

Riverside **Community Engagement Report**



Report Prepared for
Kaiser Permanente
by HARC Inc.
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Executive Summary

The executive summary is a single-page overview of the major themes that were identified across our community engagement efforts.

Lived experience with health needs

“It’s harder to find a good job at this time.”

The lived experience of community residents tells a bleak story. Many residents are low income and feel as though they’re stuck in a cycle of poverty. Many have low paying jobs and experience poor working conditions. To make matters worse, those who are low-income have a difficult time finding money and time to advance their education or job skills. Some lack health insurance or simply neglect their health altogether due to their many life responsibilities. Those who need mental health treatment are hesitant to seek treatment or lack time to devote to improving their mental well-being.

Causes/contributing factors to health needs

“Everything. It stacks, it piles up.”

Scarce money is identified as the root of much of the aforementioned problems. Employment is scarce, wages are low, and cost of living is high. Without time and money, people are unable to advance their education and thus remain poor. With low income and low education, many don’t focus on proper health behaviors or mental well-being. On top of that, we have a number of immigrants in our community who avoid any type of community resource for fear of deportation—which comes at a cost to one’s health.

Existing disparities

“Low-income have less disposable income for care, less time for treatment, and also have low literacy rates and limited access to transportation.”

Once again, people who are low income experience the greatest disparities. Those who are low income tend to have less time to devote to health, do not understand basic health as well as their higher income counterparts, are surrounded by fewer resources, and are unable to afford mental health care.

Resources and opportunities to address

Resources are available, “we think that’s just they don’t know”.

Opportunely, there are numerous resources in the community seeking to minimize disparities and improve health for all. There are a number of free health clinics which offer services such as health screenings, health care, dental care, and mental health treatment. Additionally, peer support and counselors were considered to be invaluable to finding the resources they need. Certainly, there is much work being done to help those who are in-need in our community—we just need to make sure that the people who need resources are connected to them.

Introduction

Kaiser Permanente is a nonprofit hospital that aims to improve the physical, mental, emotional, and economic health and well-being of individuals, communities, and organizations. The Kaiser Permanente Community Benefit team partners with a variety of organizations who have similar goals.

Every three years, nonprofit hospitals are required to conduct a community health needs assessment (CHNA) as mandated by The Patient Protection and Affordable Care Act (ACA). This process is important for maintaining tax-exempt status and for learning about health needs, issues of health equity, and the social predictors of health in the particular service area. Each Kaiser Foundation Hospital (KFH) must conduct their own CHNA. HARC was hired as a consultant to support KFH-Riverside and KFH-Moreno Valley in conducting their CHNAs. This report summarizes the results of the community outreach portion of the CHNA for the KFH-Riverside region.

HARC worked with Kaiser's local Community Benefit team to develop research questions and to recruit participants best suited to answer those research questions. The research questions covered the following topics: poverty, access to health care, access to mental health care, education, racial segregation, crowded housing, and social predictors of health. HARC then worked to interview community leaders and community residents and then analyze that data. This report details the findings of our engagement with community leaders and community residents.



Methods

The main research questions were developed collaboratively between HARC and Kaiser’s local Community Benefit team. These research questions were created based on secondary data related to the Riverside Service area. Some of the key social predictors of health (lower income, fewer bachelor’s degrees, less health insurance, more crowded housing, and more racial segregation) were all selected as research questions. Each of these topics were among the greatest predictors in terms of impacting multiple health outcomes locally. Each research question was specifically designed to better understand each of these social predictors.

Recruitment

The sample of leaders were obtained by reaching out to contacts known by the Kaiser Community Benefit team and HARC. Some leaders were also accessed via cold-calls. Interviews with leaders were scheduled ahead of time and took place in-person and over the phone. All leaders were provided with the questions in advance, so they could gather their thoughts prior to the interview. Leaders were not compensated for their participation.

