INTRODUCTION

Health is influenced by many factors, including social and economic conditions, the built environment, accessibility of healthy products, the behavioral choices people make, and the medical care system. Health of the City describes the health and well-being of people who live in Philadelphia. The Philadelphia Department of Public Health produces this annual report to help health care providers, city officials, people who make decisions for non-governmental organizations, and individual residents make more informed decisions about 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 measures of quality of life, rates of infectious and chronic illnesses, 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 both access to and quality of preventive, primary, and acute care.

4. **PHYSICAL ENVIRONMENT**
   - includes air quality and access to housing and transportation.

5. **SOCIAL AND ECONOMIC DETERMINANTS**
   - include education, employment, income and community safety.
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 1,584,138 in 2018. Philadelphia’s young adult population (ages 20 to 34 years) continues to grow and represents the largest portion of the population.

Philadelphia is racially and ethnically diverse – 40 percent non-Hispanic black, 34 percent non-Hispanic white, 15 percent Hispanic, and 7 percent Asian. Yet, Philadelphia continues to be segregated along racial lines, with one race or ethnic group representing the majority in 84% of the city’s 381 census tracts.

Philadelphia consists of forty-eight zip codes and eighteen planning districts representing distinct economic, geographic, and social units.
Despite ongoing public health crises like the opioid epidemic, community gun violence and poverty – most key health indicators in Philadelphia continued to improve over the last year. Yet, some health indicators moved in the wrong direction and overall Philadelphia’s health lagged behind other major U.S. cities. These differences were largely driven by persisting disparities in key health outcomes and behaviors for racial/ethnic minorities and those experiencing poverty. The following sections provide more details.

### SUMMARY HEALTH MEASURES

Measuring life expectancy and examining trends in causes of death shows how people are dying, who is dying prematurely and how these deaths may be prevented. After improving for decades, life expectancy in Philadelphia and nationally has declined for many groups. Increases in premature mortality due to drug overdoses and homicides over the last several years were the primary drivers in Philadelphia. Increases in chronic conditions and other poor health behaviors are likely to further reverse the trend.

<table>
<thead>
<tr>
<th>DEATHS (ALL CAUSES)</th>
<th>POPULATIONS WITH POORER OUTCOMES</th>
<th>CHANGE IN RECENT YEARS</th>
</tr>
</thead>
<tbody>
<tr>
<td>843.9 per 100,000¹</td>
<td>Non-Hispanic blacks</td>
<td>□ NO CHANGE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>YEARS OF POTENTIAL LIFE LOST BEFORE AGE 75</th>
</tr>
</thead>
<tbody>
<tr>
<td>9,554.7 Non-Hispanic blacks; Low income neighborhoods</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LIFE EXPECTANCY (MALES)</th>
</tr>
</thead>
<tbody>
<tr>
<td>72.3 years¹ Non-Hispanic blacks</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LIFE EXPECTANCY (FEMALES)</th>
</tr>
</thead>
<tbody>
<tr>
<td>79.8 years¹</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADULTS SELF-REPORTING POOR OR FAIR HEALTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>22%² Hispanics; Non-Hispanic blacks</td>
</tr>
</tbody>
</table>

OVERALL MORTALITY

In 2018, an estimated 14,306 Philadelphia residents died. Heart disease, cancer and drug overdoses were the leading causes of death.

HEALTH OF THE CITY 2019
LIFE EXPECTANCY

Similarly, life expectancy at birth in men and women increased until 2014 and declined in recent years. Non-Hispanic Asians continue to have the highest life expectancy overall. Life expectancy at birth is shortest among non-Hispanic black men at 68.8 years.
LIFE EXPECTANCY

Life expectancy varies considerably by neighborhood in Philadelphia. Living just a mile away can decrease life expectancy by 20 years. Life expectancy is lowest in communities with highest rates of adverse behavioral and economic determinants, including poverty, substance use/abuse, and community violence.

SELF-REPORTED HEALTH STATUS

While life expectancy indicates how long people are living, self-reported health status provides a measure of quality of life. Overall, 22 percent of Philadelphians rated their health as poor or fair. There are significant differences among racial/ethnic groups with rates being highest among Hispanics.

*Non-Hispanic
Six of the leading causes of death in Philadelphia are related to chronic health conditions: heart disease, cancer, cerebrovascular disease, chronic respiratory disease, diabetes, and chronic 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 population.

<table>
<thead>
<tr>
<th>CHRONIC HEALTH CONDITIONS</th>
<th>MOST RECENT ESTIMATE</th>
<th>POPULATIONS WITH POORER OUTCOMES</th>
<th>CHANGE IN RECENT YEARS</th>
</tr>
</thead>
<tbody>
<tr>
<td>OBESITY IN CHILDREN (AGES 5 – 18)</td>
<td>20.4%&lt;sup&gt;1&lt;/sup&gt;</td>
<td>Hispanic boys; Non-Hispanic black girls</td>
<td>*</td>
</tr>
<tr>
<td>OBESITY IN ADULTS</td>
<td>34.0%&lt;sup&gt;2&lt;/sup&gt;</td>
<td>Non-Hispanic blacks; Hispanics</td>
<td>NO CHANGE</td>
</tr>
<tr>
<td>HYPERTENSION IN ADULTS</td>
<td>33.0%&lt;sup&gt;3&lt;/sup&gt;</td>
<td>Non-Hispanic blacks</td>
<td>NO CHANGE</td>
</tr>
<tr>
<td>DIABETES IN ADULTS</td>
<td>12.0%&lt;sup&gt;2&lt;/sup&gt;</td>
<td>Non-Hispanic blacks</td>
<td>NO CHANGE</td>
</tr>
<tr>
<td>CANCER INCIDENCE</td>
<td>492.3 per 100,000&lt;sup&gt;4&lt;/sup&gt;</td>
<td></td>
<td>IMPROVING</td>
</tr>
<tr>
<td>CANCER MORTALITY</td>
<td>167.5 per 100,000&lt;sup&gt;5&lt;/sup&gt;</td>
<td></td>
<td>IMPROVING</td>
</tr>
<tr>
<td>CHILDHOOD ASTHMA HOSPITALIZATIONS</td>
<td>59.1 per 100,000&lt;sup&gt;6&lt;/sup&gt;</td>
<td>Non-Hispanic blacks; Hispanics</td>
<td>NO CHANGE</td>
</tr>
</tbody>
</table>

