



2021

HEALTH

of the City

Philadelphia's Community Health Assessment

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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

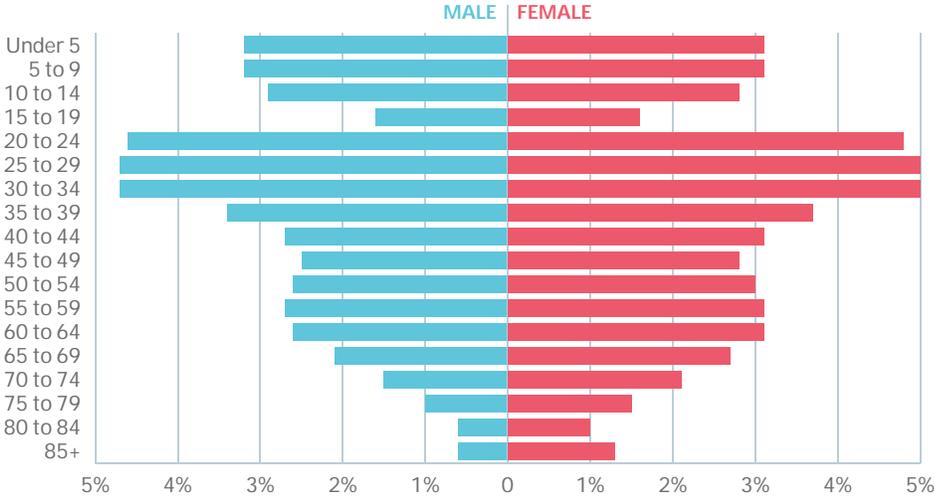
Philadelphia is the sixth largest city in the United States. The estimated population was 1,603,797 in 2020. Philadelphia’s young adult population, aged 20 to 34 years, represents the largest age group.

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.

Population Demographics

2020 Population File, Agency for Healthcare Research and Quality (AHRQ)



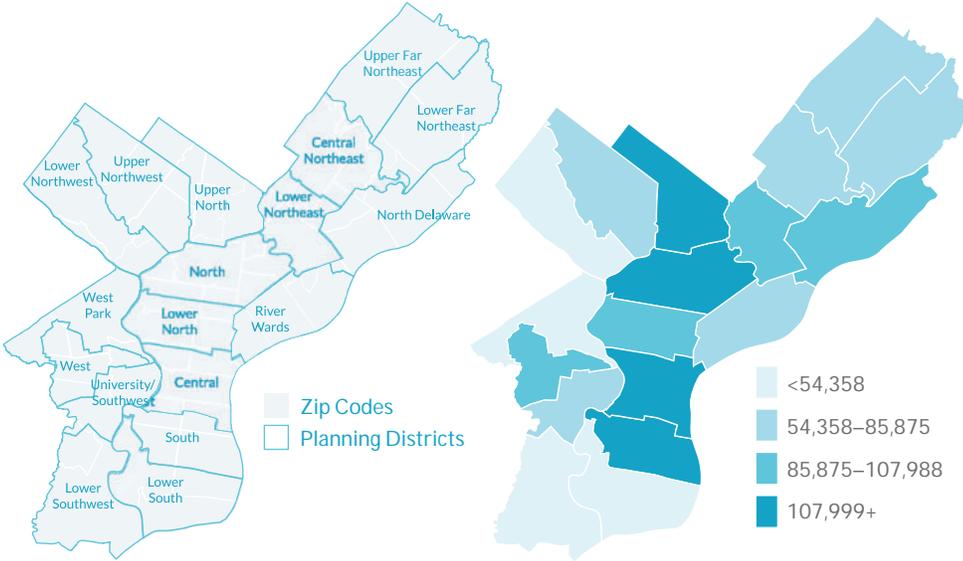
Racial Composition

2020 Population File, Agency for Healthcare Research and Quality (AHRQ)



Population Distribution

2019 American Community Survey Estimates, U.S. Census Bureau



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

Health Outcome	Most Recent Estimate	Populations with Poorer Outcomes	Change In Recent Years
Deaths (all causes)	1042.2 per 100,000 ¹	Non-Hispanic Black, Hispanic	WORSENING
Years of Potential Life Lost Before Age 75	10,398.6 years per 100,000 ¹	Non-Hispanic Black	WORSENING
Life Expectancy (Males)	68.6 years ¹	Non-Hispanic Black	WORSENING
Life Expectancy (Females)	75.3 years ¹	Non-Hispanic Black	WORSENING
Adults Self-Reporting Poor or Fair Health	18% ²	Non-Hispanic Black	NO CHANGE

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

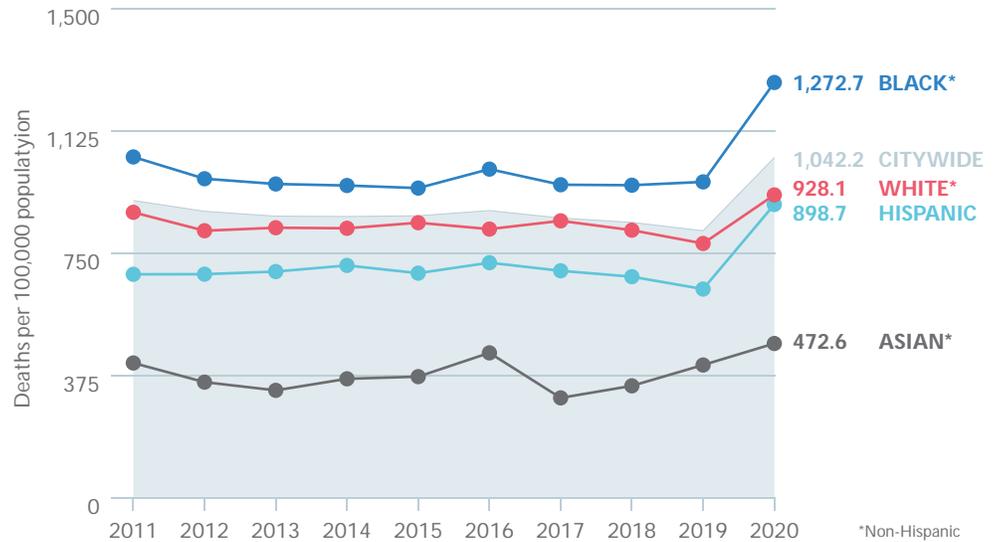
Summary Health Measures

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.

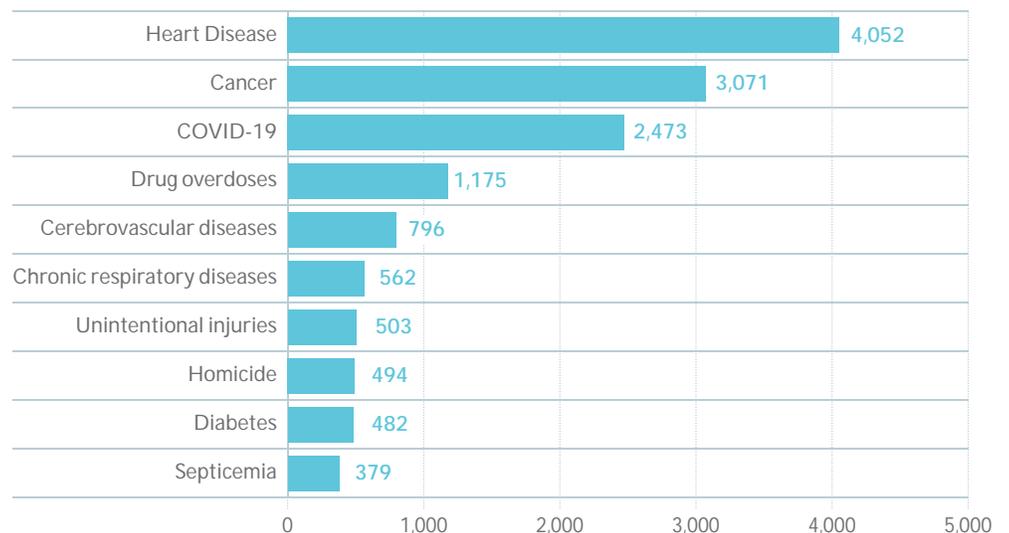
Age-Adjusted Mortality by Race/Ethnicity

Source: 2011-2020 Vital Statistics (2020 Provisional), PDPH



Leading Causes of Death in Philadelphia

Source: 2020 Provisional Vital Statistics, PDPH



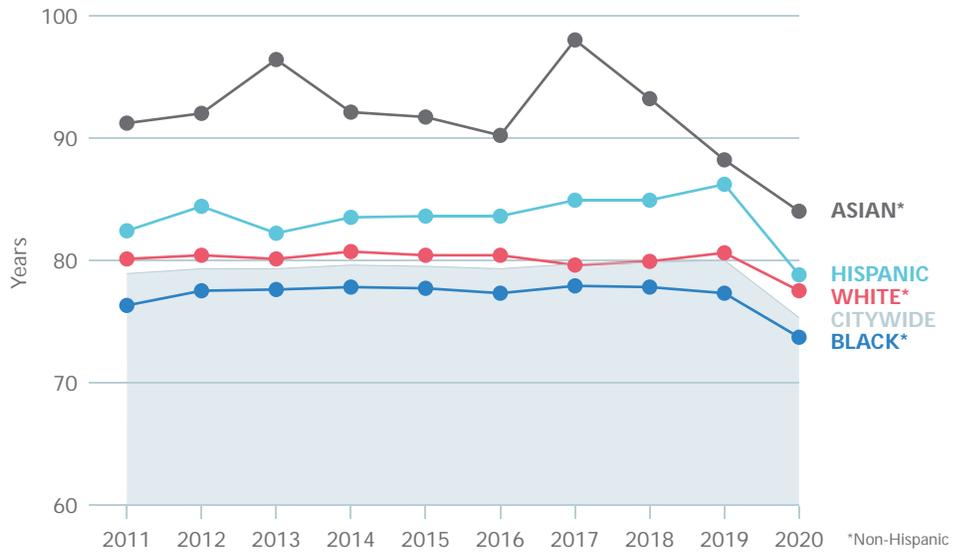
Summary Health Measures

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.

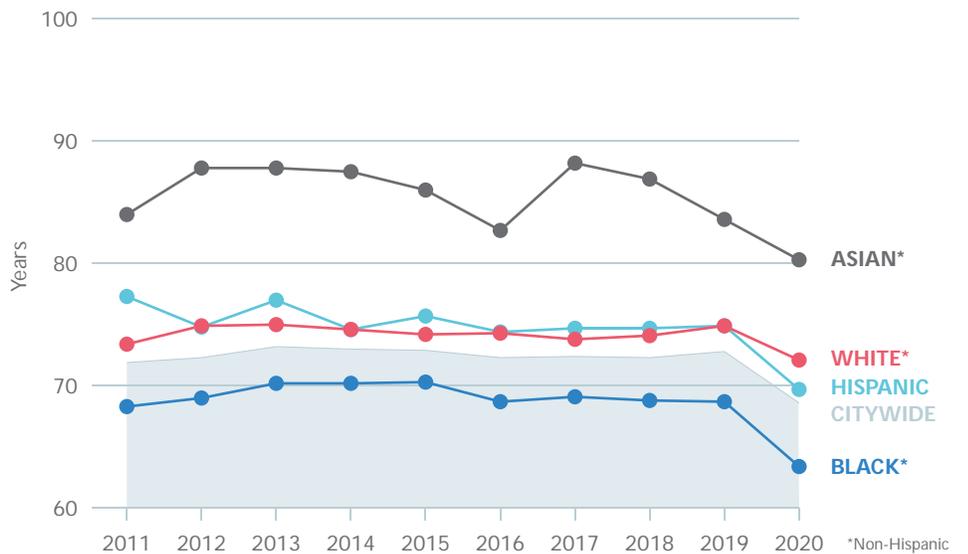
Life Expectancy at Birth for Females by Race/Ethnicity, 2011–2020

Source: 2020 Provisional Vital Statistics, PDPH



Life Expectancy at Birth for Males by Race/Ethnicity, 2011–2020

Source: 2020 Provisional Vital Statistics, PDPH



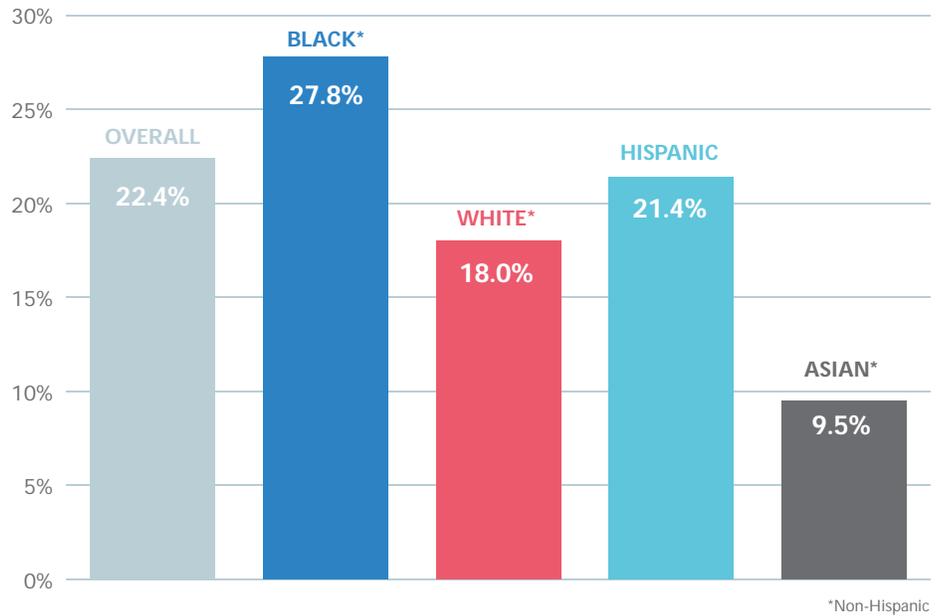
Summary Health Measures

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



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

Infectious Health Conditions	Most Recent Estimate	Populations with Poorer Outcomes	Change In Recent Years
HIV Incidence	22.0 per 100,000 ¹	Non-Hispanic Black Heterosexual (worsening)	IMPROVING
Gonorrhea Infections	7,218 ²	Young adult females	NO CHANGE
Chlamydia Infections	15,633 ²	Young adults	IMPROVING
Gonorrhea Rate among teens (age 15-19)	1,515.8 per 100,000 ²	Teenage girls	NO CHANGE
Chlamydia Rate among teens (age 15-19)	4880.5 per 100,000 ²	Teenage girls	IMPROVING
Syphilis Infections	1,374 ²	Non-Hispanic Black Female, MSM	WORSENING
COVID Infections	6,023.5 per 100,000	Older adults, Non-Hispanic Black, Hispanic	NOT APPLICABLE
COVID hospitalizations	752.4 per 100,000	Older adults, Non-Hispanic Black, Hispanic	NOT APPLICABLE
COVID deaths	168.1 per 100,000	Older adults, Non-Hispanic Black, Hispanic	NOT APPLICABLE



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

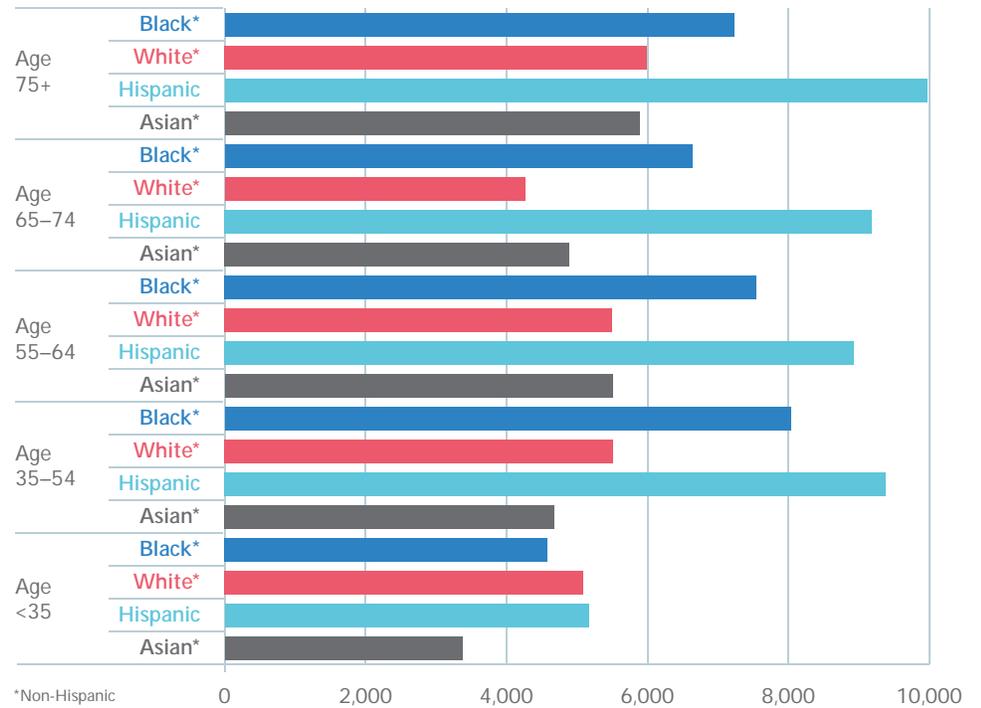
Infectious Health Conditions

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.

