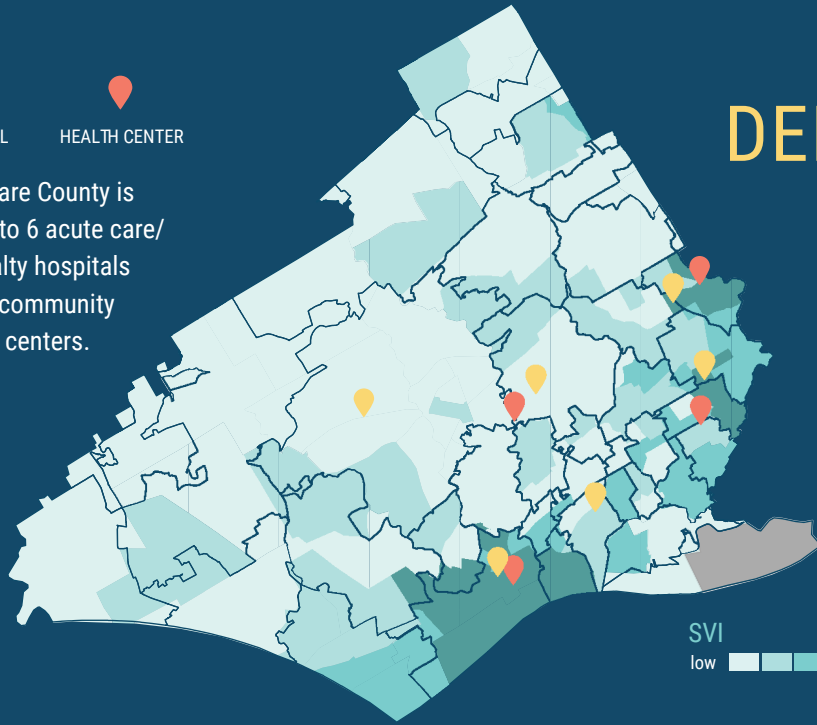# DELAWARE COUNTY

HOSPITAL   HEALTH CENTER

Delaware County is home to 6 acute care/specialty hospitals and 4 community health centers.

SVI
low ▬▬▬▬ high

Social Vulnerability Index (SVI)

0 ▬▬▬▬▬ 0.58 ▬▬▬ 1

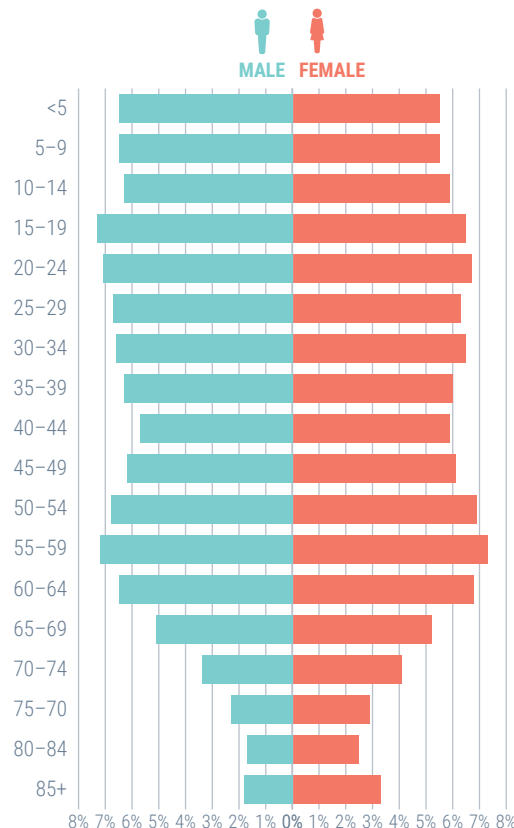|	
Median Income	**$88,429**
High school as highest education	**23.8%**
Food Insecurity	**8.5%**
With a Disability	**11.8%**
Violent Crime Rate	**272.5** per 100,000

AGE DISTRIBUTION

Delaware County has an estimated population of 567,266, with the largest proportion of residents between the ages of 45 and 59.

MALE   FEMALE

Age	
<5	
5–9	
10–14	
15–19	
20–24	
25–29	
30–34	
35–39	
40–44	
45–49	
50–54	
55–59	
60–64	
65–69	
70–74	
75–70	
80–84	
85+	

8% 7% 6% 5% 4% 3% 2% 1% 0% 1% 2% 3% 4% 5% 6% 7% 8%

RACE/ETHNICITY/LANGUAGE

67% of residents are non-Hispanic White. Non-Hispanic Black residents make the next largest population, comprising 21.2% of the county's residents.

5.6%		Asian*
21.2%		Black*
3.7%		Hispanic/Latino
67.0%		White*
2.5%		Other*

* Non-Hispanic
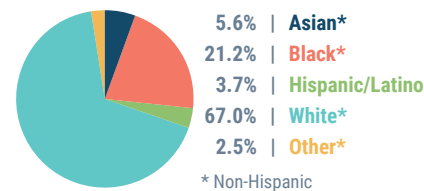
About 10% of residents are foreign-born and about 4% speak English less than "very well."

Foreign-born	**10.3%**
Not Fluent in English	**4.1%**

0% 5% 10% 15% 20% 25%
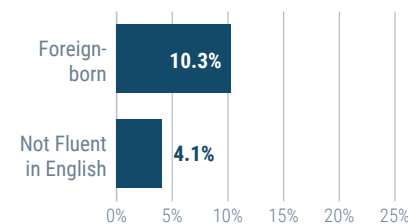
COVID-19 | Rates per 100,000

Fully Vaccinated	**55,860.1**
COVID-related:	
• Emergency Department Use	**713.4**
• Hospitalization	**564.8**
• Mortality	**177.9**

MORTALITY

Leading Causes of Death

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

YOUTH BEHAVIOR

Attempted Suicide	**11.3%**
Feeling Depressed/Sad/Hopeless	**43.6%**
Binge Drinking	**14.7%**
Cigarette Smoking	**3.4%**
Vaping	**23.9%**

COMMUNITY PERSPECTIVES

This summarizes focus group-style community conversations conducted with residents of four geographic communities: one each in Central Delaware County, Chester/I-95 Corridor, Upper Darby & Lansdowne, and Main Line Central.*

Community Assets

Participants in most Delaware County focus groups said **hospitals and other health care services are major assets in the county.**

- *"We're very fortunate where we live, because we have such major medical centers, teaching hospitals, research, we have excellent hospitals in the area, and quite a few to service the population."*

Another noted that urgent care centers in Brookhaven and Aston have been *"a positive for Delaware County and [the] Chester [City] area, specifically. That has been a great help."*

Many participants across groups spoke highly of **local community organizations, including faith-based institutions, emergency service providers, senior centers, and nonprofits that provide a wide range of programs and resources:**

- *"We have a network of senior centers that I think are good, we have county ones and we have Surrey Services [a nonprofit serving older adults], which help keep the elderly from being isolated and offer them services."*

- *"The senior center, I think has done a good job over the years in giving out various information about health, including exercise classes. … My mother was doing exercise classes for 20 years at the PALM [Positive Aging in Lower Merion Center, in Ardmore], and she swears that's what's kept her as active as she is."*

- Organizations such as Catholic Social Services in Chester *"promote healthy lifestyles and healthy eating … it makes it very easy for a lot of people in our community [who] cannot afford to buy a lot of things."*

- *"Another great resource in Delaware County, which encompasses Chester, is the Delaware County Chamber of Commerce website."*

Another mentioned the Delco Area Resource Network (DARN), a Facebook page that shares resources and ideas to build community.

Access to healthy food, both in grocery stores and food pantries, was highlighted in all groups:

- *"A lot of our food pantries, they are giving out the right food. They're particularly focused on giving out healthy products, not just a lot of junk food, but healthy products."*

- *"The church I attend … we have a food pantry, so that has been a benefit to the community."*

In the Upper Darby/Lansdowne area, a participant noted *"several grocery stores where you can get fresh and healthy foods"* as well as many ethnic food markets and restaurants offering food and cuisine from Caribbean, African, and numerous other cultures.

One church in the Ardmore area has a community garden that gives away fresh produce and has hosted free COVID vaccine clinics open to the public

* There are several ZIP codes that span Delaware and Montgomery Counties. The Main Line Central group included participants from both counties. Therefore information from this discussion is included in both Delaware County and Montgomery County geographic community meeting summaries.

A long-time Ardmore resident commented on the **strong sense of community** in her area, saying:

- *"You have people in the community check up on you or checking in or making a phone call or dropping something off. They're very supportive around here, which is the beauty of this town."*

Another participant mentioned that **local social media groups also help foster community connections**.

- *"There's a lot of social media groups, like the Buy Nothing groups, that … connect community members, new folks. That has been a really good, I feel, connection--allowing people, especially people who are new or who may not [know] people, to get things that they need, and also form a community."*

In the Upper Darby/Lansdowne group, participants noted the **walkability of many neighborhoods and generally good public transportation, such as buses and a trolley**. *"There's bus routes that crisscross the entire community, and if you know how to use it … it's very convenient,"* said a participant who also noted the buses were not always on time.

Several participants mentioned the benefit of nearby **green space and other recreational spaces**:

- *"As a lifelong resident, Haverford College and their nature trail have been valuable for me. … Just a place to be able to experience – lift your spirits by experiencing the different seasons, walking through the woods, I love that."*

- *"The Ardmore playground, especially during the summertime, man, there's always a basketball game going on."*

Multiple participants voiced enthusiasm about the **new Delaware County Health Department**, becoming operational in early 2022.

- *"I do think the health department that's starting in our county is going to be a huge benefit."*

Key Challenges

Obesity, diabetes, and cardiovascular conditions such as high blood pressure and high cholesterol are common throughout the county, participants in all groups said. In the Chester/I-95 corridor group, several participants also commented on **high rates of cancer, thyroid disorders, and respiratory conditions, such as asthma and emphysema**, which they associated with air pollution from nearby industrial plants.

- *"We also have, because of the high pollution from the plants, thyroid issues and asthma, [and] not being able to go out."*

Several participants reported **long waits for scheduling medical appointments, leading to delayed or avoided care** for preventive services, such as mammograms, and other health services. Concern also was expressed about the pandemic's impact on health care providers, both in terms of their wellbeing and their capacity to meet demand for medical services:

- *"We are losing so many providers because of COVID. How are all the people in the area going to receive medical care? If you have to wait two or three months to get a doctor's appointment, what's that doing to your health?"*

- *"Clearly, the hospitals lack capacity to deal with things that are non-COVID, right? I think the ICUs are pretty much packed if not near packed with COVID. … I do wonder what is being done to care for the mental health of medical providers on the other side of COVID as well, cause they're just dealing with it day in and day out."*

Behavioral health issues among adults and youth were a top concern among multiple participants in all groups. Stress, trauma and grief associated with the pandemic have increased demand for mental health services, at a time when health system capacity is strained.

- *"This is trauma. I don't think there's many people who haven't lost someone or know someone that's lost someone either to COVID or something that's indirect."*

Many participants also cited a **shortage of therapists** available to meet the growing demand for behavioral health care during the pandemic, resulting in long appointment delays.

- *"Mental health is a big issue as well as substance abuse, and that includes drug use and alcohol."*

- *"I had to wait five months because of my insurance to see a local [mental health] counselor here in Delaware County."*

- *"More people needing mental health treatment. ... They may be short staffed in service [and] ... the demand is so great."*

Lack of adequate insurance coverage for behavioral health issues was discussed in two groups, as was concern that **many mental health providers only accept private payment, so that people must pay out of pocket for services**.

- *"We're private paying for my son. It's quite an expense, but you have to have good care,"* noted a participant, who was unable to find mental health providers who were accepting new patients or the family's insurance.

