General Health Status

Self-Assessed Health

According to the U.S. Department of Health and Human Service's Healthy People 2020 documentation,[1] self-assessed health status is a measure of how an individual perceives his or her health; options include "excellent," "very good," "good," "fair" or "poor." Self-assessed health status has been validated as a useful indicator for health for a variety of population, and one that allows for broad comparisons across different conditions and groups.

Age and Sex

According to data from the 2011 U.S. Behavioral Risk Factor Surveillance System survey,[2] the national median for people assessing their own health to be "fair" or "poor" was 17.2 percent. This result was closely mirrored by Pennsylvania adults; 17 percent (CI: 16-18) selected "fair" or "poor" when describing their health.

It was an increase from 2005 data; then, 15 percent (CI: 14-16) of surveyed Pennsylvania adults reported their health to be "fair" or "poor."

A significantly lower percent of adults ages 18 to 29 described their health as "fair" or "poor," as shown in Figure 2.1. There was no significant difference between responses of men and women, consistent with national data.

Figure 2.1 Adults Who Reported "Fair" or "Poor" General Health by Age, Pennsylvania, 2011[3]

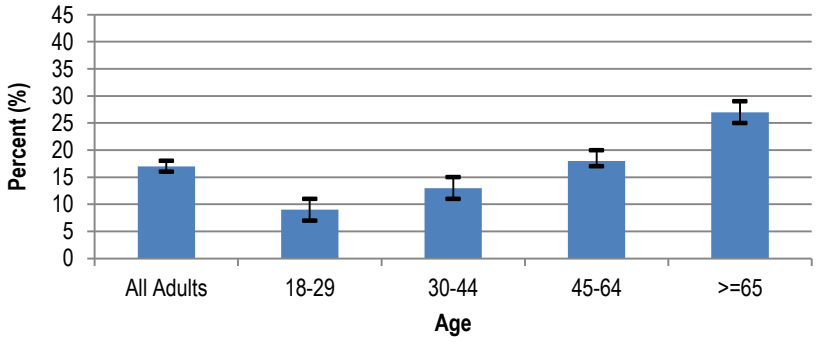
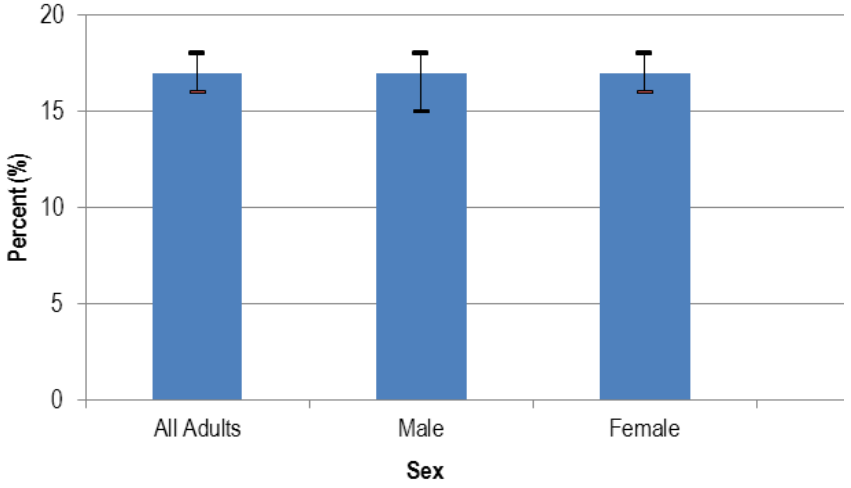


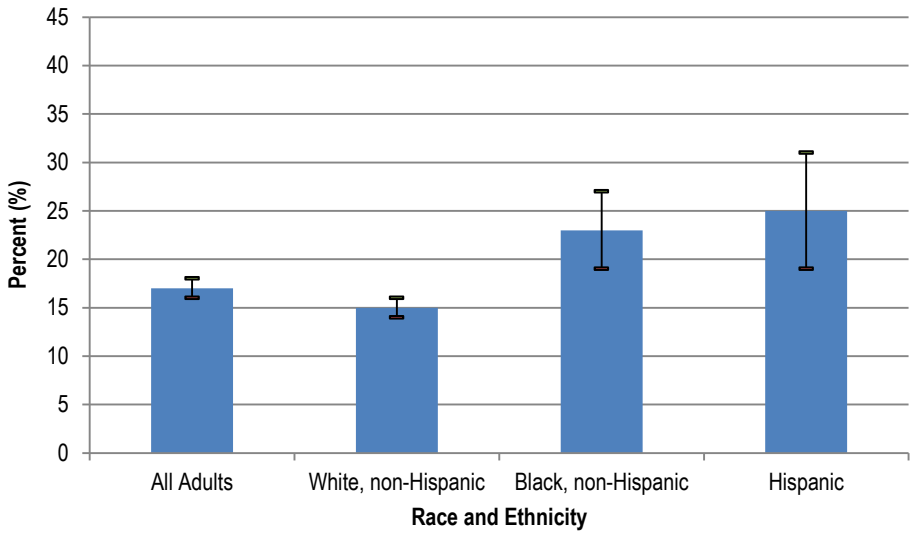
Figure 2.2 Adults Who Reported "Fair" or "Poor" General Health by Sex, Pennsylvania, 2011[4]



Race and Ethnicity

A significantly lower percentage of white, non-Hispanic adults assessed their general health as "fair" or "poor" (15 percent, CI: 14-16), compared to black, non-Hispanic adults (23 percent, CI: 19-27) or Hispanic adults (25 percent, CI: 19-31).

