

# HEALTHY *lives*
# HEALTHY *lancaster*

*A study of the health and wellbeing of Lancaster City residents*

SUMMARY REPORT

CITY OF LANCASTER

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# WELCOME FROM MAYOR DANENE SORACE

Health outcomes shape life outcomes. Our neighbors' overall health and well-being directly influence the course of their lives — especially for our children. The Healthy Lives, Healthy Lancaster assessment is the first city-specific health assessment of its kind in Lancaster. It provides a detailed look at the health and well-being of our residents, offering the City of Lancaster and its partners a clearer understanding of the challenges and disparities our communities face.

Through this collaborative effort, one fact is certain: where you live in Lancaster correlates with your health. There is no single factor defining the health of a neighborhood; instead, the inequities in this report reflect multiple conditions impacting our most underserved areas. From access to fresh food and quality, affordable housing to addressing elevated blood lead levels in children and increasing recreation options, the City is committed to understanding these disparities and working to ensure health equity on every block — and we can't do it alone.

This report serves as a valuable resource for all healthcare providers, nonprofits, and social service agencies operating in Lancaster. The data collected must be put into action to serve our residents better and close the health gaps across neighborhoods.

In recent years, the City of Lancaster has made meaningful strides in promoting public health. We remediated lead paint hazards in over 500 housing units. We invested in affordable housing and promoted quality, safe housing like never before. We launched Vision Zero, a traffic and pedestrian safety initiative to make our streets safer for all modes of transportation. And we went all-in responding to the COVID-19 pandemic – notably starting Lancaster County's first contact-tracing effort. Promoting lead-safe homes, Vision Zero, and quality, affordable housing remain focal points. And we're ready to lean into new efforts like expanding the City's climate resiliency and increasing public health emergency preparedness.

As we release this assessment, I'm eager to see the work ahead. Initiatives like Healthy Lives, Healthy Lancaster, alongside the Our Future Lancaster comprehensive plan, equip leaders across sectors with the insight needed to build a stronger, more equitable Lancaster block by block.

Use this report, share it, and act on it. Let's get to work.

**Danene Sorace**
Mayor,
City of Lancaster

# WELCOME FROM DR. WILLIAM FIFE

I am thankful to Lancaster City and all of the participants in creating the first study of health and well-being of Lancaster City residents, “The Healthy Lives, Healthy Lancaster (HLHL) Report.” More than 2000 people and over 50 local organizations contributed to this report with the goal of creating a more equitable, healthy Lancaster where all residents can benefit from the resources available here. The HLHL report makes note that social factors and the environment play an important role in determining community health. Using population data, questionnaires, and many personal interviews, the HLHL report is a snapshot of health variations that exist in the many small communities within the City. The community partners of the HLHL built on existing studies that focused on our economy, planning and development, pedestrian safety, tourism, childcare, and education. The authors of this report sought to demonstrate how all of these community dimensions directly impact our health and wellbeing.

This report should serve as a foundational lens from which both governmental and non-governmental organizations can work to coordinate community outreach and improve the health of our City. Specifically, it highlights areas which should be priorities for resource allocation. In terms of food, the authors conclude that food systems providing accessible, affordable, safe, and healthy foods must be available. To address housing insecurity, the authors recommend that we facilitate abundant, affordable, safe, and healthy housing. To avoid preventable water borne illnesses, we should provide clean, safe drinking water in community and residential settings and strengthen public sanitation practices that provide for clean, safe, welcoming community spaces. To promote active living and social cohesion, we should continue to create vibrant parks, accessible recreation opportunities, and safe, active transportation options like walking and bicycling. To improve access to services, for long-term residents as well as those who are newly emigrated and/or refugees, we should foster language access and provide services in a way that promotes cultural awareness & dignity for everyone. To coordinate health and social service deployment, we should support the development of a service hub to help people navigate toward and access the services they need. To foster physical and mental well-being, we should promote wellness and recreational programming for youth, families, and older adults. We should continue to improve systems for mental health, behavioral health, and substance abuse prevention and treatment. We should ensure that the basic needs for those without stable permanent housing are met including food, water, shelter, and hygiene amenities and continue to expand innovative healthcare for them. We should increase harm reduction efforts focused on decreasing drug overdose and disease transmission. A public health emergency preparedness plan will help ready us for emerging threats like future communicable disease outbreaks, and could include protocols to protect vulnerable populations, to share information and communicate with stakeholders and the public, as well as how to promote resilience through education and training. Along those same lines, we need to be ready for climate-induced health problems; for example, we can strengthen vector surveillance and control, implement home energy efficiency, preserve natural environments and facilitate and maintain resilient infrastructure.

The authors of this HLHL report have comprehensively evaluated the health of our City and hope to strengthen ongoing efforts in our City as well as propose several new initiatives. I encourage all Lancaster City residents to read the report and engage in its recommendations where they meet their interests and skill. As President of the Lancaster City Board of Health, I look forward to using this report and working alongside all of our residents creating a healthier community where Lancastrians can thrive.

**Dr. William Fife**
Chair
City of Lancaster Board of Health

# STUDY PURPOSE

Healthy Lives, Healthy Lancaster (HLHL) is both a study of the health and wellbeing of Lancaster City residents and an ongoing initiative of the City of Lancaster to create a more equitable community. The City of Lancaster spearheaded the yearlong HLHL study to better understand and document community health needs in the wake of the COVID-19 pandemic and use data to determine priorities to advance health and wellbeing.

HLHL is our first study focused exclusively on the health of Lancaster City residents. Using primary and secondary data collection methods, we collected a vast amount of data to document our health status as a community and show how Lancaster City residents, resources, and challenges are the same and different from those of Lancaster County.

Augmenting other studies that focused on our economy, planning and development, pedestrian safety, tourism, childcare, and education, the HLHL study sought to demonstrate how all of these community dimensions directly impact our health and wellbeing.

***The goal of Healthy Lives Healthy Lancaster is to create a more equitable, healthy Lancaster where all residents can benefit from the vast resources available in the community and thrive.***

### HLHL Study Objectives

- Compile a comprehensive profile of the factors that impact health and wellbeing in Lancaster City
- Document trends in health status prior to and following the COVID-19 pandemic
- Determine existing community resources and capacity
- Understand service delivery gaps and barriers to accessing available community services
- Examine and document disparities experienced by populations and neighborhoods
- Engage Lancaster City residents and stakeholders in the study process and data collection
- Develop a community resource to monitor the progress of community health initiatives

***Advancing health equity will require collaboration and networking with the vast community-based organizations in the City of Lancaster and the people they serve.***

# HOW WE WILL USE THIS DATA TO IMPROVE OUR COMMUNITY

The results of the HLHL study helped us determine priorities and strategies to improve health and wellbeing in Lancaster City and promote health equity for all residents.

Responding to the study findings and sharing data with other community-based organizations, the City of Lancaster aims to ensure that all residents benefit from our local resources, robust social service network, and the high quality healthcare available in our community to help residents live their healthiest lives. An overview of our planned strategies is included in this report.



Use data to inform decision-making for community services and programs



Share data and reporting with community-based organizations to inform their planning and services



Create a data dashboard to monitor health indicators and measure progress of initiatives.



Develop neighborhood strategies with the residents who live there



Encourage collaboration among community entities to address challenges



Increase access to community resources

# ACKNOWLEDGEMENTS

A cross-section of City of Lancaster departments led the Healthy Lives Healthy Lancaster study with input and oversight from an advisory committee of community representatives.

## City of Lancaster Leadership

**Chris Delfs**, Director, Department of Community Planning and Economic Development
**Rebecca Geiser**, Deputy Director, Health, Housing and Community Development
**Craig Walt**, Bureau Chief of Health
**Milzy Carrasco**, Director, Department of Neighborhood Engagement
**Isabel Wong**, Health Officer
**Juan Montes**, Health Officer
**Brooke Wagner**, Health Officer
**Gabrielle Buzgo**, Fund Development Specialist
**Joshua Beltre**, Engagement Specialist
**Kim Wissler**, Bureau Chief of Health*
**Brynn McGowan**, Community Development Administrator*

## HLHL Advisory Committee

**Aiza Ashraf**, United Way*
**Carli Bechtold**, LEMSA
**Timothy Burchett,** Lancaster City Housing Authority*
**Heather Dighe**, Lancaster Rec
**William Fife, MD**, Penn Medicine LGH
**Jennifer Gehman**, Tenfold
**Lindsay Gregg**, School District of Lancaster
**Ariana Hernandez**, Resident at large
**Evan Kleinhaus**, YMCA of the Roses
**Erica Lehman**, Union Community Care
**Sally Winchell**, Bright Side Opportunities Center
**Raeanna Metzger**, YWCA Lancaster
**Jessica Oehme**, Union Community Care*
**Dr. Harriet Okatch**, Franklin & Marshall*
**Reinaldo Rivera**, SACA Tec Centro
**Julie Rhoads**, Community Action Partnership
**Sam Sweigert**, Boys and Girls Club

** Position at time of study*

## Research Partner

The City of Lancaster contracted with Build Community to conduct the HLHL study. Build Community is a Lancaster-based woman-owned business that specializes in conducting stakeholder research to illuminate disparities and underlying inequities and transform data into practical and impactful strategies to advance health and social equity. An interdisciplinary team of researchers and planners, Build Community has worked with hundreds of health and human service providers and their partners to reimagine policies and achieve measurable impact. Learn more about their work at buildcommunity.com.

# COMMUNITY PARTNERS

An advisory committee of representatives from diverse community agencies provided expertise and oversaw the study. Additionally, we partnered with more than 50 community-based organizations in Lancaster City to invite community-wide participation in the HLHL study.

Community engagement was central to the HLHL study. More than 2,000 Lancaster City residents and stakeholders shared their insights and lived experiences by participating in community events, surveys, focus groups, interviews, community forums, the Engage Lancaster platform, and the HLHL website at healthylancaster.org.

*Below is a list of community-based organizations, groups, and representatives that participated in HLHL planning and research.*

Alpha y Omega
Arch Street Center
Bay Street Community Garden
Boys & Girls Club of Lancaster*
Bright Side Opportunities Center*
Chestnut Housing
Church World Service
City of Lancaster
Community Action Partnership of Lancaster County*
Compass Mark
Crispus Attucks
Discerning Eye Community Agriculture
Domestic Violence Services of Lancaster
Ebenezer Baptist Church
FWA consulting*
Girls on the Run
Islamic Center of Lancaster
IU-13
Lancaster Chamber of Commerce
Lancaster City Alliance
Lancaster City Housing Authority*
Lancaster Central Market
Lancaster County
Lancaster County Behavioral Health and Developmental Services
Lancaster County Food Hub
Lancaster County Redevelopment Authority
Lancaster County Reentry Coalition
Lancaster Downtown Investment District
Lancaster Downtowners
Lancaster EMS*
Lancaster LGBTQ+ Coalition*
Lancaster Mennonite Church
Lancaster Ministerium
Lancaster Public Library
Lancaster Recreation Commission*
Landis Homes
Mental Health America of Lancaster County
Penn Medicine Lancaster General Health*
PA Representative Mike Sturla
Planned Parenthood Keystone*
Power Packs Project
Project Blueprint
School District of Lancaster*
Saint James Episcopal Church
Spanish American Civic Association for Equality*
Spanish Ministerium
Tec Centro*
Tenfold*
The Common Wheel
The Mix
Touchstone Foundation
Union Community Care*
United Way of Lancaster County*
UPMC - Lititz
Water Street Mission
YMCA of The Roses*
YWCA Lancaster*
**Member of HLHL Advisory Committee*

