Visión y Compromiso™

San Diego

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.

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). VyC gathered input and feedback from community residents around key county health concerns and county funding. Our data was conducted through virtual and in-person county-wide listening sessions with local community leaders and community health workers.

In our county listening sessions, we had 27 participants join in addition to 1 facilitator and note-takers from Visión y Compromiso. Participants were predominantly Latinx, Spanish speakers, and 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 San Diego County.

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

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

Access to Primary, Preventive, and Behavioral Health Care

> ***Las clínicas casi no tienen citas y tardan hasta dos meses para darte la cita y la tensión cuando, bueno, a mí la última tensión que tuve era bien rápido. O sea, te hacen esperar mucho tiempo fuera, pero cuando ya pasas adentro y pasa y te atiende te hacen esperar mucho. Ahora, cuando es tu cita que tú vas a estar con el doctor y el te va, te tiene que revisar y tú explicarle, todo es bien rápido. Yo todavía quería seguirle diciendo mis síntomas y lo que yo sentía y él ya estaba en la puerta al parado para irse."***

> ***The clinic almost has no appointments and it takes up to two months to give you an appointment and the tension, well the last tension I had is that it [the appointment] was so quick. They make you wait a long time outside but when you go in and you are seen, they make you wait a long time. Now, when it's your appointment and you are with the doctor, he has to check you and you explain things, it is very quick. I still wanted to keep telling him my symptoms and what I felt, but he was at the door, ready to leave"***

Throughout the listening sessions, participants shared challenges in accessing primary and preventive care. These challenges included:

Administrative Barriers: Participants experienced many administrative barriers in order to receive services, ranging from medical care to COVID-19 testing. They often had to wait for months for an appointment, only to be seen for a brief period of time. They also had to move through crowded hospitals and clinics, and fill out complicated paperwork in order to get the services they needed. These barriers deterred participants from seeking care.

> ***El test para el COVID…con la muchacha que yo hablé…me dijo que tenía que tener una autorización por mi médico primario si me quería yo hacerme examen de el COVID. Tres personas, mi esposo, mi hijo y yo. Mi esposo tiene su doctor primario. Este no es el mismo que el mío ni el de mi hijo. Entonces quiere decir que tenía que hablarle, teníamos que hablarle a todos los doctores para que pudieran este acceso darnos para hacernos el test del COVID, a parte que también estaba saturado; estaba completamente saturada."***

> ***The COVID test…with the lady I spoke to…she told me I had to get an authorization from my primary medical provider if I wanted to give myself a COVID test. Three people, my husband, my son and myself. My husband has his own primary doctor, this is not the same as mine or my son. This means I needed to talk to, we needed to talk to all the doctors so that we can have access to give ourselves the COVID test, apart from the fact I was overwhelmed; I was completely overwhelmed."***

Strained Healthcare System: Several participants shared their experiences of dealing with low capacity in healthcare settings. From few staff at COVID-19 testing clinics to reduced recovery time post-surgery, community members felt the strain on their local healthcare system exacerbated by the pandemic. Although community residents were used to going to a doctor's office for help, they shared that they struggled accessing regular appointments, especially for specialty care.

> ***Al principio este pues si se tardaron bastante porque yo iba para una transfusión de sangre entré como a las seis de la tarde y me hicieron la transfusión de sangre como a las 11 de la mañana, pero del otro día… y lo que yo miré es que había mucha gente."***

> ***At the beginning, yes they took a long time because I went for a blood transfusion. I entered at around 6pm and they gave me the transfusion around 11 in the morning, but the next day… and what I saw was that there were a lot of people."***

Financial Barriers: Participants identified financial barriers to seeking healthcare, with low-income families having to choose between covering living costs and seeking care.

> ***Y como no tenemos exámenes médicos, a veces tomamos no lo correcto en cuanto a nuestra salud y lo que nos puede dañar…no podemos tener los medicamentos, el acceso a un doctor, verdad? Porque si no se gana lo suficiente. No tenemos porque se tiene que pagar consulta y vamos. Pero si de ahí se desprenden estudios para podernos hacer exámenes no tenemos las posibilidades verdad? Porque no alcanzamos a cubrir los gastos… No tenemos ningún acceso a ningún dentista y podemos tener muelas que se están picando, nos están doliendo… lo mejor es una infección que está haciendo que se pierdan los dientes, pero se puede evitar que no se pierdan, pero como no tenemos ese acceso… es inalcanzable"***

> ***And since we don't have medical exams, sometimes we don't take the correct things into account when it comes to our health and it could harm us… we can't have the medications, we don't have access to a doctor, right? Because we don't make enough. We don't have it because we have to pay for a consultation. If you need to go there for exams, we don't have those possibilities right? We can't cover all costs, we don't have access to a dentist and it could be that we have teeth that are decaying, they are hurting… perhaps it is an infection that is making us lose teeth but it is avoidable, but since we don't have access it is not reachable."***

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.

