

March 2019

Community Voices



SETTING
THE
CONTEXT



This report is a complementary piece to the Kaiser Foundation Hospital–West Los Angeles Community Health Needs Assessment for 2019.

The Social Change Institute (SCI), a social enterprise of Community Health Councils (CHC) received a contract to design and implement the study and produce this report. CHC is a non-profit, community-based health education and policy organization. Established in 1992, our mission is to promote social justice and achieve equity in community and environmental resources to improve the health and well-being of underserved populations.

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Who Was Engaged and Why

As part of the Kaiser Foundation Hospital (KFH)–West Los Angeles Community Health Needs Assessment (CHNA), nine lines of inquiry were created to learn the story of community health by exploring the lived experiences of community members, the causes of health needs, the racial or geographic disparities in health needs and the community resources available to address those needs. To address these lines of inquiry which were focused on lower income, lower bachelor's degrees, and racial segregation, the following individuals and groups representing the underresourced areas of the KHF–West Los Angeles Service Area were engaged:

Key Informant Interviews: 11 representatives of the local LA County Supervisors office, Public Agencies (LA County Department of Public Health, LA City Planning), Educational Institutions, Businesses, Foundations, and other non-Government regional entities. See Appendix A for the exact list of interviewees.

Focus Groups: Seven focus groups took place as follows:

- *Adult residents* - CHC conducted four sessions with participants from the [Girls Club of Los Angeles](#) (specifically from their Early Education Center) in English and Spanish. A total of 45 residents of South Los Angeles, Inglewood and surrounding areas were engaged, comprised of 86% Female and 14% Male. Over half of participants (55%) were married and 65% had dependent children. More than one-third (36%) were African-American, and another 55% were Latino, with 45% reporting Spanish as their primary language. A little over half (53%) were between the ages of 25-39.
- *Transitional Age Youth (TAY)* - CHC conducted three sessions in English with participants from [Sanctuary of Hope](#), Rightway Foundation, and Home at Last. A total of 25 youth 18-24 years of age from South Los Angeles participated, with 52% Female and 48% Male. Almost two-thirds (64%) were African-American and another 16% identified as Latino.

Surveys:

- A total of 189 completed surveys were collected from adult residents. The survey focused primarily on the Core Learning Questions, but also included a few of the Economic Hardship Strategic Learnings Questions. CHC's existing healthcare enrollment staff collected a total of 125 surveys from residents visiting their enrollment outstations (specifically WIC centers and community-based organizations across the service area) prior to or after receiving healthcare coverage assistance.
- An additional 6441 surveys were collected from the focus group participants (42 Adult residents & 23 from TAY). Of these surveys, 72% were from Latino respondents, and another 24% were African American. Seventy-one percent were Female and 28% Male.

Learning Framework Summary

Major Themes

The major themes that surfaced across all of the methods are well-documented challenges that have affected the community for decades. Unfortunately, these are issues linked to generations of disinvestment, institutional racism in the form of public policies and lack of resources, and lack of coordination between existing resources.

Access to Healthcare: Challenges to accessing healthcare was the most prominent issue with the overarching concern of the connection and/or impact that lack of healthcare access has on other social determinants of health. Across the board, residents highlighted that they often have to make difficult choices between feeding their children, paying rent, or paying for healthcare. This choice more often than not places healthcare off the table. With healthcare, a laundry list of barriers were highlighted such as cost, long waits to see a doctor, lack of providers in the community, and fears about immigration status that can lead to potentially catastrophic and more costly health events. Residents indicated that access to care also had a direct impact on parents' ability to work or a student's ability to learn. In addition, Access to Care was a key concern for survey respondents in relation to why cancer is seen as a critical issue. Specifically, residents felt that not being able to afford to see a doctor in time to get treatment, the cost of treatment and lack of adequate information in the community about cancer were serious concerns for the community.



Affordable Healthy Food: Within the focus groups, difficulty eating a healthy diet was named as a top challenge to living a healthy lifestyle, which is another well documented challenge facing South Los Angeles. The reasons for difficulty accessing health diet cited by residents included: 1) abundance of liquor stores and fast food establishments, 2) lack of grocery stores, or grocery stores with rotting produce, 3) high cost of healthy food, and 4) healthy food retailers (restaurants, grocery stores) being far away from their home. While some interviewees listed behavior and cultural preference for unhealthy food as reasons people do not live healthy lives, most were clear that the primary reason is a lack of affordable and healthy options in their community. This lack of access to healthy food and limited places to be physically active manifests itself in almost all health issues, including obesity and diabetes, oral health, mental health, and cardiovascular disease.

Affordable Housing: This issue came up in the context of other issues, such as having to choose between paying for housing, healthcare, or healthy food. This issue was discussed in relation to historical policies that dictated where people could purchase housing, as well as the current challenges of gentrification, which is now driving residents out of those communities. Interviewees also repeatedly stated that places where African American and Latino families could afford housing were also often places significantly lacking health-promoting resources. While most of the conversations focused on access to affordable housing, people experiencing homelessness were identified as one of the groups at higher risk of experiencing poverty and poor health outcomes than other groups.

Employment & Education: These two issues came up as major drivers of low income/poverty and were shown to be highly intertwined. They also showed up in context of other issues raised through these engagements. Adult focus group participants noted that the lack of high paying quality jobs has resulted in 1) parents spending less time with their kids because they work multiple jobs or travel far to their jobs,

and 2) lack of funding to support programs and resources from local income and sales taxes. TAY focus group participants discussed the inability to get jobs due to limited education and the lack of skills-building resources to obtain a job. Survey participants stated that better jobs and education, as well as more affordable housing, would help increase their family income. Several interviewees also discussed the importance of strengthening the healthcare workforce in South LA that could reduce the provider shortage and provide access to quality jobs.

