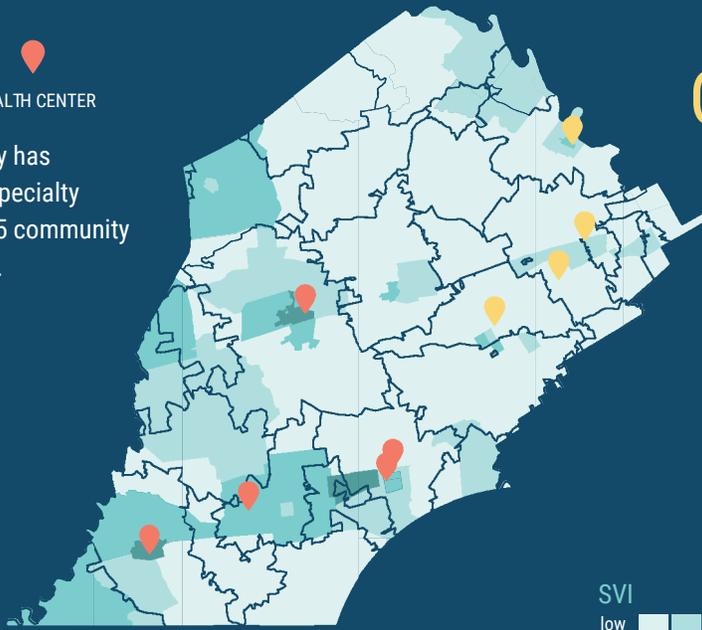


CHESTER COUNTY

HOSPITAL HEALTH CENTER

Chester County has 4 acute care/specialty hospitals and 5 community health centers.



SVI
low high

Social Vulnerability Index (SVI)



Median Income **\$98,576**

High school as highest education **17.4%**

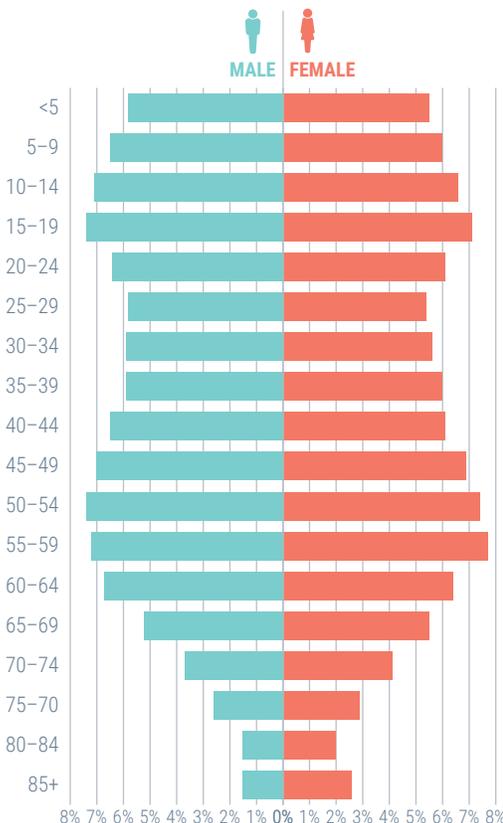
Food Insecurity **6.3%**

With a Disability **8.7%**

Violent Crime Rate **73.7** per 100,000

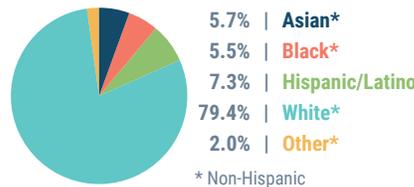
AGE DISTRIBUTION

Chester County has an estimated population of 550,830, with the largest proportion of residents between the ages of 45 and 59.

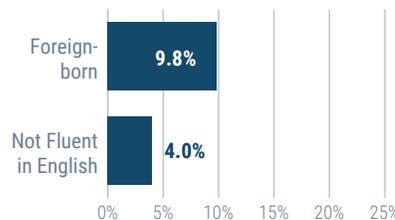


RACE/ETHNICITY/LANGUAGE

79.4% of residents are non-Hispanic White. Hispanic/Latino residents make the next largest population, comprising 7.3% of the county's residents.



About 10% of residents are foreign-born and 4% speak English less than "very well."



COVID-19 | Rates per 100,000

Fully Vaccinated **61,756.4**

COVID-related:

- Emergency Department Use **445.0**
- Hospitalization **274.1**
- Mortality **110.2**

MORTALITY

Leading Causes of Death

- Heart disease
- Cancer
- COVID-19
- Cerebrovascular diseases
- Chronic lower respiratory diseases

YOUTH BEHAVIOR

- Attempted Suicide **7.9%**
- Feeling Depressed/Sad/Hopeless **39.0%**
- Binge Drinking **14.0%**
- Cigarette Smoking **3.8%**
- Vaping **25.2%**

COMMUNITY PERSPECTIVES



This summarizes focus group-style community conversations conducted with residents of four geographic communities: one each in Central-East Chester, Central-Wester Chester, Southern Chester, and West Chester.

Community Assets

Open space and parks were identified in all groups as promoting physical and mental well-being. Walkable communities and indoor physical activity venues also were highlighted.

- *“This is the first time that I’ve lived in a place where I have the choice of so many community parks, where I can walk and get out, and enjoy the fresh air. That to me is an asset, being five minutes within open space that’s safe and welcoming.”*
- *“There’s sports leagues from the time kids are from five on, you name the sport— every Saturday out in the parks. ... There are a lot of activities, especially sports for children to be involved in throughout the county.”*
- Indoor programs, like “Mall Walkers” at Exton Mall, promote affordable physical activity.

Accessible health care, including for under- or uninsured individuals, is another asset. *“Community Volunteers in Medicine has doctors, nurses, mental health staff available to walk in, even if insurance is a barrier,”* said one participant. Another commented on the value of health information provided by local hospitals: *“I follow a lot of the local health hospitals and health systems on social media and find a lot of helpful information that way.”*

In all groups, social service organizations are valued for supporting those in need, such as people experiencing homelessness or food insecurity.

- *“Chester County’s fortunate to have a strong network of social service agencies that run the gamut of community needs. I think the strength of those organizations has really shown throughout the pandemic. ... That the county believes in us and commits to us.”*

The Alliance for Health Equity was recognized for facilitating coordination among local organizations: *“Their ability to bring us [organizations] together and take us out of our individual silos, and really push us as a network to be collaborators.”*

Access to healthy food is abundant, including the emergency food system.

“[There are] farmers markets around here where small businesses come and sell their fruits and veggies,” said one participant. Emergency food providers such as the West Chester Food Cupboard and Chester County Food Bank are important assets: *“There’s a lot who are in need, and the Chester County Food Bank is a place where they can go to get fresh vegetables, and all kinds of foods, and that’s in walking distance for the people that ... come to my church.”*

Youth programs provide safe, fun opportunities for young people to connect and engage with the community. *“I work with teenagers ... there’s local organizations and programs for them, too, like the Garage Community and Youth Center in West Grove, and the Lighthouse in Oxford. [The Lighthouse], it’s faith based, it’s helping with mental health, gives the kids something fun to do after school, a place to let off some steam and be part of their community, and also be a part of a spiritual community as well. I see a lot of kids being involved in that, and it really is helping them out,”* shared one participant.

A “strong sense of community among residents” was noted across groups.

“The community is rich with resources and answers amongst the people who live, eat, breathe, sleep, work, educate themselves there. That’s where the secret sauce is.... The sense of community contributes greatly to its health.” Numerous community events also promote social cohesion and information sharing about programs, services, and resources available in the local community.



Key Challenges

Common physical health concerns cited by participants include high blood pressure, diabetes, heart disease, respiratory disease, and kidney disease.

"I think diabetes and hypertension are easily the top two; cholesterol, hyperlipidemia is probably a close third," commented one participant. Another said: *"If you walk into a dialysis clinic, the amount of people there on dialysis, you'd be surprised. And so you wonder, why there is so much health challenges with kidneys?"* Oral health care, which is not covered by many insurance plans, was another concern: *"I've seen people very ill due to teeth and the hospital couldn't help."*

In the West Chester area, several participants perceived high rates of respiratory diseases and cancer, which they linked to environmental contaminants.

- *"In the lower east end of the borough, I would say there is more respiratory problems, there's more cancers here in the area, because this section is more or less a toxic section. This didn't just start, it's a generational thing, from my grandparents up until now."*

Health behaviors, such as smoking, unhealthy eating, and reluctance to seek care or take prescribed medications, pose challenges to chronic disease prevention and management.

- *"[People] bragging that 'I haven't been to the doctor in ten years,' as a good thing or 'I never go to the doctor.'... We have some work to do getting people to take their medication and go to the doctor."*

- *"I'm concerned about smoking, the amount of people I see smoking ... with asthma, COPD."*
- *"A lot of it [challenges with healthy eating] comes with work hours. You come home, you don't have time to cook a good healthy meal or you may not have the money to buy healthy food. Instead, you go for something that's quick and easy."*

Behavioral health, including substance use among youth and adults, was cited as a top priority across all groups.

- *"With the kids, that's more like vaping and drinking, that kind of typical teen stuff you'd see, and with drugs in there too. But I think with the adults, it's more just drugs, like harder drugs. A lot of parents are involved with that as well, with different substance abuse. So, I think just overall, that it's pretty prevalent in the community."*
- *"Sometimes I see those that are addicted to pain medications. They're having difficulty with pain management, and they go to the hospital, because they're hoping to get morphine to ease it. So that lasts for a little while, and then they're back with the urge of wanting prescription pain meds again. I've heard of people sharing medications or trying to get medication from other people in the community. And so, I think that addiction to pain medications, or people who deal with chronic pain need to be on our list [of key concerns]."*

Navigating the healthcare system, including behavioral health care and insurance issues, is a common challenge.

Lack of access to Medicaid and Medicare providers is another barrier.

- *"I think overall, the system needs to be easier to navigate. Because it's overwhelming trying to figure it out ... Finding a provider that doesn't have a long wait of many months. Finding a good provider that takes your insurance ... many providers don't ... and we pay out of pocket."*
- Another participant voiced *"frustration with navigating the whole process...We didn't finally get on the right path until maybe a year or two into the whole fiasco. Which is, if you ask me, way too long to finally have a doctor say to you, 'by the way, if you have a mental health diagnosis, you're qualified for X, Y and Z.' And we're like, why wasn't this shared with us a year or two ago, why are we being bounced around?"*
- *"A lot of people in my neighborhood do [have Medicaid]. And unfortunately, we have to travel outside of West Chester a lot of times to get help. It's feeling like, to a certain extent we don't belong here, and that certain providers just don't want to deal with us simply because of the insurance that is associated with us."*

Long wait times to schedule medical appointments are a major concern, leading to delayed care. Delayed access to affordable behavioral health care is especially challenging, as is a shortage of bilingual behavioral health providers.

- *“To have somebody wait three months to get in for med management is unacceptable. ... If you’re on some sort of anti-anxiety medication or [another] medication, you have to be under the care of a healthcare practitioner, a psychiatrist or whoever’s writing that to you.”*
- *“I am concerned about access to care for some physical health issues as well. Some specialists don’t have available appointments for months. Dermatology is one. Physical therapy is hard to secure currently.”*
- *“One of the biggest challenges we see with our participants [who are housing insecure] is having readily available mental health access. ... Sometimes appointments can be three, four, six months out, and that doesn’t help the need right now. There is a limited number of available mental health professionals, or mental health professionals that are in-network, for a majority of the families that we work with,”* shared a participant who works at a community organization.

- *“Finding bilingual therapists and counselors is almost near impossible, or any that have availability to take on new clients or that understand the nuanced cultural needs of our students and families. We have many students and parents that are struggling with mental health issues that do not have access to any services,”* said a participant who works in a school district.

Acute care beds for behavioral health patients are often unavailable, necessitating long stays in the emergency department or traveling considerable distances for care.

The situation is especially difficult for families with children needing acute behavioral health care, or those who lack transportation.

- A participant whose child has an intellectual disability disclosed: *“It’s difficult because there’s no short-term care facilities for people with developmental disabilities here. It got to the point where his safety [their son] really was a concern. We went to the ER because you have to have medical clearance in order to get an emergency placement. We sat in the ER for four days because there was no placement for him ... And then to hear, ‘the only place we can send him is Pittsburgh.’ It’s super frustrating.”*

- *“I’ve seen others in a situation where they’ve been in a mental health crisis, and the services for them here just isn’t available. We would have to go to Coatesville or even Paoli. I don’t drive, so a lot of times until I got my insurance changed from one particular Medicaid provider to another, I would have to travel on two buses.”*

For community organizations whose staff members often are the first to notice or talk to people experiencing behavioral health issues, the lack of resources for referrals and support is another concern.

