



2017 **HEALTH** OF THE CITY

Philadelphia's Community
Health Assessment

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HEALTH Of the City

Health is determined by many factors, including social and economic structures, the built environment, marketing of healthy and unhealthy products, the behavioral choices people make, and the medical care system. Health of the City describes the landscape of health for people who live in Philadelphia. The Philadelphia Department of Public Health developed this report to help health care providers, city officials, people who make decisions for non-governmental organizations, and individual residents make more informed decisions on health.

Health of the City includes summaries of data from various sources to describe the demographics of the city's residents as well as health outcomes and key factors that influence health in five broad areas:

1. HEALTH OUTCOMES

represent how healthy Philadelphians are, including quality of life, and rates of infectious and chronic illness and premature death.

2. HEALTH BEHAVIORS

include behaviors that directly impact health, such as nutrition, exercise, tobacco and drug use, and sexual activity.

3. CLINICAL CARE

encompasses access to and quality of preventive, primary, and acute care.

4. SOCIAL AND ECONOMIC DETERMINANTS

include education, employment, income, and community safety.

5. PHYSICAL ENVIRONMENT

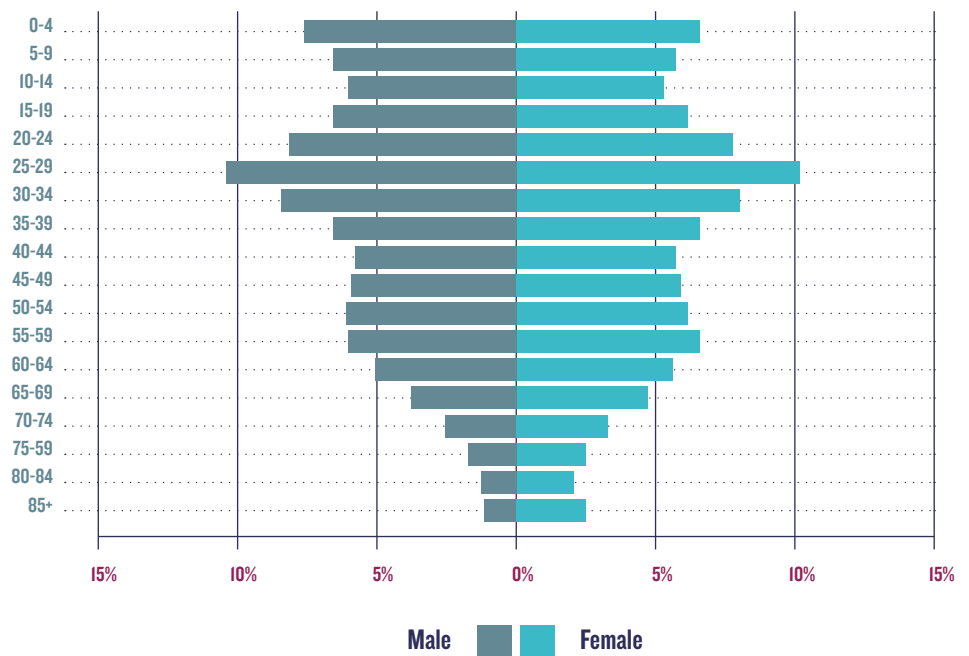
include air quality and access to housing and transportation.

ABOUT Philadelphia

THE SIXTH LARGEST CITY

Philadelphia is the sixth largest city in the United States (behind New York City, Los Angeles, Chicago, Houston and Phoenix), with an estimated population of 1,567,442 in 2015. Philadelphia's young population (ages 15 to 34) continues to grow and represents the largest portion of the population.

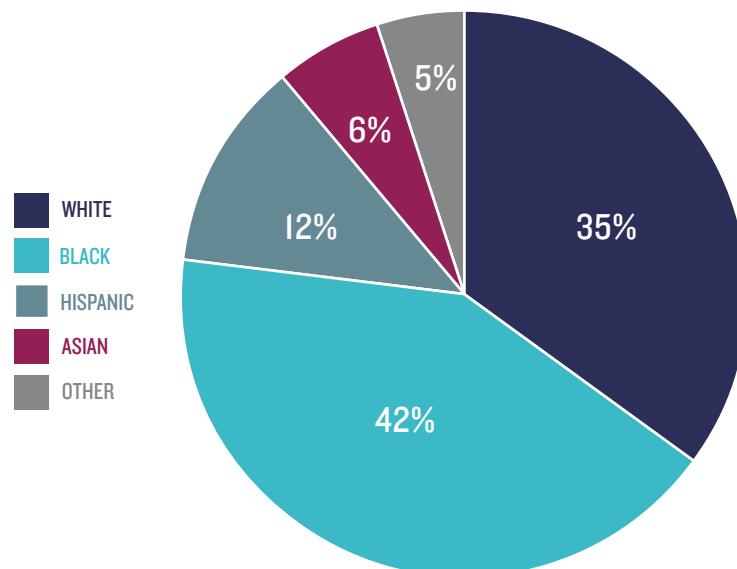
2015 | Population by Age Group



RACIALLY AND ETHNICALLY DIVERSE

Philadelphia is racially and ethnically diverse, with 42 percent non-Hispanic black, 35 percent non-Hispanic white, 12 percent Hispanic, and 6 percent Asian. One race or ethnic group makes up a majority of the population in 84 percent of the city's 381 census tracts.

2015 | Population by Race/Ethnicity

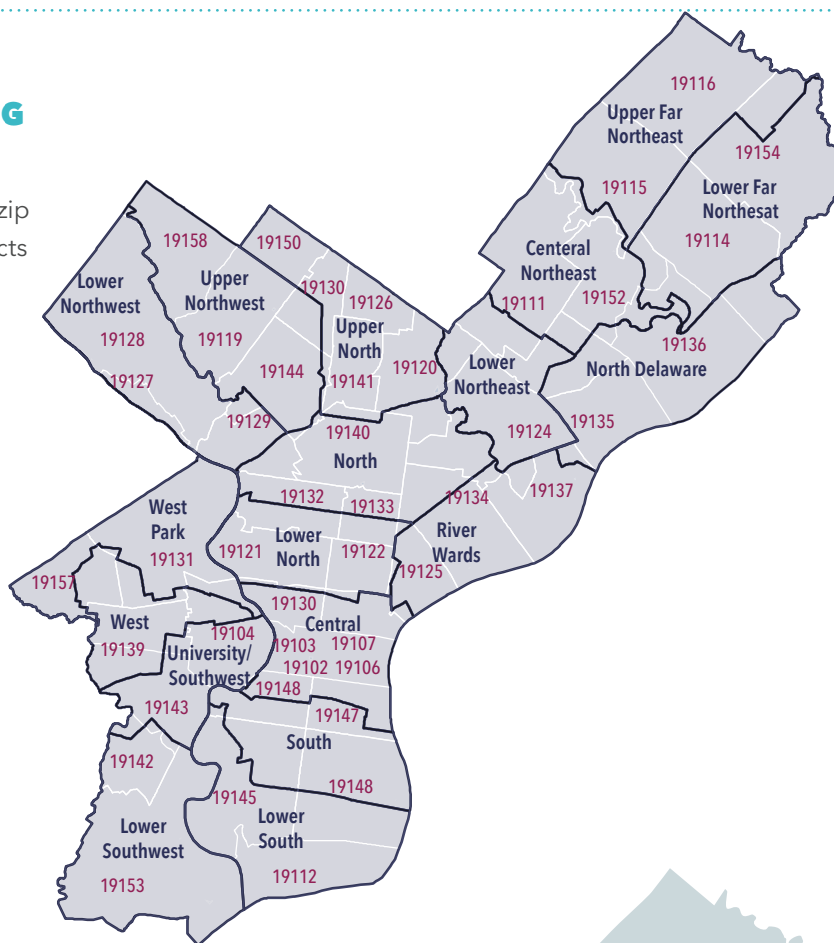


Source: United States Census Bureau, 2015 Population Estimates

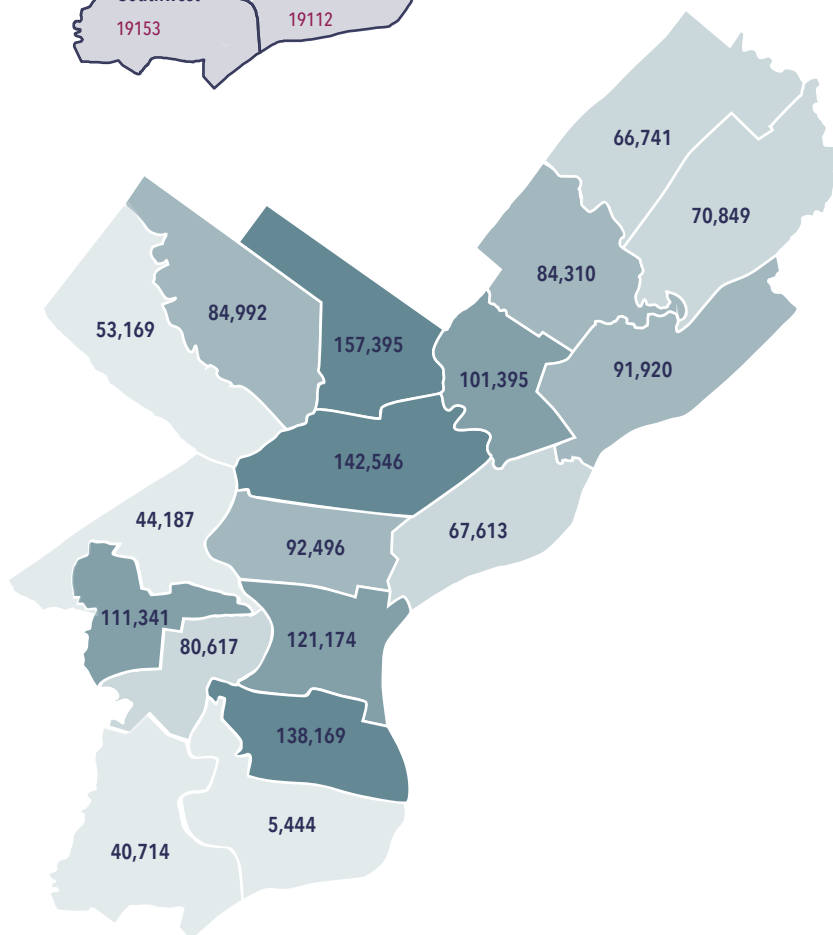
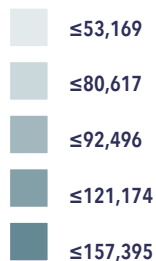
FORTY-EIGHT ZIP CODES AND EIGHTEEN PLANNING DISTRICTS

Philadelphia consists of forty-eight zip codes and eighteen planning districts representing distinct economic, geographic, and social units.

Philadelphia Zip Codes and Planning Districts



2015 | Population by Planning Districts



Source: United States Census Bureau, 2015 Population Estimates



HEALTH OUTCOMES

Overall, while Philadelphia's health statistics are behind those of other major cities, most key health indicators continued to improve. Despite this progress, some health indicators have moved in the wrong direction and some racial/ethnic and geographic disparities persist. For example, diabetes, hypertension, obesity, and mental health conditions have increased and are highest among non-Hispanic blacks and low-income communities. The following sections provide more details.

SUMMARY

Health Measures

Measuring life expectancy and examining trends in causes of death shows how people are dying, what demographic groups are dying prematurely, and how these deaths may be prevented. Nationally, life expectancy has risen dramatically over the last few decades. But the increase in chronic conditions and poor health behaviors is likely to slow that growth and possibly reverse the trend.

	Most Recent Estimate	<div>Improving >></div> <div><< Worsening</div> <div>No Change ○</div>	Population(s) with Poorer Outcomes
Deaths (all causes)	861.9 per 100,000 ¹	>>	Non-Hispanic blacks
Years of potential life lost before age 75	9,630.9 years ¹	<<	Non-Hispanic blacks
Life expectancy (males)	72.3 years ¹	<<	Non-Hispanic blacks
Life expectancy (females)	79.3 years ¹	○	
Adults in poor or fair health	23.6% ²	○	Hispanics; Non-Hispanic blacks

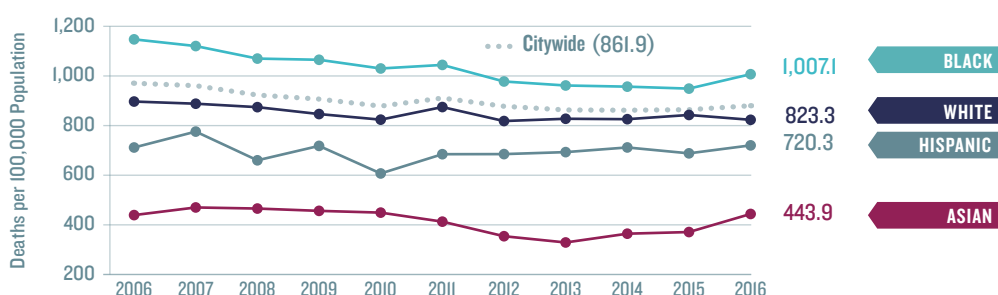
¹ 2016 PDPH Preliminary Vital Statistics Report

² 2015 PHMC Household Health Survey

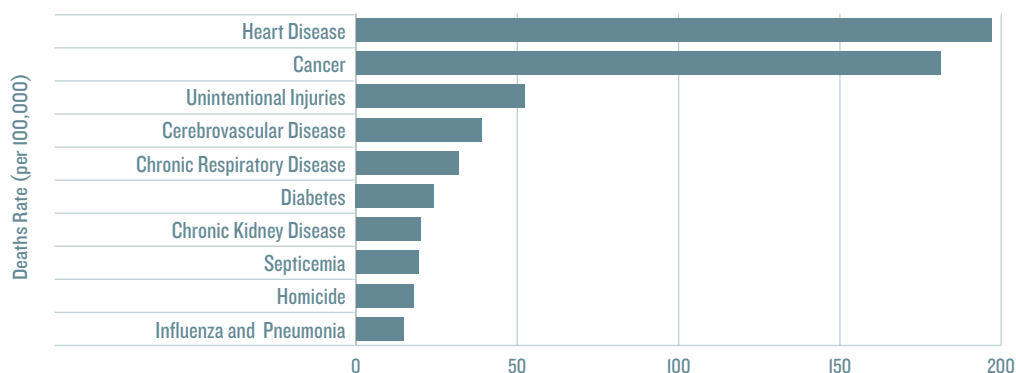
OVERALL MORTALITY

In 2016, an estimated 14,315 Philadelphians died. Chronic health conditions, particularly heart disease and cancer, and unintentional injuries were the leading causes.

2006–2016 | Age-adjusted Mortality Rate per 100,000 People



2016 | Leading Causes of Death in Philadelphia

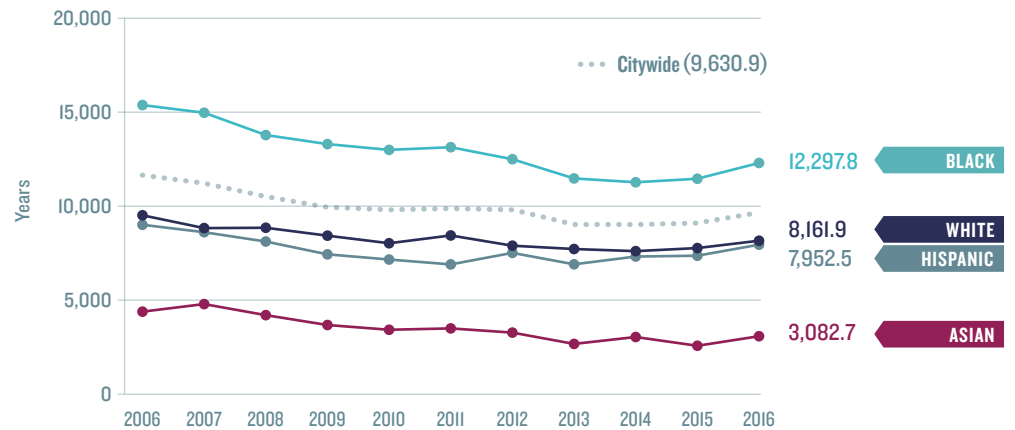


Source: PDPH 2016 Preliminary Vital Statistics Report

PREMATURE DEATHS

Premature deaths are those that occur before age seventy-five. As many of these deaths may have been preventable, estimating the years of potential life lost (YPLL) before age seventy-five is a key measure of a community's health. From 2000 to 2014 YPLL declined, reaching a low of 9,004 in 2014. In 2015, this trend reversed. The increase in YPLL is likely related to more deaths due to drug overdose and homicides in younger adults.

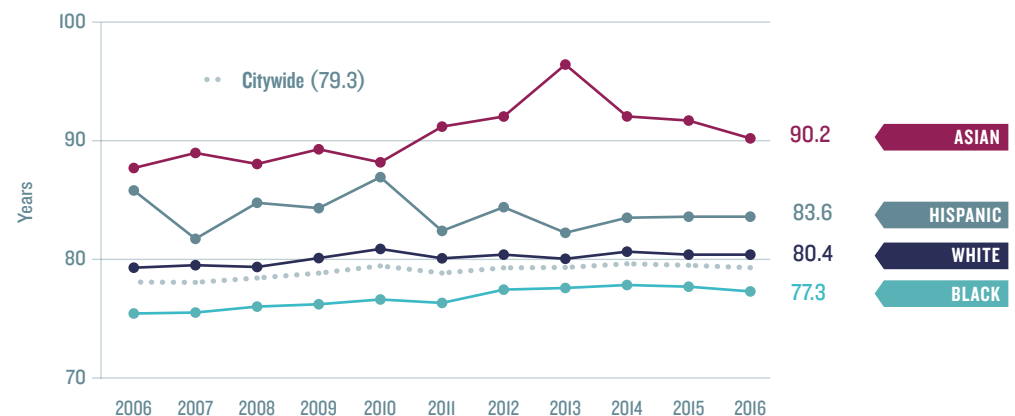
2006–2016 | Years of Potential Life Lost Before Age 75 by Race/Ethnicity



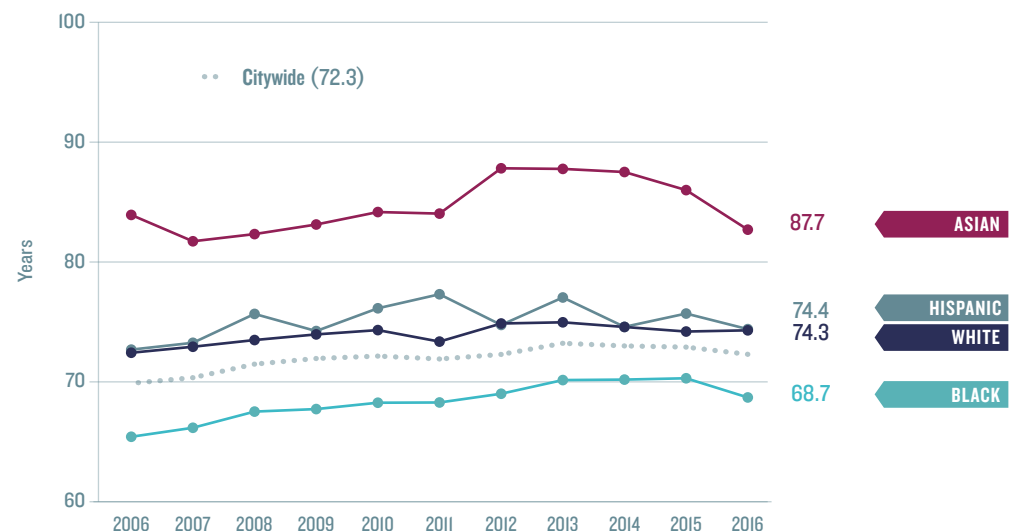
LIFE EXPECTANCY

From 2006 to 2014, life expectancy in Philadelphia increased 2.4 years for men and 1.2 years for women. But in 2015 and 2016, life expectancy declined slightly. In 2016, non-Hispanic Asian women had the longest life expectancy at 90.2 years, and non-Hispanic black men had the shortest life expectancy at 68.7 years.

2006–2016 | Life Expectancy at Birth for Women by Race/Ethnicity



2006–2016 | Life Expectancy at Birth for Men by Race/Ethnicity

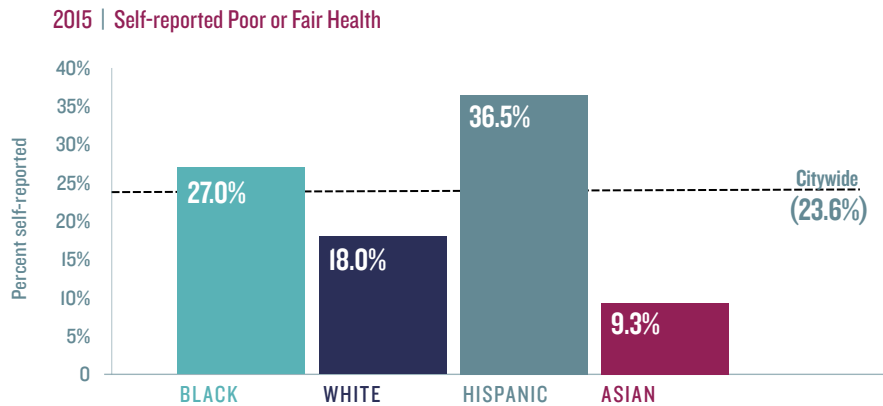


For more vital statistics in Philadelphia, visit <http://www.phila.gov/health/Commissioner/VitalStatistics.html>.

