

A Summary Report on the Health of Lancaster County

*Lancaster County, Pennsylvania
March 2010*



Commissioned By:

Lancaster General Health 

Presented By:

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A. BACKGROUND

In 2002, Lancaster Health Improvement Partnership (LHIP), as part of the Lancaster Healthy Communities initiative, developed a report entitled, "A Plan for Creating a Healthy Lancaster Community." The purpose of the report was to provide Lancaster County residents, healthcare providers, policy-makers, agencies, and community leaders with health related data for the county. Additionally, the document outlined goals for the year 2010 based on Healthy People 2010, a document developed every ten years by the U.S. Department of Health and Human Services (HHS).

The current document provides a multi-year summary and update to the 2010 goals established in the "Creating Healthy Lancaster County" report. The report identifies health trends and patterns as well as areas where Lancaster County residents are healthier than statewide and peer county figures and also areas where the health of county residents is of concern. Data from the following reports were utilized to provide input into the statistics outlined in this summary document. The various graphs and data sources are referenced throughout the report according to the number listed below by the source.

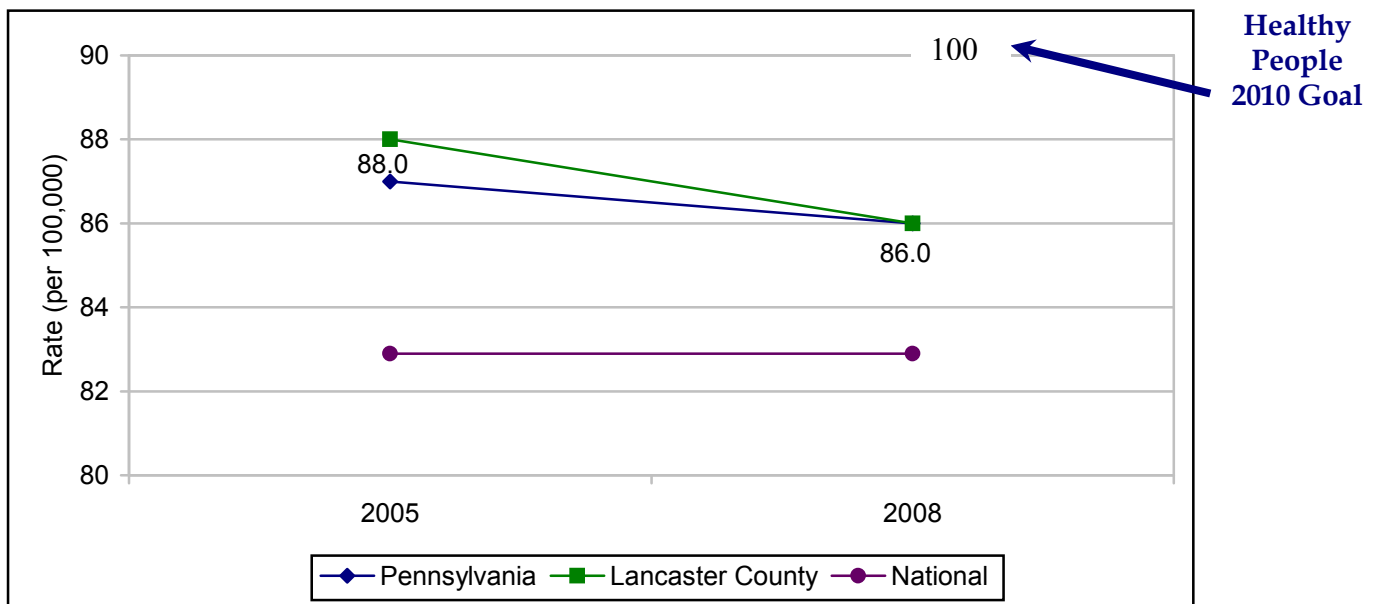
1. 2005 Behavioral Risk Factor Surveillance System (BRFSS) Study for Lancaster County Adults
2. 2008 Behavioral Risk Factor Surveillance System (BRFSS) Study for Lancaster County Adults
3. Community Health Status Report, 2008
4. Focus Group Report: African American and Latino Health Perspectives, April 2009
5. Focus Group Report: Amish Health Focus Groups, May 2009
6. America's Community Health Rankings: Where Does Lancaster County Stand, Then and Now?, 2008
7. Lancaster County Child Death Rates Report 2002-2006, Prepared August 2008
8. Lancaster County Cancer Statistics, 2008
9. Lancaster County Health Data Report, 2007 & 2008
10. Pennsylvania Youth Survey Report, Lancaster County, 2007

The conclusions from this document will also serve as the foundation for the LHIP Summit in May 2010. The Summit will celebrate successes in Lancaster County's community health improvement and identify the journey that still lies ahead as we aim to be a county where residents live in good health and are able to access the services they deserve.

B. ACCESS TO CARE

The most recent BRFSS study results (2008) reveal that approximately 86% of Lancaster County adults (age 18-64) have some form of insurance coverage. This is similar to the 2005 statistic (88%). While no hard data is available, it is widely suspected that the percentage of Lancaster County residents without health insurance has increased significantly across the past year as a result of the nation's economic crisis and high unemployment rates. The Healthy People 2010 goal is for 100% health coverage for all Americans.

Health Insurance Coverage⁹



When asked if they have been unable to receive medical care in the previous year because of cost, 9% of Lancaster County adults stated this was the case. Similar to the health insurance coverage, this 2008 figure is consistent with the 2005 percentage. In both cases, this percentage is similar to the Pennsylvania percentage where cost was a barrier.

In 2009, focus groups were facilitated with African American and Latino residents of Lancaster to gather feedback on healthcare access and related health issues. While the feedback was largely qualitative, several data points were collected during the groups.

Readers should keep in mind the small sample size of the groups (8-11 individuals) and that the ability to generalize the results may be limited. Across all of the groups, roughly 1/3rd of the participants reported having no health insurance. This percentage was highest among the African American males and Latino males, with these two groups reporting 45-55% of individuals without health insurance. The females were more likely than the males to have health care coverage. Among those that did have health insurance coverage, however, many cited difficulties understanding the nuances of their policies. Language barriers also present access to care issues within the Latino community. The barriers not only include too few bilingual providers, but also concerns that health-related information often gets lost or misrepresented in the translation.

An additional Healthy People 2010 goal is to increase the proportion of persons who have a specific source of ongoing care, for 96% with a consistent primary care provider by 2010. In Lancaster County, 91% of adults in 2008 had a personal health care provider, the same as the 2005 percentage. This is also similar to the Pennsylvania statistic (89%). For interpretation purposes, it should be noted that a hospital emergency room is not included as a specific sources of primary care.

According to the February 2010 County Health Rankings Report, Lancaster County ranks 4th in the state for its clinical care. Specifically, this ranking included statistics for uninsured adults, primary care providers, preventable hospital stays, diabetic screening, and hospice use.

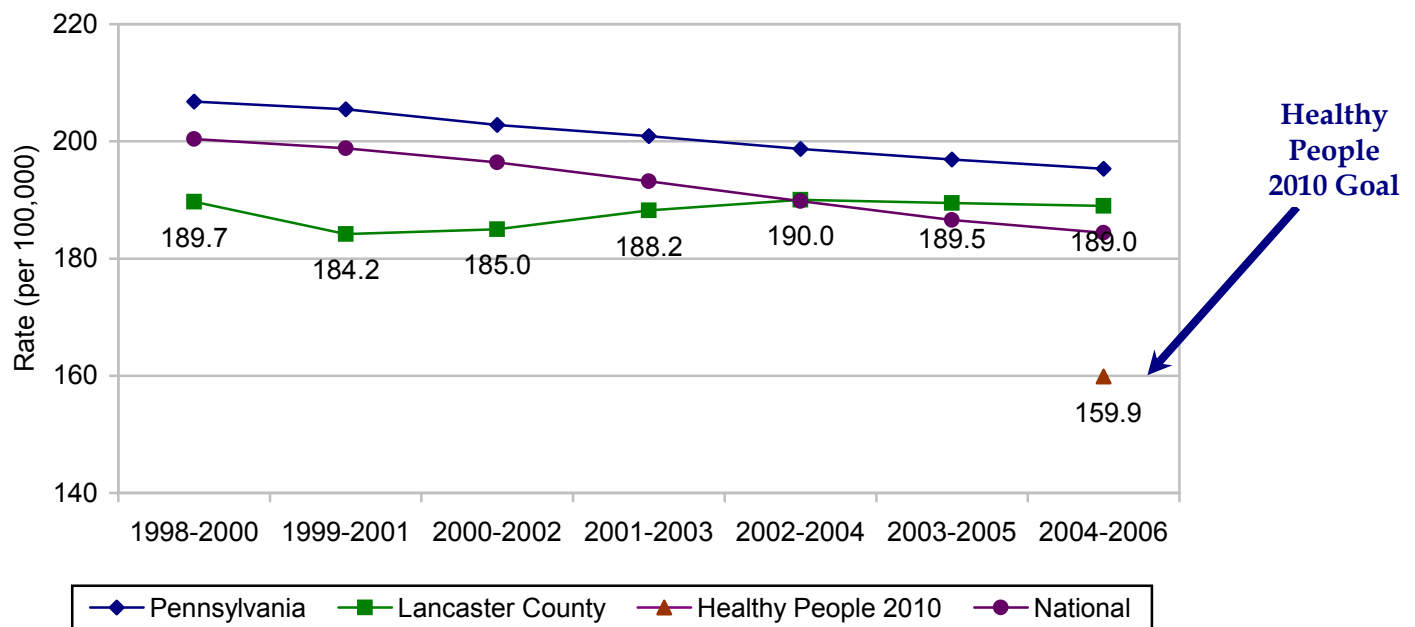
C. CANCER

The Lancaster County 2010 goal was to decrease the cancer death rates for cancer overall, lung cancer, breast cancer, and colorectal cancer. While cancer incidence and mortality rates are available in recent years for Lancaster County, some of the incidence data is self-reported from the BRFSS surveys.

Overall Cancer Statistics

The current overall cancer death rate for Lancaster County is 189.0 per 100,000 population, which is fairly consistent with the Pennsylvania rate (195.3), but remains higher than the Healthy People 2010 objective. The graph below demonstrates that the cancer mortality rates in the county have relatively stable since 1998.

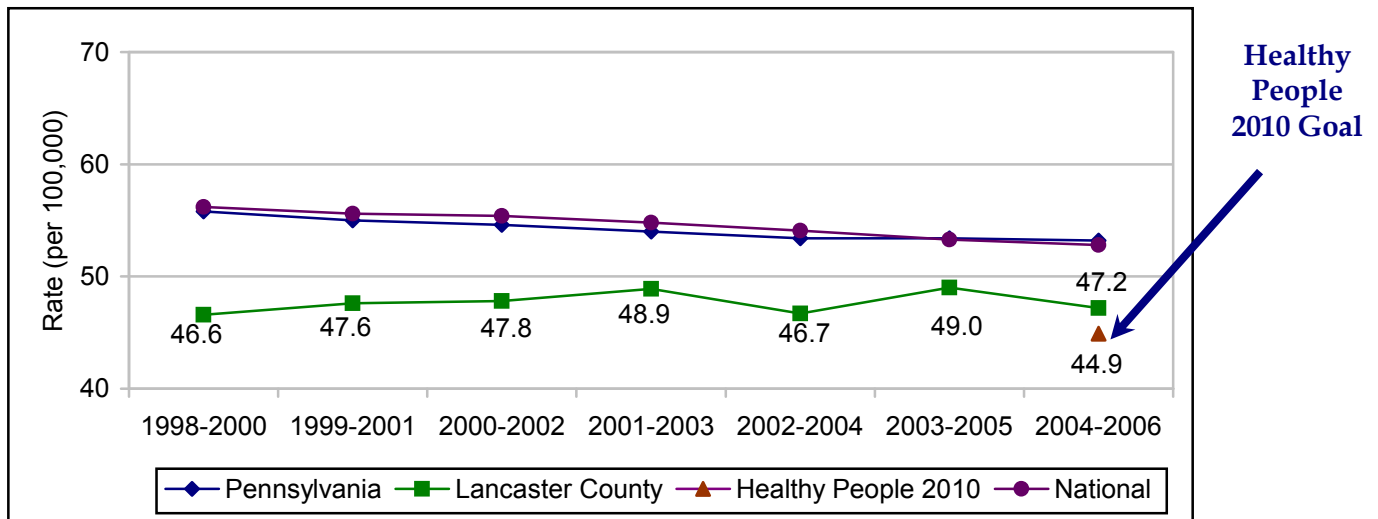
HP Objective 03-01 - Cancer Death Rates



Lung Cancer Statistics

The most recent cancer statistics for lung cancer deaths in Lancaster County reveal consistently lower rates than statewide and national figures, but figures that are still higher than the goals set forth in Healthy People 2010.

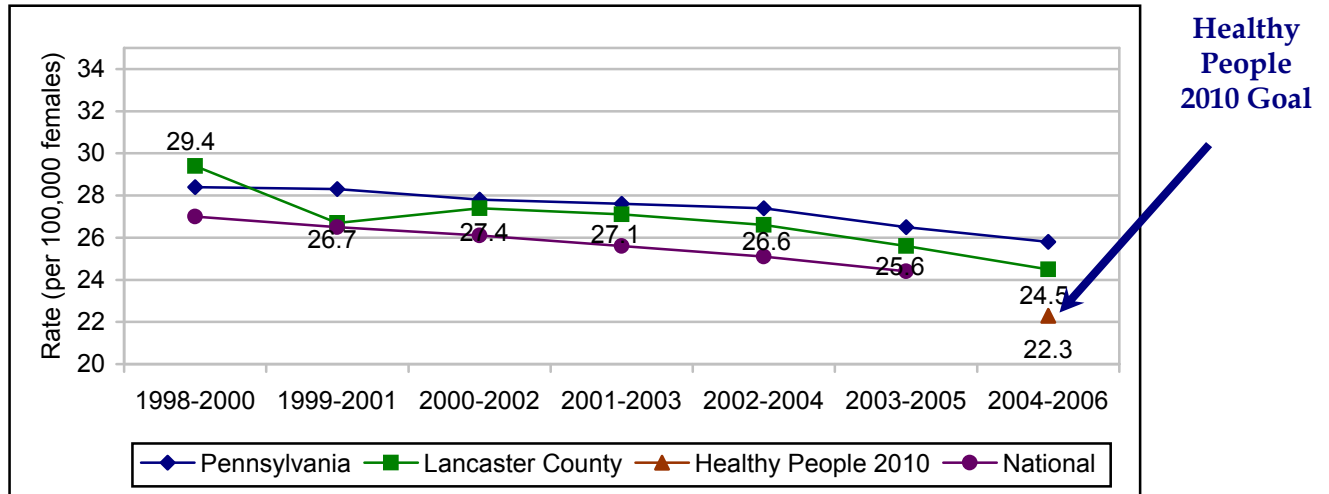
HP Objective 03-02 - Lung Cancer Death Rates



Breast Cancer Statistics

The death rate for female breast cancer within Lancaster County has historically been a concerning statistic, with figures above national and peer county figures. Progress is being made with declining death rates and an increase in breast cancer screenings among women 40 years of age and older. The following graph details a breast cancer death rate of 24.5, which is below the death rate in the upper 20s and low 30s from the late 1990s, but still above the Health People 2010 goal of 22.3 per 100,000 females. It is also important to note that this statistic is in line with the state figure (25.8) and within the range of Lancaster's peer counties (range 22.9-28.0). The peer counties are identified as those counties throughout the country with similar demographics to Lancaster County.

