



Community Health Needs Assessment & Community Health Improvement Plan

Community Health Council of Lebanon County
Fall Health Forum

Stephanie Voight, System Director, Community Health, WellSpan Health

October 2025

WellSpan 2025 Community Health Needs Assessment



Scan the QR code to view the full report or visit: <https://www.wellspan.org/About-WellSpan/Improving-Healthy-Communities/Community-Benefit>

Overview of Identified Needs

In addition to the Community Health Needs Assessment survey conducted for this project, this needs assessment also uses data from numerous publicly available sources. Data used to profile social determinants of health and demographics, including 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 (e.g., 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 behavior, 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. Data about deaths and disability are based on the University of Washington's Institute for Health Metrics and Evaluation.

Life expectancy data came from the Center for Disease Control's Small Area Life Expectancy Estimates Project (SLEEPS). Data about deprivation was downloaded from the School of Medicine and Public Health at the University of Wisconsin.

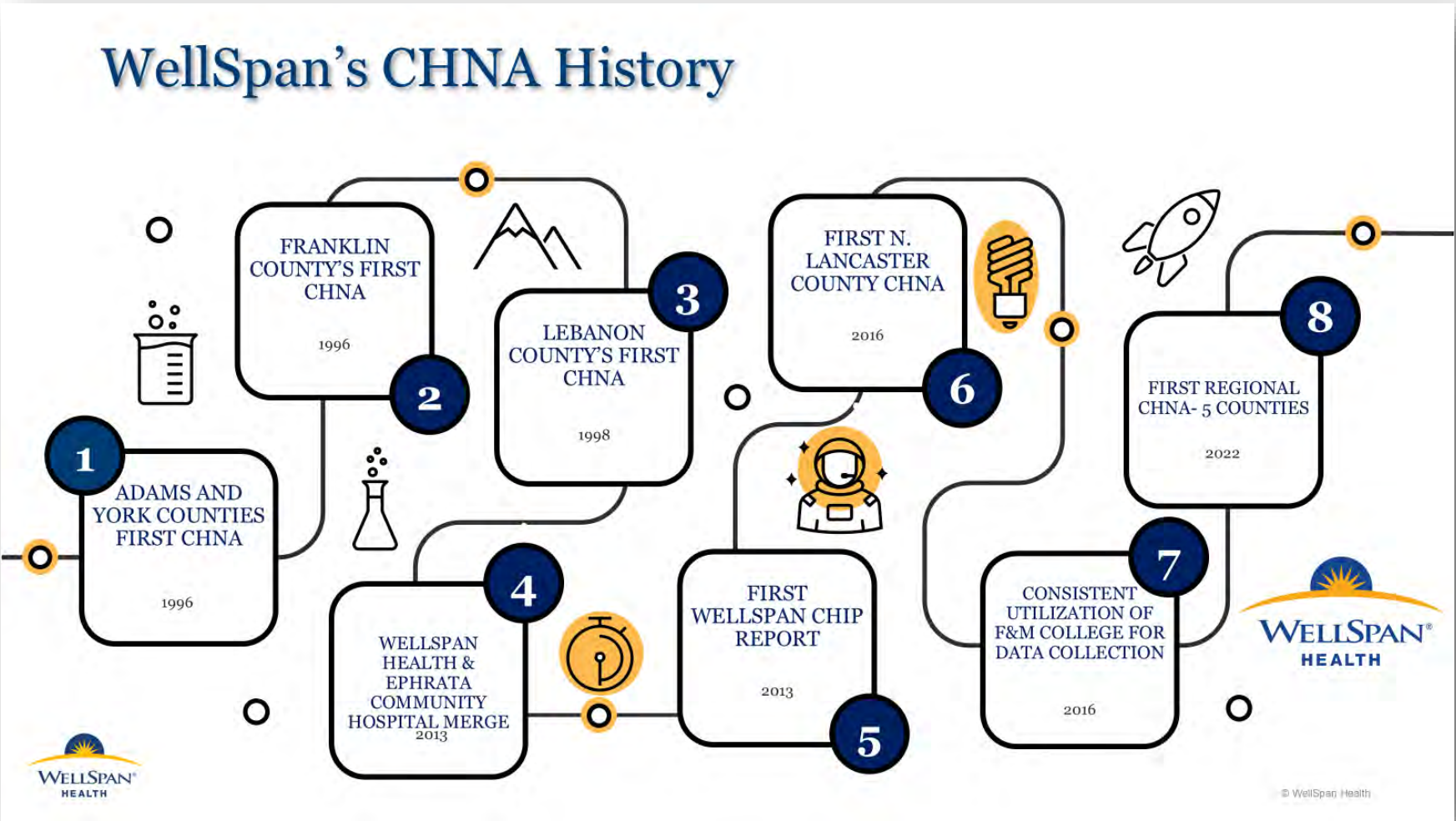
The CHNA process, including all data elements collected, concludes with the analysis of data and identification of core findings and themes. The abundance of data collected and analyzed for the CHNA necessitates the summarization of findings in a meaningful way rather than an attempt to include every data point in this report. The following elements were summarized to provide aggregate perspective of data findings.

CHALLENGE

Housing Insecurity & Affordability
Nearly half of renters and nearly a quarter of homeowners are spending more than 30% of their income on rent or mortgage expenses.



Reflecting On Our Journey



MIXED METHODS

LEVERAGING WHAT WE ALREADY KNOW WITH WHAT WE WANT TO LEARN

CULTURALLY RELEVANT

ENSURING OUR METHODS ARE INCLUSIVE AND FINDINGS ARE REPRESENTATIVE

COORDINATED

LOCALIZED APPROACH WITH COMMUNITY STAKEHOLDER ENGAGEMENT AND REGIONAL PERSPECTIVE

ACTION ORIENTED

POSITIONING OUR LEARNINGS WITH STRATEGIC PLANNING, LIFE EXPECTANCY GOALS AND HEALTH EQUITY FRAMEWORK

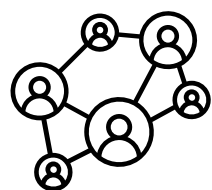
Leveraging Innovation Through AI Technology to Enhance our CHNA



