

## Key Findings

- **More than 4,700 Delaware County children do not have health insurance.**
- **Two in five Delaware County children were enrolled in Medical Assistance and CHIP in 2013 – the highest proportion of children enrolled in public coverage in the four suburban southeastern PA counties.**
- **Only 19% of children under age six were tested for lead in 2012, and while this is the highest proportion of children tested in the region, many more children may be at risk because more than 75% of Delaware County houses may contain lead-based paint.**
- **About 5,000 fewer children (16%) are obese and overweight than five years ago – the only suburban county with a reduction – yet 1 in 3 children are obese or overweight.**
- **The teen birth rate appreciably decreased 16% over five years from 38.3 to 32 births per 1,000.**

## The Bottom Line Is Children

### Children's Health Status In Delaware County

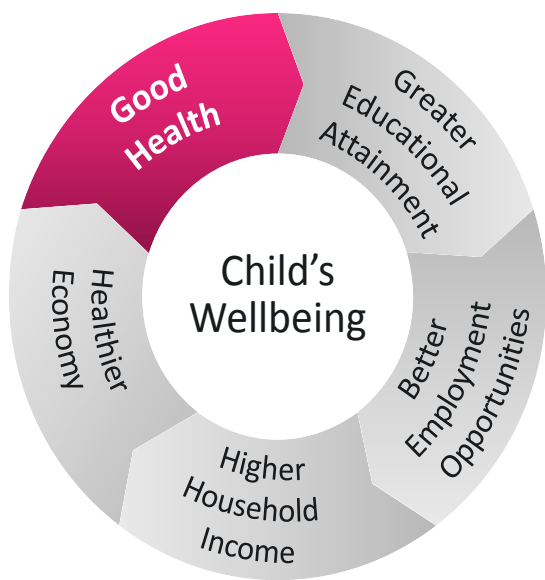


Children are best able to go about ‘the business of childhood’- playing, learning and exploring - if they are healthy. Healthy children grow up with greater promise. Notably, better childhood health is linked to improved educational attainment, better employment opportunities and higher income in adulthood.<sup>1</sup> 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.”<sup>2</sup>

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.



While most children in Delaware County are healthy and live in middle and upper income households, one of the biggest threats to children’s health in Delaware County is the growing number of low-income children. Unfortunately, the share of low-income children in the county increased 37% from 2008 to 2012;<sup>3</sup> in 2012, 42,063 children were low income.<sup>4</sup> Among the four suburban, southeastern PA counties, Delaware County had the highest increase in low-income children. Research indicates that children who live in impoverished households have poorer overall health, more chronic health problems, increased hospitalizations, inadequate access to health care service and increased death rates.<sup>5</sup>

This report examines the health status of children living in Delaware 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 Delaware County children’s health status is not possible at this time.

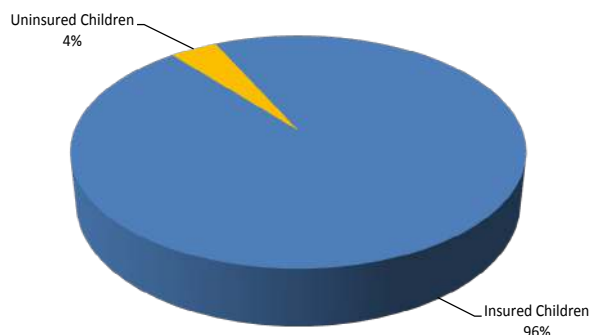
There is good news in these indicators with respect to teen parenting, asthma, children dying in infancy and fewer children being obese or overweight and uninsured. But there are also troubling findings that demonstrate too many children remain obese or overweight and uninsured and that lead poisoning still threatens the health of the children in the county.

Interestingly, Delaware and Montgomery Counties have the highest number of indicators, eight out of 15, that trend positively. Yet on three of these eight positively trending measures, Delaware County had the highest rates of these health conditions in the region (i.e. teen births, infant mortality and asthma hospitalizations) and on another three of these eight measures serious challenges remained (i.e. a high share of obese children, too few screened for lead and some groups of children not getting into the dentist at least once a year).

