

PHILADELPHIA'S COMMUNITY HEALTH ASSESSMENT



HEALTH OF THE CITY

2019

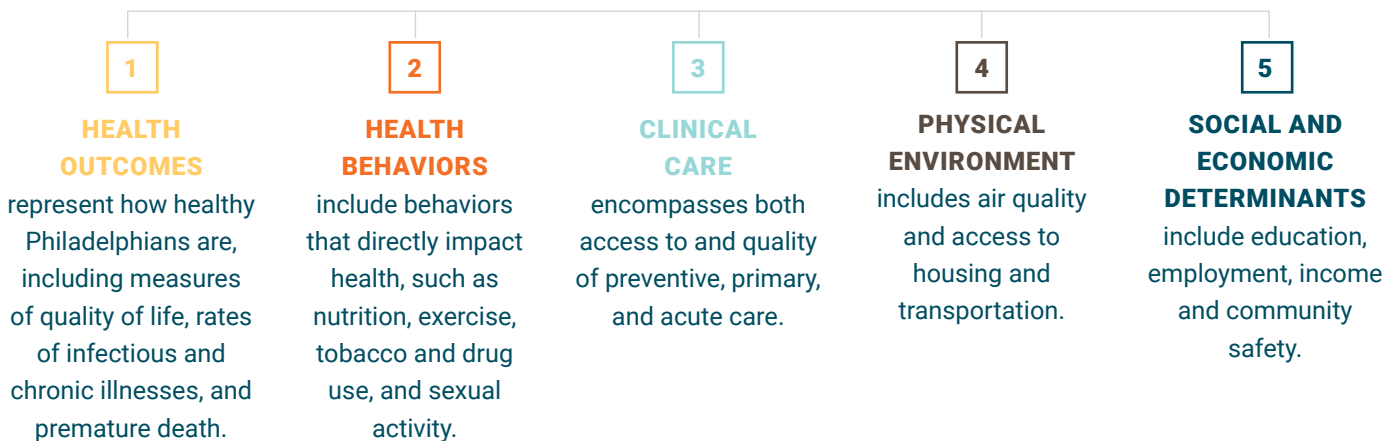
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INTRODUCTION

Health is influenced by many factors, including social and economic conditions, the built environment, accessibility of healthy products, the behavioral choices people make, and the medical care system. *Health of the City* describes the health and well-being of people who live in Philadelphia. The Philadelphia Department of Public Health produces this annual report to help health care providers, city officials, people who make decisions for non-governmental organizations, and individual residents make more informed decisions about health.

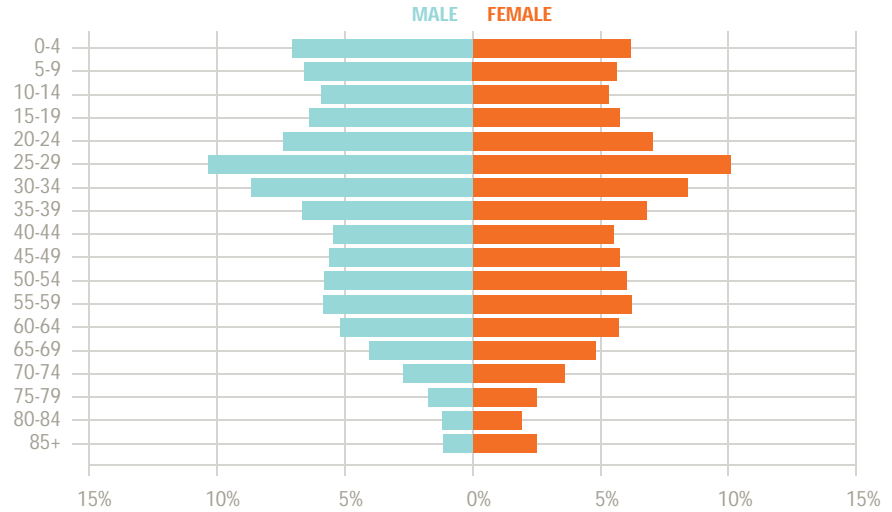
Health of the City includes summaries of data from various sources to describe the demographics of the city's residents as well as health outcomes and key factors that influence health in five broad areas:



ABOUT PHILADELPHIA

Philadelphia is the sixth largest city in the United States (behind New York City, Los Angeles, Chicago, Houston, and Phoenix), with an estimated population of 1,584,138 in 2018. Philadelphia's young adult population (ages 20 to 34 years) continues to grow and represents the largest portion of the population.

POPULATION BY AGE GROUP



SOURCE: 2018 American Community Survey Estimates, U.S. Census Bureau

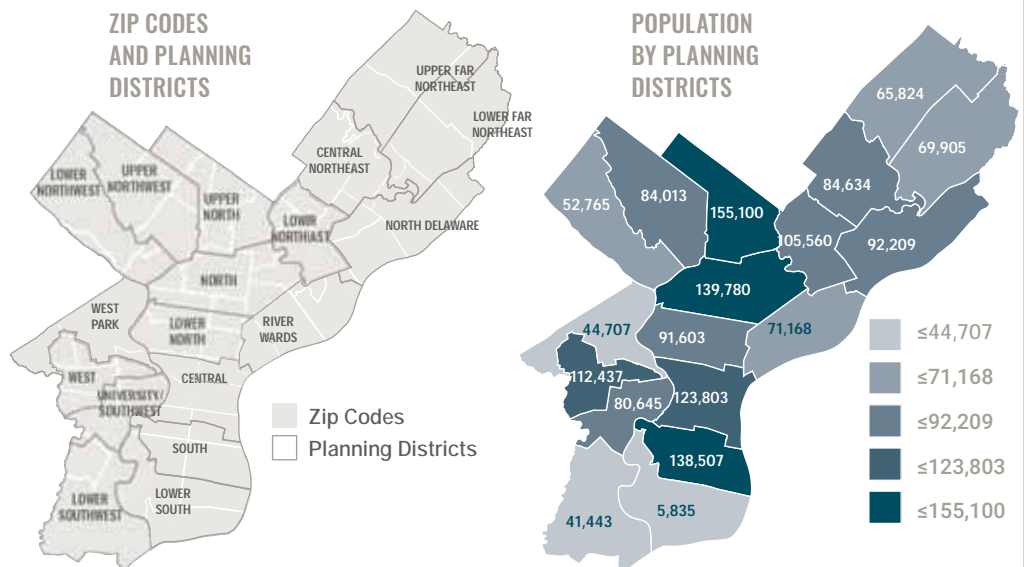
Philadelphia is racially and ethnically diverse – 40 percent non-Hispanic black, 34 percent non-Hispanic white, 15 percent Hispanic, and 7 percent Asian. Yet, Philadelphia continues to be segregated along racial lines, with one race or ethnic group representing the majority in 84% of the city's 381 census tracts.

POPULATION BY RACE/ETHNICITY



SOURCE: 2018 American Community Survey Estimates, U.S. Census Bureau

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



SOURCE: 2017 American Community Survey Estimates, U.S. Census Bureau

HEALTH OUTCOMES

Despite ongoing public health crises like the opioid epidemic, community gun violence and poverty – most key health indicators in Philadelphia continued to improve over the last year. Yet, some health indicators moved in the wrong direction and overall Philadelphia's health lagged behind other major U.S. cities. These differences were largely driven by persisting disparities in key health outcomes and behaviors for racial/ethnic minorities and those experiencing poverty. The following sections provide more details.

SUMMARY HEALTH MEASURES

Measuring life expectancy and examining trends in causes of death shows how people are dying, who is dying prematurely and how these deaths may be prevented. After improving for decades, life expectancy in Philadelphia and nationally has declined for many groups. Increases in premature mortality due to drug overdoses and homicides over the last several years were the primary drivers in Philadelphia. Increases in chronic conditions and other poor health behaviors are likely to further reverse the trend.

	MOST RECENT ESTIMATE	POPULATIONS WITH POORER OUTCOMES	CHANGE IN RECENT YEARS
DEATHS (ALL CAUSES)			
	843.9 per 100,000 ¹	Non-Hispanic blacks	<input type="radio"/> NO CHANGE
YEARS OF POTENTIAL LIFE LOST BEFORE AGE 75			
	9,554.7 years ¹	Non-Hispanic blacks; Low income neighborhoods	<input type="radio"/> NO CHANGE
LIFE EXPECTANCY (MALES)			
	72.3 years ¹	Non-Hispanic blacks	<< WORSENING
LIFE EXPECTANCY (FEMALES)			
	79.8 years ¹		<input type="radio"/> NO CHANGE
ADULTS SELF-REPORTING POOR OR FAIR HEALTH			
	22% ²	Hispanics; Non-Hispanic blacks	<input type="radio"/> NO CHANGE

SOURCE: 1 - 2018 Preliminary Vital Statistics Report, PDPH

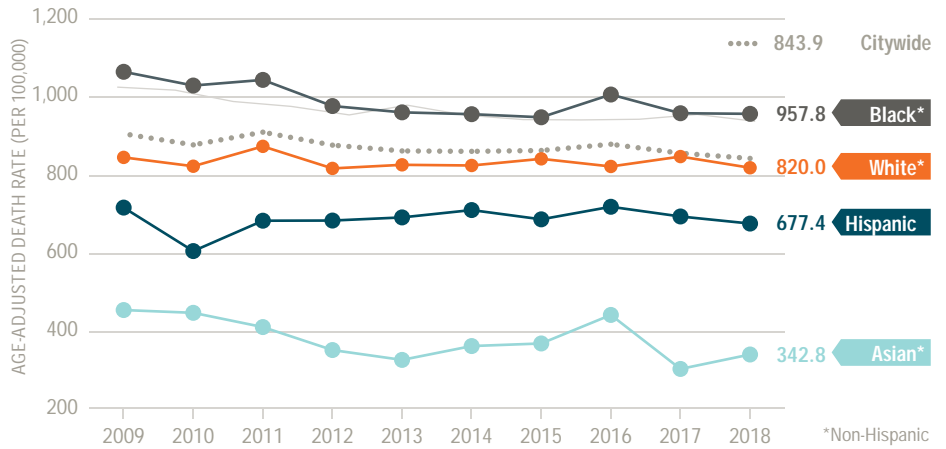
2 - 2018 PA Behavioral Risk Factor Surveillance System

SUMMARY HEALTH MEASURES

OVERALL MORTALITY

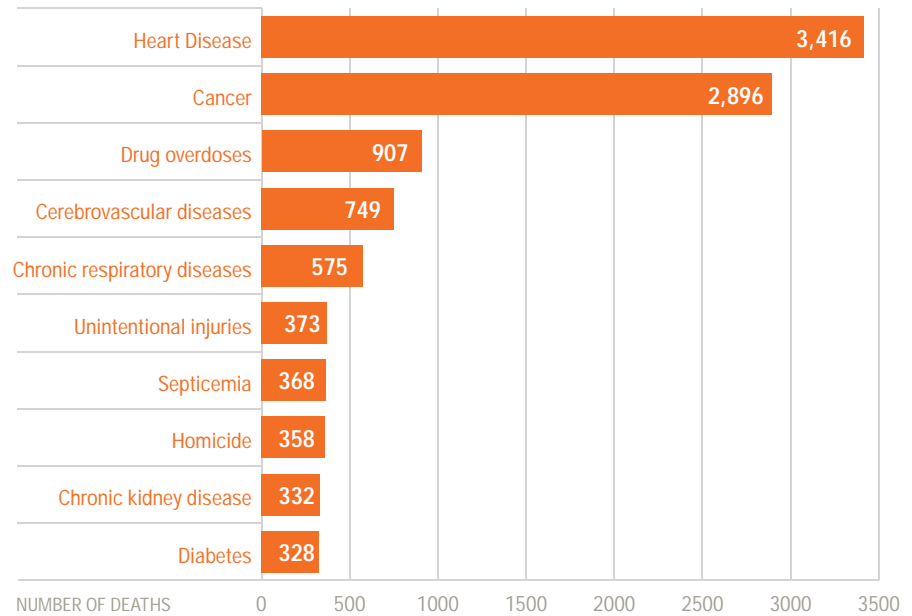
In 2018, an estimated 14,306 Philadelphia residents died. Heart disease, cancer and drug overdoses were the leading causes of death.

AGE-ADJUSTED MORTALITY BY RACE/ETHNICITY



SOURCE: 2009 – 2018 Vital Statistics, PDPH

LEADING CAUSES OF DEATH IN PHILADELPHIA



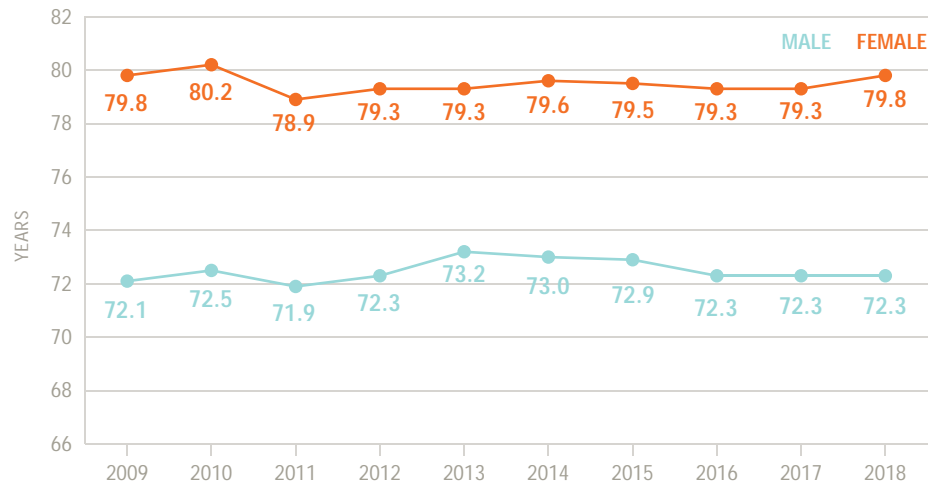
SOURCE: 2018 Preliminary Vital Statistics, PDPH

SUMMARY HEALTH MEASURES

LIFE EXPECTANCY

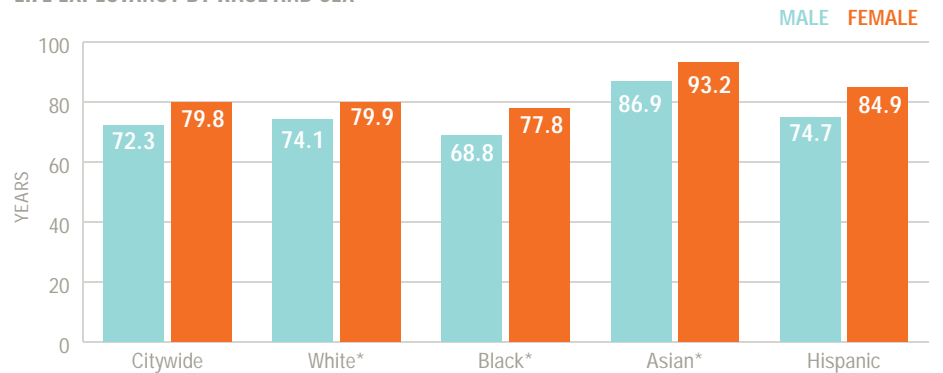
Similarly, life expectancy at birth in men and women increased until 2014 and declined in recent years. Non-Hispanic Asians continue to have the highest life expectancy overall. Life expectancy at birth is shortest among non-Hispanic black men at 68.8 years.

LIFE EXPECTANCY AT BIRTH BY SEX



SOURCE: 2009 – 2018 Vital Statistics, PDPH

LIFE EXPECTANCY BY RACE AND SEX



SOURCE: 2018 Preliminary Vital Statistics, PDPH

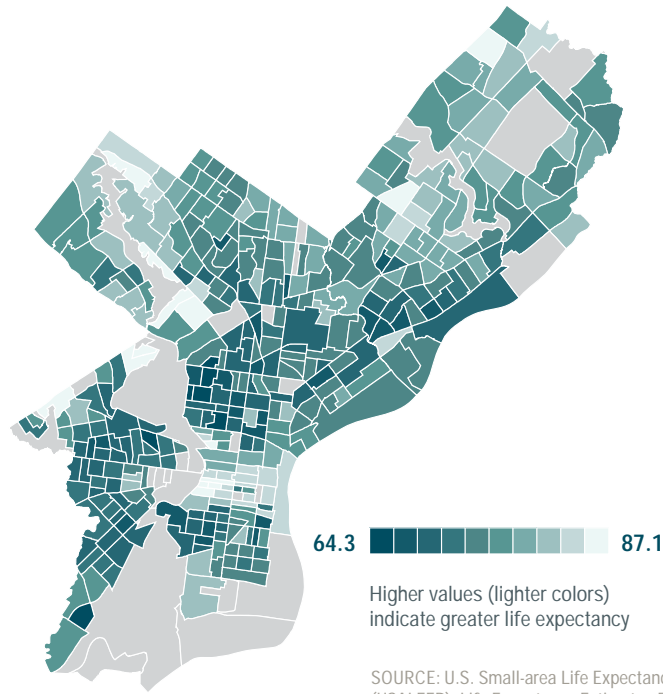
*Non-Hispanic

SUMMARY HEALTH MEASURES

LIFE EXPECTANCY

Life expectancy varies considerably by neighborhood in Philadelphia. Living just a mile away can decrease life expectancy by 20 years. Life expectancy is lowest in communities with highest rates of adverse behavioral and economic determinants, including poverty, substance use/abuse, and community violence.

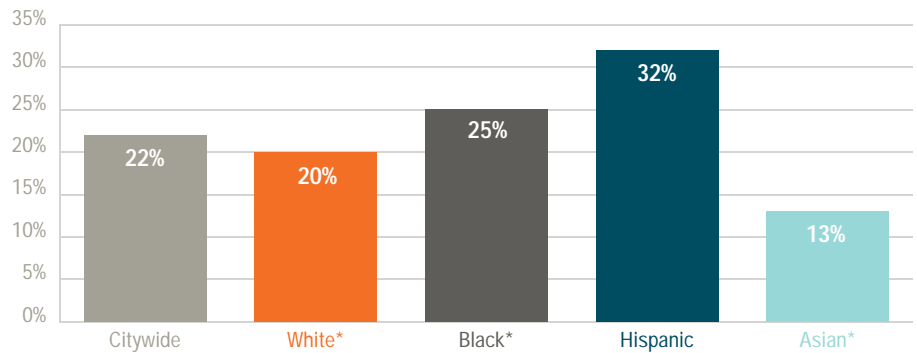
LIFE EXPECTANCY BY CENSUS TRACT



SELF-REPORTED HEALTH STATUS

While life expectancy indicates how long people are living, self-reported health status provides a measure of quality of life. Overall, 22 percent of Philadelphians rated their health as poor or fair. There are significant differences among racial/ethnic groups with rates being highest among Hispanics.

SELF-REPORTED POOR OR FAIR HEALTH BY RACE/ETHNICITY



SOURCE: 2017 – 2018 PA Behavioral Risk Factor Surveillance System

*Non-Hispanic

CHRONIC HEALTH CONDITIONS



Six of the leading causes of death in Philadelphia are related to chronic health conditions: heart disease, cancer, cerebrovascular disease, chronic respiratory disease, diabetes, and chronic kidney disease. These conditions often significantly reduce quality of life and life expectancy, and lead to disability and high health care costs. Many factors, particularly poor health behaviors and lack of access to care, contribute to these conditions, resulting in varying rates among the population.