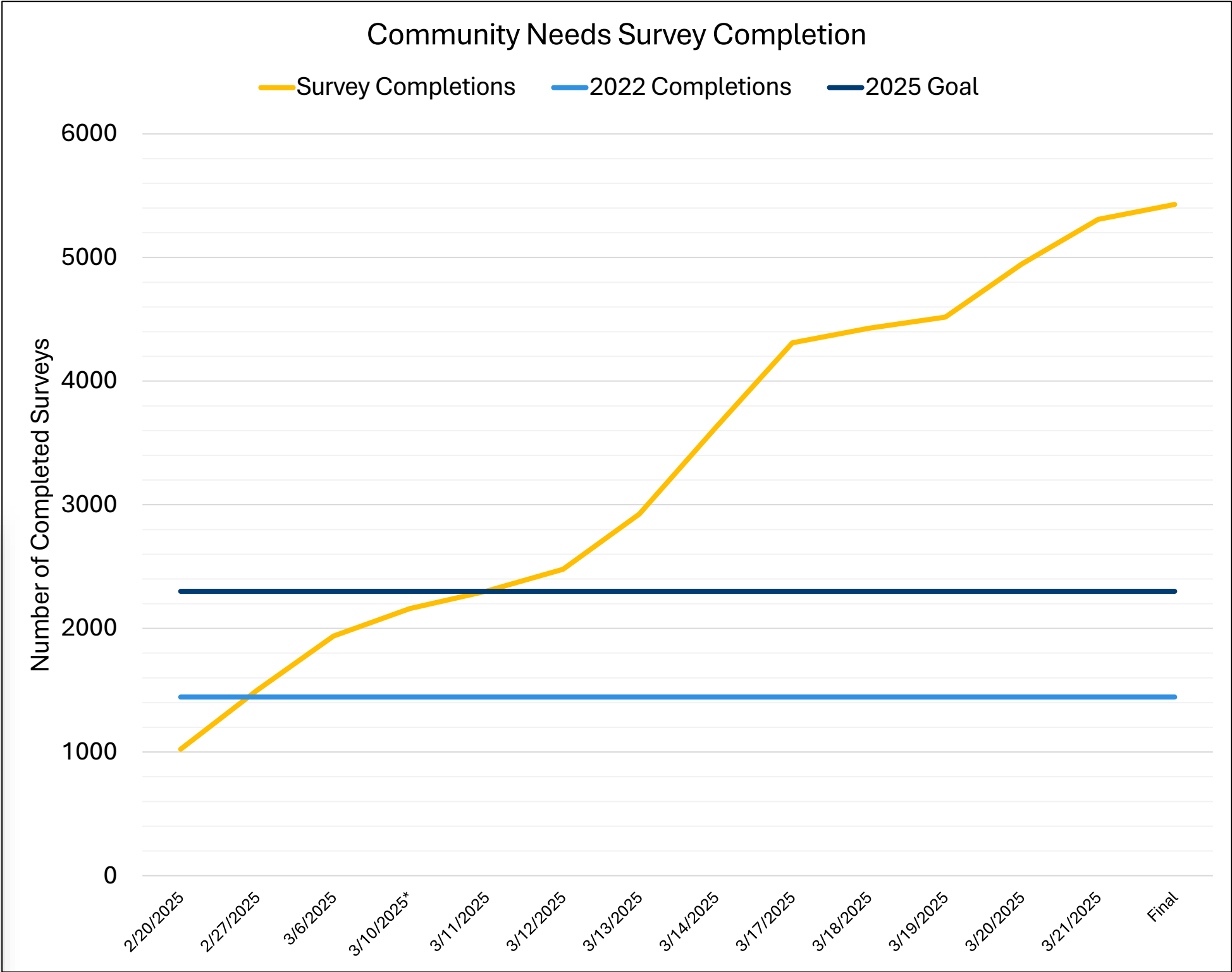
- 275% Increase in survey responses



- Estimated 640,000 community members called



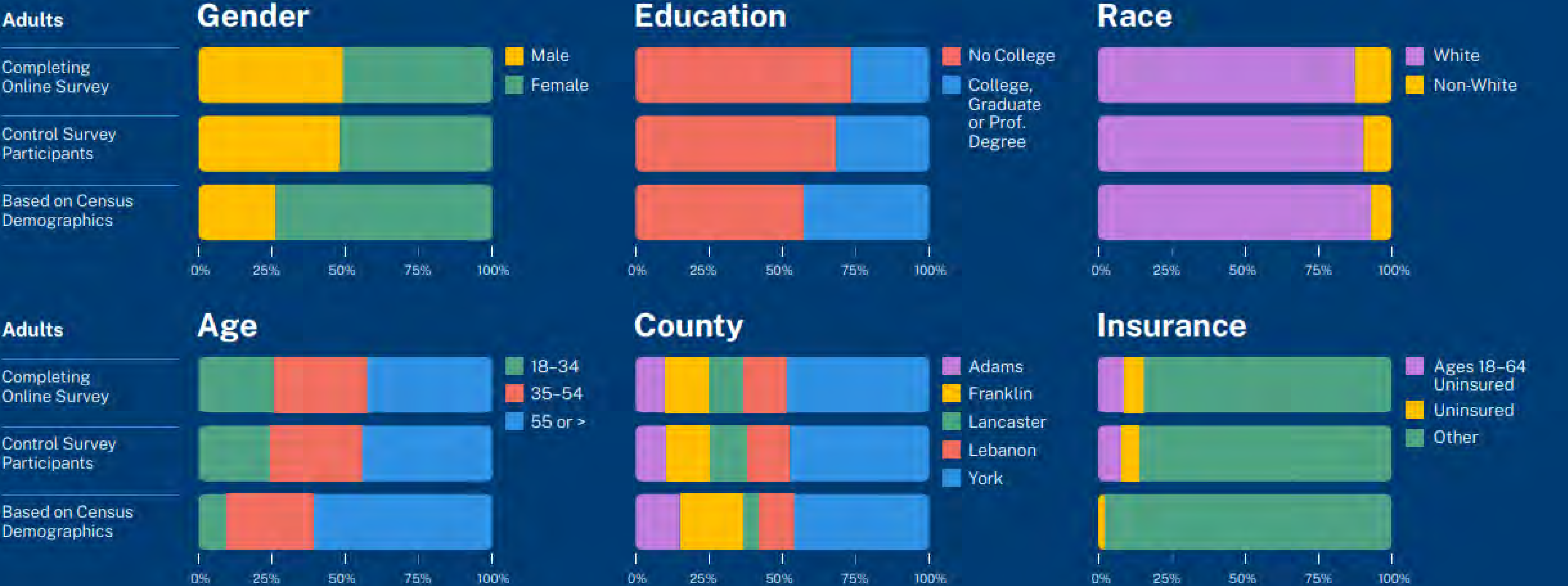
- 40% connect rate



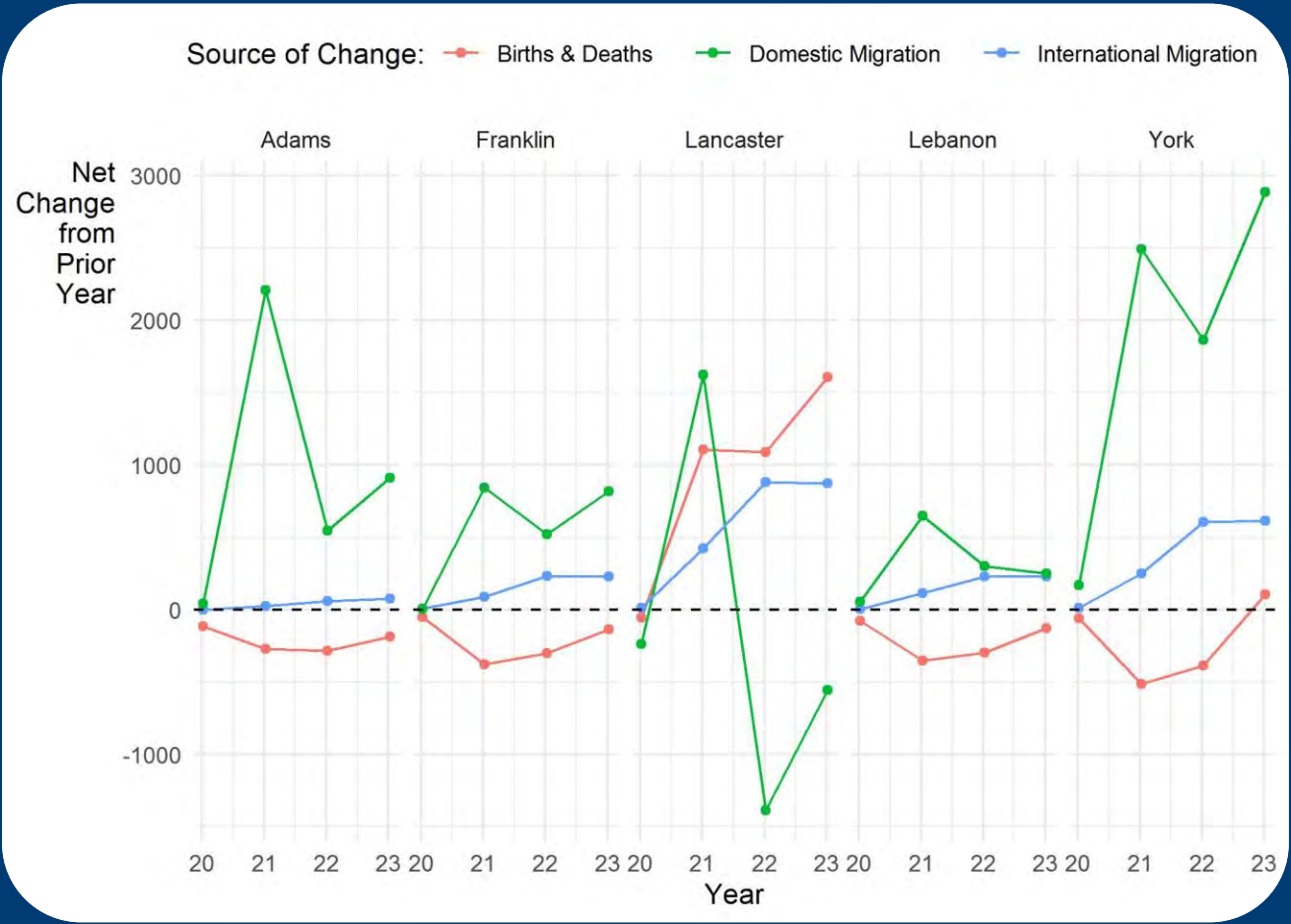
