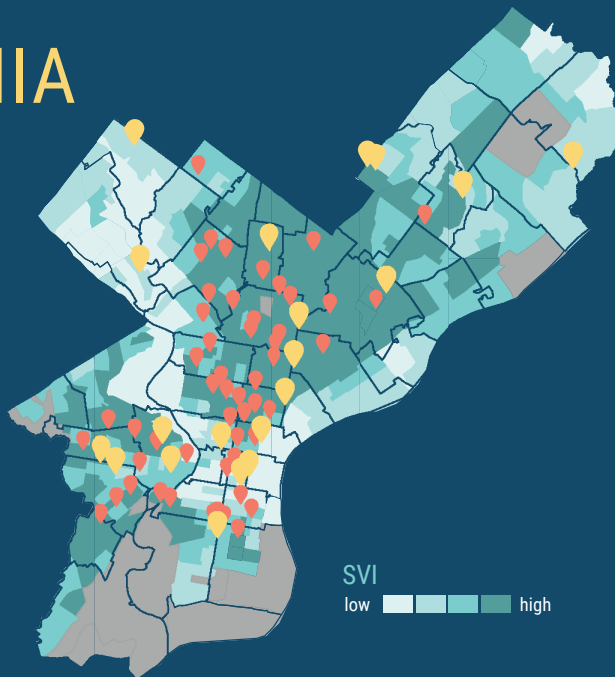


PHILADELPHIA COUNTY



 HOSPITAL
 HEALTH CENTER

Philadelphia's residents are served by 20 acute care/specialty hospitals and 52 community health centers.

Social Vulnerability Index (SVI)



Median Income **\$52,866**

High school as highest education **31.3%**

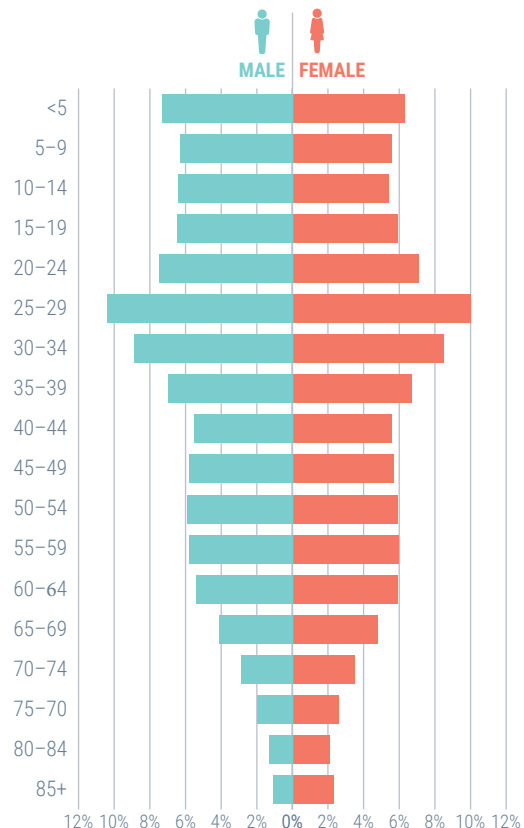
Food Insecurity **14.4%**

With a Disability **16.6%**

Violent Crime Rate **2,360**
per 100,000

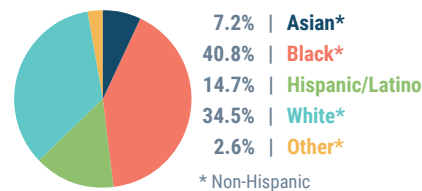
AGE DISTRIBUTION

Philadelphia County has an estimated population of 1,579,305, with the largest proportion of residents between the ages of 20 and 39.

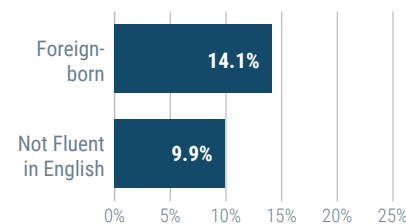


RACE/ETHNICITY/LANGUAGE

40.8% of residents are non-Hispanic Black. Non-Hispanic White residents make the next largest population, comprising 34.5% of the county's residents.



About 14% of residents are foreign-born and nearly 10% speak English less than "very well."



COVID-19 | Rates per 100,000

Fully Vaccinated **58,072.7**

COVID-related:

- Emergency Department Use **701.4**
- Hospitalization **851.0**
- Mortality **164.5**

MORTALITY

Leading Causes of Death

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

YOUTH BEHAVIOR

- Attempted Suicide **14.6%**
- Feeling Depressed/Sad/Hopeless **40.3%**
- Binge Drinking **5.2%**
- Cigarette Smoking **2.1%**
- Vaping **7.1%**

COMMUNITY PERSPECTIVES



This summarizes focus group-style community conversations conducted with residents of two geographic communities: one each in Far North Philadelphia and Northwest Philadelphia.

Community Assets

The built environment, including access to green space, recreational facilities, and transportation, were valued as community assets in both groups. Green space and recreational programs promote well-being through opportunities for safe physical activity and stress management.

- *“We are totally surrounded by trees, and I find that just the beauty of the neighborhood ... and the fresh air ... and the fact that people enter our neighborhood garden a lot is very healthy for all of us.”*
- *“Access to parks and to other recreational programs is great ... the Wissahickon Trail and Friends of the Wissahickon ... it’s important to have a clean space and access to those hiking trails.”*
- *“The Salvation Army Kroc Center is the bomb ... they have everything from yoga, Zumba, biking, treadmill ... I feel great, I’m back in the game.” Another said: “they have wonderful health-focused programs for seniors.”*

Another participant added that some centers need financial assistance:

- *“We have several recreation centers ... they need some support and help, but they’re there and available.”*

The built environment is enhanced by **easy access to public transit** for many. With the Olney Transportation Center for bus and subway transit, “you can get anywhere in the city from that hub.” The community also is seen as walkable, particularly along the Germantown Avenue commercial corridor.

Access to quality, affordable food was cited as a community asset in both groups.

- *“We are very blessed to fight for and get the Save A Lot store ... because we really needed a place to get us fresh fruit, vegetables ... they’ve got good prices and very good products.”*
- Another shared that **available food markets reflect community cultural preferences:**
- *“We have good grocery stores, as well as corner stores of all different varieties. ... Certainly, the smaller stores are reflective of a lot of the cultural traditions of the community and neighborhood. ... They’re contributing factors to the health and wellness.”*

However, **grocery stores are not easily accessible for everyone, while corner and dollar stores generally sell mostly processed rather than fresh food.**

“Supermarkets are only on Germantown Avenue and may not be accessible for those who live farther away,” said a participant from the Northwest Philadelphia group. Another participant noted that local organizations are donating fresh produce and other food, but information to help people find such resources can be challenging.

- *“The problem is finding out the information, but there’s plenty of [food]. If you’re hungry in this area, it’s because you don’t know where to go.”*

Several participants highlighted the **availability of health care** in the neighborhood including primary care and physical therapy, and pharmacies that provide home delivery.



Key Challenges

The **availability of services and programs for older adults**, such as those provided at Center in the Park, **was cited as “an excellent contribution” to the community**. Programs include health promotion, social services, opportunities for socialization, and help for older adults to become more comfortable using technology.

- *“[There are] a lot of different resources within the community that are addressing the aging population...and making sure that their voices are being heard within the community.”*

Community engagement, by both informal social groups (e.g., neighborhood blocks) and formal community organizations (e.g., East Mount Airy Neighbors), **was seen as a mechanism for inclusion of the collective community voice in addressing issues**.

Chronic conditions, including obesity, diabetes, heart disease, kidney disease, COPD, and chronic pain, were identified as key health problems. The need to raise awareness about and increase participation in healthy lifestyle classes and disease self-management programs was noted.

- *“One of the programs we were trying to run was a healthy lifestyle class. It’s for people who are prediabetic, but everyone we reached was already diabetic. So, diabetes is huge in the community.”*

Mental and behavioral health was a priority concern in both communities.

“I do think that our biggest issue, not just in our community but I think in all neighborhoods across the city, is mental health—whether it’s individuals within our communities that are facing acute crises, or individuals that are suffering from chronic ongoing issues, such as depression and anxiety.”

Drug and alcohol addiction are “a scourge right now in all of our communities, whether it’s hidden, like in my community, or if it’s more in your face, like it is in other communities.”

Better access to affordable, convenient health care is a need in both communities, particularly for working families and older adults. Possible over-utilization of emergency services was cited, as was the need for mental health facilities providing high quality, affordable care within a reasonable distance.

A participant shared concern that 911 emergency services in her neighborhood are overutilized:

- *“It seems that in our community, at least where I am, 911 gets used as the healthcare system. From the amount of fire engines and medic trucks that are constantly in and out on the street ... people use that as a medical system, as opposed to going to a doctor or a hospital.”*

Another noted the need for increased access to urgent care centers, particularly at convenient times for working adults and families, and the use of mobile health outreach units to improve access to care for older adults.

- *“There’s an opportunity for more mobile outreach units ... to help seniors, to help people that are not available during the day.”*

Challenges with navigating the health care system were discussed by most participants in both communities.

Issues include ease of appointment making, the need for accurate lists of available providers, access to providers who accept new patients, and improved care coordination between primary and specialty care providers.

- *“Navigating the health care field is not the easiest thing in general with referrals ... and making sure you know what information needs to be on the referral. You are told you need to go to this doctor but not specifically what testing, what needs to be done. Then you call and the appointment date is two months out ... and you weren’t sure that you may need x-rays before the appointment. So just making sure that providers are providing you with a clear understanding of what the next steps truly are.”*
- *“I don’t think it’s just older seniors. I find myself having to manage all of my health concerns, and I can’t get in to see my primary. I have to wait ... and sometimes when I decide which specialist I’m going to, I’m not sure if it’s the correct specialist.”*

- *“A lot of times my primary care is not talking to my cardiologist, who’s not talking to my pulmonologist, and I’m running around like ‘Oh, I have to do this, and I have to do that’ ... and then they’re like ‘Well, I don’t know anything about that.’”*

She added:

- *“It’s just all these ... hoops you have to jump through. ... It just really gets way complicated sometimes, and they don’t sometimes give you the respect that I think you deserve as a patient.”*

Navigation challenges with online health portals also were mentioned, especially for those who see providers at multiple institutions that use different portals.

“There are numbers of university [health] systems across the city, and the patchwork ability that they all have to connect with their patients is very poor, and, actually, quite shocking. The platforms require certain levels of technical capacity, and hardware equipment that most of us don’t have.”

Lack of affordable care due to high co-pays and uncovered expenses was identified as a barrier to care, as was the need to assist individuals in understanding insurance coverage, such as deductible limits for Medicare policies.

- *“Even though you have the insurance, but you go see four doctors and you’ve got a \$60 co-pay for a doctor – you know, who can afford that?”*

In both groups, participants mentioned reluctance to seek care for physical or behavioral health issues due to lack of cultural competence and empathy among healthcare providers and other professionals.

- *“One of the biggest challenges in our community is accessing mental health support that is culturally relevant and accessible.”*
- *“How people are treated is essential. I’m talking about the genuine care that medical providers and medical institutions are providing to their patients. ... I will go so far as to say that is the main barrier for people to access health and wellness in the community. I think that it’s one of the reasons why a lot of people are reluctant to go get checked on a regular basis, because they’re so badly treated, and so indifferently treated by the medical institutions across the city.”*

Outreach services by trained professionals are needed to increase access to behavioral health care.

- *“There are people that are not willing to enter these programs. There needs to be some community outreach where someone will come out and try to assist, and coach, and coax and get these folks to understand that there is help. ... I mean there’s resistance. But it has to be available, and hands-on ... and the help needs to be at their location, and oftentimes that’s on the street.”*



Social Determinants of Health

- *“They [people experiencing homelessness] don’t have anywhere to go, they [facilities] put them out during the day ... they aren’t allowed to stay in these facilities in the rain, sleet or snow – they’re out there,”* said a participant who suggested *“hospitals should provide more outreach to help them.”*

Participants stressed that behavioral health programs need to be high-quality, evidence-based, and well-supervised.

- *“We also have many programs unfortunately that are not well supervised. We need ... programs that are successful, and that work, and that ensure the health of clients as well as the community. ... It doesn’t make sense to have programs that just warehouse people, as opposed to helping them.”*

Efforts are needed to address the stigma associated with mental health, such as media campaigns and community service announcements.

“There’s not a time if I’m watching TV or looking at a magazine that I don’t see something about breast cancer, diabetes, heart issues. So, I think people are very aware of that and that’s because there’s been a campaign. ... I love that young people are talking about their therapy, you see it on the media - and I think it needs to be spread out, so it becomes the same conversation you have about diabetes we’re now having about anxiety and the issues related to other mental health issues.”

Built environment concerns were noted by most participants. Challenges include lack of walkability due to damaged sidewalks and speeding traffic, community cleanliness, and the poor condition of the *“wonderful green spaces and trees.”*

In terms of **walkability and pedestrian safety**, one participant shared:

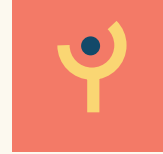
- *“It makes the city less walkable if people have to go around a hole in the sidewalk. So that’s one of the things that makes being healthy a little bit difficult.”* Others commented: *“We’ve had a number of people, seniors, who are not able to walk in their immediate neighborhood because of streets and the speeding traffic in our residential areas”* and *“Drivers run red lights regularly and don’t look for people.”*

Lack of community cleanliness was raised by several participants, who cited trash dumping, not leashing or curbing dogs, the need for additional trash collection and trash receptacles, and the need to educate businesses and residents on reducing trash.

- *“Our guys are out there every single day cleaning the Ave, that trash still comes back the next day. ... You can put trash cans out there, but there’s still going to be trash on the ground. That means that people are actually throwing trash on the ground, and they don’t do that in other neighborhoods, but they do it in Germantown. So that’s a health concern, especially during the pandemic. We saw gloves, masks, everything on the ground. ... That’s what I am trying to change.”*

Safety concerns related to community violence were cited.

- *“There was greater violence in public spaces that used to be safe [parks, basketball courts]; this past summer there was a significant decline in use of outdoor space due to fear of violence.”* Exposure to violence has had a toll on the mental health of Black boys and men, especially. *“Black boys and men, even if they are not involved in street culture, the constant toll of knowing that you can potentially be shot or knowing family or friends who have been, dealing with policing—there are a lot of those issues that we’re ignoring.”*



Children and Youth

Improving access to healthy, affordable food (a high priority) and reducing access to less healthy products, such as tobacco, were recommended by several participants.

- *“What is sold in corner stores, the selection could be a whole lot more improved, and less tobacco, and unhealthy products, sodas and chips, in favor of fresh fruit and vegetables, and healthier choices that will improve people’s outlook.”*
- *“We do have some very limited farmers markets. ... Having healthy fruits and vegetables readily available and affordable in our community makes a significant difference for health, and that continues to be an opportunity.”*
- *“Everything is fast food and greasy fried whatever ... people need healthy restaurant choices.”*

The need for increased access to information and resources was raised.

A participant involved with a faith-based organization noted:

- *“We have close to a thousand followers and we send out information ... because a lot of people do not know these places and services exist in our area, and that’s one of the downfalls. Germantown is not a place that really advertises what they have and that it’s positive. ... We need other groups and all of us to join together to spread the good news, to encourage all people, all ages and color, that we do have good things in Germantown, and the only way we can keep it going is by spreading the word.”*

Most participants discussed the need for safe places for physical activity and structured opportunities for youth during non-school hours. More community awareness of existing programs is needed, along with less screen time to encourage youth participation in recreational and physical activities.

- *“The lack of playgrounds, and the lack of recreational activities, or group sponsored activities as outlets for young children, middle [school] children and teenagers is very seriously lacking, and I think that affects health as well as our children being able to thrive.”*
- *“When I was young, I was outside all of the time. With these video games, and TVs now, a lot of kids are inside. So, I don’t think they’re getting the exercise [they need]. And the other thing with the internet, you don’t have face-to-face discussions. They’re on the internet all the time, so they’re not learning how to deal with a person face-to-face.”*



Older Adults

Several participants emphasized the need to help children develop healthy eating habits.

- *“When I grew up, we had breakfast, lunch, and dinner, and it was in the house. The generation that’s under me ... they weren’t raised to know what a balanced diet is. ... If we can raise the children to eat healthier, then maybe they can teach the parents.”*
- *“If we introduce the healthy food choices earlier on, then eating healthy should become a habit. ... The sooner that we expose the kids to healthy food choices, I think that will help.”*

More schools should offer the School District of Philadelphia’s Eat Right Philly program, which one participant highly praised:

- *“It was wonderful because my daughter ... would come home every week knowing another fruit or vegetable, and it taught me, taught the whole family, and she was excited about it.”*

Housing-related health issues for children were mentioned, such as lead poisoning and childhood asthma from exposure to mold or other indoor air contaminants in aging houses.

Behavioral health issues, recognized by both communities as a top concern, included bullying and low self-esteem.

The need for more volunteers to serve as mentors and role models, and to supervise youth was highlighted.

- *“There need to be volunteers that monitor what goes on. ... They need supervision and role models that will show them the right path to take, as opposed to all of the negative role models that are everywhere in our community and jeopardize and put them at risk.”*

Improved coordination of mental health services for students between school guidance counselors and community mental health resources also was recommended.

Social isolation and loneliness were cited as top issues for older adults by several participants.

- *“We have a lot of seniors [who aren’t] sick or anything, but they don’t have family, and there’s no gathering places for them ... like at the recreation centers. I know there’s senior centers in different areas of the city, but I don’t see a lot of people participating, especially since the pandemic.”*

Chronic conditions, such as diabetes, heart disease, and chronic pain, were mentioned as common among older adults, as was asthma from exposure to mold and other pollutants in aging homes.

A participant who provides disease self-management programs for older adults cited the need to raise awareness about existing programs and coordinate care between hospitals, clinics, and the community:

- *“If they [a clinic] have a patient with diabetes, they refer them to a trusted organization that has a self-management program ... they [the organization] can follow-up with them ... it can reassure someone to stay on the right track to manage themselves.”*



Other Groups

- *“Hospital social workers could work with senior centers to provide check-ins, or something that keeps the seniors on their radar screen.”*
- *“At-home services that are well organized and do not require a lot of coordination and facilitation by the senior” are needed.*

Home delivery (e.g., food, medicines) and other home-based services for older adults are lacking – as is knowledge and support to help them find available resources, said several participants. One stated:

- *“My biggest concern is that there aren’t enough advocates out there for seniors. ... There is food out there, there are health services out there, but they don’t know about them, and so there aren’t enough advocates getting the word out.”* Furthermore, *“we have things around here, but people don’t know about them. So, they would need access through knowledge about them, and they would need access through just getting there physically, or having things delivered to them.”*

Many aging homes are in disrepair, posing risks to older adults’ mental and physical health. Especially for older adults on fixed or limited incomes, *“they don’t have any way to address all these repairs ... and they’re like stuck in a cycle. Because if they fix the mold, now they can’t pay the electricity, and they can’t pay the gas, and that then does nothing but it adds to their stress.”*

Transportation and other mobility issues are barriers for some older adults in both communities. A participant said about mobility issues:

- *“I think there could be a fear factor because of the different neighborhoods that we live in, where the seniors could be afraid to venture out because of what they feel may happen, or the type of neighborhood that you may live in.”* Another person shared that CCT Connect (Customized Community Transportation) could be *“unreliable.”*

Use of technology poses challenges for many older adults.

- *“A lot of older adults were forced into the virtual space because of the pandemic.”*

Initially, *“some people had a lot of hesitation”* but now *“in the middle of the pandemic, people are connecting with providers online, or via phone.”* One added that *“hospitals have to do computer literacy for elders,”* so that they can access their online medical records. Another suggested that hospitals coordinate with and refer to community resources that provide access to technology and training, such as Center in the Park and the Salvation Army’s Kroc Center.

Predatory scams that target older adults add to their stress and vulnerability.

For example, aggressive advertising of reverse mortgages was mentioned by one participant.

“The elderly are fearful because there are a lot of predators...I’ve seen people lose their house.”

One participant noted an influx of immigrants in the Olney area, many of whom may lack knowledge about, or fear using, support services and resources.

- *“The “neighborhood is very populated with new immigrants, new folks coming in that don’t know the system yet, or are afraid of the system, or are outside of the system, who aren’t able to access the health benefits that others of us can enjoy. ... How do we work to make sure that they know about the services available to them?”*



Pandemic Impacts

Participants in both groups had **mixed views on the shift toward telehealth during the pandemic**. As discussed above, technology poses challenges for some older adults; however, some shared that use of telehealth during the pandemic was positive, especially for certain types of visits.

- *“People didn’t have to worry about physically going to their provider. They could just call in or do a Zoom. I think it made access a little easier, so it’s nice to continue that when applicable.”*
- *“I found [telehealth] easier with some of my doctors. However, for some things, it was nearly impossible. ... You can’t see a cardiologist over the phone, it just doesn’t work as well. But in general, [with] my GP [and] the diabetes educator, that stuff was all fantastic. It actually made it easier to set up also ... I didn’t have to walk out the door, I could pretty much be in my house in sweatpants.”*
- *“With regard to accessing medical care in the pandemic ... I experienced a range of different medical providers, some have capacity to do tele-visits and phone visits, others have no capacity.”*

Delays in getting care during the pandemic were discussed.

- *“People have been very timid about going to doctors and the hospital because of COVID.”*

Another issue was long wait times for appointments, particularly with specialists. One participant, who helped her brother make medical appointments, said he has to wait months for scheduled visits.

- *“It’s hard. I mean, it’s very difficult. ... We’ve been waiting since September for one, the earliest appointment is December 3rd.”*

Another appointment for her brother was more than six months away.

Participants also shared that access to testing and vaccinations, particularly early in the pandemic, was lacking and people were unaware of where they could get vaccinated. They highlighted outreach efforts led by Dr. Ala Stanford (founder of the Black Doctors COVID-19 Consortium) and availability at local pharmacies.

- *“It wasn’t until Dr. Stanford came into communities of color that we had access for vaccinations, and it wasn’t until our major pharmacies like CVS and Walgreens, and we have a limited number in our community, made this available.”*
- *Another shared that the pandemic “opened up the void and gap in services, it made it more visible, particularly for people with chronic illness.”*

Suggested Actions

Engage city council members and state representatives in efforts to improve community health.

More government funding is needed and allocated appropriately. *"We need to stay on our city council and state reps. They've got to step up. ... It starts with them."*

Increase access to culturally competent behavioral health care.

Many participants cited getting more help for people with mental or behavioral health issues as a key priority.

