

2019 Community Health Needs Assessment Community Engagement Summary



Kaiser Foundation Hospital Kern County Medical Service Area

Community Engagement Summary

Kern County

Overview



2019 Community Health Needs Assessment Approach

The purpose of the 2019 Community Health Needs Assessment (CHNA) was to engage community members in a collaborative process to identify and prioritize the most pressing health needs in their communities. Engagements with residents were guided by learning questions (see below). These questions were developed after reviewing existing secondary data regarding health outcomes and their contributing factors. For questions about the CHNA methodology, community engagement, and primary and secondary data analyses, please contact CHNA-communications@kp.org.

Engagement Process

Individuals from a wide range of sectors were engaged during the CHNA process in order to gather a wide range of perspectives. Input was obtained from two groups of stakeholders: (1) **Subject Matter Experts** who had content knowledge about relevant learning questions; and (2) **Community Residents** living in the Kern region who could speak to the lived experience of issues identified in the strategic learning questions.

› **Subject Matter Experts.** SME interviews were conducted with medical doctors, behavioral health experts, community leaders, and staff members of community-based organizations.

› **Community Residents.** Residents were engaged through five focus group discussions and two surveys about 1) the greatest health and safety concerns in the general community and 2) the greatest health, housing, and educational needs among local community college students.

Content Areas Identified

- Poor Health Outcomes for residents with Low Income and Low Education
- Mental Health
- Suicide
- Obesity
- Diabetes
- Cancer
- STIs
- Domestic Violence
- Access to Care
- Student Health
- LGBTQ+ Health

Data Collection Methodology

- Interviews with Subject Matter Experts
- Focus Groups with Residents who have Lived Experience
- Community Surveys
- Data Requests from Law Enforcement and Coroner
- Literature Review

Engagement Type	Total	# of Participants
SME Interviews	15	16*
Focus Groups	5	44
Surveys	2	1,607

*One interview included 2 SMEs.

Learning Questions At-A-Glance

- 1) What types of resources are needed among the low-income population to better address health outcomes?
- 2) What is contributing to the number of negative health outcomes among those with no college degree?
- 3) What factors are negatively impacting mental health in Kern?
- 4) What is driving the higher suicide rate among White residents?
- 5) Why is the obesity prevalence high/above average among Black and Hispanic/Latino residents?
- 6) What is the lived experience among Black and Hispanic/Latino residents contributing to high obesity rates?
- 7) What local efforts or resources could be contributing to the lower cancer prevalence rates in Kern compared to the state and Southern California?
- 8) What is driving the high cancer rate among White and Black residents in Kern?
- 9) What is contributing to the high chlamydia rate?
- 10) What is driving the higher than average domestic violence hospitalization rate?

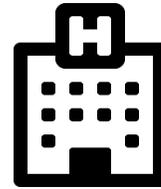
Learning Framework Summary

Themes Across Engagements: The key takeaways throughout discussions with community members and subject matter experts are highlighted below.



Lived Experience with Health Needs

- Low wages and high cost of living leave residents no time or money to maintain their health.
- Many residents are uninsured and underinsured and cannot access care.
- Poor mental health & stress further harm community member health and hinder the ability to get well.



Contributing Factors to Health Needs

- Lack of appointment availability and transportation deter residents from seeking health care.
- Resources needed for healthy living are out of reach.
- Poor air quality, extreme heat, and lack of safety prevent active living.
- Health education & awareness efforts are not reaching those with different languages and cultures.



Disparities Across Race and Place

- Black, Latino, and other minorities have less access to care and worse health outcomes.
- Veterans and LGBTQ+ are not being adequately served.
- Rural communities are not receiving equitable medical care.



Resources and Opportunities

- Community and national resources are doing important work, but more resources are needed to expand their reach to everyone.
- Increase affordability of care.
- Employ more clinicians and mental health providers to expand appointment availability.
- Expand awareness campaigns & healthy habits to all communities.

Learning Questions: Summary of Findings

The information obtained through primary data collection activities is summarized below. Each section highlights a central health issue and presents the findings that help to answer the relevant learning questions.

