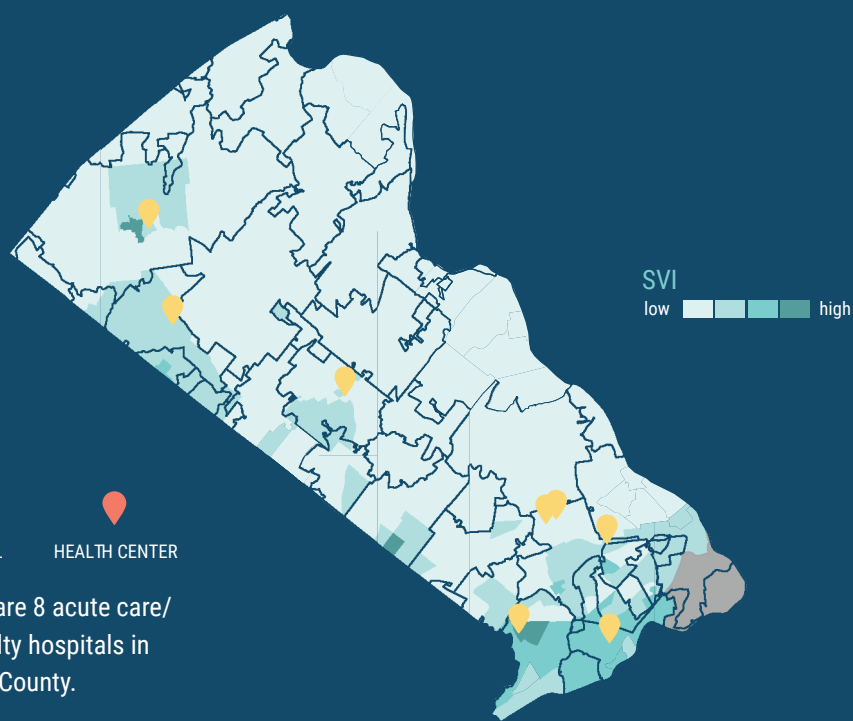


BUCKS COUNTY



Social Vulnerability Index (SVI)



Median Income **\$93,749**

High school as highest education **23.6%**

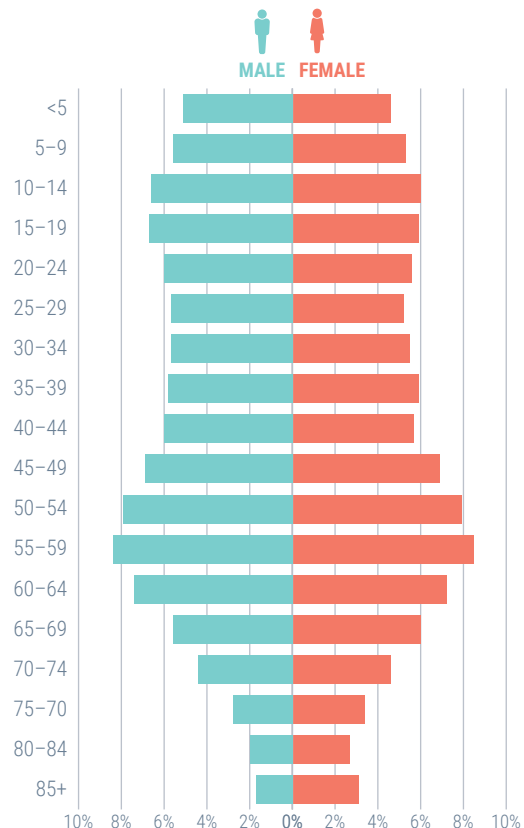
Food Insecurity **7.2%**

With a Disability **10.7%**

Violent Crime Rate **74.0** per 100,000

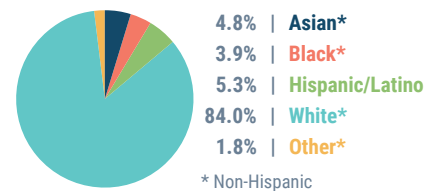
AGE DISTRIBUTION

Bucks County has an estimated population of 614,495, with the largest proportion of residents between the ages of 50 and 59.

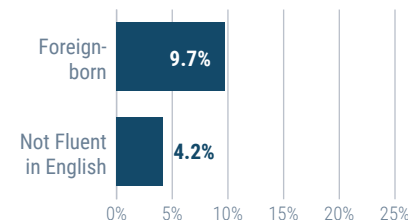


RACE/ETHNICITY/LANGUAGE

84% of residents are non-Hispanic White. Hispanic/Latino residents make the next largest population, comprising 5.3% of the county's residents.



Nearly 10% of residents are foreign-born and about 4% speak English less than "very well."



COVID-19 | Rates per 100,000

Fully Vaccinated **55,875.8**

COVID-related:

• Emergency Department Use **190.2**
• Hospitalization **398.9**
• Mortality **145.1**

MORTALITY

Leading Causes of Death

1. Cancer
2. Heart disease
3. COVID-19
4. Cerebrovascular diseases
5. Chronic lower respiratory diseases

YOUTH BEHAVIOR

Attempted Suicide **9.3%**
Feeling Depressed/Sad/Hopeless **39.0%**
Binge Drinking **15.9%**
Cigarette Smoking **3.6%**
Vaping **28.8%**

COMMUNITY PERSPECTIVES



This summarizes focus group-style community conversations conducted with residents of three geographic communities: one each in Central Bucks, Lower Bucks, and Upper Bucks.

Community Assets

Multiple participants from all three focus groups value the **built environment in their communities, especially parks, trails, and open space.**

- *“Walkability is, to me, very important. I can walk in town, I can walk to the post office, I can walk pretty much anywhere as opposed to have to drive all the time.”*
- *“Places like Peace Valley Park. I know through this pandemic just being able to go there, and just look at the water and just look at nature having open spaces, that is so important.”*
- *“There’s a big robust selection of state and public parks people can go to... you always go to Falls Township and see kids playing soccer... A lot of physical stuff going on there, a lot of fishing, getting close to nature.”*

A **strong sense of community and ample community organizations** were highlighted as assets by a majority of participants in all groups, as well as a “huge donation spirit” in the area.

- *“There is availability of services for people...whether it’s a pantry or home health or whatever else. I feel there is always somewhere I can refer a client based on their situation.”*
- *“We’ve so many churches, a synagogue, religious institutions, a stone’s throw from everything pretty much ... And I think that was something that carried a lot of our community--probably like a lot of other communities across the country--through the pandemic, especially. So, I think there’s a really large faith-based aspect to things that benefit the community.”*
- *“I live in a neighborhood where it’s not unusual to stop and talk to my neighbors on my way in and out. So, that provides that social aspect. Especially for my neighbor who’s like 90 years old, to be able to talk and knock on our door and make sure they’re okay, especially coming through COVID.”*

Across the groups, many participants commented on **convenient access to healthy food in grocery stores and from local farms**, such as a farmers market in Doylestown that’s “*extremely popular.*” However, several acknowledged that **access to nutritious, affordable food is challenging for many residents with low incomes and those living in rural areas of the county.**

Good access to quality health care was mentioned in two groups. “We’re fortunate that around us there’s so many doctors right within a couple of miles,” shared one participant. Several mentioned the availability of facilities for substance use recovery, although the demand for these services can exceed capacity. “We have a surplus of providers here for drug and alcohol. The only issue with that is, is we have so much population that needs those services that sometimes there’s not enough beds in the area, especially at the detox level of care.”

