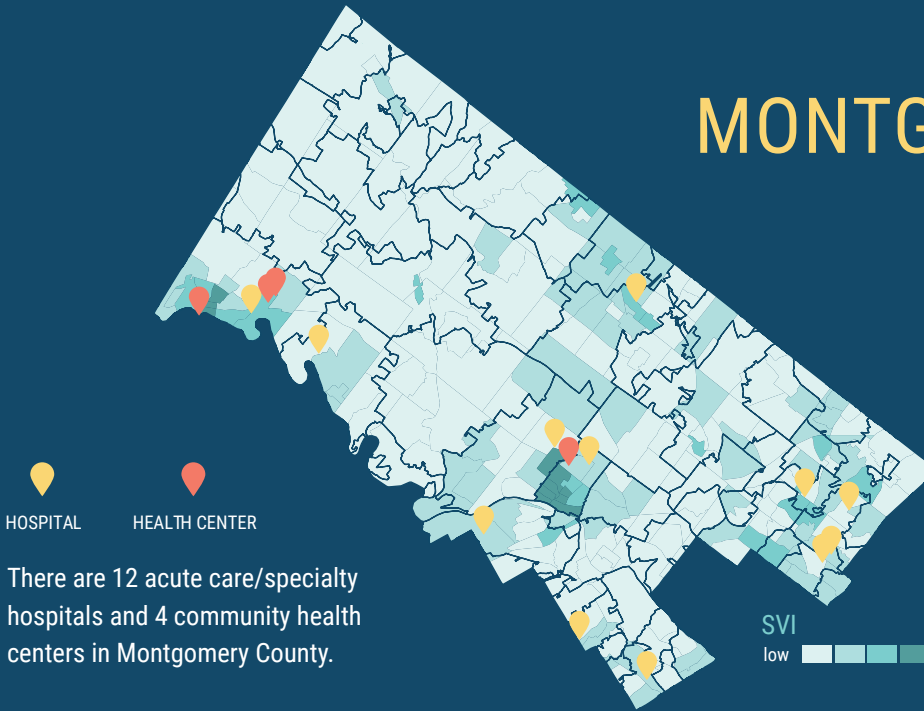


# MONTGOMERY COUNTY



## Social Vulnerability Index (SVI)

0 0.15 1

Median Income **\$99,037**

High school as highest education **19.6%**

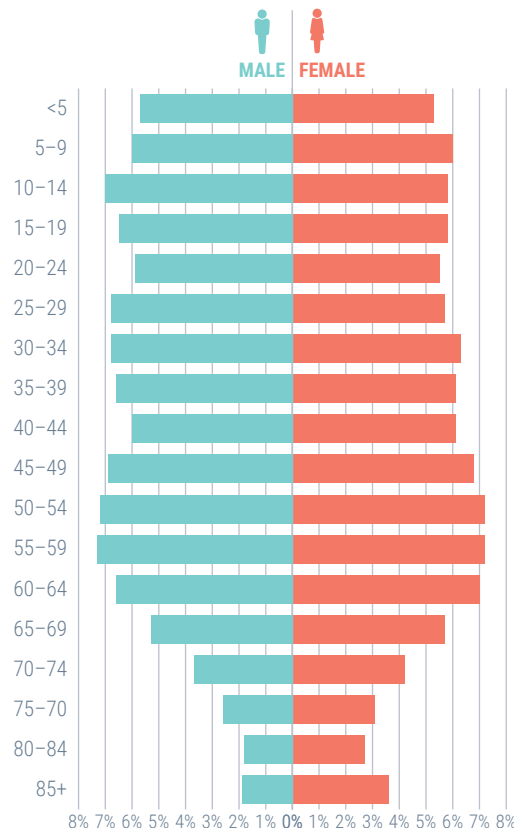
Food Insecurity **6.9%**

With a Disability **10.0%**

Violent Crime Rate **89.8** per 100,000

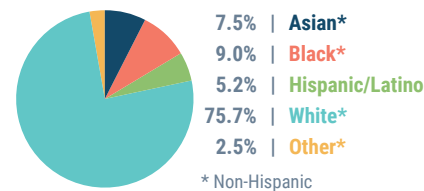
## AGE DISTRIBUTION

Montgomery County has an estimated population of 799,143, with the largest proportion of residents between the ages of 45 and 59.

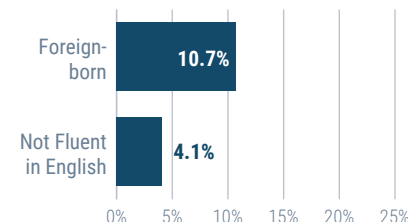


## RACE/ETHNICITY/LANGUAGE

75.7% of residents are non-Hispanic White. Non-Hispanic Black residents make the next largest population, comprising 9% of the county's residents.



Nearly 11% of residents are foreign-born and about 4% speak English less than "very well."



## COVID-19 | Rates per 100,000

Fully Vaccinated **56,857.4**

### COVID-related:

- Emergency Department Use **853.5**
- Hospitalization **394.6**
- Mortality **144.2**

## MORTALITY

### Leading Causes of Death

- Heart disease
- Cancer
- COVID-19
- Cerebrovascular diseases
- Chronic lower respiratory diseases

## YOUTH BEHAVIOR

Attempted Suicide **9.0%**

Feeling Depressed/Sad/Hopeless **37.8%**

Binge Drinking **11.9%**

Cigarette Smoking **2.6%**

Vaping **25.2%**

# COMMUNITY PERSPECTIVES



This summarizes focus group-style community conversations conducted with residents of five geographic communities: one each in Main Line Central,\* North Penn/Lansdale, Norristown, Pottstown, and Willow Grove.\*

## Community Assets

Throughout Montgomery County, residents spoke highly of **local organizations serving the community**, providing a wide range of services for youth, older adults, immigrant communities, and others. Important organizations include **faith-based institutions, public schools, and emergency food providers**. Among the many groups mentioned:

- *“I think the senior centers are a wonderful source of information. ... Through PALM [Center for Positive Aging in Ardmore], I was turned on to a diabetes prevention class that’s offered by Montgomery County Aging and Adult Services, and I signed up for that.”*
- *“I was thinking about the positives that we have in our faith community. Not only is there a church or synagogue or a mosque on every corner, they’re really invested in the community.”*

A Latina participant who attends Spanish mass at her church in Pottstown shared:

- *“When somebody is going through a rough time, I see people genuinely caring about the people that attend there. ... It makes me feel like it’s my happy place.”*

A participant commented on social services and health and wellness programs for Latinos and other community members:

- *“The community has organizations like ACLAMO that provide good information for the people.”*

A participant mentioned the Asian American Coalition for COVID-19, which includes members from Chinese, Vietnamese, Indian, Filipino, and other Asian American heritages.

In most groups, participants commented on the **strong sense of community** where they live.

- *“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 here, which is the beauty of this town.”*
- *“Abington’s a pretty close-knit community. There’s a lot of support groups within Abington, and there’s a lot of services available. Our library is very good at posting information for residents to see what they have available. Our township website, our Abington township, they host a lot of classes.”*

In Pottstown borough, community events and resources such as a local farmers market help to reinforce social connections and promote health.

- *“There’s a lot of things that the town has to offer that focus around your well-being overall.”*

In a majority of groups, participants mentioned the **value of local parks and other aspects of the built environment, such as playgrounds, walking trails, and YMCAs**.

- *“As a lifelong resident, Haverford College and their nature trail have been valuable for me. ... Just a place to be able to ... lift your spirits by experiencing the different seasons, walking through the woods, I love that.”*
- *“Pottstown is very outdoors friendly ... there’s a lot of things to do, like the [Schuylkill River] trail, that’s something that a lot of my friends do.... It’s a good opportunity to kind of stay healthy, like exercise or whatever, take walks with your children and stuff with your dogs.”*
- *“In Lansdale [we have] a bunch of parks and public spaces, and it definitely helps me and my family stay healthy, and ... that’s what we [are] using mostly daily for ... fun, just breathe fresh air and walk around and relax, and look at greens and trees.”*

\* 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.



## Key Challenges

Across Montgomery County, in every group, **multiple participants discussed a range of worsening behavioral health issues during the pandemic--from depression and anxiety to substance use disorders--as their top concern.** Amid this growing need for care, behavioral health clinics are increasingly short-staffed, leading to long wait times for treatment, especially for children.

- *“There’s a lack of availability for mental services 100%, here in Pottstown. I’ve had a really rough time finding mental health services for children especially,”* noted a participant from a social services agency.
- *“So, we have all these people calling [our] 24-hour crisis hotline who need services, and can’t get them, because either they don’t have coverage [or] the provider doesn’t take the insurance. The call volume has far exceeded anything we’ve ever experienced ever, to the point where we can’t even accept any new cases for children at all,”* shared a participant from a social services agency.

**Substance use issues are rising among youth and adults,** multiple participants said.

- *“We have seen an uptick in substance use, like we’ve never seen, with the kids being home and isolated and with them having access to the internet where they could buy drugs online. There’s been deaths in the community from kids that have been buying drugs that they thought were Percocet or Valium, but they’re being made in somebody’s basement and they have fentanyl. So, it’s an epidemic inside a pandemic, to say the least.”*
- *“It’s across the board, and also pandemic-related, with alcohol, and with ... a lot of substances ... I don’t see a lot of resources.”*
- *“I would definitely say substance abuse is a big challenge,”* said a participant whose nonprofit organization provides behavioral health services, including care for people experiencing homelessness. *“Unfortunately, substance abuse is a big contributor to that [homelessness], and goes along with mental health.”*

**Stigma remains a common barrier to seeking mental health treatment,** noted participants in two groups. *“They’re afraid to come forward because they feel that they’re already judged, or they already feel useless, they’re not loved,”* shared one participant, who noted people need to be educated that mental health challenges are health problems, not a sign of personal failure.

Within Asian-American communities,

- *“there’s such a big stigma around mental health counseling, that a lot of times, the Asian American community members will ignore it, or say it’s something that ‘I have to deal with,’ or even if it’s dealing with their kids, the parents may reject that idea, and not get the support that they may need.”*

**Social isolation during the pandemic has worsened mental health for many, as has grieving and bereavement due to lives lost to the pandemic.** Some people who recovered have long-term complications and are unable to work, causing families to lose crucial income.

- *“We lost a lot of our clients, and the parents of our kids,”* said a participant who works at a social services organization. *“From March to May last year, we lost 15 parents, that so many of them got sick and they were in the hospital for three, four, five, six weeks. ... it’s just been very challenging.”*
- *“One thing that’s been really difficult is that they haven’t really had an opportunity to grieve,”* said another participant, who noted that traditional funerals and bereavement support services have been curtailed or hard to access during the pandemic.

**Heart disease, diabetes, asthma, and obesity are prevalent throughout the county,** noted participants in four of the five groups. *“Diabetes is something that is huge. ... that is something that it’s really present in the community,”* said a participant who works with Hispanic/Latino communities. Another commented on the high prevalence of hypertension, which many do not take seriously:

- *“There’s so many things that high blood pressure contributes to, and people take [it] for granted.”*

As is the case for accessing behavioral health services, participants discussed **long delays in scheduling primary or specialty care visits, due to fear of going out during the pandemic and staffing shortages in many health care facilities.**

A participant who works for a health care center spoke about the staffing shortage in her center:

- *“Recently, that has been a big issue for everyone, not having enough staff members to attend to the needs of everybody. And even the staff that you already have, and I say this openly, because it’s something that everybody knows is going on,...we are understaffed. So what happens is that each staff member ends up taking up more roles and more responsibilities, and that is a burden. As an employee, as a provider for services, you want to be able to put your full attention and be there 100% for the client that you’re assisting.”*

Several participants also expressed **concern about the well-being of health care providers during the pandemic, as well as health system capacity to meet demand for 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, because they’re just dealing with it day in and day out.”*

**Access to affordable primary care has been further reduced by some physicians shifting into concierge practices,** said participants in two groups. A participant shared:

- *“I just got a letter from my doctor saying that they’re becoming concierge practice, so basically, they’re opting to have less patients, and [now] I have to pay to be a member to access my primary care physician for \$1,800 a year, on top of my regular insurance.”*

She added: *“That’s not going to impact me as much as somebody who is on Medicaid”* and others who cannot afford concierge services and would need to find another doctor.



**High health care costs, such as co-pays and medication expenses, were mentioned as barriers to care in most groups.**

- *“I’m a middle-class person with a decent job, and [health insurance] coverage, and you know what, I haven’t been to a doctor since January 2019. Why? ... I have resources, but I don’t go, because I’m not going to make my deductible, everything’s out of pocket.”*
- *“It’s also the fear of going to the doctors, and them telling you: ‘You need a medication,’ and then you can’t afford it. So prescription costs as well.”*

**Just the fear of incurring medical expenses prevents some from seeking care.** A participant who works for a local social services organization commented that her clients “have told us ‘well, you go to the hospital and they charge you whatever they want, they never have prices they will tell you, this is how much it’s gonna cost you.’ If they go to an appointment, they never know, people charge you whatever they want.” I don’t understand why everywhere [else] prices are posted, except in medicine.” She added:

- *“That’s one of the reasons why we had a lot of Latinos get very, very sick with COVID or die from COVID, because they were avoiding ... going to the hospital.”*

Another pandemic-related issue, mentioned by one participant, was **confusion and distress over COVID-related hospital bills:**

- *“A lot of people are getting stuck with bills that are related to COVID hospitalizations.”*

The problem was attributed to patients’ lack of awareness about emergency medical assistance and health system delays in processing assistance applications.

In every group, participants stressed **the need for better language services in healthcare settings, along with more culturally competent care for the region’s diverse immigrant population.**

- *“More language services, because we know language access is also a big issue.”*
- *“Speaking from the Asian American community, there’s not enough bilingual and bicultural or even multicultural providers. We have mental health counseling services, but the demand is high, it’s always been high for mental health counselors [but there are] not enough, [and] when you look for people who can speak different language, and have a cultural understanding, very, very few around.”*

- *“This is not just in mental health service, I feel like it’s the issue all across with physical therapists, OT, speech therapist, even nurses and doctors, there’s shortage of people who speak multiple languages and understand the cultural background that affects people’s mental and physical health. Language Line is not always a good solution. But sometimes, even the interpreting services that are put in place are not so easy to utilize from the community with language barrier, especially the seniors.”*
- *“I think there are two therapists right in Norristown who speak Spanish and that’s it--no more, that’s it, and you have a waiting list like forever, so it’s terrible.”*
- *“Language barriers can be a significant challenge. ... Whether that’s the police department or the hospital, there’s always some form of an element of a language barrier, for a variety of reasons I would say, can mean that maybe people are understaffed, or they don’t have bilingual bicultural staff, [or] maybe not enough resources to pay for ... a certified interpreter. I think it goes beyond Spanish speakers as well, I’ve encountered those who speak Chinese Mandarin, those who are Korean-speaking, and so I think language overall can be a challenge,” said a participant who works for a victim services agency.*



## Social Determinants of Health

From a patient's perspective, 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."*

Participants throughout Montgomery County generally agreed that the **shift toward telehealth during the pandemic has had benefits and challenges**. On the plus side, the increase in telehealth visits has provided greater patient convenience and **enabled some providers to meet the demand for their services during the pandemic**. *"We have had a decrease in no-shows and cancellations of appointments, due to the use of telehealth. Small silver lining,"* said a participant whose organization provides health and social services. On the other hand, the shift to virtual services during the pandemic has created **new barriers for many older adults, people with limited English proficiency, and those who need or prefer in-person visits**.

Participants across Montgomery County discussed a number of social determinants that create barriers to health for some:

**Transportation.** In every group, participants commented on the lack of adequate and affordable transportation options to access health care and other essential services, especially for homebound older adults and others who do not drive or cannot easily use public transit.

- *"Lack of transportation makes it very difficult for them [seniors] to get food, or get to doctor's appointments."*
- *Lack of transportation also "contributes to social isolation -- if you're afraid to walk out your door, or you can't get anywhere."*
- *"Transportation is a big barrier for seniors. I know that you can get a bus pass; I think it's over 65 you ride the bus for free, which is great. Not everybody can get to the bus."*

With regard to the paratransit system:

- *"We also see people waiting for very long time, some days to be picked up. So, I do think transportation is an issue there. Even if there's a million programs to help, it's not helpful if they can't get there, so I do think that transportation is a real challenge."*

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."*

**Healthy food access.** Lack of convenient access to affordable nutritious food, along with the need for nutrition education, was mentioned in most groups.

- *"Norristown is a what we call ... a food desert; it's recognized as a food desert. [In local bodegas, the food] "is not really appealing to anyone. They normally have like [bananas with] black spots like they're not fresh, so people tend to eat bread and soda because it's less expensive too."*

Lack of knowledge about healthy food choices is another factor, the participant added:

- *"People don't always either ... know how to use [healthy food], , they have no idea how to do it, so I think it's challenging."*

Another challenge for some, especially those without cars, is the ability to carry food home:

- *"I think that that's challenging when you can only go to one place [e.g., a pantry] to get one food, and you can only take two bags, because you cannot carry more."*

- *“There should be more places that have, you know, fresh produce at reasonable prices.”*
- *“They have a farmer’s market in Bryn Mawr, but the prices are pretty darn high.”*
- *“One of the concerns for me is school food, which I... think it’s super unhealthy.”*

Chronic disease management may be difficult for people experiencing food insecurity who are also contending with diabetes or other diet-related conditions and rely on the emergency food system. A participant who works for a food pantry mentioned:

- *“I have more families asking for lower sugar items, which are difficult, because we don’t normally get that stuff donated.”*

**Built environment.** While participants in four groups view their local parks and green space as assets, Norristown was a notable exception, with participants expressing safety concerns about using outdoor recreation spaces.

- *“My concern in Norristown, many times, is that we don’t have enough safe green spaces for people to exercise right or to go out ... We have trails, right, ... but this is the problem, the trails are [not marked], there’re [no] spaces where people can park ...they are not safe...there are no lights, there are no signs, it’s scary.”*

Participants in several focus groups also commented that their **communities lack sufficient walkability, bike lanes, and public transit routes.**

- *“There’s a bus stop right outside my house, [but] it’ll only take me to Philadelphia, which is not the only – not nearly the only place I want to go,”* noted a participant who does not drive.
- *“In Lower Pottsgrove, there are few, if any, sidewalks. So, it makes some of the walking very difficult. You really have to drive someplace or take a bus someplace in order to utilize the outdoor space.”*
- *“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.”*

**Cost of living, including housing.** In most groups, participants commented on the high cost of living in many areas of Montgomery County, making it difficult for older adults and others with limited incomes to afford health care, housing, food, and other essential needs. Recent consumer price inflation also was noted.

