

2010 **Pennsylvania**





Introduction

Where we live matters to our health. The health of a community depends on many different factors, including quality of health care, individual behavior, education and jobs, and the environment. We can improve a community's health through programs and policies. For example, people who live in communities with ample park and recreation space are more likely to exercise. which reduces heart disease risk. People who live in communities with smoke-free laws are less likely to smoke or to be exposed to second-hand smoke, which reduces lung cancer risk.

The problem is that there are big differences in health across communities, with some places being much healthier than others. And up to now, it has been hard to get a standard way to measure how healthy a county is and see where they can improve.

The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute are pleased to present the 2010 County Health Rankings, a collection of 50 reports that reflect the overall health of counties in every state across the country. For the first time, counties can get a snapshot of how healthy their residents are by comparing their overall health and the factors that influence their health, with other counties in their state. This will allow them to see county-to-county where they are doing well and where they need to improve. Everyone has a stake in community health. We all need to work together to find solutions. The County Health Rankings serve as both a call to action and a needed tool in this effort.

All of the County Health Rankings are based upon this model of population health improvement:



In this model, health outcomes are measures that describe the current health status of a county. These health outcomes are influenced by a set of health factors. These health factors and their outcomes may also be affected by community-based programs and policies designed to alter their distribution in the community. Counties can improve health outcomes by addressing all health factors with effective, evidence-based programs and policies.



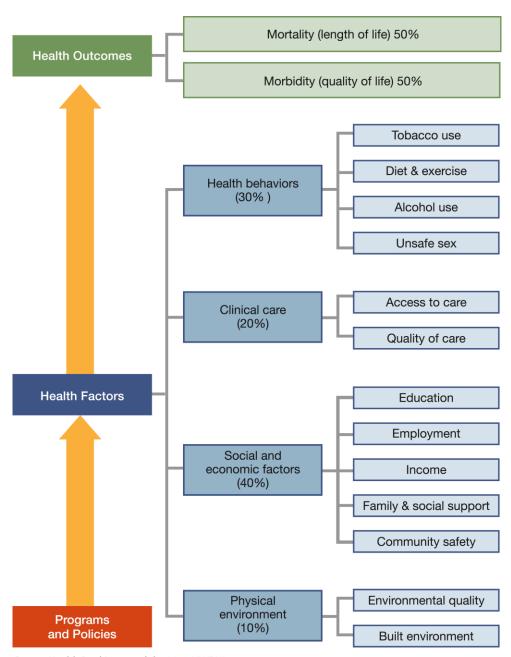
Institute of Medicine, 2002

To compile the Rankings, we built on our prior work in Wisconsin, worked closely with staff from the Centers for Disease Control and Prevention and Dartmouth College, and obtained input from a team of expert advisors. Together we selected a number of population health measures based on scientific relevance, importance, and availability of data at the county level. For a more detailed explanation of the choice of measures, see www.countyhealthrankings.org.

The Rankings

This report ranks Pennsylvania counties according to their summary measures of **health outcomes** and **health factors**, as well as the components used to create each summary measure. The figure below depicts the structure of the *Rankings* model. Counties receive a rank for each population health component; those having high ranks (e.g., 1 or 2) are estimated to be the "healthiest."

Our summary **health outcomes** rankings are based on an equal weighting of mortality and morbidity measures. The summary **health factors** rankings are based on weighted scores of four types of factors: behavioral, clinical, social and economic, and environmental. The weights for the factors (shown in parentheses in the figure) are based upon a review of the literature and expert input but represent just one way of combining these factors.

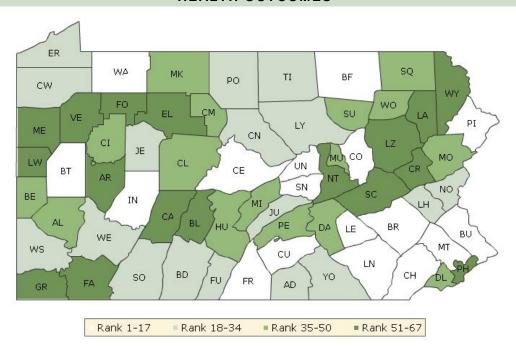


County Health Rankings model ©2010 UWPHI

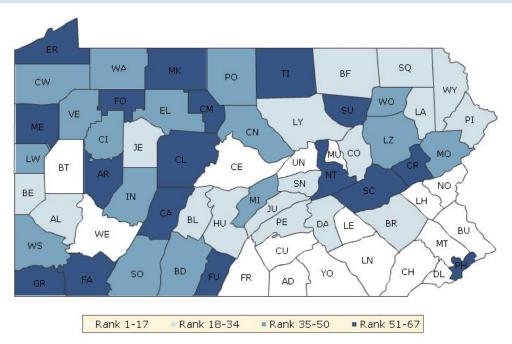
The maps on this page display Pennsylvania's counties divided into groups by health rank. The lighter colors indicate better performance in the respective summary rankings. The green map shows the distribution of summary health outcomes. The blue displays the distribution of the summary rank for health factors.