## Overview

There are around 130,000 children under age eighteen in Delaware County.<sup>6</sup> From 2010-2012, nearly every child, 96%, had health insurance.<sup>7</sup> Unfortunately, 4%, had no health insurance at all.

### 96% of Delaware County Children Had Health Insurance in 2010-2012



Based on 15 health indicators, over time children experienced:

- **Improvements** in overall health status, asthma hospitalizations, infant mortality, having health insurance and teen births;
- **No progress** in children lead poisoned, in having a regular source of health care and asthma diagnoses;

• **Worse health** outcomes with respect to low birth weight babies, and

- **Mixed results** regarding obesity and overweight, seeing the dentist at least once a year, testing 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 Delaware 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
<b>Positive Trends</b>				
Overall Health Status is Excellent/Good	124,625 (95.2%)	2004	124,565 (97.3%)	2012
Asthma Inpatient Hospitalization Rate	271 per 100,000	2007	233 per 100,000	2011
Infant Mortality Rate	7.3 per 1,000 live births	2007	6.5 per 1,000 live births	2011
No Health Insurance	5,724	2008-2010	4,792	2010-2012
15 - 19 Year Old Teen Birth Rate	38.3 births per 1,000	2007	32 births per 1,000	2011
<b>No Change</b>				
Poisoned by Lead	67	2009	66	2012
Have a Regular Source of Health Care	124,364 (94.6%)	2004	123,189 (96.3%)	2012
Asthma Diagnosis	21,948 (16.7%)	2004	21,530 (16.8%)	2012
<b>Negative Trends</b>				
Low Birth Weight Babies	568 (8.3%)	2007	619 (9.1%)	2011
<b>Mixed Results</b>				
Obese and Overweight	31,491 (38.4%)	2008	26,451 (32.7%)	2012
Dental Visit in the Last Year (4-17 yr olds)	95,723 (88.8%)	2004	96,133 (91.9%)	2012
Screened for Lead Poisoning (0-5 yr olds)	5,966	2009	7,800	2012
Private Health Insurance Enrollment	90,425	2008-2010	83,757	2010-2012
Medical Assistance Enrollment	39,862	2009	44,040	2013
CHIP Enrollment	8,538	2009	8,121	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 Delaware 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 Teen Births, Infant Mortality and Asthma Hospitalization Rates and In The Number Of Uninsured Children**

#### Teen Birth Rate

Delaware County has the highest teen birth rate among the four suburban southeastern PA counties, yet the teen birth rate appreciably decreased 16% over five years. From 2007 to 2011, the 15-19 year old teen birth rate decreased from 38.3 to 32 births per 1,000. The 2011 Delaware County teen birth rate is lower than the state-wide rate at 36.1 births per 1,000.

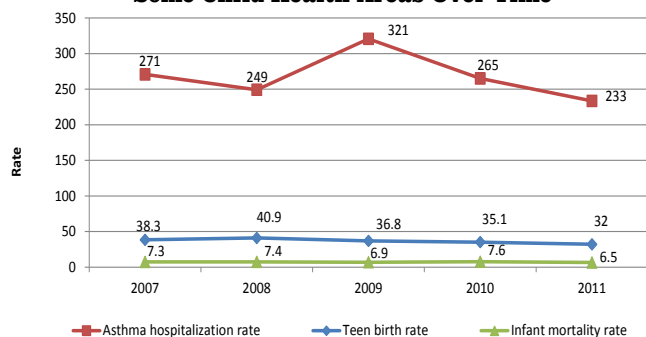
#### Asthma Hospitalization Rate

Substantially fewer children were hospitalized for asthma-related health problems over five years, yet again Delaware County has the highest asthma hospitalization rate among the four suburban, southeastern PA counties. From 2007 to 2011, the age-adjusted asthma inpatient hospitalization rate decreased 14% from 271 to 233 children per 100,000.

#### Infant Mortality Rate

The infant mortality rate decreased 8% over five years, yet Delaware County has the highest rate in the region. From 2007 to 2011, the infant mortality rate decreased from 7.3 to 6.5 per 1,000 live births. The 2011 Delaware County infant mortality rate is the same as the state-wide rate of 6.5 per 1,000 live births.

