

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

Community Assets

Access to safe community parks that are nearby provides opportunities for physical activity and “fresh air.” *“This is the first time that I’ve lived in a place where I have the choice of so many community parks, where I can walk and get out, and enjoy the fresh air, that to me is an asset, being five minutes within open space, that’s safe and welcoming.”*

Healthy food access for individuals facing food insecurity was identified as a community asset. Food cupboards, such as the West Chester Food Cupboard and West Chester Co-op, were noted.

Health care is seen as accessible for under- or uninsured individuals and by public transportation for some county residents. One participant shared: *“Community Volunteers in Medicine has doctors, nurses, mental health staff available to walk in even if insurance is a barrier.”* In addition, hospitals were noted for improving access to needed health information: *“I follow a lot of the local health hospitals and health systems on social media and find a lot of helpful information that way—safety tips, health tips, it’s interesting.”*

Key Challenges

Common health problems identified include high blood pressure, diabetes, heart disease, mental health and substance use, aging and dementia, and dental health. In addition, health conditions across generations were cited as problems with environmental underpinnings. *“In the lower east end of the borough, I would say there is more respiratory problems here, there’s more cancers here in the area, because this section is more or less a toxic section. This didn’t just start, this is a generational thing, from my grandparents up until now.”*

Access to physical and mental health care services was viewed as problematic, particularly for those on Medicaid. Insurance barriers and long wait times to receive primary and specialty health care and mental health services were noted by several participants.

- *“I am concerned about access to care for some physical health issues as well - some specialists don’t have available appointments for months. Dermatology is one. Physical therapy is hard to secure currently.”*
- *“Mental health under Medicaid has long waiting lists. Dental is not accessible for lower income on Medicare. I have seen people seriously ill due to teeth [problems] and the hospital couldn’t help.”*
- *“A lot of people in my neighborhood do [have Medicaid]. And unfortunately, we have to travel outside of West Chester a lot of times to get help. It’s feeling like, to a certain extent we don’t belong here, and that certain providers just don’t want to deal with us simply because of the insurance that is associated with us.”*
- *“I’ve seen others in a situation where they’ve been in a mental health crisis, and the services for them here just isn’t available. We would have to go to Coatesville or even Paoli, I don’t drive so a lot of times until I got my insurance changed from one particular Medicaid provider to another, I would have to travel on two buses.”*

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Healthcare providers need to put more emphasis on chronic disease prevention provided by trusted sources. One participant said there needs to be more *“emphasis on prevention, what prevents diabetes, what prevents high blood pressure, and to keep reinforcing those messages. Who is the conduit that you’re using to get those messages across? Because if they’re coming from someone that you trust, that you have confidence in, that you believe in, you’re more than likely to listen to those messages.”*

Overcrowded housing on college campuses, with the potential to spread COVID infection, was cited as a concern. One noted: *“There’s been a huge concern in a large part of the borough just, because there are so many folks in some of those houses that are very close together. ... The students are living close together and they’re young, they think they’re immune to a lot of things. So, there is infection, or was infection in those houses. So, I think that’s a concern.”*

Delayed access to affordable mental health services due to the limited number of providers was identified as a concern. According to a participant who works with adults and children who are housing insecure: *“One of the biggest challenges that we see with our participants is having readily available mental health access for them, meaning sometimes appointments can be three, four, six months out, and that doesn’t help the need right now. So, there is a limited number of available mental health professionals, or mental health professionals that will be in-network, for a majority of the families that we are working with in our program.”* Another commented: *“We need to have more affordable counseling services and therapists.”*

Mental health acute care facility beds for children and adolescents in crisis are often not available in the area, necessitating long stays in the emergency department or going outside of the community, often as far as Pittsburgh or out of state, to obtain care. For those lacking transportation, this is a major challenge, even if there is a facility available in another county. A parent of a child with an intellectual disability disclosed: *“It’s difficult because there’s no short-term care facilities for people with developmental disabilities here. We went through an issue where my son was eloping every single day, five and six times a day...it got to the point where his safety really was a concern. We went to the ER because, you know, you have to have that medical clearance in order to get an emergency placement. We sat in the ER for four days because there was no placement for him ... And then to hear, ‘Well, the only place we can send him is Pittsburgh.’ It’s super frustrating that there is no short-term acute care for even typical children in this area.”*

Social Determinants of Health

As noted above, one participant linked environmental conditions to higher rates of respiratory disease and cancer.