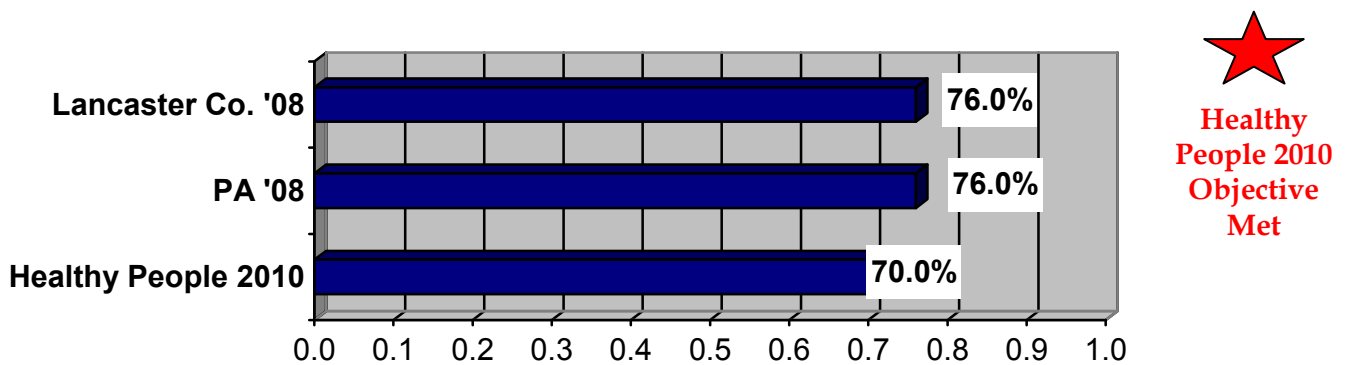
HP Objective 03-03 - Breast Cancer Death Rates



The following graph shows the progress made, specifically between 2005 and 2008, whereby Lancaster County females have met and surpassed Health People 2010 objectives for breast cancer screenings.

HP Objective 03-13 - Percent of Women Aged 40+ With a Mammogram in the Last Two Years₂

Percent of women aged 40+ with a mammogram in the last two years



The following table identifies additional self-report statistics from Lancaster County females per the BRFSS studies in 2005 and 2008. While statistical significance is uncertain, there appears to be some slight increases in screening behaviors among 40+ females throughout the county. Some of these statistics, particularly those referencing activity within the last year, are slightly below Pennsylvania percentages.

	2005 Lancaster County	2008 Lancaster County	2008 Pennsylvania
Ever had a mammogram (women age 40+)	90%	93%	92%
Had a mammogram in past year (women age 40+)	55%	57%	63%
Ever had a clinical breast exam (women age 40+)	92%	94%	93%
Had a clinical breast exam past year (women age 40)	59%	56%	64%

1, 2

Cervical Cancer Statistics

One of the leading screenings for cervical cancer is an annual pap test. In Lancaster County, 94% of adult females have had a pap test in their lifetime. When specifically asked about a pap test in the previous three years, the number drops to 73%. This is lower than the state percentage (78%) and also below the 2005 percentage.

	Healthy People 2010	PA Rate	Lancaster Rate
Cervical Cancer death rate	2.2	2.3	1.9

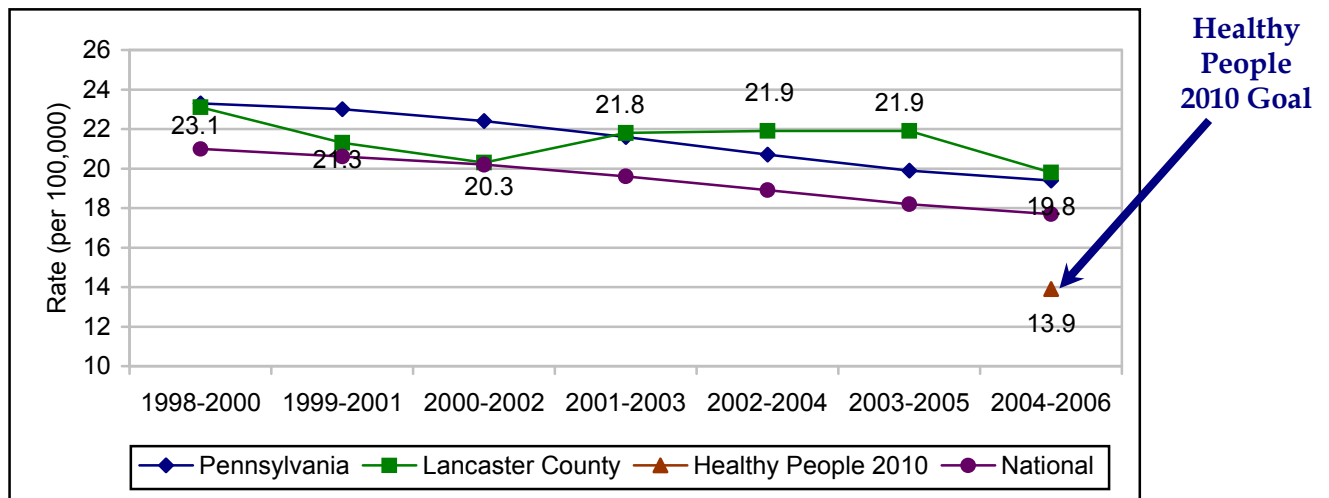

**Healthy
 People 2010
 Objective
 Met**

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Colorectal Cancer Statistics

The most recent BRFSS survey (2008) revealed that Lancaster County residents, those 50 and older, are more likely than similar aged adults throughout the state to have ever had a home blood stool test and to have had one in the past two years. About 62% of adults age 50 and older in Lancaster County have ever had a colonoscopy, which is a statistic consistent with the state percentage. As outlined below, the most recent colorectal cancer death rate for Lancaster County is 19.8 (per 100,000), which is the lowest rate in recent years. This death rate is consistent with Pennsylvania's rate, but above the Healthy People 2010 objective (13.9 per 100,000).

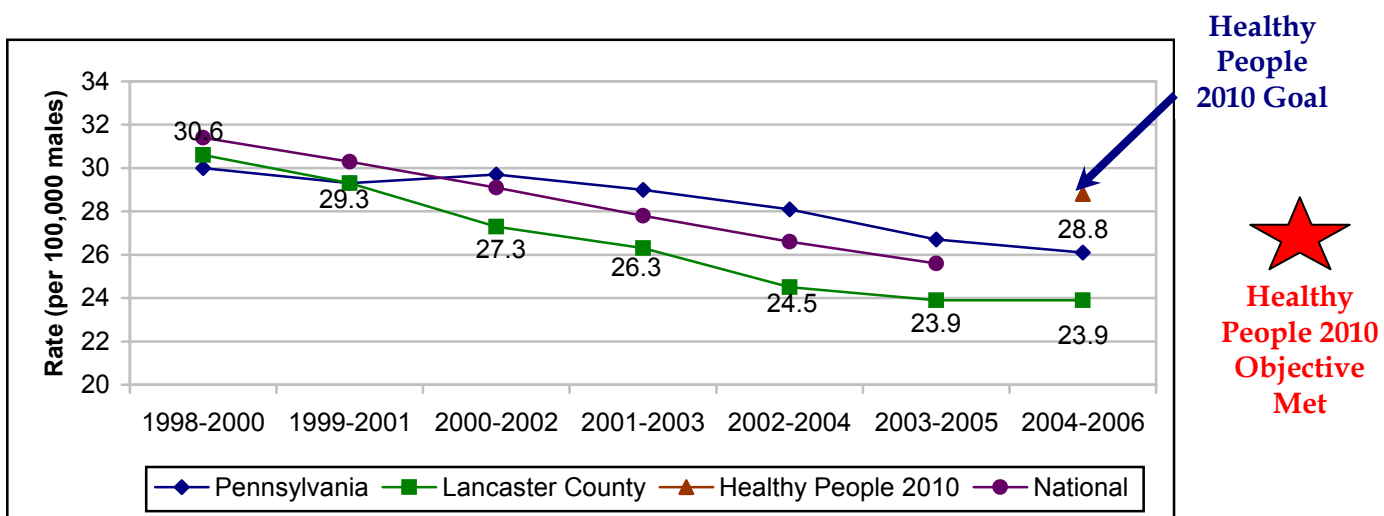
HP Objective 03-05 - Colorectal Cancer Death Rates



Prostate Cancer Statistics

Overall, Lancaster County has favorable statistics for prostate cancer. While the percentage of males 50 and older having prostate cancer screenings has dropped slightly in recent years, the death rates due to prostate cancer are below state and national figures. Additionally, Lancaster County has met, and exceeded, the Healthy People 2010 goal for prostate cancer deaths. Examination of the following graph shows consistent decline in Lancaster County's prostate cancer death rate until about 2003.

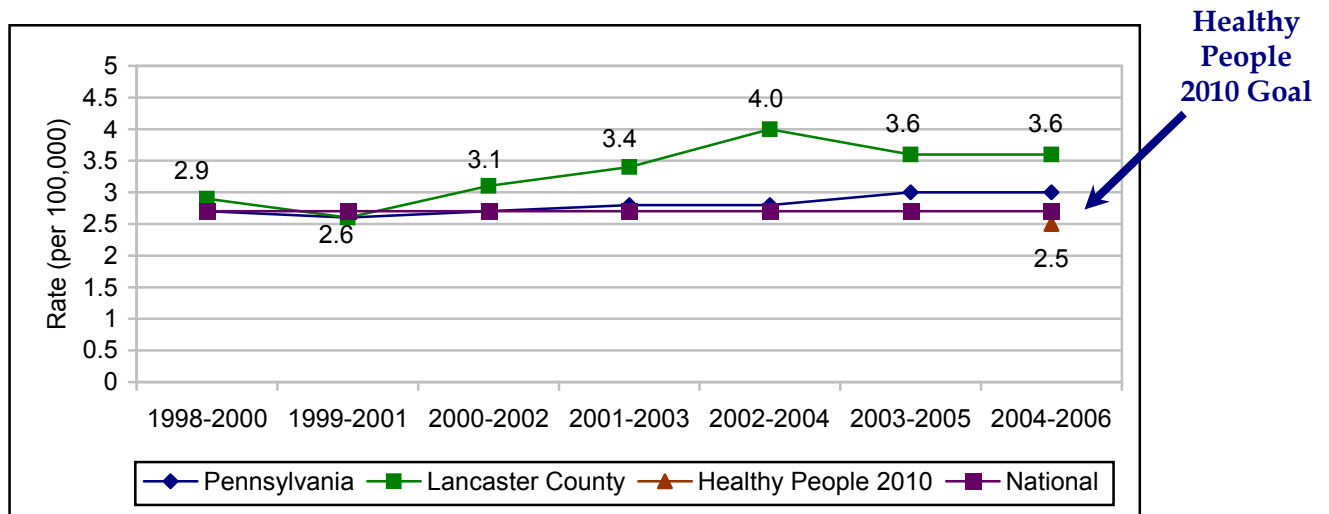
HP Objective 03-07 - Prostate Cancer Death Rates



Skin Cancer Statistics

While no current self-report data exists on the use of sun block and other protective measures, death rate due to melanoma of the skin is tracked for Lancaster County. The most recent statistics reveal a average of 3.6 deaths in Lancaster County for every 100,000. This is almost a full point above the national figure and slightly above Pennsylvania, although not a statistically significant difference. Lancaster County has not met the Health People 2010 goal for skin cancer death rates (goal of 2.5 per 100,000).

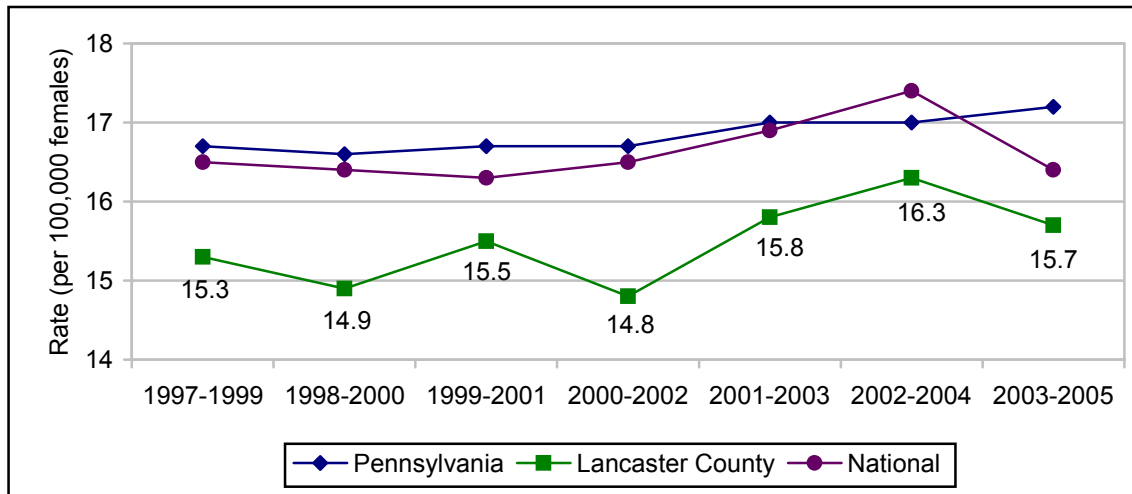
HP Objective 03-08 - Melanoma of the Skin Death Rates



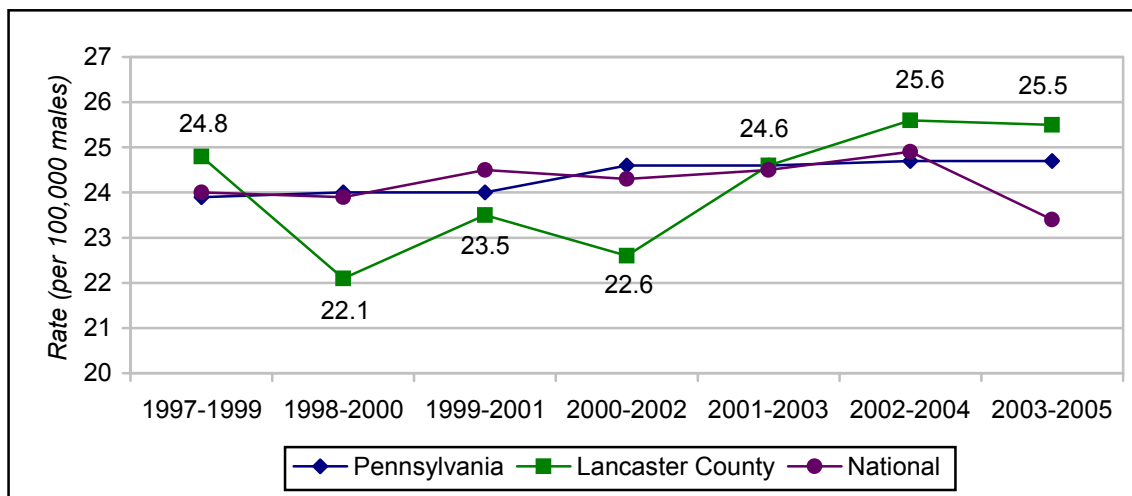
Cancer Disparities

Within Lancaster County, several gender differences are uncovered for cancer incidence rates. For example, the incidence rate for Non-Hodgkin’s Lymphoma is 25.5 (per 100,000 males) for Lancaster County men compared to a rate of 15.7 (per 100,000 females) for Lancaster women. The same pattern emerges with urinary bladder cancer, where males have a higher incidence rate than females in Lancaster County. It should be noted that urinary bladder cancer in males has been declining in recent years in Lancaster County, but remains above national averages. It is also noteworthy to observe that the male-female differences seen in Lancaster County are also consistent with national gender differences.

