PCCY

Public Citizens for Children and Youth

The Bottom Line Is Children

Children's Health Status In Montgomery County

Key Findings

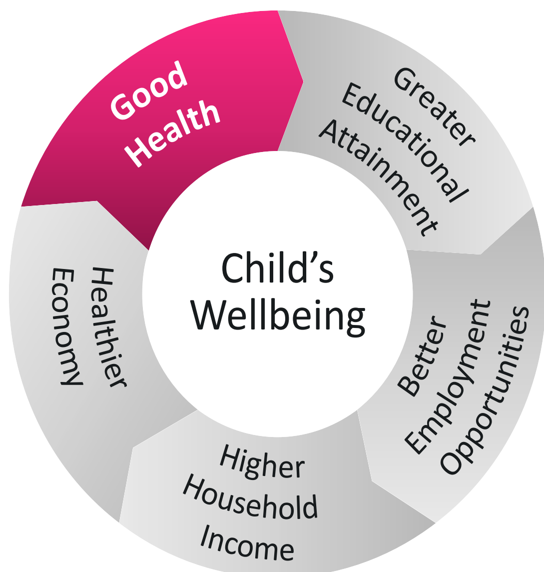
- **More than 5,700 Montgomery County children have no health insurance.**
- **Approximately 1 in 4 Montgomery County children were enrolled in Medical Assistance or CHIP in 2013.**
- **Nearly 1 in 3 Montgomery County children are obese or overweight – a jump of almost 9,000 children, or 33% more in the last five years – and the largest increase in obese and overweight children in the region.**
- **Only 14% of children under age six were screened for lead poisoning in 2012 yet many more children may be at risk for poisoning because two thirds of Montgomery County houses may contain lead-based paint.**
- **The teen birth rate significantly decreased 28% over five years from 27.6 to 20 births per 1,000.**

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, most children in Montgomery County 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 has increased 17% over the last five years.[3] In all, 32,000 Montgomery County children live in low-income families.[4] 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.[5]

Montgomery County officials recognized that not all of its residents were achieving their fullest health potential. Officials recently addressed these health disparities by re-imagining how residents could more easily obtain basic services. As a result, the county instituted the innovative Community Connections program that deploys dedicated staff, or Navicates, to help residents find or navigate social and human services and advocate on their behalf to ultimately obtain the care they need.

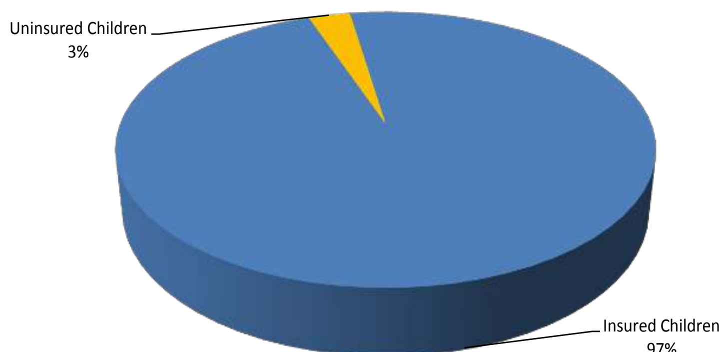
This report examines the health status of children living in Montgomery County. To conduct this analysis, PCCY relied on publicly available local, state and national data sources that provide county-level information on child health measures. Further, to identify trends, PCCY examined those data sources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

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

Overview

Slightly more than 178,000 children under the age of eighteen live in Montgomery County.[6] From 2010-2012, nearly every child, 97%, had health insurance.[7] Unfortunately, 3%, had no health insurance at all.