Source: PDPH 2016 Preliminary Vital Statistics Report

OVERALL HEALTH STATUS

While life expectancy indicates how long people are living, self-reported overall health status provides a measure of quality of life. Overall, 23.6 percent of Philadelphians rated their health as poor or fair. There are significant differences among race/ethnic groups: over a third of Hispanics reported poor or fair health, compared to only 9.3 percent of non-Hispanic Asians.



Source: Public Health Management Corporation (PHMC) Household Survey, 2015

CHRONIC Health Conditions

Six of the leading causes of death in Philadelphia are related to chronic health conditions: heart disease, cancer, cerebrovascular disease, respiratory disease, diabetes, and kidney disease. These conditions often significantly reduce quality of life and life expectancy, and lead to disability and high health care costs. Many factors, particularly poor health behaviors and lack of access to care, contribute to these conditions, resulting in varying rates among the city's residents.

	Most Recent Estimate	<div>Improving >></div> <div><< Worsening</div> <div>No Change ○</div>	Population(s) with Poorer Outcomes
Obesity in children (ages 5-18)	20.6% ¹	>>	Hispanic boys Non-Hispanic black girls
Obesity in adults	33.3% ²	<<	Non-Hispanic blacks Hispanics
Hypertension in adults	38.2% ²	<<	Non-Hispanic blacks
Diabetes in adults	15.4% ²	<<	Non-Hispanic blacks
Cancer incidence	514 per 100,000 ³	○	
Childhood asthma hospitalizations	59.5 per 10,000 ⁴	>>	Non-Hispanic blacks Hispanics (North and West)
Diagnosed mental health conditions in adults	20.8% ²	<<	Hispanics

¹ 2015 School District of Philadelphia

² 2015 PHMC Household Survey

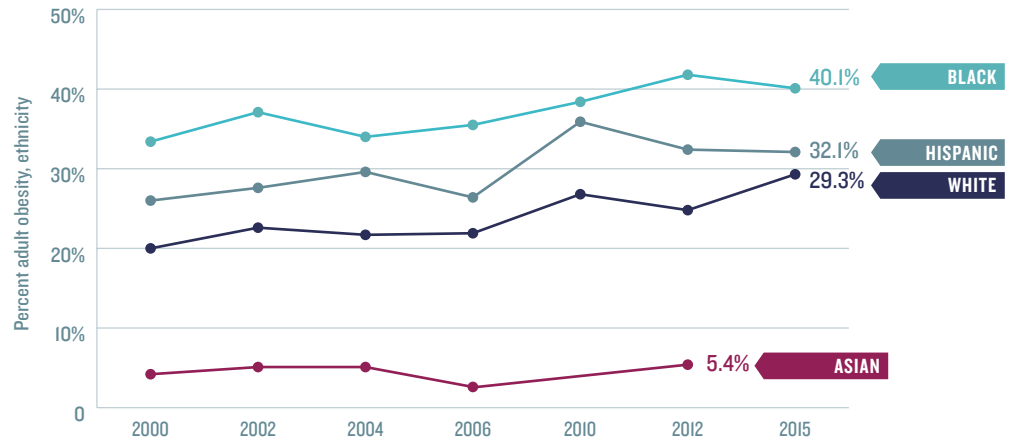
³ 2015 PA Department of Health Cancer Registry

⁴ 2015 PA Healthcare Cost Containment Council

OBESITY

Children and adults with obesity are more likely to develop chronic health conditions such as high blood pressure, type 2 diabetes, asthma, and cardiovascular disease. The number of adults with obesity increased across all race/ethnic groups, with the highest rates among non-Hispanic blacks. One of three adults in Philadelphia was obese in 2015.

2000-2014 | Adult Obesity Prevalence by Race/Ethnicity

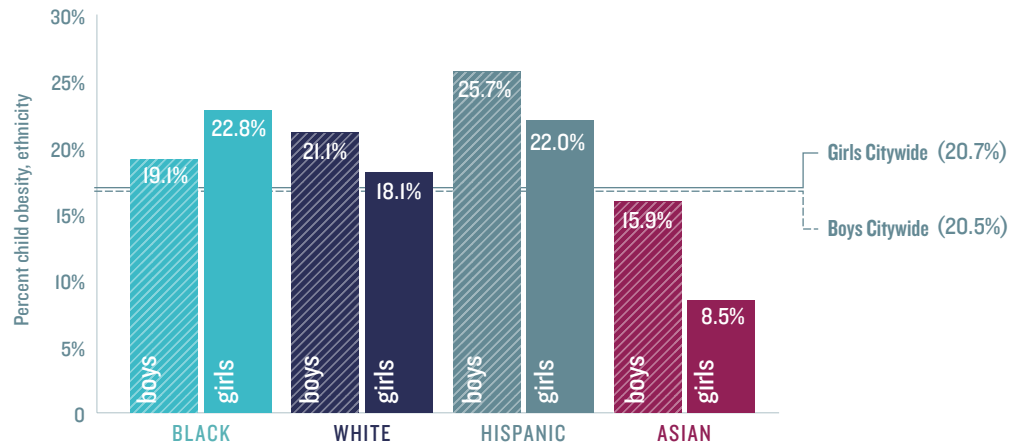


Source: Public Health Management Corporation (PHMC) Household Health Survey, 2000-2015

CHILD OBESITY

In 2015, one of five children ages five to eighteen was obese. This high rate among young people undoubtedly contributes to the growing epidemic of obesity among adults. Non-Hispanic black girls and Hispanic boys had the highest rates of obesity. Notably, obesity among children slightly declined over the last decade.

2015 | Child Obesity Prevalence, 5-18 Years of Age

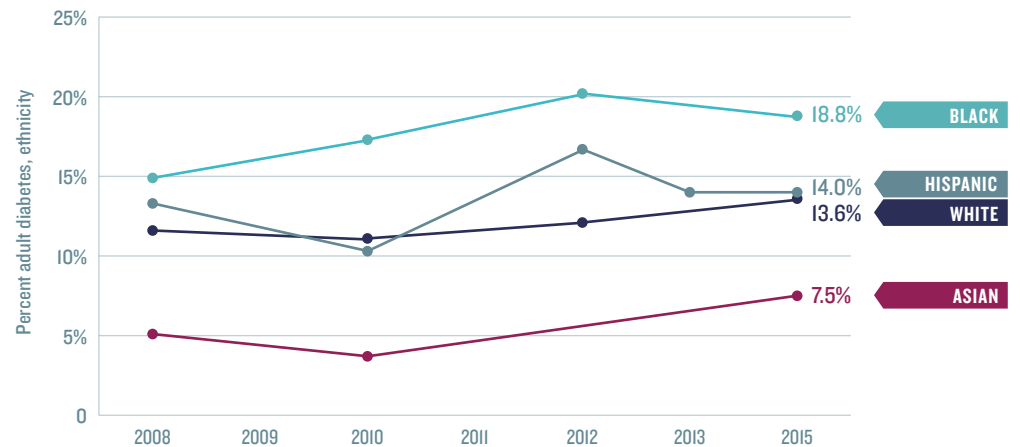


Source: School District of Philadelphia, 2014/15

DIABETES

The number of adults with diabetes has risen, likely related to increased rates of obesity. Diabetes is more common among African Americans than other racial/ethnic groups, with nearly one of five having diabetes. These estimates do not include adults with pre-diabetes, which is likely rising as well.

2008-2014 | Adult Diabetes Prevalence by Race/Ethnicity

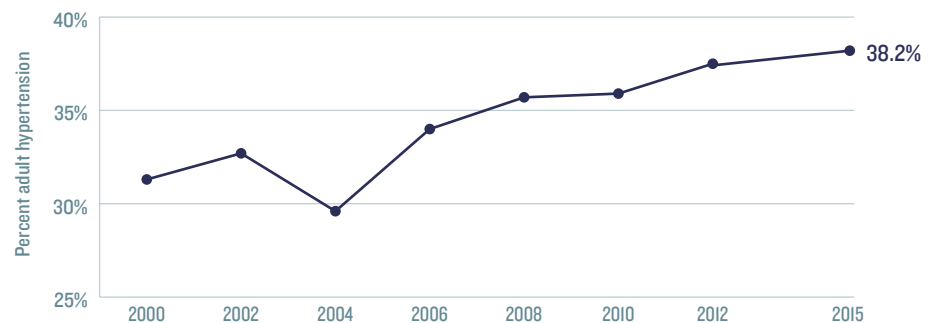


Source: Public Health Management Corporation (PHMC) Household Health Survey, 2008 - 2015

HYPERTENSION

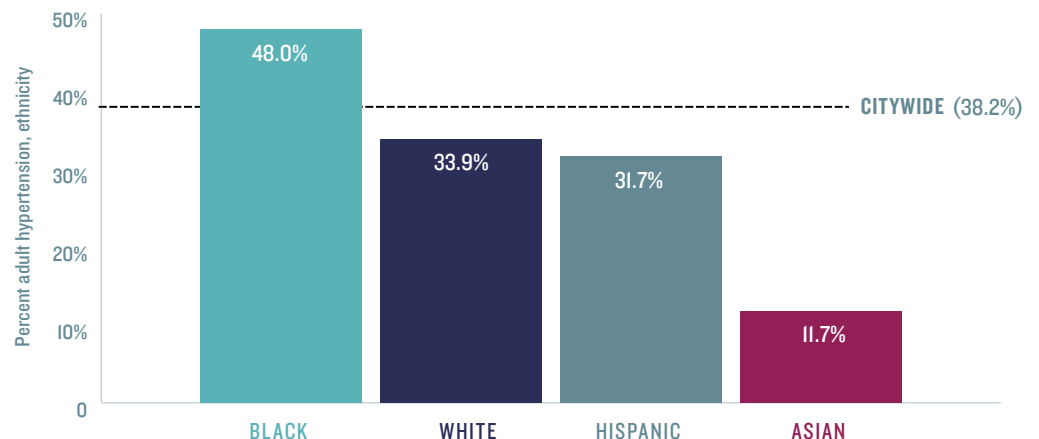
The number of people with hypertension, or high blood pressure, also continues to rise in Philadelphia. In 2015, more than a third of Philadelphians reported being diagnosed with hypertension. Hypertension was highest among non-Hispanic blacks.

2000-2015 | Adult Hypertension Prevalence



Source: Public Health Management Corporation (PHMC) Household Survey, 2000-2015

2015 | Adult Hypertension Prevalence by Race/Ethnicity

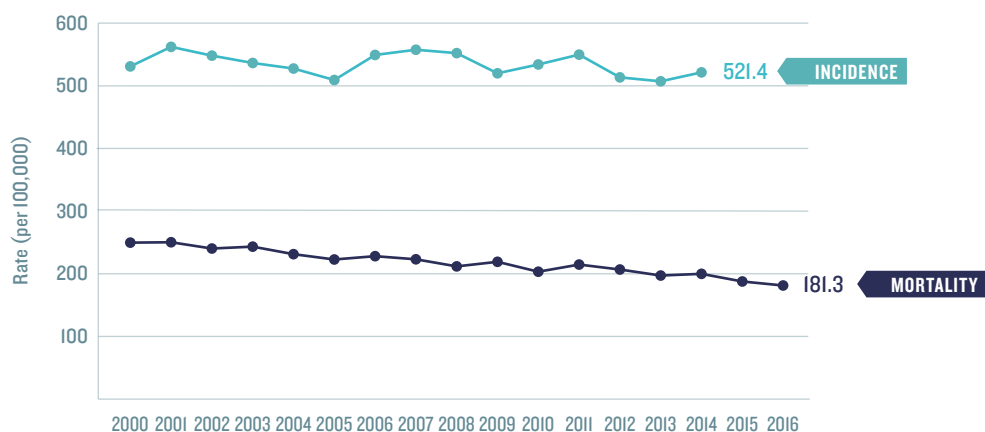


Source: Public Health Management Corporation (PHMC) Household Health Survey, 2000-2015

CANCER

Cancer remains the second leading cause of death in Philadelphia. Cancer incidence has remained relatively stable, while overall deaths have declined.

2000-2016 | Cancer Incidence and Mortality

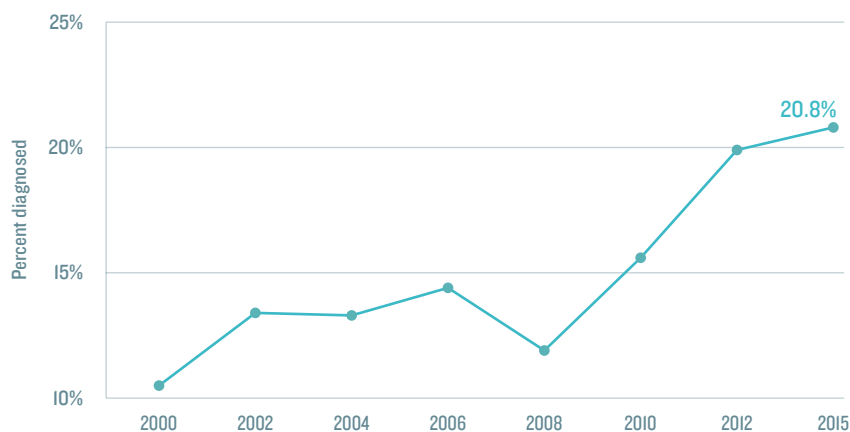


Sources: 2000-2014 PA Department of Health Cancer Registry, 2016 PDPH Preliminary Vital Statistics Report

DIAGNOSED MENTAL HEALTH CONDITIONS

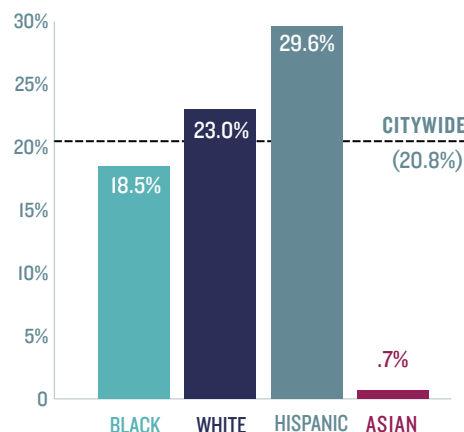
In 2015, one of five adults had a diagnosed mental health condition, which was nearly double the amount in 2000. While some of this increase is likely related to greater awareness and screening, rates continue to climb. Rates were highest among Hispanics and lowest among African Americans. These estimates include only diagnosed conditions and may be an underestimate of adults with poor mental health.

2000-2015 | Adults with Diagnosed Mental Health Condition



Source: Public Health Management Corporation (PHMC) Household Health Survey, 2000-2015

2015 | Adults with Diagnosed Mental Health Condition

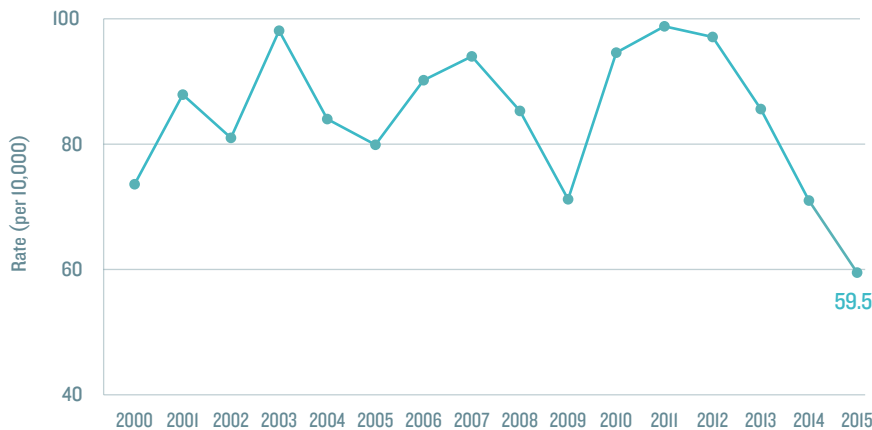


Source: Public Health Management Corporation (PHMC) Household Health Survey, 2000-2015

CHILDHOOD ASTHMA

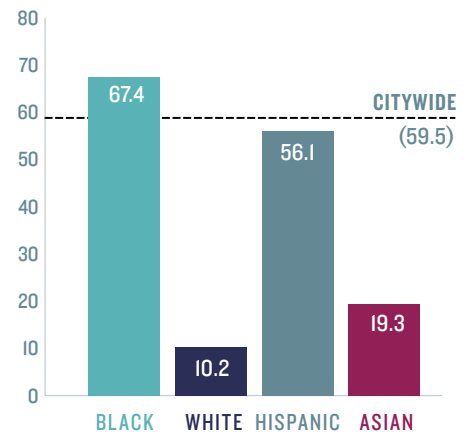
Childhood asthma is a significant concern in Philadelphia. The number of asthma-related hospitalizations reached a low of 59.5 per 10,000 children in 2015. Non-Hispanic black and Hispanic children had the most asthma-related hospitalizations - five to six times that of non-Hispanic white children. Hospitalization rates were highest among children in North and West Philadelphia.

2000-2015 | Asthma Hospitalization Rate per 10,000 Children <18



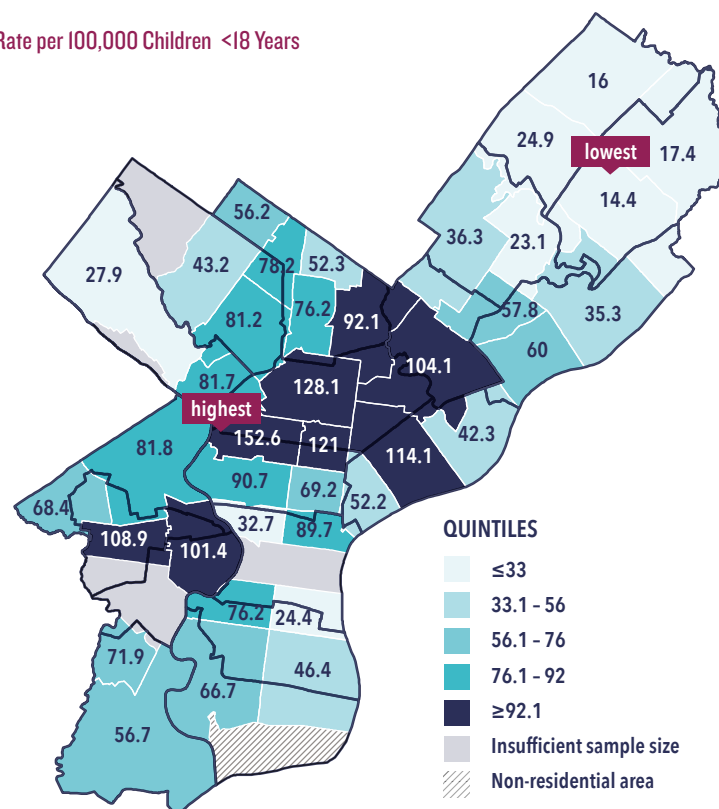
Source: Pennsylvania Health Care Cost Containment Council, 2000-2015

2015 | Asthma Hospitalization Rate per 10,000 Children <18



Source: Pennsylvania Health Care Cost Containment Council, 2015

2013-2015 | Asthma Hospital Rate per 100,000 Children <18 Years



Source: Pennsylvania Health Care Cost Containment Council, 2013-2015

INFECTIOUS

Health Conditions

Infectious diseases are those spread between people or animals via food, water, air, insects, blood, or other bodily fluids. Advances in public health, specifically sanitation, antibiotics, and universal vaccinations, during the twentieth century dramatically reduced illness and deaths related to communicable diseases. With the exception of conditions transmitted via sexual contact and needle sharing, communicable disease rates remain low in Philadelphia.

	Most Recent Estimate	<div>Improving >></div> <div><< Worsening</div> <div>No Change O</div>	Population(s) with Poorer Outcomes
HIV incidence	31.5 per 100,000 ¹	>>	Non-Hispanic blacks MSM
Chlamydia	19,992 reported cases ²	<<	Young adult females
Gonorrhea	6,967 reported cases ²	<<	Young adult males
Chlamydia and Gonorrhea among teens	4.7%	>>	Teenage girls
Syphilis	922 reported cases ²	<<	Young adult MSM

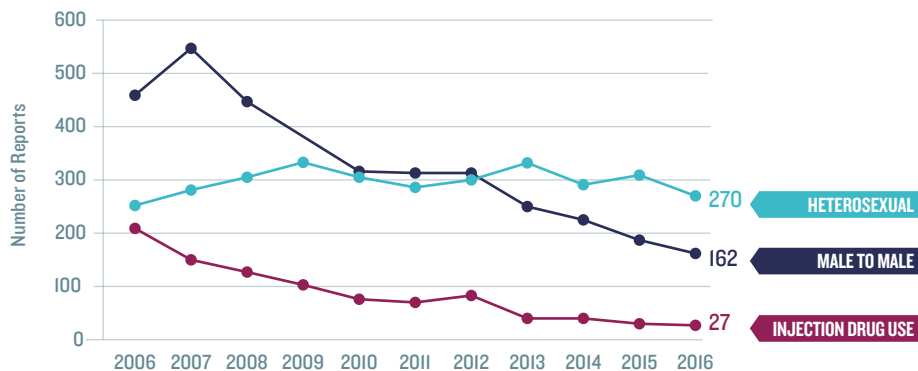
¹ 2016 HIV Surveillance, PDPH AIDS Activities Coordinating Office

² 2016 PDPH Division of Disease Control Surveillance Report

HIV/AIDS

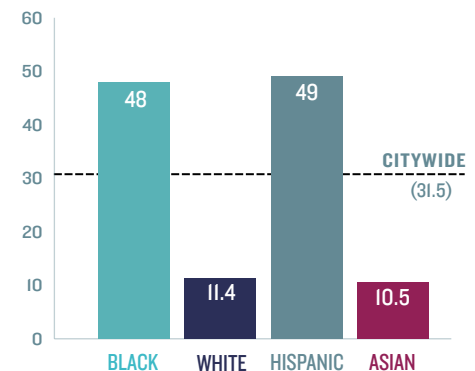
The number of new HIV diagnoses has declined by nearly half over the last decade, with an estimated 31.5 new cases per 100,000 people in 2016. There was a significant decline in transmission from heterosexual contact and injection drug use, while the rate of male-to-male sexual contact transmission remained stable. Rates were nearly five times higher in African Americans and Hispanics than non-Hispanic whites and Asians.