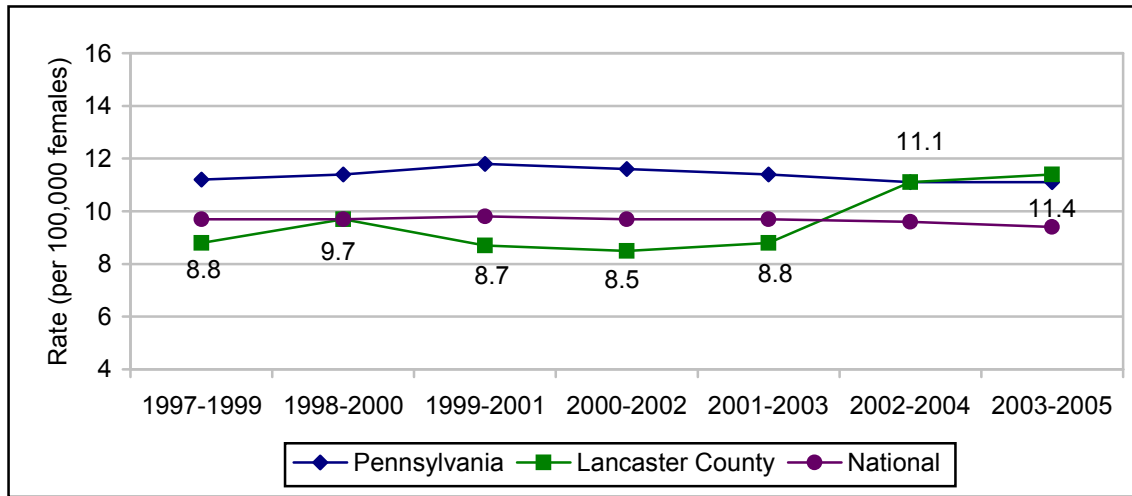
Non-Hodgkin's Lymphoma in Females Incidence Rates



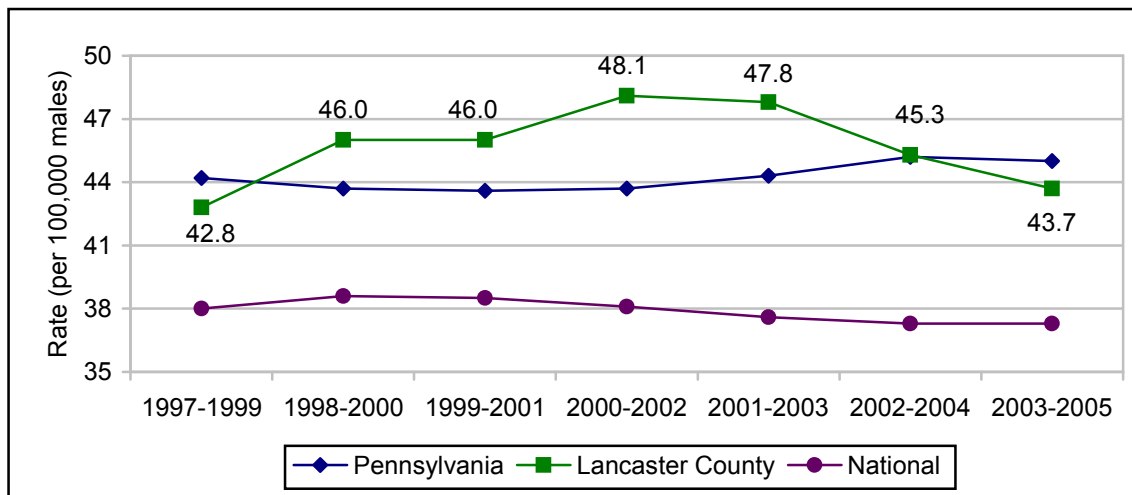
Non-Hodgkin's Lymphoma in Males Incidence Rates



Urinary Bladder Cancer in Females Incidence Rate⁸



Urinary Bladder Cancer in Males Incidence Rate⁸



D. CHILDREN'S HEALTH

The most recent population statistics show that approximately 142,200 children live in Lancaster County. This is a growth of approximately 1,700 children since the year 2000.

Lancaster County

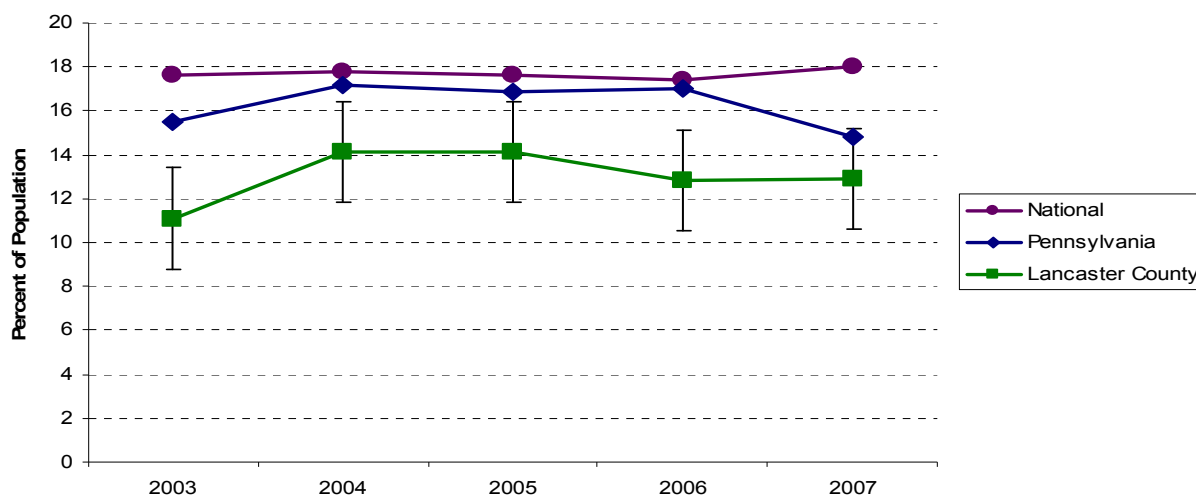
	Ages 0-4		Ages 5-9		Ages 10-14		Ages 15-19	
	Male	Female	Male	Female	Male	Female	Male	Female
2006	17,298	16,233	17,403	16,436	18,155	17,860	18,962	19,855
2005	17,164	16,137	17,494	16,539	18,298	18,100	18,894	19,809
2004	17,040	16,159	17,553	16,582	18,343	17,932	18,782	19,266
2003	17,076	16,237	17,824	16,873	18,395	17,540	18,674	18,335
2002	17,205	16,276	17,822	16,839	18,424	17,582	18,386	17,956

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The poverty threshold established by the U.S. Census Bureau for a household of four people, which includes two children is approximately \$21,736. As outlined below, approximately 12% of Lancaster County children live in households below the poverty threshold. This is above the 2002 rate, but slightly below the Pennsylvania average. It is also well below the national children's poverty figures.

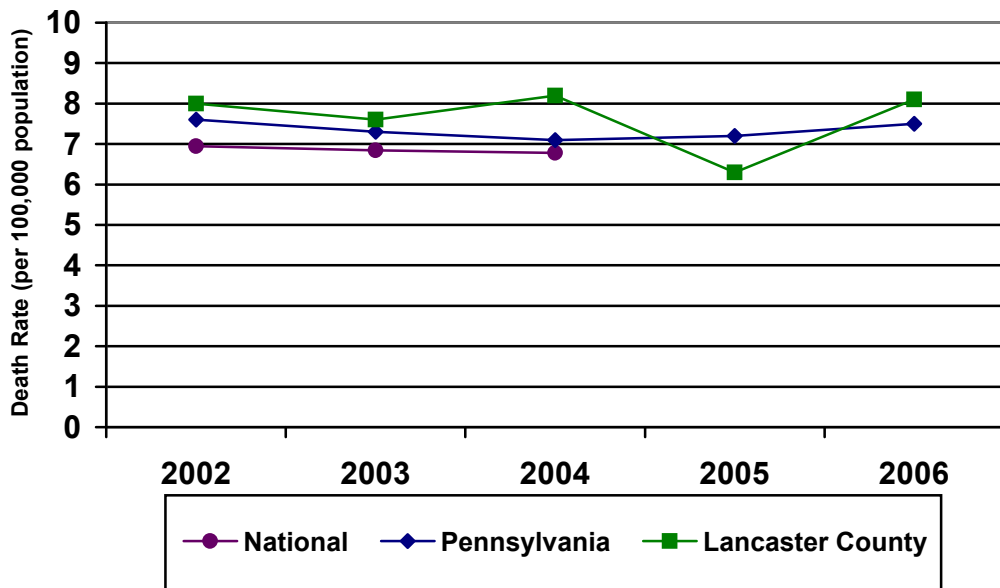
Children in Poverty⁷

Percentage of persons under 18 who live in households that are at or below the poverty threshold



The most recent infant death rate for Lancaster County is the same as it was in 2002 with a rate of approximately 8.0 per 100,000 population. This is fairly consistent with the Pennsylvania figures. While the overall infant mortality rate in Lancaster County is consistent with the statewide rate, significant disparities are seen across racial groups. Infant mortality rates in Lancaster County are highest among Black, Non Hispanic infants (rate of 14.6) and Hispanic infants (rate of 11.2).

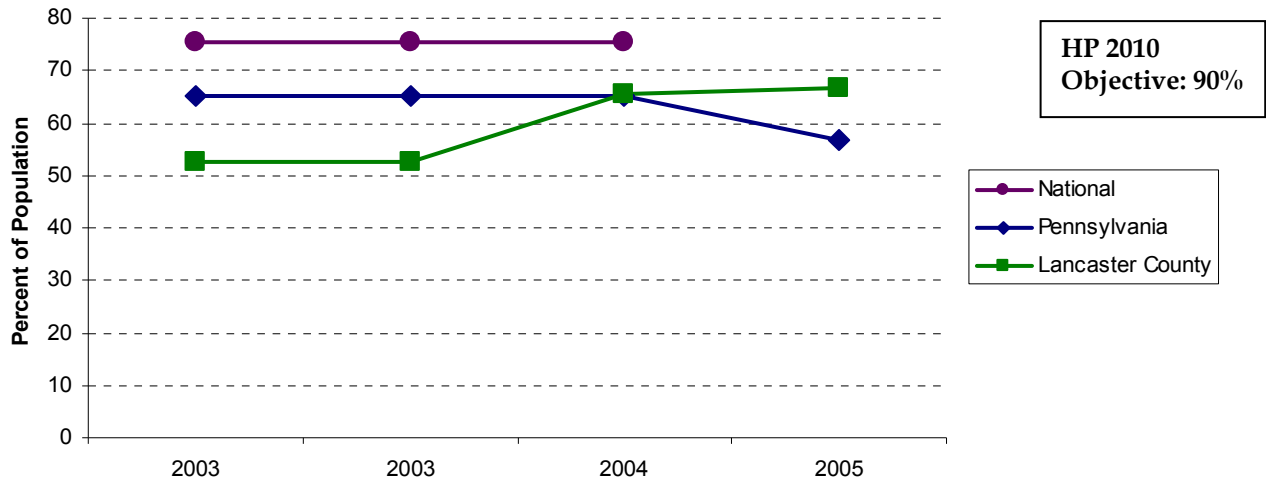
Infant Death Rates⁷



A predictor of infant mortality is the absence of prenatal care or insufficient prenatal care. The following graph outlines the percentage of women in Lancaster County who received adequate prenatal care during their pregnancy. Approximately 67% of the women in Lancaster County receive adequate care, an increase from previous years. This increase from 2003 reversed the trend against the Pennsylvania data, whereby Lancaster County is now favorably above the state percentage. Prior to recent years, Lancaster County had fewer females in the county receiving adequate prenatal care compared to those statewide.