SOURCE:  
2 - 2018 PA Behavioral Risk Factor Surveillance System  
3 - 2017 PA Behavioral Risk Factor Surveillance System  
4 - 2016 PA Department of Health Cancer Registry  
5 - 2018 Preliminary Vital Statistics, PDPH  
6 - 2018 Hospital Discharges, PA Health Care Cost Containment Council  
*Recent trend data not available
CHRONIC DISEASES AMONG ADULTS

Children and adults with obesity are at increased risk for developing chronic health conditions like high blood pressure, type 2 diabetes, asthma, and cardiovascular disease. Approximately 1 in 3 adults had obesity, with rates being highest among non-Hispanic blacks and Hispanics. Similar patterns were observed for hypertension among adults. The rate of diabetes remained stable and was highest among non-Hispanic blacks and Hispanics.

DIABETES, HYPERTENSION, AND OBESITY AMONG ADULTS


DIABETES, HYPERTENSION, AND OBESITY AMONG ADULTS BY RACE/ETHNICITY


*Non-Hispanic
CHILDHOOD OBESITY

In 2016, just over 1 in 5 children ages 5 to 18 in public schools had obesity. Children who have obesity are at high risk of having obesity and its complications as adults. Non-Hispanic black girls and Hispanic boys had the highest rates of obesity. Prevalence of obesity among children slightly declined over the last decade, but that trend seems to have slowed and potentially reversed in recent years.

CHILDHOOD ASTHMA

Childhood asthma is a significant concern for many children in Philadelphia. The rate of asthma-related hospitalizations held steady at 59.1 hospitalizations per 10,000 children in 2018.
CHILDHOOD ASTHMA

Non-Hispanic black and Hispanic children had the highest rates of asthma-related hospitalizations, roughly 5 times higher than that of non-Hispanic white children.

Rates were also highest among children living in the upper North, lower Northeast, and West Philadelphia.

SOURCE: 2018 Hospital Discharges, PA Health Care Cost Containment Council
CANCER

Both cancer incidence and cancer mortality have been on the decline since 2009. In 2016, cancer incidence reached a low of 492.3 cases per 100,000 residents, and in 2018 cancer mortality also reached a low of 167.5 deaths per 100,000.

SOURCE: 2009 – 2016 PA Cancer Registry

The term “behavioral health” includes conditions related to mental illness, substance use, and emotional well-being. Behavioral health conditions are often associated with disability and premature death.

<table>
<thead>
<tr>
<th>BEHAVIORAL HEALTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>MOST RECENT ESTIMATE</td>
</tr>
<tr>
<td><strong>DIAGNOSED DEPRESSIVE DISORDER IN ADULTS</strong></td>
</tr>
<tr>
<td><strong>FREQUENT MENTAL STRESS AMONG ADULTS</strong></td>
</tr>
<tr>
<td><strong>SUICIDE IDEATION IN TEENS (GRADES 9-12)</strong></td>
</tr>
<tr>
<td><strong>SUICIDE ATTEMPTS IN TEENS (GRADES 9-12)</strong></td>
</tr>
<tr>
<td><strong>SUICIDE DEATHS</strong></td>
</tr>
<tr>
<td><strong>PRESCRIPTION OPIOID USE</strong></td>
</tr>
<tr>
<td><strong>OPIOID-RELATED DEATHS</strong></td>
</tr>
<tr>
<td><strong>ER VISITS FOR DRUG OVERDOSES</strong></td>
</tr>
</tbody>
</table>

**SOURCE:**
1 - 2018 PA Behavioral Risk Factor Surveillance System
2 - 2019 Philadelphia Youth Risk Behavior Survey
3 - 2018 Preliminary Vital Statistics, PDPH
4 - 2017 PA Behavioral Risk Factor Surveillance System
5 - 2018 Syndromic Surveillance, PDPH
* Recent trend data not available
**DIAGNOSED DEPRESSIVE DISORDER**

In 2018, roughly 1 in 5 adults had a diagnosed depressive disorder, which was nearly double the amount 15 years ago. Rates have remained relatively stable in recent years and are highest among Hispanics. These estimates include only diagnosed depressive conditions and are likely an underestimate of adults with poor mental health.

**DIAGNOSED DEPRESSIVE DISORDER AMONG ADULTS**

![Graph showing diagnosed depressive disorder rates from 2011 to 2018](image)


**DIAGNOSED DEPRESSIVE DISORDER AMONG ADULTS BY RACE/ETHNICITY**

![Bar chart showing depressive disorder rates by race/ethnicity](image)


**FREQUENT MENTAL STRESS AMONG ADULTS**

Overall health depends on both physical and mental well-being. Mental stress impacts quality of life and has been linked to several physical health conditions, particularly hypertension.

**APPROXIMATELY 17 PERCENT OF ADULTS REPORTED FREQUENT MENTAL STRESS.**
**SUICIDE IDEATION AMONG TEENS**

More than 1 in 5 high school students reported seriously considering suicide in 2019 and more than 1 in 7 reported at least one suicide attempt.

