2009
Allentown
Community Health
Opinion Survey

Final Report

October 2010

Allentown Community Health Partnership
This report was prepared by:

Cathy A. Coyne, PhD, MPH
Sherrine Eid, MPH
Andreea Ambrus, MS
Laura Bishop, MPH
Elizabeth Otieno-Bryant, MPH

For information contact: Cathy A. Coyne, PhD, MPH
cathy_a.coyne@lvhn.org
Dear Colleagues and Residents of Allentown,

The Allentown Community Health Partnership is pleased to share with you findings from the 2009 Allentown Community Health Opinion Survey. The survey and its findings are the result of the collaborative efforts of several individuals and organizations that are committed to improving the health and well-being of the residents of Allentown. As such, these efforts demonstrate what collaboration among various organizations can do to help improve community health.

We hope that you will join us in our efforts to further the goal of making Allentown one of the healthiest communities in Pennsylvania. By using the findings derived from this survey in conjunction with other information such as behavioral risk factor data, crime statistics, hospital data, housing information, and the census, meaningful health improvement efforts can be established across the city that will help us to achieve such a goal. By taking collaborative action we can create an environment where good health and well-being can be maintained by the residents of Allentown across the lifespan.

Wishing you good health,

Cathy A. Coyne, PhD, MPH
Chair
Allentown Community Health Partnership
Acknowledgements

Individuals from the following organizations comprise the Allentown Community Health Partnership and were integral to the development and implementation of the Allentown Community Health Opinion Survey.

Allentown Economic Development Corporation
Allentown Health Bureau
Allentown School District
Allentown Weed and Seed
Community Action Committee of the Lehigh Valley
Lehigh Valley Health Network
Lehigh Valley Research Consortium
Old Allentown Preservation Association
United Way of the Greater Lehigh Valley

The work of the Partnership was supported by a grant from the Dorothy Rider Pool Health Care Trust to the Division of Community Health and Health Studies, Lehigh Valley Health Network.

Members of the Lehigh Valley Research Consortium, including Dr. Judith Lasker, Professor of Sociology and Chair of the Department of Anthropology and Sociology, Lehigh University and Dr. Chris Borick, Associate Professor, Muhlenberg College, along with their students, were contracted to conduct the data collection.

This data collection could not have been accomplished without the participation of the people of Allentown who shared their thoughts, needs and ideas with the Partnership and the rest of the Allentown community. It is the hope of the Partnership that the information derived from this survey, in addition to other data sources, will be used in the development of programs and policies designed to improve the health and well-being of the residents of Allentown.
Executive Summary

A survey to assess the health and well-being of Allentown residents has not been conducted since 2003, when selected subpopulations were interviewed by landline telephone using the Centers for Disease Control and Prevention’s Behavioral Risk Factor Surveillance System questionnaire. Since that time the population of Allentown has undergone tremendous demographic change. A greater proportion of these communities are Hispanic, low income, and new to the area than they were five years ago (U.S. Census Bureau).

In order to understand the health of the community from the residents’ perspective, in terms of access to services, health and safety concerns, and overall well-being, the Allentown Community Health Partnership was formed. The Partnership, comprised of representatives from various organizations within Allentown, developed and implemented the Allentown Community Health Opinion Survey with funding support from the Dorothy Rider Pool Health Care Trust. Three modes of data collection were used including mailed surveys, focus groups, and personal interviews. Questions posed to respondents focused on the following:

- Allentown neighborhoods: how residents perceive them, how safe they feel, how welcome they feel in the community and when accessing health care.
- The availability of services in the community: mental health services, primary care, dental care.
- Problems in their neighborhoods related to safety, gangs, violence, access to drugs and alcohol.

Findings from the survey indicate that overall Allentown residents who responded to the survey feel positively about their neighborhoods. They describe them as being quiet, relatively safe, and being convenient to main roads and highways. Most respondents reported that Allentown was a good place to live and raise a family. However, although respondents described Allentown as relatively safe, safety, crime and violence emerged as major issues of concern. Many respondents voiced the need to have more police presence in their neighborhoods in order to feel safe. Access to certain health services, including oral health care and mental health services, was identified as a problem for nearly a quarter of the residents who responded to the survey. For some members of the Allentown community, access to a primary care physician was problematic.

Results of the survey found that a high proportion of respondents are experiencing financial and food insecurity, factors which undeniably can have an impact on community health. Other findings suggest that certain population groups within the community don’t feel as welcome as others when receiving health care, dealing with governmental agencies, and in the workplace.

Residents and community-based organizations that seek to use the information contained in this report are cautioned not to use this information in isolation of other data sources. The 22% response rate indicates that these findings cannot be assumed to be representative of the Allentown community, but do suggest areas that should be explored further. Other sources of information that can and should be used for program planning efforts are behavioral risk factor data, birth and death statistics, crime statistics, hospital data, housing information, and the 2010 census data. Working together in partnership with the residents of Allentown, the agencies involved in this data collection effort are confident that many of the identified issues of concern can be satisfactorily addressed, resulting in improved community health.

While there are limitations to the data reported here, residents and community organizations are encouraged to utilize it in conjunction with other data sources to take collaborative actions designed to improve the health of Allentown residents and create an environment where health and well-being can be maintained.
Introduction

Methodology

In fall 2008, the Allentown Community Health Partnership (Partnership) was established to inform the development and implementation of the Allentown Community Health Opinion Survey. Organizations represented in the Partnership include the Allentown Economic Development Corporation, Allentown Health Bureau, Allentown School District, Allentown Weed and Seed, Community Action Coalition of the Lehigh Valley, Lehigh Valley Health Network, Lehigh Valley Research Consortium, Old Allentown Preservation Association, and the United Way of the Lehigh Valley.

The Partnership felt it important, in addition to examining existing behavioral risk factor data and other community health indicator data, to understand the health concerns of the residents of the community. Thus, the intent of the data collection effort was to learn the perceptions of the community in terms of neighborhood and access to care issues.

Questions posed to respondents focused on the following:
- Allentown neighborhoods: how residents perceive them, how safe they feel, how welcome they feel in their communities or when accessing health care.
- The availability of services in the community: mental health services, primary care, dental care.
- Problems in their neighborhoods related to safety, gangs, violence, access to drugs and alcohol.

The Partnership met several times to develop the survey instrument and determine mode of administration. The instrument was designed to examine residents' perceptions of factors that may be affecting the health and well-being of adults living in Allentown. A draft of the instrument was pretested with parents of children attending Allentown’s Central Elementary School. Modifications were made to the instrument based on parents' feedback.

