhealth.org">http://www.lancastergeneralhealth.org</a>	Adults with Health Insurance 18-64 years old
		Children with Health Insurance 0-17
	ACS 5-Year Estimates S2701: HEALTH INSURANCE COVERAGE STATUS	Population with health insurance coverage
		% of population with health insurance coverage
		% with private health insurance
		% with public coverage
		% of population without health insurance
		Percent Uninsured
		by Race and Ethnicity-Black
	by Race and Ethnicity-Latino	
	by Race and Ethnicity-White Non-Latino	
ACS 5-Year Estimates B27001: HEALTH INSURANCE COVERAGE STATUS BY SEX BY AGE - Universe: Civilian noninstitutionalized population	by Age Group-Under 6 years old	
	by Age Group-Ages 6-17	
	by Age Group-Ages 18-24	
	by Age Group-Ages 25-44	
	by Age Group-Ages 45-64	
	by Age Group-Ages 65 and older	
<b>Provider availability</b>	PA BRFSS, accessed via LGH CHNA: <a href="http://www.lancastergeneralhealth.org">http://www.lancastergeneralhealth.org</a>	Adults with a usual Source of Health Care
	County Health Rankings, accessed via LGH CHNA: <a href="http://www.lancastergeneralhealth.org">http://www.lancastergeneralhealth.org</a>	Primary Care Provider Rate
Health Outcomes		
<b>Mortality</b>	PA Dept of Health, EDDIE-Pennsylvania Resident Deaths: Age-Adjusted Rates per 100,000	Age-Adjusted Death Rate due to
		Breast Cancer Females
		Cancer
		Colorectal Cancer
		Lung Cancer
		Prostate Cancer
		Diabetes
		Cerebrovascular Disease Stroke
		Coronary Heart Disease
		HIV
		Influenza and Pneumonia
		Infant Mortality Rate
		Age-Adjusted Death Rate due to
		Suicide
		Falls
	Accidents - Motor Vehicle	
	Firearms	
PA BRFSS, accessed via LGH CHNA: <a href="http://www.lancastergeneralhealth.org">http://www.lancastergeneralhealth.org</a>	Unintentional Injuries	
	Drug Use	
<b>Morbidity</b>	National Cancer Institute, accessed via LGH CHNA: <a href="http://www.lancastergeneralhealth.org">http://www.lancastergeneralhealth.org</a>	All Cancer Incidence Rate
		Breast Cancer Incidence Rate
		Cervical Cancer Incidence Rate
		Colorectal Cancer Incidence Rate
		Lung and Bronchus Cancer Incidence Rate
		Oral Cavity and Pharynx Cancer Incidence Rate
		Prostate Cancer Incidence Rate
	PA Dept of Health, EDDIE- BRFSS	Adults with Diabetes
		Adults who are Obese



		Adults who are Overweight or Obese
	PA Dept of Health, Bureau of Community Health Systems, Division of School Health, accessed via LGH CHNA: <a href="http://www.lancastergeneralhealth.org">http://www.lancastergeneralhealth.org</a>	Children with Type 1 Diabetes
		Children with Type 2 Diabetes
		Children who are Obese: Grades K-6
		Children who are Overweight or Obese: Grades K-6
		Teens who are Obese: Grades 7-12
		Teens who are Overweight or Obese: Grades 7-12
		Children with Asthma
		PA Dept of Health, EDDIE- PA Communicable Diseases (Other than STDs)
		Lyme Disease Incidence Rate
	PA Dept of Health, EDDIE-PA Sexually Transmitted Diseases (STDs)	Chlamydia Incidence Rate
		Gonorrhea Incidence Rate
	PA Dept of Health, EDDIE- BRFSS	Adults who exp a heart attack, coronary heart dis, or a stroke
		Adults with Asthma
<b>Health Status</b>	PA Dept of Health, EDDIE- BRFSS	Poor Physical Health Days
		Self-Reported General Health Assessment: Poor or Fair
<b>Risky Behavior</b>	PA Dept of Health, EDDIE- BRFSS	Adults who Smoke
		Adults who Binge Drink
		Adults 65+ with pnemonia vaccine
<b>Prenatal/ Maternity</b>	PA Dept of Health, Bureau of Health Statistics and Research, accessed via LGH CHNA: <a href="http://www.lancastergeneralhealth.org">http://www.lancastergeneralhealth.org</a>	Teen Birth Rate
	PA Dept of Health, EDDIE- PA Births	Babies with Low Birth Weight
		Babies with Very Low Birth Weight
		Mothers who Breastfeed
		Mothers who did not Smoke During Pregnancy
		Mothers who Received Early Prenatal Care
		Mothers who Received No Prenatal Care