SMEs and focus group participants were asked to: (1) discuss **factors contributing** to and **causes** of health issues, (2) share **challenges** experienced in living with or treating these health issues; and (3) identify the **consequences** stemming from these health issues, in order to inform solutions and improve outcomes for each of these health concerns.

Social Predictors of Health

Primary Social Predictors Impacting Health

Low Socioeconomic Status

Socioeconomic status (SES), which includes income, education, and race/ethnicity, influences health by impacting the ability to access health care, knowledge of healthy lifestyle habits, and access to resources, including time, that help to prevent, manage, or treat disease. Low SES also exposes people to greater environmental and social harm, which can lead to worse health outcomes and survival rates.

In Kern, having low income and no bachelor's degree leads to poorer health outcomes, including higher incidence of mental health illness, heart attack, asthma, obesity, diabetes, stroke, cancer, low birth weight, and smoking. Research shows that on average, low SES individuals experience these poor health outcomes more than others.

High Cost of Living

Community respondents shared that residents with low income spend most of their money on climbing rent costs and bills, leaving little left over to spend on food. They are forced to buy the cheapest food available, resulting in poor nutrition. For many, there is little to no money left over to seek medical care or make healthier choices, resulting in poor health outcomes. Many of these individuals cannot afford to further their education and must work long hours to support their families, leading them to also experience the poor health outcomes that are caused by lower education levels.

Health Insurance

A major issue for this group of low-income and low-education individuals is being uninsured or underinsured. Latinos, Native Americans, and Native Hawaiians/Pacific Islanders are uninsured at higher rates compared to Kern County as a whole. Farmworkers and undocumented individuals are often not able to get health insurance and avoid seeking health care for fear of being deported. Individuals with no access to primary care often seek medical care through the ER when their illness becomes severe, resulting in expensive medical bills and missed income.

Difficulties Accessing Care and Information

Even for those who are insured, expensive co-pays, scarce appointment availability, and lack of transportation prevent them from accessing care. Area hospitals and mental health providers find it difficult to retain high quality clinicians due to low salaries in Kern. There are few low-income mental health resources for LGBTQ+ individuals or people who have experienced domestic violence, and services are lacking in the minority languages of the County such as Punjabi, Tagalog, and Spanish. People of all cultures experience mental health challenges, yet not all groups are being served.

Learning Questions:

1. What types of resources are needed among the low-income population to better address health outcomes?
2. What is contributing to the number of negative health outcomes among those with no college degree?

Data Contributing to These Questions:

- 2 SME Interviews
- 3 Focus Groups

Low education and literacy levels interfere with the ability to learn about signs and symptoms of disease, disease trends in the community, and important prevention behaviors. They also challenge the ability to navigate health care systems and advocate for the best care.

Overall Negative Health Impacts of these Factors

As a result of low SES in Kern, community members are dying more often from breast cancer and dying younger from diabetes. More people are becoming overweight and being diagnosed with colorectal cancers at younger ages. Kern residents experience more poor mental health days per month, and higher rates of obesity, stroke, poor dental health, chlamydia, motor vehicle deaths, domestic violence hospitalization, and low birth weight than the California average. The inability to get ahead economically or to further one's education are social predictors that have physical consequences.

“Communities with lower educational attainment have a higher prevalence of chronic illness and decreased lifespan.”

- Subject Matter Expert

Existing Resources

Kern County Cancer Fund, Links for Life, Lamont Resource Center, Clinica Sierra Vista, OMNI, and 211 are community resources that are actively working to increase access to care and decrease social drivers of poor health. These organizations provide free resources to the community including screenings, education, and financial support by paying co-pays. To best meet the needs of the community, these organizations meet residents in need in their neighborhoods and places of work.

Recommendations for Tackling the Issue

Community stakeholders recommend increasing access to screenings and medical care for community members who are uninsured or cannot afford to take off work to get care. More general practitioners, pediatricians, and specialists should be employed so that people can access primary care and specialized care more frequently.

Community awareness efforts should be expanded in appropriate languages and cultural contexts to educate about health and disease and link residents to care. Coordination of care from initial diagnosis to follow-up should be improved, including through increased access to transportation. Establishing community patient navigators would help patients know what steps to take to get care and help them get to their appointments in an approachable way. Clinician education can be expanded to include the influence of culture and its effects on health in order to provide the best care to all residents of Kern.

