

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

Community Assets

Participants value their community's **green spaces, which promote well-being and help relieve stress.**

- *“We are totally surrounded by trees, and I find that just the beauty of the neighborhood ... and the fresh air ... and the fact that people enter our neighborhood garden a lot is very healthy for all of us.”*
- *“We also have a park not too far away at 16th and Olney, where you can sit or walk around. We also have the grounds on Central [High School] if you want to walk around there.”*

The built environment is further enhanced by **easy access to public transit for many.** With the Olney Transportation Center for bus and subway transit, *“you can get anywhere in the city from that hub.”*

Local businesses, including many that reflect the community's cultural diversity, are plentiful, as is access to pharmacies and grocery stores. *“We have good grocery stores, as well as corner stores of all different varieties. ... Certainly, the smaller stores are reflective of a lot of the cultural traditions of the community and neighborhood. ... They're contributing factors to the health and wellness, I think, of what we have ... as positives in this community.”* However, another participant noted that grocery stores are not easily accessible for everyone, while corner and dollar stores generally sell mostly processed rather than fresh food.

Local organizations donate ample fresh produce and other food, but information to help people find such resources is often challenging. *“Every day I can tell you some place to get food or other resources. ... The problem is finding out the information, but there's plenty of [food]. If you're hungry in this area, it's because you don't know where to go.”*

Key Challenges

Behavioral health is a key priority, as is access to culturally appropriate care for these issues. *“I do think that our biggest issue, not just in our community but I think in all neighborhoods across the city, is mental health—whether it's individuals within our communities that are facing acute crises or individuals that are suffering from chronic ongoing issues, such as depression and anxiety.”* The participant added that drug and alcohol addiction are *“a scourge right now in all of our communities, whether it's hidden, like in my community, or if it's more in your face, like it is in other communities.”* Further, *“one of the biggest challenges in our community is accessing mental health support that is culturally relevant and accessible.”*

Lack of affordable care due to high co-pays and uncovered expenses is another concern. *“Even though you have the insurance, but you go see four doctors and you've got a \$60 co-pay for a doctor ... who can afford that?”* A related obstacle: difficulty fully understanding one's insurance coverage, such as deductible limits for Medicare policies.

Challenges with navigating the health care system were cited by several. *“A lot of times my primary care is not talking to my cardiologist, who's not talking to my pulmonologist, and I'm*

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running around like ‘Oh, I have to do this, and I have to do that,’ ... and then they’re like ‘Well, I don’t know anything about that.’” The participant added: “It’s just all these ... hoops you have to jump through. ... It just really gets way complicated sometimes, and they don’t sometimes give you the respect that I think you deserve as a patient.”

Navigation challenges with online health portals also were mentioned. Online platforms differ from one health system to the next, so patients who see providers at multiple institutions may be challenged to learn new navigation processes for each system’s portal. *“There are numbers of university [health] systems across the city, and the patchwork ability that they all have to connect with their patients is very, very poor, and, actually, is quite shocking. ... The platforms require certain levels of technical capacity, and hardware equipment that most of us don’t have access to.”*

A participant commented on perceived **reluctance to seek care due to lack of empathy or respect by healthcare providers and other health professionals**. *“How people are treated is essential. I’m not talking care, but the one-on-one medical care. I’m talking about the genuine care that medical providers and medical institutions are providing to their patients. That is a huge, huge barrier. I will go so far as to say that is the main barrier for people to access health and wellness in the community. I think that it’s one of the reasons why a lot of people are reluctant to go get checked on a regular basis, because they’re so badly treated, and so indifferently treated by the medical institutions across the city.”*

Children and Youth

Mental health issues, including bullying and low self-esteem, are top concerns for children and youth. Housing-related health issues for children also were mentioned, such as **lead poisoning** and **childhood asthma** from exposure to mold or other indoor air contaminants in aging houses.

Several participants emphasized the **need to help children develop healthy eating habits**. *“When I grew up, we had breakfast, lunch, and dinner, and it was in the house. The generation that’s under me, ... they weren’t raised to know what a balanced diet is. ... If we can raise the children to eat healthier, then maybe they can teach the parents.”* Another agreed: *“If we introduce the healthy food choices earlier on, then just eating healthy should become a habit. ... I just think the sooner that we expose the kids to healthy food choices, I think that will help.”*

Lack of physical activity and social interaction due to heavy use of social media also are challenges for youth. *“When I was young, of course, this is a long time ago, I was outside all of the time, and with these video games, and TVs now, a lot of kids are inside. So I don’t think they’re getting the exercise [they need]. And the other thing with the internet, you don’t have face-to-face discussions. They’re on the internet all the time, and so ... they’re not learning how to deal with a person face-to-face.”*

