SPOTLIGHT TOPICS

Focus group discussions centered on "spotlight" topics were conducted with community organization and local government agency representatives in each county. A set of topics were selected for each county by Steering Committee members based in that county, taking into account prior CHNA priorities and key areas for input from community partners. (See "Our Collaborative Approach" section for details on topic selection by county.) Some topics were selected as a particular area of focus for a single county, while others were chosen by multiple counties. For topics discussed in multiple counties, discussions revealed a great deal of overlap in common themes across counties. To minimize redundancy in the report and highlight areas for potential shared regional action, summaries were written to aggregate insights across counties for a given topic.

The summaries included in this section are the following:

- **Access to care** *(Delaware County)*
- **Behavioral health** (including substance use*) *(All Five Counties)*
- **Chronic disease** *(All Five Counties)*
- **Food insecurity** *(Delaware, Chester, Montgomery Counties)*
- **Housing and homelessness** *(Philadelphia County)*
- **Older adults and care** *(Bucks County)*
- **Racism and discrimination in health care** *(Philadelphia County)*
- **Violence** *(Philadelphia County)*

* Given the significant overlap between the themes discussed in behavioral health and substance use discussions, these topics were combined in the summary.

ACCESS TO CARE

DELAWARE COUNTY

OVERVIEW

Until recently, Delaware County was the only county in the Philadelphia metropolitan area without a health department. In mid-2020, County officials initiated plans to start a health department, which became operational in early 2022. As part of planning for the new department, Johns Hopkins Bloomberg School of Public Health conducted an assessment of the delivery of health and public health services in Delaware County in 2019-2020. The assessment report noted that Delaware County has six hospitals, the largest of which is Crozer-Chester Medical Center. As of this writing, Crozer-Chester has made plans to close or suspend a number of its services, including those focused on substance use and mental health treatment. The County also is served by seven free and low-cost local health clinics, including two clinics run by ChesPenn Health Services in Chester and Upper Darby as well as the Delaware County State Health Center in Chester and the Mercy Fitzgerald Hospital Ambulatory Clinic in Darby.

In a survey conducted for the Johns Hopkins assessment report, community members were asked to list up to five public health issues of greatest concern to them personally. The most frequently reported concern in the county was access to health care, chosen as the top issue by 51% of respondents. The report noted, based on feedback from interviews with a cross-section of leaders, that *"the County's racial and socioeconomic diversity must be acknowledged and prioritized when working to improve community health for all county residents."*

Indeed, Delaware County has considerable racial, cultural, and socioeconomic diversity. According to the U.S. Census Bureau, 5 percent of Delaware County residents lack health insurance, but uninsured rates are much higher among Hispanics or Latinos (15%), foreign-born individuals who lack citizenship (18%) and those who are unemployed (20%). Foreign-born individuals make up 10 percent of the population, and 12 percent speak a language other than English, with Spanish being the most common. In some communities, immigrants make up a much larger share of the population. For example, in Upper Darby, which borders West Philadelphia, foreign-born individuals are 21 percent of the population, with 70 languages spoken in the area.

To understand needs and identify opportunities to improve access to health care in Delaware County, a focus group was conducted with representatives from local organizations with knowledge of local healthcare access needs. Healthcare access was also discussed in geographic community discussions with Delaware County residents; where relevant, comments from those discussions are included below. [Please see the summary of Delaware County geographic community discussions for further details.]

BARRIERS TO HEALTHCARE ACCESS

Participants discussed a number of barriers to healthcare access in the county, with pandemic-related obstacles as a top concern.

During the pandemic, delays in patients seeking or scheduling care have surged, due to fear of COVID-19 exposure and a lack of provider capacity, causing long waits for many medical appointments. With care delayed for many patients, several participants said, diseases, such as cancer, are being diagnosed in more advanced stages.

"We have great health facilities and great mental health facilities that do quality services all throughout the county. The issue is staff; staffing is a huge issue right now. There's more people to serve than there are people to serve them. ... It's a very skeletal crew for many of the hospitals right now and, trying to serve everybody is the issue right now."

"There is also a huge issue right now with providers not taking on new patients during COVID. This is a huge issue with specialists from dermatology to psychiatry. It can be a 6 month wait or simply not possible to get an appointment with a specialist at all."

"Also, adults who were not able to see doctors during COVID and then trying to get appointments ... and had to wait 6-8 months for an appointment."

Even prior to the pandemic, signing up for or navigating health insurance policies posed challenges to care for some. County residents who participated in community focus groups shared their firsthand perspectives:

"Sometimes, people just do not know or not aware that they can apply for Medicaid or Medicare ... And then, we have the health [insurance]markets where people can purchase health care, different packages for you know, however they can afford. So, I will say lack of knowledge of resources."

"I have a hard time accessing different providers for my children, because either the provider doesn't take the health care that I have for my children, or the provider is so booked up they're not taking new clients. So, I'm forced to go back into Philadelphia, and not my local provider."

Participants from local organizations and residents alike emphasized the dire need for more behavioral and mental health services throughout Delaware County—a need that existed before the pandemic and since has become increasingly urgent, with more children and adults in need of care.

"There are more people seeking mental health services than before. I think the pandemic just has had a huge impact on so many people."

"The only example I can really give is in mental health, because that's where I work. And we have over 100 people waiting for services ourselves, and when people call in, they tell us that [there is a] six months to a year waitlist everywhere. So, I know we're not the only ones that are short, and I know in nursing and hospitals as well, it's a problem."

"Mental health resources ... there's not a lot available currently, or the wait lists are super long, people aren't being seen."

–a school-based social worker, commenting on wait times for behavioral health care for children and youth.

Another barrier: insurance for mental health may not be adequate, such as insufficient coverage for the intensity or duration of treatment needed.

"I don't care how your child, your grandchild, your spouse is, there's nothing that can be done other than what that insurance carrier will approve. And that is the sad part, it depends on your insurance, it depends on the company, it depends on the benefit. ... I can say 'I'm going to jump off the roof.' They're going to 302 me [i.e., involuntary commitment for an acute psychiatric issue] for three days. They're going to give me medicine to keep me calm and make me sleep. And I can come back out on day five and jump off the roof and I'm dead."

SOCIAL DETERMINANTS OF HEALTH AND HEALTHCARE ACCESS

Beyond the COVID-19 pandemic, participants discussed a number of **social and economic disparities** that limit access to care for some populations in Delaware County.

Lack of transportation.

For those without access to a car or someone to drive them, getting to medical appointments is often an obstacle. Some residents also are fearful or reluctant to leave their immediate neighborhoods:

"We do live in an area that has good facilities but it's getting to them for appointments and etc. … Transportation, that is a huge barrier to getting to appointments, not having enough public transportation."

"Some individuals are fearful or reluctant to seek care much beyond their immediate neighborhood. The care needs to be accessible to them and I mean transportation-wise, because a lot of them don't go out of their very immediate area like a two to three-mile radius. … And if it was someone [a provider] five miles outside of the radius, they may not go to that, even if that's where the care is for them because of that trust issue and that familiarity."

Low health literacy.

Several participants expressed concern about patients who are not able to fully understand or act on health information due to health literacy issues, such as language barriers, and difficulty with comprehension or insufficient time with a provider to explain what's needed.

"We see them coming away from an appointment and not understanding the directions that were given or not understanding the scripts [prescriptions] that were given to them or not being able to fill the scripts that were given to them."

Bias and discrimination in health care.

Several participants commented on distrust of the healthcare system among Black and other racial or ethnic groups. Instances of bias and discrimination by healthcare staff toward people of color also were cited.

"We've heard from some of our specifically African-American clients, just feeling like they were receiving some bias based on their color and age sometimes, as well. And I think that's something that is just pervasive in Delaware County and something that needs to be addressed wholeheartedly and not just little bits here and there. But I think that's really important, because care is not care [if it] is not care for everyone--if it's not something that you feel is being done in a in a non-biased, supportive way."

CHILDREN AND YOUTH

A top concern noted by several participants is the **need to increase child and adolescent mental and behavioral health services** throughout the county.

More **trauma-informed and culturally competent care** is also needed. Young people of all ages are struggling with mental health issues stemming from the pandemic, overwhelming health system capacity, multiple participants said.

"We're talking about probably hundreds of children that are just broke, beaten down right now."

"Trauma-informed care I think is just so needed for these kids. They're really struggling. All these high schoolers … there's lots of fights occurring, there's lots of police involved. Like it's just been a really hard year already for a lot of the [school] district."

"Just having more availability, right now, the waitlist for kids to get into counseling … [is] like three to six to seven months waiting list – for the kids to actually get into like a therapy. … that's the number one thing we're experiencing now. A lot of newly identified students, some because of the pandemic, and just having the resources available for them and their families."

Participants also expressed concern about the **lack of inpatient behavioral health services for children and youth in the county.**

"They used to have inpatient beds in Delaware County [for children] and that stopped prior COVID … a few years prior. So, that's just been a hard thing … to have these kids not have inpatient beds in Delaware County. That's why we're sending them out."

Families who need inpatient hospitalization for their children must travel outside the county, participants said, creating further stress and strain for the child, parents, and other family members.

"They're going really far. … Once you get an inpatient [bed], then you're saying, okay, now, we're gonna take your kid like 45 minutes to an hour away. And, you know, it's hard. Because then that comes to the other problems of transportation. Getting your kid there, you know, there's lots of things that come up."

While partial hospitalization services are available in the county, these providers are inundated with requests for care.

"We have two [partial hospitalization services for youth] in Delaware County: Horsham Clinic and the Mirmont [Treatment Center]. And they are, again, I think it's hard because they're inundated … but the waiting lists are long too. So, we just try to help navigate, get them on the waiting list so they can be seen there, but it's hard.

The same participant stated that **these centers also have become more selective about which pediatric patients they'll take**, making placements even more difficult.

An Upper Darby resident also emphasized the **need for culturally competent care for youth with mental or behavioral health issues,** with *"therapists who are appropriate for the kind of culturally ethnic groups that we have"* in the area.

While the need for child and adolescent mental health services was a dominant theme among focus group participants, the increase in childhood obesity during the pandemic also was briefly mentioned, along with the need for **greater access to physical activity and nutrition education programs for youth**.

OLDER ADULTS

For older adults, participants focused on two particular barriers to healthcare access in the county: the **digital divide** and **lack of care coordination**. The need for **more education and support to prevent and manage chronic disease**, such as diabetes management and smoking cessation programs, also was noted.

Many older adults **lack computer technology or skills**, making it difficult for them to use online health portals and telehealth services.

"With the pandemic, we saw accessing vaccinations was really difficult for older adults. That's probably across the board when we're looking at any kind of appointments or anything that requires technology."

A health educator who works with older adults with low incomes added that providing health education over the phone is similarly suboptimal:

""I feel like a lot of people don't get the true message through over the phone. And then I would love to give them handouts, because they're not really retaining information over the phone; like you need things to read."

For older people with multiple ailments and complex treatment needs, **lack of care coordination** is another challenge.

"For older adults, it's the fragmentation of care. ... A lot of older adults have a lot of different health needs and a lot of different conditions. And if their care isn't being managed by, say, a nurse navigator--someone that can help them figure everything out--I think it can be really difficult."

One participant also commented on **the growing number of grandparents who have become primary caregivers for their grandchildren.**

She noted the need for

"getting more support for some of the grandparents that are raising kids and making sure they know what they're doing."

OTHER GROUPS

Several participants emphasized the need to **improve healthcare access for underserved populations in the county, such as communities of color, Spanish speakers, and recent immigrants**, including those who are undocumented.

A participant who works for a clinic that provides free or low-cost care for people in need said:

"When we're speaking with our Spanish population, some may be undocumented and so they were afraid to reach out for that help. So, we're trying to really let them know that ... your status is not what we're looking for. Your care is what we're looking for [and] we're looking to help there. So, underserved areas and women of color – we're trying to really ... penetrate [those] areas, so that they can get the care that they need."

In addition to the need for language interpretation and translation services for people who lack English proficiency, participants commented on **the need for care that is more culturally appropriate**.

"When you're looking at care for, you know, African American and immigrant populations, if the care's not culturally appropriate ... that's a huge barrier. It doesn't mean you can't access the care, it means that the care's not meeting your needs, right? That's a huge, a huge issue, I think, in our county."

"The other thing that comes into play, too, [is] some immigrant communities have different cultural ways of handling and interacting with health care and needs from a cultural perspective. And, lack of trust, not only from the immigrant community, but from the African American community, and the LGBTQ community. ... Oftentimes, I think the community is educating health care, and that's not really why they're going to the clinician's office."

"Cultural competency is very important in this community of Upper Darby [and] in Lansdowne area."

SUGGESTED ACTIONS

When asked "what's working well?," several participants highlighted the **availability of free and low-cost health clinics** in the county, such as the ChesPenn Health clinics in Chester and Upper Darby.

> **"Everything can be improved on, but that's important that we have that available … for those who are not insured or underinsured."**

Opening the new Delaware County Health Department was hailed by several participants.

They emphasized the need for the new department to assess and prioritize county health needs and serve as a centralized resource for health communication and education. "*It would be very helpful and beneficial for Delaware County to have their own board set up, their own Health Department set up, and I think it'd be a better flow of information through the county,*" commented one participant.

Participants offered these suggestions for other actions to address health needs in the county:

Increase mental and behavioral healthcare services in the county. Also, establish inpatient care for children and youth in crisis.

One person commented on the need for more *"mental health care for adolescents and trauma-informed care for adolescents."* Another suggested adding a second crisis center (in addition to the existing center at Crozer-Chester), stating *"maybe we could have one [crisis center] for adolescents and one for adults, separating the two."* Children and youth should not be grouped alongside adults with psychiatric issues, such as in clinic waiting rooms or emergency departments, because doing so may cause further distress to youth who are in crisis, one participant said.

Train all levels of hospital staff and other healthcare providers, including outpatient service providers, on *"non-biased, culturally appropriate, trauma-informed care,"* advised one participant.

They added:

> **"Making sure that the nursing staff … [and] the point of entry when you're registering – when you get to the hospital that everyone is treating everyone appropriately."**

Increase the number of trained mental health professionals who speak Spanish.

> **"For mental health hiring, more Spanish speaking staff [are needed] in Delaware County. That's always been a barrier for Spanish-speaking individuals. Imagine going for a therapy session and having to use Language Line."**

Embed social workers in primary care practices, such as in family medicine, pediatrics, and OB/GYN offices.

These professionals could help to assess, refer, and enroll individuals and families in other needed health and social services.

Expand the number of community health centers *"so that everyone has access to care within a walking distance, much like we want to see food resources within walking distance of everyone."*

This participant, from a community focus group, envisioned comprehensive health centers that would *"break down the silos between mental health, dental health, physical health. There should be more one-stop shops, so to speak, where people can go in and have their physical, mental, dental care taken care of in one facility. In a culturally competent way as well."*

BEHAVIORAL HEALTH AND SUBSTANCE USE

ALL FIVE COUNTIES

To better understand needs and opportunities to improve the prevention and treatment of behavioral health issues (including mental health and substance use) in southeastern Pennsylvania, focus groups were convened for each of the five counties with representatives from area organizations addressing these issues. In Philadelphia and Delaware Counties, both behavioral health and substance use topics were discussed in a single extended focus group. In Chester, Bucks, and Montgomery Counties, each topic was discussed in separate focus groups. Additionally, addressing behavioral health issues was identified as a major priority in focus groups conducted with community residents in all five counties; where relevant, comments from those discussions are included below.

OVERVIEW

The terms mental and behavioral health are often used interchangeably. According to the Centers for Medicare and Medicaid Services, behavioral health is defined as the emotional, psychological, and social facets of overall health; it encompasses traditional mental health and substance use disorders, as well as overall psychological well-being. This definition of behavioral health is used throughout this summary.

Substance use can include the use of illegal drugs; improper use of prescription and over-the- counter drugs; unhealthy use of alcohol, tobacco and vaping; and the continued use of drugs to alter mood, relieve stress and/or avoid reality. Many people will use substances at some point in their lives without any issues; substance use only becomes a problem when it starts to have harmful effects on someone's life. Substance use disorder (SUD) is the recurring use of a substance (legal or illegal) to the point that it interferes with the user's physical health and/or responsibilities at home, work, or school.

At some point during their lifetime, almost half of all people in the U.S. will be diagnosed with a mental health disorder.

According to the National Institute of Mental Health:

- Nationally, nearly 1 in 5 adults live with a mental illness, but less than half (46.2%) received care for their condition in the past year.
- About five percent of U.S. adults reported having a serious mental illness (schizophrenia, bipolar disorder, or major depression); 64.5 percent reported receiving care for their condition in the past year.

In 2019, 7.7 percent of people 18 or older had an SUD per the 2019 National Survey on Drug Use and Health. Of those, 38.5 percent struggled with illicit drugs, 73.1 percent with alcohol use, and 11.5 percent with both illicit drugs and alcohol. Among people aged 12-17, 4.5 percent had an SUD in the past year. Only 10.3 percent of people over age 12 with an SUD in the past year received needed SUD treatment.

According to the National Institute on Drug Abuse, people with a mental health disorder, such as anxiety, depression, or post-traumatic stress disorder, may use drugs or alcohol as a form of self-medication. **Multiple national population surveys have found that about half of individuals who experience an SUD during their lives will also experience a co-occurring mental health disorder and vice versa.** Similarly, research suggests that adolescents with SUD also have high rates of mental health conditions.

Behavioral health issues among youth have risen over the past decade.

Even before the pandemic, behavioral health issues were the leading cause of disability and poor life outcomes in young people, affecting up to one in five aged 3 to 17 in the U.S., according to a recent report from the U.S. Surgeon General.This report cites data showing one in three high school students reported persistent feelings of sadness or hopelessness in 2019—an overall increase of 40 percent from 2009. According to the Center for Disease Control's Youth Risk Behavior Surveillance Data Summary and Trends Report for 2009-2019, one in six youth reported making a suicide plan in the past year, a 44 percent increase from 2009. These data show that almost half of youth identifying as LGBTQ+ had seriously considered suicide, and the number of Black students reporting a suicide attempt increased by almost 50 percent.

Many adolescents with depression or other behavioral health challenges do not always get necessary treatment. According to the National Survey on Drug Use and Health and the National Health Interview Survey, 26.7 percent with mental health problems (aged 4 to 17 years) did not receive treatment. Among adolescents with a diagnosis of depression (aged 12-17 years), 58.6 percent had not received treatment.

One in four older adults (aged 65 and older) are socially isolated, according to the CDC. Lack of social connectedness (arising from social isolation and leading to feelings of loneliness) has been linked to depression, anxiety, cognitive decline, Alzheimer's disease, and higher rates of chronic diseases like high blood pressure, heart disease, and obesity. While drug overdose rates across the U.S. have been declining, rates of substance-related hospitalizations and overdoses have increased among older adults.

Access to care for behavioral health services was lacking prior to the pandemic and remains extremely problematic.

In a recent national survey of mental health professionals conducted by the New York Times, nine out of 10 therapists said the number of clients seeking care is on the rise, leading to a surge in calls for appointments, longer waiting lists, and difficulty meeting patient demand. This trend has also been seen in southeastern Pennsylvania.

Focusing particularly on the five-county region, selected behavioral health indicators for adults and youth that compare less favorably to state or national rates are highlighted below. (For more granular data on behavioral health indicators at the geographic community or county level, please see the geographic profiles.)

According to data on adults from County Health Rankings 2021:

- As compared to Pennsylvania rates, Philadelphia County has higher rates of smoking, poor mental health days in the past 30 days, and more frequent mental distress.
- The drug overdose rate in Bucks, Delaware, and Philadelphia Counties exceeds the rate in Pennsylvania.
- Excessive drinking and alcohol-impaired driving deaths are higher in Bucks and Chester Counties in comparison to the rest of Pennsylvania.

Behavioral Health Indicators for Youth

Relevant behavioral health indicators for youth are collected through the Youth Risk Behavior Surveillance System (grades 9-12, collected in Philadelphia only) and the Pennsylvania Youth Survey (grades 6, 8, 10, 12, administered in Bucks, Chester, Delaware, and Montgomery Counties). Based on 2019 data from both data collection efforts, a selection of indicators in which rates in the five counties compare less favorably to state-level data are presented below:

- Philadelphia youth reported feeling sad or hopeless two or more weeks in the past year at a higher rate than the national rate (40.3% compared to 36.7%). The rate among those identifying as LGBTQ+ was considerably higher (59%).
- Compared to a national rate of 8.9 percent, 14.6 percent of Philadelphia students had attempted suicide. Among those identifying as LGBTQ+, this rate was 25.7 percent.
- Use of substances in the past 30 days was highest for marijuana (21%), followed by alcohol use (17.2%), and vaping (7.1%) among Philadelphia students.
- Bucks County youth had higher rates of reporting alcohol (17.8%) and marijuana (11.2%) use, as compared to Pennsylvania (16.8% and 9.6%, respectively). Of those who reported vaping, youth in Montgomery (37.2%), Chester (36.3%), Bucks (37.8%), and Delaware (29.7%) Counties had higher rates of marijuana vaping than the state rate (26.6%).
- Youth across the four counties reported getting alcohol from friends, siblings, and parents, but the majority reported taking the alcohol without permission or giving money to someone to buy it for them. They also shared that prescription drugs are given to them by a family member or friend (32%-41%) or taken from a family member living in their home (41%- 44.6%). Seven to 13 percent of youth indicated that they purchased drugs on the internet.

