



# Planning For A Healthier Future

Delaware County Health Department  
Community Health Assessment



DELAWARE COUNTY HEALTH DEPARTMENT

**March 2024**



## Vision

All members of the Delaware County community have access to the resources that provide the opportunity to lead a healthy and productive life.

## Mission

The Delaware County Health Department strives to promote, protect and assure conditions for optimal health for all residents of Delaware County through leadership, prevention, response, and partnership with the community.

## Values

Equity - Collaboration - Leadership - Accountability - Innovation - Stewardship

## Team



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*Promoting and Protecting the Health of Delaware County*

**Melissa C. Lyon, MPH, CPH**

*Director*

**Lora Siegmann Werner, MPH**

*Deputy Director*

Dear Residents, Partners, and Elected Officials,

I am pleased to share with you the Delaware County Community Health Assessment 2024-2028 (CHA). This is the first CHA report conducted by the Delaware County Health Department (DCHD) with its community partners. This milestone was accomplished with the expertise of staff, consultants, community members and partners.

The purpose of this assessment is to deepen our collective understanding of community health needs, strengths, and priorities, and identify opportunities that will most equitably improve the health and wellbeing of our residents.

Our goal is for stakeholders to utilize the CHA findings to guide our shared work and collective efforts to prioritize community health and wellness and create opportunities for every resident to lead a healthy and productive life. Formal goals, objectives, and health improvement strategies are established through the development of a Community Health Improvement Plan (CHIP). The CHIP is then implemented and evaluated in conjunction with partners to demonstrate the collective impact of working together to achieve agreed upon goals.

To assess and prioritize the greatest health needs of the communities we serve, DCHD engaged nearly 5,000 residents through surveys, guided conversations and focus groups. The findings represent the voices of the residents, community partners, advocates, organizers, leaders, and stakeholders who promote and empower our community health priorities and are complemented by the population health data we collect and monitor.

We invite you to explore the detailed, interactive survey results and content on our CHA webpage: <https://delaware-county-pa.civilspace.io/en/projects/delaware-county-health-department-community-health-assessment-cha>

I am pleased to highlight the community health priority areas selected through this process which include:

- 1) Promote Whole Person Care, Prevent Mental Health and Substance Use Disorders
- 2) Promote Maternal, Parental and Infant Health
- 3) Prevent Chronic Diseases

The overarching themes which will be interwoven and used as a lens for the multi-sector work include promoting health equity and improving access to and awareness of health care and community services. Our efforts to achieve health equity by addressing the underlying social and

structural determinants of health will require sustained action and commitment across sectors, partners, and levels.

It is our hope that the CHA is a valuable resource for stakeholders, partners, and community members and that it is used to better understand the current health status and residents' lived experiences, create initiatives and programs that are data-driven and will have the greatest impact on our population's health.

The DCHD is committed to making the CHA a living document where additional data reviews and analysis will be considered based upon recommendations from community partners and residents. We hope that you appreciate the process, document, and the vision for which it sets forth for Delaware County.

In partnership,

A handwritten signature in blue ink, appearing to read 'M. Lyon', with a stylized, cursive script.

Melissa C. Lyon, MPH, CPH  
Director

# Acknowledgements

The Delaware County Health Department wishes to acknowledge and express gratitude for the following individuals and entities for their support and contributions of expertise, data, information, and community connections to the Community Health Assessment.

The **residents of Delaware County** who provided feedback and guidance through surveys, focus groups, and community conversations.

## **Community Health Assessment Steering Committee**

Dave Burman, Haverford Township  
Rosetta Carter, Chester City  
Joanne Craig, The Foundation for Delaware County  
Lisa Dennis, Chester Chaplains Corp  
Maria Edelberg, Delaware County Intermediate Unit  
Ann Ferguson, AIDS Care Group  
Lauren Footman, Delaware County Diversity, Equity, and Inclusion Office  
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Katie Herschede, Widener University  
Katie Kenyon, The Foundation for Delaware County  
Ayana King, Chester City  
Danielle Koerner, Delaware County Department of Emergency Services  
Anne Krouse, Widener University  
Jeffrey Lange, Delaware County Office of the Medical Examiner  
Komeh Lansana, Delaware County Planning Department  
Jennifer Neidl, Delaware County Diversity, Equity, and Inclusion Office  
Ron Powers, Family & Community Service of Delaware County  
Livia Smith, Delta Sigma Theta Chester Alumnae  
Eric Strauss, AIDS Care Group  
Amber Weeks, Delaware County Office of the Medical Examiner

**Community organizations** who participated in meetings, disseminated survey information, hosted focus groups, donated space for meetings, provided data and linkages to community members.

## **DCHD Community Health Assessment Team (CHAT)**

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With the support and guidance of the CHA Steering Committee, the Community Health Assessment Team (CHAT) was responsible for developing and implementing CHA plans and the writing of the CHA reports. The DCHD Office of Epidemiology was the lead for compiling and summarizing survey data, as well as secondary data from local, state, and national resources.

The Delaware County Health Department's first Community Health Assessment (CHA) was made possible through the vision, guidance, and participation of DCHD leadership, and the outstanding coordination provided by Agett Aggregate LLC, Public Health Consulting Services. DCHD is also grateful to our staff that arduously collaborated with us on this project, including organizing outreach and marketing efforts, community conversations, focus groups, data collection and analysis. Many thanks to the Delaware County Mapping and Innovation Team for developing maps for this report, and to the Delaware County Information Technology Team for their technological assistance in hosting web-based community meetings.

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## Executive Summary

The purpose of Delaware County's first Community Health Assessment is to understand which specific health conditions affect length and quality of life of Delaware County residents, to identify which specific population groups are disproportionately affected by poor health, identify priority areas, and to set forth a community action plan to address these concerns in partnership with community groups and organizations across Delaware County.

From December 2022 through March 2024, the Delaware County Health Department (DCHD) and its community partners gathered qualitative and quantitative data to identify the County's health needs. Qualitative community input was collected through focus groups and community conversations, and quantitative data through the implementation of a community-wide community health survey and conducting a comprehensive review of local, state, and national health data sources. Data were compiled and collected into four reports: the Community Context Assessment, the Community Partner Assessment, the Community Status Assessment, and a Community Health Assessment report which pulls together key points from each of the three other reports.

The Delaware County Health Department (DCHD) and its Steering Committee selected areas to focus health improvement strategies for 2024-2028 through the Community Health Assessment (CHA) process. DCHD staff and Steering Committee members reviewed findings from the CHA efforts, including community conversations, focus groups, partner input, and health data. The priority areas selected include, in order:

- 1) Promote Whole Person Care and Prevent Mental Health and Substance Use Disorders
- 2) Promote Maternal, Parental, and Infant Health
- 3) Prevent Chronic Diseases

Two overarching themes will guide the DCHD and its community partners as they set goals and objectives in the three areas. These are:

- 1) Promote Health Equity
- 2) Improve Access to and Awareness of Health Care and Community Services

Nearly 5,000 Delaware County community members participated in the CHA input sessions: 67 people participated in focus groups, 136 joined community conversations about health, and 4,728 people completed the community health survey. Over 60 community organizations participated in the process.

The following are key health data trends observed throughout the assessment that provided support for selecting each of the three priority areas for the 2024-2028 Delaware County Community Health Assessment.

## Promote Whole Person Care and Prevent Mental Health and Substance Use Disorders

- Ideas to address **mental health and substance use disorders were among the top three strategies** to improve the County's health at 4 out of 5 Community Conversations.
- **Young adults are struggling with poor mental health.** Community Health Survey respondents ages 25-34 years had the lowest average mental health score, and the lowest "Connection with others" score among all age groups.
- **Lack of access to mental health** was more apparent than access to medical or dental care in the Community Health Survey. Trainer, Darby, and the City of Chester reported consistent challenges in access to health care.
- While alcohol and cigarette use have declined among youth, **use of marijuana and vaping nicotine have dramatically increased.**
- Rates of **drug induced deaths for White Delaware County residents** were significantly higher than **White people in Pennsylvania.**
- Maps of 911 response and NARCAN® administrations in Delaware County show that **more calls are made in the Upper Darby/Millbourne and Chester City areas.**

## Promote Maternal, Parental, and Infant Health

- Higher percent of births **with no prenatal care** than PA; Black, Hispanic, Multi-race less likely to access care.
- Higher rates of **very low birthweight and very preterm** deliveries than PA and region.
- Higher rates of **Neonatal Abstinence Syndrome (NAS) and Maternal Opioid Use** in Delaware County than PA and region (including Philadelphia).
- **Inconsistent breastfeeding rates** across Delaware County delivery hospitals.
- **Severe Maternal Morbidity** lower than PA and Philadelphia, but higher than other counties in region.
- **Maternal Mortality** rate higher than PA, but lower than US.
- Higher rate of **Infant Mortality** than PA; significant disparities present for Black infants.

## Prevent Chronic Diseases

- Chronic Diseases account for **six of the ten leading causes of death** in Delaware County.
- Delaware County experiences a **significantly higher rate of cerebrovascular disease (stroke) mortality** when compared to Pennsylvania.
- Age-adjusted **incidence and mortality of breast cancer and corpus and uterus cancer is higher** in Delaware County when compared to PA.
- **Black women** in Delaware County experience a **higher rate of late-stage Breast Cancer and death** when compared to White women in the County.
- **Breast cancer screening rates (mammography) are lower among Asian and Black females** than White and Hispanic women.

Overarching themes were selected in alignment with recent trends in public health across the nation, and as a result of community input that was shared throughout the Community Health Assessment process.

### Promote Health Equity

Delaware County is a community of “haves” and “have nots.” It is one of the wealthiest counties in Pennsylvania, and its health outcomes are not startling when examined overall. However, a deeper look into the community, and into the data reveals that while many people are thriving economically and health-wise, many others are not. Disparities exist among racial and ethnic groups, across economic brackets, among geographic areas, and in different social and identity contexts. To improve the health and quality of life in Delaware County, it is important to recognize who has been left behind and help to lift up those communities.

### Improve Access to and Awareness of Health Care and Community Services

Throughout the CHA process, community members consistently shared that they were not sure what services are available, or how to find them. This was true for mental health, medical, and community services. Community partners shared that despite there being many great organizations and services available in the community, that the services are often fragmented, and the County lacks a comprehensive awareness of “who is doing what.” It became clear from the beginning that improving access to and awareness of health care and community services would need to be an action to take up for the CHA/CHIP, and that it crosscuts all the priority areas selected.

### Next Steps

The findings from the Delaware County CHA 2024-2028 will be used by DCHD and its partners to develop a Community Health Improvement Plan (CHIP)- a blueprint for community change that will outline goals, objectives, and community health improvement strategies. These strategies will lead to improved health outcomes. CHA partners and steering committee members will play a pivotal role in the implementation of feasible activities intended to address the identified needs of Delaware County individuals and families.

As the CHIP is developed, or throughout the course of the 5-year improvement period, the need for additional information may be identified. The CHA and the CHIP are intended to be “living documents” that may be modified over time by DCHD and its partners through supplemental addendums.

# Community Health Assessment

## Purpose

The Delaware County Health Department (DCHD) was established in January 2022, and is one of only eleven county-municipal health departments in the State of Pennsylvania. Prior to the inception of DCHD, Delaware County’s public health services were provided by the Pennsylvania Department of Health (PADOH) with local assistance from the Delaware County Office of Intercommunity Health, and environmental health services provided through municipalities. As a new local health department looking to deliver essential public health services, it was important for DCHD to first understand the county’s needs, strengths, and assets.

The purpose of Delaware County’s first Community Health Assessment is to understand which specific health conditions affect length and quality of life of Delaware County residents, to identify which specific population groups that are disproportionately affected by poor health and why, identify priority areas, and to set forth a community action plan to address these concerns in partnership with community groups organizations across Delaware County.

### ***Community Health Assessment Values***

Partnership

Inclusivity

Diversity

Disparity

Actionable, Hyper-local Data

The CHA process is driven by communities and stakeholders. With the identification of health and human service community needs, DCHD and its partners prioritized health issues that can be addressed through strategies intended to improve health and quality of life in Delaware County. The next step is the development of a shared Community Health Improvement Plan (CHIP). The CHIP will help partners, stakeholders, and families to navigate strategies and activities deemed feasible to address and improve identified health concerns or issues.

## Introduction

The Delaware County Health Department and its Steering Committee Members selected areas to focus health improvement strategies for 2024-2028 as a part of the Community Health Assessment (CHA) Process. CHA Steering Committee members and DCHD staff selected priority areas based on findings from community input sessions, results of the community health survey, and health data, in combination with input from community partners and professional experiences.

The priority areas selected include, in order:

- 1) Promote Whole Person Care and Prevent Mental Health and Substance Use Disorders
- 2) Promote Maternal, Parental, and Infant Health
- 3) Prevent Chronic Diseases

Two overarching themes will guide the DCHD and its community partners as they set goals and objectives in the three areas. These are:

- 1) Promote Health Equity
- 2) Improve Access to and Awareness of Health Care and Community Services

Nearly 5,000 Delco community members participated in the CHA input sessions: 67 people participated in focus groups, 136 joined community conversations about health, and 4,728 people completed the community health survey. Over 60 community organizations participated in the process.



## Methods

The Delaware County Health Department employed the Mobilizing Action for Planning and Partnerships (MAPP) 2.0 framework to guide the community health assessment process. The MAPP process, first developed by the National Association of County and City Health Officials (NACCHO) in 2001, is a nationally recognized framework for community health improvement. MAPP 2.0 is the updated version of the guidance which reflects the need to address health equity as a key focus and enhanced community engagement in the CHA process.<sup>1</sup> Finalized guidance was not available until Summer 2023, however, preliminary guidance issued in November 2022 was used throughout the planning process.

## Committees

Two committees were established to guide the CHA process. These included an internal assessment design team, called the Community Health Assessment Team (CHAT), and a guiding team of community partners to provide oversight, the Steering Committee. The CHAT included representatives from each DCHD division and unit, as well as the Delaware County Mapping and Innovation Department, which developed informative maps for the CHA. The Steering Committee included representatives from a broad range of Delaware County and community-based organizations who serve different sectors of the community. Refer to the Acknowledgements section of this document to review a list of committee members who served on the CHAT and Steering Committee.

Following MAPP 2.0 guidance, three assessments were completed: the Community Partner Assessment, the Community Context Assessment, and the Community Status Assessment.

## Community Partner Assessment

DCHD's goal for the Community Partner Assessment (CPA) was to expand their knowledge about the types of organizations and collaborations that are present in the community, understand the roles that they fill, and identify who they serve. The CPA also served as an opportunity for DCHD to educate partners about Public Health, the new local health department, health equity, and the principles of community health improvement.

These tasks were completed by:

- Collaborating with the Steering Committee to identify community partners.
- Holding two Partner Learning Sessions, one in-person and one virtual, to orient partners to the CHA and CHIP process.
- Issuing a survey to community partners, which inquired about the populations served by organizations, their interest in the CHA process, ability to assist with CHA activities, their approach to health equity and diversity, equity, and inclusion (DEI), as well as access to existing community and health data.

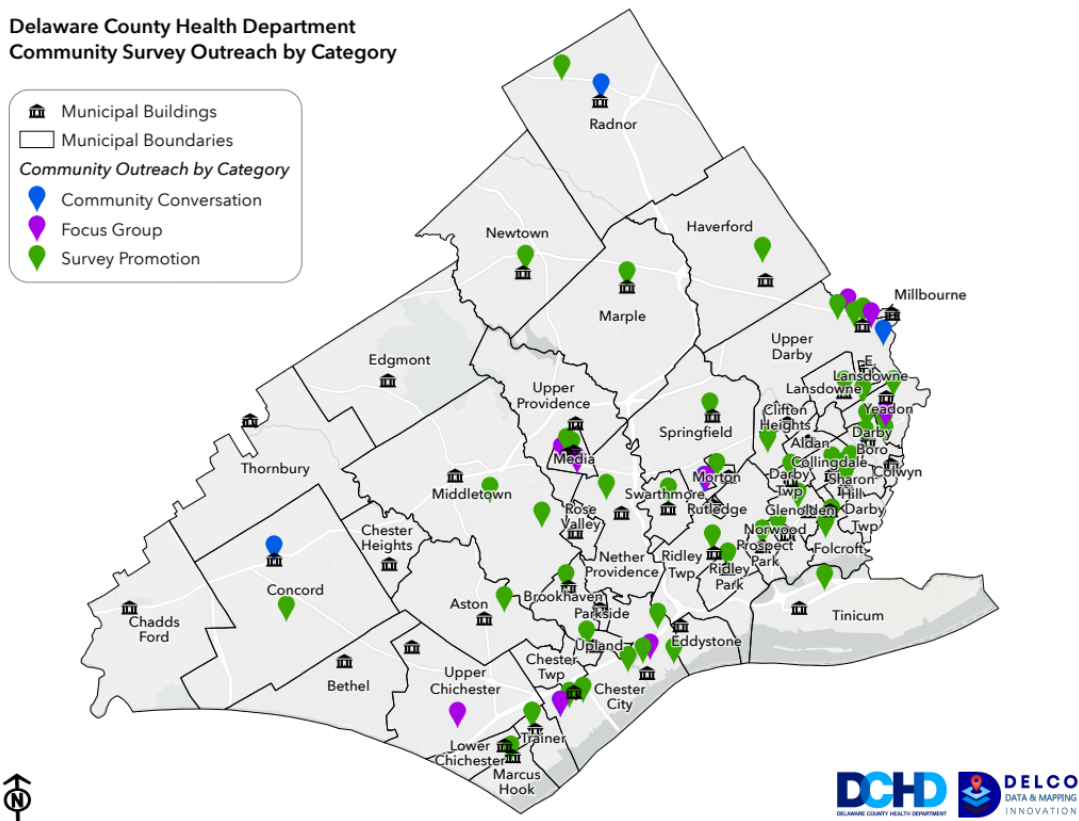
CHA findings were shared with community partners who participated in the CPA in November 2023. Additional notes on methods and findings are available in the Community Partner Assessment. It is important to note that not all community organizations participated in the process, and that additional resources exist in the community that have not yet been accessed for the CHA process. DCHD is hopeful to expand their reach into the community and develop relationships with more partners in the future.

### Community Context Assessment

The purpose of the Community Context Assessment (CCA) was to gather insight from communities with lived experiences to inform the Community Health Assessment. In the CCA, qualitative data was collected to understand the strengths and assets, built environment, and opportunities to improve health and social systems in communities. This was achieved by holding Community Conversations, broad large group conversations open to all community members, and Focus Groups, small group sessions held with traditionally hard to reach or vulnerable populations. Community outreach efforts are visualized in Map 1.

Five Community Conversations were held from July 19 to August 17, reaching 136 participants. Five municipalities were identified to reflect the diverse demographics and geographic characteristics across Delaware County: Morton, Upper Darby, Chester, Concord, and Radnor.

**Map 1. DCHD Community Outreach for the CHA**



Ten Focus Groups were held with populations of interest from June 21 to October 25, gathering insights from 67 community members who might not otherwise be interested in or able to join a Community Conversation. CHAT reviewed disparities in health and demographic data to identify populations of interest for the Focus Groups. CHAT reached out to trusted community organizations serving these populations to assemble focus groups.

More details about methods and findings are available in the Community Context Assessment report.

## Community Status Assessment

The Community Status Assessment (CSA) is the quantitative data component of the CHA. Its purpose is to study and identify prominent health and community issues in Delaware County, including health inequities, behaviors, and social determinants of health.