**Delaware County Shows Improvement in Some Child Health Areas Over Time**



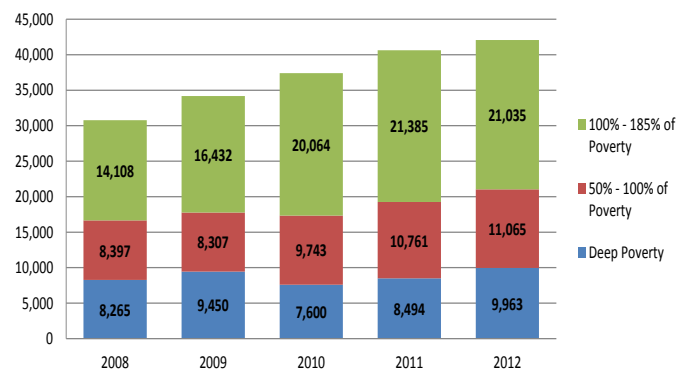
#### Children Without Health Insurance

The share of Delaware County children without health insurance significantly decreased by 17% over four years. From 2008-10 and 2010-12, Census data showed that 5,724 and 4,792 children respectively had no health insurance. This reduction 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.<sup>8</sup>



Even though more children had health insurance over time, there were still 4,792 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 Delaware County Families Increased 37% 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 Delaware 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 1,276 Delaware County children



are undocumented and uninsured.<sup>9</sup> 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.

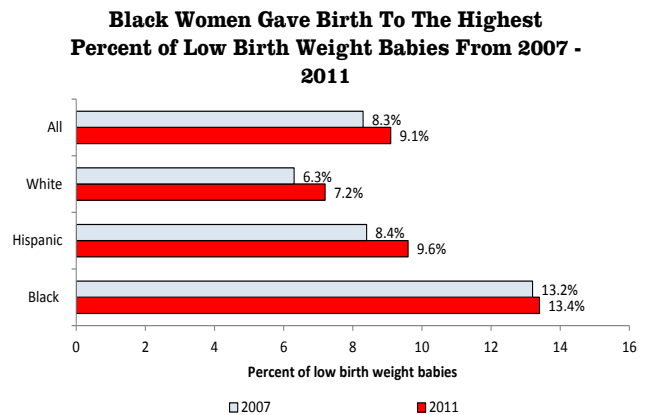
The health care hardship faced by these children is alarming. A 2004 report by the Urban Institute found that more than twice as many young children of immigrants compared to U.S.-born children don't have a regular source of health care and, not surprisingly, parents of young immigrant children report their children in fair or poor health at twice the rate of U.S.-born kids.<sup>10</sup> When kids 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: Disparities Among Children Born With Low Birth Weight**

A slightly higher percent of children were born with low birth weights over five years, and Delaware County has the highest share of children born with low birth weights in the suburban, southeastern PA region. From 2007 to 2011, the percent of low birth weight babies (weighing less than five pounds eight ounces) increased from 8.3% (568 infants) to 9.1% (619 infants). The 2011 Delaware County share of low birth weight babies was higher 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, 7.2% of low birth weight babies were born to White women, 13.4% to Black women and 9.6% to Hispanic women.



Low birth weight is a serious condition as it is one of the leading causes of infant death.<sup>11</sup> 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.<sup>12</sup>

### **Mixed Results: Disparities Among Children Who Are Obese and Overweight and Who Obtain Dental Care, Children Tested For and Poisoned By Lead, Fewer Children Enrolled in Private Health Insurance and More Enrolled in Public Insurance**

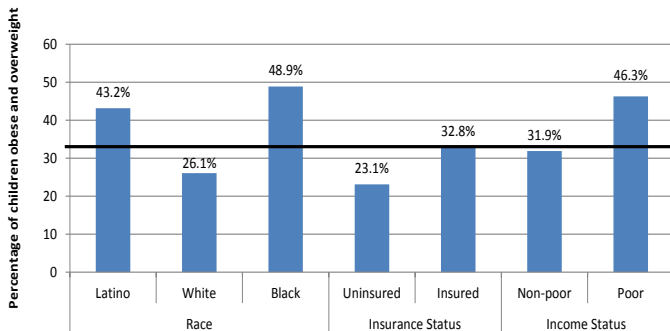
Several child measures have trended quite positively over the last several years, yet serious disparities persist among groups of children (obese and overweight and dental care) or too few children have been positively impacted (lead screening). Consequently, PCCY has characterized the impact of changes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

