Community Health Assessment

Philadelphia Department of Public Health
May 2014

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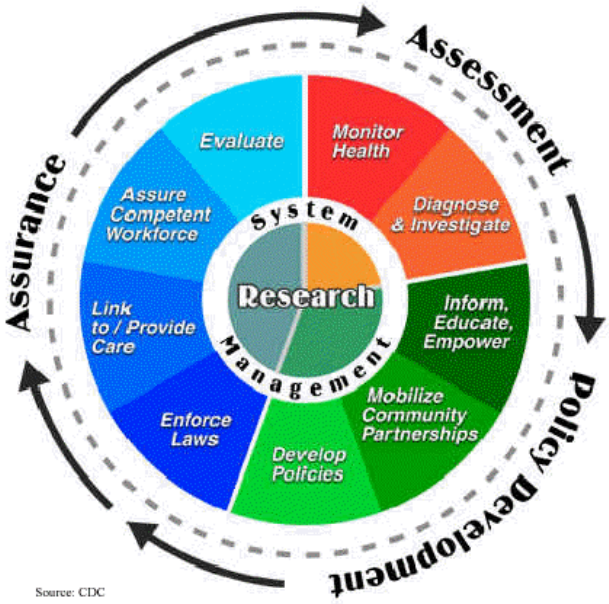
I. Executive summary

Figure 1: 10 essential public health services



This Community Health Assessment (CHA) is a systematic review of population health in Philadelphia, highlighting key public health challenges, assets, and improvements in our city. Conducting a CHA is an essential activity of public health agencies. It enables governmental and non-governmental health organizations to identify community needs and assets, develop policies and programs, allocate resources, and monitor changes to the public's health. In Philadelphia, this iterative and participatory process involved numerous internal and external stakeholders, and took place over the 20 months between July 2012 and May 2014.

Data came from a variety of sources, including the Philadelphia Department of Public Health, School District of Philadelphia, PHMC Household Health Survey, PA Health Care Cost Containment Council, U.S. Census, U.S. Youth Risk Behavior Surveillance System, U.S. Behavioral Risk Factor Surveillance System, RWJF County Health Rankings, and FBI Uniform Crime Report.

Drawing on these sources, the CHA describes the demographics of the population, as well as the overall health of the city. The remainder of the report is divided into 16 sections, each reflecting a key public health issue.

The key public health issues include: 1) Social determinants of health, 2) Summary health measures, 3) Tobacco and alcohol, 4) Obesity, 5) Cardiovascular disease, 6) HIV, 7) Teen reproductive health, 8) Maternal and infant health, 9) Child health, 10) Access to care, 11) Cancer screening and prevention, 12) Environmental health, 13) Violence, 14) Mental health, 15) Built environment, and 16) Public health assets.

Each section contains several indicators representing critical measures of the population's health. These indicators are analyzed in four ways: city/county comparisons for the 10 largest cities/counties in the US based on the most recent year of data;[1] citywide estimates for 2000 to the present; and, for the most recent year of data, by race/ethnicity and by planning district. This enables readers to appreciate trends over time and racial/ethnic and geographic disparities. A slide-deck version of this report is available at: http://www.phila.gov/health/pdfs/CHAslides_11513.pdf.

Indicators that are **improving** over time include:

- Reading ability in 3rd grade, high school graduation, completion of at least some college, social capital (except last 2 years)
- Self-reported health, life expectancy, premature death

[1] Most comparisons are actually for the 11 counties associated with the 10 most populous cities. New York is represented by two counties – Kings (the most populous) and Bronx (the one most similar to Philadelphia in demographic terms).

- Adult and youth smoking, smoking-related deaths, secondhand smoke exposure
- Adult (last 2 years) and child obesity, adult and youth sugary drink consumption
- Early heart disease deaths
- HIV testing, new HIV diagnoses
- Teen births, teen chlamydia (last year) and gonorrhea (last year) rates
- Breastfeeding initiation, 5+ births
- Child immunizations, elevated lead levels, child pedestrian and bicycle crashes
- Child uninsurance, child dental care (except last 2 years), preventable hospitalizations
- Colon cancer screening, HPV vaccination
- Food safety, rat complaints
- Violent crime, firearm homicides (adults ≥20 years), teens considering suicide
- Access to healthy foods and recreational facilities

Indicators that are **worsening** over time include:

- Unemployment, children and adults living in poverty
- Teen excessive drinking
- Hypertension, diabetes
- Teen condom and birth control use
- Late or no prenatal care
- Child asthma hospitalizations
- Adult uninsurance and access to care
- Adult mental health

Other indicators have neither improved nor worsened.

Racial/ethnic disparities are evident across a range of health issues.

African Americans experience disproportionately poor health in the following areas:

- Reading ability in 3rd grade, unemployment
- Life expectancy, premature death
- Adult smoking, smoking deaths, secondhand smoke exposure
- Child obesity among girls, adult obesity, youth sugary drink consumption
- Hypertension, diabetes, early heart disease deaths
- New HIV diagnoses
- Teen gonorrhea and chlamydia rates
- Infant mortality, low birth weight, prenatal care, breastfeeding initiation, 5+ births
- Child asthma hospitalization, elevated lead levels, child mortality
- Preventable hospitalizations
- Homicide mortality, firearm homicides
- Access to healthy foods and recreational facilities

Hispanics experience the poorest health in the following areas:

- Reading ability in 3rd grade, high school graduation, completion of at least some college, unemployment, poverty
- Self-reported health
- Child obesity among boys, adult sugary drink consumption
- Teen births

- Uninsurance among children and adults, access to care
- Adult and teen mental health

Whites experience the poorest health in the following areas:

- Youth smoking and excessive drinking
- Child immunizations, HPV vaccination
- Suicide mortality

Data on Asians were limited. Asians may experience the poorest health in the following areas:

- Social capital
- Adult excessive drinking
- HIV testing
- Child dental care
- Colon and breast cancer screening

Geographic disparities in health are also prevalent and are mediated by the racial/ethnic composition of neighborhoods.

North Philadelphia has the poorest health indicators for:

- Unemployment, completion of at least some college
- Child obesity, adult sugary drink consumption
- New HIV diagnoses
- Teen births, breastfeeding initiation
- Rat complaints
- Firearm homicides

Notably, North Philadelphia has the highest level of HPC vaccination among 13- to 17-year-olds.

Lower North Philadelphia has the poorest health indicators for:

- Poverty, children in single-parent households
- Self-reported health, life expectancy, premature death
- Secondhand smoke exposure
- Early heart disease deaths
- Infant mortality, low birth weight, 5+ births
- Child mortality
- Homicide mortality

West Philadelphia has the poorest health indicators for:

- Adult smoking
- Teen gonorrhea and chlamydia rates
- Preventable hospitalizations
- Food safety

The River Wards have the poorest health indicators for:

- Smoking-related deaths
- Child asthma hospitalizations
- Adult uninsurance, access to care

- Colon cancer screening
- Adult mental health

South Philadelphia has the poorest health indicators for:

- Late or no prenatal care
- Child pedestrian and bike accidents

Lower Southwest Philadelphia has the poorest health indicators for:

- Adult obesity
- Hypertension

Available **public health assets** in Philadelphia include 12,000 acres of parks and 133 recreation centers; 66 farmers' markets, 654 healthy corner stores, 206 healthy Chinese takeouts, and 140 supermarkets; 45 Federally Qualified Health Centers and 43 hospitals and medical treatment centers; and 562 district, charter, and private schools.

II. Community Health Assessment development process

The Philadelphia Department of Public Health (PDPH) developed and refined its Community Health Assessment (CHA) over the course of 20 months from July 2012 to February 2014. PDPH involved numerous internal and external stakeholders in the process, solicited feedback through 13 external stakeholder meetings, and made multiple versions of the CHA available for review. The CHA encompasses a broad set of issues, including social determinants of health; reflects both national and local public health priorities; and draws on data from local, state, and federal sources (see *Data sources and definitions* for details). Below is a description of the key steps in the CHA development process.

July – August 2012

- PDPH Office of Policy and Planning reviewed CHAs from other communities, Public Health Accreditation Board (PHAB) standards, prior PDPH data reports and health assessments, and key federal public health plans, including Healthy People 2020 and the National Prevention Strategy.
- PDPH Office of Policy and Planning generated a list of working health indicators and categories for review by PDPH executive leadership, epidemiologic staff, and division directors.
- PDPH epidemiologic staff and divisions directors provided feedback to list of working health indicators and categories.

September – December 2012

- PDPH Office of Policy and Planning and PDPH epidemiologic staff accessed and analyzed data for list of working health indicators.
- PDPH executive leadership and division directors reviewed initial data analyses and provided feedback.

January – April 2013

- PDPH Office of Policy and Planning and PDPH epidemiologic staff revised and augmented analyses to produce a draft CHA and CHA slide deck.

May – December 2013

- Draft CHA slide deck posted online at www.phila.gov/health.
- Health Commissioner – in partnership with the Drexel University School of Public Health – convened stakeholder meetings to review CHA data, get feedback on CHA content, and discuss priorities for the Community Health Improvement Plan (CHIP). Meetings included:

1.	Smoke-Free Philly (tobacco control) Coalition	5/15/13
2.	Medicaid managed care organizations	7/11/13
3.	Sexual and reproductive health providers	7/16/13
4.	Child health providers and advocates	7/25/13
5.	Primary care safety net providers	8/5/13
6.	Philadelphia Board of Health	8/15/13
7.	HIV/STD prevention and treatment agencies	10/31/13
8.	Black Women's Health Alliance	11/5/13
9.	Greater Philadelphia Business Coalition on Health	11/7/13
10.	Health center community board members	11/14/13
11.	Food Fit Philly (obesity prevention) Coalition	11/15/13
12.	College of Physicians of Philadelphia	11/19/13
13.	Hispanic health agencies	11/25/13

- Key feedback from stakeholder meetings was incorporated into CHA and revised CHA slide deck was posted online at http://www.phila.gov/health/pdfs/CHAslides_11513.pdf. Key changes included addition of data on children's dental health, teen and adult mental health, contraceptive use (other than condoms), and firearm-related violence.

January – May 2014

- PDPH Office of Policy and Planning finalized CHA report.

III. Philadelphia's population and demographics

Philadelphia is currently the fifth largest city in the U.S., behind New York City, Los Angeles, Chicago, and Houston. The 2010 population of Philadelphia was enumerated at 1,526,006, a 0.6% increase from the 2000 population. This is the first increase since 1950. Between 1950 and 2000, Philadelphia's population decreased by 26% from a peak of 2,071,512. This was due to de-industrialization, job loss, and population shifts to the suburbs.

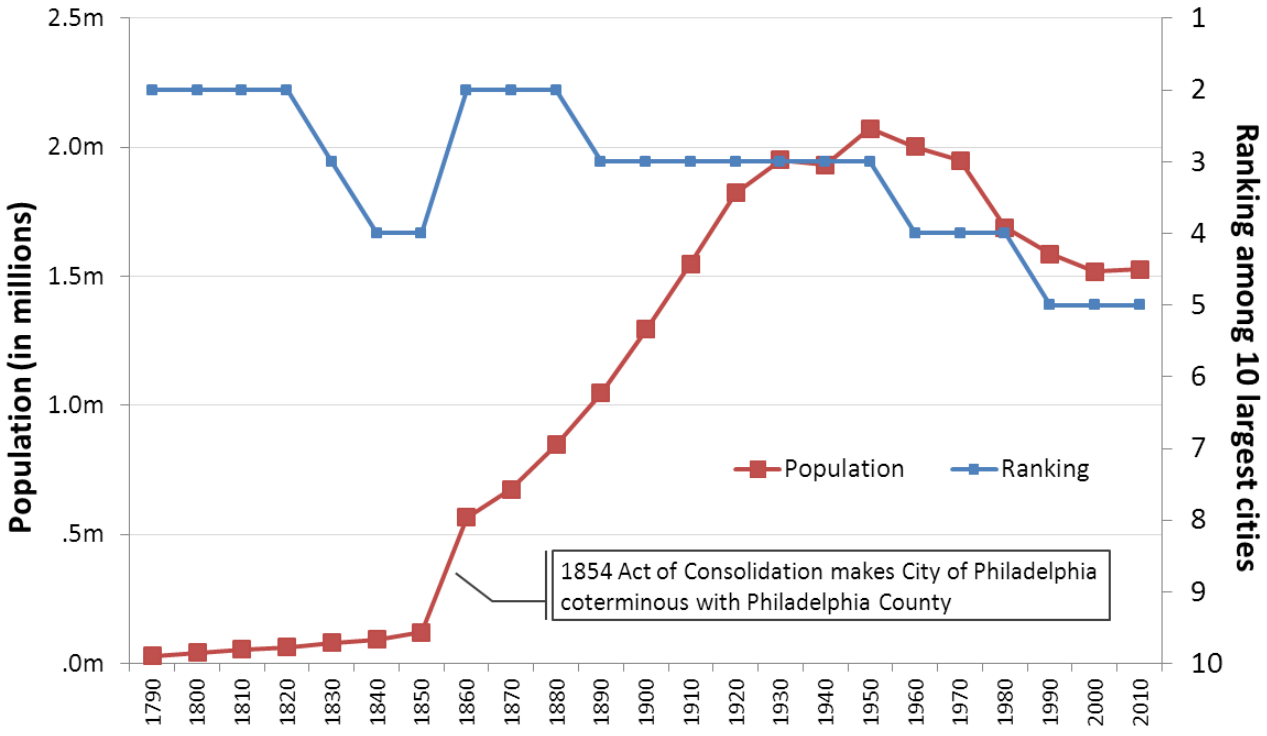
One of the oldest cities in the country in historic terms, Philadelphia is a young city in terms of demographics. Fifteen- to 34-year-olds constitute the largest portion of the population, and birth rates have increased over the past decade.

Philadelphia is also racially and ethnically diverse, with only about one-third of the population identified as non-Hispanic whites. Non-Hispanic blacks make up 42% of the population, while Asians make up 6%; Hispanics of all races constitute 12%. Nearly 1 in 5 Philadelphia births in 2010 were to women born outside of the U.S.

Within the city, there is significant geographic clustering of populations by race/ethnicity. Non-Hispanic whites comprise large portions of the population in Northeast and South Philadelphia, with non-Hispanic blacks concentrated in the West and North, and Hispanics in the North and Lower Northeast parts of the city. Asians are most prevalent in South and Lower/Central Northeast Philadelphia.

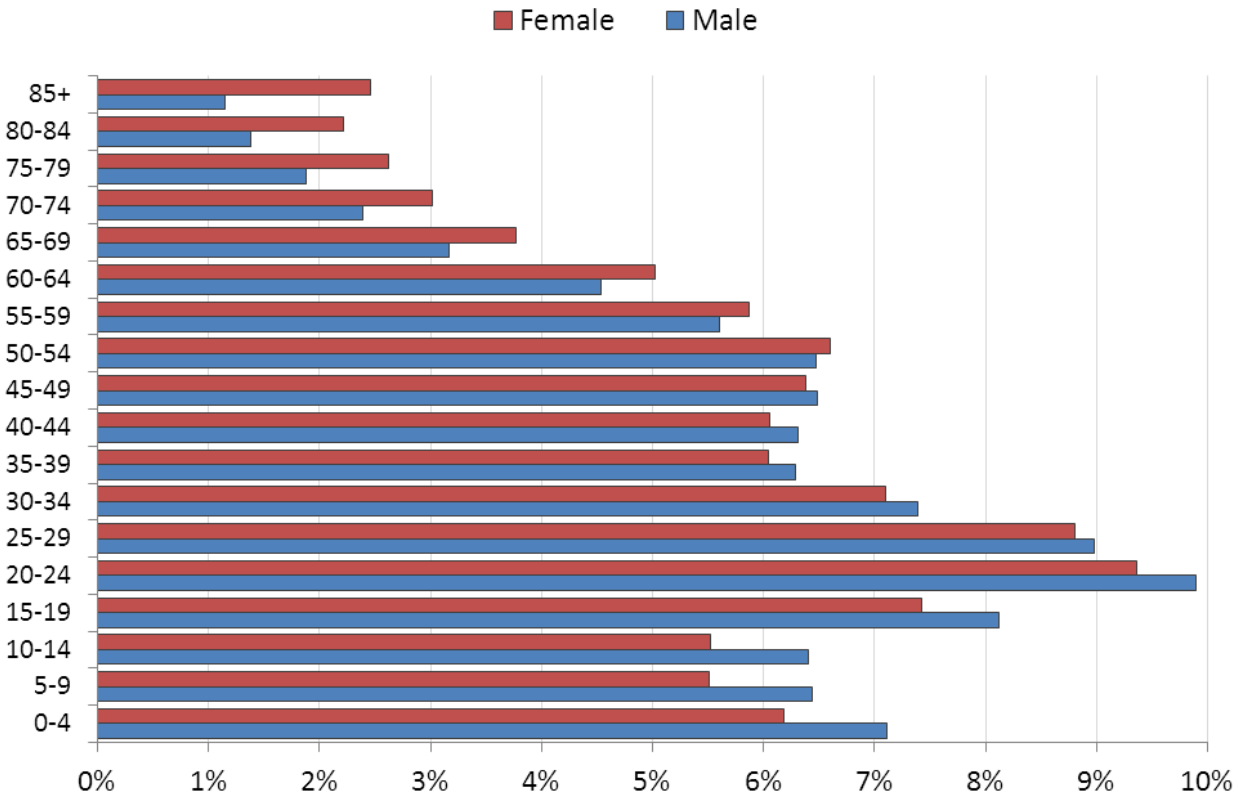
Philadelphia consists of 47 zip codes and 18 planning districts. It is known as a city of neighborhoods.

Figure 2: Philadelphia population over time



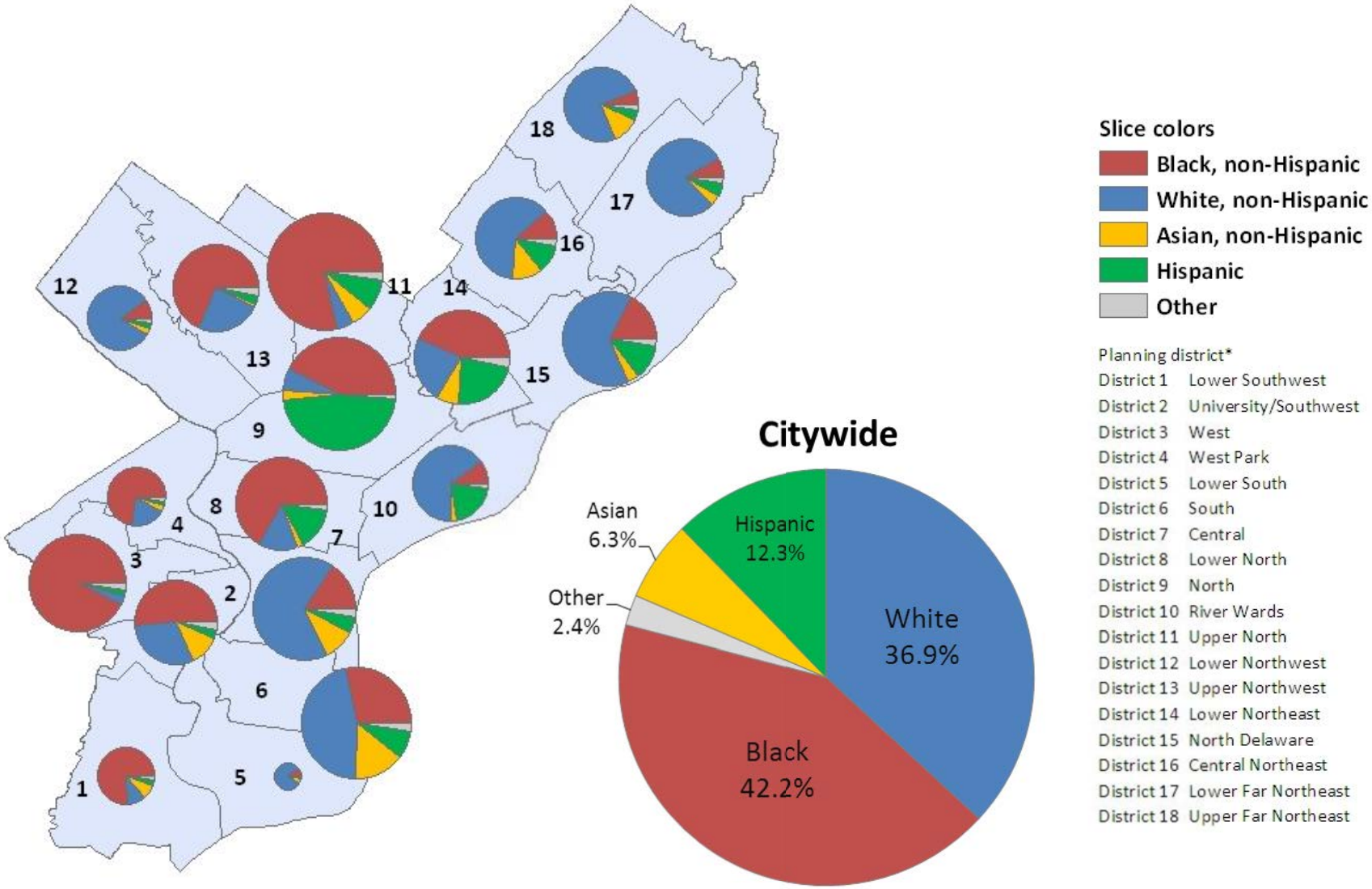
Source: U.S. Census

Figure 3: Philadelphia population – age groups by gender



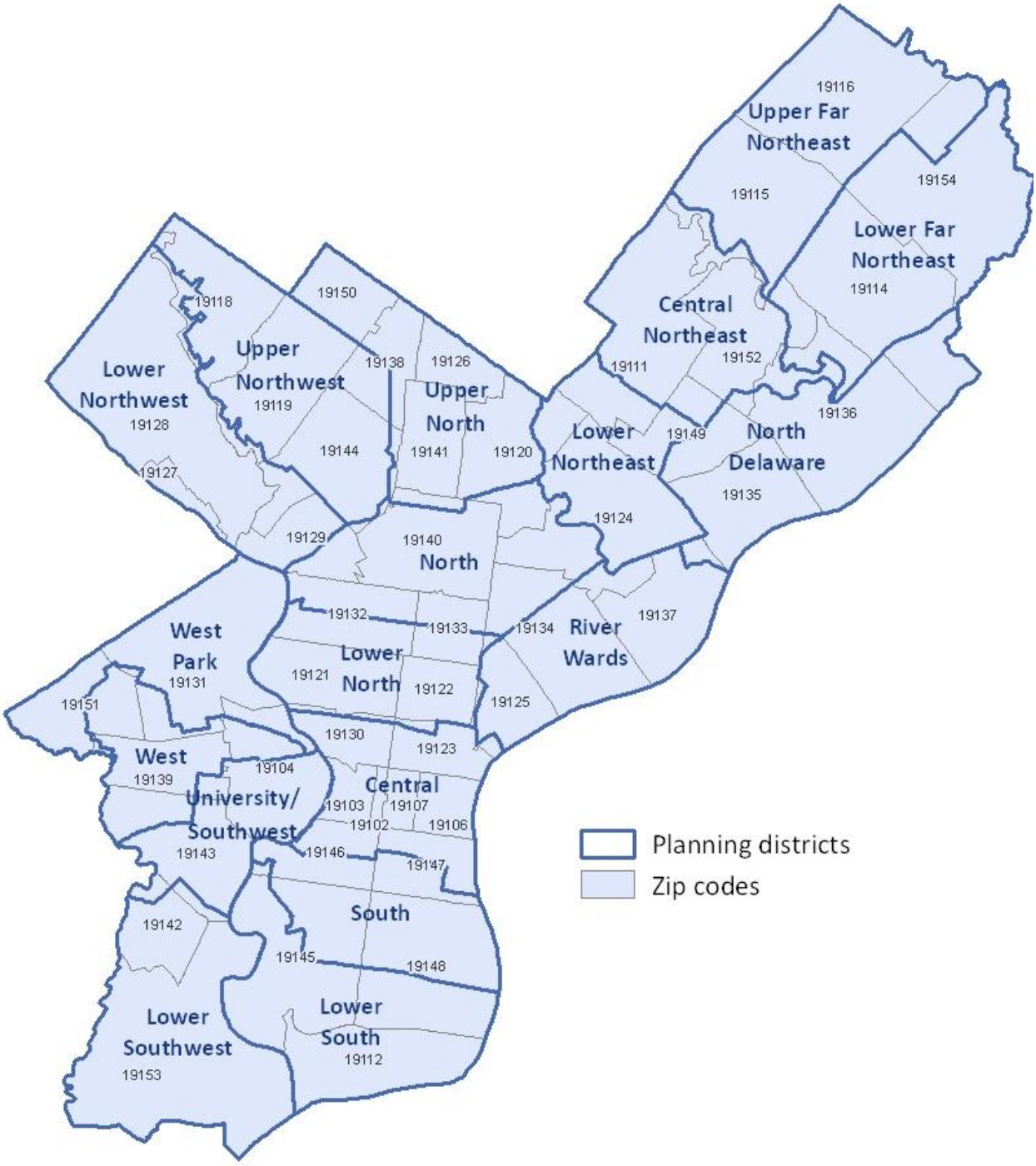
Source: U.S. Census, 2010

Figure 4: Race/ethnicity distribution by Philadelphia planning district



Source: US Census, 2010
The size of each pie is proportional to the total population of the district. However, the pie for District 5 Lower South is oversized.
*District numbers appear on the map in bold face.

Figure 5: Philadelphia planning districts and zip codes



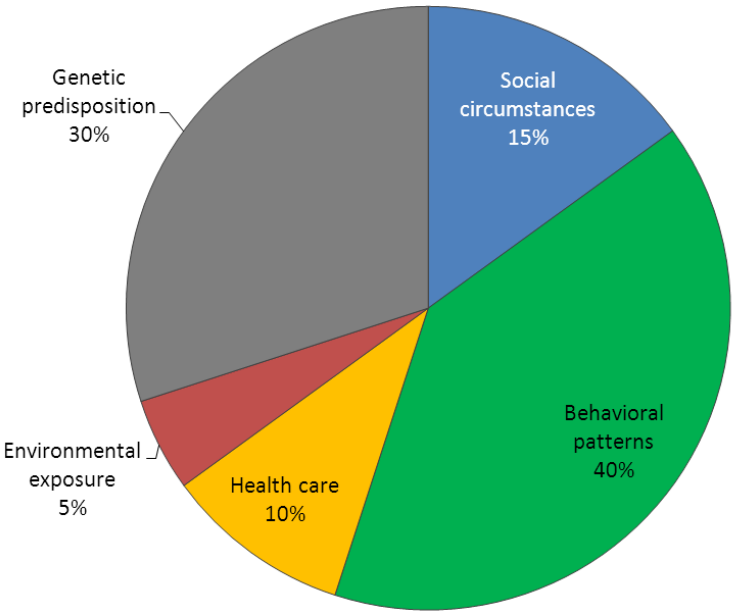
IV. Philadelphia's health

Over the last 10 years in Philadelphia, mortality rates for most major causes have declined steadily, including a 55% decline in deaths from HIV, a 48% decline for influenza and pneumonia, a 26% decline for heart disease, and a 21% decline for cancer.[2] Life expectancy has increased for men from 69 to 73 years and for women from 76 to 80 years. Nearly two-thirds of the core health indicators tracked by PDPH have shown improvements in the last decade, including 3rd-grade reading proficiency, youth and adult smoking, child obesity, new HIV diagnoses, breastfeeding initiation, childhood immunizations, restaurants passing food safety inspections, and homicides.

Despite these gains, some health indicators are moving in the wrong direction, and racial/ethnic and geographic disparities are common. For example, rates of diabetes, hypertension, child asthma hospitalizations, and adult uninsurance have increased consistently since 2000. The infant mortality rate recently dropped below 10 deaths per 1,000 live births, but this is among the highest rates in the U.S., and black infants in the city are 3 times more likely than white infants to die in their first year of life. The difference in life expectancy between black men and Asian men is 16 years. Hispanic adults are the most likely to be uninsured, and Hispanic children have the highest levels of obesity. Neighborhoods with large racial/ethnic minority populations—particularly North and Lower North Philadelphia—have the poorest health outcomes across a range of issues, including poverty, educational attainment, premature death, teen births, breast cancer screening, rat complaints, and homicide.

A population's health is a function of the combination of many factors (Figure 6). These include genetic predisposition, but also social circumstances, behavioral patterns, health care, and environmental exposure.

Figure 6. Determinants of health and their contribution to premature death[3]



[2] Philadelphia Vital Statistics Report, 2010. Philadelphia Department of Public Health.
[3] Adapted from McGinnis JM, William-Russo P, Knickerman JR. 2002. The case for more active policy attention to health promotion. *Health Affairs (Millwood), 21*(2):78-93.

Social determinants of health

The social determinants of health are the circumstances in which people are born, grow up, live, work, and age. They include education, employment, income, family and social support, and community safety. Social determinants directly and indirectly impact health, and can have far-reaching implications.

Philadelphia is the poorest of the 10 largest cities in the U.S.,[4] with nearly 1 out of 3 of all residents and nearly 2 out of 5 children living below the poverty line. Despite steady improvements, only 6 in 10 Philadelphia 3rd-graders read proficiently, and only 6 in 10 teens graduate high school on-time. However, two-thirds of city residents report strong social capital—working with their neighbors to improve their community. See sections V(1, 13) for further details.

Health behaviors

Behavioral patterns are influenced by one's social circumstances and are the most important factor in premature death. For example, children who grow up in communities with many tobacco retailers are more likely to become smokers themselves. Smoking is the leading cause of preventable death in the U.S., causing cancer, heart disease, stroke, respiratory disease, and poor birth outcomes. Similarly, poor nutrition and physical inactivity considerably raise the risk of not only obesity but also related conditions, like hypertension, heart disease, and diabetes.

Philadelphia has among the highest rates of smoking and obesity in the U.S., but broad-based policy and systems changes have led to recent improvements, including a 5% reduction in childhood obesity and a 15% reduction in adult smoking. See sections V(3-4, 7, 11) for further details.

Health care

While health care is critical for the prevention and management of illness, it can prevent only 10% of premature deaths. Therefore, comprehensive public health strategies must address access to health care in the context of broader social, behavioral, and environmental interventions.

Philadelphia is home to 5 medical schools and over 80 hospitals and health centers, yet numerous barriers to health care access remain, including the cost of care, uninsurance and underinsurance, limited primary care capacity, and disparate geographic availability of services. In Philadelphia, nearly 20% of adults are uninsured and report cost-related barriers to care. See sections V(10, 16) for further details.

Environmental exposures

The final factor in population health is the environment, including our air, water, soil, food, homes, schools, workplaces, and communities. Just like health behaviors, our environmental exposures are also influenced by our social circumstances.

In Philadelphia, key environmental exposures include lead and asthma triggers in homes; outdoor air quality, which impacts risk of cardiovascular and respiratory disease; and the availability of open, green spaces that can improve air quality, public safety, and physical activity. See sections V(12-13, 15-16) for further details.

[4] https://www.census.gov/compendia/statab/2012/tables/12s0708.pdf

V. Data

V(1). Social determinants of health

While health is determined, in large part, by genetics and behavioral patterns, it is also shaped by access to healthcare and opportunities for healthy choices, which are largely a function of socioeconomic factors, including income, education, employment, and social support. People with more education have higher incomes and better chances of employment in safe workplaces with benefits, including health insurance and sick leave.

Reading proficiency
61% of Philadelphia's 3rd-graders have reading skills at or beyond the 3rd-grade level. Reading proficiency improved 17% between 2005 and 2012. It is lowest among non-Hispanic black and Hispanic children. City/county and planning district data are not available.

On-time high school graduation
In Philadelphia, 61% of students graduate from high school within four years after starting 9th grade. According to national data, Philadelphia has the lowest on-time graduation rate of the 11 largest U.S. counties. On-time graduation increased 39% between 2002 and 2012. It is lowest among Hispanics. Planning district data are not available.

Post-secondary education
44.8% of Philadelphians age 25 years or older completed at least some college. According to national data on the 11 largest U.S. counties, Philadelphia has the second lowest percentage of adults with post-secondary education. This percentage increased 23% between 2000 and 2011. Like on-time high school graduation, post-secondary education is lowest among Hispanics. It is lowest in the North planning district.

Unemployment
10.8% of Philadelphians age 16 years or older are unemployed but seeking work. According to national data, Philadelphia has the third highest unemployment rate among the 11 largest counties in the U.S. Unemployment almost doubled between 2000 and 2012, rising by 93% during this time period. It is highest among non-Hispanic blacks and Hispanics and in the North planning district.

Poverty
25.6% of Philadelphians lives below 100% of the poverty level. According to national data, Philadelphia is the second poorest of the 11 largest U.S. counties. Poverty increased 24% between 2000 and 2011. It is highest among Hispanics and in the Lower North planning district.

Child poverty
In Philadelphia, 35.8% of children under 18 live below 100% of the poverty level. Like overall poverty, child poverty is higher in Philadelphia than in all but one other of the 11 largest U.S. counties, and it increased 24% between 2000 and 2011. It is highest in the North planning district. Race/ethnicity data are not available.

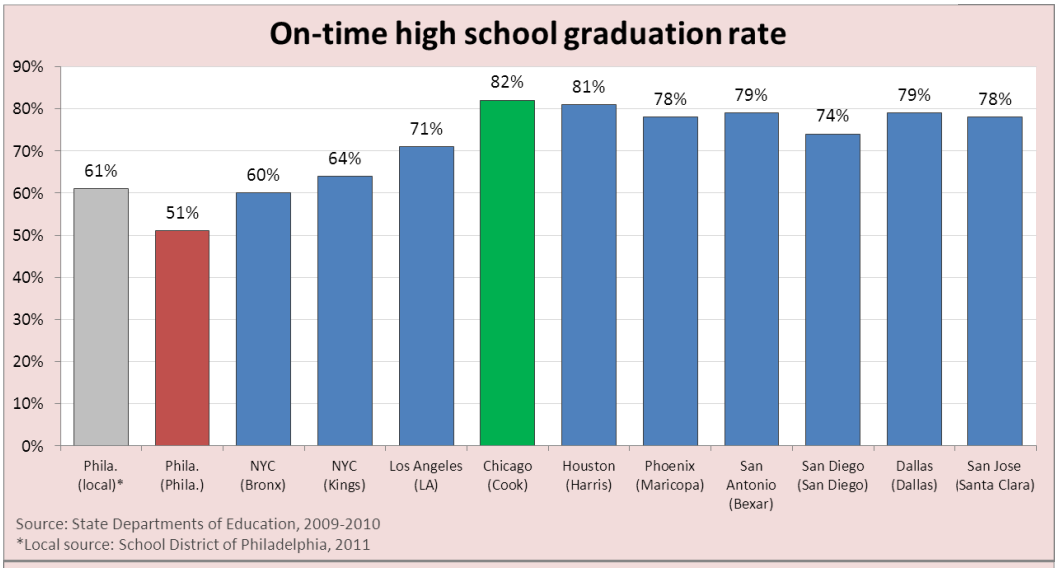
Children in single-parent households
In Philadelphia, 59% of children in family households live in a household headed by a single parent. According to national data on the 11 largest U.S. counties, Philadelphia has the second highest percentage of children living in single-parent households. This percentage decreased by just 2%

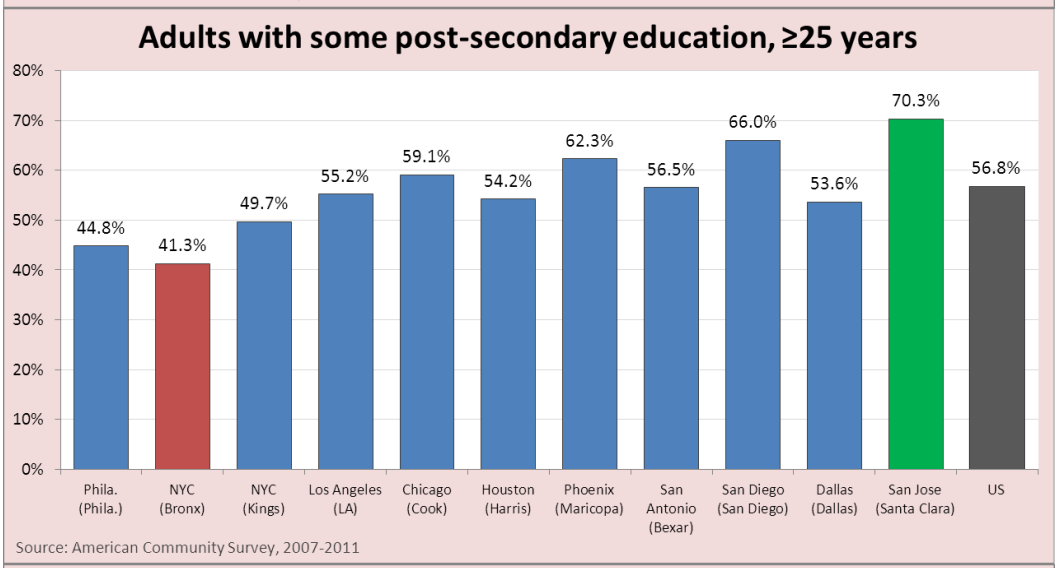
between 2006 and 2011. It is highest in the Lower North planning district. Race/ethnicity data are not available.

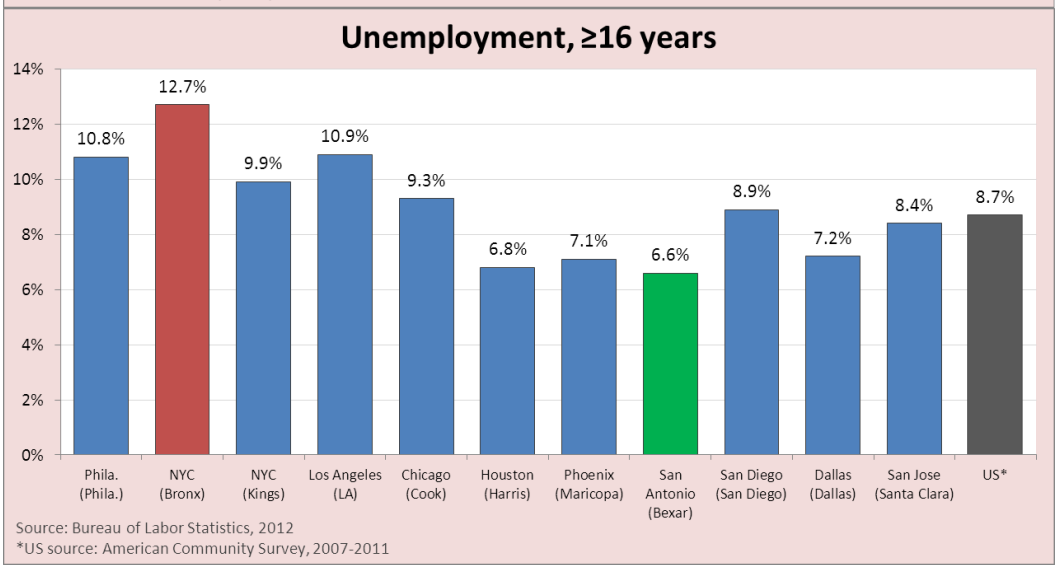
Social capital

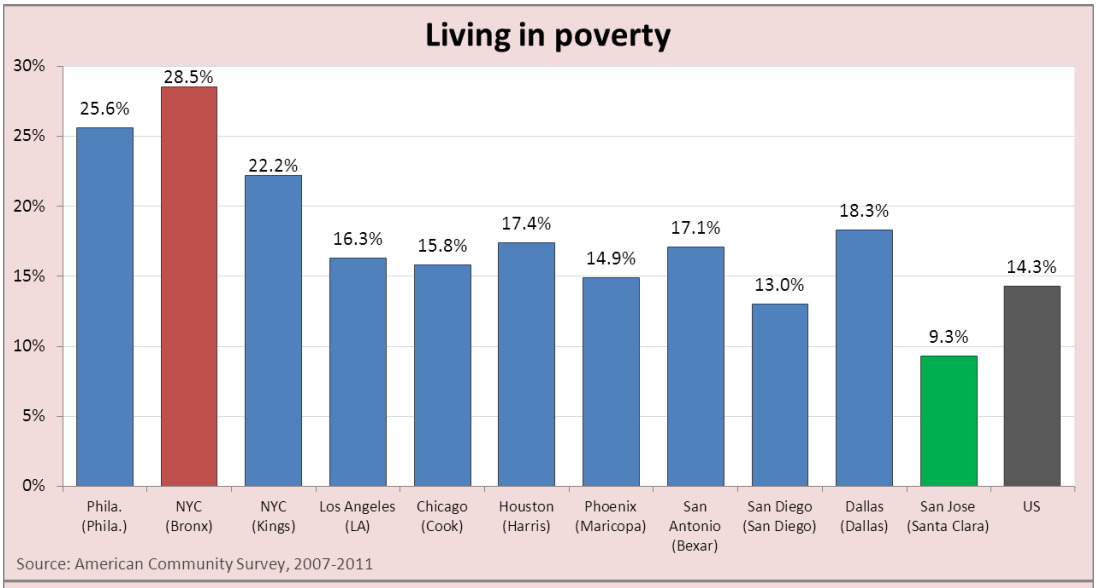
65.6% of Philadelphia's adults report that people in their neighborhoods have worked together to improve them – for example, by establishing neighborhood watch programs, creating community gardens, building community playgrounds, or organizing block parties. This sort of social capital decreased by 7% between 2002 and 2012. It is lowest among Asians and in the Upper Far Northeast planning district. City/county data are not available.

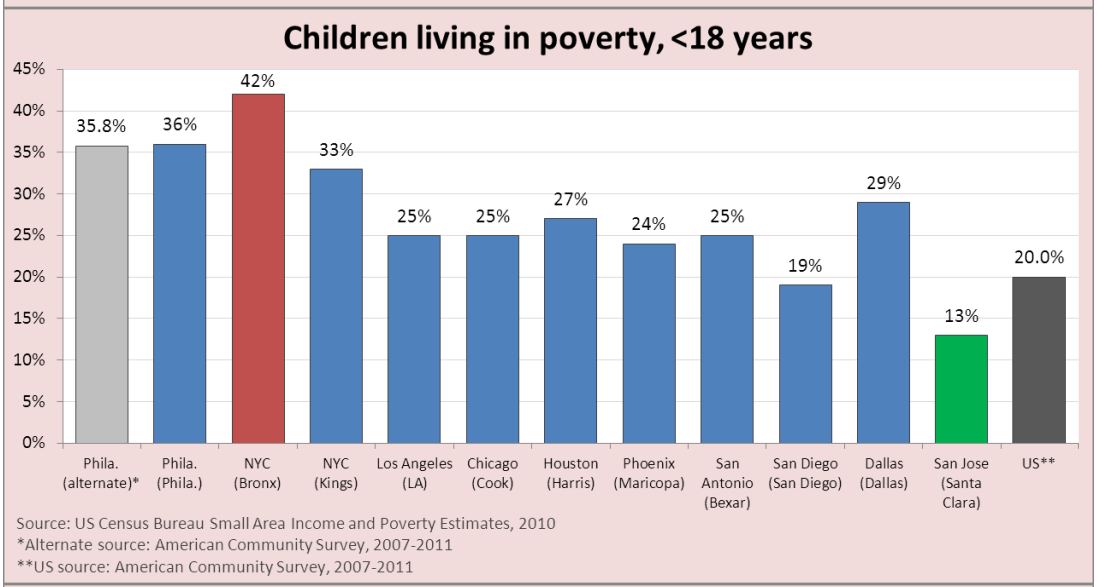
City/county comparisons – social determinants of health

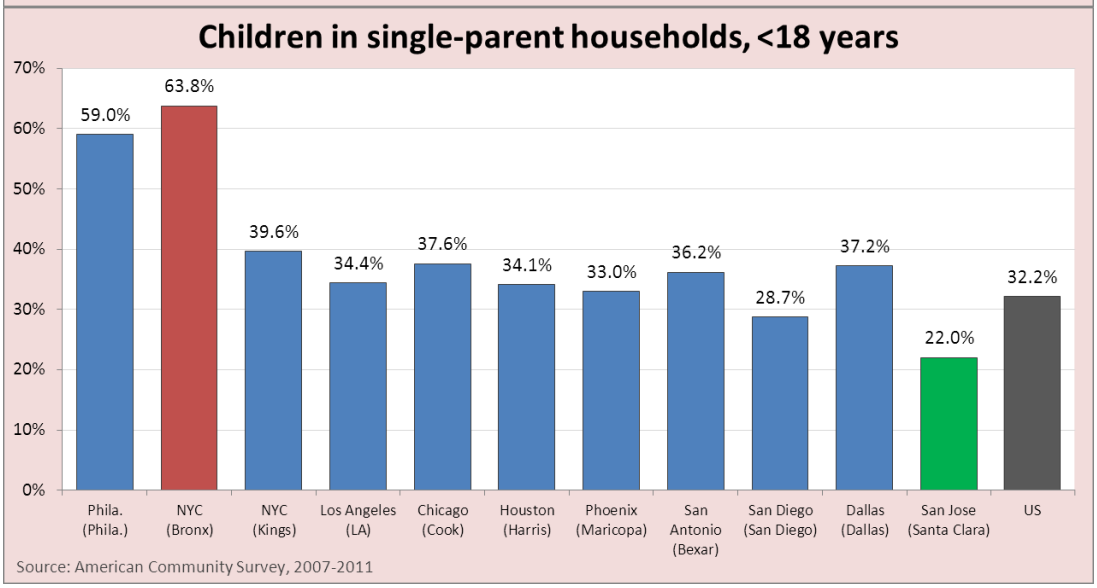




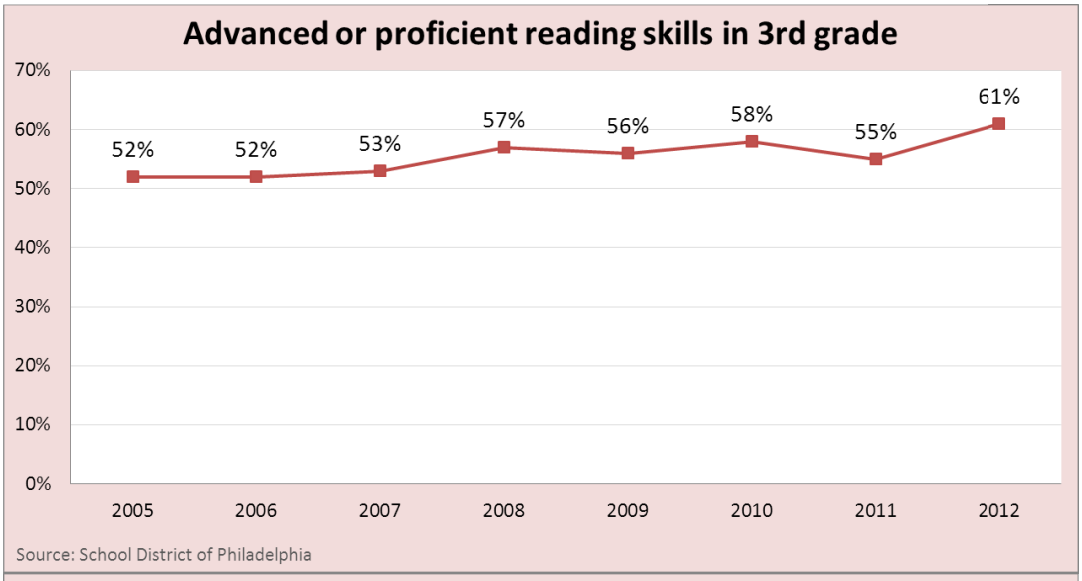



Living in poverty
30%
25%
20%
15%
10%
5%
0%
25.6%
28.5%
22.2%
16.3%
15.8%
17.4%
14.9%
17.1%
13.0%
18.3%
9.3%
14.3%
Phila. (Phila.)
NYC (Bronx)
NYC (Kings)
Los Angeles (LA)
Chicago (Cook)
Houston (Harris)
Phoenix (Maricopa)
San Antonio (Bexar)
San Diego (San Diego)
Dallas (Dallas)
San Jose (Santa Clara)
US
Source: American Community Survey, 2007-2011

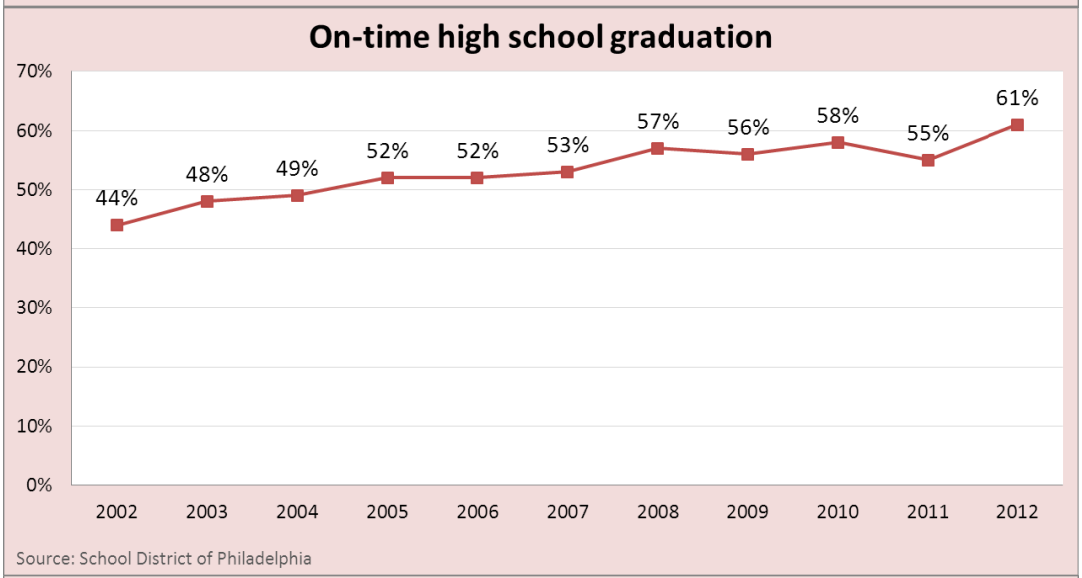

Children living in poverty, <18 years
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
35.8%
36%
42%
33%
25%
25%
27%
24%
25%
19%
29%
13%
20.0%
Phila. (alternate)*
Phila. (Phila.)
NYC (Bronx)
NYC (Kings)
Los Angeles (LA)
Chicago (Cook)
Houston (Harris)
Phoenix (Maricopa)
San Antonio (Bexar)
San Diego (San Diego)
Dallas (Dallas)
San Jose (Santa Clara)
US**
Source: US Census Bureau Small Area Income and Poverty Estimates, 2010
*Alternate source: American Community Survey, 2007-2011
**US source: American Community Survey, 2007-2011


Children in single-parent households, <18 years
70%
60%
50%
40%
30%
20%
10%
0%
59.0%
63.8%
39.6%
34.4%
37.6%
34.1%
33.0%
36.2%
28.7%
37.2%
22.0%
32.2%
Phila. (Phila.)
NYC (Bronx)
NYC (Kings)
Los Angeles (LA)
Chicago (Cook)
Houston (Harris)
Phoenix (Maricopa)
San Antonio (Bexar)
San Diego (San Diego)
Dallas (Dallas)
San Jose (Santa Clara)
US
Source: American Community Survey, 2007-2011

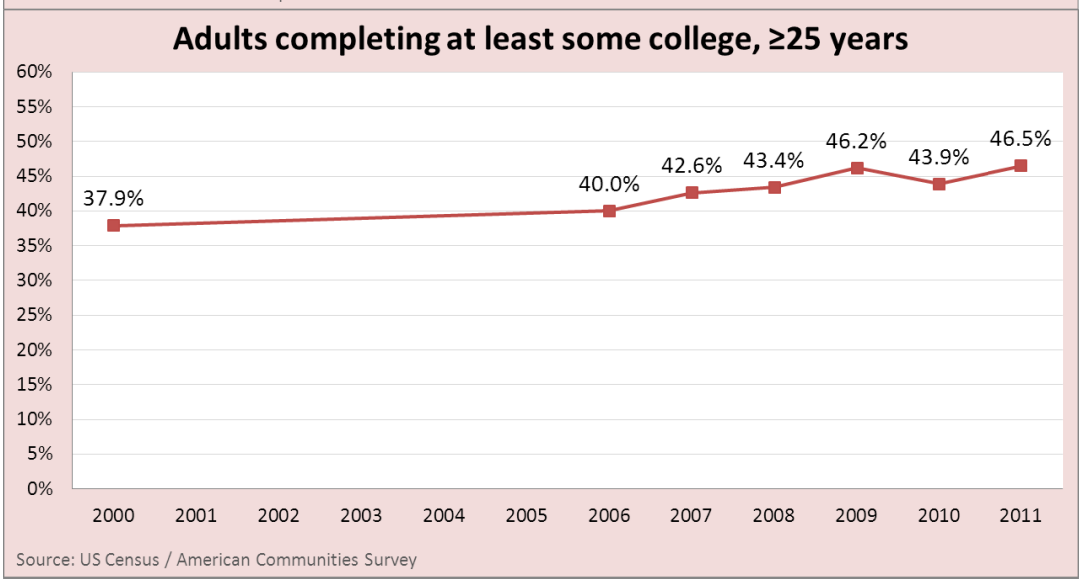
Philadelphia over time – social determinants of health



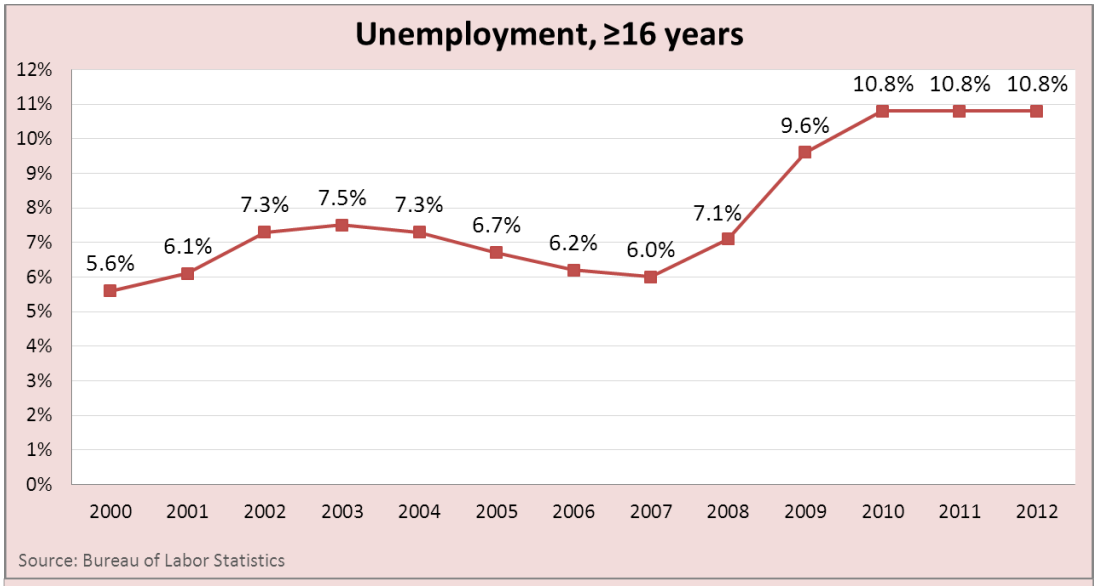
Source: School District of Philadelphia

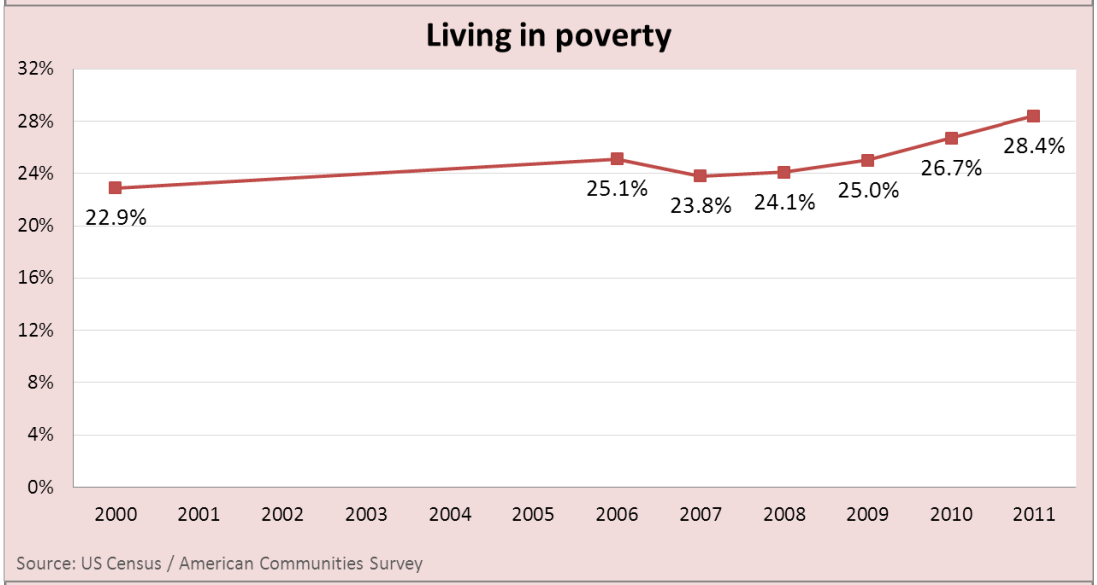


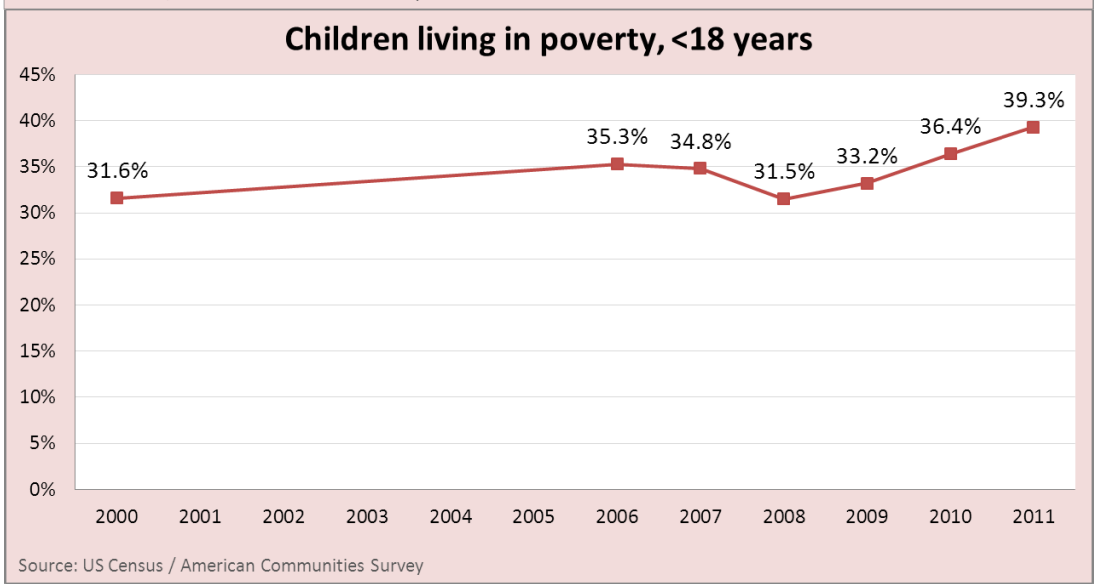
Source: School District of Philadelphia

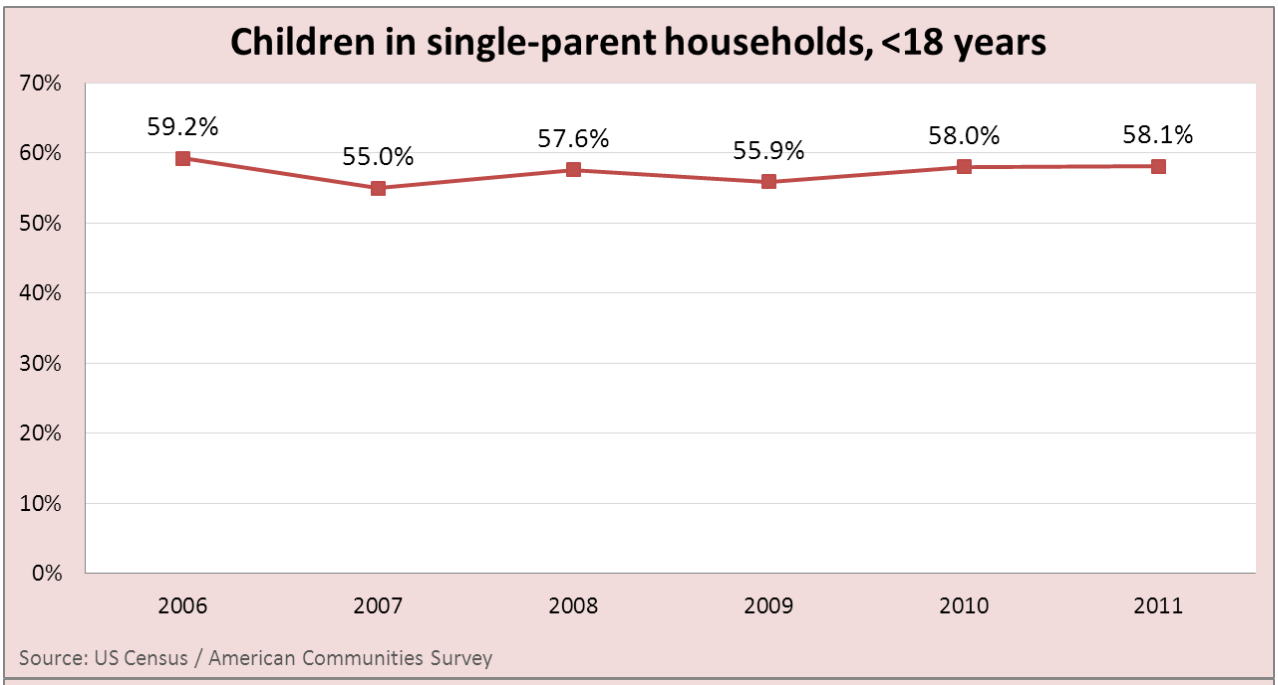


Source: US Census / American Communities Survey

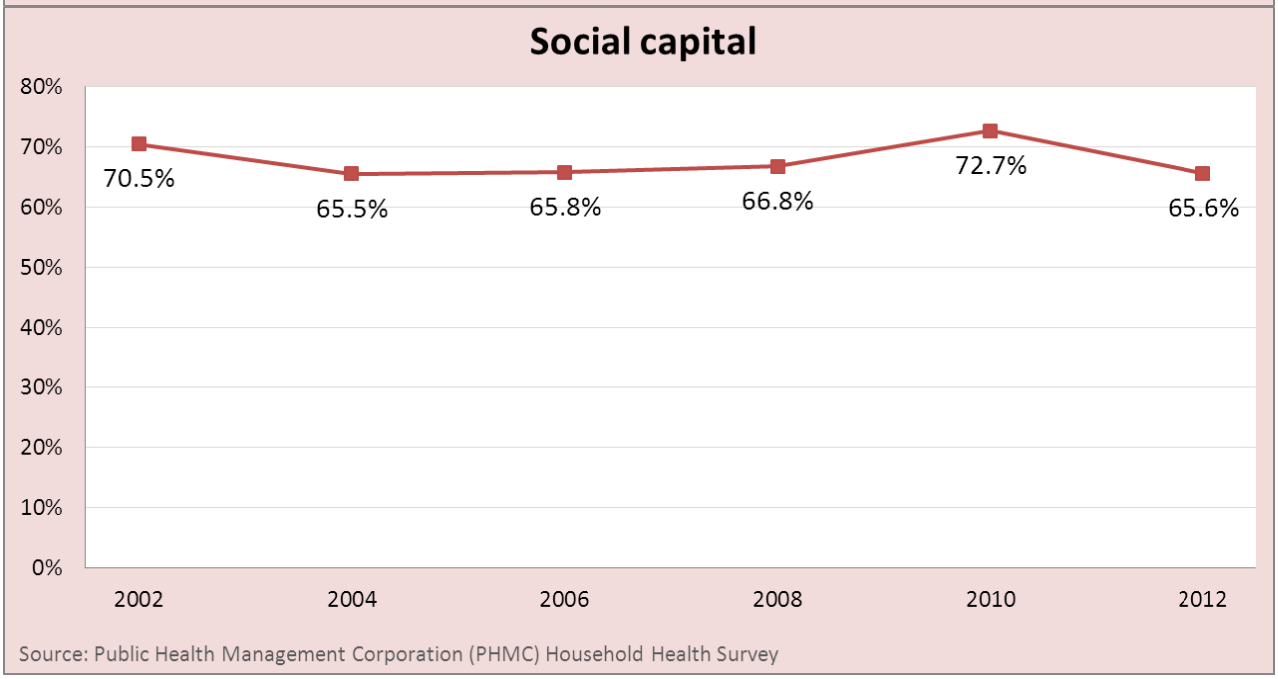

Unemployment, ≥16 years
12%
11%
10%
9%
8%
7%
6%
5%
4%
3%
2%
1%
0%
5.6%
6.1%
7.3%
7.5%
7.3%
6.7%
6.2%
6.0%
7.1%
9.6%
10.8%
10.8%
10.8%
2000
2001
2002
2003
2004
2005
2006
2007
2008
2009
2010
2011
2012
Source: Bureau of Labor Statistics


Living in poverty
32%
28%
24%
20%
16%
12%
8%
4%
0%
22.9%
25.1%
23.8%
24.1%
25.0%
26.7%
28.4%
2000
2001
2002
2003
2004
2005
2006
2007
2008
2009
2010
2011
Source: US Census / American Communities Survey


Children living in poverty, <18 years
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
31.6%
35.3%
34.8%
31.5%
33.2%
36.4%
39.3%
2000
2001
2002
2003
2004
2005
2006
2007
2008
2009
2010
2011
Source: US Census / American Communities Survey

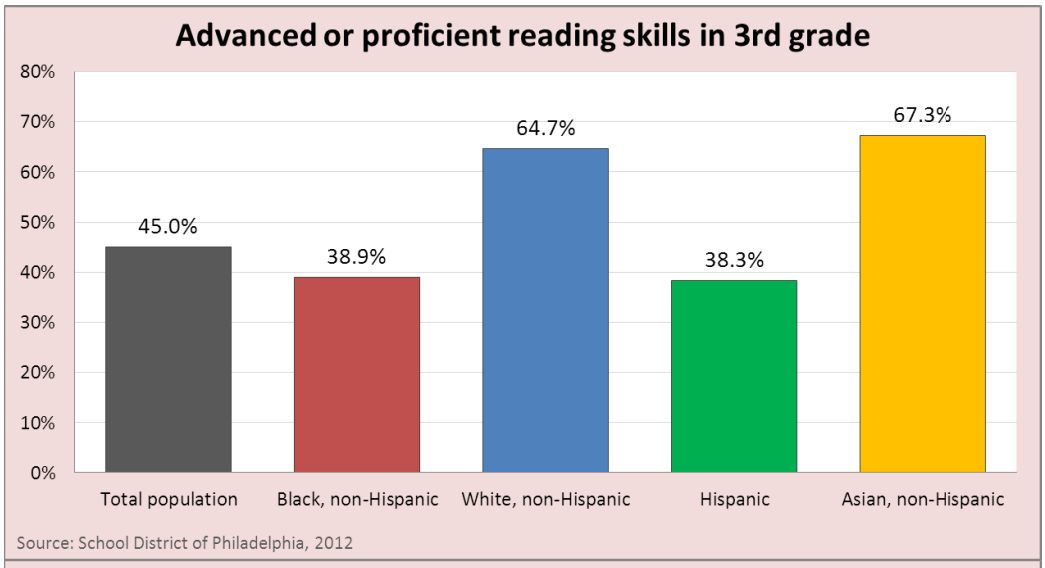


Source: US Census / American Communities Survey

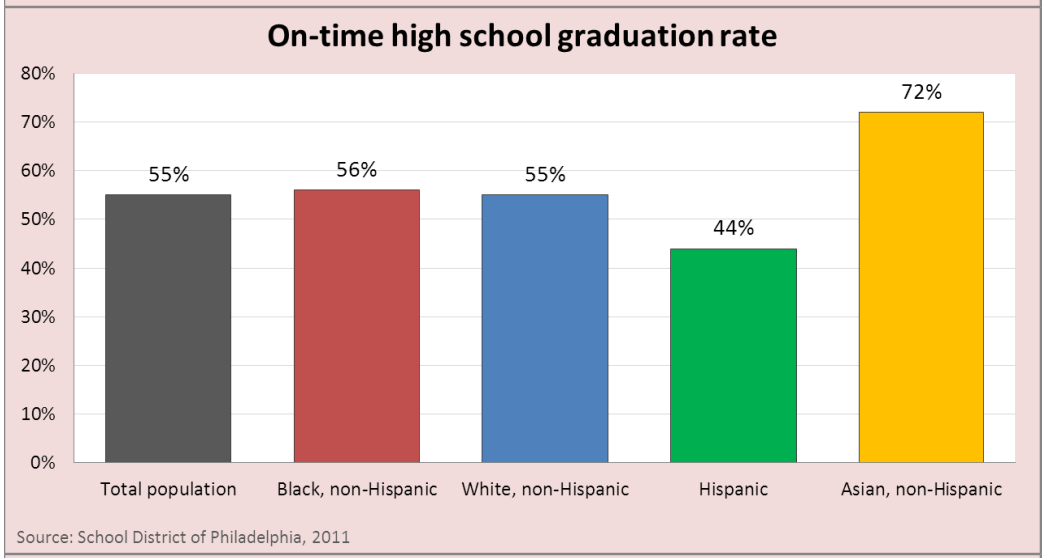


Source: Public Health Management Corporation (PHMC) Household Health Survey

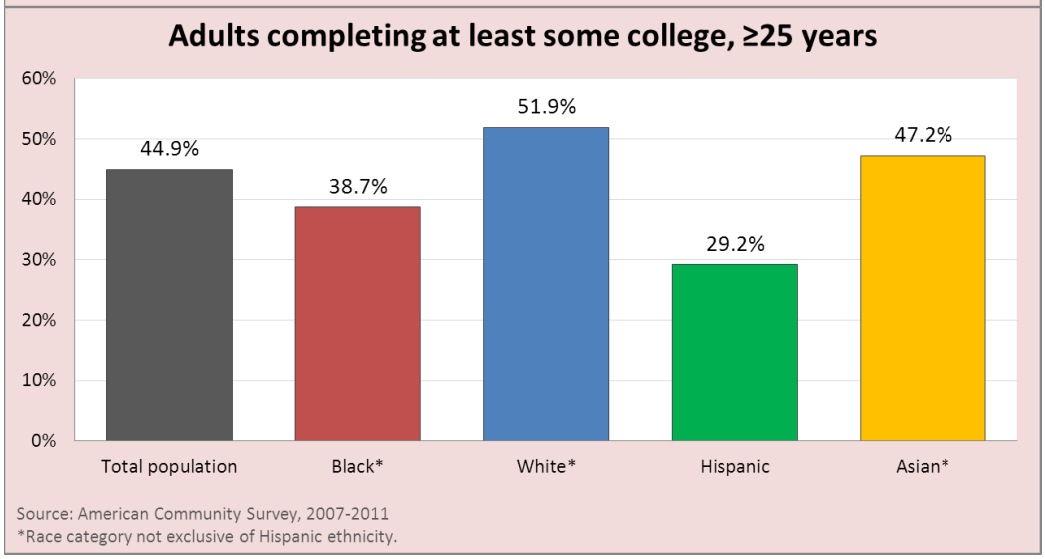
Philadelphia by race/ethnicity – social determinants of health



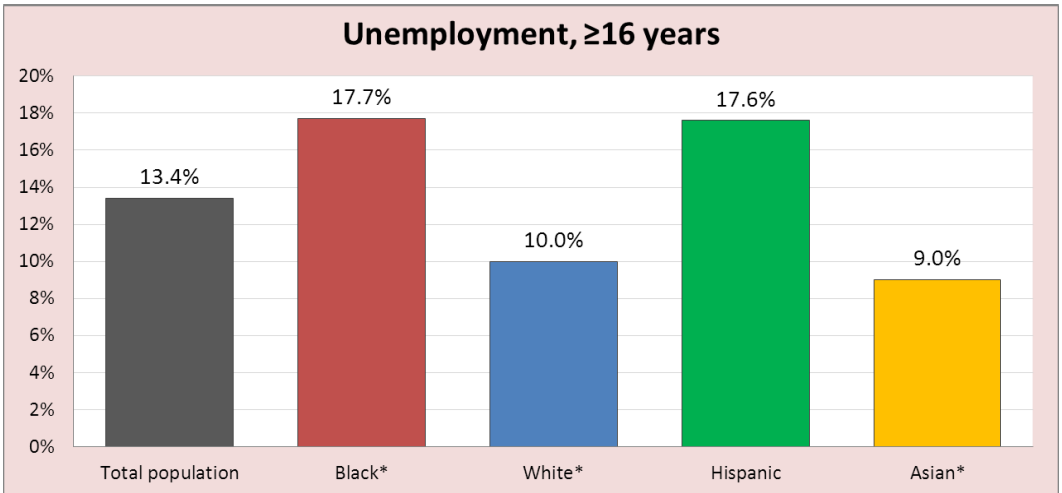
Source: School District of Philadelphia, 2012



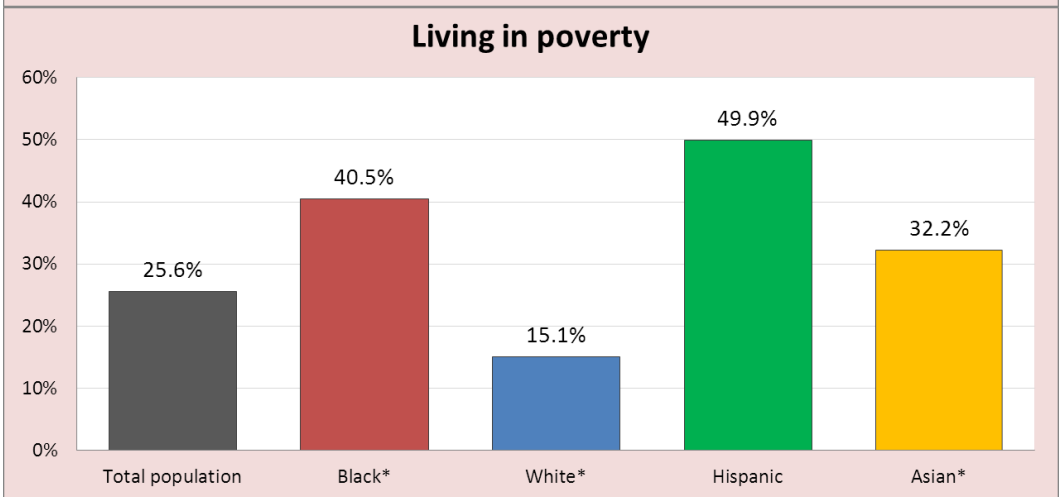
Source: School District of Philadelphia, 2011



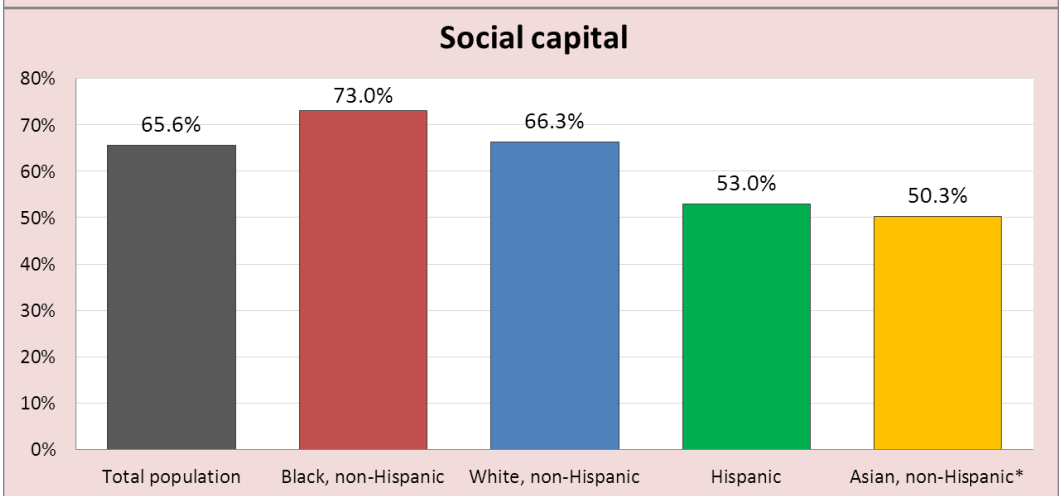
Source: American Community Survey, 2007-2011
*Race category not exclusive of Hispanic ethnicity.