97% of Montgomery Children Had Health Insurance in 2010-2012



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

- **Improvements** in overall health status, asthma diagnoses, asthma hospitalizations, the number of uninsured children, teen births and children posioned by lead;

- **No progress** with respect to infant mortality and having a regular source of health care;

- **Worse health outcomes** with respect to obese and overweight children, and

- **Mixed results** regarding testing for lead poisoning, seeing the dentist at least once a year, low birth weight babies 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 Montgomery 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				
Overall Health Status is Excellent/Good	170,733 (96.7%)	2004	180,870 (99.1%)[8]	2012
Asthma Diagnosis	26,922	2004	23,414	2012
Asthma Inpatient Hospitalization Rate	134 per 100,000 children	2007	131 per 100,000 children	2011
No Health Insurance	6,710	2008-2010	5,787	2010-2012
15 - 19 Year Old Teen Birth Rate	27.6 births per 1,000	2007	20 births per 1,000	2011
Poisoned by Lead	93	2009	58	2012
No Change				
Infant Mortality Rate	5.0 per 1,000 live births	2007	4.8 per 1,000 live births	2011
Have a Regular Source of Health Care	170,568 (96.5%)	2004	178,712 (97.9%)	2012
Negative Trends				
Obese and Overweight (6-17 yr olds)	26,868	2008	35,674	2012
Mixed Results				
Screened for Lead Poisoning (0-5 yr olds)	6,735	2009	7,777	2012
Dental Visit in the Last Year (4-17 yr olds)	127,164 (91.7%)	2004	133,987 (91.9%)	2012
Low Birth Weight Babies	684 (7.3%)	2007	607 (6.7%)	2011
Private Health Insurance Enrollment	147,221	2008-2010	141,743	2010-2012
Medical Assistance Enrollment	31,093	2009	37,390	2013
CHIP Enrollment	9,141	2009	9,801	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 Montgomery 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, Asthma Hospitalizations and the Number of Uninsured Children

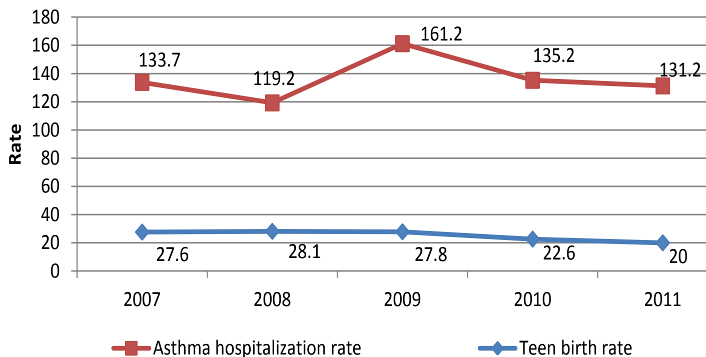
Teen Birth Rate

The teen birth rate significantly decreased 28% over five years. From 2007 to 2011, the teen birth rate for 15 – 19 year olds decreased from 27.6 to 20 births per 1,000. The 2011 Montgomery County teen birth rate is lower than the state-wide rate at 36.1 births per 1,000.

Asthma Hospitalization Rate

Fewer children were hospitalized for asthma-related health problems over five years. From 2007 to 2011, the age-adjusted asthma inpatient hospitalization rate decreased two percent from 134 to 131 per 100,000 children.

Montgomery County Shows Improvement in Some Child Health Areas Over Time

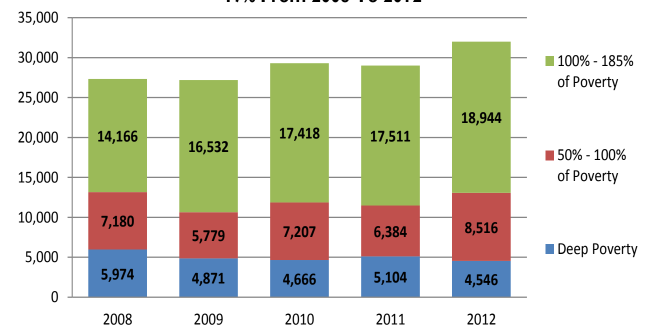


Children Without Health Insurance

The share of Montgomery County children without health insurance decreased by 14% over five years. From 2008-10 to 2010-12, Census data showed that 6,710 and 5,787 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 5,787 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 17% From 2008 To 2012



One factor that may be contributing to children's lack of health insurance is the number of Montgomery 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 1,838 Montgomery County children are undocumented and uninsured.[10] 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.