“The biggest health concern is poverty because it just seems to be at the core of so much illness.”

- Subject Matter Expert

Mental Health

Primary Factors Impacting Mental Health

Economic Stress

Financial stress drives poor mental health, especially for low-income individuals, students, and those in rural communities. The high cost of living leads many individuals to live in overcrowded homes. Many people cannot afford therapy or other mental health treatment, and report feeling socially isolated due to a lack of natural community supports. Living in a rural community without transportation is reported as a challenge across several aspects of daily life for many individuals. Further compounding the frustration of lack of transportation is a lack of resources due to low socioeconomic status.

Seeking mental health treatment is difficult for many community members due to the long wait times to see a mental health professional. Understaffed offices and difficulties with clinician retention are contributing to the shortage of clinicians available to provide treatment.

Youth and Bullying

Youth are often unaware of what mental illness looks like and do not know where to get help. Bullying in school is also contributing to poor mental health outcomes for youth, especially for youth in the LGBTQ+ community. After coming out, many LGBTQ+ community members reported living with hostility from the large conservative community that views LGBTQ+ individuals as mentally ill and experiencing hostility in the home or school environment. Many individuals reported that being openly queer in the community compromises their feeling of safety.

Stigma

Individuals seeking mental health treatment face dismissal of their symptoms and lack of medical and mental health professionals who understand them. LGBTQ+ respondents reported a need for therapists who could understand them and offer services or treatment without judgement or bias. Additionally, because of a history of stigma around mental illness, many older adults, especially men, have difficulty seeking and engaging in mental health services.

Need for Increased Awareness to Minimize Negative Consequences

Due to the stigma surrounding mental health, events and resources are not always advertised well in the community. Many individuals seeking treatment, especially youth, are not aware of the events and resources available to them. While workshops promoting mental health education and awareness were perceived as effective and helpful solutions, there are limited numbers of volunteers available to support and run workshops for the community.

Lack of mental health awareness, acceptance, and treatment are having profound negative effects in Kern. Local experts reported that substance abuse including vaping, methamphetamine use, and opiate addiction are common. Local experts identified young people as having a high risk for substance abuse and addiction. Suicide rates in adults have recently increased.

Learning Questions:

1. What factors are negatively impacting mental health in Kern?
2. What is driving the higher suicide rate among White residents?

Data Contributing to These Questions:

- 2 SME Interviews
- 3 Focus Groups

“We find that persons with mental health problems often have problems accessing the array of healthcare providers that they require as their complaints are dismissed.”

-Subject Matter Expert, Behavioral Health

Existing Resources

Community members expressed that local mental health workshops for the LGBTQ+ population are helpful. Additionally, local community centers such as the Dream Center offer specialized support groups for transgender, gender nonconforming, and bisexual individuals, among others.

Kern County Behavioral Health and Recovery Services (BHRS) offers comprehensive care, especially for Medi-Cal beneficiaries and uninsured individuals living in the community. Kern BHRS provides assessment, treatment, medications, prevention, crisis care, and crisis stabilization. They work closely with law enforcement to provide a full continuum of care, including in jails. Additionally, Kern BHRS provides a 24-hour suicide prevention crisis hotline and a mobile unit to provide evaluations off-site.

Recommendations for Tackling the Issue

Many reported that an increased availability of counselors would benefit the community. Community members cited a need for counseling for low income individuals and LGBTQ+ youth and seniors. Tele-psychiatry has been an effective way to reach individuals in outlying areas of the county.

To combat the issue of school aged youth not knowing about resources available to them, one local community member suggested having more mental health professionals on staff at schools to provide support similar to children suffering physical abuse. Another community member pointed to the effectiveness of having teachers trained in providing a safe environment for LGBTQ+ students.

To address bias and discrimination, community members suggested increasing visibility in professional environments, through methods such as professional development trainings about respecting LGBTQ+ individuals in the workplace.

Providing more education and awareness around mental health has been suggested by many community members and local experts. Education and awareness could serve a dual role in both increasing public knowledge of existing services or resources and addressing stigma against speaking openly about mental health that is still reported as deeply ingrained many in many communities in the area.