- *“As a service provider, it feels like a very big challenge to find those support systems when they’re needed. If someone walks into my facility and it’s apparent they could benefit from some mental health counseling, I find that when I make a phone call looking for support, assistance, referral--unless that person’s in crisis of causing harm to themselves or others--my only recourse is to be a friendly shoulder. And I feel like that’s a huge burden on me ... because I don’t feel I have the training or the resources to potentially be talking somebody off of a ledge. ... I think we have got to stop brushing mental health under the rug, and admit that it’s here, and admit that we’re not doing a good job with it, and really start figuring out some solutions.”*



Social Determinants of Health

Apprehension about the closing of two hospitals in the county (Tower Health's Jennersville and Brandywine Hospitals) was voiced.

- *“Don’t close area hospitals, we need them. People shouldn’t have to drive 30 minutes if they have an emergency. Like, that’s a scary thought. We need to find a way to keep hospitals open in the communities.”*

Participants expressed mixed views on e-health, including telehealth and the use of online health portals.

- *“I would say that access to healthcare professionals using technology maybe created some ease. But, relating to my mom, who is currently addressing metastatic breast cancer, there’s a big difference between meeting with your oncologist on the phone, or on Zoom, and meeting your oncologist in-person, and being able to discuss your personal health needs.”*
- **There is frustration with using online health portals to provide or receive sensitive personal information.** *“You get an email that says welcome to our portal, now sit down and include all of this information. At a certain age you don’t want things coming to you via the computer asking lots of sensitive information every time you see a doctor. ... It’s great when they’re [the doctors] in the same system, but if you happen to have doctors in multiple systems, then you’re in multiple portals, and that can be a little bit intimidating.”*

Systemic racism. Several participants discussed systemic racism in the county and the need to look “through an equity lens” at disparities in community access to food, transportation, and other essential needs. Participants linked community violence and poor health outcomes, particularly for mental health, to these inequities and called for more conversations that consider racism and equity as part of solutions to improve health outcomes.

Housing security and habitability. Lack of affordable, safe housing impacts the physical and mental health of many across the county.

- *“We work with those facing homelessness and one of the struggles in this community is finding affordable housing. If people can’t find affordable housing, that’s a trauma of its own. It relates to mental health; it relates to all types of other issues. Finding affordable housing in Chester County has become a huge issue.”*
- *“Many families live in ... unsafe housing ... it’s overcrowded, there is mold, it’s just generally not safe. It can be very stressful, it can cause a lot of anxiety to live in those situations.”*

Transportation. Transportation was identified as an issue in all groups, with particular need in rural areas and for people without a car or a driver’s license.

- *“For individuals with mental health issues, it’s very difficult for them to get to their appointments. It’s difficult to sometimes even get their medications because of a lack of transportation ... Even though we do have some mobile mental health, it’s limited, because the issue really is vast in our area.”*
- *“The paratransit service in Chester County is the Rover buses. When it works, it works great, and when it doesn’t work, it doesn’t work. Having to rely on a service such as that to get to a doctor’s appointment, whether that’s preventive care, or a scheduled surgery - you may have to leave your house as early as six o’clock in the morning to be dropped off at the hospital for a ten o’clock appointment, and not be picked up until six o’clock at night.”*
- *“I don’t want to pigeonhole it specifically to mushroom workers, but that’s the majority of those we see ... who may not have a car, who may not have a license, who may not be eligible for a license. ... They usually pay an arm and a leg to somebody who does have a car. And then hopefully they get there on time. ... The public busing basically only goes parallel to Route 1, so there’s not much else if you need to get to a specialist in Philly, it’s just not easy.”*

Limited income and cost of living.

Participants commented on rising prices for food, exercise classes, and other items, as well as difficulty paying for essential needs including health care.

- *“Housing, food, gas, everything, it’s more expensive this year. That’s a barrier to health.”*
- *“Some things are free, like the trails and parks. But a gym is not typically free and I would love to be able to go back and exercise, but just the prices of things have increased.”*
- *“To be healthy and stay healthy you can’t, because you can’t afford the medicine you need. And you try to go around it by taking something else that probably is not as good.”*
- *“For a lot of our families in the mushroom industries, for example, a lot of those types of jobs pay by production, they don’t pay hourly. So, if you take off work you lose a big chunk of your paycheck, and that’s causing a lot of our families to avoid seeking medical care.”*

Built environment. Concerns about diminishing open space due to development were noted.

- *“The green space ... promotes calm. We moved here for the open space, which is disappearing. ... There’s something to be said about preserving unused land.”*

Access to healthy, affordable food.

While food access is plentiful in most areas of the county, some communities lack supermarkets, creating additional barriers especially for those lacking transportation.

- *“There’re no grocery stores basically in [West Chester] anymore. If you don’t have transportation, it’s difficult to take the bus to go to the supermarket to ShopRite to Acme, there’s no bus for Giant. ... You may not be able to pay for Lyft or an Uber driver, so you depend on friends, relatives, or you find yourself going to [drug stores or convenience marts], that’s not healthy.”* Another shared: *“While Coatesville is walkable, there are not grocery stores. We have some on the outskirts, but from 1st to 13th Avenue, there’s limited access to groceries.”*

Awareness of health and social services.

Participants across the county noted the public is often unaware of community resources.

- *“Luckily, we found services, but as many have mentioned, we had to really hunt and educate ourselves to find those services to help us.”*

Digital divide. Limited access and ability to use technology to navigate health care and other resources are barriers for some, as is lack of broadband access in some areas.

- *“There is such a dependence on technology and apps for appointments, results, messaging providers, etc. Anyone without a smart phone or not tech savvy can struggle with this.”*
- *“For some, the only access they have to technology is their phones, and that doesn’t necessarily give them the same opportunities to connect with healthcare providers for the kinds of services that they need.”*
- *“There’s a lot of ... access to technology issues in certain parts of the area, and more in rural areas. ... And some of the broadband service that’s out in Oxford and Nottingham, and out that way, isn’t that reliable.”*

Language and cultural barriers. For immigrant communities, accessing information in their native language and finding providers who understand their culture can be difficult.

- *“Getting resources, whether for physical or mental health, to people that meets their culture and meets their language [needs]. ... And just educating people to help address some of the stigma around mental health. ... The cultural challenge and the linguistic challenges - breaking down those barriers, so everyone is getting equitable healthcare.”*
- *“There are indigenous languages that very few people have mastered or who can interpret ... very few people professionally can.”*



Children and Youth

Behavioral health issues among youth, including substance use, were highlighted as a major concern across all groups.

- *“I’ve seen children of all colors, all backgrounds suffer. It goes across social, economic divides, and hits rich, poor, all folk are going through it.”*

Multiple factors contribute to behavioral health challenges among youth, including stress, grief over losses during the pandemic, pressure to succeed, and social exclusion.

- *“There’s a lot of stress put on kids outside of school just in their day-to-day life. ... Some of the older siblings have to be parents. They have to come home and take care of the little ones. And then they also have homework, and they get in trouble for not doing the homework, and then they’re stressed at school, and school is a negative place to be then. ... We see youngsters all the time with their own kids or taking care of their siblings. ... I guess having to be a grownup when you’re a kid, it leads to negative coping mechanisms, whether it’s food or technology or substances,”* said a participant who works in a school district.

- *“Little ones are grieving parents [who] are incarcerated. They are grieving grandparents lost through COVID. They are grieving the loss of friends. I think young people grieve for other young people, when they hear about school shootings. Even if you don’t know that school, you’ve never been to that town, the fact that somebody went to school today and was killed, I think has a broader effect than any of us realize.”*
- *There’s a lot of pressure to achieve at least in the [school] district. ... There’s a lot of pressure to succeed on our students in general.”*
- *“Kids in our county, who are on the fringes, like maybe the lesbian [and] gay population, like the kids who are kind of not always feeling like they’re included, who are trying to find their paths, their space, their niche. Maybe there’s programs available for these kids just to help guide them along, so they can find their way, so they’re not feeling like an outcast. There’s a lot of kids that are on the fringes, and they just need help in some way.”*

As is true for adults, stigma and lack of awareness about mental health create barriers to seeking care for children and youth:

- *“A few years ago, we lost students to drug overdose. The thing is, people don’t necessarily want to talk about it, it’s hidden – we keep that among the family.”*
- *“The awareness of mental health is just not there, especially for certain cultural groups. It has a negative connotation. ... I think there should be some education on mental [health] awareness at the junior and high school level, so that people can access this help. They can understand that it’s a natural part of life to get help when they have these challenges.”*

Some youth resort to self-harm as a way to cope with distress and emotional pain

- A participant who is a school nurse shared: *“They’re cutting themselves, they don’t know how to cope with different situations, and really don’t have resilience.”*

Suicide among youth was described as “a huge issue.”

- *“The biggest thing from my perspective is mental health, and especially in our school district ... just losing the children by horrible means, by their own hands. I feel like it’s getting out of control.”* Another participant said: *“It [suicide] is definitely complex. But I also think kids are impulsive. I don’t think they understand the finality of it.”*

Substance use, including vaping and alcohol use, is common among youth.

Participants questioned the ease with which youth can obtain these and other regulated substances.

- *“There’s a lot of vaping ... it’s widespread and common. ... I don’t know how it’s available to them, but they’re getting it easily.”*
- *“We’ve entered a period where people can buy drugs online. Kids have access to cell phones; they have access to computers. That definitely goes hand-in-hand with mental health.”*

Many participants highlighted the need to encourage healthier lifestyles among youth.

- *“Education in schools for a healthy lifestyle, you need to start them early on. ... When you educate children in elementary and middle school years, that’s lifelong learning.”*

Multiple participants emphasized the need for increased access to equitable and affordable behavioral health services for young people.

- *“Our children and teens have been through a nightmare in the past year and a half, and I feel like they’re the group that’s being ignored as far as their mental health. I think that people are less concerned when it’s children, but in reality, there has to be more services.”*
- *“The rich can send their child to Florida to a treatment center because they have the money to do it, but [others] do not have that.”*

Schools are feeling the impact of widespread behavioral health issues among students.

- **The need for every school district to provide behavioral health services was emphasized.** Noting that a typical school district experiences at least one or two student suicides each year, one participant talked about the inequity of mental health services across districts: *“There’s the haves, and the have-nots, and our district is able to have mental health professionals within the school, but not every district is able to do that, or able to afford that in Chester County.”*

- **The pandemic has worsened mental health for the whole school community.**

“The school systems are going through their own mental health crises, students and teachers. The teachers need support, the support staff need support. ... So, if you’ve ever been an educator... you know your work is beyond classroom teaching. When kids came back to school, that backlog [for mental health services], it just doubled ... it’s really difficult to handle the need right now.”

“As a result of anxiety, depression, and other mental health disorders, we do end up seeing truancy issues, because the kids are not receiving the supports that they need to get through what they’re dealing with.”

Children and youth need more structured activities and safe places for play.

However, not all can take advantage of some activities due to cost, transportation challenges, and working parents. Also, access to physical activity resources is not equitably distributed across the county.

- *“You don’t see children playing outside anymore and youth need to be encouraged to get out of their homes,”* said one participant. Another noted: *“Youth struggle because they need something to do and they turn to sedentary lifestyles or not being healthy [and] vaping or drinking or stuff like that.”*

- *“A lot of children have to come home after school. ... A lot of folks cannot afford organized sports activities. And because parents are working, they can’t get the children there.”*
- *“We don’t have access to as many resources or activities for our kids to be a well-rounded as, say, like a West Chester or a Unionville,”* noted one from southern Chester County.

Participants cited the need to improve healthy eating and sufficient sleep among youth.

- *“A lot of the children are living off of McDonald’s. ... To get healthy food, they’re picking up whatever they can. Some kids only eat a bag of chips ... they are drinking sodas, and Gatorade, and those type of things, whatever’s convenient, or what you can get at the corner store. That’s very unhealthy.”*
- *“According to the [American Academy of Pediatrics], teens need to start school at 8:30 or later. ... I’ve been advocating for this, at least with Downingtown [School District]. And I know some districts in Chester County have moved to a later school start. I do think it has a negative impact on the mental health of our teenagers.”*

Multiple participants raised concerns about excessive social media use among young people. Social media was described as “addicting” and contributing to mental health and substance use issues. Social media also was negatively viewed regarding youth sexuality.