Public transportation, such as SEPTA trains and Doylestown DART buses, was mentioned as a valued resource, though these services may not be universally accessible (described below).



Key Challenges

A pandemic-related surge in behavioral health issues, including substance use, among youth and adults, was a top concern for participants in all three groups. Participants noted difficulties with both accessing and affording behavioral health care, especially during the pandemic, along with ongoing stigma as a barrier to seeking care for these issues.

- *“I think something needs to be done about mental health. It’s an access issue to getting them help, because you can’t ... get through telephone lines, you can’t get appointments with therapists. And it’s not something that can always be put off for weeks, when you’re feeling like you need help.”*
- *“I can tell you that the people that need mental health that come into the ER can sit in that ER for days on end, waiting ... to be moved to a facility that can take care of their mental health needs,”* said a participant who works in health care.

Participants in two groups briefly mentioned that **obesity, cardiovascular disease, and diabetes** are major health concerns in their communities: “Women do not understand how heart disease is the number one killer, not breast cancer like they think. But it’s heart disease, and we should just do better again with the education of those things.” Another, commenting on diabetes, said: “People, you know, are not eating healthy and ... eating a lot of canned foods and processed foods, and all of these things ... are probably contributing to it.”

Across the three groups, participants discussed a **number of barriers to health care access, including difficulty navigating insurance policies and finding providers who would accept their coverage.** Lack of adequate insurance coverage for behavioral health issues was cited as a key concern in all three groups.

- *“Sometimes it’s hard for people to get the insurance; once you get the insurance, finding a provider that accepts your insurance [is difficult], and then trying to get an appointment on top of that. And if you’re a new patient, it’s a lot longer for you to be able to be seen.”*
- *“A lot of the doctors in the area don’t take Medicaid; they take insurance companies like Aetna and Blue Cross,”* said a participant who could not find a provider to accept her child’s Medicaid policy.
- *“Insurance is not good for mental health, it’s very much lacking in the health system. It’s never been a priority, and right now, it needs to be more of a priority than anything.”*
- *“There’s just so little for it [behavioral health] under people’s insurance plans. ... I mean, if you’re looking at ... an out of pocket of \$100 a session, and that maybe they need a session every week ... it becomes a big stumbling block.”*

Staffing shortages in the health care system, along with hesitancy among many to seek care due to fear of COVID exposure, are delaying medical appointments amid the pandemic.

- *“As many healthcare providers are encountering, it’s very difficult to attract and keep healthcare workers. Folks are leaving. You know, pay is increasing, which is a good thing, but it is very difficult. Turnover has increased, I think across the board, and it’s just hard to maintain access and services when you are constantly struggling with staffing,”* said a participant who works in health care.
- *“Sometimes [it’s] difficult to get in with specialists. I mean I think that’s just something that’s a problem across the board. It’s really hard to do that. ... I don’t think it’s specific to this community, but I know ... people have struggled with that, just trying to get appointments.”*



Social Determinants of Health

Several participants who work in health care raised concern about **delays in preventive care** due to the pandemic, as many people put off scheduling checkups and other routine preventive care visits. One predicted that patients are going to *"be at least two, three years into this now before they even get in for their routine yearly exams, which is scary because what's gonna happen next year when everybody decides to come back?"*

The **shift toward telehealth during the pandemic has been a mixed blessing**, participants in the three groups said. *"I think telehealth does have its strong points, I do think it's very good in mental health, because you can actually speak to somebody and not have to get out for the appointments,"* said a participant. Another noted that *"show rates [attendance] for appointments actually increased when they switched to virtual. ... People actually kept their appointments a little better."*

However, virtual health care is a barrier for those who lack digital access or skills, including many older adults. Telehealth also may not be suitable for some types of medical visits or patients, such as mental health visits for young children. Some who have digital access simply prefer to see their providers in person. *"The first time I did it was over video chat, and it was nice, because I could do it from home,"* said a participant. *"But I prefer to go in person to everything. I like to be able to speak face to face with someone ... just like that human interaction and stuff like that."*

The **cost of living in Bucks County** was discussed by participants in several groups and, in the words of one participant, the county is a *"very expensive place to live for low wage employees."*

For some individuals, even those at 200% of poverty level, **finding affordable housing, paying for health care, and being able to meet other needs are major challenges**. A participant whose organization provides social services spoke of the hardships for workers with low wages and little or no job security. *"People who are in really dire situations ... tell us that they can't afford to take time off to address [mental or physical health issues] because they are concerned about losing a job."* Another noted, for many families: *"Struggling day to day to pay your bills and keep your family fed and all of those things ... it really puts an undue stress, strain on people."*

Participants in all three groups discussed a range of housing concerns, including lack of affordable housing and issues related to homelessness and habitability.

- Several commented on increasing development of high-rent luxury apartment buildings in their area, reducing options for affordable or subsidized housing.

- Homelessness was discussed in two groups, along with the need for more public awareness of resources to address homelessness and its associated stigma. A participant with relevant expertise noted: *"Most people are homeless not because of drugs and alcohol or even mental health. Sometimes it's because of lack of support...just trying to break down that stigma of homelessness in the first place... this stigma that says that in this wealthy county we don't have problems...Right now there are probably upwards of 800 kids that are about to be homeless or are currently homeless. The wait time to get into the shelter right now for single males or females is 10-12 weeks."*
- Housing safety and habitability issues were brought up in one group. Participants discussed a boarding house that had recently been condemned for health and safety violations, causing residents to be displaced.



Children and Youth

Food insecurity exists in the county, but is often hidden from view, several participants said.

- *"Central Bucks ... does appear to be more affluent, but there's definitely pockets that ... are struggling. And I do think that sometimes people are not aware of that. I think it's hard for, especially, children, going to school in the district who may have food insecurity."*

In addition, access to healthy food may be limited for those in rural areas or without a vehicle.

- *"When you get over towards Ottsville and Riegelsville ... there really aren't a whole lot of resources up there for food," said one participant. Another said: "If you live in some of those lower-income communities and you don't have a car, it's (food) not as accessible."*

Lack of reliable and affordable transportation, as well as the distance to primary and specialty health care services, are barriers for some, especially older adults, commented multiple participants across the groups.

Behavioral health issues among young people, including substance use problems,

were cited as key concerns by participants in all groups. Adding to these concerns are lack of affordable care, a shortage of behavioral health providers and crisis-care beds, and low awareness among youth and parents on how and where to seek care.

- *"I know numerous people ... that have overdosed, died, that I just graduated with [from high school a few years ago]. I feel like in some spots, like there's not enough awareness about mental health and about getting help for like issues like that."*
- *"When we try to get the mental and behavioral support for young kids in our site, we don't, we don't. There are not enough people out there doing that work."*
- *"With COVID, there's just been experience after experience after experience that I've heard first-hand where ... parents picking up the phone to call for a teenager or for somebody in their 20s cannot get anybody to call them back. And I know the mental health system is stressed with COVID. But when you're not getting an answer, there's discouragement and that doesn't help people that are facing mental issues."*

- One participant knew a young boy who had to travel to Florida to get treatment for depression. *"Like, that's how far he had to go to try to get the help that he needs--which is really sad, because you should be able to stay with your family or close to your family. There's just not enough resources."*

For children and adults, financial barriers also hamper access to behavioral health care, which is often not adequately covered by health insurance policies, several participants noted.

