Health of the City
Philadelphia's Community Health Assessment 2021
Many factors, including social and economic conditions, the built environment, accessibility of healthy products, choices people make, and the medical care system influence our health. Health of the City describes the health and well-being of Philadelphia residents. The Philadelphia Department of Public (PDPH) produces this report to help health care providers, city officials, people who make decisions for non-governmental organizations, and our residents make more informed decisions about health. The 2021 Health of the City includes data through the end of 2020, a year marked by the COVID-19 pandemic and its wide-ranging impact on our health and our lives.

INTRODUCTION

Health of the City includes summaries of data from various sources to describe the demographics of the city’s residents as well as health outcomes and key factors that influence health in five broad areas:

1. **Health Outcomes** represent how healthy Philadelphians are, including measures of quality of life, rates of infectious and chronic illnesses and premature death.

2. **Social and Economic Determinants** include structural racism, education, employment, income, and community safety.

3. **Health Behaviors** include behaviors that directly impact health, such as nutrition, exercise, tobacco and drug use.

4. **Clinical Care** encompasses both access to and quality of preventive, primary and acute care.

5. **Physical Environment** includes air quality and access to housing and transportation.
DEMOGRAPHICS

Philadelphia is the sixth largest city in the United States. The estimated population was 1,603,797 in 2020. Philadelphia's young adult population, aged 20 to 34 years, represents the largest age group.

Philadelphia is racially and ethnically diverse – 40% Non-Hispanic Black, 34% Non-Hispanic White, 8% Asian, and 2% of individuals identifying as another race. The Hispanic population represents 16% of the 2020 population. Philadelphia does continue to be segregated along racial lines. One race or ethnic group represents the majority population in 79% of our 384 residential census tracts.

Philadelphia consists of forty-eight zip codes and eighteen city planning districts, representing distinct economic, geographic and social units.
Health Outcomes

Many health indicators worsened during 2020. The COVID-19 pandemic and a surge in homicides drove many of these changes in Philadelphia. In addition to COVID-19 infections and severe outcomes, the pandemic affected the lives of residents in other less direct ways.

Life expectancy tells us who is dying early. This information can be used to help prevent future deaths. After getting slightly better in 2019, life expectancy in Philadelphia declined dramatically in 2020. Life expectancy decreased the most for Non-Hispanic Black males and Hispanic residents regardless of gender. Structural racism, policies and practices that deny opportunities and block access to health services, play a major role in worse life expectancy in some populations.

**SUMMARY HEALTH MEASURES**

<table>
<thead>
<tr>
<th>Health Outcome</th>
<th>Most Recent Estimate</th>
<th>Populations with Poorer Outcomes</th>
<th>Change In Recent Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deaths (all causes)</td>
<td>1042.2 per 100,000&lt;sup&gt;1&lt;/sup&gt;</td>
<td>Non-Hispanic Black, Hispanic</td>
<td>WORSENING</td>
</tr>
<tr>
<td>Years of Potential Life Lost Before Age 75</td>
<td>10,398.6 years per 100,000&lt;sup&gt;1&lt;/sup&gt;</td>
<td>Non-Hispanic Black</td>
<td>WORSENING</td>
</tr>
<tr>
<td>Life Expectancy (Males)</td>
<td>68.6 years&lt;sup&gt;1&lt;/sup&gt;</td>
<td>Non-Hispanic Black</td>
<td>WORSENING</td>
</tr>
<tr>
<td>Life Expectancy (Females)</td>
<td>75.3 years&lt;sup&gt;1&lt;/sup&gt;</td>
<td>Non-Hispanic Black</td>
<td>WORSENING</td>
</tr>
<tr>
<td>Adults Self-Reporting Poor or Fair Health</td>
<td>18%&lt;sup&gt;2&lt;/sup&gt;</td>
<td>Non-Hispanic Black</td>
<td>NO CHANGE</td>
</tr>
</tbody>
</table>

Source:  
1 – 2020 Provisional Vital Statistics, PDPH  
2 – 2020 Pennsylvania Behavioral Risk Factor Surveillance System
OVERALL MORTALITY

In 2020, nearly 18,200 Philadelphia residents died. An estimated 3,900 more deaths occurred in 2020 compared to recent years (average for 2017-2019: 14,275 deaths). Non-Hispanic Black residents aged less than 75 years lost over 14,000 years of life in 2020. This loss is 3,000 more years than in 2019 and over 6,000 years compared to similarly aged Non-Hispanic White residents. Hispanic residents aged less than 75 years lost over 11,000 years of life. The leading causes of death were heart disease, cancer and COVID-19.

Leading Causes of Death in Philadelphia
Source: 2020 Provisional Vital Statistics, PDPH

<table>
<thead>
<tr>
<th>Cause</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Disease</td>
<td>4,052</td>
</tr>
<tr>
<td>Cancer</td>
<td>3,071</td>
</tr>
<tr>
<td>COVID-19</td>
<td>2,473</td>
</tr>
<tr>
<td>Drug overdoses</td>
<td>1,175</td>
</tr>
<tr>
<td>Cerebrovascular diseases</td>
<td>796</td>
</tr>
<tr>
<td>Chronic respiratory diseases</td>
<td>562</td>
</tr>
<tr>
<td>Unintentional injuries</td>
<td>503</td>
</tr>
<tr>
<td>Homicide</td>
<td>494</td>
</tr>
<tr>
<td>Diabetes</td>
<td>482</td>
</tr>
<tr>
<td>Septicemia</td>
<td>379</td>
</tr>
</tbody>
</table>

Summary Health Measures
LIFE EXPECTANCY

After a slight increase in 2019, life expectancy in 2020 declined dramatically. Declines were most severe for Non-Hispanic Black males and Hispanic residents.

Life Expectancy at Birth for Females by Race/Ethnicity, 2011–2020
Source: 2020 Provisional Vital Statistics, PDPH

Life Expectancy at Birth for Males by Race/Ethnicity, 2011–2020
Source: 2020 Provisional Vital Statistics, PDPH
SELF-REPORTED HEALTH STATUS

While life expectancy shows how long people are living, self-reported health status measures quality of life. Overall, 22.4% of Philadelphians rated their health as poor or fair. More African American and Hispanic residents reporting poor or fair health than other groups.

