PCCY

Public Citizens for Children and Youth

Key Findings

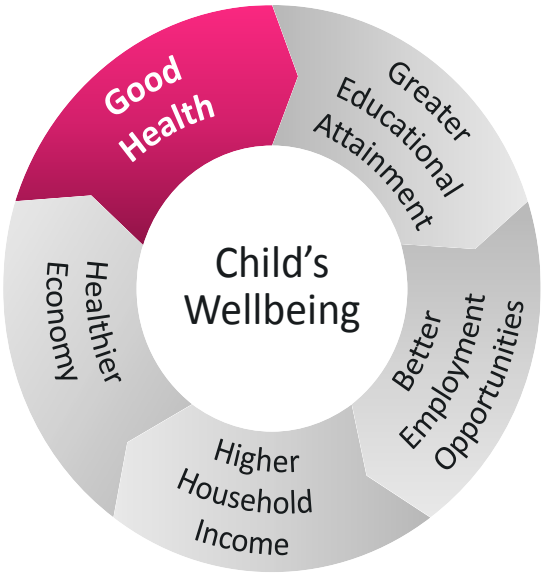
- **More than 3,300 Bucks County children have no health insurance.**
- **More than 1 in 4 Bucks County children were enrolled in Medical Assistance and CHIP in 2013.**
- **The infant mortality rate increased from 4.1 to 5.6 infants per 1,000 live births from 2007 to 2011 at the same time the rate dropped in the three other suburban counties.**
- **The number and share of babies born at low birth weight increased from 406 infants (5.9%) to 451 infants (7.9%) from 2007 to 2011.**
- **One in three Bucks County children are obese and overweight – a jump of 4,000 children, or 17% more, in the last five years.**
- **Bucks County had the largest drop in teen births in the region - a 31% rate decrease from 2007 to 2011.**

The Bottom Line Is Children

Children's Health Status In Bucks County

Children are best able to go about 'the business of childhood'- playing, learning and exploring - if they are healthy. Healthy children grow up with greater promise. Notably, better childhood health is linked to improved educational attainment, better employment opportunities and higher income in adulthood.[1] Without question, when a child's health is good during their growing years, economic benefits accrue to them and society as they age.
A child's health, however, is influenced by more than his/her genetic makeup or propensity for illness.

A child's health and chances of becoming sick and dying early are greatly influenced by powerful social factors such as education, income, nutrition, housing and neighborhoods. The Robert Wood Johnson Foundation found that, "Social and health advantage or disadvantage accumulates over time, creating favorable opportunities or daunting obstacles to health. Opportunities or obstacles play out across individuals' lifetimes and across generations. Intervening early in life can interrupt a vicious cycle . . . leading to a healthy and productive adult workforce."[2]



Bucks County has ranked in the top 10 Pennsylvania counties with the best health outcomes and health behaviors as well as social and economic factors for the last four years.[3] Fortunately, most Bucks County children live in middle and upper income households and, therefore, have a better chance at attaining good health. Unfortunately, the proportion of low-income children in the county increased 18% over the last five years.[4] In all, 23,961 Bucks County children live in low-income families.[5] Research indicates that children who live in impoverished households have poorer overall health, more chronic health problems, increased hospitalizations, inadequate access to health care services and increased death rates.[6]

This report examines the health status of children living in Bucks County. To conduct this analysis, PCCY relied on publicly available local, state and national data sources that provide county-level information on child health measures. Further, to identify trends, PCCY examined those data sources where there were at least two years or periods of recent data. As a result, 15 child health indicators serve as the basis for this report.

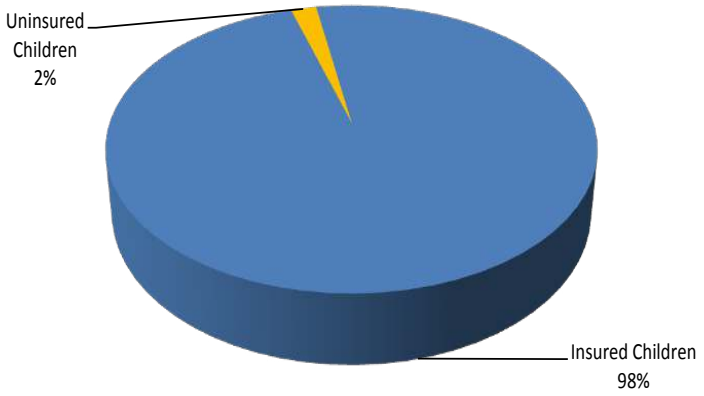
Notably missing from these 15 indicators are measures of child behavioral and visual health because reliable or no public data was available. This is unfortunate because a child's behavioral health significantly impacts their overall health and a child's ability to see can dramatically impact their performance in school. Consequently, creating a more complete picture of Bucks County children's health status is not possible at this time.