Source: American Community Survey, 2007-2011
*Race category not exclusive of Hispanic ethnicity.



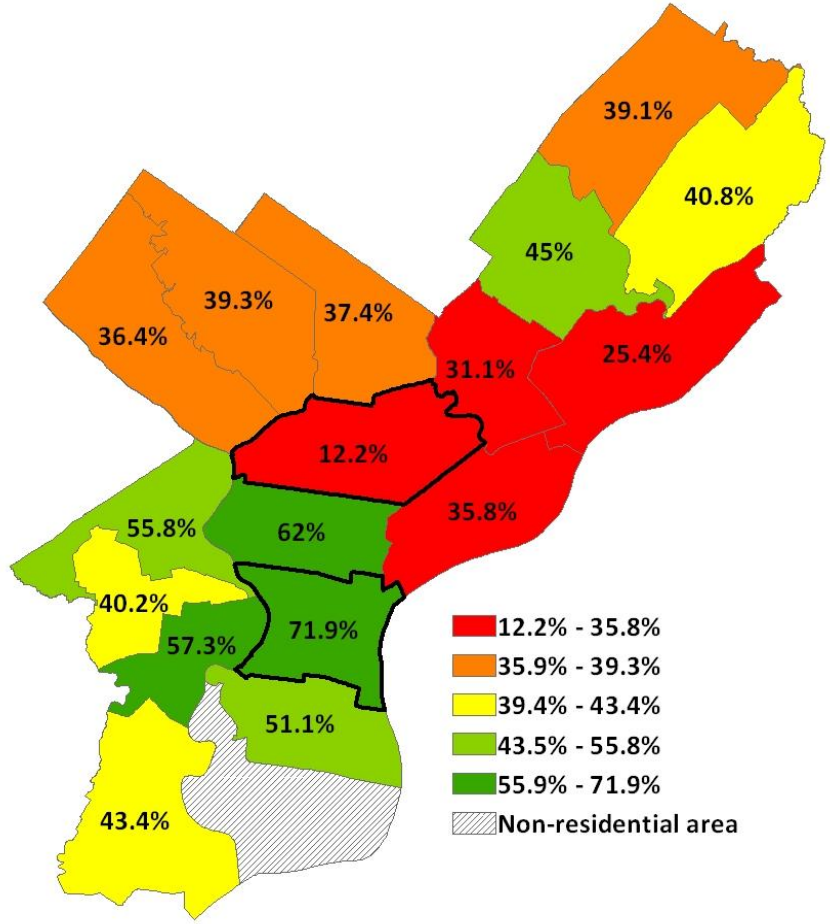
Source: American Community Survey, 2007-2011
*Race category not exclusive of Hispanic ethnicity.



Source: Public Health Management Corporation (PHMC) Household Health Survey, 2012
*Estimate based on small sample size. Interpret with caution.

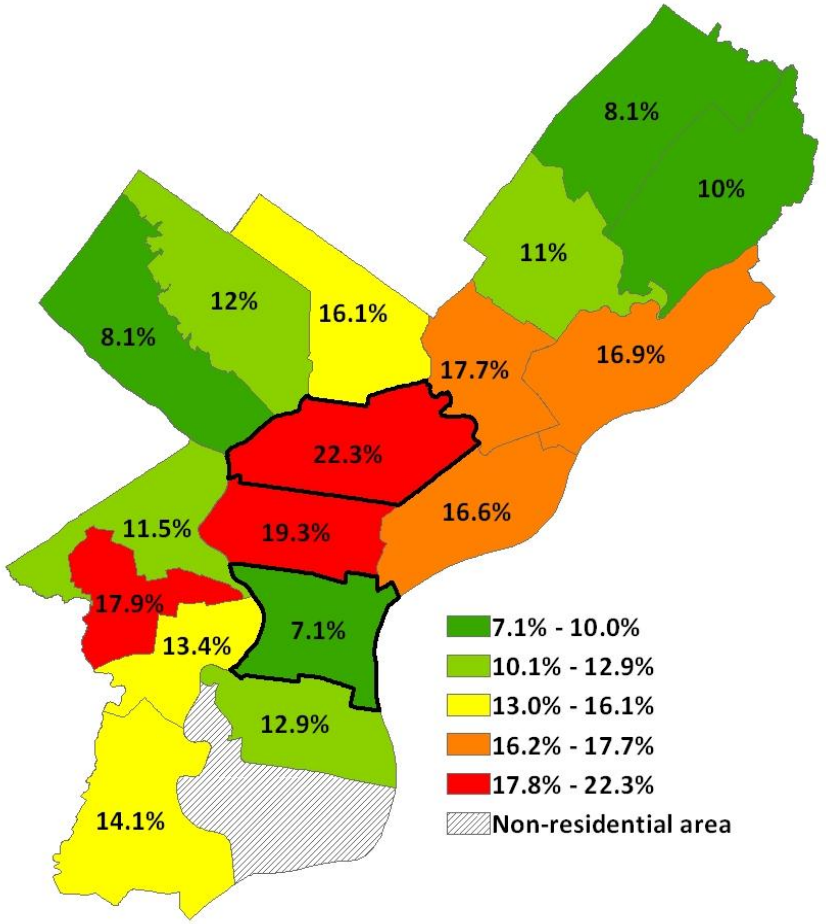
Philadelphia by planning district – social determinants of health

Adults completing at least some college, ≥25 years



Source: American Community Survey, 2007-2011

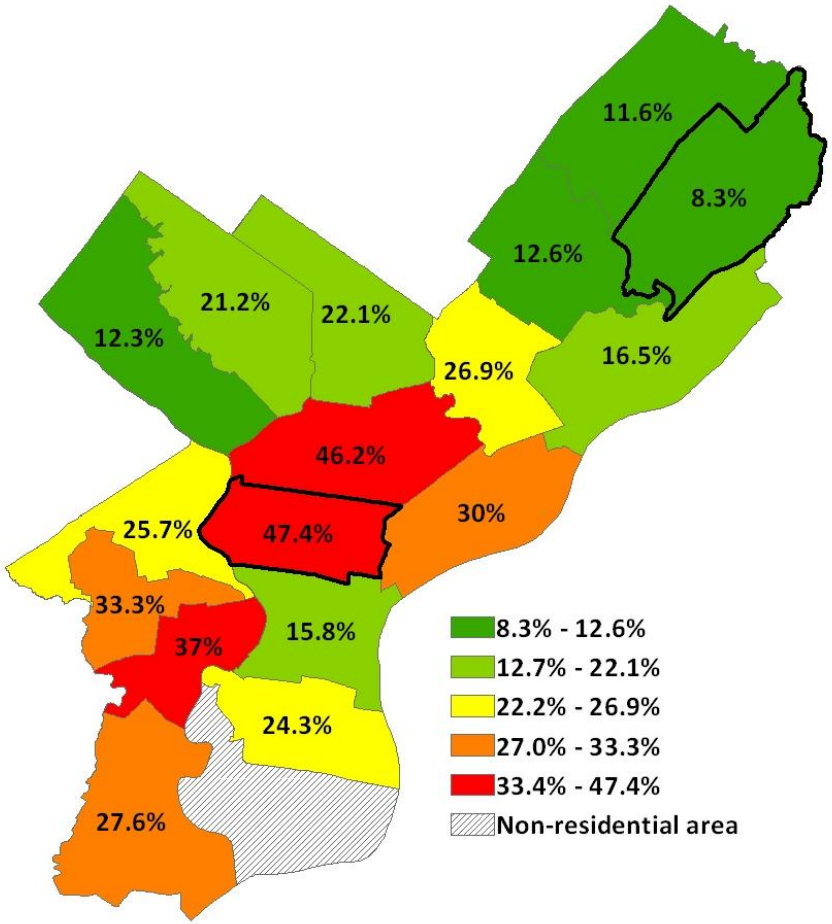
Unemployment, ≥16 years



Source: American Community Survey, 2007-2011

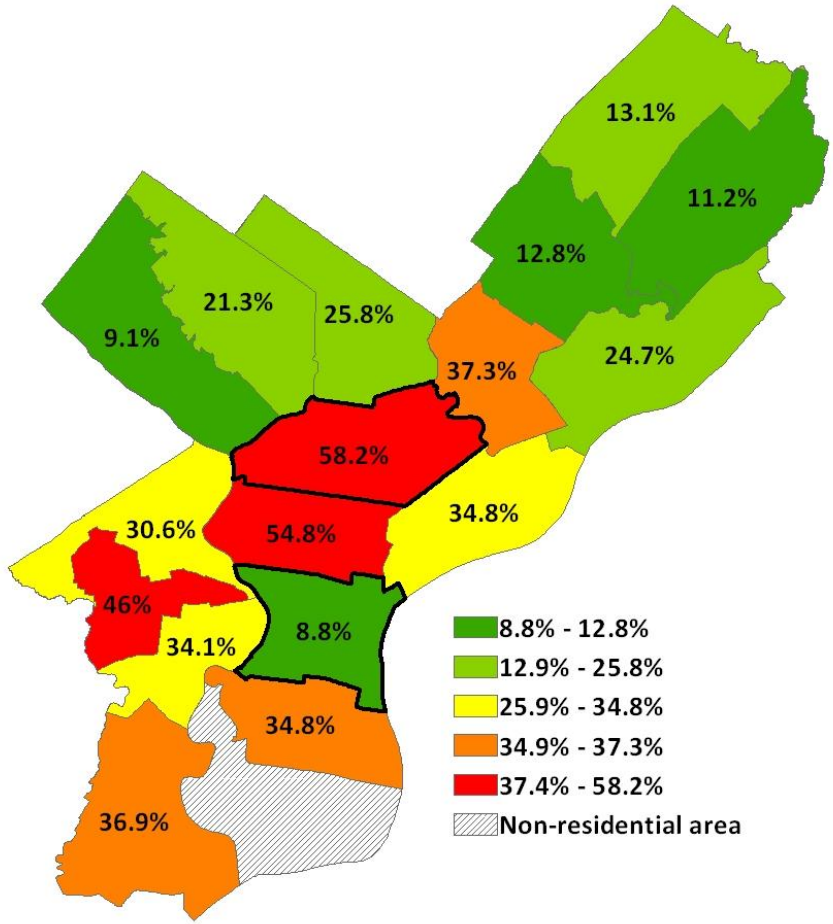
Notes:
Data ranges based on quintiles.
Outlined districts have highest and lowest values.

Living in poverty



Source: American Community Survey, 2007-2011

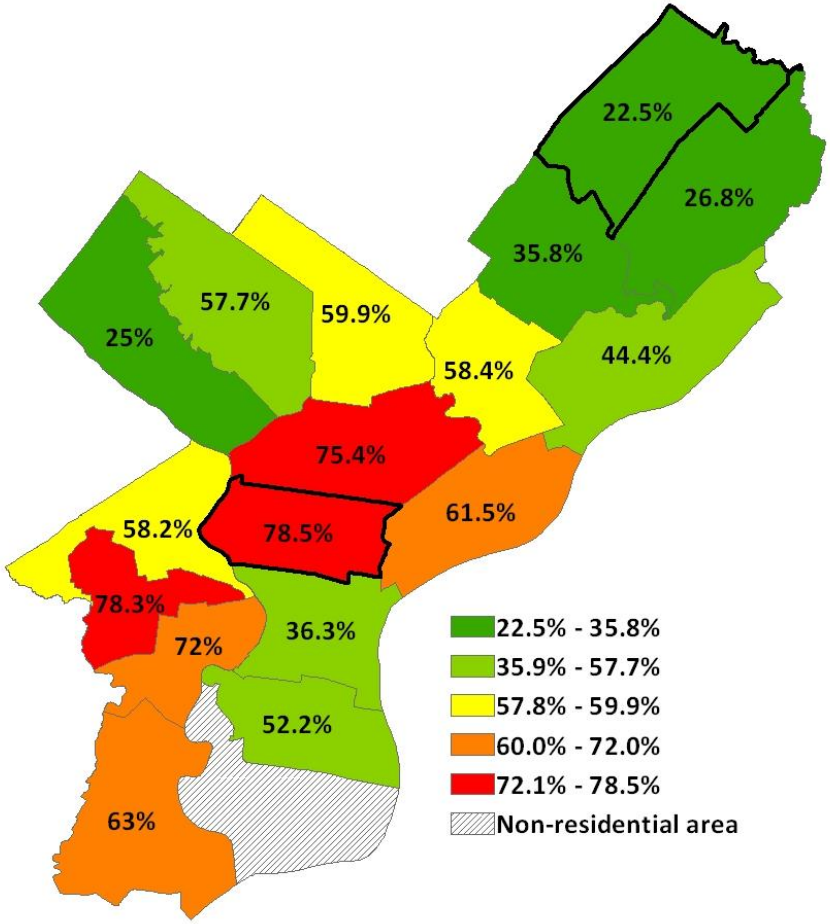
Children living in poverty, <18 years



Source: American Community Survey, 2007-2011

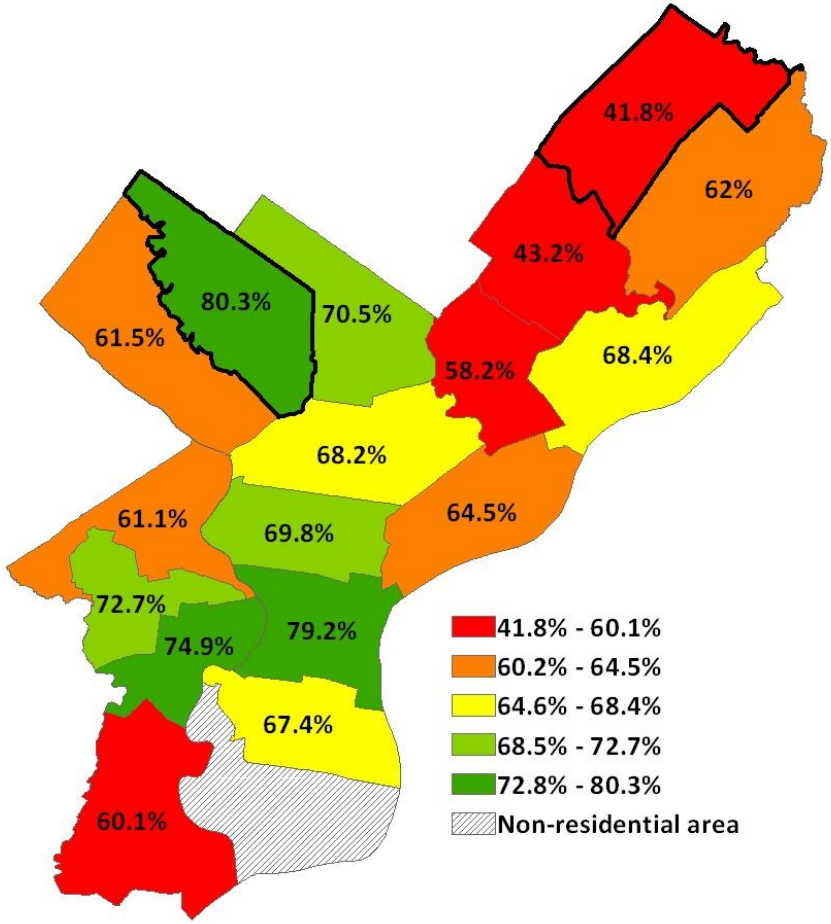
Notes:
Data ranges based on quintiles.
Outlined districts have highest and lowest values.

Children in single-parent households, <18 years



Source: American Community Survey, 2007-2011

Social capital



Source: Public Health Management Corporation (PHMC) Household Health Survey, 2012

Notes:
Data ranges based on quintiles.
Outlined districts have highest and lowest values.

V(2). Summary health measures

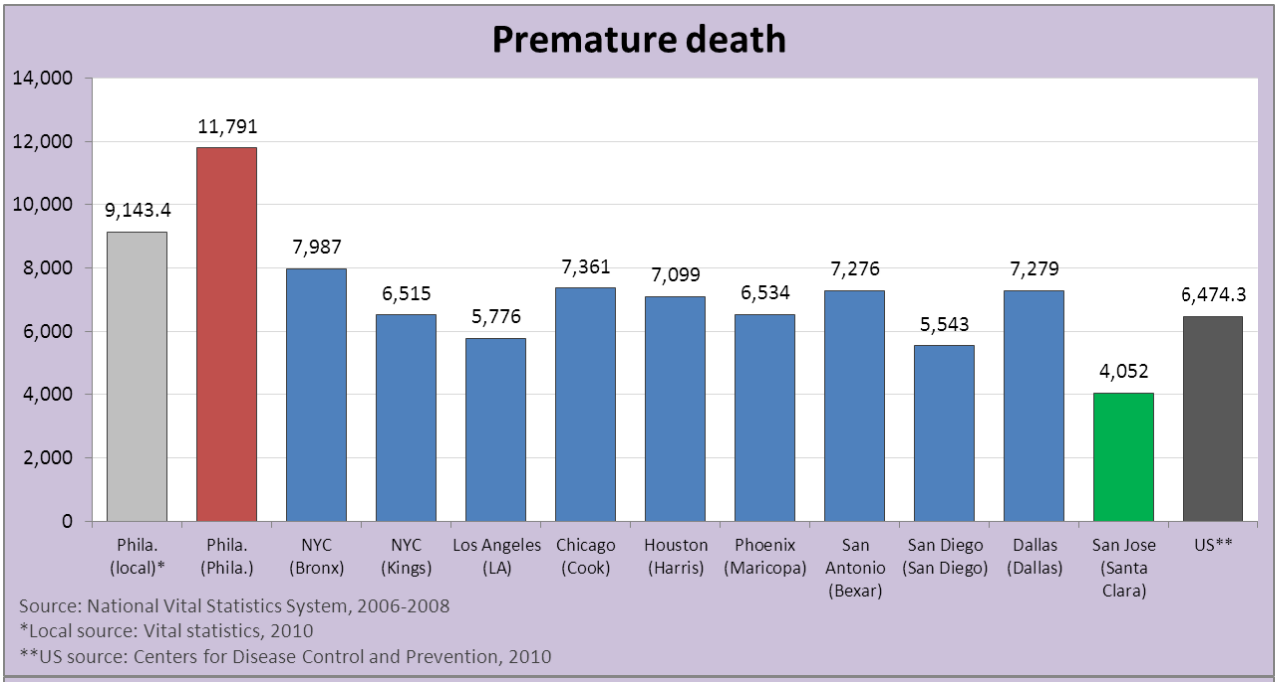
Premature mortality draws attention to the years of potential life lost before the age of 75, a key measure of the health of a community. Life expectancy indicates how long people are living, and self-reported health—a measure of health-related quality of life—indicates how healthy they are while alive.

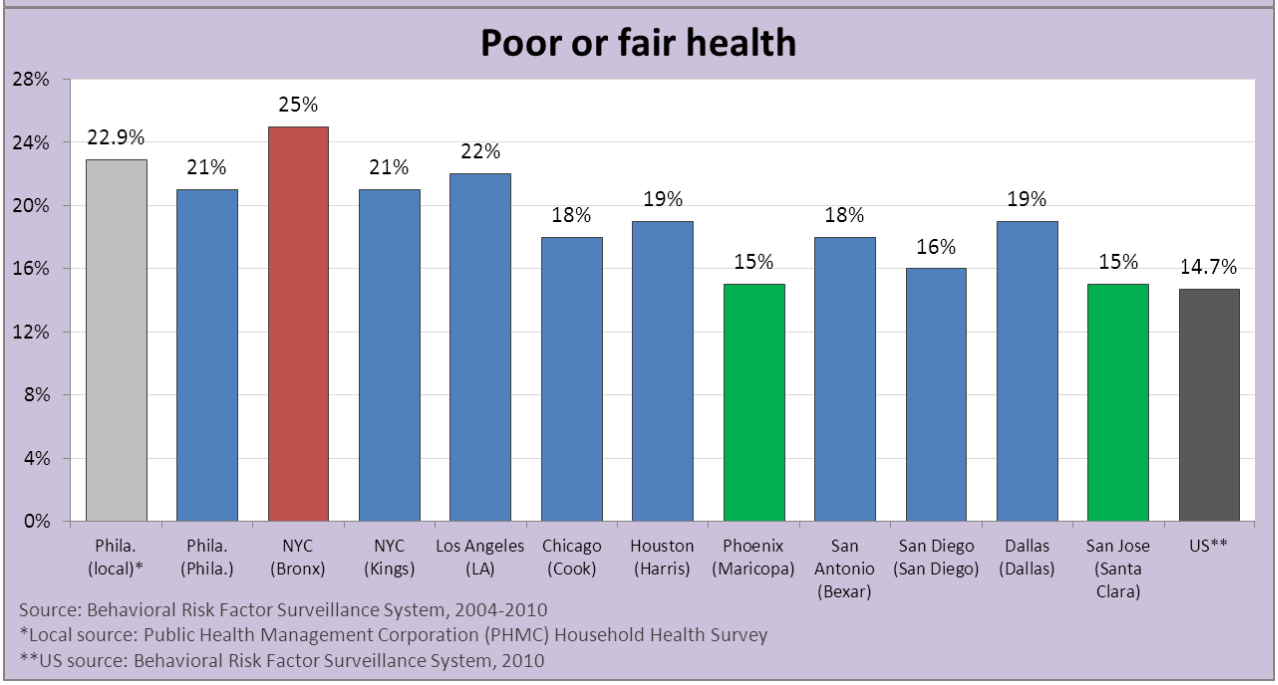
Premature death
In Philadelphia, the age-adjusted rate of years of potential life lost (before age 75) is 9,143 per 100,000. According to national data, Philadelphia has the highest premature mortality rate of the 11 largest counties in the U.S. Philadelphia's premature mortality declined by 17% between 2000 and 2010. It is highest among non-Hispanic blacks and in the Lower North planning district.

Life expectancy
In Philadelphia, the average life expectancy is 72.5 for men and 80.2 for women. Life expectancy increased by 6% and 5%, respectively, between 2000 and 2010. Both male and female life expectancies are lowest among non-Hispanic blacks and in the Lower North planning district. City/county data are not available.

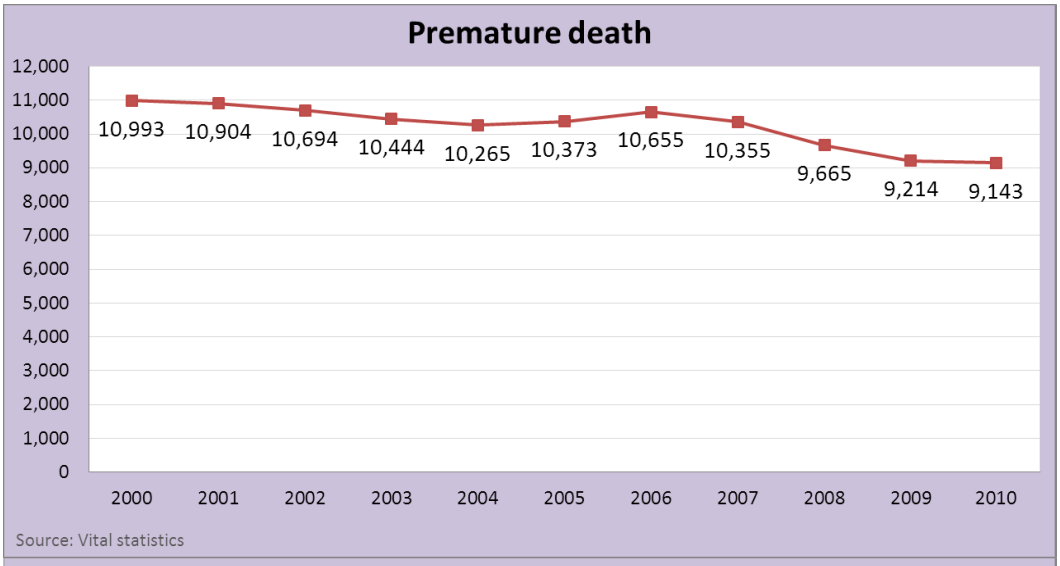
Poor or fair health
22.9% of adult Philadelphians rate their general health as fair or poor. According to national data on the 11 largest U.S. counties, Philadelphia ranks 3rd for poorest self-reported health. Self-reported health improved by 8% between 2000 and 2012. It is poorest among Hispanics and in the Lower North planning district.

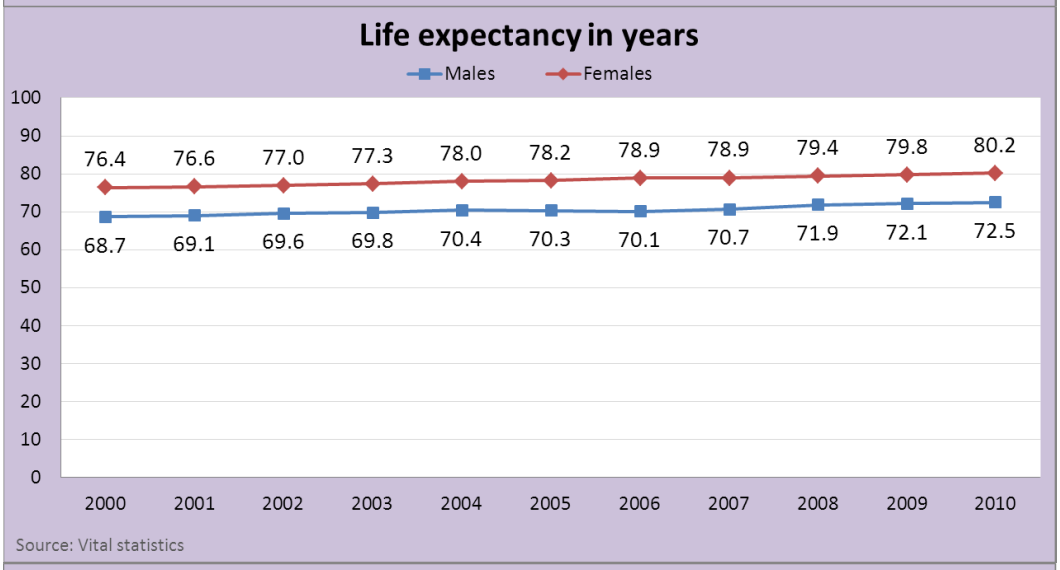
City/county comparisons – summary health measures

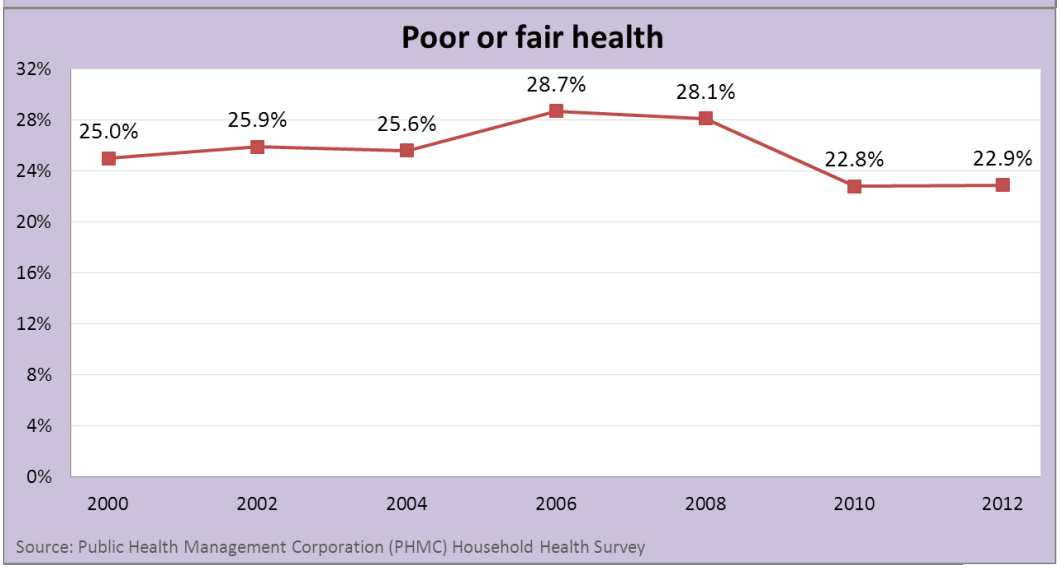




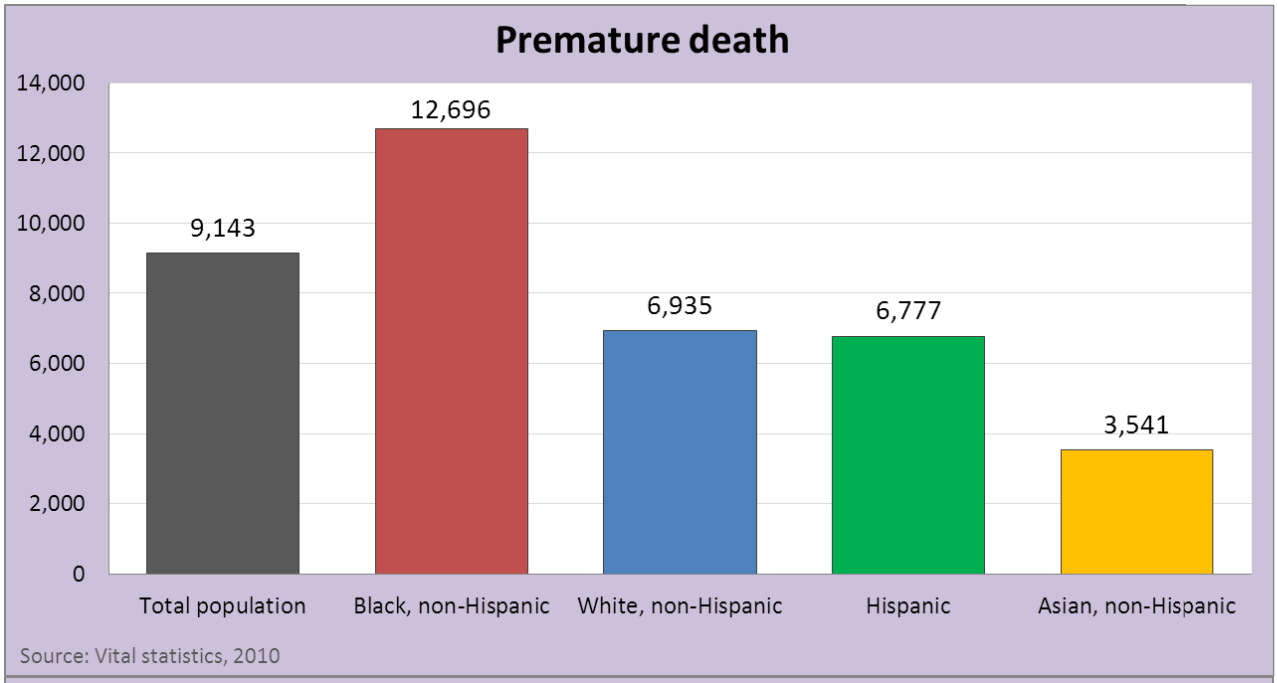
Philadelphia over time – summary health measures

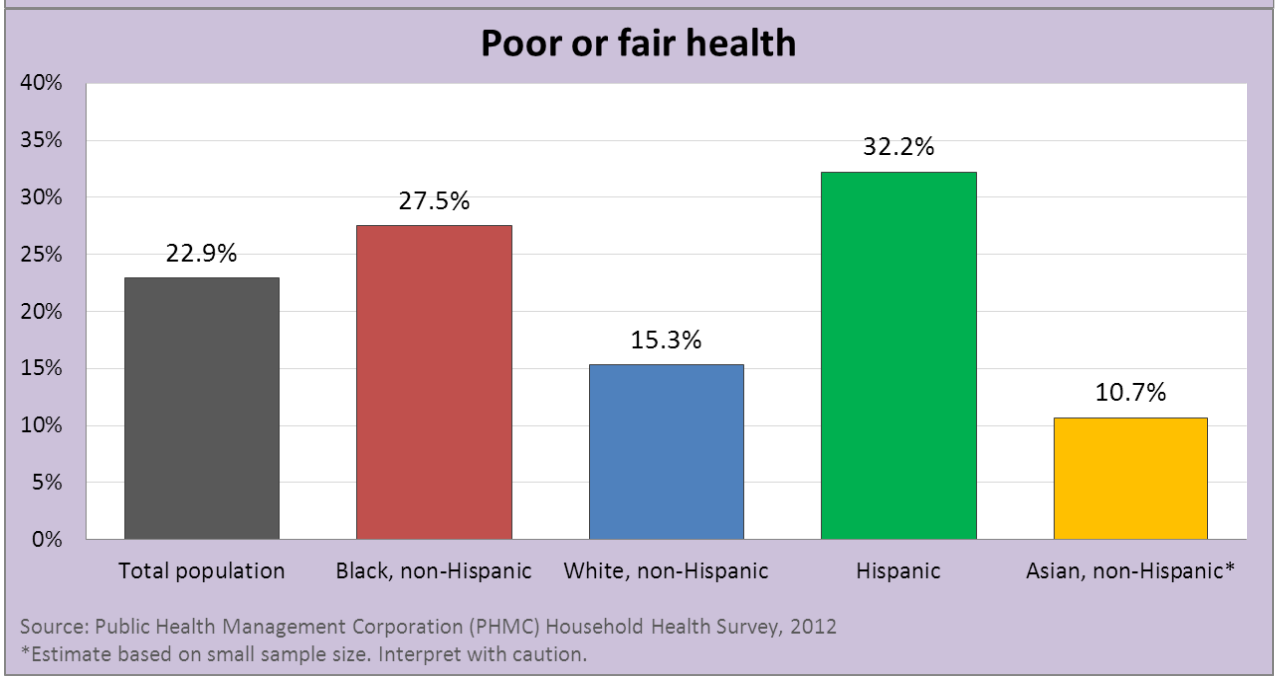


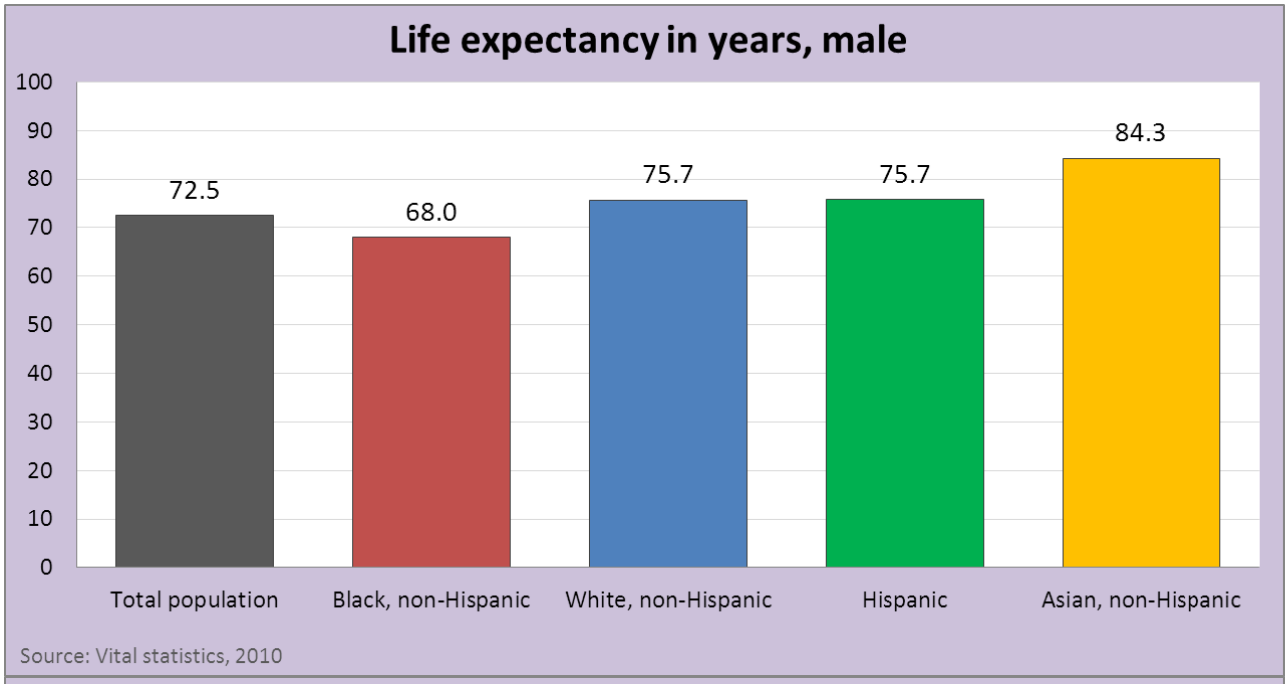


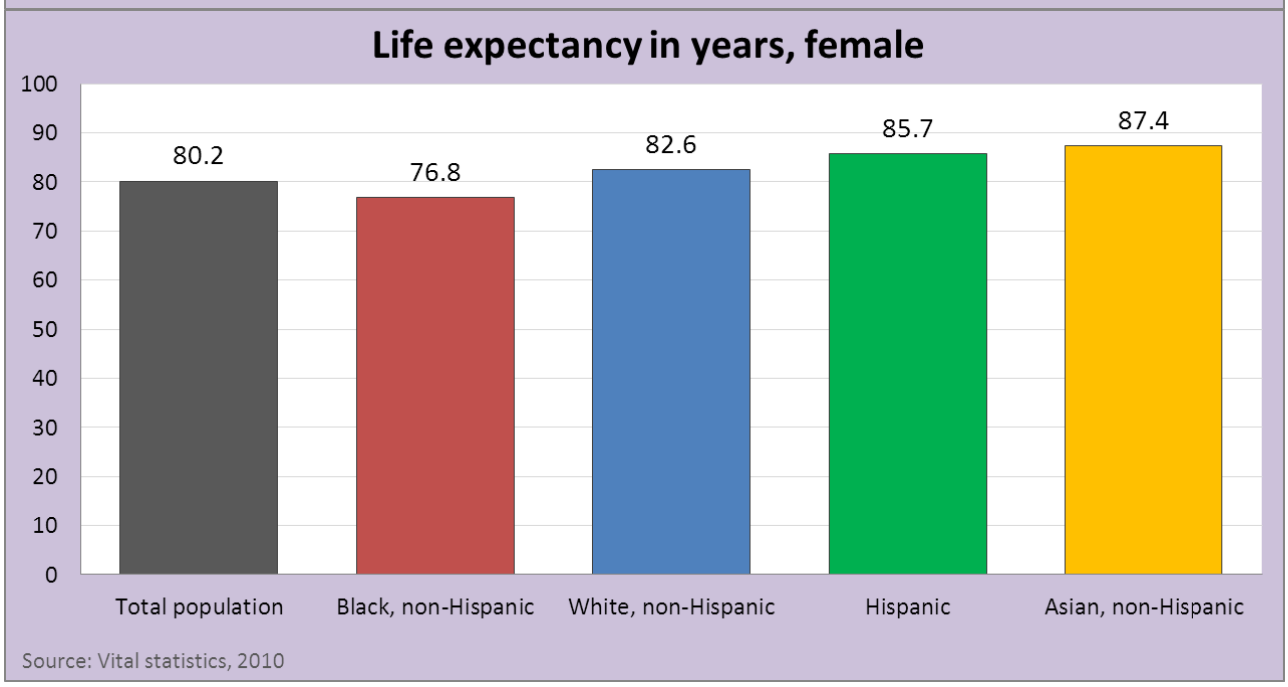


Philadelphia by race/ethnicity – summary health measures

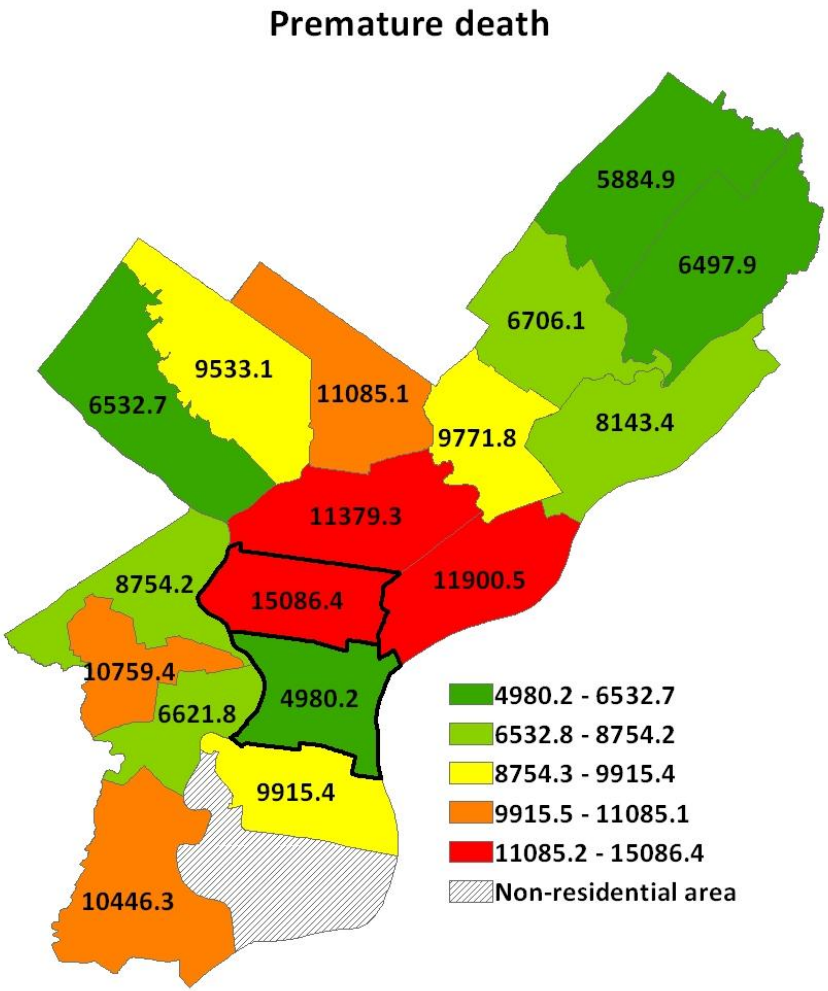




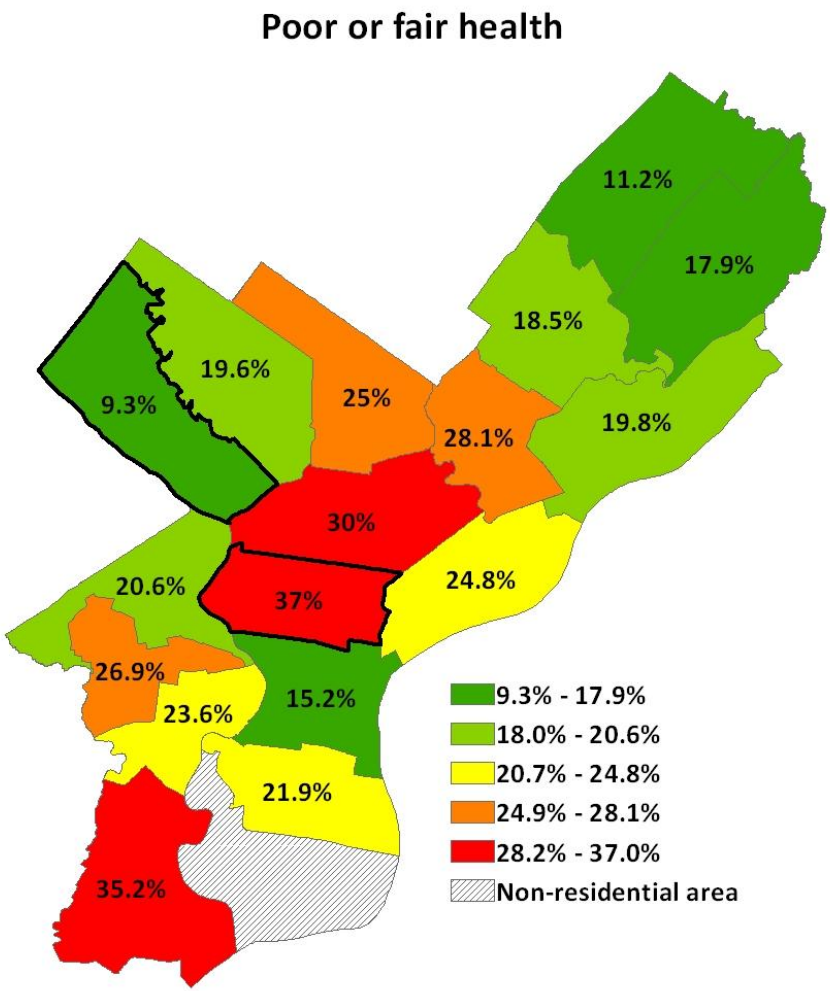

Life expectancy in years, male
100
90
80
70
60
50
40
30
20
10
0
72.5
68.0
75.7
75.7
84.3
Total population
Black, non-Hispanic
White, non-Hispanic
Hispanic
Asian, non-Hispanic
Source: Vital statistics, 2010


Life expectancy in years, female
100
90
80
70
60
50
40
30
20
10
0
80.2
76.8
82.6
85.7
87.4
Total population
Black, non-Hispanic
White, non-Hispanic
Hispanic
Asian, non-Hispanic
Source: Vital statistics, 2010

Philadelphia by planning district – summary health measures



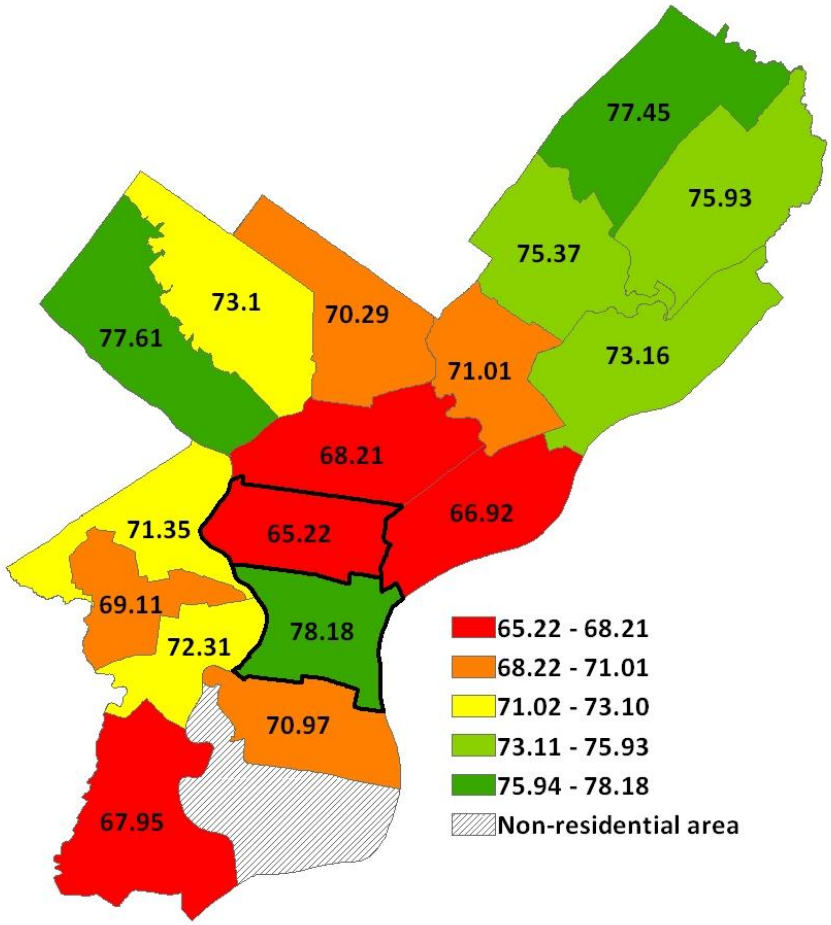
Source: Vital statistics, 2010



Source: Public Health Management Corporation (PHMC) Household Health Survey, 2012

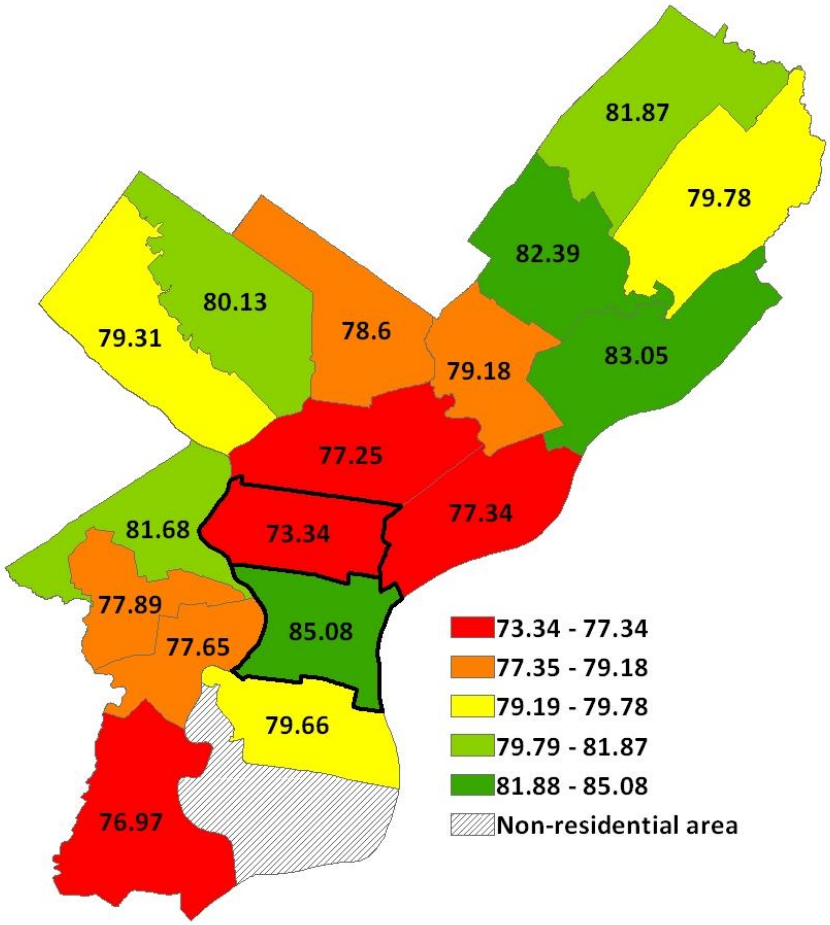
Notes:
Data ranges based on quintiles.
Outlined districts have highest and lowest values.

Life expectancy in years, male



Source: Vital statistics, 2010

Life expectancy in years, female



Source: Vital statistics, 2010

Notes:
Data ranges based on quintiles.
Outlined districts have highest and lowest values.

V(3). Tobacco and alcohol

Tobacco and alcohol are among the top causes of preventable deaths in the United States.[5] Smoking is identified as a cause of various cancers, cardiovascular disease, and respiratory disease, while excessive drinking is a risk factor for alcohol poisoning, interpersonal violence, certain cancers, motor vehicle accidents, and other adverse health outcomes.[6]

Adult smoking prevalence
In Philadelphia, 23.3% of adults smoke. Philadelphia has the highest adult smoking rate of the 11 largest U.S. counties. Smoking prevalence declined 10% between 2000 and 2012. Adult smoking is most prevalent among non-Hispanic blacks and in the West planning district.

Teen smoking prevalence
One out of ten Philadelphia teens reports at least occasional smoking. Philadelphia ranks 5th among the 7 large cities for which the teen smoking rate is known. This may be due to a 39% decline in teen smoking between 2001 and 2011. Teen smoking prevalence is highest among non-Hispanic whites. Planning district data are not available.

Smoking-attributable mortality
In Philadelphia, the age-adjusted smoking-attributable mortality rate per 100,000 adults 35 years and older is 262.4. It declined 34% between 2000 and 2010. Smoking-attributable mortality is highest among non-Hispanic blacks and in the River Wards planning district. City/county data are not available.

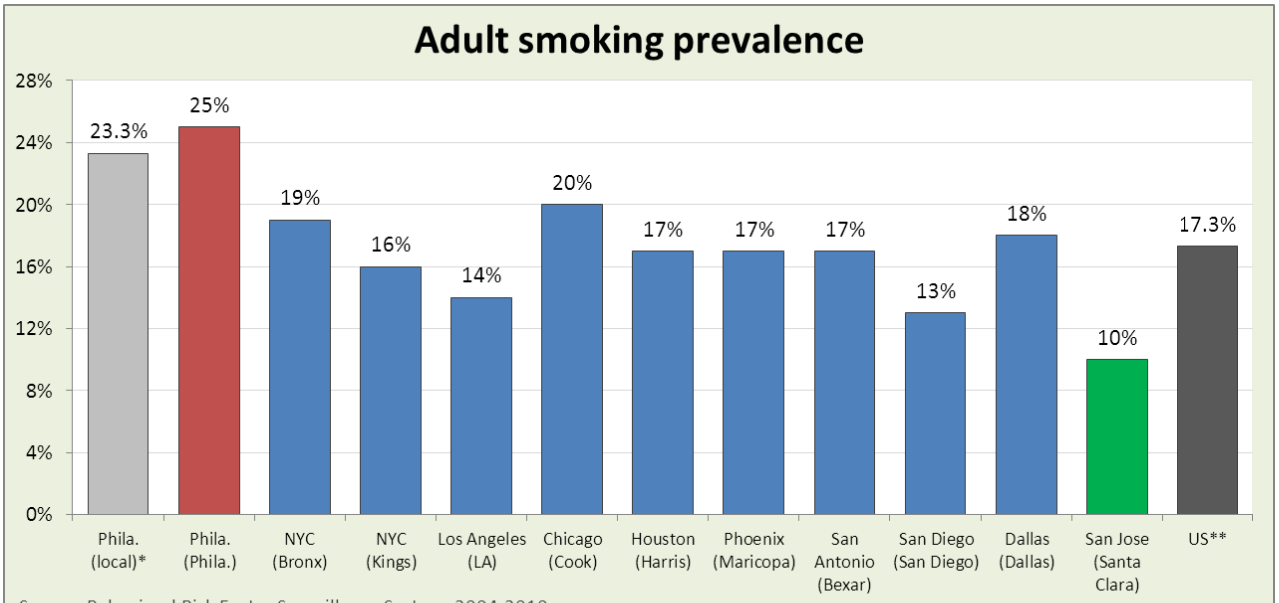
Home second-hand smoke exposure
11.1% of Philadelphia's children and adult non-smokers live with someone who smokes in the home. Home second-hand smoke exposure declined 38% between 2004 and 2012. Like adult smoking, it is highest among non-Hispanic blacks. It is highest in the Lower North planning district. City/county data are not available.

Adult excessive drinking
In Philadelphia, 16.1% of adults engage in at least occasional binge-drinking. According to national data, Philadelphia is in a four-way tie for second highest prevalence of adult excessive drinking in the 11 largest U.S. counties. Though it peaked in 2006, the 2012 adult excessive drinking prevalence was down to what it had been in 2000. It is highest among Asians and in the Central planning district.

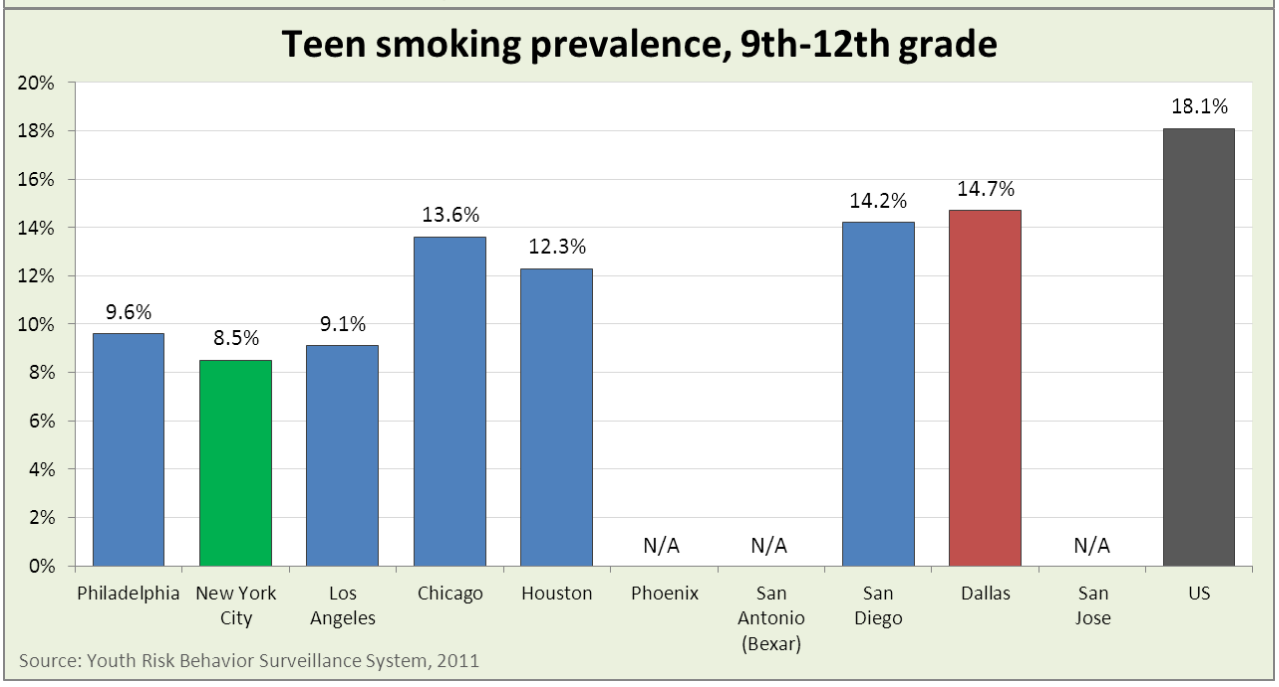
Teen excessive drinking
15.2% of Philadelphia's teens report at least occasional binge-drinking. Philadelphia ranks 6th among the 7 large cities for which teen excessive drinking prevalence is known. Although it dropped in 2003, the 2011 teen excessive drinking prevalence was 12% higher than it had been in 2001. It is highest among non-Hispanic whites. Planning district data are not available.

[5] Mokdad AH, Marks JS, Stroup DF, Gerberding JL. 2004. Actual causes of death in the United States, 2000. *JAMA: Journal of the American Medical Association*, *291*:1238-1245. PMID: 15657315
[6] Centers for Disease Control and Prevention. 2009. Sociodemographic differences in binge drinking among adults-14 states, 2004. *MMWR Morbidity and Mortality Weekly Report, 58*:301-304.