	MOST RECENT ESTIMATE	POPULATIONS WITH POORER OUTCOMES	CHANGE IN RECENT YEARS
OBESITY IN CHILDREN (AGES 5 – 18)			
	20.4% ¹	Hispanic boys; Non-Hispanic black girls	*
OBESITY IN ADULTS			
	34.0% ²	Non-Hispanic blacks; Hispanics	○ NO CHANGE
HYPERTENSION IN ADULTS			
	33.0% ³	Non-Hispanic blacks	○ NO CHANGE
DIABETES IN ADULTS			
	12.0% ²	Non-Hispanic blacks	○ NO CHANGE
CANCER INCIDENCE			
	492.3 per 100,000 ⁴		>> IMPROVING
CANCER MORTALITY			
	167.5 per 100,000 ⁵		>> IMPROVING
CHILDHOOD ASTHMA HOSPITALIZATIONS			
	59.1 per 100,000 ⁶	Non-Hispanic blacks; Hispanics	○ NO CHANGE

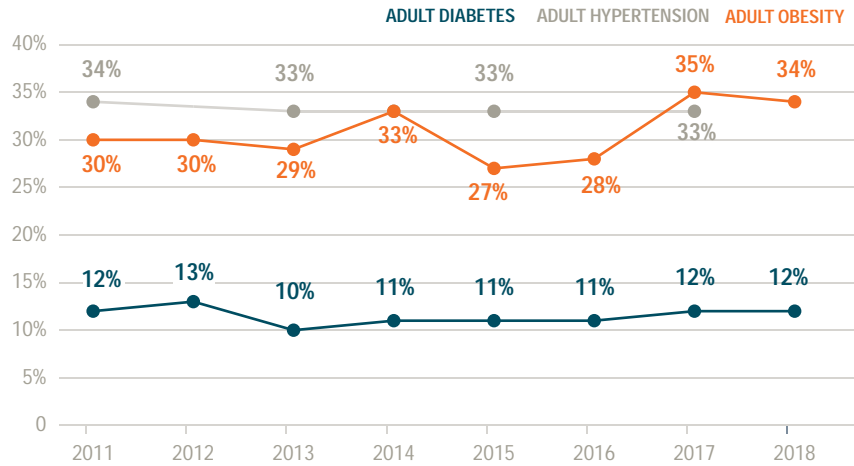
SOURCE: 1 - 2015 – 2016 School District of Philadelphia
 2 - 2018 PA Behavioral Risk Factor Surveillance System
 3 - 2017 PA Behavioral Risk Factor Surveillance System
 4 - 2016 PA Department of Health Cancer Registry
 5 - 2018 Preliminary Vital Statistics, PDPH
 6 - 2018 Hospital Discharges, PA Health Care Cost Containment Council
 *Recent trend data not available

CHRONIC HEALTH CONDITIONS

CHRONIC DISEASES AMONG ADULTS

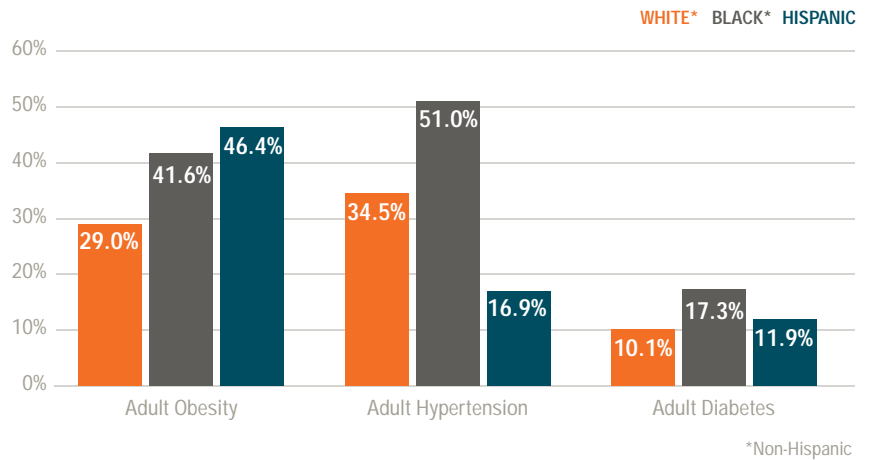
Children and adults with obesity are at increased risk for developing chronic health conditions like high blood pressure, type 2 diabetes, asthma, and cardiovascular disease. Approximately 1 in 3 adults had obesity, with rates being highest among non-Hispanic blacks and Hispanics. Similar patterns were observed for hypertension among adults. The rate of diabetes remained stable and was highest among non-Hispanic blacks and Hispanics.

DIABETES, HYPERTENSION, AND OBESITY AMONG ADULTS



SOURCE: 2011 – 2018 PA Behavioral Risk Factor Surveillance System

DIABETES, HYPERTENSION, AND OBESITY AMONG ADULTS BY RACE/ETHNICITY



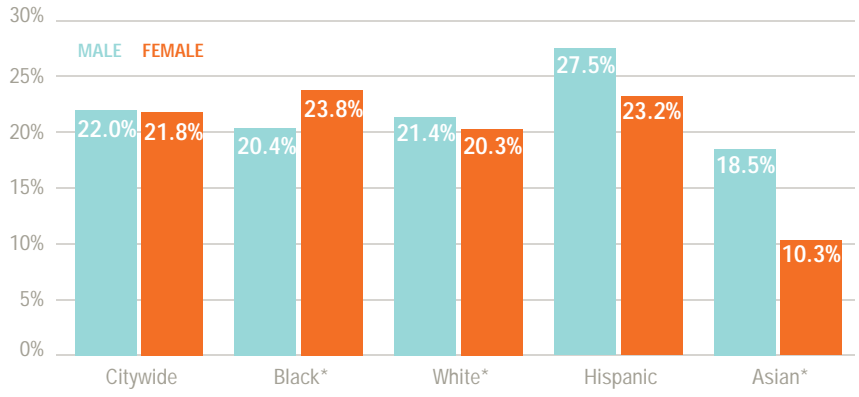
SOURCES: Obesity and diabetes: 2017 – 2018 PA Behavioral Risk Factor Surveillance System, Hypertension: 2015 – 2017 PA Behavioral Risk Factor Surveillance System

CHRONIC HEALTH CONDITIONS

CHILDHOOD OBESITY

In 2016, just over 1 in 5 children ages 5 to 18 in public schools had obesity. Children who have obesity are at high risk of having obesity and its complications as adults. Non-Hispanic black girls and Hispanic boys had the highest rates of obesity. Prevalence of obesity among children slightly declined over the last decade, but that trend seems to have slowed and potentially reversed in recent years.

OBESITY AMONG CHILDREN (AGES 5 – 18)



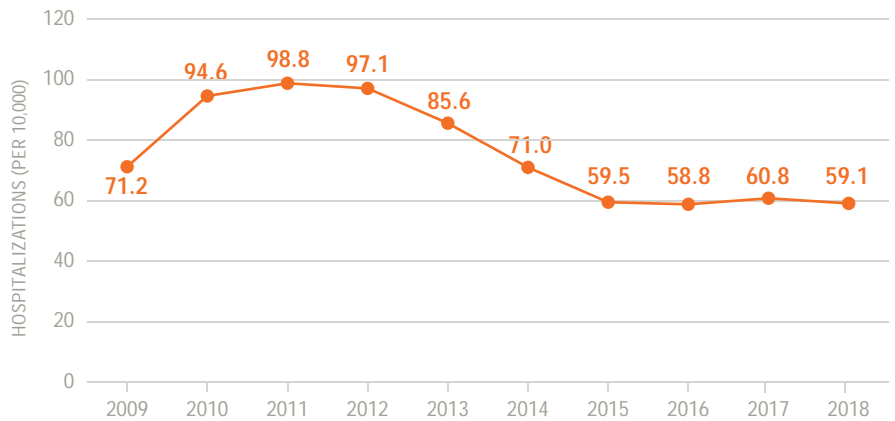
SOURCE: 2015 – 2016 School District of Philadelphia

*Non-Hispanic

CHILDHOOD ASTHMA

Childhood asthma is a significant concern for many children in Philadelphia. The rate of asthma-related hospitalizations held steady at 59.1 hospitalizations per 10,000 children in 2018.

ASTHMA HOSPITALIZATIONS PER 10,000 CHILDREN (AGE <18)



SOURCE: 2009 – 2018 Hospital Discharges, PA Health Care Cost Containment Council

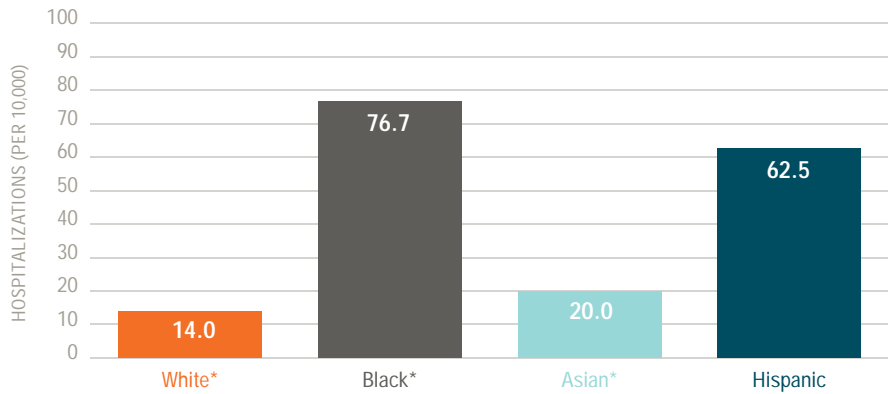
CHRONIC HEALTH CONDITIONS

CHILDHOOD ASTHMA

Non-Hispanic black and Hispanic children had the highest rates of asthma-related hospitalizations, roughly 5 times higher than that of non-Hispanic white children.

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

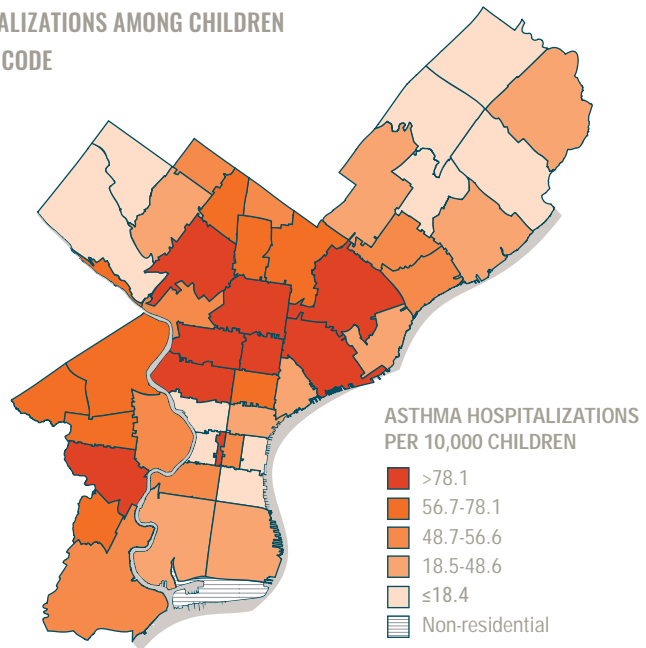
ASTHMA HOSPITALIZATIONS AMONG CHILDREN (AGE <18) BY RACE/ETHNICITY



SOURCE: 2018 Hospital Discharges, PA Health Care Cost Containment Council

*Non-Hispanic

ASTHMA HOSPITALIZATIONS AMONG CHILDREN (AGE <18) BY ZIP CODE



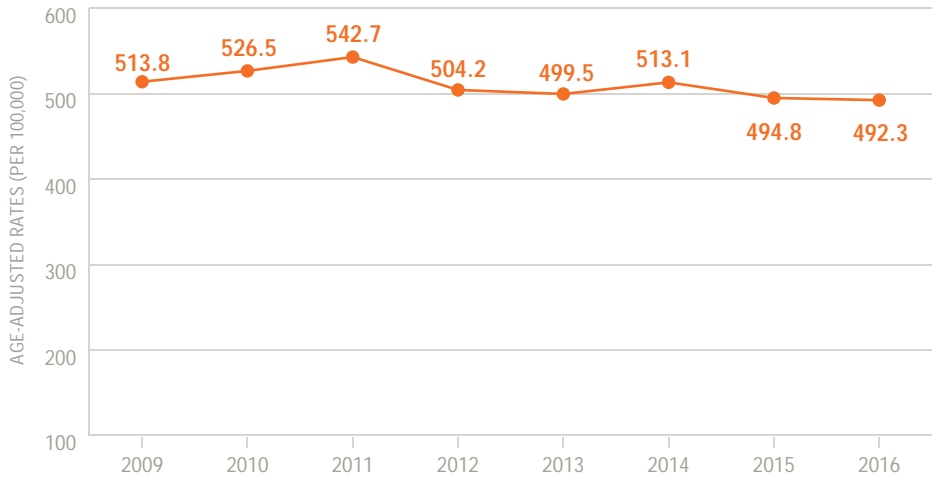
SOURCE: 2018 Hospital Discharges, PA Health Care Cost Containment Council

CHRONIC HEALTH CONDITIONS

CANCER

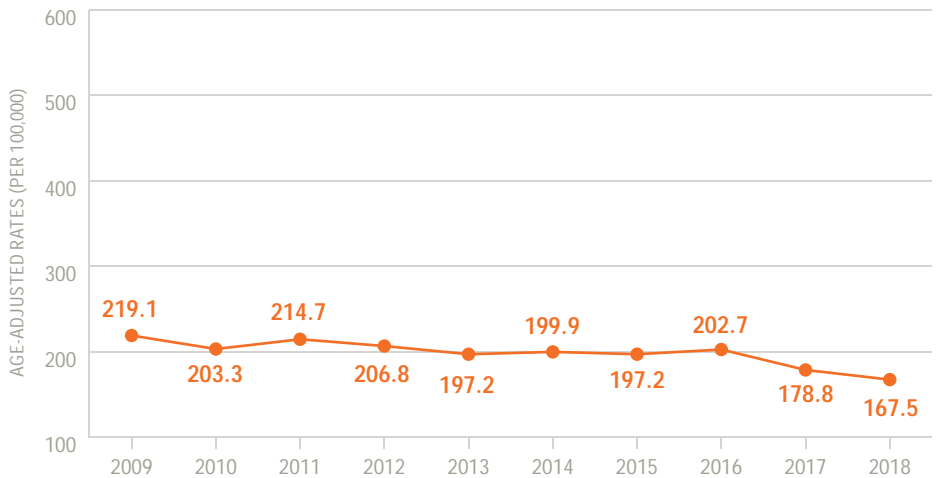
Both cancer incidence and cancer mortality have been on the decline since 2009. In 2016, cancer incidence reached a low of 492.3 cases per 100,000 residents, and in 2018 cancer mortality also reached a low of 167.5 deaths per 100,000.

AGE-ADJUSTED CANCER INCIDENCE



SOURCE: 2009 – 2016 PA Cancer Registry

AGE-ADJUSTED CANCER MORTALITY



SOURCE: 2009 – 2018 Preliminary Vital Statistics, PDPH

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.



BEHAVIORAL HEALTH

MOST RECENT ESTIMATE	POPULATIONS WITH POORER OUTCOMES	CHANGE IN RECENT YEARS
DIAGNOSED DEPRESSIVE DISORDER IN ADULTS		
21% ¹		○ NO CHANGE
FREQUENT MENTAL STRESS AMONG ADULTS		
16.5% ¹	Low income	○ NO CHANGE
SUICIDE IDEATION IN TEENS (GRADES 9-12)		
22.0% ²		<< WORSENING
SUICIDE ATTEMPTS IN TEENS (GRADES 9-12)		
14.5% ²		<< WORSENING
SUICIDE DEATHS		
9.2 per 100,000 ³	Non-Hispanic white males	○ NO CHANGE
PRESCRIPTION OPIOID USE		
35% ⁴		*
OPIOID-RELATED DEATHS		
50.2 per 100,000 ³	Non-Hispanic white males	>> IMPROVING
ER VISITS FOR DRUG OVERDOSES		
6,446 ⁵		<< WORSENING

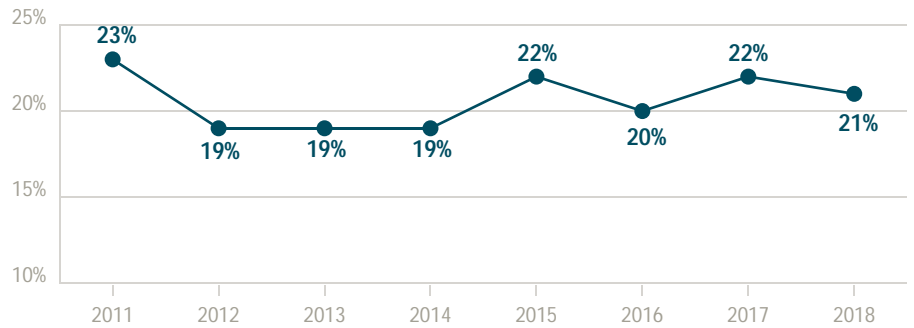
SOURCE: 1 – 2018 PA Behavioral Risk Factor Surveillance System
 2 – 2019 Philadelphia Youth Risk Behavior Survey
 3 – 2018 Preliminary Vital Statistics, PDPH
 4 – 2017 PA Behavioral Risk Factor Surveillance System
 5 – 2018 Syndromic Surveillance, PDPH
 * Recent trend data not available

BEHAVIORAL HEALTH

DIAGNOSED DEPRESSIVE DISORDER

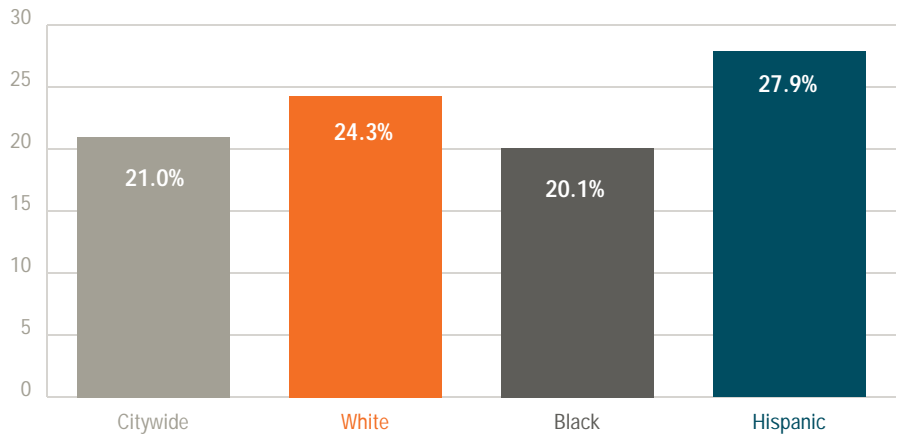
In 2018, roughly 1 in 5 adults had a diagnosed depressive disorder, which was nearly double the amount 15 years ago. Rates have remained relatively stable in recent years and are highest among Hispanics. These estimates include only diagnosed depressive conditions and are likely an underestimate of adults with poor mental health.

DIAGNOSED DEPRESSIVE DISORDER AMONG ADULTS



SOURCE: 2011 – 2018 PA Behavioral Risk Factor Surveillance System

DIAGNOSED DEPRESSIVE DISORDER AMONG ADULTS BY RACE/ETHNICITY

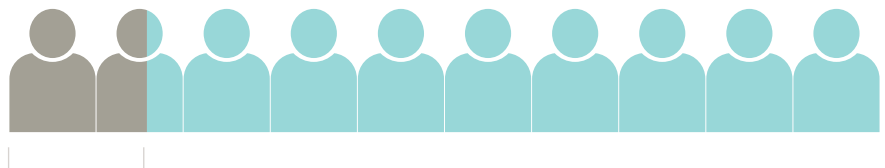


SOURCE: 2017 – 2018 PA Behavioral Risk Factor Surveillance System

*Non-Hispanic

FREQUENT MENTAL STRESS 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.



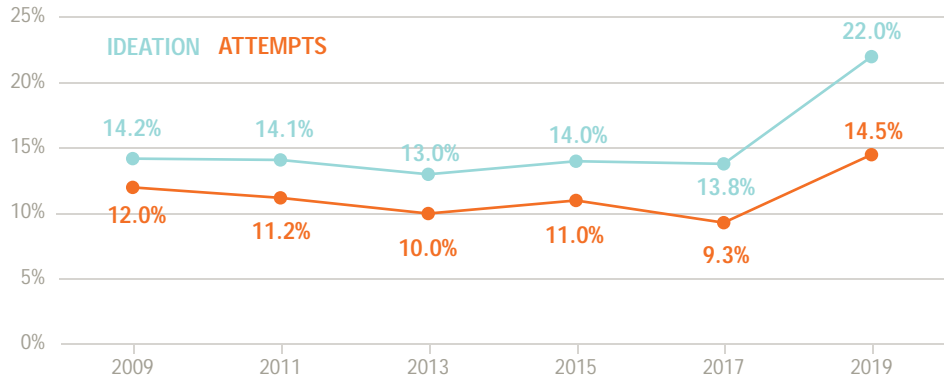
APPROXIMATELY
17 PERCENT OF ADULTS
REPORTED FREQUENT
MENTAL STRESS.

BEHAVIORAL HEALTH

SUICIDE IDEATION AMONG TEENS

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.

