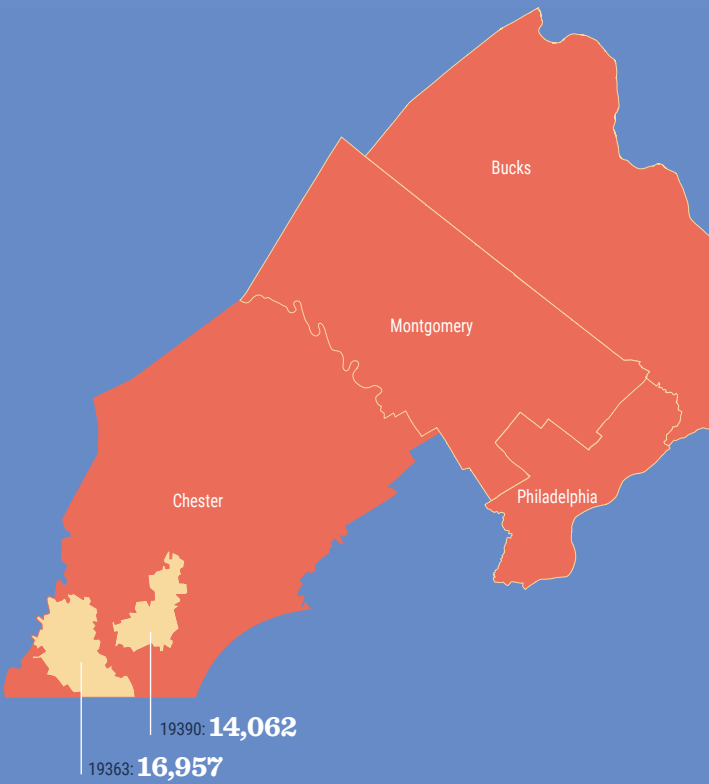


OXFORD AND WEST GROVE

demographics

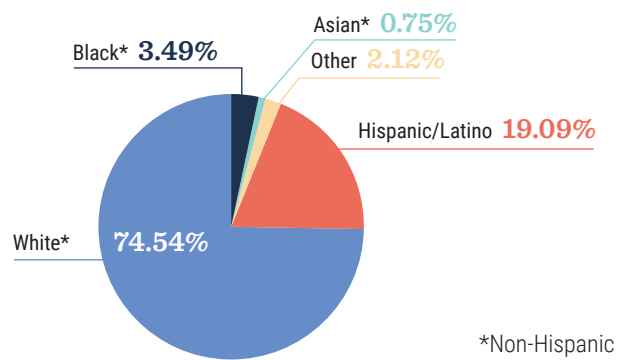
POPULATION



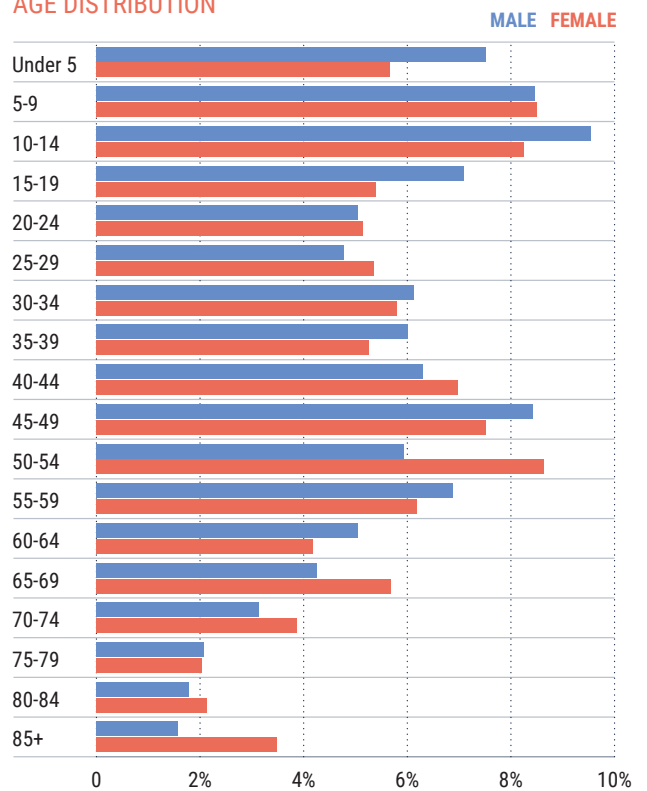
This community is served by:

- Chester County Hospital
- Children’s Hospital of Philadelphia

RACE/ETHNICITY



AGE DISTRIBUTION



summary health measures

NOTABLE

Oxford &
West Grove

Chester County

		Oxford & West Grove	Chester County
Chronic Disease & Smoking	Death rate (per 100,000 people)	717.5	651.6
	Premature CVD deaths (per 100,000 people)	37.2	36.5
	Diabetes hospitalizations (per 100,000 people)	145.1	114.3
	Adult obesity	30.2%	22.3%
	Hypertension hospitalizations (per 100,000 people)	306.3	257.7
	Cancer deaths (per 100,000 people)	71.9	65.1
	Mammography screening	81.1%	79.9%
	Colorectal screening	63.7%	71.1%
	Adult smoking	20.2%	15.3%
	Adult binge drinking	42.3%	19.8%
Infant & Child Health	Infant mortality (per 1,000 live births)	6.3	4.3
	Percent of preterm or low birth weight births	8.7%	11.2%
	Late or inadequate prenatal care	45.9%	31.8%
	Asthma hospitalization rate, ages 2-14 (per 100,000 children 2-14)	30.3	62.4
Injuries	Homicide mortality rate (per 100,000 people)	0.0	1.9
	Drug overdose mortality rate (per 100,000 people)	30.4	22.3
	Suicide mortality rate (per 100,000 people)	10.1	12.0
	Pedestrian and cyclist crash rate (per 100,000 people)	9.7	15.0
	Fall hospitalization rate, ages 65+ (per 100,000 people 65+)	17,34.9	2,412.6
Access to Care	Adults 19-64 without insurance	14.9%	8.3%
	Children <19 without insurance	10.8%	5.0%
	Adults 19-64 with Medicaid	6.6%	5.8%
	Children <19 with public insurance	28.0%	18.7%
	Emergency department utilization (per 100,000 people)	3,933.1	9,992.6
	Emergency department high-utilizers (per 100,000 people)	16.1	98.9
Social & Economic Determinants	Percent in poverty	8.6%	6.8%
	Community need index score	3.1	2.2
	Excessive housing cost	32.4%	30.1%
	Housing with potential lead risk	25.2%	29.2%
	Households receiving food assistance	6.9%	4.9%
	Food insecurity	6.1%	7.6%
	Speak English less than "very well"	9.1%	4.5%

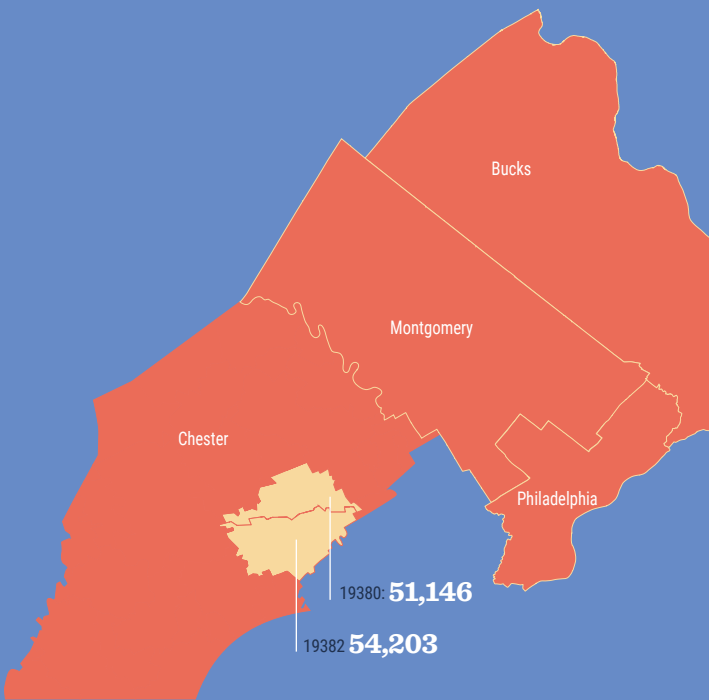
WEST CHESTER

This community is served by:

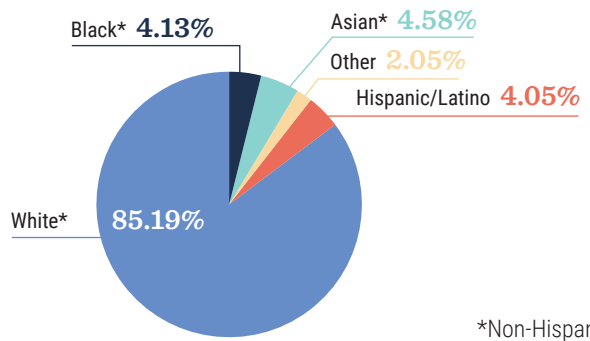
- Chester County Hospital
- Children's Hospital of Philadelphia

demographics

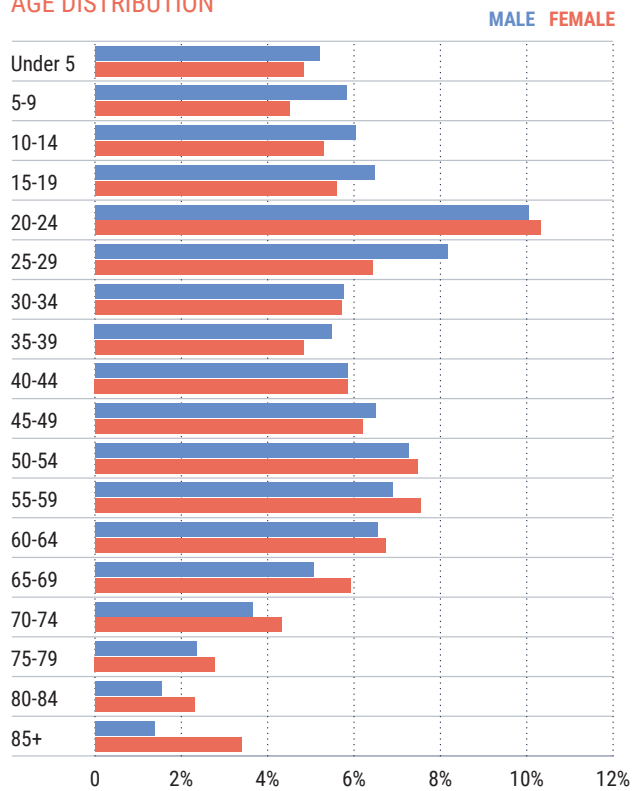
POPULATION



RACE/ETHNICITY



AGE DISTRIBUTION



summary health measures

NOTABLE

West Chester

Chester County

		West Chester	Chester County
Chronic Disease & Smoking	Death rate (per 100,000 people)	637.9	651.6
	Premature CVD deaths (per 100,000 people)	29.4	36.5
	Diabetes hospitalizations (per 100,000 people)	92.0	114.3
	Adult obesity	21.5%	22.3%
	Hypertension hospitalizations (per 100,000 people)	254.2	257.7
	Cancer deaths (per 100,000 people)	62.4	65.1
	Mammography screening	81.0%	79.9%
	Colorectal screening	81.8%	71.1%
	Adult smoking	11.3%	15.3%
	Adult binge drinking	18.4%	19.8%
Infant & Child Health	Infant mortality (per 1,000 live births)	4.3	4.3
	Percent of preterm or low birth weight births	9.7%	11.2%
	Late or inadequate prenatal care	26.3%	31.8%
	Asthma hospitalization rate, ages 2-14 (per 100,000 children 2-14)	68.6	62.4
Injuries	Homicide mortality rate (per 100,000 people)	1.3	1.9
	Drug overdose mortality rate (per 100,000 people)	17.5	22.3
	Suicide mortality rate (per 100,000 people)	10.1	12.0
	Pedestrian and cyclist crash rate (per 100,000 people)	27.5	15.0
	Fall hospitalization rate, ages 65+ (per 100,000 people 65+)	2,747.5	2,412.6
Access to Care	Adults 19-64 without insurance	5.9%	8.3%
	Children <19 without insurance	2.4%	5.0%
	Adults 19-64 with Medicaid	4.2%	5.8%
	Children <19 with public insurance	11.5%	18.7%
	Emergency department utilization (per 100,000 people)	15,252.4	9,992.6
	Emergency department high-utilizers (per 100,000 people)	147.0	98.9
Social & Economic Determinants	Percent in poverty	8.1%	6.8%
	Community need index score	2.0	2.2
	Excessive housing cost	30.6%	30.1%
	Housing with potential lead risk	27.3%	29.2%
	Households receiving food assistance	2.3%	4.9%
	Food insecurity	4.0%	7.6%
	Speak English less than "very well"	3.0%	4.5%

“I feel inadequate to counsel them sometimes, because it is so complex. I would say that the ease of understanding our own healthcare in this country for seniors is lacking.”

“I think a lot of folks who have made it to the senior population are not used to questioning authority or asking [questions]. If the doctor says, ‘take the drug that costs \$20,000 a month’, well that must be the drug I have to take, [as opposed to saying] ‘I can’t afford this, isn’t there something else I can do?’”

FINDINGS FROM COMMUNITY MEETINGS

Below is a summary of community assets and priority health needs as reported by community members who participated in a facilitated focus-group style discussion on March 6, 2019 at West Chester Area Senior Center. The full text of the meeting can be found in the Appendix.

Notable Community Assets

- » Availability of parks and recreation areas.
- » High quality public schools.
- » New urgent care centers that have recently opened in the area where providers spend more quality time with patients.

“You feel as though they’re looking after you, they’re not just out for the money part, they are helping you because you’re going there because you’re sick and you’re telling them, so they’re going to listen and help you. I know my doctor gets sick of me.”

Priority Health Issues

BEHAVIORAL HEALTH	<ul style="list-style-type: none">» The opioid epidemic is impacting all of West Chester – all ages, races and neighborhoods – and most participants noted personal experiences.
ACCESS TO CARE	<ul style="list-style-type: none">» Barriers to access to quality providers and health care services were discussed by participants, citing that most providers/services were located in Philadelphia, which is further away and harder to get to.» Challenges navigating health systems as a senior citizen, specifically in terms of awareness of health options, self-advocacy, and having the necessary knowledge to ensure quality and affordability of health services.» Need for price transparency for medications and medical services. For example, several participants provided personal examples of when they had been prescribed an expensive medication by their doctor and were unaware that cheaper versions were available.» Lack of understanding or preparation to manage chronic diseases and navigate health care systems, strong need for education and explicit training on how to self-advocate.
OLDER ADULTS	<ul style="list-style-type: none">» Lack of a clear understanding of Medicare coverages.» Lack of supply and financial constraints are barriers to hiring in-home caretakers for seniors in the community; without affordable options, many are having to move to nursing homes or assisted living communities.» Knowledge gaps and a lack of comfort with technology are specific transportation barriers; a participant stated that “the senior population isn’t really familiar” or “comfortable” with utilizing ride share platforms as an alternative.» Existing stigma around asking for help as well as participating or living in a senior center.» With a scarcity of senior living centers, price of real estate and moving, and the expense of in-home care, individuals in the community are feeling stuck and unsure about next steps.
SOCIAL AND ECONOMIC DETERMINANTS	<ul style="list-style-type: none">» Limited forms of available, affordable, and timely transportation; services like Rover Community Transport can be unreliable for meeting medical appointment times.» Adequate and affordable housing for low income.» Gentrification has led to challenges for many long-term residents of the area, especially when it comes to moving within the community, as new housing developments are unaffordable.» Student loan debt was discussed as a prevalent and underlying concern for young adults; recent college graduates frequently need to move home because they cannot afford to live on their own, which can hinder or delay retirement for older adults.
YOUTH	<ul style="list-style-type: none">» Youth spending too much time using technology as opposed to other extracurricular activities.» Limited access to affordable afterschool programs that provide additional supervision and structure for younger children.



MONTGOMERY COUNTY

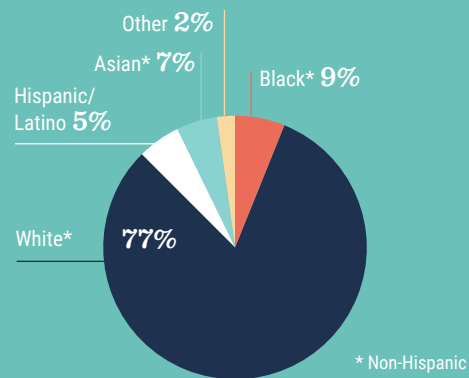
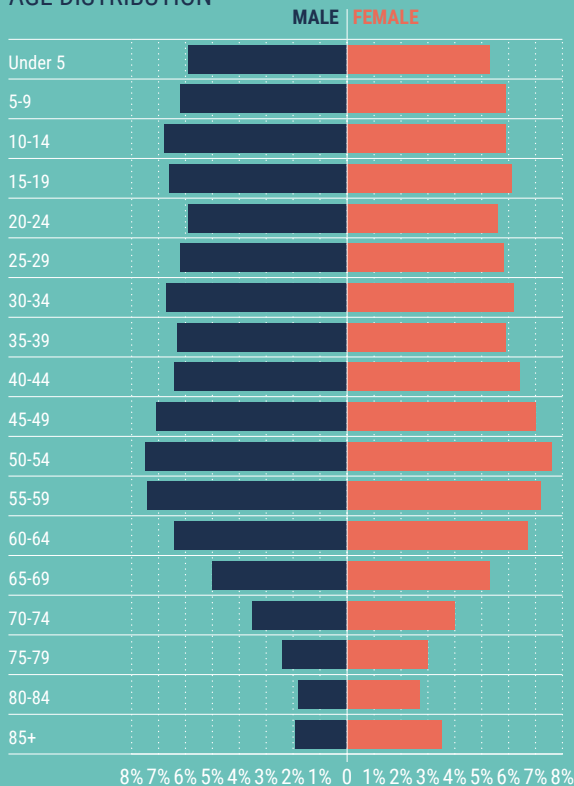
 HOSPITAL
 HEALTH CENTER



Montgomery County houses 15 hospitals and 4 health centers. These health centers serve a combined 66,000 patients each year.

Montgomery County has an estimated population of 818,677. The largest proportion of residents is between the ages of 45 and 59.

AGE DISTRIBUTION



Seventy-seven percent of the residents of Montgomery County are non-Hispanic White. Non-Hispanic Black residents make the next largest population, comprising 9 percent of Montgomery County’s residents.

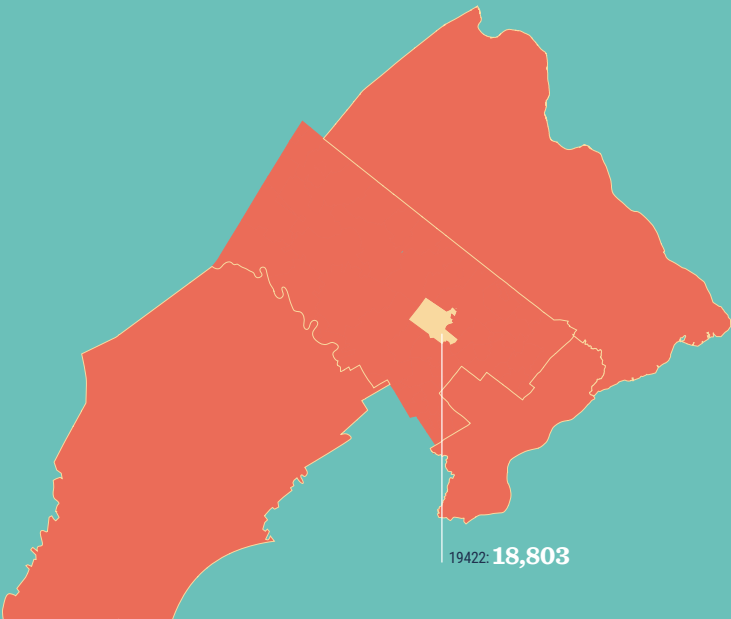
Nearly 11 percent of Montgomery County residents are foreign-born, and about 4 percent speak English less than “very well.”

FOREIGN BORN: 10.7% **NOT FLUENT IN ENGLISH: 4.4%**

BLUE BELL

demographics

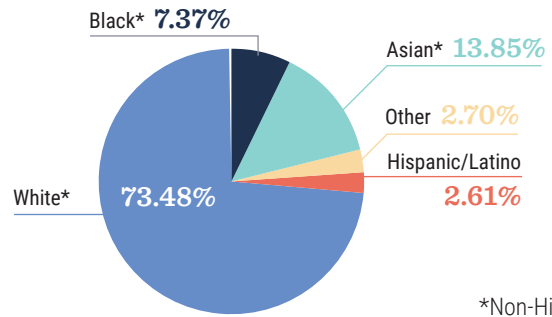
POPULATION



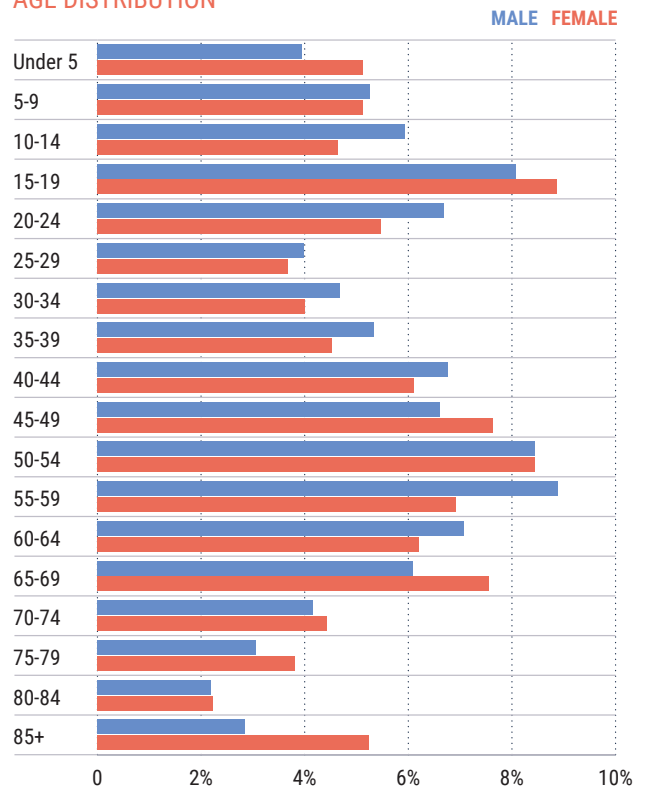
This community is served by:

- Abington Hospital
- Abington-Lansdale Hospital
- Children's Hospital of Philadelphia
- Einstein Medical Center Montgomery

RACE/ETHNICITY



AGE DISTRIBUTION



summary health measures

NOTABLE

Blue Bell

Montgomery
County

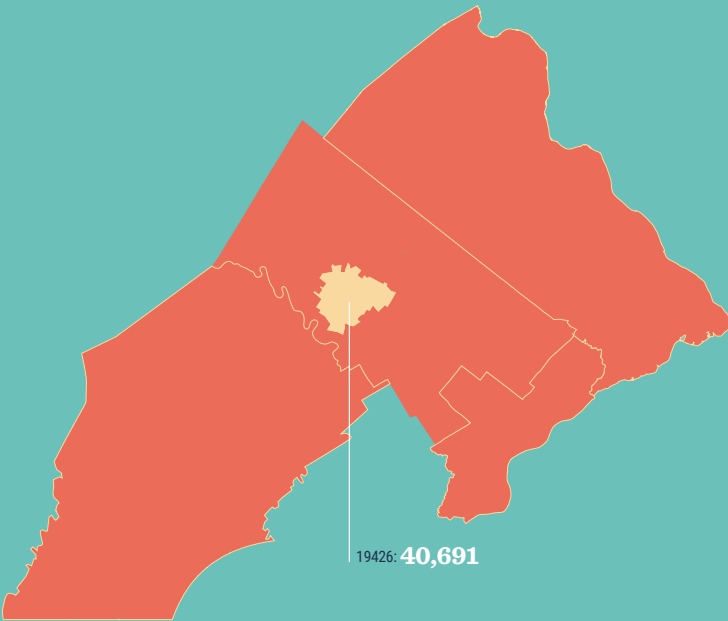
Chronic Disease & Smoking	Death rate (per 100,000 people)	581.3	700.2
	Premature CVD deaths (per 100,000 people)	18.1	46.9
	Diabetes hospitalizations (per 100,000 people)	58.5	155.1
	Adult obesity	--	24.2%
	Hypertension hospitalizations (per 100,000 people)	250.0	323.6
	Cancer deaths (per 100,000 people)	61.3	70.5
	Mammography screening	--	82.1%
	Colorectal screening	--	73.5%
	Adult smoking	--	12.8%
	Adult binge drinking	--	16.6%
Infant & Child Health	Infant mortality (per 1,000 live births)	1.8	4.2
	Percent of preterm or low birth weight births	9.7%	10.5%
	Late or inadequate prenatal care	23.2%	26.2%
	Asthma hospitalization rate, ages 2-14 (per 100,000 children 2-14)	40.3	107.1
Injuries	Homicide mortality rate (per 100,000 people)	1.9	1.7
	Drug overdose mortality rate (per 100,000 people)	22.5	23.5
	Suicide mortality rate (per 100,000 people)	13.3	12.4
	Pedestrian and cyclist crash rate (per 100,000 people)	31.9	30.9
	Fall hospitalization rate, ages 65+ (per 100,000 people 65+)	2,418.5	2,544.6
Access to Care	Adults 19-64 without insurance	4.1%	6.5%
	Children <19 without insurance	4.1%	2.7%
	Adults 19-64 with Medicaid	4.0%	6.9%
	Children <19 with public insurance	12.6%	20.6%
	Emergency department utilization (per 100,000 people)	20,300.0	19,925.6
	Emergency department high-utilizers (per 100,000 people)	430.8	385.1
Social & Economic Determinants	Percent in poverty	3.6%	6.5%
	Community need index score	2.2	2.2
	Excessive housing cost	24.3%	30.6%
	Housing with potential lead risk	24.0%	39.1%
	Households receiving food assistance	2.0%	6.0%
	Food insecurity	--	9.3%
	Speak English less than "very well"	6.4%	4.4%

"--" Estimates are not available or unreliable due to low sample size within community.

