

Key Findings

- **Chester County is the only county in the region with a recent increase in the number of uninsured children. More than 6,000 children have no health insurance.**
- **One in four Chester County children were enrolled in Medical Assistance or CHIP in 2013.**
- **Only 9% of children under six were screened for lead in 2012 yet many more children may be at risk for poisoning because more than half of Chester County houses may contain lead-based paint.**
- **Nearly 1 in 3 Chester County children are obese and overweight - a jump of more than 5,000 children in the last five years.**
- **Chester County had the largest drop in infant mortality in the region - a 20% rate decrease from 2007 to 2011.**
- **Few Chester County babies are born with low birth weights, yet disparities persist: 10.7% of babies born to Black women and 6.2% born to White women had low birth weights in 2011.**

The Bottom Line Is Children Children's Health Status In Chester 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

In fact, while the concept of a “virtuous cycle” is often used to describe a productive economy, the same concept holds true with respect to healthy childhood. Good health, education and income form a virtuous cycle creating a positive feedback loop with each factor positively reinforcing the others.



Fortunately for children in Chester County, local leaders have established a vision for the county - “(T)o become a community where health and human service partners assure conditions in which individuals can be healthy and where individuals are empowered to manage their own health.”³ The county developed this vision through a recent community-driven health assessment and improvement planning process, RoadMAPP to Health, and published its findings in a comprehensive report, *RoadMAPP to Health - Chester County Community Health Assessment Summary Report*.

While most children in Chester County are healthy and live in middle and upper income households, the RoadMAPP report cites poverty as a consideration in achieving its vision stating that, “Despite the county’s affluence, there are hidden pockets of poverty within the county as well as a growing number of newly poor; this is exacerbated by a lack of affordable housing and a high cost of living.”⁴

Unfortunately, the share of low-income children in the county increased by almost 30% from 2008 to 2012.⁵ In 2012, the latest year for which data is available, 20,316 children were low income.⁶ 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.⁷

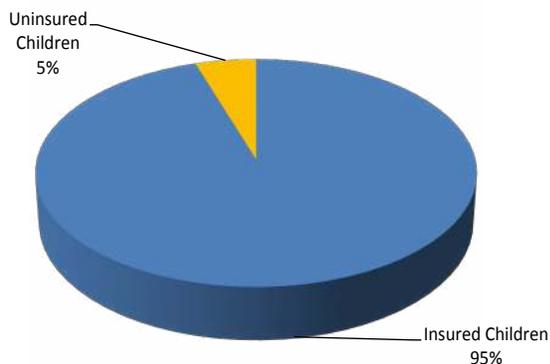
This report examines the health status of children living in Chester County. To conduct this analysis, PCCY relied on publicly available local, state and national data sources that provide county-level information on child health measures. Further, to identify trends, PCCY examined those data sources 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 Chester County children’s health status is not possible at this time.

There is good news in these indicators with respect to teen parenting, infant mortality and asthma. But there are also very troubling findings that demonstrate that fewer children have health insurance, more children are obese and overweight and lead poisoning still threatens the health of children in the county.

Overview

Approximately 120,000 children under the age of 18 live in Chester County.⁸ From 2010-2012, nearly every child, 95%, had health insurance.⁹ Unfortunately, 5% had no health insurance at all.

95% Of Chester County Children Had Health Insurance In 2010-2012



- **No progress** in children poisoned by lead, children’s overall health status and in having a regular source of health care;
- **Worse health outcomes** with respect to being uninsured and obese and overweight, and
- **Mixed results** regarding seeing the dentist at least once a year, low birth weight babies, testing for lead poisoning and enrollment in private and public health insurance.