SUICIDE IDEATION AND ATTEMPTS AMONG YOUTH (9TH – 12TH GRADE)

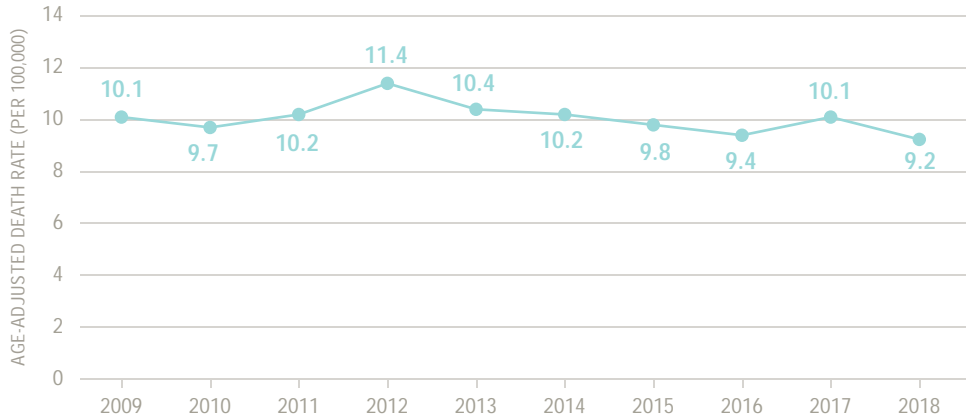


SOURCE: 2009 – 2019 Philadelphia Youth Risk Behavior Survey

SUICIDE DEATHS

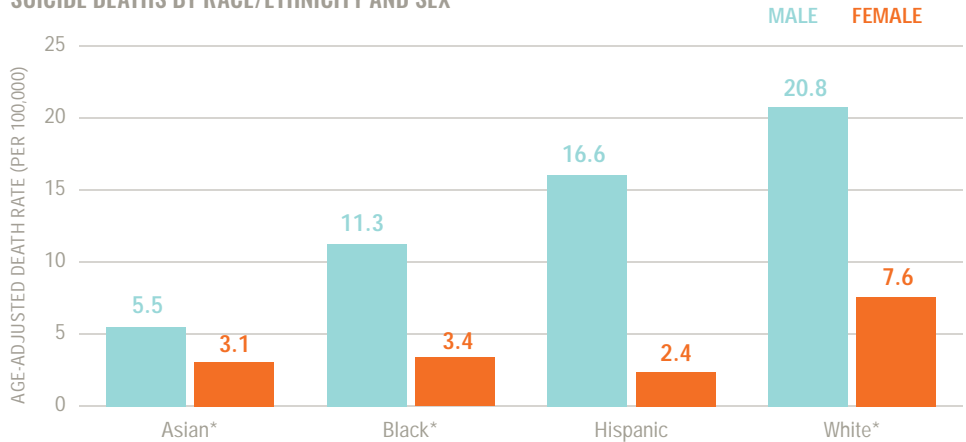
Suicide rates have remained fairly stable in Philadelphia, approximately 175 each year. Suicides are most common among non-Hispanic white men.

AGE-ADJUSTED SUICIDE DEATHS



SOURCE: 2009 – 2018 Vital Statistics, PDPH

SUICIDE DEATHS BY RACE/ETHNICITY AND SEX



SOURCE: 2016 – 2018 Vital Statistics, PDPH

*Non-Hispanic

BEHAVIORAL HEALTH

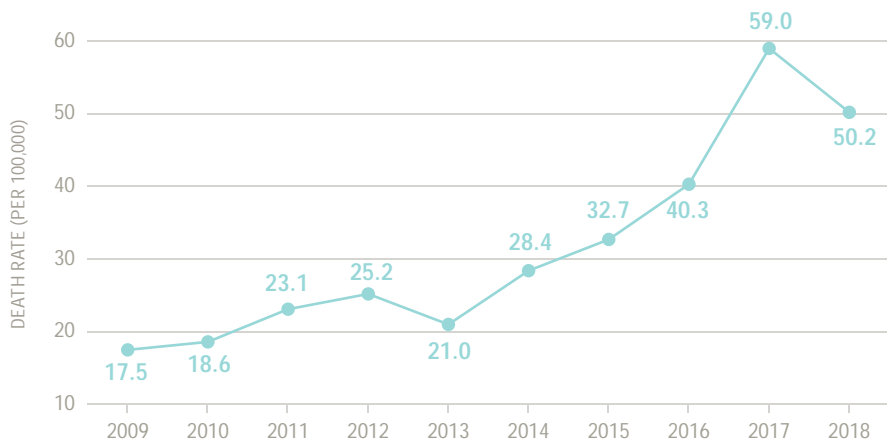
THE OPIOID EPIDEMIC

An opioid epidemic is occurring in Philadelphia and nationwide. This epidemic is largely fueled by years of over prescribing of highly addictive pharmaceutical opioids to treat chronic pain. In 2017, approximately 1 in 3 Philadelphians reported taking a prescription opioid in the last year – rates were high across all age, sex, and racial/ethnic groups.

OVERDOSE DEATHS

Drug overdose deaths increased 4-fold in recent years. Most drug overdose deaths involve opioids, which include both heroin and pharmaceutical opioids. In 2017, the opioid overdose mortality rate reached a peak of 59.0 deaths per 100,000 people (914 deaths among Philadelphia residents) – 84 percent of these deaths involved fentanyl, a lethal synthetic opioid that has penetrated the illicit drug market. In 2018, the opioid overdose mortality rate dropped to 50.2 deaths per 100,000 people.

OPIOID OVERDOSE DEATHS

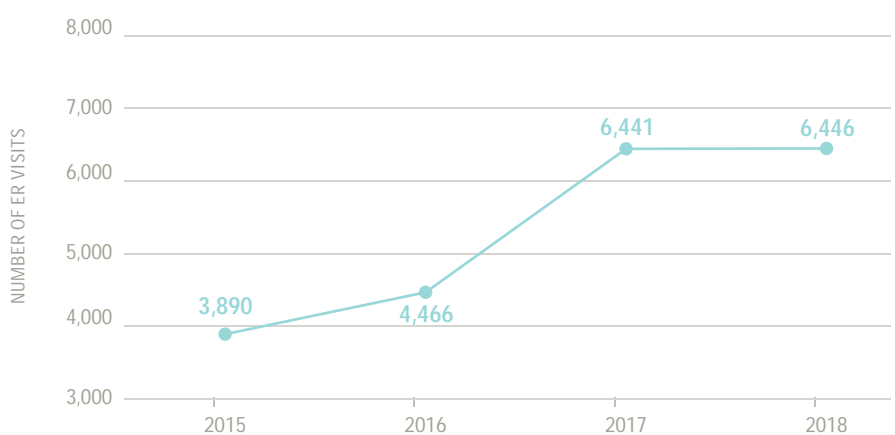


SOURCE: 2009 – 2018 Vital Statistics, PDPH

OVERDOSE ER VISITS

Fatal drug overdoses are just the tip of the iceberg. Emergency rooms and emergency response units are responding to significant increases of non-fatal drug overdoses. In 2018, there were more than 6,400 ER visits for drug overdoses in Philadelphia. These are an underestimate of total non-fatal drug overdoses as many individuals do not ever go to the ER when overdoses are reversed in community settings.

EMERGENCY ROOM VISITS FOR DRUG OVERDOSES



SOURCE: 2015 – 2018 Syndromic Surveillance, PDPH

INFECTIOUS HEALTH CONDITIONS

Infectious diseases are spread between people or animals via food, water, air, insects, blood or other bodily fluids. Advances in public health, specifically sanitation, antibiotics, and universal vaccinations, during the twentieth century dramatically reduced illness and deaths related to communicable diseases. With the exception of conditions transmitted via sexual contact and needle sharing, communicable disease incidence rates remain low in Philadelphia.

	MOST RECENT ESTIMATE	POPULATIONS WITH POORER OUTCOMES	CHANGE IN RECENT YEARS
HIV INCIDENCE			
	27.9 per 100,000 ¹	Non-Hispanic black MSM men who have sex with men (improving); People who inject drugs (worsening)	>> IMPROVING
GONORRHEA CASES			
	20,206 ²	Young adult females	>> IMPROVING
CHLAMYDIA CASES			
	7,205 ²	Young adult females	○ NO CHANGE
CHLAMYDIA AND GONORRHEA AMONG TEENS			
	4.7% ²	Teenage girls	<< WORSENING
SYPHILIS CASES			
	1,214 ²	Non-Hispanic black men who have sex with men	<< WORSENING

SOURCE: 1 - 2018 HIV Surveillance Data, AIDS Activity Coordinating Office, PDPH
2 - 2018 STD Surveillance, PDPH Division of Disease Control



INFECTIOUS HEALTH CONDITIONS

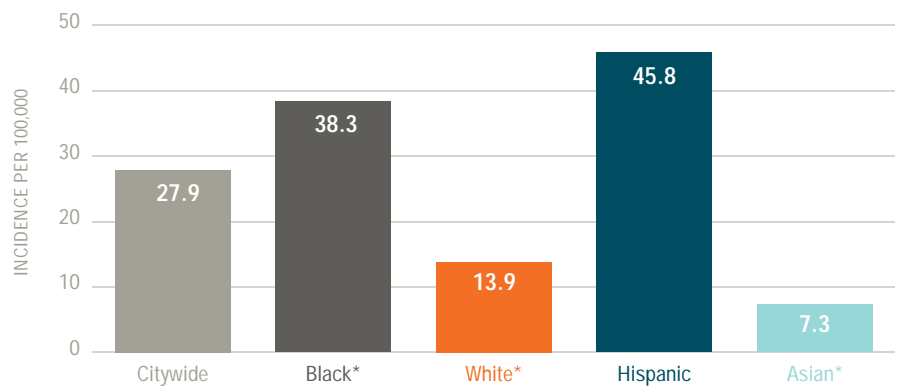
HIV/AIDS

The number of new HIV diagnoses has declined by nearly half over the last decade. There were an estimated 27.9 new cases per 100,000 people in 2018, representing a decrease from 2017. Overall, rates were nearly 3 times higher in non-Hispanic blacks and Hispanics compared to non-Hispanic whites and Asians. Despite significant declines in the number of transmissions due to heterosexual contact and among men who have sex with men (MSM), the number of new diagnoses increased among persons who inject drugs. This increase was driven by an outbreak related to the ongoing opioid epidemic in Philadelphia. MSM are still disproportionately impacted by HIV despite the recent decline.

In 2017, compared to other large cities and nationwide, HIV incidence was highest in the Philadelphia metropolitan statistical area, which also includes Delaware County.

For more data about HIV/AIDS in Philadelphia, please visit <https://www.phila.gov/documents/hiv-aids-data-and-research/>

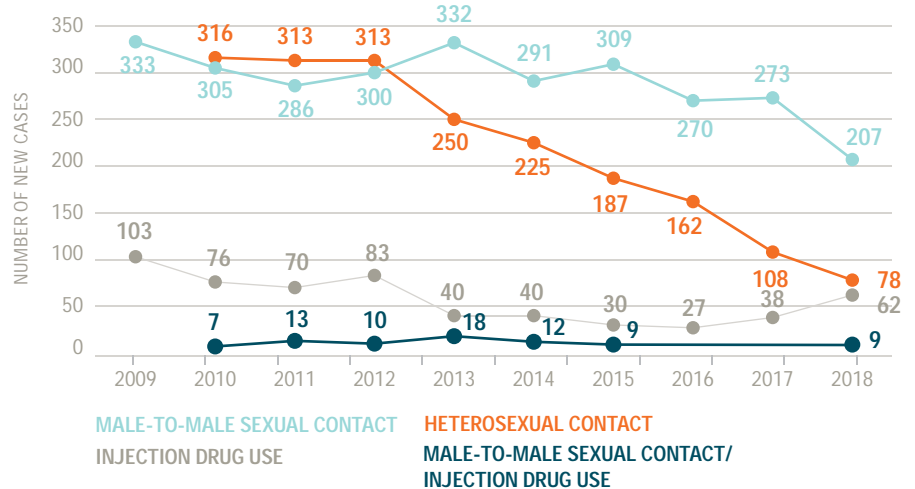
NEW HIV DIAGNOSES BY RACE/ETHNICITY



SOURCE: 2018 HIV Surveillance Data, AIDS Activity Coordinating Office, PDPH

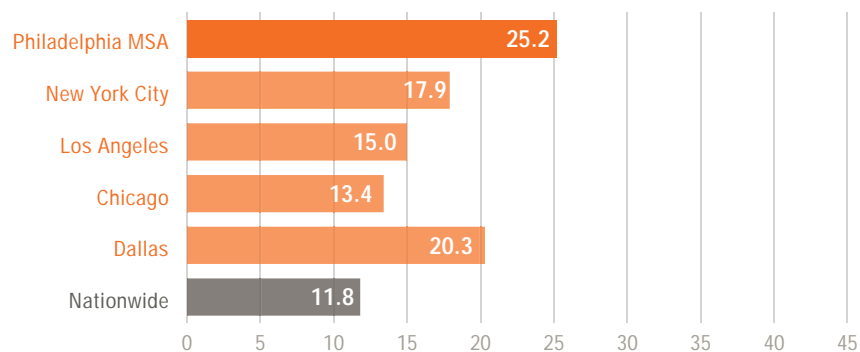
*Non-Hispanic

NEW HIV DIAGNOSES BY TRANSMISSION CATEGORY



SOURCE: 2009 – 2018 HIV Surveillance Data, AIDS Activity Coordinating Office, PDPH

NEW HIV DIAGNOSES IN LARGE U.S. CITIES



SOURCE: 2017 HIV Surveillance Report, CDC

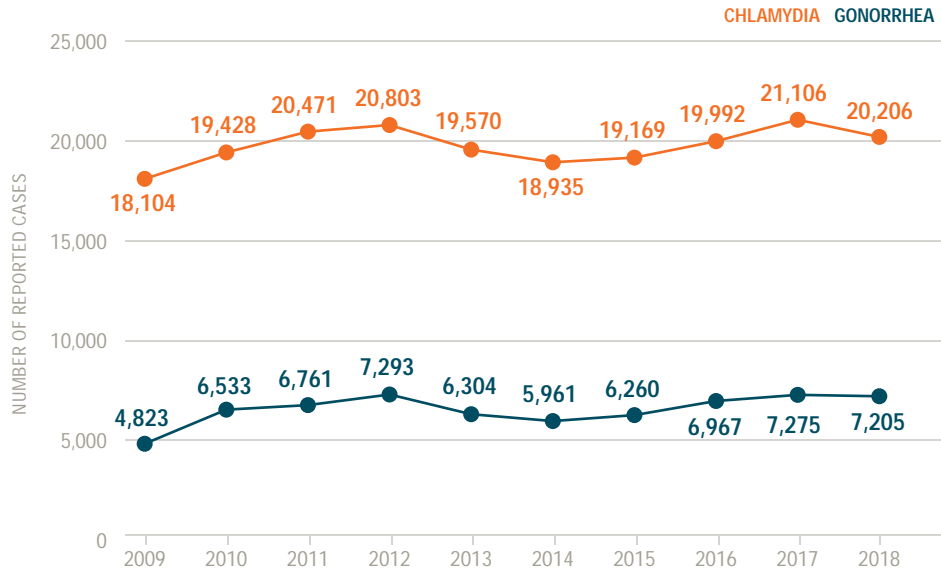
INFECTIOUS HEALTH CONDITIONS

CHLAMYDIA AND GONORRHEA

Reported cases of chlamydia and gonorrhea continued to rise. There were 20,206 cases of chlamydia and 7,205 cases of gonorrhea reported in 2018.

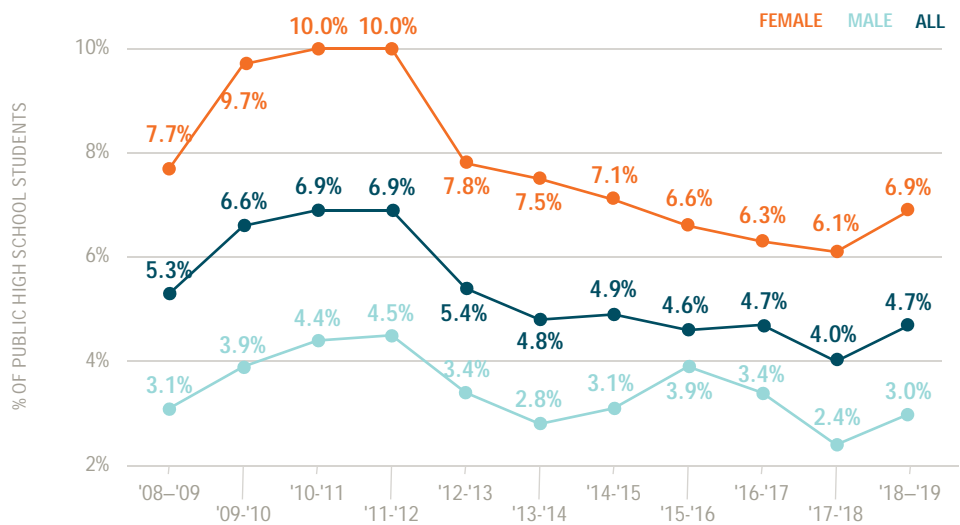
Rates of sexually transmitted infections among teens vary annually, but have been trending downward in recent years. Rates of chlamydia are nearly 5 times higher than gonorrhea among teens. Overall, rates of both gonorrhea and chlamydia are higher in teen girls than boys.

REPORTED CHLAMYDIA AND GONORRHEA CASES



SOURCE: 2009 – 2018 STD Surveillance, PDPH Division of Disease Control

GONORRHEA AND CHLAMYDIA AMONG PUBLIC HIGH SCHOOL STUDENTS



SOURCE: 2008 – 2019 STD Surveillance, PDPH Division of Disease Control

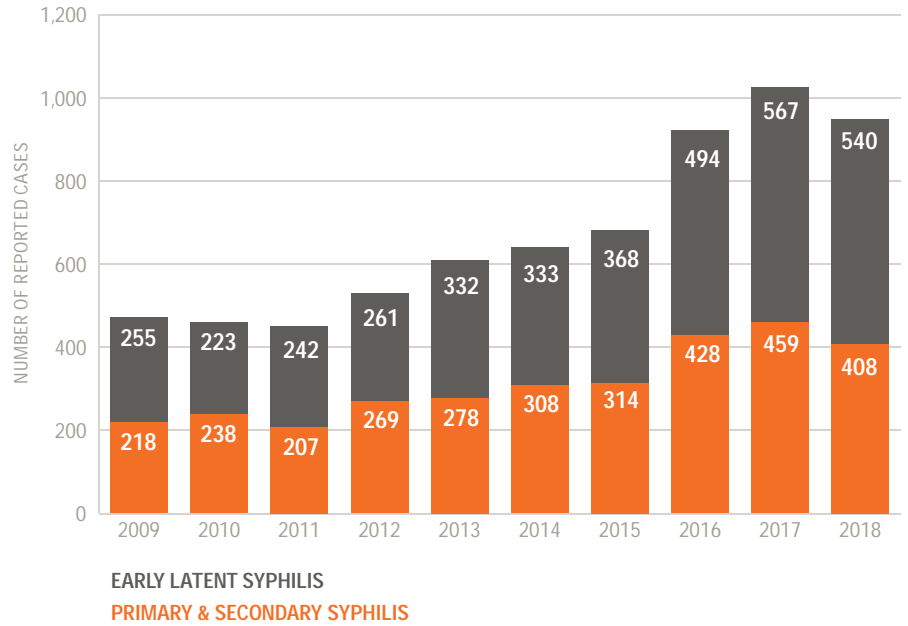
INFECTIOUS HEALTH CONDITIONS

SYPHILIS

The number of syphilis cases per year has increased nearly 5-fold since 2004, with nearly 1,000 cases reported in 2018. This resurgence of syphilis infections is largely among young adult men who have sex with men, who accounted for nearly three-fourths of new cases in 2018.

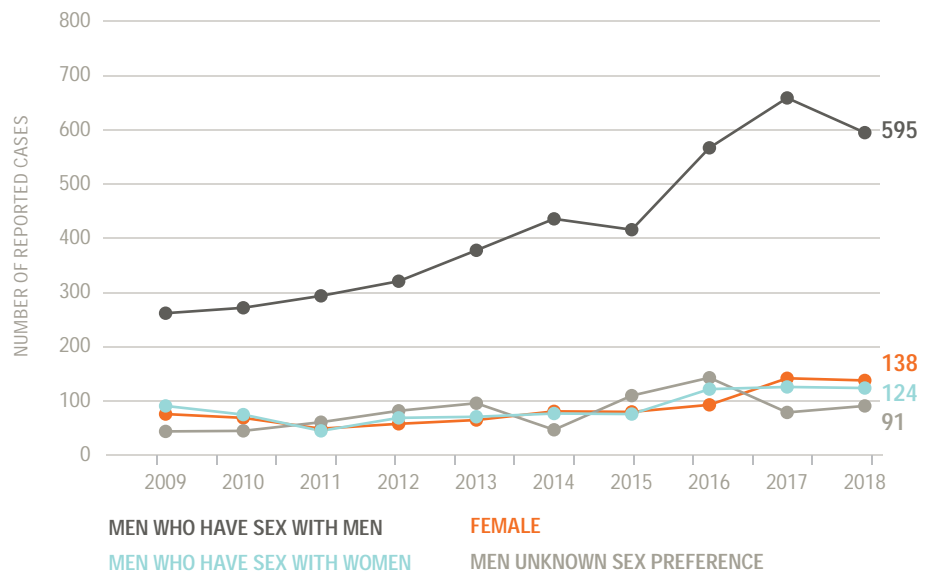
For more data about infectious diseases in Philadelphia, please visit <https://hip.phila.gov/DataReports>.