There is good news in these indicators with respect to teen parenting and asthma and more children with health insurance. But there are also very troubling findings that demonstrate that too many children are still unnecessarily uninsured, more children are obese and overweight and more children are dying in infancy and are born with low birth weights.

Overview

Approximately 137,000 children under age eighteen live in Bucks County.[7] From 2010-2012, nearly every child, 98%, had health insurance.[8] Unfortunately, 2% had no insurance at all.

98% of Bucks County Children Had Health Insurance in 2010-2012



Based on 15 health indicators, over time, Bucks County children experienced:

- **Improvements** in overall health status, teen births, asthma hospitalizations, having a regular source of care and the number of uninsured children;

- **No progress** in children poisoned by lead and diagnosed with asthma;

- **Worse health outcomes** with respect to obese and overweight children, infants born with low birth weights, death in infancy, and

- **Mixed results** regarding seeing the dentist at least once a year, testing children for lead poisoning and enrollment in private and public health insurance.

What follows is a table that ranks the county's progress on each of the 15 health indicators.

How Bucks Children Fared On Selected Health Indicators Over Time				
Health Indicator	Number or Rate of Children Impacted in Baseline Year	Baseline Year	Number or Rate of Children Impacted in Most Recent Year Data Available	Most Recent Year
Positive Trends				
Overall Health Status is Excellent/Good	139,417 (94.7%)	2004	136,337 (97.6%)	2012
15 - 19 Year Old Teen Birth Rate	24.9 births per 1,000	2007	17.3 births per 1,000	2011
Asthma Inpatient Hospitalization Rate	160 per 100,000	2007	118 per 100,000	2011
Have a Regular Source of Health Care	140,877 (95.8%)	2004	136,470 (97.7%)	2012
No Health Insurance	4,453	2008-2010	3,377	2010-2012
No Change				
Poisoned by Lead	9	2009	12	2012
Asthma Diagnosis	21,543 (14.6%)	2004	22,376 (16%)	2012
Negative Trends				
Obese and Overweight	24,776	2008	28,865	2012
Low Birth Weight Babies	406 (5.9%)	2007	451 (7.8%)	2011
Infant Mortality Rate	4.1 per 1,000 live births	2007	5.6 per 1,000 live births	2011
Mixed Results				
Dental Visit in the Last Year	105,050	2004	110,224	2012
Screened for Lead Poisoning	3,372	2009	3,895	2012
Private Health Insurance Enrollment	117,875	2008-2010	111,842	2010-2012
Medical Assistance Enrollment	23,668	2009	28,246	2013
CHIP Enrollment	8,457	2009	8,599	2013

Note: Measures of behavioral and visual health are not included among these 15 health indicators because reliable or no public data was available. It is essential to monitor measures of child behavioral health status because it importantly impacts their overall health. School nurses are required to conduct annual vision screens for every student and report results to the PA Department of Health, yet the Department does not make this data public. A child's ability to see well significantly impacts their school performance.

Trends In Bucks County Children's Health

The following section provides details about the health measures PCCY believes local, state and/or federal governments have the greatest capacity to impact.

Positive Trends: Reductions Over Time in Asthma Hospitalizations, the Teen Birth Rates and the Number of Uninsured Children

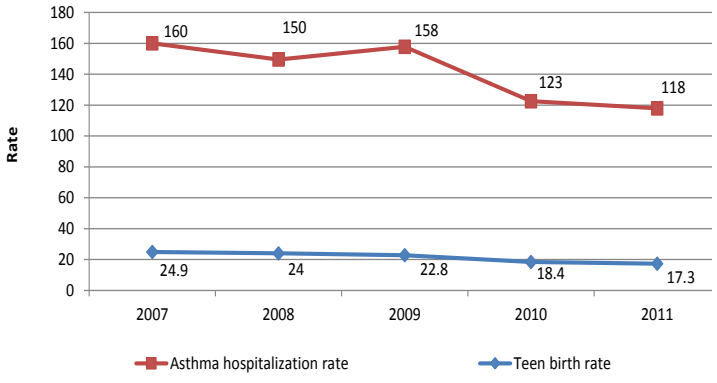
Asthma Hospitalization Rate

Significantly fewer children were hospitalized for asthma-related health problems over five years. From 2007 to 2011, the age-adjusted asthma inpatient hospitalization rate decreased 26% from 160 to 118 children per 100,000.

