

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

Community Assets

The built environment, local parks, and outdoor spaces located within walkable residential areas promotes opportunities for physical activity.

- *“In Coatesville, we have nine parks located within residential areas... and easily accessible for children’s play.”*
- *Parks support multiple sports leagues for youth: “There’s sports leagues from the time kids are from five on, you name the sport, every Saturday out in the parks. And so I think that, from a children’s perspective, and from a family perspective, there are a lot of activities, especially sports for children to be involved in through the county.”*
- *Walkability was noted as an asset in West Chester, with restaurants, churches, shelters, and food banks all within walking distance. “Most people who live in the borough can actually walk to the hospital and do get around mostly by walking, which is good for them.”*

Social service organizations were noted for their support of individuals and families experiencing housing insecurity/homelessness, food insecurity, and for provision of services and activities for youth. In addition, the Alliance for Health Equity, formerly the Brandywine Health Foundation, was recognized for facilitating coordination among the social service organizations. *“Their ability to bring us (organizations) together and take us out of our individual silos, and really push us as a network to be collaborators.”*

- *“Chester County’s fortunate to have a strong network of social service agencies that run the gamut of community needs. I think the strength of those organizations has really shown throughout the pandemic ... that the county believes in us and commits to us, and that we were all able to respond in ways to the pandemic.”*
- *“There’s a lot who are in need, and the Chester County Food Bank is a place where they can go to get fresh vegetables, and all kinds of foods, and that’s in walking distance for the people that particularly come to my church.”*
- *“WC Atkinson low-income housing, the shelters like Safe Harbor... to be able to have a place for the men to go, and not be on the street, gives them a home, which also helps them physically, mentally, to be able to survive in the community, be able to have somewhere to go. ... There’s a shelter for women and children. So I think providing those resources to individuals is very positive.”*
- *“The Melton Center is a great hub for people to have their youth engaged in sports and all kinds of activities. The people that I minister to in the area, they really use the community center a whole lot.”*

The majority of participants acknowledged the “strong sense of community among residents” and saw this as contributing to the health of the community.

- *“The community is rich with resources and answers amongst the people who live, eat, breathe, sleep, work, educate themselves there. That’s where the secret sauce is. So I’m going to say the sense of community adds to – contributes greatly to its health.”*
- *“What I’m finding in my work as I continue to build relationships, is the willingness, the openness, the sense of community. But the sense of community that says, ‘You know what, I can pick up the phone, say I have a need,’ we can think about, talk about how that need might get met. ... But the sense of community, authentic community, rapport amongst people helps contribute to the health of the community.”*

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- *“There is a tendency to share spiritually with people ... to be able to reach out. That’s very important for community – for minorities and educators, because we want to reach out, and we want to educate and give accurate information. So that sense of community is something that Coatesville has, and I hope that’s something that can be built on when we look at the various healthcare needs of a community.”*
- *“We just did a prayer vigil for a young man that lives on my street, that was killed. So we came together as community, 100 strong out in the street just a moment ago. I said the prayer, and we united, and loved up on the mother, and called for solidarity in our community.”*

Key Challenges

Major health concerns identified include diabetes, hypertension, asthma, COPD, smoking, dental care, and chronic pain management.

- *“I was also concerned about smoking, the amount of people I see smoking, dealing with asthma, COPD.”*
- *“Dental issues, I’ve seen people get all of their teeth pulled. Some people think, ‘They’re only going to pay for one partial, or one set. I don’t want to go back and have to have another set, and they won’t pay for that, so I’m just going to have them pulled.’ I don’t know all of the ins and outs about the dental industry and insurances, but I just think the hospital could be really key in saying, ‘Hey, let’s not do that. ... There’s other options out there for you.’”*
- *“Sometimes I see those that are addicted to pain medications. They’re having difficulty with pain management, and they go to the hospital because they’re hoping to get morphine to ease it. So that lasts for a little while, and then they’re back with the urge of wanting prescription pain meds again. I’ve heard of people sharing medications or trying to get medication from other people in the community. And so I think that addiction to pain medications, or people who deal with chronic pain need to be on our list.”*

