

General Health Status

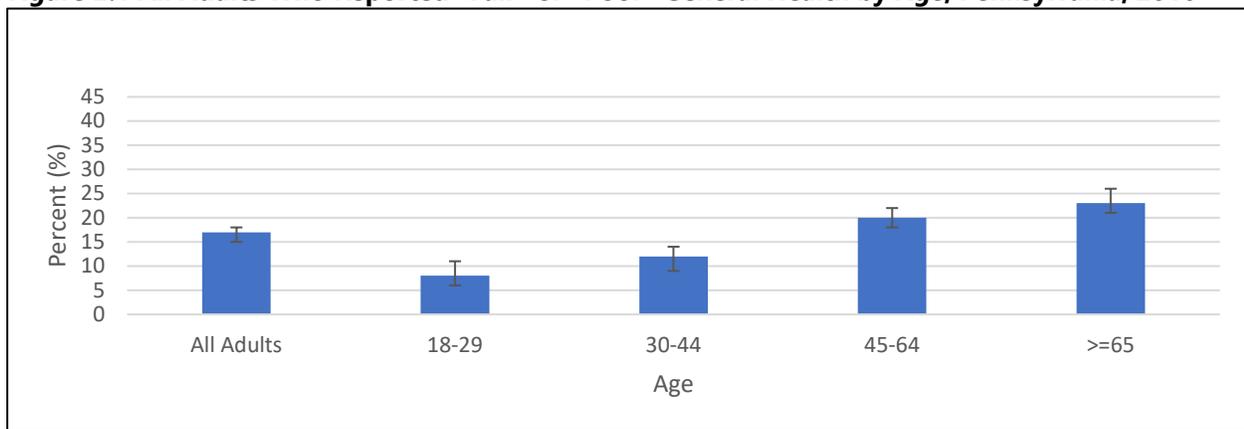
Self-Assessed Health

According to the U.S. Department of Health and Human Service’s HealthyPeople 2020,¹ 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 populations, and one that allows for broad comparisons across different conditions and groups.

Age and Sex

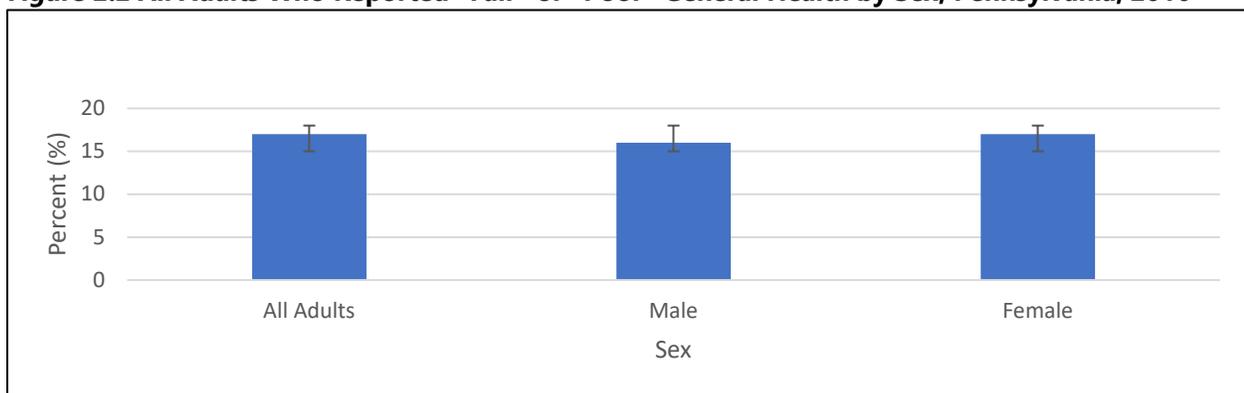
According to data from the 2016 U.S. Behavioral Risk Factor Surveillance System survey (BRFSS),² the national median for people assessing their own health to be “fair” or “poor” was 16.7 percent. This result was closely mirrored by Pennsylvania adults; 17 (CI: 15-18) percent selected “fair” or “poor” when describing their health.

Figure 2.1 All Adults Who Reported “Fair” or “Poor” General Health by Age, Pennsylvania, 2016³



There was no significant difference between responses of men and women, consistent with national data as shown in Figure 2.2.

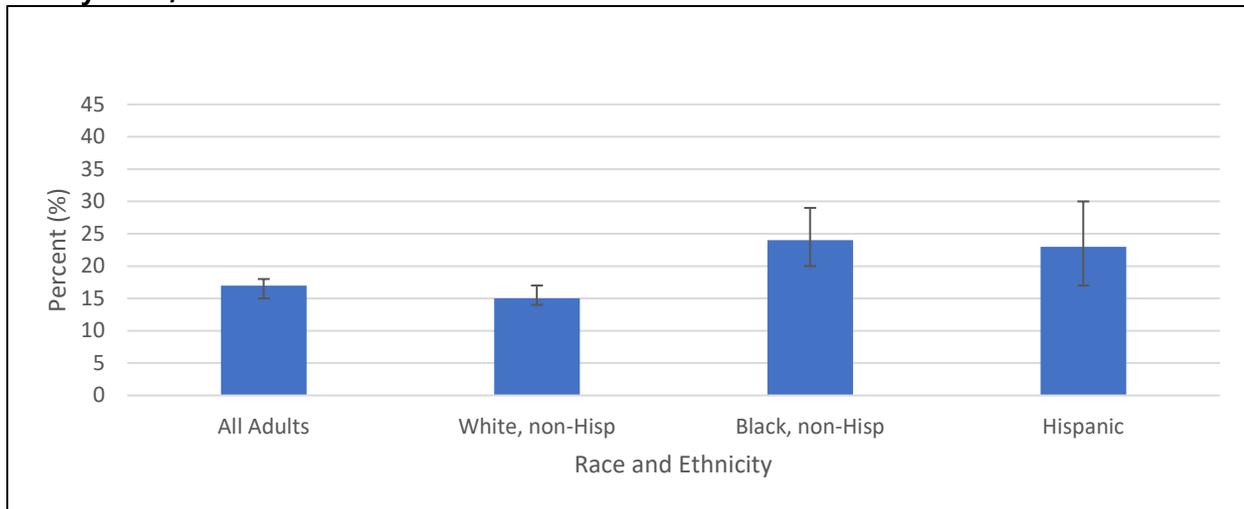
Figure 2.2 All Adults Who Reported “Fair” or “Poor” General Health by Sex, Pennsylvania, 2016⁴



Race and Ethnicity

In 2016 significantly lower percentage of white, non-Hispanic adults assessed their general health as “fair” or “poor” (15 percent, CI: 14-17), compared to black, non-Hispanic adults (24 percent, CI: 20-29).

