DOLORES HUERTA FOUNDATION

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Community Needs Assessment: Arvin, Lamont, and Weedpatch, CA

September 2009

Funded in part by the Central Valley Health Policy Institute, The California Endowment, and the CSU Bakersfield, Department of Social Work

Central Valley Health Policy Institute
California State University, Fresno

The California Endowment

Dolores Huerta Foundation Community Needs Assessment:

Arvin, Lamont, and Weedpatch, CA

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http://pics.city-data.com/clm/clu1661.png
http://www.ens-newswire.com/ens/may2009/20090505_arvinsign.jpg
http://wpcontent.answers.com/wikipedia/en/thumb/4/4f/Lamont_sign.jpg/250px-Lamont_sign.jpg
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Project Overview

The purpose of this community needs assessment was to identify the health and psychosocial service and access needs of residents who live in Arvin, Lamont, and Weedpatch, California. These three rural communities were targeted based on their high levels of poverty, environmental problems, and known health disparities. Kern County is one of eight counties that make up the San Joaquin Valley bioregion. Arvin, Lamont, and Weedpatch are small rural communities in Kern County where agriculture is the primary source of income for over 50% of residents. The population of these communities (Arvin, 16,517 [2008 Rand California], Lamont, 13,296 [US Census 2000], Weedpatch, 2.726 [US Census 2000]) consists of more than 85% who identify as Hispanic or Latino (US Census, 2000).

A mixed method approach was used to collect data for this report, and consisted of two phases: Phase I, a survey of households in Arvin, Lamont, and Weedpatch, and Phase II, a series of focus groups to validate and prioritize findings.

Phase I involved face to face structured interviews. A total of 300 interviews were completed (100 each in Arvin, Lamont, and Weedpatch). Over 95% of the interviews were conducted in Spanish. As a follow up, it was decided to do additional, more in depth analyses on the available data as well as conducting six focus groups, two per community, to provide prioritization of needs and validation of survey findings.

Focus groups were conducted from January to May 2009. Three groups were conducted with community members in each community. The additional three groups were held from March to May 2009, and participants were community health and social service providers. Two were held in Lamont and one in Arvin.

Key Findings

There were over 120 variables that were collected in the survey used in Phase I. This yielded a large amount of descriptive data from each community. Highlights of these data are listed below.

- 82.5% had children under the age of 18 living in their household
- 21.4% of children had not seen an MD in the past year
- 35.8% of children had not seen a dentist in the past year

- Only 18% of respondents had employer sponsored health insurance
- 22.6% reported that someone in their household had diabetes
- 19.9% reported that someone in their household had hypertension
- Use of preventive health services was low when compared to county and state levels
- 21.5% of survey respondents had internet access
- 47.3% reported incomes $15,000 or less a year
- 28.8% reported incomes between $15,001 and $25,000
- Total percent of those earning $25,000 or less was 76.2%
- Almost three in four survey respondents were employed in an agriculture related industry
- The mean number of hours worked per week was 42.6 and average number of months in the year worked was 7.4
- 37.3% reported that they received unemployment benefits when not working
- The most used social service resource was the food bank at 20.7%
- There were low numbers of use of other social service resources
- When asked if there were recreational opportunities for children in the community, 78% said no
- For recreation available for adults, 86.6% responded no
- There were many similarities as well as differences among the three communities

An ideal community was described by focus group participants. Community issues identified in all six groups were similar. However, there were some differences in prioritization among community members and agency members. Three broad areas of concern, safety, health care, and education, emerged in all six groups. Employment was also a top priority, found in five of the six groups and was the number one priority in one group. Clean air and water was also mentioned as top priorities.

Conclusions and Recommendations

While the needs of these three communities are great and the current financial crisis continues, the biggest asset within these three rural areas is their community members. There is a core group of citizens who are committed to improving their communities, and are willing to give their time and energy towards that end. This motivation provides a favorable context for community change despite the distressed economic context.

Specific recommendations offered are:

1. View the identification of needs within each community as a part of the process of change, not as an outcome.

2. Value the similarities, differences, and uniqueness of each community. Despite overall poor conditions and outcomes, the communities had different priorities for change

3. Implement an organized planning process that includes key stakeholders and community residents.

4. Poverty and marginalization of immigrants and the working poor are notably high and affect the overall needs assessment results.

5. Continue the use of community based participatory models such as assets based community development to identify resources and strengths.

6. Use the vision of an ideal community articulated in the focus groups as a basis for outcomes identification.

7. Use a systems approach throughout the next steps in the process of change – one effort can affect all three areas of concern (safety, health, and education) e.g., a project to make community parks more family friendly can provide a safe place for recreation and sports, increase healthy behaviors such as walking, and teach youth skills such as legislative advocacy.

8. Promote collaborative policy advocacy for legislative as well as environmental changes.

Introduction

Mission of the Dolores Huerta Foundation

The mission of the Dolores Huerta Foundation (DHF) is to inspire and motivate people to organize sustainable communities to attain social justice with an emphasis on women and youth. Founded in 2003, the DHF has numerous ongoing programs that support this mission including the *Vecinos Unidos* Project (United Neighbors) in which the DHF has established 22 *Comités de Vecinos* (neighborhood committees) in the agricultural communities of Lamont, Arvin and Weedpatch. Community organizing efforts from these programs have resulted in major improvements to infrastructure, schools, changes in local policies and state legislation, and provision of advocacy and resources to thousands in Kern County (for more information please visit www.doloreshuerta.org).

Purpose of the Community Needs Assessment

The purpose of this community needs assessment was to identify the health and psychosocial service and access needs of residents who live in Arvin, Lamont, and Weedpatch, California. These three rural communities were targeted based on their high levels of poverty, environmental problems, and known health disparities. This report will provide a profile of households in these three communities as well as direction and focus for community improvements. In addition, the report can inform future policy advocacy efforts aimed at improving health, wellness, and quality of life of families in these three communities.

Community Snapshots

Kern County is one of eight counties that make up the San Joaquin Valley bioregion. Arvin, Lamont, and Weedpatch are small rural communities in Kern County where agriculture is the primary source of income for over 50% of residents. The population of these communities (Arvin, 16,517 [2008 Rand California], Lamont, 13,296 [US Census 2000], Weedpatch, 2.726 [US Census 2000]) consists of more than 85% who identify as Hispanic or Latino (US Census, 2000).

Studies of health disparities among US Hispanic/Latino communities report that:

- Among persons under age 65, 66% of Hispanics have health insurance vs. 87% of non-Hispanic White (CDC, 2004a)
- 77% of Hispanics have an ongoing source of health care vs. 90% of non-Hispanic Whites (CDC, 2004b)

- The percent of obesity in those age 6 to 19 was 24% among Mexican Americans vs. 12% Whites (CDC, 2004a)
- Hispanics are less likely to receive preventive services than non-Hispanics (CDC, 2004b)
- When adjusting for age, diabetes is twice as prevalent among Hispanics (9.8%) as compared to non-Hispanics (5.0%) (CDC, 2004c)

Other related statistics for Kern County, though not specific to a Hispanic/Latino population, add to these disparities. These include:

- High rates of obesity (66.9% vs. 56.2% in California) (Bengiamin, Capitman, & Chang, 2008),
- Higher rates of deaths from heart disease (267.9 vs. 163.1 per 100,000 in State, age adjusted) (Great Valley Center, 2008)
- Highest rate of teen pregnancy in California in 2006 (69.3 per 1,000) (Public Health Institute, 2008)
- Highest number of unhealthy air days/high ozone (San Joaquin Valley figures)
- Second in the top 10 most ozone polluted counties in the US in 2007 (Bengiamin et al., 2008)

Specific social/environmental characteristics of the Arvin, Lamont, Weedpatch area include:

- 30-40% lives below the poverty level (US Census, 2000)
- The City of Arvin had the highest number of “bad air days” of any city in the US from 2004-2006 (Geis, 2007)
- 20-30% of residents are undocumented (Gonzalez, 2008; Kissam, 2007)
- Median household size is larger than California and US averages (4.3 vs. 2.9 and 2.6) (Rand California, n.d.)

All the data listed above contribute to the picture of these communities that have few resources or access to available services to ensure the health and well-being of the families who live and work there.

Methods

A mixed method approach was used to collect data for this report, and consisted of two phases: Phase I, a survey of households in Arvin, Lamont, and Weedpatch, and Phase II, a series of focus groups to validate and prioritize findings.

Phase I. Phase I involved face to face interviews. A six page survey instrument that included over 100 questions and 120 variables was adapted from the *2006 Coachella Valley Farm Worker Survey* (Colletti, Smith, Herrera, Herrera, & Flores, 2006; see Appendix A for survey). Community residents were invited to monthly group meetings where members of the research team gave a presentation on the purpose and need for the survey. Those who volunteered completed the survey interview style with a member of the team. Criteria for inclusion included being an adult resident of Arvin, Lamont, or Weedpatch, able to complete a 30 to 45 minute interview, and able to give voluntary informed consent for participation.

Because this was *not* a random sample of households, it is not possible to claim that survey participants were a representative group of persons who live in each community. There are few current, existing data specifically for Arvin, Lamont, or Weedpatch, that can be used for a comparison. There are some similarities of this sample to US Census data, e.g., Arvin's average household size (4.63 persons) is close to the 4.28 figure (US Census, 2000). Kissam (2007) estimated 26% of heads of households in Arvin were undocumented; in the Arvin survey sample, there were 26.3%. However, due to dated census figures and changes in each community, caution should be used when interpreting or generalizing results.

A total of 300 interviews were completed (100 each in Arvin, Lamont, and Weedpatch). The mean age of the sample was 40 years (range 18 to 82 years). All participants reported being Mexican/Central American. Of the 300 participants, 115 (39.8%) were legal permanent residents, 109 (37.7%) were undocumented, 56 (19.4%) were US citizens, and 9 (3.1%) had an authorized working permit. At the time of the interview, participants had been living in their communities for a mean of 13.4 years (range 1 to 60 years). Over 95% of the interviews were conducted in Spanish.

Data analysis was done using SPSS®, version 16.0 and consisted primarily of descriptive statistics. Results were reported in a culminating experience community project, done by Gonzalez (2008) in fulfillment of a Masters degree in social work.

Phase II. Following completion of Phase I, a series of meetings with staff at the Dolores Huerta Foundation (DHF), Central Valley Health Policy Institute, and a faculty member from the CSU Bakersfield, Department of Social Work, were convened in order to discuss how the existing survey data could be used to meet the needs of DHF. As a follow up, it was decided to do additional, more in depth analyses on the available data as well as conducting six focus groups, two per community, to provide prioritization of needs and validation of survey findings. As noted in the Phase I section, it is not possible to generalize findings of the focus group to the entire community population due to the lack of a randomized sample of participants.

Focus groups were conducted from January to May 2009. Three groups were conducted with community members in each community. The additional three groups were held from March to May 2009, and participants were community health and social service providers. Two were held in Lamont and one in Arvin. Results were reviewed by members of the research team as well as members of the represented communities for accuracy.