Mental health: This issue was referenced more than any other priority health issue and discussed as both a cause and outcome of low income and poverty. Both interviewees and focus group participants, discussed the mental strain of 1) having to make critical choices due to limited income, such as paying rent, food, or healthcare, 2) dealing with untreated health conditions, and 3) living in communities faced with high rates of poor health outcomes, limited resources, violence and over policing. Compounding the impact of mental health is its cyclical nature. The mental health status of community members can have an impact on the health of the community, which in turn affects those that live in the community. Thus, creating a cycle that makes it difficult to breakout of without the right set of interventions and preventative measures. TAY participants also highlighted that this stress can lead to making unhealthy and sometimes criminal choices in order to make ends meet or simply because they have given up and have nothing to lose.

Institutionalized Racism: This was an issue that, while not called out by residents in the focus groups, was definitely discussed in the form of housing discrimination, over-policing, lack of access to resources, gentrification, and the prevalence of liquor stores and fast food establishments with a lack of healthy food options. Every interviewee highlighted this issue and discussed the impact of discriminatory policies, such as redlining and over-policing, have had on systematically neglecting and disfranchising communities of color, especially in South Los Angeles. Most interviewees acknowledged that an issue as large as racism does not have a single solution that can undo decades of harm and neglect.

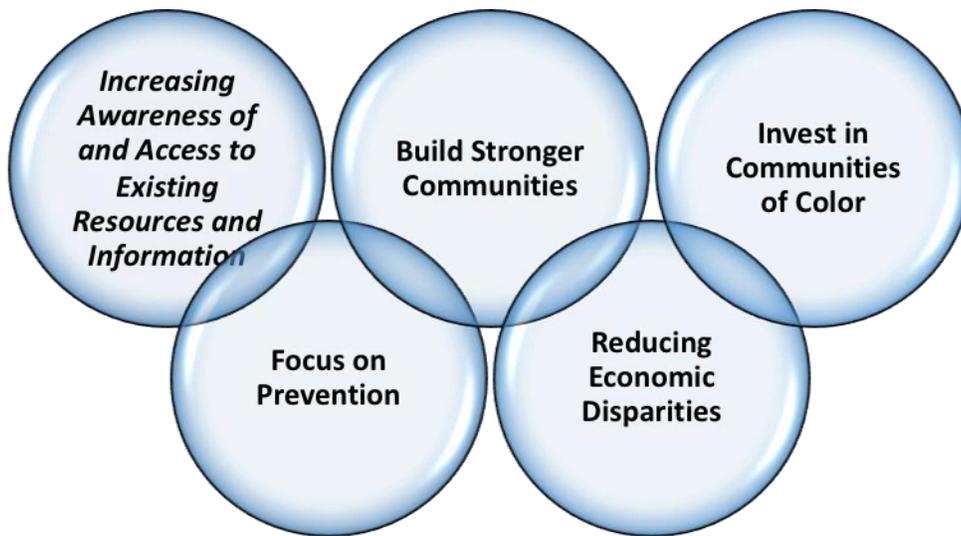
Racial Segregation: Almost all of the interviewees believed that racial segregation was a direct result of institutionalized and systematic racism and that racial segregation has had significant and negative impacts on health and economic outcomes. Both interviewees and focus group participants referenced that racial segregation is partly culturally created – people like to live among others like themselves. Some interviewees also discussed racial tensions between the African American and Latino communities as demographics continue to shift in South Los Angeles. focus groups participants however, did not feel that racial segregation was as real of an issue as some interviewees. Their bigger concern was the misconception that one cultural group had better access than the other. Mostly, they are interested in finding ways to strengthen these relationships and ties.

Highest Risk Populations

Community input identified minorities (specifically African Americans and Latinos) as most at risk of experiencing poverty and poor health outcomes. Immigrants, foster youth, those engaged with the criminal justice system, people experiencing homelessness, and single mothers were also identified as high risk groups. While there were no explicit solutions identified to support these populations, it is important to consider these populations first when developing interventions or programs to address low-income and poverty in these communities. While not specifically probed about foster youth, it is important to note that interviewees did call out this group as a vulnerable population because they often cycle through several families, thus having a very unstable upbringing. Once foster youth age out of their programs, they usually have no more support or a place to live, and are therefore at higher risk.

Potential Solutions

The following solutions were lifted up to address specific themes listed above and generally for all of them:



Increasing Awareness of and Access to Existing Resources and Information: Although there are a lot of resources and initiatives designed to address the challenges listed above, there is a general lack of awareness about what is available. Focus groups participants said that it was difficult to learn about programs in all if the following sectors: nonprofit, school-based, state/local government, federal government. When they do find out about programs, it is not always easy to navigate. Interviewees discussed a need to have more coordination across initiatives and services, and suggested possibly creating a hub where residents could go for information and referrals.

Focus on Prevention: Another emergent idea was to increase prevention resources in communities. Focus group participants discussed the difficulty of accessing high-quality healthcare, as discussed above, and expressed a desire for prioritizing prevention (providing healthy fruits and vegetables, increasing access to a gym or other places to be physically active, etc.). With healthcare being difficult to access, medicine too expensive, and the potential stigma with seeing the doctor, funding to support preventative medicine, community resources, and environmental changes would be well received.

Build Stronger Communities: All focus group participants stated that everyone needed to do a better job of getting to know neighbors that are different from them. While language was brought up as a barrier in some instances, most focus group participants believed that by getting to know their neighbors, they could begin to strengthen their communities. While some believed that others from a differing race/ethnicity had better access to resources, they also acknowledged challenges accessing resources across the community. In the context of gentrification, several focus group participants mentioned rising rents and the increased prevalence of Whiter, wealthier people moving into their communities and that building stronger relationships with existing neighbors could help strengthen the identity and social fabric of the community, thus possibly slowing gentrification and its impact. Support for programs and entities that bring residents and other stakeholders together to discuss challenges faced in the community would be a step in the right direction.