COLLEGEVILLE

demographics

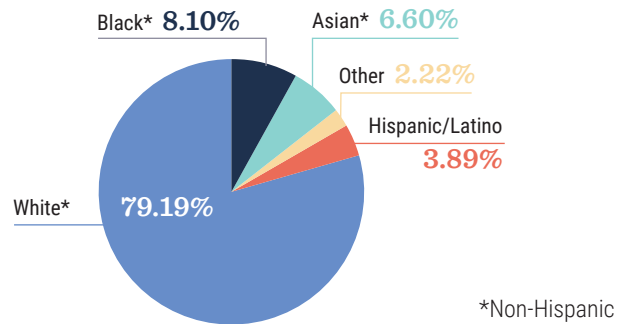
POPULATION



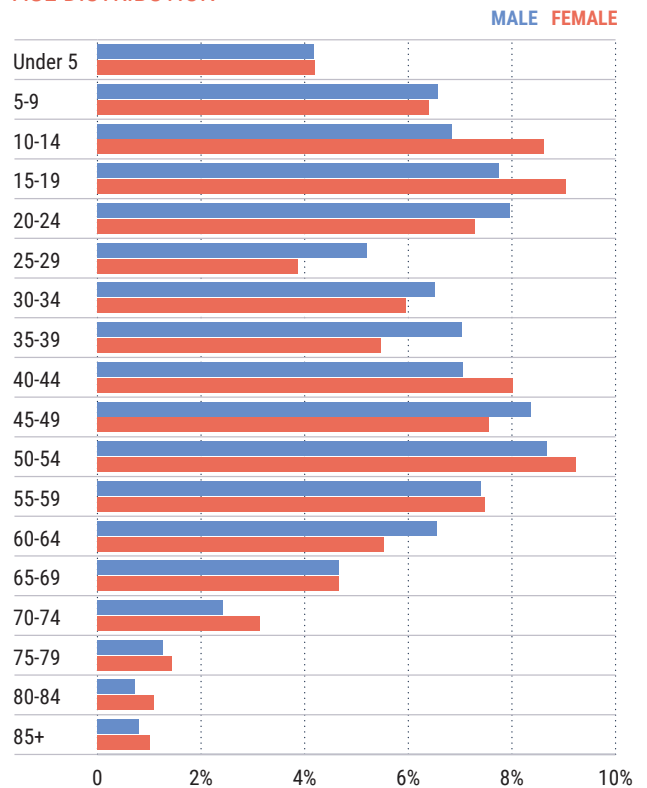
This community is served by:

- Children’s Hospital of Philadelphia
- Einstein Medical Center Montgomery

RACE/ETHNICITY



AGE DISTRIBUTION



summary health measures

NOTABLE

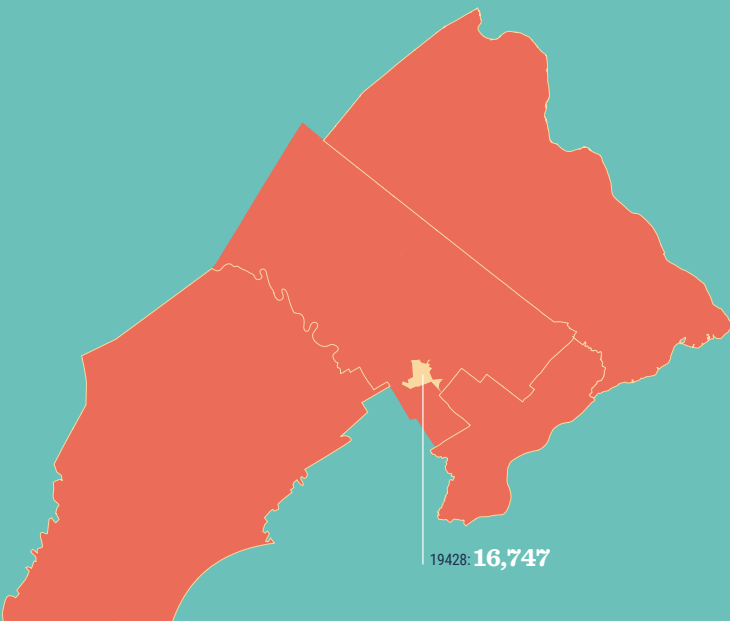
		Collegeville	Montgomery County
Chronic Disease & Smoking	Death rate (per 100,000 people)	698.6	700.2
	Premature CVD deaths (per 100,000 people)	33.8	46.9
	Diabetes hospitalizations (per 100,000 people)	95.8	155.1
	Adult obesity	--	24.2%
	Hypertension hospitalizations (per 100,000 people)	154.8	323.6
	Cancer deaths (per 100,000 people)	72.0	70.5
	Mammography screening	--	82.1%
	Colorectal screening	--	73.5%
	Adult smoking	--	12.8%
	Adult binge drinking	--	16.6%
Infant & Child Health	Infant mortality (per 1,000 live births)	5.1	4.2
	Percent of preterm or low birth weight births	10.0%	10.5%
	Late or inadequate prenatal care	17.8%	26.2%
	Asthma hospitalization rate, ages 2-14 (per 100,000 children 2-14)	59.0	107.1
Injuries	Homicide mortality rate (per 100,000 people)	0.0	1.7
	Drug overdose mortality rate (per 100,000 people)	15.1	23.5
	Suicide mortality rate (per 100,000 people)	13.1	12.4
	Pedestrian and cyclist crash rate (per 100,000 people)	7.4	30.9
	Fall hospitalization rate, ages 65+ (per 100,000 people 65+)	1,884.6	2,544.6
Access to Care	Adults 19-64 without insurance	4.1%	6.5%
	Children <19 without insurance	2.1%	2.7%
	Adults 19-64 with Medicaid	4.2%	6.9%
	Children <19 with public insurance	9.9%	20.6%
	Emergency department utilization (per 100,000 people)	13,071.7	19,925.6
	Emergency department high-utilizers (per 100,000 people)	235.9	385.1
Social & Economic Determinants	Percent in poverty	3.4%	6.5%
	Community need index score	1.6	2.2
	Excessive housing cost	25.6%	30.6%
	Housing with potential lead risk	20.9%	39.1%
	Households receiving food assistance	3.1%	6.0%
	Food insecurity	--	9.3%
	Speak English less than "very well"	3.4%	4.4%

"--" Estimates are not available or unreliable due to low sample size within community.

CONSHOHOCKEN

demographics

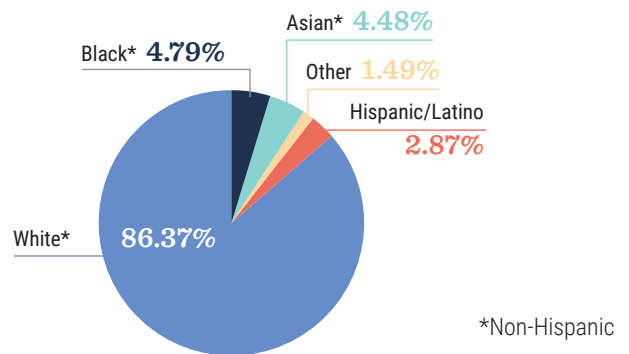
POPULATION



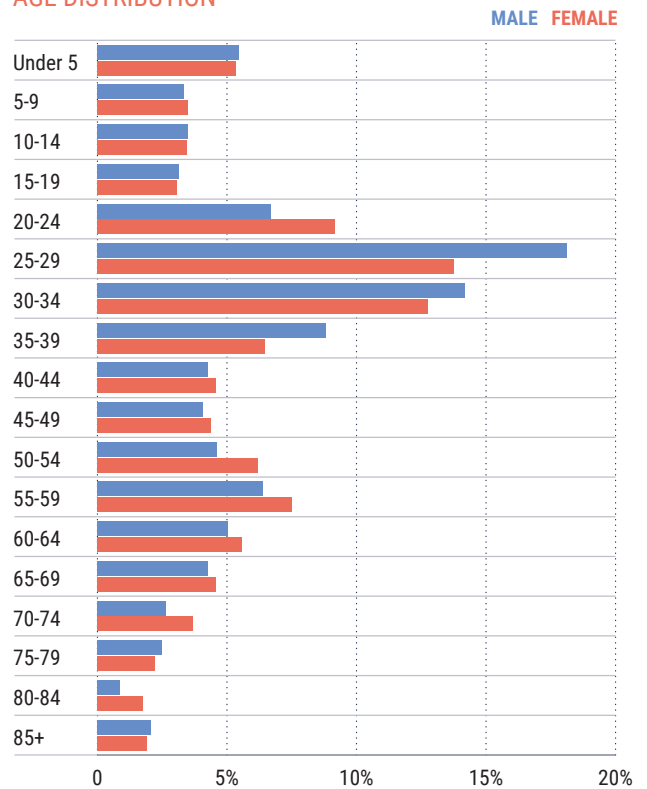
This community is served by:

- Children’s Hospital of Philadelphia
- Einstein Medical Center Montgomery

RACE/ETHNICITY



AGE DISTRIBUTION



summary health measures

NOTABLE

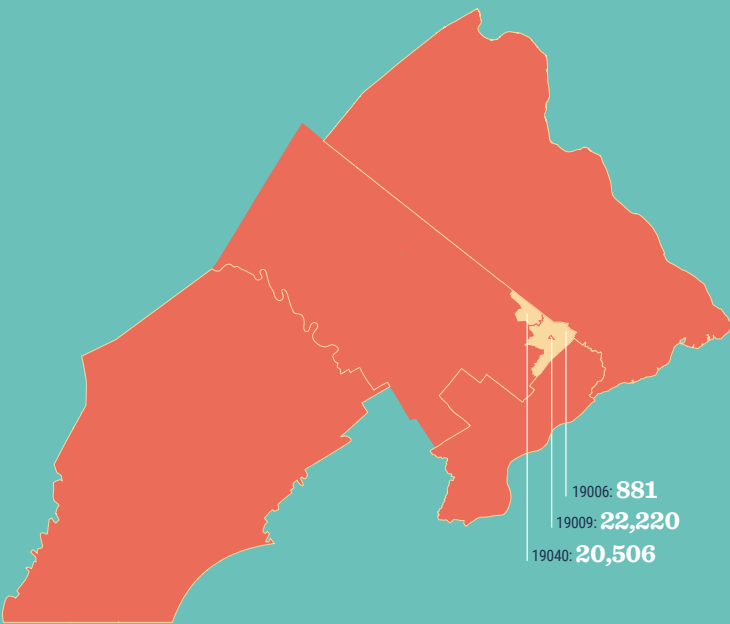
		Conshohocken	Montgomery County
Chronic Disease & Smoking	Death rate (per 100,000 people)	790.6	700.2
	Premature CVD deaths (per 100,000 people)	67.7	46.9
	Diabetes hospitalizations (per 100,000 people)	83.6	155.1
	Adult obesity	--	24.2%
	Hypertension hospitalizations (per 100,000 people)	364.2	323.6
	Cancer deaths (per 100,000 people)	94.8	70.5
	Mammography screening	--	82.1%
	Colorectal screening	--	73.5%
	Adult smoking	--	12.8%
	Adult binge drinking	--	16.6%
Infant & Child Health	Infant mortality (per 1,000 live births)	8.0	4.2
	Percent of preterm or low birth weight births	9.5%	10.5%
	Late or inadequate prenatal care	23.5%	26.2%
	Asthma hospitalization rate, ages 2-14 (per 100,000 children 2-14)	--	107.1
Injuries	Homicide mortality rate (per 100,000 people)	2.0	1.7
	Drug overdose mortality rate (per 100,000 people)	34.2	23.5
	Suicide mortality rate (per 100,000 people)	19.4	12.4
	Pedestrian and cyclist crash rate (per 100,000 people)	35.8	30.9
	Fall hospitalization rate, ages 65+ (per 100,000 people 65+)	2,169.0	2,544.6
Access to Care	Adults 19-64 without insurance	4.6%	6.5%
	Children <19 without insurance	0.9%	2.7%
	Adults 19-64 with Medicaid	4.6%	6.9%
	Children <19 with public insurance	16.2%	20.6%
	Emergency department utilization (per 100,000 people)	20,182.7	19,925.6
	Emergency department high-utilizers (per 100,000 people)	406.0	385.1
Social & Economic Determinants	Percent in poverty	7.1%	6.5%
	Community need index score	2.4	2.2
	Excessive housing cost	29.5%	30.6%
	Housing with potential lead risk	44.3%	39.1%
	Households receiving food assistance	5.2%	6.0%
	Food insecurity	--	9.3%
	Speak English less than "very well"	1.8%	4.4%

"--" Estimates are not available or unreliable due to low sample size within community.

GREATER ABINGTON

demographics

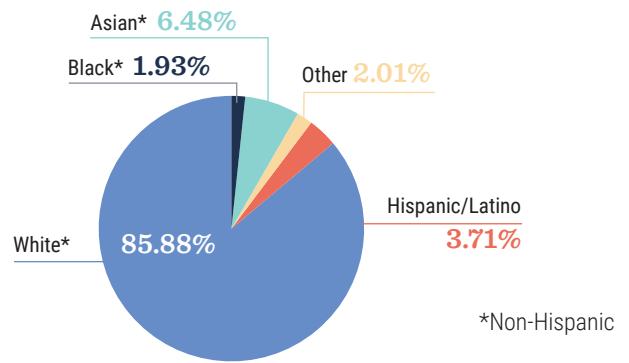
POPULATION



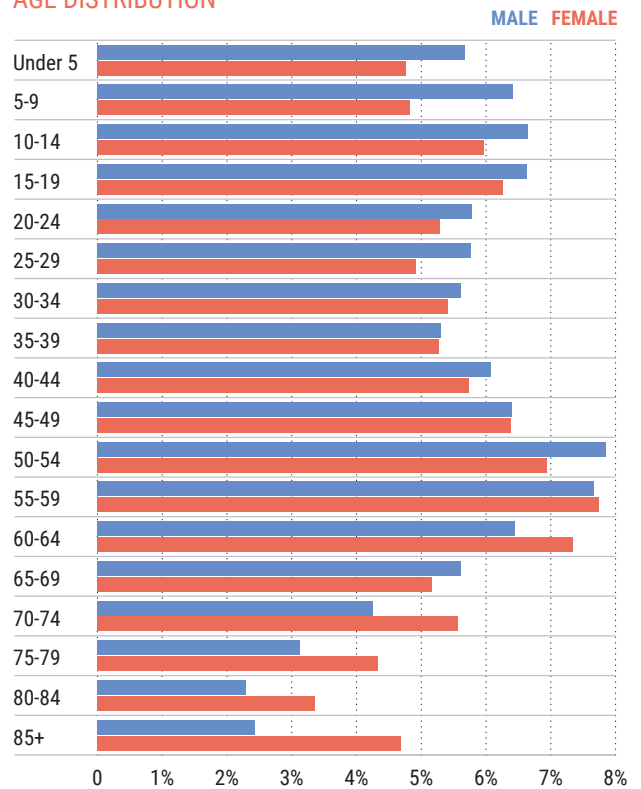
This community is served by:

- Abington Hospital
- Children’s Hospital of Philadelphia
- Holy Redeemer Hospital

RACE/ETHNICITY



AGE DISTRIBUTION



summary health measures

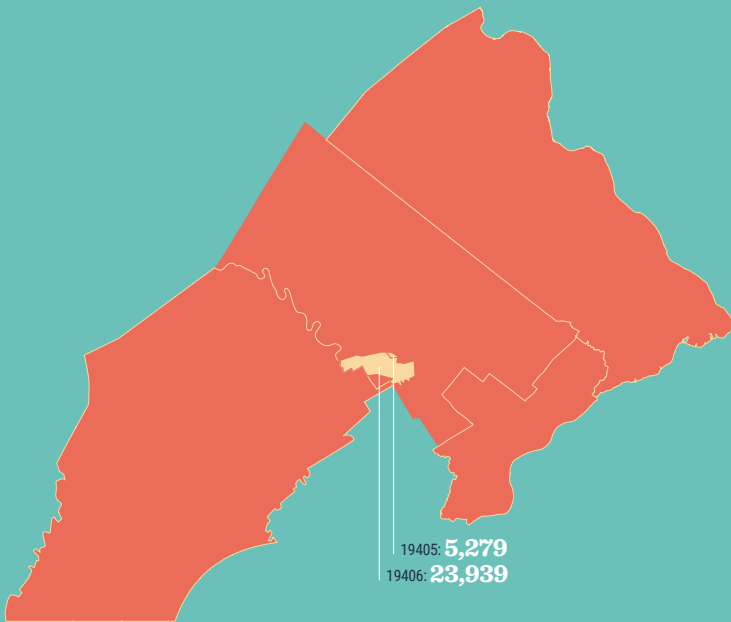
NOTABLE

		Greater Abington	Montgomery County
Chronic Disease & Smoking	Death rate (per 100,000 people)	652.4	700.2
	Premature CVD deaths (per 100,000 people)	39.3	46.9
	Diabetes hospitalizations (per 100,000 people)	142.2	155.1
	Adult obesity	28.8%	24.2%
	Hypertension hospitalizations (per 100,000 people)	314.2	323.6
	Cancer deaths (per 100,000 people)	79.4	70.5
	Mammography screening	77.1%	82.1%
	Colorectal screening	74.1%	73.5%
	Adult smoking	13.4%	12.8%
	Adult binge drinking	39.9%	16.6%
Infant & Child Health	Infant mortality (per 1,000 live births)	6.8	4.2
	Percent of preterm or low birth weight births	12.1%	10.5%
	Late or inadequate prenatal care	23.3%	26.2%
	Asthma hospitalization rate, ages 2-14 (per 100,000 children 2-14)	76.4	107.1
Injuries	Homicide mortality rate (per 100,000 people)	0.8	1.7
	Drug overdose mortality rate (per 100,000 people)	25.3	23.5
	Suicide mortality rate (per 100,000 people)	18.0	12.4
	Pedestrian and cyclist crash rate (per 100,000 people)	16.1	30.9
	Fall hospitalization rate, ages 65+ (per 100,000 people 65+)	2,784.0	2,544.6
Access to Care	Adults 19-64 without insurance	5.2%	6.5%
	Children <19 without insurance	1.5%	2.7%
	Adults 19-64 with Medicaid	5.9%	6.9%
	Children <19 with public insurance	18.7%	20.6%
	Emergency department utilization (per 100,000 people)	20,950.8	19,925.6
	Emergency department high-utilizers (per 100,000 people)	256.8	385.1
Social & Economic Determinants	Percent in poverty	4.1%	6.5%
	Community need index score	1.9	2.2
	Excessive housing cost	32.9%	30.6%
	Housing with potential lead risk	41.7%	39.1%
	Households receiving food assistance	4.7%	6.0%
	Food insecurity	12.2%	9.3%
	Speak English less than "very well"	5.2%	4.4%

KING OF PRUSSIA

demographics

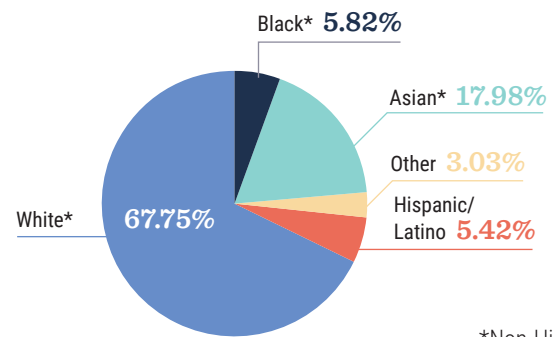
POPULATION



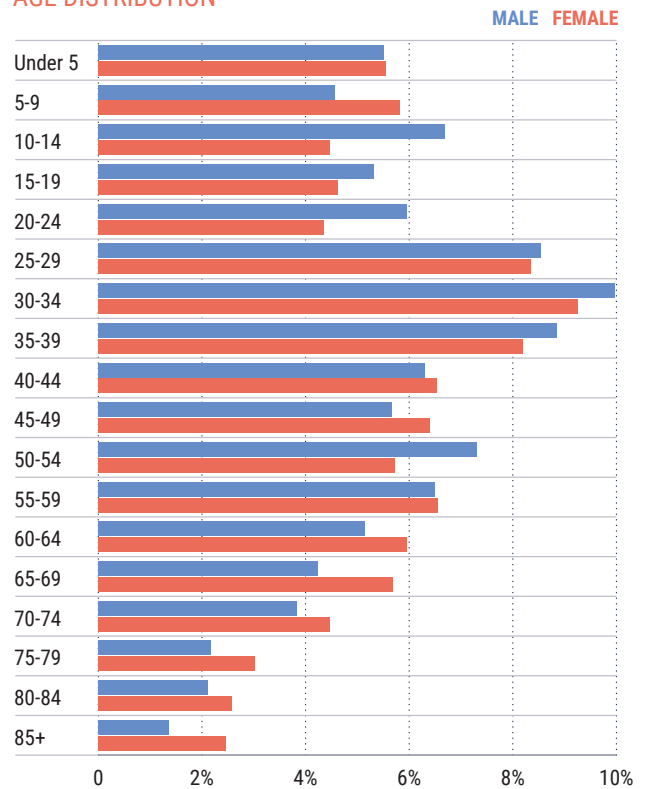
This community is served by:

- Children’s Hospital of Philadelphia
- Einstein Medical Center Montgomery

RACE/ETHNICITY



AGE DISTRIBUTION



summary health measures

NOTABLE

King of Prussia

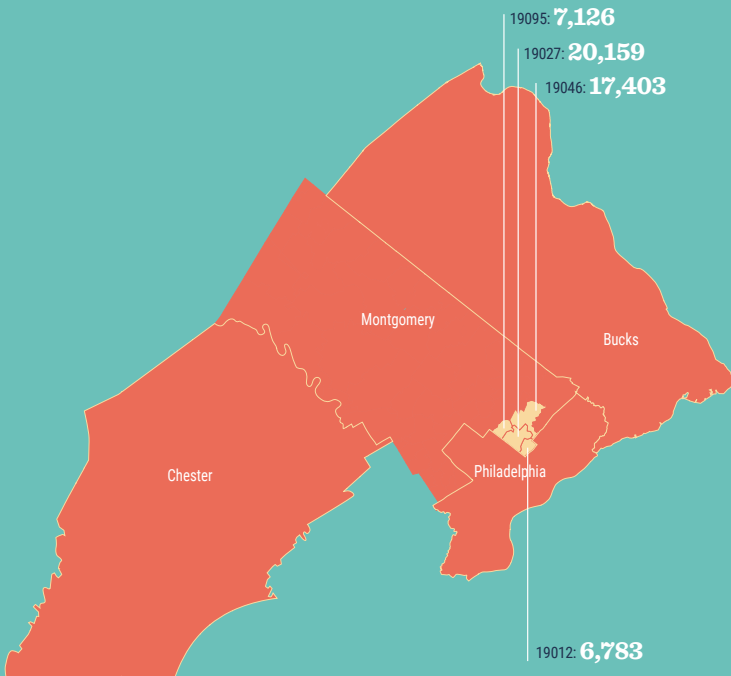
Montgomery
County

		King of Prussia	Montgomery County
Chronic Disease & Smoking	Death rate (per 100,000 people)	626.7	700.2
	Premature CVD deaths (per 100,000 people)	49.1	46.9
	Diabetes hospitalizations (per 100,000 people)	102.5	155.1
	Adult obesity	24.6%	24.2%
	Hypertension hospitalizations (per 100,000 people)	283.7	323.6
	Cancer deaths (per 100,000 people)	72.0	70.5
	Mammography screening	66.5%	82.1%
	Colorectal screening	66.6%	73.5%
	Adult smoking	8.4%	12.8%
	Adult binge drinking	30.8%	16.6%
Infant & Child Health	Infant mortality (per 1,000 live births)	2.9	4.2
	Percent of preterm or low birth weight births	12.6%	10.5%
	Late or inadequate prenatal care	27.7%	26.2%
	Asthma hospitalization rate, ages 2-14 (per 100,000 children 2-14)	97.1	107.1
Injuries	Homicide mortality rate (per 100,000 people)	0.0	1.7
	Drug overdose mortality rate (per 100,000 people)	24.5	23.5
	Suicide mortality rate (per 100,000 people)	9.7	12.4
	Pedestrian and cyclist crash rate (per 100,000 people)	30.8	30.9
	Fall hospitalization rate, ages 65+ (per 100,000 people 65+)	2,841.9	2,544.6
Access to Care	Adults 19-64 without insurance	6.6%	6.5%
	Children <19 without insurance	1.5%	2.7%
	Adults 19-64 with Medicaid	4.9%	6.9%
	Children <19 with public insurance	19.6%	20.6%
	Emergency department utilization (per 100,000 people)	21,173.7	19,925.6
	Emergency department high-utilizers (per 100,000 people)	451.2	385.1
Social & Economic Determinants	Percent in poverty	6.0%	6.5%
	Community need index score	2.4	2.2
	Excessive housing cost	29.2%	30.6%
	Housing with potential lead risk	38.1%	39.1%
	Households receiving food assistance	4.3%	6.0%
	Food insecurity	7.4%	9.3%
	Speak English less than "very well"	8.9%	4.4%

LOWER EASTERN MONTGOMERY

demographics

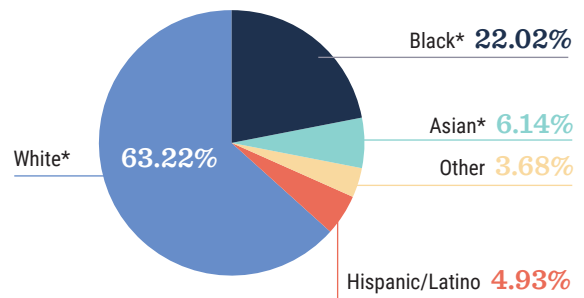
POPULATION



This community is served by:

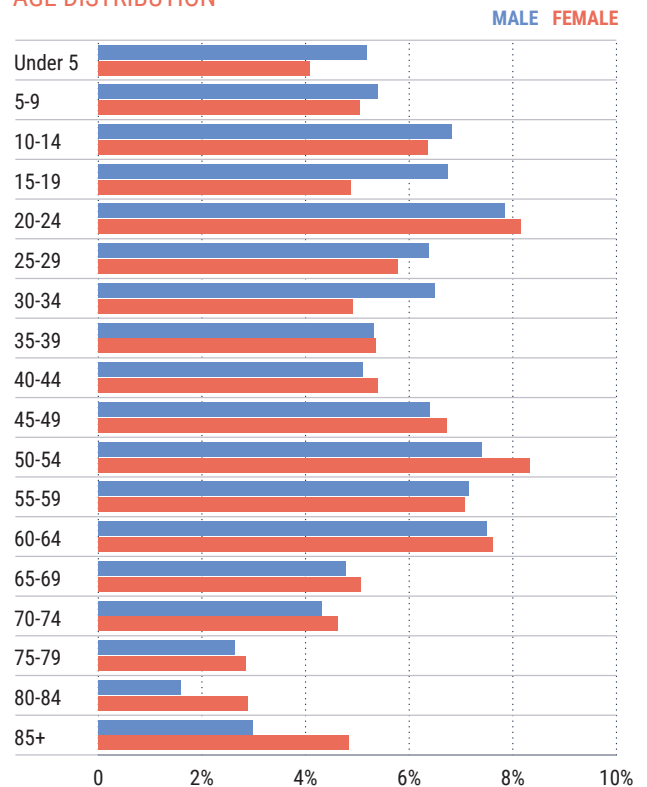
- Abington Hospital
- Children’s Hospital of Philadelphia
- Holy Redeemer Hospital

RACE/ETHNICITY



*Non-Hispanic

AGE DISTRIBUTION



summary health measures

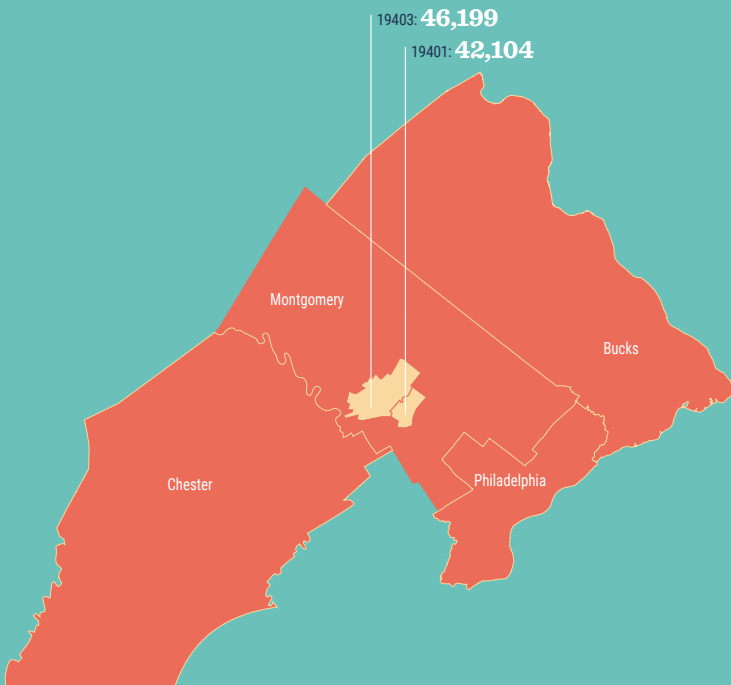
NOTABLE

		Lower Eastern Montgomery	Montgomery County
Chronic Disease & Smoking	Death rate (per 100,000 people)	711.2	700.2
	Premature CVD deaths (per 100,000 people)	46.6	46.9
	Diabetes hospitalizations (per 100,000 people)	155.4	155.1
	Adult obesity	30.3%	24.2%
	Hypertension hospitalizations (per 100,000 people)	392.5	323.6
	Cancer deaths (per 100,000 people)	62.2	70.5
	Mammography screening	79.4%	82.1%
	Colorectal screening	73.9%	73.5%
	Adult smoking	12.5%	12.8%
	Adult binge drinking	30.8%	16.6%
Infant & Child Health	Infant mortality (per 1,000 live births)	7.7	4.2
	Percent of preterm or low birth weight births	11.9%	10.5%
	Late or inadequate prenatal care	28.4%	26.2%
	Asthma hospitalization rate, ages 2-14 (per 100,000 children 2-14)	120.2	107.1
Injuries	Homicide mortality rate (per 100,000 people)	3.3	1.7
	Drug overdose mortality rate (per 100,000 people)	17.4	23.5
	Suicide mortality rate (per 100,000 people)	13.6	12.4
	Pedestrian and cyclist crash rate (per 100,000 people)	48.6	30.9
	Fall hospitalization rate, ages 65+ (per 100,000 people 65+)	2,904.5	2,544.6
Access to Care	Adults 19-64 without insurance	7.9%	6.5%
	Children <19 without insurance	3.3%	2.7%
	Adults 19-64 with Medicaid	7.0%	6.9%
	Children <19 with public insurance	19.0%	20.6%
	Emergency department utilization (per 100,000 people)	27,092.9	19,925.6
	Emergency department high-utilizers (per 100,000 people)	592.6	385.1
Social & Economic Determinants	Percent in poverty	7.2%	6.5%
	Community need index score	2.4	2.2
	Excessive housing cost	34.0%	30.6%
	Housing with potential lead risk	55.5%	39.1%
	Households receiving food assistance	6.0%	6.0%
	Food insecurity	7.5%	9.3%
	Speak English less than "very well"	3.3%	4.4%

NORRISTOWN

demographics

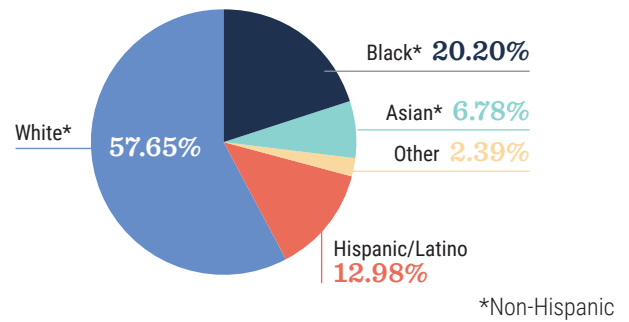
POPULATION



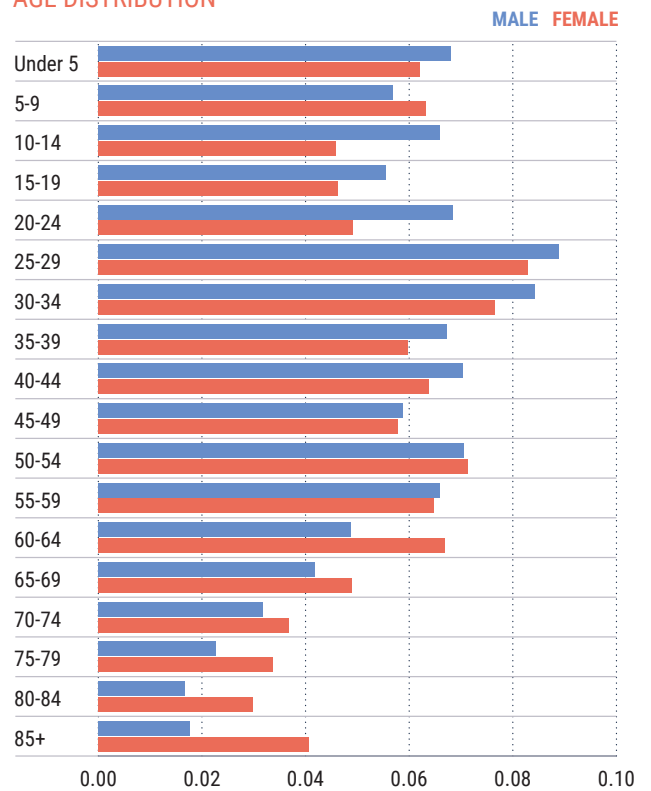
This community is served by:

- Children’s Hospital of Philadelphia
- Einstein Medical Center Montgomery

RACE/ETHNICITY



AGE DISTRIBUTION



summary health measures

NOTABLE

		Norristown	Montgomery County
Chronic Disease & Smoking	Death rate (per 100,000 people)	764.4	700.2
	Premature CVD deaths (per 100,000 people)	76.7	46.9
	Diabetes hospitalizations (per 100,000 people)	266.1	155.1
	Adult obesity	33.7%	24.2%
	Hypertension hospitalizations (per 100,000 people)	518.7	323.6
	Cancer deaths (per 100,000 people)	78.8	70.5
	Mammography screening	80.5%	82.1%
	Colorectal screening	63.1%	73.5%
	Adult smoking	18.5%	12.8%
	Adult binge drinking	21.8%	16.6%
Infant & Child Health	Infant mortality (per 1,000 live births)	5.2	4.2
	Percent of preterm or low birth weight births	12.1%	10.5%
	Late or inadequate prenatal care	37.8%	26.2%
	Asthma hospitalization rate, ages 2-14 (per 100,000 children 2-14)	160.8	107.1
Injuries	Homicide mortality rate (per 100,000 people)	3.3	1.7
	Drug overdose mortality rate (per 100,000 people)	33.1	23.5
	Suicide mortality rate (per 100,000 people)	10.5	12.4
	Pedestrian and cyclist crash rate (per 100,000 people)	53.2	30.9
	Fall hospitalization rate, ages 65+ (per 100,000 people 65+)	2,790.5	2,544.6
Access to Care	Adults 19-64 without insurance	13.1%	6.5%
	Children <19 without insurance	3.5%	2.7%
	Adults 19-64 with Medicaid	11.9%	6.9%
	Children <19 with public insurance	40.0%	20.6%
	Emergency department utilization (per 100,000 people)	34,364.6	19,925.6
	Emergency department high-utilizers (per 100,000 people)	1,082.6	385.1
Social & Economic Determinants	Percent in poverty	11.8%	6.5%
	Community need index score	3.0	2.2
	Excessive housing cost	35.3%	30.6%
	Housing with potential lead risk	40.6%	39.1%
	Households receiving food assistance	12.4%	6.0%
	Food insecurity	11.9%	9.3%
	Speak English less than "very well"	8.3%	4.4%

“I was going to say with talking to families with children like in mental health services, there’s a big language barrier for the Latino community because the parents don’t speak English and the children need services. They’re having to relay all this information to a child that then has to – that’s the biggest problem, so then they’re not going because there is that language barrier.”

FINDINGS FROM COMMUNITY MEETINGS

Below is a summary of community assets and priority health needs as reported by community members who participated in a facilitated focus-group style discussion on February 26, 2019 at Norristown Library. The full text of the meeting can be found in the Appendix.

Notable Community Assets

- » Accessibility and availability of food resources and the library.
- » A welcoming environment compared to large metropolitan areas and a strong sense of community.
- » Many **community organizations** that offer services to low-income people or people experiencing homelessness; geographic proximity of these resources creates easier access for community members.

“There was a particular young lady who was couch surfing with her child and that wasn’t good. Because the person who she was couch surfing [with] was a little bit – it wasn’t physically abusive but was more like mentally and emotionally abusive to her and the kid.”

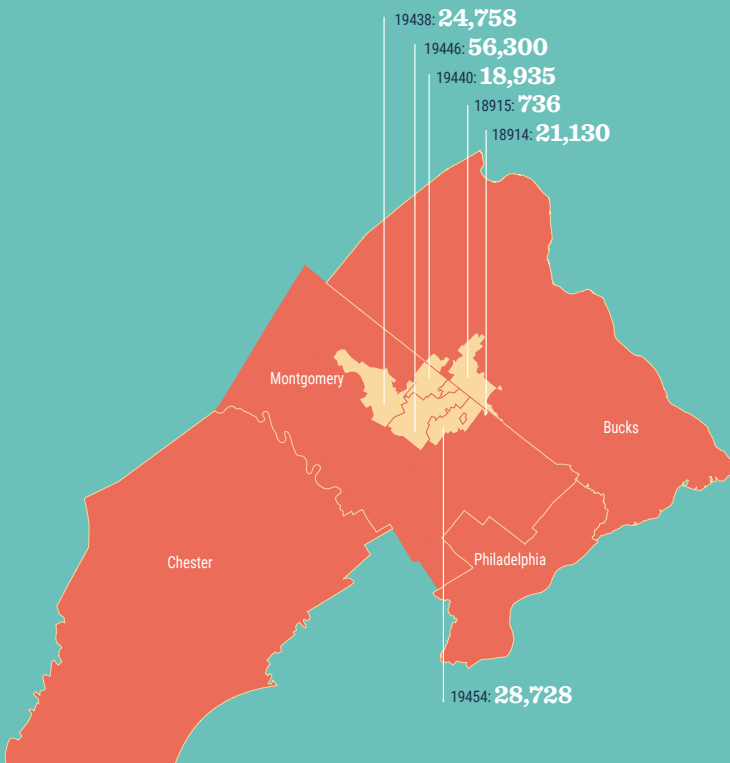
Priority Health Issues

BEHAVIORAL HEALTH	<ul style="list-style-type: none">» Challenges of depression and Post-Traumatic Stress Disorder, particularly in the homeless community.» High prevalence of behavioral health needs including substance use.» Need for greater continuity of care, particularly for mental health; improvements needed to discharge processes from mental health hospitals and coordinating patient needs.» Care coordination for people receiving treatment for multiple conditions, particularly increased communication between providers for substance use treatment, mental health, and physical health.
HOMELESSNESS AND HOUSING INSECURITY	<ul style="list-style-type: none">» LGBTQ youth encounter mental health difficulties and homelessness more frequently; geographic and social isolation of Norristown make LGBTQ youth feel unwelcome.» Homelessness for children - whether couch surfing or in shelters - and the extent to which it places them in potentially traumatizing or dangerous situations.» Adolescent boys may be split up from their mothers in homeless shelters due to policies that don't allow males above a certain age to stay in the same quarters as women.» Need for affordable, safe, and clean housing; a specific example of housing's impact on health includes the effects of mold, cockroaches, and bedbugs on asthma.» Greater accessibility of unhealthy food compared to healthy food.» Food insecurity due to summer recess and holidays was a concern for school-aged children.
ENVIRONMENTAL CONDITIONS	<ul style="list-style-type: none">» Substance use needs of the community have a significant impact on neighborhood safety and the environment.» Unused public spaces because of public substance use, intoxication, trash and litter.» Hispanic community may face unique vulnerability related to slumlords and quality housing.
ACCESS TO CARE	<ul style="list-style-type: none">» Concerns regarding quality and access to health services were raised during the Norristown focus group.» Language barriers for Asian and Latino community members.
OLDER ADULTS	<ul style="list-style-type: none">» Challenges for adult children in the community caring for their elderly parents; resources, if available, were not widely known.» Challenges for older adults whose adult children with disabilities live with them and are in need of medical and social support services.» Transportation for older adults and persons with disabilities is a substantial gap in community resources and results in social isolation for older adults.
YOUTH	<ul style="list-style-type: none">» Community lacks activities for children such as a YMCA.» Youth spending too much time playing video games and on electronic devices.

NORTH PENN AND LANSDALE

demographics

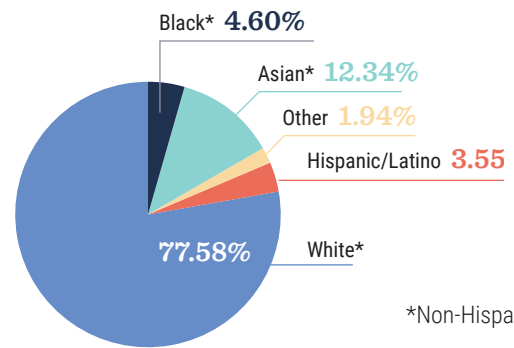
POPULATION



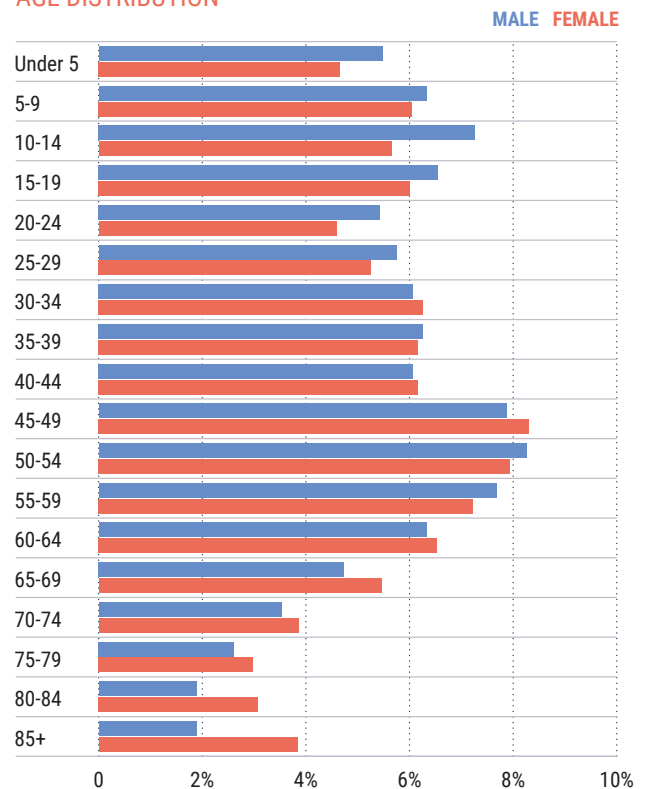
This community is served by:

- Abington Hospital
- Abington-Lansdale Hospital
- Children’s Hospital of Philadelphia
- Einstein Medical Center Montgomery
- Grand View Health

RACE/ETHNICITY



AGE DISTRIBUTION



summary health measures

NOTABLE

		North Penn and Lansdale	Montgomery County
Chronic Disease & Smoking	Death rate (per 100,000 people)	665.0	700.2
	Premature CVD deaths (per 100,000 people)	35.1	46.9
	Diabetes hospitalizations (per 100,000 people)	142.8	155.1
	Adult obesity	25.1%	24.2%
	Hypertension hospitalizations (per 100,000 people)	243.7	323.6
	Cancer deaths (per 100,000 people)	70.1	70.5
	Mammography screening	78.2%	82.1%
	Colorectal screening	69.9%	73.5%
	Adult smoking	7.8%	12.8%
	Adult binge drinking	31.1%	16.6%
Infant & Child Health	Infant mortality (per 1,000 live births)	1.7	4.2
	Percent of preterm or low birth weight births	10.9%	10.5%
	Late or inadequate prenatal care	23.3%	26.2%
	Asthma hospitalization rate, ages 2-14 (per 100,000 children 2-14)	106.0	107.1
Injuries	Homicide mortality rate (per 100,000 people)	1.7	1.7
	Drug overdose mortality rate (per 100,000 people)	18.7	23.5
	Suicide mortality rate (per 100,000 people)	10.9	12.4
	Pedestrian and cyclist crash rate (per 100,000 people)	23.9	30.9
	Fall hospitalization rate, ages 65+ (per 100,000 people 65+)	2,235.3	2,544.6
Access to Care	Adults 19-64 without insurance	5.5%	6.5%
	Children <19 without insurance	1.9%	2.7%
	Adults 19-64 with Medicaid	5.1%	6.9%
	Children <19 with public insurance	14.8%	20.6%
	Emergency department utilization (per 100,000 people)	23,716.5	19,925.6
	Emergency department high-utilizers (per 100,000 people)	309.5	385.1
Social & Economic Determinants	Percent in poverty	4.8%	6.5%
	Community need index score	2.0	2.2
	Excessive housing cost	29.1%	30.6%
	Housing with potential lead risk	25.2%	39.1%
	Households receiving food assistance	3.9%	6.0%
	Food insecurity	9.9%	9.3%
	Speak English less than "very well"	5.4%	4.4%

“With minimum wage, you know, it’s nearly impossible, I think, to afford good daycare. And a lot of daycares are open during normal work hours, and a lot of parents are not necessarily working during those normal hours.”

“They were so afraid of calling 911 because of the cost of the ambulance, knowing that insurance may not pay for it, the only way they pay for it is if you check in the hospital.”

FINDINGS FROM COMMUNITY MEETINGS

Below is a summary of community assets and priority health needs as reported by community members who participated in a facilitated focus-group style discussion on February 2, 2019 at North Penn Commons. The full text of the meeting can be found in the Appendix.

Notable Community Assets

- » Community organizations, spiritual organizations, community parks, and local government.
- » Organizations like MANNA, the PEAK center, and the YMCA are partners that make the community stronger.
- » Many options in Lansdale for good access to healthy food and fresh produce via the farmer’s market, grocers, and accessible transportation.
- » Neighborhood’s accessibility, racial and cultural diversity, and public events such as concerts.
- » Montgomery County OPH is a key asset to health in the community.
- » Strong local school district.

Priority Health Issues

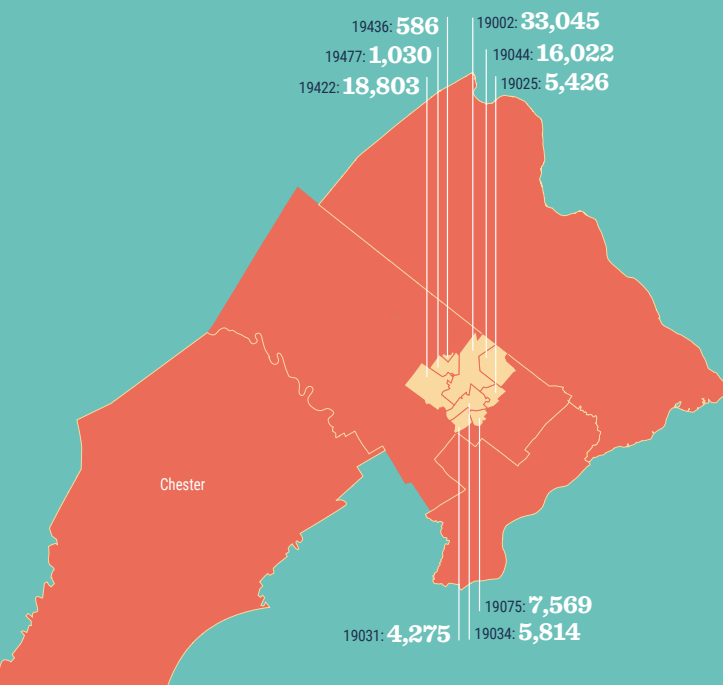
YOUTH	<ul style="list-style-type: none">» Stressors for children in the school environment, like bullying, and addressing mental health needs in schools.» Lack of engagement in activities outside of home and school settings; need for funding and transportation assistance to after school programs.
BEHAVIORAL HEALTH	<ul style="list-style-type: none">» Behavioral health and substance use, particularly among young people, is a key problem in the community.» Substance use treatment is available but not frequently accessed by the target population.» Long wait times are a barrier and frustration when accessing mental health services.
ENVIRONMENTAL CONDITIONS	<ul style="list-style-type: none">» Impact of substance use and homelessness on perceived safety in the community.
ACCESS TO CARE	<ul style="list-style-type: none">» Accessibility of health care services in Lansdale is often limited by financial and employment constraints.» Rising out of pocket costs of health care.
OLDER ADULTS	<ul style="list-style-type: none">» Social isolation and lack of self-efficacy, especially regarding challenges that seniors face in knowing what resources are available to them in the community.

“Bullying as well. I mean, the schools are great at doing as much as they can, but they are overwhelmed. The counselors are overwhelmed. The issues of trauma leading up to this is significant, and I’m fearful. I’m fearful for the future of their health as adults, because they’ve been through so much stress and anxiety during their teenage years.”

