



# COVID-19 PANDEMIC

The breadth, depth, and diversity of the impacts of the COVID-19 pandemic on the U.S. and the rest of the world are unprecedented.

While its effects have yet to be fully documented and understood, analyses of available U.S. data conducted over the past two years show:

- [Significant negative impacts on excess mortality and life expectancy;](#)
- [Widespread hardship affecting food access, housing, and employment; and](#)
- [Persistent racial/ethnic disparities in infections, deaths, disease severity, vaccination, and experience of economic distress.](#)

Local pandemic-related data for the five-county southeastern Pennsylvania (SEPA) region show patterns similar to national trends. For each of the five counties, COVID-19 is the third leading cause of death for 2020, following heart disease and cancer. Rates of COVID-19 mortality, health care utilization, and vaccination (see table below, which aggregates data featured in the county profiles; data for COVID-related health care utilization also available in tables for each geographic community<sup>1</sup>) are comparable to that of other metropolitan areas in the Northeast U.S.

	<b>Bucks</b>	<b>Chester</b>	<b>Delaware</b>	<b>Montgomery</b>	<b>Philadelphia</b>
<b>COVID-19 fully covered vaccination rate</b> (as of 11/30/21) (per 100,000)	55,875.8	61,756.4	55,860.1	56,857.4	58,072.7
<b>COVID-related emergency department utilization</b> (per 100,000)	190.2	445.0	713.4	853.5	701.4
<b>COVID-related hospitalization rate</b> (per 100,000)	398.9	274.1	564.8	394.6	851.0
<b>COVID-related mortality rate</b> (per 100,000)	145.1	110.2	177.9	144.2	165.4

<sup>1</sup> Due to the ongoing nature of the pandemic, these data are ever-changing so data incorporated into the report therefore represent snapshots at specific points in time. For more up-to-date information, please visit the [CDC COVID Data Tracker](#), the [COVID-19 Dashboard](#) maintained by the Pennsylvania Department of Health, or county health department resources (see [Bucks](#), [Chester](#), [Delaware](#), [Montgomery](#), [Philadelphia](#)).

As in other parts of the country, communities of color have been hardest hit by the pandemic, with Black/African American communities and Hispanic/Latino communities experiencing the [highest rates of COVID-19 infections, hospitalization, and death](#), as compared to other groups.

- An [analysis](#) of “interlocking systems of racism” encompassing employment, housing, neighborhoods, and transportation underscores the role of residential segregation in increasing risk of COVID-19 exposure and mortality for Black communities in Philadelphia.
- Though gaps have reduced over time, [COVID-19 vaccination rates](#) among African Americans continue to lag behind other racial/ethnic groups for every age group, especially among children aged 11 years and under. While [vaccine hesitancy](#) has often been cited as driving lower vaccination rates in communities of color, [building trust](#) through community engagement and [addressing barriers to access](#) are also important factors.
- Beyond COVID-19-related metrics, evidence is growing that racial disparities in other health outcomes (for example, [opioid overdose](#)) and health care access (such as [cancer care](#)) deepened during early phases of the pandemic.
- Directly contributing to and exacerbating such disparities are [pandemic-related job losses](#), experienced disproportionately by Black and Hispanic workers [at all levels of educational attainment](#) (but most starkly among those with less than a high school level of education, who are more likely to be in lower wage jobs in retail or hospitality). The cascading impacts of lost wages can be seen in hardships related to critical needs such as housing, as local [renters express challenges](#) with keeping up with rent and avoiding eviction during the pandemic.

The qualitative data collected for the rCHNA (see summaries of community conversations, spotlight discussions, and data collected for focus areas and communities) shed light on the lived experience of the pandemic on SEPA communities. Adults and youth alike experienced major disruptions to their lives, leading to negative impacts on mental health and physical health changes such as weight gain and sleep loss. For some communities, financial stress resulting from job loss contributed to experiencing higher levels of anxiety and depression.

Remote schooling was particularly challenging for youth, with many reporting difficulties with learning, lack of contact with peers, and feeling unprepared to socialize upon returning to in-person school. Impacts on older adults across the region were particularly acute, as heightened risks of COVID-19 morbidity and mortality contributed directly to significant social isolation. This had profound negative effects on their physical and behavioral health (e.g., reduced physical activity, food access challenges, delays in seeking health care, increased rates of depression and substance use).

A persistent theme across all rCHNA qualitative data collection efforts was the pronounced impact of the “digital divide,” reflecting increased awareness of disparities in digital access as a result of the pandemic. Lack of access to broadband internet services was universally viewed as a major barrier to employment (i.e., ability to telecommute), education (i.e., participation in remote schooling), and health care access (i.e., telehealth). Discussion participants particularly noted older adults as having the biggest challenges with digital access, owing to technology access issues (both broadband and device-related), as well as lower levels of digital literacy and comfort with using digital devices.

Local reports have delved into better understanding the digital divide in the region. One [regional analysis](#) mapped census tracts with below-average household broadband subscription rates for the region and found a positive association between higher COVID-19 infection rates and below-average household broadband subscription rates at the census tract level. A recent [report of the findings from a Philadelphia survey](#) identify other groups, in addition to older adults, with lower access to broadband or a working device, including Black communities, Hispanic/Latino communities, and households with lower incomes. Thirty-three percent of Philadelphians are considered to be “subscription vulnerable,” which is characterized by experiencing service interruption during the pandemic or having difficulty keeping internet service without a discount. Four in ten survey respondents cited affordability as a major reason for not having high-speed internet service, and 75 percent of residents with low incomes expressed that they are unable to afford paying \$20/month for access. A recently released [Digital Equity Plan](#) outlines potential strategies for addressing these issues.