

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

Community Assets

The **built environment** was mentioned by the majority of participants as an important community asset that **supports health through opportunities for physical activity and to de-stress**. *“There’s a big robust selection of state and public parks people can go to... like you always go to Falls Township and see kids playing soccer... A lot of physical stuff going on there, a lot of fishing, getting close to nature.”* While **access to grocery stores** was seen as an asset, there are areas where healthy food is less accessible due to transportation and affordability: *“If you live in some of those lower income communities and you don’t have a car, it’s (food) not as accessible.”*

A **strong sense of community and ample community organizations** were also highlighted by the majority of participants as major community assets. The *“huge community donation spirit”* of groups such as the Bucks County Opportunity Council address food, toiletries, and other basic needs of community members.

- *“There are two churches there within the community that provide resources to the community, help people when they need it ... to me it’s a close-knit community and I think that if a family is having problems or difficulties the churches really try to make sure they can meet the needs of that family.”*
- *“I was really pleased to see there were ... 13 senior centers [in the county], the parks are extremely friendly for older adults and that there’s classes, you know, the Community College has health and wellness oriented for older adults.”*
- *“There is an availability of services for people ... whether it’s a pantry or home health or whatever else. I feel there is always somewhere where I can refer a client based on their situation.”*

The **availability of resources to support individuals in substance use recovery** was also noted. *“There’s a lot of individuals in recovery from drug and alcohol issues in this area...like with this new class of AA [Alcoholics Anonymous] and NA [Narcotics Anonymous] meetings in this area, people come here to get sober.”* However, due to the size of the population needing these services there are times that need outweighs capacity. *“We have a surplus of providers here for drug and alcohol. The only issue with that is, is we have so much population that needs those services that sometimes there’s not enough beds in the area, especially at the detox level of care.”*

Key Challenges

While diabetes, obesity, and dental care were briefly mentioned as health concerns, lack of mental and behavioral health services and awareness of how to access them were cited as a major challenge, especially for younger children. *“There’s such a high need and we are really challenged with finding slots.”* Another participant shared: *“When we try to get the mental and behavioral support for young kids in our site, we don’t, we don’t. There are not enough people out there doing that work. And we know that’s impacting how families are, you know, cohabitating, and how we are sending those kids off to their K-12 experience without those supports for themselves and their families.”*

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Access to insurance that adequately covers mental health issues as well as finding providers who accept a variety of insurances can be challenging. As one participant shared: *“So first, sometimes it’s hard for people to get insurance, once you get the insurance, finding a provider that accepts your insurance and then trying to get an appointment on top of that. And if you’re a new patient, it’s a lot longer for you to be seen.”* Another shared: *“With people who don’t have private insurance, sometimes it is harder for them to get into places for pure mental health disorders, especially like psych holds and mental health inpatient stays.”*

The need for comprehensive coordinated services for individuals with both mental health and addictions was also shared as an area of concern: *“People with schizophrenia and OCD [obsessive compulsive disorder], like there’s a lot of things along those lines that aren’t dealt with when people are just looking at addiction as a whole, they’re failing to see that part of treatment.”* Another mentioned that same day appointments in the mental health system are not available unless the person goes into crisis.

The pandemic has presented additional challenges in addressing mental health concerns. **Social isolation during the pandemic has impacted mental health for many people**, but youth and older adults have been particularly susceptible. While the use of telehealth for addiction care has reduced stigma and transportation problems, its use among older populations and youth to address mental health issues is seen as more problematic. According to one participant: *“A lot of those providers talked about how difficult it was to really work with younger kids on telehealth and how they really needed to be in the room with them to engage with them and to have their full attention. I can see why providers are reluctant to use telehealth with younger kids, but we need some type of services to help those kids.”*

Social Determinants of Health

The cost of living in Bucks County was discussed by several participants and was seen to be a *“very expensive place to live for low wage employees.”* For some individuals, even those at 200% of poverty, finding **affordable housing, being able to afford healthy food, and paying for health care is concerning.** One shared: *“We see a lot of gaps in services that exist specifically for families that are above the poverty level, sometimes even 200% above the federal poverty line.”* Another stated: *“A lot of the folks we work with don’t have a safety net. So even if they want to seek out additional services, whether it’s mental or physical health, they can’t always afford to do it ... they can’t always take a half day because that’s how long they’re going to spend to get there, to wait around to hope they get what they need, and/or have to come back a week later. ... People who are in really dire straits tell us they can’t afford to take time off to address them because they are concerned about losing their job.”*

Affordable food and transportation to grocery stores or home delivery is especially needed for older adults. School-aged children and recent graduates need access to healthy snacks and food, distribution of clothing (such as coats), and dental hygiene necessities. *“So a couple of years ago, I think it was a backpack program where they dropped off backpacks filled with food that the kids were taking home and the program stopped. So I was able to get the help with one*

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school, but there's still two other schools that are looking for assistance."