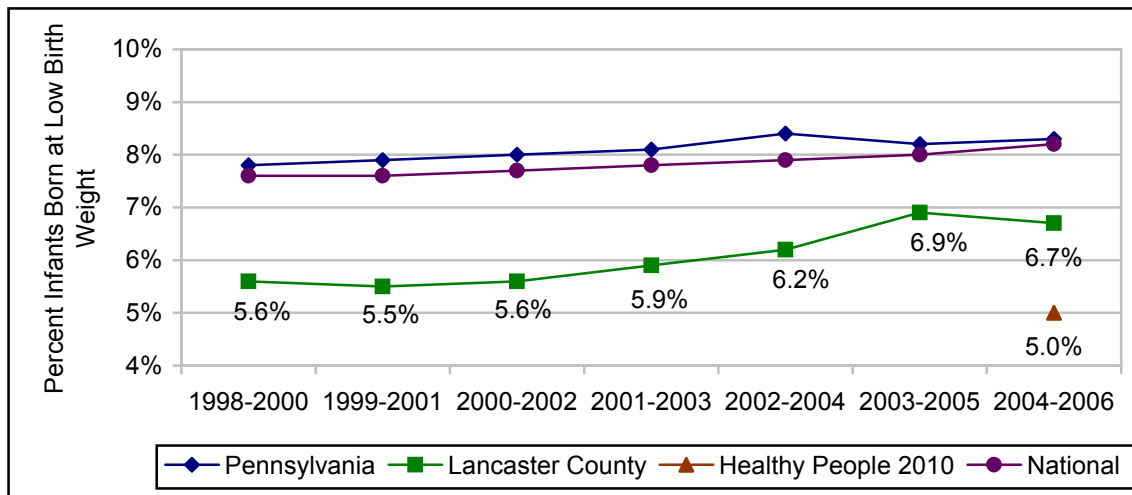
Adequacy of Prenatal Care⁶

Percentage of women receiving adequate prenatal care



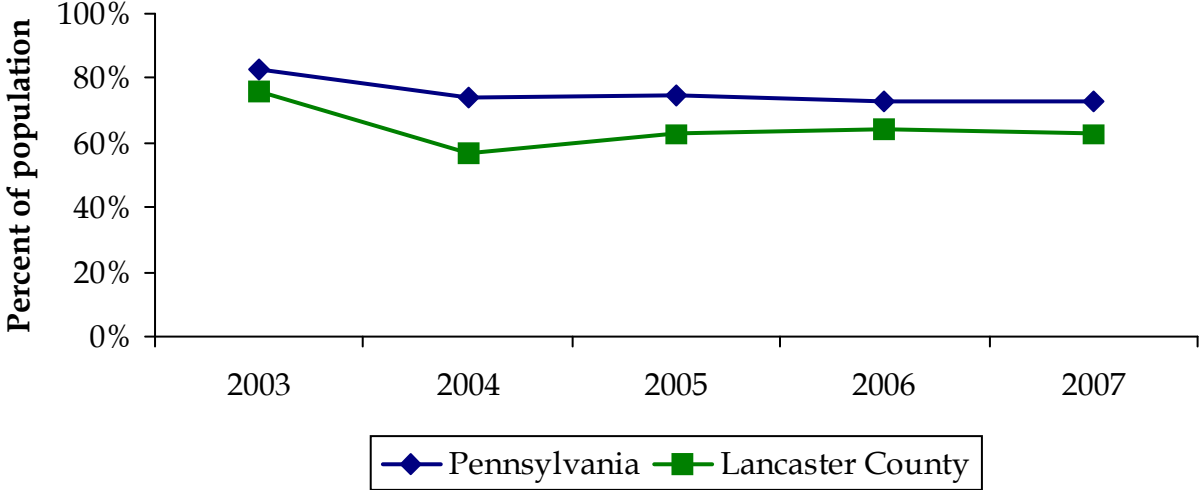
Also related to adequate prenatal care is the birth weight of the newborn. In Lancaster County, 5.9% of newborns have low birth weight (<2500 g), which compares to 7.9% nationwide. The number is even lower for very low birth weight (<1500 g). Only 1.1% of Lancaster County births are in the very low birth weight category.

HP Objective 16-10a - Percent Infants Born at Low Birth Weight (Less than 2,500 grams)



Effective childhood immunization coverage is essential to healthy development and the prevention of childhood illness. The following graph shows that the percentage of children in Lancaster County who are fully immunized by 24 months is around 60%. This is, however, lower than the statewide percentage. Lancaster County has consistently been below the statewide percentages across the past five years of data (2002-2007).

Immunization Coverage₆
Percentage of children fully immunized by 24 months



E. ENVIRONMENTAL HEALTH

Human exposures to hazardous agents in the air, water, soil, and food and to physical hazards in the environment are major contributors to illness, disability and death. Measures of Lancaster County’s environmental health were included in the 2010 goals outlined in the “Creating a Healthy Lancaster Community” report. While many environmental health statistics remain difficult to find at the local level, several data points exist for Lancaster County. According to the 2005 Environmental Protection Agency (EPA) “Toxic Release Inventory,” 3,181,553 pounds of toxic chemicals are released annually within Lancaster County. The following table outlines what national air quality standards have been met within Lancaster County. These statistics are also reported by the EPA in the “AIRSData, 2006) report.

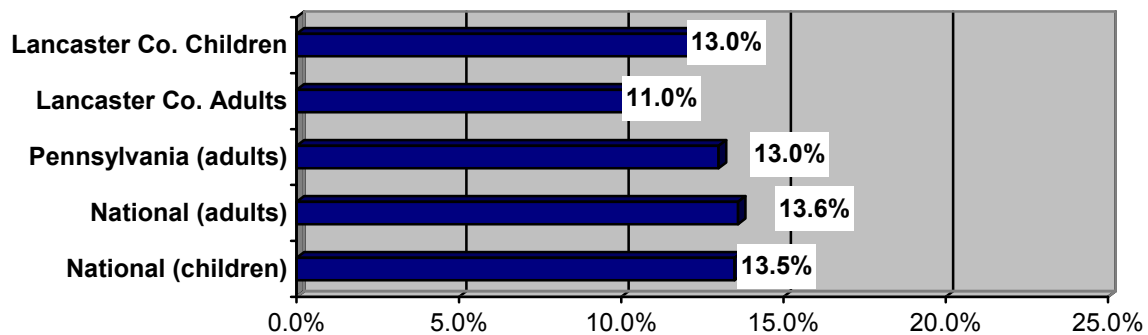
Lancaster County Air Quality Standards³

	Carbon Monoxide	Nitrogen Dioxide	Sulfur Dioxide	Ozone	Particulate Matter
Standard met?	Yes	Yes	Yes	No	Yes

Ozone pollution issues became more prominent in Lancaster County in 1997. Prior to 1997, Lancaster County attained ozone air quality standards for six years in a row. The downward trend of nonattainment of the ozone standard began in 1997. Individuals with asthma are particularly impacted by poor air quality. The following graph outlines Lancaster County’s asthma rates compared to state and national averages.

Asthma²

Percentage who have ever had asthma



F. HEART DISEASE & STROKE

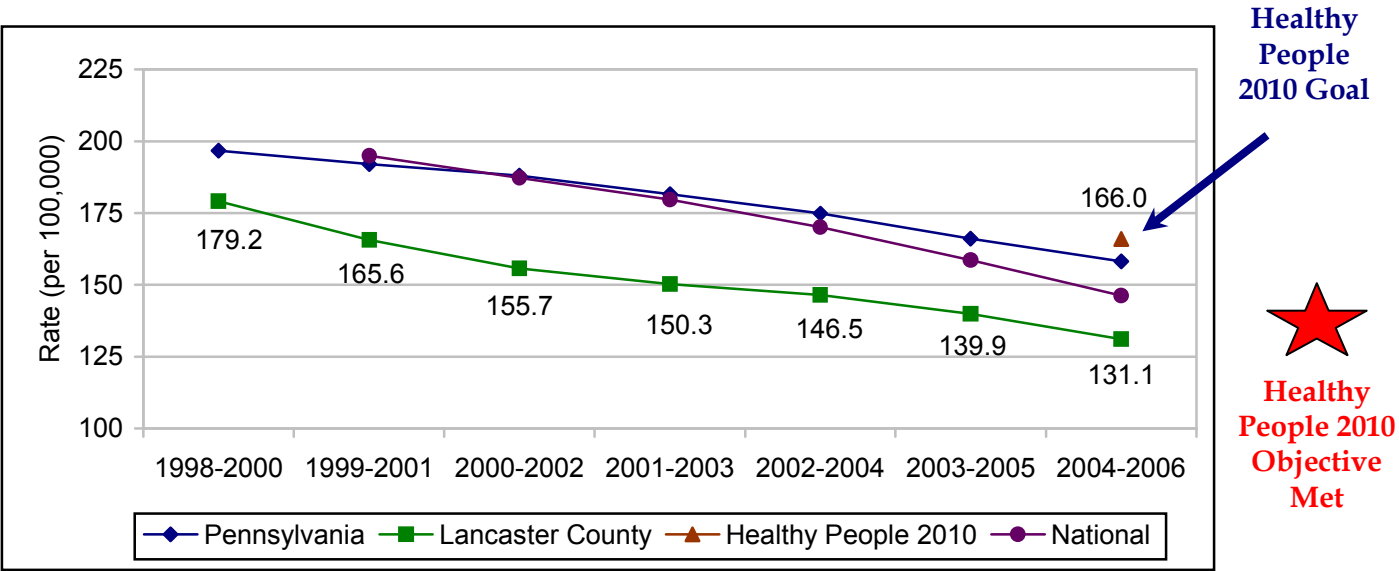
The goal for heart health in Lancaster County is to improve cardiovascular health and quality of life through the prevention, detection, and treatment of risk factors; early identification of heart attacks and strokes; and prevention of recurrent cardiovascular events. The following table and graphs detail the death rates in Lancaster County that are attributable to coronary heart disease and stroke.

The coronary heart disease death rate is 131.1 for Lancaster County, which is below the Pennsylvania and U.S. rates. Compared to neighboring counties, Lancaster County's coronary heart disease death rate is the lowest. Lancaster County has also met the Healthy People 2010 goal of 166.0

2004-2006	Lancaster County Data	Berks County Data	York County Data	Chester County Data	PA Data	United States Data
Coronary Heart Disease death rate	131.1	141.3	145.3	158.4	158.2	146.3
Stroke death rate	52.9	59.0	42.2	44.2	48.6	47.1

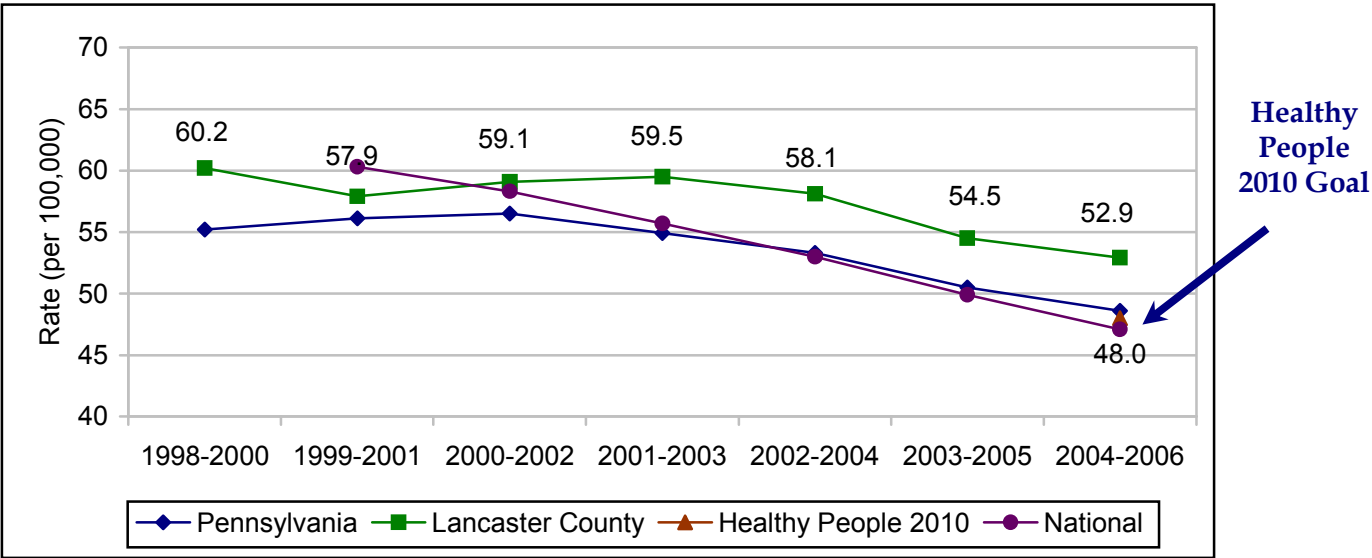
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HP Objective 12-01 - Coronary Heart Disease Death Rate⁹



The most recently reported stroke death rate in Lancaster County is 52.9 (per 100,000). This is above the state, national and Healthy People 2010 rates. As shown below, Lancaster County has consistently been higher than Pennsylvania stroke death rates and exceeded national stroke deaths in the 1999-2001 time period.

HP Objective 12-07 - Stroke Death Rate⁹

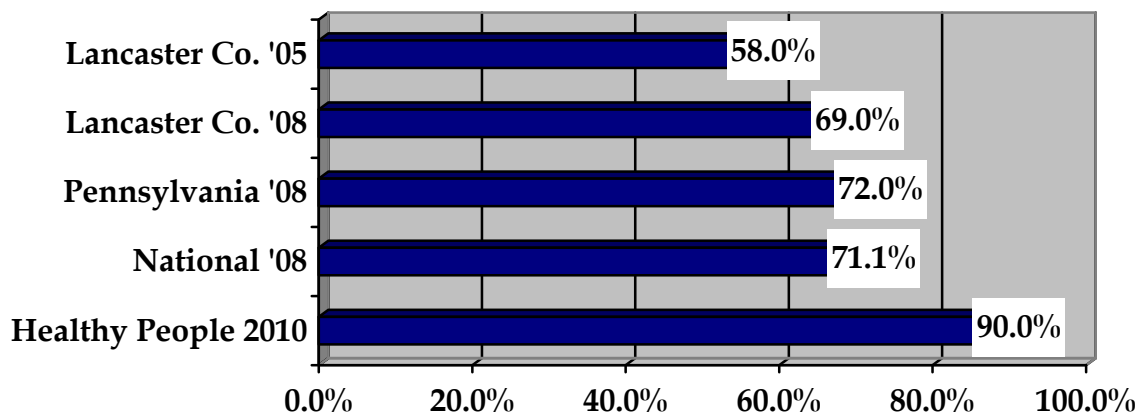


It is also important to note that the BRFSS results from 2005 to 2008 show a growth in the percentage of adults being told they had a heart attack, coronary heart disease, or a stroke. In 2005, 8% responded “yes” to this question compared to 12% in 2008. This particular question on the BRFSS survey does not break out the question by heart disease, heart attack or stroke like the death rates do.

G. IMMUNIZATIONS

The childhood immunization statistics are outlined in Section D, “Children’s Health,” located on page 14. This section pertains to adult immunizations, specifically flu shots and pneumonia vaccinations. Within the adult population, the majority of immunization statistics that are tracked are done so for the 65 and older population. This age group is more susceptible to flu- and pneumonia-related deaths and therefore the Healthy People 2010 target goal for this group is 90% receiving a flu shot in the previous year and 90% who have ever had a pneumonia vaccination. On a positive note, Lancaster County seniors (age 65+) are more likely to have had an annual flu vaccination in 2008 compared to 2005. The graph below details this growth and also the comparison to the Pennsylvania statistic (72%).

