

SUMMARY REPORT

2018 Lancaster County Health Rankings

County Health Rankings & Roadmaps Building a Culture of Health, County by County

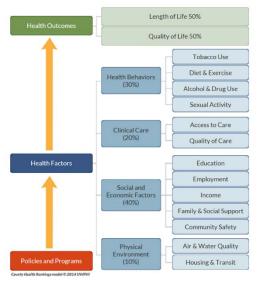
A Robert Wood Johnson Foundation program

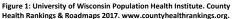
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March 15, 2018



The Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute have released the *County Health Rankings* annually since 2010. The report ranks almost all of the counties in the nation, based on methodology that has been used to rank all Wisconsin





counties since 2003. The *Rankings* are compiled using county-level measures from a variety of national and state data sources that are weighted for statistical comparison. The *County Health Rankings* provide a snapshot of a community's health and a starting point for investigating and discussing ways to improve health.

Each year, health measures are selected that affect the **Health Outcomes** (representing the current health of our community) and **Health Factors** (representing the factors that influence the health of our community). **Attachment A** details Lancaster County's 2018 ranking for Health Outcomes and Health Factors, including ranks for five subcategories as illustrated in Figure 1.

The health measures are re-evaluated annually for inclusion in the *Rankings* process, with measure and data source selection based on the following criteria:

- Reflect important aspects of population health that can be improved
- Valid, reliable, recognized and used by others
- Available at the county level
- Available for free or low cost
- As up-to-date as possible

For ease of direct comparison, detailed historical *Rankings* for Lancaster County are included in **Attachment B**. It is important to note that addition of new measures and removal of measures used in prior years make direct comparison of annual category rankings difficult. In 2018, there were amendments to the description of two indicators: *Access to Exercise Opportunities* and *Drinking Water Violations*.

Attachment C illustrates the categorical rankings of the 7 Pennsylvania Counties that ranked above Lancaster County for comparison.

Attachment D details a new, peer county, comparison of the County Health Rankings. Thirtythree counties from 19 different states were identified to have similar key demographic, social, and economic indicators.

Indicator Highlights (details in Attachment A)

Overall, Lancaster County performed well, overall ranking 8th (Health Outcomes (8), Health Factors (10)) out of 67, but there is still room for improvement. **Indicators marked with an asterisk (*) improved significantly from the value reported in 2017.**

In 2018, Lancaster County scored **better** than Pennsylvania in the following categories (with statistical significance):

- Premature Death
- Poor or Fair Health*
- Poor Physical Health
- Low Birth Weight
- Adult Smoking*
- Food Environment Index*
- Sexually Transmitted Infections
- Teen Birth Rate*
- Preventable Hospital Stays (Medicare)
- Diabetic Monitoring

- Mammography Screening
- High School Graduation
- Unemployment
- Children in Poverty
- Income Inequality
- Children in Single-Parent Households
- Social Associations*
- Violent Crime Rate
- Injury Deaths
- Long Commute—Driving Alone

Additional categories where Lancaster County scored **better** than Pennsylvania (with statistical significance, not included in overall ranking):

- Premature age-adjusted mortality
- Frequent physical distress
- Frequent mental distress
- HIV prevalence
- Food Insecurity
- Drug overdose deaths
- Insufficient sleep
- Health care costs

- Disconnected youth
- Median household income
- Children eligible for free lunch
- Residential segregation—black/white
- Residential segregation—nonwhite/white
- Homicides
- Firearm fatalities

Areas where Lancaster County scored **worse** than Pennsylvania include (with statistical significance):

- Access to Exercise Opportunities
- Uninsured Rate*
- Primary Care Physicians (Patient to PCP ratio)
- Dentists (Patient to Dentist ratio)*
- Mental Health Providers (Patient to Provider ratio)*
- Some College
- Air Pollution-particulate matter days
- Driving Alone to Work

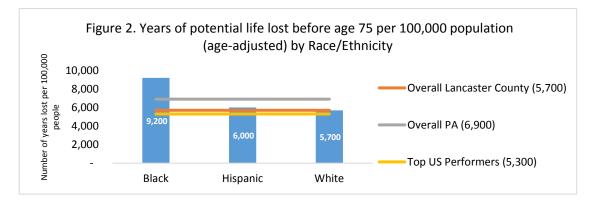
Additional categories where Lancaster County scored **worse** than Pennsylvania (with statistical significance, not included in overall ranking):

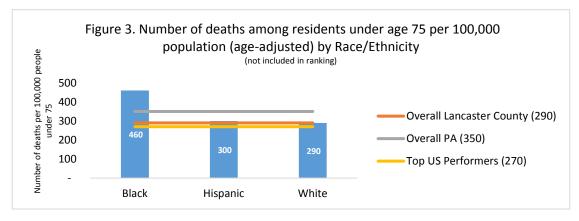
- Uninsured adults
- Uninsured children

Racial/Ethnic Disparities in Health Outcomes

Length of Life

Figures 2 and 3 illustrate the racial disparity that exists for years of potential life lost within Lancaster County. Black residents have a higher number of potential years of life lost, as well as a higher number of deaths to individuals under the age of 75.