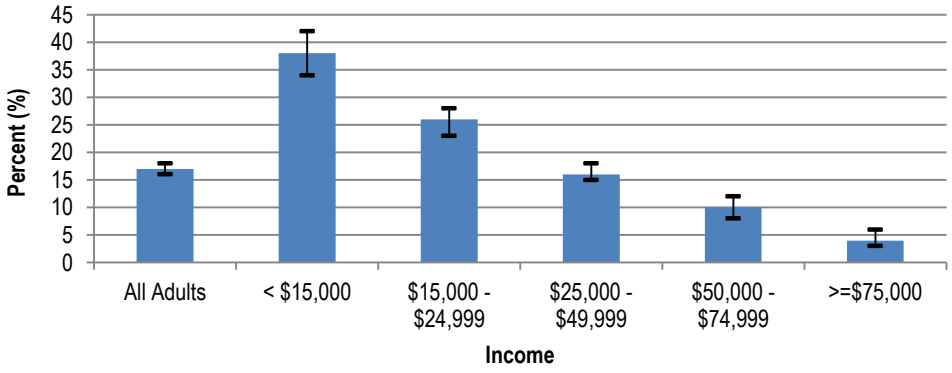
Figure 2.3 Adults Who Reported "Fair" or "Poor" General Health by Race and Ethnicity, Pennsylvania, 2011[5]



Income

At 38 percent (CI: 34-42), the percent of adults in Pennsylvania with household incomes of less than $15,000 per year who reported their health to be "fair" or "poor" was significantly higher than the percent with household incomes of $15,000 or more.

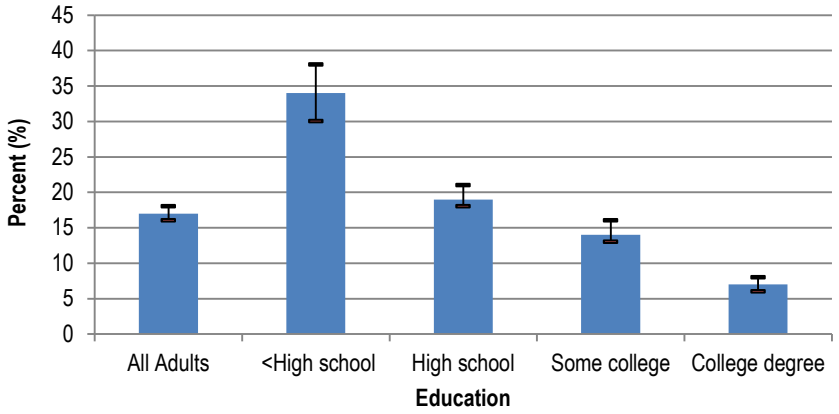
Figure 2.4 Adults Who Reported "Fair" or "Poor" General Health by Household Income, Pennsylvania, 2011[6]



Education

A significantly lower percent of Pennsylvania adults with a college degree reported their general health to be "fair" or "poor" (7 percent, CI: 6-8) compared to Pennsylvania adults with less than a high school education (34 percent, CI: 30-38).

Figure 2.5 Adults Who Reported "Fair" or "Poor" General Health by Education, Pennsylvania, 2011[7]



Endnotes

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[4] Pennsylvania Department of Health. (2011). *Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS)* [Data file]. Retrieved from http://apps.health.pa.gov/epiqms/Asp/ChooseDataset.asp

[5] Pennsylvania Department of Health. (2011). *Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS)* [Data file]. Retrieved from http://apps.health.pa.gov/epiqms/Asp/ChooseDataset.asp

[6] Pennsylvania Department of Health. (2011). *Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS)* [Data file]. Retrieved from http://apps.health.pa.gov/epiqms/Asp/ChooseDataset.asp

[7] Pennsylvania Department of Health. (2011). *Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS)* [Data file]. Retrieved from http://apps.health.pa.gov/epiqms/Asp/ChooseDataset.asp

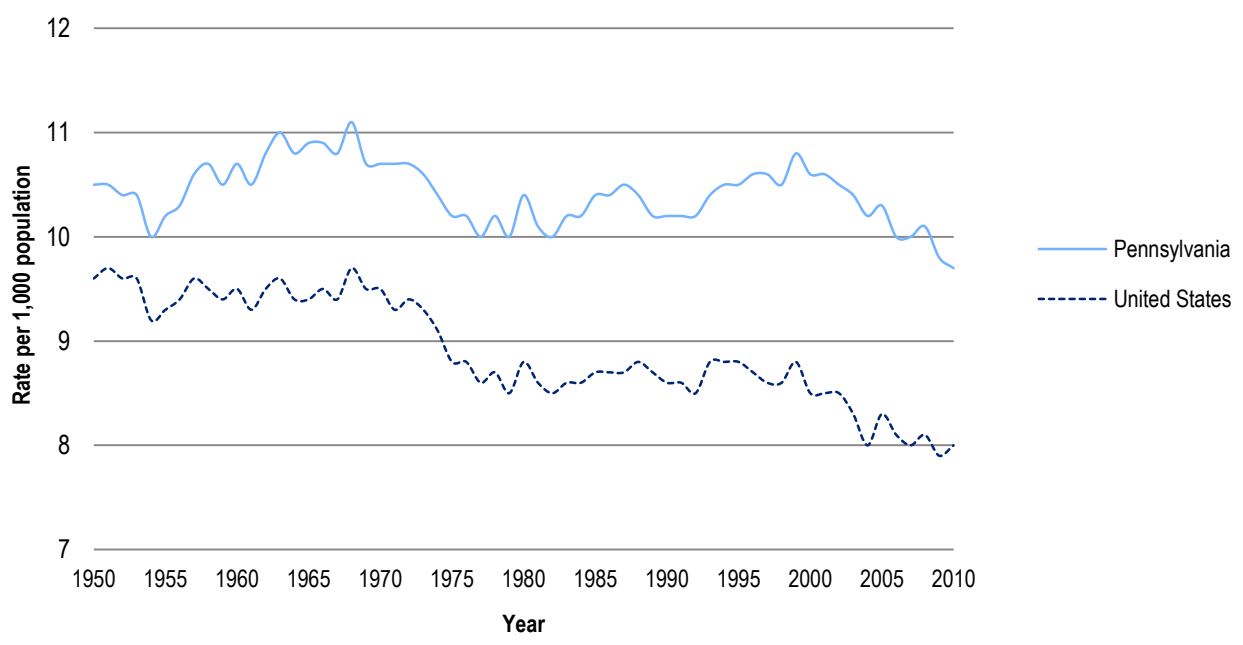
Morbidity, Mortality, and Life Expectancy

Morbidity (the prevalence of a disease or condition in a population) and mortality (a measure of the number of deaths in a population during a specified time) are two common indicators used to assess the overall health of a population. According to the U.S. National Center for Health Statistics, Pennsylvania's age-adjusted mortality rate is ranked 29th of the fifty states. Pennsylvania has a rate of 765.9* deaths per 100,000 residents,[1] compared with 747.0 for the overall U.S.

