

Community Engagement Summary

KFH-SAN DIEGO 2019 COMMUNITY HEALTH NEEDS ASSESSMENT
COMMUNITY ENGAGEMENT SUMMARY

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The Community Engagement Process

Why: better health outcomes begin where health starts – in the community

Kaiser Permanente has been committed to improving the health of the communities it serves for more than 70 years through a prevention-focused, evidence-based approach that includes partnerships with community organizations and practices informed by community feedback. KFH-San Diego and Zion is proud of its strong relationships with local community organizations and is committed to regularly seeking input from the community to inform its community health strategies. The Community Engagement process described in this report is one component of KFH-San Diego and Zion’s triennial Community Health Needs Assessment (CHNA), which meets the requirements of Internal Revenue Code 501(r) for nonprofit hospitals, and, more importantly allows KFH-San Diego and Zion to explore and understand the unique needs of the diverse communities within San Diego County.

How: engagement efforts

In collaboration with the Hospital Association of San Diego and Imperial County (HASD&IC), KFH-San Diego and Zion solicited input from the community through three types of efforts:

- ❖ Focus groups with community residents, community-based organizations, service providers, and health care leaders
- ❖ Key informant interviews with health care experts
- ❖ An online survey distributed to community stakeholders and residents

These efforts ensured a rich portrait of community health needs at multiple levels.

Who: ensuring representation

A key priority of the community engagement process was to solicit input from a wide range of stakeholders so that the sample was as representative of San Diego County’s population as possible. Special efforts were made to include community members from groups that experience health disparities and service providers who work with those groups. Participants included:



Stakeholders were recruited from all regions of the county and from all age groups. In addition, the process engaged participants from a variety of racial/ethnic groups. Health leaders and a diverse set of advocacy groups and organizations were also recruited for the process (see below).

Age Groups	Racial/Ethnic Groups	Health Leaders	Advocacy Groups and Organizations
<ul style="list-style-type: none"> •Adults •Parents of young children •High school & college students •Senior citizens 	<ul style="list-style-type: none"> •African Americans •Latinos •Native Americans •Refugee populations 	<ul style="list-style-type: none"> •Directors •Chief Executive Officers •County of San Diego HHS Leadership 	<ul style="list-style-type: none"> •Environment •Food insecurity •Homelessness •LGBTQ rights •Hunger in the military •Rural communities

A total of 579 individuals participated in the 2019 Community Health Needs Assessment: 138 community members and 441 leaders and experts. Please see Table 1 below for more information.

Table 1. 2019 KFHSan Diego and Zion Community Health Needs Assessment - Overview of Community Engagement Participants

	# of Engagements	Participants Engaged		Total Individuals
		Community Residents	Leaders/Experts	
Focus Groups*	18	91	123	214
Key Informant Interviews	12	0	12	12
CHNA Survey**	-	47	306	353
TOTAL	30	138	441	579

*Eleven focus groups were completed by the HASD&IC CHNA Committee.

**The survey was completed by the HASD&IC CHNA Committee.

The online community needs assessment survey was distributed to targeted community-based organizations, health care centers and clinics, governmental agencies, and public health systems who serve a diverse array of people in San Diego County. When possible, these organizations shared the link to the survey with their clientele. Table 2 (below) describes the online 2019 CHNA survey respondents. Survey questions were primarily centered around the prioritization of health needs and the identification of social predictors of health.

Table 2. 2019 Community Health Needs Assessment - Overview of Online Survey Participants

Organization	n	Percent
Community Resident	47	13.31%
Community-Based Organization	69	19.55%
Community Clinic (Federally Qualified Health Center)	33	9.35%
Hospital/Health System	47	13.31%
Local Government Agency	32	9.07%
Philanthropic Organization	3	0.85%
San Diego County Public Health Systems	104	29.46%
Other	18	5.10%
Total	353	100%

Lessons Learned

Three themes emerged across each of the community engagement events. First, economic insecurity is a reality for a large proportion of San Diego County residents, and this insecurity is a barrier to accessing consistent, quality health care. Second, good physical health requires healthy social, emotional, and environmental conditions; these are absent for too many residents. Third, San Diego County residents experience health inequities that are rooted in their geography, age, race/ethnicity, and immigration status. Community engagement participants also identified three mechanisms through which community health can be improved.

The community's lived experience: access to care and economic insecurity

From the community engagement process, two social predictors were clearly identified as the most influential on the health of San Diegans: access to care and economic insecurity. These two issues were discussed in every focus group and key informant interview and were identified as the top two social predictors of health in the online community engagement survey. Survey results indicate that the majority (55%) of San Diegans believe that economics are worsening and that residents are becoming less secure over time. In addition, participants pointed out repeatedly that economic security and access to care cannot be separated. For many reasons, low-income individuals face overwhelming challenges in accessing high-quality, consistent health care. And for those who cannot access this care, health deteriorates. Access to behavioral health services – for mental health and for substance use disorders – was described as particularly problematic, and 63% of survey respondents believe that behavioral health is worsening for San Diego County residents. The management of chronic diseases, like diabetes, was also presented as challenging, particularly for seniors and for people who are homeless.

Underlying causes of poor health: social, emotional, and environmental conditions

Health needs cannot be separated from social, emotional, and environmental conditions. People who live in poverty, in substandard housing, and in violent neighborhoods, participants emphasized, have far greater difficulty maintaining good health. Unfortunately, with 33% of working families in San Diego County unable to cover their basic expenses, and 45% living in homes with “housing problems” like overcrowding, this means that a large proportion of San Diegans are living in “survival mode.” The majority of survey participants (55%) indicated that violence in neighborhoods is increasing, and the vast majority noted that both housing (90%) and homelessness (84%) have become increasingly problematic. For residents who are desperate to pay the rent, buy groceries, and keep their families safe, health becomes a low priority. These same people are more likely to live in neighborhoods – like City Heights, Southeast San Diego, or National City -- in which the environment is not conducive to good health. These areas have greater air pollution, fewer, safe accessible places to play and exercise, and a proliferation of fast food restaurants and convenience stores. Transportation presents additional problems for people with limited mobility and for those living in rural areas.