Reducing Education Disparities: Across all of the interviews, participants said that to improve health and economic outcomes we must urgently address lack of education. Most of the interviewees acknowledged that significant investments and changes need to happen at the K-12 level of public schools

in order to achieve higher educational attainment. Solutions that could be considered locally or at a regional level include:

- Investing in more programs for parents and their children aged 0-5 to ensure that kids are set up for success. Participants suggested the need for programming and resources to educate parents in addition to improving the quality of K-12 education and services. Without informed parents, it is more challenging for students to navigate the education system.
- In high trauma communities, the services in schools must meet the needs of the students. Interviewees discussed the need for schools to do a better job ensuring the appropriate resources (such as nurses and counselors), as well as programs (providing food, increasing the number of before and after school activities) are provided on campus. While some interviewees and their organizations are already investing in these types of resources and programs, there must be a system-wide approach to ensure that all students have the best chance of success in the education system through resources on and off campus.
- Interviewees discussed the fact that wealthier communities have better schools because of the way local schools receive funding through taxes. A possible policy solution would be to identify a more equitable funding mechanism to ensure that all schools, regardless of the income in the community, are of high quality.

Invest in Communities of Color: The key theme to emerge from the discussion of racial segregation was the importance of investing in communities of color to ensure they have the same access to resources such as healthcare, education, healthy food, quality housing, transportation, etc., as wealthier and predominantly White communities do. While no specific solutions were given, it certainly deserves further investigation and could be a priority focus in all funding decisions.

Lines of Inquiry

1. What are the three main drivers of lower income in under-resourced communities? What are the existing resources addressing these drivers? (Social Predictor of Health)

The top three drivers of low income that surfaced include: 1) lack of educational opportunities or disparities in the education system, 2) lack of quality jobs, and 3) institutionalized racism. These are inextricably linked as institutional racism has created historically disinvested communities with less and less funding to schools, substandard housing, over-policing, and massive losses in quality jobs or job training programs in the South LA region. These issues perpetuate a cycle of low income and poverty that makes it hard for those with limited education and no career path. In addition to institutionalized racism in the form of policies such as redlining and over-policing, several participants noted the damage that Proposition 13 has had on public schools in low-income communities, stripping away an equitable funding source to ensure that youth from all economic backgrounds are provided with a high-quality public education.

This is what participants from our community engagement process said:

"...populations that historically face a lot of discrimination and bias, you know either by color or by gender identity. Those are places where we really should be focusing our attention to both eliminate those sources of oppression and discrimination, but also acknowledge the sort of trauma hurdle, and layer upon layer of sort of disinvestment that's happened in those communities and figure out what would actually make a difference moving forward." - Key Informant Interviewee

"I think people who are born into communities that you know, historically have been under-resourced just are not going to have the same opportunities and you get that perpetuation from generation to generation of poverty for all the reasons we just discussed." - Key Informant Interviewee

"Well, if you want to get philosophical about racism, investment in certain communities are big reasons for that, geographic and economic segregation that has contributed to lack of opportunities and certain communities' lower quality schools, inability to purchase homes and areas that are going to ascertain a certain amount value. Over policing in communities leads to a set of other social determinants that I would say are symptoms of those structural type and also belief systems that have impacted those communities." - Key Informant Interviewee

"I think the main driver is education. It's a combination of educational opportunities in schools within the inner city not being equipped to provide a quality education for the students. They are understaffed, undersupplied. Another problem is that we're just not graduating enough minority students from the schools and we have to look at the educational system." - Key Informant Interviewee

"I think a lot of it has to do with historical trends related to concentrated disadvantages, right? So mass incarceration of youth, the loss of economic opportunities, i.e. jobs, and the prevailing wage in predominately African-American communities during eras when there was money flight. You know, it really contributed to disinvestment and divestment from within these communities and these spaces." - Key Informant Interviewee

"I think the root causes are low education levels, which stem from historical patterns. I know it's controversial and political, you know, the extent to which still some of this is a remnant of slavery and discrimination from the past before the Civil Rights Movement; but whatever the reason, certainly in low-income areas, you know education resources and other resources for young people is just not the same and it gets them off on the wrong foot and they're playing catch-up the rest of their lives and that leads to socio-economic gaps as they get older and persist in these communities." - Key Informant Interviewee

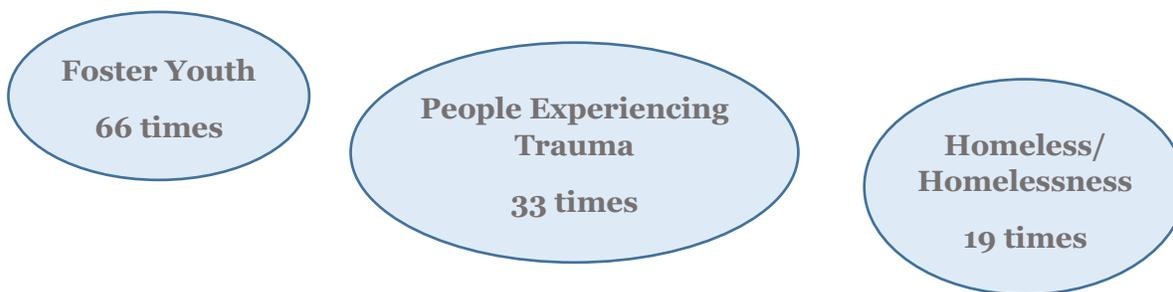
While this specific question was not presented in the TAY focus groups, statements around this line of inquiry emerged in other discussion areas as a challenge due to lack of experience or being eligible to apply for a job (including formal education, having a bank account, not having a criminal record, having a work history/resume) and awareness about how to apply for a job. Furthermore, several felt that the stress of trying to make ends meet and survive often lead them to either choose an easier way to make money through a criminal activity, or simply not even make an effort.