- *"Insurance is, you know, it's not good [adequate] for mental health, it's very much lacking in the health system. It's never been a priority, and right now, it needs to be more of a priority than anything,"* said a participant.
- A young adult added, *"I feel like some [young people with mental health issues], they just don't know where to turn to. ... Like, we're young. We don't have a lot of money. ... They need more affordable options."*

Youth vaping was raised as a concern in two groups.

- A participant who works for a behavioral health organization said that vaping not only is common among high school students, but *“we’re even seeing it as young as elementary school, but middle school, definitely. And even older teens are expressing concern about their younger peers in middle school that are vaping.”*
- Another said: *“One of the things that I keep hearing from the schools is that there’s a lot of kids that are vaping and they are vaping in the bathrooms...and out in the open vaping.”*

Access to vaping products is too easy for young people, a participant with expertise on this issue stressed.

- *“Even though now you have to be technically 21 to buy products, there are certain stores that sell to minors and kids know that. ... They’ll also get things from peers or share it with their friends, or they’ll get people to buy it for them. ... And a lot of them get it online, including ... the cartridges for marijuana. A lot of these devices are interchangeable, you can use them for vaping either one, so it’s easy to access.”*

Lack of structured activities, along with increasing use of social media and other forms of screen time, is harmful for young people’s health and social development, multiple participants across the three groups noted. Several also cited unhealthy eating and lack of physical activity as contributing to childhood overweight, obesity, and diabetes.

- *“I think cell phones and tablets are addictive for young kids. ... Right now, kids won’t get off the tablets, the phones. I think cutting out Wi-Fi for so many hours a day is something we as parents and grandparents need to do, and make the kids go outside and play.”*
- *“I agree with everyone on concerns about screen time and social media regarding youth. We see a correlation with the uptick in reported mental health concerns, which have increased since smart phones became largely available. Smart phones also contribute to very easy access to alcohol, tobacco, and other drugs. Kids can easily acquire drugs like marijuana in about 15-30 minutes by simply using their phones,”* said a participant who works for a behavioral health organization.

- *“There are a huge number of students...like one out of three that are obese, that are not eating...fruits, vegetable, and greens. During COVID, many of them came back and said they ate cereal for breakfast, cereal for lunch, cereal for dinner, and on the weekends they would eat together as a family kind of like celebratory pizza and cheese sticks...So like no education about how important it is to have those (healthy) elements of their diet.”*

A few **other issues related to the health of young people** were briefly noted:

One participant discussed the need to raise awareness among students, parents, and school staff about the **risk of human trafficking of youth, stemming from unsafe use of the internet**. *“I think a lot of time people don’t realize that even happens in Bucks County; they think it happens somewhere else. Especially online too, you know.”*

Issues with **bullying in schools, including of LGBTQ+ youth**, were mentioned.

Participants cited a range of other needs for some children, including glasses for those whose parents can’t provide them; dental health support, such as toothbrushes and referrals to dentists; and healthy snacks and other food in schools and afterschool programs, including for children with special dietary needs.



Note: For additional information on needs and opportunities to improve the health of older adults in Bucks County, please see the spotlight section on *Older Adults and Care in Bucks County*.

Older Adults

As the county's older adult population grows, **more services in the community—and better awareness of existing services—are needed to help older people age in place, especially those on fixed or limited incomes**, participants said in all three groups.

- *"I think that we, as a county, need to be really prepared for this. ... As the numbers [of seniors] increase, are we going to have enough county services to provide ... for the needs of these people who choose to age in place?"*
- *"There are a lot of older adults who are growing older in their own homes by themselves, they're on a fixed income. Oftentimes, the income doesn't keep up with the taxes that they're having to pay. And the services that they need, they no longer can mow their lawn, plow their driveways, they become shut in... In part this is due to older adults brought up thinking that Social Security was supposed to support them and give them an income the entire rest of their life. So, we're seeing a lot of poor seniors needing supports and services that we just don't necessarily have, but they're not Medicaid eligible quite yet."*

- *"A lot of people don't know that there is the [Bucks County] Area Agency on Aging, and I've worked with some of those people in the past, and they're a great resource, and they want to help people, and they're really strong advocates. ... That's a big thing, too--not only having people that can provide those services, but also knowing that those services are available."*

For many older adults, increased social isolation during the pandemic has taken a toll on their mental and physical health,

several participants shared. One who regularly helps her elderly mother said: "I do her bills ... everything for her now. I didn't use to, but you know, through the pandemic, I've just seen her decline and decline. She's not remembering things, because she was isolated for so long. So, I think our elderly that do not have family [to help care for them] are just very vulnerable right now." Another commented that COVID-related restrictions on hospital visitors have meant that some hospitalized older adults are unable to have a family member or friend present to help them understand their health issues and care plans.

Lack of understanding about Medicare and covered services is another concern. Older adults can be overwhelmed by the amount of Medicare information as well as phone or online insurance scams, leading to fear, distrust, and reluctance to act. In addition, older adults may not realize that hearing aids or vision and dental care may not be covered by their Medicare plan.

Ageism can adversely impact the treatment of older adults, both in health care and society in general. "Simple ageism; people assume that when you get older, you're constantly in decline, and then you're just going to simply pass away. And that's not necessarily a healthy way to look at the older adult population. Seniors have and still continue to contribute to the society, they can maintain their health, they can still thrive. So oftentimes the medical community and sometimes social service agencies [are] thinking that seniors have nothing else to give back."

Other health-care related issues, mentioned by one or more participants, include **a shortage of home health workers and lack of medical providers trained in geriatrics**. "There is a severe shortage of direct care workers to help people in their homes. So while we want to keep people out of the nursing home and keep them in the community, there's just not enough staff to do it. ... We often have the funds to pay for home care for some seniors through state-funded programs, but we cannot find the resources [home health workers] to do it. So, I'd have to say that is my number one issue and the issue we face on a daily basis."

The **need for assistance with transportation** was cited as a challenge to accessing health care and other services for some older adults. Older adults may have mobility issues that preclude them from public transportation and face concerns about being charged additional fees if they are late for or miss their scheduled appointment. In addition, family supports may not be available. Many adults need assistance in scheduling transportation for ongoing health care services such as post-surgery follow-up visits and physical therapy.



Other Groups

Another concern raised is **the use of same-day surgery for older adults**, who may be sent home before they are able to function safely on their own. A participant who lives in a senior living development said she knows many older adults who've had same-day orthopedic surgery. *"Some of the problem right now with orthopedics is they have this 'fast track,' or whatever you want to call it. And they take the patient in, they do the surgery, and they send them home the same day. ... It's very problematic, and dangerous too, because they still have the anesthesia in them, and they're on pain meds. And if they don't have anybody at home, or if they have a spouse that's about the same age, it really causes a problem."*

The **digital divide and use of technology** pose additional problems for older adults trying to access services and information, many participants said. Barriers to telehealth and other uses of the internet may stem from lack of computer equipment or skills, or physical impairments that make it hard to use technology. *"My mom's 79 years old, legally blind, hard of hearing, she cannot make an appointment because she can't, when you say press one, press two, it's just overwhelming... So they're not user friendly for the older population. I just know, I have to make all our phone calls,"* said a participant.