2006-2016 | New HIV Diagnoses by Transmission Category



Source: HIV Surveillance Data, AIDS Activities Coordinating Office, Philadelphia Department of Public Health, 2006-2016

2016 | New HIV Diagnoses per 100,000 People

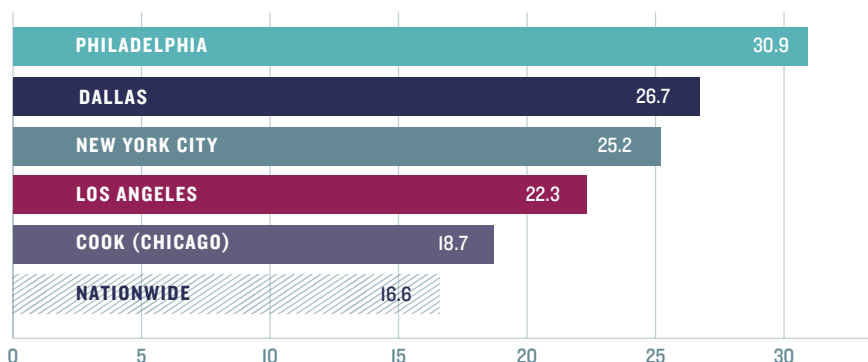


Source: HIV Surveillance Data, AIDS Activities Coordinating Office, Philadelphia Department of Public Health, 2016

In 2015, HIV incidence was highest in Philadelphia compared to other large cities and nationwide.

For more data about HIV/AIDS in Philadelphia, visit <http://www.phila.gov/health/aaco/AACODataResearch.html>

2015 | New HIV Diagnoses per 100,000 People, City Comparison and Nationwide



Source: Centers for Disease Control and Prevention, HIV Surveillance Report, 2014

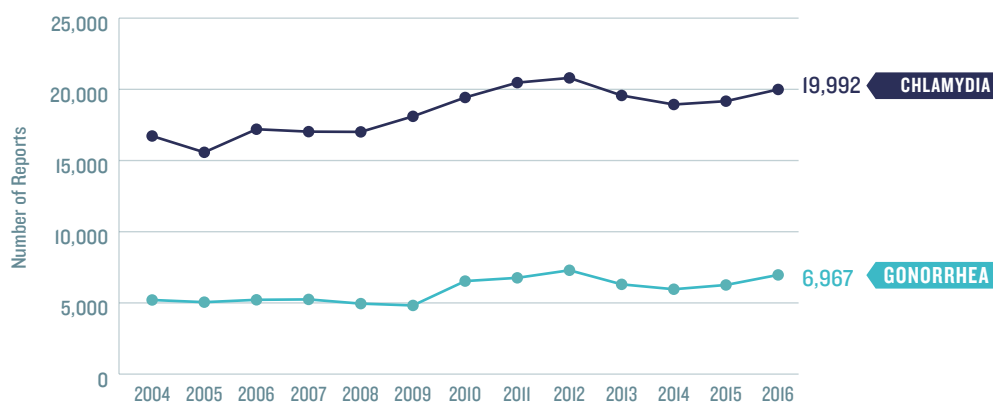
Rates in county comparisons may differ from other sources due to time frame or methodologies applied to make county estimates comparable.

CHLAMYDIA AND GONORRHEA

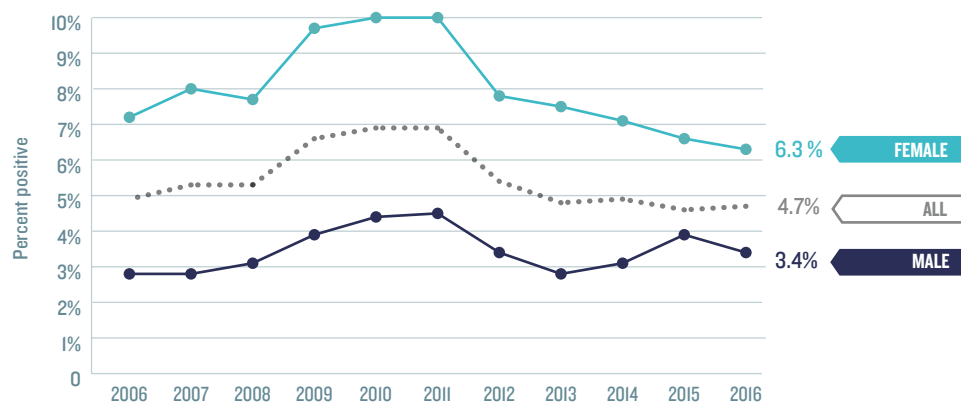
Reported cases of chlamydia and gonorrhea have risen in Philadelphia. There were nearly 20,000 cases of chlamydia and 7,000 cases of gonorrhea reported in 2016.

Rates of sexually transmitted infections specifically among teens have decreased in recent years. The prevalence of infection identified through screening in high schools was twice as high among teen girls as teen boys.

2004–2016 | Reported Chlamydia and Gonorrhea Cases: Philadelphia



2006–2016 School Year | Percent of Philadelphia Public High School Students Testing Positive for Chlamydia and/or Gonorrhea: Philadelphia



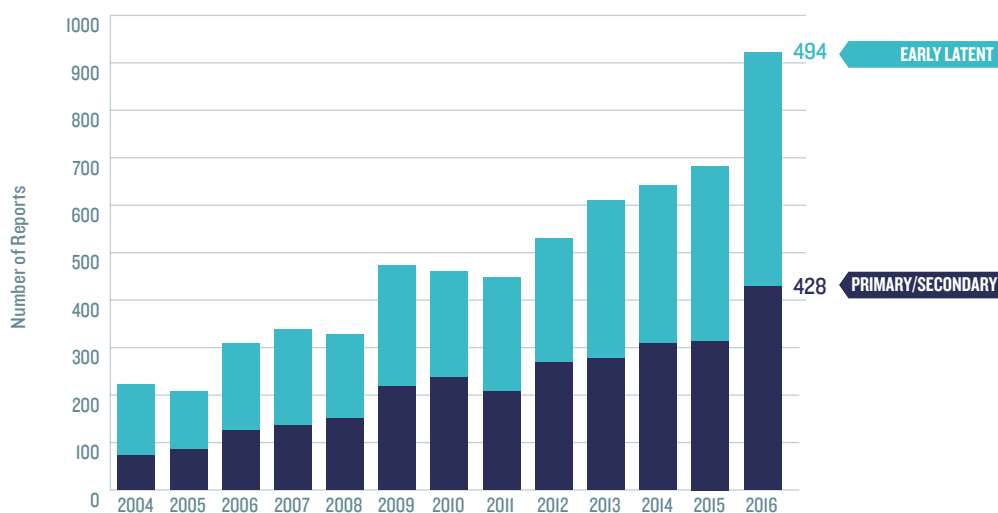
Source: 2016 PDPH Division of Disease Control Surveillance Report

SYPHILIS

The number of syphilis cases per year has increased 4.5-fold since 2004, with over 922 total cases reported in 2016. This resurgence of syphilis infections is largely among young adult MSM, who accounted for nearly two-thirds of new cases in 2016.

For more data about infectious diseases in Philadelphia, visit <http://www.phila.gov/health/diseasecontrol/Epidemiology.html>.

2004–2016 | Primary & Secondary and Early Latent Syphilis: Philadelphia



Source: 2016 PDPH Division of Disease Control Surveillance Report

INFANT AND CHILD Health

Health outcomes at birth and during childhood are key indicators of a population's health. Giving children a healthy start greatly increases the likelihood that they will become healthy adults.

	Most Recent Estimate	<div>Improving >></div> <div><< Worsening</div> <div>No Change ○</div>	Population(s) with poorer outcomes
Infant Deaths	8.3 per 100,000 live births ¹	>>	Non-Hispanic blacks
Low birth weight	10.8% ¹	○	Non-Hispanic blacks
Preterm birth	10.4% ¹	>>	Non-Hispanic blacks
Incidence of child lead exposure	6.2% ²	>>	Lowest-income neighborhoods

¹ 2016 PDPH Preliminary Vital Statistics Report

² 2016 PA National Electronic Disease Surveillance System

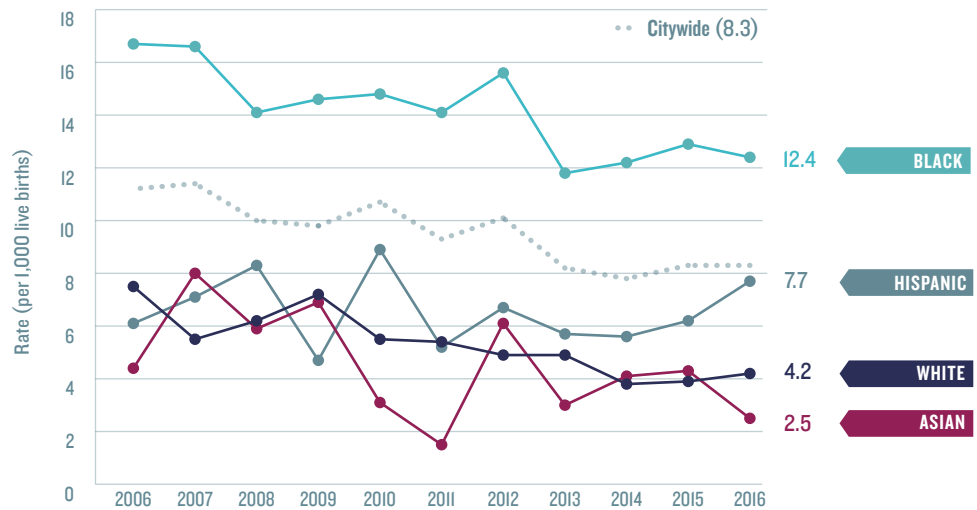
INFANT DEATHS

Infant deaths include those under one year old. After increasing for several years, infant deaths have declined in recent years in Philadelphia. Despite these improvements, African American babies are three times as likely as non-Hispanic white babies to die before their first birthday. Many of these deaths are related to improper sleep practices and are thus preventable.

In 2013, the most recent available comparable data, the infant mortality rate in Philadelphia was highest among large cities and substantially higher than the nation.

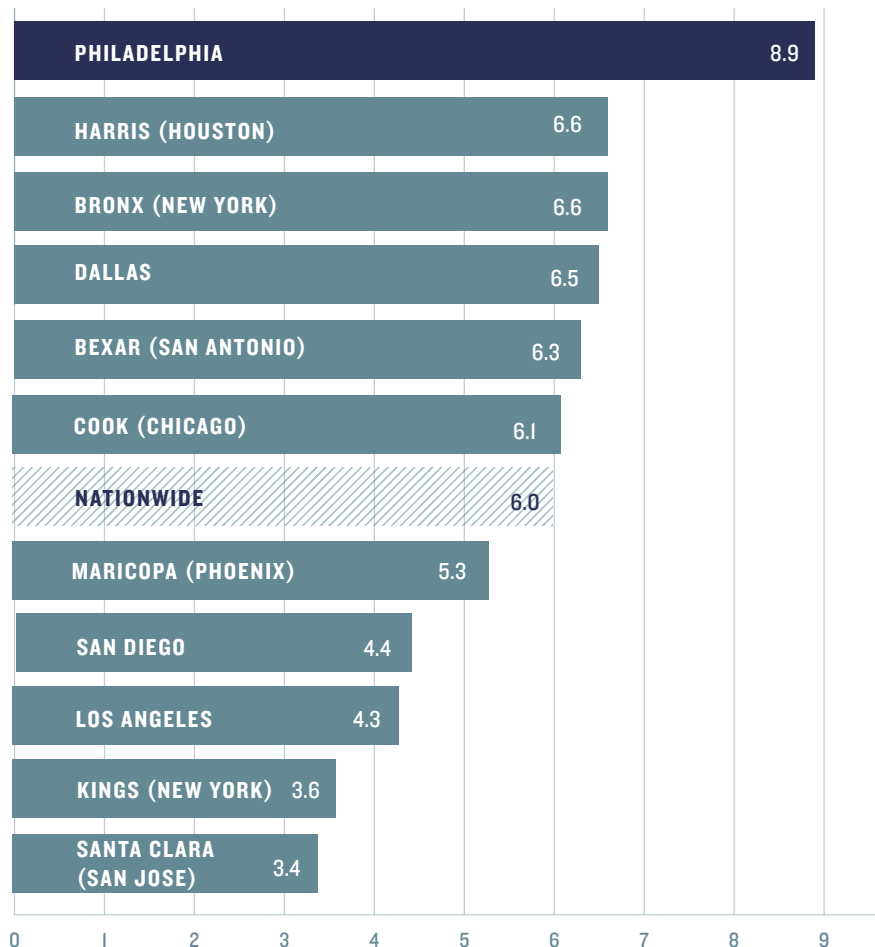
Rates in county comparisons may differ from other sources due to time frame or methodologies applied to make county estimates comparable.

2006–2016 | Infant Mortality Rate per 1,000 Live Births



Source: 2016 PDPH Preliminary Vital Statistics Report

2013 | Infant Mortality Rate per 1,000 Live Births, Nationwide and County Comparison

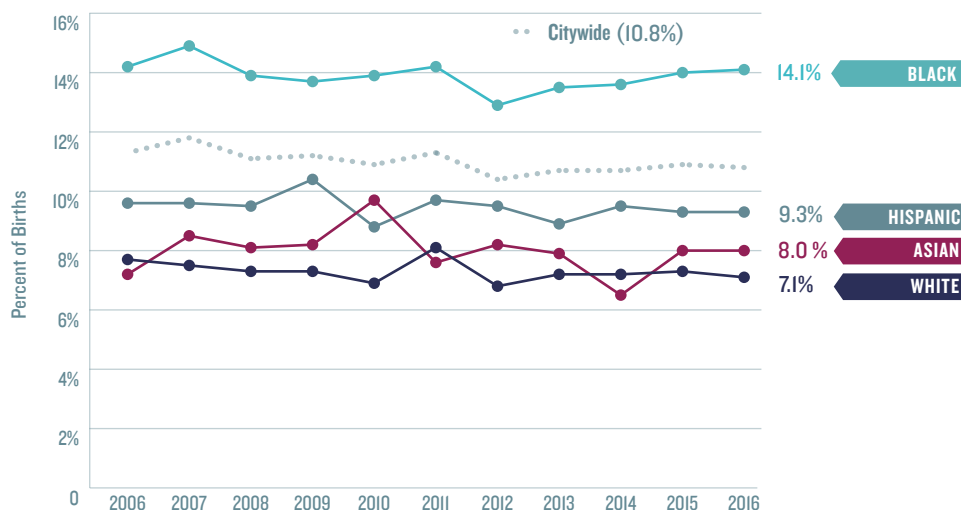


Source: Linked Birth/Infant Death Data Set accessed through Health Indicators Warehouse, 2013

LOW BIRTH WEIGHT

In 2016, approximately one of eleven babies had a low birth weight (less than 2,500 grams). African American babies were twice as likely to have a low birth weight as non-Hispanic white babies.

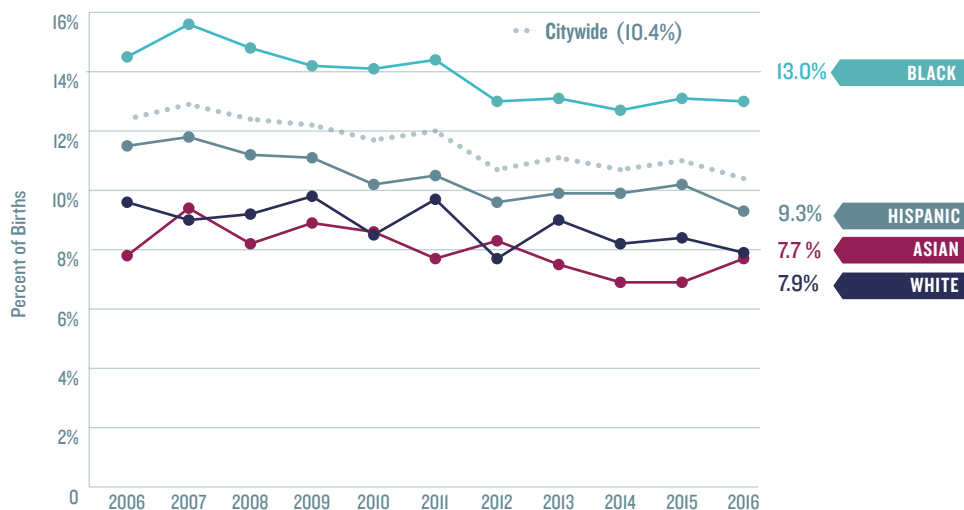
2006–2016 | Low Birth Weight (Under 2,500 Grams) by Mother's Race/Ethnicity Philadelphia



PREMATURE BIRTHS

Premature births (births before thirty-seven weeks) are slowly declining in Philadelphia. Rates of preterm birth are highest among African Americans.

2006–2016 | Premature Births (<37 Weeks) by Mother's Race/Ethnicity Philadelphia



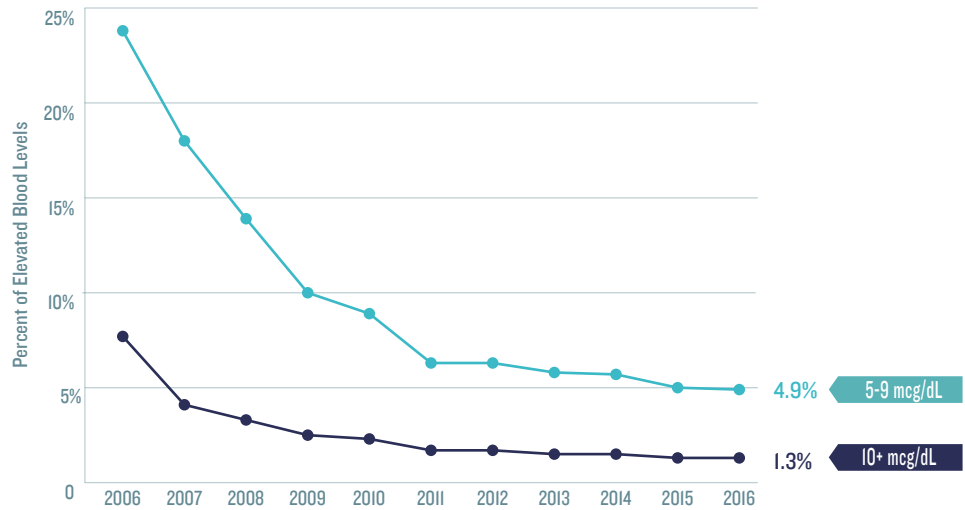
Source: 2016 PDPH Preliminary Vital Statistics Report

CHILD LEAD EXPOSURE

In 2016, approximately 6.2 percent of tested children (ages five and under) had newly-identified blood lead levels higher than the CDC-designated "reference level" of 5 mcg/dL, the lowest incidence in the last decade. Childhood lead poisoning is highest in the lowest-income neighborhoods that have older housing.

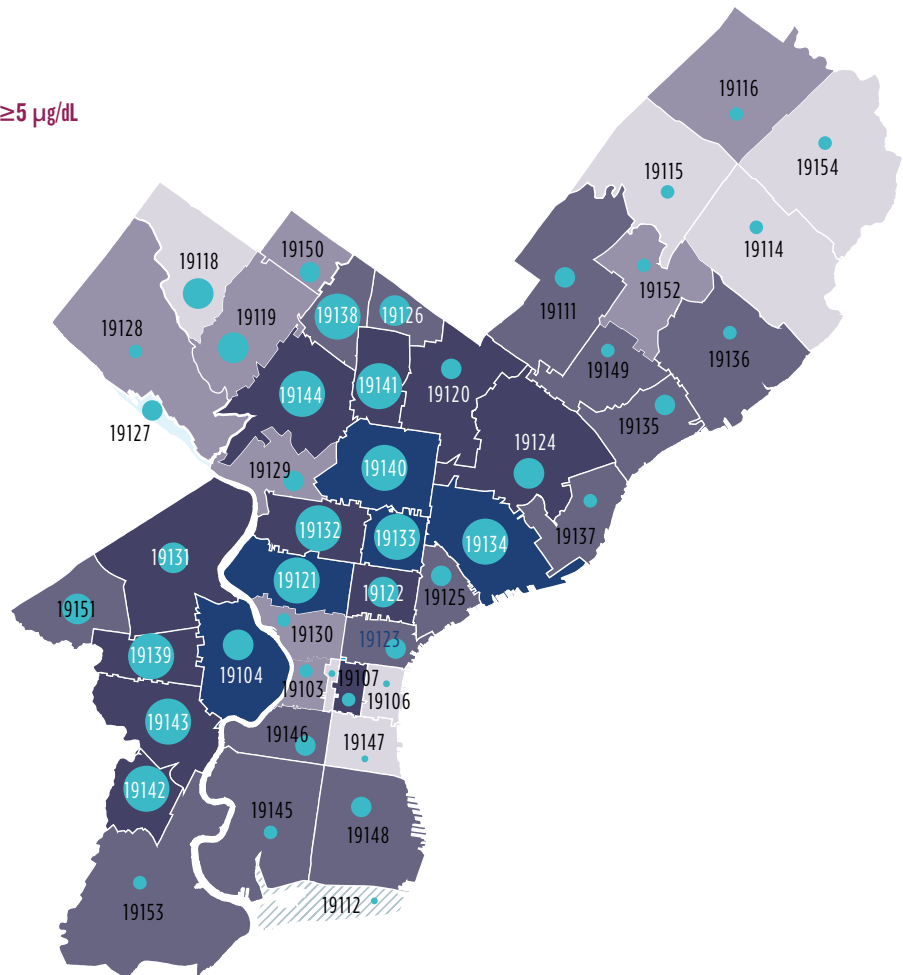
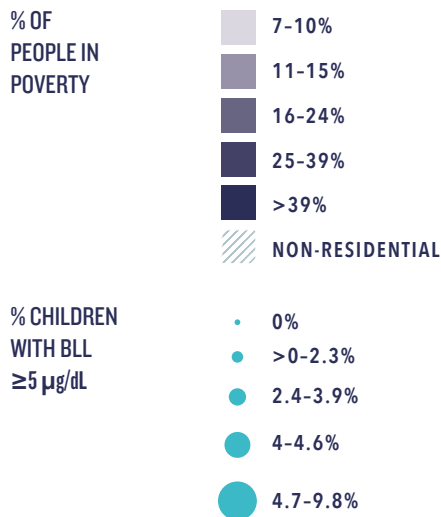
For more data on childhood lead poisoning in Philadelphia, visit <http://www.phila.gov/health/childhoodlead/index.html>

Newly Identified Elevated Blood Lead Levels (mcg/dL) in Children, <6 Years of Age



Source: Pennsylvania's National Electronic Disease Surveillance System (PA-NEDSS), as reported by Environmental Health Services, Philadelphia Department of Public Health, 2006-2016

Percentage of People in Poverty and Children with BLL ≥ 5 $\mu\text{g/dL}$



INJURIES

Injuries that result in premature death are broadly categorized into two groups: unintentional (such as traffic crashes, poisonings, and drug overdoses) and intentional (such as homicides, suicides, and assaults). Unintentional injuries as a group are the third leading cause of death overall and the leading cause of death for adults ages twenty-five to forty-four in Philadelphia.