Selected Adult Survey Participant Characteristics

Figure 1.

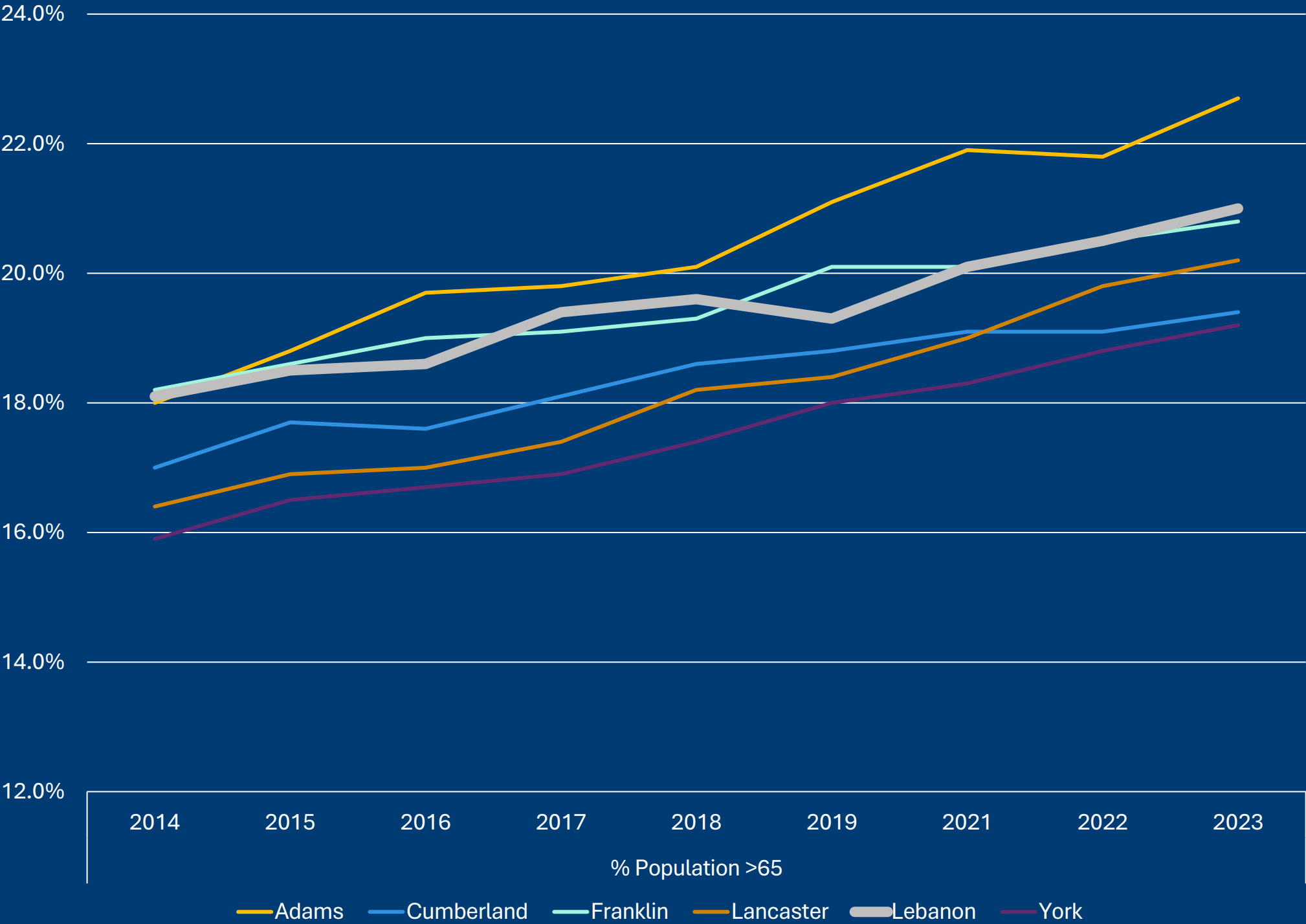
Note: All estimates are from the U.S. Census Bureau, 2018-2023 American Community Survey 5-Year Estimates. Proportions are the share of adults in the study area.