IMPACTS OF SOCIAL DETERMINANTS OF HEALTH ON BEHAVIORAL HEALTH

Social determinants of health impact the risk of developing behavioral health disorders, access to care for these conditions, and, ultimately, health outcomes.	Given the importance of these determinants, focus group participants agreed that basic human needs should be addressed as part of care. "A lot of these families are focused on just their basic needs, and if we can help with the basic needs … so paying rent bill. Those are probably the biggest ones; it's the financial, employment, and shelter."
The effects of trauma on behavioral health, particularly since the pandemic, were highlighted across most groups.	According to a provider: "100% of our patients experience some type of trauma." Another participant said: "More people that have experienced trauma, more people who have experienced isolation … we do see that there's been an increase in the number of people who are seeking medical assistance."
Violence affects behavioral health and access to care.	"In addition to the shutdown which isolated families, there has been an uptick in gun violence across the city causing more trauma." Another participant noted that face-to-face counseling in some communities has been limited by violence "Clinicians are afraid to come into the community because of gun violence … because [they] heard on the news that there was this shooting down the street."
Racism impacts behavioral health services and resources.	"Racial disparities, and the racial upheaval that went on was not just stressful, it was traumatic, and it still is, it has always been for Black people. And on top of the pandemic, on top of every layer of racism, systemically that we have to deal with. is [that] mental health is not accessible. … I can't stress enough that there is a high need for more mental health professionals who have cultural competency, and who look like the people they serve."

SUBSTANCE USE: TOP ISSUES

Across counties, participants highlighted opioid and alcohol use as priority concerns.

Participants also shared concerns about rising use of methamphetamines, fentanyl, marijuana, vaping, and other substances. (Note: marijuana and vaping are discussed in the Children and Youth section of this summary). In addition, participants stressed the need to expand medication disposal and overdose prevention programs, as well as increase funding for non-opioid related addiction.

Prescription drug misuse.

"*Most people don't start shooting up heroin or snorting heroin*," said a participant. "*They start with prescription drugs. … People become dependent upon them, and then go to the street because they can't get them anymore. And here we are. In the middle of an opioid epidemic taking lives every single day*." Another participant cited the need to address prescription drug misuse as a preventive measure: "*I think prescription drugs just across the board are affecting everyone at every age. Even unintentionally*."

Fentanyl use.

Concerns about increased fentanyl use, increasingly present in street drugs, were raised. A participant noted: "*We don't even see heroin in Montgomery County anymore; it's all fentanyl*." Another from the same group added: "*Now there are so many what we classify as 'user-dealers' in Montgomery County, people who are supporting their own habit by selling fentanyl, that the people with abuse disorders don't even have to go to Philadelphia to get it anymore. Fentanyl has been around for so long now it's just in everything. We are starting to see fentanyl in cocaine and crack.*"

Related concerns include the use of fentanyl in "*fake drugs*," the corresponding increase in juvenile overdose, and the need to educate youth about drugs that are made to look like oxycodone but are really fentanyl. "*The third biggest problem we have in Montgomery County is the fake fentanyl pills. We have seen an increase in juvenile overdoses with these pills, because the quality of them is so good that they can't tell. They look like the 30-milligram oxycodone pills, they're stamped with the M, and it's just a fake pill laced with fentanyl.*"

Methamphetamines.

Participants highlighted increasing availability and use of methamphetamines. According to an individual in law enforcement, "*We have seen an influx of methamphetamine in the last about a year. … Everybody sells methamphetamine now, and everyone unfortunately is using it. We've seen a seismic shift of opioid users now self-medicating with methamphetamine*."

While participants agreed on the need to sustain funding for opioid use disorders, they expressed concern about insufficient funding to prevent and treat other addictions.

"*There's been a huge push relating to opioid use disorders and for good reason… But because all of the funding seems to be at the opioid use level, … a lot of the other addictions have fallen to the wayside to some extent, and it could potentially be harder to connect people to resources because the funding is tied directly to [having] an opioid use disorder.*"

Alcohol use.

Across counties, participants noted more alcohol than opiate misuse. Practitioners from several counties described high levels of alcohol misuse as a major concern and discussed its impact on families and older adults. "*[There are] greater numbers of people with alcohol use issues. … And I'm not talking about alcohol poisoning, I'm talking about people with long term alcohol use issues that are dying from that. But because opioid use disorder is so much more visible and imminent than for a person who's dying from alcohol issues, that's generally more long term, alcohol doesn't get the same traction and attention*," said a participant who works in the field. Another, in private practice, cited the impact on families: "*I see the effects of alcohol abuse on families. It's devastating, it affects every member of the family. I think that we can't ever lose sight of the dangers of alcohol abuse.*"

Kratom.

Participants from one county discussed the use of kratom, particularly among young adults. Concerns include easy access to the drug, lack of understanding about the drug and potential side effects, including addiction, and lack of knowledge about treatment. "*It's something that you can buy on Amazon, get at 711. … It's advertised online as a safe alternative to opioids…But the problem with kratom is at a low dose, it's kind of a stimulant. So, people who want it for the opioid effect don't tend to take it as a low dose because it doesn't have the opioid effect. And it's completely unregulated. So, when you're buying it on these websites, and most of them are out of China or Russia, people don't know what's in it beyond kratom.*"

KEY CHALLENGES

Access to behavioral health care in southeastern Pennsylvania is complex and difficult to navigate, multiple participants emphasized. Factors such as stigma, lack of health system capacity, including too few culturally and linguistically competent providers, and difficulty with navigating the system are delaying care for many.

Stigma: Stigma related to behavioral health can be due to personal and familial attitudes or cultural beliefs, as well as negative perceptions held by the public. Stigma can delay or prevent people from seeking treatment, resulting in worsening symptoms and poorer outcomes. In addition, participants raised the need for providers to recognize the stigma they may bring to counseling patients with addiction.

- **"Stigma is really what keeps people from reaching out and can even keep people from helping their kids to get help too. I think more awareness is needed."**
- A person who perceives community stigma about substance use may be more reluctant to seek care or participate in support groups.

  "Having meetings in a place where you're going to see a lot of other members of your community, is definitely a hard thing for people in that position to do."
- Even when practitioners and families successfully address stigma, barriers to care remain.

  "And so by the time we do all that background work regarding the stigma, and engaging the family, and convincing the family that this would benefit them, and then we send them somewhere, and they don't get what they need. That by the time we convince them to make that move … there's going to be a very long waiting list or a lot of other barriers."
- Stigma held by providers about patients presenting with substance use is a potential barrier to treatment.

  "There's a lot of stigma that influences providers, our provider capacity to connect well with a person, our level of motivation to push for resources, and that certainly affects the outcome and success to see a person connected to a resource."

Bed capacity for inpatient and crisis care is limited in most counties, resulting in extended stays in emergency rooms and patients not receiving the level of care needed at times.

- **"The hospitals are suffering from not enough staff, and there weren't enough beds to begin with. We're running into difficulties where people are coming to the emergency room, they're getting approved for a hospital stay, and then we can't find any hospital who will take them."**
- **"It's a lack of beds even beyond the lack of staffing. It's a lack sometimes of the specific needed bed. If you've got a 15-year-old female, you need something that's for both females and adolescents. So there might be a bed somewhere but it's not a bed you can send this one to."**
- **"Sometimes people need to go across the state for what is the right treatment for them and then that creates other barriers because their natural supports aren't there with them."**

Lack of behavioral health professionals is leading to delayed care. Staffing shortages were cited across all counties, particularly for professionals serving youth and immigrants. Retention of staff, even more problematic since the pandemic, also was noted, due to low pay and professional burnout.	• "Even prior to COVID, our system experienced staffing issues across the provider system that impacted access to care for individuals. During the pandemic and more currently, I would classify the system being in a staffing crisis … to the point where it has impacted access to care much more dramatically than I've seen in my career." • "There are extraordinary waiting lists for every type of mental health treatment. A lot of private practitioners will not even accept a referral from a new client, psychiatrists are completely unavailable." • "It's not just direct support workers that are leaving the field, but it's professionally trained licensed professionals that are leaving the field as well for a whole host of reasons. … They are looking for benefits, they're looking for stable and full-time work, and … in addition (since COVID) a lot of people have reassessed how they want to live their lives, and have chosen to move on to something different." • "In my 34-year history I never remember telling people that we didn't have availability. It is painful to have to tell people we don't have availability. … We're seeing mass exits of employees leaving…not just their position with a particular provider, but in a lot of cases leaving the field and just burned-out from the field. We have hospitals that don't even have all their beds available open, because they don't have the staffing to support their beds." • "Not being able to hire enough staff, not enough funding, low rates of pay which make it hard to retain staff. … So, you know, not enough hospital beds, not enough outpatient capacity, not enough residential, not enough case managers, not enough."
The need for culturally and linguistically prepared behavioral health providers who reflect the communities they serve was identified as a priority in all counties.	• "In Upper Darby, there's like 100 different dialects that are spoken. There's a big Asian population, so that's just a huge issue and like a barrier for those individuals to access care." • "I can't echo enough the language barrier, and the lack of bilingual providers …Behavioral health issues are not best done through a translator, you know, for psychiatry or counseling - folks who are able to speak the language are needed."
Participants from all counties noted the need for cultural competence and cultural sensitivity among behavioral health providers and health systems, as well as greater diversity among behavioral health professionals.	• "You have people coming in who are not white who feel like there's nobody here that looks like them. … Being able to hire a more diverse staff is an issue." • "There is a sense of distrust in the healthcare system…We have to take ownership of that and be able to connect with the communities we're serving as providers."

Training that builds skills of providers to help patients commit to substance use treatment is needed. Providers need to be able to adequately assess and address substance use treatment with patients at critical points in time that may be short-lived.

- "Maybe when people decide, 'hey, this is the sweet spot of time that I want to access treatment,' that moment, that special moment when people make that decision. It may be when they're on a medical floor in kidney failure. The clinical staff may not be the best folks to be intervening at that point. A nephrologist may not have motivational interviewing training to be able to really get that person committed to treatment. So, I think there's maybe a disconnect with the medical side of things, maybe not fully understanding, SUD treatment, and what's entailed."
- "We don't have the training to engage that [SUD] patient. If they're not ready, then you know we don't have the skills to kind of talk them into what may be the best path for them."

Providing a "whole patient approach" to the treatment of SUD, that includes medication-assisted treatment (MAT), is being promoted across counties by encouraging primary care physicians to incorporate it into their practices. As part of this process, X-Waiver Training (which allows physicians who meet certain qualifications to treat opioid use disorder with buprenorphine in clinic offices) is needed, as is increasing awareness among providers about available resources:

- "Primary care doctors can help with this and refer to resources. But they don't necessarily know what all those resources are."

Trauma-informed care training for health professionals, school personnel, and other community organizations was noted as an essential need in most counties. Other trainings, such as Mental Health First Aid and integrated health care, also are needed.

- "Providers need to be able to fully understand what trauma is, and how trauma presents in the populations that we're providing services to. … They need to receive … training for trauma, and fully immerse themselves to understand … the symptoms of trauma, how the symptoms of trauma present and come out in the forms of behavior."

FOCUS: SYSTEM NAVIGATION CHALLENGES

Across all counties, participants cited multiple challenges with navigating the complexity of behavioral health systems. Obtaining a timely, appropriate level of care depends on many factors: insurance regulations, transportation, care coordination, awareness of available resources and services, and technology. Equity issues in accessing SUD treatment based on income also were noted: *"People with unlimited funds to fund this themselves have lots more options."*

One participant summed up many of these issues:

"The drug and alcohol system actually has a lot of potential resources, but there's a particular path to accessing most of them and if you don't know the path or where the entry points are, or in many cases, what your insurance allows, then it feels like there's nowhere to turn. So, the biggest issue, aside from getting people to the point where they truly want to engage with this kind of treatment, is breaking down the barriers. So, when they are ready, they can engage. There's a very short window in this field, like 48 hours, when a person decides they want treatment and needs to be engaged before that passes, and an opportunity is missed. … A lot of people just think that they call up and say I'm ready for drug and alcohol treatment and then they go there, and that's not exactly how it works."

Participants from all counties cited insurance barriers to accessing behavioral health care.

Providers may limit which patients they treat based on whether the patient is uninsured or has an insurance type, such as Medicaid, that pays less for SUD treatment.	• "Many of these patients have Medicaid insurance, which doesn't really reimburse for services very well. And so most providers either have a limited number of Medicaid patients that they'll accept or they won't accept Medicaid at all. So, a lot of times patients don't have commercial insurance that will reimburse for services adequately. … I think that's one of the big limitations as to why providers don't take this on."
Insurance issues may arise for those with SUD and possible co-occurring mental health issues.	• "What do we do with an individual when we can't identify whether their primary issue is a drug and alcohol addiction related issue, or a mental health issue? And then we think we're going one path in terms of treatment, and they don't have insurance [that covers it]. … I think most of us would agree that in a lot of cases, it's usually both."
Information about services for those who are uninsured or underinsured needs to be more widely known in the community.	• A participant from an organization that provides coverage for underinsured or insured individuals seeking care for SUD said: "A priority specifically for our office is making our services more known to everyone in the county, residents, school districts. The main function of our office is to help people fund treatments for drug and alcohol. That's for uninsured or underinsured, including adolescents who have to pay co-pays for their treatment multiple times a week."

Negotiating service limitations can be frustrating.	• "If the moment that the individual is looking for help is outside of business hours, it [creates] an added layer of challenge to accessing those services." Another participant shared: "Finding outpatient services after a rehab or detox is absolutely a challenge as well. … Everybody's got their own procedures, everybody's got different requirements. If it's a dual diagnosis -if they have multiple co-occurring disorders -then we won't take a patient that has this, but we might take a patient sometimes that might have this, but we don't really do amphetamines … we'll do opioids, but not that. So, it's frustrating."
Across counties, challenges related to transportation were raised	• Inadequate provider networks result in long wait times, requiring some to travel great distances to see in-network providers. A participant noted about Bucks County: "In some areas people don't have transportation. There's not public transportation in the upper part of the county for sure, very little in the middle, some in the lower, but people can't even get to services."
The need for a holistic, coordinated, and collaborative community-driven approach to care was seen as a priority in most counties.	• **A culture shift that sees physical and behavioral health as components of a person's overall health is needed:** "If a hospital is to serve the health and wellness needs of the community … I think some sort of cultural or perspective shift is needed everywhere. Mental health is a thread through everything that you do. Integrated health is really, really important. … When health organizations start to separate physical and mental health it adds to the stigma. … It's this is your physical health, and then your mental health is something that you need to worry about somewhere else … and not here. It needs to all happen in the same place, and people need to understand it, and need to be educated across board not just in primary care, but everywhere." • **A collaborative, coordinated system of care that includes integration with community services and resources is also needed:** "The idea of integrating behavioral health within the communities, either a community setting, a hospital setting, whatever team you're working with - stigma is significantly reduced, and folks have more access. It's about breaking down the silos that our systems have created, for us to work together towards our common goals. … I wish more institutions, especially healthcare institutions would go to community-based organizations and reach out and initiate collaboration with support. Very often our voices or voices from particular communities … are not taken into consideration in terms of the design and the programming [from the very beginning]."

The need to reduce system fragmentation through greater awareness of available resources, and improved communication throughout the treatment process, was described as vital to improving care, especially for those with SUD. Successfully coordinating and navigating post-discharge treatment can be challenging.

- **Some providers may be reluctant to start treatment if patients are not able to get needed post-discharge services:**

  "One of the biggest challenges we face is connecting patients when they leave the hospital to an outpatient provider. We've done a lot of work to address … how to treat their withdrawal and potentially start them on medication for opioid use disorder, but they are only with us for a very short period of time. So, then what? We want to make sure we're handing them off to someone that can help them."

- **Better communication between community-based services and primary care providers is needed:**

  A participant who works in behavioral health said:

  "Our patients come in through primary care, and so we're often the first line for patients and they trust us. Shopping for services is really difficult. There is no Amazon that sells all of the services at once. There's a lot of work involved. Once we do find a place for a person to go, we don't know what happens next, and they [community service providers] don't have a reciprocal kind of a communication with us. … We're only be able to rely on what that patient tells us about how it went. A collaborative situation would be so much better."

- **Greater awareness is needed to help people and organizations navigate services and resources for behavioral health conditions.**

  "I think the systems are so complex with all the different insurers and levels of care, it's really hard for people to figure out where to start, and it can become overwhelming. Once you get into the navigation, from my perspective, there's a complete lack of available resources, which has just become even more apparent. Before it used to be a struggle for folks who were uninsured or had Medicaid products, now we're even seeing it for folks that have commercial insurance or private pay."

  A participant from a community organization shared:

  "We could use some help as an organization to really understand where to direct people, whether that's numbers to call or resources or partners we could have."

Warm handoffs to promote treatment goals and facilitate access to other needed services should be included in integrated care, said participants in most counties.

- "More can be done with discharge planning, and facilitating a more successful warm handoff, getting other organizations inside, you know, before discharge to make that connection, so that there's more likelihood to follow through in the community."
- "We offer services such as helping people fill out government assistance, people getting evicted, people losing their income, people filing for unemployment, and we observed so much distress. So, we started bringing in MSW interns to just talk to them while they're waiting for their services. There are a lot of opportunities about how we can deliver mental health services in very creative ways in nontraditional settings, and in community settings," said a participant from a community organization that provides behavioral health services.

Trained individuals with lived experience, such as Certified Peer Specialists (CPS) and Certified Recovery Specialists (CRS), are needed to provide culturally competent community outreach and support for post-discharge patients. Having access to peers who have gone through the recovery process is essential, especially given the shortage of providers.

- **CRSs should be able to follow clients for extended periods to provide post-discharge support**, a behavioral health professional said:

  "What seems to be lacking is being able to continue to follow that individual from beginning to whatever is considered the end point. So, it seems like once we get them into the initial phase of treatment, the CRS is backed off because they're established with a provider. But … the road to recovery is not an easy one and there's frequently relapses and other issues … during the treatment process. So, I would love to see the CRS … have the capacity to follow (a client) for an extended period of time."

- **Helping people connect to services and engage with their health care providers are important CRS and CPS roles:**

  "We're relying on CPSs to use their lived experience to help someone engage in the services that they already have or connect them to services that they're eligible for. Knowing the resources is definitely a huge benefit for all of the providers. But especially for the person who is saying 'I need help, but … I don't know what to do' … Having somebody who can say, 'you don't have to be the expert in this, let's walk through it together,' has been really helpful."

- A participant who works in behavioral health commented:

  "Our biggest issue has been staffing peer supports. It's low pay, and it's Medicaid rates, the government pretty much pays what it pays. So, we're competing with jobs that pay higher in the private sector."

Overall, use of technology to provide behavioral services was mostly seen as positive across counties. Participants generally agreed that telehealth has improved some access issues, such as reducing transportation barriers, increasing flexibility in appointment scheduling, and enabling those fearing exposure to COVID-19 to receive services in their homes.

- "Telehealth is the one thing that is helping the most, it helps with the transportation problem, it helps with the access problem, because we're finding … that the no show rate is so much lower. When you don't have to get a ride, you don't have to get childcare, it doesn't matter if you have a stomachache, you know, you can still keep your appointment. The vast majority of our clients are saying we like this better; it works better."
- "Using behavioral health services and telehealth has been a lifesaver for many of our patients during the pandemic, because they face transportation challenges and missing work, so we're much more flexible about getting them appointment times and they keep them."
- "There are still a lot of people that are afraid to come out into the community…a lot of people for whom transportation is an issue, or for whom their anxiety doesn't allow them to be able to leave their home to access those services."
- "On a positive note for telehealth, at least for drug and alcohol, we've seen an uptick in compliance in regards to individuals following their treatment plans. Just being able to go to IOP [intensive outpatient programs] or OP [outpatient programs] every single time you're scheduled and go for the entire time."

Challenges cited for the use of telehealth include lack of access to technology (noted across counties), telehealth fatigue, privacy concerns, and perceived differences in the quality of therapy online.

- "There is push in the county [Bucks County] to determine where the internet deserts are in this county, where there isn't access to internet. And hopefully that will help some, but even so, people don't … all have the devices."
- "I think a barrier is that there's so much of the virtual and online connection, right, that people are tired of it."
- "There's less privacy when we're talking about communicating with people in their home; we have to be aware of their surroundings and ours … that could be difficult at times."
- "Telehealth, just by design of what telehealth can and can't do, reduced the overall intensity [of therapy]. We have some family therapy programs that are provided in the home. Sometimes we do this under telehealth and hear responses like 'I'm not comfortable my mom, kids, grandma lives upstairs and she's compromised physically' and so we really are being more careful around the home … that's one of the limitations."

CHILDREN AND YOUTH

Participants across all counties spoke of the pandemic's impact on youth. Pandemic-related stress also has affected the behavioral health of parents and, often as a result, their children.

With virtual schooling, school counselors, teachers, and others have had fewer opportunities to monitor youth for warning signs of behavioral health concerns.

- "When you think about kids it's been almost three years since they've had a normal school year. They have experienced so much disconnection, lack of accessibility to resources … families and children haven't had the supports in place that they had had before."
- A mental health provider who works with school-aged youth said:

  "Over the course of the last couple years … [we have] had a lot more parents suffering with addictions, we've had a lot more parents suffering through COVID, loss of job, depression, all those things. We've had a lot more parents dying, to be honest, whether it be suicide, drug overdoses, COVID itself. All the things related to the pandemic have really impacted adult mental health, and the trickle down of that with the children in schools is astronomical. And school aged children's' mental health is also directly impacted by their parent's mental health."