**SUICIDE DEATHS**

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

An opioid epidemic is occurring in Philadelphia and nationwide. This epidemic is largely fueled by years of over-prescribing of highly addictive pharmaceutical opioids to treat chronic pain. In 2017, approximately 1 in 3 Philadelphians reported taking a prescription opioid in the last year — rates were high across all age, sex, and racial/ethnic groups.

OVERDOSE DEATHS

Drug overdose deaths increased 4-fold in recent years. Most drug overdose deaths involve opioids, which include both heroin and pharmaceutical opioids. In 2017, the opioid overdose mortality rate reached a peak of 59.0 deaths per 100,000 people (914 deaths among Philadelphia residents) — 84 percent of these deaths involved fentanyl, a lethal synthetic opioid that has penetrated the illicit drug market. In 2018, the opioid overdose mortality rate dropped to 50.2 deaths per 100,000 people.

OVERDOSE ER VISITS

Fatal drug overdoses are just the tip of the iceberg. Emergency rooms and emergency response units are responding to significant increases of non-fatal drug overdoses. In 2018, there were more than 6,400 ER visits for drug overdoses in Philadelphia. These are an underestimate of total non-fatal drug overdoses as many individuals do not ever go to the ER when overdoses are reversed in community settings.
Infectious diseases are 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 incidence rates remain low in Philadelphia.

<table>
<thead>
<tr>
<th><strong>INFECTIOUS HEALTH CONDITIONS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MOST RECENT ESTIMATE</strong></td>
</tr>
<tr>
<td>HIV INCIDENCE</td>
</tr>
<tr>
<td>GONORRHEA CASES</td>
</tr>
<tr>
<td>CHLAMYDIA CASES</td>
</tr>
<tr>
<td><strong>CHLAMYDIA AND GONORRHEA AMONG TEENS</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>SYPHILIS CASES</td>
</tr>
</tbody>
</table>

**SOURCE:**
1. 2018 HIV Surveillance Data, AIDS Activity Coordinating Office, PDPH
2. 2018 STD Surveillance, PDPH Division of Disease Control
HIV/AIDS

The number of new HIV diagnoses has declined by nearly half over the last decade. There were an estimated 27.9 new cases per 100,000 people in 2018, representing a decrease from 2017. Overall, rates were nearly 3 times higher in non-Hispanic blacks and Hispanics compared to non-Hispanic whites and Asians. Despite significant declines in the number of transmissions due to heterosexual contact and among men who have sex with men (MSM), the number of new diagnoses increased among persons who inject drugs. This increase was driven by an outbreak related to the ongoing opioid epidemic in Philadelphia. MSM are still disproportionately impacted by HIV despite the recent decline.

In 2017, compared to other large cities and nationwide, HIV incidence was highest in the Philadelphia metropolitan statistical area, which also includes Delaware County.

CHLAMYDIA AND GONORRHEA

Reported cases of chlamydia and gonorrhea continued to rise. There were 20,206 cases of chlamydia and 7,205 cases of gonorrhea reported in 2018.

Rates of sexually transmitted infections among teens vary annually, but have been trending downward in recent years. Rates of chlamydia are nearly 5 times higher than gonorrhea among teens. Overall, rates of both gonorrhea and chlamydia are higher in teen girls than boys.
INFECTIOUS HEALTH CONDITIONS

SYPHILIS

The number of syphilis cases per year has increased nearly 5-fold since 2004, with nearly 1,000 cases reported in 2018. This resurgence of syphilis infections is largely among young adult men who have sex with men, who accounted for nearly three-fourths of new cases in 2018.

For more data about infectious diseases in Philadelphia, please visit https://hip.phila.gov/DataReports.

SOURCE: 2009 – 2018 STD Surveillance, PDPH Division of Disease Control
Health outcomes at birth and during childhood are key indicators of a population's health. Giving children a healthy start greatly increases their likelihood of good health outcomes as adults.

<table>
<thead>
<tr>
<th>INFANT DEATHS</th>
<th>POPULATIONS WITH POORER OUTCOMES</th>
<th>CHANGE IN RECENT YEARS</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.1 per 1,000 live births¹</td>
<td>Non-Hispanic blacks</td>
<td>NO CHANGE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LOW BIRTH WEIGHT</th>
<th>POPULATIONS WITH POORER OUTCOMES</th>
<th>CHANGE IN RECENT YEARS</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.1%¹</td>
<td>Non-Hispanic blacks</td>
<td>NO CHANGE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PRETERM BIRTH</th>
<th>POPULATIONS WITH POORER OUTCOMES</th>
<th>CHANGE IN RECENT YEARS</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.1%¹</td>
<td>Non-Hispanic blacks</td>
<td>WORSENING</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NEONATAL ABSTINENCE SYNDROME</th>
<th>POPULATIONS WITH POORER OUTCOMES</th>
<th>CHANGE IN RECENT YEARS</th>
</tr>
</thead>
<tbody>
<tr>
<td>13.8 per 1,000 live births²</td>
<td>Non-Hispanic whites</td>
<td>WORSENING</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BREASTFEEDING INITIATED AT BIRTH</th>
<th>POPULATIONS WITH POORER OUTCOMES</th>
<th>CHANGE IN RECENT YEARS</th>
</tr>
</thead>
<tbody>
<tr>
<td>80.9%¹</td>
<td></td>
<td>NO CHANGE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CHILDREN (AGE &lt; 3) WITH POTENTIAL DEVELOPMENTAL DELAYS</th>
<th>POPULATIONS WITH POORER OUTCOMES</th>
<th>CHANGE IN RECENT YEARS</th>
</tr>
</thead>
<tbody>
<tr>
<td>18.8%³</td>
<td></td>
<td>NO CHANGE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CHILDREN (AGE 3-6) WITH POTENTIAL DEVELOPMENTAL DELAYS</th>
<th>POPULATIONS WITH POORER OUTCOMES</th>
<th>CHANGE IN RECENT YEARS</th>
</tr>
</thead>
<tbody>
<tr>
<td>18.7%³</td>
<td></td>
<td>NO CHANGE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INCIDENCE OF CHILD BLOOD LEAD EXPOSURE</th>
<th>POPULATIONS WITH POORER OUTCOMES</th>
<th>CHANGE IN RECENT YEARS</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.2%⁴</td>
<td>Lowest income neighborhoods</td>
<td>NO CHANGE</td>
</tr>
</tbody>
</table>