In addition to discussions with Partnership members, a literature review was conducted to help determine the most appropriate mode of survey administration. The modes of landline telephone, cellular telephone, and mailed surveys were examined. Studies suggest that populations least likely to be reached by landline telephone surveys include Latinos, people of low income, and younger adults (Blumberg and Luke, 2007a; Blumberg and Luke, 2007b). The use of cellular phones is being examined in state and nationwide surveillance efforts (Blumberg and Luke, 2007a; Blumberg and Luke, 2007b; Lavrakas, Shuttles, Steeh, and Fienberg, 2007; Link, Battaglia, Frankel, Osborn, and Mokdad, 2007), but difficulties in using this strategy arise when the geographic area for survey implementation is small. Based on the literature and knowledge about the population of interest, the Partnership decided to implement a mailed survey in Allentown.

The Partnership wanted to assure that population groups less likely to respond to a mailed survey would also have an opportunity to share their perceptions and concerns. Therefore, in addition to a mailed survey, individual interviews and focus groups were conducted.

A contract was established between LVHN and the Lehigh Valley Research Consortium (LVRC) for implementation of the mailed survey, focus groups, and personal interviews. Faculty and students from Lehigh University and Muhlenberg College assisted in the data collection through the LVRC.

**Mailed survey:**
A mailed survey was sent to 5000 Allentown households following the implementation process recommended by Don A. Dillman (Dillman, 2000). The sample of 5000 households was drawn from a sampling frame of City of Allentown addresses collected by the Marketing System Group (MSG) of Fort Washington, Pennsylvania. The surveys were coded with unique numbers linked to the mailing addresses to enable geocoding and mapping of responses.
Focus groups:
Five focus groups were held in late May and early June 2009 in East Allentown and South Allentown. These areas were selected because they have not been as involved in community assessments as other Allentown neighborhoods. Forty-nine individuals participated in the focus groups.

Focus groups were conducted at sites intended to be convenient to the participants. Four focus groups were conducted at elementary schools (two at Roosevelt and two at Mosser). One group at each location was in Spanish and the other in English. The fifth group was conducted at South Mountain Middle School. Permission was obtained from the school principals to recruit parents and conduct focus groups at the schools. Recruitment methods included attending events at each of the schools and distributing flyers at one school.

A moderator, assisted by a note-taker, facilitated each focus group. The groups were audio-recorded with the consent of the participants. Participants were told the purpose of the focus group and that they did not have to answer questions they did not want to answer. They were also told that the information they shared would remain confidential and would not be linked to their names. Individuals received $25 in cash for their participation.

Before beginning each focus group, anonymous demographic information sheets were distributed for participants to complete. These information sheets included questions regarding ethnicity, household income, gender, education, and health insurance. Participants were instructed to not include their names on the information sheets.

Personal interviews:
Personal interviews were conducted with members of the African American, Latino, Middle Eastern, and Vietnamese communities (n=69). The intent of these interviews was to obtain more in-depth responses to questions on the mailed survey from people who might not be well-represented in mailed responses.

Participants were sought using a variety of means including extensive contacts with community and religious leaders, visiting churches, social clubs, community centers, and personal contacts. The method that was most effective for recruiting participants and completing interviews was central location interviewing. Interviewers positioned themselves in public places such as parks, busy street corners, and in front of ethnic groceries and restaurants (with permission from the owners) and approached individuals, asking them if they would like to participate in a survey. The following are the locations where interviews took place:

- Bucky Boyle Park
- 7th and Tilghman
- 800 block of Hamilton St.
- Union Baptist Church
- 9th and Hamilton
- 9th and Chew
- South Allentown
- 2nd and Chew
- Syrian Center
- 2nd and Tilghman Market
- St. George Church
- West End
- Little Saigon Restaurant
- Chapel Avenue
- West Allentown
- Liberty St.

Organization of the report
The report is organized by mode of administration, beginning with results of the mailed survey followed by the focus group findings and results of the personal interviews. Within each mode report, demographic characteristics of the respondents are provided. Results are then presented by category including: living in Allentown, access to services, financial insecurity, crime and violence, neighborhood concerns, behavioral concerns, and feelings of welcome.
Mailed survey results

Of the 5,000 surveys mailed to Allentown residents, 1,230 were returned unopened and categorized as undeliverable. Completed surveys were returned by 843 residents, resulting in a 22.3% response rate. Figure 1 illustrates the number of survey responses received by Census Blockgroup.

Figure 1: Allentown: number of responses by CENSUS Blockgroup

Stratified by zip code, response rates were 19% (18101 and 18102); 22% (18103); 28% (18104); and 17% (18109).

In the analysis, zip codes 18101 and 18102 were combined due to the small number of completed surveys received from zip code 18101. This zip code encompasses a very small geographic area in center city Allentown adjacent to zip code 18102; only 175 surveys were sent to residents in this zip code due to its small geographic area.

**Respondent demographics**

Demographic questions examine gender, age, marital status, income, employment status, level of educational attainment, race and ethnicity. The majority of survey respondents are women (57.5%). Most respondents are between the ages of 40-64 (47.8%); 30.8% were 65 years of age or older (Figure 2). Nearly half of the respondents are married (44.7%) or a member of an unmarried couple (5%), 13% widowed, 18% divorced, and 3% separated. Eighteen percent have never been married (Figure 3).
Over one third of the respondents reported annual incomes between $20,000 and $50,000 (36.7%) and over a quarter reported incomes of less than $20,000 (Figure 4). Nearly one third of the respondents rent their homes.

![Figure 4: Income](image)

Nearly one third of the respondents reported having had four years or more of college. An additional 24% reported one to three years of college. Fewer than 12% reported less than a high school education. (Figure 5)

![Figure 5: Educational Attainment](image)

Approximately one half of the respondents were employed at the time of the survey and 29% were retired (Figure 6).

![Figure 6: Employment Status](image)
A close-ended question was used to ascertain respondent’s race. Response categories included American Indian/Alaskan Native, Hawaiian Native/Pacific Islander; Asian, White/Caucasian, Black/African American, and fill in the blank “other” category. Ethnicity was asked using an open-ended question where respondents could write in their ethnicity. The following examples were given for this question: Arab, Hispanic/Latino, Italian, Jamaican, PA German, and Vietnamese.

For reporting survey findings by race/ethnicity, responses to the open-ended ethnicity question were used to identify Hispanic respondents regardless of their reported race. Respondents who reported their race to be in a category other than Black/African American or White/Caucasian were combined into an “other” category for reporting purposes. The race categories included in this “other” group had too few respondents to be reported separately.