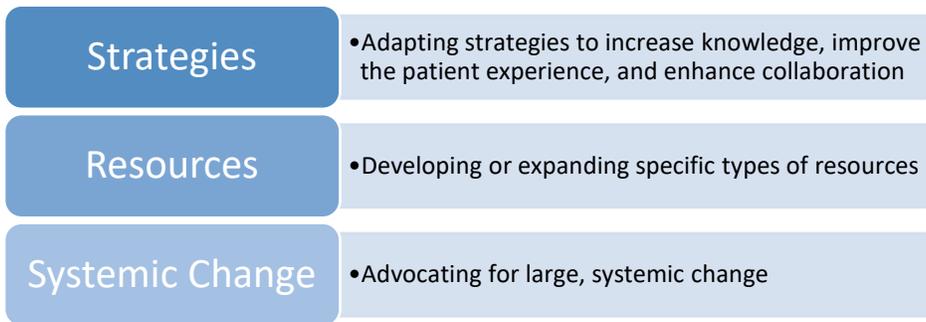
Inequities: health disparities across race and place

Health disparities in San Diego have a significant, negative impact on the physical and emotional well-being of residents and their communities. Inequities were identified for children, minority racial/ethnic groups, immigrants, sexual minorities, people living in rural areas, Southeast San Diego, City Heights, National City, and some areas of North County. In addition, aging issues and homelessness were identified as priority health issues in the survey, and these two populations (seniors and homeless individuals) were noted in the discussions as being particularly impacted by disparities. All of these groups may be more vulnerable to poor health and, simultaneously, experience greater barriers to care than others, so that the very people who need consistent, quality healthcare the most may not receive it. In addition, 62% of survey respondents indicated that they believe the stigma of belonging to a vulnerable population has grown. Primary drivers of these disparities are

economic insecurity, unstable housing, and structural racism. Extending beyond individual health consequences, pervasive, continuous health disparities lead to communities feeling disheartened and disempowered. This effect on the community’s spirit decreases community activism and civic engagement, which creates a self-perpetuating cycle that makes addressing disparities especially challenging. This community impact is especially concerning given that survey respondents included “community support” as one of the most important social predictors of health.

Resources and opportunities

Participants in the community engagement process identified three mechanisms through which San Diego County’s health could be improved:



Strategies to increase knowledge, improve the patient experience, and enhance collaboration

Community knowledge

Community members of all ages and backgrounds need a better understanding of how to maintain good health and prevent illness and disease. Culturally competent and linguistically appropriate educational campaigns should be developed that target groups experiencing health disparities.

Educational campaigns should:

- ❖ Promote available services in the community, clinics, and hospitals
- ❖ Address potential barriers to care, including:
 - how to apply for health insurance and/or public benefits
 - how to access transportation
 - whether translation and navigations services are available
 - and any potential impact on immigration status.
- ❖ Market services to address social drivers of health, such as:
 - affordable housing
 - food insecurity

The patient experience

The patient experience would be improved by a more diverse hospital workforce with knowledge of the specific needs of racial/ethnic and sexual minorities. Navigating the health care system for people whose first language is not English or who have recently immigrated, for example, presents overwhelming challenges. In addition, coordinating care between health care providers and with social service organizations is crucial to improving the patient experience. Efforts should be made to:

- ❖ Provide more health navigators and case managers who speak the patient’s language and understand the patient’s culture
- ❖ Coordinate care between health care providers and across clinics
- ❖ Provide continuity of care with warm hand-offs between health care systems and social service organizations

Collaboration

Enhanced collaboration was named as essential to improving health. This includes collaboration between health care professionals – such as primary care providers and specialists – and between health care systems and social service organizations. Improved collaboration between social workers, law enforcement, and attorneys would also be beneficial. Partnerships with community residents and organizations would improve the efficacy of health care services and develop trust between health care providers and the people they serve. These partnerships should include collaborative advocacy efforts, efforts to adapt programs and interventions to the unique needs of specific groups, and the dissemination of information back to communities collected from research projects in those communities.

The development and expansion of specific types of resources

Community engagement participants identified several specific types of resources that are necessary to address the priority health needs of the community:

- ❖ Urgent Care services that include expanded hours, availability to all populations, and mental health and substance use services
- ❖ Preventative care programs that offer services such as immunizations (including the flu vaccine), HIV testing, and exercise programs
- ❖ Dental services for preventive care and to address oral health issues such as carries and gum disease
- ❖ Onsite programs and mobile units that bring services to the community, including programs in senior housing complexes, school clinics, mobile screening, and mobile food distribution
- ❖ Culturally competent programs for refugees, Native Americans, Latinos, Blacks, African Americans, LGBTQ individuals, non-citizens, and asylum seekers
- ❖ Programs for the youth, especially community centers and programs for young men and for homeless youth
- ❖ Homeless services and discharge support, including mobile showers, more shelters, and further options for post-acute recuperative care
- ❖ Food insecurity navigation that includes reference guides for food system/service navigation of San Diego County, private, and non-profit organizations, and signage for healthy food options for CalFresh/Supplemental Nutrition Assistance Program (SNAP) users at stores and restaurants

Systemic change

Finally, it was evident from the community engagement findings that San Diegans think that large-scale system, policy, and environmental changes are necessary to make true progress toward good health for all residents.

These changes include:

- ❖ Creating universal and/or affordable health care
- ❖ Increasing the minimum wage
- ❖ Increasing applications for federal funding and allowing more time to prove a return on investment (ROI) for this funding
- ❖ Enabling easy sharing of information about patients between organizations and hospitals

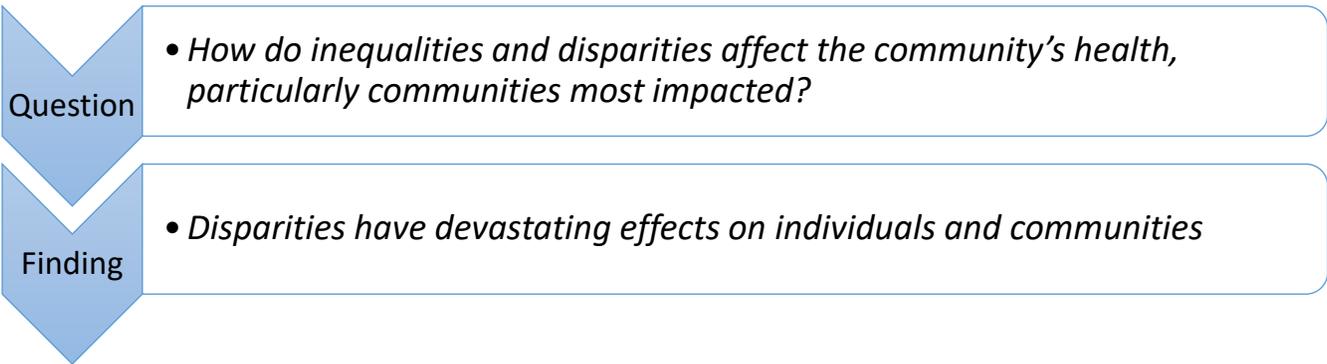
Strategic Lines of Questioning (SLQs)