UPPER DUBLIN

demographics

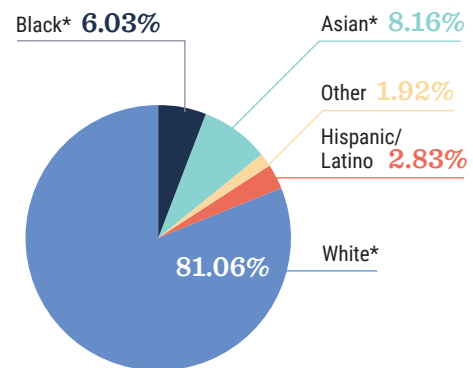
POPULATION



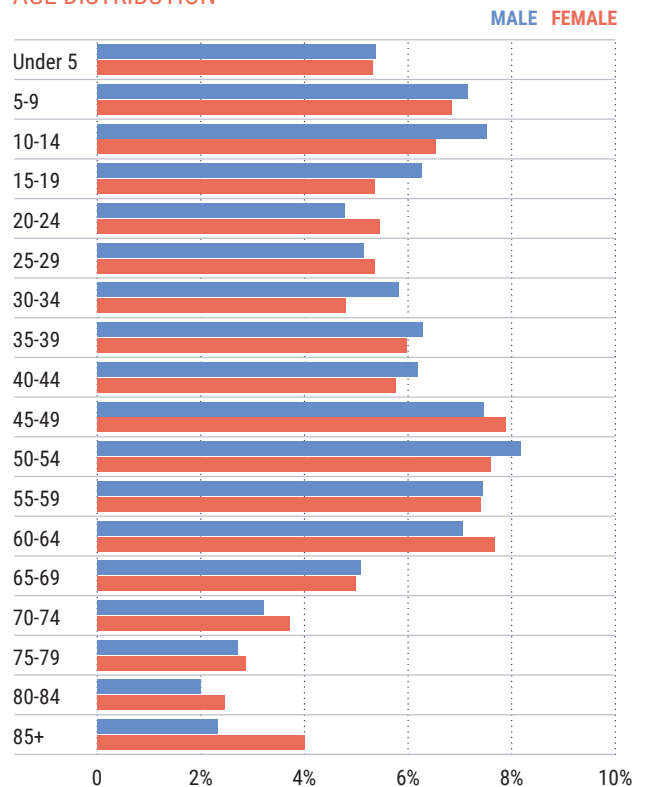
This community is served by:

- Abington Hospital
- Abington-Lansdale Hospital
- Children's Hospital of Philadelphia
- Einstein Medical Center Montgomery

RACE/ETHNICITY



AGE DISTRIBUTION



summary health measures

NOTABLE

Upper Dublin

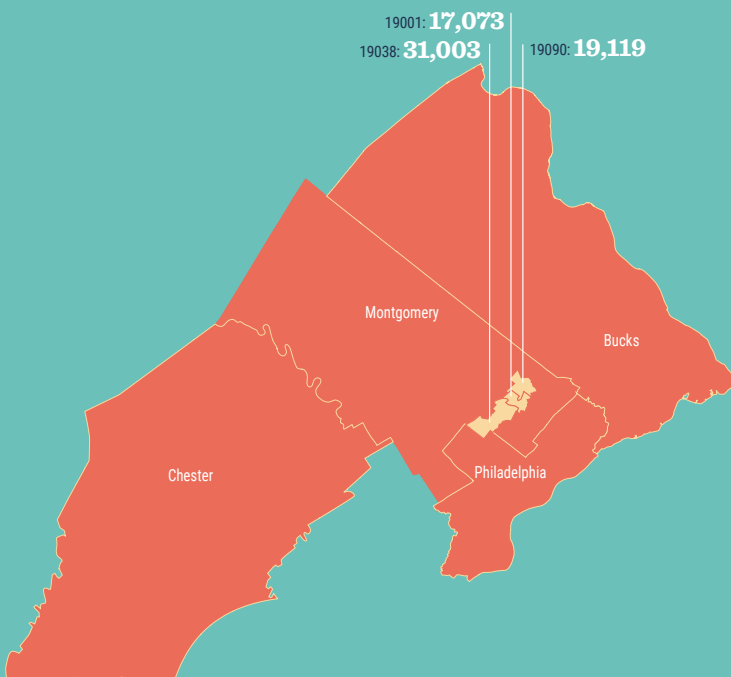
Montgomery
County

Chronic Disease & Smoking	Death rate (per 100,000 people)	689.8	700.2
	Premature CVD deaths (per 100,000 people)	38.8	46.9
	Diabetes hospitalizations (per 100,000 people)	129.1	155.1
	Adult obesity	22.9%	24.2%
	Hypertension hospitalizations (per 100,000 people)	271.7	323.6
	Cancer deaths (per 100,000 people)	68.7	70.5
	Mammography screening	88.2%	82.1%
	Colorectal screening	74.1%	73.5%
	Adult smoking	10.6%	12.8%
	Adult binge drinking	37.5%	16.6%
Infant & Child Health	Infant mortality (per 1,000 live births)	2.0	4.2
	Percent of preterm or low birth weight births	9.6%	10.5%
	Late or inadequate prenatal care	22.7%	26.2%
	Asthma hospitalization rate, ages 2-14 (per 100,000 children 2-14)	46.9	107.1
Injuries	Homicide mortality rate (per 100,000 people)	1.9	1.7
	Drug overdose mortality rate (per 100,000 people)	22.1	23.5
	Suicide mortality rate (per 100,000 people)	8.6	12.4
	Pedestrian and cyclist crash rate (per 100,000 people)	20.2	30.9
	Fall hospitalization rate, ages 65+ (per 100,000 people 65+)	2,812.4	2,544.6
Access to Care	Adults 19-64 without insurance	5.7%	6.5%
	Children <19 without insurance	3.2%	2.7%
	Adults 19-64 with Medicaid	4.6%	6.9%
	Children <19 with public insurance	15.1%	20.6%
	Emergency department utilization (per 100,000 people)	15,991.0	19,925.6
	Emergency department high-utilizers (per 100,000 people)	238.1	385.1
Social & Economic Determinants	Percent in poverty	4.1%	6.5%
	Community need index score	1.9	2.2
	Excessive housing cost	27.9%	30.6%
	Housing with potential lead risk	35.5%	39.1%
	Households receiving food assistance	3.4%	6.0%
	Food insecurity	8.9%	9.3%
	Speak English less than "very well"	3.7%	4.4%

WILLOW GROVE

demographics

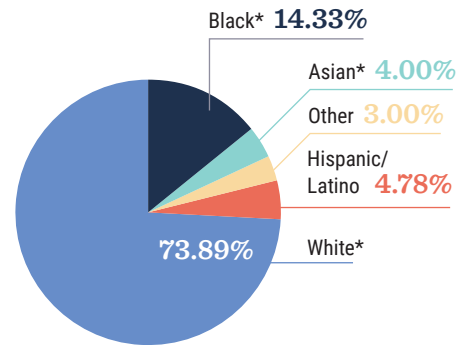
POPULATION



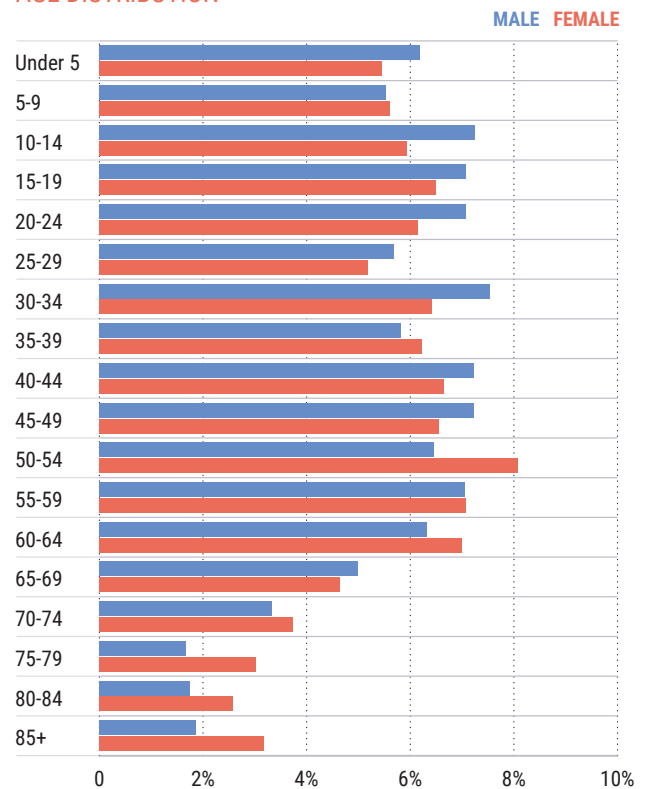
This community is served by:

- Abington Hospital
- Children's Hospital of Philadelphia

RACE/ETHNICITY



AGE DISTRIBUTION



summary health measures

NOTABLE

Willow Grove

Montgomery
County

		Willow Grove	Montgomery County
Chronic Disease & Smoking	Death rate (per 100,000 people)	744.3	700.2
	Premature CVD deaths (per 100,000 people)	56.7	46.9
	Diabetes hospitalizations (per 100,000 people)	184.5	155.1
	Adult obesity	29.7%	24.2%
	Hypertension hospitalizations (per 100,000 people)	331.9	323.6
	Cancer deaths (per 100,000 people)	77.2	70.5
	Mammography screening	78.0%	82.1%
	Colorectal screening	72.3%	73.5%
	Adult smoking	13.7%	12.8%
	Adult binge drinking	16.9%	16.6%
Infant & Child Health	Infant mortality (per 1,000 live births)	3.3	4.2
	Percent of preterm or low birth weight births	10.5%	10.5%
	Late or inadequate prenatal care	24.0%	26.2%
	Asthma hospitalization rate, ages 2-14 (per 100,000 children 2-14)	123.9	107.1
Injuries	Homicide mortality rate (per 100,000 people)	1.4	1.7
	Drug overdose mortality rate (per 100,000 people)	22.6	23.5
	Suicide mortality rate (per 100,000 people)	10.4	12.4
	Pedestrian and cyclist crash rate (per 100,000 people)	38.7	30.9
	Fall hospitalization rate, ages 65+ (per 100,000 people 65+)	2,505.5	2,544.6
Access to Care	Adults 19-64 without insurance	5.2%	6.5%
	Children <19 without insurance	2.6%	2.7%
	Adults 19-64 with Medicaid	8.3%	6.9%
	Children <19 with public insurance	22.4%	20.6%
	Emergency department utilization (per 100,000 people)	22,900.5	19,925.6
	Emergency department high-utilizers (per 100,000 people)	382.5	385.1
Social & Economic Determinants	Percent in poverty	6.4%	6.5%
	Community need index score	2.2	2.2
	Excessive housing cost	32.0%	30.6%
	Housing with potential lead risk	57.6%	39.1%
	Households receiving food assistance	7.4%	6.0%
	Food insecurity	5.9%	9.3%
	Speak English less than "very well"	2.7%	4.4%

“In the Moreland School District, we have 33 percent that are on a free or reduced [meal] program. Despite the awareness of this issue, there are still barriers to utilizing and disseminating this resource because not every school is eligible for participation and there is still an onus on parents to fill out the paperwork.”

“There’s a bunch of people that don’t quite make enough money to be able to afford affordable housing. [Single, working moms] employed, making money, but not enough money to be financially independent.”

FINDINGS FROM COMMUNITY MEETINGS

Below is a summary of community assets and priority health needs as reported by community members who participated in a facilitated focus-group style discussion on February 6, 2019 at GIANT Community Center. The full text of the meeting can be found in the Appendix.

Notable Community Assets

- » Transportation-related benefits of living in this area, including **accessibility** to major highways and living within walking distance of various train stations that connect to regional rail lines with widespread destinations.
- » Consistent and reliable clearing of snow and trash within neighborhoods.
- » Accessibility and availability of “safe, clean, and affordable” **community organizations**, resources, and activities within close proximity to home, including malls, banks, culturally diverse restaurants, social services, and health clinics.
- » The Annex Courthouse or meetings held by the Abington Township Police Department for sources of community-based resources and information.
- » School districts and quality of **education** as being “some of the best in the state.”
- » Availability of extracurricular activities, including the music and theater programs.
- » Programs such as SNAP, H.A.T. (Helping Around Town) Packs in Hatboro, and summer meal programs as some of the ways the community and government is currently providing **more nutritious foods to food insecure families**.

Priority Health Issues

GENERAL

- » Challenges related to knowledge of and access to community-based services that provide additional support for those with chronic disease.
 - » Widespread misconception of the community's financial makeup and how that affects availability and allocation of resources within the Willow Grove area.
 - » Homelessness, food insecurity, and unavailability of affordable and high-quality healthcare were continually depicted as "not obvious" and thereby not receiving the same levels of funding or attention as compared to other suburbs where these concerns are "very visible."
 - » **Affordable housing** and issues related to **homelessness**.
 - » Housing programs such as Section 8 Voucher, Your Way Home, and The Ambler Interfaith, may result in only being able to "stay for a month" or short term.
 - » Inequitable **access to quality and affordable healthcare** for many middle-class families in the area.
 - » **Navigating the health systems**, insurance coverage and available services is challenging.
 - » Affordability of dental care for both insured and uninsured individuals.
 - » Longer emergency department wait-times and lower levels of satisfaction after merger of Abington and Jefferson Hospitals.
-

YOUTH

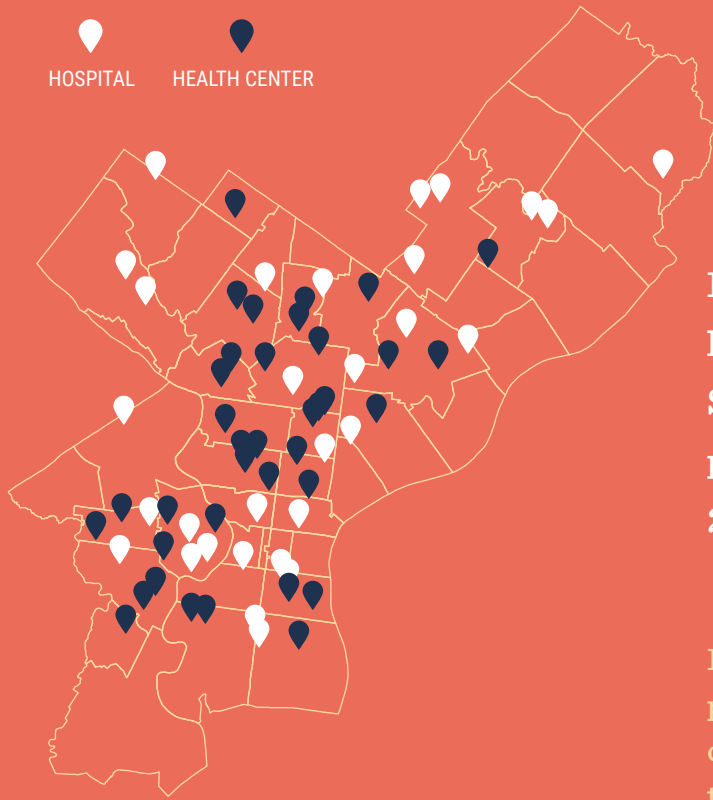
- » Exposure to social media, increased technology use.
 - » Increase in food allergies for unknown reasons.
 - » **Childhood obesity and access to nutritious foods**; despite several programs providing kids with school lunches and families with daily meals, there are still challenges when it comes to eligibility for services.
 - » Mental health challenges in school, specifically for girls, often related to social conflicts and bullying on social media platforms.
 - » High obesity rates linked with high availability of fast food and lack of physical activity.
 - » Lack of awareness of eligibility for food programs like school lunches and daily meals.
-

OLDER ADULTS

- » Affordable housing, loneliness, increased healthcare costs and copays, and lack of technological skills.
 - » Lack of social activities and peers.
-



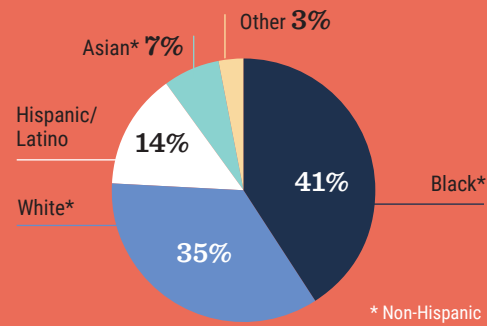
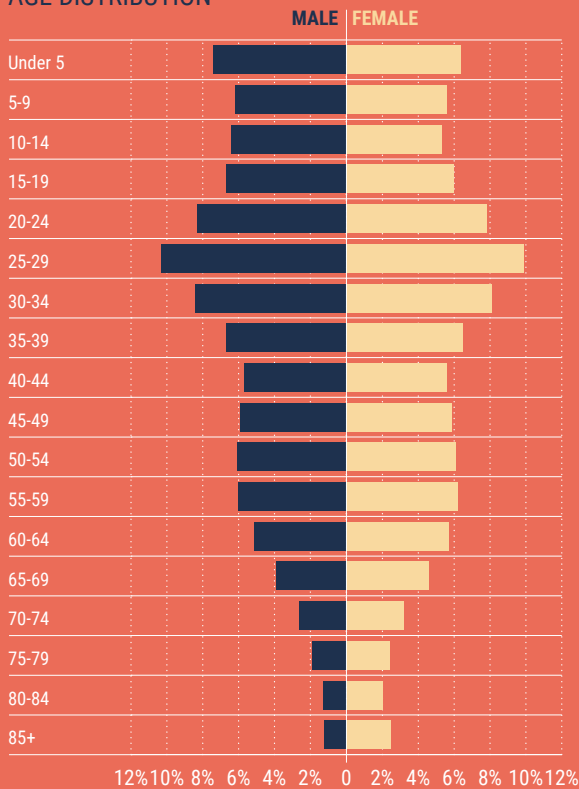
PHILADELPHIA COUNTY



Philadelphia is the sixth largest city in the United States, with an estimated population of 1,580,863 in 2017.

Philadelphia's young adult population (ages 20 to 34 years) continues to grow and represents the largest portion of the population.

AGE DISTRIBUTION



Philadelphia's population is racially and ethnically diverse. Forty-one percent of the population is non-Hispanic black, 35 percent is non-Hispanic white, 14 percent is Hispanic/Latino, and 7 percent is Asian.

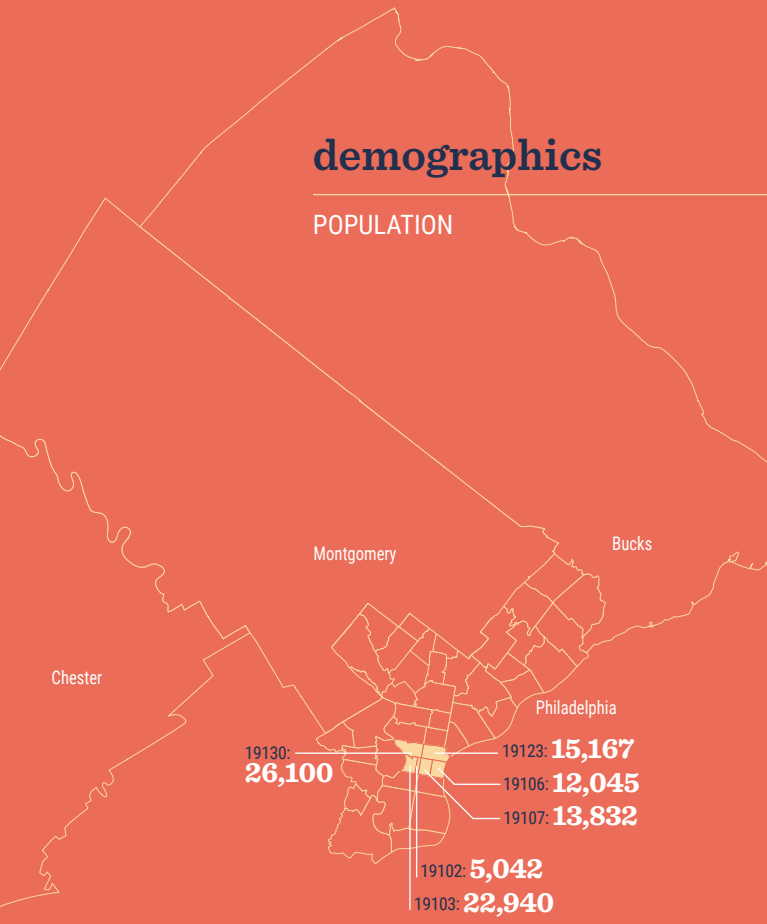
Thirteen percent of Philadelphia's residents were born outside of the United States. About 11 percent speak English less than "very well."

FOREIGN BORN: **13.4%** NOT FLUENT IN ENGLISH: **10.6%**

CENTER CITY

demographics

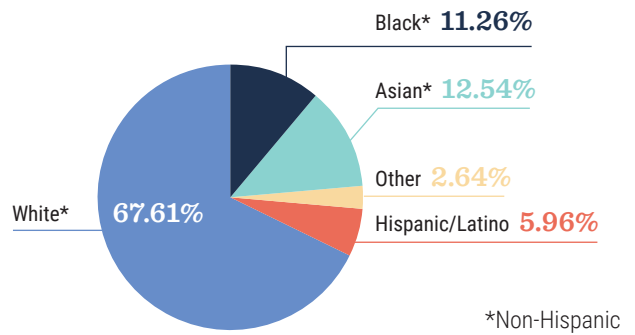
POPULATION



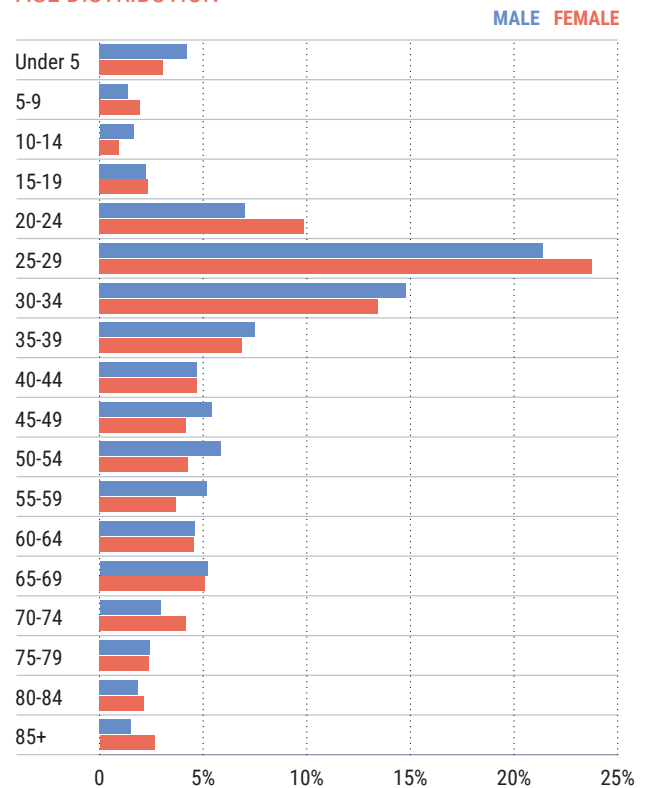
This community is served by:

- Children’s Hospital of Philadelphia
- Jefferson Health
- Penn Medicine

RACE/ETHNICITY



AGE DISTRIBUTION



summary health measures

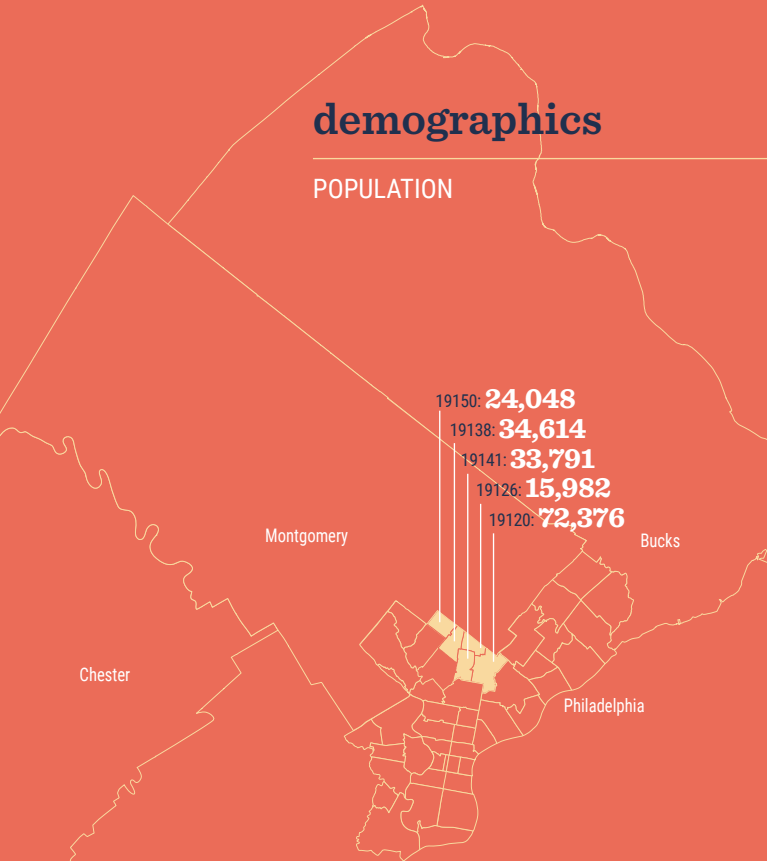
NOTABLE

		Center City	Philadelphia County
Chronic Disease & Smoking	Death rate (per 100,000 people)	672.3	927.4
	Premature CVD deaths (per 100,000 people)	67.3	104.8
	Diabetes hospitalizations (per 100,000 people)	252.3	371.9
	Adult obesity	17.4%	29.8%
	Hypertension hospitalizations (per 100,000 people)	358.5	649.2
	Cancer deaths (per 100,000 people)	65.3	97.6
	Mammography screening	84.4%	82.9%
	Colorectal screening	78.3%	70.8%
	Adult smoking	11.0%	19.5%
	Adult binge drinking	28.3%	18.9%
Infant & Child Health	Infant mortality (per 1,000 live births)	3.8	8.2
	Percent of preterm or low birth weight births	11.0%	14.2%
	Late or inadequate prenatal care	42.5%	46.5%
	Asthma hospitalization rate, ages 2-14 (per 100,000 children 2-14)	178.6	727.3
Injuries	Homicide mortality rate (per 100,000 people)	4.3	17.6
	Drug overdose mortality rate (per 100,000 people)	22.4	48.3
	Suicide mortality rate (per 100,000 people)	12.2	9.9
	Pedestrian and cyclist crash rate (per 100,000 people)	292.2	125.2
	Fall hospitalization rate, ages 65+ (per 100,000 people 65+)	2,771.1	2,363.1
Access to Care	Adults 19-64 without insurance	5.1%	14.9%
	Children <19 without insurance	4.4%	4.2%
	Adults 19-64 with Medicaid	7.3%	23.1%
	Children <19 with public insurance	30.1%	58.6%
	Emergency department utilization (per 100,000 people)	41,207.5	55,382.0
	Emergency department high-utilizers (per 100,000 people)	1,278.3	1,716.9
Social & Economic Determinants	Percent in poverty	15.3%	25.8%
	Community need index score	3.0	4.0
	Excessive housing cost	35.5%	38.9%
	Housing with potential lead risk	53.2%	61.1%
	Households receiving food assistance	6.7%	24.5%
	Food insecurity	11.9%	19.0%
	Speak English less than "very well"	5.0%	10.6%

FAR NORTH PHILADELPHIA

demographics

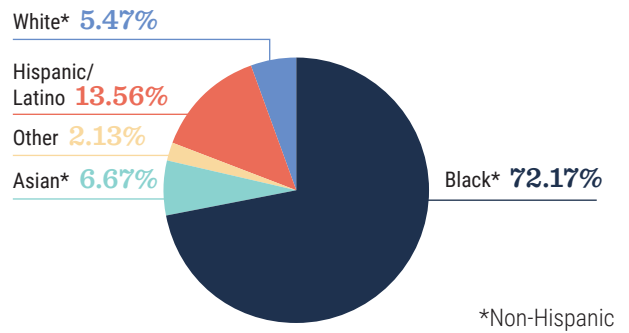
POPULATION



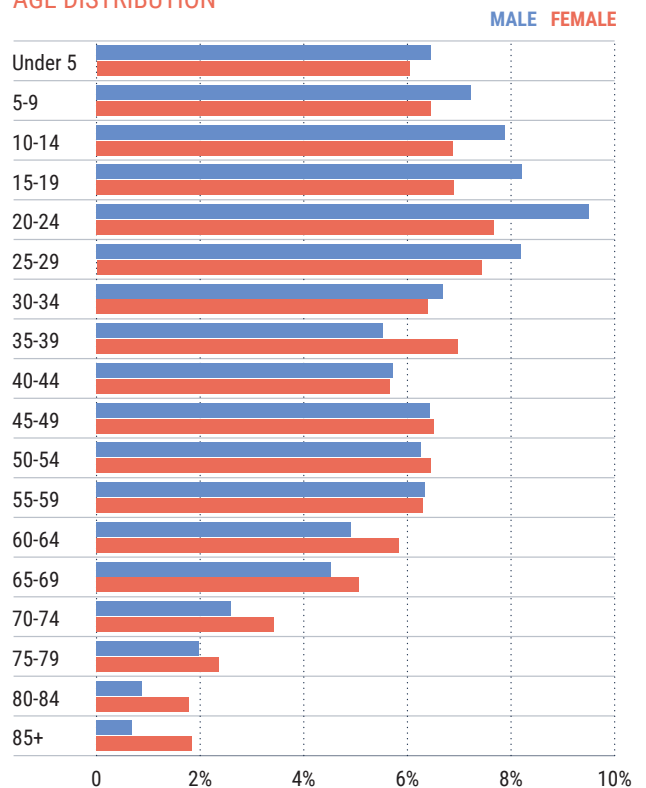
This community is served by:

- Children’s Hospital of Philadelphia
- Einstein Medical Center Philadelphia
- Jefferson Health – Northeast

RACE/ETHNICITY



AGE DISTRIBUTION



summary health measures

NOTABLE

		Far North Philadelphia	Philadelphia County
Chronic Disease & Smoking	Death rate (per 100,000 people)	928.7	927.4
	Premature CVD deaths (per 100,000 people)	110.8	104.8
	Diabetes hospitalizations (per 100,000 people)	442.5	371.9
	Adult obesity	37.5%	29.8%
	Hypertension hospitalizations (per 100,000 people)	805.3	649.2
	Cancer deaths (per 100,000 people)	105.6	97.6
	Mammography screening	88.7%	82.9%
	Colorectal screening	76.2%	70.8%
	Adult smoking	19.9%	19.5%
	Adult binge drinking	16.8%	18.9%
Infant & Child Health	Infant mortality (per 1,000 live births)	10.5	8.2
	Percent of preterm or low birth weight births	17.0%	14.2%
	Late or inadequate prenatal care	46.0%	46.5%
	Asthma hospitalization rate, ages 2-14 (per 100,000 children 2-14)	773.5	727.3
Injuries	Homicide mortality rate (per 100,000 people)	21.9	17.6
	Drug overdose mortality rate (per 100,000 people)	25.5	48.3
	Suicide mortality rate (per 100,000 people)	6.1	9.9
	Pedestrian and cyclist crash rate (per 100,000 people)	89.0	125.2
	Fall hospitalization rate, ages 65+ (per 100,000 people 65+)	1,558.2	2,363.1
Access to Care	Adults 19-64 without insurance	17.6%	14.9%
	Children <19 without insurance	6.3%	4.2%
	Adults 19-64 with Medicaid	26.1%	23.1%
	Children <19 with public insurance	61.9%	58.6%
	Emergency department utilization (per 100,000 people)	67,322.2	55,382.0
	Emergency department high-utilizers (per 100,000 people)	2,497.1	1,716.9
Social & Economic Determinants	Percent in poverty	25.8%	25.8%
	Community need index score	4.2	4.0
	Excessive housing cost	40.7%	38.9%
	Housing with potential lead risk	67.2%	61.1%
	Households receiving food assistance	28.9%	24.5%
	Food insecurity	23.1%	19.0%
	Speak English less than "very well"	10.5%	10.6%

“The quality of service you get on Medicaid is highly lacking. They sort you and can send you to certain places. So for mental health, the places are already overrun and underfunded... you can’t really get what you need. You have to really, really advocate for yourself. You have to be your own caseworker, because you won’t get what you need, nine times out of 10, because they’re overrun.”