Pandemic-related social isolation, as well as grief and loss, have worsened behavioral health for children and youth.	• A behavioral health professional who works with schools stated: "There is an increased number of youth that have lost caregivers, whether it's a parent or a grandparent through this pandemic. We are really trying to keep a close eye on them, because grief may have traumatic effects. A needs assessment done in the greater Philadelphia area … [is] projecting that 73,000 plus youth will have lost a parent or sibling by the time they're 18 years old, and in Montgomery County, specifically, [that's] about 11,000, and that's pre-pandemic predictions."
Increased rates of depression, anxiety, self-harm, and suicide were reported across counties:	• "In the emergency department, we are definitely seeing increased volumes in general of pediatrics and adolescents, and I think that's across the county, probably the country." • "Our young folks are struggling, and more of them are struggling now with mental health issues. I have a private practice, and I see a lot of adolescents. And the rate of anxiety, goes hand in hand with depression, is just soaring, and again, there was not enough services to serve that need. And then the youngsters, the little ones can't even verbalize their anxiety, so they act out. And then we don't know what to do with them. Sometimes they end up in inpatient, and it's not really the most advantageous place for their treatment sometimes, but there's no other options." • "We have a psychologist in our district specifically just to do crisis assessments for kids with suicidal ideation and more and more are younger and younger … as young as first grade." • A participant who provides group therapy to youth offered: "Our goal is to transition our kiddos back to school, and I think because of the pandemic, I'm having more school avoidance than ever before of getting back into that building. Instead of going, they refuse, and then they'll either engage in self harm or have a suicide attempt and that's definitely increased." • "We're seeing a lot of the trauma related to more generalized fear and anxiety probably related to COVID. I think the return to school, I think overall is positive for kids, but I think it's also brought with it a lot of challenges and a lot of increased transitional challenges."

Aggressive behavior among youth was also noted across all counties:	• "Children with behavioral needs act out. What we see are outbursts of behavior. Our crisis services are way overworked, they can't be there in two minutes, and that's what schools think they need with kids throwing desks across the room." • "I can say in schools, across the board, we're seeing a big uptick in aggressive behaviors with kids... just overwhelmed children trying to run from the building or come at teachers or go at other kids in a much bigger way than we've ever seen before. Usually, in some of our emotional support classrooms we'd see a lot of those behaviors, but now it's ... in regular education settings as well." • "We are seeing an increase in violence in Montgomery County especially amongst, kids like 15, 16-year-old, 17-year-olds. The violence is increasing, and it seems to be younger kids." • "We're really concerned about gun violence. Safety and personal safety is an issue and it's a constant stressor. ... [Also] general ambient violence, but also gang involvement."
While alcohol was identified across the board as the substance used most by adolescents, marijuana and vaping were also recognized as priorities to address in all five counties. Youth self-medication as a means to deal with unaddressed behavioral health issues also is an ongoing concern.	• "I would say that the biggest youth issues are unaddressed mental health issues. We have a lot a lot a lot of self-medicating youth." • "We're definitely seeing more of the vaping, and drinking, and those sorts of things among middle and high school kids, but the young elementary kids that I deal with, it's just acting out and shutting down behaviors." • "What the Single County Authority in Montgomery County is focusing on at the county level with our partnering school districts is youth using alcohol, marijuana, vaping, vaping marijuana, and just mental health and how that leads to their decisions to use substances."
Changes in the legal status of marijuana in the past few years are increasing its use among youth. Perceptions of harm have decreased, increasing acceptability of its use.	• "There's been a dramatic increase in the use of marijuana with vaping. Kids are vaping THC all the time now. For many years, the perception of harm of marijuana had been fairly high. We were educating kids about the potential dangers of using marijuana. And then medical marijuana came, legalized recreational marijuana came, and kids being kids with a not fully developed cortex, said, 'Oh, it's medicine, so it's safe.'" • "There's just no conception or understanding of the fact that marijuana can be addicting and high rates of usage can be problematic and long-term usage can create situations that mimic depression. We're also seeing parents that have a medical marijuana card that are passing that knowledge and permission on to kids."

While vaping of marijuana is a key concern, youth vaping of any kind was noted as an *"enormous issue, regardless of what's actually in their vape,"* said a participant who works in behavioral health.	• "We're even seeing it as young as elementary school, but middle school definitely. ... Some students were reporting at one of the high schools that at lunchtime kids would actually bring it into the bathroom and sit on the floor and vape. ... So the problem is kids really become addicted to this. ... There are certain stores that sell to minors and kids know that. But they'll also get things from peers ... or they'll get people to buy it for them. A lot of them get it online, including the marijuana."
Access to needed services and resources has not kept up with rising demand, resulting in long wait lists and, in some instances, a level of care that may not be appropriate for the child and family.	• "There is a huge need for children's inpatient mental health beds," said one participant. For some children, such as youth who are housing insecure but do not meet criteria for homelessness or youth in transition, this can be even more problematic.
Schools and afterschool programs provide opportunities to monitor youth for signs of behavioral health issues and provide counseling. However, remote schooling and closure of many afterschool programs has limited earlier detection and intervention.	• "I think that's why we're seeing the increase in behaviors, too, because we're not able to be proactive, we're not able to get to these kids, when, you know, the behaviors just start happening." • "In the schools I see tremendous needs of young people that are just being met with a Band-Aid. We do what we can, but it never seems like it's enough." • "There are not sufficient supports out there for family members. Children that are living with someone with alcoholism, or drug addiction - those kids struggle, they act out, and often the reason isn't even identified. And those kids don't get the support that would help them cope with that situation." • "We work across five different school districts in the southern Chester County [and] there's not always consistent programming for counseling across the different districts, so there's some disparities within the different districts as to what the schools are able to offer."

FOCUS: ACCESS TO BEHAVIORAL HEALTH CARE FOR CHILDREN AND YOUTH

Access to services is often delayed due to lack of behavioral health providers with pediatric or specialty expertise, creating difficulty in obtaining appropriate care.	• "We've had kids stuck in the emergency room for over a week. They're living in the crisis center or they're living in the emergency room, and they often will need staffing one-to-one with them the entire time that they're there. ... And then ... a week has gone by and maybe the person's doing a little bit better, maybe we've been able to stabilize them a little with the doctor who's covering crisis, and then they're stepping down to a lower level of care than they really should have had." • "We have seen an incredible uptick in the needs of kids who have significant behavioral issues, and a lack of providers that can support those kids effectively and safely. It also has to do with kids who have multiple diagnoses, and multiple needs, and across multiple systems. Those kids have always fallen through the cracks, but they're falling through the cracks more now, because there just seems to be more of those kids in need right now. We are constantly having multiple system case reviews for some of these kids to try to figure out what the best supports and services are for them."
Behavioral health professionals from several counties noted that treatment services for youth have decreased and finding resources is challenging everywhere.	• "The county [Chester County] itself has limited resources for youth. But I think that goes beyond the county. I think that's the state [and] probably the country. If I have a youth that needs a detox level of care, it would be almost impossible for me to find it, unless they have private pay and go to someplace like California or Florida. Which is obviously not possible for the majority of them." Another shared: "So, if kids are really in trouble with substances, their families are looking to go to Pittsburgh or New Jersey, or places like that to get their child care. And people aren't willing to do it quite honestly. So that is a huge, huge problem." • "One of the biggest voids that I am seeing, especially for elementary aged kids, is partial hospitalization programs and inpatient programs for younger kids." • "It is really, really difficult to find psychiatrists. We'll have instances of students coming back from inpatient treatment and not being able to get psychiatry services to monitor their medication going forward, much less get therapy."

Better post-discharge support services also are needed. For example, a warm hand-off would help schools follow through with personal and treatment goals of students after discharge from behavioral health treatment facilities. Another issue: youth returning home from treatment facilities may face challenges related to returning to a home environment where there is ongoing substance use.	• "The warm handoff — as far as schools go — kids coming out of hospitalizations ... or even a more intensive outpatient or a partial program and back into schools - How can we help support them? What are their goals? What are their discharge goals? How can we help families make the connections they need to make upon discharge?" • "Even if we do successfully get them through some kind of treatment path, we are often returning them to environments that are not remotely supportive in maintaining a clean and sober lifestyle. If you have parents that are using, whether medically allowed or not, it's really hard should you manage to get yourself clean and sober to return to that environment and remain so."
Finding correct information about in-network providers for health insurance plans can be difficult and delay care or disengage patients.	• "They may only have one therapist in an organization that works with kids, but they're not taking that insurance right now. So, there's a lot of movement right now, especially in commercial insurances, about who's taking what insurances. And, providers are always dropping in and out of accepting certain insurances and participating in certain plans. We have to find out what agencies are taking what insurance, and then find out which ones that take that insurance are also taking children. It could take, you know, a month to whittle down a list of providers to someone who's taking children of that age with that insurance, and how long the waiting list is, and then by then, a lot of times we've lost the family's engagement."
Using telehealth for mental and behavioral health services with children and youth was seen as having both positives and negatives. On the positive side, according to one provider, telehealth allows youth to access services without having their friends know and the quality of the online therapy is better.	• "With the telehealth, the kids don't have to come to the lobby and run into the kid who sits behind them in math class. And it's just a totally different atmosphere. The kids are more open, they're going deeper, it's just a much better quality of therapy." • On the other hand, "Telehealth has been challenging for the kiddos. If they're elementary school age it's kind of hard to keep their attention or keep them engaged over a telehealth platform. So, as soon as we could our children's advocate was seeing the kids in person again, just because she was having a much better impact that way, and it was safer for families who were still in an abusive situation." • Telehealth also limits providers' ability to monitor youth who may be engaging in self harm. "If they're engaging in self harm or substance use, we weren't really able to track that because they were at home."
Youth with multiple diagnoses, such as autism, can have difficulty obtaining appropriate care, including behavioral health providers, inpatient care for a behavioral health diagnosis, and psychiatry services.	• "If there's a diagnosis of autism, getting services or resources for those individuals, whether an inpatient level or outpatient wraparound services, has huge waitlists. And it's a similar situation in terms of inpatient, where we frequently are unable to locate a bed, because there are very few facilities that are working with autism."

Transitional-age youth experiencing homelessness may face particular challenges in accessing behavioral health services. Policy definitions of "homelessness" that enable access to mental health services often do not apply to transitional-aged youth, who may technically have shelter.

- "Kids that are couch surfing or living in their cars, kids that are kind of bouncing from house to house or have been kicked out of their home ... those transitional-age youth are sometimes not eligible for services through the homeless system, because they're not technically homeless. ... Those kids fall through the cracks."
- "There's a segment of our young folks 18 to 24 that we've been focusing on a lot across the board...This transition age group are kind of left in between having the services from birth to 18, and then the adult services that don't always fit their needs. So, that segment of our young population I think is a particularly needy one right now."

OLDER ADULTS

Across all five counties, participants highlighted that older adults were particularly hard hit by the pandemic.

- "Our seniors have been so isolated. ... They haven't been able to visit with family, haven't been able to go to the grocery store and it's just been so isolating for them. And then to compound on top of that, that access to care for them, they might not be able to access technology as savvy as other people, and even the lack of providers in the outpatient setting is very typical to or limited, for seniors. In some respects, I feel like they've suffered more than our kids and adolescents."

The pandemic has had an impact on physical health as well as behavioral health, noted a participant from the faith-based community. Lack of mobility, transportation, and awareness of programs during the pandemic were cited as barriers to maintaining physical activity and health.

- "It was lack of them being able to exercise, a lot of them gained a lot of weight, and it caused a different attitude in their behavior. And the seniors are used to going out and walking together in the park and now not being able to do those walks with any freedom. They're not physically mobile, it's lack of transportation or they haven't gotten the information [about program services] that they need. A lot of people were depressed and locked in, but the seniors really had it harder."

Several participants noted increased substance use for self-medication and overdoses among older adults during the pandemic, linked to social isolation and depression.

- "Hearing from partners that, because of the isolation during the pandemic and the limitation on gathering or seeing friends or going to a senior center ... it led to depression, and to self-medication. There are people in the older population not only abusing illegal substances, but abusing all sorts of substances, drinking way too much in the house."
- "We've seen, since the pandemic began, an increase in the age of fatal overdose victims in Montgomery County. Prior to the COVID, most overdoses were in the 20 to 30 age group. Now we're seeing higher overdose deaths in people ages 50 to 60 which we have never seen before. My thought would be that people are depressed, lonely, and turning to drugs that they probably haven't used in years. And they're not used to the purity and strength of those drugs, and they're dying."

Grief and loss among older adults have increased during the pandemic, due to loss of loved ones and limited connections with family and friends.	• A participant noted that older adults experienced: "increased grief and loss due to higher COVID fatalities in older populations and were more likely to have lost friends and family members." Another shared: "There's also the loss of connection to family not seeing grandkids, not having the holidays, not having the same kind of experiences and just the layers of that degree."
Fear and trauma have increased isolation particularly for older adults in Asian communities. Isolation has impacted family dynamics as well. Fear of getting COVID-19 by being in public is common for older adults, but the increase of anti-Asian hate incidents during the pandemic has been an added stressor.	• A participant from an organization serving Asian older adults said: "The pandemic comes in a time with anti-Asian hate incidents being increased. … We hear a lot of stories of senior citizens afraid to go out to even buy groceries, to even take a walk. So for the last year, a lot of Asian senior citizens were just stuck at home. They didn't want to go out, they were so scared. So, then they depend on their adult children, to buy things for them to do the most basic things for them, and now we're hearing more abuse against senior citizens by their adult children, because of this imbalance in power dynamics."
Senior centers and other community venues for physical activity and socialization play a key role in preventing isolation and monitoring the mental and physical health of members.	• "Senior centers in [Montgomery] County [that] had been serving low-income seniors on a daily basis have seen a severe drop-off in attendance since the pandemic. These were essential connection points for seniors and provided an opportunity for observation of mental health [and physical health] conditions. The increased isolation since the pandemic has had a profound impact on seniors' mental and physical health." • A participant cited the influx of older adults returning to the YMCA: "What we saw is a return of the active adults of the senior population more than any other population…because of the connectivity, the community that they built, and just to avoid the isolation."
Another issue for some older adults: grandparents taking on the responsibility of raising grandchildren and their need for assistance, which was discussed in most counties. Participants noted that the number of grandparents raising grandchildren, including those with behavioral health needs, increased during the pandemic.	• "There have always been grandparents raising grandchildren, but, … now it's just at a different proportion, and maybe more people who are already struggling with mental health, and now they're taking on this extra stress. It's just a different level of stress, and worry. … There has been an influx of grandparents and great grandparents raising children with behavioral health needs especially during the pandemic."

FOCUS: ACCESS TO BEHAVIORAL HEALTH CARE FOR OLDER ADULTS

Issues related to older adults with co-morbidities were discussed in most counties. People with serious mental illness are living longer, often with ongoing chronic diseases. During the pandemic, more older adults delayed care for medical problems and accessing services. Patient health assessments, whether for primary care or for behavioral health, need to include both physical and behavioral health assessment to ensure appropriate care is provided.

- "We've noticed that a lot of our older patients are not taking care of their medical needs. … We need to be more aware of looking at medical concerns and making that a part of our assessments. We need to retrain the staff to not just look at the mental health side, but to look at the whole wellness."
- "We're seeing people live longer and longer. We have a mental health system that does not feel comfortable supporting a patient with high physical health needs, maybe somebody who just needs nursing home level of care or just below it. But then we have an elder physical needs system that does not feel comfortable supporting somebody who may still be very actively symptomatic (with a mental health condition). And there are rules and regulations within each system that preclude serving somebody with high needs in both areas."
- "One of the biggest problems with elders is they don't use the services available until it's almost too late. They don't use hotlines, we run into them at the point where we're dealing with compound issues. So, whether its nursing homes, other, long-term care of people living in the community I think there has to be some focus on earlier intervention."

Medicare coverage for behavioral health conditions, including SUD, is complex and difficult to navigate. Payment for services depends on many factors, such as whether a facility or provider is a participating Medicare provider, the type of the Medicare plan, and the level of treatment needed.

In addition, there are treatment limits for certain inpatient and outpatient services. Medicare does not cover or has lower reimbursement rates for certain behavioral health services, which can prevent individuals from seeking needed treatment.

- One participant described Medicare as a *"convoluted process"* and another said,

  "Anytime we say hold on, we're going to need to contact Medicare … it's quite an ordeal."

Other Medicare challenges for older adults with behavioral health issues are a lack of credentialed providers and difficulty accessing care for those with co-morbid medical conditions.

- "It's really hard to find therapists and practitioners that are qualified and credentialed under Medicare that can offer services."
- "We have a number of assisted living [facilities] that take a lot of folks into their dementia units. And then frequently what happens, if there's behavior problems, they end up in emergency departments, and we're being told that they have to go to an inpatient psych facility. But based on Medicare guidelines, the psych facilities can't treat dementia, because it's not a psychiatric diagnosis. That is a huge disservice to the patient, but it also creates a huge burden on the families."

Some patients are fearful of in-person appointments during the pandemic.

- "A lot of them only have phone access, and just not getting eyeballs on folks is really challenging. We offer the ability for them to come in and have support and video access, but we're seeing a really significant fear of them wanting to come in, so that's definitely been a real barrier for us."

Use of technology poses challenges for older adults in terms of connectivity and usability and does not replace the desire for in-person social connectedness.

- "A lot of seniors don't have access to computer, don't know how to access the telemedicine sites, and all those things that are being done now through the pandemic. … We need to make sure that our seniors are aware of how to access those technologies and use them."
- "Telehealth is difficult for them because they struggle with technology, and so they usually need some support from family members or younger children."
- "They might be able to manage talking on the phone, but that's not as good as being able to see someone."

OTHER GROUPS

Expectant and perinatal families. A behavioral health professional serving pregnant and perinatal women reported an increase in anxiety and depression in this population. During the pandemic, *"Domestic abuse has also seen a bit of an increase, moms are isolated, lack of communication with friends, not much of the outside world. I would just like to add that, depressed mom's depression is contagious. So, a depressed mom, the likelihood of her child being depressed is very likely."*

Challenges for expectant or new mothers with behavioral health concerns include a lack of specialized providers and insurance barriers.

- "Having access to a psychiatrist who specializes in perinatal mental health. I'm not aware of any psychiatrist that has that specialization, and the few that might be available they don't take Medicaid."

Also noted: the need for centralized information about services for pregnant women and families as well as the importance of including fathers, as well as mothers, in behavioral health services:

- "Right now, there's not one point of entry for a family or a mom who is pregnant where she can reach out to one number and be referred to multiple places."
- "Really prioritizing parent's behavioral health, because that's really what affects the children, and not leaving out dad. … We talk about mom and her mental health or substance use, but dad is there too, and dad has also mental health issues and substance use issues. There's not a lot of services available for fathers in the community at all."

People experiencing homelessness and housing insecurity. Access to behavioral health services for those experiencing homelessness, especially adolescents, was identified as an issue in multiple counties.

- A behavioral health professional cited the lack of mental health resources for these individuals and the need for training for street outreach teams:

  "There's not enough mental health support for those experiencing homelessness. If they are experiencing mental health issues on the street, what we find is there's not enough access. They go to the hospital and the hospitals put them back out on the street. But often there's nowhere to take them, it's just 'go to the hospital.' They do a few things, and then they don't have any place to put you, and so you leave. I'd like to see some more support for our street outreach team around mental health issues and behavioral health issues, because sometimes our hands are tied, and there's not a lot of resources for these folks on the street."

People leaving incarceration.	• **"Individuals coming out of incarceration tend to be pretty transient when they get out. There's a lot of housing instability, so they may start in one catchment area for a community behavior health center, and they may very quickly transition to another."** As a result, behavioral health services may be initiated in one area and then, depending on an individual's new location, the behavioral health assessment process may need to be repeated—an often-challenging process that can delay care. Older adults in the re-entry process may face other obstacles, such as needing care at a behavioral residential facility but being denied due to their criminal record.
Immigrant communities. Participants in all counties raised concern about the difficulty language barriers pose to accessing behavioral health care, including SUD services.	Comments included: • **"There's not a lot of bilingual options"** • **"There's a lack of interpreter services and other language barriers in trying to access care."** A goal of the Single County Authority in Delaware County is • **"to get better access to language and interpreter services within the county within the next five years."** Stigma and insurance issues were cited as other challenges for immigrant communities: • **"Finding those who are bilingual, those who can serve immigrants is very, very hard to find, let alone insurance. … There is stigma, and also, it is hard to find someone who understands the cultures."** • **"A lot of our clients are undocumented, and so that means the places where they can get service across the board for health, especially for behavioral health are very few, so the wait times are really long. And a lot of practitioners don't take uninsured clients."** • **"That's a really rough combo, to not be insured and not speak English so, to find resources for that is really, really difficult. We have all these struggles with commercial insurances and Medicaid, and we have a very large number of uninsured patients in Montgomery County and many don't speak English – one of our biggest challenges is finding resources for this group."**
LGBTQ+ communities. Participants in several counties shared the need for behavioral health care providers with expertise in working with those identifying as LGBTQ+.	• **"The issue becomes finding providers that have the sensitivity and understanding of, what does it mean to be transgendered? What does it mean to be queer? What does it mean for people who identify differently? So, I think, there are some providers in Delaware County that do focus on that on that group, but again, wait lists are long."**

SUGGESTED ACTIONS

CARE COORDINATION

What's working:

All publicly funded schools in Pennsylvania are required to provide Student Assistance Programs (SAPs), which are school-based services to address students' behavioral health, including drug and alcohol use: *"The SAP team receives referrals from anyone in that building who might have concerns about a student, including drug and alcohol. The program is in place to identify kids in the very early stages of use or experimentation."* Some school districts contract with organizations to provide ancillary counseling services in schools for individual students.

What's needed:

Calls for an integrated behavioral health system with a population health approach are supported by national organizations such as SAMHSA, American Psychological Association, and American Academy of Pediatrics-American Academy of Child and Adolescent Psychiatry-Children's Hospital Association. In addition, Pennsylvania commissioned the *Behavioral Health Care System Capacity in Pennsylvania and Its Impact on Hospital Emergency Departments and Patient Health* report, whose recommendations support these approaches.