“Let’s say a job pays \$13 an hour, minimum wage, so you work four hours, but in one hour I can make what you made in four hours. I will take that over this. It’s like best options.” - Transitional Age Youth Focus Group Participant

Additional learnings/emergent themes

Populations at Risk: Participants also identified the groups at higher risk of experiencing poverty and poor health outcomes than other groups. While no explicit solutions were identified for these populations, it is important to consider these populations first when developing interventions or programs to address low income and poverty in these communities.

Respondents broadly felt that minorities and immigrants broadly were most at risk, as well as individuals engaged with the criminal justice system (incarcerated, formerly incarcerated, etc.), foster youth, single mothers, people experiencing homelessness, and people born into under-resourced communities. A word search revealed the following populations were referenced the most times:



Resources to Address Low Income: Participants identified several social services that aim to lift and keep people out of low income and poverty. However, most participants stated that these services alone were not enough. Most of the services identified were lauded for their ability to function as a safety net, but that they are not at all capable of pulling individuals and families into the middle class. Some of the programs identified include Medicaid, Department of Social Services, Head Start, community colleges and trade schools, and community-based organization. Participants stated that most of the available resources are also under-funded or under-staffed, thus can only benefit a small number of people. One final challenge identified is the implicit bias that providers may have, resulting in differential treatment based on race, gender, etc., which further exacerbates problems.

“The resources are there, they’re not necessarily well-funded or well-staffed. You know you look for example at Social Services, which is designed to support and help people who are suffering from all the things that I mentioned earlier. The social workers that are in that industry are well-intentioned. They want to help, they want to do what they can to support and benefit their clients but they’re under-resourced, don’t have all the tools necessary to address the significant issues that they’re being asked to deal with.” - Key Informant Interviewee

2. What are the challenges and barriers to improving income in our under-resourced communities? (Social Predictor of Health)

The drivers of low income are massive and a result of decades of historic disinvestment. As noted above, the biggest challenge is that most of the available resources are limited in their scope and ability to serve

the community because of inadequate funding and staffing support. Possible solutions to address the challenges of being low income in under-served communities include:

- 1) Supporting Proposition 13 reform or other sources of equitable public-school funding.
- 2) Implementing implicit bias training across all levels of government to ensure all individuals and families connecting to the safety net are treated equitably and with dignity.
- 3) Investing in existing resources to ensure adequate staffing to properly implement programs.
- 4) Supporting economic development opportunities that will bring job training and quality jobs to South LA.

Another challenge is a lack of awareness about resources and information in the community. Interviewees noted the importance of also having better coordination across services and initiatives, which would not only allow programs to leverage resources but could promote collaboration to raise awareness about other programs by cross-referrals. African American and Latino focus groups participants both stated that they were often unaware of the resources available to them, and often perceived that resources were only available for the other groups. Hence, it is important to ensure that resources are available for all groups living in under-resourced communities and that everyone is made aware in a language and communication method that is culturally appropriate. Focus group participants also said that it was difficult to learn about programs at all levels (nonprofit, school-based, state/local government, federal government) and when they do find out about programs, it is not always easy to navigate the systems to access the needed resources and services.

“Overall, more outreach. Like, there’s a lot of things where they use social media—I see a lot of preschools pop up on my Facebook or Instagram page. But I don’t see free programs that pop up on the Facebook page. And then every now and then you’ll see something that says childcare for whatever, and you call the number and then they say, we don’t service your area. Well, who does?” - Adult Resident Focus Group Participant

This issue of a lack of awareness or coordination between resources and services also came up amongst the TAY focus groups. Another related issue is a lack of representation within social services (i.e. having more staff that look like them), which contributes to the challenge in accessing resources.

“Not giving resources, but to administer those resources, it begins and ends at the most minute level. If I don’t see anybody that looks like me, I don’t feel like it’s for me.” - Transitional Age Youth Focus Group Participant

Given that a great deal of political will is warranted to change the decades-long disinvestment, a strong and unified community is necessary to address these challenges. While language was brought up as a barrier in some instances, most focus group participants believed that by getting to know their neighbors, they could begin to strengthen their communities.

“I think we need to be re-socialized in general because the reason that black people think like that is because we’re taught to believe that there’s not enough for all of us. They want us to kill each other, fight each other, constantly fight over things, when we know that there’s enough for all of us. We have to educate ourselves and not expect other people to come into our community and give us what we’re looking for. We have to give ourselves what we’re looking for.” - Adult Resident Focus Group Participant

3. How are under-resourced communities benefitting from a thriving economy? Is there anything that prevents residents from benefitting from a strong economy? (Lived Experience)

Most participants did not believe that South LA was benefitting from a thriving economy. Although businesses were doing well, jobs in South LA have remained at minimum wage and the homeownership rate for people of color has not increased. Some participants identified negative outcomes from the thriving economy, such as small businesses hurting from an increased minimum wage, and more wealthy

and White families coming to South LA to purchase homes, thus leading to gentrification and displacement.

"I will say that you know, we don't lift all boats here with sort of economic progress. Some fields and careers are having a lot of success. I think as long as you have a minimum wage, that doesn't keep up with the real cost of living you got a huge gap because we still have millions of workers that are just paid minimum wage. So, you know this issue around minimum wage livable wage. These are huge issues because our economic engine is in fact driven by a lot of low-wage workers. And even when you have a booming economy, it doesn't necessarily translate to increases in wages for the folks that are at the minimum wage and low wage jobs, which are still necessary and essential jobs to keep the economy moving along." - Key Informant Interviewee

"There's growing inequality that's happening especially for those with lower levels of income and education... And there's growth that's happening but a lot of that wealth I think is going to families that already have the advantages." - Key Informant Interviewee

Survey findings also showed that South LA is not benefitting from the thriving economy. Over half of the participants said they and their families feel stressed about making ends meet (53%). The stress they feel manifests in the form of worry, anxiety, depression, and physical ailments like headaches, feeling sick, lack of appetite, impacting sleep and feeling fatigued. Many people have several part-time jobs rather than a stable full-time job. When asked "what is the one thing that would help you and your family increase your income?" participants said better jobs, which includes full time, stable work with benefits and better pay than is currently offered. Additionally, participants thought that increased access to more and better-quality education and better, more affordable housing would help increase household income.