“We still have teenagers who call us, threatened with being thrown out of their homes when they come out [to their families].”

-Subject Matter Expert, LGBTQ+ Mental Health

Obesity and Diabetes

Primary Factors Leading to Obesity and Diabetes

Difficulty in Adopting Healthy Habits

Community members are concerned about the increased rates of obesity and diabetes they are seeing around them. Black and Latino residents are particularly impacted by this trend, which is related to lower income and education levels in these groups. Residents know it is important to live a healthy lifestyle and maintain a healthy weight, but many are at a loss of how to do so. Lifestyle habits are difficult to change for anyone, even with the best resources and information available. For low-income and less-educated individuals in Kern, these habits are even harder to change. Add in the racism and stress that many residents experience on a daily basis, it is hard to find the motivation to change.

Fast Food is Cheap, Fruits and Vegetables are Expensive

Even if residents knew how to adopt healthy habits, they often do not have the resources needed for health, such as fruits and vegetables, spaces to exercise, and access to preventative care. With the high cost of housing and other living expenses, making healthier choices is low on the priority list of household spending. Kern County is geographically spread out, making it difficult to get to a grocery store that sells fresh produce. Many residents buy food at a corner store where produce is expensive and not very fresh. Kern is used as a test area for new fast food launches, making cheap, nutrient-poor foods highly accessible, while healthful foods are harder to get. On top of all this, many Kern residents struggle to get the health care they need: either they cannot get timely appointments, or they cannot afford insurance or co-pays.

The Environment Discourages Physical Activity

Public places that might be used for exercise are being used by people who are homeless. Kern residents in certain areas avoid public parks due to gang activity. Sidewalks are nonexistent in some neighborhoods, so going on a walk can be unsafe. The extreme heat during summer months and frequent poor air quality prevent many people from being active, further contributing to overweight and obesity.

Consequences Stemming from an Unhealthy Life Style

Kern needs more health screenings for those who have little contact with medical care. As a result, many community members have undiagnosed obesity and diabetes. For those who are diagnosed, there is a shortage of primary care and specialty physicians such as endocrinologists to provide ongoing care. Finally, the stress of life pressures such as high cost of living, violence, and poor mental health fuel emotional eating, even for those who struggle to feed their families. In fact, food insecurity has been linked with obesity due to the increased tendency to binge on inexpensive, high calorie food when it is finally accessible. Stress, anxiety, and depression also impact the motivation to make healthy choices and the ability to form healthy habits. Kern residents need extra support in building these healthy habits and getting access to the tools they need for change.

“Everyone is working so much. The convenience of unhealthy food is why people continue to do so [eat poorly]. It takes work to eat right. We don’t know how to live a healthy lifestyle.”

-Community Focus Group Member, Bakersfield

Learning Questions:

1. Why is the obesity prevalence high/above average among Black and Hispanic/Latino residents?
2. What is the lived experience among Black and Hispanic/Latino residents contributing to high obesity rates?

Data Contributing to These Questions:

- 4 SME Interviews with 5 people
- 2 Focus Groups

Existing Resources

There are programs that are already working to address the issue of high obesity and diabetes rates in the community, particularly among Black and Latino residents. These include The Center for Race, Poverty, and Environment, the Community Wellness Program at Dignity Health, Kern Food Policy Council, and Kern Public Health. They are making a difference through food distribution, nutrition education, gardening, transportation, and advocacy. Additionally, Bike Bakersfield has program that repairs bikes and gives them to residents in need of affordable transportation and exercise.

Recommendations for Tackling the Issue

Community stakeholders provided several recommendations that would help residents live a healthy lifestyle and improve health outcomes related to obesity and diabetes. The community expressed desire for more education on how to build healthy habits, cook and eat healthfully, exercise, and recognize signs and symptoms of chronic illness that indicate it is time to seek medical care. Equipping them with knowledge and confidence to make the needed lifestyle changes is essential. However, obesity and diabetes are not simply caused by individual behaviors. Systems and structures also need to change.