### Obese and Overweight Children

The proportion of children who were obese and overweight decreased 16% over five years (5,040 fewer children), and Delaware County distinguished itself among the four suburban, southeastern PA counties as being the only county with a drop in obese and overweight children. From 2008 to 2012, the proportion of obese and overweight children decreased from 38.4% to 32.7% (31,491 to 26,451 children respectively); however, 1 in 3 children identified as obese or overweight is quite high.

Looking closer at subgroups of children, disparities persist between children of different races, ethnicities and income levels. In 2012, 48.9% Black, 43.2% Latino and 46.3% of poor children were obese and overweight compared to 32.7% of children overall.<sup>13</sup>

**More Black, Latino and Poor Children Were Obese and Overweight Than Children Overall in 2012**



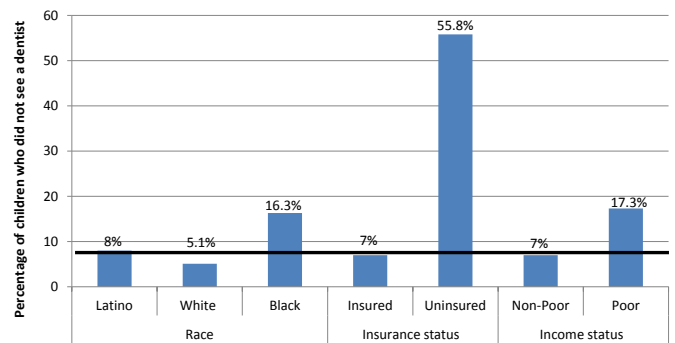
Black bar is percent of children overall who were obese and overweight: 32.7%

Racial, ethnic, and socioeconomic disparities in the prevalence of obesity are well documented.<sup>14</sup> 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.<sup>15</sup>

### Dental Care

While a slightly higher share of children overall saw a dentist in 2012 (92%) compared to 2004 (89%), Black and Latino children lost ground over this time with fewer of them obtaining care in 2012 (Black 83.7% and Latino 92%) than in 2004 (Black 90.9% and Latino 100%).

**More Black, Uninsured and Poor Children Did Not See a Dentist than Children Overall in 2012**



Black bar is overall children who did not see a dentist in the last year in 2012: 8%

More Black, uninsured and poor children did not obtain dental care in 2012 compared to all children in the county; 16.3% Black, 55.8% uninsured and 17.3% of poor children did not see a dentist compared to 8% of children overall.

There are several factors that contribute to the disparity in Black, 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 Delaware 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.

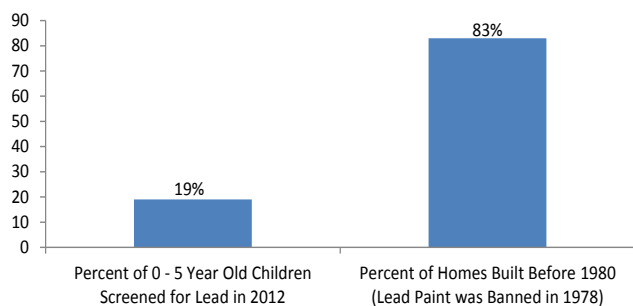
### Lead Poisoning

The highest proportion of children under the age of six in the region screened for lead poisoning live in Delaware County. And while 31% more children were tested from 2009 to 2012, still too few children get tested overall (7,800 children or 19%).<sup>16</sup> If children aren't

tested, their blood lead levels remain unknown. In 2012, 66 children tested positive for lead poisoning.

Unfortunately, lead hazards in many Delaware County houses may be poisoning children because 83% of Delaware 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.<sup>17</sup> 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 as 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.