The comprehensive report includes:

- **Community Profile:** A review of national and state data sources to compile information about the people of Delaware County, including population counts, demographics, and social characteristics.
- **Health Profile:** A review of national, state, and local health data sources in each of the Priority Areas considered by CHAT and the Steering Committee.
- **Community Health Survey:** The Community Health Survey (CHS) collected demographic, social, and health information from adults who live, work, go to school/college or receive services in Delaware County, PA from May through September 2023. Diverse

groups and stakeholders assisted in the design and implementation of a marketing and outreach campaign for the survey. DCHD staff reached out to health providers, social agencies, universities, elected government officials, and social and printed media sources favored by residents. Weekly monitoring of CHS responses helped to identify areas and groups of people with lower response rates. Outreach activities were implemented to address these gaps, especially in areas with significant populations experiencing inequities. A total of 4,728 survey responses were collected. Most respondents self-identified as Female (74%), White/Caucasian (81%), and having a bachelor's degree or higher (69%).





## Selection of Priorities

CHA findings were summarized and presented to community partners during a virtual meeting on November 13, 2023. At a joint CHAT and Steering Committee meeting on November 15, 2023, member and DCHD staff voted to select priority areas based on findings from community input sessions, results of the community health survey, and health data, in combination with input from community partners and professional experiences.

## Limitations

Disparities among intentionally, historically, and systematically disinvested populations have existed for decades in all life cycles, from birth with significantly higher infant mortality rates to adulthood with highest rates of death from leading chronic diseases. In 2018, racial and ethnic health disparities cost the U.S. economy \$451 billion (about 2% of the U.S. Gross Domestic Product), a 41% increase from the previous estimate of \$320 billion in 2014.<sup>2</sup> National or local statistics could not possibly measure or describe disparities' nature and extent of pain and sorrow experienced by individuals and families in communities. These challenges also bring about opportunities for hope and change.

The survey sampling methodology also presents limitations to the CHA process. The Community Health Survey was designed as a convenience survey, combined with the snowballing method to expand reach into additional communities. These methods are common among local health departments completing CHAs, however, do not result in statistically representative samples. Other sampling methods could be used in the future to collect a representative sample for this survey, or for the completion of a Behavioral Risk Factor Surveillance System survey. The CDC Community Assessment for Public Health Emergency Response (CASPER),<sup>3</sup> and EPI cluster sampling technique, also know as "30 x 7" sample, developed by the World Health Organization,<sup>4</sup> are examples sampling methodologies with potential to reach a higher number of individuals from underrepresented groups.

## Community Profile

Delaware County, also known as Delco, is a county situated in the southeastern region of Pennsylvania. It is the fifth-most populous of Pennsylvania’s 67 counties, with 576,842 residents in 2020, and the third smallest in terms of land area, encompassing roughly 184 square miles.<sup>5</sup> With its relatively small size, and large population, Delaware County has the second highest population density (number of people per square mile) in Pennsylvania.<sup>7</sup>

Delaware County was established in 1789 from a portion of Chester County and named after the Delaware River, which forms its eastern border. The county seat is Media, a borough known for its historic courthouse and vibrant arts scene.<sup>7</sup> The County consists of 49 municipalities, including the City of Chester, 27 boroughs, and 21 townships.<sup>5</sup>

Delaware County (Map 2) is bordered to the northeast by Philadelphia, the sixth most populous city in the United States. It is bordered to the west by Chester County, PA, southeast by Gloucester County, NJ, the south by New Castle County, DE, and north by Montgomery County, PA. Delaware County is incorporated into the Philadelphia–Camden–Wilmington, PA–NJ–DE–MD metropolitan statistical area, often referred to as the Delaware Valley.<sup>8</sup>

**Map 2. Delaware County, Pennsylvania**



Source: Delaware County Data and Mapping Innovation,<sup>9</sup> 2023

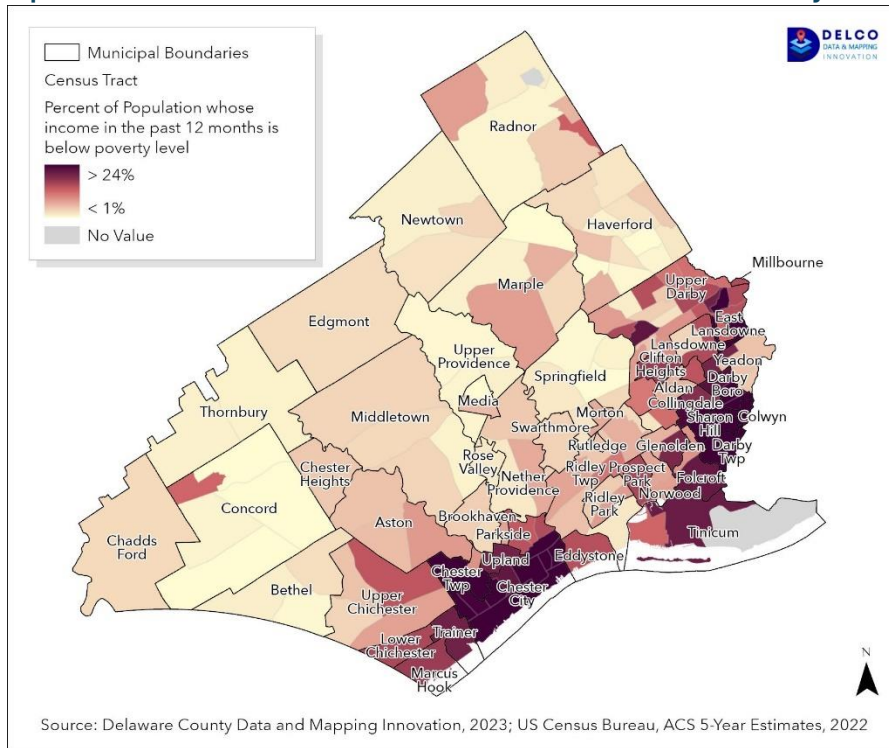
When compared to Pennsylvania, Delaware County experiences:

- A slightly higher percentage of females than males.<sup>10</sup>
- Higher percentages of persons under 5 and 18 years of age, and lower percentages of persons 65 years of age and above.<sup>10</sup>
- More racial and ethnic diversity, with higher rates of Black or African American (23.7%), and Asian (6.7%) populations, and lower rates of White alone, not Hispanic or LatinX (63.7%), and 4.7% Hispanic or LatinX populations.<sup>10</sup>
- A higher percentage of foreign-born people (Delaware County: 10.8%; PA: 7.13%; US: 13.6%).<sup>10</sup>
- A higher 2017-2021 median household income (Delaware County: \$80,398; PA: \$67,587; US: \$69,021).<sup>10</sup>
- A higher median value of owner-occupied housing units (Delaware County: \$257,100; PA: \$197,300; US: \$244,900) and gross rent (Delaware County: \$1,166; PA: \$1,013; US: \$1,163).<sup>10</sup>
- A higher percentage of persons aged 25 years and older who were high school graduates and or had a bachelor's degree or higher.<sup>10</sup>
- More households with a computer and access to the internet.
- Longer travel times to work.<sup>10</sup>

With the fourth highest median household income, Delaware County is one of the wealthiest counties in Pennsylvania.<sup>5</sup> However, wealth is not evenly distributed across municipalities, and even in some of the wealthiest areas of the county, pockets of poverty exist. According to County Health Rankings & Roadmaps, households in Delaware County with higher incomes had income 5.0 times that of households with lower incomes, compared to 4.8 in PA, and 4.9 in the US.<sup>11</sup> Five-year American Community Survey 2022 data (Map 3) show that poverty is more common in municipalities on the County's southern and southeastern borders.<sup>5</sup> These areas are also characterized by higher percentages of Black or African American and Hispanic or LatinX residents. Maps 4-7 show parallel geographic trends poverty and racial and ethnic populations

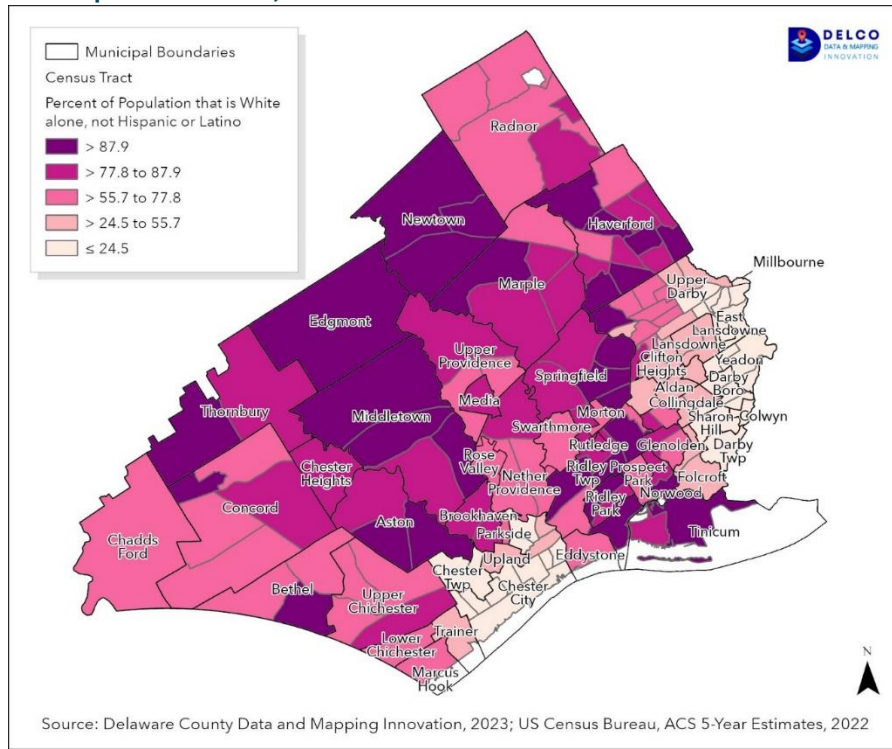
Poverty affects access to food, shelter, health care, education, and transportation. Extreme poverty resulting in food insecurity, especially depriving infants of needed proteins and calories, can result in serious physical and mental/behavioral health complications.<sup>12</sup> Poverty and low-income status have been linked to shorter life expectancy (or premature death), higher infant mortality rates, and higher death rates.<sup>13,14</sup> Poverty affects one's environment. For example, good health depends on where one lives, works, enjoys open spaces, has access to services (including health care), enjoys culture, and their access to communities that promote healthy social interactions.<sup>13</sup>

**Map 3. Percent of Population whose Income in the Past 12 Months is Below the Poverty Level, 2017-2021**



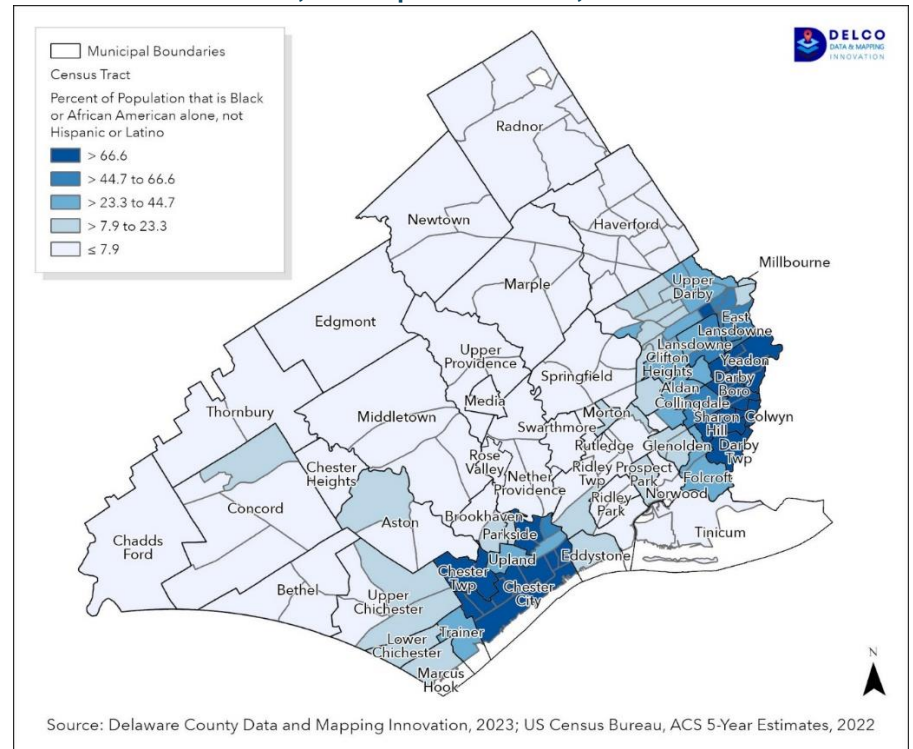
Source: Delaware County Data and Mapping Innovation, 2023;<sup>9</sup> US Census Bureau, ACS 5-Year Estimates, 2022<sup>5</sup>

**Map 4. Delaware County, PA Percent of Population that is White Alone, not Hispanic or Latino, 2017-2021**



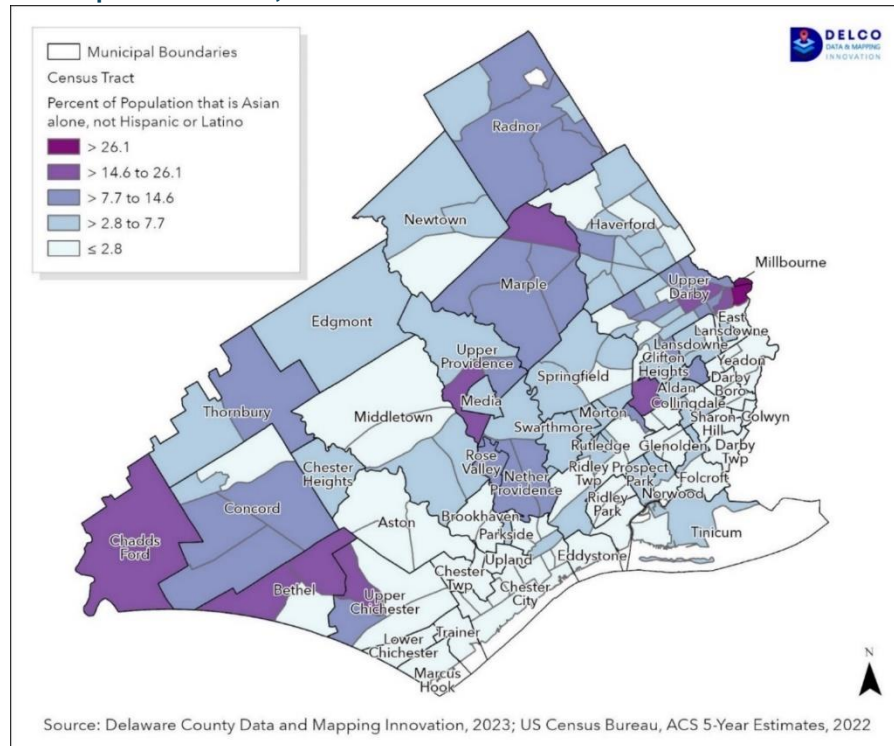
Source: Delaware County Data and Mapping Innovation,<sup>9</sup> 2023; US Census Bureau, ACS 5-Year Estimates, 2022<sup>5</sup>

**Map 5. Delaware County, PA Percent of Population that is Black or African American Alone, not Hispanic or Latino, 2017-2021**



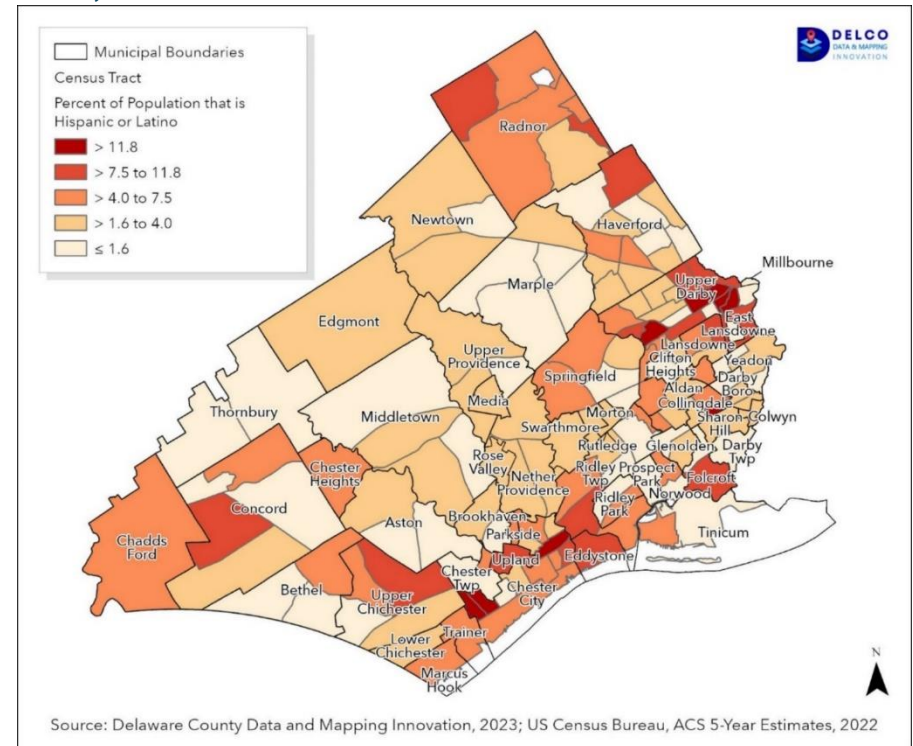
Source: Delaware County Data and Mapping Innovation, 2023;<sup>9</sup> US Census Bureau, ACS 5-Year Estimates, 2022<sup>5</sup>

**Map 6. Delaware County, PA Percent of Population that is Asian Alone, not Hispanic or Latino, 2017-2021**



Source: Delaware County Data and Mapping Innovation,<sup>9</sup> 2023; US Census Bureau, ACS 5-Year Estimates, 2022<sup>5</sup>

**Map 7. Delaware County, PA Percent of Population that is Hispanic or Latino, 2017-2021**



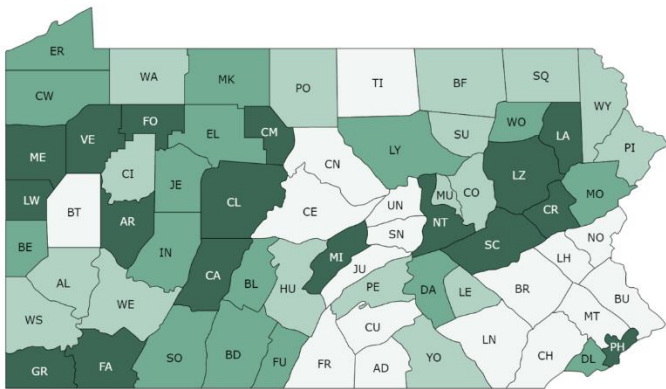
Source: Delaware County Data and Mapping Innovation,<sup>9</sup> 2023; US Census Bureau, ACS 5-Year Estimates, 2022<sup>5</sup>

## Health Profile

County Health Rankings & Roadmaps, an initiative led by the University of Wisconsin Population Health Institute, ranks the health of nearly every county across the fifty U.S. states each year. The measures used offer insight into community conditions that contribute to good health. The *Health Outcomes* ranking considers physical and mental health experiences and the average length of life in counties; its intention is to measure the current state of health. The *Health Factors* ranking includes modifiable conditions that can be addressed in a county to improve length and quality of life; these rankings predict how healthy counties will be in the future.<sup>11</sup>

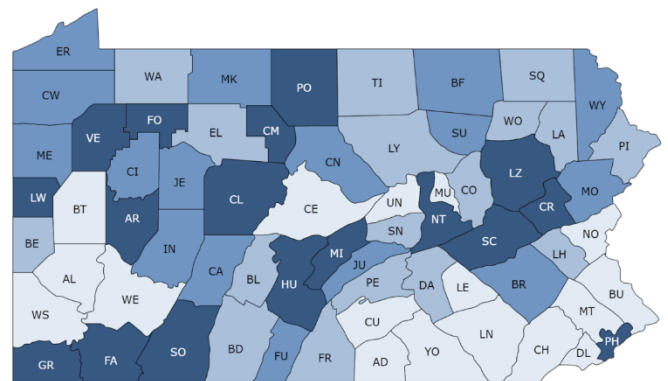
Maps 8 and 9 demonstrate how the 67 counties across Pennsylvania ranked for the two measures in 2023; darker colors indicate lower, or poorer, rankings. While Delaware County's *Health Outcomes* (Map 8) were ranked 37<sup>th</sup>- low to average, its *Health Factors* (Map 9) were ranked 11<sup>th</sup>- among the healthiest counties in Pennsylvania. This means that Delaware County, as a whole, can expect better length and quality of life in the future. A closer look at the rankings data, however, reveals that health disparities are present in Delaware County.<sup>11</sup>

**Map 8. 2023 Health Outcomes- Pennsylvania**



Health Outcome Ranks 1 to 17 18 to 34 35 to 50 51 to 67

**Map 9. 2023 Health Factors- Pennsylvania**



Health Factor Ranks 1 to 17 18 to 34 35 to 50 51 to 67

Source: County Health Rankings, 2023<sup>11</sup>

Source: County Health Rankings, 2023<sup>11</sup>

Table 1 outlines data from the 2023 County Health Rankings available by race and ethnicity.