Increase public awareness about community resources and services that support health.

"There are a lot of great programs and community initiatives out there but people just don't know about them." Several participants suggested the use of advocates to help vulnerable residents, such as older adults, obtain needed information, and support. *"I just think more information needs to be disseminated to people in the community so that they know what they can access,"* one said. Others encouraged *"more effective advocacy; getting the word out about available services"* and *"increasing knowledge of available resources."*

Expand out-of-school time programs to help children develop healthy eating habits and other life skills.

"It would go a long way toward developing citizens who understand the bigger picture of health and community," said one participant. Another mentioned the need for programs to help young people develop stronger social connections to help reduce interpersonal conflicts and bullying. Other suggestions included increasing the availability of structured, supervised activities for youth and working with the community to expand programs, such as those offered by Weavers Way, which provide healthy afterschool snacks and encourage youth to eat fresh fruits and vegetables.

Provide youth with career pipelines to help increase diversity of the healthcare workforce.

For example, develop ambassador programs with hospitals or other health care facilities to educate youth about health professions.

Hospitals could invest in patient advocates based in the community and provide more services in the neighborhoods where people live and work.

Increased access to primary care services in the community also is needed. *"Critical care centers, cancer centers have social services and patient advocates as well as resources available. We need more of that for our community so we're not using 911 or other avenues to reach medical facilities."*

Suggested Actions

Coordinate healthcare/ clinic services with community services to support healthy aging, disease management, and access to technology for older adults.

Areas of focus include:

- Expand mobile health outreach for older adults and working families.
- Increase coordination between hospital social workers and senior centers.
- Expand activities and socialization opportunities for older adults.
- Provide more help for older adults to age in place, including better access to home-repair assistance programs, more accessible and affordable home care services, and greater support for navigating services.

Expand assistance for the “near poor.”

That is, provide help for vulnerable older adults and others with incomes that are limited but above the cut-off to receive various subsidies and services. For example, one participant talked about her father’s inability to afford a stairlift, because his pension income put him above the threshold to qualify for financial assistance for this major purchase.

“You know, it’s almost like he’s punished for giving 41 years to a job, and ... he’s not rich by any means, but he’s not, I guess, what they would call income poor. But he is, in the sense that he can’t afford a stairlift.”

Engage the business community in improving community health.

- Expand Germantown United CDC’s Taking Care of Business program to address community cleanliness.
- Bring together area businesses, such as corner stores, and community organizations to work together to improve the community. For example, create opportunities for neighborhood corner store owners to learn about healthier products that residents desire.

“We need to get them [store owners] on a meeting so they can learn what the neighborhood would like to see in their stores, or taken out of their stores, and brighten up their stores so all age groups can feel safer going into their stores.”

Increase neighborhood parks and playgrounds by cleaning and greening vacant lots, particularly those that are tax delinquent.

COMMUNITY PERSPECTIVES



Community Assets

A safe environment and sense of community were noted as keys to a healthy community in both groups. One participant shared:

- *“I think what makes a healthy community is a community where you feel safe ... and where you can have the complete healthy lifestyle — healthy food choices along with healthy places to get free outdoor activity.”*

The built environment, including parks, playgrounds, schools, and recreational facilities, provides opportunities for physical activity and socialization. In addition, the community was noted as “walkable,” particularly along Germantown Avenue, providing access to food, pharmacies, and other basic needs. The Riverwalk and access to outside parks, particularly in the Lower Northeast, were noted as safe, free resources that support physical activity. A local civic association organizes volunteers to clean local playgrounds.

- *“I was just thinking about all the pharmacies that are popping up in the area, which is a good thing, people can get their medication, vitamins. Anything that’s going to help them with their health or hygiene.”*
- *“We’re not in a food desert. We have the Acme, so we have access to fresh food and produce.”*

This summarizes focus group-style community conversations conducted with residents of two geographic communities: one each in Far Northeast Philadelphia and Lower Northeast Philadelphia.

- *“There’s the neighborhood playground, we have a track. A lot of parents and kids when they’re up there for different activities, take time to walk the track.”*

Community involvement and volunteerism support health in the neighborhoods. One participant shared:

- *“Volunteerism is very important to keep the community healthy.”*

Another commented:

- *“If you make the neighborhood something that you’re proud of, you don’t mind getting involved.”*

Participants in both communities underscored the important role of community volunteers and organizations in helping people access food and other resources.

Organizations, including schools, libraries, and faith-based institutions, were cited as community hubs that help those in need and enable people to come together for physical activity and socialization.

- *“The YMCA is a great community hub for people to maintain a healthy lifestyle, both mentally and physically, where people can have an active social life.”*
- *“Caring for Friends donates meals to people that are isolated in their homes. You have your local churches that have senior programs and you have your libraries.”*

Due to the efforts of two older adults, more than 200 older adults and immigrants are more physically active:

- *“Every day they take the kids to school and then they gather in the park nearby, and they dance together and exercise.”*

The Pentecostal Church provides resources for those who are experiencing homelessness or need resources.

- *“I go and find out what they need ... and they tell me what’s happening so I can find them the resources.”*

The Salvation Army and other groups distribute food to those in need.

- *“Just within a few blocks they give out food on different days of the week ... and a group of senior citizen volunteers made a community garden in Lawncrest Park.”*
- *“At the school, especially during COVID, they had meal programs that were set up by the government through the Archdiocese. We also offer snacks for the children after school. I believe the YMCA also offers a meal program for their children.”*

Health services such as mobile mammography and Emergency Medical Services (EMS) community education programs including CPR, First Aid, and Narcan training are provided at community facilities.



Key Challenges

Major health concerns identified include heart disease, cancer, high blood pressure, and diabetes. Lack of proper nutrition and physical activity as well as stress were identified as contributing factors. Access to care issues impacting health outcomes include a shortage of free clinics and limited access to dental care.

- *“Heart disease, high blood pressure, and overwhelming stress. Diabetes definitely ... with lack of movement, lack of proper nutrition, eating too much food on the go.”*
- *“This [pandemic] was the rainy day that you need to save for, and for some families unfortunately, it put a lot of stress on them. And individuals not taking time for themselves, and just being too busy and overwhelmed with family, and maybe not having enough resources to help them out with all the things on their plate.”*

Most participants from both communities cited behavioral health challenges as priority concerns for both adults and youth. Lack of available providers, cost of care, and stigma were noted as barriers to care. Increasing awareness about the availability of local mental health providers was recommended.

- *“In my opinion, it [the pandemic] has raised the depression rate and suicide rate. ... If you are in the house by yourself, if you’re a widow or widower, and you can’t go out ... you can’t see your children or grandchildren ... it has affected everybody. And family problems as well, because you got people living in the same house for a year.”*

- *“During the pandemic, many people stay home all the time, adults and children, and they cannot go anywhere. It creates a lot of stress on people, mentally. Physical health and healthcare are important, but spiritual, mental health is something we should explore more ... because when people get depressed ... they get into anger, bickering and fighting in the family.”*
- *“Just breaking the stigma of mental health, treating it just like you would diabetes, or high blood pressure, or heart disease. I think people are more reluctant to ask for help because of the stigma, they’re ashamed or embarrassed. We need to make them understand that there’s nothing to be ashamed about. We need to make it feel more normal to have those things.”*

Several participants discussed the negative impact of substance use on the community and its association with increased homelessness and crime.

- *“If you walk into my neighborhood, you see this daily, when you go out the door. People just walking, homeless, standing there with needles in their hand ... Families need the park back.”*

A participant trained in Narcan administration carries it during community outreach and has revived several people: “

- *You can have all the spiritual prayer, but sometimes they don’t wake up. Sometimes they get angry because you took their high away, but others may be thankful. I have a couple of people that went into rehab after they had that experience.”*
- *“I think it’s substance as well as mental health, because people who are on drugs often also have some type of mental health issues.”*
- *“The drug epidemic is something that we should definitely be concerned about on the street. The guns, you know, we’re starting to work on anti-gun violence.”*

Access to healthcare issues include transportation barriers, inability to afford healthcare costs (including out-of-pocket expenses), long wait times for appointments, and delayed care. These issues are particularly acute for those who are new immigrants, uninsured, or have lower incomes.

In terms of **transportation and affordable care**, one participant said:

- *“Some people just can’t get there ... you might be taking a bus there at seven in the morning and coming back at 6:60 at night, because that’s the only time slot they have. ... I’m on the edge of the Northeast and there’s no free clinic – there’s nothing like that for something minor. Everything is pay as you go.”*



Social Determinants of Health

Another noted the impact of the pandemic:

- *“During COVID, getting rides to doctor’s appointment and social services was hard.”*

Obtaining timely primary and specialty care is problematic and made worse during the pandemic:

“There’s help, but it’s very difficult to get help. There are not enough doctors, counselors, to see people who are suffering and then the cost of healthcare. Because of COVID, there’s so many more cases of depression and anxiety and the suicide rate has increased, because they can’t get in to see anybody. There’s such a backlog of patients.”

Another noted: *“The health center is overbooked. ... A patient can wait 6 months to see the doctor...that’s a real need, you know, more healthcare for low-income people.”*

Another participant stated that *“getting an appointment with a specialist was a three month wait.”*

People are delaying preventive care due to perceived backlog of services.

“I put off a procedure because of COVID, because I figure I could wait another year because they’re so backed up, and I figure some other person needs it more than I do. So, I put it off for a year.”

Healthcare navigation services are needed, particularly by older adults and immigrants with limited English proficiency.

Assistance with scheduling appointments is needed for those who lack access or skills to use technology, speak another language, or have visual or other impairments.

- *“Older people, seniors, you know newcomers, they don’t have that ability and there’s nobody to work for them or with them.”*

In both communities, participants noted that community assets were not universally accessible, leading to challenges related to the built environment, poverty, food access, and homelessness:

- *“When I moved in, there was nothing really healthy about the whole area ... too much poverty, too much homelessness, too much drugs going on.”*

Housing quality and increasing homelessness in the community were areas of concern.

- *“We’re seeing more people out and about with homelessness now.”* Another participant noted the impact of the pandemic: *“Too many living on the streets even with COVID 19.”*
- *“There’s a lot more renters popping up in the area. And in some, the houses are not kept up, and the property is not kept up. Then there’s also a number of houses that are empty. And that can lead to problems in the community, for example, in terms of safety.”*

While parks are available, one person shared that some are little used or unavailable due to safety concerns.

- *“There’s no place for the kids ... there’s a park but they fenced it up because of all the drugs, things that are going on, all of the homelessness. People are practically pushing their needles in front of your face, and you have to tell them to stop when you’re walking with the children.”*

Access to food was seen as a community asset; however, for some individuals, available food resources may not be affordable, especially during the pandemic. In addition, healthier food in the community is needed, particularly in daycare facilities and schools:

- *“Even just to get daily food, a lot of times you can go to different food banks or shelters if you set it up right ... and some of them just aren’t available. ... It’s harder to find them open, and have any extended hours [since the pandemic].”*
- *“There’s a restaurant that’s like two blocks away that feeds you greasy food and I don’t think that’s healthy. I think we need a nutritional program for our daycares.”* Another participant shared that school food is *“still not what it should be.”*
- *“So, access to healthy foods for one. We have our supermarkets, but we don’t have any type of co-op for people that have financial issues, and maybe can’t afford to shop in the local supermarket, so we probably could have more of that.”*

Access to resources for those experiencing economic distress was cited as a priority.

Several participants voiced concerns about the ability of the working poor and individuals with disabilities to get assistance when needed.

Some people “are on the cusp” of being poor and do not qualify for government support services, such as SNAP (food stamps) and Medicaid.

- *“You know it really does make a difference what they’re able to get food-wise ... just not food stamps but even Medicaid as opposed to Medicare ... that keep them from going through with doctor’s appointments or getting their medication, all those little things that pile on and make a difference. If you make just \$25 more, nothing’s available to you. ... I think that’s something that has to be addressed somehow for those people that are just on the margin all the time.”*
- *“The working poor, whatever term you want to use, or the disabled that are right on the cusp... if you take a job then you are losing that [benefit assistance].”*
- *“One of the real problems is that there has to be someone or somebody that can bridge that gap between the poor and almost poor. The person who’s almost poor is still poor, because the difference could be \$2 where they didn’t make the cut.”*

Knowledge about healthy lifestyles is important to maintaining health throughout the life cycle.

Access to this information is lacking or may be from sources that promote misinformation. Increased awareness of community resources and service options is needed.

- *“Living a healthy lifestyle is getting adequate sleep, adequate nutrition, hydration, vitamin D, getting outside, and movement. Whatever we have that contributes to that is good, and whatever we’re missing, we need more of. There’s a lot of misinformation out there.”*
- *“There’s not a lot of options in the Northeast, or if there are, people don’t know about them.”*

Use of technology and telehealth visits have expanded during the pandemic.

Access and ability to use technology can vary based on factors such as socioeconomic status and age. Preferences for using technology versus human interaction also varies.

- *“Who was able to use technology during COVID? So many people lost their jobs, so where’s the income coming to pay for the internet ... or access to the equipment?”*

- One person shared that utilization of telehealth during COVID was positive: *“It saved me time, you know, waiting in the clinic – telehealth saves a lot of time and is efficient. My clinic put the patient records in a digital system, so we can go and access our health record our self. It works pretty well for most healthy people and who understand English.”*
- *“It’s hard to get people on the phone anymore when you want a doctor. Everything’s always done through these portals, where you have to message everybody. Sometimes it’s nice just to talk to a human, interact that way, instead of doing everything through the computer. ... If you don’t know your passwords, then everything else is hard to get a hold of and access.”*



Children and Youth

Participants from both communities expressed concerns about mental health and substance use among youth, particularly the increasing rates of anxiety, depression, and suicide.

Use of substances, chiefly marijuana, alcohol, and vaping, was highlighted as a major health concern as was the impact of social media on the mental wellness of youth. Lack of resources, including behavioral health professionals, was also cited.

- *“There were children that were very fearful coming back to school. School anxiety was through the roof.”*
- *“These kids are experiencing more depression, more anxiety. The suicide rate is climbing, drug use is climbing, especially with marijuana. They feel it’s legal, everyone’s doing it, the government’s allowed it. ... They’re trying to run away from their problems and using drugs. I don’t see enough resources, there’s not enough doctors around to handle this problem. With parents, I don’t think there’s enough information on where you can get help.”*
- *“Those who are 18 or younger are able to get their hands on vapes, or tobacco products, which is causing a problem with our youth right now. ... My daughter, she’s a freshman in high school, said the vaping is terrible in school. They can’t even go to the bathrooms without the girls vaping. Whether they’re vaping tobacco, or marijuana, the vaping is unbelievable.”*

- *“I believe social media plays a huge part. Teenagers, especially the females, are in constant contact with people. If it’s bullying, if it’s trying to keep up with the others, it’s 24-7, they’re up in the middle of the night, they’re just literally addicted to this. ... Social media draws them in ... how many likes you get, that’s what keeps them going. They keep trying to do these videos, so they get more and more likes. They feel like they’re winning, and if they don’t get their likes, they’re losing, so they get depressed.”*

Participants linked the lack of positive opportunities for youth to stress, depression, and substance use.

They stressed that to effectively engage youth, they need to be involved in planning and implementing the activities they desire. Opportunities to volunteer and gain work experience are needed.

- *“Kids here basically stay inside. There’s too much violence in the surroundings. The park needs to be recreational instead of closed to families ... it very much helps with depression and stress.”*
- *“There’s nothing for them, that’s why kids are going into the drugs.”*

One individual who worked with youth shared: “

- *“You know it was when we volunteer, we cooked at MANNA, we did the Red Cross, we did all of these things. But, you know, the kids wanted to do it, you’ve got to get the kids involved.”*
- *“There’s a number of sports that have started up again - soccer, basketball, track, swimming. When COVID hit, a lot of children were in the house and there were no activities for them to be involved in. That’s started up again, and we’re seeing children becoming more healthy.”*

More preventive education and school-based counseling services are needed, as well as healthier food in schools.

- *“Professional mental health advocates are needed in the schools so youth can feel safe and go to that person and talk. These kids don’t know where to go to for help. It’s hard for parents - working maybe a full-time-and-a-half job, they’re not there for the kids, because they’re trying to put food on the table. Teachers are overwhelmed trying to teach, and do test scores, and state testing. They don’t have time to counsel these kids.”*



Older Adults

Prevention education, on topics such as nutrition, sexuality, and substance use, is effective and needed. According to a participant who teaches and whose students received education about vaping: *"I think it was eye-opening, because they received information like a pack of cigarettes is equivalent to one vaping."*

- *"We need more workshops in schools and parents to really stand up."*

A participant who works with immigrant communities spoke about the stress created in immigrant families related to cultural transitions across generations and the need to support these families.

"When they (youth) go out of the house, they're exposed to a totally different culture, but when they come home, the parents expect them to be traditional Chinese... this causes a problem. And the kids are really stressed out and the parents are also stressed out, so more help for the immigrant community is needed."

Mental health and needs related to transportation, access to healthy affordable food, and affordability of health care and medications are concerns for older adults, especially those living on a fixed income.

- *"If they are already low income, and now they're retired and they're not bringing in any income, a lot are afraid to go to the doctors because they're afraid to get that bill, they're afraid to spend money on medication. Is it medication, or is it food, or heat in the house? They have to make these decisions, it's awful, they shouldn't have to go through this."*
- *"The concern would be financial. Being able to afford the medications they need and not trying to cut corners like breaking medications in half or taking them every other day. Or being able to get to a doctor, or hospital...as they get older, a lot stop driving, or should."*

One person who works with immigrants shared that for older adult immigrants who live just above the poverty line, but do not have a green card or have not been in the United States for at least five years, access to services may be limited due to lack of eligibility.

Understanding Medicare, telehealth, and how to access services and resources that promote aging-in-place were described as challenging for some older adults.

- *"My husband is reaching 65 and looking for Medicare and supplemental insurance. He's an intelligent gentleman, but he found it to be extremely confusing trying to figure out the right supplemental insurance to go with it. What was needed, what wasn't needed, based on his health problems, or his medications? One person would tell him one thing, somebody else would tell him something else. So that was a little confusing."*
- *"Knowing they could stay in their homes, that they don't have to go to a nursing home if they don't need to. That they could have a service that will come in and help them age in place, that's important. That helps a senior citizen in their journey as they're aging, knowing that they can stay in their own home. It alleviates a lot of anxiety and stress of having to go to a nursing home, if it can be avoided. More services are needed to assist with that."*



Other Groups

Individuals with special needs were cited in one group as a population that faces social isolation and needs assistance in accessing resources and services.

- *“We see many folks with special needs that are living in group homes or other arrangements. They are receiving services but they feel disconnected in a lot of ways from the community. We see them on the healthcare side, but you know, 80% of what we do is emotional support and 20% is medical support. I think a lot of the special needs population living in our communities in residential homes could do better as far as feeling ... more integrated into our community.”*
- *“I have a child with special needs. I know what it is to be in hardship and feeling like there’s nobody there to reach out to. There has to be a different form to reach out to people, even if it’s leaving something on their doorstep with some kind of brochure on how to get in touch with someone if they need help.”*

The need for socialization is paramount for mental health. Participants from the Lower Northeast noted a need for more senior centers as the few that exist are overcrowded.

One mentioned that while the Veterans Center provides a variety of programs and services for retired veterans, more funding is needed to assist in obtaining necessary resources and to promote socialization.

- *“My mother is 88-years-old and she has a lot of friends that are in that range and some of them have not come out of the house. They don’t go out anywhere, they’re afraid. It’s mentally not good.”*

A participant said about the YMCA:

- *“The first thing for older adults is definitely keeping the mind healthy with social interaction. Sometimes they come in and they don’t even touch a piece of equipment. They’re there just for social interaction and their mental health. Movement is important - definitely keeping them moving in some way.”*
- *“My mother lives over in Christ the King Parish...Recently, she started going with a friend to Christ the King. They play bingo, and they had dinners, and it’s a social event every week. It’s just with women. She has been so happy lately. I just think that’s a positive. Other parishes or community centers might have that as well.”*

Telehealth and the use of technology were seen as helpful but also challenging. While it improves access to care, access to the technology and knowing how to use it are barriers for some older adults.

- *“As far as seniors, I think telehealth is good, because if they can’t get out to the doctor, at least they could talk to somebody, and I think a lot of seniors, just want to talk to somebody for a little while about their health, or their conditions.”*
- *“Speaking personally, it’s not good because they don’t have access to a computer, or don’t know how to use a computer. So, it wouldn’t work.”*
- *“Most of our seniors were okay with the access, they just were confused with how to use it. And they weren’t crazy about, having a virtual call with their doctor as opposed to a physical one. We did have a few ask us to show them on their phone different ways to take a video call, so yes, we did help them with simple steps.”*

Suggested Actions

Expand preventive education and school-based counseling services that also use peer supports.

"A lot of stuff that youth are getting on social media is false information. They need to hear from a professional, and it doesn't have to be in person. They could do large Zoom classes, and listen to other kids, or people their age about what they went through. I did a couple seminars with young teenagers, girls who were caught in domestic abuse, and the girls who watched this, they connected, and they were able to open up and speak more freely about what they endured and to seek help."

Increase volunteerism.

For example, civic organizations could increase resources to meet community needs by expanding programs that incentivize students to volunteer as well as adults. For youth, incentives might include free standardized test preparation courses and opportunities to fulfill graduation requirements for community service. Opportunities for volunteerism that appear to work well include bilingual interpretation, food distribution, tree-planting, community clean-ups, and visiting the elderly.

Increase awareness of community resources and service options, including health education programs, among health professionals, community organizations, and residents.

"You have all of these resources, but the problem is, a lot of people don't know about them."

Increase access to affordable, fresh produce through the creation of food co-ops and local farmers markets.

Increase awareness about the availability of local mental health providers to reduce barriers to care.

"Maybe hospitals or pharmacies could have a display of mental health facilitators [available] in the area because we have a lot more low-income people [living in] the neighborhood. If they can't travel because they have no car, but there's somebody in the neighborhood they could walk to, or maybe take a short bus ride to for help, because no one wants to travel miles just to see a doctor."

Support the mental health needs of health care and mental health professionals to retain professionals in hospitals and the community.

Increase engagement of civic organizations, policymakers, and city government in community-led solutions.

Develop "bridging" strategies to improve access to healthcare and social services for individuals who have lower incomes but do not qualify for public assistance.

"There needs to be something put in place to bridge that gap for those [near-poor] folks who don't meet certain criteria."

COMMUNITY PERSPECTIVES



This summarizes focus group-style community conversations conducted with residents of three geographic communities: one each in North Philadelphia-East, North Philadelphia-West, and the River Wards.

