A list of eighteen potential populations of special interest were prioritized by the Steering Committee for primary qualitative data collection for this assessment. The Committee recognized that there are many communities in the area with unique experiences and specific needs, and that no single data collection effort can comprehensively reflect the needs of all communities. Prioritization was based on the perceived magnitude of concerns facing communities, how emergent a concern was, and whether data already existed for a given population. The six populations selected for primary data collection through key stakeholder focus groups were: Hispanic and Latino communities, African-American communities, people experiencing homelessness, people experiencing housing insecurity, prenatal and postpartum women, and people living with behavioral health conditions. Where available, findings from other recent primary data collection efforts and reports for other populations of special interest were included. These populations are immigrant and refugee communities, individuals with disabilities, LGBTQ+ communities, and youth and adolescents.

POPULATIONS OF SPECIAL INTEREST

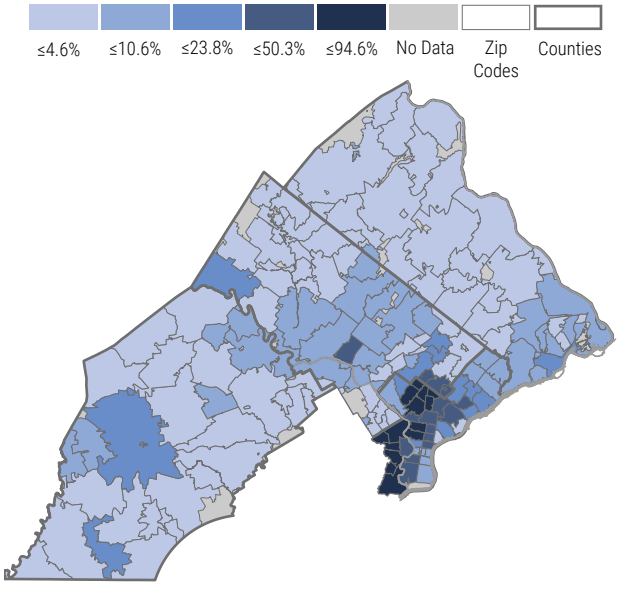
AFRICAN AMERICAN COMMUNITIES

African Americans represent roughly 40 percent of the population in Philadelphia County, and much less in the surrounding counties.

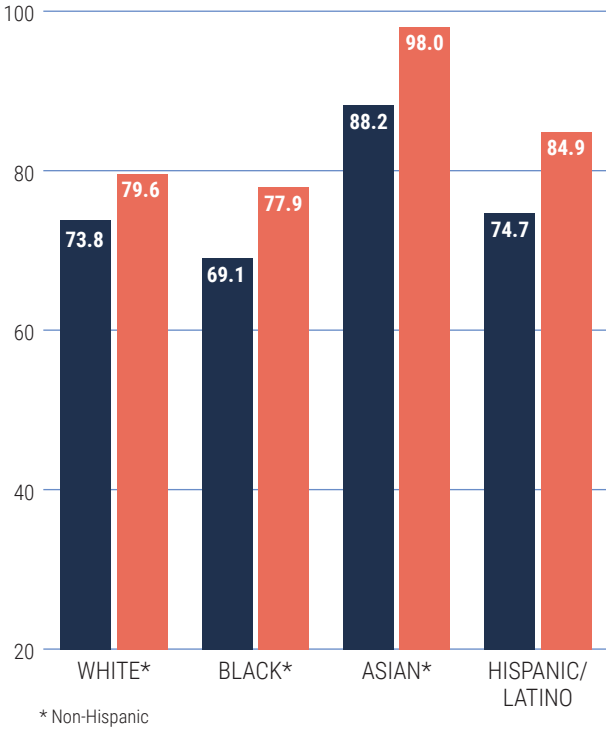
Key health indicators show poorer health outcomes among African Americans as compared to other racial/ethnic groups in the region. Most notably, life expectancy for African Americans is lowest compared to other racial/ethnic groups and lowest for African American men overall. These disparities in outcomes are largely driven by higher rates of poverty and increased exposure to adverse conditions related to poor neighborhood conditions and structural violence.

Additionally, the impact of structural racism and experience of bias in health care and other service settings has and continues to be a significant challenge for these communities and critical to address in order to improve health and achieve health equity in the region.

BLACK NON-HISPANIC POPULATION

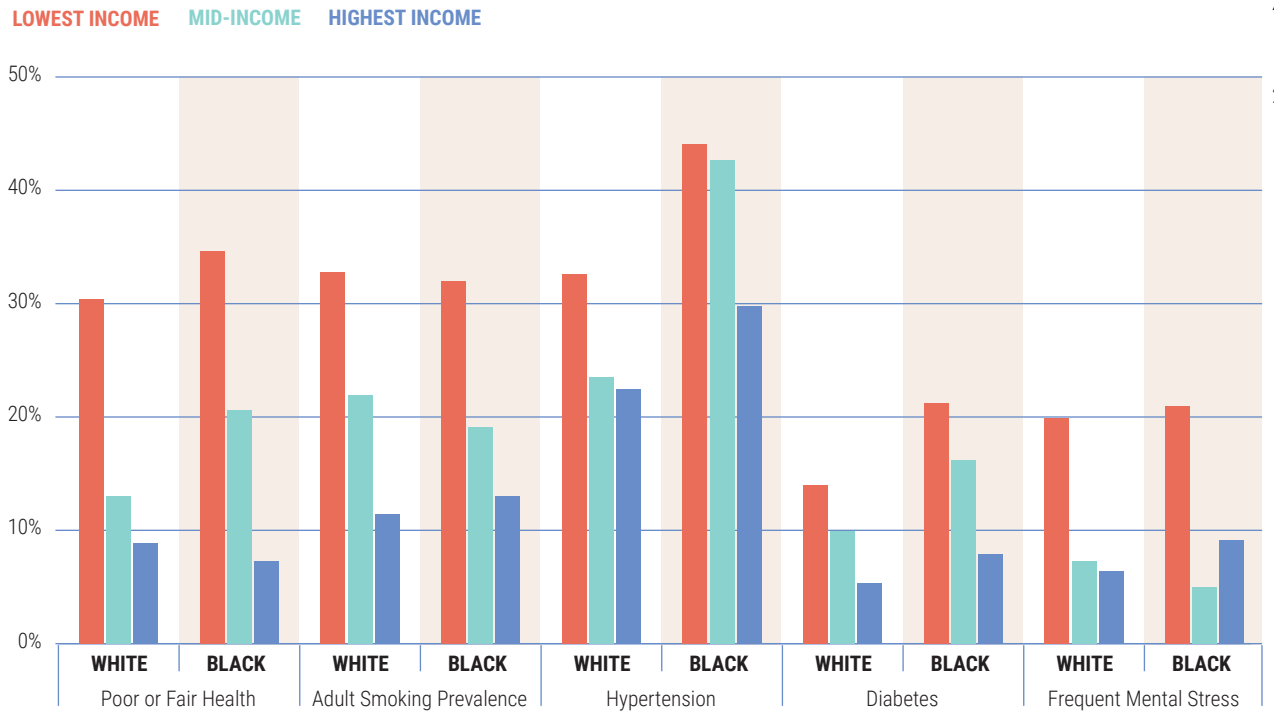


LIFE EXPECTANCY BY RACE AND SEX



* Non-Hispanic

IMPACT OF POVERTY ON BLACK-WHITE HEALTH DISPARITIES, 2015–2017



PHYSICAL HEALTH CONCERNS

- Diabetes, heart disease, stroke, and hypertension were all identified as chronic diseases of concern, with obesity raised as a particularly significant issue. Cancer was also a health concern.
- Place-based determinants and neighborhood environments play a strong role in the development of these health issues. For example, under-resourced communities have too many fast food places and not enough healthy food options.

MENTAL AND BEHAVIORAL HEALTH CONCERNS

- Substance use, including opioid use, is prevalent and respondents noted that "demand is high" and "resources are slim" for treatment options. Treatment is short and insufficient, and sometimes located near places where the substance use originally initiated, which could cause people in recovery to relapse.
- Multiple respondents agreed that African American communities are vulnerable to violence, such as shootings, and resultant trauma. This violence is a result of root causes that create resource disparities and desperation, including intergenerational poverty, limited educational opportunities, limited housing, and issues with crowding.
- Respondents noted "incredible amounts" of depression and anxiety, concurrent with an increase in drugs to offset those conditions. Respondents noted an associated stigma with mental health conditions in some African American communities, which can make the conditions more difficult for providers to address.