# UPMC Lititz Implementation Plan



December 2019

# **UPMC Lititz Community Health Needs Assessment Implementation Plan**

## **Executive Summary**

UPMC Lititz worked in collaboration with The Center for Opinion Research, WellSpan Health, and Penn Medicine Lancaster General Health to complete the 2019 Community Health Needs Assessment for Lancaster County. Based on the identified needs for this region, an implementation strategy was created focusing on existing actions and assessing additional opportunities to improve social determinants of health, improve access to mental health, and improve and support active living, healthy eating, and reducing obesity.

## **2019 Targeted Approach**

To appropriately address the needs of our community in Lancaster County, UPMC Lititz will continue to build on existing programs, collaborate with other community organizations, and assess new programs to fill any voids related to the outlined priorities.

This document expands on the tactics to address the social determinants of health, improve access to mental health services, and improve and support active living and healthy eating while reducing obesity.

Our systemic approach recognizes the importance of individual, interpersonal, organizational, and community factors. As a result, we are better able to identify our strategies in order to improve and assess resources, educate our patients, and continue to address the whole patient – in sickness and in health – with every encounter.

## **Introduction**

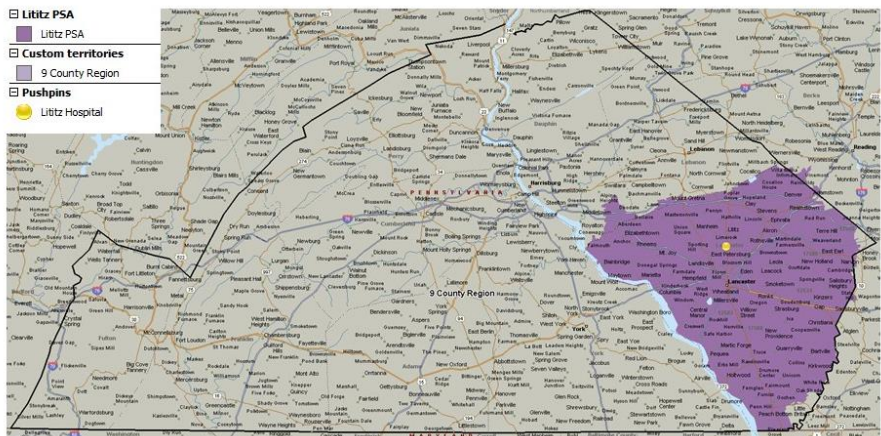
The Patient Protection and Affordable Care Act (PPACA), which went into effect on March 23, 2010, requires tax-exempt hospitals to conduct community health needs assessments (CHNA) and implementation strategies in order to improve the health and well-being of residents within the communities served by the hospital. The CHNA process was done in collaboration with WellSpan and Penn Medicine Lancaster General Health and included input from representatives who embody the broad interests of the community served by the hospital.

Data from government and social agencies provides a strong framework and a comprehensive piece to the overall CHNA. The information collected is a timely snapshot of residents' health in Lancaster County. Our focus includes transforming the way we provide health care by helping to empower all through education and engagement. As a result, UPMC Lititz is committed to the best health care for all by helping to maintain and improve the quality of life of all who reside in this region.

### Snapshot of UPMC Lititz

UPMC Lititz (formerly known as Heart of Lancaster Regional Medical Center, a for-profit entity under Community Health Systems) became a member of UPMC Pinnacle in July 2017 and at that time became a not-for-profit facility. Today, UPMC Lititz serves the community with 148 licensed beds and employs 966 people.