Premature deaths are deaths that occur before age 75. The years of potential life lost (before age 75) rate for the Black population was 11,188 per 100,000, 1.63 times higher than the same rate for the White population. Asian residents experienced the lowest premature death rate, followed by Hispanic residents. Preventable hospitalizations among Medicare enrollees were highest for Black residents.<sup>11</sup>

Low birthweight was most common among Black babies, but Asian babies also had a higher rate than both White and Hispanic babies. Teen birth rates were highest for White then Black females

ages 15-19. Black, Hispanic, and American Indian or Alaska Native residents saw the highest rates of children in poverty.<sup>11</sup>

Injury death rates were highest for White residents, followed by Black residents. Injury deaths include suicide, homicide, drug overdoses, and poisoning, as well as traditional accidental deaths. Black and Hispanic residents were least likely to be vaccinated against the flu, and Asian and Black women were the least likely to have had a mammography for breast cancer screening.<sup>11</sup>

**Table 1. County Health Rankings Ranked Measure Disparity Data, Delaware County, PA, 2023**

Indicator	Race/Ethnicity				
	American Indian or Alaska Native	Asian	Black	Hispanic	White
Premature Death: Years of Potential Life Lost (YPLL) Rate per 100,000	s	2,733	<b>11,188</b>	6,549	6,846
Preventable Hospitalization Rate per 100,000 Medicare enrollees	s	2,455	<b>5,002</b>	3,834	2,642
Low Birthweight (%)	s	<b>10</b>	<b>13</b>	7	7
Teen Birth Rate per 1,000 females ages 15-19	s	s	23	4	<b>27</b>
Mammography Screening (%)	s	<b>24</b>	<b>31</b>	34	38
Flu Vaccination (%)	s	59	<b>44</b>	<b>49</b>	63
Children in Poverty (%)	<b>22</b>	11	<b>28</b>	<b>22</b>	5
Injury Death Rate per 100,000	s	19	<b>83</b>	62	<b>97</b>

Source: County Health Rankings<sup>11</sup>

s= data suppressed due to low number of events in the numerator

These indicators demonstrate that the opportunity to live a healthy life varies for people of different races and ethnicities across Delaware County. From the beginning of life, experiencing birthweights that are lower than ideal, to premature death, Black residents disproportionately face poorer health outcomes than most Asian, Hispanic, and White residents.

Of the ranked data sub-categories included in the County Health Rankings, Delaware County was ranked most favorably for *Health Behaviors* category (4 out of 67) and ranked worst in *Physical Environment* category (65 out of 67). *Health Behaviors* looks at rates of adult smoking, adult obesity, food environment index, physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections. Apart from sexually transmitted infections and alcohol-impaired driving deaths, Delaware County fared better than or equal to Pennsylvania. *Physical Environment* looked at air pollution (particulate matter), drinking water violations, severe housing problems, driving alone to work, and long commute. Elevated particulate matter density in 2019 was a notable driver for the poor rank in the *Physical Environment* category, however, each of the data points in this area fared worse in Delaware County except for driving alone to work.<sup>11</sup>



## Health Priorities for 2024-2028

Based on findings from the Community Health Assessment process, the Delaware County Health Department and its Steering Committee Members selected priority areas to focus on for health improvement strategies in 2024-2028.

The priority areas selected include, in order:

- 4) Promote Whole Person Care and Prevent Mental Health and Substance Use Disorders
- 5) Promote Maternal, Parental, and Infant Health
- 6) Prevent Chronic Diseases

Two overarching themes will guide the DCHD and its community partners as they set goals and objectives in the three areas. These are:

- 3) Promote Health Equity
- 4) Improve Access to and Awareness of Health Care and Community Services

### Priority Health Issue 1:

## Promote Whole Person Care and Prevent Mental Health and Substance Use Disorders

Mental health includes a person's emotional, psychological, and social well-being, and is important at every stage of life (from childhood and adolescence through adulthood). Affecting how individuals think, feel, and act, mental health impacts how persons handle stress, relate to others, and make healthy choices. Mental illnesses (more than 1 in 5 US adults living with a mental illness) are among the most common health conditions in the United States.<sup>15</sup> Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health issues, disability, and failure to meet major duties at work, school, or home. Mental health and substance use disorders are often linked, and when someone is experiencing both conditions simultaneously, this is referred to as co-occurring disorders.<sup>15</sup>

Even before the COVID-19 pandemic, mental health and substance use were concerns in the United States. However, the pandemic significantly exacerbated these issues. Social distancing measures, lockdowns, and fear of the virus itself led to increased feelings of isolation, loneliness, and anxiety.<sup>16</sup> Financial strain due to job loss and economic instability further compounded these problems.<sup>16</sup> Studies have shown a rise in symptoms of depression and anxiety, with a significant portion of the population reporting substance use as a coping mechanism.<sup>17, 18</sup> In 2021, the CDC's Youth Risk Behavior Survey found that 42% of U.S. students felt persistently sad or hopeless, 29% experienced poor mental health, 22% had considered attempting suicide, and 10% attempted suicide. These feelings were disproportionately experienced among LGBGQ+, female, and Black students.<sup>19</sup> This trend has continued even as most pandemic restrictions have eased, highlighting the long-lasting impact of this crisis on mental well-being.

During the prioritization process, Promote Whole Person Care and Prevent Mental and Substance Use Disorders emerged as the top CHA Priority Area for Delaware County. Input from community members throughout the Community Health Assessment, in Community Conversations, Focus Groups, and the Community Health Survey dramatically highlighted mental health and substance use disorders as problems in Delaware county. A few key health data points, outlined below, also demonstrate the need for work in this area.

## Community Conversations

In the wake of the COVID-19 pandemic, many community members are struggling with poor mental health and chronic stress. Throughout the CHA process, Delaware County residents expressed a desire to achieve peace of mind for optimal health, and for improved access to mental health services. Mental health and substance use disorders were discussed at all five community conversations, and ideas related to these topics were among the top three strategies to improve the County's health at 4 out of 5 conversations. While this category was not identified as a top priority during the Chester Community Conversation, the mental health of young males was discussed as a barrier to good health.

A key finding from the Community Conversations is that there is powerful sense of community in Delaware County; however, Black, Asian American and Pacific Islanders, and Hispanic population groups and those who do not speak English feel less connected to the community at large. When people are connected to others and have stable and supportive relationships, they are more likely to experience better mental and physical health and can better cope with tough times, stress, anxiety, and depression.<sup>20</sup>

The top ideas to address this priority area included:

- Increase mental health resources and providers, including mobile crisis units.
- Standardize the system to access mental health and substance use services.
- Establish wellness centers that offer prevention education, harm reduction, treatment, and stigma reduction.
- Offer more free activities for children and community events to improve social connection.

## Focus Groups

During ten Focus Groups held in the summer and fall of 2023, intentionally, historically, and systematically disinvested populations were asked about their perceptions of physical and mental health in the community. Focus group leaders observed that culture, language, and family circumstances impact individuals' ability to navigate the physical and mental health care systems. Transgender individuals, people who use drugs, Black residents, Veterans, and people who do not speak English expressed feeling unsafe and experience of poor treatment within the medical and mental health care system.

Focus Group Themes:

- Every focus group discussed fear of, discomfort with, or difficulty accessing the health care system.
- Healthy eating and physical activity are valued tools to prevent the need to access medical and mental health care.
- It is difficult to locate mental health professionals who specialize in gender and sexuality issues.
- There is a desire for a safe space for males to discuss mental health problems among other males.
- There is a desire for health care professionals with similar backgrounds (race, ethnicity, language)
- Depression, anxiety, and frustration have increased due to the COVID-19 pandemic.
- Resources for mental health treatment during and after pregnancy are not well understood by community members.
- Stigma and pride are barriers to accessing mental health care for members of the Asian community.
- High turnover of mental health providers leads to inconsistent care.
- Veterans struggle with Post Traumatic Stress Disorder and the return to civilian life

*“As men we don’t feel there’s space to talk about our mental health. When we are with our close friends the focus is directed on drinking or smoking. There isn’t a time to talk about what’s paining us mentally- the focus becomes trying to cover it up in some way. The outlets that are acceptable for us as Black men are very small. What makes a difference in mental health is a growing brotherhood with men that can listen, give guidance, and can be there outside of a party or talking about or being around women.”*

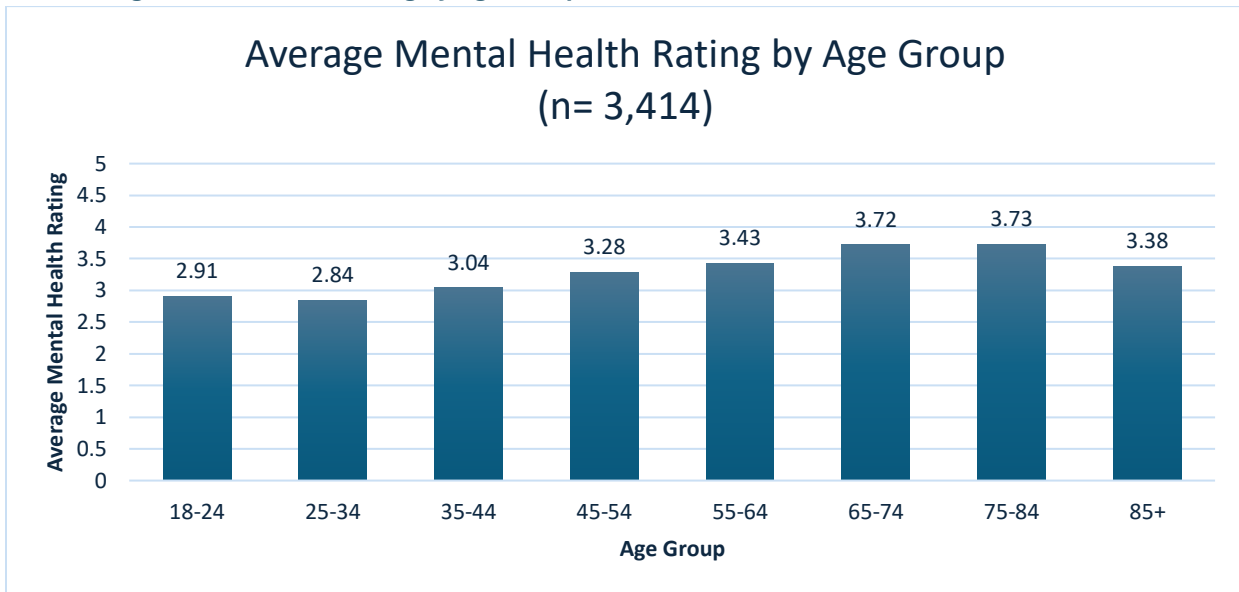
-The Line Up Barbershop Focus Group Participant

### Community Health Survey

Community Health Survey respondents identified their top three most concerning community health problems. Mental Health ranked second overall, with 1,706 (43%) respondents selecting this topic. Mental Health was the top ranked concern for people under the age of 55 and for all racial groups except for Black/African/African American, and Other.

Participants rated their mental health from 1 (poor) to 5 (excellent). The overall average score for Delaware County was 3.32 out of five, which was lower than the overall physical health rating. The average mental health rating for females (3.29) was lower than that for males (3.49), and mental health generally increased with age; young people had poorer mental health ratings (Figure 1). Native Hawaiian/Pacific Islanders had the lowest health rating at 2.71, while White persons had the highest mental health rating at 3.36. All other groups were around 3.2 out of five.

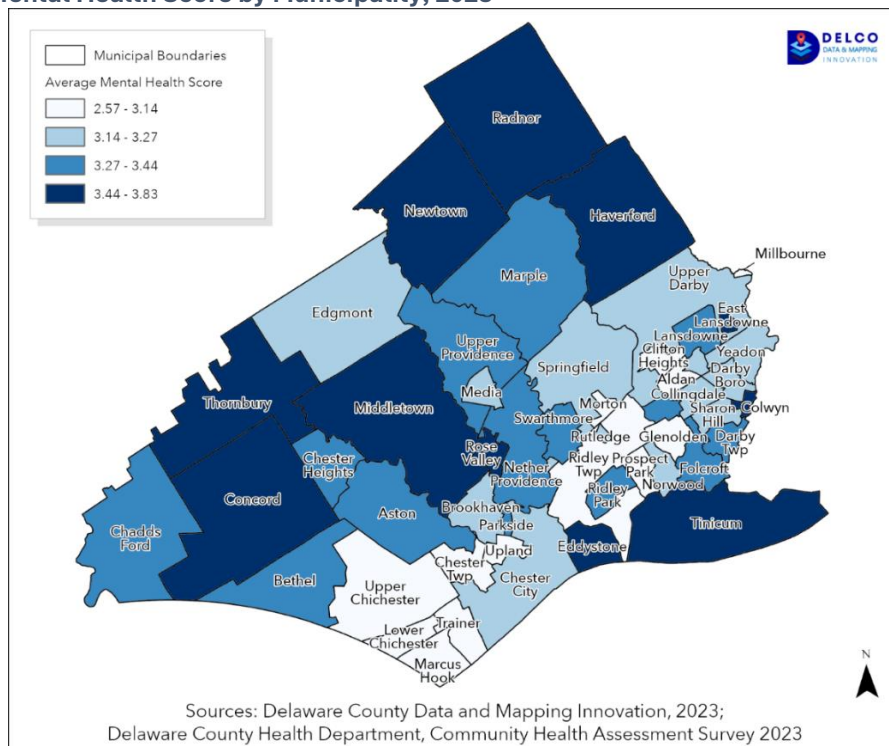
Figure 1. Average Mental Health Rating by Age Group



Source: Delaware County Community Health Survey

Geographic disparities in self-reported mental health were also apparent. Map 10, below, shows that there are pockets of poorer mental health in the southern end of the County (Upper Chichester, Lower Chichester, Trainer, Marcus Hook, Chester Township, and Upland), the southeastern side of the County (Morton, Glenolden, Ridley Township, Prospect Park, Clifton Heights, and Aldan), as well as Millbourne to the east.

Map 10. Average Mental Health Score by Municipality, 2023



Source: Delaware County Community Health Survey

Survey participants rated their connection to others in the community from 1 (poor) to 5 (excellent). Overall, Delaware County community members had an average score of 3.44 out of 5. Groups that were most noticeably disconnected were adults ages 25-44, and Asian or Asian American respondents.

Other highlights from the Community Health Survey regarding mental health:

- Respondents ages 25-34 years had the lowest average mental health score, and the lowest “Connection with others” score among all age groups.
- Respondents ages 75-84 (seniors) had the highest mental health and “Connection with others” question average score among all age groups.
- Lack of access to Mental health was more apparent than access to medical or dental care.
- Trainer, Darby, and the City of Chester reported consistent challenges in access to health care.

Alcohol was the most frequently used substance of addiction reported by Hispanic and White Community Health Survey respondents, Marijuana by Black and Hispanic, Prescription Pills by Other Races (American Indian and Alaska Native, Native Hawaiian or Pacific Islander, other), Heroin by White, Cocaine by Black and Fentanyl by Other Races.

Other survey findings related to substance use disorders:

- When asked about personal relationships or experience with addiction, most respondents reported having “*no close experience with alcohol and or drug use.*”
- A significantly higher percentage of Asian respondents reported no close experience with addiction than persons from other races and ethnicities.
- 42% of respondents knew where to access help for addiction.
- 44% of respondents knew how to access NARCAN®.

## Secondary Health Data

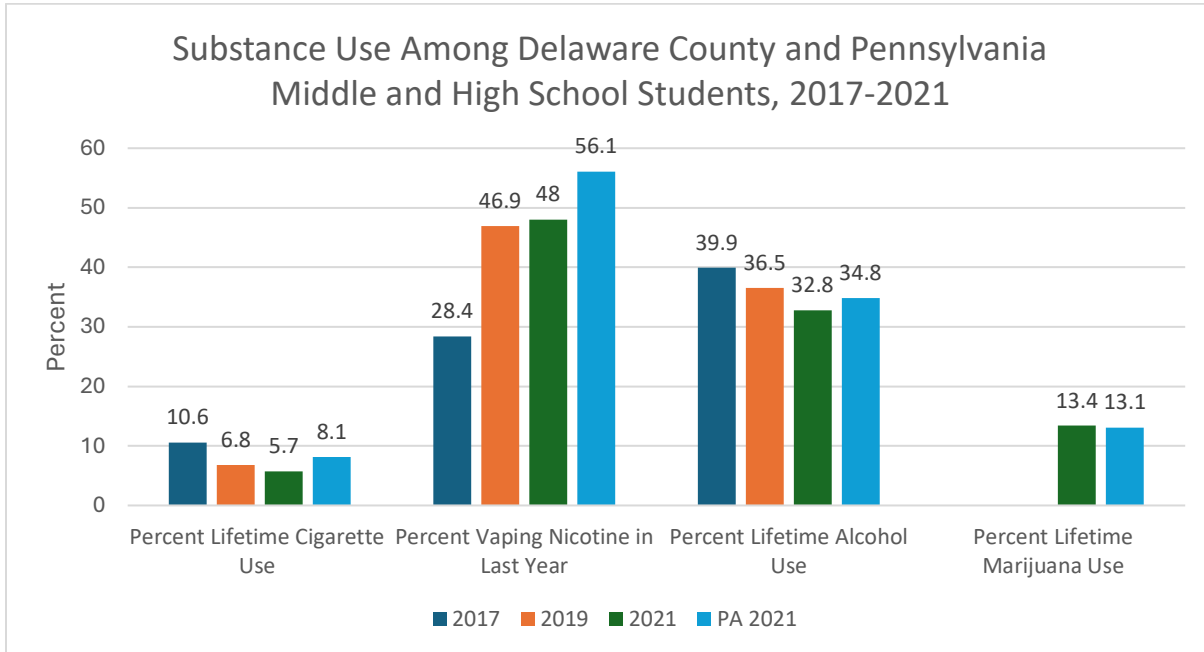
Several health data points demonstrate the need for the promotion of overall wellness and mental health in Delaware County. A slight increase in suicide rates over time, youth use of vaping devices and marijuana, and opioid overdoses demonstrate need in this area.

