



# Kern County

## Introduction

**People Power for Public Health (PPPH) is a community-based initiative led by the California Pan-Ethnic Health Network (CPEHN), a statewide health advocacy organization dedicated to improving the health of communities of color in California.** PPPH researches how local advocacy can be utilized as a critical strategy to build community power and public health, especially for and with communities of color. We highlight the experiences of communities of color in five counties – Sacramento, Fresno, Kern, Orange, and San Diego – in accessing quality care. Lastly, we uplift community solutions that must be funded and passed at the local and statewide level in order for communities of color to thrive and live in healthy communities.

In Kern County, CPEHN partnered with Visión y Compromiso (VyC), a nationally respected organization dedicated to improving the health and well-being of underrepresented communities. They are the only organization in California providing comprehensive and ongoing leadership development, capacity building, advocacy training, and support to over 4,000 Promotoras and Community Health Workers (CHWs).

Visión y Compromiso led in person and virtual county-wide listening sessions to gather feedback from community residents around key county health concerns and where county funding must be allocated to build healthier communities. Our data was conducted through sessions with local non-profits, community leaders, and community health workers.

During the sessions, there was one facilitator and nine participants who were predominantly Latinx, Spanish speakers with a majority identified as women. Participants work as promotores, or community members who support residents in accessing health and social services in their community. Through their work as community liaisons, they shared their personal experiences seeking healthcare and their visions for a healthier Kern County.

Our goals for the listening sessions were to identify and understand barriers to care and resources and develop demands around community investments.

**For our listening session, we asked participants the following questions:**

- What has been your experience accessing medical care in Kern County? This can include emergency services, mental health, physical health, and more.
- What have been some challenges to living a healthy life here in Kern County? What have been some resources that have helped you?
- What would a healthy Kern county look and feel like for you?
- What resources should we fund to create a healthier community in Kern?

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## Access to Primary, Preventive, and Behavioral Health Care

**“ No importa tu estatus, lugar legal, los derechos los tienes para una salud digna. Pero la mayoría de nuestra gente. El miedo es lo que te detiene aplicar o te detiene a pregunta”**

**“ Your legal status doesn't matter, you have the right to dignified health. But a majority of our people, the fear is what stops them from applying or stops you from asking a question”**

Throughout the listening sessions, participants largely expressed their challenges in accessing medical care especially amidst barriers around income, legal status, and insurance:

**Administrative Barriers:** Community members experienced excessive paperwork, long wait times and unsatisfactory interactions with medical personnel. These barriers were also present in applying to resources like CalFresh. Participants often waited weeks or months to get an appointment. Once they were seen, these appointments were brief and not nearly long enough for participants to voice their concerns. For some participants, these frustrations contributed to seeking care elsewhere, with some traveling to Mexico to receive the care they needed.

**Financial Barriers:** In addition to administrative barriers, participants identified a number of financial barriers when seeking medical care. They spoke of their struggles to pay for medical procedures and often having to choose between putting food on the table or having to pay for costly health services and treatment.

**Barriers to Health Insurance:** These barriers were exacerbated by difficulties in applying for insurance. Participants understood that health insurance meant a greater network of health care but the paperwork and navigating the complicated application process made it difficult to apply. Legal status added another barrier as undocumented community members expressed concern of whether they were able to access the services they needed.

**“ Yo trato de no acceder a la salud, a veces es tan tan obligatorio, pero es tan complicado el sistema que para empezar la aseguranza ellos te analizan la aseguranza, si no tienes. Este es un proceso largo y si tú ya vas con la enfermedad, pues ya es tiempo y pérdida de un día completo”**

**“ I try to not access healthcare, sometimes it's obligatory, but the system is so complicated. To start with insurance, they analyze your insurance, if you don't have it. This is a long process and if you go already sick, it's time and you lose a whole day.”**

**“ Es un show para aplicar para una aseguranza y luego y escíbeme por favor este de tu puño y letra que que tu esposo o tu no trabajan. Si no traes esa hoja este no te puedo dar, este no te puedo dar...sí entonces así como que te cuesta trabajo, te da miedo.”**

**“ It’s a show to apply for insurance. It’s write this, write that, if you or your husband don’t work. If you don’t bring this paper, I can’t give you this...so it takes effort, it makes you afraid.”**

**Dental and Specialized Care:** In addition to barriers in accessing primary care, participants struggled to receive specialized care, like dental care and mental health care. Participants had a hard time changing providers and experienced long wait times for appointments.