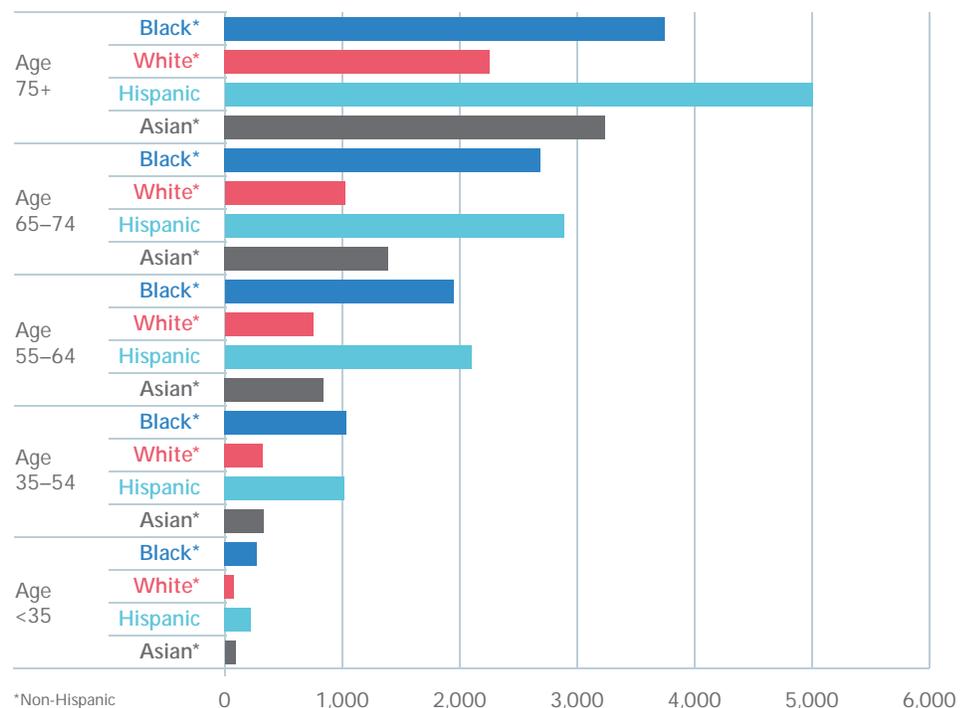
COVID-19 Infection Rates by Race/Ethnicity and Age, 2020

Source: 2020 Division of COVID-19 Containment, PDPH



COVID-19 Hospitalization Rates by Race/Ethnicity and Age, 2020

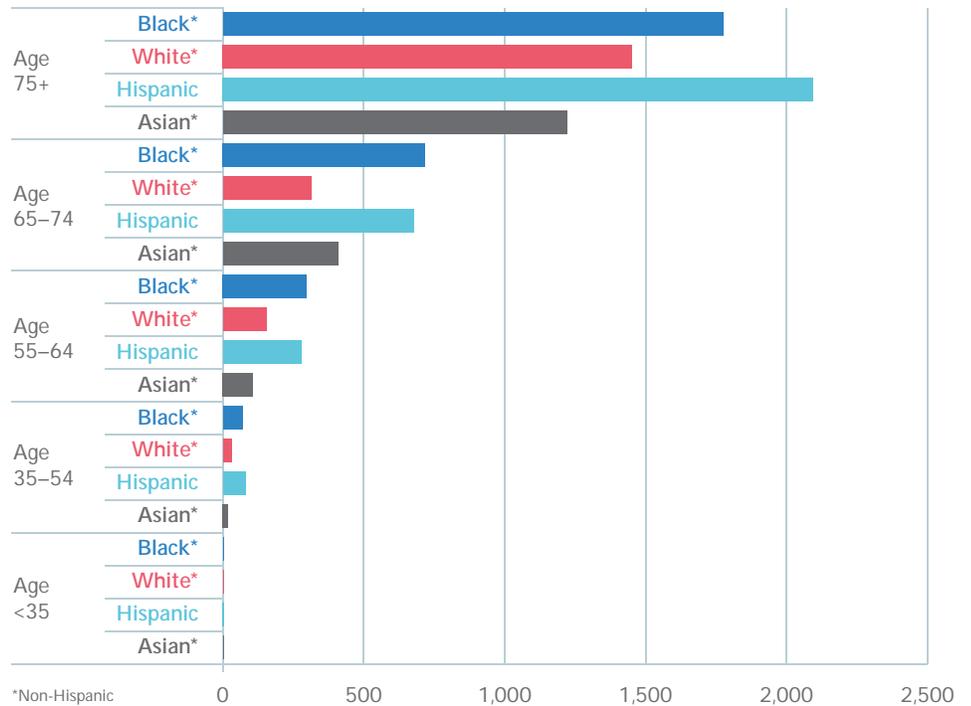
Source: 2020 Division of COVID-19 Containment, PDPH



COVID-19

COVID-19 Death Rates by Race/Ethnicity and Age, 2020

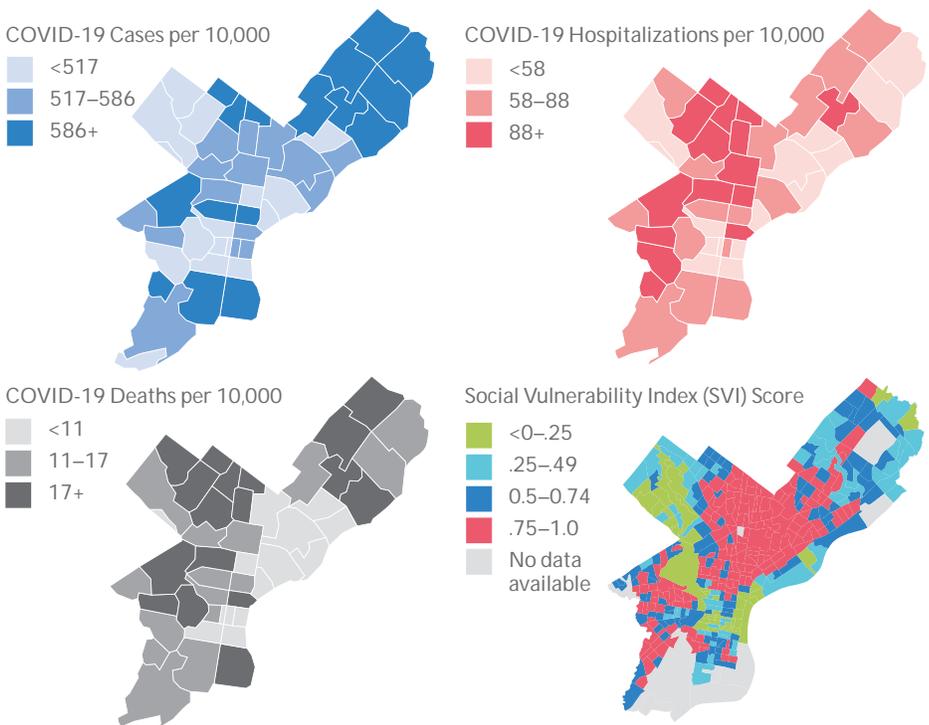
Source: 2020 Division of COVID-19 Containment, PDPH



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.

COVID-19 Identified Infection, Hospitalization, and Death Rates by ZIP Code

Source: 2020 Division of COVID-19 Containment, PDPH



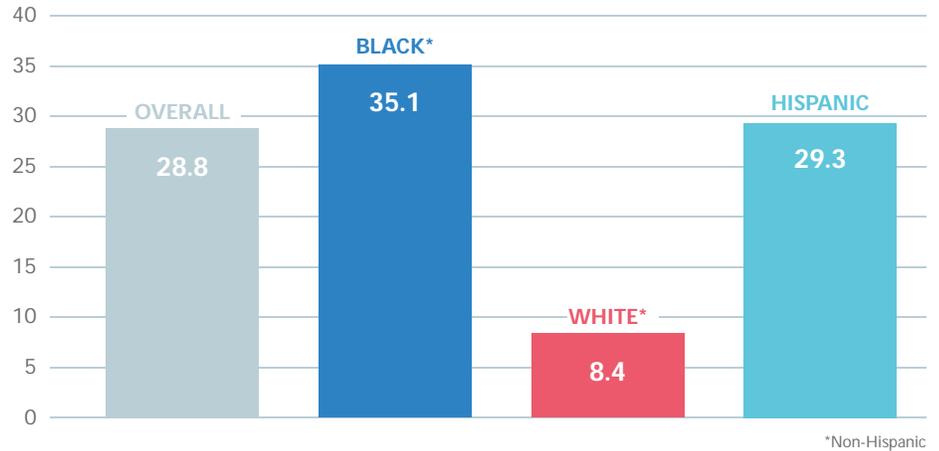
Infectious Health Conditions

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

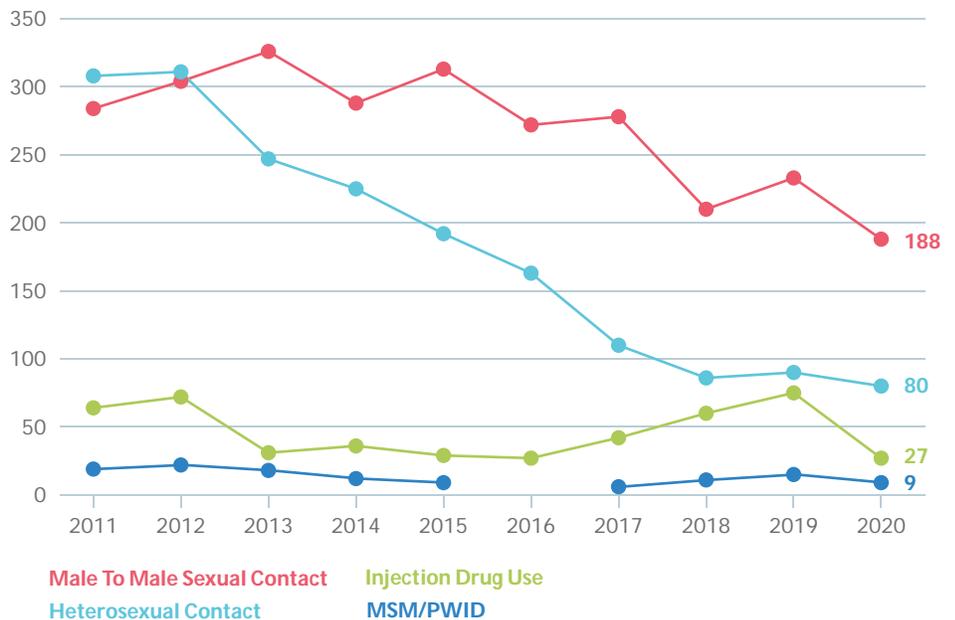
Source: 2020 HIV Surveillance Data, AIDS Activity Coordinating Office, PDPH



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



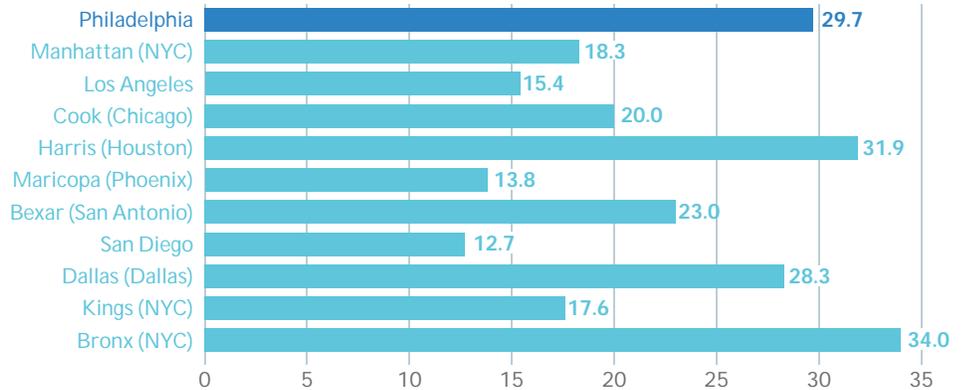
Infectious Health Conditions

HIV/AIDS

Compared to other large cities, Philadelphia had among the highest rates of HIV incidence in 2019. For more data about HIV/AIDS in Philadelphia, please visit <https://www.phila.gov/documents/hiv-aids-data-and-research/>

New HIV Diagnoses per 100,000 People, 2019

Source: 2019 HIV Surveillance Report, CDC

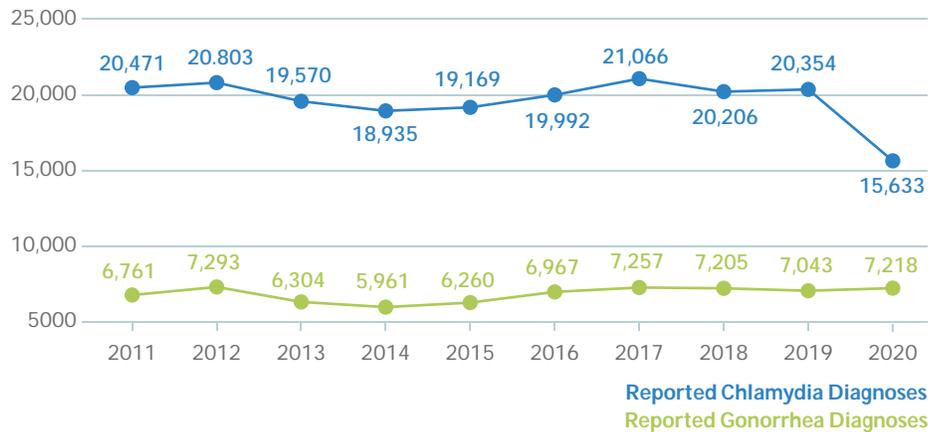


CHLAMYDIA AND GONORRHEA

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).

Reported Chlamydia and Gonorrhea Diagnoses, 2011-2020

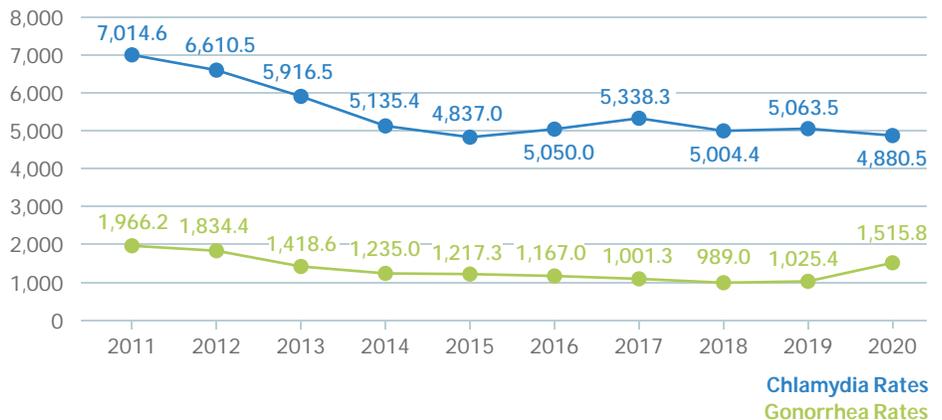
Source: 2011-2020 STD Surveillance, PDPH Division of Disease Control



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.

Chlamydia and Gonorrhea Rates in Teens Aged 15-19 Years, 2011-2020

Source: 2011-2020 STD Surveillance, PDPH Division of Disease Control



Infectious Health Conditions

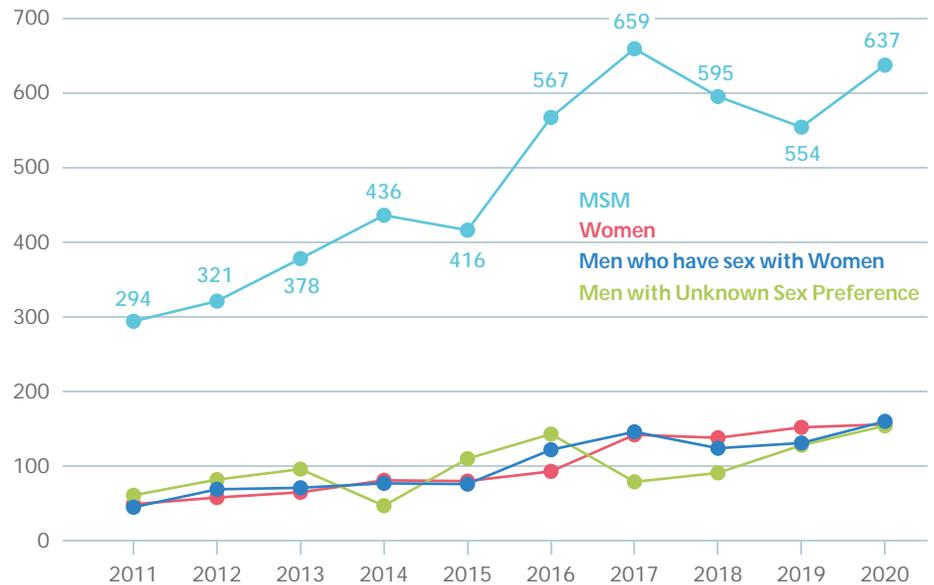
SYPHILIS

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.

For more data about infectious diseases in Philadelphia, please visit <https://hip.phila.gov/DataReports>.