A review of suicide deaths in Delaware County found that rates are lower than Pennsylvania, but higher than the Delaware Valley (the PA counties in located in the Philadelphia-Camden-Wilmington metropolitan statistical area). However, an upward trend in rates from 1990 (10.8 per 10,000 persons) to 2020 (11.2 per 10,000 persons) demonstrates a decline in mental wellness across Delaware County residents. Suicide deaths were most common among males (76%) and white persons (86%) and peaked for the 45–49-year-old age group.<sup>21</sup>

Substance use among youth in Delaware County has shifted over the past several years. The Pennsylvania Youth Survey (PAYS) data for 2017, 2019 and 2021 were reviewed and compared to

data at the state level (Figure 2). Alcohol and cigarette use declined from 2017 to 2021, while the percentage of students who use marijuana and vape nicotine dramatically increased.<sup>22</sup>

**Figure 2. Substance Use Among Delaware County and Pennsylvania Middle and High School Students, 2017-2021**



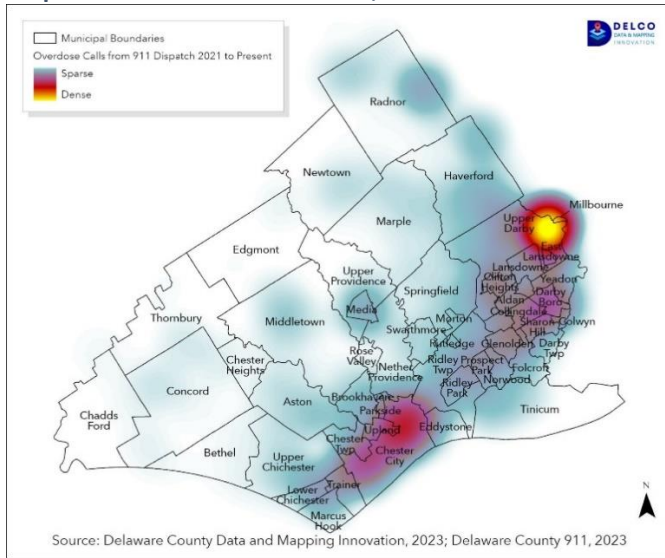
Source: 2017-2021 Pennsylvania Youth Survey Delaware County School Districts; Pennsylvania Commission on Crime and Delinquency<sup>22</sup>

Health measures for opioid use in Delaware County have seen improvements over time, but this problem continues to be a leading concern in the community. According to the PA Department of Health Office of Drug Surveillance and Misuse Prevention, Delaware County experienced 197 fatal drug overdoses in 2021 and 154 in 2022, a reduction of 22%. Opioids were involved in about 84% of deaths over both years, while a decrease in the presence of fentanyl was observed from 2021 (76.6%) to 2022 (72.1%). Emergency department visit rates and death rates for any drug overdose have declined since 2017. Participation in Medication-Assisted Treatment (MAT) increased steadily among individuals with medical assistance who have substance use disorders from 2015 (1,579 persons) to 2019 (2,652 persons) but dropped to 1,738 in 2020 due to the COVID-19 pandemic.<sup>23</sup>

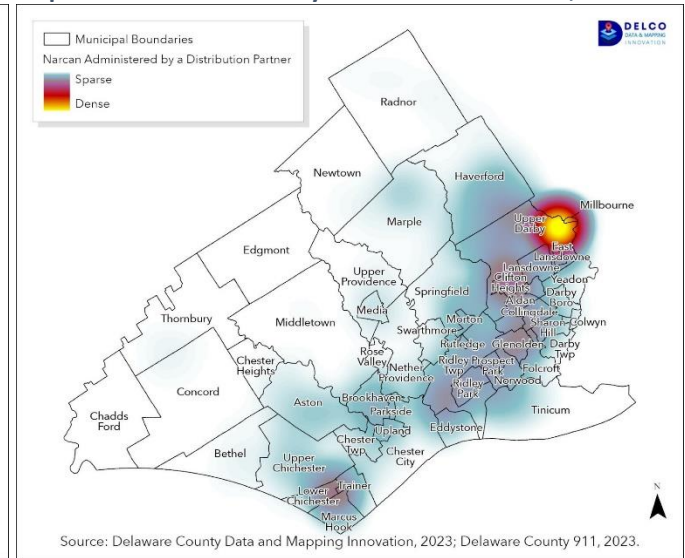
Delaware County White residents are almost twice as likely as Black residents to experience a drug induced death. From 2017 to 2021, the age-adjusted rate of drug induced death among White residents was 51.7 per 100,000, compared to 26.3 per 100,000 among Black residents. The drug induced death rate for Delaware County White residents was significantly higher than Pennsylvania White residents.<sup>21</sup>

Maps 11 and 12 show the overdose calls to 911 and NARCAN® administrations by a distribution partner for 2021-2023. The maps demonstrate that overdose issues are greatest in the Upper Darby/Millbourne and Chester City areas, and that there may be a need to expand NARCAN® distributions and/or administrations in the Chester City area.<sup>9</sup>

Map 11. Overdose Calls from 911, 2021 to November 2023



Map 12. NARCAN® Given by a Distribution Partner, 2023



Source: Delaware County Data and Mapping Innovation, 2023;<sup>9</sup> Delaware County 911, 2023

## Community Assets and Resources

Assets identified by people who engaged in the CHA process included the establishment of the Delaware County Health Department, community-based organizations who help residents meet their needs, and a strong sense of community. Chester City residents highlighted their ability to mobilize and collaborate to work toward community change.

Delaware County has been awarded Opioid Settlement Funds which will be used to address the opioid crisis. These funds can be distributed throughout the community to develop drug use prevention and treatment programs for people who have substance use disorders.

The Community Partner survey found that of 59 responding organizations, 29 work on mental or behavioral health issues, and 14 work on tobacco or substance use issues. These organizations are outlined in Table 2 by focus area. Of all the health topics that respondents could select from, “mental or behavioral health” was the most common response, with about half choosing this option.

**Table 2. Delaware County, PA Community Organizations addressing mental/behavioral health and tobacco or substance use prevention**

Organization Name	Mental or Behavioral Health	Tobacco and Substance Use Prevention
Child and Family Focus	X	X
County of Delaware	X	X
Crozer Health System	X	X
Health Educated, Inc	X	X
Main Line Health - Riddle Hospital	X	X
Maternity Care Coalition	X	X
Neumann University	X	X
Office of State Senator Amanda Cappelletti	X	X
Pennsylvania Institute of Technology	X	X
The Foundation for Delaware County	X	X
Upper Darby School District	X	X
Villanova University	X	X
Keystone First		X
The Peggy and Paul Shevlin Family Foundation		X
Chester Community Coalition	X	
Family and Community Service of Delaware County	X	
Philadelphia College of Osteopathic Medicine	X	
Peerstar	X	
Pettaway Pursuit Foundation	X	
Puentes de Salud	X	
Social Work Counseling Services	X	
AIDS Care Group	X	
Cabrini University	X	
Centro de Apoyo Comunitario	X	
Chester Chaplains Corps	X	
Chichester School District	X	
Delaware County Intermediate Unit	X	
Domestic Abuse Project of Delaware County, Inc.	X	
Family Support Line of Delaware County	X	
PA 211 Human Services Hotline for Southeastern Pennsylvania	X	
Southeast Delco	X	
Widener University	X	

Source: Community Partner Survey

In addition to community organizations, there are at least four coalitions in Delaware County that focus on substance use disorder. These include:

- Delaware County Drug & Alcohol Board
- Delaware County Prevention and Recovery Coalition
- Delaware County Suicide Prevention Awareness Task Force
- Delaware County Tobacco Free Coalition
- Delaware County Trauma Alliance, and
- Keystone Treatment Center Addiction Coalition



## Priority Health Issue 2:

### Promote Maternal, Parental, and Infant Health

Maternal health refers to the physical and mental health of women or birth parents before, during and after pregnancy. Infant health focuses on the health of babies from birth through the first year of life. A healthy pregnancy and birth set the stage for a child's lifelong health and wellbeing.<sup>24</sup>

Despite its modern medical advancements, the United States has the highest maternal mortality rate among high-income countries;<sup>25</sup> about 700 moms die each year due to pregnancy-related complications. Racial disparities in birth outcomes are stark, with Black women 3 to 4 times, and American Indian and Alaska Native women 2 to 3 times more likely to die from pregnancy-related causes compared to White women.<sup>26</sup> According to the March of Dimes, 1 in 10 babies in the United States is born prematurely, resulting in a higher risk for complications like breathing problems, vision impairment, and developmental delays.<sup>27</sup> Mental health of mothers and parents is concerning, with 1 in 7 women experiencing depression during pregnancy or postpartum.<sup>28</sup> Poverty, access to food, and safe housing significantly influence the health and wellbeing of pregnant people and their children.

Access to care continues to be a problem in the United States, with many areas of the country lacking obstetric care.<sup>29</sup> Researchers indicate that health problems experienced before pregnancy can lead to complications during pregnancy and can also adversely impact infants' health and quality of life. Access to health care services before pregnancy is more likely to result in positive birth outcomes for mother and child.<sup>30</sup>

The COVID-19 pandemic has had a significant impact on maternal and infant health in the United States. Pregnant women with COVID-19 infection are more likely to experience severe illness than non-pregnant people. Pandemic restrictions led to disrupted prenatal care, increased anxiety and depression, and social factors such as increased domestic violence and economic vulnerability affected the health and wellbeing of pregnant women.<sup>31</sup> According to a report by the Government Accountability Office, the maternal mortality rate in the nation increased by 37% from 2020 to 2021, with COVID-19 as the cause of an estimated 401 deaths in 2021.<sup>32</sup>

Delaware County maternal and child populations exposed to poverty experience adverse health problems that could be established for generations. Research indicates that the health of mothers, infants, children, and families could be negatively affected by poverty, maternal age, education, marital status, intended or unintended pregnancies, and the living environment and conditions. Depending on a person's socioeconomic condition, and where they live and work, they face various levels of risk to environmental exposures that could lead to adverse health outcomes.<sup>33</sup>

Results from the CHA Community Conversations, Focus Groups, and Community Health Survey presented below, describe the health concerns and status as well as the role of residents' environment in adverse maternal, parental, and child health outcomes. The health of mothers and

children is impacted by multiple factors, including fathers' health and the environments in which families live. Primary and secondary data, resources, and partner support were key drivers for the selection of this priority area.

## Community Conversations

At the Community Conversations, concerns for mothers, children, and their families and their ability to access needed health care services were identified. Additional barriers include the excessive cost of health care services and health insurance. Participants also discussed recent hospital closures, the loss of maternal and neonatal care services, lack of medical providers (pediatrics in particular), difficulty and long waits for appointments, and the lack of culturally and linguistically competent care.

Concerns were expressed about gaps in services for expectant mothers and families experiencing substance use disorders (SUDs). Participants recommended expanding mobile mental health crisis units and treatment options for pregnant people with SUDs. One mechanism suggested by the public to support maternal mental health was the development of a service that regularly calls mothers to check in about their health and the health of their children.

## Focus Groups

One of the ten CHA Focus Groups was specifically aimed toward families who had recently welcomed a new baby or were expecting. Several of the other nine Focus Groups included parents of children of all ages who provided their insights into the needs of children in their care.

Themes that emerged from expectant parents interviewed at a community baby shower included the following:

- Parents are looking for more information about available childbirth education, programs, and resources, including non-hospital births.
- There is a desire for childbirth classes to be held more frequently and scheduled during various times throughout the day.
- There is a need for more outreach about maternal mental health services available in the community.
- Parents value good nutrition and physical activity as key factors in healthy pregnancies.
- Fathers and birthing partners are looking for parenting classes that include co-parenting skills.
- The importance of the mental and physical health of fathers and birth partners was recognized.

At the remaining nine focus groups, several topics were discussed that affect the health and wellbeing of children and families. These included:

- Frustration with limited opportunities to expand education and improve the financial wellness of families and individuals.
- Experience of discrimination and bias prevents families from attempting to access mental health and physical health care systems.
- Children of transgender parents who experience bullying, and resources are needed to address this issue.

## Community Health Survey

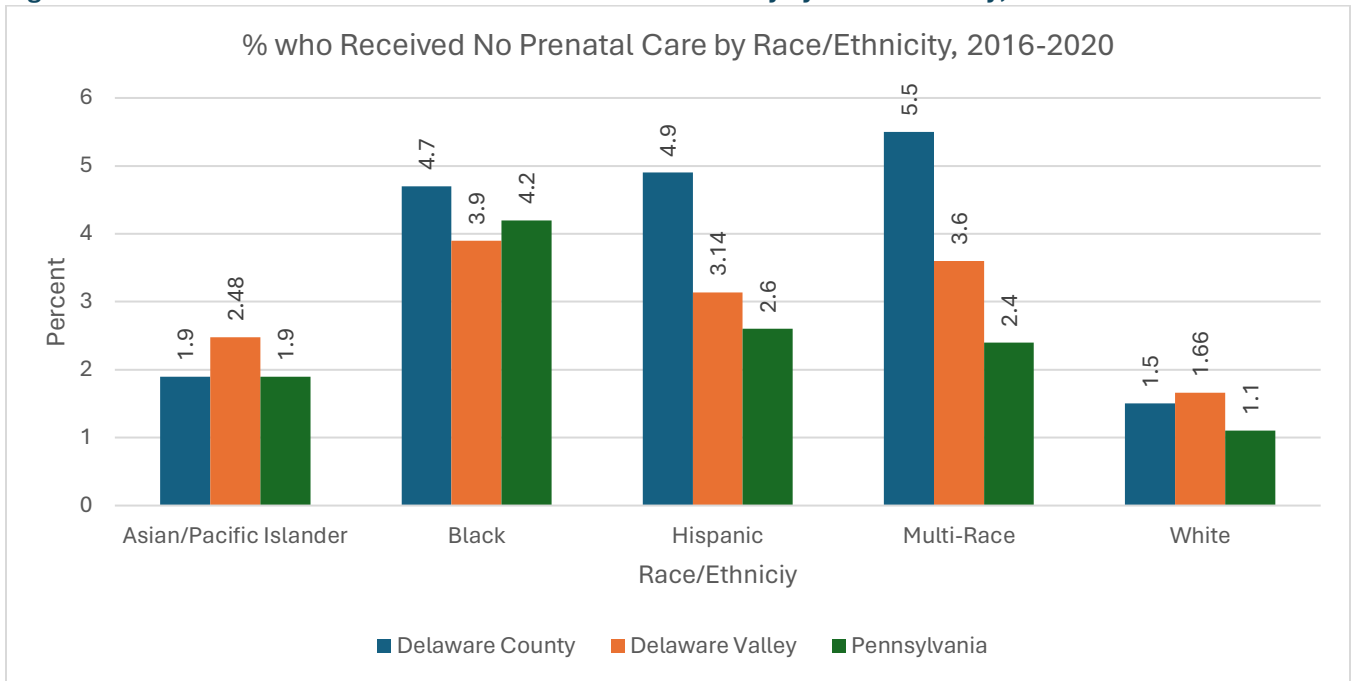
Findings from the Community Health Survey were not critical to the selection of the Promote Maternal, Parental and Infant Health priority area. One survey question contained specific language about maternal and infant health: “When you think about your own health and the health of your community, which of these problems are you most concerned about? (Check up to 3)” “Maternal/infant health (medical care for pregnancy; infant death; teen pregnancy; pregnancy planning)” was one of the options for respondents to select from. Only 6% (243 out of 3,963) of respondents selected this option as one of their top three health concerns.

Maternal and infant health issues are most pressing to those who are directly impacted. Typically, this includes women or people of childbearing age (ages 15-44) who are currently pregnant, recently postpartum, or are interested in becoming a parent. This group of people is a small subset of the population, and therefore, has little impact on the rank of topics of concern identified by survey respondents. However, DCHD and its partners recognize that maternal, parental, and infant health affects all people and is crucial to the wellbeing of society. Awareness of its importance, recognition of health disparities, and current community initiatives led stakeholders to select this topic as a priority issue.

## Secondary Health Data

In 2016-2020, 2.8% of Delaware County mothers gave birth with no prenatal care, higher than Delaware Valley (2.45%) and Pennsylvania (1.8%). The Delaware Valley refers to the Pennsylvania counties located in the Philadelphia-Camden-Wilmington metropolitan statistical area including Bucks, Chester, Delaware, Montgomery, and Philadelphia Counties. This data is outlined in Figure 3. All races and ethnicities except Asian/Pacific Islander and White women had higher rates of receiving no prenatal care in Delaware county compared to Delaware Valley and Pennsylvania. Among women who identified as multi-race, 5.5% received no prenatal care, followed by 4.9% in Hispanic women, and 4.7% in Black women in Delaware County.

**Figure 3. Percent Received No Prenatal Care in Delaware County by Race/Ethnicity, 2016-2020**



Source: PADOH EDDIE<sup>21</sup>

In 2016-2020, Delaware County experienced a higher rate of very low birthweight (less than 1500 grams) (1.6%) and low birthweight (less than 2500 grams) (8.8%) than the Delaware Valley and Pennsylvania.<sup>21</sup> There were more preterm (less than 37 weeks gestation) births in Delaware County than Delaware Valley, but less than Pennsylvania. Delaware County also experienced a slightly higher rate of very preterm (less than 32 weeks gestation) than geographic comparisons. This information is presented in Table 3.

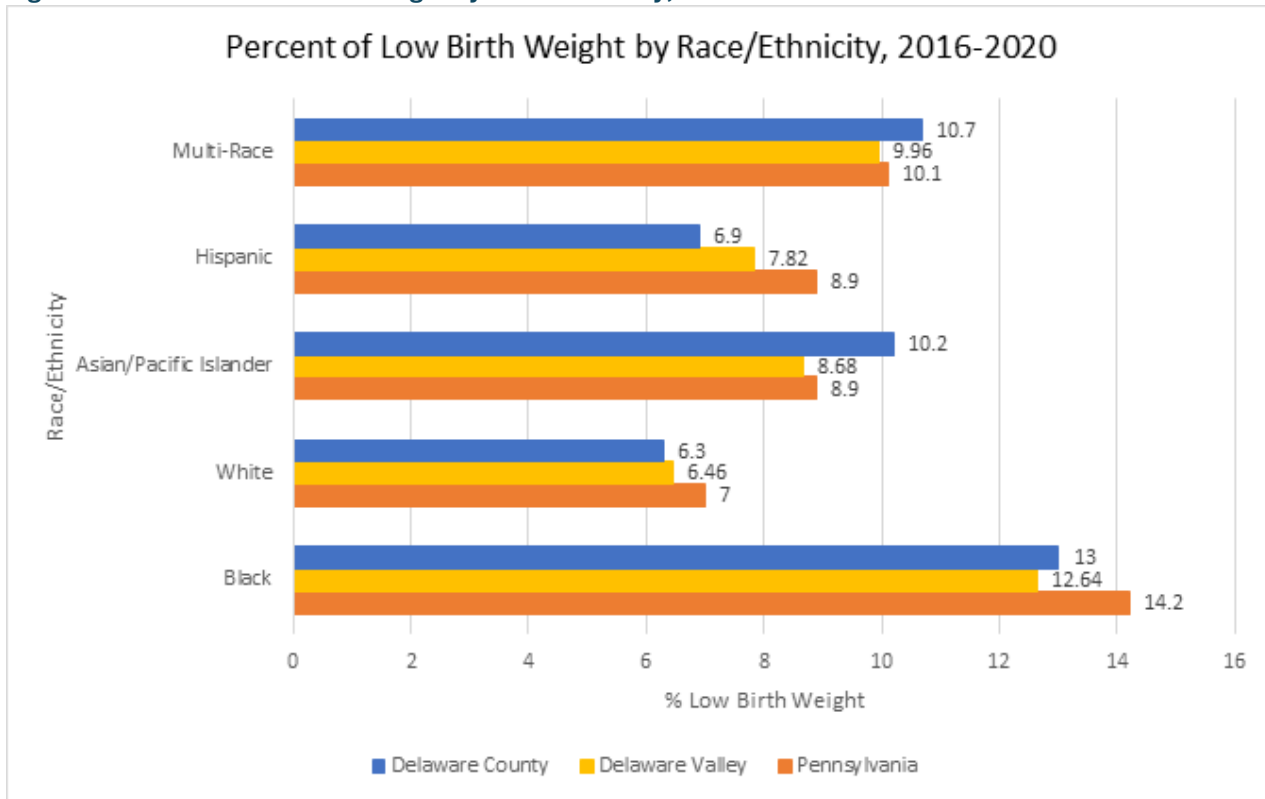
**Table 3. Low birthweight and prematurity indicators, 2016-2020**