2- 2018 Hospital Discharges, PA Health Care Cost Containment Council  
3 - 2017 Office of Child Development and Early Learning Report, PA DHS  
4 - 2018 Childhood Lead Surveillance Report, PDPH
INFANT AND CHILD HEALTH

INFANT MORTALITY

Infant mortality includes deaths of those under one year old. After declining for several years, infant mortality has remained stable in recent years in Philadelphia. Non-Hispanic black 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 positioning and thus preventable.

In 2017, the most recent year with comparable data, infant mortality was higher in Philadelphia than in other large cities and nationwide.

LOW BIRTH WEIGHT

In 2018, more than 1 out of every 10 babies was born with a low birth weight, less than 2,500 grams. Non-Hispanic black babies were twice as likely to be born at a low birth weight than non-Hispanic white babies. While overall rates have remained stable, rates among non-Hispanic blacks have risen in recent years.
**PRETERM BIRTH**
Rates of premature birth (before 37 weeks of pregnancy) slowly declined in recent years in Philadelphia. Rates of preterm birth were highest among African Americans.

**NEONATAL ABSTINENCE SYNDROME**
Neonatal abstinence syndrome (NAS) is a condition that occurs when newborns are withdrawing from exposure to drugs in the womb. Rates of NAS rose substantially in recent years due to use of both pharmaceutical and illicit opioids. In 2018, the rate of NAS was 13.8 per 1,000 live births, nearly 4 times the rate a decade ago.
CHILD LEAD EXPOSURE

In 2018, approximately 4.2 percent of tested children (ages 5 and under) had blood lead levels (BLL) higher than the CDC-designated “reference level” of 5 μg/dL. Rates of childhood lead exposure are highest among the neighborhoods with high poverty rates and older housing stocks.

For more data on childhood lead poisoning in Philadelphia, please visit https://www.phila.gov/documents/childhood-lead-poisoning-surveillance-reports/
Developmental delay in young children can occur in one or many areas – for example, gross or fine motor, language, social or thinking skills – and can have lasting impact on a child’s long-term outcomes.

Developmental delay is most often first detected by physicians using simple screening tools to assess developmental milestones during well child visits during the first three years of life. Delay could be the result of genetic causes, like Down syndrome; complications of pregnancy and birth, like prematurity or NAS; environmental exposures during early years, like lead exposure or infections; or have no identifiable cause. Most children with developmental delay can catch up with specialized early intervention services, which are available to all families in Philadelphia.

Based on data from the early intervention programs in Philadelphia, roughly 1 in 5 children under the age of 6 exhibit some signs of delay in reaching their developmental milestones. While some of these children catch-up without any interventional services, ensuring those with delays are identified and referred to services is critical.

**CHILDREN SCORING BELOW SCREENING THRESHOLD ON SURVEY OF WELL-BEING OF YOUNG CHILDREN**

<table>
<thead>
<tr>
<th></th>
<th>AT 18 MONTHS</th>
<th>AT 24 MONTHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>All children</td>
<td>24.7%</td>
<td>23.8%</td>
</tr>
<tr>
<td>Black*</td>
<td>21.3%</td>
<td>21.9%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>35.9%</td>
<td>31.8%</td>
</tr>
<tr>
<td>White*</td>
<td>23.6%</td>
<td>17.9%</td>
</tr>
</tbody>
</table>

*Non-Hispanic

Source: 2018 Child Developmental Delay Surveillance System, PDPH
Injuries that result in premature death are broadly categorized into two groups: unintentional (e.g. traffic accidents, poisonings, drug overdoses) and intentional (e.g. homicides, suicides, assaults, etc.). Unintentional injuries as a group are the third leading cause of death overall and the leading cause of death for adults ages 25 to 44 in Philadelphia.

**INJURIES**

<table>
<thead>
<tr>
<th></th>
<th>MOST RECENT ESTIMATE</th>
<th>POPULATIONS WITH POORER OUTCOMES</th>
<th>CHANGE IN RECENT YEARS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HOMICIDE DEATHS</strong></td>
<td>21.5 per 100,000&lt;sup&gt;1&lt;/sup&gt;</td>
<td>Young non-Hispanic black males</td>
<td>&lt;&lt; Worsening</td>
</tr>
<tr>
<td><strong>PEDESTRIAN AND BICYCLE INJURIES</strong></td>
<td>118.7 per 100,000&lt;sup&gt;2&lt;/sup&gt;</td>
<td>Center City, University City, and North Philadelphia areas</td>
<td>&gt;&gt; Improving</td>
</tr>
</tbody>
</table>

**SOURCE:** 1 - 2018 Preliminary Vital Statistics, PDPH 2 - 2018 PA Department of Transportation

**HOMICIDES**

After declining for several years, the homicide mortality rate in Philadelphia increased over the past few years.

**HOMICIDE MORTALITY RATE**

![Graph showing homicide mortality rate from 2009 to 2018](source: 2009 - 2018 Vital Statistics, PDPH)
HOMICIDES

The homicide mortality rate was highest among African Americans, nearly ten times higher than non-Hispanic whites and double the rate among Hispanics.