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

- **Improvements** in teen births, asthma hospitalizations, asthma diagnoses and infant mortality;

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

How Chester County 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				
15-19 Year Old Teen Birth Rate	22.2 births per 1,000	2007	19.2 births per 1,000	2011
Asthma Inpatient Hospitalization Rate	95 per 100,000	2007	69 per 100,000	2011
Asthma Diagnosis	16,316 (14.6%)	2004	16,491 (13.3%)	2012
Infant Mortality Rate	6.8 per 1,000 live births	2007	5.6 per 1,000 live births	2011
No Change				
Poisoned by Lead	16	2009	14	2012
Overall Health Status is Excellent/Good	106,752 (95.6%)	2004	118,448 (95.7%)	2012
Have a Regular Source of Health Care	108,209 (96.9%)	2004	120,752 (97.3%)	2012
Negative Trends				
No Health Insurance	5,749	2008-2010	6,148	2010-2012
Obese and Overweight	18,186	2008	23,242	2012
Mixed Results				
Dental Visit in the Last Year (4-17 yr olds)	82,323 (94.2%)	2004	93,843 (94.5%)	2012
Low Birth Weight Babies	432 (7.2%)	2007	366 (6.6%)	2011
Screened for Lead Poisoning	3,079	2009	3,403	2012
Private Health Insurance Enrollment	100,383	2008-2010	96,423	2010-2012
Medical Assistance Enrollment	17,522	2009	21,615	2013
CHIP Enrollment	5,688	2009	6,167	2013

Trends In Chester County Children's Health

While each indicator is important, what follows is an analysis of those indicators where public policy has, or can have, a significant impact on a child's health status.

Positive Trends: Reductions Over Time in Infant Mortality, Teen Births and Asthma Hospitalization Rates

Infant Mortality Rate

The infant mortality rate significantly decreased 20% over five years and is the largest percent rate drop among the four suburban southeastern PA counties. From 2007 to 2011, the infant mortality rate decreased from 6.8 to 5.6 births per 1,000. The 2011 Chester County infant mortality rate is lower than the state-wide rate at 6.5 births per 1,000.

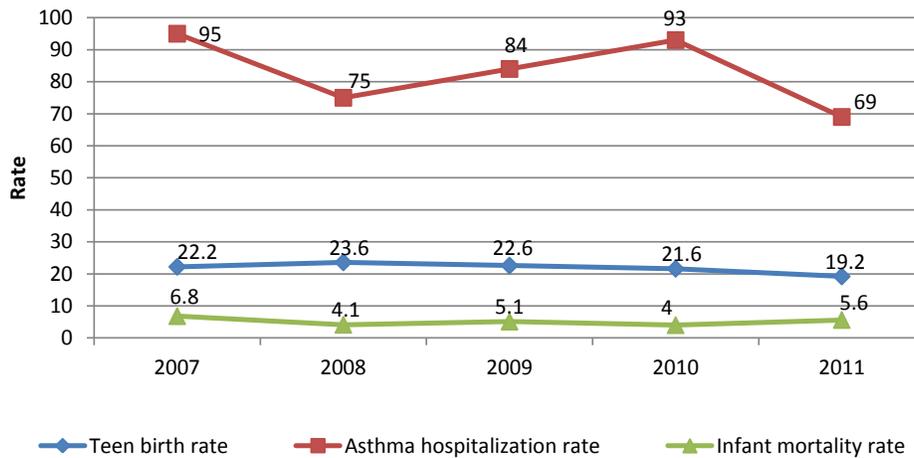
Teen Birth Rate

The teen birth rate substantially decreased 14% over five years. From 2007 to 2011, the teen birth rate for 15 – 19 year olds decreased from 22.2 to 19.2 births per 1,000. The 2011 Chester County teen birth rate is lower than the state-wide rate at 36.1 births per 1,000.

Asthma Hospitalization Rate

Significantly fewer Chester County children were hospitalized for asthma-related health problems over five years. From 2007 to 2011, the age-adjusted asthma inpatient hospitalization rate decreased 27% from 95 to 69 children per 100,000.