POPULATIONS OF SPECIAL INTEREST

AFRICAN AMERICAN COMMUNITIES

Serving African American children

HEALTH CONCERNS

- One respondent reflected on recognizing a child's position in a family. They are "powerless" in that they are subject to an adult's control and bound by their environment, but they also exhibit resilience.
- Parents who struggle with the continual exhaustion of limited income, multiple jobs, and raising multiple children may have limited bandwidth to offer support to their children. As a result, children may not have well-visits and may be late on immunizations.
- Obesity and asthma are significant health concerns for children.
- African American teens may experience depression, anxiety, bullying, and negative effects from exposure to technology. Trauma from exposure to violence or substance use may also have strong effects. Homeless teens may have additional difficulties thriving in school.

SYSTEMS ISSUES

- Accessing mental health services for children is a particularly significant issue; respondents described children in school settings on waiting lists to be screened.
- Respondents identified gaps in knowledge of how to access health care, find insurance, navigate the system, and complete care transition from pediatric to adult care.
- The school system is not set up to encourage education. Students are rushed to move along even if they are not fully prepared. A lack of faculty continuity means a high proportion of substitute teachers. Child illness also contributes to absenteeism, which has implications for future educational and professional opportunities.

Serving African American older adults

- Seniors have fears around safety in their neighborhoods, which present barriers to accessing resources like food, medication, and exercise.
- One respondent noted that as African Americans age and need to see their providers more, the fear of hearing bad news increases, which seems especially prevalent in men.
- Older adults experience worry over their younger family members, especially when circumstances create family structures where grandparents are caretakers of their grandchildren. They may also feel a sense of loss for their adult children.

Access to care

UNDERLYING BARRIERS TO ACCESS

- Providers often converge in a small number of large complexes. This clustering creates areas where other communities have no locally accessible health care.
- Transportation can pose a significant barrier when families need to take several buses or trains to get care.
- Some families cannot afford to miss work, which makes seeking healthcare a challenge.
- Respondents also noted a tendency to seek care from the emergency department rather than seeking primary care. This preference is likely due to interrelated issues of transportation and financial barriers causing delays in care, people not having insurance coverage, and/or a lack of familiarity with navigating the health care system's care options.

NAVIGATION AND SYSTEM CHALLENGES

- Respondents noted that some people within African American communities may lack insurance or, if they have it, they may not be familiar with how to use it.
- Even when people can access health care facilities, respondents noted a reluctance to receive care, because of the biases they experience when interacting with health care providers. Respondents reported that patients feel like "an underclass, subclass, alternative class."
- Respondents noted specialists are difficult to access, with long waitlists and long spans of time waiting for an appointment. Patients find specialist care difficult to navigate successfully and are "sent through insurance roundabouts."
- Respondents also discussed the shortage of psychiatrists, leading to poor mental health care that overmedicates patients who would benefit from therapy.

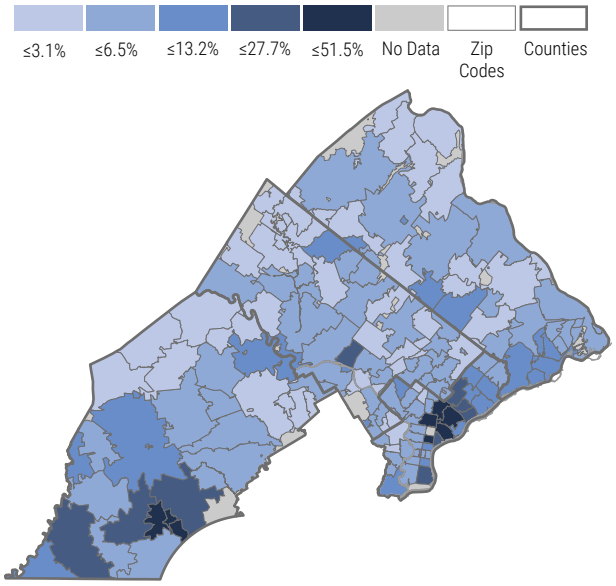
On reluctance to interact with the health care system due to the interpersonal treatment experienced there:

"How long can I go with the pain I'm having to avoid how I feel after I leave this place that is supposed to take care of me?"

POPULATIONS OF SPECIAL INTEREST

HISPANIC AND LATINO COMMUNITIES

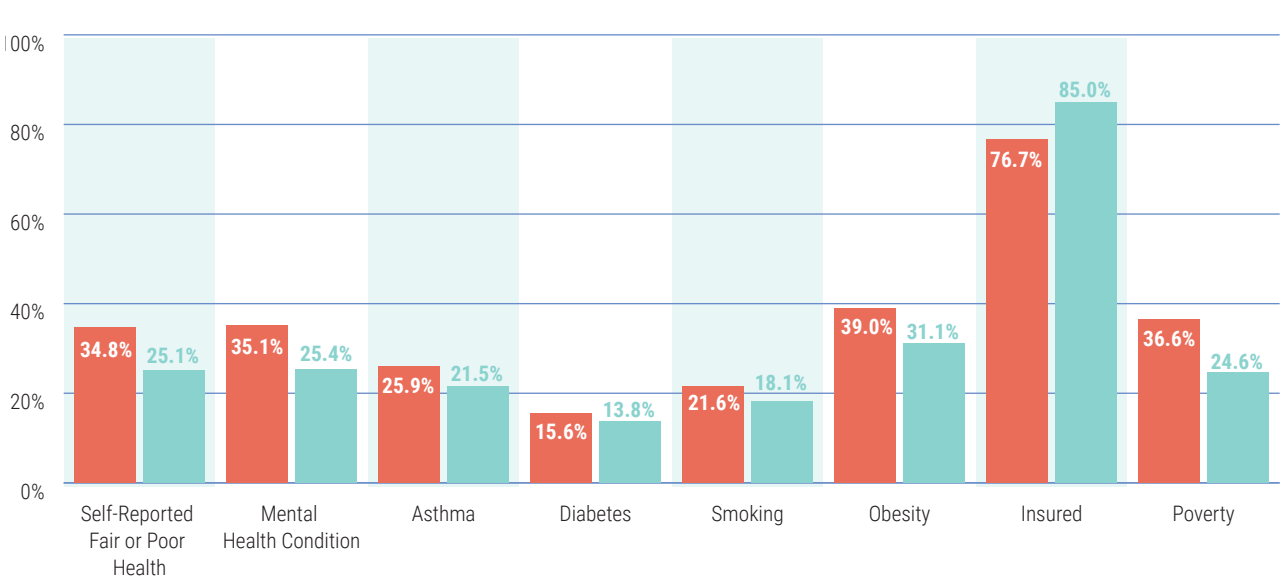
HISPANIC/LATINO POPULATION



Hispanic and Latino communities cluster in the Northeast region of Philadelphia and parts of West Chester, where the population is as high as 50% in some areas. Overall, about 14% of Philadelphia County residents are Hispanic or Latino.

Hispanic and Latino communities continue to experience higher rates of many chronic conditions, particularly mental health conditions, compared to other racial demographic groups in Philadelphia. These higher rates of chronic disease are related to higher rates of unhealthy behaviors, which are both driven by higher rates of poverty and lower access to care.

HISPANIC/LATINO HEALTH MEASURES



Across the region, many members of Hispanic and Latino communities face cultural and linguistic barriers to health that contribute to poor health outcomes. The current political climate associated with immigration poses further barriers that lead to fear, stress, and delays in seeking out needed care and services. To more fully reflect the impact of these barriers, information gained from the CHNA focus group effort and a recent qualitative assessment are shared below.

CULTURE AND CARE

- Multiple respondents emphasized that culturally competent and linguistically appropriate care are critical to addressing the needs of Hispanic and Latino communities.
- Respondents shared that some health systems have not built trust with newly arrived patients or with well-established Latino communities. Unfamiliarity and disengagement with Latino communities creates mistrust and disconnects between providers and the patients they serve.
- Respondents shared that local public health entities are not focused on addressing the prevalence of chronic health conditions in Hispanic and Latino communities. For example, vast majorities of Latino clients in some health and wellness programs have diabetes or pre-diabetes; in some programs the prevalence approaches 90 percent. A lack of prioritization is compounded by a general lack of knowledge about serving the needs of Hispanic/Latino communities.
- Intersections of cultural traditions, acculturation to American norms, and intergenerational differences can affect how Hispanic and Latino families interact with their health. These considerations can affect things like diet, substance use, and managing chronic conditions.
- People who experience chronic homelessness are at higher risk for poorer mental health, physical health, and premature death. In 2018, there were over 16,500 people experiencing homelessness in Philadelphia, of which 8.2% were Latino. A phenomenon called the Latino Homeless Paradox suggests that Latinos are more likely to find alternative forms of housing before going to a shelter due to language barriers and a lack of available beds in their neighborhoods. The reduced proportion of Latinos using shelters prevents them from accessing housing programs that reach many people through shelters. In addition, it likely results in undercounting the number of truly homeless Latinos in Philadelphia and may conceal the severity of the housing crisis in Latino communities.