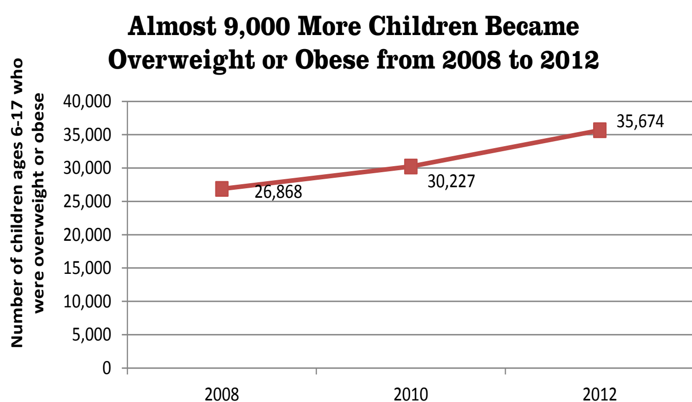
The health care hardship faced by these children is alarming. A 2004 report by the Urban Institute found that more than twice as many young children of immigrants compared to U.S.-born children don't have a regular source of health care and, not surprisingly, parents of young immigrant children report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

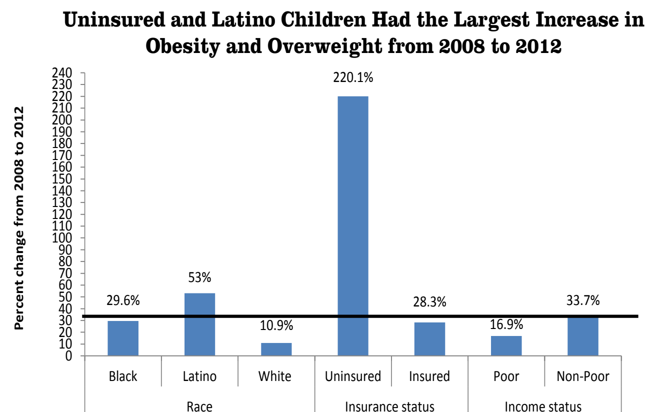
Negative Trends: More Children are Obese and Overweight

Obese and Overweight Children

Thirty three percent more Montgomery County children (8,806) became obese and overweight over the last five years - representing the largest increase among the four suburban southeastern PA counties. From 2008 to 2012, the proportion of obese and overweight children in the county increased from 22.8% to 31.4% (26,868 to 35,674 children respectively) – almost 1 in 3 children.



Looking closer at subgroups of children, disparities persist between children of different ethnicities and insurance statuses. From 2008 to 2012, 53% more Latino and 220.1% more uninsured children were obese and overweight compared to a 33% increase among all children.



Black bar is overall increase in obese and overweight: 33%

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] Surprisingly, in 2012 the increase in poor[14] obese and overweight children (16.9%) was less than the increase of children overall (33%). Poor children are typically disproportionally represented among obese children because of their families' limited access to healthy, affordable foods and reliance on less expensive, less nutrient-dense, higher calorie foods.

The county is making an effort to address this troubling local and national trend. To help children achieve healthy weights, the Montgomery County Health Department has been partnering with schools to coach parents and school staff on how to encourage their children and students to engage in more physical activity and eat healthier. Further, the Montgomery Health Alliance, comprised of governmental and non-governmental organizations, has recently sponsored a training for health care providers on how to work with parents to help their children attain a healthy weight.

