

**2022 Regional Community Health Needs Assessment:  
Geographic Community Conversation Summary: Lower Northeast Philadelphia  
[Philadelphia County]**

## **Community Assets**

**A safe environment and sense of community were noted as key to a healthy community.**

One participant shared: *“I think what makes a healthy community is a community where you feel safe ... and where you can have the complete healthy lifestyle, healthy food choices along with healthy places to get free outdoor activity.”* The Riverwalk and access to parks were noted as safe, free resources that support physical activity. A local civic association organizes volunteers to clean local playgrounds.

**Community involvement and volunteerism support health** in the neighborhoods. A participant noted: *“Volunteerism is very important to keep the community healthy.”* Another said: *“If you make the neighborhood something that you’re proud of, you don’t mind getting involved.”* More than 200 immigrants and older adults from the neighborhoods are staying in shape due to the efforts of two older adults who have **organized dancing for exercise in a local park**. *“Every day they take the kids to school and then they gather in the park nearby, and they dance together and exercise.”*

**Community volunteers and organizations, such as the Salvation Army, a group of Hispanic/Latino hairdressers, Veterans Center, and local churches, also help people access food and other resources.** *“Just within a few blocks they give out food on different days of the week ... and a group of senior citizen volunteers made a community garden in Lawncrest Park.”* People can post what’s happening in the neighborhood online at a site called Next Door to raise awareness about what their neighbors need. The Pentecostal Church provides resources for those who are experiencing homelessness or people that need resources. A participant said: *“I go and find out what [people] need ... and they tell me what’s happening so I can find them the resources.”*

**Health services (such as mobile mammography, emergency medical services, and community education programs, including cardiopulmonary resuscitation (CPR), first aid, and Narcan training) are provided at facilities and organizations in the community.**

However, several participants noted a **lack of awareness about available resources and services**. *“You have all of these resources, but the problem is a lot of people don’t know about them.”*

## **Key Challenges**

Access to some health care services is limited, participants said. For example, dental care was identified as lacking. A shortage of free clinics in the community was also noted, with *“only one free clinic.”*

**Mental health was identified as a major health concern and priority.** *“During the pandemic many people stay home all the time, adults and children, and they cannot go anywhere. It creates a lot of stress on people, you know mentally. Physical health and health care are important, but spiritual, mental health is something we should explore more ... because when*

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*people get depressed ... they get into anger, bickering and fighting in the family. ... We can look into providing more in the area of yoga ... spiritual health.”*

**Several participants discussed the negative impact of substance use on the community.**

- *“If you walk into my neighborhood, you’ll see this daily, when you go out the door and people just walking, homeless, standing there with needles in their hand. ... I’m trying to help all this get out of here, and I’ve been using my resources of people that do outreach ministry with me in order to show the impact – that we need our park back, the families need the park back.”*
- A participant trained in Narcan administration carries it during community outreach and has revived several people: *“You can have all the spiritual prayer, but sometimes they don’t wake up. Sometimes they get angry because you took their high away, but others may be thankful. I have a couple of people that went into rehab after they had that experience. So it’s a lot of stuff going on around here.”*

**Access to healthcare issues identified by participants included long wait times for appointments, transportation barriers, out-of-pocket costs, and the lack of free clinics.**

- In terms of transportation and affordable care, a participant commented: *“Some people just can’t get there. ... You might be taking a bus there at seven in the morning and coming back at 6:00 at night, because that’s the only time slot they have. ... I’m on the edge of the Northeast and there’s no free clinic—there’s nothing like that for something minor. Everything is pay as you go.”*
- Several shared that many people in the Lower Northeast live on low incomes or are new immigrants and use Health Center 10 for free or affordable health care. Obtaining timely primary and specialty care was seen as problematic. *“The health center is overbooked. ... A patient can wait 6 months in order to see the doctor ... that’s a real need, you know, more healthcare for low income people.”* Another agreed, stating: *“Getting an appointment with a specialist was a three month wait.”*