• Other primary care providers (Patient to Other PCP ratio)

The overall racial/ethnic breakdown of Lancaster County children under age 18 is 80% White, 15% are Hispanic, and 5% are Black. Figure 4 shows the disproportionate number of deaths among racial/ethnic minority children in Lancaster County.

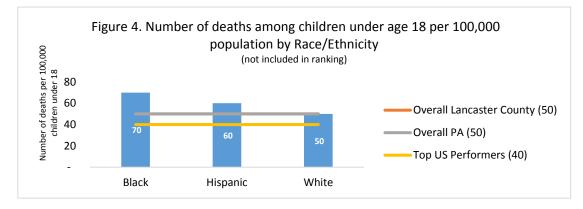
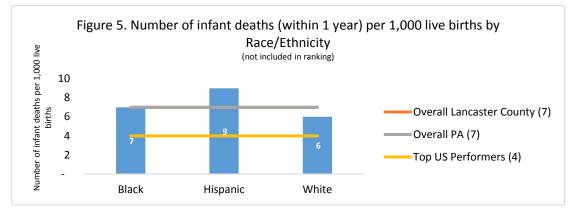
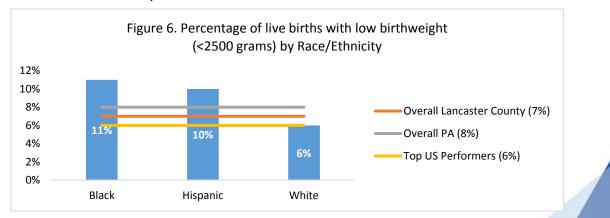


Figure 5 illustrates that in Lancaster County, Hispanic babies are more likely than Black or White babies to die within the first year of life.



Quality of Life

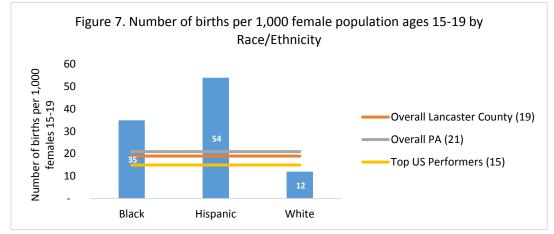
Figure 6 illustrates the racial/ethnic disparity in Lancaster County for low birthweight babies. The percentage of White low birthweight babies mirrors that of the top 10% of counties in the nation, while the percentage of Black and Hispanic low birthweight babies far exceeds even the Commonwealth of Pennsylvania as a whole.



Racial/Ethnic Disparities in Health Factors

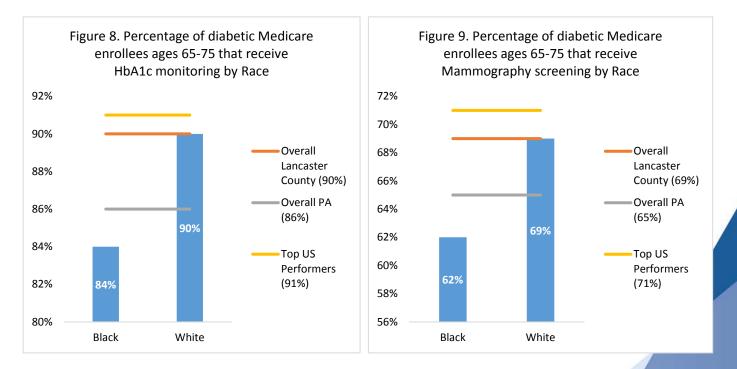
Health Behaviors

Figure 7 shows the racial/ethnic disparity in Lancaster County's teen birth rate. The rate of births to White teen mothers is below the benchmark of the top 10% of counties in the nation, The rate of births to Black and Hispanic teen mothers far exceeds Lancaster County and the Commonwealth of Pennsylvania as a whole.