Access to screenings and preventative care should be increased in order to catch diabetes and obesity early and to decrease the rate of newer cases. Because many cannot afford to take off work to go to the doctor, programs should be expanded so that people can get preventative care in their place of work. Another way to increase access to care is to decrease the waiting time for appointments by hiring more physicians and specialists, such as endocrinologists and registered dietitians, who can help people get healthier and support patients in managing their diabetes. Lastly, access to affordable, healthy foods and safe spaces to exercise should be expanded.

“It is very apparent that there is a lack of healthy food access and lack of fresh produce.”

-Subject Matter Expert, Food Policy

Cancer

Factors Linked to Cancer

Social and Physical Environment

In Kern, environmental and lifestyle factors are contributing to residents developing cancer. Although Kern has slightly lower cancer rates than the whole of California, rates of screening are low and may be leading to underdiagnosis of cancers. People with lower income have a higher prevalence of cancer in Kern. Additionally, Kern is struggling with high rates of obesity, due partially to lack of access to fresh fruits and vegetables and exercise spaces, which increases risk for cancer. The frequent poor air quality days also contribute to lack of exercise and cancer risk. Trends such as medical mistrust and the fears of the undocumented community of being deported contribute to the lack of access to immunization, screening, and follow-up treatment that are driving cancer rates. Lack of access to primary care leads people to seek emergency care only they are in a health crisis, wasting precious time where early treatment could extend lifespan.

Unreached Populations

Education and programs are not widely available in major Kern languages such as Spanish, Punjabi, and Tagalog, which may lead to less medical care in these groups. One reason for low rates of screenings and follow-up care is the lack of transportation, particularly for those in rural areas. SMEs explained that Taft and California City are not receiving screenings and that the very northern and southern parts of the county are not being reached. Veterans are underserved and are not able to access preventative services. If a person does get the chance to be screened and is diagnosed with cancer, there is a shortage of physicians and specialists, leading to scarce appointment availability. With all the other economic challenges of life in Kern, people cannot miss work or afford to make trips back and forth to the hospital for follow-up treatment.

Increased Severity of Certain Cancers

The consequences of these factors and challenges are rising rates of prostate, oral, lung, colon, cervical, head and neck, and blood cancers in Kern. Physicians are seeing more advanced cervical cancer cases and colorectal and breast cancers are being diagnosed in younger and younger patients. The lack of resources, infrastructure, and the vast nature of the county are resulting in less than optimal care in underserved populations. Cancer prevalence and mortality rates will remain high or grow without supporting the community in prevention and early detection.

“Lot of cancers are diagnosed at late stages. The incident rate may be lower, but death rates may be higher because of late detection.”

-Subject Matter Expert, Cancer

Existing Resources

There are programs that are already working to address the issues of lack of screening and transportation as well as increasing protective lifestyle factors. Links for Life, Adventist Health cancer outpatient clinics and the Inspired Healing program, the American Cancer Society, and the Leukemia and Lymphoma Society are making care more accessible by providing workplace screenings, community education, and transportation. The Center for Race, Poverty, and Environment and the Community Wellness Program at Dignity Health are undertaking cancer prevention efforts by promoting healthy lifestyle and education.

Learning Questions:

3. What local efforts or resources could be contributing to the lower cancer prevalence rates in Kern compared to the state and Southern California?
4. What is driving the high cancer death rate among White and Black residents in Kern?

Data Contributing to These Questions:

- 3 SME Interviews

Recommendations for Tackling the Issue

Community stakeholders provided several recommendations in order to improve cancer prevention and survival rates. First, to increase the number of individuals seeking and accessing primary care and screenings, they suggest establishing community patient navigators to outreach to their communities in the correct language and host monthly forums that educate the community on prevention and symptoms of other cancers, such as the HPV vaccination that prevents cervical cancer. Community patient navigators can also assist people in navigating insurance, appointments, and referrals. SMEs urge employers to host cancer screenings in the workplace so that employees do not have to take off work to get care. There should be an increase in mobile mammography and cervical screenings. Lastly, efforts should be made to focus on promoting preventative behaviors in the community such as obesity reduction, increased access to fruits and vegetables and exercise spaces, less alcohol consumption and smoking, increased HPV vaccination, and reduced environmental pollution. A combination of supporting prevention and ensuring early detection through structural changes will help Kern residents live longer and healthier.