- *“I feel [social media is] addicting for a lot of the kids. And there’s a place for it. But I feel that’s a large reason why kids are becoming depressed and despair, like compare and despair. ... They feel like they’re failures, because they can see everybody else’s life ... and then just seeing other kids showing their bodies off, one might be thinner than the other, heavier than the other. ... I definitely think that plays a big role in the kids’ mental state.”*
- *“Kids and problems with the use of phones, social media, the sexting thing, the inappropriate pictures, access to porn. It’s a problem, obviously made possible by technology. I know kids are texting pictures that they should not be back and forth ... I don’t think kids realize the dangers that they get themselves into. ... We need to have more education for families and kids about what’s appropriate, what’s not appropriate.”*

Several participants raised issues about transitioning the care of older teens from pediatric to adult health services.

- A participant whose child has special needs commented: *“My daughter ... was in a place that only saw children under 18. And now that she’s 18, she has to go somewhere else. So, you call around ... you got to wait three months, because that’s just how it is with new patients, right? I don’t think that’s appropriate to make somebody wait that long when they’re on medication and need that management in order to keep up with the prescriptions and making sure that the dosing and everything is okay.”*
- Another participant spoke about the disruption of family support: *“When your teen turns 18 and they’re a young adult, the parent role is completely closed. Providers don’t want to talk to you. I understand that they’re an adult, and you want to encourage that independence. ... If there’s someone in the family that has a mental health issue, it’s going to impact the family and to include the family as much as possible in the treatment [is important]. ... Of course, we want to respect the privacy of our family member. But there needs to be a balance.”*



Older Adults

Older adults often face stigma as part of the aging process and are assumed by society to be frail, sick, and socially isolated.

While resources that promote healthy aging are available, they may not be accessed until problems have arisen. As one participant put it:

- *“We don’t make aging an attractive topic in Chester County, not in Pennsylvania, not in America. We talk about aging ... in such negative connotations, we joke about old people, we poke fun at getting gray hair. But this whole notion that getting old means we have to get sick, we have to get frail, we have to hurt, we have to ache, we have to not have friends -- it’s been such a misnomer over so many generations. Not only do we have to combat the social norms of aging, we also have to combat the conditions that social norms have been allowed to cause.”*

This participant added:

“Most people learn about an organization like [a] senior center when they’re in a moment of crisis, and it’s just unfortunate that they haven’t found it before that crisis, so that they could have the fun, and the access to things that could help them live better, and healthier.”

Loss of friends and independence can impact mental well-being of older adults

A participant who works with older adults commented:

- *“I had a woman that stated — ‘Here I am, 93, and all of my friends are dead. Why am I living?’ She doesn’t want to be a burden on her family members. I think grief dictates a lot of issues as it relates to health.”*

Transportation barriers can worsen social isolation and access to services.

- *“They [older adults] struggle with transportation more than any other population. They use the TransNet ... and still they are late,”* said a participant who works with older adults. Another commented: *“Coordinating public transportation with social service providers, such as the six senior centers in the county, and coordinating rides for people to come to our facilities each day can be a challenge. ... I think until we fix this transportation piece, we’re still leaving people isolated and reliant on the services that they can find within walking distance to their home.”*

More community and senior centers that “feel like home” are needed to support healthy aging and socialization.

One participant shared that with aging, friendships were often lost and ways to “stay active and connected” were needed.

Others said:

- *“I would love to see every community have its own senior center. There’s one in West Chester, but that doesn’t help people that [don’t live locally]. You want to come and feel uplifted and happy. It’s for people that we ... care about. Make it homey, not like a hospital.”*
- *“Adults need a social area — an area to express their pent-up emotions or desires because most times they’re alone. The one partner that they had for 40 years ... is just getting sick, and they have to now be caring for somebody else. They need a space just to vent, talk about it, share, and so, those kinds of places that they can go to and spend a day away from home, and then come back to responsibilities.”*

Living on a fixed income is challenging for many older adults, who may have to choose between food, health care, and other basic necessities.

- *“I have a mother who’s 92, and still paying school taxes and that makes her go into her monthly budget. Because older people are very committed to their dignity and responsibility, she’ll go without something else. ... Maybe she won’t do things to stay healthy, like buying her medications, and going to the doctor - which deals with her mental health ... and things become overwhelming.”*

Older adults need more opportunities for physical activity and mental stimulation.

- *“A lot of the same concerns we have with our youth are the same concerns with our seniors. Every doctor I’ve ever spoken to has shared with me that to stave off some aging diseases, stay active mentally and physically. We’re doing a disservice to the younger generation and the senior generation for not making opportunities for our seniors along with our children to do those two things.”*

Navigating health care can be a challenge for older adults and their caregivers.

Caregivers may lack the knowledge to help aging relatives make informed health decisions. A participant with caregiver responsibilities shared:

- *“My mother’s doctor hasn’t had a conversation with her about memory, and what she perceives to be her memory issues. And I don’t know how we address this. ... I just hate having the conversation with my mother, not knowing what’s clinically appropriate for someone who’s 80 years old and having memory issues.”*

Care coordination among providers can be problematic.

Having a relative or other person who can advocate on behalf of an older patient being admitted or discharged from a health facility is ideal, but not always possible. A participant caring for her mother said:

- *“I’ve seen breakdowns between nursing homes and hospitals with the care instructions. ... I’ve met my mom at the hospital ... nothing was sent, nothing was asked for, thank goodness I was there. I don’t know what people do when, when no one meets them there, which has been hard with COVID.”*

Applying for home healthcare can be complex and time consuming, delaying needed services.

- *“I’ve been through a process to get a caregiver to [help] me take care of my mother,” shared one participant. “You have to go through the paperwork, the line, the referral, the checking your finances, to checking your deed. In the meantime, the need for the care goes on. I’m two months into still trying to get a caregiver for two or three hours a day to help me, because I still work. ... But I’m still going through the paperwork of it all.”*

Technology is challenging for many older adults, who may need help using it to schedule appointments, obtain information, or use telehealth.

An older participant said:

- *“I’m just learning to use my smart phone. My phone is smarter than me. You’re not used to a phone, or a computer. So that keeps you out of the loop for information if you don’t have anyone assisting you in the family.”* Another commented: *“Some older adults prefer ‘one-on-one’ communication, because sometimes you just want to talk things out.”*

Some participants questioned whether the county has adequate plans in place to support current and future services for older adults, including support for aging in place.

- *“I’m in my 50s. ... But I’m thinking, what’s going to happen in 10 to 20 years ... is the county preparing for the aging population? You know, services available for older folks, whether it’s in-home supports or assisted living, or just assisting older people. ... I don’t know how well the county’s prepared or what’s out there and what’s available.”*



Other Groups

Individuals with disabilities or limited English proficiency are populations whose health challenges are sometimes overlooked, several participants said.

People with disabilities, such as hearing or vision impairments, need information presented in ways they can access and act on.

- *“People with disabilities, both physical and mental, often fall through the cracks, along with people whose first language isn’t English.”*

Another participant, a minister, noted the challenge of providing information in multiple formats and languages to accommodate people with different needs.

- *“How can we, who don’t have a challenge, easily access or learn their language [such as sign language or Braille]? Even at church now, we have to put the program in as many different languages we can. We have to be looking at having somebody to sign the sermon [for people who are hearing impaired]. How do we cater to their needs in terms of putting information out there for them?”*



Pandemic Impacts

Several participants spoke about the need to address misinformation and improve public health communications, especially regarding the pandemic and vaccination. Lack of awareness on how to find vaccine information and appointments was highlighted, particularly for those with lower incomes, limited English proficiency, or lack of access to technology.

- *“A lot of misinformation and reluctance around anything COVID-related or vaccine-related, that’s a big thing out here. There’s not much of a push from local healthcare providers or the school systems or anything like that to really push the positives of the vaccine, and the steps to take against COVID. ... I think they could find different ways to reach out to people.”*
- *“It seems that until recently healthcare providers in this area did not really care about whether people were getting even the regular vaccinations ... there was no PR about going to the Chester County Health Department if you have no insurance or things like that. It just didn’t seem like a priority to reach out to the lower income folks in the neighborhood. And that’s not just people of color, or our Hispanic and Latino neighborhood, but it’s even the poor Caucasians as well.”*

- *“For people trying to register to get their vaccinations early on, if they didn’t speak English, they had to navigate how to get to someone who spoke Spanish or actually have a translator to help them get a scheduled appointment. During the pandemic I talked to a lot of people for whom English wasn’t their first language, so they would bring someone to the phone to get scheduled for an appointment. ... They didn’t have a computer or a translator.”*

One participant also noted that **health care visits now seem to be COVID-19-focused, despite whatever other health concern may have prompted the visit.**

- *“You go to the doctors and they’re so COVID focused– they just test you for COVID and you’re negative. ... Well, what about strep or flu or do I have pneumonia without COVID? They don’t check your ears like they used to. ... Why aren’t they doing that when they used to do that when we come in sick?”*

On a positive note, while the pandemic created many challenges, caring for family members at home was enabled for some. A participant who cares for a parent with dementia shared:

- *“I wonder if we were both working our full-time schedules in pre-COVID land, how we would’ve been able to take care of her in that situation, with both of us having to work and not be in the home? It would’ve almost been impossible.”*

Suggested Actions

Several participants commented on lessons learned during the pandemic to promote vaccination.

These efforts, which are working well and could be expanded to address other concerns in the future, include building community connections and using “trusted messengers” for outreach and education. *“It’s just a matter of having a specific, sincere outreach, and tapping the right individuals that can connect with those people that need to be vaccinated. And that was with all minority groups - Black groups, Hispanic groups, aging groups, you name it, we had groups of all race or ethnicities that were impacted by our outreach here for the pandemic.”*

Enlisting such “trusted messengers” for outreach is seen as a way to help ensure equitable access to information. *“Who is the conduit that you’re using to get those messages across? Because if they’re coming from someone that you trust, that you have confidence in, that you believe in, you’re more than likely to listen to those messages.”*

Participants across the county offered a wide range of other suggestions to address health and social service needs, including these actions:

Increase health services for children and youth, including improved access to mental health services.

“One thing that’s needed to increase equity across the schools in the county is for all schools, elementary through high school, to have mental health professionals on staff.” Also suggested was increasing assistance for youth transitioning from pediatric to adult health care and advocating for later high school start times to prevent mental health issues linked to sleep deprivation.

Expand health education in schools and other venues to promote mental health and healthy behaviors.

Education for students and parents also is needed to address the impact of social media and the internet on youth. One suggested including speakers with lived experience who can speak directly to the consequences of unhealthy choices—for example, a heavy smoker who *“wants to talk to you about why ... you should not do that, because now they’re on oxygen 24 hours a day. They [youth] need to see the consequences of the choices that they’re making.”*

Increase access to afterschool activities that promote healthy lifestyles.

A related suggestion: create volunteer and mentorship opportunities for youth at hospitals or other community sites. *“Have kids come and serve or do something at hospitals or some sort of a care facility, just to get them exposed. ... Maybe, they could have a mentorship ... match young adults or older teens with a peer mentor, someone else who’s similar in age or maybe slightly older can be a partner.”*

Expand services to support healthy aging.

Increase access to local, safe, and home-like community centers that meet the needs of older adults, including access to health and social services and opportunities for social connection, physical activity, and mental stimulation.

Preserve and encourage use of open space and parks

Ideas include community gardens, children’s play, and other activities that foster community engagement.

For hospitals and providers, put more “emphasis on prevention, what prevents diabetes, what prevents high blood pressure, and keep reinforcing those messages.”

Suggested Actions

Expand access to affordable, timely behavioral health services, including crisis centers and outpatient care.

Other related suggestions include:

- **Expand the number and diversity of behavioral health providers.** Also, multicultural role models are needed to build trust and inspire youth of all backgrounds to enter health care and related fields: *"It's important that our children see reflections of themselves in their teachers, in their healthcare providers, in the people that are charged with caring for them and educating them. ... A Latino child should see a doctor that speaks their language and looks like them, a Black child should see a health provider that looks like them, that relates to them. That's an important message when we're asking people to trust. It's about where the message comes from, but also where the care comes from."*
- **Increase access to behavioral health services where people live, work, or go to school.** For example, increase the use of mobile vans to bring health and social services to the community. *"It would be great to have that available, to come to people, come out here [southern Chester County] for primary care or mental health."* Also, address navigation challenges to access behavioral health services, such as insurance issues or transportation to care.

Raise community awareness about racial trauma and resources to address this issue.

For example, the Chester County Racial Trauma and Resiliency Collaborative can help individuals get needed assistance and educate the community. Funding to support these efforts is needed.