Chester County Shows Improvement In Some Child Health Areas Over Time



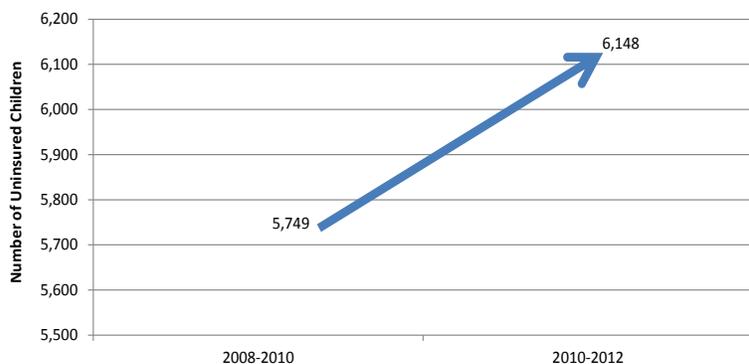
Negative Trends: Fewer Children Have Health Insurance and More Children are Obese and Overweight

Children without Health Insurance

Chester County is the only suburban southeastern PA county since 2008 where the share and number of children without health insurance rose.

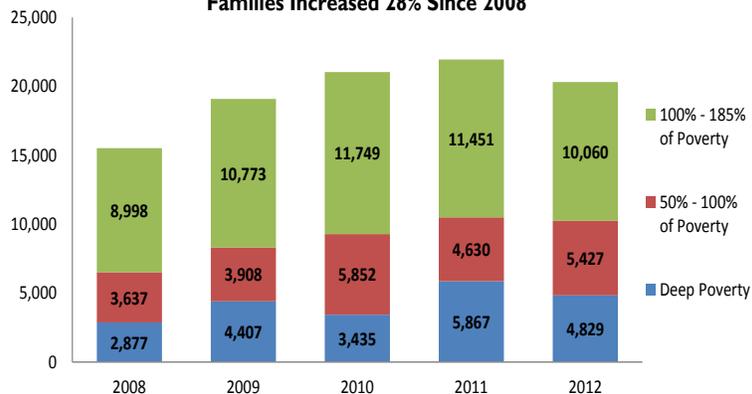
The share of Chester County children without health insurance increased by seven percent over five years. From 2008-2010 to 2010-2012, Census data showed that 5,749 and 6,148 children respectively had no health insurance. This is bad news as health insurance is a critical pathway for children to maintain 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.¹⁰

Chester County is the Only Southeastern PA County with More Uninsured Children From 2008-10 to 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 program.

The Share of Children In Low-Income Families Increased 28% Since 2008



Barriers for Immigrant Children

One of the factors that may be contributing to the increase in uninsured children is the number of Chester County children without a qualifying immigration status. Southern Chester County is home to many immigrant families first lured there by work on the county’s burgeoning mushroom farms. However, the number of communities that serve as home to these families, who often do not have legal status, has grown as immigrant families have become employed in manufacturing and other sectors in the county.

Every child in Pennsylvania is eligible for Medical Assistance or CHIP **except** children who are undocumented. An estimated 1,152 Chester County children are undocumented and uninsured.¹¹ As a result, these children are not able to access reliable health care services. Sadly, many experts suggest 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.

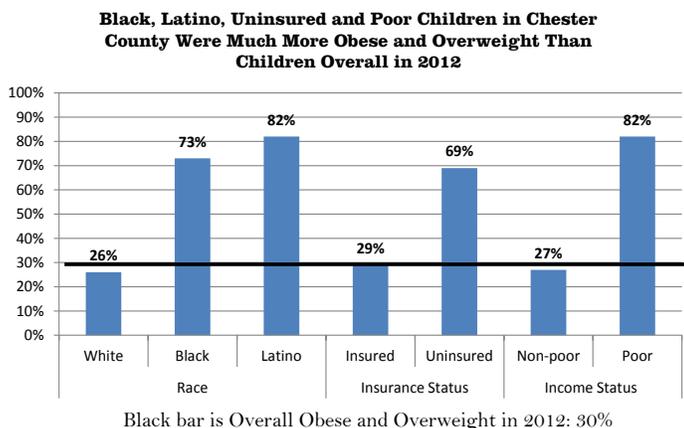
The health care hardship faced by these children is alarming. A 2004 report by the Urban Institute found that more than twice as many young children of immigrants compared to U.S.-born children don’t have a regular source of health care and, not surprisingly, parents of young immigrant children report their children in fair or poor health at twice the rate of U.S.-born kids.¹²

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.