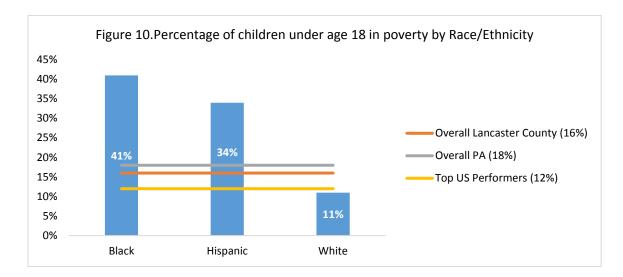
Clinical Care

Figures 8 and 9 show that in Lancaster County, White Medicare enrollees (aged 65-75) are more likely to monitor their diabetes and complete recommended mammography screenings than their Black counterparts.

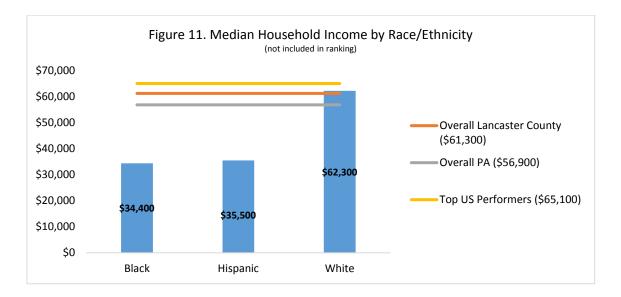


Social & Economic Factors

Figure 10 illustrates the disproportional percentage of Black and Hispanic children in Lancaster County that live in poverty. The percentage of White children in poverty below the benchmark of the top 10% of counties in the nation, while the percentage of Black and Hispanic children in poverty far exceeds Lancaster County the Commonwealth of Pennsylvania overall.

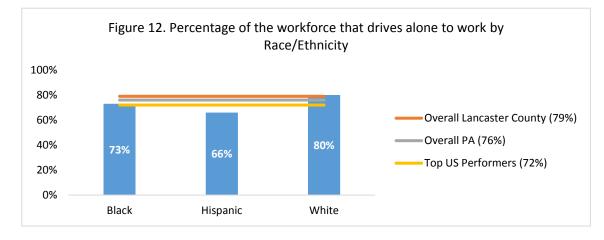


Similarly, Figure 11 shows that the median household income of White families is almost double that of Black and Hispanic households.



Physical Environment

Figure 12 shows that White employees are more likely to drive alone to work than Black or Hispanic employees. Additionally, it illustrates that the percentage of Hispanic employees who drive to work with others falls within the benchmark for top 10% counties in the nation.



Peer County Comparison (details in Attachment D)

Lancaster County performs significantly **better** than most peer counties for the following indicators:

- Social Associations
- Income inequality
- Violent crime
- Sexually Transmitted Infections
- High School Graduation

- Children in Single-Parent households
- Food environment index

Some College*

Mental health providers*

Access to Exercise Opportunities*

We perform significantly worse than most peer counties for these indicators:

- Dentist ratio
- Drinking Water
- Adult Obesity
- Air Pollution particulate matter*

*Lancaster County was the worst performing county of the peer comparison group.

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Rankings: Areas of Strength and Areas to Explore

The *Rankings* team highlight Health Factor indicators that offer the greatest potential opportunity for improvement as well as already existing assets in our community that can benefit from continued growth. They identified measures where there are meaningful differences between Lancaster County's values and either the Pennsylvania average, the national benchmark, or the state average in the best state, taking into account the relative influence that each indicator has on health outcomes.

Identified Areas of Strength:

- Primary Care Physicians (Patient to PCP ratio)
- Preventable Hospital Stays (Medicare)
- Diabetic Monitoring
- Mammography screening (Medicare)

Unemployment

High School Graduation

- Children in poverty
- Income inequality
- Injury Deaths

Identified Areas to Explore:

- Adult Smoking (since 2013)
- Adult Obesity (since 2012)
- Uninsured (since 2014)
- Air pollution (since 2017)
- Excessive Drinking (since 2018)

Conclusion

The identification of these factors to explore reinforces LG Health/Penn Medicine's existing and ongoing commitment to improve access to care and increase the number of County residents that are tobacco free and at a healthy weight. The list of identified areas of strength has largely remained the same this year -- with the exception of *Physical Inactivity* being removed. The identified areas to explore remain the largely the same as previous years, supporting the findings from the 2016 Community Health Needs Assessment. In 2018, Excessive Drinking has been added, which aligns with our focus on substance abuse and misuse, but has yet to be explored in our Community Health Improvement Plan.