The sample of community members were obtained in a variety of ways, including: community events, contacts provided by community partners, personal contacts in the community, and lastly some participants were referred by other participants. Interviews with community members took place at the time of contact with the HARC staff. Residents were screened by asking them questions to see which research question they were qualified to answer. Interviews lasted between 10 to 25 minutes.

TABLE 1. LIST OF STRATEGIC LEARNING QUESTIONS

Topic	Question
Poverty	What are the drivers of poverty in our under-resourced communities?
Poverty	How does the local job mix/landscape influence poverty in our community?
Access	What factors inhibit or support the health insurance enrollment process?
Access	What are the barriers to accessing mental health care services?
Education	What are the barriers to higher educational attainment in our under-resourced communities?
Education	How is higher education linked to health outcomes?
Education	Are students obtaining degrees that have value in the current job market?
Race	Do racially segregated communities feel that this segregation has an impact on their health? If so, how?
Housing	How does crowded housing relate to poor mental health, asthma, obesity, diabetes, and smoking?
Housing	What factors are contributing to/causing crowded housing situations?
Overall	How do the top social predictors of health (poverty, access to care, education, race, and housing) relate to each other?

Participants

A total of 44 people were interviewed during the CHNA process; 26 community leaders and 18 community residents participated in an interview.

Community Leaders

The 26 community leaders came from a variety of different sectors, including: community-based organizations/nonprofits ($n = 10$), government organizations/resources ($n = 8$), educational institutions ($n = 3$), health departments ($n = 2$), and economic development organizations ($n = 1$).

Specific organizations that were included in the leader interviews include: American Heart Association, Borrego Health, Catholic Charities, City of Lake Elsinore, Desert AIDS Project, Family Service Association, First 5 Riverside, Inland Empire Economic Partnership, Inland Empire Health Plan (IEHP), Latino Health Riverside, MFI Recovery, Michelle's Place, Oak Grove Center, Operation SafeHouse, Path of Life Ministries, Riverside City College, Riverside Community Health Foundation, Riverside County Housing Authority, Riverside County Office on Aging, Riverside County Office on Education, Riverside County Workforce and Economic Development, Riverside University Health System - Behavioral Health, Riverside University Health System - Public Health and University of California, Riverside – School of Medicine.

Community Residents

All 18 community residents indicated they lived in the city of Riverside. The age of participants ranged from 23 to 57 (mean = 39.4, mode = 23, median = 36).



Research Questions

Question 1: Poverty

What are the drivers of poverty in our under-resourced communities?



Input from Community Leaders

Leaders most commonly pointed to the **cost of living and/or living wage** as a reason for poverty. In other words, the cost of living in the region is simply too high which is coupled with few lines of employment that offer a living wage. Leaders frequently mentioned the high cost of housing was difficult and there is a lack of “affordable housing”. Leaders also identified the **lack of diverse employment options** as a driver of poverty, with the region being heavily dependent on “blue-collar”, “service”, and “agricultural” areas of work. Further, a lack of education was another commonly cited factor.

Leaders also described that residents commonly are living in a **cycle of poverty** in that people are impacted by “unexpected expenses”, “relying on paycheck advances”, “recovering from trauma”, and having a priority of “survival” from each week to the next.

“The other piece of that is that we have a lot of jobs in this county that don't pay a living wage, whether that is through the support service industry or logistics industry. If you're making \$15 an hour, minimum wage, then how do you support a family, particularly, with children? All of those things together really perpetuate the cycle.”

~Public health leader serving Riverside

Gaps that remain within the area of poverty, as reported by leaders included access to “transportation”, “education”, and “affordable housing”. A final area was “cultural competency” training for working with those who live in poverty. The priority health issues faced by those living in poverty included mental health, substance use, diabetes, obesity, high blood pressure, heart disease, and syphilis. Subgroups who experience health disparities were communities of color such as Hispanic/Latino and African American, members of the LGBTQIA+ population, undocumented workers, and homeless individuals.