Over 83 percent of homicides involve a firearm. In addition to the nearly 300 fatal shootings, there were over 1,100 non-fatal shootings in Philadelphia in 2018. The number of drug-related shootings doubled in recent years. Shootings clustered in neighborhoods with high rates of fatal drug overdoses. These same neighborhoods have more socioeconomic disadvantage, including poverty, lower rates of educational attainment, youth disconnectedness, and blight.

SOURCE: 2018 Vital Statistics, PDPH

*Non-Hispanic

SOURCE: 2018 Fatal Drug Overdoses, Medical Examiner’s Office; 2018 Shooting Incidents, Philadelphia Police Department
HOMICIDES

The homicide rate in Philadelphia county is high compared to other counties that contain large U.S. cities.

HOMICIDES IN COUNTIES CONTAINING LARGE U.S. CITIES

- **Source**: 2017 FBI Uniform Crime Reports

PEDESTRIAN AND BICYCLE INJURIES

Pedestrian and bicycle crash injuries declined slightly from 2011 to 2018. In 2018, 46 traffic crashes resulted in pedestrian or cyclist fatalities. Crash rates were highest in Center City, University City, and North Philadelphia areas.

PEDESTRIAN AND BICYCLE CRASHES

- **Source**: 2018 PA Department of Transportation
HEALTH FACTORS

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

The Robert Wood Johnson Foundation’s County Health Rankings present 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 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 conditions discussed above, in recent years some risk factors have improved while others persist or have worsened.
HEALTH BEHAVIORS

<table>
<thead>
<tr>
<th></th>
<th>MOST RECENT ESTIMATE</th>
<th>POPULATIONS WITH POORER OUTCOMES</th>
<th>CHANGE IN RECENT YEARS</th>
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</thead>
<tbody>
<tr>
<td><strong>CIGARETTE SMOKING AMONG ADULTS (≥18)</strong></td>
<td>19%&lt;sup&gt;1&lt;/sup&gt;</td>
<td>Hispanics</td>
<td>▶️ IMPROVING</td>
</tr>
<tr>
<td><strong>CIGARETTE SMOKING AMONG TEENS (GRADES 9–12)</strong></td>
<td>2.1%&lt;sup&gt;2&lt;/sup&gt;</td>
<td>Non-Hispanic whites</td>
<td>▶️ IMPROVING</td>
</tr>
<tr>
<td><strong>E-VAPOR USE AMONG TEENS (GRADES 9–12)</strong></td>
<td>7.1%&lt;sup&gt;2&lt;/sup&gt;</td>
<td>Non-Hispanic whites; Hispanics</td>
<td>◀️ WORSENING</td>
</tr>
<tr>
<td><strong>ALL TOBACCO PRODUCT USE AMONG TEENS (GRADES 9–12)</strong></td>
<td>10.3%&lt;sup&gt;2&lt;/sup&gt;</td>
<td>Non-Hispanic whites</td>
<td>◀️ WORSENING</td>
</tr>
<tr>
<td><strong>BINGE DRINKING AMONG ADULTS (≥18)</strong></td>
<td>21%&lt;sup&gt;1&lt;/sup&gt;</td>
<td>Non-Hispanic whites; Hispanics</td>
<td>◀️ WORSENING</td>
</tr>
<tr>
<td><strong>BINGE DRINKING AMONG TEENS (GRADES 9–12)</strong></td>
<td>5.2%&lt;sup&gt;2&lt;/sup&gt;</td>
<td>Non-Hispanic whites</td>
<td>▶️ IMPROVING</td>
</tr>
<tr>
<td><strong>ADULTS (≥18) CONSUMING ≥1 SWEETENED BEVERAGE DAILY</strong></td>
<td>29.4%&lt;sup&gt;3&lt;/sup&gt;</td>
<td>Non-Hispanic blacks; Hispanics</td>
<td>▶️ IMPROVING</td>
</tr>
<tr>
<td><strong>TEENS (GRADES 9–12) CONSUMING ≥1 SWEETENED BEVERAGE DAILY</strong></td>
<td>13.5%&lt;sup&gt;2&lt;/sup&gt;</td>
<td>Non-Hispanic blacks; Hispanics</td>
<td>▶️ IMPROVING</td>
</tr>
<tr>
<td><strong>SEXUAL ACTIVITY: TEEN BIRTHS (AGE 15–19)</strong></td>
<td>25.6 per 1,000&lt;sup&gt;4&lt;/sup&gt;</td>
<td>Non-Hispanic blacks; Hispanics</td>
<td>▶️ IMPROVING</td>
</tr>
<tr>
<td><strong>SEXUAL ACTIVITY: TEEN CONDOM USE (GRADES 9–12)</strong></td>
<td>48.7%&lt;sup&gt;2&lt;/sup&gt;</td>
<td></td>
<td>◀️ WORSENING</td>
</tr>
</tbody>
</table>

The CDC recommends four key health behaviors that contribute to a healthy life: avoiding 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 illness in Philadelphia.

SOURCE:  
1 - 2018 PA Behavioral Risk Factor Surveillance System  
2 - 2019 Philadelphia Youth Risk Behavior Survey  
3 - 2018 PHMC Household Health Survey  
4 - 2018 Preliminary Vital Statistics, PDPH
TOBACCO USE

In 2018, 19 percent of adults reported current cigarette smoking. While cigarette smoking among adults is at an all-time low, Philadelphia continues to have the highest smoking rate among large U.S. cities.