While Lancaster County continues to be a leader in Pennsylvania, it is clear from the racial/ethnic disparity data, as well as the peer county comparison data, that there is significant room for improvement. Targeted improvement efforts must span the breadth of the socioecological model, removing barriers for individuals to receive preventative clinical care through addressing access to exercise opportunities and clean air.

Disclosure About Use of Rankings Data to Measure Trends

The *Rankings* snapshot as a whole provide important data that raise awareness about the impact of social/economic factors and the physical environment to our health. An important statement from the County Health Rankings about use of data to measure progress: *Ranks are great for garnering attention, simplifying a lot of complex data, and making comparisons between one community and another at a point in time—but they shouldn't be used alone to measure a single community's progress. Rather, look at them as one tool among many. Because ranks are relative, they aren't as helpful in isolation -- your county's rank depends not only on what is happening in your county, but also on what happens in all the other counties in your state. In fact, if every county in a state improved its health equally, their ranks would all stay the same. So look for ranks to inform your progress measurement, not drive it.*

The *Rankings* provide comparative data to Pennsylvania and counties nationwide that performed in the 90th percentile, which aid in identification of targeted objectives for community health improvement. This data supplements and supports the findings of the 2016 Lancaster County Health Needs Assessment and will be accounted for in the annual updates of the 2016-2019 LG Health/Penn Medicine Community Health Improvement Plan.

Questions: Please contact Jessica Klinkner, Health Promotion Specialist, at 717-544-3867 or jklinkner2@lghealth.org.

Attachment A: 2018 Lancaster County Health Ranking Results

Measures	2018	PA	Explanation
<u>Health Outcomes</u>	8		Rank out of 67: Represents Current Health of County
Mortality Rank (50%)	10		Rank out of 67
Premature death	5,700	6,900	Years of potential life lost before age 75 per 100,000 pop.
Morbidity Rank (50%)	15		Rank out of 67
Poor or fair health*	13%	15%	Percentage of adults with poor or fair health (age-adjusted)
Poor physical health days*	3.5	3.9	Average number of physically unhealthy days within 30 days (age- adjusted)
Poor mental health days*	3.9	4.3	Average number of mentally unhealthy days reported in past 30 days (age-adjusted)
Low birth weight	7%	8%	Percent of live births with weight <2500 grams
Health Factors Rank	10		Rank out of 67: What Influences the Health of the County
Health Behaviors Rank (30%)	10		Rank out of 67
Adult smoking*	14%	18%	Percent of Adults that Smoke
Adult obesity	28%	30%	Percent of Adults that report a BMI \geq 30
Food environment index	8.5	8.2	Index of factors that contribute to a healthy food environment including access to healthy foods and food insecurity
Physical inactivity	22%	24%	Percent of adults that report no leisure time physical activity
Access to exercise opportunities*	53%	68%	Percent of the population with adequate access to locations for physical activity
Excessive drinking*	21%	21%	Percent of Adults that report heavy or binge drinking
Alcohol-impaired driving deaths	31%	30%	Percentage of motor vehicle crash deaths with alcohol involvement
Sexually transmitted infections	274.9	418.1	Chlamydia rate per 100,000 pop.
Teen birth rate	19	21	Per 1,000 females age 15-19
Clinical Care Rank (20%)	24		Rank out of 67
Uninsured	11%	8%	Percent of population < age 65 without health insurance
Primary care physicians	1,360:1	1,230:1	Ratio of population to primary care physicians
Dentists	1,810:1	1,480:1	Ratio of population to dentists
Mental Health provider	850:1	560:1	Ratio of population to mental health providers
Preventable hospital stays	34	52	Rate per 1,000 Medicare enrollees
Diabetic screening	90%	86%	Percent of Medicare enrollees with diabetes that receive HbA1c screening
Mammography screening	69%	65%	Percent of female Medicare enrollees that receive mammography screening
Social & Economic Factors Rank (40%)	9		Rank out of 67
High school graduation	90%	85%	Percent of 9th grade cohort that graduates in 4 years
Some college	55%	64%	Percent of adults age 25-44 with some post-secondary education
Unemployment	4.2%	5.4%	Percent of population age 16+ unemployed
Children in poverty	16%	18%	Percent of children < age 18 in poverty
Income inequality	3.9	4.8	Ratio of household income at the 80th percentile level with that at the 20th percentile
Children in single-parent households	24%	34%	Percent of children that live in a single parent household
Social associations	14.1	12.1	Number of membership associations per 10,000 population
Violent crime rate	168	333	Rate per 100,000 pop.
Injury deaths	61	76	Injury mortality per 100,000 pop.
Physical Environment Rank (10%)	64		Rank out of 67
Drinking water violations*	Yes		Users should note that this measure has been changed. Now measures whether county residents may have been exposed to water exceeding a violation limit (i.e. Yes or No)
Severe housing problems	16%	15%	Percent of the population living with severe housing problems (overcrowded, expensive, incomplete plumbing facilities, or have incomplete kitchen facilities)
Driving alone to work	79%	76%	Percent of the working population who commute to work alone
	29%	36%	Percent of the work force driving alone who spend more than 30 minutes
Long commute -driving alone	2970	5070	commuting to work