Input from Community Residents

In line with the community leaders, residents echoed common causes of not being able to make ends meet. One of these included a **lack of employment and/or good employment**. For example, some residents expressed that, "It's harder to find a good job at this time" and that they "need more jobs". Another common theme was the issue of **cost of living and/or living wage**, as residents reported not making enough and the cost of living in the area is simply too high. Some issues that other areas residents expressed were having a lack of skills to gain better employment, experiencing unexpected costs, and needing financial management to ensure all bills are paid.

Residents reported some barriers associated with improving their financial situation. One of these included experiencing the **cycle of poverty** in that they need to "borrow money" to make ends meet, and also experience a piling up in bills.

"Everything. It stacks, it piles up. We worry and spend more effort on that and it just means I'm not functional."
~30-year-old resident from Riverside

Recommendations

While the cost of living/living wage issue cannot be improved overnight, there are many invaluable resources to help residents combat the perils of living in poverty. Perhaps a method for addressing some of the poverty issues could be additional collaborations between organizations across sectors, as the need for a coalescence was expressed. Additionally, the notion of having community navigators for residents to help find resources based on need was another point brought to light.



Question 2: Poverty

How does the local job mix/landscape influence poverty in our community?



Input from Community Leaders

In the discussion of the local job mix and income, leaders described some main themes identified include: there are **not enough livable wage jobs**, there's a reliance on **blue-collar work**, such as manufacturing, logistics, construction and blue-collar side of healthcare, and **seasonal work** within the service industry and agricultural industry.

Leaders also spoke to the implications of low-wage employment and health. For example, leaders pointed out that with being under-employed, there is lower **access to healthcare**, unemployed/underemployed experience more **health issues**, and that most of the service industries present a risk of **housing insecurity**, due to their low wages.

“Most service industries, and then a lot of logistic industries, so anything that doesn't make a living wage in our region—which is around \$20 an hour—is at risk of becoming housing insecure.”

~Nonprofit leader serving Riverside

Input from Community Residents

For us to better understand the local job mix, warehouse workers of Riverside were asked questions related to their line of work. Two themes that emerged: a **desire for another job** and experiencing **negative health effects** from their current job. Residents also described changes they would want to see in their job, and most commonly cited **improved wages**, such as being salaried, or even earning just one extra dollar to the hour. Others expressed a desire for better benefits such as having a cooler work environment, insurance benefits, and opportunities for skill advancement. Simply put, many warehouse workers are unhappy with their work arrangement.

Recommendations

A clear concern of both leaders and residents is that there are a scarce number of livable wage jobs and the region relies on low-wage work. There also problems with retaining people in the region as well, as the cost of living is higher than surrounding areas. One idea provided was to target these areas of employment and provide more online/night courses in education and/or skills training as an opportunity to seek new lines of employment.

Question 3: Access

What factors inhibit or support the health insurance enrollment process?



Input from Community Leaders

Leaders mentioned a few reasons why some people do not have health insurance. First, there are many who are undocumented and are therefore **afraid to access any government services**. In fact, while children are eligible for Medi-Cal, their undocumented parents might fear enrolling them in government services for fear of deportation. One community leader describes “Although, perhaps children have access, the political climate, the climate of fear that has been created, the very overt anti-immigrant dialogue that occurs impacts at the local level.”

Another group lacking insurance are the individuals who are in fact Medi-Cal eligible but they simply haven't signed up. A community health leader describes, “We think that's just **they don't know**”. Lastly, there are some people who qualify for subsidies but simply haven't signed up, in addition there are some people that don't qualify for subsidies, and simply have to pay out of pocket which can be costly.

Leaders described one solution in that there needs to be ongoing information provided to low-income people so that they know the options that are available to them. For example, IEHP has billboards, pamphlets, and commercials all describing insurance options that are available to low-income families—methods like these should continue in the effort to get more people enrolled in health insurance.