“In some ways, the adolescent population has lost faith in the adult population... I had to work with teens who sold drugs because that was how the family survived...But it becomes a lifestyle that you get so steeped in, and for the child who is doing that and appears successful, he attracts others who see that you got money, you got clothes, you got girls. What’s to think about? And when they see maybe their parents are working and struggling and still not able to provide, they lose faith in the system.”

FINDINGS FROM COMMUNITY MEETINGS

Below is a summary of community assets and priority health needs as reported by community members who participated in a facilitated focus-group style discussion on February 13, 2019 at St. Paul’s Evangelical Lutheran Church. The full text of the meeting can be found in the Appendix.

Notable Community Assets

- » Convenient transportation, affordable housing, a strong business community and access to diverse community organizations such as the library, churches, hospitals (Einstein Healthcare Network) and schools and universities (La Salle University).
- » Neighborhood is clean and well maintained by residents.
- » Diverse, informed, and responsible citizens who work collaboratively.
- » Programs like Mental Health First Aid for Teens course offered by the Department of Behavioral Health and Intellectual Disabilities.

“We talk about the 5th Street corridor and the businesses, thriving businesses, but there are a lot of like pizza, cheesesteak, restaurants. If I don’t have a vehicle, if I don’t have transportation and this is the food that I have access to on a daily basis, as opposed to it being a weekend treat, that affects your health.”

Priority Health Issues

BEHAVIORAL HEALTH

- » Substance use and the opioid epidemic further strain **limited access to and the quality of behavioral health** services.
- » Lack of mental health providers and cost of behavioral health services.
- » The behavioral health system was described as underfunded and overworked.
- » Social isolation, depression and substance use among older adults; need for more safe, affordable activities for older adults.

CHRONIC DISEASE

- » **Chronic diseases** such as diabetes, obesity and asthma impact children and adults.

ACCESS TO CARE

- » Limited to no access to urgent care centers.
- » Financial barriers to care including health insurance issues and out of pocket costs.
- » Low access to health and behavioral services for the **persons with disabilities**.
- » **Communication** with healthcare providers due to inadequate time with providers and use of difficult-to-understand terminology.

ENVIRONMENTAL CONDITIONS

- » Safety concerns limit “kids being able to play outside” and as a result youth spend more time on sedentary activities that involve “too much screen time.”
- » Inequity in terms of **access to healthy, affordable food**; clear differences in food quality among various grocers and the quality and cost of food varies depending on which community you live in.
- » Preponderance of inexpensive fast food and lack of physical activity in schools were identified as risk factors for obesity.
- » **Community transportation** to food stores requires a car or using the “hack-man” (unofficial cars that provide taxi services), as public transportation does not go to supermarkets.
- » Healthier food choices are more expensive and the sugar beverage tax was cited as limiting access to soda and other beverages.

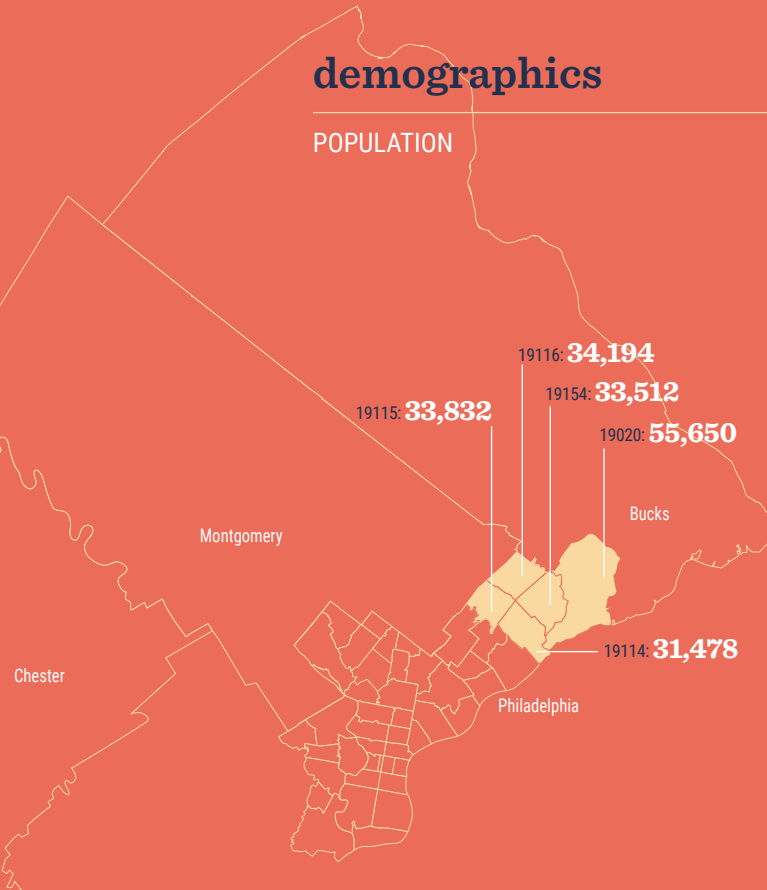
YOUTH

- » Many youth experience multiple sources trauma including: community violence, bullying, absent fathers and male role models, parental abandonment, out-of-home placement, and parental drug use.
- » Exposure to adverse childhood experiences can create barriers to building intergenerational relationships, which are essential for communities to thrive.
- » Need to create learning environments geared to children with special needs.
- » Children with ADHD or behavioral issues often stigmatized and over medicated.

FAR NORTHEAST PHILADELPHIA

demographics

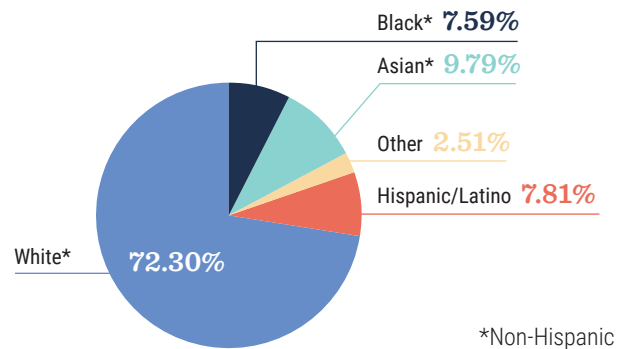
POPULATION



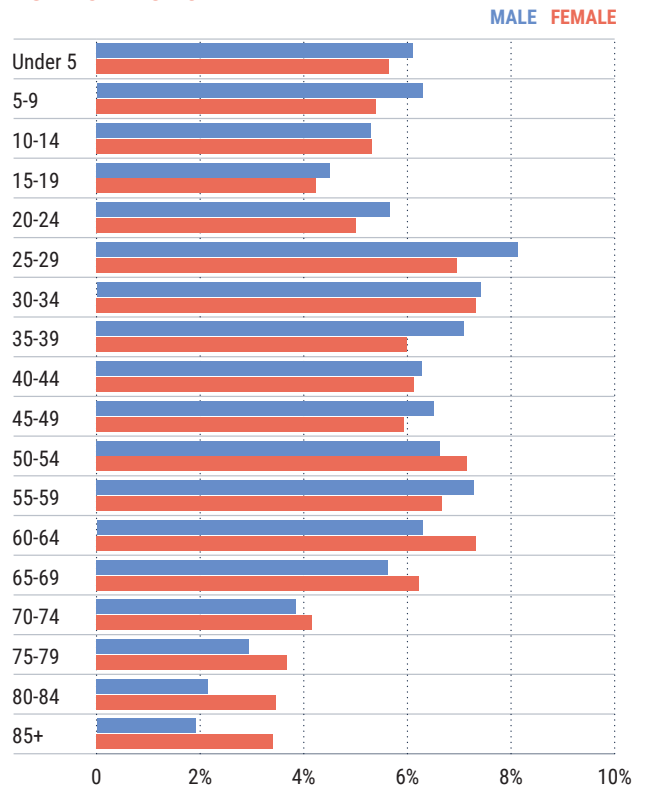
This community is served by:

- Children’s Hospital of Philadelphia
- Einstein Medical Center Philadelphia/Elkins Park
- Holy Redeemer Health System
- Jefferson Health – Northeast

RACE/ETHNICITY



AGE DISTRIBUTION



summary health measures

NOTABLE

		Far Northeast Philadelphia	Philadelphia County
Chronic Disease & Smoking	Death rate (per 100,000 people)	886.5	927.4
	Premature CVD deaths (per 100,000 people)	70.8	104.8
	Diabetes hospitalizations (per 100,000 people)	238.5	371.9
	Adult obesity	30.2%	29.8%
	Hypertension hospitalizations (per 100,000 people)	538.0	649.2
	Cancer deaths (per 100,000 people)	84.4	97.6
	Mammography screening	81.3%	82.9%
	Colorectal screening	65.3%	70.8%
	Adult smoking	17.0%	19.5%
	Adult binge drinking	23.7%	18.9%
Infant & Child Health	Infant mortality (per 1,000 live births)	3.4	8.2
	Percent of preterm or low birth weight births	11.4%	14.2%
	Late or inadequate prenatal care	35.0%	46.5%
	Asthma hospitalization rate, ages 2-14 (per 100,000 children 2-14)	155.6	727.3
Injuries	Homicide mortality rate (per 100,000 people)	3.0	17.6
	Drug overdose mortality rate (per 100,000 people)	49.2	48.3
	Suicide mortality rate (per 100,000 people)	14.2	9.9
	Pedestrian and cyclist crash rate (per 100,000 people)	46.6	125.2
	Fall hospitalization rate, ages 65+ (per 100,000 people 65+)	2,637.2	2,363.1
Access to Care	Adults 19-64 without insurance	10.8%	14.9%
	Children <19 without insurance	3.9%	4.2%
	Adults 19-64 with Medicaid	11.8%	23.1%
	Children <19 with public insurance	36.3%	58.6%
	Emergency department utilization (per 100,000 people)	31,667.6	55,382.0
	Emergency department high-utilizers (per 100,000 people)	580.4	1,716.9
Social & Economic Determinants	Percent in poverty	10.6%	25.8%
	Community need index score	2.9	4.0
	Excessive housing cost	36.4%	38.9%
	Housing with potential lead risk	31.4%	61.1%
	Households receiving food assistance	12.7%	24.5%
	Food insecurity	14.5%	19.0%
	Speak English less than "very well"	13.5%	10.6%

“So, once they go to the rehab, there’s nothing that keeps them on that straight path. Say they go away for 60 days or 30 days, when they get out, there’s nothing for them.”

FINDINGS FROM COMMUNITY MEETINGS

Below is a summary of community assets and priority health needs as reported by community members who participated in a facilitated focus-group style discussion on February 25, 2019 at Northeast Philadelphia Chamber of Commerce. The full text of the meeting can be found in the Appendix.

Notable Community Assets

- » Accessibility, including walkability; ample public transportation.
- » Presence of ample health care resources such as doctors, dentists, and hospitals.
- » Availability of employment and education opportunities.
- » Community members’ civic engagement and willingness to take part in **community organizations**.

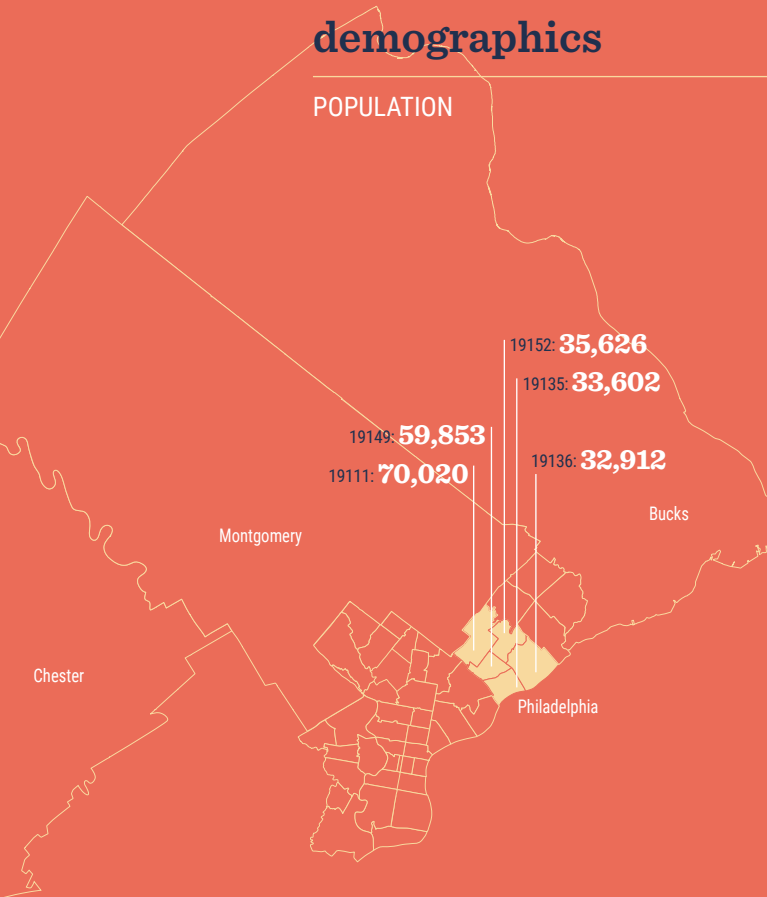
Priority Health Issues

BEHAVIORAL HEALTH	<ul style="list-style-type: none">» Substance use and drug overdoses highlighted the community's most pressing behavioral health concerns.» Perceived barriers to therapy and medication to address these needs.» High prevalence of anxiety and depression, both among children and adults; barriers to therapy and medication.» Suicide perceived as common and possibly related to bullying in schools and drug addiction.
ACCESS TO CARE	<ul style="list-style-type: none">» Health care quality and access for low-income populations who have to travel farther to obtain affordable medical care.» Lack of an emergency department (ED).» Difficulty scheduling appointments with primary care doctors resulting in use of urgent care facilities.» Many people earning too much to qualify for public insurance, but not enough to afford private health insurance.» Difficulty understanding the cost of health insurance and limited transparency in health care costs.» High deductibles for health insurance create a financial burden such that it is "almost not worth it" to have private health insurance.» Difficulty finding doctors that are trusted who also accept their health insurance and who are local.
SOCIAL AND ECONOMIC DETERMINANTS	<ul style="list-style-type: none">» Some local services intended to provide preventive care to low-income populations have challenges engaging with parents whose children may benefit from those services.» Perceived lack of social cohesion among some community members; particularly new residents who are renting homes.» Public schools in the area have declined in quality and seen as unsafe, even for parents.
ENVIRONMENTAL CONDITIONS	<ul style="list-style-type: none">» Car and motorcycle accidents were perceived as a common event, creating a dangerous everyday environment for both vehicles and pedestrians.» Many parks are lacking trees to provide coverage for pedestrians, especially during warmer months.
CHRONIC CONDITIONS	<ul style="list-style-type: none">» Cancer – particularly breast cancer – as a chronic disease priority.» Rising rates of diabetes and cardiovascular disease as conditions are also having a significant impact.

LOWER NORTHEAST PHILADELPHIA

demographics

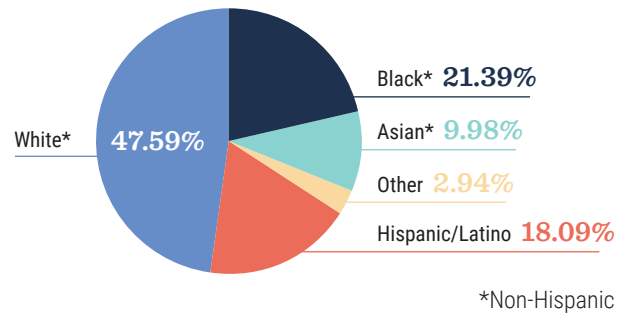
POPULATION



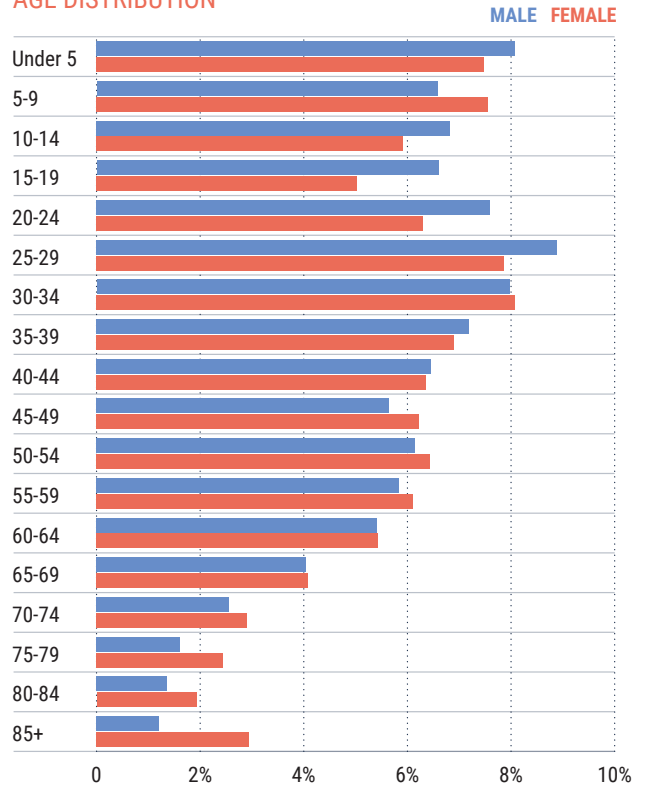
This community is served by:

- Children’s Hospital of Philadelphia
- Einstein Medical Center Philadelphia/Elkins Park
- Holy Redeemer Health System
- Jefferson Health – Northeast

RACE/ETHNICITY



AGE DISTRIBUTION



summary health measures

NOTABLE

		Lower Northeast Philadelphia	Philadelphia County
Chronic Disease & Smoking	Death rate (per 100,000 people)	908.3	927.4
	Premature CVD deaths (per 100,000 people)	87.8	104.8
	Diabetes hospitalizations (per 100,000 people)	269.3	371.9
	Adult obesity	33.8%	29.8%
	Hypertension hospitalizations (per 100,000 people)	455.6	649.2
	Cancer deaths (per 100,000 people)	89.9	97.6
	Mammography screening	75.8%	82.9%
	Colorectal screening	67.2%	70.8%
	Adult smoking	22.3%	19.5%
	Adult binge drinking	19.7%	18.9%
Infant & Child Health	Infant mortality (per 1,000 live births)	6.5	8.2
	Percent of preterm or low birth weight births	12.5%	14.2%
	Late or inadequate prenatal care	44.5%	46.5%
	Asthma hospitalization rate, ages 2-14 (per 100,000 children 2-14)	495.4	727.3
Injuries	Homicide mortality rate (per 100,000 people)	8.9	17.6
	Drug overdose mortality rate (per 100,000 people)	55.8	48.3
	Suicide mortality rate (per 100,000 people)	13.0	9.9
	Pedestrian and cyclist crash rate (per 100,000 people)	74.6	125.2
	Fall hospitalization rate, ages 65+ (per 100,000 people 65+)	2,795.7	2,363.1
Access to Care	Adults 19-64 without insurance	18.4%	14.9%
	Children <19 without insurance	5.4%	4.2%
	Adults 19-64 with Medicaid	20.6%	23.1%
	Children <19 with public insurance	55.6%	58.6%
	Emergency department utilization (per 100,000 people)	45,847.0	55,382.0
	Emergency department high-utilizers (per 100,000 people)	1,039.2	1,716.9
Social & Economic Determinants	Percent in poverty	19.9%	25.8%
	Community need index score	3.7	4.0
	Excessive housing cost	38.9%	38.9%
	Housing with potential lead risk	56.6%	61.1%
	Households receiving food assistance	21.3%	24.5%
	Food insecurity	13.9%	19.0%
	Speak English less than "very well"	17.0%	10.6%

“There’s more parks than bars... I used to live on 52nd and Girard and everywhere you go on each corner there’s a bar; but up here, you go around every four blocks, it’s a park.”

FINDINGS FROM COMMUNITY MEETINGS

Below is a summary of community assets and priority health needs as reported by community members who participated in a facilitated focus-group style discussion on February 4, 2019 at Tacony Library. The full text of the meeting can be found in the Appendix.

Notable Community Assets

- » Shared belief that people in the community support one another.
- » Accessibility of transportation as a strength of the Lower Northeast community.
- » Access to parks and recreational facilities.

“Well, when folks get older and they can’t pay the bills or handle the property, they want to transition to either federal housing or assisted living facilities and so access and knowing what your options are, and then the cost factor, I think they are community issues that are definitely something all seniors have to face.”

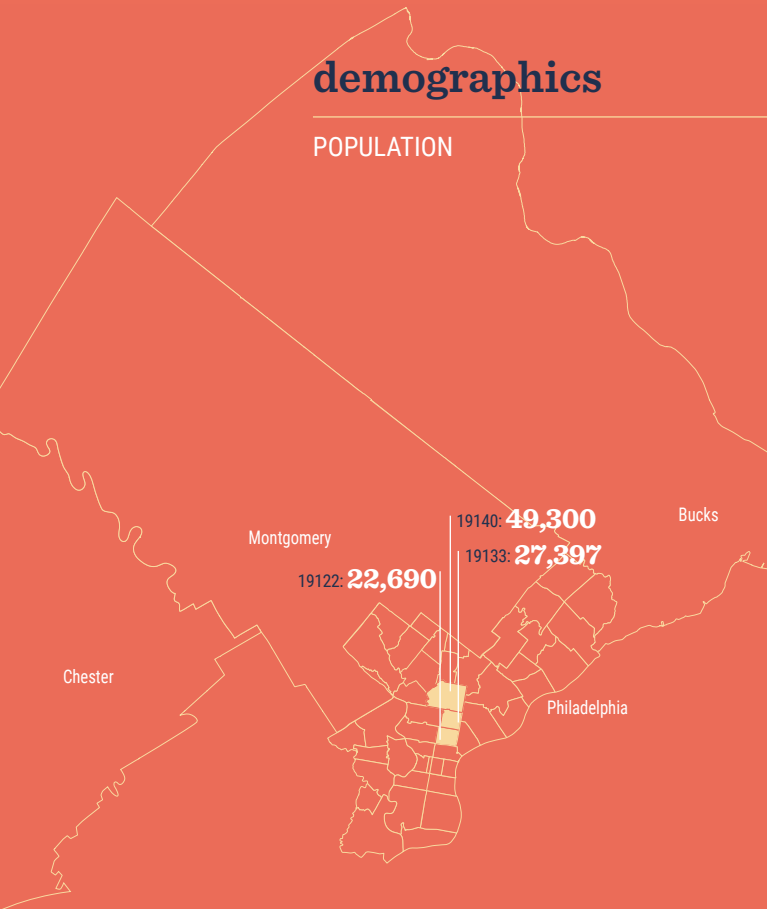
Priority Health Issues

YOUTH	<ul style="list-style-type: none">» Use and availability of drugs, especially among middle and high school students.» Key youth and young adult health issues include asthma, bullying, and lack of physical activity.» Youth are seen as spending too much time on their phones, tablets, and social media.» Lack of affordable activities such as sports and safety concerns contributing to physical inactivity.» Unmet educational needs in public schools, for example, class sizes are too large, special-needs students lack support in the classroom, and there needs to be improvement in teaching reading, spelling and math; teachers are facing too much stress in the classroom.
ENVIRONMENTAL CONDITIONS	<ul style="list-style-type: none">» Lack of nutritional, affordable food options; more pizza and other fast foods than supermarkets.
ACCESS TO CARE	<ul style="list-style-type: none">» Access and affordability of healthcare and difficulty navigating services – long wait times for primary care appointments and physicians not accepting new patients.» Although individuals may have insurance, high out of pocket medication costs.» Medicare, Medicaid, and their cost not well understood among community members.» Limited resources to assist individuals with Medicaid/Medicare enrollment.
OLDER ADULTS	<ul style="list-style-type: none">» Social and health wellbeing concerns include social isolation, lack of outreach, fear of getting help, lack of access to dental care, eye care, and mobility.» Lack of awareness of options available and costs of housing transitions as one ages is a concern among older adults.