TEEN TOBACCO USE

In 2019, 2.1 percent of teens reported cigarette smoking, an all-time low. Roughly 7 percent of teens reported e-vapor use. Current e-vapor product use was higher among non-Hispanic white and Hispanic teens compared to non-Hispanic black teens. In Philadelphia and nationally, use of e-vapor products has resurged among teens, resulting in a slight increase in overall tobacco use among Philadelphia teens after decades of improvement.
HEALTH BEHAVIORS

ALCOHOL

In 2018, 21 percent of adults and 5.2 percent of teens engaged in at least occasional binge or heavy drinking, defined as having four or more drinks on one occasion for women or five or more drinks on one occasion for men. Rates of binge drinking have remained stable among adults and declined among teens in recent years.

SWEETENED BEVERAGES

Drinking sugary drinks increases risk of obesity and diabetes. Daily consumption of sugar sweetened beverages declined among teens and adults in recent years. In 2019 13.5 percent of teens consumed at least one sugar sweetened beverage daily. Rates were highest among non-Hispanic blacks and Hispanics.
NEIGHBORHOOD FOOD ACCESS

Often, neighborhoods with high poverty also have lower access to healthy food outlets and substantially larger numbers of unhealthy food outlets. However, since 2014 the number of supermarkets in the city has increased and approximately 50,000 more people have walkable access to healthy food.

For more data on neighborhood food supply visit https://www.phila.gov/media/20190923114738/GHP_FoodAccessRpt_Final_wDate.pdf
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 births continued to decline in 2018. Teen birth rates were highest among Hispanic teens. Reported condom use among teens decreased from around 55 percent to 49 percent.
### Access to Clinical & Preventive Care

<table>
<thead>
<tr>
<th>Health Indicator</th>
<th>Most Recent Estimate</th>
<th>Populations with Poorer Outcomes</th>
<th>Change in Status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Uninsured Adults</strong></td>
<td>10.3%&lt;sup&gt;1&lt;/sup&gt;</td>
<td>Hispanics; Immigrants</td>
<td>improving</td>
</tr>
<tr>
<td><strong>Uninsured Children</strong></td>
<td>3.1%&lt;sup&gt;1&lt;/sup&gt;</td>
<td>Hispanics; Immigrants; Non-Hispanic Asians</td>
<td>improving</td>
</tr>
<tr>
<td><strong>Adults with No Primary Care Provider</strong></td>
<td>18%&lt;sup&gt;2&lt;/sup&gt;</td>
<td>Uninsured; Low income</td>
<td>improving</td>
</tr>
<tr>
<td><strong>Adults Forgoing Care Due to Costs</strong></td>
<td>13%&lt;sup&gt;2&lt;/sup&gt;</td>
<td></td>
<td>improving</td>
</tr>
<tr>
<td><strong>Children (19-35 months old) with Up to Date Immunizations</strong></td>
<td>77.9%&lt;sup&gt;3&lt;/sup&gt;</td>
<td></td>
<td>no change</td>
</tr>
<tr>
<td><strong>Adults (&gt;50) with Colon Cancer Screening</strong></td>
<td>72%&lt;sup&gt;2&lt;/sup&gt;</td>
<td></td>
<td>improving</td>
</tr>
<tr>
<td><strong>Women with Mammography in Past 2 Years</strong></td>
<td>81%&lt;sup&gt;2&lt;/sup&gt;</td>
<td></td>
<td>no change</td>
</tr>
<tr>
<td><strong>Primary Care Physicians Per Capita</strong></td>
<td>1:1,243&lt;sup&gt;4&lt;/sup&gt;</td>
<td>Neighborhood clusters in Greater Northeast, West, Northwest, and Southwest regions</td>
<td>improving</td>
</tr>
<tr>
<td><strong>Potentially Preventable Hospitalizations</strong></td>
<td>1,556 per 1,000&lt;sup&gt;5&lt;/sup&gt;</td>
<td>Non-Hispanic blacks; Hispanics</td>
<td>worsening</td>
</tr>
</tbody>
</table>

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.

SOURCE:  
1 - 2018 American Community Survey 1-Year Estimates, U.S. Census Bureau  
2 - 2018 PA Behavioral Risk Factor Surveillance System  
3 - 2018 PhilaVax Immunization Registry, PDPH  
4 - 2016 Leonard Davis Institute of Health Economics, University of Pennsylvania  
5 - 2018 Hospital Discharges, PA Health Care Cost Containment Council
**ACCESS TO CLINICAL & PREVENTIVE CARE**

**INSURANCE COVERAGE**

Health insurance coverage has improved significantly for adults and children in Philadelphia. In 2018, 10.3 percent of adults and 3.1 percent of children did not have insurance coverage. Insurance coverage among children began improving in 2004 and rates are lower than the national average and other large cities. Rates of uninsured adults declined significantly as Medicaid enrollment increased due to ACA Medicaid expansion. In 2018 nearly 30 percent of adults ages 19-64 were enrolled in Medicaid.

While more Philadelphians have insurance coverage overall, Hispanic adults have significantly higher uninsured rates compared to other racial/ethnic groups.

**COST OF CARE**

Paralleling trends in insurance coverage, the percent of adults avoiding care due to cost declined in recent years. In 2018, 13 percent of adults did not seek needed health care because of cost.
PRIMARY CARE PHYSICIAN SUPPLY

Overall the availability of primary care providers in Philadelphia has improved. Yet, several clusters of areas in the Northeast, Southwest and parts of South Philadelphia have lower access to primary care. Some of these areas meet the federal criteria as primary care shortage areas. Approximately 18 percent of adults reported not having a primary care physician in 2018.

For more data on access to primary care in Philadelphia, please visit https://www.phila.gov/documents/access-to-primary-care-in-philadelphia/.