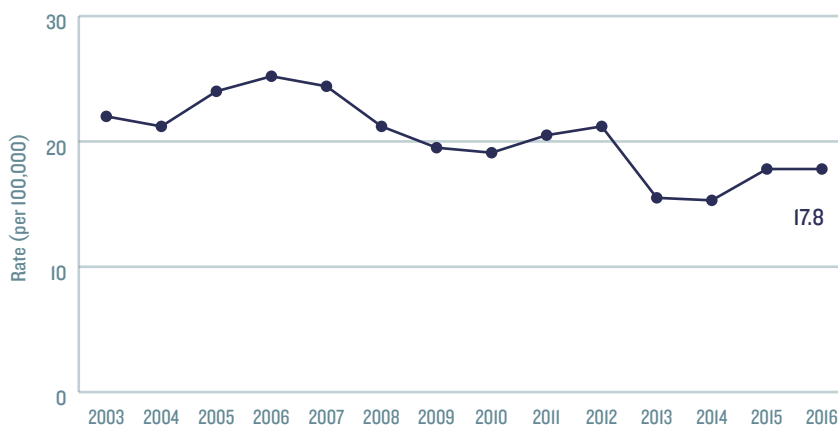
	Most Recent Estimate	Improving >> Worsening << No Change O	Population(s) with poorer outcomes
Homicides	17.8 per 100,000 ¹	>>	Young Non-Hispanic black males
Suicides	10 per 100,000 ¹	O	Non-Hispanic white males
Opioid overdose deaths	40.3 per 100,000 ¹	<<	Non-Hispanic white males
Pedestrian and bicycle injuries	139.5 per 100,000 ²	>>	Center City, University City, and North Philadelphia areas

¹ 2016 PDPH Medical Examiner's Office
² 2016 PA Department of Transportation

HOMICIDES

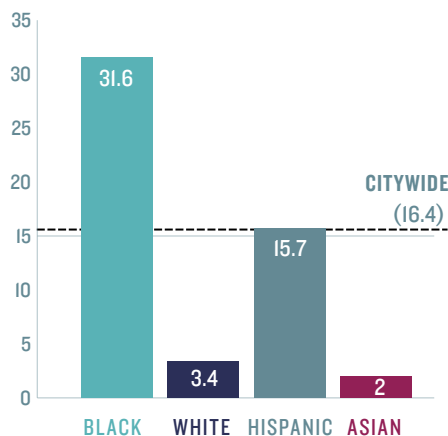
The homicide rate in Philadelphia has declined over the last decade, but it remains higher than that of most large cities. After dropping by 25 percent in 2013, rates have since increased slightly. Homicides were highest among African Americans, nearly ten times higher than the rate in non-Hispanic whites and double the rate among Hispanics.

2003-2016 | Homicide Mortality Rate per 100,000 People



Source: Medical Examiner's Office, Philadelphia Department of Public Health, 2003-2016

2016 | Mortality Rate per 100,000 People

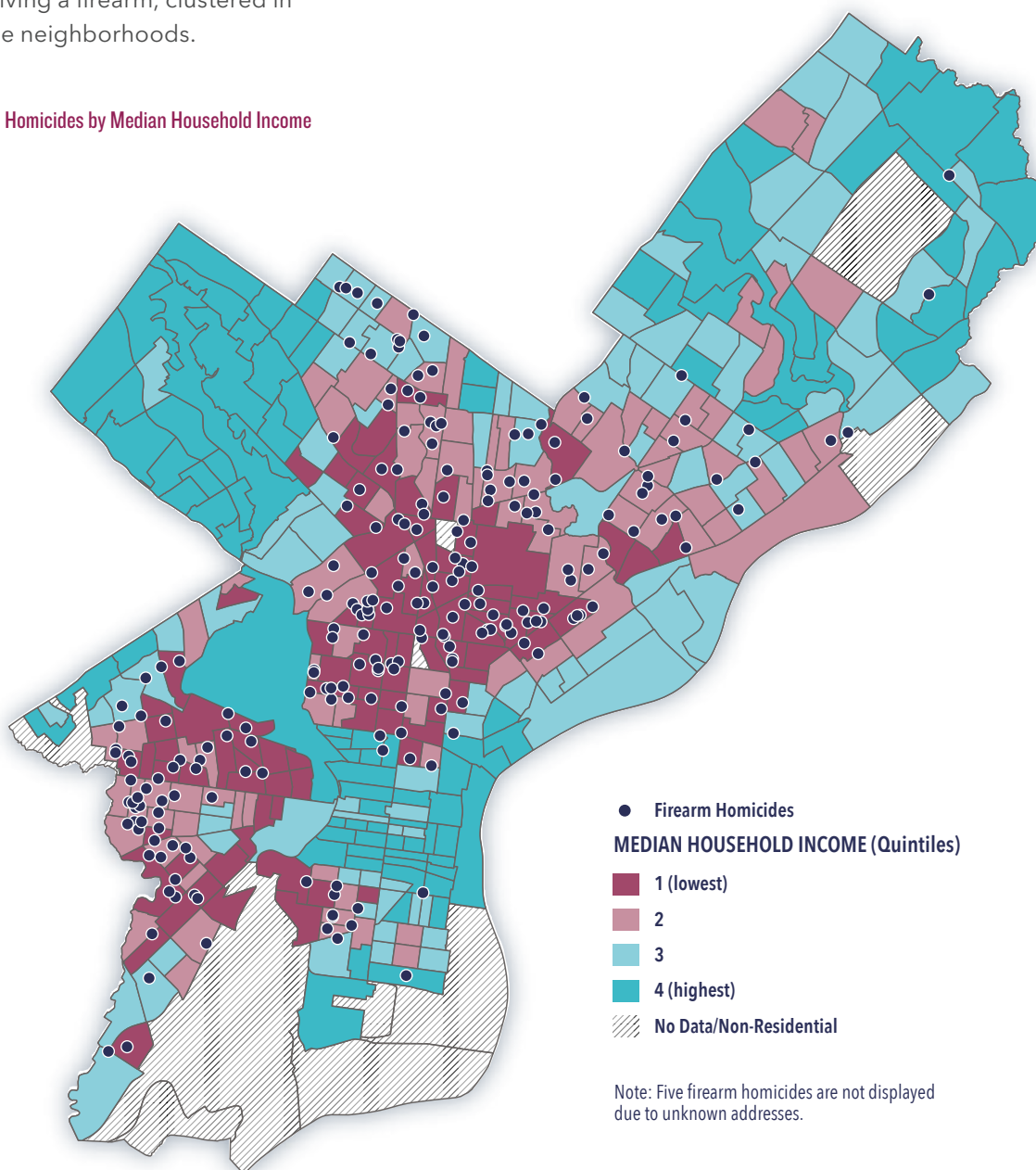


Source: Medical Examiner's Office, Philadelphia Department of Public Health, 2016

FIREARMS

Nearly 82 percent of homicides involved a firearm. Homicides, particularly those involving a firearm, clustered in low-income neighborhoods.

2016 | Firearm Homicides by Median Household Income



Sources: U.S. Census Bureau American Community Survey and PDPH Medical Examiner's Office

SUICIDES

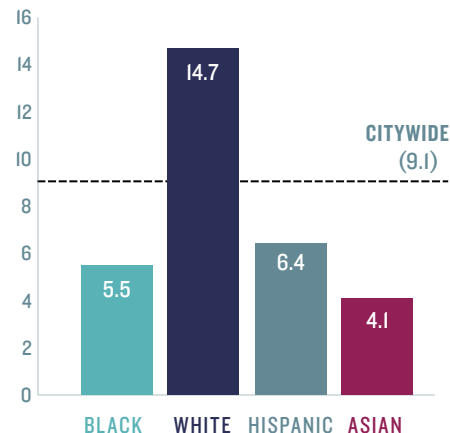
Suicide rates have remained fairly stable in Philadelphia, at approximately 175 each year. Suicides are most common among non-Hispanic white men.

2003-2016 | Suicide Mortality Rate per 100,000 People



Source: Medical Examiner's Office, Philadelphia Department of Public Health, 2003-2016

2016 | Suicide Mortality Rate per 100,000 People



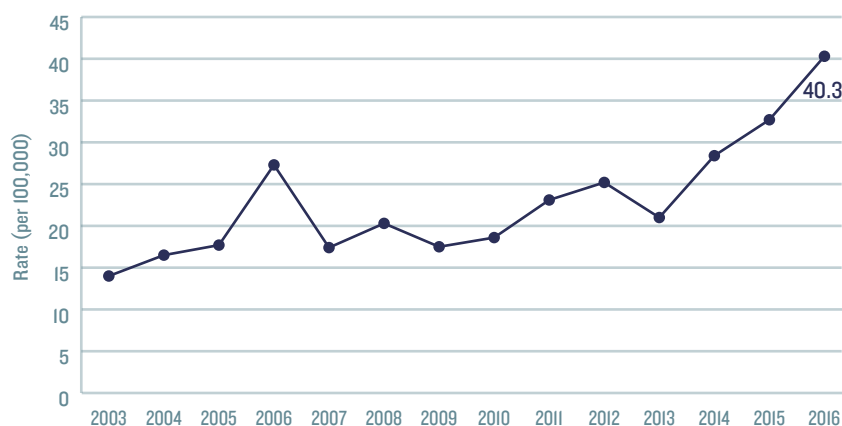
Source: Medical Examiner's Office, Philadelphia Department of Public Health, 2016

OPIOID OVERDOSE MORTALITY

In Philadelphia and nationwide, opioid overdose deaths have increased dramatically in recent years, reaching a peak of 40.3 per 100,000 people in 2016.

For more data on opioid-related deaths in Philadelphia, visit <http://www.phila.gov/health/pdfs/chart%20v2e7.pdf>

2003-2016 | Opioid-Related Mortality Rate per 100,000 People

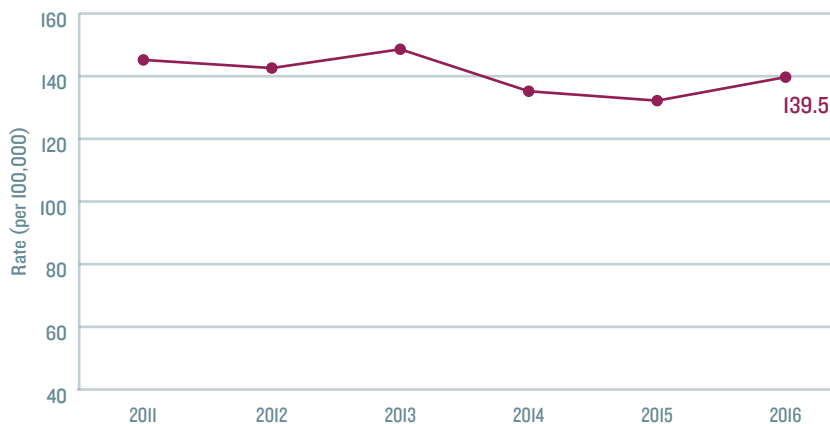


Source: Medical Examiner's Office, Philadelphia Department of Public Health, 2003-2016

PEDESTRIAN AND BICYCLE INJURIES

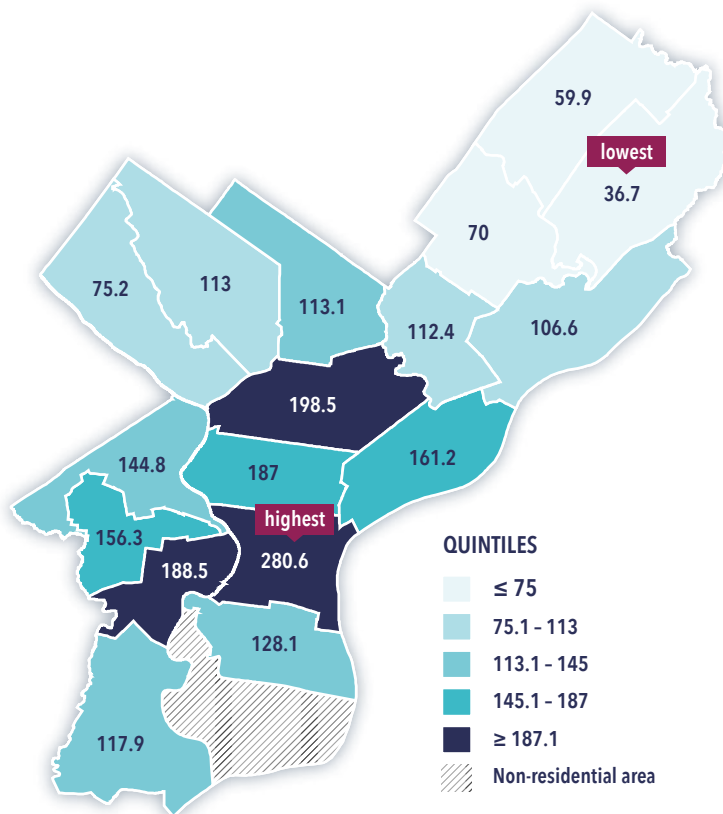
Pedestrian and bicycle crashes declined slightly from 2011 to 2016. Rates are highest in Center City, University City, and North Philadelphia.

2011-2016 | Pedestrian and Bicycle Crashes Per 100,000 People



Source: Pennsylvania Department of Transportation, 2011-2016

2016 | Pedestrian and Bicycle Crashes per 100,000 People by Crash Location



Source: Pennsylvania Department of Transportation, 2016

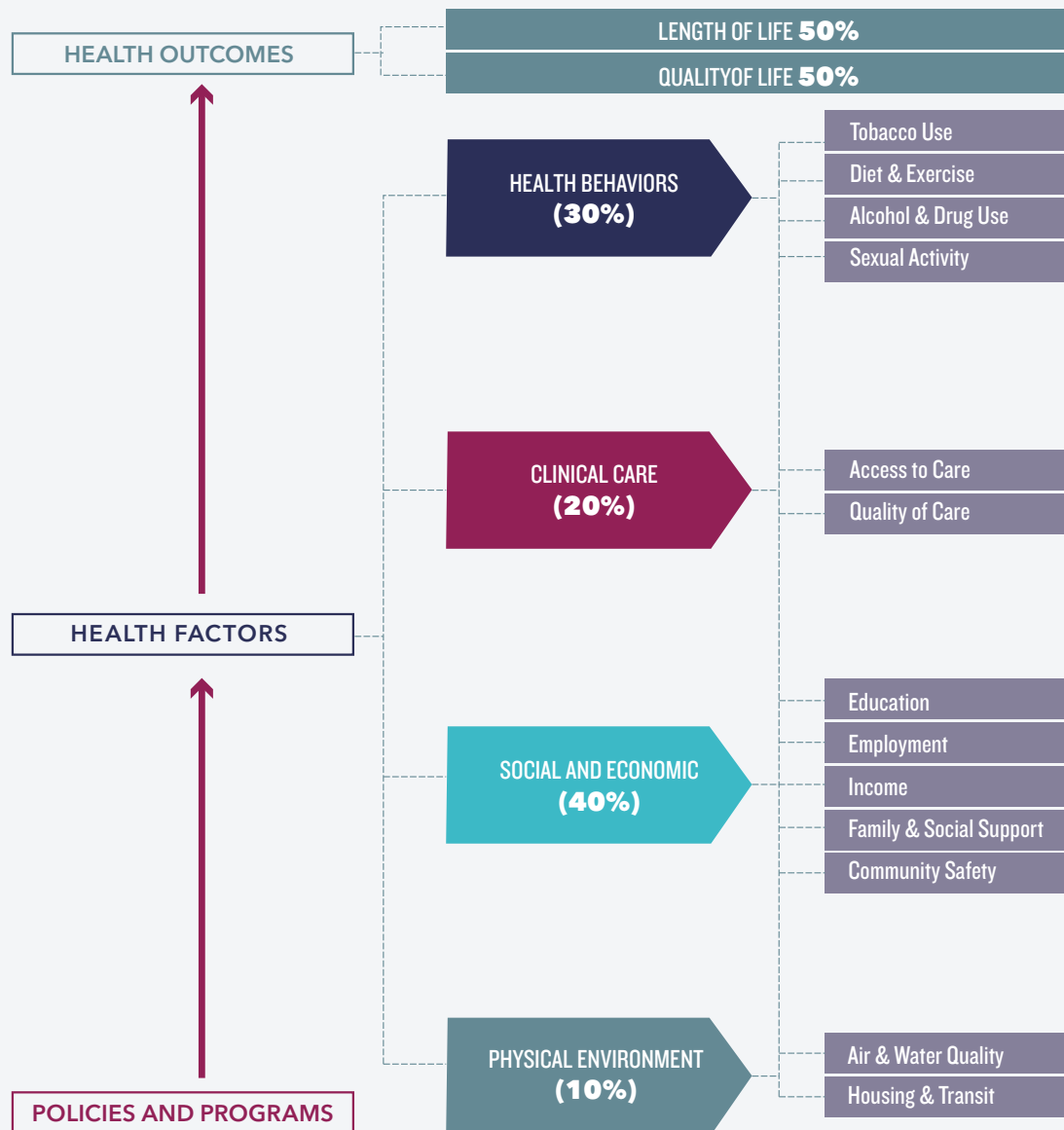


HEALTH FACTORS

Many potentially modifiable factors influence health, including behaviors, accessibility of clinical care, social and economic conditions, and the physical environment. Monitoring and addressing these is critical to reducing preventable illness and improving the health of Philadelphians.

The Robert Wood Johnson Foundation County Health Rankings presents an index of health at the county level that assigns weights to these health factor types. The largest weights are assigned not to clinical health care, but instead to social and economic determinants of health (40 percent) and modifiable health behaviors (30 percent), reflecting a consensus of experts based on extensive research that these factors have the most powerful influence on population health.

Similar to the health outcomes discussed above, in recent years some risk factors have improved while others persist or have worsened.



Source: RWFJ County Health Rankings (<http://www.countyhealthrankings.org/our-approach>)

HEALTH

Behaviors

The Centers for Disease Control and Prevention recommend four key health behaviors that contribute to a healthy life: no tobacco or drugs, healthy nutrition, regular exercise, and limited alcohol consumption. All of these are associated with lower risk of chronic health conditions, like cardiovascular disease, cancer, and diabetes, which are major causes of death and morbidity in Philadelphia.