	Delaware County	Delaware Valley	Pennsylvania
% very low birthweight (less than 1500 grams) live singleton births	1.60	1.44	1.40
% low birthweight (less than 2500 grams) live singleton births	8.80	8.16	8.40
% preterm (less than 37 weeks gestation) of live singleton births	9.40	9.06	9.60
% very preterm (less than 32 weeks gestation) of live singleton births	1.80	1.56	1.60

Source: PA DOH EDDIE<sup>21</sup>

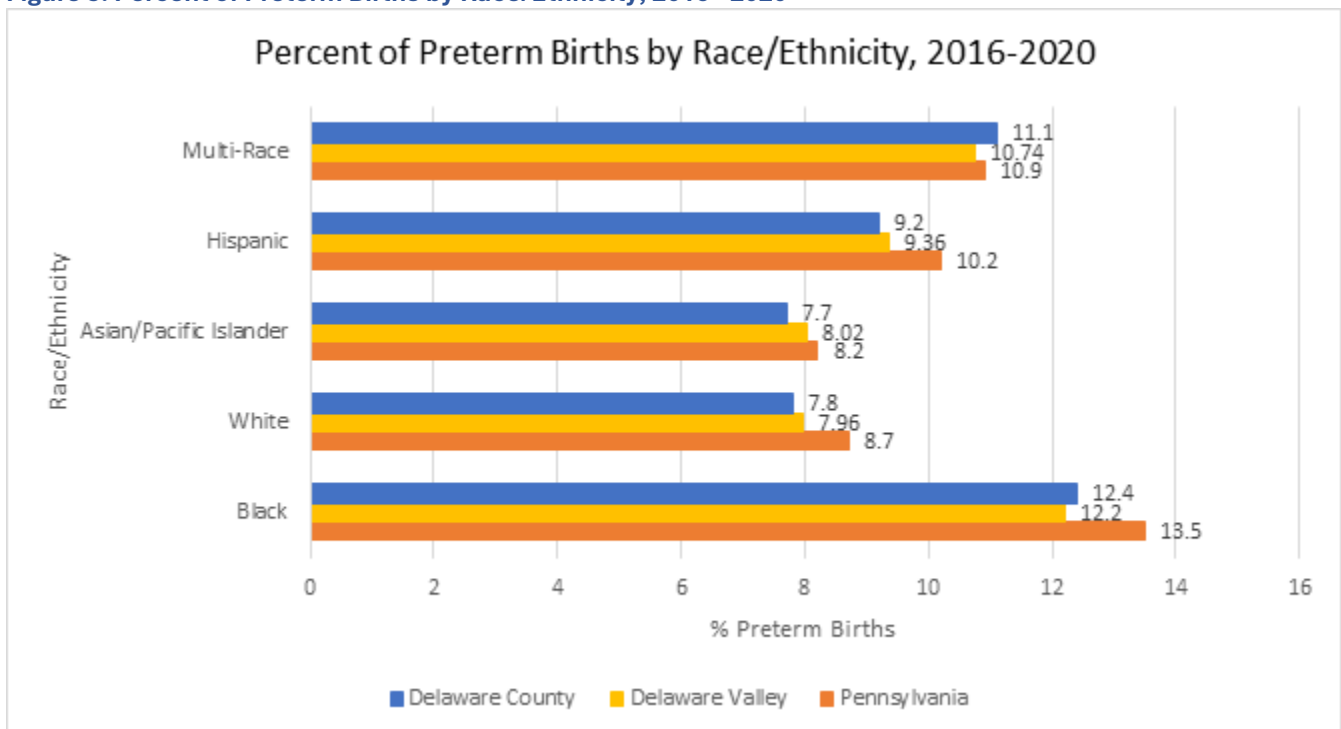
For both low birthweight and preterm births, health disparities were present. Black babies were the most likely to be low birthweight (13.0%) and preterm (12.4%) among all other racial groups, and were more than twice the rate of White babies for both measures (Figures 4 and 5).

**Figure 4. Percent of Low Birth Weight by Race/Ethnicity, 2016 - 2020**



Source: PA DOH EDDIE<sup>21</sup>

**Figure 5. Percent of Preterm Births by Race/Ethnicity, 2016 - 2020**

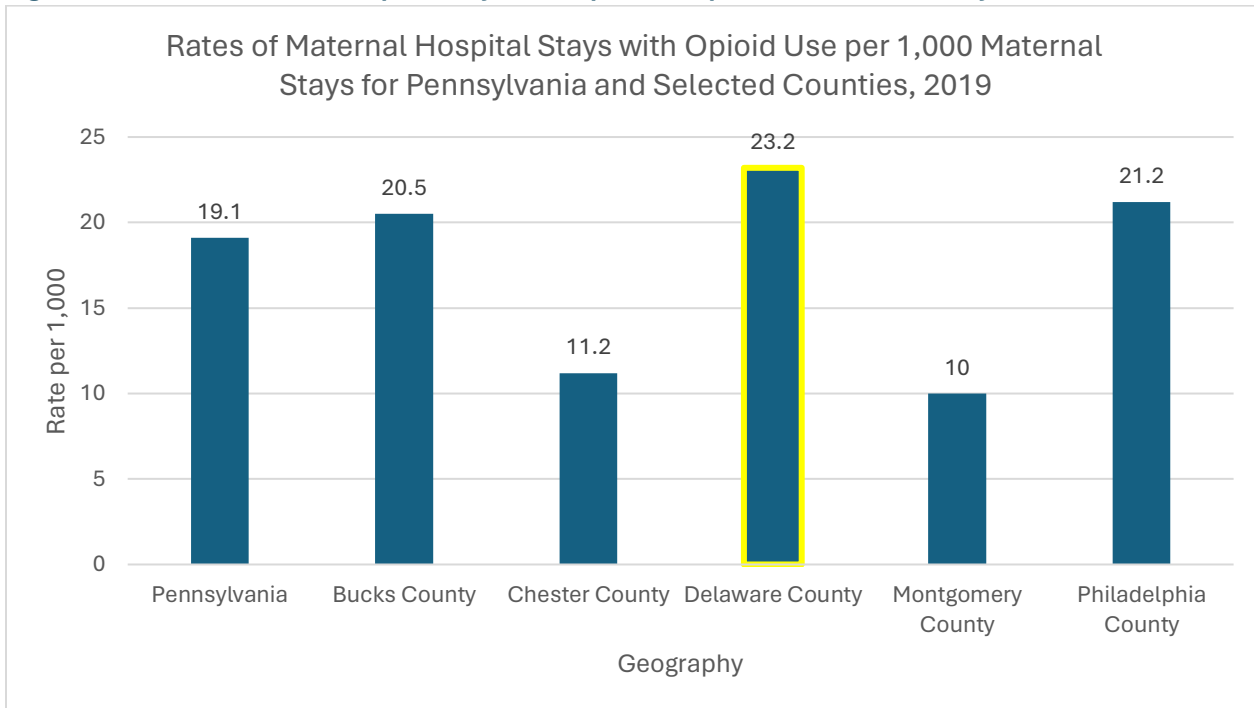


Source: PA DOH EDDIE<sup>21</sup>

Breastfeeding rates at Delaware County hospitals varied widely in 2020. Of the four labor and delivery hospitals most frequented by Delaware County families, Bryn Mawr Hospital had the highest rate of babies breastfed (96.7%), while the Crozer-Chester Medical Center had the lowest (59%).<sup>34</sup>

The age-adjusted mortality rate for perinatal conditions in Delaware County was 4 times higher among Black (11.9 per 100,000) when compared to White (2.7 per 100,000) (2017-2021).<sup>21</sup> This includes conditions that have their origin in the fetal or perinatal period (before birth through the first 28 days after birth), even if morbidity occurs later. The 2019 rate of maternal hospital stays involving opioid use per 1,000 maternal stays was 23.2 for Delaware County and 19.1 for Pennsylvania. Hospitalizations per 1,000 newborn stays for Newborns with Neonatal Abstinence Syndrome (NAS), a series of signs of withdrawal in a newborn due to in utero exposure to opioids, was higher in Delaware County (14.4) than Pennsylvania (12.9).<sup>35</sup>

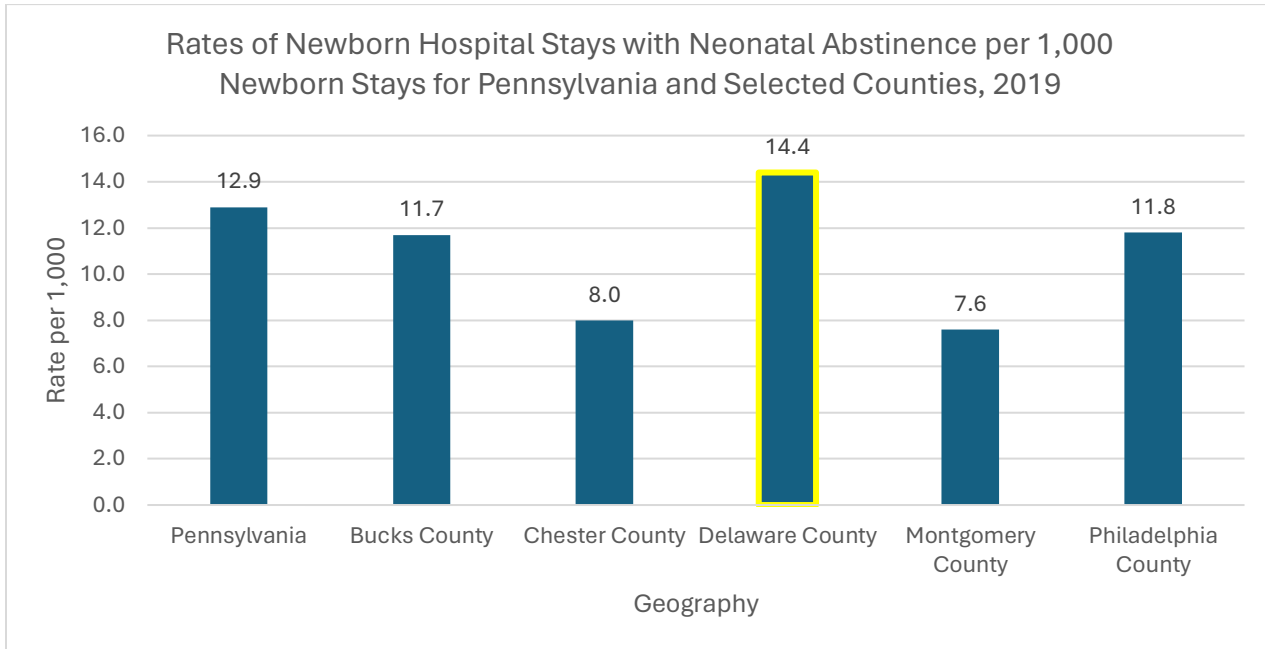
**Figure 6. Rates of Maternal Hospital Stays with Opioid Use per 1,000 Maternal Stays, 2019**



Source:

PHC4<sup>35</sup>

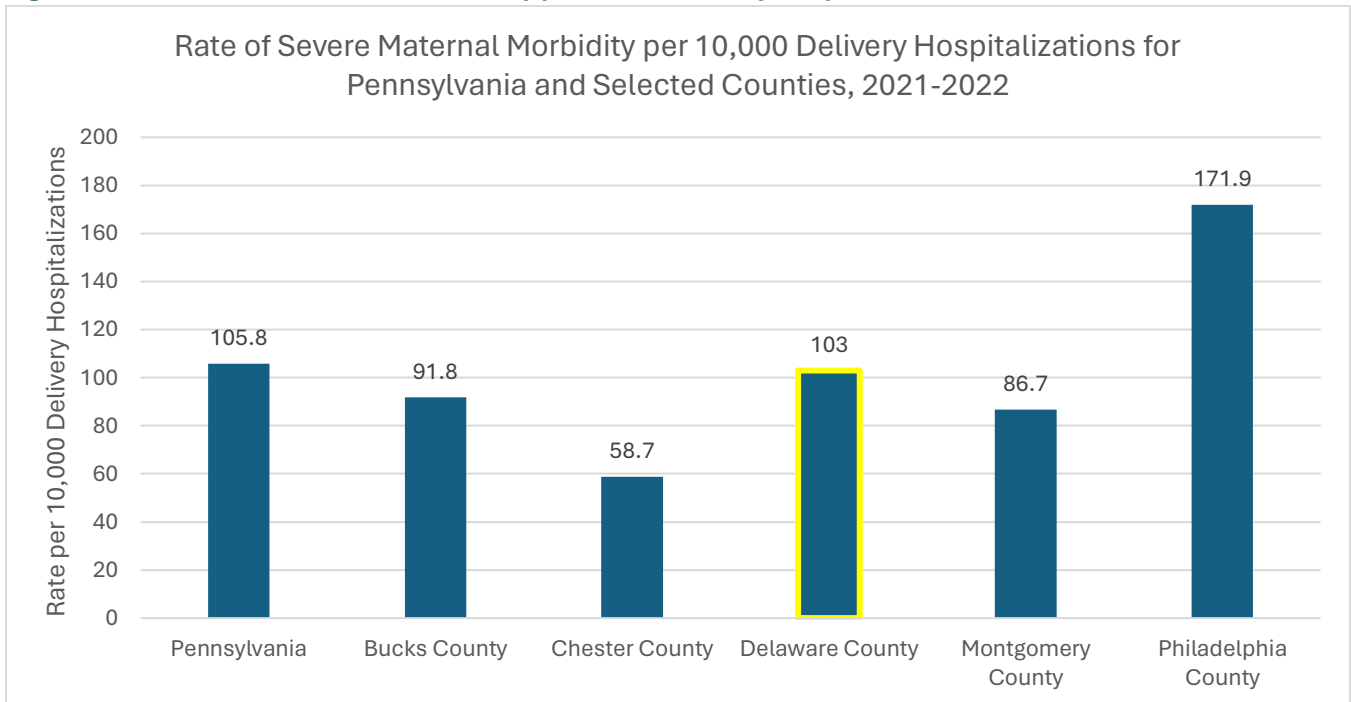
**Figure 7. Rates of Newborn Hospital Stays with Neonatal Abstinence Syndrome per 1,000 Newborn Stays, 2019**



Source: PHC4<sup>35</sup>

Delaware County experienced a higher rate of severe maternal morbidity per 10,000 delivery hospitalizations than other counties in the Delaware Valley, except for Philadelphia. Rates were slightly lower than PA overall.<sup>36</sup>

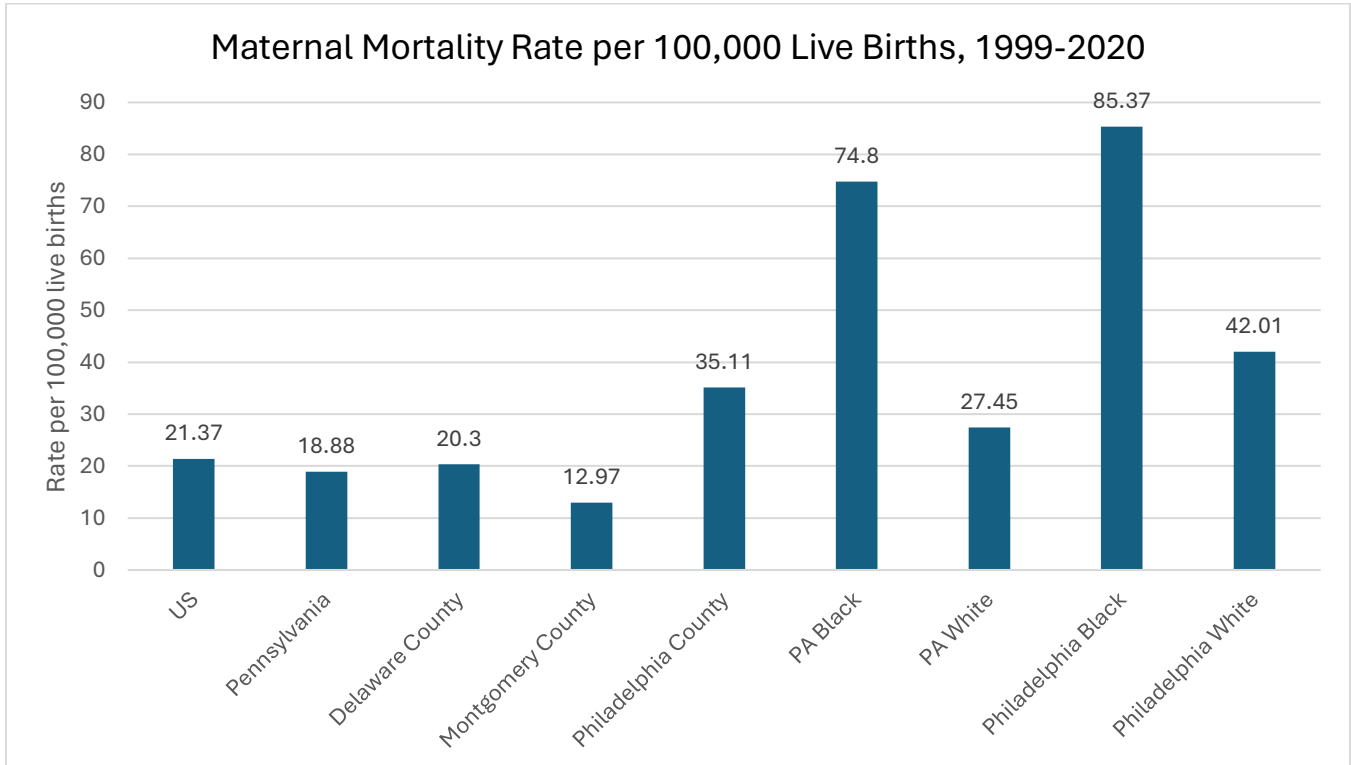
**Figure 8. Rates of Severe Maternal Morbidity per 10,000 Delivery Hospitalizations, 2021-2022**



Source: PHC4<sup>36</sup>

Delaware County 2018-2021 data on maternal death rates, calculated using number of live births as a denominator indicated a maternal mortality rate 51.01 per 100,000 live births.<sup>21, 37</sup> This rate is almost double the rate of Pennsylvania. The maternal mortality rate for 1999-2020 was higher for Delaware County than PA, but lower than the United States and Philadelphia County. While there were not enough deaths to calculate stable rates for race and ethnicity, PA and Philadelphia trends show that rates of maternal mortality among Black women are more than double the rates of maternal mortality among White women.