- Several participants commented that people with severe mental illness often were discharged from inpatient care settings before they were well enough to return to the community. As one participant put it: *"My mental health situation is up to my insurance carrier. I can be cuckoo for Cocoa Puffs all day long, and if that insurance guy says we will [only cover care] for 21 days, [then on] day 22 I'm back out on the street."*

Stigma associated with mental health issues is another barrier to care.

- *"I think that the mental health stigma is a long-standing thing that we have to work on as a community. A lot of people feel that if they are seeking treatment for any sort of mental health concern--even if it's like anxiety, which everyone has--that there's a stigma to it, that they feel like they're being judged for that."*

A participant said that services in the county for those with substance use problems are **geared more toward long-term users than those with less severe or first-time issues.**

- *"There's not much out there for a first-time offender [such as a DUI citation] to get services."*

Other challenges include the **cost of prescription drugs and co-pays, as well as an overall lack of healthcare capacity**, exacerbated by the pandemic. *"The cost of prescriptions are just ridiculous for some items [and] seem like they go up every year,"* said one participant. Another commented that local providers are *"so booked up they're not taking new clients,"* forcing her to go into Philadelphia to find care.

Other challenges to accessing care and maintaining health, mentioned by one or more participants, include:

Lack of affordable dental health care.

- *"Dental health is a big one. A lot of Medicare doesn't cover dental health for our seniors and disabled. Even Medicaid, for adults, dental health is not covered the way it should be. And of course, dental health is tied to heart health. And overall, [for] mental health. If you ... have a bad smile, it's gonna affect your mental health as well."*

Need for continued outreach and community-based services to boost COVID vaccination rates.

- *"I think efforts should be continued to be sure that everyone, if possible, can be vaccinated to try to prevent this thing, because it definitely hasn't gone [away]. I know you can't make people take the vaccine, but somehow, they just have to realize that they're not only hurting themselves but they're hurting the people that are around them, you know?"*

Social Determinants of Health

Transportation. Participants in all groups cited a lack of convenient and affordable transportation options for people who do not drive, making it difficult to access health care and other essential services.

- *"Transportation, that is a huge barrier to getting to appointments, not having enough public transportation."*

- *"If you don't have a car, you're very limited. And we see a lot [of] people carrying a lot of [grocery] bags, even from the Acme [supermarket] all the way across Lansdowne Avenue."*

- *"It is really a matter of access to the services. If you don't have access to them, it doesn't matter what's out there, you have to have the insurance, you have to have the transportation, you have to have the support."*

An older adult participant commented:

- *"The regional line that goes through Philadelphia-- good luck climbing up the stairs on that thing, you know? And even though we ride for free on SEPTA, it's – transportation is hard."*

Other transportation issues mentioned include **lack of bike lanes and noise pollution**, both from traffic on major roads, such as Lancaster Avenue, and commercial jets with low overhead flight patterns were noted.

- *"I used to ride my bike up Ardmore Avenue when I was younger, and last week, I tried to do the same thing, I almost got killed, you know? There's no bike lanes or anything."*

Lack of awareness and information about health and social services. Participants in two groups emphasized the need for better information access, especially for those who do not use the internet or have limited English proficiency. Information resources need to be adapted for people who have impaired vision or need other accommodations.

- *"Finding out about the local things that's going on in Chester is literally impossible. I see a lot of people in Chester that want hope, that want change, they want to eat healthy, they want to do things [but] they just can't access information. So, how do we change that narrative?"*

- *"I can see, but I am visually impaired, and I can't always use the computer--that's part of the reason why I need papers [print materials to read] sometimes."*

Digital divide. While younger and tech-savvy people tend to value telehealth for its convenience, its use can be a barrier to care for those who lack digital capability, including many older adults.

"I actually love the telehealth. I don't have to take time off work. I can just go to an appointment and be done with it. My [elderly] mom, on the other hand, refuses to do any telehealth appointments. Also, just lack of knowledge on how to use technology to access those telehealth [visits] has proven to be very difficult for her. ... So, I think it's proven to be good for some, very difficult for others. Again, that's the economic divide."

Housing affordability and the ability for older adults to age in place are key challenges for those living on fixed or limited incomes:

- *"Ardmore has been over-developed and overpriced [so] that those of us who have lived here for years are being forced out of our homes."*

- *"I definitely feel like I'm being priced out of my own home. The older neighbors are all passing on, and those of us who are left are really under the gun to try and keep our properties up to standard with a limited income."*

Participants in two groups discussed the county's **high rate of childhood lead poisoning** from chipped or peeling paint in older houses and other **housing-related health and safety issues**:

- *"A lot of unsafe houses in the community--a lot of houses they [have] leaking roofs, flooding basements, mold, asbestos, definitely lead, chipping paint, [and] corroded windowsills where young children are crawling and touching things."*

- *"If I had my way and all the money in the world, I'd make sure ... every house in Delaware County is lead free, free of lead-based paint."*

Access to healthy food and nutrition education. Participants discussed the need for better access to fresh, affordable food in some areas, along with nutrition education. *"There are some communities in Delaware County that do not have access to proper grocery stores,"* said a participant from the Upper Darby/Lansdowne group. Another concern: many small markets selling mostly processed foods high in salt or sugar.

- *"There should be more places that have, you know, fresh produce at reasonable prices."*

Another shared: *"They have a farmer's market in Bryn Mawr, but the prices are pretty darn high."* Eating out also poses challenges due to cost: *"All the new restaurants that are coming up are very pricy for people on fixed incomes."*

Nutrition education also is needed to encourage healthier food choices, several participants said, such as helping people adapt favorite recipes using healthier ingredients and cooking methods.

Structural racism. In one group, all participants prioritized the need to address longstanding systemic racism to improve health and social equity in their communities.

- *"The constant disinvestment and structural racism have everything to do with long-term health. And unless that's addressed, the long-term stability or bringing up communities just won't happen."*

Built environment. In the Chester/I-95 corridor group, issues with trash and lack of usable green space were discussed.

- *"I think to make this community a healthy place to live, they need to clean up more around here, as far as like the trash. People put their trash all out, you know, on the days that are not even supposed to [have trash] picked up. And it's just a mess. ... In the summer, you can't hardly sit out there because ... you probably got rodents and everything else running around."*

A participant also commented on inability to use a local park because of saturated wet ground from nearby Ridley Creek.

Financial stress. Despite the Main Line's reputation as a wealthy area, participants cited a number of social and environmental determinants that impede health and well-being for some, especially older adults and people living on fixed or limited incomes.

One participant dubbed it
- *"the myth of the Main Line. ... People just sort of think if you live on the Main Line, you are [in] the healthy-wealthy group. And we need to recognize that there are children going hungry in this area."*

Another added:

- *"The financial impact of COVID has really put financial strain on a lot of older adults and families."*

Recent consumer price inflation has added to the financial strain for some.

- *"The price of gas, the price of food, the price of everything has increased so much that it has put a strain on families, and it definitely has impacted the aging population."*

Also of note: **Ardmore is divided between Montgomery and Delaware Counties.** A few participants said that residents living in the Montgomery County area of Ardmore have access to more robust services than those residing in Delaware County, at least with regard to county services for the aging. *"That's a really big issue, because there are a lot of elderly people living in Delaware County that are totally neglected,"* said one participant.

Children and Youth

Lack of physical activity and unhealthy eating, leading to childhood obesity, were discussed as major concerns for children and youth in all three groups. Many participants also commented that **excessive screen time and use of social media among youth interfere with healthy social development**.

- *"Kids don't play anymore outside like they used to because of the video games, social media, and things of that nature. … When I was a kid, we went outside, we played--we didn't know we were exercising, running up and down the street, and in and out of each other's houses, and things of that nature. But kids don't do that now. … the social media and the video games, that can't be good."*

- Cost can be a barrier for participation in local youth sports leagues. *"The fees can get hefty, depending on the sport. And that would create a barrier for some families to allow their kids to be part of something that they should be."*

- *"They come home from school, and they on the phone, they on their Xbox and all that stuff, and eating junk or whatever, and that's not healthy. And that's why you see a lot of kids that are so much overweight. … Kids today don't know how to play outside, you know?"*

- Virtual schooling during the pandemic had emotional effects for some: *"The kids weren't in school, and not being around their peers, all of that has had some emotional effects on our children, and part of staying healthy, I believe, mentally and emotionally, is interaction with your peers."*

- *"Another thing that really affects health is so many [of] these kids are on social media, not getting outside, not getting physical exercise, not interacting with peers. … They'll be texting somebody sitting right next to them, instead of being face to face and having spontaneous interactions."*

- *"Kids do need some type of structured activities. A lot of times there's no resources put in place in communities for children, I mean, especially in underserved communities."*

- *"In the Chester/I-95 corridor area, air pollution from nearby industrial plants can prevent children from playing outside,"* one participant said. When safe recreation is limited, youth are more vulnerable to being *"indoctrinated into a gang."*

The pandemic's impact on mental health among young people was a major concern for participants, **along with delayed and limited access to mental health care.** A number of participants stressed the **urgent need for more therapists to care for the growing number of young people with behavioral health issues.** Another participant emphasized the need for **more culturally competent therapists to provide care for the area's diverse immigrant populations.**

- *"Affordable therapy is just very lacking right now. I think social isolation has been rough on the kiddos,"* said a participant who works with youth. *"The wait right now for mental health treatment for children is three to five months or longer for us to be able to get them connected to somebody who is trained, who can actually work with them on a fee that is affordable for the families."*

- A participant with experience in placing children who need behavioral health care commented that wait times for appointments are *"are at the least, five months. That's to even see a therapist. You can have an intake appointment with their assessment needs, and then, after that, you're supposed to be assigned a therapist. Typically, in the past, it would take four weeks, let's say four to six weeks. In the pandemic, it's five months."*

Several participants also raised concern about the **high rate of substance use among children and youth**, which they said has increased during the pandemic.

- *"We've had kids as young as 11, 12 on cocaine. I think it's a contribution of the high pressure of mental health, the need to numb themselves and escape. And I think alcohol is somewhat normalized to a point where it's like, is it normal or is it alcoholism, right?"*

"I'm just sort of thinking about in terms of our young people, their involvement with drugs and weapons. … It's more of a problem now than it used to be," added another participant, who cited the recent murder of a young man in the community over a gun argument.

During the pandemic, domestic violence also has increased, said a participant who works with youth.

- *"We have definitely seen [an] increase for children who are witnesses to domestic violence, sometimes resulting in homicide, and that has increased more, especially during COVID."*

In addition, she mentioned **an increase in online sexual exploitation of children**, which she attributed to lack of safeguards to ensure children's internet safety, such as adequate education and supervision.

A concern was raised that in some mental health clinics, waiting rooms mix children with adult patients, some with serious behavioral health issues:

- *"When I took my son, and he was younger, into one of these mental health clinics, they're in there with drug offenders and criminal offenders. And that's not really a good mix to have your vulnerable child in what may be a more dangerous population or just older, you're trying to shelter and protect your child. And yeah, they're seeing things that maybe they shouldn't see or be exposed to yet."*

Another participant noted the **potential for family conflicts to arise over a young person's consent to receive mental health services**. In Pennsylvania, she said, children aged 14 years and older can independently consent to receiving behavioral health care. But conflicts can occur. For example:

- *"If a child wants mental health services, and the parent says no, but they're 14 and can't drive. So, how do they get there? … I think that there's unique challenges in that age range 14 to 18, that maybe don't get met because of those intricacies."*

Participants in two groups raised concern about **instances of childhood neglect they have witnessed in their communities**:

- *"What I'm noticing more in the community, with the substance abuse, is the neglect of children."*

Another participant recalled seeing children walking to the school bus stop without winter coats in cold weather.