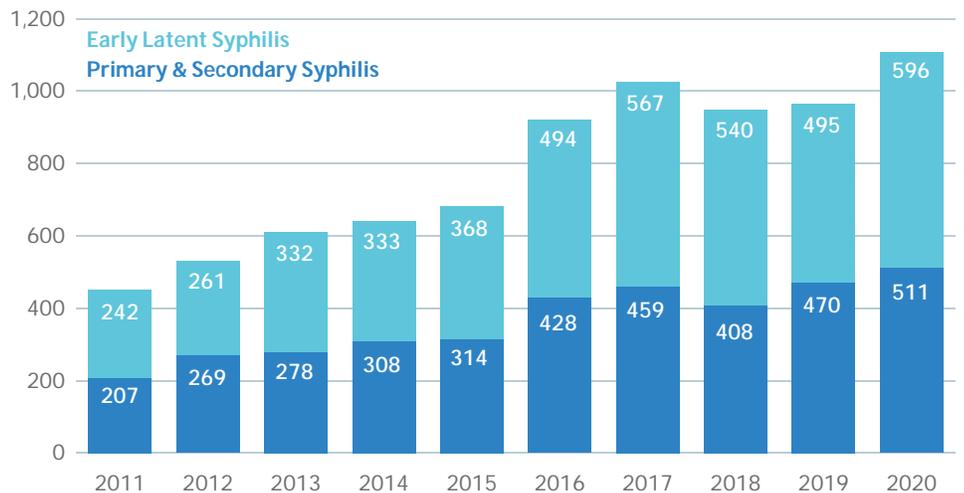
Primary & Secondary and Early Latent Syphilis Cases by Risk Group, 2011-2020

Source: 2011-2020 STD Surveillance, PDPH Division of Disease Control



Primary and Secondary Syphilis by Stage, 2011-2020

Source: 2011-2020 STD Surveillance, PDPH Division of Disease Control



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



	Most Recent Estimate	Populations with Poorer Outcomes	Change In Recent Years
Obesity in Adults	31% ¹	Non-Hispanic Blacks, Hispanics	NO CHANGE
Hypertension in Adults	34% ²	Non-Hispanic Blacks	NO CHANGE
Diabetes in Adults	12% ¹	Non-Hispanic Blacks	NO CHANGE
Premature Cardiovascular Disease Mortality	55.7 per 100,000 ³	Non-Hispanic Blacks	NO CHANGE
Cancer Mortality	170.3 per 100,000 ³	Non-Hispanic Blacks	WORSENING
Childhood Asthma Hospitalizations	17.7 per 10,000 ⁴	Non-Hispanic Blacks, Hispanics	IMPROVING
Obesity in Children	No recent data		NOT APPLICABLE

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

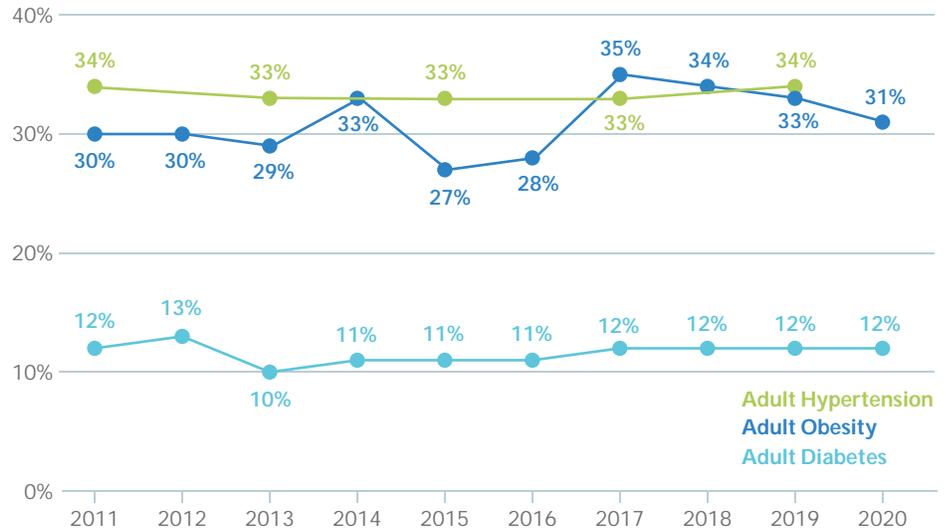
Chronic Health Conditions

CHRONIC DISEASES AMONG ADULTS

Reported rates of obesity, high blood pressure, 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.

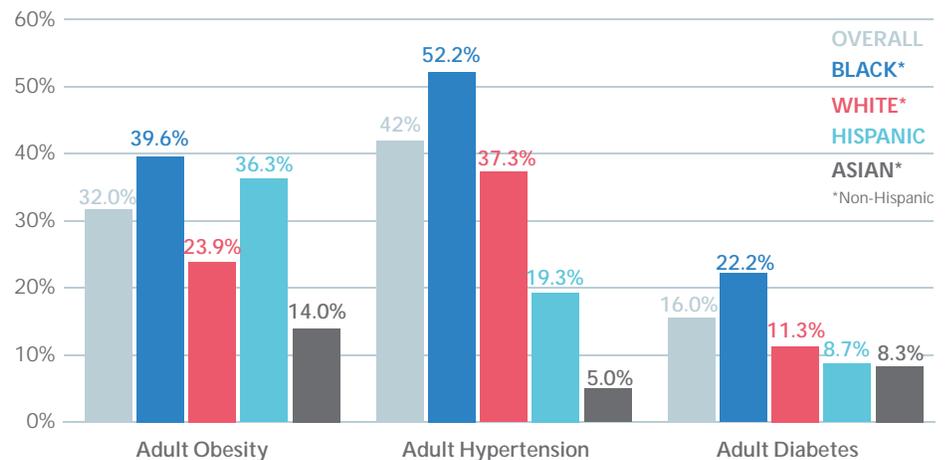
Adult Obesity, Hypertension, and Diabetes Prevalence, 2011–2020

Source: 2011 – 2020 PA Behavioral Risk Factor Surveillance System



Adult Obesity, Hypertension, and Diabetes Prevalence by Race, 2017–2020

Sources: PA Behavioral Risk Factor Surveillance System, 2017-2020



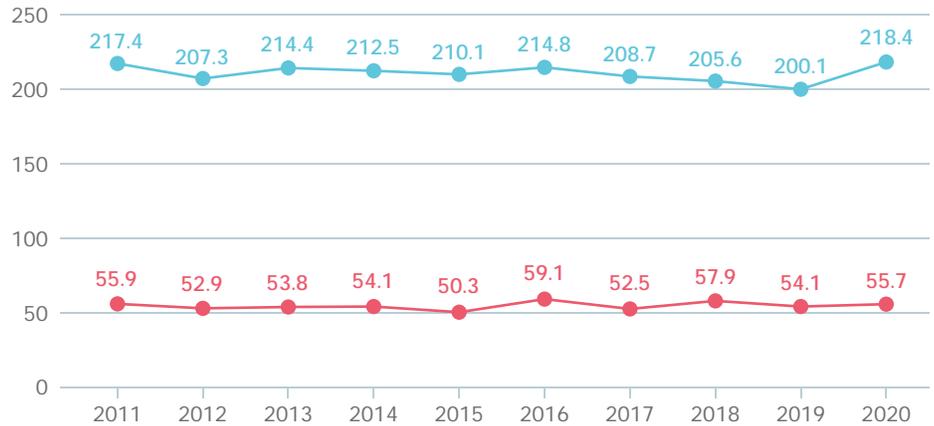
Chronic Health Conditions

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.

Cardiovascular and Premature Cardiovascular (<65 years) Mortality Rates per 100,000 People, 2011–2020

Source: 2011-2020 Vital Statistics (2020 Provisional), PDPH



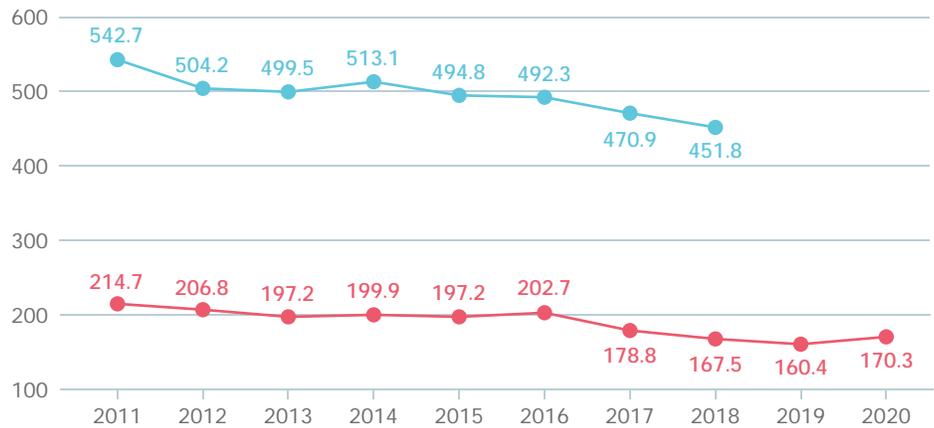
Cardiovascular Disease Mortality
Premature Cardiovascular Disease Mortality

CANCER

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

Cancer Incidence and Cancer Mortality Rates per 100,000 People, 2011–2020

Source: 2011-2020 Vital Statistics (2020 Provisional), PDPH



Cancer Incidence Rate
Cancer Mortality Rate

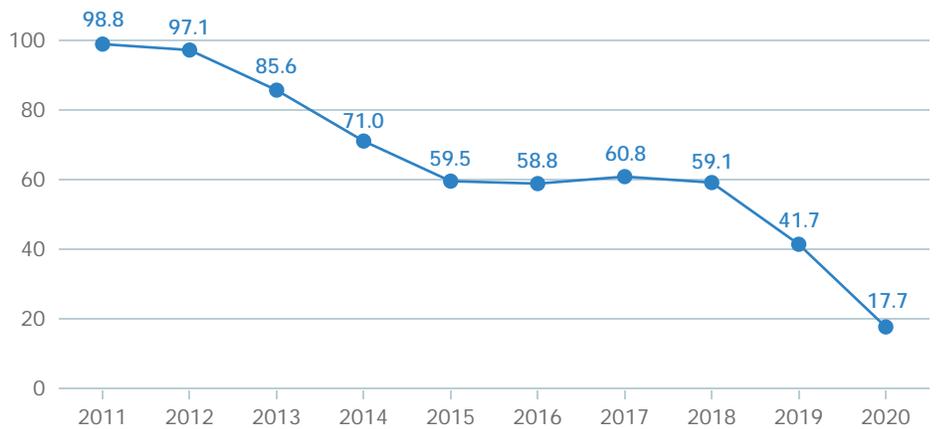
Chronic Health Conditions

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.

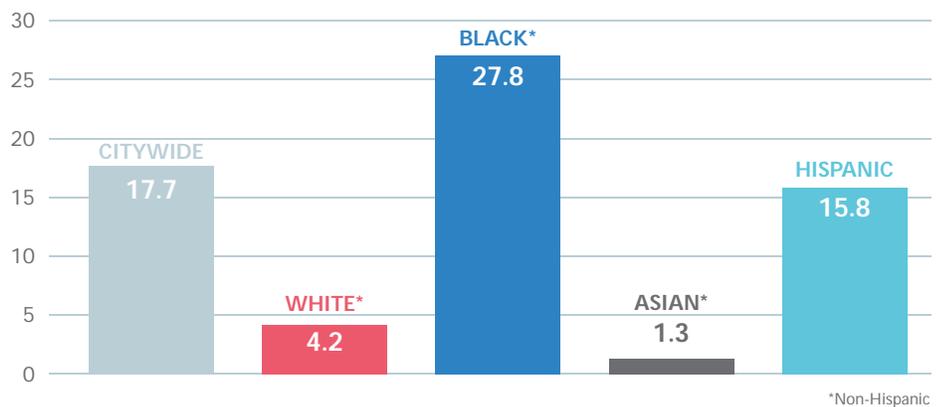
Asthma Hospitalization Rate per 10,000 among Children <18 Years of Age, 2011-2020

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

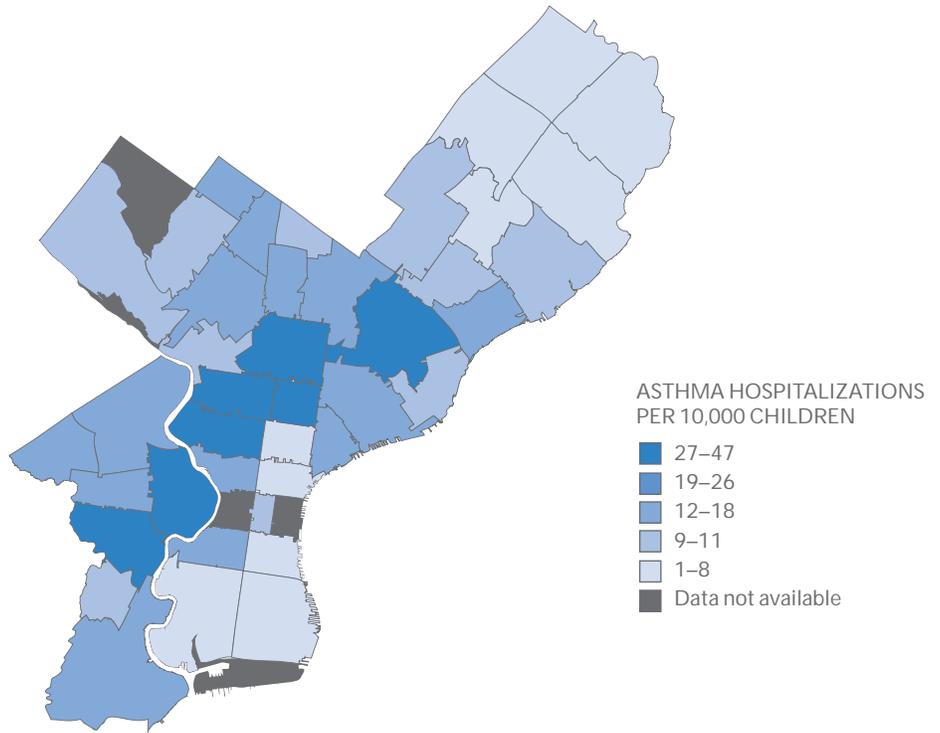


CHILDHOOD ASTHMA

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

Asthma Hospitalization Rate among Children by Zip Code, 2020

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

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



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 and Behavioral Health

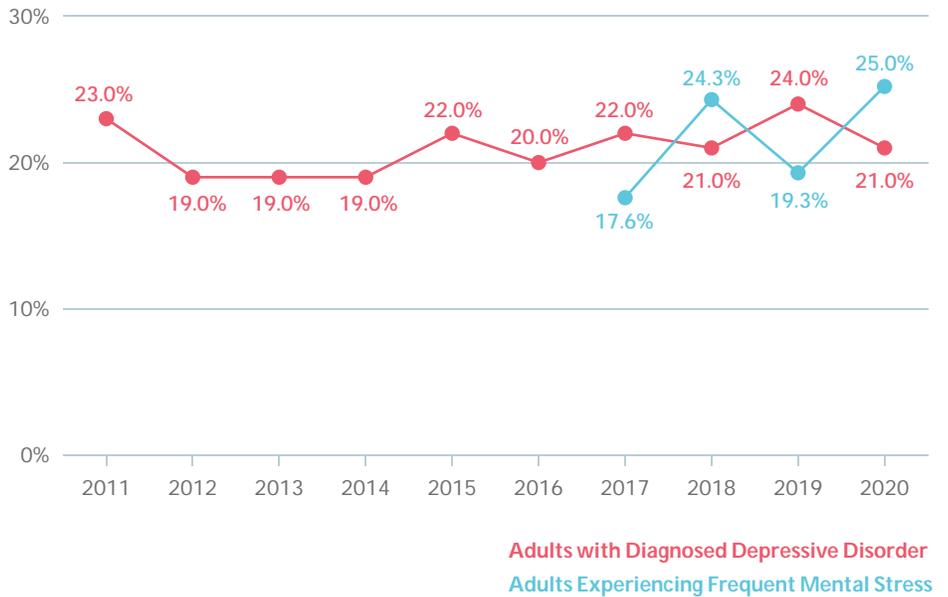
MENTAL HEALTH AMONG ADULTS

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.

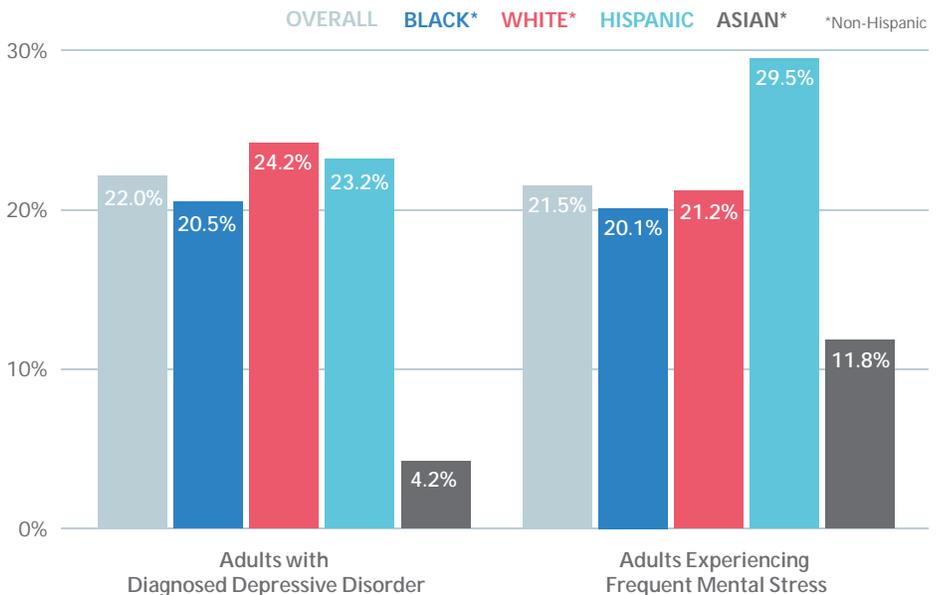
Adult Mental Health, 2011-2020

Source: 2011-2020 PA Behavioral Risk Factor Surveillance System



Reported Mental Health Status among Adults, 2017-2020 (averaged)

Source: 2017-2020 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.

