

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

## **Community Assets**

Most participants cited **walkability and proximity to parks and playgrounds** as valued assets to promote physical and mental health in West Philadelphia.

- *“I’m a walker, so I love that I live in the area that we have a lot of trees and parks, and that’s what makes it healthier for me. It helps to clear my head and just helps relieve some stress from just everyday living. ... Just to have parks and green spaces, I think, is good for your overall mental health.”*
- *“We live pretty near the park, so it’s easy to just go for a walk in the park, but it’s also a very walkable community. So there are lots of trees and relatively safe streets—as safe as anyone can be these days.”*
- *“We live close to the playground, Rose Playground, and often they have community clean-up day,” said a participant who has two older children. “Just being in a clean, quiet place helps them just get all the muck out their heads.” She added: “I like the fact that there’s a playground in our area, and I think throughout West Philly, there are other playgrounds that people could go to, and I think that can help give clarity, especially to our kids who are going through so much right now.”*
- Another participant added that a community-run recreation center in her neighborhood provides activities for youth and adults, with *“lighting to make sure it’s safe for everybody to utilize”* and a new *“a beautiful mural on the outside.”*

Regarding **healthy food access**, one participant mentioned the Clark Park Farmer’s Market and a few other produce vendors. However, several others pointed to an overabundance of fast food and convenience stores and the need for better local access to fresh produce in other areas of West Philadelphia. *“Our community has a lot of fast, casual and high-in-fat, high-in-salt kind of convenience spots, and very little access to really fresh foods,”* said one.

A participant praised the work of **Dr. Ala Stanford and the Black Doctors COVID-19 Consortium as an important asset for the community and entire city.** *“The Black Doctors Consortium has been a very helpful resource for the African [American] community. Dr. Stanford is in the process of opening health centers for the community across the city.”*

**Access to public transit** was cited as an asset by a few, such as easy access to the 69<sup>th</sup> Street Terminal and, for those living in or around University City, the LUCY bus (Loop through University City), providing local transportation. *“From 69th Street Terminal, I can get to anywhere from my central location in the city, and that’s a big thing,”* said a participant.

Several participants commented on the role of **neighborhood block captains in promoting community cohesion and engagement.** One noted: *“Block captains were very instrumental in my neighborhood’s growth and development. My grandfather was a block captain for over 50 years.”*

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## **Key Challenges**

Participants cited **behavioral health issues, such as substance use and trauma, as well as violence as top concerns.**

- *“Drug and alcohol abuse [are] prevalent,”* said one participant, who was concerned about the proliferation of *“stop-and-go takeout places for alcohol in the neighborhood”* along Lancaster Avenue, as well as numerous small delis and corner stores in the area where drug dealers and others gather. He asked: *“What we can do to stop all of these bars and delis from coming into our neighborhoods?”*
- *“We have an unprecedented mental health crisis with the pandemic, and also the violence that’s going on in the city.”*

**Widespread divisiveness about COVID vaccination and masks has taken a toll on mental health and community cohesion.** *“You know, we had the anti-vaxxers versus the vaxxers, the masked versus the unmasked, the parents that want the schools open versus virtual. So it just created—it became political, COVID became political, it became a mental health issue, and it also affected the Black community, the hardest hit, because we still see the disparity that has affected us in our community.”*

**Delays in seeking or accessing health care** have increased during the pandemic. *“More and more people are putting off annual visits and everything, because people are, like, scared,”* said one participant. This participant also noted longer wait times to get an appointment. *“I had to put off a surgery for over a year because of the COVID, and everything.”*

Participants discussed the **pros and cons of the shift to telehealth** during the pandemic. One praised its convenience for some types of health visits: *“We are leaps and bounds ahead with telemedicine.”* However, others noted that telehealth has created new barriers for some, especially older adults and those without digital access. *“I love telemedicine,”* said one, *“[but] my problem is convincing my senior citizen friends to get connected to Zoom, to explain what situation they may be going through, and whether or not they need medical care. So I like the idea of telemedicine, but how can I convince somebody who doesn’t have wi-fi to get wi-fi so they can stay connected?”*