The need for more afterschool activities and programs to help youth develop healthy lifestyles, such as sports, cooking classes, and basic financial literacy, was cited. Families also may need access to safe transportation options for children to get to and from afterschool programs, especially if parents or caregivers are working when programs are offered.

Older Adults

Social isolation during the pandemic has been harmful to older adults' mental and physical health, several participants said. A participant who works at a senior center mentioned recently seeing an older man whom her organization serves.

- During the pandemic, *"he stayed engaged in our virtual programs. … [But] when I saw him, he looked so old, and he looked isolated. He looked unkempt and disheveled. So, the isolation aspect is, I think, first and foremost. … What COVID did do is expose the need for social interaction--that it is important to be able to speak and touch and have those relationships."*

A top concern for older adults, discussed by multiple participants in the all groups, was **the challenge of affording health care and other essential services for those living on fixed incomes and reluctance for some to access services**.

- *"They're on the fixed income, and they're dealing with, can I continue to pay my taxes, even can I continue to stay in my house, or … can I get the medical attention that I need, so I have to learn now to sacrifice, and some of the sacrifice means going without, and [they] just find themselves in a desolate situation within their household that will impede on their health."*

- *"A lot of people that are in our community … cannot afford to buy a lot of things, especially when you get into the senior population [and] those that are on social security or disability. Their funding is limited, their food stamps are limited, things of that nature."*

- *"Sometimes, the seniors, they have to make a choice between getting their medication and/or food. And they'll choose to get the medication as opposed to the meal. They'll skip a meal [and] they'll have barely nothing, just so they can have that medication."*

- *"There are those who, because they're on the Main Line, and they're [in] the aging population, they don't want folks to know that they're struggling."*

For many older adults, another common challenge is affording or navigating Medicare and other health insurance. Lack of mental health and dental care coverage in many policies also was noted as a concern.

- *"That's the issue with my family, with the older adult, you know, older ones were like, 'I'm not gonna pay a co-pay,' especially if they have like, a $25, $35 co-pay."*

- A participant stated that many mental health providers do not accept Medicare, because of low reimbursement rates: *"What I'm hearing is … Medicare doesn't reimburse very well, so people [providers] have switched from accepting Medicare. And with the number of older individuals that we have in our population at this moment, that is a crisis in my mind."*

- *"For seniors who are on Medicare or whatever, the cost of co-pays prevent a lot of people from seeing different specialists and people that they need to see. … If you're not connected with the right health plan or supplemental plan, the co-pays can be prohibitive."*

The shift to telehealth during the pandemic has been especially challenging for many older adults, as noted by participants in all groups.

- An older participant shared: *"It can be challenging for someone such as myself, who is not computer literate, to do these things online. We prefer speaking with a person, and you don't always have that ability to speak with the person and making appointments."*

- *"I can think right now of three people I know that are 80s to 90s that are living by themselves, do not have internet services, wouldn't even have a clue how to get onto the internet."*

- *"I live in a community where we have a number of old folks who just don't access the internet, and they live in isolation."*

Other barriers to health for older adults include lack of convenient, affordable transportation options and poor nutrition, due to difficulty affording, obtaining or preparing food.

"I think there's issues with nutrition," said a participant, who mentioned knowing an elderly couple where the wife struggles to get to the grocery store to buy food and lacks *"the stamina to cook it."* Another participant commented that for her elderly mother to get to doctor's appointments, *"she would have to get at least three buses."*

For older adults who lack English proficiency, challenges with accessing health care and other services are further increased.

- *"Kids are resilient, so they can easily learn language, but when a person is older, it's very difficult to learn a new language,"* said a participant whose family emigrated from another country.

Lack of support from family or community members can be a further barrier to care, the participant said, such as when adult children *"work a lot and they [their elderly parents] don't have somebody to assist them to go to the hospital. So, then, they are stuck at home. Even though they're sick, they don't know how to access these things … they don't know what to do or how to do it."*

Many older adults need assistance from family members or others, although some are reluctant to accept help.

- *"Sometimes it takes us helping them go get what's necessary, [for example] going to pick up the food box at the pantry to make sure that they have what's necessary to eat, so that they're just not eating something that's quick, because they don't have the energy or ability to cook."*

However, another said:

- *"There could also be an unwillingness sometimes among older adults to want to even go to the doctor or take their medication. Sometimes, they need help from their children, adult children, or you know, community members, or things of that nature, to help them stay healthy. And sometimes, in some cases, they could resist it."*

Other Groups

The needs of people reentering the community after incarceration were discussed. One participant stated: *"A lot of grown people in Delaware County, and specifically in Chester, do not even have valid identification cards,"* such as a current driver's license or other form of identification. People re-entering the community after incarceration often have no money or family support to pay for processing a valid ID, such as if their previous ID was lost, expired or never issued, the participant noted.

- *"They have no family, they have no financial support. So, that's one of the barriers that I see on a regular basis in Delaware County and specifically in Chester."*

Immigrant communities. Several participants mentioned the **needs of immigrants living in the area who lack English proficiency, creating barriers to access health care and other services**. With a growing number of Asian and Latino/Hispanic immigrants, the area has greater need for more language services in health care settings and other services for these populations. Speaking from a patient's perspective, a participant noted that access to high-quality language interpretation services is important for *"empowering people to actually be part of what's happening to their lives and their treatment and their needs."*

- *"Upper Darby, all those places are actually filled with immigrants from different countries. It could be language barrier that cause them to not have access to medical benefits and ... fear that they might not be understood."*

- An Asian American participant who speaks English fluently said that she accompanies her family members on medical appointments to ensure they understand health communications. *"I just know for us, we obviously, we help them because [they're] family,"* she said. *"But if you didn't have family, what would you do, right? Are there even resources to help?"*

In the Upper Darby/Lansdowne group, participants emphasized the need for **more cultural competency among health providers** to serve the area's many immigrants.

- One cited the need for healthcare providers *"who can understand what well-being is in the culture that they're dealing with. ... We're not just talking about language translation, but do they really understand what well-being means to West Africans as compared to even Somalians? [sic] Like, that's very different. They're not the same. So, around cultural competency and understanding sickness, health, recovery."*

Suggested Actions

Among their top priorities, participants in groups called for **more efforts to address mental health needs and substance use issues in their communities**. Among their suggestions:

Provide access to trained mental health professionals in all school districts countywide.

While existing school counselors are usually well-positioned to help identify and refer students in need of professional mental health services, school districts also should employ or contract with qualified mental health professionals who can provide therapeutic support for students in need.

Develop a stronger pipeline of mental health professionals, by creating career pathway programs to encourage students to enter the behavioral health field.

"Maybe behavioral health centers can go into colleges to offer signing bonuses to those – to you know, graduating students."

Participants in all groups noted the need to expand access to primary care services.

- **Establish community clinics that would serve as hubs for mental and physical health care, as well as social services.** One participant envisioned *"comprehensive health centers"* in communities that would provide *"physical, mental, [and dental care]… in a culturally competent way."* Another suggested a mobile clinic to bring health care services directly into the community and envisioned a *"one-stop shop"* for health services geared to community needs: *"Having a mobile unit in Chester to go to the different parts that will help, that would take away a lot of the barriers."* Creating a visiting nurse program or once-monthly clinic in an easily accessible community location to provide basic care for older adults who do not drive was also suggested.

- Advocate for passage of statewide legislation that would give nurse practitioners the ability to set up independent practices to provide primary care.

Raise awareness of local health and social service resources by conducting outreach directly in communities, in places that people are most likely to frequent.

While the internet can be an efficient way to provide information, more direct outreach into communities is needed:

- Hospitals can better publicize their community health services, such as free seminars, screenings, and health fairs.

- Create a centralized clearinghouse with easily accessible information about a wide range of health and social service resources in the area.

- *"There's definitely resources available, but people just are not aware. We have to go where they [people] are. And we have to be realistic about where they are, depending on the community."*

- *"In Philadelphia, where I go to get my hair done, is a community fridge right in front of the hair place. So, I actually get a lot of news through that community fridge. And I actually talk to [other people using] that fridge versus, you know, in Chester, I'm sort of isolated."*

- Another suggestion was sending trained outreach workers into the community to *"just hear from them what's going on and what services they need."* Another agreed, adding *"if we had multiple teams and volunteers that would go into the community to do it, we could solve a lot of these problems, and work together as a community to get that done."*

Suggested Actions

Increase collaboration and resource sharing among local nonprofits and other service agencies.

"I have seen organizations doing a better job of sharing information," said a participant who works for a social services organization. *"Like my organization, we get information from other social service agencies hat we can distribute to our database of clients, so we tried to do that on a regular basis. So, sharing of resources would be good."*

Provide trained advocates to help people navigate health and social services.

- Providing **medical advocates to help those with financial needs access medical assistance programs**, such as programs to defray the cost of prescription drugs, was recommended.

- A participant **described a program that's already working well in her church, which employs a nurse who helps members navigate a variety of health and social service needs.** *"She runs a caregiver support group, which was my lifeline, when I was going through a really difficult time. She welcomes you, when you join the church; she will accompany you to doctor appointments to serve as your advocate. She will help you with transportation. If you need to move into assisted living, she'll help you with that,"* the participant explained.

Develop new programs, or raise awareness of existing efforts, to educate youth and adults on healthy eating and other valuable skills, such as cooking, food shopping, and budgeting.

Participants mentioned several programs that already are working well to support families with developing healthy lifestyles and improving their welfare. For example, one participant mentioned his organization offers a program to *"show our clients how to cook healthy nutritious meals, [with] handed out samples for them right there."* Another program provides a community dinner for families, followed by homework help for youth while parents attend customer service training as part of a job training initiative.

Expand affordable transportation options for older adults and create a way to regularly check in on those who are socially isolated.

Free or inexpensive transportation options are needed to help older adults get to and from medical appointments and other community services, helping them to age in place. One participant also recommended creating a service, perhaps led by volunteers, to call on homebound adults to check in and assess their needs.

Expand access to affordable housing.

One participant, an attorney, suggested passing a local ordinance requiring that a certain percentage of units in new developments be offered at affordable prices for people living on fixed or limited incomes.

Expand efforts to close the digital divide.

Delaware County is conducting a survey to assess residents' access to broadband internet. In addition to affordable internet service, some residents need access to computer equipment and skills training, several said.

Increase assistance for returning citizens, especially those in need of valid IDs.

Compared with Philadelphia, which has several programs to help people with the application and fees to obtain an ID, similar programs in Chester are limited, with more support needed.