"There is poor communication between English speaking providers and English speaking patients, and that communication is even worse when they do not speak the same language."

POPULATIONS OF SPECIAL INTEREST

HISPANIC AND LATINO COMMUNITIES

Serving younger Hispanic and Latino children

- Multiple respondents described chronic stress as a result of the modern political climate and an ever-present culture of fear. Respondents described children being affected by exposure to Spanish-speaking media outlets in the home regarding the state of their countries of origin, or children crying in elementary and middle-school classrooms due to stress and uncertainty about how welcome their families and communities are in the United States.
- There is substantial need for dental services, as raised by respondents describing children who are referred by schools and have never seen a dentist. These children have significant oral health issues that necessitate many visits and sometimes surgical procedures.
- Family context can also affect children's health. Parents with limited language or literacy skills may have difficulty understanding requirements such as immunizations or other forms needed for school, and parents with inflexible work schedules or transportation challenges may have trouble taking their children in for visits.

Serving older Hispanic and Latino children

- One respondent also mentioned bullying as a stressor for Latino children. Another mentioned seeing an elevated rate of panic attacks in teenagers.
- In Bucks County, respondents noted how interactions with the school system affected several of these issues. Examples included sexual education not taking place in high school settings and a lack of resources in schools to help bridge language and communication issues.
- In addition, several respondents mentioned the high rate of pregnancy among teenage Latinas as young as 13-15 years old. Contributing factors included high rates among girls who have recently arrived in the United States, several client cases where the teenagers' parents approved of beginning motherhood at a younger age, and a lack of sexual education curricula being offered in high schools.

Serving Hispanic and Latino older adults

- Loneliness, depression, and isolation emerged as key issues facing older adults.
- Stakeholders identified poverty and poor financial health, unstable employment, unstable housing and community trauma as major sources of chronic stress.
- Social determinants of health can play a heightened role in older adults' health. Respondents described older Latinos struggling to afford and manage their medications, pay copayments, and access healthy food. For some seniors, even when participating in food access programs, the food is often not culturally appropriate and does not include fresh, nutritious produce.

"This community, for the most part, has been pushed aside and we haven't been able to build trust. I think that is a fundamental thing."

Access to care

APPROPRIATENESS AND AVAILABILITY

- Multiple respondents strongly emphasized the need for linguistically appropriate care throughout the discussion. They noted that Hispanics and Latinos are not linguistically or culturally monolithic, but come from many different countries and speak many different dialects. Providers must be sensitive to the diverse cultural backgrounds of Hispanic and Latino communities.
- Respondents described significant waitlists for bilingual counseling services.

CULTURE, CLIMATE, AND ROOT CAUSES

- Multiple respondents noted that a lack of health insurance greatly affects access to care. Undocumented community members may also avoid or delay seeking care due to fear of deportation, resulting in emergency department visits.
- Nationally, rhetoric around immigration has had a tremendous effect on Latino communities. One respondent described expectant mothers who are scared of delivering in the hospital out of fear that they will be separated from their baby.
- The following structural barriers and social determinants of health can also affect access:
  - Transportation was identified as a challenge.
  - Missing work to receive care can present a proportionally greater economic risk for people who may not receive paid time off.
  - Affording healthy foods can also be a challenge, as can accessing culturally appropriate foods that a family is familiar with preparing.

"It is a multigenerational cycle — poor living environment, lower education, and low income all lead to poorer health."

POPULATIONS OF SPECIAL INTEREST

IMMIGRANT AND REFUGEE COMMUNITIES

Approximately 12 percent of residents in the region are foreign-born.

These immigrants and refugees come from around the world and most have arrived in our region since 1990. Within this immigrant and refugee population are many recent arrivals with significant vulnerabilities: some seeking asylum or without current status, those with limited English proficiency, and many experiencing health challenges, all of which create barriers to daily functioning. Many of them are deterred from applying for public benefits or programs that provide necessities, such as health care and food, because they are afraid that their application process will divulge information to federal immigration officials about who they are and where they are living, even if they are eligible immigrants. Nearly 40% of the non-citizen immigrant population is uninsured, which is over four times the rate of the general population.

Many refugees arrive with significant medical conditions including injuries from war, infectious diseases, and unmanaged, chronic health conditions. Refugees also experience emotional trauma resulting from war, displacement and loss of loved ones and status, and are frequently diagnosed with Post-Traumatic Stress Disorder (PTSD) and other mental health conditions. Language barriers are a particular barrier for those in need of behavioral health services. In addition, cultural beliefs about health may not include disease prevention or use of Western medicine to control chronic disease. Some unique needs of among immigrants and refugees were reported and are summarized below.

Women immigrants/refugees

- There is a need for family planning education and increased need for community education about women's rights.
- Women immigrants and refugees may be unfamiliar with or fear the health effects of contraception.
- This population may lack transportation to reach needed health care services and may have limited health literacy.
- There is a need for culturally competent care.

Older adult immigrants/refugees

- Older adult immigrants and refugees may have difficulty managing conditions, limited health literacy, and trouble navigating health care and health insurance.
- Many older immigrants experience decreased social engagement, poor mobility, and resultant lack of activity.
- Language barriers, concerns for family members, and financial uncertainty are major sources of stress for the older immigrant and refugee population. Language barriers may prevent individuals from learning about and accessing programming.
- Organizations serving immigrant populations are providing patient navigation services due to language barriers and complexity of the health care system.

"Health for [many immigrants] is traditionally if you can sleep well, eat well, look a bit fat and walk."

African and Caribbean immigrants/refugees

- The African Family Health Organization (AFAHO) noticed an influx of immigrant, refugee and asylee Caribbean and African youth, specifically in West Philadelphia, and that many of them were not English-proficient, lacked knowledge of reproductive and sexual health and experienced bullying in the school systems.
- More initiatives, like AFAHO's summer programs, are needed for these immigrant youth to help create a safe environment for them to discuss their hardships; improve self-esteem; and educate the youth on sexual and reproductive health, English, and how to adjust to American life while maintaining their ethnic identity.
- Congolese immigrants and refugees may lack the funds to cover basic expenses. Those who access food stamps experience concerns that these benefits are not enough to cover the entire family.
- Congolese immigrants and refugees frequently experience difficulties with follow-up and specialist appointments.

East and Southeast Asian immigrants/refugees

- Among 330,000 Philadelphia area residents who do not speak English very well, 5.8% speak Vietnamese, but that language is spoken by less than 1% of local physicians. This shortage, according to VietLead, a nonprofit community group for Philadelphians of Vietnamese origin, is especially acute among physician specialists and mental health professionals.
- Buddhist centers across the city provide legal aid, tax assistance, soup kitchen document translation, English classes and other services to East/Southeast Asian, African, Latino, and Eastern European populations.

Muslim immigrants/refugees

- There are over 75,000 Muslims who live in Philadelphia, and about 60% of them live in poverty.
- Furthermore, 25% lack health insurance, 30% report cost as a barrier to healthcare access and 20% have no access to healthcare whatsoever.
- Muslim immigrants and refugees lack access to Muslim-run health care facilities.

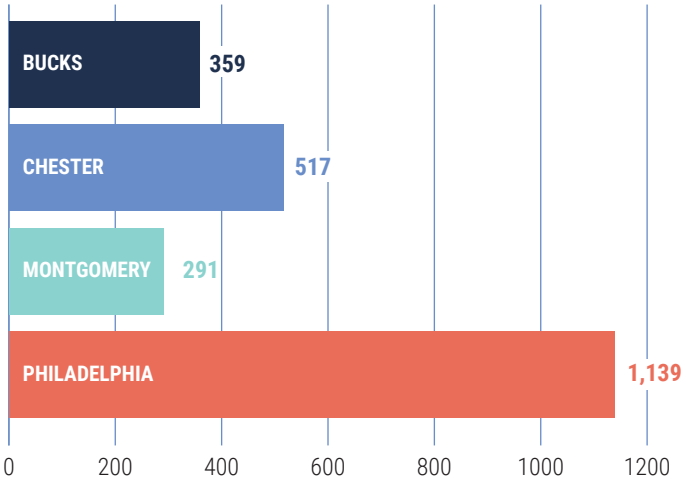
POPULATIONS OF SPECIAL INTEREST

INDIVIDUALS EXPERIENCING HOMELESSNESS

Among the most vulnerable in communities in the region are those individuals experiencing homelessness. Based on the most recent count of unsheltered homeless, there were just over 2,300 homeless individuals in the region, approximately half in Philadelphia County.