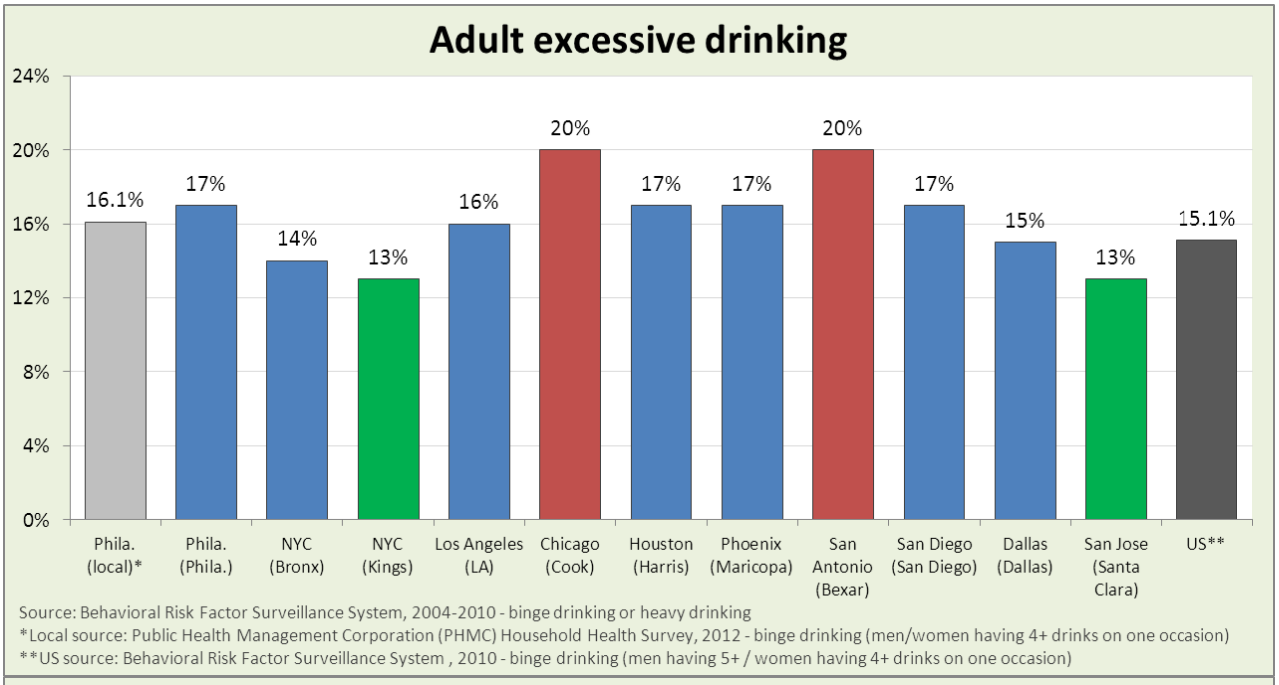
City/county comparisons – tobacco and alcohol



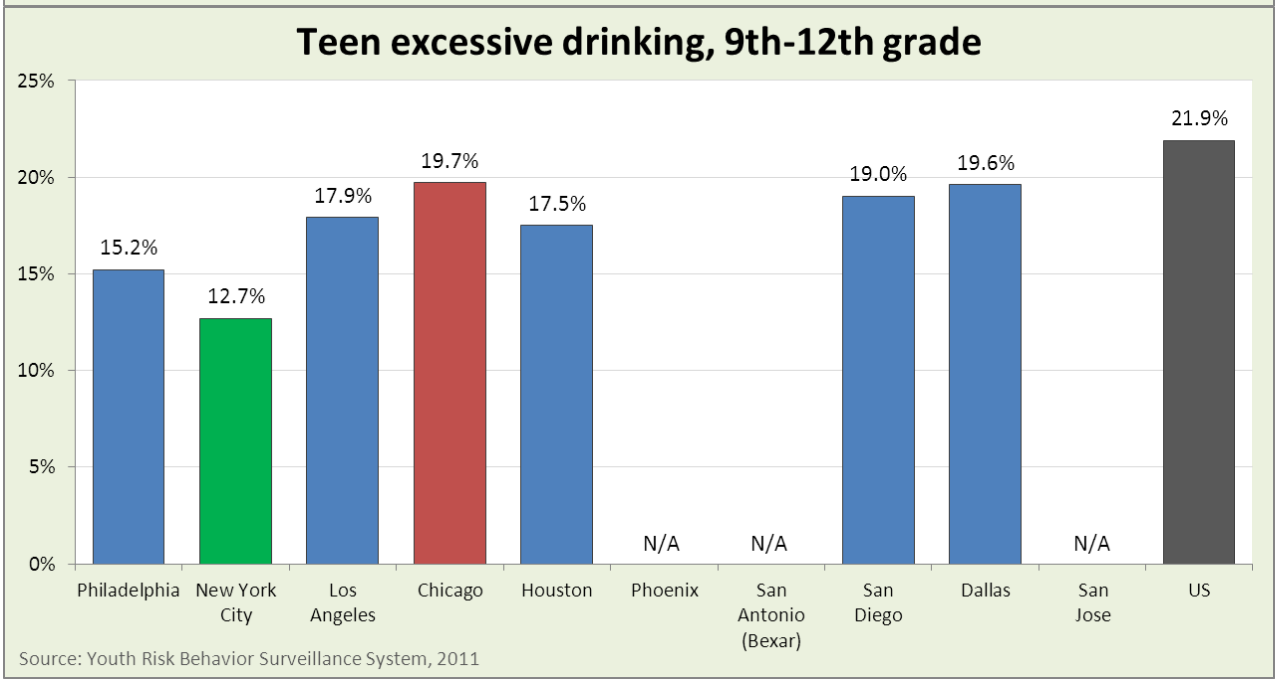
Source: Behavioral Risk Factor Surveillance System, 2004-2010
*Local source: Public Health Management Corporation (PHMC) Household Health Survey, 2012
**US source: Behavioral Risk Factor Surveillance System, 2010



Source: Youth Risk Behavior Surveillance System, 2011

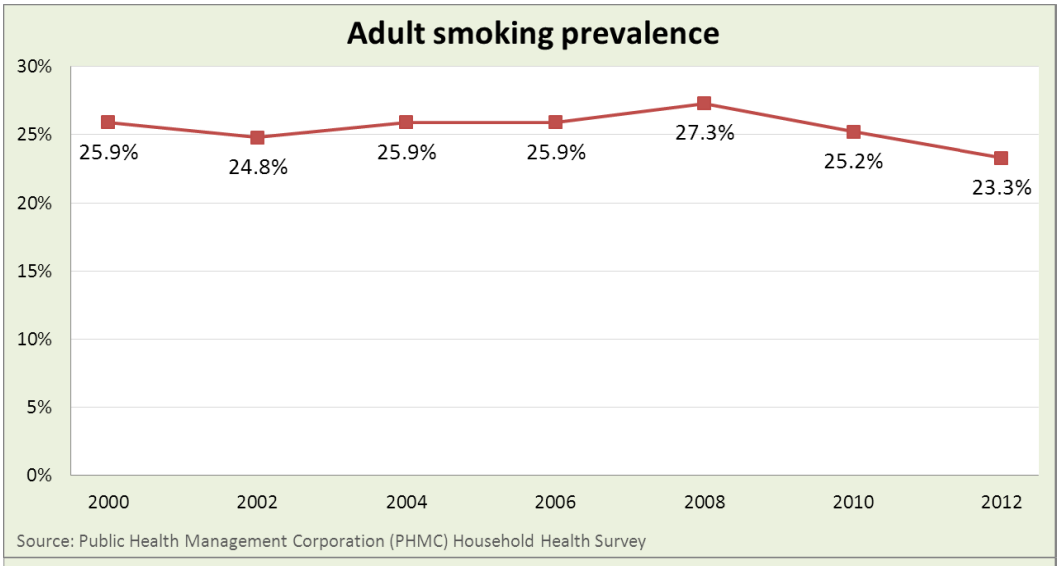


Source: Behavioral Risk Factor Surveillance System, 2004-2010 - binge drinking or heavy drinking
*Local source: Public Health Management Corporation (PHMC) Household Health Survey, 2012 - binge drinking (men/women having 4+ drinks on one occasion)
**US source: Behavioral Risk Factor Surveillance System , 2010 - binge drinking (men having 5+ / women having 4+ drinks on one occasion)

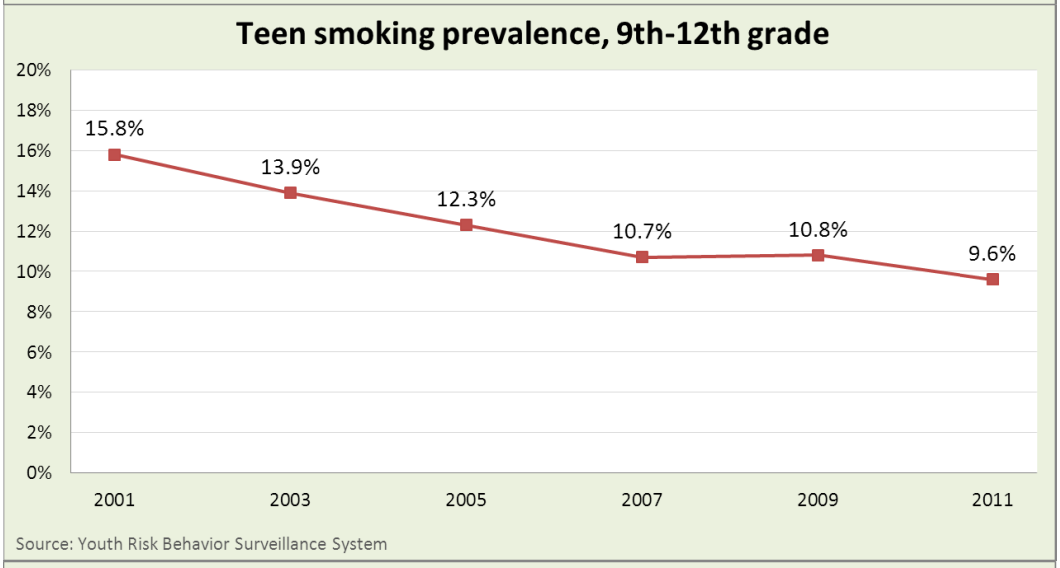


Source: Youth Risk Behavior Surveillance System, 2011

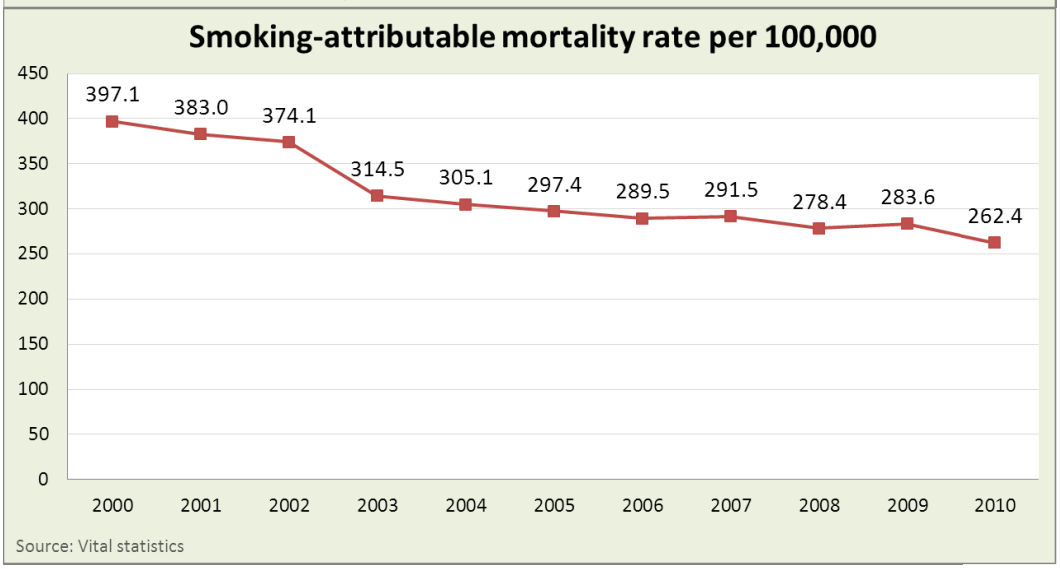
Philadelphia over time – tobacco and alcohol



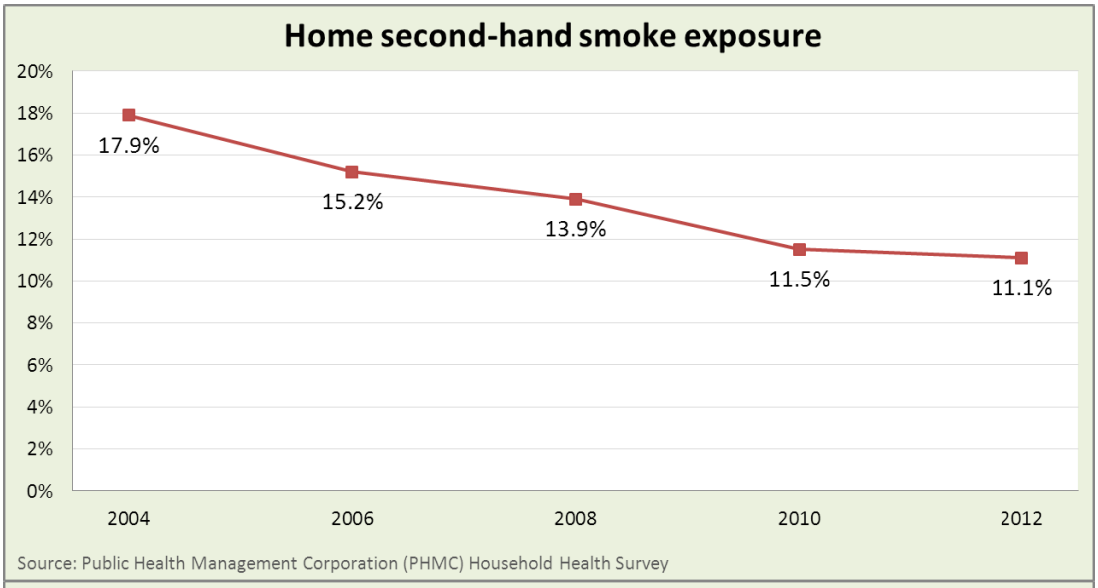
Source: Public Health Management Corporation (PHMC) Household Health Survey



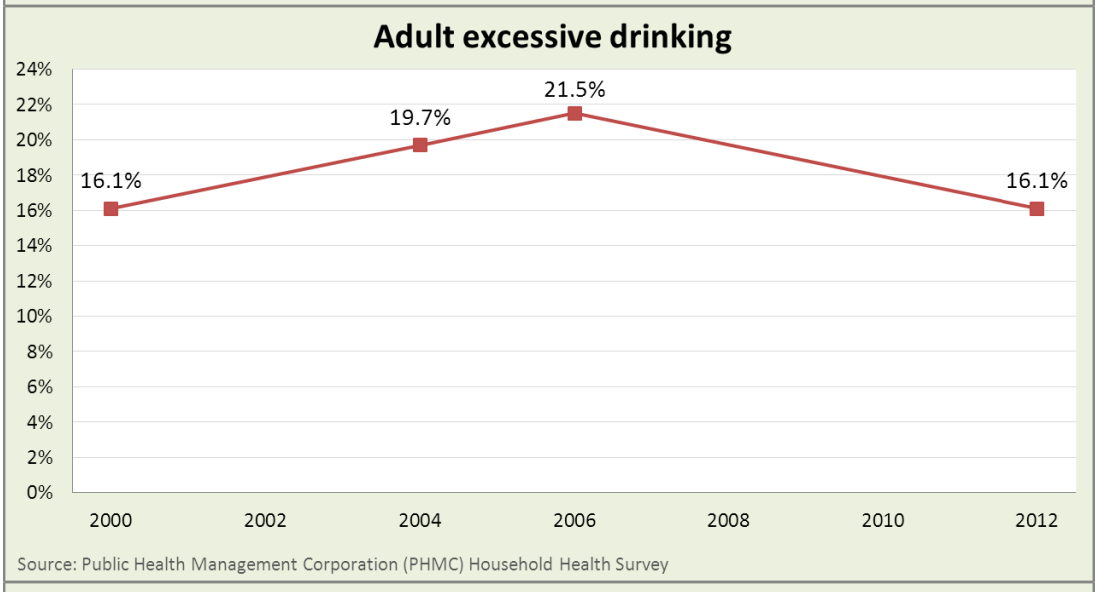
Source: Youth Risk Behavior Surveillance System



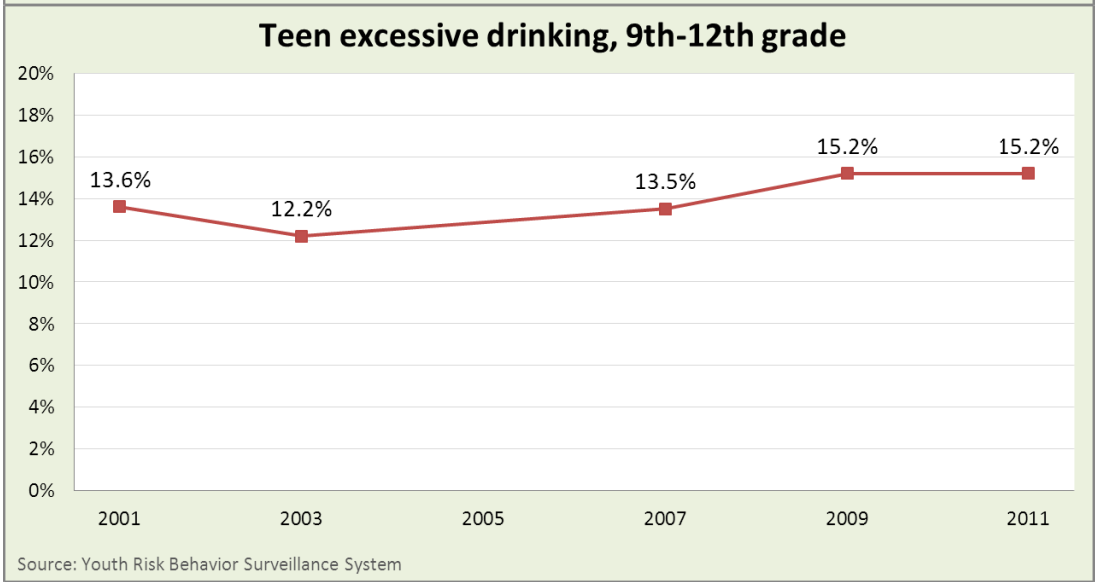
Source: Vital statistics



Source: Public Health Management Corporation (PHMC) Household Health Survey

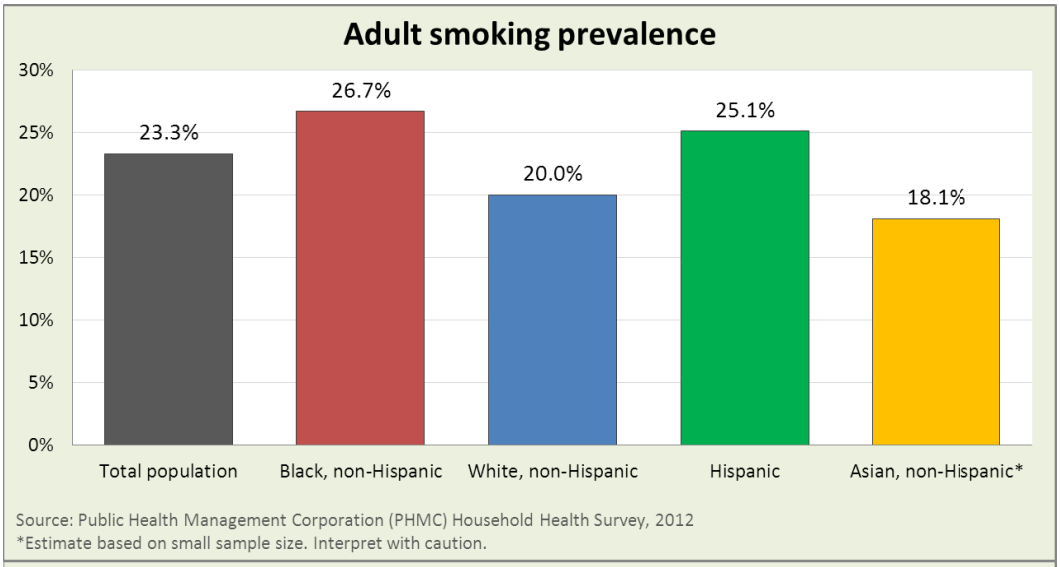


Source: Public Health Management Corporation (PHMC) Household Health Survey

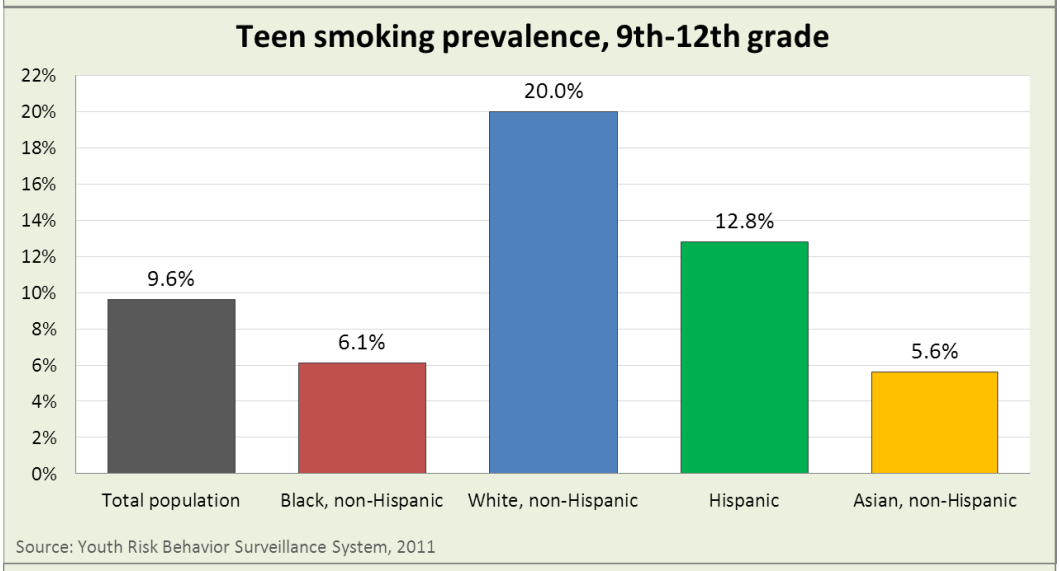


Source: Youth Risk Behavior Surveillance System

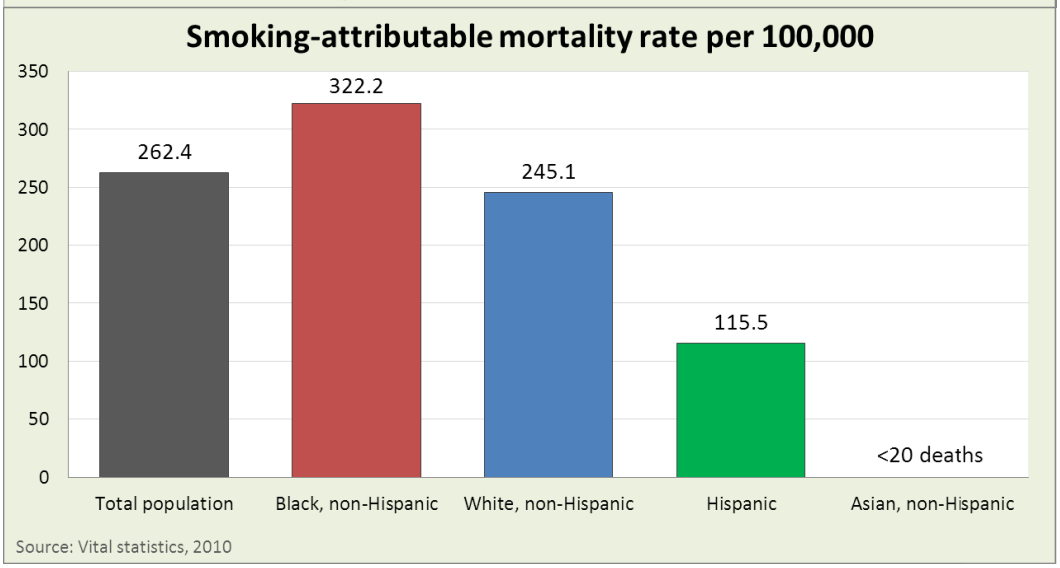
Philadelphia by race/ethnicity – tobacco and alcohol



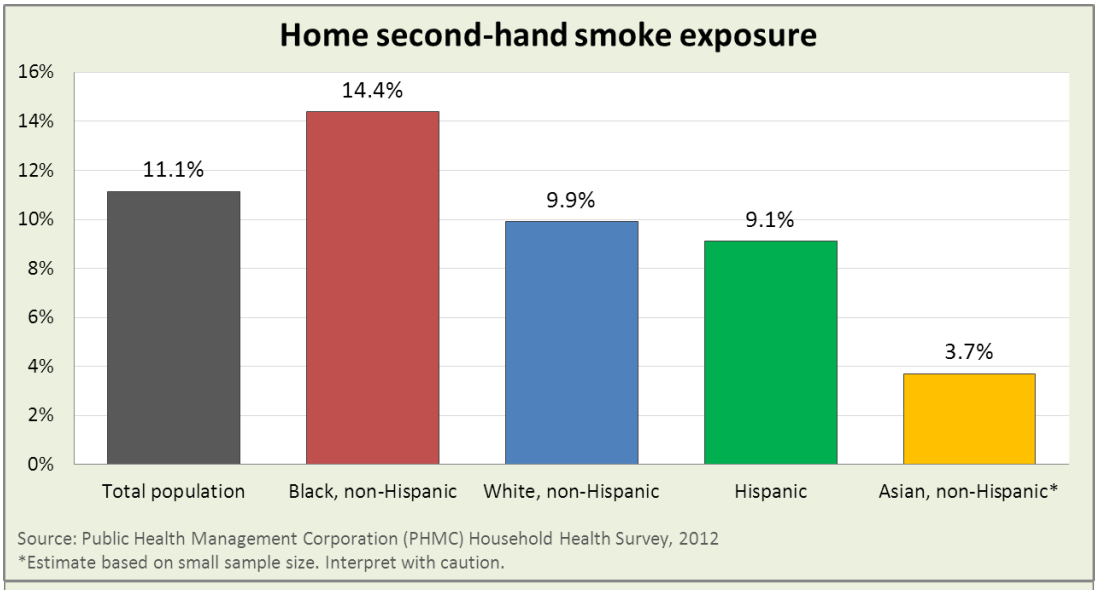
Source: Public Health Management Corporation (PHMC) Household Health Survey, 2012
*Estimate based on small sample size. Interpret with caution.



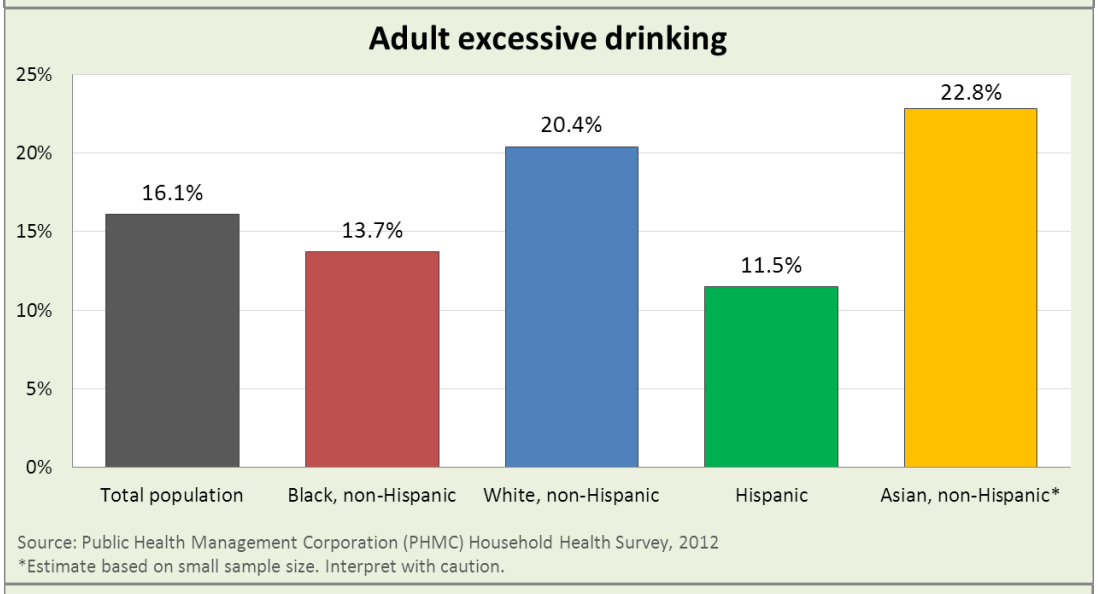
Source: Youth Risk Behavior Surveillance System, 2011



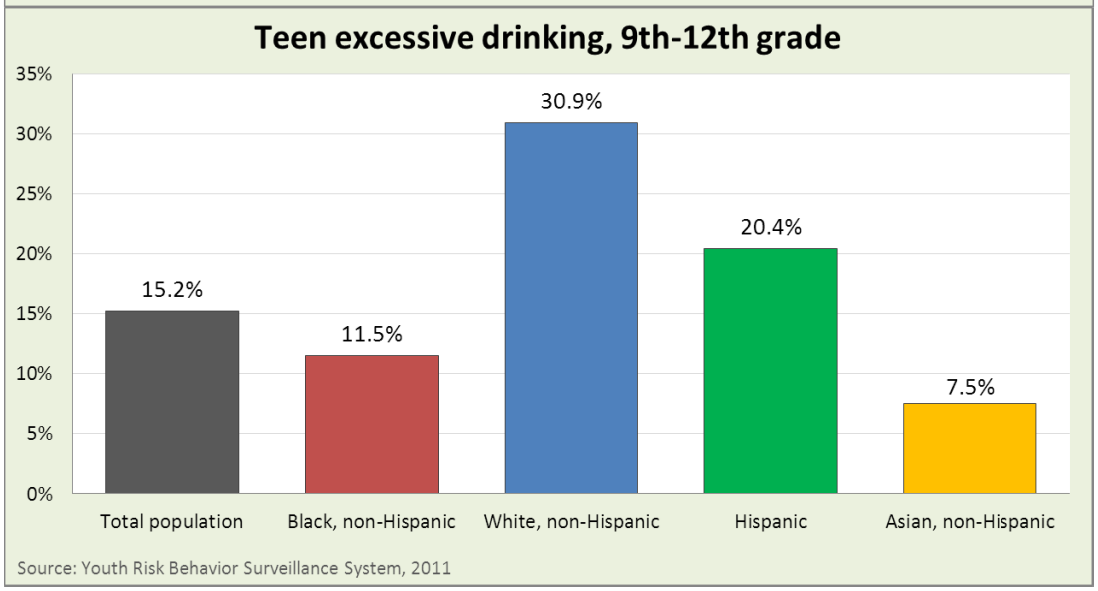
Source: Vital statistics, 2010



Source: Public Health Management Corporation (PHMC) Household Health Survey, 2012
*Estimate based on small sample size. Interpret with caution.



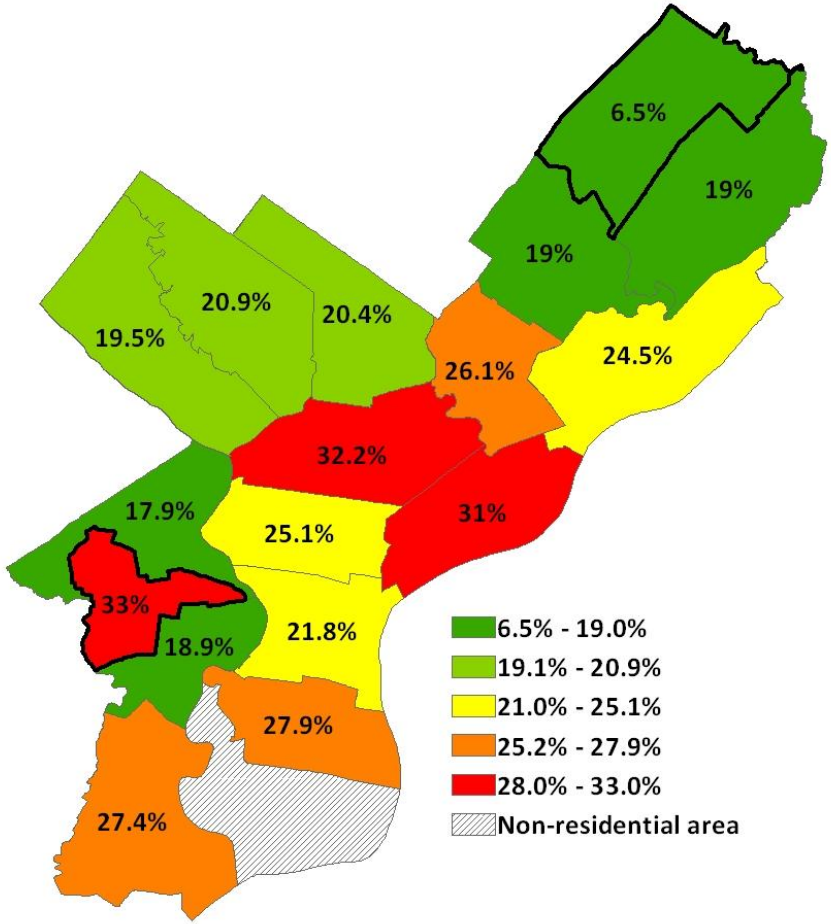
Source: Public Health Management Corporation (PHMC) Household Health Survey, 2012
*Estimate based on small sample size. Interpret with caution.



Source: Youth Risk Behavior Surveillance System, 2011

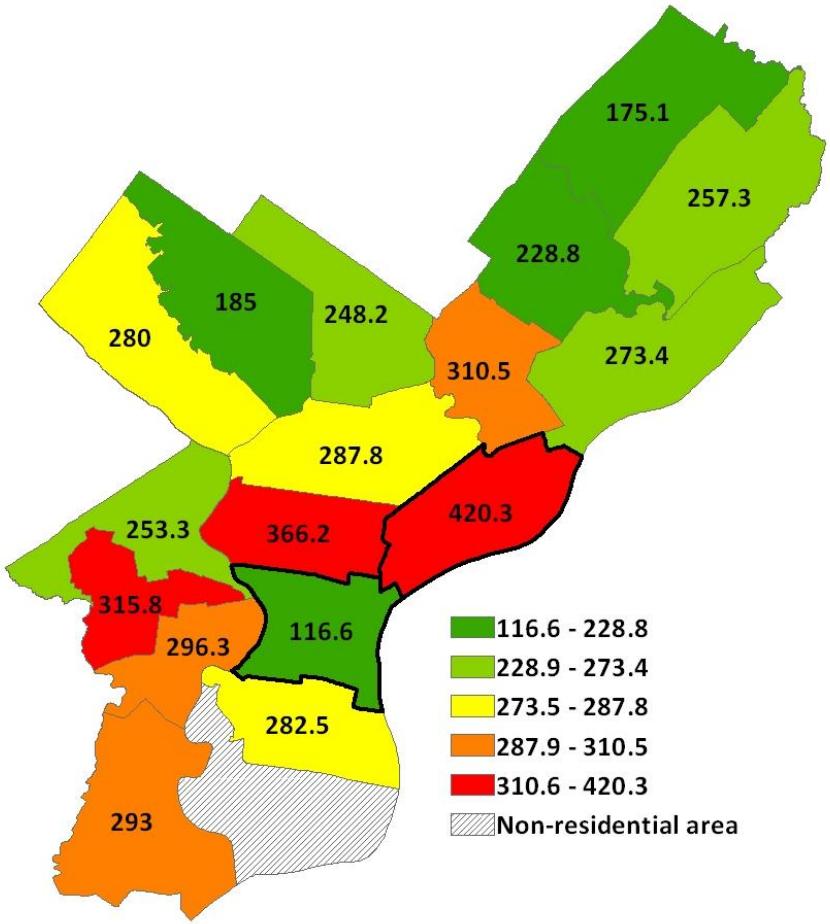
Philadelphia by planning district – tobacco and alcohol

Adult smoking prevalence



Source: Public Health Management Corporation (PHMC) Household Health Survey, 2012

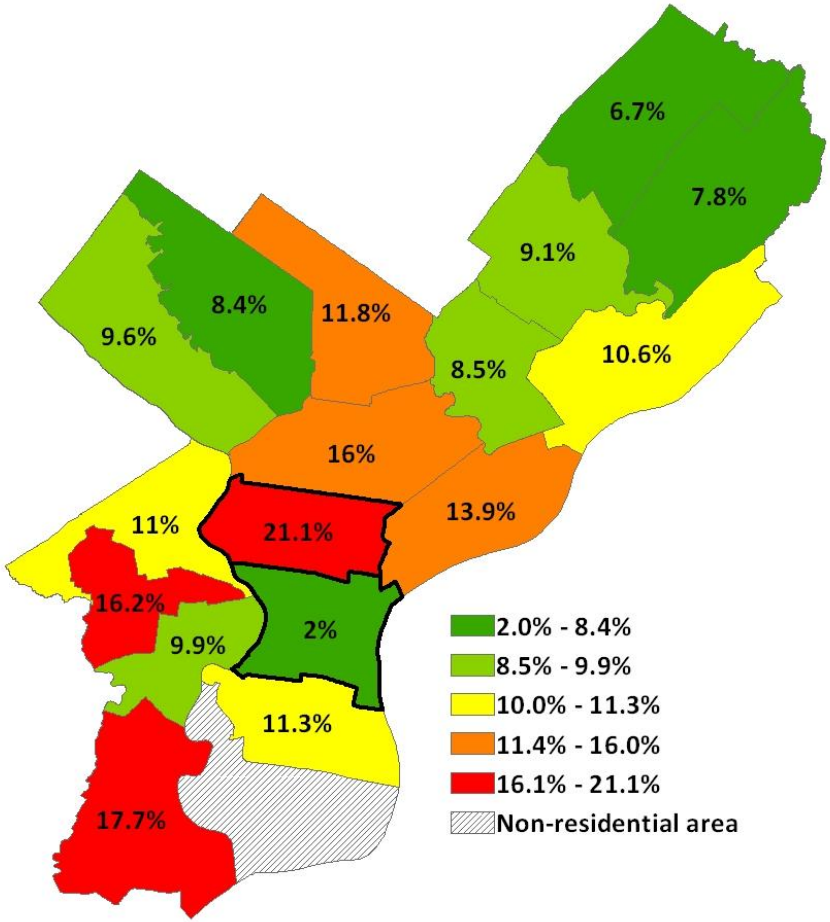
Smoking-attributable mortality rate per 100,000



Source: Vital statistics, 2010

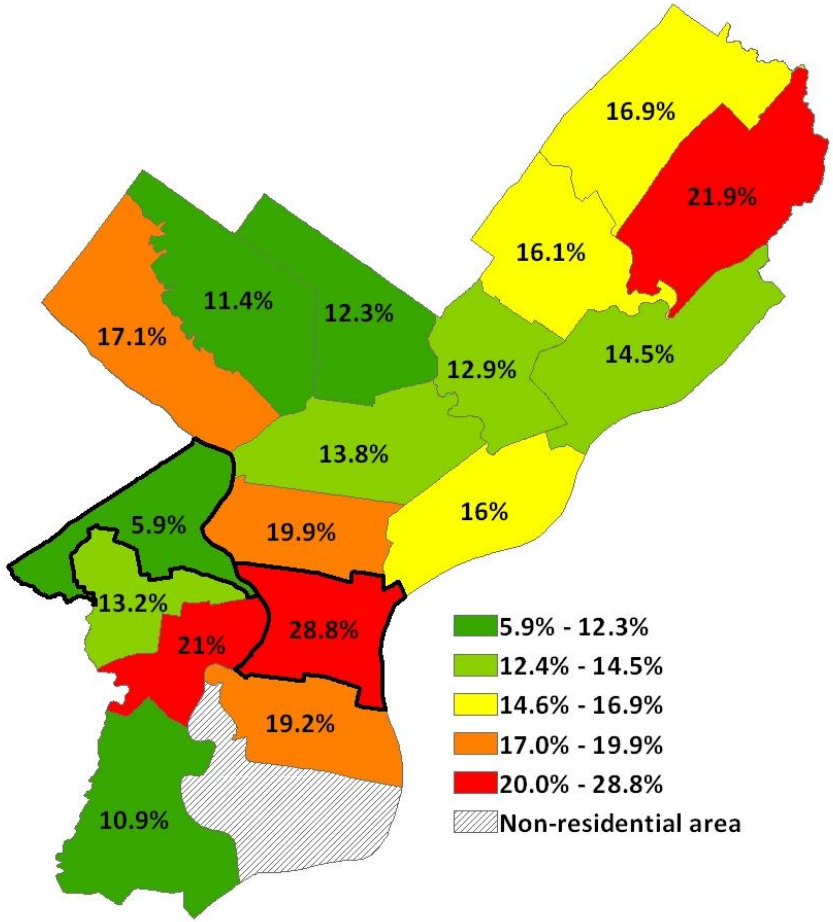
Notes:
Data ranges based on quintiles.
Outlined districts have highest and lowest values.

Home secondhand smoke exposure



Source: Public Health Management Corporation (PHMC) Household Health Survey, 2012

Adult excessive drinking



Source: Public Health Management Corporation (PHMC) Household Health Survey, 2012

Notes:
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Outlined districts have highest and lowest values.

V(4). Obesity

Obesity is often due to poor diet and limited physical activity, which are influenced significantly by people's environments and social circumstances. It increases the risk for coronary heart disease, hypertension, high cholesterol, diabetes, cancer, stroke, and other health conditions.[7]

Child obesity prevalence
In Philadelphia, 20.5% of children age 5-18 years have a body mass index (BMI) greater than or equal to the 95th percentile for their age and gender group. Child obesity has declined by 5% between 2006-07 and 2009-10. Obesity is most prevalent among Hispanic boys and non-Hispanic black girls. Child obesity prevalence is highest in the North planning district. National data show Philadelphia ranks 1st among the 7 large cities for which teen obesity prevalence is known; note that this measure includes only high school students.

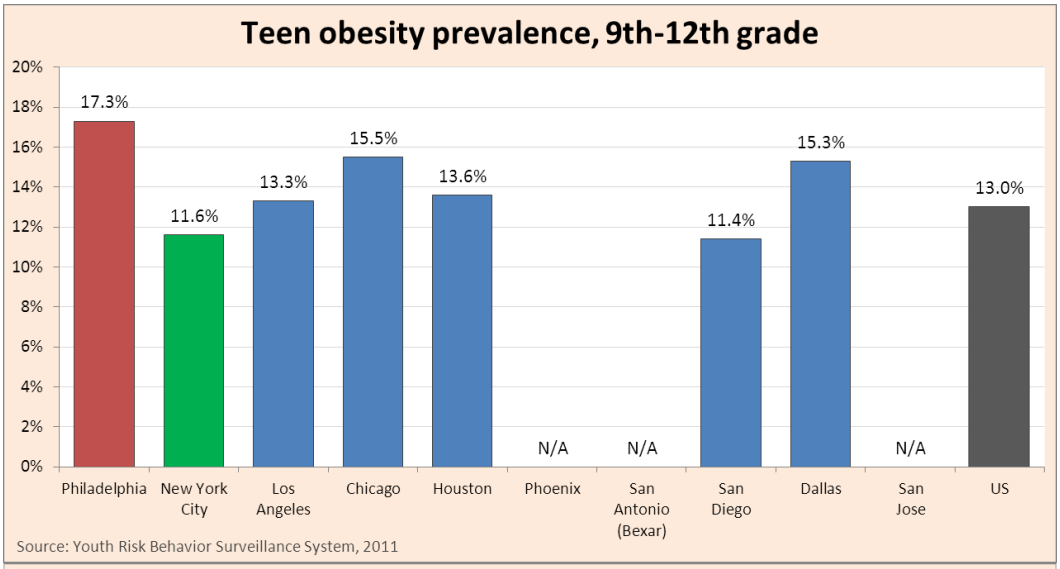
Adult obesity prevalence
31.9% of Philadelphia's adults have a BMI ≥30kg/m^2. According to national data, Philadelphia has the highest adult obesity prevalence among the 11 largest U.S. counties. Dipping slightly in 2004, adult obesity rose 14% between 2002 and 2012. It is most prevalent among non-Hispanic blacks and in the Lower Southwest planning district.

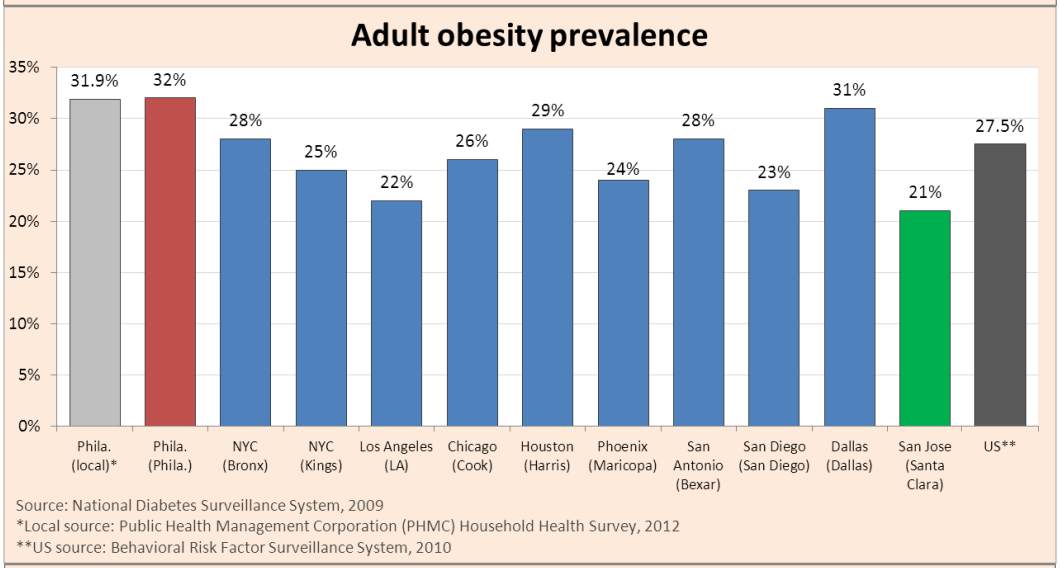
Adult sugar-sweetened beverage (SSB) consumption
In Philadelphia, 35.4% of adults report daily consumption of sodas, sweetened fruit drinks, and/or bottled teas. This reflects a 5% decrease in SSB consumption between 2010 and 2012. Daily SSB consumption is highest among Hispanics and in the North planning district. City/county data are not available.

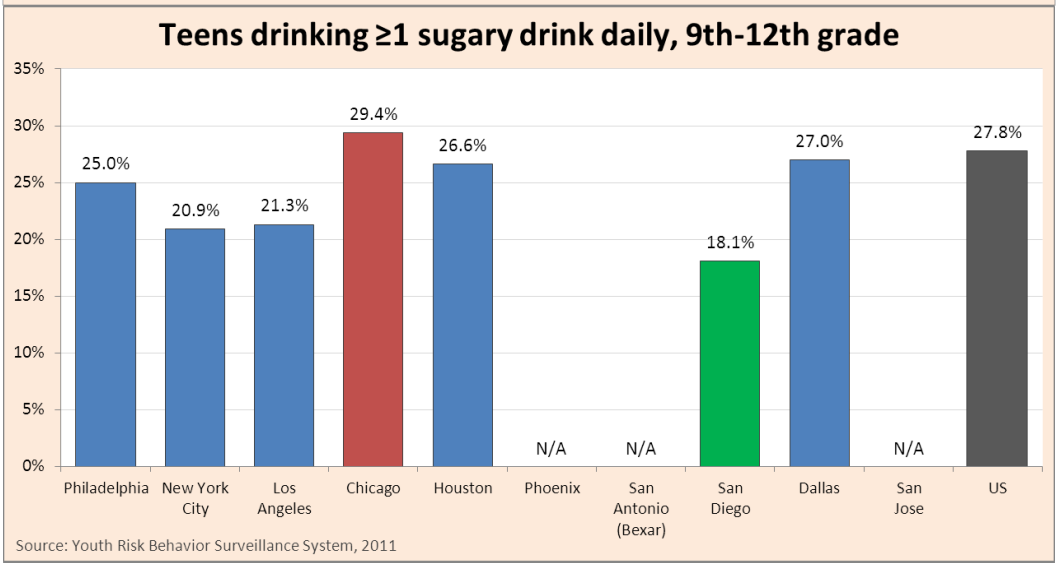
Teen SSB consumption
One out of four Philadelphia teens drinks soda at least once a day. Philadelphia ranks 4th among the 7 large cities for which teen SSB consumption is known. Unlike adult SSB consumption, teen consumption is highest among non-Hispanic blacks, but Hispanics represent a close second. Planning district data are not available.

[7] Centers for Disease Control and Prevention. 2012. Overweight and obesity: Causes and consequences. Centers for Disease Control and Prevention Web Site. http://www.cdc.gov/obesity/adult/defining.html. Updated April 27, 2012. Accessed April 15, 2014.

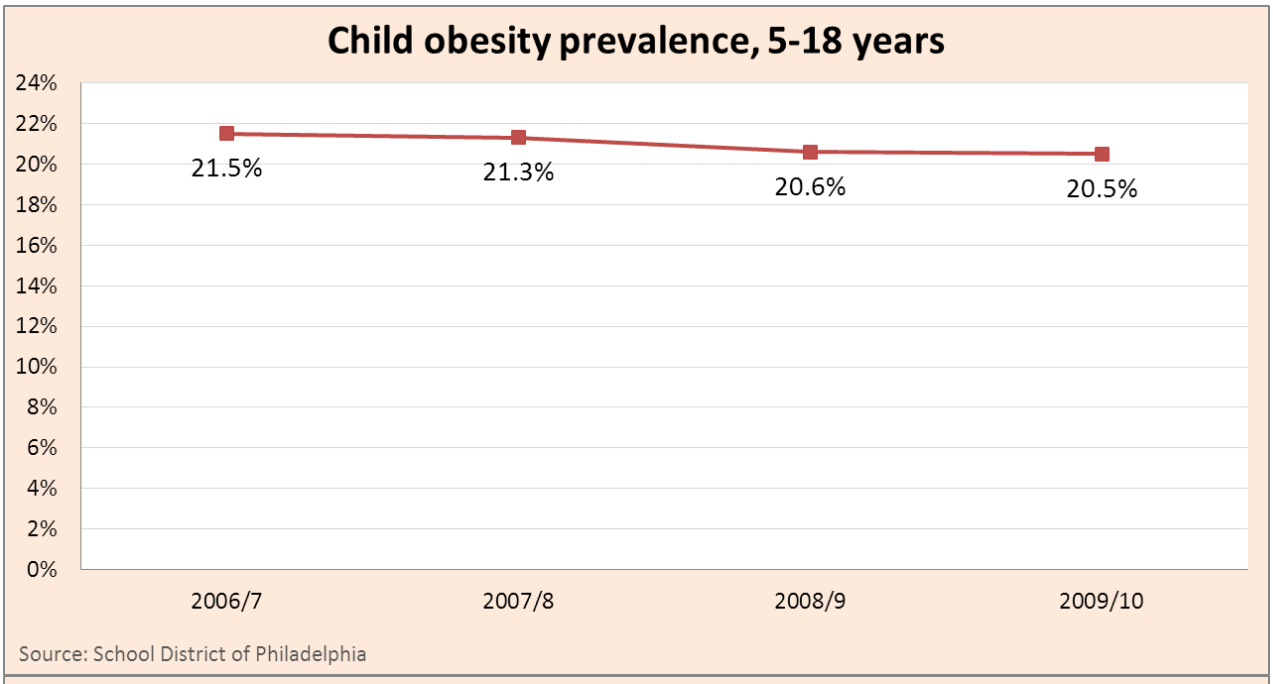
City/county comparisons – obesity

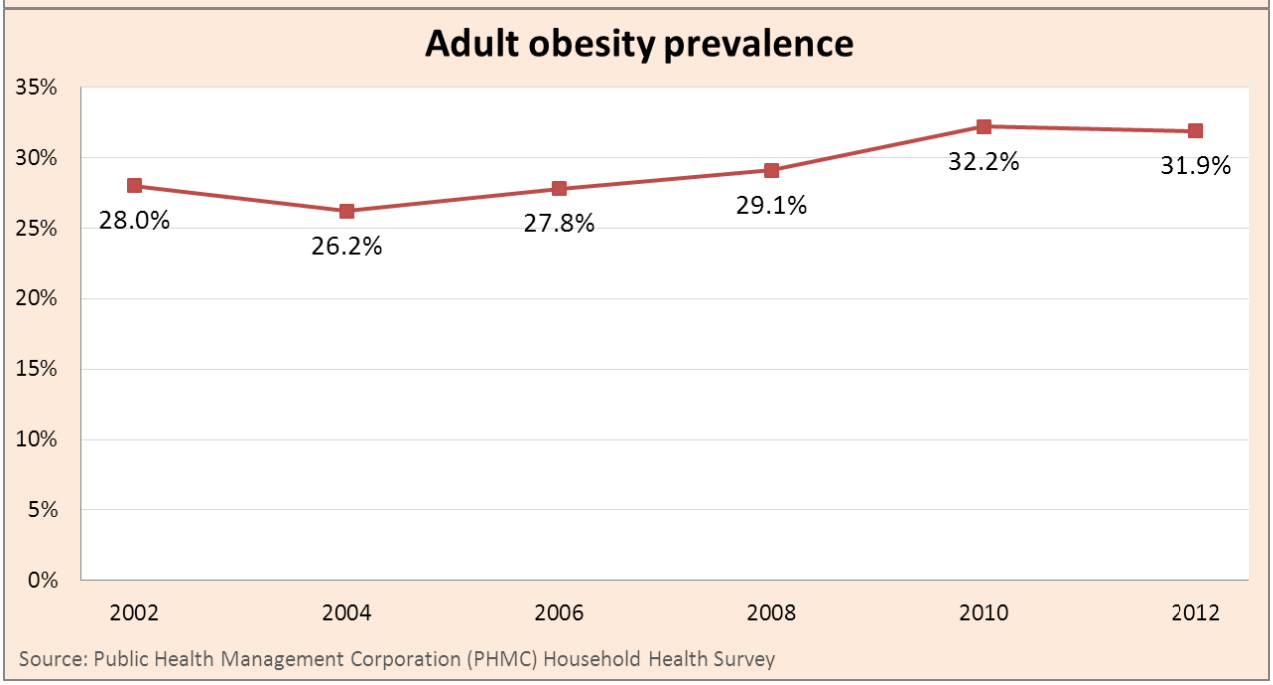


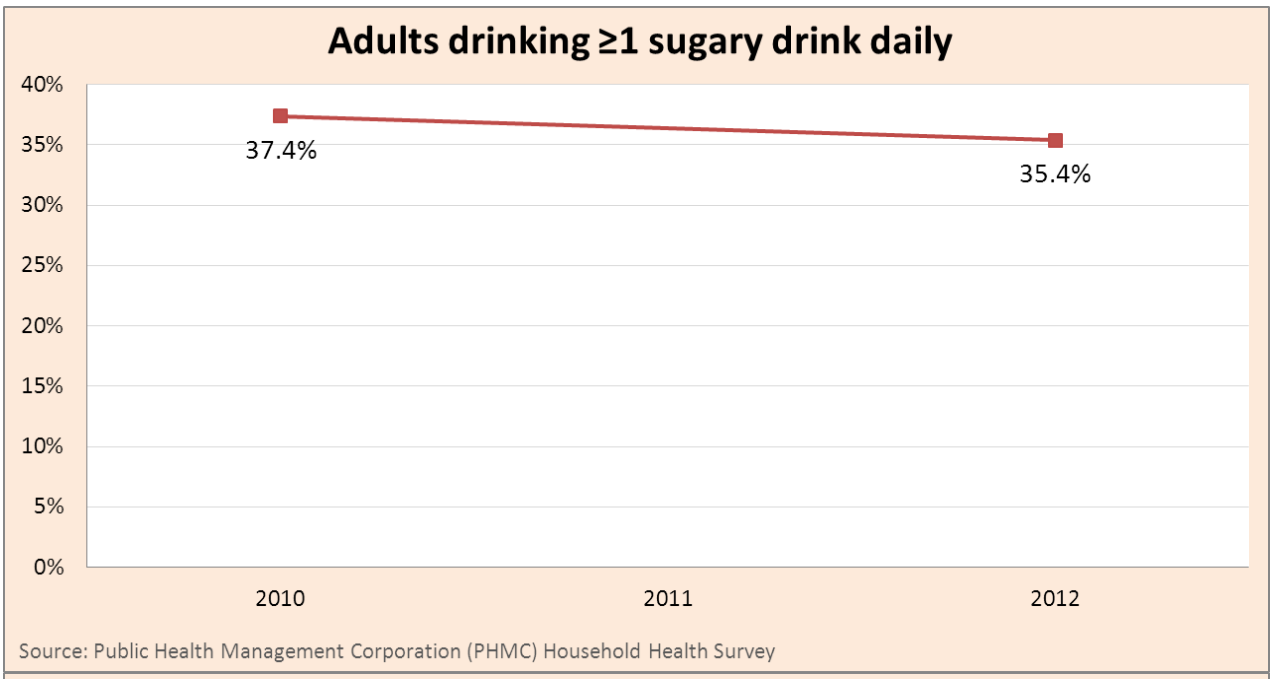




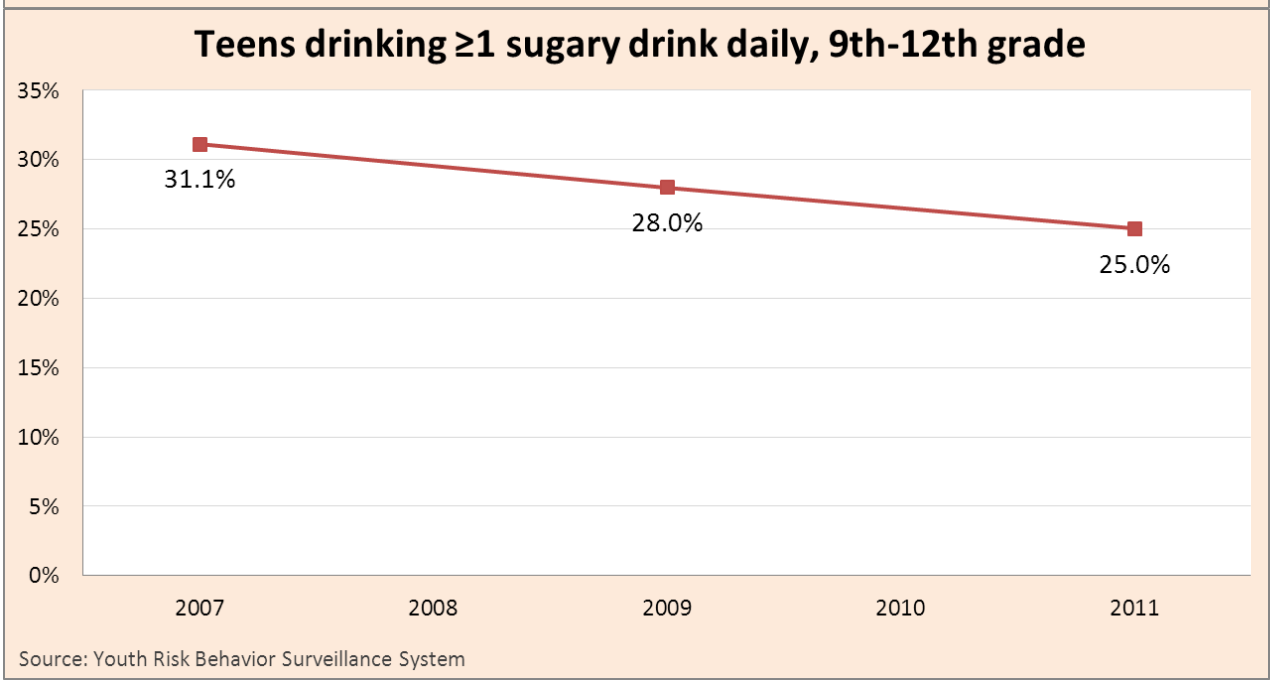
Philadelphia over time – obesity





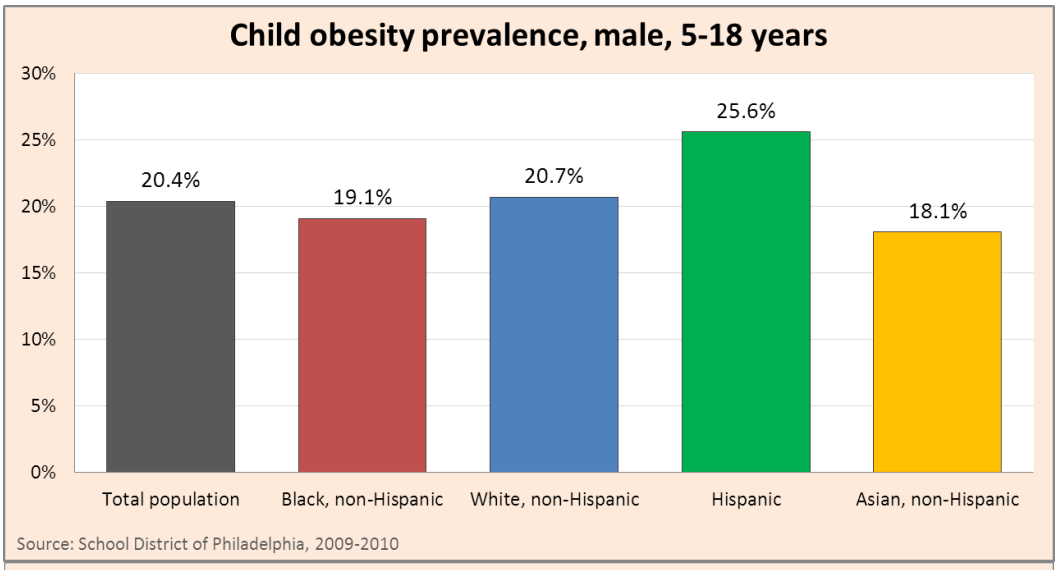


Source: Public Health Management Corporation (PHMC) Household Health Survey

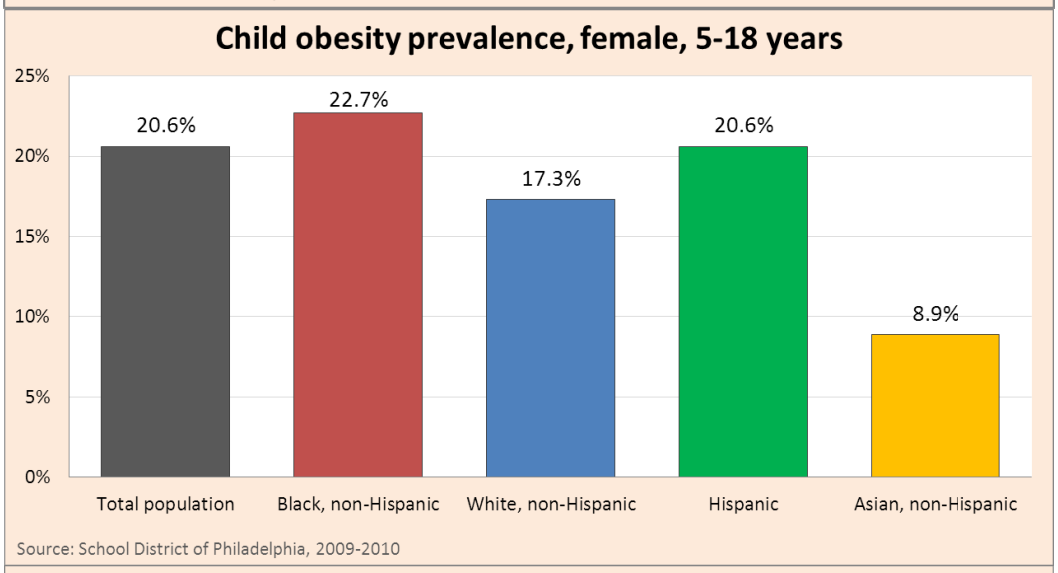


Source: Youth Risk Behavior Surveillance System

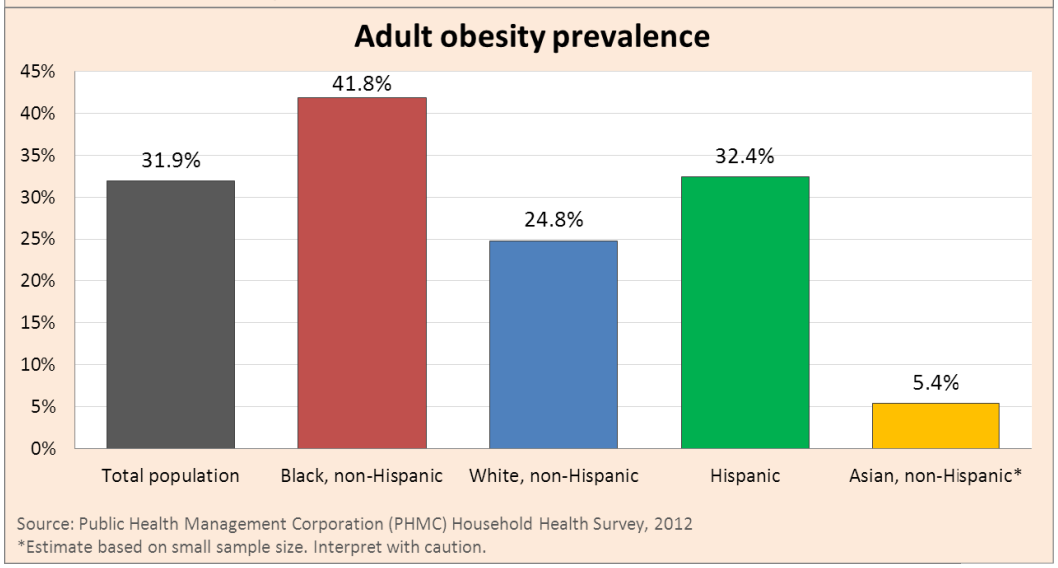
Philadelphia by race/ethnicity – obesity



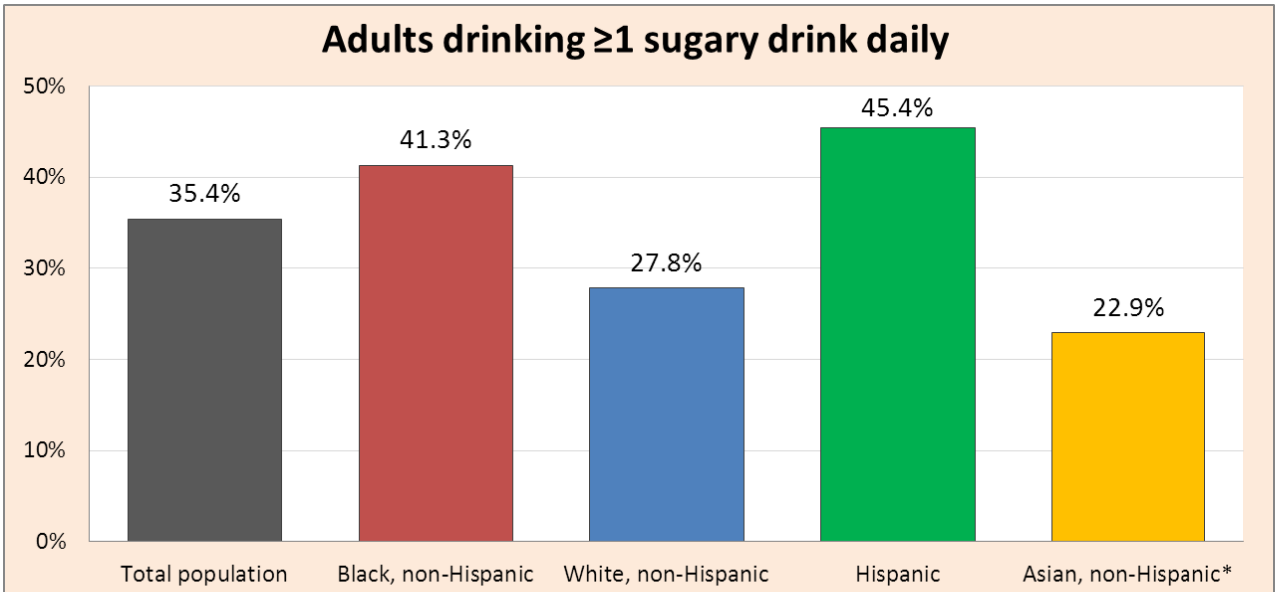
Source: School District of Philadelphia, 2009-2010



Source: School District of Philadelphia, 2009-2010



Source: Public Health Management Corporation (PHMC) Household Health Survey, 2012
*Estimate based on small sample size. Interpret with caution.



Source: Public Health Management Corporation (PHMC) Household Health Survey, 2012
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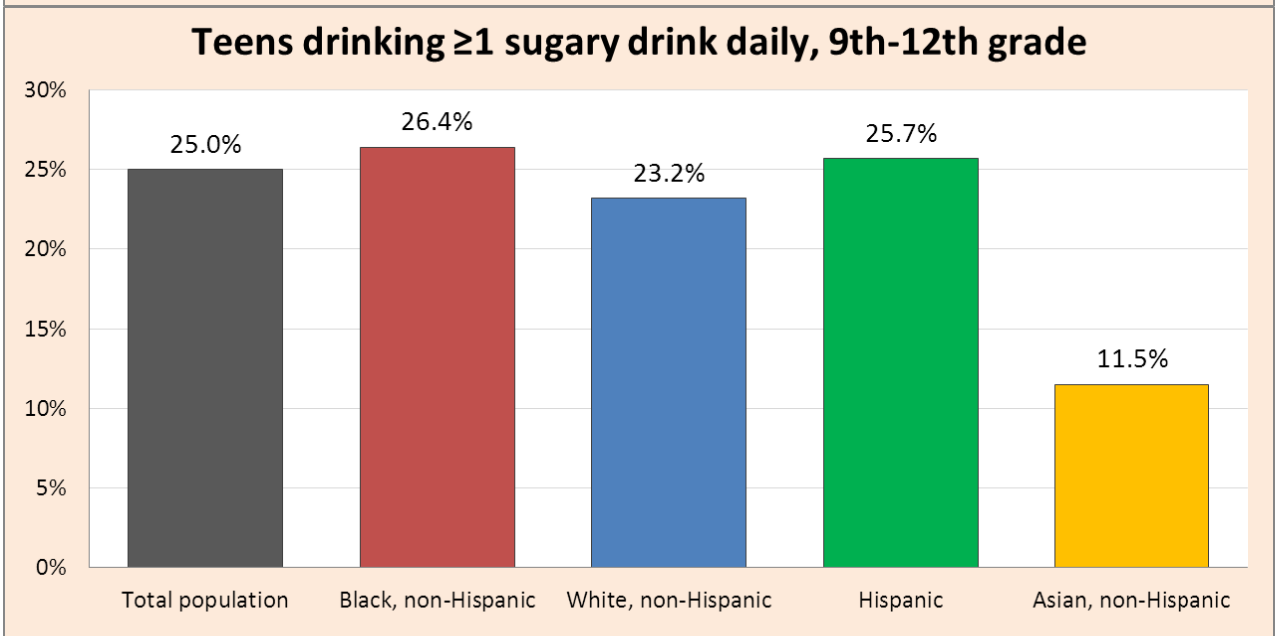
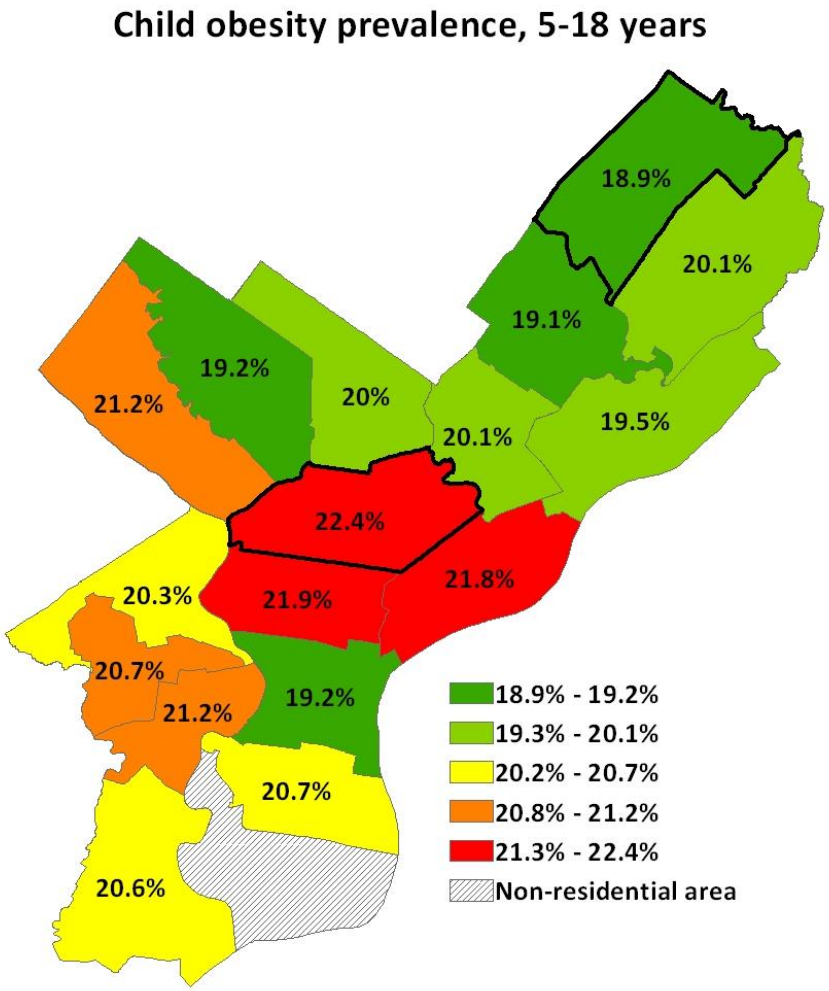
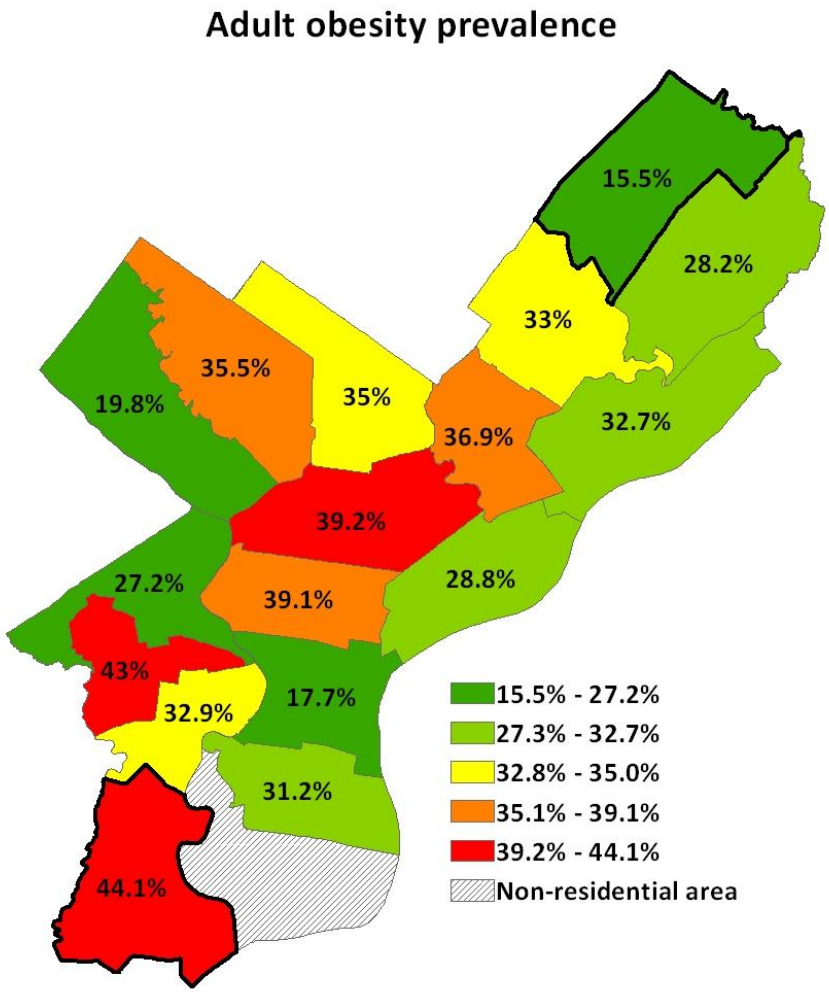


Source: Youth Risk Behavior Surveillance System, 2011

Philadelphia by planning district – obesity

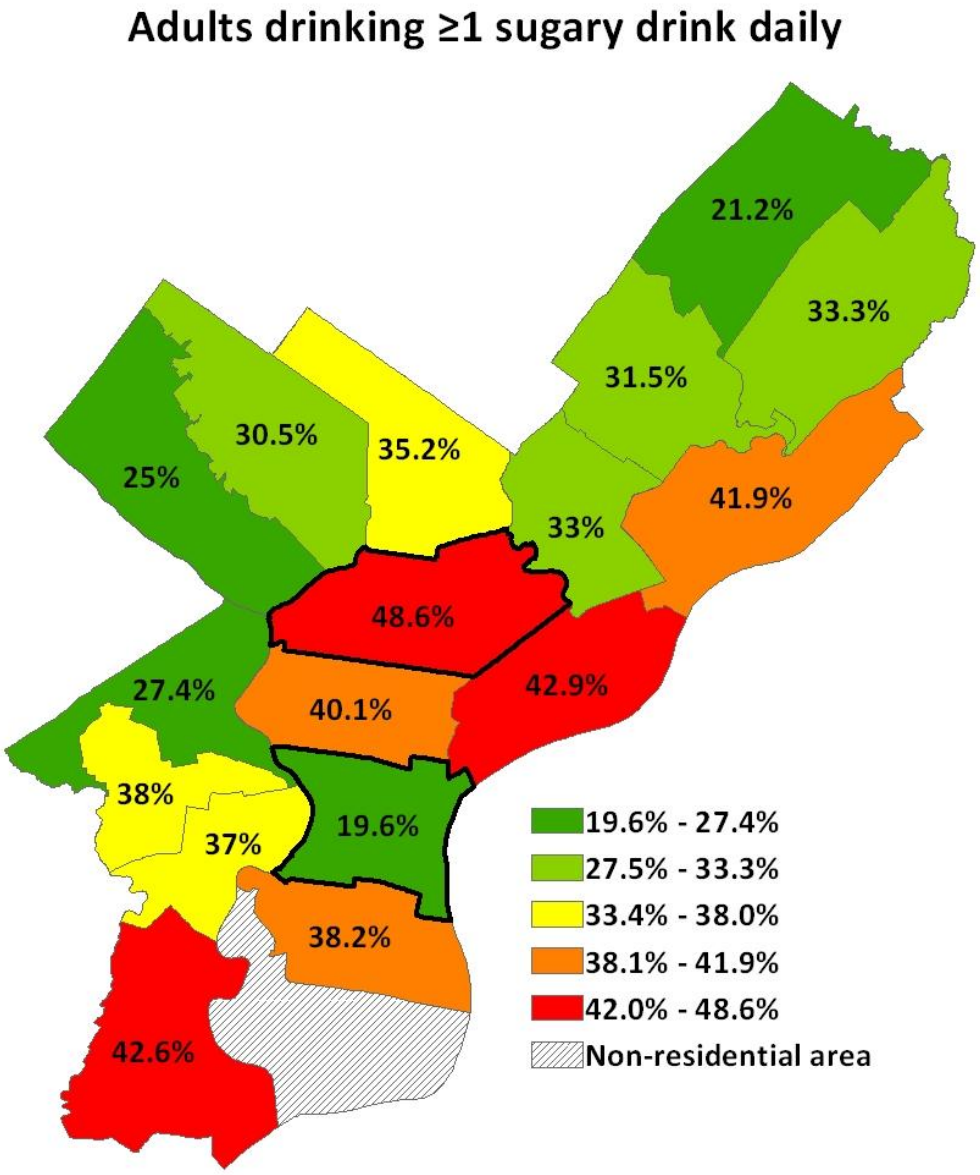


Source: School District of Philadelphia, 2009-2010



Source: Public Health Management Corporation (PHMC) Household Health Survey, 2012

Notes:
Data ranges based on quintiles.
Outlined districts have highest and lowest values.



Source: Public Health Management Corporation (PHMC) Household Health Survey, 2012

Notes:
Data ranges based on quintiles.
Outlined districts have highest and lowest values.