In all counties, participants called for an **integrated care model** that assesses the whole person, addresses both physical and behavioral health, and coordinates care across hospitals and community-based service providers.

- **Improve service capacity:** Address bed capacity, emergency room (ER) boarding, and staffing shortages to reduce wait times and improve access to the appropriate level of care. Improve youth access to timely, appropriate care, including inpatient services available locally.
- **Improve care coordination:**
  - Expand warm handoffs between hospitals, ERs, primary care practices, community behavioral health service providers and community-based organizations.
  - Improve communication and coordination between community-based service providers and patients' primary care physicians. Also, encourage use of CRSs and CPSs in warm handoffs for drug overdose and other behavioral health issues.
  - Develop coordinated Crisis Response Systems available 24/7, 365 days a year.
- **Increase awareness of behavioral health resources and services:** Hospitals can promote internal awareness and community knowledge about behavioral health services and how to access them: *"Most hospitals put out regular distributions of what's happening in their hospital system. It's a great opportunity to focus on behavioral health. It's something they could work on with their county partners … promoting awareness of behavioral supports available in their communities and knowing where to go if they have a challenge."*
- **Streamline system navigation for providers and the population at large.** *"Finding outpatient services after a rehab or detox is absolutely a challenge. If it's a dual diagnosis, if they have multiple co-occurring disorders … everybody's got their own procedures, everybody's got different requirements. It's frustrating."* Create a "*linear system, like a depot of services, that can be easily accessed."*

PREVENTION PROGRAMMING

What's working:

Prevention programs range from school-based educational programs to community drug take-back programs and programs to reduce opioid overdose. Participants across counties stressed the need for more prevention programs: *"Sandy Bloom [a prominent expert on trauma] often says, we're not going to be able to treat our way out of this … we have to start thinking more about prevention … about how we can intervene at the community level."*

Prevention programs are seen as essential to reduce risks of substance use among youth: *"When you asked about what's working, prevention is working, prevention is a science, we utilize evidence-based programs. We offer those services in schools, to parents, and in the community."*

School-based programs that are working well:

Most counties offer drug and alcohol prevention programs for youth and the community and deem these efforts effective. *"I think our county does a good job on topics related to prevention and education and de-stigmatization talks. I think that's one thing that we do fairly well."* The Single County Authorities in Montgomery and Delaware Counties are working with school districts to provide prevention programs focused on alcohol, marijuana and vaping. They also are looking to improve access to bilingual programs. In Delaware County, a local organization received funding received from the state to provide digital devices for schools for families to engage in an eight-week virtual drug and alcohol prevention program.

Community-based programs that are working well:

- **Project Meds** is offered by the Bucks County Area Agency on Aging to "*educate the senior population on taking medication as prescribed, the dangers of over medication, and safely disposing of unused medication*."
- Bucks County's successful **drug take-back program** was the first of its kind in Pennsylvania. "*Someone at the state level called Bucks County the Cadillac of drug take back. We have drug take back boxes in the lobby of almost every local police station. You don't have to identify yourself or interact with anyone*."
- **Delaware County Department of Human Services gives funding to many organizations in the county for evidence-based drug and alcohol prevention programs in schools** and one-time speaking engagements for parent groups and other community organizations.
- The **Strengthening Families program run by the Child Guidance Resource Center in Delaware County** is a supportive substance use prevention program for children aged 6 to 12, parents and grandparents.
- **Narcan training and distribution: Montgomery County Mobile Crisis program** provided by **Access Services** is an effective intervention that should be expanded throughout the County, a participant said. Training more professionals, including police, to provide these services could help lower overdoses. *"Overdose deaths in Montgomery County are down this year. Access Services became more involved in Norristown and started going out when someone overdoses. I think … we should try to expand that to the entire County."*

What's needed:

- **Increase access to safe, structured afterschool activities for youth** available on weekends and in the evening.
- **Co-locate prevention and behavioral health services in community settings ("one stop shop") where families live, work, and socialize.** For example, in partnership with community-based organizations, provide co-located substance use and behavioral health prevention programs, treatment and other intervention services in schools. *"We're trying to advocate for a substance abuse unit in our wellness curriculum in the schools, so kids get real information, not what they're hearing on social media or from their peers."*
- **Increase access to support groups** to address mental health and substance use issues.
- **Develop texting support services that address underlying issues of substance use**, provided by trained peers or qualified therapists to individual clients. *"It's private, which helps with the stigma. … People are on their phones, texting with people all the time, so, whether you're texting with your peer support or a therapist, … that's not something that's gonna stand out, the way going to a twelve step meeting might feel."*
- **Expand effective prevention and crisis intervention models**, as noted above.

WORKFORCE DEVELOPMENT AND TRAINING

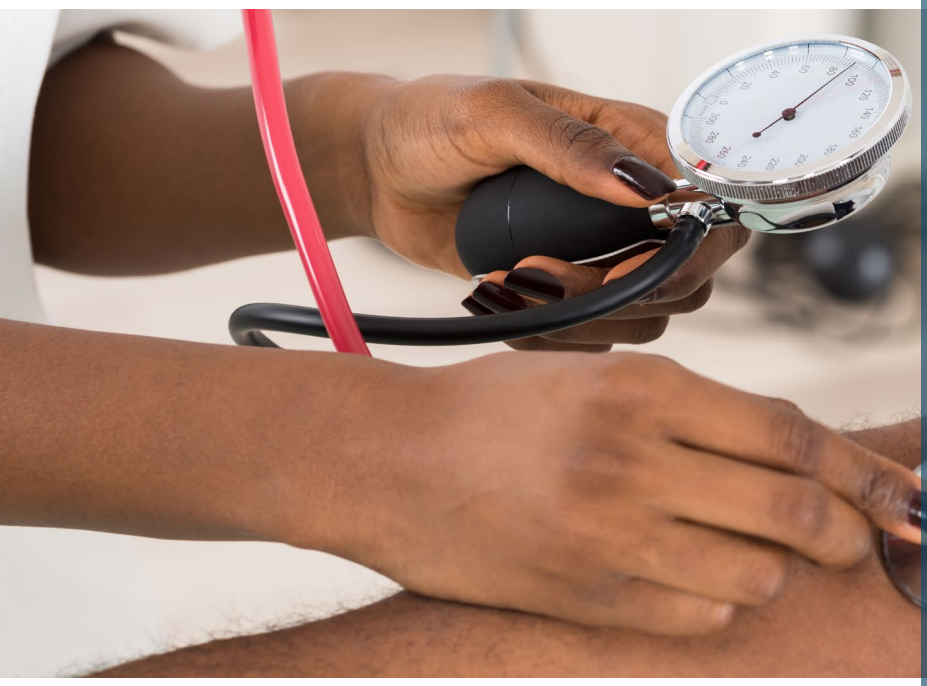
What's needed:

- **Increase training for healthcare providers, community-based organizations, schools, law enforcement, and others** in Mental Health First Aid, trauma-informed care, and cultural competence/sensitivity. Also provide Narcan training for health and social service professionals and law enforcement.
- **Increase awareness among healthcare providers and community-based behavioral health service providers** about behavioral health and substance use services and resources.
- **Increase behavioral health workforce capacity and diversity** (e.g., language, racial and ethnic diversity). Increase behavioral health professionals who represent the racially and culturally diverse populations they are serving. Also, develop and use "inclusive (culturally competent) curricula" in workforce development and training (e.g., for therapists, social workers, psychologists, etc.).
- **Develop strategies to encourage young people to pursue careers in behavioral health.** Work with colleges and universities to recruit students interested in these careers by offering tuition reimbursement and scholarships.
- **Increase individuals with lived experience in the behavioral health workforce**, such as CPS, CRS, and community health workers.
- **Provide programming to prevent mental and behavioral health "burn-out" among behavioral health staff.**

FUNDING

What's needed:

- **Support efforts to increase funding** to ensure that all families and children can access evidence-based mental health screening, diagnosis, and treatment to appropriately address mental health needs, school-based mental health care, and community-based systems of care that provide evidence based behavioral health intervention and support in homes, communities, and schools, as advocated by the American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, and Children's Hospital Association.
- **Advocate to increase and sustain funding for drug and alcohol prevention programs in schools and other programs.** *"Unfortunately, prevention doesn't get the funding that treatment gets because it's hard to prove the effects. But I think it's definitely effective. If you look at tobacco over the last 40 years, we've been pretty successful in educating our young people about the dangers of tobacco, not that some kids don't still smoke, but they know that if they smoke, they're more likely to have heart disease and lung cancer. We need to have the same push in marijuana and THC … to try to curb this trend."*
- **Advocate for competitive salaries for behavioral health service providers** to increase retention in the profession. To sustain *"quality service year after year and have good client continuity of care,"* pay rates need to be competitive.
- **Advocate for higher Medicaid and Medicare reimbursement for behavioral health services.** Advocate for Parity Act standards to be applied to Medicare to protect beneficiaries with SUDs from discriminatory and other treatment limitations.
- **Advocate to increase funding for services not covered by insurance.** *"Mental health- based dollars have not received a cost-of-living increase since 2007… When you think about what those dollars pay for … things like portions of mobile crisis for people who are uninsured, it supports our student assistance programs for kids in schools, and any kind of awareness or prevention. … So, a good place to start is to create awareness of legislators."*



CHRONIC DISEASE

ALL FIVE COUNTIES

OVERVIEW

Chronic diseases are a leading cause of disability and death nationwide and statewide.

In Pennsylvania, five of the ten leading causes of death are chronic diseases, including heart disease, cancer, stroke, chronic lower respiratory disease, and diabetes. As Pennsylvania's aging population grows and longevity increases, the burden of chronic diseases and associated costs are expected to rise.

Numerous chronic disease indicators show how the impact of chronic disease varies across the five counties of southeastern Pennsylvania. For example, the age-adjusted rate of diabetes hospitalizations in Philadelphia in 2019 was 331.1 per 100,000 -- more than triple the rate in Chester County and roughly double that in Montgomery, Bucks, and Delaware Counties. In that same year, age-adjusted heart disease mortality rates were lowest in Bucks and Chester Counties (135.5 and 141.2 per 100,000, respectively), followed by Montgomery County (150.7), Delaware County (168.9), and Philadelphia County (198.5).

Across the five counties and within them, striking inequities in chronic disease burden correlate with poverty, a key determinant of poor health outcomes, which disproportionately affects communities of color. In Philadelphia, for example, Hispanic/Latino communities have some of the highest rates of chronic conditions, such as asthma and obesity, and the city's non-Hispanic Black population has disproportionately high rates of chronic conditions such as hypertension and diabetes.

To understand the impacts of chronic disease on health needs in the five-county southeastern Pennsylvania region, focus groups were convened for each county with representatives of local organizations who address chronic disease prevention and management and related risk factors. Chronic disease was also discussed in focus groups conducted with community residents in all five counties; where relevant, comments from those discussions are included below.

KEY CHALLENGES FOR CHRONIC DISEASE PREVENTION AND MANAGEMENT

Participants discussed multiple challenges to reducing rates of chronic disease, including issues related to healthcare cost and access, as well as lack of public awareness and education:

Difficulty affording health insurance and out-of-pocket expenses are common challenges.

- "We see people that no longer go and get certain services because there's high co-pays with their insurances."

Several mentioned that fear of incurring healthcare expenses can itself be a barrier to seeking care. A participant from a health clinic serving patients with low incomes commented:

- "All of the population that we serve, they don't want to be in debt or have bills that they owe to hospitals. They're very worried about that. They don't want to be in that position, so they forego [care]."

Another added:

- "for people with insurance, fear of co-payments, and thinking it's going to be too much [and] they can't afford it, so not even making appointments."

Lack of information and stigma surrounding chronic diseases can lead to fear and avoidance of getting screened or seeking treatment.

A participant who managed a cancer screening program said:

- "One of the things that I saw was fear, fear of getting that diagnosis, and kind of putting your head in the sand. There seems to be a 'Don't ask, don't tell, don't know, and I'll be okay' kind of mentality.'"
- "We have overwhelming diabetes in this city, and we have overwhelming high blood pressure in the city, and a lot of heart disease. Those things are fearful for a number of people, which makes them afraid to find out the information."
- "I will add a lack of … knowledge of family medical history. Oh, and stigmas and, avoidance of any kind of stigma. Like I work in colorectal cancer, and there's a ton of stigma, male breast cancer, prostate cancer, all of it."

Mental health conditions, such as depression or anxiety, can complicate or worsen chronic disease care, if not addressed.

- "I think that comorbid mental health issues, and the broken mental health system definitely compound and accentuate all the problems faced by people with chronic diseases."
- "People with chronic disease are at higher risk for depression and anxiety, but also those difficulties can also precipitate more physical health problems. I don't think that there is enough integrative programming … I think any family that's dealing with a family member with chronic disease, there is a need for additional support beyond just addressing the physical illness."

Stress management and social support are important to optimize care.

A participant who works with people in cancer recovery said:

- "General stress management is a huge barrier, not only through it, but even after treatment. One of the things we also hear is sort of once everything stops, so treatment is done, surgery's done, okay, your doctor's like 'You're good, I'll see you in three months,' or whatever. It's like 'Holy moly, what just happened?' It's like post-traumatic, 'Now what do I do?'"

Some patients also experience "scanxiety" after treatment for cancer—that is, fear and anxiety before follow-up visits to check for cancer recurrence. After a diagnosis of cancer,

- "Number one is just feeling they have the support in their life, whether it comes from friends or family, or just support of others that understand what they're going through."

IMPACT OF THE PANDEMIC ON CHRONIC DISEASE PREVENTION AND MANAGEMENT

Participants discussed additional challenges to chronic disease care resulting from the pandemic, especially delays in seeking care due to patients' fear of contracting COVID and a lack of provider capacity, causing long waits for many appointments.

With care delayed for some patients, several participants said **cancer and other conditions are more often diagnosed in later, more advanced stages.**

- "During COVID, … people are experiencing increased isolation, and everything that goes along with that, and may not feel comfortable going to see the doctor, going in for screenings, or even going to the grocery store."
- "Because of the pandemic, many [people] have been diagnosed later in their cancer stages. So, that's really been an obstacle, too, because everything was kind of pushed back because of the pandemic with everybody, with everything basically. But, you know, for our cancer patients it's been really tough in that respect."
- "The fear of going for those screenings during COVID. A lot of people that typically got yearly colonoscopies or blood work or whatever they're like, 'No, we're going to wait.' And then things exacerbated in that time, so a lot of people are being diagnosed later, in more advanced stages."
- "[People are] having difficulty getting medical appointments … [For example,] diabetics who were struggling with control and not being able to see an endocrinologist for several months."
- "We constantly have people telling us that they're having problems with access to health care. For example, if they have to go to the ER, they have to wait, oh, like, seven, eight, nine or more hours just to be seen, where pre-COVID, that was not the case."

Staffing shortages at hospitals, coupled with staff redeployment to pandemic-related care, are further challenges.	• "Finding some of the supportive services, the social workers, the nurse navigators, if they [patients] need financial assistance– those have been a lot harder to come by." Another participant who works at a health clinic added: • "We are currently in major catch-up mode when it comes to the cancer screenings, and then availability of getting folks in … can be months waiting."
With many people working remotely during the pandemic, fewer workplace wellness programs that offer screening and education are being offered.	• "With the emphasis on the pandemic, there may be a lack of awareness even in workplaces about doing screening as part of work and offering it as part of work. Think about that: a lot of people are working remotely, and that's where these things used to be in the office, or that people could gather to a bus [providing mobile health services] that is on office property, the access to that is reduced because of people working remotely."
One participant raised concern about the amount of **misinformation being disseminated about COVID treatments and vaccines**, with broader implications for following recommended prevention and health screening recommendations.	• "Because of all the media hype about the vaccines … and the lying, and false lies and false news and stuff, I think it's become more acceptable to say doctors and science don't know what they're doing. And people feel justified to reject services as a civil liberty right. Which they do, but I don't think it's an educated choice; I think they're starting to just rebel against being told what they should do."
Participants said **the growing transition of many health services to virtual platforms was a mixed blessing—convenient for some people but depriving others of needed care due to the digital divide.**	• "It's not for everyone. Certain appointments lend themselves much better to a telehealth or a digital appointment, but not everyone has the same connectivity and technology. We find many of our patients are able to use their cell phone to connect, but not necessarily through a computer. Some have concerns about use of minutes and things on their phones. So, it's just not available equally across the board." • "There are a lot of people who don't know how to use the technology, so [that is] a main barrier. And … the language of the technology is in English, so it is a problem also." • "There's also an almost paranoia fear, definitely, about technology, and who will see my records, and where will it go, and how are people using it. … And it's like, you know, just not understanding how all that happens and not trusting it even slightly." • "I think today the digital divide is real and created almost two different worlds, in some ways, when we're talking about chronic disease."

SOCIAL DETERMINANTS OF HEALTH

Participants in all groups emphasized the need to address social determinants of health to improve prevention and management of chronic diseases. With poverty cited as the single most important social determinant of health, participants discussed a range of closely related determinants that contribute to chronic disease:

Food and nutrition. Because of the importance of a healthy diet for preventing and managing many chronic diseases, multiple participants cited the need to improve food security as well as access to healthy, affordable food and nutrition education.

- "We know that diet plays such a huge role in managing and preventing chronic disease, so that is top of mind for me."
- "I work in diabetes education, and I see it over and over, where people think that their diabetes is being managed, yet they're on so many different medications. If they just tweak their diet a little bit, they're able to manage without a plethora of medications."
- "We are seeing that parents and grandparents that are helping to raise children [will] often, when there's food insecurity in the family, have the children eat before them. … So, I think food insecurity is a major issue. Anybody who's dealing with chronic disease or maybe trying to prevent it … would not be eating healthy if they're dealing with food insecurity. So, that's a major, major issue, I think."

Transportation. Participants in rural, urban, and suburban areas cited lack of affordable and convenient transportation options as a barrier to accessing health care and other resources needed to prevent or manage chronic disease.

- "Geographically, Chester County is enormous, and public transportation doesn't get you everywhere. So, even if you have access or have insurance, being able to get around [to] make appointments is a huge challenge."
- "I would definitely second the [need for] transportation. Our organization is not only inside Philadelphia County, but also up into Bucks, Montgomery [Counties] … and transportation gets even harder."
- "When it comes to access to health care, transportation is a huge issue … whether it's the cost of affording an Uber or not feeling well enough to be able to do the travel and to drive yourself. It's always been a struggle to find transportation for treatment, but COVID really escalated that because people who were willing to, were able to pay for Uber or take public transportation were no longer comfortable or [it] was no longer available. So, I think that's definitely been a barrier for healthcare access."

Violence. Fear of violence and other threats to personal safety were mentioned as barriers to physical activity or access to care by several Philadelphia participants.

- **"You know, there's not as many places to walk or walk safely, so that's definitely kind of at risk."**

Another participant said:

- **"We have a lot of gun violence in our city. And it could be treated as a public health issue, but it isn't. … That has impact on transportation, whether people are really not fearful coming out of their houses to go to a screening, and how far do they have to go to get screened."**

Lack of awareness and knowledge. Participants in all counties cited a common lack of awareness about chronic disease risk factors, prevention, and management.

Greater awareness also is needed about available resources to help prevent or manage chronic disease, such as community-based programs to access health insurance, nutritious food, or physical activity programs, as well as websites that provide education and help for those in need. As one participant put it, the issue is

- **"where are we finding those pieces of information to help make decisions on our own health?"**

Environmental exposures. Indoor and outdoor pollutants were mentioned as risk factors for asthma, cancer, and other chronic diseases by several participants in Philadelphia and Delaware Counties.

A Delaware County participant said:

- **"In the southern part of the county, where we've got a huge industrial corridor, we have a lot of anecdotal evidence of high rates of cancer, asthma, lung conditions, and we're even seeing things like children with chronic nosebleeds, and that shouldn't be happening. … So people are facing chronic illness, but physicians are not necessarily aware of the environmental hazards in the community."**

Another Delaware County participant added:

- **"We do have the cancer corridor down 95, which has been there for a million years, all the things that [were] mentioned with regards to asthma and cancer. … I'm old, and it's just some of the same things are still persisting."**

A Philadelphia participant commented on indoor exposures:

- **"I think 90% of Philly homes are very old, and that could lead to [exposure to] lead levels and asbestos, which could lead to a lot of respiratory problems for a lot of citizens in Philly."**

CHILDREN AND YOUTH

Childhood obesity, which has increased during the pandemic, was cited as a key concern across the region, contributing to type 2 diabetes and other chronic conditions, participants said. They focused on barriers to healthy eating and physical activity as root causes of the obesity epidemic.

- "Childhood obesity is still there, it's still present. It's not discussed and brought to the forefront really as much as it was ... but I think that need is still there."
- "I've noticed that when kids came back [to school], they gained a lot of weight, a lot of weight. ... I mean, childhood obesity has always been a concern in this country, but even more so now – you know, some people use food to cope with the pandemic, and all the stress."
- "It's not just in communities experiencing food insecurity--we're seeing that in all communities, that children just don't have that awareness, even their families, about what healthy eating actually is."
- "The amount of screen time children and youth are getting every single day. You know, it's taking from physical activity, which is resulting in bad behaviors."
- "The obesity is starting at a very young age, and that's part of the chronic disease and if we can get our children more active, and get them involved in more activities that are available to them to join that can help."

Opportunities for physical activity have been reduced during the pandemic, due to virtual schooling, closure of many afterschool and extracurricular programs, and increased use of social media and other forms of screen time.