- *“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.”*
- *“Health insurance is a big thing too for them [older adults]. It’s too expensive for them. Most of them are on fixed incomes.”*

- *“The medication issue is a nightmare, how much people are asked to pay towards their medication ... it’s an outrageous amount of money. And people are deciding [whether] to use less medication, or no medication, or less food or less heat.”*
- *“I see a lot of people that live alone, and then they have to decide where their money goes, if it goes towards groceries, or if it goes towards medical bills, and so that’s something that I don’t think should happen, but that’s the U.S. right, like, that’s the way that the health insurance is set up for seniors.”*
- *“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.”*

**Violence.** A recent increase in community violence was discussed in the Norristown group:

- *“In Norristown, we all kind of know that there’s been a very big increase in violence, and especially gun violence, and so how are we going to address that? We can’t just keep saying, ‘oh, well that’s a city thing.’ It’s moving into our areas, it’s in Norristown, it’s in Pottstown, all of these things are impacting it.”*

Another added: “We can build as many green spaces as we want, but...if those spaces aren’t properly maintained, if they’re not safe, and it’s not a safe community to go out into, then that doesn’t make a difference as to how we’re helping the community.”



## Children and Youth

In every group, the pandemic's impact on mental health among young people was a major concern, along with limited and delayed access to care.

- *"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."*
- *"Having families that can't get the proper services that they need for their children is very distressing and puts a lot of responsibility on us as a community as to how we're going to help these children and these families, especially with the mental health needs increasing since COVID had started."*
- *"Montgomery County has a lot of good resources, and yet, right now, the accessibility to these resources is very, very limited, especially within the behavioral health system."*
- *"My daughter is in fifth grade, but some of her friends have talked about suicide. I mean, you're talking 11-years-old. Coming from the pandemic, from that social isolation, and also from parents trying to balance work, life, school, the pressure society puts on us is just – it's tough, and it's tough being a parent to manage."*

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?"*

**Accessing mental health care for children and youth is especially difficult for families with limited English proficiency.**

- *"A lot of times it requires us to do a lot of searching and like looking into things and calling different agencies, trying to figure out what services they provide, but when it comes to children and mental health issues, ... they never have availability for new patients. ... And when the family doesn't speak English, or doesn't have an interpreter, then they choose to move the child to a waitlist."*

**Lack of physical activity and healthy eating, and the associated increased risk of childhood obesity**, were raised as concerns in all groups:

- *"The lack of time they get to run around during the day, the recess. They're sitting, like so much, and their backpacks are like 35 pounds, and then they just sit all day. ... I always wish there was more movement, I guess that's my theme, movement."*

With virtual schooling, youth miss out on extracurricular activities, which compounds their social isolation and physical inactivity:

- *"That's what I see as one of the struggles for keeping the kids moving. I don't think it helped that they [students] were completely virtual all last year, and many are having a very hard time adjusting to get back into school, and a lot of students have opted to stay virtual."*
- *"I think a very big health issue in our community and nationwide is obesity, and the lack of education as far as healthy eating goes. I think maybe the lack of the ability to get healthy food, it's very, very cheap to eat unhealthy, but if you want to eat the healthy things, it's twice as much money to buy those things."*





## Older Adults

Other barriers to physical activity for youth, discussed in one or more groups, include expensive fees to participate in local youth sports leagues, too few options for extracurricular activities outside of competitive sports, and lack of playgrounds and other recreational resources that are adapted for children with special needs. A participant also expressed concern about competitive pressures for youth to excel at one sport rather than learn to play many. *“They want you to be the best of the best,”* said the participant, adding that over-competitiveness in sports, plus pressure for youth to succeed in school can *“stress these kids out, and they don’t think of their mental health behind it.”*

### Several participants noted the need for families to spend more time together – and away from their electronic devices.

Concerns also were raised about children accessing adult websites, apps, and social media that are inappropriate or dangerous for them.

*“Parents are not necessarily being educated [and] up to date on all these technological changes that are exposing their children to danger,”* said one participant, who cited an app that allows children to talk to random strangers. *“Kids are exposed to a lot that I think ., we could avoid with more education.”*

**In every group, multiple participants cited social isolation, which has greatly increased during the pandemic, as a major concern for the mental and physical well-being of older adults.**

- *“For seniors, it’s definitely a mental health issue that they’re so isolated, and they are afraid to reach out sometimes. They used to come into our centers and connect with people and be active and do healthy things, and they just were cut off [by the pandemic],”* said a participant who works at a senior center.
- In Asian-American communities, fear of discrimination has further increased isolation. *“With anti-Asian sentiments ... and fear of COVID, seniors are limiting going out of their homes, they’re staying home, which limits their movement, so physically, it’s not good for them. Also, because they’re staying isolated, it’s not good for their mental health, either.”*
- A participant who works at a senior center described seeing an elderly man she knows, who visited after a long absence: *“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.”*

**Participants in all groups noted that social isolation has been worsened by lack of affordable transportation options, making it difficult for homebound adults to access essential services, such as groceries and health care.**

- *“A lot of them are remaining independent for a long time, and either their families take away their cars, or they decide “I’m not comfortable driving anymore,” and I don’t think there’s a lot of good, affordable transportation in this area. So, I see that just getting to doctor’s appointments a lot of times and getting out and so forth.”*
- *“The building I live in [has] a lot of seniors...they don’t have transportation, and they don’t have knowledge about what’s going on in the community, or how the world is changing and becoming more computerized.”*
- *“I have a population of older adults who walk here to get food. You know, and then you have to keep in mind that they have to figure out a way to get to doctor’s appointments, and then they have to prioritize if I’m going to ask somebody for a ride, what’s the most important thing, a doctor, or a food?”*



## Other Groups

Participants in all groups highlighted the **needs of immigrant communities living in the county, especially those who lack English proficiency**. With a growing number of Asian, Hispanic/Latino immigrants and refugees, participants cited the need for greater affordability and availability of health care that is culturally and linguistically competent, especially for mental health services.

The need for more community resources for LGBTQ+ individuals was also noted in one group.

**The shift to virtual services during the pandemic has further isolated some older adults:**

- *“Technology is a huge barrier for seniors, as a whole world moving into virtual world, we need to make sure that we don’t leave them behind. For low-income seniors, that technology can be an issue...especially if during COVID they couldn’t get to libraries or senior centers.”*
- *“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.”*

**With fixed or limited incomes, many older adults also face challenges in affording health care and other essential services.**

Difficulty navigating the health care system, especially Medicare policies, also was mentioned several times.

- *“For seniors who are on Medicare or whatever, the cost of co-pays prevents 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.”*

- *“I see a lot of seniors working part time at like Giant and Walmart and like different places that do minimum wage because they need the money...Because they won’t qualify for Medicaid, because their Social Security income is too high already, and so they have to compensate by working. And when you’re 75-80 years old, the last thing you want to do is be working at Walmart to make ends meet.”*
- *“I was a social worker for years and years and years, and [choosing] the appropriate Medicare plan is very, very difficult. It’s not just you look at a chart and say, oh, this one fits me. It doesn’t work that way at all.”*

**More resources are needed to help older adults age in place**, especially amid rising costs for housing and the need for convenient, affordable transportation, participants generally agreed.

- *“It’s a big deal to be able to have ... the resources in the community so that people can stay in their homes ... I mean, I think that’s crucial.”*

# Suggested Actions

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**Convene a coalition to increase communication and coordination among community groups to address common challenges.**

A participant spoke to the need to *"get everyone in the same room so that those client needs can get addressed in like a more holistic sort of way."* Another suggested reconvening the Tri County Network, which had previously met periodically to improve coordination among agencies. Creating a centralized clearinghouse with easily accessible information about a wide range of health and social service resources in the area was also recommended.

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**Strengthen partnerships between hospitals and community service providers.**

Participants suggested increasing collaboration between senior living facilities and hospital discharge staff to better coordinate care when older adults are discharged from a hospital stay. Another noted the need for hospitals to better publicize their community health services, such as free seminars, screenings, and health fairs. Because many people lack digital access, hospitals need to include non-virtual communications to raise awareness of their services, another participant suggested. Smaller community organizations also could benefit from partnerships with hospitals that provide training, funding, or other support.

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**Expand access to primary care services**

A participant advocated for passage of statewide legislation that would allow nurse practitioners to establish independent practices to provide primary care. Another suggested creating a visiting nurse program or a once-monthly clinic in an easily accessible community location to provide basic care for older adults. A community health clinic that offers a wider range of primary care services than an urgent care center was also envisioned by a participant.

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**Expand access to behavioral health services.**

A participant suggested integrating screening for behavioral health issues as part of routine primary care exams. Another suggested training people with lived experience to provide peer support to others with behavioral health challenges, such as Certified Recovery Specialists and Certified Peer Specialists. Hospitals also could provide training to local social service organizations whose staff are often the first to encounter and support people experiencing behavioral health issues. As a longer-term solution, developing career pipelines to train more health and social service providers to address behavioral health staffing shortages was suggested. Similarly, a participant recommended *"investing in mental health structure and equitable pay for people that are working in that field, and also giving them things that are more valuable, in terms of [things] like more paid time off, more time off for them to spend and have family time with their children."*

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**Increase 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. Creating a service, perhaps led by volunteers, to call on older and homebound adults to check in and assess their needs was suggested: *"An organized service where people could drop in on seniors to visit them in their homes, to help assess what they need, and care for them."*

---

**Provide more support services for older adults who wish to age in place.**

A participant 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. A related suggestion: provide exercise coaches who visit older adults in their homes to encourage physical activity.

---

# Suggested Actions

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## **Increase community health education prevention programs to encourage healthy lifestyles for youth and adults.**

Participants stressed the need for more education in schools on healthy eating, internet safety, and sexual health topics. Another mentioned the need for education on gun safety and violence prevention. Education for adults on home safety issues, such as preventing falls and mitigating mold, is needed, another participant noted. As one participant put it: *"I think the key is the power of education. Education versus opinion, though."*

---

## **Improve access to healthy food and safe spaces for physical activity for youth and adults.**

Suggestions from participants included opening farmers markets and food co-ops, increasing public safety on trails and other open space, and providing more free or affordable access to recreation centers and other facilities for youth to play basketball or other activities.

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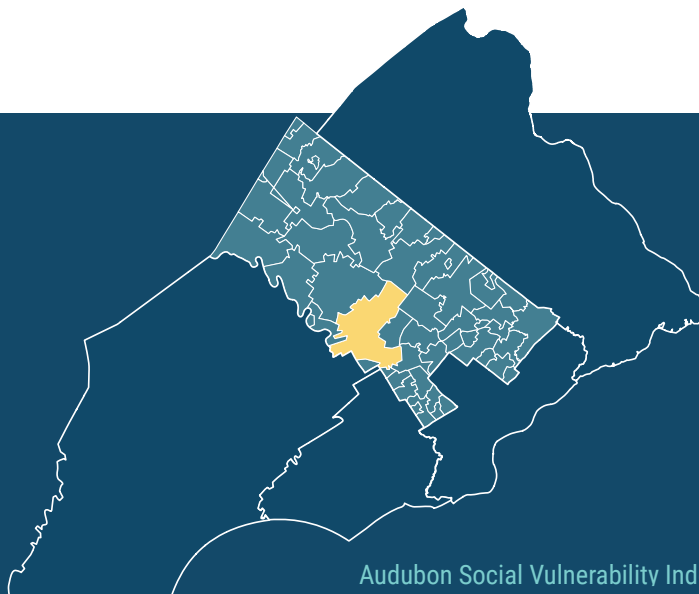


# AUDUBON

ZIP CODE: 19403

This community is served by:

- Bryn Mawr Rehab Hospital
- Children's Hospital of Philadelphia
- Einstein Medical Center Montgomery
- Fox Chase Cancer Center
- Main Line Health
- Rothman Orthopaedic Specialty Hospital



Audubon Social Vulnerability Index



## POPULATION



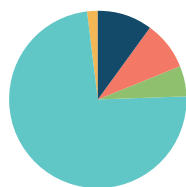
46,592

## MEDIAN HOUSEHOLD INCOME

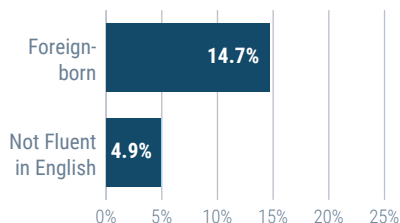


\$86,787

## RACE/ETHNICITY/LANGUAGE



10.1% | Asian\*  
8.8% | Black\*  
5.7% | Hispanic/Latino  
73.6% | White\*  
1.7% | Other\*  
\* Non-Hispanic



## LEADING CAUSES OF DEATH

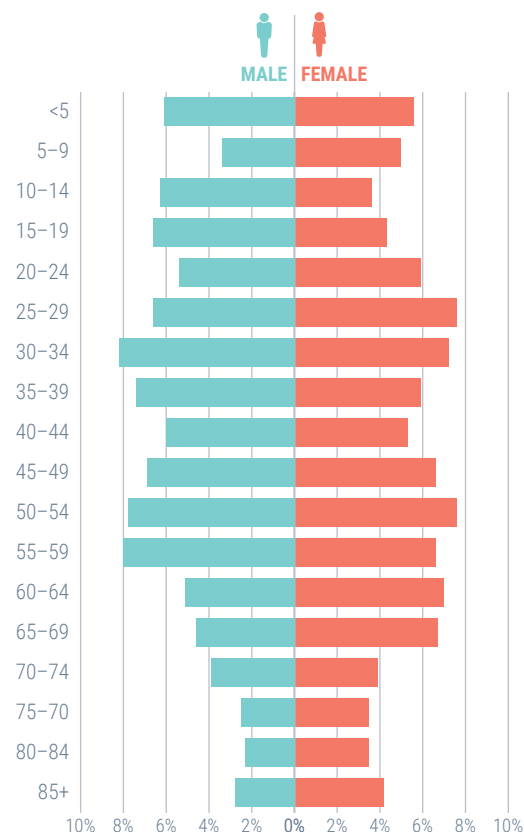
1. Cancer
2. Heart disease
3. Cerebrovascular diseases
4. COVID-19
5. Chronic lower respiratory diseases

## EDUCATIONAL ATTAINMENT

High school as highest education level 21.3%

PEOPLE WITH DISABILITIES 10.0%

## AGE DISTRIBUTION



## summary health measures

		Audubon		Montgomery County	
		Pre-2020 Estimate*	2020 Estimate*	Pre-2020 Estimate*	2020 Estimate*
<b>General</b>	All-cause mortality rate (per 100,000)	963.7	1,077.4	939.0	1,072.8
	Life expectancy: Female (in years)	84.7	81.4	83.1	81.7
	Life expectancy: Male (in years)	79.6	79.3	78.3	77.0
	Years of potential life lost before 75	2,159	2,375	41,424	45,416
<b>COVID-19</b>	COVID-related emergency department utilization (per 100,000)	N/A	272.6	N/A	853.5
	COVID-related hospitalization rate (per 100,000)	N/A	354.1	N/A	394.6
<b>Chronic Disease &amp; Health Behaviors</b>	Adult obesity prevalence	28.9%		29.1%	
	Diabetes prevalence	8.7%		8.9%	
	Diabetes-related hospitalization rate (per 100,000)	118.0	94.4	124.6	113.0
	Hypertension prevalence	27.5%		27.7%	
	Hypertension-related hospitalization rate (per 100,000)	452.9	375.6	380.9	328.6
	Potentially preventable hospitalization rate (per 100,000)	1,051.7	770.5	979.3	763.1
	Premature cardiovascular disease mortality rate (per 100,000)	27.9	36.5	26.3	30.1
	Major cancer incidence rate (per 100,000)	283.3		286.1	
	Major cancer mortality rate (per 100,000)	77.3		85.2	
	Colorectal cancer screening	71.4%		71.3%	
	Mammography screening	76.9%		77.4%	
	Physical inactivity (leisure time) prevalence	19.5%		19.6%	
<b>Infant &amp; Child Health</b>	Asthma hospitalization rate <18 years (per 100,000 <18)	8.1	--	10.0	2.9
	Infant mortality rate (per 1,000 live births)	--	--	4.1	2.7
	Percent low birthweight births out of live births	6.9%	7.7%	7.2%	6.9%
	Percent preterm births out of live births	6.7%	7.7%	8.7%	8.0%
<b>Behavioral Health</b>	Adult binge drinking	19.1%		18.8%	
	Adult smoking	14.5%		14.4%	
	Drug overdose mortality rate (per 100,000)	32.2	19.3	24.3	23.7
	Opioid-related hospitalization rate (per 100,000)	176.0	212.5	43.6	34.2
	Substance-related hospitalization rate (per 100,000)	480.8	532.3	265.9	223.8
	Poor mental health for 14+ days in past 30 days	12.3%		12.5%	
	Suicide mortality rate (per 100,000)	12.9	12.9	13.4	12.7
<b>Injuries</b>	Fall-related hospitalization rate (per 100,000)	7,117.0	7,117.0	3,146.4	3,083.5
	Gun-related emergency department utilization (per 100,000)	--	--	9.4	9.9
	Homicide mortality rate (per 100,000)	--	--	2.5	2.5
<b>Access to Care</b>	Adults 19-64 years with Medicaid	7.4%		8.0%	
	Children <19 years with public insurance	18.5%		21.5%	
	Population without insurance	2.7%		3.6%	
	Children <19 years without insurance	3.4%		2.3%	
	Emergency department utilization (per 100,000)	21,130.2	13,781.3	19,958.7	16,419.9
	High emergency department utilization (per 100,000)	513.0	225.4	319.9	247.5
<b>Social &amp; Economic Conditions</b>	Population in poverty	5.8%		5.8%	
	Children <18 years in poverty	8.6%		6.9%	
	Adults 19-64 years unemployed	2.2%		2.0%	
	Householders living alone who are 65+ years	43.5%		43.5%	
	Households receiving SNAP benefits	3.6%		5.1%	
	Households that are housing cost-burdened	10.4%		12.7%	
	Housing with potential lead risk	40.6%		55.4%	
	Vacant housing units	5.1%		5.0%	

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

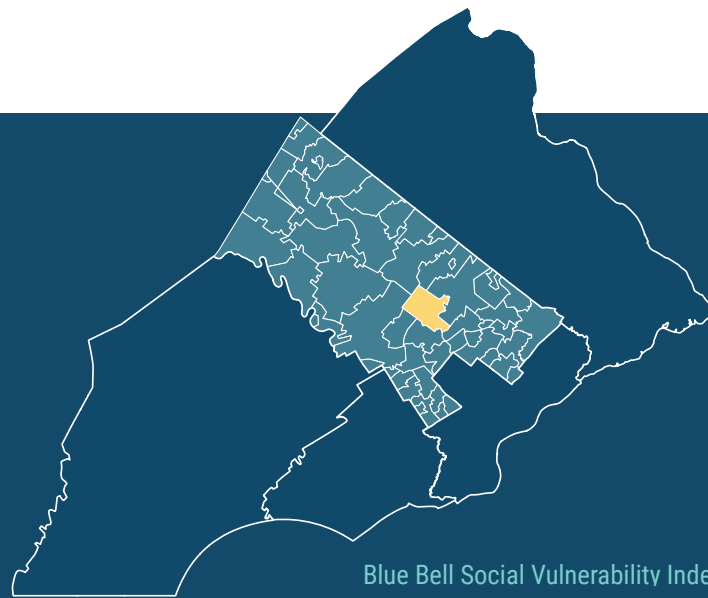
-- Estimates are unavailable or unreliable due to low sample size within a community.

