

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

Community Assets

The **built environment** was mentioned as an important community asset that **supports health through opportunities for safe physical activity**. *“One thing that helps me stay healthy is having parks in the area and green infrastructure ... just being able to go on walks and bike rides safely.”*

A **strong sense of community and social connectedness** were highlighted by the majority of participants as important community assets. Participants noted that Grays Ferry was once a racially divided neighborhood, but that is not the case today.

- *“My community is really working together, and not believing in the stereotypes. ... What makes us healthy is understanding the kind of vision we want as a community. ... If our children are together playing, how about them having the same recreation, how about the same park? How about the same library in the school? So, what makes us healthy is understanding that communication, what is bringing us together as one body.”*
- *“I see the diversity of the community changing where I live, and it’s changing rapidly, and I say acceptance, because a lot of faces are different now, but that doesn’t mean we all still cannot be a community. ... I’m African American and Muslim, he’s Caucasian, but we speak, we talk, we get to know each another, and accepting each other as neighbors.”*
- *“One of the things I feel that makes me stay healthy in my community is I have a good relationship with my neighbors. I’m from the Islamic community ... and my neighbors on my block, I live on a very small block...but we are a unit, we support each other. I’m a senior, and the neighbors help sweep, we sweep together, we get the snow up together. I’ve never been in their homes, they’ve never been in my home, but I know they are there for me and they know I am there for them. We give out food in the Islamic community and in my job – I will put a half a dozen boxes in my car and bring them to my neighbors. So that’s what makes me feel that my community is healthy, because I’m near the Islamic community as well as have wonderful neighbors that support me, and I support them.”*
- *“The thing that I notice across all my communities ... the people that are doing well are the ones that are actually connected with people. ... We tend to check-up on each other...like we actually care about one another (sharing food, going to funerals, bonding over sports). I know for me to have that accountability as well as that feeling of like I’m not alone, is really important. ... I think to me it’s like the number one thing that makes people live longer, healthier lives, just because we interact so much more and we start sharing information.”*

Local health centers that serve people in need, such as those who lack health insurance, also were cited as an asset.

Key Challenges

One participant talked about the **need to empower people to manage their chronic disease**. *“[People] just give up a lot of time. ... They give up because they are inundated by too much information, or they feel powerless. I think one of the biggest health issues ... affecting my*

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community is a [lack of] personal ownership of health, and actually feeling self-determined in that regard.”

The need for **greater access to integrative medicine, including herbal treatment that is covered by insurance**, was shared: *“There needs to be more natural healing. ... I spent hundreds of dollars in natural healing because there’s no access to any financial assistance.”* Another person shared similar sentiments and talked about **mistrust of hospitals and health care**: *“There’s a great deal of people who don’t believe that it [hospitals/health systems] actually helps. We go in with one thing and we come out with five other things wrong with us.”*

Concerns about the quality of physical exams was raised: *“No one is being checked out the way you used to get checked out. They might ask you to breathe, but that’s about it. They take your weight with your clothes and shoes on...you don’t take your clothes off, ... you don’t get your reflexes checked anymore, they don’t do your eyes, they didn’t do my ears. You just go in there, [and] they ask how you feel. The physicals are not true physicals.”*

Technology and the need for an advocate were identified as factors impacting primary care access and quality. *“There’s a provider I go to that’s an FQHC [federally qualified health center] that is very culturally competent, but it is hard to get an appointment with them. Their phone tree is horrendous. I had a friend with syphilis and needed to get treated. ... He was given the runaround until I actually had to intervene and say ... ‘there’s somebody who is 19 years old ... who’s a sex worker, who is going to be transmitting the disease.’”*

Access to mental health services was cited as problematic, especially for youth. Many youth experience grief due to exposure to trauma, and obtaining care can take many weeks.

- *“Because there’s so much trauma and grief going on that the counselors cannot keep up with the caseloads. I have to tell families that there is at least a six to eight week wait for the intake – not the services, just the intake.”*
- Another participant noted the need for more emphasis on mental health services provided by individuals with lived experience: *“A peer-based model ... like a bipolar buddy program. ... I used to sell drugs, I was homeless...unless you did those things, I don’t want your opinion on them. ... I don’t trust people that haven’t been through what I’ve been through.”*

The **need to address substance use and drug activity** was shared. One participant said: *“99% of problems related to drugs would vanish overnight were they not criminalized. ... There’d be no need for turf wars, there’d be no need for gun violence. ... How long are we going to do this dance?”* Another raised concerns about the effectiveness of current drug treatment, saying: *“As a society and here locally, we have a poorly regulated, poorly evidenced treatment structure that seems to do little. Plus, we can’t even agree upon what recovery or success looks like data-wise. We’re messing up our response to drugs.”*

Social Determinants of Health

Access to healthy, affordable, quality food was discussed by several participants. *“Having fresh produce, you know, I don’t think there are any farmers markets in our area.”* Another was

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concerned about equity pertaining to the availability of quality produce: *“Certain neighborhoods will have fresh fruit that’s not molded, that you don’t need to pick through, and other neighborhoods may have the bottom of the barrel. ... We feel as though we are overlooked and not as important or needed as other community members.”*

Equal access to quality education was highlighted as another challenge. A participant said: *“We need adequate public schools that everyone can send their kid to because right now, in this city and in this neighborhood, there’s a bifurcation between people who can and cannot afford quality education, and it has an untold amount of effects on everybody.”*

The **impact of poverty particularly on mental health** was noted. *“The wealth inequality, or just high cost of living can really affect people’s ideas of them self, and how they interact with everybody.”*

The need for increased access to health-related information and resources was mentioned.