Several participants also cited high costs to join local sports leagues as barriers to physical activity for children and youth. As one parent (a participant in a community focus group) shared:

- "I'm a single parent, and I can't afford to pay for my son to be doing sports, like that's not something that's going to happen in my household."

In several counties, an "***epidemic of vaping***" among youth was cited as another top concern, one that increases the risk of a host of serious chronic conditions over the long term, such as heart and lung disease.

- "As we get closer to high school, not necessarily the young kids, vaping is definitely one that it is extremely concerning to us, and flavored tobacco in general."

Childhood asthma and lead poisoning, stemming from environmental exposures, were raised as additional concerns by participants in Delaware and Philadelphia Counties. Specific concerns are lead dust from paint in older homes, causing lead poisoning, and indoor pollutants such as mold and dust that can worsen asthma and allergies.

With children and youth spending more time indoors during the pandemic, their risk of exposure to indoor pollutants has increased, one participant noted. This participant stated:

- **"Delaware County is the fifth highest– in Pennsylvania – in terms of the number of kids who are poisoned each year by lead, primarily because of peeling lead paint in older homes."**

Participants in every county brought up an **increase in mental health issues among children and youth during the pandemic**, along with insufficient behavioral health services to meet the demand for care. Mental health issues among youth can adversely affect their physical health, participants noted, as well as increase unhealthy behaviors, such as vaping or overeating, that contribute to chronic disease or interfere with a young person's ability to manage conditions like asthma or diabetes.

OLDER ADULTS

Increased social isolation during the pandemic has had a range of adverse effects on older adults' ability to prevent or manage chronic diseases, such as delays in accessing care, barriers to good nutrition and physical activity, and an uptick in mental health issues, such as depression and anxiety, that can interfere with self-care and disease management.

Participants who work with older adults across the region commented:

- **"We've done everything we can to make it safe for our members but there is still some hesitation, especially amongst a lot of the seniors who we used to see coming in."**
- **"Something what the people we serve have been facing long before the pandemic is isolation, and … that has such a profound effect on chronic disease, and also the mitigation of it."**
- **"We've seen a decrease in their function level. There's been an increase in falls and, you know, it is notable that during the pandemic when they were less active, they did lose some ground as far as their balance, and flexibility, and strength."**
- **"We're seeing a lot of need to break depression and just a lot of mental angst and anxiety from COVID and as these new variants pop-up, the anxiety rises again."**

Several participants said they have observed a **decline in the overall health and well-being of older adults during the pandemic**, especially among those who have not resumed visiting senior centers or reengaging in other healthy activities.

- **"When they come in for their COVID boosters or things like that, their COVID shots, flu shots, we definitely are seeing the health effects of that isolation and that is major for those that are not coming back. For those that are coming back, we're offering as much as we can but … they can't just jump right in and do everything that they did before. So, it has been a progression."**

In addition to longer wait times for many medical appointments during the pandemic, the growing shift to telehealth has been challenging for many older adults.

- "Some who are even tech savvy who just don't wanna spend a ton of time or feel a little awkward doing the Zoom calls."
- "For seniors, it's been for some of them challenging with the computer technology. I think a lot of seniors have had help through the senior centers and other organizations to learn technology. But it has taken them a while. Many seniors that I've spoken to have continued to keep in touch with their healthcare providers through the phone, probably more than the computer themselves."
- "Some seniors can't afford to have the internet services, things like that, so that's been challenging for the senior population. Or just feeling comfortable enough. … I'm amazed at how we get them on programming virtually, and the success that they have. But it's just being familiar with that use."

On a positive note, as older adults learn new technology skills, some are sharing their knowledge to help their peers learn to navigate virtual services.

- "You do see a lot of support from the seniors to the seniors, so I think that's really been great. I think sometimes that peer guidance and acceptance is really huge for them, to know they're not alone out there."

Participants discussed **other barriers to healthcare access** for older adults, including

- **Lack of care coordination, especially for those with multiple health issues.**

  "Many people with dementia are not getting diagnosed, and then once there is that diagnosis, once again, that care coordination is so important, because many of them have more than one chronic condition, and the dementia impacts their ability to manage that chronic condition such as diabetes."
- **Reluctance to travel more than a short distance from home for medical appointments, even if care is available.**

  "We have found that seniors who are still driving tend to want to stay in their immediate kind of neighborhood. They're not, as you know, not as willing to go further … they kind of follow their routines."
- **Lack of awareness and knowledge about their health conditions and resources,** especially among those who are homebound with little or no digital capability.

  "A lot of times older adults, they're not going to hop on Google and see what resources are available to them. So, you know, just the unknown of not knowing what questions to ask, because you don't know what's out there."

For older adults living on fixed or limited incomes, **affording prescription medications, co-pays, and other healthcare expenses can be further barriers to managing chronic diseases.**

- "Not everyone [with Medicare] qualifies to have a Medicaid managed care program. You know, trying to get enough to eat because of limited incomes. Being able to afford medications, which could cost them thousands – I mean, just ask a diabetic what their medications cost, for example, or a cancer patient, or anyone else. Medications are extremely high cost, and there's a [point] where they are out of luck."

Several participants remarked that self-care for chronic disease is hard work, requiring individuals to use motivation, planning, and organizational skills for disease self-management. **Many older adults need—but often lack—support people in their lives**, such as family members or home health aides to help them manage these tasks.

- **"A real difficulty is staying on task and dealing with the skillsets and the behaviors that you have to do in order to maintain your chronic illness, and to keep that going for the long haul. It's very difficult to stay on track, and people slip, and they need to find [and] have supports to get back on track."**

One bright spot, mentioned by several participants, is **the pleasure that many older adults experience when they are able to reconnect socially with others and reengage in activities**, such as at senior centers, YMCAs, and other social venues.

One participant commented on

- **"the support that the seniors are giving each other, and how they can really help each other. And they don't have to actually have the exact same chronic disease, but they kind of use the same tools, and they share them with each other, and I think sometimes that peer guidance and acceptance is really huge for them to know they're not alone out there."**

Another added

- **"I think that's why our senior centers are so crucial, because of the interactions that they have with one another. … We just see that when they came back, they're just so alive again."**

OTHER GROUPS

Participants briefly discussed other populations who are at risk of poor outcomes associated with chronic disease:

Immigrant and refugee communities. Language barriers are key issues among those who lack proficiency in English.

A participant who works with immigrant communities said:

- **"Most of them, they go to these health centers, and they don't find a lot of help, because of the language barrier. And they also don't understand a lot of things also, just because of the language barrier."**

Several participants mentioned that members of these communities often are afraid to seek care, especially if they are undocumented.

- **"In the population that we deal with, many have a lot of false information about applying for assistance and being deported or their status as an impairment, even if it's not necessarily true, it impedes their desire to access care."**

The need for healthcare providers to understand different cultural customs and traditions also was discussed. For example, in some cultures, *"they value obesity as something good,"* said one participant, who explained that in some cultures, *"people see it as prosperity,"* and they may therefore encourage their children to gain weight. In Hispanic/Latino communities, lack of access to affordable fresh food in many neighborhoods, including culturally preferred healthy foods, can increase the risk of obesity, type 2 diabetes, and heart disease.

Caregivers. Participants in several counties commented on **the need to provide support for family members and others who provide care for individuals with chronic diseases.**

- **"Caregiving responsibilities can keep older adults from taking care of themselves. Caregivers often have chronic conditions themselves they're dealing with, and providing, and connecting them with support resources is going to help them better support the patient with their chronic condition as well as help them manage their own chronic condition as a caregiver."**

During the pandemic, some families took their older adult parents out of nursing homes to avoid COVID exposure and restrictions on visiting residents during the pandemic.

- **"That's impacting the family now the adult daughter or son is [now] taking a long leave of absence from work to stay home and take care of that person--you know, changing family dynamics, that's for sure a COVID-specific impact."**

One participant mentioned the **challenges for caregivers in the "sandwich generation,"** that is, those who are raising children while caring for elderly parents or grandparents.

- **"There's an expectation sometimes that family members will rally and that they will participate, but there's also a reality that sometimes that doesn't happen. So, a person who is doing the caregiving may be stuck and not only caring for a person who has a chronic disease or has cancer, but also dealing with children, or re-parenting."**

On a related note, the closure of many adult daycare centers during the pandemic has placed new burdens on some caregivers.

- **"People who used to be able to work and … have their people [elderly family members] cared for at adult day service now have to reconfigure their lives … to think about what to do with older adults who need a lot more structure."**

People with disabilities. People living with disabilities who have comorbid chronic diseases often experience fragmented health care.

These individuals need "*help with coordination of care,*" said one participant.

- **"Once you get multiple different medical care teams involved … it gets really overwhelming for people."**

Also important are accommodations to address the needs of people with disabilities, such as hearing aids, use of a wheelchair, and Braille resources.

LGBTQ+ community. Several participants cited the need for more outreach to individuals who identify as LGBTQ+.

- **"Service providers at large [do not have] a great understanding of the LGBTQ+ community."**

Another participant, a physician, emphasized the need for more education for health professionals and screening of patients to increase use of pre-exposure prophylaxis (PrEP), a medicine prescribed to prevent HIV among people at risk due to sex or injection drug use.

SUGGESTED ACTIONS

For many community organizations, the pandemic has spurred a range of successful innovations to existing services that could be further expanded, such as virtual wellness programs.

For example, regional YMCAs now offer online exercise classes, taught by YMCA instructors. A participant from a regional YMCA said:

- **"It's something that we were actually looking to develop right before the pandemic started, so it happened at a very good time for us, and it's grown a lot."**

Depending on the branch, members can now choose to participate in person or online in a variety of disease management programs, such as group sessions to prevent type 2 diabetes, support cancer recovery, and promote heart health.

Participants suggested a range of other strategies to improve chronic disease prevention and management, such as by starting new initiatives or scaling up model programs that are working well elsewhere. Their recommendations:

Before patients leave a hospital or clinic, provide screening, referrals, and "warm hand-offs" to community-based health and social services. Multiple participants in all five counties emphasized the need for hospitals and other clinical care settings to provide "*better referral to both social service resources and health resources to support people to live independently, to manage their chronic diseases.*"

Others added:

- **"I think it would be important for hospital systems to ensure that they are integrating some kind of social determinants of health screening tool, and then providing referrals. So, that could include food access, transportation needs, mental health services, and then partnering with local organizations who are focusing on those specific areas, and then referring out."**
- **"That warm hand-off from being in a clinical environment going back to your home is a really critical time for people. … Community-based resources, like Meals on Wheels, like senior centers, they reduce recidivism, they keep people out of the hospital, and they save healthcare dollars."**
- **"One of the important things the hospitals could help us with the chronic conditions, especially with seniors, is letting them know that there's tools [in the community] they can use to manage their conditions."**
- **"If we can get those referrals from physicians in the healthcare system, when people present with chronic disease, like how they can get some help to manage it. … I think that would be a great system."**

Several participants pointed out that achieving this strategy likely "*will involve educating the hospital staff about what's available in the community. …. I think sometimes it's just that they're not aware that those services are there for [their patients].*"

Bring more health and social services directly to underserved communities to increase access to care and address social determinants of health.

Suggestions, which came from participants in all five counties, included opening health clinics in schools (*"a great place to connect to the whole family"*), offering mobile medical clinics (*"you got to meet people where they are"*), and starting pop-up produce markets or community gardens in urban areas with fewer healthy food access options. More affordable and convenient transportation options also are needed to bring people who cannot drive or take public transit to needed health and social services.

Others suggested bringing health and social services to faith-based institutions or where people shop, recreate, or work. In Philadelphia, for example, a participant cited an existing program that offers "*blood pressure screenings at [grocery] stores, and then the providers are referring the individuals if they don't have a primary care doctor already to clinical care to make that linkage.*" Another participant mentioned an innovative program that bundles several preventive services conveniently together, such as FluFIT, which provides a take home stool-based screening test for colorectal cancer when people receive their annual flu shot.

Increase networking and collaboration among community organizations and health system partners to improve resource sharing and coordination of services. The need for greater collaboration and information sharing was raised by participants from every county.

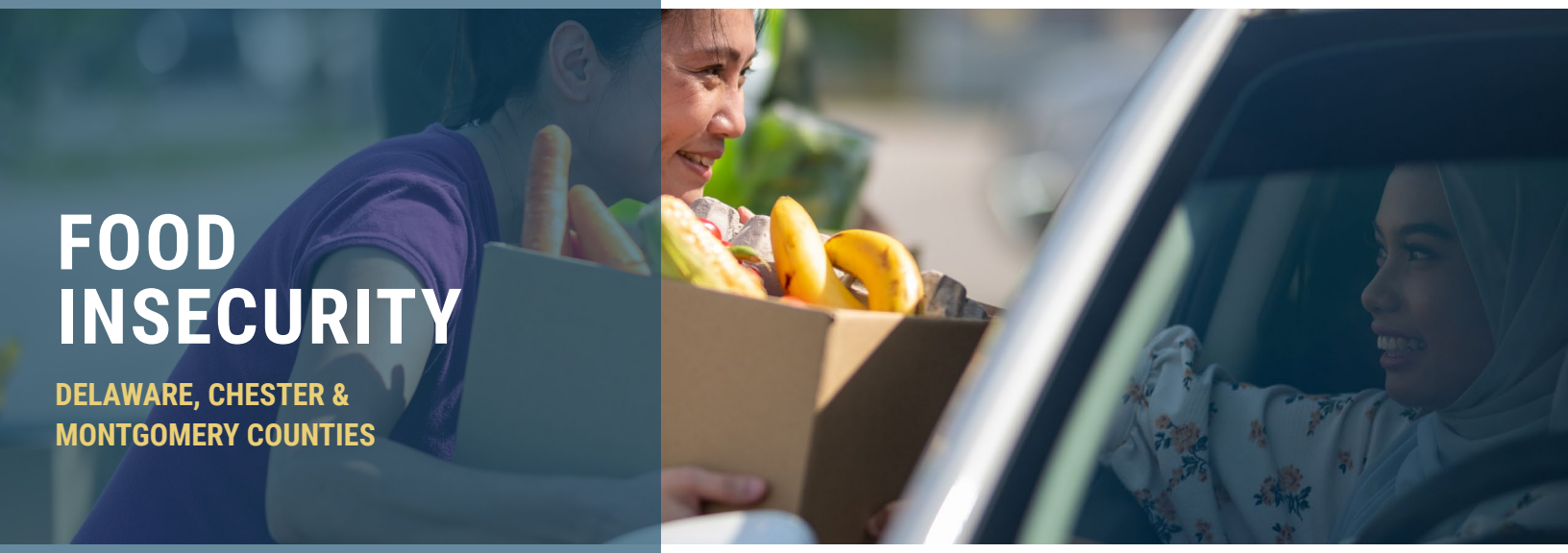
One participant envisioned "*a vast network of organizations, nonprofits, healthcare providers, social service agencies all sharing and educating the community on the services available and how to access.*" Another noted that collaboration "*helps to not only kind of maximize services, but it also lessens the duplication of efforts, as there are some folks that are [already] doing things really, really well.*" Another participant, a health professional, suggested creating "*an app where you could put in food insecurity and a zip code, and get some options to give to the patient immediately, and you could text it to them.*"

Coalition building was cited as a strategy that has been working well, especially during the pandemic, to meet the growing need for emergency food and other essential services. To cite a few of many examples, the Montco Anti-Hunger Network worked to equip food pantries and soup kitchens in Montgomery County with funding and food donations, while helping them to reconfigure their operations for safe social distancing amid supply chain disruptions, shortages of personal protective equipment, and loss of volunteers.

Broaden and intensify efforts to reduce vaping among youth.

Participants pointed to the need for better data to understand vaping trends among youth and for school districts to shift toward policies that provide "*more supportive and restorative disciplinary actions*" for students who are disciplined for vaping, such as referral to cessation programs and other support.

Better inform, educate, and engage the public regarding chronic disease prevention and management.	Limited knowledge about chronic diseases, ranging from not knowing one's family medical history to being unaware of screening guidelines and resources, was a frequently mentioned problem. More virtual health promotion programs are needed as well. A participant said: • "We have to try to figure out how to share information with our community in a way that is not using our jargon in our field, that's just general language. … Sending out the reports is not going to do it. You have to go to the communities, you have to find people [in the] places they go to share that information."
Integrate mental health services into overall care management for people with chronic diseases.	• "Mental health is an aspect of everything. If somebody is diagnosed with cancer, they're going to have some depression, some anger, so mental health comes into everything. So, [we need] to have like an umbrella of mental health that goes across the board."
Strengthen efforts to close the digital divide.	Several model programs are working well to improve digital access, but more needs to be done. The Bucks County Area Agency on Aging has created a pilot program to provide new computer tablets to older adults, along with internet connection if needed and training on how to use technology: • "We've been providing tablets to seniors to help them connect. It's not an easy process because many seniors have not had the technology, but everything now has moved [online]. You cannot do in-person anymore. It's almost, you know, almost impossible to do many things in-person."
Improve access to quality language services, along with culturally competent care for the region's immigrant and refugee communities.	• "A proper interpretation is very important," including "an interpreter that has some understanding of medical language so that they can provide good information for the patient." Another spoke to the need for • "having providers or medical professionals that can communicate in the same [language]– just to better educate."
Mobilize people and organizations to work toward system-level changes on pressing public health issues.	• "I don't think behavior changes are necessarily what the focus should be on. It should be focused on making the healthy choice the easy choice." The same individual noted that hospitals can be a powerful voice in partnered advocacy campaigns. • "Healthcare provider voices can really play a big role. Patient stories can help tell that to a legislator in a very important way, and help to really – kind of a swipe of a pen, if you will, to really see what we can do to influence behaviors in a better way."



FOOD INSECURITY

DELAWARE, CHESTER & MONTGOMERY COUNTIES

To better understand needs and opportunities to improve regional food security and access to healthy food, focus groups with representatives from local organizations addressing these issues were held in Delaware, Chester, and Montgomery Counties. Information was also gathered from geographic community discussions in these counties; where relevant, comments from those discussions are included below.

OVERVIEW

Due to the COVID-19 pandemic, rates of food insecurity have been rising nationally and regionally.

In 2019, before the pandemic, food insecurity nationally was the lowest in more than two decades, according to Feeding America, and 35.2 million people were food insecure. The pandemic is likely to have reversed this improvement, with more than 42 million people who likely experienced food insecurity in 2021. Considerable racial and ethnic disparities exist in food insecurity, with Black and Hispanic/Latino communities facing hunger at higher rates than whites.

In southeastern Pennsylvania, food insecurity remains highest in Philadelphia County, where the rate is projected to reach 17 percent in 2021, up from 14.4 percent in 2019 before the pandemic, according to Feeding America. Surrounding counties also have seen sharply rising demand for emergency food assistance during the pandemic, along with increased food insecurity. In Chester County, Pennsylvania's wealthiest county, Feeding America projects food insecurity will rise to 7.4 percent in 2021, up from 6.3 percent in 2019. In Delaware County, about one in 10 residents are projected to be food insecure in 2021, up from 8.5 percent in 2019. In Montgomery County, the rate is expected to rise from 6.9 percent to 8.3 percent over the same period, and in Bucks County, from 7.2 percent to 8.6 percent

As is true nationally, emergency food providers in southeastern Pennsylvania have substantially stepped up their efforts to meet the growing need for food assistance. For example, Philabundance, which partners with 350 emergency food agencies, distributed 55 million pounds of food in 2020, a record for the organization and a 60% increase from 2019. The Share Food Program, the largest hunger-relief agency in the area, has been distributing 4 million pounds of food every month since the start of the pandemic.

REGIONAL EMERGENCY FOOD PROVIDERS: PANDEMIC RESPONSE

During the pandemic, food banks, food pantries, schools, and other food providers had to gear up quickly and creatively to meet the rising need for food.

Many clients were first-time users of a food pantry or other emergency food provider. Participants from organizations that distributed food during the pandemic commented on the dramatic uptick in need. A participant who works for a school district shared:

- **"My opinion is it [the pandemic] pretty much just exacerbated the needs that were already there. ... I mean, I was out daily, giving meals out every day when we were shut in. I just, I saw the lines and [it was] just really tough, really tough."**
- **"I can definitely comment on the increased incidence of food insecurity in Montgomery County as a result of the pandemic. We have served close to 25,000 additional individuals in the last year than we had previously. And that equates to about 9,494 additional households that had been impacted by the pandemic, that are in need of food assistance. And many of those folks are using our food pantry network for the very first time, and they've never needed food support before. So, the impact has been really quite substantial."**
- **"Since the pandemic started, I myself as a community outreach person can testify to the fact that there are more food pantries that have opened since March of 2020, because of the pandemic. And that's throughout Delaware County, but definitely in the City of Chester itself."**
- **"[Our organization is] distributing about 300% more meals in our soup kitchen than we had previously, pre-COVID. We had to go from our warm meal that's served in our dining room to to-go meals for safety, but we were distributing a lot of meals. People were coming in and getting meals for their family and they were allowed to take as many meals as they needed. We were distributing about 200% more groceries; ... And so, we went from twice a month to once a week, that people could come and get groceries."**

While the introduction of emergency Supplemental Nutrition Assistance Program (SNAP) benefits (Pandemic Electronic Benefit Transfer program: P-EBT) and increased services of other food assistance programs have had a positive impact on food security, overall demand for emergency food has remained substantial, participants said.

