

Erie County Community Health Needs Assessment 2015

Erie County, Pennsylvania

Executive Summary



Erie County Community Health Needs Assessment
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Table of Contents

Table of Contents.....	2
Introduction	3
Overview and Methodology	4
Demographics	7
Maternal, Infant, and Child Health	9
Mortality, Cancer, and Injury	11
Infectious Diseases.....	13
Chronic Diseases and Conditions.....	16
Preventive Health Services	19
Health Risk Behaviors.....	22
Mental and Behavioral Health	29
Special Populations.....	31
Health-Related Quality of Life.....	33
Health Care Access.....	34
Health Care Providers	37
Safety and Crime.....	38
Environmental Health.....	39
Quality of Life.....	40
Focus Groups.....	41

Introduction

A community health needs assessment (CHNA) is a tool used to evaluate the health status of residents and identify areas of concern within the community. Data comes from multiple sources, including input from residents themselves. The long-range goal is to provide focus areas for collaborative action and outreach among community stakeholders and residents.

The purpose of this summary is to provide an overview of the assessment methodology and a summary of the findings.

The objectives of the 2015 Erie County Community Health Needs Assessment are to (1) provide a comprehensive overview of the health status of Erie County, (2) identify priority health needs within the county, (3) organize these priorities into strategic issues, (4) share this information with the community at large, including stakeholders, and (5) use these priorities to guide community outreach and future collaborative action among organizations within the community. An added goal was to build upon the focus group results found in the 2012 CHNA and ask questions that would elicit more pointed comments

Representatives from the four nonprofit hospitals, a federally qualified health center (FQHC), the local health department, and key community partners joined to form a steering committee which guided the process.

Mobilizing for Action through Planning and Partnerships (MAPP), developed by the National Association of County and City Health Officials (NACCHO), was selected as a guide. (Figure 1).

Figure 1. MAPP Planning Process



Overview and Methodology

Both quantitative and qualitative data are included in the assessment. Quantitative data includes both primary and secondary data. Qualitative data was compiled from seven focus groups conducted throughout Erie County. Finally, an advisory committee comprised of key informants within the community was surveyed to gather feedback about problems unique to the population they serve and about alignment of the identified priorities and strategic issues to these populations.

Priorities for Erie County were identified using a priority matrix, ranking system, and asset inventory. Final strategic issues and overarching challenges were then developed.

Advisory Committee

The targeted areas of concern for the populations they serve are listed below.

- Primary Problems: Poverty, Healthcare utilization, Drug abuse, Cost of health care, Education
- Primary Health Concerns: Obesity, Other substance abuse, Financial distress & health, Alcohol abuse
- Obstacles to Good Health: Education/Health literacy, Poverty/Money/Jobs, Apathy

The focus group themes, priority indicators, targeted populations, and overarching challenges aligned well with the populations they serve.

Focus Groups

One large Erie County community focus group, three smaller community focus groups, and three targeted population focus groups were conducted. Nine major focus group themes were identified. They are (1) health related transportation issues, (2) difficulty navigating through the health care system, (3) low health literacy, (4) unclear communication by healthcare providers, (5) food insecurity, (6) homelessness, (7) domestic violence, (8) violence, and (9) drugs and alcohol abuse.

Quantitative Data

Both primary and secondary data were used. Health indicators are reported as individual data points, are included in trend analyses, and are compared to available state, national, and Healthy People 2020 statistics. When possible, health indicators are also reported according to gender, race, ethnicity, age, education, and income. All data sources are listed at the end of each titled section, most are linked directly to the source, and all were current as of June 2015. The most recent data available at the time of collection is reported. Beginning with the 2011 Behavioral Risk Factor Surveillance System (BRFSS) survey, a change in weighting methodology used by Pennsylvania and the U.S. to adjust for irregular distribution within the sample population may shift estimates and trend lines. The sampling used for the Erie County BRFSS was representative of the county population. As a result, traditional subpopulation weighting was used.

Notable data deficiencies include limited youth health indicators, a lack of data related to the lesbian, gay, bisexual and transgender (LGBT) community, a lack of comprehensive community mental health statistics, and limited data for adult drug abuse including prescription drugs.

Community Impact

The needs assessment is meant to be a catalyst that sparks change. The ultimate goals are happy, healthy, and engaged residents who use available resources and take charge of their health. The public health system effecting this change will target selected health indicators through enhanced collaboration and consolidated health care delivery systems.

Factors that may impact this change are the aging population, the influx of refugees, high poverty rate, economic uncertainty, increased number of low wage jobs, high incidence of substance abuse, shrinking budgets, changes linked to the Affordable Care Act, and the increasing sedentary lifestyle linked to technology.

Some challenges associated with these factors are an increase of Medicaid recipients, a need for more healthcare providers, dental care for low income population, culturally appropriate health care delivery, increased health care needs of older individuals, limits on health care supply and access, and limited resources.

Some opportunities are school-based health centers located in neighborhoods with high risk residents, more insured individuals, focus on women's preventive services per the Affordable Care Act, improved quality of care based on pay for performance, health records available to all health care providers ensures a more coordinated level of patient care, technology can be used to promote both an active lifestyle and healthy eating, and collaboration among community partners to maintain services.

Community Assets and Resources

Erie County has a large health care system that includes acute care hospitals, specialty health facilities, a Veterans Affairs medical center, a regional cancer center, ambulatory surgery centers, federally qualified health centers (FQHC), a multi-cultural health evaluation delivery system, rural health centers, free clinics, licensed nursing homes, licensed home health agencies, licensed homecare agencies, and licensed hospice providers in Erie County. Also located within Erie County are a medical school, a school of pharmacy, a dental school affiliated dental clinic, and four universities.

There are many organizations within Erie County that provide a wide range of services, programs, and opportunities including advocacy, alcohol/drug & addictions, cancer support, camps, churches, counseling, daycare & after school programs, education, crisis intervention, emergency, food/clothing/shelter, health care, home health care, hospice, housing, assisted living, independent living, information and referral, transitional living, language and communication services, legal concerns/government, mental health/mental retardation, recreation, senior citizens, services/utilities, support groups, tobacco related issues, physical activity and nutrition, transportation, and veterans.

Prioritization

A prioritization matrix was used for the Erie County prioritization process. Sixty-seven indicators were identified for evaluation in the prioritization process. These indicators were listed on work sheets and included county, state, national, and Healthy People 2020 statistics as well as cross references that identified the indicator as a disparity, as a targeted focus of other community organizations, as a CDC health indicator, and as a County Health Rankings indicator.

The prioritization matrix included the following six criteria: (1) magnitude of the problem, (2) seriousness of the problem, (3) variance against benchmarks, (4) feasibility and ease of implementation, (5) impact on other health outcomes, and (6) availability of community resources. Weights were assigned to each one of these criteria.

Members of the Steering Committee rated each indicator using a Likert scale and scores for each indicator were tallied, ranked, and divided into quartiles. Using this information as well as considering available assets and resources, the Steering Committee identified strategic health issues, priority indicators, target populations, and overarching challenges for Erie County. These are included in the table below.

2015 Erie County Community Health Blueprint

Strategic Issues & Target Populations

	Adults	Youth	Aging Population	Low Income	Homeless	Refugee
LIFESTYLE BEHAVIOR CHANGE						
Nutrition	•	•	•	•	•	
Physical Inactivity	•	•	•	•		
Tobacco	•	•		•	•	
Alcohol/Other Substance Use Disorder	•	•		•	•	
CHRONIC DISEASE PREVENTION & CONTROL						
Obesity	•	•	•	•		
Cardiovascular Disease	•		•	•		
Diabetes & Pre-Diabetes	•		•	•		
COPD/Adult Asthma Preventable Hospitalizations	•		•	•		
CANCER PREVENTION & EARLY DETECTION						
Lung, Breast, Prostate, Colorectal	•		•	•		
MENTAL HEALTH						
Depression (Poor Mental Health)	•	•	•	•	•	•
Suicide	•	•				

Overarching Challenges

POVERTY

DISPARITIES

MEDICAL & DENTAL PROFESSIONAL SHORTAGE FOR UNDERSERVED

HEALTH-RELATED TRANSPORTATION

HEALTH LITERACY: KNOWLEDGE, UNDERSTANDING, & COMMUNICATION

LACK OF A CENTRAL SOURCE OF INFORMATION & REFERRAL

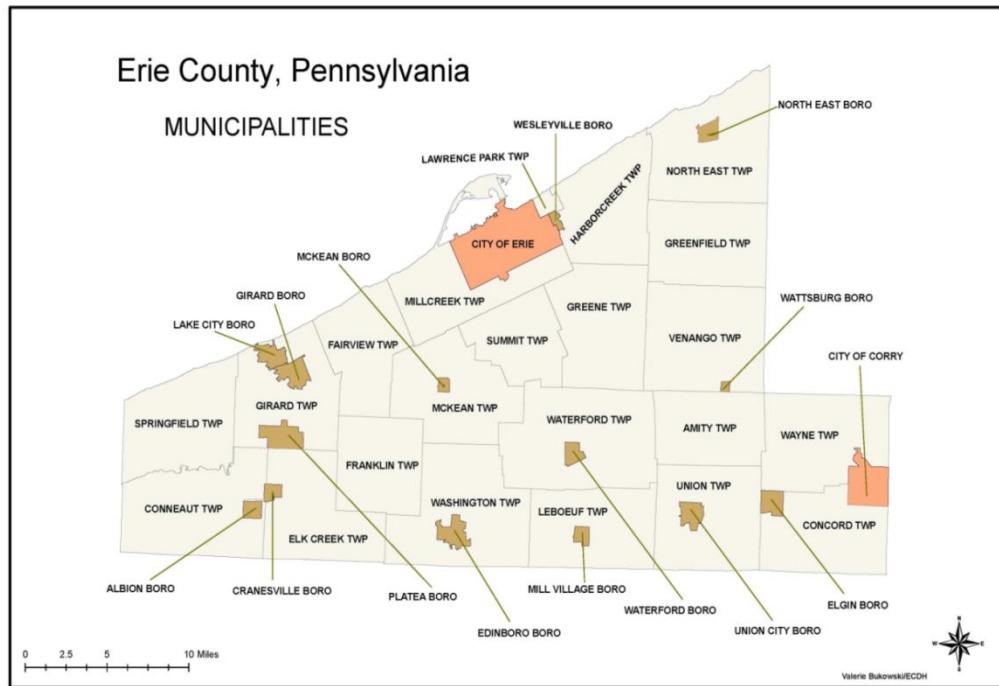
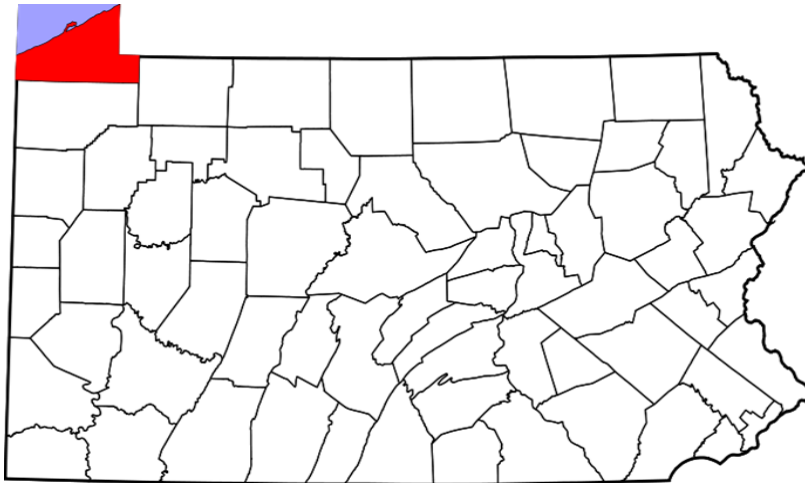
HEALTH SYSTEM NAVIGATION

Demographics

Erie County and Its Municipalities

Erie County is located in northwestern Pennsylvania on the south shore of Lake Erie. In 2013, Erie County's population totaled 280,294 residents, with 80% of the population classified as urban and 20% as rural. The 38 municipalities of Erie County vary greatly in total population, size (land area), and population density. In 2013, 55.2% of all residents lived in either the City of Erie (100,671 persons) or Millcreek Township (54,239 persons).

Maps of Erie County, Pennsylvania



Population by Age, Sex, Race, and Hispanic Origin

- Of the 280,294 people residing in Erie County in 2013, 50.7% were female, 49.3% were male, 25.4% were under 20 years, 31.8% were ages 20 to 44 years, 27.4% were ages 45 to 64 years, and 15.4% were 65 years and older.
- The population of Erie County is aging. The median age in Erie County increased from 36.2 years in 2000 to 39.0 years in 2013.
- Of the 280,294 people residing in Erie County in 2013, 88.8% were White, 7.5% were Black or African American, 1.3% were Asian, 2.1% were classified as Two or More Races, and 3.7% were Hispanic (of any race). Erie County’s racial and Hispanic composition continues to grow more diverse. From July 1, 2000 to July 1, 2013, the number of Whites in Erie County decreased by 3.5%, the Black population increased by 19.3%, the number of Asians increased by 89.9%, the number of residents classified as Two or More Races increased by 114.3%, and the Hispanic population rose by 68.0%.

Education

- In 2009-2013, 89.9% of Erie County residents 25 years and over had at least graduated from high school, 15.8% had a bachelor’s degree, and 9.0% had earned a graduate or professional degree.
- Striking differences were observed for high school and college educational attainment by race and Hispanic origin.

Erie County Educational Attainment, 2009-2013

<u>Subject</u>	<u>Both Sexes</u>	<u>Males</u>	<u>Females</u>
Less than high school diploma (population 25 years and over)			
All races	10.1%	11.0%	9.2%
White	9.9%	9.8%	8.1%
Black or African American	20.4%	20.2%	20.6%
Hispanic or Latino (of any race)	27.0%	31.9%	22.0%
Bachelor's degree or higher (population 25 years and over)			
All races	24.8%	24.6%	24.9%
White	25.6%	25.7%	25.4%
Black or African American	11.8%	7.9%	16.0%
Hispanic or Latino (of any race)	11.8%	9.9%	13.9%

Poverty

- In 2009-2013, 16.9% of Erie County residents and 23.4% of children under 18 years lived below the poverty level in the past 12 months.
- Poverty levels were markedly higher for Blacks (40.6%) and Hispanics (40.6%) compared to Whites (14.2%).
- Poverty rates varied greatly among Erie County’s 38 municipalities, ranging from a high of 27.8% in the City of Erie to a low of 3.8% in Summit Township.

Erie County Poverty Status in the Past 12 Months, 2009-2013

<u>Subject</u>	<u>Percent Below Poverty Level</u>
Total population	16.9
Male	15.6
Female	18.2
Under 18 years	25.1
18 - 64 years	15.8
65 years and older	9.1
White	14.2
Black	40.6
Hispanic, of any race	40.6
All families	12.0
With related children under 18 years	21.4
Married couple families	5.0
With related children under 18 years	8.5
Female householder, no husband present	35.8
With related children under 18 years	46.5
Male householder, no wife present	18.5
With related children under 18 years	25.7
White householder families	10.0
Black householder families	35.8
Hispanic householder families	41.2

Maternal, Infant, and Child Health

Erie County Resident Live Births

- There were 9,603 resident live births reported in Erie County during the period 2010 to 2012, for a corresponding crude live birth rate of 11.4 births per 1,000 population.
- Overall, 78.1% of resident births were to White women, 12.9% were to Black women, 7.2% were to women classified as Other Race, 1.7% were to women categorized as Unknown Race, and 5.3% were to women of Hispanic origin (of any race).
- From 1990-1992 to 2010-2012, the Erie County live birth rate declined by 23.5%.