Community Assets

A number of participants praised the work of local organizations serving the community, such as **nonprofits that have increased donations of fresh produce and pantry staples during the pandemic.**

- *“I think the food giveaways were excellent for the community. That was something that could help everybody,”* said one.

Another shared that during the pandemic:

- *“Our church continues with the farmer’s market, and that made it more accessible for a lot of the residents ... so that was a blessing.”*

The built environment, specifically walkability, was mentioned as an important community asset.

- *“Walkability – just being able to get out, take a break or a breath of fresh air, it’s really nice to be able to just walk places and be able to get my needs met within a pretty good square radius.”*

Access to greenspace was cited as a valued resource.

- *“The proximity to Fairmount Park is something that promotes health in our neighborhoods, because you can spend time outside, and it also gives shade in the summer.”*

A strong sense of community and neighborhood social capital were discussed in two groups. Multiple participants highlighted social connectedness with neighbors and family as an important asset. One shared:

- *“Seeing people around and just getting to talk with people is really good for mental health. My neighbors and people around me are really helping.”* Another said: *“Seniors are the most civically-engaged folks in the community. Most block captains are older folks.”*



Key Challenges

Cancer and other chronic conditions, such as heart disease, hypertension, obesity, and diabetes, are common in these three communities. In the River Wards group, several participants raised concern about **high rates of cancer and chronic obstructive pulmonary disease (COPD) having possible links to local environmental contamination.**

- *“There’s a high rate of cancer in our area. It was reported nationally at one point, because of previous manufacturers that used to be here. And now, it’s all hush-hush. ... And now, the grounds that were contaminated, they’re building houses on and digging up the dirt. And all of this is being re-exposed even more so than it was 40 years ago... there’s no one overseeing the health of the people while all this is being dug up.”*

In all three groups, behavioral health issues, including substance use, were a top concern. Increased social isolation during the pandemic, as well as trauma from exposure to violence and substance use, have worsened behavioral health. These problems are compounded by limited access to resources and reluctance to discuss or report illegal activities in the neighborhood. More police, political support, and other services are needed to address underlying issues of violence and drug dealing, several participants said.

- *“I think the mental health component is really a big thing. We have added to our church a mental health component where we have mental health professionals on call, for our congregation, and for people that may call in. People have gotten so stagnated since the pandemic, it’s like they’re so isolated.”*
- *“At least for me in my neighborhood, there’s an added layer of high crime and high drug use. So, you’re adding the pandemic that isolated everybody, we have our seniors who are even more isolated because of that, and then we have a bunch of individuals who are running around the neighborhood kind of like inducing fear.”*

Access to behavioral health services is lacking, both in the community and surrounding areas, several participants emphasized.

- *“You have to get accessibility outside the neighborhood, and then it’s very limited.”*

- *“It’s frustrating to see people who have been there for decades and who are impacted by drug use and mental health. Instead of setting up places that are going to help those people, like behavioral health or counseling centers, we’re getting restaurants and small businesses. It’s been really sad to see people who are really desperate for help. We could be using that space for better uses. ... I think it would be cool to see a community where there’s both. It feels really unfair to push people out just to make the neighborhood look nicer.”*

During the pandemic, people delayed routine screenings and other health care visits, noted several participants.

Fear of going out in public was a deterrent, one noted:

- *“During the pandemic, people put their routine mammograms, or the men for their prostate checks ... on hold, because they [were like] ‘I’m not going to go out.’”*

The same participant commented on the impact of delayed care on health outcomes:

- *“I understand that they’re seeing such an uptick [in] cancer in the community, because people are coming in and their cancer has been active for 18 or 19 months, and now ... things are worse than it would have been if they [had] gone a year and a half ago.”*

Insurance was cited as a major challenge to accessing health care by several participants.

Difficulties include access to services based on type of insurance, perceived inequities in the quality of care based on insurance, navigating health insurance plans, and affording out-of-pocket costs. Stigma also came up again in relation to the type or lack of insurance coverage.

- *“Lack of medical coverage is one thing, but a lot of times it’s the stereotypes and the stigmas that people experience because they don’t have that coverage,” said one participant. Another added: “Some people feel embarrassed or [feel] as if where they’re going, they don’t care about them because they don’t have the money or the type of insurance they accept, so they are pretty much put on the back burner. And they can’t receive the help they need quality wise.”*

Several participants commented that while urgent care centers are supposed to reduce emergency department use for non-emergent health issues, **access to urgent care is challenging due to insurance eligibility and out of pocket expenses:**

- *“I think the urgent care centers were something that was supposed to kind of help in our communities. But then when you actually need to go to them, there’s some kind of criteria that you must meet in order to be seen.”*

In the North Philadelphia, West of Broad area, a participant noted that several health care centers are located near each other, **but for individuals who don’t live in proximity to these centers, access to care can be challenging.**



Social Determinants of Health

Insufficient time during medical appointments to discuss health issues and care plans was raised as an issue in one group.

- *“Doctors are limited to a certain time frame [and] if it’s over a half hour, then they’re running into somebody else’s time. So, you have to write down or know what you need from the doctor and give it to them and ask them to explain it in that time period, because the doctor only has a certain time period with you.”*

Stigma around behavioral health issues is another barrier to care. As one participant put it:

- *“People don’t like to admit to it, I guess because it’s being judged or them feeling that they’re inadequate. People are afraid to speak up and say, ‘I need help’ or ‘Something’s wrong.’”*

Participants discussed a range of social determinants of health that lead to or worsen health disparities in their communities, with **poverty and racism** cited by several as root causes of these health inequities.

- *“I think racism is the underlying disease that causes many of the health issues – especially given that the life expectancy here can be 20 years less than in other parts of the city,” noted one participant.*

Other key issues in these communities include:

Transportation barriers were cited in all groups, especially for seniors who don’t drive and others with mobility issues.

“People that are on walkers or wheelchairs, there’s a fear factor of the community. So, they do need transportation, so they don’t have to try to walk to get where ... they’re going, because we know the crime level, they prey upon the seniors.”

Other participants noted that, while public transportation and paratransit are available, **concerns about safety and long wait times discourage use**, creating barriers to travel to health care and other services, such as pharmacies and supermarkets. One person shared that *“SEPTA transit is supposed to come pick them up – But they end up waiting an hour, like sometimes on the curb and it’s cold. And sometimes they don’t make their appointments on time because SEPTA was late.”*

Lack of affordable, safe housing was cited as an issue in several groups.

Inability to afford home repairs, such as to mitigate mold, was seen as a risk factor for respiratory ailments, such as chronic obstructive pulmonary disease (COPD).

- *“COPD, a lot of seniors suffer with it. ... And I feel like in homes, sometimes the air quality isn’t right. ... A lot of people in my community live in old houses, and they’re unable to have the money to fix it up. It’s a real big issue.”*

Other habitability issues highlighted include lack of essential kitchen equipment (working stove or refrigerator), leaky roofs, and confusion over a home’s legal ownership title:

- *“Many people need to have their homes repaired but there are lot of tangled title issues, which prevent people from accessing resources to repair their homes.”*

Access to healthy, affordable food and nutrition education was a concern among multiple participants and groups.

Several participants cited the area’s limited access to fresh produce, with an overabundance of less healthy fast-food options. One participant commented, *“We really don’t have access to healthy eating, fresh produce. The accessibility for a hoagie, cheese steaks, french fries and pizza is on every corner.”* Other participants spoke about the need for more nutrition education.

- *“Grass [roots]-level programs that teach the community and people about healthy eating and healthy lifestyles would be very beneficial.”*



Children and Youth

Lack of awareness of available community resources, especially during the pandemic, was cited as an issue in all three groups.

- *“I think if people aren’t getting out of their homes, especially now with COVID, or like seniors being homebound or folks with disabilities, just letting them know what is out there, especially if they’re not able to look it up on a computer. If they don’t know it’s there, they’re not going to go.”*

Language and cultural barriers hinder access to health care and other services for many immigrants and refugees:

“Language is an extreme barrier. ... I cannot count, I cannot tell you how many times I’ve heard stories of people who speak Spanish or any other language, just facing so many difficulties that are unnecessary that could just be easily improved if there was an advocate.”

Another noted the need to address *“not only language, but custom and culture and all that together.”*

Lack of digital access or skills.

- *“Certain populations, especially like low-income individuals that I work with at my nonprofit, they can’t afford to have internet, they can’t afford to buy a computer or an iPad,”* said one participant. *“It’s opened my eyes that not everyone has equal access to the resources, and the assumption that they do is, is just wrong.”*

Participants in all three groups discussed the need for **more programs to help youth develop knowledge and skills for a healthy lifestyle and a path to employment.**

- *“It’s a challenge for the neighborhood, because when there’s too much time on their hands, they’re likely to get in trouble,”* observed a participant. *Another commented: “I watched the kids during COVID, they were in the streets playing basketball, but they needed more to do, it wasn’t enough, you know.”*

With fewer youth programs open during the pandemic, some areas have seen an uptick in juvenile misbehavior and law-breaking.

One participant noted:

- *“We’re seeing problems that we didn’t see before. And so younger kids breaking into houses and stuff like that. It’s not like it didn’t happen, but it’s much more of a plague now than it was before. And I think it’s probably, because there may not be things for them to do, to occupy them.”*

For youth with behavioral health issues, including those exposed to trauma or violence, more resources and support are needed.

- *“There’s a lot of murders committed in our area, and it’s trauma there. Children experience it, they see it. ... But there’s no resources out there for them. But generally in their families, it’s just something that you go through and you keep quiet about it. So a lot of them go through this trauma and they feel like they can’t speak up.”*

Other efforts needed to support healthy youth development, cited by participants, include:

Programs to encourage physical activity and healthy eating, as well as reduce screen time, including social media use. During the pandemic, youth have been less physically active due to reduced access to recreation centers and more time on digital devices playing, socializing, and attending virtual school.

- *“What I’m noticing is a lot of the kids now are not being active because they are playing those video games, where they used to go out and play, now most of them got their heads down in their phones or either on the computers or their Xboxes,”* commented a participant. Another said: *“I think that just how much kids are on these devices ... especially at such young ages, it can have a detrimental effect on their mental health, which can affect their physical health as well.”*

Sexual health education:

- *“They don’t need to be 15 and pregnant. ... That’s a healthcare issue that needs to be addressed in our community.”*

Safe, academically challenging schools:

- *“Schools, making sure they are safe, and that they’re doing everything that they possibly can to challenge them academically.”*

More career-pipeline programs, especially for employable skills such as carpentry, home repairs, or careers in exercise instruction or other health professions.



Older Adults

Several participants discussed **issues with access to recreation centers in their communities, such as closures or limited hours and the need for expanded hours.**

In the River Wards group, a participant commented that four of the community's recreation centers had closed or were about to be closed due to needed renovations and environmental lead exposure. Concerns were shared about the impact of these closures on youth.

- *“To me the timing was terrible. Someone from a political office told me, ‘Well, we can bus them [children] to another one’. That doesn’t work for a child that wants to be able to walk two blocks and get on the swings or run in the field or have access to the inside after school. They’re not thinking of the children in many ways. ... Children need accessibility in order to interact.”*

Across the three groups, top concerns for older adults included **transportation barriers to accessing necessities like food and health care, social isolation, and challenges with using digital technology.**

Financial strain to pay for food, medicine, and other essential needs also affects many.

- *“I sort of live in what we call a food desert, and there’s a lot of seniors who are on walkers and wheelchairs and canes, and right now, it’s hard for them to get from point A to point B, because of the distance of the food markets.”*
- *“I really think the pandemic has isolated a lot of the seniors. The seniors are the largest population that have been vaccinated, I am aware of that, but I think a lot of them are still fearful to come out. ... The food desert is really an issue, they can’t get around for transportation ... and then we know that the cost of everything has gone up. ... It’s financially a strain upon them to try to get food and pay for medication.”*
- *“I think when a lot of seniors can no longer get around like they used to because they are having health challenges or they don’t have the correct accessible means of transportation, then they start to stay in the house more often. I think that this can cause them to decline faster than they usually would.”*

Amid the pandemic, **many senior centers have closed or reduced hours of operation,**

limiting opportunities for older adults to socialize and engage in physical activity programs: *“They seem to be cutting the days (at the senior center), it’s not as many as it used to be.”* The pandemic also has heightened concerns about the **digital divide for older adults**, including using technology to schedule appointments and communicate with healthcare providers. Having to use a computer to schedule an appointment, being placed “on hold” for extended periods of time, and complicated telephone directions are among these challenges.

- *“A lot of seniors are not up to date with the technology, digital technology. A lot of us need some kind of computer training or digital training on how to push buttons and what to use and what not to use.”*

Even phone systems can be “extremely difficult” for older adults, especially if dementia is present.

- *“It’s not a simple process – press this or do this – and then they wait on hold, and they get confused, ‘Did I miss something?’ Then end up giving up. And then days go by before they try to call again, then they miss their appointments. ... They cannot just call and leave a message for the doctor. It’s not simple anymore. So they obviously need help with something as simple as that or the technology.”*

- *“They expect for senior citizens to use the computer to make their appointments, to make a phone call to speak to someone in the doctor’s office, and you’re on the line for like an hour-and-a-half or more. And, of course, the senior citizen then forgets what they wanted by the time they answer the phone. And then they have to redirect them to where they want to be. So it’s very difficult for them to communicate with their doctor.”*

Multiple participants discussed **concerns with social support and home care for seniors, such as from family members or home health workers.**

- *“A lot of seniors are alone and don’t have that family support. So, there’s a big gap ... in getting the right support to assist seniors to their doctors’ and medical appointments or even knowing about the different health plans.”*

Several participants discussed **concerns about the quality of care provided by caregivers who are family or friends,** as well as workers from home healthcare agencies.

A participant who works in community health said:

- *“I went to a senior’s home who receives health aides. Each time I go, the health aide is sitting there on their phone and this is also true for others that I’ve seen.”*

Concerns also were shared about inadequate or spoiled food in some homes, as well as possible misappropriation of food by caregivers.

- *“It’s very strange that there’s no money left on the food stamp card and yet their refrigerator and cabinets are bare and no one checked the refrigerator, but they [caregivers] take a lot from the older adults too, sadly.”*



Pandemic Impacts

Low rates of COVID vaccination in the community were a source of concern and frustration for some. One participant said: *“I’m concerned about the ones that don’t have the shots yet. I mean, this pandemic should have been long gone and over with, if people would just do their research, and read and understand that the vaccination is important. Some people are still not vaccinated, and that’s horrible. When is it going to stop?”* Another mentioned **distrust of health care as a factor for low vaccination rates,** especially in the Black community.

Others discussed the **negative impact of mandated vaccination on employment.**

- *“I know people that are on the verge of losing their job that they’ve been at for 20 years – it’s horrible. Who is going to ask who is vaccinated [at large gatherings where] it’s going to be thousands of people? But yet they’re interfering with businesses and people working, their livelihood, really makes no sense.”*

Others noted the **stigma associated with being unvaccinated, and the growing divisiveness in communities about vaccination issues:**

- *“For the ones that choose not to be vaccinated, they’re kind of cast out against the ones that are vaccinated. I’ve seen it right in my own church as well, so that’s been a big issue and problem. And when you say it’s your choice, it should be your choice.”*
- *“It’s causing a lot of division throughout the city, and let alone in neighborhoods with neighbors, which causes stress and stress is – it’s just so unnecessary and so harmful to all.”*

Suggested Actions

Increase outreach to raise awareness of community resources and services.

Participants in all three groups called for more robust communications about available health and social services. Suggestions included sending periodic flyers and mailings to homes to increase awareness of local resources and holding more job fairs to promote employment opportunities. Local health fairs also could help connect people with needed services, beyond just handing out information and providing screenings.

Provide more accessible transportation to health care and other essential services, especially for homebound seniors and others with limited mobility.

"I wish all medical facilities would provide some kind of transportation for some of the seniors. ... You know, it doesn't have to be everyone, but there are some that really do need it and they are alone," said one participant. Another suggested creating opportunities for small transportation businesses to work with larger companies to provide transport to health care and related errands, such as trips to pharmacies for medications. A related suggestion: more home-based services, including food delivery and other forms of assistance, to better enable seniors to age in place.

Expand treatment services for people with behavioral health issues.

One suggestion was to create a large centrally located intake center to help those with mental health or addiction issues as well as those experiencing homelessness: *"All these people need to and should have a path to getting a roof over their head and getting medical attention... It would solve so much."*

Expand school, community, and home-based educational programs on healthy lifestyles.

Include culturally appropriate nutrition education, physical activity, and stress management for youth and adults. *"We need programs for once they are sick, but there are certain things we can do to help prevent them from getting there in the first place. I think a big part of that is education,"* a participant commented. Others added: *"We have to have the parents involved in order to ensure some of this stuff is implemented,"* and *"Sometimes it's the kids who influence the parents to have healthier lifestyles, to eat more vegetables, and to recycle their garbage."*

Develop career pipeline programs to introduce youth to careers in different occupations, including health care.

A participant suggested scholarships to encourage high school students to go into health-related professions. *"So that, someday, our kids in North Philly and West Philly don't just become the object of researchers ... no, that they become the doctors, they become the health professionals, they become the researchers and the policymakers."*

Provide more education and support to address the digital divide for older adults and others, such as "free workshops for digital literacy."

Suggested Actions

Develop more collaborations between hospitals and community-based organizations serving local residents.

"I think that it's necessary for the [health care] institutions to collaborate, like an effective partnership with the community organizations that are rooted in the community, to be able to connect the people to the resources appropriately," shared a participant. Another noted the need for more funding and resources to support community organizations, including sharing of relevant professional expertise and job creation.

Train advocates to help people navigate health services and understand their care plans.

"We need people in the communities to assist the youth and the elderly, help them with their appointments, make sure that they get to their appointments," said a participant.

Another suggested: *"Medical students or interns from the various hospitals [could] come into the communities and advocate, and talk to the youth and the seniors, and sort of guide them, and advocate [for] them, and navigate them into the right resources, or to the right places they can go to get help."*

Increase bilingual, culturally competent health care providers.

"I would say definitely having more bilingual staff. For example, someone like a Spanish-speaking patient sitting in a room, I've seen so many times where like they're waiting a half hour or more just to get an interpreter on the line," commented a participant.

Another remarked: *"I think we have to meet the challenge of not only the differences in culture and ethnicity, but also the differences in religion, when we're going to deal with our Muslim community, or the Buddhist community that are coming into the facility with different kinds of beliefs. And we have to we have to honor their belief and present it in a way that will be acceptable."*

Expand access to COVID testing.

"We need to also have access to the testing if you've been exposed. So, that's another issue that I would like to see addressed, I really would."

COMMUNITY PERSPECTIVES



This summarizes focus group-style community conversations conducted with residents of two geographic communities: one each in South Philadelphia-East and South Philadelphia-West.

Community Assets

The **built environment** was discussed as an important asset in both communities, supporting **health through opportunities for safe physical activity**:

- *“One thing that helps me stay healthy is having parks in the area and green infrastructure. ... Just being able to go on walks and bike rides safely.”*
- *“I can walk to the health center. I can walk to the [hospital]. So, that keeps me healthy and my baby, too.”*

A strong sense of community and local organizations that serve those in need

were cited as community assets by multiple participants. Several participants said they use the services of SEAMAAC, a nonprofit organization that serves immigrants, refugees, and other under-represented communities. Neighborhood clean-up efforts and community gardens were mentioned, as were local wellness programs, such as meditation and yoga. Local health centers that serve people in need, such as those who lack health insurance, also were cited as an asset.

The majority of participants spoke of the **social connectedness of their neighborhoods** as a key asset. For example, while Grays Ferry was once a racially divided neighborhood, that is changing.

As one participant put it:

- *“My community is really working together, and not believing in the stereotypes. ... What makes us healthy is understanding the kind of vision we want as a community ... if our children are together playing, how about them having the same recreation, how about the same park? How about the same library in the school? So what makes us healthy is understanding that communication, what is bringing us together as one body.”*

Another participant shared:

- *“I see the diversity of the community changing where I live, and it’s changing rapidly, and I say acceptance, because a lot of faces are different now, but that doesn’t mean we all still cannot be a community. ... I’m African American and Muslim, he’s Caucasian, but we speak, we talk, we get to know each another, and accepting each other as neighbors.”*

Public transportation was mentioned as an asset: *“We have a lot of public transportation options, meaning there’s fewer cars on the road, which means fewer chances to get hit by one and less pollution.”* Access to groceries and healthy food was cited as an asset in some, but not all, neighborhoods.



Key Challenges

Behavioral health issues, including substance use, were cited as top health concerns in both groups, as well as lack of access to behavioral health care, especially for youth and immigrants who lack English proficiency.

- *“Mental health seems to me to be a big crisis as well as the lack of services in other languages and the difficulty in getting therapists that are available even with insurance, especially Medicaid.”*

The **need to address substance use** and associated issues was discussed in both groups:

- *“I agree with what [was] said about drug use; it’s a very big problem, as is prostitution.”*
- *“99% of problems related to drugs would vanish overnight were they not, you know, criminalized. ... There’d be no need for turf wars, there’d be no need for gun violence ... how long are we going to do this dance?”*

South Philadelphia is a diverse community with many immigrant and refugee populations, particularly those from Southeast Asia, Mexico, and Africa. **Both language and cultural barriers pose challenges for immigrants to access health care:**

- *“Many doctors don’t use [the] language line. Some interpreters are not very good at English. There’s interpreters, but there’s also that fear of them just not fully understanding, especially cultural wise.”*
- *“There’s actually a big stigma with [health care providers who] believe that Hispanics are overdramatic when it comes to their pain.”*

A participant who works with immigrants and refugees said:

- *“The feedback that we have received from our clients is that, even if they provide translators in the hospital, they ... want to show and describe to the doctor their pain by themselves, instead of using the translator. They say that the translator ... doesn’t understand our pain or what we are feeling.”*

Participants also pointed out that, in some cultures, women want to be seen by a female doctor and may be reluctant or ashamed to see a male provider. In addition, religious dietary principles can impede medication use; for example, those who practice the Muslim faith need to check that their medications do not contain pork-derived substances, a participant said.

Other concerns about health care quality and access were brought up, including:

Mistrust of healthcare.

“There’s a great deal of people who don’t believe that it [hospitals/health systems] actually helps. We go in with one thing and we come out with five other things wrong with us.”

Cursory physical exams.

“No one is being checked out the way you used to get checked out. They might ask you to breathe, but that’s about it. They take your weight with your clothes and shoes on ... you don’t take your clothes off ... you don’t get your reflexes checked anymore, they don’t do your eyes, they didn’t do my ears. You just go in there, they ask how you feel. The physicals are not true physicals.”