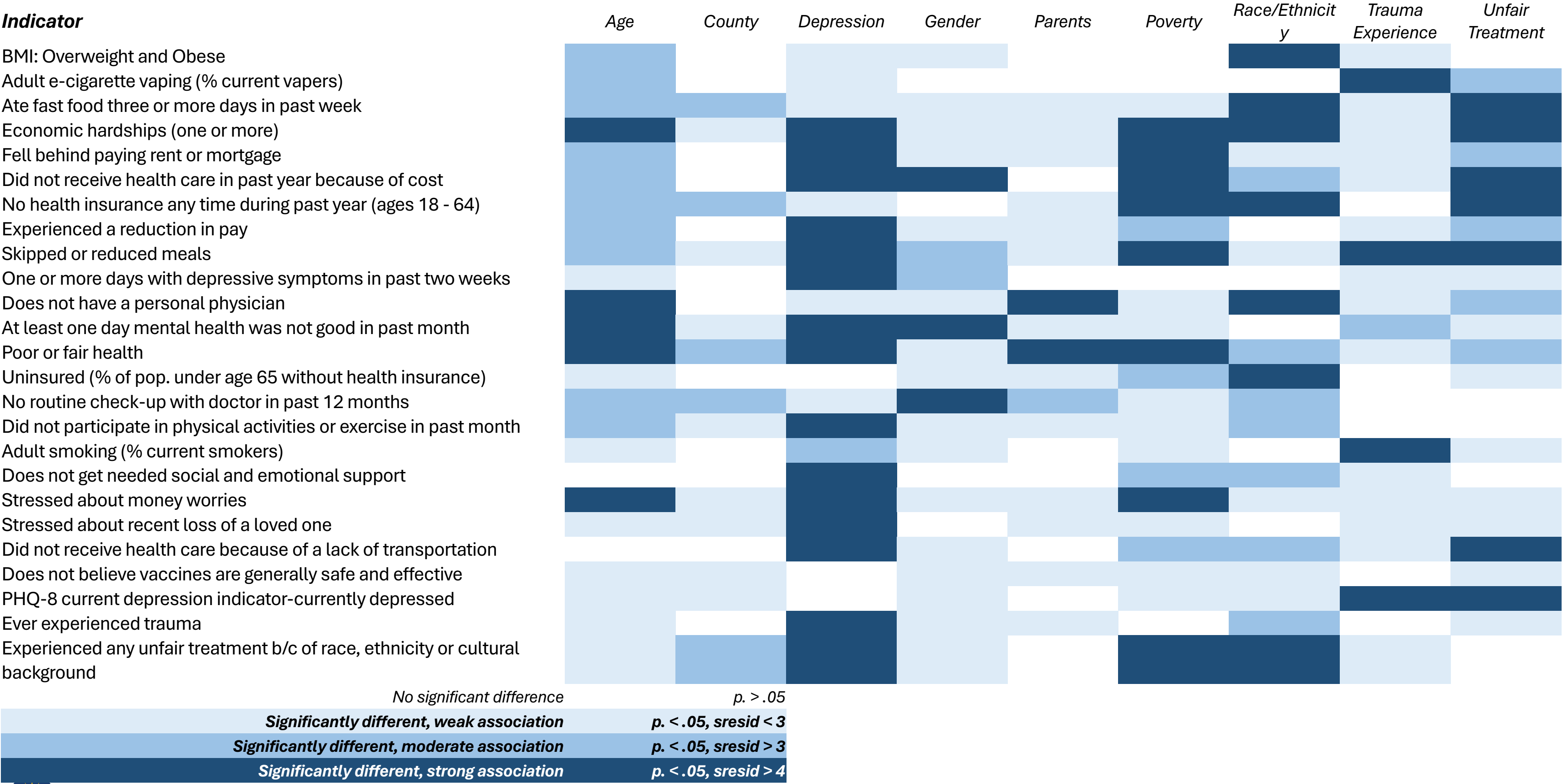
Demographic Changes



65 and Over Population Growth



Understanding Trends and Disparities



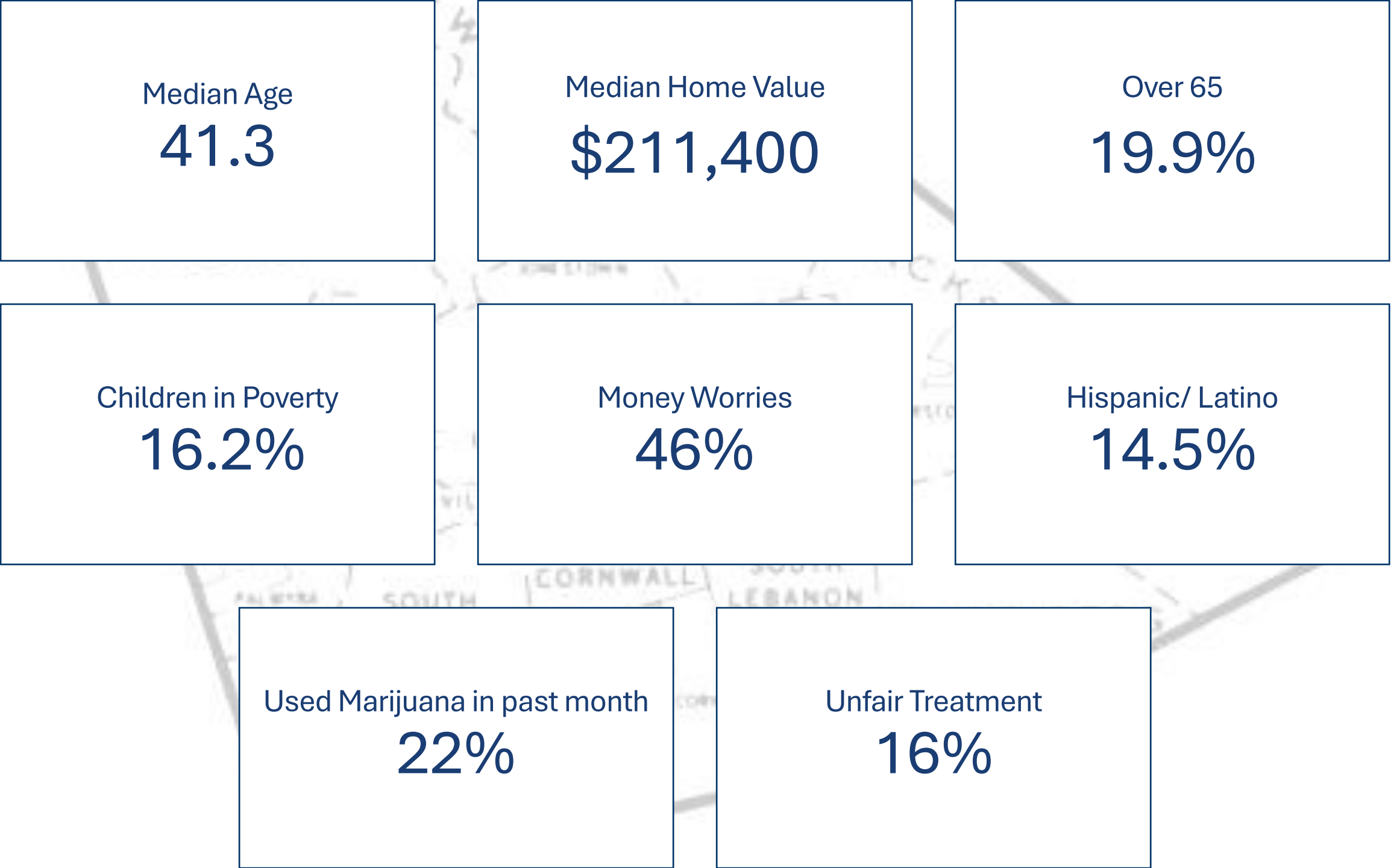
Trending Data

- Organized by largest percentage of population impacted to smallest percentage
- Consistency in many observed trends for more than 10 years
- Social drivers and concerns about cost worsening
- Interesting story emerging related to smoking and marijuana use