AIRPORT CORRIDOR

ZIP CODES: 19022, 19033, 19043, 19074, 19076, 19078

This community is served by:

- Children's Hospital of Philadelphia
- Magee Rehabilitation
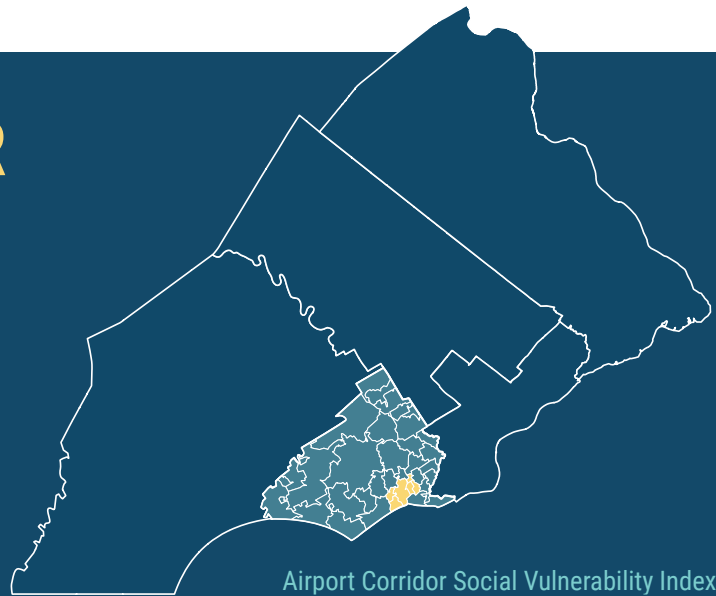
Airport Corridor Social Vulnerability Index
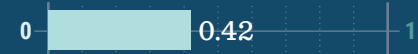
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POPULATION
39,002

MEDIAN HOUSEHOLD INCOME
$70,019

AGE DISTRIBUTION

MALE | FEMALE

Age		
<5		
5–9		
10–14		
15–19		
20–24		
25–29		
30–34		
35–39		
40–44		
45–49		
50–54		
55–59		
60–64		
65–69		
70–74		
75–70		
80–84		
85+		

10% 8% 6% 4% 2% 0% 2% 4% 6% 8% 10%

RACE/ETHNICITY/LANGUAGE

- 1.7% | **Asian***
- 5.4% | **Black***
- 3.7% | **Hispanic/Latino**
- 87.0% | **White***
- 2.1% | **Other***

* Non-Hispanic

Foreign-born **4.1%**

Not Fluent in English **2.5%**

0% 5% 10% 15% 20% 25%
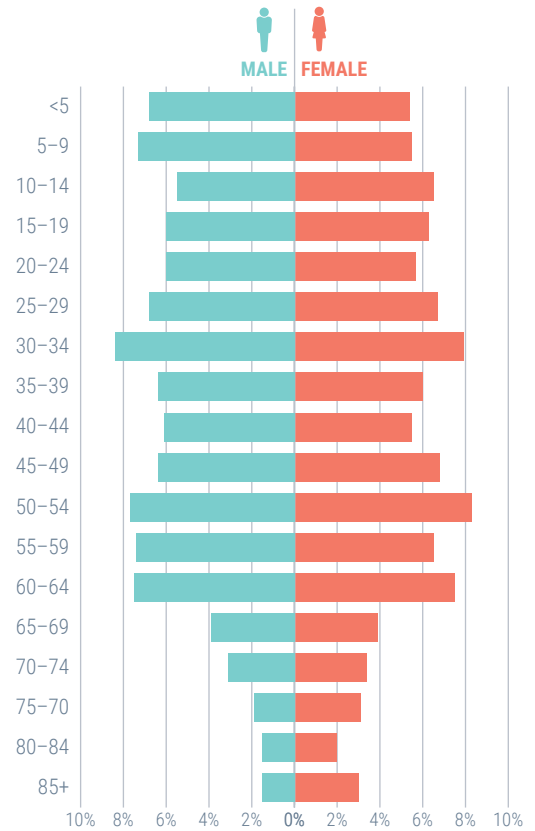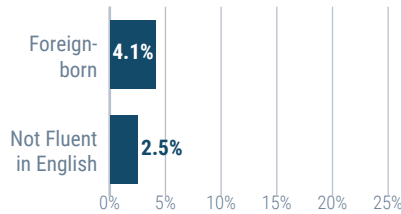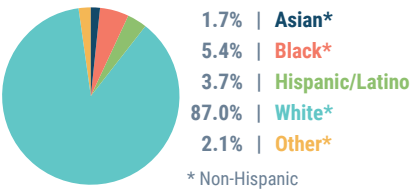
LEADING CAUSES OF DEATH

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

EDUCATIONAL ATTAINMENT

High school as highest education level **32.1%**

PEOPLE WITH DISABILITIES
12.8%

summary health measures

		Airport Corridor		Delaware County	
		Pre-2020 Estimate*	2020 Estimate*	Pre-2020 Estimate*	2020 Estimate*
General	All-cause mortality rate (per 100,000)	974.3	1,130.7	973.2	1,139.5
	Life expectancy: Female (in years)	80.0	78.4	81.3	79.5
	Life expectancy: Male (in years)	73.4	73.0	76.0	73.9
	Years of potential life lost before 75	3,524	3,377	37,712	43,617
COVID-19	COVID-related emergency department utilization (per 100,000)	N/A	233.3	N/A	713.4
	COVID-related hospitalization rate (per 100,000)	N/A	530.7	N/A	564.8
Chronic Disease & Health Behaviors	Adult obesity prevalence	28.6%		29.1%	
	Diabetes prevalence	9.2%		10.0%	
	Diabetes-related hospitalization rate (per 100,000)	156.4	138.5	149.6	142.6
	Hypertension prevalence	28.5%		29.9%	
	Hypertension-related hospitalization rate (per 100,000)	341.0	325.6	439.5	394.0
	Potentially preventable hospitalization rate (per 100,000)	984.6	879.4	1,070.1	897.4
	Premature cardiovascular disease mortality rate (per 100,000)	51.3	43.6	36.5	36.0
	Major cancer incidence rate (per 100,000)	271.8		262.9	
	Major cancer mortality rate (per 100,000)	89.7		88.9	
	Colorectal cancer screening	63.8%		65.1%	
	Mammography screening	75.4%		77.4%	
	Physical inactivity (leisure time) prevalence	21.7%		21.6%	
Infant & Child Health	Asthma hospitalization rate <18 years (per 100,000 <18)	--	--	14.1	7.0
	Infant mortality rate (per 1,000 live births)	--	--	6.9	6.2
	Percent low birthweight births out of live births	6.2%	8.2%	8.5%	9.2%
	Percent preterm births out of live births	8.2%	6.5%	9.2%	9.6%
Behavioral Health	Adult binge drinking	21.7%		19.6%	
	Adult smoking	19.7%		17.5%	
	Drug overdose mortality rate (per 100,000)	41.0	43.6	30.3	31.2
	Opioid-related hospitalization rate (per 100,000)	256.4	243.6	130.7	125.5
	Substance-related hospitalization rate (per 100,000)	889.7	876.9	557.7	504.3
	Poor mental health for 14+ days in past 30 days	14.8%		14.0%	
	Suicide mortality rate (per 100,000)	25.6	--	13.5	11.7
Injuries	Fall-related hospitalization rate (per 100,000)	8,941.2	9,921.6	3,869.3	3,988.7
	Gun-related emergency department utilization (per 100,000)	--	54.1	29.8	27.6
	Homicide mortality rate (per 100,000)	--	--	6.0	9.9
Access to Care	Adults 19-64 years with Medicaid	13.6%		13.4%	
	Children <19 years with public insurance	33.6%		33.0%	
	Population without insurance	4.8%		4.7%	
	Children <19 years without insurance	2.8%		2.3%	
	Emergency department utilization (per 100,000)	23,889.7	39,524.7	24,497.8	29,155.4
	High emergency department utilization (per 100,000)	530.6	1,239.9	475.3	795.4
Social & Economic Conditions	Population in poverty	9.6%		9.9%	
	Children <18 years in poverty	14.9%		13.5%	
	Adults 19-64 years unemployed	2.7%		2.5%	
	Householders living alone who are 65+ years	32.9%		37.2%	
	Households receiving SNAP benefits	12.8%		10.1%	
	Households that are housing cost-burdened	18.8%		15.8%	
	Housing with potential lead risk	83.9%		69.8%	
	Vacant housing units	9.2%		6.9%	

* 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.

CENTRAL DELAWARE COUNTY

ZIP CODES: 19014, 19015, 19017, 19063, 19064, 19070, 19081, 19086

This community is served by:

- Bryn Mawr Rehab Hospital
- Children's Hospital of Philadelphia
- Magee Rehabilitation
- Main Line Health

Central Delaware County
Social Vulnerability Index

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POPULATION

127,001

MEDIAN HOUSEHOLD INCOME

$91,378

AGE DISTRIBUTION

MALE | FEMALE

<5	
5–9	
10–14	
15–19	
20–24	
25–29	
30–34	
35–39	
40–44	
45–49	
50–54	
55–59	
60–64	
65–69	
70–74	
75–70	
80–84	
85+	

10% 8% 6% 4% 2% 0% 2% 4% 6% 8% 10%

RACE/ETHNICITY/LANGUAGE

4.2% | **Asian***
7.6% | **Black***
1.8% | **Hispanic/Latino**
83.9% | **White***
2.2% | **Other***

* Non-Hispanic

Foreign-born **6.5%**

Not Fluent in English **2.1%**

0% 5% 10% 15% 20% 25%

LEADING CAUSES OF DEATH

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

EDUCATIONAL ATTAINMENT

High school as highest education level **20.2%**

PEOPLE WITH DISABILITIES **10.9%**

summary health measures

		Central Delaware County		Delaware County	
		Pre-2020 Estimate*	2020 Estimate*	Pre-2020 Estimate*	2020 Estimate*
General	All-cause mortality rate (per 100,000)	1,103.9	1,232.3	973.2	1,139.5
	Life expectancy: Female (in years)	81.9	80.6	81.3	79.5
	Life expectancy: Male (in years)	78.0	76.6	76.0	73.9
	Years of potential life lost before 75	6,684	7,695	37,712	43,617
COVID-19	COVID-related emergency department utilization (per 100,000)	N/A	242.5	N/A	713.4
	COVID-related hospitalization rate (per 100,000)	N/A	503.1	N/A	564.8
Chronic Disease & Health Behaviors	Adult obesity prevalence	26.5%		29.1%	
	Diabetes prevalence	9.0%		10.0%	
	Diabetes-related hospitalization rate (per 100,000)	103.1	86.6	149.6	142.6
	Hypertension prevalence	28.8%		29.9%	
	Hypertension-related hospitalization rate (per 100,000)	366.1	352.8	439.5	394.0
	Potentially preventable hospitalization rate (per 100,000)	918.1	772.4	1,070.1	897.4
	Premature cardiovascular disease mortality rate (per 100,000)	28.3	26.0	36.5	36.0
	Major cancer incidence rate (per 100,000)	279.5		262.9	
	Major cancer mortality rate (per 100,000)	87.4		88.9	
	Colorectal cancer screening	67.6%		65.1%	
	Mammography screening	77.2%		77.4%	
	Physical inactivity (leisure time) prevalence	19.0%		21.6%	
Infant & Child Health	Asthma hospitalization rate <18 years (per 100,000 <18)	--	--	14.1	7.0
	Infant mortality rate (per 1,000 live births)	5.8	--	6.9	6.2
	Percent low birthweight births out of live births	7.1%	6.8%	8.5%	9.2%
	Percent preterm births out of live births	6.3%	5.6%	9.2%	9.6%
Behavioral Health	Adult binge drinking	20.2%		19.6%	
	Adult smoking	15.1%		17.5%	
	Drug overdose mortality rate (per 100,000)	28.3	26.0	30.3	31.2
	Opioid-related hospitalization rate (per 100,000)	85.8	86.6	130.7	125.5
	Substance-related hospitalization rate (per 100,000)	348.0	339.4	557.7	504.3
	Poor mental health for 14+ days in past 30 days	12.5%		14.0%	
	Suicide mortality rate (per 100,000)	14.2	9.4	13.5	11.7
Injuries	Fall-related hospitalization rate (per 100,000)	7,729.5	8,212.6	3,869.3	3,988.7
	Gun-related emergency department utilization (per 100,000)	19.6	22.0	29.8	27.6
	Homicide mortality rate (per 100,000)	--	--	6.0	9.9
Access to Care	Adults 19-64 years with Medicaid	8.4%		13.4%	
	Children <19 years with public insurance	20.3%		33.0%	
	Population without insurance	2.6%		4.7%	
	Children <19 years without insurance	1.5%		2.3%	
	Emergency department utilization (per 100,000)	19,617.2	22,424.1	24,497.8	29,155.4
	High emergency department utilization (per 100,000)	299.6	474.1	475.3	795.4
Social & Economic Conditions	Population in poverty	5.2%		9.9%	
	Children <18 years in poverty	6.1%		13.5%	
	Adults 19-64 years unemployed	2.1%		2.5%	
	Householders living alone who are 65+ years	43.6%		37.2%	
	Households receiving SNAP benefits	5.6%		10.1%	
	Households that are housing cost-burdened	12.3%		15.8%	
	Housing with potential lead risk	68.5%		69.8%	
	Vacant housing units	4.3%		6.9%	