Increase awareness of and access to community health and social services.

Address communication barriers, such as developing an easy-to-use system that centralizes information about community health and social services.

"Knowing what's out there, what's available and how to access it...Compiling services that are available in Chester County with the focus on the mental health and maybe substance abuse programs."

Address the digital divide, such as broadband access and assistance in navigating technology, particularly for older adults.

Consider communication preferences, such as use of phone or computer to schedule appointments and communicate with providers. Also, create a hotline staffed by social or community health workers to advise callers with health or social service needs:

"Give them a telephone number, and they can call and talk to a real person, and someone that can listen to their issue and ... and give them some advice."

Address communication needs for those with hearing or vision impairments as well as those who may experience cultural or language barriers.

"We need culturally sensitive, culturally aware organizations to be everywhere. We [need to] focus on the Spanish and the English-speaking communities, but we also need to focus on the rural vs the urban communities, the lower income versus the sufficient. ... Sometimes I feel when you send somebody to one of the big-name specialty centers, they kind of talk to you as if you're just like them, but you may not be, and that can be off-putting."

Suggested Actions

Facilitate community-driven solutions by engaging community members in identifying and assessing issues, then developing and implementing desired strategies.

"When you talk about solutions for communities, you've got to have people from the community in those spaces. It can't just be the folks that say they have expertise. ... First thing, step aside and hear what the community has to say, what are their solutions? How can they be empowered?"

Increase coordination and collaboration among county health and social service organizations, to improve service delivery and avoid duplicated efforts.

The Chester County Health Department, hospitals, and other healthcare organizations should continue to build connections with the faith-based community, local leaders and other trusted messengers to get accurate information to the community, with support from organizations such as the Alliance for Health Equity to facilitate collaboration.

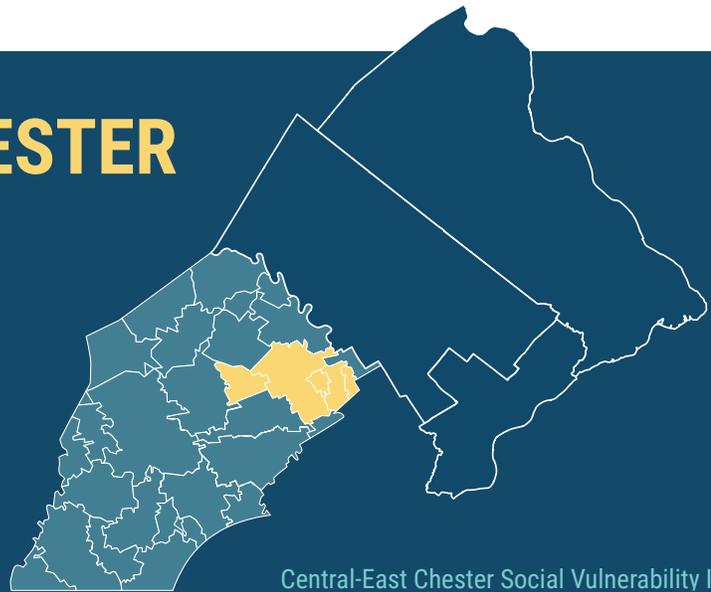
"If they [hospitals] work with local leaders, not just to bring them into the hospital for the vaccine, but for them to come into the community, to talk to the community members ... to bring it down to grassroots, use the clergy who are preaching to the people, work with them to bring it into the community."

CENTRAL-EAST CHESTER

ZIP CODES: 19301, 19312, 19333, 19341, 19345, 19355

This community is served by:

- Bryn Mawr Rehab Hospital
- Chester County Hospital
- Children’s Hospital of Philadelphia
- Main Line Health



Central-East Chester Social Vulnerability Index



POPULATION

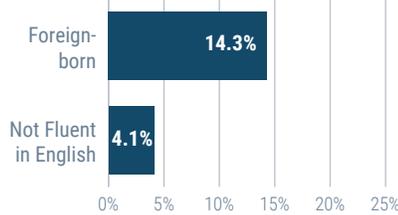
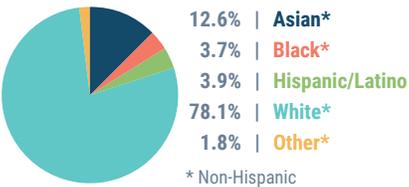


MEDIAN HOUSEHOLD INCOME



AGE DISTRIBUTION

RACE/ETHNICITY/LANGUAGE



LEADING CAUSES OF DEATH

1. Heart disease
2. Cancer
3. COVID-19
4. Cerebrovascular diseases
5. Chronic lower respiratory diseases

EDUCATIONAL ATTAINMENT

High school as highest education level **10.2%**

PEOPLE WITH DISABILITIES **8.1%**

summary health measures

		Central-East Chester		Chester County	
		Pre-2020 Estimate*	2020 Estimate*	Pre-2020 Estimate*	2020 Estimate*
General	All-cause mortality rate (per 100,000)	758.1	872.5	755.1	867.8
	Life expectancy: Female (in years)	83.9	82.4	83.8	82.6
	Life expectancy: Male (in years)	81.6	81.7	79.8	78.6
	Years of potential life lost before 75	2,785	2,449	22,739	22,899
COVID-19	COVID-related emergency department utilization (per 100,000)	N/A	228.8	N/A	445.0
	COVID-related hospitalization rate (per 100,000)	N/A	253.2	N/A	274.1
Chronic Disease & Health Behaviors	Adult obesity prevalence	23.3%		25.8%	
	Diabetes prevalence	7.8%		8.4%	
	Diabetes-related hospitalization rate (per 100,000)	41.5	41.5	86.7	96.8
	Hypertension prevalence	27.9%		28.3%	
	Hypertension-related hospitalization rate (per 100,000)	301.8	264.6	316.6	294.5
	Potentially preventable hospitalization rate (per 100,000)	778.1	607.9	853.2	724.6
	Premature cardiovascular disease mortality rate (per 100,000)	18.6	11.4	18.5	16.9
	Major cancer incidence rate (per 100,000)	266.0		242.9	
	Major cancer mortality rate (per 100,000)	55.8		72.8	
	Colorectal cancer screening	72.3%		69.5%	
	Mammography screening	78.5%		77.6%	
	Physical inactivity (leisure time) prevalence	15.3%		18.2%	
Infant & Child Health	Asthma hospitalization rate <18 years (per 100,000 <18)	--	--	3.7	2.4
	Infant mortality rate (per 1,000 live births)	--	--	4.7	4.8
	Percent low birthweight births out of live births	5.2%	8.4%	6.0%	6.5%
	Percent preterm births out of live births	5.9%	5.4%	8.5%	7.9%
Behavioral Health	Adult binge drinking	17.8%		18.6%	
	Adult smoking	11.6%		15.0%	
	Drug overdose mortality rate (per 100,000)	17.2	10.0	20.0	19.6
	Opioid-related hospitalization rate (per 100,000)	8.6	12.9	20.6	18.9
	Substance-related hospitalization rate (per 100,000)	214.5	175.9	235.8	193.9
	Poor mental health for 14+ days in past 30 days	10.3%		12.4%	
	Suicide mortality rate (per 100,000)	8.6	11.4	11.5	9.6
Injuries	Fall-related hospitalization rate (per 100,000)	9,437.4	8,997.6	3,128.6	3,182.5
	Gun-related emergency department utilization (per 100,000)	15.7	--	9.0	8.3
	Homicide mortality rate (per 100,000)	--	--	--	--
Access to Care	Adults 19-64 years with Medicaid	4.1%		6.6%	
	Children <19 years with public insurance	13.5%		20.2%	
	Population without insurance	2.6%		5.1%	
	Children <19 years without insurance	1.7%		4.7%	
	Emergency department utilization (per 100,000)	15,051.4	11,555.1	12,930.7	14,072.9
	High emergency department utilization (per 100,000)	187.0	123.5	168.1	185.0
Social & Economic Conditions	Population in poverty	4.0%		6.3%	
	Children <18 years in poverty	3.5%		7.4%	
	Adults 19-64 years unemployed	1.6%		1.8%	
	Householders living alone who are 65+ years	39.6%		35.7%	
	Households receiving SNAP benefits	1.6%		7.7%	
	Households that are housing cost-burdened	12.2%		11.3%	
	Housing with potential lead risk	47.6%		39.0%	
	Vacant housing units	4.4%		4.7%	

* Estimates represent the most recent pre-2020 data available; 2020 estimates are shown if available.

-- Estimates are unavailable or unreliable due to low sample size within a community.

CENTRAL-WEST CHESTER

ZIP CODES: 19310, 19320, 19358, 19365, 19367, 19372

This community is served by:

- Bryn Mawr Rehab Hospital
- Chester County Hospital
- Children’s Hospital of Philadelphia
- Main Line Health



Central-West Chester Social Vulnerability Index



POPULATION

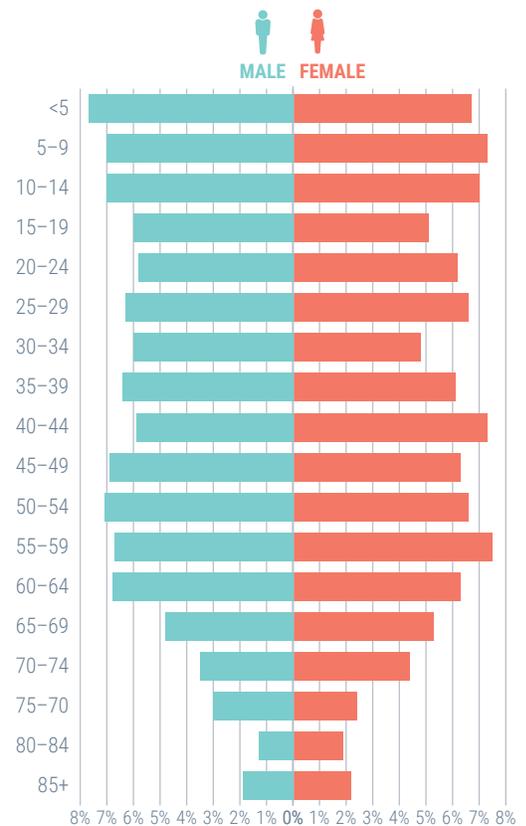
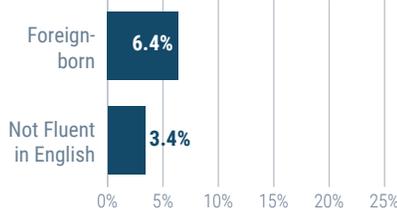
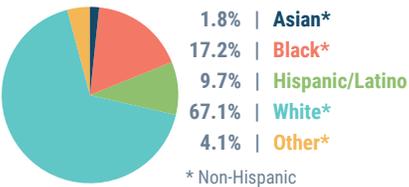