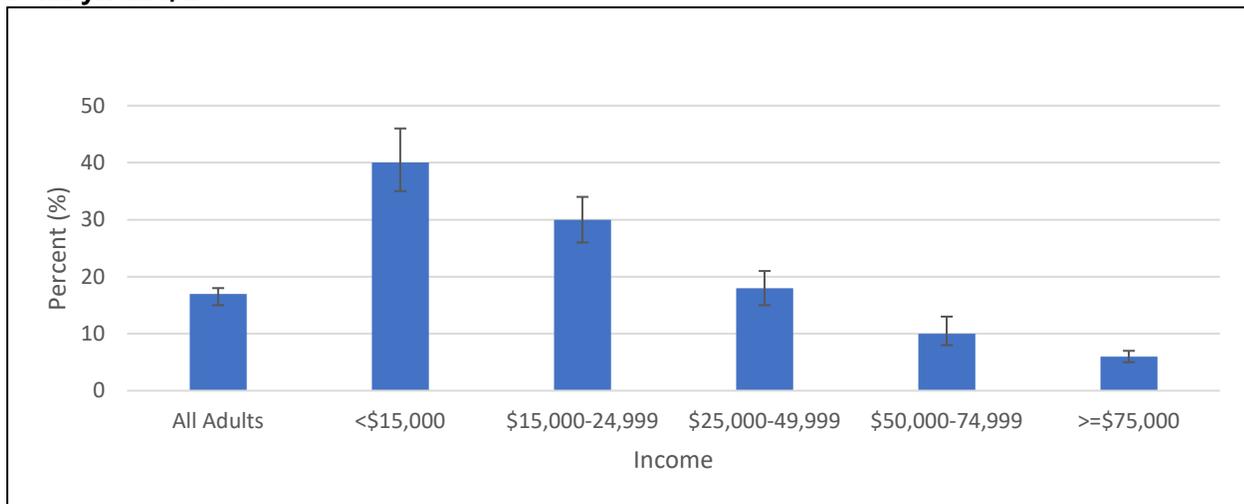
Figure 2.3 All Adults Who Reported “Fair” or “Poor” General Health by Race and Ethnicity, Pennsylvania, 2016⁵



Income

At 40 percent (CI: 35-46), 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.

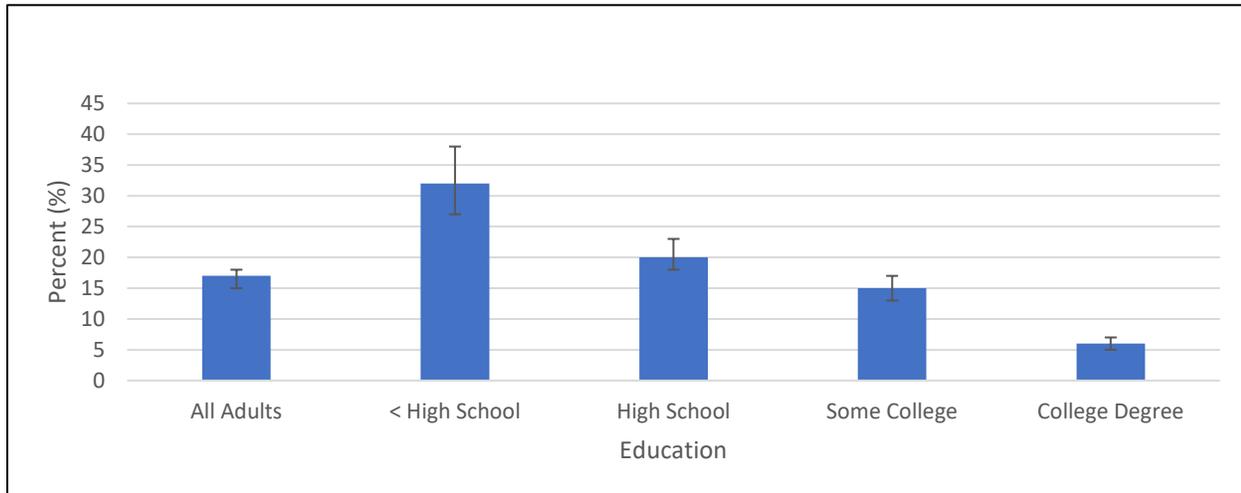
Figure 2.4 All Adults Who Reported “Fair” or “Poor” General Health by Household Income, Pennsylvania, 2016⁶



Education

A significantly lower percent of Pennsylvania adults with a college degree reported their general health to be “fair” or “poor” (6 percent, CI: 5-7) compared to Pennsylvania adults with less than a high school education (32 percent, CI: 27-38), with high school education (20 percent, CI 18-23) and with some college education (15 percent, CI 13-17).

Figure 2.5 All Adults Who Reported “Fair” or “Poor” General Health by Education, Pennsylvania, 2016⁷



Endnotes

¹ U.S. Department of Health and Human Services. (2017). About Healthy People, Foundation Health Measures, General Health Status, “Healthy People 2020.” Retrieved from <https://www.healthypeople.gov/2020/about/foundation-health-measures/General-Health-Status#selfAssessed>

² Centers for Disease Control and Prevention. (2016). Behavioral Risk Factor Surveillance System, BRFSS Prevalence & Trends Data. Retrieved from <https://www.cdc.gov/brfss/brfssprevalence/index.html>

³ Pennsylvania Department of Health. (2016). Enterprise Data Dissemination Informatics Exchange, Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS). Retrieved from <https://www.phaim1.health.pa.gov/EDD/>

⁴ Pennsylvania Department of Health. (2016). Enterprise Data Dissemination Informatics Exchange, Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS). Retrieved from <https://www.phaim1.health.pa.gov/EDD/>

⁵ Pennsylvania Department of Health. (2016). Enterprise Data Dissemination Informatics Exchange, Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS). Retrieved from <https://www.phaim1.health.pa.gov/EDD/>

⁶ Pennsylvania Department of Health. (2016). Enterprise Data Dissemination Informatics Exchange, Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS). Retrieved from <https://www.phaim1.health.pa.gov/EDD/>

⁷ Pennsylvania Department of Health. (2016). Enterprise Data Dissemination Informatics Exchange, Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS). Retrieved from <https://www.phaim1.health.pa.gov/EDD/>