Births to Teens

- From 1990-1992 to 2010-2012, the Erie County live birth rate for female residents 15 to 19 years of age fell by 41.4%, the rate for teenagers aged 15-17 years fell by 53.2%, and the rate for teenagers 18-19 years dropped by 32.8%.
- Historically, the lowest three-year total number of births to Erie County female residents 15-19, 15-17, and 18-19 years of age were recorded during the most recent period of 2010-2012. These totals were 963, 283, and 680 births, respectively.

Infant Mortality

- Infant mortality is defined as the death of an infant less than one year of age.

- From 2010-2012, there were a total of 65 resident infant deaths in Erie County, with a corresponding infant mortality rate of 6.8 deaths per 1,000 live births.
- Although Whites accounted for the majority (67.7%) of infant deaths, the rate among Blacks (11.3) was nearly double the rate for Whites (5.9).

Erie County Infant and Neonatal Mortality Rates, 2010-2012

Deaths	All Races (9,603 Births)			White (7,504 Births)			Black (1,238 Births)			Hispanic (509 Births)		
	Count	Erie Co.	PA	Count	Erie Co.	PA	Count	Erie Co.	PA	Count	Erie Co.	PA
Infants (less than 1 year of age)	65	6.8	6.9	44	5.9	5.8	14	11.3	14.1	2	3.9	7.2
Neonates (less than 28 days of age)	47	4.9	4.9	33	4.4	4.1	10	8.1	9.3	2	3.9	5.2

Note: Rates denote the number of deaths per 1,000 live births.

Low Birth Weight Infants

- Overall, 8.4% of Erie County live births were classified as low birth weight (less than 2,500 grams or 5 pounds and 9 ounces) in 2010-2012.
- The percentage of low birth weight babies born to Black mothers (13.4) was higher than the percentages for White (7.4) and Hispanic (10.2) mothers.

Prenatal Care

- From 2010-2012, 75.2% of Erie County live births were to mothers who had received prenatal care during the first trimester of pregnancy.
- The percentages of Erie County births to White, Black, and Hispanic mothers who had received prenatal care in the first trimester were 78.4, 62.8, and 68.7, respectively.

Marital Status of Mother

- From 2010-2012, nearly half (48.9%) of Erie County live births were to unmarried mothers. The percentages among White, Black, and Hispanic mothers were 43.6, 83.3, and 70.2, respectively.
- The percentage of unmarried mothers in Erie County rose from 34.5 in 1990-1992 to 48.9 in 2010-2012.

Cesarean Section Deliveries

- During 2010-2012, over one-third (36.8%) of Erie County live births were cesarean section deliveries.
- The percentage of cesarean section deliveries in Erie County has nearly doubled from 20.1 in 1990-1992 to 36.8 in 2010-2012.

Smoking During Pregnancy

- During 2010-2012, 76.3% of Erie County live births were to mothers who did not smoke during pregnancy.
- The percentages among White, Black, and Hispanic mothers were 75.5, 75.3, and 79.1, respectively.
- The percentage of non-smoking mothers in Erie County has remained essentially unchanged since 1990-1992, when the percentage equaled 73.7.

Selected Summary Statistics

Selected summary statistics for Erie County resident live births for the period 2010-2012 are included in the table below.

Selected Summary Statistics for Erie County Resident Births, 2010-2012

Subject	All Races (9,603 Births)			White (7,504 Births)			Black (1,238 Births)			Hispanic (509 Births)		
	Count	Erie Co.	PA	Count	Erie Co.	PA	Count	Erie Co.	PA	Count	Erie Co.	PA
% Low Birth Weight Infants	809	8.4	8.2	555	7.4	7.1	166	13.4	13.2	52	10.2	8.6
(Unknown)	17			7			1			1		
% Received Prenatal Care in First Trimester	7,106	75.2	71.8	5,808	78.4	77.0	759	62.8	56.2	342	68.7	57.4
(Unknown)	149			95			30			11		
% Unmarried Mothers	4,669	48.9	41.7	3,256	43.6	32.2	1,026	83.3	79.6	356	70.2	67.1
(Unknown)	54			38			7			2		
% Cesarean Section Deliveries	3,534	36.8	31.4	2,762	36.8	31.6	417	33.7	31.0	206	40.0	30.4
(Unknown)	6			3			1			0		
% Non-Smoking Mothers During Pregnancy	7,309	76.3	84.7	5,654	75.5	82.8	929	75.3	86.3	401	79.1	90.9
(Unknown)	26			14			4			2		
% Received WIC Food During Pregnancy	4,623	48.9	39.8	3,161	42.6	30.3	901	74.1	68.1	376	75.0	73.2
(Unknown)	149			90			22			8		
% Medicaid as Source of Payment	3,845	40.2	33.0	2,599	34.8	25.1	759	61.7	59.6	302	59.7	56.2
(Unknown)	46			34			8			3		

Note: Unknowns excluded from calculations.

Mortality, Cancer, and Injury

Erie County Resident Deaths

- A total of 8,076 Erie County residents died during the period 2009 to 2011, for a corresponding crude death rate of 9.6 deaths per 1,000 population. Overall, 48.0% deaths were to males and 52.0% were to females.
- Although only 8.4% of all resident deaths occurred in persons under the age of 50 years, over half (51.1%) occurred in those 80 years and older.
- With respect to race and ethnicity, 94.6% deaths were to Whites, 4.8% were to Blacks, 0.6% were to persons classified as Other or Unknown Race, and 0.7% deaths were to Hispanics (of any race).

Erie County Leading Causes of Death & Age-Adjusted Death Rates by Sex, 2009-2011

Cause of Death	Total Population			Males			Females		
	Deaths	Erie Co.	PA	Deaths	Erie Co.	PA	Deaths	Erie Co.	PA
All Causes of Death	8,076	777.1	765.0	3,873	924.9	918.8	4,203	665.2	645.1
Heart Disease	2,095	193.7	186.6	1,027	245.2	237.0	1,068	157.1	148.5
Cancer (Malignant Neoplasms)	1,819	181.6	180.0	922	216.0	218.6	897	158.5	153.7
Chronic Lower Respiratory Diseases	476	45.9	38.9	242	58.7	46.0	234	38.3	34.4
Stroke (Cerebrovascular Diseases)	439	40.1	39.3	156	37.4	39.3	283	41.5	38.5
Accidents (Unintentional Injuries)	338	37.5	40.8	212	51.2	55.9	126	25.2	27.0
Alzheimer's Disease	253	21.7	19.3	73	18.1	15.8	180	21.4	21.1
Diabetes Mellitus	221	22.1	20.2	119	28.4	23.8	102	16.6	17.3
Nephritis, Nephrotic Syndrome & Nephrosis	208	19.4	17.7	93	22.6	22.3	115	17.4	14.8
Influenza & Pneumonia	193	16.8	14.7	84	19.9	18.3	109	14.3	12.4
Suicide (Intentional Self-Harm)	111	12.9	12.2	87	21.0	20.1	24	5.4	4.9

Notes: Age-adjusted rates were computed by the direct method using the year 2000 U.S. standard million population age distribution. Erie County and Pennsylvania rates are per 100,000 U.S. standard population. NA = Not available.

Leading Causes of Death

- In the period 2009-2011, Erie County’s age-adjusted death rate for all causes of death was 777.1 deaths per 100,000 population. The age-adjusted rates for males and females were 924.9 and 665.2, respectively. With respect to race, the age-adjusted rates for Whites and Blacks were 772.3 and 926.5, respectively.
- Although the 10 leading causes of death for Erie County residents in 2009-2011 collectively accounted for 77.5% of the 8,076 county deaths, heart disease and cancer (malignant neoplasms) accounted for nearly half (48.5%) of all resident deaths.
- With the exception of Alzheimer’s disease, the age-adjusted death rates for males were higher than the rates for females for each of the leading causes.
- Due to low counts, age-adjusted rates for Blacks were calculated for only three leading causes - heart disease, cancer, and stroke. Blacks experienced substantially higher death rates than Whites for each of these causes.

Cancer Mortality

- From 2009 to 2011, there were a total of 1,819 cancer deaths (primary malignant neoplasms) among Erie County residents, for a corresponding age-adjusted death rate of 181.8 deaths per 100,000 population. Overall, 50.7% of deaths were to males and 49.3% were to females. The age-adjusted death rates for males and females were 216.0 and 158.5 deaths per 100,000, respectively.
- With respect to race and ethnicity in Erie County, 94.6% of cancer deaths were to Whites, 4.7% were to Blacks, 0.7% deaths were to persons of Other/Unknown Race, and 1.2% were to Hispanics (of any race).
- Erie County's five leading cancer mortality sites were: (1) bronchus and lung (26.8% of all deaths), (2) colon and rectum (8.6%), (3) female breast (7.3%), (4) pancreas (6.8%), and (5) prostate (5.1%). These sites accounted for over half (54.6%) of all cancer deaths.
- As the leading cause of cancer death, lung cancer killed nearly as many people as colorectal, breast, pancreatic, and prostate cancers combined (487 versus 504 deaths).

Cancer Incidence

- From 2009 to 2011, there were a total of 4,619 new cancer cases (primary invasive cancers and in situ urinary bladder cancers) diagnosed among Erie County residents, for a corresponding age-adjusted cancer incidence rate of 473.4 cases per 100,000 population.
- Overall, 49.0% and 51.0% of cancers were diagnosed in males and females, respectively. The age-adjusted incidence rates for males and females were 511.1 and 451.3 cases per 100,000, respectively.
- With respect to race and ethnicity in Erie County, 94.6% of cancers were diagnosed in Whites, 4.4% in Blacks, 1.0% in persons of Other/Unknown Race, and 1.0% in Hispanics (of any race).
- Erie County's five leading cancer incidence sites were: (1) female breast (14.6% of all diagnoses), (2) bronchus and lung (14.1%), (3) prostate (13.8%), (4) colon and rectum (8.1%), and (5) urinary bladder (4.9%). These sites accounted for 55.5% of all resident diagnoses.
- Among Erie County males, the five leading cancer incidence sites/types were: (1) prostate (28.2% of all diagnoses), (2) bronchus and lung (15.3%), (3) colon and rectum (9.0%), (4) urinary bladder (7.5%), and (5) non-Hodgkin lymphoma (4.9%). These sites/types accounted for 64.9% of all male diagnoses.
- Among Erie County females, the five leading cancer incidence sites were: (1) breast (28.7% of all diagnoses), (2) bronchus and lung (12.9%), (3) colon and rectum (7.3%), (4) uterus (7.0%), and (5) thyroid (6.6%). These sites accounted for 62.5% of all female diagnoses.

Injury Hospitalizations

- In 2013, there were a total of 2,932 hospitalizations due to injury in Erie County. Most of these hospitalizations were the result of unintentional injuries (accidents). Overall, 77.3% were due to accidents, 12.4% were self-inflicted injuries, 2.9% were assault injuries, and 7.5% were classified as undetermined injuries.
- Females accounted for a slight majority (52.5%) of hospitalizations. Children under five years and seniors 75 years and older accounted for 1.1% and 31.9% of hospitalizations, respectively.
- Approximately 3.1% of injury hospitalizations were fatal. Nearly three out of every five (59.3%) fatalities occurred in persons 75 years and older.
- In 2013, the three leading mechanisms of injury hospitalization in Erie County were falls (40.7%), poisonings (14.9%), and motor vehicle traffic occupant injuries (4.9%).
- Over half (55.8%) of all fall hospitalizations occurred in seniors 75 years and older.

Infectious Diseases

Select reportable and communicable diseases for Erie County, Pennsylvania, and the U.S. are listed in the table below.

Infectious Diseases, 2013

Reportable and Communicable Diseases Erie County, PA, & U.S., 2013						
	Erie County		Pennsylvania		United States	
	Cases	Rate*	Cases	Rate*	Cases	Rate*
CAMPYLOBACTERIOSIS [^]	26	9.3	2,534	19.8	NA	
CHLAMYDIA [^]	1,004	358.2	52,056	407.5	1,401,906	449.9
GIARDIASIS [^]	54	19.3	755	5.9	15,106	4.8
GONORRHEA [^]	265	94.5	13,875	108.6	333,004	106.9
HAEMOPHILUS INFLUENZA, INVASIVE, ALL AGES [^]	7	2.5	207	1.6	3,792	1.2
HEPATITIS A [^]	1	0.4	53	0.4	1,781	0.6
HEPATITIS B, ACUTE [^]	0	0.0	43	0.3	3,050	1.0
HEPATITIS B, CHRONIC [^]	19	6.8	1,641	12.8	NA	
HEPATITIS C, ACUTE [^]	10	3.6	81	0.6	2,138	0.7
HEPATITIS C, PAST OR PRESENT [^]	232	82.8	8,898	69.7	NA	
HIV INFECTION or HIV DISEASE ^{**}	14	5.0	1,340	10.5	48,145 ^{**}	15.0 ^{**}
INFLUENZA ^{^^}	1,152	NA	NA		NA	
LEGIONELLOSIS [^]	8	2.9	434	3.4	4,954	1.6
LISTERIOSIS [^]	1	0.4	55	0.4	735	0.2
LYME DISEASE [^]	25	8.9	5,758	45.1	36,307	11.7
MEASLES [^]	0	0.0	0	0.0	187	0.1
MENINGITIS, MENINGOCOCCAL DISEASE/N. MENINGITIDIS [^]	1	0.4	22	0.2	556	0.2
MENINGITIS, VIRAL/ASEPTIC [^]	6	2.1	417	3.3	NA	
MUMPS [^]	0	0.0	21	0.2	584	0.2
PERTUSSIS (WHOOPING COUGH) [^]	9	3.2	633	5.0	28,639	9.2
RESPIRATORY SYNCYTIAL VIRUS [^]	121	NA	NA		NA	
RUBELLA (GERMAN MEASLES) [^]	0	0	0	0	9	0.0
SALMONELLOSIS [^]	24	8.6	1,621	12.7	50,634	16.3
SYPHILIS, PRIMARY and SECONDARY [^]	8	2.9	471	3.7	17,375	5.6
SYPHILIS, EARLY LATENT [^]	7	2.5	581	4.6	16,929	5.4
SYPHILIS, LATE and LATE LATENT	1	0.4	367	2.9	21,819	7.0
SYPHILIS, CONGENITAL [^]	0	0.0	2	1.4	348	8.7
TUBERCULOSIS DISEASE [^]	5	1.8	214	1.7	9,582	3.1
TUBERCULOSIS INFECTION	180	64.1	NA		NA	
VARICELLA ZOSTER (CHICKENPOX) [^]	11	3.9	785	6.2	11,359	3.6
WEST NILE ENCEPHALITIS [^]	0	0.0	6	0.0	1,267	0.4
WEST NILE FEVER [^]	1	0.4	14	0.1	1,202	0.4