**“ En la salud mental también es un proceso muy, muy difícil el conseguir por ejemplo un nuevo o un psiquiatra ... voy a cambiar de psiquiatra porque... quiero buscar una opción mejor, no se puede”**

**“ In mental health too the process is very very difficult to get, for example, a new psychiatrist...I want to change psychiatrists because, I want to look for a better option, but I can’t”**

**“ A dónde vas a ir? Cuando haya una emergencia de dentista tienes que ir...a hacer una gran fila. Y no, no hay disponibilidad en las clínicas públicas, que son las del dentista, que normalmente te va a cubrir cuando tienes una necesidad dental y no tienes aseguranza, porque si tienes Medical puedes elegir cualquier otro dentista. Hay muchos en el condado que aceptan Medi-Cal, pero si son clínicas que ofrecen sus servicios a bajo costo para las personas que no tienen un seguro médico...también es un proceso o no se, si ahorita por pandemia no quieren recibir muchos pacientes.”**

**“ Where will you go? When there is a dentist emergency you have to go... stand in a long line. And there is no availability in the public clinics that offer dental services that normally would cover you if you have a dental need and don’t have insurance. If you have Medi-Cal you can go to any other dentist. There are many in the county that accept Medi-Cal, but if the clinics offer their services at low cost for those that don’t have insurance...it’s a process too. I don’t know if they are not taking a lot of patients because of the pandemic.”**

## Policy Recommendations

- **Lower barriers to primary, preventive, behavioral and specialty health care** particularly around language, legal status, income, and insurance.
- **Fund bi-lingual navigators and peer support workers** that can support non-English speaking community members in MediCal enrollment and navigating healthcare systems.

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## Emergency and Crisis Response

**“ Y prefieres no ir ya? O sea, ya sabes, pasar una, no sé, cinco, diez horas... cinco horas o cuatro en una sala de emergencias para que te digan todo está bien, señora, váyase a su casa, evitas ir ya después ya mejor, ya no quieres ir porque piensas que no estás recibiendo la atención correcta”**

**“ And you prefer not to go. You know, to spend, I don't know, five or four hours in an emergency room for them to tell you everything is okay, ma'am, go home. You avoid going and you no longer want to go because you are not receiving proper care.”**

When it came to the emergency room, participants reported unsatisfactory experiences in the quality of care they received. By far, the greatest complaint was the little attention they received when seeing their care providers and the long wait times. As mentioned above, participants would wait for over four hours to be seen by a provider. When they are seen, their health concerns are dismissed and are not given proper attention. These experiences discouraged participants from seeking care.

- Fund 24/7 decentralized drop-in resource centers for mental health crises that can be accessed regardless of income, housing status, insurance coverage, or legal status. We also recommend centers to address issues such as roadside assistance, substance abuse, and community violence.
- Expand services such as mental health services, housing, food banks, and job training that is advertised directly to marginalized communities, such as unhoused and incarcerated community members.

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## Community-Connected Care Workforce

**“ Estaría genial que en todas estas áreas desprotegidas, en todas estas área se genere como unos centros centros de educación familiar y qué es esto en el que se den talleres, pero talleres presenciales en los que se les explique estos son tus derechos en la salud, así tienes que aprender a navegar en el sistema médico. No debes tener miedo...Entonces yo pienso que serían muy bien invertidos unos centros comunitarios en cada una de las zonas desfavorecidas y que se esté creando tanto también para prevenir la delincuencia en nuestros hijos, en nuestros jóvenes.”**

**“ It would be great if in all unprotected areas, in all of those areas there would be education centers for families and that workshops be offered, that explains someone’s rights surrounding healthcare, to learn how to navigate the healthcare system. One shouldn’t be afraid..so I think it would be a good investment to have community centers in underprivileged areas and that they also prevent delinquency in our youth, our young kids”**

Participants who identify as Latinx shared that they experienced a number of cultural barriers. With many community members working demanding agricultural jobs, they found that they were not given information around how to navigate local health services and that there was a pervasive fear around their legal status, which was difficult to communicate with health providers. Participants also had a lack of access to interpreters when seeking care. In response, community members wanted to see more training and community education around their rights around the healthcare system, particularly for communities living in disinvested areas of Kern County. Participants found that education around their rights could alleviate fears in accessing care especially for undocumented community members.