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

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

Lead Poisoning

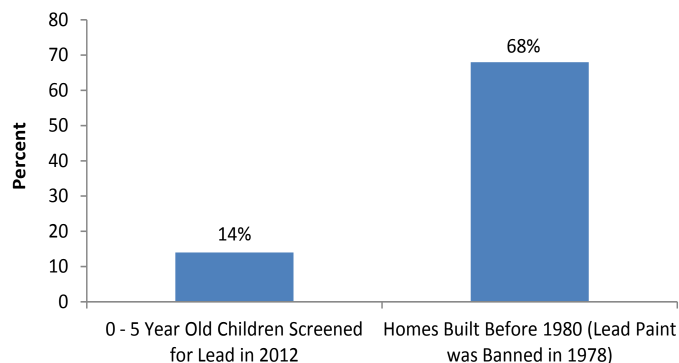
While 15% more children were tested for lead poisoning from 2009 to 2012, too few children get tested overall; only 14% of children (7,777) under the age of six were tested in 2012.[15] If children aren't tested, their blood lead levels remain unknown. In 2012, 58 children tested positive for lead poisoning.

Unfortunately, lead hazards in many Montgomery County houses may be poisoning children because 68% of Montgomery 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.[16]

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-based 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.

Few Children Tested for Lead But Many Homes with Possible Lead Hazards



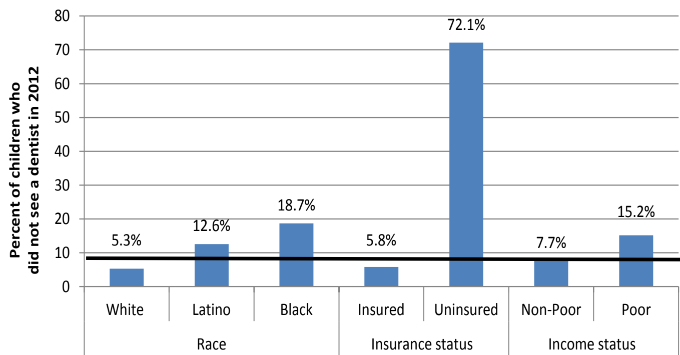
In 2012, however, the federal government slashed lead poisoning prevention funding to states, and it simultaneously changed the definition of childhood lead poisoning, so now children with smaller amounts of lead in their bodies are diagnosed as poisoned. Consequently, it is anticipated that health care professionals will identify more children as lead poisoned when fewer funds are available to prevent poisoning in the first place.

In spite of the loss of federal funds, the Montgomery 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 poisoned children through its Healthy Homes program in order to work with parents to make their homes safer.

Dental Care

A high proportion of children overall, 92%, visited the dentist at least once in 2012, yet fewer Black, Latino, uninsured and poor children obtained dental care; 18.7% Black, 12.6% Latino, 72.1% uninsured and 15.2% poor children did not see a dentist in 2012 compared to eight percent of children overall.

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.



Black bar is children overall in 2012: 8%

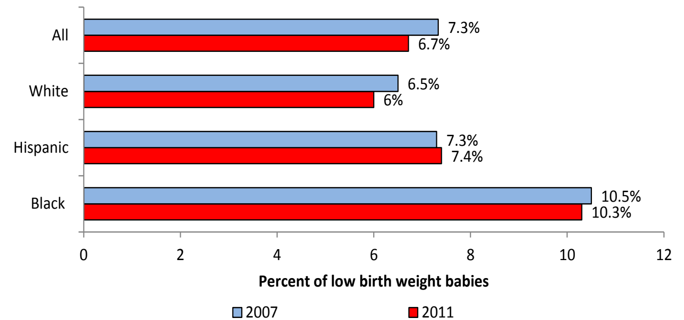
Fortunately, the Montgomery County Health Department works in partnership with two private, dental practices to provide free care to over 300 children a year with no dental coverage. The Montgomery County Oral Health Care Task Force also promotes special days for free dental care and publishes a guide to help parents find low cost dental providers in their community.

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. Data is not available regarding the number of poor Montgomery 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 7.3% (684 infants) to 6.7% (607 infants). The 2011 Montgomery 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% of low birth weight babies were born to White women, 10.3% to Black women and 7.4% to Hispanic women.