*Indicates a change in methodology. Data should not be compared to prior years.

Attachment B: 2010-2018 Lancaster County Health Ranking Results

Measures	'10	'11	'12	'13	'14	'15	'16	'17	'18
Health Outcomes Rank (50%)	8	7	9	8	9	8	9	10	8
Mortality Rank (50%)	15	12	11	11	11	8	7	10	10
Premature death	6,360	6,234	6,198	5,871	5,871	5,700	5,700	5,800	5,700
Morbidity Rank (50%)	4	7	6	6	10	9	12	19	15
Poor or fair health*	11%	11%	11%	11%	11%	11%	15%	14%	13%**
Poor physical health days*	2.9	2.8	2.8	2.7	2.9	2.9	3.5	3.4	3.5
Poor mental health days*	3.3	3.4	3.5	3.2	3.2	3.2	3.7	3.7	3.9
Low birth weight	6.2%	6.4%	6.5%	6.8%	6.8%	6.8%	7%	7%	7%
Health Factors Rank (50%)	9	9	9	9	8	9	9	9	10
Health Behaviors Rank (30%)	13	12	7	8	8	9	6	8	10
Adult smoking*	20%	19%	16%	16%	16%	16%	17%	16%	14%**
Adult obesity	27%	29%	30%	30%	28%	29%	29%	29%	28%
Food environment index					8.4	8.1	8.1	8.2	8.5**
Physical inactivity			22%	22%	23%	21%	21%	20%	22%
Access to exercise opportunities*					69%	75%	75%	75%	53%
Excessive drinking*	15%	15%	14%	14%	15%	15%	17%	18%	21%
Alcohol-impaired driving deaths					34%	35%	35%	32%	31%
Sexually transmitted infections	289	231	218	253	228	224	192.9	232.1	274.9
Teen birth rate	31	30	30	28	27	26	25	23	19**
Clinical Care Rank (20%)	4	8	19	21	22	17	15	20	24
Uninsured	14%	14%	14%	14%	14%	15%	14%	13%	11%**
Primary care physicians*	114	1362:1	1362:1	1,384:1	1,326:1	1,341:1	1,340:1	1,340:1	1,360:1
Dentists				2,262:1	2,079:1	2,029:1	1,950:1	1,840:1	1,810:1**
Mental Health provider*					1,379:1	934:1	870:1	900:1	850:1**
Preventable hospital stays (Medicare)	54	52	53	48	50	46	42	36	34
Diabetic screening (Medicare)	87%	87%	87%	88%	87%	90%	91%	90%	90%
Mammography screening (Medicare)		69%	68%	68%	66%	67.5%	67%	69%	69%
Social & Economic Factors Rank (40%)	8	10	9	10	9	8	7	10	9
High school graduation*	82%	84%	85%	88%	88%	89%	90%	90%	90%
Some college	23%	49%	50%	51%	52%	52.9%	53%	53%	55%
Unemployment	4%	7.2%	7.5%	6.8%	6.6%	6.1%	4.6%	4%	4.2
Children in poverty	13%	13%	16%	16%	17%	15%	15%	16%	16%
Income Inequality						3.9	3.9	3.9	3.9
Children in single-parent households	7%	21%	22%	22%	22%	22%	23%	25%	24%
Social Associations						13.9	14.2	14.3	14.1**
Violent crime rate	189	196	186	180	176	177	177	168	168
Injury deaths					52	54	56	58	61
Physical Environment Rank (10%)	53	56	64	33	26	22	26	26	64
Drinking water violations*					8%	4%	Yes	Yes	Yes
Severe housing problems					14%	15%	15%	15%	16%
Driving alone to work					79%	79%	79%	79%	79%
Long commute -driving alone					26%	26%	27%	28%	29%