# BLUE BELL

ZIP CODE: 19422

This community is served by:

- Children's Hospital of Philadelphia
- Einstein Medical Center Montgomery
- Fox Chase Cancer Center
- Jefferson Abington Hospital
- Jefferson Lansdale Hospital
- Rothman Orthopaedic Specialty Hospital



Blue Bell Social Vulnerability Index



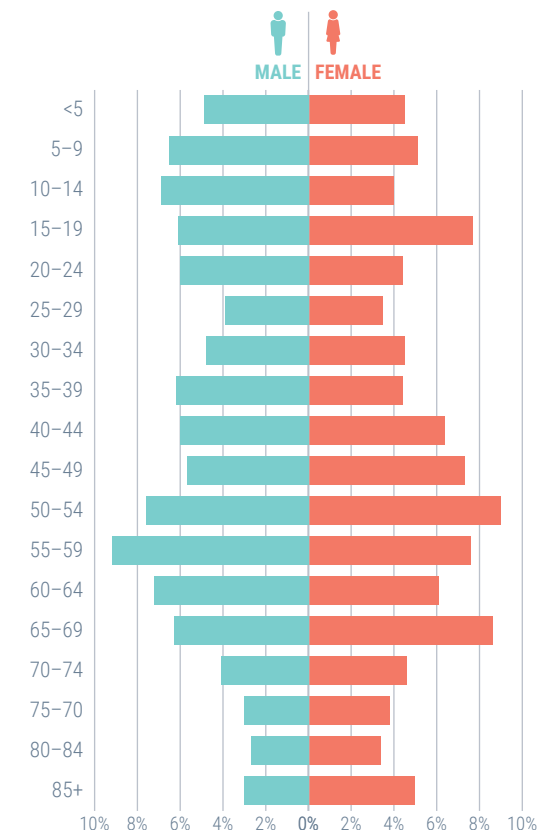
## POPULATION



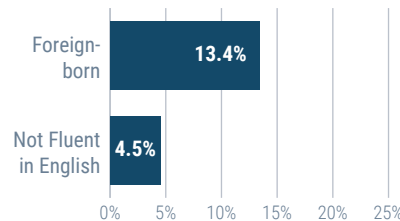
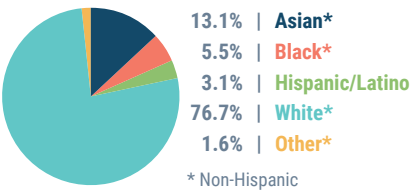
## MEDIAN HOUSEHOLD INCOME



## AGE DISTRIBUTION



## RACE/ETHNICITY/LANGUAGE



## LEADING CAUSES OF DEATH

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

## EDUCATIONAL ATTAINMENT

High school as highest education level **11.6%**

PEOPLE WITH DISABILITIES **8.5%**

## summary health measures

		Blue Bell		Montgomery County	
		Pre-2020 Estimate*	2020 Estimate*	Pre-2020 Estimate*	2020 Estimate*
<b>General</b>	All-cause mortality rate (per 100,000)	976.0	1,167.0	939.0	1,072.8
	Life expectancy: Female (in years)	84.3	83.3	83.1	81.7
	Life expectancy: Male (in years)	83.0	81.3	78.3	77.0
	Years of potential life lost before 75	611	601	41,424	45,416
<b>COVID-19</b>	COVID-related emergency department utilization (per 100,000)	N/A	122.0	N/A	853.5
	COVID-related hospitalization rate (per 100,000)	N/A	366.0	N/A	394.6
<b>Chronic Disease &amp; Health Behaviors</b>	Adult obesity prevalence	26.8%		29.1%	
	Diabetes prevalence	9.0%		8.9%	
	Diabetes-related hospitalization rate (per 100,000)	90.2	95.5	124.6	113.0
	Hypertension prevalence	28.7%		27.7%	
	Hypertension-related hospitalization rate (per 100,000)	403.1	307.7	380.9	328.6
	Potentially preventable hospitalization rate (per 100,000)	917.7	673.7	979.3	763.1
	Premature cardiovascular disease mortality rate (per 100,000)	--	--	26.3	30.1
	Major cancer incidence rate (per 100,000)	339.5		286.1	
	Major cancer mortality rate (per 100,000)	127.3		85.2	
	Colorectal cancer screening	73.9%		71.3%	
	Mammography screening	78.4%		77.4%	
	Physical inactivity (leisure time) prevalence	17.4%		19.6%	
<b>Infant &amp; Child Health</b>	Asthma hospitalization rate <18 years (per 100,000 <18)	--	--	10.0	2.9
	Infant mortality rate (per 1,000 live births)	--	--	4.1	2.7
	Percent low birthweight births out of live births	5.9%	5.4%	7.2%	6.9%
	Percent preterm births out of live births	8.3%	3.6%	8.7%	8.0%
<b>Behavioral Health</b>	Adult binge drinking	17.1%		18.8%	
	Adult smoking	11.1%		14.4%	
	Drug overdose mortality rate (per 100,000)	--	--	24.3	23.7
	Opioid-related hospitalization rate (per 100,000)	42.4	--	43.6	34.2
	Substance-related hospitalization rate (per 100,000)	233.4	175.0	265.9	223.8
	Poor mental health for 14+ days in past 30 days	10.4%		12.5%	
	Suicide mortality rate (per 100,000)	--	--	13.4	12.7
<b>Injuries</b>	Fall-related hospitalization rate (per 100,000)	5,071.0	6,440.2	3,146.4	3,083.5
	Gun-related emergency department utilization (per 100,000)	--	5.3	9.4	9.9
	Homicide mortality rate (per 100,000)	--	--	2.5	2.5
<b>Access to Care</b>	Adults 19-64 years with Medicaid	4.0%		8.0%	
	Children <19 years with public insurance	11.3%		21.5%	
	Population without insurance	1.6%		3.6%	
	Children <19 years without insurance	1.2%		2.3%	
	Emergency department utilization (per 100,000)	17,027.4	10,582.4	19,958.7	16,419.9
	High emergency department utilization (per 100,000)	244.0	116.7	319.9	247.5
<b>Social &amp; Economic Conditions</b>	Population in poverty	2.4%		5.8%	
	Children <18 years in poverty	1.6%		6.9%	
	Adults 19-64 years unemployed	2.3%		2.0%	
	Householders living alone who are 65+ years	51.3%		43.5%	
	Households receiving SNAP benefits	1.8%		5.1%	
	Households that are housing cost-burdened	9.7%		12.7%	
	Housing with potential lead risk	29.8%		55.4%	
	Vacant housing units	6.9%		5.0%	

\* 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.

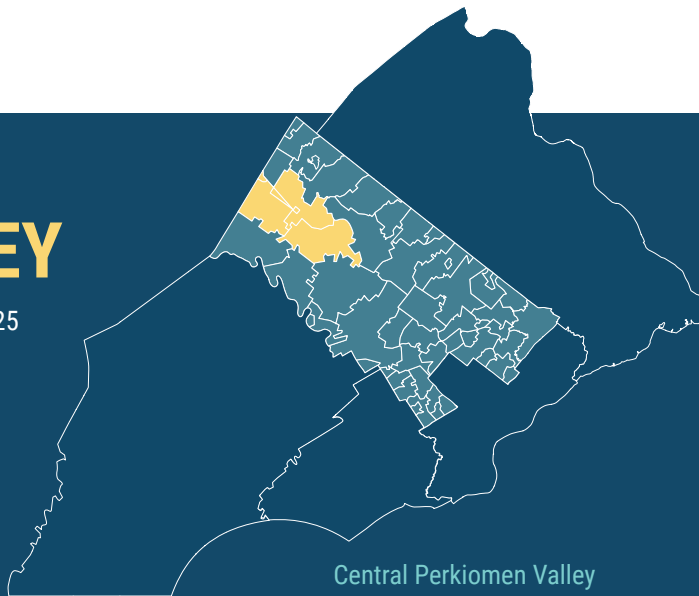


# CENTRAL PERKIOMEN VALLEY

ZIP CODES: 18074, 19435, 19472, 19473, 19492, 19525

This community is served by:

- Bryn Mawr Rehab Hospital
- Children's Hospital of Philadelphia
- Einstein Medical Center Montgomery
- Fox Chase Cancer Center
- Grand View Health
- Main Line Health



0 0.16 1

## POPULATION



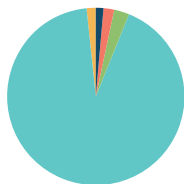
39,384

## MEDIAN HOUSEHOLD INCOME



\$91,668

## RACE/ETHNICITY/LANGUAGE



1.6% | Asian\*

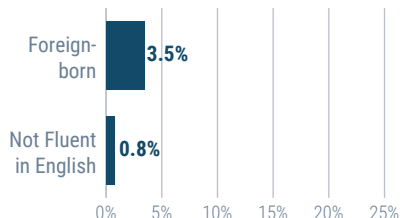
1.8% | Black\*

3.0% | Hispanic/Latino

92.3% | White\*

1.4% | Other\*

\* Non-Hispanic



## LEADING CAUSES OF DEATH

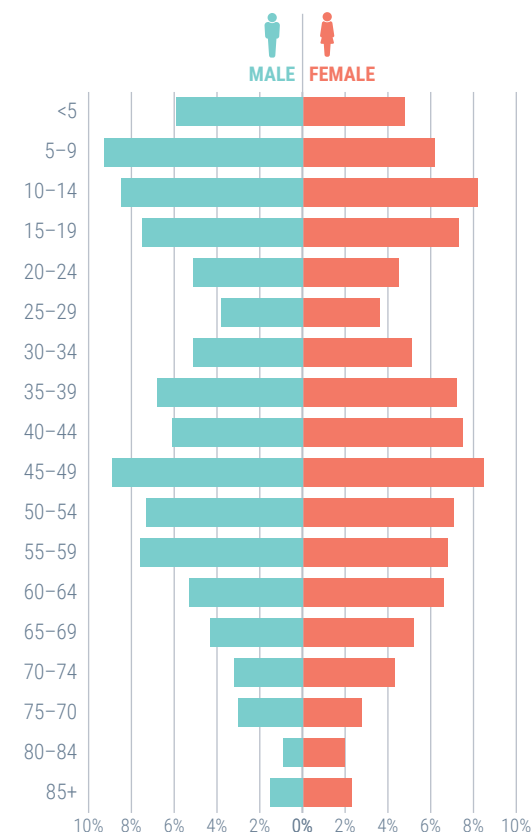
1. Heart disease
2. Cancer
3. COVID-19
4. Cerebrovascular diseases
5. Chronic kidney disease

## EDUCATIONAL ATTAINMENT

High school as highest education level 21.0%

PEOPLE WITH DISABILITIES 8.7%

## AGE DISTRIBUTION



## summary health measures

		Central Perkiomen Valley		Montgomery County	
		Pre-2020 Estimate*	2020 Estimate*	Pre-2020 Estimate*	2020 Estimate*
<b>General</b>	All-cause mortality rate (per 100,000)	716.0	708.4	939.0	1,072.8
	Life expectancy: Female (in years)	84.1	84.0	83.1	81.7
	Life expectancy: Male (in years)	78.8	79.1	78.3	77.0
	Years of potential life lost before 75	1,829	1,643	41,424	45,416
<b>COVID-19</b>	COVID-related emergency department utilization (per 100,000)	N/A	259.0	N/A	853.5
	COVID-related hospitalization rate (per 100,000)	N/A	147.3	N/A	394.6
<b>Chronic Disease &amp; Health Behaviors</b>	Adult obesity prevalence	30.1%		29.1%	
	Diabetes prevalence	8.2%		8.9%	
	Diabetes-related hospitalization rate (per 100,000)	81.3	86.3	124.6	113.0
	Hypertension prevalence	26.3%		27.7%	
	Hypertension-related hospitalization rate (per 100,000)	226.0	193.0	380.9	328.6
	Potentially preventable hospitalization rate (per 100,000)	726.2	576.4	979.3	763.1
	Premature cardiovascular disease mortality rate (per 100,000)	33.0	30.5	26.3	30.1
	Major cancer incidence rate (per 100,000)	251.4		286.1	
	Major cancer mortality rate (per 100,000)	88.9		85.2	
	Colorectal cancer screening	70.7%		71.3%	
	Mammography screening	76.9%		77.4%	
	Physical inactivity (leisure time) prevalence	19.2%		19.6%	
<b>Infant &amp; Child Health</b>	Asthma hospitalization rate <18 years (per 100,000 <18)	--	--	10.0	2.9
	Infant mortality rate (per 1,000 live births)	--	--	4.1	2.7
	Percent low birthweight births out of live births	4.6%	8.5%	7.2%	6.9%
	Percent preterm births out of live births	6.1%	6.7%	8.7%	8.0%
<b>Behavioral Health</b>	Adult binge drinking	20.4%		18.8%	
	Adult smoking	15.9%		14.4%	
	Drug overdose mortality rate (per 100,000)	15.2	--	24.3	23.7
	Opioid-related hospitalization rate (per 100,000)	--	--	43.6	34.2
	Substance-related hospitalization rate (per 100,000)	187.9	132.0	265.9	223.8
	Poor mental health for 14+ days in past 30 days	13.2%		12.5%	
	Suicide mortality rate (per 100,000)	--	17.8	13.4	12.7
<b>Injuries</b>	Fall-related hospitalization rate (per 100,000)	5,668.8	5,261.0	3,146.4	3,083.5
	Gun-related emergency department utilization (per 100,000)	--	20.2	9.4	9.9
	Homicide mortality rate (per 100,000)	--	15.2	2.5	2.5
<b>Access to Care</b>	Adults 19-64 years with Medicaid	5.5%		8.0%	
	Children <19 years with public insurance	14.9%		21.5%	
	Population without insurance	2.4%		3.6%	
	Children <19 years without insurance	1.7%		2.3%	
	Emergency department utilization (per 100,000)	16,133.0	19,713.6	19,958.7	16,419.9
	High emergency department utilization (per 100,000)	127.3	523.7	319.9	247.5
<b>Social &amp; Economic Conditions</b>	Population in poverty	4.5%		5.8%	
	Children <18 years in poverty	5.8%		6.9%	
	Adults 19-64 years unemployed	1.6%		2.0%	
	Householders living alone who are 65+ years	39.3%		43.5%	
	Households receiving SNAP benefits	1.8%		5.1%	
	Households that are housing cost-burdened	14.7%		12.7%	
	Housing with potential lead risk	51.1%		55.4%	
	Vacant housing units	4.5%		5.0%	

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

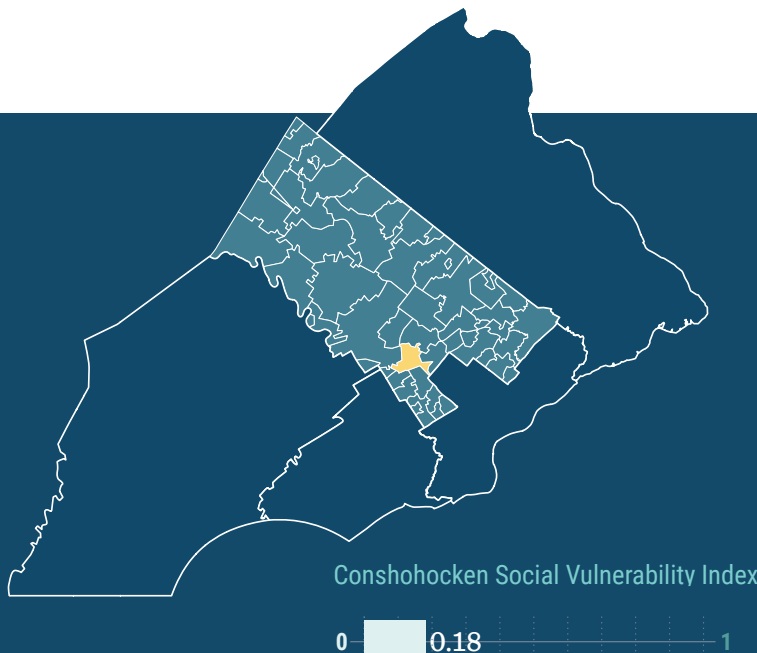
-- Estimates are unavailable or unreliable due to low sample size within a community.

