York and Adams County Community Health Needs Assessment 2012

Overview of the York and Adams Communities

Prepared for and Sponsored by the Healthy York County Coalition and Healthy Adams Coalition

June 2012

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ABSTRACT: This document provides an overview of findings from a community health needs assessment (CHNA) conducted on behalf of the Healthy York County Coalition and Healthy Adams County**.** The assessment uses information from primary and secondary sources to identify health issues of consequence to the community. Estimates are presented for selected demographic and health indicators, including access to healthcare, health-related behavioral risks, prevention behaviors, health conditions, and vital statistics related to cancer, communicable disease, maternal health, mental health, mortality, and hospitalizations. Selected economic, education, environmental, public safety, and transportation estimates are also presented. The CHNA presents York and Adams Counties as communities with notable strengths, not the least of which are a strong healthcare infrastructure and economy. But weaknesses are also evident. The assessment finds mental health indicators are moving unfavorably. The assessment also shows that even some indicators that, at first glance, put the counties in a favorable position must still be considered pressing problems. For example, although obesity rates for both counties are about even with the state rate, there are still too many overweight residents. The same is true for tobacco use, binge drinking, exercise and diet, each of which contributes significantly to chronic disease. Community-level policy interventions are recommended to address these issues.

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Introduction

This document provides an overview of findings from a community health needs assessment conducted on behalf of the Healthy York County Coalition and Healthy Adams County. The assessment uses information from primary and secondary sources to identify health issues of consequence to the community. Estimates are presented for selected demographic and health indicators, including access to healthcare, health-related behavioral risks, selected prevention behaviors, selected health conditions, and vital statistics related to cancer, communicable disease, maternal health, mental health and mortality. Appendix A contains the current values and relative performance of selected indicators for York and Adams Counties, as well as trends and goals for those indicators where available. Appendix B displays the results of selected behavioral risk factor survey indicators for York County, Adams County, and Hanover. Appendix C provides definitions of selected terms. Appendix D contains all data tables.

Overview of Findings

York and Adams Counties compare favorably to state rates on access to healthcare. Most adults have a personal physician and are insured, although the trend for being insured is decreasing in Adams County. The strength of the healthcare infrastructure is confirmed by several recent studies that place access for York and Adams Counties in the top quartile of all health referral regions in the United States.[1]

York and Adams Counties compare favorably to other Pennsylvania counties on behavioral risks as well. While the overweight and obesity rates of both counties are similar to the state, only 29% of adults fall within the normal weight range. York and Adams County residents also have rates of physical activity and vegetable consumption similar to other Pennsylvania counties. The Hanover area compares unfavorably to both counties for physical activity and smoking rates, and has a higher overweight and obesity rate than the York County average. The 2012 County Health Rankings place Adams County residents 10th out of 67 counties for adult health behaviors, and York County ranks 32nd.[2]

Both counties compare favorably to state rates on the presence of most prevention-related behaviors and conditions, and the trend on these indicators is mostly stable. The exception for York County is the rate of poor mental health days, which is higher than the state average and is increasing. The Hanover area has higher rates of routine medical checkups, medical screenings and higher health literacy than York and Adams Counties. Hanover area residents are less likely to have days with depressive symptoms than York County residents, but they are more likely to have money concerns.

[1] The Commonwealth Fund. Rising to the Challenge: Results from a Scorecard on Local Health System Performance, March 2012.
[2] Robert Wood Johnson Foundation. County Health Rankings and Roadmaps. 2012 County Health Rankings.

Both counties compare favorably to the state rates on specific health conditions and the trends are mostly stable. Asthma, diabetes, and circulatory disorders are similar to other counties in the state, although both counties have a sizable minority of adults with high cholesterol and high blood pressure. Additionally, one in five residents has a depressive disorder. Cancer incidence rates in both counties have been rising for the past 20 years, but cancer death rates have been decreasing, mirroring the state trend. York and Adams Counties do not yet meet the Health People 2020 goal for cancer death rates.

Both counties compare favorably to the state on most communicable disease measures and most maternal and infant health measures. The rates of Lyme disease are much higher for York and Adams Counties than the state rate. The trend on maternal and infant health is stable, except for the rate of prenatal care in the first trimester, which is decreasing.

There are notable health disparities within York and Adams Counties, with age and poverty frequently showing differences between groups. Older residents are more likely to have better access to healthcare and have better rates on most prevention-related indicators. However, they are also more likely to have specific health conditions, with the exception of mental health disorders. Younger residents are more likely to have better rates for behavioral indicators, notably for overweight and obesity as well as physical activity. Younger people are also much more likely to experience mental health problems. Poverty is also significantly associated with differential outcomes related to access, health conditions and prevention-related behaviors. Low-income or poor residents are more likely to have poor access to healthcare as well as circulatory conditions, diabetes, mental health problems and money concerns.

York and Adams Counties appear strong economically. Income is above the state average. Both counties experienced rising poverty rates over the past decade, but these rates remain below state

and national averages as well. The rate of educational attainment in both counties is lower than the Pennsylvania and U.S. rates. Still, the County Health Rankings place York County 21st out of Pennsylvania's 67 counties, and ranks Adams County 10th, on social and economic factors. This includes measures of educational attainment, unemployment, poverty, household composition and crime. The physical environment in both counties may be of some concern. The County Health Rankings places York County as 59th out 67 counties and Adams County as 33rd for their physical environment, which includes measures of air pollution and access to healthy foods, recreational facilities, and fast food restaurants. The American Lung Association (ALA) gives Adams County a grade of C in terms of high ozone days and particle pollution days per year. York County compares unfavorably to Adams County, with a grade of F in terms of high ozone days and a grade of D in terms of particle pollution.[3]

[3] American Lung Association. Pennsylvania: State of the Air 2012.

Defining Community Health Needs

Conducting a community health needs assessment to identify a community's strengths and weaknesses is appealing because it affirms a community-oriented, can-do attitude that seeks to identify the problems our communities face and offer solutions that solve them. But which needs should a community address given limited resources? Should it consider those problems where the community performs poorly relative to other communities, should it consider those problems that affect the most people, should it consider those problems that adversely affect some groups more than others, or should it consider those problems that contribute most to wasted lives and dollars?

The next few paragraphs consider setting priorities based on the number of people affected by these health problems, those preventable health problems that contribute most to wasted lives and wasted dollars, and according to health disparities.

Residents Affected

Figures 1 and 2 present estimates of the top twenty health-related indicators by number of county residents affected for York and Adams Counties. Using these estimates as a guide to prioritizing county health needs would likely produce a different list of priorities than would an assessment of comparative performance with other counties. Many York and Adams county residents suffer the consequences of obesity, poor physical and mental health, high cholesterol and high blood pressure, economic hardships, infrequent medical checkups and smoking, among others, even though both counties perform comparatively well or similarly on most of these measures compared to other counties in Pennsylvania.

Figure 1. Estimates of Adult York County Residents Affected by Selected Health Indicators

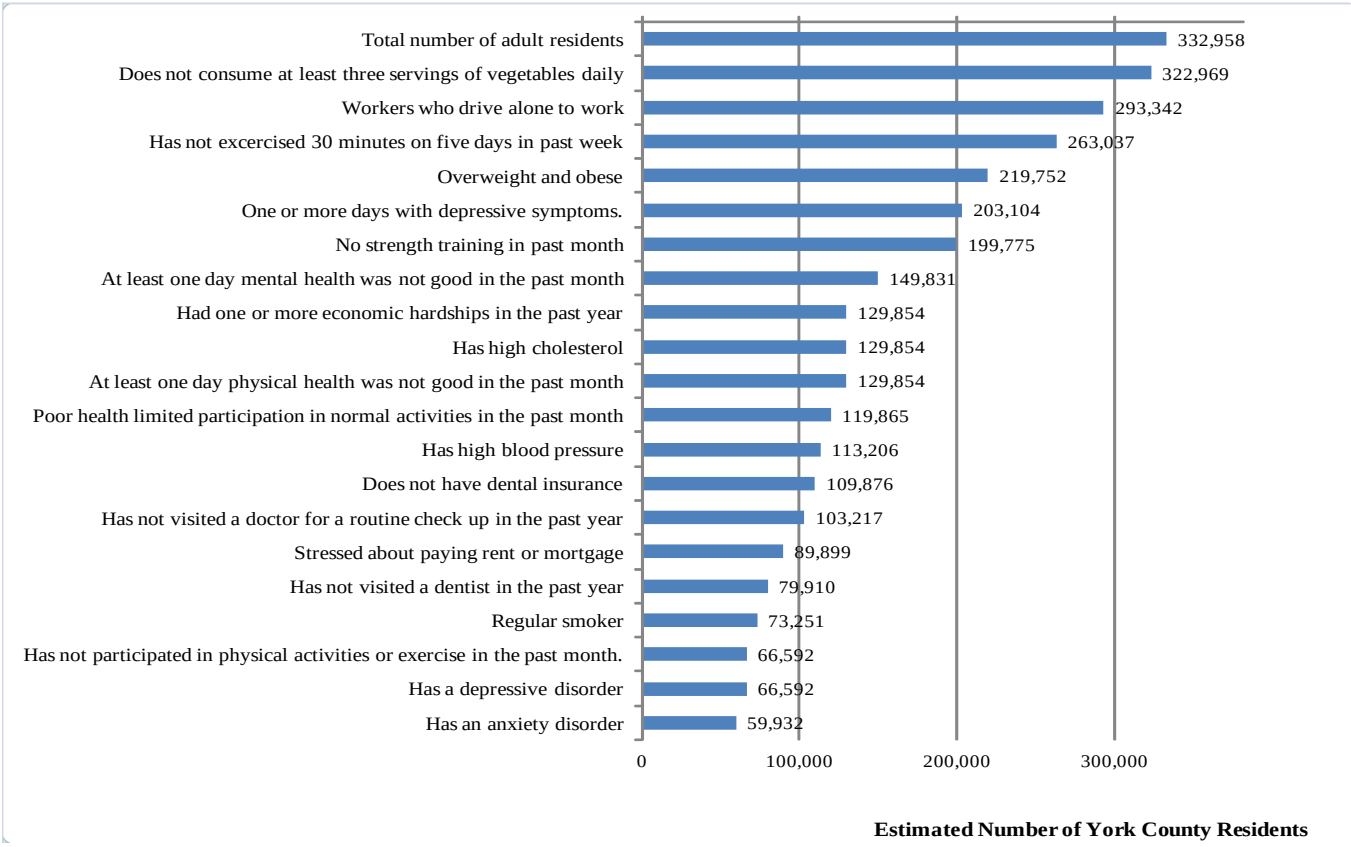
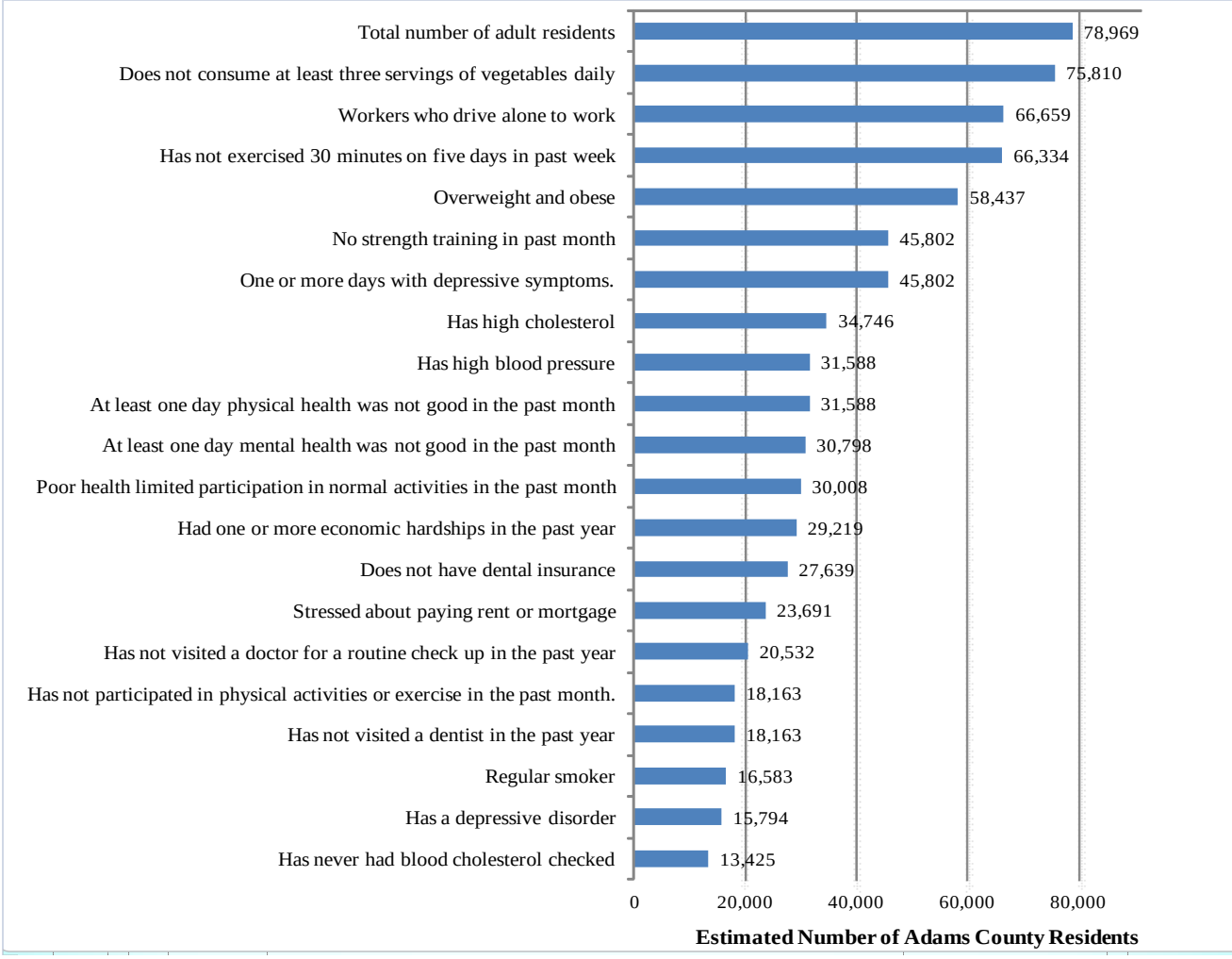