Case counts for the United States do not include dependent areas with the exception of HIV Infection/Disease
^{*}Rate per 100,000 population unless otherwise indicated; Current year population used for Erie County and PA calculations; Previous year population used for U.S. calculations
^{**}Estimated cases with CDC-defined case classification status; Estimating case counts adjusts for reporting delays and missing risk-factor information, but not for incomplete reporting
HIV Infection or HIV Disease refers to a diagnosis of HIV infection regardless of the person's AIDS status at the time of diagnosis; U.S. totals include 50 states, District of Columbia, and 6 U.S. depe
[^]Reported cases with CDC-defined case classification status
^{^^}Reported cases with PA DOH-defined case classification status
NA = Not available
Sources: Erie County Department of Health; Pennsylvania National Electronic Disease Surveillance System (PA NEDSS); HIV/AIDS Surveillance Summary Report, 2013, Pennsylvania Department of Health; 2013 Report of Nationally Notifiable and Vaccine Preventable Diseases; HIV Surveillance Report, Diagnoses of HIV Infection in the United States and Dependent Areas, 2013

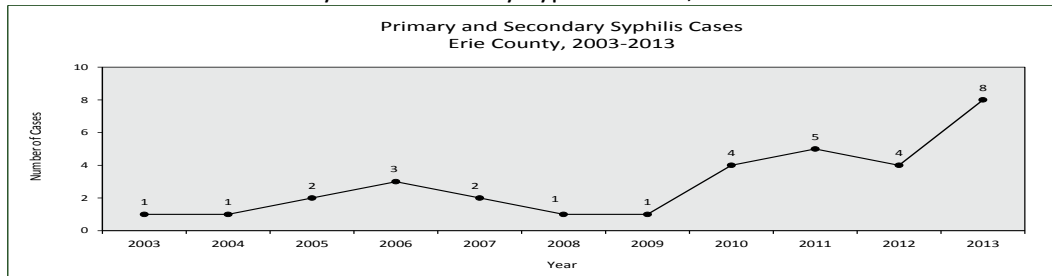
Erie County tracks and reports all Pennsylvania reportable diseases. Approximately 40% of the infectious disease cases reported in Erie County for 2013 were sexually transmitted infections. Of these, syphilis has been steadily increasing. In addition, rates of giardiasis, hepatitis C, tuberculosis disease, and latent tuberculosis infection are higher in Erie County compared with PA. Despite its low reported rate for 2013,

Lyme disease has been increasing. And even though the rate of HIV infection is lower for Erie County compared with PA and the U.S., HIV testing among Erie County adults is lower than that for both PA and the U.S.

Chlamydia, Gonorrhea, and Syphilis

- Following a steady increase from 2000 to 2012, the number of reported chlamydia cases fell in 2013 to 1,004 (1,445 for 2012). The annual crude incidence rate of chlamydia in Erie County decreased significantly by 30.5% to 357.8 in 2013.
- After reaching a record high of 521 cases in 2007, the number of reported gonorrhea cases in Erie County has steadily decreased. In 2013, 265 cases of gonorrhea were reported for a crude incidence rate of 94.5 per 100,000. The Healthy People 2020 Goal is 257.0 cases per 100,000 females aged 15-44 and 198.0 cases per 100,000 males aged 15-44.
- Since 2009, Erie County has seen an increase in syphilis cases. In 2013, there were 17 total cases of syphilis reported. Of these, 8 were primary and secondary with a crude incidence rate of 2.9 per 100,000. The Healthy People 2020 Goals for primary and secondary syphilis are 1.4 cases per 100,000 females and 6.8 cases per 100,000 males.

Primary and Secondary Syphilis Cases, 2003-2013



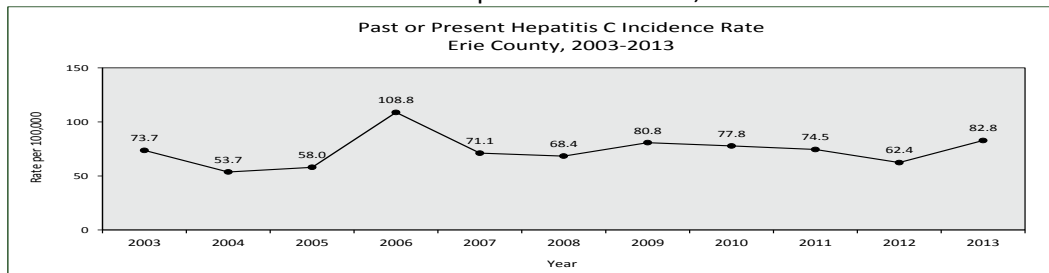
Giardiasis

- Historically, the incidence of giardiasis in Erie County has been higher than both PA and the U.S. In 2013, there were 54 reported cases in Erie County with a crude incidence rate of 19.3 cases per 100,000.

Hepatitis C

- Incidence rates for acute hepatitis C in Erie County have generally been higher than rates for both PA and the U.S.
- In 2013, there were 10 reported cases of acute hepatitis C in Erie County with a crude incidence rate of 3.6 cases per 100,000. The Healthy People 2020 Goal is 0.2 new cases per 100,000 population.
- In 2013, there were 232 reported cases of past or present hepatitis C in Erie County with a crude incidence rate of 82.8 cases per 100,000.

Past or Present Hepatitis C Incidence, 2003-2013

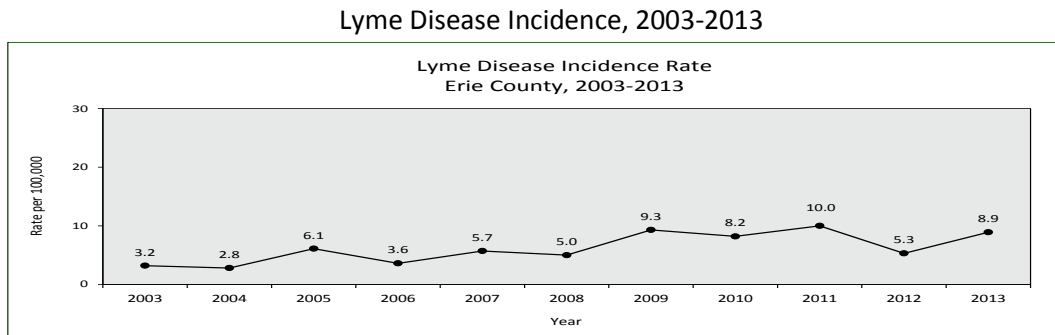


HIV Surveillance

- As of December 31, 2012, a cumulative total of 496 HIV disease cases had been reported in Erie County with 305 currently living. In 2012, 10 newly diagnosed HIV disease cases were reported for a crude incidence rate of 3.6 cases per 100,000.
- HIV disease incidence in Erie County has been lower than rates for both PA and the U.S.
- The percentage of Erie County adults aged 18-64 who were ever tested for HIV (excluding blood donations) decreased to 32% in 2011-2013. This was significantly lower than PA at 38% and lower than the U.S. at 35%.

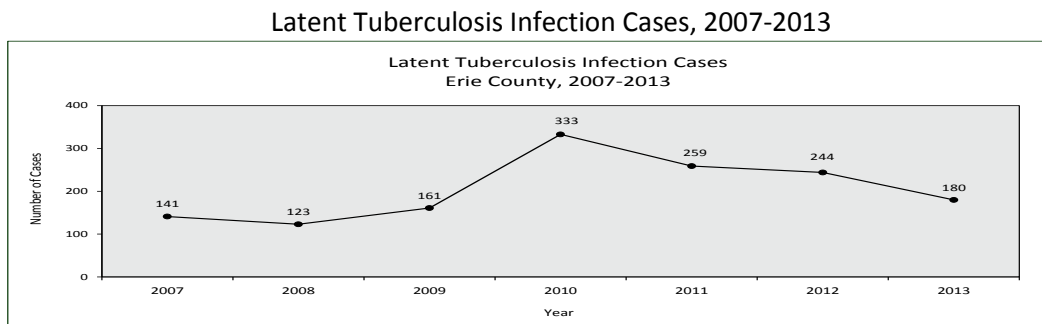
Lyme Disease

- In 2013, there were 25 cases of Lyme disease reported in Erie County for a crude incidence rate of 8.9 cases per 100,000. Rates have trended upward since 2008.



Tuberculosis

- In 2013, there were 5 cases of tuberculosis disease reported in Erie County for a crude incidence rate of 1.8 cases per 100,000 compared to 13 cases in 2012 with a rate of 4.6. The Healthy People 2020 Goal is 1.0 new case per 100,000 population.
- After reaching a record high of 333 cases in 2007, the number of latent tuberculosis infection (LTBI) cases reported in Erie County has steadily decreased to 180 cases in 2013.
- Erie County has a large refugee resettlement population which may account for elevated case counts.



Chronic Diseases and Conditions

Based on the Behavioral Risk Factor Surveillance System (BRFSS) Survey and the Pennsylvania Department of Health School Health Statistics, chronic disease statistics for Erie County, Pennsylvania, and the U.S. are listed in the table below.

Chronic Disease Prevalence

Chronic Disease Prevalence* Erie County, PA, & U.S.**			
	Erie County	Pennsylvania	United States**
	%	%	%
ARTHRITIS DIAGNOSIS (Including rheumatoid, gout, lupus, or fibromyalgia)	30	29	26 ^{^^}
ARTHRITIS LIMITATIONS (Limited in any usual activities)	43 [^]	50 [^]	NA
LIFETIME ASTHMA DIAGNOSIS	11	14	14 ^{^^}
CURRENT ASTHMA	7	10	9 ^{^^}
STUDENT ASTHMA PREVALENCE (Grades K-12)	6.9	12.2	NA
CANCER SURVIVORS	12 [^]	10 ^{^^}	NA
HEART ATTACK (Age 35+)	6	6	4 ^{^^}
HEART DISEASE (Age 35+)	8	7	4 ^{^^}
STROKE (Age 35+)	5	4	3 ^{^^}
HIGH CHOLESTEROL	39 [^]	38 [^]	38 [^]
EVER HAD CHOLESTEROL CHECKED	79 [^]	82 [^]	79 [^]
CHOLESTEROL CHECKED IN PAST FIVE YEARS	76 [^]	78 [^]	76 [^]
CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)	7	7	6
DIABETES DIAGNOSIS	11	10	9 ^{^^}
PRE-DIABETES DIAGNOSIS	8	6	NA
DIABETES TESTING (Non-diabetic adults only)	54	57	
HYPERTENSION DIAGNOSIS	31 [^]	31 [^]	31 [^]
TAKES HYPERTENSION MEDICATION	79 [^]	78 [^]	NA

*Reported values are for adults aged 18 and above unless otherwise noted
 **Data is the most current available as of April 2015 and represents either 2013 annual data or 2011-2013 3-Year summary data except where noted; ^ = 2011; ^^=2010; ^^ = 2009
 NA = Not available
 Sources: Pennsylvania Department of Health, Behavioral Risk Factor Surveillance System (BRFSS) Survey, Erie County 3-Year Sum County Level Data and PA 3-Year Sum Data , 2011-2013; 2011 Erie County BRFSS Survey; 2009 and 2011 Behavioral Health Risks of Pennsylvania Adults; 2009, 2010, 2011, 2013 Centers for Disease Control and Prevention (CDC) BRFSS; Pennsylvania Department of Health, School Health Statistics, 2012-2013 School Year

The incidence of asthma among Erie County adults and students in grades K-12 as well as the incidence of arthritis limitations among adults remain considerably lower than both PA and the U.S. The prevalence of heart attack, chronic obstructive pulmonary disease (COPD), and hypertension mirror that of PA, while the prevalence of arthritis, high cholesterol, heart disease, stroke, and diabetes are one percentage point above the rate for PA. Of more concern is the higher incidence of pre-diabetes among adults in Erie County and the lower incidence of non-diabetic adults who report being tested for high blood sugar compared with PA. Regular diagnostic testing for cholesterol has been increasing but remains lower than PA.

Disparities occur within the following population subgroups that are identified in the BRFSS: age, gender, education, and income. Racial and ethnic data is not available for the most recent reporting year. As expected, age as a disparity is associated with most chronic diseases but differences in prevalence were also seen among education and income groups.

Arthritis

- Since 2004, the percentage of Erie County adults who have ever been diagnosed with arthritis and arthritic diseases has remained constant at 30%.
- In 2011, 43% of Erie County adults diagnosed with arthritis reported being limited in any of their usual activities. This is higher than the Healthy People 2020 goal of 35.5%.

Asthma

- The percentage of Erie County adults who have ever been diagnosed with asthma has slightly increased from 10% in 2001 to 11% in 2011-2013. The highest prevalence of asthma was 15% for those with income below \$25,000.
- The percentage of Erie County adults who reported still having asthma has slightly increased from 6% in 2004 to 7% in 2011-2013. Higher percentages were seen for those with some college education and those with household income below \$25,000.
- During the 2012-2013 school year, the percentage of students in grades K-12 who currently have asthma was 6.9% compared with 12.2% for PA.

Cardiovascular Disease

- For Erie County adults aged 35 and above, those who were ever diagnosed with a heart attack decreased from 8% in 2001 to 6% in 2011-2013 while those who were ever diagnosed with heart disease increased from 6% in 2004 to 8% in 2011-2013
- A higher percentage of heart attack and heart disease was associated with less than or equal to a high school education, with household income below \$50,000, and aged 65 and above.
- Overall, heart attack and heart disease increased with increasing age, decreasing education, and decreasing income.

Stroke

- The percentage of Erie County adults aged 35 and above ever diagnosed with a stroke has increased by only one percentage point since 2001. A higher percentage of stroke was associated with less than or equal to a high school education, with household income below \$25,000, and aged 65 and above.
- Stroke prevalence increased with increasing age, decreasing education, and decreasing income.

Hypertension

- In 2011, the percentage of Erie County adults who were ever diagnosed with high blood pressure increased to 31%. This was higher than the Healthy People 2020 goal of 26.9%.
- Significantly higher percentages were seen for males and ages 45 and above while comparatively higher percentages were seen for those with less than a high school education, high school graduates, and those with household income below \$25,000.
- From 2004 to 2011, the percentage of Erie County adults who currently take high blood pressure medication decreased from 81% to 79%.

Cholesterol

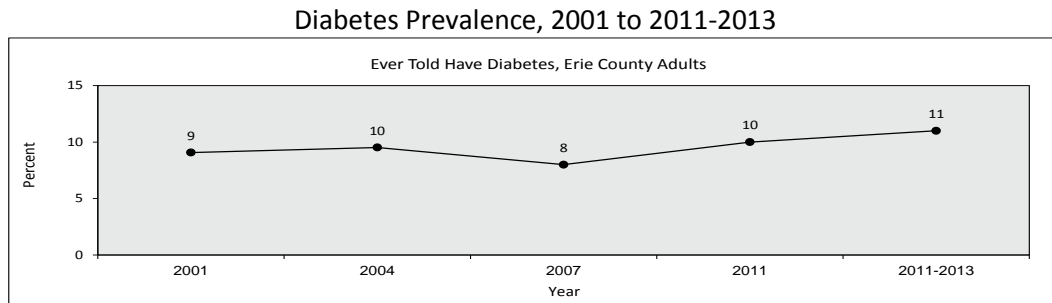
- The percentage of Erie County adults who were ever diagnosed with high blood cholesterol increased from 33% in 2001 to 39% in 2011. A significantly higher percentage was seen for age 45 and above compared to other age groups and a higher percentage was seen for those with less than or equal to a high school education and with household income below \$25,000.
- The prevalence of high cholesterol increased with increasing age, decreasing education, and decreasing income. The Healthy People 2020 Goal for high cholesterol diagnosis is 13.5% for adults aged 20 and above.
- The percentage of Erie County adults who ever had their blood cholesterol checked decreased from 89% in 2004 to 79% in 2011 and the percentage who had their blood cholesterol checked within the past five years decreased from 85% in 2004 to 76% in 2011. This was lower than the Healthy People 2020 goal of 82.1%. Significantly higher percentages were seen for those with household income of \$50,000 and above.