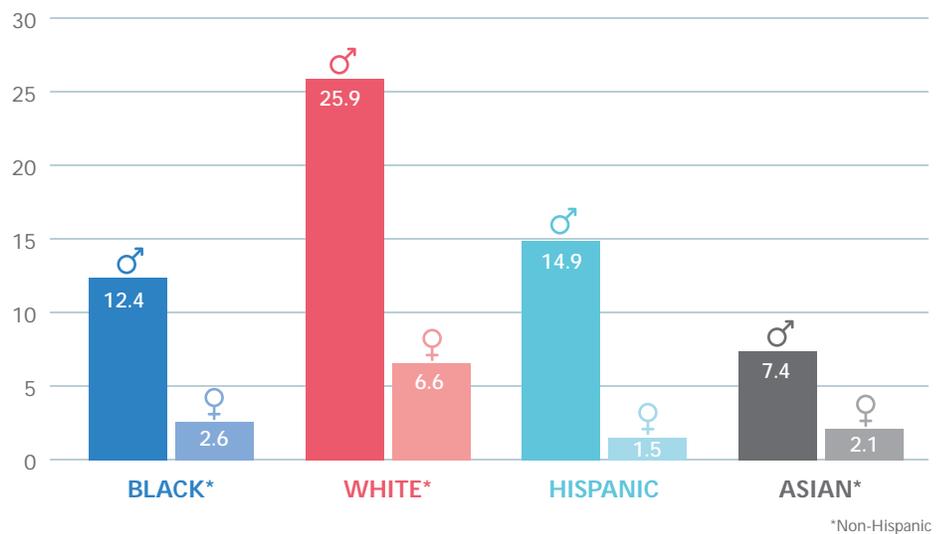
Suicide Mortality Rate per 100,000 People, 2011-2020

Source: 2011-2020 Vital Statistics (2020 Provisional), PDPH



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

Source: 2018-2020 Vital Statistics, PDPH

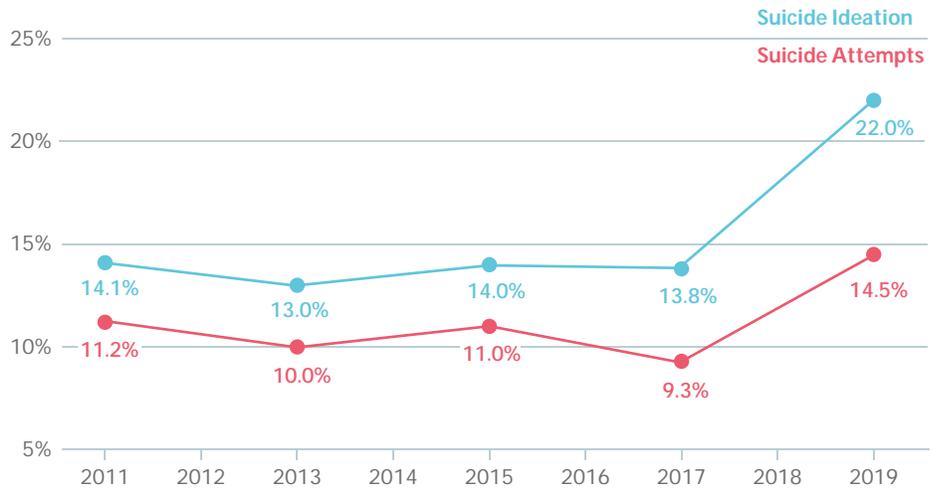


TEENS AND SUICIDE

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.

Suicide Ideation and Attempts among Youth (9th-12th Grade), 2011-2019

Source: 2011 – 2019 Youth Risk Behavior Surveillance System, CDC

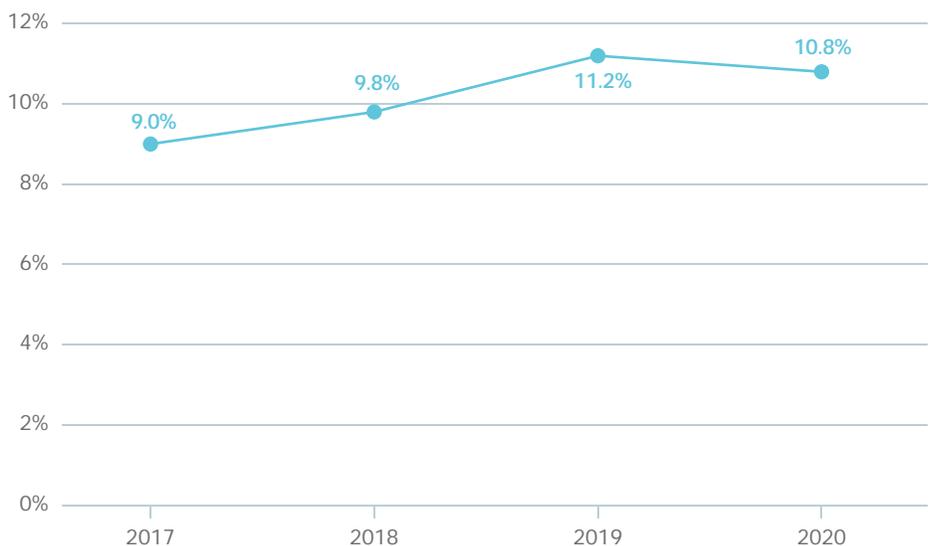


MENTAL HEALTH

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.

Percentage of Child ER Visits for Mental Health, 2017-2020

Source: 2017 – 2020 Syndromic Surveillance, PDPH



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.*

Substance Use-Related Mortality Rate per 100,000 People, 2012-2020

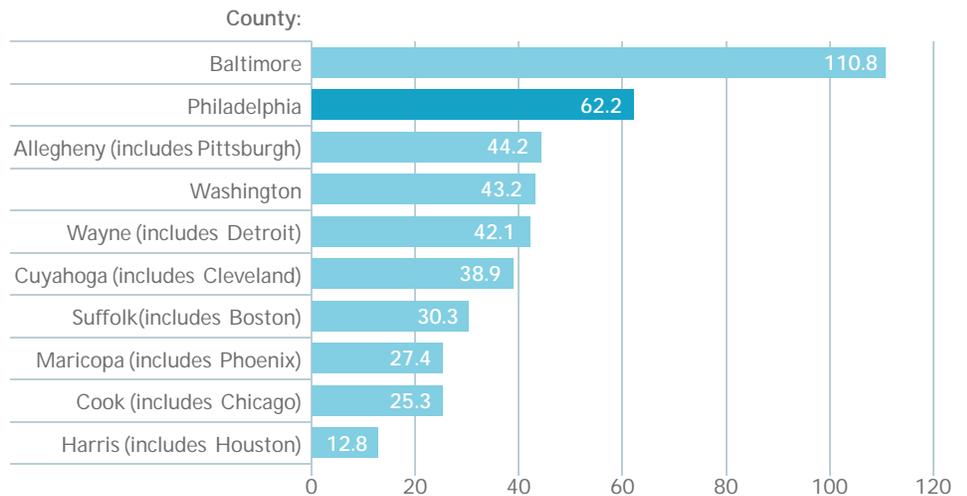
Source: 2012-2020 Vital Statistics (2020 Provisional), PDPH



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

Drug Overdose Deaths per 100,000 Residents, 2019

Source: 2019 CDC Wonder



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.

Emergency Department Visits for Drug Overdoses, 2015-2020

Source: 2015 – 2020 Syndromic Surveillance, PDPH



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



	Most Recent Estimate	Populations with Poorer Outcomes	Change In Recent Years
Infant Mortality Rate	6.4 per 1,000 live births ¹	Non-Hispanic Blacks	IMPROVING
Low Birth Weight	10.6% ¹	Non-Hispanic Blacks	NO CHANGE
Preterm Birth	10.6% ¹	Non-Hispanic Blacks	NO CHANGE
Neonatal Abstinence Syndrome	12.3 per 1,000 live births ²		IMPROVING
Children Breastfed at Birth	77.6% ¹		NO CHANGE
Incidence of Child Blood Lead Exposure	4.2% ³	Lowest income neighborhoods	NO CHANGE

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

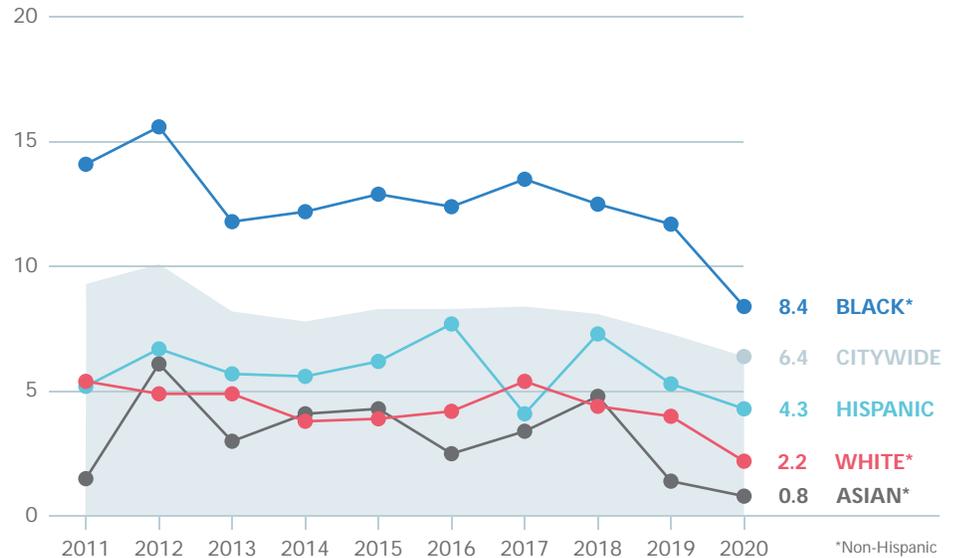
Infant and Child Health

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.

Infant Mortality Rate per 1,000 Live Births, 2011-2020

Source: 2011-2020 Vital Statistics (2020 Provisional), PDPH

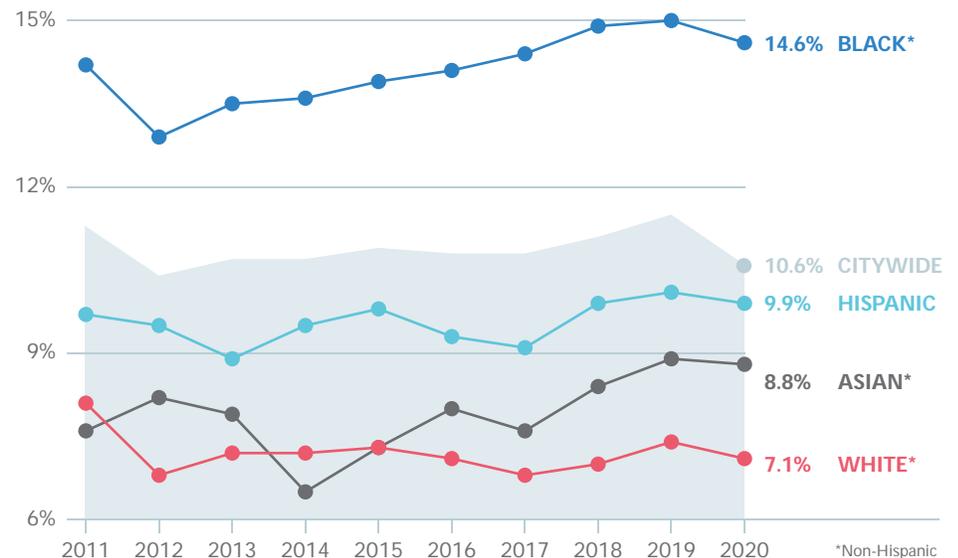


LOW BIRTH WEIGHT

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.

Low Birth Weight (<2,500 Grams) by Mother's Race/Ethnicity, 2011 - 2020

Source: 2011-2020 Vital Statistics (2020 Provisional), PDPH

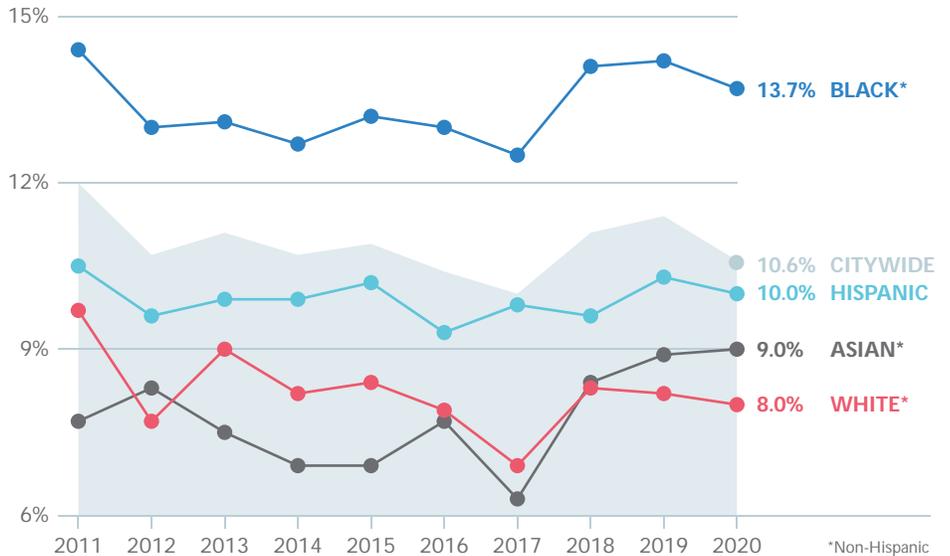


PRETERM BIRTH

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.

Preterm (<37 Weeks) by Mother's Race/Ethnicity, 2011-2020

Source: 2011-2019 Youth Risk Behavior Surveillance System, CDC

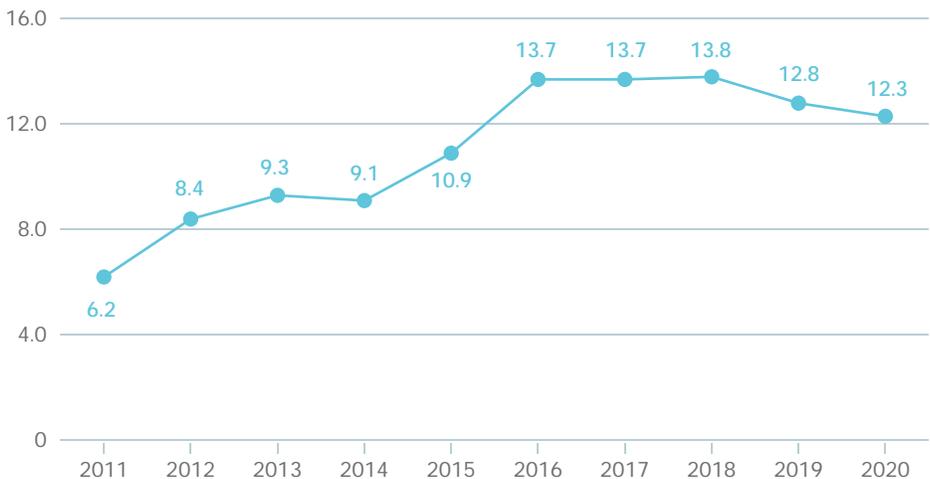


NEONATAL ABSTINENCE SYNDROME

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.

Neonatal Abstinence Syndrome Rate per 1,000 Live Births, 2011-2020

Source: 2011-2020 Hospital Discharges, PA Health Care Cost Containment Council



Infant and Child Health

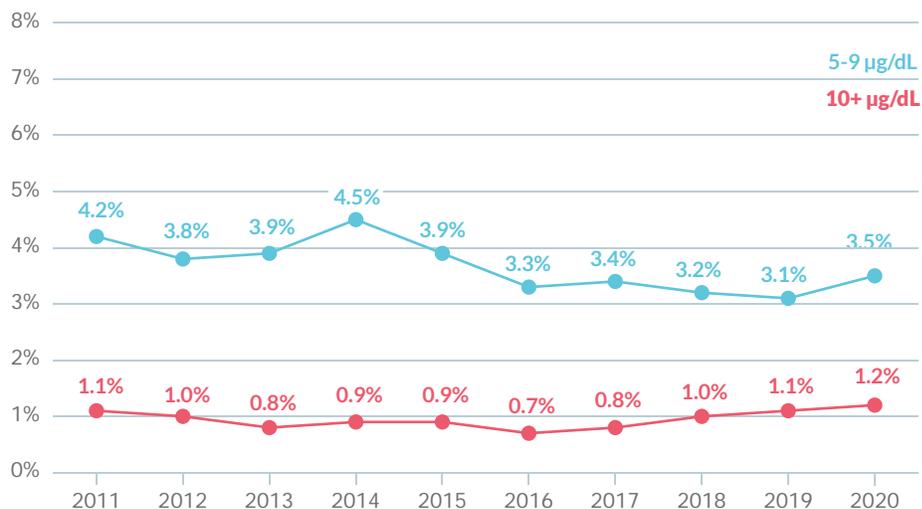
CHILD LEAD EXPOSURE

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>.