To determine the focus of the community engagements for this CHNA, Kaiser Permanente regional analysts examined and summarized more than 200 relevant indicators from several secondary data sources (e.g. The California Health Interview Survey). These indicators were then reviewed and discussed among KFH-San Diego and Zion clinicians, experts, and hospital leaders with knowledge of the local communities. Working with consultants, priority lines of inquiry were identified that reflected the health needs suggested by the data and targeted the root causes of health needs, racial/ethnic disparities, the impact of health issues on residents' daily lives, and available resources. Culturally competent engagement protocols were designed to ensure that each line of inquiry was addressed. The questions were structured so that residents and stakeholders were able to explore identified issues in a deep and meaningful way while allowing for the opportunity to raise any other health needs not targeted through the strategic lines of inquiry.

The overarching categories for the strategic lines of inquiry can be found below. This is followed by a summary of the findings for each inquiry and, when they were suggested by participants, recommendations for ways to address the issues.



SLQ #1: Inequities and Disparities



The devastating impact of disparities: trauma, mental health, and community spirit

People who experience health disparities not only have significant barriers to receiving the health care they need, they also have often been traumatized. This trauma has been caused by the chronic stress of living in poverty, by violence in their neighborhoods or countries of origin, and by ongoing prejudice and discrimination. As a result, mental health issues are common, including anxiety, depression, and suicidal ideation. Accessing care is challenging for these groups already; when mental health issues arise, these challenges become nearly insurmountable.

Health disparities also affect the spirit of a community. Participants described neighborhoods where stress and frustration are the prevailing characteristics. Unable to get the care they need, and without hope for improvement, residents' initial anger eventually leads to apathy and to disconnection from efforts that would improve the community's health. When the trauma of limited opportunities, ongoing prejudice, and poor health is intergenerational, the youngest generations may self-medicate with drugs or may turn to crime. Busy work schedules, stress, and fear, along with a sense of fatigue and futility, have rendered communities less able to take an active self-advocacy role.

Groups who experience disparities

Conversations about inequity were woven into every community engagement event. Participants noted that certain populations experience greater health problems and/or have more challenges accessing care than others. This includes:

- ❖ Children and seniors
- ❖ Minority racial/ethnic groups
- ❖ Immigrants (particularly those who are undocumented)
- ❖ People living in certain geographic areas
- ❖ Sexual minorities
- ❖ People who are homeless

Children and seniors

Children were described as having greater risk of conditions like asthma and obesity, being more vulnerable to environmental insults, like air pollution, and being more negatively affected by chronic stress. Seniors, community members noted, are impacted by limited mobility, high rates of chronic diseases like diabetes and

cardiovascular issues, inexperience with and lack of knowledge of technology, challenges with accessing transportation, and having inadequate care after a hospital or emergency room discharge.

Minority racial/ethnic groups and immigrants

People of color, including people who identify as Black, Latino/Hispanic, Native American, and Asian (among others), experience discrimination, which causes chronic stress, which impacts their health. They may also receive a lower quality of care in the medical system and may be distrustful of health care providers. Immigrants may also experience discrimination and chronic stress. They may also worry that receiving healthcare will interfere with receiving citizenship or, if they are undocumented, may result in deportation.

People living in certain areas

San Diegans living in Southeast San Diego, National City, City Heights, and some areas of North County are impacted by higher levels of air and water pollution, less access to safe places to play like parks and open spaces, fewer places to buy healthy foods, and a proliferation of fast food restaurants and convenience stores. Their housing may also be substandard, and the schools may have fewer resources. Those living in rural areas have challenges finding employment and housing and obtaining medical care; transportation in these areas also presents difficulties.

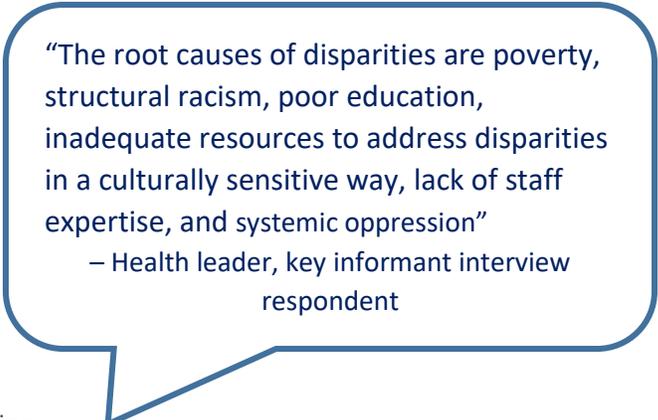
Sexual minorities

People in the LGBTQ community face prejudice and misunderstanding, and they, too, can be mistrustful of health care professionals. Healthcare professionals may be uneducated about issues facing this community and, in particular, may not know how to treat transgender individuals.

Homeless individuals

Finally, those who are homeless face tremendous obstacles in maintaining good health; they are exposed to unhealthy environments where disease spreads easily. In addition, it is difficult for homeless people to find, schedule, and get to proper medical care, and they have no place to secure or refrigerate their medications and no place to recover after a discharge.

Underlying causes: economic insecurity and housing inequities, participants asserted, are linked to and worsened by economic insecurity. Good healthcare is expensive. People are encouraged to get insurance but are hesitant to spend their limited income on insurance. Free health clinics are available, but oftentimes, they are full. Substandard and crowded housing leads to worse health.