Chronic Obstructive Pulmonary Disease (COPD)

- The percentage of Erie County adults who were ever told they had COPD, emphysema, or chronic bronchitis remained at 7%. Significantly lower percentages were seen for those with household income of \$50,000 and above and lower percentages were seen for college graduates as well as those with some college. The percentage of diagnosed COPD was higher for females compared to males.
- Overall, COPD prevalence increased with increasing age, decreasing education, and decreasing income.

Diabetes and Pre-diabetes

- The percentage of Erie County adults who were ever diagnosed with diabetes increased from 9% in 2007 to 11% in 2011-2013. A comparatively higher percentage was seen for those age 45 and above (especially age 65 and above), lower household income (especially below \$25,000), and education less than a college degree (especially less than or equal to high school).



- Only 54% of non-diabetic Erie County adults were tested for high blood sugar in the past three years.
- The percentage of Erie County adults who were ever diagnosed with pre-diabetes increased to 8%. Comparatively higher percentages of pre-diabetes were seen for ages 45 and above (especially age 65 and above), income below \$50,000 (especially \$25,000-\$49,999), and less than or equal to high school education.
- During the 2012-2013 school year, 0.36% of Erie County students (grades K-12) had a medical diagnosis of type 1 diabetes compared with 0.33% for PA. This prevalence has remained relatively constant since the 2005-2006 school year.

Kidney Disease

- Among Erie County adults who were ever diagnosed with chronic kidney disease, comparatively higher percentages were seen for age 65 and above, age 45-64, and those with income less than \$25,000.

Preventive Health Services

Based on the Behavioral Risk Factor Surveillance System (BRFSS) Survey and the Pennsylvania Department of Health School Health Statistics, preventive health statistics for Erie County, Pennsylvania, and the U.S. are listed in the table below.

Preventive Health Services

Preventive Health Service Utilization* Erie County, PA, & U.S.**			
	Erie County	Pennsylvania	United States
	%	%	%
ANNUAL MAMMOGRAM (Females Age 40+)	67 [^]	58 ^{^^}	NA
ANNUAL CLINICAL BREAST EXAM (Females Age 40+)	67 [^]	62 ^{^^}	NA
ANNUAL PAP TEST	60 [^]	NA	NA
SIGMOIDOSCOPY and COLONOSCOPY IN PAST FIVE YEARS (Age 50+)	62 [^]	NA	NA
FECAL OCCULT BLOOD TEST (FOBT) IN PAST TWO YEARS (Age 50+)	18 [^]	NA	17 ^{^^}
ANNUAL PSA BLOOD TEST (Males Age 40+)	52 [^]	56 (Age 50+) ^{^^}	NA
ANNUAL DIGITAL RECTAL EXAM (Males Age 40+)	42 [^]	47 (Age 50+) ^{^^}	NA
ANNUAL FLU SHOT (Age 65+)	70 [^]	NA	61
ANNUAL FLU SHOT (Age 50+)	60 [^]	50 [^]	NA
PNEUMONIA VACCINATION (Age 65+)	79	71	70
DENTAL VISITS	70 [^]	71 ^{^^}	70 ^{^^}

*Reported values are for adults aged 18 and above unless otherwise noted
**Data is the most current available as of April 2015 and represents either 2013 annual data or 2011-2013 3-Year summary data except where noted; [^] = 2011; ^{^^}=2010
NA = Not available
Sources: Pennsylvania Department of Health, Behavioral Risk Factor Surveillance System (BRFSS) Survey, Erie County 3-Year Sum County Level Data and PA 3-Year Sum Data , 2011-2013; 2011 Erie County BRFSS Survey; 2010 and 2011 Behavioral Health Risks of Pennsylvania Adults; 2010, 2011, 2013 Centers for Disease Control and Prevention (CDC) BRFSS

Early disease detection as well as disease prevention efforts are important tools used to limit the chronic disease burden. Despite a steady decline since 2001, the percentage of Erie County women who reported having an annual mammogram or an annual clinical breast examination remains higher than PA. During this same time frame, the percentage of Erie County adults (age 50+) who reported having a sigmoidoscopy or colonoscopy for colorectal cancer detection or a prostate specific antigen (PSA) blood test for prostate cancer has increased steadily while the percentage of both fecal occult blood stool testing and digital rectal exams have decreased. Despite a sharp decline for the most recent reporting year, the overall incidence of flu immunizations for seniors aged 65 and above has remained relatively stable while the percentage of pneumonia vaccinations for this same age group has steadily increased.

Disparities occur within the following population subgroups identified in the BRFSS: age, gender, education, and income. Racial and ethnic data is not available for the most recent reporting year. Generally, screening percentages increased with increasing education and increasing income.

Breast Cancer Screening

- The percentage of Erie County females aged 40 and above who reported having an annual mammogram decreased from 77% in 2001 to 67% in 2011, but remains higher than PA. Lower percentages were seen for age 40-49, income below \$25,000, and some college education.
- The percentage of Erie County females aged 40 and above who reported having an annual clinical breast exam decreased from 80% in 2001 to 67% in 2011, but remains higher than PA. Lower percentages were seen for age 75 and above, income below \$25,000, and some college education.

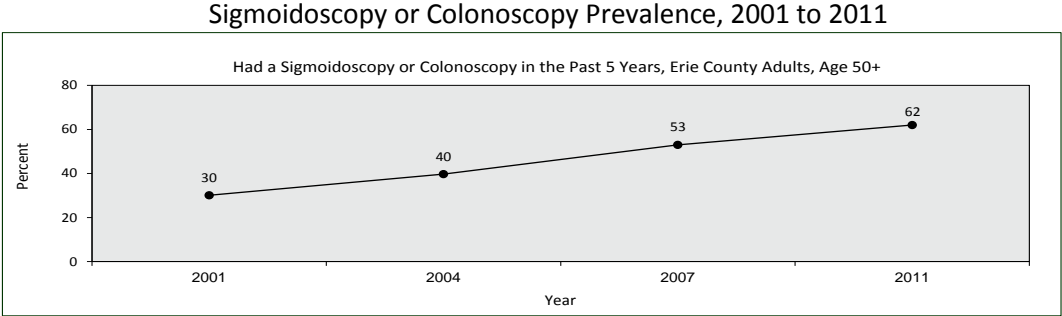
Cervical Cancer Screening

- The percentage of Erie County females aged 18 and above who reported having an annual Pap test decreased from 64% in 2004 to 60% in 2011.

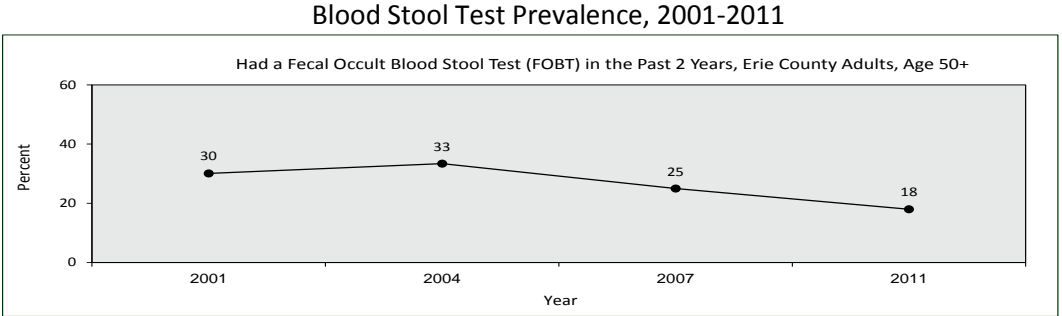
- Annual screening was significantly higher for college graduates compared with other education groups and significantly higher for household income of \$50,000 and above compared with other income groups. Lower percentages were seen for age 65 and above, income below \$25,000, and less than a high school education.
- The following population groups experienced a steady decline in annual Pap testing from 2004 to 2011: age 18-29, household income below \$25,000, and some college education.

Colorectal Cancer Screening

- The percentage of adults aged 50 and above who reported having a sigmoidoscopy or colonoscopy within the past five years has steadily increased since 2001 and increased significantly to 62% in 2011 compared with 53% in 2007. The prevalence for those with income of \$50,000 and above was significantly higher compared with other income groups. Overall, screening incidence decreased with decreasing income.



- The prevalence of adults aged 50 and above who reported having a blood stool test within the past two years decreased significantly to 18% in 2011 compared with 25% in 2007.



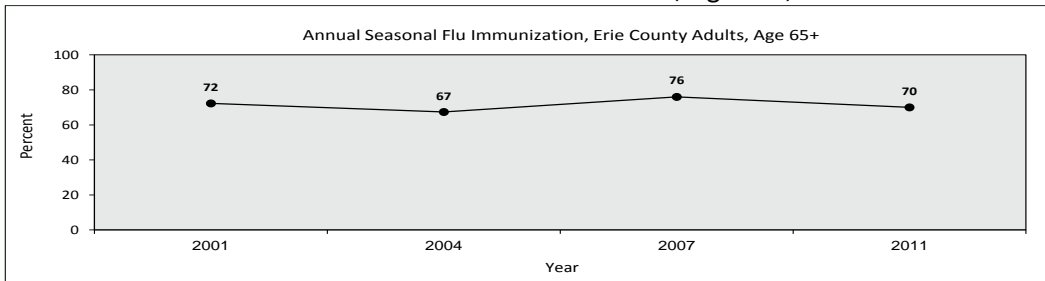
Prostate Cancer Screening

- The prevalence of males aged 40 and above who reported having a PSA blood test within the past year steadily increased by 37 percentage points from 2001 to 2011. Higher percentages were seen for age 65 and above, income of \$50,000 and above, and college graduates.
- The prevalence of males aged 40 and above who reported having a digital rectal exam within the past year decreased to 42% in 2011. Higher percentages were seen for age 65 and above, income of \$50,000 and above, and college graduates.

Influenza Immunization

- The percentage of Erie County adults aged 65 and above who reported having a flu shot within the past year decreased to 70% in 2011. This was lower than the Healthy People 2020 Goal of 90%.
 - All demographic groups, with the exception of college graduates and high school graduates, experienced a decrease in seasonal flu immunizations for this age group.

Seasonal Flu Immunization Prevalence, Age 65+, 2001-2011

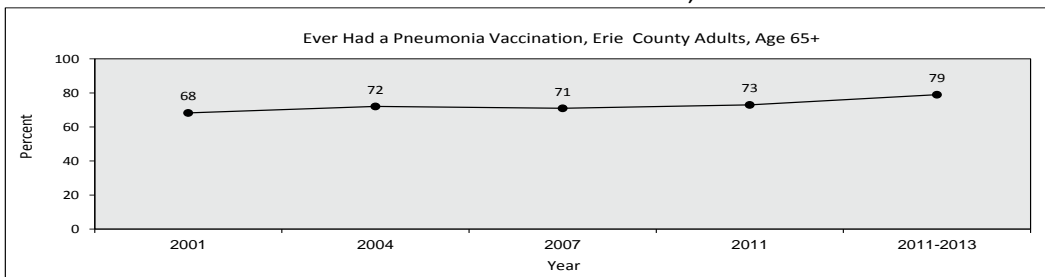


- The percentage of Erie County adults aged 50 and above who reported having a flu shot within the past year increased to 60% in 2011.

Pneumonia Immunization

- The percentage of Erie County adults aged 65 and above who ever had a pneumonia vaccination increased to 79% in 2011-2013. This was significantly higher than both PA and the U.S., but lower than the Healthy People Goal of 90%.
- The prevalence of pneumonia vaccination for males, those with less than or equal to a high school education, and those with household income of \$25,000-\$49,999 in Erie County is significantly higher than it is for the state.

Pneumonia Vaccination Prevalence, 2001-2011



Oral Health

- Seventy percent of Erie County adults aged 18 and above visited the dentist in the past year for any reason. Significantly lower percentages were seen for those with household incomes below \$50,000, for age 65 and above, and for those with less than a college degree.
- In Erie County, fluoridated water (0.7 ppm) is provided to everyone served by the following public water systems: North East water supply, Edinboro water supply, and the City of Erie water supply.

Health Risk Behaviors

Based on the Behavioral Risk Factor Surveillance System (BRFSS) Survey, the Pennsylvania Department of Health School Health Statistics, and the Pennsylvania Youth Survey (PAYS), health risk behavior statistics for Erie County, Pennsylvania, and the U.S. are listed in the table below.