Reluctance to seek care, resistance to taking medication or not taking it as prescribed, and lack of health insurance or inadequate coverage were acknowledged as healthcare challenges. One mentioned people she knew *“bragging that ‘I haven’t been to the doctor in ten years’ as a good thing. Or ‘I never go to the doctor.’”* The same participant added that some people in her church believe if you *“take Alka-Seltzer cold and flu, that cures everything. I’m not going to the doctor, I’m not taking that medication. ... So we have some work to do getting people to take their medication and go to the doctor.”*

The majority of participants cited mental and behavioral health as a major health concern for adults and youth. Challenges related to obtaining mental health care include those related to insurance, transportation, and limited services available, particularly for youth. One participant cited the need for service provider training in counseling, given the need and lack of available mental health services. Another participant noted that inequities exist in access to mental health and substance use treatment based on ability to pay.

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Trauma-related issues, such as those arising from unemployment, homelessness, exposure to violence, and grief over losing friends and family members to violence and the pandemic, were noted as impacting mental health and well-being.

- *“Access to adequate mental health is a critical issue in our area. For individuals with mental health issues, it’s very difficult for them to make their individual appointments, it’s difficult to sometimes even get their medications because of a lack of transportation. ... Even though we do have some mobile mental health, it’s limited, because the issue really is vast in our area.”*
- *“Violence is a public and mental health issue as well. So when you have all of these mixtures, add in lack of employment, you’re going to have this unfortunate cocktail of health issues, because you have all of these things that are misaligned.”*
- According to a participant who works with people experiencing homelessness: *“80 percent of the men have an issue related to mental health, but we also see it in the wider community as well.”*
- *“As a service provider, it feels like a very big challenge to find those support systems when they’re needed. So if someone walks into my facility and it is apparent that they could benefit from some mental health counseling, I find that when I make a phone call looking for support, assistance, referral, unless that person’s in crisis, of causing harm to themselves or others, my only recourse is to be a friendly shoulder. And I feel like that’s a huge burden on me as an individual because I don’t feel that I have the training or the resources to potentially be talking somebody off of a ledge...I think pre-COVID, amidst COVID, and coming out of COVID, we have got to stop brushing mental health under the rug, and admit that it’s here, and admit that we’re not doing a good job with it, and really start figuring out some solutions. Because I think we’re going to create a new mental health crisis for folks like me, who feel this pressure of ‘how do I help these individuals that I’m not sure that I’m helping them adequately?’”*
- *“Grief has been a real issue for staff [working with youth]. So little ones are grieving parents that are incarcerated. They are grieving grandparents that they’ve lost through COVID. They are grieving the loss of friends. I think young people grieve for other young people, when they hear about school shootings – even if you don’t know that school, you’ve never been to that town, the very fact that somebody went to school today and was killed I think has a broader effect than any of us realize – which moves us back into mental health. I also think that seniors have a real issue as relates to losses. I had a woman that stated, ‘Here I am, 93, and all of my friends are dead. Why am I living?’ She doesn’t want to be a burden on her family members. I think grief dictates a lot of issues as it relates to health.”*

Social Determinants of Health

Participants talked about the impact of social determinants of health through an equity lens that included access to food, transportation, housing, technology, and resources/services in the community. Community violence and poor health, particularly mental health, were seen as outcomes linked to the social determinants of health. One participant shared: *“With the Alliance, we do focus on the social determinants of health. These are all the things that we’ve known for many, many years, but, of course, COVID began to shine that spotlight even more.”*

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Several participants pointed to “systemic racism” and the importance of “looking at things through an equity lens” to improve health in the community. One noted that *“COVID had really put a spotlight on so many things that folks from the community have known for many years. I think it’s important to note that in Chester County, with some of the systemic beliefs that have been present, some of the systems that have been in place, those are things that are still very much a part of the conversation when we talk about advancing health in communities.”* **More conversations that consider racism and equity as part of the solution are needed.**

Access to healthy, affordable food was seen as a challenge due to lack of supermarkets in the community, transportation limitations, and financial concerns.