PRIMARY & SECONDARY AND EARLY LATENT SYPHILIS CASES



SOURCE: 2009 – 2018 STD Surveillance, PDPH Division of Disease Control

PRIMARY & SECONDARY AND EARLY LATENT SYPHILIS CASES BY RISK GROUP



SOURCE: 2009 – 2018 STD Surveillance, PDPH Division of Disease Control



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 good health outcomes as adults.

INFANT AND CHILD HEALTH

	MOST RECENT ESTIMATE	POPULATIONS WITH POORER OUTCOMES	CHANGE IN RECENT YEARS
INFANT DEATHS			
	8.1 per 1,000 live births ¹	Non-Hispanic blacks	○ NO CHANGE
LOW BIRTH WEIGHT			
	11.1% ¹	Non-Hispanic blacks	○ NO CHANGE
PRETERM BIRTH			
	11.1% ¹	Non-Hispanic blacks	<< WORSENING
NEONATAL ABSTINENCE SYNDROME			
	13.8 per 1,000 live births ²	Non-Hispanic whites	<< WORSENING
BREASTFEEDING INITIATED AT BIRTH			
	80.9% ¹		○ NO CHANGE
CHILDREN (AGE < 3) WITH POTENTIAL DEVELOPMENTAL DELAYS			
	18.8% ³		○ NO CHANGE
CHILDREN (AGE 3-6) WITH POTENTIAL DEVELOPMENTAL DELAYS			
	18.7% ³		○ NO CHANGE
INCIDENCE OF CHILD BLOOD LEAD EXPOSURE			
	4.2% ⁴	Lowest income neighborhoods	○ NO CHANGE

SOURCE: 1 – 2018 Preliminary Vital Statistics, PDPH
 2 – 2018 Hospital Discharges, PA Health Care Cost Containment Council
 3 – 2017 Office of Child Development and Early Learning Report, PA DHS
 4 – 2018 Childhood Lead Surveillance Report, PDPH

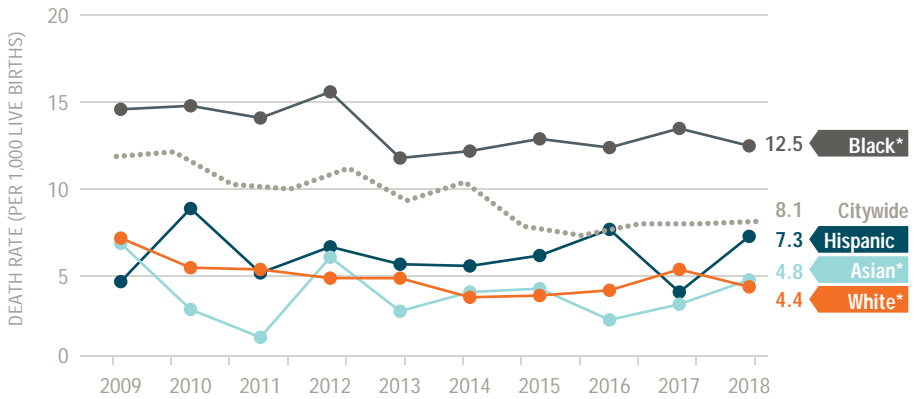
INFANT AND CHILD HEALTH

INFANT MORTALITY

Infant mortality includes deaths of those under one year old. After declining for several years, infant mortality has remained stable in recent years in Philadelphia. Non-Hispanic black babies are three times as likely as non-Hispanic white babies to die before their first birthday. Many of these deaths are related to improper sleep positioning and thus preventable.

In 2017, the most recent year with comparable data, infant mortality was higher in Philadelphia than in other large cities and nationwide.

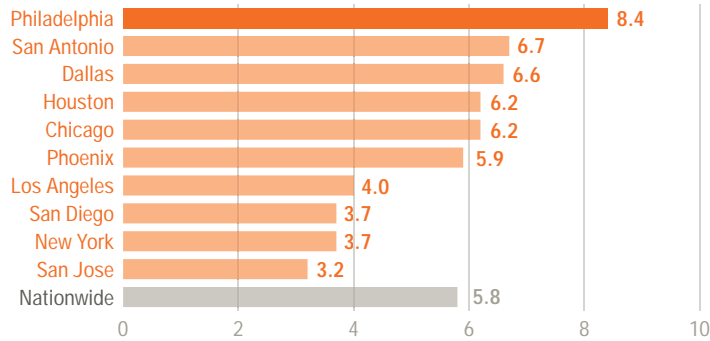
INFANT MORTALITY RATE



SOURCE: 2009 – 2018 Vital Statistics, PDPH

*Non-Hispanic

INFANT MORTALITY RATE PER 1,000 LIVE BIRTHS, TOP 10 U.S. CITIES

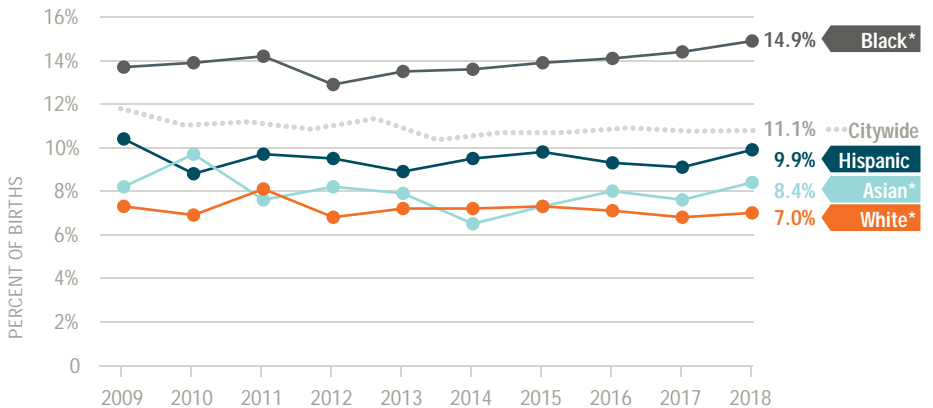


SOURCE: 2017 CDC WONDER

LOW BIRTH WEIGHT

In 2018, more than 1 out of every 10 babies was born with a low birth weight, less than 2,500 grams. Non-Hispanic black babies were twice as likely to be born at a low birth weight than non-Hispanic white babies. While overall rates have remained stable, rates among non-Hispanic blacks have risen in recent years.

LOW BIRTH WEIGHT BABIES BY MOTHER'S RACE/ETHNICITY



SOURCE: 2009 – 2018 Vital Statistics, PDPH

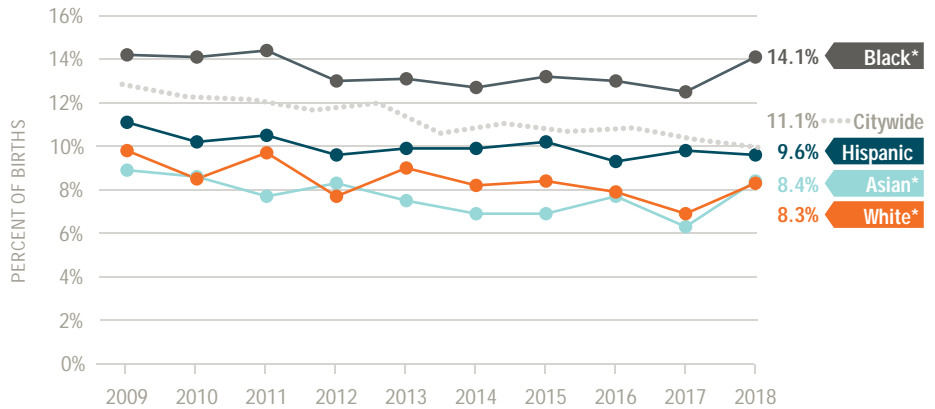
*Non-Hispanic

INFANT AND CHILD HEALTH

PRETERM BIRTH

Rates of premature birth (before 37 weeks of pregnancy) slowly declined in recent years in Philadelphia. Rates of preterm birth were highest among African Americans.

PRETERM BIRTHS BY MOTHER'S RACE/ETHNICITY

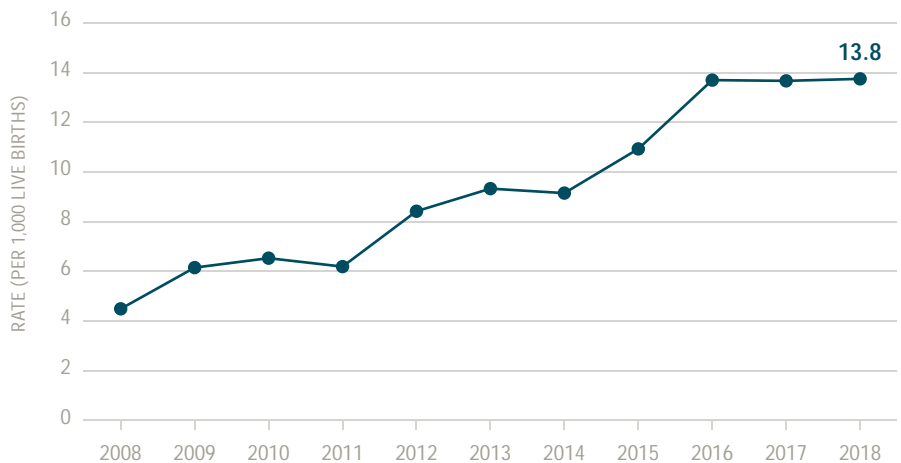


SOURCE: 2009 – 2018 Vital Statistics, PDPH

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 in recent years due to use of both pharmaceutical and illicit opioids. In 2018, the rate of NAS was 13.8 per 1,000 live births, nearly 4 times the rate a decade ago.

NEONATAL ABSTINENCE SYNDROME



SOURCE: 2008 – 2018 Hospital Discharges, PA Health Care Cost Containment Council

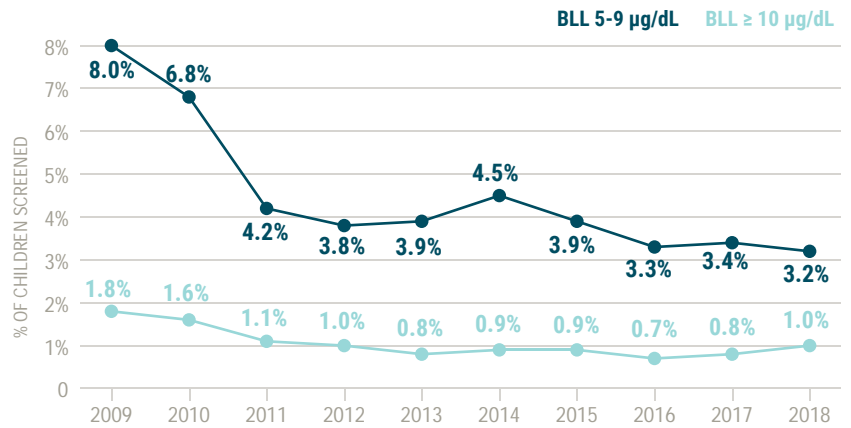
INFANT AND CHILD HEALTH

CHILD LEAD EXPOSURE

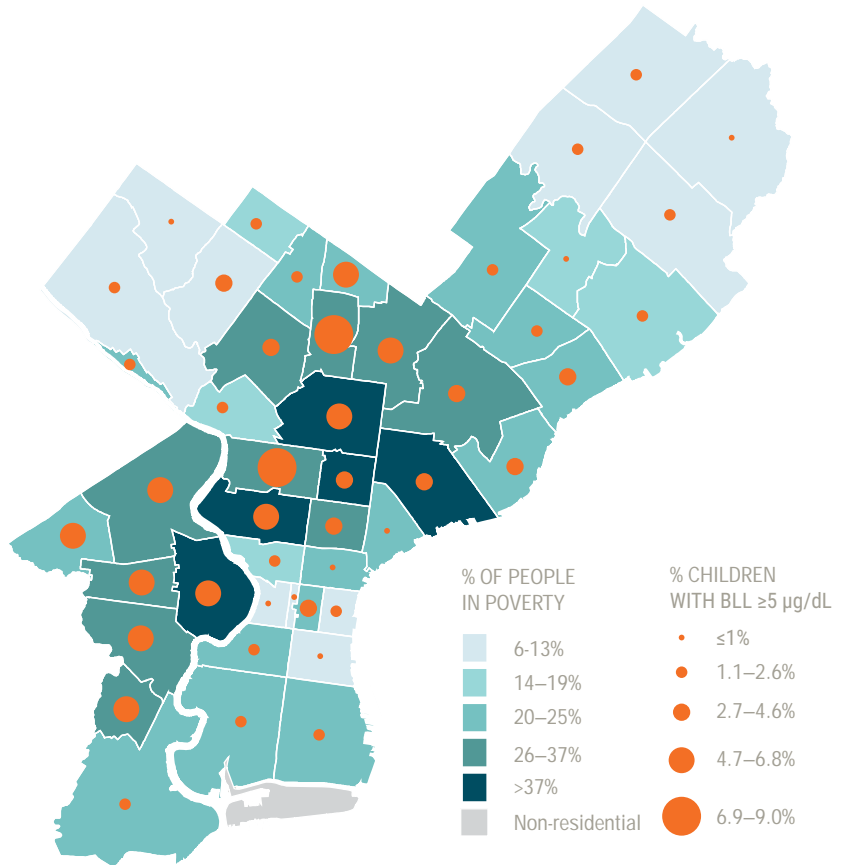
In 2018, approximately 4.2 percent of tested children (ages 5 and under) had blood lead levels (BLL) higher than the CDC-designated “reference level” of 5 µg/dL. Rates of childhood lead exposure are highest among the neighborhoods with high poverty rates and older housing stocks.

For more data on childhood lead poisoning in Philadelphia, please visit <https://www.phila.gov/documents/childhood-lead-poisoning-surveillance-reports/>

NEWLY ELEVATED BLOOD LEAD LEVELS IN CHILDREN, <6 YEARS OF AGE



PERCENT OF CHILDREN WITH ELEVATED BLL AND PERCENT OF POPULATION IN POVERTY



SOURCE: 2018 Childhood Lead Surveillance Report, PDPH

DEVELOPMENTAL DELAYS

Developmental delay in young children can occur in one or many areas – for example, gross or fine motor, language, social or thinking skills – and can have lasting impact on a child’s long-term outcomes.

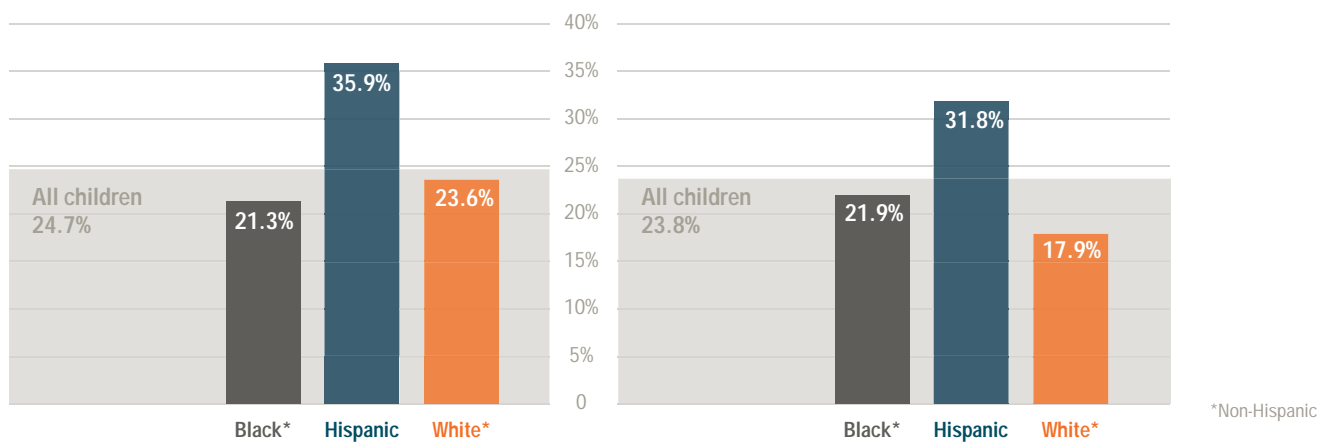
Developmental delay is most often first detected by physicians using simple screening tools to assess developmental milestones during well child visits during the first three years of life. Delay could be the result of genetic causes, like Down syndrome; complications of pregnancy and birth, like prematurity or NAS; environmental exposures during early years, like lead exposure or infections; or have no identifiable cause. Most children with developmental delay can catch up with specialized early intervention services, which are available to all families in Philadelphia.

Based on data from the early intervention programs in Philadelphia, *roughly 1 in 5 children under the age of 6 exhibit some signs of delay in reaching their developmental milestones.* While some of these children catch-up without any interventional services, ensuring those with delays are identified and referred to services is critical.

CHILDREN SCORING BELOW SCREENING THRESHOLD ON SURVEY OF WELL-BEING OF YOUNG CHILDREN

AT 18 MONTHS

AT 24 MONTHS



SOURCE: 2018 Child Developmental Delay Surveillance System, PDPH

INJURIES

Injuries that result in premature death are broadly categorized into two groups: unintentional (e.g. traffic accidents, poisonings, drug overdoses) and intentional (e.g. homicides, suicides, assaults, etc.). Unintentional injuries as a group are the third leading cause of death overall and the leading cause of death for adults ages 25 to 44 in Philadelphia.

	MOST RECENT ESTIMATE	POPULATIONS WITH POORER OUTCOMES	CHANGE IN RECENT YEARS
HOMICIDE DEATHS			
	21.5 per 100,000 ¹	Young non-Hispanic black males	<< WORSENING
PEDESTRIAN AND BICYCLE INJURIES			
	118.7 per 100,000 ²	Center City, University City, and North Philadelphia areas	>> IMPROVING

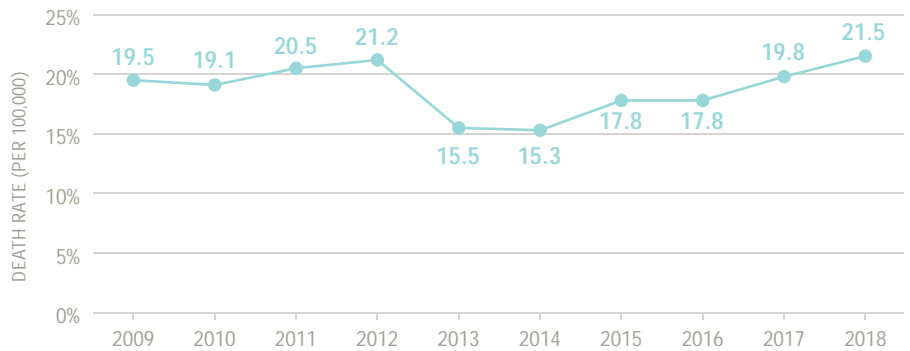
SOURCE: 1 – 2018 Preliminary Vital Statistics, PDPH
2 – 2018 PA Department of Transportation



HOMICIDES

After declining for several years, the homicide mortality rate in Philadelphia increased over the past few years.

