

2011 **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 2011 *County Health Rankings*, a collection of 50 reports that reflect the overall health of counties in every state across the country. For the second year in a row, 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 allows communities 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:



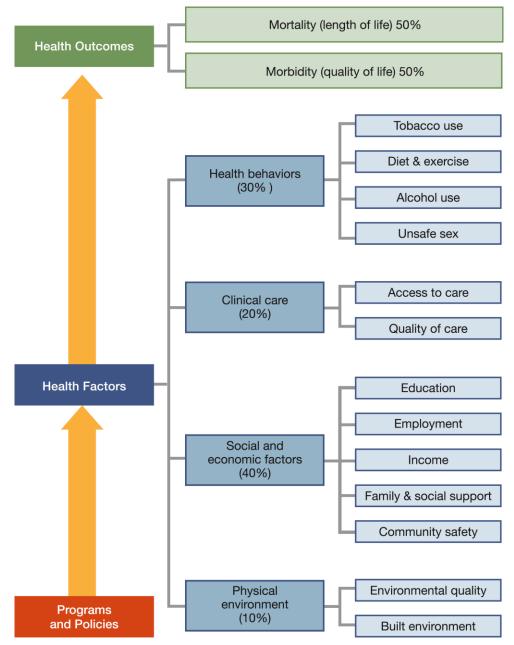
In this model, health outcomes are measures that describe the current health status of a county. These health outcomes are influenced by a set of health factors. These health factors and their outcomes may also be affected by community-based programs and policies designed to alter their distribution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

To compile the *Rankings*, we built on our prior work in Wisconsin, obtained input from a team of expert advisors, and worked closely with staff from the National Center for Health Statistics. 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 our approach, the methods used to compile the *Rankings*, information on the action steps communities can take to improve their health, and examples of communities in action, see www.countyhealthrankings.org

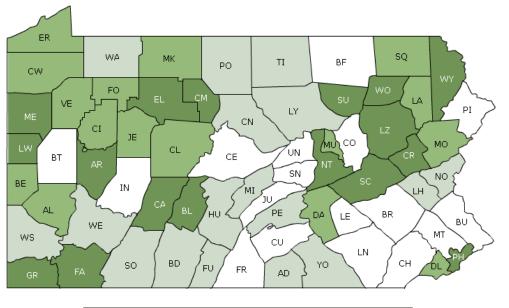
The Rankings

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.



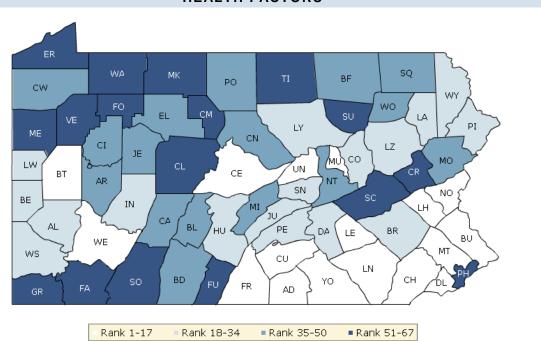
County Health Rankings model ©2010 UWPHI