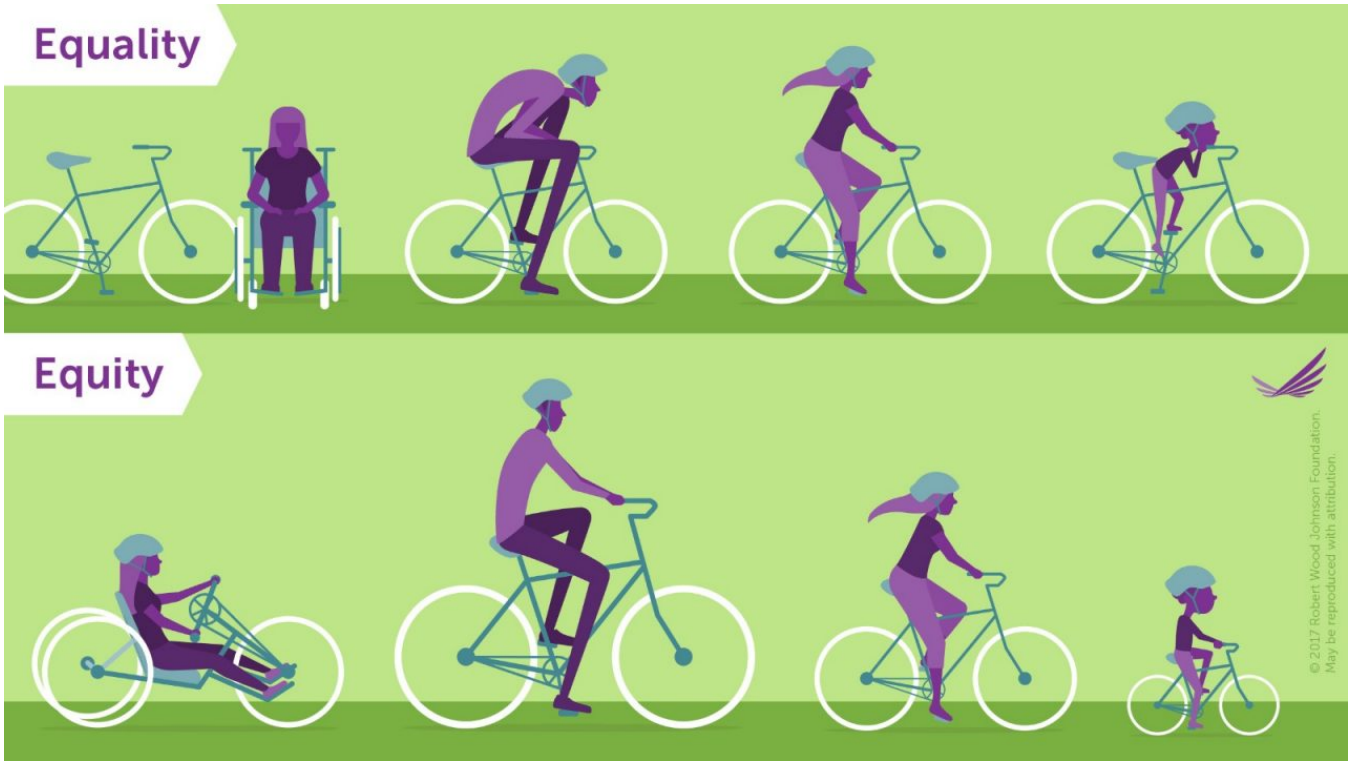
# ADVANCING HEALTH EQUITY

The HLHL study and initiative was aimed at advancing health equity to provide fair and just opportunity for all people regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, preferred language, geography, or other differences.

**Our goal is to create an equitable Lancaster City where everyone has what they need to achieve optimal health and wellbeing.**

Health Equity means everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes.

***Heath equity is ensuring all people have the resources and care they need to achieve good health and wellbeing.***



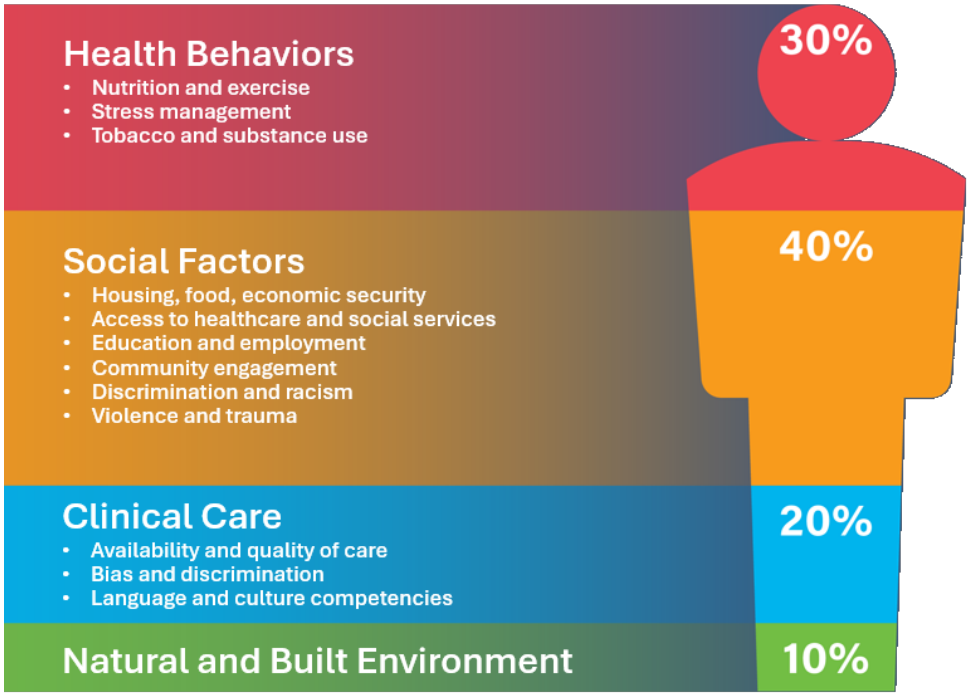

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# SOCIAL DRIVERS OF HEALTH

***Social Drivers of Health are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.***

The HLHL study was conducted to provide deeper insights into the differences in health and wellbeing experienced between groups of people in Lancaster City. We used the Social Drivers of Health (SDoH) framework to study and document income and poverty; housing and food security; early learning and education; social factors; and the environment and built community. We analyzed data across these five domains of SDoH to identify strengths and challenges in our community that impact our health and wellbeing.




***50% of a person's health is determined by social factors and their environment. Only 20% of health outcomes are attributed to clinical care.***

# RESEARCH METHODS

## 2,000+ Data Points

**Analysis of Health and Socioeconomic Data**
We collected and analyzed public health statistics, demographic and social measures, housing and economic data, service delivery records, and other data to develop a comprehensive community profile of Lancaster City and its residents.

## 1,000+ Individuals

**Conversations with Community Residents**
We held discussion groups, community meetings, and attended community events to talk with residents in neighborhoods across Lancaster City about what they saw as priority health needs and how those issues impact their day-to-day lives.

## 100+ Organizations

**Partnership with Community Organizations**
We partnered with a wide range of community agencies including healthcare, social services, faith communities, racial and ethnic communities, refugee and immigrant services, education, housing and homelessness, food distribution, employers, emergency response, and others to benefit from local expertise, gain support to encourage participation, and ensure the study encompassed wide perspectives from our diverse community.

## 1,100 Residents

**Community Survey**
A survey available in English, Spanish, Arabic, Nepali, and Swahili was circulated for nearly six months with the help of over100 community entities. Available online, in print, or proctored in-person, the survey was used to collect input from residents about their experiences in receiving and accessing services, how they were impacted by COVID-19, and their perspectives on how we can improve health and wellbeing in Lancaster.

## 200 Stakeholders

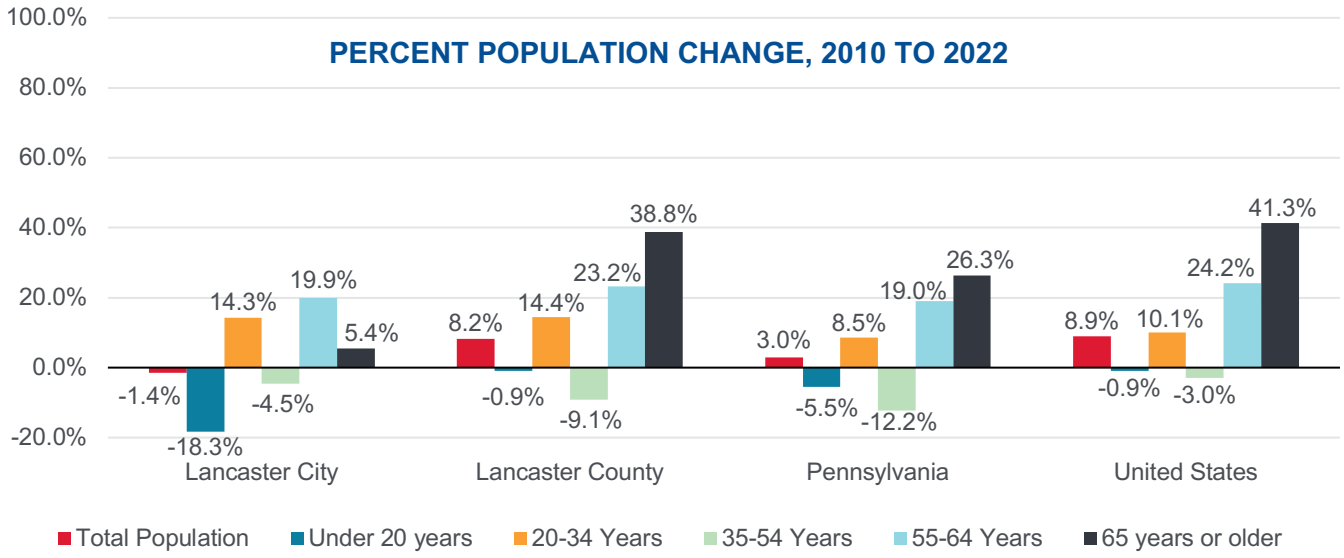
**Input from Experts and Key Stakeholders**
Conversations and interviews were held with health and human services experts, community leaders, and other influencers to collect input on factors that most impact health of residents, determine community resources and capacity, understand barriers to accessing and receiving services, the impact of COVID-19 on our community, and recommendations on how the City can better collaborate with community organizations to advance health equity.

# OUR COMMUNITY AND RESIDENTS

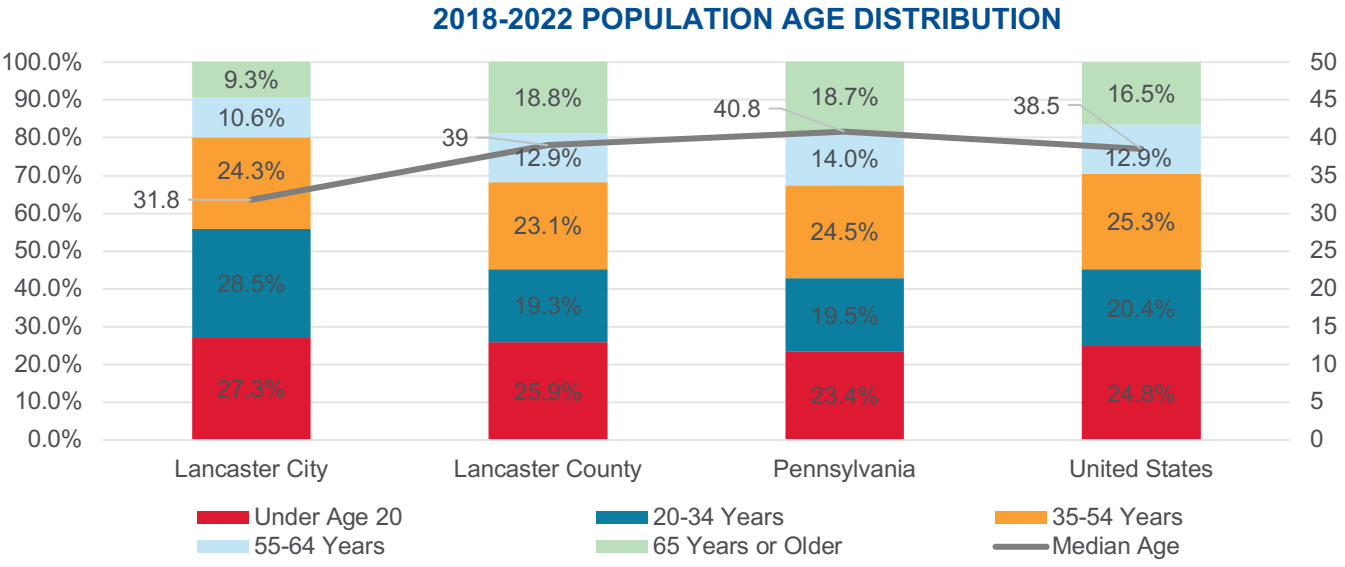
Nearly 60,000 people call Lancaster City home. Lancaster City population decreased slightly (-1.4%) from 2010 to 2022 compared to countywide growth of +8.2%. Residents under age 20 made up the largest decline (-18.3%) followed by residents ages 35-54 (-4.5%). Comments from stakeholder interviews noted that rising costs and limited housing options in the city significantly impacted families with children, which may explain an out-migration of families. In line with the county, the population of younger adults ages 20-34 increased by 14.3%.