**Figure 9. Maternal Mortality rate per 100,000 live births, 1999-2020**



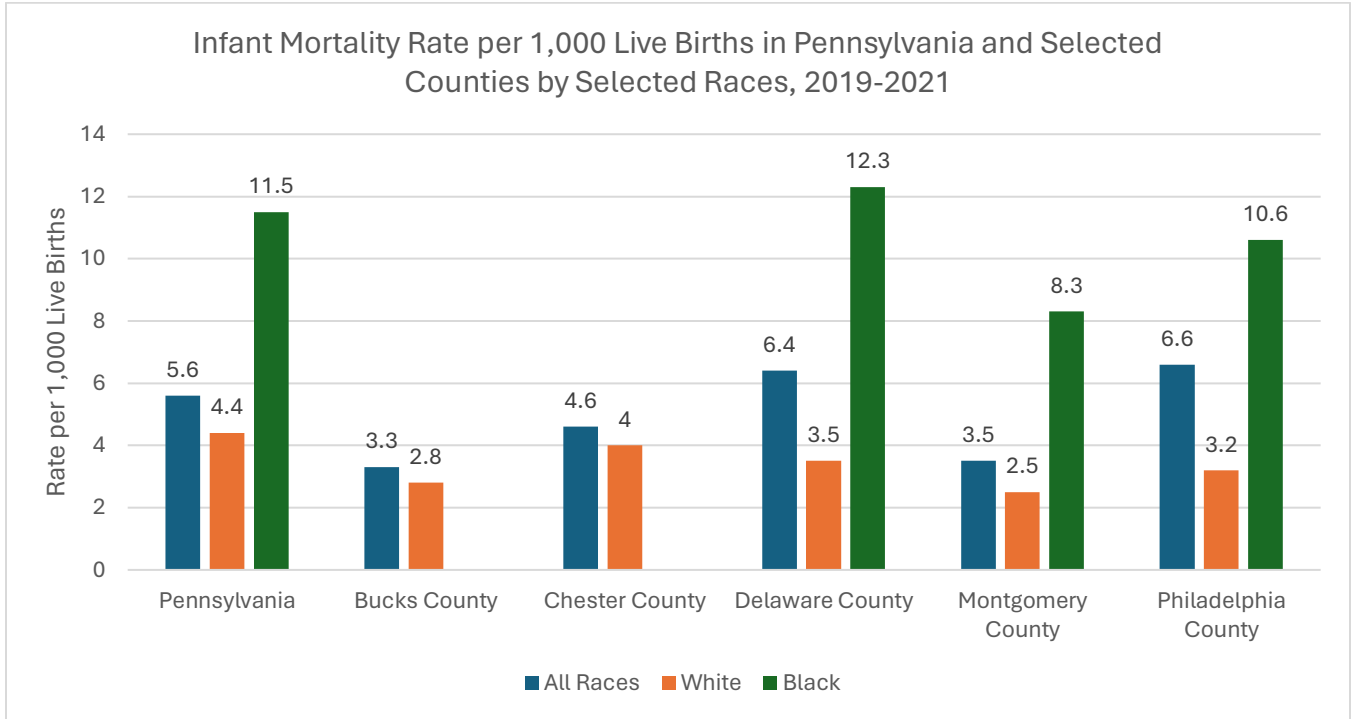
Sources: CDC WONDER<sup>37</sup>, PADOH EDDIE<sup>21</sup>

Infant mortality rate is an important marker of the overall health of a society. In 2021, the top five causes of infant mortality in the United States were: birth defects, preterm birth (less 37 weeks pregnancy), low birthweight (less than 2,500 grams or 5.6 pounds), sudden infant death syndrome, injuries (e.g., suffocation), and maternal pregnancy complications.<sup>27</sup> In 2021, the infant mortality rate (for all races) in the US was 5.4 deaths per 1,000 live births,<sup>38</sup> 5.37 in Pennsylvania,<sup>38</sup> 5.3 in Delaware County.<sup>21</sup> Data for Delaware County indicates that in 2019-2021, the Black Infant Mortality Rate was 12.3 per 1,000 live births, and 3.5 per 1,000 live births among White mothers (Figure 10).<sup>21</sup>

In an analysis of Delaware County fetal and infant deaths records, maternal health, and prematurity (less than 37 weeks of gestation or pregnancy), were identified as the main causes of excess deaths when comparing Black and White disparities in infant mortality. These results were observed in two different time periods, one from 2008-2012, the other from 2016-2020.



**Figure 10. Infant Mortality Rate per 1,000 Live Births, 2019-2021**



Source: PADOH EDDIE;<sup>21</sup> Pennsylvania Death Certificate Database; Data provided by the Pennsylvania Department of Health. The Department specifically disclaims responsibility for any analyses, interpretations, or conclusions.

Data from the Pennsylvania Department of Health indicate that Delaware County teen pregnancy crude/age specific rate per 1,000 females showed a decreasing trend from 2013-2019 in all teen-age categories (<15, 15 to 17, 18-19, and 15-19). The county rates were statistically significantly lower compared to Pennsylvania but higher than the US in 2019.<sup>21</sup>

Experiences occurring in a mother’s life prior to pregnancy, stress during pregnancy, and the accumulation of stress across the life course are associated with an increased risk for heart disease and other illnesses for the mother as well as her child as they age.<sup>39</sup> Protective resources such as positive emotional connections and support, local amenities, access to quality health care, green spaces, and safe and adequate housing, adequate nutrition and education, financial support, can help alleviate some of the negative health effects.<sup>40</sup>

### Community Assets and Resources

Resources available in Delaware County to address maternal, parental, and infant health include community partners and federal programs. In the Community Partner Survey, 32 out of 58 organizations working in partnership with the DCHD CHA plan reported providing programs or services addressing child, family and or maternal health.

These organizations included:

- AIDS Care Group
- Cabrini University
- Centro de Apoyo Comunitario
- Chester Chaplains Corps
- Chester Community Coalition
- Chichester School District
- Child and Family Focus
- County of Delaware
- Delaware County Intermediate Unit
- Domestic Abuse Project of Delaware County, Inc.
- Family and Community Service of Delaware County
- Family Support Line of Delaware County
- Health Educated, Inc.
- Keystone First
- Main Line Health – Riddle Hospital
- Maternity Care Coalition
- Neumann University
- Office of State Senator Amanda Capelletti
- PA 211 Human Services Hotline for Southeastern PA
- Peerstar
- Pennsylvania Institute of Technology
- Pettaway Pursuit Foundation
- Philadelphia College of Osteopathic Medicine
- Puentes de Salud
- Social Work Counseling Services
- Southeast Delco
- The Foundation for Delaware County
- The Peggy and Paul Shevlin Family Foundation
- Upper Darby School District
- Villanova University
- Widener University

The African Family Health Organization (AFAHO) did not complete the survey, but also works to address maternal and infant health in Delaware County.

There are also five community coalitions that focus on pregnancy and parenting and/or children. These include:

- Baby's 1<sup>st</sup> Project Community Action Network
  - Delaware County Breastfeeding Coalition
  - Fatherhood Engagement Committee
- Delaware County Child Death Review Team
- Delaware County Maternal Child Health Council
- Plan of Safe Care Workgroup

The Foundation for Delaware County, Healthy Start is a federally funded program serving pregnant people, expectant fathers, the family, and children up to 18-months. The program has been in operation over 20 years and contributed to the reduction of infant mortality rate and improved birth outcomes in the target areas (City of Chester, Upland, Eddystone, Woodlyn, Parkside, Chester Township, Marcus Hook, Trainer, and Linwood). Healthy Start services include intensive outreach, engagement, and recruitment of expecting mothers, home visiting to assess needs, care coordination and case management, education that focuses on health, pregnancy,

parenting, early childhood development, life skills, financial literacy, and management, civil legal information and representation, and permanent housing support services and resources.<sup>41</sup>

The Maternity Care Coalition is a coalition of activists, educators, care providers, and researchers working to improve the health and well-being of pregnant people, babies, and their families. Services provided by MCC include home visiting, childcare, community and parenting education, connecting community members to doulas and lactation professionals, and in-home behavioral health therapy for mental health and/or substance use disorders. They also participate in research programs and advocate for policy on the topics of maternal child health, early childcare and education, and economic security for families with children up to the age of three.<sup>42</sup>

The Delaware County Maternal Child Health Council has been working since mid-2023 on an initiative to expand maternal health resources in Delaware County and decrease disparities in birth outcomes with a particular focus on Black and Brown women. A congressional earmark was secured to support workforce development in the Doula program space.

### Priority Health Issue 3: Prevent Chronic Diseases

Chronic diseases are conditions that persist for one year or more, require ongoing medical attention, and may limit activities of daily living. In the United States, chronic diseases such as heart disease, cancer, and diabetes are the leading causes of death and disability. These diseases are the main drivers of the nation's \$4.1 trillion in annual health care costs.<sup>43</sup> Over 877,500 Americans die of heart disease or stroke every year—that's one-third of deaths from all causes. Obesity, arthritis, Alzheimer's disease, and epilepsy are among the leading chronic diseases in the Nation.<sup>44</sup>

According to experts, the key areas of chronic disease prevention include not smoking, eating healthy, being physically active, and limiting alcohol consumption. Community input about the risk factors for chronic diseases are presented below.<sup>43</sup> By learning about risk factors and making healthy choices, one can reduce the likelihood of developing a chronic disease and improve quality of life.

According to the CDC National Center for Chronic Disease Prevention and Health Promotion, cavities (also called tooth decay or dental caries) are one of the most common chronic diseases in the US. An estimated 1 in 6 children aged 6 to 11 years and 1 in 4 adults have untreated cavities. Without treatment, cavities can cause pain and infections that may lead to difficulties eating, speaking, and learning. Dental diseases are responsible for 34 million lost school hours each year due to unexpected (emergency) dental care, and over \$45 billion is lost in productivity.<sup>44</sup>

The prevalence of chronic conditions increased in the United States as a result of the COVID-19 pandemic. Citizens delayed recommended screenings for cancer and other conditions, and overall healthcare use dropped, including preventive care, routine checkups, and even emergency visits. This decline in healthcare access, combined with potential disruptions to healthy eating

and exercise routines due to lockdowns and restrictions, may have contributed to an increase in obesity, substance use, and some mental health issues. Inversely, chronic conditions increased the health and economic costs of COVID-19. People with chronic diseases such as obesity, diabetes, and heart disease were more likely to experience severe COVID-19 illness, hospitalization, and death.<sup>45</sup>

Chronic diseases are prevalent among Delaware County residents. The importance of this widespread health issue to residents and professionals was evident through community input sessions, the Community Health Survey, and the review of secondary data.

## Community Conversations

Regarding chronic disease prevention and management, the following themes emerged from the Community Conversations:

- Concerns about the high cost of health care services and health insurance.
- Concerns about decreased access to health care services due to the instability of the Crozer Health-Prospect Medical system.
- There is a need for more walkable, bikeable areas in communities.
- There is a lack of access to local produce.
- Unhealthy foods are too accessible.
- There is a need for culturally competent care and enhanced translation and interpretation options for people who speak languages other than English.

Participants' opinions regarding access to medical services and the overall experience with the health care system varied by municipalities or places where community conversations were held. Some had a positive experience while most of the others identified areas for improvement regarding chronic diseases. Participants were concerned about the high cost of health care services and health insurance.

The need for more walkable, bikeable areas in communities, and lack of access to local produce, abundance of fast-food options, limited or no availability of supermarket or food markets, the fact that unhealthy, sugary foods are more affordable, unhealthy school lunches, and the high cost of healthy food, were also identified as concerns. These concerns are associated with chronic diseases' risk factors, specifically nutrition and physical activity.

Issues with local health care systems included lack of health insurance options, the changing landscape of hospitals, limited healthcare appointments, especially night/weekend appointments, hospitals, and clinics not accessible, language barriers, lack of information about available resources and programs, and medical providers leaving area compounded by fewer providers remaining to serve communities. These factors could contribute to limitations and challenges regarding the proper management of chronic diseases.

Community and SDOH issues that pertain to chronic disease management and outcomes, were discussed by participants, and included:

- Fear of and lack of trust in the medical system.
- Providers not addressing special needs.
- The need for more health education, especially in school-aged children.
- Sidewalk hazards due to trash dumping.
- Abandoned houses and cars.
- Drug use and prostitution.
- Poor lifestyle choices.
- Lack of motivation.
- Lack of transportation options.
- Perceived political motivations behind community initiatives.
- Poor water quality, and
- Pollution from industries causes poor air quality, and may cause asthma, and cancer.

## Focus Groups

Focus Group participants identified access to medical care as a critical component in the prevention and management of chronic diseases. They were also concerned about recent hospital closures. According to participants, challenges in accessing health care and the need for affordable health insurance have a major effect on quality of life across all communities in Delaware County.

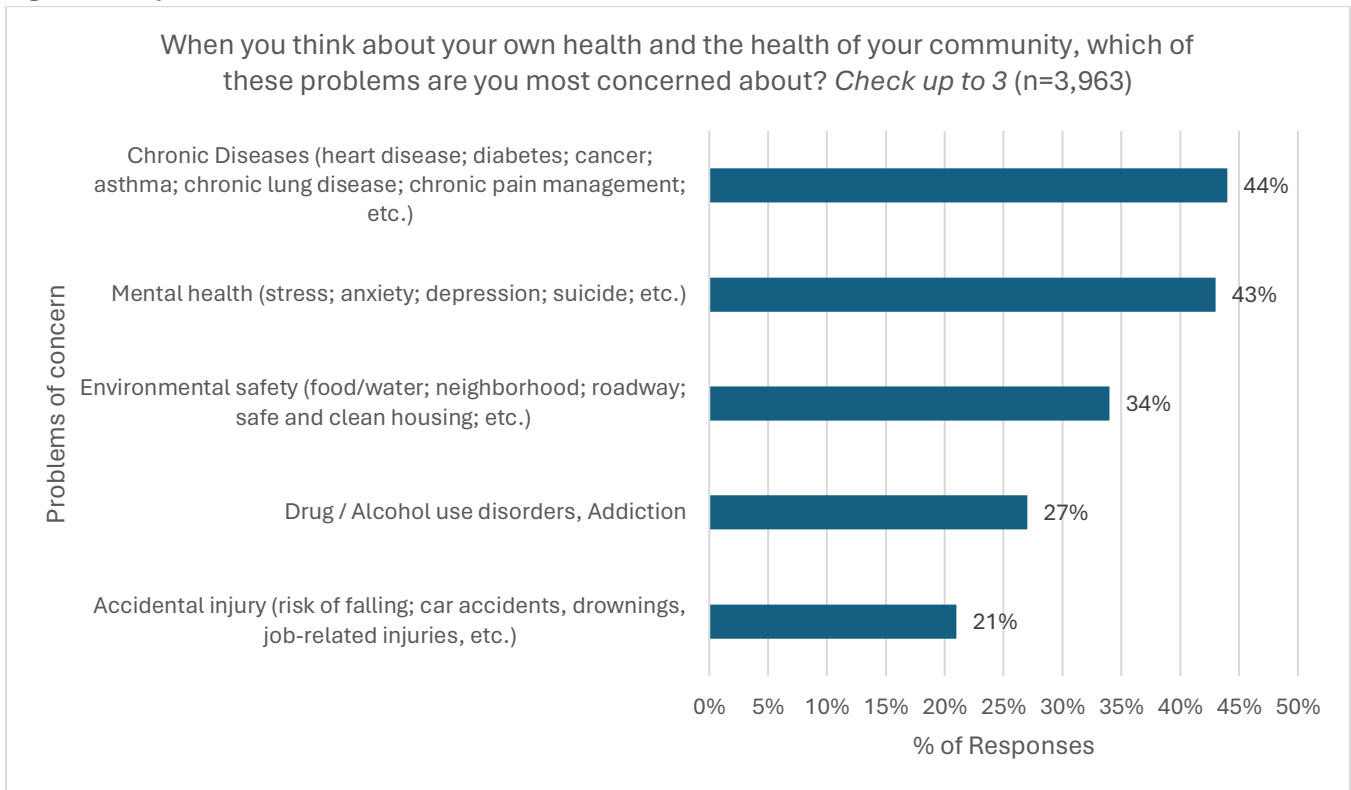
According to one of the groups, access to quality food and opportunities to stay physically active were recognized as foundations for maintaining good physical and mental health. These two areas are recognized by experts as key in the prevention of chronic diseases.

Participants identified language barriers as a limiting factor to health care. In addition to health literacy issues, language barriers can interfere with the proper management and treatment of chronic diseases. Language influences how an individual with a chronic disease understands how to take medications or the importance of recommended changes in lifestyles and or keeping appointments with providers.

## Community Health Survey

Community Health Survey respondents identified their top three most concerning community health problems. Chronic Disease was the top concern identified, selected by 1,739 (43.9%) respondents, closely followed by Mental Health then Environmental Issues. A breakdown of health concerns by race and ethnicity found that Chronic Disease was the top ranked concern for Black/African/African American and Other. Chronic Disease was also the top ranked concern for people between the ages of 55 and 84.

**Figure 11. Top Five Health Concerns**



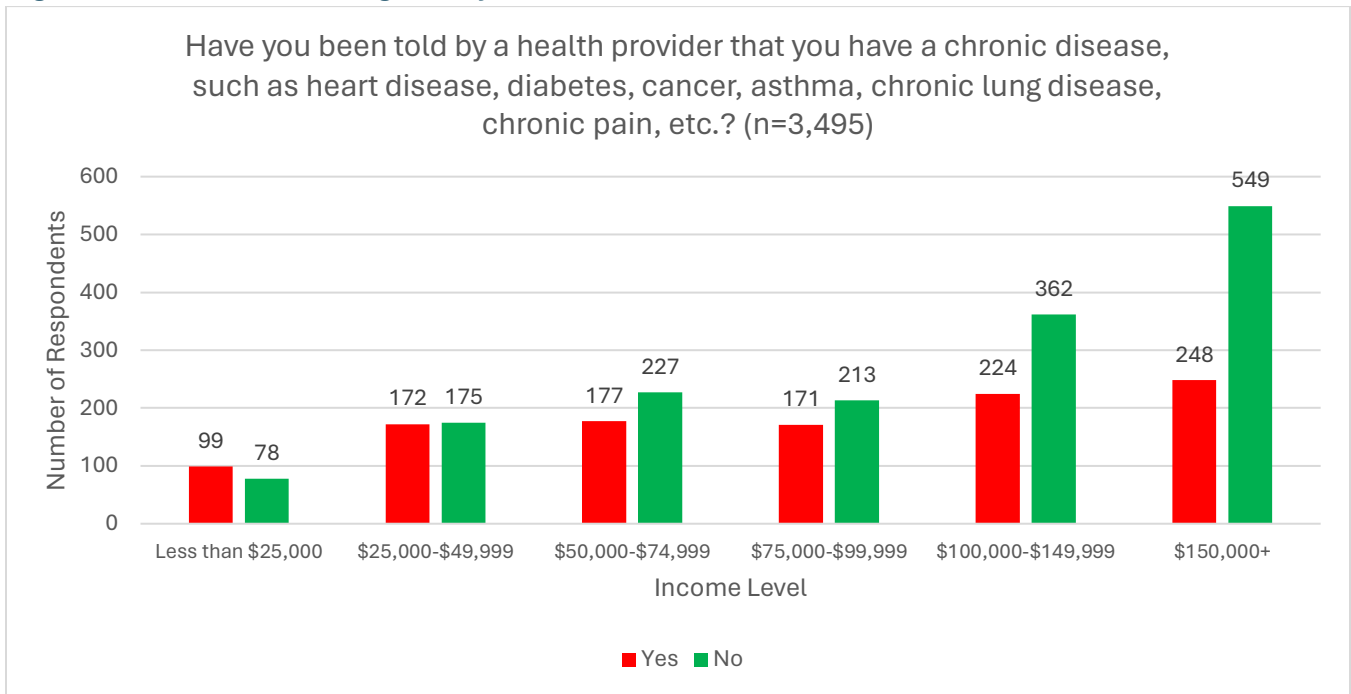
Source: Community Health Survey

Of 3,495 survey respondents, 39% reported having a chronic disease. Although recent data on the percentage of Delaware County persons with a chronic disease was not available, national data from the 2018 National Health Interview Survey (NHIS) indicated that 51.8% of adults had at least 1 of 10 selected diagnosed chronic conditions, and 27.2% of US adults had multiple chronic conditions.<sup>46</sup> Since the NHIS represents and is reflective of the US civilian, non-institutionalized population, DCHD estimates the county percentage of persons with at least one chronic disease could be closer to 51.8% and higher than the 39% reported by Community Health Survey respondents.

Responses to the chronic disease question varied by race and ethnicity. Community Health Survey respondents of Asian (34%) and Hispanic (35%) heritage, had the lowest percentage reporting “Yes”, being told having a chronic disease. American Indian or Alaska Natives reported the highest (56%), and White, Black, and All Races, had a similar percentage (41% - 44%).

A review of chronic disease diagnosis by income found that more people with an income less than \$25,000 reported being told they had a chronic disease compared to those with higher incomes (Figure 12). The chart below shows that persons with incomes higher than \$25,000 all reported not being told they had a chronic condition. The difference between being told and not being told they had a chronic condition increased as income levels increased.

**Figure 12. Chronic Disease Diagnosis by Income**



Source: Community Health Survey

Respondents that said they had been diagnosed with a chronic disease were asked a follow-up question about their awareness of what they need to do to manage and or improve their chronic condition. A review of responses by sex found that while chronic disease rates were similar among males and females, males were more likely to indicate that they know how to manage their chronic condition compared to females.