MEDIAN HOUSEHOLD INCOME



AGE DISTRIBUTION

RACE/ETHNICITY/LANGUAGE



LEADING CAUSES OF DEATH

1. Heart disease
2. Cancer
3. COVID-19
4. Cerebrovascular diseases
5. Drug overdose

EDUCATIONAL ATTAINMENT

High school as highest education level **29.1%**

PEOPLE WITH DISABILITIES **11.5%**

summary health measures

		Central-West Chester		Chester County	
		Pre-2020 Estimate*	2020 Estimate*	Pre-2020 Estimate*	2020 Estimate*
General	All-cause mortality rate (per 100,000)	860.1	1,036.8	755.1	867.8
	Life expectancy: Female (in years)	81.0	79.7	83.8	82.6
	Life expectancy: Male (in years)	76.3	74.8	79.8	78.6
	Years of potential life lost before 75	4,938	4,622	22,739	22,899
COVID-19	COVID-related emergency department utilization (per 100,000)	N/A	578.8	N/A	445.0
	COVID-related hospitalization rate (per 100,000)	N/A	374.1	N/A	274.1
Chronic Disease & Health Behaviors	Adult obesity prevalence	30.0%		25.8%	
	Diabetes prevalence	10.6%		8.4%	
	Diabetes-related hospitalization rate (per 100,000)	160.5	151.7	86.7	96.8
	Hypertension prevalence	32.1%		28.3%	
	Hypertension-related hospitalization rate (per 100,000)	469.8	465.4	316.6	294.5
	Potentially preventable hospitalization rate (per 100,000)	1,210.6	1,047.1	853.2	724.6
	Premature cardiovascular disease mortality rate (per 100,000)	30.9	33.9	18.5	16.9
	Major cancer incidence rate (per 100,000)	243.0		242.9	
	Major cancer mortality rate (per 100,000)	100.1		72.8	
	Colorectal cancer screening	65.6%		69.5%	
	Mammography screening	76.8%		77.6%	
	Physical inactivity (leisure time) prevalence	23.4%		18.2%	
Infant & Child Health	Asthma hospitalization rate <18 years (per 100,000 <18)	6.0	4.2	3.7	2.4
	Infant mortality rate (per 1,000 live births)	--	--	4.7	4.8
	Percent low birthweight births out of live births	8.1%	7.5%	6.0%	6.5%
	Percent preterm births out of live births	9.2%	8.2%	8.5%	7.9%
Behavioral Health	Adult binge drinking	17.7%		18.6%	
	Adult smoking	20.2%		15.0%	
	Drug overdose mortality rate (per 100,000)	36.8	41.2	20.0	19.6
	Opioid-related hospitalization rate (per 100,000)	42.7	30.9	20.6	18.9
	Substance-related hospitalization rate (per 100,000)	425.6	300.4	235.8	193.9
	Poor mental health for 14+ days in past 30 days	15.0%		12.4%	
	Suicide mortality rate (per 100,000)	11.8	--	11.5	9.6
Injuries	Fall-related hospitalization rate (per 100,000)	6,940.9	7,525.1	3,128.6	3,182.5
	Gun-related emergency department utilization (per 100,000)	--	16.2	9.0	8.3
	Homicide mortality rate (per 100,000)	--	--	--	--
Access to Care	Adults 19-64 years with Medicaid	12.3%		6.6%	
	Children <19 years with public insurance	39.1%		20.2%	
	Population without insurance	8.5%		5.1%	
	Children <19 years without insurance	8.4%		4.7%	
	Emergency department utilization (per 100,000)	15,643.6	21,466.1	12,930.7	14,072.9
	High emergency department utilization (per 100,000)	155.1	325.6	168.1	185.0
Social & Economic Conditions	Population in poverty	10.4%		6.3%	
	Children <18 years in poverty	15.1%		7.4%	
	Adults 19-64 years unemployed	2.5%		1.8%	
	Householders living alone who are 65+ years	20.4%		35.7%	
	Households receiving SNAP benefits	27.3%		7.7%	
	Households that are housing cost-burdened	20.2%		11.3%	
	Housing with potential lead risk	57.6%		39.0%	
	Vacant housing units	6.0%		4.7%	

* Estimates represent the most recent pre-2020 data available; 2020 estimates are shown if available.

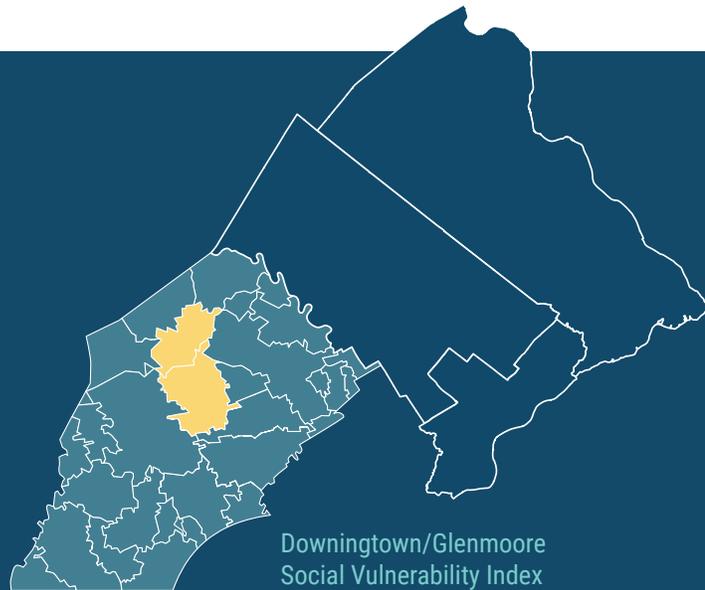
-- Estimates are unavailable or unreliable due to low sample size within a community.

DOWNINGTOWN/ GLENMOORE

ZIP CODES: 19335, 19343

This community is served by:

- Bryn Mawr Rehab Hospital
- Chester County Hospital
- Children's Hospital of Philadelphia
- Main Line Health



POPULATION

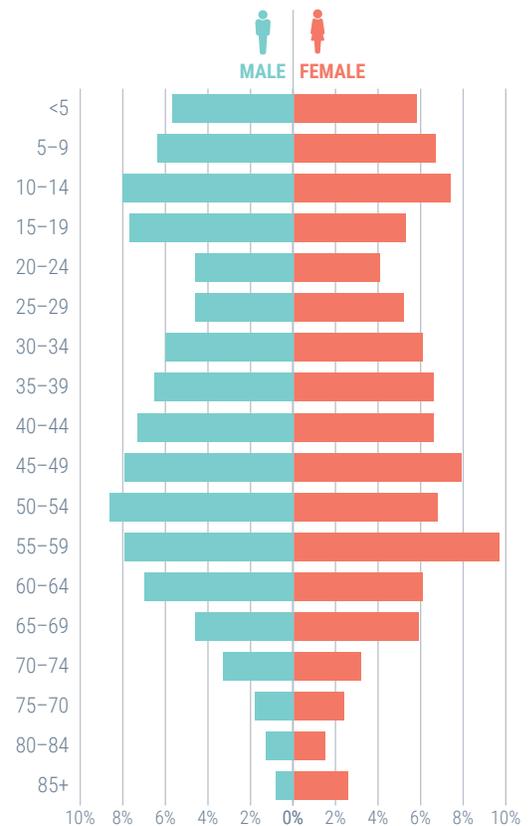
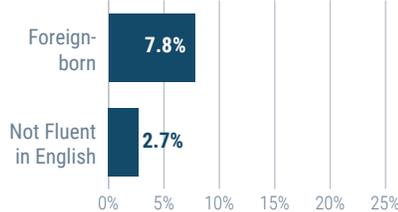
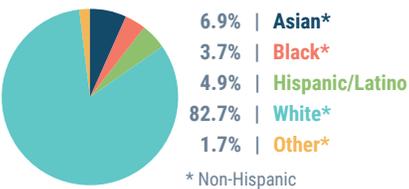


MEDIAN HOUSEHOLD INCOME



AGE DISTRIBUTION

RACE/ETHNICITY/LANGUAGE



LEADING CAUSES OF DEATH

1. Cancer
2. Heart disease
3. COVID-19
4. Cerebrovascular diseases
5. Chronic lower respiratory diseases

EDUCATIONAL ATTAINMENT

High school as highest education level 15.1%

PEOPLE WITH DISABILITIES 8.0%

summary health measures

		Downtown/Glenmoore		Chester County	
		Pre-2020 Estimate*	2020 Estimate*	Pre-2020 Estimate*	2020 Estimate*
General	All-cause mortality rate (per 100,000)	641.2	681.7	755.1	867.8
	Life expectancy: Female (in years)	83.1	82.9	83.8	82.6
	Life expectancy: Male (in years)	80.6	79.6	79.8	78.6
	Years of potential life lost before 75	2,245	2,386	22,739	22,899
COVID-19	COVID-related emergency department utilization (per 100,000)	N/A	285.4	N/A	445.0
	COVID-related hospitalization rate (per 100,000)	N/A	229.0	N/A	274.1
Chronic Disease & Health Behaviors	Adult obesity prevalence	25.3%		25.8%	
	Diabetes prevalence	7.7%		8.4%	
	Diabetes-related hospitalization rate (per 100,000)	72.2	79.3	86.7	96.8
	Hypertension prevalence	27.0%		28.3%	
	Hypertension-related hospitalization rate (per 100,000)	251.9	220.2	316.6	294.5
	Potentially preventable hospitalization rate (per 100,000)	679.9	579.5	853.2	724.6
	Premature cardiovascular disease mortality rate (per 100,000)	14.1	14.1	18.5	16.9
	Major cancer incidence rate (per 100,000)	218.4		242.9	
	Major cancer mortality rate (per 100,000)	74.0		72.8	
	Colorectal cancer screening	69.9%		69.5%	
	Mammography screening	78.1%		77.6%	
	Physical inactivity (leisure time) prevalence	16.5%		18.2%	
Infant & Child Health	Asthma hospitalization rate <18 years (per 100,000 <18)	5.8	--	3.7	2.4
	Infant mortality rate (per 1,000 live births)	--	--	4.7	4.8
	Percent low birthweight births out of live births	4.9%	6.1%	6.0%	6.5%
	Percent preterm births out of live births	6.6%	5.8%	8.5%	7.9%
Behavioral Health	Adult binge drinking	19.3%		18.6%	
	Adult smoking	14.4%		15.0%	
	Drug overdose mortality rate (per 100,000)	12.3	17.6	20.0	19.6
	Opioid-related hospitalization rate (per 100,000)	22.9	--	20.6	18.9
	Substance-related hospitalization rate (per 100,000)	190.2	199.0	235.8	193.9
	Poor mental health for 14+ days in past 30 days	11.8%		12.4%	
	Suicide mortality rate (per 100,000)	10.6	14.1	11.5	9.6
Injuries	Fall-related hospitalization rate (per 100,000)	7,898.3	9,069.6	3,128.6	3,182.5
	Gun-related emergency department utilization (per 100,000)	7.4	2.0	9.0	8.3
	Homicide mortality rate (per 100,000)	--	--	--	--
Access to Care	Adults 19-64 years with Medicaid	6.5%		6.6%	
	Children <19 years with public insurance	15.2%		20.2%	
	Population without insurance	2.6%		5.1%	
	Children <19 years without insurance	1.5%		4.7%	
	Emergency department utilization (per 100,000)	13,045.9	12,366.1	12,930.7	14,072.9
	High emergency department utilization (per 100,000)	102.5	143.2	168.1	185.0
Social & Economic Conditions	Population in poverty	3.7%		6.3%	
	Children <18 years in poverty	3.4%		7.4%	
	Adults 19-64 years unemployed	2.0%		1.8%	
	Householders living alone who are 65+ years	30.9%		35.7%	
	Households receiving SNAP benefits	4.5%		7.7%	
	Households that are housing cost-burdened	8.8%		11.3%	
	Housing with potential lead risk	25.5%		39.0%	
	Vacant housing units	3.1%		4.7%	

* Estimates represent the most recent pre-2020 data available; 2020 estimates are shown if available.

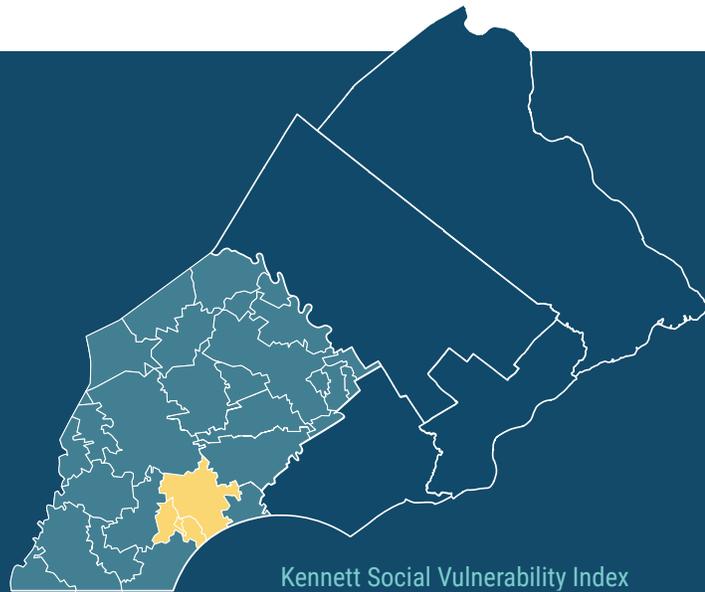
-- Estimates are unavailable or unreliable due to low sample size within a community.