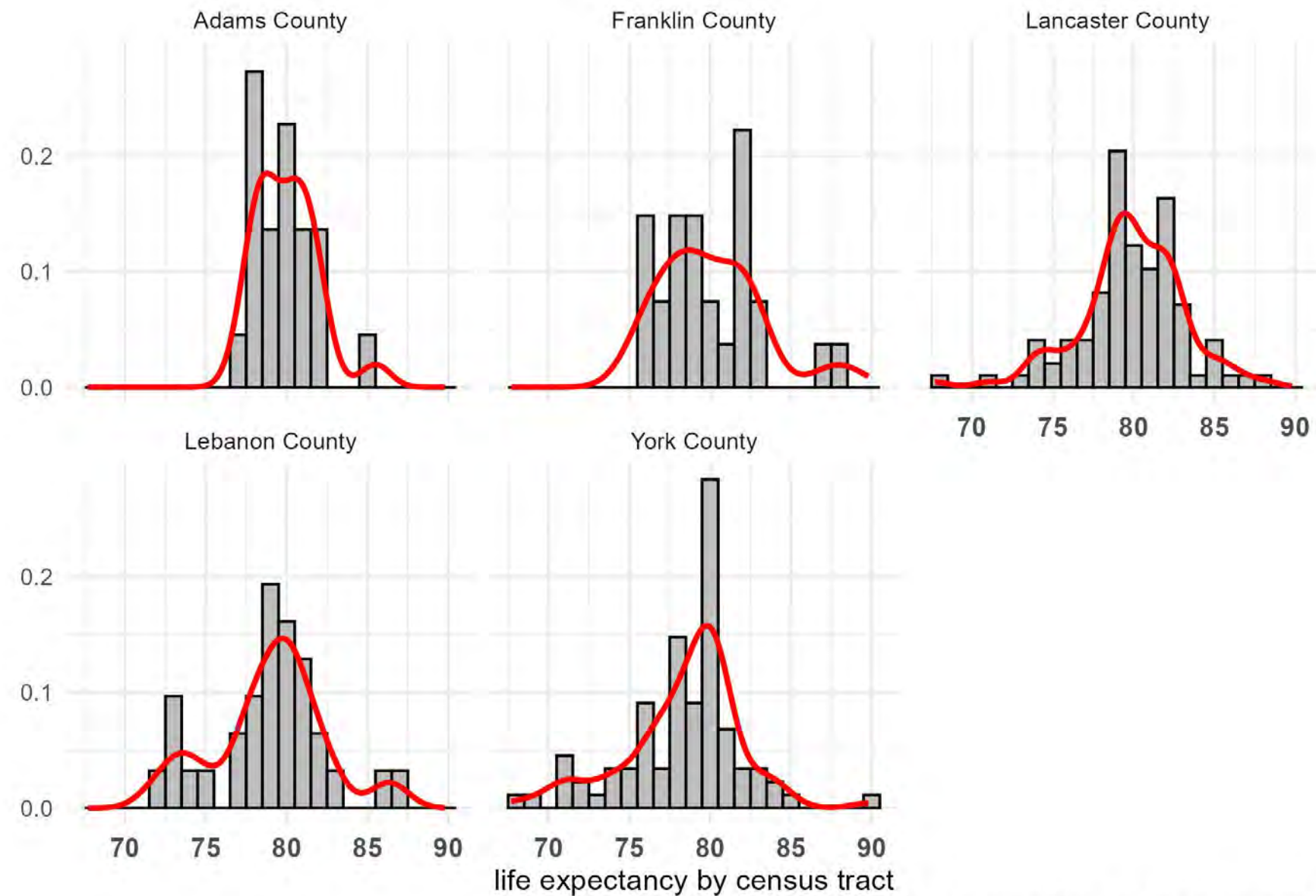
Indicator	Total			Trends
	2017	2022	2025	
Did not exercise 30 minutes on five days in past week	83%	81%	82%	
BMI: Overweight and Obese	71%	71%	72%	
One or more days with depressive symptoms in past two weeks	59%	64%	71%	
No strength training in past month	51%	61%	55%	
Stressed about money worries	46%	41%	53%	
At least one day physical health was not good in past month	41%	41%	49%	
At least one day mental health was not good in past month	36%	40%	48%	
Did not participate in physical activities or exercise in past month	28%	37%	33%	
Economic hardships (one or more)	31%	26%	32%	
Stressed about recent loss of a loved one	32%	33%	31%	
Has a high-deductible health plan	22%	22%	30%	
Has not seen a dentist in past year	28%	31%	28%	
Used marijuana one or more days in past month		19%	24%	
No routine check-up with doctor in past 12 months	26%	25%	18%	
Poor or fair health	16%	15%	17%	
Does not believe vaccines are generally safe and effective		20%	17%	
Experienced a reduction in pay	13%	12%	15%	
Skipped or reduced meals		8%	14%	
Binge drinking behavior	14%	13%	14%	
Does not get needed social and emotional support	7%	11%	13%	
Does not have a personal physician	14%	14%	13%	
Experienced any unfair treatment b/c of race, ethnicity or cultural background		8%	11%	
No health insurance any time during past year (ages 18 - 64)	16%	10%	11%	
PHQ-8 current depression indicator-currently depressed	10%	8%	10%	
Did not receive health care in past year because of cost	8%	6%	9%	
Ate fast food three or more days in past week	10%	9%	9%	
Adult smoking (% current smokers)	16%	12%	9%	
Uninsured (% of pop. under age 65 without health insurance)	13%	12%	8%	
Fell behind paying rent or mortgage		4%	7%	
Used illegal drugs in past year	4%	4%	5%	
Adult e-cigarette vaping (% current vapers)	6%	4%	4%	
Did not receive health care because of a lack of transportation	5%	2%	3%	

Indicator	Lebanon				Trends
	2015	2018	2022	2025	
Did not exercise 30 minutes on five days in past week	84%	83%	77%	85%	
BMI: Overweight and Obese	70%	73%	68%	71%	
One or more days with depressive symptoms in past two weeks	52%	55%	67%	69%	
Experienced any symptoms of not getting enough sleep			74%	59%	
No strength training in past month	55%	45%	57%	57%	
Ever experienced trauma				49%	
Stressed about money worries			36%	46%	
At least one day mental health was not good in past month	34%	35%	40%	44%	
At least one day physical health was not good in past month	38%	40%	34%	40%	
Economic hardships (one or more)	31%	24%	22%	35%	
Did not participate in physical activities or exercise in past month	29%	24%	35%	33%	
Stressed about recent loss of a loved one			37%	33%	
Has not seen a dentist in past year	30%	24%	32%	32%	
Poor or fair health	17%	17%	16%	24%	
Has a high-deductible health plan		27%	19%	23%	
Used marijuana one or more days in past month			18%	22%	
Does not believe vaccines are generally safe and effective			17%	22%	
Needs help reading health materials at least occasionally			19%	18%	
Experienced any unfair treatment b/c of race, ethnicity or cultural background			6%	16%	
Experienced a reduction in pay			9%	15%	
No routine check-up with doctor in past 12 months	26%	26%	24%	14%	
Does not have a personal physician	10%	16%	14%	13%	
Binge drinking behavior	10%	11%	11%	13%	
Does not get needed social and emotional support	7%	8%	8%	12%	
Adult smoking (% current smokers)	16%	12%	9%	11%	
No health insurance any time during past year (ages 18 - 64)	20%	14%	9%	10%	
Uninsured (% of pop. under age 65 without health insurance)	20%	12%	15%	9%	
Did not receive health care in past year because of cost	11%	6%	4%	9%	
Skipped or reduced meals			5%	9%	
PHQ-8 current depression indicator-currently depressed	6%	8%	8%	7%	
Ate fast food three or more days in past week	8%	9%	9%	6%	
Fell behind paying rent or mortgage			2%	5%	
Adult e-cigarette vaping (% current vapers)		4%	5%	5%	
Used illegal drugs in past year	3%	3%	2%	3%	
Did not receive health care because of a lack of transportation	3%	4%	2%	2%	