**TOTAL POPULATION**

| | 2010 | 2022 |
|---|---|---|
| **Lancaster City** | **58,819** | **57,970** |
| **Lancaster County** | **511,250** | **553,202** |



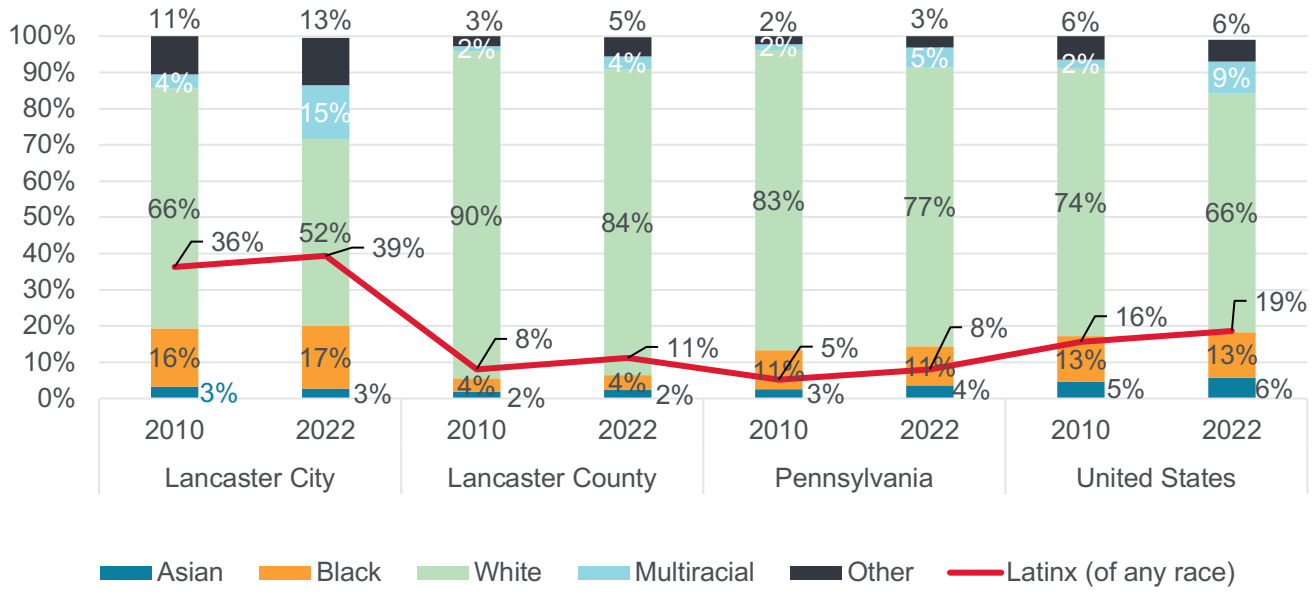

***Lancaster City has a younger population compared to the county, state, and nation.***



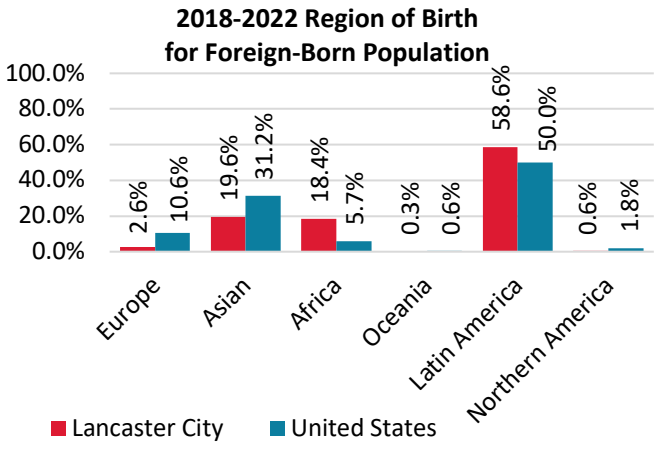
## LANCASTER CITY POPULATION BY RACE AND ETHNICITY 2018-2022

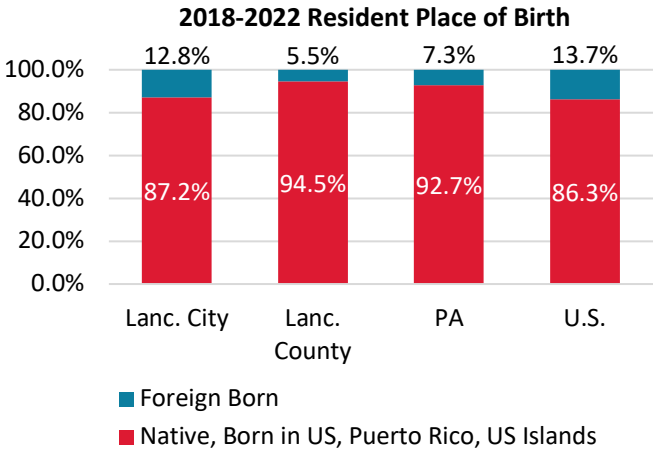
| American Indian or Alaska Native | Asian | Black or African American | Native Hawaiian or Other Pacific Islander | White | Other Race | Two or More Races | Latinx origin (of any race) |
|---|---|---|---|---|---|---|---|
| 0.4% | 2.7% | 17.4% | 0.1% | 51.5% | 13.1% | 14.8% | 39.4% |

## SELECT RACIAL AND ETHNIC POPULATION DISTRIBUTIONS 2010 VERSUS 2022




Lancaster is a Certified Welcoming City, a formal designation for cities and counties that have created policies and programs reflecting their values and commitment to immigrant inclusion.



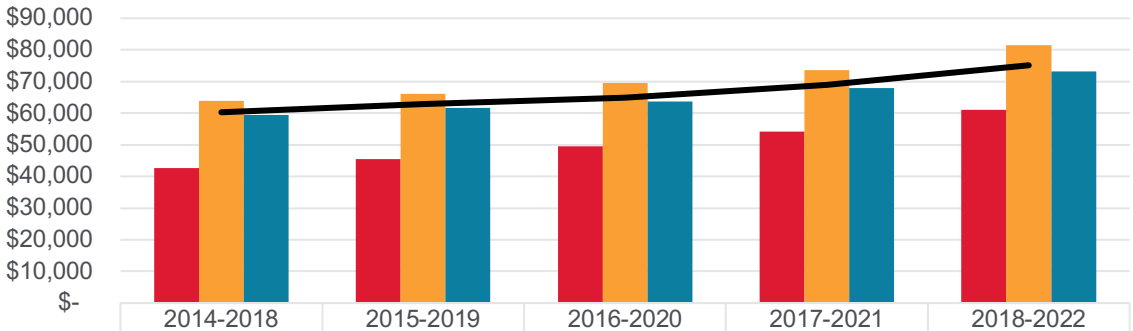




***32% of Lancaster City residents speak a Primary Language other than English***

## HOUSEHOLD INCOME AND POVERTY

Incomes have steadily increased across Pennsylvania and the nation, including in Lancaster City. While the median household income in Lancaster City is about $20K less than the county, Lancaster City median income increased 43% compared to 31% in the county, 23% in PA, and 25% across the U.S.

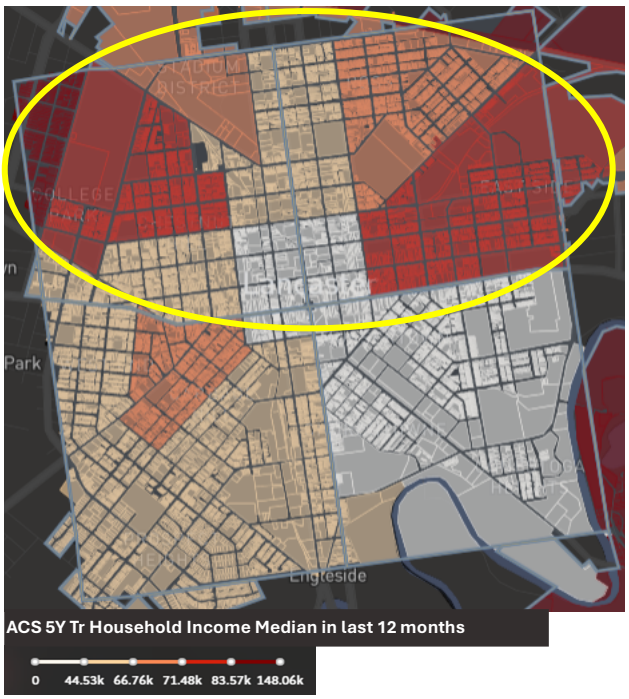
### MEDIAN HOUSEHOLD INCOME



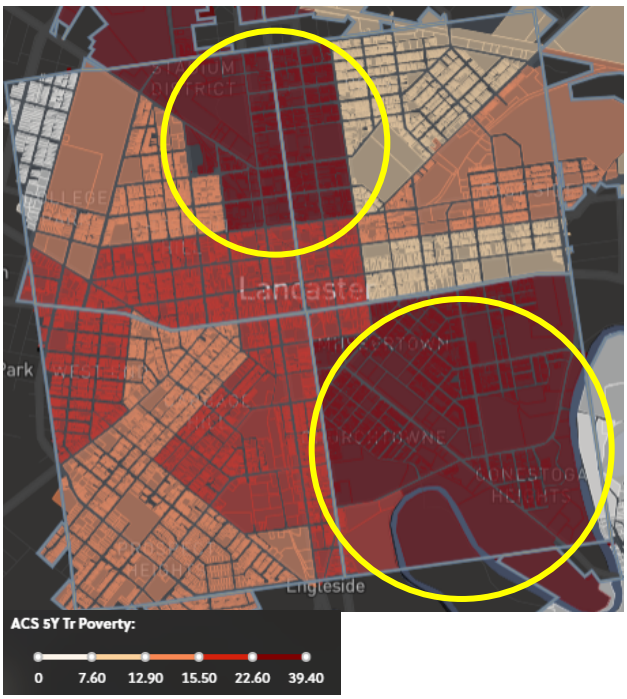

| | 2014-2018 | 2015-2019 | 2016-2020 | 2017-2021 | 2018-2022 |
|---|---|---|---|---|---|
| Lancaster City | $42,632 | $45,514 | $49,628 | $54,145 | $61,014 |
| Lancaster County | $63,823 | $66,056 | $69,588 | $73,688 | $81,458 |
| Pennsylvania | $59,445 | $61,744 | $63,627 | $67,857 | $73,170 |
| United States | $60,293 | $62,843 | $64,994 | $69,021 | $75,149 |

The northern quadrants of the City have the largest density of higher income households. The southeast quadrant has the greatest density of poverty where 25%-40% of residents experience poverty. Neighborhoods in the north central neighborhoods also reflect high poverty rates.

**2018-2022 Median Household Income by Lancaster City Census Tract**

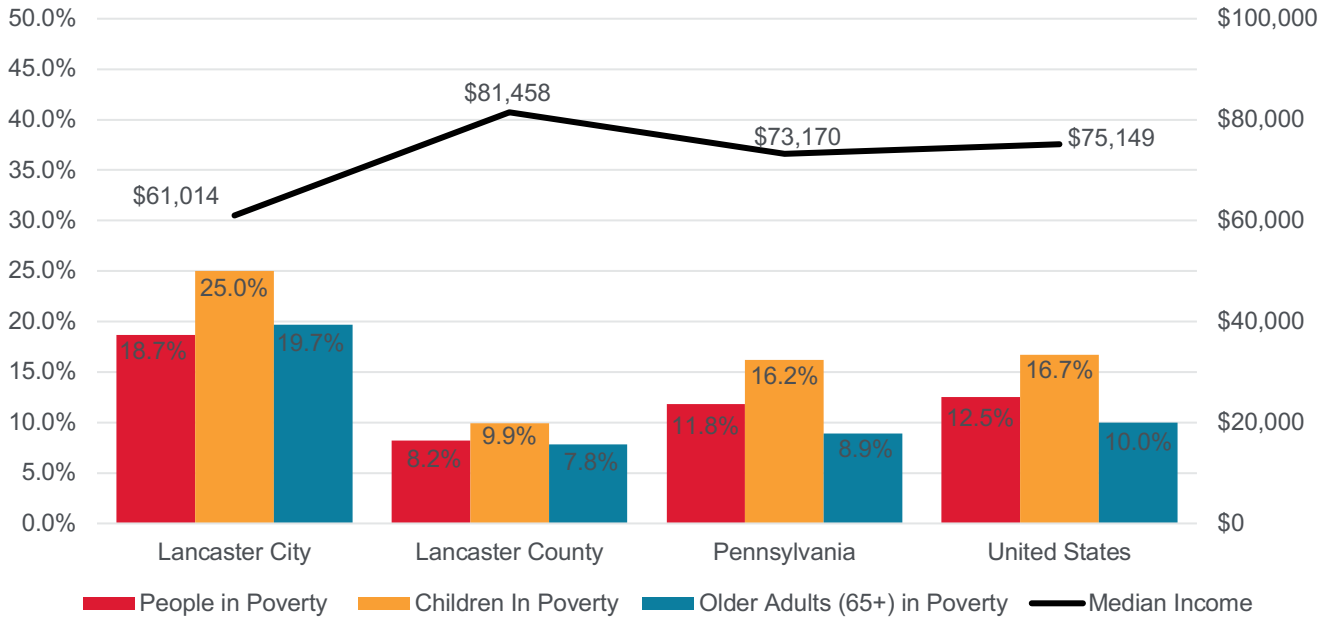



**2018-2022 Proportion of Population Below Poverty Level by Lancaster City Census Tract**



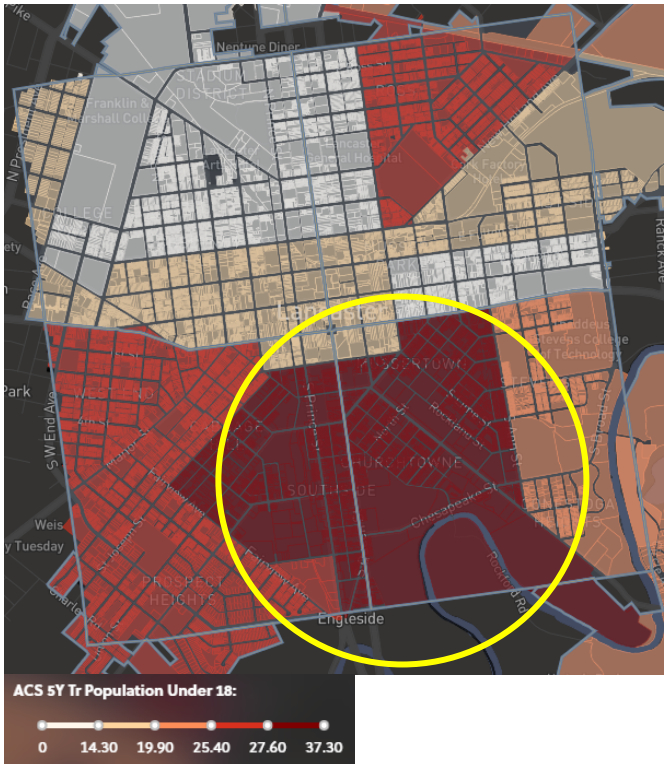
Lancaster City residents of all ages experience more poverty compared to the county, state, and nation. Approximately 25% of Lancaster City youth experience poverty compared to 10% of youth across Lancaster County. Nearly 40% of Lancaster City youth live in neighborhoods with high poverty and other socioeconomic risk.