- One shared that access to fresh food was “limited” and that *“while Coatesville is walkable for 12 blocks, there are not grocery stores. We do have some on the outskirts, but from 1st to 13th Avenue, there’s limited access to groceries.”*
- Another talked about lack of income as an access issue. *“People not having the same access to resources, because I live right next to Trader Joe’s, but not everybody has Trader Joe’s money. So it’s easier to go to Wendy’s and get the dollar menu than go to Trader Joe’s, because I don’t have enough to support myself.”*
- Another cited the impact of these issues on the community: *“So when you have all of these mixtures of things happening, then it’s inevitable that it’s going to impact the health of your community.”*

Transportation was seen as an ongoing problem in the community. One described transportation in the county as fragmented and having been an issue for residents for a long time: *“I feel like it was talked about when I was a child, and all throughout my professional career: lack of public transportation to move people throughout the county. It seems to continue to be segmented, fragmented. ... I think the advent of technology, with Uber and Lyft, and all these other opportunities has certainly helped, but I think we’ve got some work to still do.”*

The paratransit system that serves older adults was seen as sometimes unreliable and cumbersome, and impacting access to health and social services.

- *“The paratransit service, which in Chester County is the Rover buses, when it works, it works great, and when it doesn’t work, it doesn’t work. Having to rely on a service such as that to get yourself to a doctor’s appointment, whether that’s preventive care or a scheduled surgery, you may have to leave your house as early as six o’clock in the morning to be dropped off at the hospital for a ten o’clock appointment, and not being picked up until six o’clock at night.”*
- *“Coordinating public transportation with social service providers, such as the six senior centers in the county, and coordinating the rides for people to come into our facilities each day can be a challenge...So I think until we fix this transportation piece, we’re still leaving people isolated and reliant on the services that they can find within walking distance to their home.”*

Affordable housing was identified as lacking in Chester County. A participant who works with individuals who are housing insecure said: *“We work with those facing homelessness and one of the struggles in this community is finding affordable housing. If people can’t find affordable housing, that’s a trauma of its own. It relates to mental health, it relates to all types of*

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other issues. Finding affordable housing in Chester County has become a huge issue.” Another person agreed and shared that “there are currently 90(ish) families still unhoused as a result of Hurricane Ida due to the limited affordable housing inventory.”

Some older adults may not have needed technology or lack the ability to use technology and require assistance. In addition, as one older adult noted: *“Some older adults prefer one-on-one communication because sometimes you just want to talk things out. ... Everything is so automated in the senior world. I’m just learning to be able to use my smartphone. My phone is smarter than me. You’re not used to a phone or a computer. So that keeps you out of the loop for information if you don’t have anyone assisting you in the family. So you need someone else to help you, because you don’t have a phone, you don’t have Facebook, you’re not on Twitter, so you are out of the loop of what’s available, and what’s going on, other than the dire stuff that you hear on the news.”*

The majority of participants noted the public was often unaware of existing community resources and that adults looking for assistance may feel unsupported.

- *“When you’re in a community, and you don’t have the resources, and you’re in a system that basically you feel is not supportive of what you need, it’s hard to see through that. When the adults are feeling that way, it’s filtered down to the children.”*
- Another cited the difficulty in finding needed services: *“Luckily enough, we found services, but as many have mentioned, we had to really hunt and educate ourselves to find those services to help us.”*
- The need to increase public awareness about community resources through education also was raised: *“I think it’s very important to educate the community on the resources that are available. You know, there may be resources that are out there, but we just don’t know what they are. So whether it’s a billboard, whether it’s something that we focus on like mental health, ‘this is where you go if you need assistance,’ whether it’s a poster, a flyer, or something that comes out, so the individuals know...If the system could just educate more on what’s out there.”*

Children and Youth

Mental and behavioral health issues among children and youth were raised by most participants as a major concern. Substance use among caregivers, grief due to overdose deaths and the pandemic, and teen substance use were all seen as issues that impact mental health of youth. Substance use was seen as affecting all youth regardless of race, ethnicity, social or economic background. Social and cultural media exposure were also described as influencing mental health in youth.