## **Social Determinants of Health**

**Poverty.** *“Poverty lies at the heart of community health issues,”* one participant said. *“It’s a big issue that spans everything, right? You can’t be healthy if you are being displaced from your home. You can’t be healthy if, you know, you have triple pandemics happening at one time, ... if you’re fighting COVID, but people in your family have been shot, it’s really hard to go to the dentist, or think about preventative care, or having access to ... life-saving medicines that you may need. ... So, you know, these are major, major, major issues. You have issues with trauma and compounded trauma. We’ve just witnessed and are continuing to witness a mass death event [from the pandemic], and it’s being exacerbated by poverty.”*

**Bias and discrimination in health care.** Participants discussed distrust of healthcare providers,

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vaccine hesitancy, and other barriers to health care, especially in the Black community. These health disparities have been worsened by the pandemic, participants said.

- *“A lot of people are still hesitant to get the vaccine. ... Studies show that African Americans and people of color get lower priority treatment when we go to hospitals for care. ... Times I went [to the hospital] by myself, I was treated like ‘Oh, she’s just a single mom.’ Times I went with my husband, they addressed me more, and they treated me differently. So there is a lot of distrust in the African American community with health care, and that was before COVID. Now COVID just exacerbated that. People are putting off, again, priority and annual appointments, check-ups, prostate exams, even physical exams.”*
- In communities of color, *“Our voices aren’t always heard in health care,”* a participant shared. Based on demographics, healthcare providers *“always think we automatically have to smoke, have heart disease, we’re exposed to alcoholism. So when we don’t fit this demographic, healthcare providers don’t know how to treat us.”*

**Access to fresh affordable food.** *“We have ... seven bodegas in a two-block radius. But they are all instant food. None of them are quality food, none of them are fruits and vegetables,”* said a participant. *“No more fast food restaurants on every corner!”* another commented.

**Digital divide.** Despite assistance programs to increase internet affordability for people with low incomes, some households still lack access. *“We have to consider that even though we are the fifth largest city, we are in the top [in the rate of] poverty. We are at/ below 50% poverty level and we still have technology inequalities that still exist, despite the low income internet programs.”*

**Built environment issues.** One participant commented on pedestrian safety issues, such as poorly maintained sidewalks that limit walkability in some areas. *“A lot of areas in Overbrook Park going down City Avenue, the sidewalks are not clean. ... If they’re able to kind of clean up those areas, I think that you would find more people ... wanting to walk more in the community.”*

**Housing habitability.** Aging homes in disrepair pose a risk to occupants’ health, especially for many older adults. Demand for home repair assistance programs far exceeds supply, a participant said.

## **Children and Youth**

**Pandemic-related social isolation, coupled with gun violence, substance use, and other issues, have worsened mental health for children and youth.** One participant, a parent with two sons, said: *“I just try to keep them in the house—it’s the same prayer that I say when every parent sends their child off to school, ‘Please let my sons walk back through this door this afternoon.’ You know, we just saw a school shooting the other day that, an innocent bystander just was murdered, just driving by. Like, this is heartbreaking, so mental health is definitely, definitely, definitely needed at a time like this, because it can only get worse. Remember, these affected children grow up to be affected adults.”*

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*“We are in an ongoing health pandemic, but we’re also in the middle of an epidemic of gun violence across the city,”* said another participant, who emphasized the tremendous adverse impact on children. *“The need for mental health is dire,”* agreed another, who mentioned knowing a girl whose brother was shot seven times. *“Luckily, he survived, [but] they still had to live in the same neighborhood and still come to school.”* Though the girl attended a reputable school, *“there was nothing in place to help her deal with that trauma. Every day she would come to school, you couldn’t slam a door, she was [so] upset.”*