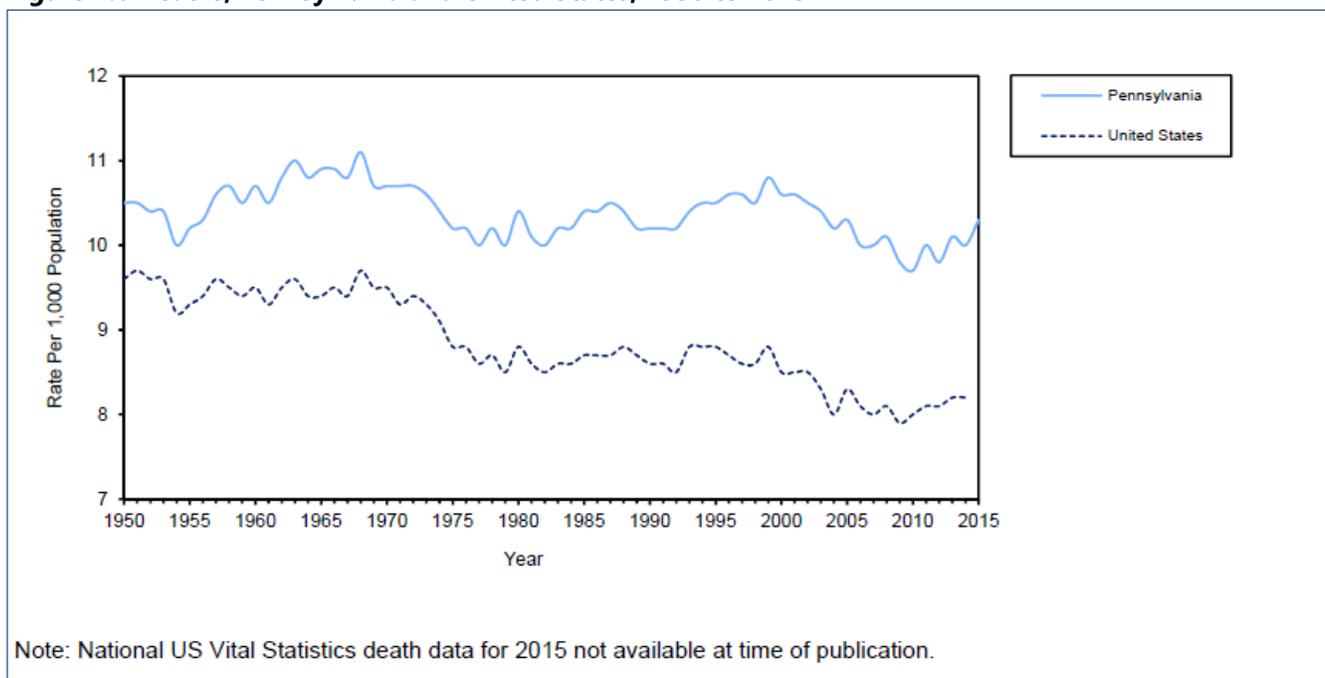
Morbidity, Mortality, and Life Expectancy

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 was ranked 29th of the fifty states. Pennsylvania had a rate of 750.2* deaths per 100,000 residents,⁸ compared with 724.6 for the overall U.S.

Mortality

Pennsylvania’s crude death rate declined for eleven years, however it began to increase again in 2010. It remains much higher than the national rate.

Figure 2.6 Deaths, Pennsylvania and United States, 1950 to 2015⁹



Geographic variance

There was some geographic variation in the death rates across the state. Table 2.1 shows the age-adjusted death rates per 100,000 residents by county. The highest age-adjusted death rate was in Fulton County (1,027.9 per 100,000), while the lowest rate was that of Union County (595.5 per 100,000).

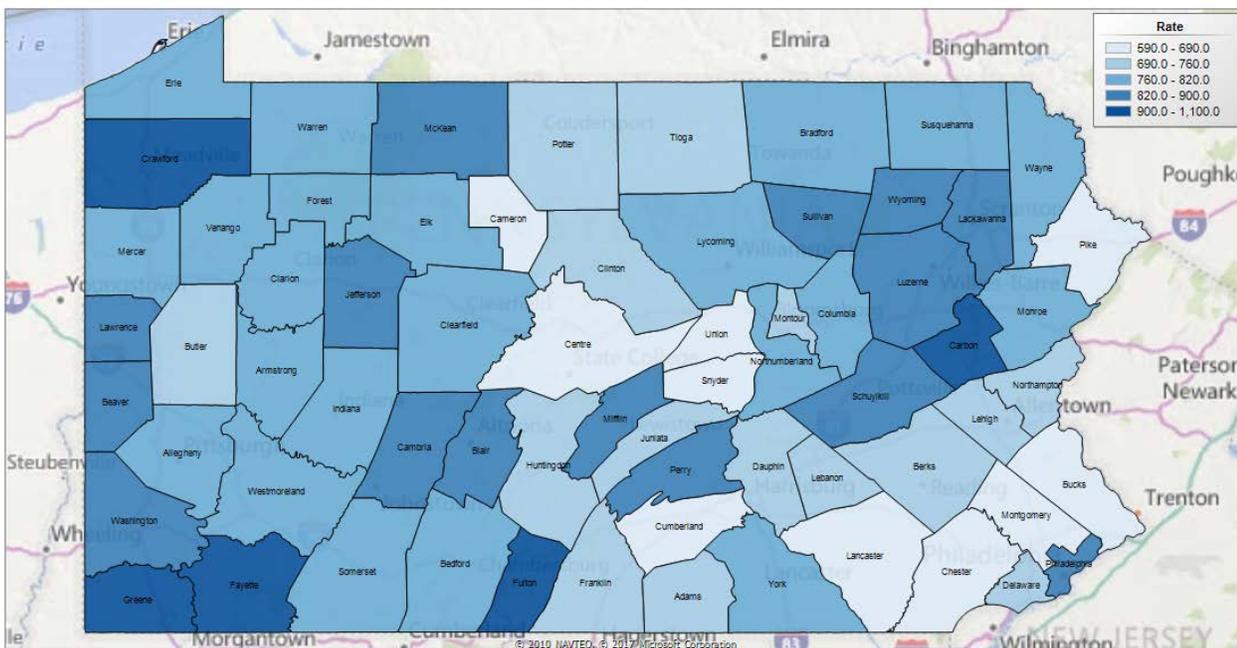
Table 2.1: Pennsylvania Resident Deaths by Number, Age-Adjusted Rates per 100,000 and Confidence Intervals, 2015^{10,11}