Low birth weight is a serious condition as it is one of the leading causes of infant death.[17] 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.[18]

Health Insurance

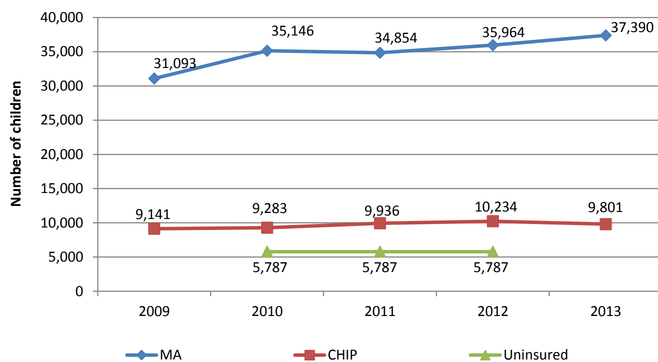
PCCY categorized the impact of changes in children's enrollment in private and public health insurance as mixed because the state and federal safety net programs are neither sufficient nor structured to meet the needs of every child. As such, a reduction in the number or share of children without private 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 over five years from 2008-10 to 2010-12. During 2008-10, 147,221 children with private coverage declined to 141,743 children in 2010-12.

Public Health Insurance Enrollment

In approximately the same time period, data from the Pennsylvania Department of Public Welfare indicates that 20% more children enrolled in Medical Assistance from 2009 (31,093) to 2013 (37,390). The Pennsylvania Department of Insurance reports that seven percent more children enrolled in CHIP from 2009 (9,141) to 2013 (9,801). In 2013, 1 in 4 Montgomery County children were enrolled in Medical Assistance or CHIP.



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, ACLAMO, Abington Health Children's Clinic and Community Health and Dental Care, to enroll Montgomery County children in public health insurance. In addition, the Montgomery County Health Department has harnessed resources created under the Affordable Care Act to increase enrollment activities within the Navicates program and is collaborating with federally supported health centers to help more children and parents obtain coverage.

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 5,700 Montgomery 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 Montgomery 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.[20]

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 Montgomery County Health Department reported that it planned to initiate a health assessment and health improvement planning process by the end of 2013. PCCY suggests that children be a central focus in this plan. We urge county officials to use the data in this report to complete their assessment 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 strategies to address these factors as well.

With its Community Connections program and the Navicates staff, Montgomery County has distinguished itself by thinking outside of the box to resolve a complex service access dilemma. Applying this same kind of innovative thinking, county officials, working in partnership with private businesses, non-profit organizations and citizens, can create and execute a robust 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 build on their enrollment activities through the Affordable Care Act and create new opportunities, particularly working with school district leaders, to insure children. 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.[21] 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 and screen more children for lead. 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. 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. U.S. 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. This report previously stated that approximately 178,000 children ages 0 – 17 lived in Montgomery County in 2012 based on the U.S. Census American Community Survey. The number of children 0 – 17 years old in 2012 reported in excellent or good health, 180,870 or 99.1%, slightly surpasses that number. The source of the health status data is Public Health Management Corporation's 2012 Household Health Survey which reported that total population is calculated by a method that enables near-precise census proportions to be produced, but projection numbers may not mirror other sources.
9. 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.
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/ and Camarota, S.A. (2009). Illegal Immigrants and HR 3200 Estimate of Potential Costs to Taxpayers. Center for Immigration Studies.
11. Capps, R., Fix, M. Ost, J., Reardon-Anderson J & Passel, J. (2004).The Health and Well-Being of Young Children of Immigrants. Urban Institute.
12. Latino Families, Primary Care, and Childhood Obesity: A Randomized Controlled Trial. http://www.ajpmonline.org/article/S0749-3797%2812%2900912-9/fulltext.
13. U.S. Department of Health and Human Services. Division of nutrition, physical activity, and obesity. www.cdc.gov/nccdphp/dnpa/.
14. 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.
15. 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. In suburban, southeastern PA these areas include Montgomery County, Chester 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.
16. 2011 American Community Survey 3-Year Estimates.
17. 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.
18. 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.
19. 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. Uninsured 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).
20. 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.
21. 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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