Health Risk Behaviors

Health Risk Behaviors* Erie County, PA, & U.S.**			
	Erie County	Pennsylvania	United States
	%	%	%
BINGE DRINKING	22	18	17
HEAVY DRINKING	7	6	6
CHRONIC DRINKING	6	6	NA
DRINKING AND DRIVING	4 [^]	3 ^{^^}	NA
YOUTH ALCOHOL USE, EVER TRIED***	44.0	46.9	NA
YOUTH ALCOHOL USE, PAST-30-DAY USE***	17.7	20.3	NA
YOUTH BINGE DRINKING***	8.2	9.7	NA
YOUTH DRINKING AND DRIVING***	2.6	2.9	NA
YOUTH MARIJUANA, EVER TRIED***	19.0	18.9	NA
YOUTH MARIJUANA, PAST-30-DAY USE***	10.4	10.3	NA
YOUTH MARIJUANA USE AND DRIVING***	4.0	4.1	NA
YOUTH NARCOTIC PAIN RELIEVERS, EVER TRIED***	8.7	6.8	NA
YOUTH NARCOTIC PAIN RELIEVERS, PAST-30-DAY USE***	2.7	2.1	NA
YOUTH TRANQUILIZERS, EVER TRIED***	2.3	2.5	NA
YOUTH TRANQUILIZERS, PAST-30-DAY USE***	0.7	0.7	NA
YOUTH STIMULANTS, EVER TRIED***	4.3	3.7	NA
YOUTH STIMULANTS, PAST-30-DAY USE***	1.5	1.1	NA
FRUIT AND VEGETABLE CONSUMPTION (Five or more times per day)	10 [^]	15 [^]	24 ^{^^^}
NO LEISURE TIME PHYSICAL ACTIVITY	28 [^]	26 [^]	24 ^{^^}
SEAT BELT USE	83 [^]	77 [^]	85 ^{^^}
INADEQUATE SLEEP	37 [^]	39 ^{^^}	NA
CURRENT CIGARETTE SMOKER	27	22	19
QUIT SMOKING ONE OR MORE DAYS IN PAST YEAR	55	54	NA
SMOKELESS TOBACCO	6	4	NA
YOUTH CIGARETTE USE, EVER TRIED***	18.8	17.6	NA
YOUTH CIGARETTE USE, PAST-30-DAY USE***	8.4	8.0	NA
YOUTH SMOKELESS TOBACCO USE, EVER TRIED***	9.1	9.0	NA
YOUTH SMOKELESS TOBACCO USE, PAST-30-DAY USE***	4.2	4.7	NA
OBESE (BMI ≥ 30)	32	29	28 [^]
OVERWEIGHT (BMI = 25.0-29.9)	36	36	36 ^{^^}
GRADES K-12 OBESE	15	17	NA
GRADES K-12 OVERWEIGHT	36	22	NA

*Reported values are for adults aged 18 and above unless otherwise noted
 **Data is the most current available as of April 2015 and represents either 2013 annual data or 2011-2013 3-Year summary data except where noted; [^] = 2011; ^{^^}=2010; ^{^^^} = 2009
 ***Overall percentage for students in grades 6, 8, 10, and 12 as reported in 2013 Pennsylvania Youth Survey (PAYS)
 NA = Not available
 Sources: Pennsylvania Department of Health, Behavioral Risk Factor Surveillance System (BRFSS) Survey, 2011-2013 Erie County 3-Year Sum County Level Data and PA 3-Year Sum Data; 2011 Erie County BRFSS Survey; 2010 and 2011 Behavioral Health Risks of Pennsylvania Adults; 2009, 2010, 2011, 2013 Centers for Disease Control and Prevention (CDC) BRFSS; Pennsylvania Commission on Crime and Delinquency, PAYS, 2013 County Reports; Pennsylvania Department of Health, 2012-2013 School Year, Growth Screens/BMI for Age Percentiles

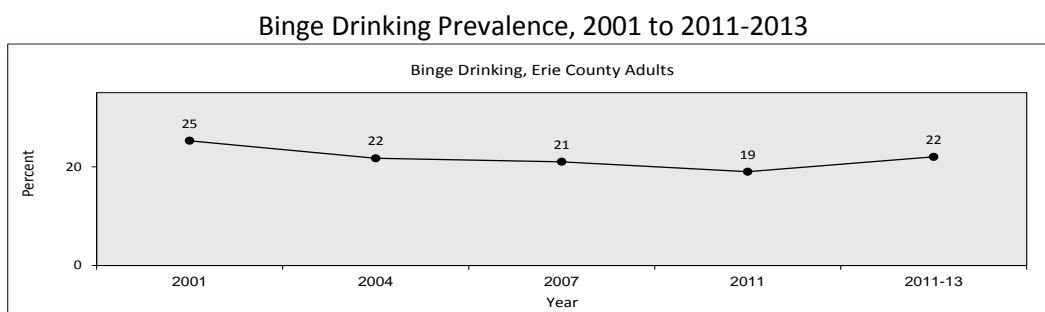
Behaviors that contribute to the leading causes of death and disability among youth and adults are considered health risk behaviors. The behaviors evaluated for this assessment are: alcohol and other drug use, tobacco use, unhealthy diet, inadequate physical activity, weight control, inadequate sleep, and behaviors that contribute to unintentional injuries and violence. Seat belt use among Erie County adults far exceeds that for PA while more Erie County adults report getting adequate sleep compared with PA.

However, Erie County adults fare worse than PA for binge drinking, unhealthy diets, inadequate physical activity, tobacco use, and obesity. Compared with PA, reported alcohol use among Erie County youth is lower, cigarette use is slightly higher, and narcotic pain reliever and stimulant use are higher. The percentage of obese students in grades K-12 is lower for Erie County compared with PA while the percentage of overweight students is considerably higher.

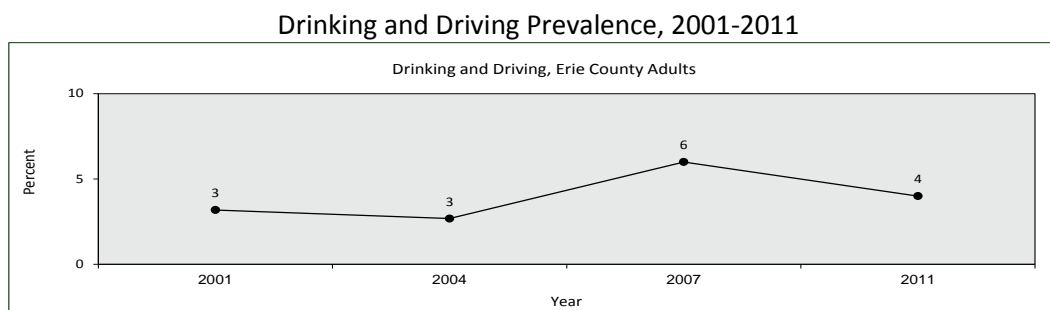
Disparities occur within the following population subgroups identified in the BRFSS: age, gender, education, and income. Racial and ethnic data is not available for the most recent reporting year. Differences in prevalence were seen among education and income groups.

Alcohol Use - Adults

- Despite an overall decline in binge drinking among Erie County adults since 2001, the percentage who reported binge drinking in the past thirty days is significantly higher than both PA and the U.S., but lower than the Healthy People 2020 goal of 24.3%.
- Binge drinking was significantly higher for males compared with females and for age 18-44 compared with other age groups.



- The percentage of Erie County adults who reported drinking and driving in the past month decreased to 4% in 2011 but remains higher than PA and the U.S.
- Drinking and driving was significantly higher for males compared with females and for ages 18-29 and 30-44 compared with ages 45-64 and 65 and above.



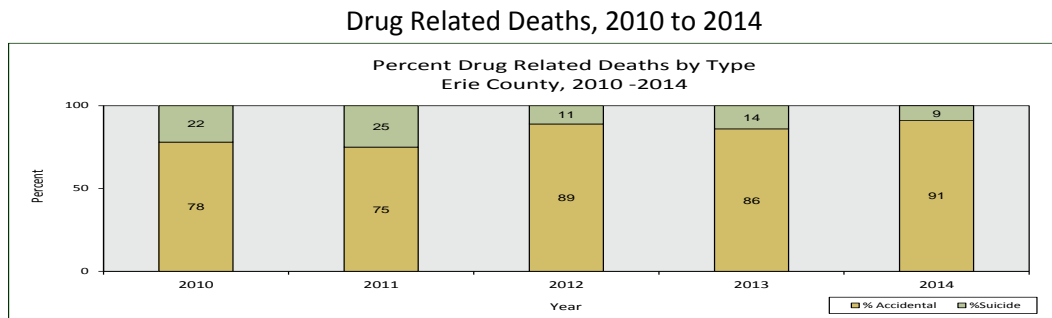
Alcohol Use – Youth (Grades 6, 8, 10, & 12)

- Alcohol is the most used drug among students in Erie County and Pennsylvania. Alcohol use among all surveyed Erie County students has shown positive downward trends.
- Alcohol use, binge drinking, and drinking and driving increased with increasing grade level.
- From 2009 to 2013, alcohol use (ever drinking, drinking in the past 30 days, and binge drinking) among Erie County students has decreased and is lower than PA.

- From 2009 to 2013, youth drinking and driving decreased from 3.9% in 2009 to 2.6% in 2013 and is lower than PA.
- From 2009 to 2013, being drunk or high at school has steadily decreased, but remains higher than PA.

Drug Related Deaths

- Based on statistics provided by the Erie County Coroner’s Office, drug related deaths, especially accidental drug related deaths, have been increasing.
- Thirty-one (55%) of the 56 accidental drug related deaths in 2014 involved heroin.



Drug Use - Youth (Grades 6, 8, 10, 12)

- Marijuana and illicit prescription drug use increased with increasing grade level.
- From 2009 to 2013, the use of marijuana (lifetime use and use within the past month) has increased.
- From 2009 to 2013, driving under the influence of marijuana has remained relatively constant.
- From 2009 to 2013, lifetime narcotic pain reliever use, lifetime tranquilizer use, and lifetime stimulant use among Erie County students has fluctuated while use of narcotic pain relievers, tranquilizers, and stimulants within the past-30-days has steadily decreased.
- From 2011 to 2013, lifetime use of inhalants decreased from 9.8% to 6.6% and the use of inhalants within the past-30-days decreased from 5.1% to 1.9%.
- Lifetime use of all other drugs increased from 2011 to 2013 while past-30-day use either remained the same or decreased with the exception of steroids and performance enhancing drugs which increased.
- Lifetime use of synthetic drugs is 3.4% for 2013.

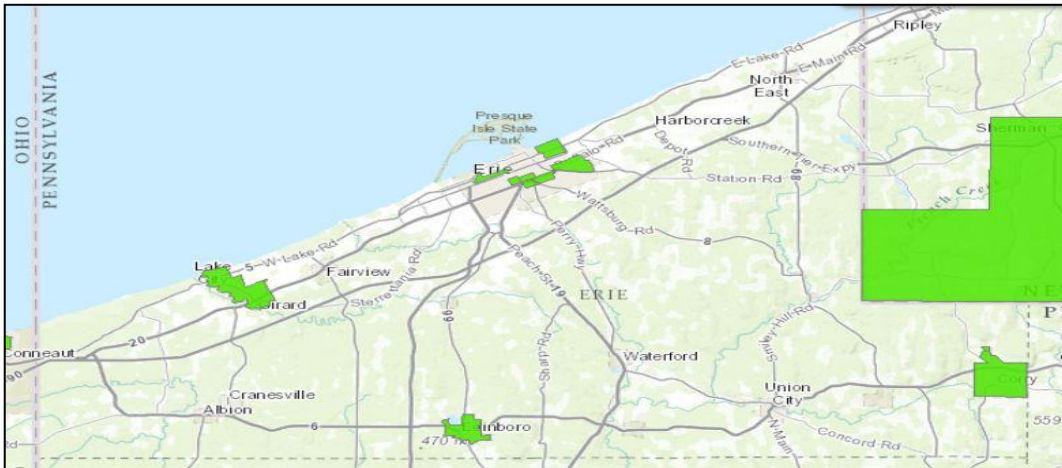
Nutrition

- The percentage of Erie County adults who eat fruits and vegetables five or more times per day significantly decreased to 10% in 2011.
- Erie County remains lower than both PA and the U.S.
- Lower percentages were seen for those with less than a high school education, those with household incomes below \$50,000, males, and those with some college education.
- Six percent of Erie County adults reported drinking three or more sugar sweetened beverages per day in 2011.

Food Deserts

- Erie County has ten food deserts which are identified by census tract number. Seven are in the City of Erie, one includes Lake City Borough and Girard Borough, one includes Edinboro Borough, and one includes the City of Corry.

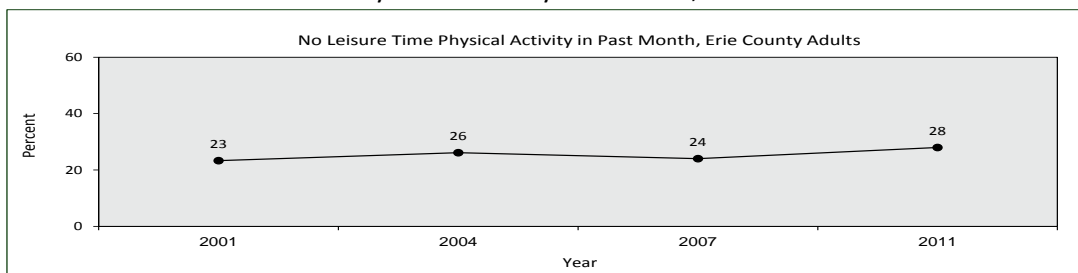
Erie County Food Deserts, 2015



Physical Activity

- The percentage of Erie County adults who reported having no leisure time physical activity in the past month increased to 28% in 2011 and was higher than PA and the U.S., but lower than the Healthy People 2020 Goal of 33%.

Physical Inactivity Prevalence, 2001-2011

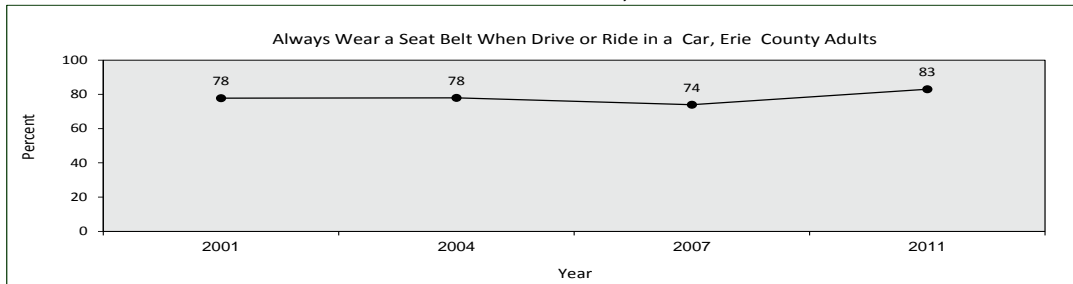


- Physical activity among college graduates was significantly higher compared with all other education groups. Physical activity among those with household income below \$25,000 was significantly lower compared with all other income groups. Those with less than a high school education were the least physically active.
- Physical activity decreased with decreasing education and decreasing income.
- For those individuals who reported some leisure time physical activity in the past month, walking (53%) was the most popular.

Seat Belt Use

- The percentage of Erie County adults who always wear a seat belt when they drive or ride in a car significantly increased to 83% in 2011. This was higher than PA, but lower than both the U.S. and the Healthy People 2020 Goal of 92.4%.
- From 2007 to 2011, all demographic groups, with the exception of those with some college education, reported an increase in seat belt use.
- Seat belt use increased with increasing age, education, and income.

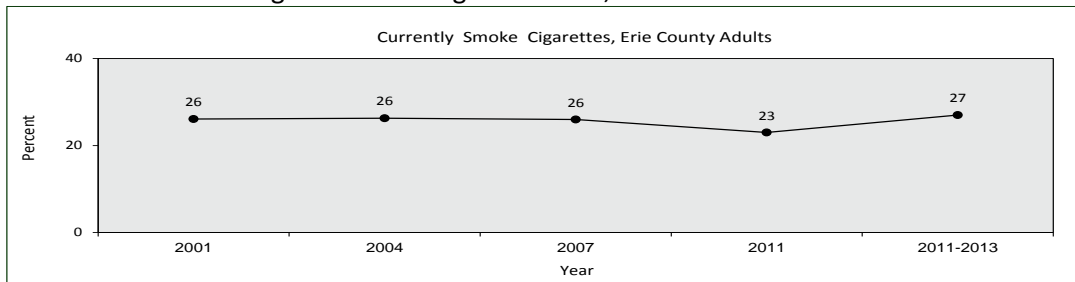
Seat Belt Use Prevalence, 2001-2011



Tobacco Use - Adults

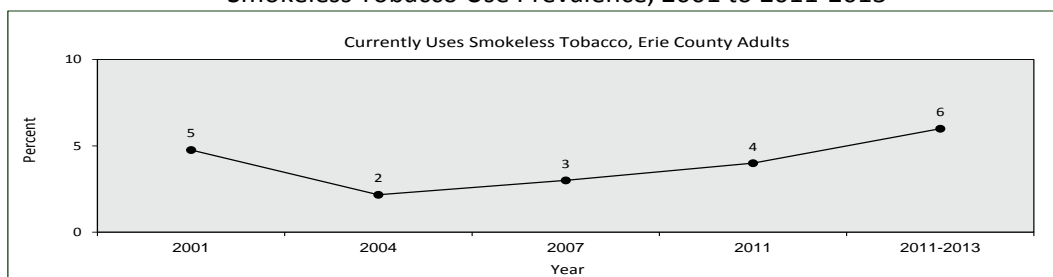
- The percentage of Erie County adults who currently smoke cigarettes increased to 27% in 2011-2013 and was significantly higher than both PA and the U.S. It was also higher than the Healthy People 2020 Goal of 12.0%.