Self-Reported Poor or Fair Health by Race/Ethnicity, 2017–2020
Source: 2017-2020 PA Behavioral Risk Factor Surveillance System

*Non-Hispanic

1.0 2.0 3.0 4.0 5.0 6.0 7.0 8.0 9.0
0% 5% 10% 15% 20% 25% 30%

OVERALL
BLACK*
ASIAN*
HISPANIC
WHITE*

22.4% 27.8% 18.0% 21.4% 9.5%
Infectious diseases are infections that spread - via food, water, air, insects, animal contact, or between people through contact with blood or other bodily fluids. In the last century, advances in sanitation, antibiotics, and vaccinations dramatically reduced illness and deaths related to these diseases. COVID-19 introduced a new, unprecedented infectious disease challenge.

### INFECTIOUS HEALTH CONDITIONS

<table>
<thead>
<tr>
<th>Infectious Health Conditions</th>
<th>Most Recent Estimate</th>
<th>Populations with Poorer Outcomes</th>
<th>Change In Recent Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV Incidence</td>
<td>22.0 per 100,000¹</td>
<td>Non-Hispanic Black Heterosexual (worsening)</td>
<td>IMPROVING</td>
</tr>
<tr>
<td>Gonorrhea Infections</td>
<td>7,218²</td>
<td>Young adult females</td>
<td>NO CHANGE</td>
</tr>
<tr>
<td>Chlamydia Infections</td>
<td>15,633²</td>
<td>Young adults</td>
<td>IMPROVING</td>
</tr>
<tr>
<td>Gonorrhea Rate among teens (age 15-19)</td>
<td>1,515.8 per 100,000²</td>
<td>Teenage girls</td>
<td>NO CHANGE</td>
</tr>
<tr>
<td>Chlamydia Rate among teens (age 15-19)</td>
<td>4880.5 per 100,000²</td>
<td>Teenage girls</td>
<td>IMPROVING</td>
</tr>
<tr>
<td>Syphilis Infections</td>
<td>1,374²</td>
<td>Non-Hispanic Black Female, MSM</td>
<td>WORSENING</td>
</tr>
<tr>
<td>COVID Infections</td>
<td>6,023.5 per 100,000</td>
<td>Older adults, Non-Hispanic Black, Hispanic</td>
<td>NOT APPLICABLE</td>
</tr>
<tr>
<td>COVID hospitalizations</td>
<td>752.4 per 100,000</td>
<td>Older adults, Non-Hispanic Black, Hispanic</td>
<td>NOT APPLICABLE</td>
</tr>
<tr>
<td>COVID deaths</td>
<td>168.1 per 100,000</td>
<td>Older adults, Non-Hispanic Black, Hispanic</td>
<td>NOT APPLICABLE</td>
</tr>
</tbody>
</table>

Sources:  
1 - 2020 HIV Surveillance Data, AIDS Activity Coordinating Office, PDPH  
2 - 2020 STD Surveillance, PDPH Division of Disease Control  
3 - 2020 STD Surveillance, PDPH Division of COVID-19 Containment
COVID-19

Since early 2020, COVID-19 has caused widespread illness, considerable death, and significant disruption of normal life in Philadelphia. The Social and Economic Determinants of Health section describes some of the larger, non-infection related impacts of COVID-19. The City issued restrictions to minimize severe outcomes for those infected with the SARS-CoV-2 virus and to assure the capacity of our health care system. These measures included stay at home orders, masking in public settings, and restrictions on local business operations. In late 2020, vaccines against the COVID-19 virus (SARS-CoV-2) fortunately started to become available. Our website includes details regarding the City’s response to COVID-19 and updated data.
COVID-19

Within Philadelphia, the outcomes from COVID-19 were far more severe in certain populations. Older residents, particularly those living in group settings, had high hospitalization and death rates. Across all ages, Black and Hispanic residents had far worse outcomes from COVID-19 than White residents. These disparities stem from several factors. Black and Hispanic Philadelphians are more likely to be essential workers, to not be able to take time off work or work remotely, and to live in more crowded conditions, which increases their exposure to the virus. They are also more likely to suffer from chronic illnesses, which increase the likelihood of severe disease, and often do not have equal access to quality healthcare.
Residents of certain areas of the city have suffered worse COVID-19 related outcomes. The areas with higher hospitalizations and deaths tend to also be classified as socially vulnerable with the CDC Social Vulnerability Index (SVI). Socially vulnerable areas have more very old or very young residents, higher population density, and higher poverty rates. PDPH has worked to assure that residents in all areas of the city have access to COVID-19 testing and vaccination in 2021.
**HIV/AIDS**

New HIV diagnoses have declined by nearly half over the last decade. In 2020, an estimated 22.8 new cases per 100,000 people occurred. There is a steady trend of declining newly diagnosed HIV infections, which could be linked to efforts to End the HIV epidemic. However, 2020 rates are likely artificially low due to interruption of services during the pandemic. Rates of new HIV infection were over 3 times higher in non-Hispanic Black and Hispanic residents compared to the non-Hispanic White population. MSM are still disproportionately impacted by HIV despite the recent decline.

**New HIV Diagnoses per 100,000 People by Race/Ethnicity, 2020**

Source: 2020 HIV Surveillance Data, AIDS Activity Coordinating Office, PDPH

Note: Rates among Non-Hispanic Asians were too low for reliable reporting.

**New HIV Diagnoses by Transmission Category, 2011 – 2020**

Source: 2011-2020 HIV Surveillance Data, AIDS Activity Coordinating Office, PDPH
**HIV/AIDS**


**CHLAMYDIA AND GONORRHEA**

There were 15,633 chlamydia infections and 7,218 gonorrhea infections reported in 2020. Reported gonorrhea infections rose slightly, whereas chlamydia declined. These declines in chlamydia infections were seen across all ages but were sharpest in teens and younger adults (annual data).

Decreased chlamydia diagnoses in teens are likely due to the pause of high school STI screening efforts. But since gonorrhea infections often have painful symptoms, teens, as well as older adults, continued to seek care for these infections in 2020.
Infectious Health Conditions

**SYPHILIS**

Early syphilis infections increased again in 2020. Despite this resurgence being largely among young adult men who have sex with men, infections among women continued to increase in 2020. Congenital syphilis infection in infants also rose in 2020 and have continued in 2021. Congenital syphilis can be prevented by treatment during pregnancy.

Over half of the leading causes of death in Philadelphia are related to chronic health conditions and injury; this is consistent across all age groups. Heart disease, cancer, cerebrovascular disease, chronic respiratory disease, and diabetes have the highest associated death rates. Chronic conditions often significantly reduce quality of life and increase health care costs. Structural racism resulting in differential exposures to risk factors for chronic conditions contributes to differences in chronic disease rates and particularly to differences in outcomes by race and ethnicity.