# CONSHOHOCKEN

ZIP CODES: 19428, 19444, 19462

This community is served by:

- Bryn Mawr Rehab Hospital
- Children's Hospital of Philadelphia
- Einstein Medical Center Montgomery
- Fox Chase Cancer Center
- Main Line Health



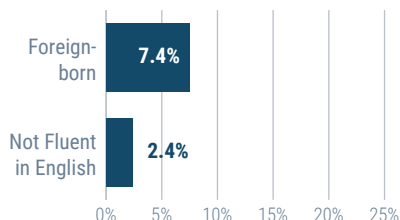
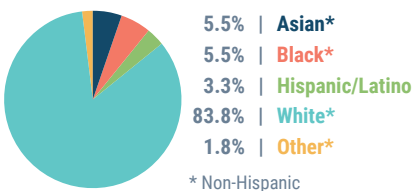
## POPULATION



## MEDIAN HOUSEHOLD INCOME



## RACE/ETHNICITY/LANGUAGE



## LEADING CAUSES OF DEATH

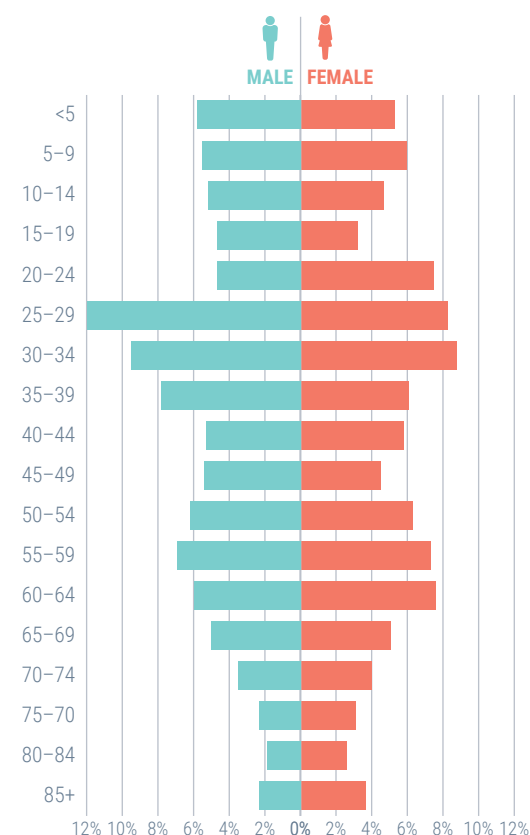
1. Heart disease
2. Cancer
3. COVID-19
4. Cerebrovascular diseases
5. Unintentional injuries (excluding drug overdoses)

## EDUCATIONAL ATTAINMENT

High school as highest education level 17.2%

PEOPLE WITH DISABILITIES 9.1%

## AGE DISTRIBUTION



## summary health measures

		Conshohocken		Montgomery County	
		Pre-2020 Estimate*	2020 Estimate*	Pre-2020 Estimate*	2020 Estimate*
<b>General</b>	All-cause mortality rate (per 100,000)	997.2	1,097.4	939.0	1,072.8
	Life expectancy: Female (in years)	83.2	81.6	83.1	81.7
	Life expectancy: Male (in years)	79.0	77.3	78.3	77.0
	Years of potential life lost before 75	1,928	2,349	41,424	45,416
<b>COVID-19</b>	COVID-related emergency department utilization (per 100,000)	N/A	218.6	N/A	853.5
	COVID-related hospitalization rate (per 100,000)	N/A	296.0	N/A	394.6
<b>Chronic Disease &amp; Health Behaviors</b>	Adult obesity prevalence	27.5%		29.1%	
	Diabetes prevalence	7.8%		8.9%	
	Diabetes-related hospitalization rate (per 100,000)	104.7	97.9	124.6	113.0
	Hypertension prevalence	25.8%		27.7%	
	Hypertension-related hospitalization rate (per 100,000)	441.7	302.8	380.9	328.6
	Potentially preventable hospitalization rate (per 100,000)	981.3	667.1	979.3	763.1
	Premature cardiovascular disease mortality rate (per 100,000)	15.9	25.0	26.3	30.1
	Major cancer incidence rate (per 100,000)	289.1		286.1	
	Major cancer mortality rate (per 100,000)	107.0		85.2	
	Colorectal cancer screening	73.0%		71.3%	
	Mammography screening	77.7%		77.4%	
	Physical inactivity (leisure time) prevalence	17.3%		19.6%	
<b>Infant &amp; Child Health</b>	Asthma hospitalization rate <18 years (per 100,000 <18)	--	--	10.0	2.9
	Infant mortality rate (per 1,000 live births)	--	--	4.1	2.7
	Percent low birthweight births out of live births	6.9%	6.3%	7.2%	6.9%
	Percent preterm births out of live births	4.6%	4.2%	8.7%	8.0%
<b>Behavioral Health</b>	Adult binge drinking	20.0%		18.8%	
	Adult smoking	12.8%		14.4%	
	Drug overdose mortality rate (per 100,000)	22.8	18.2	24.3	23.7
	Opioid-related hospitalization rate (per 100,000)	29.6	--	43.6	34.2
	Substance-related hospitalization rate (per 100,000)	200.4	191.2	265.9	223.8
	Poor mental health for 14+ days in past 30 days	11.7%		12.5%	
	Suicide mortality rate (per 100,000)	--	15.9	13.4	12.7
<b>Injuries</b>	Fall-related hospitalization rate (per 100,000)	8,456.7	7,687.9	3,146.4	3,083.5
	Gun-related emergency department utilization (per 100,000)	--	9.2	9.4	9.9
	Homicide mortality rate (per 100,000)	--	--	2.5	2.5
<b>Access to Care</b>	Adults 19-64 years with Medicaid	5.8%		8.0%	
	Children <19 years with public insurance	12.8%		21.5%	
	Population without insurance	2.0%		3.6%	
	Children <19 years without insurance	1.5%		2.3%	
	Emergency department utilization (per 100,000)	16,765.6	13,203.7	19,958.7	16,419.9
	High emergency department utilization (per 100,000)	281.2	208.9	319.9	247.5
<b>Social &amp; Economic Conditions</b>	Population in poverty	5.0%		5.8%	
	Children <18 years in poverty	4.0%		6.9%	
	Adults 19-64 years unemployed	1.6%		2.0%	
	Householders living alone who are 65+ years	36.9%		43.5%	
	Households receiving SNAP benefits	3.6%		5.1%	
	Households that are housing cost-burdened	13.1%		12.7%	
	Housing with potential lead risk	52.8%		55.4%	
	Vacant housing units	4.9%		5.0%	

\* 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.

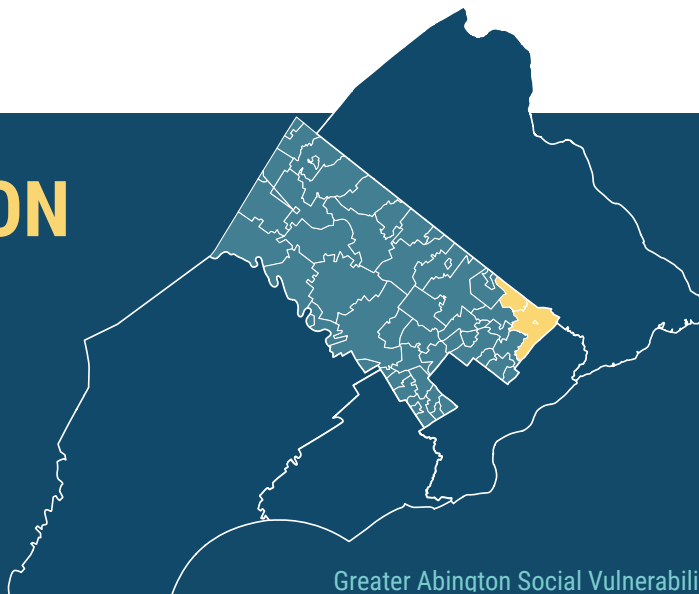


# GREATER ABINGTON

**ZIP CODES:** 19006, 19009, 19040

This community is served by:

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



Greater Abington Social Vulnerability Index



## POPULATION



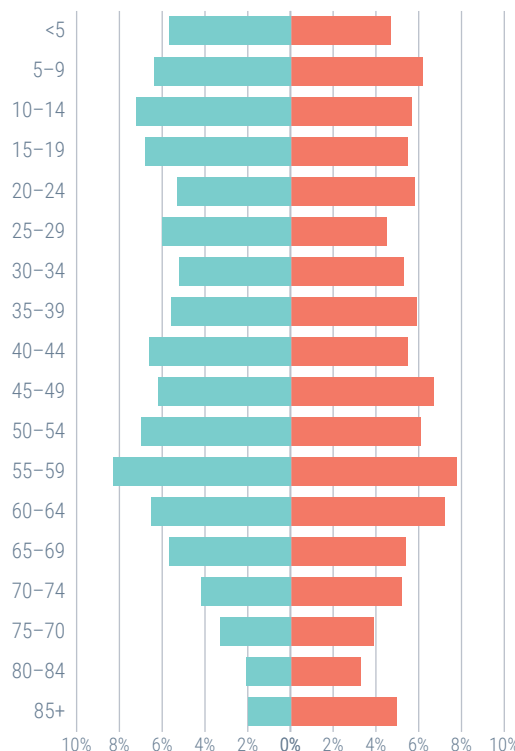
**43,640**

## MEDIAN HOUSEHOLD INCOME

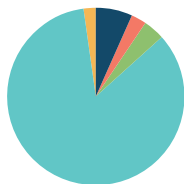


**\$93,238**

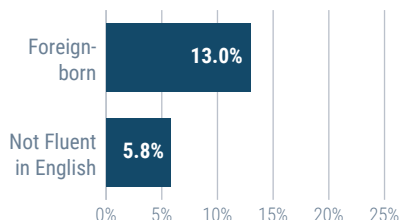
## AGE DISTRIBUTION



## RACE/ETHNICITY/LANGUAGE



6.8% | **Asian\***  
 2.7% | **Black\***  
 3.9% | **Hispanic/Latino**  
 84.5% | **White\***  
 2.0% | **Other\***  
 \* Non-Hispanic



## 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 **20.5%**

**PEOPLE WITH DISABILITIES** **9.3%**

## summary health measures

		Greater Abington		Montgomery County	
		Pre-2020 Estimate*	2020 Estimate*	Pre-2020 Estimate*	2020 Estimate*
<b>General</b>	All-cause mortality rate (per 100,000)	1,120.5	1,182.4	939.0	1,072.8
	Life expectancy: Female (in years)	84.1	83.7	83.1	81.7
	Life expectancy: Male (in years)	77.1	76.5	78.3	77.0
	Years of potential life lost before 75	2,257	2,281	41,424	45,416
<b>COVID-19</b>	COVID-related emergency department utilization (per 100,000)	N/A	293.3	N/A	853.5
	COVID-related hospitalization rate (per 100,000)	N/A	515.6	N/A	394.6
<b>Chronic Disease &amp; Health Behaviors</b>	Adult obesity prevalence	28.4%		29.1%	
	Diabetes prevalence	9.4%		8.9%	
	Diabetes-related hospitalization rate (per 100,000)	114.6	112.3	124.6	113.0
	Hypertension prevalence	29.3%		27.7%	
	Hypertension-related hospitalization rate (per 100,000)	421.6	325.4	380.9	328.6
	Potentially preventable hospitalization rate (per 100,000)	1,099.9	857.0	979.3	763.1
	Premature cardiovascular disease mortality rate (per 100,000)	29.8	20.6	26.3	30.1
	Major cancer incidence rate (per 100,000)	263.5		286.1	
	Major cancer mortality rate (per 100,000)	91.7		85.2	
	Colorectal cancer screening	71.5%		71.3%	
	Mammography screening	76.4%		77.4%	
	Physical inactivity (leisure time) prevalence	20.0%		19.6%	
<b>Infant &amp; Child Health</b>	Asthma hospitalization rate <18 years (per 100,000 <18)	--	--	10.0	2.9
	Infant mortality rate (per 1,000 live births)	--	--	4.1	2.7
	Percent low birthweight births out of live births	5.8%	6.2%	7.2%	6.9%
	Percent preterm births out of live births	4.4%	5.6%	8.7%	8.0%
<b>Behavioral Health</b>	Adult binge drinking	18.1%		18.8%	
	Adult smoking	13.9%		14.4%	
	Drug overdose mortality rate (per 100,000)	29.8	32.1	24.3	23.7
	Opioid-related hospitalization rate (per 100,000)	25.2	--	43.6	34.2
	Substance-related hospitalization rate (per 100,000)	203.9	169.6	265.9	223.8
	Poor mental health for 14+ days in past 30 days	12.2%		12.5%	
	Suicide mortality rate (per 100,000)	13.7	--	13.4	12.7
<b>Injuries</b>	Fall-related hospitalization rate (per 100,000)	8,179.7	7,350.2	3,146.4	3,083.5
	Gun-related emergency department utilization (per 100,000)	--	4.7	9.4	9.9
	Homicide mortality rate (per 100,000)	--	--	2.5	2.5
<b>Access to Care</b>	Adults 19-64 years with Medicaid	6.6%		8.0%	
	Children <19 years with public insurance	21.8%		21.5%	
	Population without insurance	3.1%		3.6%	
	Children <19 years without insurance	2.3%		2.3%	
	Emergency department utilization (per 100,000)	17,554.8	12,934.6	19,958.7	16,419.9
	High emergency department utilization (per 100,000)	242.3	186.9	319.9	247.5
<b>Social &amp; Economic Conditions</b>	Population in poverty	5.4%		5.8%	
	Children <18 years in poverty	6.7%		6.9%	
	Adults 19-64 years unemployed	2.0%		2.0%	
	Householders living alone who are 65+ years	51.7%		43.5%	
	Households receiving SNAP benefits	4.4%		5.1%	
	Households that are housing cost-burdened	14.5%		12.7%	
	Housing with potential lead risk	66.5%		55.4%	
	Vacant housing units	5.8%		5.0%	

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

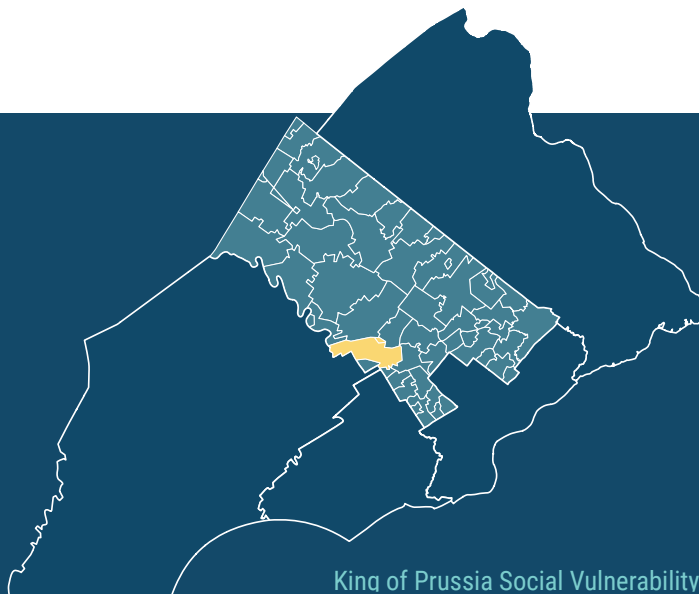
-- Estimates are unavailable or unreliable due to low sample size within a community.

# KING OF PRUSSIA

ZIP CODES: 19405, 19406

This community is served by:

- Bryn Mawr Rehab Hospital
- Children's Hospital of Philadelphia
- Einstein Medical Center Philadelphia
- Main Line Health



King of Prussia Social Vulnerability Index



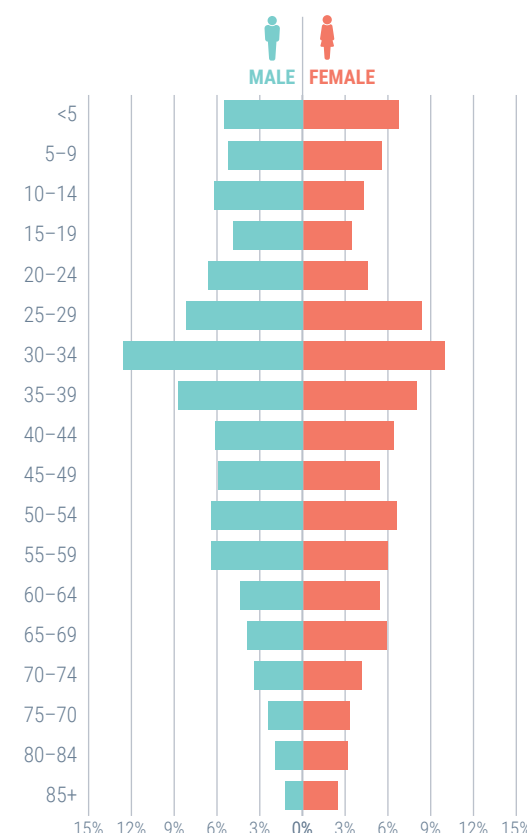
## POPULATION



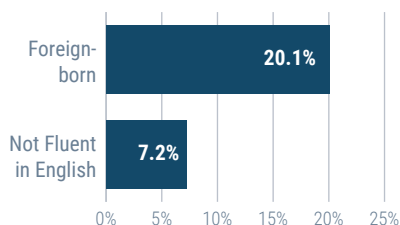
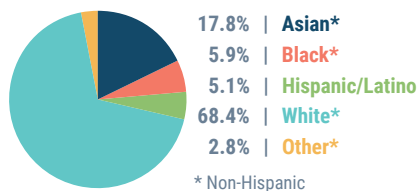
## MEDIAN HOUSEHOLD INCOME