Immigrant communities. Several participants noted the need to build trusting relationships with people who are undocumented or have limited English proficiency to facilitate their access to health and social services. *"Once we connect in and we build that relationship... and then trying to find the services that can consistently help them and then to feel safe with that. ... And that's for across the board, mental health, food, health, even with school, communications with school."*

People who are neurodivergent. Two participants spoke about the needs of adults who are neurodivergent, such as those with autism, attention-deficit/hyperactivity disorder (ADHD), dyslexia, or other neuro-developmental conditions. Housing and employment security are concerns for these individuals, commented one participant. *"Most neurodiverse adults live with their aging parents, and when those parents go, there's [not] a place where these adults can go. They typically go with another family member. ... There's just not a lot of options."* Another noted that, because many cannot drive, *"the opportunities for adults [who are neurodivergent] are not as plentiful as they are for their neurotypical peers."* A nonprofit was mentioned, [Neuro Diverse Living](#), that provides cohousing in Bucks, Lehigh, and other surrounding counties to help these individuals gain independence and integrate more fully into society.

People with mobility limitations. One participant brought up the need for improvements to public trails and local parks to promote equitable access for those with special needs, including better wheelchair and walker access.



Pandemic Impacts

Several participants spoke about the **need for clearer public health communications as COVID-19 guidelines evolve during the pandemic**. One participant shared: *"Once the [COVID vaccine] booster started rolling out, I heard a lot of people say like, 'Oh, I didn't even realize that they were available that I could get them yet.' ... I think that's important, too, just the communication there and how information is disseminated, especially when it's such important health information."* Having to go online to access pandemic-related resources, such as to find COVID-19 testing sites or schedule a vaccination appointment, was cited as a challenge for those who lack digital access or skills.

Participants in two groups spoke about **the difficulty that masks pose for communication among people with hearing impairment** who rely on reading lips and seeing facial expressions to fully understand the meaning of what is being said.

Suggested Actions

Address the need for affordable housing in the county, including resources to help older adults to age in place.

Suggestions offered by participants included creating more affordable senior housing through public-private ventures, working with organizations such as Habitat for Humanity and others to improve habitability, and building “tiny homes” to address homelessness. More county-wide planning to address affordable housing needs among residents with lower incomes and older adults also is needed.

Raise awareness of community health and social services by providing information in settings where people commonly go, as well as online.

“Promotion of all resources to all people,” said a participant. Creating and distributing a booklet listing available resources was suggested. One person noted that the Direct Services Coalition in Bucks County already publishes a resource [directory](#) but *“I don’t think many people know about it, unless they are providers.”*

Especially, raise awareness of mental health resources in schools and the community, urged several participants in two groups.

To increase awareness among youth, a young adult who graduated from high school a few years ago said: *“I think high schools should address the issue. Guidance counselors should make kids aware and tell them it’s okay to need help.”*

Another participant called for raising awareness of the [Pennsylvania Student Assistance Program](#), a free, state-mandated program in schools to help students with substance use or other mental health issues. *“I don’t think a lot of people are aware of it, ... but it’s just a really good [program] as far as the youth population goes.”*

Another suggestion was to post signs in the community to help direct people to mental health resources: *“So, anybody who’s walking down the street can look at a sign hanging in a store. If you’re depressed or sad or you need help, you’re a drug addict or whatever the case may be, they can call this helpline to get some resources.”*

Increase access to affordable behavioral health care for youth and adults, including more robust insurance coverage.

“Even if these kids have insurance on a parent’s plan, mental health in terms of insurance coverage is, to me, severely lacking,” one said. Another suggested that *“health insurance is not the answer for mental health and maybe we need to look at mental health in a different way to fund it differently so that people have access.”*

Participants in several groups also recommended **more efforts to reduce the stigma associated with seeking care for behavioral health issues**—for example, through education and support to encourage people to talk about their mental health issues.

Bring more integrated health and social services directly into the community to reduce barriers to access.

For example, create mini-resource centers in schools and other community settings with co-located services, such as health care, employment training and assistance, food resources, financial assistance, and care coordination. *“It would be interesting to have a one-stop-shop place so if you need mental health assistance, need to talk with a doctor, food resources, it’s just easy access, so there isn’t a bunch of transportation needed.”*

Suggested Actions

Provide more structured activities to promote physical activity and healthy social development among children and youth.

A participant noted the need for activities to enable *"non-athletic youth to socialize face-to-face not via devices."* Another suggested *"more opportunities for youth to volunteer and this way they could be less on their devices and socialize more."* Expanding social and emotional learning programs in schools to improve students' social development and mental health was recommended: *"There's more of a need for social emotional learning in schools [amid the pandemic]."* Another suggestion: create more intergenerational opportunities to address community needs, such as for older adults to mentor youth and young people to teach computer skills to older adults.

Expand community education programs to promote health and improve detection and prevention of common diseases.

"Some people just don't have the knowledge to know how to take care of themselves," commented a participant. *"I just think there's so much that we in the community can do, and maybe through the hospitals ... [for example], to know what the risk factors are for heart disease, to know about a stroke, what are the signs and symptoms?"*

Address various training needs to improve health care access and delivery, several participants said.

One suggested training advocates to help people who are uninsured or under-insured apply for Medicaid or other subsidized health insurance, such as through [Pennie](#), the state's health insurance exchange website. Another recommended more training for health and community service providers in trauma-informed care.

Several participants suggested strategies to fund community health initiatives.

To help fund more health education, one advised creating *"focused partnerships with pharma and insurance companies in the area to invest more in community health and health outcomes."* Another suggested working with foundations and other funders to support community collaborations and coalitions, and incentivizing staff from community organizations to participate in the coalitions.

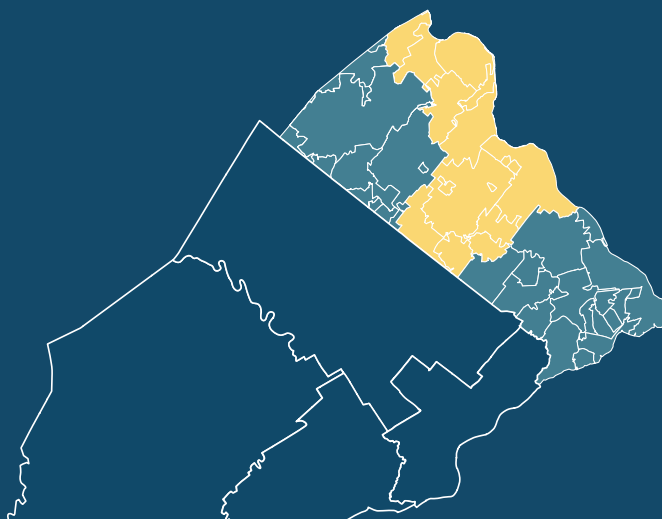
CENTRAL BUCKS

ZIP CODES: 18077, 18901, 18902, 18912, 18913, 18914, 18920, 18923, 18925, 18929, 18930, 18938, 18942, 18947, 18972, 18976, 18980

This community is served by:

- Children's Hospital of Philadelphia
- Doylestown Health
- Fox Chase Cancer Center
- Grand View Health
- Jefferson Abington Hospital
- Jefferson Lansdale Hospital
- Rothman Orthopaedic Specialty Hospital
- Trinity Health Mid-Atlantic

Central Bucks Social Vulnerability Index



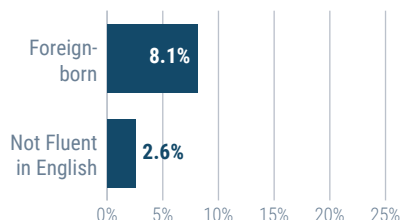
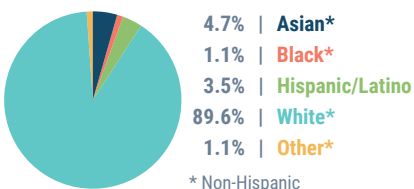
POPULATION