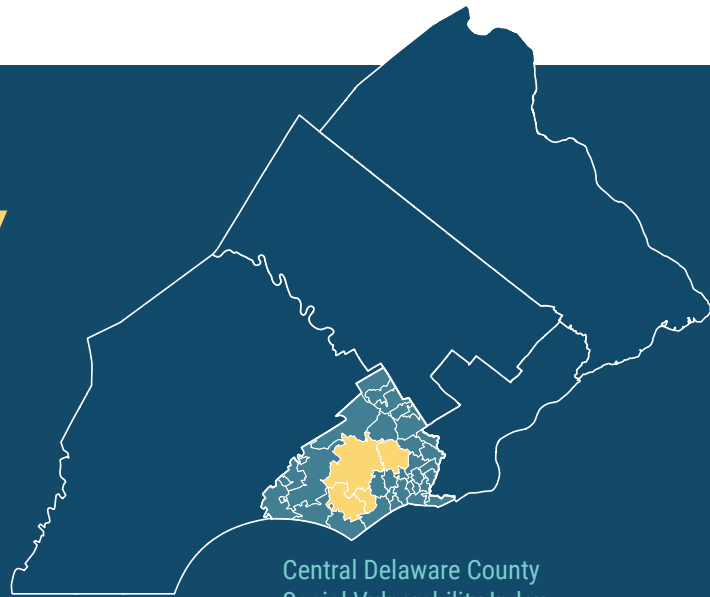* Estimates represent the most recent pre-2020 data available; 2020 estimates are shown if available.
-- Estimates are unavailable or unreliable due to low sample size within a community.

CHESTER/
I-95 CORRIDOR

ZIP CODES: 19013, 19061, 19094

This community is served by:

- Bryn Mawr Rehab Hospital
- Children's Hospital of Philadelphia
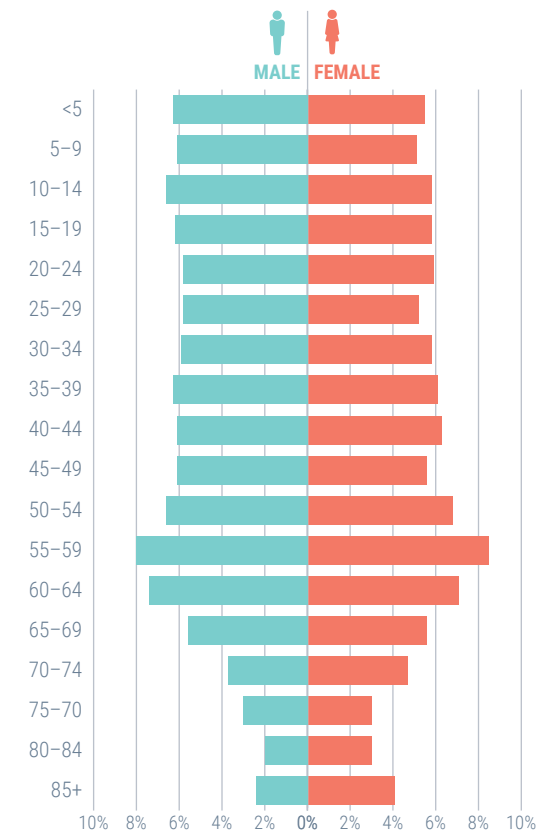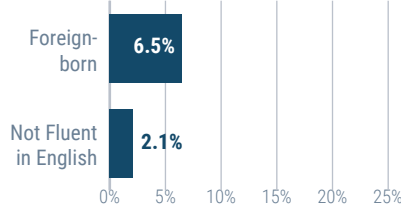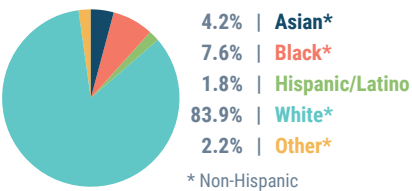- Magee Rehabilitation
- Main Line Health
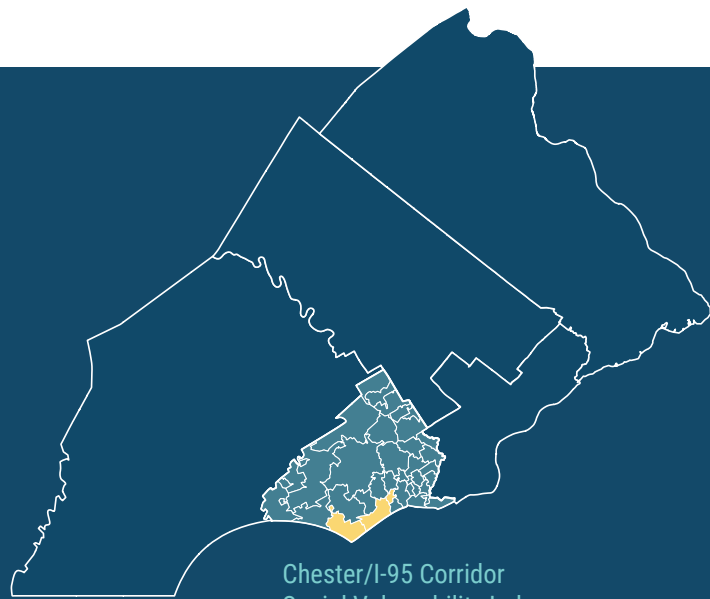
Chester/I-95 Corridor
Social Vulnerability Index

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POPULATION
59,442

MEDIAN HOUSEHOLD INCOME
$54,784

AGE DISTRIBUTION

MALE | FEMALE

RACE/ETHNICITY/LANGUAGE

1.5% | **Asian***
46.1% | **Black***
8.1% | **Hispanic/Latino**
41.9% | **White***
2.4% | **Other***

* Non-Hispanic

Foreign-born **4.5%**

Not Fluent in English **3.8%**

0% 5% 10% 15% 20% 25%

LEADING CAUSES OF DEATH

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

EDUCATIONAL ATTAINMENT

High school as highest education level **36.9%**

PEOPLE WITH DISABILITIES **16.4%**

summary health measures

		Chester/I-95 Corridor		Delaware County	
		Pre-2020 Estimate*	2020 Estimate*	Pre-2020 Estimate*	2020 Estimate*
General	All-cause mortality rate (per 100,000)	1,184.3	1,318.9	973.2	1,139.5
	Life expectancy: Female (in years)	75.7	74.7	81.3	79.5
	Life expectancy: Male (in years)	68.9	65.7	76.0	73.9
	Years of potential life lost before 75	7,512	9,107	37,712	43,617
COVID-19	COVID-related emergency department utilization (per 100,000)	N/A	282.6	N/A	713.4
	COVID-related hospitalization rate (per 100,000)	N/A	824.3	N/A	564.8
Chronic Disease & Health Behaviors	Adult obesity prevalence	36.9%		29.1%	
	Diabetes prevalence	14.4%		10.0%	
	Diabetes-related hospitalization rate (per 100,000)	277.6	301.1	149.6	142.6
	Hypertension prevalence	35.8%		29.9%	
	Hypertension-related hospitalization rate (per 100,000)	694.8	715.0	439.5	394.0
	Potentially preventable hospitalization rate (per 100,000)	1,552.8	1,472.0	1,070.1	897.4
	Premature cardiovascular disease mortality rate (per 100,000)	63.9	63.9	36.5	36.0
	Major cancer incidence rate (per 100,000)	277.6		262.9	
	Major cancer mortality rate (per 100,000)	100.9		88.9	
	Colorectal cancer screening	58.5%		65.1%	
	Mammography screening	78.4%		77.4%	
	Physical inactivity (leisure time) prevalence	30.4%		21.6%	
Infant & Child Health	Asthma hospitalization rate <18 years (per 100,000 <18)	17.1	6.7	14.1	7.0
	Infant mortality rate (per 1,000 live births)	10.3	15.0	6.9	6.2
	Percent low birthweight births out of live births	12.1%	15.2%	8.5%	9.2%
	Percent preterm births out of live births	9.5%	10.0%	9.2%	9.6%
Behavioral Health	Adult binge drinking	17.6%		19.6%	
	Adult smoking	24.8%		17.5%	
	Drug overdose mortality rate (per 100,000)	60.6	47.1	30.3	31.2
	Opioid-related hospitalization rate (per 100,000)	316.3	321.3	130.7	125.5
	Substance-related hospitalization rate (per 100,000)	1,248.3	1,142.3	557.7	504.3
	Poor mental health for 14+ days in past 30 days	18.6%		14.0%	
	Suicide mortality rate (per 100,000)	15.1	--	13.5	11.7
Injuries	Fall-related hospitalization rate (per 100,000)	9,642.6	10,612.4	3,869.3	3,988.7
	Gun-related emergency department utilization (per 100,000)	207.8	90.6	29.8	27.6
	Homicide mortality rate (per 100,000)	26.9	42.1	6.0	9.9
Access to Care	Adults 19-64 years with Medicaid	26.8%		13.4%	
	Children <19 years with public insurance	65.6%		33.0%	
	Population without insurance	6.1%		4.7%	
	Children <19 years without insurance	2.7%		2.3%	
	Emergency department utilization (per 100,000)	37,778.9	54,970.0	24,497.8	29,155.4
	High emergency department utilization (per 100,000)	897.0	1,923.6	475.3	795.4
Social & Economic Conditions	Population in poverty	22.5%		9.9%	
	Children <18 years in poverty	32.7%		13.5%	
	Adults 19-64 years unemployed	3.7%		2.5%	
	Householders living alone who are 65+ years	37.9%		37.2%	
	Households receiving SNAP benefits	22.9%		10.1%	
	Households that are housing cost-burdened	29.2%		15.8%	
	Housing with potential lead risk	70.0%		69.8%	
	Vacant housing units	10.8%		6.9%	

* 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.