**Too Few Kids Tested for Lead But Many Homes with Possible Lead 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 seven percent fewer children had private health insurance from 2008-10 to 2010-12, and Delaware County has the smallest proportion of children enrolled in private health insurance among the four suburban, southeastern PA counties. During 2008-10, 90,425 children with private coverage declined to 83,757 in 2010-12.

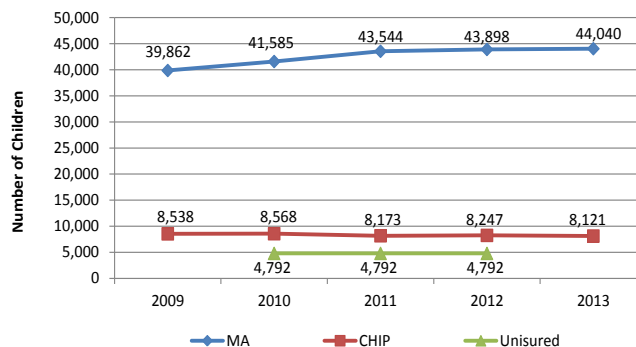


### Public Health Insurance

In approximately the same time period, data from the Pennsylvania Department of Public Welfare indicates that 11% more children enrolled in Medical Assistance from 2009 (39,862 children) to 2013 (44,040 children). Yet the Pennsylvania Department of Insurance reports that five percent fewer children enrolled in CHIP from 2009 (8,538 children) to 2013 (8,121 children) - the only county in the region to see a reduction in the number of children with CHIP. In 2013, more than two in five Delaware County children were enrolled in Medical Assistance and CHIP, the largest share of children enrolled in public health insurance in the suburban, southeastern PA region. 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 2 in 5 Children Were Enrolled in Medical Assistance or CHIP in 2013<sup>18</sup>**



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.

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 has received federal funds to train and support over 20 non-profit agencies in the region, including PCCY, ChesPenn health centers and Crozer Chester Hospital, to enroll Delaware County 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 that more than 4,700 Delaware County children do not have 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 Delaware 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.<sup>19</sup>

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. 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.<sup>20</sup> 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 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.
- 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. 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.
4. U.S. Census Bureau, American Community Survey, 2007-2012, Table 17024: Ratio of Poverty to Income.
5. Wood, D. (2003). Effect of child and family poverty on child health in the United States. *Pediatrics*; 112; 707-711.
6. US Census, 2012, American Community Survey.
7. 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).
8. 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>
9. 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. (2009). Illegal Immigrants and HR 3200 Estimate of Potential Costs to Taxpayers. Center for Immigration Studies.
10. Capps, R., Fix, M. Ost, J., Reardon-Anderson J & Passel, J. (2004). The Health and Well-Being of Young Children of Immigrants. Urban Institute.
11. 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](http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_08.pdf).
12. 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>.
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/nccdp/dnpa/](http://www.cdc.gov/nccdp/dnpa/).
16. 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 in targeted high risk areas 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. These areas in suburban southeastern PA include Chester City in Delaware County and Montgomery and Chester Counties. Source: Pennsylvania Childhood Lead Surveillance Program 2011 Annual Report at [www.health.state.pa.us/lead](http://www.health.state.pa.us/lead).
17. 2011 American Community Survey 3-Year Estimates.
18. The Medical Assistance and CHIP enrollment figures are for the month of June of the specified years and were provided by the Pennsylvania Departments of Public Welfare and Insurance. The uninsured number is a three year estimate from 2010-12 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).
19. PCCY and its policy partners published a paper in June 2013 on how the state could transfer children from CHIP to Medical Assistance as seamlessly as possible. Find it at - <https://www.pccy.org/userfiles/file/ChildHealthWatch/CHIP-to-MA-Transition-Recommendations.pdf>.
20. 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](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](http://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](http://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](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](http://www.chdbdata.org).

Low Birth Weight: Annie E. Casey Foundation Kids Count Data Center. <http://datacenter.kidscount.org/data/tables/2728-low-birth-weight--babies-weighing-2500-grams-at-birth?loc=40&loc=5#detailed/5/5379-5445/false/867,133,38,35,18/any/5660,9343>.

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](http://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](http://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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