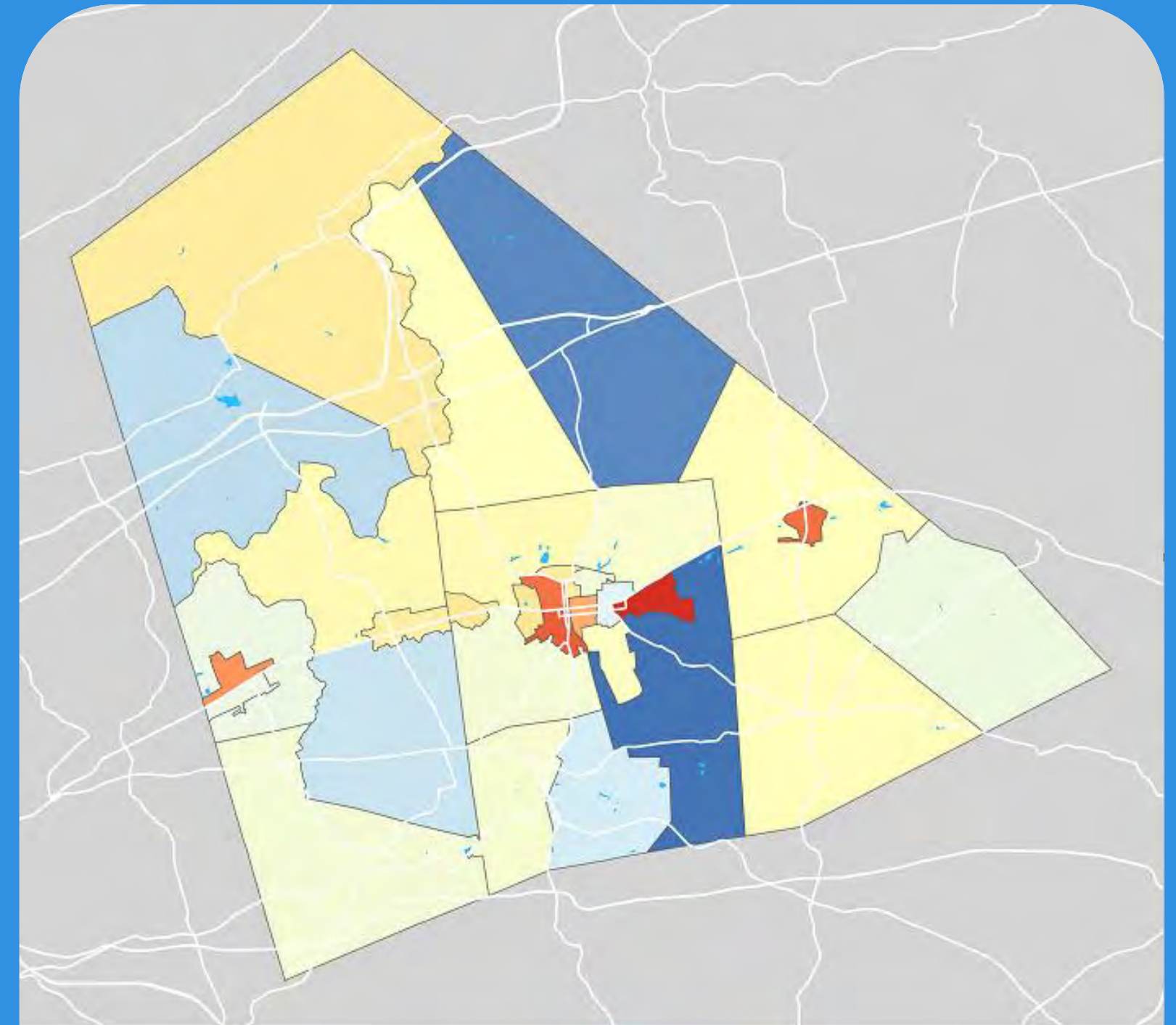
Lebanon County



Life Expectancy in Lebanon County



Source: National Center for Health Statistics



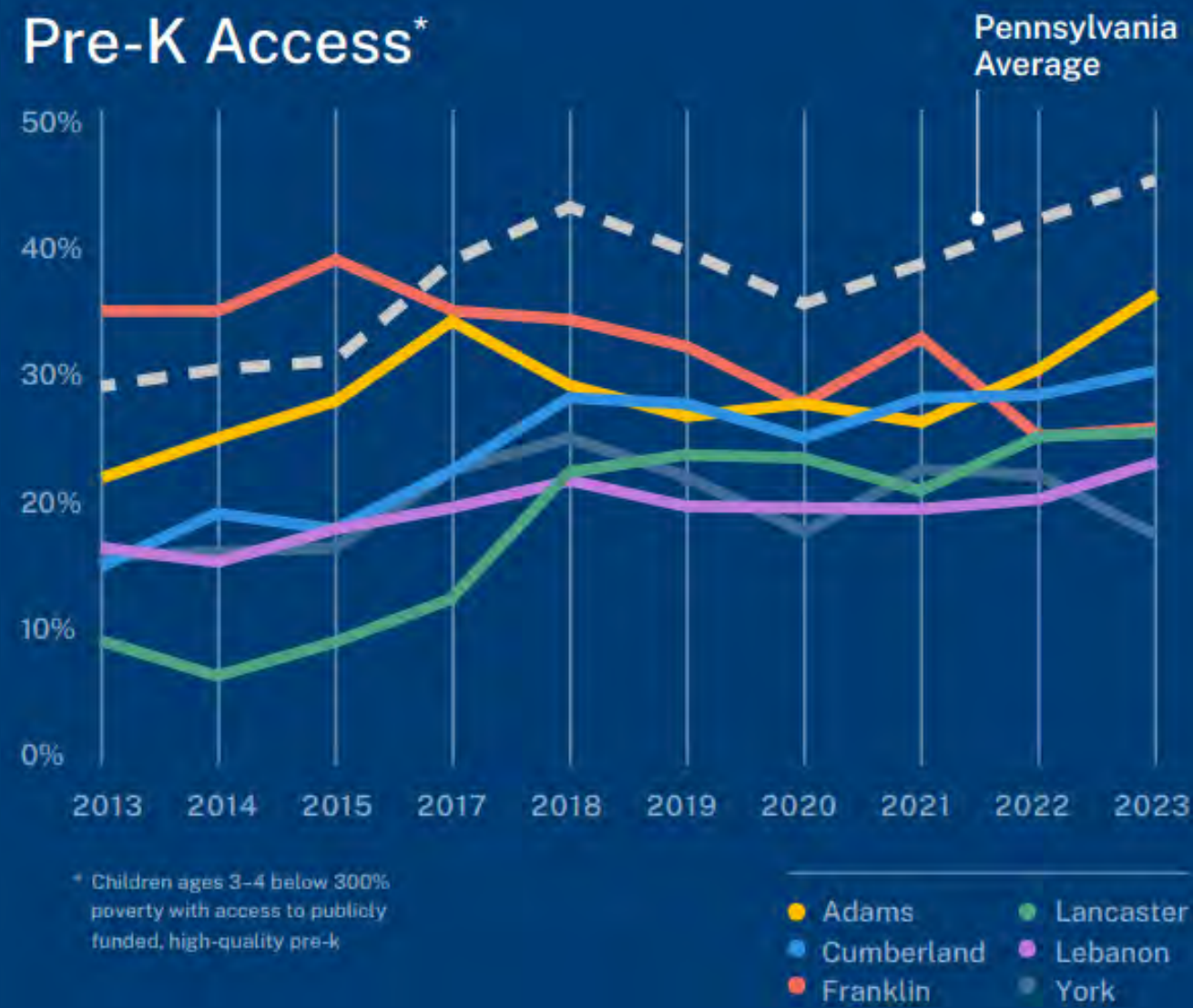
Life Expectancy

72 76 80 84

Life Expectancy

72 76 80 84

Social Complexities and Indicator Relationships

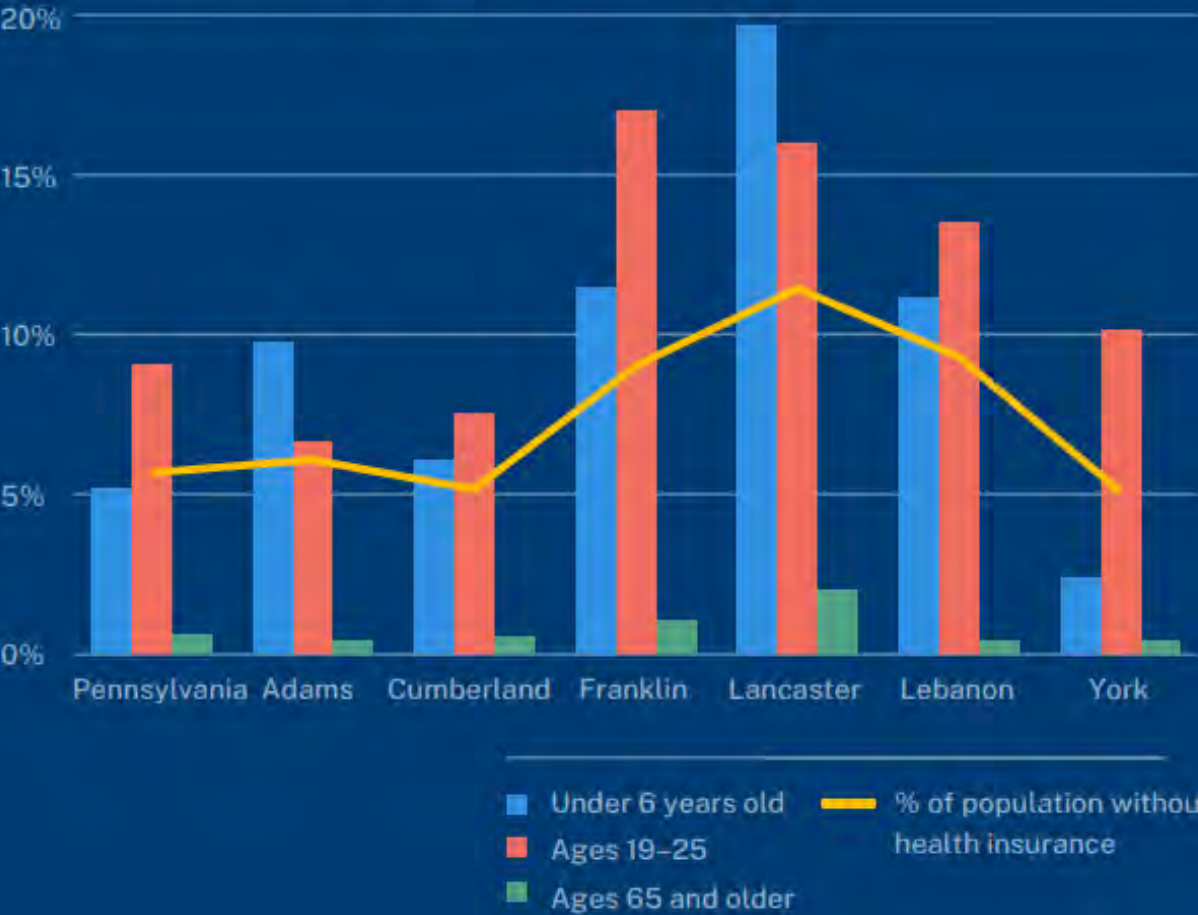


Life Expectancy by Level of Education



Additional Regional Trends

Uninsured by Age



2023 Health Ranking Summaries

Table 1.

	Health Outcomes	Health Factors	Length of Life	Quality of Life	Health Behaviors	Clinical Care	Social & Economic Factors	Physical Environment
Adams	11 ●	9 ●	9 ●	11 ●	15 ●	16 ●	7 =	46 ●
Franklin	14 ●	20 ●	16 =	25 ●	31 ●	49 ●	10 ●	38 ●
Lancaster	9 =	12 ●	8 ●	8 ●	10 ●	24 ●	9 ●	66 ●
Lebanon	26 ●	17 ●	19 =	37 ●	21 ●	18 ●	16 ●	59 ●
York	31 ●	16 ●	22 ●	40 ●	29 ●	8 ●	15 ●	57 ●
Cumberland	5 ●	4 =	6 ●	7 ●	5 ●	5 ●	4 =	56 ●

Legend

- 1 = Best (statewide)
- Improved since last CHNA
- Worsened since last CHNA

Community Health Needs Assessment Executive Summary



Demographic Trends

The population of adults over 65 years of age is growing, as is the presence of single-female-headed households with children.

Lancaster County is the only county in the region with a birth rate that exceeds the death rate.

Population fluctuations are largely attributed to domestic and international migration.

Observations of population growth indicate the community is becoming slightly more racially and ethnically diverse.



Access to Health Care

Most residents (92%) report having health care coverage and a personal physician (87%).

A growing number of residents report having a high-deductible plan (30%), and 9% of residents report having avoided health care in the past year because of cost.