A majority of the respondents reported their race to be white (74%), 14.7% and 8.2% to be Hispanic or Black, respectively (Figure 7).

When compared to the US Census Bureau’s American Community Survey (ACS) three-year estimates for 2006-2008, ACHS respondents were slightly older, better educated, more likely to be married, and less likely to be Hispanic than the Allentown population. Based on the ACS, the population of Allentown was 36% Hispanic during the 2006-2008 time period. The method of collecting ethnicity data in the ACS differed from how these data were ascertained from the Allentown Community Health Opinion Survey, thus results cannot be directly compared. Survey respondents were similar to the ACS three-year estimates in terms of income distribution, gender, and the proportion of households with children 18 years of age or younger in the home. (See Table 1, following page)
Table 1: 2006-2008 American Community Survey 3-year estimates Allentown city, Pennsylvania

<table>
<thead>
<tr>
<th>Gender</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>49%</td>
</tr>
<tr>
<td>Female</td>
<td>51%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of households</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Married couple families</td>
<td>37%</td>
</tr>
<tr>
<td>With own children younger than 18</td>
<td>37%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Educational attainment</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduate or other professional degree</td>
<td>6%</td>
</tr>
<tr>
<td>Bachelor’s degree</td>
<td>10%</td>
</tr>
<tr>
<td>Associate’s degree</td>
<td>7%</td>
</tr>
<tr>
<td>Some college, no degree</td>
<td>16%</td>
</tr>
<tr>
<td>High school diploma or equivalency</td>
<td>36%</td>
</tr>
<tr>
<td>Less than high school diploma</td>
<td>24%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age distribution</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>65 and over</td>
<td>12%</td>
</tr>
<tr>
<td>45-64</td>
<td>21%</td>
</tr>
<tr>
<td>25-44</td>
<td>29%</td>
</tr>
<tr>
<td>18-24</td>
<td>11%</td>
</tr>
<tr>
<td>Under 18</td>
<td>26%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Income</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; $10,000</td>
<td>10%</td>
</tr>
<tr>
<td>$10,000-24,999</td>
<td>22%</td>
</tr>
<tr>
<td>$25,000-49,999</td>
<td>32%</td>
</tr>
<tr>
<td>$50,000+</td>
<td>36%</td>
</tr>
</tbody>
</table>

Living in Allentown

The Partnership was interested in learning resident opinions regarding Allentown as a place to live and raise children. Particular areas of interest included perceptions of law enforcement, public schools, and opportunities to enjoy free time. Opinion differences by race and ethnicity were also important considerations as were respondents’ thoughts regarding feelings of safety and welcome in the city.

Overall, a majority of the respondents reported that Allentown is a good to excellent place in which to live (75%) and raise a family (61%). An overwhelming majority of respondents had positive feelings about their specific neighborhood: 80% reported that their neighborhood was a good or excellent place to live. There was no significant difference in opinion by respondent race/ethnicity or income, with the exception of respondent opinion of their neighborhood as a place to live. Respondents with higher incomes were more likely to report that their neighborhoods were good or excellent as compared with those having lower incomes.
Significant differences in opinion were found by zip code, with respondents living in zip code 18104 reflecting a more positive opinion of Allentown and their neighborhood as compared with those living in other areas of the city (Figure 8).

When asked whether they thought life in Allentown is getting better or worse, a slight majority of the respondents reported that it was getting worse (54%). This opinion did not vary significantly by race/ethnicity, income, or zip code. Fewer than 12% of respondents reported that Allentown was getting better.

Resident opinion regarding the Allentown public schools also was elicited. Survey results indicate that a majority of the white, Hispanic and Black respondents feel that the schools are good to excellent, with responses varying significantly by race/ethnicity (Figure 9). Differences in opinion regarding the public schools also differed significantly by income, with a smaller proportion of those with higher income reporting that the Allentown public schools are good to excellent (Figure 10).

* Not statistically significant (p>0.05)
**Access to community and health services**

Access to certain types of health care services were found to be more problematic for survey respondents than other types of services, and certain groups within Allentown were more likely to report problems in access as compared with other groups. Among all respondents, finding health care for children (17%), care for pregnant teens (15%) and a family doctor (14%) were found to be at least somewhat of a problem (Figure 11). A greater proportion of respondents reported that getting help for teeth or gums (21%) and mental health services (18%) was problematic (Figure 12).

![Figure 11: Access to health services](image1.png)

Significant differences in perceptions of access to certain health services by race/ethnicity were found (Figure 13). A greater proportion of Hispanics reported problems in finding a family doctor and in getting vision, dental and mental health care as compared to white and Black respondents. Finding help for drug abuse was reported as a problem by a greater proportion of Blacks as compared with whites and Hispanics.

![Figure 12: Access to health services](image2.png)

Over 15% of respondents reported that finding child care for infants, preschoolers, and school aged children is a problem. Significant differences were noted by race/ethnicity with a greater proportion of Hispanics and Blacks reporting a problem in finding child care (Figure 13).

* Not statistically significant (p>0.05)
Financial insecurity

The United States was in the midst of a national recession during the time the Partnership was designing the Allentown Community Health Opinion Survey. Partnership members felt that it was important to gauge the level of financial insecurity experienced by the residents of Allentown during this time. Therefore, several questions examine the level of hardship experienced by residents.

Over one quarter of the respondents reported that during the 12 months prior to the survey there were times when they were not able to pay their mortgage, rent or utility bills. Significant differences were found by race/ethnicity, with a greater proportion of Hispanics, Blacks, and other minority groups reporting not being able to pay these bills as compared to whites (p<.001). Fewer than 10% of respondents reported having to move in with other people because of not being able to pay their bills. However, when stratified by race, the proportion of respondents from minority groups who had moved in with other people was greater than 10%, with nearly 14% of Hispanics reporting that they had to move in with others.

Food insecurity was also evident in the survey responses. Approximately one quarter of the respondents reported having to cut the size of their meals or skip meals during the 12 months prior to the survey. This proportion increased to 43% for Hispanics and Blacks when data were stratified by race/ethnicity. Similar differences were noted in the proportion of respondents who reported ever getting emergency food from a church, food pantry or food bank. Overall, 12% of respondents reported using these resources in the previous months; however, 39% and 21% of Hispanics and Blacks, respectively, reported having to get emergency food during this time period (p<.001). (Figure 14).