Maps help locate the healthiest and least healthy counties in the state. The health factors map appears similar to the health outcomes map, showing how health factors and health outcomes are closely related.

HEALTH OUTCOMES



HEALTH FACTORS



Summary Health Outcomes & Health Factors Rankings

Counties receive two summary ranks:

- Health Outcomes
- Health Factors

Each of these ranks represents a weighted summary of a number of measures.

Health outcomes represent how healthy a county is while health factors are what influences the health of the county.

Rank	Health Outcomes	Rank	Health Factors
1	Health Outcomes Chester	1	Chester
2	Centre	2	Montgomery
3	Union	3	Bucks
4	Snyder	4	Cumberland
5	Montgomery	5	Montour
6	Pike	6	Butler
7	Bucks	7	Adams
8	Lancaster	8	Centre
9	Cumberland	9	Lancaster
10	Franklin	10	Westmoreland
11	Butler	11	Union
12	Bradford	12	Northampton
13	Warren	13	Franklin
14	Columbia	14	Delaware
15	Lebanon	15	Lebanon
16	Berks	16	York
17	Indiana	17	Lehigh
18	Westmoreland	18	Snyder
19	Lehigh	19	Lackawanna
20	Jefferson	20	Pike
21	Adams	21	Wayne
22	Tioga	22	Bradford
23	Lycoming	23	Berks
24	Potter	24	Huntingdon
25	York	25	Beaver
26	Northampton	26	Allegheny
27	Fulton	27	Columbia
28	Juniata	28	Lycoming
29	Washington	29	Jefferson
30	Erie	30	Juniata
31	Bedford	31	Susquehanna
32	Somerset	32	Perry
33	Crawford	33	Blair
34	Clinton	34	Dauphin
35	Perry	35	Bedford
36	Delaware	36	Clinton
37	Huntingdon	37	Luzerne
38	Sullivan	38	Washington
39	Montour	39	Potter
40	Cameron	40	Monroe

Rank	Health Outcomes	Rank	Health Factors
41	Susquehanna	41	Clarion
42	Clarion	42	Elk
43	Wyoming	43	Crawford
44	Beaver	44	Venango
45	Clearfield	45	Mifflin
46	Monroe	46	Wyoming
47	Dauphin	47	Somerset
48	Mifflin	48	Warren
49	Allegheny	49	Indiana
50	McKean	50	Lawrence
51	Lackawanna	51	Cambria
52	Mercer	52	Clearfield
53	Forest	53	Cameron
54	Venango	54	McKean
55	Northumberland	55	Armstrong
56	Carbon	56	Mercer
57	Luzerne	57	Tioga
58	Armstrong	58	Sullivan
59	Elk	59	Northumberland
60	Schuylkill	60	Schuylkill
61	Lawrence	61	Erie
62	Wayne	62	Carbon
63	Blair	63	Greene
64	Cambria	64	Fulton
65	Fayette	65	Forest
66	Greene	66	Fayette
67	Philadelphia	67	Philadelphia

Health Outcomes Rankings

The summary health outcomes ranking is based on measures of mortality and morbidity. Each county's ranks for mortality and morbidity are displayed here. The mortality rank, representing length of life, is based on a measure of premature death: the years of potential life lost prior to age 75.

The morbidity rank is based on measures that represent health-related quality of life and birth outcomes. We combine four morbidity measures: self-reported fair or poor health, poor physical health days, poor mental health days, and the percent of births with low birthweight.