“The root causes of disparities are poverty, structural racism, poor education, inadequate resources to address disparities in a culturally sensitive way, lack of staff expertise, and systemic oppression”
– Health leader, key informant interview respondent

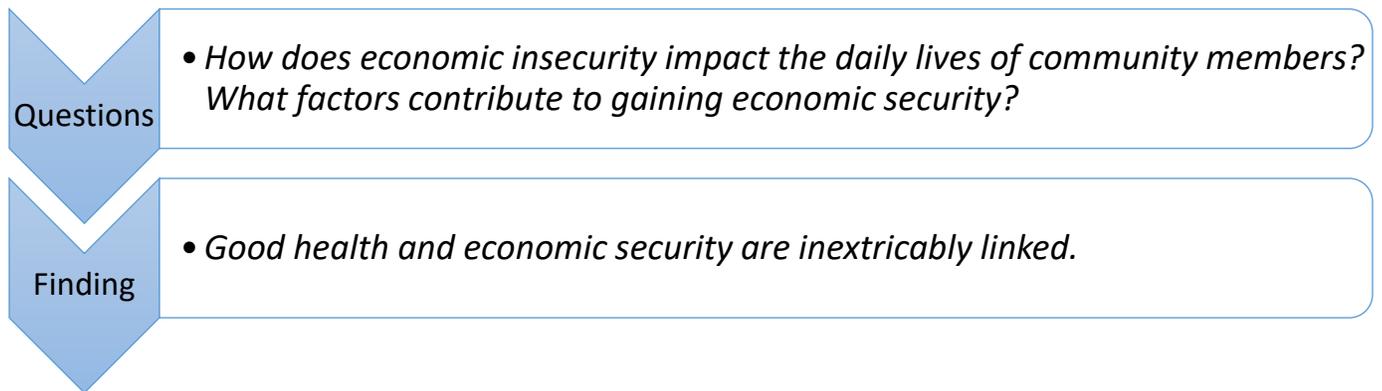
Recommendations: empower individuals and communities

Addressing disparities includes making broad, systemic changes to alleviate structural racism and to build trust between health care providers and vulnerable groups. In addition, however, participants identified several key strategies to empower people and communities who experience inequities:

- ❖ Teach individuals within communities to be neighborhood leaders

- ❖ Engage community members in the political process
- ❖ House social service programs within neighborhoods
- ❖ Staff health and social programs with people from the community
- ❖ Develop and implement culturally and linguistically competent services

SLQ #2: Economic Security



Health and wealth can't be separated: a sense of hopelessness in San Diego

A sense of hopelessness pervades poor communities in San Diego County. Across the community engagement events, residents described pervasive economic insecurity that impacts “every aspect” of people’s daily lives. Facilitators heard multiple stories about people facing agonizing choices between things like providing food for their children and paying the rent; seeking necessary medical care or earning the day’s wages. Faced with these types of impossible decisions, people who are poor experience chronic stress and anxiety, which in turn significantly impacts their relationships, their ability to make sound, long-term decisions, and their physical and mental health. Children in poor households may be overcome with worry about having enough food to eat that day or a roof over their heads at night. They take on responsibilities that belie their chronological age. Concentrating at school is sometimes impossible and often seems futile. Crimes to obtain money and food become attractive. And for some poor people, severe depression develops, leading to difficulty in daily life functioning, and in some cases, tragically, to suicide attempts.

For economically insecure people, physical health often deteriorates. Preventive medical care is not a priority, nor are healthy lifestyle activities like exercise and home cooking. Because they cannot take time off of work to see a doctor, and because of concerns about cost, economically insecure people tend to seek medical care only when it’s an emergency. They frequently resort to home remedies to address illnesses. Poverty also leads to the over-consumption of unhealthy foods. These foods are cheaper and far more convenient for families who work long hours and have little time to purchase and cook fresh foods. This, then, contributes to rates of obesity, which in turn increases the risk for conditions like asthma, heart disease, and diabetes.

Underlying cause: the lack of affordable housing

Housing costs were consistently identified as the primary contributor to economic insecurity in San Diego. After paying for rent, San Diegans simply do not have enough money left to cover other expenses. Affordable housing programs are inaccessible for most people. As a result, people may resort to living in small spaces with multiple families or roommates or in substandard housing without adequate facilities.

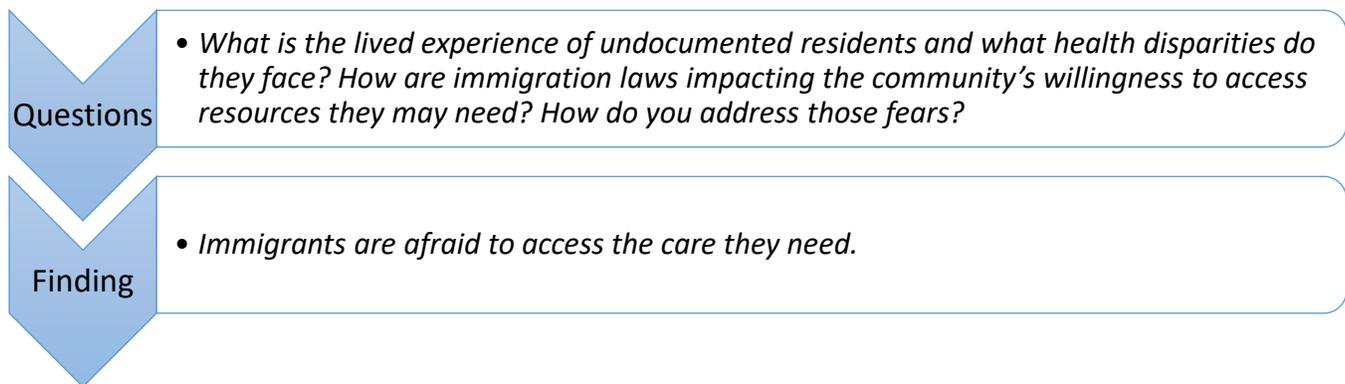
Certain people, including children, seniors, people living in rural areas, and those who are homeless may feel the effects of economic insecurity more because they are less able to access supportive services and more vulnerable to the negative impacts of poor housing and nutrition.

Recommendations: increase access to opportunity

Participants in the community engagement process emphasized the need for greater opportunities for all San Diegans to achieve economic security:

- ❖ Increase the availability of high wage, permanent jobs
- ❖ Increase access to affordable housing
- ❖ Offer free and low-cost child care
- ❖ Develop mentoring programs
- ❖ Give residents access to free higher education and vocation programs
- ❖ Offer classes to learn about finances and entrepreneurship
- ❖ Provide assistance with obtaining services through social programs and applying for disability benefits

SLQ #3: Immigration



Immigrants live in a constant state of fear

Undocumented residents in San Diego County live in a state of constant fear of deportation and face more overt discrimination than in the past, community engagement attendees reported. During focus groups, many stories were told about Immigration and Customs Enforcement (ICE) raids that resulted in the long-term detention and sometimes deportation of San Diego residents who have lived and worked in the community for decades. Once detained, the care provided is poor; the death of children in detention facilities has intensified the fear of detention. For parents, the possibility of being separated from their children is agonizing and terrifying. Some undocumented residents are so scared that they will no longer leave their homes. Participants reported that while most of these fears are justified and realistic, some are not. Residents are unsure of what information is true and are sometimes provided with misinformation about immigration issues, both by the media and by their friends and family.