Results

Demographics/Sample Characteristics, Phase I

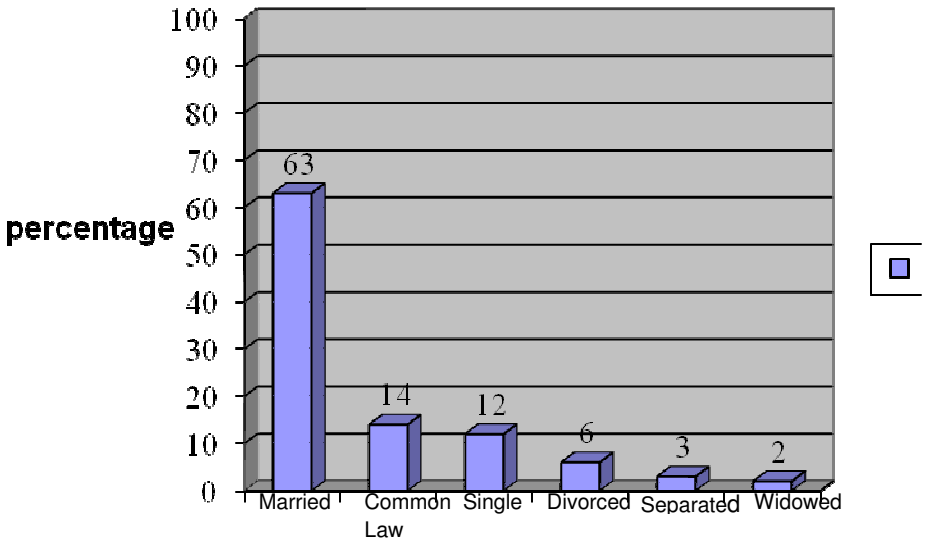
The following are characteristics of the total sample collected:

Age. The mean age of participants was 40 years (range 18 to 82 years).

Gender. The sample consisted of 24.4% males (N = 74) and 75.6% females (226). The higher number of females who participated reflects the use of the household as the unit of study.

Marital Status. Figure 1 shows the breakdown of participants' marital status.

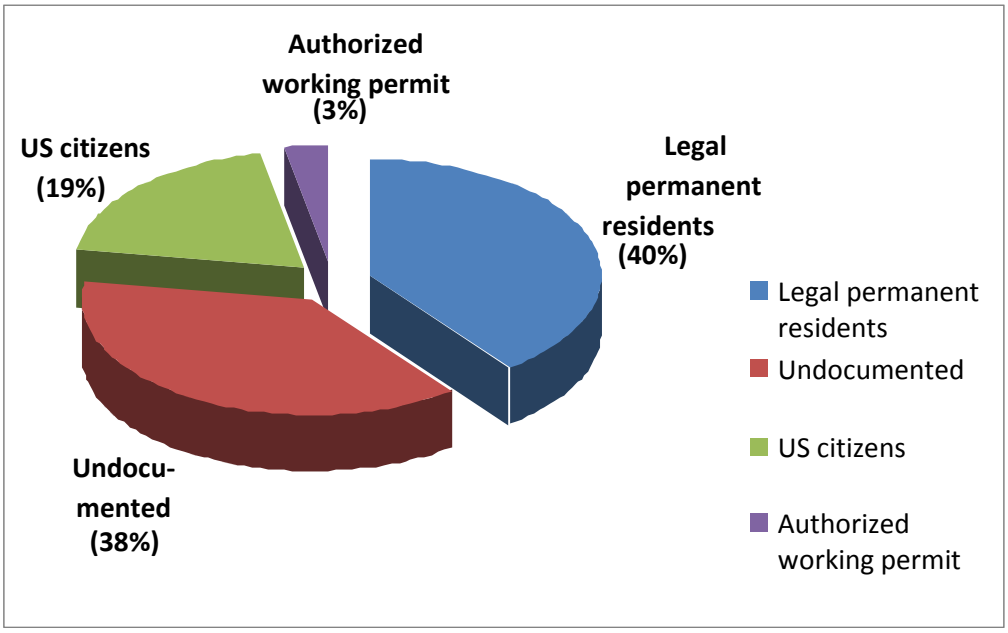
Figure 1. Marital Status (N = 299)



The mean number of years living in the community was 13.4 (range 1 to 60 years).

Citizenship Status. There were almost equal numbers of legal permanent and undocumented residents. The percentage of undocumented persons may be higher in this sample than in the general population (Kissam, 2007). Figure 2 shows the percentage of four status categories.

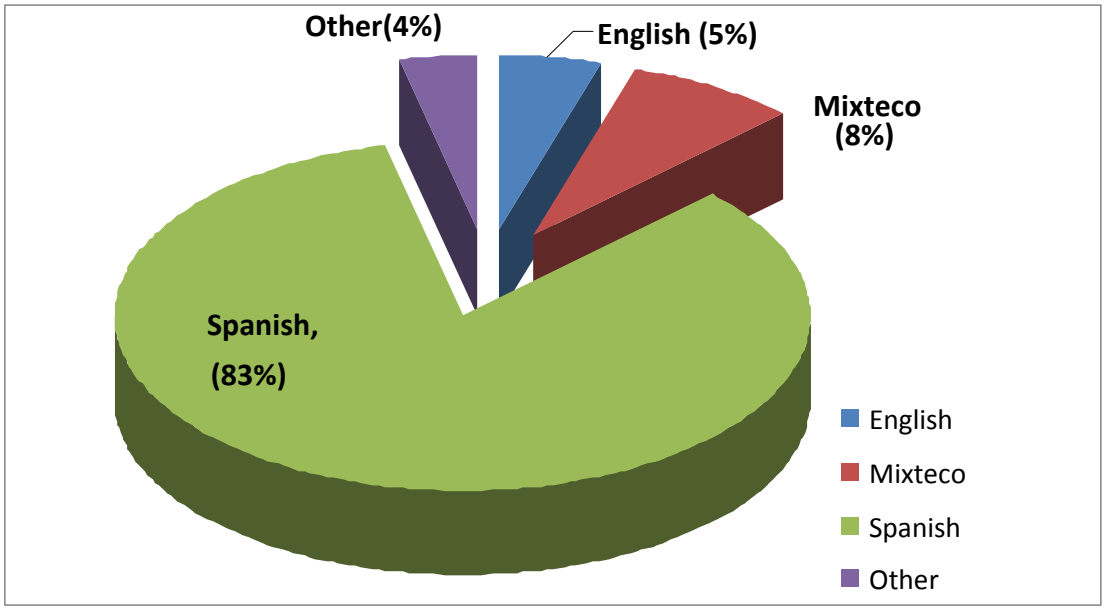
Figure 2. Citizenship Status (N = 289)



If the participant was not a legal permanent resident, he/she was asked if they had applied for residency. Among the 103 responses, 26.2% said "yes". Participants were also asked if they would like to receive information on citizenship and citizenship classes. Over 70% for both (N = 177; N = 169) replied yes to these questions.

Language. The majority of participants indicated that Spanish was the primary language spoken in their households (83.7%) with English being primary in 4.7% (n = 14) (Figure 3). Primary language spoken at place of employment was similar at 86% (n = 222) speaking Spanish and 14.0% (36) speaking English (total N = 258). Only 93 (32.4%) of 287 participants reported they could communicate in English. The percent of those born in Mexico was 88.6%.

Figure 3. Language Spoken in Household (N = 300)



Education. Participants were asked the number of years of education completed in or outside the US. Less than half (n = 139, 46.8%) of the respondents had attended school in the US. Within this group:

- 19.4% received an 8th grade education or less;
- 18.1% had 9 to 12 years of education;
- 12.2% had attended college or received an undergraduate degree;
- 0.7% had a postgraduate degree; and
- 49.6% reported attending Adult Education.

Among those who reported attending school outside the US (72%):

- 69.1% received a 6th grade education or less;

- 9.5% had completed high school; and
- 1.4% had received an undergraduate degree.

Children with Special Needs. Information related to having a child with special needs in the household and details about that child was requested. Of the 297 participants who answered this question, 7.4% (n = 22) reported having a child with special needs. Disabilities ranged from vision, hearing, or speech difficulties, down syndrome, cerebral palsy, and epilepsy. Only 12 of the 22 (54.5%) reported receiving special services for their child.

Family and Household. Table 1 shows data related to children in participants' households. The average number of children per household was 2.34. The majority of respondents had at least one child who was currently enrolled in school (n = 207, 69%). Almost 9% of participants reported having a child under the age of 18 living outside the US, further increasing the economic and personal strains facing respondents' families.

Table 1. Children in Household

Question	Answered Yes
Children living in household (N = 299)	(91.6%)
Children under the age of 18 (N = 275)	(82.5%)
Children attending continuation school (N = 267)	(8.2%)
Children involved in the criminal justice system (N = 262)	(3.8%)

Health Related Characteristics.

Questions in this section of the survey focused on ten categories that included:

- Medical insurance/coverage

- Use of medical and dental services
- Barriers to receiving medical and dental services
- Location of health care providers
- Use of preventive health care
- Reproductive health
- Prescription and over the counter medication: use and providers
- Children's health and dental care
- Use of emergency room services
- Use of government sponsored health benefits

The following are highlights of these categories.

Medical Insurance Coverage. Table 2 shows the breakdown of insurance coverage in this sample. Only a small percent receives employer provided health insurance, and family coverage was also low. Though not asked directly, it appears that a large number in the sample do not have any medical insurance coverage, and very few have family coverage.

Table 2. Medical Insurance

Question	Answered Yes
Employer provided health insurance (N = 287)	(18.1%)
Employer insurance covers family (N = 51)	(62.7%)
Government sponsored insurance (N = 292)	(41.4%)

Frequency of Health/Dental Care Visits. The majority of participants had

received medical services at least once or twice in the past year. Table 3 shows this usage. The predominant reason for not receiving medical or dental care was the lack of health insurance and inability to cover the costs of care (75.4%).

Table 3. Health/Dental Care Visits

Question	Answered Yes
Have seen a doctor in the last 12 months (N = 294)	(63.9%)
Have seen a dentist in the last 12 months (N = 293)	(35.2%)

Use of Emergency Room Services. About 32% of participants reported that they or someone in their household had visited the emergency room at least once in the past 12 months. The number of visits ranged from 1 to 10 (mean = 0.56).

Chronic Diseases of Participants and Household Members. Table 4 lists the chronic diseases and disorders experienced by participants or members of their household. Diabetes and hypertension were the most prevalent followed by asthma and heart disease. When asked if at least one person in their household had experienced any of these diseases, 42% answered “yes”.