Mortality

Pennsylvania's crude death rate has declined over the past eleven years; however, it remains much higher than the national rate.

Figure 2.6 Death Rates, Pennsylvania and United States, 1950 to 2010[2]



Geographic variance

There is some geographic variation in the death rates across the state. Table 2.1 shows the age-adjusted death rates per 1,000 residents by county. The highest death rate was that of Sullivan County (10.6 per 1,000), while the lowest rate was that of Pike County (4.9 per 1,000).

Table 2.1 Deaths by Number and Age-Adjusted Rates by County, Pennsylvania, 2010[3]

County	Number	Rate	CI (95%)		County	Number	Rate	CI (95%)
All Counties	123,473	7.6	7.55-7.63		Juniata	243	7.7	6.74-8.73
Adams	906	7.1	6.66-7.61		Lackawanna	2,589	8.2	7.86-8.52
Allegheny	13,424	7.7	7.62-7.89		Lancaster	4,375	6.6	6.39-6.73
Armstrong	775	7.7	7.15-8.27		Lawrence	1,061	7.6	7.12-8.07
Beaver	1,902	7.5	7.12-7.82		Lebanon	1,342	7.1	6.73-7.51
Bedford	510	7.2	6.57-7.85		Lehigh	3,141	7.1	6.85-7.36
Berks	3,622	7.2	6.97-7.45		Luzerne	3,957	8.3	8.08-8.62
Blair	1,564	8.4	7.97-8.83		Lycoming	1,217	7.7	7.28-8.17
Bradford	663	7.8	7.18-8.39		McKean	503	8.3	7.58-9.07
Bucks	5,258	6.9	6.72-7.10		Mercer	1,358	7.7	7.27-8.13

County	Number	Rate	CI (95%)	County	Number	Rate	CI (95%)
Butler	1,785	7.4	7.09-7.80	Mifflin	522	7.9	7.20-8.58
Cambria	1,858	8.3	7.96-8.75	Monroe	1,208	7.2	6.77-7.60
Cameron	65	7.2	5.47-9.26	Montgomery	6,937	6.6	6.45-6.77
Carbon	782	8.6	7.95-9.19	Montour	201	7.2	6.23-8.35
Centre	929	6.5	6.09-6.94	Northampton	2,710	6.8	6.55-7.08
Chester	3,453	6.4	6.18-6.62	Northumberland	1,160	8.2	7.74-8.72
Clarion	411	8.1	7.30-8.90	Perry	410	8.3	7.50-9.15
Clearfield	936	8.1	7.60-8.67	Philadelphia	13,816	8.8	8.69-8.99
Clinton	364	7.4	6.68-8.25	Pike	317	4.9	4.41-5.54
Columbia	684	7.9	7.29-8.52	Potter	192	7.4	6.39-8.60
Crawford	983	8.5	7.99-9.08	Schuylkill	1,857	8.4	8.04-8.83
Cumberland	2,177	7.1	6.80-7.41	Snyder	328	6.8	6.11-7.62
Dauphin	2,333	7.6	7.28-7.91	Somerset	890	7.5	7.02-8.05
Delaware	5,442	7.8	7.62-8.05	Sullivan	104	10.6	8.39-13.06
Elk	378	7.8	7.05-8.70	Susquehanna	460	8.0	7.23-8.74
Erie	2,618	7.6	7.28-7.88	Tioga	440	7.9	7.15-8.67
Fayette	1,792	9.1	8.65-9.52	Union	393	6.8	6.16-7.55
Forest	78	8.3	6.39-10.52	Venango	635	8.3	7.65-8.98
Franklin	1,368	7.1	6.71-7.47	Warren	451	7.4	6.69-8.11
Fulton	147	8.5	7.14-10.01	Washington	2,419	8.1	7.78-8.45
Greene	469	9.7	8.87-10.67	Wayne	552	7.5	6.91-8.20
Huntingdon	404	7.2	6.53-7.98	Westmoreland	4,238	7.6	7.33-7.80
Indiana	886	7.8	7.25-8.31	Wyoming	267	7.7	6.74-8.65
Jefferson	598	9.0	8.26-9.75	York	3,616	7.2	6.99-7.47

Red: Significantly higher than state

Blue: Significantly lower than state

Note: Age-adjusted rates are computed by the direct method using the 2000 U.S. standard million population and are per 1,000. Unknowns are excluded from the calculation.

Leading causes

Table 2.2 lists the top 10 leading causes of death in Pennsylvania compared to national data.

Table 2.2 Top Causes of Death by Number and Age-Adjusted Rates, Pennsylvania and United States, 2010[4,5]

Pennsylvania				United States	
Rank	**Number**	**Rate**	**Cause**	**Rate**	**Rank**
1	31,274	185.3	Diseases of heart	179.1	1
2	28,809	180.1	Malignant neoplasms	172.8	2
3	6,629	38.9	Cerebrovascular disease	39.1	4
4	6,164	37.7	Chronic lower respiratory disease	42.2	3
5	5,607	40.1	Accidents	38.0	5
6	3,566	19.9	Alzheimer's disease	25.1	6
7	3,184	19.6	Diabetes mellitus	20.8	7
8	3,028	18.1	Nephritis, nephrotic syndrome and nephrosis	15.3	8
9	2,289	13.4	Influenza and pneumonia	15.1	9
10	2,212	13.5	Septicemia	10.6	11

According to the Pennsylvania Department of Health, Bureau of Health Statistics and Research, the annual number of Pennsylvania resident deaths declined by more than five percent from 2000 to 2010, despite a 15 percent increase in residents aged 65 and older during this timeframe. A few specific causes of death have experienced decreases in number and rate, contributing to the decline. Table 2.3 shows these changes over time.