Affordable housing and the stigma of being homeless and its associated trauma were seen as a priority by the majority of participants, as was the need to raise public awareness about available supports to prevent and address homelessness and support families struggling to house and feed their children. One participant shared concerns about older adults having to move due to rent increases: *"Every couple of years she has to move because the rent goes up and she can't afford to stay."* **Long waits to secure housing in shelters** was also seen as a challenge. According to one individual with expertise in this area of concern: *"Most people are homeless not because of drugs and alcohol or even mental health. Sometimes it's because of lack of support ... just trying to break down that stigma of homelessness in the first place. ... Most of the kids I work with are 18-24, we usually get them in our shelter, but I think just having the community rally around that stuff, and just really addressing Bucks County in and of itself... that there sometimes is this stigma that says that in this wealthy county we don't have problems. ... Right now there are probably upwards of 800 kids that are about to be homeless or are currently homeless. ... The wait time to get into the shelter right now for single males or females is 10-12 weeks. ... So even if there was just a safe place to go... like a drop-in center or something."*

Several people brought up the specific **challenges faced by immigrants** living in the county. Building and maintaining trusting relationships with people who are undocumented or have limited English proficiency was pointed out as a precursor to accessing critical physical and mental health care and other services. *"Once we connect and we build that relationship... and then trying to find the services that can consistently help them and then to feel safe with that. ... But overall, some things that they need, where do they go? And that's for across the board, mental health, food, health, even with school, communications with school."* Another shared: *"And our big issue is just sort of language barriers and accessibility. ... And not knowing what information is accurate. And just accessibility – booking appointments."*

Children and Youth

Participants had many concerns about the health and wellness of children and youth. In addition to the mental health and housing insecurity issues discussed previously, **participants expressed concerns about vaping and other substance use among youth**. In addition, offering programs in schools that address sensitive issues such as human trafficking and substance use was raised as a way to reduce *"stigma and youth being singled-out."*

- *"So, if you have a family member that's addicted, no one knows but we're going to try to give you skills...so to me the most important thing is skill-building. Because without that our kids are going to go down the rabbit hole and eventually find drugs and alcohol to cope with."*
- *"One of the things that I keep hearing from the schools is that there's a lot of kids that are vaping and they are vaping in the bathrooms...and out in the open vaping."*
- One participant shared that schools should raise awareness among students, parents and teachers about human trafficking. *"I think a lot of time people don't realize that it even happens in Bucks County, they think it happens somewhere else. Especially online too, you know."*

Participants expressed concerns about high rates of obesity and diabetes, as well as

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nutritional needs and lack of structured activities for youth. The need for nutrition education and more healthy food options in schools and afterschool programs was noted by several participants. More programs that provide a safe place to do homework and get assistance, enrichment activities, and social and emotional support are needed.

- *“There are a huge number of students...like one out of three that are obese, that are not eating...fruits, vegetable and greens. During COVID, many of them came back and said they ate cereal for breakfast, cereal for lunch, cereal for dinner and on the weekends they would eat together as a family kind of like celebratory pizza and cheese sticks...So like no education about how important it is to have those (healthy) elements of their diet.”*
- *“And special dietary needs – we have a lot of kids that are gluten free. It’s harder to get them snacks. We’re only delivering once a month, like what’s happening for the rest of the month?”*
- *“This year we don’t have the 21st Century afterschool program running, so we don’t have the activities for the kids, we don’t have snacks, we don’t have anything going on...And if it’s not going to come from 21st Century then we need to have something right now, there is nothing... There is no structured socialization process happening.”*

Lack of access to vision and dental services and resources also was noted.

- *“We have kids who need glasses but the parents can’t get them, can’t get to the place because they have to wait for a ride, or you know they tried to work it out with their insurance and then dental health.”*
- *“Some of the requests from families...a big one is dental health support, toothbrushes and referrals to dentists.”*

Older Adults

Aging in place, affordable housing, transportation, access to food, and other services were cited as chief concerns of older adults. In addition, participants shared that the use of technology poses challenges for older adults.