4. Besides having an access issue, how does mental stress about survival and securing food, housing, etc., play a role in negative health outcomes? (Disparity/Capacity)

Across the board, participants believed the mental stress related to survival and securing food, housing, and necessary resources to live a good life was part of a cyclical challenge that resulted in negative health outcomes. Most interviewees identified institutionalized racism in the form of redlining, White flight, and an unwillingness of resources to locate in South LA (such as jobs, healthcare facilities, quality grocery stores), as a core driver of both low income and poor health outcomes. Focus group participants, who were primarily low-income South LA residents, discussed the struggles of making ends meet, having to choose between paying for healthcare or food, and the high time-cost of receiving healthcare and of having to leave the neighborhood to buy healthy foods. They described that feeling stressed can lead to depression, drug use, and an overall sense of helplessness. Some participants said these feelings often result in crime and violent acts, both at home and in their community. In turn, the high poverty and high crime often result in 1) people leaving the community, 2) people and businesses being unwilling to enter the community, and/or 3) organizations being stretched too thin to properly service the community.

Mental health was discussed in the context of individuals on the street suffering from untreated mental illness, but also, more abundantly a result of the stress that living in underserved communities puts on a person. As previously mentioned, the stress of survival manifests in physical and mental ways such as anxiety and depression, increased headaches and overall feeling sick, losing sleep, and having an improper diet. In turn, these behaviors can result in more serious negative health outcomes such as obesity, diabetes, and cardiovascular disease. Most focus group participants discussed self-medicating because it was too expensive or too difficult to receive care from a doctor. Some participants also discussed having a lack of trust in doctors as a reason for self-medicating. Often self-medication doesn't help, and individuals end up sicker and have to be in the hospital, or the self-medication negatively impacts their ability to work or maintain their job, thus increasing stress levels and reinforcing the cycle.

In the interviews, mental health was referenced more than any other priority health issue. It was also discussed as both a cause and outcome of low income and poverty. All but one interviewee discussed mental health issues, including depression and anxieties, as occurring when individuals cannot make ends meet, put food on the table, or find a quality job. Further complicating the issue is the lack of access to mental health services and providers, stigma seeking help, and lack of integration between physical and mental health providers.

Interviewees also believed that South LA communities experienced higher rates of trauma than other communities due to such things as violence, over policing and limited resources. This trauma, which can sometimes lead to acts of violence and increased crime, contributes to mental health issues of those living in that community.

“Stress shortens your life. I was reading that they asked two groups of women if they were overwhelmed. They had the same births, the same number of children, working not working. One group said that they were really stressed out; the other group said no. They looked at them at a span of 10 years; it affected them at the cellular level. Their cells could not reproduce, it literally shortened their life. Stress.” - Adult Resident Focus Group Participant

“And when it gets hard, what makes it harder, is when you don’t have the health care or funds to be able to go to get yourself checked out. That’s the hard part.” - Adult Resident Focus Group Participant

“Right now, just with the rent, it’s really expensive. I don’t know if there are people that really earn enough to pay their rent, live well, or have insurance for their family. I think the majority of us try to get federal services, like Medical because paying insurance is really expensive. Kaiser has insurance but I’m not able to pay insurance for all of my family. It’s really hard. It’s really hard to be able to do that.” - Adult Resident Focus Group Participant

TAY respondents felt similarly about mental stress. Oftentimes stress and mental health issues were discussed in conjunction with substance abuse, as well as in the context of stigma, inability to seek help, and spillover into the broader family dynamic. If one person, for example, the parent or primary earner, is experiencing stress or mental illness, this is often felt by the entire family. Some also noted how stress can cause individuals to act in irresponsible ways.

“It gets them angry, depressed, frustrated; they don’t know what to do, and then they start taking it out on you. And I feel that is unhealthy.” - Transitional Age Youth Focus Group Participant

“Stress makes people do crazy things like you have to feed the kids, you got fired, some people go rob a bank, they get locked up. Stress gives you illnesses, depression, extreme anxiety; it’s all bad, you have to stay under stress, that’s hard.” - Transitional Age Youth Focus Group Participant

“If you are a young man not able to provide for your family that could create depression, anxieties about you know, what can I do to make more money. That’s going to create health problems.” - Transitional Age Youth Focus Group Participant

Solutions

Given that most interviewees described a cyclical relationship between mental health and living in a low-income community, interventions must consider addressing the challenges from both sides to have an impact. Specifically, interviewees focused on solutions such as increasing funding and capacity for existing resources in the community, whereas focus group participants discussed the difficulty of accessing high-quality healthcare and expressed a desire for prioritizing prevention (i.e., providing healthy fruits and vegetables, increasing access to a gym or other places to be physically active, etc.). With healthcare being difficult to access, medicine expensive, and some individuals associating stigma with seeing the doctor, it was felt that better access to preventative medicine and programs and changes to the environment would be a good approach.

“A better protocol would be prevention. They’re going to put you on medication until you’re going to be on this medication your whole life, instead of let’s start exercising.” - Adult Resident Focus Group Participant

“...there’s a way to do something but the pharmaceutical companies, they are the ones that keep this going.” - Adult Resident Focus Group Participant

TAY focus groups also addressed their inability to access healthcare and the lack of healthy food options.