Figure 2. Estimates of Adults Adams County Residents Affected by Selected Health Indicators

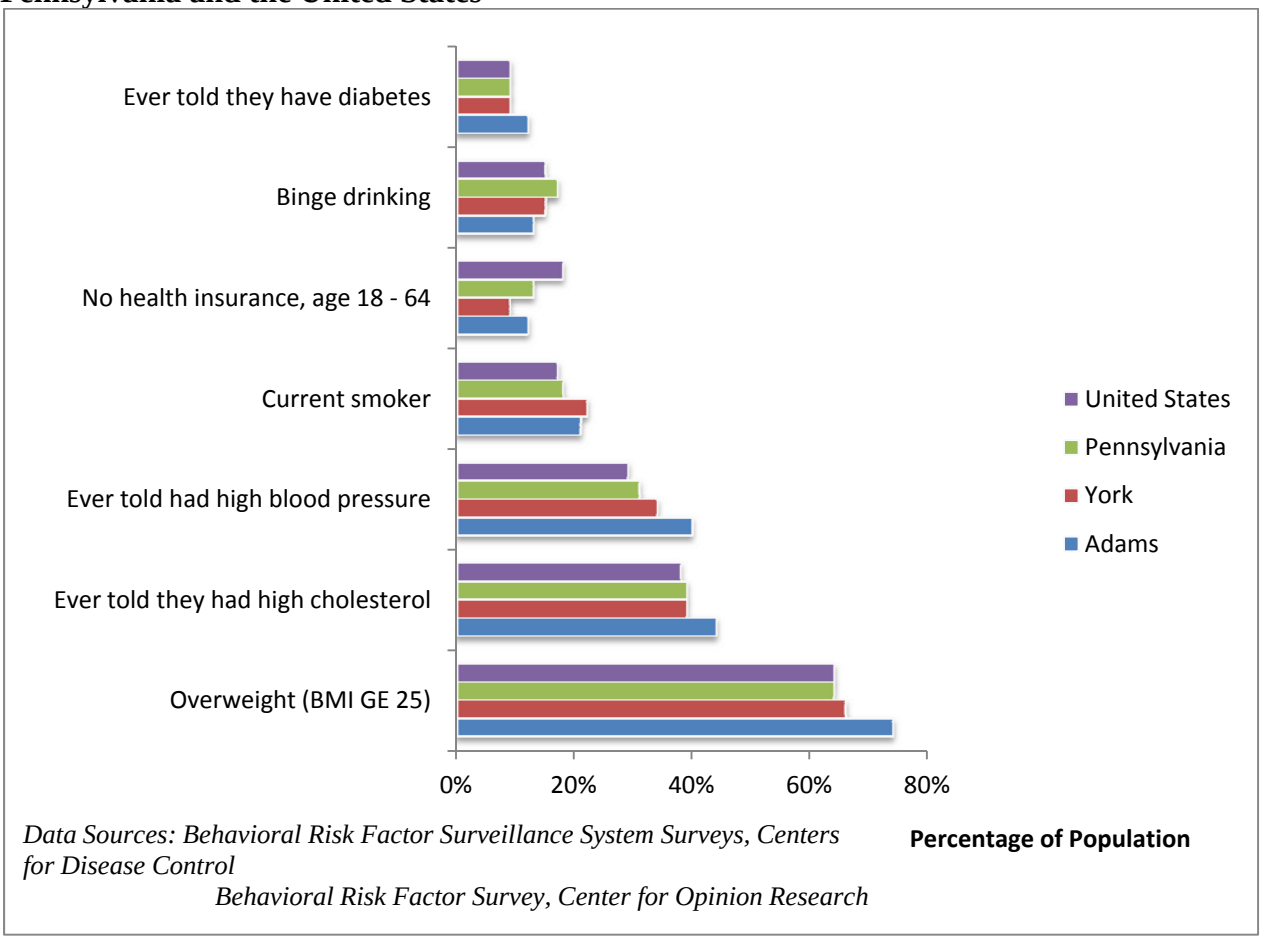


Health Risks

Chronic, non-communicable diseases such as cardiovascular disease, cancer, chronic respiratory disease, and diabetes pose a tremendous health burden throughout the world and within York and Adams Counties. Behaviors such as tobacco use, alcohol use, poor diet and physical inactivity are the primary risk factors for chronic, non-communicable disease and many York and Adams county residents are at-risk for these conditions due to their lifestyle choices.[4] These behaviors have large social and economic costs. The estimated costs of obesity in the United States in 2008 were $147 billion.[5] During 2000 – 2004, the estimated health-related economic costs of smoking were $193 billion.[6] The estimates for both counties for smoking, drinking, diabetes, hypertension, high cholesterol, physical activity, nutrition and weight are similar to other Pennsylvania counties, but even though these health conditions and behaviors are relatively favorable, they still show the possibility of significant long-term risk for the community (Figure 3). Prioritizing based on health risk produces a result similar to that based on the number of people affected and dissimilar to one based on a comparison to other counties.

[4] Draft Political Declaration of the High-level Meeting on the prevention and control of non-communicable diseases, United Nations, 7 September 2011.
[5] Finkelstein, EA, Trogdon, JG, Cohen, JW, and Dietz, W. Annual medical spending attributable to obesity: Payer- and service-specific estimates. Health Affairs 2009; 28 (5): w822-w831.
[6] Centers for Disease Control and Prevention. Smoking-Attributable Mortality, Years of Potential Life Lost, and Productivity Losses-United States, 2000 – 2004. Morbidity and Mortality Weekly Report 2008; 57 (45): 1226 – 1228.

Figure 3. Risk Factors for Chronic Disease: York and Adams Counties Compared to Pennsylvania and the United States



Data Sources: Behavioral Risk Factor Surveillance System Surveys, Centers for Disease Control
Behavioral Risk Factor Survey, Center for Opinion Research

Health Disparities

The CHNA indentifies the presence of numerous health disparities, i.e., gaps in access, conditions, or behaviors that are larger for some demographic groups than for others. The area's health disparities, generally speaking, show some clear patterns. First, poverty is significantly associated with differential outcomes related to access, conditions, and prevention behaviors. Second, age is significantly associated with differential outcomes related to all indicator groups. Third, there are no strong regional differences for any indicator.

Figure 4. Significance Testing for Selected Indicators by Income, Race, Gender, Age and Region

A Community Approach to Health

The data included in this community health assessment primarily focus on individuals, the incidence and prevalence of specific disease, conditions, attitudes, and behaviors present within the local community, but such data represent only part of the story. There are multiple influences on community health and multiple barriers to health improvement. Identifying, documenting, and addressing these multiple influences is as necessary for improving a community's health as is understanding individual-level data. This means that communities must address multiple factors impacting health through policy interventions that emphasize the undeniable interaction between individual characteristics and environmental context influencing health behaviors. For example, efforts to educate people on the importance of exercise will do little to change behaviors if people lack safe, affordable, and accessible place to exercise.

York and Adams Counties have some strengths, including an especially strong healthcare infrastructure and healthy economies, but each faces significant hurdles. The level of disparities across a variety of indicators—ranging from behavior to access—poses one challenge. High rates of risk factors for chronic diseases presents another. Poor mental health indicators, which can both increase the prevalence of these risk factors and mitigate successful treatment, pose a third challenge to the community.

Successful interventions for these problems and others will require community-wide efforts that seek to alter existing policies and systems that recognize the role that context plays in shaping behaviors and health. Changing the context for specific behaviors, such as having healthy snacks in schools and workplaces and limiting availability of unhealthy snacks and beverages, can help residents improve their health outcomes because it makes it easier to make a healthy choice.

Selected Highlights

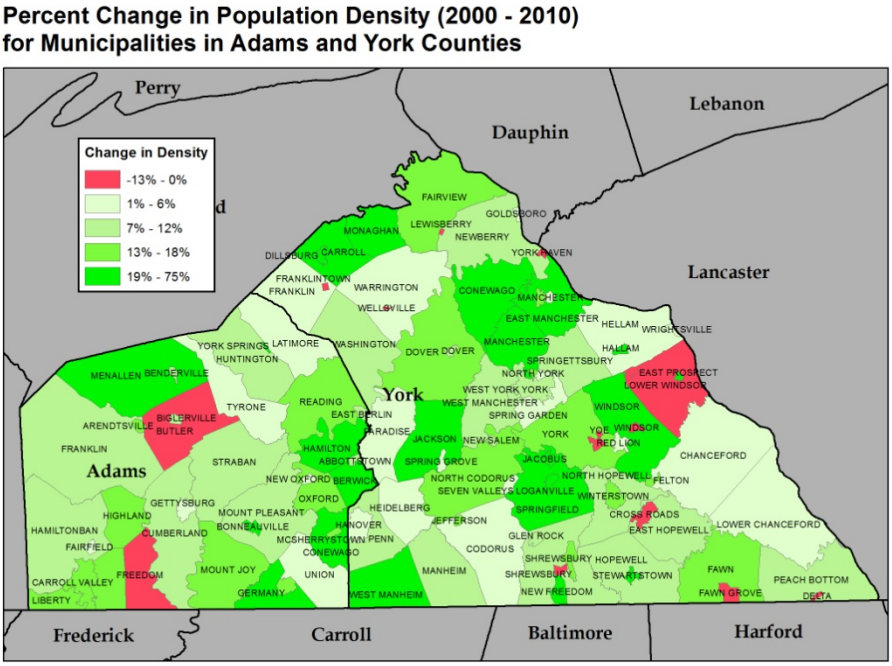
Demographic Change

The data in this section of the report comes from data available through the U.S. Census Bureau.

Population Growth

The region is growing; Adams County grew by 28% and York County grew by 27% from 1990 to 2010. Adams County grew by 11% and York County grew by 14% from 2000 to 2010. This rate of growth was greater than the nation as a whole (10%) and much greater than Pennsylvania as a whole (3%). Population growth means an increased demand for services. It also means that even when indicators of poor health remain stable in percentage terms, more people are affected in total.