Obese and Overweight Children

Twenty eight percent more Chester County children (5,056) 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 24.3% to 29.8% (18,186 and 23,242 respectively) – almost 1 in 3 children. During this time period, however, sizable disparities persisted between children of different races, ethnicities, insurance statuses and incomes. In 2012, 73% Black, 82% Latino, 69% uninsured and 82% of poor children were obese and overweight compared to children overall at 30%.¹³



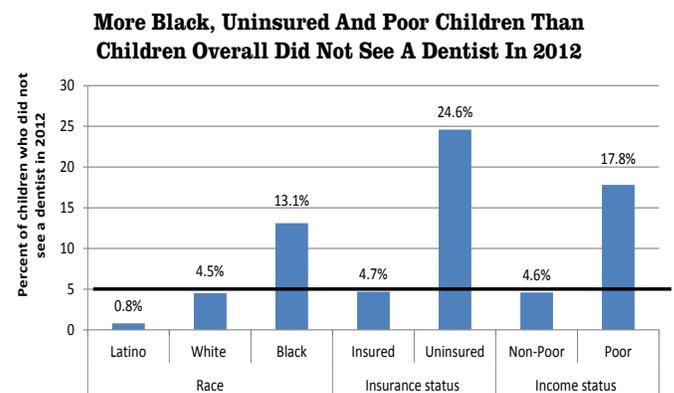
Racial, ethnic, and socioeconomic disparities in the prevalence of obesity are well documented.¹⁴ Lack of affordable, healthy foods and access to clean water, over consumption of sugary drinks and unsafe neighborhoods that discourage outdoor play contribute to obesity disparities.¹⁵

Mixed Results: Disparities Among Children Obtaining Dental Care and Babies Born With Low Birth Weights, Too Few Children Screened for Lead Poisoning, Fewer Children Enrolled in Private Health Insurance and More Children Enrolled in Public Insurance

Several child measures have trended quite positively over the last several years, yet serious disparities persist among groups of children or too few children have benefitted from positive trends. Consequently, PCCY has characterized the impact of changes in these three measures as mixed.

Dental Care

A high proportion of children overall, 95%, visited the dentist at least once in 2012, yet fewer Black, uninsured and poor children obtained dental care; 13.1% of Black, 24.6% of uninsured and 17.8% of poor children did not see a dentist in 2012 compared to five percent of children overall.



Black bar is Percent of Children Overall Who Did Not See a Dentist in 2012: 5%

And these same groups of children lost ground over time with 13.1% fewer Black, 5.1% fewer uninsured and 4.4% fewer poor children obtaining dental care at least once in 2012 compared to 2004.

There are several factors that contribute to the disparity in Black, Latino, uninsured and poor children accessing dental care.

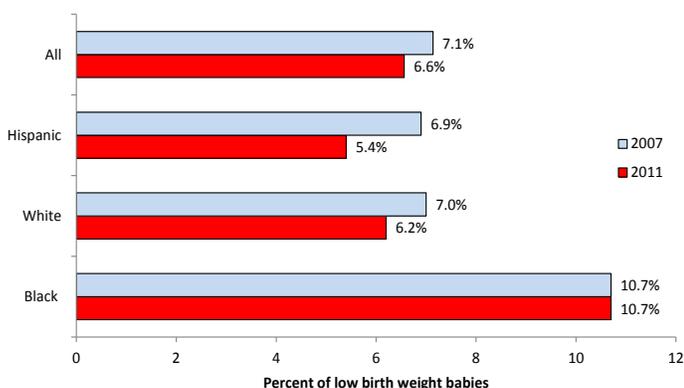
For children who are uninsured and poor, dental care is relatively expensive which may deter some families from seeking care. And there are few dental practices in the county that offer discount or free care which also makes accessing care a challenge for uninsured children. Some private/employer plans 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. Data is not available regarding the number of poor Chester County children who did not get dental care and 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.