Individuals with health conditions that prevent them from working may experience housing insecurity. A participant who works with people experiencing housing insecurity shared: *“We do have some families with mortgages, there’s even less [assistance] for individuals or families that have a mortgage who are also having health crisis, like cancer or other mental health issues that prevents them from being able to work full-time. There are not as many federal*

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or state, local resources to help families with mortgages, a lot of assistance seems to be for families who are renting.”

Access and ability to use technology to navigate the health system pose problems for many in the borough.

- *“For some the only access they have to technology is their phones, and that doesn't necessarily give them the same opportunities to connect with healthcare providers for the kinds of services that they need. There's a segment of our population that wants to be able to pick up the phone and talk to a real person and get some answers, and some problem solving that is often not available when you get a recorded message and have to figure out how to navigate that to really get to a person who can help you.”*
- Another expressed frustration with having to utilize portals to provide sensitive personal information, get test results, and other information. *“It's almost the dreaded portal if you see a doctor, and you get an email that says welcome to our portal, now sit down and include all of this information. At a certain age you don't want things coming to you via the computer asking you lots of sensitive information every time that you see a doctor who might (be in a different) health system. ... Just something to think about, it's great when you're in the same system, but if you happen to have doctors in multiple systems then you're in multiple portals, and that can be a little bit intimidating.”*
- As one participant summarized: *“There is such a dependence on technology and apps for appointments, results, messaging providers, etc. Anyone without a smart phone or not tech-savvy can struggle with this.”*

Application processes at doctors' offices and agencies were also identified as posing challenges to accessing health care. According to one participant: *“The application process sometimes for some of these doctors or to get into an agency, some of the questions are really difficult or embarrassing ... sometimes you don't want to fill them out, because of what they say. They ask some questions that you might not think you should have to answer in order to get help. The intake process sometimes can be really intimidating.”*

Communication that promotes using peers as trusted messengers is important to equitable access to information. Several people noted the importance of trust in providing credible information that encourages people to make healthier choices.

- *“People only trust people that they know, or people that look like them, or people who talk like them. And that is part of the problem ... if somebody tells them something, and they don't trust that person they're not going to believe it. So, trust is the big issue.”*
- A participant who had received a kidney transplant shared: *“You've got to be cognizant of who's sending the message to whom. When I go to a dialysis facility to talk about transplantation or just adherence to dialysis people listen to me differently than someone else, because I've gone through that process. A Hispanic person is going to listen more closely to a Hispanic person, a male's going to listen more closely to a male. That's just the way many people are cut that that's what's going to happen.”*

While transportation was seen as an asset by some individuals, others felt transportation posed challenges in accessing health care. Given the need to travel outside of West Chester for some health and mental health services, public transportation may require taking multiple buses

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or forms of transportation to access care. Based on the distance one needs to go for service, Uber and Lyft may be expensive. For those who utilize paratransit (Rover), concerns were focused on the application process and long wait times for return transportation.

- *“To see my regular doctor, and my orthopedic doctor, are very, very expensive - Uber and Lyft ride, \$50 one way.”*
- *“For the most part, you have access to Rover, but it can take a while to get set up with them. There's also the issue of, it could be hours that you're stuck in a place, your doctor's appointment could be at 10:00, you arrive at 09:30, your doctor's appointments over at 10:35 and 12:30 or 2:30 even, you're still waiting for transportation to get back.”*
- Another participant said access to the dental clinic in Coatesville requires a 30-40 minute bus ride. *“Transportation to these services is very difficult. I see is a major struggling point for people in the West Chester borough area.”*

Transportation barriers pose issues with accessing food and other resources as well.

