

Health Statistics: Legislative Districts in SEPA

	SEPA Average	Erickson S26	Hughes S07	Pileggi S09	Civiera H164	Evans H203	Payton H179
ACCESS TO CARE							
% adults 18 - 64 uninsured	11.5	6.3	11.5	7.6	7.8	19.9	20.0
% adults 18+ who did not get health care due to cost	11.6	10.5	10.3	11.4	8.8	13.8	15.8
% adults 18+ who did not fill an RX due to cost	15.5	15.0	16.3	15.4	13.8	12.9	23.5
PHYSICAL HEALTH							
% adults 18+ who are obese	25.2	22.9	26.2	25.6	27.0	24.7	33.2
% children 6-17 who are overweight (95th percentile for BMI or higher)	19.2	17.5	22.9	19.5	22.6	15.7	36.7
% adults 18+ with diabetes	10.4	8.9	12.4	9.1	7.6	16.1	8.6
% children who have had asthma	19.8	20.9	26.5	20.9	14.5	36.9	23.2
HEALTH BEHAVIOR							
% adults 18+ who smoke	20.4	17.5	23.7	19.6	19.0	18.4	29.0
% women 40+ no mammogram in past year	33.7	32.6	32.9	31.8	33.0	33.7	39.7
% women 18+ no breast exam in past year	27.3	25.6	24.0	24.0	27.0	33.2	29.4

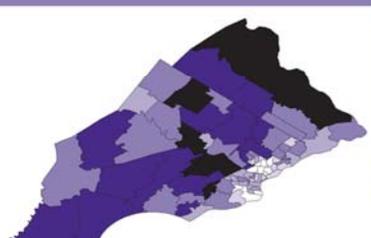
Data in red indicate conditions are worse than SEPA average.

All data come from PHMC's Household Health Survey, the largest local health survey in the country. Data are from the 2008 Household Health Survey.

Medicare Part D in Southeastern Pennsylvania



Health in Context: An Examination of Social Capital in Southeastern Pennsylvania



A Publication of Philadelphia Health Management Corporation's Community Health Data Base



Food Geography: How Food Access Affects Diet and Health

Introduction

In the United States, nutrition-related health problems are reaching epidemic levels. Reports from the Surgeon General indicate that the number of adults and children who are obese or at-risk for obesity has increased dramatically during the past decade. Furthermore, low-income and minority communities are by far the hardest hit as obesity and diet-related diseases rise throughout across America's health disparities among US population groups are related to inequalities in socioeconomic status—disparities which may be alleviated by unequal access to healthy food.¹ Emerging evidence suggests that women in neighborhoods associated with a health promoting diet² and that poor women associated with poor health outcomes.³

Improving national diets, in Philadelphia many low-income and minority adults and children suffer from diet-related health problems at rates significantly higher than those of the city's population as a whole.⁴ With the second lowest number of supermarkets per capita in the United States, Philadelphia and its nearby suburbs with the economic, social, and health impact of food retail displacement from urban communities. In many neighborhoods in Philadelphia, individuals and families struggle to maintain a healthy diet due to limited access to healthy food in their communities. In order to investigate the extent of access to food deserts within Philadelphia, the Food Trust, in partnership with the Philadelphia Health Management Corporation (PHMC), has analyzed data from PHMC's Community Health Data Base 2004 Southeastern Pennsylvania Household Health Survey to describe the status of the problem in Philadelphia. Conducted in the summer of 2004, this telephone survey of more than 10,000 households in the region examines access to food among residents in Bucks, Chester, Delaware, Montgomery, and Philadelphia counties. Information regarding consumption of fruits and vegetables, perceptions of grocery quality and required travel to reach a supermarket in the health status and by the City's Public Planning Analysis Services (PPAS) departments.