“...you wouldn’t see a Trader Joes in South Central. You wouldn’t see a Sprouts in South Central..., so if they offered that to everybody instead of limiting to certain areas that would probably help more.” - Transitional Age Youth Focus Group Participant

5. What are the barriers to higher educational attainment in under-resourced communities? (Social Predictor of Health)

Lack of education as a barrier to improving health and economic outcomes was a strong theme throughout all interviews and focus groups. Barriers to higher educational attainment in South LA were continually referenced as something to urgently address. Participants recommended that the greatest impact that could be made is investments and changes at the K-12 level in public schools. Some noted the need to invest in programs for parents and their children aged 0-5 to ensure that kids are set up for success. Others suggested more programming and resources to educate parents in addition to improving the quality of K-12 education and services. Without informed parents, it is more challenging for students to navigate the education system.

“So you know people in college blame the high schools, people in high school blame the middle school, people in middle schools blame their elementary schools, elementary schools blame the lack of early childhood training. Also, people say the families that are in poor communities don’t give kids the same opportunities as wealthy families in terms of what happens at the dinner table - all the enrichment opportunities that are available, etc.” - Key Informant Interviewee

“A lot of the young parents are really uneducated. That’s the problem. They’ll go out and they’ll get sodas and all this stuff, because like you said education has a lot to do with these kids. And I feel that there should be more education for the young parents.” - Adult Resident Focus Group Participant

6. What educational resources are needed early on in the educational pipeline for bachelor's degrees to increase? (Social Predictor of Health)

In high trauma communities, the number of services in schools must meet the needs of the students. Interviewees discussed the need for schools to do a better job ensuring the appropriate resources (such as nurses and counselors), as well as programs (providing food, increasing the number of before and after school activities) were provided on campus. While some interviewees and their organizations are already investing in these types of resources and programs, there must be a system-wide approach to ensure that all students get the best chance of success in the education system. Interviewees discussed the fact that wealthier communities have better schools because of the way local schools receive tax funds. A possible policy solution to this would be to identify a more equitable funding mechanism to ensure that all schools, regardless of the income in the community, are of high quality. Additionally, investing in public education resources and increasing the amount of time youth spend at the schools has been suggested as a solution to not only increasing educational attainment but also to ensuring that youth have safe and enriching places to spend their time while parents are at work.

“You know, we’re gonna have to do a much better job on working with staff and faculty around issues related to implicit bias on how do we train people to create trauma-informed schools. So I

think there's a whole bunch of work that needs to happen so that the school environment acknowledges who are the children that are coming and then really is set up to appropriately support those children and acknowledge the experiences that they've already had or the lack of experiences that they've had.” - Key Informant Interviewee

“There's got to be an engagement strategy so that parents are both welcome in the building but also part of the decision-making as well as students as you know, particularly as students get older so around governance and how you involve all of the people in the school community and helping to make good decisions.” - Key Informant Interviewee

“I really don't understand why we don't have extended days in our schools. And make it easy for working families to have their children in a supportive environment for the entire day that they're working. I don't know why short school day when it doesn't match the work day and particularly for younger students. I mean why we're releasing 7th, 8th, 9th, and 10th graders back out into unsupervised community setting. We ought to have academically enriching and socially meaningful recreational opportunities so our children can stay for the day. And be nourished and strengthened.” - Key Informant Interviewee

“I think we got to start before their school age. So I think we've got a really bolster programs from cradle to school. I do think we've got to start thinking as an educational system not just one school at a time but looking at kindergarten through 12th grade and the entire pipeline and what resources these children need to have in order to be set up for success versus thinking about what needs to happen in my school.” - Key Informant Interviewee

“Schools should have some kind of policy incentive to bring in the best teachers across the district or recruit them to have the first choice of those teachers to not have like emergency certified teachers or non-subject kind of expert teachers and bring in nonprofits to work with students like on mentoring, tutoring, after-school program. Summer kinds of programs should be prioritized for those schools.” - Key Informant Interviewee

7. What drives racial segregation in your community?

8. How does racial segregation and racial inequities impact the health of residents in under-resourced communities?

NOTE: The responses to these two questions were answered together and presented as such below

Racial Segregation

Adult Focus Group (resident) Perspective: Almost all of the focus group participants believed that racial segregation is culturally created – people like to live among people like themselves. Participants also did not feel that racial segregation was as real of an issue. That said, both African American and Latino participants pointed out that they believed the other group had better access to resources, information, programs, and amenities that would help them live a good life.

“If we're going to speak freely, I think a lot of Hispanics get the help now, and that's fine but I feel like we're the wrong shade of brown, walking in a lot of these offices.” - Adult Resident Focus Group Participant

Both African American and Latino focus group participants stated language as one cultural barrier to interacting with each other and perceived the other to have a tight-knit network tailored to the specific group, with the other group excluded (Spanish or English-only services, for example, which inherently exclude anyone who cannot speak Spanish or English). Despite this cultural division, both groups brought up the concern about gentrification, seeing more white and wealthy individuals moving into their neighborhoods.

“Where I live it's mostly Latino, and when we were looking for houses and I was talking to people and my family, they asked me, you're going to be good with that, that's not uncomfortable? We are people. My neighbors are amazing, nice. When I moved in, they were outside. It was interesting to them too that a black family had moved there.” - Adult Resident Focus Group Participant

“If you live in an area with a lot of Latinos, we greet each other more, and when you don’t live among a lot of Latinos it is different because everyone is a little more reserved.” - Adult Resident Focus Group Participant

While most participants did not see racial segregation as a major issue, everyone perceived a significant lack of access to resources, information, programs, etc. as something to address in order to reduce health and economic disparities.