Input from Community Residents

There are a few reasons people indicated they do not have insurance. One main reason provided is that health insurance is **too expensive**. A 52-year-old male resident was interviewed at a free UCR Health Clinic and describes that his employer offers insurance but he simply can't afford it, “when the time comes to pay, I'm so busy trying to pay bills that I can't afford healthcare.” Lastly, a 35-year-old female describes that she is **struggling to understand the health insurance process**. “I'm still familiarizing myself with the process of obtaining health insurance. I do not know a lot of information about the process or the different plans that are offered. The little I do know, I have learned from visiting a clinic.”

Residents offered suggestions on what could help them to get insurance in the future. For one, more affordable coverage would be helpful. Second, there should be more help in understanding the different types of insurance and coverage. Lastly, one resident describes that the deadlines for health insurance are unfair and make it difficult to obtain coverage.

Recommendations

Taken together, it seems that increased awareness and education would certainly help people understand their health care options. If possible, healthcare should be increasingly affordable to community residents.

Question 4: Access

What are the barriers to accessing mental health services?



Input from Community Leaders

Leaders discussed the mental health issues they've observed in Riverside community. Consistently, leaders described that depression and anxiety are prevalent in the community and seem to be a result of poverty and everyday life stressors. Leaders also report witnessing trauma/PTSD, and some cases of schizophrenia and bipolar disorder.

Leaders also described some barriers for people accessing mental health treatment. Broadly speaking, leaders acknowledged that treatment is often **expensive** and it's **hard to know** whether your insurance will cover mental health treatment. Leaders also mentioned that there is a **dearth of providers** and few bilingual providers who are culturally competent. An additional factor mentioned by leaders is that people who are undocumented **do not trust the system** and might fear getting help. At the individual level, leaders acknowledged other barriers to getting help: people don't think they need help, people are **uncomfortable** sharing, and people simply don't know the services are available.

Leaders consistently identified low-income as a subpopulation that has less access to mental health care. Low-income have less disposable income for care, less time for treatment, and also have "low literacy rates and limited access to transportation." Lastly, leaders discussed some potential solutions to improve community mental health. Efforts mentioned include: prevention services and going into schools to discuss mental wellness. Additionally, one leader describes their adoption of telepsychiatry as a way of helping those who are hard to reach. Certainly, there are an abundance of ideas to help people receive mental health care.

Input from Community Residents

Some mental health issues acknowledged by residents include substance addiction, depression, stress, and anxiety. Residents also discussed some of the barriers they faced to getting treatment. One resident discussed insurance, stating that it **was difficult to find an insurance program** to pay for his mental health treatment. Other residents discussed some of the social issues surrounding mental health treatment: one resident claimed she didn't want to face her feelings, one resident **feared being judged** by therapists for seeking treatment, and one resident described that he doesn't trust people to discuss his feelings.

Residents certainly acknowledged that there are resources available to people who want it. For example, one resident claimed it was easy for her to get mental health care because it's completely covered by Medi-Cal, and other residents acknowledged the free mental health treatment provided by universities and free health clinics. Taken together, there are resources available for people who truly want it. However, sometimes the fear of judgement or a lack of trust serves as a barrier to obtaining the treatment needed.

Question 5: Education

What are the barriers to higher educational attainment in our under-resourced communities?



Input from Community Leaders

Leaders were asked to identify some of the barriers to attaining higher education, and three barriers were described. First, many students, particularly community college students, are low-income. Students have a number of **responsibilities** outside of college that get their attention. Another barrier is that there is a **lack of parental support**. One leader described “we still have parents that don’t understand college and proper funding for college... how do we engage them.” Along those lines, it was also described that **students are institutional dependent**—educational institutions are their only source of help.

Leaders also identified some groups who have had difficulty obtaining higher education. First generation college students have a limited understanding of higher education systems; foster youth struggle often due to lack guidance through the college process; African American youth struggle to advance and often mistrust educational systems; Pacific Islanders and Native Americans are under-represented in higher education. Clearly, there are many specific groups in need of help in the pursuit of higher education.

