

**2022 Regional Community Health Needs Assessment:
Geographic Community Conversation Summary: Central Delaware County
[Delaware County]**

Community Assets

Participants spoke highly of **local organizations serving the community, particularly faith-based institutions and senior centers:**

- *“We have a network of senior centers that I think are good, we have county ones and we have Surrey Services [a nonprofit serving older adults], which help keep the elderly from being isolated and offer them services.”*
- *“The church that I attend, we did have vaccine clinics [at the church and open to the public], and we have a food pantry, so that has been a benefit to the community.”*

Several participants spoke with enthusiasm about the **new Delaware County Department of Health**, expected to become operational in early 2022. *“I do think the health department that’s starting in our county is going to be a huge benefit, at least I’m hoping that that’s going to help some of us,”* said one participant. Another added: *“I think we’re real fortunate that we have the health department starting, and I think we’re really fortunate that we have a lot of community partners trying to get the word out about some of the issues in the community, trying to help with the immigrant population, and just trying to spread awareness of some of the issues.”*

Another important resource, one participant said, are the **area’s abundant medical facilities**. *“I think we’re very fortunate where we live, because we have such major medical centers, teaching hospitals, research, we have excellent hospitals in the area, and quite a few to service the population.”*

Key Challenges

Obesity, high cholesterol, diabetes and high blood pressure are common conditions in the area, several participants said. The majority also expressed concern about **increasing mental and behavioral health issues in the community, coupled with lack of provider capacity to care for many in need of behavioral health services**.

- *“There are more people seeking mental health services than before. I think the pandemic just has had a huge impact on so many people,”* said a participant whose organization provides behavioral health services. *“We have great health facilities and great mental health facilities that do quality services all throughout the county. The issue is staffing ... [a] huge issue right now. There’s more people to serve than there are to serve them.”*
- The above participant added that **lack of adequate staffing for behavioral health has resulted in delayed care**. *“[It’s] always been a low-level issue that has ebbed and flowed. Since the pandemic, it is out of control. There’s just not enough. And the only example I can really give is in mental health, because that’s where I work. And we have over 100 people waiting for services ourselves, and when people call in, they tell us that everywhere is on six months to a year waitlist. So, I know we’re not the only ones that are short, and I know in nursing and hospitals as well, it’s a problem.”*

Other participants spoke of **difficulty finding mental health providers who accept their insurance or who will only accept private payment**. *“We’re private paying for my son,”*

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shared one participant. *“It's quite an expense, but you have to have good care.”* Another added that, when insurance does cover mental health care, **available providers often are young professionals who often do not stay with the same employer for long.** *“If you do get covered, like medical assistance, insurance, often the employees are just out of school, they're training, it's a steppingstone for them. They get their one- or two-year experience, and then they move. And that's very hard on your patient, because they want that stability, and they develop that relationship, and they have to start all over again.”*

Several participants commented that **stigma associated with mental health issues is another barrier to care for many.** *“I think that the mental health stigma is a long-standing thing that we have to work on as a community. A lot of people feel that if they are seeking treatment for any sort of mental health concern—even if it's like anxiety, which everyone has—that there's a stigma to it, that they feel like they're being judged for that.”*

For those needing treatment for substance use issues, **services in the county are geared more toward longer-term users than those with less severe or first-time issues,** one participant said. People who *“got a DUI once and have [been to] the drug court, I think they struggle to get services because everything is for your chronic users who are impacted daily, and there's not much out there for a first-time offender to get services.”*

Social Determinants of Health

Housing. *“A lot of unsafe houses in the community—a lot of houses they [have] leaking roofs, flooding basements, mold, asbestos, definitely lead, chipping paint, [and] corroded windowsills where young children are crawling and touching things,”* commented one participant.

Transportation. Several discussed the lack of affordable or convenient transportation for people who don't drive, making it difficult to access health care or other essential services. *“Transportation, that is a huge barrier to getting to appointments, not having enough public transportation,”* one participant noted. Another shared: *“It is really a matter of access to the services. If you don't have access to them, it doesn't matter what's out there, you have to have the insurance, you have to have the transportation, you have to have the support.”*

Digital divide. Several cited the need to provide services for *“people who don't have technology or aren't savvy—a lot of the appointments are telehealth now, and if they don't have access to the computer or an iPad.”*

Children and Youth

Important health concerns affecting children and youth include **lead poisoning from chipped or peeling paint in older homes, as well as lack of physical activity and healthy social development,** stemming from too much screen time and, in some communities, too few structured activities for children and youth.

- *“When I was a kid, we ran around their neighborhoods and played outside and played with our neighbors, but when my son was growing up, it seemed like you had to join play groups*

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and sometimes paid for that, it wasn't spontaneous. ... Another thing that really affects our health is so many [of] these kids are on social media, not getting outside, not getting physical exercise, not interacting with peers. ... They'll be texting somebody sitting right next to them, instead of being face to face and having spontaneous interactions."