“Where I stay to access any kind of programs, I always have to come all the way to Inglewood. And a lot of these programs tend to cater to Hispanics. And only one of them was for blacks and there is no funding for it.” - Adult Resident Focus Group Participant

“I think when they go looking for services, they get them easily. They don’t have as many prerequisites as I would have. Because I’ve heard that people have five to six kids and they don’t work and they get help. The only thing people dare to ask for is MediCal, and maybe food stamps and besides that nothing.” - Adult Resident Focus Group Participant

“For example, when we go to get paperwork filled out for Medical, they give a lot of preference to African Americans. Sometimes we have to fill out a form, and we have to wait a long time, and a lot of people show up and they get served first. They put a person aside for not speaking English.” - Adult Resident Focus Group Participant

Interviewee (professionals) Perspective: Almost all of the interviewees believed that racial segregation was a direct result of institutionalized and systematic racism and that racial segregation had a significant and negative impact on health and economic outcomes. Of the few cultural references to racial segregation, interviewees suggested that people generally like living near others like themselves. Some interview participants also discussed racial tensions between the African American and Latino communities as demographics continue to shift in South LA.

“I think there’s a whole host of dynamics that think it’s human nature for people to want to be surrounded by people who look like them whom they recognize, whom they know. I also think there is racial tension in South LA.” – Key Informant Interviewee

Redlining and other intentional policies designed to keep African Americans and other racial/ethnic groups out of specific neighborhoods were listed as a top reason for racial segregation. While the practice is not formal or legal in modern day, it has created deep divides between communities of color and white communities. Some interviewees discussed “white flight” that happened in the 60s and 70s when African American families moved to the inner cities and white families moved out, taking their tax base and resources with them. When discussing current day racial segregation, the issue of gentrification and wealthier, white families moving into the community was discussed as a challenge: how do you continue to invest in South LA and provide more resources without making it unaffordable to the people who currently live there?

“I mean you have historical policies around lending in residential sales....You know that go back even before the 50’s. We’ve had policies that have supported residential segregation and we’ve had policies that continue into the subprime mortgage fiasco.” – Key Informant Interviewee

“I would say the first thing that created South LA as an Afro-American community is the redlining of Los Angeles.” – Key Informant Interviewee

“Jim Crow laws, Brown versus Board of Education and 54 schools were segregated. I was just reading this again with my daughter, the Rosa Parks in the 1950’s. It was okay for black people to sit in the back of the bus. So that was legal not that long ago in our country and there’s probably some carryover from that.” – Key Informant Interviewee

TAY Focus Group (resident) Perspective: TAY participants talked about how racially segregated their community was. Some talked about it being a cultural factor (people are raised to be separate) and others shared that stereotypes portrayed in the media often resulted in racial segregation.

“I was raised in a Mexican home and whenever we’d see a black person, they’ll be like, look at him doing crimes right here. When I came to LA I changed my thinking ‘cause I’ve seen the world, it was not the way they said it was. A lot of this racism is generational.” - Transitional Age Youth Focus Group Participant

Institutionalized Racism

Adult Focus Group (resident) Perspective: While not explicitly called out, the theme of institutionalized racism was brought up throughout the focus groups in the form of housing discrimination, over-policing, lack of access to resources, gentrification, and when discussing the prevalence of liquor stores and fast food establishments and lack of healthy food options. These institutionalized practices are affecting lives on a daily basis and are an important challenge to discuss to end the cycle of poverty.

“I have a friend who moved back to her mom’s house to get back on her feet. And she was calling around the vacancies in Leimert Park and they will not return her call! So she said, I don’t know, can they hear something in my voice? She asked a white coworker to call back and they called the white coworker back.” - Adult Resident Focus Group Participant

“If you don’t have the right skin color or the right background, they don’t want to assist you. They only want to give you so much information and its vague information because they don’t want to help you, or at least give you the resources on where to go to get the information.” - Adult Resident Focus Group Participant

Interviewee (professionals) Perspective: Interviewees also discussed institutionalized racism often and its impact as one of the top drivers of low-income and poverty as well as its connection to the other top drivers: lack of jobs and poor-quality education. Racism, particularly institutionalized racism in the form of redlining, over-policing, and other policies that have systematically neglected and disenfranchised communities of color, were discussed ad nauseam.

“I think it would be flawed to just hold on to the normal conversations that we have around social determinants of health without acknowledging that we have a tremendous gap in health outcomes associated with race and racism. So you’ve got ample data documenting discrimination against African Americans in the educational system, in the criminal justice system, jobs, and job opportunities, even in terms of healthcare. An Institute of Medicine report that now goes back almost 20 years started documenting discriminatory patterns of behavior on the part of clinicians so, I think we have to look at that. By virtue of the color of your skin in this country, you will have a different set of experiences that will limit your access to good housing and good education.” – Key Informant Interviewee

“I think the way to address residential segregation is first to take a hard look at what are the existing policies that continue to perpetuate segregation and segregated neighborhoods. Then the corollary to that is also to look really hard at what’s happening with gentrification. And what’s the result of gentrification and making sure that in neighborhoods that are predominantly comprised of people of color, as those neighborhoods become hot, that we’re not pushing people who have been living there for generations. I think you need a set of housing policies that really acknowledge how important those policies are to the composition of who lives in the neighborhood and that everyone should live in a neighborhood that has the resources and opportunities they are going to need to be healthy. My perspective of the way to deal with residential segregation is to invest in neighborhoods that are predominantly occupied by people of color so that those are neighborhoods where everyone gets to thrive.” – Key Informant Interviewee

Health Impacts of Racial Segregation

Interviewees and focus group participants alike repeatedly mentioned the lack of affordable housing, affordable healthy food, and lack of healthcare resources as major challenges facing the community.

These challenges are most prevalent in low-income communities of color and result in a higher prevalence of poor health outcomes than wealthier and whiter communities who often have access to these resources. There is also strong evidence, both from this data set and from the literature, that chronic stress and living in a high trauma community with limited resources are likely to result in worse health outcomes.

"I mean when we look at the data, I think poverty may be one driver but I would say race and racism is probably the bigger driver, particularly when you look at data related to health outcomes, you know black residents on just about every health outcome you measure for LA County, fair far worse than all other residents." – Key Informant Interviewee

9. What community strengths (or current models/initiatives/activities) can you identify that can lead to better income opportunities in communities? What kind of supports do you need for those to flourish?

