

**2022 Regional Community Health Needs Assessment:  
Geographic Community Conversation Summary: Willow Grove [Montgomery County]**

## **Community Assets**

Access to **local parks and outdoor recreation**, as well as opportunities to buy fresh local food at area **farmers markets**, were discussed as local assets.

- *“The trails and walking trails, and all that, I think there’s some really good opportunities for that around here. I’ve lived other places, and I know that that’s not something to take for granted. ... I also appreciate that there’s ... been a growth of farmers markets ... Warrington just started one on Friday night.”*
- Another participant said living near Pennypack Park *“makes it a huge asset. ... All the trails back there for walking, and seeing – being in nature, and seeing the whole wildlife support.”*

Several participants mentioned the **neighborliness and strong sense of community** where they live. *“Abington’s a pretty close-knit community,”* shared one. *“There’s a lot of support groups within Abington, and there’s a lot of services available. Our library is very good at posting information for residents to see what they have available. Our township website, our Abington township, they host a lot of classes.”*

## **Key Challenges**

**Diabetes** was mentioned as a common health concern, but participants were especially concerned about **mental and behavioral health issues, including substance use**, which have worsened during the pandemic. **Lack of affordable, quality services for behavioral health** also was discussed.

- *“Most people in the community that I know in Willow Grove have – [or] are interested in seeking therapy or seeing a therapist. So I would say [there is] a high mental health need. I think that’s probably similar in most areas that I think just are increasing across the board.”*
- *“It’s across the board, and also pandemic-related, with alcohol, and with ... a lot of substances ... I don’t see a lot of resources.”*
- *“I, too, definitely recognize mental health is a huge local need, both before the pandemic and now. So [is] substance use. ... I just don’t think there’s enough emphasis on quality of programs, in addition to access, and availability, and affordability. ... Alcoholics Anonymous might be in the community, but if that’s not the right program for you, there may not be alternatives, high-quality alternatives out there.”*

**Stigma remains a common barrier for seeking mental health treatment.** People need to be educated that mental health challenges are health problems, not a sign of personal failure, one participant emphasized. *“They’re afraid to come forward because they feel that they’re already judged, or they already feel useless, they’re not loved. ... Everyone needs to be educated, you know what I mean? It’s actually – it’s a disability, it’s a mental disability, that addiction. ... And people don’t understand that. They automatically tag them and label them.”*

**Lack of diversity among providers** is another issue. *“We have a young man who has some mental health issues, and he’s African American, and he wanted to talk to an African American therapist, and finding one locally was a challenge,”* said a participant who works for a local community services organization.

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The majority of participants commented on **difficulties with navigating or affording health insurance**. Several also mentioned **high out-of-pocket costs** as barriers to care.

- *“Personally, one person in the house has cancer, one person in the house has Crohn’s [disease], so just navigating those different disabilities can be tough. I know just recently the insurance company stopped paying my dad’s bills, so going about that – going down that whole journey, and having – needing to get a lawyer, and then where’s the money for that going to come from?”*
- *“My wife, she has some challenges with her back, but to go to physical therapy, it’s \$80 per session, co-pay. So even after paying our insurance premium, to pay \$80 every time she has to go, I mean, that’s pretty expensive. So that’s discouraging, and a barrier for her to go as frequently as she probably would need to, or would like to, if it didn’t cost that much.”*
- *“I’m a middle-class person with a decent job, and [health insurance] coverage, and you know what, I haven’t been to a doctor since January 2019. Why? ... I have resources, but I don’t go, because I’m not going to make my deductible, everything’s out of pocket.”*
- *“It’s also the fear of going to the doctors, and them telling you: ‘You need a medication,’ and then you can’t afford it. So prescription costs as well.”*

**Part-time employees, who typically are ineligible for employer-sponsored health and dental insurance, face further obstacles.** *“I also think with the lack of health insurance, with employers being able to get around not offering it to part-time employers, that’s just a recipe for disaster. ... Because then you have people who can’t go to the dentist, so then they get heart issues, and all of that.”*

Participants generally agreed that **while telehealth has been a necessity during the pandemic, virtual health care is not accessible to all, nor the best choice in many situations.** *“You lose the connection when you’re doing it virtually,”* one said. Another pointed out that some people lack internet access and computer technology. Also, for some patients and certain health visits, being seen in person is preferred. *“I’m trying to get my brothers to go to therapy, but they want to go in person, but in order to go in person, they need to be vaccinated. I can’t convince them to ... do the other things, and it’s very frustrating.”*

### Social Determinants of Health

Participants discussed several social determinants that create barriers to health and wellness or access to health care for some:

**Food insecurity.** Chronic disease management may be difficult for people with diabetes or other diet-related conditions and who rely on the emergency food system to address food insecurity. A participant who works for a food pantry said: *“I have more families asking for lower sugar items, which are difficult, because we don’t normally get that stuff donated.”*

**Transportation.** Several commented that the area **lacks enough bike lanes and public transit routes.** One said: *“The only way I can enjoy my bike is to put it in my car and take it somewhere, which is just horrifying to me.”* The need for more extensive public transit routes also was mentioned. *“There’s a bus stop right outside my house, [but] it’ll only take me to Philadelphia, which is not the only – not nearly the only place I want to go,”* said a participant who does not

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drive. Sidewalk repair, such as fixing street corners to improve access for people in wheelchairs, is another ongoing issue.