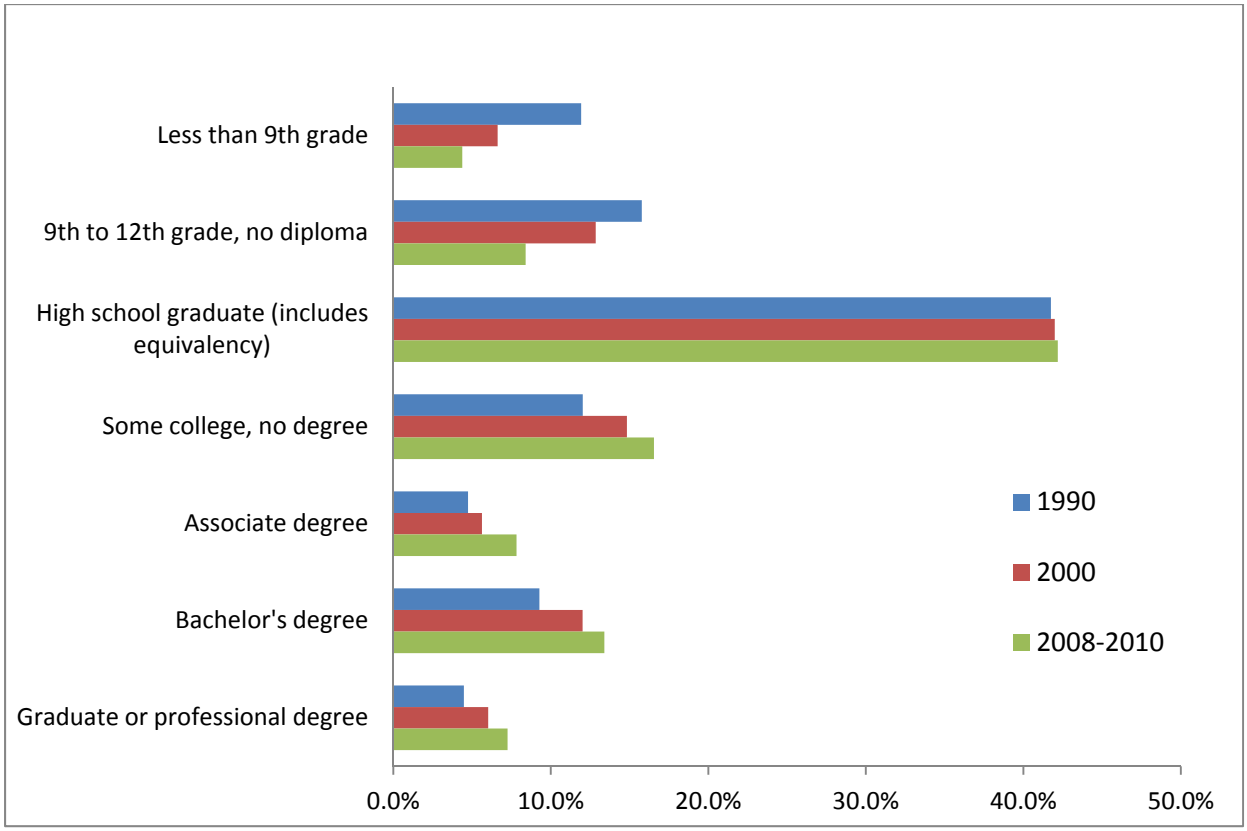
Figure 5. Percent Change in Population Density 2000 – 2010 for Municipalities in Adams and York Counties



Education and Diversity

The growth of the region has had positive consequences as the population has become more educated (Figure 6) and more diverse. Still, the proportion of adults with a college education of some type is well below the national rate (39% according to the 2010 census). Racial diversity continues to increase in both counties, with the percentage of whites in York County dropping from 95.2% in 1990 to 88.5% in 2010. As well, the Latino population has steadily risen in both counties over the past 20 years, tripling from 2% of the population in 1990 to 6% in 2010.

Figure 6. Educational Attainment of York and Adams County Adults Age 25 or Older



Age

The population in both counties is getting older. The median age for Adams County has increased from 37.0 years in 2000 to 41.3 years in 2010. The median age for York County has increased from 37.8 years in 2000 to 40.1 years in 2010. An older population generally means increased demand for healthcare services and increasing prevalence of chronic conditions.

Commuting

Residents of both counties spend more time commuting to work than they did 20 years ago, with the average commute time being 27 minutes for Adams County residents and 26 minutes for York County residents. Most Adams County residents commute to workplaces outside of the county, indicating a dearth of local job opportunities. Carpooling has dropped off in York County, from 12.4% in 1990 to 8.4% in 2010.

Poverty

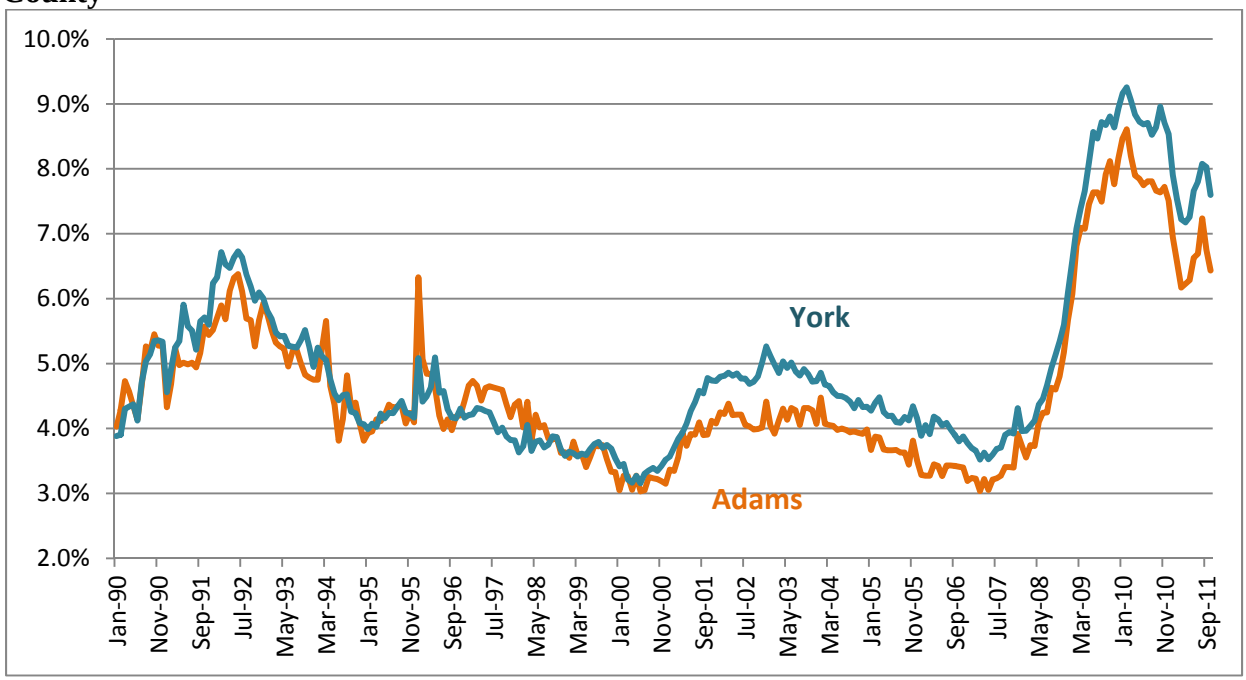
Rising poverty rates may be the most consequential demographic trend related to health. Median income over the past decade has increased significantly, from $45,268 in 2000 to $56,368 in 2010, but poverty has risen in both Adams and York Counties since 2000 and stands at around 6%. Poverty is most acute in the City of York, where more than one third (37%) of residents live in poverty and where half (50%) of those under 18 live in poverty. Poverty creates a predisposition towards many health conditions and often corresponds with reduced healthcare coverage.

Unemployment

Increased poverty rates are due in part to unemployment rates that rose to greater than 8% in both counties during 2009 (Figure 7). Unemployment in the City of York (16%) is twice that of the county as a whole. While unemployment seems to be easing some, it continues above

recent averages and increased numbers of unemployed residents have stopped looking for work, artificially lowering the unemployment rate. The labor force participation rate has not recovered, down about five percent in both counties compared to 2008 levels.

Figure 7. Unemployment Rate January 1990 - October 2011, York County and Adams County



Behavioral Risk Factor Survey Results

Most of the data presented in this section of the summary is based on a behavioral risk factor survey of 809 adult residents of Adams County and 1,004 adult residents of York County. The survey interviewing took place from September 26 through November 9, 2011. The survey sample was designed to be representative of the adult, non-institutionalized population of the two counties.

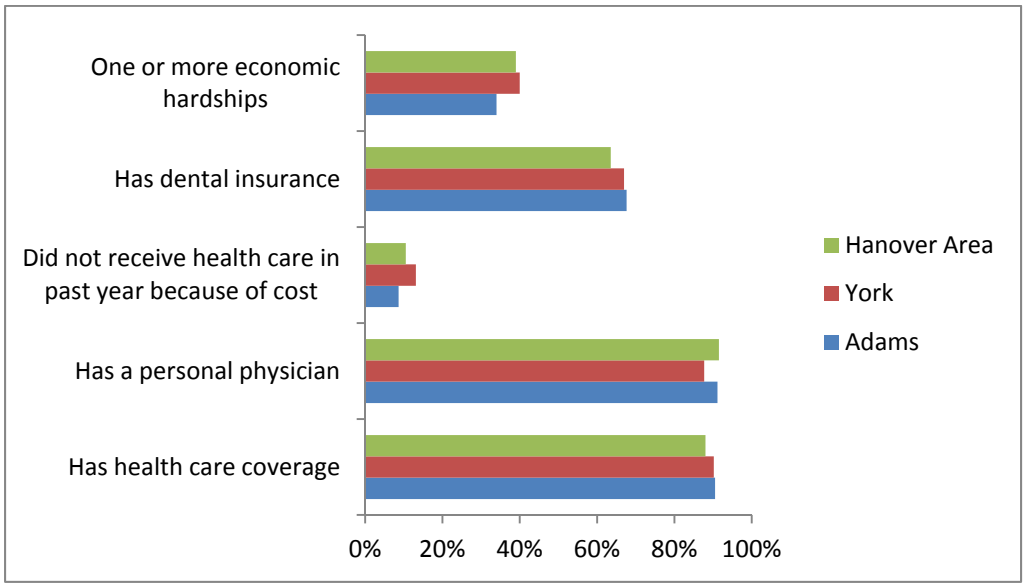
The trend data that appears in Tables 16a – 16p of Appendix D is based on the Commonwealth of Pennsylvania's behavioral risk factor surveillance system (BRFSS) survey and includes data gathered by the state from 2001 to 2010. The BRFSS data displayed in the Pennsylvania EpiQMS system that was used to compile the trend data, starting in 2002, includes data gathered by Pennsylvania collecting samples of behavioral risk information for Local Health Partnerships at the county level. Due to the inclusion of these sample data, analysis of Pennsylvania BRFSS data presented by others may differ in sample sizes and have slightly different percent estimates and confidence bounds. The tables noted in this section refer to the table numbers in Appendix D.

Access to Healthcare

York and Adams Counties compare favorably to state rates on access indicators. In Adams County, the trend on health insurance coverage has weakened over the past ten years according to state data (Table 16l), but the current survey finds the rate of coverage closer to the state rate. Adams County had higher rates of uninsured than York County according to both the PA BRFSS (Table 16l) and COR's interviewing (Table 10a), and in York County the trend on that indicator has improved over the past ten years (Figure 8). The Hanover area has higher rates of uninsured (12%) than both York and Adams Counties, while more residents have a personal

physician (92%). Neither county meets the Healthy People 2020 goal of 100% of people with health coverage.

Figure 8. Access Indicators for York County, Adams County and Hanover Area



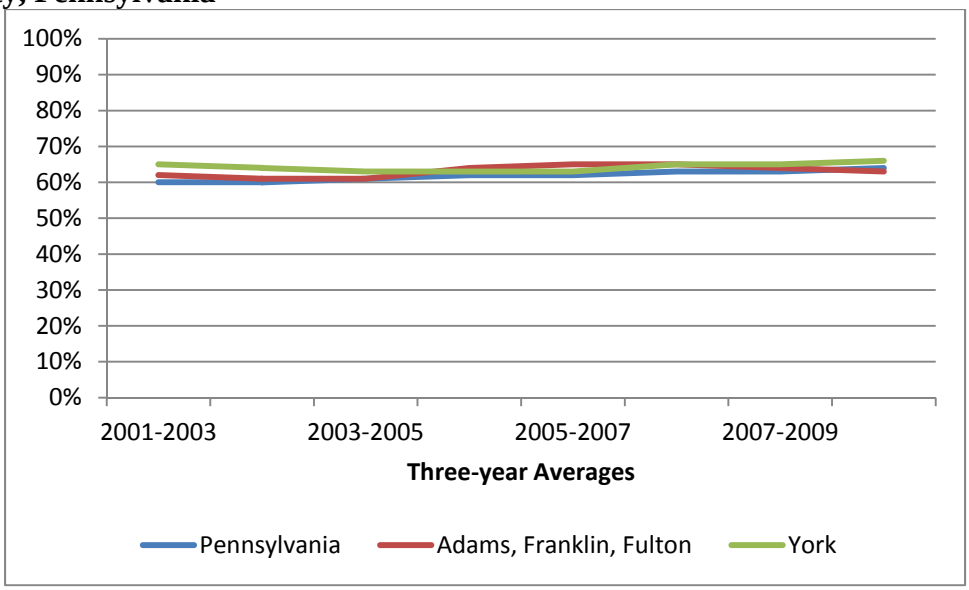
Access indicators are strongly associated with poverty (Table 11a) and age (Table 9a). Residents above 55 years of age are more likely to have healthcare coverage and a personal physician. They are less likely to have not received healthcare due to cost or to have experienced one or more economic hardships during the past year. Those older than 55 are also less likely to have dental insurance.

Poor and low-income respondents are much less likely to have healthcare coverage or a personal physician than higher income respondents. Poor respondents are most likely to have skipped healthcare due to costs and to have experienced one or more economic hardships in the past year. Low-income respondents are least likely to have dental insurance.

Behavioral Indicators

York and Adams Counties compare favorably to state rates on behavioral indicators. The Hanover area has higher smoking rates than both counties (24%), as well as lower rates of physical activity. Hanover's overweight and obesity rate (70%) is higher than the York County average. The trend in both counties on these indicators is mostly stable, although in Adams County smoking rates appear to be declining for state data (Table 16j)—data from the COR survey puts the smoking rate at about the state average. The most striking statistic is the large number of overweight and obese individuals (Figure 9) and the concomitantly low rates of exercise and vegetable consumption. Both counties meet the Healthy People 2020 goal of 24.3% of adults who are binge drinkers, but do not meet the Healthy People 2020 goal of 12.0% of adults who are smokers.