### CHRONIC HEALTH CONDITIONS

<table>
<thead>
<tr>
<th>Condition</th>
<th>Most Recent Estimate</th>
<th>Populations with Poorer Outcomes</th>
<th>Change In Recent Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity in Adults</td>
<td>31%¹</td>
<td>Non-Hispanic Blacks, Hispanics</td>
<td>NO CHANGE</td>
</tr>
<tr>
<td>Hypertension in Adults</td>
<td>34%²</td>
<td>Non-Hispanic Blacks</td>
<td>NO CHANGE</td>
</tr>
<tr>
<td>Diabetes in Adults</td>
<td>12%¹</td>
<td>Non-Hispanic Blacks</td>
<td>NO CHANGE</td>
</tr>
<tr>
<td>Premature Cardiovascular Disease Mortality</td>
<td>55.7 per 100,000³</td>
<td>Non-Hispanic Blacks</td>
<td>NO CHANGE</td>
</tr>
<tr>
<td>Cancer Mortality</td>
<td>170.3 per 100,000³</td>
<td>Non-Hispanic Blacks</td>
<td>WORSENING</td>
</tr>
<tr>
<td>Childhood Asthma Hospitalizations</td>
<td>17.7 per 10,000⁴</td>
<td>Non-Hispanic Blacks, Hispanics</td>
<td>IMPROVING</td>
</tr>
<tr>
<td>Obesity in Children</td>
<td>No recent data</td>
<td></td>
<td>NOT APPLICABLE</td>
</tr>
</tbody>
</table>

Source: 1 - 2020 PA Behavioral Risk Factor Surveillance System  
2 - 2019 PA Behavioral Risk Factor Surveillance System  
3 - 2020 Provisional Vital Statistics, PDPH  
4 - 2020 Hospital Discharges, PA Health Care Cost Containment Council
CHRONIC DISEASES AMONG ADULTS

Reported rates of obesity, high blood pressure, and diabetes remained stable in 2020. Those with obesity are at increased risk for developing high blood pressure, type 2 diabetes, asthma, and cardiovascular disease. Approximately 1 in 3 adults had obesity. Of note, obesity has remained flat or declined slightly in Philadelphia since implementation of the Philadelphia Beverage Tax at the beginning of 2017, while it has continued to increase nationally. Similar patterns were observed for hypertension. Diabetes affects about 12% of residents. Obesity, high blood pressure and diabetes were all highest among non-Hispanic Blacks. Because of delayed routine care during 2020, we expect to see higher visits numbers and possibly more severe outcomes for these conditions.
CARDIOVASCULAR DISEASE

Roughly 25% of cardiovascular disease deaths in Philadelphia occur in residents aged less than 65 years old. This trend has remained stable for a number of years.

CANCER

Cancer mortality has declined in recent years but increased slightly in 2020. Cancer incidence data always lag by a few years.
CHILDHOOD ASTHMA

Childhood asthma is a key concern for many children in Philadelphia. The rate of asthma-related hospitalizations dropped to below 20 hospitalizations per 10,000 children in 2020. This decrease was likely driven by the decrease in respiratory virus transmission resulting in fewer exacerbations, school closures, people avoiding seeking care, and other COVID-19 mitigation measures. Despite this overall improvement, non-Hispanic Black and Hispanic children had asthma-related hospitalization rates over 4 times higher than the rate in non-Hispanic White children. In 2020, about 5% of emergency room visits for this age group are asthma related.

Asthma Hospitalization Rate per 10,000 among Children <18 Years of Age, 2011-2020
Source: 2011-2020 Hospital Discharges, PA Health Care Cost Containment Council

Asthma Hospitalization Rate per 10,000 among Children <18 Years of Age by Race/Ethnicity, 2020
Source: 2020 Hospital Discharges, PA Health Care Cost Containment Council
CHILDOOD ASTHMA

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

ASTHMA HOSPITALIZATIONS PER 10,000 CHILDREN

- 27–47
- 19–26
- 12–18
- 9–11
- 1–8
- Data not available

Source: 2020 Hospital Discharges, PA Health Care Cost Containment Council
The term “behavioral health” includes conditions related to mental illness, substance use, and emotional well-being. Behavioral health conditions are often associated with disability and premature death.

# MENTAL AND BEHAVIORAL HEALTH

<table>
<thead>
<tr>
<th>Health Indicator</th>
<th>Most Recent Estimate</th>
<th>Populations with Poorer Outcomes</th>
<th>Change In Recent Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequent Mental Stress among Adults (25+ days per month)</td>
<td>25%&lt;sup&gt;1&lt;/sup&gt;</td>
<td>Hispanic</td>
<td>WORSENING</td>
</tr>
<tr>
<td>Diagnosed Depressive Disorder in Adults</td>
<td>21%&lt;sup&gt;1&lt;/sup&gt;</td>
<td></td>
<td>NO CHANGE</td>
</tr>
<tr>
<td>Suicide Mortality</td>
<td>9.6 per 100,000&lt;sup&gt;2&lt;/sup&gt;</td>
<td>Non-Hispanic White males</td>
<td>NO CHANGE</td>
</tr>
<tr>
<td>Suicide Ideation in Teens (age 14-18)</td>
<td>22.0%&lt;sup&gt;3&lt;/sup&gt;</td>
<td></td>
<td>WORSENING</td>
</tr>
<tr>
<td>Suicide Attempts in Teens (age 14-18)</td>
<td>14.5%&lt;sup&gt;3&lt;/sup&gt;</td>
<td></td>
<td>WORSENING</td>
</tr>
<tr>
<td>Substance Use-Related Mortality</td>
<td>73.5 per 100,000&lt;sup&gt;2&lt;/sup&gt;</td>
<td>Non-Hispanic Black males</td>
<td>WORSENING</td>
</tr>
<tr>
<td>ER Visits for Drug Overdoses</td>
<td>4,660&lt;sup&gt;4&lt;/sup&gt;</td>
<td></td>
<td>IMPROVING</td>
</tr>
<tr>
<td>Prescription Opioid Use in Past Year</td>
<td>28%&lt;sup&gt;1&lt;/sup&gt;</td>
<td></td>
<td>IMPROVING</td>
</tr>
</tbody>
</table>

Source:
1 - 2020 PA Behavioral Risk Factor Surveillance System
2 - 2020 Provisional Vital Statistics, PDPH
3 - 2019 Philadelphia Youth Risk Behavior Survey
4 - 2020 Syndromic Surveillance, PDPH
MENTAL HEALTH AMONG ADULTS

Overall health depends on both physical and mental well-being. Mental stress impacts quality of life and has been linked to several physical health conditions, particularly hypertension. Approximately 25% of adults reported 25 or more days of mental stress per month during 2020. This is up from 19.3% in 2019. Reports of frequent mental stress were highest among Hispanic residents.