Ability to maintain telephone service was examined as an indicator of financial insecurity. Slightly more than 10% of respondents reported that they went without phone service for more than 24 hours; nearly one third of Hispanics reported going without phone service for a day at least once.

Job insecurity was reported by over one quarter of respondents who responded that they were very concerned about losing their jobs; an additional 21% reporting being at least somewhat concerned.
The proportions of Hispanic and Black respondents that reported being concerned about losing their jobs were greater than that of white respondents (Figure 15).

Statistically significant differences in changes in job status were noted among respondents. Whites were less likely to have been laid off, had their hours reduced, or received unemployment than Hispanics and Blacks in the 12 months prior to the survey. Differences were noted among those who sought employment, but they were not statistically significant (p>0.05) (Figure 16).

**Crime and violence**

Concern regarding crime, violence, and feelings of safety emerged as key issues among survey respondents. Approximately two thirds of respondents reported that feeling safe in the schools (64%) or in the local parks or neighborhoods (61%) was either somewhat or a major problem in their neighborhoods. This opinion did not vary significantly by race/ethnicity. Perceptions of neighborhood problems that did vary by race/ethnicity and zip code included gangs, youth access to weapons, access to drugs, and youth violence (Figures 17 and 18). Whites and respondents living in zip codes 18103 and 18104 were less likely to report these problems as compared with other racial/ethnic groups and areas of the city.*

* Not statistically significant (p>0.05)
More than 80% of the respondents reported being at least somewhat concerned with becoming victims of a crime, with 31% feeling very concerned. These feelings of concern varied significantly by race/ethnicity with a greater proportion of whites (82%) than Hispanics (78%) or Blacks (71%) reporting being at least somewhat concerned about becoming crime victims.

Respondents did report favorable opinions regarding Allentown’s law enforcement services, with over 80% reporting that the police were good, very good or excellent. Responses did not vary significantly by zip code or racial/ethnic group (Figure 19).

**Neighborhood concerns related to alcohol**

Most respondents reported that access to alcohol and bars were not a problem in their neighborhoods, with the exception of those living in the 18101/02 zip code (Figure 20). A greater proportion of whites reported that access to alcohol and bars were not a problem in their neighborhoods as compared with minority groups (Figure 21).
Household concerns related to behaviors

Respondents were queried regarding whether selected behaviors were problems within their households. Lack of physical activity or exercise (42%), cigarette smoking among adults (31%), and poor eating habits/lack of good nutrition (33%) were behaviors reported as being problems in the household by the largest proportion of respondents (Figure 22).

![Figure 22: Behavior problems in household](image)

Racial and ethnic differences in feeling welcome

Differences in feelings of welcome in selected venues were found by racial/ethnic group. All differences were found to be statistically significant except feeling welcome in the schools (Figure 23). Whites were less likely to report not feeling welcome than any other racial/ethnic group, with the exception in the schools where a smaller proportion of Hispanics reported feeling not welcome.

![Figure 23: Feeling welcome](image)

*Not statistically significant (p>0.05)
Focus group results

Participant demographics

Table 2 displays the demographic characteristics of the participants in the five focus groups. Demographic differences among the groups included age, education, income, and home ownership. Participant age ranged from 19 - 73 years; racial/ethnic characteristics included one Middle-Eastern American, four African-Americans, 36 Latinos and eight Whites.

Table 2: Participant Characteristics

<table>
<thead>
<tr>
<th>Zip code</th>
<th>18103</th>
<th>18109</th>
<th>18103</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Location and language of group</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Roosevelt English</td>
<td>2 men, 8 women</td>
<td>2 men, 7 women</td>
<td>2 men, 16 women</td>
</tr>
<tr>
<td>Roosevelt Spanish</td>
<td>8 women</td>
<td>33.3%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Mosser English</td>
<td>37.0 (30-46)</td>
<td>32.1 (19-54)</td>
<td>40.1 (27-59)</td>
</tr>
<tr>
<td>Mosser Spanish</td>
<td>12.5%</td>
<td>75.0%</td>
<td>11.1%</td>
</tr>
<tr>
<td>South Mountain English</td>
<td></td>
<td>3.9 (1-5)</td>
<td>3.0 (&lt;1 to 5)</td>
</tr>
<tr>
<td>Has health insurance (%)</td>
<td>75.0%</td>
<td>55.6%</td>
<td>66.7%</td>
</tr>
<tr>
<td>Completed high school, GED, or more (%)</td>
<td>37.5%</td>
<td>40.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Rate health as excellent or very good (%)</td>
<td>25.0%</td>
<td>20.0%</td>
<td>55.5%</td>
</tr>
<tr>
<td>Earn &gt; $20,000 (%)</td>
<td>42.9%</td>
<td>71.4%</td>
<td>71.4%</td>
</tr>
</tbody>
</table>

Living in Allentown

Consistent with the mailed survey responses, focus group participants reported that they liked their neighborhoods. Participants who recently had moved to Allentown (within one to five years) from communities in New York or New Jersey reported that they feel safer in Allentown than where they lived before.

*This is a safe place. I have never had any kind of problem in my street. There aren’t problems with gangs, nor any of that kind.*

Some participants reported they appreciated that there were areas with green grass or places to play sports. Convenience to main roads and highways was noted as a neighborhood attribute by participants in the South Mountain group.

Neighborhood concerns

When asked what they do not like about their neighborhood and what they saw as the three most important problems in their neighborhood, most responses differed markedly among the focus groups, however, there were some commonalities. Common issues that emerged include safety, lack of police responsiveness, and access to various services.

Safety

Safety was voiced as a major concern for the participants in the focus group held at Roosevelt Elementary School. This is consistent with the findings from the mailed survey which indicated that

* Not statistically significant (p>0.05)
feeling safe in schools and in neighborhood parks was of concern to respondents in zip code 18103, the area in which Roosevelt ES is located. The participants in the English language group said that there is too much violence, including shootings, vandalism, stealing, litter and drugs. When the group held at Mosser Elementary School (zip code 18109) was specifically asked about safety, issues related to drug trafficking, public drunkenness, and police responsiveness emerged.

Speeding was voiced as a concern among participants in the all of the groups. Individuals in the groups held at Roosevelt Elementary School expressed concern about children being hit by cars.

Participants in the groups held at Roosevelt reported that there is a lack of police surveillance of parks. They spoke about drug use in the parks which kept them from allowing their children to play there.

I used to go with my children to the street but now I do not like to go out because of drug dealing. Recently we went to eat out and when we were on our way back home there was a street fight and one of the guys had a pistol. We were very afraid so we entered quickly into our house.