“There's no grocery stores basically in the borough anymore. If you don't have transportation, it's difficult for you to take the bus to go to the supermarket to ShopRite to Acme, there's no bus for Giant, there's no transportation that goes that way. You may not be able to pay for Lyft or a Uber driver, so you depend on friends, relatives, or you find yourself going to Rite Aid, other drugstores or, because there's not really any mom and pop stores in the borough of West Chester anymore, you find yourself going to Wawa, that's not healthy.”

Children and Youth

Access to mental health services and resources for youth and families was identified as a major concern. Schools were seen as playing an important role in supporting the needs of youth dealing with behavioral health issues and their parents.

- One participant shared that mental health was impacting school truancy due to the need for more supportive services. *“As a result of that anxiety, depression, and other mental health disorders we do end up seeing truancy issues, because the kids are not receiving the supports that they need to get through what they're dealing with...Help give parents that support through the school system.”*
- A parent reflected that *“our children and teens have been through a nightmare in the past year and a half, and I feel like they're the group that's being ignored as far as their mental health. ‘Oh, you're young just deal with it.’ I think that people are less concerned when it's children, but in reality, there has to be more services.”*
- Lack of access to local crisis care facilities was mentioned in relationship to transportation as a barrier. *“Even parents who drive don't really want to have their child two, three, four, five, even eight hours away.”*

Encouraging healthy lifestyles among youth, such as nutritious diets and physical activity, was highlighted, as was the need for more opportunities that support positive youth development.

- *“You don't see children playing outside anymore and youth need to be encouraged to get out of their homes.”*

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- Another shared that *“afterschool programs encouraging being active - parks and recreational events and sports - and education in schools for a healthy lifestyle, you need to start them early on...When you educate children in elementary and middle school years, that’s lifelong learning.”*

However, several participants stated that despite the availability of parks, schools that have sports, and other afterschool programs such as those that also provide healthy snacks, some children are not able to take advantage of them due to cost, working parents, and transportation. *“But, you know, a lot of a lot of children have to come home after school for whatever reason, and during the summer you don’t have those afterschool programs. And a lot of folks cannot afford organized sports activities. And because parents are working they can’t get the children there. So there’s a whole process of encouraging people just to get outside their houses, apartments ... maybe it’s a walk around the neighborhood with somebody, but a lot of people stay inside on their books, TVs, computer.”*

The same participant continued: *“There’s no encouragement, there’s no community involvement to say: ‘Hey kids, let’s go rake so and so’s leaves.’ And childcare centers, their kids all walk to one of the parks on a daily basis. You know, maybe that’s something that can be expanded upon. ... So there’s a whole level of involvement that we as a community are not addressing. And it’s relatively simple if we all do that together.”*

Safe and convenient childcare was mentioned as lacking and difficult to navigate for some. *“There does not seem to be enough available safe childcare that families can choose from, and then on top of that different subsidies that they can receive, that whole application process does take time.”*

To improve health equity, multicultural role models from professions such as education and health care are needed to build trust and inspire youth of all backgrounds to enter these fields. *“I think that it’s really important that our children see reflections of themselves in their teachers, in their healthcare providers, in the people that are charged with caring for them and educating them, and also that they hear things that reflect the accomplishments of the cultural group that they belong to. And so a Latinx child should see a doctor that speaks their language and looks like them, a black child should see a health provider that looks like them, that relates to them. And so that’s an important message when we’re asking people to trust - it’s about where the message comes from, but also where the care comes from.”*

While many organizations serve youth and families in the community, efforts are often uncoordinated due to lack of communication between the various programs and organizations. Community conversations that increase awareness about resources and promote more coordinated services were seen as a potential solution. *“If all the organizations involved, all of the community partners, our faith-based partners, our school districts, our police, if everybody can communicate when we are all helping an individual or a family. I think there’s a lack of communication between all of the parties involved in helping any one child, adult, individual, family. ... What we’re doing right now is just having a conversation to bring awareness to the various issues. And I think it’s important to start in settings like this and just*

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build upon that, and like what so many have said ... we could do better as long as we figure out how to spread awareness and represent everyone in our communities equally.”