In 2020, over 1 in 4 adults reported having a diagnosed depressive disorder. Rates have remained relatively stable in recent years. These estimates include only diagnosed depressive conditions and are likely an underestimate of adults with poor mental health.

Reported Mental Health Status among Adults, 2017-2020 (averaged)
Source: 2017-2020 PA Behavioral Risk Factor Surveillance System

Adult Mental Health, 2011-2020
Source: 2011-2020 PA Behavioral Risk Factor Surveillance System
Mental and Behavioral Health

SUICIDE

Suicide rates have remained fairly stable in Philadelphia with approximately 9.6 per 100,000 people each year. Suicide is most common among non-Hispanic White men.

Suicide Mortality Rate per 100,000 People, 2011-2020

Suicide Mortality Rate per 100,000 People by Race/Ethnicity and Sex, 2018-2020

*Non-Hispanic
TEENS AND SUICIDE

More than 1 in 5 high school students reported seriously considering suicide in 2019 and more than 1 in 7 reported at least one suicide attempt. These are sharp increases from 2017, the causes of which are unclear.

MENTAL HEALTH

More than one in ten ER visits by children in the city are for mental health crisis and the percentage has steadily increased since 2017, with a decrease in 2020 when ER use was down across all visit types. With the ongoing COVID-19 pandemic, we expect childhood visits for mental health crisis to increase over the 2019 percentage.
Mental and Behavioral Health

SUBSTANCE USE

Drug overdoses in Philadelphia are still primarily opioid related including prescription opioids, heroin and/or fentanyl. The demographic of overdoses in Philadelphia has changed over recent years with increasing rates among Non-Hispanic Black and Hispanic residents.*

Philadelphia has one of the highest drug overdose mortality rates compared to other large US cities.

Emergency rooms have seen large increases of non-fatal drug overdoses in recent years. In 2020, emergency room visits for drug overdoses in Philadelphia decreased to 4,660. Overall emergency room visits declined by 35% in 2020. Also increasing availability of Narcan allows for more drug overdoses to be reversed in community settings.
Health outcomes at birth and during childhood are key indicators of a population’s health. Giving children a healthy start greatly increases their likelihood of having good health as adults.

## INFANT AND CHILD HEALTH

<table>
<thead>
<tr>
<th>Measure</th>
<th>Most Recent Estimate</th>
<th>Populations with Poorer Outcomes</th>
<th>Change In Recent Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant Mortality Rate</td>
<td>6.4 per 1,000 live births&lt;sup&gt;1&lt;/sup&gt;</td>
<td>Non-Hispanic Blacks</td>
<td>IMPROVING</td>
</tr>
<tr>
<td>Low Birth Weight</td>
<td>10.6&lt;sup&gt;1&lt;/sup&gt;</td>
<td>Non-Hispanic Blacks</td>
<td>NO CHANGE</td>
</tr>
<tr>
<td>Preterm Birth</td>
<td>10.6&lt;sup&gt;1&lt;/sup&gt;</td>
<td>Non-Hispanic Blacks</td>
<td>NO CHANGE</td>
</tr>
<tr>
<td>Neonatal Abstinence Syndrome</td>
<td>12.3 per 1,000 live births&lt;sup&gt;2&lt;/sup&gt;</td>
<td>Non-Hispanic Blacks</td>
<td>IMPROVING</td>
</tr>
<tr>
<td>Children Breastfed at Birth</td>
<td>77.6&lt;sup&gt;1&lt;/sup&gt;</td>
<td></td>
<td>NO CHANGE</td>
</tr>
<tr>
<td>Incidence of Child Blood Lead Exposure</td>
<td>4.2&lt;sup&gt;3&lt;/sup&gt;</td>
<td>Lowest income neighborhoods</td>
<td>NO CHANGE</td>
</tr>
</tbody>
</table>

Source:  
1 - 2020 Provisional Vital Statistics, PDPH  
2 - 2020 Hospital Discharges, PA Health Care Cost Containment Council  
3 - 2019 Childhood Lead Surveillance Report, PDPH
INFANT MORTALITY

Infant mortality includes deaths of those under one year old. About 25% of these deaths in the US are related to improper sleep positioning and thus preventable. After remaining stable for several years, infant mortality in Philadelphia declined slightly in 2020. Just over 110 infants died before their first birthday in 2020. Non-Hispanic Black babies are nearly four times as likely as non-Hispanic White babies to die as infants.

LOW BIRTH WEIGHT

In 2020, nearly 11% of babies born were low birth weight, defined as less than 2,500 grams. Non-Hispanic Black babies are twice as likely to be low birth weight as non-Hispanic White babies.
**PRETERM BIRTH**

Rates of premature birth (before 37 weeks of pregnancy) have been rising in recent years in Philadelphia. Preterm births were highest among African Americans in 2020 and recent years.

**NEONATAL ABSTINENCE SYNDROME**

Neonatal abstinence syndrome (NAS) is a condition that occurs when newborns are withdrawing from exposure to drugs in the womb. Rates of NAS rose substantially along with the opioid crisis. In 2020, the rate of NAS was 12.3 per 1,000 live births.
**CHILD LEAD EXPOSURE**

Of children aged under 6 years who had blood lead levels (BLL) tested, 4.2% had over 5 μg/dl of lead detected. This was the current CDC-designated threshold for high BLL at the time these measurements were taken. Rates of childhood lead exposure were highest among the neighborhoods with high poverty rates and older housing stocks.

For more data on childhood health, please visit [https://www.phila.gov/documents/growing-up-philly](https://www.phila.gov/documents/growing-up-philly).

**Newly Elevated Blood Lead Levels in Children, <6 Years of Age, 2010–2019**


**Percent of Children with Elevated BLL and Percent of Population in Poverty**

Injuries contribute to reduced quality of life as well as mortality. Injuries are broadly categorized as either unintentional (e.g. traffic crashes, poisonings, drug overdoses) or intentional (e.g. homicides, suicides, assaults, etc.). Unintentional injuries are one of the top 10 causes of death.