MAIN LINE CENTRAL

ZIP CODES: 19003, 19010, 19035, 19041, 19085, 19087

This community is served by:

- Bryn Mawr Rehab Hospital
- Children's Hospital of Philadelphia
- Magee Rehabilitation
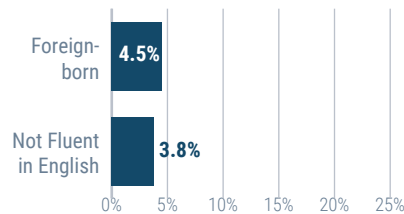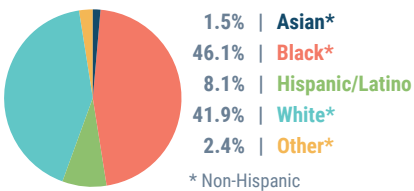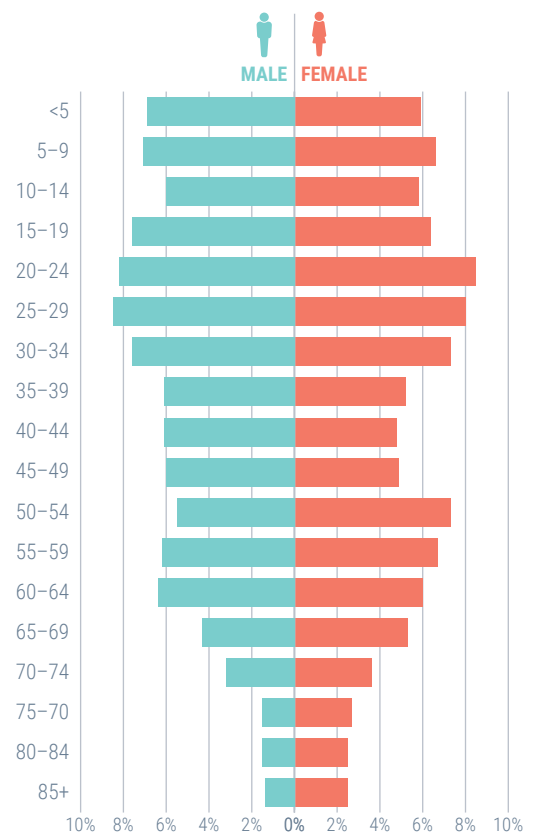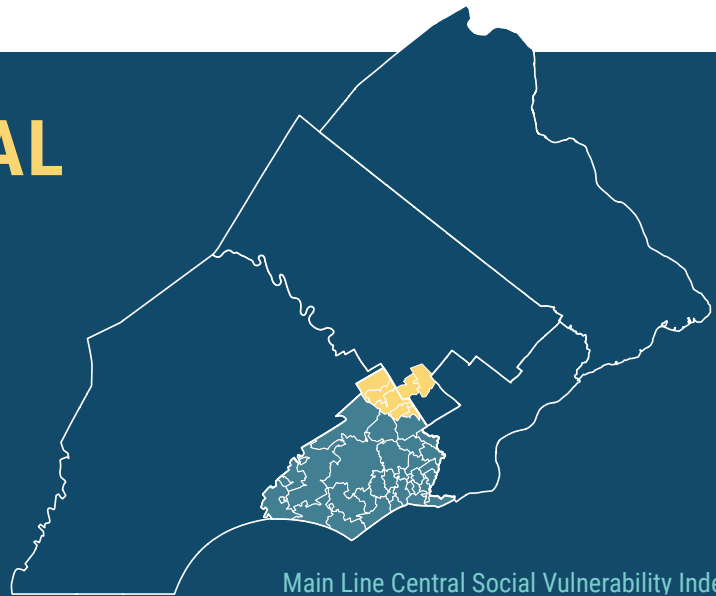- Main Line Health

Main Line Central Social Vulnerability Index

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POPULATION

86,489

MEDIAN HOUSEHOLD INCOME

$141,377

RACE/ETHNICITY/LANGUAGE

- 7.8% | **Asian***
- 4.9% | **Black***
- 4.6% | **Hispanic/Latino**
- 79.3% | **White***
- 3.3% | **Other***

* Non-Hispanic

Foreign-born **12.3%**

Not Fluent in English **3.4%**

LEADING CAUSES OF DEATH

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

EDUCATIONAL ATTAINMENT

High school as highest education level **6.4%**

PEOPLE WITH DISABILITIES **7.1%**

AGE DISTRIBUTION

MALE | FEMALE

Age	
<5	
5–9	
10–14	
15–19	
20–24	
25–29	
30–34	
35–39	
40–44	
45–49	
50–54	
55–59	
60–64	
65–69	
70–74	
75–70	
80–84	
85+	

12% 10% 8% 6% 4% 2% 0% 2% 4% 6% 8% 10% 12%

summary health measures

		Main Line Central		Delaware County	
		Pre-2020 Estimate*	2020 Estimate*	Pre-2020 Estimate*	2020 Estimate*
General	All-cause mortality rate (per 100,000)	712.2	838.3	973.2	1,139.5
	Life expectancy: Female (in years)	85.3	84.4	81.3	79.5
	Life expectancy: Male (in years)	82.8	81.0	76.0	73.9
	Years of potential life lost before 75	2,229	2,500	37,712	43,617
COVID-19	COVID-related emergency department utilization (per 100,000)	N/A	355.0	N/A	713.4
	COVID-related hospitalization rate (per 100,000)	N/A	260.1	N/A	564.8
Chronic Disease & Health Behaviors	Adult obesity prevalence	23.9%		29.1%	
	Diabetes prevalence	7.4%		10.0%	
	Diabetes-related hospitalization rate (per 100,000)	41.6	76.3	149.6	142.6
	Hypertension prevalence	25.1%		29.9%	
	Hypertension-related hospitalization rate (per 100,000)	257.8	230.1	439.5	394.0
	Potentially preventable hospitalization rate (per 100,000)	633.6	573.5	1,070.1	897.4
	Premature cardiovascular disease mortality rate (per 100,000)	13.9	16.2	36.5	36.0
	Major cancer incidence rate (per 100,000)	218.5		262.9	
	Major cancer mortality rate (per 100,000)	70.5		88.9	
	Colorectal cancer screening	72.2%		65.1%	
	Mammography screening	78.7%		77.4%	
	Physical inactivity (leisure time) prevalence	15.4%		21.6%	
Infant & Child Health	Asthma hospitalization rate <18 years (per 100,000 <18)	3.9	--	14.1	7.0
	Infant mortality rate (per 1,000 live births)	--	--	6.9	6.2
	Percent low birthweight births out of live births	5.9%	4.7%	8.5%	9.2%
	Percent preterm births out of live births	5.9%	4.7%	9.2%	9.6%
Behavioral Health	Adult binge drinking	19.9%		19.6%	
	Adult smoking	11.0%		17.5%	
	Drug overdose mortality rate (per 100,000)	6.9	12.7	30.3	31.2
	Opioid-related hospitalization rate (per 100,000)	8.1	10.4	130.7	125.5
	Substance-related hospitalization rate (per 100,000)	161.9	122.6	557.7	504.3
	Poor mental health for 14+ days in past 30 days	11.5%		14.0%	
	Suicide mortality rate (per 100,000)	10.4	8.1	13.5	11.7
Injuries	Fall-related hospitalization rate (per 100,000)	8,737.1	8,343.4	3,869.3	3,988.7
	Gun-related emergency department utilization (per 100,000)	--	9.0	29.8	27.6
	Homicide mortality rate (per 100,000)	--	--	6.0	9.9
Access to Care	Adults 19-64 years with Medicaid	4.5%		13.4%	
	Children <19 years with public insurance	12.6%		33.0%	
	Population without insurance	2.2%		4.7%	
	Children <19 years without insurance	1.7%		2.3%	
	Emergency department utilization (per 100,000)	15,965.6	12,449.6	24,497.8	29,155.4
	High emergency department utilization (per 100,000)	144.9	137.7	475.3	795.4
Social & Economic Conditions	Population in poverty	5.2%		9.9%	
	Children <18 years in poverty	3.5%		13.5%	
	Adults 19-64 years unemployed	1.7%		2.5%	
	Householders living alone who are 65+ years	43.8%		37.2%	
	Households receiving SNAP benefits	2.0%		10.1%	
	Households that are housing cost-burdened	10.9%		15.8%	
	Housing with potential lead risk	59.9%		69.8%	
	Vacant housing units	6.2%		6.9%	

* 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.

ROUTE 3 CORRIDOR

ZIP CODES: 19008, 19073, 19083

This community is served by:

- Bryn Mawr Rehab Hospital
- Children's Hospital of Philadelphia
- Magee Rehabilitation
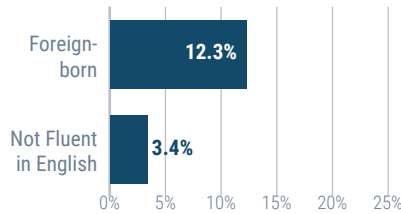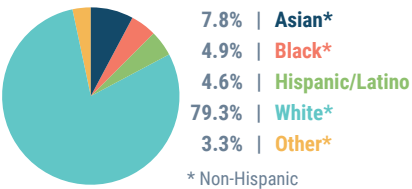- Main Line Health

Route 3 Corridor Social Vulnerability Index

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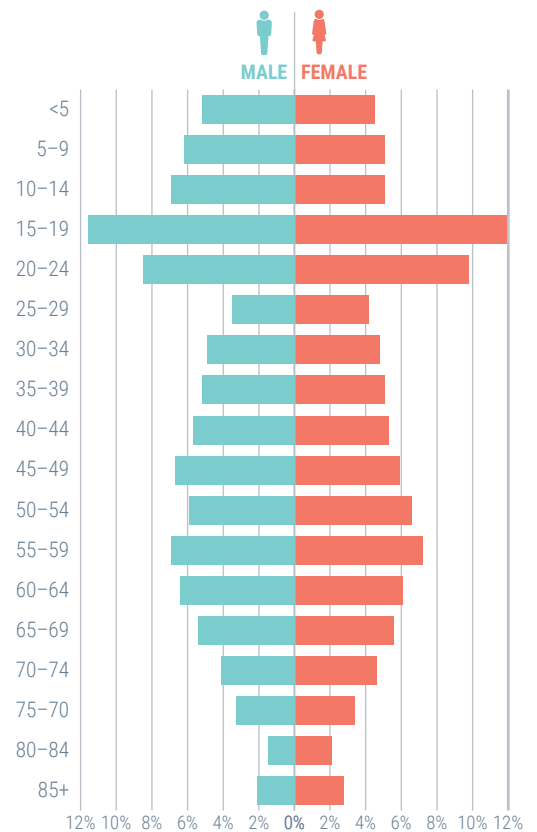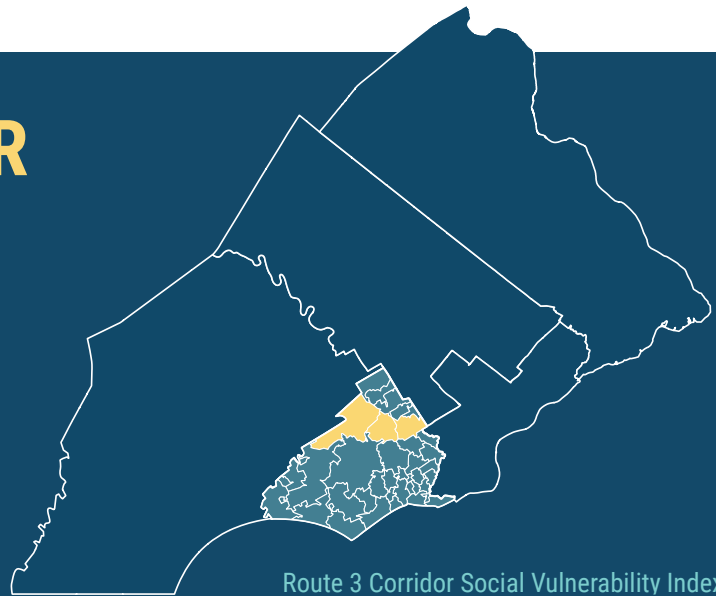
POPULATION
77,330

MEDIAN HOUSEHOLD INCOME
$106,842

AGE DISTRIBUTION

MALE | FEMALE

<5	
5–9	
10–14	
15–19	
20–24	
25–29	
30–34	
35–39	
40–44	
45–49	
50–54	
55–59	
60–64	
65–69	
70–74	
75–70	
80–84	
85+	

8% 7% 6% 5% 4% 3% 2% 1% 0% 1% 2% 3% 4% 5% 6% 7% 8%

RACE/ETHNICITY/LANGUAGE

- 6.0% | **Asian***
- 2.2% | **Black***
- 1.8% | **Hispanic/Latino**
- 87.6% | **White***
- 2.2% | **Other***