"There are some concerns about STI awareness and HPV immunizations, as we have a very high rate of cervical cancer in our county."

-Subject Matter Expert

Sexually Transmitted Infections

Key Themes Reflecting Causes of STI Infections

Education Not Reaching the Community

Lack of knowledge of the causes and consequences of sexually transmitted infections (STIs) is the biggest driver of high STI rates in Kern. Community members in focus groups reported that abstinence-only education in schools did not adequately prepare them for prevention of STIs. Experts who can provide resources and education face challenges in reaching out to schools, rural communities far from care, the uninsured, those who suffer from homelessness, and those who have co-occurring diseases such as mental health conditions. This results in the spread of misinformation.

Learning Questions:

1. What is contributing to the high chlamydia rate?

Data Contributing to This Question:

- 5 SME Interviews
- 2 Focus Groups

Medical professionals in the community explained that language can be a barrier for up to half of their patients. Even when services are provided in a patient's language, if educational materials are not available in their primary language or if they are not literate, they will not get the knowledge to prevent or seek treatment for an STI.

Challenges with Prevention and Detection

Because STIs do not always result in symptoms, many people are not aware when they have an STI. A "silent" carrier may easily spread an infection to multiple partners before being diagnosed and treated. STIs such as syphilis and chlamydia are often passed on from mothers to infants during childbirth. In Kern, cases of syphilis in pregnant women are rising. The incidence rate of chlamydia is 734 per 100,000, which is higher than in California and Southern California.

Stigma and Lack of Representation Prevent Discussion

Many people report fear or shame in discussing their sexual health with doctors. Many people feel that they cannot speak with doctors with whom they have a longstanding relationship about this sensitive topic. Additionally, some local experts reported on the lack of representation in doctors in at least one community, where an older male doctor was the only gynecological oncologist. Local anecdotes such as a doctor questioning and advising against a patient's request for an STI test because she was married further discourage patients from seeking and getting help.

Increased Trend in Infant Mortality Linked to STIs

Infant mortality in Kern is rising as a result of STIs passing from mothers to newborn babies. Additionally, local doctors point to the rise in oral cancer and advanced cervical cases as a result of recent increases in HPV rates. These cases are highly preventable by receiving the HPV vaccine, but many patients do not take the vaccine nor get routine pap smears. This is especially common in undocumented workers or those without health care.

"Many are undocumented, many are field workers that are underinsured. They aren't getting the HPV vaccine or pap smears."

-Subject Matter Expert

Existing Resources

Community organizations such as Planned Parenthood offer testing and educational materials at health centers. Multiple medical clinics are available for individuals with private insurance and individuals with Medi-Cal. Few clinics accept walk-in patients and those that do have long wait times.

Recommendations for Tackling the Issue

Fortunately, many STIs are preventable and treatable. Several professionals with expert knowledge of the issues in their community voiced that a proactive approach to prevention and treatment is necessary. Making STIs and HPV screenings routine would be a useful tool to reduce the prevalence of infections and to detect early stages of cervical cancer. Providing the HPV vaccination at no cost would be an effective way to prevent cervical cancer in the Kern community. Expanding walk-in clinics to create more easily accessible appointments would be a useful resource. Current evidence suggests that spreading information using social media and dating apps is an effective way to reduce STIs.

Community members suggested a more comprehensive approach to educating students in schools about sexual health and providing more resources such as condom dispensers. Additionally, doctors suggested mobile treatment units as a way to bring screening and vaccinations to individuals at schools and workplaces who might not otherwise be able to seek care.

Sharing information about local STI rates through the Kern County Public Health Department “Know Your Risk” campaign was a helpful way to increase community engagement. As a result of increased public knowledge, agencies worked together more often and met more regularly. Through interagency collaboration, more clients were referred to the appropriate treatment locations and agencies identified more opportunities for increasing public education in the community. Continuing collaborations like this will be an important way to reduce STIs and their impact in Kern.

“Being in a conservative community means that there is a history of not talking about STDs...so encouraging adults to talk to their own kids about health and relationships is important.”