HOMICIDE MORTALITY RATE

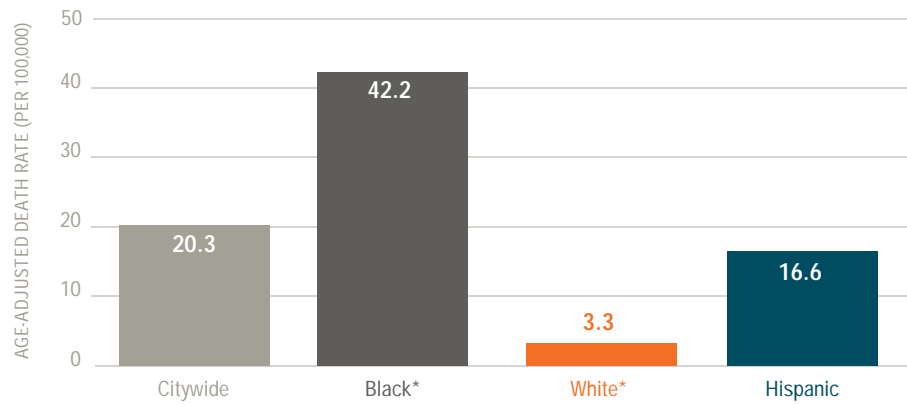


SOURCE: 2009 – 2018 Vital Statistics, PDPH

HOMICIDES

The homicide mortality rate was highest among African Americans, nearly ten times higher than non-Hispanic whites and double the rate among Hispanics.

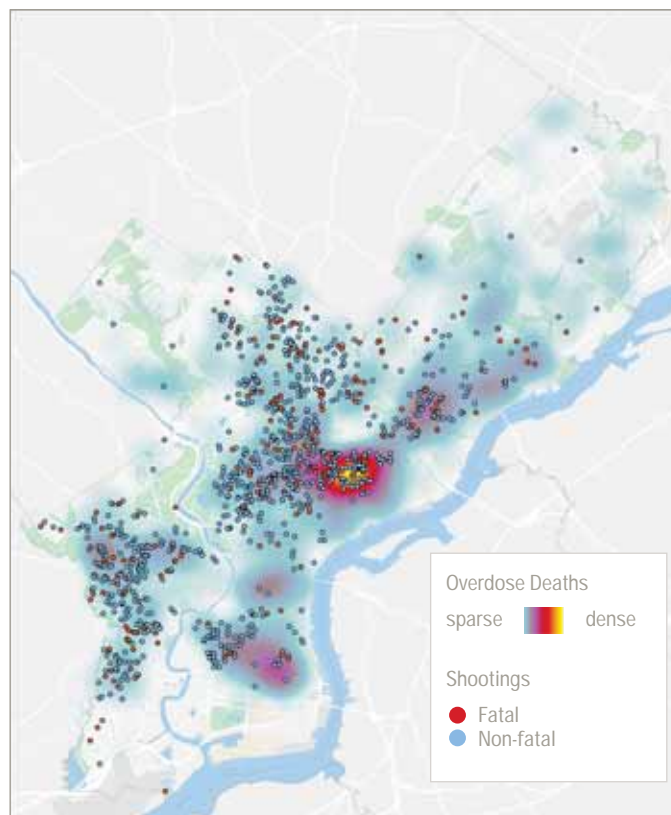
HOMICIDE MORTALITY RATE BY RACE/ETHNICITY



SOURCE: 2018 Vital Statistics, PDPH

*Non-Hispanic

Over 83 percent of homicides involve a firearm. In addition to the nearly 300 fatal shootings, there were over 1,100 non-fatal shootings in Philadelphia in 2018. The number of drug-related shootings doubled in recent years. Shootings clustered in neighborhoods with high rates of fatal drug overdoses. These same neighborhoods have more socioeconomic disadvantage, including poverty, lower rates of educational attainment, youth disconnectedness, and blight.



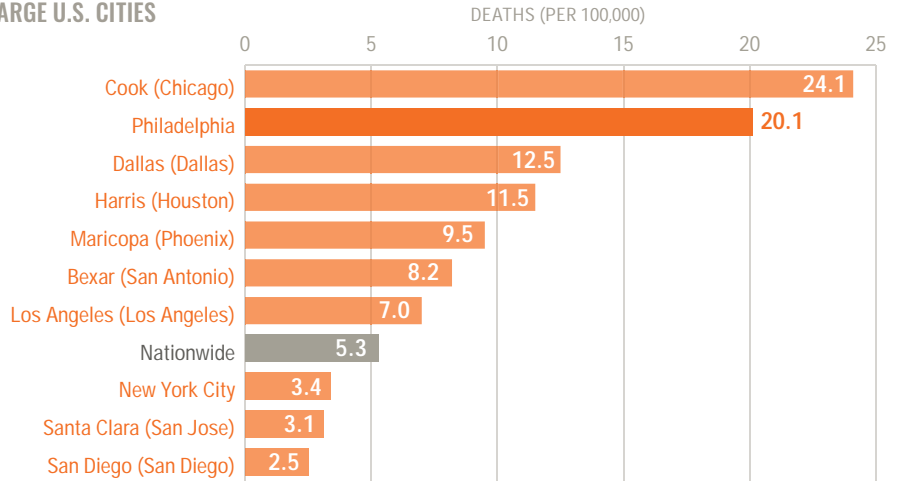
SOURCE: 2018 Fatal Drug Overdoses, Medical Examiner's Office ;
2018 Shooting Incidents, Philadelphia Police Department

INJURIES

HOMICIDES

The homicide rate in Philadelphia county is high compared to other counties that contain large U.S. cities.

HOMICIDES IN COUNTIES CONTAINING LARGE U.S. CITIES

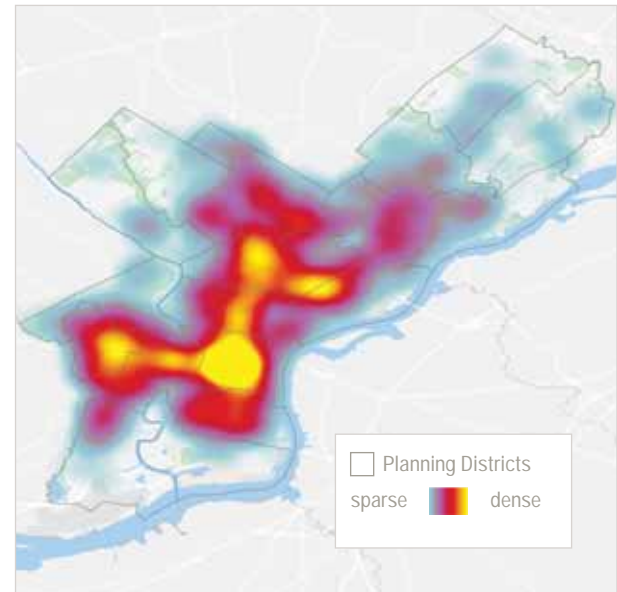
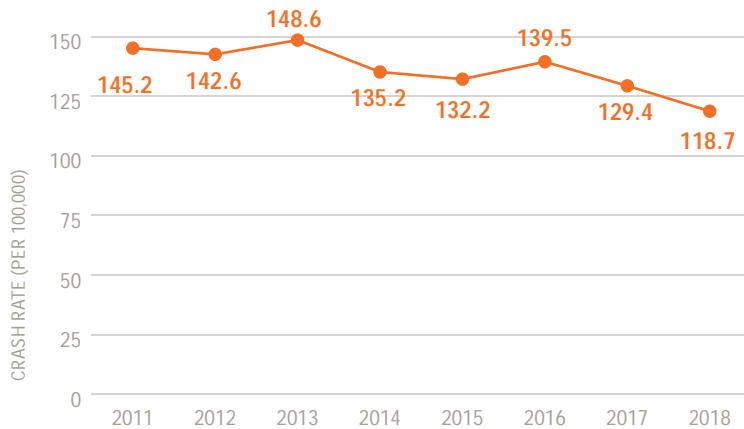


SOURCE: 2017 FBI Uniform Crime Reports

PEDESTRIAN AND BICYCLE INJURIES

Pedestrian and bicycle crash injuries declined slightly from 2011 to 2018. In 2018, 46 traffic crashes resulted in pedestrian or cyclist fatalities. Crash rates were highest in Center City, University City, and North Philadelphia areas.

PEDESTRIAN AND BICYCLE CRASHES



SOURCE: 2018 PA Department of Transportation

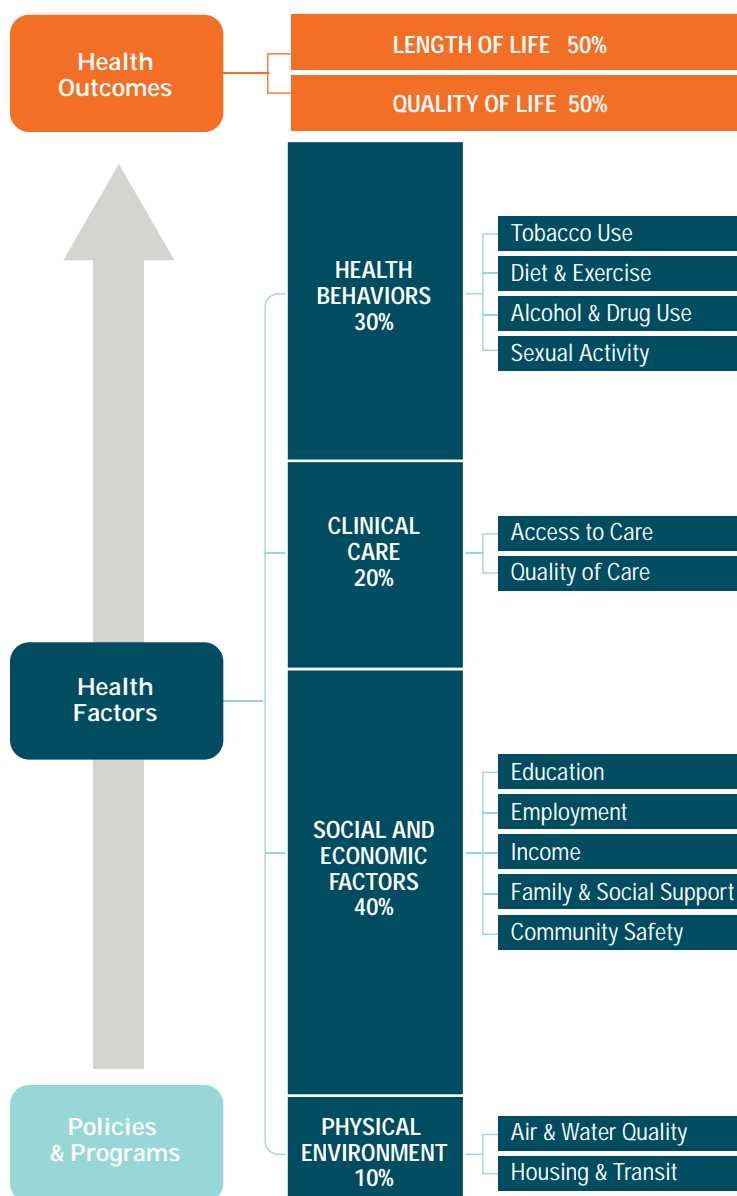
HEALTH FACTORS

Many potentially modifiable factors influence health, including behaviors, accessibility and use of clinical care, social and economic conditions, and the physical environment. Monitoring and addressing these factors is critical to reducing preventable illness and improving the health of Philadelphians.

HEALTH FACTORS

The Robert Wood Johnson Foundation’s County Health Rankings present an index of health at the county level that assigns weights to these health factor types. The largest weights are assigned not to clinical health care, but instead social and economic determinants of health (40 percent) and modifiable health behaviors (30 percent), reflecting a consensus of experts based on extensive research that these factors have the most powerful influence on population health.

Similar to the health conditions discussed above, in recent years some risk factors have improved while others persist or have worsened.



HEALTH BEHAVIORS

The CDC recommends four key health behaviors that contribute to a healthy life: avoiding tobacco or drugs, healthy nutrition, regular exercise, and limited alcohol consumption. All of these are associated with lower risk of chronic health conditions, like cardiovascular disease, cancer, and diabetes, which are major causes of death and illness in Philadelphia.



	MOST RECENT ESTIMATE	POPULATIONS WITH POORER OUTCOMES	CHANGE IN RECENT YEARS
CIGARETTE SMOKING AMONG ADULTS (>18)			
	19% ¹	Hispanics	>> IMPROVING
CIGARETTE SMOKING AMONG TEENS (GRADES 9–12)			
	2.1% ²	Non-Hispanic whites	>> IMPROVING
E-VAPOR USE AMONG TEENS (GRADES 9–12)			
	7.1% ²	Non-Hispanic whites; Hispanics	<< WORSENING
ALL TOBACCO PRODUCT USE AMONG TEENS (GRADES 9–12)			
	10.3% ²	Non-Hispanic whites	○ NO CHANGE
BINGE DRINKING AMONG ADULTS (>18)			
	21% ¹	Non-Hispanic whites; Hispanics	○ NO CHANGE
BINGE DRINKING AMONG TEENS (GRADES 9–12)			
	5.2% ²	Non-Hispanic whites	>> IMPROVING
ADULTS (>18) CONSUMING ≥1 SWEETENED BEVERAGE DAILY			
	29.4% ³	Non-Hispanic blacks; Hispanics	>> IMPROVING
TEENS (GRADES 9–12) CONSUMING ≥1 SWEETENED BEVERAGE DAILY			
	13.5% ²	Non-Hispanic blacks; Hispanics	>> IMPROVING
SEXUAL ACTIVITY: TEEN BIRTHS (AGE 15–19)			
	25.6 per 1,000 ⁴	Non-Hispanic blacks; Hispanics	>> IMPROVING
SEXUAL ACTIVITY: TEEN CONDOM USE (GRADES 9–12)			
	48.7% ²		<< WORSENING

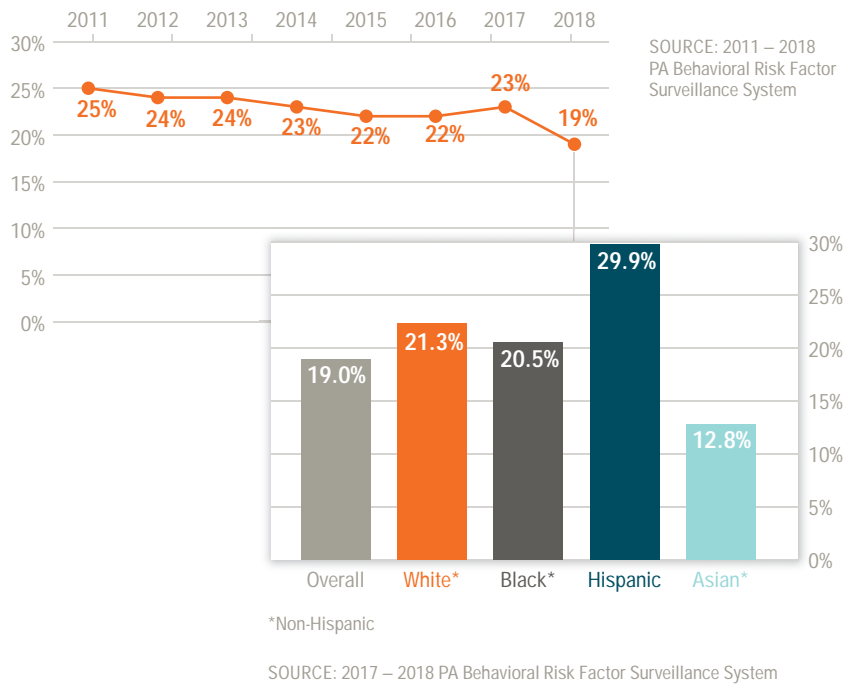
SOURCE: 1 – 2018 PA Behavioral Risk Factor Surveillance System
 2 – 2019 Philadelphia Youth Risk Behavior Survey
 3 – 2018 PHMC Household Health Survey
 4 – 2018 Preliminary Vital Statistics, PDPH

HEALTH BEHAVIORS

TOBACCO USE

In 2018, 19 percent of adults reported current cigarette smoking. While cigarette smoking among adults is at an all-time low, Philadelphia continues to have the highest smoking rate among large U.S. cities.

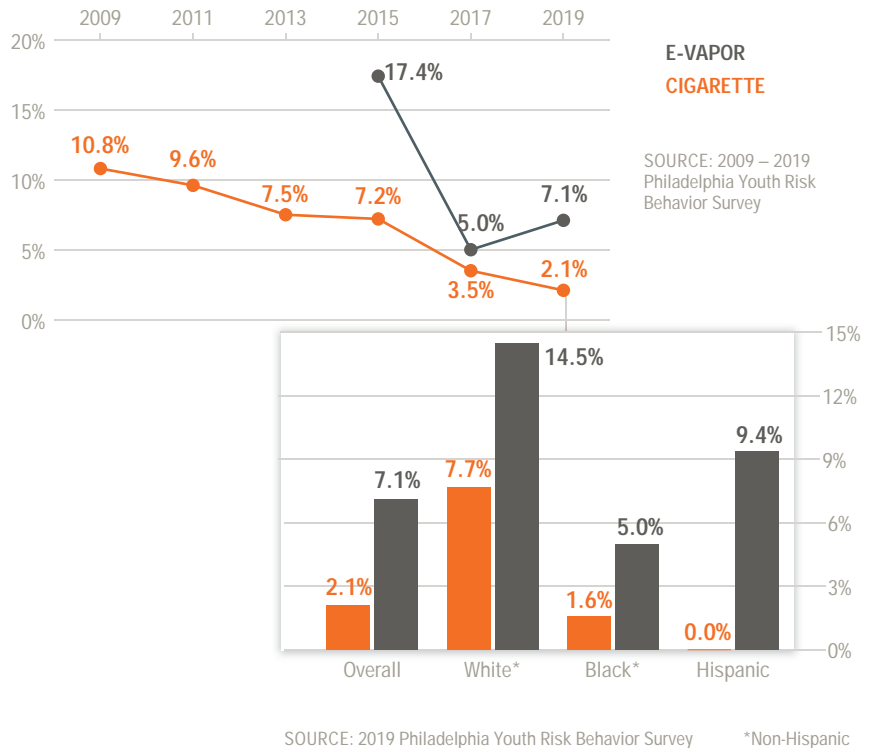
ADULT CIGARETTE SMOKING BY RACE/ETHNICITY



TEEN TOBACCO USE

In 2019, 2.1 percent of teens reported cigarette smoking, an all-time low. Roughly 7 percent of teens reported e-vapor use. Current e-vapor product use was higher among non-Hispanic white and Hispanic teens compared to non-Hispanic black teens. In Philadelphia and nationally, use of e-vapor products has resurged among teens, resulting in a slight increase in overall tobacco use among Philadelphia teens after decades of improvement.

TEEN CIGARETTE AND E-VAPOR SMOKING

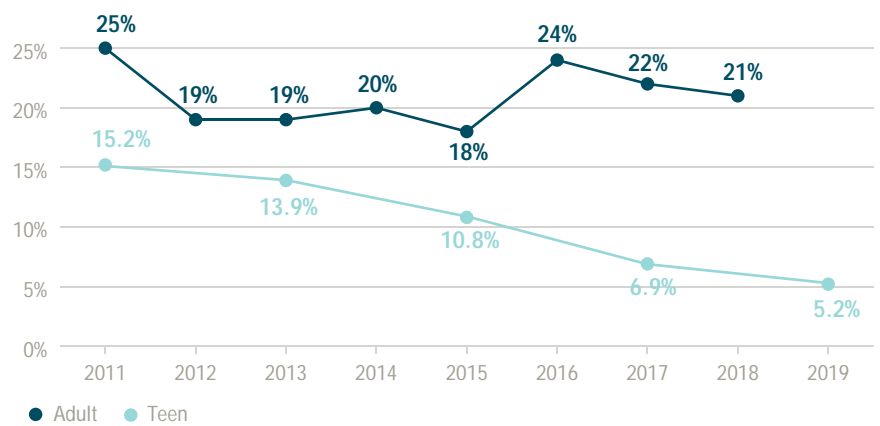


HEALTH BEHAVIORS

ALCOHOL

In 2018, 21 percent of adults and 5.2 percent of teens engaged in at least occasional binge or heavy drinking, defined as having four or more drinks on one occasion for women or five or more drinks on one occasion for men. Rates of binge drinking have remained stable among adults and declined among teens in recent years.