Navigating health system barriers.

“There’s a provider I go to that’s an FQHC [federally qualified health center] that is very culturally competent, but it is hard to get an appointment with them. Their phone tree is horrendous. I had a friend with syphilis and needed to get treated. ... He was given the runaround until I actually had to intervene and say ...’there’s somebody who is 19 years old ... who’s a sex worker, who is going to be transmitting the disease.’”

Need for support of integrative medicine, such as increased insurance coverage and provider openness to discussing alternative therapies.

“There needs to be more [support for] natural healing. ... I spent hundreds of dollars in natural healing because there’s no access to any financial assistance.”

Attitudes towards health.

“[People] just give up a lot of times ... they give up because they are inundated by too much information, or they feel powerless. And so they ... don’t maintain [care for their] conditions, whether it be diabetes, whether it be depression. I think one of the biggest health issues ... affecting my community is a [lack] of personal ownership of health, and actually feeling self-determined in that regard.”



Social Determinants of Health

Access to nutritious, affordable food and nutrition education were discussed by multiple participants in both groups.

- *“Having fresh produce, you know, I don’t think there are any farmer’s markets in our area.”*
- *“Certain neighborhoods will have fresh fruit that’s not molded, that you don’t need to pick through, and other neighborhoods may have the bottom of the barrel. ... We feel as though we are overlooked and not as important or needed as other community members.”*
- *“We don’t even know how to check the nutrition facts in ... foods. A lot of people don’t know how to eat healthy food, [make] healthy meals to take care of health. Lack of education on nutrition and other ways to be healthy seems to be lacking.”*

Excessive trash and lack of neighborhood cleanliness impacts health and quality of life, several participants said.

- *“Walking tonight, I literally saw somebody bend down on the sidewalk, take out a container and shove it into the sewer. It’s the little things that build upon larger systemic issues. You’re in a spiral of just like, ‘Well, everyone else is sick around this neighborhood. Everyone else is living in filth. Why would you care?’”*

Exposure to air pollution, especially in neighborhoods close to major highways, was noted as a health risk.

- *“Rates of asthma are dramatically higher in this neighborhood [Grey’s Ferry] for children ... and we’re basically poisoning children with car exhausts,”* said one participant, noting that air quality improved during the pandemic, as vehicular traffic decreased. Another shared: *“the air quality from the highways and refineries worry me as well.”*

Parks are not always convenient to reach.

While sidewalks increase walkability in the area, one participant cited the need for more green space.

- *“In my neighborhood, there’s no green space that you can access. ... You have to walk a few more block away [from] your neighborhood to find a green space. It’s quite a challenge.”*

Equitable access to quality education.

- *“We need adequate public schools that everyone can send their kid to because right now, in this city and in this neighborhood, there’s a bifurcation between people who can and cannot afford quality education, and it has an untold amount of effects on everybody.”*

Increased access to information and resources is needed.

- *“I feel most of the time that I hear about outreach in South Philadelphia, I see it on Facebook, and that’s not enough.”*



Children and Youth

Multiple participants cited **mental health issues and trauma** as priority health concerns for children and youth. As a participant who attends high school put it:

- *“I would say a lot of people talk about mental health because of the pandemic. Because last year, we were online school--it was a virtual school. And then a lot of peoples’ grades were dropping, [they] couldn’t get access of internet or computer. ... They were panicking. Until now, they still have a lot of mental health. Not all of them will have access to someone to talk to, or someone that they trust to release their problems or mental wise.”*

Participants discussed the **high rate of trauma among youth, stemming from poverty, the pandemic, and other factors.**

- *“I think one of the worst things that’s affecting most children, at least in the neighborhood, and LGBTQ community is trauma. Lived experience of trauma as well as the vicarious trauma one experiences by just seeing things on a daily basis has really warped our sense of what is normal. ... Guys on the corner every day, in the bars, just hurt people. ... Children are being traumatized, and poverty is traumatic ... going with hunger is traumatic, having your parents argue over the light bill is traumatic.”*
- *“Helping youth through trauma, grief and mental health issues. They’re our future.”*



Older Adults

Lack of behavioral health counselors for youth, resulting in care delays, also was discussed.

- *“There’s limited counseling for youth. ... I can count on one hand those that I actually know about for youth.”*
- *“There’s at least a six to eight week wait for the intake, not the service, just the intake. ... [There is] so much trauma and grief going on that even the counselors ... cannot keep up with the caseloads.”*

Several participants cited the need for **more health education for youth as well as funding for programs to develop them as leaders and build bridges across diverse cultures.**

- *“Young people need a lot of support. They are thinkers, they are leaders. ... We just need enough support for them, and [with] a program to ... guide them, we’ll be able to build a better community here.”*

A lack of safe recreational spaces for children also was noted.

- *“I’ve seen a lot of kids grow up on my block. And of course, where they play is in the street because ... there’s not a lot of other places to go, where there’s not green space or parks. ... But the streets are filled with broken glass and trash and cars go too fast.”*

The constraints of living on a fixed income for many older adults, including finding affordable help for their needs at home, was discussed in both groups.

- *“I do give young people that help me a few dollars and sometimes I think that’s why they keep coming back. But what about those that are on a fixed income ... and can’t afford to pay anyone anything ... or don’t have a youth group with young adults that can come over and assist them? That’s a real concern for me, for older adults.”*
- *“Our home care system is a big problem. I went through this with my mom for many years. It’s hard to get home care, it’s expensive, [and] home care aides are hard to find.”*
- *“Some seniors do not want non-family members coming into their homes. Sometimes they have a hard time trusting people in their home. I just know that whenever I have clients who desperately need care, I’ll try. They’ll say, ‘No, no. You’re not family. We don’t want these strangers in our home.’“*

Immigrant seniors with limited incomes are especially vulnerable.

“I know a lot of immigrant elders are working until their late 70s, and they’re working in factory situations and in pain a lot. They feel they have to because they don’t feel like they can survive on their social security checks ... [and] some don’t have that. There’s quite a few elderlies who are actually undocumented and are forced to work.”

Concerns were raised about the **impact of aging on overall health, as well as the ability to access services and stay physically active and socially connected:**

- *“The physical issues impact me mentally, spiritually, anxiety-wise, because the pain and the lack of being able to move about to the extent that you were, to do what you did. Even the way that the furniture is arranged in my home ... because when I get up at night, I may bump into it. I’m blessed because I still have people to aid and assist me in many instances, but what about those that are isolated?”*



Other Groups

An older adult with mobility challenges shared safety concerns about walking in the neighborhood.

- *“When I come home, I have to ride around 20, 25 minutes to find a parking space, sometimes it may be 2 or 3 blocks from my home. I’m looking over my shoulders and behind my back. I’ve walked these streets for 14 years without a thought of being harmed, and now I’m fretful when I walk the streets, particularly if the sun goes down.”*

Social connectedness was discussed in terms of valuing older adults as productive, contributing members of the community.

- *“It’s like making sure that people that are older, as well as people that are younger, feel that they have something to contribute to the conversation – that society isn’t just 18-55...I think a lot of times they retire and it’s ‘Okay, bye, see you soon’. Well, you know life doesn’t just end if you stop working. And so it’s just like creating spaces where that’s safe to do ... where people feel welcomed.”*

Participants in one group commented briefly on **special issues for immigrants, especially those who are undocumented, and the LGBTQ+ community:**

- *“There’s a lack of security when you’re an immigrant, as well. You’re always questioning your status. Yeah, my family are immigrants, so they question their status sometimes, just like, ‘Do I deserve to be here? Let me prove myself.’ Unfortunately, that’s not actually the case legally, but mentally that can be the case.”*
- *“Something to also take into consideration is support for the LGBTQ+ community in South Philly. In my experience there are less resources here than in other areas.”*



Pandemic Impacts

Participants discussed the pandemic's wide-ranging impacts on health in their communities, including the impacts of the pandemic on immigrant communities and Asian Americans:

Difficulty providing outreach and education for immigrant communities.

When COVID-19 vaccine clinics were first announced, local organizations serving immigrants struggled to find educational materials and conduct outreach in other languages.

Increased discrimination and violence against Asian Americans.

- *“I think safety is a biggest concern for my community,” said a participant who is an Asian American. “Many people are concerned as Asian; many people are concerned as Chinese. There’s increase of anti-Asian violence. ... It’s still going on. Everywhere, small things happen. Now, students are going back to school. I hear a few cases around the school. Like now students getting bullied if they’re Asian or if they are Chinese.”*

Participants commented on the **pros and cons of using telehealth** during the pandemic. While one participant said, *“I love telehealth, I love not having to go to the office,”* others were less enthusiastic. An older adult shared:

- *“Well, I did it once ... and it didn’t work, so we had to reschedule it. ... I don’t mind texting or emailing, but that’s after I make the initial phone call – I like that human interaction.”*

A participant who works with immigrants and refugees noted that accessing online COVID information and virtual services such as Zoom are difficult for many people, such as those with limited English proficiency and older adults.

The pandemic also raised awareness about income-related disparities that existed prior to COVID and *“humbled the community,”* as more people lost income and experienced a lower standard of living or poverty.

- *“I think before the pandemic, what people thought of poor as [was] someone who was receiving food stamps, or you wore certain types of attire. I believe that this COVID pandemic has humbled our community in some ways - for us to be on the same page. And now it’s alright, we all don’t have any. So how do we build each other up collectively so there’s not a fight for the little that we will have coming in?”*

Suggested Actions

Increase health literacy and reduce language barriers, especially in immigrant and refugee communities.

For example, hospitals can work with community organizations to improve health literacy of resources and raise awareness about the availability of interpreters.

Provide more programs to help people find jobs paying a living wage.

While not yet a formal program, a participant noted that SEAMAAC works with an English-speaking community liaison who helps connect immigrants with jobs at area businesses. With more funding, this effort could expand into a structured program, the participant said, helping to connect immigrants with *“employers who are willing to take people whose English isn’t quite so good yet, or to find ways to employ them. I think that’s important, and that’s a solution.”*

Build trust and understanding among people from different cultures, especially youth.

For example, multicultural programs could bring together immigrant youth with other young people, such as in programs to grow food together in community gardens.

“A lot of times in mainstream society, they tell us what’s the different between us. They never teach us what is similar ... and why we need to be humble and learn from each other. We need a program to identify each other’s identity, how beautiful each other’s culture [is].”

Strengthen support for local organizations serving the community.

The importance of faith-based organizations in providing outreach and support services was also mentioned. Participants also suggested engaging community organizations and other trusted messengers to increase outreach about local resources and services.

“Those leaders can reach out to the community because they are close to the community.”

Improve neighborhood cleanliness and the safety of streets and play spaces.

“More could be done to think of our streets as play places and keep them safe, traffic calming, more cleanups. I know there’s play streets programs in other parts of the city. ... More opportunities for kids to be able to play outside the front [of their] house without worrying about getting injured, could be really important.”

Increase timely access to mental health and trauma resources and services, particularly for youth.

One suggestion: expand the use of peer counseling models, using people with lived experience, which one participant described as *“a peer-based model ... like a bipolar buddy program. ... I used to sell drugs, I was homeless. ... Unless you did those things, I don’t want your opinion on them. ... I don’t trust people that haven’t been through what I’ve been through.”*

Another suggestion was to evaluate the efficacy of current substance use treatment programs, then restructure services to improve effectiveness.

Suggested Actions

Improve access to equitable, quality education for youth.

"One of the most positive things we can do for youth is an adequate public school system," a participant said.

Others pointed to the need for more youth education on sexual health, good nutrition, and substance use prevention.

Provide incentives for students to volunteer to help older adults or others in need.

A young adult participant commented: *"I can't tell you the number of students that I work with [who] want to help older adults, but they [students] don't have the funds. They don't have the time. ... Anything that could help them a little bit, so they can do what they want to do, which is actually benefit [a] person's life."*

Regulate social media to reduce its impact on mental health, youth sexuality, violence, and related concerns.

"The kind of problems we see with social media, some of it can be alleviated with actual regulation ... that's low hanging fruit that Congress could easily do."

Expand the use of community advisory councils.

Include youth, parents, police, city government agencies, and other community-based organizations to ensure all voices are heard and to foster community ownership. *"Having an advisory council, or, you know, just some people that need to be at the table ... should be there."*

Another said: *"Community boards are really vital – they give people a sense of self-determination and ownership that will improve everything."*

COMMUNITY PERSPECTIVES



This summarizes focus group-style community conversations conducted with residents of two geographic communities: one each in Southwest Philadelphia and West Philadelphia.

Community Assets

Participants in both groups cited **proximity to green space and recreational facilities** as valued community assets.

- *“I’m a walker, so I love that I live in the area that [has] a lot of trees, and parks, and that’s what makes it healthier for me.”*
- *“I think part of what helps to keep our community healthy, we have a lot of open green space,”* said a participant who noted the proximity to the John Heinz National Wildlife Refuge.
- *“I like the fact that there’s a playground in our area, and I think throughout West Philly, there are other playgrounds that people could go to, and I think that can help give clarity, especially to our kids who are going through so much right now.”*
- *“I think green spaces and park areas really, really are a boost to your mental, physical, and emotional health.”*

Another participant commented on the recreation center in her community, as a place for residents to stay active with “lighting to make sure it’s safe for everybody to utilize” and a new “beautiful mural on the outside.”

In both communities, participants commented on the **value of community engagement**, such as joining in local clean-up efforts or serving as a block captain.

- *“I’m starting to see neighbors come out and clean their own fronts and sweep up, have some pride in the neighborhood that they live in, that we all live in. Because the statistics tell us that [if] you feel good about where you live, crime goes down, people feel better about themselves, better about the community.”*
- *“Block captains were very instrumental in my neighborhood’s growth and development. My grandfather was a block captain for over 50 years.”*

Participants had mixed views on **healthy food access**. While West Philadelphia has the Clark Park Farmer’s Market and a few other produce vendors, participants pointed to the need for easier access to fresh produce in other areas and their desire for fewer fast food outlets and convenience stores that mostly sell processed food. Also, getting to a local grocery store typically requires a car or public transit, which limits access for some.

Access to public transit was cited as an asset in West Philadelphia, such as the LUCY bus (Loop through University City). In Southwest Philadelphia, participants noted that the nearby airport and heavy vehicle traffic can detract from health, because of **noise and air pollution** as well as **pedestrian safety issues**.

One Southwest Philadelphia participant said:

- *“We have blessings and curses. We are a community of contradiction. But I think that the open green space is a good attribute to our emotional health.”*



Key Challenges

Behavioral health issues, such as substance use and trauma, and violence are top concerns in both communities.

- *“We have an unprecedented mental health crisis with the pandemic, and also the violence that’s going on in the city.”*
- Lack of diagnosis and treatment for mental illness is associated with increased risks of homelessness, violence, and other adverse outcomes. *“We could help people, if we could get them access at an earlier point, but the standard is to wait until they self-harm or harm someone else.”*

“Drug and alcohol abuse [are] prevalent,” said a participant who voiced concern about the proliferation of *“stop-and-go takeout places for alcohol in the neighborhood”* along Lancaster Avenue, as well as numerous small delis and corner stores where drug dealers and others gather.

- *“What we can do to stop all of these bars and delis from coming into our neighborhoods?”*

Stigma associated with mental illness prevents many from seeking care.

- *“People think that there’s a stigma when you go for mental health treatment, and it doesn’t necessarily mean that you’re off your rocker, but we all need a healing, let’s just say, and there’s nothing wrong with seeking it.”*

Widespread divisiveness about COVID vaccination and masks has taken a toll on mental health and community cohesion.

- *“You know, we had the anti-vaxxers versus the vaxxers, the masked versus the unmasked, the parents that want the schools open, versus virtual. So it just created – it became political, COVID became political, it became a mental health issue, and it also affected the Black community, the hardest hit, because we still see the disparity that has affected us in our community.”*

Accessing health care during the pandemic has been difficult, leading to delayed care for both mental and physical health concerns, multiple participants said.

- *“The COVID pandemic has made it really difficult to access health care. I had some medical appointments cancelled/rescheduled during the pandemic. Think about patients who are being managed for chronic illnesses but can’t get regular appointments with their healthcare provider due to the COVID pandemic.”*
- *“More and more people are putting off annual visits and everything, because people are, like, scared,”* said a participant who also noted longer wait times for appointments. *“I had to put off a surgery for over a year because of the COVID, and everything.”*

- *“Because of the overload of the COVID cases, other people with other ailments got pushed to the backburner because there weren’t enough supplies, doctors, beds.”*

Access to convenient medical care was cited as a particular challenge in the Eastwick area of Southwest Philadelphia.

- *“We have no medical facilities back here. You always have to go over the county line (to Delaware County) for medical treatment. We have a few dentists and maybe one or two doctors’ offices. And that’s it.”*

Participants cited pros and cons regarding the shift to telehealth and other online services, such as home delivery of groceries and medicine. One praised the convenience of telehealth visits:

- *“We are leaps and bounds ahead with telemedicine.”*

However, others noted that the shift toward virtual services has created barriers for some, especially older adults and others who lack digital capability or simply prefer in-person appointments. One commented:

- *“I also think that using phones or smart devices to access health care is not as effective or productive as physical meetings.”*



Social Determinants of Health

In Southwest Philadelphia, participants discussed the impact of environmental hazards, such as flooding and pollution, on mental and physical well-being in the community.

- With some areas of Eastwick being flood-prone, those living near creeks that can overflow during storms may experience extreme stress. *“Every time it rains, these people go crazy. It’s sad.”*

Several participants noted high rates of cancer and asthma, which they attributed to pollution. One participant, who noted that Eastwick is the site of a former Super Fund site (the Clearview Landfill), said:

- *“We have a very, very high rate of cancer back here because of the landfills, [for] which EPA recently has done clean up.”*

Asthma is another common ailment, a participant said, which she associated with *“air quality where we live, with the airport and carbon from cars and all sorts of stuff.”*

Poverty.

- *“Poverty lies at the heart of community health issues. It’s a big issue that spans everything, right? You can’t be healthy if you are being displaced from your home. You can’t be healthy if, you know, you have triple pandemics happening at one time ... if you’re fighting COVID, but people in your family have been shot, it’s really hard to go to the dentist, or think about preventative care, or you having access to the medicines, life-saving medicines that you may need. ... So, these are major, major, major issues. You have issues with trauma and compounded trauma. We’ve just witnessed and are continuing to witness a mass death event [from the pandemic], and it’s being exacerbated by poverty.”*

Bias and discrimination.

Participants discussed distrust of health care providers, vaccine hesitancy, and other barriers to health care, especially in the Black community. In communities of color, *“our voices aren’t always heard in health care,”* a participant shared. Based on demographics, healthcare providers *“always think we automatically have to smoke, have heart disease, we’re exposed to alcoholism. So when we don’t fit this demographic, healthcare providers don’t know how to treat us.”*

The same participant commented on mistrust of health care:

- *“A lot of people are still hesitant to get the vaccine ... studies show that African Americans and people of color get lower priority treatment when we go to hospitals for care. ... So there is a lot of distrust in the African American community with the health care, and that was before COVID. Now COVID just exacerbated that, that people are putting off, again, priority and annual appointments, check-ups, prostate exams, even physical exams.”*

Housing issues. Participants shared two main housing-related issues their communities experience:

Cost.

“Cost of housing is really expensive in Southwest [Philadelphia] now. And if you had to put all your money, all your income on housing, then that would take away from you being able to buy fresh fruits and vegetables and healthy food. And that happens a lot. A three-bedroom home or a two-bedroom home might cost you \$1,400 to live in Southwest in a row home. So, that takes up the majority of your monthly income. So, that’s definitely, I believe, a factor in having a healthy lifestyle.”



Children and Youth

In both communities, the pandemic has amplified pre-existing issues such as gun violence and substance use, worsening behavioral health issues for young people.

One participant, a mother with two sons, said:

- *“I just try to keep them in the house—it’s the same prayer that I say when every parent sends their child off to school, ‘Please let my sons walk back through this door this afternoon.’ You know, we just saw a school shooting the other day that – an innocent bystander just was murdered, just driving by. Like, this is heartbreaking, so mental health is definitely, definitely, definitely needed at a time like this, because it can only get worse. Remember, these affected children grow up to be affected adults.”*
- *“We are in an ongoing health pandemic, but we’re also in the middle of an epidemic of gun violence across the city,”* said a participant who emphasized the traumatic impact on children. *“The need for mental health is dire.”*
- *“And now, look at the gun violence, these poor kids don’t stand a chance, and a lot of them are afraid. They’re afraid to go to school.”*

Habitability. Aging homes in disrepair pose a risk to occupants’ health, including for many older adults. Demand for home repair assistance programs far exceeds supply, a participant said.

- *“Mold, asbestos, lead in older homes, without enough supports to repair.”*
- *“You’re healthy if you have a healthy home, if your home is making you sick, then – and you can’t go outside because people are shooting. You know, it’s kind of – you’re stuck between a rock and a hard place.”*

Access to fresh, affordable food.

- *“Our community has a lot of fast, casual, and high-fat, high-salt kind of convenience spots, and very little access to really fresh foods.”*

Another participant said:

- *“We have ... seven bodegas in a two-block radius. But they are all instant food. None of them are quality food, none of them are fruits and vegetables.”*

Rising food costs were mentioned by several participants.

- *“The price for the food is just ridiculous. The quantity of the food is less, but you’re paying so much more. You can’t even go to the market and get what you would normally get, say for a \$100, it’s costing you way more.”*

Digital divide.

- *“We have to consider that even though we are the fifth largest city, we are in the top [rate of] poverty. We ... have technology inequalities that still exist, despite the low income internet programs.”*

Built environment issues. Participants in both communities cited concerns related to the built environment, including illegal dumping and pedestrian safety issues, such as poorly maintained sidewalks and lack of traffic-calming speed bumps or school crossing guards on some roads.

- *“If one person dumps a bag anywhere, then that’s the dumping target. And the city is doing nothing about it [because] come trash day, because it’s not in front of a residential home ... the trash just keeps piling in. ... And that is unsafe, unhealthy.”*
- *“A lot of areas in Overbrook Park going down City Avenue, the sidewalks are not clean. ... If they’re able to kind of clean up those areas, I think that you would find more people ... wanting to walk more in the community.”*

A participant said that because of social isolation during the pandemic, children are at greater risk of suicide “because they didn’t know how to deal with not being able to go out and play and interact with other kids.”

- *“The pandemic has created perhaps a lack of access to healthy outlets for emotions/mental health.”*

Many young people are processing grief from losing friends or other loved ones who died from COVID-19 or other causes.