Note that while an overall drop was observed between 2000 and 2010, two major causes of death increased substantially (i.e., Alzheimer's disease by 40.8 percent, accidents by 24.6 percent). Still, decreases generally exceeded increases, and the total number of annual deaths increased just twice over the decade (i.e., 2005, 2008). Causes of death that decreased by more than 20 percent are shown in blue.

Table 2.3 Deaths by Selected Causes, Pennsylvania, 2000 to 2010[6,7,8]

Cause	2000	2010	Difference 2000 to 2010	Percent change 2000 to 2010
Total deaths	**130,092**	**123,473**	**-6,619**	**-5.1**
Diseases of heart	40,446	31,274	-9,172	-22.7
Malignant neoplasms	29,989	28,809	-1,180	-3.9
Cerebrovascular disease	8,885	6,629	-2,256	-25.4
Chronic lower respiratory disease	6,045	6,164	119	2.0
Accidents	4,500	5,607	1,107	24.6
Alzheimer's disease	2,533	3,566	1,033	40.8
Diabetes mellitus	3,781	3,184	-597	-15.8
Nephritis, nephrotic syndrome and nephrosis	2,675	3,028	353	13.2
Influenza and pneumonia	3,047	2,289	-758	-24.9
Septicemia	2,573	2,212	-361	-14.0
Intentional self-harm (suicide)	1,348	1,547	199	14.8
Chronic liver disease and cirrhosis	1,079	1,180	101	9.4
Parkinson's disease	930	1,178	248	26.7
Essential hypertension and HRD	833	970	137	16.4
In situ, benign, and uncertain neoplasms	772	833	61	7.9
Assault (homicide)	649	682	33	5.1
Congenital malformations	414	373	-41	-9.9
Atherosclerosis	644	305	-339	-52.6
HIV disease	498	264	-234	-47.0
Anemias	284	252	-32	-11.3

Table 2.4 Percent Change of Resident Deaths by Cause and Age, Pennsylvania, 2000 to 2010[9]

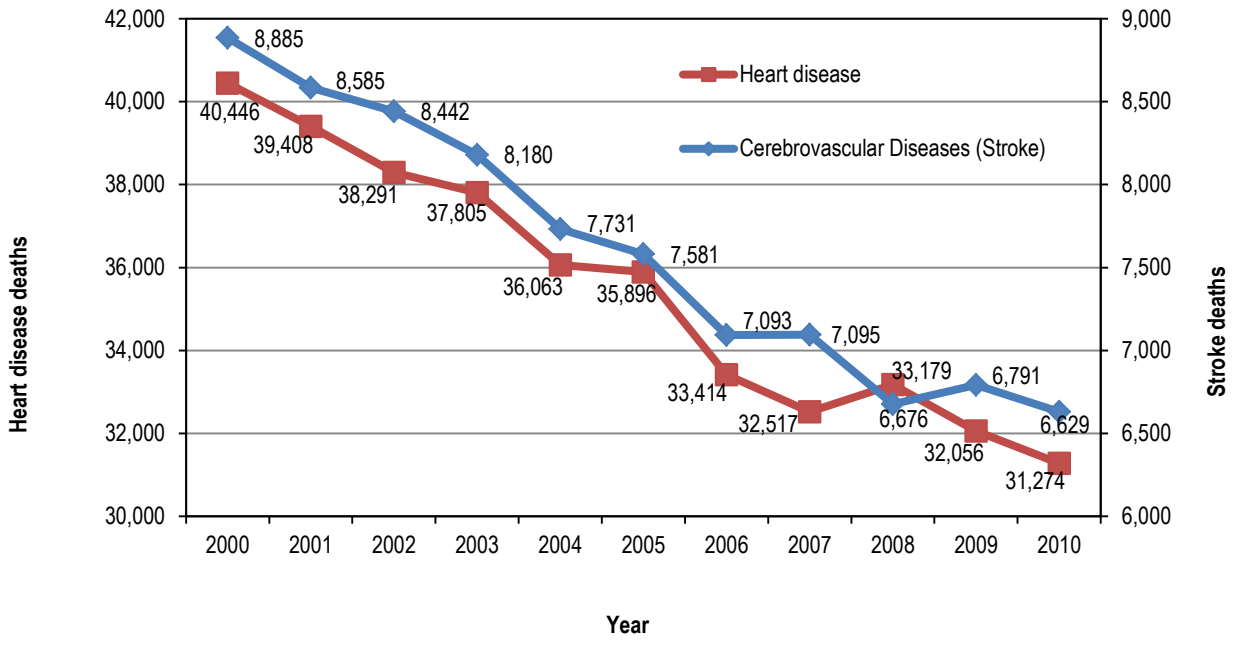
	Ages					
Cause	65-69	70-74	75-79	80-84	85+	Total 65+
All causes	**-3.9**	**-28.1**	**-31.5**	**-12.0**	**13.5**	**-7.9**
Diseases of heart	-21.2	-44.1	-48.2	-31.9	-6.7	-24.9
Stroke	-23.2	-43.7	-47.1	-31.1	-13.3	-26.5
Cancer	-0.5	-24.0	-23.9	-4.5	22.4	-7.3
Accidents	23.5	1.7	-4.7	22.9	63.0	29.4
Alzheimer's disease	17.2	14.7	-6.5	18.6	62.0	41.2
Diabetes mellitus	-24.9	-34.0	-40.9	-14.4	10.1	-18.6
Influenza/pneumonia	-2.9	-21.0	-38.9	-36.0	-23.0	-27.0
Pennsylvania population change	15.1	-12.7	-14.2	7.5	28.7	2.1

Some counties experienced larger fluctuations in resident deaths than others. Fifteen of Pennsylvania's 67 counties had a change in the number of deaths that was 10 percent or greater from 2000 to 2010. Ten of the 15 had decreases (i.e., Allegheny, Armstrong, Clinton, Lackawanna, McKean, Mercer, Montour, Philadelphia and Schuylkill). The remaining five had increases (i.e., Adams, Jefferson, Northampton, Perry and Pike).