ADULT AND TEEN BINGE DRINKING

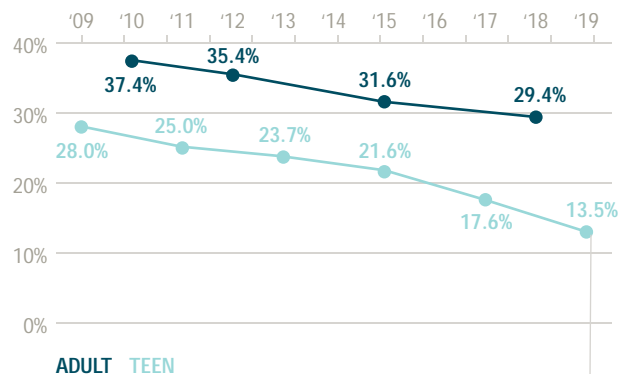


SOURCE: Adult data 2011 – 2018 PA Behavioral Risk Factor Surveillance System, Teen data 2011 – 2019 Philadelphia Youth Risk Behavior Survey

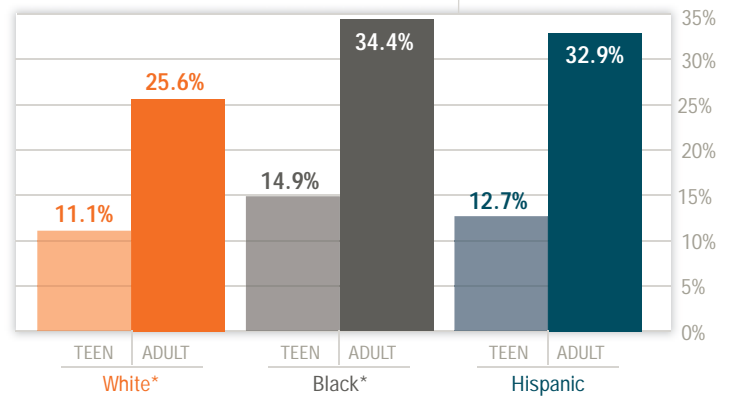
SWEETENED BEVERAGES

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 percent of teens consumed at least one sugar sweetened beverage daily. Rates were highest among non-Hispanic blacks and Hispanics.

ADULTS AND TEENS DRINKING 1 OR MORE SWEETENED BEVERAGES DAILY



SOURCE: Teen data 2009 – 2019 Philadelphia Youth Risk Behavior Survey, Adult data 2010 – 2018 PHMC Household Health Survey



SOURCE: Teen data: 2019 Philadelphia Youth Risk Behavior Survey, Adult data: 2018 PHMC Household Health Survey

*Non-Hispanic

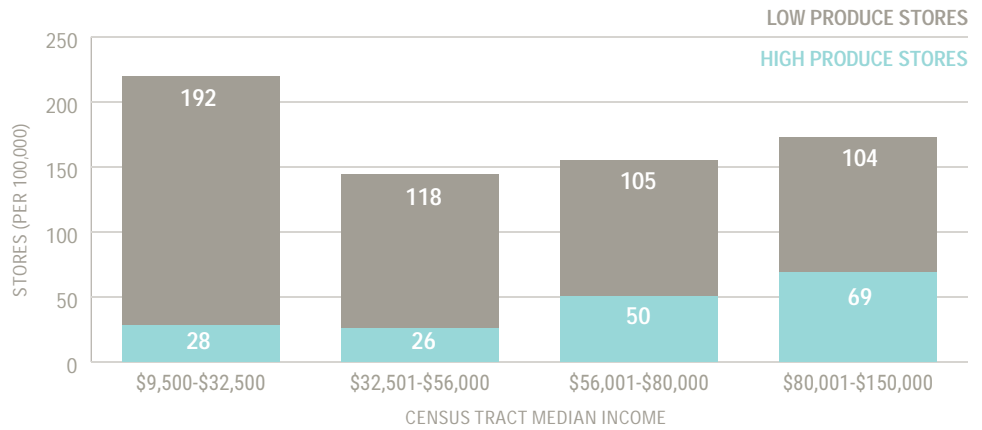
HEALTH BEHAVIORS

NEIGHBORHOOD FOOD ACCESS

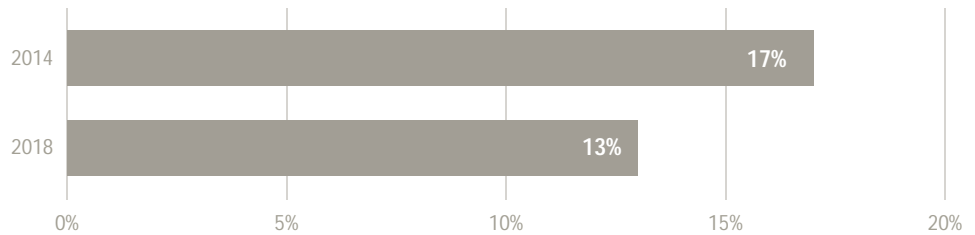
Often, neighborhoods with high poverty also have lower access to healthy food outlets and substantially larger numbers of unhealthy food outlets. However, since 2014 the number of supermarkets in the city has increased and approximately 50,000 more people have walkable access to healthy food.

For more data on neighborhood food supply visit https://www.phila.gov/media/20190923114738/GHP_FoodAccessRpt_Final_wDate.pdf

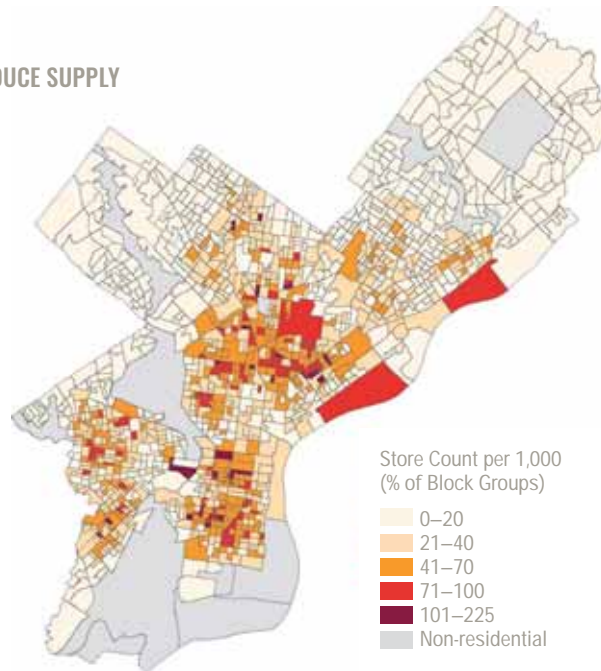
HIGH AND LOW PRODUCE SUPPLY STORES BY CENSUS TRACT INCOME



POPULATION IN LOW-TO-NO HIGH PRODUCE SUPPLY STORE ACCESS AREAS



STORES WITH LOW PRODUCE SUPPLY



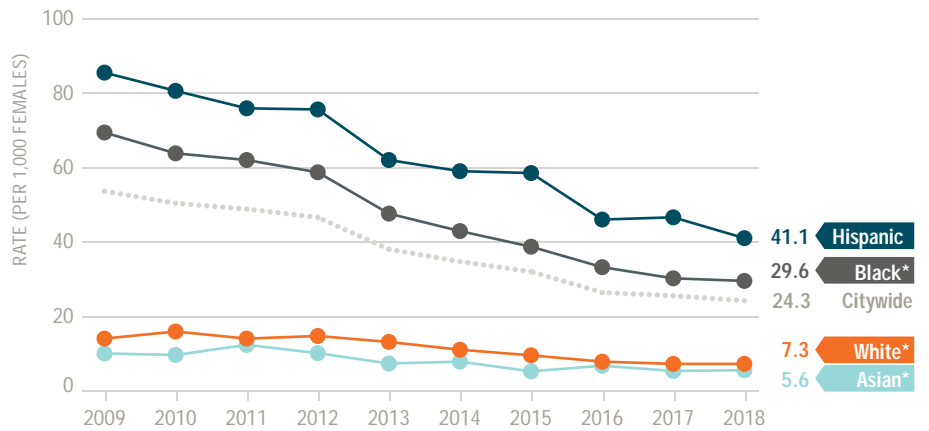
SOURCE: 2019 Neighborhood Food Retail Report, Division of Chronic Disease and Injury Prevention, PDPH

HEALTH BEHAVIORS

SEXUAL ACTIVITY

High-risk sexual behaviors, particularly among teens, can affect immediate and long-term health. Two key indicators of these high-risk behaviors among teens are condom use and teen births, which are most often unplanned. Teen births continued to decline in 2018. Teen birth rates were highest among Hispanic teens. Reported condom use among teens decreased from around 55 percent to 49 percent.

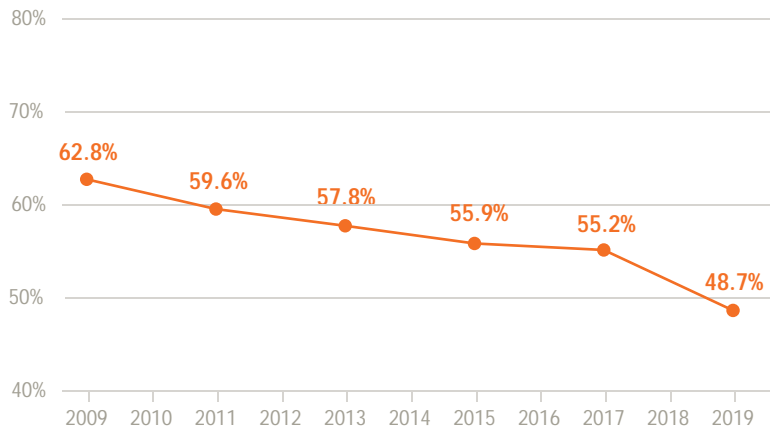
BIRTH RATES TO TEENS (15-19 YEARS) BY MOTHER'S RACE/ETHNICITY



SOURCE: 2009 – 2018 Vital Statistics, PDPH

*Non-Hispanic

TEENS WHO USED CONDOMS AT LAST SEXUAL ENCOUNTER



SOURCE: 2009 – 2019 Philadelphia Youth Risk Behavior Survey



Access to high-quality clinical and preventive care is critical to Philadelphians' health. 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 STATUS
UNINSURED ADULTS			
	10.3% ¹	Hispanics; Immigrants	>> IMPROVING
UNINSURED CHILDREN			
	3.1% ¹	Hispanics; Immigrants; Non-Hispanic Asians	>> IMPROVING
ADULTS WITH NO PRIMARY CARE PROVIDER			
	18% ²	Uninsured; Low income	>> IMPROVING
ADULTS FORGOING CARE DUE TO COSTS			
	13% ²		>> IMPROVING
CHILDREN (19-35 MONTHS OLD) WITH UP TO DATE IMMUNIZATIONS			
	77.9% ³		○ NO CHANGE
ADULTS (>50) WITH COLON CANCER SCREENING			
	72% ²		>> IMPROVING
WOMEN WITH MAMMOGRAPHY IN PAST 2 YEARS			
	81% ²		○ NO CHANGE
PRIMARY CARE PHYSICIANS PER CAPITA			
	1:1,243 ⁴	Neighborhood clusters in Greater Northeast, West, Northwest, and Southwest regions	>> IMPROVING
POTENTIALLY PREVENTABLE HOSPITALIZATIONS			
	1,556 per 1,000 ⁵	Non-Hispanic blacks; Hispanics	<< WORSENING

SOURCE: 1 – 2018 American Community Survey 1-Year Estimates, U.S. Census Bureau
 2 – 2018 PA Behavioral Risk Factor Surveillance System
 3 – 2018 PhilaVax Immunization Registry, PDPH
 4 – 2016 Leonard Davis Institute of Health Economics, University of Pennsylvania
 5 – 2018 Hospital Discharges, PA Health Care Cost Containment Council

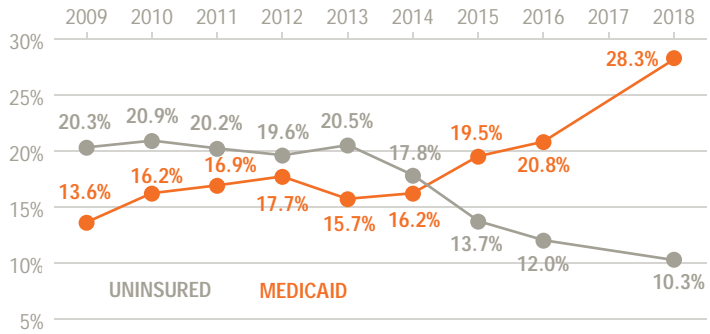
ACCESS TO CLINICAL & PREVENTIVE CARE

INSURANCE COVERAGE

Health insurance coverage has improved significantly for adults and children in Philadelphia. In 2018, 10.3 percent of adults and 3.1 percent of children did not have insurance coverage. Insurance coverage among children began improving in 2004 and rates are lower than the national average and other large cities. Rates of uninsured adults declined significantly as Medicaid enrollment increased due to ACA Medicaid expansion. In 2018 nearly 30 percent of adults ages 19-64 were enrolled in Medicaid.

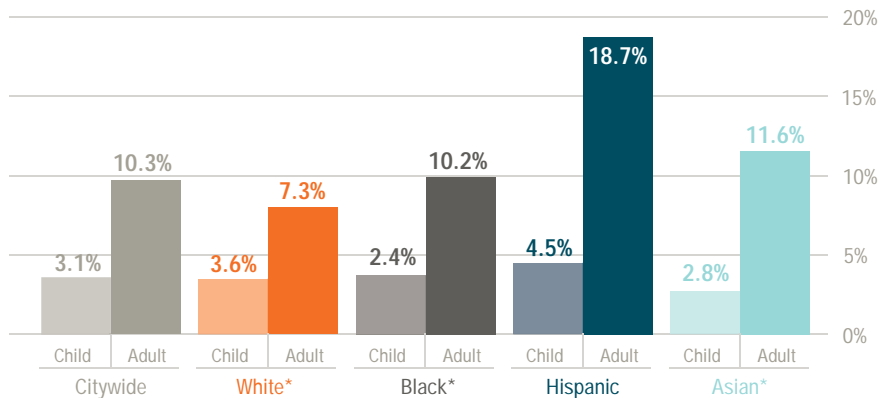
While more Philadelphians have insurance coverage overall, Hispanic adults have significantly higher uninsured rates compared to other racial/ethnic groups.

TRENDS IN UNINSURED AND MEDICAID AMONG ADULTS (19-64)



SOURCE: 2009 – 2018 American Community Survey 1-Year Estimates, U.S. Census Bureau

UNINSURED AMONG ADULTS (AGES 19-64) AND CHILDREN



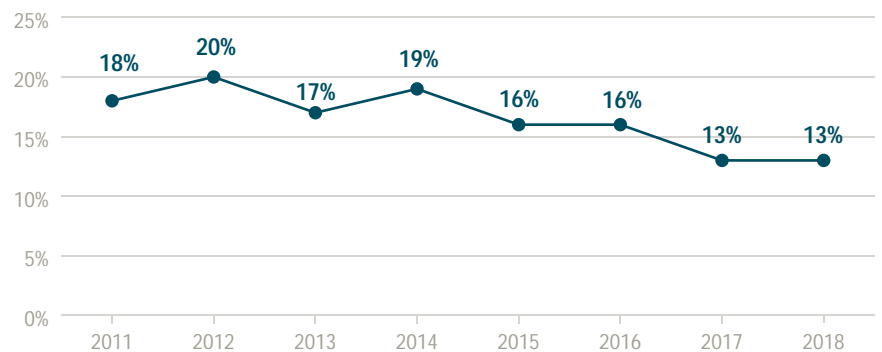
SOURCE: 2018 American Community Survey 1-Year Estimates, U.S. Census Bureau

*Non-Hispanic

COST OF CARE

Paralleling trends in insurance coverage, the percent of adults avoiding care due to cost declined in recent years. In 2018, 13 percent of adults did not seek needed health care because of cost.

ADULTS FORGOING CARE DUE TO COST, 18-64 YEARS OF AGE



SOURCE: 2011 – 2018 PA Behavioral Risk Factor Surveillance System

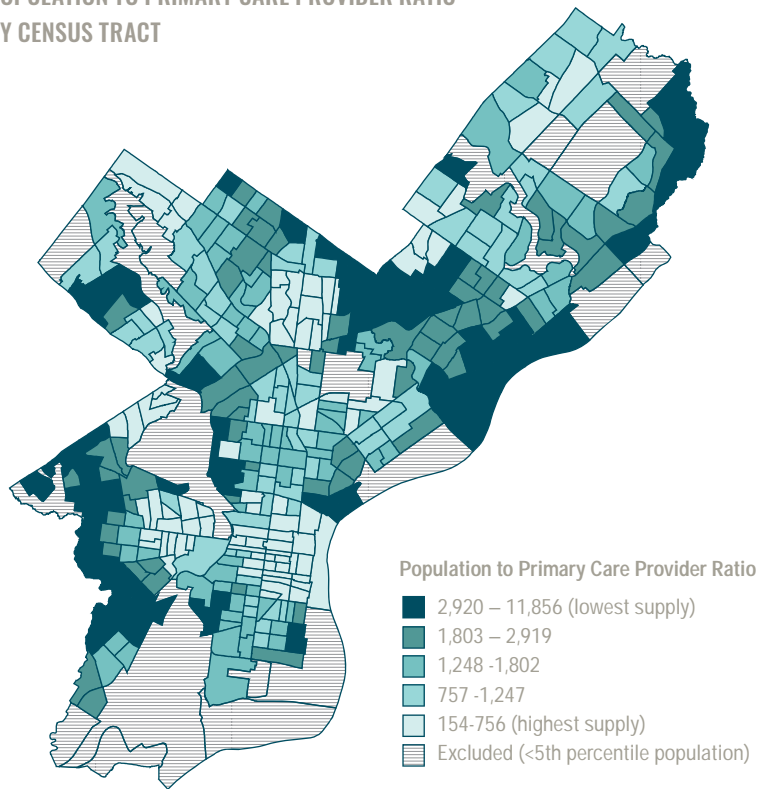
ACCESS TO CLINICAL & PREVENTIVE CARE

PRIMARY CARE PHYSICIAN SUPPLY

Overall the availability of primary care providers in Philadelphia has improved. Yet, several clusters of areas in the Northeast, Southwest and parts of South Philadelphia have lower access to primary care. Some of these areas meet the federal criteria as primary care shortage areas. Approximately 18 percent of adults reported not having a primary care physician in 2018.

For more data on access to primary care in Philadelphia, please visit <https://www.phila.gov/documents/access-to-primary-care-in-philadelphia/>.

POPULATION TO PRIMARY CARE PROVIDER RATIO BY CENSUS TRACT

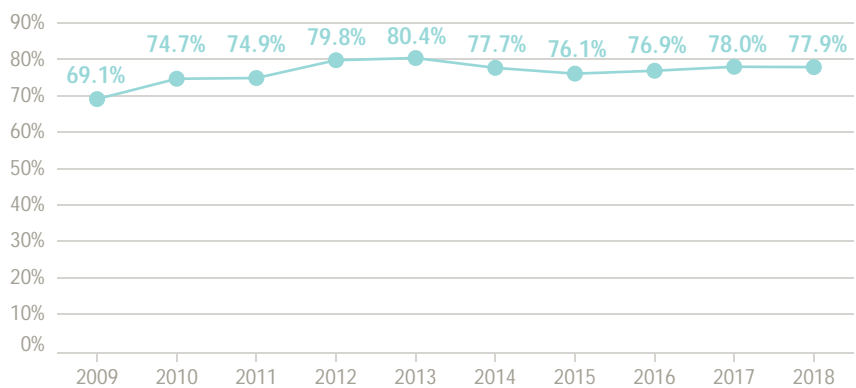


SOURCE: Leonard Davis Institute of Health Economics. University of Pennsylvania

PREVENTIVE CARE

Immunizations and screenings are critical public health prevention tools. The number of young children in Philadelphia with up-to-date recommended vaccinations has increased over the last decade and has remained stable in recent years.