- *“In the last school board meeting that I was at with the superintendent, one parent said her daughter ... has lost six friends, teenagers. ... The young are supposed to bury the old. But now these children don’t even have a chance, and we have an unprecedented mental health crisis with the pandemic, and also the violence that’s going on in the city, and also the things that are happening in our world right now, with the civil and racial unrest, and also, natural disasters, that can affect your mental health as well.”*

Accessing behavioral health care for youth is very difficult. *“I do want to say as a mother of three teenagers that mental health services for adolescents is poor at best,”* said a participant who cited long wait lists for an open appointment and not getting returned calls about availability.

- *“The only way I could get services for my child was to pay out of pocket, to pay someone who did not accept insurance that was outside of the city. And this person, you know, took a sliding scale, so that was great, but I had resources and people around me who were able to refer me to this person who was able to have a lower out of pocket rate. But it’s just ... a lot of the problems that we’re having in our community are because these kids need mental health services for a variety of reasons, and I think that’s impacting them well into their future.”*

Participants in both communities brought up the **need for more extracurricular and out-of-school time programs for youth.**

- *“Even before the pandemic, they began taking away programs that were really conducive to children ... providing an outlet, the arts and various other types of programs which will contribute to helping to balance a kid and [provide] somewhere for them to just act out their energy, place their energy in a constructive manner.”*
- *“The schools have cut so many sports programs and don’t offer enough variety. Not everyone wants to run track [or play] basketball or football.”*
- *“Aside from academics, youth especially need to engage in extracurricular and social activities to stay healthy, both physically and mentally healthy. This is constrained by the restrictions caused by the COVID pandemic and is a challenge.”*



Older Adults

Social isolation due to the pandemic and fear of violence are key issues affecting older adults in both communities.

- *“We have a community that’s heavily senior citizens, and that’s the one prevailing theme from all of them; they’re afraid to come out of their house now. It doesn’t matter what time of day it is, they’re mourning the loss of their independence, because they used to be able to jump on the bus. It’s one bus to get to the supermarket, and pick up their medications, and things of that nature, that’s all kind of convenient, but now they’re afraid to do that.”*
- *“I would say most of them [are] fearful coming out. ... They [older adults] really fear for their lives, getting robbed. And when you’re confined in the house because you’re afraid to come out, that’s not good for you. Your limbs don’t move like they used to, you’re not getting the fresh air that you need to stay healthy.”*

Many older adults face navigation challenges to access health care, which have worsened during the pandemic, several participants said. Those who lack computer technology or skills have been especially challenged to access both health care and other basic services. Another major issue is difficulty understanding Medicare policies.

- *“Trying to navigate their way through this whole Medicare system. Really, that is a maze, that is a maze.”*

Lack of awareness about eligibility for Medicare (or Medicaid) is another issue. A participant who works for a social services organization said:

- *“When we do an assessment, and we find out that [they are eligible for health insurance], they’re really happy, because they may have had, or are having, issues, and ... for some, they don’t want to go to the doctor because of the expense.”*

Limited transportation for older adults is an issue in both communities:

- *“I’m speaking on behalf of a lot of my neighbors who are senior citizens ... [and] there are some people on the block who do not have public transportation to get to areas ... where they can receive fresh vegetables or fruits.”*
- *For those who walk or take public transit for food shopping, it’s difficult if “you have a lot of packages, unless you want to use Uber, now you’re talking about expensive.”*

Several participants commented on the need for a **stronger support system for older adults**, such as from younger family members or others to check on them.

- *“For the older adult to stay healthy, I think they really need a strong support system from the younger adults. By support, I mean, financial, physical support for those who may not be able to walk themselves, to see health care facilities.”*

Suggested Actions

Participants in both groups highlighted efforts that are working well to improve health in their communities:

"The Black Doctors [COVID-19] Consortium has been a very helpful resource for the African American community," said one participant, who added that *"Dr. Stanford is in the process of opening health centers for the community across the city."*

A participant noted that faith-based institutions are working with the city to provide COVID-19 education and vaccination. *"The city has come out, had its mobile testing unit on site at our faith-based organizations. We've had a number of vaccine clinics back here to help people as well as [provide] COVID education."* The participant added that she had received training [from a city program, Network of Neighbors] *"to help counsel people, and just form that warm, fuzzy community network, where people can come to us as a resource, until we can refer them out to more qualified individuals or organizations to address their concerns."*

In Southwest Philadelphia, a closed school building is being renovated to become a health clinic and facility to provide job training and career development. Career development activities will focus on STEAM, as well as training for tourism and hospitality. *"Sometimes, if you expose a child to something that they wouldn't ordinarily be exposed to, it could change their trajectory of what they do, and choices that they make moving forward. So, that's what we would like to see happen in our community. And we are aggressively working toward that."*

Participants offered suggestions for additional actions to address health needs in their communities:

Increase free out-of-school-time activities for children and youth, participants in both communities recommended.

Provide young people with safe outlets for their energy, opportunities to socialize, and activities to foster knowledge and skills for healthy, productive lives.

"Open the doors for volunteer programs within the hospitals for the youth. We can train them [to work] in the cafeteria, patient transportation, environmental services, to give these young people something to do."

Increase hospital and business investment in the community, especially in local grassroots organizations that directly serve residents and programs that address social determinants of health.

Several participants noted that in lieu of taxes, which nonprofit hospitals do not pay, they wished to see further investment in community initiatives.

"I would say more money, and resources, and support, comprehensive support around things like rental assistance, mortgage assistance, and access to healthy foods, and job trainings, and things like that, it will help and trickle down into health."

Activate more Neighborhood Advisory Committees (NACs) and reinvigorate the block captain system.

Use NACs to inform residents about local resources, mobilize community advocacy for change, and provide peer support for mental health.

"We have to start utilizing our block captains and spreading the word. Then we need to get involved with the NACs and get these NACs to start hosting these mental health meetings."

Suggested Actions

Develop partnerships to increase primary care and mental health services in the community.

Suggestions included deploying nurses or other health professionals to provide home health visits and embedding more doctors in the community. Other suggestions: develop a way for hospitals or behavioral health professionals to help provide mental health care in schools, such as by using professionals-in-training. A related idea: *"Scholarships that you could provide to get more training of Black and Brown folks to do the real work within the community."*

Another participant suggested working with community members to *"help train each other to be responsive to people who may have mental health issues and to be able to refer them to other sources that can deal with your specific issues."*

Increase support for older adults to access and navigate health care and other basic services.

"This is a new day, weird paradigm we're living in and things have changed significantly. And they just need help learning how to navigate those systems."

Better transportation options for older adults also were recommended, such as expanding the LUCY bus route to provide easier access to supermarkets.

Increase city support and neighborhood initiatives to clean up litter and trash in the community.

"It's something that we do, we can organize our own blocks. The city will give you bags and rooms, and things of that nature. But we have to start it ourselves."

Engage the community in initiatives to improve health and social services.

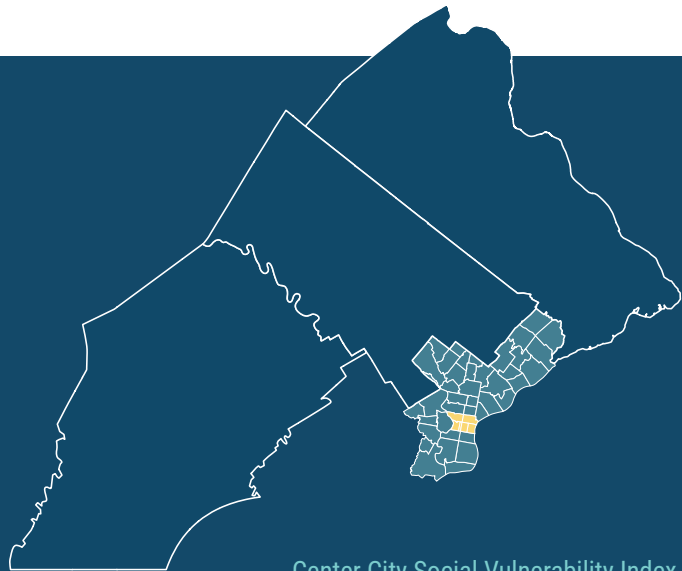
A participant stressed the need for taking action with the community's involvement; doing with the community, not to the community.

CENTER CITY

ZIP CODES: 19102, 19103, 19106, 19107, 19123, 19130

This community is served by:

- Children’s Hospital of Philadelphia
- Jefferson Health - Center City
- Magee Rehabilitation
- Penn Medicine



Center City Social Vulnerability Index



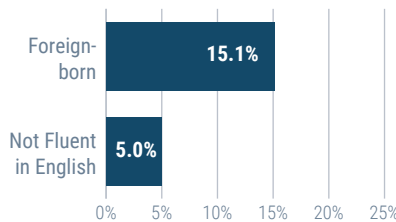
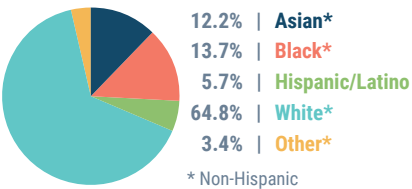
POPULATION



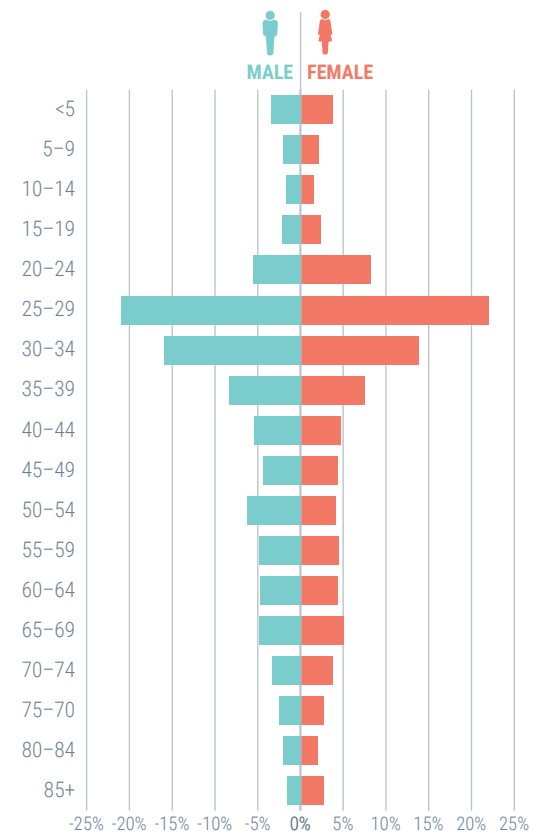
MEDIAN HOUSEHOLD INCOME



RACE/ETHNICITY/LANGUAGE



AGE DISTRIBUTION



LEADING CAUSES OF DEATH

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

EDUCATIONAL ATTAINMENT

High school as highest education level **11.3%**

PEOPLE WITH DISABILITIES **9.9%**

summary health measures

		Center City		Philadelphia County	
		Pre-2020 Estimate*	2020 Estimate*	Pre-2020 Estimate*	2020 Estimate*
General	All-cause mortality rate (per 100,000)	631.2	792.7	879.3	1,121.3
	Life expectancy: Female (in years)	85.6	83.4	80.0	77.5
	Life expectancy: Male (in years)	79.4	78.3	73.0	69.1
	Years of potential life lost before 75	4,827	4,556	146,900	175,443
COVID-19	COVID-related emergency department utilization (per 100,000)	N/A	376.5	N/A	701.4
	COVID-related hospitalization rate (per 100,000)	N/A	577.7	N/A	851.0
Chronic Disease & Health Behaviors	Adult obesity prevalence	22.8%		32.3%	
	Diabetes prevalence	7.1%		13.1%	
	Diabetes-related hospitalization rate (per 100,000)	142.7	113.0	259.6	249.7
	Hypertension prevalence	23.4%		34.1%	
	Hypertension-related hospitalization rate (per 100,000)	341.8	292.3	660.5	596.3
	Potentially preventable hospitalization rate (per 100,000)	835.3	681.7	1,521.5	1,270.8
	Premature cardiovascular disease mortality rate (per 100,000)	23.8	20.8	57.1	60.7
	Major cancer incidence rate (per 100,000)	171.4		242.5	
	Major cancer mortality rate (per 100,000)	51.5		80.3	
	Colorectal cancer screening	72.4%		63.5%	
	Mammography screening	79.5%		78.3%	
	Physical inactivity (leisure time) prevalence	15.4%		27.4%	
Infant & Child Health	Asthma hospitalization rate <18 years (per 100,000 <18)	10.3	--	42.0	17.8
	Infant mortality rate (per 1,000 live births)	--	--	7.0	5.8
	Percent low birthweight births out of live births	9.7%	7.3%	11.5%	11.0%
	Percent preterm births out of live births	6.0%	5.6%	11.4%	11.1%
Behavioral Health	Adult binge drinking	25.4%		19.9%	
	Adult smoking	13.1%		22.1%	
	Drug overdose mortality rate (per 100,000)	35.7	31.7	60.4	65.9
	Opioid-related hospitalization rate (per 100,000)	53.5	50.5	106.2	99.5
	Substance-related hospitalization rate (per 100,000)	720.4	547.0	738.7	598.5
	Poor mental health for 14+ days in past 30 days	13.1%		18.5%	
	Suicide mortality rate (per 100,000)	12.9	13.9	9.9	10.3
Injuries	Fall-related hospitalization rate (per 100,000)	7,721.1	6,743.4	3,583.0	3,430.3
	Gun-related emergency department utilization (per 100,000)	30.0	35.1	25.1	44.2
	Homicide mortality rate (per 100,000)	--	5.9	21.9	31.0
Access to Care	Adults 19-64 years with Medicaid	7.5%		26.0%	
	Children <19 years with public insurance	27.6%		61.0%	
	Population without insurance	3.9%		8.1%	
	Children <19 years without insurance	1.7%		3.8%	
	Emergency department utilization (per 100,000)	40,958.4	33,992.1	53,146.1	40,478.1
	High emergency department utilization (per 100,000)	1,078.9	889.6	1,668.3	1,145.9
Social & Economic Conditions	Population in poverty	12.9%		23.1%	
	Children <18 years in poverty	14.8%		32.2%	
	Adults 19-64 years unemployed	2.2%		4.0%	
	Householders living alone who are 65+ years	17.6%		27.1%	
	Households receiving SNAP benefits	6.7%		23.4%	
	Households that are housing cost-burdened	12.6%		23.2%	
	Housing with potential lead risk	61.3%		78.2%	
	Vacant housing units	12.6%		11.9%	

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

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

FAR NORTH PHILADELPHIA

ZIP CODES: 19120, 19126, 19138, 19141, 19150

This community is served by:

- Children’s Hospital of Philadelphia
- Einstein Medical Center Philadelphia
- Fox Chase Cancer Center
- Magee Rehabilitation
- Temple University Hospital



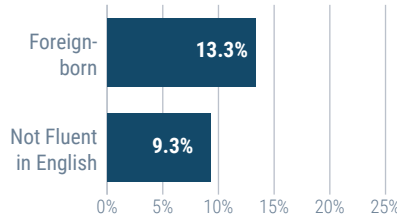
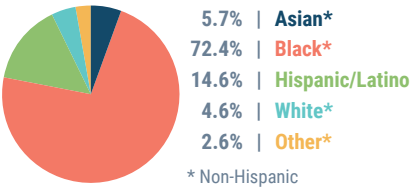
POPULATION



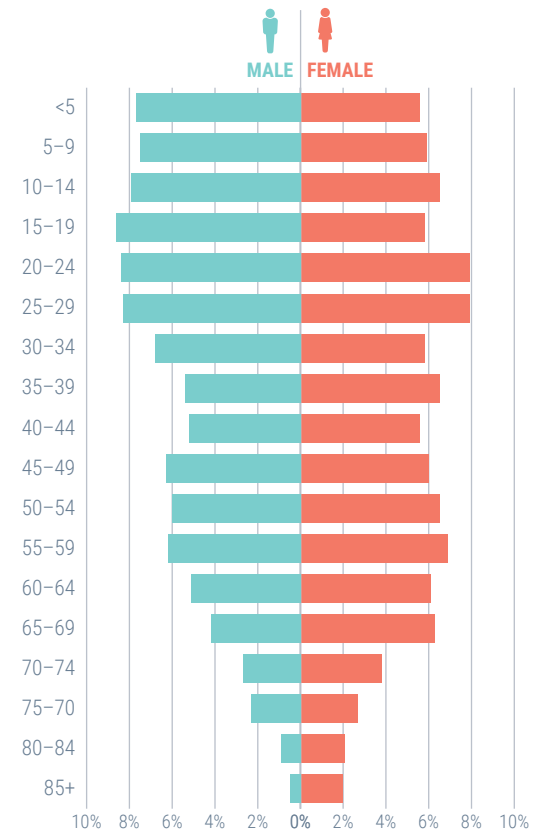
MEDIAN HOUSEHOLD INCOME



RACE/ETHNICITY/LANGUAGE



AGE DISTRIBUTION



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 **33.1%**

PEOPLE WITH DISABILITIES **18.2%**

summary health measures

		Far North Philadelphia		Philadelphia County	
		Pre-2020 Estimate*	2020 Estimate*	Pre-2020 Estimate*	2020 Estimate*
General	All-cause mortality rate (per 100,000)	859.7	1,212.4	879.3	1,121.3
	Life expectancy: Female (in years)	80.9	76.6	80.0	77.5
	Life expectancy: Male (in years)	70.9	66.5	73.0	69.1
	Years of potential life lost before 75	16,656	21,860	146,900	175,443
COVID-19	COVID-related emergency department utilization (per 100,000)	N/A	804.5	N/A	701.4
	COVID-related hospitalization rate (per 100,000)	N/A	1,070.9	N/A	851.0
Chronic Disease & Health Behaviors	Adult obesity prevalence	36.7%		32.3%	
	Diabetes prevalence	16.1%		13.1%	
	Diabetes-related hospitalization rate (per 100,000)	343.8	315.9	259.6	249.7
	Hypertension prevalence	40.2%		34.1%	
	Hypertension-related hospitalization rate (per 100,000)	887.0	786.7	660.5	596.3
	Potentially preventable hospitalization rate (per 100,000)	1,853.1	1,542.8	1,521.5	1,270.8
	Premature cardiovascular disease mortality rate (per 100,000)	69.1	69.1	57.1	60.7
	Major cancer incidence rate (per 100,000)	256.3		242.5	
	Major cancer mortality rate (per 100,000)	86.4		80.3	
	Colorectal cancer screening	62.7%		63.5%	
	Mammography screening	80.3%		78.3%	
	Physical inactivity (leisure time) prevalence	30.6%		27.4%	
Infant & Child Health	Asthma hospitalization rate <18 years (per 100,000 <18)	42.8	19.6	42.0	17.8
	Infant mortality rate (per 1,000 live births)	6.6	7.7	7.0	5.8
	Percent low birthweight births out of live births	13.3%	12.7%	11.5%	11.0%
	Percent preterm births out of live births	11.1%	10.9%	11.4%	11.1%
Behavioral Health	Adult binge drinking	16.8%		19.9%	
	Adult smoking	22.9%		22.1%	
	Drug overdose mortality rate (per 100,000)	43.5	55.2	60.4	65.9
	Opioid-related hospitalization rate (per 100,000)	69.1	69.1	106.2	99.5
	Substance-related hospitalization rate (per 100,000)	574.4	484.2	738.7	598.5
	Poor mental health for 14+ days in past 30 days	18.8%		18.5%	
	Suicide mortality rate (per 100,000)	8.4	5.0	9.9	10.3
Injuries	Fall-related hospitalization rate (per 100,000)	7,937.8	8,282.0	3,583.0	3,430.3
	Gun-related emergency department utilization (per 100,000)	13.6	28.3	25.1	44.2
	Homicide mortality rate (per 100,000)	30.1	44.6	21.9	31.0
Access to Care	Adults 19-64 years with Medicaid	30.2%		26.0%	
	Children <19 years with public insurance	70.5%		61.0%	
	Population without insurance	9.8%		8.1%	
	Children <19 years without insurance	4.2%		3.8%	
	Emergency department utilization (per 100,000)	60,219.0	46,345.3	53,146.1	40,478.1
	High emergency department utilization (per 100,000)	1,978.8	1,376.2	1,668.3	1,145.9
Social & Economic Conditions	Population in poverty	25.7%		23.1%	
	Children <18 years in poverty	37.6%		32.2%	
	Adults 19-64 years unemployed	5.5%		4.0%	
	Householders living alone who are 65+ years	33.4%		27.1%	
	Households receiving SNAP benefits	29.1%		23.4%	
	Households that are housing cost-burdened	27.3%		23.2%	
	Housing with potential lead risk	91.0%		78.2%	
	Vacant housing units	10.8%		11.9%	

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

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

FAR NORTHEAST PHILADELPHIA

ZIP CODES: 19114, 19115, 19116, 19154

This community is served by:

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



Far Northeast Philadelphia Social Vulnerability Index



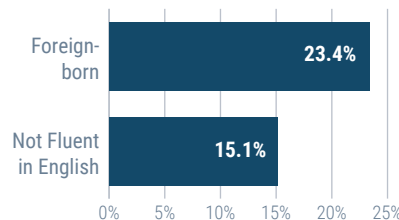
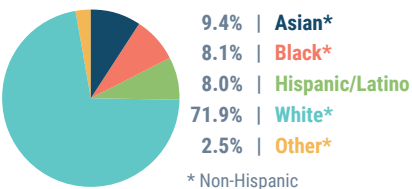
POPULATION