“There is a new, national narrative of anti-immigrant sentiment.”
– Community resident, focus group participant

In addition, discrimination against immigrants is now more overt than in the past. The overarching belief is that people who lack legal status are “uneducated, drug abusing criminals.” Undocumented residents often feel unwelcome at their jobs, in their children’s schools, and within their neighborhoods. One participant described how neighbors recently called the police to report an undocumented family, claiming that they were terrorists. Another participant told the story of having a police officer draw guns on her and her son at a routine traffic stop.

Although the focus of this line of strategic learning question was on undocumented residents, community members made clear that even for those immigrants who are in the country legally, fears have intensified. Legal residents are worried that the receipt of public benefits or community services will create obstacles in their path to citizenship. Some believe that deportation is possible, even when they have the proper “papers.” Many will no longer visit family in other countries believing that when they try to return to the United States (U.S.), they will be denied re-entry. A culture of pervasive fear has emerged in immigrant communities, affecting their well-being and the ability of service providers to help them meet their needs.

The impact on health

Physical health

Undocumented residents have become increasingly hesitant to receive the medical care they need; unless it is a life-or-death situation, many people are no longer willing to seek care. This impacts their ability to manage chronic diseases, like diabetes, and to receive treatment for curable illnesses. Even if they need emergency services, they often will not go to the hospital, believing that they will be reported to immigration officials. Parents must make awful choices between increasing the risk of deportation by providing their contact information.

Mental health

The trauma of living in a constant state of fear creates stress and anxiety, affecting resident’s mental and physical well-being. One participant heard a story of an undocumented man, for example, who was told he would be deported. Authorities put an ankle bracelet on him, and he then committed suicide. Undocumented residents are both unwilling and unable to obtain mental health services to address their stress and anxiety – they do not want these issues to be noted in any sort of record and often have no knowledge about how to obtain mental health services.

Access to social services

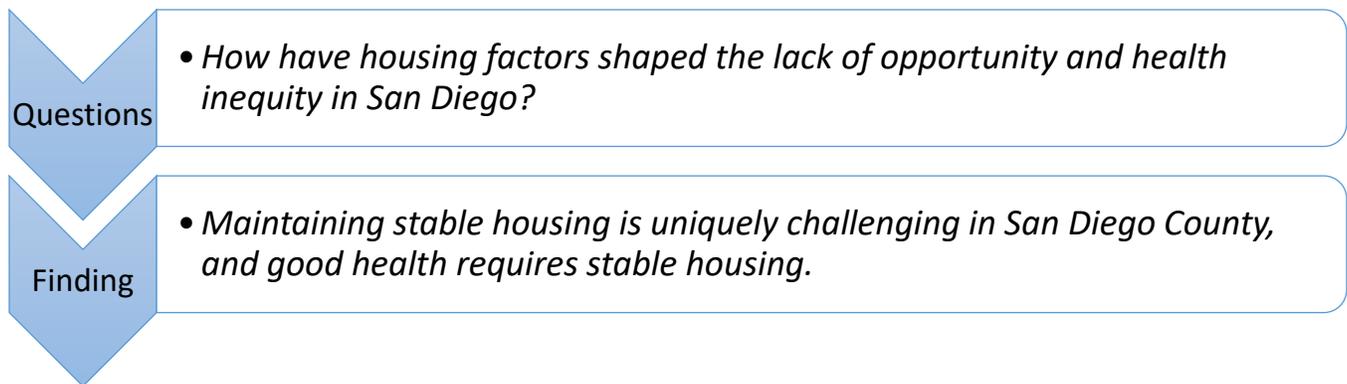
Fears about deportation have also decreased enrollment in social service programs and the utilization of community resources, like food pantries. Residents are unsure whether using public benefit programs will result in getting “flagged” for investigation; they are afraid to give out any personal information. This has resulted in greater economic and food insecurity, which has ripple effects throughout families and communities. Parents worry about providing their children’s information to schools; they do not want their children to be evaluated for services and they prefer that attention not be called to their children’s accomplishments. One participant told a story, for example, of a young girl who was winning an award at school. Neither she nor her parents were willing to attend the awards ceremony, believing that their presence would call attention to her parents’ undocumented status.

Recommendations: educate and offer mobile or anonymous services

Community engagement participants noted that the fears of immigrants are difficult to address because they are usually justified and realistic. Three solutions, however, were suggested:

- ❖ **Community education about immigration policies and procedures:** understanding current immigration practices might help allay fears about deportation and give people the tools they need to remain safe and secure. This education must be given by trusted members of the community, like Promotoras.
- ❖ **In-home or neighborhood-based services:** community based organizations need to go to immigrants rather than having immigrants come to them. Food pantries, for example, could deliver food. Health clinics in neighborhoods could do outreach to reassure people that they can safely receive care.
- ❖ **Anonymous receipt of services:** residents should be allowed to receive programs and services anonymously without any requirement to provide identifying information.

SLQ #4: Housing and Homelessness



Affordable, stable housing is out of reach for many San Diegans

Housing costs are the primary driver of economic insecurity in San Diego County. With 44% of residents living in cost burdened households – spending over one third of their income on housing – and nearly a quarter of San Diegans spending at least half their income on housing, community members described a population that lives “on the edge of homelessness.” Increases in rent outpace increases in pay, creating a scenario in which many people cannot achieve stability, no matter how hard they work. Some choose to move to areas with less expensive housing, but these areas tend to be far from work, so commutes to work and to services become long. Affordable housing is scarce. Programs like Section 8 have long waiting lists, and residents wait for years for a spot to open. Previous evictions and poor credit scores result in rental applications being rejected. In addition, the number of people who are homeless seems to be rising, shelters do not have enough space, and there are far too few permanent supportive housing options. Once a person is homeless, the logistics of securing and maintaining employment become extremely challenging, and saving enough money to obtain housing is practically impossible.

Groups who are particularly affected

Although housing insecurity cuts across all segments of the population, community members expressed particular concern about three groups:

- ❖ Transitional age youth

- ❖ Seniors
- ❖ Immigrants

Transitional age youth

Youth who have recently reached legal adulthood (18 years old) are not allowed in “family” homeless shelters; parents, then, must decide whether to let their young adult children fend for themselves on the street or risk the entire family’s safety by leaving the shelter. Young adults desperate for places to stay may make poor decisions that jeopardize their safety and well-being – trading their bodies, for instance, for a place to sleep, or using drugs to stay warm. Former foster youth were described as being particularly vulnerable.