V(5). Cardiovascular disease

Known as the "silent killer" because many people don't realize they have it, hypertension—or high blood pressure—increases the risk for heart disease and stroke. Diabetes—or high blood sugar—can also lead to heart disease and stroke, as well as damage to the eyes and kidneys.[8]

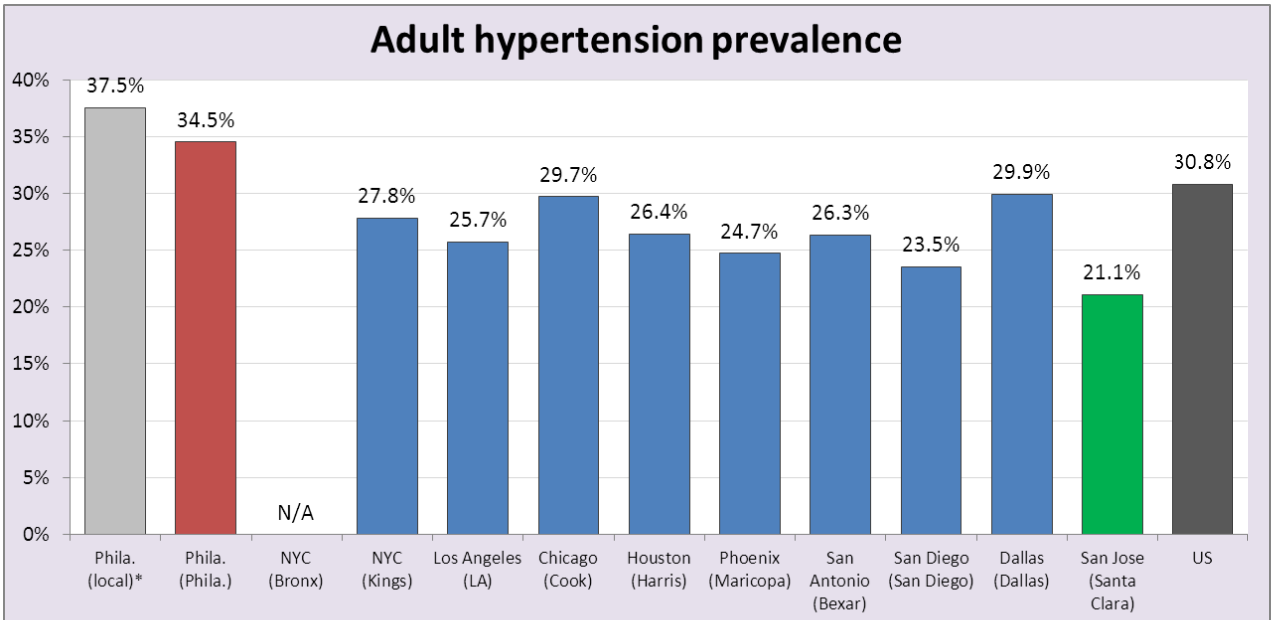
Premature cardiovascular disease (CVD) mortality
In Philadelphia, premature CVD mortality is 58.5 per 100,000 based on CVD deaths to persons under 65. Premature CVD mortality declined by 32% between 2000 and 2010. It disproportionately impacts non-Hispanic blacks and residents of the Lower North planning district. City/county data are not available.

Adult hypertension prevalence
More than one out of three (37.5%) adult Philadelphians has been diagnosed with hypertension, or high blood pressure. According to national data, adult hypertension is more common in Philadelphia than in any other of the 10 largest counties in the U.S. for which hypertension prevalence is known. This may be due in part to a 20% increase in hypertension between 2000 and 2012. Like premature CVD mortality, hypertension is most prevalent among non-Hispanic black adults. It is especially common in the Lower Southwest planning district.

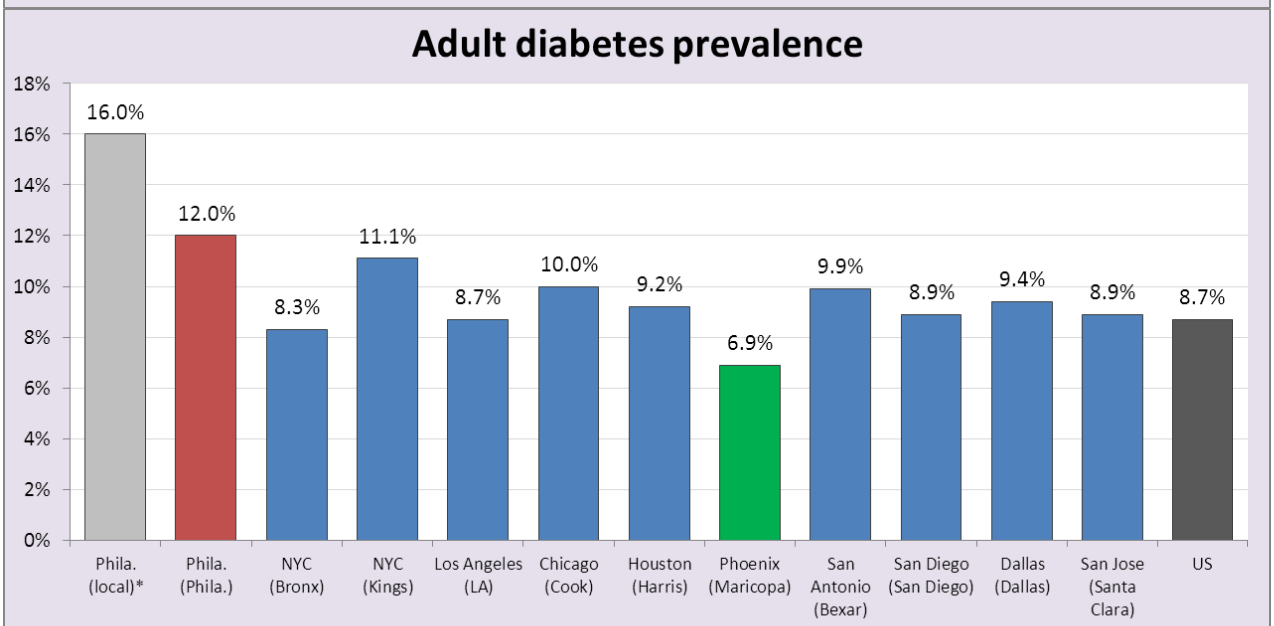
Adult diabetes prevalence
In Philadelphia, 16% of adult residents have been diagnosed with diabetes. National data show adult diabetes is more prevalent in Philadelphia than any other of the 11 largest U.S. counties. Diabetes prevalence rose by nearly 50% between 2004 and 2012. Like hypertension and CVD mortality, adult diabetes is most prevalent among non-Hispanic blacks. Prevalence is highest in the Lower Northeast planning district.

[8] Centers for Disease Control and Prevention. 2013. Resolve to prevent or delay type 2 diabetes. Centers for Disease Control and Prevention web site. http://www.cdc.gov/features/diabetesprevention/. Updated December 9, 2013. Accessed April 16, 2014.

City/county comparisons – cardiovascular disease

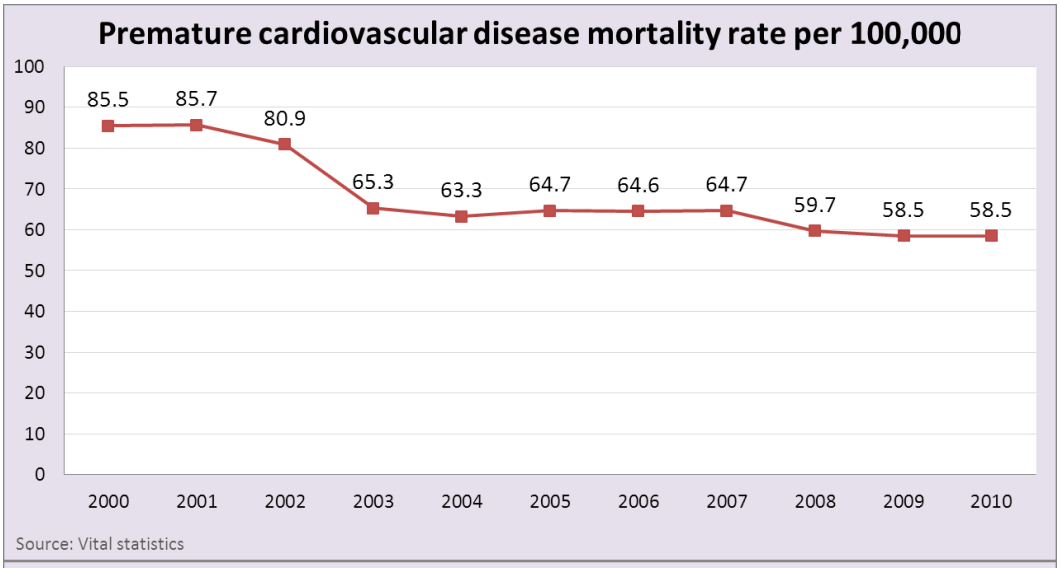


Source: Behavior Risk Factor Surveillance System, 2009
*Local source: Public Health Management Corporation (PHMC) Household Health Survey, 2012

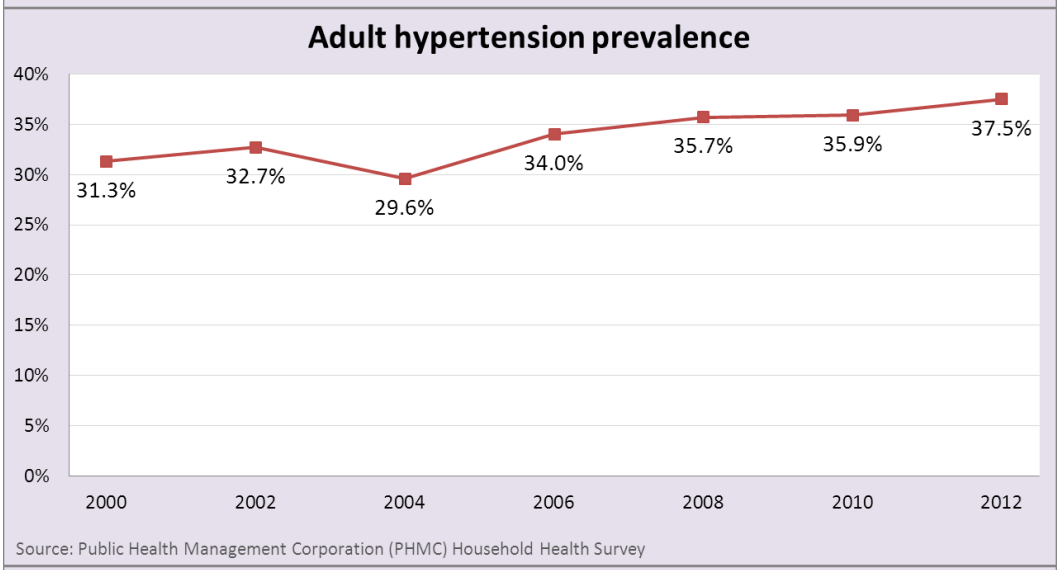


Source: Behavior Risk Factor Surveillance System, 2010
*Local source: Public Health Management Corporation (PHMC) Household Health Survey, 2012

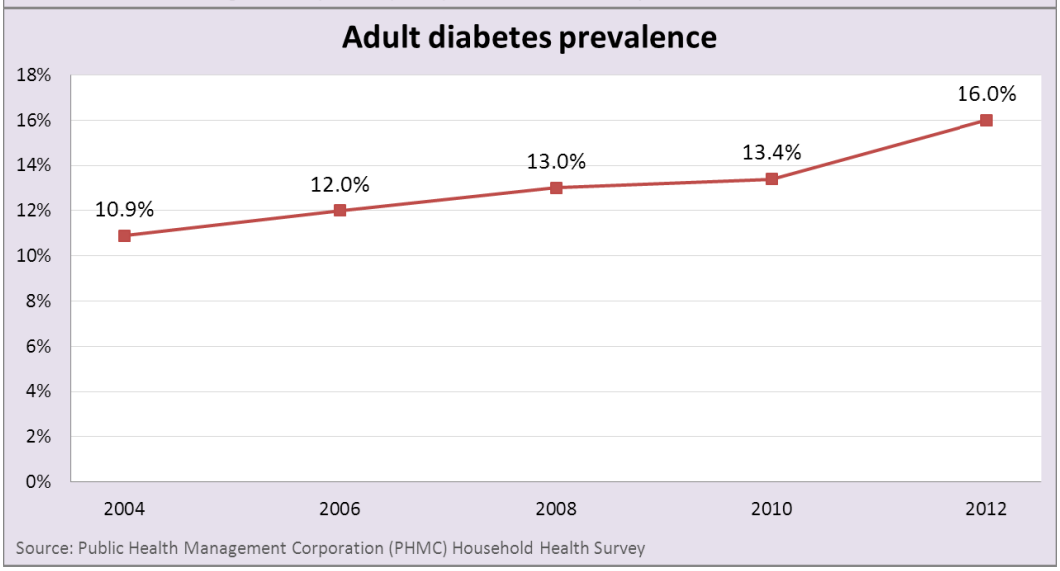
Philadelphia over time – cardiovascular disease



Source: Vital statistics

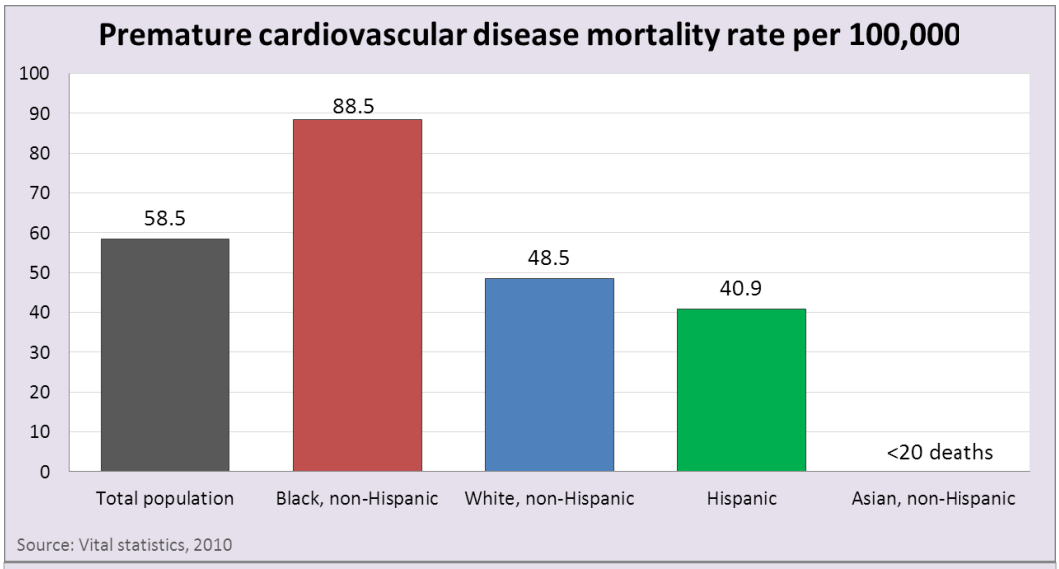


Source: Public Health Management Corporation (PHMC) Household Health Survey

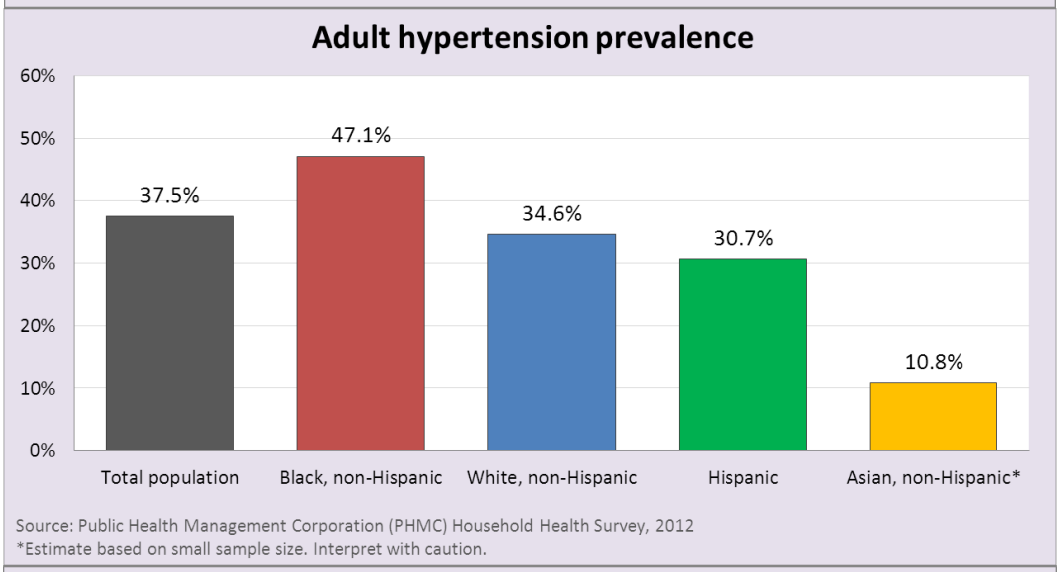


Source: Public Health Management Corporation (PHMC) Household Health Survey

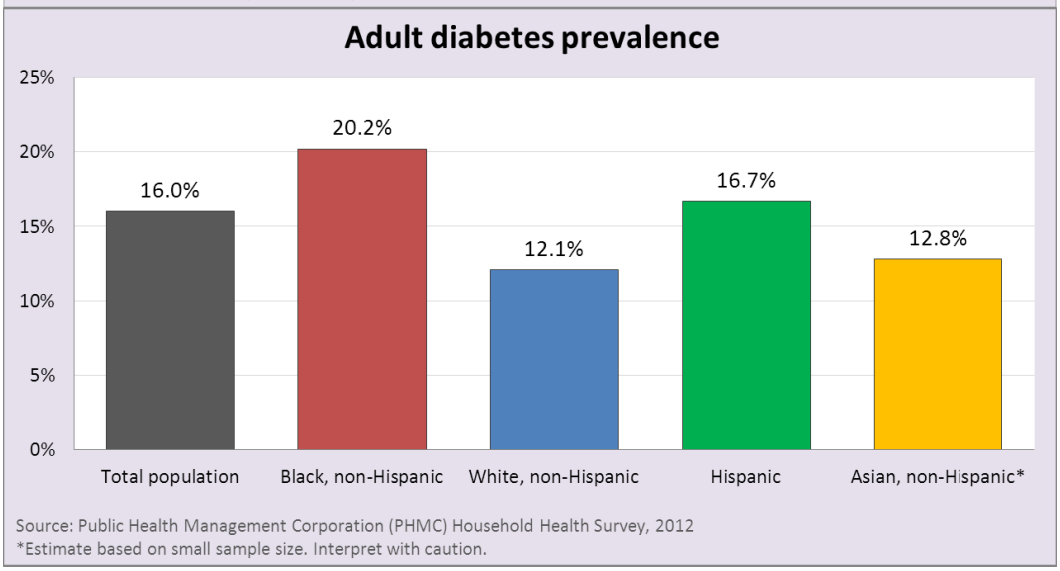
Philadelphia by race/ethnicity – cardiovascular disease



Source: Vital statistics, 2010

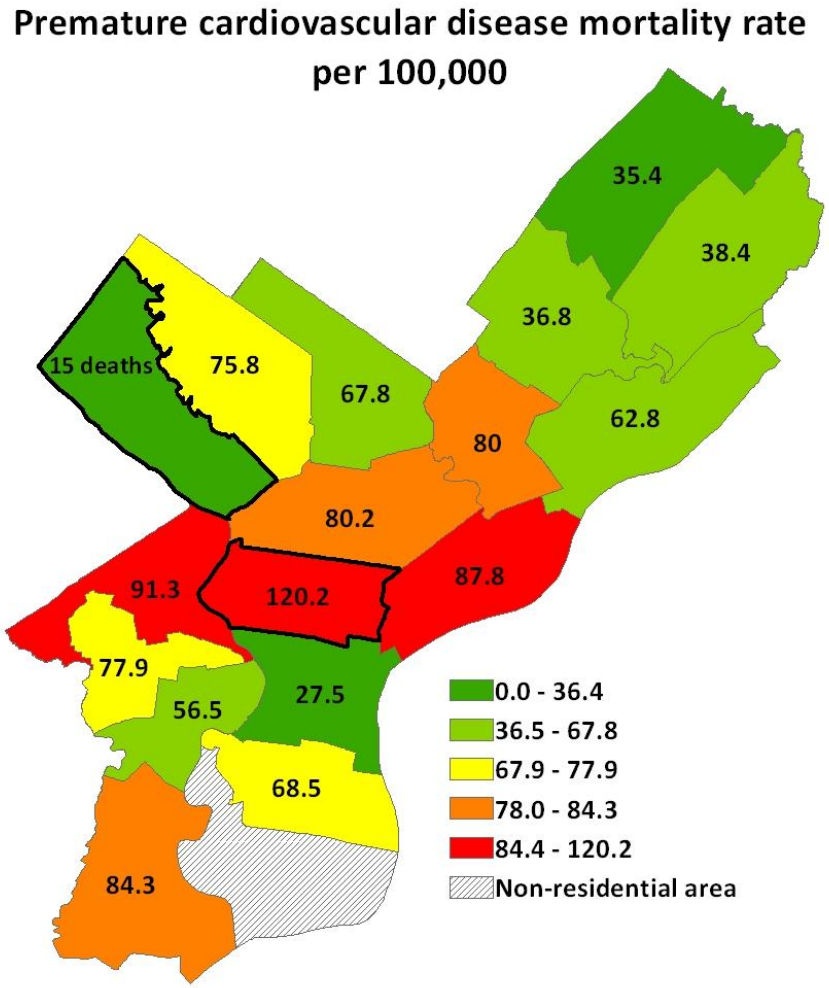


Source: Public Health Management Corporation (PHMC) Household Health Survey, 2012
*Estimate based on small sample size. Interpret with caution.

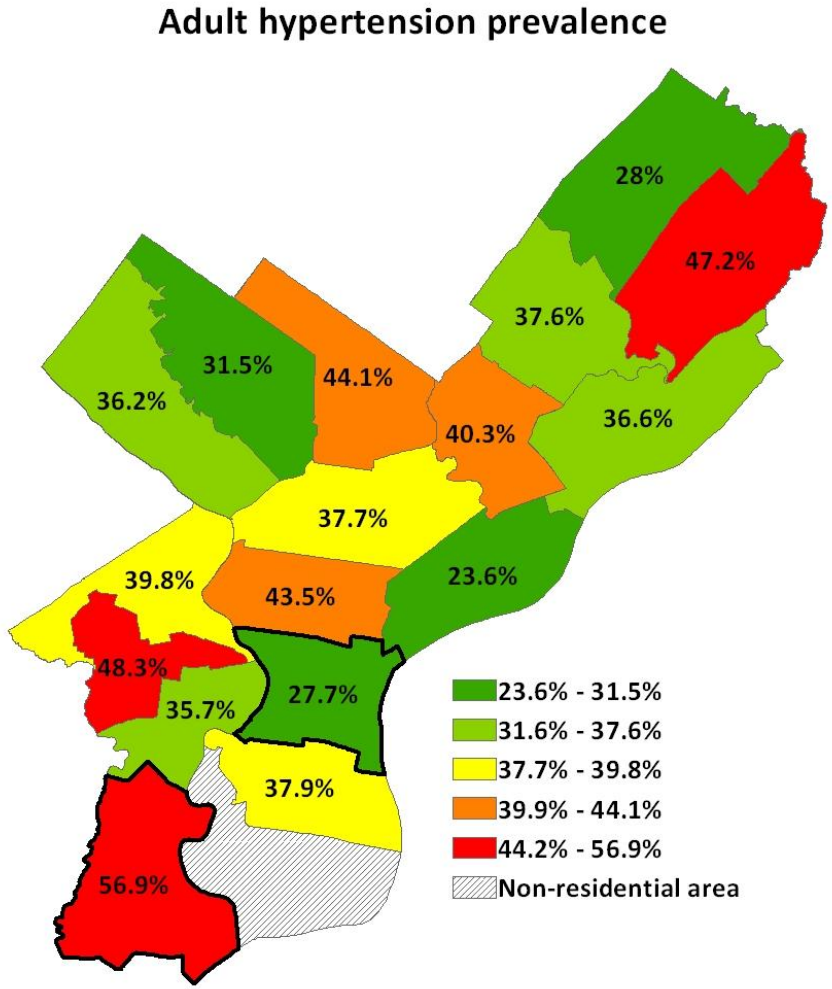


Source: Public Health Management Corporation (PHMC) Household Health Survey, 2012
*Estimate based on small sample size. Interpret with caution.

Philadelphia by planning district – cardiovascular disease



Source: Vital statistics, 2010



Source: Public Health Management Corporation (PHMC) Household Health Survey, 2012

Notes:
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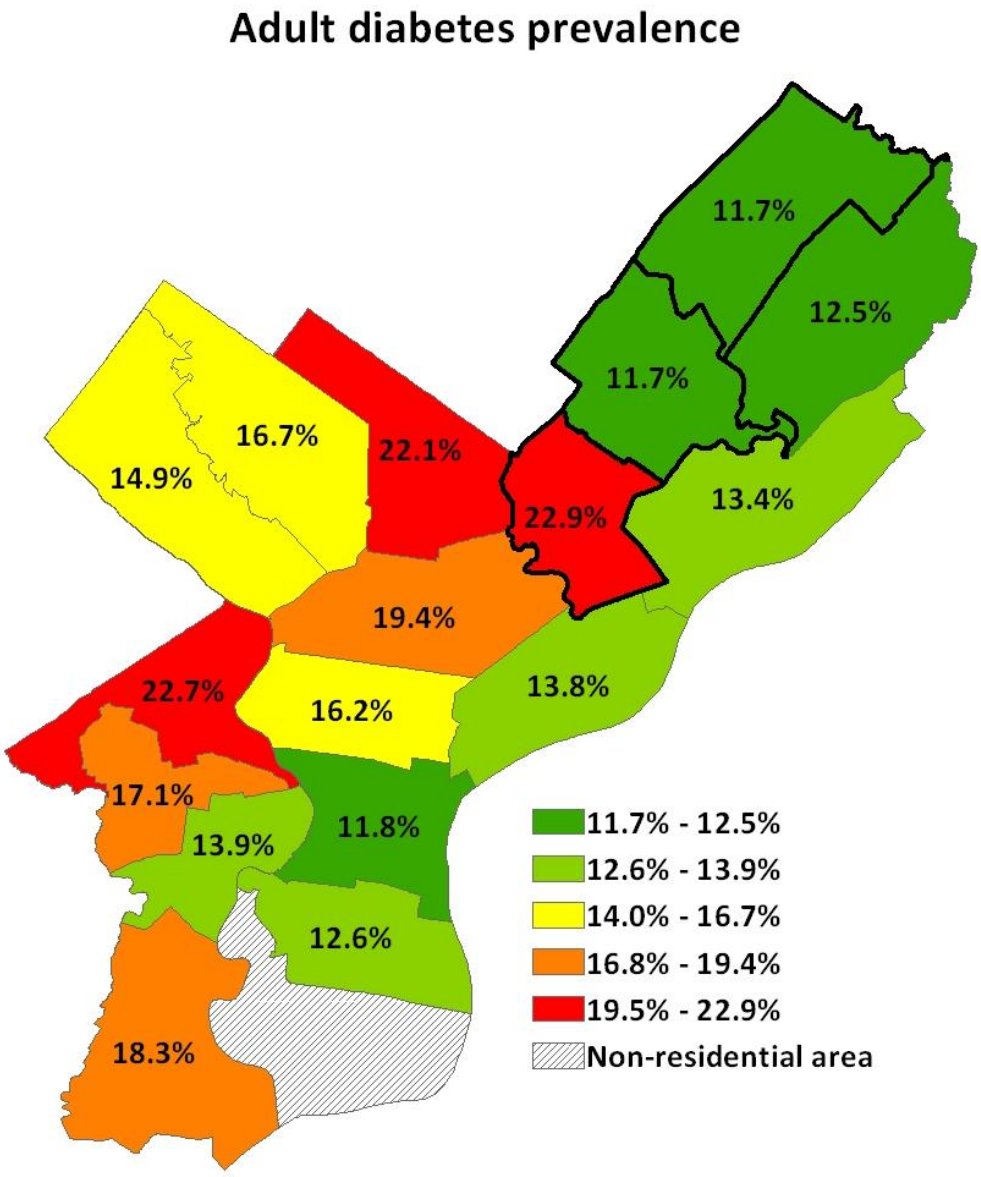
Outlined districts have highest and lowest values.



Source: Public Health Management Corporation (PHMC) Household Health Survey, 2012

Notes:
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Outlined districts have highest and lowest values.

V(6). HIV

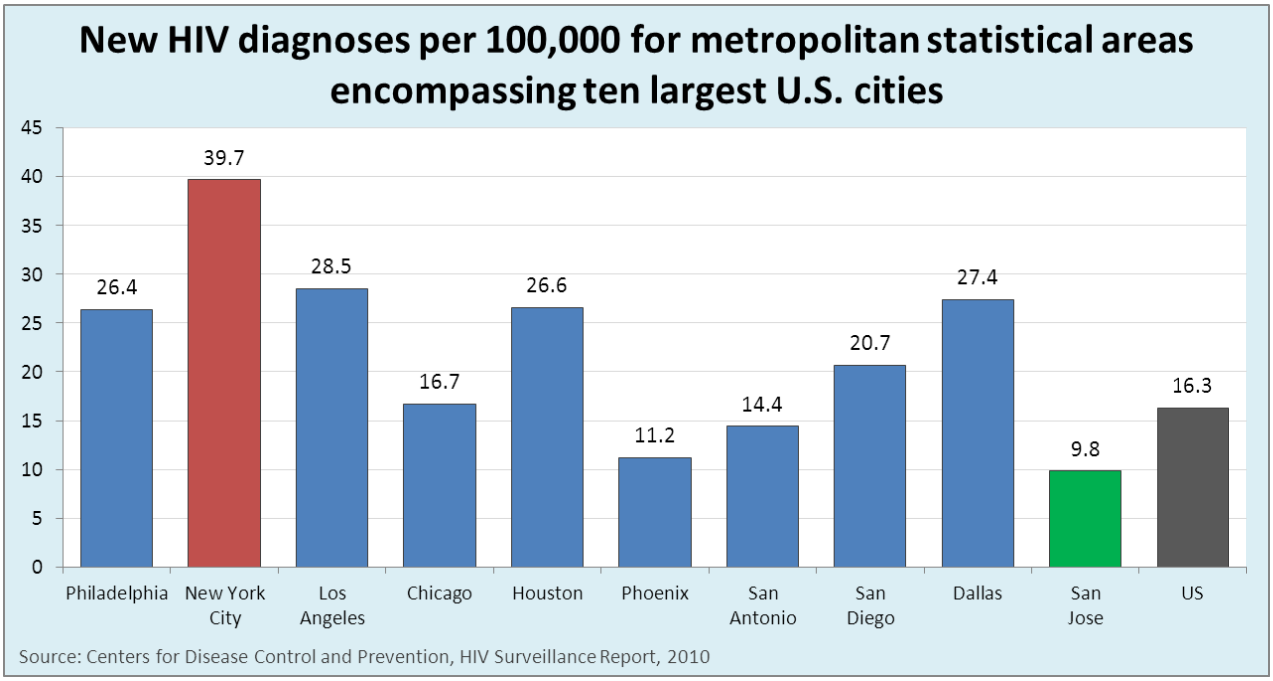
HIV (human immunodeficiency virus) is the virus that causes AIDS (acquired immunodeficiency syndrome). AIDS progressively suppresses the immune system, ultimately allowing life-threatening opportunistic infections and cancers to thrive.

New HIV diagnoses
In 2011, there were 673 new HIV diagnoses in Philadelphia—a rate of 4.5 per 10,000 residents. According to national data, the Philadelphia metropolitan statistical area (MSA) ranks 5th among the MSAs associated with the 10 largest cities in the U.S. The rate of new HIV diagnoses declined 20% between 2006 and 2011. This rate is highest among non-Hispanic blacks and in the North planning district.

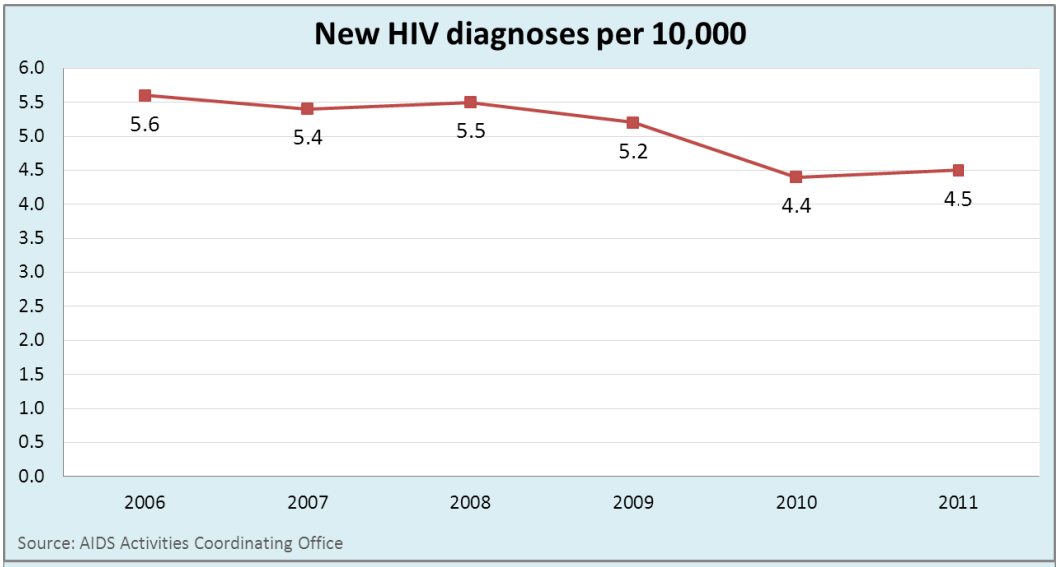
New HIV diagnoses by transmission type
HIV is more prevalent among some subpopulations than others, and different subpopulations are overrepresented among those newly diagnosed with HIV. In 2011, 41.4% of Philadelphia's new diagnoses were among MSMs (men who have sex with men), 48% among heterosexuals, 8.7% among IV drug users, and 1.8% among others. This represents a considerable shift from 2006; though heterosexuals constituted nearly the same percentage of new cases in both years, the IV drug user share fell 63%, while the MSM share rose 54%. Transmission types are distributed differently by race/ethnicity and planning district. City/county data are not available.

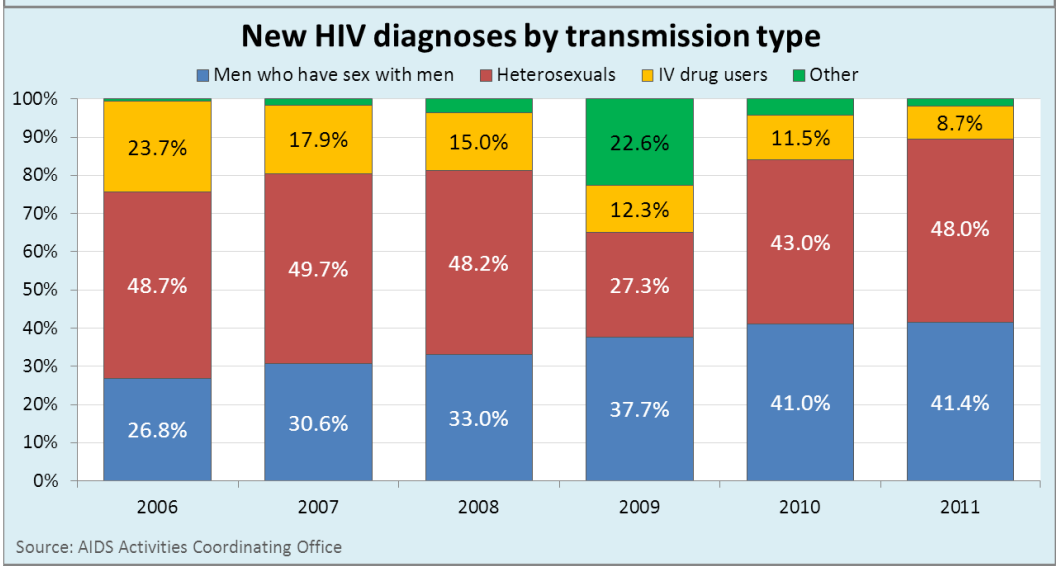
HIV testing
One out of four (23.2%) of Philadelphians age 18-39 years report never having been tested for HIV. This constitutes a 37% drop since 2000, when more than one in three had never been tested. Testing is least common among Asians. City/county data are not available. Sample sizes are too small for analyses of differences by planning district.

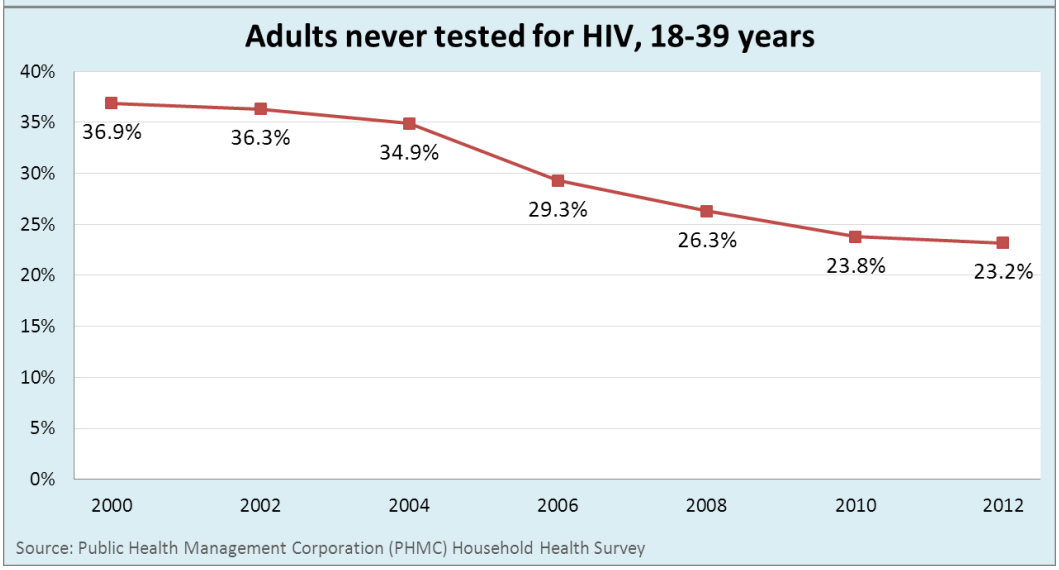
City/county comparisons – HIV



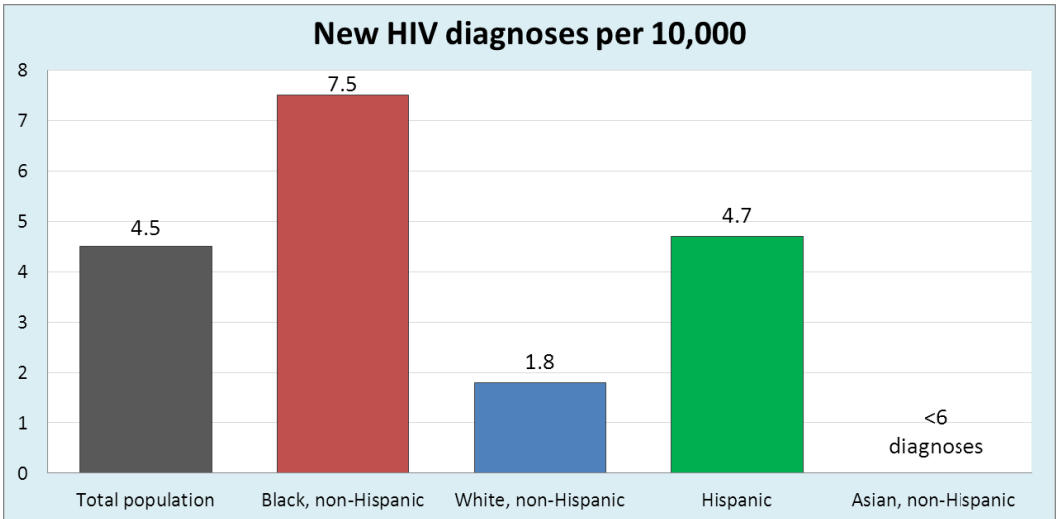
Philadelphia over time – HIV



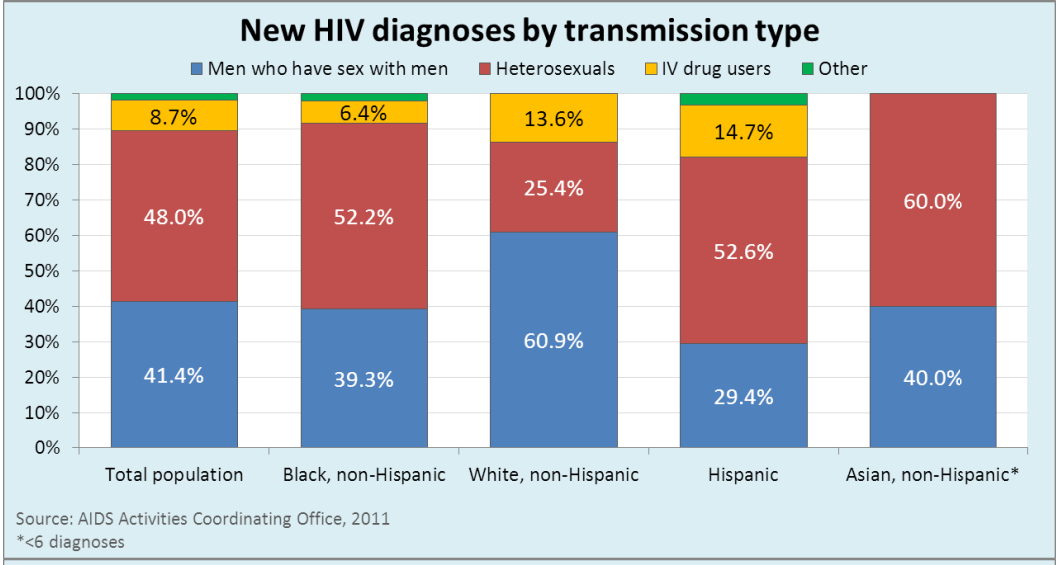




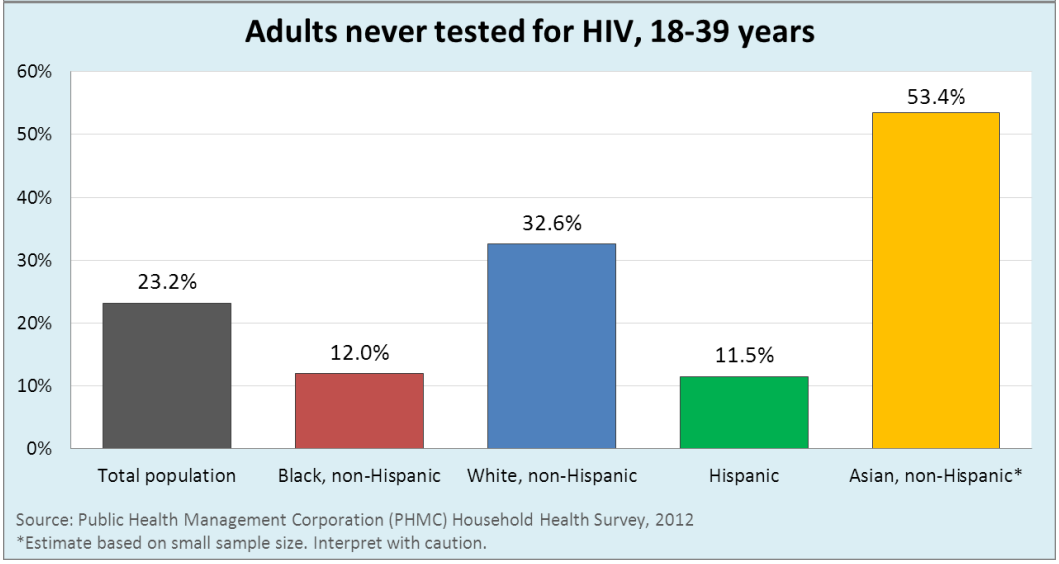
Philadelphia by race/ethnicity – HIV



Source: AIDS Activities Coordinating Office, 2011



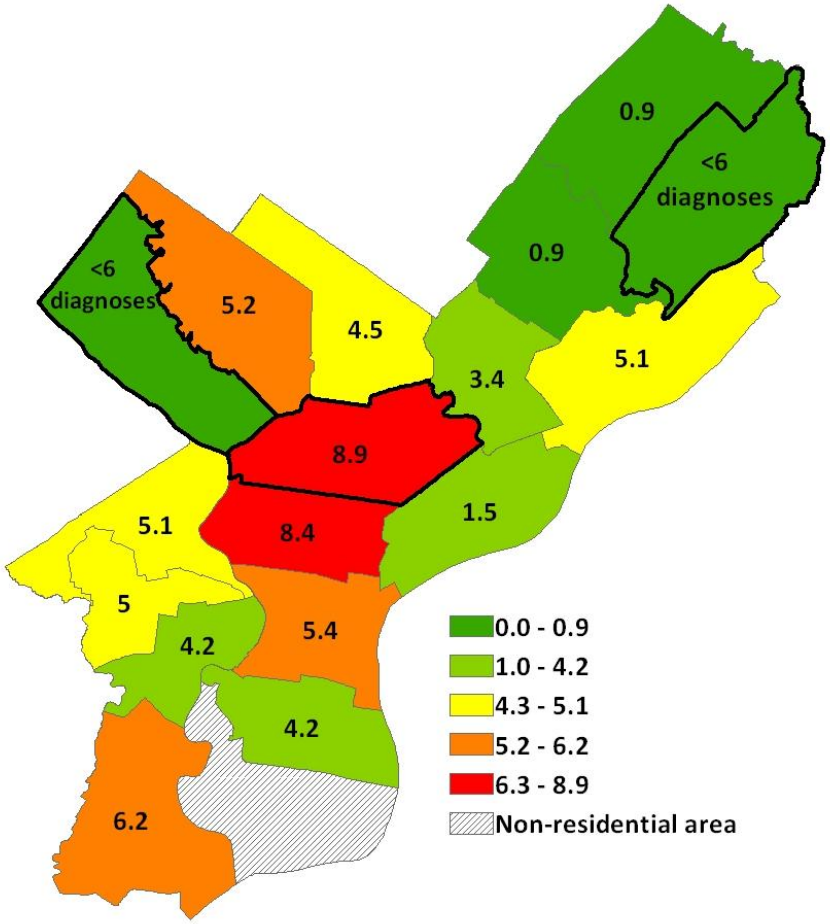
Source: AIDS Activities Coordinating Office, 2011
*<6 diagnoses



Source: Public Health Management Corporation (PHMC) Household Health Survey, 2012
*Estimate based on small sample size. Interpret with caution.

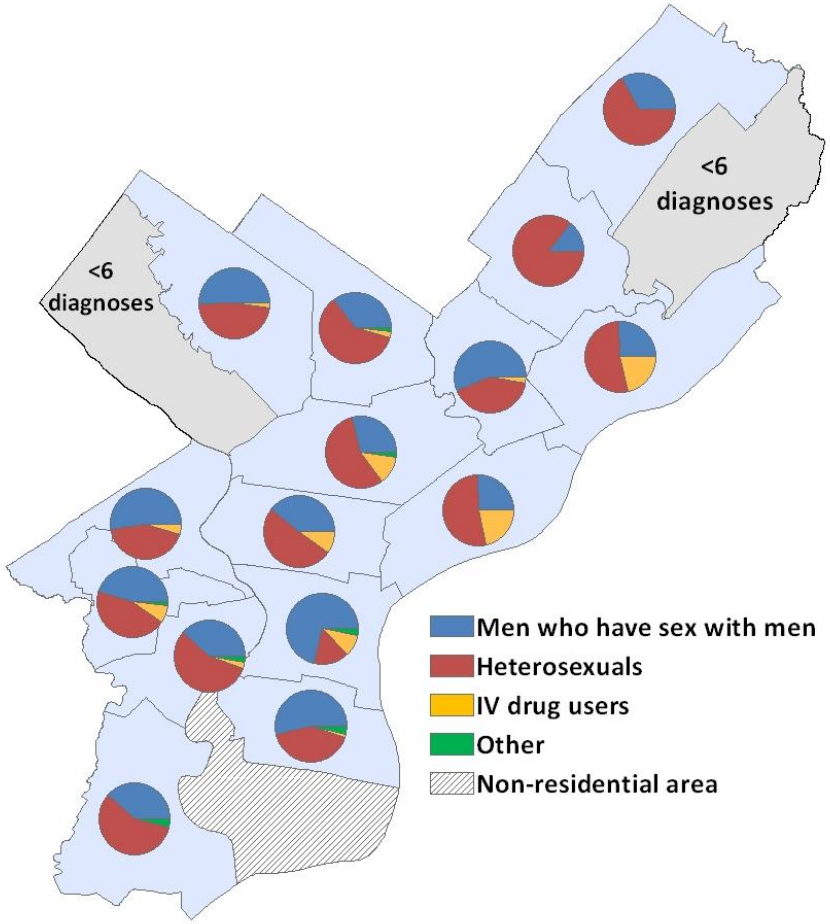
Philadelphia by planning district – HIV

New HIV diagnoses per 10,000



Source: AIDS Activities Coordinating Office, 2011

New HIV diagnoses by transmission type



Source: AIDS Activities Coordinating Office, 2011

Notes:
Data ranges based on quintiles.
Outlined districts have highest and lowest values.

V(7). Teen reproductive health

Condom and contraceptive use is critical for adolescents to prevent pregnancy and sexually transmitted infections (STIs). Pregnant teens are more likely than older women to receive late or no prenatal care, have gestational hypertension and anemia, and have pre-term deliveries and low birth-weight babies.[9,10] STIs are associated with infertility, pelvic inflammatory disease, and cervical cancer.[11]

Teen condom use
Six out of 10 teens in Philadelphia report using a condom with their last sexual encounter. Philadelphia ranks right in the middle among the 7 large cities for which teen condom use is known. Though it rose in 2003, teen condom use has been falling ever since and, in 2011, it was 7% lower than it had been a decade before, in 2001. Race/ethnicity and planning district data are not available.

Teen birth control use
Eight out of 10 Philadelphia teens report using some form of birth control with their last sexual encounter. Philadelphia ranks 3rd worst among the 7 large cities for which teen birth control use is known. Like teen condom use, teen use of all means of birth control decreased 5% between 2001 and 2011. Race/ethnicity and planning district data are not available.

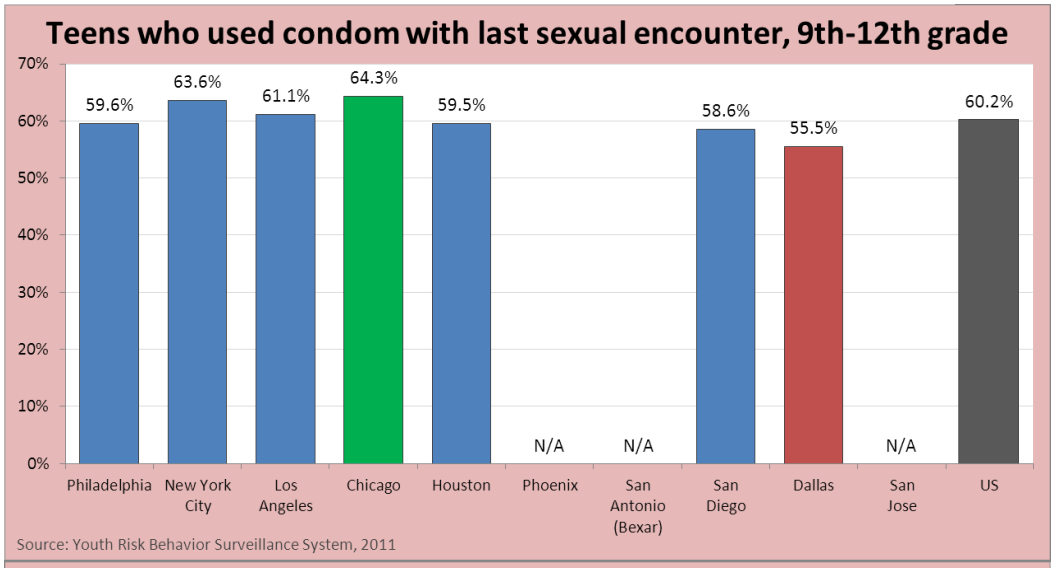
Teen births
In Philadelphia, the birth rate per 1,000 teen girls age 15-19 years is 52.7. According to national data, Philadelphia is tied for the third highest teen birth rate among the 11 largest counties in the U.S. Though it rose in the mid-2000s, the teen birth rate started to drop off again toward the end of the decade and was just 6% higher in 2010 than it had been in 2003. The teen birth rate is highest among Hispanics and in the North planning district.

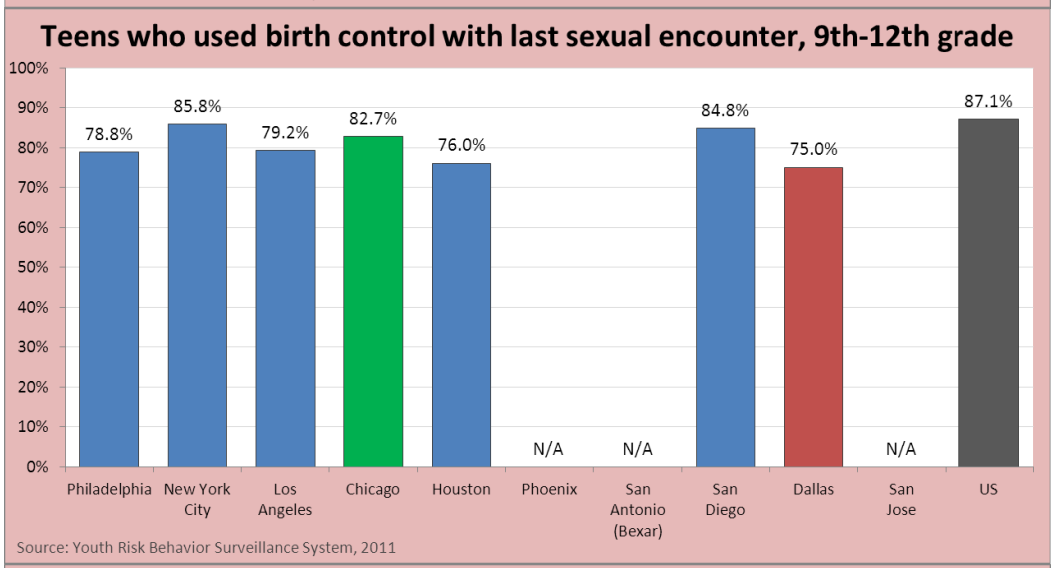
Teen chlamydia
The diagnosed chlamydia infection rate per 100,000 Philadelphia teens age 15-19 years is 6,611. It increased 38% between 2000 and 2012. The teen chlamydia rate is highest in the West planning district. City/county and race/ethnicity data are not available.

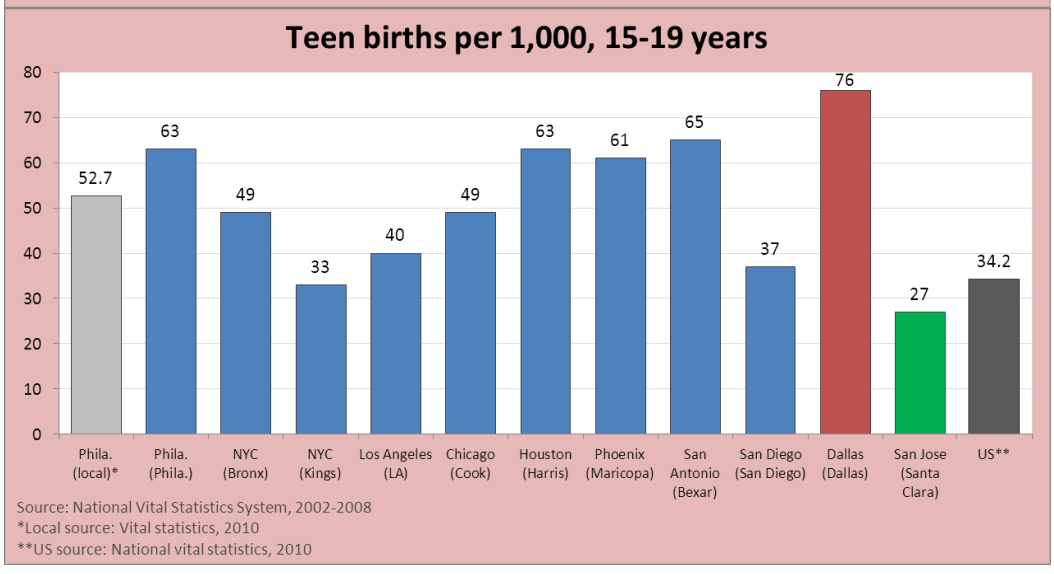
Teen gonorrhea
The diagnosed gonorrhea infection rate per 100,000 Philadelphia teens age 15-19 years is 1,834. Though it was far lower in the mid-2000s, the teen gonorrhea rate was only 12% lower in 2012 than it had been in 2000. It is highest in the West planning district. City/county and race/ethnicity data are not available.

[9]Scholl TO, Hediger ML, Belsky DH. 1994. Prenatal care and maternal health during adolescent pregnancy: A review and meta-analysis. *Journal of Adolescent Health, 15*:444-456.
[10]Chandra PC, Schiavello HJ, Ravi B, Weinstein AG, Hook FB. 2002. Pregnancy outcomes in urban teenagers. *International Journal of Gynecology & Obstetrics, 79*: 117-122.
[11]Meade CS, Ickovics JR. 2005. Systematic review of sexual risk among pregnant and mothering teens in the USA: Pregnancy as an opportunity for integrated prevention of STD and repeat pregnancy. *Social Science & Medicine, 60*: 661-678.

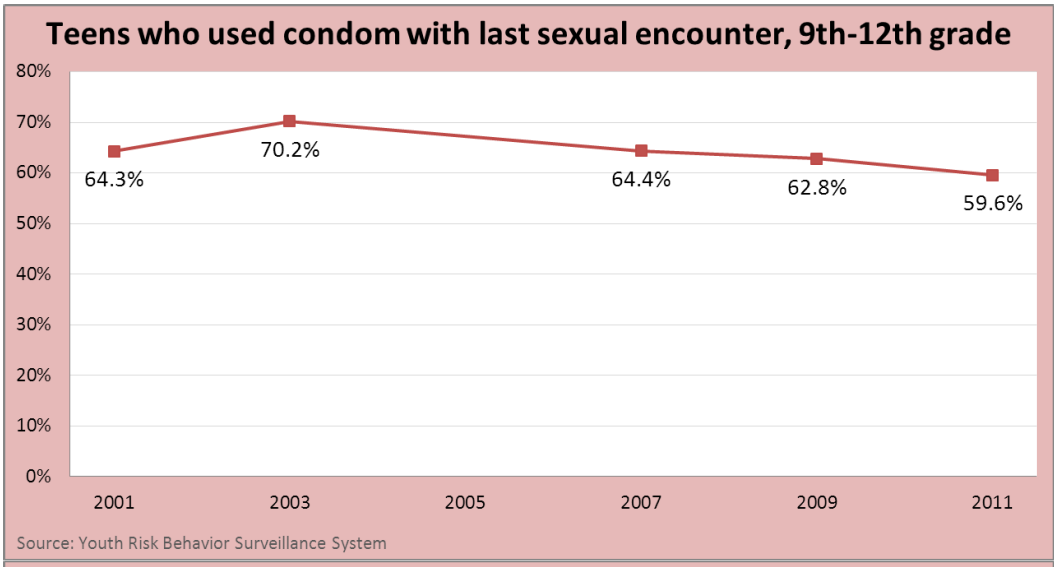
City/county comparisons – teen reproductive health

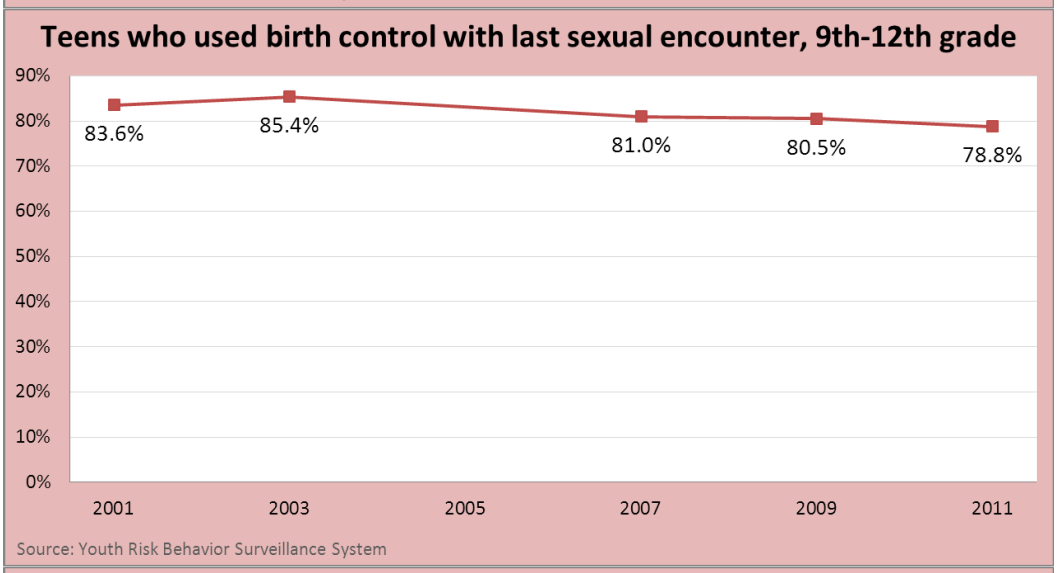


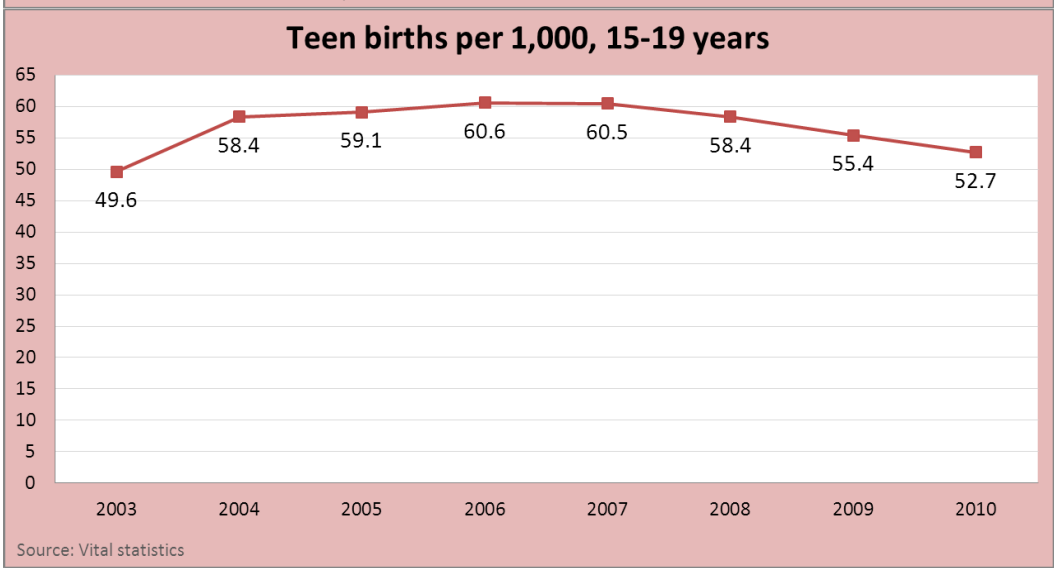


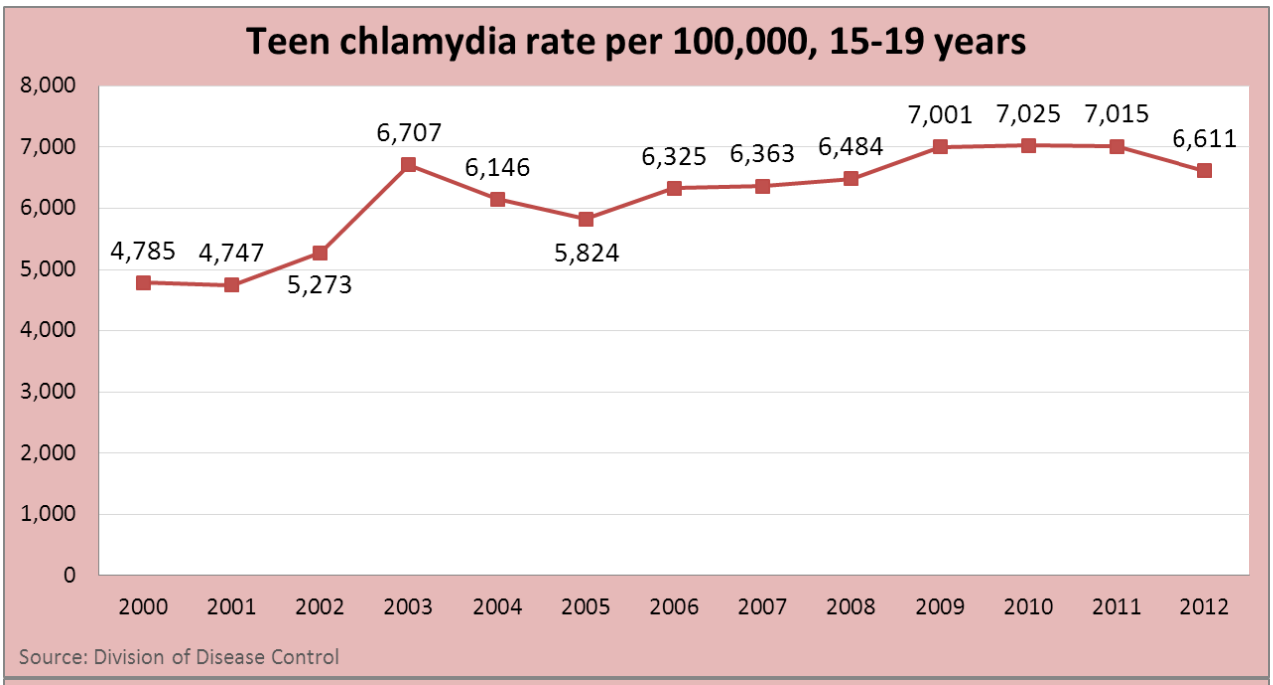


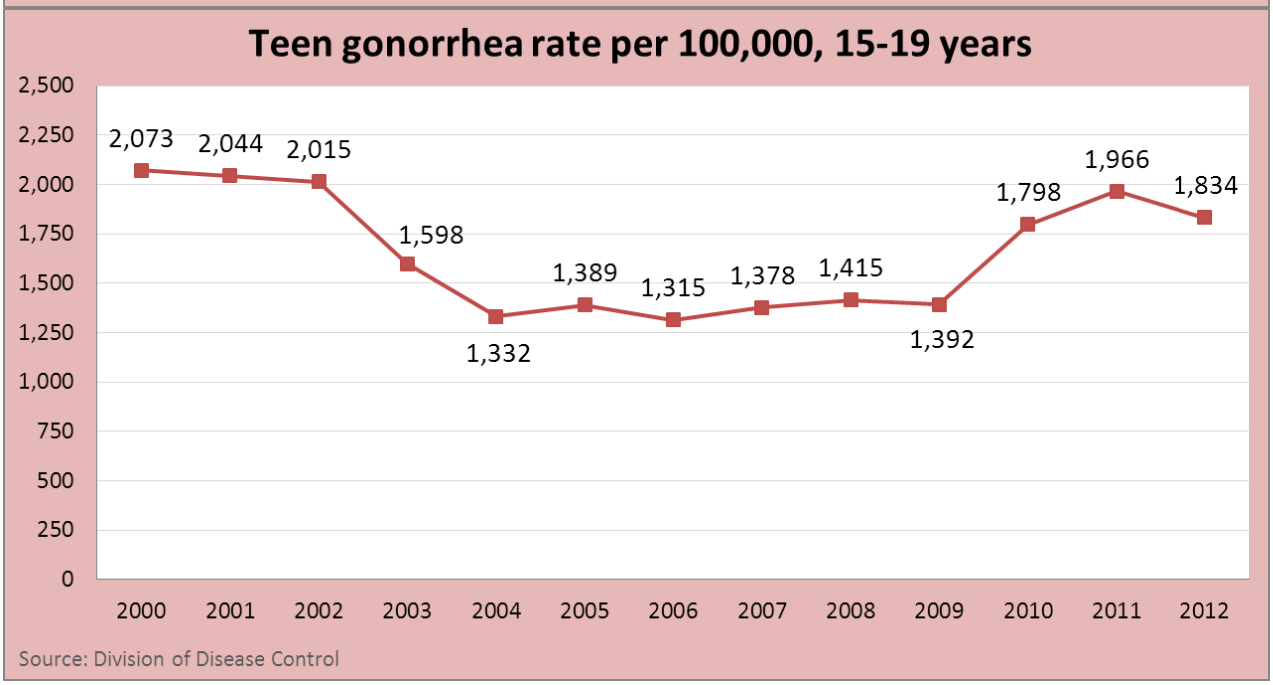
Philadelphia over time – teen reproductive health



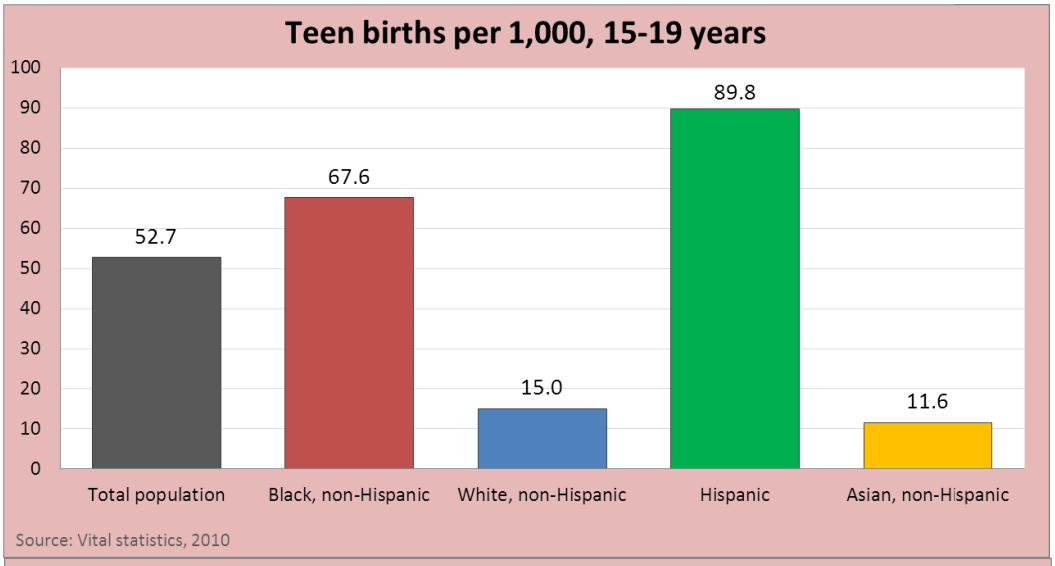


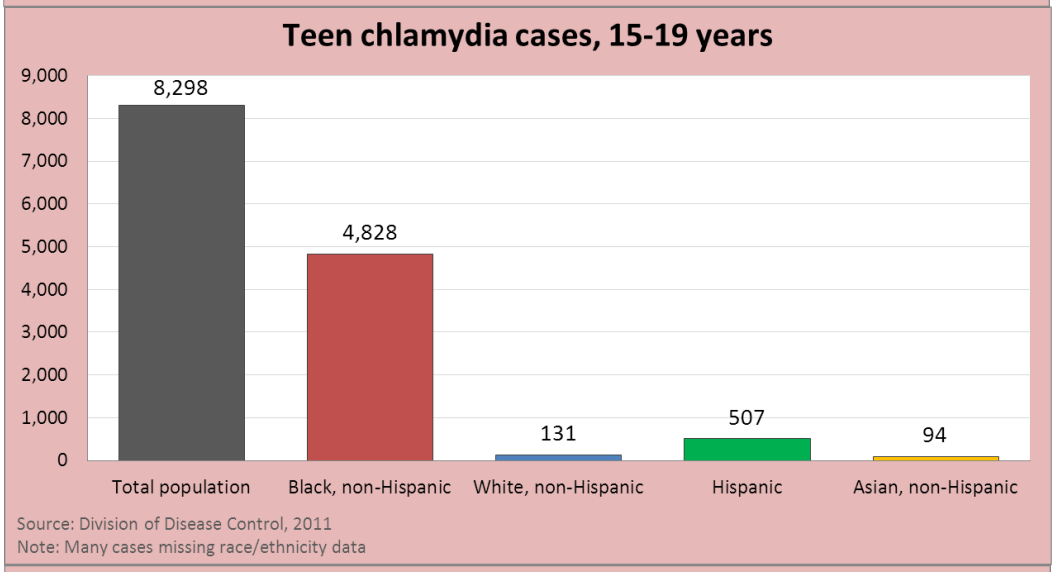


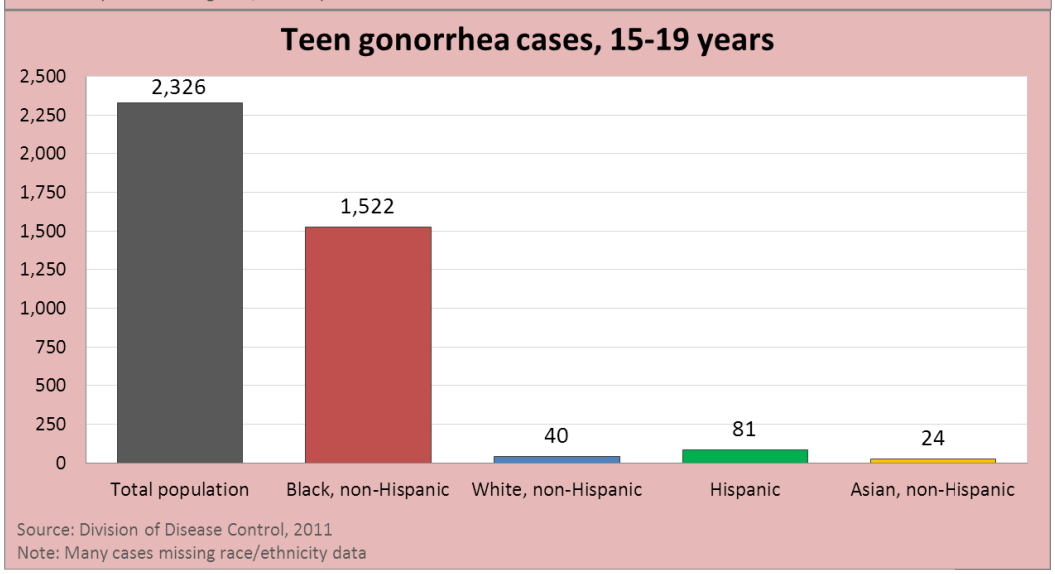

Teen chlamydia rate per 100,000, 15-19 years
8,000
7,000
6,000
5,000
4,000
3,000
2,000
1,000
0
4,785
4,747
5,273
6,707
6,146
5,824
6,325
6,363
6,484
7,001
7,025
7,015
6,611
2000
2001
2002
2003
2004
2005
2006
2007
2008
2009
2010
2011
2012
Source: Division of Disease Control