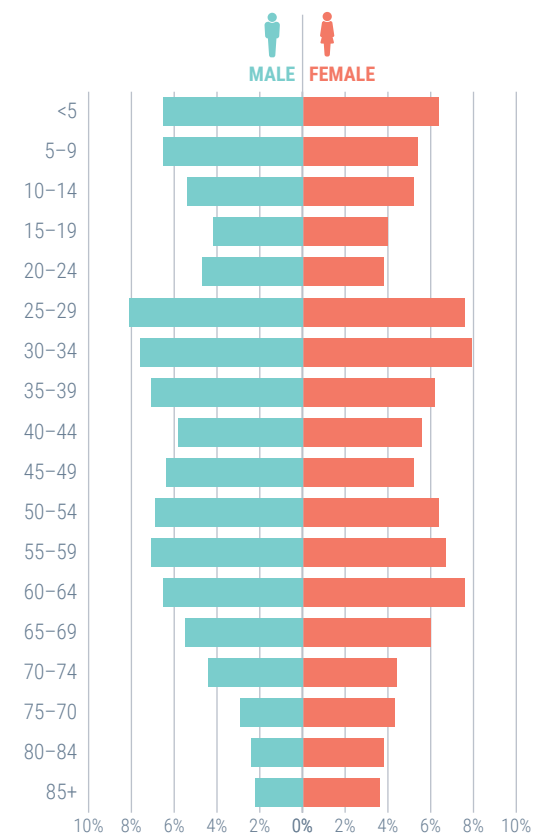
MEDIAN HOUSEHOLD INCOME



RACE/ETHNICITY/LANGUAGE



AGE DISTRIBUTION



LEADING CAUSES OF DEATH

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

EDUCATIONAL ATTAINMENT



summary health measures

		Far Northeast Philadelphia		Philadelphia County	
		Pre-2020 Estimate*	2020 Estimate*	Pre-2020 Estimate*	2020 Estimate*
General	All-cause mortality rate (per 100,000)	1,082.1	1,331.3	879.3	1,121.3
	Life expectancy: Female (in years)	82.6	80.7	80.0	77.5
	Life expectancy: Male (in years)	76.3	73.4	73.0	69.1
	Years of potential life lost before 75	9,377	10,637	146,900	175,443
COVID-19	COVID-related emergency department utilization (per 100,000)	N/A	406.3	N/A	701.4
	COVID-related hospitalization rate (per 100,000)	N/A	735.1	N/A	851.0
Chronic Disease & Health Behaviors	Adult obesity prevalence	25.9%		32.3%	
	Diabetes prevalence	10.4%		13.1%	
	Diabetes-related hospitalization rate (per 100,000)	154.9	152.0	259.6	249.7
	Hypertension prevalence	31.7%		34.1%	
	Hypertension-related hospitalization rate (per 100,000)	534.9	483.7	660.5	596.3
	Potentially preventable hospitalization rate (per 100,000)	1,290.4	1,020.8	1,521.5	1,270.8
	Premature cardiovascular disease mortality rate (per 100,000)	38.0	28.5	57.1	60.7
	Major cancer incidence rate (per 100,000)	291.5		242.5	
	Major cancer mortality rate (per 100,000)	100.8		80.3	
	Colorectal cancer screening	69.0%		63.5%	
	Mammography screening	75.0%		78.3%	
	Physical inactivity (leisure time) prevalence	22.1%		27.4%	
Infant & Child Health	Asthma hospitalization rate <18 years (per 100,000 <18)	13.7	--	42.0	17.8
	Infant mortality rate (per 1,000 live births)	--	--	7.0	5.8
	Percent low birthweight births out of live births	8.1%	6.9%	11.5%	11.0%
	Percent preterm births out of live births	6.9%	7.0%	11.4%	11.1%
Behavioral Health	Adult binge drinking	21.4%		19.9%	
	Adult smoking	18.5%		22.1%	
	Drug overdose mortality rate (per 100,000)	46.8	42.4	60.4	65.9
	Opioid-related hospitalization rate (per 100,000)	77.5	73.1	106.2	99.5
	Substance-related hospitalization rate (per 100,000)	433.3	347.1	738.7	598.5
	Poor mental health for 14+ days in past 30 days	15.1%		18.5%	
	Suicide mortality rate (per 100,000)	9.5	13.2	9.9	10.3
Injuries	Fall-related hospitalization rate (per 100,000)	7,036.8	7,014.2	3,583.0	3,430.3
	Gun-related emergency department utilization (per 100,000)	4.3	5.1	25.1	44.2
	Homicide mortality rate (per 100,000)	--	--	21.9	31.0
Access to Care	Adults 19-64 years with Medicaid	15.4%		26.0%	
	Children <19 years with public insurance	43.7%		61.0%	
	Population without insurance	6.5%		8.1%	
	Children <19 years without insurance	3.1%		3.8%	
	Emergency department utilization (per 100,000)	31,596.5	24,211.8	53,146.1	40,478.1
	High emergency department utilization (per 100,000)	549.1	425.7	1,668.3	1,145.9
Social & Economic Conditions	Population in poverty	11.3%		23.1%	
	Children <18 years in poverty	14.6%		32.2%	
	Adults 19-64 years unemployed	2.8%		4.0%	
	Householders living alone who are 65+ years	41.6%		27.1%	
	Households receiving SNAP benefits	16.1%		23.4%	
	Households that are housing cost-burdened	20.5%		23.2%	
	Housing with potential lead risk	60.7%		78.2%	
	Vacant housing units	5.8%		11.9%	

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

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

LOWER NORTHEAST PHILADELPHIA

ZIP CODES: 19111, 19135, 19136, 19137, 19149, 19152

This community is served by:

- Children’s Hospital of Philadelphia
- Einstein Medical Center Philadelphia
- Fox Chase Cancer Center
- Jefferson Health - Northeast
- Magee Rehabilitation
- Redeemer Health
- Rothman Orthopaedic Specialty Hospital
- Temple University Hospital
- Trinity Health Mid-Atlantic



Lower Northeast Philadelphia Social Vulnerability Index



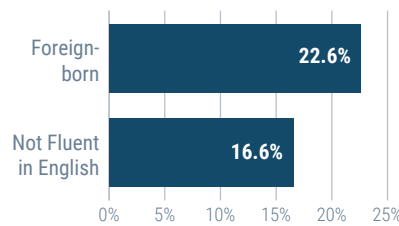
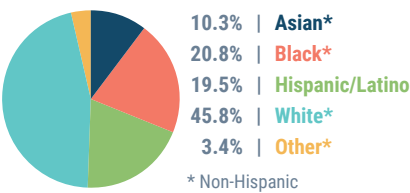
POPULATION



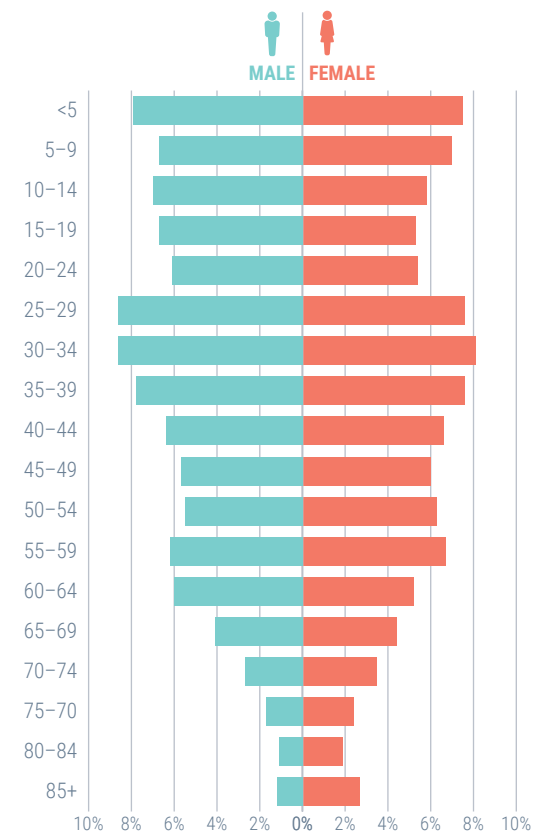
MEDIAN HOUSEHOLD INCOME



RACE/ETHNICITY/LANGUAGE



AGE DISTRIBUTION



LEADING CAUSES OF DEATH

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

EDUCATIONAL ATTAINMENT

High school as highest education level **35.9%**

PEOPLE WITH DISABILITIES **14.6%**

summary health measures

		Lower Northeast Philadelphia		Philadelphia County	
		Pre-2020 Estimate*	2020 Estimate*	Pre-2020 Estimate*	2020 Estimate*
General	All-cause mortality rate (per 100,000)	834.6	1,061.1	879.3	1,121.3
	Life expectancy: Female (in years)	80.5	78.0	80.0	77.5
	Life expectancy: Male (in years)	74.5	71.2	73.0	69.1
	Years of potential life lost before 75	20,224	23,048	146,900	175,443
COVID-19	COVID-related emergency department utilization (per 100,000)	N/A	488.3	N/A	701.4
	COVID-related hospitalization rate (per 100,000)	N/A	815.6	N/A	851.0
Chronic Disease & Health Behaviors	Adult obesity prevalence	29.8%		32.3%	
	Diabetes prevalence	11.3%		13.1%	
	Diabetes-related hospitalization rate (per 100,000)	215.7	209.9	259.6	249.7
	Hypertension prevalence	31.8%		34.1%	
	Hypertension-related hospitalization rate (per 100,000)	523.9	436.4	660.5	596.3
	Potentially preventable hospitalization rate (per 100,000)	1,334.1	1,065.3	1,521.5	1,270.8
	Premature cardiovascular disease mortality rate (per 100,000)	48.1	48.5	57.1	60.7
	Major cancer incidence rate (per 100,000)	199.5		242.5	
	Major cancer mortality rate (per 100,000)	73.8		80.3	
	Colorectal cancer screening	62.9%		63.5%	
	Mammography screening	75.0%		78.3%	
	Physical inactivity (leisure time) prevalence	27.0%		27.4%	
Infant & Child Health	Asthma hospitalization rate <18 years (per 100,000 <18)	28.1	8.8	42.0	17.8
	Infant mortality rate (per 1,000 live births)	8.2	3.8	7.0	5.8
	Percent low birthweight births out of live births	9.3%	9.5%	11.5%	11.0%
	Percent preterm births out of live births	7.5%	7.9%	11.4%	11.1%
Behavioral Health	Adult binge drinking	21.1%		19.9%	
	Adult smoking	23.6%		22.1%	
	Drug overdose mortality rate (per 100,000)	58.5	59.7	60.4	65.9
	Opioid-related hospitalization rate (per 100,000)	109.9	107.4	106.2	99.5
	Substance-related hospitalization rate (per 100,000)	548.4	422.3	738.7	598.5
	Poor mental health for 14+ days in past 30 days	18.5%		18.5%	
	Suicide mortality rate (per 100,000)	12.0	8.3	9.9	10.3
Injuries	Fall-related hospitalization rate (per 100,000)	10,108.0	8,998.2	3,583.0	3,430.3
	Gun-related emergency department utilization (per 100,000)	8.9	13.3	25.1	44.2
	Homicide mortality rate (per 100,000)	14.9	15.3	21.9	31.0
Access to Care	Adults 19-64 years with Medicaid	24.7%		26.0%	
	Children <19 years with public insurance	59.5%		61.0%	
	Population without insurance	9.9%		8.1%	
	Children <19 years without insurance	5.5%		3.8%	
	Emergency department utilization (per 100,000)	48,286.3	37,795.2	53,146.1	40,478.1
	High emergency department utilization (per 100,000)	1,151.3	925.8	1,668.3	1,145.9
Social & Economic Conditions	Population in poverty	18.6%		23.1%	
	Children <18 years in poverty	26.3%		32.2%	
	Adults 19-64 years unemployed	3.8%		4.0%	
	Householders living alone who are 65+ years	32.8%		27.1%	
	Households receiving SNAP benefits	23.2%		23.4%	
	Households that are housing cost-burdened	22.8%		23.2%	
	Housing with potential lead risk	85.2%		78.2%	
	Vacant housing units	8.4%		11.9%	

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

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

NORTH PHILADELPHIA-EAST

ZIP CODES: 19122, 19133, 19140

This community is served by:

- Children’s Hospital of Philadelphia
- Einstein Medical Center Philadelphia
- Fox Chase Cancer Center
- Jefferson Health - Center City
- Magee Rehabilitation
- Temple University Hospital



North Philadelphia-East
Social Vulnerability Index



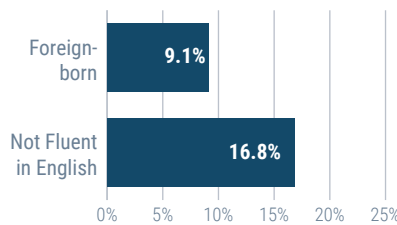
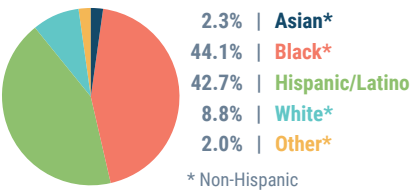
POPULATION



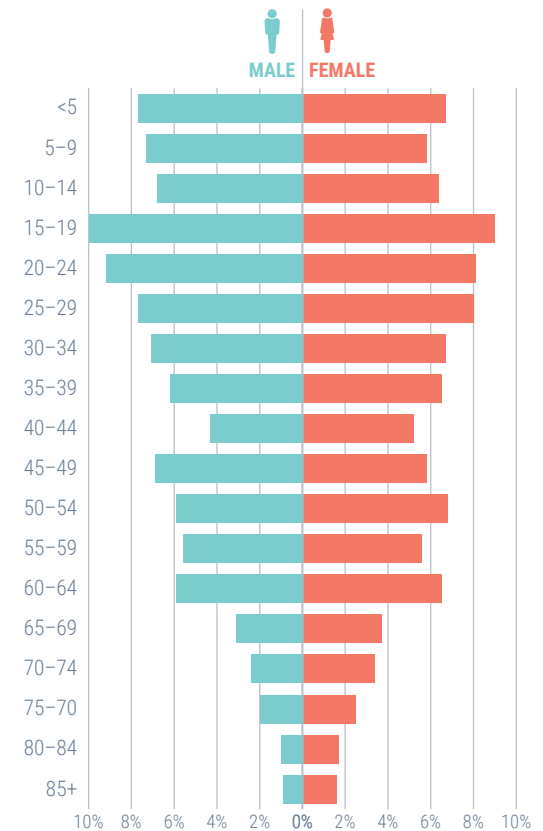
MEDIAN HOUSEHOLD INCOME



RACE/ETHNICITY/LANGUAGE



AGE DISTRIBUTION



LEADING CAUSES OF DEATH

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

EDUCATIONAL ATTAINMENT

High school as highest education level **41.3%**

PEOPLE WITH DISABILITIES **25.2%**

summary health measures

		North Philadelphia-East		Philadelphia County	
		Pre-2020 Estimate*	2020 Estimate*	Pre-2020 Estimate*	2020 Estimate*
General	All-cause mortality rate (per 100,000)	900.2	1,239.4	879.3	1,121.3
	Life expectancy: Female (in years)	77.7	74.9	80.0	77.5
	Life expectancy: Male (in years)	69.2	63.1	73.0	69.1
	Years of potential life lost before 75	13,162	16,148	146,900	175,443
COVID-19	COVID-related emergency department utilization (per 100,000)	N/A	636.6	N/A	701.4
	COVID-related hospitalization rate (per 100,000)	N/A	1,420.4	N/A	851.0
Chronic Disease & Health Behaviors	Adult obesity prevalence	39.3%		32.3%	
	Diabetes prevalence	17.9%		13.1%	
	Diabetes-related hospitalization rate (per 100,000)	385.9	373.0	259.6	249.7
	Hypertension prevalence	37.8%		34.1%	
	Hypertension-related hospitalization rate (per 100,000)	1,004.6	994.7	660.5	596.3
	Potentially preventable hospitalization rate (per 100,000)	2,197.3	1,960.5	1,521.5	1,270.8
	Premature cardiovascular disease mortality rate (per 100,000)	69.6	84.5	57.1	60.7
	Major cancer incidence rate (per 100,000)	238.7		242.5	
	Major cancer mortality rate (per 100,000)	66.6		80.3	
	Colorectal cancer screening	54.4%		63.5%	
	Mammography screening	78.9%		78.3%	
	Physical inactivity (leisure time) prevalence	37.2%		27.4%	
Infant & Child Health	Asthma hospitalization rate <18 years (per 100,000 <18)	74.3	30.5	42.0	17.8
	Infant mortality rate (per 1,000 live births)	6.1	7.6	7.0	5.8
	Percent low birthweight births out of live births	13.8%	13.1%	11.5%	11.0%
	Percent preterm births out of live births	11.1%	12.2%	11.4%	11.1%
Behavioral Health	Adult binge drinking	17.6%		19.9%	
	Adult smoking	26.9%		22.1%	
	Drug overdose mortality rate (per 100,000)	104.4	110.4	60.4	65.9
	Opioid-related hospitalization rate (per 100,000)	100.5	120.4	106.2	99.5
	Substance-related hospitalization rate (per 100,000)	1,029.5	904.2	738.7	598.5
	Poor mental health for 14+ days in past 30 days	22.8%		18.5%	
	Suicide mortality rate (per 100,000)	7.0	9.9	9.9	10.3
Injuries	Fall-related hospitalization rate (per 100,000)	10,313.9	10,456.6	3,583.0	3,430.3
	Gun-related emergency department utilization (per 100,000)	19.8	66.9	25.1	44.2
	Homicide mortality rate (per 100,000)	43.8	55.7	21.9	31.0
Access to Care	Adults 19-64 years with Medicaid	45.0%		26.0%	
	Children <19 years with public insurance	83.8%		61.0%	
	Population without insurance	10.7%		8.1%	
	Children <19 years without insurance	3.8%		3.8%	
	Emergency department utilization (per 100,000)	100,535.5	71,037.6	53,146.1	40,478.1
	High emergency department utilization (per 100,000)	4,256.8	2,557.8	1,668.3	1,145.9
Social & Economic Conditions	Population in poverty	40.8%		23.1%	
	Children <18 years in poverty	53.1%		32.2%	
	Adults 19-64 years unemployed	5.4%		4.0%	
	Householders living alone who are 65+ years	27.6%		27.1%	
	Households receiving SNAP benefits	47.5%		23.4%	
	Households that are housing cost-burdened	37.8%		23.2%	
	Housing with potential lead risk	77.1%		78.2%	
	Vacant housing units	15.4%		11.9%	

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

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

NORTH PHILADELPHIA-WEST

ZIP CODES: 19121, 19132

This community is served by:

- Children’s Hospital of Philadelphia
- Einstein Medical Center Philadelphia
- Fox Chase Cancer Center
- Jefferson Health - Center City
- Magee Rehabilitation
- Main Line Health
- Temple University Hospital



North Philadelphia-West
Social Vulnerability Index



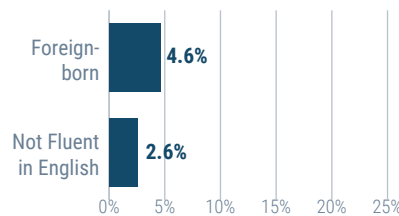
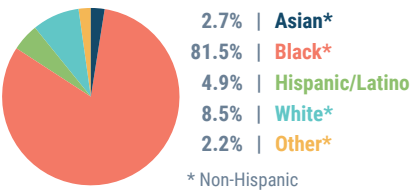
POPULATION



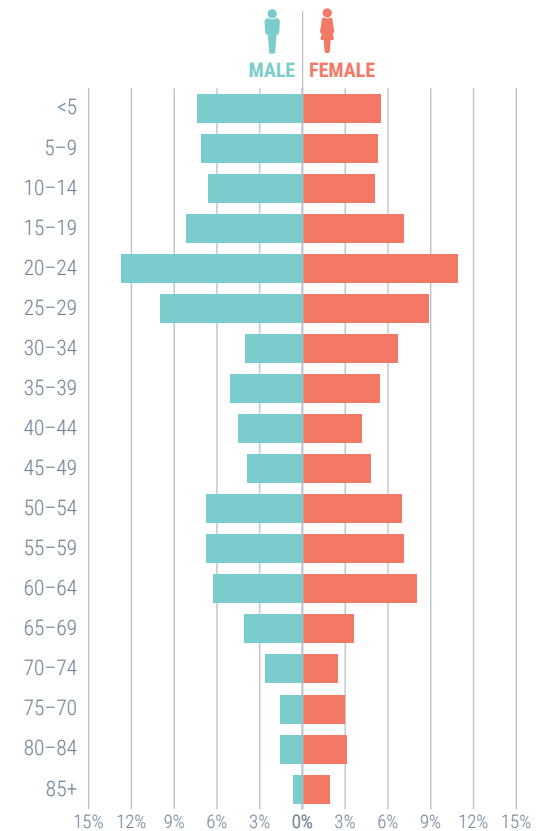
MEDIAN HOUSEHOLD INCOME



RACE/ETHNICITY/LANGUAGE



AGE DISTRIBUTION



LEADING CAUSES OF DEATH

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

EDUCATIONAL ATTAINMENT

High school as highest education level **37.6%**

PEOPLE WITH DISABILITIES **20.3%**

summary health measures

		North Philadelphia-West		Philadelphia County	
		Pre-2020 Estimate*	2020 Estimate*	Pre-2020 Estimate*	2020 Estimate*
General	All-cause mortality rate (per 100,000)	1,257.8	1,664.0	879.3	1,121.3
	Life expectancy: Female (in years)	73.9	71.6	80.0	77.5
	Life expectancy: Male (in years)	64.3	57.9	73.0	69.1
	Years of potential life lost before 75	10,309	13,709	146,900	175,443
COVID-19	COVID-related emergency department utilization (per 100,000)	N/A	870.4	N/A	701.4
	COVID-related hospitalization rate (per 100,000)	N/A	1,303.3	N/A	851.0
Chronic Disease & Health Behaviors	Adult obesity prevalence	40.6%		32.3%	
	Diabetes prevalence	18.2%		13.1%	
	Diabetes-related hospitalization rate (per 100,000)	468.9	527.0	259.6	249.7
	Hypertension prevalence	42.5%		34.1%	
	Hypertension-related hospitalization rate (per 100,000)	1,358.2	1,318.9	660.5	596.3
	Potentially preventable hospitalization rate (per 100,000)	2,686.5	2,470.1	1,521.5	1,270.8
	Premature cardiovascular disease mortality rate (per 100,000)	116.1	123.9	57.1	60.7
	Major cancer incidence rate (per 100,000)	240.0		242.5	
	Major cancer mortality rate (per 100,000)	106.6		80.3	
	Colorectal cancer screening	58.9%		63.5%	
	Mammography screening	81.2%		78.3%	
	Physical inactivity (leisure time) prevalence	34.5%		27.4%	
Infant & Child Health	Asthma hospitalization rate <18 years (per 100,000 <18)	86.6	38.7	42.0	17.8
	Infant mortality rate (per 1,000 live births)	10.9	11.6	7.0	5.8
	Percent low birthweight births out of live births	16.5%	16.0%	11.5%	11.0%
	Percent preterm births out of live births	12.0%	12.4%	11.4%	11.1%
Behavioral Health	Adult binge drinking	16.4%		19.9%	
	Adult smoking	27.5%		22.1%	
	Drug overdose mortality rate (per 100,000)	95.7	117.6	60.4	65.9
	Opioid-related hospitalization rate (per 100,000)	95.7	100.4	106.2	99.5
	Substance-related hospitalization rate (per 100,000)	1,347.2	1,137.0	738.7	598.5
	Poor mental health for 14+ days in past 30 days	23.2%		18.5%	
	Suicide mortality rate (per 100,000)	9.4	--	9.9	10.3
Injuries	Fall-related hospitalization rate (per 100,000)	9,684.0	8,579.5	3,583.0	3,430.3
	Gun-related emergency department utilization (per 100,000)	23.6	108.5	25.1	44.2
	Homicide mortality rate (per 100,000)	53.3	97.2	21.9	31.0
Access to Care	Adults 19-64 years with Medicaid	41.8%		26.0%	
	Children <19 years with public insurance	81.1%		61.0%	
	Population without insurance	8.3%		8.1%	
	Children <19 years without insurance	3.2%		3.8%	
	Emergency department utilization (per 100,000)	116,724.0	87,300.7	53,146.1	40,478.1
	High emergency department utilization (per 100,000)	5,159.8	3,415.8	1,668.3	1,145.9
Social & Economic Conditions	Population in poverty	43.5%		23.1%	
	Children <18 years in poverty	57.4%		32.2%	
	Adults 19-64 years unemployed	5.1%		4.0%	
	Householders living alone who are 65+ years	24.6%		27.1%	
	Households receiving SNAP benefits	40.1%		23.4%	
	Households that are housing cost-burdened	37.2%		23.2%	
	Housing with potential lead risk	83.0%		78.2%	
	Vacant housing units	23.4%		11.9%	

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

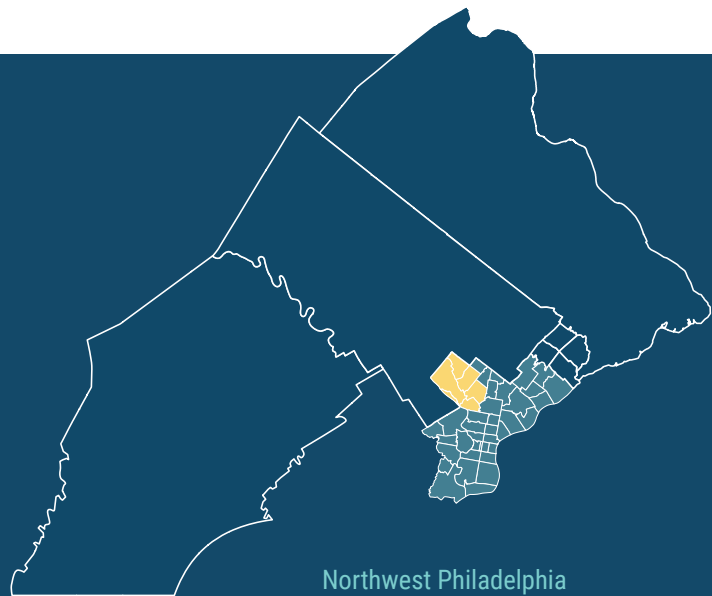
-- Estimates are unavailable or unreliable due to low sample size within a community.