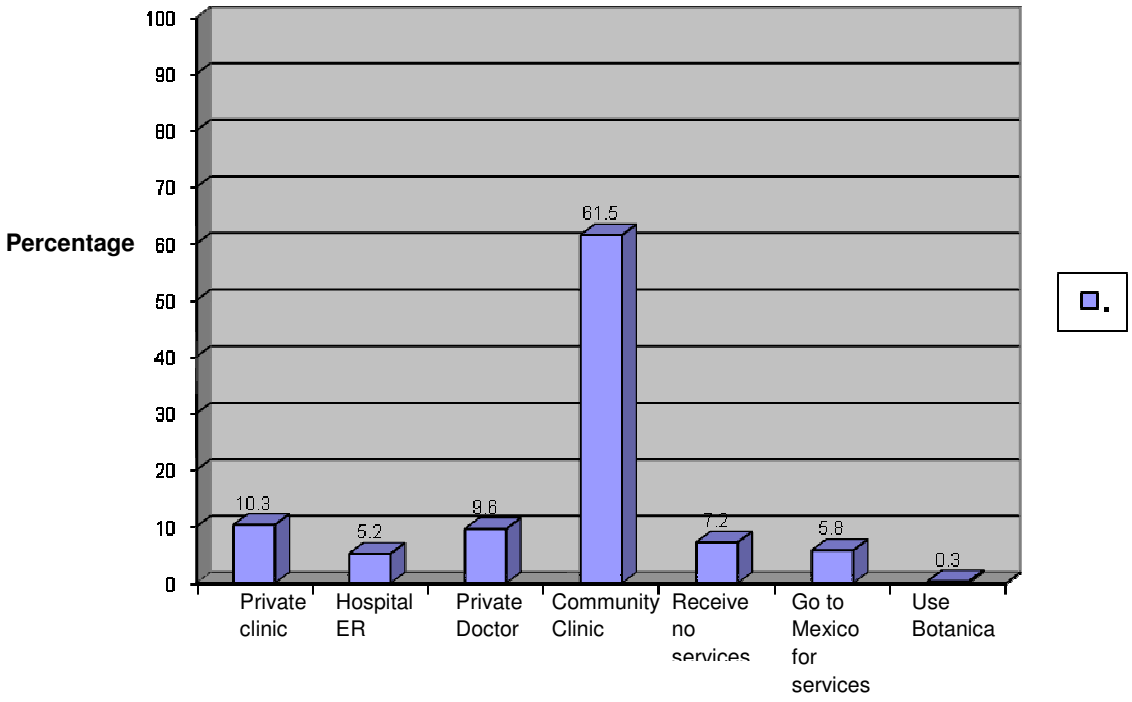
Table 4. Chronic/Acute Diseases in Household

Chronic Diseases	Percent Answering "Yes"
Diabetes (N = 296)	(22.6%)
Hypertension (N = 297)	(19.9%)
Asthma (N = 297)	(7.4%)
Heart Disease (N = 297)	(6.1%)
Valley Fever (N = 297)	(5.7%)
Cancer (N = 297)	(4.0%)
Pesticide Poisoning (N = 297)	(3.0%)
Mental Disorder (N = 297)	(1.7%)
Autism (N = 296)	(1.4%)

The percentage of those who reported diabetes (22.6%) is almost two times the figure cited by the American Diabetes Association for a Mexican American population (11.9%, 2004-2006 figures) (American Diabetes Association, 2008).

Location of Medical Services Access. Over half of participants reported receiving medical services at a local health clinic (61.5%). One in five received care from a private physician or clinic. A small number reported that they received care from use of emergency room services (N = 15, 5.2%), or that they received care in Mexico (N = 17, 5.8%). Figure 4 shows the breakdown of the location where medical care is received.

Figure 4. Health Care Access (N = 291)



Children's Use of Medical/Dental Services. When compared to adult survey participants, higher numbers of children in households received medical and/or dental services in the past year. Table 5 shows rates of usage. Participants who were not able to access health services reported this was due to a lack of health insurance and inability to cover costs of care.

Table 5. Children's Medical/Dental Use

Question	Answered Yes
Child(ren) have seen a doctor in last 12 months (N = 257)	(78.6%)
Child(ren) have seen a dentist in the last 12 months (N = 257)	(64.2%)

Preventive Health Care. Questions related to preventive health care included women receiving a Pap Smear and mammogram in the past year, and men receiving a prostate exam in the past year. Figures 5, 6, and 7 show the breakdown of this use.

Figure 5. Pap Smear History

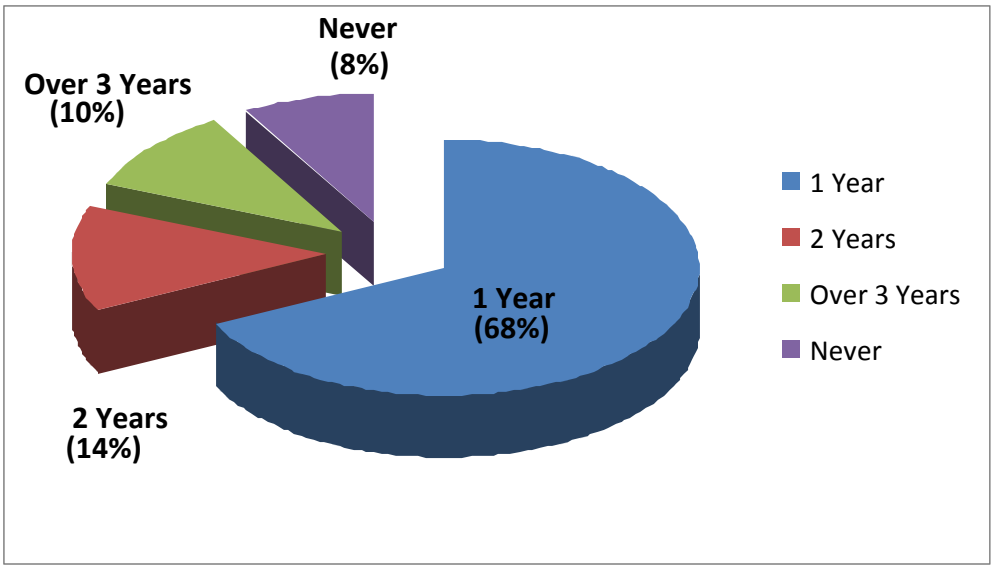


Figure 6. Last Mammogram (N = 226)

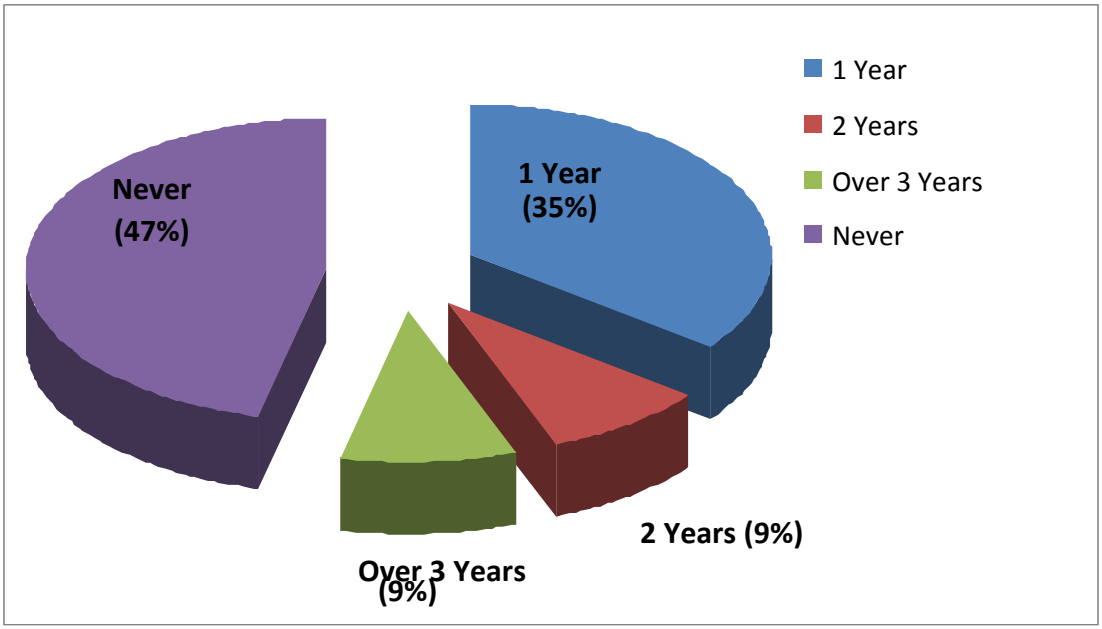
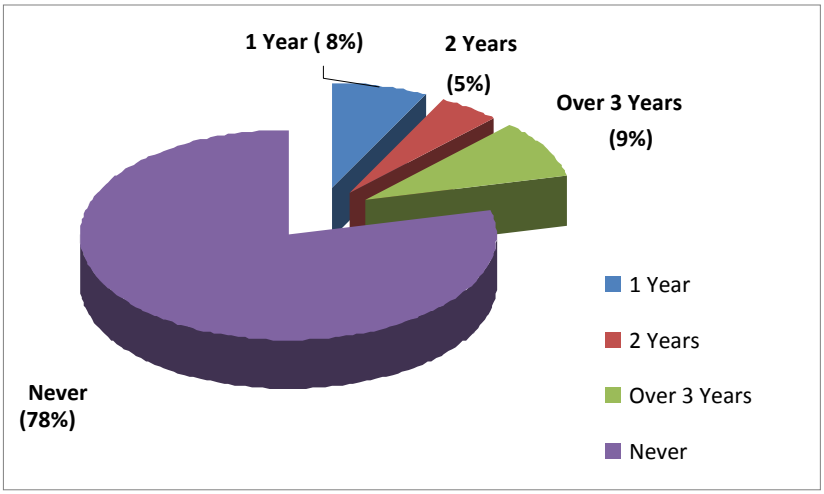


Figure 7. Last Prostate Exam (N = 66)



Reproductive Health. Questions related to reproductive health included having received sex education, knowing where to access reproductive information and services, and where to get tested for sexually transmitted diseases and HIV. One out of three respondents reported having received some sex education. One out of three was interested in receiving some education in this area. More respondents had taken an HIV test than other sexually transmitted disease (STD) test. Table 6 shows the breakdown of respondent answers.

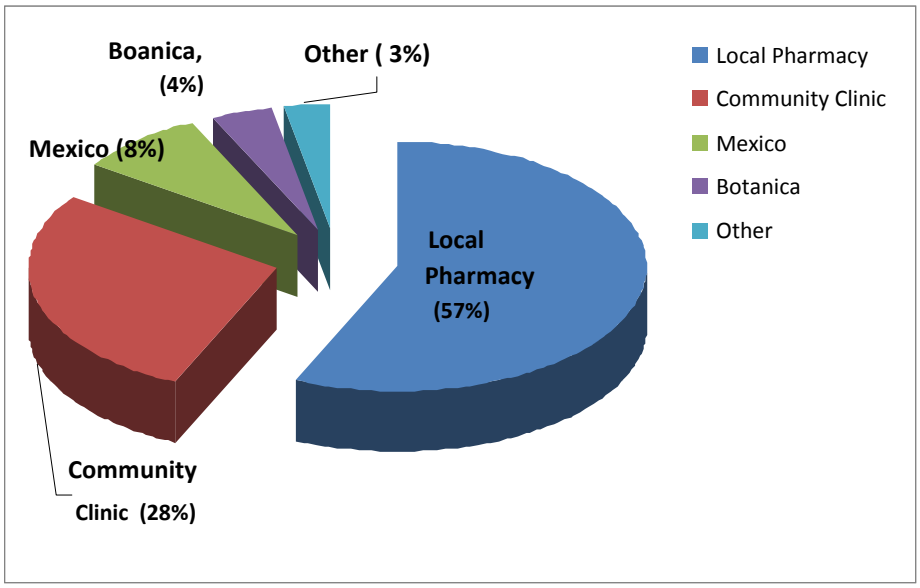
Table 6. Reproductive Health

Questions	Answered Yes
Had received sex education (N = 293)	33.4%
Interested in receiving sex education (N = 168)	34.5%
Have knowledge of where to receive reproductive services (N = 292)	(59.6%)

Ever taken a STD test (N = 294)	(31.6%)
Ever taken an HIV test (N = 297)	(37.7%)

Prescription Medicine Use. Over 30% (N = 97, 32.7%) of respondents regularly used prescription medications, and 35.5% (N = 105) use or have used medication bought in Mexico. Figure 8 shows the location of where prescription drugs are obtained. Over half (N = 179, 60.7%), reported use of home remedies.