**2018-2022 INCOME AND POVERTY**



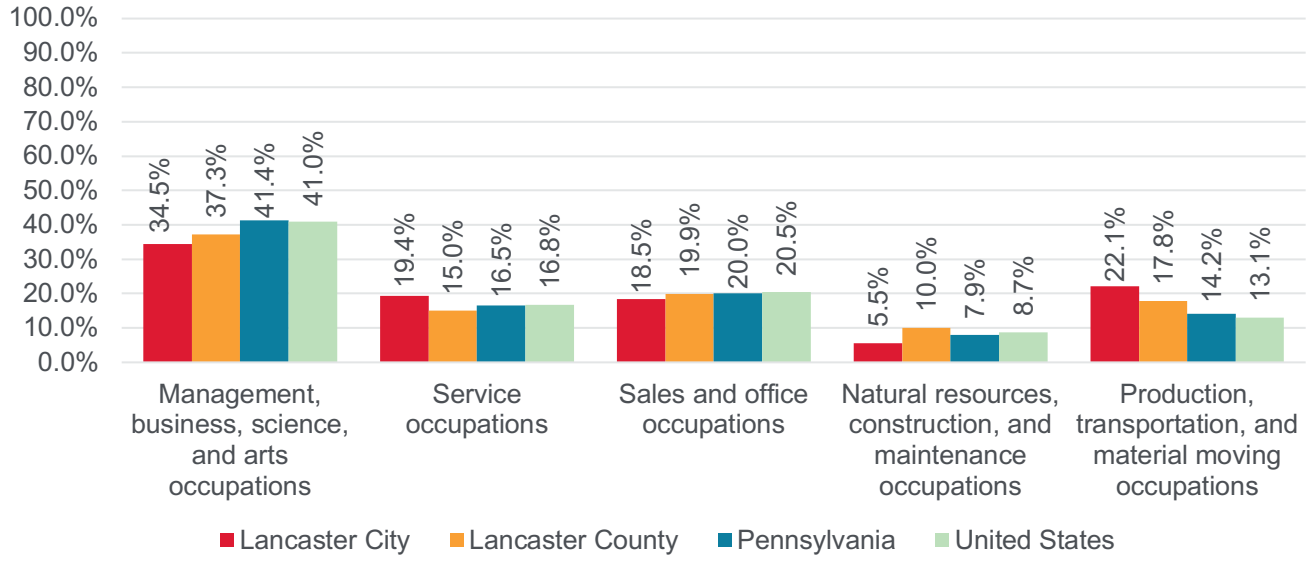

***Nearly 40% of Lancaster City youth live in neighborhoods with high poverty and other socioeconomic risk.***

**2018-2022 PROPORTION OF POPULATION**

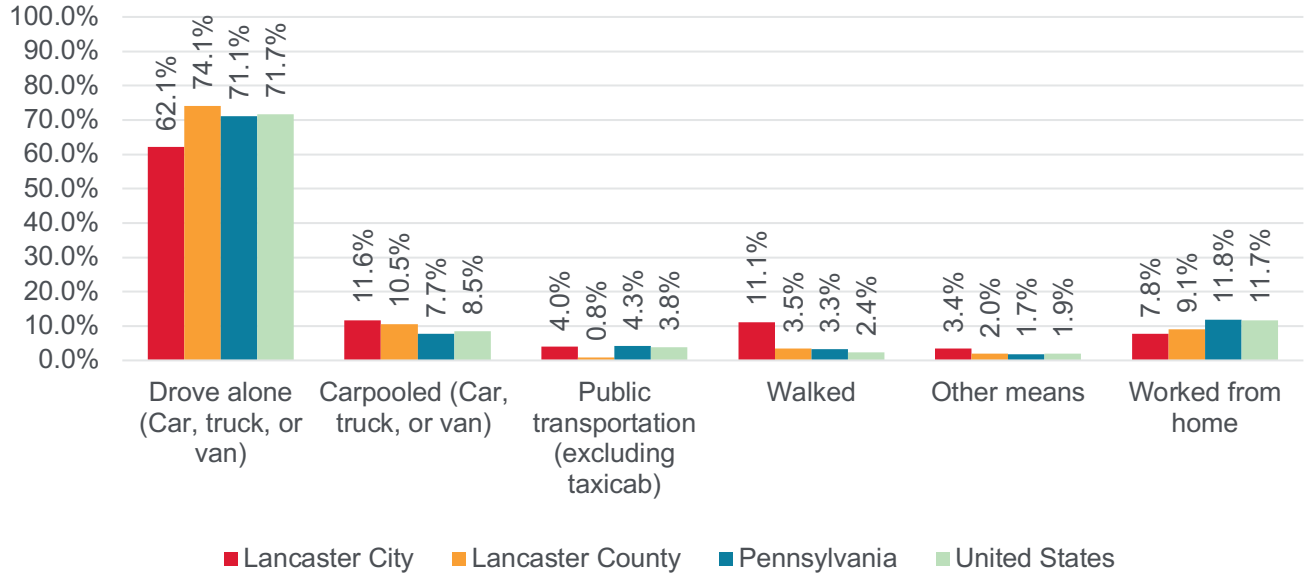


Consistent with state and national trends, more Lancaster City residents are employed in management, business, science, and arts occupations. A higher proportion of residents are employed in service and production, transportation, and material moving occupations. While the majority of workers drive alone to work, more workers carpool or walk to work on average compared to the county, state, and nation.

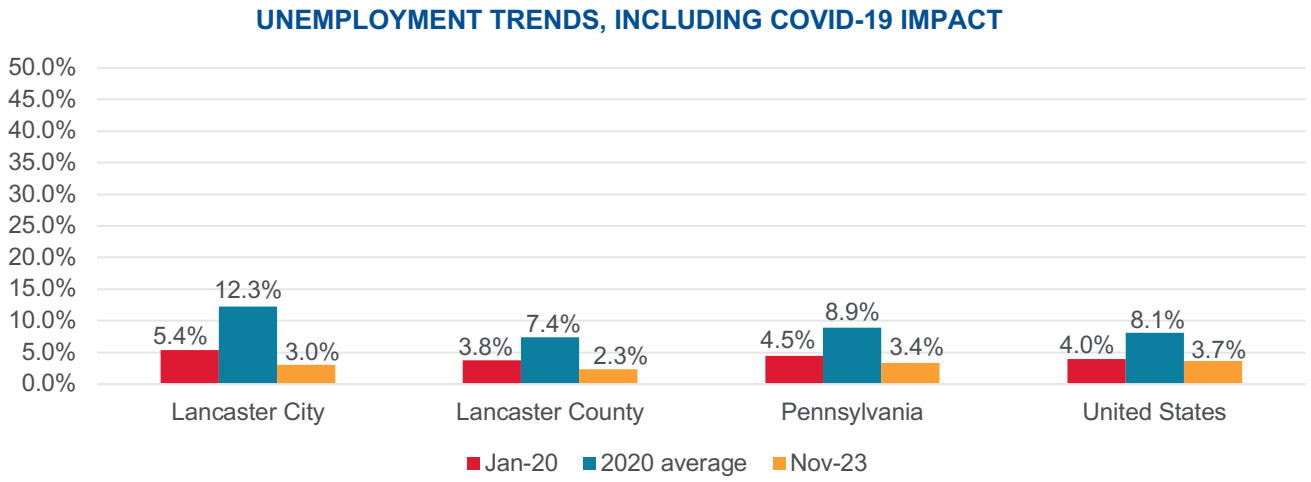
**2018-2022 OCCUPATION OF WORKERS AGED 16 YEARS OR OVER**




**2018-2022 COMMUTING TO WORK TYPES (WORKERS 16 YEARS OR OVER)**



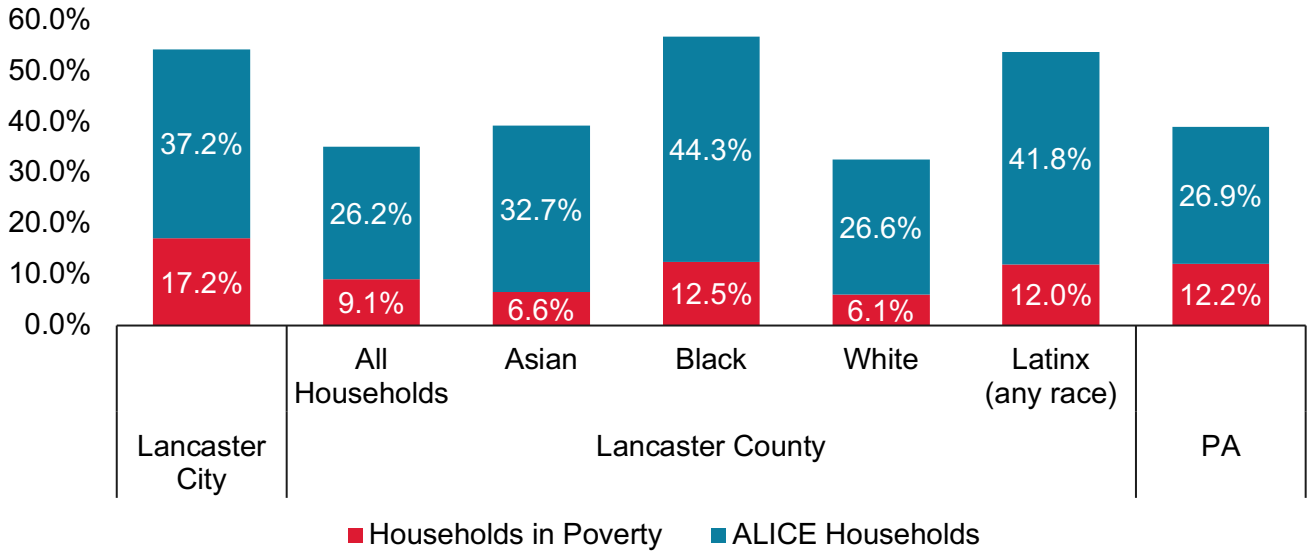
During COVID-19, Lancaster City experienced a higher unemployment rate than the county, state, and national averages. By 2023 the unemployment rate decreased below pre-COVID rates for all compared geographies.




## ASSET LIMITED INCOME CONSTRAINED EMPLOYED (ALICE)

The United Way has done extensive research known as United for ALICE to document households that are at risk for economic insecurity. ALICE represents the growing number of working families who are unable to afford the basics of housing, childcare, food, transportation, healthcare, and technology. These workers represent thousands of service workers, health and human service staff, childcare providers, and many other occupations that keep our local communities running.