These individuals face increased risk of significantly poor physical and mental health because their basic needs are not met and because of their ongoing exposure to adverse environmental conditions. Physical or behavioral health conditions often go undiagnosed or untreated, due to lack of access to care. The challenges associated with homelessness are further exacerbated by the opioid epidemic. Improving and expanding systems of services is essential to significantly meet such acute need.

HOMELESSNESS BY COUNTY



PHYSICAL HEALTH CONCERNS AND ROOT CAUSES

- Far and away, respondents concurred that the greatest need of people experiencing homelessness is safe, stable housing. Poverty and hunger, or a lack of consistent access to food, are also concerns.
- Respondents listed acute physical needs resulting from unsafe and unstable conditions of living without a home, including: exposure, adverse effects of not getting enough quality sleep, exposure to lead, asthma, joint pains, arthritis, problems with mobility and feet, heart disease, hypertension, lung disease, sexual and reproductive health needs, and skin disorders.
- These conditions often go undiagnosed and untreated due to lack of access to care and medication.

MENTAL AND BEHAVIORAL HEALTH CONCERNS

- Respondents stressed the needs of homeless individuals who suffer from concurrent mental or behavioral health conditions that are often untreated. Opioid use is a significant concern.
- Families often have histories of trauma and mental health needs.
- One respondent mentioned the needs of homeless individuals who are survivors of domestic violence. Sometimes a partner has blocked or controlled access to care or medication. Other times, their partner has doled out medication as a reward, or kept the survivor under the influence of substances to make them more controllable.
- This abuse results in longer term health needs, including treatment and rehabilitation for substance use disorders.

Serving children

- For very young children, respondents emphasized promoting breastfeeding among expectant mothers to offer protection against health risks of living in shelters.
- For children of domestic violence survivors, abusive partners blocking access to care affects children as well. Expectant mothers are often denied or blocked from receiving any prenatal care.
- Children, even infants, have experienced or witnessed significant trauma and violence that health care professionals need to be trained to recognize and address. Chronic stress among among pregnant women experiencing homelessness is believed to impact birth outcomes.
- Children with intellectual disabilities have particular challenges with shelter environments.
- Children experiencing homelessness have difficulty accessing health care, including vaccinations and screening. One respondent described a mother trying to make a new patient primary care appointment for her seven-month-old baby and being told there was no availability for over two months.
- Children also present with physical conditions such as asthma, lead poisoning, and significant dental issues. Respondents have seen rotting teeth, including baby teeth, due to poor nutrition and deferred dental care.
- Among older children, key informants noted seeing early pregnancy in client populations.
- Older children are at risk for sex trafficking and victimization in exchange for securing a place to stay. Sexually transmitted diseases and HIV/AIDS are resultant concerns.
- Mental health conditions are a significant concern, including the prevalence of depression, anxiety, stress, trauma, and “a lot of very egregious self-harm.”
- Respondents also described some substance use and substantial failure to thrive academically in school.
- LGBTQ+ youth are over-represented in the population of homeless youth and are at risk for experiencing bigotry, physical violence, and sexual violence.

POPULATIONS OF SPECIAL INTEREST

INDIVIDUALS EXPERIENCING HOMELESSNESS

Serving older adults

- Multiple respondents shared that age itself presents differently in homeless populations. People in their 50s and 60s have all the problems of more advanced age, are considered seniors by people who work with them, and are more likely to die within their 50s-60s than people in the general population.
- Experiencing homelessness may also compound mental and behavioral health conditions, as well as mobility issues, in these older adults.
- A compounding issue is that, despite advanced conditions and multiple hardships, these adults may not yet be eligible for housing and other benefits programs that are reserved for traditional categories of seniors (i.e., ages 65 and older).

Access to care

NAVIGATION

- Despite having health insurance, many people experiencing homelessness may depend on 911 or the emergency department (ED) for routine medical care. ED dependence may be due to transience placing people far from their original primary care office or patients not even knowing primary care is an option.
- Providers also need to be trained to recognize and address trauma, especially among children with mental health needs.
- Respondents noted system gaps when homeless patients leave care. Those who are not sick enough to stay in care, but are too sick to return to the shelter, often have nowhere to go. The burden for planning for these individuals can fall on community-based organizations or public services.
- Shelter services often feel unequipped to address special health care needs. Some people in shelter will delay important care, such as treatment or surgery, because they won't be able to deal with recovery while in shelter.
- Connecting patients to specialists is a challenge. People with significant trauma may have to endure wait times of 6-8 weeks for an initial behavioral health assessment.
- People experience stress, transience, and competing needs that make accessing care difficult. Barriers like not having enough minutes on a pre-paid phone to stay on hold with a provider can delay or prevent access.

BIAS AND STIGMA

- Multiple respondents described system failures related to bias and stigma for clients experiencing homelessness presenting with acute needs or severe injury. Despite case managers advocating for them, these patients were turned away from EDs. These patients were dismissed as bed-seeking or med-seeking.
- In these cases, severe health problems were addressed later than they should have been, and in a few cases the patient died.
- Multiple respondents agreed they had witnessed this occurrence across multiple systems of care, even with veterans eligible for VA medical care. While they cautioned against overgeneralizing, they noted enough cases for it to be considered a serious and persistent issue.
- Patients who visit the ED also face stigma from staff and providers while there.

"When I was in elementary school, the solution to polio was not building more lung machines and giving more kids walkers. We all stood in a line and got a vaccine. And so that was the inoculation.

Well, the inoculation for homelessness is not better shots, it's not better dental care, it's not even better mental health care or substance abuse care, all of which I agree on. The inoculation – the actual treatment – is housing."

POPULATIONS OF SPECIAL INTEREST

INDIVIDUALS LIVING WITH BEHAVIORAL AND MENTAL HEALTH CONDITIONS

Numerous indicators strongly demonstrate the growing behavioral health care need in the region. High rates of behavioral health diagnoses (often co-morbid with chronic conditions), stress associated with unmet non-medical needs arising from poverty, and morbidity and mortality stemming from the opioid epidemic present a clear picture of pressing need. Stakeholder input across four counties was sought to identify strategies for improving systems of care and resources to more effectively address behavioral health needs regionally.

MENTAL AND BEHAVIORAL HEALTH CONCERNS

- The opioid epidemic was identified as a significant crisis, resulting in complex medical needs and deaths by overdose. Issues compounding opioid use include limited availability of treatment resources, insufficient wraparound services to support people in recovery, and a lack of housing that offers a safe environment without the presence of other users, which can precipitate relapse.
- Methamphetamine use was identified as an increasing issue in Montgomery County.
- Patients suffering from significant mental health crisis have comparatively shorter life expectancy, leading respondents to question whether current treatment regimens are really changing the course of patients' lives.
- Respondents noted the prevalence of anxiety disorder and related medical symptoms, including headaches, back pain, neck problems, Irritable Bowel Syndrome, fibromyalgia, and chronic fatigue syndrome.
- Respondents in three of the four counties noted the upward trend of deaths by suicide.

CONCURRENT PHYSICAL HEALTH CONCERNS

- Medical conditions that are exacerbated by smoking, alcohol, or illicit drug use include obesity, pain syndromes (orthopedic issues, arthritis, fibromyalgia, and migraines), cellulitis, skin abscesses, cirrhosis, sexually transmitted disease, tuberculosis, hypertension, hyperlipidemia, diabetes, cancer, COPD, and asthma. Smoking, alcohol use, and illicit drug use also affect the health of pregnant women and their fetuses.
- Hepatitis C was identified as a growing concern in Bucks and Montgomery counties, along with a general need to test for sexually transmitted diseases in populations of people who inject drugs.
- Patients with behavioral health conditions have significant dental needs and often lack preventive care. The physical appearance of poor dental health can also present a barrier for patients seeking employment.
- Psychotropic medications may cause side effects and long-term effects, which may contribute to chronic medical conditions like diabetes.