### Chronic Disease Risk Factors

#### Healthy Eating

Most survey respondents reported eating fruits and vegetables most (5-7) days of the week (2,226, 75.7%). Of those who reported barriers to eating fruits and vegetables, cost was the most common (519, 17.7%), followed by inability to get to fruit/vegetable markets (187, 6.4%). A review of data by race/ethnicity found that reported fruit and vegetable consumption was highest among Asian respondents, followed by White, Black, Hispanic, then American Indian and Alaska Natives.

#### Physical Activity

When asked about frequency of exercise (30 minutes or more) in a week, most respondents indicated selected 2-4 times per week (1,318, 37%), followed by 5-7 times per week (979, 27.5%), then “I don’t exercise regularly, but I try to be active when possible” (745, 20.9%). A review of exercise responses by age group found that individuals aged 45-54 were most active and those 55-64 were most likely to indicate that they did not engage in physical activity other than the regular daily activities.

### *Tobacco, vaping, or marijuana*

Survey respondents were asked about daily tobacco, vaping, or marijuana use in the past 3 months. A higher percentage of Native Hawaiian or Pacific Islander (19%) and American Indian and Alaska Native (12%) reported daily use of tobacco, vaping, or marijuana. White, Black, and Asian had (7%). Hispanic respondents had the lowest rate (5%).

### *Dental Health*

Dental health was identified as a health concern by CHA survey respondents as well as participants in community conversations. More individuals in the CHA survey identified dental health as a concern compared to trauma and adverse events, tobacco, maternal health, physical and intellectual disabilities, and sexually transmitted diseases.

## Secondary Health Data

In 2017-2021, cardiovascular disease was the leading cause of death in Delaware County, PA. Cardiovascular Diseases are disorders of the heart and blood vessels, including coronary artery disease, cerebrovascular disease, peripheral arterial disease (arms and legs), congenital, rheumatic (caused by bacteria), and deep vein thrombosis (blood clots in leg veins).<sup>47</sup>

Cerebrovascular disease, or stroke, includes disorders in which an area of the brain is temporarily or permanently affected by changes in blood vessel integrity and function. Examples include ischemia (decreased or blocked blood flow and oxygen to tissues) or bleeding and one or more of the cerebral blood vessels.<sup>48</sup>

The PA DOH County Health Profiles indicate that the Delaware County cerebrovascular disease mortality rate was significantly higher compared to Pennsylvania. The Delaware County age-adjusted rate of cerebrovascular disease mortality in 2015-2019 (42.6 per 100,000) was higher than Pennsylvania (36.4 per 100,000).<sup>49</sup>

## Leading Causes of Death in Delaware County

The top 10-leading causes of death for 2017-2021 were collected from the PA DOH Enterprise Data Dissemination Informatics Exchange (EDDIE) and are presented in Table 4. The number of deaths and age-adjusted mortality rates for the five-year period are presented below for Delaware County and PA. Measures using age-adjusted rates control for the effect of age from older persons on the occurrence of diseases. Six out of the 10 leading causes of death in Delaware County were chronic diseases. The top nine leading causes of deaths were the same for Delaware County and Pennsylvania. The 10th leading cause was cerebrovascular diseases for Delaware County and poisoning for Pennsylvania. Text in **RED** represents statistically significantly higher rates in Delaware County compared to Pennsylvania, **BLUE** text, significantly lower in Delaware County.<sup>21</sup>



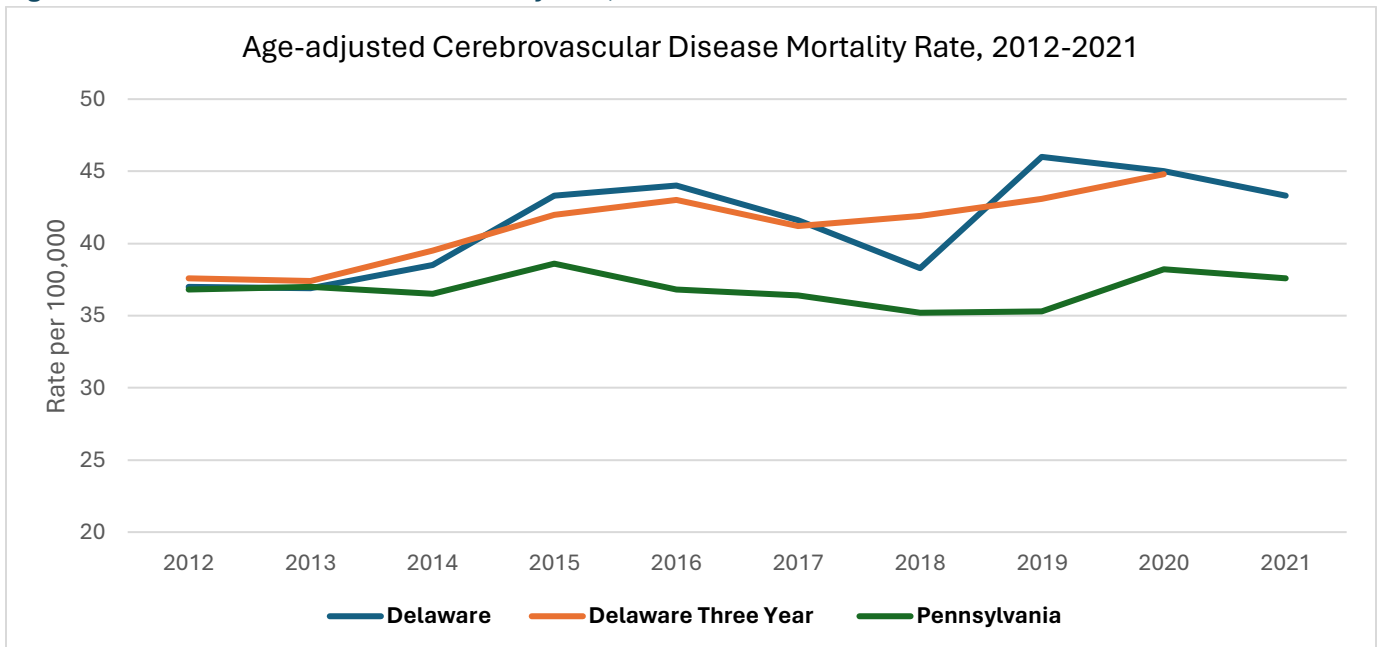
**Table 4. Leading Causes of Death in Delaware County and Pennsylvania (2017-2021)**

10 leading causes of death (2017-2021)	Delaware County Number (Age-adjusted rate per 100,000)	Pennsylvania Number (Age-adjusted rate per 100,000)
Cardiovascular diseases (major)	8,434 (220.6)	208,285 (226.9)
Heart disease	6,403 (167.1)	162,503 (177.1)
Cancer	5,653 (153.3)	139,562 (155.5)
Coronary Heart Disease	3,817 (99.7)	97,137 (106.1)
Ischemic heart diseases	3,326 (86.6)	86,712 (94.5)
External cause of death, injury, and accidents	2,460 (83.7)	62,421 (91)
Accidents	1,705 (57.7)	46,334 (66.7)
Accidents, non-transport	1,489 (50.3)	39,695 (56.9)
Mental and behavioral disorders	1,856 (46.6)	41,735 (44.3)
Cerebrovascular diseases	1,641 (42.9)	33,607 (36.5)
Poisoning (accidental, suicide, homicide, undetermined, legal interventions.)	1,157 (42.2)	25,827 (41.7)

Source: Pennsylvania Death Certificates, PADOH EDDIE<sup>21</sup>

For 2017-2021, the age-adjusted rate of cerebrovascular disease (stroke) mortality in Delaware County was 42.9 per 100,000, significantly higher than Pennsylvania’s rate of 36.5 per 100,000. The 2012-to-2021-time trend (Figure 13) for cerebrovascular disease mortality rates shows beginning in 2013, Delaware County mortality rates have increased while Pennsylvania rates have remained relatively stable.<sup>21</sup>

**Figure 13. Cerebrovascular Disease Mortality Rate, 2012-2021**

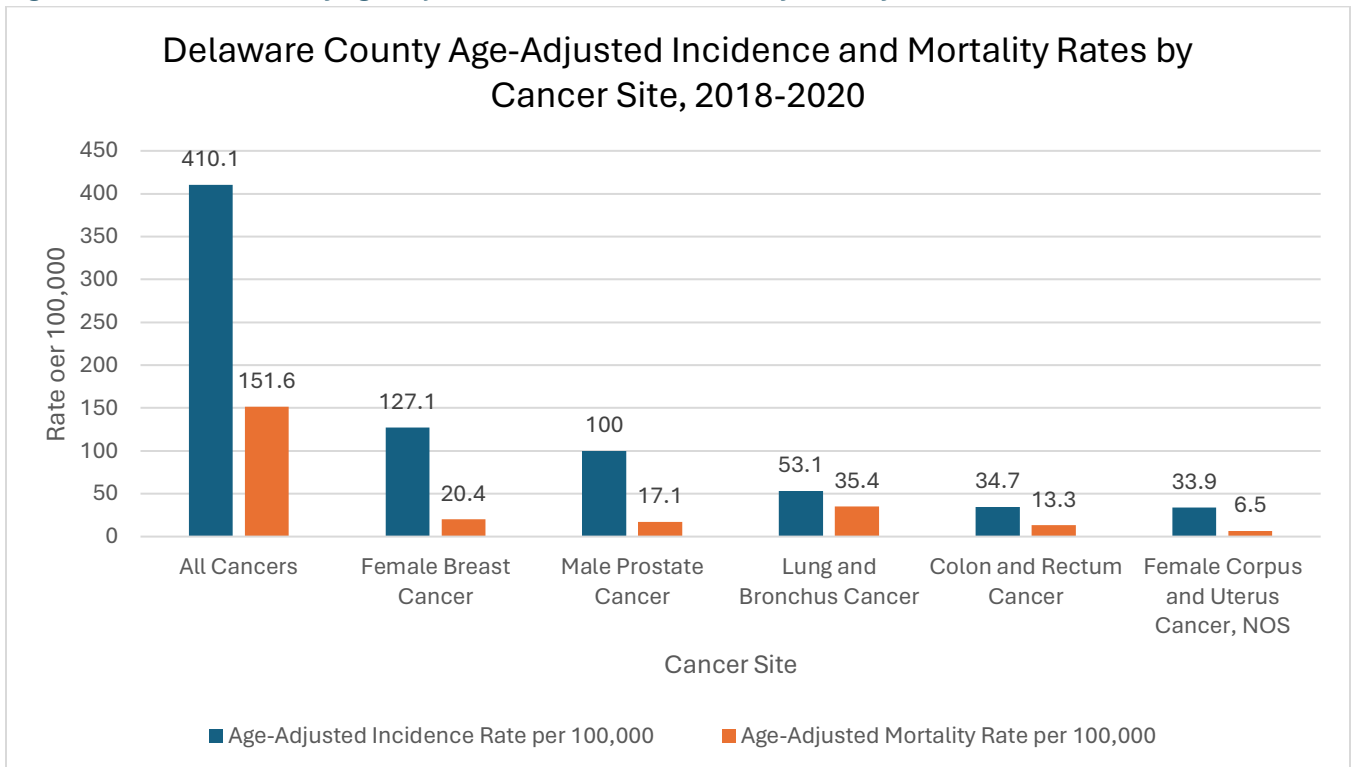


Source: PADOH EDDIE, 2012-2021<sup>21</sup>

### Cancer

The most common types of cancer in Delaware County from 2018 to 2020 were female breast, male prostate, lung and bronchus, colon and rectum, and female corpus and uterus cancer. While the rates of female breast cancer and male prostate cancer were the highest of all sites (127.1 and 100.0, respectively), the mortality rates were comparatively low (20.4 and 17.1) (Figure 14).<sup>21</sup> Except for breast and corpus and uterus cancers, Delaware County age-adjusted incidence and mortality rates for all other cancer sites were lower than Pennsylvania. Table 5 compares breast and corpus and uterus cancer rates for Delaware County and Pennsylvania.

**Figure 14. Delaware County age-adjusted incidence and mortality rates by cancer site, 2018-2020**



Source: PADOH EDDIE, 2018-2020<sup>21</sup>

**Table 5. Age-adjusted incidence and mortality rates for selected cancer sites, 2018-2020**

Indicator	Delaware County Rate 2018-2020	Pennsylvania Rate 2018-2020
<b>Female Breast cancer</b>		
Crude incidence per 100,000	157.10	168.00
Age-adjusted incidence per 100,000	127.10	127.00
Crude mortality rate per 100,000	27.80	29.20
Age-adjusted mortality rate per 100,000	20.40	19.90
Crude late-stage incidence per 100,000	46.80	49.60
Age-adjusted late-stage incidence per 100,000	40.10	39.50
<b>Female Corpus and Uterus cancer, not otherwise specified</b>		
Crude incidence per 100,000	45.60	46.00
Age-adjusted incidence per 100,000	33.90	32.20
Crude mortality rate per 100,000	9.50	9.10
Age-adjusted mortality rate per 100,000	6.50	5.90

Source: PADOH EDDIE, 2018-2020<sup>21</sup>

**Breast Cancer**

Breast cancer is the second most common cancer among women in the United States and Black women die from breast cancer at a higher rate than White women. The following Delaware County secondary data were collected from the National Cancer Institute Surveillance Epidemiology and End Results (SEER) databases.

Delaware County data (2016-2020) show that even though there were more new cases (incidence) of breast cancer in all stages among White women, the risk of being diagnosed with breast cancer at a late stage was higher among Black women. Late-stage breast cancer is farther along in its growth and has spread to the lymph nodes or other locations in the body. The risk of death from breast cancer was also higher among Black women compared to White.<sup>50</sup>

By increasing detection of cancer at earlier stages when it is easier to treat, breast cancer screenings reduce breast cancer mortality. Lower breast cancer screening rates are associated with higher rates of late-stage breast cancers and higher morbidity and mortality rates. Among Medicare enrollees ages 65-74 in 2020, Asian (24%) and Black (31%) females were less likely than Hispanic (34%) and White (38%) females to receive an annual mammography screening to detect breast cancer.<sup>11</sup> Because screening rates are lower among Asian and Black women ages 65-74 in Delaware County, their risk for late-stage breast cancer and death is higher.

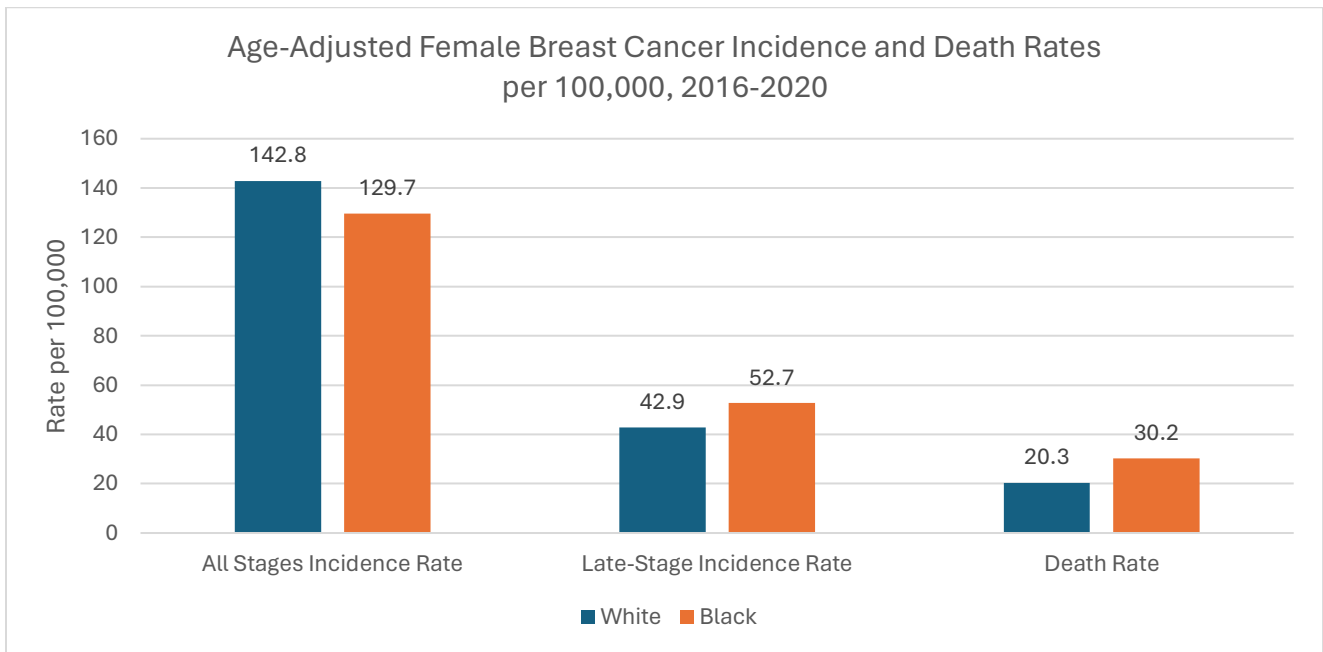
The following outlines key facts about breast cancer and disparities present in Delaware County for 2016-2020:

- Age-adjusted all stages incidence (new cases) rate for White women was 142.8 per 100,000, was higher than Black (129.7).<sup>51</sup>
- Age-adjusted late-stage incidence (new cases) rate for Black women was 52.7 per 100,000, higher than the rate for White women (42.9).<sup>51</sup>

- White women experienced a higher rate of breast cancer incidence in all stages than Black women for both the less than 50 and 50 and older age groups.<sup>51</sup>
- Black women experienced a higher rate of late-stage breast cancer incidence than white women.<sup>51</sup>
- The risk of death from breast cancer (death rate) was higher among Black 30.2 per 100,000 women compared to White (20.3).<sup>51</sup>
- Death rates of Black and White women were higher among women 50 years of age and older, compared to those under 50 years of age.<sup>51</sup>
- Death rates of Black women less than 50 (8.1) and 50 and older (88.1) years of age were higher than White (5.5, 58.9).<sup>51</sup>

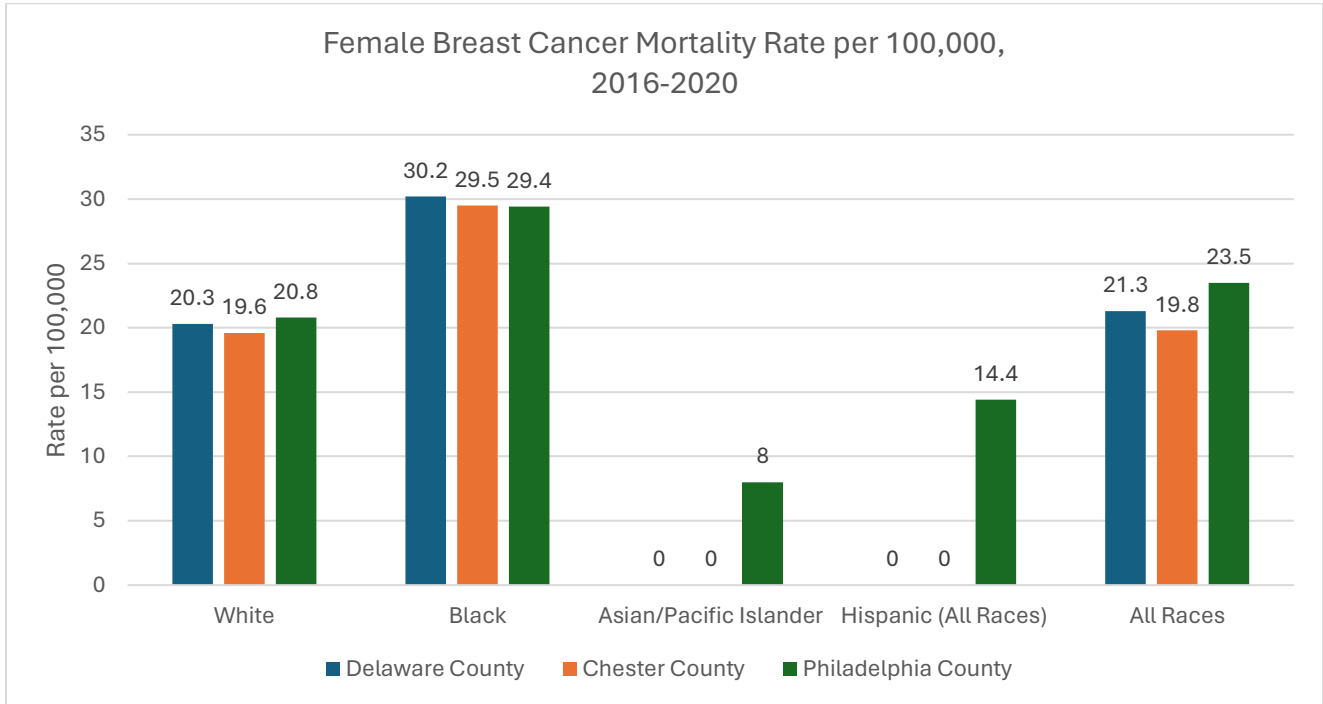
This information is presented visually in Figures 15-16.