Figure 9. Percent of Adults who are Overweight or Obese 2001-2009, York County and Adams County, Pennsylvania



Behavioral indicators are most strongly associated with age (Table 9b) and poverty (Table 11b). Participation in strength training tends to decline with age, as does the likelihood of being a regular smoker or a binge drinker. Body Mass Index tends to increase with age. Only

one in four (24%) residents over the age of 55 fall in the normal weight range. People living in poverty are less likely to regularly exercise, engage in strength training, or eat vegetables. Those in poverty and with low income are also more likely to smoke regularly. Men are more likely to participate in strength training than women, however they are also more likely to be overweight or obese. Men are also more likely to be binge drinkers than women (Table 14b). There is no statistically significant difference between sexes for regular exercise, consumption of vegetables, or smoking behavior.

Health Conditions

Both Adams County and York County compare favorably to state rates on the presence of specific health conditions. The Hanover area has slightly higher rates of diabetes, circulatory conditions and cancer than the York County average. Hanover's high blood pressure rate (39%) is also higher than the York County rate (32%). Anxiety and depressive disorder rates for the Hanover Area are lower than the York and Adams County rates. The trend in both counties on these indicators is mostly stable. The most striking statistics here are the high prevalence of high cholesterol and high blood pressure. That one in five residents has a depressive disorder also seems striking.

Health conditions are most strongly associated with age (Table 9c) and poverty (Table 11d). Respondents over 55 are more likely to be diabetic and to have been diagnosed with circulatory conditions and associated high rates of high blood pressure and high cholesterol. Respondents over 55 are also more likely to have been diagnosed with respiratory conditions and cancer. Those over 55 are less likely to report an anxiety or depressive disorder. Respondents under 35 are more likely to have asthma or an anxiety disorder.

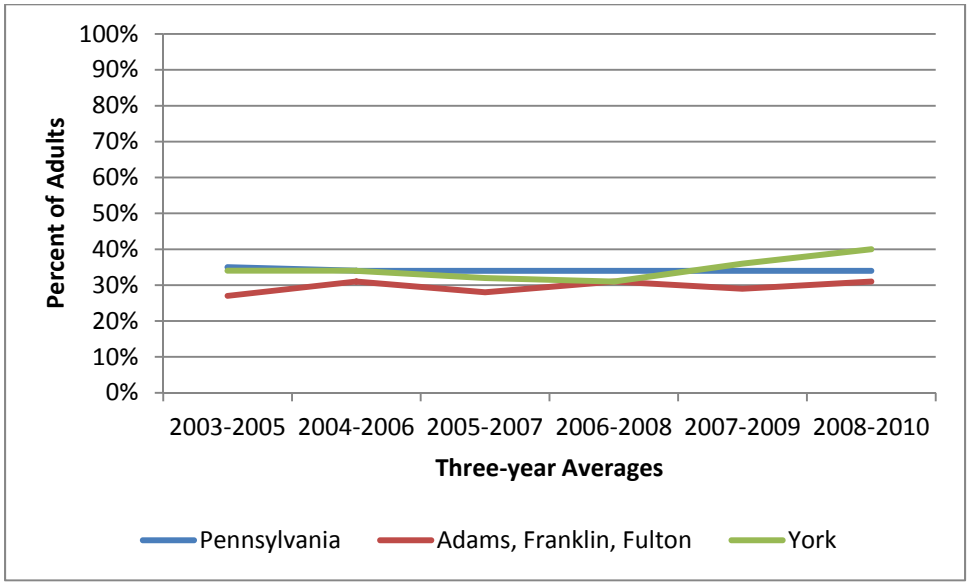
Low-income respondents are more likely to have high rates of cholesterol and cancer incidence. Poor and low-income respondents are more likely to have respiratory conditions and circulatory disorders, as well as associated high rates of high blood pressure. Those in poverty are twice as likely to have diabetes (18%). Poor respondents are also more likely to have asthma and anxiety or depressive disorders.

Blacks are most likely among the racial/ethnic groups to have high blood pressure and high cholesterol, and Hispanics are most likely to have asthma (Table 12c). Hispanics also have the highest rate of depressive disorders (27%). Women are more likely than men to have asthma, or an anxiety or depressive disorder. Men are more likely than women to have diabetes, circulatory disorders or high cholesterol (Table 14c).

Prevention Behaviors and Conditions

York and Adams Counties compare favorably to state rates on most prevention-related behaviors or conditions, except for higher rates of poor mental health days in York County (Figure 10). The trend in York and Adams Counties on these indicators is mostly stable although the trend for poor mental health days is increasing in York County. The Hanover area has lower rates of poor physical health days, and compares favorably to York County on rates of poor mental health days (42% compared to 45%). The area has higher rates of routine medical checkups than both counties, especially compared to the York County average. Hanover area residents also have higher rates of health literacy and medical screenings than York and Adams Counties. They are more likely to get needed social and emotional support and to have fewer days with depressive symptoms than York county residents, although they are more likely to be stressed about paying rent or mortgage.

Figure 10. Percent of Adults Whose Mental Health Was Not Good One or More Days in the Past Month 2003-2009, York County and Adams County, Pennsylvania



Health prevention behaviors and conditions are most strongly associated with age (Table 9d) and poverty (Table 11d). Respondents over 55 are more likely to visit the doctor for routine checkups and to get health screenings. They are also more likely to have limited health literacy. They are less likely to have poor mental health days or money worries. Younger people are much more likely to experience days with depressive symptoms and to experience poor mental health days. This may be related to the fact that younger people are more likely to face two or more financial hardships (Table 9a). However, they are also more likely to receive needed social and emotional support (95%).

Poor respondents are more likely to have poor physical or mental health days and days with depressive symptoms. They are less likely to receive needed social or emotional support. Poor and low-income respondents are more likely to have money concerns and limited health literacy. They are also less likely to have visited the doctor in the past year, or get health screenings.

Blacks are more likely to have poor physical or mental health days, and less likely to receive needed social or emotional support (Table 12d). They also are more likely to have limited health literacy and to have visited the dentist in the past year. Hispanics are less likely to get health screenings, and both Blacks and Hispanics are more likely to have money concerns. Women are more likely than men to have visited the doctor in the past year (Table 14d). Women are also more likely than men to have poor mental health days or days with depressive symptoms as well as money concerns.

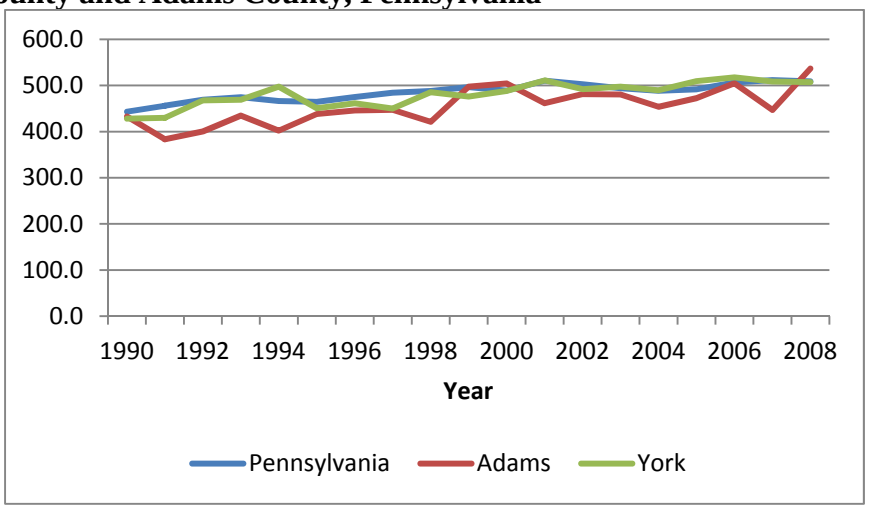
Vital Statistics

Vital Statistics data were provided by the Bureau of Health Statistics and Research, Pennsylvania Department of Health, through its Epidemiological Query and Mapping System (EpiQMS). The Department specifically disclaims responsibility for any analyses, interpretations, or conclusions. All tables were created by Center for Opinion Research staff. In some circumstances, data for Adams County is missing due to a low number of events in a given year. The relatively small size of Adams County can produce estimates in some instances that are statistically unreliable and small changes in the number of events can produce apparently large changes in reported rates. The tables noted in this section refer to the table numbers in Appendix D.

Cancer Incidence

Cancer incidence rates have been rising gradually for York and Adams Counties for the past 20 years, mirroring the state's trend (Figure 11). Adams County has generally been below the state rate.

Figure 11. Age-Adjusted Cancer Incidence Rate for All Types per 100,000 people 1990-2008, York County and Adams County, Pennsylvania

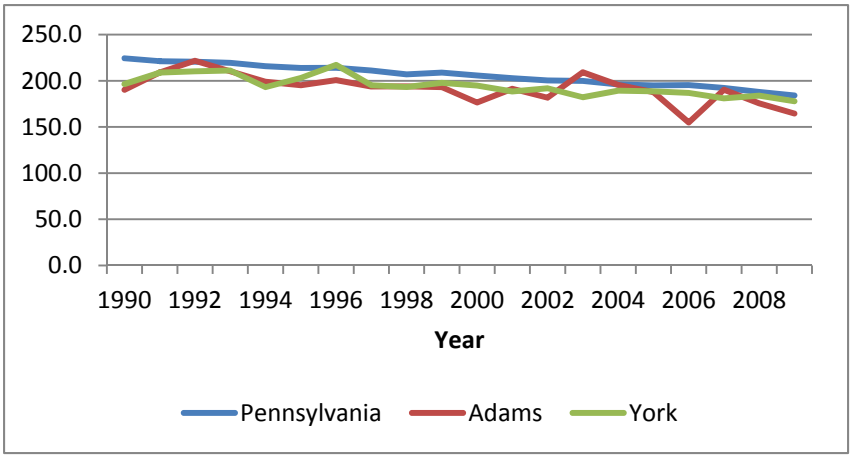


Skin melanoma incidence rates have been rising gradually for Pennsylvania, York, and Adams Counties for the past 20 years (Table 2j). York County rates have been consistently higher than state averages during this time period. Adams County has also been above the state rate, rising especially in recent years. For most available years, Adams County has also had an incidence of colon cancer higher than the state rate.

Cancer Mortality Rates

While age-adjusted cancer incidence rates have been rising, age-adjusted cancer mortality rates have been falling gradually for York and Adams Counties for the past 20 years, mirroring the state's trend (Figure 12). With respective mortality rates of 177.8 and 164.5 deaths per 100,000 people for all types of cancer, York and Adams Counties do not meet the Healthy People 2020 goal of 160.6 cancer deaths per 100,000 people.

Figure 12. Age-Adjusted Mortality Rate for All Cancers per 100,000 people 1990-2008, York County and Adams County, Pennsylvania



Colon and rectum cancer mortality rates have been falling for York and Adams Counties for the past 20 years and are now below the state rate. During much of the decade of the 1990s, both York and Adams Counties had mortality rates above the state average for these cancers

(Table 1d). Mortality rates for prostate cancer have been declining for the past 20 years, but the rates for York and Adams Counties are frequently higher than the state average (Table 1g).

Communicable Diseases

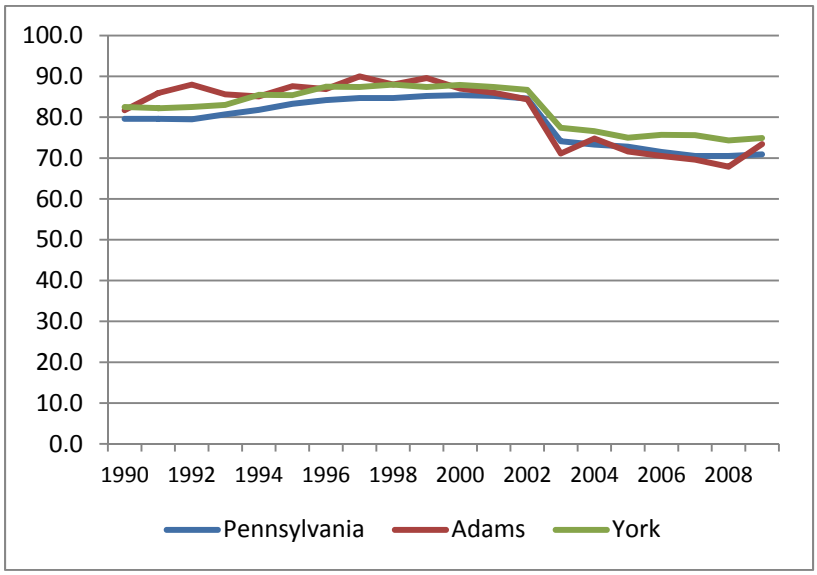
Incidence of Lyme disease is much higher in Adams and York Counties than the state (Table 3e). Incidence rates of Chlamydia for both York and Adams Counties have been consistently lower than the state average in the past five years (Table 3f). Gonorrhea incidence rates for Adams County have been consistently much lower than the Pennsylvania rate in the past five years (Table 3g).