NORTHWEST PHILADELPHIA

ZIP CODES: 19118, 19119, 19127, 19128, 19129, 19144

This community is served by:

- Children’s Hospital of Philadelphia
- Einstein Medical Center Philadelphia
- Fox Chase Cancer Center
- Magee Rehabilitation
- Main Line Health
- Rothman Orthopaedic Specialty Hospital



Northwest Philadelphia Social Vulnerability Index



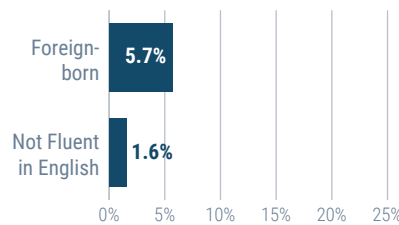
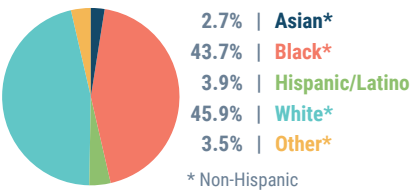
POPULATION



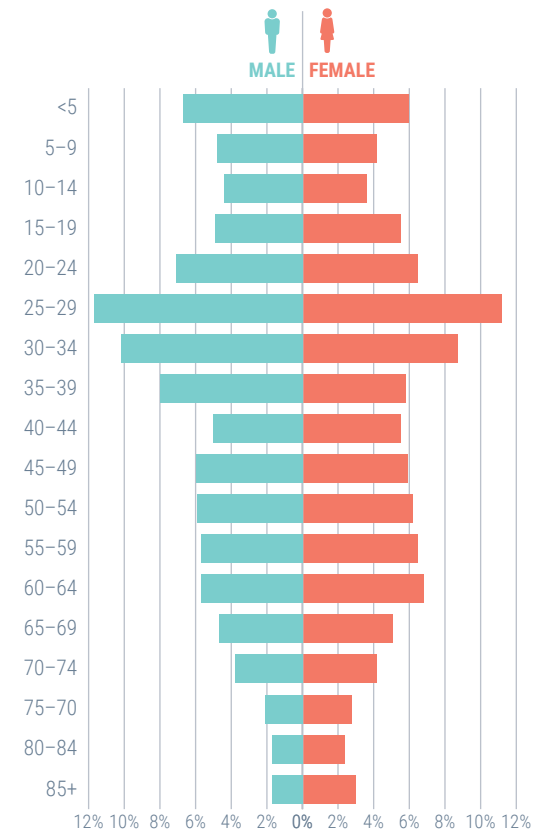
MEDIAN HOUSEHOLD INCOME



RACE/ETHNICITY/LANGUAGE



AGE DISTRIBUTION



LEADING CAUSES OF DEATH

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

EDUCATIONAL ATTAINMENT

High school as highest education level **21.2%**

PEOPLE WITH DISABILITIES **14.0%**

summary health measures

		Northwest Philadelphia		Philadelphia County	
		Pre-2020 Estimate*	2020 Estimate*	Pre-2020 Estimate*	2020 Estimate*
General	All-cause mortality rate (per 100,000)	930.7	1,172.6	879.3	1,121.3
	Life expectancy: Female (in years)	81.3	78.0	80.0	77.5
	Life expectancy: Male (in years)	75.6	71.6	73.0	69.1
	Years of potential life lost before 75	10,094	13,459	146,900	175,443
COVID-19	COVID-related emergency department utilization (per 100,000)	N/A	571.1	N/A	701.4
	COVID-related hospitalization rate (per 100,000)	N/A	717.1	N/A	851.0
Chronic Disease & Health Behaviors	Adult obesity prevalence	29.8%		32.3%	
	Diabetes prevalence	11.4%		13.1%	
	Diabetes-related hospitalization rate (per 100,000)	252.1	231.0	259.6	249.7
	Hypertension prevalence	32.9%		34.1%	
	Hypertension-related hospitalization rate (per 100,000)	658.2	613.9	660.5	596.3
	Potentially preventable hospitalization rate (per 100,000)	1,412.4	1,189.3	1,521.5	1,270.8
	Premature cardiovascular disease mortality rate (per 100,000)	49.4	61.0	57.1	60.7
	Major cancer incidence rate (per 100,000)	236.1		242.5	
	Major cancer mortality rate (per 100,000)	86.5		80.3	
	Colorectal cancer screening	69.4%		63.5%	
	Mammography screening	79.9%		78.3%	
	Physical inactivity (leisure time) prevalence	21.7%		27.4%	
Infant & Child Health	Asthma hospitalization rate <18 years (per 100,000 <18)	23.9	10.3	42.0	17.8
	Infant mortality rate (per 1,000 live births)	3.8	8.3	7.0	5.8
	Percent low birthweight births out of live births	9.6%	10.1%	11.5%	11.0%
	Percent preterm births out of live births	7.7%	7.8%	11.4%	11.1%
Behavioral Health	Adult binge drinking	21.4%		19.9%	
	Adult smoking	17.7%		22.1%	
	Drug overdose mortality rate (per 100,000)	34.1	50.9	60.4	65.9
	Opioid-related hospitalization rate (per 100,000)	86.5	58.8	106.2	99.5
	Substance-related hospitalization rate (per 100,000)	580.5	423.6	738.7	598.5
	Poor mental health for 14+ days in past 30 days	15.9%		18.5%	
	Suicide mortality rate (per 100,000)	13.1	14.5	9.9	10.3
Injuries	Fall-related hospitalization rate (per 100,000)	8,089.6	7,602.2	3,583.0	3,430.3
	Gun-related emergency department utilization (per 100,000)	7.9	18.2	25.1	44.2
	Homicide mortality rate (per 100,000)	16.7	21.8	21.9	31.0
Access to Care	Adults 19-64 years with Medicaid	17.4%		26.0%	
	Children <19 years with public insurance	43.6%		61.0%	
	Population without insurance	4.7%		8.1%	
	Children <19 years without insurance	2.4%		3.8%	
	Emergency department utilization (per 100,000)	26,353.2	23,555.2	53,146.1	40,478.1
	High emergency department utilization (per 100,000)	808.6	651.1	1,668.3	1,145.9
Social & Economic Conditions	Population in poverty	16.9%		23.1%	
	Children <18 years in poverty	19.2%		32.2%	
	Adults 19-64 years unemployed	3.3%		4.0%	
	Householders living alone who are 65+ years	25.0%		27.1%	
	Households receiving SNAP benefits	12.9%		23.4%	
	Households that are housing cost-burdened	15.5%		23.2%	
	Housing with potential lead risk	79.4%		78.2%	
	Vacant housing units	10.1%		11.9%	

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

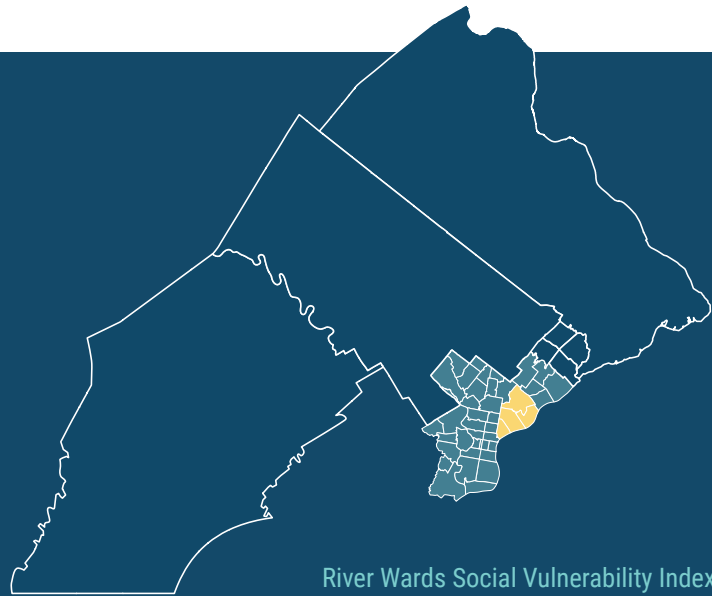
-- Estimates are unavailable or unreliable due to low sample size within a community.

RIVER WARDS

ZIP CODES: 19124, 19125, 19134

This community is served by:

- Children’s Hospital of Philadelphia
- Einstein Medical Center Philadelphia
- Fox Chase Cancer Center
- Jefferson Health - Center City
- Jefferson Health - Northeast
- Magee Rehabilitation
- Rothman Orthopaedic Specialty Hospital
- Temple University Hospital



River Wards Social Vulnerability Index



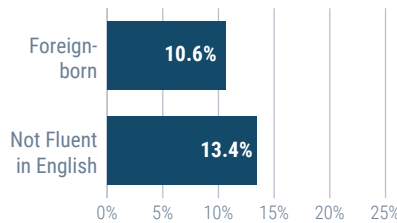
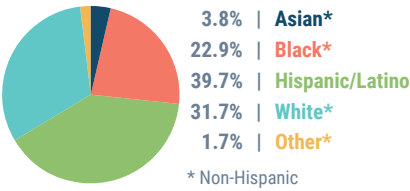
POPULATION



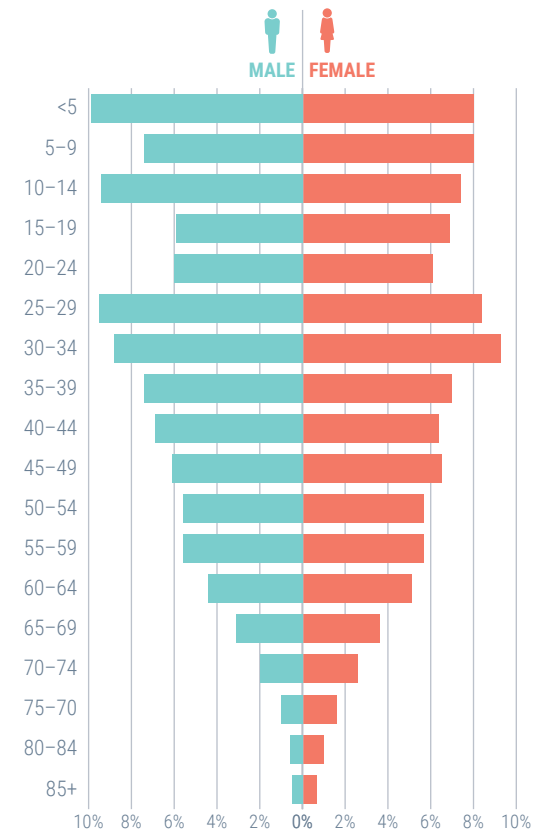
MEDIAN HOUSEHOLD INCOME



RACE/ETHNICITY/LANGUAGE



AGE DISTRIBUTION



LEADING CAUSES OF DEATH

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

EDUCATIONAL ATTAINMENT

High school as highest education level **38.5%**

PEOPLE WITH DISABILITIES **21.4%**

summary health measures

		River Wards		Philadelphia County	
		Pre-2020 Estimate*	2020 Estimate*	Pre-2020 Estimate*	2020 Estimate*
General	All-cause mortality rate (per 100,000)	772.9	930.9	879.3	1,121.3
	Life expectancy: Female (in years)	76.7	74.8	80.0	77.5
	Life expectancy: Male (in years)	68.6	65.6	73.0	69.1
	Years of potential life lost before 75	19,451	21,962	146,900	175,443
COVID-19	COVID-related emergency department utilization (per 100,000)	N/A	461.3	N/A	701.4
	COVID-related hospitalization rate (per 100,000)	N/A	846.2	N/A	851.0
Chronic Disease & Health Behaviors	Adult obesity prevalence	34.8%		32.3%	
	Diabetes prevalence	13.0%		13.1%	
	Diabetes-related hospitalization rate (per 100,000)	257.8	274.3	259.6	249.7
	Hypertension prevalence	31.7%		34.1%	
	Hypertension-related hospitalization rate (per 100,000)	486.0	512.5	660.5	596.3
	Potentially preventable hospitalization rate (per 100,000)	1,385.9	1,266.4	1,521.5	1,270.8
	Premature cardiovascular disease mortality rate (per 100,000)	67.6	71.4	57.1	60.7
	Major cancer incidence rate (per 100,000)	177.6		242.5	
	Major cancer mortality rate (per 100,000)	66.4		80.3	
	Colorectal cancer screening	56.9%		63.5%	
	Mammography screening	75.9%		78.3%	
	Physical inactivity (leisure time) prevalence	32.1%		27.4%	
Infant & Child Health	Asthma hospitalization rate <18 years (per 100,000 <18)	53.1	22.4	42.0	17.8
	Infant mortality rate (per 1,000 live births)	8.9	6.6	7.0	5.8
	Percent low birthweight births out of live births	12.8%	11.1%	11.5%	11.0%
	Percent preterm births out of live births	10.0%	10.1%	11.4%	11.1%
Behavioral Health	Adult binge drinking	20.6%		19.9%	
	Adult smoking	26.8%		22.1%	
	Drug overdose mortality rate (per 100,000)	118.2	111.2	60.4	65.9
	Opioid-related hospitalization rate (per 100,000)	211.7	197.8	106.2	99.5
	Substance-related hospitalization rate (per 100,000)	1,164.0	923.9	738.7	598.5
	Poor mental health for 14+ days in past 30 days	21.6%		18.5%	
	Suicide mortality rate (per 100,000)	10.1	13.3	9.9	10.3
Injuries	Fall-related hospitalization rate (per 100,000)	15,561.2	14,895.6	3,583.0	3,430.3
	Gun-related emergency department utilization (per 100,000)	15.5	33.8	25.1	44.2
	Homicide mortality rate (per 100,000)	22.8	37.9	21.9	31.0
Access to Care	Adults 19-64 years with Medicaid	38.6%		26.0%	
	Children <19 years with public insurance	77.8%		61.0%	
	Population without insurance	9.5%		8.1%	
	Children <19 years without insurance	3.2%		3.8%	
	Emergency department utilization (per 100,000)	66,710.3	48,650.3	53,146.1	40,478.1
	High emergency department utilization (per 100,000)	2,224.4	1,460.7	1,668.3	1,145.9
Social & Economic Conditions	Population in poverty	34.0%		23.1%	
	Children <18 years in poverty	48.9%		32.2%	
	Adults 19-64 years unemployed	4.6%		4.0%	
	Householders living alone who are 65+ years	18.3%		27.1%	
	Households receiving SNAP benefits	35.4%		23.4%	
	Households that are housing cost-burdened	29.4%		23.2%	
	Housing with potential lead risk	87.8%		78.2%	
	Vacant housing units	11.5%		11.9%	

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

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

SOUTH PHILADELPHIA-EAST

ZIP CODES: 19147, 19148

This community is served by:

- Children's Hospital of Philadelphia
- Jefferson Health - Center City
- Magee Rehabilitation
- Penn Medicine
- Rothman Orthopaedic Specialty Hospital



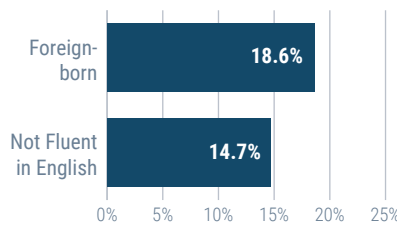
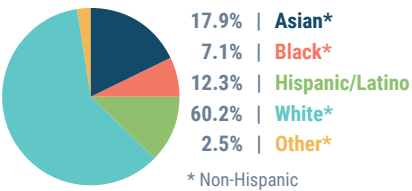
POPULATION



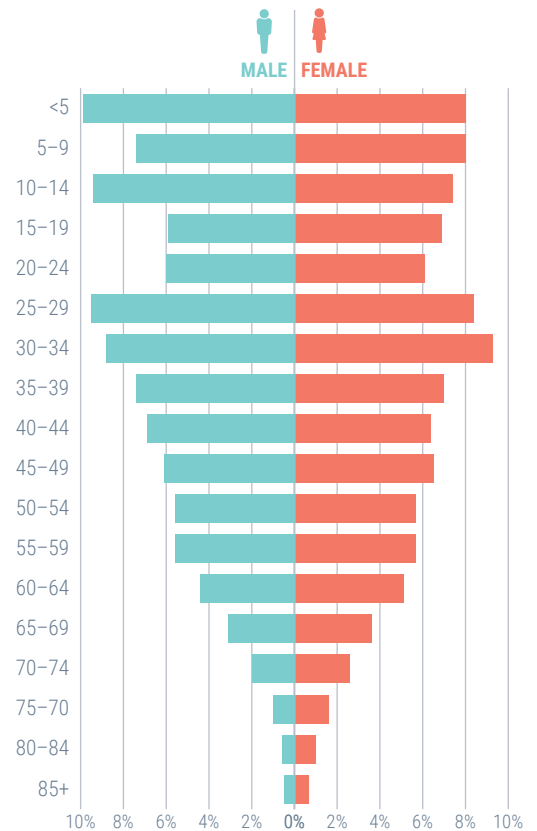
MEDIAN HOUSEHOLD INCOME



RACE/ETHNICITY/LANGUAGE



AGE DISTRIBUTION



LEADING CAUSES OF DEATH

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

EDUCATIONAL ATTAINMENT

High school as highest education level **32.0%**

PEOPLE WITH DISABILITIES **13.1%**

summary health measures

		South Philadelphia-East		Philadelphia County	
		Pre-2020 Estimate*	2020 Estimate*	Pre-2020 Estimate*	2020 Estimate*
General	All-cause mortality rate (per 100,000)	758.3	882.8	879.3	1,121.3
	Life expectancy: Female (in years)	82.2	80.5	80.0	77.5
	Life expectancy: Male (in years)	77.2	74.1	73.0	69.1
	Years of potential life lost before 75	5,764	6,508	146,900	175,443
COVID-19	COVID-related emergency department utilization (per 100,000)	N/A	1,041.5	N/A	701.4
	COVID-related hospitalization rate (per 100,000)	N/A	662.4	N/A	851.0
Chronic Disease & Health Behaviors	Adult obesity prevalence	25.6%		32.3%	
	Diabetes prevalence	9.7%		13.1%	
	Diabetes-related hospitalization rate (per 100,000)	179.7	143.3	259.6	249.7
	Hypertension prevalence	27.4%		34.1%	
	Hypertension-related hospitalization rate (per 100,000)	359.3	311.9	660.5	596.3
	Potentially preventable hospitalization rate (per 100,000)	962.2	710.9	1,521.5	1,270.8
	Premature cardiovascular disease mortality rate (per 100,000)	28.7	41.9	57.1	60.7
	Major cancer incidence rate (per 100,000)	187.4		242.5	
	Major cancer mortality rate (per 100,000)	87.1		80.3	
	Colorectal cancer screening	65.9%		63.5%	
	Mammography screening	76.2%		78.3%	
	Physical inactivity (leisure time) prevalence	22.8%		27.4%	
Infant & Child Health	Asthma hospitalization rate <18 years (per 100,000 <18)	19.6	5.3	42.0	17.8
	Infant mortality rate (per 1,000 live births)	--	--	7.0	5.8
	Percent low birthweight births out of live births	8.1%	8.2%	11.5%	11.0%
	Percent preterm births out of live births	4.9%	5.7%	11.4%	11.1%
Behavioral Health	Adult binge drinking	22.8%		19.9%	
	Adult smoking	19.6%		22.1%	
	Drug overdose mortality rate (per 100,000)	60.6	55.1	60.4	65.9
	Opioid-related hospitalization rate (per 100,000)	106.9	101.4	106.2	99.5
	Substance-related hospitalization rate (per 100,000)	547.8	513.6	738.7	598.5
	Poor mental health for 14+ days in past 30 days	16.2%		18.5%	
	Suicide mortality rate (per 100,000)	8.8	18.7	9.9	10.3
Injuries	Fall-related hospitalization rate (per 100,000)	7,901.8	6,530.8	3,583.0	3,430.3
	Gun-related emergency department utilization (per 100,000)	16.2	11.2	25.1	44.2
	Homicide mortality rate (per 100,000)	--	--	21.9	31.0
Access to Care	Adults 19-64 years with Medicaid	18.0%		26.0%	
	Children <19 years with public insurance	50.5%		61.0%	
	Population without insurance	8.5%		8.1%	
	Children <19 years without insurance	2.5%		3.8%	
	Emergency department utilization (per 100,000)	34,441.5	26,816.2	53,146.1	40,478.1
	High emergency department utilization (per 100,000)	812.0	614.2	1,668.3	1,145.9
Social & Economic Conditions	Population in poverty	16.8%		23.1%	
	Children <18 years in poverty	28.0%		32.2%	
	Adults 19-64 years unemployed	3.2%		4.0%	
	Householders living alone who are 65+ years	21.7%		27.1%	
	Households receiving SNAP benefits	17.3%		23.4%	
	Households that are housing cost-burdened	15.2%		23.2%	
	Housing with potential lead risk	81.5%		78.2%	
	Vacant housing units	10.9%		11.9%	