Figure 8. Where Prescription Drugs Are Obtained (N = 99)



Housing.

Figure 9 shows the breakdown of participants' living location. The majority of respondents were renters (N = 170, 57.6%), and 39.7% owned their homes (Figure 10). The mean number of persons living within the household was 4.88 (range 1 to 15) and mean rent/mortgage payment was $586.

Figure 9. Housing Type

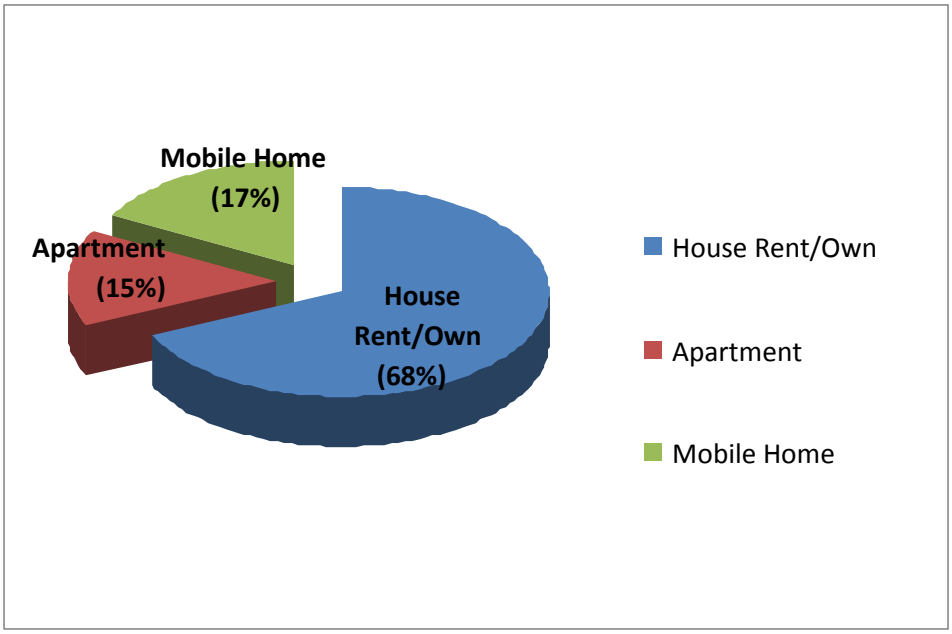
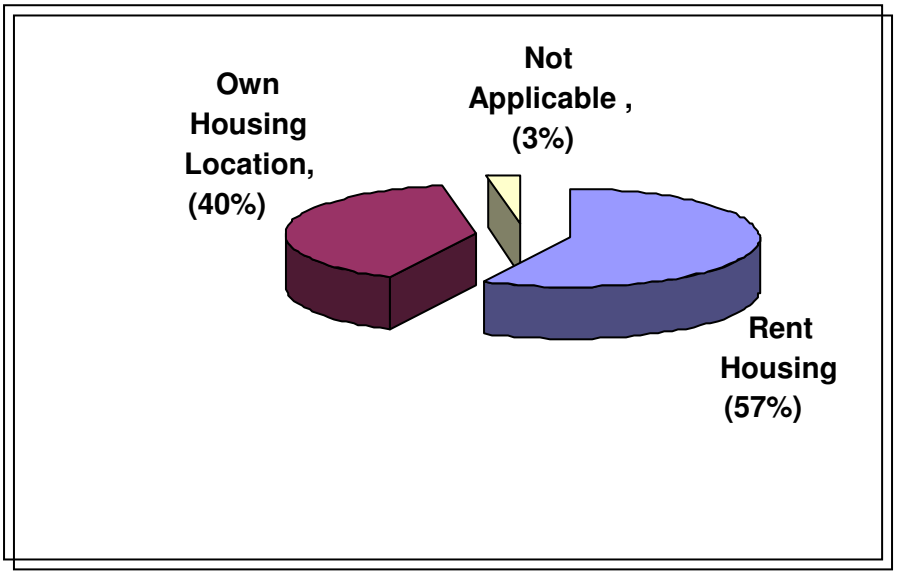


Figure 10. Own or Rent Housing



Media/Communications Access.

Table 7 shows the availability of communication related home electronics. Almost all participants had a home telephone and a television set. Less than 40% had access to cable or a computer, and only 21.5% had Internet access.

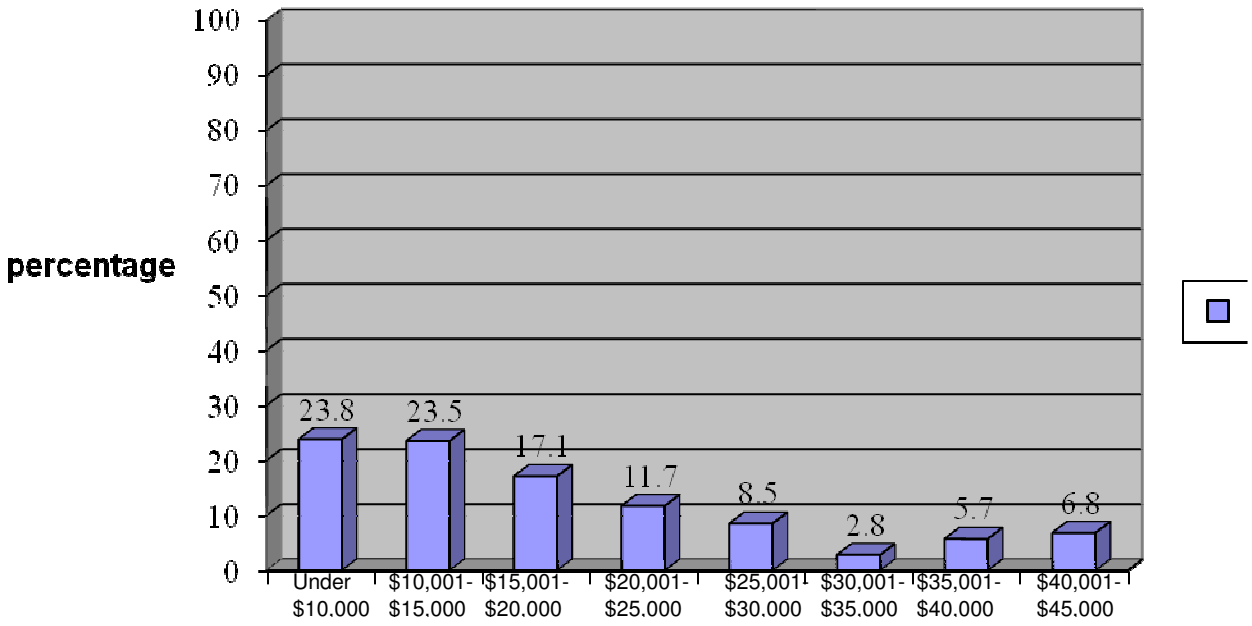
Table 7. Media/Communications Access

Communication Item	Answered Yes
Home telephone (N = 298)	(92.6%)
Cell phone (N = 298)	(55.4%)
Television set (N = 298)	(98.3%)
Cable service (N = 298)	(38.6%)
Computer (N = 298)	(34.2%)
Internet access (N = 298)	(21.5%)

Participants' Income.

Almost half of respondents (47.3%) reported incomes $15,000 or less a year; 28.8% reported incomes between $15,001 and $25,000 (Total percent $25,000 or less = 76.2%) (Figure 11). Only 23.8% reported incomes over $25,000. Figure 11 shows income categories. Median income in these communities varies from $23,248 in Weedpatch (Fast Forward, Inc., 2008) to $33,991 in Lamont (Onboard Informatics, 2008), depending on the source, this is well below the estimated California State median of $59,926 in 2007 (US Census, 2008). More than half of the participants send money to family members outside of the US (Mean = $1,573/year).

Figure 11. Household Income (N = 281)

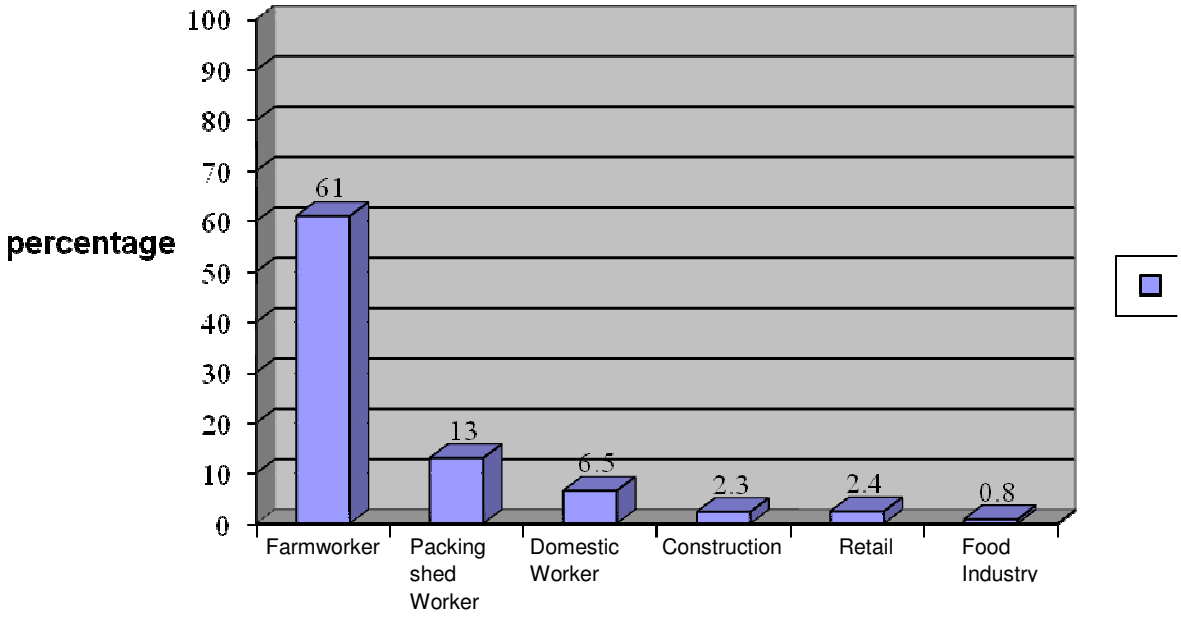


Participants were asked if they had a checking or savings account and if they had an active credit card. The majority of respondents had neither (no checking/savings account, 64.9%; no active credit card, 72.4%).