Teen gonorrhea rate per 100,000, 15-19 years
2,500
2,250
2,000
1,750
1,500
1,250
1,000
750
500
250
0
2,073
2,044
2,015
1,598
1,332
1,389
1,315
1,378
1,415
1,392
1,798
1,966
1,834
2000
2001
2002
2003
2004
2005
2006
2007
2008
2009
2010
2011
2012
Source: Division of Disease Control

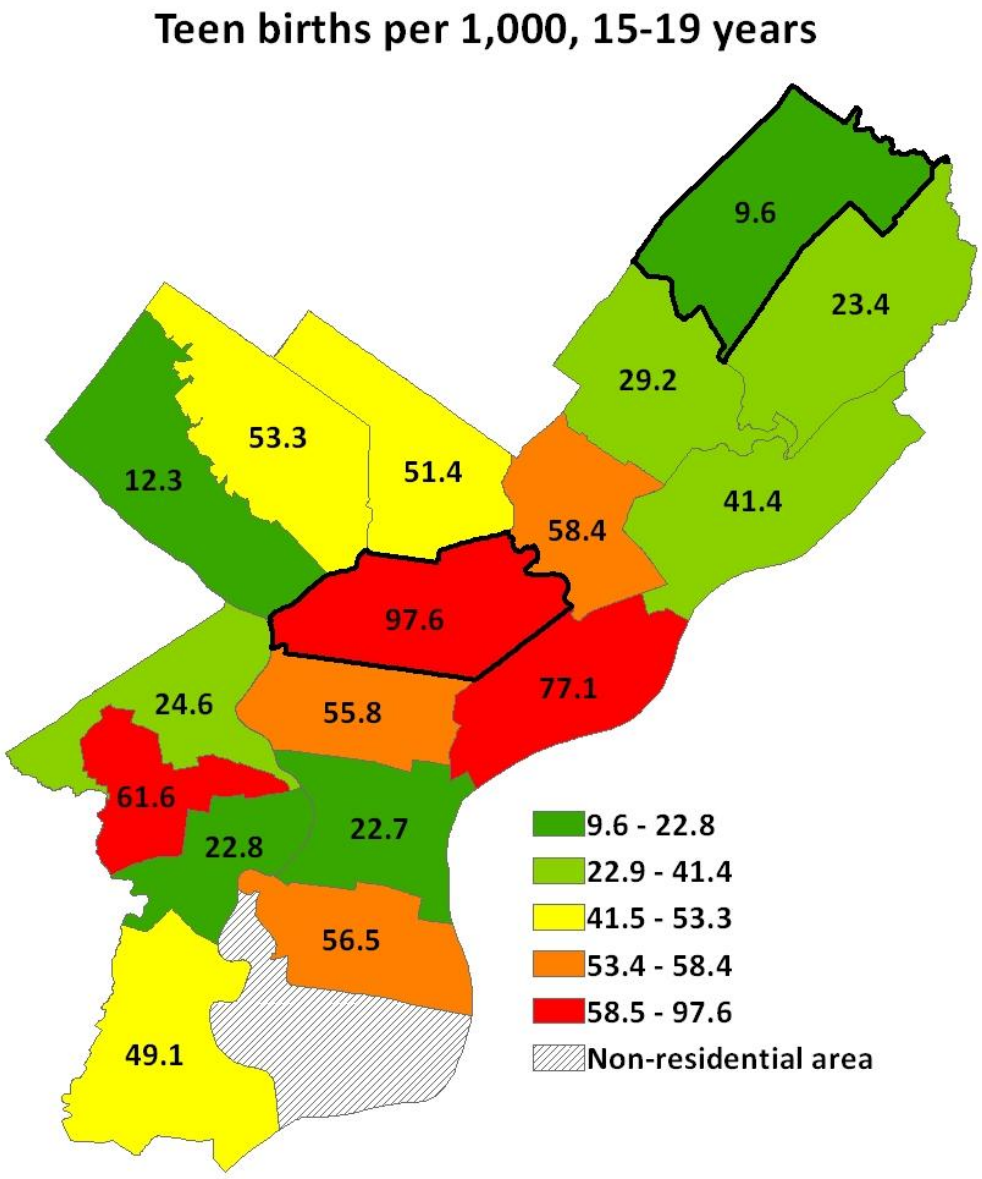
Philadelphia by race/ethnicity – teen reproductive health







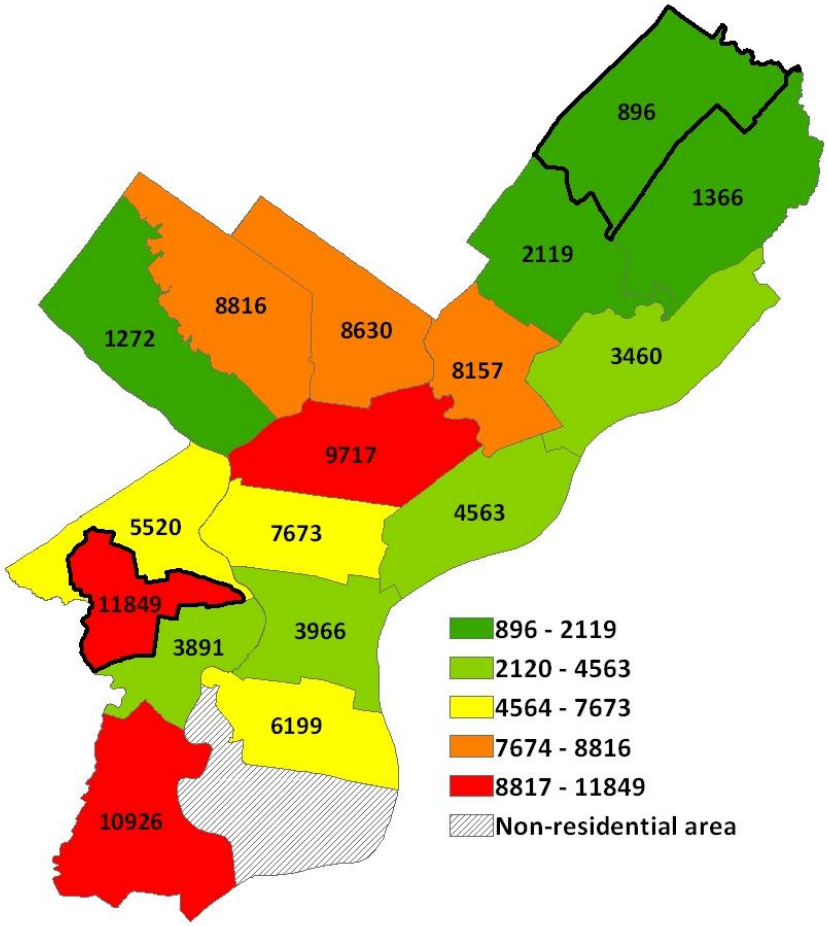
Philadelphia by planning district – teen reproductive health



Source: Vital statistics, 2010

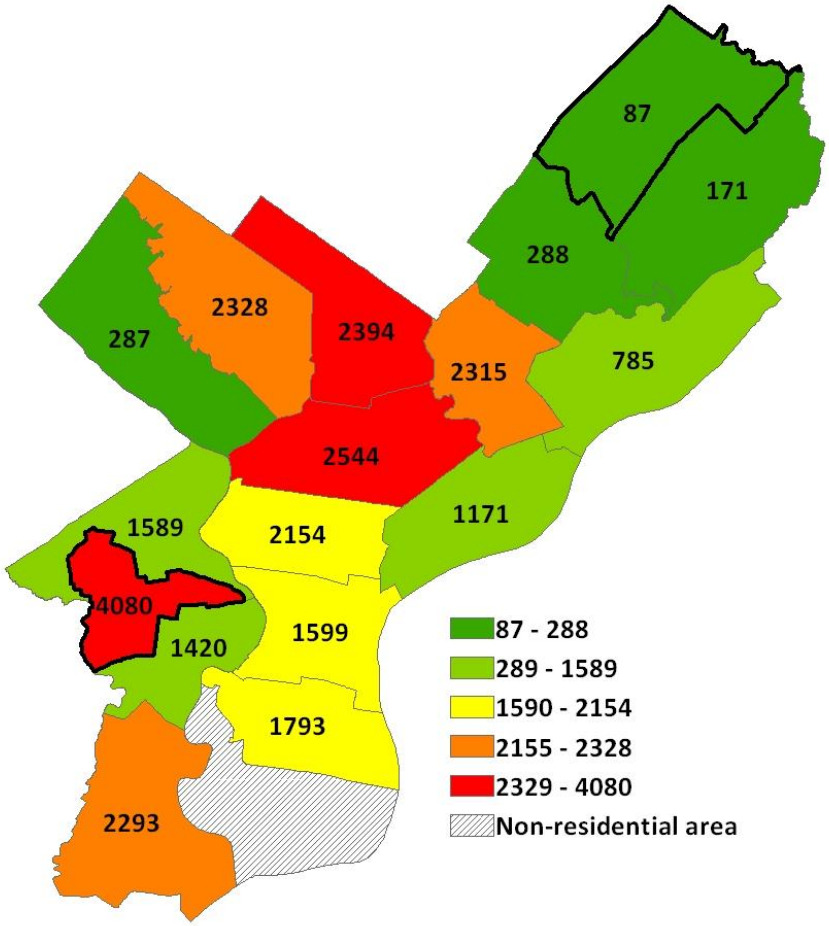
Notes:
Data ranges based on quintiles.
Outlined districts have highest and lowest values.

Teen chlamydia rate per 100,000, 15-19 years



Source: Division of Disease Control, 2010

Teen gonorrhea rate per 100,000, 15-19 years



Source: Division of Disease Control, 2010

Notes:
Data ranges based on quintiles.
Outlined districts have highest and lowest values.

V(8). Maternal and infant health

Pregnancy and childbirth have a significant impact on the physical, mental, emotional, and socioeconomic health of women and their families. Appropriate prenatal care optimizes the likelihood of a full-term pregnancy and the delivery of a healthy baby, and proper postpartum care optimizes the newborn's chances for a healthy childhood and adulthood.

Infant mortality
In Philadelphia, the infant mortality rate is 10.7 per 1,000 live births. According to national data, Philadelphia has the highest mortality rate of the 11 largest U.S. counties, more than 50% higher than the next highest rate. Infant mortality has remained relatively steady, rising only 4% between 2000 and 2010. It is highest among non-Hispanic blacks and in the Lower North and Upper North planning districts.

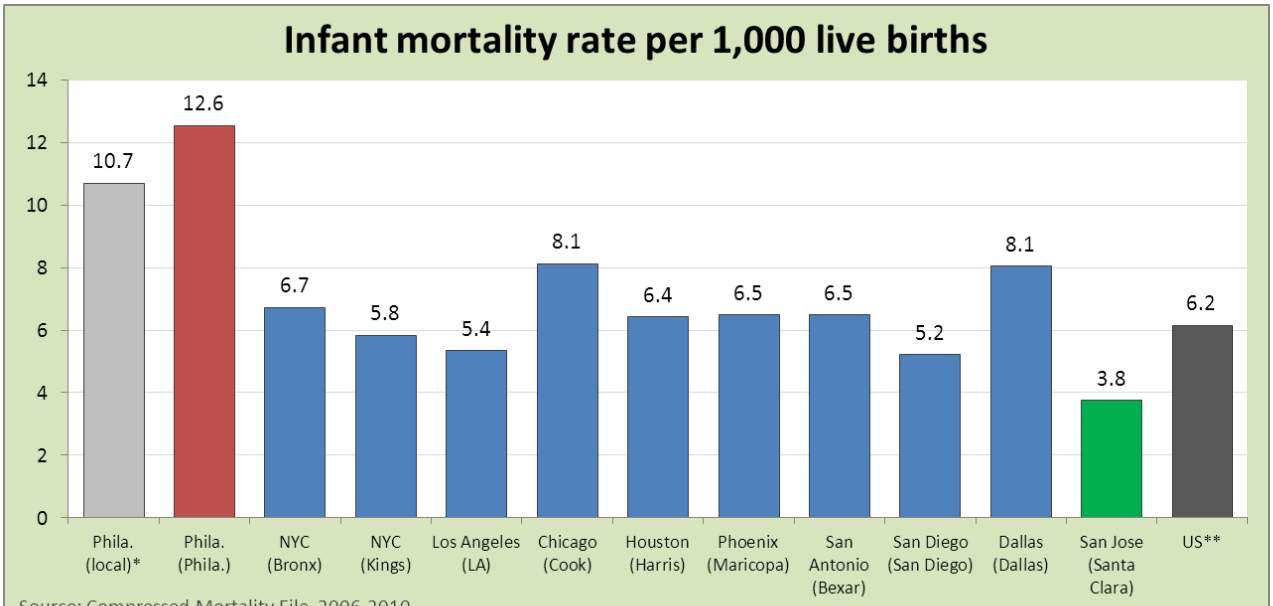
Low birth weight births
10.9% of Philadelphia infants are born weighing less than 2,500 grams or 5 pounds 8 ounces. As is the case with infant mortality, Philadelphia has the highest prevalence of low birth weight births among the 11 largest U.S. counties. Although it rose somewhat in the intervening decade, the percent of low birth weight births was the same in 2010 as in 2000. Like infant mortality, low birth weight births are most prevalent among non-Hispanic blacks and in the Lower North planning district.

5 or more births
In Philadelphia, 6.2% of births are the fifth—or higher order—birth for the mother. This indicator has declined 9% between 2000 and 2010. It is highest for non-Hispanic blacks and in the Lower North planning district. City/county data are not available.

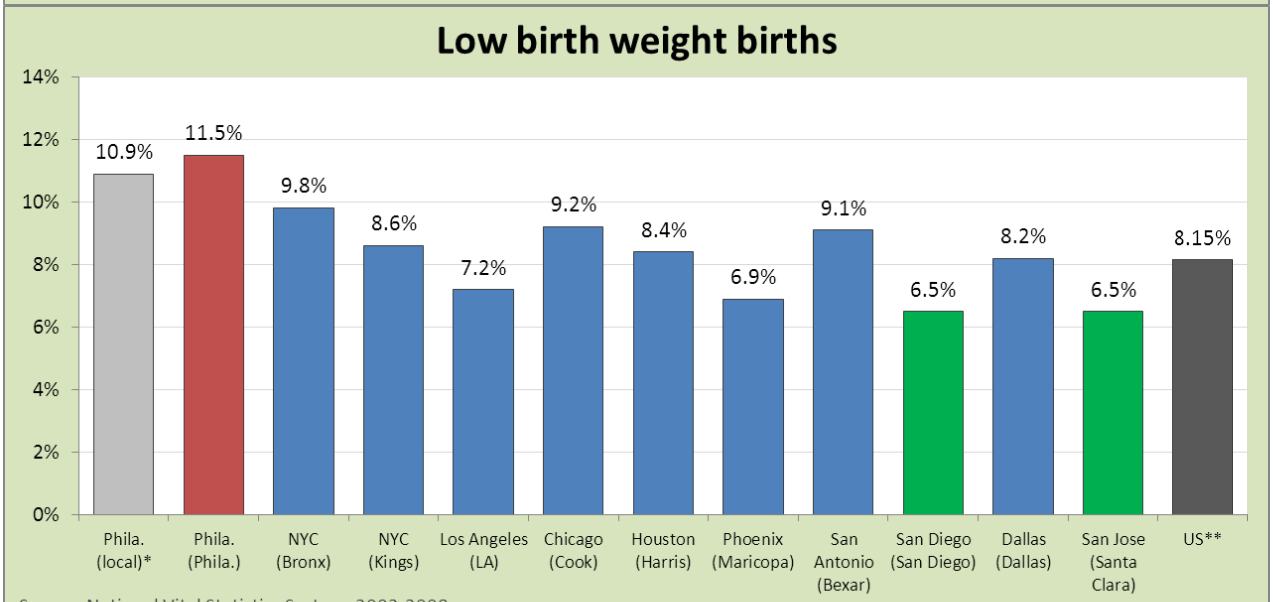
Late or no prenatal care
In Philadelphia, 15.5% of births are to women who either started prenatal care in the third trimester or received no prenatal care at all. This rate rose 30% between 2003 and 2010. It is highest among non-Hispanic black women and in the South planning district. City/county data are not available.

Breastfeeding initiation
60.4% of Philadelphia's new mothers initiate breastfeeding before leaving the hospital. This rate rose 35% between 2003 and 2010. It is lowest among non-Hispanic black and Hispanic women, and in the North planning district. City/county data are not available.

City/county comparisons – maternal and infant health

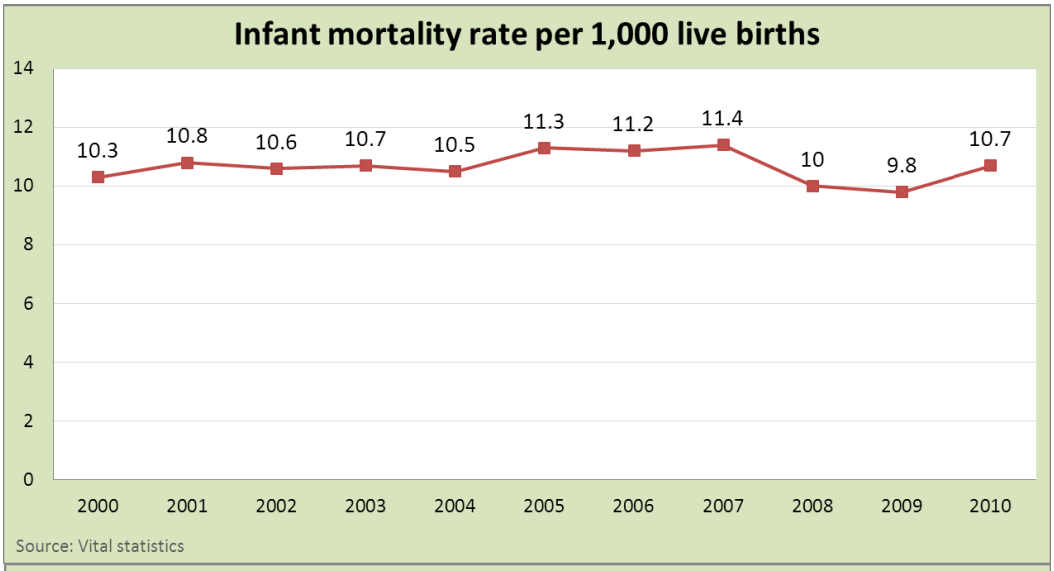


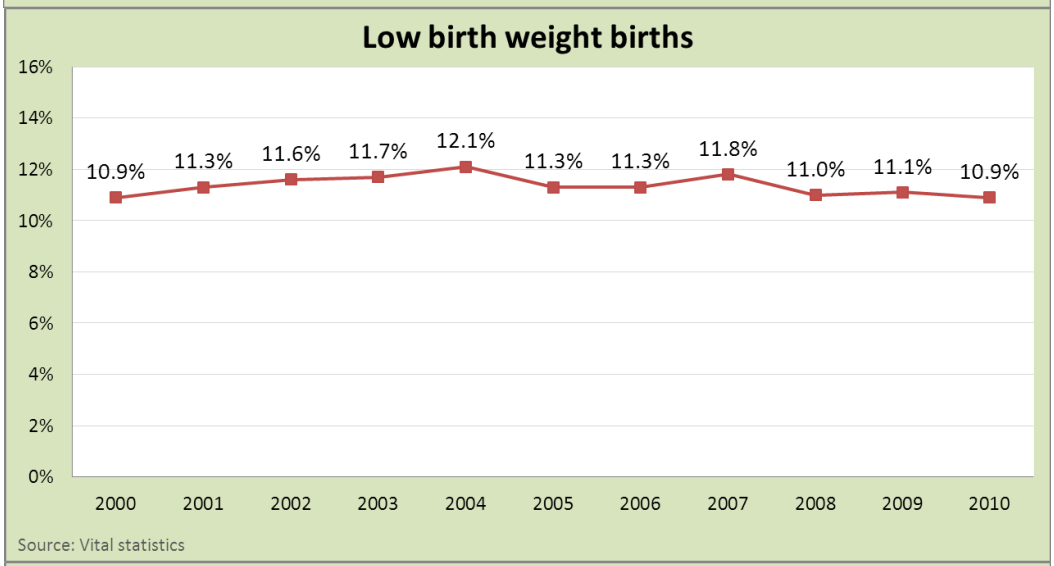
Source: Compressed Mortality File, 2006-2010
*Local source: Vital statistics, 2010
**US source: National vital statistics, 2010

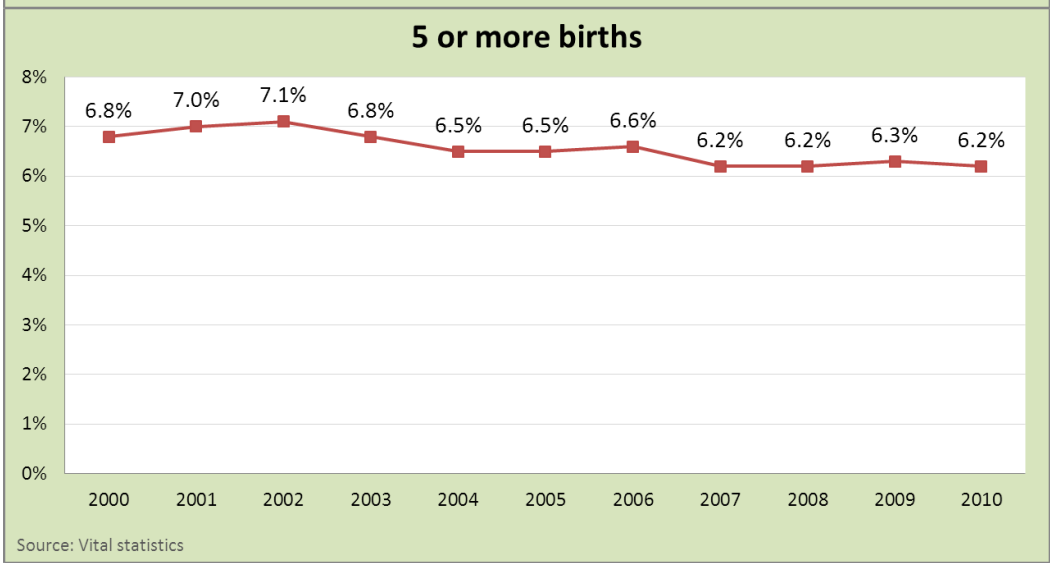


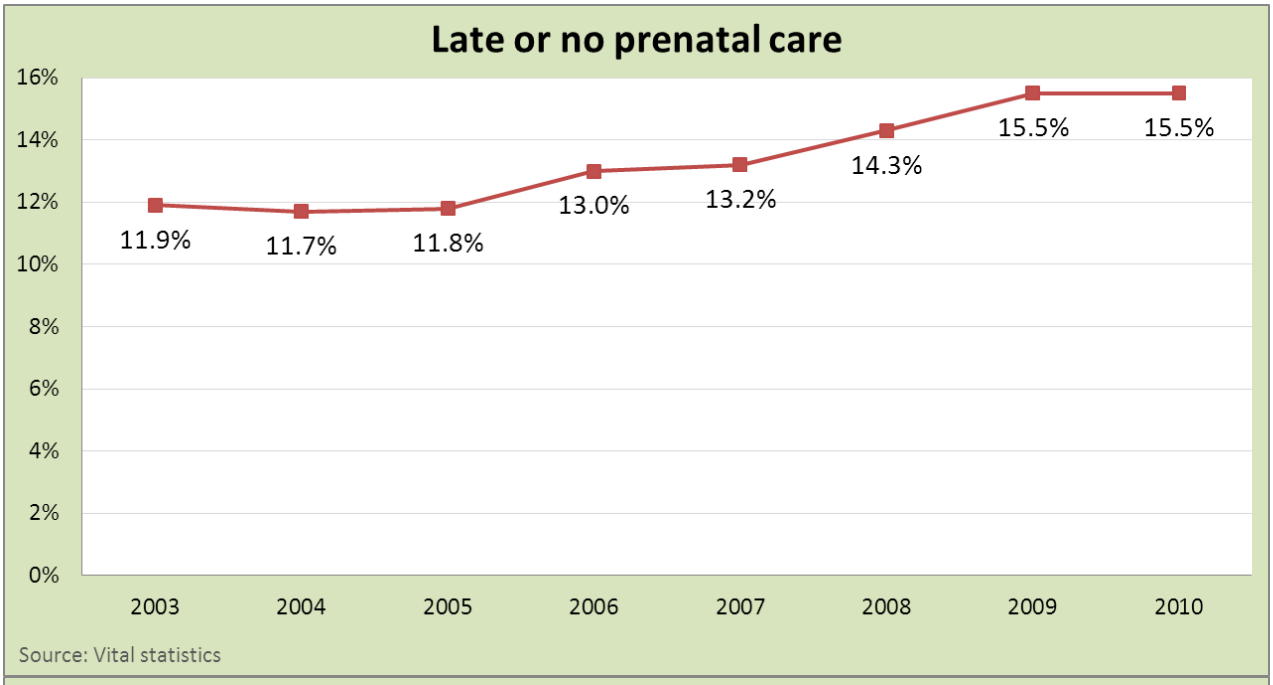
Source: National Vital Statistics System, 2002-2008
*Local source: Vital statistics, 2010
**US source: National vital statistics, 2010

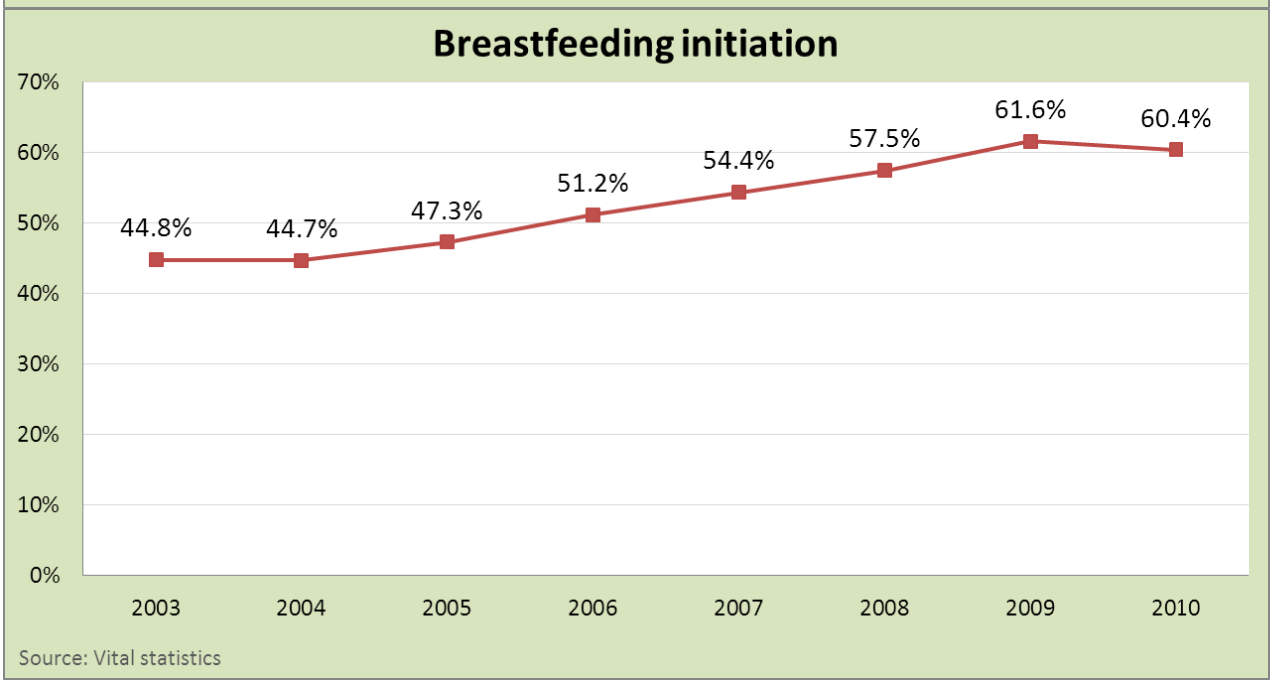
Philadelphia over time – maternal and infant health



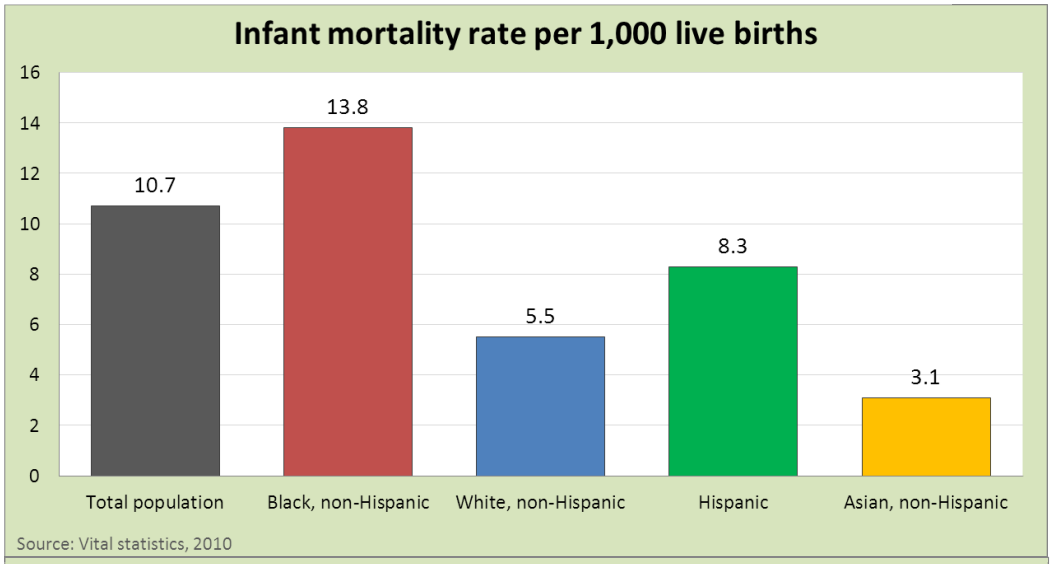


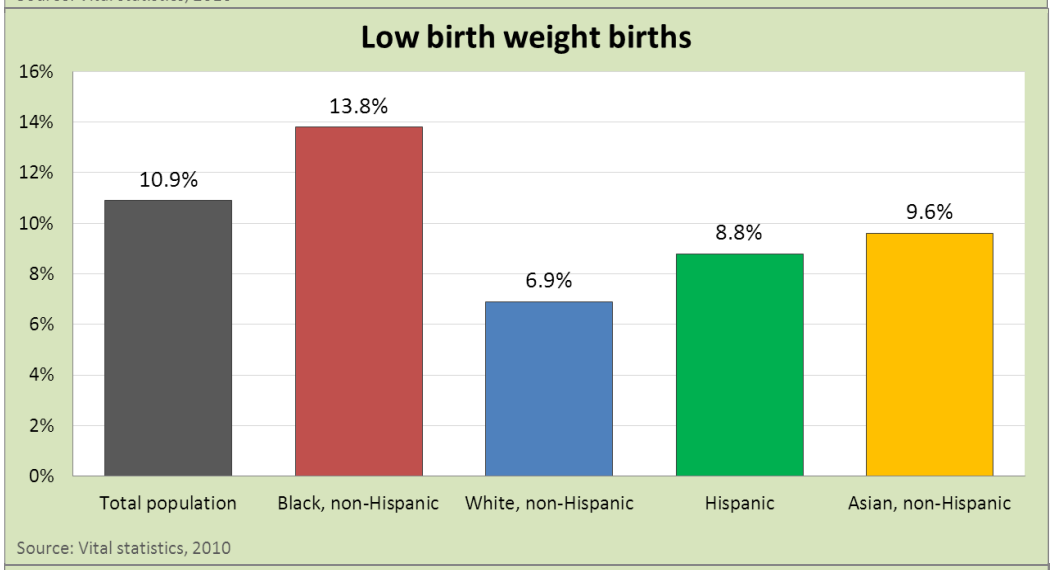


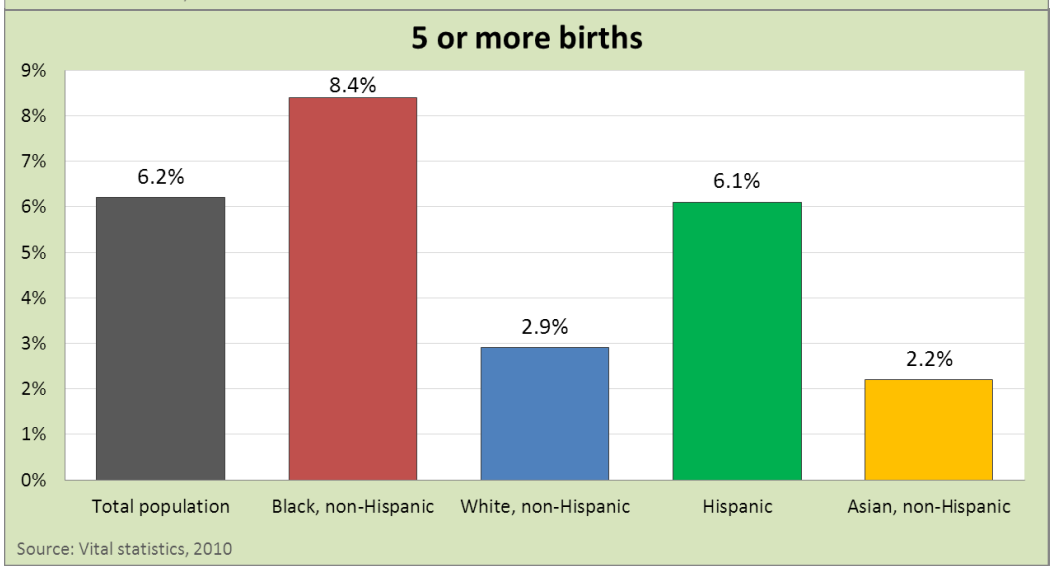

Late or no prenatal care
16%
14%
12%
10%
8%
6%
4%
2%
0%
11.9%
11.7%
11.8%
13.0%
13.2%
14.3%
15.5%
15.5%
2003
2004
2005
2006
2007
2008
2009
2010
Source: Vital statistics

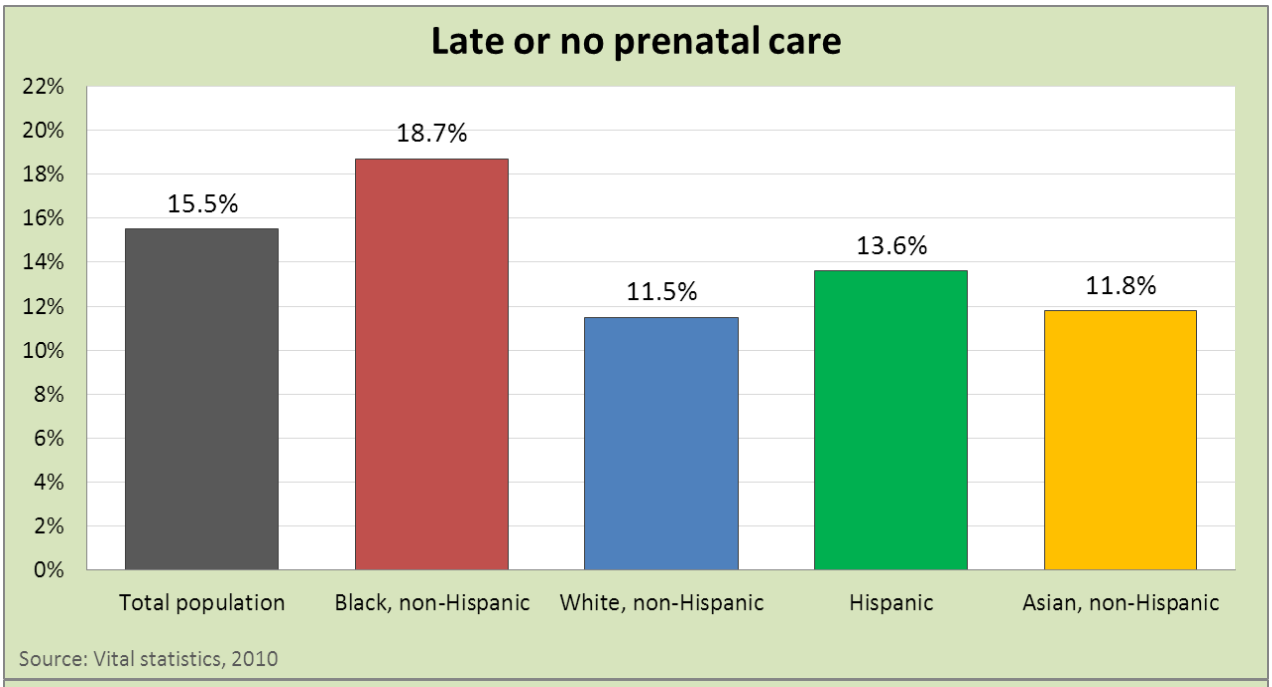

Breastfeeding initiation
70%
60%
50%
40%
30%
20%
10%
0%
44.8%
44.7%
47.3%
51.2%
54.4%
57.5%
61.6%
60.4%
2003
2004
2005
2006
2007
2008
2009
2010
Source: Vital statistics

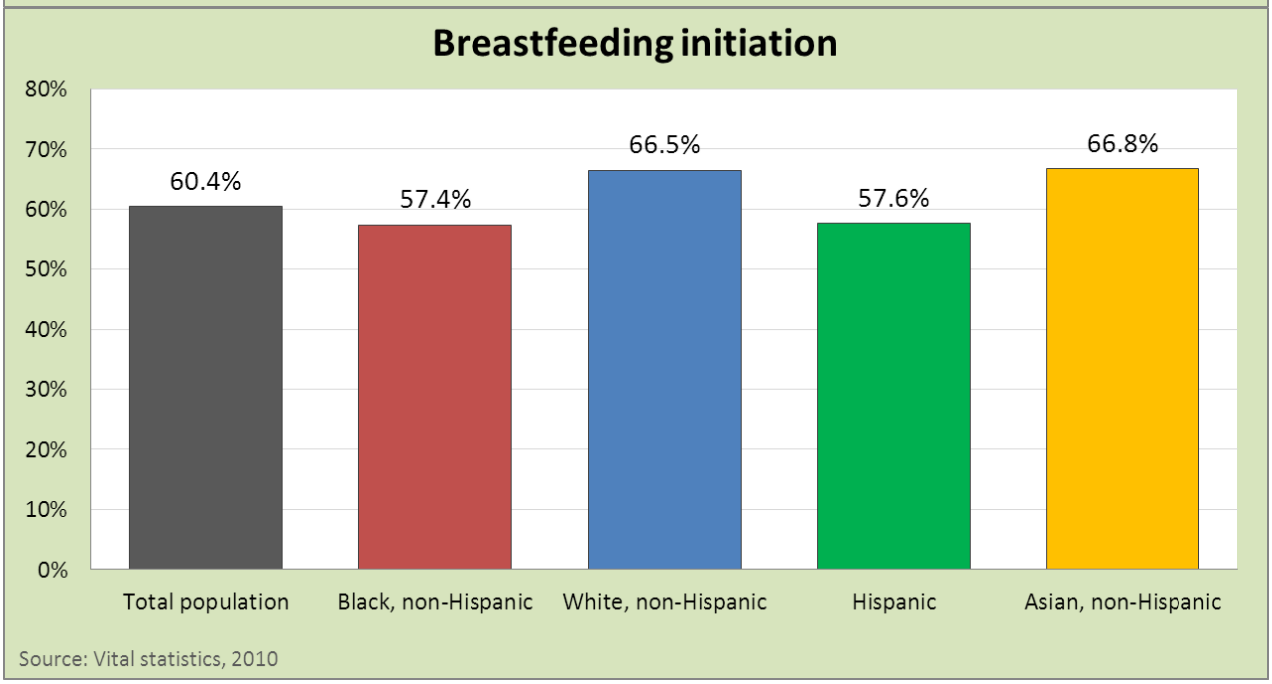
Philadelphia by race/ethnicity – maternal and infant health





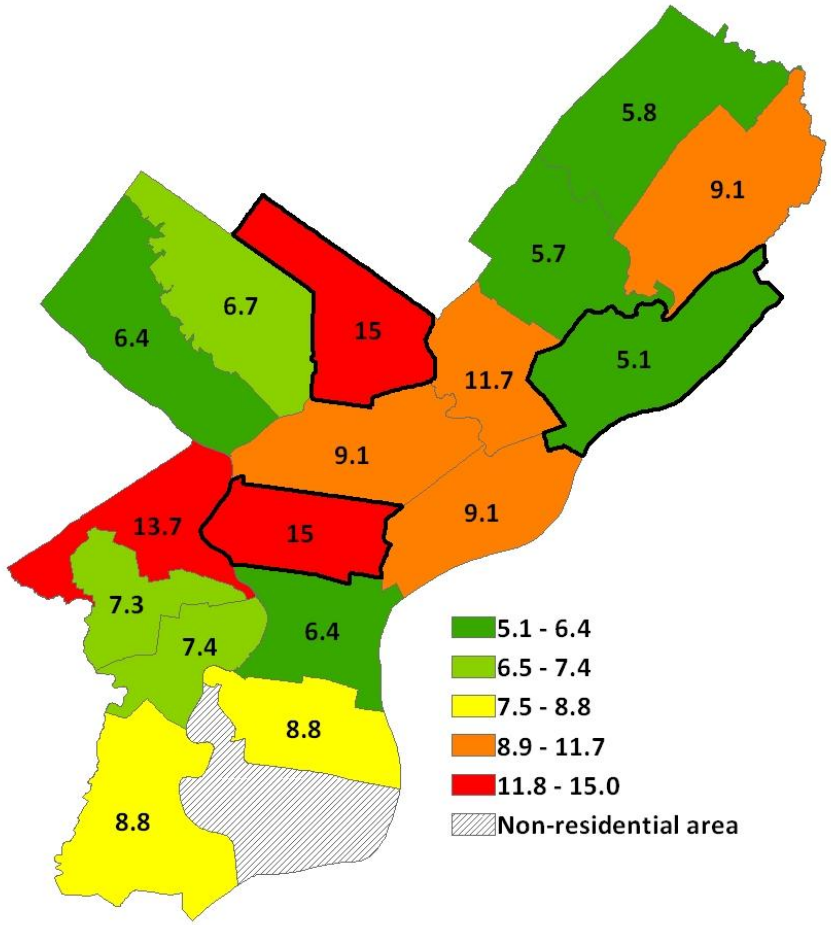



Late or no prenatal care
22%
20%
18%
16%
14%
12%
10%
8%
6%
4%
2%
0%
15.5%
18.7%
11.5%
13.6%
11.8%
Total population
Black, non-Hispanic
White, non-Hispanic
Hispanic
Asian, non-Hispanic
Source: Vital statistics, 2010


Breastfeeding initiation
80%
70%
60%
50%
40%
30%
20%
10%
0%
60.4%
57.4%
66.5%
57.6%
66.8%
Total population
Black, non-Hispanic
White, non-Hispanic
Hispanic
Asian, non-Hispanic
Source: Vital statistics, 2010

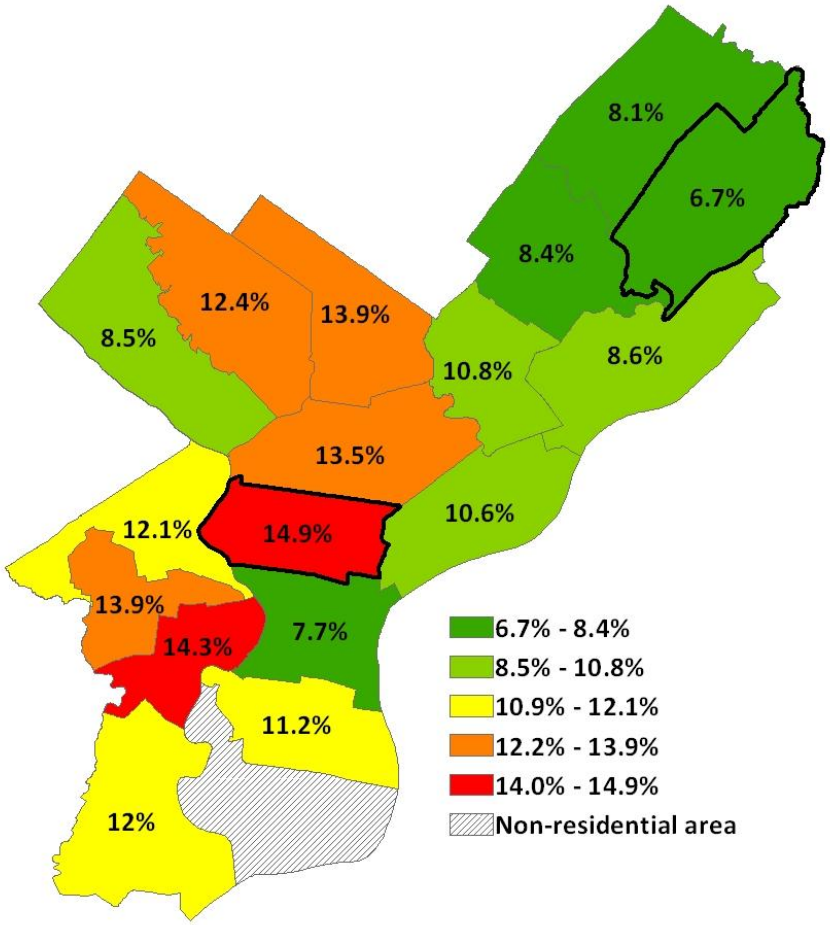
Philadelphia by planning district – maternal and infant health

Infant mortality rate per 1,000 live births



Source: Vital statistics, 2010

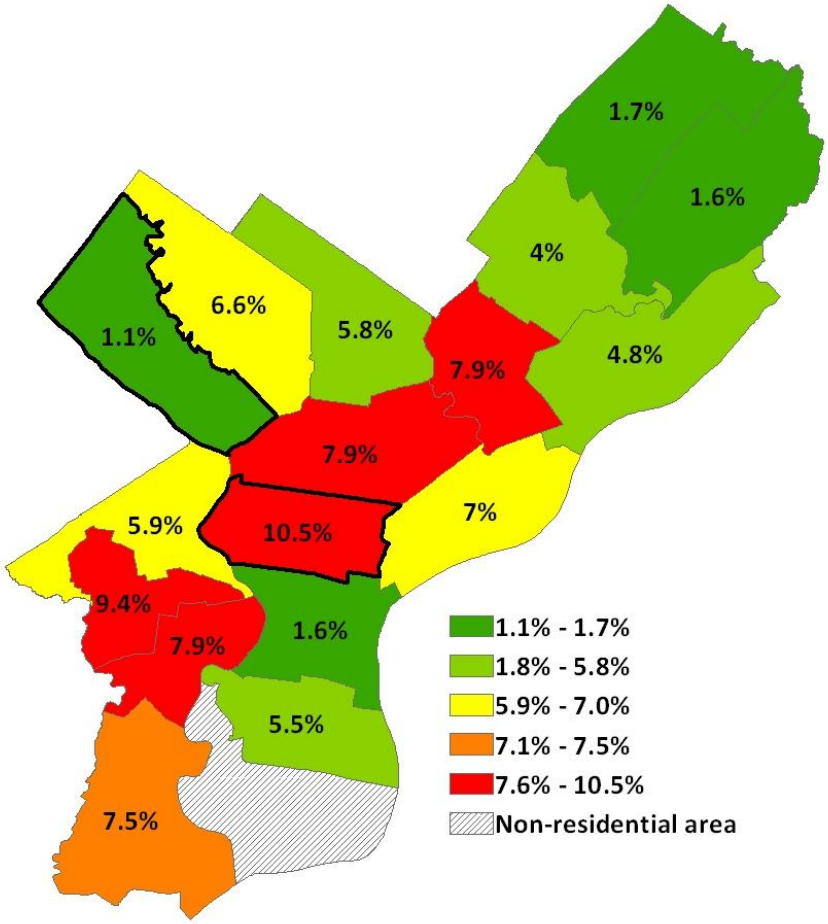
Low birth weight births



Source: Vital statistics, 2010

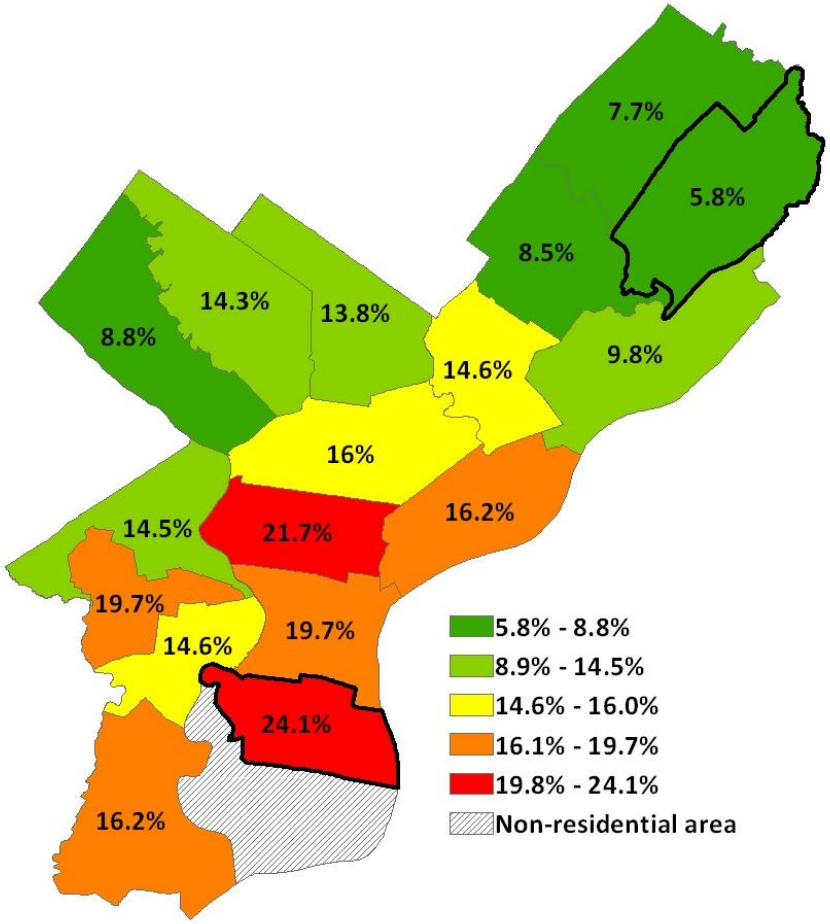
Notes:
Data ranges based on quintiles.
Outlined districts have highest and lowest values.

5 or more births



Source: Vital statistics, 2010

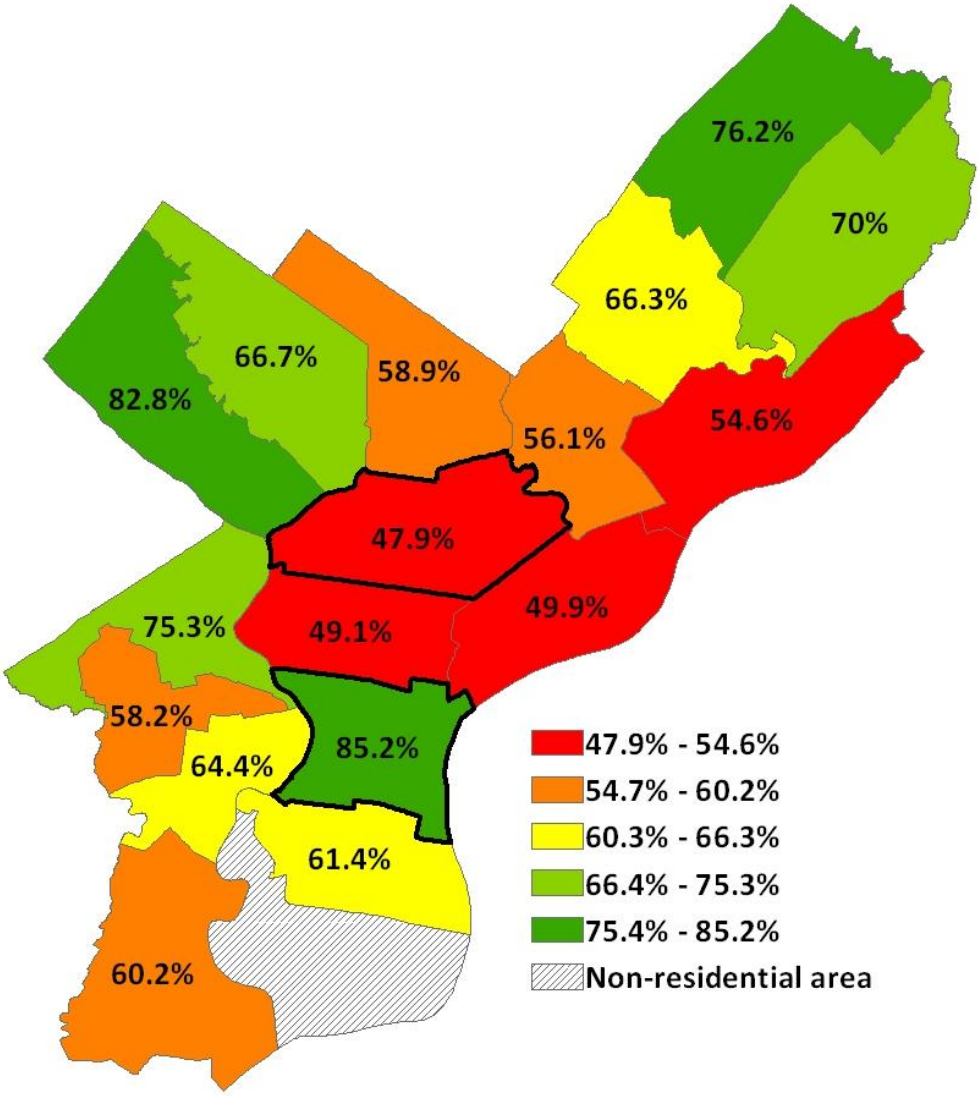
Late or no prenatal care



Source: Vital statistics, 2010

Notes:
Data ranges based on quintiles.
Outlined districts have highest and lowest values.

Breastfeeding initiation



Source: Vital statistics, 2010

Notes:
Data ranges based on quintiles.
Outlined districts have highest and lowest values.

V(9). Child health

A city's children are its future, and ensuring their healthy growth and development should be a primary goal. Young children are especially vulnerable to threats—such as malnutrition, infectious disease, injury, and lead poisoning—that can be effectively prevented or treated.

Child immunization
In Philadelphia, 74.9% of children age 19-35 months have completed the recommended vaccination schedule *4:3:1:3 (DTaP : IPV : MMR : Hib)*. According to national data, Philadelphia ranks 3rd out of the 6 large U.S. cities for which child immunization data are available. The immunization rate rose 66% between 2000 and 2011. It is lowest among non-Hispanic whites and in the Lower Far Northeast planning district.

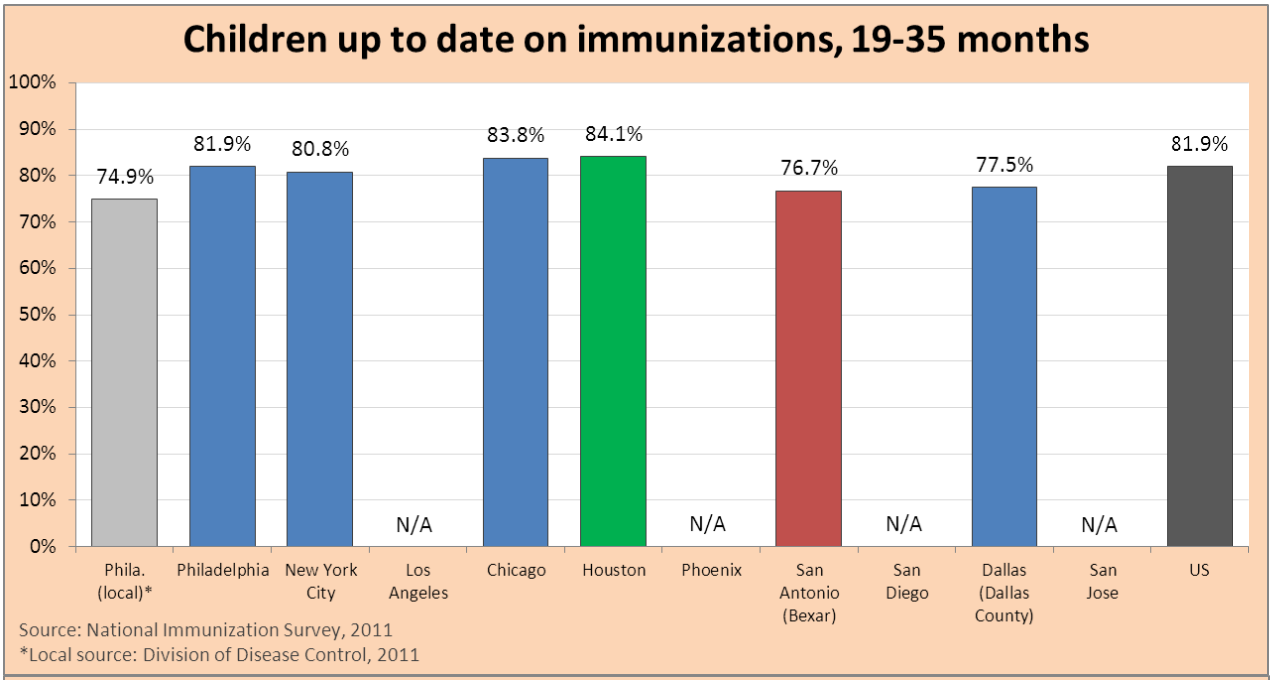
Child asthma hospitalization
Philadelphia's child asthma hospitalization rate is 1,001 per 100,000 children under 18. This rate more than doubled between 2000 and 2010. It is highest among non-Hispanic black children and among children in the River Wards planning district. City/county data are not available.

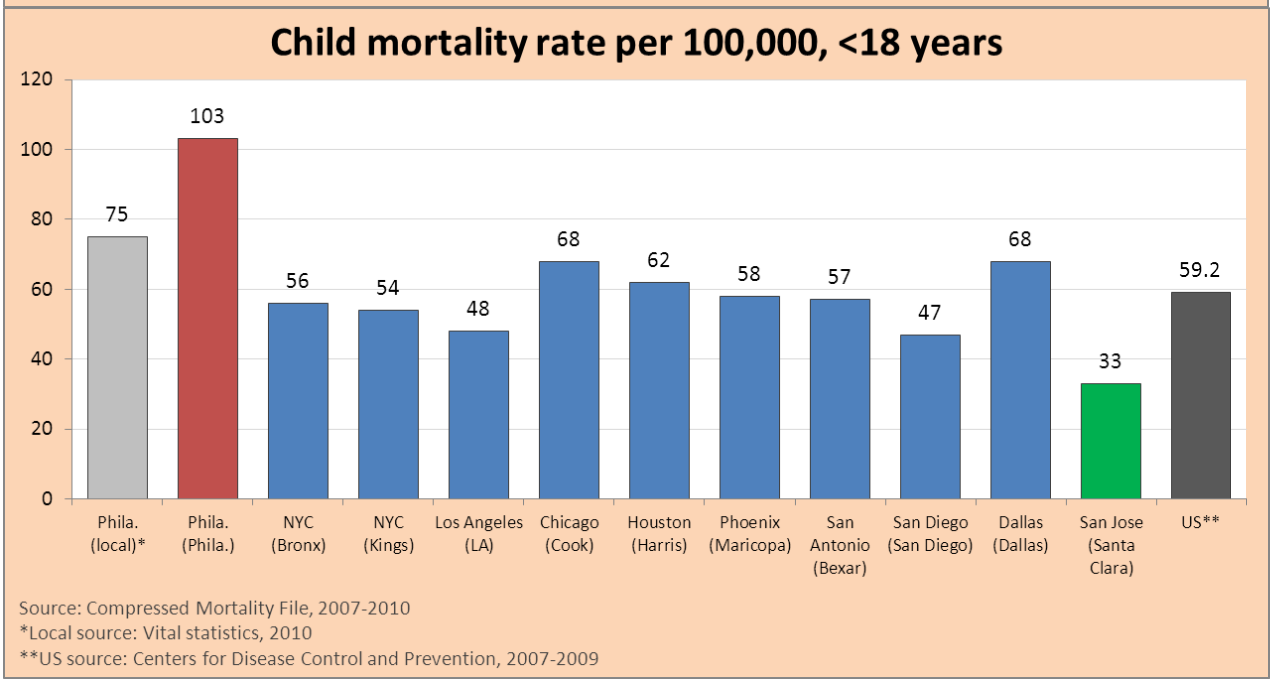
Elevated lead levels
In Philadelphia, the rate of blood lead levels at or above 5 mg/dl is 3 per 1,000 children age 0-5. The rate of elevated blood lead levels plummeted by 83% between 2003 and 2012. Lead poisoning is most prevalent in the Central planning district. City/county data are not available. Due to missing case data, local race/ethnicity data are also unavailable.

Pedestrian and bicycle accidents
In Philadelphia, the rate of child pedestrians and bicyclists involved in accidents with motor vehicles is 217 per 100,000 children under 18. Despite a recent uptick, the rate was 28% lower in 2010 than in 2004. It is highest in the South planning district. City/county and race/ethnicity data are not available.

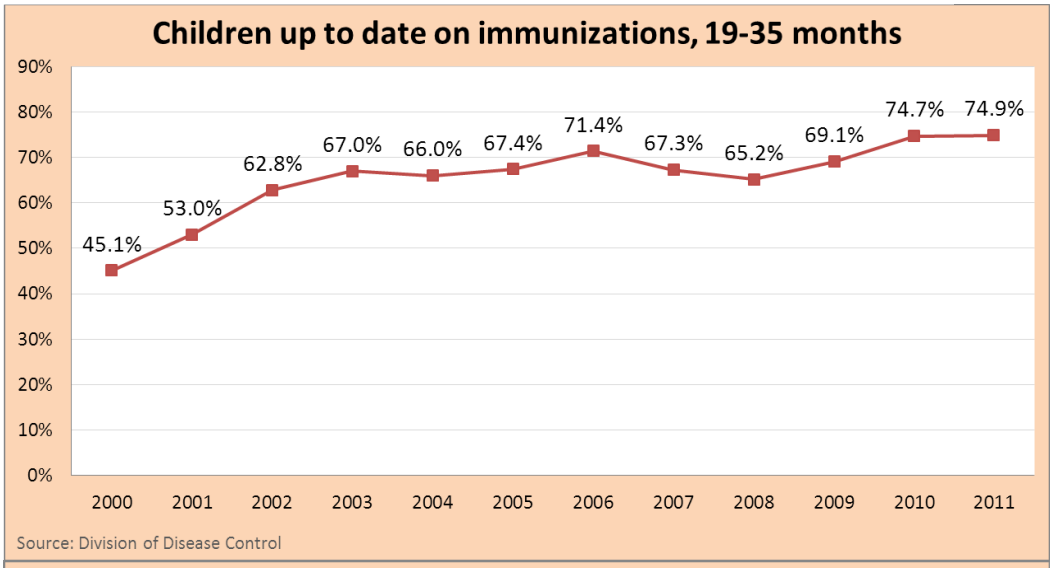
Child mortality
Philadelphia's child mortality rate is 75 per 100,000 children under 18. According to national data, Philadelphia has the highest child mortality rate among the 11 largest U.S. counties, topping the next highest rate by more than 50%. Despite fluctuations in the interim, the 2000 and 2010 rates diverged by less than 1%. Mortality is highest among non-Hispanic black children and children in the Lower North planning district.