**INJURIES**

<table>
<thead>
<tr>
<th></th>
<th>Most Recent Estimate</th>
<th>Populations with Poorer Outcomes</th>
<th>Change In Recent Years</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Homicide Mortality</strong></td>
<td>29.8 per 100,000(^1)</td>
<td>Young non-Hispanic Black males</td>
<td>WORSENING</td>
</tr>
<tr>
<td><strong>Pedestrian and Bicycle Injuries</strong></td>
<td>75.1 per 100,000(^2)</td>
<td>Center City, Temple University, and Kensington areas</td>
<td>IMPROVING BUT FATAL PEDESTRIAN CRASHES INCREASED</td>
</tr>
</tbody>
</table>

Source: 1 - 2020 Provisional Vital Statistics, PDPH  
2 - 2020 PA Department of Transportation

**HOMICIDES**

The homicide mortality rate in Philadelphia increased dramatically during 2020. Homicides were over 20 times higher in African Americans than non-Hispanic Whites and 4 times higher than the rate among Hispanics.

**Homicide Mortality Rate per 100,000 by Race/Ethnicity, 2011–2020**

Note: Asian not shown due to low counts.
HOMICIDES

Nearly all homicides in 2020 involved a firearm. In addition to the nearly 500 fatal shootings in Philadelphia in 2020, there were over 1800 non-fatal shootings. Shootings are clustered in areas with more socioeconomic disadvantage, including poverty, lower rates of educational attainment, youth disconnectedness, and blight.

This high rate of homicides is similar to what was seen in a number of other large US cities.

**Homicide Rates in Large U.S. Cities, 2020**

Source: 2021 Pew State of the City Report
PEDESTRIAN AND BICYCLE INJURIES

Pedestrian and bicycle crash injuries declined gradually from 2011 to 2020. These crashes declined in 2020, which could be due to data collection issues or less traffic due to stay-at-home orders. Crashes that cause deaths in pedestrians are rare but did increase in 2020 compared to 2019. Pedestrian deaths had dipped to 29 in 2019 but rose to 49 in 2020. Crash rates were highest in Center City, near Temple University, and Kensington areas (yellow areas on map).

Pedestrian and Bicycle Crashes per 100,000 People, 2011–2020
Source: 2020 PA Department of Transportation

Heat Map of Pedestrian or Bicycle Involved Traffic Accidents, 2020
Source: 2020 PA Department of Transportation
Many potentially modifiable factors influence health, including social and economic conditions, behaviors, clinical care access and utilization, and the physical environment. We recognize that current and historical racism has an impact on all of these factors and that our efforts to change outcomes must address these root causes. Health departments monitor and address these factors to reducing preventable illness and improve health outcomes. In their County Health Rankings, the Robert Wood Johnson Foundation assigns weights to these health factor types based on expert opinion. Social and economic determinants of health (40%) and modifiable health behaviors (30%) have the highest weights. A consensus of experts based on extensive research has found that these factors have the most powerful influence on population health. The policies and programs that ultimately drive health outcomes include both those specifically designed to improve health and those built on structural racism that influence access to education, jobs, housing, wealth, and other factors that go into determining the relative health impacts of neighborhoods.

Determinants of Health

Like the health outcomes discussed above, in recent years some risk factors have improved while others persist or have worsened.
The impact of the COVID-19 pandemic reaches further than the infections and deaths that the virus has caused. In Philadelphia and other large US cities, the indirect impacts of the pandemic alongside large increases in homicides have highlighted long-standing structural imbedded inequities that cause worse health, social, and economic outcomes particularly for Black and Brown populations. With new recognition of the importance of social and economic determinants of health, measuring and finding ways to improve these determinants becomes critical. Collection of key data sources used to measure structural influences were disrupted in 2020. In this section, we present trends for social and economic determinants from available data.

## SOCIAL AND ECONOMIC DETERMINANTS

<table>
<thead>
<tr>
<th></th>
<th>Most Recent Estimate</th>
<th>Populations with Poorer Outcomes</th>
<th>Change in Recent Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poverty</td>
<td>23.3%&lt;sup&gt;1&lt;/sup&gt;</td>
<td>Hispanics, Non-Hispanic Blacks, North and West regions</td>
<td>IMPROVING</td>
</tr>
<tr>
<td>Children in Poverty</td>
<td>32.1%&lt;sup&gt;1&lt;/sup&gt;</td>
<td>Hispanics, Non-Hispanic Blacks</td>
<td>IMPROVING</td>
</tr>
<tr>
<td>Children in Single-Parent Households</td>
<td>53.9%&lt;sup&gt;1&lt;/sup&gt;</td>
<td>Hispanics, Non-Hispanic Blacks</td>
<td>IMPROVING</td>
</tr>
<tr>
<td>Unemployment</td>
<td>12.4%&lt;sup&gt;2&lt;/sup&gt;</td>
<td>Service sector, Hispanics, Non-Hispanic Blacks</td>
<td>WORSENING</td>
</tr>
<tr>
<td>Workforce participation rate</td>
<td>55.8%&lt;sup&gt;2&lt;/sup&gt;</td>
<td></td>
<td>IMPROVING</td>
</tr>
<tr>
<td>On-Time High School Graduation</td>
<td>74.2%&lt;sup&gt;2&lt;/sup&gt;</td>
<td>Hispanics, Non-Hispanic Blacks</td>
<td>IMPROVING</td>
</tr>
<tr>
<td>Adults Completing Some College</td>
<td>53.4%&lt;sup&gt;1&lt;/sup&gt;</td>
<td>Hispanics, Non-Hispanic Blacks</td>
<td>IMPROVING</td>
</tr>
<tr>
<td>Excessive Housing Cost (&gt;30% Income)</td>
<td>51.9%&lt;sup&gt;1&lt;/sup&gt;</td>
<td>High poverty neighborhoods</td>
<td>WORSENING</td>
</tr>
<tr>
<td>Homelessness</td>
<td>5,634&lt;sup&gt;4&lt;/sup&gt;</td>
<td></td>
<td>NO CHANGE</td>
</tr>
<tr>
<td>Violent Crime Rate</td>
<td>943.6 per 100,000&lt;sup&gt;5&lt;/sup&gt;</td>
<td>High poverty neighborhoods</td>
<td>NO CHANGE</td>
</tr>
<tr>
<td>COVID-19 Community Vulnerability Score</td>
<td>93.1%&lt;sup&gt;6&lt;/sup&gt;</td>
<td>Impoverished areas, Racial and ethnic minorities</td>
<td>WORSENING</td>
</tr>
</tbody>
</table>