MEDIAN HOUSEHOLD INCOME



RACE/ETHNICITY/LANGUAGE



LEADING CAUSES OF DEATH

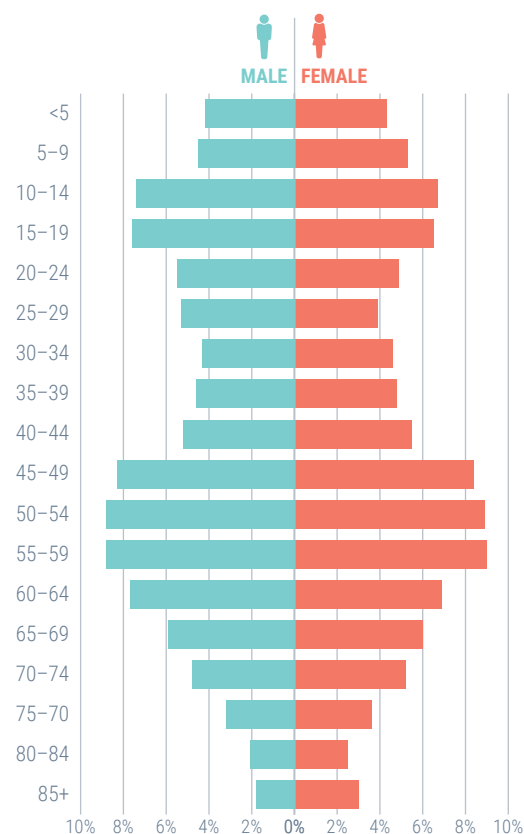
1. Cancer
2. Heart disease
3. COVID-19
4. Cerebrovascular diseases
5. Chronic lower respiratory diseases

EDUCATIONAL ATTAINMENT

High school as highest education level **16.1%**

PEOPLE WITH DISABILITIES **8.1%**

AGE DISTRIBUTION



summary health measures

		Central Bucks		Bucks County	
		Pre-2020 Estimate*	2020 Estimate*	Pre-2020 Estimate*	2020 Estimate*
General	All-cause mortality rate (per 100,000)	801.6	966.2	962.0	1,126.0
	Life expectancy: Female (in years)	84.5	83.3	82.4	81.0
	Life expectancy: Male (in years)	81.1	79.1	78.0	75.8
	Years of potential life lost before 75	5,274	5,692	34,081	39,538
COVID-19	COVID-related emergency department utilization (per 100,000)	N/A	185.0	N/A	190.2
	COVID-related hospitalization rate (per 100,000)	N/A	259.2	N/A	398.9
Chronic Disease & Health Behaviors	Adult obesity prevalence	29.2%		30.2%	
	Diabetes prevalence	9.1%		9.8%	
	Diabetes-related hospitalization rate (per 100,000)	79.8	63.6	134.2	129.7
	Hypertension prevalence	29.5%		30.2%	
	Hypertension-related hospitalization rate (per 100,000)	367.3	332.0	444.1	397.0
	Potentially preventable hospitalization rate (per 100,000)	952.8	659.0	1,092.4	875.1
	Premature cardiovascular disease mortality rate (per 100,000)	9.9	19.1	20.3	22.0
	Major cancer incidence rate (per 100,000)	287.5		308.7	
	Major cancer mortality rate (per 100,000)	69.9		91.4	
	Colorectal cancer screening	70.6%		68.6%	
	Mammography screening	77.3%		76.6%	
	Physical inactivity (leisure time) prevalence	18.2%		20.6%	
Infant & Child Health	Asthma hospitalization rate <18 years (per 100,000 <18)	5.4	--	9.4	2.3
	Infant mortality rate (per 1,000 live births)	--	--	2.7	5.7
	Percent low birthweight births out of live births	6.4%	4.4%	7.6%	6.0%
	Percent preterm births out of live births	6.5%	5.7%	9.5%	8.4%
Behavioral Health	Adult binge drinking	19.8%		19.6%	
	Adult smoking	13.8%		16.0%	
	Drug overdose mortality rate (per 100,000)	10.6	14.1	30.8	31.1
	Opioid-related hospitalization rate (per 100,000)	11.3	9.9	57.8	41.1
	Substance-related hospitalization rate (per 100,000)	175.2	124.3	347.6	276.6
	Poor mental health for 14+ days in past 30 days	11.6%		12.8%	
	Suicide mortality rate (per 100,000)	16.2	10.6	15.6	11.6
Injuries	Fall-related hospitalization rate (per 100,000)	5,105.3	5,964.9	3,098.0	3,124.5
	Gun-related emergency department utilization (per 100,000)	15.9	--	7.0	4.5
	Homicide mortality rate (per 100,000)	--	--	1.0	2.2
Access to Care	Adults 19-64 years with Medicaid	4.4%		7.8%	
	Children <19 years with public insurance	15.4%		22.5%	
	Population without insurance	2.4%		4.0%	
	Children <19 years without insurance	1.4%		2.4%	
	Emergency department utilization (per 100,000)	12,040.8	12,432.2	20,404.7	16,826.5
	High emergency department utilization (per 100,000)	66.5	254.7	389.4	311.2
Social & Economic Conditions	Population in poverty	3.9%		5.6%	
	Children <18 years in poverty	4.1%		6.7%	
	Adults 19-64 years unemployed	1.3%		2.0%	
	Householders living alone who are 65+ years	37.9%		36.8%	
	Households receiving SNAP benefits	1.4%		4.1%	
	Households that are housing cost-burdened	11.0%		13.4%	
	Housing with potential lead risk	39.8%		45.8%	
	Vacant housing units	8.9%		5.8%	

* Estimates represent the most recent pre-2020 data available; 2020 estimates are shown if available.

-- Estimates are unavailable or unreliable due to low sample size within a community.

LOWER BUCKS

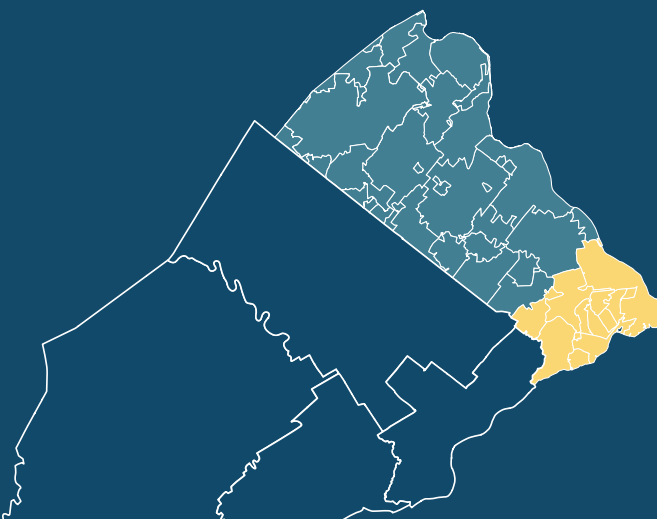
ZIP CODES: 19007, 19020, 19021, 19030, 19047, 19053, 19054, 19055, 19056, 19057, 19067

Lower Bucks Social Vulnerability Index

0 0.48 1

This community is served by:

- Children's Hospital of Philadelphia
- Doylestown Health
- Fox Chase Cancer Center
- Jefferson Health - Northeast
- Magee Rehabilitation
- Redeemer Health
- Rothman Orthopaedic Specialty Hospital
- Trinity Health Mid-Atlantic



POPULATION



274,155

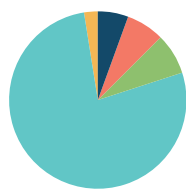
MEDIAN HOUSEHOLD INCOME



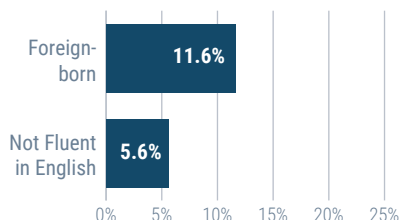
\$76,690

AGE DISTRIBUTION

RACE/ETHNICITY/LANGUAGE



5.8% | Asian*
6.8% | Black*
7.6% | Hispanic/Latino
77.3% | White*
2.3% | Other*
* Non-Hispanic



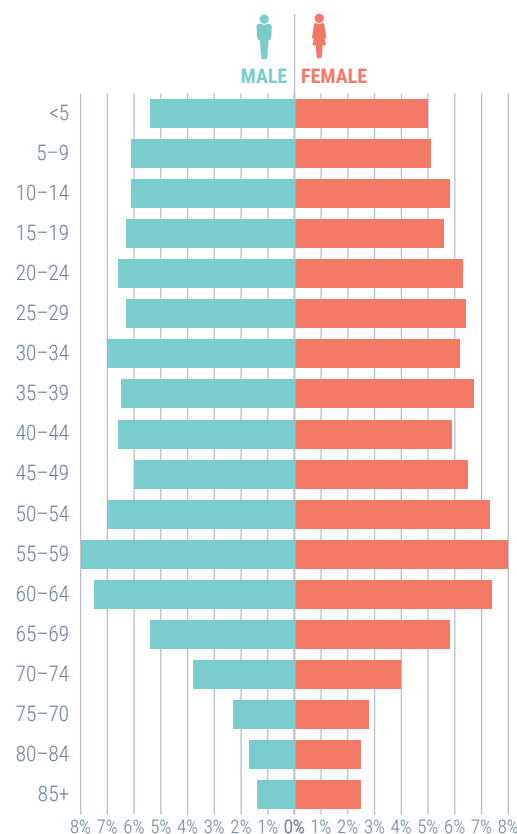
LEADING CAUSES OF DEATH

1. Cancer
2. Heart disease
3. COVID-19
4. Chronic lower respiratory diseases
5. Drug overdose

EDUCATIONAL ATTAINMENT

High school as highest education level 28.0%

PEOPLE WITH DISABILITIES 12.8%



summary health measures

		Lower Bucks		Bucks County	
		Pre-2020 Estimate*	2020 Estimate*	Pre-2020 Estimate*	2020 Estimate*
General	All-cause mortality rate (per 100,000)	950.9	1,108.9	962.0	1,126.0
	Life expectancy: Female (in years)	81.4	79.3	82.4	81.0
	Life expectancy: Male (in years)	75.4	73.5	78.0	75.8
	Years of potential life lost before 75	19,106	22,259	34,081	39,538
COVID-19	COVID-related emergency department utilization (per 100,000)	N/A	232.0	N/A	190.2
	COVID-related hospitalization rate (per 100,000)	N/A	497.9	N/A	398.9
Chronic Disease & Health Behaviors	Adult obesity prevalence	31.1%		30.2%	
	Diabetes prevalence	10.2%		9.8%	
	Diabetes-related hospitalization rate (per 100,000)	188.9	185.3	134.2	129.7
	Hypertension prevalence	30.3%		30.2%	
	Hypertension-related hospitalization rate (per 100,000)	497.2	445.7	444.1	397.0
	Potentially preventable hospitalization rate (per 100,000)	1,224.9	1,037.7	1,092.4	875.1
	Premature cardiovascular disease mortality rate (per 100,000)	30.3	30.6	20.3	22.0
	Major cancer incidence rate (per 100,000)	268.8		308.7	
	Major cancer mortality rate (per 100,000)	96.3		91.4	
	Colorectal cancer screening	67.0%		68.6%	
	Mammography screening	76.3%		76.6%	
	Physical inactivity (leisure time) prevalence	22.2%		20.6%	
Infant & Child Health	Asthma hospitalization rate <18 years (per 100,000 <18)	4.8	--	9.4	2.3
	Infant mortality rate (per 1,000 live births)	5.0	7.7	2.7	5.7
	Percent low birthweight births out of live births	9.3%	7.0%	7.6%	6.0%
	Percent preterm births out of live births	9.4%	7.6%	9.5%	8.4%
Behavioral Health	Adult binge drinking	19.6%		19.6%	
	Adult smoking	17.6%		16.0%	
	Drug overdose mortality rate (per 100,000)	49.6	45.2	30.8	31.1
	Opioid-related hospitalization rate (per 100,000)	99.6	65.3	57.8	41.1
	Substance-related hospitalization rate (per 100,000)	526.0	401.2	347.6	276.6
	Poor mental health for 14+ days in past 30 days	13.7%		12.8%	
	Suicide mortality rate (per 100,000)	15.7	9.1	15.6	11.6
Injuries	Fall-related hospitalization rate (per 100,000)	10,110.9	9,862.6	3,098.0	3,124.5
	Gun-related emergency department utilization (per 100,000)	6.7	5.1	7.0	4.5
	Homicide mortality rate (per 100,000)	2.2	3.6	1.0	2.2
Access to Care	Adults 19-64 years with Medicaid	10.8%		7.8%	
	Children <19 years with public insurance	29.9%		22.5%	
	Population without insurance	5.2%		4.0%	
	Children <19 years without insurance	3.5%		2.4%	
	Emergency department utilization (per 100,000)	31,806.7	23,120.7	20,404.7	16,826.5
	High emergency department utilization (per 100,000)	741.9	446.0	389.4	311.2
Social & Economic Conditions	Population in poverty	7.4%		5.6%	
	Children <18 years in poverty	9.5%		6.7%	
	Adults 19-64 years unemployed	2.5%		2.0%	
	Householders living alone who are 65+ years	36.9%		36.8%	
	Households receiving SNAP benefits	9.7%		4.1%	
	Households that are housing cost-burdened	17.3%		13.4%	
	Housing with potential lead risk	63.8%		45.8%	
	Vacant housing units	4.4%		5.8%	

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LOWER CENTRAL BUCKS

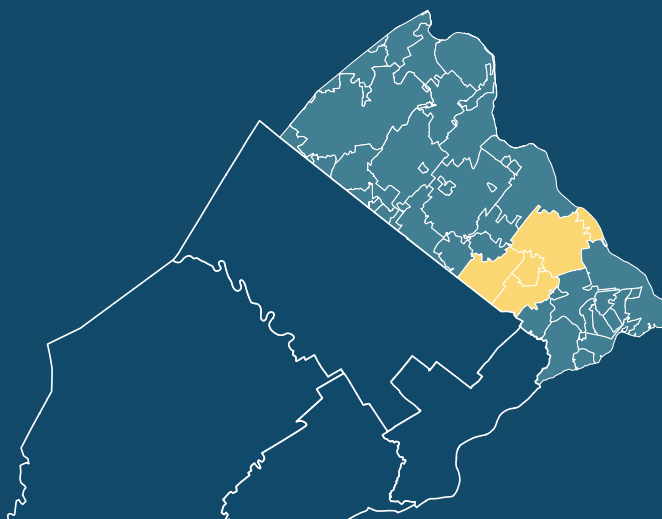
ZIP CODES: 18940, 18954, 18966, 18974, 18977