**Healthcare navigation services were seen as needed, particularly for older adults and immigrants with limited English proficiency.** Assistance with scheduling appointments for those without access to technology, who lack knowledge of how to use technology, speak another language, or have visual or other impairments, is needed. One participant commented: *“I have the ability to do it. ... Older people, seniors, you know newcomers, they don’t have that ability and there’s nobody to work for them or with them.”*

## **Social Determinants of Health**

**While the participants identified assets, such as community involvement to support those in need, they also noted challenges related to the built environment, poverty, homelessness, and substance use.** *“When I moved in there was nothing really healthy about the whole area ... too much poverty, too much homelessness, too much drugs going on.”*

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**While parks are available and identified as an asset, one participant shared that some are not accessible due to safety concerns.** *“There’s no place for the kids ... there’s a park but they fenced it up because of all the drugs, 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’re walking with the children.”*

**Another participant remarked that some people “are on the cusp” of being poor and do not qualify for government support services, such as the Supplemental Nutrition Assistance Program (SNAP) and Medicaid.** Several participants voiced concerns about the ability of the working poor and those with disabilities to get assistance when needed.

- *“You know it really does make a difference what they’re able to get food wise ... just not food stamps but even Medicaid as opposed to Medicare ... that keep them from going through with doctor’s appointments or getting their medication, all those little things that pile on and make a difference. If you make just \$25 more, nothing’s available to you. ... I think that’s something that has to be addressed somehow for those people that are just on the margin all the time.”*
- *“The working poor, whatever term you want to use, or the disabled that are right on the cusp ... if you take a job then you are losing that (benefit assistance) – I don’t know how it will be addressed, but it’s something that should be addressed.”*
- *“One of the real problems is that there has to be someone or somebody that can bridge that gap between the poor and almost poor. The person who’s almost poor is still poor, because the difference could be \$2 where they didn’t make the cut. There needs to be something put in place to bridge that gap for those folks who don’t meet certain criteria.”*

**Food assistance programs were also identified as a community asset; however, access to healthier food in the community was identified as needed, particularly in daycare facilities and schools.** *“There’s a restaurant that’s like two blocks away that feeds you greasy food and I don’t think that’s healthy. I think we need a nutritional program for our daycares.”* Another shared that, for school food, *“it’s still not what it should be.”*

## **Children and Youth**

**Participants stressed that more structured activities for youth, including opportunities to volunteer and gain work experience, are needed.** Lack of positive opportunities was linked to stress, depression, and substance use. To effectively engage youth, they need to be involved in planning and implementing the activities they desire.

- *“Kids here basically stay inside. There’s too much violence in the surroundings. The park needs to be recreational instead of closed to families ... it very much helps with depression and stress.”*
- *“We need more workshops in schools and parents to really stand up.”*
- *“There’s nothing for them, that’s why kids are going into the drugs.”*
- A participant who worked with youth shared: *“You know it was when we volunteer, we cooked at MANNA, we did the Red Cross, we did all of these things, but you know the kids wanted to do it, you got to get the kids involved.”*

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**Participants discussed the importance of and need for summer employment for youth. However, there seemed to be lack of awareness about programs that currently exist.** One participant recalled: *“When I was a kid they used to have a youth program that employed youth in the summer ... cleaning up, taking off graffiti, just doing good for the community. I don’t think they have that anymore.”* Another talked about the WorkReady program: *“They were interviewed and got jobs at playgrounds and things like that.”* Another participant replied that *“the Philadelphia Youth Network is one of the places where youth can get jobs in the summer.”*

**Healthier food in schools and nutrition education were identified as needed to support the health of youth.**

**A participant involved with an immigrant community spoke about the stress created in immigrant families related to cultural transitions across generations and the need to support immigrant families.** *“When they (youth) go out of the house they’re exposed to a totally different culture, but when they come home the parents expect them to be traditional Chinese ... this causes a problem. And the kids are really stressed out and the parents are also stressed out, so more help for the immigrant community is needed.”*

## **Older Adults**

**Older adults with low incomes can face barriers in accessing needed services and resources.**

A participant who works with immigrants shared that older adult immigrants who are citizens or have a green card, and whose income is below the poverty line, have access to government-funded services, such as those provided at senior centers or health care. However, for immigrants who live just above the poverty line, but do not have a green card or have not been in the United States for at least five years, access to services may be limited due to cost.