Employment.

Figure 12 shows participants' type of employment. Almost three in four were employed in an agriculture related industry. The mean number of hours worked per week was 42.6 and average number of months in the year worked was 7.4.

Figure 12. Employment Setting (N = 246)

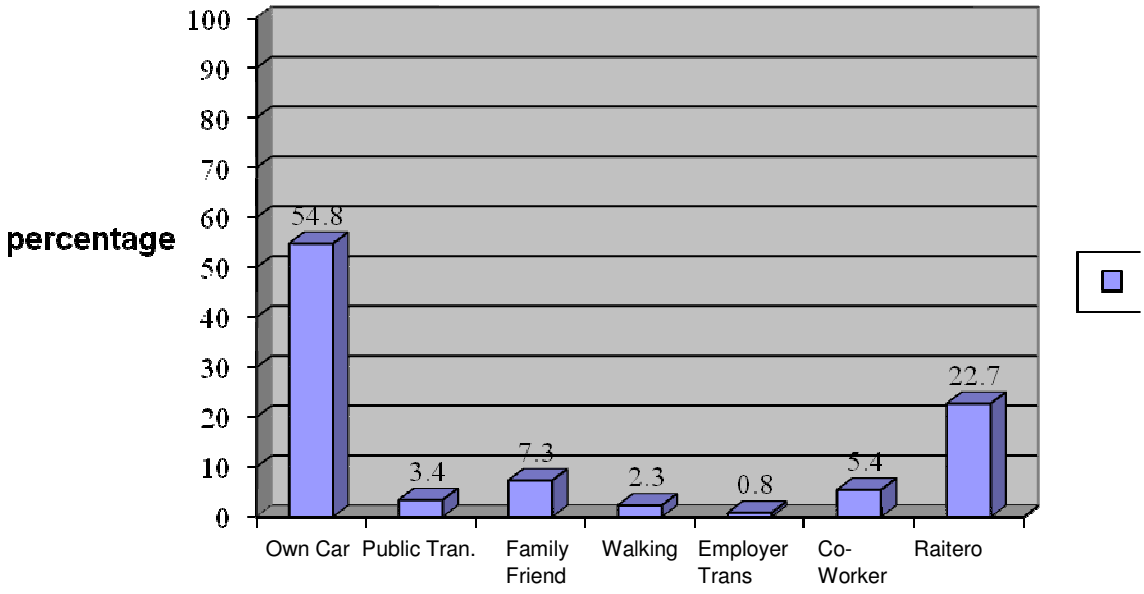


Employee Benefits. Out of 212 participants, 37.3% reported that they received unemployment benefits when not working. Undocumented status was the reason reported for the majority of those not receiving this benefit. Questions regarding receiving overtime pay and worker compensation were also asked. Of 226 respondents, 36.7% reported receiving overtime. A total of 55 (21.1%, N = 251) said they had been injured on the job, but only 21 applied for worker compensation with undocumented status being the main reason.

When asked if participants were aware of their labor and civil rights, 73.1% said yes, but only 17.1% reported that they received help from a Union.

Transportation. Participants were asked the method of transportation they used to get to their workplace. Figure 13 shows the breakdown. Most participants used their own car (54.8%) or *raitero* (22.7%).

Figure 13. Transportation to Work (N = 261)



A large percentage reported that they have missed work due to lack of transportation (38.6%, N = 259). Although 54.4% (N = 296) use public transportation, only 18% (N = 161) reported they can get to their job using this method.

Experience with Crime.

Table 8 show the responses of survey items related to crime in the community. Over one in four persons reported being a victim of crime in the past year but only half reported the incident to the police. Among those who did report the incident to police, over half felt it was not handled appropriately.

Table 8. Crime

Question	Yes
Victim of crime in last 12 months (N = 297)	(26.9%)
Reported crime to police (N = 82)	(58.5%)
Felt incident was dealt with appropriately (N = 30)	(42.0%)
Have had a negative experience with the police (N = 121)	(25.6%)

Social Services.

Participants were given a list of social service resources and asked if they had used any of these services during the past year. With the exception of Planned Parenthood (13.4%) and the Food Bank (20.7%), reported use of other resources was low. Table 9 shows this use.

Table 9. Use of Social Services (N = 299)

Social Service Resource	Frequency/Percent of Use
Food Bank	(20.7%)
Planned Parenthood*	(13.4%)
Child Care	(8.4%)
Adult Education	(6.0%)
Immigration Services*	(5.0%)
Job training	(4.7%)
Rent Assistance*	(4.3%)
Clothing Resources	(4.3%)
Legal Assistance*	(3.3%)
Domestic Violence Assistance*	(3.0%)
Mental Health Services	(2.0%)
Substance Abuse Treatment*	(1.3%)
Emergency Shelter*	(1.0%)
Housing Placement Assistance*	(1.0%)

*Resource available only in Bakersfield

Recreation.

Participants were asked if there were enough recreation opportunities available in the community for children and adults. For recreation available for children, 78% said no; for recreation available for adults, 86.6% responded no.

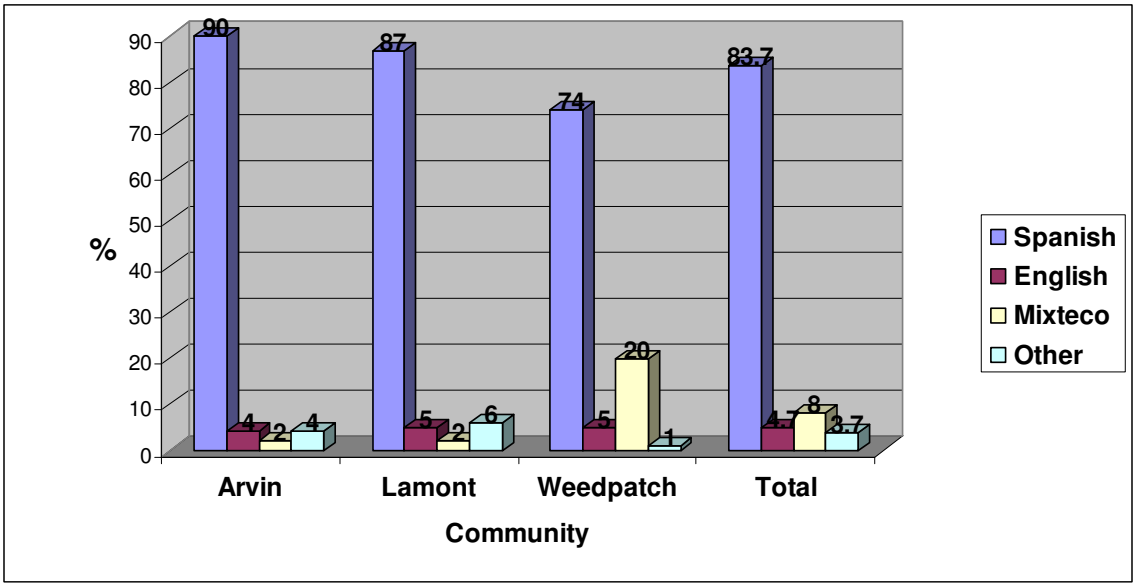
Results by Community

Data were split by community (Arvin, Lamont, and Weedpatch) to explore differences. Though many percentages were plus or minus 5 points from the overall total, there were some trends that may be related to the size of the community, level of poverty, and availability of resources. The following figures and tables show some of these differences.

Household Characteristics.

Language in Household. There was a difference in language spoken in the household in Weedpatch where 20% of respondents reported that Mixteco was spoken. Figure 14 shows primary language of household by community.

Figure 14. Language Spoken in Household by Community (N = 300)



Citizenship Status. Table 10 shows percentages by community of persons who have US citizenship, are a legal permanent resident, have an authorized work permit, and who are undocumented. Arvin had a higher percentage of US citizens and legal permanent residents, while Weedpatch had a higher percent of those with an authorized work permit. Arvin had the lowest number of

undocumented participants.

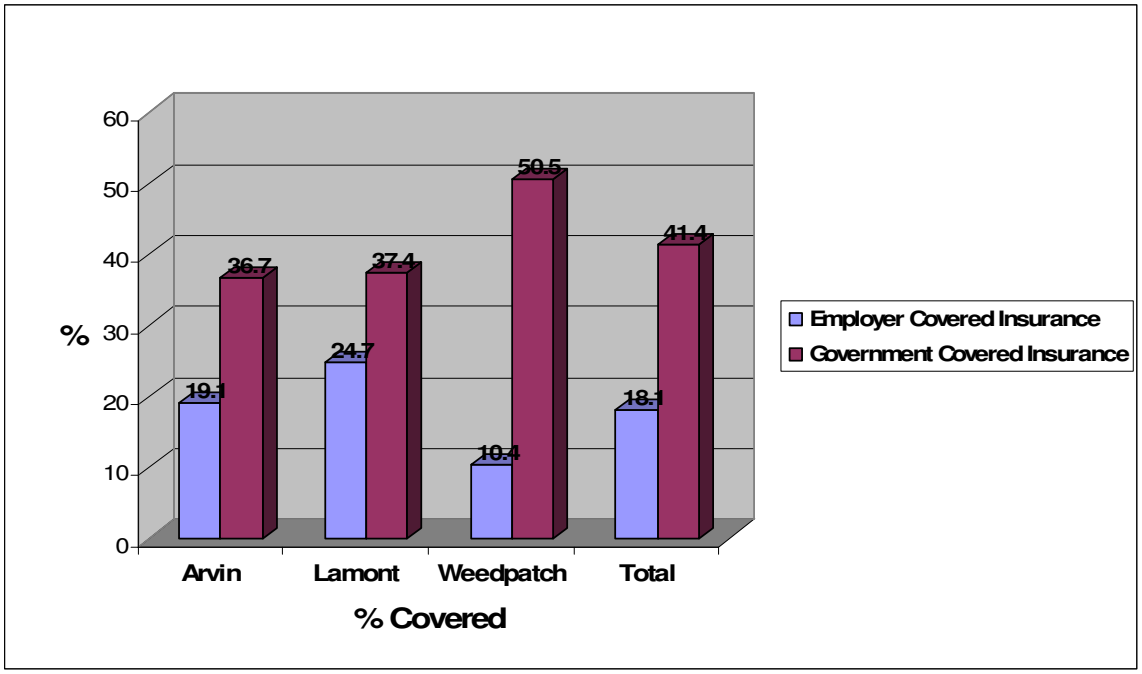
Table 10. Citizenship Status by Community

	Arvin (%) (n = 91)	Lamont (%) (n = 98)	Weedpatch (%) (n = 100)	Total (%) (N = 289)
US Citizen	29.7	14.3	15.0	19.4
Legal Permanent Resident	42.9	38.8	38.0	39.8
Authorized Work Permit	2.2	2.2	5.0	3.1
Undocumented	25.3	44.9	42.0	37.7

Health Related Characteristics.

Medical Insurance Coverage. As seen in Figure 15, percentages in Arvin and Lamont were similar in employer or government sponsored medical insurance coverage. However, over 50% of participants from Weedpatch reported having government sponsored insurance, and only 1 in 10 reported having insurance from an employer. Though participants were not asked directly if they had no insurance, it appears that approximately 40% have no coverage or pay out of pocket for coverage.