CHILDREN WITH RECOMMENDED VACCINATIONS



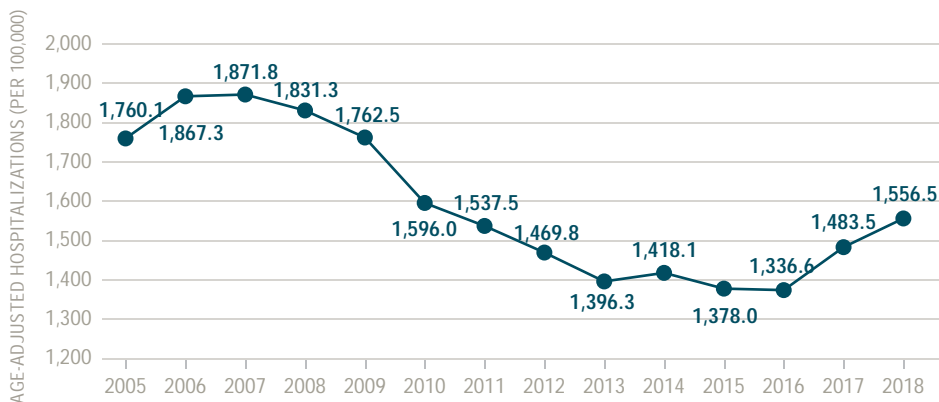
SOURCE: 2009 – 2018 PhilaVax Immunization Registry, PDPH

ACCESS TO CLINICAL & PREVENTIVE CARE

AMBULATORY CARE-SENSITIVE CONDITIONS

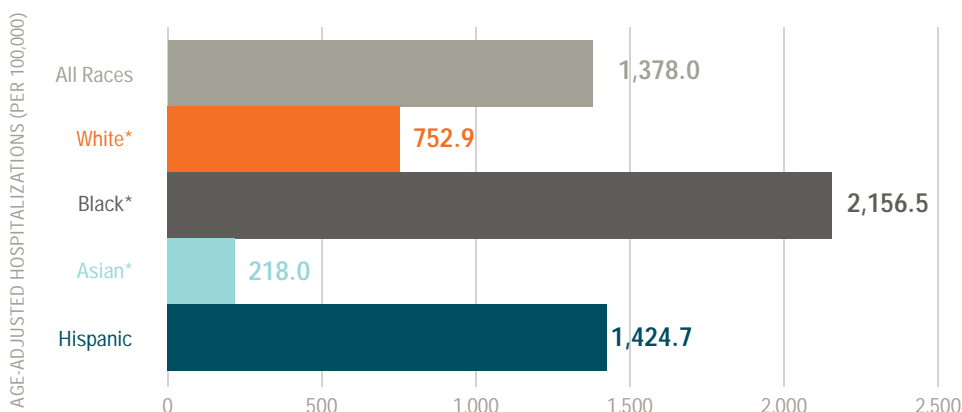
When chronic health conditions like asthma, diabetes, and hypertension are managed adequately in primary care settings, patients can avoid many hospitalizations for complications due to these conditions. For this reason, rates of hospitalizations for these “ambulatory care-sensitive conditions”, are used as an indicator of access to and quality of primary care. In Philadelphia, rates of hospitalizations due to these conditions steadily declined in previous years, but began rising again in 2017. In 2018, rates were nearly 2.5 times higher among non-Hispanic blacks and 2 times higher among Hispanics than non-Hispanic whites.

HOSPITALIZATIONS FOR AMBULATORY CARE-SENSITIVE CONDITIONS



SOURCE: 2005 – 2018 Hospital Discharges, PA Health Care Cost Containment Council

HOSPITALIZATIONS FOR AMBULATORY CARE-SENSITIVE CONDITIONS BY RACE/ETHNICITY



SOURCE: 2018 Hospital Discharges, PA Health Care Cost Containment Council

*Non-Hispanic

PHYSICAL ENVIRONMENT



Clean air and water and a safe environment in and out of the home are essential for good health. Unsafe air conditions increase risk of heart disease and exacerbate respiratory conditions like asthma and chronic obstructive pulmonary disease. Unsanitary water can spread infectious illnesses and harmful chemical compounds. Unsafe home conditions can have similar impacts and increase for unintentional injuries and create extreme stress for families. Ensuring a safe environment is particularly important for children and seniors.

MOST RECENT ESTIMATE	POPULATIONS WITH POORER OUTCOMES	CHANGE IN RECENT YEARS
DAYS WITH UNHEALTHY AIR QUALITY		
10 ¹		>> IMPROVING
AVERAGE MEAN PM_{2.5} CONCENTRATION		
8.6 µg/m ³ ¹		>> IMPROVING
SELF-REPORTED ACCESS TO SAFE OUTDOOR RECREATIONAL SPACES		
75% ²		>> IMPROVING
WALKABILITY		
79 out of 100 ³	Far Northeast, Northwest, South regions	*
HOUSING WITH POTENTIAL LEAD RISK		
42.4% ⁴		○ NO CHANGE
HOUSING CODE VIOLATIONS		
145.5 per 1,000 Occupied Units ⁵	North region	>> IMPROVING

SOURCE: 1 – 2018 AMP 410 S Reports, Air Management Service, PDPH
 2 - 2019 PHMC Household Health Survey
 3 – 2016 Walk Score® via City Health Dashboard
 4 – 2017 American Community Survey 5-year Estimates via City Health Dashboard
 5 – 2018 Philadelphia Licenses & Inspections
 *Trend data not available

PHYSICAL ENVIRONMENT

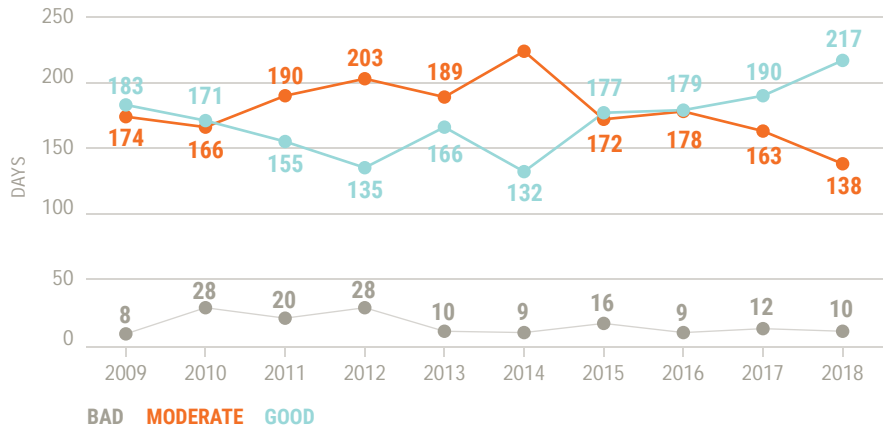
AIR QUALITY

Air quality is summarized by the Air Quality Index (AQI), which combines information about four major air pollutants regulated by the Clean Air Act: ground-level ozone, particle pollution, carbon monoxide, and sulfur dioxide. When the AQI is below 50, it is considered “good” air quality. When the AQI is between 50 and 100, it is considered “moderate” air quality and when it is above 100 the air is considered unhealthy.

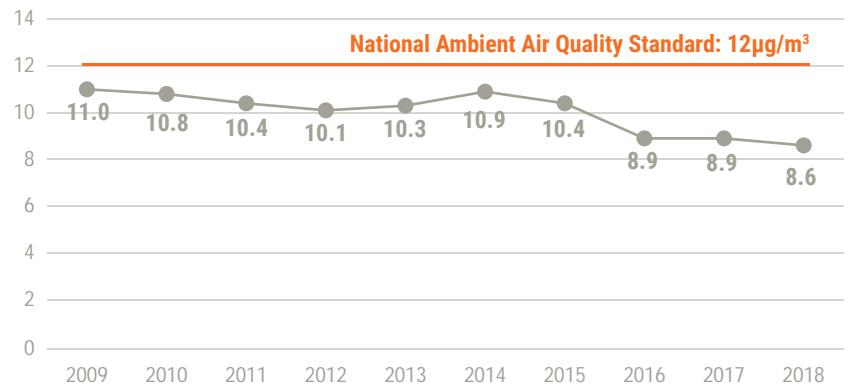
The number of days with unhealthy air quality has declined significantly in Philadelphia, while days with good air quality have increased. In 2018, Philadelphians experienced more days with good air quality than in previous years.

Particulate matter is the general term used for a mixture of solid particles and liquid droplets found in the air. These particles come in a wide range of sizes and originate from stationary, mobile, and natural sources. PM_{2.5} refers to small particles that measure less than 2.5 micrometers in diameter. These small particles are able to travel deeply into the respiratory tract, reaching the lungs. Exposure to fine particles can affect lung function and worsen medical conditions such as asthma and heart disease.

DAYS WITH GOOD, MODERATE, AND UNHEALTHY AIR QUALITY



ANNUAL MEAN PM_{2.5} CONCENTRATION (µg/m³)



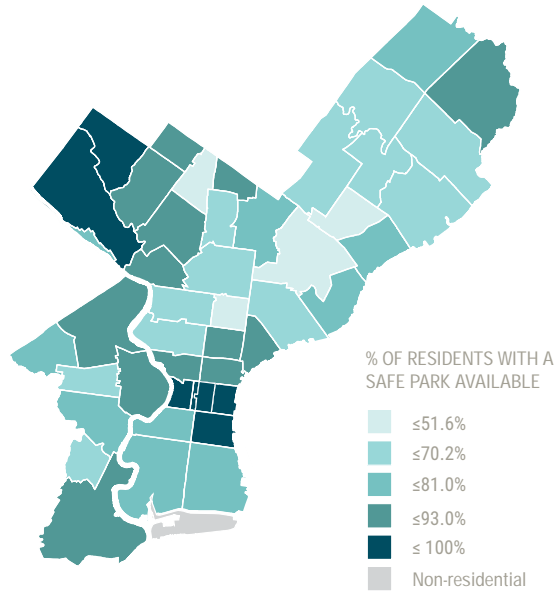
SOURCE: 2009 – 2018 AMP 410 S Reports, Air Management Service, PDPH

PHYSICAL ENVIRONMENT

ACCESS TO SAFE OUTDOOR RECREATIONAL SPACES

Convenient access to parks and outdoor spaces is essential for regular exercise. In 2018, approximately 75 percent of adults in Philadelphia reported having access to a park or other outdoor space in their neighborhood that they felt comfortable visiting. Access was greatest in the Northwest and Center City and lowest in North Philadelphia and the Lower Northeast.

SELF-REPORTED ACCESS TO SAFE OUTDOOR RECREATIONAL SPACES BY ZIP CODE

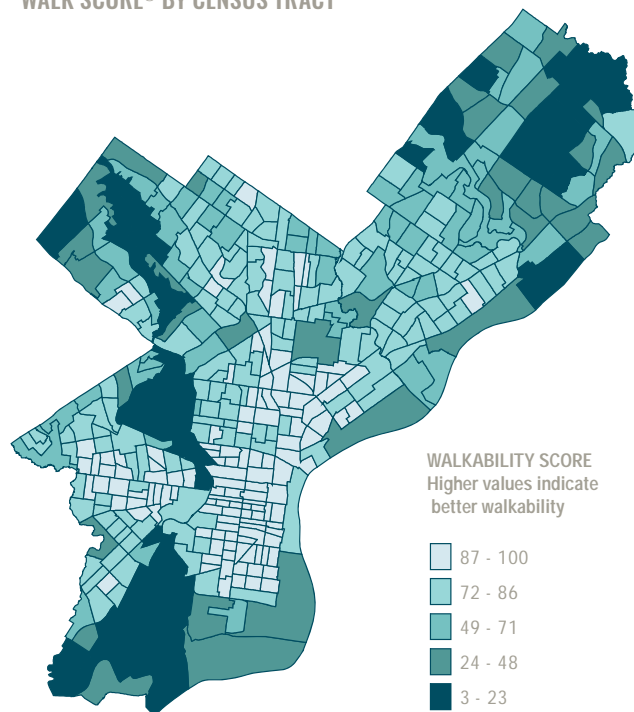


SOURCE: 2019 PHMC Household Health Survey

WALKABILITY

Having walkable neighborhoods encourages active transit 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



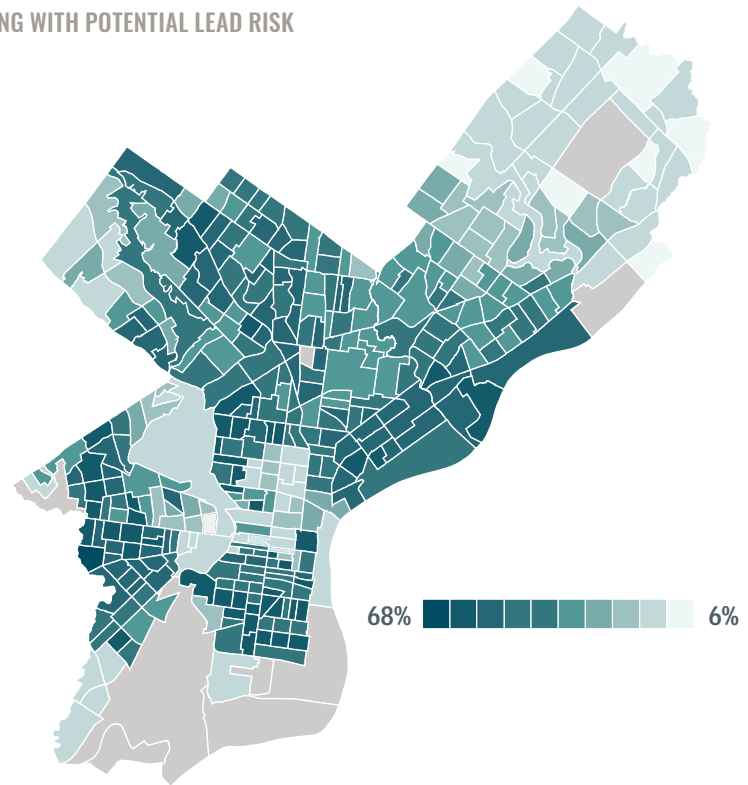
SOURCE: 2018 Walk Score® via City Health Dashboard

PHYSICAL ENVIRONMENT

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, 42.4 percent of houses in Philadelphia have a potential risk of lead exposure, which is particularly harmful for young children.

HOUSING WITH POTENTIAL LEAD RISK

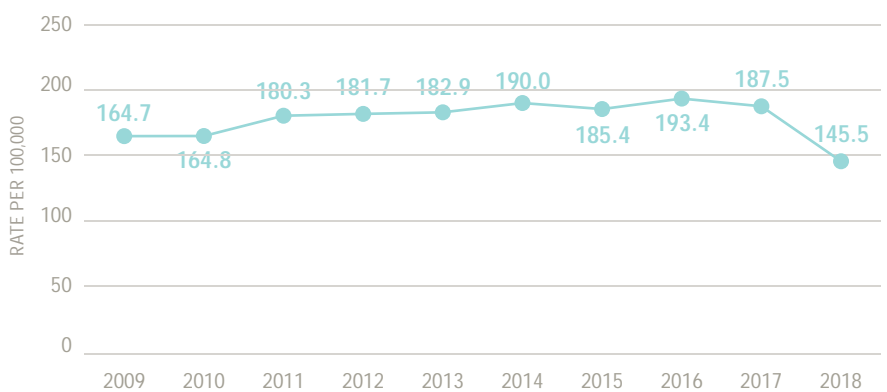


SOURCE: 2017 American Community Survey 5-year Estimates via City Health Dashboard

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 2018, 145.5 violations per 1,000 occupied housing units were issued. Rates are highest in the lowest-income neighborhoods, particularly in North Philadelphia.

HOUSING CODE VIOLATIONS



SOURCE: 2009 – 2018 Philadelphia Licenses & Inspections



Social support, financial resources, education, employment, and stable housing directly impact Philadelphians' ability to access adequate health care, engage in healthy behaviors, and live in a healthy environment. But these determinants are not addressed in traditional clinical and preventive health care. This section provides data on these social determinants of health in Philadelphia.

SOCIAL AND ECONOMIC DETERMINANTS

	MOST RECENT ESTIMATE	POPULATIONS WITH POORER OUTCOMES	CHANGE IN RECENT YEARS
POVERTY			
	24.5% ¹	Hispanics; Non-Hispanic blacks; North and West regions	>> IMPROVING
CHILDREN IN POVERTY			
	34.6% ¹	Non-Hispanic blacks; Hispanics	>> IMPROVING
CHILDREN IN SINGLE-PARENT HOUSEHOLDS			
	54.5% ¹	Non-Hispanic blacks; Hispanics	>> IMPROVING
UNEMPLOYMENT			
	5.5% ²		>> IMPROVING
LABOR FORCE PARTICIPATION RATE			
	55.0% ²		○ NO CHANGE
ON-TIME HIGH SCHOOL GRADUATION			
	62.8% ³	Non-Hispanic blacks; Hispanics	<< WORSENING
ADULTS COMPLETING SOME COLLEGE			
	52.8% ¹	Non-Hispanic blacks; Hispanics	>> IMPROVING
EXCESSIVE HOUSING COST (≥30% INCOME)			
	49.5% ¹	High poverty areas	○ NO CHANGE
HOMELESSNESS			
	5,735 ⁴		○ NO CHANGE
VIOLENT CRIME RATE			
	909 per 100,000 ⁵	High poverty areas	>> IMPROVING

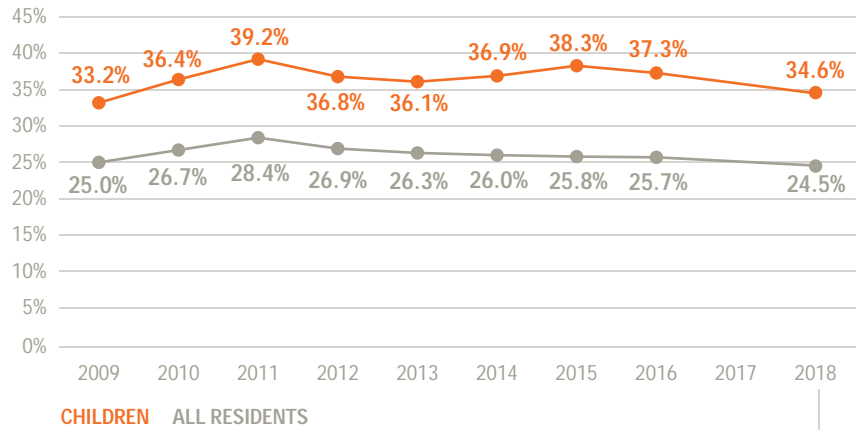
SOURCE: 1 – 2018 American Community Survey 1-Year Estimates, U.S. Census Bureau
 2 – 2018 Bureau of Labor Statistics
 3 – 2018 PA Department of Education
 4 – 2019 Point in Time Count, Office of Homeless Services
 5 – 2018 FBI Uniform Crime Report

SOCIAL AND ECONOMIC DETERMINANTS

POVERTY

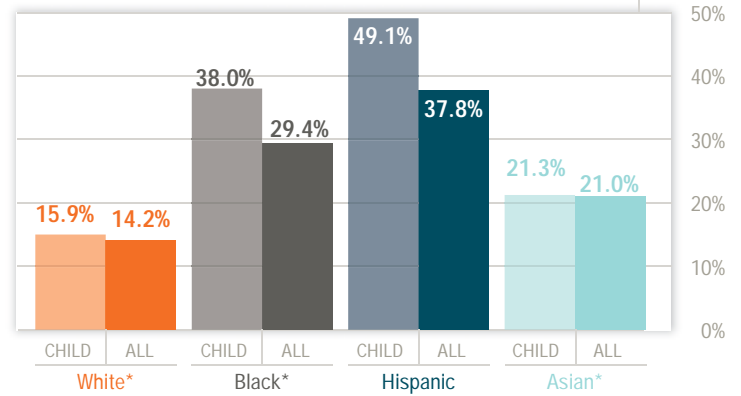
In 2018, approximately one-fourth of Philadelphians lived in a household with an income below 100 percent of the federal poverty level. Poverty rates declined in recent years among all racial/ethnic groups except non-Hispanic whites. Increased rates of poverty among non-Hispanic whites are likely related to the ongoing opioid epidemic. Still, Hispanics and non-Hispanic blacks are still about twice as likely to live in poverty as non-Hispanic whites. Poverty is greatest in North and West Philadelphia.