Lower Central Bucks Social Vulnerability Index



This community is served by:

- Children's Hospital of Philadelphia
- Doylestown Health
- Fox Chase Cancer Center
- Jefferson Abington Hospital
- Jefferson Health - Northeast
- Redeemer Health
- Rothman Orthopaedic Specialty Hospital
- Trinity Health Mid-Atlantic



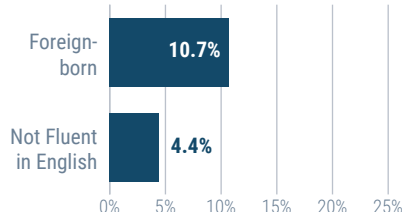
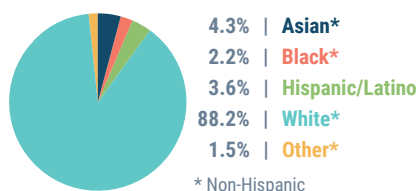
POPULATION



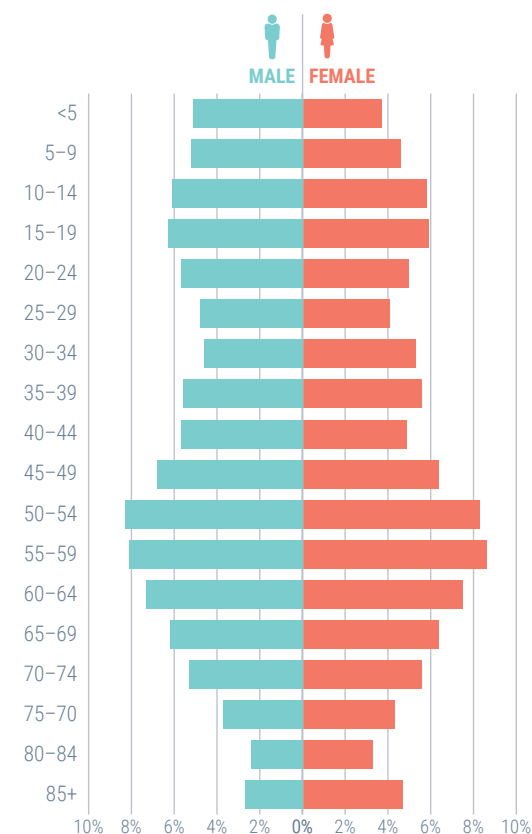
MEDIAN HOUSEHOLD INCOME



RACE/ETHNICITY/LANGUAGE



AGE DISTRIBUTION



LEADING CAUSES OF DEATH

1. Heart disease
2. Cancer
3. COVID-19
4. Cerebrovascular diseases
5. Alzheimer's disease

EDUCATIONAL ATTAINMENT

High school as highest education level 19.6%

PEOPLE WITH DISABILITIES 9.9%

summary health measures

		Lower Central Bucks		Bucks County	
		Pre-2020 Estimate*	2020 Estimate*	Pre-2020 Estimate*	2020 Estimate*
General	All-cause mortality rate (per 100,000)	1,115.7	1,311.0	962.0	1,126.0
	Life expectancy: Female (in years)	84.3	82.2	82.4	81.0
	Life expectancy: Male (in years)	80.6	77.4	78.0	75.8
	Years of potential life lost before 75	4,392	6,204	34,081	39,538
COVID-19	COVID-related emergency department utilization (per 100,000)	N/A	215.2	N/A	190.2
	COVID-related hospitalization rate (per 100,000)	N/A	436.2	N/A	398.9
Chronic Disease & Health Behaviors	Adult obesity prevalence	28.8%		30.2%	
	Diabetes prevalence	9.8%		9.8%	
	Diabetes-related hospitalization rate (per 100,000)	88.6	104.3	134.2	129.7
	Hypertension prevalence	31.1%		30.2%	
	Hypertension-related hospitalization rate (per 100,000)	515.6	415.5	444.1	397.0
	Potentially preventable hospitalization rate (per 100,000)	1,197.6	889.7	1,092.4	875.1
	Premature cardiovascular disease mortality rate (per 100,000)	9.1	15.7	20.3	22.0
	Major cancer incidence rate (per 100,000)	331.1		308.7	
	Major cancer mortality rate (per 100,000)	110.9		91.4	
	Colorectal cancer screening	70.8%		68.6%	
	Mammography screening	76.7%		76.6%	
	Physical inactivity (leisure time) prevalence	19.2%		20.6%	
Infant & Child Health	Asthma hospitalization rate <18 years (per 100,000 <18)	3.9	--	9.4	2.3
	Infant mortality rate (per 1,000 live births)	--	7.8	2.7	5.7
	Percent low birthweight births out of live births	6.3%	6.8%	7.6%	6.0%
	Percent preterm births out of live births	5.9%	7.2%	9.5%	8.4%
Behavioral Health	Adult binge drinking	18.8%		19.6%	
	Adult smoking	13.8%		16.0%	
	Drug overdose mortality rate (per 100,000)	16.6	22.3	30.8	31.1
	Opioid-related hospitalization rate (per 100,000)	40.6	31.5	57.8	41.1
	Substance-related hospitalization rate (per 100,000)	239.2	198.6	347.6	276.6
	Poor mental health for 14+ days in past 30 days	11.6%		12.8%	
	Suicide mortality rate (per 100,000)	7.4	14.9	15.6	11.6
Injuries	Fall-related hospitalization rate (per 100,000)	7,407.4	7,454.2	3,098.0	3,124.5
	Gun-related emergency department utilization (per 100,000)	3.1	3.1	7.0	4.5
	Homicide mortality rate (per 100,000)	--	--	1.0	2.2
Access to Care	Adults 19-64 years with Medicaid	4.5%		7.8%	
	Children <19 years with public insurance	13.9%		22.5%	
	Population without insurance	2.8%		4.0%	
	Children <19 years without insurance	1.6%		2.4%	
	Emergency department utilization (per 100,000)	21,914.9	16,764.6	20,404.7	16,826.5
	High emergency department utilization (per 100,000)	380.0	242.1	389.4	311.2
Social & Economic Conditions	Population in poverty	4.0%		5.6%	
	Children <18 years in poverty	3.9%		6.7%	
	Adults 19-64 years unemployed	1.7%		2.0%	
	Householders living alone who are 65+ years	50.6%		36.8%	
	Households receiving SNAP benefits	2.2%		4.1%	
	Households that are housing cost-burdened	14.6%		13.4%	
	Housing with potential lead risk	31.8%		45.8%	
	Vacant housing units	2.7%		5.8%	

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-- Estimates are unavailable or unreliable due to low sample size within a community.