Figure 15. Medical Insurance by Community.



Frequency/Location of Health/Dental Care Use. A much lower number of participants had seen a dentist in the past 12 months than those who had seen a physician. A much higher percentage used the emergency room for medical care in Arvin than in Lamont or Weedpatch. The percentage for having seen a dentist in the past year is significantly lower in Lamont than in the other two communities. Reasons for not seeing an MD or DDS in the past 12 months were similar among the communities: Too expensive and no insurance coverage. Table 11 shows these percentages.

Table 11. Use of Medical/Dental Services by Community

	Arvin % (n=99)	Lamont % (n=99)	Weedpatch% (n=93)	Total % (N=291)
Saw MD in the past 12 months	64.6	63.6	63.5	63.9
Saw dentist in the past 12 months	37.4	29.6	38.5	35.2
Use only emergency room	43.3	31.3	21.9	18.2
Use community health clinic	66.7	53.5	64.6	61.5

Chronic Illnesses in Communities. No clear trends are seen in type of chronic illness and particular community. Some percentages far exceed national prevalence rates, e.g., diabetes and hypertension. Table 12 shows participants' responses to whether a person in their household had a specific chronic or acute illness.

Table 12. Chronic/Acute Illnesses in Household

	Arvin (%) (n = 99)	Lamont (%) (n = 100)	Weedpatch (%) (n = 98)	Total (N = 297)
Diabetes	20.2	19	28.6	22.6
Hypertension	13.1	27.0	19.4	19.9
Past/present diagnosis of cancer	3.0	4.0	5.1	4.0
Mental disorder	2.0	2.0	1.0	1.7
Asthma	4.0	8.0	10.2	7.4
Heart condition	4.0	6.0	8.2	6.1
Valley Fever	7.1	5.0	5.1	5.7
Pesticide poisoning	1.0	4.0	4.1	3.0

Government Assistance for Self. Table 13 shows what government sponsored services individual respondents are receiving. With the exception of Social Security Disability and State disability, Weedpatch had higher percentages of services received.

Table 13. Government Assistance for Self

	Arvin (%) (n=99)	Lamont (%) (n=100)	Weedpatch (%) (n=98)	Total (%) (N=297)
No Service	**60%**	**53%**	**48%**	**53%**
Food Stamps	15%	17%	26.5%	19.5%
MediCal	32%	36%	47%	38%
Receiving SSI	4%	10%	9%	7.7%
Receiving SS Disability	5%	2%	4%	3.6%
Receiving State Disability	2%	2%	1%	1.6%
Receiving Cash Assistance Program for Immigrants	0	0	2%	0.98%

Children's Health. Overall, percentages of those who access medical and dental services for their children were higher in Arvin and lowest in Weedpatch (Table 14). Reasons for not obtaining medical and dental services were: Too expensive, or child(ren) did not have insurance coverage.

Table 14. Children's Medical/Dental

	Arvin % (n = 84)	Lamont % (n = 84)	Weedpatch% (n=89)	Total % (N=257)
Child(ren) in household has seen an MD in past 12 months	84.5	77.4	74.2	78.6
Child(ren) in household has seen a dentist in the past 12 months	69.0	64.3	59.6	64.2

Government Assistance for Children in Household. Table 15 shows, by community, household use of child-related government sponsored resources. The highest percentages of use were health insurance (MediCal and Healthy Families/Healthy Kids) followed by food resources (Food Stamps and WIC). Weedpatch had higher usage of all services except Healthy Kids/Healthy Families and SSI.

Table 15. Government Assistance for Children in Household

	Arvin (%) (n = 52)	Lamont (%) (n = 56)	Weedpatch (%) (n = 57)	Total % (N=165)
TANF	3.8	7.1	21.2	10.9
Food Stamps	32.7	37.5	47.4	39.4
MediCal	73.1	76.8	86.0	78.8
Healthy Families/ Healthy Kids	32.7	33.9	24.6	30.3
SSI	13.5	7.1	3.5	7.9
WIC	46.2	50.0	52.6	49.7
CHDP	3.8	0	7.1	3.7

Experience with Crime by Community. Percentages of being a victim of crime in Arvin, Lamont, and Weedpatch were very similar to the overall rate. However, there were differences among those who reported the crime to police and whether they thought the report was dealt with appropriately. Table 16 shows responses by community.

Table 16. Crime Experiences by Community

	Arvin %	Lamont %	Weedpatch %	Total %
Reported crime to police*	59.3 (n=27)	46.7 (n=30)	72.0 (n=25)	58.5 (n=82)
Report dealt with appropriately**	31.6 (n=19)	61.5 (n=13)	38.9 (n=18)	42.0 (n=50)

*based on those who reported being a victim of crime

**based on those who evaluated police response to a reported crime

Household Survey Summary.

The results of the household survey reveal three communities who have high levels of health concerns, community needs, and minimal use of available services. Phase II of the study was needed to prioritize these needs, and to provide a path for community members to focus and organize their improvement efforts.

Results, Focus Groups, Phase II

A total of six follow up focus groups were conducted from January through May, 2009. All groups were held in either Arvin or Lamont. An effort was made to recruit participants who represented all three communities. Community members were recruited by organizers in each community, and provider group participants were recruited by individual phone and email contact.

Because some members may have been undocumented residents, only age and gender of participants were noted for the community groups. At the beginning of each group, an informed consent was read to all participants who were asked to give verbal consent to the group. Written consent was not asked in order to protect anonymity and confidentiality. All groups lasted approximately 90 minutes. A focus group research team of at least three members were present

during each group. Three of the four members of the team were fluent in Spanish.

An interview guide was used to facilitate responses. See Appendix B for the English and Spanish versions. Guide questions were modified slightly for the provider groups. At the end of each group, members were asked to prioritize issues that were identified. This was done by consensus.

Three of the groups consisted of community members from Arvin, Lamont, and Weedpatch. Within each group, membership was made up of only persons who lived in that particular community. These groups were done in Spanish with Spanish speaking facilitators. Lunch and child care were provided and all participants were given a small gift for their participation.

Groups consisted of:

1. Arvin Community Members: 13 persons (8 female, 5 male), age range 33 to 78.
2. Lamont Community Members: 12 persons (11 females, 1 male), age range 27 to 72.
3. Weedpatch Community Members: 11 persons (8 females, 3 males), age range 36 to 75.

The remaining three groups were done with providers from agencies and systems that serve Arvin, Lamont, and Weedpatch. This included participants from family resource centers, a transportation agency, the school systems, law enforcement, public health, other health care agencies, and social service agencies. These groups were done in English. Breakfast or lunch was provided.

4. Arvin Agency Stakeholders: 24 persons
5. Lamont/Weedpatch Agency Stakeholders: 10 members
6. Arvin/Lamont/Weedpatch Agency Stakeholders: 4 members

Group 4 had a large number of participants because the focus group followed a well attended community collaborative meeting. Group 6 had only 4 members possibly due to the time of the meeting or the inability to recruit participants from agencies that specifically serve Weedpatch, which is a much smaller community than Arvin and Lamont.

Data Collection and Analysis

Several methods were used to capture group participants' input. Each group was audio taped with a digital recorder for back up, and one member of the research team took notes on a computer during the meeting. A flip chart was also used as a visual record of participant responses so that participants could check for accuracy during the group and to facilitate the prioritization at the end.

Data analysis consisted of content analysis using primarily manifest content of the notes, flip chart records, and review of the audiotapes. Themes were identified and are presented below using an integration of all groups' prioritizations.

An Ideal Community

The first question on the interview guide was:

"Take a minute and imagine what a 'model' or 'ideal' community would be like for you and your family. Please describe it. How does your model compare with your real community?"

After the informed consent was read and accepted, this question was asked at the start of each group. The following is a synthesis of group responses that represents participants' descriptions of an ideal community.

"Our community would be safe for our children, our families, without crime. There would be a place to walk, bike, skateboard, with lots of trees, water fountains, and no traffic. It would have safe places for family recreation and after school activities for children. There would be no violence, alcohol, drugs, and attacking dogs in our streets and parks."

"Our community would be clean and tidy. Our streets would be well lit and have sidewalks so our children can walk to school or their bus stop safely. There would be no potholes in the streets. There would be a working sewer system for all neighborhoods."

"Our community would have 24 hour, accessible, competent, and affordable family health care where we wouldn't have to wait up to 8 hours to see a health professional, only to be turned away. There would be emergency medical assistance when needed and a small hospital in both Arvin and Lamont. Necessary social services would be available in the community, and community members would not be afraid to access them."

"We would have affordable, healthy food for our families that we can buy in our neighborhood groceries. Our air and drinking water would be clean, and we would not worry about pesticides."

"We would have a community where education is valued, and there was equal access to education from preschool to college. There would be competent teachers in our schools who care about our children's future. Both Lamont and Arvin would have high schools and high rates of high school graduates."

"There would be stable jobs available for residents all year. Affordable housing would be available to all community residents. Public transportation would be accessible, available, and affordable. Law enforcement would be more responsive when called, and public officials would follow up on promises made."

"We would have a united community, and all would work together to improve conditions for everyone."

Integration of Group Priorities

Community issues identified in all six groups were similar. However, there were some differences in prioritization among community members and agency members. Three broad areas of concern, safety, health care, and education, emerged in all six groups during the analysis. Employment was also a top priority, found in five of the six groups and was the number one priority in one group. Clean air and water were also mentioned as top priorities. There were numerous themes and categories found under each one of these general areas. These areas are discussed below with illustrative quotes.

Community Safety

Safety was the top priority in three of the six groups, and in the top three in two others. Concerns expressed were related to safety when walking on neighborhood streets and safety in community parks.

Safety in the Streets. There were several categories under this theme. They included:

- Physical condition of the streets (potholes, need for sidewalks, drainage)
- Lighting (need for traffic lights and adequate street lighting)
- Crime (local gang activity)
- Harassment (especially children and youth)
- Dogs (running loose, threatening, attacking)

The physical environment issues of street disrepair and lack of sufficient lighting were tied closely to community safety. Group members felt that if there were traffic lights at busy street corners and if there was adequate street lighting, that

members of the community would be safer when walking. They also felt that these measures would decrease crime.

Harassment and crime were linked to perceptions that law enforcement needed more of a presence in the community. One participant reported:

"It's shocking that in the streets and in the parks, students, little girls, are being sexually harassed by older men . . . when walking home from school."

Another participant noted:

"I was talking about safety because my children have told me that some students, as soon as they walk home [from school] . . . they start smoking drugs. . . . It's a miracle that they [children] even survive in those schools."

There were reports from participants that he/she or their children had been attacked by a dog while walking to school. Community participants' perceptions were that animal control agencies are slow to respond to complaints about dogs who chase and attack. They are also charged a fee if they make a call and some action is taken, even if the offending animal is not the caller's.

Safety in the Parks. Members in all six groups mentioned the issue of persons drinking and using drugs not only in the streets, but also in their community parks. One participant said:

"The people that hang out in the parks are not a good example for our kids. I want our kids to be safe and I don't let them to play in the park because they are not safe and the park is not a family place."