Participants in all of the groups voiced dissatisfaction with the responsiveness of police when called to an emergency. They do not see that the police are doing much to prevent crime or follow-up on violent or illegal incidents. Participants shared several scenarios illustrating this non-responsiveness. One woman said that she called the police when her neighbor was having a baby, but they never came, so the woman gave birth at home. Another young woman said the first month she moved in, a bullet was shot into her child’s room, but the policeman took about an hour to arrive and did not do much. They saw that the pellet was there, but they didn’t seem to do any follow-up.

Several participants shared that when the police did respond to a complaint, they asked questions that appeared to be inappropriate by the participant. One participant in the English-speaking group held at Roosevelt Elementary School said that when someone kicked her door down, she phoned the police. When the police arrived, they asked, “Do you have any children?” to which she told them yes, she had a six-year old granddaughter. She said they asked if her child had problems, giving the woman the impression that they were inferring that the child was involved in some way. In response, another woman in the group stated that the police asked her the same type of question. She stated that she called the police a month after moving in and they asked about her four year old daughter, saying, “Does your child have a beef with anyone?” She responded, “She hasn’t even started school yet, you think she has problems with people?”

Every time you call the police to report a problem, with gangs or drugs, they keep asking questions about your name, address, and other personal information, they shouldn’t ask those questions, this should be a confidential service. Gangs could find you...

Participants in the Spanish-speaking groups associated the lack of police responsiveness to racism, arguing that because they do not speak English very well or they speak with an accent they are not taken seriously.

Access to services
Participants in the groups held at Mosser ES (zip code 18109) identified accessibility to a variety of services as a major issue. They felt their neighborhood was too quiet and removed from health care resources, supermarkets and other stores and parks for their kids. Lack of accessibility to transportation and very lengthy travel times to get relatively short distances was a significant concern.

One participant explained that in order to get her 6-year-old boy to school, it was a mile walk; another participant agreed, adding that she has to walk a mile or a mile and a half with her child in the morning to get to the bus. Concerns were also raised about areas of the neighborhood being blocked off so that police and ambulance services could not reach their homes. In both Spanish-speaking groups, the poor quality of public transportation was a key issue.
Other concerns
Neighbors not taking care of their property (ie, not cutting lawns, throwing litter) was stated as a concern by the Spanish-speaking group held at Mosser Elementary School. Litter was also noted as a concern among the English-speaking group held at Roosevelt ES. Lack of public spaces for children and adults was expressed as a concern among participants in the Spanish language group at Mosser ES.

Participants in the group held at South Mountain middle school (zip code 18103) were demographically quite different from the other four groups. The four women who comprised this group tended to be older, white, homeowners, and having lived in their neighborhood an average of 22 years. Discussions held in this group reflected nostalgia for the way things used to be.

Participants in the South Mountain group voiced many concerns including ones related to children’s behavior and parenting, graffiti, litter, increasing crime, speeding, and lack of law enforcement and delay in ambulance arrival. Group participants complained about lack of parent involvement and responsibility in their children’s lives, disrespectful children, and “parents sitting at home and collecting welfare.” They also complained that they pay taxes to Allentown but don’t get the services other areas do. Much hostility and blame seemed to be directed toward minority and non-English members of the community.

Solutions to neighborhood problems
When queried about what solutions they see could help to improve their communities participants shared several suggestions listed below. The location of the focus group in which the suggestion was made is noted in parentheses when specific to that neighborhood.

- Accessibility to a local community center
- Better police surveillance in neighborhoods, parks and playgrounds
- Installing speed bumps (Roosevelt and Mosser ES)
- Better lighting in the neighborhood (Roosevelt ES)
- Providing Spanish language telephone lines so members of the community could report drug dealing and other crimes (Roosevelt and Mosser Spanish groups)
- Confidentiality when reporting to the police (Mosser Spanish group)
- Better emergency services (Mosser English group)
- Closer stores (including food) and services of all kinds (Mosser English group)
- Better transportation (Mosser English group)
- Information available about where to learn English (Roosevelt Spanish group)
- Day care centers to allow women to study (Roosevelt Spanish group)
- More support for women, especially those suffering from depression (Roosevelt Spanish group)
- Greater number of, and less expensive, public pools (Mosser Spanish group)
- A better hospital in the area as well as closer free clinics, emergency centers, doctors and pharmacies (Mosser English group)
- Mobile health vans (Roosevelt English group)
- Gynecological care including free mammograms and pap smears, women’s health care centers as well as dermatologists and affordable dental care (Roosevelt Spanish group)
- Translators to bridge language and cultural barriers in the health care setting (Roosevelt Spanish group)

Reasons people do not stay in the neighborhood
When queried about why people do not stay in their neighborhood, participants in the English language group held at Roosevelt ES reported speeding, vandalism, shootings, robberies and people not watching their kids. For participants in the Spanish language group held at Mosser ES the reasons were similar including vandalism, graffiti, litter and gangs. Some of the participants suggested that these problems have started to appear recently and are perceived as “foreign,” as coming from groups from other places who come to vandalize the neighborhood.
By contrast, the Spanish language group held at Roosevelt felt racism was causing whites to leave the neighborhood — “when Latinos move in the Whites move out.”

Anglos do not want to live among Hispanics because they say, Latinos have a very different way of life, they like to party, to listen to loud music, and make a lot of noise.

Participants in the English language group held at Mosser ES reported it is “because there is nothing. There’s nothing. It’s you and everyone you grew up with.” Boredom, “nothing going on over here,” and transportation were also cited.

In group held at South Mountain MS the response was ‘people are moving because they are sick of it.”

**Places to meet with others from the neighborhood**

To determine if there are places in the neighborhood for people to socialize, participants were asked where in the neighborhood people go to “hang out” or talk with others in the neighborhood. Responses indicate that a lack of places to hang out in the neighborhood is common for all five groups — sometimes this was stated explicitly, at other times it was implied by the response that they hang out mostly at their own or friends’ homes. Participants in the English language group at Roosevelt ES felt there was no place to get together. Although there is a community center, it was viewed negatively; “that’s the place where all the fights occur.” They also viewed a large local playground negatively, as a place “children and teenagers without parents go” and “they vandalize the park too.” Participants in the Spanish language group at Mosser ES noted the lack of a community center. Due to the lack of public areas, they worried about their children having to play on the street, with all the hazards that implies.