Certain causes of death have had noticeable trends over the past several years. Deaths due to heart attack, and those due to stroke, have been on the decline since 2000. (See Table 2.3 for details.) For Pennsylvania residents, deaths due to stroke decreased over 25 percent during this period; at the same time, deaths due to heart disease decreased by more than 22 percent. These trends are meaningful, since stroke and heart disease comprise a large proportion of deaths, more than 30 percent in 2010.

Deaths due to HIV have also declined during this period. The number of resident deaths due to HIV dropped 47 percent between 2000 and 2010.

Figure 2.7 Deaths Due to Heart Disease and Cerebrovascular Disease, Pennsylvania, 2000 to 2010[10]

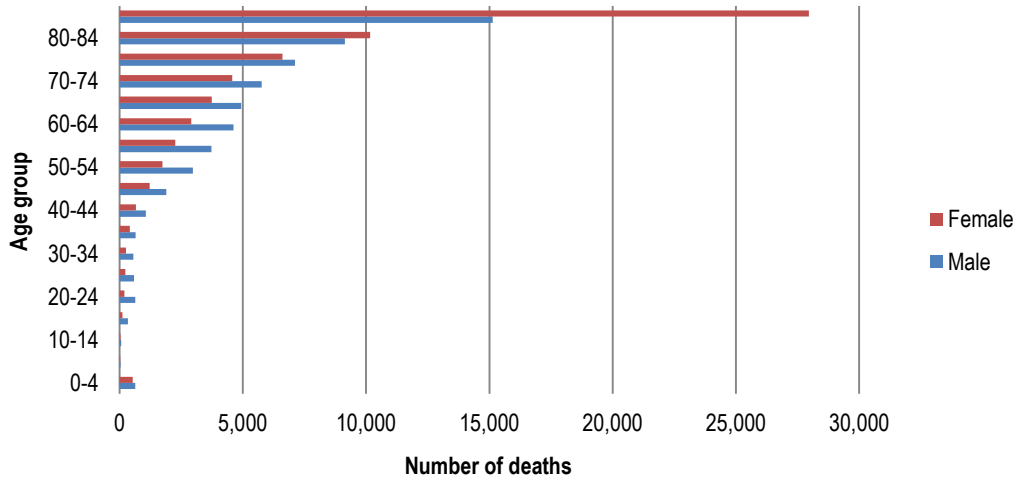


The age-adjusted death rates also experienced fluctuations in 2010, compared to 2000. For example, the overall age-adjusted death rate in 2000 was 886.6 per 100,000 standard million population, compared to 758.8 in 2010. Other causes of death with decreases in their age-adjusted rate during this time frame include heart disease, stroke, diabetes and HIV. By comparison, both Alzheimer's disease and accidents saw increases in their age-adjusted death rates during this time.

Age and Sex

Pennsylvania resident deaths were higher for males than females in every age group except for the oldest two, 80 to 84 and 85 and over. Female residents aged 85 and over had almost twice as many deaths as male peers.

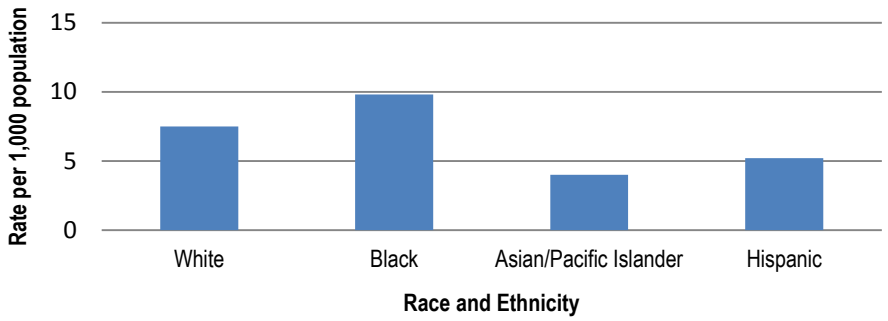
Figure 2.8 Deaths by Age Group and Sex, Pennsylvania, 2010[11]



Race and Ethnicity

Pennsylvania's Black residents had the highest age-adjusted death rates among the major racial and ethnic groups, while Asian/Pacific Islanders had the least.

Figure 2.9 Death Rate by Race and Ethnicity, Pennsylvania, 2010[12]



Morbidity

Morbidity is the prevalence of disease, which provides insight into the overall health status of a population.

In 2006 and 2011, a higher percent of Pennsylvania residents reported they had been told by a doctor that they had coronary heart disease (2006, 5.5 percent; 2011, 5.3 percent) than was reported nationally during the same timeframe (2006, 4.5 percent; 2011, 4.1 percent).

Table 2.5 Prevalence of Selected Diagnoses, Pennsylvania and United States, 2006 and 2011[13]

	2006		2011	
	Pennsylvania	United States	Pennsylvania	United States
Coronary heart disease	5.5 % (CI:4.9-6.1)	4.5%	5.3% (CI:4.8-5.8)	4.1%
Asthma	8.8% (CI:7.9-9.7)	8.5%	9.0% (CI:8.3-9.8)	9.1%
Stroke	2.8% (CI: 2.3-3.3)	2.6%	3.1% (CI:2.7-3.5)	2.9%
High blood pressure	27.2%* (CI:26.1-28.3)	25.5%*	31.4% (CI:30.2-32.5)	30.8%
Diabetes	8.5% (CI:7.7-9.3)	7.5%	9.5% (CI:8.8-10.2)	9.5%

*Note: Data are from Behavioral Risk Factor Surveillance System (BRFSS) 2005; 2006 data are not available.

In 2004, the rate of cancer for Pennsylvania was 501.4 per 100,000 residents. Five years later, in 2009, the incidence was 559.8 per 100,000 residents. These rates were higher than U.S. figures for these years (475.1 per 100,000 and 523.5 per 100,000, respectively).