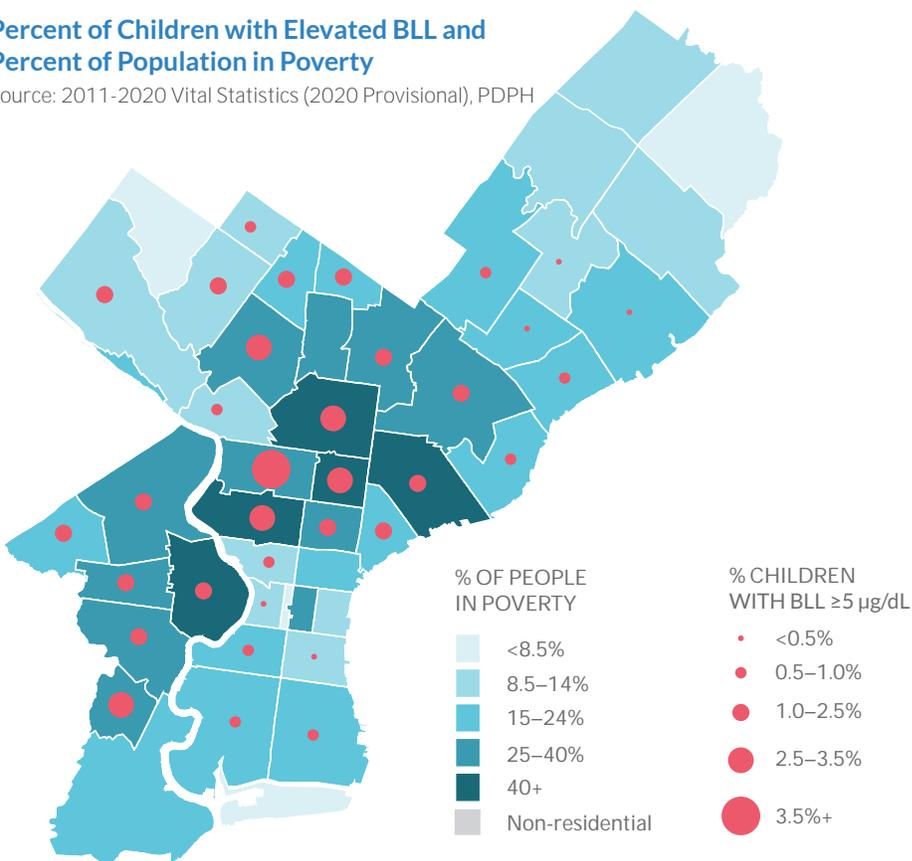
Newly Elevated Blood Lead Levels in Children, <6 Years of Age, 2010–2019

Source: 2011-2020 Vital Statistics (2020 Provisional), PDPH



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

Source: 2011-2020 Vital Statistics (2020 Provisional), PDPH



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



	Most Recent Estimate	Populations with Poorer Outcomes	Change In Recent Years
Homicide Mortality	29.8 per 100,000 ¹	Young non-Hispanic Black males	WORSENING
Pedestrian and Bicycle Injuries	75.1 per 100,000 ²	Center City, Temple University, and Kensington areas	IMPROVING BUT FATAL PEDESTRIAN CRASHES INCREASED

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

Source: 2011-2020 Vital Statistics (2020 Provisional), PDPH

Note: Asian not shown due to low counts.



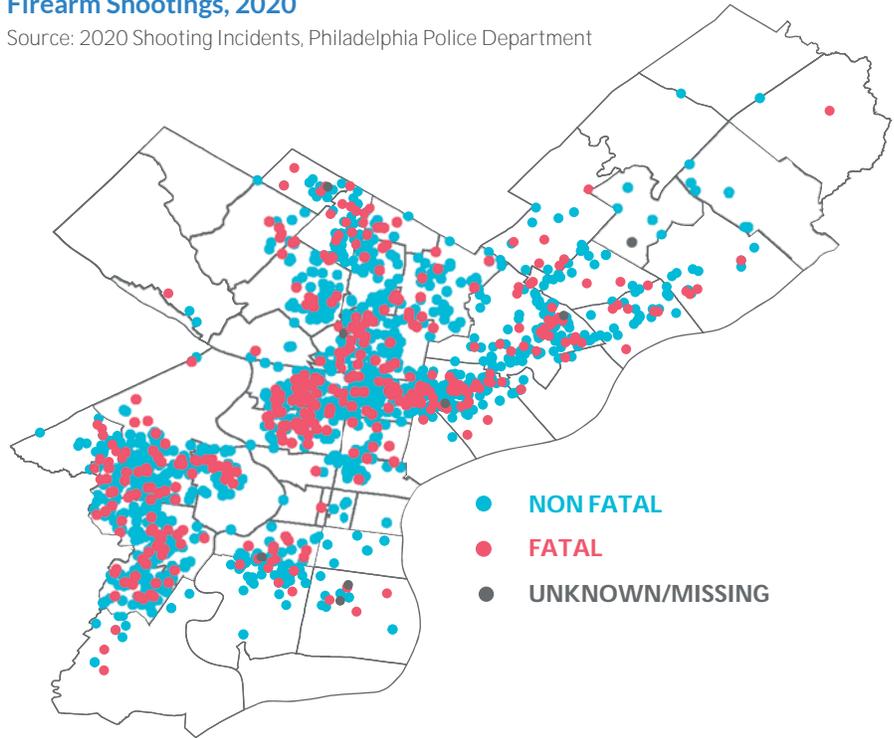
Injuries

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.

Firearm Shootings, 2020

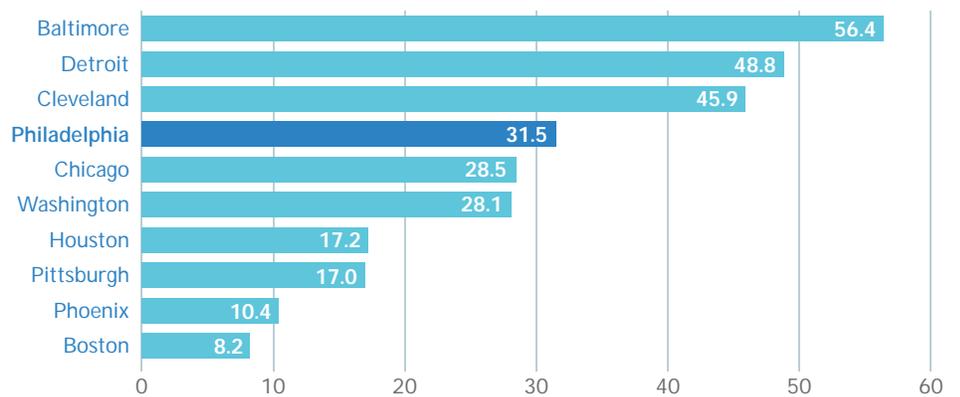
Source: 2020 Shooting Incidents, Philadelphia Police Department



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

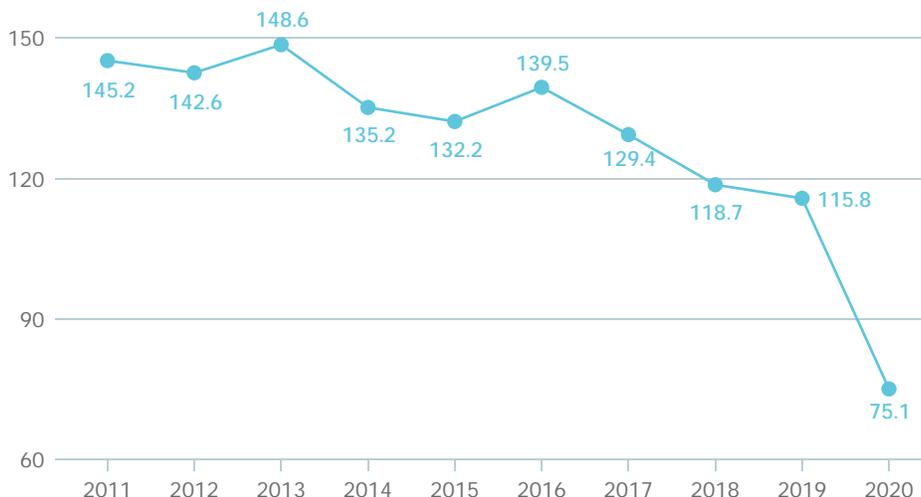


PEDESTRIAN AND BICYCLE INJURIES

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).

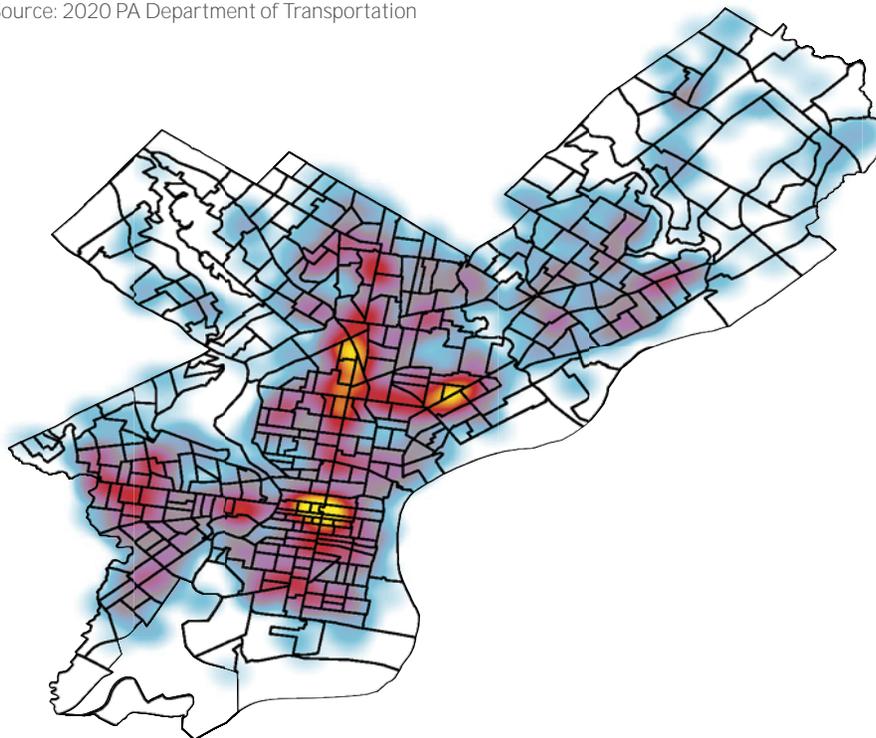
Pedestrian and Bicycle Crashes per 100,000 People, 2011–2020

Source: 2020 PA Department of Transportation



Heat Map of Pedestrian or Bicycle Involved Traffic Accidents, 2020

Source: 2020 PA Department of Transportation

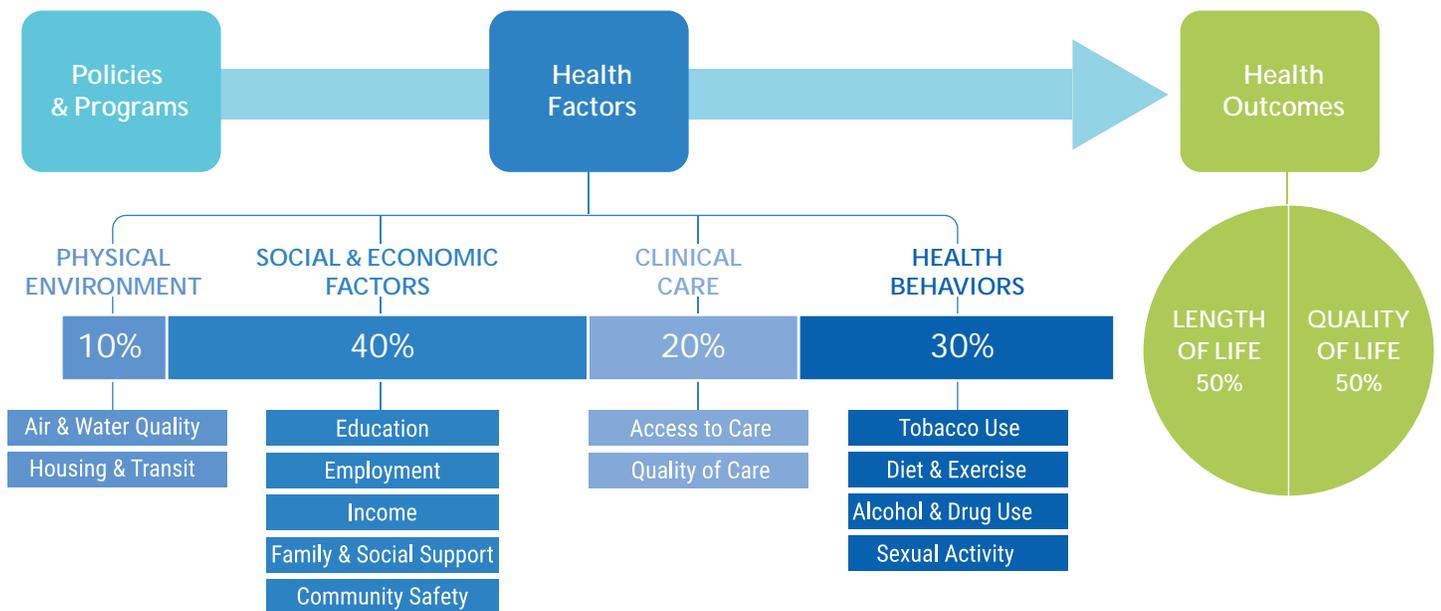


Many potentially modifiable factors influence health, including social and economic conditions, behaviors, clinical care access and utilization, and the physical environment. We recognize that current and historical racism has an impact on all of these factors and that our efforts to change outcomes 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



	Most Recent Estimate	Populations with Poorer Outcomes	Change In Recent Years
Poverty	23.3% ¹	Hispanics, Non-Hispanic Blacks, North and West regions	IMPROVING
Children in Poverty	32.1% ¹	Hispanics, Non-Hispanic Blacks	IMPROVING
Children in Single-Parent Households	53.9% ¹	Hispanics, Non-Hispanic Blacks	IMPROVING
Unemployment	12.4% ²	Service sector, Hispanics, Non-Hispanic Blacks	WORSENING
Workforce participation rate	55.8% ²		IMPROVING
On-Time High School Graduation	74.2 ³	Hispanics, Non-Hispanic Blacks	IMPROVING
Adults Completing Some College	53.4% ¹	Hispanics, Non-Hispanic Blacks	IMPROVING
Excessive Housing Cost (>30% Income)	51.9% ¹	High poverty neighborhoods	WORSENING
Homelessness	5,634 ⁴		NO CHANGE
Violent Crime Rate	943.6 per 100,000 ⁵	High poverty neighborhoods	NO CHANGE
COVID-19 Community Vulnerability Score	93.1% ⁶	Impoverished areas, Racial and ethnic minorities	WORSENING

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

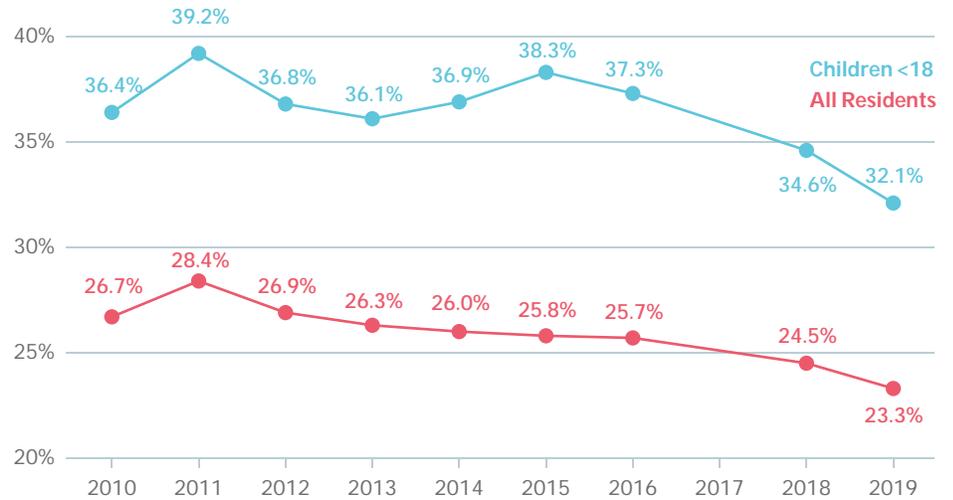
Social and Economic Determinants

POVERTY

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.