Children and Youth

For children and youth, mental health and dealing with trauma were raised as priority health concerns by most participants. As previously stated, access to mental health services is often delayed for many weeks and is even more limited for youth under age 18.

- *“There’s limited counseling for youth. ... I can count on one hand those that I actually know about for youth.”*
- *“I think one of the worst things that’s affecting most children, at least in the neighborhood, and LGBTQ community is trauma. Lived experience of trauma, as well as the vicarious trauma one experiences by just seeing things on a daily basis, has really warped our sense of what is normal. ... Guys on the corner every day, in the bars, just hurt people. ... Children are being traumatized, and poverty is traumatic ... going with hunger is traumatic, having your parents argue over the light bill is traumatic.”*
- *“Helping youth through trauma, grief, and mental health issues. They’re our future.”*

One participant noted that **rates of childhood asthma** are *“dramatically higher in the neighborhood”* and that during the pandemic quarantine, air quality was so much better. *“The air was amazing during quarantine here. ... I just started weeping over the fact that we’re basically poisoning children with car exhausts, and we’re all okay with it.”* Another shared that *“the air quality from the highways and refineries worry me as well.”*

The **need for public health education** for children, including sexual health, basic nutrition, and substance use, was highlighted. *“It’s just like having that education, not only the actual nuts and bolts of nutrition, like drug help-harm reduction, and stuff like that, to actually character [development]. We don’t talk about character as much anymore, and to me, it’s just this missing piece of having stewardship of one’s community and feeling that sense of self-determination.”*

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Older Adults

An older adult participant voiced **concerns about physical changes associated with aging and their impact on staying physically active and socially connected.** *“The physical issues impact me mentally, spiritually, anxiety-wise, because the pain and the lack of being able to move about to the extent that you were, to do what you did. Even the way that the furniture is arranged in my home ... because when I get up at night I may bump into it. I’m blessed because I still have people to aid and assist me in many instances, but what about those that are isolated?”*

The impact of having a fixed income was identified as a limiting factor for maintaining health and being able to age in place. As one participant stated: *“I do give young people that help me a few dollars and sometimes I think that’s why they keep coming back. But what about those that are on a fixed income ... and can’t afford to pay anyone anything ... or don’t have a youth group with young adults that can come over and assist them? That’s a real concern for me, for older adults.”*

Social connectedness was also discussed in terms of valuing older adults as productive, contributing members of the community. *“It’s like making sure that people that are older, as well as people that are younger, feel that they have something to contribute to the conversation—that society isn’t just [for people age] 18 to 55. ... I think a lot of times they retire and it’s ‘Okay, bye see you soon.’ Well you know life doesn’t just end if you stop working. And so it’s just like creating spaces where that’s safe to do ... where people feel welcomed.”*

An older adult with mobility challenges shared **safety concerns about walking in the neighborhood**, particularly after sundown. *“When I come home, I have to ride around 20, 25 minutes to find a parking space, sometimes it may be 2 or 3 blocks from my home. I’m looking over my shoulders and behind my back. I’ve walked these streets for 14 years without a thought of being harmed, and now I’m fretful when I walk the streets, particularly if the sun goes down.”*

Other Impacts of the Pandemic

Use of technology during the pandemic increased and was met both positively and negatively. While one participant stated *“I love telehealth, I love not having to go to the office,”* others were less positive. One commented: *“I was kind of disappointed in it, because I work in child care and they would not accept my child assessment over the telephone.”* Another shared: *“Well, I did it once ... and it didn’t work, so we had to reschedule it. ... I don’t mind texting or emailing, but that’s after I make the initial phone call – I like that human interaction.”*

The pandemic raised awareness about income-related disparities that existed prior and *“humbled the community,”* as more people became impacted by reduced income and poverty. *“Recognizing that poverty isn’t based off color. I think before the pandemic, what people thought of [as] poor [was] someone who was receiving food stamps, or you wore certain types of attire. I believe that this COVID pandemic has humbled our community in some ways—for us to be on the same page. And now it’s alright, we all don’t have any. So, how do we build each other up collectively so there’s not a fight for the little that we will have coming in?”*

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Suggested Actions

Expand the use of community advisory councils that include youth, parents, police, city government agencies, and other community-based organizations to ensure all voices are heard and to foster community ownership. *“Having an advisory council, or, you know, just some people that need to be at the table ... should be there.”* Another said: *“Community boards are really vital—they give people a sense of self-determination and ownership that will improve everything.”*

Improve access to equitable, quality education for youth. *“One of the most positive things we can do for youth is an adequate public school system.”*

Increase timely access to mental health and trauma resources and services, particularly for youth. Expand the use of peer counseling models that utilize people with lived experience. Also, consider current responses to substance use treatment and restructure to improve effectiveness.

Increase access to and awareness of community resources and services for all people.

Regulate social media to reduce its impact on mental health, youth sexuality, violence, and other health and societal concerns. *“The kind of problems we see with social media, some of it can be alleviated with actual regulation. ... That’s low hanging fruit that Congress could easily do.”*