Table 2.6 Incidence of Cancer per 100,000 Residents, Pennsylvania and United States, 2004 and 2009[14]

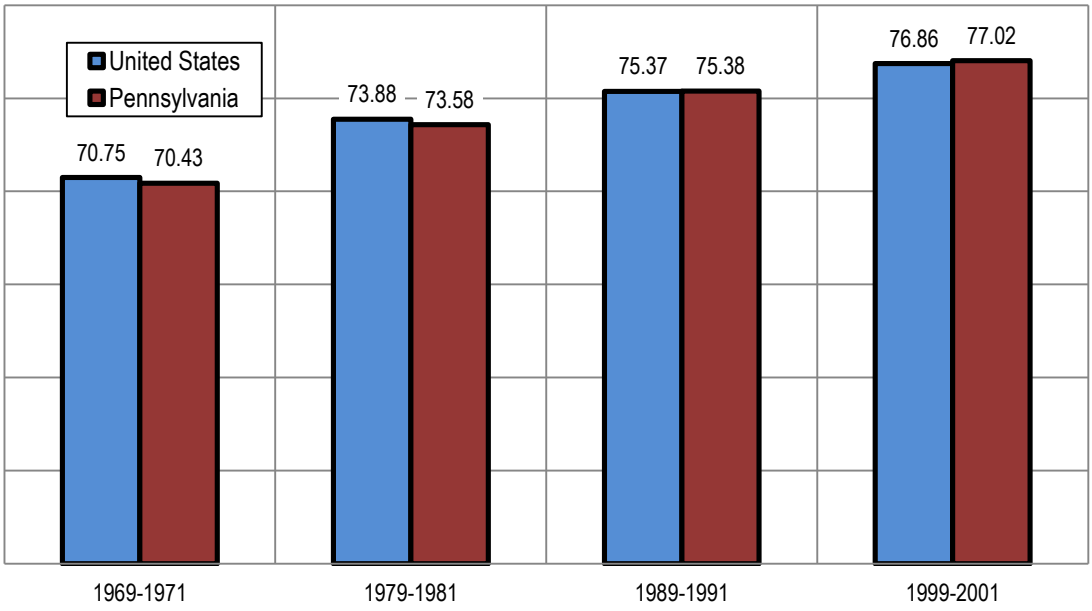
	2004		2009	
	Pennsylvania	United States	Pennsylvania	United States
All cancers	**501.4**	**475.1**	**559.8**	**523.5**
Female breast cancer	125.6	120.5	129.4	123.1
Cervical cancer	7.8	8.1	8.1	7.9
Colorectal cancer	55.8	50.8	46.9	42.5
Lung and bronchus cancer	69.8	69.5	68.1	64.3
Prostate cancer	148.7	151.9	137.5	137.7
Melanoma of the skin	17.5	18.0	20.0	19.4

Life Expectancy

According to the U.S. Centers for Disease Control and Prevention (CDC), Pennsylvania residents born between 1999 and 2001 could expect to live an average of 77.02 years. This is about two months longer than the national average of 76.86 years.

From 1969-1971 to 1999-2001, the average life expectancy in Pennsylvania increased 6.6 years; by comparison, the national average increased 6.1 years during this timeframe. In keeping with the national trend, the average life expectancy for women is Pennsylvania is higher than for men (79.90 years and 74.90 years, respectively).

Figure 2.10 Life Expectancy, Pennsylvania and United States, 1999 to 2001[15]



Note that statisticians at the Kaiser Family Foundation in 2010 estimated the average life expectancy for Pennsylvania residents to be 78.5 years of age, slightly lower than the expectancy is estimated for the U.S. (78.9 years).[16]

Endnotes

[1] United States Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics. (2012 October 10). *National vital statistics reports. Deaths: preliminary data for 2011*. Retrieved from http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_06.pdf

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[9] Pennsylvania Department of Health, Bureau of Health Statistics and Research. (2012). Annual number of deaths have declined since 2000: largest declines recorded for health disease and stroke. *Statistical News. 35(1); 6-7*. Retrieved from http://www.portal.state.pa.us/portal/server.pt?open=514&objID=600189&mode=2

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[11] Pennsylvania Department of Health, Bureau of Health Statistics and Research. (2013). *Pennsylvania death certificates* [Data file]. Retrieved from http://www.health.state.ps.us/stats

[12] Pennsylvania Department of Health, Bureau of Health Statistics and Research. (2013). *Pennsylvania death certificates* [Data file]. Retrieved from http://www.health.state.ps.us/stats

[13] United States Department of Health and Human Services, Centers for Disease Control and Prevention. (2011). *Behavioral Risk Factor Surveillance System (BRFSS)* [Data file]. Trend Data 2005,2006, 2011. Retrieved from http://apps.nccd.cdc.gov/brfss/page.asp?cat=CV&yr=2010&qkey=5011&state=PA#CV

[14] United States Department of Health and Human Services, Centers for Disease Control and Prevention. (2009). *National program of cancer registries, 2004, 2009*. Retrieved from http://apps.nccd.cdc.gov/USCS/statevsnational.aspx

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People with Disabilities

Overview

Because health professionals, advocates, and other individuals use the same term in different contexts, disability lacks a single definition. The "International Classification of Functioning, Disability, and Health" (IFC) addresses this problem by presenting "disability" as an umbrella term for impairments, activity limitations and participation restrictions.[1] Rather than a dichotomous concept (disabled/not disabled), IFC presents it as a gradient upon which every person functions at different levels, in accord with various personal and environmental factors.

There are many types of disabilities, including those that affect:

- Senses (e.g., hearing, vision)
- Movement
- Cognition (e.g., thinking, remembering, learning)
- Communication
- Mental health
- Social relationships

According to the U.S. Centers for Disease Control and Prevention, more than 50 million Americans report some level of disability. That's one in five. Disability can affect people in different ways, even if the type of disability is the same. Some disabilities may be hidden or difficult to see. Disability can occur to anyone, at any time.[2] However, the chance of developing a disability increases with age from less than 10 percent (age 0 to 15 years) to almost 75 percent for those 80 years and older.[3] Understanding the extent and nature of disabilities is beneficial in targeting services and outreach for the state and local communities.