NORTH PHILADELPHIA-EAST

demographics

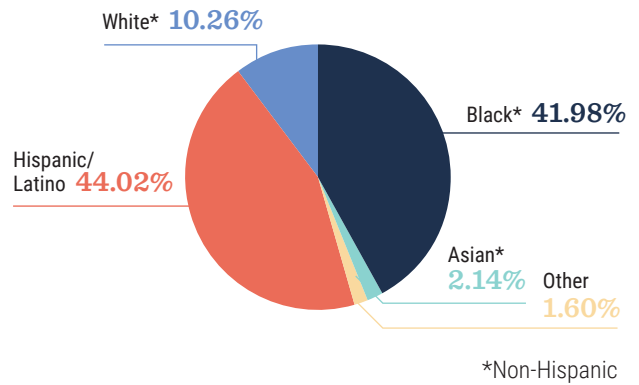
POPULATION



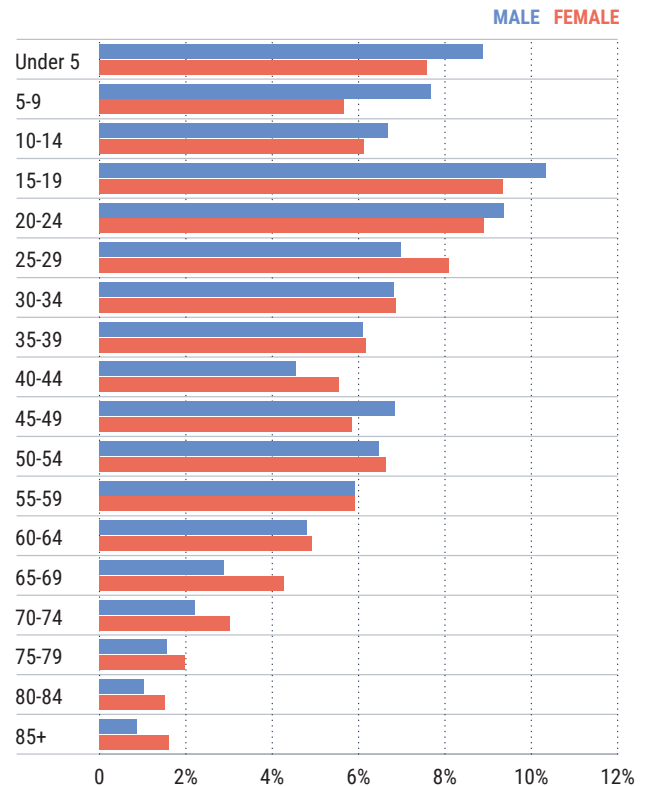
This community is served by:

- Children’s Hospital of Philadelphia
- Einstein Medical Center Philadelphia/Elkins Park
- Jefferson Health – Northeast
- Jefferson Health

RACE/ETHNICITY



AGE DISTRIBUTION



summary health measures

NOTABLE

		North Philadelphia East	Philadelphia County
Chronic Disease & Smoking	Death rate (per 100,000 people)	1,136.4	927.4
	Premature CVD deaths (per 100,000 people)	152.2	104.8
	Diabetes hospitalizations (per 100,000 people)	529.2	371.9
	Adult obesity	39.3%	29.8%
	Hypertension hospitalizations (per 100,000 people)	956.9	649.2
	Cancer deaths (per 100,000 people)	106.1	97.6
	Mammography screening	84.7%	82.9%
	Colorectal screening	56.1%	70.8%
	Adult smoking	28.8%	19.5%
	Adult binge drinking	21.7%	18.9%
Infant & Child Health	Infant mortality (per 1,000 live births)	11.1	8.2
	Percent of preterm or low birth weight births	16.0%	14.2%
	Late or inadequate prenatal care	51.9%	46.5%
	Asthma hospitalization rate, ages 2-14 (per 100,000 children 2-14)	1,424.2	727.3
Injuries	Homicide mortality rate (per 100,000 people)	38.4	17.6
	Drug overdose mortality rate (per 100,000 people)	71.7	48.3
	Suicide mortality rate (per 100,000 people)	8.7	9.9
	Pedestrian and cyclist crash rate (per 100,000 people)	204.3	125.2
	Fall hospitalization rate, ages 65+ (per 100,000 people 65+)	1,937.8	2,363.1
Access to Care	Adults 19-64 without insurance	19.0%	14.9%
	Children <19 without insurance	3.6%	4.2%
	Adults 19-64 with Medicaid	39.6%	23.1%
	Children <19 with public insurance	73.3%	58.6%
	Emergency department utilization (per 100,000 people)	90,768.4	55,382.0
	Emergency department high-utilizers (per 100,000 people)	3,148.3	1,716.9
Social & Economic Determinants	Percent in poverty	47.1%	25.8%
	Community need index score	4.7	4.0
	Excessive housing cost	41.8%	38.9%
	Housing with potential lead risk	64.6%	61.1%
	Households receiving food assistance	43.1%	24.5%
	Food insecurity	27.9%	19.0%
	Speak English less than "very well"	17.5%	10.6%

“It’s hard to find a doctor that knows what the disabled adult would need or how to get equipment for your adult child”

“..the media (influences) parents who are refusing certain vaccinations, certain medications for their children and there isn’t enough public awareness and education about that.”

“They don’t know how to deal with conflict resolution, because they are so into what is going on in social media – they are ready to fight because of social media.”

FINDINGS FROM COMMUNITY MEETINGS

Below is a summary of community assets and priority health needs as reported by community members who participated in a facilitated focus-group style discussion on February 11, 2019 at Paseo Verde South Apartments. The full text of the meeting can be found in the Appendix.

Notable Community Assets

- » Community organizations that provide programs and services to youth and older adults as well as those that assist with housing, food access and other social needs.
- » Community organizations, such as the Lighthouse, were valued for their outreach to youth, particularly afterschool programs that provide structured activities.
- » Community organizations serving older adults providing socialization opportunities for those who might otherwise be isolated.
- » Community Development Corporations help residents with housing information.
- » Faith-based institutions aid with food, clothing and school supplies.
- » Community leaders and residents such as block captains and teachers.

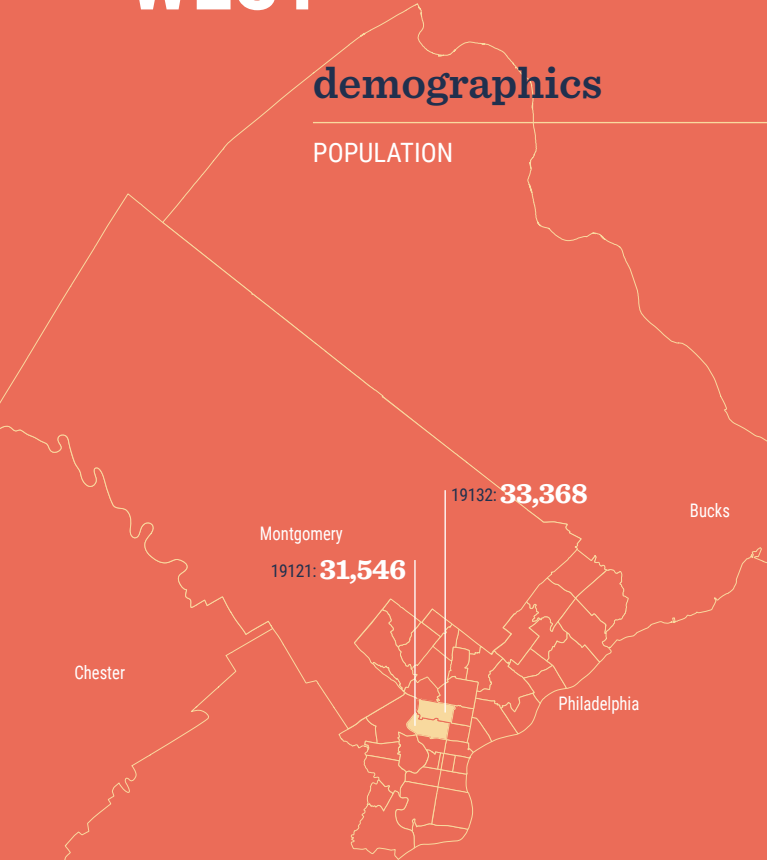
Priority Health Issues

BEHAVIORAL HEALTH	» Exposure of adults and children to chronic stress and trauma.	» Lack of community awareness about how to assist someone with a mental health problem and the lack of available community resources and services.
ACCESS TO CARE	» More primary care providers are needed to reduce wait times for appointments and hours should be extended to provide for individuals working multiple jobs.	» Few urgent care centers are available and they are expensive.
YOUTH	<ul style="list-style-type: none"> » Autism rates among young children. » Children experiencing trauma resulting from environmental exposures including drugs/violence. » Other priorities include bullying, teen pregnancy, tobacco and drug use, poor nutrition and lack of affordable, safe opportunities for physical activity. 	<ul style="list-style-type: none"> » Childhood immunization awareness and education for parents needed. » Transition period from pediatric to adult care for children with disabilities is a concern. Finding a doctor who is knowledgeable about this transitioning period for individuals with disabilities can be difficult.
OLDER ADULTS	<ul style="list-style-type: none"> » Key priorities for older adults include elder abuse, support services and resources for grandparents raising their grandchildren, quality of home healthcare agencies' employees, loneliness and social isolation, financial insecurity, and support for people dealing with loss and grief. » Sometimes families must relinquish caregiving responsibilities to home healthcare agencies due to competing responsibilities. 	<ul style="list-style-type: none"> » Some family members may be reluctant to report negligent caregiver employees to healthcare agencies. » Many grandparents are "raising grandchildren because their parents are in prison or on drugs" and "grandparents need more support services because they can't always take them (grandchildren) to the doctors for health and get the things they need."
ENVIRONMENTAL CONDITIONS	<ul style="list-style-type: none"> » Impact of air quality on respiratory illness such as asthma and COPD. » High crime rates related to addiction and homicide and community appearance, particularly trash and short-dumping, impact walkability and use of parks and playgrounds. 	<ul style="list-style-type: none"> » Community beautification efforts can't be maintained due to animals and people ripping open bags, lack of garbage cans throughout the community, and ticketing for trash cans put in front or side yards of properties. » Lack of access to healthy, affordable food; local supermarket recently closed resulting in a "food desert."
SOCIAL AND ECONOMIC CONDITIONS	<ul style="list-style-type: none"> » Educational inequities persist including quality and safety concerns, unmet student needs, lack of resources and services. » Financial concerns can result in older adults going without needed health care. 	<ul style="list-style-type: none"> » In terms of preschool, safety and other concerns were raised associated with housing children aged 3-6 in the same building as eighth graders.

NORTH PHILADELPHIA-WEST

demographics

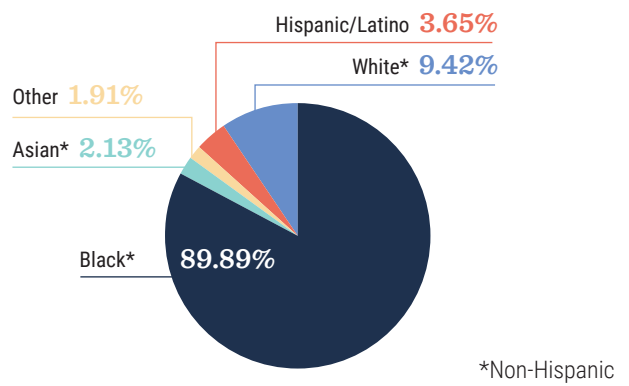
POPULATION



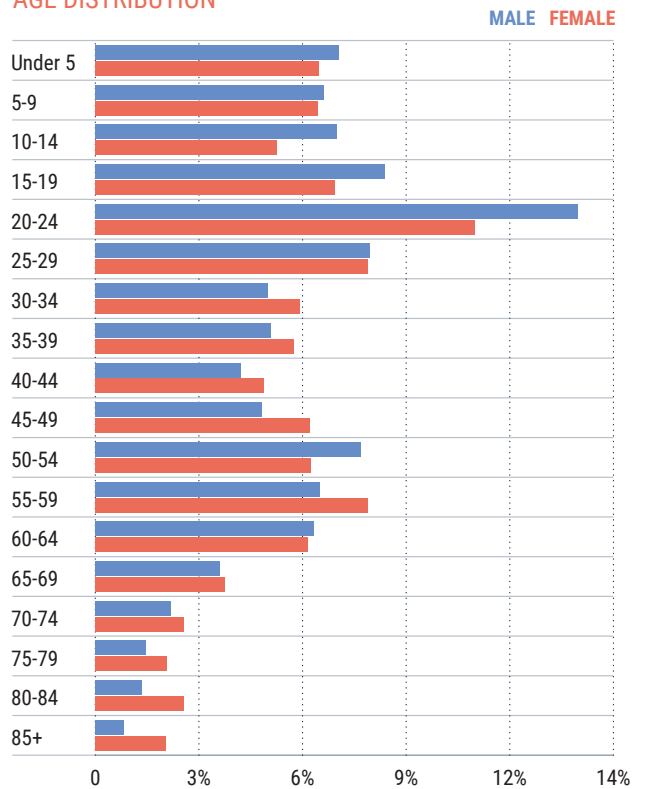
This community is served by:

- Children’s Hospital of Philadelphia
- Jefferson Health
- Penn Medicine

RACE/ETHNICITY



AGE DISTRIBUTION



summary health measures

NOTABLE

		North Philadelphia West	Philadelphia County
Chronic Disease & Smoking	Death rate (per 100,000 people)	1309.3	927.4
	Premature CVD deaths (per 100,000 people)	165.2	104.8
	Diabetes hospitalizations (per 100,000 people)	776.4	371.9
	Adult obesity	31.9%	29.8%
	Hypertension hospitalizations (per 100,000 people)	1,278.6	649.2
	Cancer deaths (per 100,000 people)	148.3	97.6
	Mammography screening	81.6%	82.9%
	Colorectal screening	69.6%	70.8%
	Adult smoking	28.8%	19.5%
	Adult binge drinking	20.8%	18.9%
Infant & Child Health	Infant mortality (per 1,000 live births)	13.3	8.2
	Percent of preterm or low birth weight births	19.2%	14.2%
	Late or inadequate prenatal care	56.1%	46.5%
	Asthma hospitalization rate, ages 2-14 (per 100,000 children 2-14)	1,484.0	727.3
Injuries	Homicide mortality rate (per 100,000 people)	48.5	17.6
	Drug overdose mortality rate (per 100,000 people)	78.5	48.3
	Suicide mortality rate (per 100,000 people)	5.5	9.9
	Pedestrian and cyclist crash rate (per 100,000 people)	1,92.6	125.2
	Fall hospitalization rate, ages 65+ (per 100,000 people 65+)	2,359.3	2,363.1
Access to Care	Adults 19-64 without insurance	16.0%	14.9%
	Children <19 without insurance	4.0%	4.2%
	Adults 19-64 with Medicaid	36.8%	23.1%
	Children <19 with public insurance	74.7%	58.6%
	Emergency department utilization (per 100,000 people)	107,010.8	55,382.0
	Emergency department high-utilizers (per 100,000 people)	4,079.2	1,716.9
Social & Economic Determinants	Percent in poverty	45.5%	25.8%
	Community need index score	4.7	4.0
	Excessive housing cost	41.3%	38.9%
	Housing with potential lead risk	67.7%	61.1%
	Households receiving food assistance	37.2%	24.5%
	Food insecurity	17.9%	19.0%
	Speak English less than "very well"	2.8%	10.6%

“Shootings, murders, stabbings, all kinds of violence has become nothing extraordinary to our children. You see some kind of upheaval and you see children running to it instead of running away from it because they’re attracted to that kind of commotion and violence. The whole mental health aspect of this.”

“We as people really don’t think that we have mental health issues. We don’t believe in going to therapy and stuff like that so it’s hard to break through and make people understand that there’s nothing wrong with talking to a counselor.”

“Kids brains are so preoccupied with being an adult and actually being the parent that they can’t be kids, they can’t go to school and learn because their mind is so mumbo-jumbo with worrying about if they’re going to have any lights when they come home or if there’s going to be any food on the table, you know what I mean? It’s like the roles have reversed.”

FINDINGS FROM COMMUNITY MEETINGS

Below is a summary of community assets and priority health needs as reported by community members who participated in a facilitated focus-group style discussion on March 6, 2019 at Mander Recreation Center. The full text of the meeting can be found in the Appendix.

Notable Community Assets

- » Accessibility, the built environment, community organizations, the people and history of the community.
- » Public transportation (SEPTA) as well as access to major interstates and highways and the Indego bike share program are highlights of community accessibility.
- » Vacant land represents development opportunity.
- » Community organizations such as the Dell Music Center and religious institutions are strengths for the Strawberry Mansion neighborhood.
- » Proud history of high home ownership, employment and the potential for upward mobility.
- » An example of this community strength is that small food business owners, unlike supermarket chains, sometimes provide temporary credit to help parents buy food for their families.
- » Strawberry Mansion historical reputation for social protest, especially civil rights protests – intent to leverage assets to oppose gentrification and its negative outcomes.

Priority Health Issues

BEHAVIORAL HEALTH

- » Multi-generational challenges with substance use; beyond opioids, crack and synthetic marijuana are emerging issues.
- » Gun violence and homicides in the community are traumatic for adults and children.
- » Stigma among African-American community regarding accessing behavioral health services.

ENVIRONMENTAL CONDITIONS

- » Older housing in disrepair is a major risk factor for lead poisoning, asthma complications and injuries among children.
- » An aging population unable to afford needed repairs for their homes.
- » Stress due to trauma as well as **homelessness**, lack of access to healthy affordable food and lack of opportunities for physical activity.
- » Access to healthy affordable food and safe, affordable places for physical activity; need functional, safe recreational facilities.
- » Difficult to improve nutrition if only corner stores and bodegas with unhealthy food options are the only options within walking distance.
- » High rates of **chronic diseases** like diabetes, hypertension, cholesterol, and heart disease contribute significantly to poor health.

YOUTH

- » Tobacco and other substance use.
- » Youth are being compelled to take on adult responsibilities in order to survive.
- » Transient housing for young children.
- » **Homelessness** among youth may not be readily apparent due to couch surfing.
- » Runaway youth may be tied to child abuse, disagreement with parents, and may lead to sex trafficking.

SOCIAL AND ECONOMIC CONDITIONS

- » **Low quality of the public schools** and the potential closing of the local high school threaten education opportunity.
- » Inadequate housing and food support for students in college.
- » Affordable, structured activities, particularly during summer months, is needed for youth.
- » Quality early childhood education is needed. Children may be labeled as having behavioral or learning problems when they actually need better access to speech, hearing and vision services as well as nutritious food. Early identification of these needs is key to educational attainment of children.

ACCESS TO CARE

- » Access to health care coverage for working poor and immigrants.
- » Availability of timely appointments and the ability to obtain care from private health care practices.
- » Difficulty navigating the health insurance exchange website.
- » Even with insurance, community members experienced long waits at health centers and the VA – sometimes two to three months – to get an appointment.

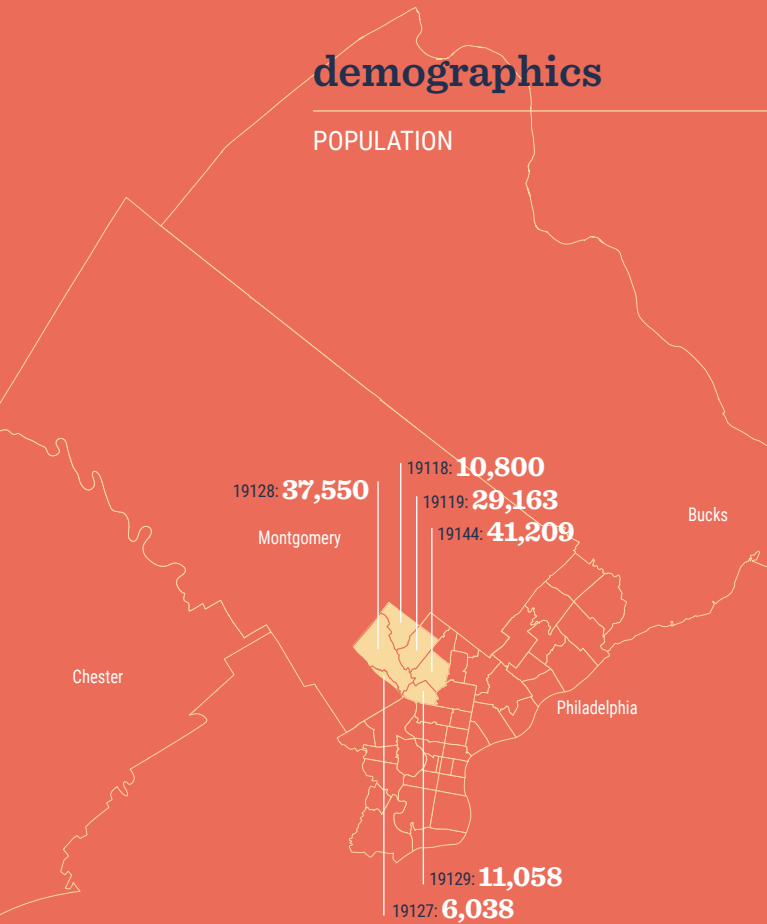
OLDER ADULTS

- » As older adults transfer to Medicare the need for supplemental insurance arises and often there is confusion about what is actually covered.
- » Living on a fixed income often forces choices of whether to pay for food, rent, utilities, health insurance, or medications.
- » Older adults are also raising their grandchildren according to several focus group participants, which is straining their limited income.
- » Concerns about elder abuse.

NORTHWEST PHILADELPHIA

demographics

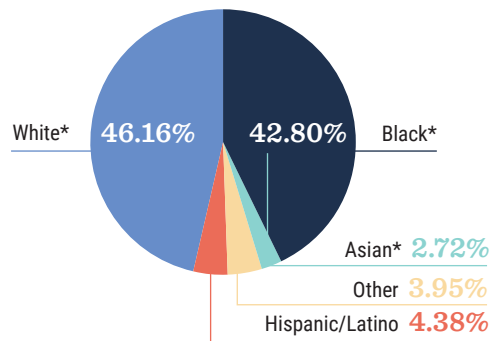
POPULATION



This community is served by:

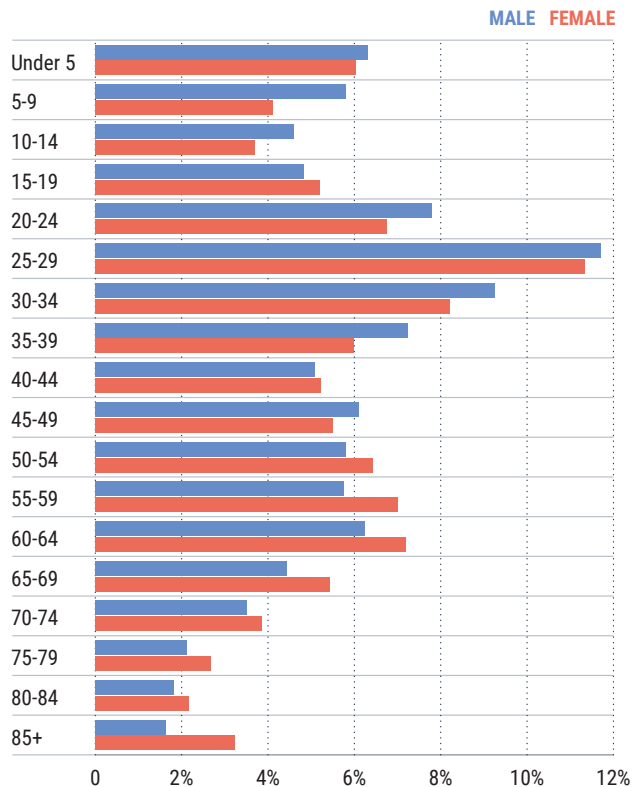
- Children’s Hospital of Philadelphia
- Einstein Medical Center Philadelphia/Elkins Park

RACE/ETHNICITY



*Non-Hispanic

AGE DISTRIBUTION



summary health measures

NOTABLE

		Northwest Philadelphia	Philadelphia County
Chronic Disease & Smoking	Death rate (per 100,000 people)	822.8	927.4
	Premature CVD deaths (per 100,000 people)	93.7	104.8
	Diabetes hospitalizations (per 100,000 people)	317.3	371.9
	Adult obesity	32.9%	29.8%
	Hypertension hospitalizations (per 100,000 people)	684.7	649.2
	Cancer deaths (per 100,000 people)	90.0	97.6
	Mammography screening	87.5%	82.9%
	Colorectal screening	76.5%	70.8%
	Adult smoking	17.4%	19.5%
	Adult binge drinking	15.8%	18.9%
Infant & Child Health	Infant mortality (per 1,000 live births)	9.7	8.2
	Percent of preterm or low birth weight births	12.6%	14.2%
	Late or inadequate prenatal care	39.6%	46.5%
	Asthma hospitalization rate, ages 2-14 (per 100,000 children 2-14)	550.1	727.3
Injuries	Homicide mortality rate (per 100,000 people)	11.4	17.6
	Drug overdose mortality rate (per 100,000 people)	33.1	48.3
	Suicide mortality rate (per 100,000 people)	9.3	9.9
	Pedestrian and cyclist crash rate (per 100,000 people)	95.7	125.2
	Fall hospitalization rate, ages 65+ (per 100,000 people 65+)	2,243.9	2,363.1
Access to Care	Adults 19-64 without insurance	10.0%	14.9%
	Children <19 without insurance	2.4%	4.2%
	Adults 19-64 with Medicaid	15.8%	23.1%
	Children <19 with public insurance	41.8%	58.6%
	Emergency department utilization (per 100,000 people)	37,009.8	55,382.0
	Emergency department high-utilizers (per 100,000 people)	1,186.2	1,716.9
Social & Economic Determinants	Percent in poverty	19.0%	25.8%
	Community need index score	3.3	4.0
	Excessive housing cost	36.8%	38.9%
	Housing with potential lead risk	62.9%	61.1%
	Households receiving food assistance	16.8%	24.5%
	Food insecurity	18.22%	19.0%
	Speak English less than "very well"	2.2%	10.6%

“I do think that there is an assumption that in urban, poor, black communities or brown communities that people aren’t going to eat healthy, and so they saturate [the area] with what they think people are going to eat. If we can start making healthier food options convenient, we might see it move a little bit.”