### Map: Area Served



### Community We Serve

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

## **Our Partners**

UPMC Lititz is proud of the relationships we have established across the community. These partnerships allow us to provide services that directly support the population we serve and collaborate with area businesses and organizations to increase awareness on all aspects of health, including our priorities outlined in this implementation plan. From June 2018 to June 2019, we participated in 304 events impacting more than 50,000 lives in Lancaster County through screenings and educational seminars regarding nutrition and obesity, disease prevention, stress management, depression and suicide prevention, bone health, general wellness, cardiovascular health, chronic illness management, and more.

The following organizations represent some of our partnerships (see Appendix 1 for the full list):

- American Heart Association
- SACA (Spanish American Civic Association)
- Silver Circle
- Lititz Spring Park
- March of Dimes
- Alzheimer’s Society
- Columbia Borough School District
- Palmyra Library
- Lancaster Barnstormers
- MS Society
- Lebanon Valley Health Services
- Lititz Rec Center
- Celebrate Columbia
- Presbyterian Senior Living
- Community Health Council of Lebanon
- Byrnes Health Education Center
- Central Penn Business Group on Health
- Brethren Village
- St Anne’s Retirement Community
- Millersville University
- Lancaster County Recovery Alliance

## **2019-2022 Community Health Regional Priorities**

### **Social Determinants of Health and Health Disparities**

Public health researchers frequently attribute persistent patterns of health disparities (i.e., gaps in access, conditions, or behaviors that are larger for some demographic groups than for others) to a set of social determinants. This suggests

that health is determined by access to social and economic opportunities that arise from the places where we learn, live, and work.

According to the Centers for Disease Control (CDC), “The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be.”<sup>1</sup> As such, the CDC has established a set of indicators that can track progress toward a goal of creating social and physical environments that promote good health for all people. Social determinants of health is a priority that is indicated in the 2018 CHNA.

### **Improving Health Outcomes**

The number of Lancaster County residents affected by specific conditions or engaging in particular behaviors offered a framework to identify those areas needing the greatest attention. Progress toward reaching Healthy People 2020 targets also provides some guidance about potential health priorities.

Lancaster County’s most concerning health metrics have shown:

- More than 275,000 adult residents are overweight or obese
- Nearly 150,000 adults reported having one or more poor mental or physical health days
- Nearly 75,000 assess their health as fair or poor
- More than 50,000 have no usual source of health care

Each of the indicators above now affect more residents than in 2015.

Additionally, research shows that:

- The fastest growing problems in the county are related to both obesity and mental health
- National goals for having a usual source of health care and for having health insurance have not been met
- Leading health indicators related to nutrition, physical activity, and obesity, which include obesity rates for adults and adolescents, have not been met

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<sup>1</sup>A complete description of the Social Determinants of Health model and objectives can be found on the Healthy People 2020 website.



- Rates of infant mortality exceed Healthy People targets
- Death rates for suicide and unintentional injuries exceed Healthy People targets

Our three areas of focus are prioritized below.

### **Priority 1: Social Determinants of Health**

- Assess viability of creating partnerships with community organizations to address family-sustaining incomes by creating a pipeline for a health care workforce development initiative
  - Anticipated Impact: Collaboration between partners to address gaps in services. Once gaps are identified, identify resources to address those gaps moving forward.

According to Healthy People 2020, social determinates of health are conditions in the environments in which people are born, live, learn, work, and play. Social determinates of health have a significant impact on health outcomes. Some examples of social determinates of health include: access to safe and affordable housing, quality education and employment opportunities, and public safety. All of these factors enhance quality of life and play a strong role in ensuring a healthy population.

In focus groups and surveys, the communities brought up employment opportunities as the social determinant most affecting their health. Like many communities, Lancaster County has seen dwindling opportunities as manufacturing and other industry moves out or shuts down. Multiple groups reported that an inability to focus on health was the result of the salaries offered by retail or other jobs still available. To that end, both UPMC Lititz and our partners have committed to creating a pipeline for the local community to answer the social determinant need, as well as the workforce development need.