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Older Adults

Social isolation and loneliness were cited as top issues for older adults by several participants. *“We have a lot of seniors [who aren’t] ... sick or anything, but they don’t have family, and there’s no gathering places for them, ... like at the recreation centers. I know there’s ... senior centers in different areas of the city, but I don’t see a lot of people participating, especially since the pandemic.”*

Home delivery and other home-based services are lacking for older adults, as is knowledge and support to help them find available resources, several said. One participant stated: *“My biggest concern is that there aren’t enough advocates out there for seniors. ... There is food out there, there are health services out there, but they don’t know about them, and so there aren’t enough advocates getting the word out.”* Furthermore, *“we have things around here, but people don’t know about them. So they would need access through knowledge about them, and they would need access through just getting there physically, or having things delivered to them.”*

Chronic conditions such as **diabetes and heart disease** also were mentioned as being common among older adults, as was **asthma** stemming from exposure to mold and other pollutants in aging homes. **Many aging homes are in disrepair, posing risks to older adults’ mental and physical health.**

- *“I think stress is definitely a major factor, especially in our older neighborhoods, elderly neighborhoods, because I’ve seen a lot of them, 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.”*
- For older adults living on fixed or limited incomes, *“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.”*

Transportation and other mobility issues are barriers for some older adults. *“I think there could be a fear factor because of the different neighborhoods that we live in, where the seniors could be afraid to venture out because of what they feel may happen or the type of neighborhood that you may live in. ... Sometimes when they get to the place of not feeling better, they just resolve their self to being complacent, and not really venturing out or getting up.”*

Predatory scams that target older adults add to their stress and vulnerability. Aggressive advertising of reverse mortgages was mentioned by one participant: *“The elderly are fearful because there are a lot of predators. I’ve seen people lose their house.”*

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Other Groups

One participant noted an influx of immigrants in the Olney area, many of whom may lack knowledge about, or fear using, support services and resources. The *“neighborhood is very, very populated, new immigrants, new folks coming in that don’t know the system yet, or are afraid of the system, or are outside of the system, who aren’t able to access the health benefits that others of us can enjoy. ... How do we work to make sure that they know about the services available to them?”*

Other Impacts of the Pandemic

Participants had **mixed views on the shift toward telehealth during the pandemic**. One commented: *“With regard to accessing medical care in the pandemic, ... I experienced a range of different medical providers, some have capacity to do televisits and phone visits, other have no capacity.”* Another added: *“I found [telehealth] easier with some of my doctors. However, some things, it was nearly impossible. ... For me, you can’t see a cardiologist over the phone, it just doesn’t work as well. But in general, [with] my GP [and] the diabetes educator, ... that stuff was all fantastic, and it actually made it easier to set up also. ... I didn’t have to walk out the door, I could pretty much be in my house and sweatpants.”*

Delays in getting care during the pandemic also were discussed. *“People have been very timid about going to doctors and the hospital because of COVID,”* one shared. Another issue: long wait times for appointments, particularly with specialists. One participant, who helped her brother make medical appointments, said his scheduled visits are still months away. *“It’s hard. I mean, it’s very difficult. ... We’ve been waiting since September for one, the earliest appointment is December 3rd.”* Another appointment for her brother was more than six months away.

Suggested Actions

Increase access to culturally competent behavioral and mental health care. Many participants cited getting more help for people with mental or behavioral health issues as a key priority.

Improve communication and outreach to increase awareness of resources. Several participants suggested the use of advocates whose role would be to help vulnerable residents, such as older adults, obtain needed information and support. *“I just think more information needs to be disseminated to people in the community so that they know what they can access,”* one said. Others cited as top priorities: *“more effective advocacy; getting the word out about available services”* and *“knowledge of available resources.”*

More education to help children develop healthy eating habits and other life skills. One participant praised the School District of Philadelphia’s Eat.Right.Philly program, available in many, but not all, city public schools. *“It was wonderful because my daughter, she was in third or fourth grade, and she would come home and say ‘Mom, this is a jackfruit.’ You know, things that I’d never heard of, and she was so excited about it. ... I mean, she would come home every*

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week knowing another fruit or vegetable, and it taught me, taught the whole family, and she was excited about it.” Another participant mentioned the need for **programs to help young people develop stronger social connections to help reduce interpersonal conflicts and bullying.**

More help for older adults to age in place and stay healthy in their homes, including better access to home-repair assistance programs, more accessible and affordable home care services and greater support for navigating needed services. More nutrition education and healthy food access for older adults and others to prevent diet-related chronic diseases also was recommended.

Expanded assistance for the “near poor”—that is, help for vulnerable older adults and others with incomes that are limited but above the cut-off to receive various needed subsidies and services. For example, one participant talked about her older adult father’s inability to afford stairlift, because his pension income put him above the threshold to qualify for financial assistance for this major purchase. *“You know, it’s almost like he’s punished for giving 41 years to a job, and ... he’s not rich by any means, but he’s not, I guess, what they would call income poor. But he is, in the sense that he can’t afford a stairlift.”*