FINDINGS FROM COMMUNITY MEETINGS

Below is a summary of community assets and priority health needs as reported by community members who participated in a facilitated focus-group style discussion on February 26, 2019 at LIFE Center. The full text of the meeting can be found in the Appendix.

Notable Community Assets

- » Access to transportation and a robust housing stock that is good quality and affordable.
- » Ample shops, religious organizations, a business district, and recreation centers.

“African Americans, in this particular culture, we don’t like to accept the fact that we have mental health issues. There’s a stigma with seeing the psychiatrist. Some people are just not comfortable speaking to someone else about their problems because with African Americans, there’s this trust factor.”

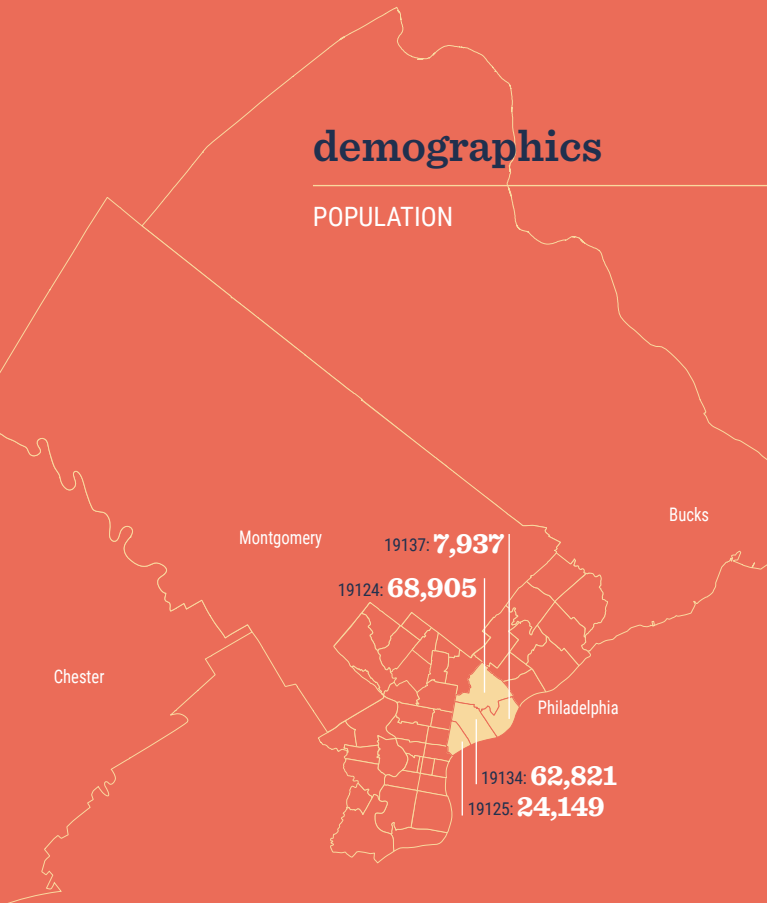
Priority Health Issues

BEHAVIORAL HEALTH	<ul style="list-style-type: none">» Lack of local behavioral health care providers; existing services are too heavily located in Center City Philadelphia and should be spread amongst the larger community to provide medication, housing, and services that support people living with mental health needs.» Residential programs for people with mental health needs are saturated because the housing is unaffordable.» Loneliness leading to depression.» Perceived stigma regarding race and mental health.
ACCESS TO CARE	<ul style="list-style-type: none">» Desire for racial concordance between providers and the population.» Despite there being many federally qualified health centers in the immediate area, wait times for services create access issues.» Need for more family-focused support services, for example, trainings to deescalate household conflict and support families with children that have behavioral and mental health needs.
YOUTH	<ul style="list-style-type: none">» Obesity among children related to a lack of recreational activities and limited availability of healthy food.
ENVIRONMENTAL CONDITIONS	<ul style="list-style-type: none">» A high saturation of fast food restaurants in the area but a limited access to healthy food outlets.» Despite having proximity to green space at Wissahickon Park, recreational activities for children are limited.
SOCIAL AND ECONOMIC CONDITIONS	<ul style="list-style-type: none">» The “antiquated” educational system that currently lacks opportunities for innovation (science and technology) and physical activity.» Thriving private school system and worsening conditions in the public school system.» Lack of job readiness programs for trade jobs like welding, plumbing, and electrical work.» Limited employment opportunities in the immediate area, aside from few cashier and stocker positions at supermarkets.

RIVER WARDS

demographics

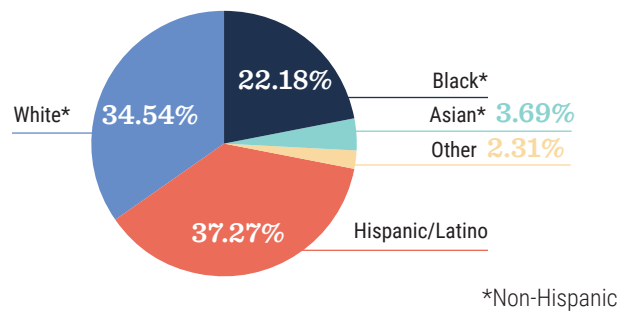
POPULATION



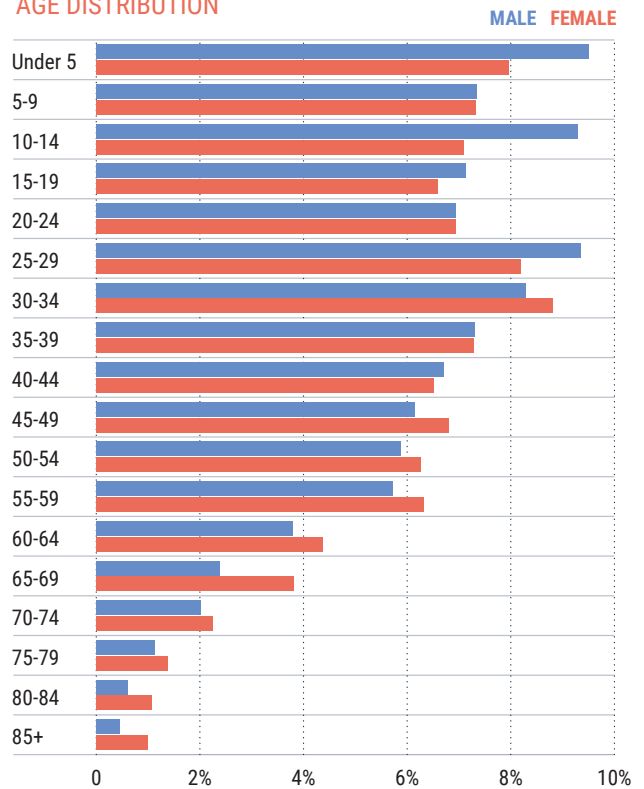
This community is served by:

- Children’s Hospital of Philadelphia
- Einstein Medical Center Philadelphia/Elkins Park
- Jefferson Health – Northeast
- Jefferson Health

RACE/ETHNICITY



AGE DISTRIBUTION



summary health measures

NOTABLE

		River Wards	Philadelphia County
Chronic Disease & Smoking	Death rate (per 100,000 people)	1,186.5	927.4
	Premature CVD deaths (per 100,000 people)	128.6	104.8
	Diabetes hospitalizations (per 100,000 people)	354.6	371.9
	Adult obesity	38.5%	29.8%
	Hypertension hospitalizations (per 100,000 people)	448.6	649.2
	Cancer deaths (per 100,000 people)	115.8	97.6
	Mammography screening	77.7%	82.9%
	Colorectal screening	59.4%	70.8%
	Adult smoking	26.1%	19.5%
	Adult binge drinking	14.3%	18.9%
Infant & Child Health	Infant mortality (per 1,000 live births)	7.3	8.2
	Percent of preterm or low birth weight births	13.6%	14.2%
	Late or inadequate prenatal care	48.8%	46.5%
	Asthma hospitalization rate, ages 2-14 (per 100,000 children 2-14)	986.9	727.3
Injuries	Homicide mortality rate (per 100,000 people)	24.8	17.6
	Drug overdose mortality rate (per 100,000 people)	85.4	48.3
	Suicide mortality rate (per 100,000 people)	12.1	9.9
	Pedestrian and cyclist crash rate (per 100,000 people)	130.6	125.2
	Fall hospitalization rate, ages 65+ (per 100,000 people 65+)	2,463.7	2,363.1
Access to Care	Adults 19-64 without insurance	18.1%	14.9%
	Children <19 without insurance	3.3%	4.2%
	Adults 19-64 with Medicaid	35.1%	23.1%
	Children <19 with public insurance	74.7%	58.6%
	Emergency department utilization (per 100,000 people)	64,512.5	55,382.0
	Emergency department high-utilizers (per 100,000 people)	2,078.7	1,716.9
Social & Economic Determinants	Percent in poverty	34.0%	25.8%
	Community need index score	4.7	4.0
	Excessive housing cost	42.7%	38.9%
	Housing with potential lead risk	69.1%	61.1%
	Households receiving food assistance	36.9%	24.5%
	Food insecurity	19.7%	19.0%
	Speak English less than "very well"	16.1%	10.6%

“Everybody’s like really determined in this neighborhood.”

“I was sick; had called into my primary doctor. They sent me to urgent care ‘cause they didn’t have any appointments coming in and that’s like the third time that’s happened when I’ve been sick.”

FINDINGS FROM COMMUNITY MEETINGS

Below is a summary of community assets and priority health needs as reported by community members who participated in a facilitated focus-group style discussion on January 8, 2019 at Visitation Community Center. The full text of the meeting can be found in the Appendix.

Notable Community Assets

- » Active participation and involvement of community members and availability of community organizations such as Impact Services, New Kensington Community Development Corporation (NKCDC), HACE, Somerset, Prevention Point and Penn Medicine’s mobile unit health screenings.
- » Access to local businesses, corner stores, churches, schools, libraries, parks, events at community centers, urban gardening, health centers, and the presence of an opioid taskforce.
- » Community businesses support the community through various charity events like coat drives and food donations at events.
- » Family-oriented neighborhood and there is a willingness to get involved, neighborhood clean-ups and tree planting events are examples of residents invested in the community.

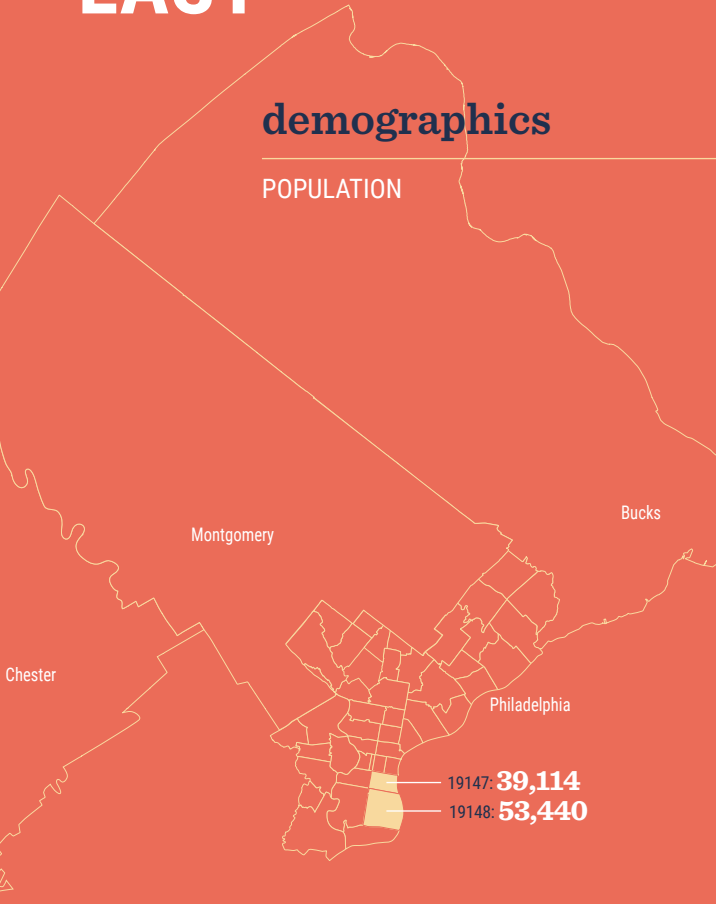
Priority Health Issues

GENERAL	<ul style="list-style-type: none">» Strong emphasis that community health needs are being overshadowed by the opioid epidemic.» Based on a Somerset Neighborhood Survey:<ul style="list-style-type: none">• 53.8% reporting a need for information on how to stretch money/food stamps• 56.4% reporting a need for employment/job training• 33.3% view depression as a health issue• 35.9% reporting a need for assistance with improving parenting skills• 33.3% are concerned with child/elder abuse
BEHAVIORAL HEALTH	<ul style="list-style-type: none">» Lack of parental care, guidance, and accountability in the home environment.» Need for more attention on families with drug addiction and an increase of awareness of services and assistance navigating the behavioral health system.
ACCESS TO CARE	<ul style="list-style-type: none">» Access to healthcare and concerns regarding high cost of health care even if you have insurance and limited coverage of insurance.» Lack of timely, convenient appointments to see primary care and specialty physicians.» Lack of awareness of the services available at Urgent Care centers which contributes to overutilization of the Emergency Department.» Lack of understanding and transparency of healthcare benefits and insurance plans, which could be mediated by increasing access to healthcare navigators.
YOUTH	<ul style="list-style-type: none">» Many social and health concerns for the children, youth and young adults of the River Wards community such as trauma, mental health, hunger among children, physical and sexual abuse, high teenage pregnancy rates, suicide, and bullying due to peer pressure.
SOCIAL AND ECONOMIC CONDITIONS	<ul style="list-style-type: none">» Increase in high school dropouts and a lack of employment opportunities and underemployment wages in the neighborhood.» Need for workforce and vocational skills, mentoring, tutoring, structured activities and parenting education.
ENVIRONMENTAL CONDITIONS	<ul style="list-style-type: none">» Lack of access to fresh food and supermarkets.» Numerous environmental health concerns such as the presence of lead, mold and asbestos, trash and human feces, dumping in the water system and sewers leading to water pollution, poor air quality, bedbugs, pests and more.» Paraphernalia and community blight related to opioid epidemic, particularly used needle exposure.» Lead exposure among young children due to old housing stock.» Safety issues in the neighborhood due to sidewalks kept in poor condition and a lack of speed bumps to prevent speeding and reckless drivers.
OLDER ADULTS	<ul style="list-style-type: none">» Lack of transportation access and options for older adults.» Social isolation, mental health, elder abuse, lack of affordable and safe housing, the need for neighborhood collaboration and social capital to look out for one another, transportation, access to technology/internet, and the need to raise awareness to prevent being scammed.

SOUTH PHILADELPHIA-EAST

demographics

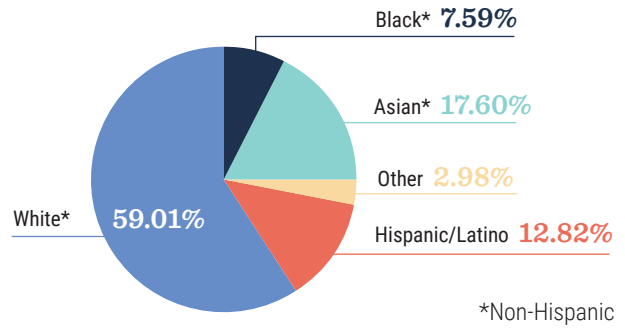
POPULATION



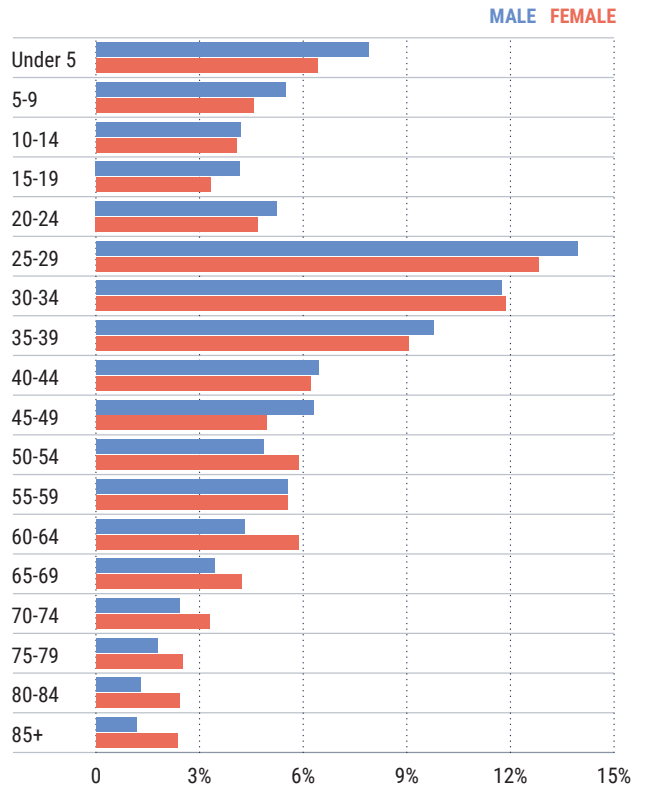
This community is served by:

- Children’s Hospital of Philadelphia
- Jefferson Health
- Penn Medicine

RACE/ETHNICITY



AGE DISTRIBUTION



summary health measures

NOTABLE

		South Philadelphia East	Philadelphia County
Chronic Disease & Smoking	Death rate (per 100,000 people)	848.0	927.4
	Premature CVD deaths (per 100,000 people)	90.9	104.8
	Diabetes hospitalizations (per 100,000 people)	268.0	371.9
	Adult obesity	22.4%	29.8%
	Hypertension hospitalizations (per 100,000 people)	373.8	649.2
	Cancer deaths (per 100,000 people)	96.7	97.6
	Mammography screening	73.0%	82.9%
	Colorectal screening	72.6%	70.8%
	Adult smoking	16.0%	19.5%
	Adult binge drinking	17.6%	18.9%
Infant & Child Health	Infant mortality (per 1,000 live births)	4.5	8.2
	Percent of preterm or low birth weight births	10.3%	14.2%
	Late or inadequate prenatal care	47.6%	46.5%
	Asthma hospitalization rate, ages 2-14 (per 100,000 children 2-14)	257.3	727.3
Injuries	Homicide mortality rate (per 100,000 people)	6.0	17.6
	Drug overdose mortality rate (per 100,000 people)	57.0	48.3
	Suicide mortality rate (per 100,000 people)	12.2	9.9
	Pedestrian and cyclist crash rate (per 100,000 people)	131.82	125.2
	Fall hospitalization rate, ages 65+ (per 100,000 people 65+)	2,572.8	2,363.1
Access to Care	Adults 19-64 without insurance	18.8%	14.9%
	Children <19 without insurance	4.7%	4.2%
	Adults 19-64 with Medicaid	15.1%	23.1%
	Children <19 with public insurance	48.0%	58.6%
	Emergency department utilization (per 100,000 people)	30,675.1	55,382.0
	Emergency department high-utilizers (per 100,000 people)	689.3	1,716.9
Social & Economic Determinants	Percent in poverty	17.1%	25.8%
	Community need index score	3.8	4.0
	Excessive housing cost	33.1%	38.9%
	Housing with potential lead risk	68.3%	61.1%
	Households receiving food assistance	17.2%	24.5%
	Food insecurity	21.5%	19.0%
	Speak English less than "very well"	17.3%	10.6%

“The infrastructure that does exist for bikes is poorly maintained. The bike lanes are almost invisible. I used to bike to work and I stopped because I was concerned about getting hurt and had too many close calls.”

“[Education] is a really serious health issue because if someone is in poverty, they’ll stay in poverty forever without access to a good education system.”

“It’s broken glass, hygiene products, food waste, food containers, drug paraphernalia, animal waste. And of course, that’s running off and getting into the whole region’s water supply. It creates an unhealthy environment.”

FINDINGS FROM COMMUNITY MEETINGS

Below is a summary of community assets and priority health needs as reported by community members who participated in a facilitated focus-group style discussion on March 5, 2019 at Bok School. The full text of the meeting can be found in the Appendix.

Notable Community Assets

- » Transportation, walkability, and the recent movement to repurpose vacant lots into green spaces.
- » A variety of shops and restaurants create culture and community.
- » A diverse composition of community members, and friendly, caring neighbors.
- » Ample availability of physical health care services, including primary care, specialty care and pharmacies.

“There’s so much new construction and with a 10-year tax abatement, people are moving into the neighborhood and they’re not contributing to the school system.”

Priority Health Issues

ENVIRONMENTAL CONDITIONS

- » Despite having access to a main artery of public transportation, the Broad Street Line, **accessibility** issues with other modes of public transportation, such as buses and trolleys, specifically due to tricky navigation and unreliable bus schedules.
- » Poor road conditions cause bus routes to be rerouted.
- » Limited transportation options create lack of accessibility to healthy food sources; food options in walking distance for many are expensive and low quality.
- » Areas of improvement regarding the **built environment** including light pollution from all of the businesses along the streets in the neighborhood, poor air quality from all of the traffic, and unsafe sidewalks for pedestrians.
- » Need for protected bike lanes and universal regulations/education for bicyclists and drivers.
- » Green spaces in the community, parks and playgrounds often feel segregated by race and ethnicity.
- » **Neighborhood appearance** is a pain point, specifically regarding the amount of litter and trash along the streets and green spaces.
- » Unsafe conditions for children playing in the streets or pedestrians walking on the sidewalk.
- » Housing stock is old and the quality is diminishing, leading to some health-related issues, such as asthma, lung and heart disease.
- » **Affordability of housing** is a concern, as many houses that have been in families for generations are being flipped and resold for unaffordable prices.

BEHAVIORAL HEALTH

- » **Limited access to behavioral health care services** to treat childhood behavioral conditions, substance use, and depression.
- » Community is suffering from **chronic stress** due to community violence, death, poverty, and the opioid crisis.
- » Shame and bias that go along with addiction leads to an unwillingness to bring residential rehabilitation programs to the community, cited as an **unmet health need**.
- » Need to increase access to Medication-Assisted treatment.

ACCESS TO CARE

- » **Insurance coverage and affordability**, in part, due to the fact that many Philadelphians work in New Jersey and Delaware, so employer-sponsored health insurance plans don't often cover many services in the local community where they reside and, if they do, the services are typically out-of-network and more expensive to receive.
- » Low access to affordable options, like Urgent Care centers.
- » Lack of vaccination among community members, leading to increase in infectious diseases.

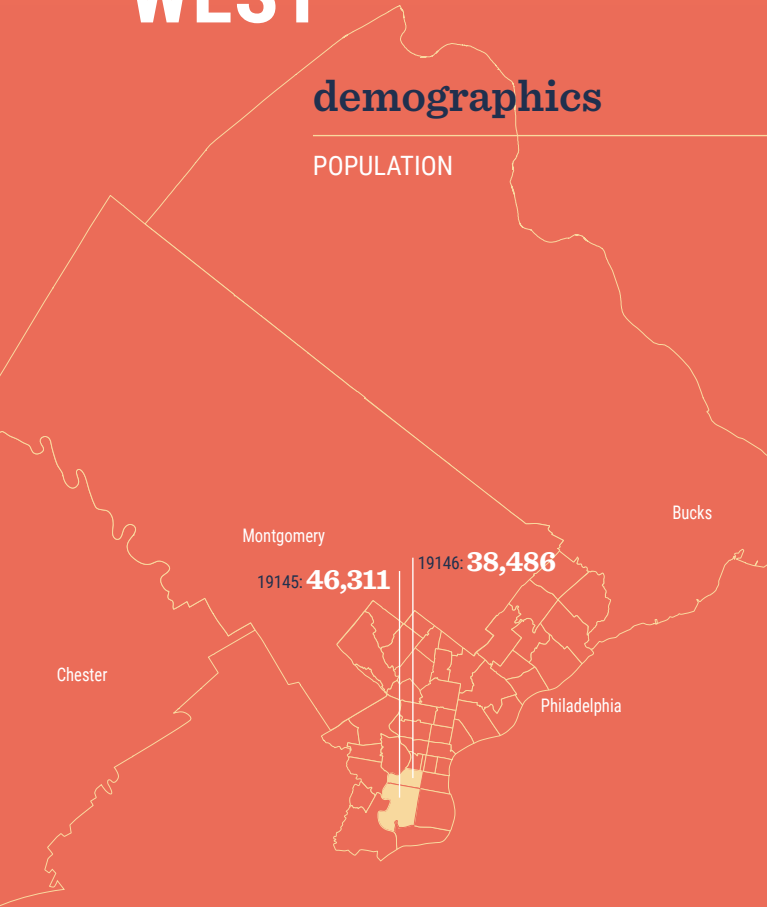
SOCIAL AND ECONOMIC CONDITIONS

- » The **quality of public education** in the area was of notable concern; some attributed the issue of **unmet educational needs** to **persistent gentrification**.