Maternal Health

Birth rates for females between 15 and 29 years of age for York County have been above the state rate for the past five years (Table 4a). Females between 25 and 29 years of age for York and Adams Counties have the highest birth rate of all age groups (123.9 and 116.9 births per 1,000 females respectively), and the birth rate for this age category is above the state average (112.7) for both counties.

York and Adams Counties have high rates of females receiving prenatal care (Tables 4c and 4d), but early prenatal care has been steadily decreasing for both York and Adams Counties for the past 20 years, mirroring the state trend (Figure 13). Both York and Adams counties do not meet the Healthy People 2020 goal of 77.9% of mother receiving pre-natal care in the first trimester.

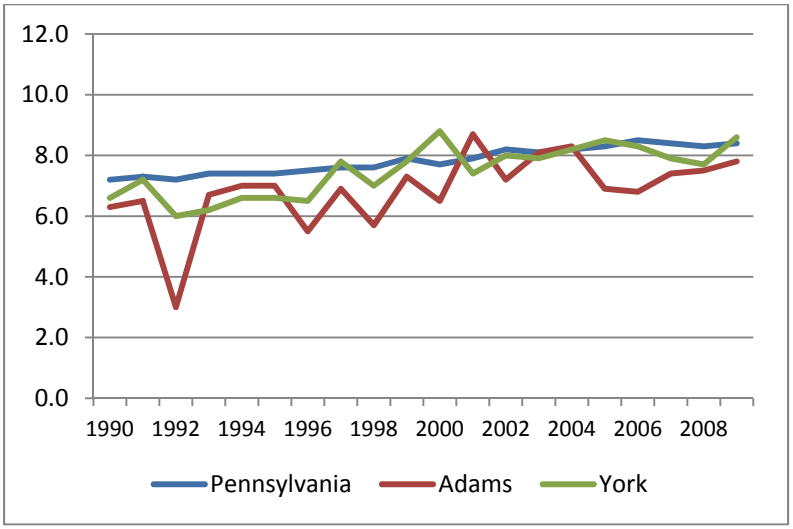
Figure 13. Percent Prenatal Care in 1st Trimester 1990-2009, York County and Adams County, Pennsylvania



The percentage of non-smoking mothers during pregnancy has slightly decreased for Adams County for the past 20 years, but slightly increased for York County (Table 4g). The rates for York (82.2%) and Adams Counties (81.6%) do not meet the Healthy People 2020 goal of 98.6%.

The percentage of low birth weight births has been gradually increasing for York and Adams Counties in the past 20 years, mirroring the state trend (Figure 14). Adams County exactly meets the Healthy People 2020 goal of 7.8% of births with a low birth weight, and York County does not.

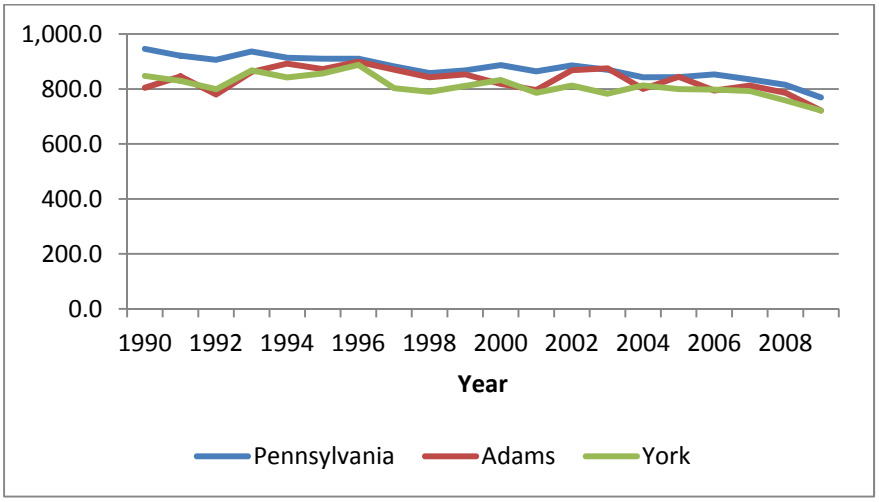
Figure 14. Percent Low or Very Low Birth Weight 1990-2009, York County and Adams County, Pennsylvania



Mortality

The age-adjusted mortality rates for York and Adams Counties have steadily declined in both counties by 13%, from 826.1 deaths per 100,000 in 1990 to 721.5 in 2009, and are below the Pennsylvania rate (Figure 15). These numbers have declined for the last 20 years, as has the Pennsylvania rate.

Figure 15. Age-Adjusted Mortality Rate per 100,000 pop. 1990-2009, York County and Adams County, Pennsylvania



Prevention Quality Indicators

The Prevention Quality Indicators (PQIs) are defined by the Agency for Healthcare Research and Quality. The data presented in this section were compiled from Pennsylvania Healthcare Cost Containment Council data by Center for Opinion Research staff, with assistance from the planning department at WellSpan Health. The Agency for Healthcare Research and Quality, United States Department of Health and Human Services, defines the Prevention Quality Indicators as follows:

> PQIs are a set of measures that can be used with hospital inpatient discharge data to identify quality of care for "ambulatory care sensitive conditions." These are conditions for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease.
>
> Even though these indicators are based on hospital inpatient data, they provide insight into the community healthcare system or services outside the hospital setting. For example, patients with diabetes may be hospitalized for diabetic complications if their conditions are not adequately monitored or if they do not receive the patient education needed for appropriate self-management.
>
> With high-quality, community-based primary care, hospitalization for these illnesses often can be avoided. Although other factors outside the direct control of the healthcare system, such as poor environmental conditions or lack of patient adherence to treatment recommendations, can result in hospitalization, the PQIs provide a good starting point for assessing quality of health services in the community.

Most of the prevention quality indicators have rates well below the estimated US rate for both counties, although both counties have rates of chronic obstructive pulmonary disease (COPD) or asthma in older adults that are above the estimated US rate. This in large part accounts for the high rates on PQI 92, the chronic adult composite score. York and Adams treatment of COPD or asthma in young adults compares very well to the US rate, at about one tenth the national average. Both counties are well below the US rate for all but one of the measures.

Figure 16. Prevention Quality Indicators: York and Adams County Compared to the United States

		Discharged To Adams County					*Discharged To York County*						
		Discharged From					*Discharged From*						
		GH	HH	MH	YH	Rate	GH	HH	MH	YH	Rate	Estimated US Rate	Rate
PQI 1	Short term complications of diabetes	35	8	0	0	42.4	1	12	37	95	33.3	64.4	per 100,000
PQI 3	Long-term complications of diabetes	22	11	0	5	37.5	0	30	34	168	53.3	114.5	per 100,000
PQI 5	COPD or Asthma in Older Adults (aged 40+)	127	47	0	6	342.6	2	101	219	438	348.6	227.2	per 100,000
PQI 7	Hypertension	18	5	0	1	23.7	0	8	19	80	24.6	61.4	per 100,000
PQI 8	Congestive heart failure	130	69	0	16	212.0	1	103	128	636	199.6	361.7	per 100,000
PQI 10	Dehydration	26	9	0	4	38.5	1	14	18	86	27.4	86.9	per 100,000
PQI 11	Bacterial pneumonia	152	57	0	5	211.0	6	87	179	414	157.7	325.4	per 100,000
PQI 12	Urinary tract infection	14	3	0	1	17.8	1	3	15	77	22.1	192.7	per 100,000
PQI 13	Angina without procedure	1	0	0	2	3.0	0	0	1	9	2.3	21.7	per 100,000
PQI 14	Uncontrolled diabetes	5	3	0	0	7.9	1	3	8	26	8.7	22.0	per 100,000
PQI 15	Asthma in younger adults (aged < 40)	6	3	0	0	8.9	0	4	21	38	14.5	130.7	per 100,000
PQI 16	Lower-extremity amputation	5	4	0	5	13.8	0	14	14	53	18.6	32.1	per 100,000
PQI 90	Overall adult composite	541	219	0	45	1532.2	13	379	693	2120	1470.0	1622.3	per 100,000
PQI 91	Acute adult composite	192	69	0	10	515.8	8	104	212	577	413.3	604.9	per 100,000
PQI 92	Chronic adult composite	349	150	0	35	1016.4	5	275	481	1543	1056.8	1017.4	per 100,000

Sources: Estimated US rate is for 2009 retrieved from the US Department of Health & Human Services, Agency for Healthcare Research and Quality, Healthcare Cost and Utilization Project's HCUPnet web site, January 26, 2012. AHRQ describes Prevention Quality Indicators (PQIs) as, "measures that can be used with hospital inpatient discharge data to identify ambulatory care sensitive conditions. These are conditions for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease."

The data used in this report was provided by the Pennsylvania Health Care Cost Containment Council and was compiled by the hospitals reported above. Individual patient data was not available for these calculations so it is possible that patients were double counted. It is also possible these rates are understated since individuals living in Adams or York Counties who were discharged from other hospitals are not included. Rates were not adjusted for age, sex, or socio-economic status.

GH is Gettysburg Hospital, HH is Hanover Hospital, MH is Memorial Hospital, and YH is York Hospital.

Conclusion and Recommendations

The Community Health Needs Assessment presents York and Adams Counties with notable strengths, not the least of which is a strong healthcare infrastructure, a healthy economy and an increasingly diverse and well-educated population. York and Adams Counties' mortality rates are lower than the state rate. But weaknesses are also evident. This assessment finds that far too many residents struggle to maintain healthy lifestyles. As well, the rate of depressive disorders and poor mental health days, especially in young people, seems especially troubling for both counties. Other negative behaviors such as binge drinking or tobacco use are about even with the state rates and also tend to be much higher among young people. Cancer incidence and mortality rates, though similar to the state average, still raise concern, especially considering the aging populations of both counties.

Each year, chronic diseases such as heart disease, cancer, and diabetes are responsible for millions of premature deaths among Americans. Tobacco use is the leading cause of premature and preventable death in the United States. Tobacco-free living reduces a person's risk of developing heart disease, various cancers, chronic obstructive pulmonary disease, periodontal disease, asthma and other diseases, and of dying prematurely. Tobacco-free living means avoiding use of all types of tobacco products—such as cigarettes, cigars, smokeless tobacco, pipes, and hookahs—and also living free from secondhand smoke exposure.

Physical inactivity is one reason that one in three adults is obese. Regular physical activity is one of the most important behaviors people can engage in to improve their health. Physical activity strengthens bones and muscles, reduces stress and depression, and makes it easier to maintain a healthy body weight. Even people who do not lose weight get substantial benefits from regular physical activity, including lower rates of high blood pressure, diabetes,

and cancer. Eating healthy can help reduce people's risk for heart disease, high blood pressure, diabetes, osteoporosis, and several types of cancer, as well as help them maintain a healthy body weight. Exercise also provides a cheap and effective way of improving mental health. The Community Health Needs Assessment makes it clear that the communities of York and Adams Counties must take substantive and swift action to reduce community risk factors that contribute most to disease and death.

Appendix A: Performance, Trends and Goals For Selected Indicators

Table A-1 Cancer Mortality: Estimates, Comparisons, Trends, and Goals

	Performance (%, rate or value)	State Average	Year	10-Year Trend	Healthy People 2020
Adams					
1a. Age-Adjusted Mortality Rate per 100,000 pop. for All Cancer Sites/Types	164.5	184.0	2009	193.0	160.6
1b. Age-Adjusted Mortality Rate per 100,000 pop. for Breast Cancer	11.1	13.9	2008		20.6
1c. Age-Adjusted Mortality Rate per 100,000 pop. for Bronchus and Lung Cancer	43.1	49.9	2009	47.5	45.5
1d. Age-Adjusted Mortality Rate per 100,000 pop. for Colon and Rectum Cancer	16.1	17.4	2009	21.7	14.5
1e. Age-Adjusted Mortality Rate per 100,000 pop. For Leukemia	8.4	7.5	2009		
1f. Age-Adjusted Mortality Rate per 100,000 pop. for Non-Hodgkins Lymphoma					
1g. Age-Adjusted Mortality Rate per 100,000 pop. for Prostate Cancer	21.1	21.0	2009	31.1	21.2
1h. Age-Adjusted Mortality Rate per 100,000 pop for Melanoma					2.4
York					
1a. Age-Adjusted Mortality Rate per 100,000 pop. for All Cancer Sites/Types	177.8	184.0	2009	197.7	160.6
1b. Age-Adjusted Mortality Rate per 100,000 pop. for Breast Cancer	13.5	13.6	2009	14.9	20.6
1c. Age-Adjusted Mortality Rate per 100,000 pop. for Bronchus and Lung Cancer	46.1	49.9	2009	52.0	45.5
1d. Age-Adjusted Mortality Rate per 100,000 pop. for Colon and Rectum Cancer	16.5	17.4	2009	22.7	14.5
1e. Age-Adjusted Mortality Rate per 100,000 pop. For Leukemia	7.3	7.5	2009	7.1	
1f. Age-Adjusted Mortality Rate per 100,000 pop. for Non-Hodgkins Lymphoma	6.3	6.9	2009	8.2	
1g. Age-Adjusted Mortality Rate per 100,000 pop. for Prostate Cancer	20.9	21.0	2009	32.0	21.2
1h. Age-Adjusted Mortality Rate per 100,000 pop for Melanoma	4.1	3.1	2009	2.7	2.4

Green shading in the **performance column** means the county rates are better than or equal to the state average; red shading means the county rates are worse than the state average; no color means that no comparison data are available.