## AGE DISTRIBUTION



## 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

18.1%

PEOPLE WITH DISABILITIES

8.3%

## summary health measures

		King of Prussia		Montgomery County	
		Pre-2020 Estimate*	2020 Estimate*	Pre-2020 Estimate*	2020 Estimate*
<b>General</b>	All-cause mortality rate (per 100,000)	777.5	833.5	939.0	1,072.8
	Life expectancy: Female (in years)	84.5	83.4	83.1	81.7
	Life expectancy: Male (in years)	78.0	78.3	78.3	77.0
	Years of potential life lost before 75	1,273	1,388	41,424	45,416
<b>COVID-19</b>	COVID-related emergency department utilization (per 100,000)	N/A	289.9	N/A	853.5
	COVID-related hospitalization rate (per 100,000)	N/A	316.3	N/A	394.6
<b>Chronic Disease &amp; Health Behaviors</b>	Adult obesity prevalence	27.0%		29.1%	
	Diabetes prevalence	7.9%		8.9%	
	Diabetes-related hospitalization rate (per 100,000)	82.4	112.0	124.6	113.0
	Hypertension prevalence	25.1%		27.7%	
	Hypertension-related hospitalization rate (per 100,000)	451.3	303.1	380.9	328.6
	Potentially preventable hospitalization rate (per 100,000)	912.5	655.6	979.3	763.1
	Premature cardiovascular disease mortality rate (per 100,000)	23.1	29.6	26.3	30.1
	Major cancer incidence rate (per 100,000)	243.8		286.1	
	Major cancer mortality rate (per 100,000)	75.8		85.2	
	Colorectal cancer screening	72.2%		71.3%	
	Mammography screening	77.6%		77.4%	
	Physical inactivity (leisure time) prevalence	18.2%		19.6%	
<b>Infant &amp; Child Health</b>	Asthma hospitalization rate <18 years (per 100,000 <18)	--	--	10.0	2.9
	Infant mortality rate (per 1,000 live births)	--	--	4.1	2.7
	Percent low birthweight births out of live births	8.6%	8.2%	7.2%	6.9%
	Percent preterm births out of live births	6.3%	5.5%	8.7%	8.0%
<b>Behavioral Health</b>	Adult binge drinking	19.3%		18.8%	
	Adult smoking	13.4%		14.4%	
	Drug overdose mortality rate (per 100,000)	32.9	23.1	24.3	23.7
	Opioid-related hospitalization rate (per 100,000)	--	--	43.6	34.2
	Substance-related hospitalization rate (per 100,000)	253.7	230.6	265.9	223.8
	Poor mental health for 14+ days in past 30 days	11.9%		12.5%	
	Suicide mortality rate (per 100,000)	--	--	13.4	12.7
<b>Injuries</b>	Fall-related hospitalization rate (per 100,000)	8,908.2	7,400.6	3,146.4	3,083.5
	Gun-related emergency department utilization (per 100,000)	19.0	4.0	9.4	9.9
	Homicide mortality rate (per 100,000)	--	--	2.5	2.5
<b>Access to Care</b>	Adults 19-64 years with Medicaid	6.4%		8.0%	
	Children <19 years with public insurance	20.9%		21.5%	
	Population without insurance	4.0%		3.6%	
	Children <19 years without insurance	2.1%		2.3%	
	Emergency department utilization (per 100,000)	23,716.8	16,366.6	19,958.7	16,419.9
	High emergency department utilization (per 100,000)	469.2	279.7	319.9	247.5
<b>Social &amp; Economic Conditions</b>	Population in poverty	5.7%		5.8%	
	Children <18 years in poverty	7.3%		6.9%	
	Adults 19-64 years unemployed	2.1%		2.0%	
	Householders living alone who are 65+ years	20.9%		43.5%	
	Households receiving SNAP benefits	8.0%		5.1%	
	Households that are housing cost-burdened	14.1%		12.7%	
	Housing with potential lead risk	60.4%		55.4%	
	Vacant housing units	7.5%		5.0%	

\* 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.

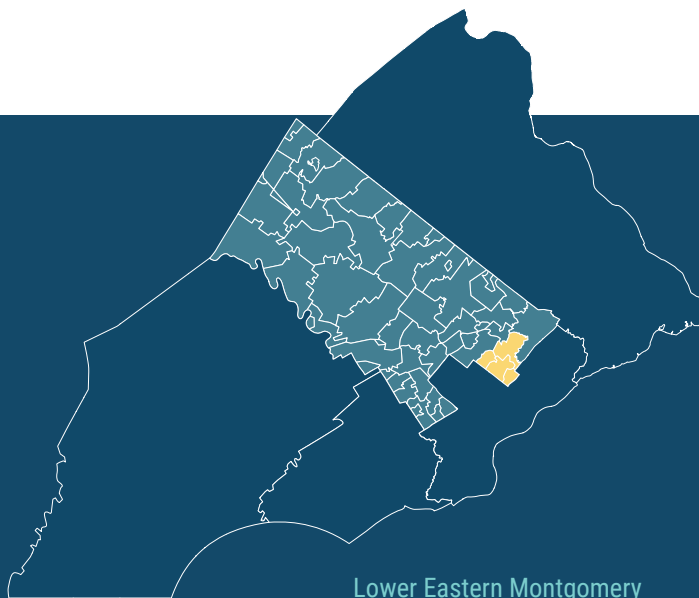


# LOWER EASTERN MONTGOMERY

**ZIP CODES:** 19012, 19027, 19046, 19095

This community is served by:

- Children's Hospital of Philadelphia
- Einstein Medical Center Philadelphia
- Fox Chase Cancer Center
- Jefferson Abington Hospital
- Magee Rehabilitation
- Redeemer Health
- Rothman Orthopaedic Specialty Hospital



Lower Eastern Montgomery  
Social Vulnerability Index



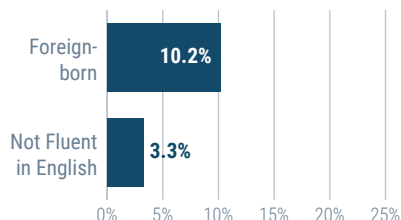
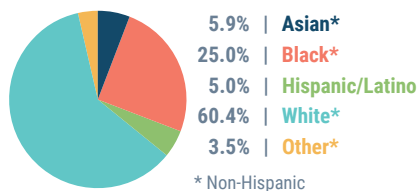
## POPULATION



## MEDIAN HOUSEHOLD INCOME



## RACE/ETHNICITY/LANGUAGE



## LEADING CAUSES OF DEATH

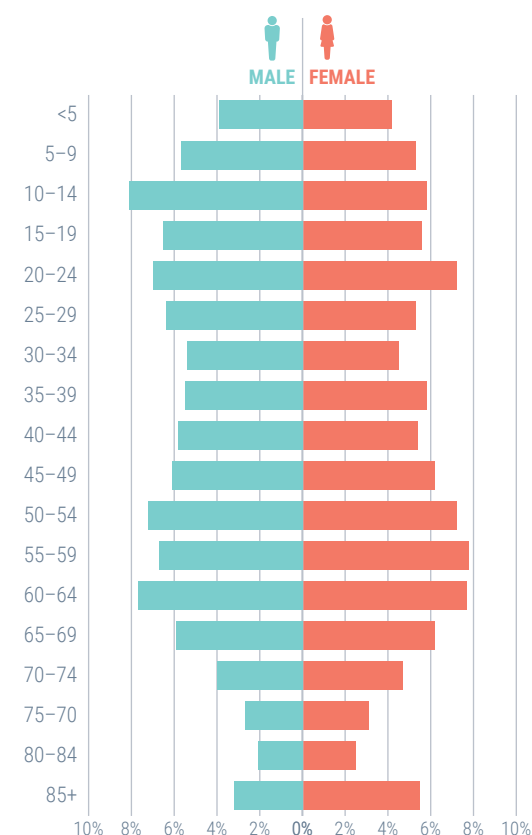
1. Alzheimer's disease
2. Cerebrovascular diseases
3. COVID-19
4. Cancer
5. Heart disease

## EDUCATIONAL ATTAINMENT

High school as highest education level **14.5%**

**PEOPLE WITH DISABILITIES** **12.3%**

## AGE DISTRIBUTION



## summary health measures

		Lower Eastern Montgomery		Montgomery County	
		Pre-2020 Estimate*	2020 Estimate*	Pre-2020 Estimate*	2020 Estimate*
<b>General</b>	All-cause mortality rate (per 100,000)	1,118.8	1,328.1	939.0	1,072.8
	Life expectancy: Female (in years)	82.4	79.2	83.1	81.7
	Life expectancy: Male (in years)	79.5	78.1	78.3	77.0
	Years of potential life lost before 75	2,479	2,909	41,424	45,416
<b>COVID-19</b>	COVID-related emergency department utilization (per 100,000)	N/A	313.0	N/A	853.5
	COVID-related hospitalization rate (per 100,000)	N/A	588.7	N/A	394.6
<b>Chronic Disease &amp; Health Behaviors</b>	Adult obesity prevalence	29.4%		29.1%	
	Diabetes prevalence	10.0%		8.9%	
	Diabetes-related hospitalization rate (per 100,000)	158.4	129.1	124.6	113.0
	Hypertension prevalence	30.8%		27.7%	
	Hypertension-related hospitalization rate (per 100,000)	545.7	434.2	380.9	328.6
	Potentially preventable hospitalization rate (per 100,000)	1,206.8	938.9	979.3	763.1
	Premature cardiovascular disease mortality rate (per 100,000)	25.4	23.5	26.3	30.1
	Major cancer incidence rate (per 100,000)	299.3		286.1	
	Major cancer mortality rate (per 100,000)	99.8		85.2	
	Colorectal cancer screening	72.7%		71.3%	
	Mammography screening	78.8%		77.4%	
	Physical inactivity (leisure time) prevalence	19.5%		19.6%	
<b>Infant &amp; Child Health</b>	Asthma hospitalization rate <18 years (per 100,000 <18)	5.7	--	10.0	2.9
	Infant mortality rate (per 1,000 live births)	--	--	4.1	2.7
	Percent low birthweight births out of live births	8.2%	7.5%	7.2%	6.9%
	Percent preterm births out of live births	7.3%	6.6%	8.7%	8.0%
<b>Behavioral Health</b>	Adult binge drinking	16.5%		18.8%	
	Adult smoking	12.3%		14.4%	
	Drug overdose mortality rate (per 100,000)	--	--	24.3	23.7
	Opioid-related hospitalization rate (per 100,000)	--	--	43.6	34.2
	Substance-related hospitalization rate (per 100,000)	168.2	152.6	265.9	223.8
	Poor mental health for 14+ days in past 30 days	11.5%		12.5%	
	Suicide mortality rate (per 100,000)	--	19.6	13.4	12.7
<b>Injuries</b>	Fall-related hospitalization rate (per 100,000)	7,286.8	7,144.3	3,146.4	3,083.5
	Gun-related emergency department utilization (per 100,000)	--	--	9.4	9.9
	Homicide mortality rate (per 100,000)	--	--	2.5	2.5
<b>Access to Care</b>	Adults 19-64 years with Medicaid	8.0%		8.0%	
	Children <19 years with public insurance	20.5%		21.5%	
	Population without insurance	3.1%		3.6%	
	Children <19 years without insurance	2.4%		2.3%	
	Emergency department utilization (per 100,000)	24,093.7	19,122.7	19,958.7	16,419.9
	High emergency department utilization (per 100,000)	409.2	332.6	319.9	247.5
<b>Social &amp; Economic Conditions</b>	Population in poverty	7.1%		5.8%	
	Children <18 years in poverty	7.1%		6.9%	
	Adults 19-64 years unemployed	1.8%		2.0%	
	Householders living alone who are 65+ years	42.8%		43.5%	
	Households receiving SNAP benefits	5.7%		5.1%	
	Households that are housing cost-burdened	20.2%		12.7%	
	Housing with potential lead risk	78.0%		55.4%	
	Vacant housing units	8.9%		5.0%	

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

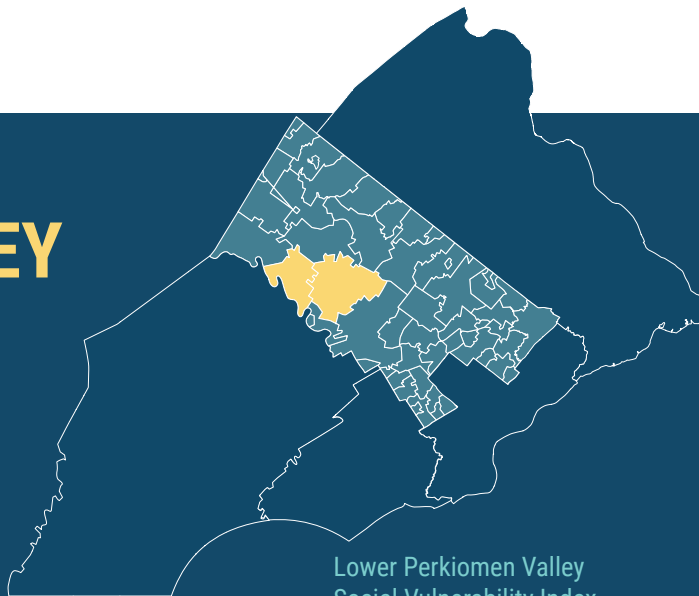
-- Estimates are unavailable or unreliable due to low sample size within a community.

# LOWER PERKIOMEN VALLEY

ZIP CODES: 19426, 19468

This community is served by:

- Bryn Mawr Rehab Hospital
- Children's Hospital of Philadelphia
- Einstein Medical Center Montgomery
- Fox Chase Cancer Center
- Grand View Health
- Main Line Health



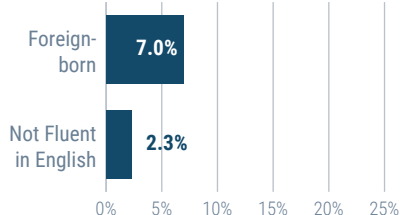
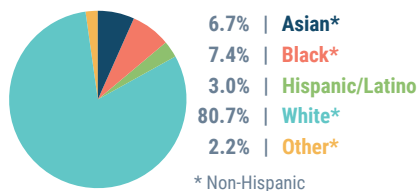
## POPULATION



## 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

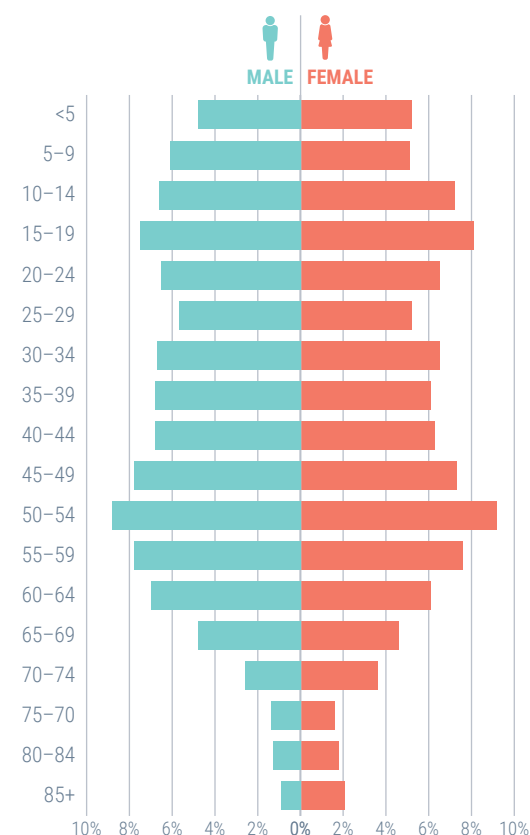
High school as highest education level

15.9%

## PEOPLE WITH DISABILITIES

7.6%

## AGE DISTRIBUTION



## summary health measures

		Lower Perkiomen Valley		Montgomery County	
		Pre-2020 Estimate*	2020 Estimate*	Pre-2020 Estimate*	2020 Estimate*
<b>General</b>	All-cause mortality rate (per 100,000)	675.9	750.8	939.0	1,072.8
	Life expectancy: Female (in years)	81.7	80.5	83.1	81.7
	Life expectancy: Male (in years)	78.8	77.9	78.3	77.0
	Years of potential life lost before 75	2,894	3,367	41,424	45,416
<b>COVID-19</b>	COVID-related emergency department utilization (per 100,000)	N/A	461.6	N/A	853.5
	COVID-related hospitalization rate (per 100,000)	N/A	298.2	N/A	394.6
<b>Chronic Disease &amp; Health Behaviors</b>	Adult obesity prevalence	29.2%		29.1%	
	Diabetes prevalence	7.5%		8.9%	
	Diabetes-related hospitalization rate (per 100,000)	116.9	83.9	124.6	113.0
	Hypertension prevalence	24.4%		27.7%	
	Hypertension-related hospitalization rate (per 100,000)	296.7	286.2	380.9	328.6
	Potentially preventable hospitalization rate (per 100,000)	791.3	678.9	979.3	763.1
	Premature cardiovascular disease mortality rate (per 100,000)	28.5	25.5	26.3	30.1
	Major cancer incidence rate (per 100,000)	236.8		286.1	
	Major cancer mortality rate (per 100,000)	62.9		85.2	
	Colorectal cancer screening	71.2%		71.3%	
	Mammography screening	77.4%		77.4%	
	Physical inactivity (leisure time) prevalence	17.9%		19.6%	
<b>Infant &amp; Child Health</b>	Asthma hospitalization rate <18 years (per 100,000 <18)	--	--	10.0	2.9
	Infant mortality rate (per 1,000 live births)	--	--	4.1	2.7
	Percent low birthweight births out of live births	6.6%	4.9%	7.2%	6.9%
	Percent preterm births out of live births	6.4%	5.9%	8.7%	8.0%
<b>Behavioral Health</b>	Adult binge drinking	21.3%		18.8%	
	Adult smoking	15.0%		14.4%	
	Drug overdose mortality rate (per 100,000)	15.0	21.0	24.3	23.7
	Opioid-related hospitalization rate (per 100,000)	37.5	--	43.6	34.2
	Substance-related hospitalization rate (per 100,000)	251.8	178.3	265.9	223.8
	Poor mental health for 14+ days in past 30 days	12.8%		12.5%	
	Suicide mortality rate (per 100,000)	18.0	21.0	13.4	12.7
<b>Injuries</b>	Fall-related hospitalization rate (per 100,000)	9,348.3	8,887.4	3,146.4	3,083.5
	Gun-related emergency department utilization (per 100,000)	--	--	9.4	9.9
	Homicide mortality rate (per 100,000)	--	--	2.5	2.5
<b>Access to Care</b>	Adults 19-64 years with Medicaid	6.9%		8.0%	
	Children <19 years with public insurance	16.3%		21.5%	
	Population without insurance	2.4%		3.6%	
	Children <19 years without insurance	1.7%		2.3%	
	Emergency department utilization (per 100,000)	11,948.9	13,545.7	19,958.7	16,419.9
	High emergency department utilization (per 100,000)	165.7	156.8	319.9	247.5
<b>Social &amp; Economic Conditions</b>	Population in poverty	4.0%		5.8%	
	Children <18 years in poverty	3.9%		6.9%	
	Adults 19-64 years unemployed	2.0%		2.0%	
	Householders living alone who are 65+ years	37.2%		43.5%	
	Households receiving SNAP benefits	4.4%		5.1%	
	Households that are housing cost-burdened	8.9%		12.7%	
	Housing with potential lead risk	26.4%		55.4%	
	Vacant housing units	3.4%		5.0%	

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

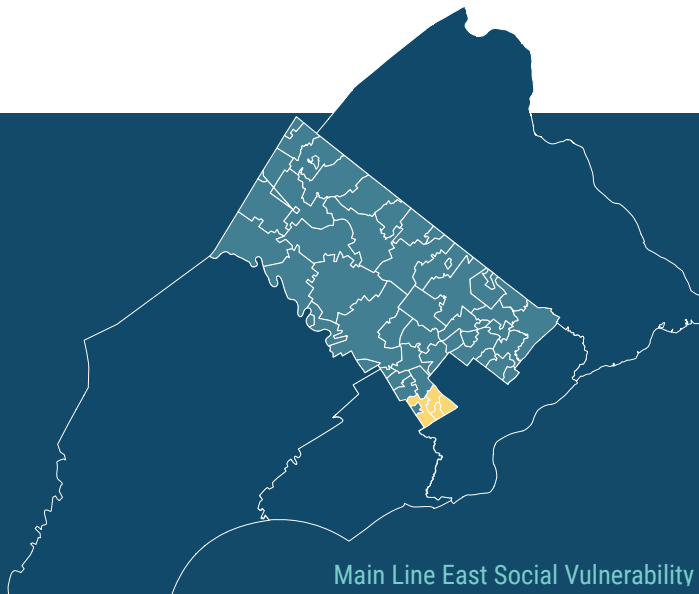
-- Estimates are unavailable or unreliable due to low sample size within a community.