### **Strategy 1: Pick three to five organizations to evaluate their needs and define whether meeting these needs is a viable option for UPMC Lititz**

For UPMC Lititz, meeting this need will be done by finding partnerships and nurturing relationships with community organizations already invested in workforce development. That will be accomplished by the following actions:

- Increase local understanding of what is available in the community
  - Lancaster County benefits from a wide array of organizations working on improving the pipeline to family-sustaining incomes. UPMC Lititz will work with hiring leaders, for example, to reach out to vocational schools that already have programs designed to introduce students to health care professions.
  - When partnerships are considered, UPMC Lititz is committed to seeking out all possible partners and making a fair, equitable, and honest choice.
- Find where our abilities meet the community need
  - As good stewards of our resources, UPMC Lititz will focus workforce development efforts in areas where we can build upon existing strengths. We will strive to connect those with the expertise in our health system to areas where they are most needed.

**Strategy 2: Developing relationships with families/individuals to educate them on "other career" options within health care**

While some health care fields are known and respected, like those of a clinician, a growing number of other health care careers have a large gap in how many applicants there are to fill open positions. In an effort to help close those gaps, UPMC Lititz will work on creating a pipeline through education to lesser known careers such as laboratory services and imaging services. This will be assisted through the following actions:

- Increase the number of ancillary health leaders speaking at the four area high schools
  - Putting our leaders in front of students is a great way to expose the students to opportunities they may not have considered in the past.
- Attend health fairs with the goal of recruiting for these open positions
  - Using our existing community connections at health fairs, UPMC Lititz will equip our community educators with the knowledge they need to promote professional opportunities to a new audience.

### **Strategy 3: Allow young professionals to gain hands-on experience within the UPMC Lititz system**

UPMC Lititz is also committed to exposing young people to opportunities in health care that do not require as much schooling and fill the immediate need for jobs. This will be accomplished by the following actions:

- Place applicants from Employment Skills Center into our administrative clinical assistants (ACA) training program
  - In the next three years, UPMC Lititz will put eight Lancaster region applicants through the active training program for Administrative Clinical Assistants (ACA) in our ambulatory offices.
- Provide students with internship and externship opportunities
  - UPMC Lititz will work with the UPMC Pinnacle internship coordinator to increase the number of interns in (and from) the Lancaster County area.

### **Priority 2: Access to Behavioral Health**

- Assess current mental health services
  - Anticipated Impact: Assessment will guide efforts to identify and address gaps in services, with future expectations to fulfill those gaps.

Mental health is an important part of overall health and well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.<sup>2</sup>

The Centers for Disease Control and Prevention estimates that 50 percent of all Americans are diagnosed with a mental illness or disorder at some point in their lifetime. It is important to monitor mental illness as it is associated with increased occurrence of chronic diseases such as cardiovascular disease, diabetes, obesity, asthma, epilepsy, and cancer. Mental illness is also associated with lower use of

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<sup>2</sup> Centers for Disease Control and Prevention: [www.cdc.gov/mentalhealth/index.htm](http://www.cdc.gov/mentalhealth/index.htm)

medical care, reduced adherence to treatment therapies for chronic diseases, and higher risks of adverse health outcomes.

**Strategy 1: Raise awareness of not just organizations but specific services offered and the process to receive those services**

UPMC Lititz understands that there is a lack of behavioral health care services, and that the few players that exist in our region are not well-known. The first strategy will, for that reason, be around expanding the understanding of resources currently available.

- Evaluate existing tools around which resources are available (i.e., NavWell program)
  - There is exciting work being done to connect providers with behavioral health systems, including a pilot of the NavWell program. UPMC Lititz will start rolling out NavWell and will track how many providers utilize this resource. It will also help define which needs are most frequently expressed.

**Strategy 2: Provide services through electronic means such as access to psychiatrists through telehealth**

- Evaluate tele-psych pilot going hospital-wide in the first three months of 2020
  - Where there are true gaps in services, UPMC Lititz will fill them with technology. UPMC Lititz will track how often the telehealth psychiatry program is used, and by which patients. This will allow us to quantify the need and advocate for improvements and expansion of the pilot, as needed.