Source:  
1 - 2019 American Community Survey 1-Year Estimates, U.S. Census Bureau  
2 - 2020 Bureau of Labor Statistics  
3 - 2020 PA Department of Education  
4 - 2020 Point in Time Count, Office of Homeless Services  
5 - 2020 Philadelphia Police Department Crime Stats Report  
6 - Supra Venture, 2020
In 2019, more than 1 in 5 Philadelphians lived in a household with an income below 100 percent of the federal poverty level. Poverty rates declined in recent years among all racial/ethnic groups except non-Hispanic Whites. Increased rates of poverty among non-Hispanic Whites are likely related to the ongoing opioid epidemic. Still, Hispanics and non-Hispanic Blacks are about twice as likely to live in poverty as non-Hispanic Whites. Poverty is greatest in North and West Philadelphia. ACS data was not available for 2020.
EMPLOYMENT AND UNEMPLOYMENT

Philadelphia like many of the other largest US cities has seen a massive increase in unemployment in 2020. This increase in 2020 actually brings unemployment in these other cities closer in line with Philadelphia compared to prior years.

Unemployment claims increased dramatically after the COVID-19 pandemic started and stayed high for most of the year. These claims remained high among Non-Hispanic Black residents after declining for other groups.
EMPLOYMENT AND UNEMPLOYMENT

This trend can be seen geographically as well. Residential areas with higher proportions of Black residents had higher unemployment claims.

Labor Force Participation, March 15 to December 5, 2020
Sources: PhilaWorks
2019 ACS - % African American Residents by Census Tract
EDUCATION

On-time graduation rates have increased since 2011.

The number of adults completing some college increased over the last decade but has remained stable in recent years. More than half of Philadelphians age 25 and older completed at least some college training. ACS data was not available for 2020.
**EXCESSIVE HOUSING COST**

In 2019, about 52 percent of Philadelphia households paid 30 percent or more of their income for rental housing. Rates of housing cost-burden have declined in recent years but remain very high. The highest rates of housing cost burden occur in high poverty neighborhoods in the North, Upper North and Lower Northeast regions of Philadelphia.

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Housing Cost Burden for Renters, 2011–2019


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Percent of Households with Rent ≥ 30% of Income by Zip Code

Source: 2018 5-Year Estimates American Community Survey, U.S. Census Bureau

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PERCENT OF HOUSEHOLDS WITH RENT ≥ 30% OF INCOME

- 29.0–42.7%
- >42.7–50.7%
- >50.76–55.3%
- >55.3–61.8%
- >61.8–70.5%
- Non-residential
HOMELESSNESS

Homelessness is one indicator of housing insecurity among a population. The number of individuals living homeless without shelter in Philadelphia increased significantly between 2017 and 2018 and has plateaued since. Individuals with substance use disorder, who are also living homeless, often face barriers accessing temporary housing and shelters due to their dependency.

VIOLENT CRIME

Homicides rates have increased dramatically during 2020, whereas other violent crimes have remained stable.
COVID-19 COMMUNITY VULNERABILITY SCORE

Scales exist that measure the vulnerability of communities to health risks including COVID-19. These scales are often based on measures taken from the US Census American Community Surveys. Among the largest US cities, Philadelphia is ranked as one of the most vulnerable to COVID-19 on the COVID-19 Community Vulnerability Index. This ranking is heavily influenced by the prevalence of underlying chronic health conditions that increase an individual’s risk for poor outcomes with COVID-19 infections.

COVID-19 Vulnerability Scores for Largest US Cities, 2020
Source: Supra Venture
The CDC recommends a few key health behaviors to prevent chronic health conditions. These behaviors are not smoking, regularly exercising, limiting alcohol consumption, maintaining a BMI below 25, and sleeping enough. These behaviors and the decisions behind them take place in neighborhoods shaped by structural racism and that themselves shape decision making through differences in access and marketing of healthy vs. unhealthy products, access to safe green spaces, etc.

## HEALTH BEHAVIORS

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Most Recent Estimate</th>
<th>Populations with Poorer Outcomes</th>
<th>Change In Recent Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cigarette Smoking Among Adults (&gt;18)</td>
<td>16%</td>
<td>Non-Hispanic Black, Hispanics</td>
<td>IMPROVING</td>
</tr>
<tr>
<td>Cigarette Smoking Among Teens (15-18)</td>
<td>2.1%</td>
<td>Non-Hispanic Whites</td>
<td>IMPROVING</td>
</tr>
<tr>
<td>E-Vapor Use Among Teens (9th-12th Grade)</td>
<td>7.1%</td>
<td>Non-Hispanic Whites, Hispanics</td>
<td>WORSENING</td>
</tr>
<tr>
<td>Total Tobacco Product Use Among Teens (9th-12th Grade)</td>
<td>10.3%</td>
<td>Non-Hispanic Whites</td>
<td>NO CHANGE</td>
</tr>
<tr>
<td>Binge Drinking Among Adults (&gt;18)</td>
<td>19%</td>
<td>Non-Hispanic Whites</td>
<td>NO CHANGE</td>
</tr>
<tr>
<td>Binge Drinking Among Teens (9th-12th Grade)</td>
<td>5.2%</td>
<td>Non-Hispanic Whites</td>
<td>IMPROVING</td>
</tr>
<tr>
<td>Adults with low sleep hours (&lt;6 hours/day)</td>
<td>37%</td>
<td>Hispanic</td>
<td>IMPROVING</td>
</tr>
<tr>
<td>Adults who participated in no physical activity per week</td>
<td>34%</td>
<td></td>
<td>NO CHANGE</td>
</tr>
<tr>
<td>Adults (&gt;18) Consuming ≥1 Sweetened Beverage Daily</td>
<td>29.4%</td>
<td>Non-Hispanic Blacks, Hispanics</td>
<td>IMPROVING</td>
</tr>
<tr>
<td>Teens (9th-12th Grade) Consuming ≥1 Sweetened Beverage Daily</td>
<td>13.5%</td>
<td>Non-Hispanic Blacks, Hispanics</td>
<td>IMPROVING</td>
</tr>
</tbody>
</table>

Source:  
1. 2020 PA Behavioral Risk Factor Surveillance System  
2. 2019 Philadelphia Youth Risk Behavior Survey  
3. 2018 PHMC Household Health Survey
ADULT TOBACCO USE

In 2020, 16% of adults reported current cigarette smoking, which is lower than prior years. While cigarette smoking among adults is slowly declining, Philadelphia continues to have the highest smoking rate among large U.S. cities. Non-Hispanic Black and Hispanic residents were more likely to report current smoking.