There were reports of children being harassed in the parks as well as being molested and raped. There is a perception that law enforcement personnel are not responsive when called about criminal activity. There were several stories related about slow responses to a crisis situation, for example:

"One time my house was broken into. I told my husband and he held him [the man was already in the house]. When the robber felt under pressure, he beat up my husband and escaped. . . . I was on the phone for 20 minutes; they [the police] were asking me about what happened. . . . They just asked us for a description and said that if they see him they'll arrest him. But they did nothing."

Suggested solutions to these issues included the need for unity among community members to strengthen advocacy efforts. One group discussed the need for developing and strengthening family networks with community providers including the faith community to promote investment in the community.

Health Care

Community health care concerns stemmed from a common theme—the need for additional, competent medical care. Group members expressed their frustration over the lack of available, accessible services and the perceived low quality of the services that are provided by the local clinic. One participant, a mother of small children noted:

"People who go to _____, is because they are low income families or they have no transportation. When you go, you have to stay there up to four hours because you are just waiting."

Another participant said:

"If I take my child to the clinic when he has a fever . . . I take him in at 7 am and leave at 5 pm, if they do take him in, which is not often. The receptionist does not answer questions and is rude."

Group members reported that the need for services was not being met by the available providers in their community. A list of health care needs included local ambulance services, 24 hour care availability such as urgent care, and hospitals in the community.

Health literacy was also discussed as a barrier to receiving health care services. One group member noted that even if a person has health insurance, he or she may not know how to use it, may not have transportation to available clinics, and may not understand what a health professional is asking him or her to do during or after an appointment.

Education

Education-related concerns included some participants' perceptions of a lack of competency and caring among teachers in the local schools, parents' lack of knowledge about what schools offer, the need for additional schools, particularly a high school in Lamont, parents not accessing educational resources when available and offered, drug use in the schools, low graduation rates from the high school, and a lack of opportunities for students when they do graduate.

One reason offered for a lack of parental involvement was:

"I don't think it's they don't care. . . 'I'm worried, I have to pay my bills, we need better services to help the families' – their priority right now is to keep the house, get food for their families."

One participant noted:

"Our high school system is not producing a very high number of graduates – we don't have businesses in this area and our school system is not producing the ideal graduate. We need to increase graduates who are able to get decent opportunities after graduation."

Some focus group participants noted the lack of higher education resources in their local community, and that the high cost to attend college is a barrier. The link to employment was made in some of the education-related discussions.

Employment

The need for year round, stable employment in these communities was mentioned in five of the six groups and was a number one priority in one group. Because most available jobs are in agriculture and are seasonal, many adults have no work during some winter months. One community participant said:

"We have talked in our [community] meetings about bringing big companies to town. We would have more jobs. We would stay here and would not have to move out of Arvin to get a job."

Connections to the lack of stable employment were made to the high levels of poverty in the community. Increasing the number of businesses in each community was offered as a solution to employment issues.

Clean Air and Water

Community members were aware of the high levels of air pollution and issues with water purity in their communities. In two groups, participants discussed the need for an alert system to let residents know when air levels were dangerous for certain persons or if there had been an issue with pesticide use.

A United Community

Two of the three communities were described in the groups as "migrant communities" which was thought to account for a lack of community unity. They were described as:

"There is a lack of common social values in the community due to mobility. It's changed over the years, used to be more of a common sense, common morales . . seemed to go across racial boundaries. The mobile population does not have a buy in, it's a community in flux."

One group put community unity first on their list of priorities stating:

"Unity should be first because without unity nothing can be accomplished."

"Without unity, we are not strong."

Another participant noted the changes over the past 35 years in the community:

“I’ve watched the sense that we have lost some of the values, we have changing populations, people are not there consistently, not invested in the community . . . What I see missing is a sense of investment.”

This participant also discussed the issue of poverty and the fact that families are:

“. . . so busy trying to put food on the table and take care of basic needs that some of the values get lost . . . They sometimes end up feeling like things are done to them instead of being part of the solution. Developing a system for being part of the solution, I think is important.”

These statements can be linked to a sense of fear and vulnerability found among community residents that was noted in several of the groups.

Focus Group Summary

Some additional concerns mentioned that are linked to these main categories were the lack of housing and convenient public transportation. Poverty as a foundation and a cause was found throughout the narratives of all groups. The issue of lack of legal documentation was raised as a barrier to accessing services in the provider focus groups; however, community members may not have been comfortable discussing this in their groups.

Results from the focus groups validated the survey findings and aided in presenting a more in depth view of community needs. The ideal community described by the groups reflects a yearning for unity and better environmental conditions, especially for children. Both community members and service providers showed a commitment towards finding solutions and were willing to make efforts to improve their communities.

Focus Group, Weedpatch Community Members, 2/7/09

Next Steps

Criticisms of community needs assessments include a reliance on quantitative results, ignoring lived experience, a focus on problems and needs while failing to provide solutions to identified problems, and that they tell us something that we already know (Deprez, 2006; Wadsworth & Hughes, 2000). This community needs assessment aimed to address these criticisms by using a mixed method approach and by viewing the assessment as part of a process of eliciting change within these three communities.

As a next step, DHF staff held an initial planning session to identify internal and external strengths, weaknesses, opportunities, and threats and to start the process of engaging community members in community change. Numerous strengths and opportunities were identified. Community members representing DHF are now involved in several area efforts including the California Endowment's 10 Year Building Healthy Communities planning process. Additional ways to address the prioritized needs from the focus groups are being explored as well as sustainability of efforts.

Recommendations and Conclusions

Specific recommendations offered are:

1. View the identification of needs within each community as a part of the process of change, not as an outcome.

2. Value the similarities, differences, and uniqueness of each community—a one size fits all approach may not work for all three.

3. Implement an organized planning process that includes key stakeholders and community residents.

4. Poverty and marginalization of immigrants and the working poor affect the needs assessment results.

5. Continue the use of community based participatory models such as assets based community development to identify resources and strengths.

6. Use the vision of an ideal community articulated in the focus groups as a basis for outcomes identification.

7. Use a systems approach throughout the next steps in the process of change – one effort can affect all three areas of concern (safety, health, and education) e.g., a project to make community parks more family friendly can provide a safe place for recreation and sports, increase healthy behaviors such as walking, and teach youth skills such as legislative advocacy.

8. Promote collaborative policy advocacy for legislative as well as environmental changes.

While the needs of these three communities are great and the current financial crisis continues to deeply impact small communities such as Arvin, Lamont, and Weedpatch, the biggest asset within these three rural areas is their community members. There is a core group of citizens who have shown their commitment to improving their communities, and are willing to give their time and energy towards that end. This motivation provides a favorable context for community change despite budget woes.

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Appendix A

Survey (English)

DATE:_____SURVEYOR:_____CITY/COMMUNITY:_____

Dolores Huerta Foundation

Community Needs Assessment Project Survey

A. Language

1) What is the primary language spoken in your household? 1 Spanish 2 English

3 Mixteco 4 Triki 5 Other _____

2) What is the primary language spoken where you work? 1 Spanish 2 English
3 Other _____

3) If your primary language is not English, can you communicate in English? ☐ Yes ☐ No

a) If no, are you interested in learning English? ☐ Yes ☐ No

B. Education:

1) Did you ever attend school in the United States? ☐ Yes ☐ No

a) **If YES,** What is the highest grade of school that you completed in the United States?

Circle one: 0 1 2 3 4 5 6 7 8 9 10 11 12

13 Adult School or other post-high school

14 Some college

15 Junior College graduate

16 4 Year College graduate

17 Post-graduate education

2) Do you have a child with special needs? ☐ Yes ☐ No

If **Yes to question B2** answer questions a-c

a) What is his/her diagnosis? _____

b) Is your child receiving any of the following services? (check all that apply)

1 NAPD (New Advancement for People with Disabilities)

2 KRC (Kern Regional Center)

3 Other _____

c) If your child is **not** receiving Services, why not? (choose only one)

1 too complicated 2 affect legal status

3 other _____

3) Did you ever attend school outside the United States? ☐ Yes ☐ No

a) **If YES,** What is the highest grade of school that you completed **outside** the United States?

Circle one: 0 1 2 3 4 5 6 7 8 9 10 11 12

13 Adult School or other post-high school

14 Some college

15 Junior College graduate

16 4 Year College graduate

17 Post-graduate education

C. Familial Status

1) What is your marital status? 1 Single 2 Married 3 Divorced 4 Widowed

5 Common law 6 Other _____(Please specify)

2) Do you have children (of any age)? ☐ Yes ☐ No

If **YES,**

a) How many children live in your household? _____

b) How many of your children are over 18 years of age? _____

c) How many of your children are under 18 years of age? _____

d) How many of your children that are under 18 years old live outside the U.S.A? _____

e) How many of your children currently work? _____

f) How many of your children are currently enrolled in school? _____

g) Are any of your children enrolled in a continuation school? ☐ Yes ☐ No

h) Are any of your children involved with the criminal justice system (prison, probation, parole)?

☐ Yes ☐ No

D. Health Status

1) Do you have employer provided medical/health insurance? ☐ Yes ☐ No

If **YES**, a) Does your coverage include your family (if applicable)? ☐ Yes ☐ No

b) How much do you pay for medical/health insurance in a period of one year? _____

2) Do you have U.S. government sponsored health insurance (Medi-Cal, Healthy Families, etc.)?

☐ Yes ☐ No

3) Have you seen a doctor in the last twelve months? ☐ Yes ☐ No

4) Have you seen a dentist in the last twelve months? ☐ Yes ☐ No

5) **If NO,** to #3 or #4, why not? (check one)

1 too expensive 2 no insurance 3 lack of transportation

4 affect legal status 5 other _____

6) How often do you ***usually*** go to receive health care services during a typical year? (choose only one)

1 1 -2 times/year 2 3 – 4 times/year 3 5 – 6 times/year

4 more than 6 times/yr 5 Only for emergencies 6 Never

7) Where do you ***usually*** go to receive health care services? (choose only one)

1 Private Hospital/Clinic 4 Community Health Clinic 7Curandero/espiritista/santero

2 Hospital Emergency Rm 5 Mexico 8 Sobador

3 Private Doctor 6 Never go 9 Chiropractor

10 Botanica 11 Other _____

8) **Only women answer:**

a) When did you last receive a Pap Smear test? 1 (1 year) 2 (2 years)

3 Over three years 4 (Never)

b) When did you last receive a mammogram? 1 year) 2 (2 years)

3 Over three years 4 (Never)

Only men answer:

a) When did you last receive a prostate exam? 1 (1 year) 2 (2 years)

3 Over three years 4 (Never)

9) Do you, or anyone in your household currently have or have ever had any of the following illnesses? (check all that apply)

1 diabetes 2 high blood pressure 3 cancer 4 mental disorder 5 autism

6 asthma 7 heart condition 8 Valley fever 9 pesticide poisoning

10) Is anyone in your family household pregnant? ☐ Yes ☐ No

a) If **Yes**, Age(s) of the female(s) _____

b) Is she/they receiving prenatal care? ☐ Yes ☐ No

11) Have you ever received sex education? ☐ Yes ☐ No

a) If **No**, are you interested in receiving sexual education? ☐ Yes ☐ No

12) Do you know where to go to receive reproductive information and services? ☐ Yes ☐ No

13) Have you ever taken a Sexually Transmitted Diseases (STD) Test? ☐ Yes ☐ No

14) Have you ever taken an HIV test? ☐ Yes ☐ No

15) Do you regularly take any prescription medications? ☐ Yes ☐ No

a) If **YES**, where do you ***usually*** go to obtain prescription medications? (choose only one)

1 Local Pharmacy 2 Community Clinic 3 Mexico 4 Family/Friends 5 Botanica

6 Other _____

16) Do you ever use prescription medications bought in from Mexico? ☐ Yes ☐ No

17) Do you take/use any “home remedies”? ☐ Yes ☐ No

a) If **Yes,** what do you use and for what purpose?