Ageism and aging-in-place were important concerns discussed by multiple participants. As one shared: *“Simple ageism- people assume that when you get older, you're constantly in decline, and then you're just going to simply pass away. And that's not necessarily a healthy way to look at the older adult population. Seniors have and still continue to contribute to the society, they can maintain their health, they can still thrive. So there is oftentimes the medical community and sometimes social service agencies thinking that seniors have nothing else to give back.”* In terms of healthy aging, older adults connected to the faith-based community and senior-serving organizations seem to do better than those without social connections, observed one participant. Another stressed **lack of medical provider training in geriatrics** as problematic and noted that providers need to focus on the whole person, not each separate diagnosis.

Participants also highlighted the **challenges of aging in place on a fixed income**, and that many older adults were not prepared financially. As one participant shared: *“There are a lot of older adults who are growing older in their own homes by themselves, they're on a fixed income. Oftentimes, the income doesn't keep up with the taxes that they're having to pay. And the services*

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that they need, they no longer can mow their lawn, plow their driveways, they become shut in. ... In part this is due to older adults brought up thinking that Social Security was supposed to support them and give them an income the entire rest of their life. So, we're seeing a lot of poor seniors needing supports and services that we just don't necessarily have, but they're not Medicaid eligible quite yet."

The shortage of home health workers due to lower wages than those paid in nursing homes and competing businesses was also identified as a factor limiting aging in place. *"There is a severe shortage of direct care workers to help people in their homes. So while we want to keep people out of the nursing home and keep them in the community, there's just not enough staff to do it. The staff and homecare agencies are generally paid lower wages than someone who works in a nursing home."*

Lack of understanding about Medicare and covered services was shared. According to one participant: *"Seniors are overwhelmed with Medicare information, scam calls, internet scams and they are fearful & paralyzed and do not know who to trust."* In addition, older adults may not realize that hearing aids, vision and dental care may not be covered by their Medicare plan. *"So all of those body parts are treated differently so ...even though you have Medicare, which sounds like a great plan, you might not have parts of you that can be cared for under it."*

The **digital divide and use of technology** pose additional problems for older adults trying to access services and information. People assume you have a smart phone and understand how to use the technology.

- *"The senior population, as they grow older, the 65 and 70 year olds have some fluency in technology and smartphones. But as you get into the 75s, 85s, 90s there is absolutely a dearth of willingness or access to technology and Wi-Fi and a lot of our services have become online. So accessing information that used to be through your primary care doctor is now being put on them to research."*
- Physical changes due to aging also pose technology challenges. *"My mom's 79 years old, legally blind, hard of hearing, she cannot make an appointment because she can't, when you say press one, press two, it's just overwhelming. ... So they're not user friendly for the older population. I just know, I have to make all our phone calls."*

The need for assistance with transportation was cited as a major challenge to accessing health care and other services. Older adults may have mobility issues that preclude them from public transportation and face concerns about being charged additional fees if they are late for or miss their scheduled appointment. In addition, family supports may not be available. Many adults need assistance in scheduling transportation for ongoing health care services such as post-surgery follow-up visits and physical therapy.

Other Impacts of the Pandemic

Mental health concerns due to social isolation, particularly among older adults and youth due to school and senior-serving organizations closings during the pandemic, was noted. The pandemic also posed challenges for older adults particularly associated with having to go online to find

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COVID-19 resources, such as testing and scheduling vaccination appointments, and engage in telehealth visits.

Suggested Actions

Raise public awareness about community resources and services in venues where people go, as well as online. *“Promotion of all resources to all people.”*

Identify community needs and coordinate programs to match the needs identified.

Create intergenerational opportunities to address community needs, such as de-stigmatizing mental health, 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.”*

Create more affordable senior housing through public-private ventures. Consider working with organizations such as Habitat for Humanity and others to improve habitability and provide solutions such as “tiny homes” to address homelessness.

Create mini-resource centers with co-located services in schools and community settings. Include services such as health care, employment training and assistance, food resources, financial assistance, and care coordination so that barriers to accessing needed services (transportation, time off from work, etc.) are reduced. *“It would be interesting to have a one-stop-shop place so if you need mental health assistance, need to talk with a doctor, food resources, it’s just easy access, so there isn’t a bunch of transportation needed.”*

Work with foundations and other funders to support community collaborations by funding staffing to facilitate the coalitions and collaborative work, and incentivizing community-based organization staff to participate in the coalitions.

Expand training for health and community service providers in trauma-informed care.

Provide more structured activities for youth, including opportunities for *“non-athletic youth to socialize face-to-face not via devices.”*