County/State	Number	Age-Adjusted Rate	LCI* (95%)	UCI** (95%)	County/State	Number	Age-Adjusted Rate	LCI* (95%)	UCI** (95%)
Pennsylvania	132,278	766.3	762.2	770.4	Juniata	276	759.7	670.1	849.3
Adams	1,053	719.4	676	762.9	Lackawanna	2,728	853.5	821.5	885.5
Allegheny	13,866	783.3	770.3	796.4	Lancaster	5,032	685.8	666.9	704.8
Armstrong	802	763.4	710.6	816.3	Lawrence	1,166	840.7	792.5	889.0
Beaver	2,177	822.2	787.7	856.7	Lebanon	1,489	747.7	709.8	785.7
Bedford	578	767.2	704.6	829.7	Lehigh	3,372	714.7	690.6	738.8
Berks	3,966	736.4	713.5	759.4	Luzerne	4,014	845.5	819.4	871.7
Blair	1,646	862.2	820.6	903.9	Lycoming	1,288	782.8	740	825.5

County/State	Number	Age-Adjusted Rate	LCI* (95%)	UCI** (95%)	County/State	Number	Age-Adjusted Rate	LCI* (95%)	UCI** (95%)
Bradford	720	812.2	752.8	871.5	McKean	528	876.1	801.3	950.8
Bucks	5,956	689.4	671.9	706.9	Mercer	1,453	800.1	758.9	841.2
Butler	1,942	744.1	711.0	777.2	Mifflin	582	822.4	755.6	889.2
Cambria	1,941	879.9	840.8	919.1	Monroe	1,513	799.8	759.5	840.1
Cameron	62	689.9	518.1	861.6	Montgomery	7,441	646.6	631.9	661.3
Carbon	857	911.6	850.6	972.7	Montour	223	758	658.5	857.5
Centre	984	596.6	559.3	633.9	Northampton	3,003	695.6	670.7	720.4
Chester	3,944	636.2	616.4	656.1	Northumberland	1,187	811	764.8	857.1
Clarion	401	765.5	690.6	840.4	Perry	481	882.6	803.7	961.5
Clearfield	899	764.9	714.9	814.9	Philadelphia	14,078	866.4	852.1	880.8
Clinton	397	756.8	682.4	831.3	Pike	503	629.4	574.4	684.5
Columbia	732	815.1	756	874.1	Potter	197	729.1	627.2	830.9
Crawford	1,059	903.3	848.9	957.7	Schuylkill	1,943	888.7	849.1	928.2
Cumberland	2,301	678.3	650.6	706.0	Snyder	336	639.1	570.7	707.4
Dauphin	2,537	758.8	729.3	788.4	Somerset	997	806.7	756.6	856.8
Delaware	5,418	746.1	726.2	766.0	Sullivan	107	865.7	701.7	1,029.8
Elk	407	812	733.1	890.9	Susquehanna	472	778.4	708.1	848.6
Erie	2,868	801	771.7	830.4	Tioga	448	735.4	667.3	803.5
Fayette	1,800	902.8	861	944.5	Union	364	595.5	534.3	656.7
Forest	81	762.5	596.5	928.6	Venango	664	807.5	746.1	868.9
Franklin	1,548	714	678.4	749.5	Warren	510	801.7	732.1	871.2
Fulton	190	1,027.9	881.7	1,174.10	Washington	2,618	851.8	819.2	884.4
Greene	466	962.9	875.5	1,050.30	Wayne	588	801.6	736.8	866.4
Huntingdon	460	732	665.1	798.9	Westmoreland	4,601	797.4	774.3	820.4
Indiana	894	770.5	720	821.0	Wyoming	316	866.5	771	962.1
Jefferson	573	843.8	774.7	912.9	York	4,235	761.3	738.4	784.2

* Lower confidence interval **Red** Significantly higher than state
** Upper confidence interval **Blue** Significantly lower than state

Map 2.1 2015 Pennsylvania Resident Deaths: Age-Adjusted Rates per 100,000¹¹



Map 2.1 shows the distribution of the 2015 Pennsylvania age-adjusted death rates from Table 2.1 represented on a county map of the state.

Leading causes

Table 2.2 Resident Deaths by Number and Age-Adjusted Rates, Pennsylvania and United States, 2015^{12,13}

Pennsylvania			Cause	United States	
Rank	Number	Rate per 100,000		Rate per 100,000	Rank
1	31,875	176.8	Diseases of heart	168.5	1
2	28,517	166.2	Malignant neoplasms	158.5	2
3	7,266	51.5	Accidents	43.2	4
4	6,943	38.6	Cerebrovascular disease	37.6	5
5	6,655	38.0	Chronic lower respiratory disease	41.6	3
6	4,000	20.9	Alzheimer's disease	29.4	6
7	3,765	22	Diabetes mellitus	21.3	7
8	3,022	16.8	Nephritis, nephrotic syndrome and nephrosis	13.4	9
9	2,892	15.9	Influenza and pneumonia	15.2	8
10	2,353	13.6	Septicemia	11.0	11

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

Table 2.3 Resident Deaths by Selected Causes, Pennsylvania, 2000, 2010 and 2015¹⁴

Underlying Cause of Death	2000	2010	2015	Difference 2000 - 2010	Percent change 2000 - 2010	Difference 2010 - 2015	Percent change 2010 - 2015
Total deaths	130,092	123,473	132,278	-6,619	-5.1	8,805	7.1
Heart disease	40,446	31,274	31,875	-9,172	-22.7	601	1.9
Cancer	29,989	28,809	28,517	-1,180	-3.9	-292	-1.0
Accidents	4,500	5,607	7,266	1,107	24.6	1,659	29.6
Cerebrovascular diseases	8,885	6,629	6,943	-2,256	-25.4	314	4.7
Chronic lower respiratory diseases	6,045	6,164	6,655	119	2.0	491	8.0
Alzheimer's disease	2,533	3,566	4,000	1,033	40.8	434	12.2
Diabetes mellitus	3,781	3,184	3,765	-597	-15.8	581	18.2
Nephritis, nephrotic syndrome and nephrosis	2,675	3,028	3,022	353	13.2	-6	-0.2
Accidental drug poisoning*	896	1,550	2,922	654	73.0	1372	88.5
Influenza and pneumonia	3,047	2,289	2,892	-758	-24.9	603	26.3
Septicemia	2,573	2,212	2,353	-361	-14.0	141	6.4
Suicide (intentional self-harm)	1,348	1,547	1,882	199	14.8	335	21.7
Liver disease, chronic and cirrhosis	1,079	1,180	1,433	101	9.4	253	21.4
Parkinson's disease	930	1,178	1,348	248	26.7	170	14.4
Hypertension (essential/primary) and hypertensive renal disease	833	970	1,101	137	16.4	131	13.5
In situ, benign and uncertain neoplasms	772	833	837	61	7.9	4	0.5
Homicide (assault)	649	682	674	33	5.1	-8	-1.2
Congenital malformations, deformations, chromosomal abnormalities	414	373	350	-41	-9.9	-23	-6.2
Anemias	284	252	274	-32	-11.3	22	8.7
Atherosclerosis	644	305	243	-339	-52.6	-62	-20.3
Human immunodeficiency virus (HIV) disease	498	264	175	-234	-47.0	-89	-33.7

Red Causes of death that increased by more than 20 percent

Blue Causes of death that decreased by more than 20 percent

*Accidental drug poisoning ICD10 code (X40-44) does not include the intents of 'intentional/suicide,' 'assault' or 'undetermined' poisoning/overdose.