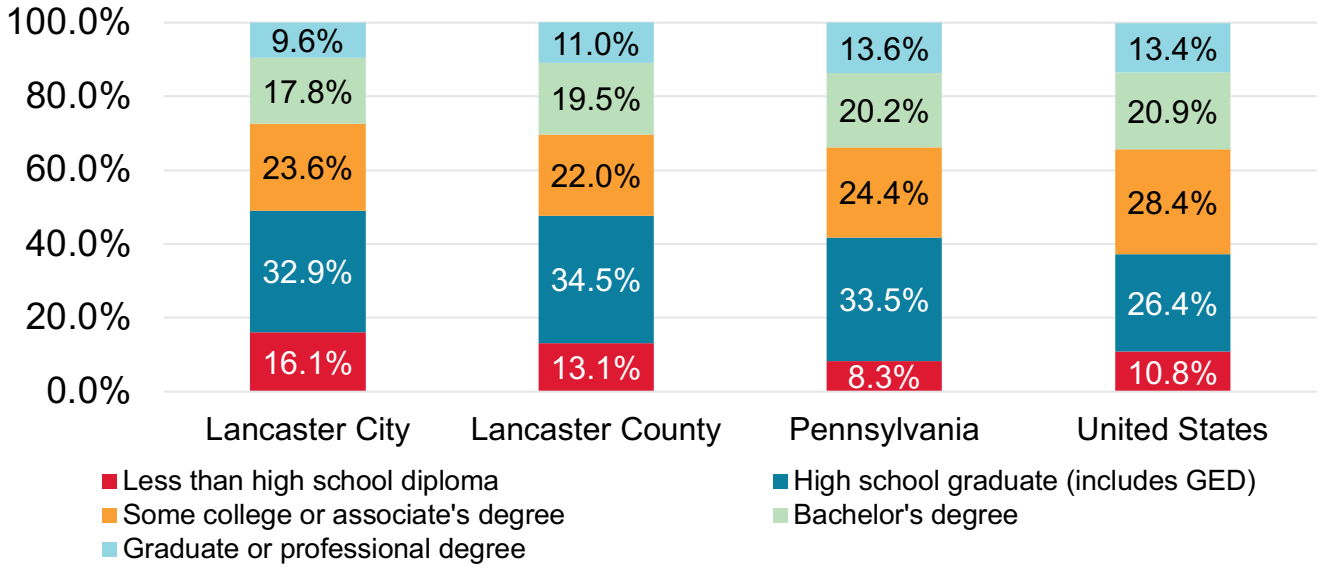
In Lancaster City, 37.2% of households are ALICE. Across Lancaster County (inclusive of Lancaster City) communities of color are more likely to live in poverty or ALICE households, reflecting broader inequities in our community.



## EDUCATION ATTAINMENT

Overall, measures of high school graduation and post-secondary studies for Lancaster City residents are in line with Lancaster County. Lancaster City has a higher percentage of residents who do not hold a high school diploma compared to the county, state, and nation. Populations with no high school diploma are generally clustered in the southeast and north central areas of the city, consistent with lower household incomes in these areas.

**2018-2022 ADULT EDUCATIONAL ATTAINMENT**




**2018-2022 PERCENT OF POPULATION AGED 25+ WITH NO HIGH SCHOOL DIPLOMA BY LANCASTER CITY CENSUS TRACT**



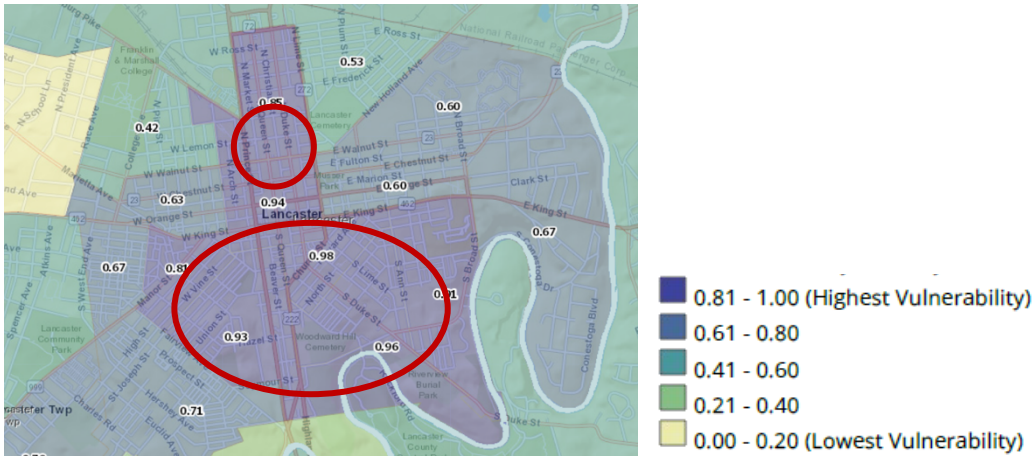
# IDENTIFYING SOCIAL VULNERABILITIES

These maps show data at the census tract which allow us to look at socioeconomic data indicators at the neighborhood level. Using the Social Vulnerability Index (SVI) we can identify neighborhoods that are more vulnerable to external stresses such as natural or human-caused disasters and disease outbreaks.

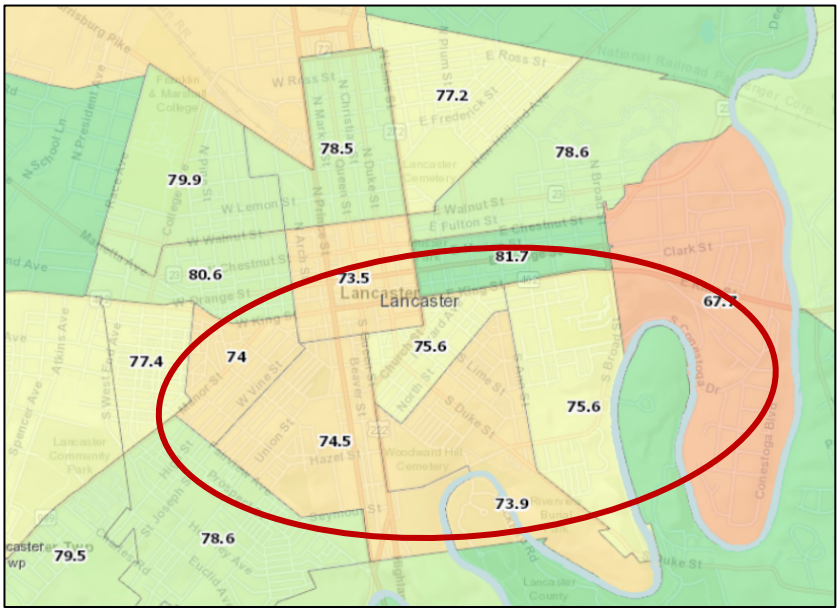
***Census tracts are small subdivisions of an area that generally share similar characteristics and have a population size between 1,200 and 8,000 people.***

SVI is measured on a scale from 0.0 (lowest) to 1.0 (highest). Poverty, lack of transportation, and overcrowded housing contribute to a higher SVI score, and greater vulnerability to crises. The areas circled in red experience higher social vulnerability in Lancaster City.

### 2020 SOCIAL VULNERABILITY INDEX BY LANCASTER CITY CENSUS TRACT




### 2010-2015 AVERAGE LIFE EXPECTANCY (IN YEARS) BY LANCASTER CITY CENSUS TRACT




**Neighborhoods with high socioeconomic risk have shorter life expectancy.**

Examining the SVI in conjunction with Average Life Expectancy demonstrates how social drivers of health impact health outcomes.

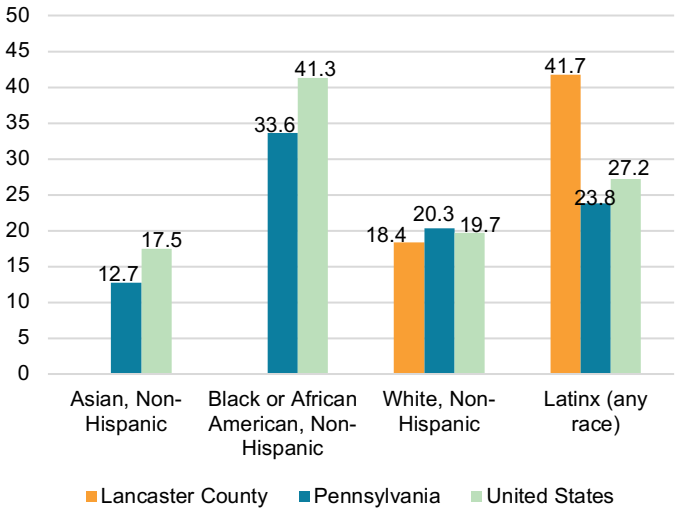
Areas with a higher SVI score have lower average life expectancy of 74-75 years compared to 78.5-80.6 years in other areas of the city.

# HEALTH DISPARITIES

Health Disparities are preventable differences in the burden of disease, injury, violence, or opportunities that adversely affect disadvantaged populations. Health disparities are rooted in underlying inequities in social drivers of health like poverty, lack of safe, affordable housing, and systemic discrimination. Data show that populations with higher socioeconomic needs often have higher disease burden.

***Health Disparities are preventable differences in the burden of disease, injury, violence, or opportunities that adversely affect disadvantaged populations.***

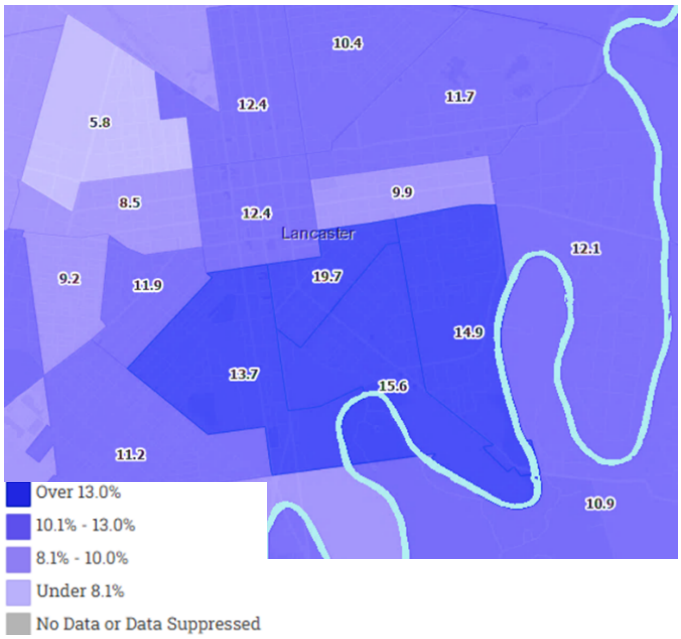
**2018-2020 DIABETES DEATH RATES PER AGE-ADJUSTED 100,000 PEOPLE BY RACE AND ETHNICITY**



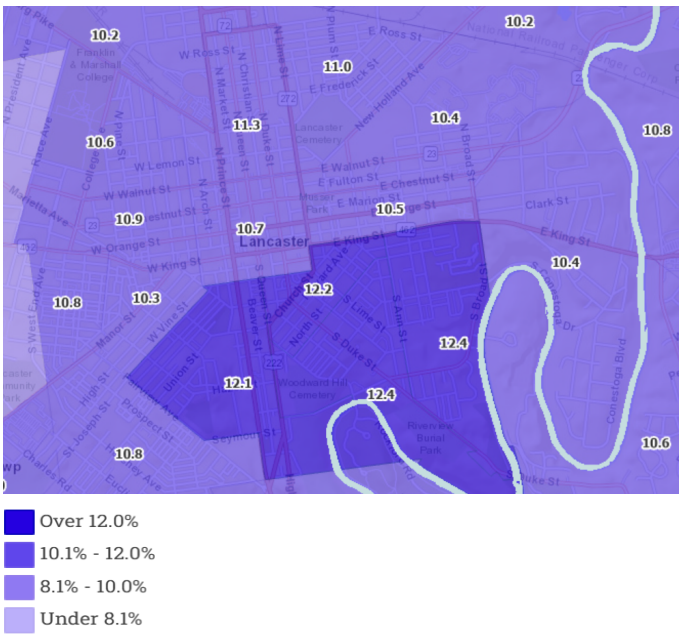

For example, data shows that in Lancaster City, communities that experience higher socioeconomic needs have a higher prevalence of diabetes. Across the county, Black African Americans and Latinx people are more likely to die from diabetes.

Similarly, neighborhoods with higher socioeconomic needs are more likely to experience lower quality housing conditions, which is a risk factor for asthma due to exposure to indoor triggers such as mold, pests, and poor ventilation.

**2021 PREVALENCE OF DIABETES AMONG ADULTS AGE 18+ BY LANCASTER CITY CENSUS TRACT**




**2022 PREVALENCE OF ASTHMA AMONG ADULTS AGE 18+ BY LANCASTER CITY CENSUS TRACT**



# OUR STRENGTHS AND OPPORTUNITIES

Lancaster City is a hub for the region. The city offers a diverse and thriving downtown with cultural centers, shopping, and dining; nationally recognized healthcare; highly esteemed colleges and universities; miles of walking and biking paths; and acres of community parks and green spaces. Neighbors in each of its 12 neighborhoods share a strong sense of community,

Lancaster City is the homebase for Lancaster County offices and services and a wide array of health and human services. A supportive faith community, strong schools and education centers, and an array of businesses work collaboratively to respond to community needs and help the community flourish. Below are comments we heard from community stakeholders about our community strengths and challenges.

**Strengths**

- Welcoming and appreciation of diversity
- Supportive social services
- Community and neighborhood engagement
- Cleanliness and green spaces
- Walkability and safety initiatives like Vision Zero
- Healthy homes initiatives (e.g., lead poisoning prevention)
- Economic vitality and diversity of downtown businesses
- Diverse community leaders
- Access to high quality healthcare
- Collaboration and networking among community organizations
- Strong faith community
- Special events, arts and culture, activities for all ages.
- Volunteerism and philanthropy of residents

**Opportunities and Challenges**

- More affordable housing options, reduce costs of living
- Livable wages, more job opportunities within Lancaster City
- Care and support for homeless and unhoused
- Reduce economic and health disparities for people of color and income constrained
- More grocery stores; healthy, fresh food options in the city and schools
- Increase behavioral health services and community support
- Address aging infrastructure (housing, water lines, sanitation, sewage/storm water)
- More public transportation routes and times to better access jobs and services
- More activities for youth, especially teens
- Improve traffic safety, noise, e-bikes on sidewalks
- Improve sidewalks and accessibility for wheelchairs
- Public water and restrooms
- Reduce litter, increase green spaces
- More love, empathy, and kindness

# COMMUNITY HEALTH PRIORITIES

The City of Lancaster used qualitative and quantitative data from the HLHL study to outline the most pressing issues on which to focus to advance health equity. The following pages outline data that highlight areas of strength and opportunity relevant to these priority areas.