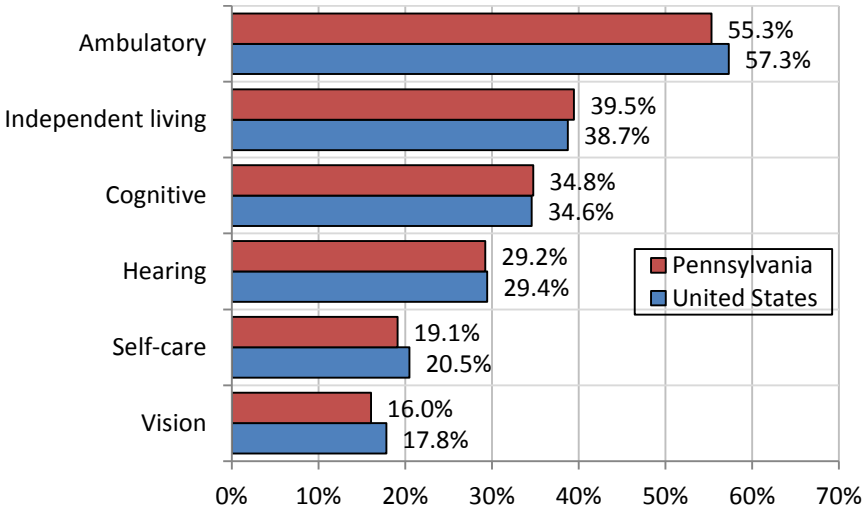
According to the U.S. Census Bureau's 2009-2011 American Community Survey,[4] about 13 percent of Pennsylvania's non-institutionalized population is disabled. Forty-one percent of the individuals with a disability are 65 years and older, and an additional 40 percent are 35 to 64 years old. By comparison, just 19 percent of Pennsylvania residents with disabilities are 34 years old or younger.

The American Community Survey refers to six individual types of disabilities. Ambulatory disability refers to a person who responds to have serious difficulty walking or climbing stairs. Independent living disability refers to a person who responds to have difficulty doing errands alone such as visiting a doctor's office or shopping because of a physical, mental or emotional condition. Cognitive disability refers to a person who responds to have serious difficulty concentrating, remembering or making decisions because of a physical, mental or emotional condition. Hearing disability refers to a person who responds to be deaf or has serious difficulty hearing. Self-care disability refers to a person who responds to have difficulty dressing or bathing. Finally, vision disability refers to a person who responds to be blind or has serious difficulty seeing even when wearing glasses.

Some people have multiple disabilities but among adults, the top three categories of disability are:

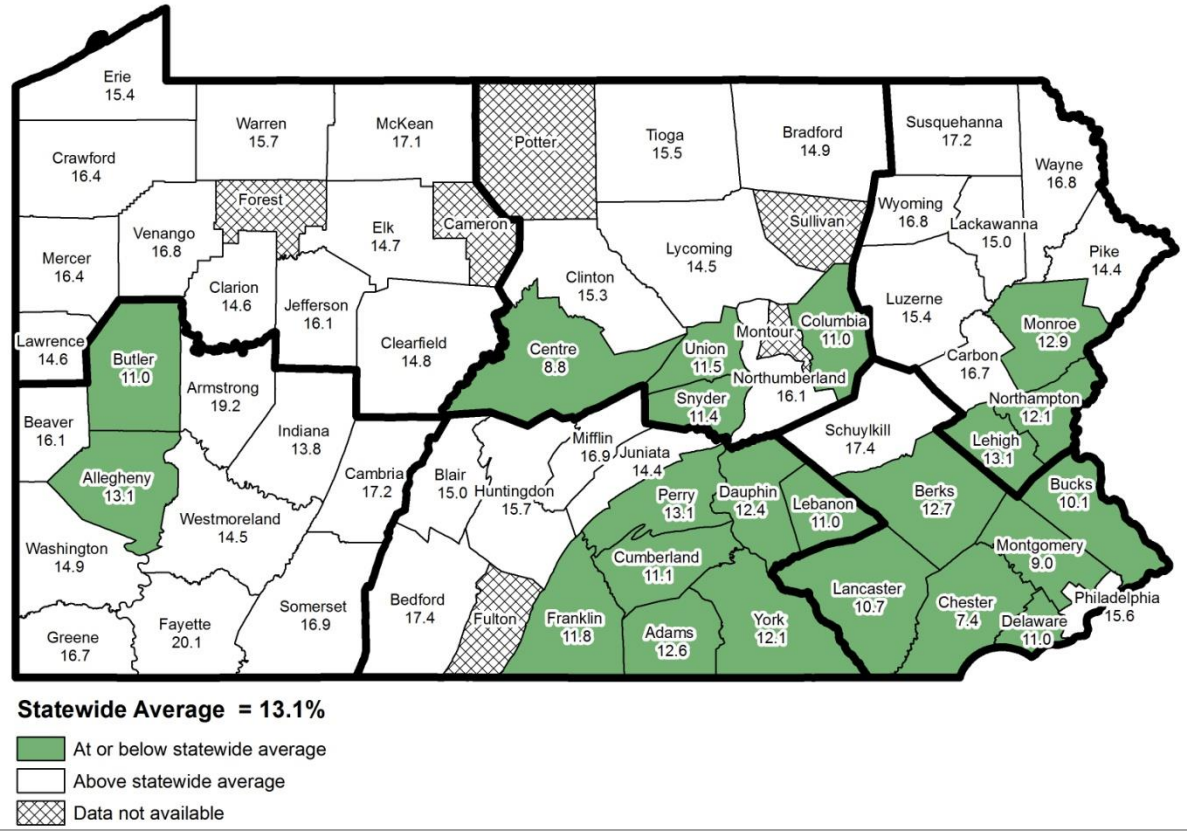
- Ambulatory (55 percent)
- Independent living (39 percent)
- Cognitive difficulties (35 percent)

Figure 2.11 Percent of Disabled Adults by Disability Type, Pennsylvania and United States, 2009-2011[5]



Note: Due to co-occurrence of disabilities, totals exceed 100 percent.