Cigarette Smoking Prevalence, 2001 to 2011-2013



- From 2011 to 2011-2013, current smoking significantly increased for males and increased for all demographic groups with the exception of college graduates.
- In Erie County, smoking among males and among those aged 18-44 is significantly higher than it is for the state.
- The highest prevalence of current smoking was seen among those with household income less than \$25,000, age 18-44, and those with less than or equal to a high school education.
- Smoking decreased with increasing age, increasing education, and increasing income.
- The percentage of Erie County adults who are former smokers decreased to 26%. The percentage of former smokers increased with increasing age and decreasing education.
- The percentage of Erie County adults who quit smoking at least 1 day in the past year decreased to 55% in 2011-2013, but is higher than PA
- The percentage of Erie County adults who currently use smokeless tobacco increased to 6% in 2011-2013 and is higher than PA.

Smokeless Tobacco Use Prevalence, 2001 to 2011-2013



- Smokeless tobacco use for those with some college in Erie County is significantly higher than it is for the state.
- The percentage of smokeless tobacco use increased with decreasing age and increasing income.

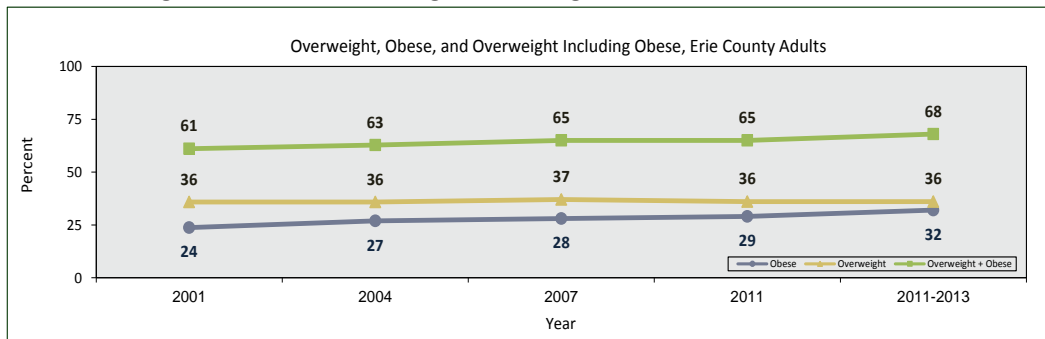
Tobacco Use - Youth (Grades 6, 8, 10, & 12)

- Tobacco is the second most used drug among students in both Erie County and Pennsylvania.
- From 2009 to 2013, lifetime cigarette use steadily decreased from 26.2% in 2009 to 18.8% in 2013, but remains higher than PA.
- From 2009 to 2013, past 30-day-cigarette use decreased from 10.2% in 2009 to 8.4% in 2013, but remains higher than PA.
- From 2009 to 2013, lifetime smokeless tobacco use steadily decreased from 13.1% in 2009 to 9.1% in 2013 and is only slightly higher than PA.
- From 2009 to 2013, past-30-day smokeless tobacco use steadily decreased from 7.0% in 2009 to 4.2% in 2013, but remains higher than PA.

Weight Control - Adults

- From 2001 to 2011-2013, the percentage of overweight Erie County adults has remained relatively stable. However, during this same period, adult obesity has increased by 8 percentage points.

Overweight, Obese, & Overweight Including Obese Prevalence, 2001 to 2011-2013

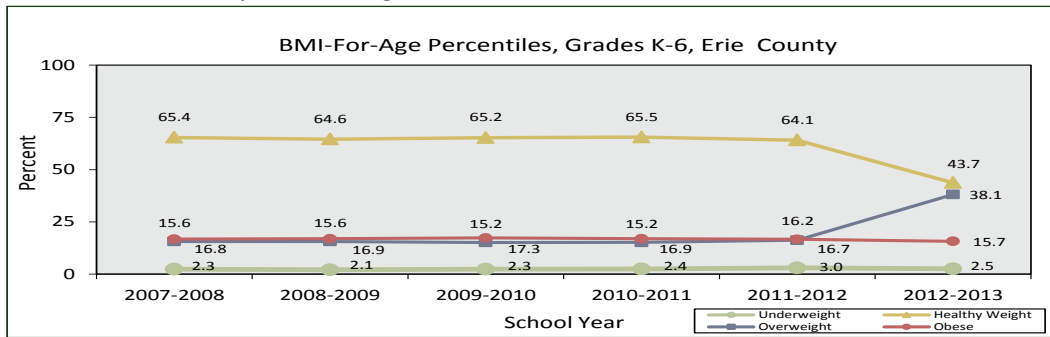


- The percentage of Erie County adults who were obese (BMI of 30 and above) in 2011-2013 is higher than PA, the U.S., and the Healthy People 2020 Goal of 30.6% of those aged 20 and above.
- Obesity was higher for males, those aged 45-64, those with less than or equal to a high school education, and those with income less than \$25,000.
- Obesity decreased with increasing education and increasing income.
- The percentage of Erie County adults who were overweight (BMI of 25 to <30) mirrors both PA and the U.S.
- Males, those with income of \$50,000 and above, and age 45-64 had the highest percentage of overweight individuals while females had the lowest.

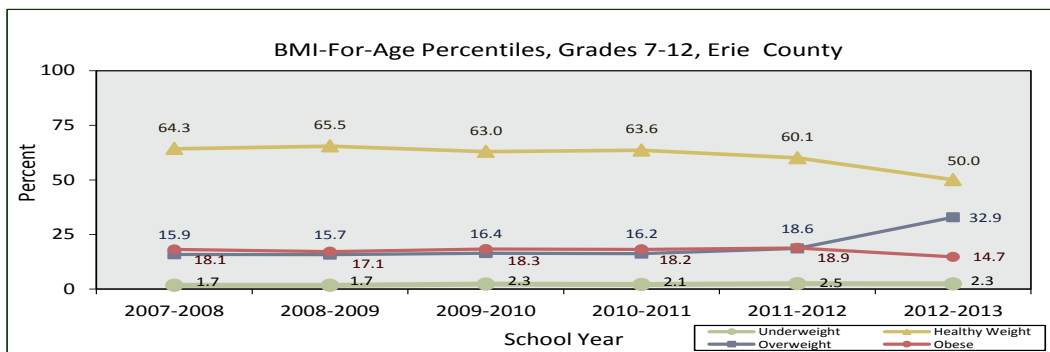
Children and Youth BMI-for-Age

- Grades K-6 (2011-2012 to 2012-2013 comparisons)
 - The percentage of obese students decreased from 16.7% to 15.7%.
 - The percentage of overweight students increased from 16.2% to 38.1%
 - The percentage of healthy weight students decreased from 64.1% to 43.7%
- Grades 7-12 (2011-2012 to 2012-2013 comparisons)
 - The percentage of obese students decreased from 19.9% to 14.7%
 - The percentage of overweight students increased from 18.6% to 32.9%
 - The percentage of healthy weight students decreased from 60.1% to 50.0%

Erie County BMI-For-Age Percentiles, Grades K-6, 2007-2008 to 2012-2013



Erie County BMI-For-Age Percentiles, Grades 7-12, 2007-2008 to 2012-2013



- During the 2012-2013 school year, 46.5% of all students in grades K-12 were healthy weight, 35.8% were overweight, and 15.3% were obese.
- From 2011-2012 to 2012-2013, Erie County grades K-12 saw a larger reduction in healthy weight students compared with PA, a larger increase in overweight students compared with PA, and a larger reduction in obese students compared with PA.

Mental and Behavioral Health

Based on the Behavioral Risk Factor Surveillance System (BRFSS) Survey, the Pennsylvania Department of Health School Health Statistics, and the Pennsylvania Youth Survey (PAYS), health risk behavior statistics for Erie County, Pennsylvania, and the U.S. are listed in the table below.

The prevalence of depression among Erie County adults and the prevalence of depression and suicide risk behaviors among school age children were higher compared with PA. Approximately one third of Erie County adults reported experiencing financial stress while almost one fifth reported being diagnosed with an anxiety disorder. The prevalence of attention deficit disorder among Erie County students mirrored that of PA.

Disparities occur within the following adult population subgroups identified in the BRFSS: age, gender, education, and income. Racial and ethnic data is not available for the most recent reporting year. The prevalence of mental health risk behaviors increased with decreasing income, education, and age.

Mental and Behavioral Health

Mental and Behavioral Health* Erie County, PA, & U.S.**			
	Erie County	Pennsylvania	United States
	%	%	%
DEPRESSION	21	18	NA
YOUTH DEPRESSION: FEEL DEPRESSED OR SAD MOST DAYS***	35.4	31.7	NA
YOUTH DEPRESSION: LIFE NOT WORTH IT***	24.7	22.6	NA
YOUTH DEPRESSION: I AM NO GOOD AT ALL***	34.9	32.7	NA
YOUTH DEPRESSION: I AM A FAILURE***	18.6	17.4	NA
YOUTH SUICIDE: SAD AND HOPELESS LAST 2 WEEKS***	25.3	23.4	NA
YOUTH SUICIDE: CONSIDERED SUICIDE***	17.7	15.6	NA
YOUTH SUICIDE: PLANNED SUICIDE***	13.0	11.6	NA
YOUTH SUICIDE: ATTEMPTED SUICIDE***	9.4	7.6	NA
YOUTH SUICIDE: TREATED FOR ATTEMPT***	2.7	1.7	NA
ANXIETY DISORDER	17 [^]	NA	NA
ATTENTION DEFICIT DISORDER/HYPERACTIVITY (ADD/ADHD): ALL SCHOOL STUDENTS	6.5	6.2	NA
FINANCIAL STRESS	32 [^]	NA	NA

*Reported values are for adults aged 18 and above unless otherwise noted
 **Data is the most current available as of April 2015 and represents either 2013 annual data, 2011-2013 3-Year summary data, or 2012-2013 school year data except where noted; [^] = 2011
 ***Overall percentage for students in grades 6, 8, 10, and 12 as reported in Pennsylvania Youth Survey (PAYS)
 NA = Not available
 Sources: Pennsylvania Department of Health, Behavioral Risk Factor Surveillance System (BRFSS) Survey, 2011-2013 Erie County 3-Year Sum County Level Data and PA 3-Year Sum Data; 2011 Erie County BRFSS Survey; Pennsylvania Commission on Crime and Delinquency, PAYS, 2013 County Reports

Depression - Adults

- The percentage of Erie County adults who reported ever being diagnosed with a depressive disorder increased from 19% in 2011 to 21% in 2011-2013. This increase was significant for those with household income of \$25,000-\$49,999.
- The highest percentage of depression was seen among those with household income less than \$25,000 followed by those with income of \$25,000-\$49,999.
- Depression diagnosis decreased with increasing education and increasing income.

Depression - Youth Symptoms Grades 6, 8, 10, & 12

- From 2011 to 2013, depression symptoms increased for middle and high school students
- From 2011 to 2013, the percentage of students who 1) felt depressed or sad most days in the past year increased from 34.4% to 35.4%, 2) sometimes think that life is not worth it increased from 21.7% to 24.7%, 3) at times, think that they are no good at all increased from 30.2% to 34.9%, and 4) think they are a failure increased from 15.1% to 18.6%.

Suicide Risk - Youth Grades 6, 8, 10, & 12

- In 2013, the percentage of Erie County students who reported suicide risk behaviors was higher than PA for all five indicators and for all grade levels. The five indicators are: felt very sad or hopeless within the past two weeks, considered suicide, planned suicide, attempted suicide, and received medical treatment for a suicide attempt.

Youth Suicide Risk, 2013

Suicide Risk										
Erie County 2013 PAYS										
	<i>Very Sad/Hopeless Last 2 Weeks</i>		<i>Considered Suicide</i>		<i>Planned Suicide</i>		<i>Attempted Suicide</i>		<i>Medical Treatment for Attempt</i>	
	Erie County	PA	Erie County	PA	Erie County	PA	Erie County	PA	Erie County	PA
<u>Grade</u>	<u>2013</u>	<u>2013</u>	<u>2013</u>	<u>2013</u>	<u>2013</u>	<u>2013</u>	<u>2013</u>	<u>2013</u>	<u>2013</u>	<u>2013</u>
6th	19.7%	16.8%	8.4%	6.9%	5.7%	4.7%	5.0%	4.2%	1.6%	1.0%
8th	24.3%	22.3%	18.5%	14.7%	12.9%	10.9%	9.4%	7.6%	3.1%	1.9%
10th	30.2%	27.3%	22.1%	20.4%	17.0%	15.7%	12.0%	9.6%	3.4%	2.4%
12th	27.7%	26.1%	22.4%	18.9%	17.2%	14.0%	11.5%	8.5%	2.8%	1.4%
Overall	25.3%	23.4%	17.7%	15.6%	13.0%	11.6%	9.4%	7.6%	2.7%	1.7%

Anxiety Disorder

- In 2011, 17% of Erie County adults reported being diagnosed with an anxiety disorder.
- The highest percentage was for those with household income less than \$25,000 and those aged 18-29.
- Anxiety disorder decreased with increasing age, increasing education, and increasing income.

Attention Deficit Disorder/Hyperactivity (ADD/ADHD)

- For the 2012-2013 school year, 6.5% of Erie County students were diagnosed with ADD/ADHD.

Financial Stress

- In 2011, 32% of Erie County adults reported being worried about money.
- The highest prevalence of financial stress was seen for those with household income below \$25,000 followed by age 18-29, and those with less than a high school education.
- Financial stress decreased with increasing age, increasing education, and increasing income.

Special Populations

Based on the Behavioral Risk Factor Surveillance System (BRFSS) Survey, the Pennsylvania Department of Health Refugee Health Program, the United States Census Bureau, and the Housing and Urban Development (HUD) Exchange, special population statistics for Erie County, Pennsylvania, and the U.S. are listed in the table below.