	Most Recent Estimate	<div>Improving >></div> <div><< Worsening</div> <div>No Change ○</div>	Population(s) with poorer outcomes
Cigarette smoking among adults (over age 18)	22.4 ¹	>>	Non-Hispanic blacks
Cigarette smoking among teens (ages 15-18)	7.2% ²	>>	Non-Hispanic whites
Cigar use among teens (ages 15-18)	10.5% ²		Non-Hispanic whites
Electronic vapor product use among teens	17.4%		Non-Hispanic whites Hispanics
Secondhand smoke exposure in children	13.7% ¹	>>	
Excessive drinking among adults (over age 18)	19.5% ¹	○	Non-Hispanic whites Hispanics
Excessive drinking among teens (ages 15-18)	10.8% ²	>>	Non-Hispanic whites
Adults (over age 18) who consume more than one sugary drink	31.6% ¹	>>	Non-Hispanic blacks Hispanic
Teens (ages 15-18) who consume more than one soda	21.6% ²	>>	Non-Hispanic blacks Hispanic
Diet: Low- to no walkable food access	22.4% ³	○	North and Lower Southwest
Exercise: Access to parks/ outdoor space	73.1% ¹	○	North Philadelphia
Sexual activity: Teen births (ages 15-18)	34.9 per 1,000 ⁴	>>	Hispanics Non-Hispanic blacks
Sexual activity: Teen condom use (ages 15-18)	55.9% ²	<<	

¹ 2015 Public Health Management Corporation (PHMC) Household Survey

² 2015 Youth Behavioral Risk Factor Survey

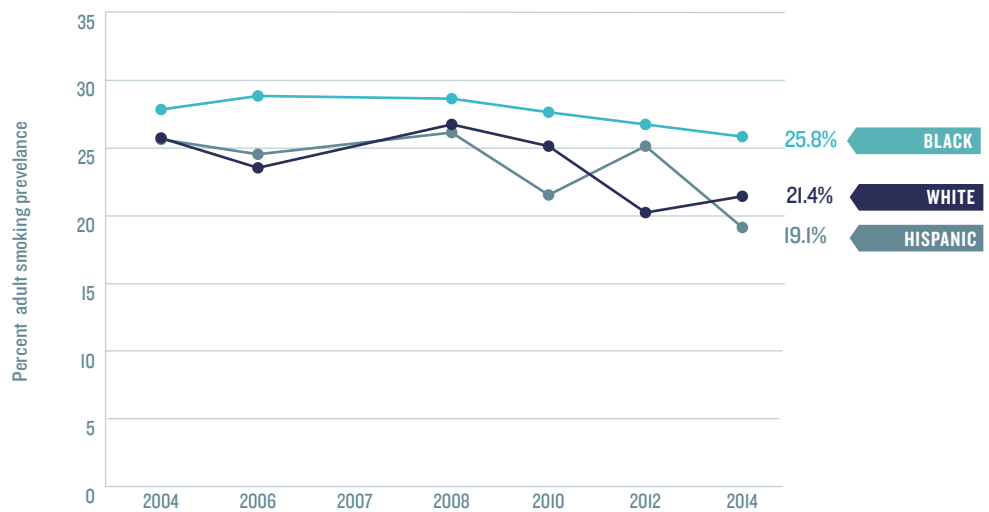
³ 2014 PDPH Get Health Philly Food Access Survey

⁴ 2016 PDPH Preliminary Vital Statistics Report

TOBACCO

In 2015, 22.4 percent of adults reported currently smoking. Smoking is most common among African American adults, but rates are high across all racial/ethnic groups.

2004-2015 | Adult Smoking Prevalence by Race/Ethnicity

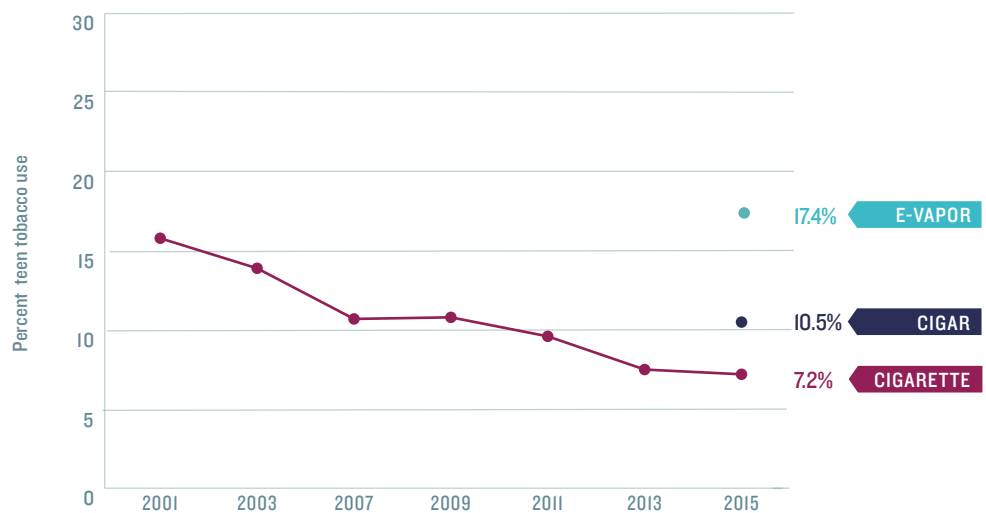


Source: Public Health Management Corporation (PHMC) Household Survey, 2004-2015

TEEN TOBACCO USE

In 2015, 7.2 percent of teens reported smoking cigarettes, 10.5% reported smoking cigars and 17.4% reported smoking e-vapor products.

2001-2015 | Teen Tobacco Use, 9th-12th grade

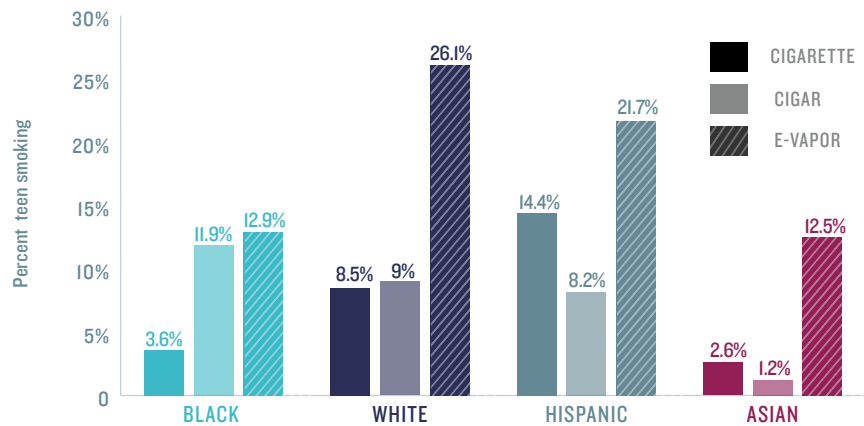


Source: Youth Risk Behavior Survey (YRBS), 2001-2015

TEEN TOBACCO USE

Cigarette and e-vapor product smoking were highest among non-Hispanic white teens and cigar smoking was highest among non-Hispanic black teens.

2014-2015 | Teen Cigar/Cigarette Smoking

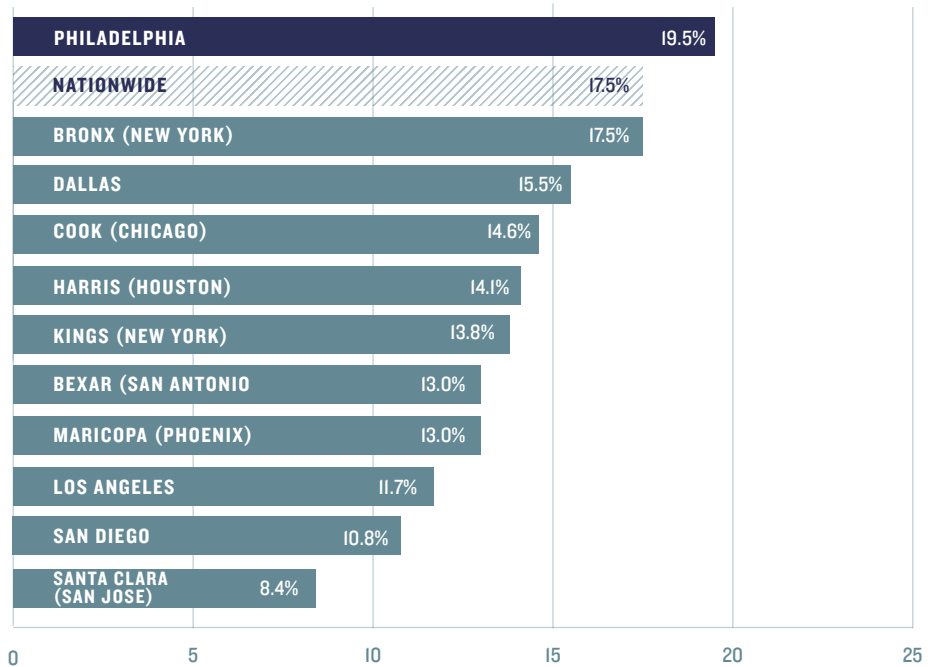


Source: Youth Risk Behavior Survey (YRBS), 2015
Source: Public Health Management Corporation (PHMC) Household Survey, 2015

SMOKING PREVALENCE

While cigarette smoking is gradually declining in Philadelphia, smoking rates among adults remain higher in Philadelphia than in every other large U.S. city.

2015 | Adult Smoking Prevalence, Nationwide and County Comparison

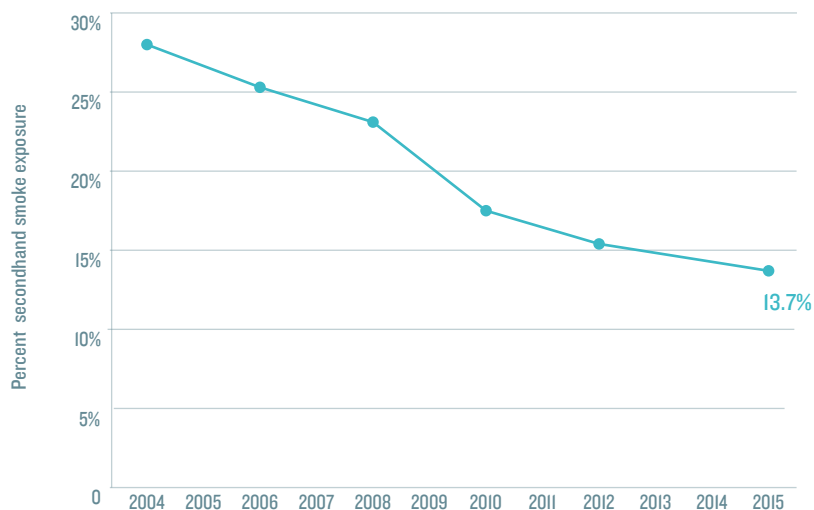


Source: Behavioral Risk Factor Surveillance System (BRFSS) as reported by the 2017 County Health Rankings & Roadmaps
Rates in county comparisons may differ from other sources due to time frame or methodologies applied to make county estimates comparable.

SECONDHAND SMOKE

Nonsmokers who live with smokers have increased health risks, particularly children. In 2015, 13.7 percent of children lived with an adult who smoked in the home; a significant decline from 28 percent in 2004.

2004-2015 | Secondhand Smoke Exposure at Home Among Children

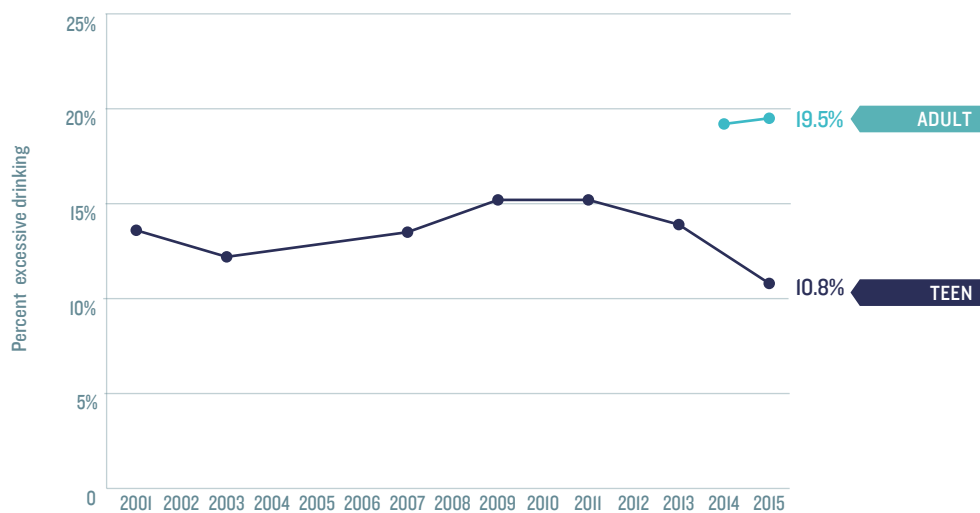


Source: Public Health Management Corporation (PHMC) Household Survey, 2004-2015

ALCOHOL

In 2015, 19.5 percent of adults and 10.8 percent of teens engaged in at least occasional binge or heavy drinking. Rates of excessive drinking have remained relatively stable among adults and are declining among teens.

2001-2015 | Adult Excessive Drinking / Teen Binge Drinking, 9th-12th Grade

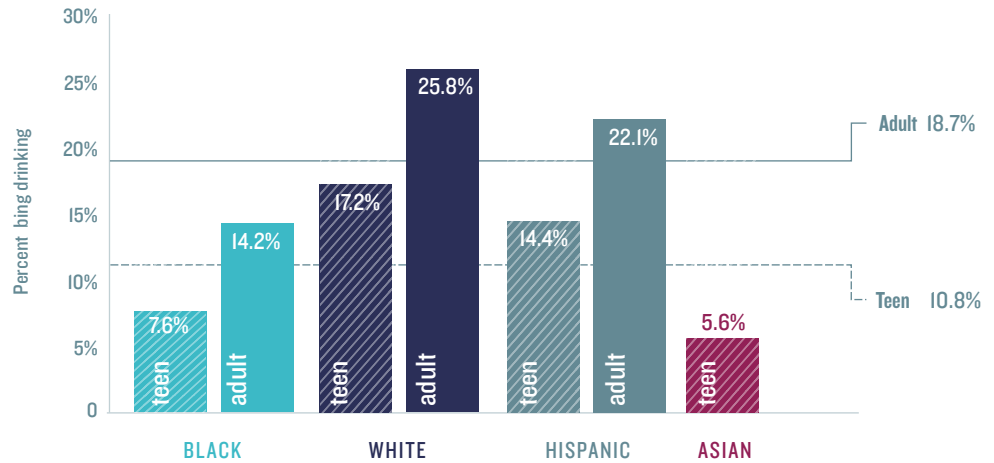


Source: Youth Risk Behavior Survey (YRBS), 2001-2015

Source: Behavioral Risk Factor Surveillance System (BRFSS) as reported by County Health Rankings & Roadmaps, 2014-2015

ALCOHOL

2012 | Adult Excessive Drinking • 2015 | Teen Excessive Drinking, 9th -12th Grade



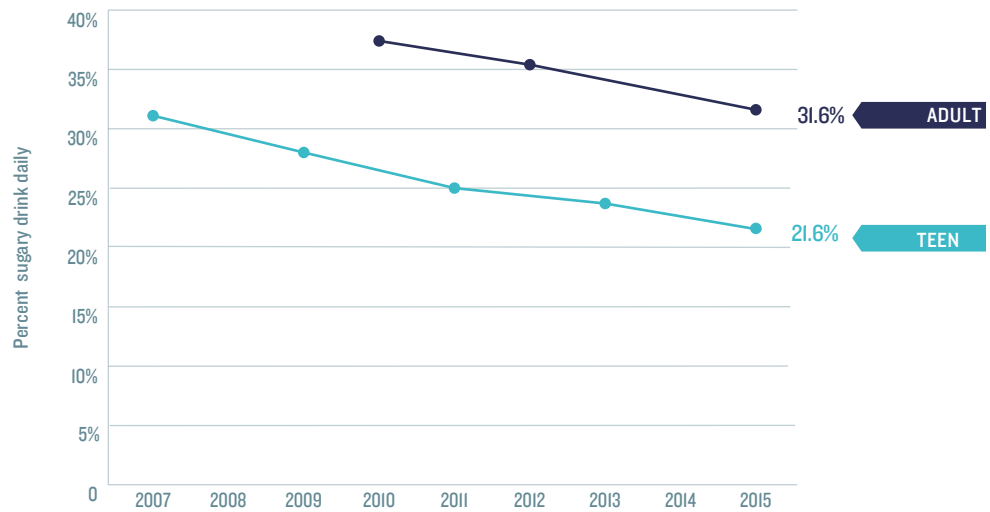
Source: Behavioral Risk Factor Surveillance System (BRFSS), 2012

Source: Youth Risk Behavior Survey (YRBS), 2015

SWEETENED BEVERAGES

Drinking sweetened beverages increases the risk of obesity and diabetes. Daily consumption of sugary drinks has declined among adults and teens in Philadelphia.

2007-2015 | Adult Drinking ≥ One Sugary Drink Daily • 2010-2015 | Teens Drinking ≥ One Soda Daily, 9th -12th Grade

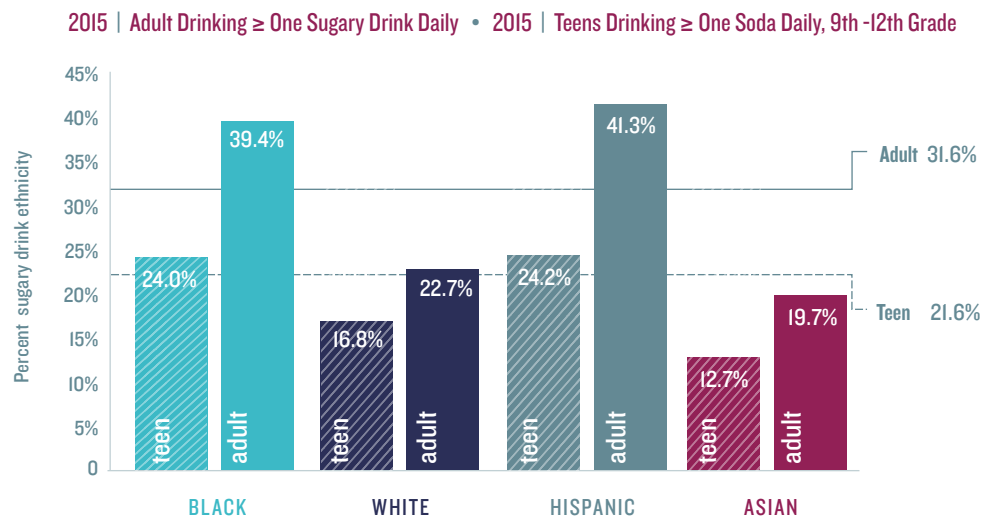


Source: Youth Risk Behavior Survey (YRBS), 2007-2015

Source: Public Health Management Corporation (PHMC) Household Survey, 2010-2015

SWEETENED BEVERAGES

In 2015, 31.6 percent of adults and 21.6 percent of teens consumed at least one sweetened beverage daily. Rates were highest among African American and Hispanic adults and teens, nearly twice the rate of non-Hispanic white teens and adults.



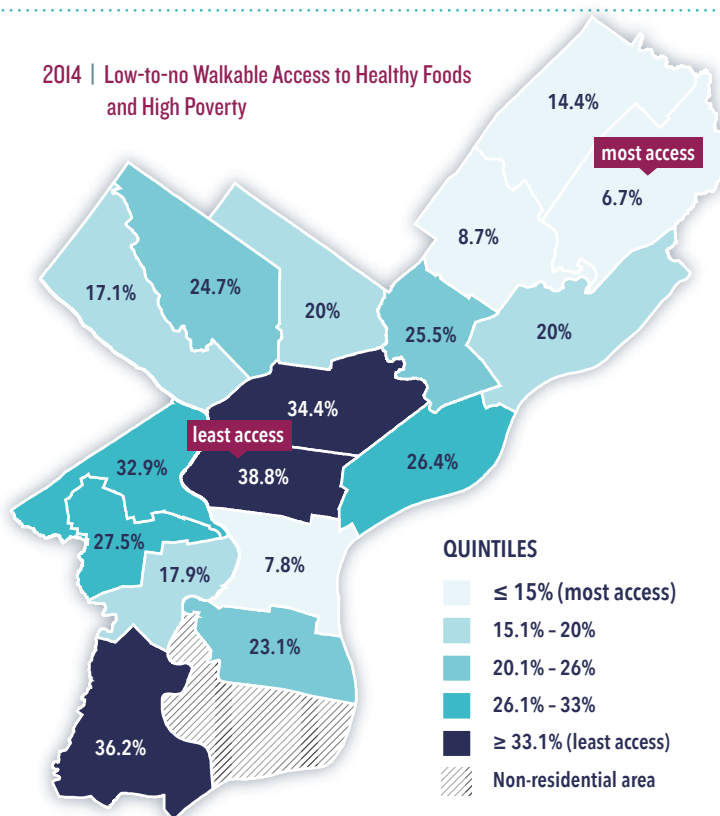
Source: Youth Risk Behavior Survey (YRBS), 2015

Source: Public Health Management Corporation (PHMC) Household Survey, 2015

HEALTHY FOOD ACCESS

Often, neighborhoods with high poverty also have lower access to healthy foods. In 2014, 22 percent of Philadelphians living in high-poverty areas also had no to low walkable access to healthy foods. Rates were highest in North and Lower Southwest Philadelphia.

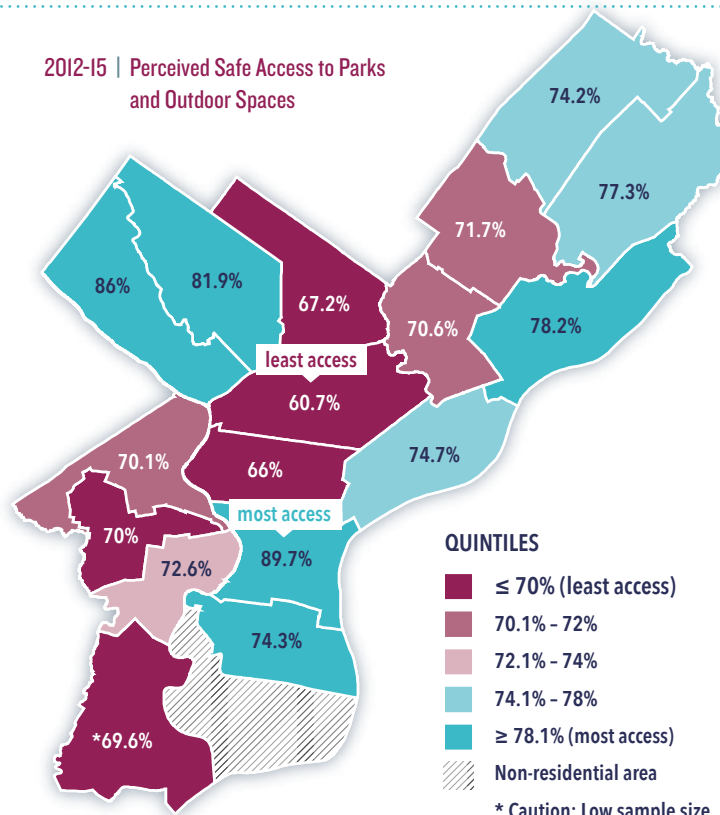
For more data on food access in Philadelphia visit <http://www.phila.gov/health/ChronicDisease/Nutrition.html>.