- **"We have seen a dip in the numbers since public assistance benefits had become available, but our numbers are still higher than they were before the pandemic in 2019"**

Emergency food providers, schools, and other organizations that distribute emergency food had to quickly and creatively devise new COVID-safe ways of operating. For example, senior centers that had offered on-site congregate meals before the pandemic developed new processes to safely pack and distribute to-go food. A participant whose organization serves meals to older adults said:

- **"We went to a completely no-contact [process, with] everybody wearing gloves, everything's wrapped in a brand new bag and [it's a] basically drop and run type of situation."**

SOCIAL DETERMINANTS OF HEALTH AND REGIONAL FOOD SECURITY

Job losses and other financial hardship stemming from the pandemic are key drivers of hunger in the region, along with lack of transportation, affordable housing, and language or cultural barriers, participants said. Social determinants of health that contribute to regional food insecurity include:

Poverty, exacerbated by job loss.

- "To me, it's all about poverty. [People are] having to make these difficult choices about how to spend the limited resources that they do have," said a participant. Another added: "I think it's the choice of 'am I gonna feed my children or myself or am I gonna pay my utility bill or my food?' I think it's all very interrelated."

In focus groups with community members, concerns also were expressed about **rising food prices due to recent inflation**, which has made it even harder to afford food.

- "The price of gas, the price of food, the price of everything has increased so much that it has put a strain on families, and it definitely has impacted the aging population."

Housing costs. The escalating costs of housing across the region have further tightened food budgets for many. Some households also lack working kitchen equipment or a home altogether.

- "One of the things that we see is the relation [of food insecurity] to the high cost of housing that exists within the southern Chester County area. ... Higher living expenses really impact the ability of people to get those foods."

In Montgomery County, a participant spoke of the "Main Line bubble," where

- "there are folks who are house poor ... but aren't willing to ask for help."

Transportation.

In rural areas, such as southern Chester County or northwestern Bucks County, *"just being able to get to where that food's available"* is a challenge, noted a participant. Some residents do not have easy access to a grocery store or a food pantry, especially if they lack a car or other affordable transportation. Transportation barriers also affect low-income urban communities, such as in areas of Coatesville, Norristown, and Chester, where many residents lack walkable access to a grocery store, which is especially challenging for those with mobility limitations, such as many older adults.

Language and cultural barriers.

For people who do not speak English as their primary language, accessing the emergency food system can be difficult, participants said, especially for those who do not have a family member or someone else to help with navigating services and interpretation. Moreover, food provided by local pantries may not reflect the cultural food preferences of immigrant households. One participant cited the need for healthy food *"that's culturally relevant"* for local populations.

Lack of knowledge and awareness.

- "There are folks out there who aren't connected to any organizations. And so, they may be eligible for programs, but they don't know about them and they're not connected with anybody that can tell them about those programs."

ACCESS TO HEALTHY FOOD

Participants commented on the need, especially, for affordable healthy food, such as fresh fruits and vegetables, both in the emergency food system and in accessible food markets in communities.

As one participant put it:

- **"It's not just about having food, but it's about having the right foods that people need."**

In many of the region's cities, some urban neighborhoods—often, where communities of color live—lack supermarkets and instead have many corner stores or bodegas selling mostly low-nutrition snacks and processed food, with little or no fresh produce. A Chester County participant said:

- **"There is no grocery store in Coatesville. It's all the small convenience stores that have a tendency not to sell nutritious food [and] that often sell expired food. I [am also] concerned about the number of dollar stores that are popping up, specifically, in neighborhoods [with] low-income people of color. Of course, no nutritious foods, you know, sold at those dollar stores."**

Participants emphasized that access to healthy food is vital for maintaining health and preventing common chronic diseases. Affordable healthy food also is crucial for those who are trying to manage chronic conditions such as type 2 diabetes or heart disease, or in treatment or recovery from illnesses such as cancer. *"A lot of people that we see, particularly within the Latino community, have [type 2 diabetes] which has some basis in food choices and food availability,"* said one participant.

The minister of a Black congregation, whose church has a community garden that gives away fresh produce and works with a local hospital to provide nutrition and health education, observed:

- **"What works really well is to bring the healthy food to the people, because access is a challenge. But if you can find innovative ways so that it's easy for people to get [healthy food], that's when you can really help to solve the problem."**

USE OF FOOD ASSISTANCE PROGRAMS

Stigma remains a major barrier to using food assistance programs, both for enrolling in SNAP or other government programs, and for using food pantries and other emergency food services.

- **"Some of the families I've worked with, there is almost like a stigma attached, where there's that, 'I don't wanna go stand in line and have people know that I'm there to get food.' I don't know what the solution is to fix that. But that's what I've come across with some families when I say: 'You know, you can go here and get meals and they're free.' There is almost that like embarrassment to go or 'who might see me there' kind of thing. … Even when there are resources available, [for] things like SNAP, sometimes it's the need to demystify it. It's the need to destigmatize it."**

Another participant similarly commented that, because of stigma, *"certain folks won't ask for help or [won't] get their support from here—they will travel to other places."*

Participants discussed the need to address other **barriers to enrolling eligible people in SNAP, WIC, and other food assistance programs.**

These challenges include lack of awareness, difficulty understanding and navigating the application process, and, among immigrants, fear of exposing their legal status to others or being ineligible for some forms of government assistance.

A participant from a regional food bank commented on barriers to WIC participation during the pandemic. To have their WIC benefits reloaded every three months, mothers had to travel to WIC offices, because their benefit cards cannot be reloaded virtually.

- **"WIC participation is way down and that was [due to] the barriers of having to go to the actual office [and] the barriers that go with the cards that Pennsylvania is currently using for WIC administration. So, that's certainly another program that could be a really vital resource to folks that's being underutilized here in Pennsylvania."**

Participants discussed the need to improve access to food assistance programs for other groups, including:

People who are undocumented and may be fearful of using the emergency food system or applying for food assistance programs.

A participant whose organization provides health and social services to immigrants and other clients said:

- **"People who are working toward becoming citizens, wherever they are in that process, one of the things that they get concerned about [is] signing up for any sort of public benefit, just becoming a public charge and having that impact their ability to become citizens later on. … Even with school feeding programs or things like that, oftentimes families are nervous to sign up for those programs, because they get concerned that it may impact their ability to become citizens later on."**

People with limited or fixed incomes, including the "near poor."

Concern was cited for people whose incomes are too high to qualify for government food assistance programs, but not enough to adequately feed themselves and their families.

- **"For some, if they make $1 too much, you know, they make $40,000, [but] you need $72,000 to live sustainably in Chester County."**

Lack of understanding about income eligibility for SNAP and other programs can further worsen this barrier.

CHILDREN AND YOUTH

During the pandemic, **school districts across the region geared up to distribute healthy meals to students and their families during remote learning.**

Several participants praised the efforts by many local school districts to address the nutritional needs of students and families during the pandemic.

- **"I hope that all the school districts continue the really great work that they did during COVID to get out there with the families, it was really heroic what they did," said a participant.**

Another participant commented:

- **"Some of the schools stepped up in a magnificent way to the point that they ended up doing seven-day-a-week feeding programs because there were some waivers in place."**

As the pandemic continues, however, **schools are facing new challenges to their food service operations, including staffing shortages and supply chain issues,** similar to problems that other businesses and organizations have encountered.

A representative from a public school district stated:

- **"Our biggest challenges are sort of the global challenges of staffing, transportation, and supply chain issues. The meals that we're providing, although nutritionally sound, are not really up to the quality levels that our nutritional services team would like to provide, because the supply chain has been unreliable. ... [for example,] we don't get apple slices, and the next week we don't get carrot sticks. And then we're having a lot of trouble staffing our school cafeterias, it's one of several areas where we're experiencing real staffing issues."**

Schools also face **new challenges feeding students whose family situations have changed due to pandemic hardships.**

For example, more high school students are working during the regular school day to supplement their family's income and therefore may not be on site for school breakfast and lunch. To accommodate these students, a participant commented on how the public school district where she works had implemented an after-hours lunch program.

- **"We're just trying to be creative with how we can still educate our kids while they're having to work. For example, some students work during the day and attend school from 3 pm to 7 pm. We're trying to figure out how to still provide them a lunch when it's off-hours. So, it has caused another stressor onto our cafeteria staff, because they [students] are entitled to that."**

During the pandemic, several participants mentioned that **more young people are under the care of their grandparents**, because their parents are unable to provide care for various reasons.

When grandparents assume caregiving duties, new barriers to family food security may arise. For example, grandparents who do not have formal legal custody of their grandchildren may have difficulty accessing some types of emergency food assistance. And those with limited incomes or age-related health impairments may not be able to procure or prepare food for other family members. A participant who works with students and families shared:

- **"A lot of grandparents are raising their [grand] kids, second time generation. Parents either are in facilities, institutions, or MIA [missing in action] and grandparents don't either have the transportation or the custodial paperwork ... to get eligible to go to food banks."**

Participants also raised **concern about the nutritional needs of children and youth during out-of-school time periods, such as weekends, holidays, and summer break.**

Concern was expressed about young children, such as infants and preschoolers, who do not receive school meals, as well as young adults (17-24 years), who may fall through the cracks of available feeding programs. The need to address hunger among college students with low incomes was highlighted. Already an issue for these young people before the pandemic, one participant said:

- **"COVID made it worse, because they [college students] were at home trying to access courses, not really accessing good nutrition as well, and not knowing where resources were."**

OLDER ADULTS

Older adults, already at higher risk of food insecurity pre-pandemic, have faced new challenges during the pandemic.

- **"During the pandemic, seniors were in the highest risk group [for COVID-19], and food pantry shopping was not an ideal scenario for them."**
- **"So, they really had a double whammy as a group that was at higher risk to begin with, and then they were unable to access their food supports."**

Fear of COVID-19 exposure also was a barrier to food shopping.

- **"People were fearful to go to the grocery stores."**

Senior centers that provided congregate meal programs before the pandemic transitioned to contactless methods of providing food, such as grab-and-go meals.

Some also used volunteers or staff to deliver meals to homes, which provided a brief opportunity to check in and socialize with isolated older adults. *"Meals-on-Wheels does do a lot more than just provide food. It provides that social connection,"* noted a participant. Others commented:

- **"The senior centers actually delivered meals as well to folks who weren't capable of carrying five frozen meals from the senior center to their homes. Partnering with the food banks, all of our senior centers received senior food boxes through the food bank. ... So, our seniors were very, very resourceful during the pandemic, just figuring out how to navigate."**
- **"We had to really be resourceful in getting those seniors connected to groceries. Manna on Main Street has had a program where they deliver groceries directly to senior living facilities, and that's just really an outside-of-the-box, innovative way to be connecting people who are eligible for food support."**

For older adults in poor health and those living in or near poverty, **lack of working kitchen equipment and health impairments, such as loss of manual dexterity or cognitive decline, can make it difficult to prepare food.**

- **"It's one thing to give somebody a 35-pound box of produce, but if they go home and don't have a refrigerator, what have you really accomplished? You can say, 'Yes, we gave them healthy food.' But [if] they have no way to store it, if they have no way to safely prepare it. If they have no way, you know, no place to eat it. You know, [with] COVID, it was grab and go, but the question for those without housing, grab and go where?"**

With more home deliveries to people in need during the pandemic, these issues are frequently coming to light, the participant said.

SUGGESTED ACTIONS

Several participants emphasized that the emergency food system is a temporary solution to addressing hunger, and more long-term, sustainable solutions are needed to lift people out of poverty and food insecurity. Their suggestions include:

Work to ensure more equitable access to food assistance programs and resources throughout the region.

- **"What we're really concerned about is, where are those high-need communities with low resources and how [can we serve them] better?" Are there communities and … individuals who have no access at all?"**

Hospitals could partner with local organizations to collect and share data to assess and address food access disparities in different communities. Data collection tools also are needed to measure progress toward food security goals. To ensure equitable access to resources, people from under-resourced communities also need a voice at the table.

Before patients are discharged from the hospital, provide "warm handoffs" to connect them with community health and social service organizations that address hunger and other needs.

Hospitals need to "*make sure that folks are connected to benefits,*" and *"get signed up [for] those resources that they're eligible for, to make sure that they're getting appropriate nutrition and other kinds of assistance they might need,"* one participant said. Another said: *"I would like to see the hospitals actually enroll people in benefit programs rather than doing referrals,"* including enrolling eligible individuals in SNAP and public health insurance programs, such as Medicaid and Medicare.

Increase collaboration and resource-sharing between hospitals and community groups that are working to increase healthy food access.

"Food is important to our operation as a church," said the pastor of a Black congregation, which already collaborates with a local health system that provides free nutrition education workshops and other health programs at the church. More such efforts are needed, the participant advised:

- **"How can hospitals with their collective power and resources be able to make it [so that healthy foods] drop very, very easily into people's hands?"**

Build the evidence base to document the clinical benefits and cost savings of a nutritionally sound diet to prevent or manage common diseases.

- One participant noted the groundbreaking work of MANNA in Philadelphia, whose research has shown the positive impacts of a medically tailored meal program for people with serious illnesses: *"As health systems are thinking about how to improve health and prevention efforts, … being able to tap into some of that research might be helpful in the long run."* Such research also could encourage more insurers to help cover the cost of healthy food for at-risk individuals.
- Another model partnership that was cited: Geisinger health system's partnership with the Central Pennsylvania Food Bank, which distributes fresh food to patients with diabetes and their households.
- Another participant called for hospitals to share relevant data with community groups to better inform local efforts to increase healthy food resources; for example, demographic data and information on local trends related to food insecurity and diet-related conditions, such as childhood obesity.

Increase outreach to raise awareness and utilization of food assistance programs.

Many participants noted that while the region has a tremendous number of emergency food agencies and other food system resources, helping people find and connect to what they need is often a challenge. Also, because many people lack online access or digital skills, several recommended developing communications that do not rely exclusively on technology. As one participant put it: the *"good old fashion way, going back to the basics of communicating with people rather than relying on them accessing technology."* She suggested, for example, printed cards listing food pantries and other resources that churches could distribute to members. Of note, the MontCo Anti-Hunger Network recently completed its "Build Back Better" strategic planning process, with an important goal being the creation of a communications platform to better connect consumers and service providers with available resources, a representative said.

Provide services that distribute food directly to people where they live, especially in neighborhoods with limited or no access to healthy food.

- **"Food trucks are the biggest new thing now. Why can't we have food trucks that go around the neighborhoods to give out fruits and vegetables and give out … all the canned goods that are sitting in food banks that people aren't able to access? … We have Uber Eats. Why can't we have, like, Uber Helps? You know … just call your local food pantry and ask what you need, what you like and they'll bring it to you."**

Donating healthy food in community settings that already bring people together, such as churches, can help remove the stigma of seeking food assistance. "*When there are non-stigmatized ways of being able to get the help, folks respond*," said a participant. Speaking about her church's community garden, which gives away fresh produce, she added:

- **"With the gardening program we have, it's removed the stigma, because everybody grows—poor, rich, middle—it's for everybody."**

Increase affordable transportation options for people who cannot drive or get rides to emergency food or other needed resources.

Participants pointed to the need for better transportation options for people in both rural and urban areas of southeastern Pennsylvania.

HOUSING AND HOMELESSNESS

PHILADELPHIA COUNTY

To assess needs and opportunities to address housing issues in Philadelphia, focus groups were conducted with representatives from area organizations that address housing and related social services. Information was also gathered from geographic community discussions in Philadelphia; where relevant, comments from those discussions are included below. Across groups, participants discussed a range of issues related to housing insecurity (the risk of losing one's home), habitability (encompassing environmental exposures to mold, lead, or other unsafe housing conditions that pose a risk to health), and homelessness.

OVERVIEW

Safe, stable housing is important to both physical and mental health and well-being. The average life expectancy for a person without stable housing is 27.3 years less than one with a stable home. Health issues associated with housing instability include behavioral health issues (e.g., mental distress, depression, developmental delays in children), chronic medical conditions such as asthma, decreased access to or delayed care, and increased use of the emergency department, according to an American Hospital Association report. Healthy People 2030 highlights objectives for housing instability and habitability related to cost, exposure to lead or secondhand smoke, accessibility, and safety for older adults and people with disabilities, as well as access to mental health services for adults experiencing homelessness.

One of Philadelphia's greatest housing challenges is the age of its housing: 90 percent of all housing is more than 30 years old and often in need of repairs, exposing occupants to myriad potential health and safety hazards. According to Philadelphia's Healthy Rowhouse Project, "Nearly half of the homes in Philadelphia with health-related repair needs have children or seniors living in them." It cites research that shows that more than a quarter of older adults in Philadelphia live in a home with damage to the roof, plumbing system, or heating system. Older adults in homes with health-related repair needs are far more likely to have chronic conditions, visit the emergency room, or experience falls. Moreover, about 40 percent of asthma diagnoses in children can be attributed to risk factors in the home.

Lack of affordable housing is a major driver of homelessness in the city. According to the Pew Charitable Trusts' report *The State of Housing Affordability in Philadelphia* (released 2020; based on a 2019 survey), 40 percent of residents said they had some difficulty in making their mortgage or rent payments. Citywide, 54 percent of renters are cost-burdened (meaning they spend more than 30 percent of their income on housing); for those earning less than $30,000 per year, that figure jumps to 88 percent. Geographically, West, Southwest, and North Philadelphia have higher rates of housing cost burden.

According to the Philadelphia Office of Homeless Services, about 15,000 people access the city's homeless services each year and thousands more are at risk of homelessness. A third of the beds available in Philadelphia's homeless assistance system are temporary shelter, 20 percent are transitional and rapid rehousing, and 44 percent are permanent housing for households with someone who has a disability. Of those served in fiscal year 2021, 23 percent were under the age of 18 and 22 percent were age 55 or older (the latter group is expected to increase as the population ages). Of those served, 78 percent were Black and 58 percent were male. In the 2021 Point in Time survey, 45 percent of individuals experiencing homelessness who were surveyed reported having a mental illness and one-third reported chronic substance use.

SOCIAL DETERMINANTS LEADING TO HOUSING INSECURITY AND POOR HABITABILITY

In Philadelphia, lack of affordable housing, widespread poverty, and high rates of community violence are obstacles for adults seeking safe and sustainable long-term living situations.

Participants identified the need for more affordable housing, both subsidized and unsubsidized, as a priority. As one participant shared:

- **"There is a dire shortage of affordable housing so even if someone has a plan, there may be a lack of units available."**

Another participant remarked that:

- **"Preservation of publicly assisted affordable housing" is essential.**

Participants cited the need for more rental assistance programs to help those with low incomes pay for housing and other basic needs to prevent homelessness. (Note: The largest form of public subsidy for affordable housing is the Low Income Housing Tax Credit Program, which guarantees affordability for at least 15 years. Many of these developments are approaching the end of their affordability period, allowing them to potentially move to market rate rents.)

To support long-term neighborhood stability, equitable community acquisition fund programs also are needed, participants said. With these fund programs, a local jurisdiction (e.g., a state or nonprofit) creates a pool of capital to provide low-cost financing to secure sites for development or preservation of affordable and mixed income housing.

According to several participants, **individuals at risk of homelessness and others in need of stable housing may not be receiving services for which they are entitled and that are critical to *"keeping them healthy and housed."***

Obtaining assistance with these services can help people with low incomes stretch their budgets to cover rent, utilities, food, health care, and other basic needs.

- **"Most people experiencing homelessness, and many of the people who are renting but not yet homeless, are living on less than $20,000 a year... if your income is really $800 a month, plus food stamps, that is not enough money to live on."**

Managed care organizations often help pay for home delivered meals and transportation to health care for eligible patients. However, people are often unaware of *"where to go to get help."* Access to technology, such as phone, internet, and computer devices, also is needed to connect those in need of health care (including telehealth) and other services.

Participants cited the importance of Rapid Re-housing Programs, which work with landlords across the city to increase access to affordable housing, helping individuals and families to quickly exit homelessness and return to permanent housing. Many are *"everyday people, down on luck or in the midst of poverty and now getting a chance."*

HABITABILITY

The city's aging housing stock, combined with blight and vacancy, all lead to a lack of safe, affordable and habitable housing. Persistent poverty for both homeowners and private landlords can lead to deferred maintenance.

Lack of habitability was highlighted by participants as a range of concerns, such as lack of kitchen equipment (working stove or refrigerator) and leaky roofs. In addition, poor quality of housing renovations and repairs may result in future environmental health exposures, such as high lead levels found in children, due to lead dust contamination after improper scraping or removal of old lead paint.

Barriers to improving habitability include the cost of repairs, the ability to get financing, and, in some cases, confusion over a home's legal ownership title (tangled title), making it difficult to apply for public assistance for repairs.

- **"Many people need to have their homes repaired but there is also a lot of tangled title issues, which prevent people from accessing resources to repair their homes."**

Private landlords may themselves be impoverished or lack resources due to non-payment of rents and need assistance to make repairs. Or they may have the capacity to make the repairs but are negligent, in which case legal intervention may be necessary.

The COVID-19 pandemic has created supply chain issues and labor shortages that also have deferred home maintenance and repairs.

During the pandemic, fewer homeowners have received repairs through the city's Basic Systems Repair Program (BSRP), which provides free repairs to correct electrical, plumbing, heating, limited structural and carpentry, and roofing emergencies in eligible owner-occupied homes.

- **"There's been about an 80% drop between 2019 [before the pandemic] and 2020 for the BSRP home repairs, primarily due to COVID. The longer maintenance is deferred on a home, the more housing-insecure the household becomes."**

Another repair-related challenge is controlling infestation

Lack of community cleanliness, such as garbage near housing, and vacant properties encourages rodents or other infestations. Also, multiple landlords can own properties in a single block, making pest control difficult – for example, a home that is treated for pests can easily become reinfested if neighboring homes remain untreated. In many cases, identifying all property owners and landlords for a residential block or area with infestation problems can be problematic.