Teen Birth Rate

The teen birth rate significantly decreased 31% over five years and is the largest percent rate drop among the four suburban southeastern PA counties. From 2007 to 2011, the teen birth rate for 15 – 19 year olds decreased from 24.9 to 17.3 births per 1,000. The 2011 Bucks County teen birth rate is lower than the statewide rate at 36.1 births per 1,000.

Bucks County Shows Improvment in Some Child Health Areas Over Time

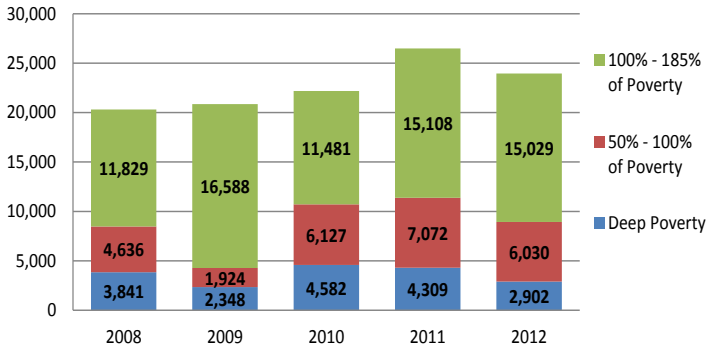


Children Without Health Insurance

The share of Bucks County children without health insurance substantially decreased by 24% over five years which is the largest decrease among the four suburban southeastern PA counties. From 2008-10 to 2010-12, Census data showed that 4,453 and 3,377 children respectively had no health insurance. This decrease is great news as health insurance is the critical pathway for children to maintain or improve their health. Children with health insurance are healthier than children without coverage, have better access to health care, lower rates of avoidable hospitalizations and less childhood mortality.[9]

Even though more children had health insurance over time, there were still 3,377 uninsured children in 2010-12. Meanwhile, the share of children living in households with low-incomes increased during this time period and health insurance eligibility rules did not change; therefore, most of these uninsured children were likely eligible for but not enrolled in public coverage – either in the state's Medical Assistance or CHIP programs.

The Number Of Children In Low-Income Families Increased 18% From 2008 To 2012



Barriers for Immigrant Children

One factor that may be contributing to children's lack of health insurance is the number of Bucks County children without a qualifying immigration status. Every child in Pennsylvania is eligible for Medical Assistance or CHIP **except** children who are undocumented. An estimated 1,426 Bucks County children are undocumented and uninsured.[10] As a result, these children are not able to access reliable health care services. Sadly, many experts sug-

gest that estimates of the number of children from undocumented households underestimates the full extent of uninsured children since families living in the U.S. illegally are not easy to accurately count.

The health care hardship faced by these children is alarming. A 2004 report by the Urban Institute found that more than twice as many young children of immigrants compared to U.S.-born children don't have a regular source of health care and, not surprisingly, parents of young immigrant children report their children in fair or poor health at twice the rate of U.S.-born kids.[11] When children don't receive regular check ups or have access to primary care for common childhood illnesses, potential health problems are harder to prevent and actual health conditions can go untreated, eventually requiring costlier emergency room care.

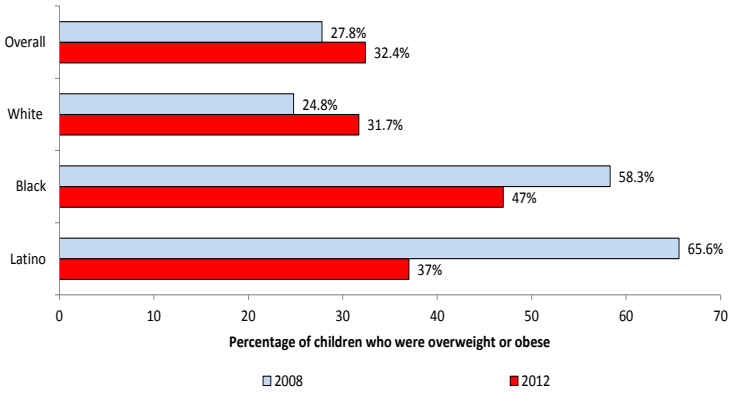
Five states including New York, California and Illinois permit undocumented children to enroll in public health insurance so that children are not penalized for their parent's decision to enter the United States illegally. To improve children's health status, the Pennsylvania barriers to CHIP enrollment should be removed.