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

Rank 1-17 Rank 18-34 Rank 35-50 Rank 51-67



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

Rank	Health Outcomes	Rank	Health Factors
41	Monroe	41	Susquehanna
42	Allegheny	42	Blair
43	Clearfield	43	Clarion
44	McKean	44	Cambria
45	Jefferson	45	Bedford
46	Susquehanna	46	Wyoming
47	Montour	47	Clinton
48	Clarion	48	Northumberland
49	Lackawanna	49	Elk
50	Beaver	50	Mifflin
51	Wyoming	51	Somerset
52	Armstrong	52	Tioga
53	Northumberland	53	Carbon
54	Lawrence	54	Venango
55	Mercer	55	Erie
56	Schuylkill	56	Clearfield
57	Wayne	57	Warren
58	Carbon	58	Mercer
59	Luzerne	59	Greene
60	Elk	60	Sullivan
61	Cameron	61	Schuylkill
62	Blair	62	Cameron
63	Fayette	63	Fulton
64	Cambria	64	McKean
65	Greene	65	Forest
66	Sullivan	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	Mortality	Morbidity
1	Centre	Snyder
2	Union	Chester
3	Chester	Union
4	Montgomery	Juniata
5	Bucks	Montour
6	Cumberland	Bradford
7	Columbia	Lancaster
8	Lebanon	Centre
9	Northampton	Fulton
10	Indiana	Montgomery
11	Butler	Potter
12	Lancaster	Franklin
13	Franklin	Bucks
14	Snyder	Warren
15	Berks	Butler
16	York	Pike
17	Bedford	Cumberland
18	Pike	Clinton
19	Forest	Lycoming
20	Juniata	Berks
21	Lehigh	Tioga
22	Westmoreland	Mifflin
23	Perry	Somerset
24	Adams	Huntingdon
25	Tioga	Washington
26	Bradford	Lebanon
27	Erie	Wyoming
28	Monroe	Bedford
29	Lawrence	Westmoreland
30	Washington	Venango
31	Lycoming	Adams
32	Elk	Perry
33	Clarion	York
34	Dauphin	Cameron
35	Delaware	McKean
36	Warren	Delaware
37	Huntingdon	Lehigh
38	Somerset	Columbia
39	Clinton	Clearfield
40	Crawford	Crawford

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Rank	Mortality	Morbidity
41	Mifflin	Wayne
42	Susquehanna	Indiana
43	Jefferson	Allegheny
44	Allegheny	Jefferson
45	Beaver	Carbon
46	Clearfield	Lackawanna
47	Armstrong	Susquehanna
48	Lackawanna	Sullivan
49	Potter	Schuylkill
50	Venango	Luzerne
51	McKean	Beaver
52	Northumberland	Erie
53	Fulton	Dauphin
54	Greene	Northumberland
55	Mercer	Armstrong
56	Fayette	Mercer
57	Cambria	Monroe
58	Wyoming	Blair
59	Schuylkill	Clarion
60	Blair	Northampton
61	Carbon	Forest
62	Wayne	Lawrence
63	Luzerne	Fayette
64	Cameron	Cambria
65	Montour	Elk
66	Sullivan	Greene
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	Montour
2	Montgomery	Montgomery	Montgomery	Snyder
3	Bucks	Lycoming	Bucks	Columbia
4	Centre	York	Centre	Lebanon
5	Butler	Lebanon	Cumberland	Carbon
6	Montour	Dauphin	Butler	Pike
7	Cumberland	Union	Westmoreland	Cumberland
8	Westmoreland	Lancaster	Adams	Elk
9	Adams	Snyder	Beaver	Perry
10	Northampton	Cumberland	Lancaster	Luzerne
11	Potter	Lehigh	Northampton	Butler
12	Lancaster	Adams	Washington	Clinton
13	Allegheny	Cambria	Montour	Blair
14	Berks	Huntingdon	Delaware	Mifflin
15	Delaware	Berks	York	Chester
16	Clarion	Chester	Lebanon	Venango
17	Indiana	Northumberland	Pike	Lackawanna
18	Pike	Bucks	Allegheny	Berks
19	Susquehanna	Delaware	Indiana	Wyoming
20	Snyder	Allegheny	Juniata	McKean
21	Lehigh	Erie	Columbia	Susquehanna
22	Huntingdon	Franklin	Franklin	Tioga
23	Union	Mercer	Lackawanna	Erie
24	Beaver	Cameron	Union	Crawford
25	Lawrence	Crawford	Monroe	Bradford
26	Lackawanna	Northampton	Armstrong	Lawrence
27	Wayne	Blair	Lehigh	Dauphin
28	Crawford	Luzerne	Wyoming	Huntingdon
29	Franklin	Lackawanna	Wayne	Franklin
30	Juniata	Tioga	Dauphin	Northumberland
31	Perry	Bradford	Jefferson	Juniata
32	Jefferson	Armstrong	Luzerne	Jefferson
33	Lebanon	Venango	Huntingdon	Lycoming
34	Bradford	Elk	Blair	Northampton
35	Greene	Lawrence	Somerset	Lehigh
36	Cameron	Columbia	Berks	Adams
37	Bedford	Clearfield	Perry	Montgomery
38	Forest	Butler	Susquehanna	Cambria
39	Clearfield	Juniata	Cambria	Fayette
40	Mifflin	Clinton	Carbon	Somerset