- *“Mental illness, it causes a drug problem. Coatesville has high drug use because people are depressed, and not knowing where to go. The children piggybank off of their parents being a drug addict, or because they’re latchkey and no mother at home and the elder child has to look out for the younger child, which is not their responsibility. There’s a lot of depression and mental illness. ... And there’s a different standard now, because the mentors to these children are the rappers. When I was a child, it was Martin Luther King, and people that let me fly to the sky, and let me know that I can be better, and I can be a dreamer, and I can have all of my dreams. Now we have these guys who tell you ‘You’ve got to have a gun,*

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you've got to smoke weed.' It's a different time period that our children are being engulfed in, a different mindset."

- *"We've entered a period where people can buy drugs online, unfortunately, that's where we're at. Kids have access to cell phones, they have access to certain things. So we know that definitely goes hand-in-hand with the mental health."*
- *"I've seen children of all colors, all backgrounds suffer - it goes across economic, social, economic divides, and hits rich, poor, all folk are going through it. A few years ago we lost students to drug overdose. The thing is, people don't necessarily want to talk about it, it's hidden, we keep that among the family. The rich can send their child to Florida to a treatment center because they have the money to do it, but those who do not have that, it's that imbalance of having the resources to be able to keep it in the box, rather than have it all over the place."*
- A school nurse expressed the need to address mental health in children: *"I know that mental health is an issue that is all over. ... They're cutting themselves, they don't know how to cope with different situations, and really don't have resilience. I think that's a lot of the reason why we're seeing a lot of this violence that's going on in the streets, they don't really know how to channel some of that anger. Our kids are our future. If we don't deal with it now, then they turn into adults, and then we have a bigger problem on our hands. So I think really addressing the mental health in children is important."*

Citing that school districts are experiencing at least one or two children committing suicide each year, a participant involved with youth talked about the inequity of mental health services available across school districts. *"There's the haves, and the have-nots, and our district is able to have mental health professionals within the school, but not every district is able to do that, or be able to afford that in Chester County."* Another agreed, saying: *"Some districts are able to do it based upon a tax base, and they can be able to afford it, but others can't, and that's the disparity you see. Even in Chester County, one of the richest counties."*

The impact of the pandemic on the mental health of students and teachers and the **need for mental health professionals located in elementary through high schools** were noted. *"The school systems are going through their own mental health crises, students and teachers. There is an overwhelming backlog of being able to access certain services through schools. The teachers need support, the support staff need support. You know, the whole world needs therapy right now ... So if you've ever been an educator and been in those seats, you know that your work is beyond classroom teaching. So all I can say is that it's an exhausted system. When kids came back to school, that backlog, it just doubled... it's really difficult to handle the need right now."*

Other concerns about youth health raised by participants included lack of activities and services for youth and unhealthy diets. One participant shared that *"if the family at large is not healthy, the children are not healthy."*

- **Lack of awareness about activities and services available for youth, as well as limited constructive activities for youth,** were noted by several participants. *"Oftentimes, we hear a lot of young people, or folks who serve youth in some cases, say that there is limited access to services for youth, even though we're aware that they exist. And that young people don't have enough to do. So to hear that there's limited access for things for youth to do, again,*

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youth being at that heart, core of the community, you're also going to find a myriad of health issues, whether violence, and other matters."

- **Concern about the nutritional status of children's diets** was mentioned by several participants, with lack of time for home cooking due to work schedules and convenience cited as limiting factors. *"A lot of the children are living off of McDonald's, because we don't have those good old grandmas and moms that when you come home, you can smell the food cooking. So for them to get healthy food, they're picking up whatever they can. Some kids only eat a bag of chips. It just depends on how your mother works. If she works four to twelve, then you don't see your mother maybe until you wake up in the morning, and maybe your older sibling sometimes cooks, or you just get whatever is home. That's very unhealthy. We drank milk, and they are drinking sodas now, and Gatorade, and those type of things, whatever's convenient, or what you can get at the corner store."*

Older Adults

Participants pointed out that older adults often face stigma as part of the aging process and are assumed by society to be frail, sick, and socially isolated. Resources and services that promote healthier aging are available but may not be accessed until problems have arisen. *"We don't make aging an attractive topic in Chester County, not in Pennsylvania, not in America. We talk about aging, and we talk about it in such negative connotations, we joke about old people, we poke fun at getting gray hair. But this whole notion that getting old means we have to get sick, we have to get frail, we have to hurt, we have to ache, we have to not have friends - it's been such a misnomer over so many generations. Not only do we have to combat the social norms of aging, we also have to combat the conditions that social norms have been allowed to cause."*