**In addition, participants noted there appears to be a need for more senior centers, as the few that exist are overcrowded.** One also mentioned that while the Veterans Center provides a variety of programs and services for retired veterans, more funding is needed to assist in obtaining necessary resources and to promote socializing.

## **Other Groups**

**Individuals with special needs were identified as a population in the Lower Northeast who face social isolation and need assistance in accessing resources and services.**

- *“We see many folks with special needs that are living in group homes or other arrangements. They are receiving services but they feel disconnected in a lot of ways from the community. We see them on the healthcare side, but you know, 80% of what we do is emotional support and 20% is medical support. I think a lot of the special needs population living in our communities in residential homes, could do better as far as feeling more a part of our community and more integrated into our community.”*
- *“I have a child with special needs. I know what it is to be in hardship and feeling like there’s*

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*nobody there to reach out to. There has to be a different form to reach out to people, even if it's leaving something on their doorstep with some kind of brochure on how to get in touch with someone if they need help."*

## **Other Impacts of the Pandemic**

**Access to technology was seen to be challenging, but benefits of telehealth were noted as well.** Barriers cited reflect the digital divide and include the cost of and access to the internet and equipment: *"Who was able to use technology during COVID? So many people lost their jobs, so where's the income coming to pay for the internet ... or access to the equipment?"* However, one participant shared that using telehealth during COVID was positive: *"It saved me time, you know, waiting in the clinic—telehealth saves a lot of time and is efficient. My clinic put the patient records in a digital system so we can go and access our health record ourselves. It works pretty well for most healthy people and [those] who understand English."*

**The pandemic has also impacted mental health** of families, particularly youth and older adults due to lack of socializing, and not being able to support family members who are hospitalized or in other care facilities due to visitation restrictions. Participants also perceived higher rates of depression, suicide, and interpersonal violence during the pandemic. *"In my opinion, it has raised the depression rate and suicide rate. ... If you are in the house by yourself, if you're a widow or widower, and you can't go out ... you can't see your children or grandchildren. ... It has affected everybody. And family problems as well because you got people living in the same house for a year."*

Other noted pandemic-related impacts were a **shortage of housing and increased homelessness, reduced access to food** (closed or reduced hours at food banks and shelters), and difficulty getting **transportation to doctor's appointments and other social services.**

- *"The shortage for shelter or even housing is so behind."*
- *"Too many living on the streets even with COVID 19."*
- *"Violence and riots during the pandemic – too many deaths."*
- *"During COVID getting rides to doctor's appointment and social services things was hard."*
- *"And so even just to get daily food, a lot of times you can go to different food banks or shelters if you set it up right, you're doing one each day, and some of them just aren't available. ... It's harder to find them open and have any extended hours."*
- *"Access to food was awful, with shortages people became more angry."*

## **Suggested Actions**

**Increase volunteerism. Civic organizations could increase resources to meet community needs by expanding programs that incentivize students to volunteer as well as adults** (e.g., incentives such as free SAT preparation courses and opportunities to fulfill graduation requirements for community service). Opportunities for volunteerism in the community that appear to work well include bilingual interpretation, food distribution, tree planting, community clean-ups, and visiting older adults. *"You know we can educate parents, we can educate the*

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*elderly, but if you don't educate the younger people, high schoolers, college students, you're not going to get anywhere because nobody is going to do it, and nobody's going to help."*

**Increase engagement of civic organizations, policymakers, and city government in community-led solutions.**

**Develop "bridging" strategies to improve access to healthcare and social services for individuals who are poor but do not qualify for public assistance.**