“Paying for rent becomes more important than everything else”
–Community advisory board member, focus group participant

College students in San Diego struggle if they do not or cannot live in student housing; they often “couch surf” and are afraid to seek assistance because of the stigma attached to being homeless. Homeless youth who are younger than 18 years old and living apart from their parents often do not know how to obtain needed health care. When they try to get health care services parental consent is usually needed, so they are turned away.

Seniors

For seniors on fixed incomes, housing options are limited. Seniors need assistance with locating and utilizing resources, with applications for senior housing, and with managing landlord-tenant relationships.

Immigrants

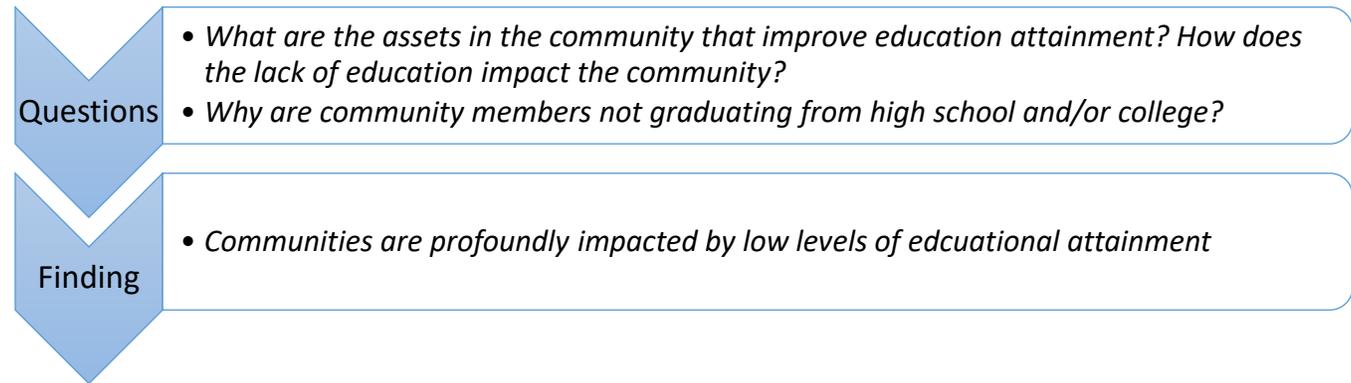
Immigrants, particularly those who do not have documentation, are at the mercy of their landlords. Fear of deportation keeps them from complaining about substandard housing conditions and rent increases and from accessing social services. Language and cultural differences also create barriers in access to services. For these groups, who are at risk of victimization and whose voices often go unheard, addressing housing issues is of crucial importance to their health and to the community’s well-being.

The impact on health

For those who worry about maintaining their housing, paying rent becomes their primary focus; attending to their own health, and the health of their families, is a lower priority than keeping a roof over their heads. Their health is impacted in other ways, as well. Stress and anxiety about housing contribute to both physical and mental health issues. Crowded housing lends to the spread of illness, and environmental hazards, such as the presence of lead paint, cockroaches and other pests, exacerbate conditions like asthma. The inability to purchase and prepare fresh fruits and vegetables leads to people eating primarily convenient but unhealthy foods, increasing the risk of obesity, diabetes, and cardiovascular disease. For those who are homeless, the risk of exposure to infectious disease, particularly Hepatitis A, has been a frightening reality in the past year. Managing chronic diseases, like diabetes, without a place to store medications is impossible, and without the ability to maintain hygiene, so is effective wound care. Those homeless individuals who have prescription medications become targets of street violence. And for those who have been discharged after receiving hospital care, they have no safe place to recover.

“A sidewalk makes a lousy recovery bed”
– Service provider for the homeless, focus group participant

SLQ #5: Education



The profound impact of lack of education: diminished dreams and aspirations

Communities are profoundly impacted when their residents have low levels of educational attainment. First and foremost, employment opportunities for those without college degrees and especially without high school

diplomas are restricted. Wages for available jobs tend to be low;

families with uneducated workers live under the constant stress of worry about paying rent and having enough food to eat.

Furthermore, without education, career mobility is “horizontal,” and there is little potential for promotions and higher wages. To cover necessities, people work more than one job, which leaves them little time to pursue further education or even to imagine other possibilities. Some resort to crime – participants in the community engagement emphasized that lower levels of education are associated with higher levels of neighborhood crime. Equally important, when work seems endless and when the possibility of a

“The lack of education diminishes dreams and aspirations.”

– Civic engagement specialist,
key informant interview
respondent

better life seems impossible, people lose hope. This hopelessness creates a culture that has lost its ambition, drive, perseverance, and resilience.

Groups that are particularly impacted

Although educational achievement can be challenging for all groups, community members expressed particular concern about homeless students.

Homeless individuals

For students who are homeless or insecurely housed, thriving in school is far more challenging than for those with stable housing. This is in part because education becomes a lower priority than simply surviving day to day. Their success is also impeded, however, by socioemotional issues. The stigma attached to being poor and, in particular, to poor hygiene and dirty clothing can make these students feel ashamed. They may experience bullying, have low social status, and have difficulty forming lasting friendships. These factors can impact the students’ mental health and undermine their motivation to attend and succeed in school.

Underlying causes: family stress and lack of resources

Community engagement contributors cited two primary causes of low educational attainment: family stress and a lack of resources.

Family stress

Students need the support and involvement of their families to succeed in school, and this support is sometimes unavailable. Parents may not know high school graduation requirements, and they may not have the time or the resources to figure them out. Language and cultural differences with school personnel worsen this problem. Parents may be unable, for example, to read their child's report card. Some economically strained families may wish for their children to begin working as soon as possible – preferring for them to find a job after high school rather than attend college. Parents who are of low educational levels themselves may feel intimidated by the thought of communicating with schools or may feel that teachers are solely responsible for their children's education. Participants also mentioned that low income families tend to be more transient, needing to move when rent increases. This causes instability in children's educational placements, which negatively affects their potential to succeed in school. Finally, for adults who would like to return to school, classes can be expensive, and continuing their education is a lower priority than work and caring for their children.