Rank 1	Mortality Centre	Morbidity
		Snyder
2	Chester	Chester
3	Union	Union
4	Montgomery	Lancaster
5	Cumberland	Potter
6	Bucks	Bradford
7	Pike	Pike
8	Northampton	Centre
9	Columbia	Juniata
10	Indiana	Warren
11	Franklin	Fulton
12	Snyder	Montgomery
13	Lebanon	Montour
14	Butler	Bucks
15	Lancaster	Franklin
16	Lehigh	Butler
17	Berks	Wyoming
18	Adams	Cumberland
19	Westmoreland	Jefferson
20	York	Lycoming
21	Tioga	Clinton
22	Erie	Washington
23	Sullivan	Berks
24	Bradford	Somerset
25	Jefferson	Lebanon
26	Warren	Westmoreland
27	Lycoming	Tioga
28	Bedford	Columbia
29	Crawford	Adams
30	Clarion	Mifflin
31	Elk	Cameron
32	Beaver	Lehigh
33	Washington	Huntingdon
34	Susquehanna	Delaware
35	Perry	York
36	Monroe	Perry
	Delaware	Indiana
37		Bedford
38	Huntingdon	
39	Dauphin	Venango
40	Somerset	Schuylkill

Rank	Mortality	Morbidity
41	Cameron	Carbon
42	Clearfield	Crawford
43	Clinton	McKean
44	Allegheny	Lackawanna
45	Fulton	Northumberland
46	Potter	Clearfield
47	Mercer	Erie
48	Forest	Allegheny
49	Cambria	Susquehanna
50	Juniata	Luzerne
51	McKean	Wayne
52	Mifflin	Beaver
53	Lawrence	Dauphin
54	Wyoming	Monroe
55	Lackawanna	Mercer
56	Armstrong	Blair
57	Montour	Clarion
58	Greene	Forest
59	Fayette	Northampton
60	Luzerne	Sullivan
61	Northumberland	Armstrong
62	Carbon	Lawrence
63	Venango	Cambria
64	Schuylkill	Fayette
65	Blair	Greene
66	Wayne	Elk
67	Philadelphia	Philadelphia

Health Factors Rankings

The summary health factors ranking is based on four factors: health behaviors, clinical care, social and economic, and physical environment factors. In turn, each of these factors is based on several measures. Health behaviors include measures of smoking, diet and exercise, alcohol use, and risky sex behavior. Clinical

care includes measures of access to care and quality of care. Social and economic factors include measures of education, employment, income, family and social support, and community safety. The physical environment includes measures of environmental quality and the built environment.

Rank	Health Behaviors	Clinical Care	Social & Economic Factors	Physical Environment
1	Chester	Montour	Chester	Blair
2	Bucks	Montgomery	Montgomery	Venango
3	Montgomery	Dauphin	Centre	Mifflin
4	Centre	Lancaster	Bucks	Wyoming
5	Butler	Lycoming	Cumberland	Potter
6	Westmoreland	York	Adams	Snyder
7	Montour	Lebanon	Butler	Columbia
8	Cumberland	Lehigh	Lancaster	Juniata
9	Union	Allegheny	Lebanon	Monroe
10	Potter	Adams	Beaver	Bedford
11	Adams	Bucks	Franklin	Franklin
12	Jefferson	Cumberland	Westmoreland	Pike
13	Lancaster	Lackawanna	Northampton	McKean
14	Snyder	Union	Washington	Carbon
15	Clarion	Delaware	York	Butler
16	Allegheny	Luzerne	Juniata	Susquehanna
17	Mifflin	Chester	Montour	Cameron
18	Berks	Blair	Delaware	Northumberland
19	Pike	Berks	Pike	Northampton
20	Bradford	Erie	Wayne	Lawrence
21	Susquehanna	Huntingdon	Indiana	Clinton
22	Delaware	Bradford	Monroe	Elk
23	Northampton	Cambria	Union	Cumberland
24	Wayne	Snyder	Lehigh	Fayette
25	Franklin	Northampton	Columbia	Bradford
26	Lehigh	Philadelphia	Elk	Warren
27	Lackawanna	Franklin	Allegheny	Crawford
28	Clinton	Butler	Wyoming	Montour
29	Huntingdon	Warren	Huntingdon	Lebanon
30	Clearfield	Clearfield	Lackawanna	Delaware
31	York	Tioga	Perry	Adams
32	Greene	Perry	Jefferson	Somerset
33	Bedford	Mercer	Susquehanna	Lycoming
34	Beaver	Northumberland	Berks	Luzerne
35	Forest	Wayne	Dauphin	Tioga
36	Lycoming	Bedford	Bradford	Lackawanna
37	Columbia	Venango	Sullivan	Clarion
38	Cameron	Crawford	Somerset	Huntingdon
39	Perry	Columbia	Crawford	Fulton
40	Indiana	Elk	Armstrong	Perry