### Policy Recommendations

- Allocate continuous funding for community centers and health education in disinvested areas of Kern County to better inform residents and youth around local health care services, social services, and other activities.
- Support the development of interpreter networks that ensure the availability of in-person interpreters for multiple languages and with specialization in a variety of clinical and non-clinical settings.

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## Social Determinants of Health

Lastly, participants shared that issues like housing, food access, and the environment impacted their family and community's overall health and well-being. These issues were particularly salient based on region, with West Kern County offering more resources, services, and improved infrastructure versus other areas of the county. Participants shared the following:

**Affordable Housing:** Housing and homelessness were key issues for participants in Kern County and participants noticed the growing homelessness and encampments in their local parks.

**Food Access:** Participants expressed challenges in purchasing healthy produce, with organic produce being more expensive and lower cost produce being filled with pesticides and chemicals.

**“ Sabemos que la base de un cuerpo saludable está en la alimentación y pues nuestros productos que compramos los orgánicos son muy caros y lo que compramos tiene muchísimos pesticidas.”**

**“ We know that the basis of a healthy body is in your diet and the things we buy, the organic produce is very expensive, so what we buy has a lot of pesticides.”**

**Parks and Environment:** Many participants identified the discrepancy in the state of parks in different areas of the county. Parks close to their homes were run-down, dirty and, in some cases, burnt down. However, in the “better” part of town, parks were in much better conditions. In areas where parks were more well-kept, residents shared that depending on the zip code you lived in, there was also more lighting and paved streets.

**“ Yo tengo una niña de 5 años y cuando yo descanso yo trato de llevarla a los parques. Los parques están sucios, sucios, sucios, los homeless debajo de los de los juegos. Este te da miedo, te da miedo llegar a un parque, te da miedo llegar a un parque porque antes tú no sabes cómo va a reaccionar la persona. De hecho es la niña, le dan ganas de ir al baño. Pues tú no vas a ir a un baño donde los baños están tan sucios...de hecho al llegar al parque donde llevé a Regina lo incendiaron. Los juegos están derretidos,... . Ahora sí que los parques de las áreas más nice me quedaría más lejos. Entonces no se nota la diferencia, se nota la diferencia de los códigos postales.”**

**“ I have a 5-year-old daughter and when I am off from work I try to take her to parks. The parks are dirty, dirty, dirty, there are unhoused people under the playground. It scares you, it scares you to go to the park, it makes you scared because you don't know how the person will react. As a matter of fact, my daughter, she'd want to use the restroom. But you wouldn't go to a bathroom that is so dirty... actually, when I got to the park where I usually take [her], the playground was burned down and melted...however the parks in the nice areas are farther. So, you can tell the difference, the difference between zip codes is noticeable.”**

**“ Si te vas más para el West. Los parques están en mucho mejores condiciones. Entonces yo creo que hay una desigualdad en este aspecto y se nota.”**

**“ If you go further West, the parks are in much better conditions. So, I do believe there is inequality in that aspect and it is noticeable.”**

In response to these disparities, participants expressed interest in local policy engagement. They wanted to learn more about getting involved with local policy making, but they had limited knowledge around the responsibilities of the city and county and desired to learn more about the budgeting process.

- Fund and provide basic necessities, such as items for personal hygiene and daily living needs, rain boots, showers, charging stations for technological devices, bathrooms, and clean water etc. for unhoused residents to easily access year-round.
- Allocate local funding as well as relief funding, such as the American Rescue Plan Act, to develop public housing through non-profit developers that are responsive to the needs of unhoused residents.

**“ Creo que nos tenemos que involucrar mucho más como colonia y participar más en las decisiones, porque tristemente es un un puñado de personas los que deciden a dónde van esos recursos”**

**“ I think that we have to get involved more as a neighborhood and participate more in the decisions, because sadly it's a handful of people that decide where those resources go.”**

- Fund affordable, quality, and safe housing infrastructure especially for low income communities.

- Allocate funding towards affordable food sources such as farmers markets, food distribution sites at community based organizations, etc. for community members to access healthy and culturally responsive food options.
- Invest in green spaces, parks, and safe areas in disinvested communities for residents to congregate.
- Foster a sense of community involvement among the Latinx community and other communities of color to ensure that decision making is communal rather than in the hands of a few. Increase local engagement in the local budget process through community education and funding participatory budgeting forums in various languages.