POVERTY AMONG ALL RESIDENTS AND CHILDREN



SOURCE: 2009 – 2018 American Community Survey 1-Year Estimates, U.S. Census Bureau

POVERTY AMONG ALL RESIDENTS AND CHILDREN BY RACE/ETHNICITY



SOURCE: 2018 American Community Survey 1-Year Estimates, U.S. Census Bureau

*Non-Hispanic

SOCIAL AND ECONOMIC DETERMINANTS

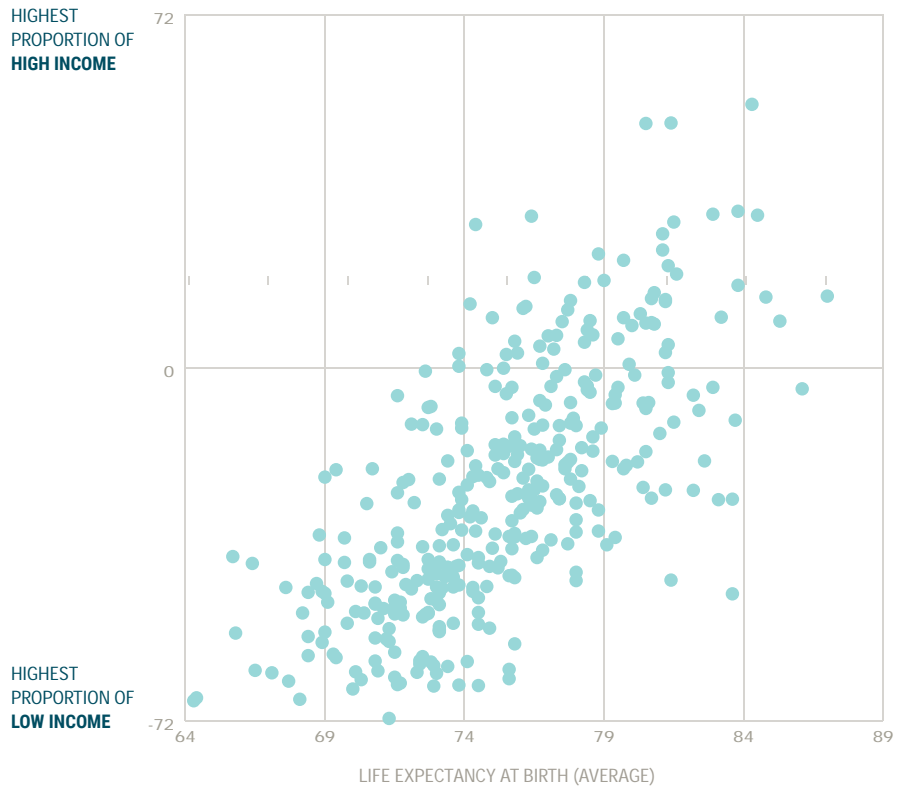
IMPACT OF POVERTY ON HEALTH DISPARITIES

Poverty is the underlying determinant for many of the racial and ethnic health disparities that persist in Philadelphia. Many Philadelphians live, learn, work, shop, and play in high poverty neighborhoods that make good health difficult to achieve. Neighborhoods with high rates of poverty often have lower access to healthy affordable foods, safe outdoor spaces for physical activity, and clinical services, and higher rates of tobacco and alcohol retailers and community violence. These contextual factors in addition to cultural norms often shape health behaviors. Ultimately, they both partially explain poor health and point toward potential solutions.

Living just a couple of miles away can reduce life expectancy by nearly 20 years. Income inequality and life expectancy are directly correlated – that is, neighborhoods with more individuals in the lowest income brackets have significantly lower life expectancy than neighborhoods with more individuals in the highest income bracket. Neighborhoods with higher income gaps are also much more likely to have higher proportions of racial/ethnic minorities.

Beyond life expectancy, individuals with lower income are 3 to 4 times more likely to self-report poor or fair health compared to individuals with higher income.

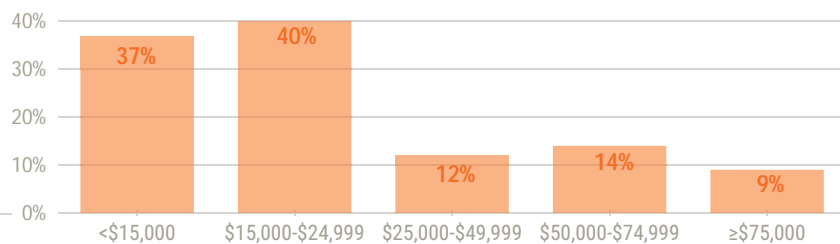
INCOME INEQUALITY AND LIFE EXPECTANCY



SOURCE: 2015 ACS 5-Year Estimates, U.S. Census Bureau and U.S. Small-area Life Expectancy Estimates Project (USALEEP): Life Expectancy Estimates File, National Center for Health Statistics via City Health Dashboard

SELF-REPORTED POOR OR FAIR HEALTH BY INCOME

SOURCE: 2018 PA Behavioral Risk Factor Surveillance System



SOCIAL AND ECONOMIC DETERMINANTS

ADVERSE CHILDHOOD EXPERIENCES

Adverse childhood experiences, or ACEs, are potentially traumatic events that occur during childhood, like exposure to violence, abuse or neglect; and aspects of a child's environment that can impact their sense of safety or stability, like having a parent with mental illness/substance use disorder or having a parent not present or incarcerated. ACEs have been linked to increased engagement in risky behavior as a child and adult; higher risk of chronic health conditions, like early cardiovascular disease; and decreased life opportunity. In Philadelphia, nearly half of adults experience one or more ACEs. Having an ACE does not mean that a child will have poorer health outcomes as an adult, but the more ACEs a child has, the greater the risk for poorer outcomes. Additionally, individuals who live in poverty or communities where poverty are concentrated are at greater risk of experiencing ACEs.

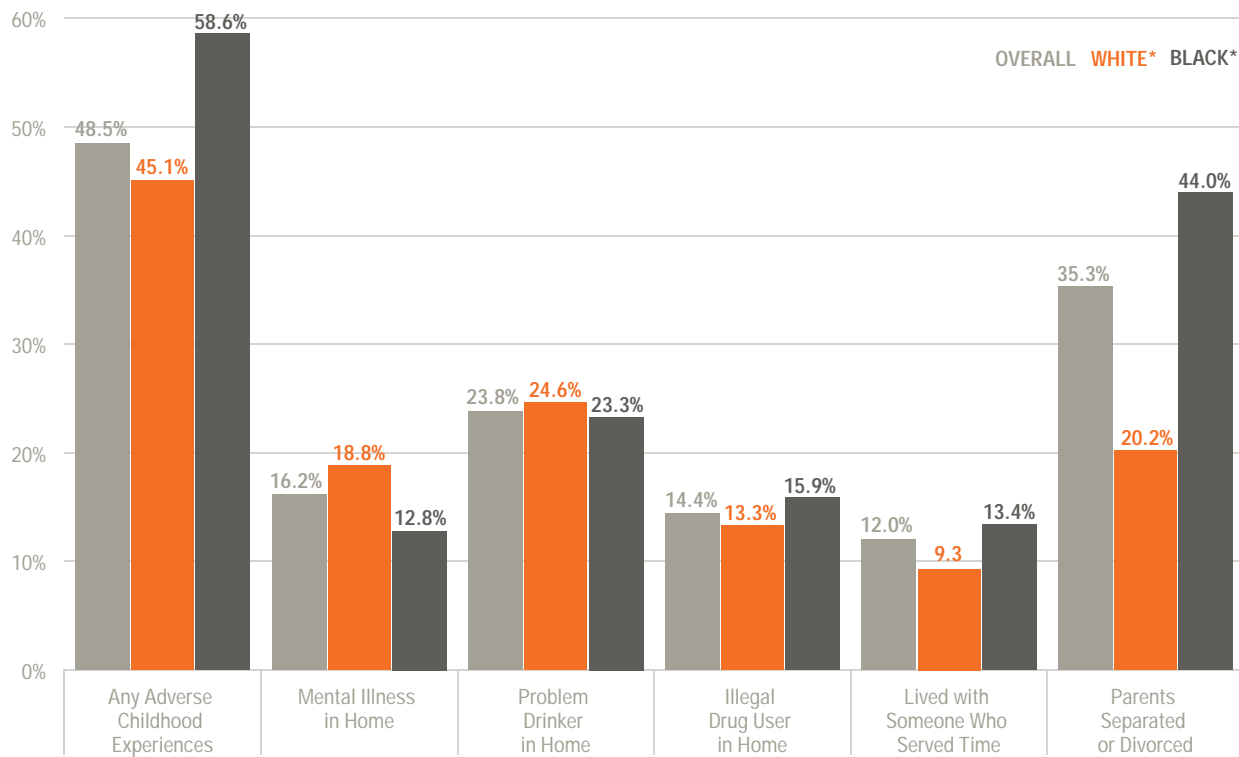


SOCIAL AND ECONOMIC DETERMINANTS

ADVERSE CHILDHOOD EXPERIENCES

In Philadelphia, more non-Hispanic blacks had at least one ACE compared to non-Hispanic whites. The disparities were significantly higher for some ACEs, like living in a single-parent household or having a parent incarcerated. These data only include a subset of ACEs and do not fully account for community-related ACEs like exposure to neighborhood violence.

ADULTS WITH ADVERSE CHILDHOOD EXPERIENCES BY RACE



SOURCE: 2016 PA Behavioral Risk Factor Surveillance System

*Non-Hispanic

Data for other racial/ethnic groups not available due to low sample size.

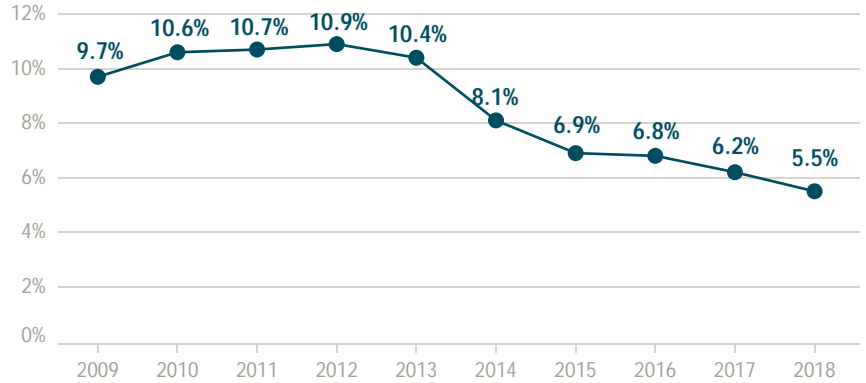
SOCIAL AND ECONOMIC DETERMINANTS

UNEMPLOYMENT

Similar to national trends, unemployment has declined significantly in recent years. In 2018, unemployment rates in Philadelphia were higher than other major U.S. cities and the national average.

Unemployment considers employment status among those working and seeking employment. Workforce participation is a measure of employment among all Philadelphians, including the disabled, retired, and those not actively seeking employment. Workforce participation has remained relatively stable since 2000.

UNEMPLOYMENT, >15 YEARS OF AGE

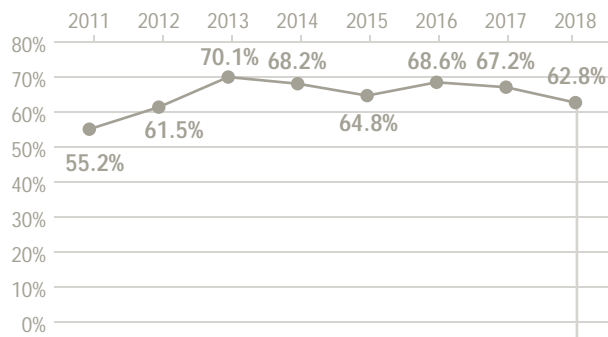


SOURCE: 2009 – 2018 U.S. Bureau of Labor Statistics

EDUCATION

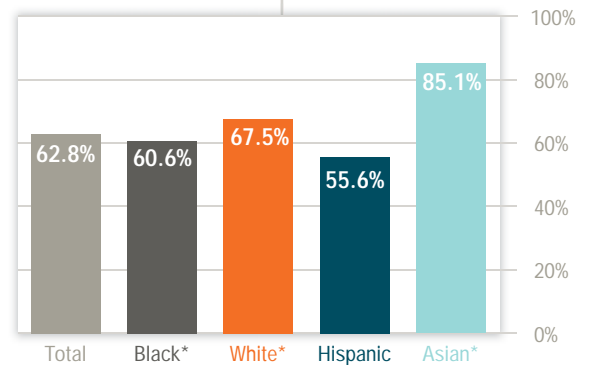
On-time graduation rates have increased since 2011, but remained stable in recent years. In 2018, on-time graduation rates were highest among non-Hispanic whites and non-Hispanic Asians and lowest among Hispanics.

ON-TIME HIGH SCHOOL GRADUATION



SOURCE: 2011 – 2018 PA Department of Education

ON-TIME HIGH SCHOOL GRADUATION BY RACE/ETHNICITY



SOURCE: 2018 PA Department of Education

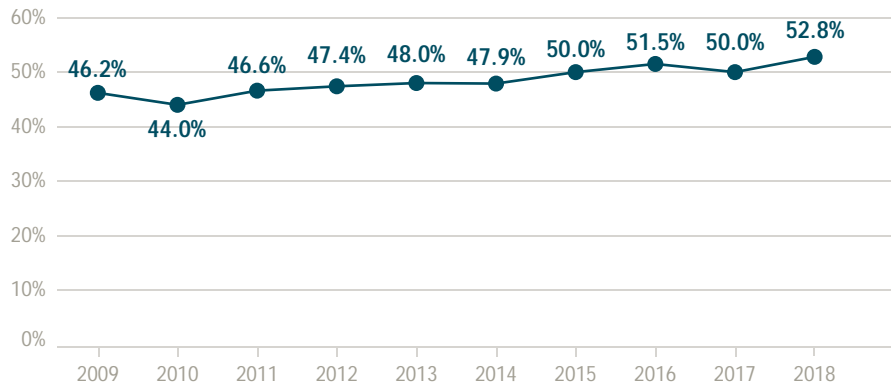
*Non-Hispanic

SOCIAL AND ECONOMIC DETERMINANTS

HIGHER EDUCATION

The number of adults completing some college increased over the last decade but has remained stable in recent years. Roughly half of Philadelphians age 25 and older completed at least some college training.

PHILADELPHIANS (AGE ≥25) WITH SOME COLLEGE EDUCATION

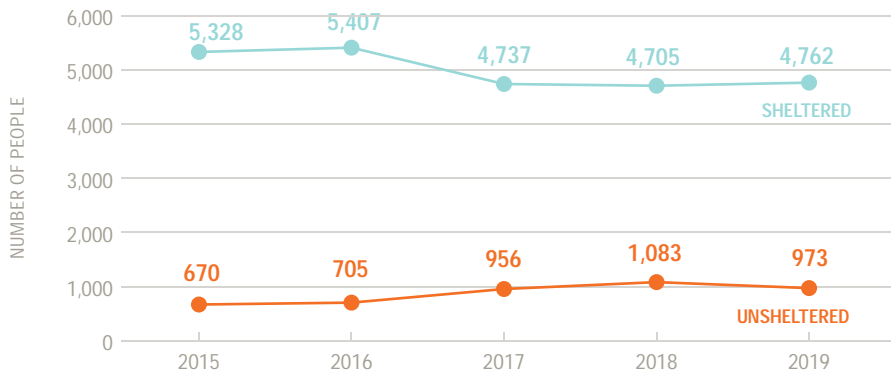


SOURCE: 2009 – 2018 1-Year Estimates American Community Survey, U.S. Census Bureau

HOMELESSNESS

Homelessness is one indicator of housing insecurity among a population. The number of individuals living homeless without shelter in Philadelphia increased significantly over the last few years as a direct result of the opioid epidemic. Individuals with substance use disorder who are also living homeless often face barriers accessing temporary housing and shelters due to their dependency.

HOMELESSNESS

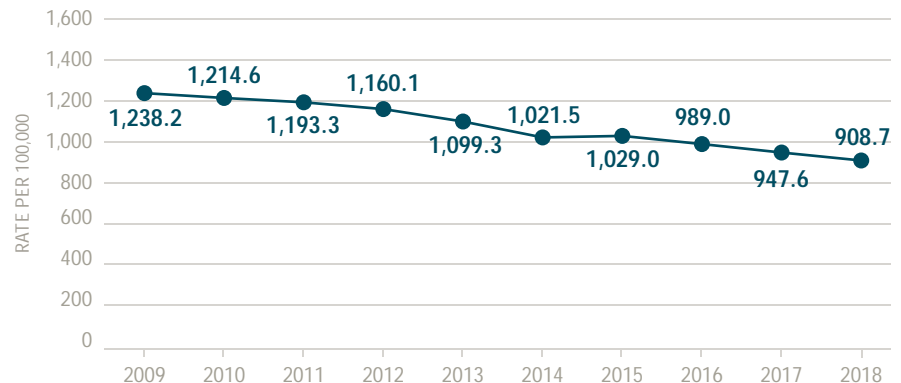


SOURCE: 2015 – 2019 Point-in-Time Count, Office of Homeless Services

VIOLENT CRIMES

Violent crimes create unsafe neighborhoods, increase community stress, and may deter healthy behaviors like outdoor exercise. The violent crime rate in Philadelphia decreased over 25 percent from 2009 to 2018.

VIOLENT CRIMES



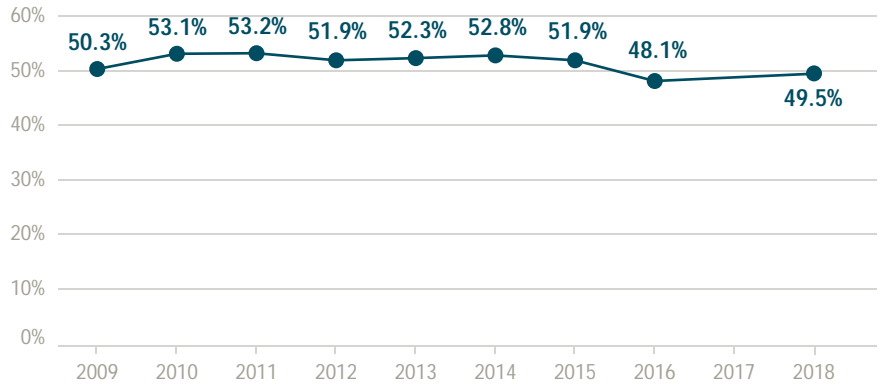
SOURCE: 2009 – 2018 FBI Uniform Crime Reports

SOCIAL AND ECONOMIC DETERMINANTS

EXCESSIVE HOUSING COST

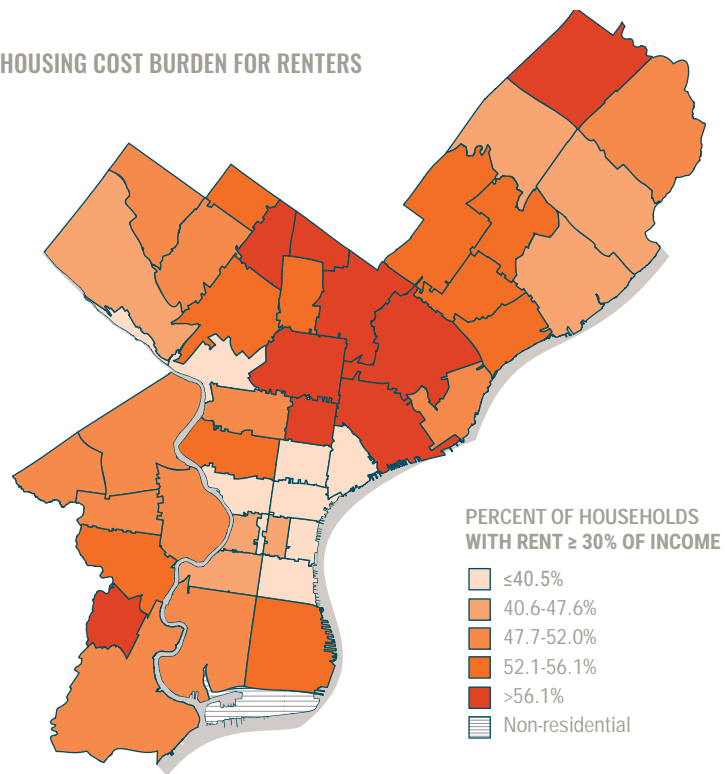
In 2018, 49.5 percent of Philadelphia households paid 30 percent or more of their income for rental housing. Rates of housing cost-burden have declined in recent years, but remain very high. The highest rates of housing cost burden occur in high poverty neighborhoods in the North, Upper North and Lower Northeast regions of Philadelphia.

HOUSING COST BURDEN FOR RENTERS



SOURCE: 2009 – 2018 1-Year Estimates American Community Survey, U.S. Census Bureau

HOUSING COST BURDEN FOR RENTERS



SOURCE: 2016 5-Year Estimates American Community Survey, U.S. Census Bureau

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DATA SOURCES:

American Medical Association
Provider Masterfile
Bureau of Labor Statistics
Centers for Disease Control and
Prevention
City of Philadelphia Licenses and
Inspections
County Health Rankings &
Roadmaps
FBI Uniform Crime Reports
Get Healthy Philly
Health Indicators Warehouse
Office of Homeless Services
PA Behavioral Risk Factor
Surveillance System
PDPH AIDS Activities Coordinating
Office
PDPH Air Management Services
PDPH Division of Disease Control
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Disease Surveillance System (PA-
NEDSS)
Philadelphia Youth Risk Behavior
Survey
Public Health Management
Corporation
School District of Philadelphia
US Census—American Community
Survey
US Environmental Protection
Agency

ENHANCED LOCAL HEALTH DATA

With support from the Bloomberg Foundation's Partnership for Health Cities, more Philadelphians were included in the 2018 Pennsylvania Behavioral Risk Factor Surveillance System, a telephone-based population health survey. The larger sample, nearly double that of prior years, allows for more reliable data for tracking many key health indicators. PDPH will continue supporting this expanded sampling in future years.



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