Source: Get Healthy Philly, Philadelphia Department of Public Health, 2014

PERCEIVED SAFE ACCESS TO PARKS AND OUTDOOR SPACES

Convenient access to parks and outdoor spaces is essential for regular exercise. In 2015, approximately 73 percent of adults in Philadelphia had access to a park or other outdoor space in their neighborhood that they felt comfortable visiting. Access was greatest in the Northwest and Center City and lowest in North Philadelphia.



Source: Public Health Management Corporation (PHMC) Household Health Survey, 2012-2015

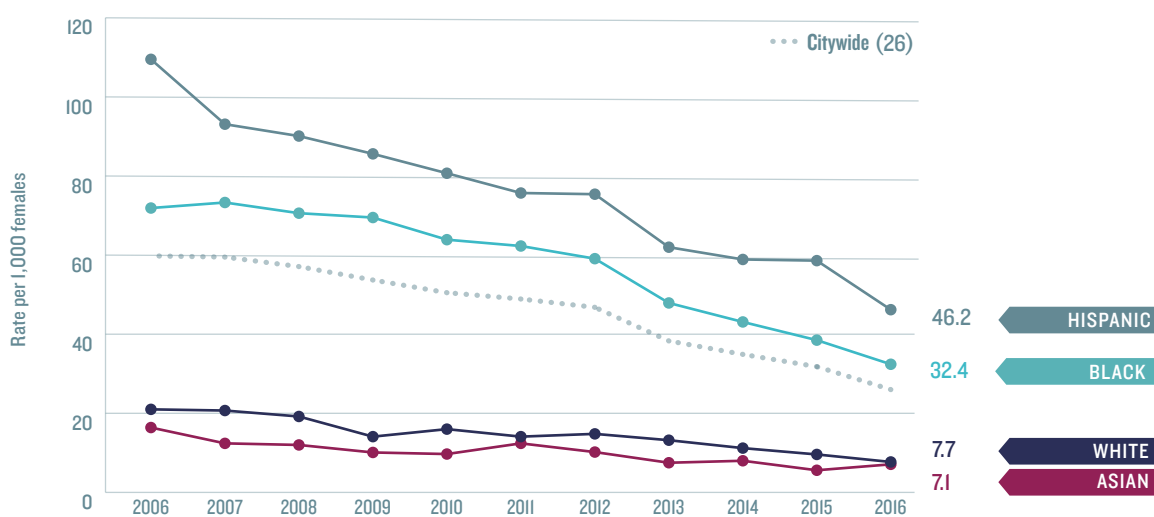
SEXUAL ACTIVITY

High-risk sexual behaviors, particularly among teens, can affect immediate and long-term health. Two key indicators of these high-risk behaviors among teens are condom use and teen births, which are most often unplanned.

Teen birth rates have declined dramatically in Philadelphia since 2006. Teen birth rates are highest among Hispanic teens and lowest among non-Hispanic Asian teens.

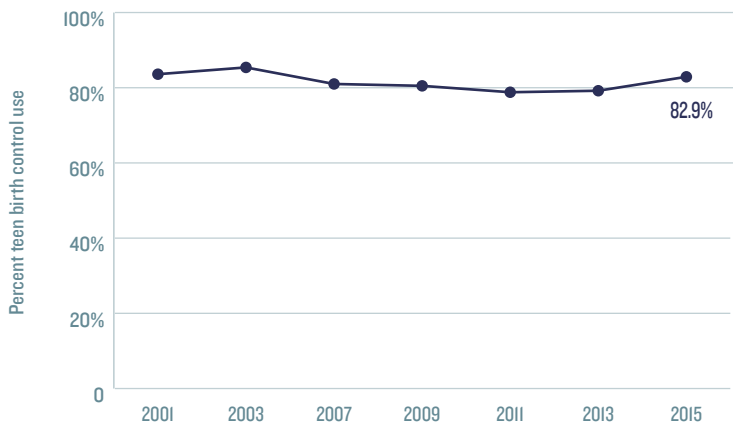
While use of birth control among teens has remained high, condom use has steadily declined, reaching a low of 56 percent in 2015.

2006-2016 | Birth Rates to Teens (15-19 Years) by Mother's Race/Ethnicity Philadelphia

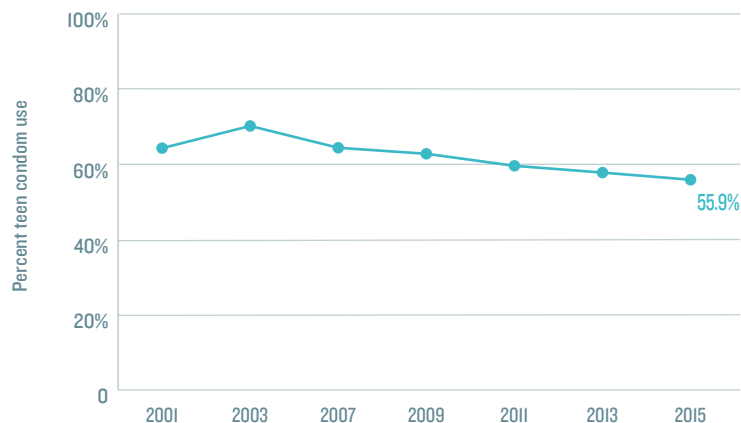


Source: 2016 PDPH Preliminary Vital Statistics Report

2001-2015 | Teens Who Used Birth Control with Last Sexual Encounter, 9th-12th Grade



2001-2015 | Teens Who Used Condom with Last Sexual Encounter, 9th-12th Grade



Source: Youth Risk Behavior Survey (YRBS), 2001-2015

CLINICAL Care

Access to high-quality clinical and preventive care is critical to Philadelphians' health. Access to care largely depends on health insurance coverage, affordability, and adequate availability of healthcare providers and facilities.

	Most Recent Estimate	<div>Improving >></div> <div><< Worsening</div> <div>No Change ○</div>	Population(s) with poorer outcomes
Uninsured adults	12.4% ¹	>>	Hispanics
Uninsured children	3.9% ¹	>>	Hispanics Non-Hispanic Asians
Adults forgoing care due to costs	13.4 ¹	>>	
Children with current immunizations	76.9% ²	○	
Adults (over age 50) with colon cancer screening	72.6% ¹	>>	
Women with mammogram in past two years	82.5% ¹	○	Non-Hispanic whites
Primary care physicians per capita	1:1,460 ³	>>	Clusters of neighborhoods in the Greater Northeast, West, Northwest, and Southwest
Potentially preventable hospitalizations	1,378 per 100,000 ⁴	>>	Non-Hispanic blacks Hispanics

¹ 2015 PHMC Household Survey

² 2016 PDPH Immunization Registry

³ 2014 Location Matters: Differences in Primary Care Supply by Neighborhood in Philadelphia

⁴ 2015 PA Healthcare Cost Containment Council

INSURANCE COVERAGE

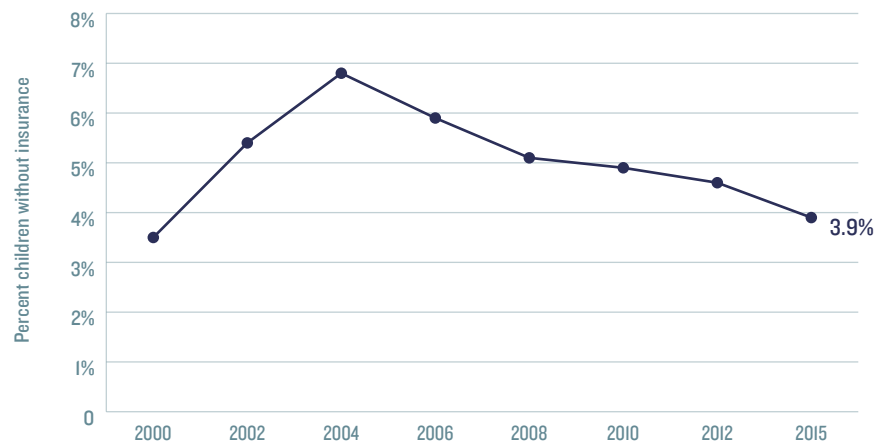
Insurance coverage has improved significantly for adults and children in Philadelphia. In 2015, 12.4 percent of adults and 3.9 percent of children lacked insurance coverage. Insurance coverage among children began improving in 2004 and rates are lower than the national average and those of other large cities.

Recent improvements among adults are a result of coverage expansions implemented under the 2010 Patient Protection and Affordable Care Act (ACA). Lack of health insurance coverage among adults is similar to the national average and lower than other large cities that have larger populations of new and undocumented immigrants.

2000-2015 | Adults Without Insurance, 18-64 Years of Age



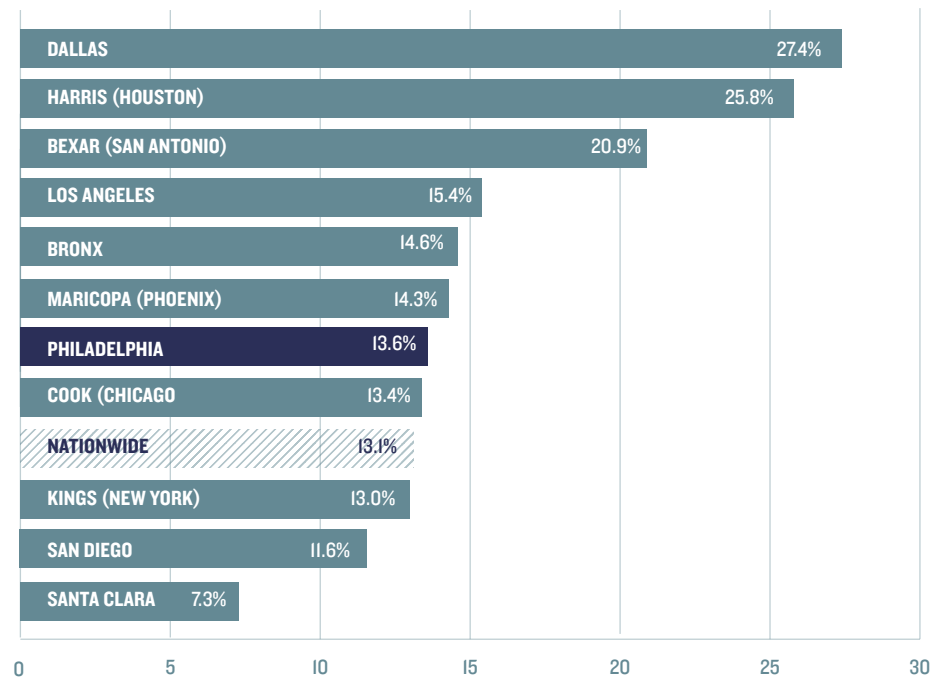
2000-2015 | Children Without Insurance < 18 Years of Age



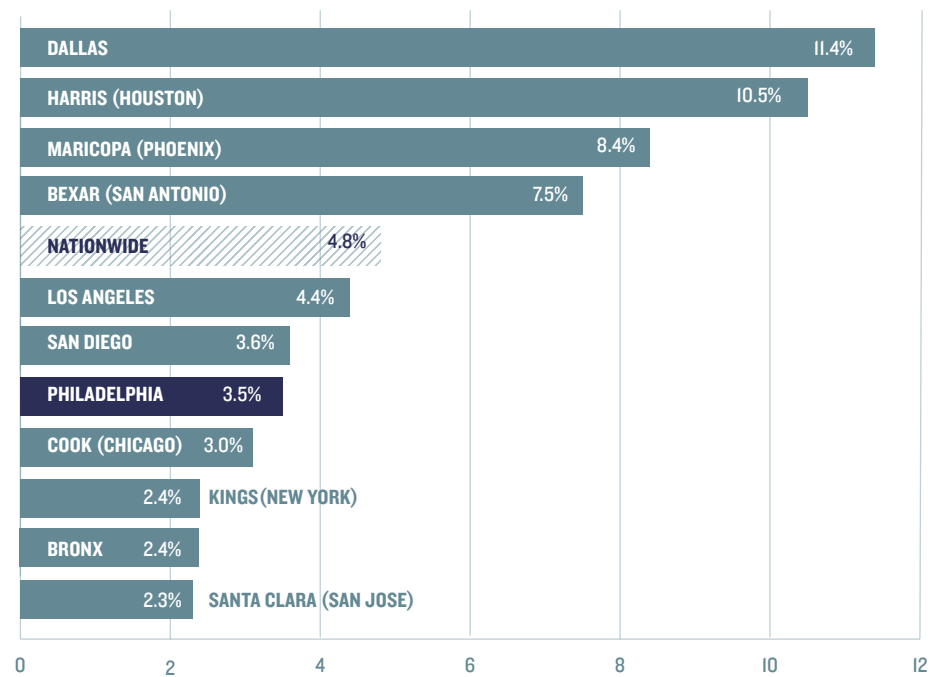
Source: Public Health Management Corporation (PHMC) Household Health Survey, 200-2015

ADULTS AND CHILDREN WITHOUT INSURANCE

2015 | Adults Without Insurance, 18-64 Years of Age, Nationwide and County Comparison



2015 | Children Without Insurance, < 18 Years of Age, Nationwide and County Comparison

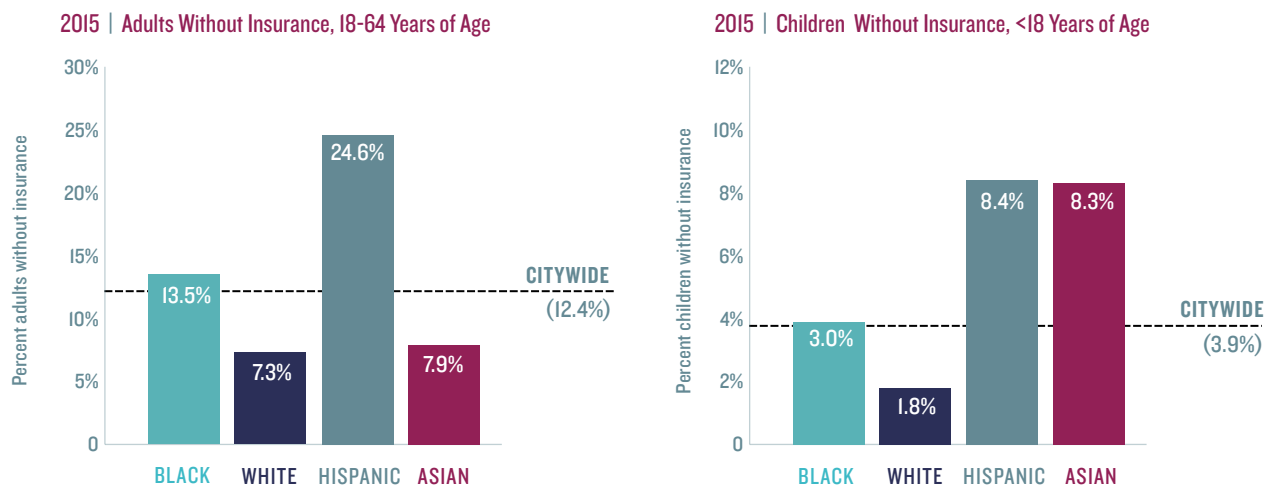


Source: US Census Bureau Small Area Health Insurance Estimates, 2015

Rates in county comparisons may differ from other sources due to time frame or methodologies applied to make county estimates comparable.

INSURANCE COVERAGE BY ETHNICITY AND AGE

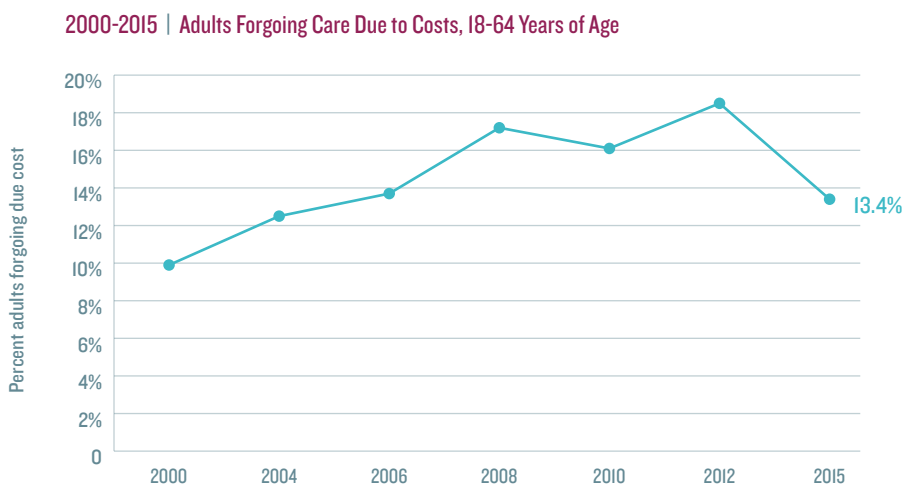
While more Philadelphians have insurance coverage overall, Hispanic adults and Hispanic and non-Hispanic Asian children have significantly higher uninsured rates than other racial/ethnic groups.



Source: Public Health Management Corporation (PHMC) Household Health Survey, 2015

AFFORDABILITY

Paralleling trends in insurance coverage, the percent of adults foregoing care due to cost declined in recent years. In 2015, 13.4 percent of adults have not sought health care because of the cost.

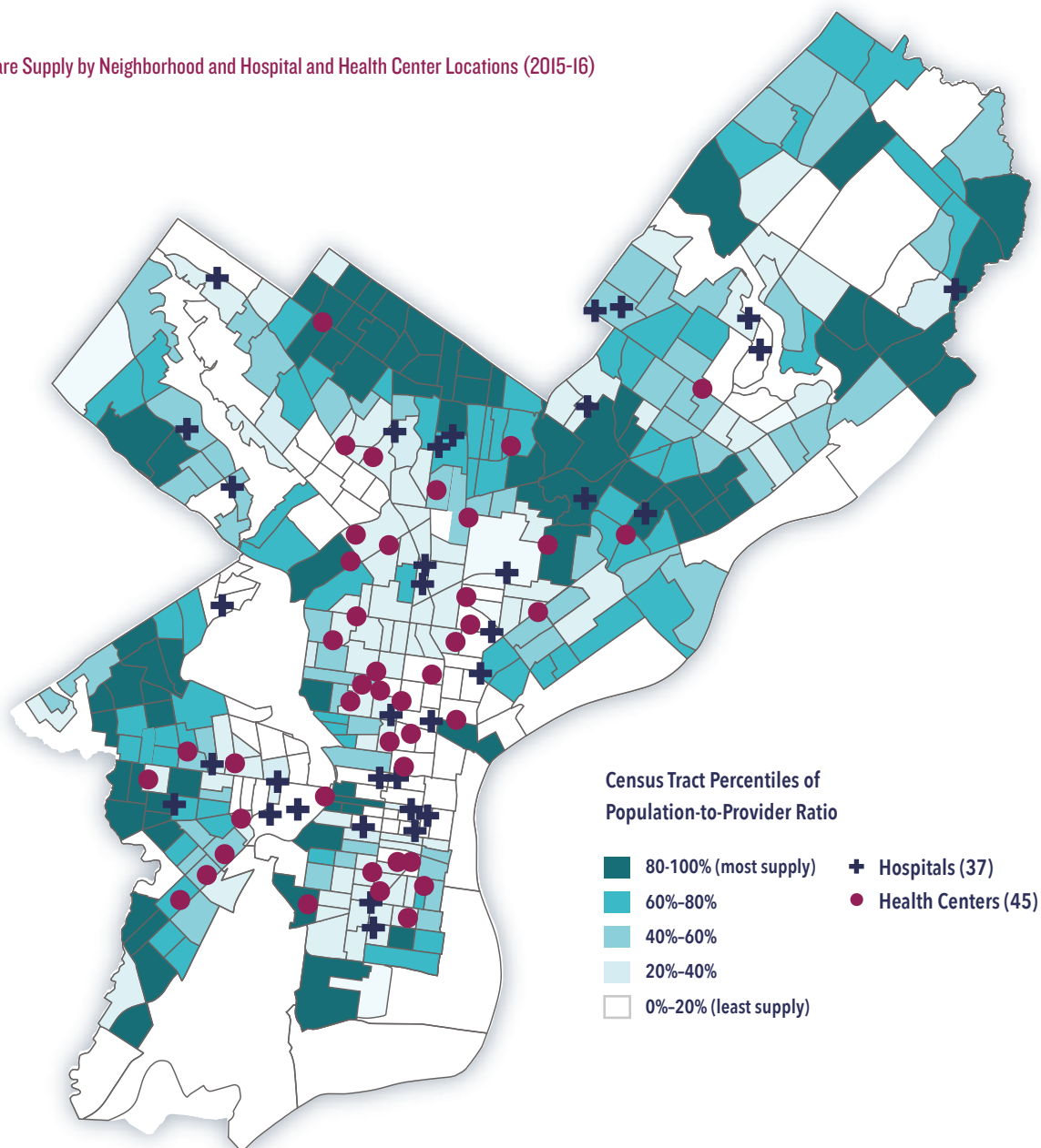


Source: Public Health Management Corporation (PHMC) Household Health Survey, 2000-2015

PRIMARY CARE PHYSICIAN AVAILABILITY

Availability of primary care physicians varies significantly throughout Philadelphia. Some clusters of areas of low primary care physician supply are noticeable in various regions, particularly Northwest and Northeast Philadelphia.