-Subject Matter Expert

Domestic Violence

Primary Themes Illustrating Concerns and Consequences Related to Domestic Violence

Lasting Impacts

Domestic violence is a serious issue in Kern with physical and emotional consequences for women and children. Women with low income and low education are the most vulnerable populations. Domestic violence victims reported that they experienced poverty, poor mental health, substance use, lack of social or family support, lack of knowledge or awareness, fear of deportation, and lack of resources.

Victims Are Not Protected

Many domestic violence victims reported facing difficult experiences when reporting crimes against them. Victims' experiences included skepticism by doctors or police, lack of protection by police who did not witness the crime, police not allowing victims to press charges if they had initially decided not to, police persuading victims not to press charges, and police or other agencies not providing resources to victims who fought back in self-defense. Many felt vulnerable to further attacks by their former abuser throughout the legal process and even after a restraining order had been granted. Local community members' experience included having to meet with the abuser to serve a restraining order and having no enforcement when the abuser violated a restraining order.

Nowhere to Go

There aren't enough shelters or beds in shelters to accommodate victims. One community member reported calling multiple shelters for an entire year but could not find a shelter with availability for herself and her children. Another individual reported having to travel to another county to get the help she needed. Individuals fleeing domestic violence often experience homelessness, but report that they faced difficulties accessing services if their car was suitable to live in.

Local experts and community members reported a shortage of staff to provide supportive services, including case managers, attorneys, and therapists. Additionally, many of the case managers are unable to help victims who speak only Spanish, and some reported experiencing vicarious trauma after helping their patients and needing therapy themselves.

PTSD From the Experience

Many individuals reported suffering from PTSD as a result of the experience, stressful legal process, and lack of reliable protection once they were separated from their abuser. Some community members reported significant declines in physical and mental health, such as weight gain, insomnia, severe anxiety, and depression.

"I get panic attacks now, which I didn't get much before. I'll hear a slamming door and when I was in court, I kept hearing a door and almost had a panic attack in court. [Others] don't understand how sensitive it makes people and how much it affects us."

-Community Member, domestic violence survivor

Existing Resources

There are local resources for victims in need of help. The Alliance Against Family Violence & Sexual Assault provides crisis intervention, emergency services and supportive programs to help those who have been victimized. Additionally, there are shelters in Bakersfield, Taft, Mojave, Lancaster, and Delano. Victims found the urgent care facility and local hospitals to be supportive places they could go to when in need of medical care.

Learning Questions:

1. What is driving the higher than average domestic violence hospitalization rate?

Data Contributing to This Question:

- 2 SME Interviews
- 1 Focus Group

Many individuals reported the effectiveness of Kaiser Permanente healthcare, which includes domestic violence screening and offers sensitive follow up treatment. Several patients reported positive anecdotes of treatment at Kaiser Permanente and a positive reputation. Patients who were at appointments with their partner and who had previously reported domestic violence were discretely approached, separately from their partner, to ensure a confidential and safe opportunity to report further abuse. Several community members felt that they could open up with their doctor to share their abuse and begin seeking treatment.

Recommendations for Tackling the Issue

Many individuals recommended sensitivity training for police, judges, or other officials working with victims. Additionally, they suggested increasing the number of female police staff, who tend to understand the victims better, and decreasing response time so as to protect the victims that call for help. The Metro Patrol recorded higher incidences of DV charges than other divisions of law enforcement in Kern County; therefore, this could be an essential place to launch trainings.

Survivors and stakeholders expressed how helpful a court advocate would be in providing the support they need throughout the legal process, which can be an extremely difficult experience for victims. Community members suggested providing a comprehensive safe place for individuals fleeing domestic violence: a stable home for victims and their children, and medical care for those without insurance. Victims reported the effectiveness of therapy in their treatment and recovery process. More resources are needed to provide this service.

A local expert recommended having social services available for families at or near the poverty line to alleviate some of the strain on marital relationships that can lead to domestic and family violence. Additionally, doctors and residents emphasized increasing substance abuse prevention efforts as a way to reduce violence.

Additional resident suggestions to decrease violence include increased officer patrolling, improving the homelessness situation, increasing education for children, and increasing the availability of mental health support for all.

“Police...can get involved with knowledge and...talk to victims. [They shouldn’t] have preconceived ideas when they arrive on scene.”

-Subject Matter Expert