Older Adults

As is true for youth, older adults need to be mentally and physically active to promote good health. The need for more activities that engage older adults in activities that are mentally challenging and promote physical activity was stressed. *“I think a lot of the same concerns we have with our youth are the same concerns with our seniors. Every doctor I've ever spoken to has shared with me that to stave off some aging diseases, stay active mentally and physically. And for not making opportunities for our seniors along with our children to do those two things I think we're doing a disservice to the younger generation and the senior generation.”* Another participant mentioned the need to address fall prevention and mobility issues for older adults.

Caregivers may lack the knowledge needed to help aging relatives make informed health decisions and manage their health issues appropriately. Concerns about pain management, medication adherence, and memory issues among older adults were mentioned. A participant with caregiver responsibilities for relatives said: *“I'm surprised that prescription narcotics are still being prescribed so readily. ... I worry about balance issues, fall issues, and also one is still driving which makes me nervous. My mother's doctor hasn't had a conversation with her about memory, and what she perceives to be her memory issues. And I don't know how we address this. ...I just hate having the conversation with my mother not knowing what's clinically appropriate for someone who's 80 years old and having memory issues. I would love help with that. ... And medication management, every single one of them needs pretty extensive help making their medicines match their current prescriptions and the current dosage for what they take every day. I think in my experience it's a pretty widespread issue.”*

Care coordination communication among healthcare providers, and having a relative or person available who can advocate on behalf of the patient when being admitted or discharged from the hospital or other health care facilities, were seen as problematic. *“I've seen breakdowns between nursing homes and hospitals with the care instructions... I've met my mom at the hospital ... nothing was sent, nothing was, you know, asked for, thank goodness I was there. I don't know what people do when, when no one meets them there, which has been hard with COVID.”*

Other Groups

Participants identified individuals with disabilities and those with limited English proficiency as populations whose health challenges are sometimes overlooked. As one participant observed: *“They're often considered invisible, because people don't necessarily pay attention to what is absent from their lives, because of their disability. So, people with disabilities, both physical and mental, often fall through the cracks, along with people whose first language isn't English.”*

Other Impacts of the Pandemic

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Lack of public awareness about where to find information regarding COVID vaccination sites and how to schedule an appointment, particularly among lower income communities, was identified as a barrier to immunization. Accessing this information for those with limited English proficiency was also identified as challenging and the need for interpreters and translation of materials was highlighted. Access to technology was cited as another barrier to obtaining COVID vaccination.

- *“It seems that until recently healthcare providers in this area did not really care about whether people were getting even the regular vaccinations ... or there was no PR about oh, you can go to the Chester County Health Department if you have no insurance or things like that. It just didn't seem like a priority to reach out to the lower income folks in the neighborhood. And that's not just people of color, or our Hispanic and Latino neighborhood, but it's even the poor Caucasians as well.”*
- With regard to language barriers and access to technology, a participant shared: *“I think that one of the other things are issues of language. I know for people who were trying to register to get their vaccinations early on, if they didn't speak English, they had to navigate how to get to someone who spoke Spanish or actually have a translator to help them get a scheduled appointment. During the pandemic I talked to a lot of people for whom English wasn't their first language, so they would bring someone to the phone to get scheduled for an appointment. ... They didn't have a computer or a translator.”*