Negative Trends: More Children are Obese and Overweight and Increases in Infant Mortality and Low Birth Weight Babies

Obese and Overweight Children

Seventeen percent more children (4,089) became overweight and obese over the last five years. From 2008 to 2012, the proportion of obese and overweight children in the county increased from 27.8% to 32.4% (24,776 and 28,865 respectively) – about 1 in 3 children. Unfortunately, disparities persist in 2012 for Black and Latino Children; 47% Black and 37% Latino children were obese and overweight compared to 32.4% of children overall. The good news is that a smaller proportion of Black and Latino children were obese and overweight in 2012 than they were in 2008.

A Higher Share of Black and Latino Children Were Obese and Overweight Than Children Overall in 2012

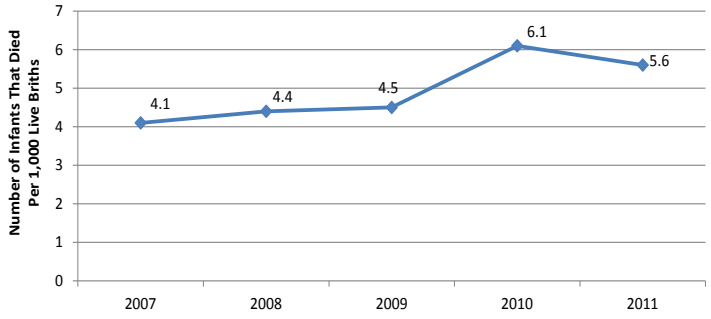


Racial, ethnic, and socioeconomic disparities in the prevalence of obesity are well documented.[12] Lack of affordable, healthy foods and access to clean water, over consumption of sugary drinks and unsafe neighborhoods that discourage outdoor play contribute to obesity disparities.[13]

Infant Mortality

The infant mortality rate increased in Bucks County by 38% over the last five years – in stark contrast to the progress in the three other suburban southeastern PA counties that experienced a drop in infant deaths. From 2007 to 2011, the infant mortality rate increased from 4.1 to 5.6 infants per 1,000 live births. The 2011 Bucks County rate is lower than the state-wide rate at 6.5 infants per 1,000 live births.

Bucks is the Only Suburban Southeastern PA County Where the Infant Mortality Rate Grew From 2007 to 2011

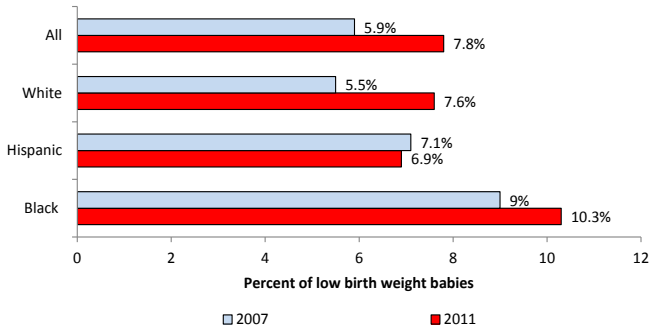


Low Birth Weight Babies

Bucks County was one of two counties in the region with an increased number and proportion of low birth weight babies over five years.

From 2007 to 2011, the proportion of low birth weight babies increased 11% from 406 infants (5.9.%) to 451 infants (7.8%). The 2011 Bucks County proportion of low birth weight babies is similar to the state-wide proportion of 8.1%. Of particular concern is the disparity in low birth weight babies among White, Black and Hispanic women. In 2011, 7.6% of low birth weight babies were born to White women, 10.3% to Black women and 6.9% to Hispanic women.

Black Women Gave Birth To The Highest Proportion of Low Birth Weight Babies From 2007 - 2011



While the share of Bucks County infants born at low birth weight and dying in infancy is lower than the share of infants statewide, the negative trend for these two measures is a red flag for the county. Low birth weight is a serious condition as it is one of the leading causes of infant death - and many of the causal factors for both of these conditions are preventable.[14] Babies most at risk for dying in infancy are those born with serious birth defects, who succumb to Sudden Infant Death Syndrome, who sustain mortal injuries, are born too early, have low birth weights and are born to mothers with complications during pregnancy.[15]

Tragically, racial disparities in birth outcomes have persisted for decades, and researchers cite factors such as differences in mothers' health status, stress, lack of social support and having a previous pre-term baby as reasons for this variation.[16, 17]