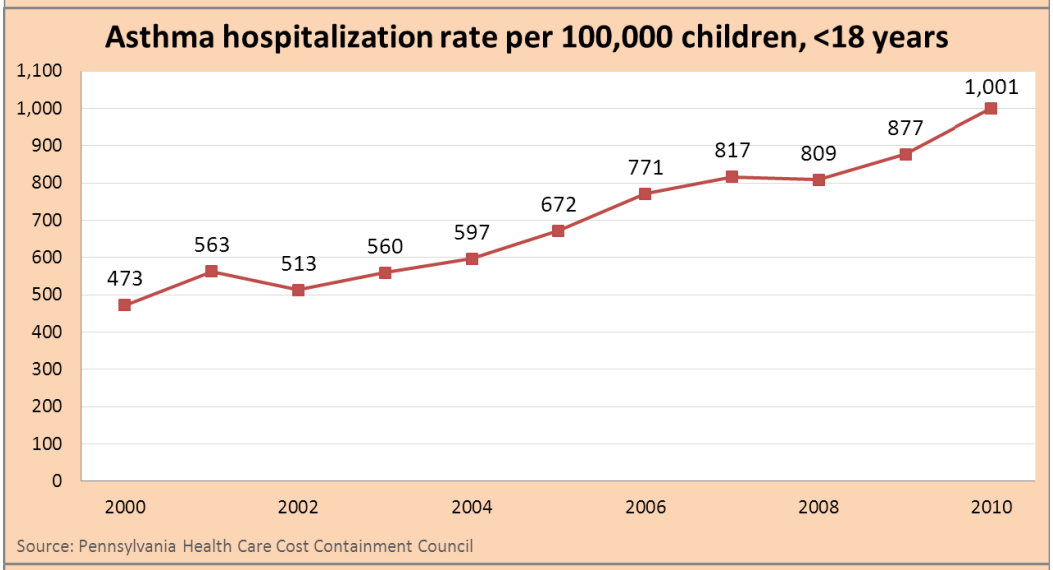
City/county comparisons – child health

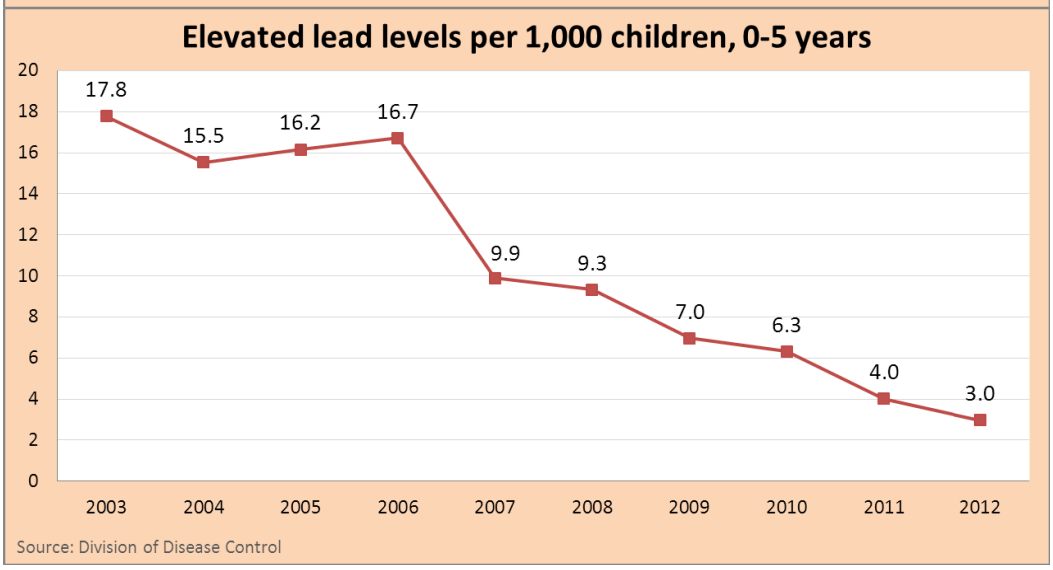


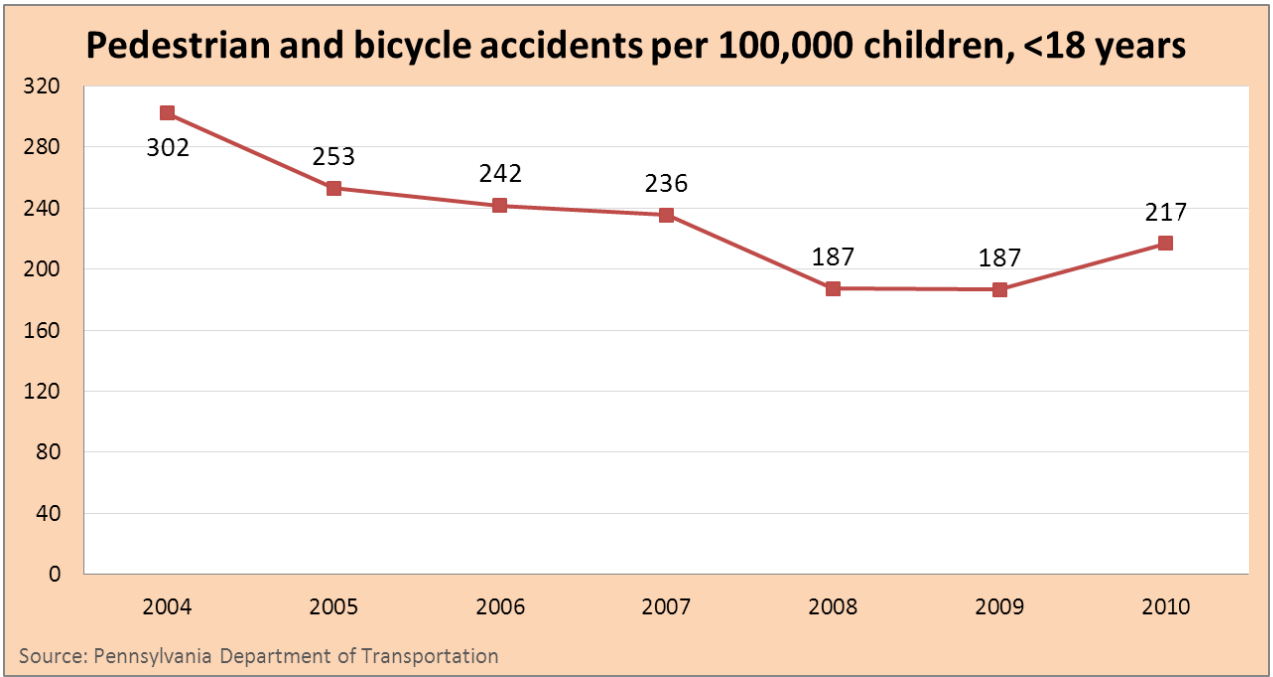


Philadelphia over time – child health

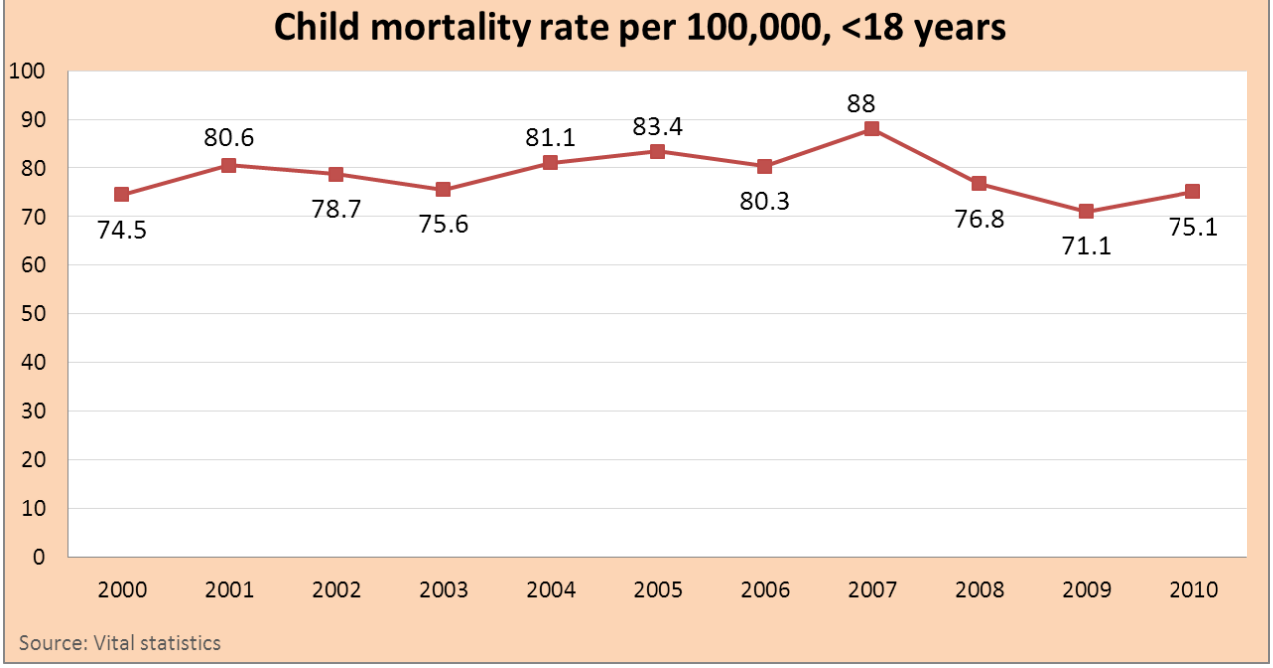






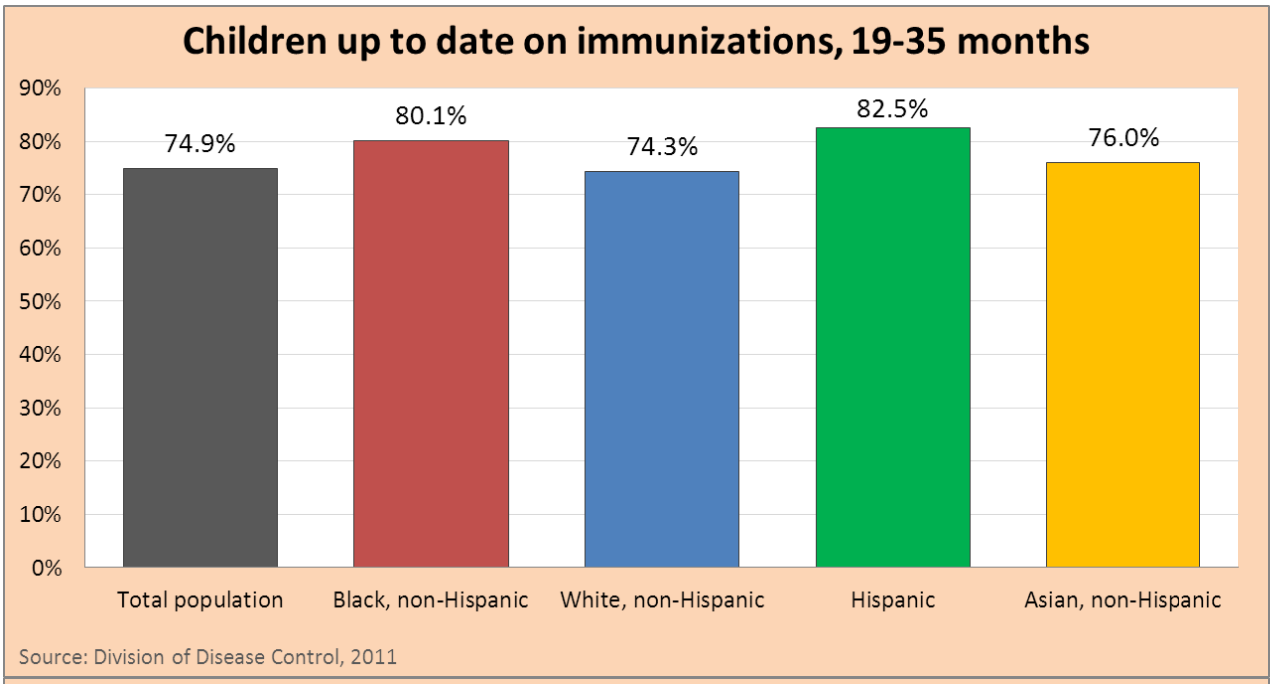


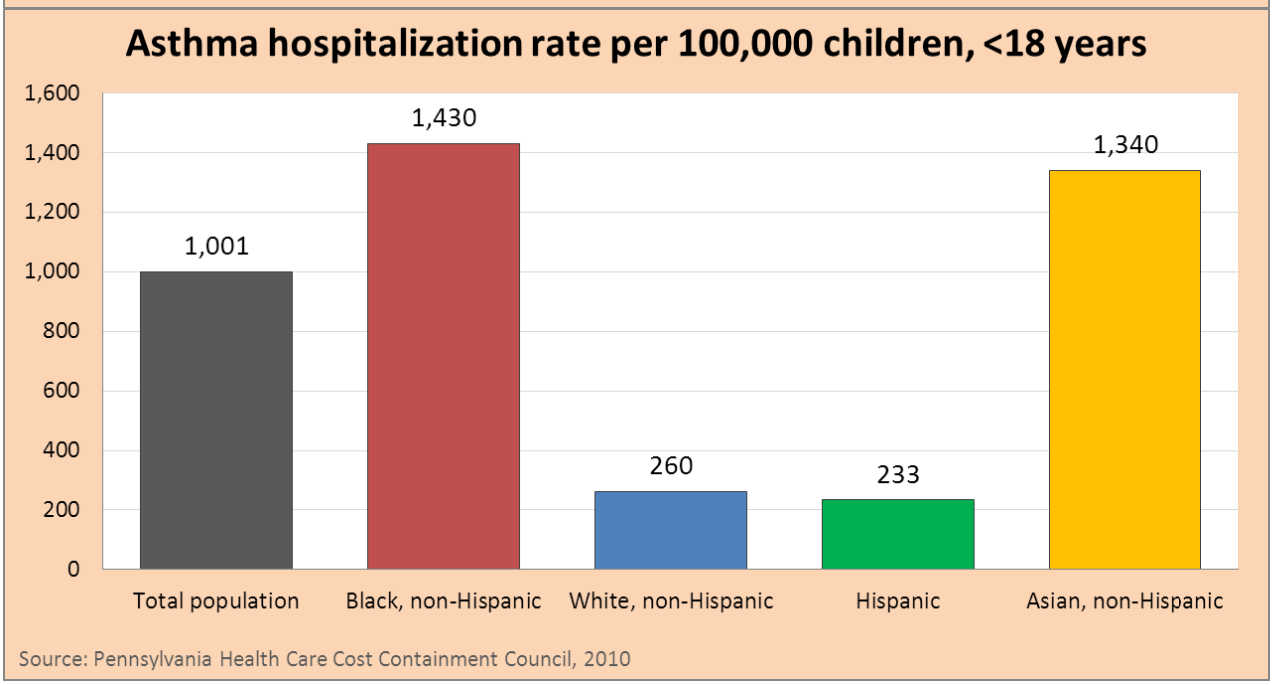
Source: Pennsylvania Department of Transportation

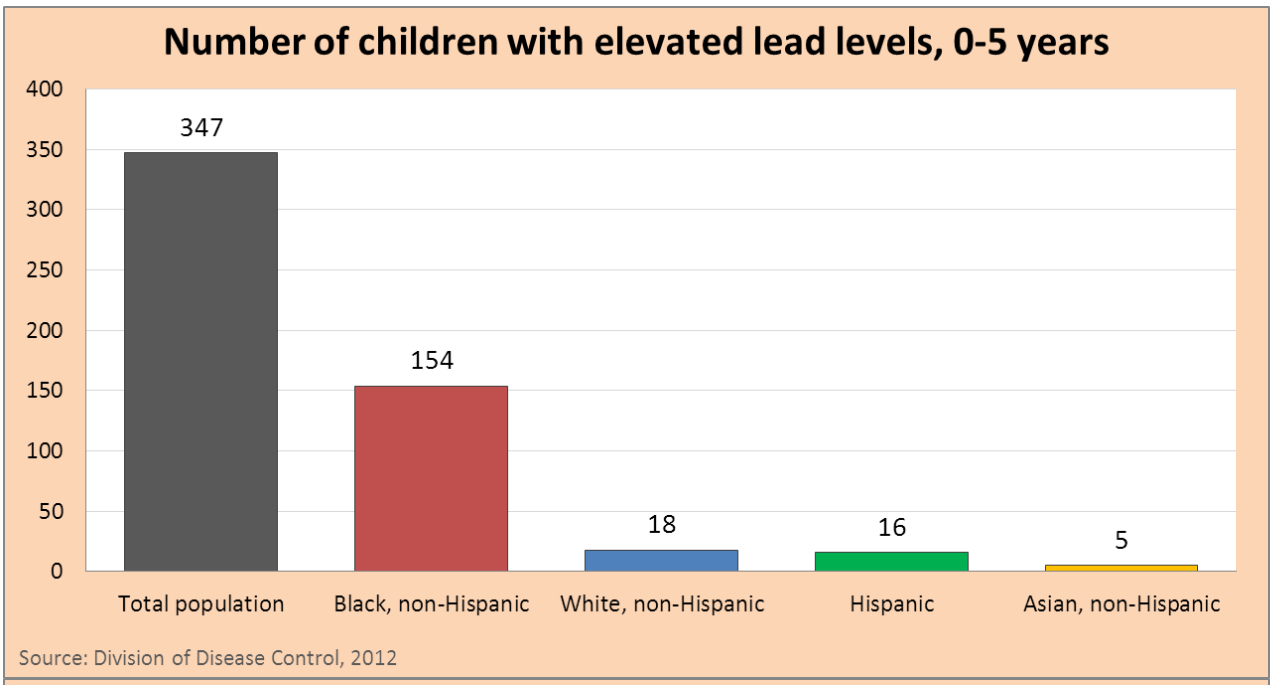


Source: Vital statistics

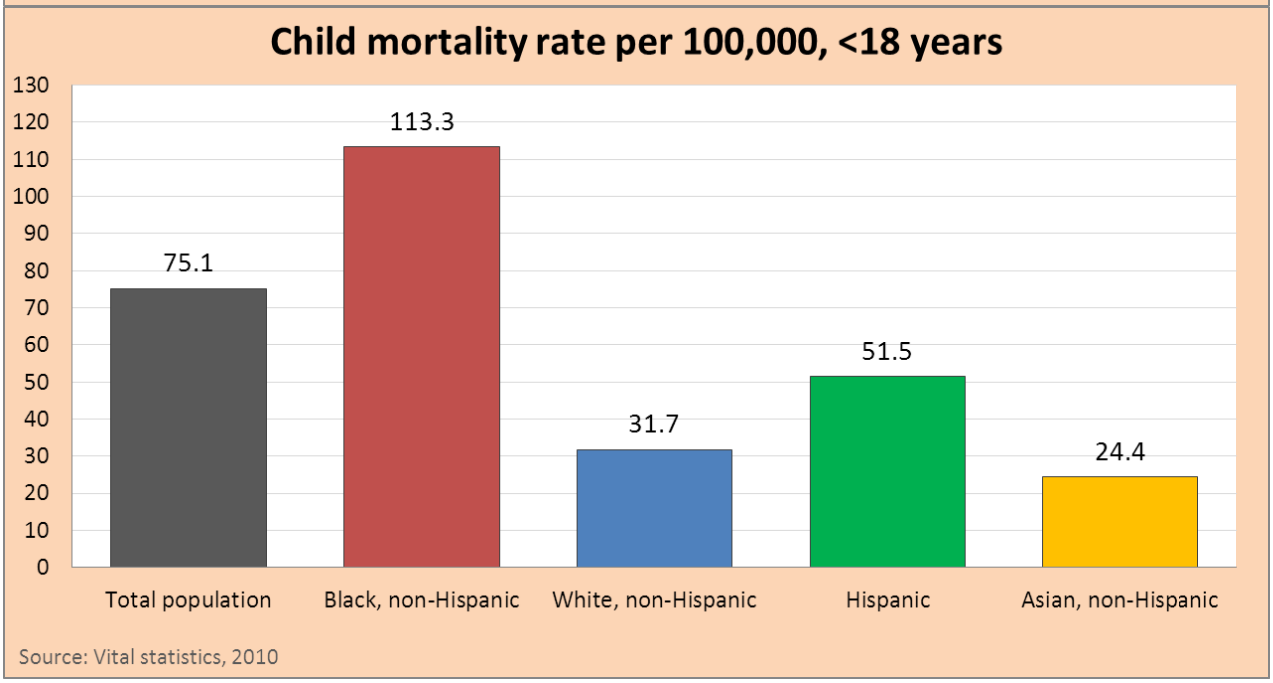
Philadelphia by race/ethnicity – child health





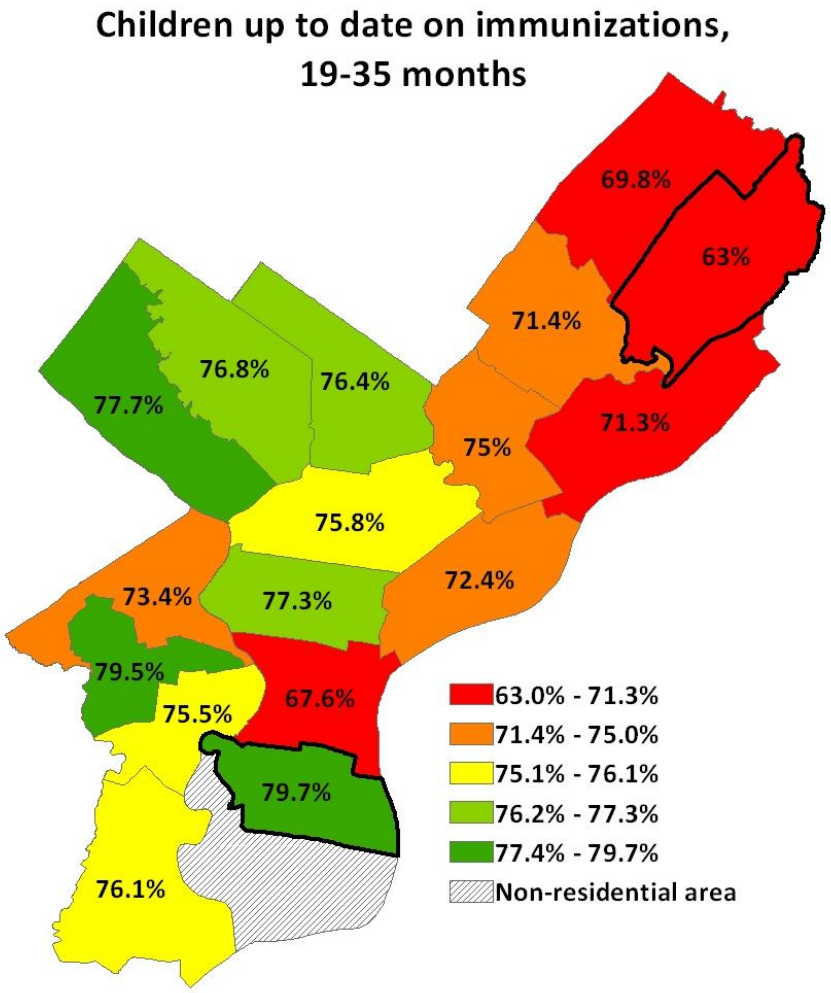


Source: Division of Disease Control, 2012

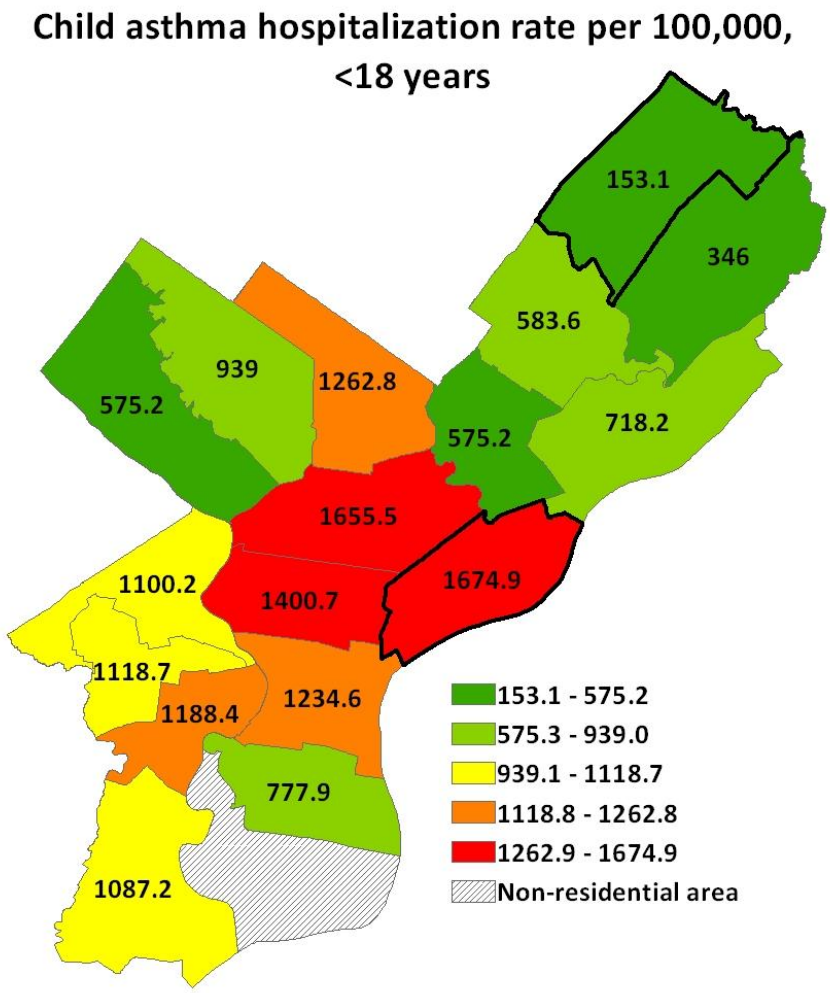


Source: Vital statistics, 2010

Philadelphia by planning district – child health



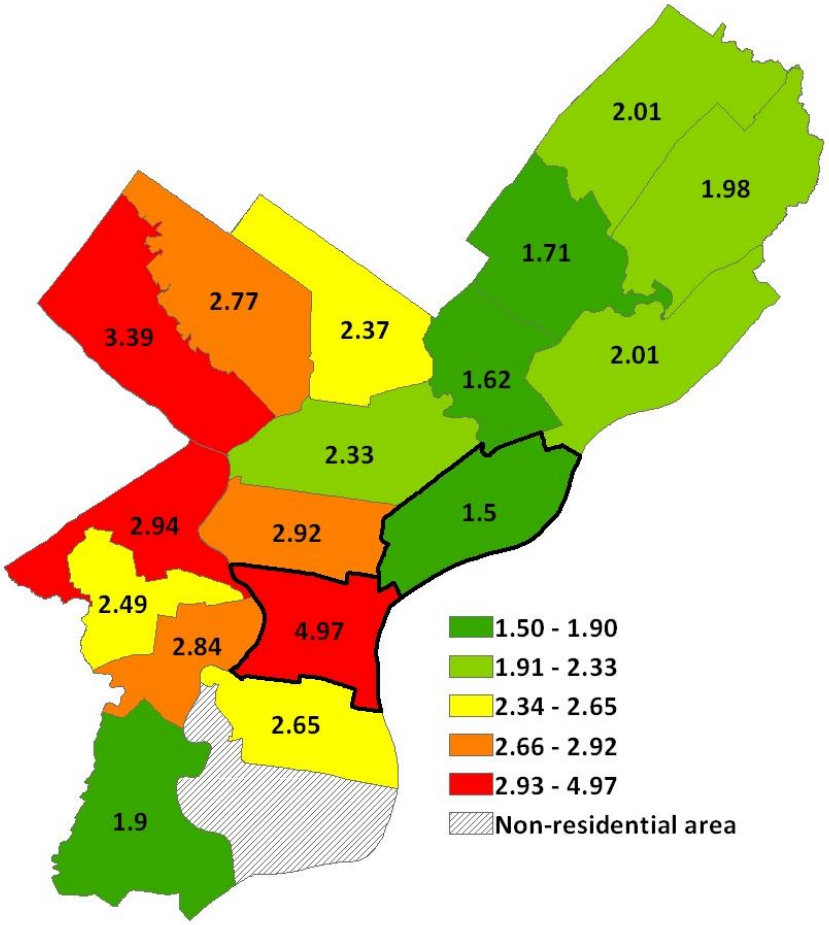
Source: Division of Disease Control, 2011



Source: Pennsylvania Health Care Cost Containment Council, 2010

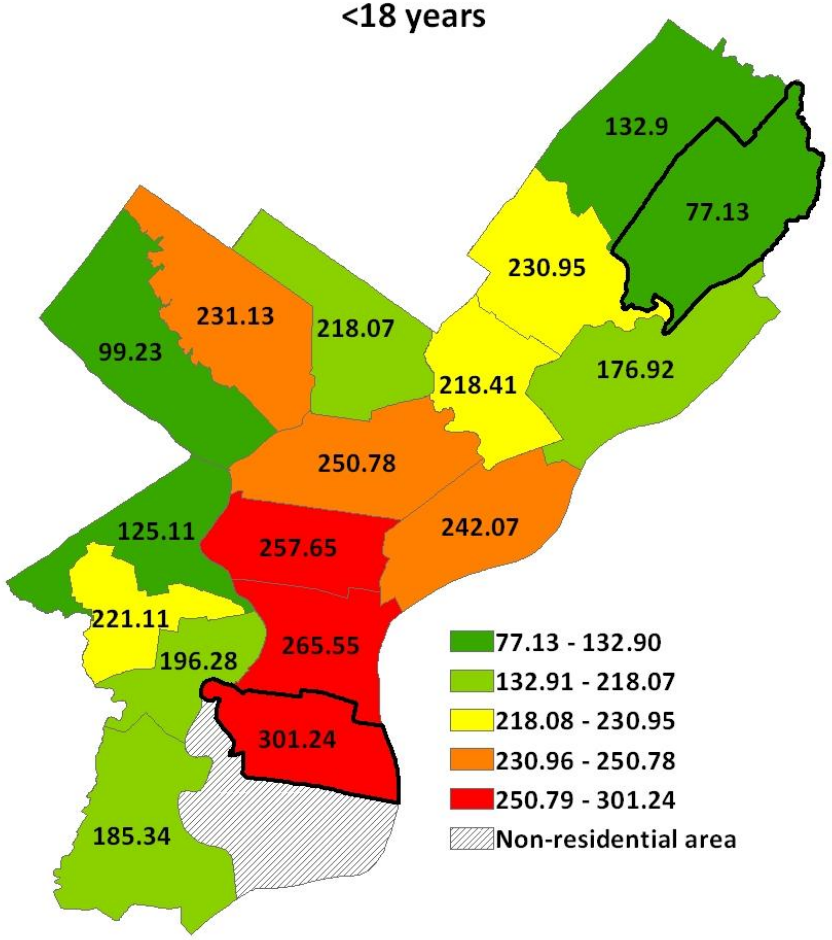
Notes:
Data ranges based on quintiles.
Outlined districts have highest and lowest values.

Elevated levels per 1,000 children, 0-5 years



Source: Division of Disease Control, 2012

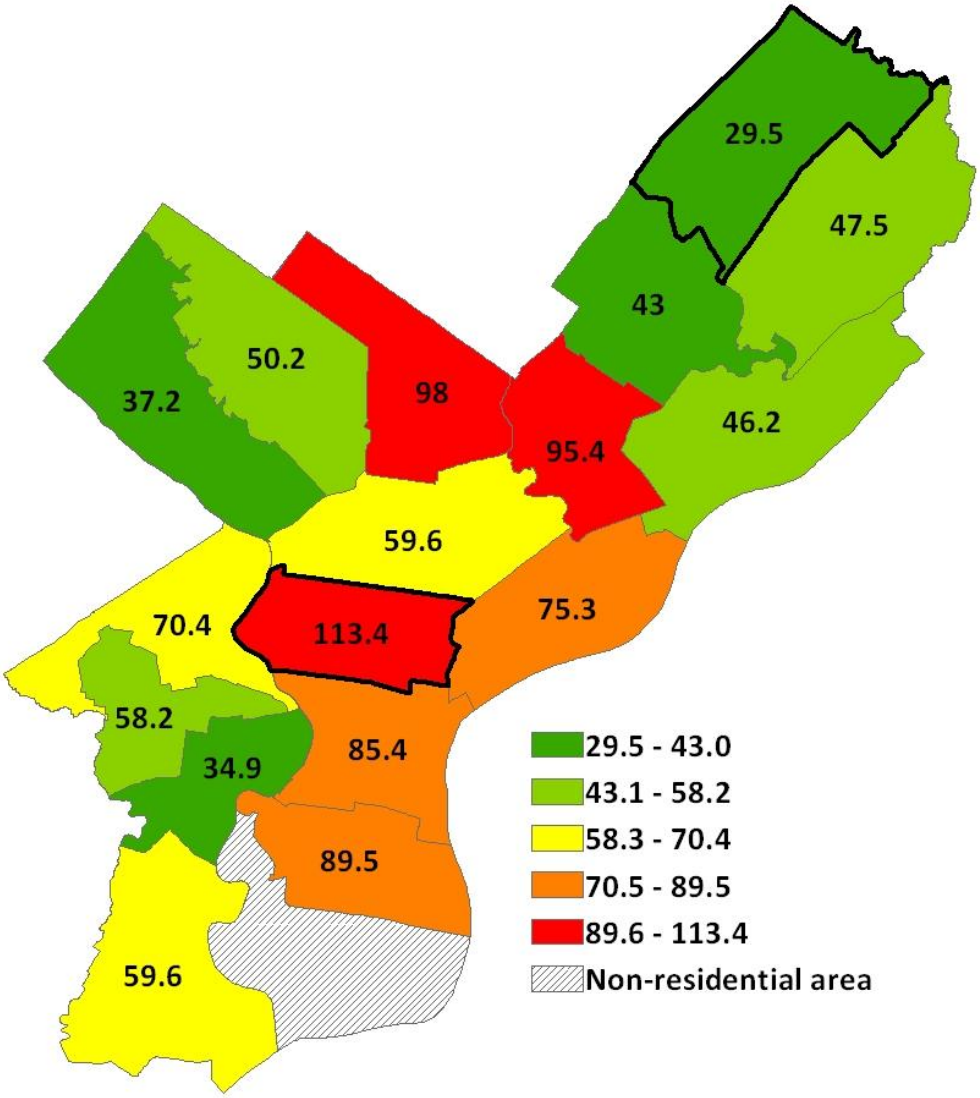
Pedestrian and bicycle accidents per 100,000 children, <18 years



Source: PennDOT, 2010

Notes:
Data ranges based on quintiles.
Outlined districts have highest and lowest values.

Child mortality rate per 100,000, <18 years



Source: Vital statistics, 2010

Notes:
Data ranges based on quintiles.
Outlined districts have highest and lowest values.

V(10). Access to care

Lack of insurance coverage is a significant barrier to accessing health care for both children and adults, and the uninsured are more likely to forgo preventative and needed medical care than their insured counterparts.[12] Hospitalization for conditions treatable in the outpatient setting suggests that the accessibility and quality of primary care may be suboptimal.

Uninsured adults
18.5% of Philadelphians age 18-64 years report no source of health insurance coverage. According to national data, Philadelphia fares relatively well, with the second-lowest uninsurance rate among the 11 largest U.S. counties. Nevertheless, the adult uninsurance rate has nearly doubled since 2000, rising by 93% by 2012. It is highest among Hispanics and in the River Wards planning district.

Uninsured children
The uninsurance rate is far lower among children, with no more than 4.6% of Philadelphians under 18 lacking a source of health coverage. According to national data, Philadelphia fares relatively well on this measure as well, again registering the second-lowest uninsurance rate among the 11 largest U.S. counties. Since the child uninsurance rate nearly doubled between 2000 and 2004, the rate in 2012 was about 30% lower than in 2004 but about 30% higher than in 2000. Like adult uninsurance, child uninsurance is highest among Hispanics. Sample sizes are too small for analyses of differences by planning district.

Adult Medicaid coverage
In Philadelphia, 1 out of 5 adults age 18-64 is covered by Medicaid. Though it dipped in 2002, Medicaid coverage among non-seniors was 11% higher in 2012 than in 2000. Medicaid coverage is highest among non-Hispanic blacks and in the Lower Southwest planning district. City/county data are not available.

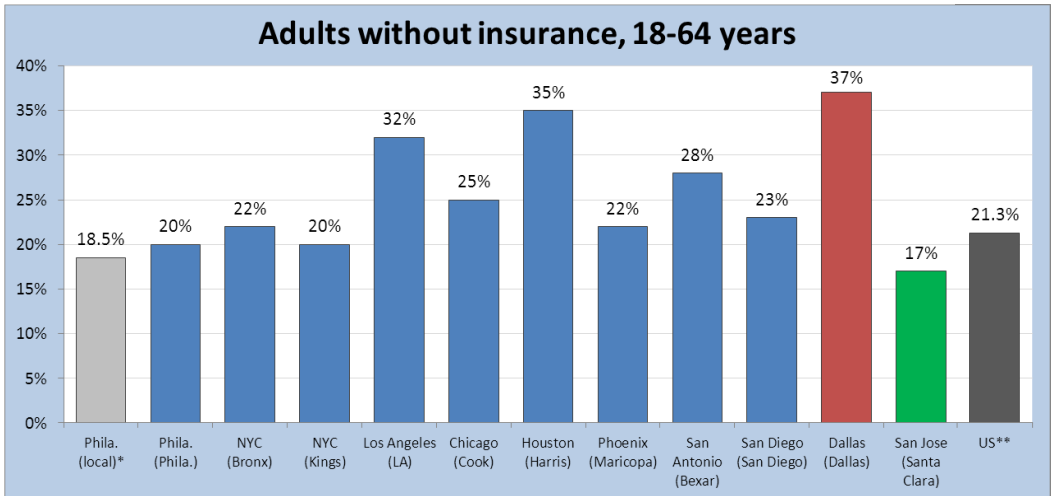
Adults forgoing needed care
In Philadelphia, 18.5% of adults age 18-64 report forgoing needed medical care due to cost. According to national data, Philadelphia has the fifth highest rate of adults forgoing needed care, among the 11 largest U.S counties. Like adult uninsurance, this rate nearly doubled between 2000 and 2012. It is also highest among Hispanics and in the River Wards planning district.

Ambulatory care sensitive hospitalization
In Philadelphia, the acute care hospitalization rate for conditions where appropriate ambulatory care prevents or reduces the need for hospital admission is 1,348 per 100,000. This rate declined by 14% between 2000 and 2010. It is highest among non-Hispanic blacks and in the West planning district. City/county data are not available.

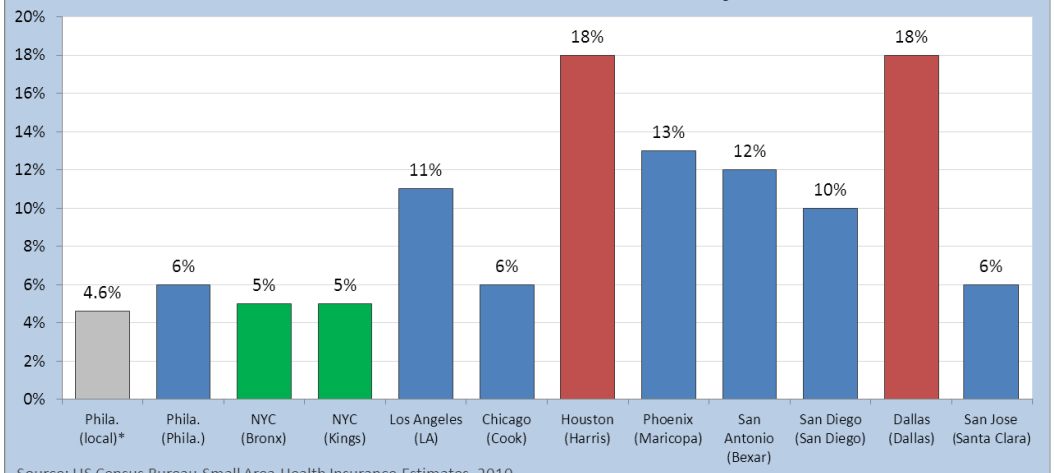
Child dental care
4 out of 5 Philadelphia children age 3-17 years have visited a dentist in the past year. This rate increased by 15% between 2000 and 2012. Regular dental care appears to be least common among Asian children. City/county data are not available. Sample sizes are too small for analyses of differences by planning district.

[12] Kaiser Commission on Medicaid and the Uninsured. 2013. *The Uninsured: A Primer - Key Facts about Health Insurance on the Eve of Coverage Expansions*. October, 2013.

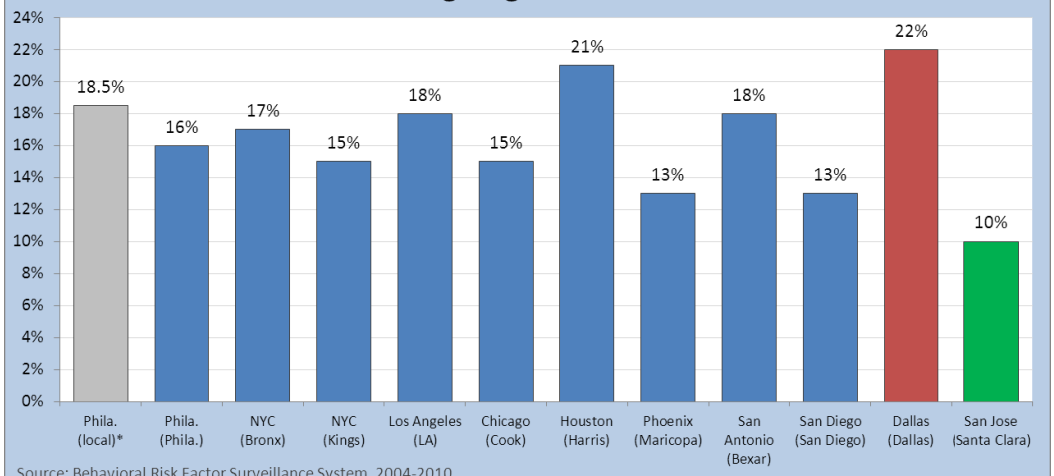
City/county comparisons – access to care



Source: US Census Bureau Small Area Health Insurance Estimates, 2010
*Local source: Public Health Management Corporation (PHMC) Household Health Survey, 2012
**US source: Behavioral Risk Factor Surveillance System, 2010

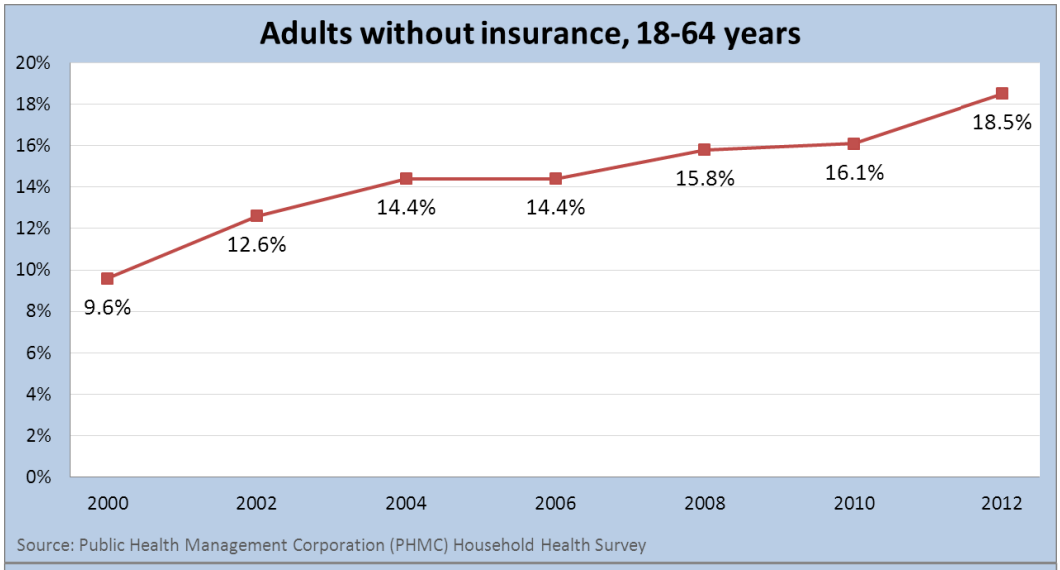


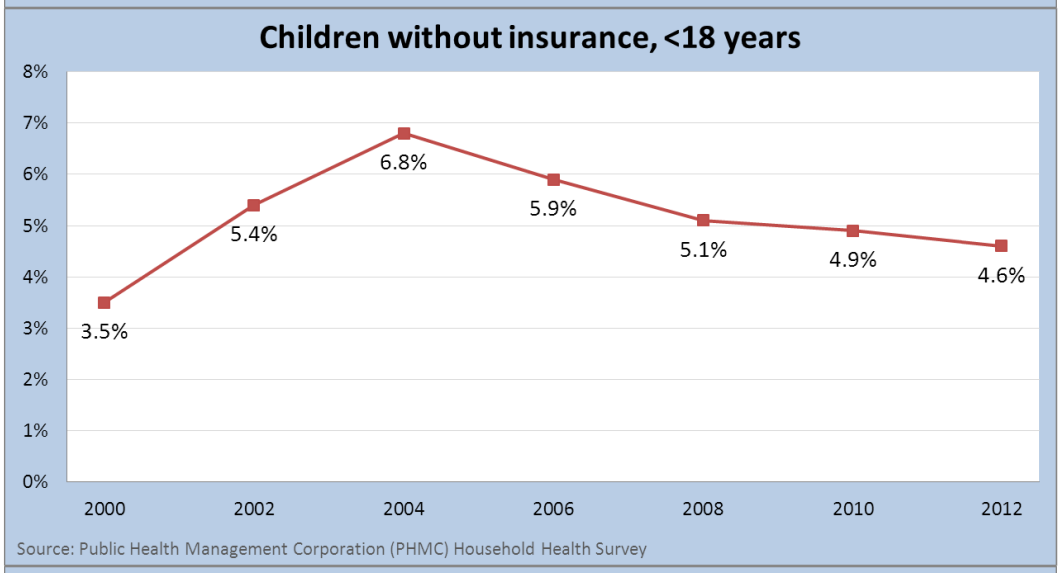
Source: US Census Bureau Small Area Health Insurance Estimates, 2010
*Local source: Public Health Management Corporation (PHMC) Household Health Survey, 2012

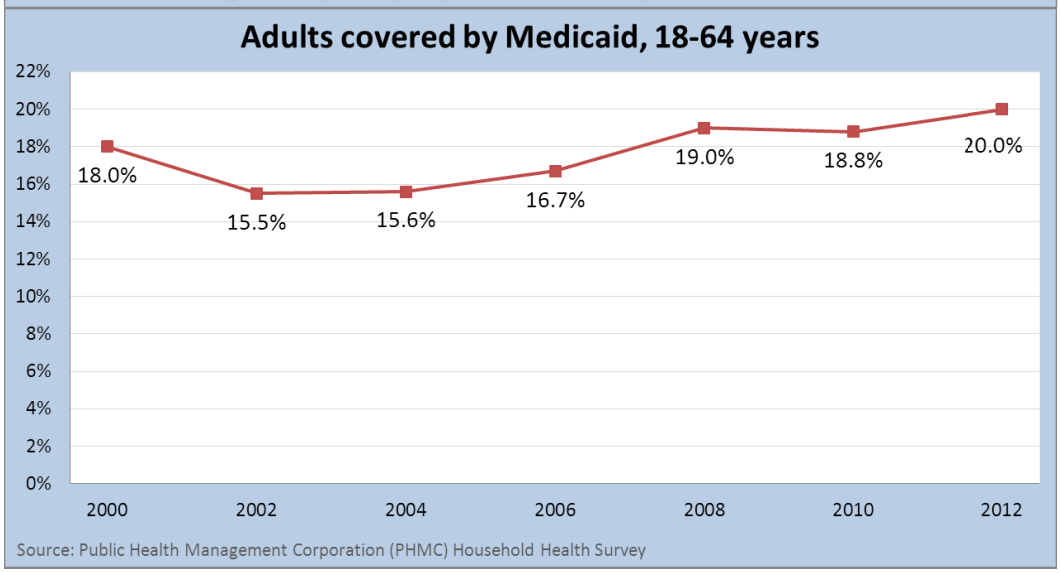


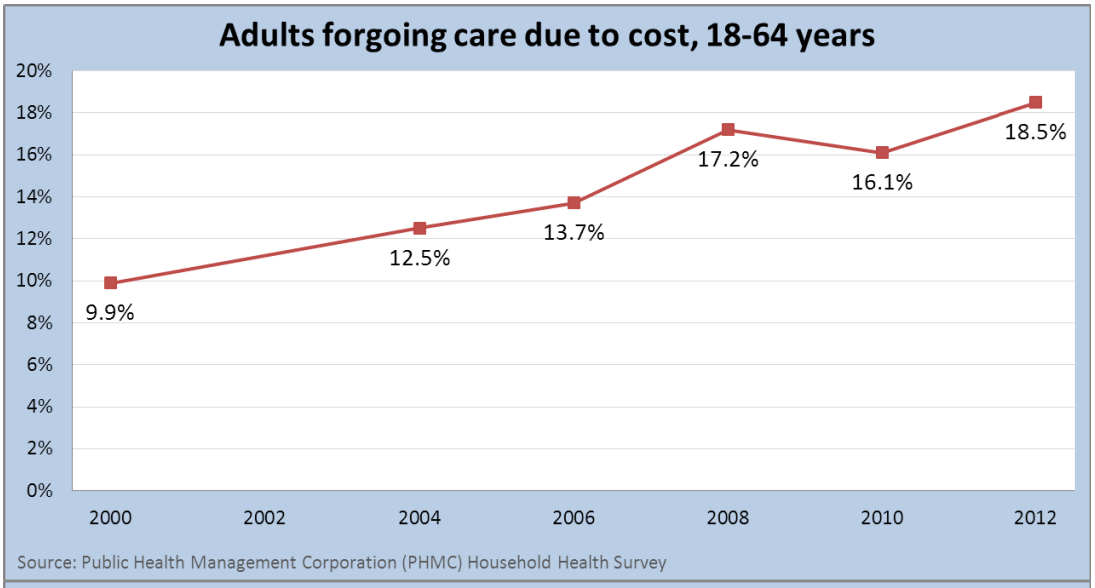
Source: Behavioral Risk Factor Surveillance System, 2004-2010
*Local source: Public Health Management Corporation (PHMC) Household Health Survey, 2012 - 18-64 years

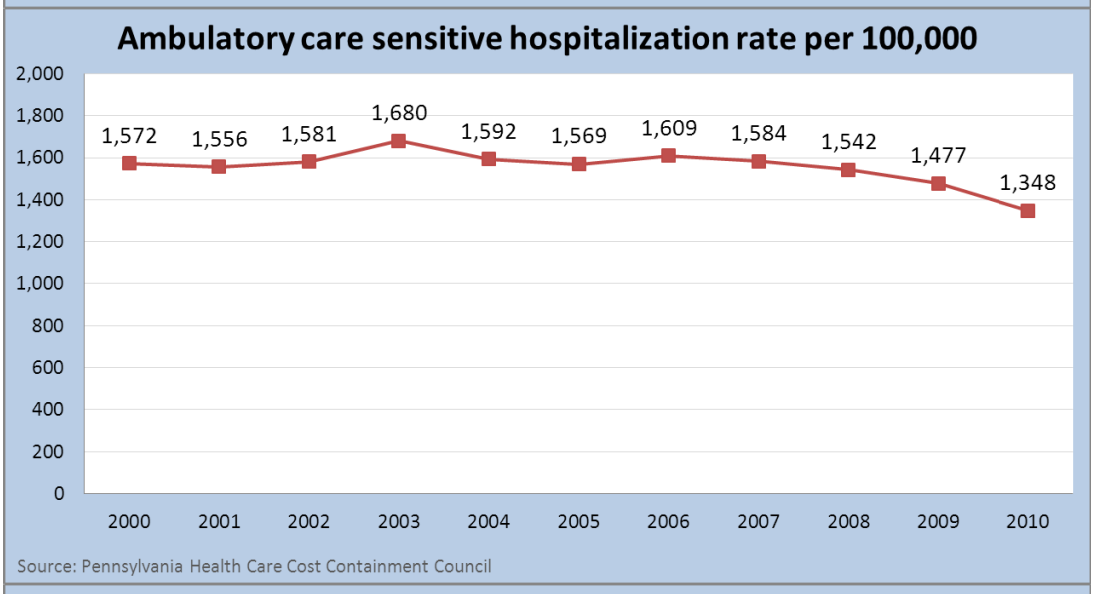
Philadelphia over time – access to care

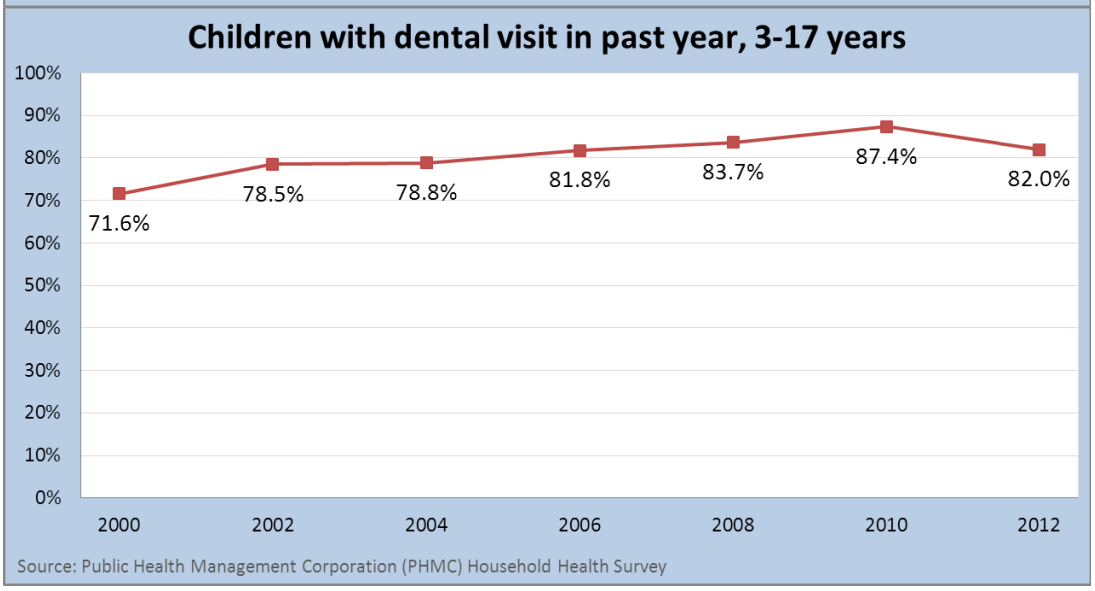




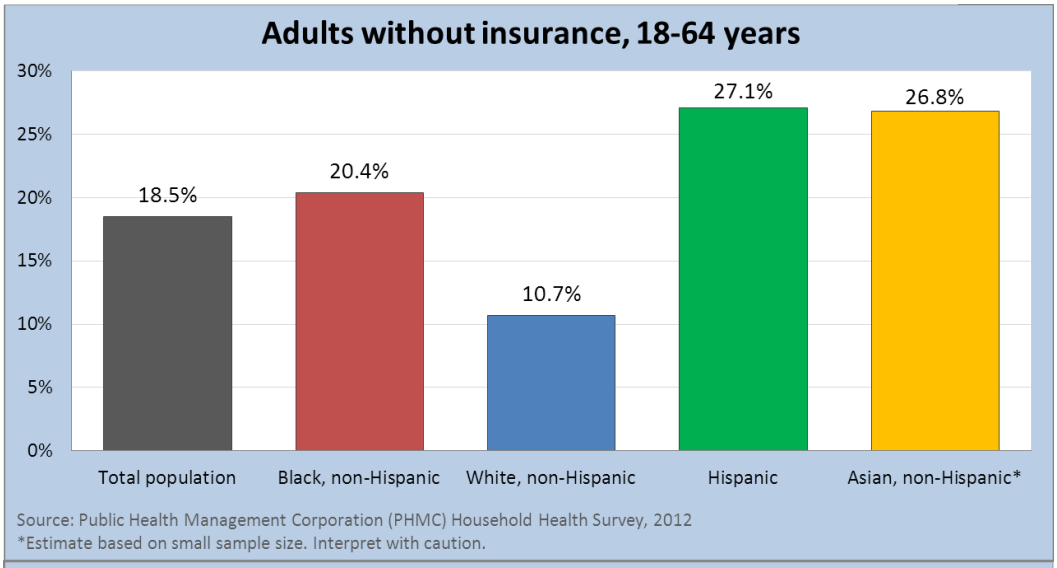



Adults forgoing care due to cost, 18-64 years
20%
18%
16%
14%
12%
10%
8%
6%
4%
2%
0%
9.9%
12.5%
13.7%
17.2%
16.1%
18.5%
2000
2002
2004
2006
2008
2010
2012
Source: Public Health Management Corporation (PHMC) Household Health Survey

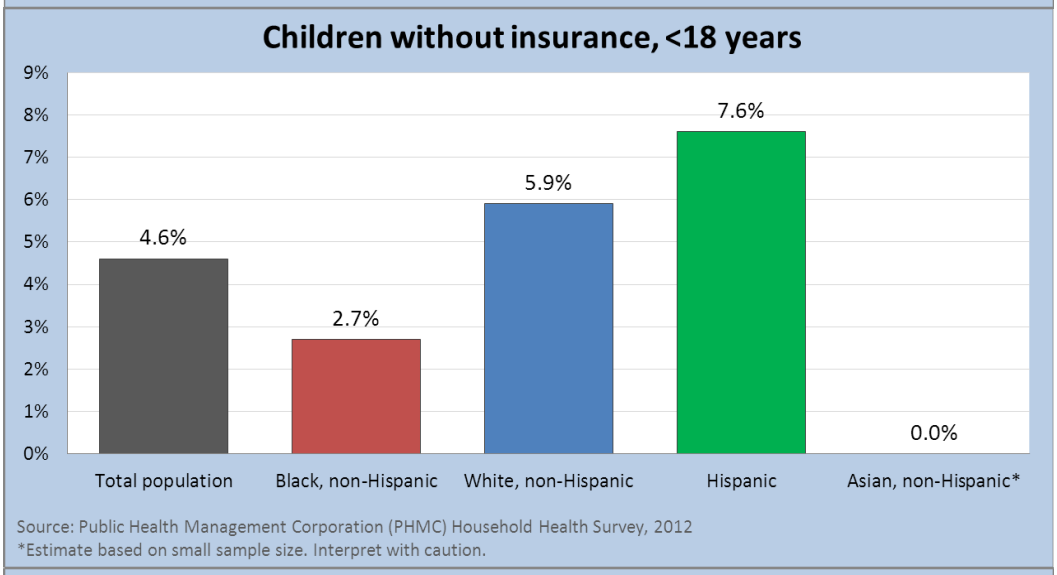

Ambulatory care sensitive hospitalization rate per 100,000
2,000
1,800
1,600
1,400
1,200
1,000
800
600
400
200
0
1,572
1,556
1,581
1,680
1,592
1,569
1,609
1,584
1,542
1,477
1,348
2000
2001
2002
2003
2004
2005
2006
2007
2008
2009
2010
Source: Pennsylvania Health Care Cost Containment Council


Children with dental visit in past year, 3-17 years
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
71.6%
78.5%
78.8%
81.8%
83.7%
87.4%
82.0%
2000
2002
2004
2006
2008
2010
2012
Source: Public Health Management Corporation (PHMC) Household Health Survey

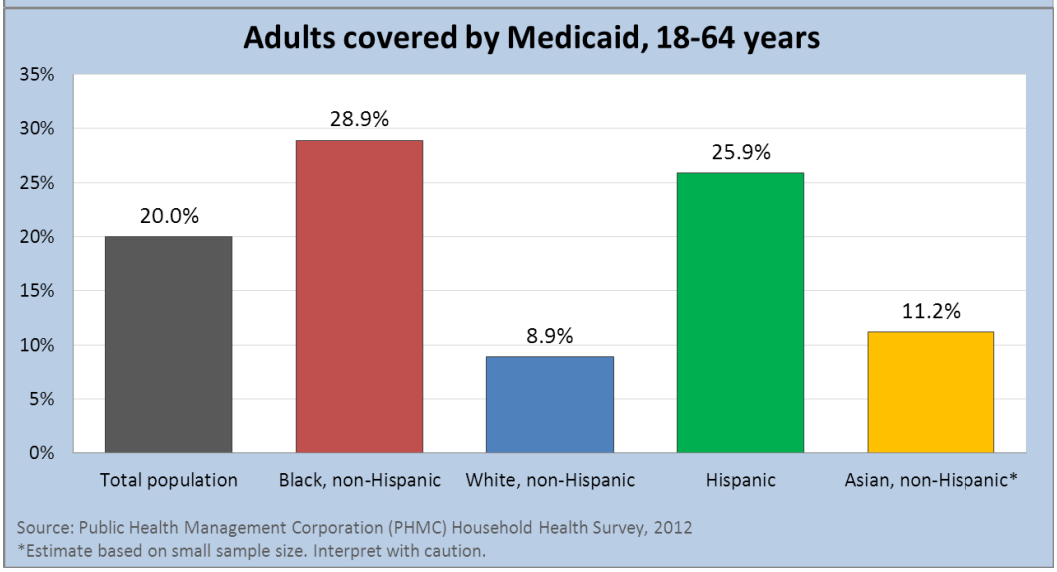
Philadelphia over time – access to care



Source: Public Health Management Corporation (PHMC) Household Health Survey, 2012
*Estimate based on small sample size. Interpret with caution.



Source: Public Health Management Corporation (PHMC) Household Health Survey, 2012
*Estimate based on small sample size. Interpret with caution.



Source: Public Health Management Corporation (PHMC) Household Health Survey, 2012
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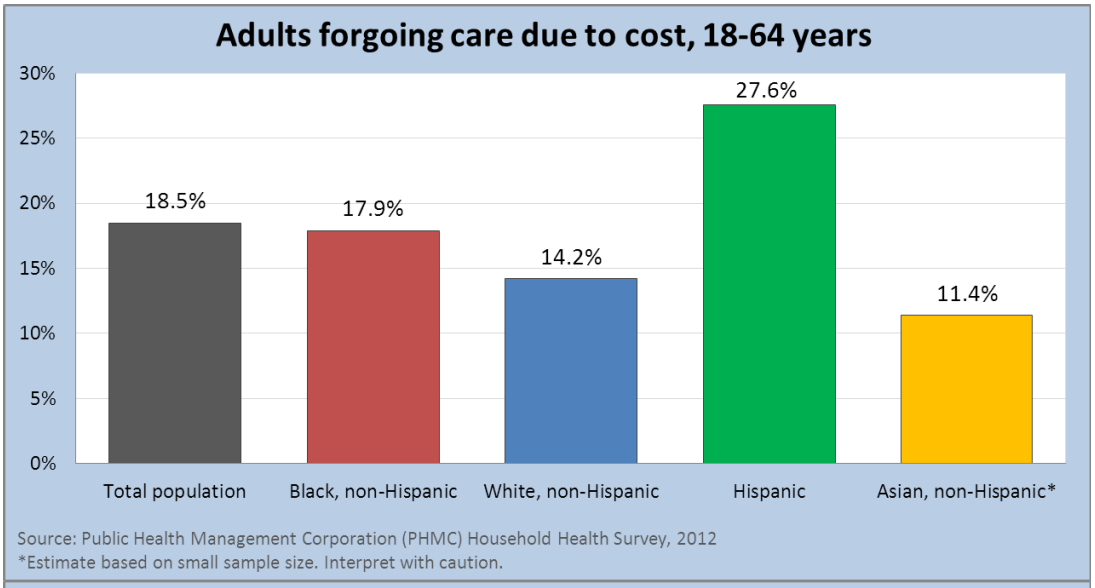

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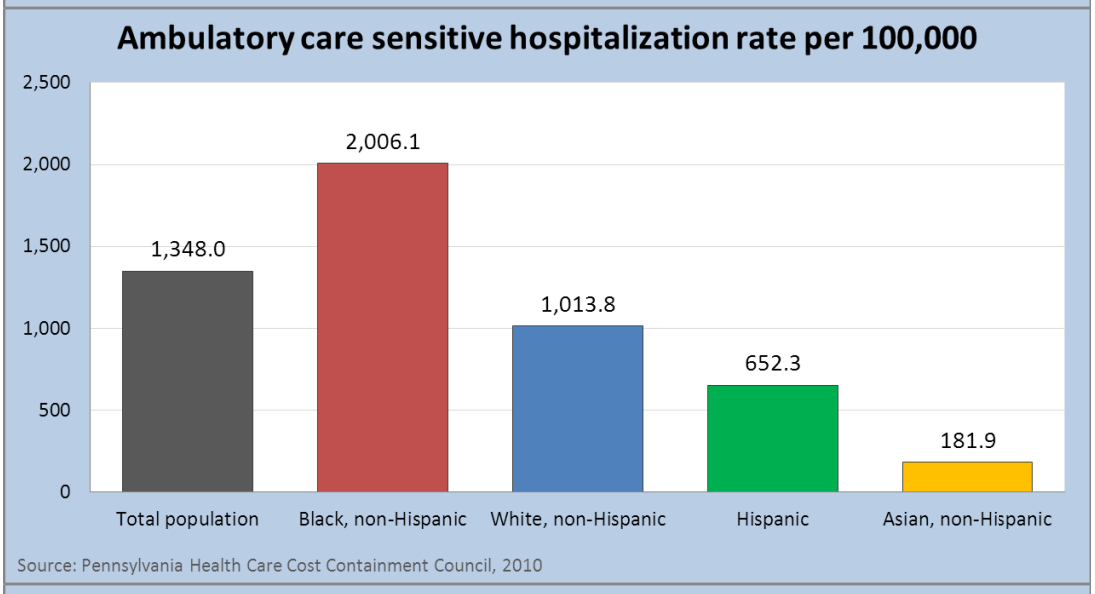
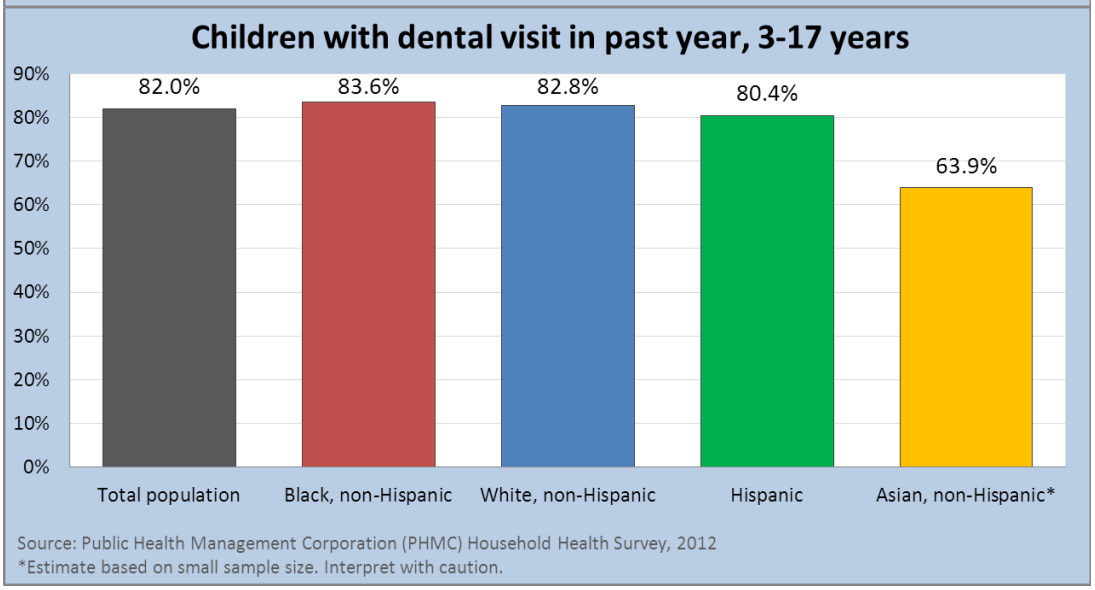


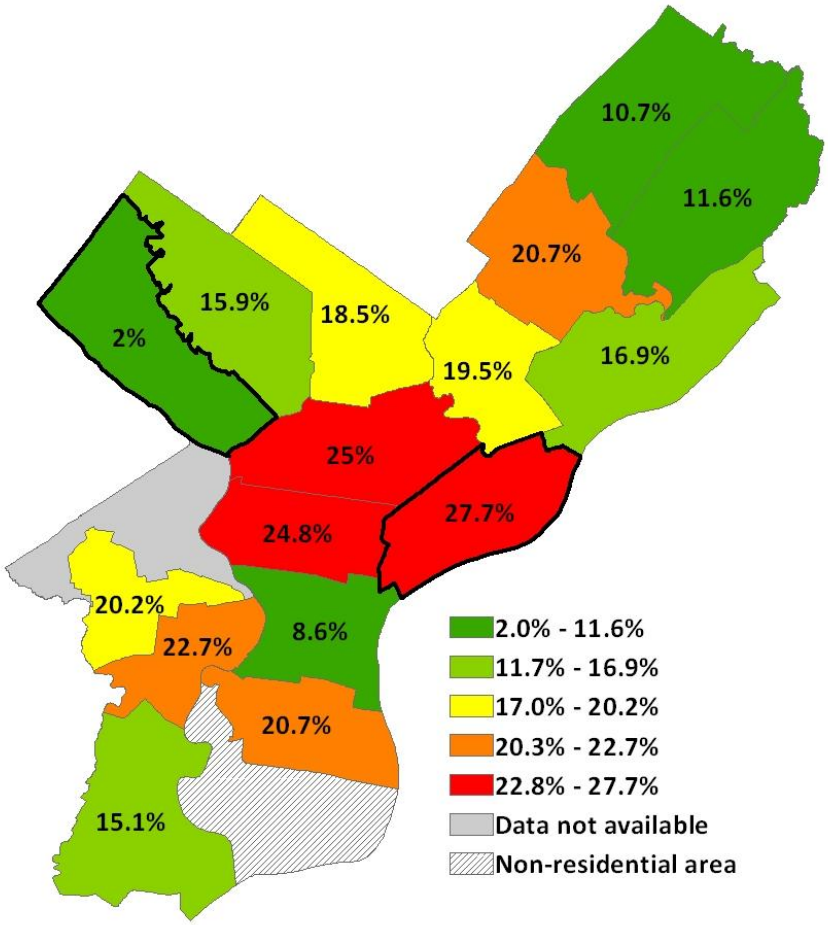
Source: Pennsylvania Health Care Cost Containment Council, 2010



Source: Public Health Management Corporation (PHMC) Household Health Survey, 2012
*Estimate based on small sample size. Interpret with caution.

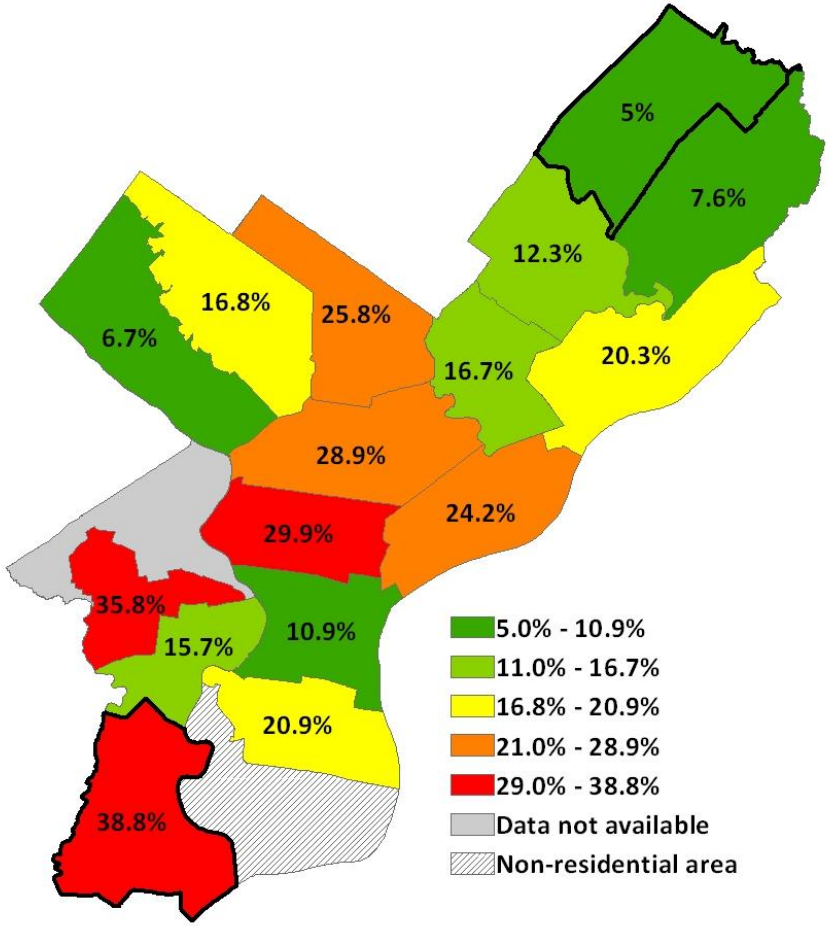
Philadelphia by planning district – access to care

Adults without insurance, 18-64 years



Source: Public Health Management Corporation (PHMC) Household Health Survey, 2012

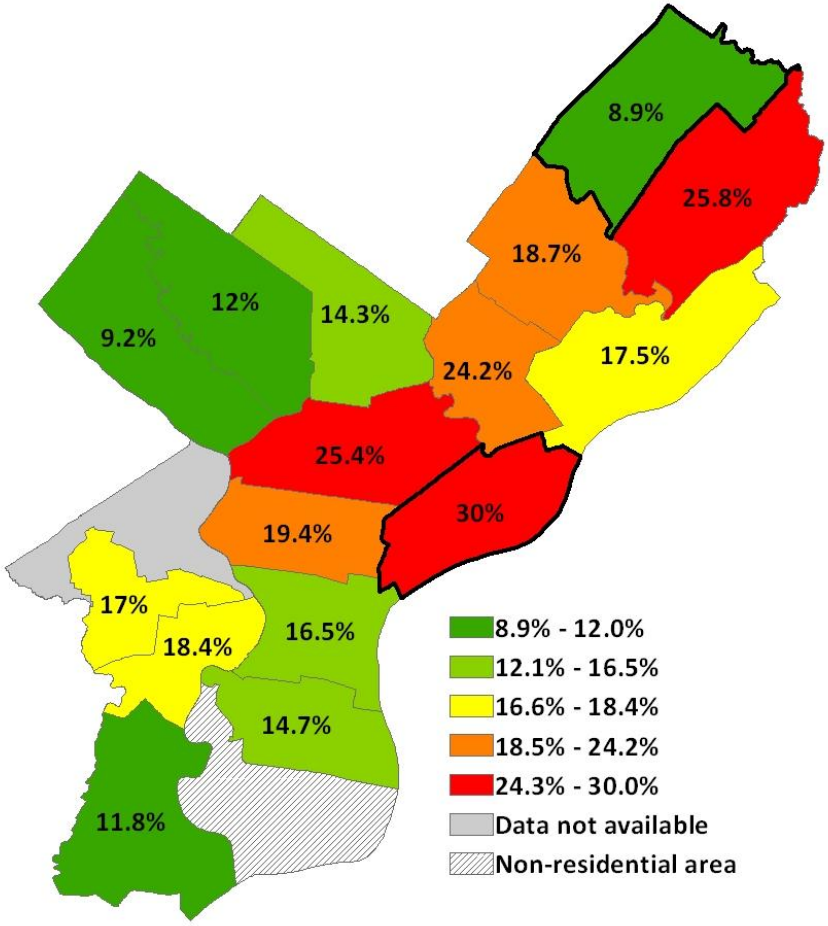
Adults covered by Medicaid, 18-64 years



Source: Public Health Management Corporation (PHMC) Household Health Survey, 2012

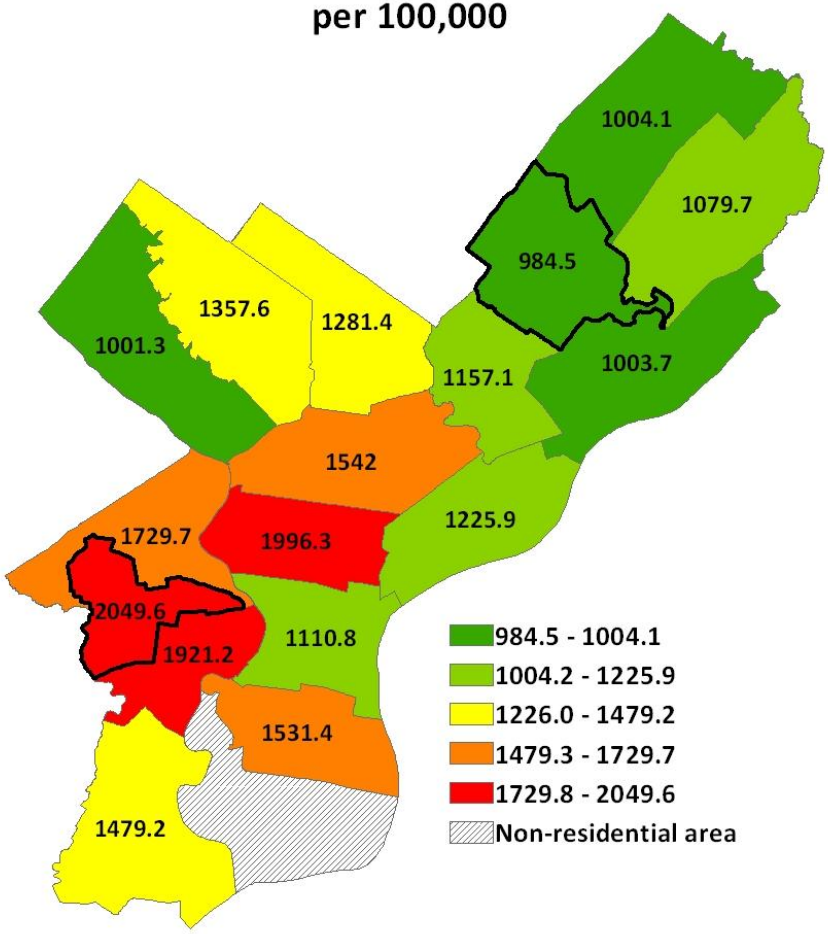
Notes:
Data ranges based on quintiles.
Outlined districts have highest and lowest values.