ROOT CAUSES AND COMPETING ISSUES

- Across the counties, respondents cited multiple barriers related to social determinants of health that create additional challenges for behavioral health patients.
- These determinants include a lack of affordable housing, limited employment opportunities, lack of access to healthy foods and poor nutrition, limited transportation, and low socioeconomic status. Exposure to these conditions creates chronic stress and trauma that result in poorer physical and mental health.
- Respondents stressed the persistence of stigma towards people with mental health conditions and substance use disorder among health care providers. Stigma can lead to providers dismissing patients' concerns or can expose patients to trauma and discrimination within healthcare settings.

Serving children

TRAUMA

- Childhood trauma emerged as a critical issue across all the counties. Although key informants mentioned adult trauma and trauma interacting with the healthcare system, they spoke at length of the effects of adverse childhood experiences (ACES), and the negative behavioral and physical outcomes that can emerge.
- These experiences include the stress of growing up in a single-parent household, a lack of development of healthy attachments, parents who have skill deficits in caregiving, parents who have their own behavioral health issues, homelessness, and the high daily allostatic load of growing up in the context of intergenerational poverty.
- Respondents in Philadelphia and Chester Counties also noted specific risk of harm for LGBTQ+ children if behavioral health providers are not sensitive to their experiences, and if providers wrongly assume sexual and gender identities to be products of past trauma.
- Chester County respondents noted a diversity of cultural backgrounds among youth and emphasized the importance of ensuring access to bilingual, bicultural health care providers who make children from any background feel welcome.

POPULATIONS OF SPECIAL INTEREST

INDIVIDUALS LIVING WITH BEHAVIORAL AND MENTAL HEALTH CONDITIONS

MENTAL HEALTH CONCERNS

- Bullying, in particular through social media, emerged as a concern that affects children at younger and younger ages.
- Respondents noted recent data trends appear to show an increase in adolescent and young adult suicide rates, which may be affected by a drop-off in treatment in high schools.
- Anxiety, depression, and ADHD were all cited as mental health conditions affecting this group.
- Children need support developing skills to encourage social-emotional regulation in order to manage behavioral health conditions, trauma, and other stressors. A Montgomery County respondent noted social-emotional learning programs being placed in preschools and elementary schools.
- In Montgomery and Chester Counties, respondents noted a significant burden of stress and pressure to succeed academically in older children from well-off communities.
- Lack of safe, affordable structured activities (such as opportunities for physical activity), excessive screen time, and exposure to bullying on social media impact behavioral health among children.

SUBSTANCE USE

- Across the counties, respondents expressed concern regarding an increase in youth substance use, including alcohol, opioids, marijuana, cigarettes, and especially e-cigarettes.
- Related concerns included youth being unaware of the carcinogenic effects of alcohol, e-cigarettes being expressly marketed to young people, and a misperception that there is a "healthier" way to smoke.
- A resultant need for in-patient rehabilitative services has emerged for this population.

PHYSICAL HEALTH CONCERNS

- One respondent noted increases in childhood asthma, diabetes, and pre-diabetes.
- These issues may be due to genetics, poor nutrition and eating habits, or the psychotropic medications children take.

BARRIERS TO ACCESS

Barriers to access that specifically affect children include:

- A dearth of child psychiatrists.
- A system that is not built for addressing behavioral health concerns of very young children, resulting in misdiagnoses, delayed identification, and a lack of prevention.
- Long emergency department wait times (as much as a week) before securing inpatient behavioral health placement.
- Misdiagnoses of other vulnerable groups. For example, Philadelphia respondents noted young boys of color may be disproportionately and incorrectly diagnosed with conduct disorder due to racial bias.
- Transitions in care from pediatrics to adult primary care providers can be difficult for children with mental health issues such as autism and their families.

Serving older adults

MENTAL HEALTH CONDITIONS AND SUBSTANCE USE

- Loneliness, grief, depression, and isolation may all affect older adults.
- Key informants noted the use of alcohol, opioids, and benzodiazepines in this population; overdoses as a result of substance use are also a problem.
- Resurgence of past substance use patterns may appear in older adults. Substance use may be a strategy to cope with mental health conditions or may result from pain management of physical conditions.

BARRIERS TO ACCESS

Barriers to access that specifically affect older adults include:

- Limited care coordination and medication management present increased risks to seniors. Respondents reported that caregivers and family do not always know an older family member's medication regimen. Similarly, multiple providers across specialties may not be aware of all prescribed medications, which increases risk for dependence and adverse events.
- A lack of covered services to address hearing and dental issues.
- A lack of in-house geropsychiatric services and expertise in retirement communities, assisted living, and nursing facilities.
- The intersection of advanced age and social determinants of health may compound difficulties for older adults. Limited access to transportation, nutritious food, and affordable housing reduces the ability for older adults to access basic services and resources, let alone comprehensive care.

POPULATIONS OF SPECIAL INTEREST

INDIVIDUALS LIVING WITH BEHAVIORAL AND MENTAL HEALTH CONDITIONS

Access to care

INTEGRATION AND COORDINATION

- Respondents reported a lack of coordination across mental and behavioral health and physical care providers, specialists, and other health care providers.
- As an example, in Chester County, behavioral health counselors have discovered some patients are not disclosing symptoms, concerns, or needs to primary care physicians, resulting in gaps in care.
- Respondents described a resultant "catch-22" effect, where providers in a particular care setting may be reluctant to treat or admit a patient with concurrent behavioral and physical health needs.

  An example provided by Bucks County informants was the case of behavioral health patients with skin abscesses: behavioral health specialists may not want to admit the patient due to an inability to address the wound issue, while general community medical hospitals may not feel equipped to address the behavioral health condition(s).
- A subsequent "sick care system" exists in the behavioral health space. The focus must shift to prevention and early identification, which requires engagement of physical health providers like primary care providers.

INSURANCE AND COST

- Coordination across insurance providers is also a need (for example, between commercial and public payers if a patient has primary and secondary coverage).
- Respondents noted a very limited number of behavioral health providers across the counties accept Medicaid.
- Across multiple types of insurance (Medicare, Medicaid, and private insurance) patients sometimes cannot afford the cost of either psychiatric or physical medications.

NAVIGATION

- Patients do not always know the most appropriate entry point to the health care system for various needs.
- Respondents also noted that, within a "sick care system" framework, the emergency department (ED) is frequently the entry point for patients with significant behavioral health needs. They stressed the importance of ED staff being well-trained in trauma-informed care and committed to reducing stigmatization of this vulnerable and complex patient population.
- Challenges imposed by social determinants of health (such as housing insecurity, food insecurity, transportation, employment, and childcare) affect patients' ability to access and navigate health care services.
- Health literacy is further impacted by changes in vision, hearing, and mobility in older adults.

AVAILABILITY

- Across the counties, respondents cited a dearth of psychiatrists as a key issue, reflecting national trends.
- A lack of reimbursement parity for mental/behavioral health specialists, when compared to physical care, contributes to the paucity of available providers.
- Respondents reported extremely long wait times for accessing care, such as a week of boarding in the emergency department while waiting for inpatient behavioral health care (especially for patients with intellectual disabilities), 6-8 weeks for a psychiatric or therapeutic appointment, or as long as 3-4 months to a year for a physical health specialist appointment.

County-specific characteristics and priorities

BUCKS COUNTY: UNIQUE CHARACTERISTICS AND TOP PRIORITIES

- Bucks County respondents stressed the effects of limited transportation in the county, which can affect patients' ability to work, find affordable housing, and access healthy food.
- There is particular difficulty finding adequate specialists in-network for patients in an accessible geographic location in the county. People have to travel significant distances to see a specialist, which presents a real challenge for patients with public insurance.
- Respondents noted the public behavioral health system in Bucks County is overburdened. A majority of patients who present at public crisis centers are covered by commercial insurers that do not cover crisis. The public system also handles activities like bed searches without commercial insurer involvement, which stretches capacity.