KENNETT

ZIP CODES: 19311, 19348, 19374, 19375

This community is served by:

- Bryn Mawr Rehab Hospital
- Chester County Hospital
- Children’s Hospital of Philadelphia



Kennett Social Vulnerability Index



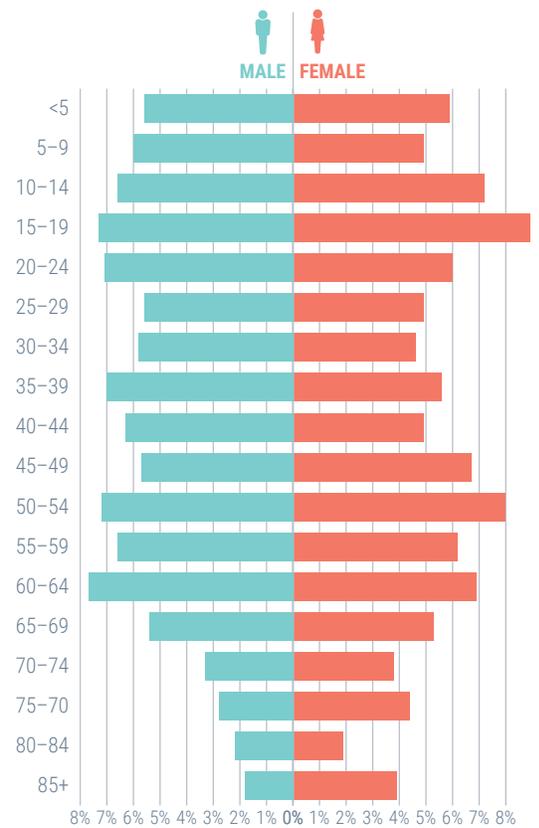
POPULATION



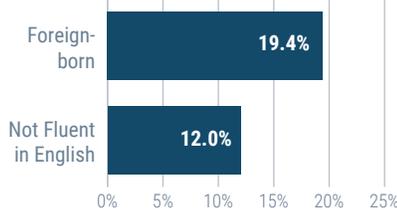
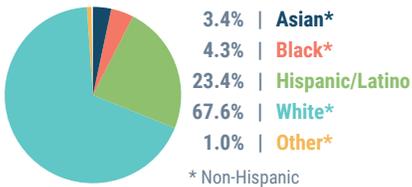
MEDIAN HOUSEHOLD INCOME



AGE DISTRIBUTION



RACE/ETHNICITY/LANGUAGE



LEADING CAUSES OF DEATH

1. Heart disease
2. Cancer
3. COVID-19
4. Chronic lower respiratory diseases
5. Unintentional injuries (excluding drug overdoses)

EDUCATIONAL ATTAINMENT

High school as highest education level **21.5%**

PEOPLE WITH DISABILITIES **8.6%**

summary health measures

		Kennett		Chester County	
		Pre-2020 Estimate*	2020 Estimate*	Pre-2020 Estimate*	2020 Estimate*
General	All-cause mortality rate (per 100,000)	720.2	731.9	755.1	867.8
	Life expectancy: Female (in years)	88.1	86.8	83.8	82.6
	Life expectancy: Male (in years)	81.4	81.1	79.8	78.6
	Years of potential life lost before 75	1,015	1,212	22,739	22,899
COVID-19	COVID-related emergency department utilization (per 100,000)	N/A	299.8	N/A	445.0
	COVID-related hospitalization rate (per 100,000)	N/A	282.2	N/A	274.1
Chronic Disease & Health Behaviors	Adult obesity prevalence	26.6%		25.8%	
	Diabetes prevalence	9.3%		8.4%	
	Diabetes-related hospitalization rate (per 100,000)	58.8	32.3	86.7	96.8
	Hypertension prevalence	29.5%		28.3%	
	Hypertension-related hospitalization rate (per 100,000)	220.5	223.4	316.6	294.5
	Potentially preventable hospitalization rate (per 100,000)	673.2	514.4	853.2	724.6
	Premature cardiovascular disease mortality rate (per 100,000)	--	--	18.5	16.9
	Major cancer incidence rate (per 100,000)	217.5		242.9	
	Major cancer mortality rate (per 100,000)	73.5		72.8	
	Colorectal cancer screening	67.4%		69.5%	
	Mammography screening	77.1%		77.6%	
	Physical inactivity (leisure time) prevalence	20.7%		18.2%	
Infant & Child Health	Asthma hospitalization rate <18 years (per 100,000 <18)	--	--	3.7	2.4
	Infant mortality rate (per 1,000 live births)	--	--	4.7	4.8
	Percent low birthweight births out of live births	4.3%	6.0%	6.0%	6.5%
	Percent preterm births out of live births	5.0%	5.6%	8.5%	7.9%
Behavioral Health	Adult binge drinking	17.8%		18.6%	
	Adult smoking	15.5%		15.0%	
	Drug overdose mortality rate (per 100,000)	29.4	--	20.0	19.6
	Opioid-related hospitalization rate (per 100,000)	--	--	20.6	18.9
	Substance-related hospitalization rate (per 100,000)	132.3	76.4	235.8	193.9
	Poor mental health for 14+ days in past 30 days	12.6%		12.4%	
	Suicide mortality rate (per 100,000)	--	--	11.5	9.6
Injuries	Fall-related hospitalization rate (per 100,000)	3,872.8	3,492.4	3,128.6	3,182.5
	Gun-related emergency department utilization (per 100,000)	--	--	9.0	8.3
	Homicide mortality rate (per 100,000)	--	--	--	--
Access to Care	Adults 19-64 years with Medicaid	6.7%		6.6%	
	Children <19 years with public insurance	26.4%		20.2%	
	Population without insurance	9.2%		5.1%	
	Children <19 years without insurance	5.4%		4.7%	
	Emergency department utilization (per 100,000)	15,841.9	15,088.4	12,930.7	14,072.9
	High emergency department utilization (per 100,000)	429.4	249.4	168.1	185.0
Social & Economic Conditions	Population in poverty	5.4%		6.3%	
	Children <18 years in poverty	11.8%		7.4%	
	Adults 19-64 years unemployed	1.3%		1.8%	
	Householders living alone who are 65+ years	51.0%		35.7%	
	Households receiving SNAP benefits	1.1%		7.7%	
	Households that are housing cost-burdened	3.1%		11.3%	
	Housing with potential lead risk	30.2%		39.0%	
	Vacant housing units	3.8%		4.7%	

* Estimates represent the most recent pre-2020 data available; 2020 estimates are shown if available.

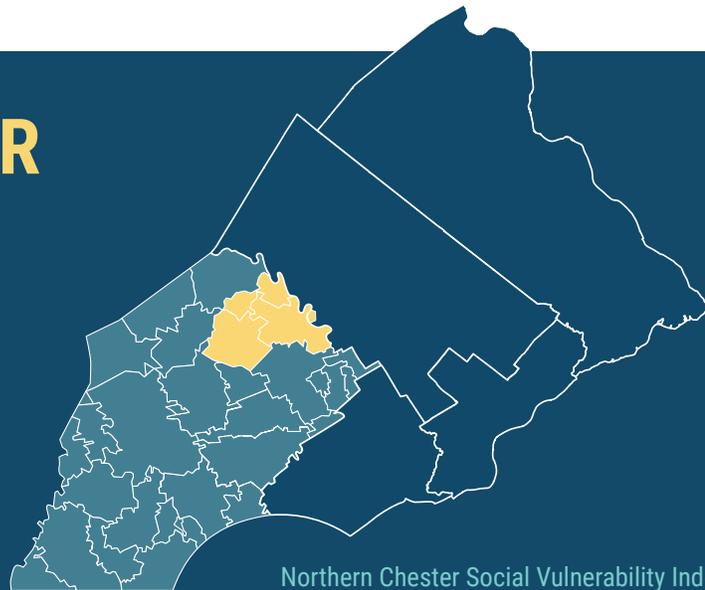
-- Estimates are unavailable or unreliable due to low sample size within a community.

NORTHERN CHESTER

ZIP CODES: 19425, 19453, 19460, 19475

This community is served by:

- Bryn Mawr Rehab Hospital
- Chester County Hospital
- Children's Hospital of Philadelphia
- Main Line Health



Northern Chester Social Vulnerability Index



POPULATION

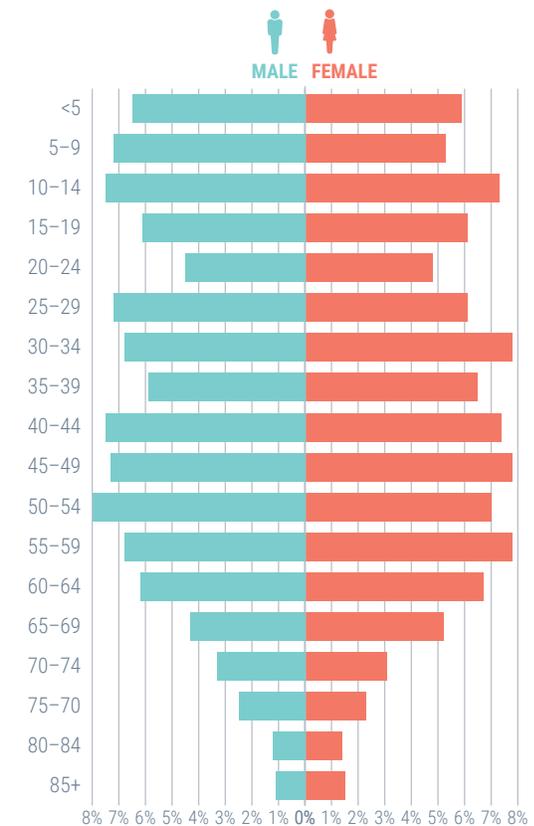
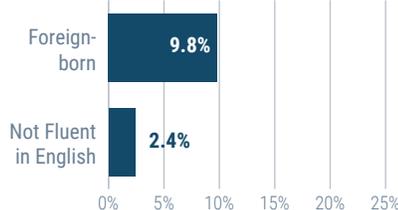
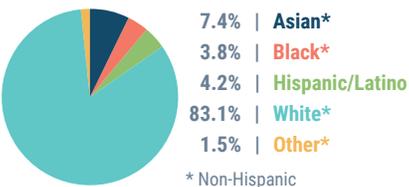


MEDIAN HOUSEHOLD INCOME



AGE DISTRIBUTION

RACE/ETHNICITY/LANGUAGE



LEADING CAUSES OF DEATH

1. Cancer
2. Heart disease
3. COVID-19
4. Cerebrovascular diseases
5. Unintentional injuries (excluding drug overdoses)

EDUCATIONAL ATTAINMENT

High school as highest education level **15.9%**

PEOPLE WITH DISABILITIES **8.1%**

summary health measures

		Northern Chester		Chester County	
		Pre-2020 Estimate*	2020 Estimate*	Pre-2020 Estimate*	2020 Estimate*
General	All-cause mortality rate (per 100,000)	822.5	814.0	755.1	867.8
	Life expectancy: Female (in years)	80.5	80.2	83.8	82.6
	Life expectancy: Male (in years)	77.6	77.6	79.8	78.6
	Years of potential life lost before 75	3,523	3,168	22,739	22,899
COVID-19	COVID-related emergency department utilization (per 100,000)	N/A	545.0	N/A	445.0
	COVID-related hospitalization rate (per 100,000)	N/A	280.3	N/A	274.1
Chronic Disease & Health Behaviors	Adult obesity prevalence	25.4%		25.8%	
	Diabetes prevalence	7.8%		8.4%	
	Diabetes-related hospitalization rate (per 100,000)	90.1	74.6	86.7	96.8
	Hypertension prevalence	27.0%		28.3%	
	Hypertension-related hospitalization rate (per 100,000)	301.4	267.6	316.6	294.5
	Potentially preventable hospitalization rate (per 100,000)	840.8	716.9	853.2	724.6
	Premature cardiovascular disease mortality rate (per 100,000)	16.9	15.5	18.5	16.9
	Major cancer incidence rate (per 100,000)	240.8		242.9	
	Major cancer mortality rate (per 100,000)	84.5		72.8	
	Colorectal cancer screening	70.1%		69.5%	
	Mammography screening	77.7%		77.6%	
	Physical inactivity (leisure time) prevalence	17.1%		18.2%	
Infant & Child Health	Asthma hospitalization rate <18 years (per 100,000 <18)	--	--	3.7	2.4
	Infant mortality rate (per 1,000 live births)	--	--	4.7	4.8
	Percent low birthweight births out of live births	5.6%	5.2%	6.0%	6.5%
	Percent preterm births out of live births	5.7%	5.8%	8.5%	7.9%
Behavioral Health	Adult binge drinking	19.2%		18.6%	
	Adult smoking	14.5%		15.0%	
	Drug overdose mortality rate (per 100,000)	32.4	15.5	20.0	19.6
	Opioid-related hospitalization rate (per 100,000)	23.9	25.4	20.6	18.9
	Substance-related hospitalization rate (per 100,000)	219.7	236.6	235.8	193.9
	Poor mental health for 14+ days in past 30 days	12.0%		12.4%	
	Suicide mortality rate (per 100,000)	19.7	11.3	11.5	9.6
Injuries	Fall-related hospitalization rate (per 100,000)	10,165.7	10,362.3	3,128.6	3,182.5
	Gun-related emergency department utilization (per 100,000)	4.8	6.7	9.0	8.3
	Homicide mortality rate (per 100,000)	--	--	--	--
Access to Care	Adults 19-64 years with Medicaid	6.9%		6.6%	
	Children <19 years with public insurance	17.2%		20.2%	
	Population without insurance	3.9%		5.1%	
	Children <19 years without insurance	3.7%		4.7%	
	Emergency department utilization (per 100,000)	10,652.1	14,284.5	12,930.7	14,072.9
	High emergency department utilization (per 100,000)	106.7	168.4	168.1	185.0
Social & Economic Conditions	Population in poverty	6.2%		6.3%	
	Children <18 years in poverty	6.0%		7.4%	
	Adults 19-64 years unemployed	1.6%		1.8%	
	Householders living alone who are 65+ years	30.3%		35.7%	
	Households receiving SNAP benefits	7.1%		7.7%	
	Households that are housing cost-burdened	12.9%		11.3%	
	Housing with potential lead risk	42.7%		39.0%	
	Vacant housing units	3.4%		4.7%	

* Estimates represent the most recent pre-2020 data available; 2020 estimates are shown if available.