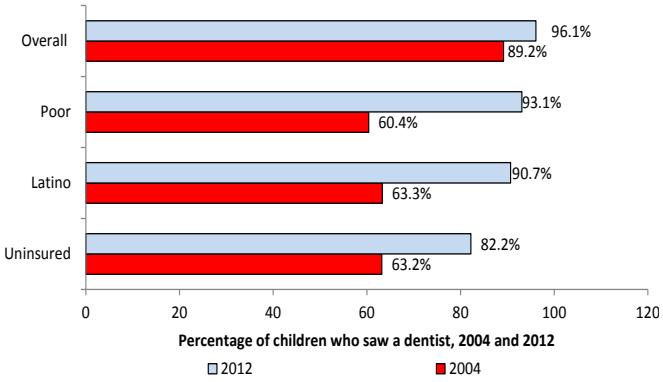
Mixed Results: Disparities Among Children Obtaining Dental Care, Testing Children for Lead, Fewer Children Enrolled in Private Health Insurance and More Enrolled in Public Health Insurance

Some child measures have trended quite positively over the last several years, yet serious disparities persist among groups of children (dental care) or too few children have been positively impacted (lead screening). Consequently, PCCY has characterized the impact of changes in these two measures as mixed.

Dental Care

More children saw a dentist at least once a year over the past eight years – an increase from 89.2% to 96.1% from 2004 to 2012. Children of different races, ethnicities, insurance statuses and incomes all experienced increases in dental care over this time. The largest increases in dental visits occurred among poor,[18] Latino and uninsured children, yet disparities persisted in 2012; 93.1% poor, 90.7% Latino and 82.2% uninsured children saw a dentist at least once a year compared to 96.1% of children overall.

Many More Latino, Uninsured and Poor Children Saw a Dentist in 2012 than in 2004



There are several factors that contribute to the disparity in poor, Latino and uninsured children accessing dental care. For children who are uninsured and poor, dental care is relatively expensive which may deter some families from seeking care. Fortunately, every year the Bucks County Health Improvement Program

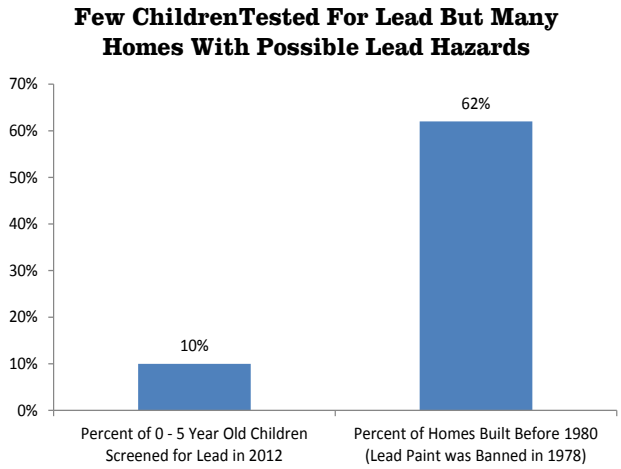
connects hundreds of children in need of dental care with dentists who generously provide free care. Not all uninsured children who need this care are able to access this program, however.

Further, some private/employer plans only cover physical health care and not dental. Medical Assistance and CHIP cover both. In 2009, the federal government permitted states to create dental-only CHIP plans to help fill the coverage gap for children lacking private dental coverage. We don't know how many of the poor Bucks County children who did not get dental care had private medical but no dental coverage, yet attempting to identify and quantify these children and children like them across the state would help determine if Pennsylvania should create a CHIP dental-only option.

Lead Poisoning

The number of children poisoned by lead is low: 12 children in 2012. Few children identified as poisoned, however, may be due to the fact that few children are tested. If children aren't tested, their blood lead levels remain unknown. Only 10% or 3,895 children under six were screened for lead in 2012, and while this is a 16% increase in screening since 2009, it is still low.[19]

Unfortunately, many Bucks County houses may be poisoning children because 62% of Bucks County housing units were built before 1980 and many of them likely contain lead-based paint because it was not banned for residential use until 1978.[20] Across the nation, the number one source of lead poisoning is lead-based paint in children's homes. Intact, undisturbed lead-based paint is not a major hazard to children, but chipping and peeling and disturbed lead-based paint when renovating, for example, is hazardous to children's health. Further, families with low incomes who don't have the means to maintain their homes are at greater risk for exposing their children to lead paint hazards.



Removing lead hazards from a home typically costs thousands of dollars. The federal government had historically furnished funding to states to help local governments and low-income home owners afford to remediate their properties. In 2012, however, the federal government slashed lead poisoning prevention funding to states, and it simultaneously changed the definition of childhood lead poisoning, so now children with smaller amounts of lead in their bodies are diagnosed as poisoned. Consequently, it is anticipated that health care professionals will identify more children as lead poisoned when fewer funds are available to prevent poisoning in the first place.