UPPER BUCKS

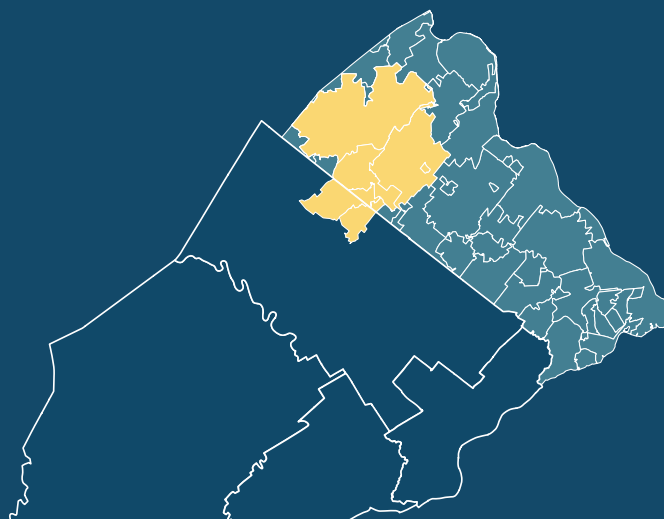
ZIP CODES: 18917, 18935, 18944, 18951, 18955, 18960, 18962, 18964, 18969, 18970

This community is served by:

- Children's Hospital of Philadelphia
- Doylestown Health
- Fox Chase Cancer Center
- Grand View Health
- Jefferson Abington Hospital
- Jefferson Lansdale Hospital
- Rothman Orthopaedic Specialty Hospital

Upper Bucks Social Vulnerability Index

0  0.72 1



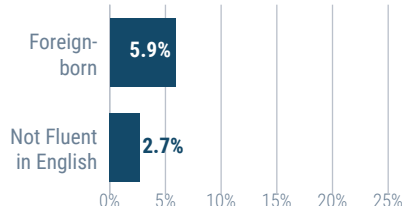
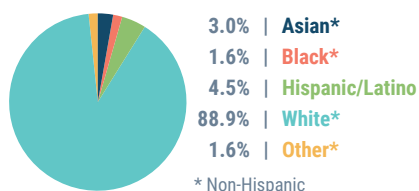
POPULATION

 **106,949**

MEDIAN HOUSEHOLD INCOME

 **\$78,457**

RACE/ETHNICITY/LANGUAGE



LEADING CAUSES OF DEATH

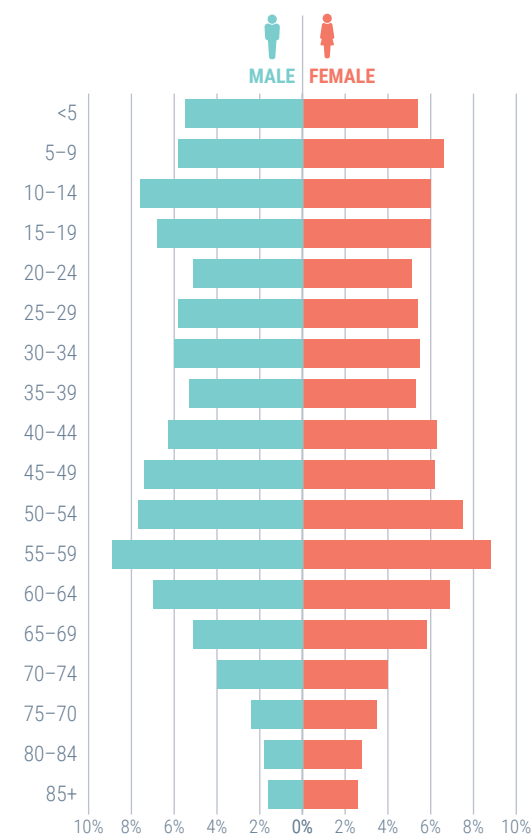
1. Cancer
2. Heart disease
3. COVID-19
4. Cerebrovascular diseases
5. Alzheimer's disease

EDUCATIONAL ATTAINMENT

High school as highest education level **28.9%**

PEOPLE WITH DISABILITIES **9.6%**

AGE DISTRIBUTION



summary health measures

		Upper Bucks		Bucks County	
		Pre-2020 Estimate*	2020 Estimate*	Pre-2020 Estimate*	2020 Estimate*
General	All-cause mortality rate (per 100,000)	967.8	1,075.3	962.0	1,126.0
	Life expectancy: Female (in years)	80.8	81.5	82.4	81.0
	Life expectancy: Male (in years)	78.0	76.8	78.0	75.8
	Years of potential life lost before 75	6,219	5,371	34,081	39,538
COVID-19	COVID-related emergency department utilization (per 100,000)	N/A	101.9	N/A	190.2
	COVID-related hospitalization rate (per 100,000)	N/A	307.6	N/A	398.9
Chronic Disease & Health Behaviors	Adult obesity prevalence	30.9%		30.2%	
	Diabetes prevalence	9.6%		9.8%	
	Diabetes-related hospitalization rate (per 100,000)	112.2	92.6	134.2	129.7
	Hypertension prevalence	29.7%		30.2%	
	Hypertension-related hospitalization rate (per 100,000)	319.8	337.5	444.1	397.0
	Potentially preventable hospitalization rate (per 100,000)	910.7	769.5	1,092.4	875.1
	Premature cardiovascular disease mortality rate (per 100,000)	23.4	14.0	20.3	22.0
	Major cancer incidence rate (per 100,000)	273.0		308.7	
	Major cancer mortality rate (per 100,000)	79.5		91.4	
	Colorectal cancer screening	67.9%		68.6%	
	Mammography screening	75.7%		76.6%	
	Physical inactivity (leisure time) prevalence	21.7%		20.6%	
Infant & Child Health	Asthma hospitalization rate <18 years (per 100,000 <18)	18.3	--	9.4	2.3
	Infant mortality rate (per 1,000 live births)	--	--	2.7	5.7
	Percent low birthweight births out of live births	5.4%	5.2%	7.6%	6.0%
	Percent preterm births out of live births	5.8%	5.1%	9.5%	8.4%
Behavioral Health	Adult binge drinking	20.0%		19.6%	
	Adult smoking	17.6%		16.0%	
	Drug overdose mortality rate (per 100,000)	25.2	23.4	30.8	31.1
	Opioid-related hospitalization rate (per 100,000)	14.0	12.2	57.8	41.1
	Substance-related hospitalization rate (per 100,000)	230.0	229.1	347.6	276.6
	Poor mental health for 14+ days in past 30 days	13.7%		12.8%	
	Suicide mortality rate (per 100,000)	20.6	16.8	15.6	11.6
Injuries	Fall-related hospitalization rate (per 100,000)	6,231.2	6,131.1	3,098.0	3,124.5
	Gun-related emergency department utilization (per 100,000)	--	--	7.0	4.5
	Homicide mortality rate (per 100,000)	--	--	1.0	2.2
Access to Care	Adults 19-64 years with Medicaid	7.5%		7.8%	
	Children <19 years with public insurance	24.7%		22.5%	
	Population without insurance	4.5%		4.0%	
	Children <19 years without insurance	2.1%		2.4%	
	Emergency department utilization (per 100,000)	22,390.6	17,873.4	20,404.7	16,826.5
	High emergency department utilization (per 100,000)	294.9	237.5	389.4	311.2
Social & Economic Conditions	Population in poverty	6.5%		5.6%	
	Children <18 years in poverty	9.1%		6.7%	
	Adults 19-64 years unemployed	1.8%		2.0%	
	Householders living alone who are 65+ years	30.2%		36.8%	
	Households receiving SNAP benefits	4.3%		4.1%	
	Households that are housing cost-burdened	13.6%		13.4%	
	Housing with potential lead risk	42.4%		45.8%	
	Vacant housing units	3.7%		5.8%	

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