**Strategy 3: Strengthen partnerships with regional organizations that provide behavioral health services**

- Build relationship with providers who could come to UPMC Lititz from their Harrisburg practice
  - The UPMC Pinnacle system benefits from OB/Gyns who have focused their care on the behavioral health needs of pregnant women and

new mothers. These services are currently offered in the Harrisburg region, and could be extended to Lancaster County. UPMC Lititz will track how many referrals and patient visits we are able to create with this collaboration.

- Evaluate services offered by faith-based clinic
  - There is a new opportunity to partner with Marriage and Family Centers, a service provided by students of the local seminary. This would be a different option than traditional behavioral health, and UPMC Lititz will track how many patients access those services and whether it provides benefits.
- Increase the behavioral health skills of home-birth midwives who work with the Plain community
  - UPMC Lititz already enjoys a strong relationship with the midwives who are trusted partners of the Plain community, so they can speak to the women about behavioral health needs in ways few health care providers can. UPMC Lititz will train these midwives in how to link this community to mental health services. Once the midwives are prepared, UPMC Lititz will track the needs identified as well as referrals made for this community.

#### **Strategy #4: Expansion of Behavioral Health Care Management in primary care**

UPMC Lititz currently has a Behavioral Health Care Manager in the resident clinic, which allows for collaboration between primary care and behavioral health care. This is an exciting new model that could increase utilization of behavioral health and allow our primary care centers to address more patient needs. The actions that will follow this strategy are:

- Utilize Behavioral Health Care Managers (BHCM) in practices
  - The BHCM works with residents as well as patients, and can see patients as a therapist or a case manager. This combined role is a new and helpful resource in the resident clinic that will be measured by how many referrals are brought in to the BHCM and how many they send out.
- Expand program to other practices

If the BHCM model shows promising results, there are many other primary care practices that could benefit from having a resource such as this. UPMC Lititz will measure interest in the model as well as other positions as they are created.

### **Priority 3: Physical Activities**

- Assess current healthy living activities and determine gaps in services for disenfranchised populations by identifying food deserts and food insecurities due to lack of resources and transportation
  - Anticipated Impact: Assessment will guide efforts to address gaps in services.

Without a sustainable healthy diet and daily exercise, the fight against obesity, and chronic illness and disease is an uphill battle. Poverty, as well as a lack in parks and recreational trails, contributes to a decline in one's health as there is a direct correlation between economic standing and health status. Even if a patient knows which healthy food they should be eating, if a grocery store that can provide that food is miles away, a patient may not be able to make the right choices. According to the Reinvestment Fund, there are two Limited Supermarket Access regions in Lancaster County<sup>3</sup>, including most of the city of Lancaster, where a large portion of UPMC Lititz's patient population resides.

#### **Strategy #1: Evaluate resources for primary care providers to provide referrals for proper nutrition and physical activity needs in three populations (seniors, diabetics and pre-natal) and define connections to community resources**

We are working to promote a healthier environment for all in this region designed to support healthy eating by identifying which populations are currently underserved. This strategy will be supported by the following actions:

- Evaluate Aunt Bertha rollout
  - With the adoption of the online, community resource guide called Aunt Bertha, UPMC Lititz will pull together what is already available, and address proper nutrition for these specific populations
  - Once the resource is available, UPMC Lititz will track provider education, including how many providers use Aunt Bertha, and how

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<sup>3</sup> <https://www.reinvestment.com/policy-solutions/limited-supermarket-access/>



many patients are given resources or referrals that come from that system.