Other places to “hang out” frequented by some focus group members included parks, the river near Union Boulevard, and church. Only the participants in the English language group at Mosser English (ME) group named specific neighborhood establishments: Pig’s Pen, Fuzzy’s Pool and Woody’s.

Participants in the group held at South Mountain MS complained of the absence of a community center and that the South side “had nothing”. They did mention that Mountainville has a community center but whereas it “was big”, now it is underdeveloped. They stated that Romper Day has too much “riff-raff” now and other places to socialize have too many people “you can’t trust.” The place people in the neighborhood go to hang out is to “walk the streets.”

**Resources in the community**

Participants were asked to identify places where they would refer friends or neighbors when asked for help in finding a job or food. The English language group held at Roosevelt ES said that if someone asked for help in finding a job they would suggest CareerLink, the internet or, according to one respondent, “I would ask my husband to help them find a job.” The internet was also suggested by the English language group at Mosser ES.

Both Spanish-speaking focus groups mentioned job agencies but also felt this was not a particularly good option because of low salaries, no benefits or health insurance and lack of job stability. The group held at Roosevelt ES felt these agencies looked out for the businesses rather than the job seekers. Participants also would recommend companies they know because they work (or worked) there. Participants in the group at South Mountain MS reported that they would call others to make inquiries about jobs and refer them to careerbuilder.com.

When asked where they would direct people who asked where to get food, participants in the English language groups held at Mosser and Roosevelt ES suggested food banks. Both Spanish language groups named specific stores. A food shelter was mentioned by participants in the group held at South Mountain MS. Additionally, these participants also mentioned the Angel Food Ministries at Calvary.
Temple, the Jewish Community Center and local churches. They also said they would go to the grocery store themselves or to friends or family.

Participants in the Spanish language group at Roosevelt ES specifically recommend Price Rite and Aldi’s, but one participant complained that everything at Aldi’s is canned or processed.

*Latinos like fresh food, and in Aldi’s everything is processed. I do not go to Aldi’s any longer because I do not like what they sell. I go to the “Frutera” (sic), that is a good for our economy.*

Participants mentioned that when there is a big family they tend to go to wholesale shops such as Sam’s.

A limited public transportation system was reported by some as a reason that they could not find better deals or shop further away. Taxis are very expensive and buses have limited routes and services.

**Community Participation**

Facilitators asked participants if they were involved with a church, civic organization or community group. Church involvement was more prevalent in the Spanish-speaking groups than in the English-speaking groups. Inaccessibility due to transportation inadequacies was mentioned by one participant.

There was very little involvement in civic organizations or community groups reported across all focus groups. Lack of time was mentioned as the reason for lack of involvement in these types of groups. Only one participant in the Spanish-speaking group held at Mosser ES reported being involved in any community groups.

Participants in the group held at South Mountain MS did not mention church involvement but did mention participation in PTA, co-op for women in arts in PA, Traveler’s Protection Association, safety patrol and bicycle inspection.

**Living in East or South Allentown**

Both groups held at Roosevelt ES said that it was safer and more peaceful in South Allentown than downtown. The Spanish language group also felt it was cheaper than New York, New Jersey or downtown Allentown, and that the houses and schools are bigger. When the group held at Mosser ES was asked about living in East Allentown, they reported that their neighborhood was safer and more peaceful. One of the participants in the Mosser Spanish language group highlighted the role of the Mosser Village Family Center and all the services it provides. It was noted that this center does not cover all of East Allentown, just the Mosser area.

Participants in the group held at South Mountain MS felt what made their community distinctive was the beauty and that it is quiet, “when you can find it.”

When the groups were asked whether their areas (East and South Allentown) get the services they need, concerns not previously mentioned by the focus groups surfaced. The English language group held at Roosevelt ES noted the lack of a Weed and Seed program on the south side and well-supervised organizations and activities for their kids.

They also expressed very negative views about a specific community-based organization that serves children. They mentioned that they didn’t trust organizations like it. When asked what they didn’t like about it, they cited poor supervision, staffing by other teenagers who were not able to adequately watch the youth, not enough adult supervision, amount of paperwork required, lack of communication with parents, and the quality of services.

When queried about the most important health concerns in their areas, the English language group held at Mosser ES began debating whether older or younger residents had greater needs regarding health
care and insurance coverage. They also debated whether the problems with health care are the result of people taking advantage of the system or whether it is the people who are in power that are responsible for a broken system. Participants in both groups held at Mosser ES discussed the difference in treatment depending on whether you had private insurance or state-sponsored plans. This point was debated by the Spanish language group, as some members stated they had no problems finding doctors who accepted state sponsored insurance. Others said they thought hospitals need to improve their services, i.e. more appointments available, more receptionists to answer the phones, and better service in emergencies. The English language group held at Roosevelt ES expressed similar opinions: there is a difference in how people are treated (“like a queen”) with private insurance.

A final concern expressed by the Spanish-speaking group held at Roosevelt ES was lack of access to affordable health care. The concern seemed to focus on cost, not on location. For example, one woman expressed an opinion about one of the clinics:

> Once I went to _____, and it is not too bad, but they charge for their services. Somebody had told me that it was free, but it is not true. So I went to New York, even my baby was born there.

By contrast, the English speaking group held at Mosser ES complained of lack of easy access to health care providers as well as perceived quality of one of the local hospitals. Participants in the Spanish language group at Mosser ES complained about the elimination of a nurse at the school who took care of basic health needs, leaving the community without this service locally. The English speaking group at Roosevelt ES mentioned having free clinics and the fact that children can be seen at Roosevelt. They did mention not being able to get treatment for certain conditions without health insurance, and one participant suggested mobile health vans “like in NY.” They also mentioned people without insurance using emergency rooms for urgent care because they can’t be turned away.

Participants in the Spanish language group held at Mosser ES group indicated going back to their countries of origin for better or cheaper health care. The Spanish language group held at Roosevelt ES identified better health care coverage, affordable dental care, gynecological care including free mammograms and pap smears (“like in NJ”), women’s health care centers and dermatologists as concerns. The language/cultural barriers faced by this population were another major issue raised in this group. They spoke of the lack of information presented in Spanish regarding where to go for care as well as a lack of translators in medical settings including emergency rooms. They also expressed the need for translators to bridge cultural differences as well, noting that doctors work differently here than in their home countries in Latin America. As an example, one member of the group indicated that he/she didn’t understand why you had to “give a number” to rate pain.

The group held at South Mountain MS questioned whether children are getting the preventive care they need and described the clinics as “insane,” that there was “nothing over here” and that specialized doctors are all either in center city, Cedar Crest or St. Luke’s.