Rank	Health Behaviors	Clinical Care	Social & Economic Factors	Physical Environment
41	Lawrence	Washington	Snyder	Union
42	Luzerne	Westmoreland	Clinton	Wayne
43	Somerset	Lawrence	Luzerne	Berks
44	Lebanon	Beaver	Bedford	Beaver
45	Crawford	Fayette	Blair	Montgomery
46	Armstrong	Somerset	Carbon	Jefferson
47	Juniata	Cameron	Clarion	Lehigh
48	Sullivan	Monroe	Venango	Bucks
49	Cambria	Schuylkill	McKean	Dauphin
50	Venango	Clinton	Schuylkill	Schuylkill
51	Blair	Pike	Cambria	Chester
52	Washington	McKean	Warren	Philadelphia
53	Warren	Mifflin	Tioga	Lancaster
54	Fulton	Potter	Lawrence	Mercer
55	Mercer	Wyoming	Lycoming	Cambria
56	Monroe	Sullivan	Mercer	York
57	Wyoming	Carbon	Erie	Clearfield
58	Elk	Juniata	Northumberland	Centre
59	Northumberland	Armstrong	Greene	Armstrong
60	McKean	Jefferson	Potter	Erie
61	Schuylkill	Clarion	Cameron	Indiana
62	Dauphin	Susquehanna	Mifflin	Westmoreland
63	Tioga	Greene	Clearfield	Forest
64	Carbon	Fulton	Fulton	Washington
65	Erie	Indiana	Forest	Sullivan
66	Fayette	Centre	Fayette	Greene
67	Philadelphia	Forest	Philadelphia	Allegheny

2010 County Health Rankings: Measures, Data Sources, and Years of Data

	Measure	Data Source	Years of Data
HEALTH OUTCOMES	5		
Mortality	Premature death	National Center for Health Statistics	2004-2006
Morbidity	Poor or fair health	Behavioral Risk Factor Surveillance System	2002-2008
	Poor physical health days	Behavioral Risk Factor Surveillance System	2002-2008
	Poor mental health days	Behavioral Risk Factor Surveillance System	2002-2008
	Low birthweight	National Center for Health Statistics	2000-2006
HEALTH FACTORS			
HEALTH BEHAVIORS			
Tobacco	Adult smoking	Behavioral Risk Factor Surveillance System	2002-2008
Diet and Exercise	Adult obesity	National Center for Chronic Disease Prevention and Health Promotion	2006-2008
Alcohol Use	Binge drinking	Behavioral Risk Factor Surveillance System	2002-2008
	Motor vehicle crash death rate	National Center for Health Statistics	2000-2006
High Risk Sexual	Chlamydia rate	National Center for Health Statistics	2007
Behavior	Teen birth rate	National Center for Health Statistics	2000-2006
CLINICAL CARE			
Access to Care	Uninsured adults	Small Area Health Insurance Estimates, U.S. Census	2005
	Primary care provider rate	Health Resources & Services Administration	2006
Quality of Care	Preventable hospital stays	Medicare/Dartmouth Institute	2005-2006
	Diabetic screening	Medicare/Dartmouth Institute	2003-2006
	Hospice use	Medicare/Dartmouth Institute	2001-2005
SOCIOECONOMIC FAC	TORS		
Education	High school graduation	National Center for Education Statistics ¹	2005-2006
	College degrees	U.S. Census/American Community Survey	2000/2005-2007
Employment	Unemployment	Bureau of Labor Statistics	2008
Income	Children in poverty	Small Area Income and Poverty Estimates, U.S. Census	2007
	Income inequality	U.S. Census/American Community Survey ²	2000/2005-2007
Family and Social Support	Inadequate social support	Behavioral Risk Factor Surveillance System	2005-2008
	Single-parent households	U.S. Census/American Community Survey	2000/2005-2007
Community Safety	Violent crime ³	Uniform Crime Reporting, Federal Bureau of Investigation	2005-2007
PHYSICAL ENVIRONM	ENT		
Air Quality ⁴	Air pollution-particulate matter days	U.S. Environmental Protection Agency / Centers for Disease Control and Prevention	2005
	Air pollution-ozone days	U.S. Environmental Protection Agency / Centers for Disease Control and Prevention	2005
Built Environment	Access to healthy foods	Census Zip Code Business Patterns	2006
	Liquor store density	Census County Business Patterns	2006

State data sources for KY, NH, NC, PA, SC, and UT (2007-2008).
 Income inequality estimates for 2000 were calculated by Mark L. Burkey, North Carolina Agricultural & Technical State University, www.ncat.edu/~burkeym/Gini.htm.

³ Homicide rate (2000-2006) from National Center for Health Statistics for AK, AZ, AR, CO, CT, GA, ID, IN, IA, KS, KY, LA, MN, MS, MT, NE, NH, NM, NC, ND, OH, SD, UT, and WV. State data source for IL.

⁴ Not available for AK and HI.

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