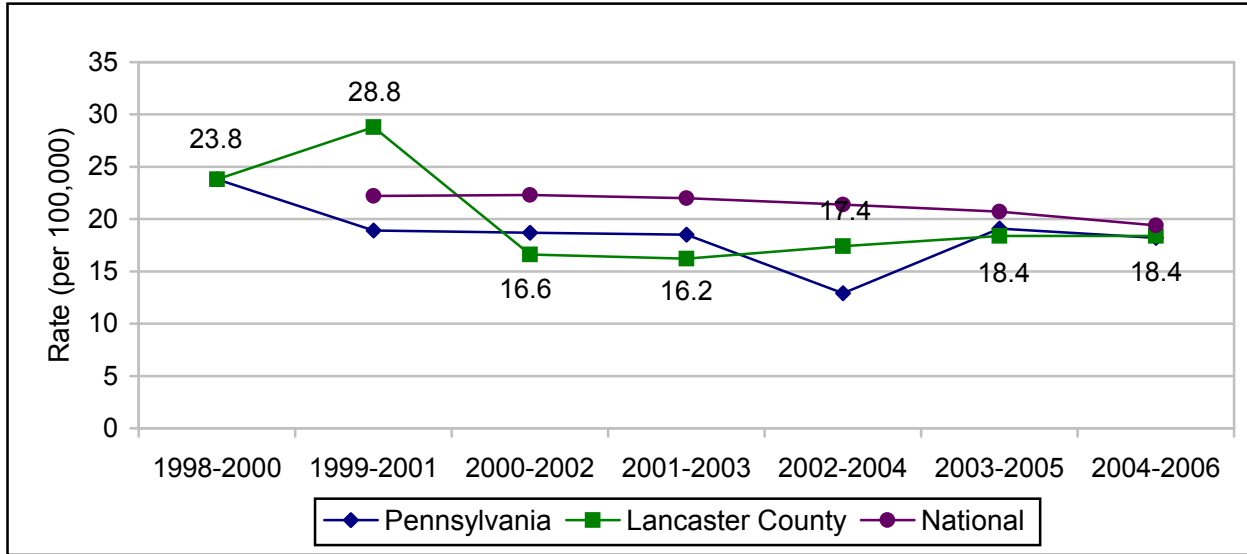
Flu Shot in Past Year (Aged 65+)^{1,2}



While the proportion of seniors receiving a flu shot increased in 2008, it dipped slightly for those who have ever had a pneumonia vaccination. In 2005, 73% affirmed they have had a pneumonia vaccination compared to 69% in 2008.

The graph on the following page details the pneumonia and flu death rate for the years 1998 through 2006. Lancaster County’s pneumonia/flu death rate has decreased from its highest rates between the years of 1998 and 2001. Lancaster County’s current rates do not differ significantly from Pennsylvania and National figures.

Pneumonia/Flu Death Rate⁹



H. INJURY & VIOLENCE

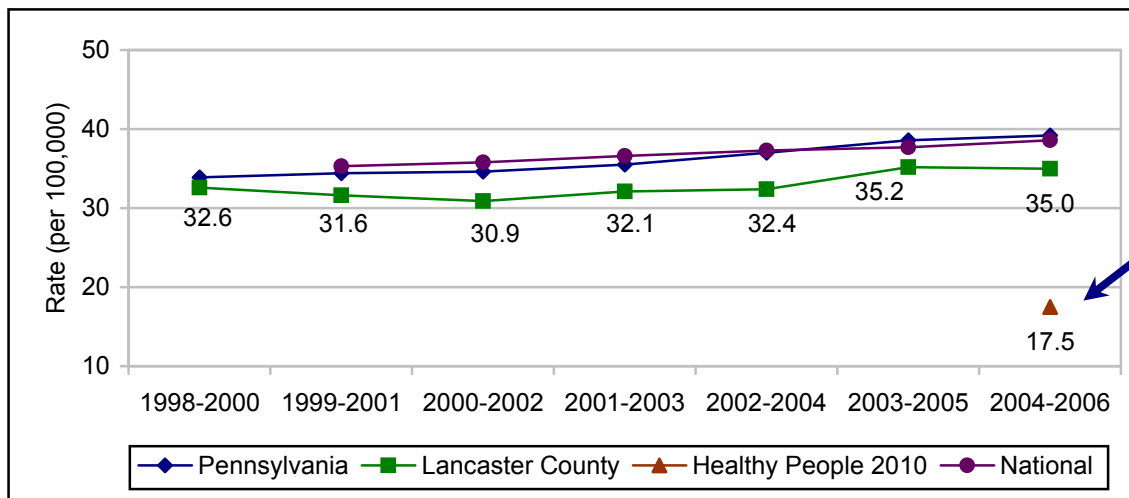
Preventable death due to unintentional injuries is a significant cause of death throughout the country and in Lancaster County. The following table details the death rates in Lancaster due to such unintentional injuries. Lancaster County compares favorably, or equivalent to, Pennsylvania and National statistics for these death rates. The same positive pattern emerges when comparing Lancaster County to three of its neighboring counties.

	Lancaster County Data	PA Data	United States Data	Berks County Data	York County Data	Chester County Data
Homicide death rate	3.0	6.0	6.3	4.0	3.5	2.2
Poisoning death rate	9.2	13.9	7.8	9.1	10.5	8.3
Unintentional injury death rate	35.0	39.2	38.6	32.0	41.7	29.5
Accidental Falls death rate	4.6	6.4	6.4	4.9	11.4	4.8
Motor Vehicle Crash death rate	13.2	12.5	14.9	14.4	14.5	9.9
Firearm Related Injury death rate	7.5	10.5	10.1	11.2	8.0	6.7

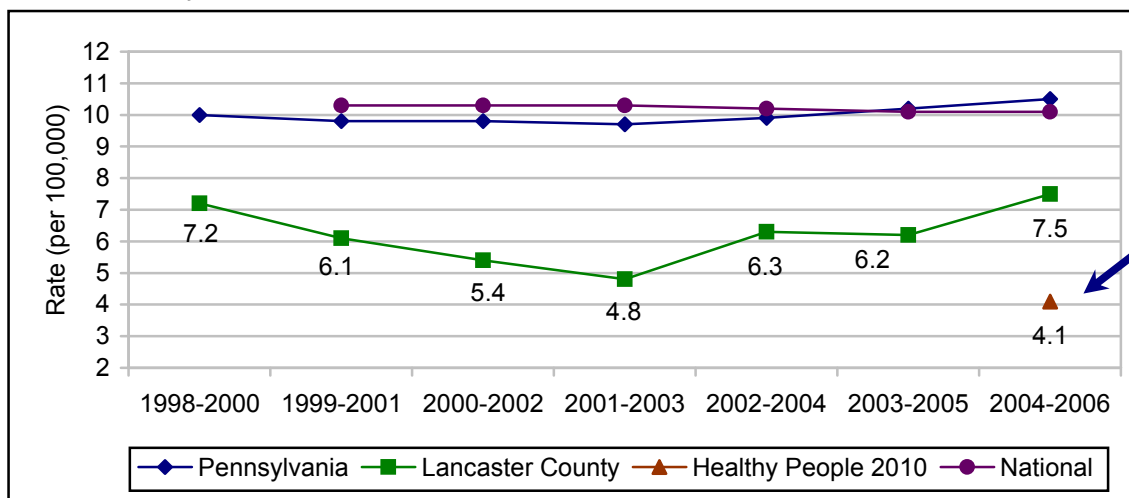
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The subsequent line graphs show the death rates for Lancaster County for unintentional injuries overall and the specific type of injury. The rates are reported for 1998 through 2006.

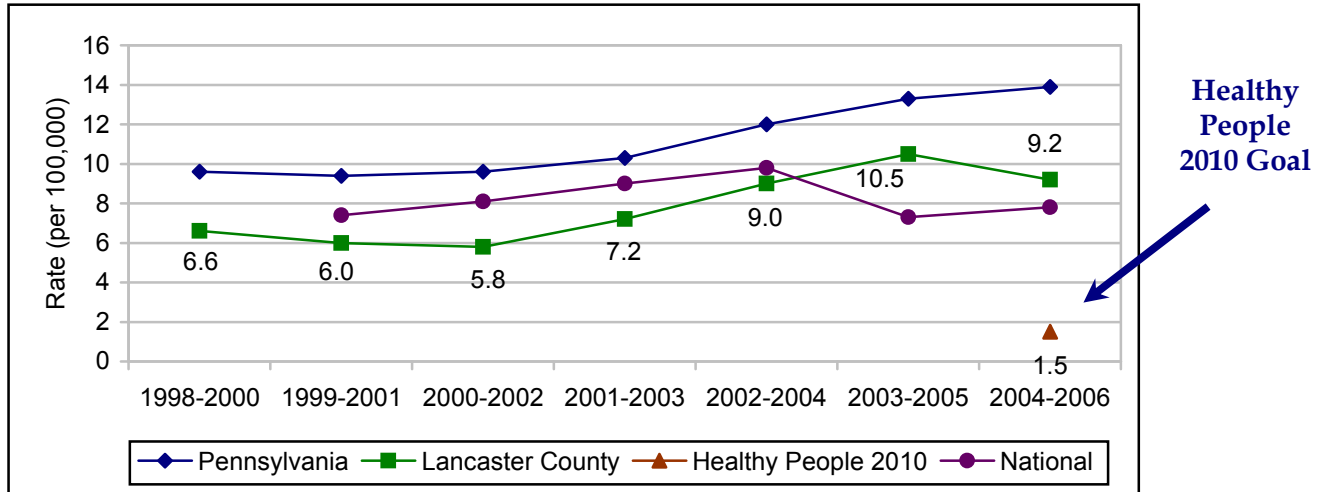
HP Objective 15-1 - Unintentional Injury Death Rate₉



Objective 15-03 - Firearm-Related Death Rate₉

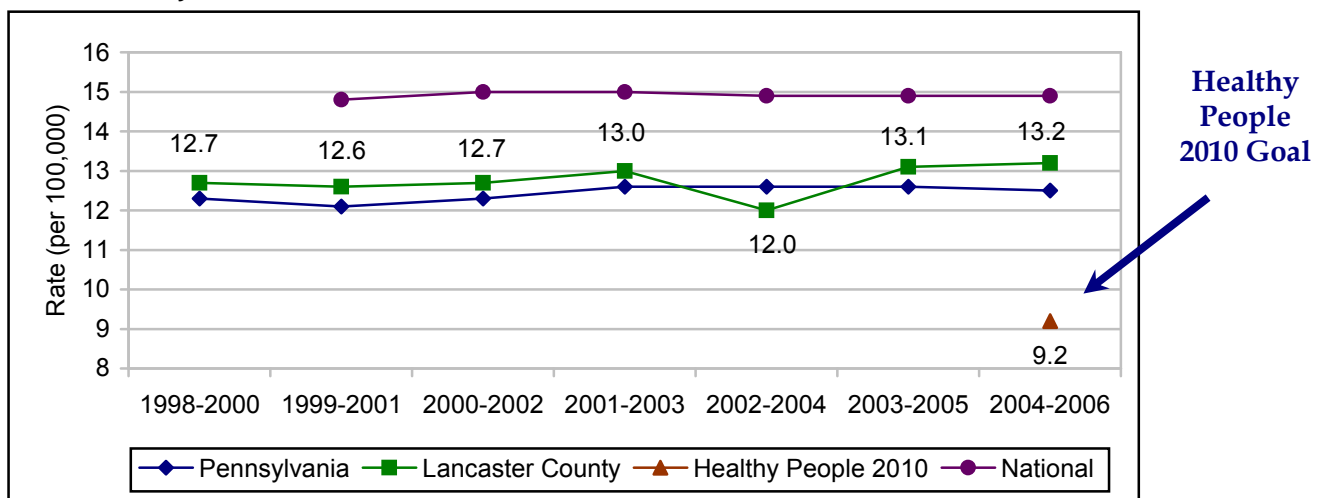


HP Objective 15-08 - Poisoning Death Rate⁹

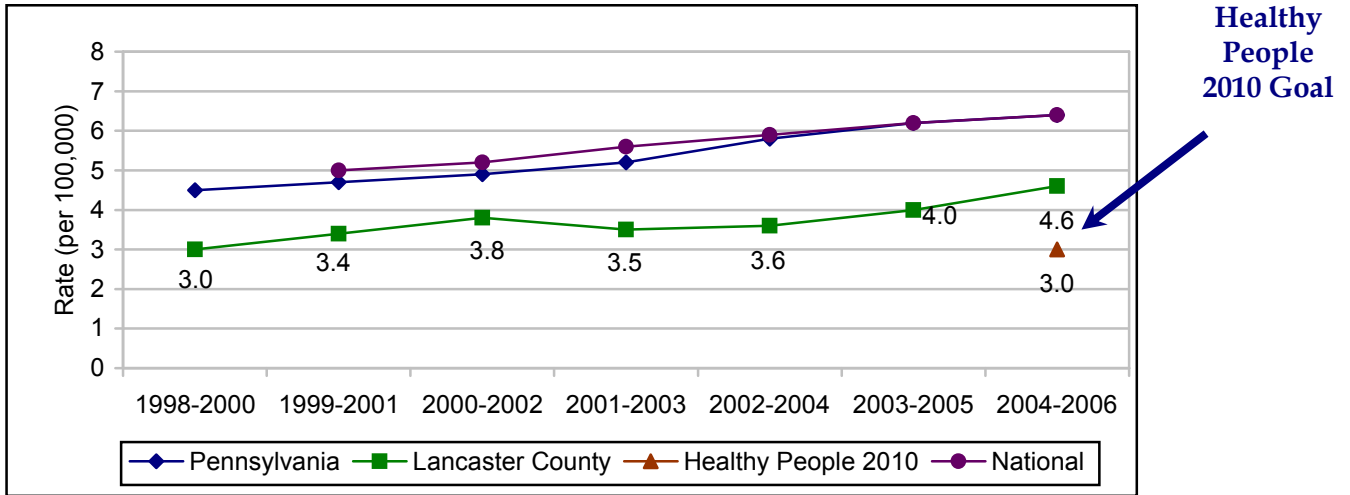


92% of Lancaster County Adults Use a Seat Belt When Driving or Riding in a Car₂

HP Objective 15-15 - Motor Vehicle Crash Death Rate⁹

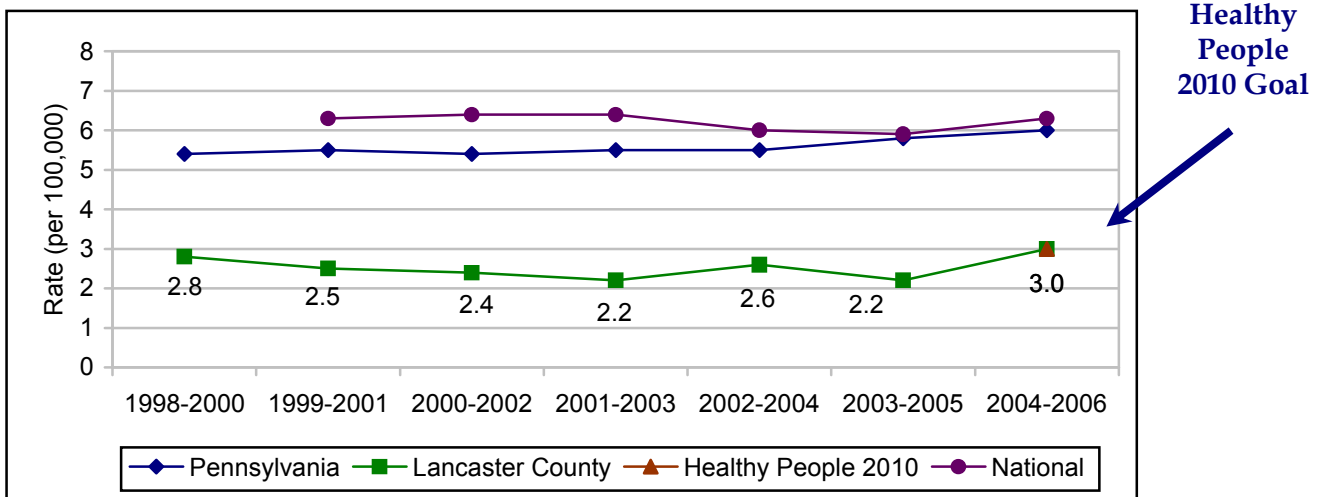


HP Objective 15-27 - Accidental Falls Death Rate₉



The number of murders, rapes, robberies and aggravated assaults (“violent crime”) in Lancaster County is well below state and national figures. Lancaster County’s violent crime rate (per 100,000 population) is approximately 200, compared to rates in the 400s for Pennsylvania and the United States as a whole.