### **Strategy #2: Create awareness among UPMC Lititz-system providers of food insecurity and how it can manifest in patients**

Our staff must be educated about food insecurity (defined as lack of consistent access to enough food for a healthy and active life<sup>4</sup>). If providers do not consider that a lack of healthy food could be exacerbating of symptoms, this need will go unanswered. This education will be furthered by the following actions:

- Provide education for providers around food insecurity, and how to screen and refer patients
  - A resource on food insecurity is available to providers via Epic (our electronic health record system), so this will focus on increasing their knowledge and utilization of it. UPMC Lititz will track how many providers have accessed the resource and how often food insecurity is mentioned in the medical records.
- Build a resource of symptoms that could be triggered by food insecurity
  - UPMC Lititz will explore bringing food insecurity to a provider's attention as part of an assisted diagnosis piece in our Epic system. Many symptoms are exacerbated by food insecurity, and this would help providers to consider this social determinant as well as medical causes.

### **Strategy #3: Evaluate capacity of community agencies providing physical activity and nutrition support, and match health system resources with community health need**

Lancaster County has many organizations that make it their mission to get the population active and healthy, and UPMC Lititz's goal will be furthered by working with them. This strategy will focus on working with current partners and evaluating new partnerships that could marry resources already available with needs the providers are seeing. The actions that we will take include:

- Evaluate use of community resources

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<sup>4</sup> <https://hungerandhealth.feedingamerica.org/understand-food-insecurity/>

- Tracking the use of community resources through a system like Aunt Bertha will allow UPMC Lititz to identify their most important partners and work with them more closely.
- This will be accomplished through the rollout of Aunt Bertha and the tracking metrics that the system provides.

## **Methodology:**

A Community Health Needs Assessment (CHNA) is defined by the Center for Disease Control and Prevention (CDC) (2018) as identifying key health needs and issues through systemic, comprehensive data collection and analysis.

Within the development of the 2018 CHNA UPMC Lititz report, several resources were used and given consideration to identify significant issues within the community.

Penn Medicine Lancaster General Health, in collaboration with UPMC Lititz, conducted a survey of community members at selected public events during the summer of 2018 to gather input about perceived community health needs and barriers to good health. Penn Medicine Lancaster General Health collected a total of 258 survey responses from members of the Coalition to End Homelessness and Lighten Up Lancaster County coalition, staff from Community Action Partnership and Healthy Beginnings Plus, the Lancaster County Office of Aging, and community members who took the survey online or at Lancaster County's Pride Day celebration.

The goal of the survey was to sample input from selected locations, organizations, and coalitions and to gather feedback from traditionally marginalized communities, including people of color, people of Hispanic/Latino ethnicity, and individuals who identify as gay, lesbian, bisexual, and/or transgender. The survey is not representative of the community as a whole. Most community survey respondents were white (85 percent), female (73 percent), and held a bachelor's (38 percent) or postgraduate (32 percent) degree. Two percent of respondents identified as transgender and one in seven identified as gay or lesbian (6 percent) or as bisexual (6 percent).

Community survey respondents were most likely to believe that affordable housing (54 percent), jobs with livable wages (42 percent), and access to healthy

food (38 percent) were the most important characteristics of a healthy, stable community. Community respondents are also most likely to rate a lack of affordable housing (51 percent) as the most important challenge facing the community. Absence of economic opportunity (8 percent) and access to healthy food (8 percent) were rated as far lesser challenges at the moment. Instead, drug and alcohol abuse (38 percent), access to mental health services (32 percent), and homelessness (27 percent) were rated as the community's most important challenges. In fact, community survey respondents consider drug abuse (65 percent) as the most important lifestyle factor currently affecting community health. Lifestyle factors including being overweight (41 percent) and having a poor diet (40 percent) were a distant second and third.

## Stakeholder Forum

UPMC Lititz, Penn Medicine Lancaster General Health, and WellSpan Health jointly hosted a community stakeholder forum on Dec. 17, 2018.<sup>5</sup> The three primary goals of the forum were to: (1) explain the CHNA process and the role of community stakeholders; (2) present the analytic framework and preliminary community health data included in this summary; and (3) gather input from community stakeholders, particularly those with public health expertise and individuals and organizations serving medically underserved, low-income, and minority populations in Lancaster County, about community health needs and community resources. After a brief presentation of community health data, including demographics, social determinants such as education and income, health behaviors, and health outcomes, attendees answered two specific questions:

- What are the most important health needs in our community?