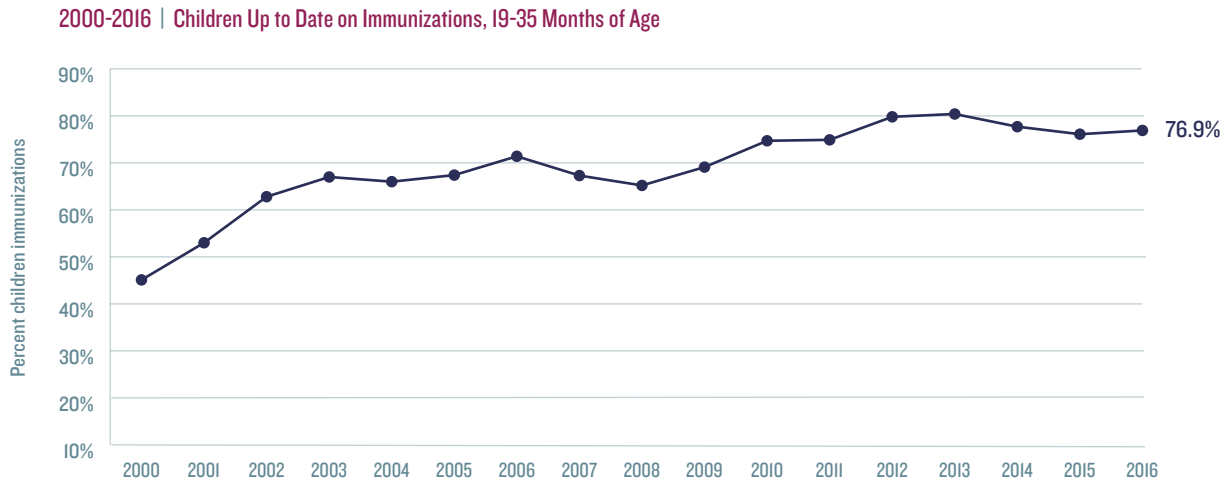
2014 | Primary Care Supply by Neighborhood and Hospital and Health Center Locations (2015-16)



Source: Primary Care Supply-2014 Location Matters: Differences in Primary Care Supply by Neighborhood in Philadelphia; Healthcare Facilities-Philadelphia Department of Public Health, 2016

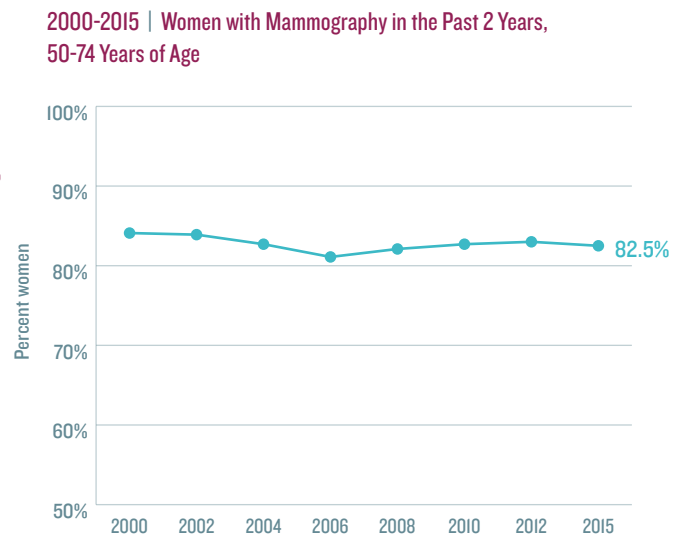
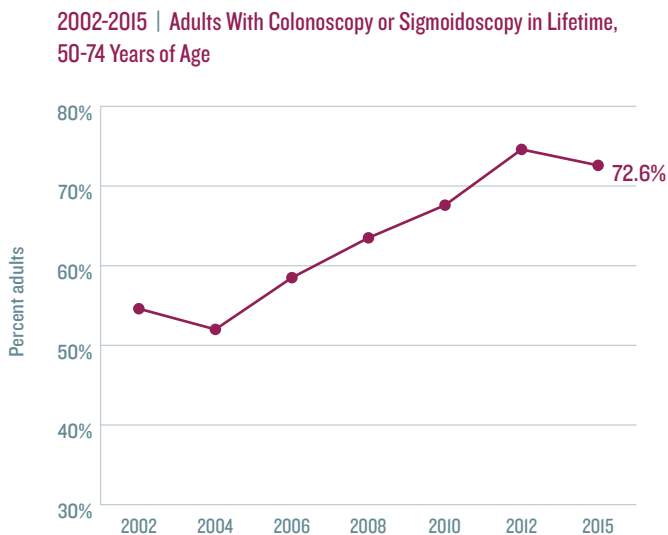
PREVENTIVE CARE

Immunizations and screenings are critical public health prevention tools. The number of young children in Philadelphia with up-to-date immunizations for diphtheria, polio, measles, mumps, rubella and Haemophilus influenzae type b has increased significantly since 2000. There were slight declines in recent years.



Source: KIDS Immunization Registry, Division of Disease Control, Philadelphia Department of Public Health, 2000-2015

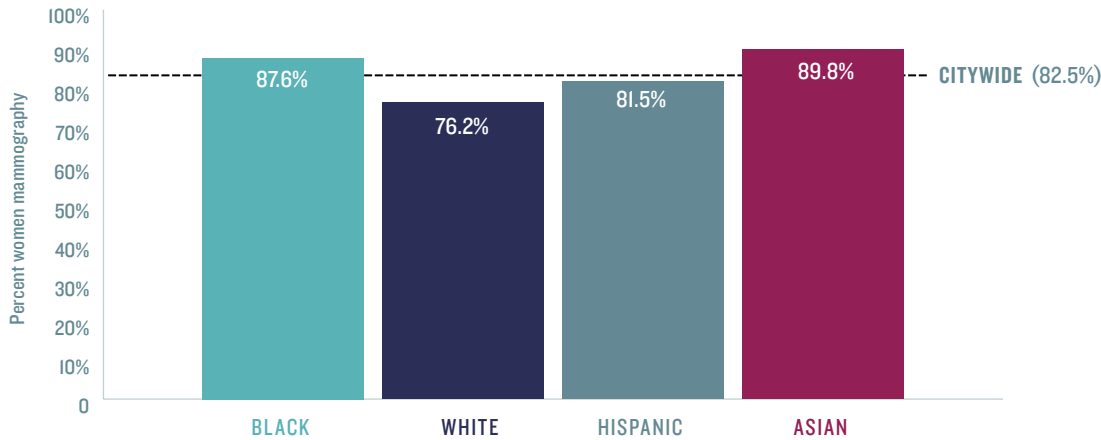
Screenings for colon cancer rose significantly in Philadelphia from 2002 to 2015. Colon cancer screening rates did not differ by race/ethnic group. Mammography rates have remained relatively stable, but are lowest among non-Hispanic white women.



Source: Public Health Management Corporation (PHMC) Household Health Survey, 2000-2015

MAMMOGRAPHY

2015 | Women with Mammography in the Past 2 Years, 50-74 Years of Age

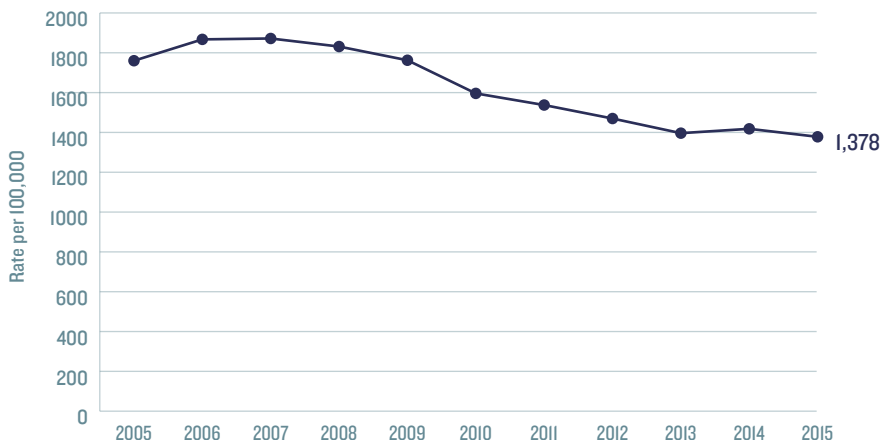


Source: Public Health Management Corporation (PHMC) Household Health Survey, 2015

AMBULATORY CARE SENSITIVE CONDITIONS

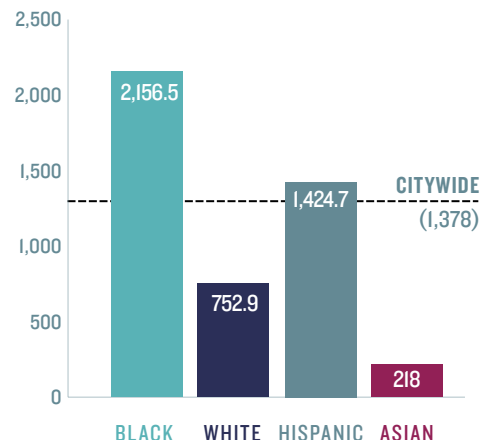
If health conditions like asthma, diabetes, and hypertension are treated adequately in primary care settings it can reduce the need for hospitalizations. For this reason, the rate of “ambulatory care sensitive hospitalizations” is used as a marker for access, utilization, and quality of primary care. In Philadelphia, rates of these potentially preventable hospital stays declined steadily over the last decade. In 2015, rates of potentially preventable hospital stays were nearly 2.5 times higher among non-Hispanic blacks than among non-Hispanic whites. Rates were also higher in Lower North and West Philadelphia.

2005-2015 | Ambulatory Care Sensitive Hospitalization Rate per 100,000 People, <75 Years of Age



Source: Pennsylvania Health Care Cost Containment Council, 2005-2015

2015 | Ambulatory Care Sensitive Hospitalization Rate per 100,000 People, <75 Years of Age



PHYSICAL Environment

Clean air and water and a safe environment in and out of the home are essential for good health. Unsafe air conditions increase the risk of heart disease and exacerbate respiratory conditions like asthma and chronic obstructive pulmonary disease. Unsanitary water can spread infectious illnesses and harmful chemical compounds. Unsafe home conditions can have similar impacts and increase risk for unintentional injuries and create extreme stress for families. Ensuring a safe environment is particularly important for children and seniors.

	Most Recent Estimate	<div>Improving >></div> <div><< Worsening</div> <div>No Change O</div>	Population(s) with poorer outcomes
Days with unhealthy air quality	2.4% ¹	>>	
Housing code violations	1.93 per 100,000 ² Occupied units	<<	North region

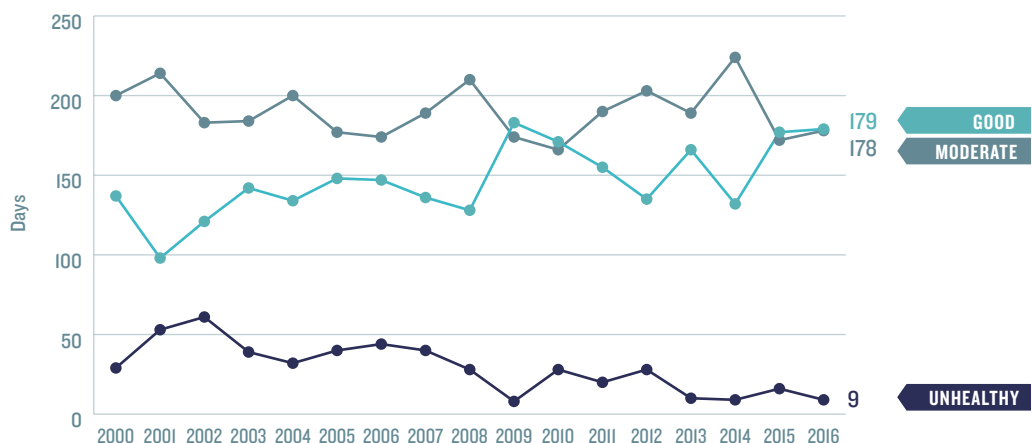
¹ 2016 PDPH Air Management Services/ U.S. Environmental Protection Agency Report
² 2016 City of Philadelphia Licenses & Inspections

AIR QUALITY

Air quality is summarized by the Air Quality Index (AQI), which combines information about four major air pollutants regulated by the Clean Air Act: ground-level ozone, particle pollution, carbon monoxide, and sulfur dioxide. When the AQI is below 50, it is considered “good” air quality. When the AQI is between 50 and 100, it is considered “moderate” air quality and when it is above 100 the air is considered unhealthy.

The number of days with unhealthy air quality has declined significantly in Philadelphia, while days with good air quality have increased. In 2016, Philadelphians experienced nearly an equal number of days with good and moderate air quality.

2000-2016 | Days With Good, Moderate and Unhealthy Air Quality

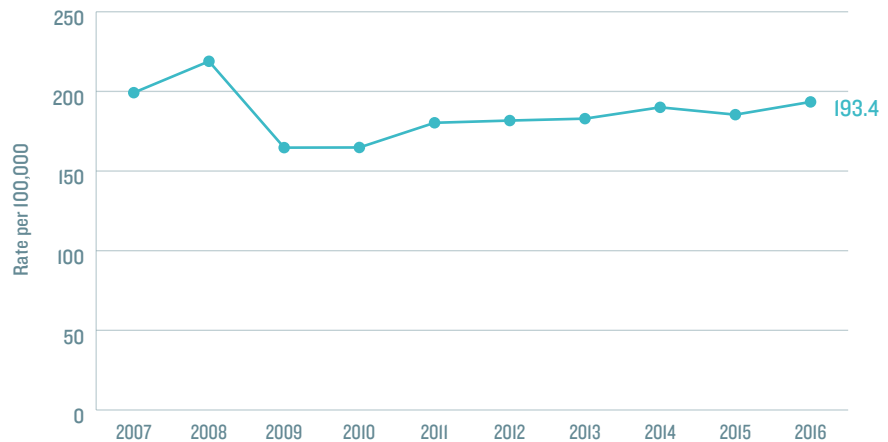


Source: United States Environmental Protection Agency (EPA) AMP4IQS report, as reported by Air Management Services, Philadelphia Department of Public Health, 2000-2016

HOUSING CODE VIOLATIONS

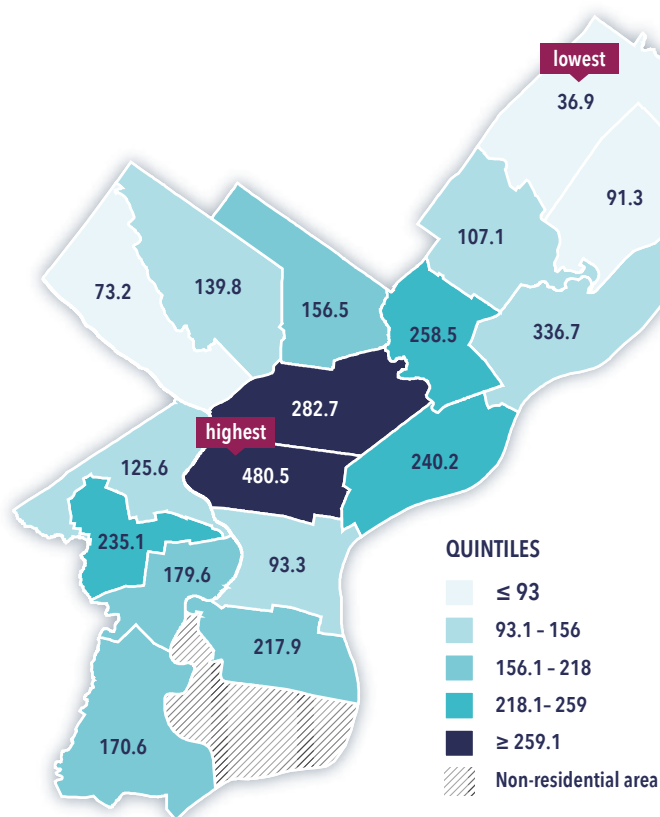
Most of Philadelphia's homes were built before 1950, and many of those in low-income areas have been poorly maintained. Housing code violations occur when people living in rental properties make complaints to the Department of Licenses and Inspections, which then conducts inspections. The number of housing code violations is a proxy for measuring housing quality in the city, but it is influenced by the staffing levels of the Department of Licenses and Inspections. In 2016, 193 violations per 1,000 occupied housing units were issued. This rate declined sharply in 2009, but has increased since that time. Rates are highest in the lowest-income neighborhoods, particularly in North Philadelphia.

2007-2015 | Philadelphia Building Construction and Occupancy Code Violations per 1,000 Occupied Housing Units



Source: City of Philadelphia Licenses and Inspections, 2007-2016

2016 | Philadelphia Building Construction and Occupancy Violations Codes per 1,000 Occupied Housing Units



Source: City of Philadelphia Licenses and Inspections, 2016

SOCIAL AND ECONOMIC

Determinants

Social support, financial resources, education, employment, and stable housing directly impact Philadelphians' ability to access adequate health care, engage in healthy behaviors, and live in a healthy environment. But these determinants are not addressed in traditional clinical and preventive health care. This section provides data on these social determinants of health in Philadelphia.

	Most Recent Estimate	<div>Improving >></div> <div><< Worsening</div> <div>No Change ○</div>	Population(s) with poorer outcomes
Poverty	25.8% ¹	>>	Hispanics Non-Hispanic Blacks North and West Regions
Children in poverty	38.3% ¹	<<	Hispanics Non-Hispanic Blacks
Children in single-parent households	60.2% ¹	○	Hispanics Non-Hispanic Blacks
Housing-cost burden	51.9%	○	North, Upper North, Lower Northeast
Severe housing-cost burden	30.5% ¹	○	North, Upper North, Lower Northeast
Unemployment	6.8% ²	>>	
Labor force participation rate	56.2% ²	○	
On-time high school graduation	68.6% ³	>>	Hispanics Non-Hispanic Blacks
Adults completing some college	50.0% ¹	>>	Hispanics Non-Hispanic Blacks
Violent crime*	1,029 per 100,000 ⁴	>>	

¹ 2015 US Census Bureau American Community Survey

² 2016 Bureau of Labor Statistics

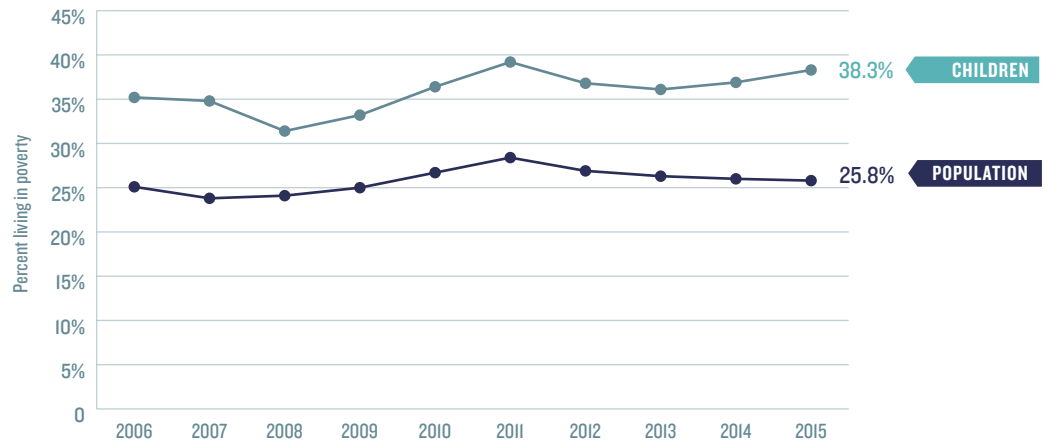
³ 2016 PA Department of Education

⁴ 2015 FBI Uniform Crime Reports

POVERTY

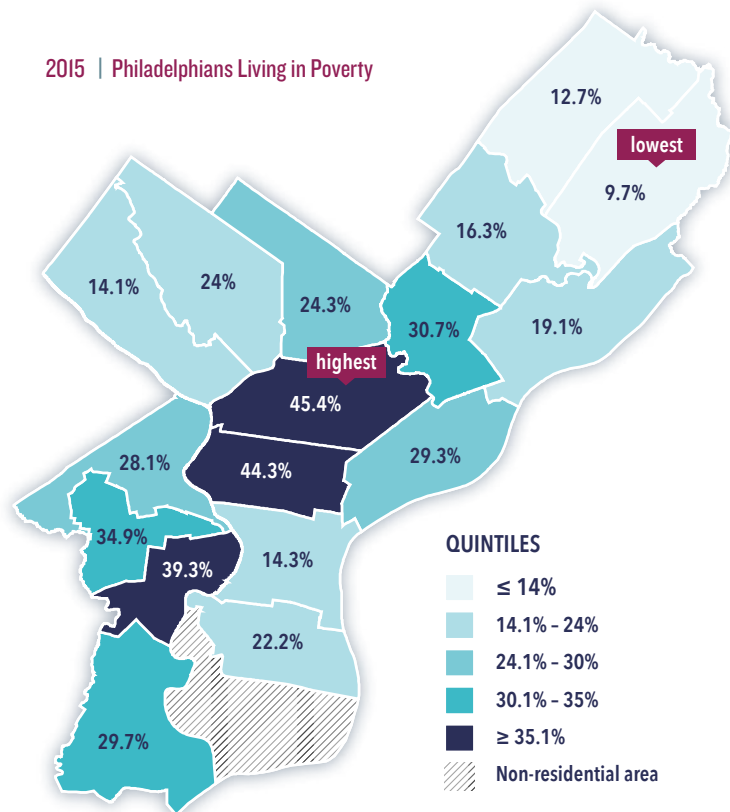
In 2015, approximately one-fourth of Philadelphians lived in a household with an income below 100 percent of the federal poverty level. Poverty rates declined in recent years. Hispanics and non-Hispanic blacks are about twice as likely to live in poverty as non-Hispanic whites. Poverty is greatest in North and West Philadelphia.