Health Insurance

PCCY categorized the impact of changes in children's enrollment in private and public health insurance as mixed because the state and federal safety net programs are neither sufficient nor structured to meet the needs of every child. As such, a reduction in the number or share of children without private coverage is a negative indicator pointing to the erosion of the private health insurance system in the nation. However, since the number of children who are covered by publicly subsidized coverage rose, these trends taken together suggest that the safety net programs are serving their intended purpose. That's the good news. However, continued debate over the safety net programs puts these programs, and thus the health insurance status of children, at risk.

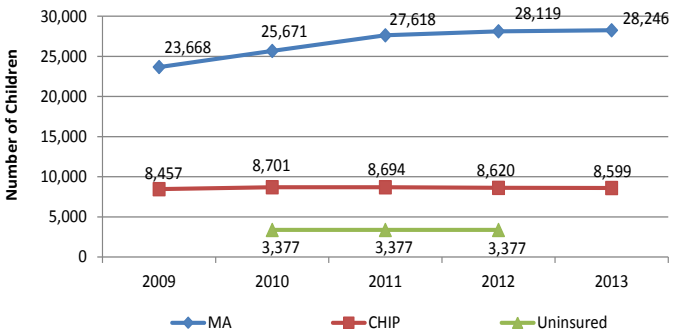
Private Health Insurance Enrollment

Census data showed that five percent fewer children had private health insurance from 2008-10 to 2010-12. During 2008-10, 117,875 children with private coverage declined to 111,842 in 2010-12.

Public Health Insurance Enrollment

In approximately the same time period, data from the Pennsylvania Department of Welfare indicates that 19% more children enrolled in Medical Assistance from 2009 (23,668 children) to 2013 (28,246 children). The Pennsylvania Department of Insurance reports that two percent more children enrolled in CHIP from 2009 (8,457 children) to 2013 (8,599 children). In 2013, more than 1 in 4 Bucks County children were enrolled in Medical Assistance or CHIP. The 2009-2013 enrollment trend shows stability in the share of children insured. It is important to note, however, that a PA Department of Public Welfare backlog in processing applications in 2011 caused the number of children insured by Medical Assistance to decline in spite of rising poverty among children in the county.

More Than 1 in 4 Bucks County Children Were Enrolled in Medical Assistance and CHIP In 2013[21]



Children win when they have insurance – regardless of whether it is provided by a private or public source. Ideally, children would have coverage through a parent's employer, yet if they have lost private insurance due to parents losing a job, parents not able to afford employer based coverage for their children or employers no longer offering coverage, children suffer.

While providing public health insurance to children increases the financial pressure on the government, most children in Pennsylvania are fortunate that the state's safety net is there to catch them. Over the past five years or so this safety net has 'caught' many children who lost private coverage and/or whose families became low income, yet these efforts are still not strong enough because 3,300 Bucks County children have no health insurance.

CHIP and Medical Assistance Enrollment Will Increase in 2014

State government recently strengthened the safety net by eliminating the six-month waiting period that many children moving from private coverage to CHIP endured; consequently, more children will more easily and quickly secure health insurance.

Child Medical Assistance enrollment will also get a boost in 2014 because the Affordable Care Act requires states to make children ages 6 to 18 whose family income is between 100% and 133% of poverty eligible for Medical Assistance as of January 1, 2014. Currently, most of these children in Pennsylvania are eligible for CHIP. The state reports that this change in federal law will enable approximately 40,000 children state-wide to transfer from CHIP to the richer health benefits of the Medical Assistance program.

In suburban counties such as Bucks County, however, typically fewer health care providers accept Medical Assistance compared to CHIP, and this may mean that newly eligible Medical Assistance children may have difficulty accessing health care services. The state can employ a number of strategies to attract health care providers to participate in Medical Assistance and make the transition for children from CHIP to Medical Assistance as smooth as possible.[22]

As of this writing, the state has not notified the targeted CHIP parents that their children were eligible for Medical Assistance on January 1, 2014. At the state's request the federal government recently permitted Pennsylvania to give parents the option to retain their children in

CHIP until the end of 2014. The state reports that it will immediately notify families about their options.

Conclusion and Recommendations

PCCY urges county officials to use the data in this report to assess children's needs and fashion strategies to improve children's health. We also urge county officials to consider the impact of social factors that affect health such as family income, education and housing and include steps to address these factors in order to help its youngest residents realize a virtuous versus vicious cycle.