**Racism.** Several discussed instances of racism in the community, such as a homeowner who waved an assault rifle at a passing parade of youth and adults marching for Black Lives Matter. One added that *“galvanizing the local community to be social justice-oriented is – has been difficult.”*

**Language access services for immigrant communities.** A participant who works for a victim services organization that serves Hispanic/Latino Americans and others, noted the need for *“more language services, because we know language access is also a big issue.”*

## **Children and Youth**

Pandemic-related disruption of school and other activities, along with competitive pressures to succeed, have fueled **mental health issues for young people:**

- *“My daughter’s in fifth grade, but some of her friends have talked about suicide. I mean, you’re talking 11-years-old. Coming from the pandemic, from that social isolation, and also from parents trying to balance work, life, school, the pressure society puts on us is just – it’s tough, and it’s tough being a parent to manage.”*
- *“This generation coming up, they’re really going to need a lot of mental support.”*
- *“So I feel like there’s a lot of pressure on that end, competitiveness, pressure from school, these standardized tests stress these kids out, and they don’t think of their mental health behind it.”*

One parent said the community **lacks enough activities for children**, especially extracurricular options outside of competitive sports. This same participant shared concerns about the competitive pressures on youth to excel at a single sport. *“Everything that’s around in our community for children is sign up for an extracurricular. ... I mean, it’s focused on kids playing one sport now, because they don’t want you to play multiple sports because they want you to be the best of the best.”*

The above participant also commented on the **lack of community resources for children with special needs.** *“We do not have a playground, we have nothing here for special needs children, and, you know, it really all begins with the kids. Most kids, they’re not outside running around because their parent – most parents have them in competitive sports, or they’re behind a screen. But I think that if we did better to provide for them [youth with special needs] as well, updating the amenities, to make them want to come to a park, to make them want to run around ... it just really makes me sad that our special needs community has nothing.”*

With regard to **educational programs for children**, one participant mentioned that some elementary schools offer a program called “Safe Touches for Kids.” *“It’s about consent, and what that means. It’s great, and ... I think that’s really helpful. I didn’t have that type of programming when I was at elementary school. But it’s not in every school, it’s kind of a case-by-case requested thing. So we’ve been doing a number of schools, elementary, middle, and high*

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*schools, and in certain townships, but not nearly enough. So I would say that there's definitely a need for that, [for] kids to have that access in every school."*

### Older Adults

Several commented on the **lack of transportation access** for many older adults:

- *"Lack of transportation makes it very difficult for them to get food or get to doctor's appointments."*
- Another participant, who manages a food pantry, added: *"I have a population of older adults who walk here to get food. ... and then you have to keep in mind that they have to figure out a way to get to doctor's appointments, and then they have to prioritize if I'm going to ask somebody for a ride, what's the most important thing, a doctor or food?"*
- Lack of transportation also *"contributes to social isolation—if you're afraid to walk out your door, or you can't get anywhere."*

For older adults living on fixed or low incomes, **affordability of health care** is another challenge. *"Health insurance is a big thing too for them. It's too expensive for them. Most of them are on fixed incomes."*

**More services are needed to enable older adults to age in place**, including affordable home health care. *"It's a big deal to be able to have ... the resources in the community so that people can stay in their homes ... I mean, I think that's crucial. Especially if someone is really not financially secure, but they are able to stay home, but then not really be able to pay for home healthcare services, things of that nature. So that becomes very challenging."*

### Suggested Actions

**Increase community education programs to encourage healthy lifestyles for youth and adults.** One participant noted the importance of education that is fact-based: *"I think the key is the power of education. Education versus opinion, though."* Several participants stressed the need for more nutrition education in schools. Another mentioned the need for education on gun safety and violence prevention. *"I wish there were more information about the fact of how dangerous a gun is in a household, and how much it contributes to suicide, to lethal attempted suicide, and domestic violence,"* said one. Another brought up the need for more schools to offer education on sexual health, such as programs to raise children's understanding on appropriate versus inappropriate touching.

**Open a community health clinic that offers a wider range of primary care services than an urgent care center.** *"Because now a lot of things are just being pushed to urgent care, which it might not be urgent, it might just be a basic health problem, or health issue,"* said a participant said, who envisioned a facility that would be *"medium [in size] between big hospital campuses and urgent care centers."*

**Increase accessibility and awareness of services for two vulnerable populations: older adults and the LGBTQ+ community.** For older adults, a participant suggested an *"organized service where people could drop in on seniors to visit them in their homes, to help assess what*

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*they need, and care for them.*” For the LGBTQ+ community, another participant called for more accessible and visible resources in the community.