# MAIN LINE EAST

**ZIP CODES:** 19004, 19066, 19072, 19096

This community is served by:

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



Main Line East Social Vulnerability Index

0 0.22 1

## POPULATION



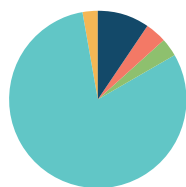
**38,683**

## MEDIAN HOUSEHOLD INCOME

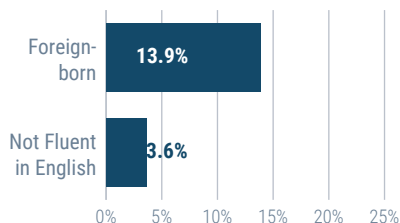


**\$146,995**

## RACE/ETHNICITY/LANGUAGE



9.6% | **Asian\***  
3.9% | **Black\***  
3.3% | **Hispanic/Latino**  
80.6% | **White\***  
2.6% | **Other\***  
\* Non-Hispanic



## LEADING CAUSES OF DEATH

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

## EDUCATIONAL ATTAINMENT

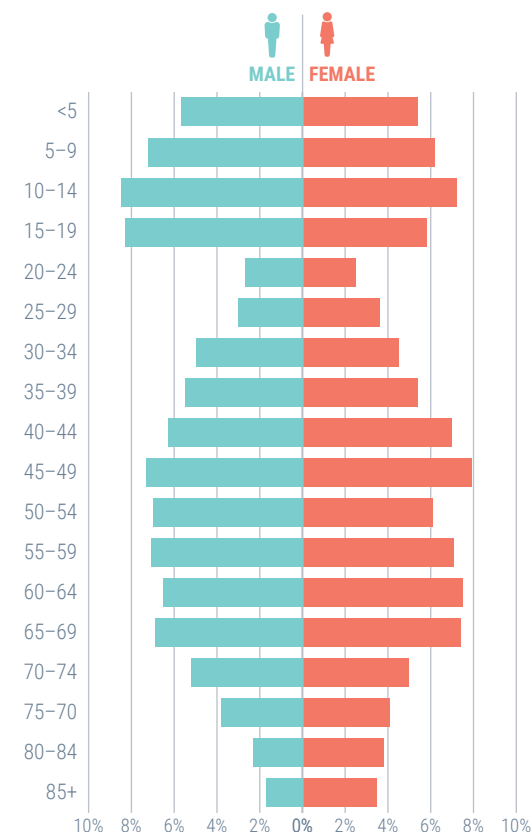
High school as highest education level

**6.1%**

**PEOPLE WITH DISABILITIES**

**7.4%**

## AGE DISTRIBUTION



## summary health measures

		Main Line East		Montgomery County	
		Pre-2020 Estimate*	2020 Estimate*	Pre-2020 Estimate*	2020 Estimate*
<b>General</b>	All-cause mortality rate (per 100,000)	770.4	974.6	939.0	1,072.8
	Life expectancy: Female (in years)	87.8	85.3	83.1	81.7
	Life expectancy: Male (in years)	81.7	79.9	78.3	77.0
	Years of potential life lost before 75	1,002	1,176	41,424	45,416
<b>COVID-19</b>	COVID-related emergency department utilization (per 100,000)	N/A	429.1	N/A	853.5
	COVID-related hospitalization rate (per 100,000)	N/A	286.9	N/A	394.6
<b>Chronic Disease &amp; Health Behaviors</b>	Adult obesity prevalence	25.6%		29.1%	
	Diabetes prevalence	7.9%		8.9%	
	Diabetes-related hospitalization rate (per 100,000)	25.9	--	124.6	113.0
	Hypertension prevalence	27.1%		27.7%	
	Hypertension-related hospitalization rate (per 100,000)	328.3	292.1	380.9	328.6
	Potentially preventable hospitalization rate (per 100,000)	687.6	579.1	979.3	763.1
	Premature cardiovascular disease mortality rate (per 100,000)	--	--	26.3	30.1
	Major cancer incidence rate (per 100,000)	305.0		286.1	
	Major cancer mortality rate (per 100,000)	80.1		85.2	
	Colorectal cancer screening	76.0%		71.3%	
	Mammography screening	79.1%		77.4%	
	Physical inactivity (leisure time) prevalence	14.8%		19.6%	
<b>Infant &amp; Child Health</b>	Asthma hospitalization rate <18 years (per 100,000 <18)	--	--	10.0	2.9
	Infant mortality rate (per 1,000 live births)	--	--	4.1	2.7
	Percent low birthweight births out of live births	3.9%	7.9%	7.2%	6.9%
	Percent preterm births out of live births	3.6%	5.7%	8.7%	8.0%
<b>Behavioral Health</b>	Adult binge drinking	17.8%		18.8%	
	Adult smoking	9.1%		14.4%	
	Drug overdose mortality rate (per 100,000)	--	--	24.3	23.7
	Opioid-related hospitalization rate (per 100,000)	--	--	43.6	34.2
	Substance-related hospitalization rate (per 100,000)	121.5	62.0	265.9	223.8
	Poor mental health for 14+ days in past 30 days	9.6%		12.5%	
	Suicide mortality rate (per 100,000)	--	--	13.4	12.7
<b>Injuries</b>	Fall-related hospitalization rate (per 100,000)	8,116.7	8,355.4	3,146.4	3,083.5
	Gun-related emergency department utilization (per 100,000)	--	14.1	9.4	9.9
	Homicide mortality rate (per 100,000)	--	--	2.5	2.5
<b>Access to Care</b>	Adults 19-64 years with Medicaid	4.1%		8.0%	
	Children <19 years with public insurance	8.4%		21.5%	
	Population without insurance	1.8%		3.6%	
	Children <19 years without insurance	2.1%		2.3%	
	Emergency department utilization (per 100,000)	17,857.9	14,083.7	19,958.7	16,419.9
	High emergency department utilization (per 100,000)	203.1	155.2	319.9	247.5
<b>Social &amp; Economic Conditions</b>	Population in poverty	4.3%		5.8%	
	Children <18 years in poverty	3.7%		6.9%	
	Adults 19-64 years unemployed	1.5%		2.0%	
	Householders living alone who are 65+ years	51.8%		43.5%	
	Households receiving SNAP benefits	1.6%		5.1%	
	Households that are housing cost-burdened	9.3%		12.7%	
	Housing with potential lead risk	84.6%		55.4%	
	Vacant housing units	4.1%		5.0%	

\* 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.

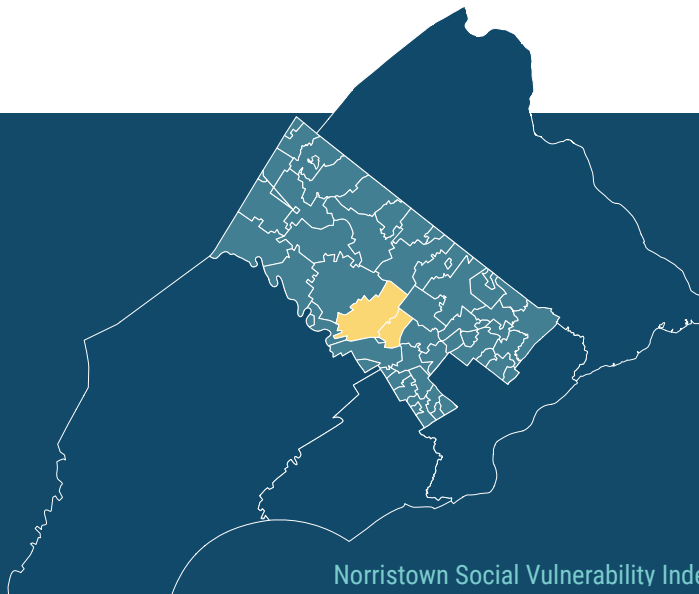


# NORRISTOWN

ZIP CODE: 19401

This community is served by:

- Bryn Mawr Rehab Hospital
- Children's Hospital of Philadelphia
- Einstein Medical Center Montgomery
- Fox Chase Cancer Center
- Main Line Health



## POPULATION



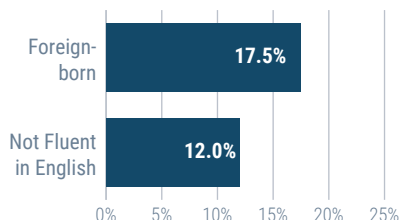
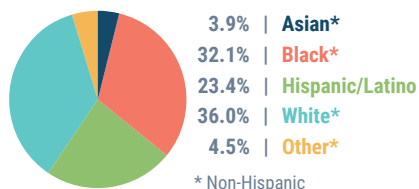
41,897

## MEDIAN HOUSEHOLD INCOME



\$53,696

## RACE/ETHNICITY/LANGUAGE



## LEADING CAUSES OF DEATH

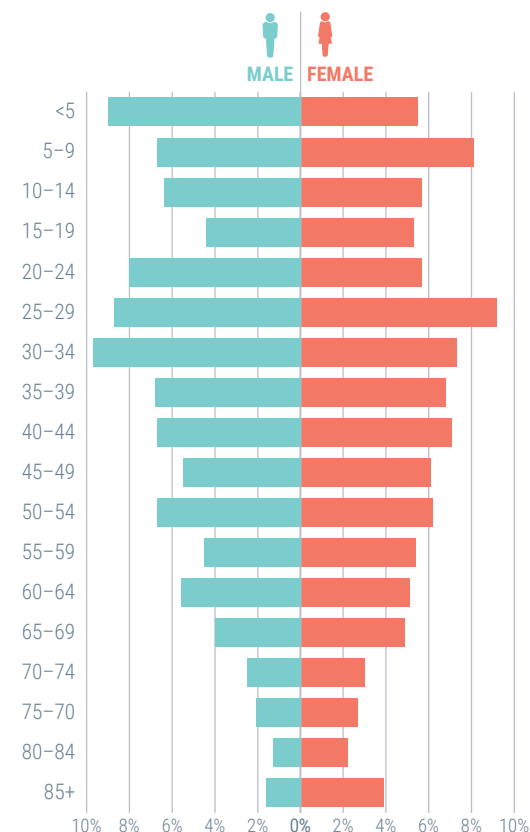
1. Heart disease
2. COVID-19
3. Cancer
4. Drug overdose
5. Cerebrovascular diseases

## EDUCATIONAL ATTAINMENT

High school as highest education level 32.9%

PEOPLE WITH DISABILITIES 15.3%

## AGE DISTRIBUTION



## summary health measures

		Norristown		Montgomery County	
		Pre-2020 Estimate*	2020 Estimate*	Pre-2020 Estimate*	2020 Estimate*
<b>General</b>	All-cause mortality rate (per 100,000)	1,066.9	1,324.7	939.0	1,072.8
	Life expectancy: Female (in years)	80.7	76.7	83.1	81.7
	Life expectancy: Male (in years)	70.7	67.0	78.3	77.0
	Years of potential life lost before 75	3,879	5,351	41,424	45,416
<b>COVID-19</b>	COVID-related emergency department utilization (per 100,000)	N/A	475.0	N/A	853.5
	COVID-related hospitalization rate (per 100,000)	N/A	954.7	N/A	394.6
<b>Chronic Disease &amp; Health Behaviors</b>	Adult obesity prevalence	36.5%		29.1%	
	Diabetes prevalence	11.8%		8.9%	
	Diabetes-related hospitalization rate (per 100,000)	255.4	236.3	124.6	113.0
	Hypertension prevalence	30.5%		27.7%	
	Hypertension-related hospitalization rate (per 100,000)	689.8	608.6	380.9	328.6
	Potentially preventable hospitalization rate (per 100,000)	1,558.6	1,329.5	979.3	763.1
	Premature cardiovascular disease mortality rate (per 100,000)	57.3	69.2	26.3	30.1
	Major cancer incidence rate (per 100,000)	245.8		286.1	
	Major cancer mortality rate (per 100,000)	81.2		85.2	
	Colorectal cancer screening	64.7%		71.3%	
	Mammography screening	77.5%		77.4%	
	Physical inactivity (leisure time) prevalence	28.4%		19.6%	
<b>Infant &amp; Child Health</b>	Asthma hospitalization rate <18 years (per 100,000 <18)	17.3	10.2	10.0	2.9
	Infant mortality rate (per 1,000 live births)	--	--	4.1	2.7
	Percent low birthweight births out of live births	9.6%	9.7%	7.2%	6.9%
	Percent preterm births out of live births	7.2%	7.8%	8.7%	8.0%
<b>Behavioral Health</b>	Adult binge drinking	17.4%		18.8%	
	Adult smoking	20.5%		14.4%	
	Drug overdose mortality rate (per 100,000)	54.9	81.2	24.3	23.7
	Opioid-related hospitalization rate (per 100,000)	131.3	74.0	43.6	34.2
	Substance-related hospitalization rate (per 100,000)	649.2	503.6	265.9	223.8
	Poor mental health for 14+ days in past 30 days	16.8%		12.5%	
	Suicide mortality rate (per 100,000)	14.3	--	13.4	12.7
<b>Injuries</b>	Fall-related hospitalization rate (per 100,000)	9,934.7	7,734.6	3,146.4	3,083.5
	Gun-related emergency department utilization (per 100,000)	4.8	7.2	9.4	9.9
	Homicide mortality rate (per 100,000)	--	--	2.5	2.5
<b>Access to Care</b>	Adults 19-64 years with Medicaid	20.9%		8.0%	
	Children <19 years with public insurance	62.4%		21.5%	
	Population without insurance	13.0%		3.6%	
	Children <19 years without insurance	3.7%		2.3%	
	Emergency department utilization (per 100,000)	37,375.0	25,794.2	19,958.7	16,419.9
	High emergency department utilization (per 100,000)	1,136.1	680.2	319.9	247.5
<b>Social &amp; Economic Conditions</b>	Population in poverty	17.2%		5.8%	
	Children <18 years in poverty	23.8%		6.9%	
	Adults 19-64 years unemployed	3.1%		2.0%	
	Householders living alone who are 65+ years	28.8%		43.5%	
	Households receiving SNAP benefits	24.2%		5.1%	
	Households that are housing cost-burdened	19.0%		12.7%	
	Housing with potential lead risk	70.9%		55.4%	
	Vacant housing units	11.6%		5.0%	

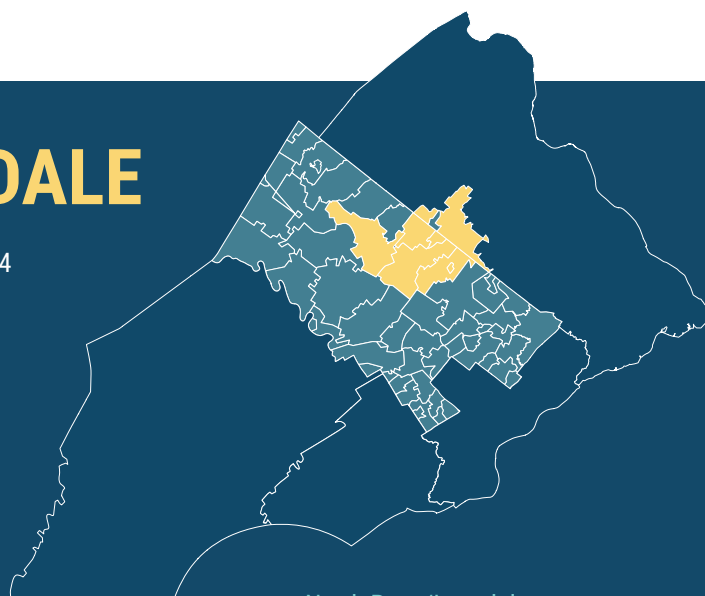
\* Estimates represent the most recent pre-2020 data available; 2020 estimates are shown if available.  
 -- Estimates are unavailable or unreliable due to low sample size within a community.