## Safe, Healthy, Sustainable Communities



## Access to Services



## Homelessness and Community Health



## Public Health Emergency Preparedness

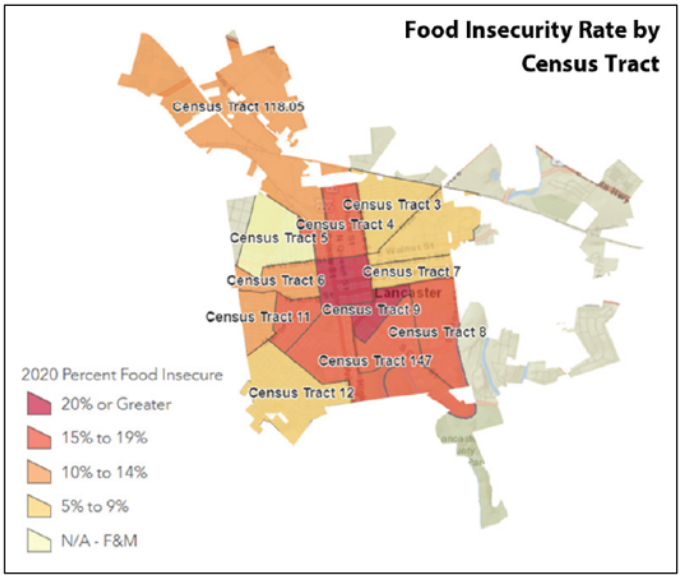


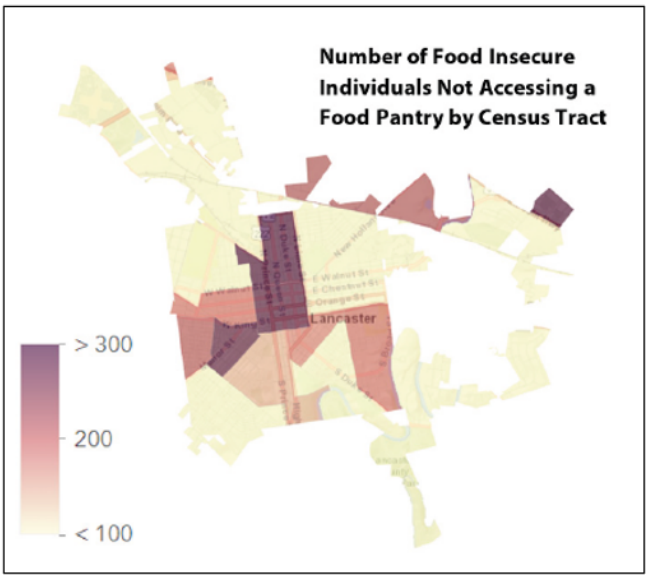
## Climate Responsive Public Health

# SAFE, HEALTHY, SUSTAINABLE COMMUNITIES

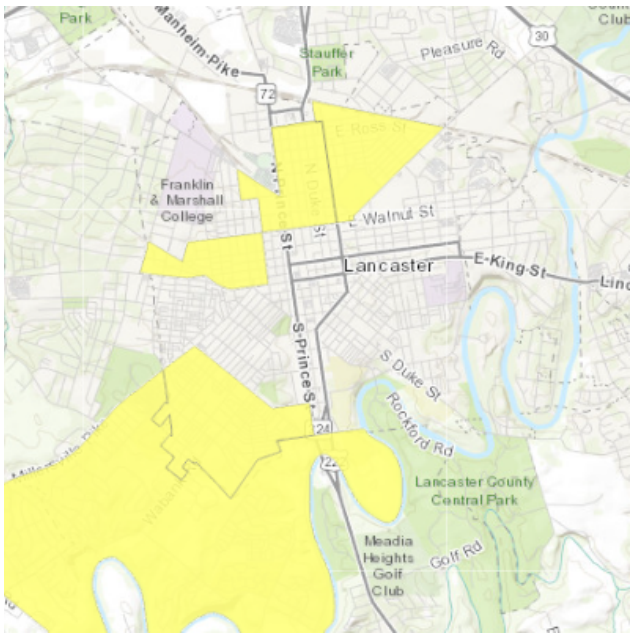
## ACCESS TO HEALTHY FOOD

Food deserts are areas where residents have limited access to affordable, nutritious, and plentiful foods. Most Lancaster City census tracts are high or moderate food insecurity areas. In the downtown area, 20%-25% of residents may experience food insecurity. Food pantry locations are concentrated in high need areas, but additional efforts are necessary to connect residents with available resources.




In the northeast and southwest quadrants of the city, residents may experience socioeconomic barriers (e.g., low income, no personal vehicle) and lack access to a nearby grocery store. These areas are called food deserts, areas where residents have limited access to affordable, nutritious, and plentiful foods.




### 2019 FOOD DESERTS IN LANCASTER CITY BASED ON INCOME, PROXIMITY TO SUPERMARKET, AND VEHICLE ACCESS

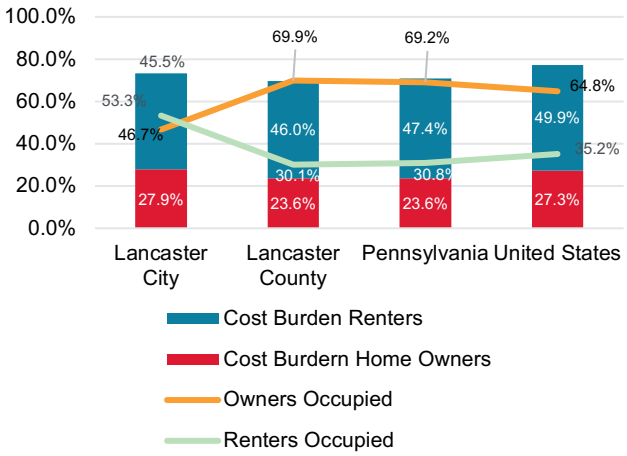
The USDA Research Atlas does not capture all food markets, such as smaller-scale grocery stores, neighborhood markets, and corner stores. While these food establishments may be more accessible to residents, they often have limited fresh, healthy food options and are typically less affordable.

The areas in yellow are considered food deserts in Lancaster City.

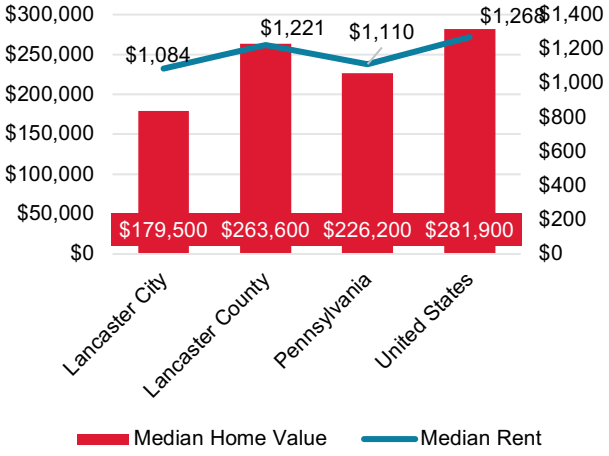
## HOUSING

Availability of affordable, safe, quality housing was consistently identified as a top challenge for Lancaster City. Median housing costs in the city are less expensive than the county overall, but city residents experience more housing cost burden than Lancaster County residents. More than 50% of Lancaster City households rent their home and 45.5% of these households are cost-burdened by rent expenses. City homeowners are more likely to be cost burdened by mortgage expenses compared to homeowners in the county. High housing costs contribute to housing instability, and the number of people experiencing homelessness countywide increased by 33% from 2021 (394) to 2023 (526).

**2018-2022 MEDIAN HOUSING COST AND HOUSING COST BURDEN***




**2018-2022 MEDIAN RENT AND MEDIAN HOME VALUE**




Lancaster City has significantly older housing compared to county, state, and national benchmarks. More than 70% of Lancaster City housing was built before 1960; 51% was built before 1940. In select city census tracts, more than 80% of housing was built before 1960. The burden of older housing stock in Lancaster City has contributed to more cases of lead poisoning in children. Among Lancaster City children tested in 2022, 8.1% under 2 years old and 10.7% under 6 years old had confirmed elevated blood lead levels. These proportions are the third highest among the 12 Pennsylvania cities/ municipalities with the most children under 6 years of age.

***10.7% of Lancaster City children under 6 years old had confirmed elevated blood lead levels; among the highest percentages in PA.***

**NUMBER OF CHILDREN UNDER 2 YEARS OLD AND 6 YEARS OLD TESTED FOR LEAD POISONING AND CONFIRMED FOR ELEVATED BLOOD LEAD LEVELS**

| | Children Under 2 Years old | | | Children Under 6 years Old | | |
|---|---|---|---|---|---|---|
| | # Children < 2 Years Old | % Children Tested for BLL | % Children with Confirmed EBLL | # Children < 6 Years Old | % Children Tested for BLL | % Children with Confirmed EBLL |
| Lancaster City | 1,537 | 33.6% | 8.1% | 4,772 | 22.1% | 10.7% |
| Lancaster County | 13,318 | 24.5% | 5.7% | 41,354 | 16.3% | 6.4% |
| Pennsylvania | 261,569 | 34.8% | 3.1% | 812,182 | 19.7% | 4.6% |

### *Stakeholder Insights: Housing*

**Strengths:**

- Lancaster City is attractive to people who move from other states and older adults from other parts of the county; amenities, walkability, lower cost of living draw people to Lancaster
- Increased interest in Lancaster to developers, investors, senior living providers; home values increasing
- Long-term residential programs like the ones at Water Street Mission and YWCA are recognized as valuable to the community

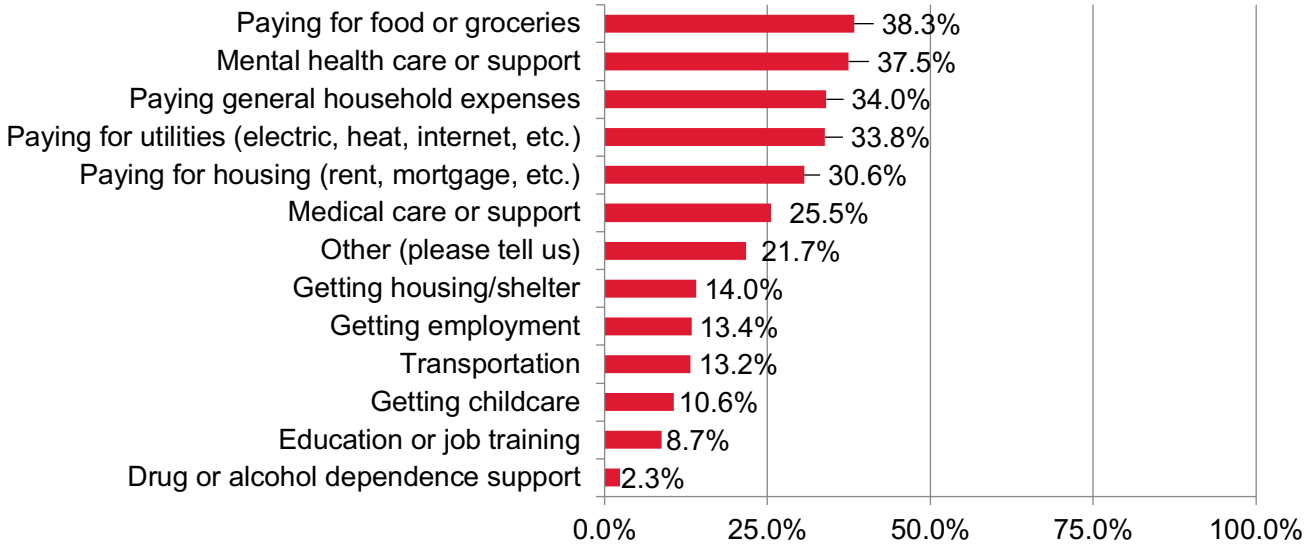
**Opportunities:**

- Market demand and higher housing costs are forcing people with lower incomes out of the city, moving them farther from supportive resources; rising concerns of neighborhood gentrification
- Limited inventory of subsidized housing and low-cost housing
    - The wait time for affordable housing is years; the perception is that “There is no more Section 8 housing in Lancaster.”
    - “Every new building should have affordable housing units.”
    - There are strict limitations to where Section-8 vouchers can be used.
- Renters stay longer in lower cost housing units rather than “trading up”
    - “There is limited upward mobility [to larger or more expensive housing].” Renters can’t afford to take on more housing costs.
    - “I can’t afford to keep the job, and I can’t afford to lose it. I pay $1,500 for my apartment. I have kids and I don’t qualify for aid because of how much I make, but everything goes to pay the rent.”
    - We need more support to help people transitioning out of residential or shelter programs.
- Programs are available that help residents attain and sustain homeownership, but they provide limited support to a small number of households.