RankHealth BehaviorsClinical CareSocial & Economic FactorsPhysical Environm41MonroeWarrenBedfordDelaware42YorkMifflinClarionWayne43FultonBedfordLycomingWestmoreland44LuzernePhiladelphiaWarrenWarren45NorthumberlandWayneClintonMonroe46MercerSchuylkillElkFulton47SullivanWestmorelandLawrenceClarion48ClintonBeaverBradfordMercer49LycomingPotterSullivanBedford50ArmstrongMcKeanGreeneClearfield51SomersetFayetteSnyderYork52WashingtonPerryTiogaBucks53WyomingCarbonVenangoSchuylkill54ColumbiaSomersetSchuylkillErie55VenangoWashingtonErieForest56TiogaWyomingMifflinLancaster57ElkMonroeNorthumberlandCentre58DauphinJeffersonCrawfordUnion59CambriaForestClearfieldArmstrong60SchuylkillPikePotterIndiana
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59 Cambria Forest Clearfield Armstrong
60 Schuylkill Pike Potter Indiana
61 Blair Centre Mercer Cameron
62 Carbon Sullivan McKean Sullivan
63 Erie Clarion Fulton Beaver
64 Warren Indiana Cameron Washington
65 McKean Greene Fayette Greene
66 Fayette Fulton Forest Philadelphia
67 Philadelphia Susquehanna Philadelphia Allegheny

2011 County Health Rankings: Measures, Data Sources, and Years of Data

	Measure	Data Source	Years of Data
HEALTH OUTCOMES			
Mortality	Premature death	National Center for Health Statistics	2005-2007
Morbidity	Poor or fair health	Behavioral Risk Factor Surveillance System	2003-2009
	Poor physical health days	Behavioral Risk Factor Surveillance System	2003-2009
	Poor mental health days	Behavioral Risk Factor Surveillance System	2003-2009
	Low birthweight	National Center for Health Statistics	2001-2007
HEALTH FACTORS			
HEALTH BEHAVIORS			
Tobacco	Adult smoking	Behavioral Risk Factor Surveillance System	2003-2009
Diet and Exercise	Adult obesity	National Center for Chronic Disease Prevention and Health Promotion	2008
Alcohol Use	Excessive drinking	Behavioral Risk Factor Surveillance System	2003-2009
	Motor vehicle crash death rate	National Center for Health Statistics	2001-2007
High Risk Sexual Behavior	Sexually transmitted infections	National Center for Hepatitis, HIV, STD and TB Prevention	2008
	Teen birth rate	National Center for Health Statistics	2001-2007
CLINICAL CARE			
Access to Care	Uninsured adults	Small Area Health Insurance Estimates, U.S. Census	200
	Primary care providers	Health Resources & Services Administration	200
Quality of Care	Preventable hospital stays	Medicare/Dartmouth Institute	2006-2007
	Diabetic screening	Medicare/Dartmouth Institute	2006-200
	Mammography screening	Medicare/Dartmouth Institute	2006-200
SOCIOECONOMIC FACT	ORS		
Education	High school graduation	National Center for Education Statistics ¹	2006-200
	Some college	American Community Survey	2005-2009
Employment	Unemployment	Bureau of Labor Statistics	200
Income	Children in poverty	Small Area Income and Poverty Estimates, U.S. Census	
Family and Social Support	Inadequate social support	Behavioral Risk Factor Surveillance System	2005-2009
	Single-parent households	American Community Survey	2005-200
Community Safety	Violent crime ²	Uniform Crime Reporting, Federal Bureau of Investigation	2006-2008
PHYSICAL ENVIRONME	NT		
Air Quality ³	Air pollution-particulate matter days	U.S. Environmental Protection Agency / Centers for Disease Control and Prevention	200
	Air pollution-ozone days	U.S. Environmental Protection Agency / Centers for Disease Control and Prevention	200
Built Environment	Access to healthy foods	Census Zip Code Business Patterns	2008
	Access to recreational facilities	Census County Business Patterns	2008

¹ State data sources for KY, NH, NC, PA, SC, and UT (2008-2009).

² Homicide rate (2001-2007) 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.

³ Not available for AK and HI.

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