TOP PRIORITIES

- **Care coordination and information exchange across care providers in behavioral, primary, dental, and specialty care to treat the whole person holistically.**
- **Coordination between primary care and behavioral health providers to encourage prevention. Primary care providers were described as the "front door" and the "guard of good health."**
- **Ensuring accountability and integration of commercial insurers to reduce the burden on the public system.**

CHESTER COUNTY: UNIQUE CHARACTERISTICS AND TOP PRIORITIES

- Chester County residents have a wide range of socioeconomic status, which translates to substantial variation in insurance status and health care options. Some populations are uninsured and have competing needs such as housing instability and limited income, but a high percentage of people have private insurance.
- Chester County is fairly spread out and rural, meaning transportation to appointments is difficult, especially for people with limited income with few options for affordable housing across the county.
- Affordable housing can be particularly limited for older adults, whose incomes may be fixed and who are concomitantly affected by food, nutrition, and transportation issues. Navigating the health care system is also a notable issue for older adults.
- Chester County informants noted that people who are resource-poor in wealthier counties can be even more disproportionately affected by limited affordable housing options.
- Chester County respondents voiced the longest appointment wait times for physical care specialists. Some care managers have started taking patients into Philadelphia to see specialists, which results in high quality care but presents an even greater transportation barrier.
- Engagement of bilingual, bicultural health care workers to serve children of diverse cultural backgrounds in any health care setting was particularly notable for Latino communities in Chester County.

TOP PRIORITIES

- **Expand use of telemedicine and mobile care for counseling, therapy and other treatment for behavioral health conditions.**
- **Recognition of childhood trauma across all systems and investment in early identification as a community. One respondent expanded on this to include screening for mental health conditions such as depression, suicide, and trauma.**
- **Addressing problems with substance use disorder.**
- **Identifying and addressing social determinants of health, particularly transportation and access/connection to resources and services.**

MONTGOMERY COUNTY: UNIQUE CHARACTERISTICS AND TOP PRIORITIES

- Montgomery County respondents expressed particular concern regarding substance use in the county. They noted increases in related or concurrent conditions like cirrhosis, HIV, sexually transmitted diseases, and tuberculosis. They also emphasized drug-related mortality, noting that organ donation has actually increased due to young, otherwise healthy individuals dying of overdose.
- System issues affect treatment for substance use in the county. Some providers have been reluctant to acquire waivers to administer medically assisted treatment. Newcomers to the healthcare system, such as urgent care facilities, are not always familiar with local behavioral healthcare entities that provide drug and alcohol services.
- Montgomery County respondents noted that autism diagnoses are increasing, perhaps due to early identification, which creates an increased need for services. One respondent posited that some children receiving an autism diagnosis may actually have Fetal Alcohol Spectrum Disorder.
- Respondents also noted the inter-connected nature of behavioral health, physical health, and social determinants of health. Social determinants are "like the legs of a stool" for "people on the margins" and "if one of the legs is kicked out, it starts to impact the other[s]."

TOP PRIORITIES

- **Preventing people dying from opioid overdose.**
- **Addressing the stigma of behavioral health challenges, especially substance use disorder.**
- **Encouraging trauma-informed care across health care providers and community services.**

PHILADELPHIA COUNTY: UNIQUE CHARACTERISTICS AND TOP PRIORITIES

- Children's mental and behavioral health emerged as a strong priority in this discussion; childhood trauma, while discussed across all behavioral health focus groups, was particularly emphasized in the Philadelphia county group.
- Respondents noted the particular role social determinants of health play in behavioral health in Philadelphia, given the county's poverty level, urban environment, and housing system.
- Philadelphia respondents emphasized the importance of research and evaluation of behavioral health data to assess quality, understand the epidemiology and etiology of behavioral health conditions, and predict future crises so as to proactively address them and mitigate their effects.
- Respondents noted access issues based on proximity of care to neighborhoods, especially for specialized treatments that may exist outside of the immediate neighborhood area.
- Youth violence may be increasing in Philadelphia. Respondents also cautioned how to interpret and discuss violence among youth; perpetration is often precipitated by depression or stressors due to social determinants of health.

TOP PRIORITIES

- **Prevention and mitigation of trauma in children.**
- **Systems-level behavioral and physical health care integration.**
- **A preventive, community-based lens that focuses on wellness, patient activation, and navigation.**
- **Comprehensive and broad-based treatment options that include strength-based and resilience programming.**
- **A data-driven and prevention-focused behavioral health system.**
- **Addressing workforce shortages in behavioral health and human services generally; a fair and living wage for behavioral health care providers that mirrors that of physical providers.**

POPULATIONS OF SPECIAL INTEREST

INDIVIDUALS EXPERIENCING HOUSING INSECURITY

The high cost of housing has a significant impact on the health of communities across the region, particularly on low-income households. These households are often at risk of eviction due to missed rental payments and face difficult tradeoffs between rent or other necessities, including food or medical expenses. Poor housing conditions from aging housing stock that residents cannot afford to maintain increase risk of lead exposure, asthma triggers, and injuries due to electrical and other malfunctions.

GENERAL HEALTH CONCERNS: BASIC NEEDS

- Aging housing stock across all counties contributes to unsuitable living conditions in home environments. These include lack of running water, lack of heat, mold, asthma, lead paint, asbestos, and fire safety concerns.
- People experiencing housing instability are often under-resourced and cost-burdened. They may delay or divert resources that would otherwise go to food and healthcare to cover housing costs.
- The volume of need is increasing. Key informants shared that there are hundreds of people on their waitlists for housing or repairs within each of the counties, with wait times stretching up to five years. In Philadelphia, waitlists are into the thousands and wait times are eight to ten years. Renters with small-scale landlords are increasingly unable to complete effective, quality home repair.
- Families "don't know what they don't know." If housing instability has been the norm, people may not turn to health care institutions for assistance.

GENERAL HEALTH CONCERNS: PHYSICAL, MENTAL, AND BEHAVIORAL HEALTH

- People with housing insecurity are "bowled over by different health issues," including high rates of infection for communicable diseases, HIV, asthma, and hypertension.
- Substance use and mental health issues are rising issues, with key informants noting a precipitous incline in the last five years.
- Poverty, rising rent in appreciating neighborhoods, limited affordable housing, and the stress of evictions all create "a haze of stress" for those who are housing insecure.

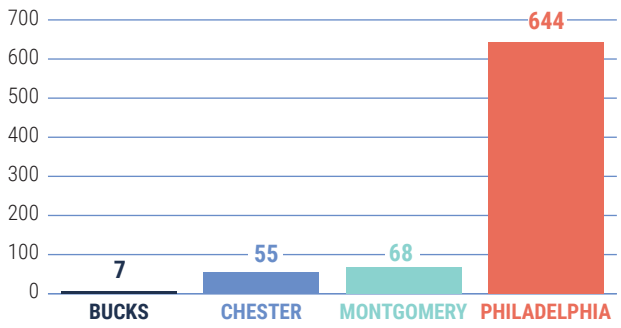
POPULATIONS OF SPECIAL INTEREST

INDIVIDUALS EXPERIENCING HOUSING INSECURITY

Serving children

- Housing and environment-related lead issues, extreme heat and cold, respiratory problems, and asthma all disproportionately affect young children.
- Precarious housing situations and frequent moves can lead to delayed care, like being late on immunizations, or having undiagnosed mental health conditions or learning disabilities.
- Other social determinants of health, such as food insecurity, also affect these children and can lead to conditions like obesity when children can't access produce and healthy foods.
- Sex trafficking and sexual exchanges for places to stay or needed items affects teens and young adults who are housing insecure or homeless in multiple counties. These risks can also lead to sexually transmitted diseases or Post-traumatic stress disorder.

CHILDHOOD LEAD POISONING BY COUNTY



- Mental health, trauma, emotional neglect, limited social cohesion, physical neglect, and school absenteeism are all additional effects of housing instability for children.
- Neighborhood safety was identified as a concern. Teens whose economic situations demand they work one or several part-time jobs, including overnight shifts, was expressed as another concern.

"...Mid-60s-year-old woman with diabetes. The roof leaked, it rotted through the second floor right to the kitchen, so she just kept closing doors in the house, right? She was cooking on a hot plate in the living room.

How do we talk about access to healthcare? No matter what a doctor or nurse practitioner prescribes, she's cooking on a hot plate from the corner store, in a home that is rotted out."