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<sup>5</sup>A total of 99 individuals attended the community forum and provided input. The participants represented diverse sectors, including healthcare, social services, education, public health, economic and community development, government, housing, food access, philanthropy, early child development, higher education, aging and disability services, and others. In Lancaster County, there has been a movement to concentrate social services in "hubs" throughout the county. Each hub works closely with members of their community to identify community needs and develop community resources to meet those needs. Several hubs were represented at the stakeholder forum and provided valuable feedback on the variety of needs facing different geographic regions of Lancaster County. In addition, there were many participants who work closely with low-income and underserved community members, including social workers, counselors, community organizers, and case managers. We also ensured that our definition of health extended beyond physical health, with representation from behavioral health and mental health providers and advocacy organizations.

- Which health needs have feasible community solutions?<sup>6</sup>

Table 1 shows the community health needs identified by 10 or more of those attending the forum as the most important priorities in Lancaster. Participants were encouraged to reflect on the needs that have had the most negative impact on their clients, family, and social networks.

**Table 1.** *Community Perceptions of Health Needs by Importance*

Health Needs	Total mentions
Mental health and access to mental health care	42
Access to health care and health insurance	39
Affordable healthy housing	25
Drug and alcohol use and access to treatment	25
Nutrition education/access to healthy food/food security	25
Obesity/overweight	20
Transportation	18
Violence/sexual assault/abuse/trauma and adverse childhood experiences (ACEs)	17
Quality jobs/wages/income/poverty	14
System navigation/case management/complex needs	12
Physical activity/physical literacy/access to exercise opportunities	10

The stakeholders offered feasible solutions for all of the health needs identified above and noted many community resources available in Lancaster to address them. Capturing this sentiment, one stakeholder wrote, "All can be addressed

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<sup>6</sup>For each question, participants recorded individual answers on a worksheet then had two minutes to discuss the question with a partner and four additional minutes to discuss their answers with a group of four. Next, several groups shared their ideas with the full group. Throughout the discussion, participants were encouraged to record additional ideas on their worksheets. After discussing both questions, groups of six to eight participants ranked the health needs they had identified on a two-dimensional scatterplot, with community impact on the y-axis and potential for community change on the x-axis. All individual worksheets and the group scatterplots were collected and compiled to include in this report.

with appropriate connections and partners working together toward common goals." The stakeholders identified many community resources available to meet these goals and desires.

Many stakeholders mentioned the strength of our community coalitions, including Let's Talk Lancaster (mental health), Lighten Up Lancaster County (obesity, physical activity, nutrition), Hunger-Free Lancaster County (food security), the Coalition to End Homelessness, the Coalition to Combat Poverty, Joining Forces (opioid use), and LiveWell Lancaster (general health). Others identified individual community organizations (such as the Boys and Girls Club, COBYS, Lancaster Family YMCA, and Community Action Partnership) and local health care systems as community resources. Schools and school staff, housing communities, faith-based organizations, businesses, and media were also identified as potential resources. Finally, many stakeholders recognized that Lancaster County's community hubs are essential community resources.