However, community connections and use of trusted messengers, established or enhanced during COVID to advance vaccination, were seen as positive outcomes of the pandemic that could be expanded to address other health and social concerns in the future. *“I agree there were both ups and downs of the pandemic. I think one of the things that we really learned though, was that where people could connect were great opportunities for the hospital. So, if you could connect to churches, you could connect with a large group of people. Even though churches weren't meeting, there was an opportunity to connect.*

The same participant stressed building on these community connections: *“I was one of the people who did vaccination registration for the hospital. Those people still call today. ... They just want to have an opportunity to talk to somebody that they believe helped them in some way. I hope that the hospital would take advantage of those new connections, and reach out to people. They're not on computers, at best they're on telephones, and a lot of the time they're alone. I'm hoping that we'll learn from the ways that actually were effective and use those to access health care.”*

One participant talked about **vaccine hesitancy and the importance of education and using trusted individuals/messengers to make connections and encourage vaccination.** *“It's not really vaccine hesitancy, its vaccine lack of education. What we found working with the hospital here is that when you put the right people in place that can reach those minority communities, and you make opportunities for those minority groups to come into a facility and receive a vaccination, to receive vaccination education, and to have that dialogue. ... It's amazing what happens when those same individuals go back to the group they came from, and say, ‘You know what, those people do care about you, those people are interested in you. So, go see them and get vaccinated.’ It's just a matter of having a specific sincere outreach and tapping the right individuals that can connect with those people that need to vaccinated. And that was with all*

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minority groups - Black groups, Hispanic groups, aging groups, you name it, we had groups of all race or ethnicities that were impacted by our outreach here for the pandemic.”

The pandemic was seen as having increased social isolation and, for those without access to technology, isolation may be even more profound. *“I think the pandemic showed everybody how isolated they are, and it enforced isolation on large segments of the community, those folks in nursing homes, those folks who are single and live by themselves. But unfortunately, as we’ve started to come out of the pandemic, a lot of folks have now gotten used to the isolation of staying alone. I’m encountering folks who no longer want to travel anywhere to visit anybody. ... I think a huge unfortunate byproduct of the pandemic is isolation. People aren’t checking on other people anymore. If you’re not on Zoom, you know, you don’t see another face. And I don’t think there’s an answer for it, unfortunately.”*

Suggested Actions

Increase school and afterschool health education programs to encourage and establish healthy lifestyles among youth and their families.

Increase opportunities for youth and older adults to be physically active and mentally challenged.

To address health disparities and health equity, hospitals should put more emphasis on chronic disease prevention, access to free preventive care, and prioritize expanded access to affordable and timely mental and behavioral health services. Hospitals should continue to develop and build on community connections, and use strategies such as trusted peer messengers.

Community conversations and systems that increase awareness about resources and promote more coordinated services for individuals and families are seen as priority actions. Systems should connect people to existing resources, avoiding unnecessary duplication of programs and services.

- *“The easier that we make it for people to get the things that they need, the better. So, almost like one stop shop, and it may not be that the hospital starts providing food, but you connect with a case manager at a food bank who makes sure that that part of the issue is going to be solved.”*
- *Another cited the need to coordinate, not duplicate, services: “All too often, organizations see a need and they want to provide that service. For instance, during the pandemic we had a number of organizations that wanted to open a food pantry. And the response, the correct response is, no, you don’t need to open a food pantry, you need to help us guide you to the food pantry.”*

To impact current and future health equity, multicultural role models from professions such as education and health care are needed to build trust and inspire youth of all backgrounds to enter these fields.

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To improve health equity, promote multilingual alternatives to technology-mediated communication to raise public awareness about and utilization of health and social service programs and resources. *“Chester County Hospital/Penn Med and Main Line Health used to mail out monthly/quarterly pamphlets with information. Great resource that could be expanded on since it isn't technology.”*

Hold more open forums/community conversations that drive community identification of issues and community-led solutions.