Serving older adults

- More and more seniors live in poor housing stock, nationally and in Philadelphia.
- Many cost-burdened seniors are faced with deteriorating, aging homes which they can't afford to repair. With many multi-story homes in the area, seniors are at risk for falls and injury. If they can't afford a refrigerator, they can't properly store medications like insulin. If they have a disability, they can't make the necessary modifications. Respondents shared stories of older clients returning home from the hospital and not being able to enter or leave the house because there are no front steps.
- Hoarding is a problem with seniors. One key informant shared their organization turns down about 20 percent of repairs because representatives can't access the home. Hoarding leads to other issues such as pests, fall risk, accessibility issues, and building condemnation.
- Respondents have observed seniors deteriorate within institutions, like nursing homes or hospitals, after losing housing and not being financially able to return.
- Competing needs such as transportation, food insecurity, and basic needs like showers can take the place of addressing more chronic issues such as mental health conditions and hypertension. Respondents also noted depression, social isolation, and behavioral health conditions among seniors.
- Gentrification impacts older adults' ability to remain in their homes and age in place. When taxes increase, older individuals on a fixed income may not be able to afford to stay in their homes.

Access to care

- Many people with liminted means turn to the emergency department (ED) for care, rather than urgent or primary care, in some part because patients don't need cash on hand to access the ED.
- A lack of affordable housing forces people into poorer neighborhoods, where it may be harder to access care due to greater distances, safety concerns, or limited transportation.
- One barrier to care is difficulty maintaining health insurance and identification without a stable address. Some shelters offer post office or mailbox systems, but those systems are overwhelmed with need and there are delays in accessing them, meaning people miss deadlines for requirements necessary for obtaining services or do not receive medical results from hospitals and laboratories.
- People can feel mistrust for healthcare providers, or it may not occur to patients to disclose concurrent social challenges, leaving providers in the dark about conditions that are potentially hazardous to their health. Family priorities may also differ significantly from those of housing or healthcare providers, given multiple competing needs they face.

POPULATIONS OF SPECIAL INTEREST

INDIVIDUALS WITH DISABILITIES

An individual can develop a disabling impairment or chronic condition at any point in life. Living with a disability often requires unique health and social supports. Understanding population level needs for individuals with disabilities can be challenging as they are often under-represented in population-based surveys and even efforts like community meetings.

As a part of their CHNA, Magee Rehabilitation Hospital in Philadelphia developed and conducted a survey to assess the needs of their patients and others with disabilities related to physical and mental health, as well as access to and utilization of health and social services. Respondents reside throughout the greater Philadelphia region, including in Bucks, Chester, and Montgomery counties.

About 90 percent of survey respondents were current or former patients at Magee, so responses are biased toward those receiving care at Magee and may not represent the larger community of adults with disabilities. Key findings include:

NEED FOR ADDITIONAL CAREGIVER SUPPORT FOR DAILY ACTIVITIES

- 67% of respondents required personal assistance for major life activities, but 21% of those respondents reported that they were unable to get the help they needed for activities of daily living and driving to doctor appointments.
- 67% of those requiring assistance reported that family members or friends generally provided the care they needed and were unpaid for these services.

OPPORTUNITIES FOR EXERCISE

- 13% reported participating in adaptive sports.
- 34% report exercising 3 or more days per week, and another 24% exercise 2 days per week.
- 29% never exercise, and individuals indicated the following reasons: 16% due to cost, 19% due to lack of capability, 23% due to lack of knowledge about what exercise might be appropriate, 30% due to lack of access to a facility with appropriate equipment.

ACCESSIBLE AND AFFORDABLE HOUSING

- 27% were not able to enter or leave their homes without assistance.
- 16% reported that their housing did not meet their needs.
- 28% reported that the sidewalks, curb cutouts and ramps in their neighborhoods were not in good condition or not present.
- 16% reported a time in the last 12 months that they were not able to pay their mortgage, rent or utility bills.

EMPLOYMENT OPPORTUNITIES

- 28% reported that disability did not limit their employment or ability to work.
- 24% reported wages and earnings as their current source of income.
- 35% received SSDI and 26% received Federal SSI.
- 17% worked full-time, 9% worked part-time, and 25% were retired.

ACCESS TO HEALTH SCREENING AND PREVENTIVE HEALTH SERVICES

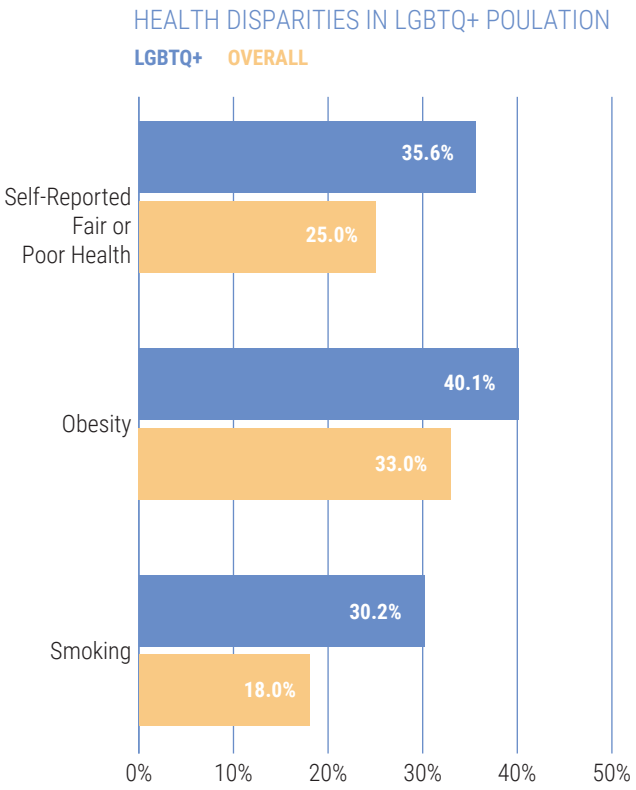
- 32% rated their health as fair or poor compared to 19.2% of adults in Southeastern PA (2018 Public Health Management Corporation Household Health Adult survey (PHMC HHS)).
- 40% report chronic pain.
- 50% had fallen within the past year.
- 16% reported some level of food insecurity.
- All but 4 respondents indicated that they had some form of health insurance (51% had Medicare, 23% had Medicaid, and 40% had access to private health insurance).
- 3% reported that they were not able to get the medications they needed. (44% due to cost, 22% due to transportation issues). This compares favorably with the results from the 2018 PHMC HHS where 13% reported an inability to get medications.
- 25% do not see a dentist at least once per year. (This compares favorably with the results from the 2018 PHMC HHS survey, where 30% reported that they do not see a dentist at least once per year.)
- 22% do not have access to psychological and/or counseling services, if needed.
- 31% reported having been diagnosed with a mental health condition. Of those, 38% were currently receiving treatment.
- 45% had ever been screened for colon cancer compared to 73% of eligible adults in Southeast PA in the past 10 years (2018 PHMC HHS).
- 24% of eligible women had not had a Pap smear within the past 3 years, and another 7% were unsure. (This rate is similar to 2018 PHMC HHS data).
- 26% of eligible women had never had a mammogram, and only 33% had had one in the past two years. According to 2018 PHMC HHS data for Southeastern PA, 5.8% of women had never had a mammogram and 76% had a mammogram in the past two years.
- 33% of eligible men had ever been screened for prostate cancer.

POPULATIONS OF SPECIAL INTEREST

LGBTQ+ COMMUNITIES

Although social acceptance of lesbian, gay, bisexual, transgender, and queer people has been improving, LGBTQ+ individuals continue to face stigma and discrimination. These negative experiences, combined with a lack of access to culturally-affirming and informed health care, result in multiple health disparities for LGBTQ+ populations. Thus, there is an urgent need to provide inclusive, high-quality health services to LGBTQ+ people so that they can achieve the highest possible level of health.

Several local and state efforts to better understand the unique needs of these communities have been occurring; however, a lack of quality data about the health and health needs of LGBTQ+ communities and subgroups remains a challenge.



Based on national data from *Understanding the Health Needs of LGBT People*, some key health disparities among LGBTQ+ communities include:

- Higher rates of HIV and other sexually transmitted infections
- Lower rates of mammography and Pap smear screening
- Higher rates of substance abuse and smoking
- Higher rates of unhealthy weight control/perception
- Higher rates of depression and anxiety
- Higher rates of violence victimization
- Higher rates of discrimination in the healthcare setting

CREATING AN INCLUSIVE HEALTHCARE ENVIRONMENT

- Train medical providers in techniques related to bias, discrimination, and trauma to ensure care delivery is not further discriminating against LGBTQ+ individuals or a barrier to accessing care.
- Design and disseminate LGBTQ+-tailored health materials that help make healthcare settings more LGBTQ+-friendly. For instance, intake forms can be revised to include sexual orientation and gender identity.
- Health care settings should also develop and prominently display non-discrimination policies that include sexual orientation, gender identity, and gender expression.
- All staff members, including receptionists, medical assistants, nurses, and physicians, can be trained to interact respectfully with LGBTQ+ patients, including using patients' preferred names and pronouns.
- Not all clinicians can become experts in LGBTQ+ health, but they should learn to address some of the specific health concerns of this population.