Fortunately, many efforts are being made to help under resourced communities get a college degree. One leader describes that Riverside Unified School District has a College Kickoff program which encourages college students to fill out college applications during school hours. In addition, Riverside City College offers a College Promise Program which has provided thousands of students with free tuition, support for books, and other types of social support.

Input from Community Residents

By and large, all residents indicated that at one point they aspired of attending college—all acknowledged the value of education for obtaining a good job. For those who have not attended college, the main barriers to attending college include no **money, no time, and family obligations**. A couple women described the demands of motherhood kept them from finishing college. One 47-year-old female resident describes, “I stopped going to community college because I got married. I started working, then I had my daughter. She was sick and I had to take care of her.” A 23-year-old college student describes her struggles while attending college: “A lot of it has been me trying to figure out and navigate through the institution of higher education. I’m the first in my family to go off to college, so a lot of it was all of us learning.”

The main resources credited as helpful for understanding the college system include high school and college counselors, in addition to peer college students.

Question 6: Education

How is higher education linked to health outcomes?

Limited exposure to health care

Education provides higher level knowledge

Less education means less time

More educated have less time too

Input from Community Leaders

Community leaders were asked to describe how they see the relationship between education and health outcomes, and there were a few main themes.

One of the main themes leaders described is that many with lower education have **limited exposure to the health care system**. Many residents struggle to understand health coverage, “the referral process”, “sliding fees”, and many are largely unaware of “community assistance programs”.

Along those lines, another theme described is that **education provides a higher level of knowledge** that is required to understand health and health care. For example, a Riverside physician describes that “even for a healthcare professional, reading on things that are evidence based—it’s not an easy read. It takes some training, some skill to comprehend.” Other leaders pointed out that those with a lower education have a hard time understanding pathophysiology and medications. In fact, the Riverside physician described, “A lot of the time, we keep on treating the same condition over and over again without realizing that the patient simply never understood the reason behind it in the beginning, until they’re just non-compliant.” Another leader described that one of her patients didn’t understand that diabetes was a chronic issue, but rather assumed it was acute and would go away. Indeed, very basic health knowledge is key to optimizing one’s personal health.

Leaders also described that **those with a lower education often have less time** to eat well and exercise. One college leader describes “They’re working 12 hours a day, and they don’t have time. As you get more educated, you tend to have a higher paying job, so you work fewer hours but get paid more. I don’t think it’s knowledge—I think it’s ability.” Conversely, a somewhat unexpected finding was that one leader described there is a **downside to being highly educated**. Another leader describes that those with a higher education tend to work more, “they don’t really do a lot of doctor visits or preventative care simply because of their schedule. They’re not very compliant with follow-up because of their work schedule.” Taken together, it is difficult to conclude whether education fosters a lifestyle that is healthier. However, it can be concluded that more time invested at work likely has an effect on one’s ability to eat well and exercise.

Recommendations

If we are to foster healthy lifestyles for people of all education levels, efforts should be made to assist all people in understanding the complicated health care system and the complexities of health issues. Further, healthy eating and exercise should be made more easily accessible to all.

Question 7: Education

Are students obtaining degrees that have value in the current job market?

Leaders ensure students obtain high demand skills

Students are choosing career paths that seem viable

Students are choosing career paths that interest them

Input from Community Leaders

As much as possible, academic leaders are working to ensure that **students are obtaining the skills needed** to succeed in the job market. For example, one community college leader describes the many efforts made to help students succeed in their careers. For one, there is a strong relationship between industry and academic departments. This approach seems to work well as a way of obtaining feedback that students are obtaining the skills they need to be successful. Additionally, the adjunct faculty are often professionals and take groups of students to job sites to truly understand what work entails.

One obstacle described by the community college is that while they try to facilitate internship opportunities for students (e.g., Edison, Bank of America, etc.) they have to compete with nearby four-year universities (i.e., University of Riverside) for those opportunities.