CHILDREN'S ACCESS TO DENTAL CARE In Southeastern Pennsylvania

While children's oral health has improved over the past few decades, largely due to effective prevention and control measures, children are vulnerable to the negative and lifelong effects of tooth decay. Tooth decay affects children in the United States more than any other chronic illness; it is five times as common as asthma and seven times as common as hay fever.¹ Nationwide, tooth decay is on the rise among 2-5-year olds² and by the age of 17, three in four adolescents have experienced tooth decay.³

According to the 2002 Surgeon General's Report, Oral Health in America, the burden of oral diseases accounts for a substantial portion of the nation's health care costs. In addition, tooth decay also has far-reaching impacts on the lives of children and adults alike. The good news is that the majority of tooth decay is preventable. However, significant barriers to care in a number of children, particularly in the most vulnerable children. For example, having health insurance is an important predictor of visiting a dentist, even for those without dental insurance.⁴

In order to address children's access to dental care and disparities in oral health, access to care must be considered at the local level. This report examines access to dental care in children within the Philadelphia Metropolitan Area (PMA) region, including Bucks, Chester, Delaware, Montgomery and Philadelphia counties. The report uses information from the 2008 Southeastern Pennsylvania Household Health Survey, a random digit dialled telephone survey of 10,000 households in the region, conducted from June to October 2008. Which includes nearly 3,000 interviews about the health and health care of a selected child in the household. This analysis focuses on children 4-17 years of age.



Sexual Minority Populations and Health in Southeastern Pennsylvania

INTRODUCTION

This data brief focuses on sexual minority populations in Southeastern Pennsylvania (SEPA), using population-based data from Public Health Management Corporation's 2006 Southeastern Pennsylvania Household Health Survey.¹ Conducted in the summer of 2006, this telephone survey of more than 10,000 households in the region examines core health status indicators, access to care, and population demographics.

The goals of this brief are: (1) to provide an overview of the diversity of sexual minority populations in SEPA; and (2) to examine key health indicators related to health status, health behaviors, and access to care among sexual minorities as compared to non-sexual minorities.

SEXUAL MINORITIES



CHILDREN'S VISION CARE In Southeastern Pennsylvania

A child's eyesight is critically important to his or her academic achievement. As much as 80% of a child's learning is dependent upon his or her eyesight.¹ However, many children experience vision impairments that can impede learning and contribute to developmental disabilities.² Despite the important role of vision in children's development, there is limited research about the prevalence of vision impairments or access to vision care among children.

While eye health care professionals agree that children should be screened for vision impairments, recommendations regarding when and how often children should be examined vary. Disagreement among eye health professionals has contributed to differences in state and municipal policies regarding mandatory vision screening for children.

Although many visual health conditions can be corrected through use of eyeglasses or contact lenses, some children who need vision correction do not receive it.³ Some children may have untreated vision impairments because they have not had a vision screening or eye exam. In addition, their parents may be unaware of their visual

impairment symptoms.⁴ Finally, some families may face barriers in accessing eye health care for their children.

This brief from PHMC's Community Health Data Base (CHDB) provides information about access to eye exams and use of eyeglasses among children ages 4-17 living in the five-county Southeastern Pennsylvania region, including Bucks, Chester, Delaware, Montgomery and Philadelphia Counties. The data presented in this Brief come from CHDB's 2008 Southeastern Pennsylvania Household Health Survey. This survey is a random digit dialled telephone survey of 10,000 households in the region, which includes about 3,000 interviews about children's health.



How CHDB's Partners **Use the Data**

Strategic Local Research

A wide range of institutions and agencies use the Community Health Data Base for...

Needs assessments

Strategic growth decisions, facility planning

Disease management initiatives

Marketing & outreach

Grantwriting, development, & institutional advancement

Community health programming

Teaching & academic research

Advocacy & public relations



Recently, CHDB data has been used in peer reviewed- articles on cardiovascular health, social capital, criminal justice, intimate partner violence, housing and more.

Crozer-Keystone Health System
uses CHDB data for it's
Community Health Indicators Report Card

CHDB findings were presented to
Philadelphia's City Council to assist
in the passage of a citywide public smoking ban.

The **Philadelphia Corporation for Aging** uses the data to plan services for older adults, to apply for funding for those services and to do innovative research into the factors influencing the health of older Philadelphians.

Susan G. Komen for the Cure
uses CHDB data to profile the
geographic region they serve,
comparing breast health screening utilization
in cities and the surrounding suburbs
in several counties
in Southeastern Pennsylvania.

The Pew Philadelphia Research Initiative
uses CHDB data in its State of the City report,
which covers economics, education, arts,
health and welfare, criminal justice
and other topics



Rose Malinowski Weingartner, MPH
Public Health Management Corporation

Community Health Data Base

215 . 985 . 2572

rosemw@phmc.org

www.CHDBdata.org