> "When I went to doctor's to get checked up and my doctor asked me who were you having sex with, girls or boys, and I said girls, it's like she looked at me in a certain way and it was like wow, I'm being shamed for liking girls or something like that."

POPULATIONS OF SPECIAL INTEREST

PRENATAL/POSTPARTUM WOMEN

The focus on this population stems from a motivation to positively impact the health of both women and infants in a particularly vulnerable time of life. Ensuring reliable access to prenatal and postpartum care, particularly for those most at risk of maternal morbidity and poor birth outcomes, has the potential to have lasting impact for women and their children. An important priority is to improve services and access to resources for those with risk factors such as low income or behavioral health and chronic physical conditions.

MATERNAL MORBIDITY AND MORTALITY

- Physical conditions such as obesity, hypertension, gestational diabetes, diabetes, and cardiovascular disease were cited as affecting the morbidity and mortality of prenatal and postpartum women.
- Cardiovascular deaths and substance overdoses are contributing to maternal mortality.

ROOT CAUSES AND COMPETING ISSUES: POVERTY, FOOD INSECURITY, HOUSING INSECURITY, BIAS, AND TRAUMA

- Many women are concurrently experiencing issues such as poverty, food insecurity, housing insecurity, or domestic violence during pregnancy.
- These issues are often accompanied by a history of trauma, which may be exacerbated by bias or discrimination within the health care system. Informants said that many providers and other health system staff are not trained in providing trauma-informed care.

ACCESS TO MENTAL AND BEHAVIORAL HEALTH CARE

- Key informants across the counties strongly emphasized that one of the most significant needs for prenatal and postpartum women is timely access to quality mental and behavioral health care.
- Opioid overdoses are contributing to maternal mortality, especially in the fourth trimester period.
- Mental health needs are broader than depression alone and may include anxiety, past trauma, and managing partner relationships.
- Informants shared that many providers are unequipped to provide mental and behavioral health care to women while pregnant. Needs that existed before pregnancy, such as medication regimens for psychological conditions, are not always readdressed after pregnancy.

"Just after giving birth, it's a very vulnerable period. Even if they're not dealing with postpartum depression, they might be much more emotional and the fact of having a newborn baby and maybe other children and getting to that appointment, I think that might definitely be a factor of why we see such a low turnout."

ACCESS TO POSTPARTUM CARE

- Access to postpartum follow-up visits is a significant challenge for women, with many contributing barriers.
- Missed postpartum follow-up visits can lead to missed opportunities to provide continuity of care for women addressing chronic conditions (like cardiovascular health), as well as missed opportunities to arrange family planning and address mental/behavioral health needs.
- If a woman has delivered a healthy child or has already acquired contraception, she may not prioritize follow-up in the face of other competing needs, such as caring for her newborn, arranging childcare, juggling work schedules, and securing transportation.

UNDERLYING BARRIERS TO ACCESS

- Multiple informants said that appointment availability is a significant barrier to all types of care. Women who need referrals are frequently redirected and may encounter significant wait times.
- Respondents agreed that transportation access affects access to care, and sometimes women need to take three modes of transportation to get to a single appointment.
- Chester County and Montgomery County informants stressed that transportation is a significant barrier, with unique challenges due to lack of accessibility by foot or public transit.
- Chester County and Montgomery County informants discussed difficulties in providing linguistically appropriate care for women who speak languages of lesser diffusion. Stress surrounding immigration status, a fear of deportation, and ineligibility for public benefits due to immigration status all contribute to limited access.
- Barriers of language access and transportation can often intersect in these counties, when women who do not speak English are in high-risk prenatal situations and have to be transported to Philadelphia for care.

"Even for my own self with not as many barriers, I'm more apt to do anything if I can just do it when I'm ready. So if I'm calling to do ultrasound, blood work, whatever it is, if it's available and there, you're more apt to just go and do it. If you're waiting for months or getting it put off, you can't get the appointment because of X, Y, and Z, you're just more apt to either not go or not show up when you do make the appointment."

POPULATIONS OF SPECIAL INTEREST

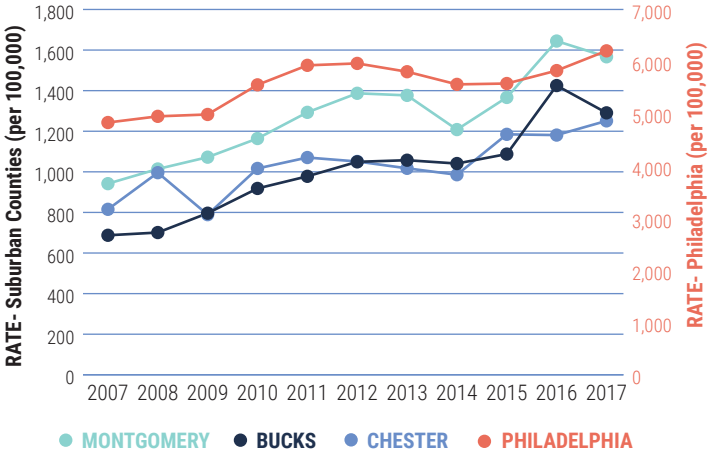
YOUTH AND ADOLESCENTS

Youth ages 13 to 18 are a high priority population for community health improvement as they disproportionately represent preventable health issues, such as sexually transmitted infections and violent crimes; often have undiagnosed or untreated mental and behavior health conditions; and are vulnerable for substance use and abuse. Stakeholder feedback about key health priorities focused on sexual behavior, health education and violence. The below findings are in large part based on a focus group hosted at *The Attic Youth Center* in Philadelphia, PA, an organization that exclusively serves LGBTQ+ youth, and findings are biased toward LGBTQ+ youth needs.

LACK OF SEX EDUCATION

"When it comes to sexual health, it's very vague and they're usually talking about heterosexual sex. But you often need to educate all different types of sex. It's the lack of empathy for us. It's the lack of a home for us in these schools. And it's like we're not learning about our sexual health – one, because it's not there, but two, because we're worried about being teased, being harassed, being messed with, hit on and so many other things that it's like what does it matter?"

SEXUALLY TRANSMITTED INFECTIONS AMONG TEENS



- Youth expressed that sex education was lacking during their time in school and into their early adulthood. Participants noted that sex education provided in schools was heteronormative and limited to the description of female and male anatomy.
- They reported a dearth of information on safe sex practices, especially in the context of the LGBTQ+ community in which they experience different sexual health needs in comparison to their heterosexual counterparts.
- Focus group participants noted that they learned the majority of their health information through peer interactions and the Internet—specifically citing using trusted government sources for their sexual health information. Youth also reported that members of their community use social media and pornography as a resource for learning sexual practices, which could be misleading and cause a further disconnection from healthy behaviors.
- Participants also reported a lack of cultural competency by medical providers (e.g., not respecting preferred pronouns, not being educated on health needs of transgender individuals), which has led to a general mistrust of the medical community.
- Adolescents reported feeling stigmatized by medical providers when disclosing their sexual identity during appointments. As a result, youth have turned to those within their communities to get their health information

as opposed to going to a medical professional.

LACK OF GENERAL HEALTH INFORMATION

- Youth reported they did not receive enough general health information. Adolescents seek the majority of this health education through meetings with peers, the Internet, and by watching YouTube videos on exercise routines and healthy eating.

VIOLENCE AND BULLYING WITHIN COMMUNITIES

- Youth felt that social media is responsible for perpetuating interpersonal conflict and disseminating violent images. The participants stated that it is common to see fights between peers posted on social media, in addition to their peers being violent with others in the community. Youth felt that fighting within social media apps often leads to verbal or physical fights in-person.

"I feel like a lot of that stems into mental health, too, because a lot of the things that we see on social media, like people doing drugs, people overdosing, people getting into fights, fighting and stuff like that – our generation, that's normal to us."

- Youth also commonly see gun violence on social media, as well as within the communities that they live. Some youth reported not feeling safe going outside after a certain time of night and being hyper-aware of the dangers of being a person of color in certain areas of the city at nighttime.
- They shared that they commonly witnessed verbal and physical harassment among youth of color and youth who identify as LGBTQ+ with a lack of response from school administrators or other authority figures. Youth who reported this harassment noted that it could and has led to mental health conditions such as depression and suicidal thoughts.