**Figure 1.** Community Perceptions of Health Needs by Impact and Potential for Change

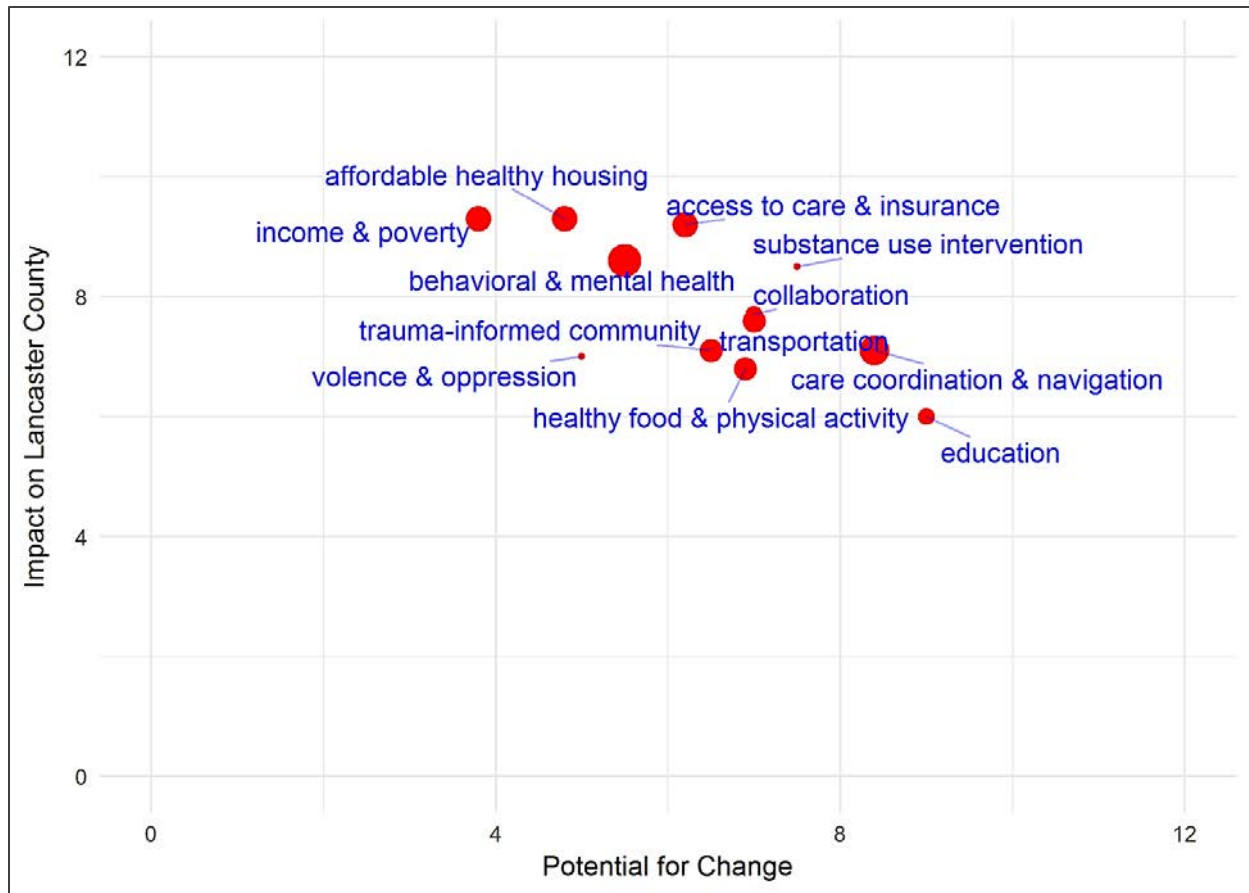


Figure 1 shows the compiled scatterplots that the groups created to rate community health needs according to their community impact and potential for change. The points on Figure 1 reflect the number of groups who included the health need on their plot, so larger dots indicate that more groups chose to rate the need. All of the top needs in Table 1 are reflected in Figure 1 with impact scores above six. Several groups ranked income and poverty, affordable and healthy housing, access to care and insurance, and behavioral/mental health at the top of the impact scale. The issues identified by several groups with the greatest potential for change were care coordination/navigation, substance use intervention, healthy eating and physical activity, and transportation.

## References:

### Appendix 1: Full List of Partners

- American Heart Association
- American Cancer Society
- SACA (Spanish American Civic Association)
- Silver Circle
- Lititz Spring Park
- March of Dimes
- Alzheimer's Society
- Catholic Charities
- Columbia Borough School District
- Lancaster City School District
- Palmyra Library
- Lancaster Barnstormers
- MS Society
- Lebanon Valley Health Services
- Office of the Mayor of Lancaster
- Lititz Rec Center
- Celebrate Columbia
- Presbyterian Senior Living
- Community Health Council of Lebanon
- Byrnes Health Education Center
- Central Penn Business Group on Health
- Brethren Village
- St Anne's Retirement Community
- Millersville University
- Lancaster County Recovery Alliance
- YMCA of Lancaster
- YWCA of Lancaster
- Community First Fund