Insufficient resources

Insufficient resources at home and in schools also hinder educational success. These include:

- ❖ Spotty Wi-Fi in neighborhoods
- ❖ Lack of computers in the home
- ❖ Crowded, noisy housing
- ❖ Lack of transportation to school
- ❖ Too few school counselors
- ❖ Large class sizes
- ❖ Lack of school-based family support systems

Recommendations: available programs vary across communities

Specific programs identified by community engagement participants as assets included:

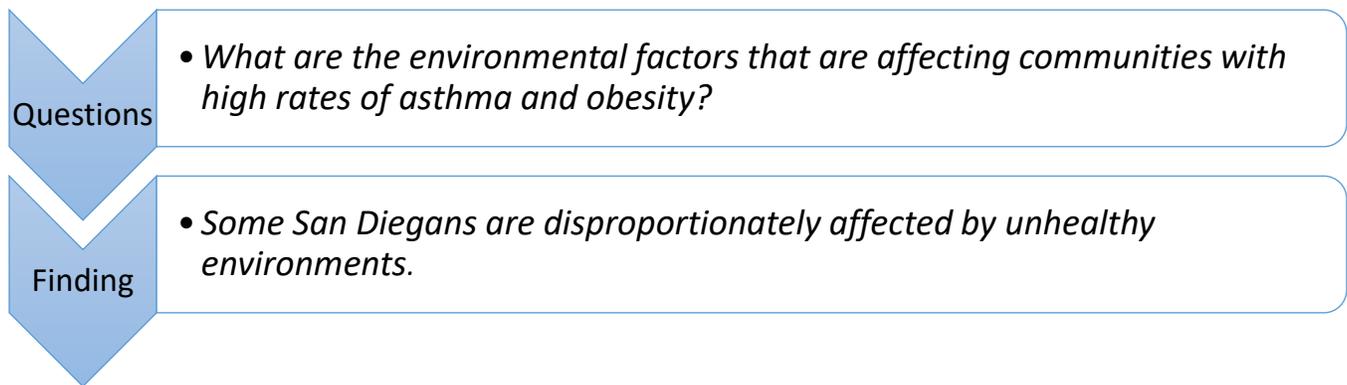
- ❖ The PASS AmeriCorps program
- ❖ Universidad Popular
- ❖ Chula Vista Promise Neighborhood
- ❖ The AVID program
- ❖ Community based tutoring programs on reservations, in individual schools, and at churches
- ❖ Classes at libraries
- ❖ "Adult schools"
- ❖ Resident Leadership Academies
- ❖ Courses through the Education Cultural Complex (ECC)

Participants also noted, however, that parents must seek these programs out for their children (or themselves) and be willing and able to make the effort to enroll their children and ensure their attendance. Within these

programs, educational materials that are culturally and linguistically appropriate (in Spanish, Arabic, Swahili, Burmese, and Tigrinya) are typically unavailable.

Participants also noted community members are seeking educational opportunities beyond traditional academics. They want and need health education and parenting classes. For their children, they indicated a need for programs about sexual health, self-esteem, and transitional life skills. They are also seeking enrichment classes – for themselves and their children – in the arts and in athletics. Education, community members emphasized, is about more than just school achievement.

SLQ #6: Environmental Factors



Unhealthy environments pervade poor neighborhoods

Communities with a high proportion of low-income residents live in disproportionately unhealthy environments: specific communities mentioned include Southeast San Diego (and within it, Barrio Logan), City Heights, National City, some sections of North County, and rural areas. Residents in these neighborhoods have less access to resources that promote good health like fresh foods, safe outdoor play areas, recreation centers, and educational programs and increased exposure to environmental and housing pollutants. One participant gave a specific example: when viewing a map that shows areas of clean air and water in San Diego County, Coronado is green, the whole of National City is red. Gaps in wealth and a smaller middle class make these inequities more pronounced.

These same communities are fatigued by the inequities and the lack of change over the years. This has caused some community members to stop participating in events to help drive and create change. Apathy in certain populations has set in. Distrust of governmental agencies is also apparent. For example, one participant mentioned that in National City, the government has been working on the Climate Change Action Plan; however, the community has not been made aware of the details of the plan, the progress made to date, or the desired results. Participants emphasized that more transparency is needed.

Stigma is attached both to living in low-income, low-resource neighborhoods and to having conditions like asthma and obesity – this creates a sense of shame that causes residents to feel discouraged, negatively impacts mental health, and can lead to an apathetic stance.

The impact on health

Environmental conditions impact many components of the community's health, including residents' overall well-being and mental health. Asthma and obesity, however, are particularly exacerbated by environmental conditions.

Asthma

Participants cited many environmental conditions that impact asthma including:

- ❖ Air pollution
- ❖ Lack of ventilation
- ❖ Mold
- ❖ Pests
- ❖ Lead paint
- ❖ Crowded housing
- ❖ Asbestos

Asthma is exacerbated by environmental conditions outside of the home, such as air pollution, and conditions within the home, such as ventilation, the presence of mold, and the presence of pests like cockroaches. Community engagement participants spoke passionately about environmental pollutants in areas like National City, Southeast San Diego, and City Heights – they described these areas as being “boxed in” by freeways and having a high number of large factories and power plants, all of which cause the air quality to be poor. Rates of asthma and other respiratory conditions are high in these areas, and the effective management of these conditions is challenging due to barriers in accessing affordable, convenient health care and medications. Residents in these communities frequently live in older homes and in substandard housing. Crowded conditions, deficient ventilation, lead paint, and asbestos were all presented as common occurrences contributing to respiratory issues.

Obesity

For some San Diego County communities, the environment creates conditions that make healthy lifestyles nearly impossible and obesity far more likely. Environmental factors identified as contributing to obesity include:

- ❖ Violence and crime
- ❖ Insufficient outdoor play areas
- ❖ Lack of community centers
- ❖ Limited physical education and health classes at schools
- ❖ Easy access to technology
- ❖ High numbers of fast food restaurants and convenience stores
- ❖ Too few grocery stores selling fresh fruits and vegetables

In nearly every focus group, violence and crime in some neighborhoods were named as significant obstacles to exercise. Residents are afraid to go outside. This chronic state of fear, in turn, may lead to anxiety and depression, both of which may then contribute to obesity.