- *"Kids do need some type of structured activities. A lot of times there's no resources put in place in communities for children, I mean, especially in underserved communities. Once again, it depends on somebody volunteering and giving up their time to dedicate to trying to do something to help children to ... reach their full potential [of] what they could be."*

Several participants raised **concern about childhood neglect in families struggling to make ends meet**. One participant commented on seeing neighborhood children walking to the school bus without winter coats in cold weather. She also told of encountering a school crossing guard while shopping who was buying a coat for a young student, because, the guard told her, *"I am disturbed because I see this young girl come every day to the bus without a coat."*

Participants also discussed **mental health care for children and youth**. One participant, who has managed her son's care for a mental health condition, expressed **concern that some clinics' waiting rooms mix children with adult patients, some with serious behavioral health issues**. *"When I took my son, and he was younger, into one of these mental health clinics, they're in there with drug offenders and criminal offenders. And that's not really a good mix to have your vulnerable child in what may be a more dangerous population or just older, you're trying to shelter and protect your child. And yeah, they're seeing things that maybe they shouldn't see or be exposed to yet."*

Another participant noted the **potential for family conflicts to arise over a young person's consent to receive mental health services**. In Pennsylvania, she said, children age 14 years and older can independently consent to receiving behavioral health care. But conflicts can arise for example, if *"a child wants mental health services, and the parent says no, but they're 14 and can't drive. So, how do they get there? ... I think that there's unique challenges in that age range 14 to 18, that maybe don't get met because of those intricacies."*

Older Adults

With several older adults sharing their firsthand experience with getting older, a top concern was the **challenge of affording health care and other essential services while living on a fixed income, often forcing difficult choices that affect health and the ability to age in place**.

- *"Sometimes, the seniors, they have to make a choice between getting their medication and/or food. And they'll choose to get the medication as opposed to the meal, they'll skip a meal, they've been so programmed, you have to have this medication, so they'll skip a meal, or have barely nothing, just so they can have that medication."*
- *"They're in their home, and it has to do with they're on the fixed income, and they're dealing with, can I continue to pay my taxes, even can I continue to stay in my house, or ... can I get the medical attention that I need, so I have to learn now to sacrifice, and some of the sacrifice means going without, and [they] just find themselves in a desolate situation within their own household that will impede on their health."*

**2022 Regional Community Health Needs Assessment:
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Difficulties using Medicare, such as finding providers who accept particular policies, was mentioned as a barrier for some older adults. One participant added that many mental health providers do not accept Medicare, because of low reimbursement rates. *“What I’m hearing is ... Medicare doesn’t reimburse very well, so people have switched from accepting Medicare. And with the number of older individuals that we have in our population at this moment, that is a crisis in my mind.”*

Other barriers to maintaining health for older adults include lack of convenient, affordable transportation options and poor nutrition, due to challenges with affording, procuring, or preparing food. *“I know a lot of elderly people, just the issues that come with aging [such as] decreased mobility, having to have surgeries, having to have physical therapy, maybe not having a ride or in-home services,”* said one participant. *“I think there’s issues with nutrition,”* added another participant, who mentioned knowing an elderly couple where the wife struggles to get the grocery store to buy food and lacks *“the stamina to cook it.”*

The shift to telehealth during the pandemic has been a challenge for many older adults. An older participant shared that *“it can be challenging for someone such as myself, who is not computer literate, to do these things online. We prefer speaking with a person, and you don’t always have that ability to speak with the person and making appointments.”*

One participant mentioned the **difficult situation that can arise when older adults can no longer drive safely, but their spouse or other family members are reluctant to intervene or are unaware of the problem.** The same participant commented on HIPAA privacy laws, which she said prevented her from learning important medical information about her husband’s cognitive impairment, after he refused to sign consent forms that would permit his providers to share information with her.

Suggested Actions

All participants prioritized the importance of expanding services for mental health care among children and adults. Several also highlighted the need for more resources to enable older adults living on fixed incomes to access essential services, such as health care, transportation, and nutritious food.

One participant described a **program that is already working well in her church, which employs a nurse who helps members navigate a variety of health and social service needs.** *“She runs a caregiver support group, which was my lifeline, when I was going through a really difficult time. She welcomes you, when you join the church; she will accompany you to doctor appointments to serve as your advocate. She will help you with transportation. If you need to move into assisted living, she’ll help you with that,”* the participant explained.

Other suggested actions were to:

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Provide access to trained mental health professionals in all school districts countywide.

While school counselors are usually well-positioned to help identify and refer students in need of professional mental health services, school districts also should employ or contract with qualified mental health professionals who can provide therapeutic support for high-need students, said a participant who works for a behavioral health care organization. She noted that some counties in the region already provide mental health counseling and support services in all school districts. *“I found it beneficial in other counties, mainly Montgomery and Berks counties. I’ve seen it be very successful,”* she said.

Establish community clinics to provide “one-stop shops” for mental and physical health care as well as social services. *“If money were no issue, I would have the facility that would be available in every community to anyone that has a need,”* shared one participant.