* Non-Hispanic

Foreign-born **9.0%**

Not Fluent in English **3.9%**

0% 5% 10% 15% 20% 25%
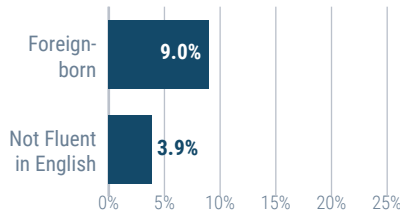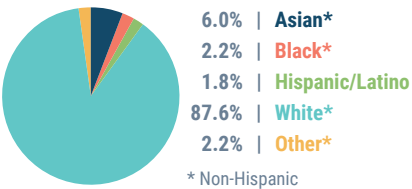
LEADING CAUSES OF DEATH

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

EDUCATIONAL ATTAINMENT

High school as highest education level **17.0%**

PEOPLE WITH DISABILITIES
9.6%

summary health measures

		Route 3 Corridor		Delaware County	
		Pre-2020 Estimate*	2020 Estimate*	Pre-2020 Estimate*	2020 Estimate*
General	All-cause mortality rate (per 100,000)	963.4	1,184.5	973.2	1,139.5
	Life expectancy: Female (in years)	84.3	82.4	81.3	79.5
	Life expectancy: Male (in years)	81.6	77.9	76.0	73.9
	Years of potential life lost before 75	2,826	3,715	37,712	43,617
COVID-19	COVID-related emergency department utilization (per 100,000)	N/A	384.1	N/A	713.4
	COVID-related hospitalization rate (per 100,000)	N/A	386.7	N/A	564.8
Chronic Disease & Health Behaviors	Adult obesity prevalence	25.1%		29.1%	
	Diabetes prevalence	8.8%		10.0%	
	Diabetes-related hospitalization rate (per 100,000)	85.3	63.4	149.6	142.6
	Hypertension prevalence	28.9%		29.9%	
	Hypertension-related hospitalization rate (per 100,000)	380.2	301.3	439.5	394.0
	Potentially preventable hospitalization rate (per 100,000)	916.8	681.5	1,070.1	897.4
	Premature cardiovascular disease mortality rate (per 100,000)	18.1	22.0	36.5	36.0
	Major cancer incidence rate (per 100,000)	297.4		262.9	
	Major cancer mortality rate (per 100,000)	90.5		88.9	
	Colorectal cancer screening	68.7%		65.1%	
	Mammography screening	77.2%		77.4%	
	Physical inactivity (leisure time) prevalence	17.8%		21.6%	
Infant & Child Health	Asthma hospitalization rate <18 years (per 100,000 <18)	4.6	--	14.1	7.0
	Infant mortality rate (per 1,000 live births)	--	--	6.9	6.2
	Percent low birthweight births out of live births	4.9%	4.4%	8.5%	9.2%
	Percent preterm births out of live births	5.5%	5.1%	9.2%	9.6%
Behavioral Health	Adult binge drinking	19.8%		19.6%	
	Adult smoking	13.7%		17.5%	
	Drug overdose mortality rate (per 100,000)	19.4	20.7	30.3	31.2
	Opioid-related hospitalization rate (per 100,000)	41.4	36.2	130.7	125.5
	Substance-related hospitalization rate (per 100,000)	269.0	239.2	557.7	504.3
	Poor mental health for 14+ days in past 30 days	11.4%		14.0%	
	Suicide mortality rate (per 100,000)	--	14.2	13.5	11.7
Injuries	Fall-related hospitalization rate (per 100,000)	8,569.1	8,624.0	3,869.3	3,988.7
	Gun-related emergency department utilization (per 100,000)	7.4	9.6	29.8	27.6
	Homicide mortality rate (per 100,000)	--	--	6.0	9.9
Access to Care	Adults 19-64 years with Medicaid	6.4%		13.4%	
	Children <19 years with public insurance	14.6%		33.0%	
	Population without insurance	2.4%		4.7%	
	Children <19 years without insurance	1.2%		2.3%	
	Emergency department utilization (per 100,000)	18,491.2	15,361.2	24,497.8	29,155.4
	High emergency department utilization (per 100,000)	201.3	169.7	475.3	795.4
Social & Economic Conditions	Population in poverty	4.0%		9.9%	
	Children <18 years in poverty	4.1%		13.5%	
	Adults 19-64 years unemployed	1.8%		2.5%	
	Householders living alone who are 65+ years	48.4%		37.2%	
	Households receiving SNAP benefits	3.6%		10.1%	
	Households that are housing cost-burdened	11.6%		15.8%	
	Housing with potential lead risk	72.6%		69.8%	
	Vacant housing units	4.3%		6.9%	

* 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.

UPPER DARBY AND LANSDOWNE

ZIP CODES: 19018, 19023, 19026, 19029, 19032, 19036, 19050, 19079, 19082

This community is served by:

- Bryn Mawr Rehab Hospital
- Children's Hospital of Philadelphia
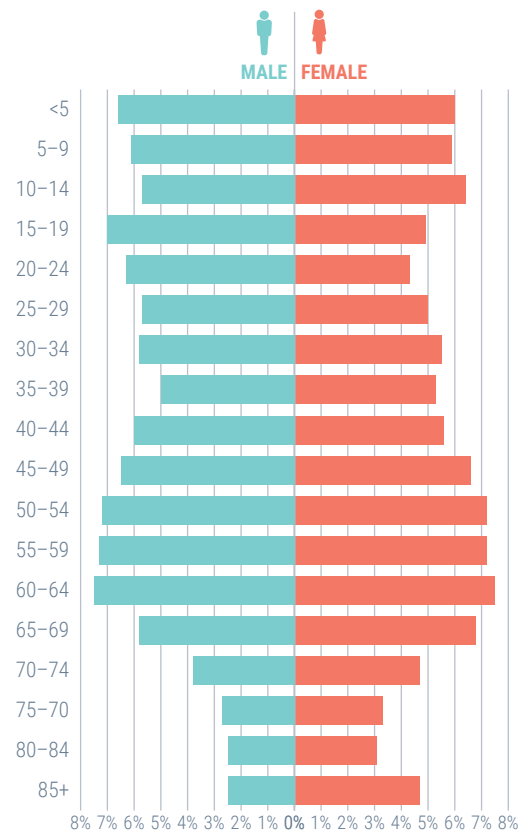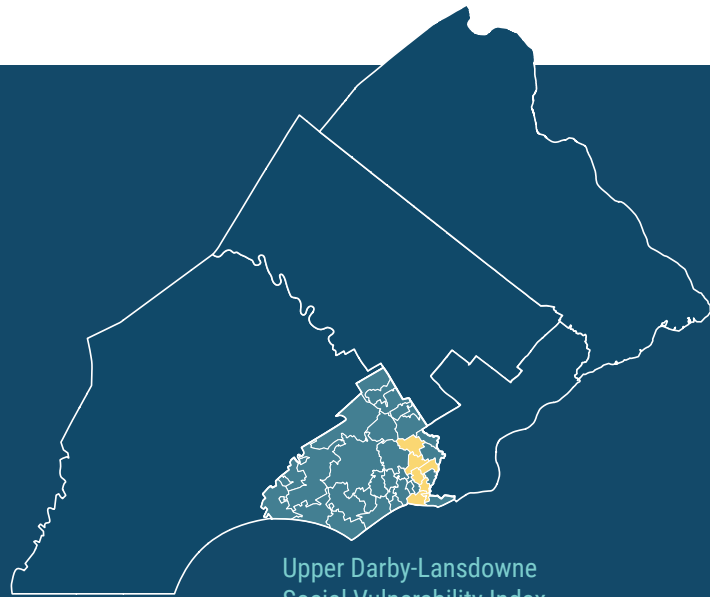- Magee Rehabilitation
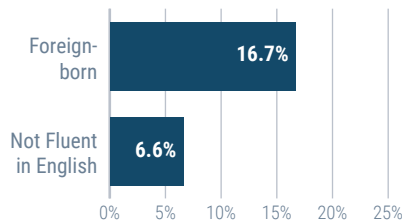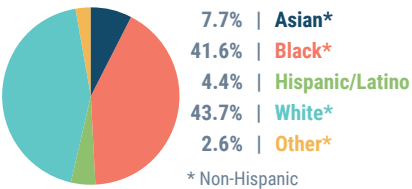- Main Line Health
- Trinity Health Mid-Atlantic

Upper Darby-Lansdowne
Social Vulnerability Index

0 — 0.57 — 1

POPULATION
178,580

MEDIAN HOUSEHOLD INCOME
$56,454

RACE/ETHNICITY/LANGUAGE

- 7.7% | **Asian***
- 41.6% | **Black***
- 4.4% | **Hispanic/Latino**
- 43.7% | **White***
- 2.6% | **Other***

* Non-Hispanic

Foreign-born **16.7%**

Not Fluent in English **6.6%**

0% 5% 10% 15% 20% 25%
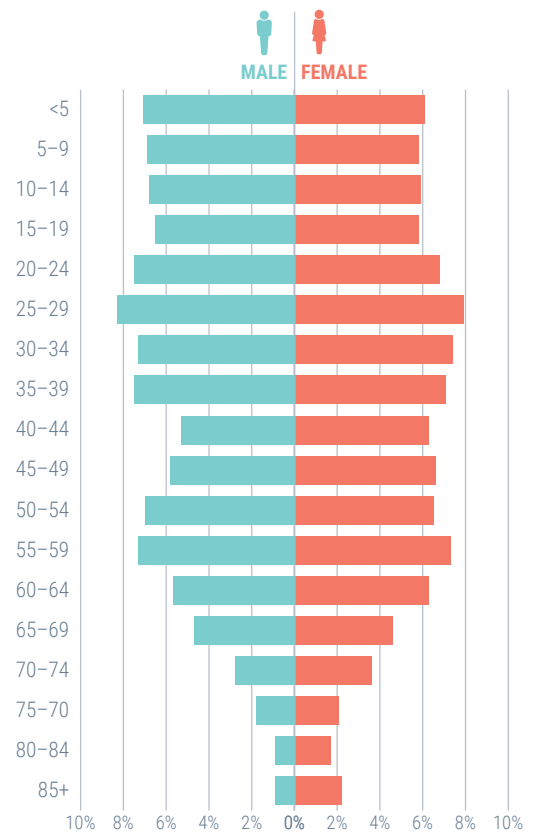
LEADING CAUSES OF DEATH

1. Heart disease
2. Cancer
3. COVID-19
4. Cerebrovascular diseases
5. Drug overdose

EDUCATIONAL ATTAINMENT

High school as highest education level **29.6%**

PEOPLE WITH DISABILITIES **13.2%**

AGE DISTRIBUTION

MALE | FEMALE

Age	
<5	
5–9	
10–14	
15–19	
20–24	
25–29	
30–34	
35–39	
40–44	
45–49	
50–54	
55–59	
60–64	
65–69	
70–74	
75–70	
80–84	
85+	