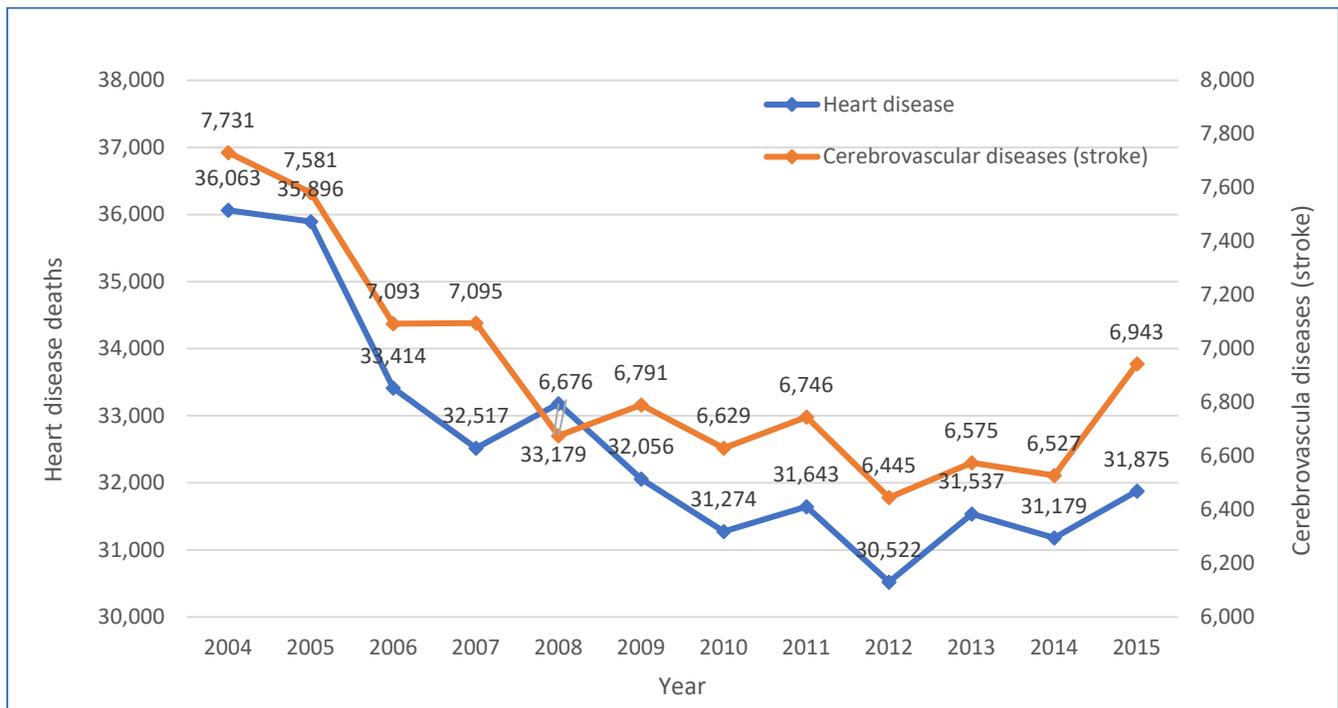
According to the Pennsylvania Department of Health, Bureau of Health Statistics and Registries, the annual number of Pennsylvania resident deaths declined by more than 5 percent from 2000 to 2010, despite a 15 percent increase in residents aged 65 and older during this timeframe. While this drop was observed between 2000 and 2010, the death rate increased from 2010 to 2015 by more than 7 percent. Deaths by accidental drug poisoning driven by the opioid epidemic have shown the largest percent increase over both time periods. Where there had previously been decreases, increases occurred in heart disease, cerebrovascular disease, diabetes mellitus, influenza and pneumonia, septicemia, and anemias. The number of resident deaths due to HIV have decreased 65 percent between 2000 and 2015. Causes of death that decreased by more than 20 percent are shown in blue. Causes of death that increased by more than 20 percent are shown in red.

Table 2.4 Percent Change of Resident Deaths, Adults 65 and Over, by Cause and Age, Pennsylvania, 2010 to 2015¹⁵

Underlying Cause of Death	Age					Total 65+
	65-69	70-74	75-79	80-84	85+	
All causes of death	21.2	15.3	-0.3	-8.7	11.7	7.1
Heart disease	12.5	11.7	-3.3	-13.6	5.7	1.9
Cerebrovascular diseases	20.7	30.3	0.1	-7.1	5.5	4.6
Cancer	13.0	5.1	-6.9	-14.0	5.2	0.0
Accidents	76.1	15.4	11.6	4.5	26.0	22.9
Alzheimer's disease	64.7	-3.2	1.0	-1.3	17.3	12.2
Diabetes mellitus	51.3	30.1	5.8	9.8	4.8	14.7
Influenza and pneumonia	52.0	31.2	11.4	18.3	29.3	26.4
Pennsylvania population change	26.0	17.2	1.2	-9.3	9.2	11.3

The age-adjusted death rates experienced fluctuations between 2000 and 2015. For example, the overall age-adjusted death rate in 2000 was 886.6 per 100,000 standard million population, 758.8 in 2010 and 766.3 in 2015. Other causes of death that had decreases in their age-adjusted rate during this period 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.