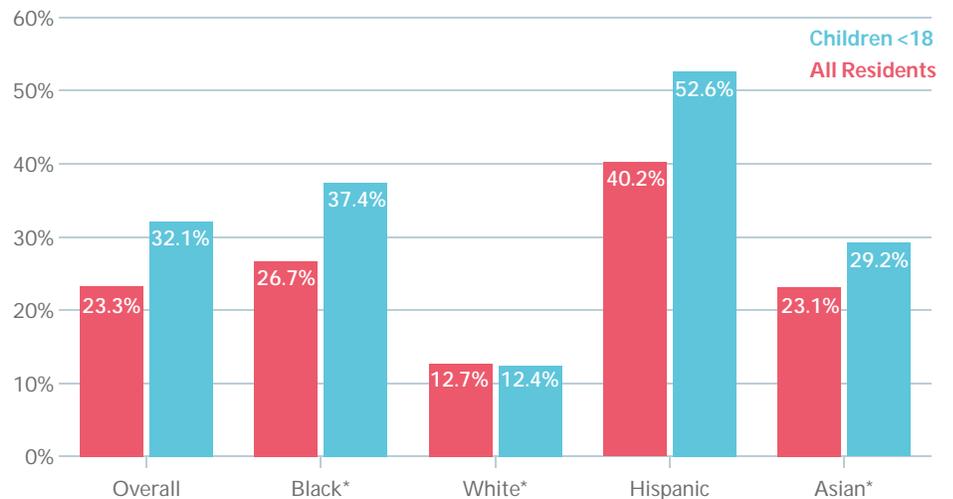
Poverty among All Residents and Children, 2010–2019

Source: 2010–2019 American Community Survey 1-Year Estimates, U.S. Census Bureau



Poverty among All Residents and Children by Race/Ethnicity, 2019

Source: 2019 American Community Survey 1-Year Estimates, U.S. Census Bureau



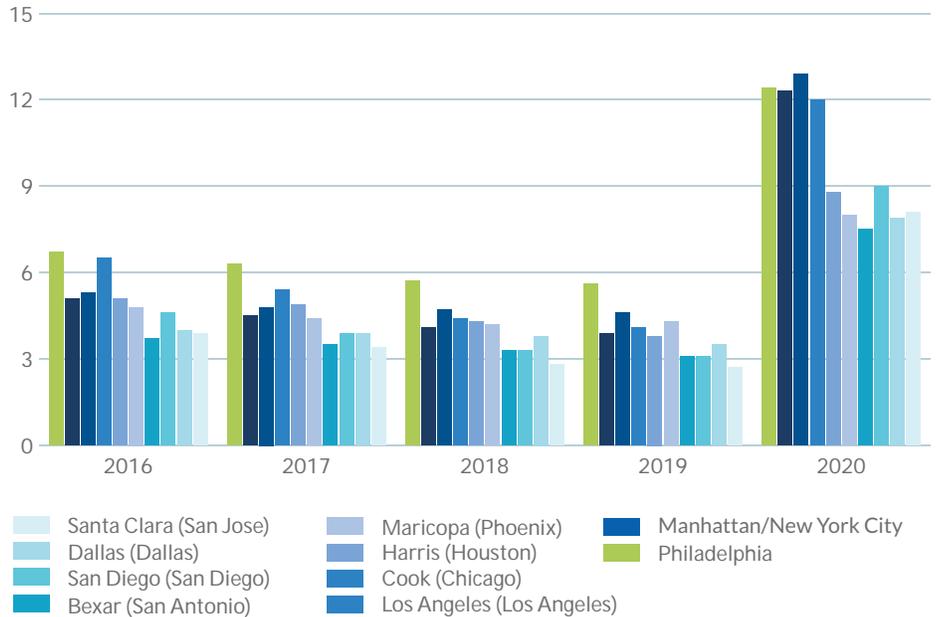
Social and Economic Determinants

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 Rates for Largest US Cities, 2016–2020

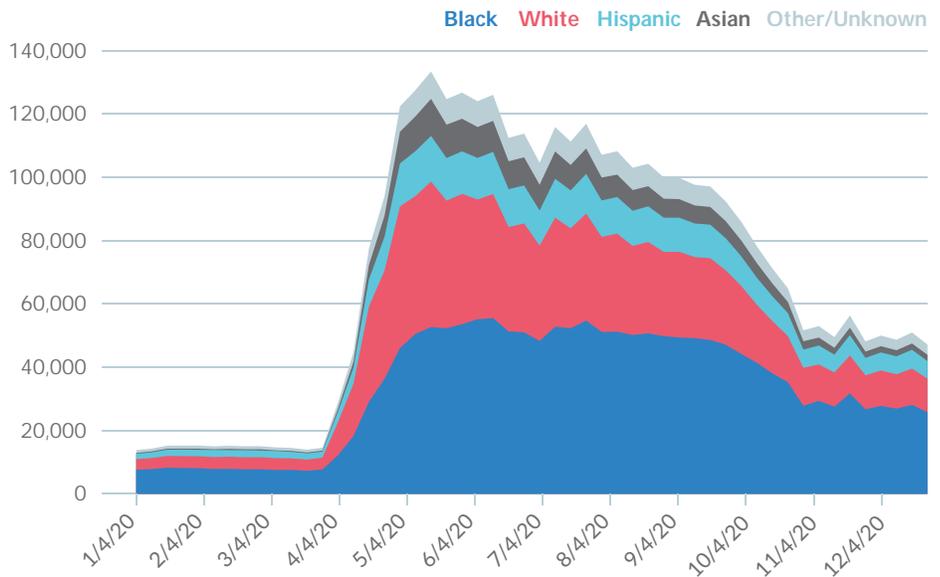
Source: 2016–2020 US Bureau of Labor Statistics



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.

Weekly Continued Unemployment Claims by Race/Ethnicity, 2020

Source: PA Department of Labor & Industry, Center for Workforce Information & Analysis



Social and Economic Determinants

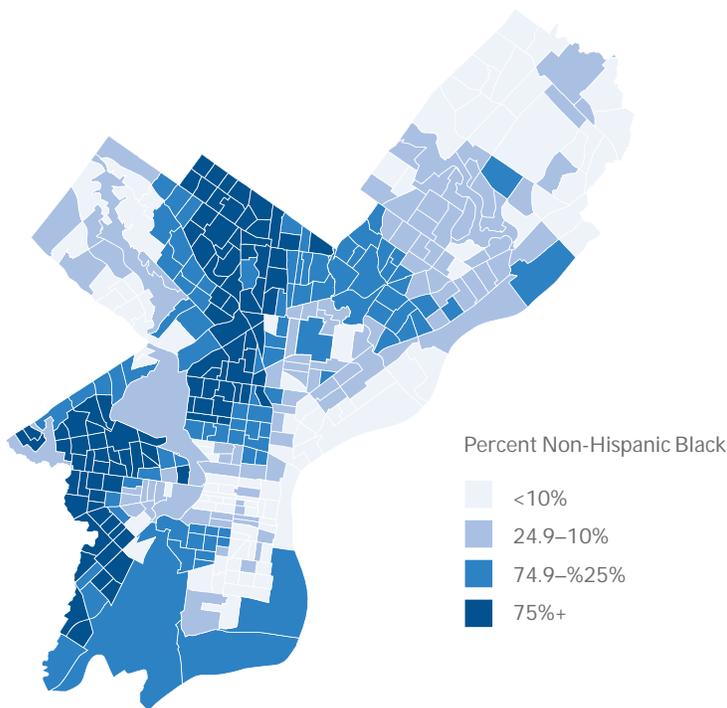
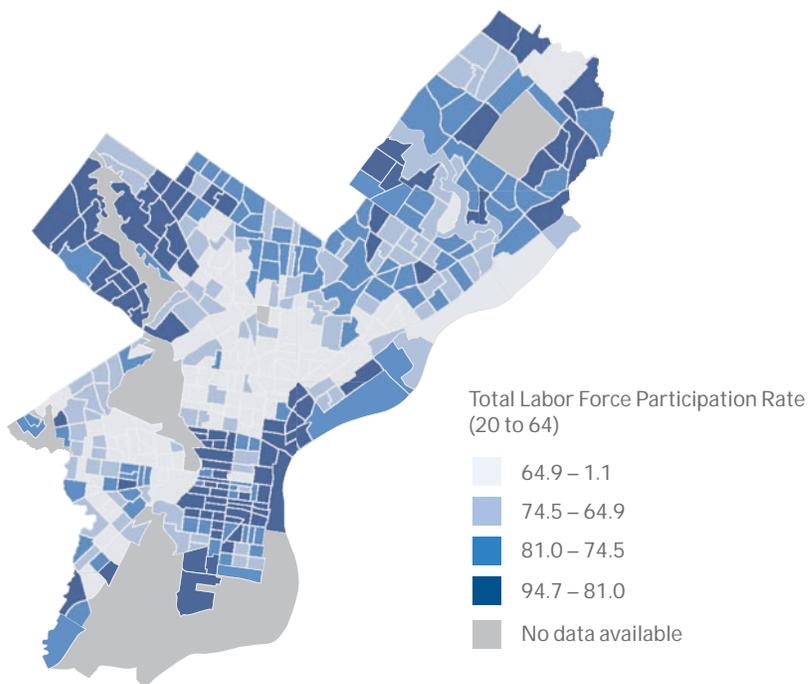
EMPLOYMENT AND UNEMPLOYMENT

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



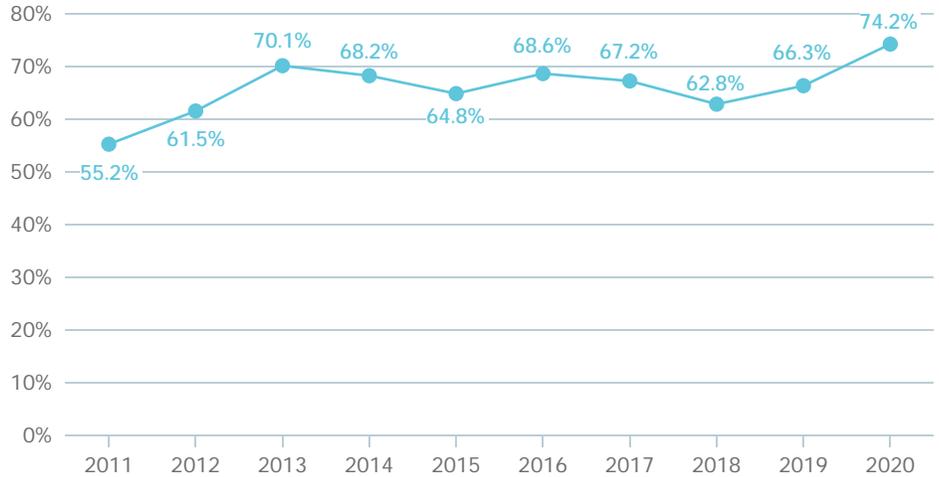
Social and Economic Determinants

EDUCATION

On-time graduation rates have increased since 2011.

On-Time High School Graduation, 2011–2020

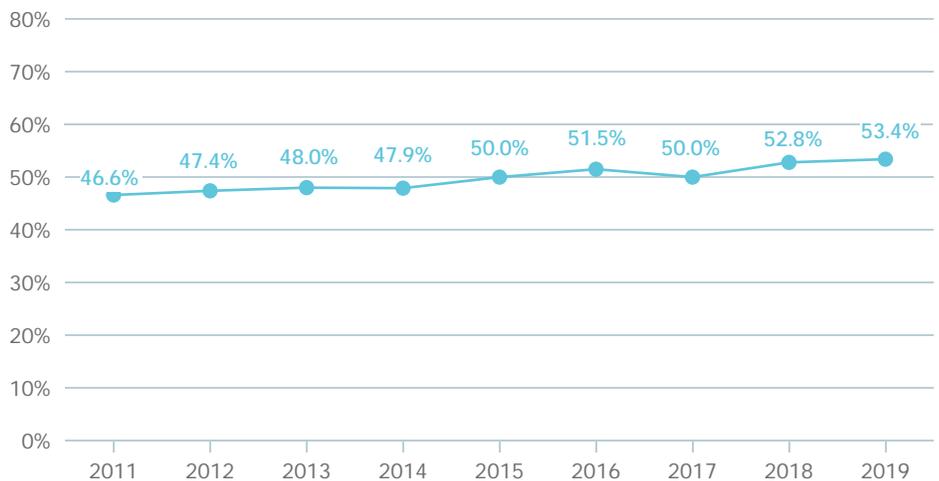
Source: 2011–2019 PA Department of Education



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.

Residents (Age >25) with Some College Education, 2010–2019

Source: 2010–2019 1-Year Estimates American Community Survey, U.S. Census Bureau



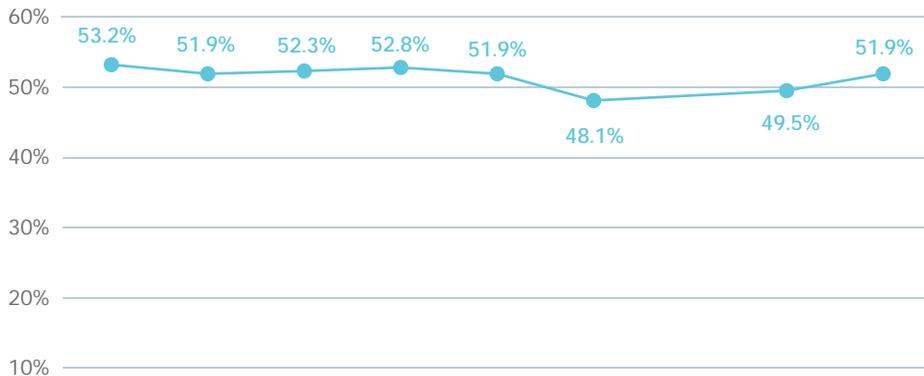
Social and Economic Determinants

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.

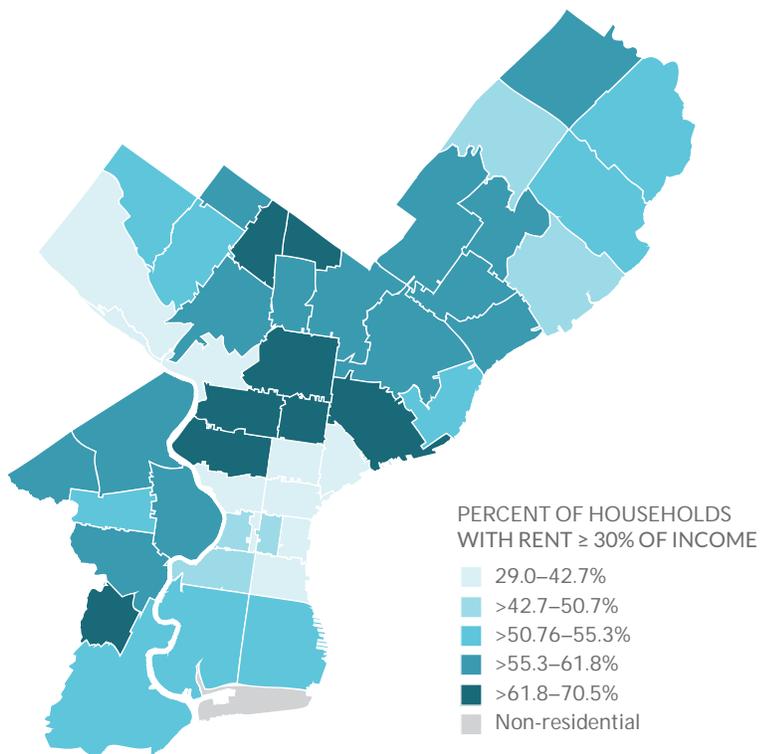
Housing Cost Burden for Renters, 2011–2019

Source: 2010–2019 1-Year Estimates American Community Survey, U.S. Census Bureau



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

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



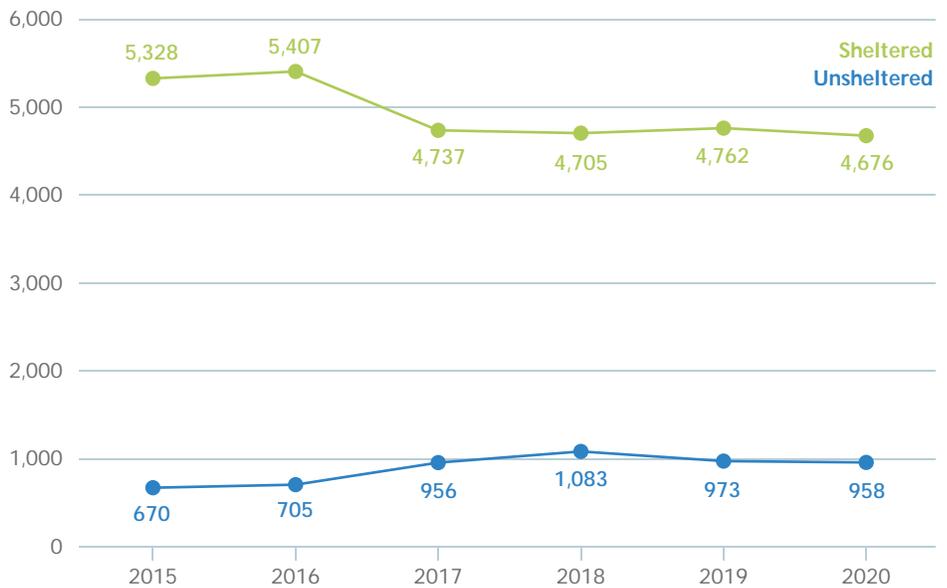
Social and Economic Determinants

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.

Sheltered and Unsheltered Homeless Residents, 2015–2020

Source: 2015–2020 Point-in-Time Count, Office of Homeless Services

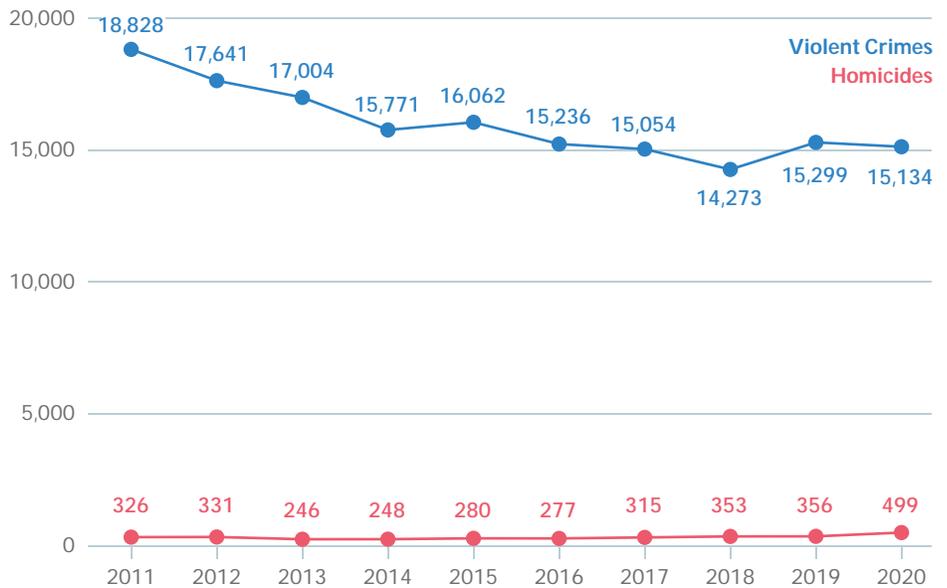


VIOLENT CRIME

Homicides rates have increased dramatically during 2020, whereas other violent crimes have remained stable.