- **"No matter how much you are cleaning up … and the landlord comes in and sprays, there are still the rats and mice. They go to the other houses, but then they come back … so that's the struggle."**

Small landlords who are unable to maintain their properties or pay their mortgages may sell to outside investors, which can result in higher rents and less available affordable housing. Especially during the pandemic, *"Small landlords have been unable to maintain their properties [and] stay up on their mortgages,"* a participant said. In addition to reducing habitability, *"we're losing affordable housing there, which leads to additional housing insecurity."*

HOMELESSNESS

The Office of Homeless Services uses a crisis response system that includes a centralized intake system that prioritizes housing based on an individual's vulnerability. Application is done by phone, online, and through homeless outreach in the community. *"There is shelter, and we will move heaven and earth to get people into some place,"* one participant emphasized.

However, preventing homelessness "*at the front end*" is key.

As one participant stressed:

- **"While a crisis response system is necessary — it's life or death — we never want to drive solutions towards shelter, we want to drive solutions to putting shelters out of business, because everybody has a place to live."**

Another participant stated:

- **"We will do everything we can to try and prevent and divert people from coming into shelter."**

According to participants, shelters in the city are safe, clean, and provide housing case management and other services purchased mostly from other nonprofits. A participant shared that during the pandemic, the need for shelter beds decreased, attributed in part to emergency rental assistance programs and other pandemic-related relief funding. *"We also have enough shelter beds, one of those silver linings of COVID…a little money [such as from emergency assistance programs] goes a long way when you're a family living on a shoestring."* However, the pandemic also created challenges for shelters, such as the need for COVID-19 testing as well as isolation and quarantine sites.

Lack of funding for the Office of Homeless Services (decreased by $6 million in the fiscal year 2022 city budget) **was cited as a barrier to providing services.**

The need for resource investment was stressed. One participant said:

- **"You have programs in place that work … What we lack is the investment to expand those programs to scale so we can get out of the shelter business and give people what they really need to prosper."**

CHILDREN AND YOUTH

Participants identified family and youth homelessness as major concerns.

One participant said:

- **"Children and youth are a priority population, because they are still growing and you can interrupt generational poverty and alter their future by investing early."**

Youth who are aging out of the child welfare system, in particular, need assistance to be connected to supportive housing resources and other services to meet their needs.

Homelessness among children and families is often missed.

More assessment by health providers is needed to help identify the issue and make timely referrals to services. Often, families may be

- **"doubled-up in really precarious situations. ... If children's health needs aren't taken care of, you're going to see an increase in using the health care system as well."**

The pandemic has made it difficult for youth and others in abusive households to reach out for help to access shelter or other services.

- **"The pandemic and virtual schooling took away that safe place for kids and survivors to access resources. ... I think it diminished the likelihood of people coming into the shelter... it's hard to make a call from a bathroom ... if you can't go to the library, if you can't go to a friend's house, if you can't get to the school to find a safe place to make the call, then you don't leave."**

Women and children dealing with domestic violence may need to seek shelter or transitional housing for safety reasons, several participants noted.

Pregnant or postpartum women who enter shelters to escape abusive relationships are an especially high-risk group.

- **"We have a lot of people coming in with children ... we also have a lot of health issues related to prenatal care ... in many cases not having received medical care because of the abuse. ... They come into the shelter in late-stage pregnancy or having just had their child and very likely suffering from postpartum depression, may not be providing early childhood or infant care."**

OLDER ADULTS

"We are seeing a graying of the homeless population," said a participant involved in addressing homelessness. *"The population's getting older and there are very limited, dedicated resources [for older people who are homeless]. [There] used to be more [resources for older adults], but not as much anymore."* For many older adults living on social security, *"that is not enough money to live on,"* increasing the risk of homelessness, one participant said.

Many older adults live in aging homes in disrepair, posing risks to their mental and physical health. Older adults living on fixed or limited incomes may not be able to afford these needed repairs.

Community residents shared:

- "We have so many elders that are living in unsafe homes. There's been a lot of deferred maintenance because of poverty, but the basic systems repair program doesn't do as much as it needs to, and … [the repair program] doesn't have enough money to really service even a quarter of the actual need."
- "In our older neighborhoods, elderly neighborhoods…their houses are in disrepair, they don't have the finances to get them fixed, and in a lot of these old wooden houses, there are a lot of problems with mold. Toxic mold that is not being addressed [is] affecting their health through asthma, through just breathing, breathing in the toxic air, and the effects that comes along with mold."
- "They don't have any way to address all these repairs … and they're like stuck in a cycle. Because if they fix the mold, now they can't pay the electricity, and they can't pay the gas, and that then does nothing but – it adds to their stress."

In addition, **home modifications**, such as grab bars in bathrooms and stair lifts, **may be needed to prevent falls and allow older adults to age safely in place**. Programs such as the city's Adaptive Modifications Program provide funding to assist older adults with these necessary changes.

OTHER GROUPS

Individuals in reentry after incarceration and those with a criminal justice record need assistance and support to overcome obstacles to obtaining housing, multiple participants said.

- "It's a bigger population than I think we want to acknowledge exists out there."
- "Part of my business is to work with folks from the criminal justice system who are reentering back into the community. It's not just for 55 and older, it's also for those who are younger, who also face challenges with obtaining housing. … We will accommodate emergency shelter, which is far from ideal for someone coming from incarceration in prison, and then they're in another institutional setting. So, this has been a frustration, that there is not enough housing resources for participants exiting incarceration settings."

Master leasing programs, in which a nonprofit organization leases a number of rental units, then subleases them at affordable rates to eligible tenants, are one approach to help people in reentry obtain stable housing. For example, Philadelphia Health Management Corporation has a program that provides housing and wrap-around services for individuals in reentry who also have opioid use disorder. However, *"there needs to be more organizations willing to take the risk to do this type of housing support for individuals,"* said a participant.

SUGGESTED ACTIONS

Drive solutions that prevent homelessness.

- **"Get out of the shelter business and give people what they need to prosper."**

Hospitals can advocate for livable wages, more affordable housing, and services that support aging in place. To prevent homelessness due to fire, participants also pointed to the need to continue to provide fire safety programs in schools and raise awareness about the availability of smoke detectors through the Fire Department. Some organizations, such as Resources for Human Development (RHD), assist with technology needs, which can help people access resources, such as rent and utility assistance to improve housing security.

Increase investments by hospitals, managed care organizations, and others in programs known to be effective in reducing housing insecurity and preventing homelessness.

Given that hospital inpatient and emergency room utilization costs are driven in part by homelessness, encourage hospitals and health insurers to invest in evidence-based supportive housing programs. These programs, which have been shown to reduce healthcare costs, provide housing and rent subsidies along with wrap-around services to prevent homelessness and re-incarceration. In Philadelphia, examples include programs offered by the People's Emergency Center, Impact Services, ACHIEVEability, Pathways to Housing, Project HOME, Broad Street Ministry, Philadelphia Health Management Corporation, RHD, and the Philadelphia Department of Behavioral Health and Intellectual disAbility Services.

- **"RHD operates the pilot Housing Smart with Temple, Keystone, and Health Partners Plans. We've seen a 70% reduction in ER use for the participants we've housed."**

Explore strategies that aggregate funds to support rental assistance, such as Chicago's flexible housing voucher model. Encourage health systems and health insurance providers to invest in rental assistance.

Hospital systems, along with others, can explore development of an equitable acquisition fund to preserve and create affordable housing.

Evaluate existing hospital housing investment programs, such as those offered by Temple and Children's Hospital of Philadelphia, **for potential expansion.**

Expand programs that support habitability to enable aging in place, such as Habitat for Humanity and the CAPABLE (Communities Aging in Place—Advancing Better Living for Elders) program, Philadelphia Corporation for Aging's Senior Housing Assistance Repair Program (SHARP), Rebuilding Together Philadelphia, and the Healthy Rowhouse Project.

Increase Rapid Re-housing Programs. These programs help individuals and families to quickly return to permanent housing, while also building community and landlord relationships to increase affordable housing.

Train and encourage health care providers, including primary care physicians, to conduct regular housing insecurity assessments for patients, particularly families, and make referrals as appropriate. "*A lot of time, family homelessness is hidden*," noted one participant. Screening for housing insecurity is vital to help connect those at risk to services and resources. Also train health professionals and social service providers to use a trauma-informed approach when caring for individuals who are experiencing homelessness or housing insecurity.

OLDER ADULTS AND CARE

BUCKS COUNTY

OVERVIEW

According to the 2019 American Community Survey, older adults make up 19 percent of Bucks County residents (120,628 older adults). This population, which is predominantly white (93%), is growing as baby boomers age and people live longer. Nearly 40% of older adults in the county live alone and 27 percent have a disability. Almost a quarter (22%) are employed and 42 percent have an educational attainment of high school or less. About one in ten has an income below 150 percent of the poverty line. Among older adult renters, nearly two thirds (61.2%) pay more than 30 percent of household income on rent.

To assess needs and opportunities to improve the health of older adults (age 65 and older) in Bucks County, a focus group was conducted with representatives of area organizations serving older adults. The needs of older adults were also discussed in geographic community discussions with Bucks County residents; where relevant, comments from these discussions are included below. [Please see the summary of Bucks County geographic community discussions for further details.]

SOCIAL DETERMINANTS OF HEALTH

For older adults with fixed or limited incomes, meeting basic needs for housing, transportation, and food is difficult, increasing their risk of mental and physical health problems. *"Anything extra that comes up, they have to start making choices between food and other necessities. … We see a lot more seniors needing assistance with anything extra that may come up in their lives."* Challenges meeting basic needs, cited by multiple participants, are detailed below.

Lack of affordable housing and support for aging in place.

- While many older adults want to age in place, obtaining home health care and other home services is often difficult. Many older adults cannot afford to make home repairs and programs to assist with repairs are insufficient. Many also cannot afford senior living communities, while for others, rising rents threaten housing security.

  "All these fancy developments that … are popping up. Most of our population and [our] clients cannot afford them."

- **To enter subsidized housing in the county, wait lists are long.**

  "Hundreds and hundreds of people," often wait a year or longer. "It's definitely a burden for anybody looking into subsidized housing."

- A participant from a social services organization commented on a **growing number of referrals for older adults who are experiencing homelessness**, with some living in their cars or outside.

  "We have definitely seen an increase in seniors in referrals that are coming in. … I think seniors are particularly vulnerable if they're living in their cars or outside. More services [need to] be available specifically for seniors who are homeless."

Transportation barriers.

For those who don't drive, getting to healthcare providers or other services is a major barrier, particularly in rural areas.

- "If someone's living in Upper Bucks, there's not a lot of opportunity to get to different places unless you have your own vehicle or a friend or somebody that can drive for you."

While some local organizations have volunteers who drive older adults to services, *"there's not really the bandwidth here in the county that we need."* Ride services (e.g., Lyft, Uber) are available, but the cost of these services is a barrier for some, as is access to and ability to use technology to schedule rides. Several participants noted that some older adults also have difficulty using Bucks County Transport (a nonprofit organization that provides shared rides for residents) for needed services, such as getting to medical appointments.

Food insecurity.

Local organizations have stepped up food donations during the pandemic, but more efforts are needed to provide nutritious food for older adults, especially those who are homebound.

- "We do luckily have some programs available to provide healthy food to seniors [on a] limited basis. … More widespread opportunity to provide healthy food to seniors that don't have the ability to leave their homes [is needed]."

HEALTH CARE ACCESS

Participants discussed a range of barriers that limit access to health care for older adults, including:

Lack of understanding about Medicare and other insurance barriers.

- "Seniors are overwhelmed with Medicare information, scam calls, internet scams and they are fearful and paralyzed and do not know who to trust."

Older adults may not realize that hearing aids, vision, and dental care may not be covered by their Medicare plan. Delays in reimbursement or lack of coverage for home health services may prevent some older adults from aging in place.

Need for care coordination and support.

Older adults often need help from an advocate or companion to make medical appointments or navigate other health care.

- "Many of them just don't have anybody to help them through this process, so if they can't do it on their own, it's gonna be a struggle. Many of the seniors that we see live in their apartments by themselves. Unless somebody can come in and help them with that, they're not gonna be able to figure it out themselves."

Lack of trained and affordable providers.

Participants mentioned a shortage of home health workers; a lack of medical providers trained in geriatrics (including geriatric psychiatrists); and the need for more providers to focus on the whole person, not each separate diagnosis. A participant also commented:

- "It's been hard for agencies to keep a full staff of CNAs [certified nursing assistants]."

Lack of power of attorney or legal guardianship documents.

For older adults who become incapacitated and refuse care for a behavioral or physical health issue, the ability of family members and healthcare providers to help is limited if power of attorney or legal guardianship is not established.

- "Sometimes, we will get referrals from physicians' offices or hospitals [to provide care], but if there's not any natural supports in place [e.g., a family member or trusted friend] or guardian or power of attorney, they still … have free will. We can't force anybody [to receive care] unless it's a mental health crisis, where it would be an involuntary [commitment]."

IMPACT OF THE COVID-19 PANDEMIC

The pandemic has worsened many existing barriers to care and created new challenges for older adults, including:

Increased social isolation and loneliness, exacerbating mental and behavioral health issues, were a top concern for all participants.

- **"Some seniors in our county, and some seniors everywhere, just do not have enough social connections. And the pandemic has certainly made that worse for a lot of folks."**

For older adults who have long been coping on their own with mental health challenges, the added stress of prolonged isolation may be overwhelming, prompting some to finally seek help.

- **"We've had some say to us, 'you know, I thought it was okay dealing with this and then I was stuck in my apartment house.'"**

On a positive note: As COVID restrictions have eased, YMCAs in Bucks County are seeing older adults returning "*in droves*" to stay active and socialize.

- **"Coming out of the pandemic as an organization, we [were] expecting seniors to be very hesitant to come back and be around others, because of the health risks. And they ended up being like the first group and the largest group of people coming back to our facilities, and still are. So, the value of socialization for them is huge."**

Delays in or avoidance of care.

Many older adults who put off medical care earlier in the pandemic are again seeking care as restrictions have eased. As a result, *"appointments piled up,"* overwhelming system capacity in many cases and further delaying care. Others are continuing to delay care because they "*still have a lot of fear and trepidation about going out.*" Stigma associated with mental illness leads some to avoid care. Others are hesitant to let service providers visit their homes, due to fear of exposing an unsafe home environment or other conditions that might threaten their ability to age in place. Especially for older adults with dementia or hoarding issues, *"they're fearful if somebody comes in and it [their home] is really in poor condition that they will be removed, or somebody will take their home away."*

Use of telehealth.

The shift to telehealth during the pandemic has been an obstacle for the many who lack computer technology, digital knowledge, or both.

- **"We've seen a shift to telehealth, and yet we know that all of our seniors aren't equipped either with the hardware or [having] the understanding or learning how to navigate. So, I think that shift has left some of them behind."**

Using online portals to sign up for COVID-19 vaccines also has been challenge for many.

- **"Signing up for their vaccine and such, and other appointments — their capability was just not there."**

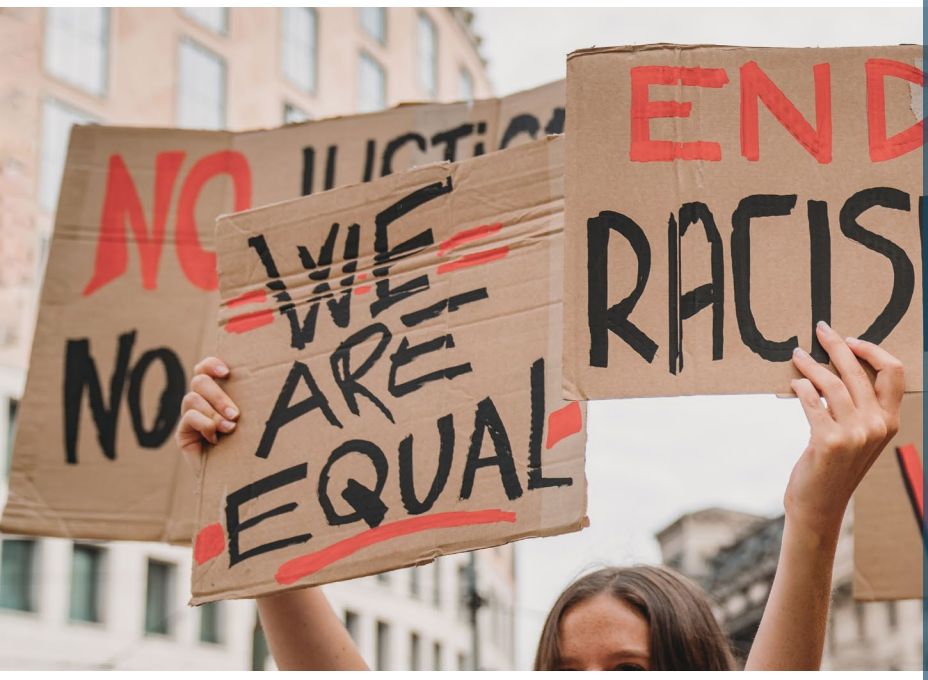
SUGGESTED ACTIONS

Participants noted several initiatives that are working well to support older adults and should be sustained or expanded. For example: *"Some of the local senior centers are super coordinated with reaching out and checking on some of their members [such as] during the lockdown, as well as the vaccine rollout -- keeping their members and members of the health community informed of what they were able to offer."*

Several participants also cited the benefit of increased collaboration among community organizations working to address food security and other services for people in need, including older adults. *"I think some organizations working together … have really, over the last several years, improved access to healthy foods. We still have certainly a way to go, but I've seen a lot of movement in a positive direction in the last several years."*

Participants offered additional suggestions to improve the health and well-being of older adults in the county:

Increase services to help older adults age in place.	These needs include affordable home health care and programs to assist older adults with critical home repairs and other basic needs, such as food delivery for homebound older adults and utility payment assistance. • "Particularly for the seniors that can't leave their homes, more opportunities for healthy foods [are needed]."
Expand access to safe, affordable housing, including subsidized housing.	• "I would underscore the lack of available low-income housing. It just has so many impacts across the board. I don't know that's a problem that a healthcare system can solve, but it is one that I think is just cross-cutting for many residents and seniors who are on fixed incomes in particular." Resources to prevent and address homelessness among older adults also are needed.
Train community health workers to check on and support vulnerable residents, such as older adults who want to age in place.	These providers could • "work along with social workers … to be the eyes and ears in the community and feet on the ground … and connect with people who are vulnerable."
Create more opportunities for older adults to have social interaction in homes, community sites, and through technology.	• "Just any kind of interaction -- it's being craved right now by everyone, specifically the seniors that have been so isolated. … Even ones who have family, they didn't get to see them for so long. Anyone living alone is, you know, extremely isolated and missing … one-on-one interaction."
Create intergenerational opportunities to address community needs, such as through mentoring, intergenerational service provision, and education.	• "Seniors need more IT training and youth can benefit from life experiences. Seniors are also lonely and would welcome the company."



RACISM AND DISCRIMINATION in HEALTH CARE

PHILADELPHIA COUNTY

OVERVIEW

Increasingly, racism is recognized as an ongoing national public health crisis that needs urgent attention. The COVID-19 pandemic, especially, has unmasked and amplified longstanding health and economic disparities related to race and ethnicity. For example, Black residents experienced the highest COVID-19 infection, hospitalization, and death rates in Philadelphia, according to the Philadelphia Department of Public Health. Health inequities, driven by poverty and other social needs, persist across racial and ethnic groups. In the 2020 *Health of the City* report, Black and Hispanic/Latino communities were more likely to describe their health as "fair" or "poor" than their white counterparts.

In the aftermath of George Floyd's killing in May 2020, many area hospitals and local organizations have intensified efforts to address inequities that have long been ignored. For example, a collective of 13 southeastern Pennsylvania hospitals announced a shared commitment to combat racism, inequality, and discrimination in all its forms. The Philadelphia Board of Health also declared racism a public health crisis, stating that: "African-Americans suffer higher rates of nearly every adverse outcome – from heart disease to cancer to violence and even the recent epidemic of COVID-19 infection – owing to the impact of racism on social disadvantage through inadequate education, discrimination in employment and housing, poverty, mass incarceration, residential segregation, and racial trauma."

To understand the impacts of racism and discrimination on health care, and to identify community-driven solutions to address health disparities based on race and ethnicity, a focus group was convened with community leaders in Philadelphia who serve and advocate on behalf of Black residents and other historically under-represented groups, including immigrant communities.

IMPACTS OF RACISM AND DISCRIMINATION ON ACCESS TO CARE

Participants discussed a wide range of negative impacts of racism and discrimination on healthcare access and delivery in Philadelphia:

Fear and distrust of health care.

As one participant noted:

- **"there's a long history of why Black folks distrust medical care in this country, given the way that Black folks have been treated by the institutionalized health system in America."**

For example, one participant talked about racial inequities in pregnancy-related deaths, which disproportionately affect Black women—a fact that has instilled fear of seeking maternal health care among some women, she said. (Note: According to city data, non-Hispanic Black women accounted for 58% of pregnancy-associated deaths from 2013 to 2018, even though they accounted for approximately 43% of Philadelphia births during this time.) As one participant recounted:

- **"Being a Black woman in Philadelphia, ... the Black maternal mortality rate is really traumatizing, is horrific, it's disgusting. That we have to go through that personally, I have gone through that fear of not wanting to deal with doctors or [not] wanting to--and I'm going to keep it very real here--get pregnant because I might die ... in giving childbirth. ... We've seen it too much, it's just like it's a pandemic within in [and] of itself."**

Implicit bias among providers.

One participant commented that providers are less likely to prescribe pain medication to Black patients than others.