## ACCESS TO SERVICES

Since the COVID-19 pandemic, the need for many community resources has grown. Among HLHL Community Survey respondents, approximately one-third needed more help with paying for food or groceries, mental health care or support, and/or paying for general household expenses since the pandemic.

**SINCE THE COVID-19 PANDEMIC, HAVE YOU NEEDED MORE HELP WITH ANY OF THESE THINGS? (CHECK ALL THAT APPLY) N=470**



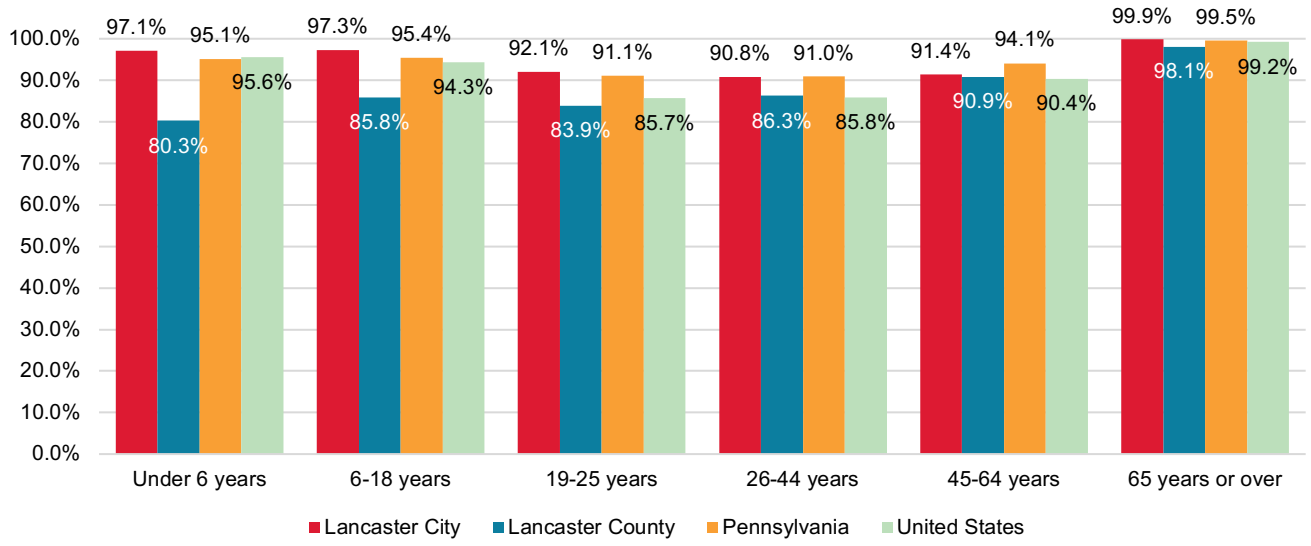

### *Stakeholder Insights: Accessing Services*

- Lancaster City is recognized by residents and stakeholders as a community of resources where organizations and residents are committed to helping people in need. A wide array and majority of county social service agencies are located within Lancaster City.
  - "People come from the surrounding areas because this is where they can get help."
- More efforts are needed to improve access to community resources and to assist residents navigate our robust safety net system. Required documentation, language accessibility, transportation, phone/internet access, fear and a lack of knowledge of where to get help keep people from receiving services.
  - "We don't do a good job of coordinating services between our agencies. There are a lot of programs, but they are disconnected from each other."
  - "[Clients] tell us about the resources in the community. Sometimes we're not aware of all the things being done by other community organizations."
  - "Families have more than one need at a time. Navigation should be more than a transaction."
  - "I didn't know where to go; I only found out about some services through word of mouth."

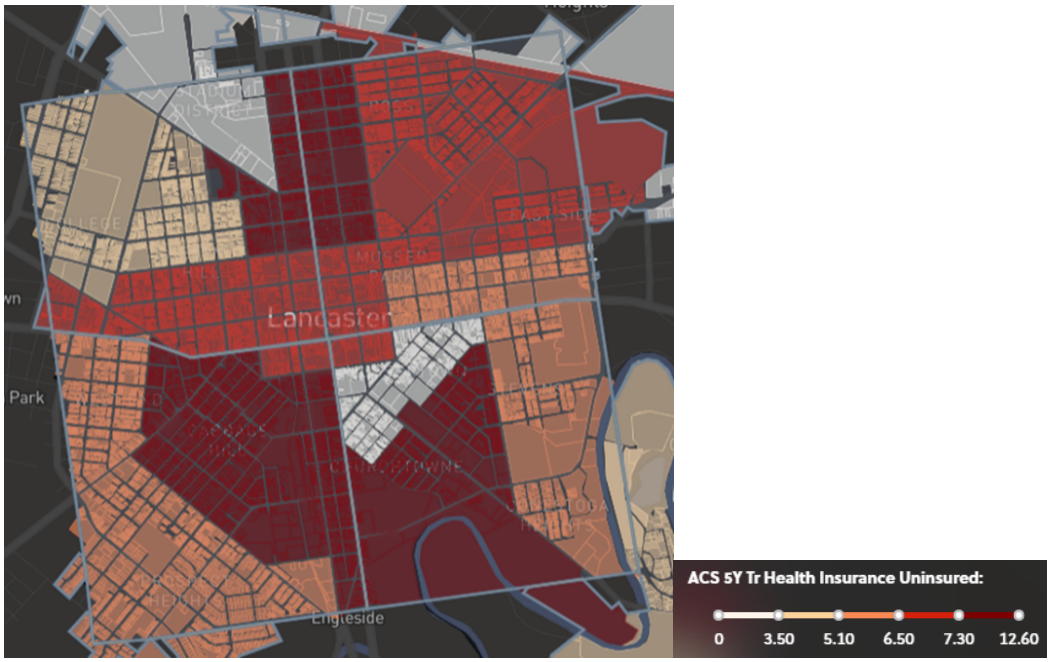
## ACCESS TO HEALTHCARE

Lancaster City benefits from high quality healthcare resources, and most city residents have health insurance that helps them access care. The proportion of city residents with health insurance exceeds county and national benchmarks across all reported age groups. Nearly 77% of adults report having received a recent primary care checkup, also higher than county and national averages.

### 2018-2022 POPULATION WITH HEALTH INSURANCE BY AGE GROUP



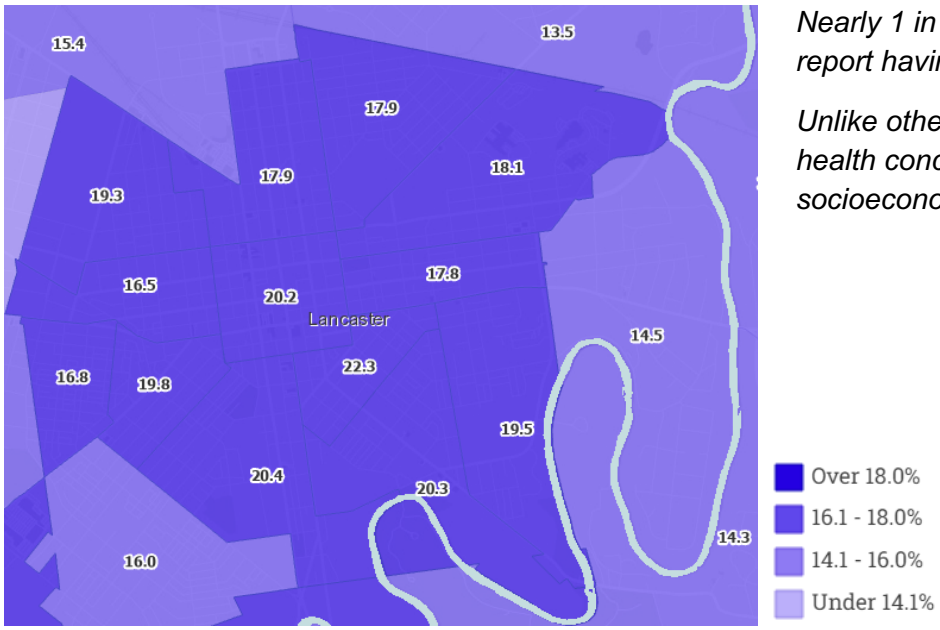

### 2018-2022 PROPORTION OF POPULATION WITHOUT HEALTH INSURANCE BY LANCASTER CITY CENSUS TRACT



## BEHAVIORAL HEALTH

Increased community and healthcare resources are needed to address the city's growing behavioral health needs. Nearly 1 in 5 adults in Lancaster City report having frequent mental distress, consistently higher than the county, state, and national benchmarks, and increasing since 2019. Community stakeholders repeatedly listed behavioral health as one of the most pressing needs in the community.

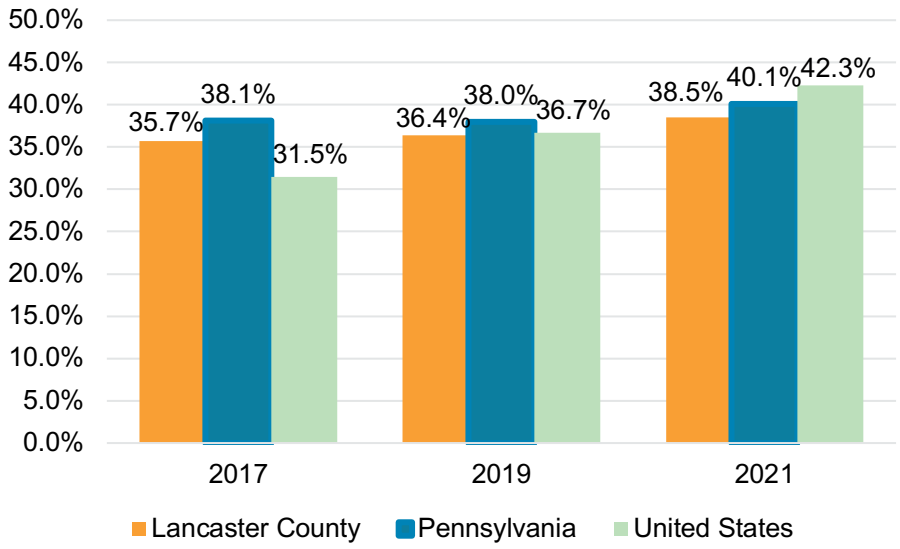
### 2022 ADULTS WITH CHRONIC POOR MENTAL HEALTH BY CENSUS TRACT




*Nearly 1 in 5 adults in Lancaster City report having frequent mental distress.*

*Unlike other chronic conditions, behavioral health concerns cross all geographic and socioeconomic lines within the city.*

### STUDENTS WHO SELF-REPORTED FEELING SAD OR DEPRESSED MOST DAYS IN PAST YEAR (STUDENTS IN GRADES 6, 8, 10, 12)




*Depression among school students has been increasing across the nation, state, and Lancaster County, where 38.5% of students report feeling sad or depressed most days.*

### *Stakeholder Insights: Behavioral Health*

**Strengths:**

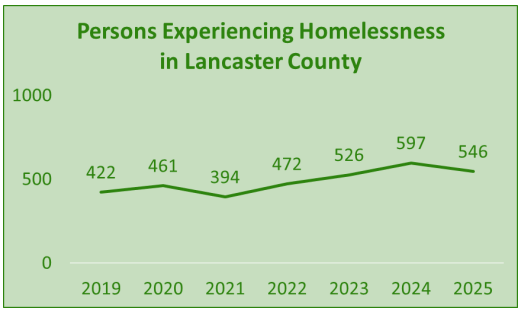
- Community awareness and conversations about behavioral health; recognition that mental wellbeing goes beyond the diagnosis of a mental health condition and includes belonging, security, and recreational outlets
- Increased screenings and resources dedicated to behavioral healthcare