HP Objective 15-32 - Homicide Death Rate₉



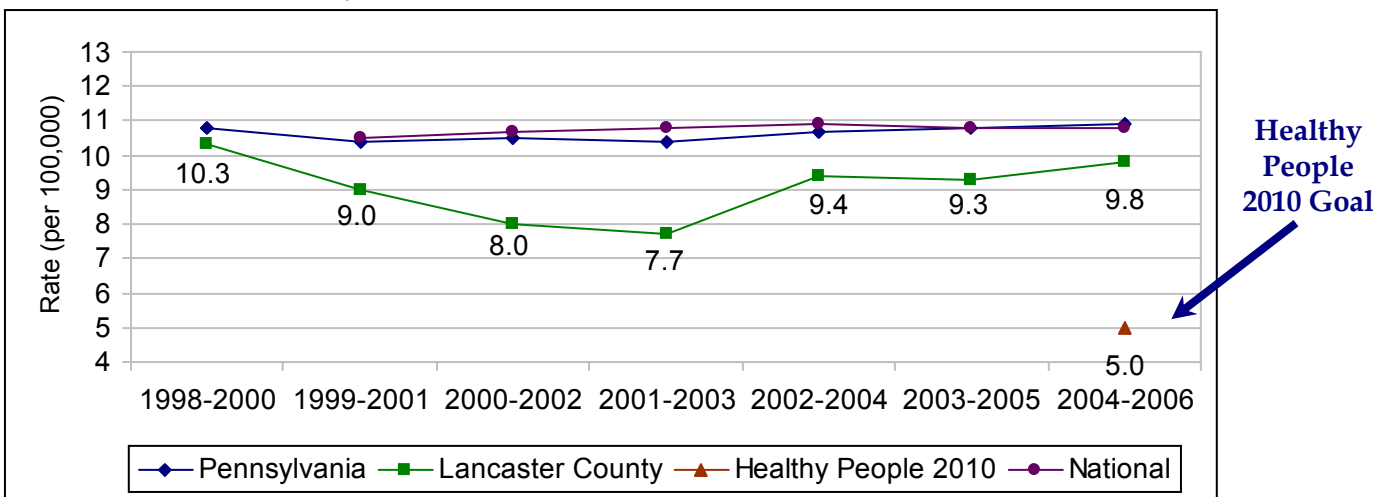
I. MENTAL HEALTH

Lancaster County’s goal is to improve the mental health of its residents and ensure access to appropriate, quality mental health services. There are a number of ways to monitor the mental health status of a community. Surveys, such as the BRFSS study, provide self-report data on feelings of anxiety and depression while mortality statistics can provide insight into suicide death rates for the area. The table and graph below outline the suicide death rate for Lancaster County in recent years and compares the county to state and national figures as well as neighboring counties. Lancaster County’s suicide death rate (per 100,000) is 9.8, which is about one point lower than state and national rates. A historical look at this figure shows that Lancaster County was at a peak figure of 10.3 from 1998-2000 and steadily decreased until 2002-2004. Since then, it has steadily increased to the 9.8 rate we see today.

	Lancaster County Data	PA Data	United States Data	Berks County Data	York County Data	Chester County Data
Suicide death rate	9.8	10.9	10.8	11.9	11.3	8.8

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HP Objective 18-01 - Suicide Death Rate⁹



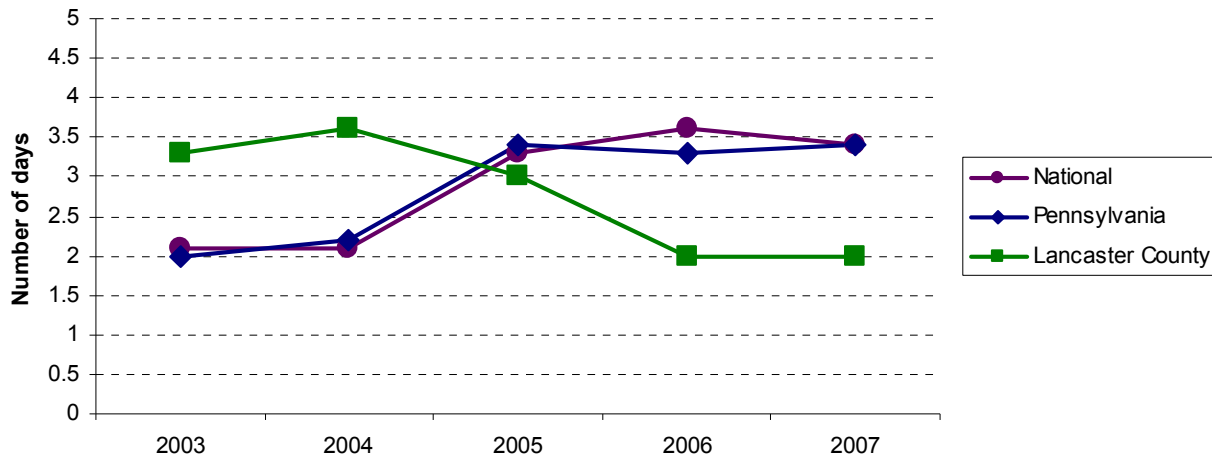
When asked, approximately 32% of Lancaster County adults report at least one day in the previous month where their mental health was not good. This is consistent with the 34% reported throughout the state and similar to the percentage in previous years (2005: 31%). On a related note, 96% of Lancaster County adults indicate that they are “satisfied” or “very satisfied” with their life, which is significantly higher than the Pennsylvania statistic.

96% of Lancaster County Adults Are “Satisfied” or “Very Satisfied” With Their Life₂

Consistent with the high levels of life satisfaction among Lancaster County adults, the following line graph shows that “poor mental health days” are fewer within the county compared to statewide and nationally. Of note, however, is the reverse in this trend from higher figures in 2003 and 2004 where Lancaster County was higher than state and national averages.

Poor Mental Health Days₆

Number of days in the previous 30 days when a person indicates their activities are limited due to mental difficulties



Specific mental health issues among adults commonly include depression, anxiety, and feelings of sadness. The table below outlines Lancaster County self-report statistics for these various measures of anxiety and depression.

	% ever been told they have an Anxiety Disorder	% ever been told they have a Depressive Disorder	% who reported feeling down, depressed, or hopeless 1+ days in past 14 days	% who reported having poor appetite or eating too much 1+ days in past 14 days	% who reported feeling tired or having little energy 1+ days in past 14 days	% who reported felt bad about themselves or that they were a failure 1+ days in past 14 days
Lancaster County Adult Percentage	14%	19%	28%	35%	65%	21%

2

According to the 2007 Lancaster County Youth Survey, 30.9% of 6th through 12th graders in Lancaster County stated that in the past year, they felt sad or depressed on most days. While roughly 31% reported those feelings, fewer (13%) reported that they feel they are a failure and 20.2% reported that sometimes they think life is not “worth it.”

J. NUTRITION & OVERWEIGHT

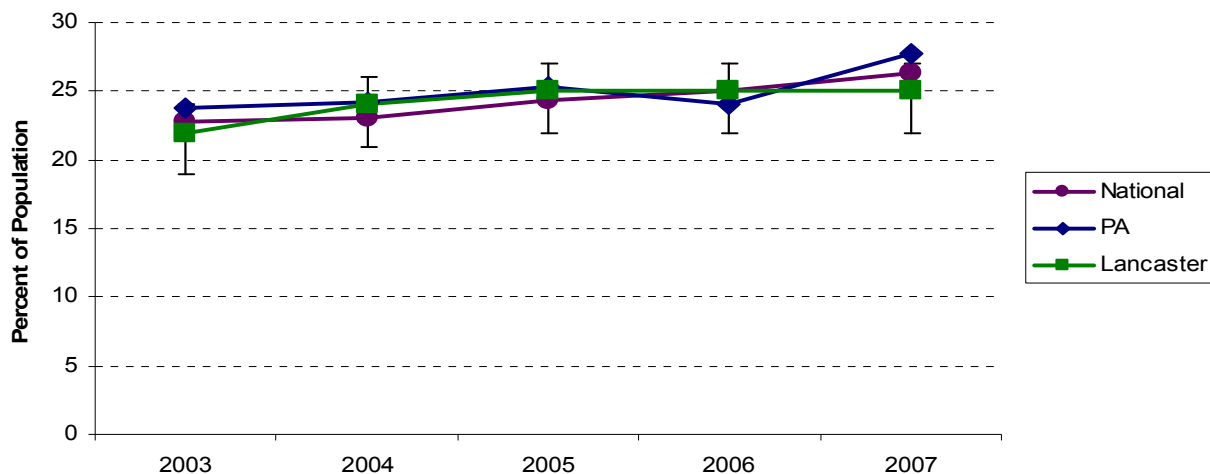
Behavior and environment play a large role causing people to be overweight and obese. Obesity and being overweight contribute to the incidence of hypertension, diabetes, heart disease, and many other preventable illnesses. These are the greatest areas for prevention and treatment actions. The latest figures from the Centers for Disease Control and Prevention (CDC) demonstrate that obesity continues to be a significant public health problem. According to the CDC statistics, no state has met the Healthy People 2010 objective to have only 15% of adults fall into the “obese” category.

In Lancaster County, the latest statistics reveal that 26% of adults are obese, no real change from the 25% who were obese in 2005. When factoring in the percentage who are overweight or obese, the figures jumps to 60% of Lancaster County’s adult population. With an estimated county adult population of around 373,000, this translates into roughly 223,800 adults living in Lancaster County who are overweight or obese. It should be noted that Lancaster County’s obesity statistics are significantly lower than the Pennsylvania average (36%).

It is estimated that 223,800 adults living in Lancaster County are overweight or obese.

Prevalence of Obesity⁶

Percent of population estimated to be obese, defined as having a BMI of 30.0 or higher



In 2005, Lancaster County adults were asked about their consumption of the required 5+ servings a day of fruits and vegetables. Roughly a quarter of those interviewed, 26%, reported eating fruits and vegetables five or more times a day. This was consistent with the Pennsylvania percentage, which stood at 24%. No current statistics are available for fruit and vegetable consumption among county adults.

K. PHYSICAL ACTIVITY

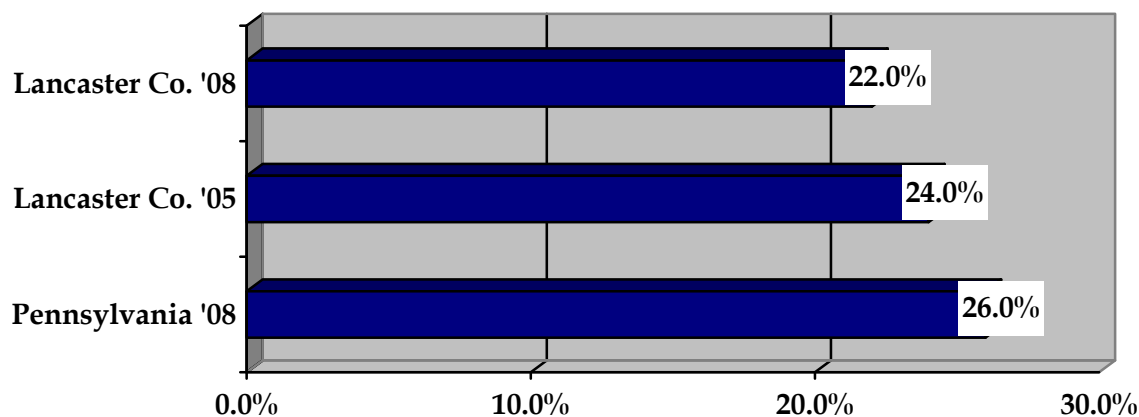
It is widely supported that physical activity can inhibit health concerns such as obesity and overweight, heart disease, joint and muscle pain, and many others. It is recommended that individuals regularly engage in at least 30 minutes of moderate physical activity, preferably daily, and at least 20 minutes of vigorous physical activity several days a week.

An estimated 22% of adults in Lancaster County engage in no leisure time physical activity, similar to the 24% in 2005. This compares favorably to the 26% statewide who report no leisure time physical activity. It is important to note that the 22% from the BRFSS survey is similar to what was identified as the proportion of African Americans and Latinos who reported no exercise on a regular basis (per the focus groups).

An obvious impediment to regular activity is one's physical ability to engage in such exercise. Lancaster County adults are less likely than adults statewide and nationally to be limited due to physical health difficulties. Similar to the pattern with mental health days, Lancaster County reversed the trend compared to state and national figures between 2004 and 2005.