Insufficient safe places to play, like playgrounds, parks, and open spaces, and a dearth of recreation centers and athletic programs also create barriers to exercise. Rural areas often lack community centers and places to

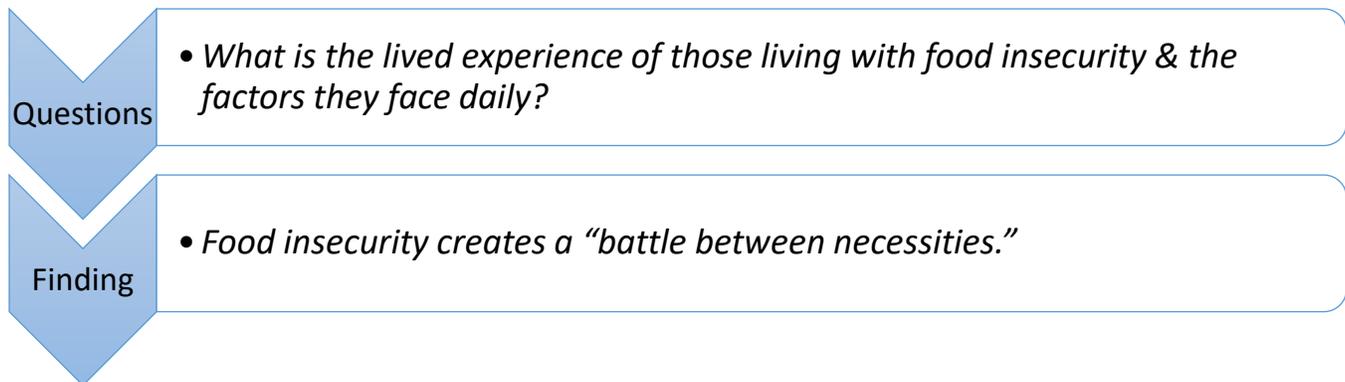
exercise like public pools. For school-age youth, physical education and health classes are limited or sometimes not offered at all at school, and there are too few local non-profits that focus on health and health education. As a result, youth may not understand how the food they eat affects their minds and their bodies.

“This feeling of being unsafe continues throughout their life, which creates an adult population that has limited physical activity.”
-Charter school teacher, key informant interview respondent

High school students also discussed how easy access to phones and other technology enables them to be easily, electronically connected to their friends and makes them less motivated to be physically active.

Finally, fast food restaurants and convenience stores are ubiquitous in some neighborhoods, while grocery stores offering fresh produce are scarce. For residents living in unsafe, low-resource neighborhoods getting, and staying, healthy is simply too big of a challenge.

SLQ #7: Food Insecurity



San Diegans face impossible decisions about expenses

Food in San Diego County is expensive, and more than 13% of the population worries about having enough. Community engagement participants reflected on the stress faced by food insecure individuals; they experience a “battle between necessities”— cook hot meals or keep the electricity on? Pay the rent or feed the children?

Some families are able to access resources, but effective utilization of these resources takes time and creates stigma. For those with CalFresh/Supplemental Nutrition Assistant Program (SNAP) benefits, time must be spent determining where and how to best utilize the allocated Electronic Benefits Transfer (EBT) cards. When those benefits are spent and for those who do not qualify, time and energy must be devoted to finding food pantries and “soup kitchens” and securing transportation to and from these resources. For some, particularly young adults and college students, there is stigma attached to using these services, and for all, food choices are limited to what is available or being served. When obtaining food is a high priority, people can be left with little time to spend with loved ones, focus on their health, complete school work, exercise, or simply enjoy themselves.

A more hopeful theme also emerged. San Diegans want to help each other. Participants described giving out food to their neighbors, sharing what they have, and watching out for one another. One participant described reaching out to his neighbors to offer food and how guilty he feels when he has no more to give. Another participant talked about setting up an informal “food pantry” at her children’s school and the heartbreaking experience of watching moms beg for food for their children. A spirit of generosity was evident among community engagement participants; they want to help and are eager to find more opportunities to care for one another.

Groups that are particularly affected

Participants noted that some people are especially vulnerable to the problems that food insecurity creates, including:

- ❖ Children
- ❖ Migrants
- ❖ Seniors
- ❖ Homeless individuals
- ❖ Those with special dietary needs

Children who go to school hungry have difficulty concentrating. “Migrant” students who cross the border in Tijuana to attend school in the U.S. must wake very early to get through the border checkpoint. They are tired and hungry at the start of the school day making it a challenge to stay focused. High school students described their environments as having mostly fast food restaurants; they reported that high school cafeteria lines are too long to wait or “the good food runs out” by the time students get to the front of the line.

Homebound seniors must be extra resourceful to get three meals a day; food delivery programs are available for low-income seniors, but there are too few, and many seniors do not know how to access these services. Many seniors do not have transportation to grocery stores; others have limited mobility and cannot cook or even open a can.

Homeless individuals also face unique challenges. Much of the food distributed through food pantries requires kitchen facilities, or at the very least, a can opener. They rarely have healthy, hot meals since they cannot cook. Several participants talked about how homeless people will try to create a feeling of fullness by eating bread and drinking diet coke, hoping that the bread will then expand in their stomachs. Participants also noted that CalFresh SNAP benefits are lower for those who are homeless than for those who are housed; this, they explained, seems illogical since it is more expensive to buy one meal at a time, as the homeless must do, than it is to buy bulk items, like rice or pasta, that a housed person can store and use over time.

People with special dietary needs, like those with diabetes and those with food allergies, are also especially impacted by food insecurity. Unable to access the food they need to maintain their health, their health deteriorates.

The impact on health

Without adequate nutrition, energy wanes, making it difficult to be productive at work or school. In addition, concerns about having enough food create chronic stress in the family, causing tension in relationships and undermining physical and mental health.

Access to healthy food also impacts health, and this access is limited for many. Local markets in many neighborhoods do not carry fresh fruits and vegetables or, when they do, the price is exorbitant. City Heights and National City were described by participants as places that have an overabundance of fast food restaurants and convenience stores but very few grocery stores. The food offered at food pantries is often canned or boxed – foods that are high in sodium and, sometimes, low in nutrients. For people living in rural areas, the closest grocery stores are often



“Hunger has physical and emotional consequences.”
– Health leader, key informant interview respondent

many miles away, and inexpensive transportation to these stores is difficult to find. In addition, families may be unaware of what constitutes a healthy diet and have little time to devote to learning about nutrition. EBT cards are accepted at places like McDonald’s – an easy meal for overworked, tired, stressed parents whose children are delighted to eat Happy Meals. People who experience food insecurity are, then, more prone to being overweight and obese, contributing to the development of serious, chronic health conditions.