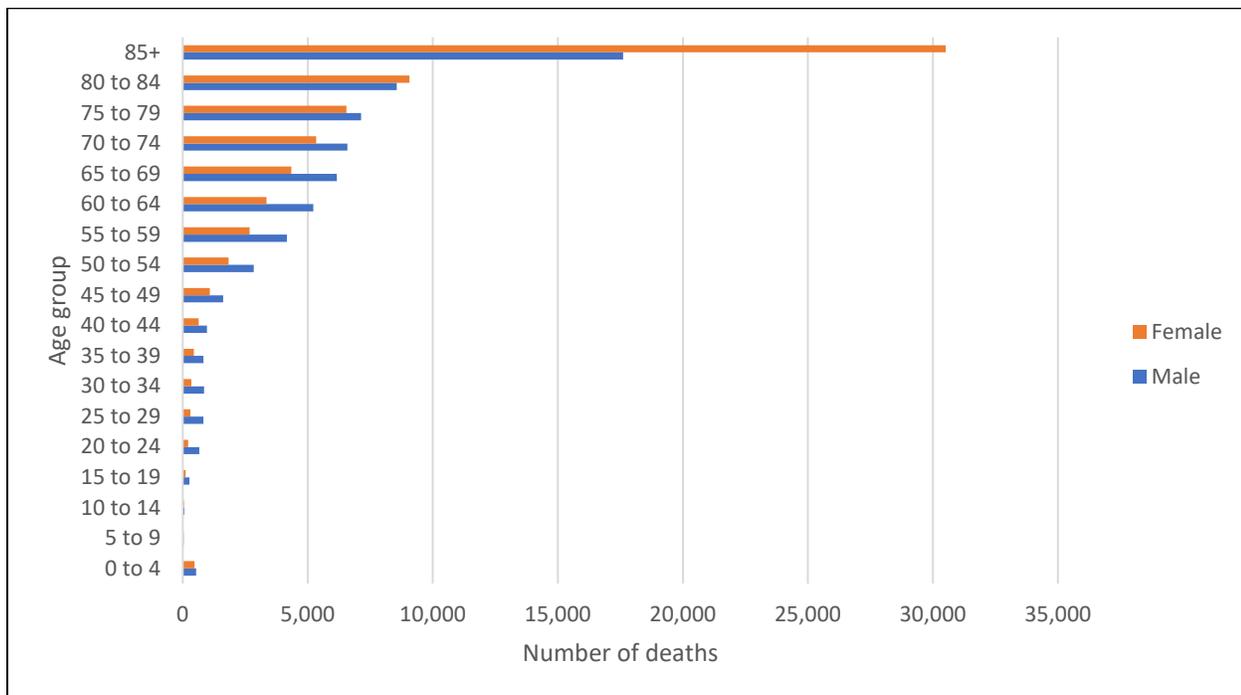
Figure 2.7 Deaths Due to Heart Disease and Cerebrovascular Disease, Pennsylvania, 2004 to 2015¹⁶



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+. Female residents aged 85+ had almost twice as many deaths as male peers.

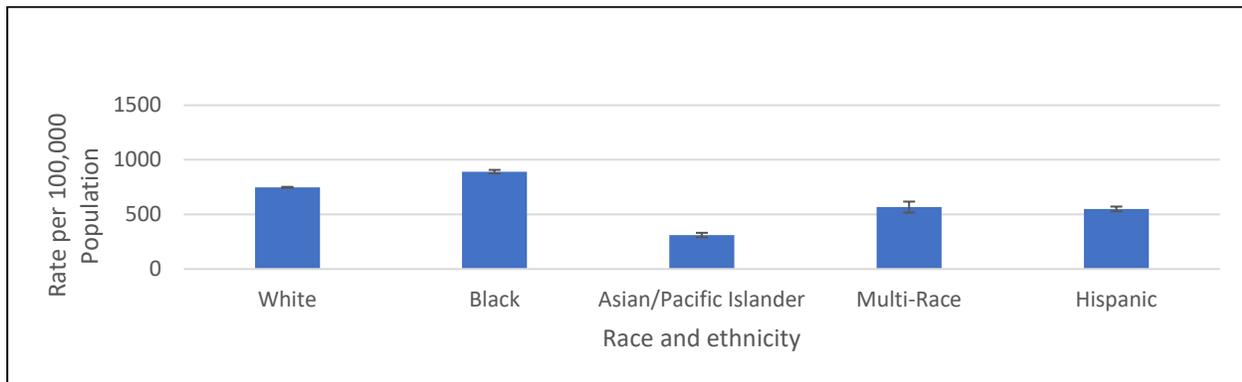
Figure 2.8 Resident Deaths by Age Group and Sex, Pennsylvania, 2015¹⁷



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 Resident Deaths by Race and Ethnicity, Pennsylvania, 2015¹⁸



Morbidity

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

In 2012 and 2016, a higher percent of Pennsylvania residents reported they had been told by a doctor that they had coronary heart disease (2012, 4.9 percent; 2016, 4.6 percent) than was reported nationally during the same timeframe (2012, 4.3 percent; 2016, 4.1 percent).

Table 2.5 Prevalence of Selected Diagnoses, Pennsylvania and United States, 2012 and 2016^{19,20}

	2012		2016	
	Pennsylvania	United States	Pennsylvania	United States
Coronary heart disease	4.9% (CI: 4.5-5.4)	4.3%	4.6% (CI: 4.1-5.3)	4.1%
Asthma	13.5% (CI: 12.8-14.3)	8.9%	10.6% (CI: 9.6-11.6)	9.3%
Stroke	2.9% (CI: 2.6-3.3)	2.9%	3.5% (CI: 2.9-4.2)	3.1%
High blood pressure*	33.7% (CI: 32.6-34.8)	31.4%	32.5% (CI: 31.0-34.1)	30.9%
Diabetes	10.2% (CI: 9.7-10.8)	9.7%	11.3% (CI: 10.3-12.3)	10.5%

In 2009, the rate of cancer for Pennsylvania was 503.9 per 100,000 residents. Five years later, in 2014, the incidence was 477.2 per 100,000 residents. These rates were higher than U.S. figures for these years (475.2 per 100,000 and 435.2 per 100,000, respectively).