Input from Community Residents

Interviews with community residents reveal that **students are selecting viable career paths** and they are also **choosing paths that are interesting to them**. A 23-year old female resident described her ongoing interest with biology and goes on to say that she foresees promising job opportunities working in the biotech industry. Similarly, a 25-year-old female resident details her career selection: "I chose respiratory therapy because my mom's brother actually just died from respiratory problems and lack of knowledge from the hospital. It's actually looked at but it was neglect. I thought if you can't beat the problem, join it." She then went on to say that she is confident that she will have a lot of opportunities after school— "I can't wait actually".

Question 8: Race

Do racially segregated communities feel that this segregation has an impact on their health? If so, how?

Lack of resources

Fear of deportation

Stigma of mental health

Mostly fast food options

Residents say few negative experiences

Input from Community Leaders

One community leader was consulted on racial segregation, and specifically in regard to the Hispanic/Latino population. From this interview, several important concepts emerged providing additional information to the relationship between racial segregation and health.

One theme that was apparent was the **limited access to resources** this group experiences. For example, there is a lack of transportation to nearby healthy food options and recreational facilities, limiting healthy life-style choices. Another related concept was **not knowing how to ask for help**, due to language barriers, when their children are faced with issues in school.

A **fear of deportation** also exists, which results in many racially segregated residents pursuing medical care in Mexico rather than within their communities. Finally, there is also a pervasive **stigma surrounding mental health** as it is not seen as a health need to be addressed, but rather as indicative of the many negative connotations surrounding mental health. It was noted that within these racially segregated communities, those that are homeless, experience a higher level of health disparities as they are unsheltered and have health issues that aren't being taken care of.

Input from Community Residents

Community residents who were living in racially segregated communities were asked a series of questions pertaining to their perceptions of health, profiling, and healthcare provider experiences. In regard to where they live, residents pointed out that they **mostly have fast food options** available to them versus healthier eating options. Most reported **no negative experiences** of racial profiling with law enforcement and only one resident felt that racial profiling does occur in their neighborhood. On a more positive note, community residents mostly reported **positive experiences living within their communities**, and that providers **understand their culture**.

Recommendations

It was noted by the community leader that there are some are starting to acknowledge mental health as a high community need. The community leader suggested that we need to change the dialogue surrounding mental health issues. The leader described *"I think that we already know that some of it has to be taking some of those key triggers out of it, like, 'We're crazy. Estan locos.' All of those name-calling issues that create a negative."*

Question 9: Housing

How does crowded housing relate to poor mental health, asthma, obesity, diabetes, and smoking?



Input from Community Leaders

Community leaders were asked to discuss the effects of crowded housing on health and wellness. They emphasized the **stress** placed on individuals living in crowded housing because they are too concerned with paying for housing, that **they neglect their health**. For instance, one community leader spoke to the fact that the priority health issues they are most worried about are immediate health issues. They put off health issues until it becomes urgent. This is due in part to the fact that they cannot afford health insurance because they are struggling to make ends meet. Another community leader shared crowded housing leads to poor health for several reasons: **poor hygiene** (persons living in a tight space are more susceptible to illness), food deserts (fast food options increase the risk of obesity and diabetes), and **poor air quality** (dust levels in the air, living near the freeway, and second-hand smoke, which can cause asthma).

Input from Community Residents

Community members were asked to discuss how crowded housing affects their health. All community members felt that their living situation neither negatively nor positively affected their physical health. However, all community members spoke to the fact that their living situation has **affected their mental health** due to a lack of privacy. For instance, several community members mentioned that when you are living in a shared space, you must always be considerate of others, which is daunting on your mental health because you become focused more so on others than yourself.

Furthermore, the community members did not feel crowded housing affected their meals or mealtimes because most of them continued to eat home-cooked meals with their families. Lastly, most community members did not share a concern for second-hand smoke, because they felt it did not pose a threat to their health, but rather to the health of the smoker.