_____

_____

18) Have your children seen a doctor in the last twelve months? ☐ Yes ☐ No

19) Have your children seen a dentist in the last twelve months? ☐ Yes ☐ No

20) Have you been able to obtain health care services for your children when needed? ☐ Yes ☐ No

a) If **No**, why not? 1 too expensive 2 no insurance 3 lack of transportation

4 affect legal status 5 other _____

21) Where do you ***usually*** go to receive health care services for your children? (choose only one)

1 Private Hospital/Clinic 4 Community Health Clinic 7 Curandero/espiritista/santero

2 Hospital Emergency Rm 5 Mexico 8 Sobador

3 Private Doctor 6 Never go 9 Other _____

22) How many times have you, or a member of your family, visited the emergency room in the last 12 months? _____

23) Have you attempted to obtain any U.S Government benefits assistance for your children?☐ Yes ☐ No

a) If **YES**, which benefits have you obtained? (check all that apply)

1 TANF 5 Social Security Income

2 Food Stamps 6 Woman Infant Children (WIC)

3 Medi-Cal 7 Child Health Disability Prevention (CHDP)

4 Healthy Families/Healthy Kids

8 Other (Please specify) _____

E. Housing Situation

1) Approximately how many years have you lived in your community/town? _____

2) Which of the following best describes where you live today?

1 Apartment 2 House 3 Mobile Home

4 Other -please describe _____

3) How many people live in your home? _____

a) How many of them are adults? _____

b) How many of them are children? _____

c) How many of the adults and children in your home are working? _____

4) Do you own or rent the location where you live? 1 Rent 2 Own 3 Not applicable

5) How much is the total monthly rent/mortgage for your living location? _____

6) How much do **you** pay per month in rent (if any)? 1 (less than $100)

2 ($100 - $199) 3 ($200 - $299) 4 ($300 - $399) 5 ($400 - $499) 6 ($500-$599)

7 ($600 - $699) 8 ($700 - $799) 9 ($800 - $899) 10 ($900 - $999) 11 (over $1,000)

7) Do you have any of the following in your home? (check all that apply)

☐ telephone ☐ cell phone ☐ television set

☐ cable (dish, direct tv, ect.) ☐computer ☐ Internet access

F. Employment & Income

1) What type of work do you do?

1 Packing Shed 2 Field 3 Cleaning 4 Cooking 5 Fast Food Industry

6 Construction 7 Domestic Work 8 Office 9 Retail Store

10 Other (please specify) _____

a) If you work doing **agricultural** labor, on average, how many hours per week do you work?_____

b) If you work doing agricultural labor, how many months out of the year do you work in agriculture? _____

c) Do you receive unemployment when you are not working? ☐ Yes ☐ No

d) If you **don't** receive unemployment, why not?

1 (too complicated) 2 (undocumented) 3 (other) _____

e) If you **don't** work doing agricultural labor, on average, how many hours per week do you work? _____

2) How much do you earn per week?

1 (less than $100) 2 ($101 - $200) 3 ($201 - $300)

4 ($301 - $400) 5 ($401 - $500) 6 (over $500)

3) How much do you think the minimum hourly wage should be? _____

4) Are you paid an overtime rate if you work more than 8 hours in a day or 40 hours in a week?

☐ Yes ☐ No

5) Have you ever been injured at work? ☐ Yes ☐ No

a) If **Yes**, did you apply for workers compensation? ☐ Yes ☐ No

b) If **No**, why not? (choose one)

1 too complicated 2 undocumented

3 other _____ (please specify)

6) Are you aware of your labor and/or civil rights as an employee in California? ☐ Yes ☐ No

7) Have you ever received information and/or assistance from a labor union? ☐ Yes ☐ No

8) Do you or your spouse have a checking or savings account with a bank? ☐ Yes ☐ No

9) Do you or your spouse have an active credit card account? ☐ Yes ☐ No

10) Approximately, how much do you owe in credit debt? _____

11) Do you or your spouse have a formal or informal business? ☐ Yes ☐ No

a) If **Yes,** What type of business? _____

12) On average, what would you say is your annual household income?

1 (less than $10,000) 2 ($10,001-$15,000) 3 ($15,001-$20,000)

4 ($20,001-$25,000) 5 ($25,001-$30,000) 6 ($30,001-$35,000)

7 ($35,001-$40,000) 8 (more than $40,000)

a) How many people contribute to your annual household income? _____

13) Do you send money to family member/relatives who are out of the country? ☐ Yes ☐ No

a) If **Yes,** Approximately how much do you send annually?_____

14) Have you (or your spouse) attempted to apply for any government benefits assistance? ☐ Yes ☐ No

a) If ***Yes***, which ones have you received? (Check all that apply)

1 General Relief	7 Social Security Income
2 Unemployment benefits	8 Social Security – Disability
3 Workers Compensation	9 State Disability
4 Veteran's Benefits	10 Cash Assistance Program for Immigrants (CAPI)
5 Food Stamps	11 TANF
6 Medi-Cal	12 **None**
13 (Other: Please Describe) _____	

G. Transportation

1) Do you own a car? ☐ Yes ☐ No

2) What is your main source of transportation to work?

1 my own car	2 bus/public transportation	3 family/friends
4 walking		
5 employer transportation	6 bicycle	7 co-worker
8 "raitero"	9 other _____	

3) How much do you spend on transportation a week? _____

4) Do you ever miss work due to lack of transportation? ☐ Yes ☐ No

5) Do you have trouble getting to service locations/necessary places you due to lack of transportation? ☐ Yes ☐ No

6) Do you use <u>public transportation</u>: ☐ Yes ☐ No

If **YES,**

a) Can you access it when you need it? ☐ Yes ☐ No

b) Can you afford it when you need it? ☐ Yes ☐ No

c) Can you get to your work site using public transportation? ☐ Yes ☐ No

H. Experience with Crime

1) Have you or a family member been a victim of theft/crime in your community within the last 3 years? ☐ Yes ☐ No

If yes to H1,

a) Did you report the incident to the Police? ☐ Yes ☐ No

b) If **Yes,** do you feel that your report was dealt with appropriately? ☐ Yes ☐ No

c) Have you had a negative experience with Police in your community within the last 5 years?

☐ Yes ☐ No

d) Did you report the incident to anyone other than Police? ☐ Yes ☐ No

e) If so, who? _____

I. Social Services

1) What social services have you (and your family) used during the past twelve months?

(check all that apply)

1 Emergency Shelter	11 Rental Assistance
2 Housing Placement Assistance	12 Public Benefits Assistance
3 Job Training	13 Adult Education
4 Child Care	14 Public Schools (free lunch, counseling, SAL)
5 Medical Care	15 Legal Assistance
6 Dental Care	16 Mental Health Services
7 Substance Abuse Treatment	17 Domestic Violence Assistance
8 Food/Groceries/food bank	18 Showers
9 Served meals	19 Clothing
10 Planned Parenthood	20 Immigration Services

21 Other _____(Please describe)

2) Do you think there is enough recreation available for **children** in your community? ☐ Yes ☐ No

3) Do you think there is enough recreation available for **adults** in your community? ☐ Yes ☐ No

J. Geo-History

1) In what Country where you born? 1 United States 4 Guatemala

2 Mexico 5 Puerto Rico

3 El Salvador

6 Other _____

a) If you were **not** born in the U.S., did you leave any immediate family members behind (spouse, children) in order to immigrate into the U.S? ☐ Yes ☐ No

2) What is your U.S. residency status? 1 U.S. Citizen 2 Legal Permanent Resident

3 Authorized Work Permit 4 Undocumented

a) If you are a Legal Permanent Resident, have you applied for Citizenship? ☐ Yes ☐ No

b) If you are not a Permanent Resident, have you applied for Residency? ☐ Yes ☐ No

If you are not a U.S. Citizen,

a) Are you interested in receiving information about Citizenship? ☐ Yes ☐ No

b) Are you interested in receiving information about Citizenship classes? ☐ Yes ☐ No

3) Has anyone in your family been deported from the U.S. in the last 5 years? ☐ Yes ☐ No

a) If **Yes**, have any children been left behind in the U.S due to deportation? ☐ Yes ☐ No

K. Personal Characteristics

1) Gender: 1 Male 2 Female 3 Other _____ (Please specify)

2) Ethnicity: 1 Mexican/Central American

2 American Indian/Alaskan Native

3 Asian/Pacific Islander

4 Black/African-American

5 White

6 Other _____(Please specify)

3) Age: _____

Appendix B

Focus Group Interview Guide

**The following is an interview guide to facilitate dialogue among focus group members. Not all questions may be asked and the flow of the group will determine the order.

Facilitator dialogue: The community needs assessment that was done in Arvin (Lamont, Weedpatch) shows that only a small number of people are using your community's health and social services that are available, e.g., adult education or dental services.

Questions:

Take a minute and imagine what a "model" or "ideal" community would be like for you and your family. Please describe it. How does your model compare with your real community?

Can you tell me which community services (health, education, transportation, social services, etc.) you use and how often?

Please describe an experience you had using one of the community services you named.

Can you name community services that you know about but you don't use?

What are the reasons why you don't use the services that are available?

Are you satisfied with these services? If yes, why, if no, why.

What health related services would you use if they were available? How often?

What social services would you use if they were available? How often?

What other services would you use if they were available? How often?

Added: What specific suggestions do you have for improving community services in Arvin, Lamont, or Weedpatch?

Interview Guide, Focus Group, Spanish Translation

Preguntas:
Tómese un minuto e imagine qué comunidad “modelo” o comunidad “ideal” le gustaría para usted y para su familia. Por favor descríbala. ¿Cómo se compara la comunidad modelo con su comunidad real?

¿Puede decirme que servicios comunitarios (de salud, educación, transportación, servicios sociales, etc.) usa usted y con qué frecuencia?

¿Me puede describir por favor una experiencia que usted haya tenido al utilizar alguno de los servicios comunitarios de los que acaba de mencionar?

¿Puede mencionarme algunos servicios comunitarios de los que usted sepa pero que no use?

¿Cuál es la razón por la que usted no usa esos servicios que están disponibles?

¿Esta satisfecho con estos servicios? ¿Porqué si? o ¿Porqué no?

¿Qué servicios sociales usaría usted si estuvieran disponibles? ¿Con qué frecuencia?

¿Qué otros servicios usaría si estuvieran disponibles? ¿Con qué frecuencia?