Green shading for the **trend column** means the county rates have moved in a favorable direction compared to the most recent prior estimate; red shading means the county has moved in an unfavorable direction compared to the most recent prior estimate; blue shading means there has been no statistically signficant change; no color means no previous data are available.

Green shading for the **Healthy People 2020 column** means that the county has met the goal; red shading means the county has not met the goal; no shading means there is no goal for the estimate.

Source: EpiQMS, Bureau of Health Statistics and Research, Pennsylvania Department of Health.

Table A-2 Cancer Incidence: Estimates, Comparisons, Trends, and Goals

	Performance (%, rate, or value)	State Average	Year	10-Year Trend
Adams				
2a. Age-Adjusted Ascending Colon Cancer Incidence per 100,000 pop.	12.4	7.2	2008	
2b. Age-Adjusted Colon and Rectum Cancer Incidence Rate per 100,000 pop.	56.8	49.5	2008	67.3
2c. Age-Adjusted Colon Cancer Excluding Rectum Cancer Incidence Rate per 100,000 pop.	36.5	35.8	2008	45.9
2d. Age-Adjusted Sigmoid Cancer Incidence Rate per 100,000 pop.	8.8	9.0	2008	13.1
2e. Age-Adjusted Incidence Rate per 100,000 pop.	536.8	508.9	2008	421.2
2f. Age-Adjusted Breast Cancer Incidence Rate per 100,000 pop.	70.4	71.2	2008	56.8
2g. Age-Adjusted Bronchus and Lung Cancer Incidence Rate per 100,000 pop.	85.2	69.9	2008	60.6
2h. Age-Adjusted Cervix Uteri Cancer Incidence Rate per 100,000 pop.		7.8		
2i. Age-Adjusted Leukemia Incidence Rate per 100,000 pop.	12.3	13.1	2006	16.2
2j. Age-Adjusted Melanoma of the Skin Incidence Rate per 100,000 pop.	28.1	18.2	2008	
2k. Age-Adjusted Non-Hodgkins Lymphoma Incidence Rate per 100,000 pop.	29.2	21.2	2008	17.5
2l. Age-Adjusted Prostate Cancer Incidence Rate per 100,000 pop.	127.2	167.7	2007	126.7
York				
2a. Age-Adjusted Ascending Colon Cancer Incidence per 100,000 pop.	4.6	7.2	2008	7.9
2b. Age-Adjusted Colon and Rectum Cancer Incidence Rate per 100,000 pop.	50.6	49.5	2008	64.3
2c. Age-Adjusted Colon Cancer Excluding Rectum Cancer Incidence Rate per 100,000 pop.	33.6	35.8	2008	43.9
2d. Age-Adjusted Sigmoid Cancer Incidence Rate per 100,000 pop.	10.0	9.0	2008	13.0
2e. Age-Adjusted Incidence Rate per 100,000 pop.	507.3	508.9	2008	485.3
2f. Age-Adjusted Breast Cancer Incidence Rate per 100,000 pop.	69.4	71.2	2008	71.1
2g. Age-Adjusted Bronchus and Lung Cancer Incidence Rate per 100,000 pop.	66.3	69.9	2008	61.4
2h. Age-Adjusted Cervix Uteri Cancer Incidence Rate per 100,000 pop.	7.9	7.8	2008	7.2
2i. Age-Adjusted Leukemia Incidence Rate per 100,000 pop.	13.0	12.7	2007	11.6
2j. Age-Adjusted Melanoma of the Skin Incidence Rate per 100,000 pop.	23.4	18.2	2008	14.6
2k. Age-Adjusted Non-Hodgkins Lymphoma Incidence Rate per 100,000 pop.	22.9	21.2	2008	20.7
2l. Age-Adjusted Prostate Cancer Incidence Rate per 100,000 pop.	163.8	167.7	2007	156.4

Green shading in the **performance column** means the county rates are better than or equal to the state average; red shading means the county rates are worse than the state average; no color means that no comparison data are available.

Green shading for the **trend column** means the county rates have moved in a favorable direction compared to the most recent prior estimate; red shading means the county has moved in an unfavorable direction compared to the most recent prior estimate; blue shading means there has been no statistically signficant change; no color means no previous data are available.

Source: EpiQMS, Bureau of Health Statistics and Research, Pennsylvania Department of Health.

Table A-3 Communicable Disease Incidence Rates: Estimates, Comparisons, Trends, and Goals

	Performance (%, rate, or value)	State Average	Year	5-Year Trend	Healthy People 2020
Adams					
3a. Campylobacteriosis Incidence Rate per 100,000 pop.	14.7	12.3	2009	21.4	8.5
3b. Hepatitis A Incidence Rate per 100,000 pop.	0.0	0.5	2009	3.1	0.3
3c. Hepatitis B Acute Incidence Rate per 100,000 pop.	0.0	0.8	2009	2.0	
3d. Hepatitis B Chronic Incidence Rate per 100,000 pop.	2.0	13.5	2009	7.0	
3e. Lyme Disease Incidence Rate per 100,000 pop.	117.3	45.4	2009	86.5	
3f. Chlamydia Incidence Rate per 100,000 pop.	119.2	341.7	2009	90.5	
3g. Gonorrhea Incidence Rate per 100,000 pop.	10.8	80.4	2009	26.4	
3h. Primary and Secondary Syphilis Incidence Rate per 100,000 pop.	2.0	2.7	2009	0.0	
3i. Salmonellosis Incidence Rate per 100,000 pop.	16.6	14.0	2009	22.4	11.4
3j. Tuberculosis Incidence Rate per 100,000 pop.	0.0	1.9	2009	2.0	1.0
York					
3a. Campylobacteriosis Incidence Rate per 100,000 pop.	8.2	12.3	2009	12.7	8.5
3b. Hepatitis A Incidence Rate per 100,000 pop.	0.7	0.5	2009	1.2	0.3
3c. Hepatitis B Acute Incidence Rate per 100,000 pop.	2.6	0.8	2009	2.2	
3d. Hepatitis B Chronic Incidence Rate per 100,000 pop.	7.2	13.5	2009	7.5	
3e. Lyme Disease Incidence Rate per 100,000 pop.	89.1	45.4	2009	79.9	
3f. Chlamydia Incidence Rate per 100,000 pop.	266.9	341.7	2009	267.2	
3g. Gonorrhea Incidence Rate per 100,000 pop.	54.3	80.4	2009	118.3	
3h. Primary and Secondary Syphilis Incidence Rate per 100,000 pop.	1.9	2.7	2009	0.0	
3i. Salmonellosis Incidence Rate per 100,000 pop.	8.2	14.0	2009	16.4	11.4
3j. Tuberculosis Incidence Rate per 100,000 pop.	1.2	1.9	2009	0.7	1.0

Green shading in the **performance column** means the county rates are better than or equal to the state average; red shading means the county rates are worse than the state average; no color means that no comparison data are available.

Green shading for the **trend column** means the county rates have moved in a favorable direction compared to the most recent prior estimate; red shading means the county has moved in an unfavorable direction compared to the most recent prior estimate; blue shading means there has been no statistically signficant change; no color means no previous data are available.

Green shading for the **Healthy People 2020 column** means that the county has met the goal; red shading means the county has not met the goal; no shading means there is no goal for the estimate.

Source: EpiQMS, Bureau of Health Statistics and Research, Pennsylvania Department of Health.

Table A-4 Maternal Health: Estimates, Comparisons, Treands, and Goals

	Performance (%, rate, or value)	State Average	Year	10-Year Trend	Healthy People 2020
Adams					
4b. Birth Rate per 1,000 females	54.0	58.5	2009	52.3	
4e. Low Birth Weight Births	7.8%	8.4%	2009	7.3%	7.8%
4f. Prenatal Care in 1st Trimester	73.4%	70.9%	2009	89.6%	77.9%
4g. Non-Smoking Mother (During Pregnancy)	81.6%	83.5%	2009	86.2%	98.6%
York					
4b. Birth Rate per 1,000 females	61.9	58.5	2009	56.0	
4e. Low Birth Weight Births	8.6%	8.4%	2009	7.8%	7.8%
4f. Prenatal Care in 1st Trimester	74.9%	70.9%	2009	87.4%	77.9%
4g. Non-Smoking Mother (During Pregnancy)	82.2%	83.5%	2009	77.3%	98.6%

Green shading in the **performance column** means the county rates are better than or equal to the state average; red shading means the county rates are worse than the state average; no color means that no comparison data are available.

Green shading for the **trend column** means the county rates have moved in a favorable direction compared to the most recent prior estimate; red shading means the county has moved in an unfavorable direction compared to the most recent prior estimate; blue shading means there has been no statistically signficant change; no color means no previous data are available.

Green shading for the **Healthy People 2020 column** means that the county has met the goal; red shading means the county has not met the goal; no shading means there is no goal for the estimate.

Source: EpiQMS, Bureau of Health Statistics and Research, Pennsylvania Department of Health.

Table A-5 Mortality: Estimates, Comparisons, Trends, and Goals

	Performance (%, rate, or value)	State Average	Year	10-Year Trend	Healthy People 2020
Adams					
6a. Infant Mortality Rate per 1,000 births	1.9	7.2	2007	11.0	6.0
7a. Age-Adjusted Mortality Rate per 100,000 pop.	721.3	768.9	2009	853.1	
7b. Age-Adjusted Mortality Rate Due to All Falls		8.3	2010		
7c. Mortality Rate in All Firearm-Related Deaths		10.0	2010		
7d. Age-Adjusted Mortality Rate For All Accidents	46.7	40.1	2010		
5a. Age-Adjusted Suicide (Intentional Self Harm) Mortality Rate per 100,000 pop.	14.9	12.2	2009	6.8	10.2
5b. Age-Adjusted Suicide Rate per 100,000 pop. (Intentional Self Harm) by Firearm Mortality Rate	11.7	6.1	2009	5.7	
York					
6a. Infant Mortality Rate per 1,000 births	4.5	7.2	2009	3.1	6.0
7a. Age-Adjusted Mortality Rate per 100,000 pop.	721.7	768.9	2009	811.2	
7b. Age-Adjusted Mortality Rate Due to All Falls	11.1	8.3	2010		
7c. Mortality Rate in All Firearm-Related Deaths	10.6	10	2010		
7d. Age-Adjusted Mortality Rate For All Accidents	40.4	40.1	2010		
5a. Age-Adjusted Suicide (Intentional Self Harm) Mortality Rate per 100,000 pop.	16.1	12.2	2009	8.2	10.2
5b. Age-Adjusted Suicide Rate per 100,000 pop. (Intentional Self Harm) by Firearm Mortality Rate	9.1	6.1	2009	4.7	

Green shading in the **performance column** means the county rates are better than or equal to the state average; red shading means the county rates are worse than the state average; no color means that no comparison data are available.

Green shading for the **trend column** means the county rates have moved in a favorable direction compared to the most recent prior estimate; red shading means the county has moved in an unfavorable direction compared to the most recent prior estimate; blue shading means there has been no statistically signficant change; no color means no previous data are available.

Green shading for the **Healthy People 2020 column** means that the county has met the goal; red shading means the county has not met the goal; no shading means there is no goal for the estimate.

Source: EpiQMS, Bureau of Health Statistics and Research, Pennsylvania Department of Health.