Adult Smoking Prevalence, 2011–2020
Source: 2011–2020 PA Behavioral Risk Factor Surveillance System

Adult Smoking Prevalence by Race/Ethnicity, 2011–2020
Source: 2017–2020 PA Behavioral Risk Factor Surveillance System
TEEN TOBACCO USE

Among teens, tobacco use overall continues to decline. In 2019, 2.1% of teens reported cigarette smoking and 7.1% reported e-vapor use. Current e-vapor product use was higher among non-Hispanic White and Hispanic teens compared to non-Hispanic Black teens. These e-vapor products are driving increases in teen tobacco use after decades of improvement.

ALCOHOL

Binge or heavy drinking is defined as having four or more drinks on one occasion for women or five or more drinks on one occasion for men. The level of adult binge drinking increased slightly to 19% during 2020. The trend for teen binge drinking has declined for years. The teen measure was last collected in 2019.
SWEETENED BEVERAGES

Drinking sugary drinks increases risk of obesity and diabetes. Daily consumption of sugar sweetened beverages declined among teens and adults in recent years. In 2019, 13.5% of teens consumed at least one sugar sweetened beverage daily, representing a decline of approximately one half over 10 years. Rates were highest among non-Hispanic Blacks and Hispanics.
NEIGHBORHOOD FOOD ACCESS

Often, neighborhoods with high poverty also have lower access to healthy food outlets and substantially larger numbers of unhealthy food outlets. However, since 2014 the number of supermarkets in the city has increased and approximately 50,000 more people have walkable access to healthy food.
Access to high-quality clinical and preventive care is critical to the health of our residents. Access to care largely depends on health insurance coverage, affordability, and adequate availability of healthcare providers and facilities.

## ACCESS TO CLINICAL & PREVENTIVE CARE

<table>
<thead>
<tr>
<th>Most Recent Estimate</th>
<th>Populations with Poorer Outcomes</th>
<th>Change In Recent Years</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Uninsured Adults Aged 18-64 years</strong></td>
<td>13%&lt;sup&gt;1&lt;/sup&gt;</td>
<td>Hispanics, Immigrants</td>
</tr>
<tr>
<td><strong>Uninsured Children</strong></td>
<td>4.4%&lt;sup&gt;2&lt;/sup&gt;</td>
<td>Hispanics, Immigrants, Non-Hispanic Asians</td>
</tr>
<tr>
<td><strong>Adults without a Primary Care Provider</strong></td>
<td>17%&lt;sup&gt;1&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td><strong>Adults Forgoing Care Due to Costs</strong></td>
<td>10%&lt;sup&gt;1&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td><strong>Children (19-35 months old) with Up-to-Date Immunizations</strong></td>
<td>72%&lt;sup&gt;3&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td><strong>Adults (&gt;50) with Colon Cancer Screening</strong></td>
<td>72%&lt;sup&gt;1&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td><strong>Women with Mammography in Past 2 Years</strong></td>
<td>87%&lt;sup&gt;1&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td><strong>Primary Care Physicians per Capita</strong></td>
<td>1:1,243&lt;sup&gt;4&lt;/sup&gt;</td>
<td>Clusters of neighborhoods in Greater Northeast, West, Northwest, and Southwest regions</td>
</tr>
<tr>
<td><strong>Ambulatory Care Sensitive Hospitalizations</strong></td>
<td>1196.5 per 100,000&lt;sup&gt;2&lt;/sup&gt;</td>
<td>Non-Hispanic Blacks</td>
</tr>
</tbody>
</table>

Source:  
1 - 2020 PA Behavioral Risk Factor Surveillance System  
2 - 2019 American Community Survey 1-Year Estimates, U.S. Census Bureau  
3 - 2020 PhilaVax Immunization Registry, PDPH  
4 - 2020 IQVIA  
5 - 2020 Hospital Discharges, PA Health Care Cost Containment Council
INSURANCE COVERAGE AND COST OF CARE

Over recent years, there has been little change in health insurance coverage levels. In 2020, 13% of adults were not covered, and 4.4% of children had no coverage in 2019. Rates of uninsured adults declined significantly as Medicaid enrollment increased due to ACA Medicaid expansion. Adults avoiding care due to cost also declined in recent years. The 2020 decline in coverage could be driven by loss of employer-related coverage due to the pandemic. The number of adults without a primary care provider also declined slightly in 2020.

Hispanic adults are more likely to be uninsured compared to other racial/ethnic groups.
Access to Clinical & Preventive Care

**PRIMARY CARE PHYSICIAN SUPPLY**

Overall, there is good availability of primary care providers in Philadelphia. Several areas in the Northeast, Southwest and South Philadelphia have lower access to primary care. Some of these areas meet the federal criteria as primary care shortage areas. Approximately 1 in 6 adults reported not having a primary care physician.

**PREVENTIVE CARE**

Immunizations are a critical public health prevention tool. The number of young children in Philadelphia up-to-date on recommended vaccinations tends to be high in Philadelphia. This vaccine coverage decreased at the beginning of the pandemic as people avoided care. Coverage improved over 2020 but is still low compared to prior years. The presented coverage rate is for the combined 7-vaccine series, which includes ≥4 doses of DTaP, ≥3 doses of poliovirus vaccine, ≥1 dose of measles-containing vaccine, the full series of Hib (≥3 or ≥4 doses, depending on product type), ≥3 doses of HepB, ≥1 dose of VAR, and ≥4 doses of PCV.
**AMBULATORY CARE SENSITIVE CONDITIONS**

Rates of hospitalizations for “ambulatory care-sensitive conditions” are used as an indicator of access to and quality of primary care. Ambulatory care-sensitive conditions are those that should be able to be managed adequately in primary care settings. They include asthma, diabetes, and hypertension. In Philadelphia, these hospitalizations have declined steadily over the last decade. The sharp decrease in rate during 2020 could be attributed to a decrease in those seeking care due to the COVID-19 Pandemic. Rates are higher among non-Hispanic Blacks than non-Hispanic Whites.
Access to safe environments and clean air and water are essential for good health. Unsafe air conditions increase and aggravate heart and respiratory conditions. Unsanitary water can spread infectious illnesses and harmful chemical compounds. Unsafe home conditions can have similar impacts and increase unintentional injury risks. Unsafe neighborhoods bring risks of intentional injury and can cause people to limit social interactions and physical exercise.