Table 2.6 Incidence of Cancer per 100,000 Residents, Pennsylvania and United States, 2009 and 2014²¹

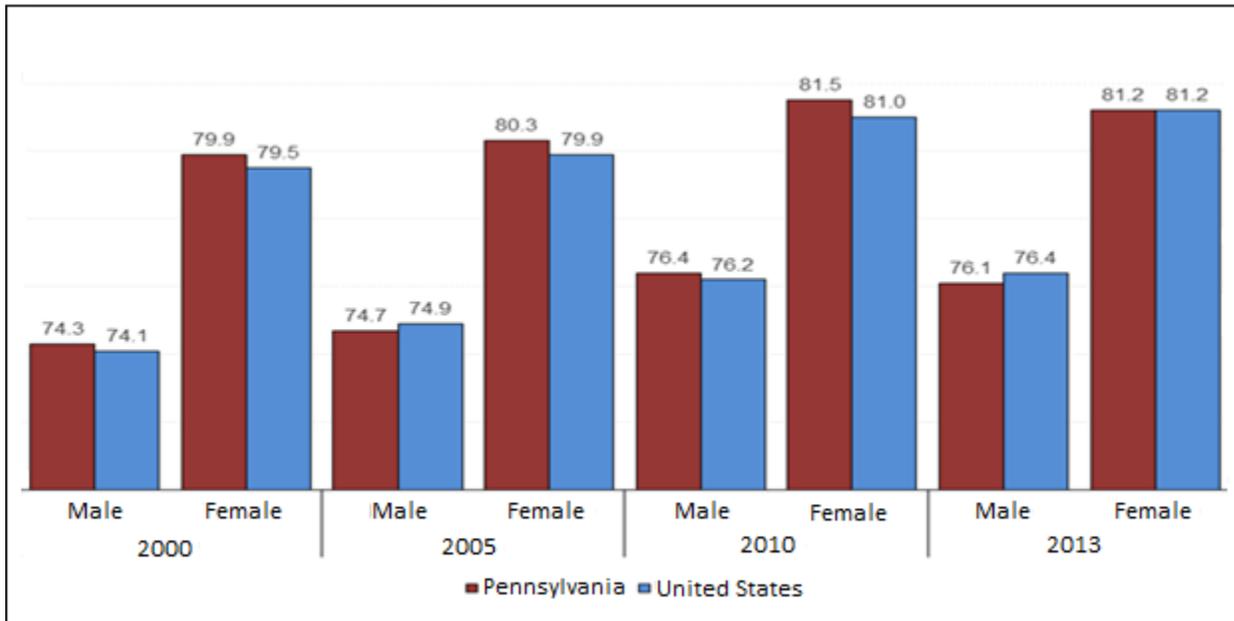
	2009		2014	
	Pennsylvania	United States	Pennsylvania	United States
All Cancers	503.9	475.2	477.2	435.2
Female breast cancer	131	130.9	132	130.6
Cervical cancer	8.2	6.9	6.8	6.8
Colorectal cancer	47.6	43.3	40.5	38.3
Lung and bronchus cancer	69	60	63.2	52.4
Prostate cancer	139.6	155.3	92	99.7
Melanoma of the skin	20.3	23.1	25.8	25.2

Life Expectancy

According to the Pennsylvania Department of Health, Division of Health Informatics, Pennsylvania residents born in 2013 could expect to live an average of 76.1 years for men and 81.2 years for women.

From 2000 to 2013, the average life expectancy in Pennsylvania increased 1.8 years for men and 1.3 years for women; by comparison, the national average increased 2.3 years for men and 1.7 years for women during this period.

Figure 2.10 Life Expectancy, Pennsylvania and United States, 2000 to 2013^{22,23}



Endnotes

⁸ U.S. Centers for Disease Control and Prevention, National Center for Health Statistics. (2016 June 30). National Vital Statistics Reports. Retrieved from https://www.cdc.gov/nchs/data/nvsr/nvsr65/nvsr65_04.pdf

⁹ Pennsylvania Department of Health. (2016). Enterprise Data Dissemination Informatics Exchange, Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS). Retrieved from <https://www.phaim1.health.pa.gov/EDD/>

¹⁰ Pennsylvania Department of Health. (2015). Enterprise Data Dissemination Informatics Exchange, Pennsylvania Death Certificate Dataset. Retrieved from <https://www.phaim1.health.pa.gov/EDD/WebForms/DeathCntySt.aspx>

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- ¹¹ Pennsylvania Department of Health. (2015). Pennsylvania Vital Statistics. Retrieved from http://www.statistics.health.pa.gov/HealthStatistics/VitalStatistics/PAVitalStatistics/Documents/PA_Vital_Statistics_2015.pdf
- ¹² Pennsylvania Department of Health. (2016). Enterprise Data Dissemination Informatics Exchange, Pennsylvania Death Certificate Dataset. Retrieved from <https://www.phaim1.health.pa.gov/EDD/>
- ¹³ Pennsylvania Department of Health. (2016). Enterprise Data Dissemination Informatics Exchange, Pennsylvania Death Certificate Dataset. Retrieved from <https://www.phaim1.health.pa.gov/EDD/>
- ¹⁴ Pennsylvania Department of Health. (2015). Pennsylvania Vital Statistics. Retrieved from http://www.statistics.health.pa.gov/HealthStatistics/VitalStatistics/PAVitalStatistics/Documents/PA_Vital_Statistics_2015.pdf
- ¹⁵ U.S. Centers for Disease Control and Prevention. (2017). National Center for Health Statistics. Stats of the State of Pennsylvania Retrieved from <https://www.cdc.gov/nchs/pressroom/states/pennsylvania/pennsylvania.htm>
- ¹⁶ Pennsylvania Department of Health. (2016). Enterprise Data Dissemination Informatics Exchange, Pennsylvania Death Certificate Dataset. Retrieved from <https://www.phaim1.health.pa.gov/EDD/>
- ¹⁷ Pennsylvania Department of Health. (2015). Pennsylvania Vital Statistics. Retrieved from http://www.statistics.health.pa.gov/HealthStatistics/VitalStatistics/PAVitalStatistics/Documents/PA_Vital_Statistics_2015.pdf
- ¹⁸ Pennsylvania Department of Health. (2016). Enterprise Data Dissemination Informatics Exchange, Pennsylvania Death Certificate Dataset. Retrieved from <https://www.phaim1.health.pa.gov/EDD/>
- ¹⁹ Pennsylvania Department of Health. (2016). Enterprise Data Dissemination Informatics Exchange, Pennsylvania Death Certificate Dataset. Retrieved from <https://www.phaim1.health.pa.gov/EDD/>
- ²⁰ Pennsylvania Department of Health. (2016). Enterprise Data Dissemination Informatics Exchange, Pennsylvania Death Certificate Dataset. Retrieved from <https://www.phaim1.health.pa.gov/EDD/>
- ²¹ Pennsylvania Department of Health. (2016). Enterprise Data Dissemination Informatics Exchange, Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS). Retrieved from <https://www.phaim1.health.pa.gov/EDD/>
- ²² Centers for Disease Control and Prevention. (2016). Behavioral Risk Factor Surveillance System, BRFSS Prevalence & Trends Data. Retrieved from <https://www.cdc.gov/brfss/brfssprevalence/index.html>
- ²³ National Cancer Institute, Division of Cancer Control and Population Sciences. (2017). Surveillance, Epidemiology, and End Results (SEER) Stat Data, 1973-2014 (Nov 2016 Submission). Retrieved from <https://seer.cancer.gov/data/>

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” (ICF) addresses this problem by presenting “disability” as an umbrella term for impairments, activity limitations and participation restrictions.²⁴ Rather than a dichotomous concept (disabled/not disabled), ICF 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; and
- Social relationships.