**Figure 15. Delaware County Age-Adjusted Female Breast Cancer Incidence and Death Rates per 100,000, 2016-2020**



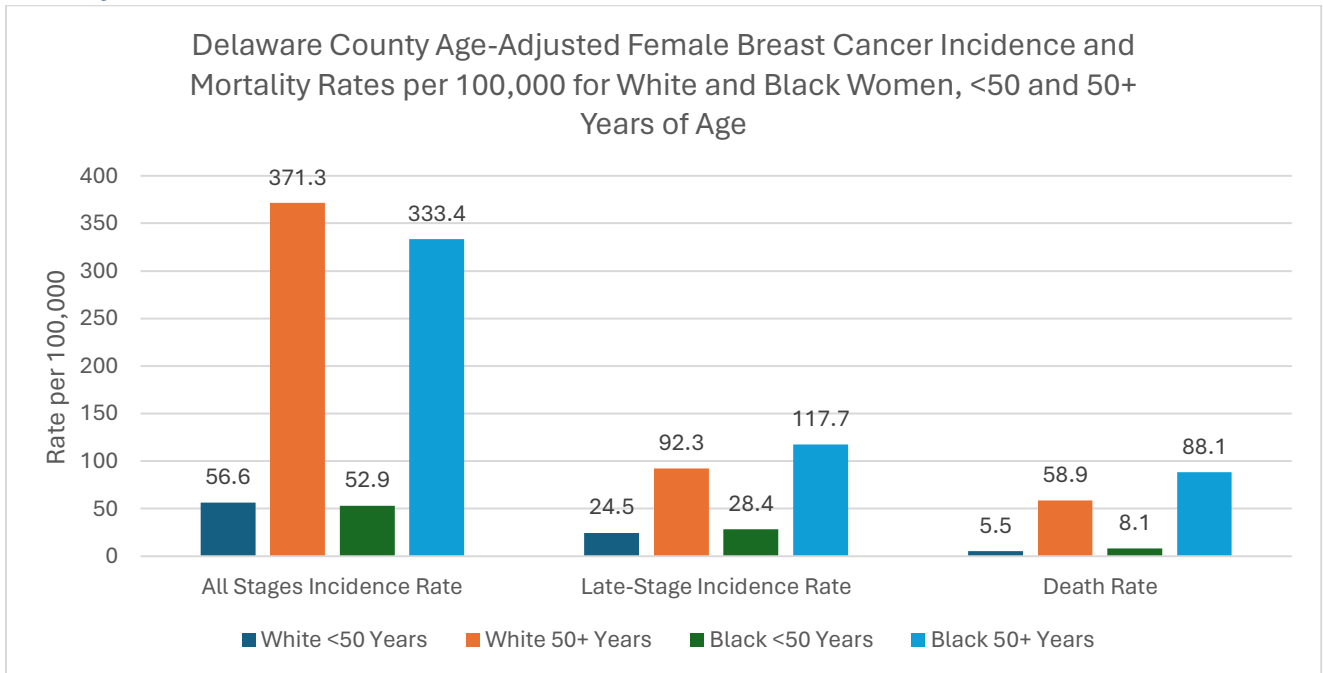
Source: National Cancer Institute SEER Databases<sup>51</sup>

**Figure 16. Delaware County Age-Adjusted Female Breast Cancer Mortality Rate per 100,000 by Race and Ethnicity, 2016-2020**



Source: National Cancer Institute SEER Databases<sup>51</sup>

**Figure 17. Delaware County Age-Adjusted Female Breast Cancer Mortality Rate per 100,000 by Race and Ethnicity, 2016-2020**



Source: National Cancer Institute SEER Databases<sup>51</sup>

## Dental Care

PADOH 2021-2022 data is limited to 3<sup>rd</sup> grade children 8-9 years of age. PADOH data described statewide caries experience by race and ethnicity. Statewide data indicated that caries prevalence (number of children with cavities) was highest among Black or African American children (65.1 percent), and lowest among White children (56.9 percent).<sup>52</sup> However, caries data by race and ethnicity were not provided in this report individually for each of the 6 regions in the state or by county. To estimate dental cavities in Delaware County, data were provided from several counties grouped in each of the state's 6 health districts. Delaware County is included in the Southeast Health District.

An analysis of a 2021-2022 PA DOH state-wide screenings of dental caries in school age children indicate that in the Southeast Region, Delaware County by proxy included, children 8-9 years of age had a significant number of dental cavities (caries, decay), and had untreated as well as treated dental caries. Many needed urgent dental care and the number receiving dental sealants (protective plastic coating on chewing surfaces to prevent caries) needed to improve.<sup>52</sup>

Of Pennsylvania's six health districts, the Southeast Region (SE) district ranked as follows in 2021-2022 for the PA Statewide dental screening of 3<sup>rd</sup> grade children:

- 2<sup>nd</sup> highest percentage of third graders (all races) with dental caries (63.3%).<sup>52</sup>
- 3<sup>rd</sup> highest percentage (25.9%) of third graders (all races) with untreated dental caries (active caries without fillings or other restorative procedure).<sup>52</sup>
- 2<sup>nd</sup> highest percentage of third graders (all races) with treated dental caries (tooth restored to health a cavity by placing fillings other procedures).<sup>52</sup>
- 2<sup>nd</sup> highest percentage (7.5%) of third graders (all races) needing urgent dental care at the time of the screening (pain, swelling).<sup>52</sup>
- 3<sup>rd</sup> lowest percentage (32%) of third graders (all races) with sealants (prevention measure consisting of protective plastic coat on chewing surfaces of back teeth – molars) on their permanent molars.<sup>52</sup>

## Community Assets and Resources

Resources available in Delaware County to address chronic disease prevention include community partners and federal programs. Among organizations who completed the Community Partner Survey, 22 out of 58 reported providing programs or services addressing chronic disease prevention and 12 of 58 also work on tobacco or substance use prevention.

**Table 6. Delaware County Community Organizations Addressing Chronic Diseases**

Organization Name	Chronic Diseases	Tobacco or Substance Use Prevention
County of Delaware	X	X
Crozer Health System	X	X
Health Educated, Inc	X	X
Main Line Health - Riddle Hospital	X	X
Maternity Care Coalition	X	X
Neumann University	X	X
The Foundation for Delaware County	X	X
Upper Darby School District	X	X
Villanova University	X	X
Keystone First	X	X
The Peggy and Paul Shevlin Family Foundation		X
Chester Community Coalition	X	
Puentes de Salud	X	X
Social Work Counseling Services	X	
AIDS Care Group	X	
Cabrini University	X	
Centro de Apoyo Comunitario	X	
Chichester School District	X	
Delaware County Intermediate Unit (DCIU)	X	
Domestic Abuse Project of Delaware County, Inc.	X	
PA 211 Human Services Hotline for Southeastern PA	X	
Southeast Delco	X	
Widener University	X	

While there are Delaware County organizations working to prevent and address chronic diseases, there were few coalitions identified through the Community Partner Assessment that focus specifically on chronic disease prevention. The Delaware County Tobacco Free Coalition has worked for several years to reduce tobacco use in Delaware County.

## Social Determinants of Health (SDOH) and Healthy People 2030 (HP 2030)

The World Health Organization (WHO) indicates that social determinants of health (SDOH) are responsible for 30-55% of health outcomes- more than access to healthcare and lifestyles.<sup>54</sup> According to WHO the following SDOH could influence health disparities in positive and negative ways: income and social protection, education, unemployment and job insecurity, working life conditions, food insecurity, housing, basic amenities and the environment, early childhood development, social inclusion and non-discrimination, structural conflict (caused by cruel patterns of human relationships), and access to affordable and quality health services.<sup>54</sup> The following SDOH challenges were identified by people who completed the Community Health Survey, Community Conversations, and Focus Groups:

- Air, noise pollution, lack of parks, places to walk and exercise.
- Housing issues
- Assault and gun violence.
- Homicides
- Suicides, and
- Access to health care including mental health.

Research indicates that racism, segregation, discrimination, insufficient social and family supports, and poor quality of health care received, can lead to premature aging because of wear and tear on the human body.<sup>54</sup> US data indicate that Non-Hispanic Black women, victims of racism for centuries, experienced the fastest rate of increase in maternal deaths between 2007 and 2014 and had maternal death rates up to 12 times higher than non-Hispanic white women.<sup>55</sup>

Data from 2017-2021 indicate Delaware County is doing well regarding the number of high school graduates or higher in persons aged 25 years and over, persons with health insurance, and fewer percentage of persons living in poverty. However, persons participating in Delaware County CHA community conversations reported “Discrimination in education” on five separate occasions. Others reported liking their school district on two occasions.

Regarding economic stability, Delaware County had a lower percentage (66%) of employed persons over 16 years of age<sup>10</sup> compared to the HP 2030 national goal of (70.6%).<sup>54</sup> Community members who engaged in the CHA process expressed concerns about limited employment opportunities, especially in the wake of the COVID-19 pandemic. Participants who worked two or more jobs to make ends meet struggle to meet physical activity recommendations due to time constraints.

While Delaware County’s health insurance coverage rate (94.5%)<sup>10</sup> was higher than the HP 2030 goal (88%),<sup>54</sup> community members continue to struggle with high medical costs and system navigation. The high cost of health insurance for small businesses, high co-pays and up-front costs for high-deductible plans are prohibitive for residents. Community members struggle to find medical providers who accept specific insurance plans, and mental health providers who accept



Medicaid. Several respondents expressed difficulty completing health insurance forms, and the need for better insurance to cover the costs of dental and eye care.

The percentage of Delaware County people living in poverty is lower<sup>10</sup> than that state and the HP 2030 national goal.<sup>54</sup> Multiple studies have found that poverty breeds ill-health, and ill-health keeps poor people poor. This has been documented in almost every chronic condition, from stroke to heart disease and arthritis, and the relationship between poverty and health follows a predictable pattern; more people get sick or have ill health as their income declines. As the number of poor health outcomes decreases in a county, the economy improves. Delaware County residents noted that despite more favorable poverty statistics than the state and nation, economic inequality in Delaware County persists and that more needs to be done to address this issue.

## Health Disparities

Health disparities are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations.<sup>57</sup> Table 7 demonstrates disparities that exist in Delaware County between White and Black populations using data from 2017-2021.<sup>21</sup> These age-adjusted mortality rates cover the main health concerns also expressed by the Community Health Survey respondents, for example, chronic diseases, maternal and infant health, mental health, violence, and sexually transmitted diseases (STDs).

Of the 20 causes of death listed in Table 7, the top 18 demonstrate higher rates among Black residents, while only the bottom 2 are higher among White residents. Black residents experienced higher mortality rates than White residents for specified cancers, heart disease, diabetes, firearm injuries, homicides, HIV, infant and perinatal mortality, mental and behavioral disorders, kidney disease and failure, septicemia (blood infection) and viral hepatitis. Mortality rates were higher among White residents than Black residents for drug-induced deaths and suicide. For the race listed, red text in the chart indicates a significantly higher rate in Delaware County than PA and blue text indicates a significantly lower than in Delaware County than PA.

These findings demonstrate the need to work closely with Black residents in the areas of chronic disease prevention and promotion of maternal and infant health. While important for people of all races and ethnicities, efforts to prevent suicide and fatal drug overdoses may be most needed among White residents.

**Table 7. Disparities in Delaware County, PA Mortality Rates, 2017-2021**

Underlying Cause of Death	Black	White
Cancer Age-Adjusted Rates per 100,000 2017-2021	183.1	150.3
Cancer of breast Age-Adjusted Rates per 100,000 2017-2021	18.7	10.9
Cancer of cervix uteri Age-Adjusted Rates per 100,000 2017-2021	1.6	0.7
Cancer of prostate Age-Adjusted Rates per 100,000 2017-2021	15.3	6.4
Cerebrovascular diseases Age-Adjusted Rates per 100,000 2017-2021	54	40.5
Coronary Heart Disease Age-Adjusted Rates per 100,000 2017-2021	112.7	97.8
Diabetes mellitus (Type 2) Age-Adjusted Rates per 100,000 2017-2021	27.1	14.1
Firearm related injuries (accidental, suicide, homicide, undetermined, legal interventions) Age-Adjusted Rates per 100,000 2017-2021	28.7	6.2
Heart disease Age-Adjusted Rates per 100,000 2017-2021	177.2	160.2
Homicide (assault) Age-Adjusted Rates per 100,000 2017-2021	27.7	1.6
Human immunodeficiency virus (HIV) disease Age-Adjusted Rates per 100,000 2017-2021	5.2	0.4
Infant Mortality Rate per 1,000 live births 2018-2020	13.6	3.9
Mental and behavioral disorders Age-Adjusted Rates per 100,000 2017-2021	<b>59.2</b>	45.6
Nephritis, nephrotic syndrome, and nephrosis Age-Adjusted Rates per 100,000 2017-2021	32.1	13.2
Perinatal conditions Age-Adjusted Rates per 100,000 2017-2021	11.9	2.7
Renal failure Age-Adjusted Rates per 100,000 2017-2021	31.5	13
Septicemia Age-Adjusted Rates per 100,000 2017-2021	17.6	10.8
Viral hepatitis Age-Adjusted Rates per 100,000 2017-2021	2.6	0.8
Drug-induced deaths Age-Adjusted Rates per 100,000 2017-2021	<b>26.3</b>	<b>51.7</b>
Suicide (intentional self-harm) Age-Adjusted Rates per 100,000 2017-2021	6.6	14.2

Source: PA DOH [Enterprise Data Dissemination Informatics Exchange](#) (EDDIE)<sup>21</sup>

## Conclusions

One of Delaware County’s greatest assets is its diverse and vibrant population. Regardless of socioeconomic status and place of residence, there is a profound sense of pride, civic duty, and resilience against all challenges that persists in the County. This contributes to a healthy economy and good quality of life. Like many communities across Pennsylvania and the United States, there are individuals and families that for generations have not enjoyed the same opportunities to flourish and prosper. Intentionally, historically, and systematically disinvested populations disproportionately experience higher rates of poverty, disease, and premature death.

Findings from this Community Health Assessment align with the results from the 2022 Southeastern PA Regional Community Health Needs Assessment (rCHNA). The rCHNA is conducted every 3 years by the Health Care Improvement Foundation and Philadelphia Department of Public Health and covers Bucks, Chester, Delaware, Montgomery, and Philadelphia counties.<sup>58</sup>

The Delaware County Health Department (DCHD) and its Steering Committee selected areas to focus health improvement strategies for 2024-2028 through the Community Health Assessment (CHA) process. DCHD staff and Steering Committee members reviewed findings to date from the

CHA efforts, including community conversations, focus groups, partner input, and health data. The priority areas selected include, in order:

- 1) Promote Whole Person Care and Prevent Mental Health and Substance Use Disorders
- 2) Promote Maternal, Parental, and Infant Health
- 3) Prevent Chronic Diseases

Two overarching themes will guide the DCHD and its community partners as they set goals and objectives in the three areas. These are:

- 1) Promote Health Equity
- 2) Improve Access to and Awareness of Health Care and Community Services

While three distinct priority areas were selected as a result of this assessment, it is important to note that many of the observations made by community members factor in to more than one priority area. The factors that lead to poor or good health are not exclusive to the three areas; significant overlap exists. The root causes that result in disparities evident in one priority area are likely the same root causes that result in poor outcomes in another priority area. Likewise, preventive factors developed in the community to affect change in one of the areas, may ultimately affect change in all three.

## Recommendations

The CHAT and Steering Committee developed a list of actions to take over the next five years and during the next CHA process. The actions below serve as general recommendations for DCHD and its community partners moving forward.

### Develop a Community Health Improvement Plan.

With the guidance and support of community partners who have expertise in the three priority areas, develop a Community Health Improvement Plan which includes at least one goal, and several health improvement strategies to affect change in that priority area.

### Continue to develop relationships with community partners.

The community health improvement work of DCHD and its partners will benefit in the future from intentional and strategic engagement with health care systems, local health departments in neighboring counties, and across Pennsylvania. Opportunities to collaborate on grant programs, in funding applications, or on future health assessment efforts (such as the Southeastern PA Regional Community Health Needs Assessment (rCHNA)) will only further assist Delaware County in expanding its community health improvement opportunities.

### Work to expand reach into additional populations facing disparities.

Efforts were made throughout the CHA process to engage with several groups of people who face health disparities, but it was not possible to reach all groups identified during the planning process. Throughout the Community Health Improvement Plan and during next Community

Health Assessments, continue to build relationships with trusted community partners and work to engage with groups of people with lived experience in diverse communities.

### Consider collaborating with research universities to capture representative health data.

Delaware County can consider conducting county-specific representative surveys to gather more information about the health needs of the community. Examples of surveys to consider include a Behavioral Risk Factor Surveillance System survey (adults) or a Youth Risk Behavior Survey (youth).

### Develop a Community Advisory Board.

The development of a Community Advisory Board (lay community members, families, etc.) could help DCHD and its partners to conduct outreach and develop programs that have effective buy-in and participation of culturally and linguistically diverse populations. The advisory board could also serve as an ongoing focus group, regularly providing data and information to DCHD. If possible, community members should be reimbursed for their time.

### Continuously monitor the health of the community.

This CHA was intentionally broad and comprehensive to establish a baseline resource of community health data for Delaware County. As DCHD continues to learn more about the community, there will be additional areas of interest to explore through a community health improvement lens. As opportunities present themselves, DCHD and its partners will continue to engage with the community, examine data, and provide support as needed to the communities who need local experts with health data resources.

As additional data points are explored, addenda may be added to the CHA and CHIP. One area to examine in greater detail is air quality in the Chester area, and health conditions that may be linked to poor air quality resulting from the trash incinerator or other local sources. Calculating rates of asthma, cancer, and other chronic conditions will be considered at the municipal level to identify geographic trends. Additionally, preliminary data on drug-related hospitalizations suggest that substance use disorders are rising among Black residents; this recent data is scheduled to be analyzed and considered in health improvement strategies.

### Next Steps

The Community Health Assessment reports will be available for public comment and suggestions for 2 weeks. Comments and suggestions will be reviewed and shared publicly.

The findings from the Delaware County CHA 2024-2028 will be used by DCHD and its partners to develop a Community Health Improvement Plan- a blueprint for community change that will outline goals, objectives, and community health improvement strategies. These strategies will lead to improved health outcomes. CHA partners and steering committee members will play a

pivotal role in the implementation of feasible activities intended to address the identified needs of Delaware County families.

An evaluation plan will be developed to measure changes before and after implementation of the CHIP. Evaluation measures will include goals and objectives, quantitative and qualitative data, surveys, focus groups, interviews, and monitoring of secondary data from external state and federal sources.

The CHA and CHIP will be posted on the DCHD website, and findings will be shared publicly through distribution to community partners, through press releases and the Delaware County media channels, posting on social media pages, data briefs distributed at public sites (such as libraries), and distribution of video clips explaining CHA findings and CHIP strategies.

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