Violent Crimes, 2011–2020

Source: Philadelphia Police Department



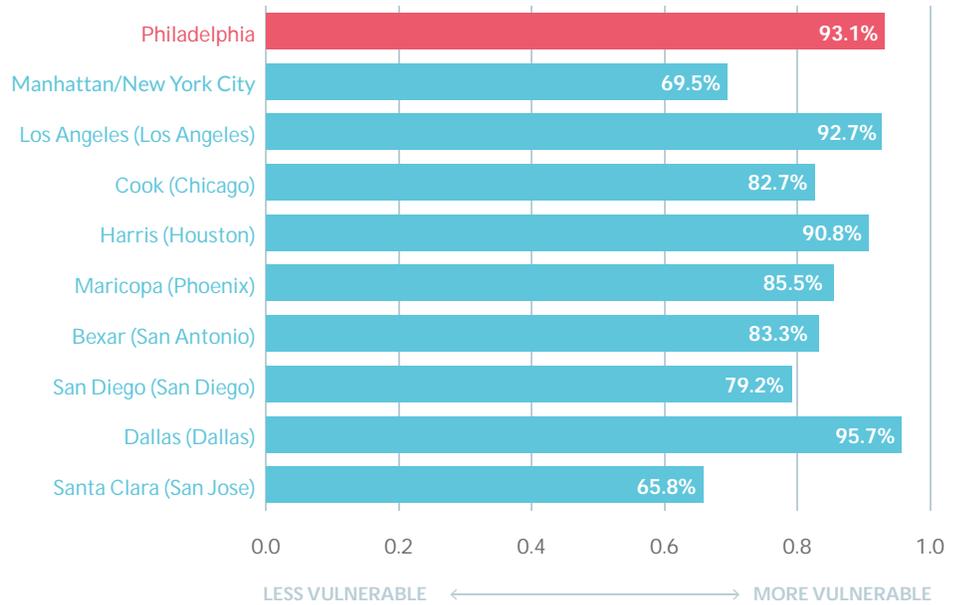
Social and Economic Determinants

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



	Most Recent Estimate	Populations with Poorer Outcomes	Change In Recent Years
Cigarette Smoking Among Adults (>18)	16% ¹	Non-Hispanic Black, Hispanics	IMPROVING
Cigarette Smoking Among Teens (15-18)	2.1% ²	Non-Hispanic Whites	IMPROVING
E-Vapor Use Among Teens (9th-12th Grade)	7.1% ²	Non-Hispanic Whites, Hispanics	WORSENING
Total Tobacco Product Use Among Teens (9th-12th Grade)	10.3% ²	Non-Hispanic Whites	NO CHANGE
Binge Drinking Among Adults (>18)	19% ¹	Non-Hispanic Whites	NO CHANGE
Binge Drinking Among Teens (9th-12th Grade)	5.2% ²	Non-Hispanic Whites	IMPROVING
Adults with low sleep hours (<6 hours/day)	37% ¹	Hispanic	IMPROVING
Adults who participated in no physical activity per week	34% ¹		NO CHANGE
Adults (>18) Consuming ≥1 Sweetened Beverage Daily	29.4% ³	Non-Hispanic Blacks, Hispanics	IMPROVING
Teens (9th-12th Grade) Consuming ≥1 Sweetened Beverage Daily	13.5% ²	Non-Hispanic Blacks, Hispanics	IMPROVING

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

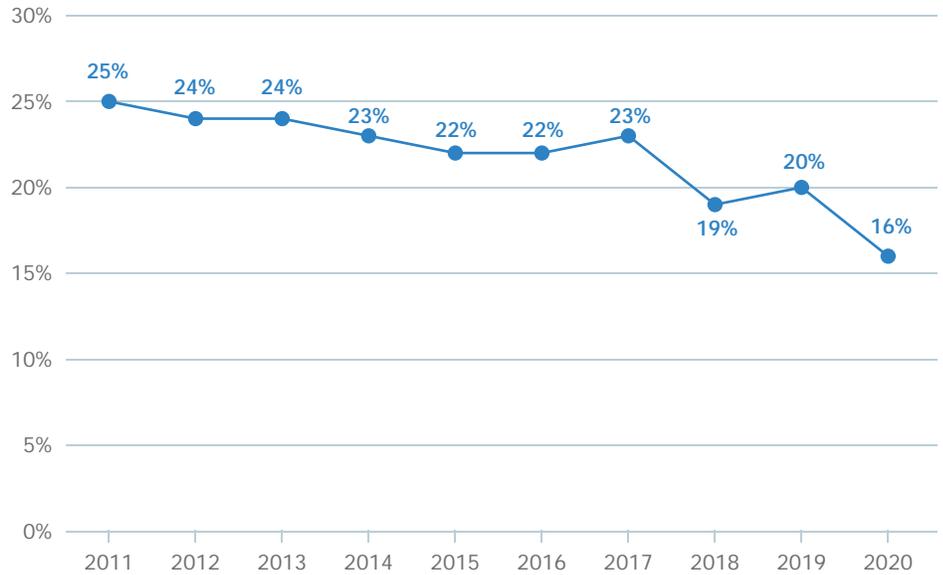
Health Behaviors

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.

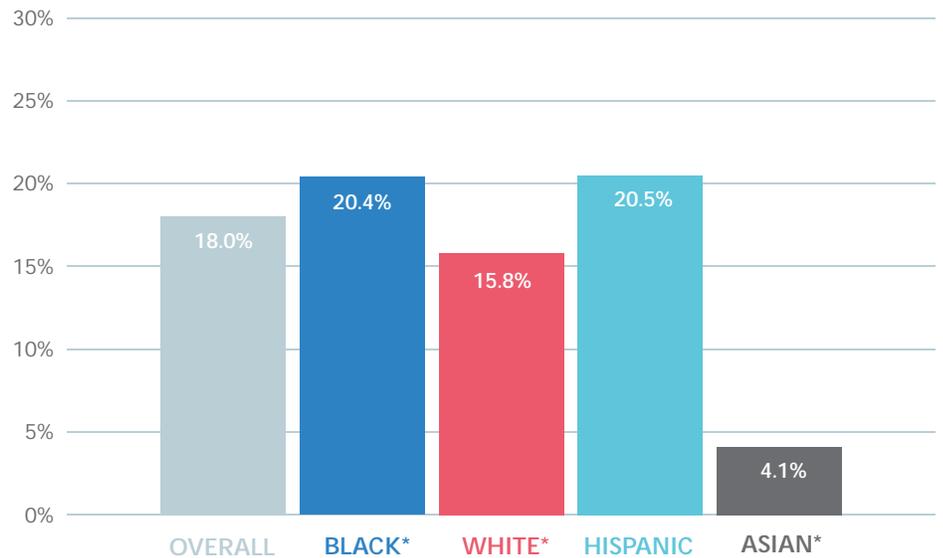
Adult Smoking Prevalence, 2011–2020

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

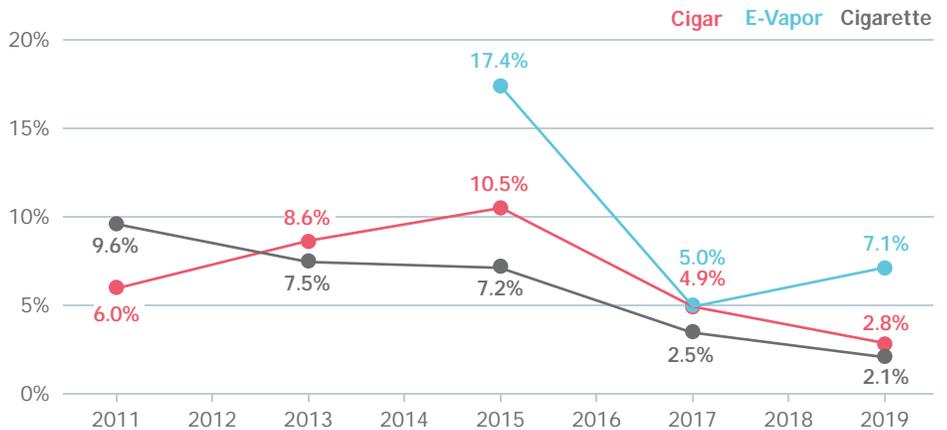


TEEN TOBACCO USE

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.

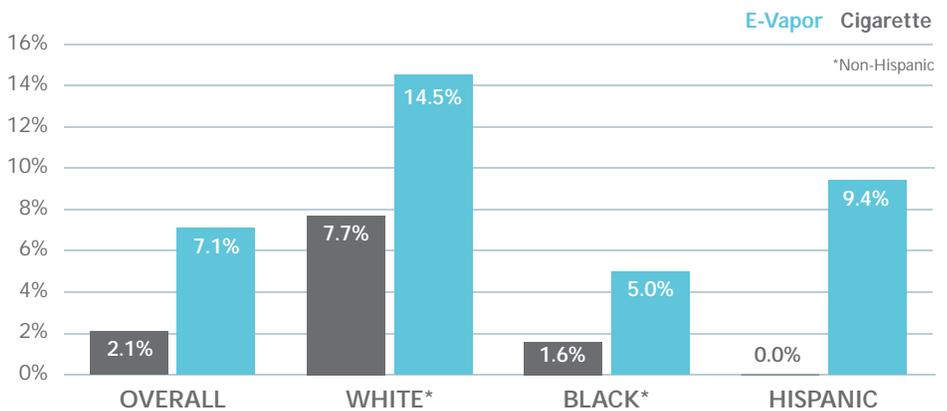
Teen Cigarette, E-Vapor, and Cigar Use, 2011–2019

Source: 2009–2019 Philadelphia Youth Risk Behavior Survey



Teen Cigarette and E-Vapor Use by Race, 2019

Source: 2019 Philadelphia Youth Risk Behavior Survey

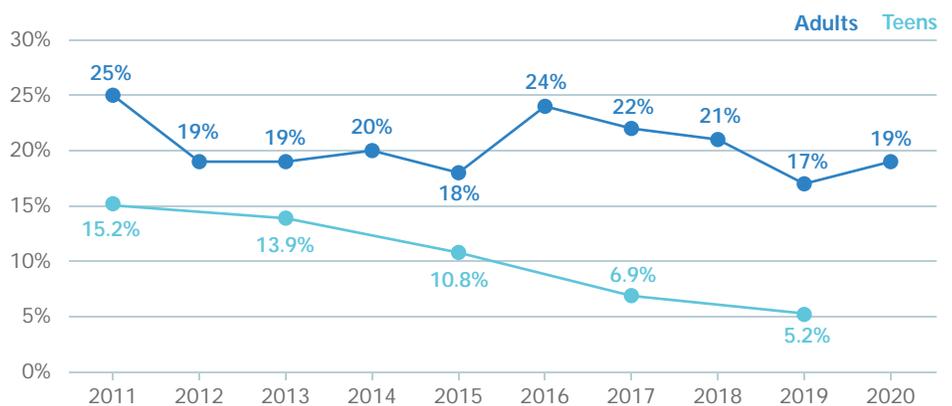


ALCOHOL

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.

Adult and Teen Binge Drinking Prevalence, 2011–2020

Sources: Adult data | 2011–2020 PA Behavioral Risk Factor Surveillance System; Teen data | 2011–2019 Philadelphia Youth Risk Behavior Survey



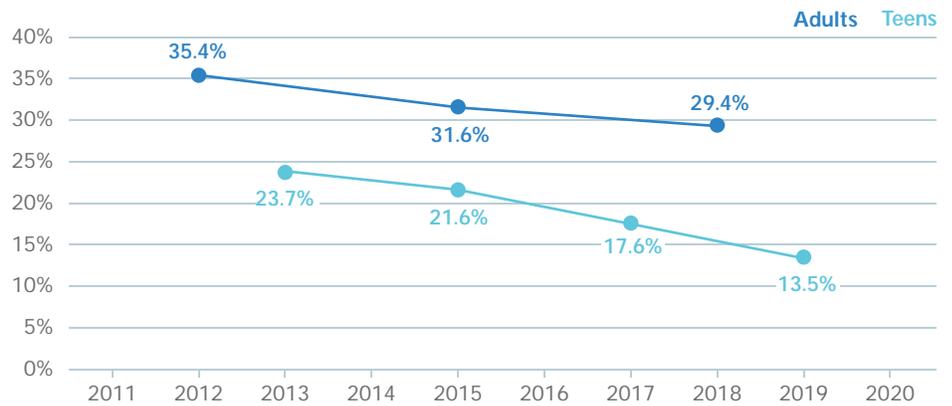
Health Behaviors

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.

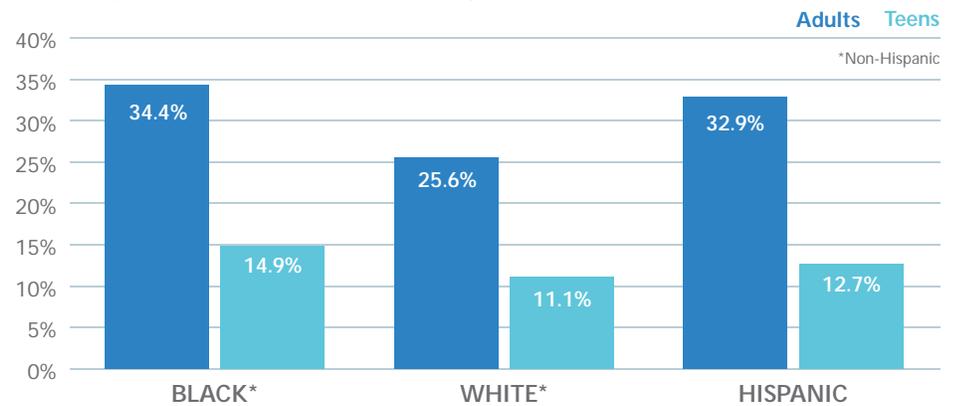
Adults and Teens Drinking 1 or more Sweetened Beverages Daily, 2009–2019

Sources: Teen data | 2009–2019 Philadelphia Youth Behavior Risk Survey;
Adult data | 2010–2018 PHMC Household Health Survey



Adults and Teens Drinking 1 or more Sweetened Beverages Daily by Race/Ethnicity, 2018/2019

Sources: Teen data | 2019 Philadelphia Youth Behavior Risk Survey;
Adult data | 2018 PHMC Household Health Survey



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.

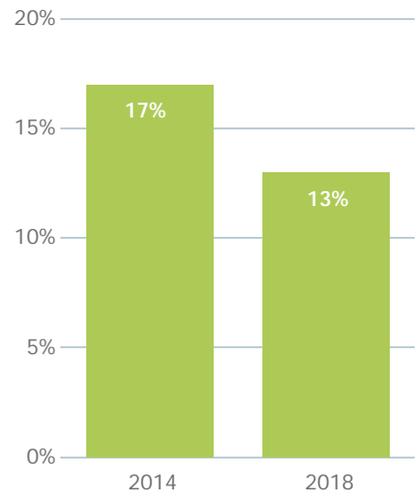
High and Low Produce Supply Stores per 100,000 People by Census Tract Income

Source: 2019 Neighborhood Food Retail Report, Division of Chronic Disease and Injury Prevention, PDPH



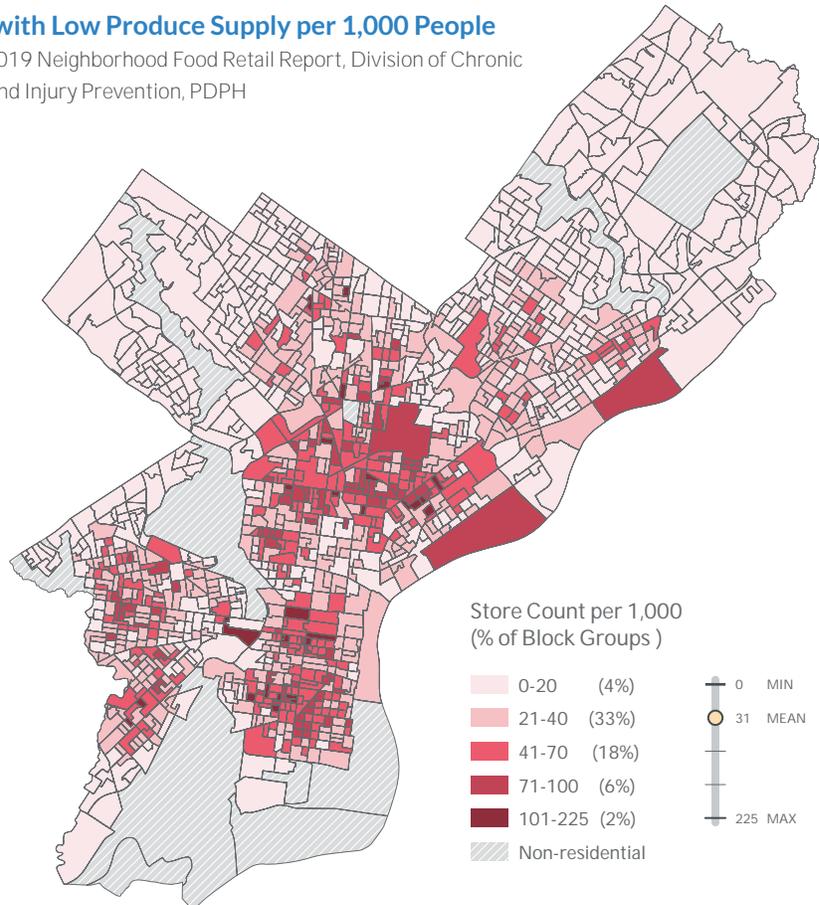
Population in Low-to-No High Produce Supply Store Access Areas

Source: 2019 Neighborhood Food Retail Report, Division of Chronic Disease and Injury Prevention, PDPH



Stores with Low Produce Supply per 1,000 People

Source: 2019 Neighborhood Food Retail Report, Division of Chronic Disease and Injury Prevention, PDPH



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

	Most Recent Estimate	Populations with Poorer Outcomes	Change In Recent Years
Uninsured Adults Aged 18-64 years	13% ¹	Hispanics, Immigrants	WORSENING
Uninsured Children	4.4% ²	Hispanics, Immigrants, Non-Hispanic Asians	WORSENING
Adults without a Primary Care Provider	17% ¹		IMPROVING
Adults Forgoing Care Due to Costs	10% ¹		NO CHANGE
Children (19-35 months old) with Up-to-Date Immunizations	72% ³		WORSENING
Adults (>50) with Colon Cancer Screening	72% ¹		NO CHANGE
Women with Mammography in Past 2 Years	87% ¹		IMPROVING
Primary Care Physicians per Capita	1:1,243 ⁴	Clusters of neighborhoods in Greater Northeast, West, Northwest, and Southwest regions	
Ambulatory Care Sensitive Hospitalizations	1196.5 per 100,000 ⁵	Non-Hispanic Blacks	IMPROVING



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

Access to Clinical & Preventive Care

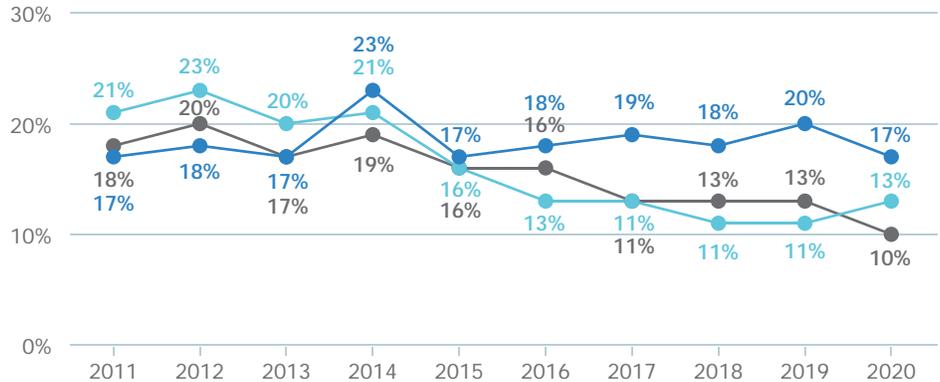
INSURANCE COVERAGE AND COST OF CARE

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.