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

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

SOUTH PHILADELPHIA-WEST

ZIP CODES: 19145, 19146

This community is served by:

- Children’s Hospital of Philadelphia
- Jefferson Health - Center City
- Magee Rehabilitation
- Penn Medicine
- Rothman Orthopaedic Specialty Hospital



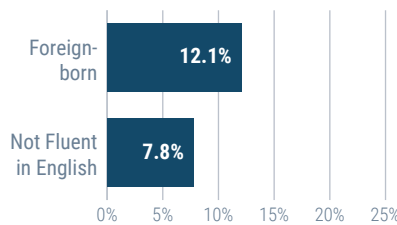
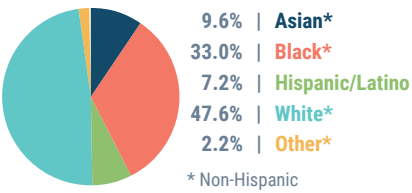
POPULATION



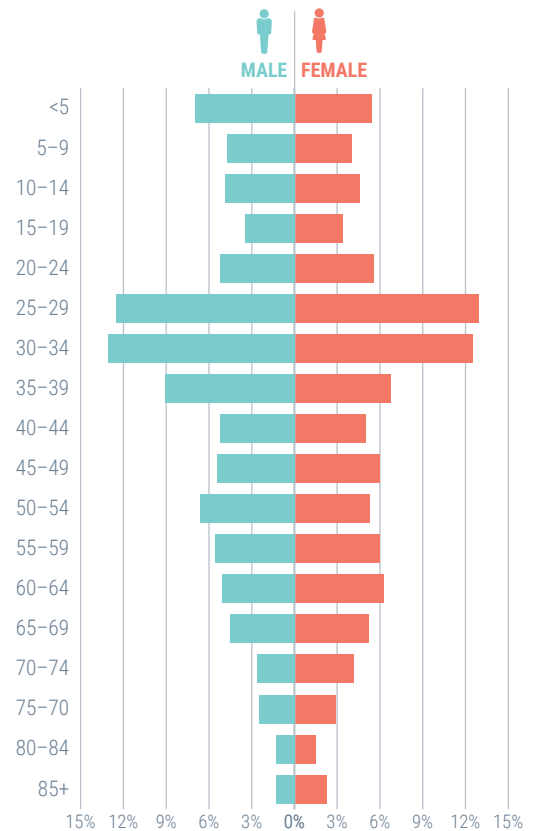
MEDIAN HOUSEHOLD INCOME



RACE/ETHNICITY/LANGUAGE



AGE DISTRIBUTION



LEADING CAUSES OF DEATH

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

EDUCATIONAL ATTAINMENT

High school as highest education level 31.7%

PEOPLE WITH DISABILITIES 15.2%

summary health measures

		South Philadelphia-West		Philadelphia County	
		Pre-2020 Estimate*	2020 Estimate*	Pre-2020 Estimate*	2020 Estimate*
General	All-cause mortality rate (per 100,000)	836.7	1,094.5	879.3	1,121.3
	Life expectancy: Female (in years)	79.7	76.9	80.0	77.5
	Life expectancy: Male (in years)	76.2	71.5	73.0	69.1
	Years of potential life lost before 75	7,165	8,685	146,900	175,443
COVID-19	COVID-related emergency department utilization (per 100,000)	N/A	1,027.7	N/A	701.4
	COVID-related hospitalization rate (per 100,000)	N/A	632.8	N/A	851.0
Chronic Disease & Health Behaviors	Adult obesity prevalence	29.9%		32.3%	
	Diabetes prevalence	12.0%		13.1%	
	Diabetes-related hospitalization rate (per 100,000)	239.1	219.1	259.6	249.7
	Hypertension prevalence	32.8%		34.1%	
	Hypertension-related hospitalization rate (per 100,000)	543.7	467.6	660.5	596.3
	Potentially preventable hospitalization rate (per 100,000)	1,306.6	1,118.0	1,521.5	1,270.8
	Premature cardiovascular disease mortality rate (per 100,000)	55.1	38.7	57.1	60.7
	Major cancer incidence rate (per 100,000)	225.0		242.5	
	Major cancer mortality rate (per 100,000)	87.9		80.3	
	Colorectal cancer screening	65.9%		63.5%	
	Mammography screening	78.9%		78.3%	
	Physical inactivity (leisure time) prevalence	24.6%		27.4%	
Infant & Child Health	Asthma hospitalization rate <18 years (per 100,000 <18)	44.3	12.8	42.0	17.8
	Infant mortality rate (per 1,000 live births)	6.5	--	7.0	5.8
	Percent low birthweight births out of live births	9.2%	7.7%	11.5%	11.0%
	Percent preterm births out of live births	6.7%	7.1%	11.4%	11.1%
Behavioral Health	Adult binge drinking	20.6%		19.9%	
	Adult smoking	20.3%		22.1%	
	Drug overdose mortality rate (per 100,000)	62.1	60.9	60.4	65.9
	Opioid-related hospitalization rate (per 100,000)	150.0	130.1	106.2	99.5
	Substance-related hospitalization rate (per 100,000)	690.2	605.9	738.7	598.5
	Poor mental health for 14+ days in past 30 days	16.9%		18.5%	
	Suicide mortality rate (per 100,000)	11.7	10.5	9.9	10.3
Injuries	Fall-related hospitalization rate (per 100,000)	7,537.4	7,178.5	3,583.0	3,430.3
	Gun-related emergency department utilization (per 100,000)	38.1	61.0	25.1	44.2
	Homicide mortality rate (per 100,000)	11.7	23.4	21.9	31.0
Access to Care	Adults 19-64 years with Medicaid	18.9%		26.0%	
	Children <19 years with public insurance	55.0%		61.0%	
	Population without insurance	7.4%		8.1%	
	Children <19 years without insurance	4.6%		3.8%	
	Emergency department utilization (per 100,000)	48,946.3	37,109.4	53,146.1	40,478.1
	High emergency department utilization (per 100,000)	1,410.1	960.2	1,668.3	1,145.9
Social & Economic Conditions	Population in poverty	17.9%		23.1%	
	Children <18 years in poverty	24.9%		32.2%	
	Adults 19-64 years unemployed	3.9%		4.0%	
	Householders living alone who are 65+ years	23.2%		27.1%	
	Households receiving SNAP benefits	20.2%		23.4%	
	Households that are housing cost-burdened	18.3%		23.2%	
	Housing with potential lead risk	79.9%		78.2%	
	Vacant housing units	12.4%		11.9%	

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

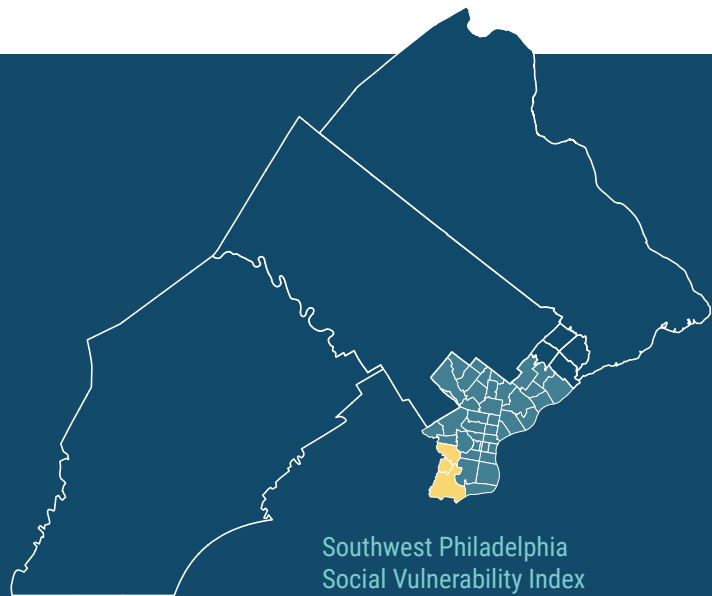
-- Estimates are unavailable or unreliable due to low sample size within a community.

SOUTHWEST PHILADELPHIA

ZIP CODES: 19142, 19143, 19153

This community is served by:

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



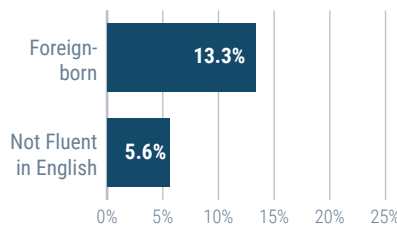
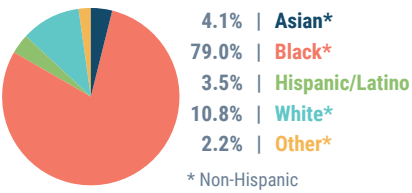
POPULATION



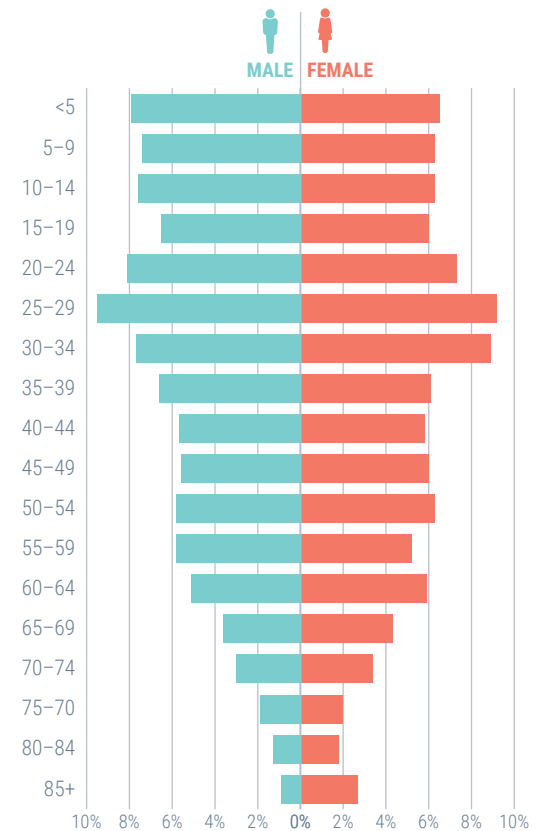
MEDIAN HOUSEHOLD INCOME



RACE/ETHNICITY/LANGUAGE



AGE DISTRIBUTION



LEADING CAUSES OF DEATH

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

EDUCATIONAL ATTAINMENT

High school as highest education level **33.0%**

PEOPLE WITH DISABILITIES **16.5%**

summary health measures

		Southwest Philadelphia		Philadelphia County	
		Pre-2020 Estimate*	2020 Estimate*	Pre-2020 Estimate*	2020 Estimate*
General	All-cause mortality rate (per 100,000)	955.8	1,174.2	879.3	1,121.3
	Life expectancy: Female (in years)	78.2	76.9	80.0	77.5
	Life expectancy: Male (in years)	69.7	65.5	73.0	69.1
	Years of potential life lost before 75	12,421	14,496	146,900	175,443
COVID-19	COVID-related emergency department utilization (per 100,000)	N/A	1,081.4	N/A	701.4
	COVID-related hospitalization rate (per 100,000)	N/A	864.0	N/A	851.0
Chronic Disease & Health Behaviors	Adult obesity prevalence	37.9%		32.3%	
	Diabetes prevalence	16.4%		13.1%	
	Diabetes-related hospitalization rate (per 100,000)	298.9	303.6	259.6	249.7
	Hypertension prevalence	40.7%		34.1%	
	Hypertension-related hospitalization rate (per 100,000)	834.0	631.6	660.5	596.3
	Potentially preventable hospitalization rate (per 100,000)	1,844.2	1,412.2	1,521.5	1,270.8
	Premature cardiovascular disease mortality rate (per 100,000)	74.0	98.4	57.1	60.7
	Major cancer incidence rate (per 100,000)	231.5		242.5	
	Major cancer mortality rate (per 100,000)	74.0		80.3	
	Colorectal cancer screening	62.5%		63.5%	
	Mammography screening	80.7%		78.3%	
	Physical inactivity (leisure time) prevalence	31.0%		27.4%	
Infant & Child Health	Asthma hospitalization rate <18 years (per 100,000 <18)	50.0	19.8	42.0	17.8
	Infant mortality rate (per 1,000 live births)	13.8	--	7.0	5.8
	Percent low birthweight births out of live births	15.2%	14.2%	11.5%	11.0%
	Percent preterm births out of live births	11.4%	10.1%	11.4%	11.1%
Behavioral Health	Adult binge drinking	17.1%		19.9%	
	Adult smoking	24.7%		22.1%	
	Drug overdose mortality rate (per 100,000)	46.9	49.7	60.4	65.9
	Opioid-related hospitalization rate (per 100,000)	114.3	90.9	106.2	99.5
	Substance-related hospitalization rate (per 100,000)	926.8	727.2	738.7	598.5
	Poor mental health for 14+ days in past 30 days	19.9%		18.5%	
	Suicide mortality rate (per 100,000)	8.4	10.3	9.9	10.3
Injuries	Fall-related hospitalization rate (per 100,000)	7,119.3	6,841.5	3,583.0	3,430.3
	Gun-related emergency department utilization (per 100,000)	62.3	115.7	25.1	44.2
	Homicide mortality rate (per 100,000)	45.0	63.7	21.9	31.0
Access to Care	Adults 19-64 years with Medicaid	35.3%		26.0%	
	Children <19 years with public insurance	73.7%		61.0%	
	Population without insurance	8.4%		8.1%	
	Children <19 years without insurance	3.2%		3.8%	
	Emergency department utilization (per 100,000)	62,594.9	42,658.5	53,146.1	40,478.1
	High emergency department utilization (per 100,000)	1,781.0	997.5	1,668.3	1,145.9
Social & Economic Conditions	Population in poverty	29.6%		23.1%	
	Children <18 years in poverty	38.2%		32.2%	
	Adults 19-64 years unemployed	5.1%		4.0%	
	Householders living alone who are 65+ years	25.0%		27.1%	
	Households receiving SNAP benefits	32.1%		23.4%	
	Households that are housing cost-burdened	28.4%		23.2%	
	Housing with potential lead risk	78.3%		78.2%	
	Vacant housing units	14.1%		11.9%	

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

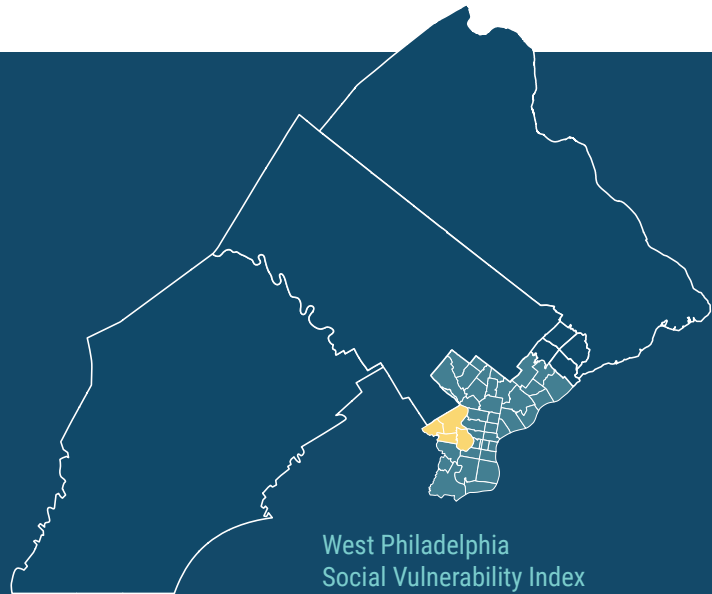
-- Estimates are unavailable or unreliable due to low sample size within a community.

WEST PHILADELPHIA

ZIP CODES: 19104, 19131, 19139, 19151

This community is served by:

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



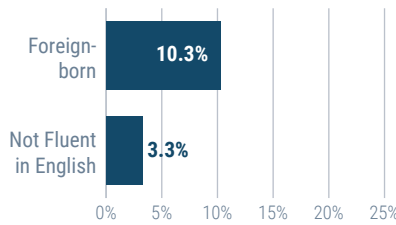
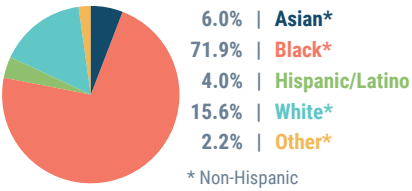
POPULATION



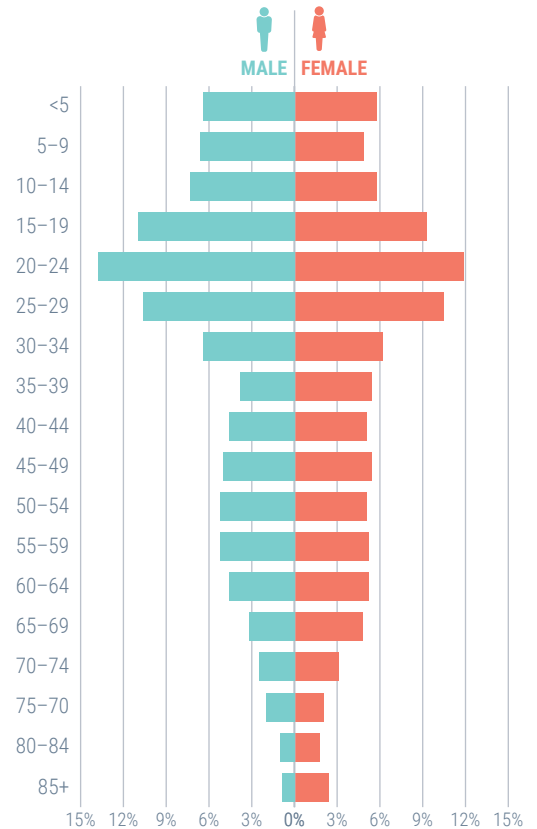
MEDIAN HOUSEHOLD INCOME



RACE/ETHNICITY/LANGUAGE



AGE DISTRIBUTION



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 **24.7%**

PEOPLE WITH DISABILITIES **16.2%**

summary health measures

		West Philadelphia		Philadelphia County	
		Pre-2020 Estimate*	2020 Estimate*	Pre-2020 Estimate*	2020 Estimate*
General	All-cause mortality rate (per 100,000)	862.2	1,112.2	879.3	1,121.3
	Life expectancy: Female (in years)	78.6	75.8	80.0	77.5
	Life expectancy: Male (in years)	71.3	67.1	73.0	69.1
	Years of potential life lost before 75	16,417	20,100	146,900	175,443
COVID-19	COVID-related emergency department utilization (per 100,000)	N/A	1,030.2	N/A	701.4
	COVID-related hospitalization rate (per 100,000)	N/A	761.7	N/A	851.0
Chronic Disease & Health Behaviors	Adult obesity prevalence	34.5%		32.3%	
	Diabetes prevalence	14.5%		13.1%	
	Diabetes-related hospitalization rate (per 100,000)	273.6	252.2	259.6	249.7
	Hypertension prevalence	36.3%		34.1%	
	Hypertension-related hospitalization rate (per 100,000)	730.2	656.1	660.5	596.3
	Potentially preventable hospitalization rate (per 100,000)	1,648.7	1,357.1	1,521.5	1,270.8
	Premature cardiovascular disease mortality rate (per 100,000)	64.0	66.8	57.1	60.7
	Major cancer incidence rate (per 100,000)	215.1		242.5	
	Major cancer mortality rate (per 100,000)	85.4		80.3	
	Colorectal cancer screening	63.2%		63.5%	
	Mammography screening	81.1%		78.3%	
	Physical inactivity (leisure time) prevalence	28.2%		27.4%	
Infant & Child Health	Asthma hospitalization rate <18 years (per 100,000 <18)	46.4	22.6	42.0	17.8
	Infant mortality rate (per 1,000 live births)	7.4	11.1	7.0	5.8
	Percent low birthweight births out of live births	12.7%	15.4%	11.5%	11.0%
	Percent preterm births out of live births	10.5%	11.5%	11.4%	11.1%
Behavioral Health	Adult binge drinking	18.4%		19.9%	
	Adult smoking	22.0%		22.1%	
	Drug overdose mortality rate (per 100,000)	37.6	62.4	60.4	65.9
	Opioid-related hospitalization rate (per 100,000)	85.4	84.3	106.2	99.5
	Substance-related hospitalization rate (per 100,000)	797.1	633.6	738.7	598.5
	Poor mental health for 14+ days in past 30 days	19.9%		18.5%	
	Suicide mortality rate (per 100,000)	6.2	5.1	9.9	10.3
Injuries	Fall-related hospitalization rate (per 100,000)	8,765.1	9,481.9	3,583.0	3,430.3
	Gun-related emergency department utilization (per 100,000)	54.5	92.9	25.1	44.2
	Homicide mortality rate (per 100,000)	27.5	37.1	21.9	31.0
Access to Care	Adults 19-64 years with Medicaid	26.1%		26.0%	
	Children <19 years with public insurance	68.9%		61.0%	
	Population without insurance	7.2%		8.1%	
	Children <19 years without insurance	3.9%		3.8%	
	Emergency department utilization (per 100,000)	58,476.6	42,968.1	53,146.1	40,478.1
	High emergency department utilization (per 100,000)	1,717.3	1,075.3	1,668.3	1,145.9
Social & Economic Conditions	Population in poverty	32.8%		23.1%	
	Children <18 years in poverty	42.1%		32.2%	
	Adults 19-64 years unemployed	3.4%		4.0%	
	Householders living alone who are 65+ years	26.9%		27.1%	
	Households receiving SNAP benefits	27.8%		23.4%	
	Households that are housing cost-burdened	28.7%		23.2%	
	Housing with potential lead risk	81.6%		78.2%	
	Vacant housing units	17.1%		11.9%	