Adults forgoing care due to cost, 18-64 years



Source: Public Health Management Corporation (PHMC) Household Health Survey, 2012

Ambulatory care sensitive hospitalization rate per 100,000



Source: Pennsylvania Health Care Cost Containment Council, 2010

Notes:
Data ranges based on quintiles.
Outlined districts have highest and lowest values.

V(11). Cancer screening and prevention

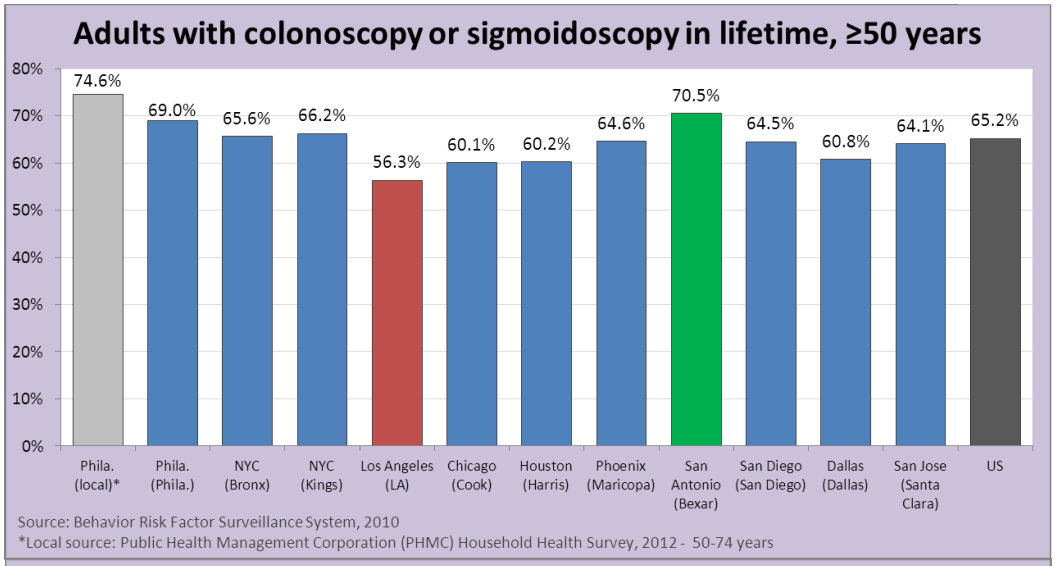
Screening can help find cancer at an early stage, improving chances for cure and survival. Vaccinating adolescents against human papillomavirus (HPV) greatly reduces the chances of not only contracting HPV infection but also developing the cervical cancers it sometimes causes.

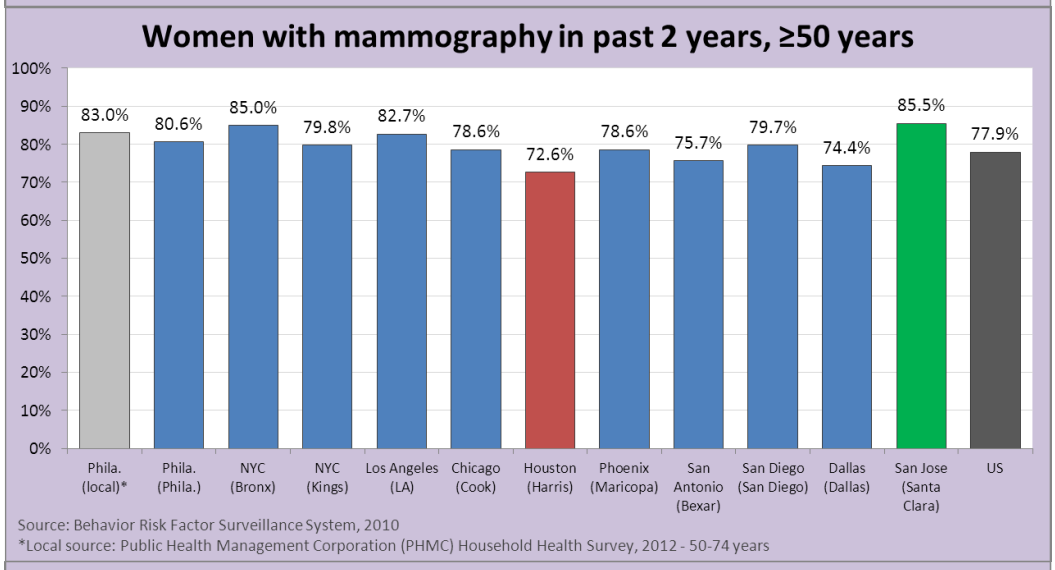
Colon cancer screening
67.6% of Philadelphians age 50-74 years report having a colonoscopy or sigmoidoscopy at least once in their lives. According to national data on the 11 largest U.S. counties, Philadelphia ranks 2nd on the prevalence of appropriate colon cancer screening among adults age 50 or older. Screening improved steadily over the past decade, rising 37% between 2002 and 2012. It is least prevalent among Asians and in the River Wards planning district.

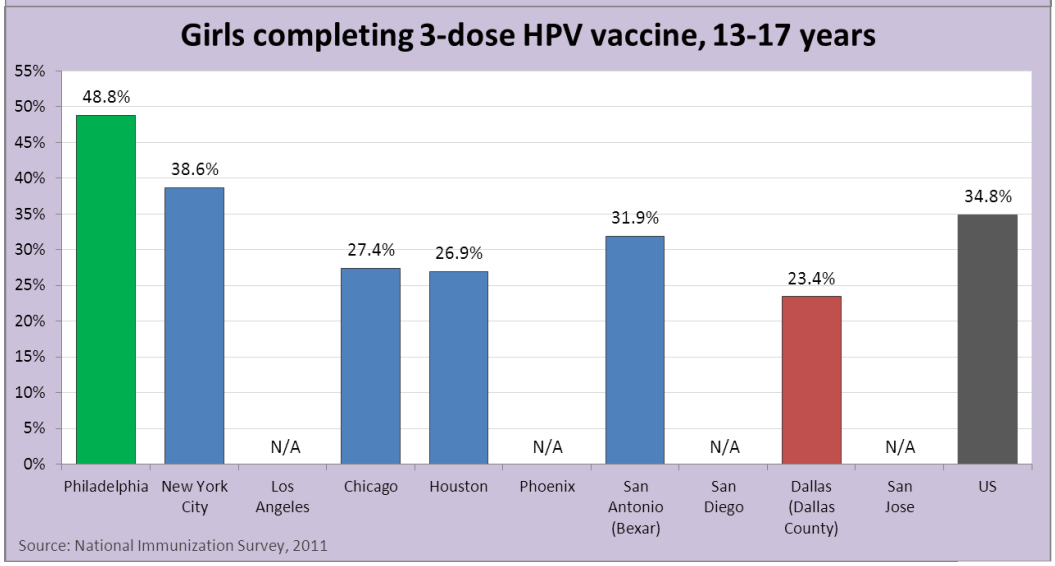
Breast cancer screening
In Philadelphia, 83% of women age 50-74 years report receiving a mammogram in the past 2 years. According to national data on the 11 largest U.S. counties, Philadelphia ranks 4th on the prevalence of appropriate breast cancer screening. Screening has remained virtually unchanged over the past decade, falling just 1% between 2000 and 2012. It is least prevalent among Asian women and women in the Central Northeast planning district.

HPV vaccination
According to local clinical data, 21.2% of Philadelphia girls age 13-17 years received 3 doses of HPV vaccine. According to national self-report and clinical data, Philadelphia ranks 1st among the 6 large U.S. cities for which HPV vaccination data are available. Vaccination increased more than 150% between 2008 and 2011. Vaccination rates are poorest among non-Hispanic white girls and girls in the North Delaware planning district.

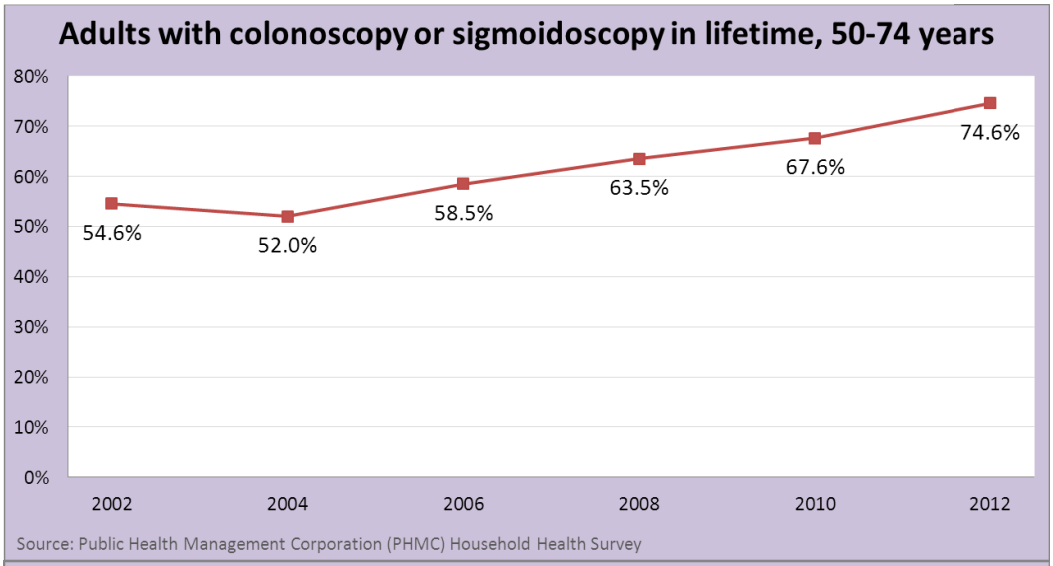
City/county comparisons – cancer screening and prevention

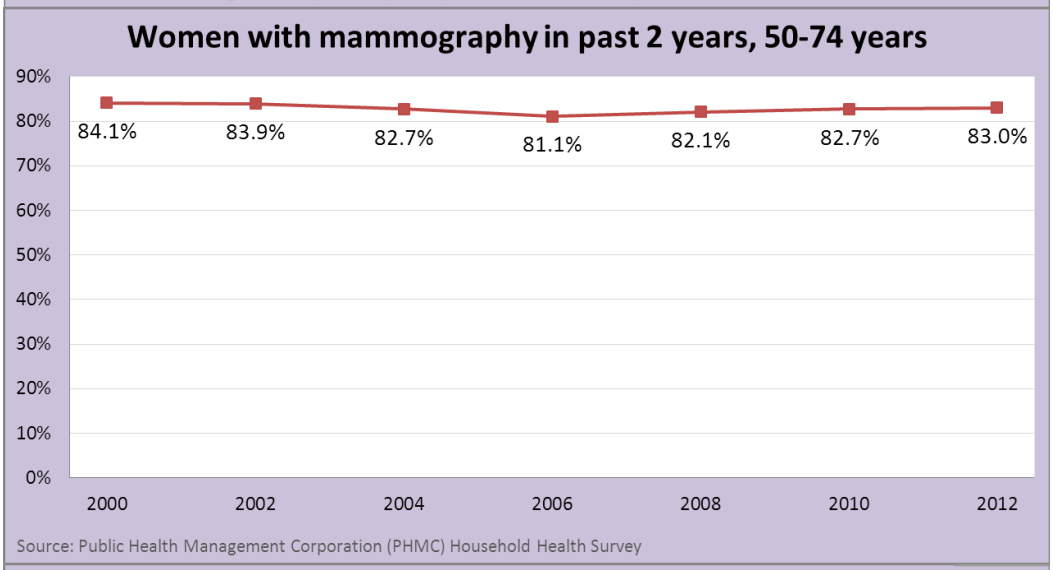


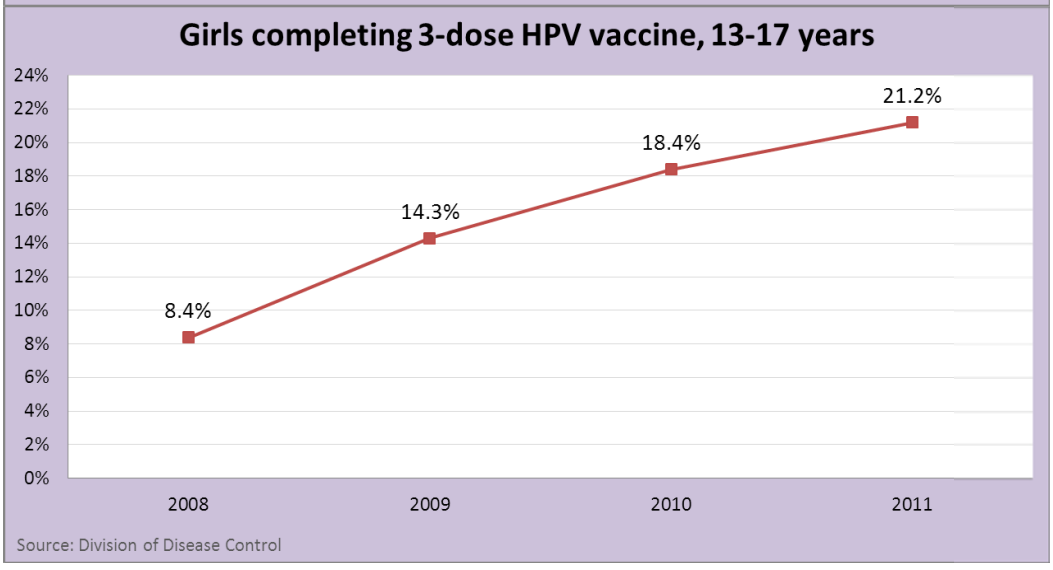




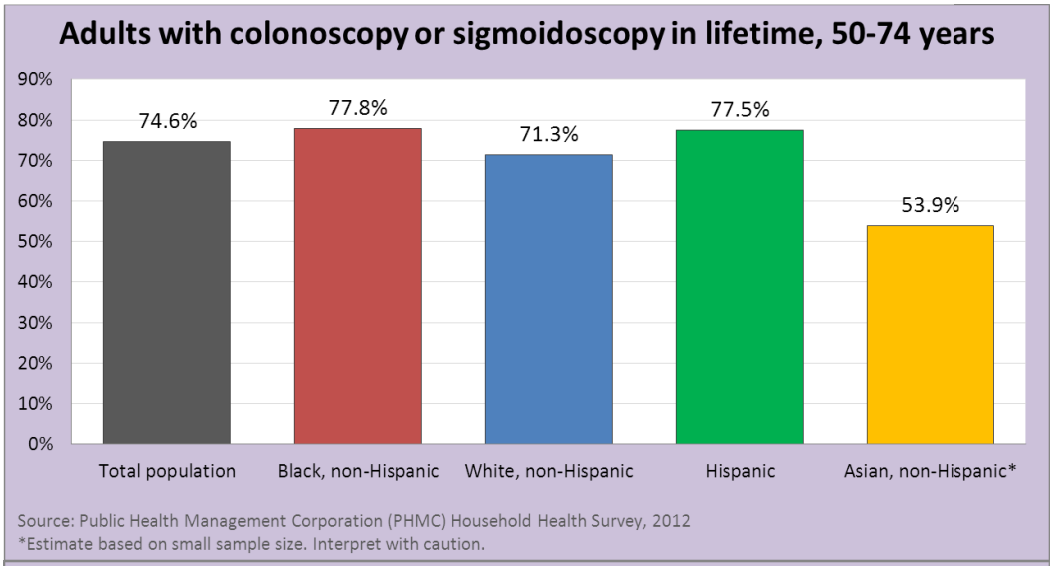
Philadelphia over time – cancer screening and prevention



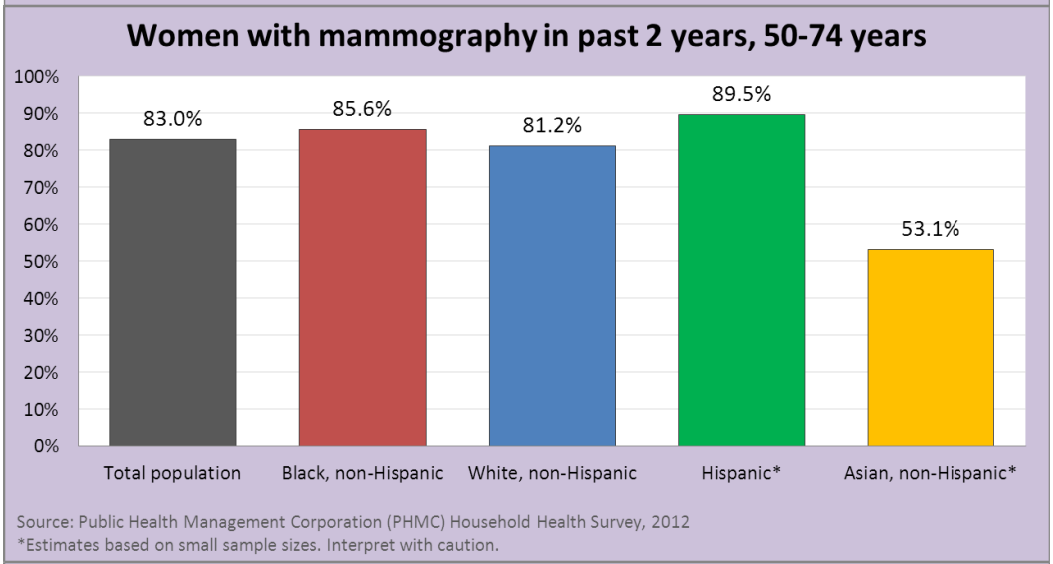




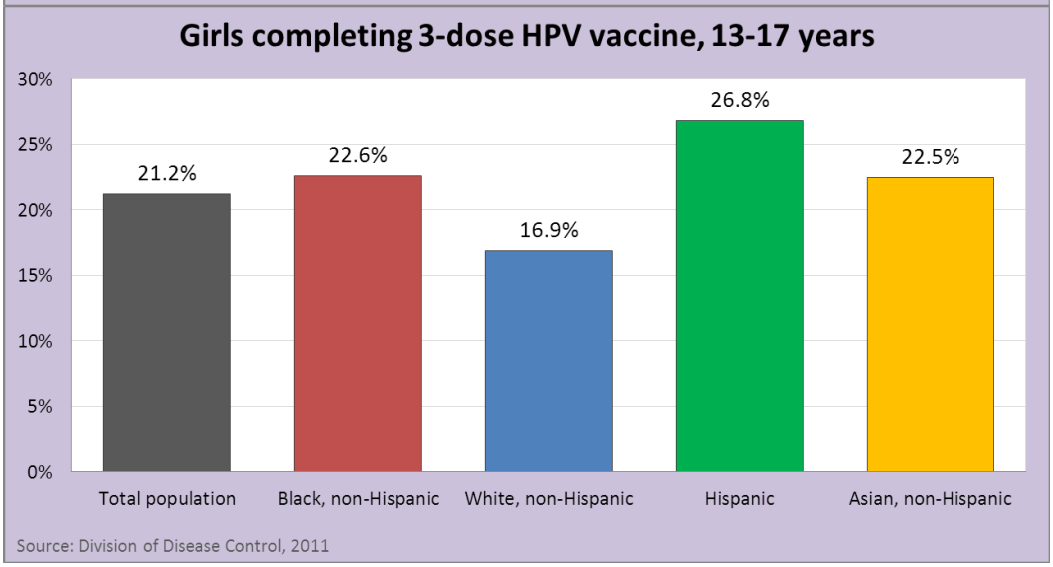
Philadelphia by race/ethnicity – cancer screening and prevention



Source: Public Health Management Corporation (PHMC) Household Health Survey, 2012
*Estimate based on small sample size. Interpret with caution.

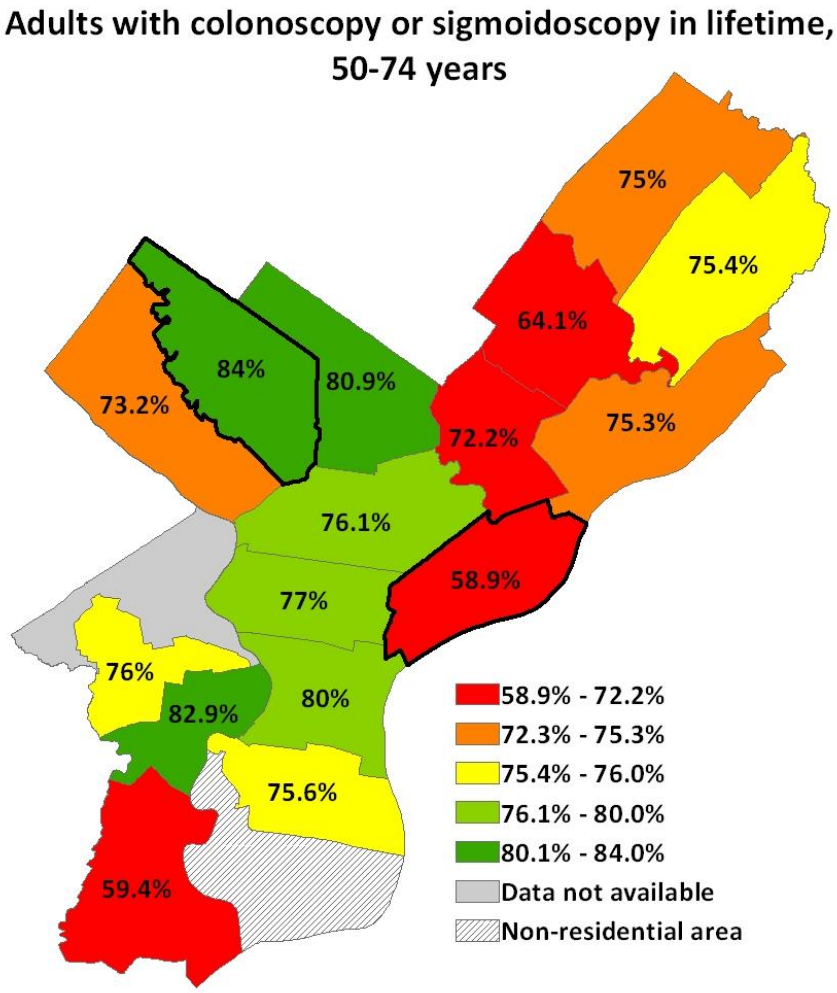


Source: Public Health Management Corporation (PHMC) Household Health Survey, 2012
*Estimates based on small sample sizes. Interpret with caution.

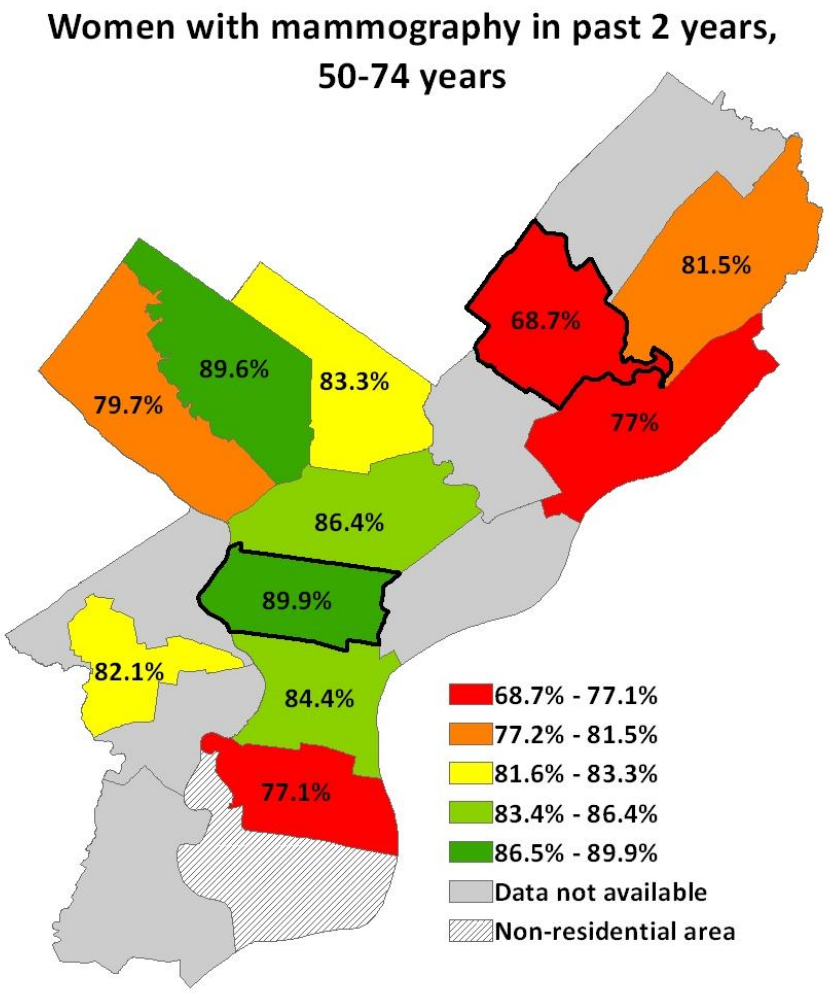


Source: Division of Disease Control, 2011

Philadelphia by planning district – cancer screening and prevention

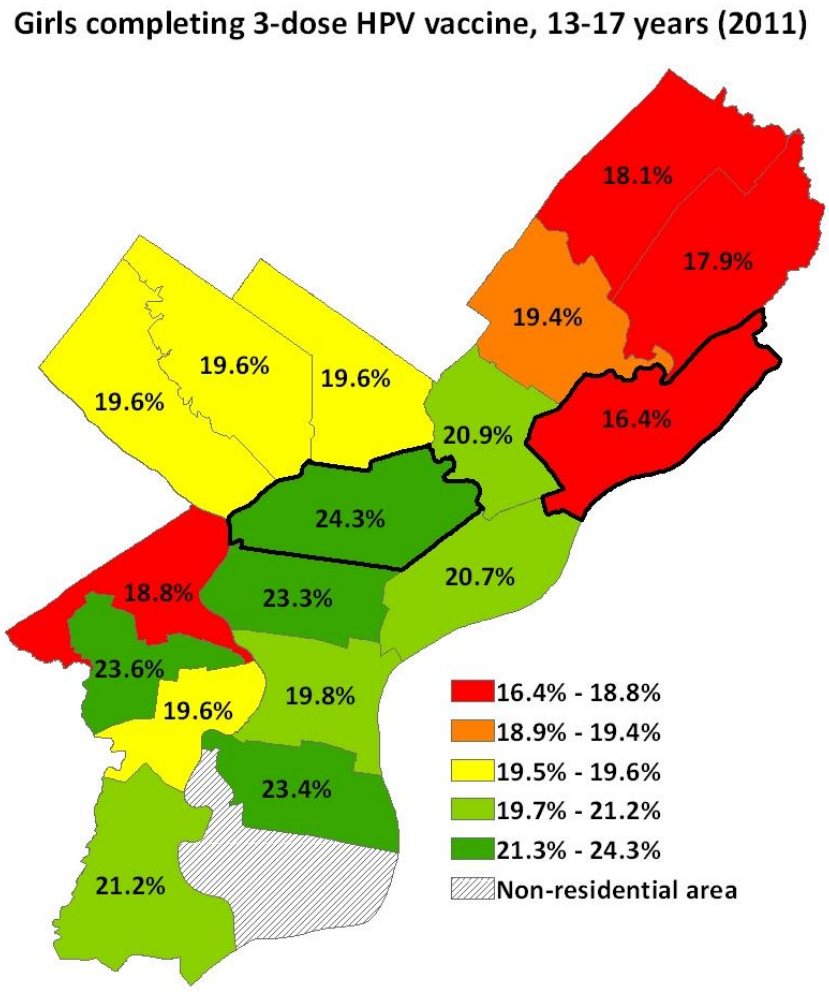


Source: Public Health Management Corporation (PHMC) Household Health Survey, 2012



Source: Public Health Management Corporation (PHMC) Household Health Survey, 2012

Notes:
Data ranges based on quintiles.
Outlined districts have highest and lowest values.



Source: Division of Disease Control

Division of Disease Control data are based on local reporting of actual immunizations provided by clinicians, and some underreporting for adolescents may occur. These data reflect the percentage of girls 13-17 years who received 3 doses of HPV vaccine out of all girls 13-17 years in the population.

V(12). Environmental health

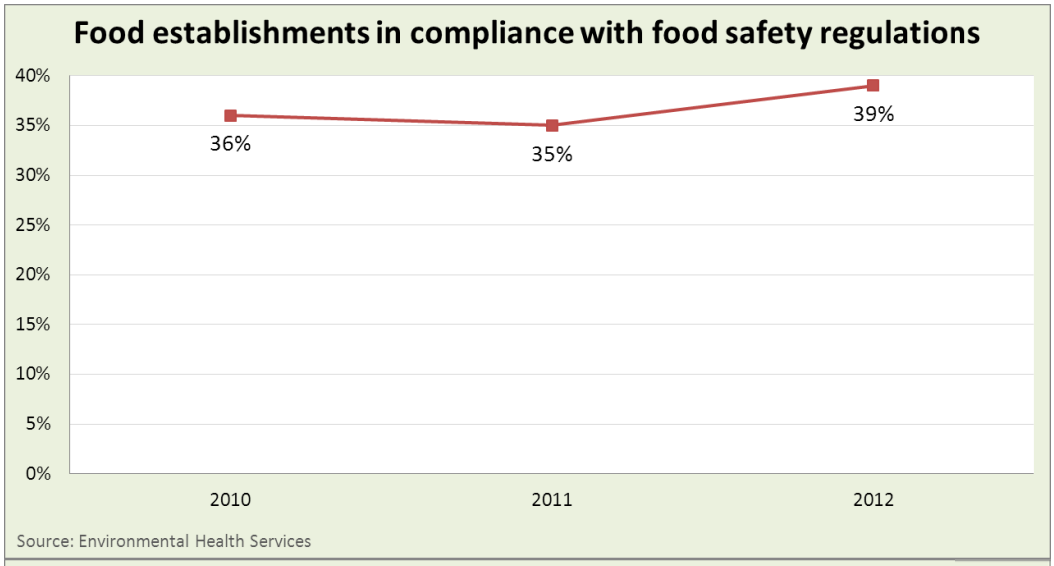
Our constant interaction with our environment impacts quality of life, years of healthy life lived, and health disparities. Maintaining a healthy environment is central to reducing morbidity and mortality, as well as diminishing the impact of existing health disparities often exacerbated by environmental factors.

Food safety
39% of Philadelphia's food establishments are in compliance with food safety regulations upon initial inspection. Compliance increased 8% between 2010 and 2012. It is poorest in the West planning district. City/county data are not available; race/ethnicity is not applicable.

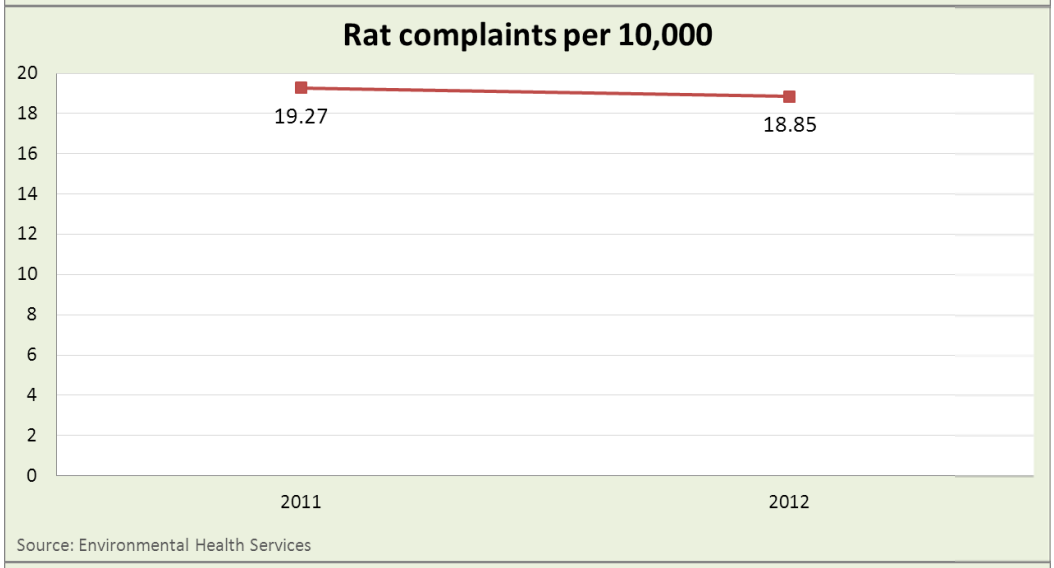
Rat complaints
Philadelphia's rate of rat complaints is 18.85 per 10,000 residents. It dropped just 2% between 2011 and 2012. The rate of rat complaints is highest in the North planning district. City/county data are not available; race/ethnicity is not applicable.

Air quality
In 2011, Philadelphians had 201 days of good air quality—days with Air Quality Index (AQI) levels of 0-50, wherein air quality is considered satisfactory and air pollution poses little or no risk. Air quality increased steadily between 2001 and 2009, when the number of days with good air quality almost doubled, but it fell again between 2009 and 2011. (This was due to increased stringency of standards.) As such, the number of days with good air quality was only 47% higher in 2011 than in 2001. City/county and planning district data are not available; race/ethnicity is not applicable.

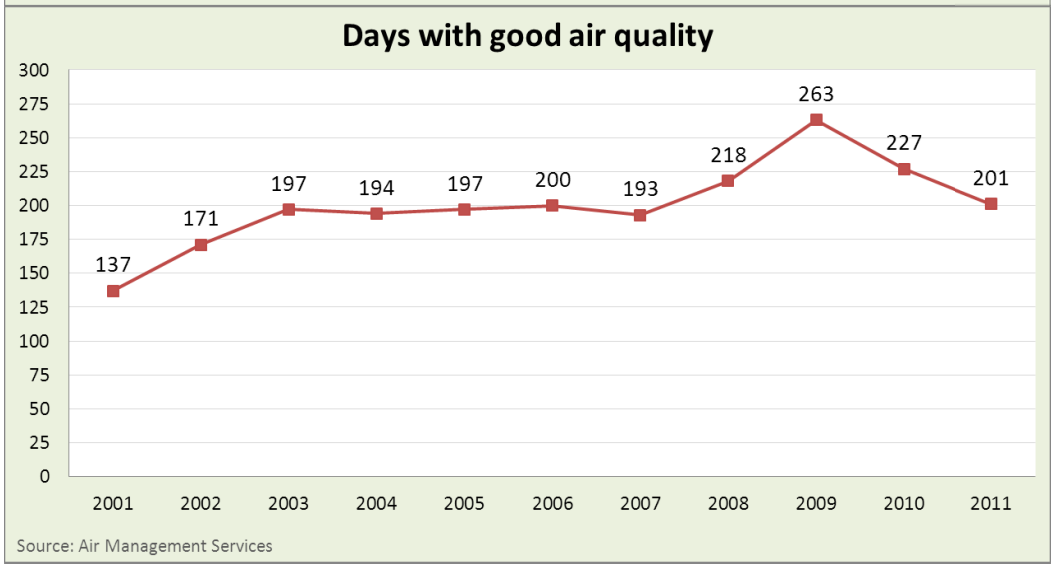
Philadelphia over time – environmental health



Source: Environmental Health Services



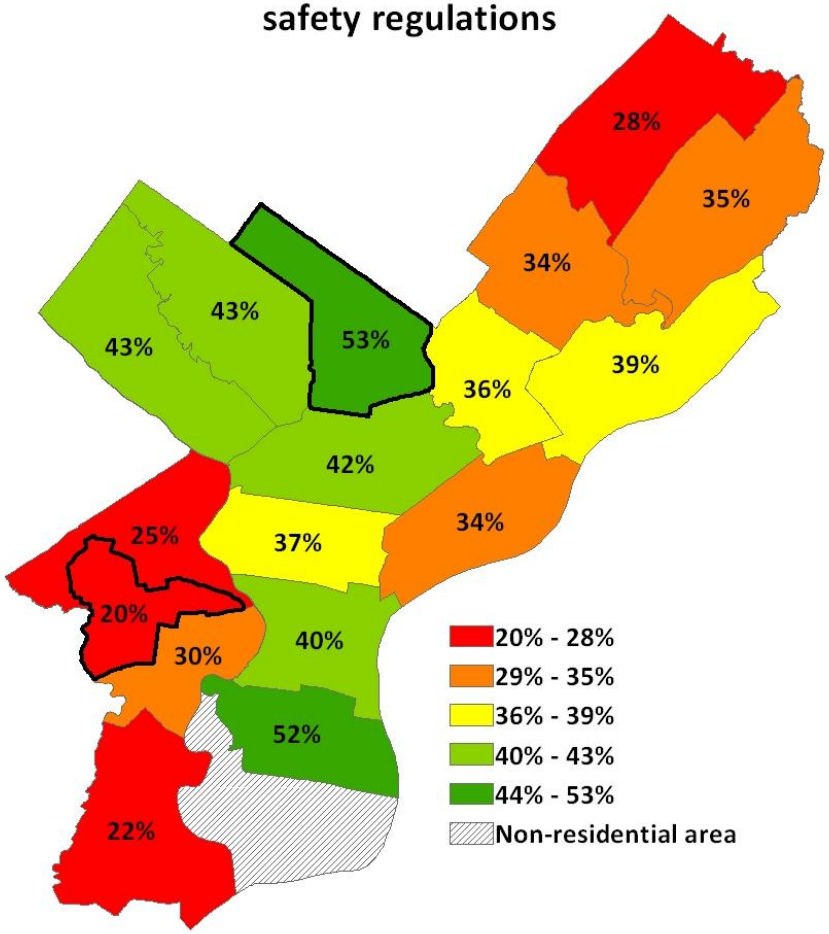
Source: Environmental Health Services



Source: Air Management Services

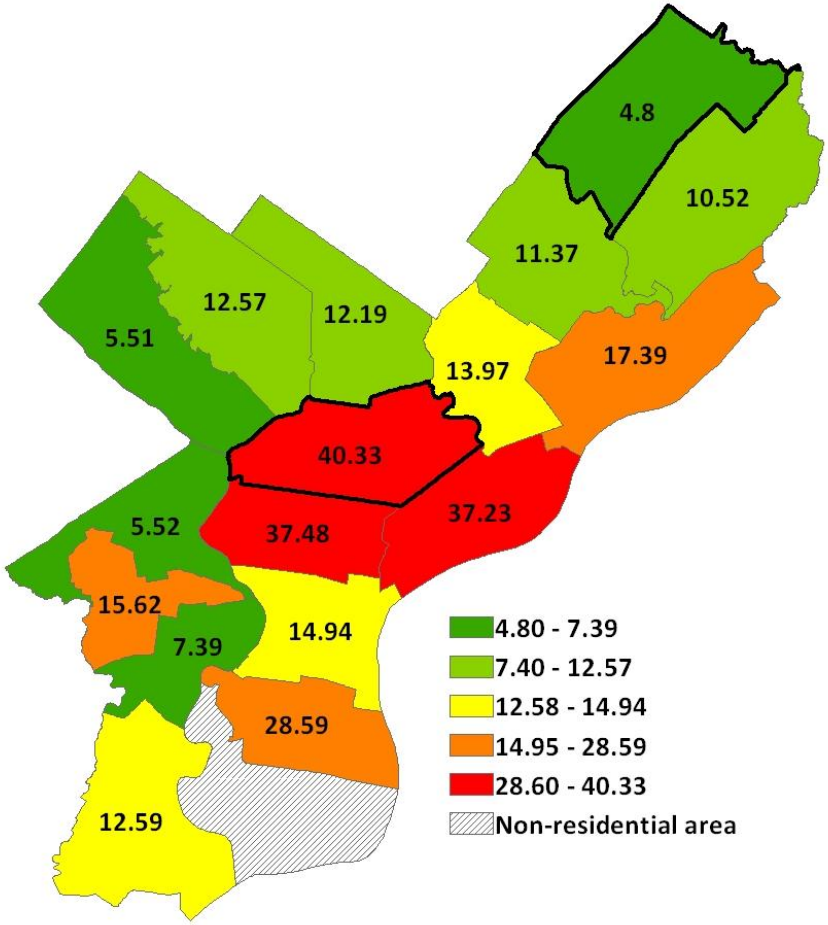
Philadelphia by planning district – environmental health

Food establishments in compliance with food safety regulations



Source: Environmental Health Services, FY2012

Rat complaints per 10,000 residents



Source: Environmental Health Services, 2012

Notes:
Data ranges based on quintiles.
Outlined districts have highest and lowest values.

V(13). Violence

Violence can put one's life directly at risk. In addition, it can impact psychological wellbeing, increase stress, threaten cardiovascular and reproductive health, and make it more difficult to access needed health care services and to be physically active outdoors.[13]

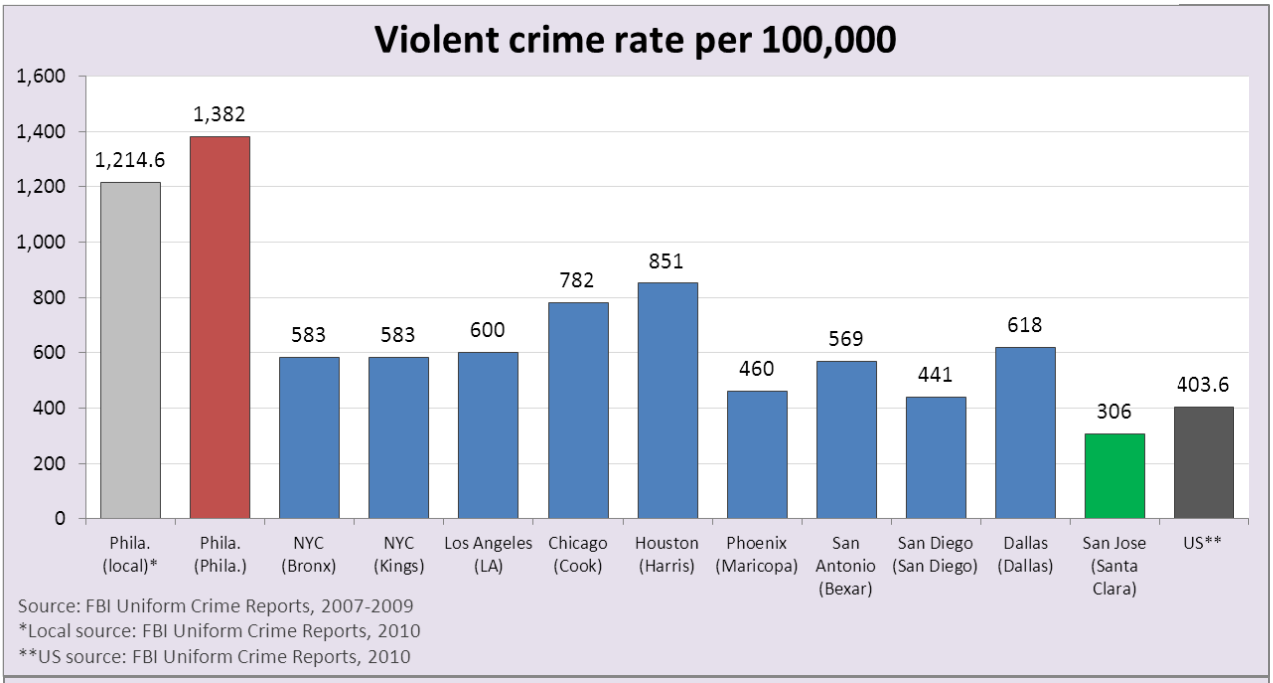
Violent crime
In Philadelphia, the rate of reported violent crimes—including murders and non-negligent manslaughters, forcible rapes, robberies, and aggravated assaults—is 1,215 per 100,000 residents. According to national data, Philadelphia is the most violent of the 11 largest U.S. counties, by a significant margin. This is despite a 19% decline in the violent crime rate between 2000 and 2010. Race/ethnicity and planning district data are not available.

Homicide mortality
Philadelphia's age-adjusted rate of homicide deaths is 19.1 per 100,000. According to data on the 11 largest U.S. counties, Philadelphia's homicide rate is twice the second highest rate, in Chicago. Homicide mortality has fluctuated over the past decade, spiking in the mid-2000s. In 2010, it was just 8% lower than in 2000. Homicide disproportionately impact non-Hispanic blacks, and homicide mortality is highest in the Lower North planning district.

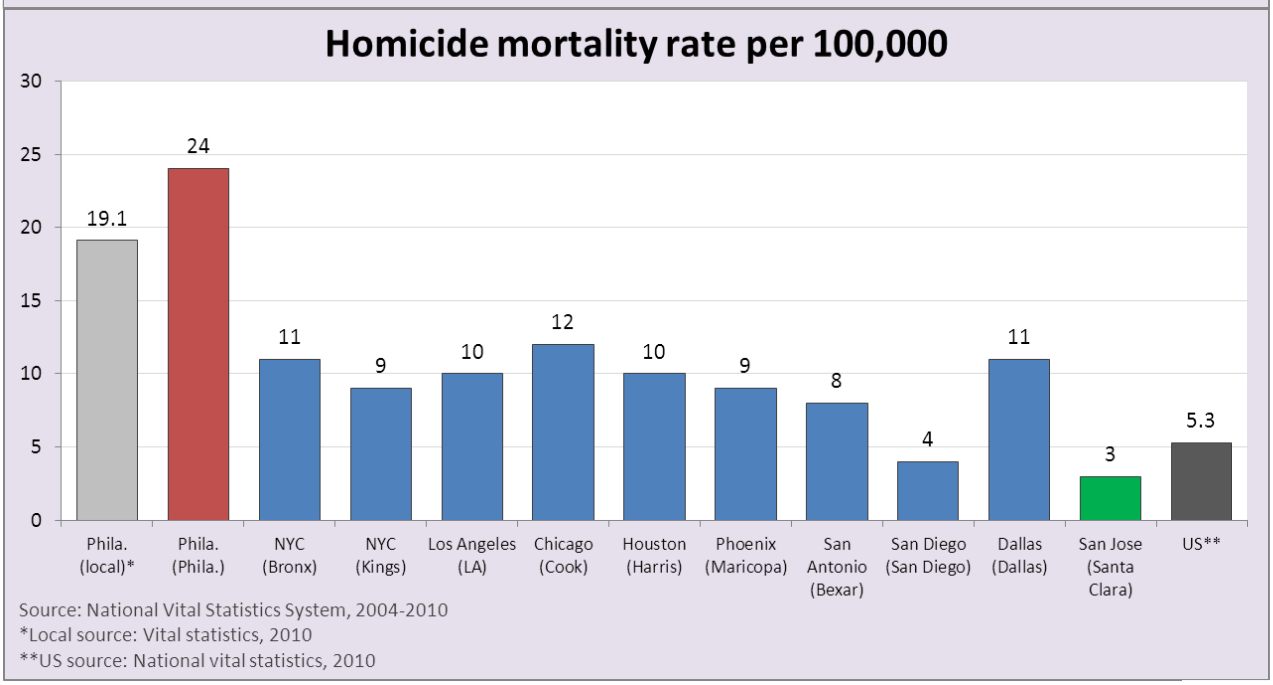
Firearm homicides
In Philadelphia, the firearm homicide rate is 10.8 per 100,000 children and youth under 20 and 16.5 per 100,000 adults age 20 and older.
The rate for children and youth fluctuated over the past decade, ending up 10% higher in 2010 than in 2000. Nearly all of these deaths have been among non-Hispanic blacks, and they have occurred primarily in the Upper North, North, and South planning districts.
Firearm homicides among adults age 20 and older peaked in the mid-2000s, ending up 9% lower in 2010 than in 2000. Like firearm homicides among children and youth, most adult firearm deaths have been among non-Hispanic blacks. They have been concentrated in the Upper North, North, and Lower North planning districts. City/county data are not available.

[13] Ellen IG, Mijanovich T, Dillman KN. 2001. Neighborhood effects on health: Exploring the links and assessing the evidence. *Journal of Urban Affairs, 23*: 391-408.

City/county comparisons – violence

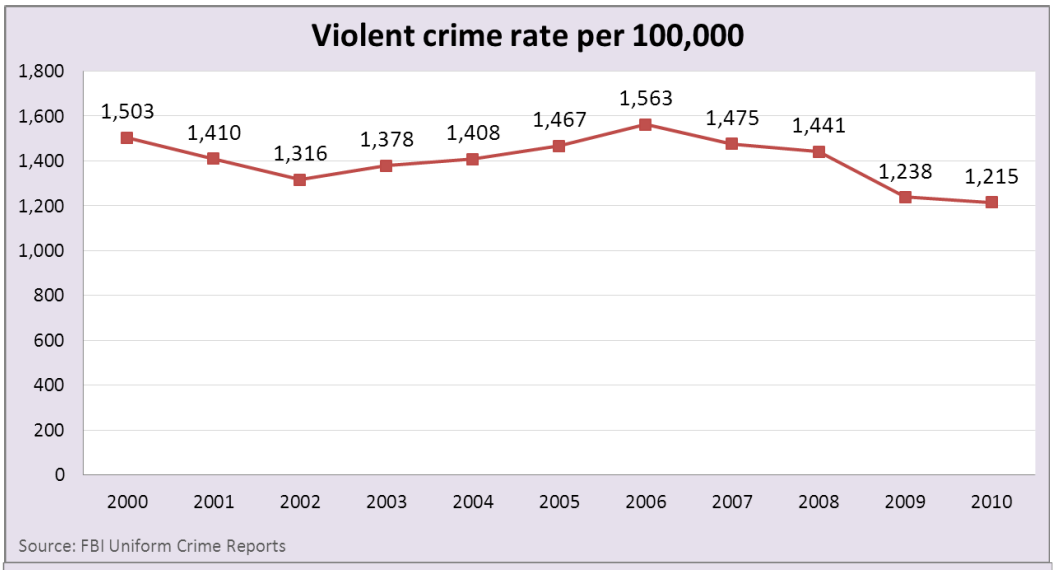


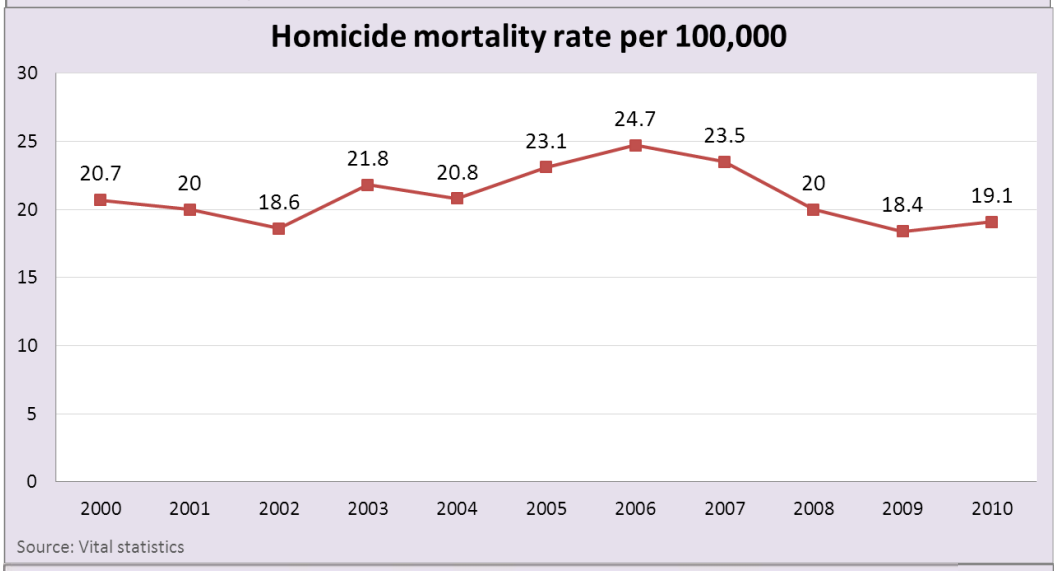
Source: FBI Uniform Crime Reports, 2007-2009
*Local source: FBI Uniform Crime Reports, 2010
**US source: FBI Uniform Crime Reports, 2010

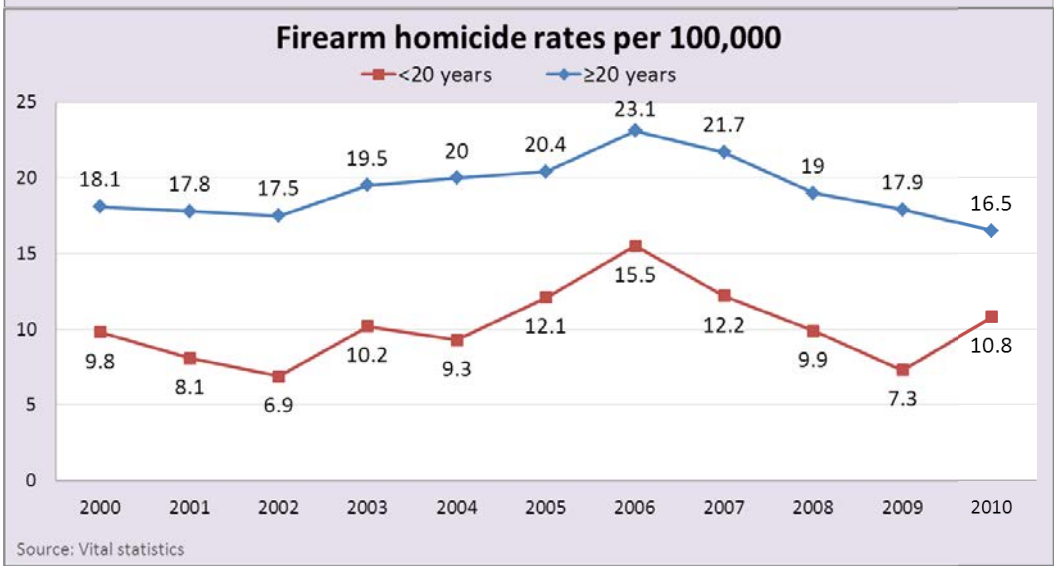


Source: National Vital Statistics System, 2004-2010
*Local source: Vital statistics, 2010
**US source: National vital statistics, 2010

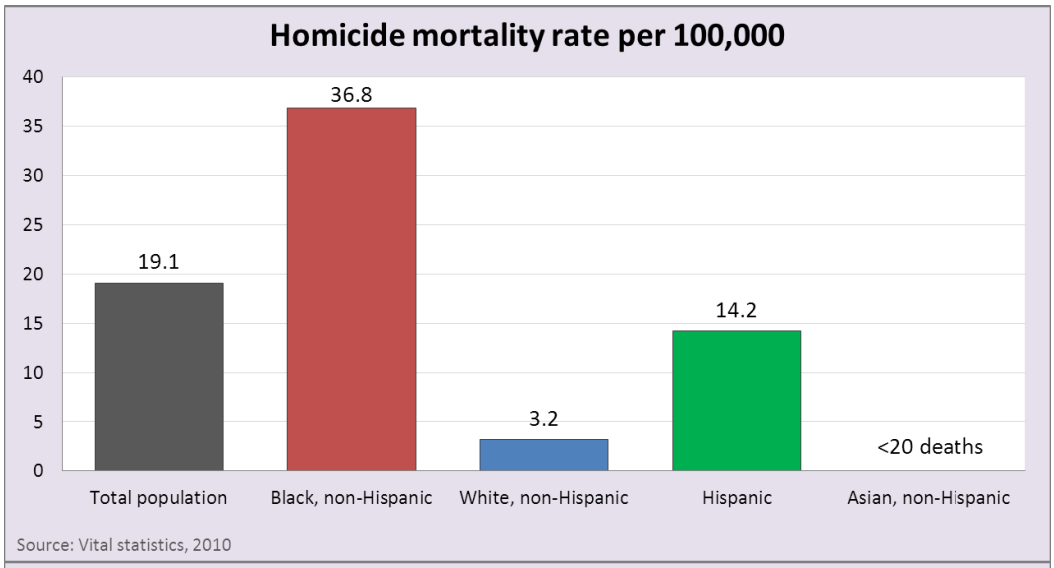
Philadelphia over time – violence

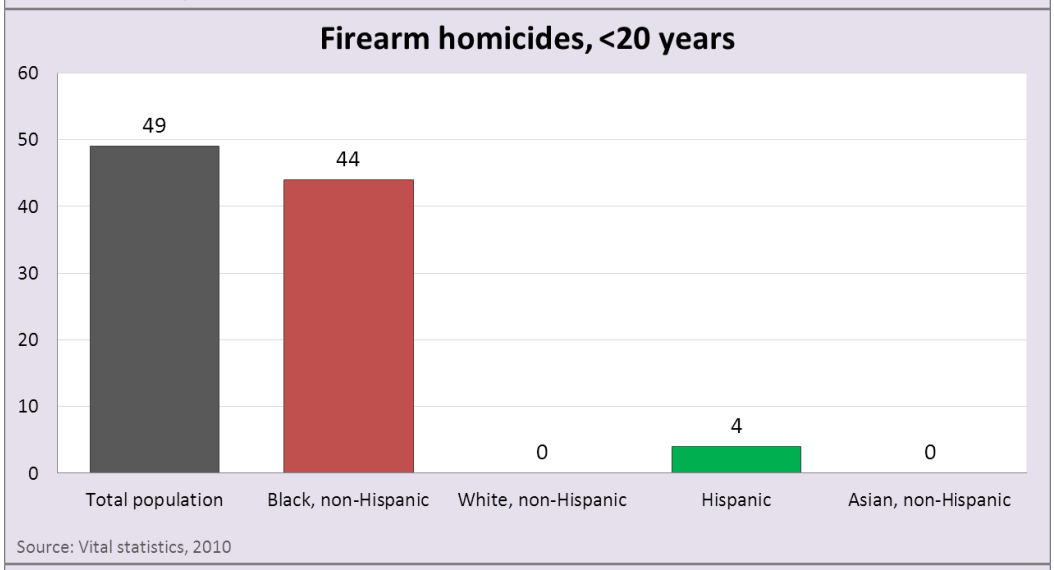


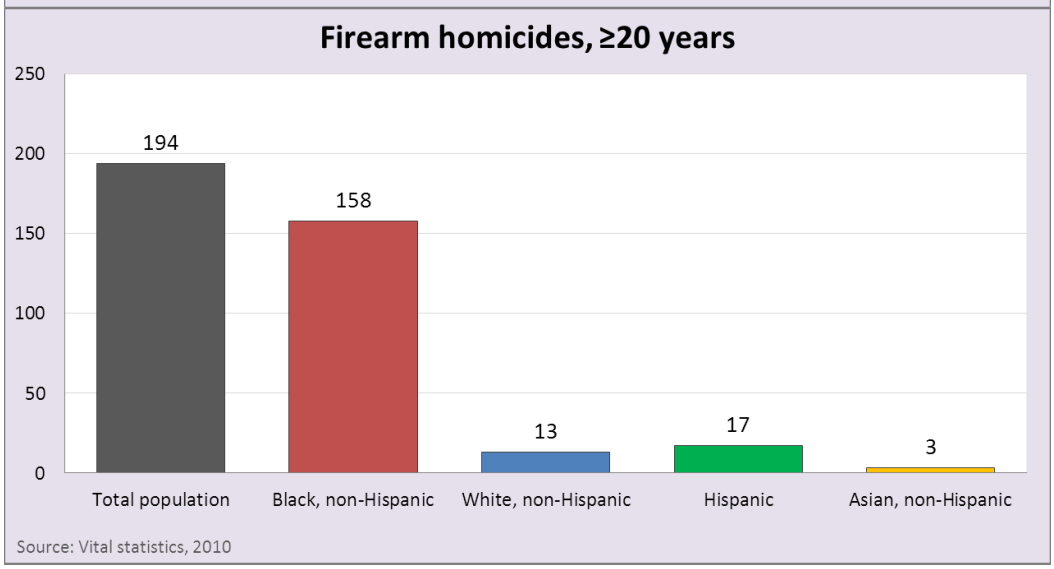




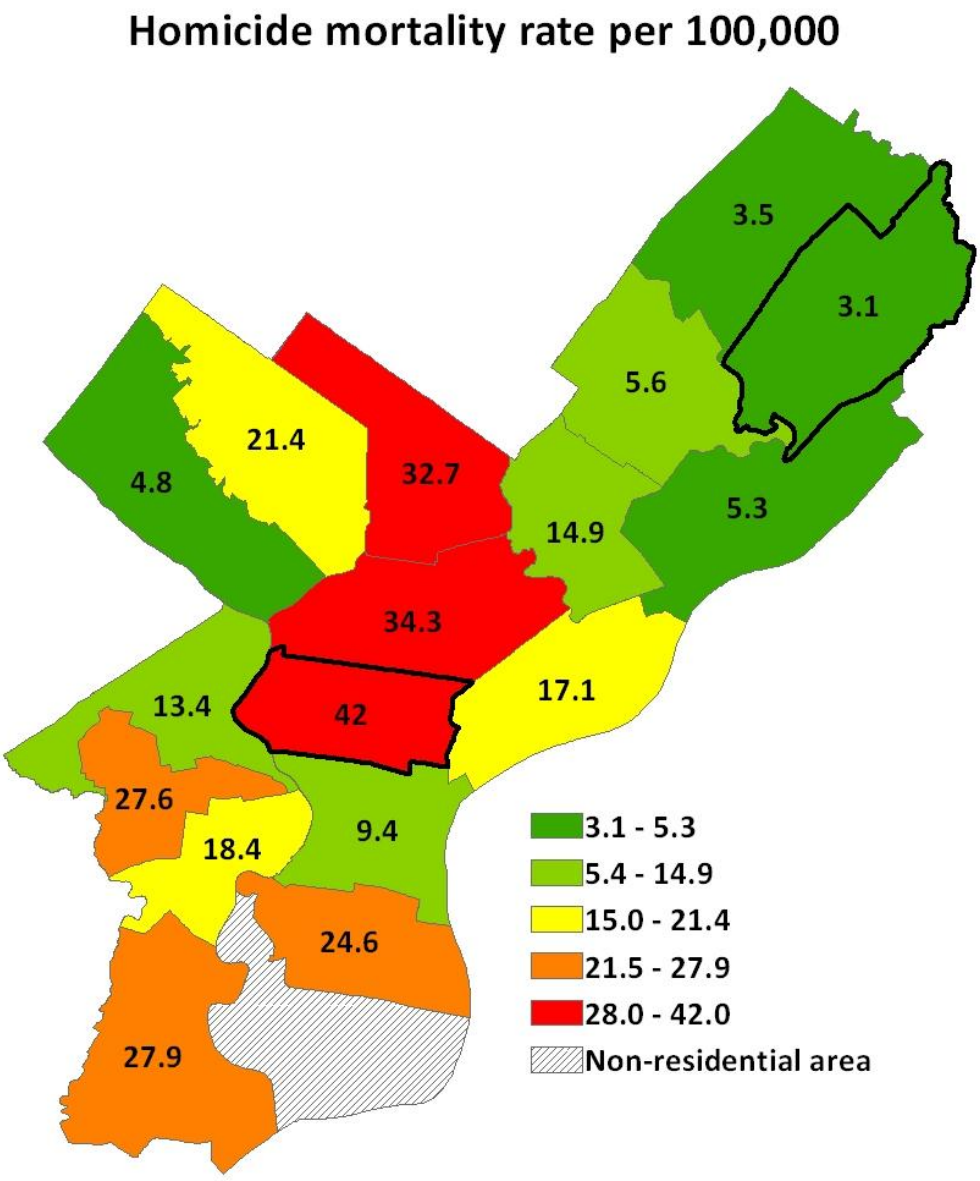
Philadelphia by race/ethnicity – violence







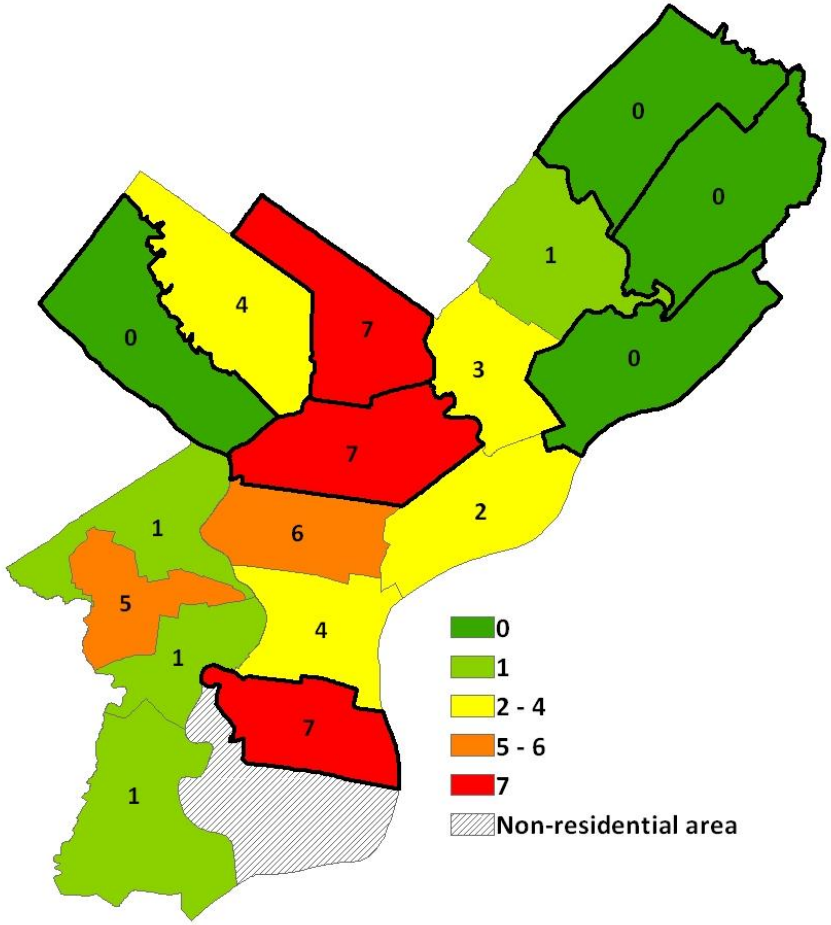
Philadelphia by planning district – violence



Source: Vital statistics, 2010

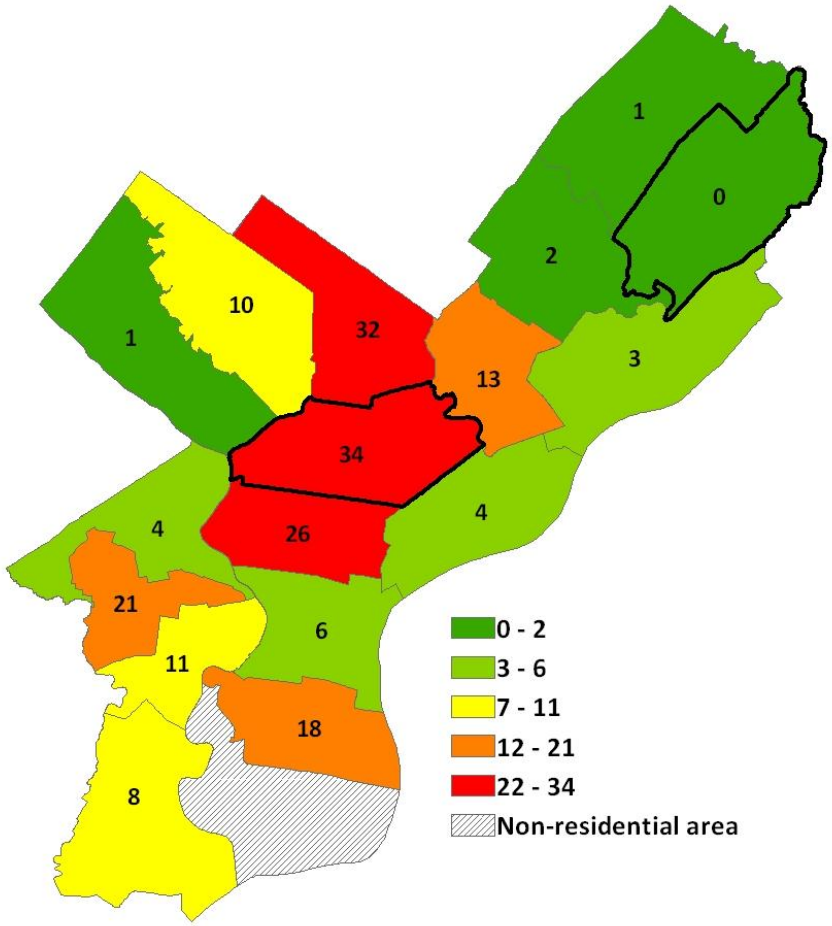
Notes:
Data ranges based on quintiles.
Outlined districts have highest and lowest values.

Firearm homicides, <20 years



Source: Vital statistics, 2010

Firearm homicides, ≥20 years



Source: Vital statistics, 2010

Notes:
Data ranges based on quintiles.
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V(14). Mental health

Mental disorders are among the most common causes of disability, accounting for25% of all years of life lost to disability in the U.S.[14] Mental health plays a major role in individuals' physical health as well, impacting their ability to engage in health-promoting behaviors such as good nutrition, physical activity, and abstinence from smoking.

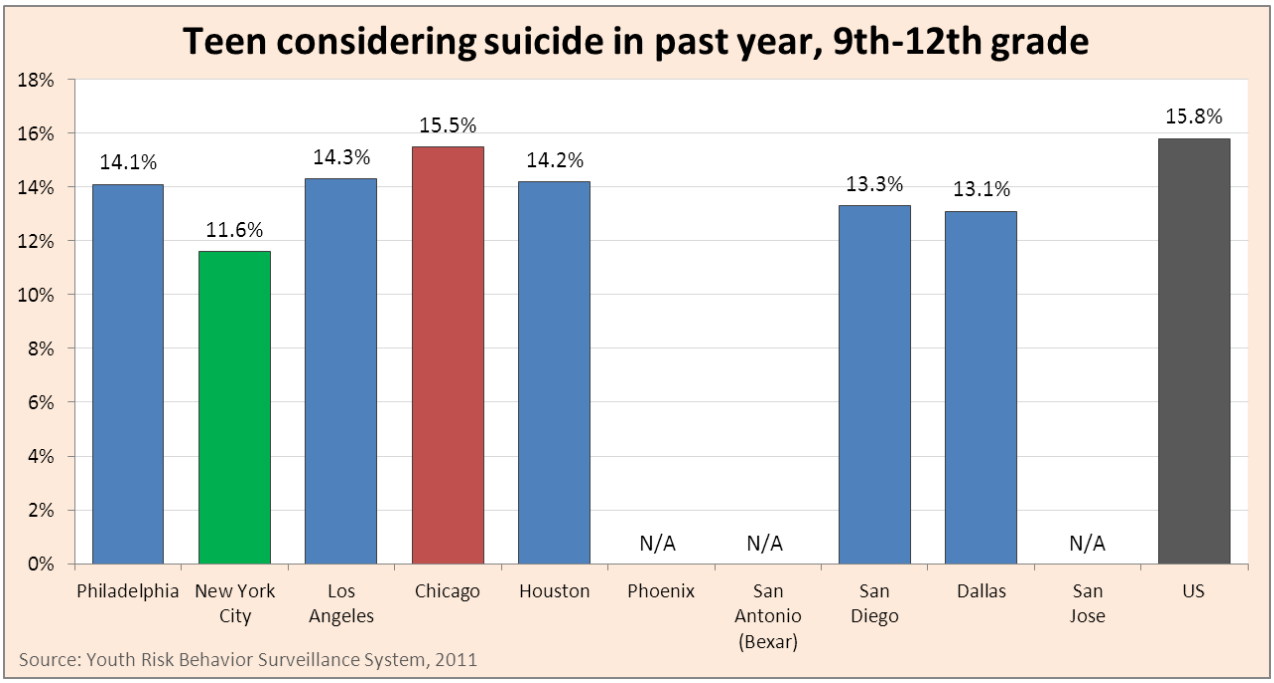
Suicide mortality
Philadelphia's age-adjusted rate of deaths by intentional self-harm is 9.4 per 100,000. It has fluctuated over the past decade, ending up 11% lower in 2010 than in 2000. Suicide mortality is highest among non-Hispanic whites. City/county data are not available. Case numbers are too low for analyses of differences by planning district.