Question 10: Housing

What factors are contributing to/causing crowded housing situations?

Lack of
affordable
housing

Minimum
wage jobs

Lack of
housing stock

Immediate
mindset

Input from Community Leaders

Community leaders were asked to discuss the contributors of crowded housing. To begin with, all community leaders unanimously agreed crowded housing was a direct result of a **lack of affordable housing**. Another leader offered the explanation that there is a **lack of housing stock**. In other words, the demand for housing is much greater than the supply, so people are forced to move in together because the current single-family homes on the market are out of most people's budgets.

In conjunction, the reason why individuals end up in crowded housing is because the two primary areas of employment in the Riverside area are agricultural jobs and warehouse jobs, which are **minimum wage paying jobs**. Furthermore, one community leader explained that individuals in crowded housing often have an "immediate mindset," which means they are focused on their urgent basic needs. He elaborated that they would much rather live in crowded housing than become homeless.

All in all, it seems that the cause of crowded housing is heavily due to expensive housing.

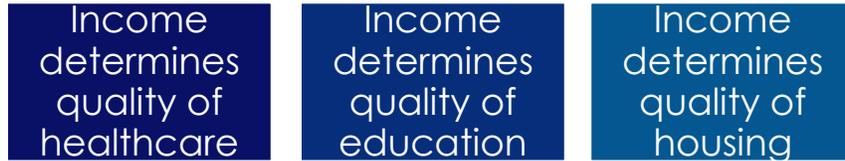
Input from Community Residents

Residents living in crowded housing were asked about their living situation. Most of the community members lived in one-bedroom apartments with their families and were still struggling to make ends meet. One community member shared that he lived in public housing because he would have otherwise faced the risk of being homeless.

Community members were asked how they ended up in crowded housing. Similar to the community leaders' responses, residents emphasized that it was due in part to the **high cost of housing**. The community members cited no other reasons for living in crowded housing, other than the fact that they could not afford a different living situation.

Question 11: Overall

How do the top social predictors of health (poverty, access to care, education, race, and housing) relate to each other?



Input from Community Residents

Community members were asked to discuss the impact of the following social determinants of health: income, access to healthcare, education, racial segregation and housing. Some respondents felt that none of the social predictors of health had impacted their lives. Others felt that housing and income had impacted their health. One community member spoke to the fact that housing had a tremendous impact on their health because at one point they were homeless, and shelter was an urgent need for them.

Community members were asked which of the social predictors of health carried more weight than the rest. Almost all community members were quick to respond, **“income”**. One community member explained that income determines the kind of healthcare you receive, the **quality of education** you will receive and the **type of neighborhood** you will live in. Another community member mentioned that income carries the most weight because low-income status is the root of community health issues. It was strongly voiced that most of their problems such as struggling to make ends meet or living situation could be improved if their income was higher.



Overall Summary and Implications

The lived experience of community residents speaks to many of the struggles encountered, daily, by this community. Residents are struggling with employment options that don't offer a living wage and are living in a community with a high cost of living. Consequently, many residents are so focused on their basic physiological needs, that they cannot dedicate time to improving their financial situation, educational pursuits, and health status/behaviors. Additionally, many simply don't understand health issues (e.g., chronic vs. acute illness), receive minimal healthcare, and work and/or live in unhealth living arrangements. Obtaining higher education is a luxury, and thus the cycle of poverty is difficult to break.

These many problems faced by the community can be alleviated through a more in-depth understanding of the underlying causes. For example, overwhelmingly, a common concern brought to light by the community was a lack of wages to make ends meet and to focus on other areas of need.

We know that those who struggle in the community have a number of obstacles to achieving a healthier life. Some ways that we can help those in need include: making college more affordable and easier to attend, making preventative health care more accessible, working to increase wages or reduce cost of living, and educating the community on many of the existing resources in the community that can help them improve their current situation.