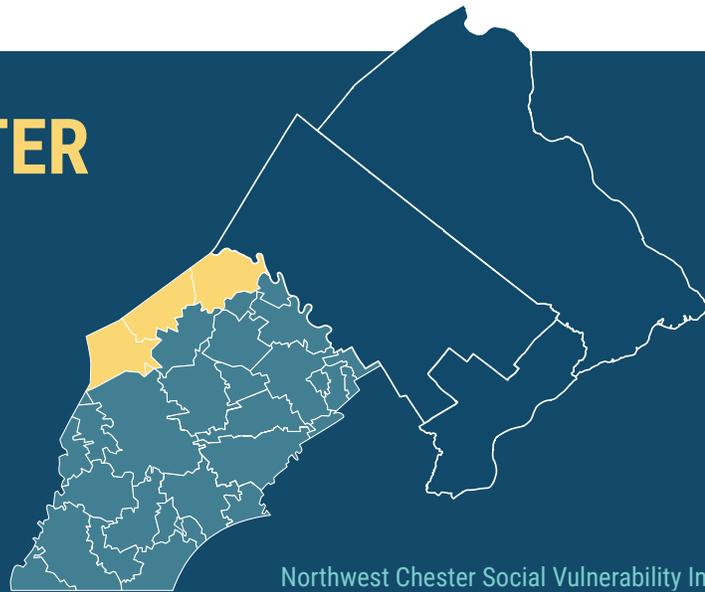
-- Estimates are unavailable or unreliable due to low sample size within a community.

NORTHWEST CHESTER

ZIP CODES: 19316, 19344, 19465, 19520

This community is served by:

- Bryn Mawr Rehab Hospital
- Chester County Hospital
- Children's Hospital of Philadelphia
- Einstein Medical Center Montgomery
- Fox Chase Cancer Center
- Main Line Health



Northwest Chester Social Vulnerability Index



POPULATION

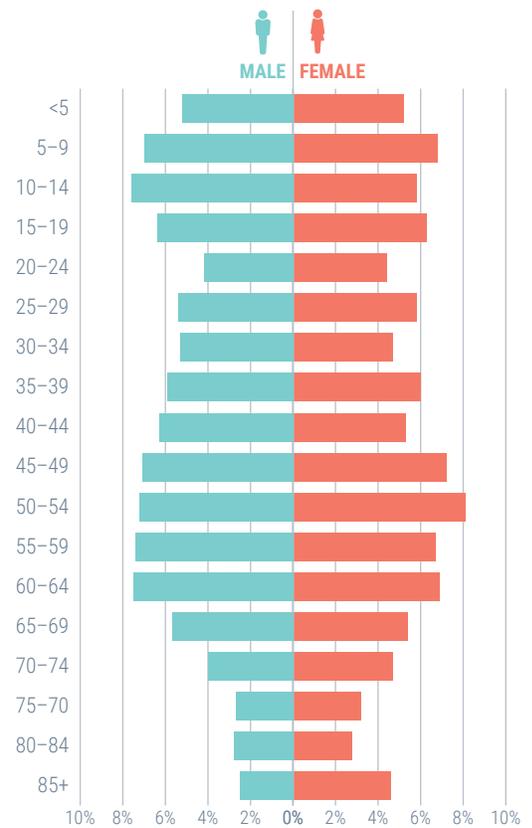
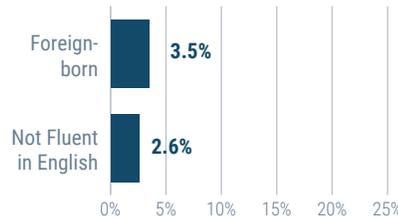
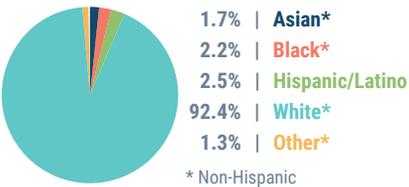


MEDIAN HOUSEHOLD INCOME



AGE DISTRIBUTION

RACE/ETHNICITY/LANGUAGE



LEADING CAUSES OF DEATH

1. Heart disease
2. Cancer
3. COVID-19
4. Cerebrovascular diseases
5. Unintentional injuries (excluding drug overdoses)

EDUCATIONAL ATTAINMENT

High school as highest education level **26.7%**

PEOPLE WITH DISABILITIES **11.7%**

summary health measures

		Northwest Chester		Chester County	
		Pre-2020 Estimate*	2020 Estimate*	Pre-2020 Estimate*	2020 Estimate*
General	All-cause mortality rate (per 100,000)	988.3	1,174.6	755.1	867.8
	Life expectancy: Female (in years)	83.5	82.2	83.8	82.6
	Life expectancy: Male (in years)	80.3	76.0	79.8	78.6
	Years of potential life lost before 75	1,815	2,156	22,739	22,899
COVID-19	COVID-related emergency department utilization (per 100,000)	N/A	392.5	N/A	445.0
	COVID-related hospitalization rate (per 100,000)	N/A	228.7	N/A	274.1
Chronic Disease & Health Behaviors	Adult obesity prevalence	26.5%		25.8%	
	Diabetes prevalence	9.3%		8.4%	
	Diabetes-related hospitalization rate (per 100,000)	135.5	129.9	86.7	96.8
	Hypertension prevalence	31.0%		28.3%	
	Hypertension-related hospitalization rate (per 100,000)	412.3	338.8	316.6	294.5
	Potentially preventable hospitalization rate (per 100,000)	1,166.2	889.5	853.2	724.6
	Premature cardiovascular disease mortality rate (per 100,000)	19.8	36.7	18.5	16.9
	Major cancer incidence rate (per 100,000)	262.6		242.9	
	Major cancer mortality rate (per 100,000)	64.9		72.8	
	Colorectal cancer screening	68.8%		69.5%	
	Mammography screening	75.9%		77.6%	
	Physical inactivity (leisure time) prevalence	20.1%		18.2%	
Infant & Child Health	Asthma hospitalization rate <18 years (per 100,000 <18)	--	--	3.7	2.4
	Infant mortality rate (per 1,000 live births)	--	--	4.7	4.8
	Percent low birthweight births out of live births	6.6%	4.5%	6.0%	6.5%
	Percent preterm births out of live births	5.4%	5.8%	8.5%	7.9%
Behavioral Health	Adult binge drinking	18.2%		18.6%	
	Adult smoking	17.1%		15.0%	
	Drug overdose mortality rate (per 100,000)	16.9	28.2	20.0	19.6
	Opioid-related hospitalization rate (per 100,000)	--	--	20.6	18.9
	Substance-related hospitalization rate (per 100,000)	257.0	180.7	235.8	193.9
	Poor mental health for 14+ days in past 30 days	13.1%		12.4%	
	Suicide mortality rate (per 100,000)	--	25.4	11.5	9.6
Injuries	Fall-related hospitalization rate (per 100,000)	5,312.7	5,282.3	3,128.6	3,182.5
	Gun-related emergency department utilization (per 100,000)	16.7	11.6	9.0	8.3
	Homicide mortality rate (per 100,000)	--	--	--	--
Access to Care	Adults 19-64 years with Medicaid	8.2%		6.6%	
	Children <19 years with public insurance	21.0%		20.2%	
	Population without insurance	8.2%		5.1%	
	Children <19 years without insurance	10.7%		4.7%	
	Emergency department utilization (per 100,000)	10,207.6	15,445.2	12,930.7	14,072.9
	High emergency department utilization (per 100,000)	101.3	193.6	168.1	185.0
Social & Economic Conditions	Population in poverty	6.9%		6.3%	
	Children <18 years in poverty	10.9%		7.4%	
	Adults 19-64 years unemployed	1.4%		1.8%	
	Householders living alone who are 65+ years	37.5%		35.7%	
	Households receiving SNAP benefits	4.7%		7.7%	
	Households that are housing cost-burdened	12.1%		11.3%	
	Housing with potential lead risk	42.4%		39.0%	
	Vacant housing units	4.7%		4.7%	

* Estimates represent the most recent pre-2020 data available; 2020 estimates are shown if available.

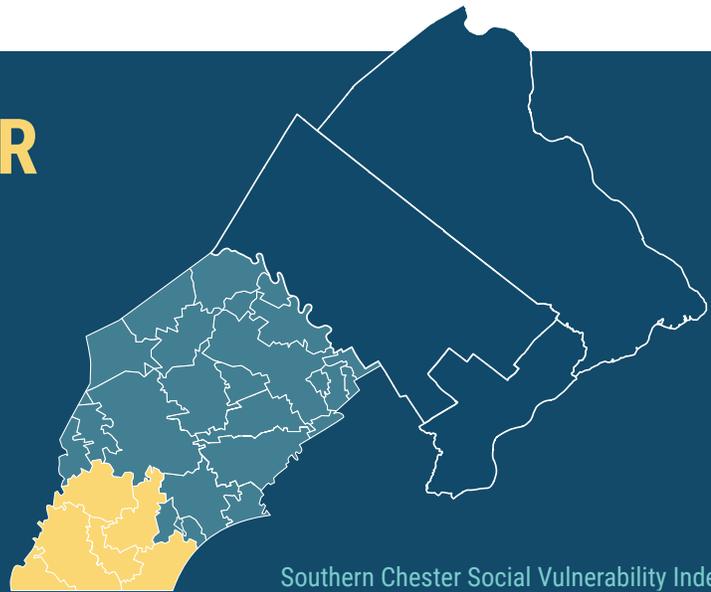
-- Estimates are unavailable or unreliable due to low sample size within a community.