Low Birth Weight Babies

A slightly lower percent of children were born with low birth weights over five years. From 2007 to 2011, the percent of low birth weight babies (weighing less than five pounds eight ounces) decreased from 7.1% (432 infants) to 6.6% (366 infants). The 2011 Chester County share of low birth weight babies was lower than 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, 6.2% of low birth weight babies were born to White women, 10.7% to Black women and 5.4% to Hispanic women.

Black Women Gave Birth to the Highest Percent of Low Birth Weight Babies From 2007 - 2011

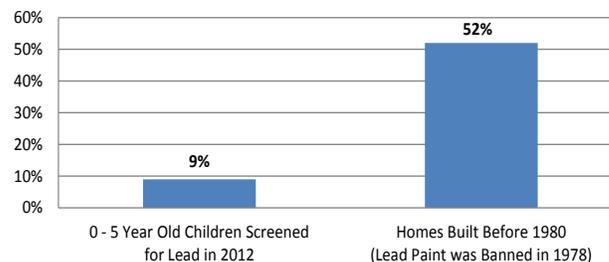


Low birth weight is a serious condition as it is one of the leading causes of infant death.¹⁶ Leading causes of low birth weight include babies born before their due dates (pre-term) and maternal health problems. Tragically, racial disparities have persisted for decades, and researchers cite factors such as differences in mothers' health status, stress, lack of social support and having a previous pre-term baby as reasons for this variation.¹⁷

Lead Poisoning

The number of children poisoned by lead is low: 14 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 nine percent (3,403) of children under six were screened for lead in 2012, and while this is a 10% increase in screening since 2009, it is still low.¹⁸

Few Children Tested For Lead But Many Homes With Possible Lead Hazards



Unfortunately, lead hazards in many Chester County houses may be poisoning children because 52% of Chester 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 1978.¹⁹ 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-based 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.

In spite of the lost of federal funds, the Chester County Health Department reports that to help fill the gap in resources it has worked closer with health care providers to reinforce the importance of testing young children. The Department has also redoubled its outreach efforts to make home visits to at-risk children through it's Healthy Homes program in order to work with parents to make their homes safer.

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 four percent fewer children had private health insurance from 2008-10 to 2010-12. During 2008-10, 100,383 children had private coverage and declined to 96,423 in 2010-12.

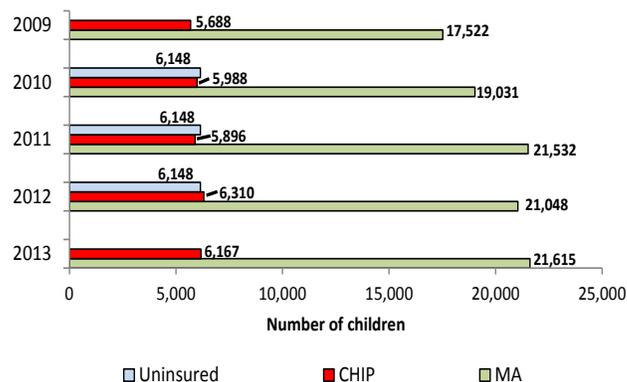


Public Health Insurance Enrollment

In approximately the same time period, data from the Pennsylvania Department of Public Welfare indicates that 23% more children enrolled in Medical Assistance from 2009 (17,522 children) to 2013 (21,615 children). The Pennsylvania Department of Insurance reports that eight percent more children enrolled in CHIP from 2009 (5,688 children) to 2013 (6,167 children). In 2013, nearly 1 in 4 Chester 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.

Nearly 1 in 4 Children Were Enrolled in Medical Assistance or CHIP in 2013



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.