Table A-6 Behavioral Risk Factors: Estmates, Comparisons, Trends, and Goals

	Performance (%, rate, or value)	State Average	Trend Years	Trend	Healthy People 2020
Adams					
16a. Adults Overweight or Obese	63%	64%	2005-2010	61%	
16b. Adults with Poor Physical or Mental Health that Prevented Usual Activies 1 or More Days in the Past Month	21%	21%	2005-2010	16%	
16c. Adults Ever Told that They Had a Heart Attack, Heart Disease, or a Stroke	14%	12%	2006-2010	11%	
16d. Adults Who had No Leisure Time Physical Activity in the Past Month	27%	25%	2005-2010	24%	
16e. Adults Who Needed To See a Doctor but Could Not Because of Cost in the Past 12 Months	11%	11%	2005-2010	9%	
16f. Adults Who Have Ever Been Told They Had Diabetes	9%	9%	2005-2010	8%	
16g. Adults Who Currently Have Asthma	12%	10%	2005-2010	9%	
16h. Adults Who Have Ever Been Told They Have Asthma	15%	14%	2005-2010	12%	
16i. Adults Who are Binge Drinkers	11%	17%	2008-2010	13%	24.3%
16j. Adults Who Are Current Smokers	15%	14%	2003-2010	17%	12.0%
16k. Adults Who do not Have a Personal Health Care Provider	9%	11%	2003-2010	8%	16.1%
16l. Persons Age 16-64 With No Health Insurance	18%	13%	2003-2010	10%	0.0%
16m. Adults Whose Physical Health Was Not Good 1 or More Days in the Past Month	36%	37%	2005-2010	34%	
16n. Adults Who Rarely or Never Get the Social and Emotional Support They Need	8%	8%	2007-2010	5%	
16o. Adults Who Visited a Doctor For a Routine Checkup Within the Past 2 Years	80%	83%	2007-2010	80%	
16p. Adults Whose Mental Health Was Not Good 1 or More Days in the Past Month	31%	34%	2005-2010	27%	
York					
16a. Adults Overweight or Obese	66%	64%	2005-2010	63%	
16b. Adults with Poor Physical or Mental Health that Prevented Usual Activies 1 or More Days in the Past Month	18%	21%	2005-2010	12%	
16c. Adults Ever Told that They Had a Heart Attack, Heart Disease, or a Stroke	9%	12%	2006-2010	10%	
16d. Adults Who had No Leisure Time Physical Activity in the Past Month	21%	25%	2005-2010	24%	
16e. Adults Who Needed To See a Doctor but Could Not Because of Cost in the Past 12 Months	8%	11%	2005-2010	9%	
16f. Adults Who Have Ever Been Told They Had Diabetes	9%	9%	2005-2010	5%	
16g. Adults Who Currently Have Asthma	9%	10%	2005-2010	7%	
16h. Adults Who Have Ever Been Told They Have Asthma	13%	14%	2005-2010	10%	
16i. Adults Who are Binge Drinkers	11%	17%	2008-2010	15%	24.3%
16j. Adults Who Are Current Smokers	13%	14%	2003-2010	15%	12.0%
16k. Adults Who do not Have a Personal Health Care Provider	7%	11%	2003-2010	9%	16.1%
16l. Persons Age 16-64 With No Health Insurance	9%	13%	2003-2010	10%	0.0%
16m. Adults Whose Physical Health Was Not Good 1 or More Days in the Past Month	36%	37%	2005-2010	34%	
16n. Adults Who Rarely or Never Get the Social and Emotional Support They Need	7%	8%	2007-2010	7%	
16o. Adults Who Visited a Doctor For a Routine Checkup Within the Past 2 Years	81%	83%	2007-2010	81%	
16p. Adults Whose Mental Health Was Not Good 1 or More Days in the Past Month	40%	34%	2005-2010	34%	

Green shading in the **performance column** means the county rates are better than or equal to the state average; red shading means the county rates are worse than the state average; no color means that no comparison data are available.

Green shading for the **trend column** means the county rates have moved in a favorable direction compared to the most recent prior estimate; red shading means the county has moved in an unfavorable direction compared to the most recent prior estimate; blue shading means there has been no statistically signficant change; no color means no previous data are available.

Green shading for the **Healthy People 2020 column** means that the county has met the goal; red shading means the county has not met the goal; no shading means there is no goal for the estimate.

Source: EpiQMS, Bureau of Health Statistics and Research, Pennsylvania Department of Health.

Table A-7 Demographics: Estimates, Comparisons, Trends, and Goals

	Performance (%, rate, or value)	State Average	Year	10-Year Trend
Adams				
Poverty Rate	10.2%	13.4%	2010	7.1%
Median Income	$ 55,652.00	$ 49,288.00	2010	$ 42,210.00
Average Income	$ 66,172.00	$ 65,878.00	2010	
Median Age	41.3	40.1	2010	37.0
Adults With At Least A Bachelor's Degree	18.6%	27.1%	2010	16.7%
Families in poverty	5.5%		2010	4.9%
ALA Grade for High Ozone Days	C		2011	
ALA Grade for High Particle Pollution Days	C		2011	
York				
Poverty Rate	9.2%	13.4%	2010	6.7%
Median Income	$ 56,368.00	$ 49,288.00	2010	$ 45,268.00
Average Income	$ 67,892.00	$ 65,878.00	2010	
Median Age	40.1	40.1	2010	37.8
Adults With At Least A Bachelor's Degree	21.7%	27.1%	2010	18.4%
Families in poverty	6.3%		2010	4.6%
ALA Grade for High Ozone Days	F		2011	
ALA Grade for High Particle Pollution Days	D		2011	

Green shading in the **performance column** means the county rates are better than or equal to the state average; red shading means the county rates are worse than the state average; no color means that no comparison data are available.

Green shading for the **trend column** means the county rates have moved in a favorable direction compared to the most recent prior estimate; red shading means the county has moved in an unfavorable direction compared to the most recent prior estimate; blue shading means there has been no statistically signficant change; no color means no previous data are available.

Sources: U.S. Census Bureau; American Lung Association.

Appendix B: Healthy York Healthy Adams Behavioral Risk Factor Survey Results

Table B-1: Summary of Findings
HYCC - HAC Community Health Assessment Survey
York County

	%	State Rate Compared to York County	York County Ten-year Trend
Access Indicators			
Has health care coverage	91%	Lower	Increasing
Has a personal physician	88%	Same	Stable
Has dental insurance	67%		
Economic hardships (one or more)	39%		
Did not receive health care in past year because of cost	12%	Same	Stable
Behavioral Indicators			
Participated in physical activities or exercise in past month	80%	Same	Stable
Body Mass Index Category (overweight and obese)	66%	Same	Stable
Strength training in past month	40%		
Smoking behavior (regular smoker)	22%	Same	Stable
Exercised 30 minutes on five days in past week	21%		
Binge drinking behavior	15%	Same	Stable
Consumed three servings of vegetables daily	3%		
Conditions			
Has high cholesterol	39%		
Has high blood pressure	34%		
Has a depressive disorder	20%		
Has an anxiety disorder	18%		
Has asthma	11%	Same	Stable
Respondent is diabetic	9%	Same	Stable
Told has heart disease, heart attack, or stroke	9%	Same	Stable
Has ever had cancer	9%		
Has COPD, emphysema, or chronic bronchitis	8%		
Prevention Behaviors			
Ever had a PAP test (females only)	94%		
Gets needed social and emotional support	92%	Same	Stable
Has ever had blood cholesterol checked	82%		
Visited dentist in past year	76%		
Visited doctor for routine check up in past year	69%	Same	Stable
One or more days with depressive symptoms in past two weeks	61%		
Colonoscopy or sigmoidoscopy in past five years for those over 50	54%		
PSA test in past two years, males 40 and over	52%		
Mammogram in past two years (females only)	50%		
At least one day mental health was not good in past month	45%	Lower	Increasing
At least one day physical health was not good in past month	39%	Same	Stable
Poor health limited participation in normal activities in past month	36%	Same	Increasing
Stressed about paying rent or mortgage	27%		
Blood stool test in past two years for those over 50	23%		
Stressed about paying for food	18%		
Limited health literacy	17%		

Source: Healthy York Healthy Adams Behavioral Risk Factor Survey, November 2011
York County Respondents Only (n=1,004)

Table B-2: Summary of Findings
HYCC - HAC Community Health Assessment Survey
Adams County

Access Indicators	**%**	**State Rate Compared to Adams County**	**Adams County Ten-year Trend**
Has a personal physician	92%	Same	Stable
Has health care coverage	88%	Same	Decreasing
Has dental insurance	65%		
Economic hardships (one or more)	37%		
Did not receive health care in past year because of cost	10%	Same	Stable
Behavioral Indicators			
Participated in physical activities or exercise in past month	77%	Same	Stable
Body Mass Index Category (overweight and obese)	74%	Same	Stable
Strength training in past month	42%		
Smoking behavior (regular smoker)	21%	Same	Declining
Exercised 30 minutes on five days in past week	16%		
Binge drinking behavior	13%	Same	Stable
Consumed three servings of vegetables daily	4%		
Conditions			
Has high cholesterol	44%		
Has high blood pressure	40%		
Has a depressive disorder	20%		
Has an anxiety disorder	16%		
Told has heart disease, heart attack, or stroke	13%	Same	Stable
Has ever had cancer	13%		
Respondent is diabetic	12%	Same	Stable
Has asthma	11%	Same	Stable
Has COPD, emphysema, or chronic bronchitis	7%		
Prevention Behaviors			
Gets needed social and emotional support	94%	Same	Stable
Ever had a PAP test (females only)	93%		
Has ever had blood cholesterol checked	83%		
Visited dentist in past year	77%		
Visited doctor for routine check up in past year	74%	Same	Stable
Colonoscopy or sigmoidoscopy in past five years for those over 50	62%		
Mammogram in past two years (females only)	60%		
One or more days with depressive symptoms in past two weeks	58%		
PSA test in past two years, males 40 and over	56%		
At least one day physical health was not good in past month	40%	Same	Stable
At least one day mental health was not good in past month	39%	Same	Stable
Poor health limited participation in normal activities in past month	38%	Same	Increasing
Stressed about paying rent or mortgage	30%		
Blood stool test in past two years for those over 50	23%		
Stressed about paying for food	17%		
Limited health literacy	15%		

Source: Healthy York Healthy Adams Behavioral Risk Factor Survey, November 2011
Adams County Respondents Only (n=809)

Table B-3: Summary of Findings
HYCC - HAC Community Health Assessment Survey
Hanover Area

Access Indicators	%	**State Rate Compared to York County**	**York County Ten-year Trend**
Has a personal physician	92%	Same	Stable
Has health care coverage	88%	Lower	Increasing
Has dental insurance	64%		
Economic hardships (one or more)	40%		
Did not receive health care in past year because of cost	11%	Same	Stable
Behavioral Indicators			
Participated in physical activities or exercise in past month	75%	Same	Stable
Body Mass Index Category (overweight and obese)	70%	Same	Stable
Strength training in past month	40%		
Smoking behavior (regular smoker)	24%	Same	Stable
Exercised 30 minutes on five days in past week	18%		
Binge drinking behavior	14%	Same	Stable
Consumed three servings of vegetables daily	4%		
Conditions			
Has high cholesterol	39%		
Has high blood pressure	39%		
Has a depressive disorder	19%		
Has an anxiety disorder	14%		
Told has heart disease, heart attack, or stroke	12%	Same	Stable
Respondent is diabetic	11%	Same	Stable
Has asthma	11%	Same	Stable
Has ever had cancer	11%		
Has COPD, emphysema, or chronic bronchitis	8%		
Prevention Behaviors			
Ever had a PAP test (females only)	96%		
Gets needed social and emotional support	94%	Same	Stable
Has ever had blood cholesterol checked	85%		
Visited dentist in past year	78%		
Visited doctor for routine check up in past year	75%	Same	Stable
Mammogram in past two years (females only)	60%		
One or more days with depressive symptoms in past two weeks	58%		
Colonoscopy or sigmoidoscopy in past five years for those over 50	56%		
PSA test in past two years, males 40 and over	53%		
At least one day mental health was not good in past month	42%	Lower	Increasing
At least one day physical health was not good in past month	37%	Same	Stable
Poor health limited participation in normal activities in past month	37%	Same	Increasing
Stressed about paying rent or mortgage	31%		
Blood stool test in past two years for those over 50	21%		
Stressed about paying for food	18%		
Limited health literacy	13%		

Source: Healthy York Healthy Adams Behavioral Risk Factor Survey, November 2011
Hanover Residents Only (n=475)

Appendix C: Definitions of Selected Terms

Appendix C: Definitions of Selected Terms

Age-adjusted Rate: Age-adjustment is the process by which differences in the age composition of two or more populations are removed, to allow comparisons between these populations in the frequency with which an age-related health event occurs.[1]

Binge Drinking: Males having five or more drinks on one occasion or females having four or more drinks on one occasion.[1]

Body Mass Index (BMI): Number calculated from a person's weight and height. BMI provides a reliable indicator of body fatness for most people and is used to screen for weight categories that may lead to health problems.[2]

Confidence Intervals: Interval determining the variability of a rate, ratio or percent.[1]

Current Smoker: Smokes everyday or some days.[1]

Healthy People 2020: Healthy People provides science-based, 10-year national objectives for improving the health of all Americans.[3]

Labor Force Participation: The labor force as a percent of the civilian noninstitutional population.[4]

Low birth Weight: Birth weight of less than 2,500 grams.[5]

Obese: Has a BMI over 30.[1]

Overweight: Has a BMI between 25 and 30.[1]

Prevention Quality Indicators Composites (PQIs): An overall composite captures the general concept of potentially avoidable hospitalization connecting the individual PQI measures, which are all rates at the area level. Separate composite measures were created for acute and chronic conditions to investigate different factors influencing hospitalization rates for each condition[6].