* Definition of measure changed or change in methodology between 2010 and 2017, as noted by |. Data should not be compared to prior years. ** Indicates a statistically significant improvement from 2017

Attachment C: Categorical rankings of the Pennsylvania Counties that ranked above Lancaster County

	Health Outcomes Ranking										
County	Overall Rank	Length of Life	Quality of Life								
Chester	-	2	1								
Centre	2	1	5								
Union	3	3	4								
Montgomery	4	4	3								
Butler	5	12	2								
Cumberland	6	5	8								
Bucks	7	7	10								
Lancaster	8	10	15								

	Health Factors Ranking													
County	Overall Rank	Health Behaviors	Clinical Care	Social & Economic Factors	Physical Environment									
Montgomery	1	2	2	1	44									
Bucks	2	1	5	5	55									
Chester	3	3	3	2	58									
Cumberland	4	4	6	3	40									
Centre	5	9	13	4	21									
Montour	6	11	1	15	19									
Butler	7	7	10	6	61									
Union	8	22	4	8	4									
Lebanon	9	8	18	11	57									
Lancaster	10	10	24	9	64									

Key:

Lancaster County Ranks Better Lancaster County Ranks Worse

Attachment D: 2018 Peer County Comparison Detail

	Anchor	age At	a. A.	bispo', da Santa Bat	53173 CUI	CA CA	Vertur	a. Ch. Boulder	EP 250, C	aimet, ca	field. Ch	Haven	London, Chattal	hootheele	Cumper	Handshi Hangshi	worcest.	vnasherr	Washoe Hi	huy us	Atlantic	N ^{HI} N ^{ercer}	waren, h	W MAN NY	Northal	npton PA	on's Vitsapi	SPOKARE'S	MA	WA W	Number of Counties that Lancaster performed Significantly Better than	Number of Counties that Lancaster performed Significantly Worse than	Number of Counties Lancaster performed Similar to (no significant difference)
Social Associations																															32	1	0
Income Inequality																															30	2	1
Violent Crime																													Т	op Quintile for	29	4	0
Sexually Transmitted Infections (Chlamydia)																														Peer County	28	5	0
High School Graduation																														Performance	27	4	2
Food Environment Index																															26	4	3
Children in Single-Parent Households																															26	1	6
Diabetes Monitoring (Medicare)																															25	1	7
Severe Housing Problems																															25	0	8
Unemployment																													2	nd Quintile for	20	13	0
Mammography Screening (Medicare)																														Peer County	18	3	12
Injury Deaths																														Performance	17	15	1
Long Commute - Drives Alone																															17	13	3
Preventable Hospital Stays																															13	12	7
Premature Death																															12	14	7
Fair or Poor Health																															12	15	6
Teen Births																													3	Brd Quintile for	12	19	2
Low Birthweight																														Peer County	9	9	15
Poor Physically Health Days																														Performance	8	9	16
Alcohol-Impaired Driving Deaths																															7	9	17
Primary Care Physicians																															6	27	0
Excessive Drinking																															5	21	7
Children in Poverty																															4	17	12
Drive Alone to Work																													4	4th Quintile for	4	21	8
Poor Mental Health Days																														Peer County	3	14	16
Adult Smoking																														Performance	3	17	13
Physical Inactivity																															2	26	5
Uninsured																															2	23	8
Dentists																															1	32	0
Adult Obesity																														Dattom	0	16	17
Drinking Water Violations																														Bottom	0	7	26
Access to Exercise Opportunities																														Quintile for	0	33	0
Mental Health Providers																														Peer County	0	32	0
Some College																														Performance	0	33	0
Air Pollution - particulate matter																															0	31	0

Methodology for determining Peer Groups (available: http://www.countyhealthrankings.org/sites/default/files/resources/CHSIpeerMethodology.pdf)

Peer groups were defined using 19 county-level variables. These variables include demographics and social and economic determinants of health. Direct measures of health were not included (so that a dependent health outcome variable would not drive the peer grouping). County-level data were extracted for all 3,143 counties from the Census 2012 QuickFacts File and the American Community Survey (ACS) 2007-2011 five-year estimates tables.

- Population size ٠
- Percent foreign born ٠
- Median household income •
- Population growth .
- Percent high school graduates ٠

- Receipt of government financial assistance
- Population density • Single parent households
- Gini Index of Income Inequality

- Population mobility •
- Median home value
- Overall poverty
- Percent children
- Housing stress ٠

- Elderly poverty
- Percent elderly
- Percent owner-occupied housing units
- Unemployment
- Sex ratio •