Teen suicidal ideation
14.1% of Philadelphia's high school youth report seriously considering suicide in the past year. Philadelphia ranks right in the middle of the 7 large cities for which teen suicidal ideation estimates are available. Teen suicidal ideation declined 18% between 2001 and 2011, and appears highest among Hispanic teens. Planning district data are not available.

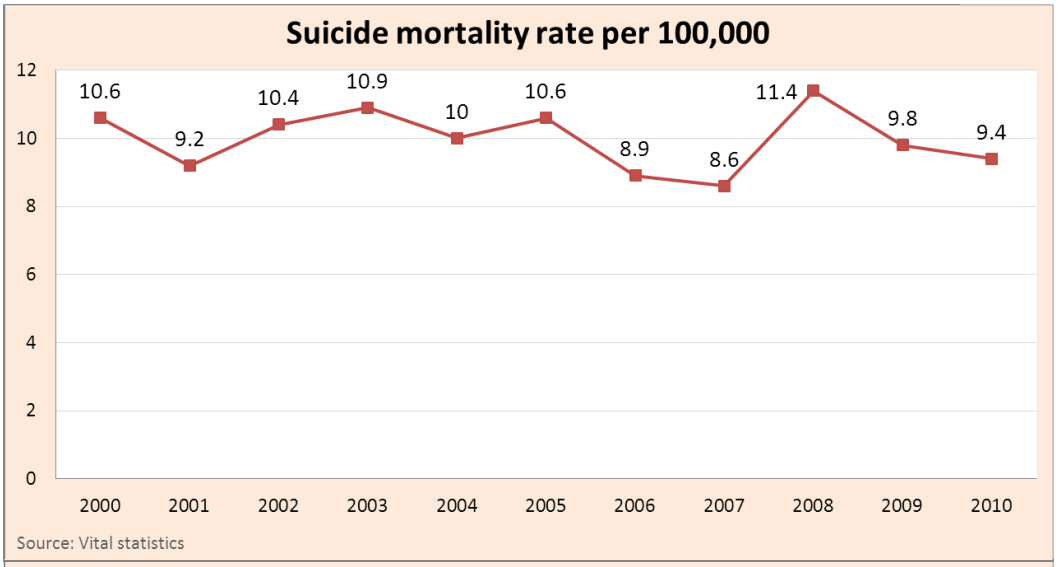
Adult mental health conditions
In Philadelphia, 19.9% of adults report ever being diagnosed with a mental health condition. The prevalence of mental health diagnoses increased 90% between 2000 and 2012. Like teen suicidal ideation, adult mental illness is most prevalent among Hispanics. It is most prevalent in the River Wards planning district. City/county data are not available.

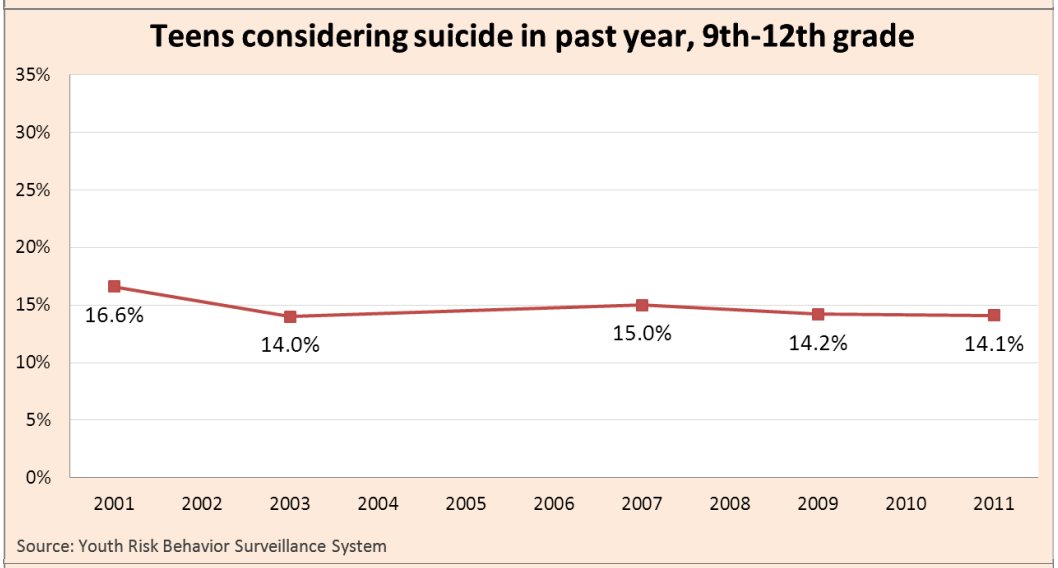
[14] The World Health Organization (WHO). 2004. *The world health report 2004: Changing history*. Annex Table 3: Burden of disease in DALYs by cause, sex, and mortality stratum in WHO regions, Estimates for 2002; A126-A127. Geneva: WHO.

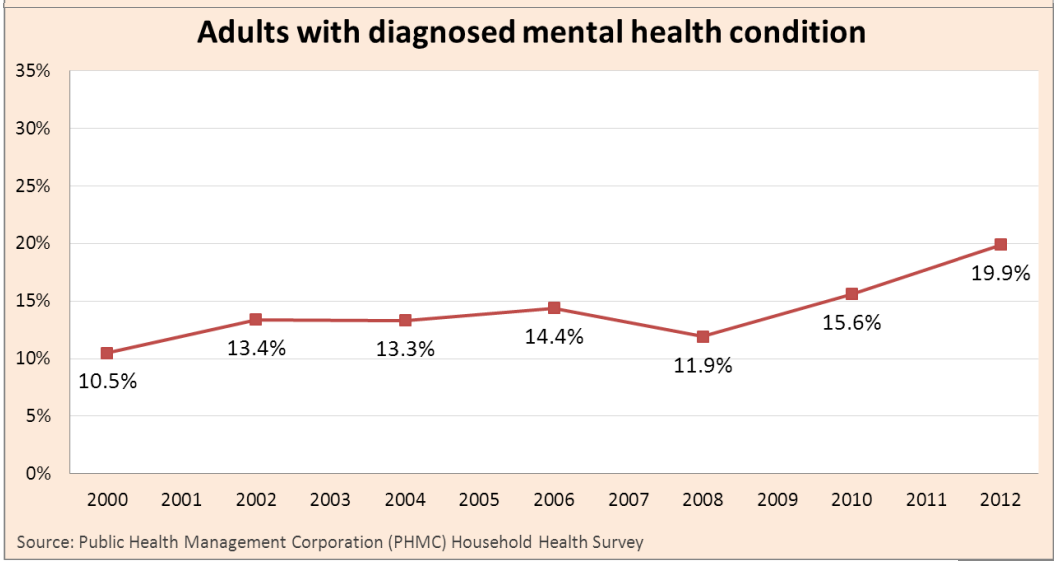
City/county comparisons – mental health



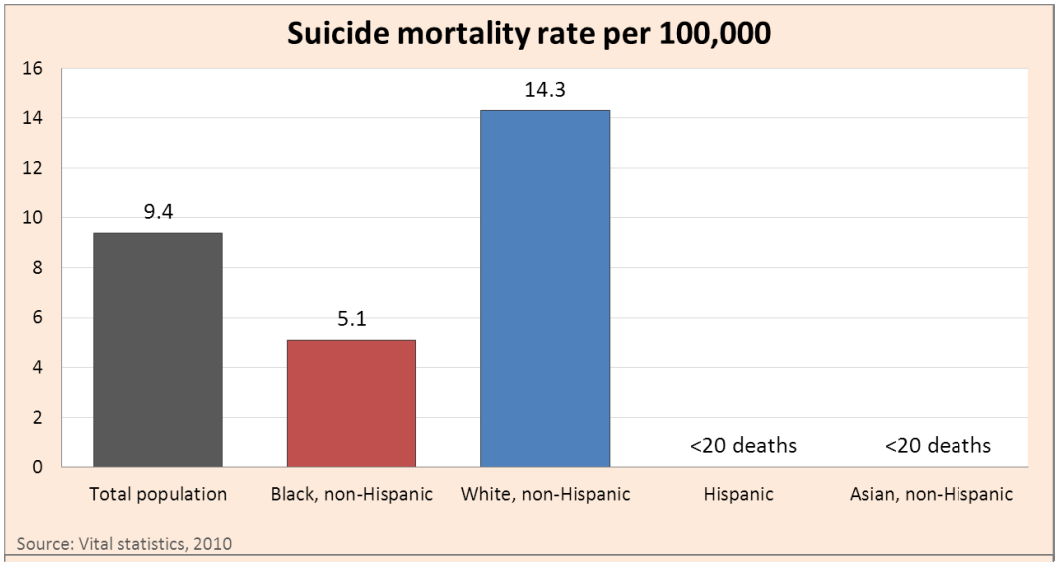
Philadelphia over time – mental health



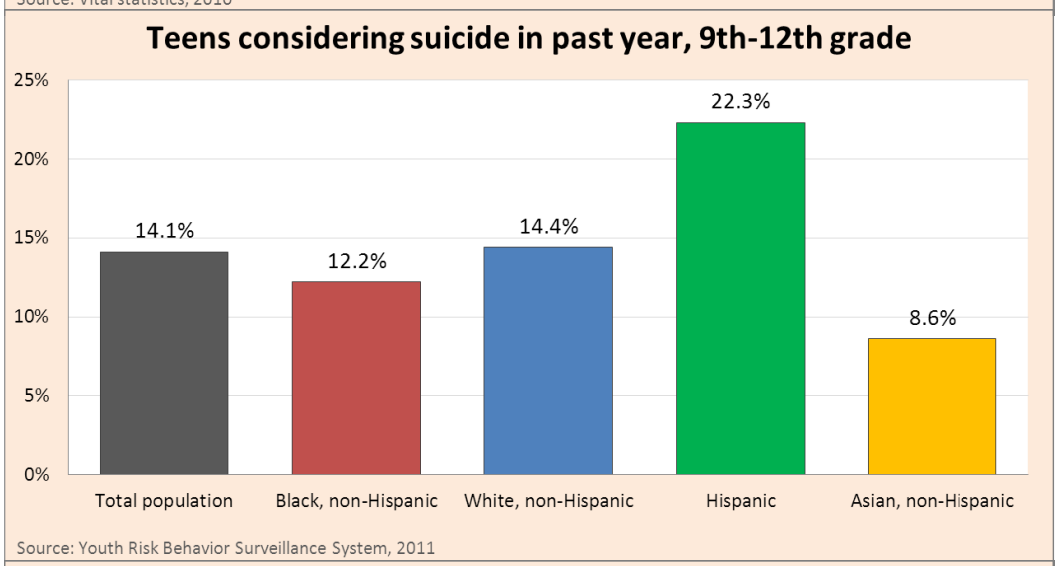




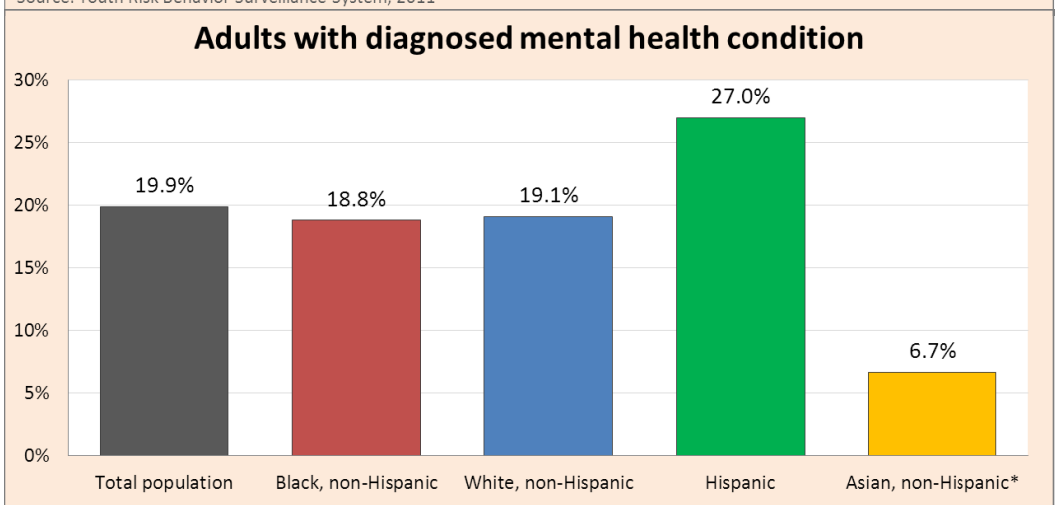
Philadelphia by race/ethnicity – mental health



Source: Vital statistics, 2010

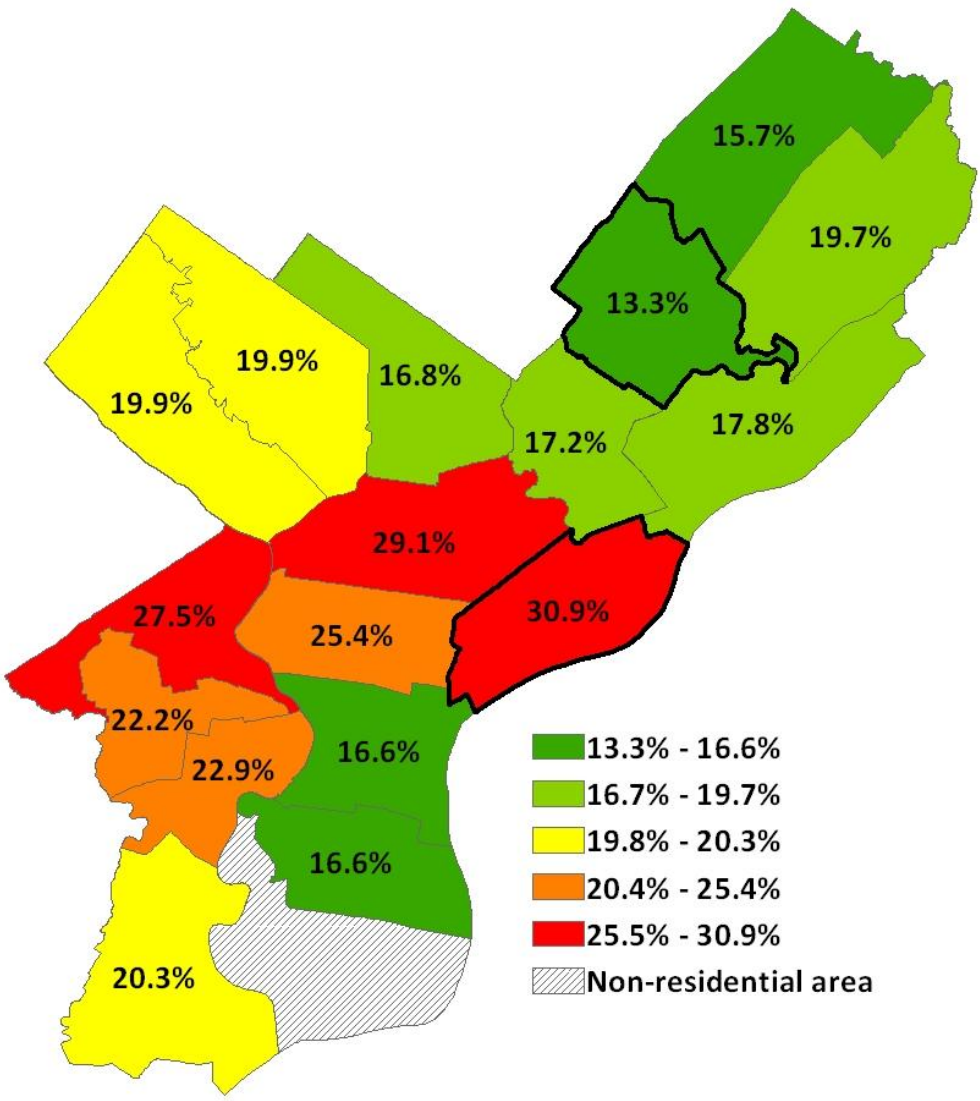


Source: Youth Risk Behavior Surveillance System, 2011



Source: Public Health Management Corporation (PHMC) Household Health Survey, 2012
*Estimate based on small sample size. Interpret with caution.

Philadelphia by planning district – mental health



Source: Public Health Management Corporation (PHMC) Household Health Survey, 2012

Notes:
Data ranges based on quintiles.
Outlined districts have highest and lowest values.

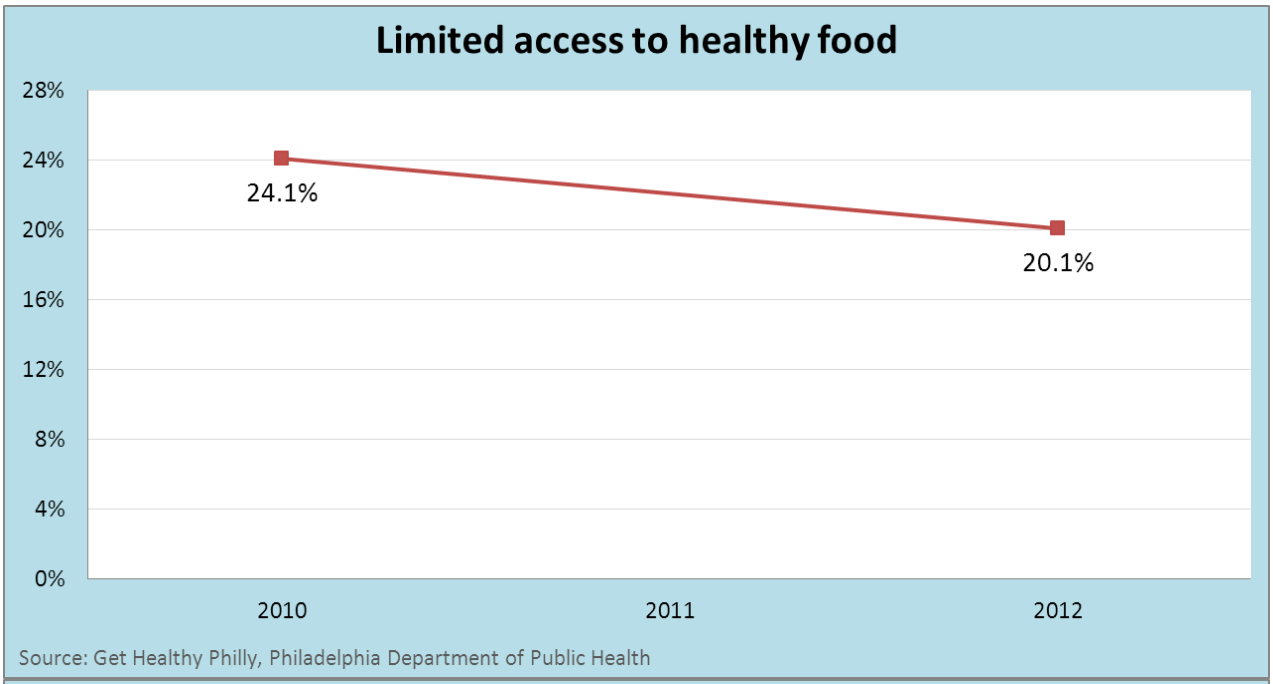
V(15). Built environment

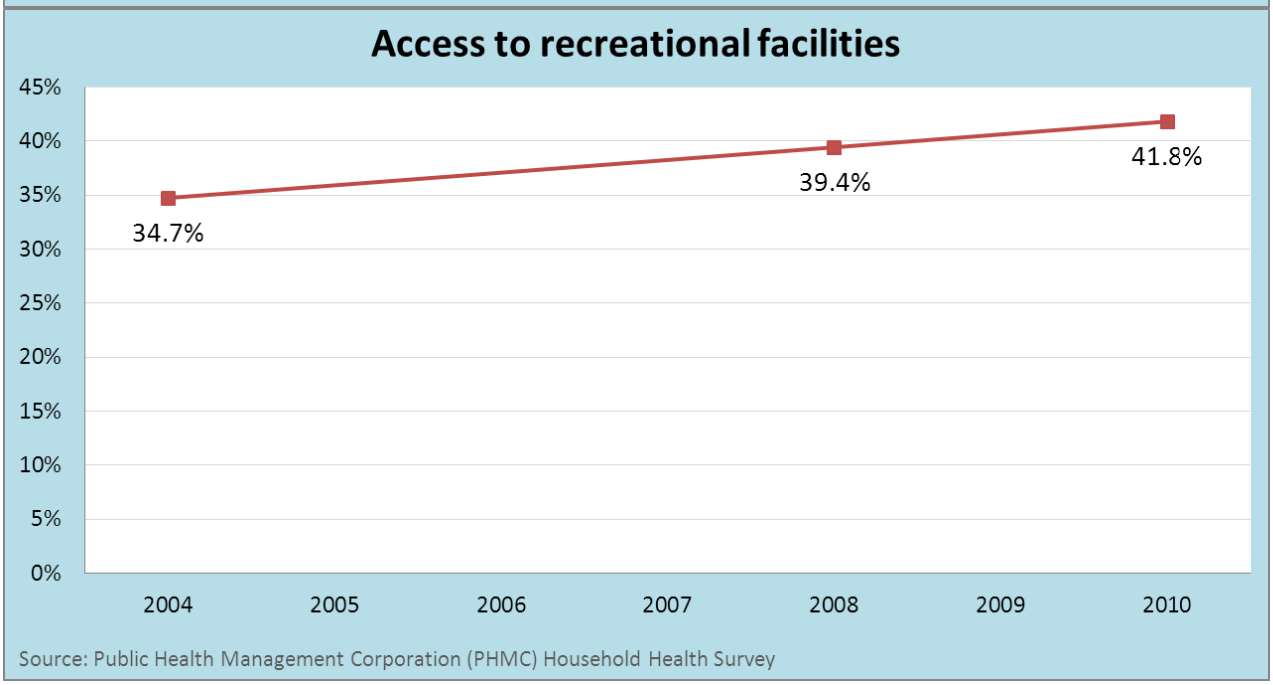
The built environment plays a key role in providing residents access to healthy food and recreational activities, two essential elements of reaching and maintaining a healthy weight. These are especially important in low-income areas, where residents' access to healthy food and opportunities for physical activity outside of their neighborhoods may be restricted by lack of transportation.

Healthy food access
20.1% of Philadelphians live in high-poverty areas with low to no walkable access to healthy food. This figure declined by 17% between 2010 and 2012, suggesting a considerable improvement in healthy food access for low-income Philadelphians. Food access remains most problematic in the West Park planning district. Additionally, 9.4% of adults report that the overall quality of groceries available in stores in their neighborhoods is fair or poor. This is especially prevalent among non-Hispanic black and Hispanic Philadelphians. City/county data are not available.

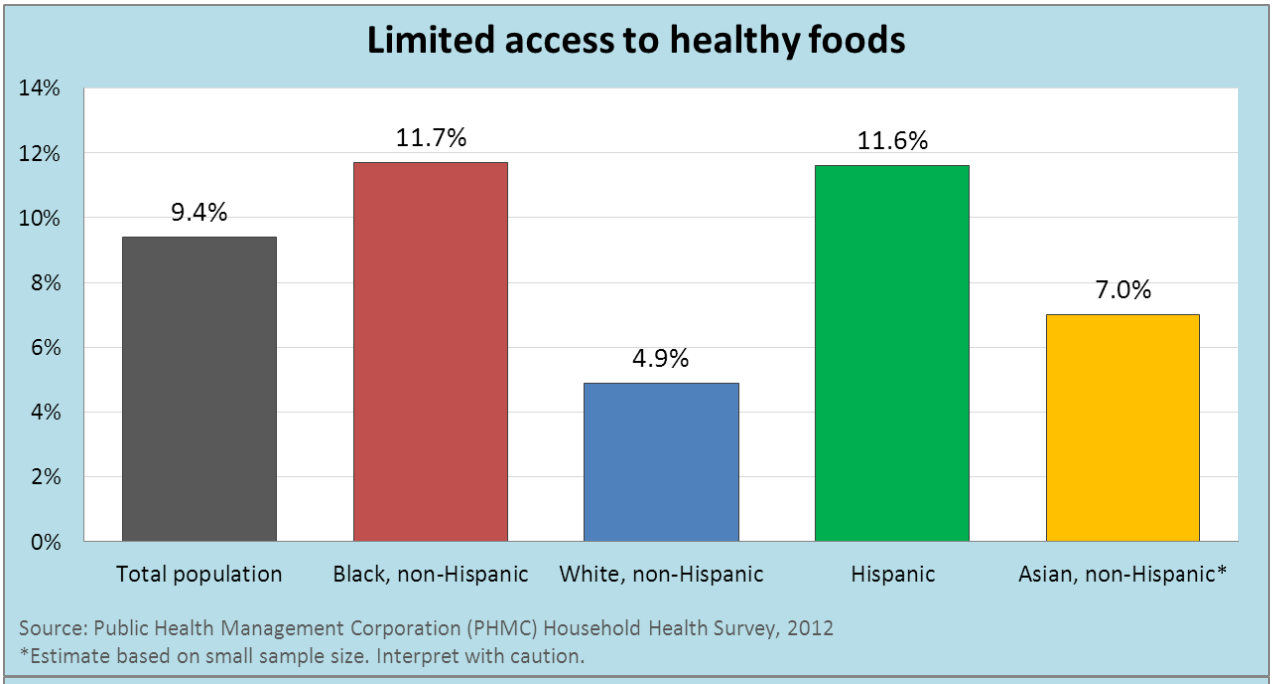
Access to recreation activities
In Philadelphia, 41.8% of adults report at least monthly use of neighborhood recreation facilities, including public swimming pools, parks, schools, walking trails, bike baths, and recreation centers. This figure increased 20% between 2004 and 2010. Use of recreational facilities is lowest among non-Hispanic blacks and in the Lower Southwest planning district. City/county data are not available.

Philadelphia over time – built environment

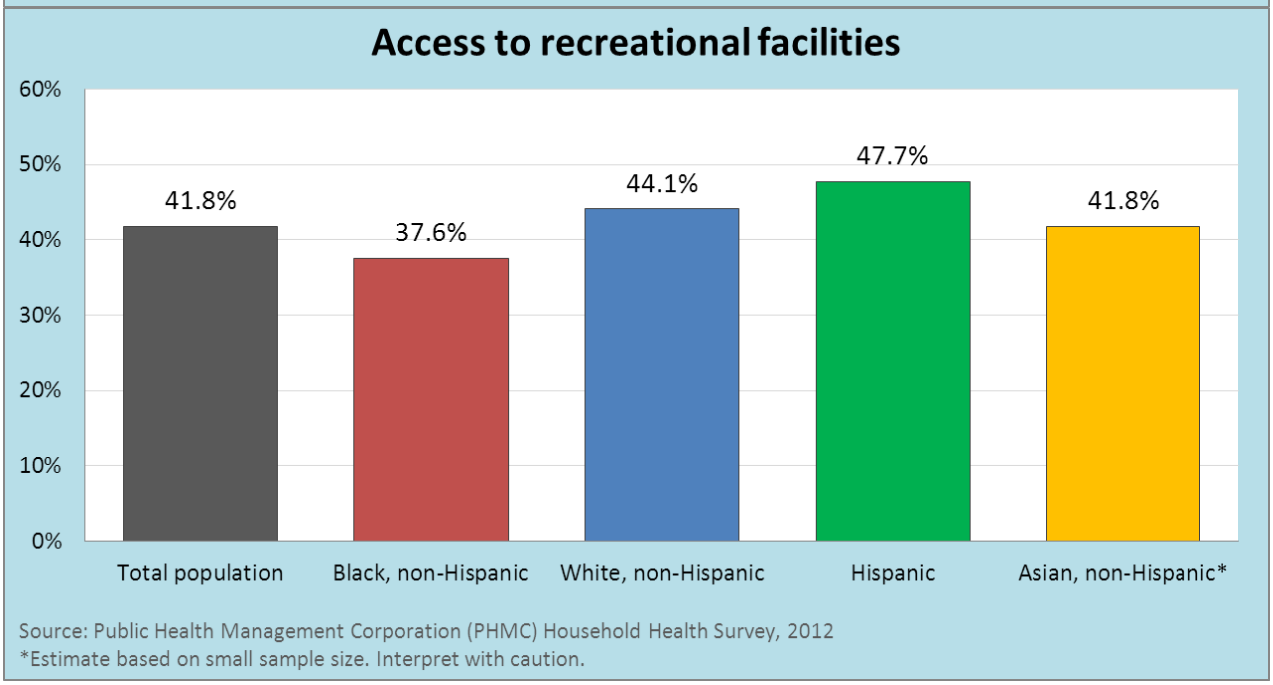




Philadelphia by race/ethnicity – built environment

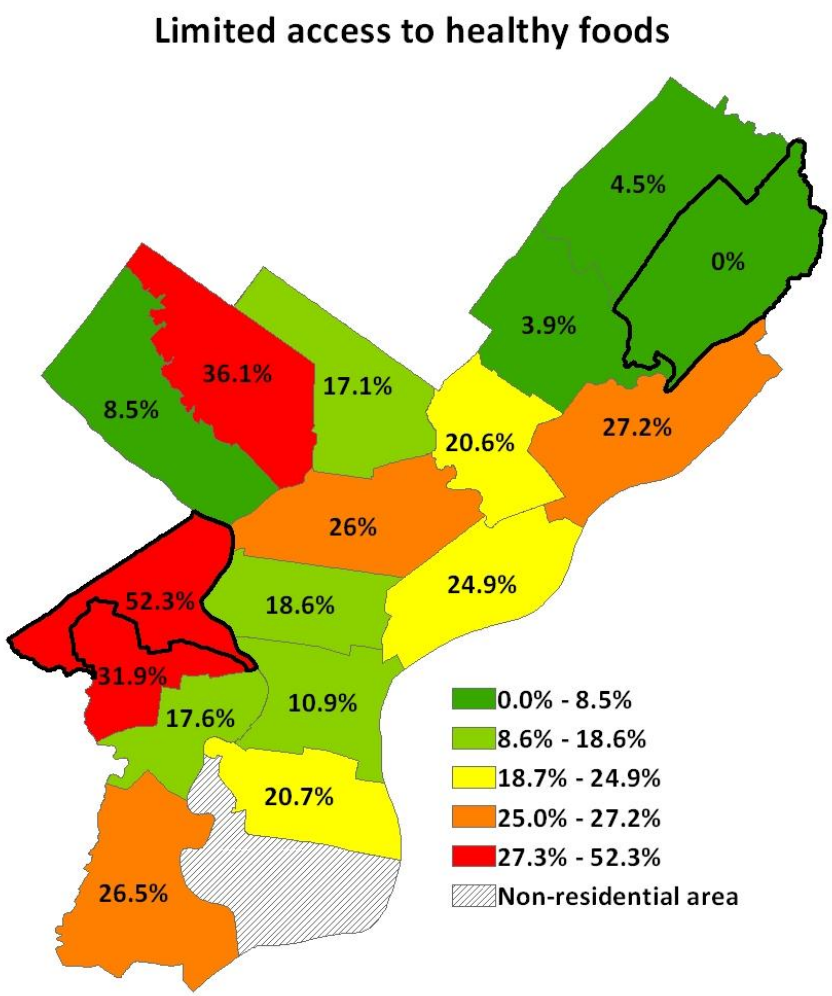


Source: Public Health Management Corporation (PHMC) Household Health Survey, 2012
*Estimate based on small sample size. Interpret with caution.

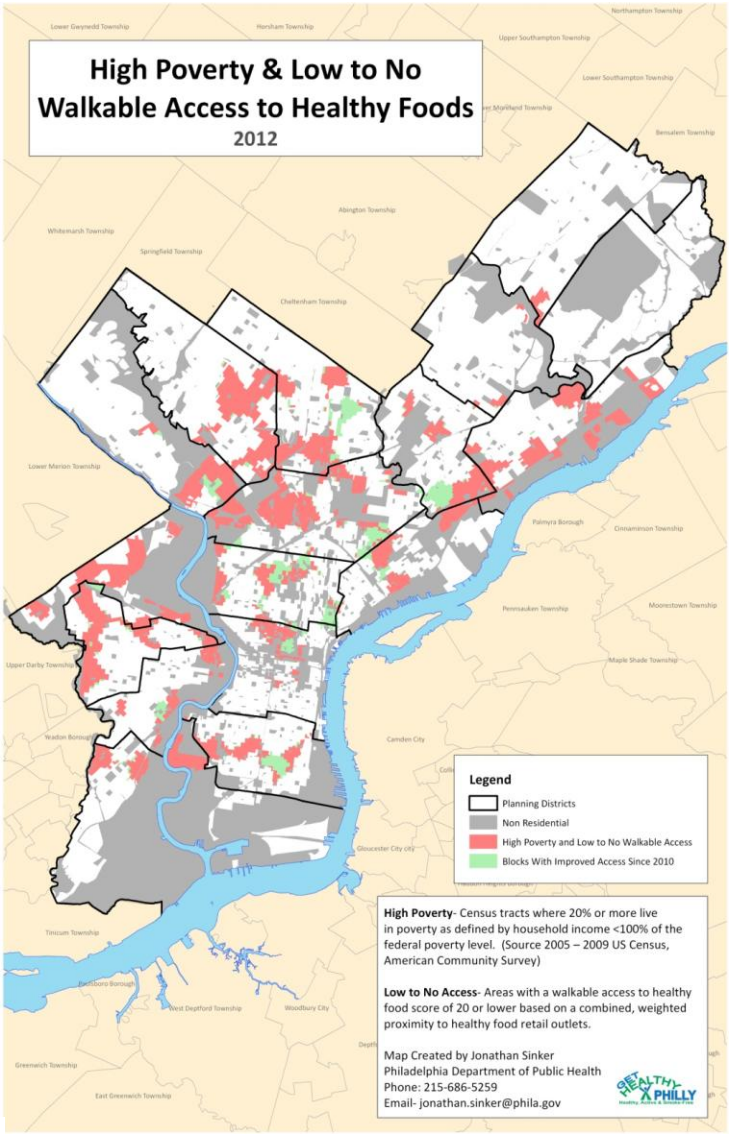


Source: Public Health Management Corporation (PHMC) Household Health Survey, 2012
*Estimate based on small sample size. Interpret with caution.

Philadelphia by planning district – built environment

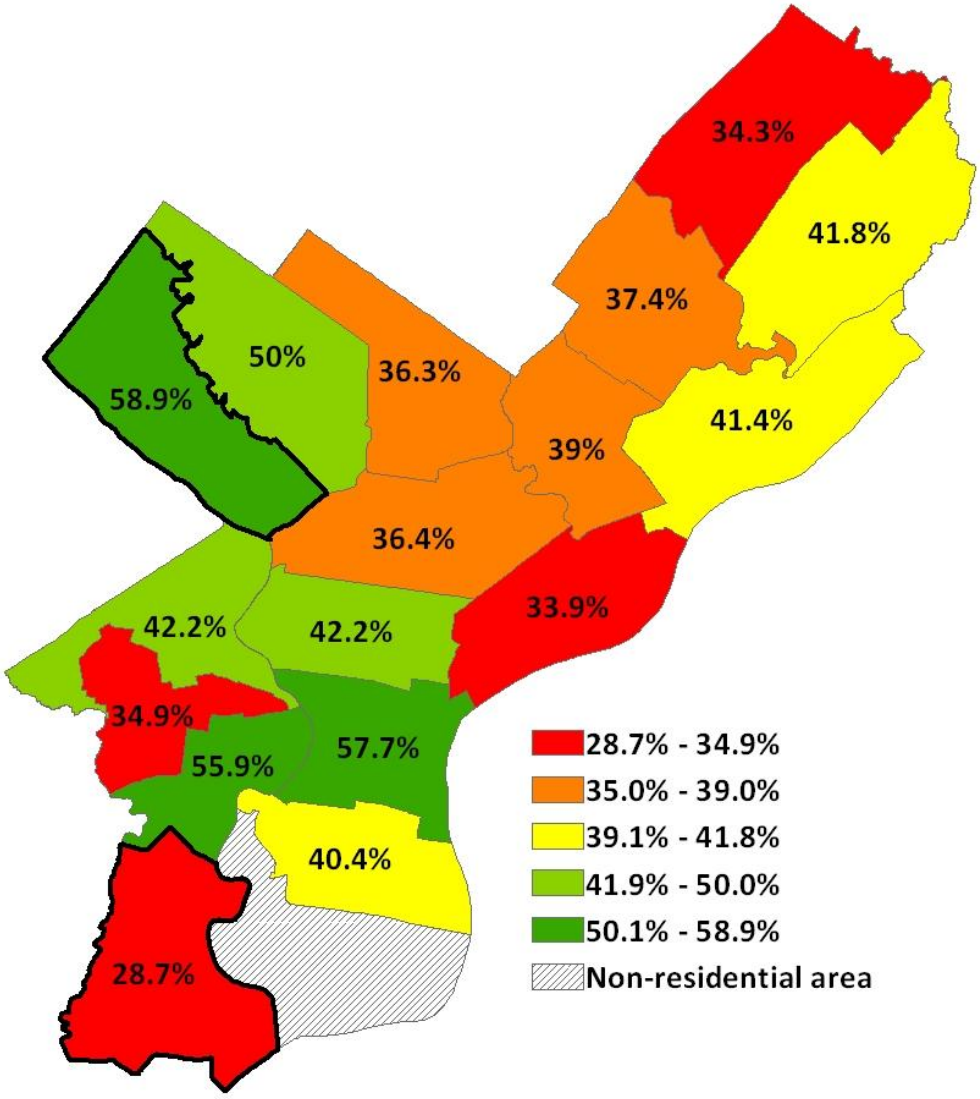


Source: Get Healthy Philly, Philadelphia Department of Public Health, 2012



Notes:
Data ranges based on quintiles.
Outlined districts have highest and lowest values.

Access to recreational facilities



Source: Public Health Management Corporation (PHMC) Household Health Survey, 2010

Notes:
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Outlined districts have highest and lowest values.

V(16). Public health assets

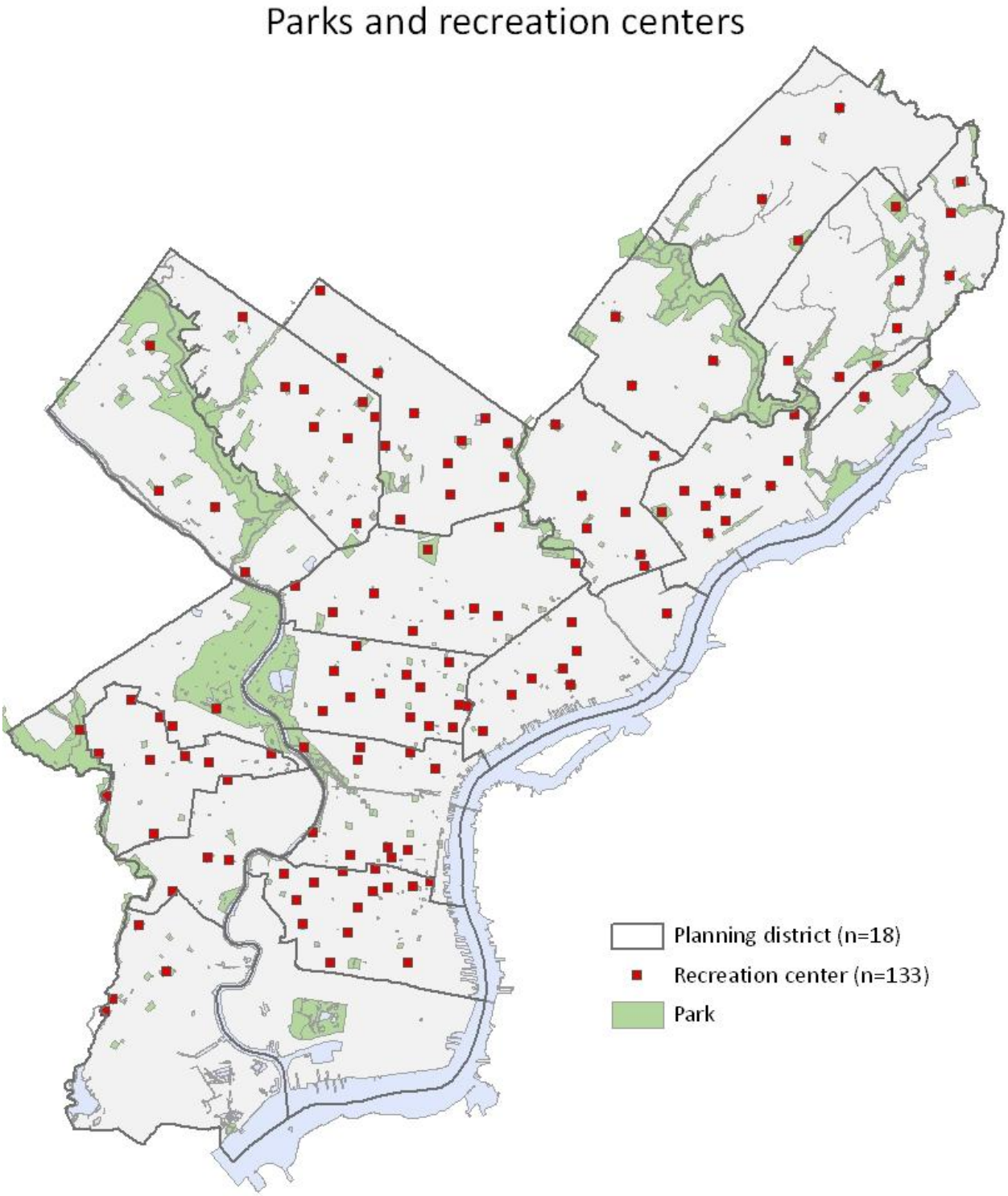
While Philadelphia lags behind other large cities and counties in the U.S. on many health indicators, it does offer an array of community assets that can be mobilized to improve the health of its residents. Assets were chosen on the basis of feedback from CHA and CHIP stakeholder meetings.

Philadelphia has over 12,000 acres of recreational space, including Pennypack Creek Park in the Northeast, Wissahickon Valley Park in the Northwest, and Fairmount Park in the West, all crisscrossed by paved and unpaved paths for walking, hiking, and biking. There are also hundreds of neighborhood parks, as well as 133 recreation centers, complete with ample opportunity for healthy physical activity, including baseball, basketball, and swimming. All of these spaces are 100% smoke-free.

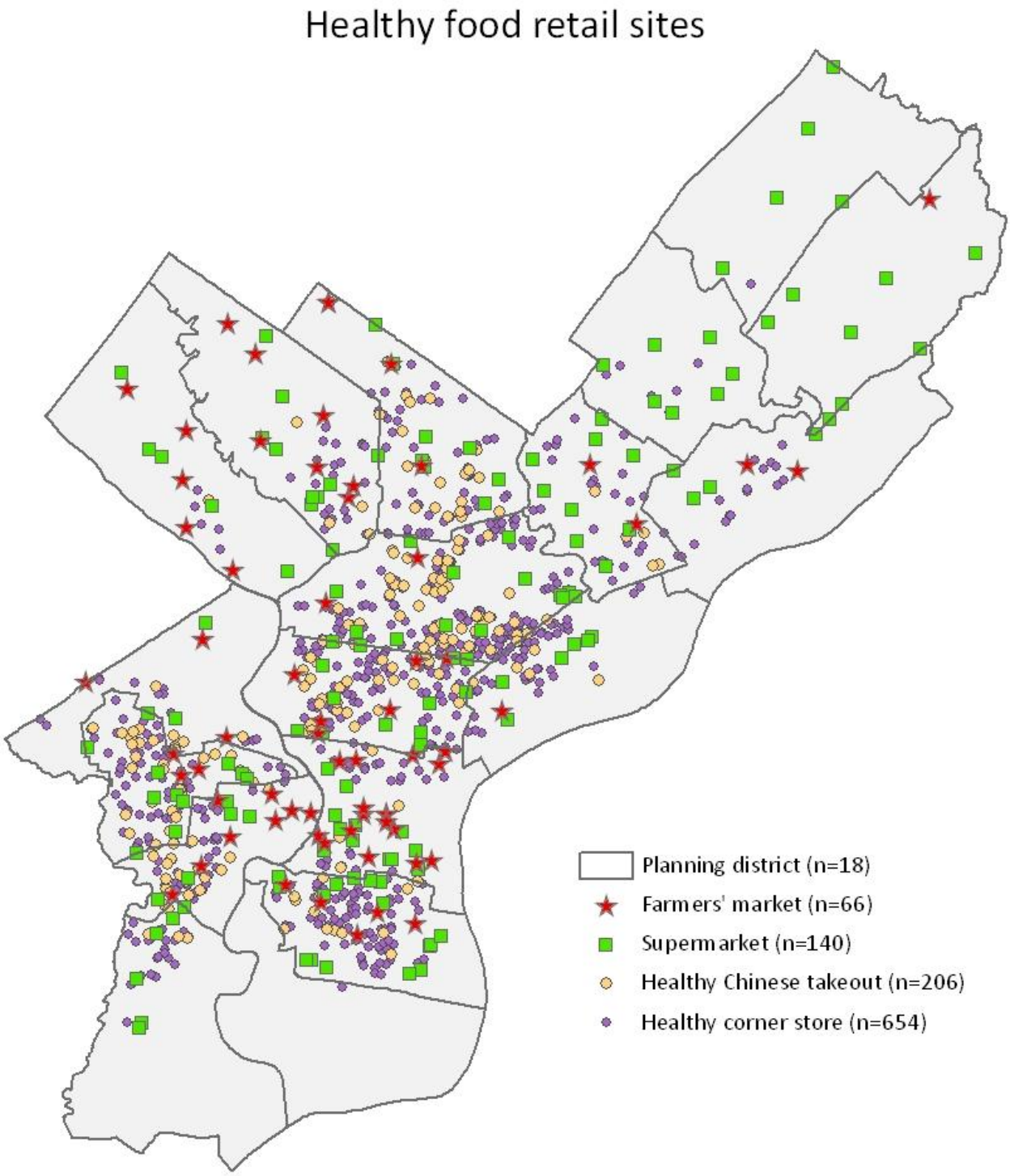
In addition to access to recreational spaces, Philadelphia's built environment provides healthy food access as well. Over just the past few years, the work of the Department of Public Health and its partners has improved access to healthy food via new farmers' markets, enhanced supermarket access, and health promotion initiatives in over 600 corner stores and 200 Chinese take-out restaurants.

A city's school system plays a fundamental role in the development of its residents, and Philadelphia has over 500 public and private schools, including charter and parochial schools. Through the work of the Department of Public Health and its partners, many of these schools have increased opportunities for physical activity and improved nutrition standards.

Finally, when disease prevention efforts fail, residents need access to healthcare. Philadelphia is home to 43 hospitals, located throughout all residential areas of the city. Additionally, there are 10 City-managed and 35 community-run health centers. As Federally Qualified Health Centers, they provide comprehensive services at little or no cost to the city's low-income and otherwise underserved populations.

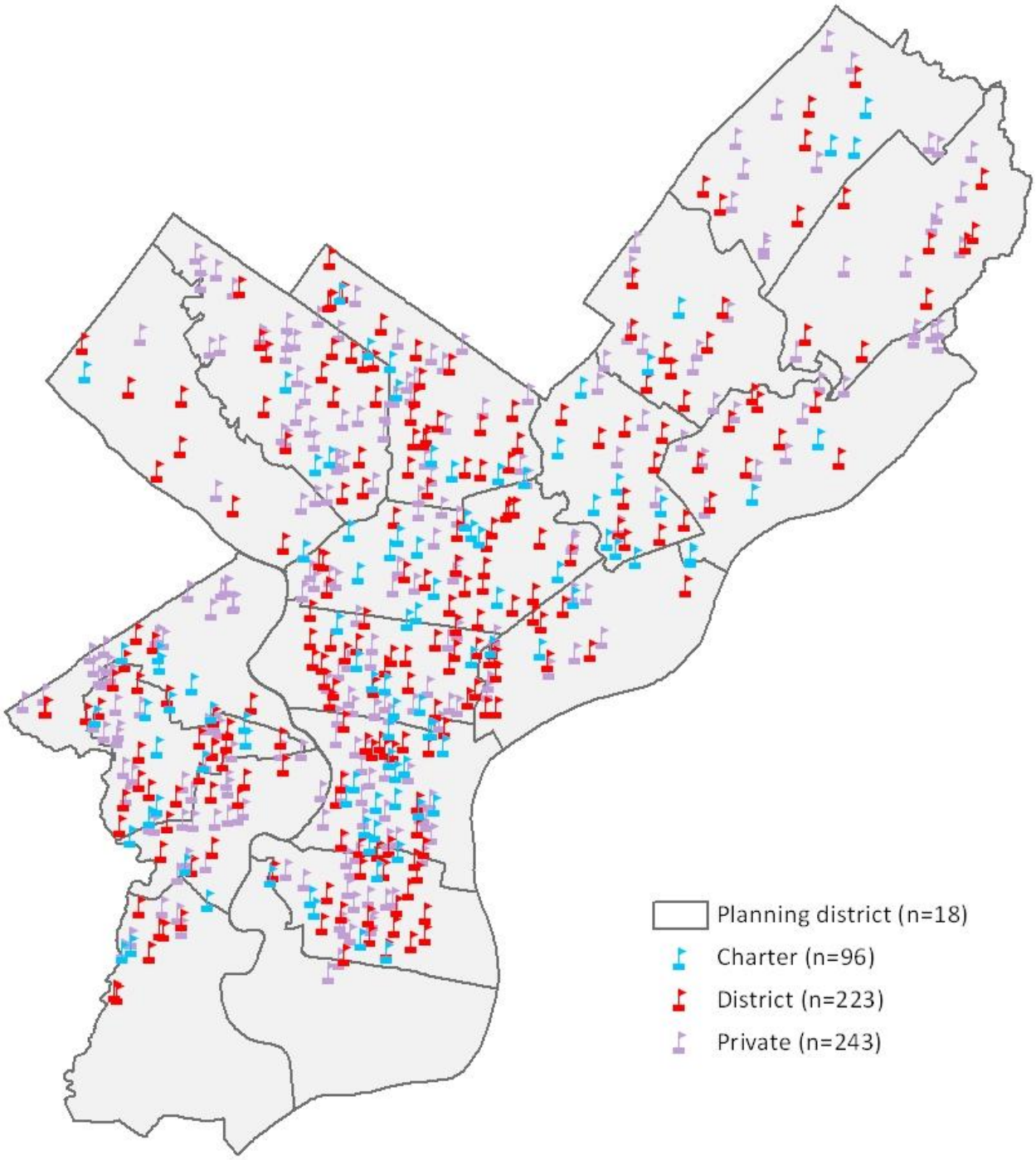


Source: Philadelphia Department of Parks & Recreation, 2012

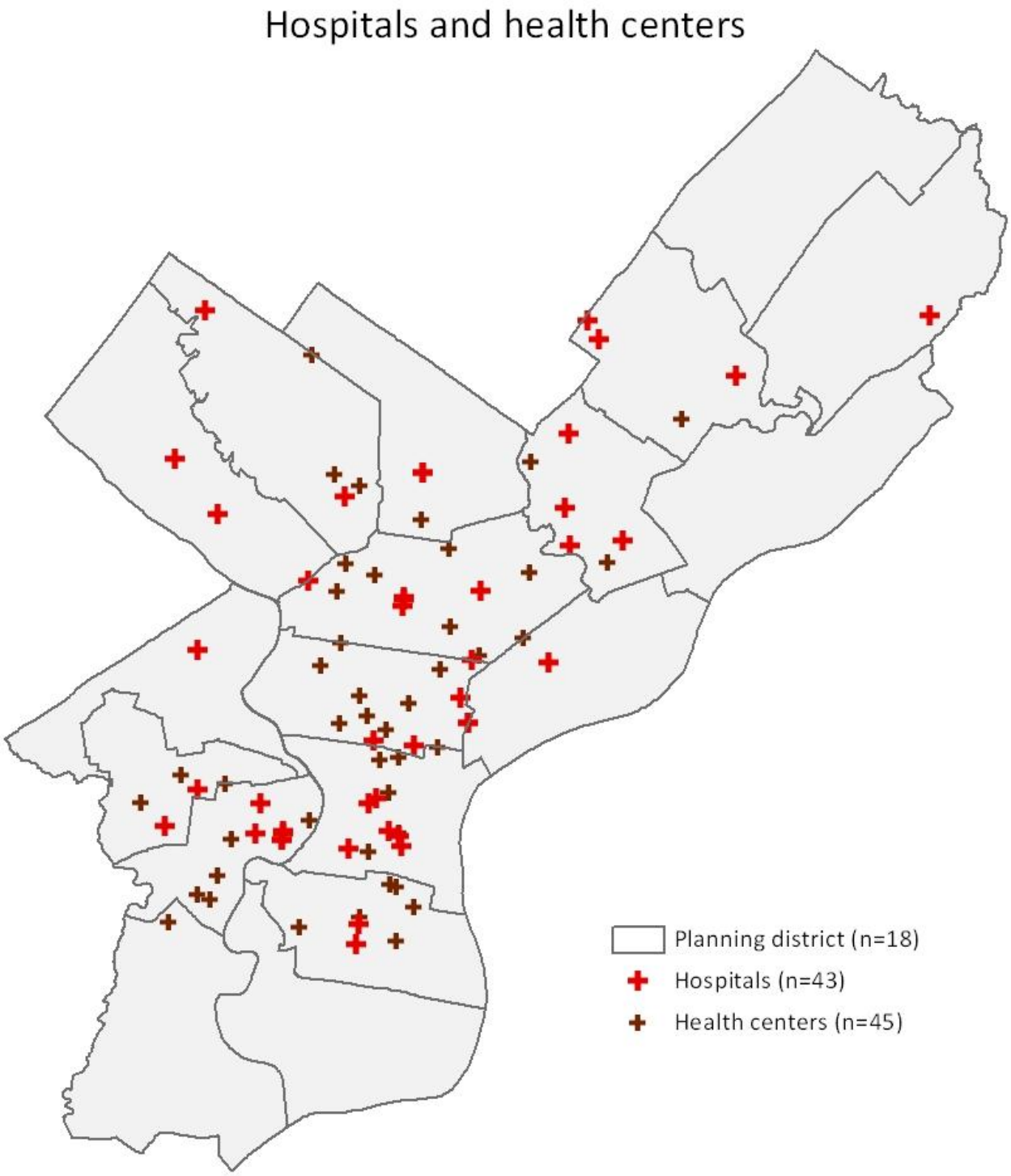


Source: Get Healthy Philly, Philadelphia Department of Public Health, 2014

Schools



Sources:
School District of Philadelphia, 2011-12
Archdiocese of Philadelphia, 2011-12



Sources:
Philadelphia Police Department, 2013
Philadelphia Department of Public Health, 2014

VI. Data sources and definitions

Data sources

Philadelphia Department of Public Health

- AIDS Activities Coordinating Office (AACO)—AACO monitors data on HIV infections by age, race, sex, transmission category, and planning district.
- Air Management Services (AMS)—As the local air pollution control agency, Air Management Services monitors air pollutants and enforces city, state, and federal air quality standards.
- Division of Disease Control (DDC)—DDC monitors an array of indicators, including immunization, sexually transmitted disease, and elevated lead levels.
- Environmental Health Services (EHS)—EHS monitors rat complaints and food safety inspections.
- Get Healthy Philly (GHP)—Get Healthy Philly implements programs and policies related to tobacco control and obesity prevention. In collaboration with The Food Trust (TFT), GHP collected primary data on corner stores as follows:
  Corner stores were defined as retailers having less than 2,000 square feet, four or fewer aisles, 1 cash register, and food as their primary product. TFT started with a 2010 list of about 2,700 Philadelphia retailers participating in the Women, Infants and Children (WIC) nutrition program and the Supplemental Nutrition Assistance Program (SNAP). TFT narrowed down the list to approximately 1,500 potential corner stores and traversed the city block-by-block to confirm these listed stores met the aforementioned criteria and to identify unlisted stores. While recruitment efforts were citywide, we targeted 25 zip codes for intervention based on poverty and obesity rates. These on-the-ground assessments began in 2010 and continued through 2012, adding corner stores over time. We also added to the corner store dataset by including grocers with under $2m in annual sales as per 2011 Nielsen-Trade Dimensions data. Over time, on the basis of their participation in the Healthy Corner Store Initiative (HCSI), corner stores were divided into standard corner stores, healthy corner stores, and enhanced healthy corner stores. For the purposes of food access mapping, their healthy food availability scores were 2, 5, and 10, respectively.[15]

Philadelphia vital statistics

The Vital Statistics Report contains comprehensive data about the vital events of births, deaths, and fetal deaths occurring to Philadelphia residents. Data are received from the PA Department of Health.

School District of Philadelphia (SDP)

With an enrollment of approximately 2000,000 students, SDP is the eighth largest school district in the nation. It tracks a variety of student indicators, including dropout and graduation rates, reading and math proficiency, and height and weight.

Public Health Management Corporation (PHMC) Household Health Survey (HHS)

Conducted biannually since 1994, the Household Health Survey is a comprehensive local health survey providing information on a broad range of topics, including as health status and chronic health conditions, access to care, health screenings, and risk behaviors.

[15] http://www.phila.gov/health/pdfs/Food_access_report.pdf

Pennsylvania Health Care Cost Containment Council (PHC4)
PHC4 is an independent state agency responsible for addressing the problem of escalating health costs, ensuring the quality of health care, and increasing access for all citizens regardless of ability to pay. It collects over 4.5 million inpatient hospital discharge and ambulatory/outpatient procedure records each year from hospitals and freestanding ambulatory surgery centers in Pennsylvania. It also collects data from managed care plans on a voluntary basis.

Pennsylvania Department of Transportation (PennDOT)—PennDOT oversees transportation issues in Pennsylvania. It monitors police report data on motor vehicle crashes, including those involving pedestrians and bicyclists.

US Census Bureau

- **US Census**—The decennial US Census provides age and race/ethnicity data of the US population, based on actual counts of persons dwelling in US residential structures, including citizens, non-citizen legal residents, non-citizen long-term visitors, and illegal immigrants.
- **American Community Survey (ACS)**—The ACS is an ongoing survey that samples a small percentage of the population every year. It provides data on demographics, family and relationships, income and benefits, and health insurance. 5-year estimates pool 60 months of data.
- **Small Area Health Insurance Estimates (SAHIE)**—The SAHIE program produces single-year estimates of health insurance coverage for counties and states by detailed demographic and income groups. Estimates are model-based and consistent with the American Community Survey (ACS).
- **Small Area Income and Poverty Estimates (SAIPE)**—The SAIPE program produces single-year estimates of income and poverty for school districts, counties, and states. These model-based estimates combine data from administrative records, post-censal population estimates, and the decennial census with direct estimates from the American Community Survey (ACS).

Centers for Disease Control and Prevention (CDC)

- **Youth Risk Behavior Surveillance System (YRBSS)**—YRBSS monitors health risk behaviors that contribute to the leading causes of death and disability among youth and adults. Data are collected via a national school-based survey conducted by CDC and state, territorial, tribal, and local surveys conducted by state, territorial, and local education and health agencies and tribal governments.
- **Behavioral Risk Factor Surveillance System (BRFSS)**—BRFSS is a national system of health-related telephone surveys that collect state data about adult health risk behaviors, chronic health conditions, and use of preventive services. BRFSS collects data in all 50 states as well as the District of Columbia and three US territories.
- **National Diabetes Surveillance System (NDSS)**—NDSS provides national statistics on the prevalence, incidence, and duration of diabetes, as well as complications, health status and disability, and healthcare for people with diabetes.
- **National Immunization Survey (NIS)**—NIS is a list-assisted random-digit-dialing telephone survey followed by a mailed survey to children's immunization providers, targeting children between the ages of 19 and 35 months. NIS provides estimates of vaccination coverage rates for all recommended childhood vaccinations.
- **National Vital Statistics System (NVSS)**—NVSS provides official vital statistics data based on the collection and registration of birth and death events at the state and local levels. It provides critical information on teenage births and birth rates, prenatal care and birth weight, risk factors

for adverse pregnancy outcomes, infant mortality rates, leading causes of death, and life expectancy

- **Compressed Mortality File (CMF)**—Updated annually, CMF is a county-level national mortality and population database spanning the years 1968-2010. The number of deaths, crude death rates, and age-adjusted death rates can be obtained by age, race, ethnicity, sex, year, and underlying cause of death.
- **HIV Surveillance Report**—The annual HIV Surveillance Report provides an overview on the current epidemiology of HIV disease in the US and dependent areas. It includes de-identified data on persons diagnosed with HIV infection, by age, race, sex, transmission category, and jurisdiction.

Bureau of Labor Statistics (BLS)
BLS is a unit of the US Department of Labor. It collects, processes, analyzes, and disseminates essential statistical data in the broad field of labor economics and statistics. The Local Area Unemployment Statistics (LAUS) program of the Bureau of Labor Statistics produces monthly and annual employment, unemployment, and labor force data for Census regions and divisions, states, counties, metropolitan areas, and many cities by place of residence. The LAUS estimates are consistent with the national labor force and unemployment measures from the Current Population Survey.

Federal Bureau of Investigation (FBI) Uniform Crime Reports (UCR)
The UCR program collects statistics on violent crime (murder and non-negligent manslaughter, forcible rape, robbery, and aggravated assault) and property crime (burglary, larceny-theft, motor vehicle theft, and arson). Data are voluntarily provided by nearly 18,000 city, university and college, county, state, tribal, and federal law enforcement agencies.

Data definitions

Social determinants of health

Advanced or proficient reading skills in 3rd grade

On-time high school graduation rate—Percentage of all students who graduate from high school within four years after starting 9th grade.

Adults with some post-secondary education, ≥25 years—Percent of adults 25 years or older who completed at least some college.

Unemployment, ≥16 years—Percent of population 16 years or older unemployed but seeking work.

Living in poverty—Percent of population below 100% poverty level.

Children living in poverty, <18 years—Percent of children under 18 living below 100% poverty level

Children in single-parent households, <18 years—Percent of all children in family households that live in a household headed by a single parent (male or female head of household with no spouse present).

Social capital—Percent of adults reporting "yes" to *Have people in your neighborhood ever worked together to improve the neighborhood? For example, through a neighborhood watch, creating a community garden, building a community playground, or participating in a block party.*

Summary measures

Premature death—Premature death is represented by the years of potential life lost before age 75 (YPLL-75). YPLL is an age-adjusted rate per 100,000 population.

Life expectancy—Life expectancy at birth is the expected number of years to be lived by someone born at the time of calculation, if mortality at each age remains constant in the future. It is reported separately for males and females.

Poor or fair health—Percent of adults who rate their health as fair or poor in response to the question *In general, would you say that your health is excellent, very good, good, fair, or poor?* NOTE: County figures are adjusted to 2000 population.

1. Tobacco and alcohol

Adult smoking prevalence—Percent of adults who have smoked at least 100 cigarettes in their lifetime and currently smoke every day or "some days." NOTE: County data reflect adults who smoke every day or "most days."

Teen smoking prevalence, 9th-12th grade—Percent of 9th-12th grade students who smoked on at least one day in past 30 days.

Smoking-attributable mortality rate per 100,000— Age-adjusted rate per 100,000 for adults 35 years and older based on CDC's Smoking-Attributable Mortality, Morbidity, and Economic Costs (SAMMEC) methodology at https://apps.nccd.cdc.gov/sammec.

Home second-hand smoke exposure—Percent of children under 18 and adult non-smokers who live with someone who smokes in the home.

Adult excessive drinking—Percent of adults having 5 or more alcoholic drinks on a single occasion in the past 30 days. NOTE: County figures include binge drinking (women consuming 4+ / men consuming 5+ drinks on single occasion) and heavy drinking (women consuming 1+ / men consuming 2+ drinks per day on average). US estimate reflects women consuming 4+ / men consuming 5+ drinks on single occasion.

Teen excessive drinking, 9th-12th grade—Percent of 9th-12th grade students who had 5 or more alcoholic drinks in a row within a couple hours on at least one day in past 30 days.

2. Obesity

Child obesity prevalence, 5-18 years—Percent of children 5 to 18 years enrolled in the School District of Philadelphia (SDP) with a body mass index (BMI) greater than or equal to the 95th percentile for their age and gender group.

Teen obesity prevalence, 9th-12th grade—Percent of 9th-12th grade students with BMI greater than or equal to 95th percentile for their sex and age group.

Adult obesity prevalence—Percent of adults with BMI greater than or equal to 30kg/m^2. NOTE: County figures are for adults 20 years and older.

Adults drinking ≥1 sugary drink daily—Percent of adults who drank soda, sweetened fruit drinks, and/or bottled teas at least once a day for past 30 days.

Teens drinking ≥1 sugary drink daily, 9th-12th grade—Percent of 9th-12th grade students who drank soda at least once a day for past 30 days.

3. Cardiovascular disease

Premature cardiovascular disease (CVD) mortality rate per 100,000—Age-adjusted rate per 100,000 based on CVD deaths to persons under 65 years of age.

Adult hypertension prevalence—Percent of adults who have been told they have been told by a doctor or other health professional that they have high blood pressure or hypertension. Excludes respondents with a history of gestational hypertension only.

Adult diabetes prevalence—Percent of adults who have been told by a doctor or other health professional that they have or have had diabetes. Excludes respondents with a history of gestational diabetes only.

4. HIV

New HIV diagnoses per 10,000—Rate of new HIV diagnoses per 10,000 population. NOTE: Metro area figures are per 100,000.

Adults never tested for HIV, 18-39 years—Percent of adults 18-39 years reporting "never" to the question *The next question is about the test for HIV, the virus that causes AIDS. About how long has it been since you last had a test for HIV? Would you say one year or less, more than one year, up to two years, more than 2 years, or never?*

New HIV diagnoses by transmission type—Percent of new HIV diagnoses in each of the following transmission types: men who have sex with men, heterosexuals, intravenous drug users, and others.

5. Teen reproductive health

Teens who used condom with last sexual encounter, 9th-12th grade—Percent of sexually active 9th-12th grade students who reported using a condom during the most recent sexual intercourse. Respondents are considered sexually active if they report intercourse with at least one person in the three months preceding the survey.

Teens who used birth control with last sexual encounter, 9th-12th grade—Percent of sexually active 9th-12th grade students who used some form of birth control during the most recent sexual intercourse. Respondents are considered sexually active if they report intercourse with at least one person in the three months preceding the survey.

Teen births per 1,000, 15-19 years—Birth rate per 1,000 teen girls age 15-19 years.

Teen chlamydia rate per 100,000, 15-19 years—Diagnosed chlamydia infection rate per 100,000 teens age 15-19 years.

Teen gonorrhea rate per 100,000, 15-19 years—Diagnosed gonorrhea infection rate per 100,000 teens age 15-19 years.

6. Maternal and infant health

Infant mortality rate per 1,000 live births—Mortality rate per 1,000 live-born infants under one year of age.

Low birth weight births—Percent of live-born infants weighing less than 2,500 grams or 5 pounds 8 ounces at birth.

5 or more births—Percentage of births that are the fifth—or higher order—birth for the mother.

Late or no prenatal care—Percent of women who received prenatal care either in the third trimester or not at all, out of all women for whom the timing of prenatal care is known.

Breastfeeding initiation—Percent of women initiating breastfeeding before hospital discharge, out of all women for whom breastfeeding status is known.

7. Child health

Children up to date on immunizations, 19-35 months—Children 19-35 months completing recommended vaccination schedule *4:3:1:3 (DTaP : IPV : MMR : Hib)*

Asthma hospitalization rate per 100,000 children, <18 years

Elevated lead levels per 1,000 children, 0-5 years—Rate of blood lead levels at or above 5 mg/dl per 1,000 children 0-5 years. NOTE: Race/ethnicity figures are counts; many cases are missing race/ethnicity data.

Pedestrian and bicycle accidents per 100,000 children, <18 years—Rate of child pedestrians and bicyclists involved in accidents with motor vehicles per 100,000 children under 18.

Child mortality rate per 100,000, <18 years—Mortality rate per 100,000 children under 18.

8. Access to care

Adults without insurance, 18-64 years—Percent of adults 18-64 years reporting no source of insurance. NOTE: Small Area Health Insurance Estimates (SAHIE) for counties are based on data from a variety of sources and may not be based on survey data.

Children without insurance, <18 years—Percent of children under 18 for whom no source of insurance is reported by adult proxy. NOTE: Small Area Health Insurance Estimates (SAHIE) for counties are based on data from a variety of sources and may not be based on survey data.

Adults covered by Medicaid, 18-64 years—Percent of adults 18-64 years reporting insurance coverage through Medicaid, Medical Assistance (M.A.), HealthChoices, or Access Card.

Adults forgoing care due to cost, 18-64 years—Percent of adults 18-64 years answering "yes" to the question *In the past year, has there been any time when you were sick or injured AND did not seek health care because of the cost?* NOTE: County figures are for all adults, including those 65 years and older, and are based on responses to the question *Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?*

Ambulatory care sensitive hospitalization rate per 100,000—Acute care hospitalization rate per 100,000 for conditions where appropriate ambulatory care prevents or reduces the need for admission to the hospital.

Children with dental visit in past year, 3-17 years—Percent of children 3-17 years for whom adult proxy reported dental visit in past 12 months.

9. Cancer screening and prevention

Adults with colonoscopy or sigmoidoscopy in lifetime, 50-74 years—Percent of adults 50-74 years reporting ever having had a colonoscopy or sigmoidoscopy. NOTE: County figures are for all adults 50 years and older.

Women with mammography in past 2 years, 50-74 years—Percent of women 50-74 years reporting having had a mammogram in the past 2 years. NOTE: County figures are for all women 50 years and older.

Girls completing 3-dose HPV vaccine, 13-17 years—Percent of girls 13-17 years who received 3 doses of HPV vaccine out of all girls 13-17 years in the population. Data are based on local reporting of actual immunizations provided by clinicians, and some underreporting for adolescents may occur. NOTE: County figures are based on household telephone surveys followed by mailed surveys of teens' immunization providers.

10. Environmental health

Food establishments in compliance with food safety regulations

Rat complaints per 10,000 residents—Rate of rat and VIP complaints per 10,000 residents

Days with good air quality—Number of days of the year with Air Quality Index (AQI) levels of 0-50, wherein air quality is considered satisfactory and air pollution poses little or no risk.

11. Violence

Violent crime rate per 100,000—Rate per 100,000 of reported violent crimes, including murders and non-negligent manslaughters, forcible rapes, robberies, and aggravated assaults

Homicide mortality rate per 100,000—Age-adjusted rate of homicide deaths per 100,000.

Firearm homicide rates per 100,000—Rate of intentional deaths by discharge of firearm per 100,000, presented separately for children and youth under 20 years and adults ≥20 years.

12. Mental health

Suicide mortality rate per 100,000—Age-adjusted rate of deaths by intentional self-harm per 100,000.

Teens considering suicide in past year, 9th-12th grade—Percent of 9th-12th grade students who seriously considered attempting suicide in past 12 months

Adults with diagnosed mental health condition—Percent of adults answering "yes" to the question *Have you ever been diagnosed with any mental health condition, including clinical depression, anxiety disorder or bipolar disorder?*

13. Built environment

Limited access to healthy food—Percent of population with limited access to healthy foods. Time trend and planning district figures reflect analyses of high-poverty areas with low to no walkable access to healthy food. Race/ethnicity figures reflect percent of adults answering "fair" or "poor" to the question *How would you rate the overall quality of groceries available in the stores in your neighborhood? Would you say it is excellent, good, fair or poor?*

Access to recreational activities—Percent of adults reporting at least monthly use in response to the question *In the past year, how often did you use public recreation facilities in your neighborhood, such as public swimming pools, parks, schools, walking trails, bike paths or recreation centers?* Response options included "more than once a week," "once a week," "a few times a month," "once a month," "less than once a month," "never."