PREVENTIVE CARE

Immunizations and screenings are critical public health prevention tools. The number of young children in Philadelphia with up-to-date recommended vaccinations has increased over the last decade and has remained stable in recent years.
AMBULATORY CARE-SENSITIVE CONDITIONS

When chronic health conditions like asthma, diabetes, and hypertension are managed adequately in primary care settings, patients can avoid many hospitalizations for complications due to these conditions. For this reason, rates of hospitalizations for these “ambulatory care-sensitive conditions”, are used as an indicator of access to and quality of primary care. In Philadelphia, rates of hospitalizations due to these conditions steadily declined in previous years, but began rising again in 2017. In 2018, rates were nearly 2.5 times higher among non-Hispanic blacks and 2 times higher among Hispanics than non-Hispanic whites.
Clean air and water and a safe environment in and out of the home are essential for good health. Unsafe air conditions increase 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 for unintentional injuries and create extreme stress for families. Ensuring a safe environment is particularly important for children and seniors.

<table>
<thead>
<tr>
<th>PHYSICAL ENVIRONMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DAYS WITH UNHEALTHY AIR QUALITY</strong></td>
</tr>
<tr>
<td><strong>AVERAGE MEAN PM$_{2.5}$ CONCENTRATION</strong></td>
</tr>
<tr>
<td><strong>SELF-REPORTED ACCESS TO SAFE OUTDOOR RECREATIONAL SPACES</strong></td>
</tr>
<tr>
<td><strong>WALKABILITY</strong></td>
</tr>
<tr>
<td><strong>HOUSING WITH POTENTIAL LEAD RISK</strong></td>
</tr>
<tr>
<td><strong>HOUSING CODE VIOLATIONS</strong></td>
</tr>
</tbody>
</table>

**SOURCE:**
1 - 2018 AMP 410 S Reports, Air Management Service, PDPH
2 - 2019 PHMC Household Health Survey
3 - 2016 Walk Score® via City Health Dashboard
4 - 2017 American Community Survey 5-year Estimates via City Health Dashboard
5 - 2018 Philadelphia Licenses & Inspections
*Trend data not available
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 2018, Philadelphians experienced more days with good air quality than in previous years.

Particulate matter is the general term used for a mixture of solid particles and liquid droplets found in the air. These particles come in a wide range of sizes and originate from stationary, mobile, and natural sources. PM2.5 refers to small particles that measure less than 2.5 micrometers in diameter. These small particles are able to travel deeply into the respiratory tract, reaching the lungs. Exposure to fine particles can affect lung function and worsen medical conditions such as asthma and heart disease.
ACCESS TO SAFE OUTDOOR RECREATIONAL SPACES

Convenient access to parks and outdoor spaces is essential for regular exercise. In 2018, approximately 75 percent of adults in Philadelphia reported having 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 and the Lower Northeast.

WALKABILITY

Having walkable neighborhoods encourages active transit and facilitates easy access to jobs, food, and health resources. Philadelphia's Walk Score®, a summary scoring of walkability to neighborhood resources and amenities, is 79 out of 100. Some areas in the far Northeast, Northwest, and South have walk scores that are significantly lower than the rest of the city.

SELF-REPORTED ACCESS TO SAFE OUTDOOR RECREATIONAL SPACES BY ZIP CODE

WALK SCORE® BY CENSUS TRACT

SOURCE: 2018 Walk Score® via City Health Dashboard

SOURCE: 2019 PHMC Household Health Survey
PHYSICAL ENVIRONMENT

HOUSING WITH POTENTIAL LEAD RISK

Most Philadelphia homes were built before 1950, and many of those in low income areas have been poorly maintained. Based on age of housing, 42.4 percent of houses in Philadelphia have a potential risk of lead exposure, which is particularly harmful for young children.

HOUSING CODE VIOLATIONS

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 2018, 145.5 violations per 1,000 occupied housing units were issued. Rates are highest in the lowest-income neighborhoods, particularly in North Philadelphia.
### Social and Economic Determinants

<table>
<thead>
<tr>
<th>Social Determinant</th>
<th>Most Recent Estimate</th>
<th>Populations with Poorer Outcomes</th>
<th>Change in Recent Years</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Poverty</strong></td>
<td>24.5%&lt;sup&gt;1&lt;/sup&gt;</td>
<td>Hispanics; Non-Hispanic blacks; North and West regions</td>
<td>✔️ IMPROVING</td>
</tr>
<tr>
<td><strong>Children in Poverty</strong></td>
<td>34.6%&lt;sup&gt;1&lt;/sup&gt;</td>
<td>Non-Hispanic blacks; Hispanics</td>
<td>✔️ IMPROVING</td>
</tr>
<tr>
<td><strong>Children in Single-Parent Households</strong></td>
<td>54.5%&lt;sup&gt;1&lt;/sup&gt;</td>
<td>Non-Hispanic blacks; Hispanics</td>
<td>✔️ IMPROVING</td>
</tr>
<tr>
<td><strong>Unemployment</strong></td>
<td>5.5%&lt;sup&gt;2&lt;/sup&gt;</td>
<td></td>
<td>✔️ IMPROVING</td>
</tr>
<tr>
<td><strong>Labor Force Participation Rate</strong></td>
<td>55.0%&lt;sup&gt;2&lt;/sup&gt;</td>
<td></td>
<td>☐ NO CHANGE</td>
</tr>
<tr>
<td><strong>On-Time High School Graduation</strong></td>
<td>62.8%&lt;sup&gt;3&lt;/sup&gt;</td>
<td>Non-Hispanic blacks; Hispanics</td>
<td>☯ WORSENING</td>
</tr>
<tr>
<td><strong>Adults Completing Some College</strong></td>
<td>52.8%&lt;sup&gt;1&lt;/sup&gt;</td>
<td>Non-Hispanic blacks; Hispanics</td>
<td>✔️ IMPROVING</td>
</tr>
<tr>
<td><strong>Excessive Housing Cost (≥30% Income)</strong></td>
<td>49.5%&lt;sup&gt;1&lt;/sup&gt;</td>
<td>High poverty areas</td>
<td>☐ NO CHANGE</td>
</tr>
<tr>
<td><strong>Homelessness</strong></td>
<td>5,735&lt;sup&gt;4&lt;/sup&gt;</td>
<td></td>
<td>☐ NO CHANGE</td>
</tr>
<tr>
<td><strong>Violent Crime Rate</strong></td>
<td>909 per 100,000&lt;sup&gt;5&lt;/sup&gt;</td>
<td>High poverty areas</td>
<td>✔️ IMPROVING</td>
</tr>
</tbody>
</table>

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.