2006-2015 | Philadelphians Living in Poverty • Children Living in Poverty, <18 Years of Age



Source: US Census Bureau, American Community Survey, 1-year Estimates, 2005-2015

2015 | Philadelphians Living in Poverty

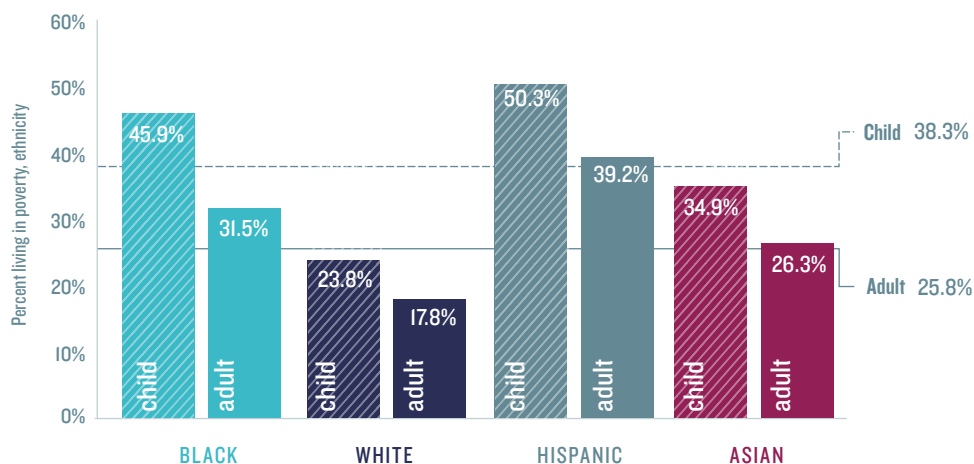


Source: US Census Bureau, American Community Survey, 5-year estimate, 2015

ETHNICITY AND POVERTY

While poverty decreased overall in recent years, the number of children living in poverty grew to 38.3 percent in 2015. Half of Hispanic children and nearly half of non-Hispanic black children live in poverty in Philadelphia.

2015 | Philadelphians Living in Poverty • Children Living in Poverty, <18 Years of Age

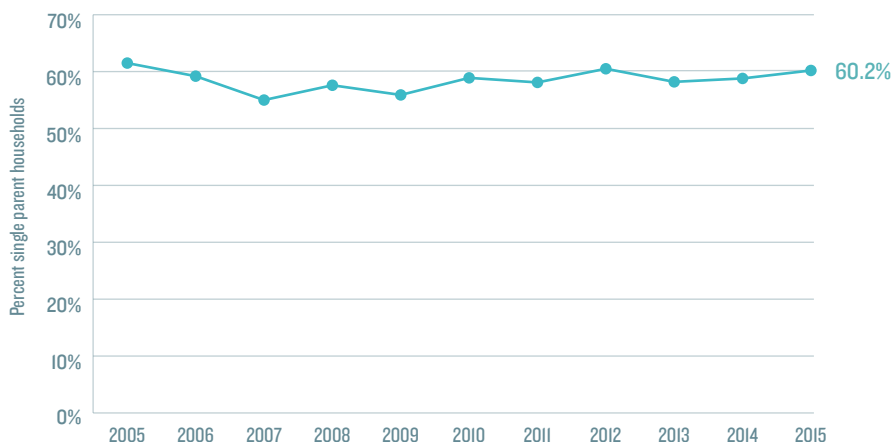


Source: US Census Bureau, American Community Survey, 1-year Estimates, 2015

SINGLE-PARENT HOUSEHOLDS

Children in single-parent households are at risk for adverse health outcomes related to mental well-being and more likely to engage in unhealthy behaviors. In 2015, three of five children in Philadelphia lived in a single-parent household.

2005-2015 | Children in Single-Parent Households, <18 Years of Age

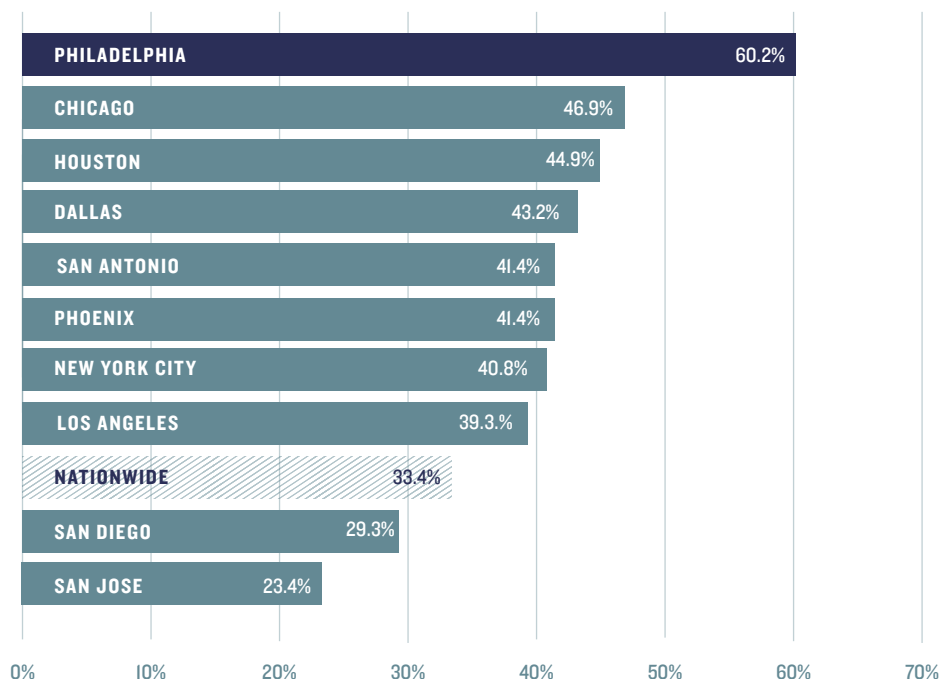


Source: US Census Bureau, American Community Survey, 1-year Estimates, 2000-2015

SINGLE-PARENTS

While this proportion has remained relatively stable, it is twice the national average and higher than all other large cities.

2015 | Children in Single-Parent Households, <18 Years of Age, Nationwide and City Comparison



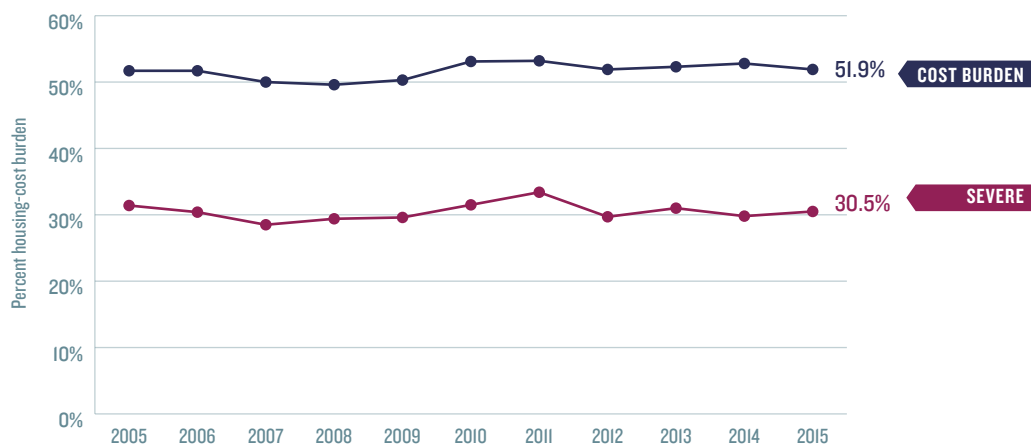
Source: US Census Bureau, American Community Survey, 1-year Estimates, 2015

Rates in county comparisons may differ from other sources due to time frame or methodologies applied to make county estimates comparable.

HOUSING-COST BURDEN

In 2015, 51.9% of Philadelphia households paid 30 percent or more of their income for rental housing and 30.5% paid more than 50 percent of their income for rental housing. Rates of housing cost-burden and severe housing cost burden have varied but not changed significantly over the last decade. The highest rates of housing cost burden occur in the North, Upper North and Lower Northeast areas.

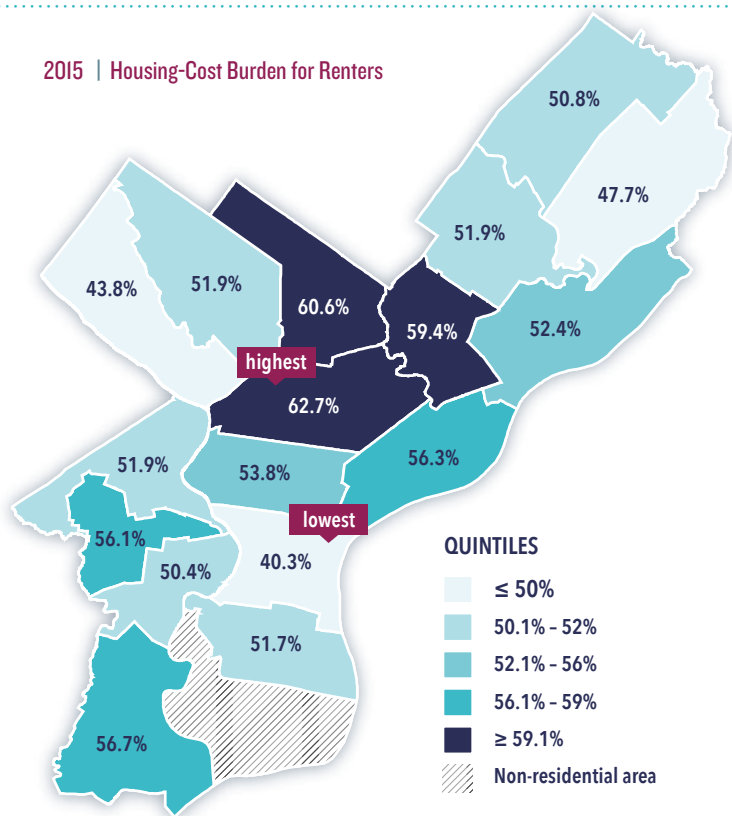
2005-2015 | Housing-Cost Burden & Severe Housing-Cost Burden for Renters



Source: US Census Bureau, American Community Survey, 1-year Estimates, 2000-2015

HOUSING-COST BURDEN FOR RENTERS

2015 | Housing-Cost Burden for Renters



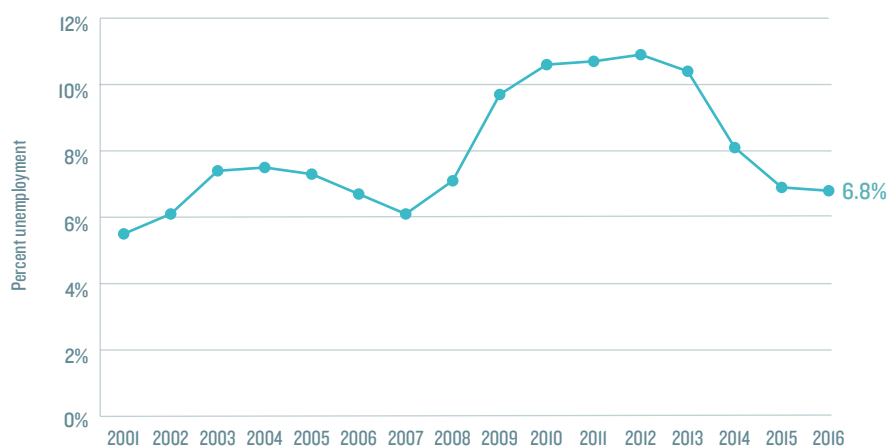
Source: US Census Bureau, American Community Survey, 5-year estimate, 2015

UNEMPLOYMENT

Similar to national trends, unemployment has declined significantly in recent years. In 2016, unemployment rates in Philadelphia were higher than other major U.S. cities and the national average.

Unemployment considers employment status among those working and seeking employment. Workforce participation is a measure of employment among all Philadelphians, including the disabled, retired, and those not actively seeking employment. Workforce participation has remained relatively stable since 2000.

2001-2016 | Unemployment ≥ 16 Years of Age



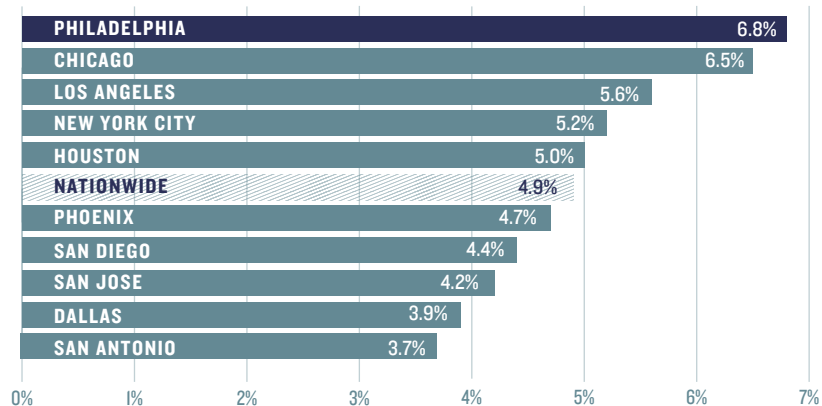
Source: Bureau of Labor Statistics, 2000-2016

UNEMPLOYMENT

Similar to national trends, unemployment has declined significantly in recent years. Nonetheless, in 2016, unemployment rates in Philadelphia were higher than other major U.S. cities and the national average.

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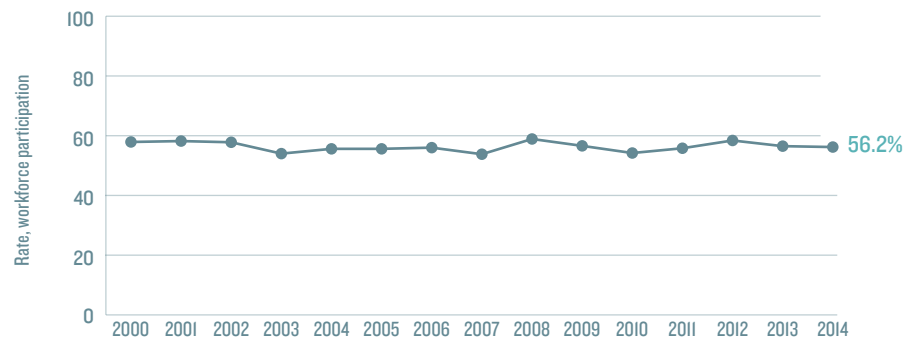
2016 | Unemployment ≥ 16 Years of Age, Nationwide and City Comparison



Source: Bureau of Labor Statistics, 2000-2016

Rates in county comparisons may differ from other sources due to time frame or methodologies applied to make county estimates comparable.

2000-2014 | Workforce Participation Rate, Philadelphia

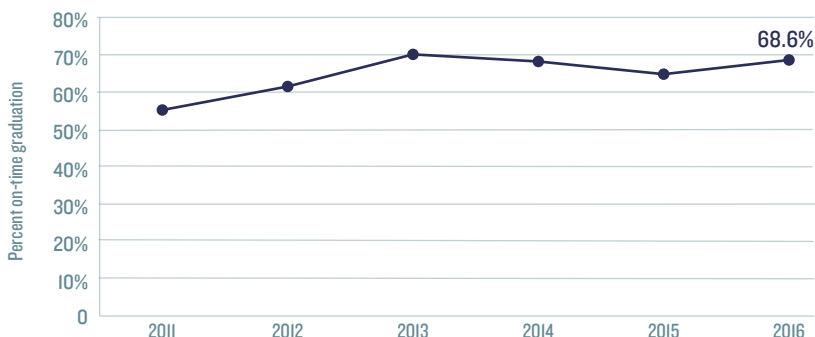


Source: Bureau of Labor Statistics, 2000-2014

EDUCATION

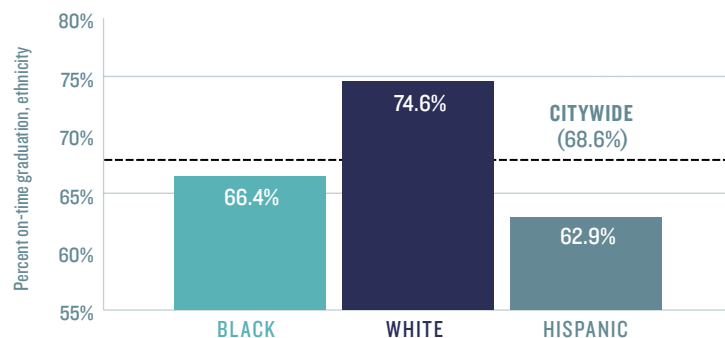
On-time graduation rates have increased since 2011. In 2016, graduation rates were highest among non-Hispanic whites and lowest among Hispanics.

2011-2016 | On-Time High School Graduation



Source: Pennsylvania Department of Education, 2010/2011-2015/2016

2016 | On-Time High School Graduation, School District of Philadelphia

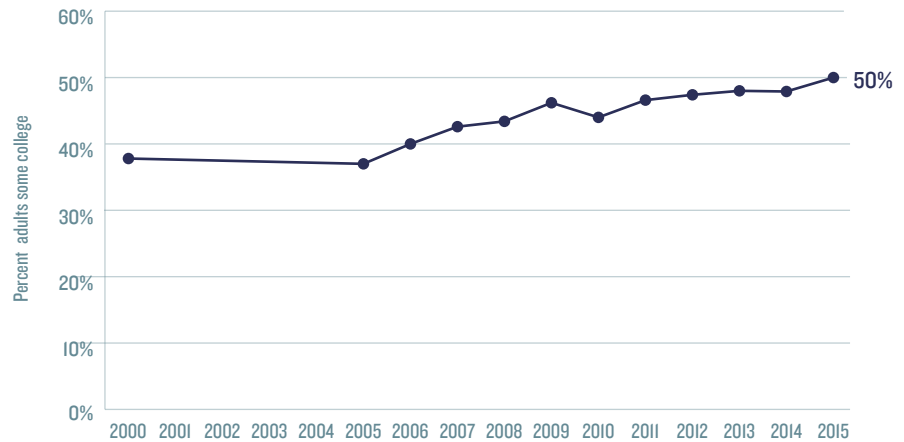


Source: Pennsylvania Department of Education, 2015/2016

COLLEGE EDUCATION

The number of adults completing some college has increased steadily since 2000. In 2015, half of Philadelphians age twenty-five or older had completed at least some college.

2000-2015 | Adults Completing Some College, ≥ 25 Years of Age

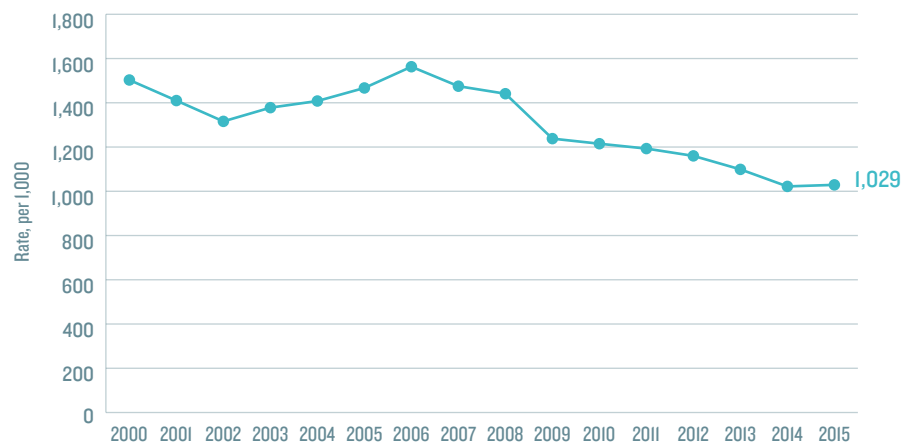


Source: US Census Bureau, American Community Survey, 1-year Estimates, 2000-2015

VIOLENT CRIME

Violent crimes create unsafe neighborhoods, increase community stress, and may deter healthy behaviors like outdoor exercise. The violent crime rate in Philadelphia decreased over 30 percent from 2000 to 2015.

2000-2015 | Violent Crime Rate, ≥ per 1,000 People



Source: FBI Uniform Crime Reports, 2000-2015

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DATA SOURCES AND CONTRIBUTORS

American Medical Association Provider Masterfile
Bureau of Labor Statistics
Centers for Disease Control and Prevention
City of Philadelphia Licenses and Inspections
County Health Rankings & Roadmaps
FBI Uniform Crime Reports
Get Healthy Philly
Health Indicators Warehouse
PA Behavioral Risk Factor Surveillance System
PDPH AIDS Activities Coordinating Office
PDPH Air Management Services
PDPH Division of Disease Control
PDPH Environmental Health Services
PDPH Medical Examiner's Office
Pennsylvania Department of Education
Pennsylvania Department of Health Cancer Registries
Pennsylvania Department of Health Vital Statistics
Pennsylvania Department of Transportation
Pennsylvania Health Care Cost Containment Council
Pennsylvania National Electronic Disease Surveillance System (PA-NEDSS)
Philadelphia Youth Behavioral Risk Behavior Survey
Public Health Management Corporation
School District of Philadelphia
US Census–American Community Survey
US Environmental Protection Agency

For details about the methodology please visit the
Community Health Assessment homepage at:
<http://www.phila.gov/health/Commissioner/DataResearch.html>



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Philadelphia's Community
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phila.gov/health/Commissioner/DataResearch.html