The same participant added: *"So, relating that to health... - chronic diseases, arthritis, diabetes - all those things that become even more prevalent as we age. Add in social isolation, because people don't call grandma more, social isolation, because they don't call mom, or social isolation because they have outlived their friends, their family. And transportation, mental health, access to nutrition - all of these things just become a giant pile of comorbidities. The other unfortunate side is most people learn about an organization like the senior center when they're in a moment of crisis, and it's just unfortunate that they haven't found it before that crisis so that they could have the fun, and the access to these things that could help them live better, and healthier."*

Being on a fixed income can create challenges for older adults. Having to choose between food, medicines, healthcare, housing, and other basic necessities to pay for other required expenses can be overwhelming and impact well-being. *"I have a mother who's 92, and she lives alone, and with dignity. But the thing for her, she's still paying school taxes and that makes her go into her monthly budget. Because older people are very committed to taking care of their dignity and responsibility, she'll go without having something else. So, because she has to pay \$300 monthly to pay school taxes ... maybe she won't do things to stay healthy, like buying her medications, and going to the doctor - which deals with her mental health, and being able to keep the depression off of her.... They feel they're a burden, and things become overwhelming."*

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Challenges with obtaining home health care were discussed. Application processes are complex and can be time-consuming, delaying needed services. *“I’ve been through a process to get a caregiver to give me a little leeway from taking care of my mother. You have to go through the paperwork, the line, the referral, the checking your finances, to checking your deed, – and in the meantime, the need for the care goes on. So I’m like two months into still trying to get a caregiver for two or three hours a day to help me, because I still work. ... But I’m still going through the paperwork of it all.”*

Other Impacts of the Pandemic

During the pandemic, some people were faced with caring for family members who could no longer access care in nursing homes or other facilities. Being able to work from home allowed some families to care for loved ones that otherwise may not have been possible. A participant who was caring for a parent with dementia during the pandemic shared: *“I wonder if we were both working our full-time schedules in pre-COVID land, where we weren’t working from home, how we would’ve been able to take care of her in that situation, with both of us having to work and not be in the home. It would’ve almost been impossible.”*

The pandemic also increased the need to communicate through technology. While this may have increased access to care for some during the pandemic, the acceptability of the care was not always viewed positively. *“I would say that access to healthcare professionals using technology maybe created some ease. But I think, relating to my mom, who is currently addressing metastatic breast cancer, there’s a big difference between meeting with your oncologist on the phone, or on Zoom, and meeting your oncologist in-person, and being able to discuss your personal health needs. So while access may have improved in some cases, I don’t know that the holistic care was as equal.”*

Suggested Actions

Increase public awareness about and access to resources and services to address health and social needs. *“Maybe there are resources, but they just don’t know where to go. ... The system could just educate more on what’s out there.”*

Improve access to mental health services for youth. *“One thing that’s needed to increase equity across the schools in the county is for all schools, elementary through high school, to have mental health professionals on staff.”*

Address the digital divide and preference of some to use the telephone versus the computer to schedule appointments and communicate with health care providers. Create a hotline staffed by social workers or community health workers to advise and assist the community with health and social service concerns. *“Give them a telephone number, and they can call and talk to a real person, and someone that can listen to what their issue is, and maybe drive them, maybe they may have to make some other phone calls, and that could be a real person they could talk to and give them some advice.”*

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Create equitable, community-driven solutions by involving community members in developing and implementing the desired strategies. *“When you talk about solutions for communities, you’ve got to have people from the community in those spaces. It can’t just be the folks that say they have expertise. ...The first thing you better do is step aside and hear what the community has to say, what are their solutions? How can they be empowered?”*

Raise community awareness about racial trauma and resources available, such as the Racial Trauma and Resiliency Collaborative in Chester County, to help individuals get needed assistance and educate the community. Funding to support these efforts is needed.

Continue to support organizations, such as the Alliance for Health Equity, to enhance synergistic coordination and collaboration among community services.