In addition to boosting the attention paid to children and the social factors that greatly impact a child's health status, PCCY recommends the following specific county level efforts:

1. **Get every eligible child health insurance.** County officials should reach out to school district leaders and jointly launch an "Every Child Covered" campaign. Further, county and education leaders should collaborate with the state to remove barriers to Medical Assistance and CHIP enrollment.

2. **Remove the barrier to health care faced by undocumented children.** County leaders should take up the plight of the health care needs of undocumented children and push for the state to permit these children to become enrolled in the Pennsylvania Children's Health Insurance Program.

3. **Increase access to quality health care for poor children.** County leaders can partner with PCCY and other child policy-focused organizations and push the state to require its contracted Medicaid Managed Care Organizations to incentivize health care providers to participate in the Medical Assistance program so that quality health care is readily accessible to every child in the county.

4. **Improve birth outcomes.** County and health department leaders should examine data from the county child death review team and prenatal records and convene health care and social service stakeholders and consumers to craft and implement strategies to curtail the recent rise in infant mortality and babies born with low birth weights.

5. **Decrease the rate of child obesity.** County leaders should explore with the Department of Public Welfare the creation of a new pay for performance metric for Medicaid Managed Care Organizations that will increase health care provider focus on child obesity.[23] Further, the PA Department of Public Health should make student obesity and overweight data publicly available by race and ethnicity.

6. **Eliminate childhood lead poisoning.** County leaders should identify and utilize local and federal funds to test children's homes for lead hazards and remediate them, educate parents about lead poisoning and screen more children for lead. Resources that could be used to protect children from lead paint exposure include the Human Services Development Funds and the County Human Services Block Grant funds and federal Community Services Block Grant funds.

7. **Count and report on the number of children without dental insurance, the number of children with behavioral health conditions and the results of school vision screenings.** County leaders should push for the state to collect and report data on the number of children without dental insurance in order to determine if the state should create a dental-only CHIP program. County leaders should also push the state to collect and report data on the number of children with behavioral health conditions and the results school-based vision screenings to permit tracking, planning and implementing strategies at the local level to ensure that children who need follow-up care receive it.

Endnotes

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3. Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps. http://www.countyhealthrankings.org.
4. To retain consistency across all of PCCY's 2013-2014 Bottom Line reports, we define low income children as those qualifying for free or reduced school meals. To qualify, children must live in households with annual incomes at or below 185% of the federal poverty income guidelines – which for a family of four is a maximum of $43,568.
5. U.S. Census Bureau, American Community Survey, 2007-2012, Table 17024: Ratio of Poverty to Income.
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8. Data published by the Annie E. Casey Foundation Kids Count Data Center and derived from the U.S Bureau of the Census, American Community Survey (C27010).
9. The Economic Impact of Uninsured Children on America. (June 2009). Baker Institute Policy Report.
10. PCCY calculation based on a Pew Hispanic Center analysis that 1.3% of PA residents are undocumented and a Center for Immigration Studies report that 62.1% of illegal immigrants are uninsured. Sources: Passel, J.S., & Cohn, D'Vera. (2011). Unauthorized Immigrant Population: National and State Trends 2010. Washington, DC: Pew Hispanic Center. http://www.pewhispanic.org/2011/02/01/unauthorized-immigrant-population-brnational-and-state-trends-2010/. Camarota, S.A. (September 2009). Illegal Immigrants and HR 3200 Estimate of Potential Costs to Taxpayers. Center for Immigration Studies.
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18. The PHMC Southeastern Pennsylvania Household Health Survey is the data source and it defines poor as a child living in a household at or below 150% of the federal poverty income guidelines.
19. Medical Assistance and CHIP require children to be tested for lead poisoning at ages one and two, but if this is not achieved, children should be tested at least once between ages three and six. The Pennsylvania Department of Public Health promotes testing all children, regardless of insurance type, who live in parts of the state with a relatively high percentage of older housing and a relatively high number of children which includes Chester County, Montgomery County and the City of Chester in Delaware County. Source: Pennsylvania Childhood Lead Surveillance Program 2011 Annual Report at www.health.state.pa.us/lead.
20. 2011 American Community Survey 3-Year Estimates.
21. Medical Assistance and CHIP enrollment figures are for the month of June and were provided by the PA Departments of Public Welfare and Insurance. The uninsured number is a three year estimate from 2010-2012 and was published by Annie E. Casey Foundation Kids Count Data Center and derived from the U.S Bureau of the Census, American Community Survey (C27010).
22. PCCY and our policy partners published a paper on how the state could transfer children from CHIP to Medical Assistance as seamlessly as possible in June 2013 - https://www.pccy.org/userfiles/file/ChildHealthWatch/CHIP-to-MA-Transition-Recommendations.pdf.
23. Pay for Performance is a financial incentive program for health plans to increase health care quality on a number of health measures. Through the pay for performance program, managed care plans have already had success in increasing lead screening, utilization of dental care and adolescent well-care visits. Source: Pennsylvania Department of Public Welfare. (June 2013). HealthChoices MCO Pay for Performance (P4P) Program Seven Year Progress Review July 2005 – December 2011. http://www.dpw.state.pa.us/ucmprd/groups/webcontent/documents/communication/s_002207.pdf