Participants in the English language group held at Roosevelt ES mentioned some specific health problems: asthma, obesity, and diabetes. One woman mentioned epilepsy. Regarding urgent health problems for people who are uninsured, they said that people they know will go to the emergency room, because hospitals can’t turn them away if it’s an emergency. They also mentioned knowing of free health clinics for basic services.

**Community spokespersons**

Participants were asked to identify a person in their neighborhood who would be the best person to talk with about what is going on in their community. No one in any of the five focus groups could identify anyone working on behalf of their community for the interviewers to speak to regarding the neighborhood. One person in the Spanish language group at Mosser ES said that if someone needs help, the Catholic Church or the Salvation Army are institutions where people can find support. One participant commented:
We need a leader, this would be great, I tried to organize the community yet despite inviting many people, few showed up to the meetings. Everybody wants to see changes but anybody wants to work for them, people want a festival, but they don’t offer any economic or moral help. If you organize something and it goes fine, they will greet you, otherwise they will criticize you, in any case they won’t offer you help …

Personal interview results

Personal interviews were conducted with individuals from specific racial/ethnic groups that the Partnership felt might not be well-represented in the mailed survey responses. These racial/ethnic groups included Hispanics, Vietnamese, Middle-Easterners, and African Americans. The intent was to obtain more in-depth responses to questions included in the mailed survey from these population groups.

Participant Demographics

Sixty-nine individuals completed the interview: 23 Hispanics, 19 African Americans, 17 Middle-Eastern Americans, and 10 Vietnamese Americans.

Living in Allentown

Over three-quarters of the respondents (79.1%) reported that Allentown was a good-excellent place to live. Those who rated their neighborhood as excellent or very good described it as quiet, safe, has little or no crime and friendly neighbors. Individuals who rated the neighborhood as not so good or poor voiced concerns about violence, crime, too much traffic, and drugs. Table 3 provides neighborhood ratings by the race/ethnicity of the respondents.

<table>
<thead>
<tr>
<th>Table 3: Neighborhood rating by race/ethnicity</th>
<th>Percentage of respondents (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent or very good</td>
<td>Latino</td>
</tr>
<tr>
<td></td>
<td>13.6% (3)</td>
</tr>
<tr>
<td>Good</td>
<td>50.0% (11)</td>
</tr>
<tr>
<td>Not so good or poor</td>
<td>36.4% (8)</td>
</tr>
</tbody>
</table>

A majority of the individuals interviewed (70.1%) rated Allentown as a good-excellent place to raise a family. Those who rated it as excellent (13.4%) or very good (14.9%) said that Allentown is not too populated, there is no youth violence, things (sic) are conveniently located, and it’s cheaper. Other comments from these respondents included there are a lot of Hispanics; it’s comfortable in the West End, other areas are bad; people respect you here; and it’s good if you can get away from low income areas.

Comments from respondents who rated Allentown as a good place to raise a family included the following:

- There are good and bad things as elsewhere
- There are problems: violence, shootings, accidents, dogs, and gangs
- Crime rate decreased a lot over past few years; a lot going on
- Besides everything that tends to go on here, it is still a good place
- I like it because it is peaceful and there are a lot of Latinos
Those who rated it as not so good or poor gave the following comments:

*Center city is bad; outskirts aren't that bad*
*Before it was good, now too much crime*
*High cost of living*
*Depends on the area; center city isn't that good*
*Not a good place for kids*
*High level of violence, criminality, not a safe place; planning to move to another school district*

Table 4 provides ratings of Allentown as a place to raise a family by racial/ethnic group.

<table>
<thead>
<tr>
<th></th>
<th>Percentage of respondents (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Latino</td>
</tr>
<tr>
<td>Excellent or very good</td>
<td>9.1% (2)</td>
</tr>
<tr>
<td>Good</td>
<td>54.5% (12)</td>
</tr>
<tr>
<td>Not so good or poor</td>
<td>36.4% (8)</td>
</tr>
</tbody>
</table>

**Racial and ethnic differences in feeling welcome**

Table 5 presents the proportion of respondents that agreed with statements regarding how welcome people from their racial/ethnic group feel in Allentown when receiving health care services, and in their neighborhood schools.

<table>
<thead>
<tr>
<th></th>
<th>Percentage of respondents (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All respondents</td>
</tr>
<tr>
<td>In Allentown</td>
<td>84.9%(66)</td>
</tr>
<tr>
<td>When receiving healthcare services</td>
<td>87.5%(64)</td>
</tr>
<tr>
<td>In the schools</td>
<td>91.6%(60)</td>
</tr>
</tbody>
</table>

Those who strongly agreed or disagreed with the statement regarding people in their racial/ethnic group feeling welcome in Allentown made the following comments:

*There are many Hispanics*
*There are not problems with racism*
*They care for each other*
*Hispanic people help each other*
*Allentown is a ‘minority town’*
*Latinos are welcoming but Anglos are not*
*Big Syrian community in Allentown; when people come from overseas they feel welcome; they see familiar faces*
Comments from those who disagreed that people in their ethnic group feel welcome include:

- No longer the majority minority; feel slighted sometimes, Hispanics get more attention
- We are being taken over
- Americans do not like Hispanics/Latinos
- People born and raised here feel invaded, especially older generations
- There is racial tension, discrimination

When queried about whether people in their racial/ethnic group feel welcome when receiving health care services, a majority (53%) of those interviewed responded affirmatively. Comments made by these individuals include the following:

- Family doctor treats us well
- If you have insurance
- Sometimes we are not treated well
- There are good and bad experiences
- Members in my community appreciate the healthcare provided to them
- Vietnamese people are treated well when going to the doctor’s
- Depends on the place; varies among Americans, some treat Latinos well, some don’t
- Medical professionals try their best despite some problems with the language barrier

Those who disagreed that people in their ethnic group feel welcome shared these comments:

- Not always well-received
- Once I went for ankle surgery, wasn’t treated fairly
- Doctors do not speak Spanish, no translators
- Bad service, exclusion because of skin color, bad service to Hispanic pregnant women
- Unfair that I have medical issues; just makes a little too much to qualify for insurance assistance, can’t afford medicines

Comments made by those (n=55) who agree that people in their ethnic group feel welcome in the schools gave the following comments:

- They have bilingual teachers
- Hispanic people help each other
- Some bullying
- Many schools in my neighborhood already include children of all races
- My ethnic group usually receives help from teachers/staff
- Never heard anyone complain
- Asians usually are motivated by the value of education
- Teachers try to communicate effectively during parent/teacher conferences

Comments from the few people (n=5) that disagreed with the statement include:

- There is a lot of racism; people in the hospital are racists
- There aren’t that many bilingual teachers
- Seems like Hispanics only
- Schools are divided

Access to community and health services

Individuals were queried regarding problems in finding or accessing certain health-related services for people within their households. Responses were similar to those of the respondents to the mailed survey, with fewer than 20% reporting that they had a problem in obtaining the listed services. However,
A greater proportion of those interviewed did report problems in accessing care for pregnant women, care for pregnant teens and finding a family doctor (Figure 24). A lower proportion of those interviewed reported problems with accessing child health care. Differences were not statistically significant.