More than 70% of insured adults across the region report having private health insurance, demonstrating a stark contrast from the payor mix observed in health care financials.

An average of 50% of households regionally report having broadband, and 96% of households report having some access to broadband.

18% of survey respondents did not have a routine check-up in the past 12 months.

Preventive cancer screenings demonstrate some improvement — 24% of community members who are recommended for colorectal cancer screenings received them, and 94% of women over 40 years of age have had a mammogram.



Children's Health

Uninsured rates for children under six continue to show increases and exceed the state, ranging from 2.4% in York County to 19.7% in Lancaster County.

Around 38% of children in kindergarten to 12th grade are overweight or obese.

Fewer than a third of children living in poverty have access to high-quality pre-k.

Decline in math, reading and science test scores has been consistent from 2006 to the present, with rising numbers of students testing below basic proficiency levels.



Non-Medical Factors

Data demonstrates notable and persistent health variances across multiple geographies.

The median household income has risen significantly, though the gap between the highest income quintile and the lowest continues to grow.

More than a quarter of households are living “paycheck to paycheck,” and an additional 7% of households sometimes do not have enough money for basic items.

Nearly half of renters and nearly a quarter of homeowners are spending more than 30% of their income on rent or mortgage expenses.

Over half of the housing inventory across the region was built before 1979, and occupancy rates across the region exceed the state and the nation.

Roughly 32% of residents are currently experiencing one or more economic hardships, and 53% are stressed about money.