SOUTH PHILADELPHIA-WEST

demographics

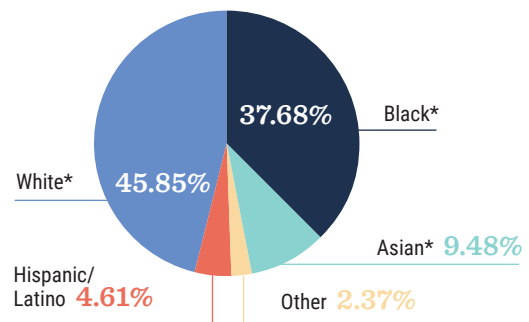
POPULATION



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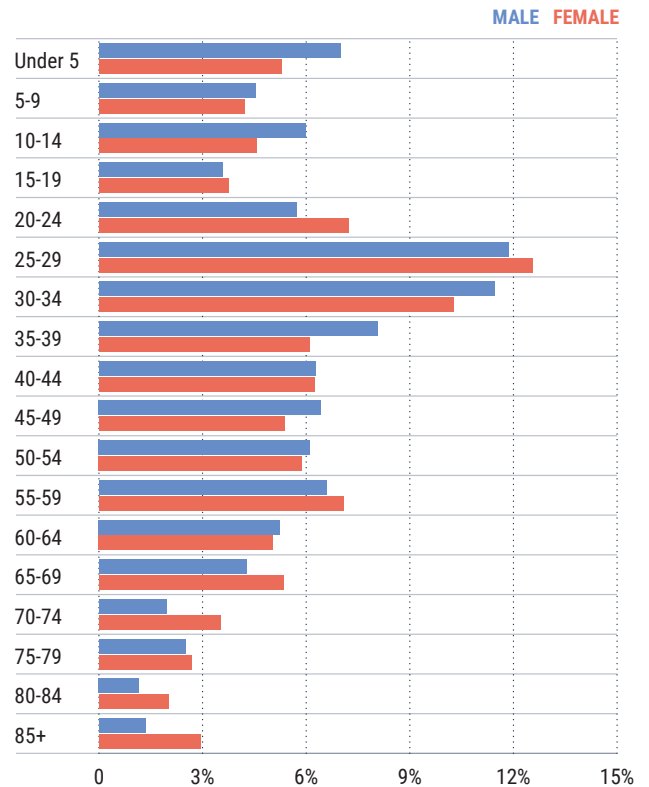
- Children’s Hospital of Philadelphia
- Jefferson Health
- Penn Medicine

RACE/ETHNICITY



*Non-Hispanic

AGE DISTRIBUTION



summary health measures

NOTABLE

		South Philadelphia West	Philadelphia County
Chronic Disease & Smoking	Death rate (per 100,000 people)	869.3	927.4
	Premature CVD deaths (per 100,000 people)	99.9	104.8
	Diabetes hospitalizations (per 100,000 people)	402.1	371.9
	Adult obesity	29.9%	29.8%
	Hypertension hospitalizations (per 100,000 people)	651.0	649.2
	Cancer deaths (per 100,000 people)	102.2	97.6
	Mammography screening	85.6%	82.9%
	Colorectal screening	73.1%	70.8%
	Adult smoking	22.5%	19.5%
	Adult binge drinking	28.5%	18.9%
Infant & Child Health	Infant mortality (per 1,000 live births)	6.7	8.2
	Percent of preterm or low birth weight births	12.2%	14.2%
	Late or inadequate prenatal care	45.6%	46.5%
	Asthma hospitalization rate, ages 2-14 (per 100,000 children 2-14)	561.0	727.3
Injuries	Homicide mortality rate (per 100,000 people)	17.2	17.6
	Drug overdose mortality rate (per 100,000 people)	44.0	48.3
	Suicide mortality rate (per 100,000 people)	8.4	9.9
	Pedestrian and cyclist crash rate (per 100,000 people)	88.5	125.2
	Fall hospitalization rate, ages 65+ (per 100,000 people 65+)	2,410.7	2,363.1
Access to Care	Adults 19-64 without insurance	12.4%	14.9%
	Children <19 without insurance	2.7%	4.2%
	Adults 19-64 with Medicaid	19.5%	23.1%
	Children <19 with public insurance	52.3%	58.6%
	Emergency department utilization (per 100,000 people)	44,702.1	55,382.0
	Emergency department high-utilizers (per 100,000 people)	1,169.9	1,716.9
Social & Economic Determinants	Percent in poverty	20.9%	25.8%
	Community need index score	4.0	4.0
	Excessive housing cost	36.2%	38.9%
	Housing with potential lead risk	65.9%	61.1%
	Households receiving food assistance	21.4%	24.5%
	Food insecurity	20.2%	19.0%
	Speak English less than "very well"	7.6%	10.6%

“When I think of basic things that children should get, I’m thinking of things at school and at home. We have kids being raped. We have kids pregnant. We have kids being killed. Basic school things or vision, hearing, they don’t even do stuff like that anymore. Nobody is talking to the kids about mental health. Nobody is talking to children about what they’re feeling mentally. Nobody is talking to children about what’s bothering them. So when I hear the word, basic health care, it really frustrates me because it’s like, how basic?”

FINDINGS FROM COMMUNITY MEETINGS

Below is a summary of community assets and priority health needs as reported by community members who participated in a facilitated focus-group style discussion on March 7, 2019 at D. Finnegan Recreation Center. The full text of the meeting can be found in the Appendix.

Notable Community Assets

- » Access to transportation and green space; yet spaces lack inclusive or accessibility for everyone in the community, primarily due to “racial policies and traditions.”
- » Strong bonds among neighbors.

“The Philadelphia Energy Solutions Oil refinery is poisoning us to a much larger degree than anywhere else in the city in terms of cancer and respiratory illness. But people are so disempowered by having to deal with all of these stressors and violence, worry about losing their homes, not having access to basic care: food, water, shelter, whatever. There is no time or space to take on the kind of fight [with the energy company] where there’s long-term health effects.”

“I think hopelessness is a huge health problem in this area. How are you supposed to care about anything when there’s so much neglect from so many services and institutions and from the City? These people haven’t been listening for a long time.”

Priority Health Issues

SOCIAL AND ECONOMIC CONDITIONS

- » Wide-spread **gentrification** in the neighborhood leads to rising costs of housing and threats of landlords selling properties that some community members have occupied for multiple generations.
- » Trauma and grief due to violence in the community; lack of support systems to help individuals cope with trauma resulting in a cycle of violence.
- » **Accessibility of housing** is exacerbated by a crumbling infrastructure in the existing stock, mold, and indoor air quality issues that cause asthma.
- » Diminishing resources at local public schools have eliminated positions for school nurses and social workers, and have created pay disparities between various teacher positions.
- » **Limited assets** in terms of economic opportunity; lack of financial institutions, banks, ATMS, and credit unions; the community “stays poor.”
- » Need for more economic opportunity for people to have meaningful work with dignity, and pipelines for entrepreneurs in the neighborhood to become small business owners.

ACCESS TO CARE

- » Basic health care (mental and physical) for children, and prenatal care for young women.
- » A mistrust of local institutions and organizations.
- » Participants stated knowing, second-hand, of programs that the University of Pennsylvania offers but expressed that little communication is shared with the surrounding neighborhoods.

ENVIRONMENTAL CONDITIONS

- » Public health initiatives in the community, like Healthy Corridors, have highlighted the **environmental stressors** on health in the Grays Ferry area, specifically high rates of asthma and cancer.
- » **Air quality** is a specific concern due to proximity to the interstate, a waste management refinery, and an oil refinery.
- » Neighborhood safety and appearance, trash and sanitation are all concerns.

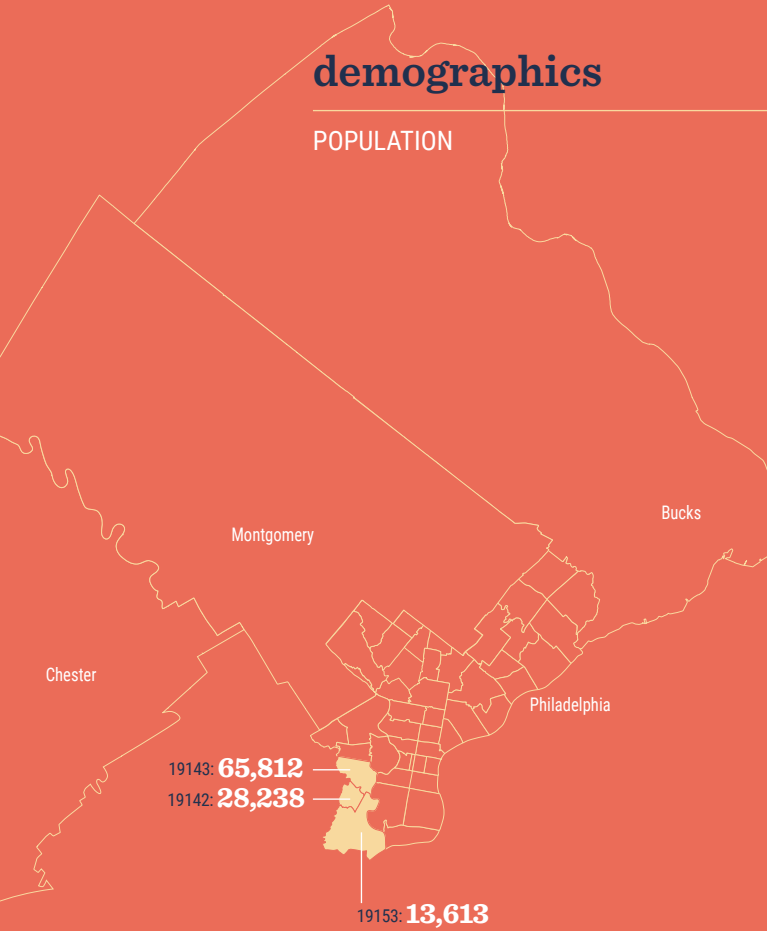
YOUTH

- » Bullying and tense student-teacher relationships in schools that lead to depression and other poor outcomes.
-

SOUTHWEST PHILADELPHIA

demographics

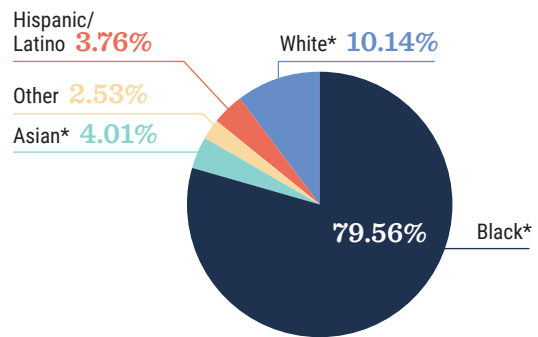
POPULATION



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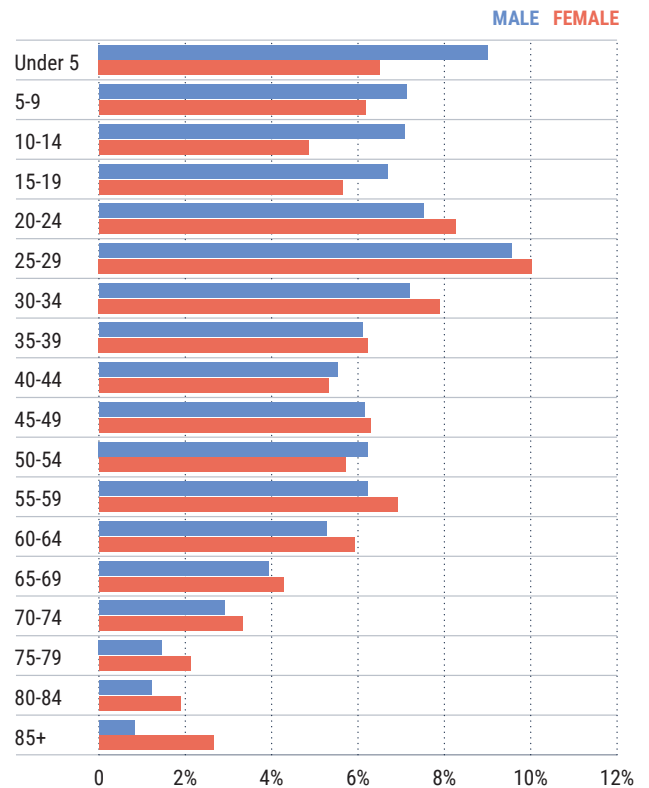
- Children’s Hospital of Philadelphia
- Penn Medicine

RACE/ETHNICITY



*Non-Hispanic

AGE DISTRIBUTION



summary health measures

NOTABLE

		Southwest Philadelphia	Philadelphia County
Chronic Disease & Smoking	Death rate (per 100,000 people)	979.3	927.4
	Premature CVD deaths (per 100,000 people)	115.5	104.8
	Diabetes hospitalizations (per 100,000 people)	529.4	371.9
	Adult obesity	34.8%	29.8%
	Hypertension hospitalizations (per 100,000 people)	835.9	649.2
	Cancer deaths (per 100,000 people)	112.8	97.6
	Mammography screening	84.7%	82.9%
	Colorectal screening	73.9%	70.8%
	Adult smoking	20.8%	19.5%
	Adult binge drinking	18.3%	18.9%
Infant & Child Health	Infant mortality (per 1,000 live births)	11.9	8.2
	Percent of preterm or low birth weight births	16.3%	14.2%
	Late or inadequate prenatal care	54.0%	46.5%
	Asthma hospitalization rate, ages 2-14 (per 100,000 children 2-14)	919.0	727.3
Injuries	Homicide mortality rate (per 100,000 people)	32.9	17.6
	Drug overdose mortality rate (per 100,000 people)	35.2	48.3
	Suicide mortality rate (per 100,000 people)	9.6	9.9
	Pedestrian and cyclist crash rate (per 100,000 people)	119.8	125.2
	Fall hospitalization rate, ages 65+ (per 100,000 people 65+)	2,184.9	2,363.1
Access to Care	Adults 19-64 without insurance	16.5%	14.9%
	Children <19 without insurance	4.7%	4.2%
	Adults 19-64 with Medicaid	31.3%	23.1%
	Children <19 with public insurance	66.3%	58.6%
	Emergency department utilization (per 100,000 people)	65,975.3	55,382.0
	Emergency department high-utilizers (per 100,000 people)	2,011.8	1,716.9
Social & Economic Determinants	Percent in poverty	30.6%	25.8%
	Community need index score	4.4	4.0
	Excessive housing cost	41.4%	38.9%
	Housing with potential lead risk	67.2%	61.1%
	Households receiving food assistance	32.5%	24.5%
	Food insecurity	26.4%	19.0%
	Speak English less than "very well"	5.8%	10.6%

“You have students that take medication, and there is no health professional on-site to help administer that. So, you have regular teachers or the receptionist that giving out medication.”

FINDINGS FROM COMMUNITY MEETINGS

Below is a summary of community assets and priority health needs as reported by community members who participated in a facilitated focus-group style discussion on January 29, 2019 at Southwest Community Development Corporation. The full text of the meeting can be found in the Appendix.

Notable Community Assets

- » The built environment, specifically ample green space at Bartram’s Garden’s and the John Heinz National Wildlife Refuge, and walkability.
- » Easy access to public transportation is available in the community, but recent updates to the SEPTA Key card have made transferring lines of transit very expensive and hard to maintain for people who do not have access to the internet.
- » Limited resources, like transitional housing and employment opportunities, specifically for women with children who are experiencing homelessness, are available.
- » Several **community organizations**, including the Southwest Community Development Corporation whose list of services include housing assistance and career development programs.
- » The Neighborhood Advisory Subcommittee initiative to move neighbors from relying on payday loan services to establishing bank accounts, and their campaign to eliminate dumping in their community.
- » Close relationships with police officers, small businesses such as corner stores, and local libraries.
- » Libraries also offer a cadre of helpful services like job fairs, community events, movie nights, volunteer opportunities, tax preparation services, and computer skills classes, among others.

“People are more depressed, they’re more oppressed, and they’re not getting help. They’re not talking through frustrations and anxiety.”

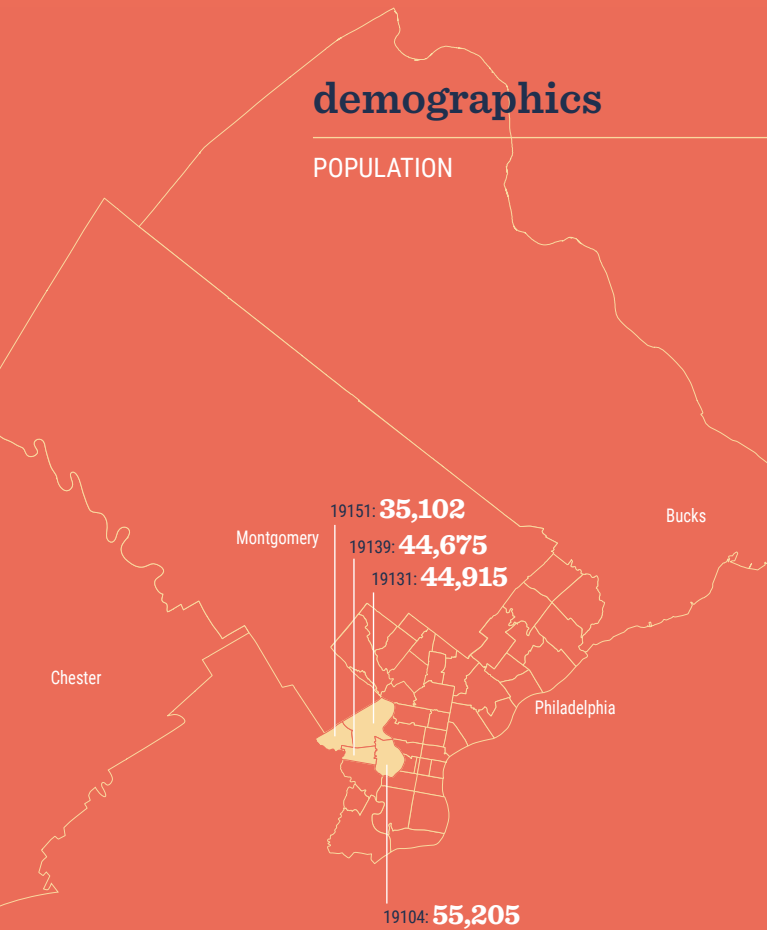
Priority Health Issues

BEHAVIORAL HEALTH	» Several behavioral health issues were listed as priorities, including: substance use, suicide, depression, anxiety, trauma caused by high murder rates in the community.
CHRONIC DISEASE	» Treatment and prevention of obesity, hypertension, and diabetes among vulnerable populations, like people living in poverty.
YOUTH	» Childhood diabetes and asthma.
ENVIRONMENTAL CONDITIONS	» Environmental health issues like lead exposure and air pollution in schools and at home, and behavioral health issues such as anxiety and chronic stress.
ACCESS TO CARE	» Affordability concerns were attributed to poor insurance coverage , particularly for participants churning on and off Medicaid; prescription drug costs; and costs of deductibles. » Limited access to specialty care services; particularly, issues with unaffordable copays, navigating the referral process, and costs of prescriptions. » Limited availability of affordable dental care.
SOCIAL AND ECONOMIC CONDITIONS	» Lack of financial health due to unlivable minimum wages , rising costs of living and utilities, and costs of medical care. » Unmet educational needs echoed widely, including a lack of resources and programming for adults with cognitive delays who have aged out of school-based programs. » Replacing cuts to programs and schools including school nurses and social workers. » Access to exercise options and high-quality, affordable food .

WEST PHILADELPHIA

demographics

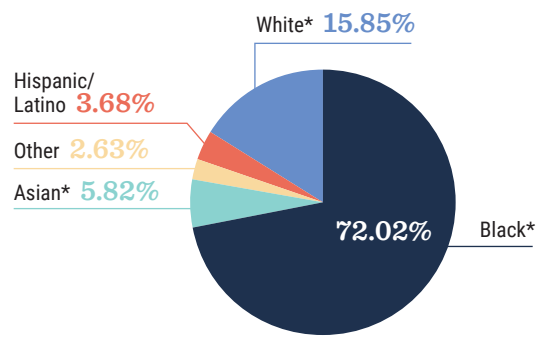
POPULATION



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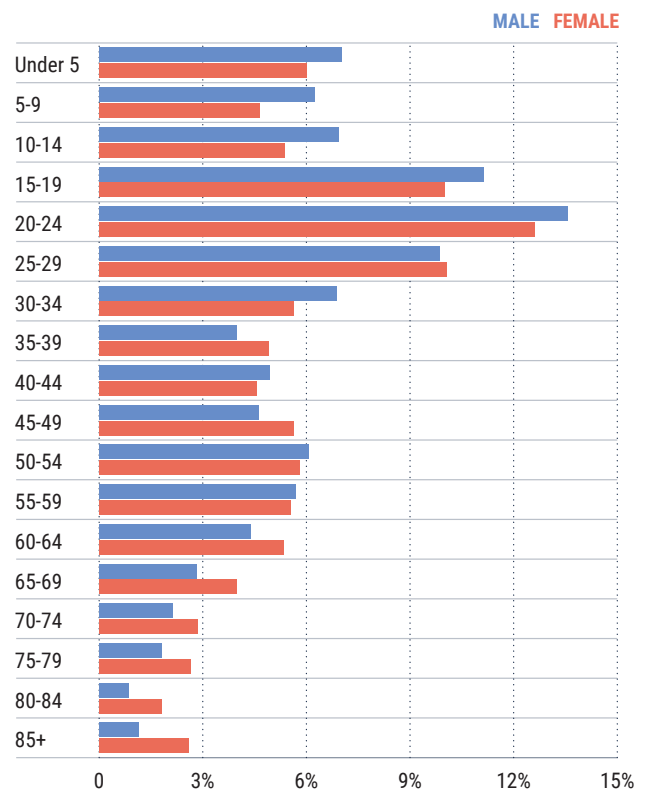
- Children’s Hospital of Philadelphia
- Penn Medicine

RACE/ETHNICITY



*Non-Hispanic

AGE DISTRIBUTION



summary health measures

NOTABLE

		West Philadelphia	Philadelphia County
Chronic Disease & Smoking	Death rate (per 100,000 people)	947.8	927.4
	Premature CVD deaths (per 100,000 people)	123.7	104.8
	Diabetes hospitalizations (per 100,000 people)	376.9	371.9
	Adult obesity	36.3%	29.8%
	Hypertension hospitalizations (per 100,000 people)	751.5	649.2
	Cancer deaths (per 100,000 people)	101.6	97.6
	Mammography screening	84.4%	82.9%
	Colorectal screening	77.1%	70.8%
	Adult smoking	20.8%	19.5%
Adult binge drinking	16.5%	18.9%	
Infant & Child Health	Infant mortality (per 1,000 live births)	12.0	8.2
	Percent of preterm or low birth weight births	18.0%	14.2%
	Late or inadequate prenatal care	49.7%	46.5%
	Asthma hospitalization rate, ages 2-14 (per 100,000 children 2-14)	721.5	727.3
Injuries	Homicide mortality rate (per 100,000 people)	18.9	17.6
	Drug overdose mortality rate (per 100,000 people)	39.2	48.3
	Suicide mortality rate (per 100,000 people)	6.8	9.9
	Pedestrian and cyclist crash rate (per 100,000 people)	154.5	125.2
	Fall hospitalization rate, ages 65+ (per 100,000 people 65+)	2,341.3	2,363.1
Access to Care	Adults 19-64 without insurance	13.2%	14.9%
	Children <19 without insurance	3.3%	4.2%
	Adults 19-64 with Medicaid	23.1%	23.1%
	Children <19 with public insurance	56.6%	58.6%
	Emergency department utilization (per 100,000 people)	59,288.9	55,382.0
	Emergency department high-utilizers (per 100,000 people)	1,932.2	1,716.9
Social & Economic Determinants	Percent in poverty	33.7%	25.8%
	Community need index score	4.2	4.0
	Excessive housing cost	42.0%	38.9%
	Housing with potential lead risk	63.1%	61.1%
	Households receiving food assistance	28.5%	24.5%
	Food insecurity	16.4%	19.0%
	Speak English less than "very well"	3.9%	10.6%

“I grew up in 19104 in the 60s and 70s and we didn’t always have a good relationship with the college. Back then, colleges were trying to push us out and there was no meeting, there was no cooperation, but now we have a very good working relationship and they have a lot of programs in our neighborhood and our community. That’s been very good.”

FINDINGS FROM COMMUNITY MEETINGS

Below is a summary of community assets and priority health needs as reported by community members who participated in a facilitated focus-group style discussion on February 11, 2019 at ACHIEVEability. The full text of the meeting can be found in the Appendix.

Notable Community Assets

- » Strong network of community organizations and anchor institutions, as well as the diversity of religious beliefs and institutions, including Oak Tree Health Service, Sayre Health Center (for uninsured), the CHOP Karabots Pediatric Care Center, a robust faith-based community, youth programs, and services for veterans, among others.
- » **Accessibility** is a community asset, including community-based health care, walkability, and proximity to public transportation.
- » Safety net providers, like Sayre Health Center, are great for people who “don’t have insurance,” and the CHOP Karabots Center is helpful because people don’t have to “travel outside of the neighborhood” to get care for their children.
- » Strengthened relationship with the local colleges in the neighborhood.
- » Diverse religious organizations coexisting together are a part of the richness of the West Philadelphia community.

“We have so many high school students who are in 10th and 11th grade who are literally reading at a third grade level. Literacy is a huge problem, our high school kids are in trouble.”

Priority Health Issues

BEHAVIORAL HEALTH

- » **Barriers to accessing behavioral and mental health** including the cost of care, and the stigma associated with the diagnosis of a behavioral health need.
- » Overprescribing and diagnosis of ADD/ADHD.
- » High rates of opioid use/abuse.
- » High rates of **maternal mortality** related to mental health and substance abuse.

ACCESS TO CARE

- » Negative perception of the **quality and access of health care** due to high copays, providers and hospitals that do not accept certain types of insurance plans, and trouble navigating health care systems (finding a provider, getting an appointment, transportation, health literacy).
- » **Lack of trust in health care**, from mistrust of insurance companies, health care systems, and providers.
- » Lack of respect from healthcare providers due to **racism**.

YOUTH

- » STDs and sex education among youth.
- » Lack of strong relationships with their neighbors among young people.
- » Declining quality of educational and unmet need of students, teachers, and educational infrastructure. This includes the physical condition of school bathrooms, cafeterias, and classrooms, as well as lack of teachers or teacher absences, leading to an influx of substitutes.

CHRONIC DISEASE

- » Strokes, cancer, sleeping disorders and sickle cell disease were notable chronic conditions.

SOCIAL AND ECONOMIC CONDITIONS

- » **Limited quality green spaces** for community dwellers to play in and enjoy.
- » **Lack of affordable housing** with functional utilities, such as plumbing and heat, and lack of shelters result in increased homelessness in the community.
- » **Nutrition** and access to healthy food was described as another barrier to health in the West Philadelphia community, primarily because of the expense of fresh fruit and limitations of refrigeration, storage, and shelf life that limit corner stores' desire to carry healthy food.
- » A great deal of **community trauma** from witnessing violence and chronic stress due to issues such as poverty.