**Many young people are processing grief** from losing friends or other loved ones due to COVID, violence, or other causes. *“In the last school board meeting that I was at with the superintendent, one parent said her daughter ... has lost six friends, teenagers. ... The young are supposed to bury the old. But now these children don’t even have a chance, and we have an unprecedented mental health crisis with the pandemic, and also the violence that’s going on in the city, and also the things that are happening in our world right now, with the civil and racial unrest, and also, natural disasters, that can affect your mental health as well.”*

**Accessing mental health care for youth is extremely difficult.** *“I do want to say as a mother of three teenagers that mental health services for adolescents is poor at best.”* She also cited long wait lists for an appointment and not getting returned calls about availability. *“And the only way I could get services for my child was to pay out of pocket, to pay someone who did not accept insurance that was outside of the city. And this person, you know, took a sliding scale, so that was great, but I had resources and people around me who were able to refer me to this person who was able to have a lower out of pocket rate. But it’s just ... a lot of the problems that we’re having in our community are because these kids need mental health services for a variety of reasons, and I think that’s impacting them well into their future.”*

Participants also noted the need for more **extracurricular and out-of-school time programs for youth**. *“The schools have cut so many sports programs and don’t offer enough variety. Not everyone wants to run track [or play] basketball or football.”*

## **Older Adults**

**Social isolation due to COVID and fear of violence** are among the key issues affecting older adults. **Transportation barriers and unsafe housing** are additional concerns:

- *“We have a community that’s heavily senior citizens, and that’s the one prevailing theme from all of them; they’re afraid to come out of their house now. It doesn’t matter what time of day it is, and they’re mourning the loss of their independence, because they used to be able to jump on the bus. It’s one bus to get to the supermarket, and pick up their medications, and things of that nature, that’s all kind of convenient, but now they’re afraid to do that.”*
- *“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 ... it doesn’t have enough money to really service even a quarter of the actual need. ... You’re healthy if you have a healthy home, if your home is making you sick—and you can’t go outside because people are shooting. You know, it’s kind of, you’re stuck between a rock and a hard place.”*

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- *“I’m speaking on behalf of a lot of my neighbors who are senior citizens, ... [and] there are some people on the block who do not have public transportation to get to areas ... where they can receive fresh vegetables or fruits.”*

## **Suggested Actions**

**Increase hospital and business investment in the community, especially in local grassroots organizations that directly serve residents and provide programs that address social determinants of health.** *“I would say more money, and resources, and support, comprehensive support around things like rental assistance, mortgage assistance, and access to healthy foods, and job trainings, and things like that, it will help and trickle down into health,”* one said. Several participants noted in lieu of taxes, which nonprofit hospitals do not pay, they wished to see further investments in community initiatives.

**Activate more Neighborhood Advisory Committees (NACs) and reinvigorate the block captain system** to inform residents about resources and mobilize community advocacy for change. *“We have to start utilizing our block captains, and spreading the word,”* said one participant, adding: *“Then we need to get involved with the NACs, and get these NACs to start hosting these mental health meetings.”*

**Develop partnerships to increase primary care and mental health services in the community.** Suggestions included using nurses to provide home health visits and embedding more doctors directly in the community. Other suggestions: develop a way for hospitals to help provide mental health care in schools, such as by using professionals-in-training. A related idea: *“Scholarships that you could provide to get more training of Black and Brown folks to do the real work within the community.”*

**Increase free out-of-school-time activities for children and youth** to teach them constructive skills, healthy socializing, and *“to keep them busy [so] they stay out of trouble.”* Another suggested: *“Open the doors for volunteer programs within the hospitals for the youth. We can train them [to work] in the cafeteria, patient transportation, environmental services, to give these young people something to do.”*

**Expand affordable and convenient transportation options for older adults,** such as expanding the LUCY bus route to provide easier access to supermarkets.

**Engage the community in initiatives to improve health and social services.** A participant stressed the need for taking action with the community’s involvement: doing *with* the community, not *to* the community.