All definitions have been directly obtained from the following sources:

[1] "EpiQMS Help." Epidemiologic Query and Mapping System, Pensylvania Department of Health, http://app2.health.state.pa.us/epiqms/EpiQMSHelp/DGEpiQMSHELP.htm.
[2] "Body Mass Index." Healthy Weight, Assessing Your Weight, Centers for Disease Control and Prevention, http://www.cdc.gov/healthyweight/assessing/bmi/.
[3] Healthy People 2020, http://www.healthypeople.gov.
[4] "Glossary." Bureau of Labor Statistics, United States Department of Labor, http://www.bls.gov/bls/glossary.htm.
[5] "Economic Indicators." Definitions, UNICEF, http://www.unicef.org/infobycountry/stats_popup7.html.
[6] "Quality Indicator User Guide: Prevention Quality Indicators (PQI) Composite Measures, Version 4.4." Agency for Healthcare Research and Quality, U.S. Department of Health and Human Services, http://www.qualityindicators.ahrq.gov/Downloads/Modules/PQI/V44/Composite_User_Technical_Specification_PQI%20V4.4.pdf.

Rate: A rate is a measure of the frequency of an event per population unit. The use of rates, rather than raw numbers, is important for comparison among populations, since the number of events depends, in part, on the size of the population.[1]

Statistical significance: The difference between two independent rates is statistically significant if the confidence intervals for two independent rates do not overlap.[1]

Unemployed persons : Persons aged 16 years and older who had no employment during the reference week, were available for work, except for temporary illness, and had made specific efforts to find employment sometime during the 4-week period ending with the reference week. Persons who were waiting to be recalled to a job from which they had been laid off need not have been looking for work to be classified as unemployed.[4]

Unemployment rate: The unemployment rate represents the number unemployed as a percent of the labor force.[4]

Appendix D: Data Tables

Appendix D: Health Indicators for York County, Adams County, and Pennsylvania, by Year

Cancer

1. Cancer Death Rate
   - 1a. Age-Adjusted Death Rate per 100,000 pop. for All Cancer Sites/Types by County and Year for all Ages, Sexes, and Races
   - 1b. Age-Adjusted Death Rate per 100,000 pop. for Breast Cancer by County and Year for all Ages, Sexes, and Races
   - 1c. Age-Adjusted Death Rate per 100,000 pop. for Bronchus and Lung Cancer by County and Year for all Ages, Sexes, and Races
   - 1d. Age-Adjusted Death Rate per 100,000 pop. for Colon and Rectum Cancer by County and Year for All Ages, Sexes, and Races
   - 1e. Age-Adjusted Death Rate per 100,000 pop. For Leukemia by County and Year for All Ages, Sexes, and Races
   - 1f. Age-Adjusted Death Rate per 100,000 pop. for Non-Hodgkins Lynphoma by County and Year for All Ages, Sexes, and Races
   - 1g. Age-Adjusted Death Rate per 100,000 pop. for Prostate Cancer by County and Year for All Ages, Sexes, and Races
   - 1h. Age-Adjusted Death Rate per 100,000 pop for Melanoma by County and Year for All Ages, Sexes, and Races

2. Cancer Incidence
   - 2a. Age-Adjusted Ascending Colon Cancer Incidence Rate per 100,000 pop. by County and Year for All Ages and Races
   - 2b. Age-Adjusted Colon and Rectum Cancer Incidence Rate per 100,000 pop. by County and Year for All Ages, Sexes, and Races
   - 2c. Age-Adjusted Colon Cancer Excluding Rectum Cancer Incidence Rate per 100,000 pop. by County and Year for All Ages, Sexes, and Races
   - 2d. Age-Adjusted Sigmoid Cancer Incidence Rate per 100,000 pop. by County and Year for all Ages, Sexes, and Races
   - 2e. Age-Adjusted Incidence Rate per 100,000 pop. for All Cancer by County and Year for All Ages, Sexes, and Races
   - 2f. Age-Adjusted Breast Cancer Incidence Rate per 100,000 pop. by County and Year for All Ages and Races
   - 2g. Age-Adjusted Bronchus and Lung Cancer Incidence Rate per 100,000 pop. by County and Year for all Ages, Sexes, and Races
   - 2h. Age-Adjusted Cervix Uteri Cancer Incidence Rate per 100,000 pop. by County and Year for All Ages and Races
   - 2i. Age-Adjusted Leukemia Incidence Rate per 100,000 pop. by County and Year for all Ages, Sexes, and Races
   - 2j. Age-Adjusted Melanoma of the Skin Incidence Rate per 100,000 pop. by County and Year for All Ages, Sexes, and Races
   - 2k. Age-Adjusted Non-Hodgkins Lymphoma Incidence Rate per 100,000 pop. by County and year for all Ages, Sexes, and Races
   - 2l. Age-Adjusted Prostate Cancer Incidence Rate per 100,000 pop. by County and Year for all Ages and Races

Communicable Disease

3. Communicable Disease Incidence
   - 3a. Campylobacteriosis Incidence Rate per 100,000 pop. By County and Year for All Ages, Sexes, and Races
   - 3b. Hepatitis A Incidence Rate per 100,000 pop. by County and year for All Ages, Sexes, and Races
   - 3c. Hepatitis B Acute Incidence Rate per 100,000 pop. by County and Year for All Ages, Sexes, and Races
   - 3d. Hepatitis B Chronic Incidence Rate per 100,000 pop. by County and year for All Ages, Sexes, and Races
   - 3e. Lyme Disease Incidence Rate per 100,000 pop. by County and Year for all Ages, Sexes, and Races
   - 3f. Chlamydia Incidence Rate per 100,000 pop. by County and Year for All Ages, Sexes, and Races
   - 3g. Gonorhea Incidence Rate per 100,000 pop. by County and Year for all Ages, Sexes, and Races
   - 3h. Primary and Secondary Syphilis Incidence Rate per 100,000 pop. by County and Year for All Ages, Sexes, and Races
   - 3i. Salmonellosis Incidence Rate per 100,000 pop. By County and Year for All Ages, Sexes, and Races
   - 3j. Tuberculosis Incidence Rate per 100,000 pop. By County and Year for All Ages, Sexes, and Races

Maternal Health

4. Birth Rates
   - 4a. Birth Rate per 1,000 Females by Maternal Age, County and Year for all Races
   - 4b. Birth Rate per 1,000 Females By County and Year for All Ages and Races
   - 4c. Percent of Births with No Prenatal Care by Race County and Year for all Ages
   - 4d. Percent No Prenatal Care By Maternal Age, County, and Year for All Races
   - 4e. Percent Low Birth Weight by County and Year for all Maternal Ages and Races
   - 4f. Percent Prenatal Care in 1st Trimester by County and Year for All Ages and Races
   - 4g. Percent Non-Smoking Mother (During Pregnancy) by County and Year for all Ages and Races

Mental Health

5. Suicide
   - 5a. Age-Adjusted Suicide (Intentional Self Harm) Mortality Rate per 100,000 pop. by County and Year for All Ages, Sexes, and Races
   - 5b. Age-Adjusted Suicide Rate per 100,000 pop. (Intentional Self Harm) by Firearm Mortality Rate by County and Year for All Ages, Sexes, and Races

Mortality

6. Infant Mortality
   - 6a. Infant Mortality Rate per 1,000 Live Births by County and Year for All Sexes and Races
7. Overall Mortality
   - 7a. Age-Adjusted Mortality Rate per 100,000 pop. For All Causes by County and Year for All Ages, Sexes, and Races
   - 7b. Age-Adjusted Mortality Rate per 100,000 pop due to Falls for All Ages, Sexes, and Races
   - 7c. Mortality Rate per 100,000 pop. in All Firearm-Related Deaths by County and Year for All Ages, Sexes, and Races
   - 7d. Age-Adjusted Mortality Rate per 100,000 pop. For All Accidents by County and Year for All Ages, Sexes, and Races

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8. Adams Regional Crosstabs
    - 8a. York - Adams CHA Survey, Access Measures by Residency of Respondent, Adams County
    - 8b. York - Adams CHA Survey, Behavior Measures by Residency of Respondent, Adams County
    - 8c. York - Adams CHA Survey, Health Conditions by Residency of Respondent, Adams County
9. Ag 8d. York - Adams CHA Survey, Prevention Indicators by Residency of Respondent, Adams County

    - 9a. Adams - York CHA Survey, Access Measures by Age of Respondent
    - 9b. Adams - York CHA Survey, Behavior Measures by Age of Respondent
    - 9c. Adams - York CHA Survey, Health Conditions by Age of Respondent
10. C 9d. Adams - York CHA Survey, Prevention Indicators by Age of Respondent

    - 10a. Adams - York CHA Survey, Access Measures by County of Residence
    - 10b. Adams - York CHA Survey, Behavior Measures by County of Residence
    - 10c. Adams - York CHA Survey, Health Conditions by County of Residence
11. P 10d. Adams - York CHA Survey, Prevention Indicators by County of Residence

    - 11a. Adams - York CHA Survey, Access Measures by Poverty Status of Household
    - 11b. Adams - York CHA Survey, Behavior Measures by Poverty Status of Household
    - 11c. Adams - York CHA Survey, Health Conditions by Poverty Status of Household
12. R 11d. Adams - York CHA Survey, Prevention Indicators by Poverty Status of Household

    - 12a. Adams - York CHA Survey, Access Measures by Race and Ethnicity of Respondent
    - 12b. Adams - York CHA Survey, Behavior Measures by Race and Ethnicity of Respondent
    - 12c. Adams - York CHA Survey, Health Conditions by Race and Ethnicity of Respondent
13. R 12d. Adams - York CHA Survey, Prevention Indicators by Race and Ethnicity of Respondent

    - 13a. Adams - York CHA Survey, Access Measures by Residency of Respondent, Adams, York, and Hanover Areas
    - 13b. Adams - York CHA Survey, Behavior Measures by Residency of Respondent, Adams, York, and Hanover Areas
    - 13c. Adams - York CHA Survey, Health Conditions by Residency of Respondent, Adams, York, and Hanover Areas
14. S 13d. Adams - York CHA Survey, Prevention Indicators by Residency of Respondent, Adams, York, and Hanover Areas

    - 14a. Adams - York CHA Survey, Access Measures by Sex of Respondent
    - 14b. Adams - York CHA Survey, Behavior Measures by Sex of Respondent
    - 14c. Adams - York CHA Survey, Health Conditions by Sex of Respondent
    - 14d. Adams - York CHA Survey, Prevention Indicators by Sex of Respondent
15. York Regional Crosstabs

    - 15a. Adams - York CHA Survey, Access Measures by Residency of Respondent, York County
    - 15b. Adams - York CHA Survey, Behavior Measures by Residency of Respondent, York County
    - 15c. Adams - York CHA Survey, Health Conditions by Residency of Respondent, York County
    - 15d. Adams - York CHA Survey, Prevention Indicators by Residency of Respondent, York County

Behavorial Risk Factors--Pennsylvania Department of Health Statistics

16. Behavioral Risk Factors
    - 16a. Percentage of All Adults Overweight or Obese by Region and Year
    - 16b. Percentage of Adults with Poor Physical or Mental Health that Prevented Usual Activies 1 or More days in the Past Month by Reigion or Year
    - 16c. Percent of Adults Ever Told that They Had a Heart Attack, Heart Disease, or a Stroke by Region and Year
    - 16d. Percent of Adults Who Had no Leisure Time Physical Activity in the Past Month by Region and Year
    - 16e. Percent of Adults Who Needed To See a Doctor but Could Not Because of Cost in the Past 12 Months by Region and Year
    - 16f. Percent of Adults Who Have Ever Been Told They Had Diabetes by Region and Year
    - 16g. Percent of Adults Who Currently Have Asthma by Region and Year
    - 16h. Percent of Adults Who Have Ever Been Told They Have Asthma by Region and Year
    - 16i. Percent of Adults Who are Binge Drinkers (Males Having 5+ Drinks on One Occasion, Females Having 4+ Drinks on One Occasion) by Region and Year
    - 16j. Percent of Adults Who Are Current Smokers by Region and Year
    - 16k. Percent of Adults Who do not Have a Personal Health Care Provider by Region and Year
    - 16l. Percent of Persons Age 16-64 With No Health Insurance by Region and Year
    - 16m. Percent of Adults Whose Physical Health Was Not Good 1 or More Days in the Past Month by Region and Year
    - 16n. Percent of Adults Who Rarely or Never Get the Social and Emotional Support They Need by Region and Year
    - 16o. Percent of Adults Who Visited a Doctor For a Routine Checkup Within the Past 2 Years by Region and Year
    - 16p. Percent of Adults Whose Mental Health Was Not Good 1 or More Days in the Past Month by Region and Year

Demographics

17. Demographic Information

    - 17a. Percentages for Occupation of Available Housing and Home Ownership by County and Year
    - 17b. Percent of Occupation Fields by County and Year
    - 17c. Population Change by County and Year
    - 17d. Percentage of Poverty by County and Year
    - 17e. Percentage of Families Receiving Food Stamps by County and Year
    - 17f. Percent of Education Level for Adults Age 25 and Older by County and Year
    - 17g. Percent of Gender, Race, and Ethnicity by County and Year
    - 17h. Percent of Population by Age, Gender, County, and Year
    - 17i. Unemployment and Labor Force Participation Rates by County and Month
    - 17j. Percentage of Commuting Methods for Adults Age 16 and Older by County and Year

Air Quality Index

18. AQI Median and percent of Good AQI Days

    - 18a. Median AQI Levels by Location and Year
    - 18b. Percentage of Days with Good AQI by Location and Year