SOUTHERN CHESTER

ZIP CODES: 19330, 19350, 19352, 19362, 19363, 19390

This community is served by:

- Bryn Mawr Rehab Hospital
- Chester County Hospital
- Children’s Hospital of Philadelphia



POPULATION

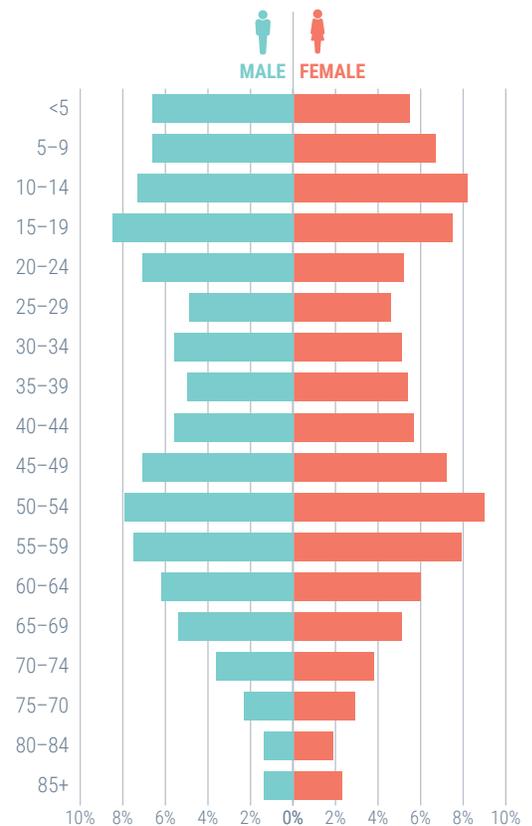
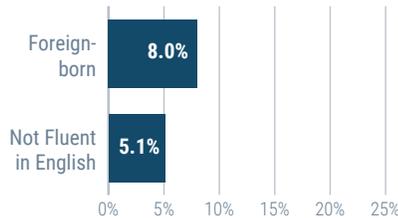
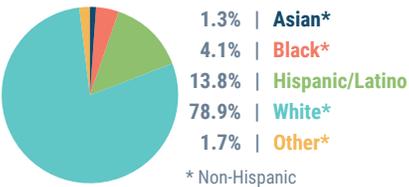


MEDIAN HOUSEHOLD INCOME



AGE DISTRIBUTION

RACE/ETHNICITY/LANGUAGE



LEADING CAUSES OF DEATH

1. Heart disease
2. Cancer
3. COVID-19
4. Chronic lower respiratory diseases
5. Cerebrovascular diseases

EDUCATIONAL ATTAINMENT

High school as highest education level **24.9%**

PEOPLE WITH DISABILITIES **8.7%**

summary health measures

		Southern Chester		Chester County	
		Pre-2020 Estimate*	2020 Estimate*	Pre-2020 Estimate*	2020 Estimate*
General	All-cause mortality rate (per 100,000)	636.4	755.1	755.1	867.8
	Life expectancy: Female (in years)	84.9	84.4	83.8	82.6
	Life expectancy: Male (in years)	80.4	78.1	79.8	78.6
	Years of potential life lost before 75	2,386	2,609	22,739	22,899
COVID-19	COVID-related emergency department utilization (per 100,000)	N/A	232.9	N/A	445.0
	COVID-related hospitalization rate (per 100,000)	N/A	220.7	N/A	274.1
Chronic Disease & Health Behaviors	Adult obesity prevalence	27.7%		25.8%	
	Diabetes prevalence	9.0%		8.4%	
	Diabetes-related hospitalization rate (per 100,000)	56.3	112.7	86.7	96.8
	Hypertension prevalence	29.0%		28.3%	
	Hypertension-related hospitalization rate (per 100,000)	293.8	242.1	316.6	294.5
	Potentially preventable hospitalization rate (per 100,000)	764.2	660.7	853.2	724.6
	Premature cardiovascular disease mortality rate (per 100,000)	15.2	12.2	18.5	16.9
	Major cancer incidence rate (per 100,000)	173.6		242.9	
	Major cancer mortality rate (per 100,000)	57.9		72.8	
	Colorectal cancer screening	66.9%		69.5%	
	Mammography screening	76.3%		77.6%	
	Physical inactivity (leisure time) prevalence	20.8%		18.2%	
Infant & Child Health	Asthma hospitalization rate <18 years (per 100,000 <18)	--	--	3.7	2.4
	Infant mortality rate (per 1,000 live births)	--	--	4.7	4.8
	Percent low birthweight births out of live births	5.8%	7.6%	6.0%	6.5%
	Percent preterm births out of live births	7.0%	6.7%	8.5%	7.9%
Behavioral Health	Adult binge drinking	18.6%		18.6%	
	Adult smoking	17.8%		15.0%	
	Drug overdose mortality rate (per 100,000)	10.7	16.7	20.0	19.6
	Opioid-related hospitalization rate (per 100,000)	9.1	--	20.6	18.9
	Substance-related hospitalization rate (per 100,000)	181.2	120.3	235.8	193.9
	Poor mental health for 14+ days in past 30 days	14.0%		12.4%	
	Suicide mortality rate (per 100,000)	--	--	11.5	9.6
Injuries	Fall-related hospitalization rate (per 100,000)	4,519.6	4,939.5	3,128.6	3,182.5
	Gun-related emergency department utilization (per 100,000)	--	6.8	9.0	8.3
	Homicide mortality rate (per 100,000)	--	--	--	--
Access to Care	Adults 19-64 years with Medicaid	6.9%		6.6%	
	Children <19 years with public insurance	24.5%		20.2%	
	Population without insurance	8.5%		5.1%	
	Children <19 years without insurance	8.9%		4.7%	
	Emergency department utilization (per 100,000)	10,483.5	14,576.9	12,930.7	14,072.9
	High emergency department utilization (per 100,000)	151.9	181.1	168.1	185.0
Social & Economic Conditions	Population in poverty	6.7%		6.3%	
	Children <18 years in poverty	9.2%		7.4%	
	Adults 19-64 years unemployed	2.1%		1.8%	
	Householders living alone who are 65+ years	44.4%		35.7%	
	Households receiving SNAP benefits	4.8%		7.7%	
	Households that are housing cost-burdened	8.7%		11.3%	
	Housing with potential lead risk	22.6%		39.0%	
	Vacant housing units	5.3%		4.7%	

* Estimates represent the most recent pre-2020 data available; 2020 estimates are shown if available.

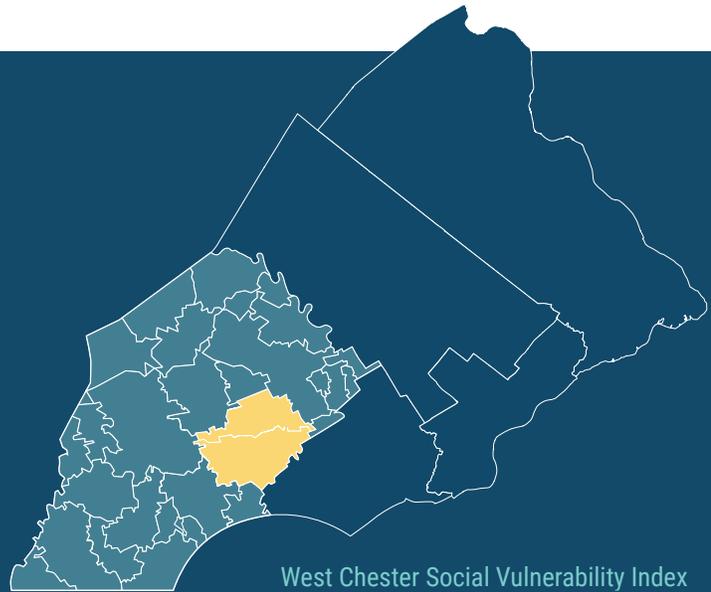
-- Estimates are unavailable or unreliable due to low sample size within a community.

WEST CHESTER

ZIP CODES: 19380, 19382, 19383

This community is served by:

- Bryn Mawr Rehab Hospital
- Chester County Hospital
- Children's Hospital of Philadelphia
- Main Line Health



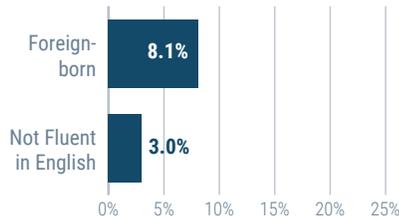
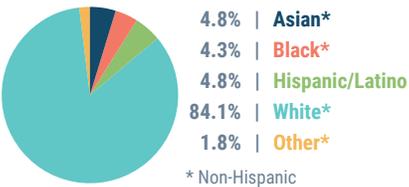
POPULATION



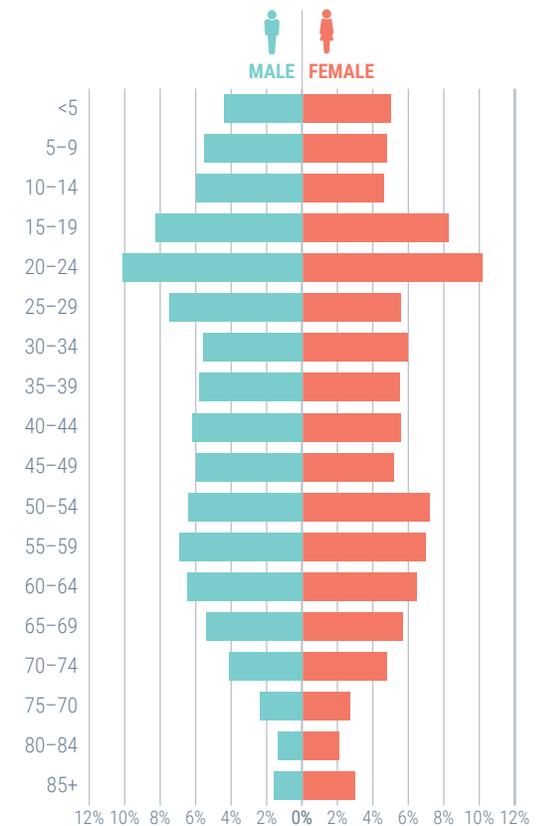
MEDIAN HOUSEHOLD INCOME



RACE/ETHNICITY/LANGUAGE



AGE DISTRIBUTION



LEADING CAUSES OF DEATH

1. Heart disease
2. Cancer
3. COVID-19
4. Cerebrovascular diseases
5. Unintentional injuries (excluding drug overdoses)

EDUCATIONAL ATTAINMENT

High school as highest education level **12.2%**

PEOPLE WITH DISABILITIES **8.1%**

summary health measures

		West Chester		Chester County	
		Pre-2020 Estimate*	2020 Estimate*	Pre-2020 Estimate*	2020 Estimate*
General	All-cause mortality rate (per 100,000)	717.6	884.4	755.1	867.8
	Life expectancy: Female (in years)	85.6	83.6	83.8	82.6
	Life expectancy: Male (in years)	80.4	78.8	79.8	78.6
	Years of potential life lost before 75	3,685	3,871	22,739	22,899
COVID-19	COVID-related emergency department utilization (per 100,000)	N/A	243.8	N/A	445.0
	COVID-related hospitalization rate (per 100,000)	N/A	256.6	N/A	274.1
Chronic Disease & Health Behaviors	Adult obesity prevalence	24.3%		25.8%	
	Diabetes prevalence	7.7%		8.4%	
	Diabetes-related hospitalization rate (per 100,000)	59.6	77.0	86.7	96.8
	Hypertension prevalence	26.8%		28.3%	
	Hypertension-related hospitalization rate (per 100,000)	262.1	287.8	316.6	294.5
	Potentially preventable hospitalization rate (per 100,000)	736.8	685.5	853.2	724.6
	Premature cardiovascular disease mortality rate (per 100,000)	13.7	11.0	18.5	16.9
	Major cancer incidence rate (per 100,000)	230.0		242.9	
	Major cancer mortality rate (per 100,000)	65.1		72.8	
	Colorectal cancer screening	71.2%		69.5%	
	Mammography screening	78.2%		77.6%	
	Physical inactivity (leisure time) prevalence	16.7%		18.2%	
Infant & Child Health	Asthma hospitalization rate <18 years (per 100,000 <18)	--	--	3.7	2.4
	Infant mortality rate (per 1,000 live births)	--	--	4.7	4.8
	Percent low birthweight births out of live births	6.3%	6.4%	6.0%	6.5%
	Percent preterm births out of live births	5.5%	6.1%	8.5%	7.9%
Behavioral Health	Adult binge drinking	19.0%		18.6%	
	Adult smoking	13.6%		15.0%	
	Drug overdose mortality rate (per 100,000)	15.6	18.3	20.0	19.6
	Opioid-related hospitalization rate (per 100,000)	6.4	13.7	20.6	18.9
	Substance-related hospitalization rate (per 100,000)	189.7	164.0	235.8	193.9
	Poor mental health for 14+ days in past 30 days	12.4%		12.4%	
	Suicide mortality rate (per 100,000)	11.9	7.3	11.5	9.6
Injuries	Fall-related hospitalization rate (per 100,000)	8,944.9	8,931.0	3,128.6	3,182.5
	Gun-related emergency department utilization (per 100,000)	1.8	2.0	9.0	8.3
	Homicide mortality rate (per 100,000)	--	--	--	--
Access to Care	Adults 19-64 years with Medicaid	4.9%		6.6%	
	Children <19 years with public insurance	15.3%		20.2%	
	Population without insurance	3.3%		5.1%	
	Children <19 years without insurance	2.3%		4.7%	
	Emergency department utilization (per 100,000)	11,184.2	8,768.4	12,930.7	14,072.9
	High emergency department utilization (per 100,000)	134.1	134.4	168.1	185.0
Social & Economic Conditions	Population in poverty	8.1%		6.3%	
	Children <18 years in poverty	4.1%		7.4%	
	Adults 19-64 years unemployed	1.8%		1.8%	
	Householders living alone who are 65+ years	31.1%		35.7%	
	Households receiving SNAP benefits	2.6%		7.7%	
	Households that are housing cost-burdened	17.2%		11.3%	
	Housing with potential lead risk	33.3%		39.0%	
	Vacant housing units	4.3%		4.7%	

* Estimates represent the most recent pre-2020 data available; 2020 estimates are shown if available.
 -- Estimates are unavailable or unreliable due to low sample size within a community.