### PHYSICAL ENVIRONMENT

<table>
<thead>
<tr>
<th>PHYSICAL ENVIRONMENT</th>
<th>Most Recent Estimate</th>
<th>Populations with Poorer Outcomes</th>
<th>Change In Recent Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days with Unhealthy Air Quality</td>
<td>5^1</td>
<td>Center City, Southwest</td>
<td>IMPROVING</td>
</tr>
<tr>
<td>Walkability</td>
<td>79 out of 100^2</td>
<td>Far Northeast, Northwest, South regions</td>
<td>NO CHANGE</td>
</tr>
<tr>
<td>Heat-related Emergency Department Visits</td>
<td>74^3</td>
<td>Working age adults</td>
<td>IMPROVING</td>
</tr>
<tr>
<td>Housing with Potential Lead Risk</td>
<td>42.2%^4</td>
<td></td>
<td>NO CHANGE</td>
</tr>
<tr>
<td>Housing Code Violations</td>
<td>109.1 per 1,000 Occupied Units^5</td>
<td>North Philadelphia region</td>
<td>NO CHANGE</td>
</tr>
</tbody>
</table>

Source:
1. 2020 AMP 410 S Reports, Air Management Service, PDPH
2. 2019 Walk Score® via City Health Dashboard
3. PDPH Syndromic Surveillance
4. 2018 American Community Survey 5-year Estimates via City Health Dashboard
5. 2020 Philadelphia Licenses & Inspections
AIR QUALITY

Air quality is summarized by the Air Quality Index (AQI). The AQI combines measures of ground-level ozone, particle pollution, carbon monoxide, and sulfur dioxide. These pollutants are all regulated by the Clean Air Act. An AQI below 50 is considered “good”. AQIs between 50 and 100 are “moderate”. Those above 100 are “unhealthy”. Over recent years, unhealthy air quality days have declined, and good days have increased in Philadelphia. In 2020, Philadelphians experienced more days with good air quality than in previous years.

HEAT-RELATED MORBIDITY

The number of heat related emergency room visits and hospitalizations in 2020 were lower than recent years. This trend is likely due to avoidance of care seeking during the pandemic. As Philadelphia experiences more hot days and seasonally earlier hot days, additional precautions to avoid heat exhaustion and other heat related morbidities will be needed.
Physical Environment

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

HOUSING WITH POTENTIAL LEAD RISK
Most Philadelphia homes were built before 1950, and many of those in low income areas have been poorly maintained. Based on age of housing, 42.2 percent of houses in Philadelphia have a potential risk of lead exposure, which is particularly harmful for young children.
HOUSING CODE VIOLATIONS

Housing code violations occur when people living in rental properties make complaints to the Department of Licenses and Inspections, which then conducts inspections. The number of housing code violations is a proxy for measuring housing quality in the city, but it is influenced by the staffing levels of the Department of Licenses and Inspections. In 2020, 109.1 violations per 1,000 occupied housing units were issued. While 109.1 violations per 1,000 occupied units is a decrease from 2019, the number of violations issued between March 2020 and May 2020 was approximately 33% of the same time period in 2019. Rates are highest in the lowest-income neighborhoods, particularly in North Philadelphia.
Methodologic Notes

» The information presented in this report is current as of November 2021. Since 2020 data are still provisional, this information could change.

» If the count of an outcome is less than 6, the actual value for the count is masked. Rates are not calculated when counts are below 6.

» Rates included in the report are crude rates unless otherwise stated in the text and figures.

» The 2020 US American Community Survey data and much of the 2020 US Census data were not available at time of report creation.

» Population-based denominators are based on 2020 Agency for Healthcare Quality and Research (AHRQ) population estimates because they were provided to the AHRQ by the US Census Bureau and are stratified by age, sex and race/ethnicity. https://qualityindicators.ahrq.gov/Downloads/Software/SAS/V2021/AHRQ_QI_v2021_ICD10_Population_File.pdf

» Statements regarding use of specific data sources included in this report:

- Vital statistics data were supplied by the Bureau of Health Statistics & Registries, Pennsylvania Department of Health, Harrisburg, Pennsylvania. The Pennsylvania Department of Health specifically disclaims responsibility for any analyses, interpretations or conclusions.

- The Pennsylvania Health Care Cost Containment Council (PHC4) is an independent state agency responsible for addressing the problems of escalating health costs, ensuring the quality of health care, and increasing access to health care for all citizens regardless of ability to pay. PHC4 has provided data to this entity in an effort to further PHC4’s mission of educating the public and containing health care costs in Pennsylvania. PHC4, its agents and staff have made no representation, guarantee, or warranty, express or implied, that the data—financial, patient, payor and physician specific information—provided to this entity, are error free, or that the use of data will avoid difference of opinion or interpretation. This analysis was not prepared by PHC4. This analysis was done by PDPH. PHC4, its agents and staff bear no responsibility or liability for the results of this analysis, which are solely the opinion of this entity.

- These data were provided by the Pennsylvania Department of Health. The Department specifically disclaims responsibility for any analyses, interpretations, or conclusions.
ACKNOWLEDGMENTS

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DATA SOURCES:
Bureau of Labor Statistics
Centers for Disease Control and Prevention
County Health Rankings & Roadmaps
IQVIA
PA Behavioral Risk Factor Surveillance System
PDPH AIDS Activities Coordinating Office
PDPH Air Management Services
PDPH Ambulatory Health Services
PDPH Division of Chronic Disease and Injury Prevention
PDPH Division of COVID-19 Containment
PDPH Division of Disease Control
PDPH Division of Substance Use Prevention and Harm Reduction
PDPH Environmental Health Services
PDPH Medical Examiner’s Office
Pennsylvania Department of Education
Pennsylvania Department of Health Cancer Registries
Pennsylvania Department of Health Vital Statistics
Pennsylvania Department of Transportation
Pennsylvania Health Care Cost Containment Council
Pennsylvania National Electronic Disease Surveillance System (PA-NEDSS)
Pew Trust
Philadelphia Police Department
Philadelphia Youth Behavioral Risk Behavior Survey
School District of Philadelphia