- **"They ... think we have a high pain tolerance; we're denied pain medications and maybe they think we're drug abusers. So, the implicit bias is rampant and explicit bias."**

In the participant's experience, doctors too often are likely to recommend hysterectomy to treat uterine fibroids in Black women, instead of discussing other treatment options that would preserve fertility.

- **"The stories that I've heard from friends, from my sisters, from cousins, from coworkers, is that when they go into the doctor's office, and they want to talk about the fibroids, and they want to get them removed, doctors want to do a hysterectomy, they want to take everything out."**

Lack of empathy and respect.

As one participant noted:

- **"I have personally experienced racism--poor bedside manner, just lack of attention to care, tests I was supposed to receive that weren't given,"**

Another participant, who works with many Black and Hispanic/Latino families, added:

- **"What I've seen amongst families is that people [providers] don't know how to talk to them, they're rude, they're quick, because insurance companies telling doctors and healthcare professionals, you can only spend a certain amount of time per patient, they don't understand the information that's been explained to them."**

Others shared negative encounters with healthcare employees who were dismissive, inattentive, or rude:

- **"The assumption that if you're Black, you're uninsured or otherwise less worthy of care. I have, in the past, [not had] care been given to me until they saw my medical insurance. And then they realize, 'oh, you're employed,' and then I have to school them on not only my employer, but I'm educated, and I live in a certain zip code, look at that zip code. And I should not have to do that."**

CULTURAL AND LANGUAGE BARRIERS

Participants who work with immigrant populations described similar barriers to health care stemming from bias and discrimination.

- **"I am dealing with immigrants and refugees every day. And the stories and the experience that they have is really sad, that gives you a feeling that ... nobody is caring about people anymore. I have heard that immigrants have [been] denied medical care, ... because they were Muslim. They're not giving them the proper health care, which is very sad."**

Another participant whose organization works with immigrants shared that:

- **"Our clients, many have low English proficiency and making phone call appointments or telehealth has been really hard, for a lot of [them]. We'll have phone operators who just hang up on our clients, because they don't want to navigate the conversation and spending the time to communicate clearly. And we have a lot of clients who will come back to us, [after] we've set them up with an appointment, ... and they come back and like, none of their questions have been answered and follow up care, they have no idea what the next steps are."**

Language services are often inadequate for people who lack proficiency in English.

As one participant noted:

- **"It's just really clear that the communication barrier is really hurting them in terms of follow up care and access."**

Another emphasized the need to improve the selection and training of language interpreters.

- **"I think just the screening of interpreters--and just even the way the interpreters treat the client--is important … I use Language Line frequently. And sometimes I always take down [the translator's] ID number, because there's many times when I'll have to report that there was poor treatment, or they just glossed over what the person was saying, and they weren't specific enough."**

Cultural competence is often lacking in health care, starting with the basic need to treat all patients with dignity, kindness, and respect:

- **"It's just not about language, but it's about just how you actually treat someone, as a human being with kindness and dignity, and I think that needs to be foundational."**

Another agreed, saying: it's about

- **"approaching people … with dignity and making sure people feel included. And that's a universal thing. I understand everybody is stressed at their job, but we've had some very difficult experiences with impatient staff, and that's really dehumanizing and inappropriate."**
- **"Sometimes just the simple act of kindness--just the way someone is spoken to -- can make a difference from the moment they walk into a facility."**

Participants stressed that all healthcare workers who interact with patients, not just doctors and nurses, need to practice cultural competence, starting with showing basic compassion and empathy for others.

- **"I think the way a person enters a facility, and their first contact is extremely important, and the importance of that front desk person, being welcoming and kind, and careful to listen and not impatient, so many times I've seen them, as soon as they find out [that a patient] can't speak a language, they huff, or they like roll their eyes."**

Participants noted that cultural competence needs to extend beyond providing interpretation services to understanding others' customs and cultural practices, including food preferences. *"A lot of food that people are giving [in hospitals] is not culturally appropriate or may not be respectful to one's culture. And that can make a person feel uncomfortable, not at ease."* Another suggested that emergency food *"contain foods reflective of the communities"* where food donations are provided.

More trauma-informed care is needed, especially for people of color, immigrants, and others who have borne the brunt of health and social inequities:

- "Many patients get re-traumatized by the healthcare system, because healthcare workers aren't trauma-informed."
- "I think that staff need to know about trauma to understand what people might have gone through or what they're going through, and how trauma affects them. I visited … clients many times in the hospital, and especially clients who've been in the hospital a long time, and I can see how they're treated, where staff they just get kind of weary, they don't understand why the person is so upset, why they won't eat the food when you're sick."

SOCIAL DETERMINANTS OF HEALTH

Participants discussed how **long-standing disparities in health are rooted in social determinants of health, especially generational poverty, which must be addressed to achieve equity.**

- "We need to talk about racism as violence, poverty as violence, all this stuff as violence. These things are interconnected."

Several cited the **need for more racial and ethnic diversity among healthcare providers and leaders** – while noting that **inequities in education** need to be addressed to build the pipeline of more practitioners of color.

- "If you're not addressing a child's education, how do you anticipate them to complete elementary, middle school, high school go onto college and be able to do medical rounds or behavioral rounds or any job?"

Other barriers, such as **lack of transportation and resources within the community,** further amplify health disparities in marginalized communities.

- "A big issue for some people in the communities [is] where they have to kind of travel outside to get the proper care and help. I don't see their needs being met within our communities."

Another example: insufficient resources to support people who are experiencing homelessness, including those who have mental health issues or physical disabilities. Failure to address their housing needs leads to a *"revolving door for some participants, where hospitalization is looked [at] as if it's a resource for living space."*

SUGGESTED ACTIONS

Train and hire people with lived experience, such as community health workers and community peer specialists, to work in communities that have been historically marginalized.

These workers, who could be embedded in local community organizations, would be paid a fair wage to connect people to care, help them navigate services, and assist as their advocates within the health system. Several participants supported this strategy, commenting:

- "Pay the community peer specialists a proper wage!" and "community peer specialists ... would be grassroots and can advocate for people."

Increase hospital investment in grassroots community organizations that are working to address social determinants of health and related needs.

A participant suggested that when hospitals apply for federal grants, some funds could be allocated to small community organizations as seed money to enable them to start needed programs or support data collection. Another participant commented:

- "Sustainable funding is needed, too. So many good programs die when funding runs out."

Expand and improve the training of healthcare providers around diversity awareness, cultural competence, and trauma-informed care.

- "Doctors [are] going through medical school program without having direct experience with community. So I'd suggest healthcare workers having regular and mandatory training about social issues, cultural humility, trauma sensitive training. Diversity trainers need to be paid if hospitals and these institutions are really serious about this diversity training."

Increase the number of people of color in healthcare leadership positions.

- Especially "those who have experience [working] with those on the ground and folks from various communities."

Create and fund ongoing forums for community leaders to work with health system partners to address issues of racism and discrimination in health care.

Health system partners also need to recognize that asking people who are directly affected by these issues to continually recount their experiences with racism is re-traumatizing. Compensating people for their time and expertise also is needed.

- "People can't just show up here and there to do this work. People need full time sustainable wages with benefits. This is hard work!" Another participant stressed that "people need to get paid to do these trainings. ... Pay the people who are doing the labor. Just because we live in the reality doesn't mean that we want to share it every day and talk about it every day with people. It's re-traumatizing to talk about our traumatic experience, and to educate white folks about what our experience is with racism."

Given that systemic racism has been embedded in American society for several centuries, participants also called for longer-term, bigger picture solutions to creating an equitable system of health care.

Several stated the need for a radical shift in how health care is structured, with a shift away from a capitalistic system to a *"health care for all"* approach. Several envision changing the fundamental delivery of health care to provide universal health care, through "*de-commercializing of the healthcare system*" and *"destroying capitalism and getting universal health care for all."*

VIOLENCE

PHILADELPHIA COUNTY

OVERVIEW

According to Healthy People 2020, violence is a "neighborhood and built environment" social determinant of health that impacts people who are direct victims of violence, as well as those who are exposed to violence and experience resultant trauma. The many types of violence include adult or child physical, psychological and/or sexual abuse, elder abuse, sexual violence, as well as gun and other types of interpersonal violence. Violence can impact the brain, neuroendocrine system, and immune response, resulting in higher rates of depression, anxiety, posttraumatic stress disorder, suicide, and Adverse Childhood Events (ACEs). Violence also increases the risk of cardiovascular disease and premature mortality. The health consequences of violence vary based on the form of violence and victim characteristics, such as age and gender.

In 2021, there were 15,013 violent crimes in Philadelphia, including homicide, rape, robbery, and assault. According to the Philadelphia Police Department and the Office of the Controller, homicides increased 13 percent from 499 in 2020 to 562 in 2021. With 447 deaths, 2020 saw the. most gun-related homicides in Philadelphia in 30 years.

Among victims of gun violence in Philadelphia:

- 21% were fatal
- 88% were male
- 84% were Black (non-Hispanic) and 9% were Hispanic.
- A majority were between the ages of 18-30 (52%) and 31-45 (28%).

According to Philadelphia's Roadmap to Safer Communities (2019): "Gun violence in Philadelphia is largely concentrated in communities that also experience structural violence. Structural violence refers to harm that individuals, families, and communities experience from economic and social structures (economic, political, medical, and legal systems) that prevents them from meeting basic needs; this includes social institutions, relations of power, privilege, and inequality, and inequity." The *Roadmap* provides an overview of, and progress toward, violence-focused strategies and interventions that are initiated before, during and after violence occurs. Its goal: to reduce gun shootings and homicide by 30% by 2023.

To understand the impacts of violence on community health and identify suggested actions to prevent and reduce violence, a focus group was conducted with representatives from area organizations addressing this issue in Philadelphia. Information was also gathered from geographic community discussions in Philadelphia; where relevant, comments from those discussions are included below.

SOCIAL DETERMINANTS OF VIOLENCE

Poverty and the neighborhood built environment were identified as examples of structural violence in Philadelphia. Most participants shared that poverty, food insecurity, and loss of employment during the pandemic were inherent to violence in the community.

- "Poverty is violent, and economic violence is a thing that doesn't get named in Philly. … It's violent to have a society that cannot meet the literal clinical needs. At a certain point, something in the design has to shift, to continue along that route is just violent, when you know that you cannot meet the need."
- "I often think about all of the factors that are leading to violence, and I definitely agree on the fact that poverty is a huge issue … and all of the other things that we know go along with lack of employment and food insecurity, all of these things are impacting what we're seeing right now."
- "Because of the shutdown, we saw a loss of employment for a lot of families and even for younger people. And so I think, already experiencing poverty and then not being able to work on top of that are all added pressures for people and I think helps to contribute to what we're seeing in Philadelphia now."

Gun violence and substance use were cited as particular concerns.

One participant described community gun violence as a battleground:

- "Rampant gun violence that's going on, I feel like it's kind of a warzone out here. And then working in Kensington, just seeing the amount of people that are killed or shot constantly, mothers' children being caught in a crossfire, it's disturbing. I think about Gratz High School - you can go in as a freshman in Gratz, and you will probably lose 30 friends by the time you're 18. That's wild. That's unacceptable. That's violent across every level of being."

Substance use, specifically the opioid epidemic, contributes to unsafe neighborhoods.

In the words of two community residents:

- "There's no place for the kids … there's a park but they fenced it up because of all the drugs and things that are going on, all of the homelessness. People are practically pushing their needles in front of your face, and you have to tell them to stop when you are walking with the children."
- "99% of problems related to drugs would vanish overnight were they not criminalized … there'd be no need for turf wars, there'd be no need for gun violence. … How long are we going to do this dance?"

ACCESS TO HEALTH SERVICES FOR PEOPLE AFFECTED BY VIOLENCE

For people who have been direct victims of violence and those exposed to violence with resulting trauma, access to appropriate health and social services is needed. However, participants cited a range of barriers to access needed services, such as dealing with other life stressors, lack of culturally competent care, and stigma associated with seeking care.

Amid the ongoing trauma that many individuals and families face in their neighborhoods, seeking health care may not be a priority in light of other daily challenges.

- "When there's trauma happening, there are a lot of other things that our families are dealing with … and supporting your physical health and mental health does not become a priority. … I'm trying to put food on my table, so it's not even necessarily an access issue, but sometimes it can just be that's not my top priority in my life right now."

Another shared about challenges faced by parents:

- "A mom recently that I was working with here, she lost her job, because she had to take her student, to the psychologist to get evaluated, right. … And then that caused her to lose her home. So now her priority is, I don't have a job and finding a home for her children. … So, she can't really focus on maybe the behavioral health issues that her child has."

Culturally appropriate, trauma-informed behavioral health services are needed in community locations where people can safely talk with trusted providers about their experiences.

An individual who works with schools shared:

- "Working with the families … they are like, sorry, I don't have anybody to talk to about what I'm going through. And it makes me realize, where can our families go to talk about the violence that they experience? … Distrust of the healthcare system, that's another barrier, but I think providing safe spaces for people to talk about the violence that they experience is huge. … Sometimes it's just talking about it, and not holding it in, that's a huge win for some people."

Stigma around mental health, reluctance to seek care, and parental lack of knowledge about mental health diagnoses and services are further barriers to care.	• "There's just a lot of a stigma around mental health and needing that type of service. … And when we say to people, you should go seek out therapy - because of the stigma they're like, oh, I don't need therapy- nothing is wrong with me, I'm not crazy. … And so not using those words, but instead having those opportunities where people can feel safe to speak up." A participant, speaking about a young man he worked with, said: • "He got shot. I said to him, who are you talking to? He's like, 'I'm not going to talk to anybody.' He's not gonna talk to anybody, so you may rush in there to send the therapist in there, he's not gonna talk to them." A participant who works with parents stated: • "There's a lack of understanding for parents about, like mental health procedures, and how students are diagnosed, and things of that nature. So, I think there's an understanding issue, I think there's a lack of communication issue, constantly seeing that and having to fight in systems… families absolutely need advocates, and advocates that they trust, to be able to fight for them."
Lack of clinician diversity and mistrust of the healthcare system also are barriers to care, especially for those who are uninsured, undocumented, or have limited English proficiency.	• "We're working with immigrants, asylees, and refugees. And we're seeing that there's no trust for the healthcare system, some of them are undocumented, and they don't have access to the healthcare system. And so, what we do is we partner with clinics and health centers, and other hospitals to give them access to the health care that they need. … I'm talking about families, not only the boys and the children, but the families, as a whole need access to health care, but they don't have it because of their situations." • "We don't have enough clinicians to meet the need, we don't have enough clinicians that speak Spanish, we don't have enough clinics … we don't have enough Black clinicians."

CHILDREN AND YOUTH

Pandemic-related social isolation, coupled with gun violence, substance use, and other issues, have worsened mental health for children and youth.

- "We are in an ongoing health pandemic, but we're also in the middle of an epidemic of gun violence across the city. The need for mental health is dire."

As discussed previously, **youth and their families need access to mental health services provided by trusted individuals in accessible, safe community locations, such as schools.**

Parents need education and support to discuss stressful and traumatic events with their children.

- "A lot of times, we just think the child is affected by their friend [dying] but it's the whole family [that's affected], because they bring it home."
- "Many of our young people do rely on the services provided by the schools. ...We know that a lot of resources are provided by schools and that teachers many times are a form of support, counselors are a form of support. And I think not having those resources and supports that are wrapping around our young people have contributed to violence."
- "Schools provide a necessary safety net for youth dealing with abuse in their homes."

On the other hand, for some youth, isolation during the pandemic provided a sense of security, while returning to school has raised fears about their personal safety.

A participant who coaches youth shared that, when she asked her players about the impact of pandemic isolation, she was surprised to learn:

- "They felt safer, being at home, some of them ... it didn't affect them in a way where it was that negative. Now going to school, they're afraid [and they say], 'Now I'm watching my back going to school, now I'm not sure what's gonna happen to me when I step out the door.'"

Youth need access to educational and recreational opportunities to reduce their exposure to violence and increase access to support systems. A participant who works with young men in gangs said that **gangs are forming due to poverty and lack of programs that meet their needs.**

- "They're forming these gangs due to poverty, yes. They're also forming gangs due to not having enough programs that are relevant to their needs, it could be educational programs, afterschool programs. The fighting that's going on, it's so common ... and these young boys are being killed, and people are being caught in crossfire as we've lost some students."

During the pandemic, recreational opportunities were lacking. Strategies are needed to increase youth awareness of and participation in activities that help prevent violence.

- "There are many violence prevention programs; any program that provides opportunities for our youth can be deemed violence prevention. The issue is that we live in a city of the "haves" and "have nots." The majority don't have access to these programs."

According to a coach:

- "Our football program, that's a violence prevention program, because it's an opportunity for youth to be involved in an extracurricular activity that's allowing them to know what it means to make team connections, and work with their peers and have trusted adults in their lives, that's violence prevention. ... We have many violence prevention programs in our city, it's a matter of who has access to them. How are we providing more and more opportunities for young people to participate in these types of activities? ... How are we making sure that they see it as something that they really want to participate in and then getting their peers to do it?"

Social media is affecting mental health and suicide rates among youth through peer pressure and bullying.

A participant who is the parent of a teenager shared:

- "How I talk to them about that sort of peer pressure and bullying is much different than what I had to deal with, because we didn't have social media ... when you think about violence and even some of the videos where they show fights and record fights ... it's constantly people seeing it and re-traumatizing that event. So, that's another large piece to this violence."

Social media can also "fuel retaliation" among youth.

- "When we think about retaliation as a main issue, of fueling the cycle, we know some of that is coming from feedback that they're getting both online. ... A lot of the issue is also online now, which is why understanding youth culture is really, really important."

OLDER ADULTS

Violence affects older adults' sense of safety, increasing social isolation for many.

- "The last Elder Circle we had was on violence, and we brought in the police department to talk to them about what their experiences are, and the conversations that we were hearing was that they are afraid to leave home, they are afraid of the police, they don't feel safe in their homes, they don't feel safe going down the street. They're just caught up in this fear that makes them stay enclosed, and when they stay in, they are bottling up everything, they're taking everything by themselves, and they're not able to express themselves to other people, so it's creating other issues for them."

A participant who is an older resident with mobility issues said:

- "I've walked these streets almost 14 … years without a thought of being harmed, and now I'm very fretful when I walk the streets, particularly if the sun goes down."

Safety concerns using public transportation were noted by community residents as a barrier to accessing health and social services.

- "I've heard from several seniors that need to use the Frankford El to go to the doctors, and they are too terrified because of what's happening, they're afraid to use buses because people are sleeping on them and we just heard about that woman who was sadly, raped. They [older adults] aren't getting the help they need to get to the doctors for their health care."

SUGGESTED ACTIONS

Increase awareness and availability of youth programs to prevent violence, including educational programs, sports, and other recreational activities.

Communication strategies that encompass youth culture and include youth input are needed, as is more funding. A participant who works with students and parents said:

- "I think that having social services in schools would greatly impact and make them (students) feel safer. I think my families feel safer, because they see that you're there to help them, because they send their kids here, and there's a level of trust there."

A participant who coaches youth cited the benefits of a recreational program.

- "We rented a 13-acre field, and we did a COVID protocol, we remained open so that they could come and have that outlet. And what we saw with those young men in that time was nobody was hurt, nobody had been shot, there was a better mental health among them. And I mean, young men would bike all the way from West Philly, to North Philly to be on that field with us."

Integrate social and mental health services into existing youth activities.

Also provide training for individuals who are trusted by and work with youth (e.g., teaching artists, coaches, teachers, parents) in addressing trauma and other violence-related issues. Help parents advocate for needed mental health services. A participant who serves as a youth coach shared plans to integrate mental health into sports programs.

- "I'm just going to bring somebody in who is a therapist, and create a natural scene of mental health, because they're not talking to anybody."

A participant with expertise in the arts said:

- "Working with young people and their families using art and media... particularly with boys, when you use what they know ... like hip hop ... within 20 minutes, people are talking about getting shot what they've seen, I mean, it just all comes out. ... And I realized that there's a kind of a cultural liberty that they recognize to be that honest in the music or to talk about it. It's an opportunity to train teaching artists and art centers that are in neighborhoods."

Create more safe spaces for people to talk about the violence they experience.

- "We need to provide opportunities and safe spaces for people to be vulnerable and not necessarily calling that support "therapy" or "mental health support." Lots of stigma around those words. Language is important and building trust so that people can be vulnerable is key."

Address structural violence issues that impact youth and families in ways that consider biological, psychological, social, and spiritual factors and take into account policy, advocacy, infrastructure, and funding.

- "Making sure that the family has everything they need [such as] food, healthcare services, therapy, making sure that their bills are paid or like light, heat. Offer them the services that they need, so they can have the resources to get things done."

Increase accountability and coordinated action in addressing community violence from the city, schools, health systems, higher education, neighborhood civic association groups, and community-based organizations. As an integral part of these efforts, hospitals can:

- **Increase advocacy on policies to prevent or reduce violence**, including initiatives to address poverty and other social determinants that contribute to violence.

  "Shouldn't the health community and researchers be the ones advocating for health in all policies at a local level in Philadelphia? They are equipped to do that, they have the resources and the research and the tools, and policy advocacy from a think tank kind of perspective that we know drives policy, but they've got to want to step up and do that."

- **Partner with community-based organizations to build on each other's strengths and increase funding opportunities.**

  "There's an opportunity for hospitals to really partner together and really lead the charge of working hand in hand with our community organizations that are on the ground, doing the work, who know and have built that trust from the community, because we know that in some instances, there's not trust of the hospital systems. ... So, having that coordinated approach, where hospitals are helping to lead the charge in a way that we're not all in competition, instead, we're working together and really having a very strategic plan to address this large issue."