Community strengths included a robust nonprofit and faith-based community trying to address the health, economic, and educational disparities that exist in the South LA region. Elected officials and programs from their offices were also mentioned as community strengths. The region, broadly speaking, was described as resilient and resourceful in the face of such great disinvestment over the decades. However, two major challenges being faced within these strengths are inadequate funding and staffing to support the nonprofit community and a lack of communication and coordination across the board. This is also discussed under SLQ2.

"I think we have a lot of really powerful organizing in South LA and we should never forget that there are amazing brilliant leaders in that community who actually know the pathway forward; working closely with the leadership there and with the organizations that have dedicated decades of work trying to address the sort of opportunity resource gap. These are communities that are well organized, and these are also communities where the people who have lived experiences have really strong ideas around what are the sensible solutions to the problems. I think that's a huge asset." – Key Informant Interviewee

One interviewee worked for a trade school and described some of the challenges being faced by their student body, which is predominantly made up of single parents, foster youth, homeless individuals, English language learners, and students with disabilities. One example of a significant hurdle for most students is the state requirements to pass college algebra, which is needed for most degrees. Instead of continuing to fail students and prevent them from graduating and accessing middle and high wage jobs, the school has developed a technical math course, which allows students to get industry-recognized certificates to access good jobs. This out of the box thinking required the school to have a deep understanding of their student body and a high level of compassion and desire for students to succeed. This is a model that can be implemented in other places as well – identifying policy barriers that may be keeping individuals from reaching their full potential and developing workarounds for people to succeed. Supporting models such as this through either grants or collaborating on initiatives where these types of models are used would have a great impact on breaking the chain of poverty.

Organizations as Community Strengths

During the Adult Resident Focus Groups, the following organizations were identified: Community Coalition, Girls Club, Black Women for Wellness, DADS Project, El Nido, Kaiser, St. Johns, and Watts Healthcare Corporation. Additionally, the following initiatives and elected officials were named: Building Stronger Families West Athens, Girltrek.org, and Councilman Marqueece Harris Dawson.

TAY participants identified several organizations as supporting community strengths, including Planned Parenthood, Medi-Cal, VA programs for veterans, My Friend's Place, Inglewood One-Stop, The SPOT,

Home at Last, Exodus, and shelters in general. Other strengths included food pantries and libraries. Participants stated that these programs were good but limited in scope and capacity to help the community.

Interviewees named quite a few resources:

- *Organizations:* Community Health Councils, Community Coalition, Strategic Actions for a Just Economy (SAJE), SCOPE, Brotherhood Crusade, Los Angeles Alliance for a New Economy (LAANE), Youth Build, Local Initiatives Support Corporation (LISC), Prevention Institute, Crystal Stairs, AIDS Project Los Angeles, Southside Coalition
- *Clinics & Hospitals:* Altamed, St. Johns, Watts Healthcare Corporation, Martin Luther King Hospital, Good Samaritan Hospital, Kaiser
- *National Institutions:* American Heart Association, American Cancer Society, HealthNet
- *Educational Institutions:* LA Trade Tech, LA Unified School District, LA County Office of Education, Charles Drew University, USC
- *Initiatives/Coalitions:* South LA Building Healthy Communities, SLATE-Z, UNIDAD (United Neighbors in Defense Against Displacement) Coalition
- *Elected Officials:* Supervisor Mark-Ridley Thomas, Councilman Marqueece Harris-Dawson, Senator Holly Mitchell, Councilman Curren Price
- *Public Agencies:* Department of Mental Health, Department of Health Services, Department of Social Services, Department of Public Health

Through the Surveys, many of the same organizations as above were listed. Additionally, the following were highlighted:

- S.P.Y. (Safe Place for Youth)
- LGBT Center,
- Ruth's Place,
- St. Margaret's,
- Salvation Army,
- Great Beginnings for Black Babies,
- Los Angeles Urban League,
- Black Women for Wellness
- The Baldwin Hills Crenshaw mall (farmers' market and exercise programs).

Many survey respondents also listed Medi-Cal, Cal Fresh, and CalWORKs as resources.

Appendix A

STAKEHOLDER GROUP	CONTACT NAME	AFFILIATION	COMMUNITY
PUBLIC OFFICIALS (STAFF)	Michael Hochman, Senior Deputy for Health Services and Advocacy	Office of Supervisor Mark Ridley-Thomas	Under-resourced areas of West LA including South LA, Inglewood, Lennox
PUBLIC AGENCIES	Dr. Barbara Ferrer Director of Public Health LA County	LA County Dept. of Public Health,	LA County
	Ruben Caldwell Sr. City Planner	Los Angeles Department of City Planning,	Under-resourced areas of West LA including South LA, Inglewood, Lennox
EDUCATIONAL INSTITUTIONS	Dr. Cristina de Jesus, President and Chief Executive Officer	Green Dot Charter Schools	Under-resourced areas of West LA including South LA, Inglewood, Lennox
	Larry Frank, President	LA Trade Tech Community College	Under-resourced areas of West LA including South LA, Inglewood, Lennox
COUNTY/ REGIONAL ENTITIES (NON-GOVERNMENTAL)	Wendy Schiffer, Sr. Director of Strategic Planning	LA CARE Health Plan	LA County
	Andrea Williams Executive Director	Southside Coalitions of Community Health Councils	Under-resourced areas of West LA including South LA, Inglewood, Lennox
	Dr. D'Artagnan Scorza, Executive Director	Social Justice Learning Institute	Under-resourced areas of West LA including South LA, Inglewood, Lennox
	Michael Lawson, CEO	LA Urban League	Under-resourced areas of West LA including South LA, Inglewood, Lennox
BUSINESSES	Armen Ross, President	Crenshaw Chamber of Commerce	Crenshaw/Baldwin Hills
FOUNDATIONS	John Garcia III, Program Office Education Pipeline	CA Community Foundation	LA County