Physical Activity^{1,2}

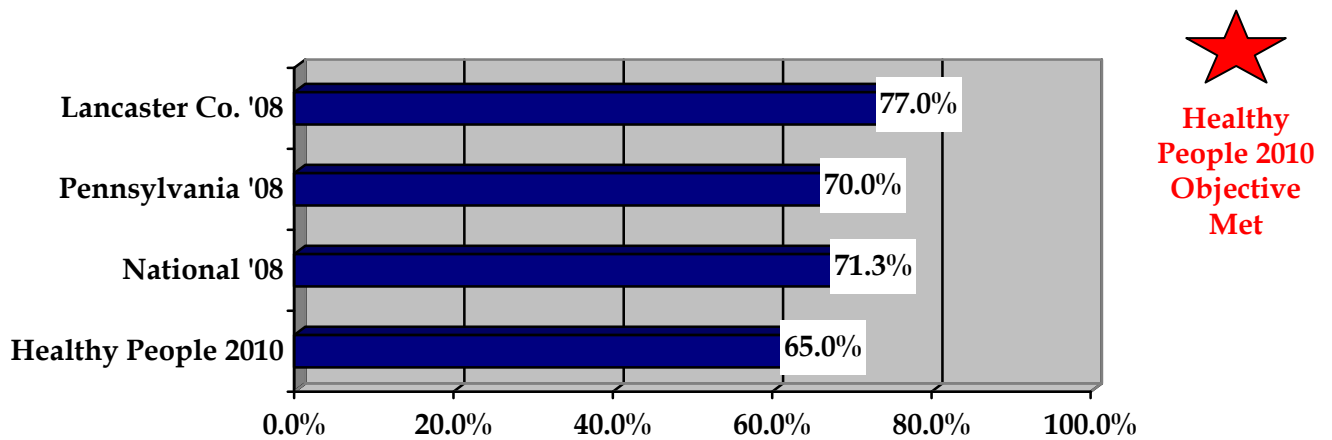
Percentage of adults who engage in no leisure time physical activity



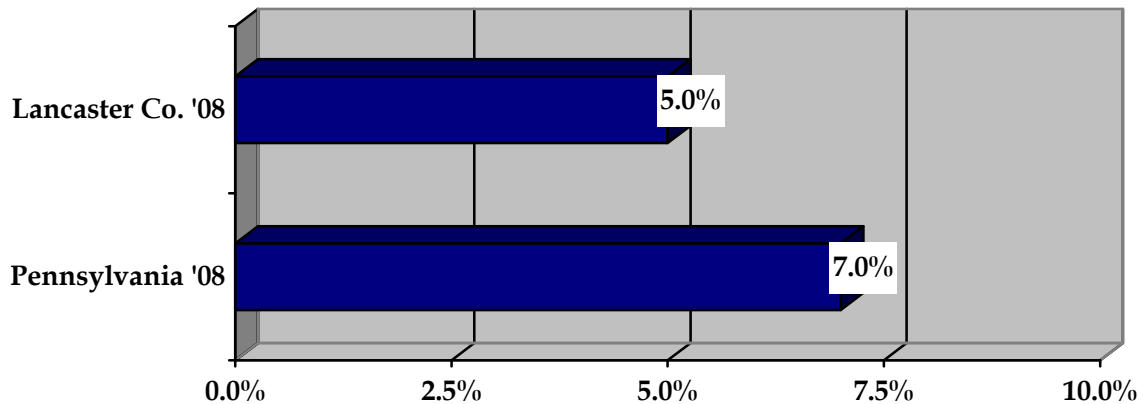
L. ORAL HEALTH

Oral health care is an area where Lancaster County has shown improvement in recent years and whose statistics compare favorably to state and national figures. Approximately 77% of adults in Lancaster County have visited a dentist or dental clinic in the previous year. Additionally in Lancaster County, 77% have had their teeth cleaned in the past year and only 13% have had permanent teeth removed due to tooth decay or gum disease. Again, these figures are significantly below the Pennsylvania averages. It is estimated that there are 43.2 dentists per 100,000 population in Lancaster County.

Percentage visiting a Dentist or Dental Clinic in the past year₂



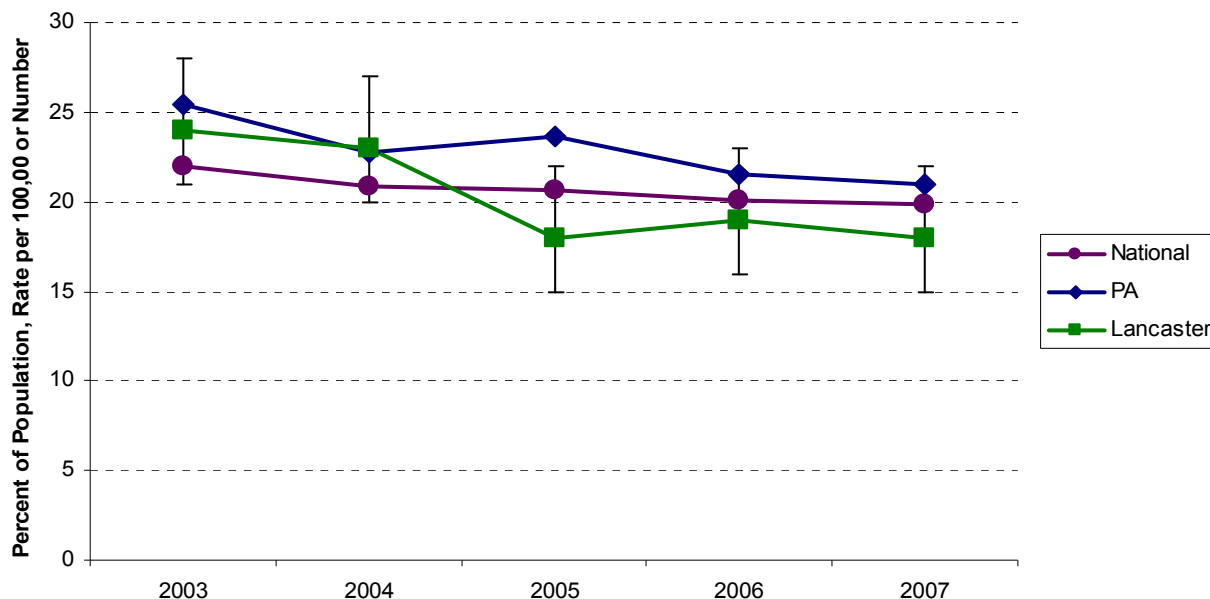
Percentage having all permanent teeth removed due to tooth decay₂



M. TOBACCO & ALCOHOL USE

Lancaster County has significantly fewer smokers than the state of Pennsylvania as whole. As of 2008, 16% of Lancaster County adults smoked on a regular basis, which is down from 18% in 2005 and also well below the state average of 21%. Lancaster County is also slightly below the National average, which stands at 18.4%. Looking at the data in recent years shows that the number of Lancaster County smokers has decreased from peak rates in 2003 and 2004. Lancaster County also has lung cancer death rates that are below national rates (49.3 compared to 54.1 per 100,000 population).

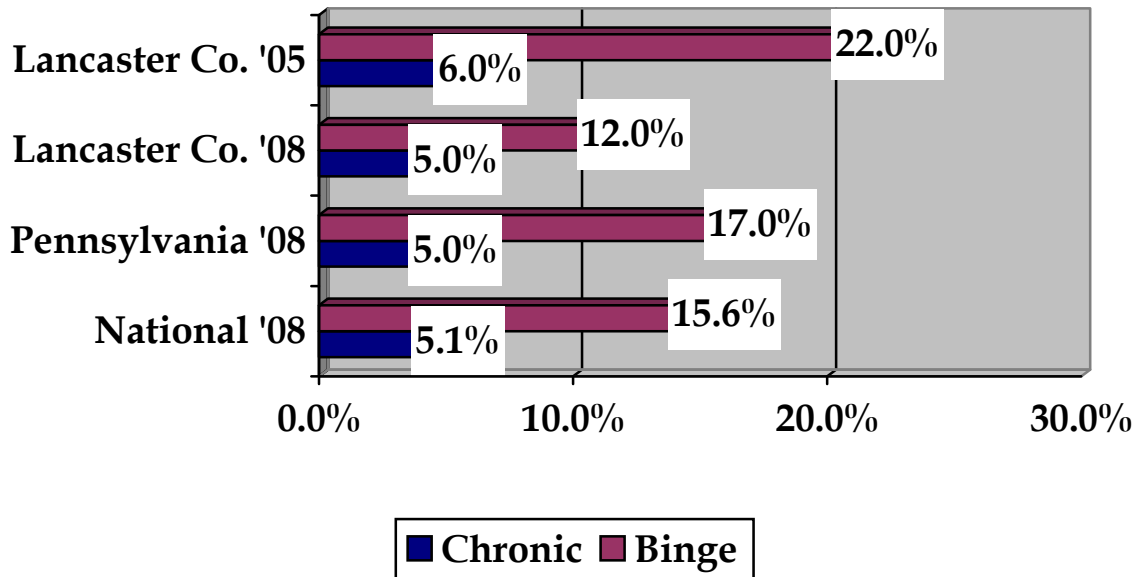
Prevalence of Smoking⁶
Percent of adults who smoke on a regular basis




Healthy
People 2010
Objective
Met

The percentage of adults in Lancaster County who binge drink (*defined as 5 or more drinks on one occasion for males; 4 drinks for females*) is significantly lower than the percentage in 2005 and is lower than state averages. In 2005, 22% of adults in Lancaster County engaged in binge drinking. This number decreased to 12% in 2008, which is 5% lower than the Pennsylvania average and 3.6% below the National average. The percentage of chronic drinkers (*defined as 3 or more drinks a day for males; 2 or more drinks for females*), however, remained the same in Lancaster County between 2002 and 2005 and is similar to the state and national figures. The graph below outlines the corresponding percentages for chronic drinkers in Lancaster County, Pennsylvania, and the United States.

Percentage of Chronic & Binge Drinkers ^{1,2}



When asked about driving after perhaps having too much alcohol to drink, roughly 1% of Lancaster County adults admitted to engaging in such risky behavior. This is consistent with the self-reported 2% statewide.

Statistics also exist for the youth in Lancaster County with regarding experimentation with alcohol, tobacco, and other substances. Lancaster County youth are less likely than their peers nationally to smoke cigarettes. A comparison of Lancaster County's 10th graders identifies that 30% have experimented with tobacco compared to 35% nationally. This same pattern exists for both 8th and 12th graders within the county. Consuming alcohol in the previous 30 days reveals the same comparisons between Lancaster County youth and youth nationally. Approximately 28% of Lancaster County 10th graders drank alcohol in the previous 30 days compared to 33.4% nationally. Again, this same pattern hold true for both the Lancaster County 8th and 12th graders.

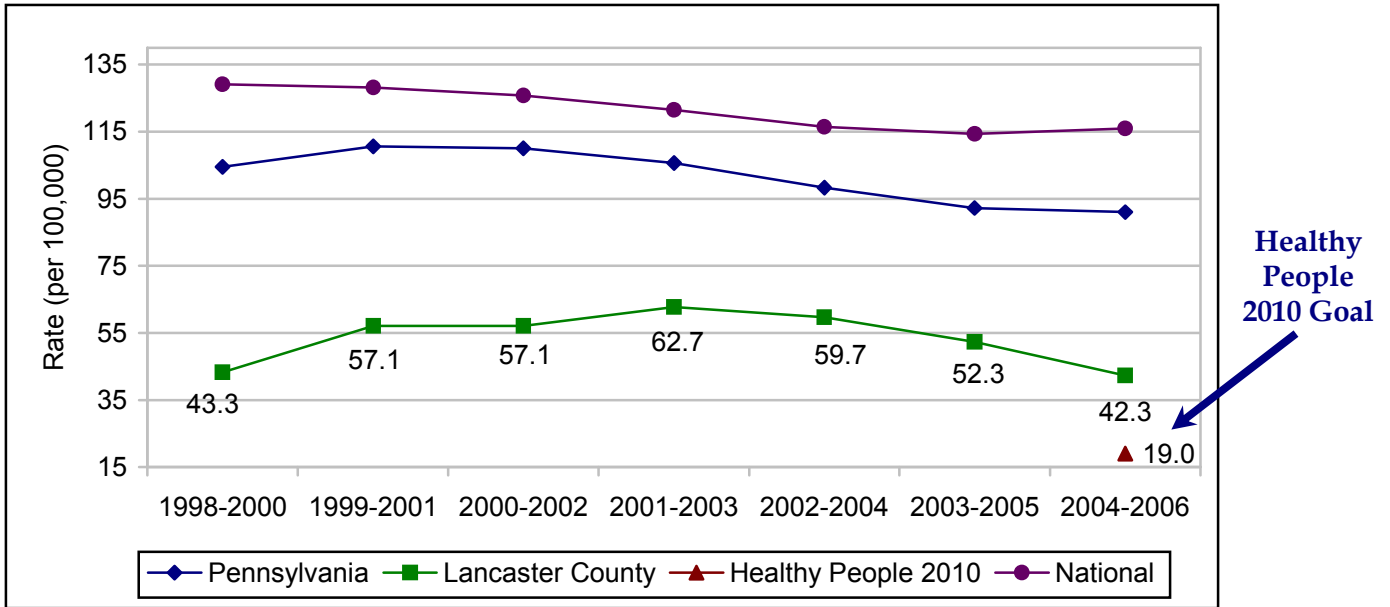
N. RESPONSIBLE SEXUAL BEHAVIOR

The Healthy People 2010 goal for Lancaster County is to promote sexually responsible behavior, specifically, a reduction in teen pregnancy rates and sexually transmitted diseases. The table below outlines incidence rates (per 100,000 population) for various sexually transmitted diseases for Lancaster County, Pennsylvania, the United States, and neighboring counties. In areas where “ND” is noted, no data was calculated as the annual number of cases is fewer than 10. Lancaster County is notably below state, national, and more than one peer county comparison for the incidence rate of AIDS, Chlamydia, and Gonorrhea. The line graph that follows outlines the historical incidence rates in Lancaster County for Gonorrhea and clearly shows that Lancaster County has consistently been lower than state and national averages, but remains above the Healthy People 2010 objective (rate of 19.0). A similar pattern is revealed for the incidence of AIDS in Lancaster County.