Special Populations

Special Populations Erie County, PA, & U.S.			
	Erie County	Pennsylvania	United States
REFUGEES (10-1-13 TO 9-30-14)	621	3,033	NA
REFUGEES (1-1-03 to 12-31-14)	5,250	28,176	NA
HOMELESS: TOTAL HOUSEHOLDS	305^^	10,657^^	NA
HOMELESS: TOTAL PERSONS IN HOUSEHOLDS	408^^	15,333^^	NA
DISABILITY ADULT: ARTHRITIS	43%^	50%^	NA
DISABILITY ADULT: USE OF SPECIAL EQUIPMENT	10% 2013	9% 2013	8% 2013
DISABILITY ADULT: VISION IMPAIRMENT	14%^	18%^	NA
DISABILITY: TOTAL POPULATION	15.2% 2013	13.2% 2013	NA

Adults are age 18 and above
 **Data is the most current available as of April 2015 and represents 2011-2013 3-Year summary data except where noted; ^ = 2011, ^^=2014
 NA = Not available
 Sources: Pennsylvania Department of Health, Behavioral Risk Factor Surveillance System (BRFSS) Survey, 2011-2013 Erie County 3-Year Sum County Level Data and PA 3-Year Sum Data; 2011 Erie County BRFSS Survey; Pennsylvania Department of Health, Refugee Health Program; Housing and Urban Development (HUD) Exchange, Continuum of Care (CoC) Homeless Populations and Subpopulations Reports

Refugees and Immigrants

- Erie County is one of the leading refugee resettlement counties in Pennsylvania.
- From October 1, 2013 to September 30, 2014, 20.5% (621) of all PA refugees settled in Erie County. Of these, 33% were from Bhutan and 30.9% were from Somalia.
- From January 1, 2003 to December 31, 2014, a total of 5,250 refugees from 35 countries resettled in Erie County.

Homeless

- In 2014, 408 homeless individuals and 305 homeless households were serviced.
- From 2011 to 2014, the number of households in emergency shelters increased 8%, the number of households in transitional housing increased 12%, and the number of unsheltered households increased 19%.
- From 2011 to 2014, the number of persons in emergency shelters decreased 16%, the number of persons in transitional housing increased 25%, and the number of unsheltered persons increased 42%.
- In 2014, 38% of individuals serviced were severely mentally ill and 33% were chronic substance abusers.
- From 2011 to 2014 in Erie County, the number of homeless who were severely mentally ill increased 45%, the number of homeless who were chronic substance abusers increased 214% (3% for PA), and the number of homeless who were victims of domestic violence increased 22%.

Disabled – BRFSS

- In 2011, 43% of Erie County adults with arthritis reported that their arthritis or joint pain limited their activity.
- Limited activity due to arthritis or joint pain decreased with increasing education and increasing income.
- The percentage of Erie County adults with health problems that require the use of special equipment has steadily increased from 6% in 2007 to 10% in 2011-2013. This was higher than both PA and the U.S.
- The highest prevalence of use of special equipment was seen among age 65 and above and those with household income less than \$25,000.
- The use of special equipment due to health problems increased with increasing age, decreasing education, and decreasing income.

- In 2011, 14% of Erie County adults reported being visually impaired even when wearing glasses.
- The highest percentage of vision impairment was seen among age 65 and above followed by those with household income below \$25,000 and those with less than a high school education.
- Vision impairment even when wearing glasses increased with increasing, decreasing education, and decreasing income.

Disabled – American Community Survey

- For the years 2009-2013, 15.2% of the civilian, noninstitutionalized population in Erie County had a disability.
- For those 65 years and older, 23.2% had ambulatory difficulty, 16.7% had hearing difficulty, and 15.5% had independent living difficulty.

Health-Related Quality of Life

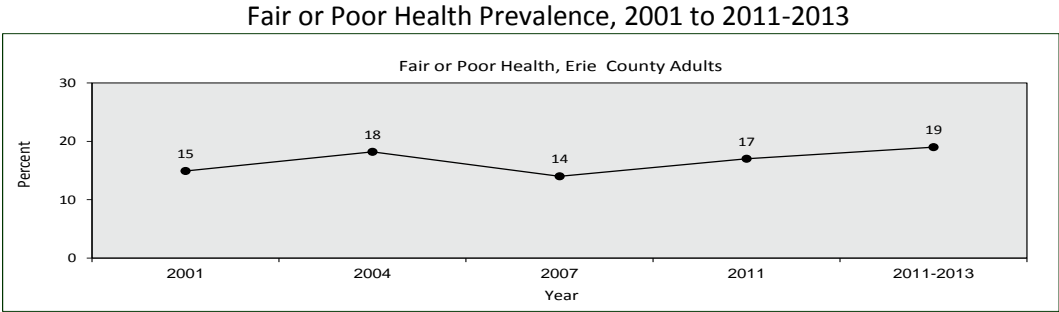
Based on the Behavioral Risk Factor Surveillance System (BRFSS) Survey, health-related quality of life statistics for Erie County, Pennsylvania, and the U.S. are listed in the table below.

Health-Related Quality of Life			
Health-Related Quality of Life*			
Erie County, PA, & U.S. 2013 & 2011-2013			
	Erie County	Pennsylvania	United States
	%	%	%
FAIR or POOR HEALTH	19	17	17
POOR PHYSICAL HEALTH	39	38	NA
POOR MENTAL HEALTH	38	36	NA
ACTIVITY LIMITED 1+ DAYS IN PAST MONTH DUE TO POOR PHYSICAL/MENTAL HEAL	25	22	20
USUAL ACTIVITY LIMITED	23	21	NA

*Reported values are for adults aged 18 and above unless otherwise noted
 NA = Not available
 Sources: Pennsylvania Department of Health, Behavioral Risk Factor Surveillance System (BRFSS) Survey, 2011-2013 Erie County 3-Year Sum County Level Data and PA 3-Year Sum Data; 2013 Centers for Disease Control and Prevention (CDC) BRFSS

Fair or Poor Health

- The percentage of Erie County adults who reported fair or poor health increased from 17% in 2011 to 19% in 2011-2013.



- In 2011-2013, fair or poor health was significantly lower for age 18-44 compared with age 65 and above, significantly higher for those with less than a high school education compared with college

graduates, and significantly higher for those with household income below \$25,000 compared to those with income of \$50,000 and above.

- Fair or poor health increased with increasing age, decreasing education, and decreasing income.

Poor Physical Health

- The percentage of Erie County adults who reported poor physical health increased from 36% in 2011 to 39% in 2011-2013.
- The highest prevalence of poor physical health was seen among those with household income less than \$25,000, income of \$25,000-\$49,999, age 45-64, and less than or equal to high school education.
- Poor physical health increased with decreasing education and decreasing income.

Poor Mental Health

- The percentage of Erie County adults who reported poor mental health increased from 33% in 2011 to 38% in 2011-2013.
- The highest prevalence of poor mental health was seen among those with household income less than \$25,000, age 18-44, females, and those with less than or equal to a high school education.
- Poor mental health increased with decreasing age, decreasing education, and decreasing income.

Restricted Activity

- The percentage of Erie County adults whose poor physical and/or mental health prevented their usual activity increased from 21% in 2011 to 25% in 2011-2013.
- The highest prevalence of restricted activity was seen among those with household income below \$25,000 and those with less than or equal to a high school education.
- Restricted activity due to poor physical or mental health increased with decreasing education and decreasing income.

Limited Activity

- The percentage of Erie County adults whose activities were limited in any way due to physical, mental, or emotional problems was 23% in 2011-2013.
- The highest percentage of limited in activity was seen among those with household income below \$25,000 and age 45-64 while the lowest percentage was for those with household income of \$50,000 and above followed by age 18-44 and college graduates.
- Limited in activity in any way due to physical, mental, or emotional problems decreased with increasing education and increasing income.

Health Care Access

- Based on the Behavioral Risk Factor Surveillance System (BRFSS) Survey, the Pennsylvania Department of Public Welfare, and the Hospital & Healthsystem Association of PA, health care access statistics for Erie County, Pennsylvania, and the U.S. are listed in the table below.

Health Care Access

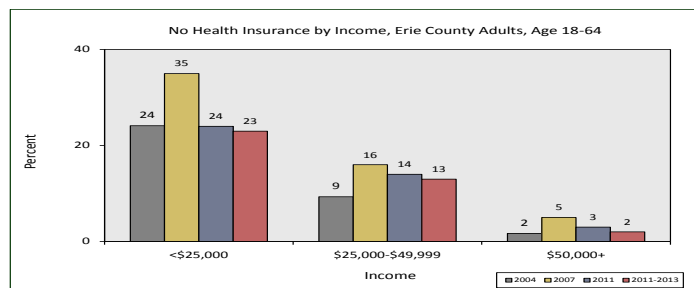
Health Care Access* Erie County, PA, & U.S.**			
	Erie County	Pennsylvania	United States
	%	%	%
NO HEALTH INSURANCE	13	16	20
MEDICAID RECIPIENTS	21.8	16.4	NA
MEDICARE ELIGIBLE	19.4^^	19.6^^	NA
CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)	6.0	6.9	NA
NO PERSONAL HEALTH CARE PROVIDER	12	13	23
ROUTINE CHECKUP IN PAST TWO YEARS	84	83	81
LACK OF NEEDED CARE DUE TO COST	13	13	15
LACK OF NEEDED MEDICATION DUE TO COST	12^	NA	NA

*Reported values are for adults aged 18 and above unless otherwise noted
 **Data is the most current available as of April 2015 and represents either 2013 annual data or 2011-2013 3-Year summary data except where noted; ^ = 2011, ^^2014
 NA = Not available
 Sources: Pennsylvania Department of Health, Behavioral Risk Factor Surveillance System (BRFSS) Survey, 2011-2013 Erie County 3-Year Sum County Level Data and PA 3-Year Sum Data; 2011 Erie County BRFSS Survey; 2013 Centers for Disease Control and Prevention (CDC) BRFSS; Pennsylvania Department of Public Welfare, Report 568; Center for Medicaid and Medicare Services (CMS)

Health Insurance

- The self-reported percentage of Erie County adults with no health insurance remained at 13% in 2013 and was lower than PA and the U.S., but higher than the Healthy People 2020 Goal of 0% (100% with health insurance).
- The highest prevalence of no health insurance was seen among those with household income below \$25,000 and those with less than or equal to a high school education.
- Lack of health insurance among adults age 18-64 increased with decreasing education and decreasing income.

No Health Insurance by Income, 2004 to 2011-2013



Marketplace Enrollment and Uninsured Population

- As of July 2014, 17.1% of uninsured Erie County residents had enrolled in the marketplace and are now covered by health insurance compared with 23.6% for PA.

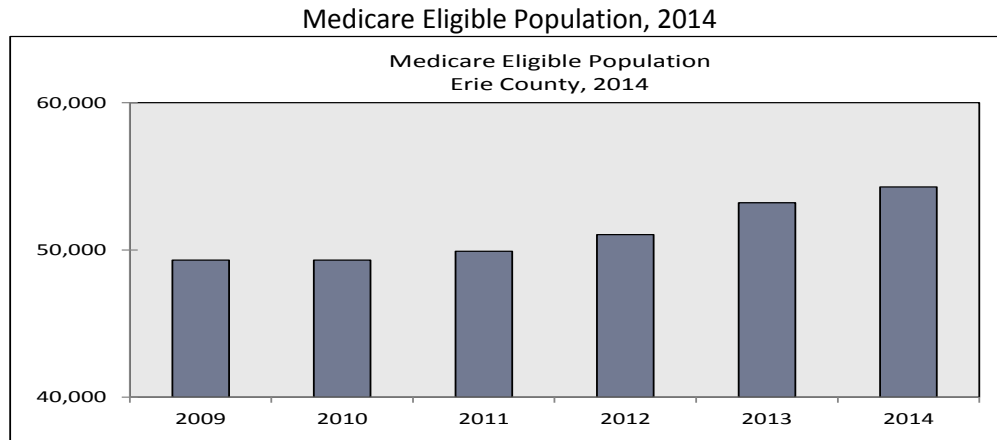
Medicaid

- For 2013, 63,795 adults and children were eligible for medical assistance and 60,996 Erie County residents received medical assistance
- From 2011 to 2013, the percentage of Erie County residents receiving medical assistance decreased but remains higher than PA. During this time the number of elderly and disabled Medicaid recipients increased.

- Of all 67 counties in Pennsylvania, Erie County ranked fourth in percent of Medicaid recipients. Highest was Philadelphia County followed by Fayette County and Cameron County.
- On January 1, 2015 Pennsylvania expanded Medicaid eligibility from income below 100% of the federal poverty level (FPL) to income below 138% FPL. The number of Erie County adults and children now eligible for assistance as reported for June 2015 is 72,357.

Medicare

- From 2009 to 2014, the number of Erie County residents who were eligible for Medicare increased by 10.1% and the number of Pennsylvania residents who were eligible for Medicare increased by 12.2%.
- For 2014, 19.4% of all Erie County residents were eligible for Medicare. Cameron County had the largest percentage of Medicare eligible residents at 28.5%.

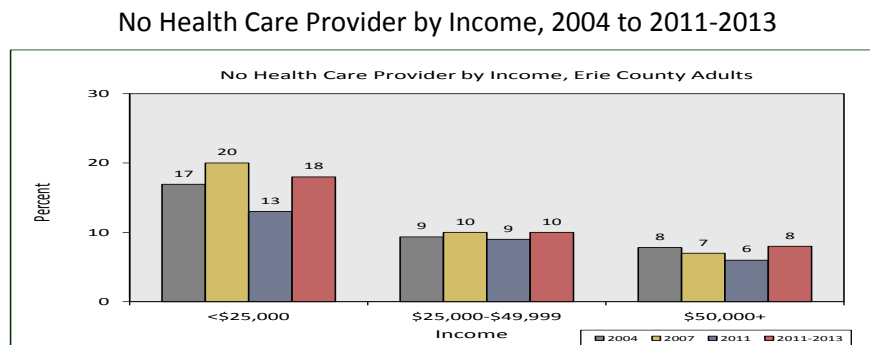


Children’s Health Insurance Program (CHIP)

- In 2013, the percentage of Erie County children under 19 years of age who were enrolled in the Children’s Health Insurance Program (CHIP) remained at 6%.

Personal Health Care Provider

- Despite an increase in 2011-2013, the percentage of Erie County adults who did not have a personal health care provider has remained relatively stable since 2004 and is lower than both PA and the U.S.



- The highest percentage of residents with no personal health care provider was seen among those with household income below \$25,000 and those age 18-44 followed.
- Lack of a personal health care provider increased with decreasing age, decreasing education, and decreasing income.

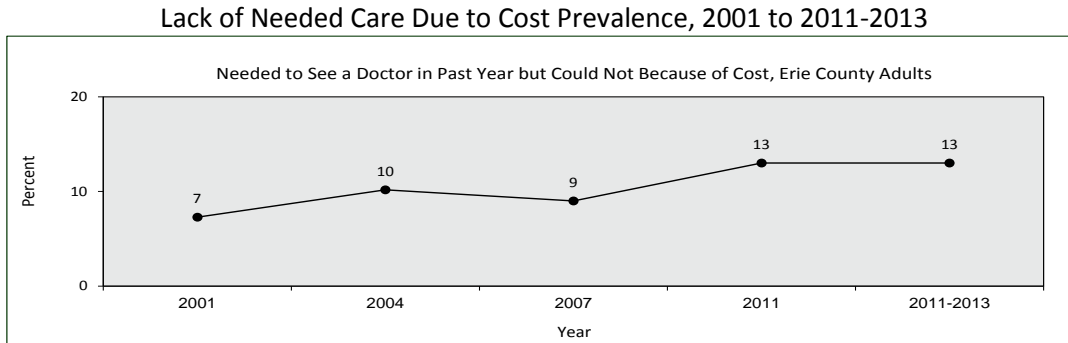
Routine Checkup

- Despite a decrease in 2011-2013, the percentage of Erie County adults who visited a doctor for a routine checkup in the past two years remains higher than both PA and the U.S.