Data Sources and Explanations for Health Indicators Chart on page 3

Note: As indicated below, data on several of the health measures were provided by Public Health Management Corporation's (PHMC) Community Health Data Base (2000, 2002, 2004, 2006, 2008, 2010, or 2012) Southeastern Pennsylvania Household Health Survey. This survey is a major telephone survey of more than 10,000 households that examines the health and social well-being of residents in Bucks, Chester, Delaware, Montgomery, and Philadelphia counties. The survey is conducted as part of PHMC's Community Health Data Base, which contains information about local residents' health status, use of health services, and access to care. PHMC is a nonprofit, public health organization committed to improving the health of the community through outreach, education, research, planning, technical assistance, and direct services.

Data Source by Health Indicator

Overall Health Status: Public Health Management Corporation's Community Health Data Base (2000, 2002, 2004, 2006, 2008, 2010, or 2012) Southeastern Pennsylvania Household Health Survey. www.chdbdata.org.

Asthma Diagnosis: Public Health Management Corporation's Community Health Data Base (2000, 2002, 2004, 2006, 2008, 2010, or 2012) Southeastern Pennsylvania Household Health Survey. www.chdbdata.org.

Asthma Inpatient Hospitalization Rate: The Pennsylvania Department of Public Health, Bureau of Health Statistics and Research calculated the county rate at PCCY's request.

Lead Poisoning Screening and Screening Results: Pennsylvania Childhood Lead Surveillance Program 2009 Annual Report, 2010 Annual Report, 2011 Annual Report and 2012 Annual Report. http://www.portal.state.pa.us/portal/server.pt/community/lead_poisoning_prevention___control/14175.

No Health Insurance: Data published by the Annie E. Casey Foundation Kids Count Data Center and derived from the U.S Bureau of the Census, American Community Survey (C27010). http://datacenter.kidscount.org/data#PA/5/27/28,29,30.

Medical Assistance Enrollment: The Pennsylvania Department of Public Welfare. Enrollment figures are for the month of June of the specified years.

CHIP Enrollment: The Pennsylvania Department of Insurance. Enrollment figures are for the month of June of the specified years.

Teen Birth Rate: Pennsylvania Department of Health, Epidemiologic Query and Mapping System. https://apps.health.pa.gov/EpiQMS/asp/ChooseDataset.asp.

Regular Source of Health Care: Public Health Management Corporation's Community Health Data Base (2000, 2002, 2004, 2006, 2008, 2010, or 2012) Southeastern Pennsylvania Household Health Survey. www.chdbdata.org.

Low Birth Weight: Pennsylvania Department of Health, Department of Health Statistics and Research. http://www.portal.state.pa.us/portal/server.pt?open=514&objID=809799&mode=2.

Infant Mortality: Pennsylvania Department of Health, PA County Health Profiles. http://www.portal.state.pa.us/portal/server.pt?open=514&objID=596007&mode=2.

Dental Visit in the Last Year: Public Health Management Corporation's Community Health Data Base (2000, 2002, 2004, 2006, 2008, 2010, or 2012) Southeastern Pennsylvania Household Health Survey. www.chdbdata.org.

Obese and Overweight: Public Health Management Corporation's Community Health Data Base (2000, 2002, 2004, 2006, 2008, 2010, or 2012) Southeastern Pennsylvania Household Health Survey. www.chdbdata.org. Note: To identify obese and overweight children, PHMC reported that surveyors asked respondents for a child's height, weight, gender and age; children's BMIs (Body Mass Index) were then calculated using this data. Children with a BMI-For-age percentile of 85 or higher were considered overweight or obese. The Pennsylvania Department of Health publicly reports BMI data obtained by school nurses by county, yet the data is not readily available by race and ethnicity as the PHMC data is.

Private Health Insurance Enrollment: Data published by the Annie E. Casey Foundation Kids Count Data Center and derived from the U.S Bureau of the Census, American Community Survey (C27010). http://datacenter.kidscount.org/data#PA/5/27/28,29,30.

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