# NORTH PENN/LANSDALE

**ZIP CODE:** 18915, 18932, 18936, 19438, 19440, 19446, 19454

This community is served by:

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



North Penn/Lansdale  
Social Vulnerability Index



## POPULATION

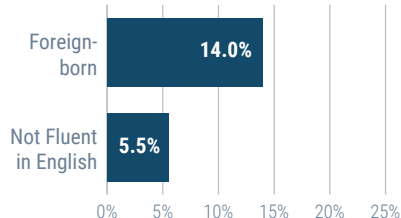
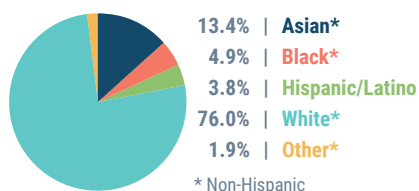


## MEDIAN HOUSEHOLD INCOME



## AGE DISTRIBUTION

### RACE/ETHNICITY/LANGUAGE



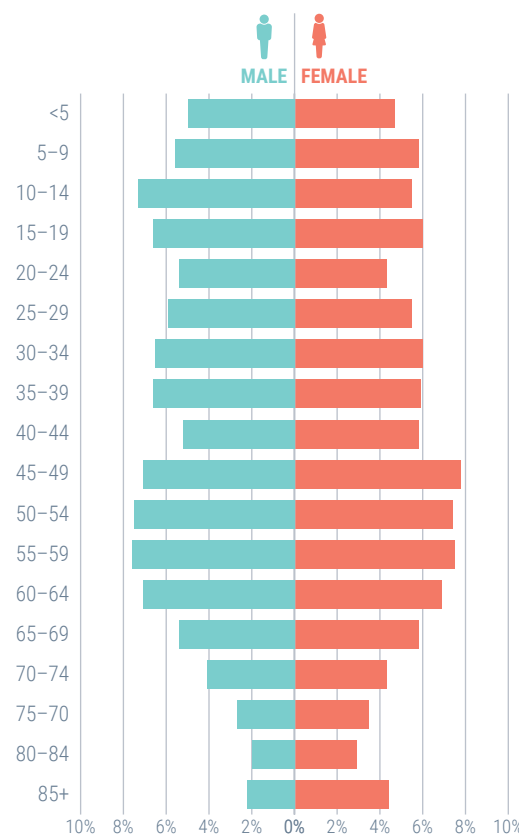
### LEADING CAUSES OF DEATH

1. Heart disease
2. Cancer
3. COVID-19
4. Cerebrovascular diseases
5. Unintentional injuries (excluding drug overdoses)

### EDUCATIONAL ATTAINMENT

High school as highest education level **19.7%**

**PEOPLE WITH DISABILITIES** **9.6%**



## summary health measures

		North Penn/Lansdale		Montgomery County	
		Pre-2020 Estimate*	2020 Estimate*	Pre-2020 Estimate*	2020 Estimate*
<b>General</b>	All-cause mortality rate (per 100,000)	1,007.5	1,153.9	939.0	1,072.8
	Life expectancy: Female (in years)	83.6	82.4	83.1	81.7
	Life expectancy: Male (in years)	78.9	78.5	78.3	77.0
	Years of potential life lost before 75	6,210	5,984	41,424	45,416
<b>COVID-19</b>	COVID-related emergency department utilization (per 100,000)	N/A	151.0	N/A	853.5
	COVID-related hospitalization rate (per 100,000)	N/A	398.1	N/A	394.6
<b>Chronic Disease &amp; Health Behaviors</b>	Adult obesity prevalence	27.7%		29.1%	
	Diabetes prevalence	8.8%		8.9%	
	Diabetes-related hospitalization rate (per 100,000)	117.4	109.1	124.6	113.0
	Hypertension prevalence	27.1%		27.7%	
	Hypertension-related hospitalization rate (per 100,000)	353.1	292.9	380.9	328.6
	Potentially preventable hospitalization rate (per 100,000)	1,039.5	760.4	979.3	763.1
	Premature cardiovascular disease mortality rate (per 100,000)	19.8	22.1	26.3	30.1
	Major cancer incidence rate (per 100,000)	263.1		286.1	
	Major cancer mortality rate (per 100,000)	77.8		85.2	
	Colorectal cancer screening	71.2%		71.3%	
	Mammography screening	77.3%		77.4%	
	Physical inactivity (leisure time) prevalence	19.3%		19.6%	
<b>Infant &amp; Child Health</b>	Asthma hospitalization rate <18 years (per 100,000 <18)	17.8	--	10.0	2.9
	Infant mortality rate (per 1,000 live births)	5.9	--	4.1	2.7
	Percent low birthweight births out of live births	6.0%	6.3%	7.2%	6.9%
	Percent preterm births out of live births	5.9%	5.9%	8.7%	8.0%
<b>Behavioral Health</b>	Adult binge drinking	18.4%		18.8%	
	Adult smoking	13.7%		14.4%	
	Drug overdose mortality rate (per 100,000)	22.1	18.3	24.3	23.7
	Opioid-related hospitalization rate (per 100,000)	20.6	19.8	43.6	34.2
	Substance-related hospitalization rate (per 100,000)	178.5	160.9	265.9	223.8
	Poor mental health for 14+ days in past 30 days	12.0%		12.5%	
	Suicide mortality rate (per 100,000)	14.5	9.9	13.4	12.7
<b>Injuries</b>	Fall-related hospitalization rate (per 100,000)	6,375.2	6,571.2	3,146.4	3,083.5
	Gun-related emergency department utilization (per 100,000)	--	5.2	9.4	9.9
	Homicide mortality rate (per 100,000)	--	--	2.5	2.5
<b>Access to Care</b>	Adults 19-64 years with Medicaid	5.9%		8.0%	
	Children <19 years with public insurance	16.4%		21.5%	
	Population without insurance	3.3%		3.6%	
	Children <19 years without insurance	1.9%		2.3%	
	Emergency department utilization (per 100,000)	27,151.8	20,267.4	19,958.7	16,419.9
	High emergency department utilization (per 100,000)	329.5	190.8	319.9	247.5
<b>Social &amp; Economic Conditions</b>	Population in poverty	3.9%		5.8%	
	Children <18 years in poverty	3.4%		6.9%	
	Adults 19-64 years unemployed	1.7%		2.0%	
	Householders living alone who are 65+ years	36.2%		43.5%	
	Households receiving SNAP benefits	5.6%		5.1%	
	Households that are housing cost-burdened	9.6%		12.7%	
	Housing with potential lead risk	32.0%		55.4%	
	Vacant housing units	2.1%		5.0%	

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

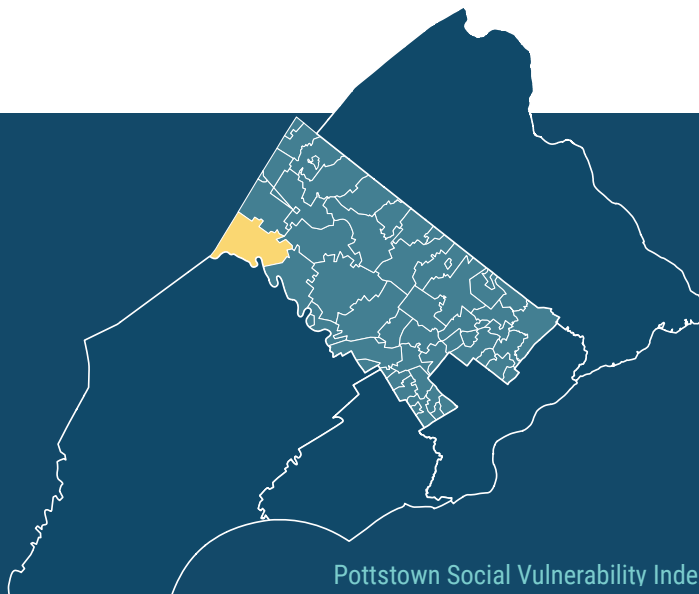
-- Estimates are unavailable or unreliable due to low sample size within a community.

# POTTSTOWN

ZIP CODE: 19464

This community is served by:

- Bryn Mawr Rehab Hospital
- Children's Hospital of Philadelphia
- Einstein Medical Center Montgomery
- Fox Chase Cancer Center
- Main Line Health



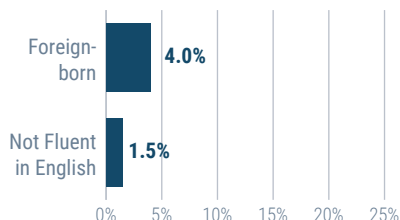
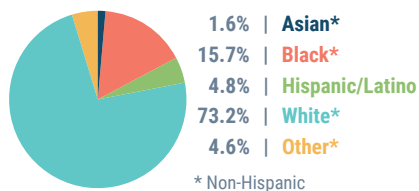
## POPULATION



## MEDIAN HOUSEHOLD INCOME



## RACE/ETHNICITY/LANGUAGE



## LEADING CAUSES OF DEATH

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

## EDUCATIONAL ATTAINMENT

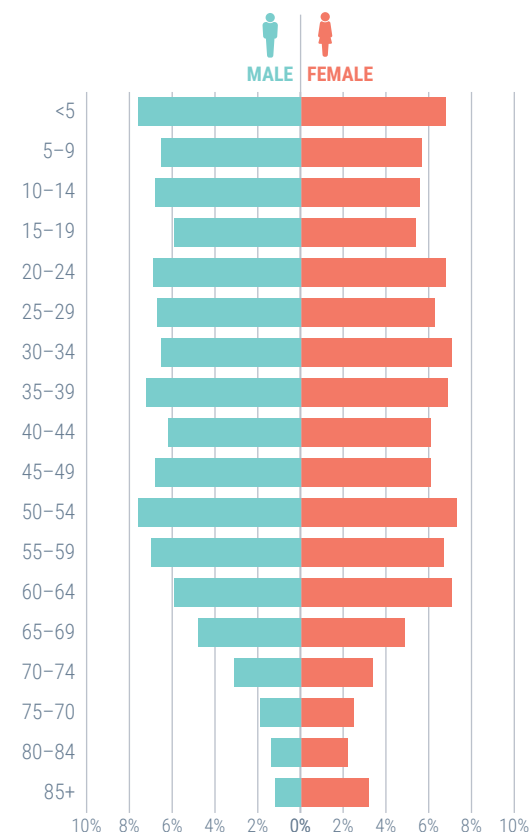
High school as highest education level

31.0%

PEOPLE WITH DISABILITIES

13.8%

## AGE DISTRIBUTION



## summary health measures

		Pottstown		Montgomery County	
		Pre-2020 Estimate*	2020 Estimate*	Pre-2020 Estimate*	2020 Estimate*
<b>General</b>	All-cause mortality rate (per 100,000)	1,059.6	1,066.0	939.0	1,072.8
	Life expectancy: Female (in years)	79.4	80.6	83.1	81.7
	Life expectancy: Male (in years)	72.7	70.8	78.3	77.0
	Years of potential life lost before 75	4,190	4,603	41,424	45,416
<b>COVID-19</b>	COVID-related emergency department utilization (per 100,000)	N/A	880.5	N/A	853.5
	COVID-related hospitalization rate (per 100,000)	N/A	373.1	N/A	394.6
<b>Chronic Disease &amp; Health Behaviors</b>	Adult obesity prevalence	33.1%		29.1%	
	Diabetes prevalence	9.9%		8.9%	
	Diabetes-related hospitalization rate (per 100,000)	270.8	266.5	124.6	113.0
	Hypertension prevalence	29.3%		27.7%	
	Hypertension-related hospitalization rate (per 100,000)	452.0	545.8	380.9	328.6
	Potentially preventable hospitalization rate (per 100,000)	1,601.1	1,353.8	979.3	763.1
	Premature cardiovascular disease mortality rate (per 100,000)	51.2	61.8	26.3	30.1
	Major cancer incidence rate (per 100,000)	226.0		286.1	
	Major cancer mortality rate (per 100,000)	85.3		85.2	
	Colorectal cancer screening	67.5%		71.3%	
	Mammography screening	75.9%		77.4%	
	Physical inactivity (leisure time) prevalence	23.9%		19.6%	
<b>Infant &amp; Child Health</b>	Asthma hospitalization rate <18 years (per 100,000 <18)	--	--	10.0	2.9
	Infant mortality rate (per 1,000 live births)	--	--	4.1	2.7
	Percent low birthweight births out of live births	10.0%	8.6%	7.2%	6.9%
	Percent preterm births out of live births	7.3%	9.0%	8.7%	8.0%
<b>Behavioral Health</b>	Adult binge drinking	19.2%		18.8%	
	Adult smoking	19.5%		14.4%	
	Drug overdose mortality rate (per 100,000)	49.0	55.4	24.3	23.7
	Opioid-related hospitalization rate (per 100,000)	95.9	44.8	43.6	34.2
	Substance-related hospitalization rate (per 100,000)	748.3	458.4	265.9	223.8
	Poor mental health for 14+ days in past 30 days	15.7%		12.5%	
	Suicide mortality rate (per 100,000)	23.5	14.9	13.4	12.7
<b>Injuries</b>	Fall-related hospitalization rate (per 100,000)	7,614.2	8,764.8	3,146.4	3,083.5
	Gun-related emergency department utilization (per 100,000)	4.3	17.1	9.4	9.9
	Homicide mortality rate (per 100,000)	--	--	2.5	2.5
<b>Access to Care</b>	Adults 19-64 years with Medicaid	17.6%		8.0%	
	Children <19 years with public insurance	43.3%		21.5%	
	Population without insurance	4.4%		3.6%	
	Children <19 years without insurance	1.8%		2.3%	
	Emergency department utilization (per 100,000)	15,271.6	32,839.4	19,958.7	16,419.9
	High emergency department utilization (per 100,000)	204.7	699.3	319.9	247.5
<b>Social &amp; Economic Conditions</b>	Population in poverty	12.0%		5.8%	
	Children <18 years in poverty	17.6%		6.9%	
	Adults 19-64 years unemployed	2.9%		2.0%	
	Householders living alone who are 65+ years	34.0%		43.5%	
	Households receiving SNAP benefits	14.6%		5.1%	
	Households that are housing cost-burdened	22.2%		12.7%	
	Housing with potential lead risk	60.1%		55.4%	
	Vacant housing units	9.4%		5.0%	

\* 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.

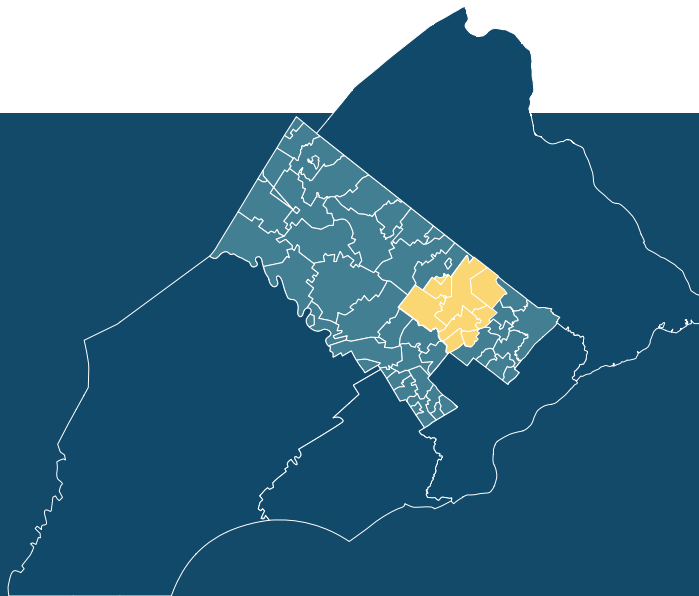


# UPPER DUBLIN

**ZIP CODES:** 19002, 19025, 19031, 19034, 19044, 19075, 19436, 19437, 19477

This community is served by:

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



Upper Dublin Social Vulnerability Index



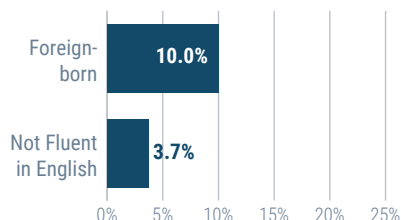
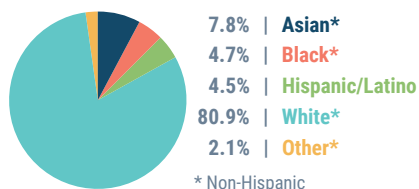
## POPULATION



## MEDIAN HOUSEHOLD INCOME



## RACE/ETHNICITY/LANGUAGE



## LEADING CAUSES OF DEATH

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

## EDUCATIONAL ATTAINMENT

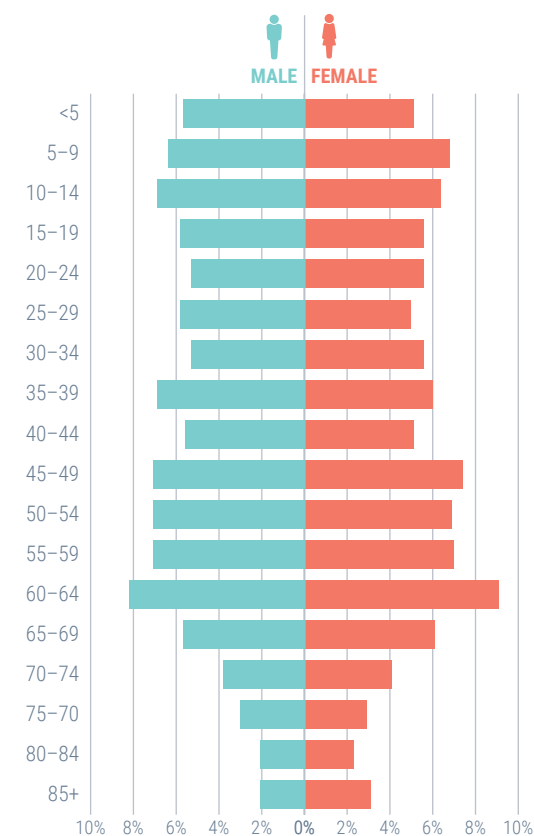
High school as highest education level

14.4%

PEOPLE WITH DISABILITIES

8.2%

## AGE DISTRIBUTION



## summary health measures

		Upper Dublin		Montgomery County	
		Pre-2020 Estimate*	2020 Estimate*	Pre-2020 Estimate*	2020 Estimate*
<b>General</b>	All-cause mortality rate (per 100,000)	938.5	1,118.7	939.0	1,072.8
	Life expectancy: Female (in years)	83.7	82.4	83.1	81.7
	Life expectancy: Male (in years)	79.5	78.6	78.3	77.0
	Years of potential life lost before 75	2,969	2,961	41,424	45,416
<b>COVID-19</b>	COVID-related emergency department utilization (per 100,000)	N/A	217.8	N/A	853.5
	COVID-related hospitalization rate (per 100,000)	N/A	372.5	N/A	394.6
<b>Chronic Disease &amp; Health Behaviors</b>	Adult obesity prevalence	27.8%		29.1%	
	Diabetes prevalence	8.5%		8.9%	
	Diabetes-related hospitalization rate (per 100,000)	94.1	87.4	124.6	113.0
	Hypertension prevalence	27.4%		27.7%	
	Hypertension-related hospitalization rate (per 100,000)	325.4	260.9	380.9	328.6
	Potentially preventable hospitalization rate (per 100,000)	890.1	650.8	979.3	763.1
	Premature cardiovascular disease mortality rate (per 100,000)	20.2	16.1	26.3	30.1
	Major cancer incidence rate (per 100,000)	255.5		286.1	
	Major cancer mortality rate (per 100,000)	82.0		85.2	
	Colorectal cancer screening	72.6%		71.3%	
	Mammography screening	77.9%		77.4%	
	Physical inactivity (leisure time) prevalence	17.8%		19.6%	
<b>Infant &amp; Child Health</b>	Asthma hospitalization rate <18 years (per 100,000 <18)	--	--	10.0	2.9
	Infant mortality rate (per 1,000 live births)	--	--	4.1	2.7
	Percent low birthweight births out of live births	6.9%	6.1%	7.2%	6.9%
	Percent preterm births out of live births	5.2%	5.3%	8.7%	8.0%
<b>Behavioral Health</b>	Adult binge drinking	18.5%		18.8%	
	Adult smoking	12.5%		14.4%	
	Drug overdose mortality rate (per 100,000)	18.8	20.2	24.3	23.7
	Opioid-related hospitalization rate (per 100,000)	8.1	8.1	43.6	34.2
	Substance-related hospitalization rate (per 100,000)	215.1	158.7	265.9	223.8
	Poor mental health for 14+ days in past 30 days	11.4%		12.5%	
	Suicide mortality rate (per 100,000)	14.8	8.1	13.4	12.7
<b>Injuries</b>	Fall-related hospitalization rate (per 100,000)	7,972.4	7,679.0	3,146.4	3,083.5
	Gun-related emergency department utilization (per 100,000)	--	--	9.4	9.9
	Homicide mortality rate (per 100,000)	--	--	2.5	2.5
<b>Access to Care</b>	Adults 19-64 years with Medicaid	6.0%		8.0%	
	Children <19 years with public insurance	14.9%		21.5%	
	Population without insurance	3.0%		3.6%	
	Children <19 years without insurance	2.5%		2.3%	
	Emergency department utilization (per 100,000)	21,068.4	15,895.1	19,958.7	16,419.9
	High emergency department utilization (per 100,000)	489.7	169.5	319.9	247.5
<b>Social &amp; Economic Conditions</b>	Population in poverty	3.7%		5.8%	
	Children <18 years in poverty	4.0%		6.9%	
	Adults 19-64 years unemployed	1.8%		2.0%	
	Householders living alone who are 65+ years	59.9%		43.5%	
	Households receiving SNAP benefits	3.0%		5.1%	
	Households that are housing cost-burdened	7.7%		12.7%	
	Housing with potential lead risk	52.6%		55.4%	
	Vacant housing units	3.4%		5.0%	