10% 8% 6% 4% 2% 0% 2% 4% 6% 8% 10%

summary health measures

		Upper Darby-Lansdowne		Delaware County	
		Pre-2020 Estimate*	2020 Estimate*	Pre-2020 Estimate*	2020 Estimate*
General	All-cause mortality rate (per 100,000)	846.7	1,011.9	973.2	1,139.5
	Life expectancy: Female (in years)	80.5	78.2	81.3	79.5
	Life expectancy: Male (in years)	73.2	71.2	76.0	73.9
	Years of potential life lost before 75	14,984	16,874	37,712	43,617
COVID-19	COVID-related emergency department utilization (per 100,000)	N/A	575.7	N/A	713.4
	COVID-related hospitalization rate (per 100,000)	N/A	705.6	N/A	564.8
Chronic Disease & Health Behaviors	Adult obesity prevalence	32.1%		29.1%	
	Diabetes prevalence	11.1%		10.0%	
	Diabetes-related hospitalization rate (per 100,000)	207.2	193.8	149.6	142.6
	Hypertension prevalence	31.3%		29.9%	
	Hypertension-related hospitalization rate (per 100,000)	514.1	427.3	439.5	394.0
	Potentially preventable hospitalization rate (per 100,000)	1,249.9	1,011.3	1,070.1	897.4
	Premature cardiovascular disease mortality rate (per 100,000)	48.7	46.5	36.5	36.0
	Major cancer incidence rate (per 100,000)	222.9		262.9	
	Major cancer mortality rate (per 100,000)	85.1		88.9	
	Colorectal cancer screening	61.8%		65.1%	
	Mammography screening	77.6%		77.4%	
	Physical inactivity (leisure time) prevalence	24.6%		21.6%	
Infant & Child Health	Asthma hospitalization rate <18 years (per 100,000 <18)	20.7	9.8	14.1	7.0
	Infant mortality rate (per 1,000 live births)	9.1	6.9	6.9	6.2
	Percent low birthweight births out of live births	10.3%	10.7%	8.5%	9.2%
	Percent preterm births out of live births	8.6%	9.2%	9.2%	9.6%
Behavioral Health	Adult binge drinking	18.9%		19.6%	
	Adult smoking	20.5%		17.5%	
	Drug overdose mortality rate (per 100,000)	33.0	39.8	30.3	31.2
	Opioid-related hospitalization rate (per 100,000)	149.0	140.6	130.7	125.5
	Substance-related hospitalization rate (per 100,000)	684.3	586.3	557.7	504.3
	Poor mental health for 14+ days in past 30 days	15.6%		14.0%	
	Suicide mortality rate (per 100,000)	15.7	14.0	13.5	11.7
Injuries	Fall-related hospitalization rate (per 100,000)	10,622.5	10,919.5	3,869.3	3,988.7
	Gun-related emergency department utilization (per 100,000)	18.2	20.5	29.8	27.6
	Homicide mortality rate (per 100,000)	6.7	11.8	6.0	9.9
Access to Care	Adults 19-64 years with Medicaid	18.9%		13.4%	
	Children <19 years with public insurance	50.7%		33.0%	
	Population without insurance	7.9%		4.7%	
	Children <19 years without insurance	3.4%		2.3%	
	Emergency department utilization (per 100,000)	35,532.1	39,400.2	24,497.8	29,155.4
	High emergency department utilization (per 100,000)	770.3	1,151.3	475.3	795.4
Social & Economic Conditions	Population in poverty	14.2%		9.9%	
	Children <18 years in poverty	19.9%		13.5%	
	Adults 19-64 years unemployed	2.9%		2.5%	
	Householders living alone who are 65+ years	27.5%		37.2%	
	Households receiving SNAP benefits	16.8%		10.1%	
	Households that are housing cost-burdened	18.4%		15.8%	
	Housing with potential lead risk	82.8%		69.8%	
	Vacant housing units	9.5%		6.9%	

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

WESTERN DELAWARE COUNTY

ZIP CODES: 19060, 19317, 19319, 19342, 19373

This community is served by:

- Bryn Mawr Rehab Hospital
- Chester County Hospital
- Children's Hospital of Philadelphia
- Magee Rehabilitation
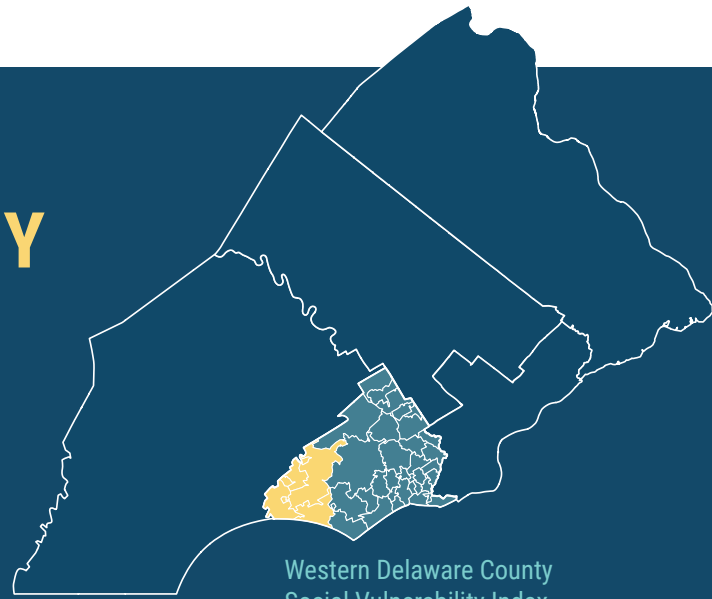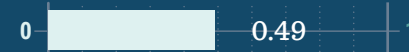- Main Line Health
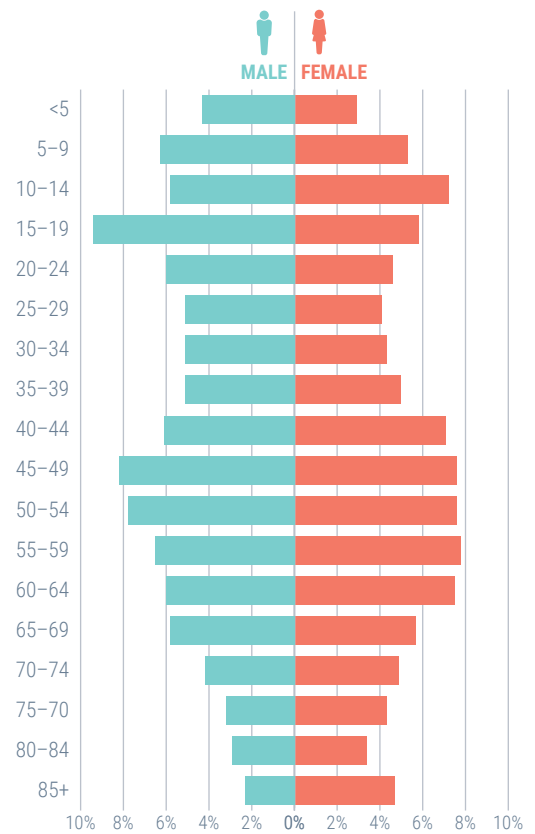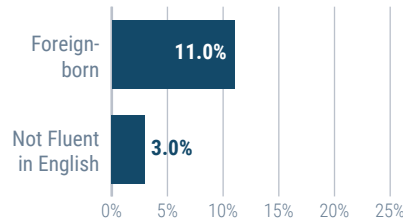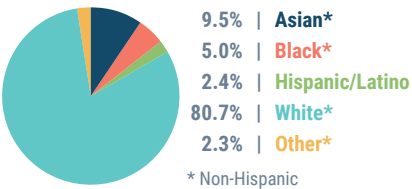
Western Delaware County
Social Vulnerability Index

0 ——————— 0.49 ——————— 1

POPULATION
45,608

MEDIAN HOUSEHOLD INCOME
$161,983

RACE/ETHNICITY/LANGUAGE

- 9.5% | **Asian***
- 5.0% | **Black***
- 2.4% | **Hispanic/Latino**
- 80.7% | **White***
- 2.3% | **Other***

* Non-Hispanic

Foreign-born **11.0%**

Not Fluent in English **3.0%**

0% 5% 10% 15% 20% 25%

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 **15.5%**

PEOPLE WITH DISABILITIES **8.8%**

AGE DISTRIBUTION

MALE | FEMALE

<5	
5–9	
10–14	
15–19	
20–24	
25–29	
30–34	
35–39	
40–44	
45–49	
50–54	
55–59	
60–64	
65–69	
70–74	
75–70	
80–84	
85+	

10% 8% 6% 4% 2% 0% 2% 4% 6% 8% 10%

summary health measures

		Western Delaware County		Delaware County	
		Pre-2020 Estimate*	2020 Estimate*	Pre-2020 Estimate*	2020 Estimate*
General	All-cause mortality rate (per 100,000)	916.5	1,133.6	973.2	1,139.5
	Life expectancy: Female (in years)	86.7	83.4	81.3	79.5
	Life expectancy: Male (in years)	81.6	78.9	76.0	73.9
	Years of potential life lost before 75	1,194	1,907	37,712	43,617
COVID-19	COVID-related emergency department utilization (per 100,000)	N/A	157.9	N/A	713.4
	COVID-related hospitalization rate (per 100,000)	N/A	339.9	N/A	564.8
Chronic Disease & Health Behaviors	Adult obesity prevalence	25.4%		29.1%	
	Diabetes prevalence	8.5%		10.0%	
	Diabetes-related hospitalization rate (per 100,000)	39.5	35.1	149.6	142.6
	Hypertension prevalence	28.1%		29.9%	
	Hypertension-related hospitalization rate (per 100,000)	265.3	239.0	439.5	394.0
	Potentially preventable hospitalization rate (per 100,000)	690.7	530.6	1,070.1	897.4
	Premature cardiovascular disease mortality rate (per 100,000)	13.2	19.7	36.5	36.0
	Major cancer incidence rate (per 100,000)	212.7		262.9	
	Major cancer mortality rate (per 100,000)	100.9		88.9	
	Colorectal cancer screening	69.1%		65.1%	
	Mammography screening	77.4%		77.4%	
	Physical inactivity (leisure time) prevalence	17.3%		21.6%	
Infant & Child Health	Asthma hospitalization rate <18 years (per 100,000 <18)	--	--	14.1	7.0
	Infant mortality rate (per 1,000 live births)	--	--	6.9	6.2
	Percent low birthweight births out of live births	8.0%	6.7%	8.5%	9.2%
	Percent preterm births out of live births	3.8%	6.0%	9.2%	9.6%
Behavioral Health	Adult binge drinking	20.0%		19.6%	
	Adult smoking	13.5%		17.5%	
	Drug overdose mortality rate (per 100,000)	--	21.9	30.3	31.2
	Opioid-related hospitalization rate (per 100,000)	48.2	46.0	130.7	125.5
	Substance-related hospitalization rate (per 100,000)	254.3	208.3	557.7	504.3
	Poor mental health for 14+ days in past 30 days	11.3%		14.0%	
	Suicide mortality rate (per 100,000)	--	--	13.5	11.7
Injuries	Fall-related hospitalization rate (per 100,000)	6,816.7	6,900.9	3,869.3	3,988.7
	Gun-related emergency department utilization (per 100,000)	--	8.0	29.8	27.6
	Homicide mortality rate (per 100,000)	--	--	6.0	9.9
Access to Care	Adults 19-64 years with Medicaid	4.8%		13.4%	
	Children <19 years with public insurance	10.3%		33.0%	
	Population without insurance	2.0%		4.7%	
	Children <19 years without insurance	0.7%		2.3%	
	Emergency department utilization (per 100,000)	12,343.8	10,089.0	24,497.8	29,155.4
	High emergency department utilization (per 100,000)	214.7	131.0	475.3	795.4
Social & Economic Conditions	Population in poverty	2.9%		9.9%	
	Children <18 years in poverty	1.6%		13.5%	
	Adults 19-64 years unemployed	1.7%		2.5%	
	Householders living alone who are 65+ years	42.1%		37.2%	
	Households receiving SNAP benefits	2.4%		10.1%	
	Households that are housing cost-burdened	4.0%		15.8%	
	Housing with potential lead risk	23.4%		69.8%	
	Vacant housing units	1.7%		6.9%	

* 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.