In Chester County, efforts to help eligible children enroll in these publicly supported insurance programs have had strong results. Since 2009, the Maternal Child Health Consortium of Chester County (MCHC) has received federal funds to train and support over 20 non-profit agencies in the region, including PCCY, to enroll children in public health insurance. Over the past five years or so Pennsylvania's insurance 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 given the recent increase in the share of Chester County children without 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 Chester 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.²¹

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

The Chester County Health Department along with the Chester County Hospital and many other Chester County stakeholders have assessed residents' needs as recorded in the county's RoadMAPP to Health report. PCCY suggests that county officials use the data in our report and make children a more central focus as they define strategies to address health needs. While the RoadMAPP did consider the impact of some social factors that affect health such as family income, education and housing, including strategies to address these factors, better positions the plan to realize a virtuous versus vicious cycle for its youngest residents.

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. **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.²² Further, the PA Department of Public Health should make student obesity and overweight data publicly available by race and ethnicity.
5. **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. Resources that could be used to protect children from lead paint exposure include the County Human Services Block Grant or the Community Services Block Grant funds available in the counties.
6. **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

1. University of California, San Francisco Center on Social Disparities in Health. (2009). The Robert Wood Johnson Foundation Commission to Build a Healthier America, Issue Brief 6: Education and Health. <http://www.commissiononhealth.org/PDF/c270deb3-ba42-4fbd-baeb-2cd65956f00e/Issue%20Brief%206%20Sept%2009%20-%20Education%20and%20Health.pdf>
2. University of California, San Francisco Center on Social Disparities in Health. (2008). The Robert Wood Johnson Foundation Commission to Build a Healthier America, Issue Brief 1: Early Childhood Experiences: Laying the Foundation for Health Across a Lifetime. <http://www.commissiononhealth.org/PDF/095bea47-ae8e-4744-b054-258c9309b3d4/Issue%20Brief%201%20Jun%2008%20-%20Early%20Childhood%20Experiences%20and%20Health.pdf>.
3. RoadMAPP to Health Chester County Community Health Assessment Summary Report, July 2013, page 4. <http://webapps.chesco.org/webapps/health/cha/RoadMAPP%20CC%20Assessment%20Report%202013.pdf>.
4. Ibid, page 5.
5. 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.
6. U.S. Census Bureau, American Community Survey, 2007-2012, Table 17024: Ratio of Poverty to Income.
7. Wood, D. (2003). Effect of child and family poverty on child health in the United States. *Pediatrics*; 112; 707-711.
8. US Census, 2012, American Community Survey.
9. 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).
10. Ho, V. & Short, M. (2009). The Economic Impact of Uninsured Children on America. James A. Baker III Institute for Public Policy of Rice University. <http://bakerinstitute.org/media/files/Research/6db8160c/HPF-pub-HoShortUninsuredChildren-060309.pdf>
11. 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.
12. Capps, R., Fix, M. Ost, J., Reardon-Anderson J & Passel, J. (2004). The Health and Well-Being of Young Children of Immigrants. Urban Institute.
13. 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.
14. Latino Families, Primary Care, and Childhood Obesity: A Randomized Controlled Trial. <http://www.ajpmonline.org/article/S0749-3797%2812%2900912-9/fulltext>.
15. U.S. Department of Health and Human Services. Division of nutrition, physical activity, and obesity. www.cdc.gov/nccdphp/dnpa/.

16. Mathews, T. J., MacDorman, M.F. (2013). Infant Mortality Statistics From the 2009 Period Linked Birth/Infant Death Data Set. U.S. Department of Health and Human Services. 61(8). http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_08.pdf.
17. Centers for Disease Control. (2002) Infant Mortality and Low Birth Weight Among Black and White Infants – United States 1980-2000. MMWR Weekly. 51(27);589-592. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5127a1.htm>.
18. 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.
19. 2011 American Community Survey 3-Year Estimates.
20. The uninsured number is a three year estimate from 2010-2012 and was 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). Medical Assistance and CHIP enrollment figures are for the month of June of the specified years and were furnished by the Pennsylvania departments of Public Welfare and Insurance.
21. 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>.
22. 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, and 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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