- Those aged 65 and above had the highest percentage of routine doctor visits and checkups at 93% followed by income of \$50,000 and above, females, and age 45-64.

Lack of Care Due to Cost

- Since 2001, the percentage of Erie County adults who needed to see a doctor in the past year but could not because of cost has increased to 13%. This mirrors PA, but is lower than the U.S.



- Residents with income below \$25,000 had the highest percentage of not seeking care due to cost, followed by income of \$25,000-\$49,999, age 18-44, and less than or equal to a high school education.
- Needing to see a doctor in the past year but could not because of cost increased with decreasing age, decreasing education, and decreasing income.

Lack of Medication Due to Cost

- In 2011, 12% of Erie County adults needed prescribed medication in the past year but did not get it due to cost.
- Not getting prescribed medication in the past year due to cost was significantly higher for those with household income below \$25,000 compared with all other income groups and for females compared with males. Prevalence was also higher for those with less than a high school education and aged 18-29.
- Not getting needed medication in the past year because of cost increased with decreasing age, decreasing education, and decreasing income.

Health Care Providers

- Erie County has four acute care hospitals, three specialty facilities including one rehabilitation and one pediatric, a Veterans Affairs medical center, a regional cancer center, and six ambulatory surgery centers.
- Three areas within Erie County have been designated as medically underserved areas (MUA), the entire county low income population has been identified as a dental health professional shortage area (HPSA), and one rural area has been designated a primary medical care HPSA. Services to these populations are provided by three federally qualified health centers (FQHC), a multi-cultural health evaluation delivery system, two rural health centers, and two established free clinics.
- A medical school, a school of pharmacy, and a dental school affiliated clinic are located in Erie County as well as four universities.
- There are twenty-one licensed nursing homes, ten licensed home health agencies, thirty-four licensed homecare agencies, eight licensed hospice providers, and twenty-one licensed nursing homes in Erie County.
- In Erie County, the Multicultural Health Evaluation Delivery System and St. Vincent Hospital have signed participating provider agreements with the Pennsylvania Refugee Resettlement Program to provide

health services to refugees, eligible immigrants, and secondary migrants. The Erie County Department of Health also provides case management services for this population.

- Health care services for the general homeless population are provided by Community Health Net and the Healthcare for the Homeless Partnership while Erie County Care Management and the Greater Erie Community Action Committee provide supportive services. The Erie VA Medical Center provides services for homeless veterans.
- Although accurate counts of all mental health and drug and alcohol service providers in Erie County is not available, there are thirty-six major service providers for Erie County residents enrolled in Medical Assistance and/or eligible for Base funded services.
- In 2012, there were an estimated 719 physicians who were employed in health care and provided direct patient care in Erie County. Of these, 90% accepted Medicaid and 93% accepted Medicare. Compared with PA, there were 43% more family medicine practitioners per population in Erie County in 2012, but 63% fewer internal medicine practitioners per population, 100% fewer pediatricians per children age 0-17, and 33% fewer obstetrician/ gynecologists per women age 13 and above.
- In 2013, there were 146 dentists who were employed in health care and provided direct patient care in Erie County. Of these, 23% accepted Medicaid and 20% accepted Medicare. Compared with PA, there were about 10% fewer dentists per overall population in Erie County.
- In 2012/2013, there were 3,664 registered nurses and 1,006 licensed practical nurses in Erie County with population per professional ratios lower than PA.
- In January 2015, there were 70 actively licensed pharmacies operating throughout Erie County. These included community, institutional, and specialty pharmacies. Additionally, there were 353 actively licensed pharmacists and 504 active pharmacy interns registered in the county.

Safety and Crime

Crime

- Based on the Pennsylvania Crime Reporting System Reports, rates for both Crime Index offenses and Part II offenses are higher for Erie County compared with PA. For the City of Erie, these two rates are higher than both the county and the state.
- Since 2011, both Crime Index offenses and Part II offenses in PA have decreased. In both Erie County and Erie City, a similar trend is seen for Crime Index offenses, but not Part II offenses.
- Crime and violence have become areas of concern in Erie County. In 2010, a cross section of Erie County leaders and partners formed Unified Erie, a collaborative violence reduction initiative which follows a three-pronged approach of crime prevention, law enforcement, and reentry for offenders.
- In 2014, the Neighborhood Resource Organization (NRO) was created to help neighborhood watch groups reduce violence and develop programs with a focus on youth.

Child Abuse (Age 0-17 years)

- In 2013, there were 902 total reports of child abuse in Erie County with 12.6% of these reports substantiated compared with 900 total reports in 2012 and 9.3% substantiated. For Pennsylvania, there were 26,944 total reports of child abuse in 2013 with 12.7% of these reports substantiated compared with 26,664 total reports in 2012 and 13.4% of these substantiated.
- In 2013, 78.2% of all reports of child abuse in Pennsylvania were mandated reports. Of these, the top three were reported by school (39.5%), by public/private social service agencies (20.3%), and by hospital (14.7%).
- Of all perpetrators in Pennsylvania, the major offenders were family members (56.3%), paramours (12.6%), babysitters (12.1%), and other household members (9.0%).

Environmental Health

The Erie County Department of Health (ECDH) has many programs to safeguard the health of county residents and of visitors to Erie County.

Food Safety

- ECDH enforces the Pennsylvania Retail Food Act in Erie County and inspects approximately 1,600 permanent food facilities and over 500 temporary food facilities each year.
- The Department offers a 2-day food safety and certification class for restaurant personnel 11 times per year.

Water Supply

- ECDH enforces the Pennsylvania Safe Drinking Water Act in Erie County and inspects the water supplies of public facilities that serve 25 or more people for at least 60 days out of the year. These water supplies are categorized as Transient Non-Community water supplies meaning they serve a population that comes and goes.
- There are approximately 100 water supplies regulated by ECDH.

Water Pollution

- ECDH enforces the Clean Streams Law and the Pennsylvania Sewage Facilities Act in Erie County and inspects permitted discharges from sewage and industrial waste treatment plants and reviews plant monitoring reports.
- There are approximately 70 large-scale sewage/industrial waste permitted discharges that are regulated in Erie County, as well as over 400 permitted small flow treatment facilities. ECDH also issues an average of 125 on-lot septic permits annually.
- ECDH also responds to unpermitted spills and discharges and assures that proper cleanup of the contaminants is achieved.

Public Bathing

- ECDH enforces the rules and regulations of the Pennsylvania Department of Health in Erie County.
- In addition to the public beach program, the Department inspects and monitors the bacteriological quality of all public swimming pools and water rides in the county.
- There are about 100 public pool facilities with 154 permitted public pools, spas or water attractions in Erie County.

School Environment

- ECDH enforces the rules and regulations regarding public safety conditions in schools.
- ECDH annually inspects 75 public schools in the fall and re-inspections are conducted in the spring.
- ECDH also conducts fall and spring cafeteria inspections of 17 non-public schools that participate in the national school lunch program.

Camps and Campgrounds

- ECDH regulates organized camps and campgrounds and focuses on inspection of the water supply, sewage disposal, availability of an adequate number of restrooms, and general maintenance of the facilities.
- There are 8 organized camps and 25 campgrounds in Erie County that are regulated by ECDH.

Manufactured Home Parks

- ECDH regulates all manufactured home parks in Erie County and focuses on the inspection of water and sewer related issues, maintenance of the park specifically related to handling of trash and hazardous conditions of the manufactured homes, and the potential for the spread of vectors that could cause damage or carry disease.
- There are 88 manufactured home parks that are regulated by ECDH.

Vector Control

- ECDH primarily focuses on 1) *Ixodes* tick identification to determine if the tick is one that could potentially carry the Lyme disease spirochete and 2) mosquito monitoring and trapping to determine if the mosquito carries the West Nile virus followed by spraying to control these mosquitoes.
- In 2014, 163 ticks were submitted to ECDH for identification.
- ECDH also collects select species of dead birds that are tested to determine if they carry West Nile virus.
- In 2014 only one mosquito pool and one bird tested positive for the virus. No humans tested positive in 2014.

Beach Monitoring and Notification

- ECDH is the only local agency in the country that directly receives and administers the federal funds allocated for the National Beach Monitoring and Notification Program administered by the Environmental Protection Agency (EPA).
- ECDH monitors beach water and conducts sanitary surveys of the Lake Erie watershed to locate possible sources of bacterial contamination affecting beaches and to inform the public of water quality at swimming beaches.
- In 2014 there were 31 Advisories and 30 Precautionary Advisories issued at Presque Isle State Park Beaches. At Freeport Beach there were two Restrictions issued.

Air Quality

- According to the American Lung Association, there was a weighted annual average of 6 days per year during 2010-2012 that Erie County experienced ozone air pollution in unhealthy ranges.

Childhood Lead Poisoning (Age <7 years)

- In 2013, there were 114 confirmed cases of elevated blood lead levels greater than or equal to 10 micrograms per deciliter ($\mu\text{g}/\text{dl}$) among Erie County children under the age of seven for an overall percentage of 2.7% compared with 1.9% for PA.
- In 2013, there were 27 confirmed cases of elevated blood lead levels greater than or equal to 15 $\mu\text{g}/\text{dl}$ for an overall percentage of 0.6% compared with 0.5% for PA.
- In 2013, Erie County ranked fifth in the state for testing children under the age of seven for lead. Of all children younger than seven in Erie County, 17.7% were tested for lead. Philadelphia was first at 28.2%.

Quality of Life

This section provides an overview of some of the resources in Erie County that enhance the well-being of residents in relation to leisure and recreation, social engagement, and modes of transportation.

Leisure and Recreation

- Erie County is home to a diverse range of arts, culture, and entertainment resources. These resources include, but are not limited to, large organizations and venues in downtown Erie, heritage venues and sites in many communities, colleges and universities with arts and cultural programming, church-based cultural activities, arts councils, ethnic communities and traditions, and artists representing a wide range of disciplines.
- There are over 50 nonprofit arts and cultural organizations in Erie County including a robust list of museums and historical societies.
- Entertainment opportunities in Erie County include a first class community theater, a symphony orchestra, a chamber orchestra, college and university performing arts offerings, professional touring companies, and professional and college sports.

- Eleven of the 23 commercial and estate wineries of the Lake Erie Wine Country are also found in Erie County.
- There are four multi-use venues in downtown Erie, a zoo located within the City of Erie, an amusement/water park located at the base of Presque Isle State Park, an indoor waterpark resort, a nature center/park with over 200 acres of diverse habitats and 4.5 miles of walking trails, and an environmental center located at the base of Presque Isle State Park.
- There are more than 50 wide-ranging festivals and events occurring annually in Erie County. There are also a large number of ethnic festivals that reflect the rich cultural histories of “old” neighborhoods that were established by Russian, Asian, Polish, Greek, German, Italian, and Irish immigrants.
- Erie County is serviced by a county public library system with four branch locations as well as six independent public libraries. In addition to these public libraries, several academic and special collections libraries are also available.
- Erie County boasts over 100 municipal parks and playgrounds, 15 separate State Game Lands, and two State Parks
- Erie County’s pedestrian, bicycle, and trail network serves many of the urban areas with an extensive public sidewalk system and multi-use pathways, while also connecting to rural areas with a combination of bicycle routes, off-road recreational trails, and rail-trail corridors.

Social Engagement

- There is strong commitment to community organizations, clubs, and religious activities in Erie County.
- In 2010, there were over 300 congregations residing in Erie County. Every major denomination can be found including Baptist, Catholic, Muslim, Lutheran, Methodist, Buddhist, Presbyterian, Jewish, and many more.
- Erie County is home to over 100 civic and social organizations.
- With over 15% of Erie County’s population 65 years of age and older, senior centers are an important part of the social fabric of the county. There are currently 12 senior centers located in Erie County.

Modes of Transportation

- There are two public airports that serve the Erie County region. Erie International Airport/Tom Ridge Field is host to three airlines which provide connecting flights through each of their respective hubs. The Corry-Lawrence Airport is operated by the Airport Authority of the City of Corry, and is a general aviation facility serving travelers and businesses in northwestern Pennsylvania and western New York.
- The Erie Metropolitan Transit Authority operates local public transit service in the county. Services include fixed bus routes that include daily routes in the City of Erie and outlying communities, routes that service local universities, and the LIFT paratransit transportation system for residents who live beyond bus routes or are unable to utilize bus services including a rural transportation program for persons with disabilities and a medical assistance transportation program for qualified individuals.
- Regularly scheduled inter-city motor coach service is provided by Greyhound Lines. Additional charter operations are provided by Anderson Coach and Travel and Coach USA.
- Amtrak passenger rail service provides service through Erie County along the Lakeshore Limited Line from Chicago to Albany, where the line splits to serve New York City or Boston.
- Erie Yellow Cab is the largest taxi service provider within Erie County. Additional taxi services are provided by the Corry Cab Company and several private limousine services. Seasonal water taxi services provide connections between the Erie Bayfront and Presque Isle State Park.

Focus Groups

- Focus groups provide additional information that will enrich and validate the quantitative data secured for the remaining portion of the Needs Assessment.

- Seven focus groups were conducted throughout Erie County targeting the following areas/groups: City of Corry & Union City (community leaders); Albion, Girard, and Lake City (community leaders); North East (low income residents); City of Erie (community leaders); Erie County (community leaders); Mental Health system users (Erie County Care Management and the Mental Health Association); and Harbor Homes Public Housing residents.
- Participants were invited based on geography and organizational function as related to county level health disparities. Individuals represented a broad list of agencies involved in education, government, religion, health, and social services.
- The targeted focus group invitees were chosen from disparate populations including low income, racial and ethnic minorities, and those with limited English proficiency.
- Questions and prompts were based on three categories: Health Behaviors, Behavioral/Mental Health, and Healthcare Utilization. The main questions were: 1)“What do you do to keep healthy” for health behaviors, 2)“What kinds of mental health/behavioral health issues do you see in your community and Erie County in general?” for behavioral/mental health, and 3)“What do you think is the primary responsibility of the local health system in improving the health of the community?” for healthcare utilization.
- The same questions were asked of each group with prompts used if discussion did not include that information.
- Each session was led by a facilitator and supported by an ECDH staff member who took notes and performed the audio recordings. Recordings were destroyed once the notes were prepared by the ECDH staff member and reviewed by the facilitator for accuracy.

Recommendations and Discussion

- There are three major recommendations based on the information gathered through the focus group activity. They are:
 1. Health literacy (including the ability of health care providers to offer information in a way that is easier to understand by their patients) is an area that should be addressed.
 2. Navigation of the health care systems (both physical and written navigation) is an issue that, if addressed, will likely result in better use, care compliance, and engagement on the part of Erie County residents.
 3. For future consideration, the City of Erie and Erie County focus groups should be combined into one because of overlap in services.
- The first two recommendations directly relate to Healthy People 2020 Objectives HC/HIT 1: Improve the health literacy of the population; and HC/HIT 2: Increase the proportion of persons who report that their health care providers have satisfactory communication skills.