Adult Medical Care Status, 2011–2020

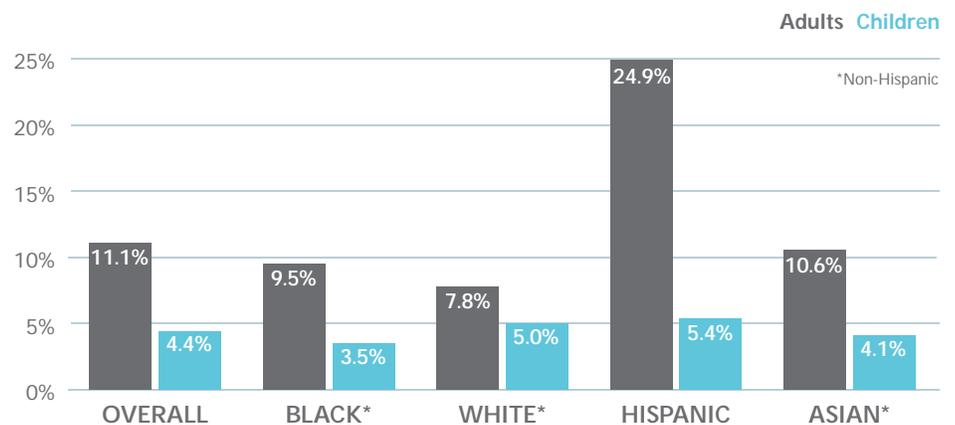
Source: 2011–2020 PA Behavioral Risk Factor Surveillance System



Adults with No Primary Care Provider
No health insurance, age 18-64
Adults Forgoing Care Due to Cost

Percent of Adults and Children Uninsured by Race, 2019

Source: 2019 American Community Survey 1-Year Estimates, U.S. Census Bureau



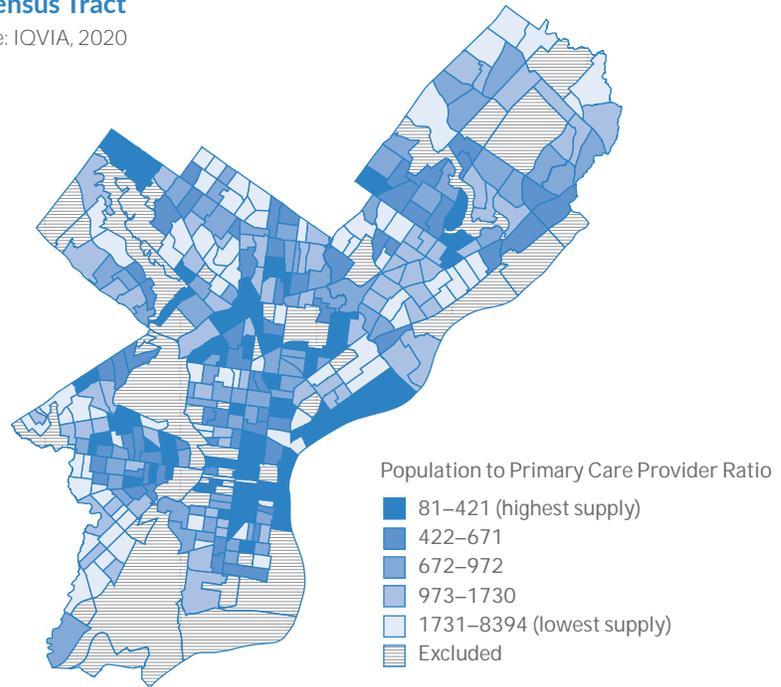
Access to Clinical & Preventive Care

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.

Primary Care Provider to Population Ratio by Census Tract

Source: IQVIA, 2020

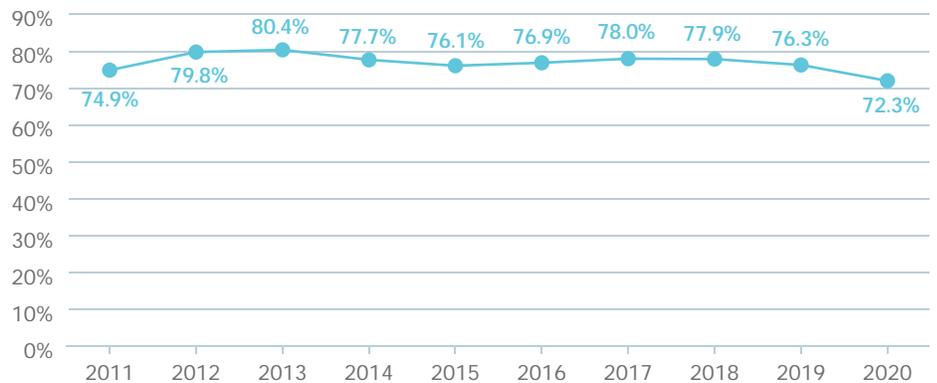


PREVENTIVE CARE

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.

Children Up-to-Date on Immunizations, 19-35 Months of Age, 2011–2020

Source: 2011–2020 PhilaVax Immunization Registry, PDPH



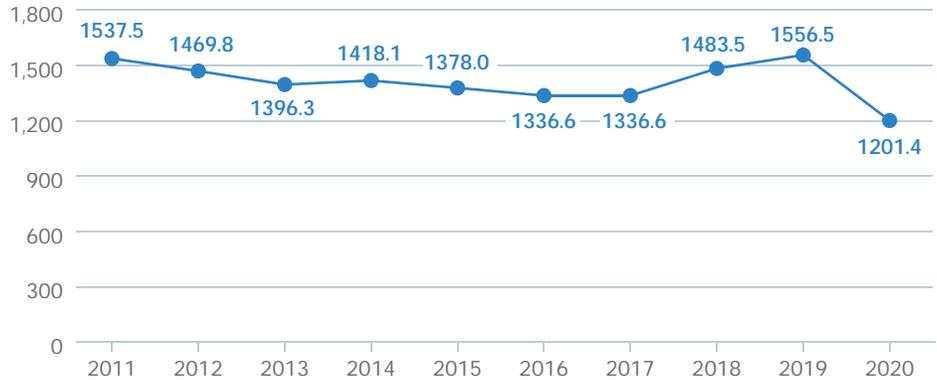
Access to Clinical & Preventive Care

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.

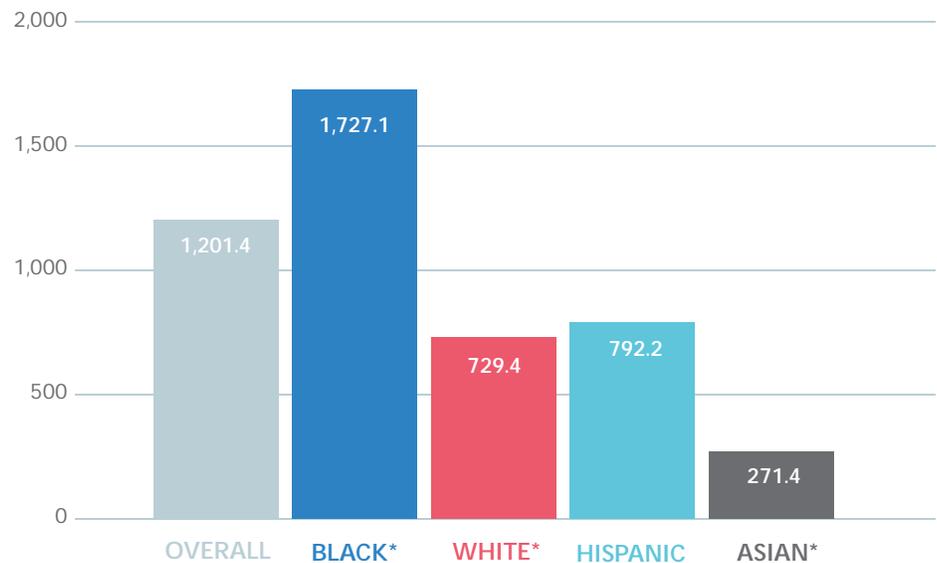
Hospitalizations for Ambulatory Care Sensitive Conditions, 2011–2020

Source: 2011–2019 Hospital Discharges, PA Health Care Cost Containment Council



Hospitalizations for Ambulatory Care Sensitive Conditions by Race/Ethnicity, 2020

Source: 2019 Hospital Discharges, PA Health Care Cost Containment Council



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

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

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

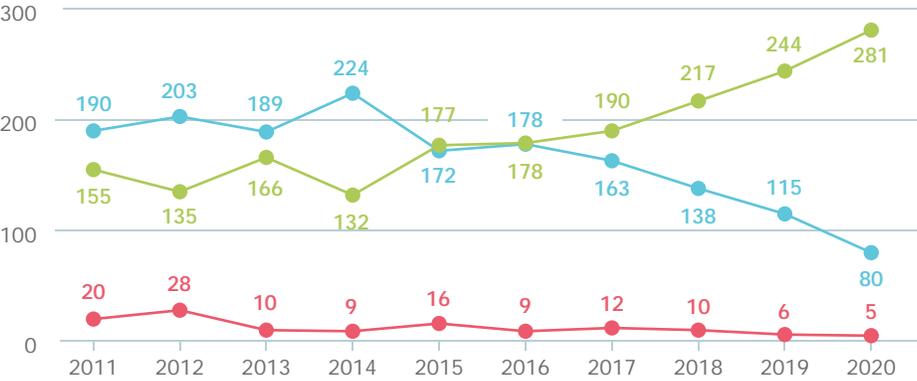


AIR QUALITY

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.

Days with Good, Moderate and Unhealth Air Quality 2011–2020

Source: 2011–2020 AMP 410 S Reports, Air Management Service, PDPH



Days with Good Air Quality
 Days with Moderate Air Quality
 Days with Unhealthy Air Quality

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.

Heat-related ED Visits 2011–2020

Source: Syndromic Surveillance, PDPH



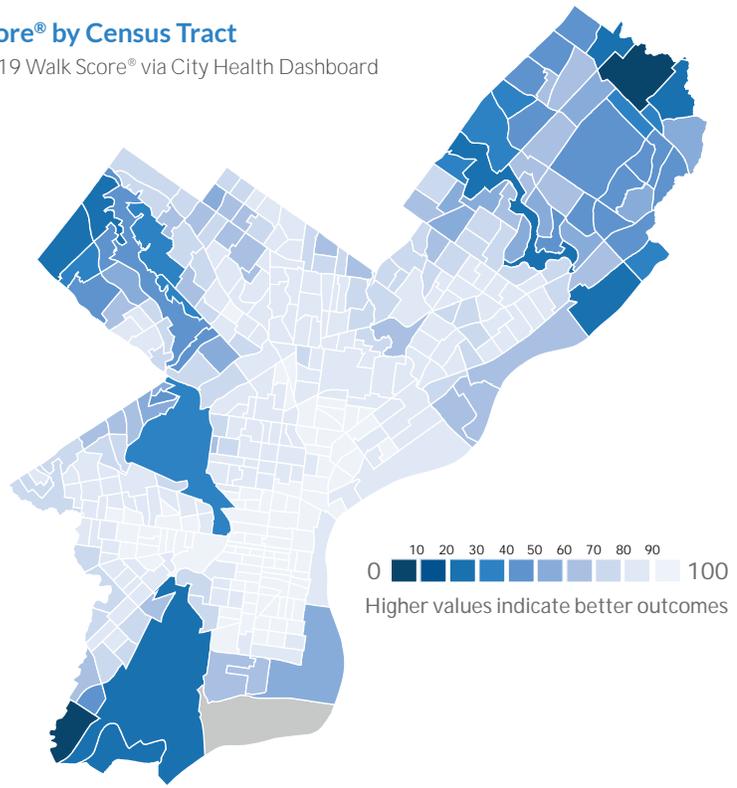
Physical Environment

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.

Walk Score® by Census Tract

Source: 2019 Walk Score® via City Health Dashboard

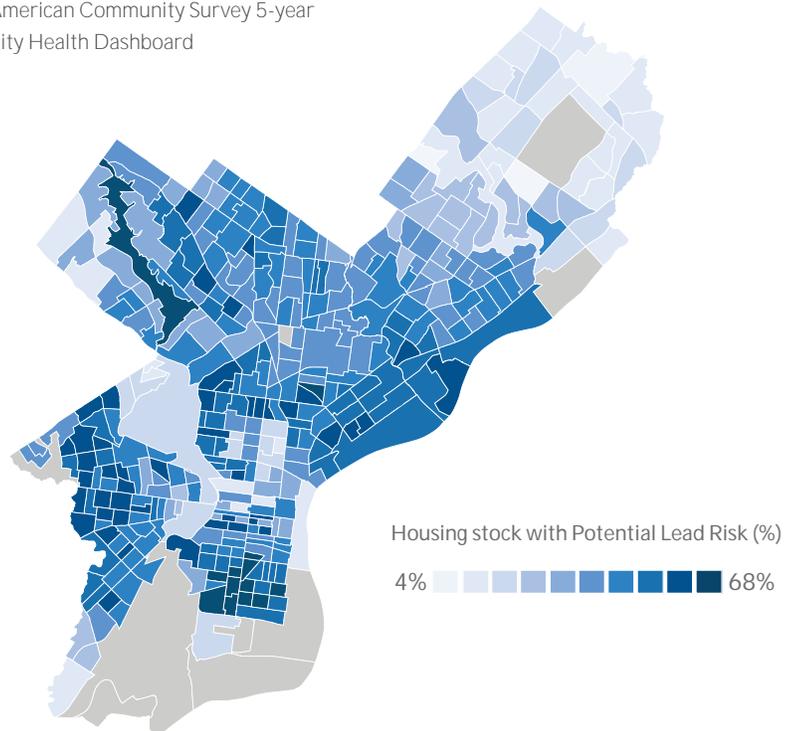


HOUSING WITH POTENTIAL LEAD RISK

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 with Potential Lead Risk

Source: 2019 American Community Survey 5-year Estimates via City Health Dashboard

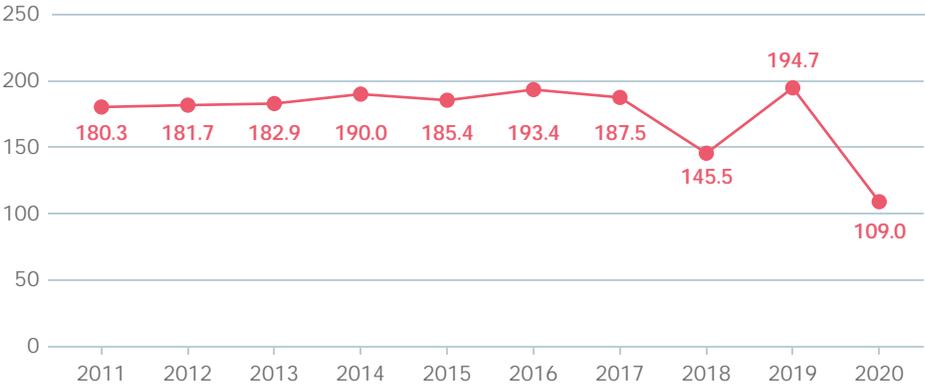


HOUSING CODE VIOLATIONS

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.

Housing Code Violations per 1,000 Occupied Housing Units, 2011–2020

Source: 2020 Philadelphia Licenses & Inspections



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.

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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)
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Philadelphia Police Department
Philadelphia Youth Behavioral Risk Behavior Survey
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