For many residents, food purchases were cost-prohibitive (9%), while others expressed concern that their food would run out before they received more money to purchase food (10%).

For 3% of our community, utilities were shut off due to their inability to pay.



Health Behaviors, Chronic Disease and Behavioral Health

Most adults experience high levels of stress, do not eat healthy recommended foods, do not exercise regularly and do not get adequate sleep.

Our communities also show rising rates of heart disease, diabetes, pulmonary disease, stroke and being overweight or obese.

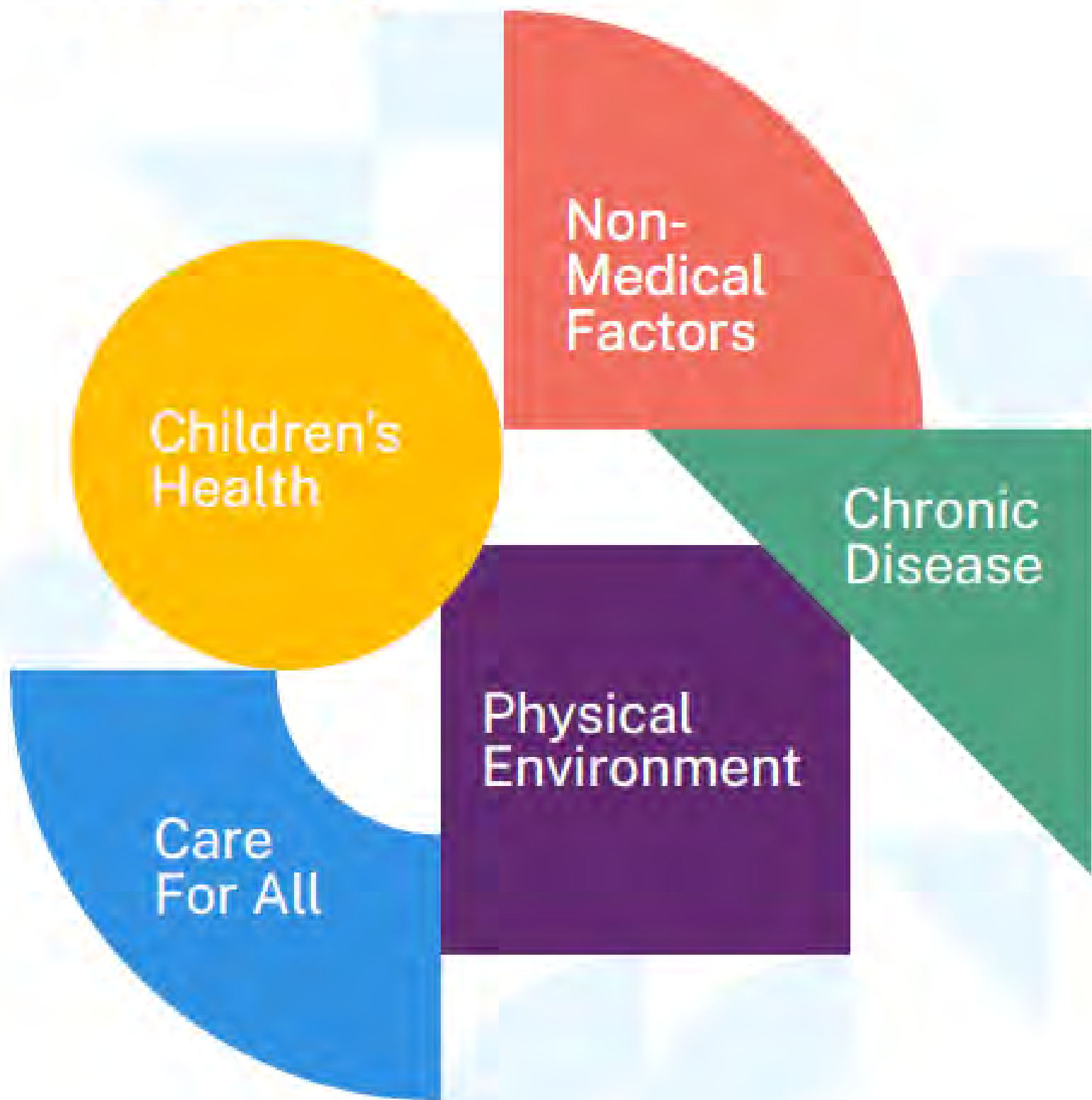
Rising trends of depression, anxiety, substance use, trauma, stress and grief have been observed for the past several years.

Binge drinking and illegal drug use show modest increases.

While smoking rates have reportedly declined in recent years (from 16% in 2017 to 9% in 2025), there is concern for nearly a quarter of the community (24%) reporting marijuana use within the past month.

Nearly half of the community reports having experienced trauma, 11% report unfair treatment because of their race, ethnicity or cultural background, and 10% were identified as currently depressed.

2025 WellSpan Community Health Priorities



2023- 2025 CHIP Summary of Accomplishments

Non-Medical Factors

- More than 67,000 searches for resources on our white label #HeretoHelpall strong social service referral network
- Develop and implement new approaches for collaborating with community-based organizations to impact the most pressing non-medical factors affecting our patients and community
- More than 1 million patients screened for non-medical factors, also called social drivers of health
- Partnered with Giant Foods for a six-month fruit and vegetable voucher pilot program which demonstrated a 110% increase in produce purchases for participants
- \$2.2 million awarded in community grants for 57 projects addressing non-medical factors influencing health
- Three transformational food insecurity projects supported by \$1.5 million investment
- Received more than \$10 million in grants to address non-medical factor needs
- Achieved Good Food, Healthy Hospitals distinction across WellSpan hospitals by demonstrating an increase in healthy options for patients and visitors.
- More than 6,600 shelf-stable meals distributed to patients in need
- Supported over 600 housing-insecure patients in need of medical and social support through the Arches to Wellness Recuperative Care Program by leasing 22 shelter beds, with 97% of participants being placed in temporary or permanent housing, 96% having resolved acute medical issues, and 100% having a primary care physician at program completion.

Mental Well-being

- Through county health coalitions, distributed more than 7,000 resource guides and window clings encouraging better navigation to local mental health resources
- Support personal well-being and whole person health by making it easier for people to recognize and get support for mental health and addiction issues
- Invested \$627,151.32 in grants to support mental well-being programs in the community
- Achieved a 19% decrease in waitlist length to improve patient care access to behavioral health services
- Launched expansion of behavioral health unit at York Hospital, which will add 56 patient beds and 30,000 sq. feet
- WellSpan crisis counselors began responding to 911 calls for mental health emergencies.
- Provided support for nicotine cessation and drug treatment for youth
- Recognized for our commitment to a supportive and inclusive work environment by Mental Health America
- More than 2,000 community members trained to address mental well-being
- Partnered with Giant Foods for a six-month fruit and vegetable voucher pilot program which demonstrated a 110% increase in produce purchases for participants.
- Demonstrated a 10% decrease in emergency room visits for behavioral health patients by expanding mobile crisis teams, incorporating peer support and addiction recovery specialists into crisis services and expanding walk-in crisis center access.
- Expansion of walk-in crisis centers improved access to immediate care for behavioral health crisis and realized a 21% increase in visits.
- Reduced the average length of stay in emergency rooms for patients seeking behavioral health care by 50%, from 34 hours to 16 hours.
- Received \$9 million in grant funds to address mental well-being