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

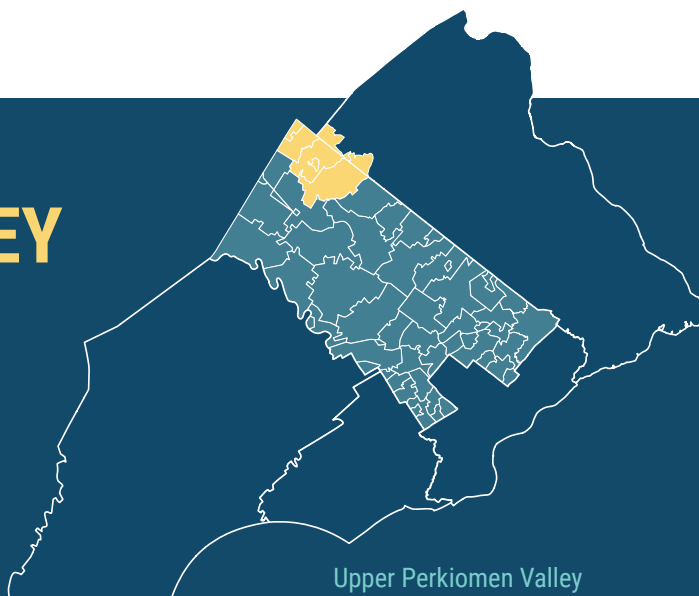
-- Estimates are unavailable or unreliable due to low sample size within a community.

# UPPER PERKIOMEN VALLEY

ZIP CODES: 18041, 18054, 18070, 18073, 18076

This community is served by:

- Children's Hospital of Philadelphia
- Doylestown Health
- Grand View Health



Upper Perkiomen Valley  
Social Vulnerability Index

0 0.28 1

## POPULATION



24,454

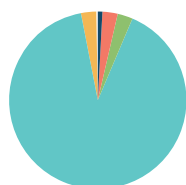
## MEDIAN HOUSEHOLD INCOME



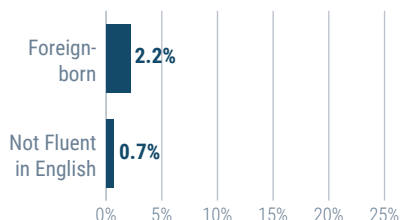
\$78,759

## AGE DISTRIBUTION

## RACE/ETHNICITY/LANGUAGE



0.9% | Asian\*  
2.8% | Black\*  
2.8% | Hispanic/Latino  
90.7% | White\*  
2.9% | Other\*  
\* Non-Hispanic



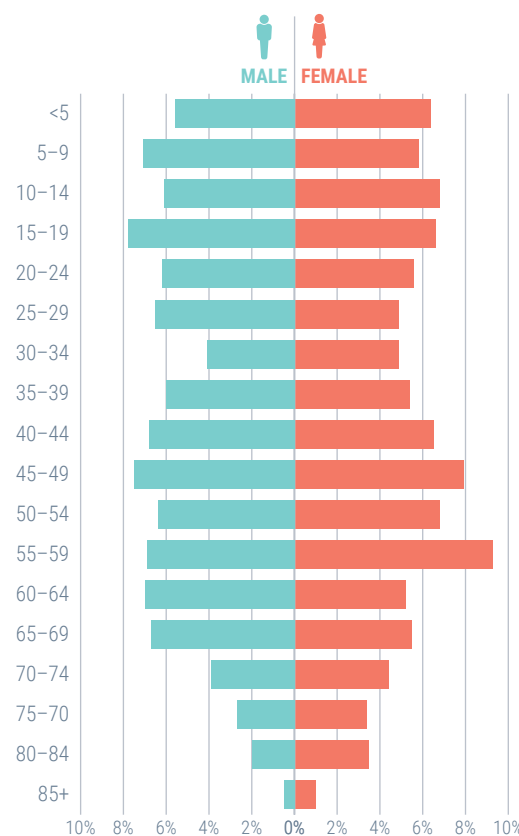
## LEADING CAUSES OF DEATH

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

## EDUCATIONAL ATTAINMENT

High school as highest education level 30.1%

PEOPLE WITH DISABILITIES 10.6%



## summary health measures

		Upper Perkiomen Valley		Montgomery County	
		Pre-2020 Estimate*	2020 Estimate*	Pre-2020 Estimate*	2020 Estimate*
<b>General</b>	All-cause mortality rate (per 100,000)	809.7	940.5	939.0	1,072.8
	Life expectancy: Female (in years)	79.3	79.6	83.1	81.7
	Life expectancy: Male (in years)	78.0	76.7	78.3	77.0
	Years of potential life lost before 75	1,373	1,240	41,424	45,416
<b>COVID-19</b>	COVID-related emergency department utilization (per 100,000)	N/A	32.7	N/A	853.5
	COVID-related hospitalization rate (per 100,000)	N/A	184.0	N/A	394.6
<b>Chronic Disease &amp; Health Behaviors</b>	Adult obesity prevalence	31.0%		29.1%	
	Diabetes prevalence	9.2%		8.9%	
	Diabetes-related hospitalization rate (per 100,000)	28.6	73.6	124.6	113.0
	Hypertension prevalence	28.6%		27.7%	
	Hypertension-related hospitalization rate (per 100,000)	269.9	265.8	380.9	328.6
	Potentially preventable hospitalization rate (per 100,000)	633.8	580.7	979.3	763.1
	Premature cardiovascular disease mortality rate (per 100,000)	--	24.5	26.3	30.1
	Major cancer incidence rate (per 100,000)	204.5		286.1	
	Major cancer mortality rate (per 100,000)	77.7		85.2	
	Colorectal cancer screening	70.1%		71.3%	
	Mammography screening	75.8%		77.4%	
	Physical inactivity (leisure time) prevalence	21.6%		19.6%	
<b>Infant &amp; Child Health</b>	Asthma hospitalization rate <18 years (per 100,000 <18)	--	--	10.0	2.9
	Infant mortality rate (per 1,000 live births)	--	--	4.1	2.7
	Percent low birthweight births out of live births	7.0%	5.1%	7.2%	6.9%
	Percent preterm births out of live births	5.7%	8.1%	8.7%	8.0%
<b>Behavioral Health</b>	Adult binge drinking	19.9%		18.8%	
	Adult smoking	17.9%		14.4%	
	Drug overdose mortality rate (per 100,000)	24.5	--	24.3	23.7
	Opioid-related hospitalization rate (per 100,000)	--	--	43.6	34.2
	Substance-related hospitalization rate (per 100,000)	159.5	175.8	265.9	223.8
	Poor mental health for 14+ days in past 30 days	14.2%		12.5%	
	Suicide mortality rate (per 100,000)	24.5	--	13.4	12.7
<b>Injuries</b>	Fall-related hospitalization rate (per 100,000)	3,497.8	5,121.8	3,146.4	3,083.5
	Gun-related emergency department utilization (per 100,000)	--	--	9.4	9.9
	Homicide mortality rate (per 100,000)	--	--	2.5	2.5
<b>Access to Care</b>	Adults 19-64 years with Medicaid	7.9%		8.0%	
	Children <19 years with public insurance	32.8%		21.5%	
	Population without insurance	3.9%		3.6%	
	Children <19 years without insurance	4.1%		2.3%	
	Emergency department utilization (per 100,000)	11,245.2	7,938.4	19,958.7	16,419.9
	High emergency department utilization (per 100,000)	132.9	46.7	319.9	247.5
<b>Social &amp; Economic Conditions</b>	Population in poverty	5.2%		5.8%	
	Children <18 years in poverty	6.7%		6.9%	
	Adults 19-64 years unemployed	1.5%		2.0%	
	Householders living alone who are 65+ years	36.6%		43.5%	
	Households receiving SNAP benefits	6.1%		5.1%	
	Households that are housing cost-burdened	11.6%		12.7%	
	Housing with potential lead risk	50.4%		55.4%	
	Vacant housing units	6.5%		5.0%	

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

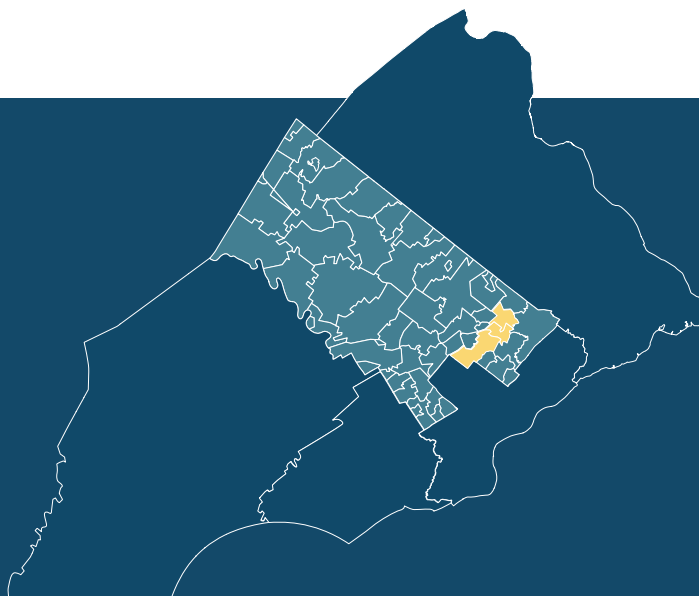
-- Estimates are unavailable or unreliable due to low sample size within a community.

# WILLOW GROVE

ZIP CODES: 19001, 19038, 19090

This community is served by:

- Children's Hospital of Philadelphia
- Doylestown Health
- Fox Chase Cancer Center
- Jefferson Abington Hospital
- Magee Rehabilitation
- Rothman Orthopaedic Specialty Hospital



Willow Grove Valley Social Vulnerability Index



## POPULATION

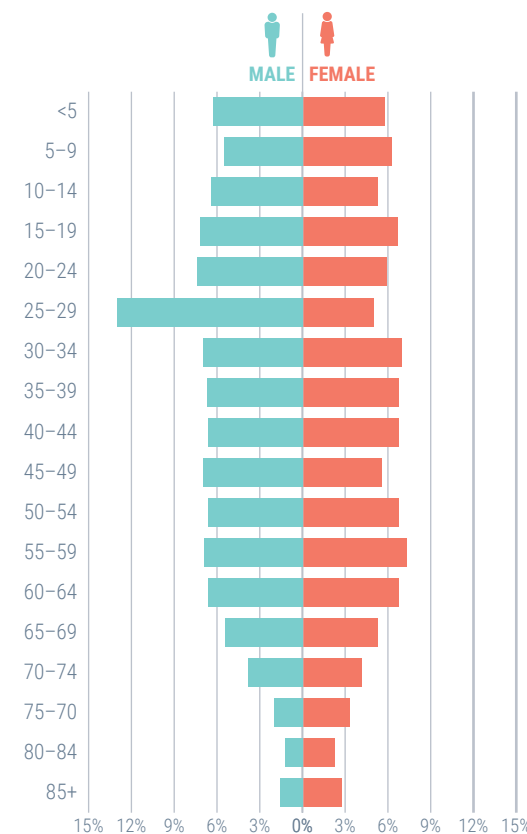
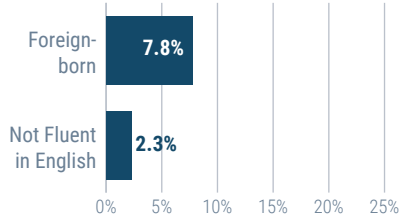
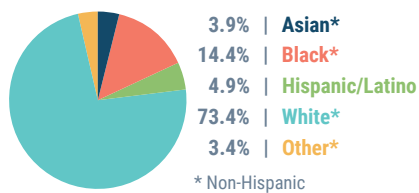


## MEDIAN HOUSEHOLD INCOME



## AGE DISTRIBUTION

## RACE/ETHNICITY/LANGUAGE



## 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 17.5%

PEOPLE WITH DISABILITIES 11.4%

## summary health measures

		Willow Grove		Montgomery County	
		Pre-2020 Estimate*	2020 Estimate*	Pre-2020 Estimate*	2020 Estimate*
<b>General</b>	All-cause mortality rate (per 100,000)	916.1	1,088.0	939.0	1,072.8
	Life expectancy: Female (in years)	81.9	80.5	83.1	81.7
	Life expectancy: Male (in years)	76.7	73.9	78.3	77.0
	Years of potential life lost before 75	3,760	4,571	41,424	45,416
<b>COVID-19</b>	COVID-related emergency department utilization (per 100,000)	N/A	248.1	N/A	853.5
	COVID-related hospitalization rate (per 100,000)	N/A	572.4	N/A	394.6
<b>Chronic Disease &amp; Health Behaviors</b>	Adult obesity prevalence	29.5%		29.1%	
	Diabetes prevalence	8.9%		8.9%	
	Diabetes-related hospitalization rate (per 100,000)	142.0	109.1	124.6	113.0
	Hypertension prevalence	28.0%		27.7%	
	Hypertension-related hospitalization rate (per 100,000)	403.5	375.1	380.9	328.6
	Potentially preventable hospitalization rate (per 100,000)	1,001.3	787.6	979.3	763.1
	Premature cardiovascular disease mortality rate (per 100,000)	26.9	44.8	26.3	30.1
	Major cancer incidence rate (per 100,000)	331.8		286.1	
	Major cancer mortality rate (per 100,000)	103.1		85.2	
	Colorectal cancer screening	71.7%		71.3%	
	Mammography screening	78.2%		77.4%	
	Physical inactivity (leisure time) prevalence	19.0%		19.6%	
<b>Infant &amp; Child Health</b>	Asthma hospitalization rate <18 years (per 100,000 <18)	--	--	10.0	2.9
	Infant mortality rate (per 1,000 live births)	--	--	4.1	2.7
	Percent low birthweight births out of live births	8.8%	5.6%	7.2%	6.9%
	Percent preterm births out of live births	9.1%	6.1%	8.7%	8.0%
<b>Behavioral Health</b>	Adult binge drinking	19.0%		18.8%	
	Adult smoking	13.9%		14.4%	
	Drug overdose mortality rate (per 100,000)	29.9	23.9	24.3	23.7
	Opioid-related hospitalization rate (per 100,000)	37.4	37.4	43.6	34.2
	Substance-related hospitalization rate (per 100,000)	258.6	291.4	265.9	223.8
	Poor mental health for 14+ days in past 30 days	12.7%		12.5%	
	Suicide mortality rate (per 100,000)	12.0	13.5	13.4	12.7
<b>Injuries</b>	Fall-related hospitalization rate (per 100,000)	9,474.9	8,938.5	3,146.4	3,083.5
	Gun-related emergency department utilization (per 100,000)	--	3.2	9.4	9.9
	Homicide mortality rate (per 100,000)	--	--	2.5	2.5
<b>Access to Care</b>	Adults 19-64 years with Medicaid	9.4%		8.0%	
	Children <19 years with public insurance	24.5%		21.5%	
	Population without insurance	3.2%		3.6%	
	Children <19 years without insurance	2.5%		2.3%	
	Emergency department utilization (per 100,000)	22,508.1	19,407.8	19,958.7	16,419.9
	High emergency department utilization (per 100,000)	300.6	336.4	319.9	247.5
<b>Social &amp; Economic Conditions</b>	Population in poverty	6.4%		5.8%	
	Children <18 years in poverty	5.6%		6.9%	
	Adults 19-64 years unemployed	2.1%		2.0%	
	Householders living alone who are 65+ years	35.7%		43.5%	
	Households receiving SNAP benefits	7.9%		5.1%	
	Households that are housing cost-burdened	15.1%		12.7%	
	Housing with potential lead risk	81.5%		55.4%	
	Vacant housing units	5.2%		5.0%	

\* 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.