Source:
1 - 2018 American Community Survey 1-Year Estimates, U.S. Census Bureau
2 - 2018 Bureau of Labor Statistics
3 - 2018 PA Department of Education
4 - 2019 Point in Time Count, Office of Homeless Services
5 - 2018 FBI Uniform Crime Report
POVERTY

In 2018, 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 among all racial/ethnic groups except non-Hispanic whites. Increased rates of poverty among non-Hispanic whites are likely related to the ongoing opioid epidemic. Still, Hispanics and non-Hispanic blacks are still about twice as likely to live in poverty as non-Hispanic whites. Poverty is greatest in North and West Philadelphia.
Poverty is the underlying determinant for many of the racial and ethnic health disparities that persist in Philadelphia. Many Philadelphians live, learn, work, shop, and play in high poverty neighborhoods that make good health difficult to achieve. Neighborhoods with high rates of poverty often have lower access to healthy affordable foods, safe outdoor spaces for physical activity, and clinical services, and higher rates of tobacco and alcohol retailers and community violence. These contextual factors in addition to cultural norms often shape health behaviors. Ultimately, they both partially explain poor health and point toward potential solutions.

Living just a couple of miles away can reduce life expectancy by nearly 20 years. Income inequality and life expectancy are directly correlated — that is, neighborhoods with more individuals in the lowest income brackets have significantly lower life expectancy than neighborhoods with more individuals in the highest income bracket. Neighborhoods with higher income gaps are also much more likely to have higher proportions of racial/ethnic minorities.

Beyond life expectancy, individuals with lower income are 3 to 4 times more likely to self-report poor or fair health compared to individuals with higher income.
Adverse childhood experiences, or ACEs, are potentially traumatic events that occur during childhood, like exposure to violence, abuse or neglect; and aspects of a child's environment that can impact their sense of safety or stability, like having a parent with mental illness/substance use disorder or having a parent not present or incarcerated. ACEs have been linked to increased engagement in risky behavior as a child and adult; higher risk of chronic health conditions, like early cardiovascular disease; and decreased life opportunity. In Philadelphia, nearly half of adults experience one or more ACEs. Having an ACE does not mean that a child will have poorer health outcomes as an adult, but the more ACEs a child has, the greater the risk for poorer outcomes. Additionally, individuals who live in poverty or communities where poverty are concentrated are at greater risk of experiencing ACEs.
ADVERSE CHILDHOOD EXPERIENCES

In Philadelphia, more non-Hispanic blacks had at least one ACE compared to non-Hispanic whites. The disparities were significantly higher for some ACEs, like living in a single-parent household or having a parent incarcerated. These data only include a subset of ACEs and do not fully account for community-related ACEs like exposure to neighborhood violence.

ADULTS WITH ADVERSE CHILDHOOD EXPERIENCES BY RACE

SOURCE: 2016 PA Behavioral Risk Factor Surveillance System

Data for other racial/ethnic groups not available due to low sample size.
SOCIAL AND ECONOMIC DETERMINANTS

UNEMPLOYMENT

Similar to national trends, unemployment has declined significantly in recent years. In 2018, 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.

EDUCATION

On-time graduation rates have increased since 2011, but remained stable in recent years. In 2018, on-time graduation rates were highest among non-Hispanic whites and non-Hispanic Asians and lowest among Hispanics.
HIGHER EDUCATION

The number of adults completing some college increased over the last decade but has remained stable in recent years. Roughly half of Philadelphians age 25 and older completed at least some college training.

HOMELESSNESS

Homelessness is one indicator of housing insecurity among a population. The number of individuals living homeless without shelter in Philadelphia increased significantly over the last few years as a direct result of the opioid epidemic. Individuals with substance use disorder who are also living homeless often face barriers accessing temporary housing and shelters due to their dependency.

VIOLENT CRIMES

Violent crimes create unsafe neighborhoods, increase community stress, and may deter healthy behaviors like outdoor exercise. The violent crime rate in Philadelphia decreased over 25 percent from 2009 to 2018.
EXCESSIVE HOUSING COST

In 2018, 49.5 percent of Philadelphia households paid 30 percent or more of their income for rental housing. Rates of housing cost-burden have declined in recent years, but remain very high. The highest rates of housing cost burden occur in high poverty neighborhoods in the North, Upper North and Lower Northeast regions of Philadelphia.
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DATA SOURCES:
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
Office of Homeless Services
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 Risk Behavior Survey
Public Health Management Corporation
School District of Philadelphia
US Census—American Community Survey
US Environmental Protection Agency

ENHANCED LOCAL HEALTH DATA

With support from the Bloomberg Foundation’s Partnership for Health Cities, more Philadelphians were included in the 2018 Pennsylvania Behavioral Risk Factor Surveillance System, a telephone-based population health survey. The larger sample, nearly double that of prior years, allows for more reliable data for tracking many key health indicators. PDPH will continue supporting this expanded sampling in future years.