**Opportunities:**

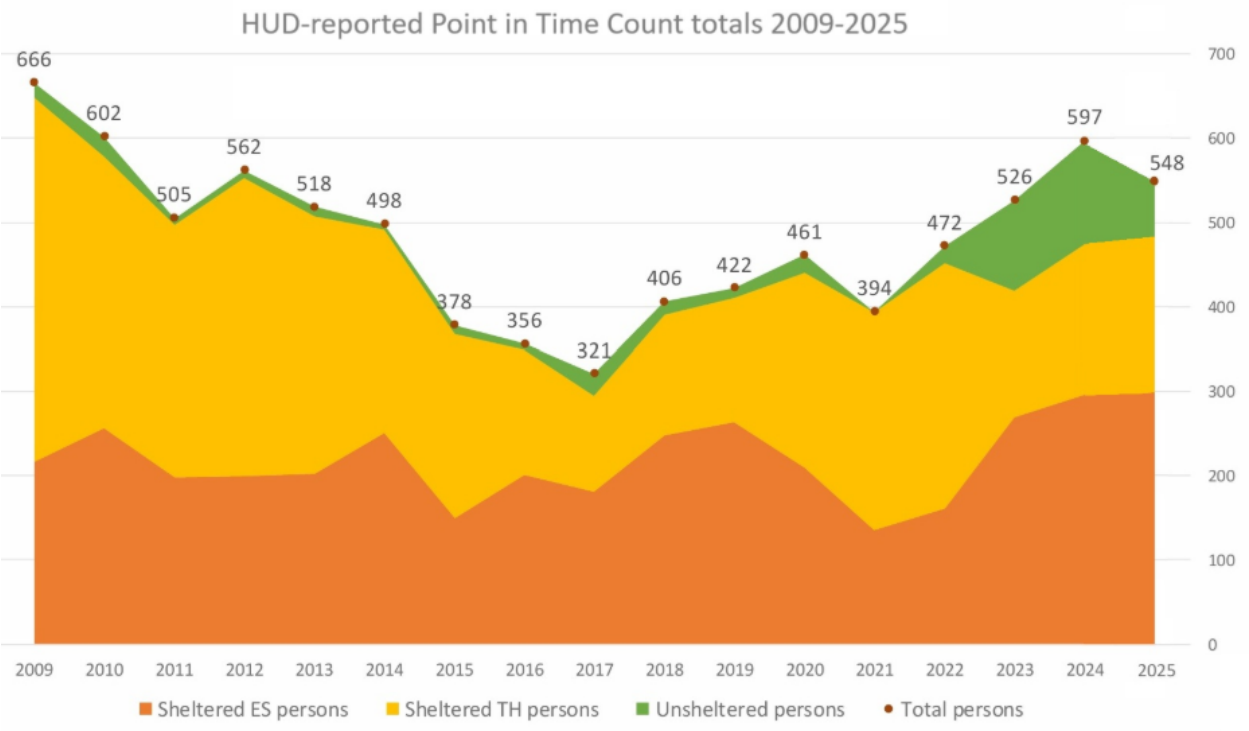
- Residents and community leaders acknowledged behavioral healthcare as one of the most pressing needs in the community.
    - There is heightened awareness and screening for behavioral health conditions, but shortage of providers and options for long-term care. “You can get help in a crisis, but there is a long wait for ongoing care.”
    - Need for increased school and community resources for behavioral health.
    - Workforce development and employers need more focus on mental health and wellbeing. “An employer “is not going to get the best out of employees if they’re not taking care of the whole person. You’ve got to address trauma and mental health to address workforce development effectively. If they’re sick, they can’t go to work.”
    - Newcomers, refugees, and immigrants experience trauma, stress, and isolation. “Responsibilities are different here and you’re always thinking about money.” “There is no time to relax or socialize; [newcomers] are worried about paying bills or having a job while dealing with the trauma of resettlement.” “Many of us are depressed…too shy to interact with people, feeling far away from our families and friends, excluded from society…

## HOMELESSNESS AND COMMUNITY HEALTH

The most recent Point-in-Time count of individuals experiencing homelessness was conducted across Lancaster County the night of January 22, 2025. A total of 546 people were experiencing homelessness, including 482 individuals in sheltered locations and 64 individuals unsheltered. The 2025 count is the second-highest count on record for Lancaster County in the decade since 2015, and the fifth highest ever PIT count since 2009.




### LANCASTER COUNTY HOMELESSNESS COALITION POINT-IN-TIME COUNT OF SHELTERED AND UNSHELTERED PEOPLE, 2009-2025



### *Stakeholder Insights: Homelessness*

**Strengths:**

- Residents experiencing homelessness acknowledge that there is a lot of concern and effort in Lancaster City to relieve homelessness.
- The LGH Street Medicine Team and Community Meals are seen as an important resource for our unsheltered population, building trust with residents and connecting people to needed services.
    - “Lancaster takes care of homeless people better than most places.”
    - “You won’t go hungry in Lancaster.”

**Opportunities:**

- Homelessness and unsheltered residents are seen as top issue in Lancaster City.
    - The visibility of unsheltered residents in downtown drives community advocacy and concerns.
    - There is an expectation for the City to “solve issues” and provide services.
- The face of homelessness has changed since COVID and amenities need to change also.
    - “I see more families and children in shelters and on the street.”
    - Families may need to be separated due to gender identity and age of children. Families opt to stay together in their car or in other ways to avoid being separated.
- Basic community resources are needed for unsheltered individuals.
    - We need more hygiene amenities like bathrooms, showers, and laundry for unsheltered people.
    - In support of community lockers: “Just having a place to store my things during the day would be huge so I don’t have to drag it around with me all day.”

## PUBLIC HEALTH EMERGENCY PREPAREDNESS

The City of Lancaster is responsible for monitoring and ensuring the health and safety of our residents, workers, and visitors. The City employs health officers who conduct food safety inspections of restaurants and food vendors; monitor environmental health issues like mosquitos and rodents; provide housing inspections for lead and unsafe living conditions; and ensure essential public health services that impact the health and well-being of our city and all who live, work, play, worship, and visit here.

A volunteer Board of Health made up of local healthcare and human services experts provides oversight to monitor the 10 Essential Public Health Services, recognized by the Centers for Disease Control and Prevention (CDC) as the framework to protect and promote the health of all communities.

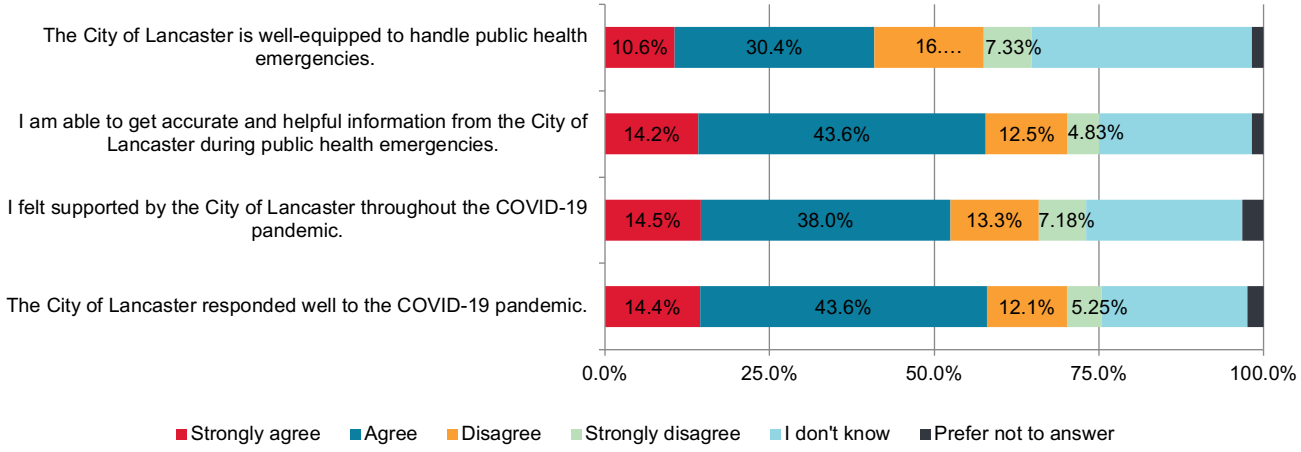
**THE 10 ESSENTIAL PUBLIC HEALTH SERVICES**




The COVID pandemic highlighted the need for emergency preparedness, and the role of city government as a community resource for reliable emergency information and response. Among the HLHL Community Survey respondents, most felt that the City of Lancaster provided accurate and helpful information, supported residents, and responded well to the pandemic. Approximately 1 in 5 respondents felt that the city is not well-equipped to handle public health emergencies and may have responded better to the pandemic, while many others did not know, presenting future opportunity.

***An essential part of advancing health for all people is examining local systems to ensure all people can benefit from the services available in the community.***

**PLEASE STATE HOW MUCH YOU AGREE OR DISAGREE WITH HOW PREPARED THE CITY OF LANCASTER IS TO RESPOND TO A PUBLIC HEALTH EMERGENCY. N=686**



## CLIMATE RESPONSIVE PUBLIC HEALTH

Lancaster's climate is changing. In many respects, the changes in southeastern Pennsylvania are subtle except during occurrences of extreme precipitation and temperature, such as increasingly hot summers or high intensity rainfalls. In addition to immediate impacts that overburden our infrastructure like flooding, other expected challenges may include soil erosion and the favorable environments for pathogens and pests (e.g., mosquitoes and ticks) that could threaten public health.

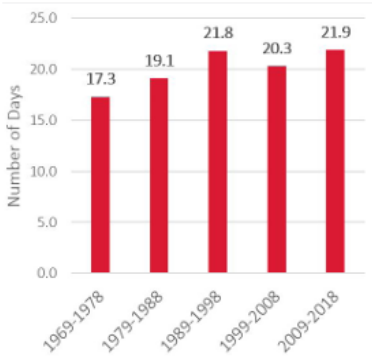
Over the past 50 years, Lancaster has experienced several changes in climate patterns for both temperature and precipitation. The average annual temperature has increased by approximately 1.2°F (1969-1978 baseline), representing an increase of about 2.4% over the last 50 years. The average annual number of "extreme hot days" (above 90°F) increased by 26.6% since the 1969-1978 baseline. Three of the ten warmest annual anomalies on record since 1914 have occurred in the last decade (2009-2018); seven of them occurred within the past two decades.

Average Annual Temperature by Season and Decade (°F)

| Season | 1969-1978 | 1979-1988 | 1989-1998 | 1999-2008 | 2009-2018 | Percent Change from Baseline |
|---|---|---|---|---|---|---|
| Winter | 31.8 | 31.3 | 33.6 | 32.7 | 32.9 | +3.5% |
| Spring | 51.6 | 51.6 | 52.0 | 52.3 | 53.2 | +3.1% |
| Summer | 73.7 | 73.2 | 74.2 | 74.6 | 75.1 | +1.9% |
| Fall | 33.3 | 32.6 | 33 | 33.7 | 33.6 | +1.1% |

*Source: National Weather Service Middletown/Harrisburg Local Climatology Reporting Location*

Average Annual Number of Extreme Hot Days (Above 90°F) by Decade




*Source: National Weather Service Middletown/Harrisburg Local Climatology Reporting Location*

If the current trends continue, experts believe that the results of our changing climate will make summers in southeastern Pennsylvania feel more like summers in southeastern Georgia. The City is anticipating climate change as it pertains to municipal operations and the provision of core municipal services for the entire community. It is imperative that the City of Lancaster address this work to be prepared for the "here and now" shown in Lancaster's climate data. Scientists agree that the climate is already changing, and we are certain to face impacts in the coming decades regardless of what actions we take to avoid worse conditions. Simultaneously, the City will also work to halt greenhouse gas emissions that will further affect our climate by implementing a comprehensive set of emissions-reducing mitigation strategies.

Lancaster City's older housing stock (more than 70% of Lancaster City housing was built before 1960) may further challenge our climate responsiveness efforts. Older homes are often less energy efficient compared to newer constructions, leading to higher energy consumption for heating and cooling, and increased greenhouse gas emissions. Retrofitting older homes to improve energy efficiency can be complex and costly but can significantly reduce emissions from our existing building stock. Investing in energy-efficient upgrades in older homes can also lead to long-term cost savings on energy bills.

# RESPONSE TO COMMUNITY HEALTH PRIORITIES

In coordination with the HLHL Advisory Committee and the Board of Health, the City of Lancaster determined the following areas for action to respond to the health priorities identified through the Healthy Lives, Healthy Lancaster study.

**Safe, Healthy, Sustainable Communities**

- Ensure food systems that provide accessible, affordable, safe, and healthy foods
- Facilitate abundant, affordable, safe, and healthy housing
- Provide clean, safe drinking water in community and residential settings
- Promote active living and social cohesion through vibrant parks, accessible recreation opportunities, and safe, active transportation options
- Strengthen public sanitation practices that provide for clean, safe, welcoming community spaces

**Access to Services**

- Foster language access and cultural awareness to provide services with dignity and humility
- Leverage navigation services and support the development of service hubs to help people access the health and social services they need
- Promote wellness and recreational programming for youth, families, and older adults to foster physical and mental wellbeing
- Improve systems for mental health, behavioral health, and substance abuse prevention services
- Facilitate access to services for immigrants, refugees, and newcomers

**Homelessness and Community Health**

- Ensure basic needs are met including food, water, shelter, and hygiene amenities
- Increase harm reduction efforts focused on decreasing drug overdose and disease transmission
- Expand innovative healthcare for people experiencing homelessness
- Reduce communicable diseases through strengthening prevention efforts

**Public Health Emergency Preparedness**

- Plan for potential public health emergencies and threats
- Conduct additional emergency planning for vulnerable populations
- Establish information sharing practices to monitor emerging threats and communicate with stakeholders and the public
- Improve community readiness and resilience through education and training

**Climate Responsive Public Health**

- Strengthen vector surveillance and control
- Implement home energy efficiency and climate resiliency initiatives
- Preserve natural environments and facilitate resilient infrastructure

# APPENDIX A: DATA SOURCES


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