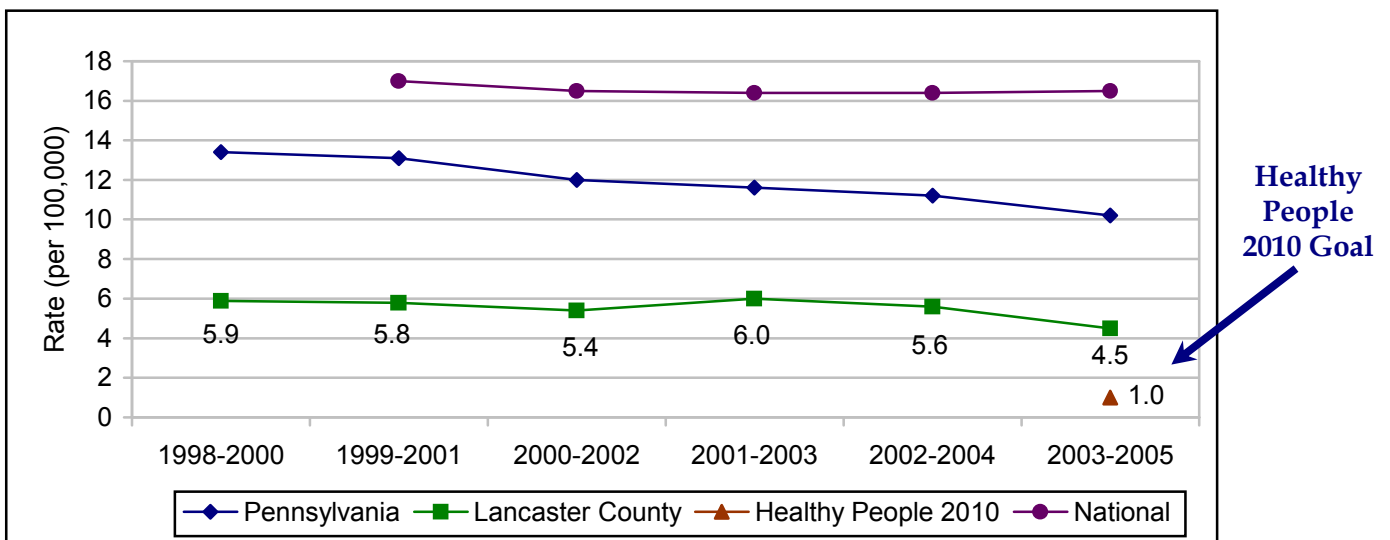
2004-2006	Lancaster County Data	PA Data	United States Data	Berks County Data	York County Data	Chester County Data
Incidence rate of Hepatitis B	ND	1.8	1.8	ND	1.7	2.0
Incidence rate of AIDS	4.5	10.2	17.5	6.6	6.3	4.2
Incidence rate of Tuberculosis	1.2	2.7	4.8	1.7	1.4	1.5
Incidence rate of Chlamydia	165.7	307.9	331.2	253.2	256.7	144.7
Incidence rate of Gonorrhea	42.3	91.0	116.0	47.6	101.8	33.5

9

HP Objective 25-02 - Gonorrhea Incidence Rate⁹



Objective 13-01 - AIDS Incidence Rate⁹

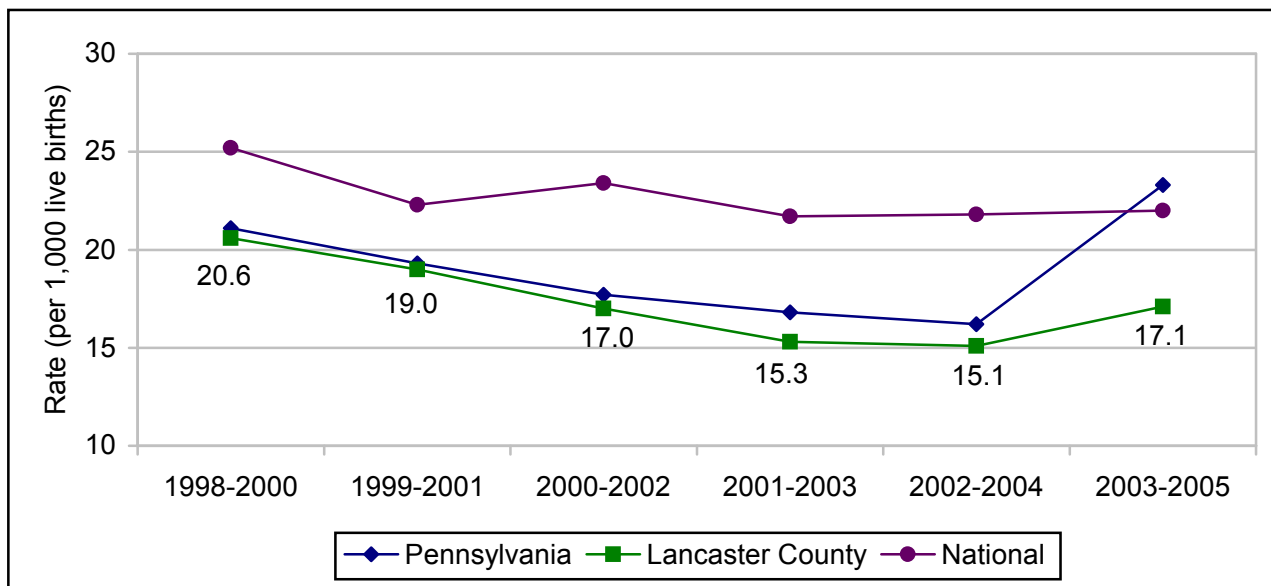


In 2008, there were 199 births to mothers under age 18 in Lancaster County. This translates into approximately 2.8% of births in Lancaster County to teenage mothers. This is compared to 3% statewide. When looking at the birth rate (per 1,000 live births) Lancaster is slightly below the state and national rates, which are in the low 20's. The line graph on the following page displays the pregnancy rate among females aged 15-17 years for the years between 1998 and 2005. This shows that Lancaster County has been fairly consistent with state rates, but below the national rates.

	Lancaster County Data	PA Data	United States Data	Berks County Data	York County Data	Chester County Data
Pregnancy rate among females 15-17 (per 1,000 live births)	17.1	23.3	22.0	24.9	20.8	12.5

9

HP Objective 09-07 - Pregnancy Rate Aged 15-17 Years⁹



O. KEY THEMES

The following conclusions are made based on the compilation of data from the various resources outlined on page 3. As is the case with all data, statistics can be open to interpretation. The findings in this section are to be utilized as a starting point and initial guide for discussion.



Areas of Strength

Areas where Lancaster County rates favorably against state, national, and/or HP 2010 goals and/or has shown dramatic improvement in recent years.

- In the recently released “County Health Rankings Report,” Lancaster County ranked 4th in the state for its clinical care. This includes access to care and quality of care measures. (Pg. 5)
- The percentage of **females 40+ who have had a mammogram** in the previous two years meets the Healthy People 2010 objective. (Pg. 8)
- The **lung cancer death rate** for Lancaster County is below the state and national rate. (Pg. 7)
- The **cervical cancer death rate** for Lancaster County is below the state rate and meets the Healthy People 2010 objective. (Pg. 9)
- The **prostate cancer death rate** in Lancaster County is below the state rate and meets the Healthy People 2010 objective. (Pg. 10)
- The **percentage of children in poverty** in Lancaster County is below state and national percentages. (Pg. 14)
- Since 2003, the number of women in Lancaster County who receive **adequate prenatal care** has increased, reversing a trend whereby Lancaster County was below state and national levels. (Pg. 15)
- Fewer babies are born with a **low or very low birth weight** in Lancaster County compared to state and national figures. (Pg. 16)
- Lancaster County’s **incidence of coronary heart disease** has steadily decreased since 1998, is below state and national averages and meets the Healthy People 2010 objective. (Pg. 19)
- The percentage of **seniors (65+) who have had a flu shot** in the previous year increased 11% from 2005 and is now in alignment with state and national percentages. It should be noted that the flu shot statistics may be influenced in certain years by the availability of the supply of influenza vaccine. (Pg. 21)
- Death rates in Lancaster County due to **homicide and firearms** are well below state and national figures and many neighboring counties. (Pg. 23)

- Roughly 96% of adults in Lancaster County are **satisfied or very satisfied with their life**. (Pg. 28)
- **Obesity**: While 60% of Lancaster County residents are overweight or obese, this statistic remained relatively unchanged since 2005 while the rest of the state and the nation incrementally increased in obesity rates every year. This figure is lower than the statewide average. (Pg. 30)
- The percentage of Lancaster County adults who have **visited a dentist or dental clinic** in the previous year is above state and national averages and meets Healthy People 2010 objectives. (Pg. 33)
- Lancaster County also rates healthier than Pennsylvania in the percentage of adults who have had all permanent teeth removed due to tooth decay. (Pg. 33)
- The **prevalence of smoking** in Lancaster County has decreased steadily since 2003, is below state and national figures and meets the Healthy People 2010 objective. (Pg. 34)
- The percentage of **binge drinkers** in Lancaster County decreased by 10% between 2005 and 2008. The percentage is also below state and national averages. (Pg. 35)
- The incidence of **AIDS, Chlamydia, and Gonorrhea** in Lancaster County is well below state and national figures. (Pg. 36)
- The **teen pregnancy rates** (ages 15-17) for Lancaster County are below state and national averages. (Pg. 38)

Areas for Further Investigation

Areas where Lancaster County rates less healthy than state and/or national statistics and/or has shown an unfavorable trend in recent years.



- The percentage of females who have had a **pap test** in the previous three years decreased from 2005 to 2008. It should be noted, however, that the governmental guidelines that recommend frequency of testing have changed in recent years. (Pg. 9)
- The percentage of men 50 and older who have had a **PSA test or Digital Rectal Exam** decreased from 2005 to 2008 in Lancaster County. It should be noted, however, that the governmental guidelines that recommend frequency of PSA testing have changed in recent years. (Pg. 10)
- In Lancaster County, the incidence of **urinary bladder cancer among males** is higher than national rates and well above the Lancaster County female rates for the same cancer. (Pg. 13)
- The most recent statistics reveal that Lancaster County has not met the EPA standards for **Ozone Air Quality**. (Pg. 18)
- The percentage of adults in Lancaster County reporting they have had a **heart attack, stroke, or coronary heart disease** increased from 8% to 12% between 2005 and 2008. (Pg. 19)

- The **stroke death rate** in Lancaster County is above state, national, and Healthy People 2010 rates. (Pg. 19)
- **Suicide death rates** in Lancaster County are at their highest levels since the late '90s. The county rate began to decline between 1999 and 2003, but then began to rise annually ever since. (Pg. 27)



Mixed Results

Areas where Lancaster County statistics are potentially conflicting

- **Prostate cancer statistics:** The death rates for Lancaster County continue to be favorable against state and national benchmarks, however, the self-report data from the BRFSS studies reveal a decrease in the proportion of males 50+ who are having the appropriate prostate cancer screenings. (Pg. 10)
- **Cervical cancer statistics:** Similar to the prostate cancer figures, the cervical cancer death rate for Lancaster County is below the state rate and meets the Healthy People 2010 objective, however, the percentage of women who are getting a pap test declined from 2005 to 2008. (Pg. 9)
- **Coronary heart disease:** The death rates for coronary heart disease are highly favorable with rates lower than state and national figures and in excess of the Healthy People 2010 objective. The conflicting statistics are found in the most recent (2008) BRFSS data. Roughly 12% of adults in Lancaster County report having ever had a heart attack, stroke, or coronary heart disease in 2008, an increase from 8% in 2005. This higher incidence may be attributed to the incidence of stroke, rather the coronary heart disease, which is not teased out separately in the BRFSS question. (Pg. 19)
- The percentage of **children (under 24 months) who are fully immunized** is lower in Lancaster County than it is statewide. It should be noted that this statistic is largely reported through the Department of Health and does not reflect immunizations given through private pediatric or family practitioner offices. (Pg. 17) When looking at immunizations by age five, Lancaster County rates between 96-98% compliance.

P. CONCLUSIONS & RECOMMENDATIONS

In an attempt to prioritize the most prominent issues from the “key themes” section of the report, a subgroup of LHIP members convened on February 19, 2010 to participate in an abbreviated strategic planning session. The goal of the meeting was to create a master list of the key health issues as identified in the summary report and to evaluate each of the issues based on the scope of the problem, the seriousness of the issue, and the ability for local partners to make an impact on the issue. Attendees rated each of the health issues across the three criteria (scope, seriousness, impact) on a 1 (least) through 5 (most) scale. The results were collated and an average rating was calculated for each of the health issues across the three criteria.

Following the February 19th meeting, the results of the voting were brought to the full LHIP membership for review and further discussion. It was determined that the overall rank of each health issue should be more heavily weighted by its impact rating. Specifically, the LHIP membership concluded that the most important criterion is the ability to make a difference and impact the specific health issue. The following list is the LHIP ranking of the health priorities for Lancaster County utilizing the weighted formula. The issue listed first garnered the highest ranking and so forth.

Obesity
Suicide rate
Infant mortality (*specifically Hispanic/Latino and African American*)
Stroke
Air quality
Male bladder cancer

It is important to note that this prioritization exercise occurred within the LHIP members. While LHIP is a multi-sector and diverse partnership, conclusions may differ across organizations.

Addendum

Q. STATISTICAL CONSIDERATIONS

Readers should note that the statistical reporting of various health behaviors, interventions, and outcomes can be subject to interpretation. Additionally, there are various figures that may be collected, calculated and/or reported in slightly different modes. This document serves as a best-effort compilation of the most recent and relevant statistics for Lancaster County. Each organization and agency is encouraged to utilize the information to contribute to its overall planning and evaluation efforts, but to also view this report as one component of a multi-faceted approach.

A mention of statistical significance is also noteworthy. A statistic that may be merely above or below a comparable state or national benchmark does not always connote a meaningful, statistically significant difference. When available, the LHIP Steering Committee for this report compendium assessed themes and strengths based on areas that demonstrated statistically significant differences year-over-year and against state and national benchmarks. This approach diminishes the likelihood of making faulty conclusions. Readers are encouraged to take a similar approach.

The majority of the statistics included in this report reflect the figures for Lancaster County overall and does not delve into various regional, racial, and ethnic differences. The LHIP Steering Committee acknowledges that the figures in this report may be more/less favorable for some of these subpopulations within the county.

A final statement is given regarding the change in preventive health requirements, modes of data collection, and statistical calculations over the years. Given that this report presents trending information over the past several years, there are occasions where the state and/or national guidelines have changed or the tracking system in a particular state, or within the county, may have changed compared to the state and national mechanisms. These methodological changes may explain several of the perceived trends and/or differences in the report. An example of this type of change is the change in the guidelines on the frequency of pap tests and PSA exams.

Questions and comments about this report can be forwarded to the Lancaster Health Improvement Partnership (LHIP). Individuals may contact Lisa Lehman at llehman@holleranconsult.com, 717-285-3394 or Alice Yoder at amyoder@lancastergeneral.org, 717-544-3283.