![Figure 24: Access to health services](image)

![Figure 25: Access to specific health services](image)

A greater proportion of individuals responding to the personal interviews reported problems in getting services for vision, teeth or gums, and drug abuse than found among mailed survey respondents (Figure 25). Differences in the proportions reporting problems in finding services were not statistically significant.

Issues specific to access to care that emerged from the comments shared by those interviewed include the following:

Central themes related to access difficulties:
- High costs of health care services
- Lack of insurance
- Lack of bilingual providers

Care for pregnant teens:
- Care for pregnant teens not well advertised
- Hard to find services for pregnant teens
- Quality of service for pregnant women is poor
- Hispanic pregnant women are marginalized
- Some obstetrician/gynecologists don’t speak Spanish
- Lack of centers for pregnant women

Child Health Care:
- Is usually a problem
- Is very poor
- Too much paperwork and red tape, too much legwork for patients

Family Doctor:
- Cost: It’s expensive; only working part-time, therefore no insurance
- Not easy to find family doctors in community
- Finding a family doctor is difficult if you don’t speak English
Child Care:
Everyone has problems finding child care
Can’t get child care for infants for financial reasons
No child care facilities in the area

Care for eyes or vision:
The price of glasses has gotten too expensive despite partial vision
Has not been able to find an eye doctor
Ophthalmologists are expensive; dental care is very expensive
Not many ophthalmologists covered by her insurance; expensive

Mental health services:
Depression
Receiving mental health services

Care for teeth or gums:
Reconstructive dentistry is unaffordable – not fully covered by insurance
Transportation to a dentist is difficult
Treated poor at dentist
There are no dentists in the area, have to go far
Dentists are more expensive than what insurance covers; waits to go home during summers for dental care

Care for drug abuse:
There aren’t programs to help drug addicts
Individual doesn’t know where drug abuse support is
Lack of insurance
Individual travels out of the United States for treatment

Crime and violence

Individuals were asked about concerns in their neighborhoods related to crime and violence. Responses (Figure 26) were similar to those of the respondents to the mailed survey. However, a lower proportion of respondents to the individual interviews reported that feeling safe in the schools and parks in their neighborhood were problems as compared with those who responded to the mailed survey.

Figure 26: Problems in the neighborhood
Percentage responding problem in their neighborhood
Comments related to neighborhood concerns are listed below:

- Harassment from police problem in park
- Access to weapons worse than use of them
- Bars: fighting; was in a smaller school, felt safer
- Some drug dealing problems between Tilghman and Washington; otherwise, happy as people help each other
- Drives to parks outside the city; if she could move right now she would; will send her kids to private school otherwise
- I hear gun shootings, I hear at night sometimes people have guns, sometimes they fight. I feel terrible for 7th St., I hear a lot.

When asked about what they thought the three biggest problems in their community were, the most frequently given number one problems were safety, drugs, and economic issues. Safety was identified as the second biggest problem by a majority of the respondents.

Concerns about safety included security, crime, gangs, youth violence, shooting, access to weapons, physical abuse, predators, unsafe parks, robbery, risk created by protests at women’s clinic. Gangs were the most frequent specific safety concern.

**Conclusion**

The residents who responded to the Allentown Community Health Opinion Survey indicate, in general, that they have a positive feeling about living in Allentown as well as about the Allentown schools. Access to health and social services are not viewed as problematic, with the exception of oral health care and mental health services. Survey findings also reveal that a number of respondents are experiencing challenges due to financial insecurity and concerns about job loss. The time period of the survey, having been conducted during a recession in the US economy, is certain to have contributed to these factors.

While many respondents do feel comfortable and safe, survey findings indicate that there are areas of the city requiring greater attention in order to improve feelings of equity in terms of access to services and feeling welcome. Hispanic respondents, more frequently than other population groups, reported that they have difficulty in accessing health services of all types; African-American and other minority populations that responded to the survey also reported greater difficulty in obtaining these services as compared to white respondents. Feelings of welcome when accessing healthcare, working, and interacting with governmental agencies also differed among respondents in Allentown, with Hispanic and Black respondents least likely to report that they feel welcome. These differences should be of concern to Allentown community leaders and service providers, as well as other residents within the city, as they can lead to greater disparities in health and well-being as well as discontent within the population. Indicators of financial insecurity were also more prevalent among the Hispanic survey respondents, suggesting that a greater focus should be given to employment opportunities for this segment of the Allentown population.

Concerns about crime, violence, and feelings of safety were common across all racial/ethnic groups responding to the survey; there was some variation by zip code, with respondents living in center city Allentown more likely to express these concerns than those living in other areas of the city. In general, respondents reported favorable feelings about law enforcement in the city, which suggests an opportunity for the police to work more closely with residents to address their concerns.

Across the city, respondents voiced healthy lifestyle problems related to physical activity, poor eating habits, and smoking, problems which typically lead to chronic illnesses such as diabetes, cancer, and heart disease. Efforts by the Allentown Health Bureau, the local hospitals and health agencies to address these problems should be supported and enhanced so that they can reach a greater number of residents, and thereby reduce their health risks.
Working together as a community, Allentown can become one of the healthiest populations in the state—an ambitious, but not unattainable goal—which will require agencies and institutions to work in partnership with community residents on the issues affecting their health and well-being. Identification of these issues is key. While the Allentown Community Health Opinion Survey is an important source of this information from the perception of some area residents, it can not be the only source. The Allentown Community Health Partnership encourages groups to work together as partners with the community, guiding residents as they make informed decisions about prioritizing areas for improvement. Armed with collaboratively identified issues, together they can establish meaningful improvement efforts to effect positive impact on the health, present as well as future, of the Allentown community.
References


U.S. Census Bureau; generated by Cathy Coyne using American Factfinder; [http://factfinder.census.gov](http://factfinder.census.gov); (September 26, 2010).