Figure 2.12 Percent of Non-institutionalized Residents with Disability by County, Pennsylvania, 2009 to 2011[6]



Demographics

According to data analysis conducted by researchers at Cornell University's Employment and Disability Institute, Pennsylvania is ranked 18th of the 50 states for rate of persons with disabilities, with about 13.4 percent of persons of all ages having at least one disability.

Age and Sex

Less than one percent of children age 4 and under has a disability (0.7 percent), while six percent of children ages 5 to 15 have a disability. For ages 16 to 20, the percent is 6.2; while 11.4 percent of persons aged 21 to 64 have a disability. For persons 65 to 74, the percent of disability is 24.1 percent, and nearly half of persons 75 and older have at least one disability (48.6 percent).[7]

In 2011, 13.8 percent of females and 13.0 percent of males in Pennsylvania reported a disability.

Race and Ethnicity

In 2011, the prevalence of disability among persons of all ages of Hispanic origin was 13.4 percent. For persons 21 to 64 years old, the prevalence of disability was: 10.8 percent among Whites, 16.6 percent among Blacks, 4.7 percent among Asians, 36.4 percent among Native Americans, and 16.4 percent among persons of other groups.

Employment

Pennsylvania ranked 30th of the 50 states with the employment rate of adults 18 to 64 with disabilities at 33 percent (CI: 31-35). This is the same as the national rate, but it is a decline from 2008 data. Then, the employment rate of people with disabilities of working age was 39 percent (CI: 37-40).

Income

Referring to 2011 data, the median annual earnings of working age persons with disabilities working full-time/full-year in Pennsylvania was $37,700. The median annual income of households with working-age people with disabilities was $37,100. The poverty rate of working-age persons with disabilities was 29.4 percent, and the rate of those receiving SSI payments was 22.5 percent.

Education

The percent of working-age persons with disabilities who only had a high school diploma or equivalent was 43.5 percent, with some college or a college degree was 26.0 percent, and with a bachelor's degree or higher was 11.4 percent.

Veterans Service-Connected Disability

The percent of working-age civilian veterans with a VA-determined service-connected disability was 15.5 percent.

Health Insurance Coverage

In Pennsylvania, 88.1 percent of working-age persons with disabilities had health insurance.

Role of State Government

Pennsylvania agencies that address the needs of persons with disabilities include the following governmental offices: Department of Health, Department of Aging, Department of Education, and Department of Public Welfare (DPW). DPW is the predominant service provider; the offices within this division that address disability issues are:

- **Office of Developmental Programs** (ODP) provides funding for services and support for persons with intellectual disability (previously categorized as "mental retardation") and Autism Spectrum Disorders.
- **Office of Mental Health and Substance Abuse Services** (OMHSAS) provides funding for services and support for children and adults with mental and behavioral health issues and/or substance abuse (drugs/alcohol).
- **Office of Long Term Living** (OLTL) provides funding for services and support for persons with disabilities who are over age 60, those under age 60 with physical disabilities, traumatic brain injury and developmental disabilities (e.g., cerebral palsy, epilepsy).
- **Office of Children, Youth, and Families** (OCYF) is a county-administered and state-supervised child welfare and juvenile justice program.
- **Office of Medical Assistance Programs** (OMAP) administers the joint state and federal Medical Assistance programs to purchase health care for eligible individuals, which is done through contracts with managed-care organizations and traditional fee-for-service system.

Intervention Strategies

Individuals with disabilities encounter a variety of health-related issues, such as diabetes, obesity and hypertension. Those with disabilities report poorer overall health, less access to adequate health care and issues related to physical inactivity.

To assist those with disabilities to live longer and healthier lives, it is important to understand data related to type of disability and related health issues. This data will assist in the development of state level public awareness campaigns, medical interventions, and promotion of the national Healthy People 2020 to provide assistance for healthier daily living and disease prevention outcomes.

One step in this process is the development of health-related reports on type of disability, compliant with HIPAA regulations.

Types of data to collect include:

- Disability and health issues
- Geographic variation
- Group-specific measures (age, sex, race, residency, education, income)
- Risk and protective factors
- Intervention strategies

Sources of data include:

- U.S. Census Bureau: http://www.cansus.gov
- Healthy People 2020 report: http://www.healthypeople.gov
- State Innovation Model Initiative Awards for health care: http://innovation.cms.gov/initiatives/State-Innovations/
- Centers for Disease Control and Prevention: http://www.census.gov
- Disability Status Reports: http://www.disabilitystatistics.org

Resources

U.S. Census Bureau, 2008-2010: Population with Any Disability for Pennsylvania [chart]. Report on the total institutionalized population with a disability which indicates 1,639,000 residents (13.17 percent of the population) has a disability. http://www.census.gov/people/disability/publications/sipp2010.html

Healthy People 2020. Expands on the Healthy People 2010 initiative, with goals and objectives designed for national health promotion and disease prevention; serves as a tool for strategic management for public and private sector partners to measure progress for health issues in specific populations. Topic areas include access to health services, arthritis, disability and health, infections, hearing and sensory disorders, heart disease, mental health disorders, older adults and others. http://www.healthypeople.gov

U.S. Department of Health and Human Services, State Innovation Model Initiative Awards, Given to states working to design and implement improvements to their health care systems. Information available at http://innovation.cms.gov/initiatives/State-Innovations/

U.S. Centers for Disease Control and Prevention. Offers a variety of reports related to disability and health data systems, including information about demographics, state profiles, racial and ethnic differences, types of disabilities, people with disabilities, living healthy, and disabilities related to health conditions. http://www.cdc.gov

Disability Status Reports, U.S. disability statistics, provide policymakers, advocates, and others with recent demographic and economic statistics for the non-institutionalized population with disabilities. The American Community Survey asks questions on disability, such as employment disability, sensory (hearing/vision) disability, mental disability, cognitive difficulty, physical disability and self-care disability.

Endnotes

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[7] Employment and Disability Institute, *Cornell University United States disability statistics, 2011 disability status reports*. Retrieved from www.disabilitystatistics.org/