# 2018 Lancaster County Health Rankings 

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County Health Rankings \& Roadmaps
Building a Culture of Health, County by County
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A Robert Wood Johnson Foundation program

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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


Figure 1: University of Wisconsin Population Health Institute. County Health Rankings \& Roadmaps 2017. www.countyhealthrankings.org. 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.

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
- Mammography Screening
- Poor or Fair Health*
- High School Graduation
- Poor Physical Health
- Unemployment
- Low Birth Weight
- Children in Poverty
- Adult Smoking*
- Income Inequality
- Food Environment Index*
- Children in Single-Parent Households
- Sexually Transmitted Infections
- Social Associations*
- Teen Birth Rate*
- Violent Crime Rate
- Preventable Hospital Stays (Medicare)
- Injury Deaths
- Diabetic Monitoring
- 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
- Other primary care providers (Patient to Other PCP ratio)


## 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 .

Figure 2. Years of potential life lost before age 75 per 100,000 population (age-adjusted) by Race/Ethnicity


Figure 3. Number of deaths among residents under age 75 per 100,000
population (age-adjusted) by Race/Ethnicity

(not included in ranking)


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 4. Number of deaths among children under age 18 per 100,000 population by Race/Ethnicity
(not included in ranking)


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.

Figure 5. Number of infant deaths (within 1 year) per 1,000 live births by

Race/Ethnicity
(not included in ranking)

—Overall Lancaster County (7)
——Overall PA (7)
——Top US Performers (4)

## 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.

Figure 6. Percentage of live births with low birthweight
(<2500 grams) by Race/Ethnicity


## 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.

Figure 7. Number of births per 1,000 female population ages $15-19$ by Race/Ethnicity


## 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.

Figure 10.Percentage of children under age 18 in poverty by Race/Ethnicity


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

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

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


## 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)
- High School Graduation
- Unemployment
- 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 |
| :---: | :---: | :---: | :---: |
| Health Outcomes | 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 (ageadjusted) |
| 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 |
| Long commute -driving alone | 29\% | 36\% | Percent of the work force driving alone who spend more than 30 minutes commuting to work |
| Air pollution-particulate matter days* | 12.8 | 10.4 | Average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) |

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\% |
| Air pollution-particulate matter days* | 13 | 10 | 10 | N/A | 12.4 | 12.4 | 12.4 | 12.8 | 12.8 |

[^0]Attachment C: Categorical rankings of the Pennsylvania Counties that ranked above Lancaster County

| County | Health Outcomes Ranking |  |  |
| :--- | :---: | :---: | :---: |
|  | Overall <br> Rank | Length <br> of Life | Quality <br> of Life |
| Chester | 1 | 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 |


| County | Health Factors Ranking |  |  |  |  |
| :--- | :---: | :---: | :---: | :---: | :---: |
|  | Overall <br> Rank | Health <br> Behaviors | Clinical <br> Care |  <br> Economic <br> Factors | Physical <br> Environment <br> Montgomery <br> Bucks $1^{2}$ |
| 2 | 1 | 5 | 1 | 44 |  |
| Chester | 3 | 3 | 3 | 5 | 55 |
| Cumberland | 4 | 4 | 6 | 3 | 58 |
| Centre | 5 | 9 | 13 | 4 | 40 |
| 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 <br> Lancaster County Ranks Worse

Attachment D: 2018 Peer County Comparison Detail


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



- Population size
- Percent foreign born
- Median household income
- Population growth
- Percent high school graduates
- 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
- Elderly poverty
- Percent elderly
- Percent owner-occupied housing units
- Unemployment
- Sex ratio


[^0]:    * 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