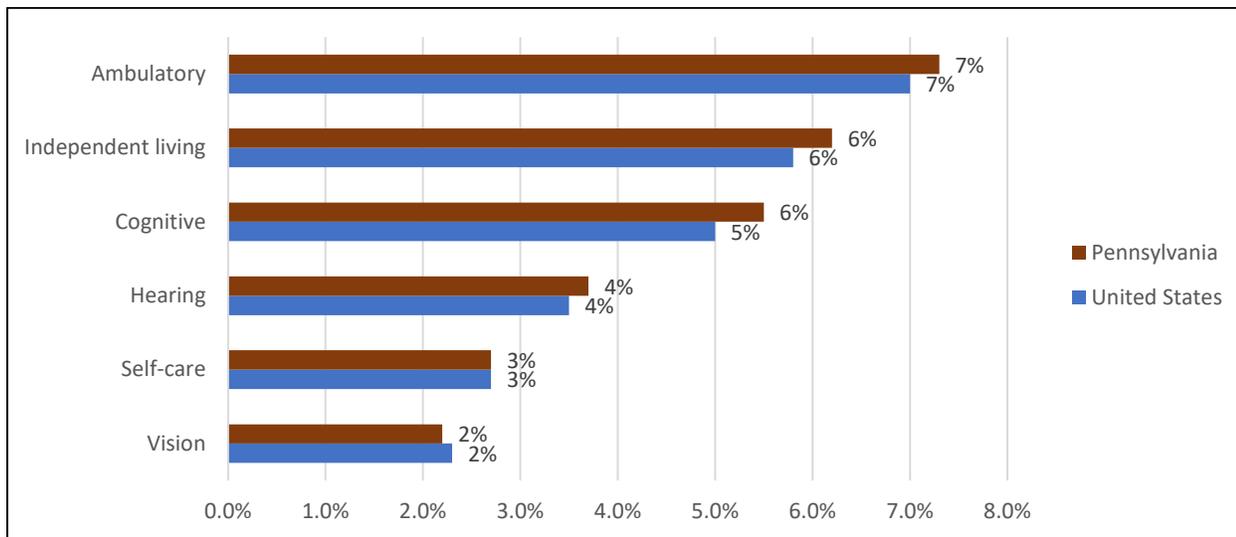
According to the U.S. Centers for Disease Control and Prevention, in 2015, approximately 21 percent of Americans report some level of disability.²⁵ That's one in five. Disability can affect people in different ways, even if the type of disability is the same. Some disabilities may be hidden or difficult to see. Disability can occur to anyone, at any time.²⁶ 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.²⁷ 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 2011-2015 American Community Survey,²⁸ about 14 percent of Pennsylvania's non-institutionalized population is disabled. Seventy-one percent of the individuals with a disability are 65 years and older, and an additional 13 percent are 35 to 64 years old. By comparison, just 14 percent of Pennsylvania residents with disabilities are 34 years old or younger.

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

- Ambulatory (7 percent);
- Independent living (6 percent); and
- Cognitive difficulties (6 percent).

Figure 2.11 Disability Type, Pennsylvania and United States, 2011 to 2015²⁹



was \$40,100. The poverty rate of working-age persons with disabilities was 28.4 percent, and the rate of those receiving SSI payments was 19.9 percent.

Education

The percent of working-age persons with disabilities in 2016 who only had a high school diploma or equivalent was 43.2 percent, with some college or an associate degree was 25.4 percent, and with a bachelor's degree or higher was 13.9 percent.

Veterans Service-Connected Disability

The percent of working-age civilian veterans with a VA-determined service-connected disability in 2016 was 18.2 percent.

Health Insurance Coverage

In Pennsylvania, 93.7 percent of working-age persons with disabilities had health insurance in 2016.

Role of State Government

Pennsylvania agencies that address the needs of persons with disabilities include the following governmental offices: Department of Aging, Department of Education, Department of Labor and Industry and Department of Human Services (DHS). DHS 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 and for 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.
- **Office of Vocational Rehabilitation (OVR)** provides vocational rehabilitation services to help persons with disabilities prepare for, obtain or maintain employment.

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; and
- Intervention strategies.

Sources of data include:

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

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 profits, racial and ethnic differences, types of disabilities, people with disabilities living healthy, disabilities related to health conditions. <http://www.cdc.gov>

Disability Status Reports, U.S. disability statistics, provide policymakers, advocates, and others with recent

Endnotes

²⁴ Matthew W. Brault, U.S. Census Bureau. (2012 July). Americans with Disabilities: 2010 Household Economic Studies. Current Population Reports. Retrieved from <https://www.census.gov/library/publications/2012/demo/p70-131.html>

²⁵ Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data. 2015. Retrieved from <https://www.cdc.gov/brfss/brfssprevalence/>

²⁶ U.S. Centers for Disease Control and Prevention. Disabilities and Health Home, Types of Disabilities. Retrieved from <http://www.cdc.gov/ncbddd/disabilityandhealth/types.html>

²⁷ Erickson, W., Lee, C., & von Schrader, S. (2016). 2015 Disability Status Report: Pennsylvania. Ithaca, NY: Employment and Disability Institute, Cornell University. Retrieved from <http://www.disabilitystatistics.org/>

²⁸ U.S. Census Bureau. 2011-2015 American Community Survey 5-Year Estimates, Table S1810. "American Factfinder." Retrieved from

https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_5YR_S1810&prodType=table

²⁹ U.S. Census Bureau. 2011-2015 American Community Survey 5-Year Estimates, Table S1810. "American Factfinder." Retrieved from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_5YR_S1810&prodType=table

³⁰ U.S. Census Bureau. (2015). American Community Survey 5-Year Estimate, Tables B18101. "American Factfinder." Retrieved from <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

³¹ Erickson, W., Lee, C., and von Schrader, S. (2016). 2011 Disability Status Report: Pennsylvania. Ithaca, NY: Employment and Disability Institute, Cornell University. Retrieved from <http://www.disabilitystatistics.org/>