> ***Me gustaría que pusieran como más carritos libres para que chequeen a las personas que no tienen papeles, que no tienen seguro que sea gratuito. Bajo a lo que ganas, porque a veces no ganan ni el mínimo, a veces ni les pagan a los a los que andan cortando el zacate. O sea, poner masa consultorios ambulantes para todas estas personas que no tienen un seguro para pagar"***

> ***I would like them to put more mobile clinics to check people without documents, those that don't have health insurance, that it is free. Depending on what you earn, because sometimes they don't even earn minimum wage, sometimes they are not paid minimum wage those that cut grass. That means more mobile clinics for all people who don't have insurance."***

Fund primary, preventive, behavioral, and specialty care that have lower barriers of access including limited bureaucracy, and care that can be accessed regardless of legal status and through various languages.

Emergency and Crisis Response

> ***Cuando ya me pasaron a cuarto me estuvieron cambiando de cuarto como en tres días me cambiaron seis veces...estuve una hora en recuperación y me dicen tómate tu tiempo, va a estar bien, tómate tu tiempo para que te recupere.Yo me relajé recuperándome de la anestesia. Después de media hora llegó una enfermera, me dice ya te vas. Aquí está tu ropa. Me ponen a un lado y me mandan al baño.Vístete, ya te vas. Todavía estaba con anestesia y me mandaron al baño. Me salí toda mareada, salí ni al lobby, a la calle y allí me esperé a que viniera por mí...Yo entiendo que todo estaba ocupado, mucho estrés, pero eso de que me hayan echado a la calle después de la cirugía, ahí sí me sentí muy mal."***

> ***When they moved me to a room, they kept changing me to other rooms. In about 3 days they switched me six times…I was in recovery for an hour, and they told me take your time, everything will be okay, take your time to recover. I relaxed, recovering from the anesthesia. 30 minutes after a nurse arrived and told me you're leaving. Here are your clothes. They put them beside me and sent me to the bathroom. I left feeling dizzy, I went not to the lobby but to the street and I waited there for my ride… I understand that everything is busy, lots of stress but that they would throw me out after surgery, I felt very bad."***

In terms of emergency and hospital care, participants noticed how the COVID-19 pandemic has limited the capacity of local health care systems, with shortages of beds and health care workers becoming exhausted while caring for patients. The strain on the emergency department also affected quality of care. For instance, one participant shared that because of the stress at their local hospital, she was forced to leave while in recovery after her surgery. In another instance, a respondent shared how she experienced discrimination while waiting in the emergency room. She expressed seeing patients who looked "American" be treated before other patients of color who waited for hours to be seen.

> ***Yo mire que llegó una americana con su niño, no se miraba enfermo el niño ni nada, pero mire que rapidito pasó. Dije bueno, yo dije bueno, pues a lo mejor está enfermo, pero entró bien rápido y yo miraba como esa discriminación, como que otras personas que se miraban diferentes a uno entran muy rápido. Y los que no, pues los vamos acomodando ahí en sala de espera y esperando y esperando."***

> ***I saw that an American woman arrived with her child and he didn't look sick or anything, but I saw that she was seen quickly. I said, well, maybe he's sick but she was seen quickly and saw that as discrimination, because people that look different than me are seen very quickly. And those that don't we are in the waiting room, waiting and waiting.***

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.

Community-Connected Care Workforce

> ***Pues sería bueno que hubiera otra vez este, al menos yo ya tomé algunas, verdad? Pero para las gentes que no las han tomado, clases de salud, de nutrición, de cómo mantenernos saludables, porque hay cosas que no se dicen en unas clases, de las consecuencias de no cuidarte, que te balle a que te va a llevar más gastos médicos, etcétera, etcétera Esta sería una buena forma de de ayudarnos a toda la comunidad"***

> ***Well, it would be good for there to be again..health classes, nutrition classes, how to keep ourselves healthy, the consequences of not taking care of ourselves, what will bring higher medical costs, etc. That would be a good way of helping all of the community."***

Because of the poor quality of care participants experienced, they shared the need for culturally responsive care from providers. As mentioned, participants often felt discriminated against, or misunderstood by providers, which impacted their willingness to seek care. Participants noted the importance of community based health services such as mobile clinics, community health education, and generally, services that looked at health care in a more holistic and community-oriented way versus as an individualized service. They sought education and training that provided information on how to make healthier choices to not only better their own lives, but also better the wellbeing of their community. Participants desired to see more parent centers to support young families as well as senior centers to provide connection and engagement for older promotores.

Policy Recommendations

- Fund health care and community-based services that offer a more holistic approach to health, which includes seeing health as not only an individual experience, but health as it relates to the family and larger community. For participants, this meant recommendations in investing in community-based clinics, parent centers, and senior centers that can be accessed regardless of status or income.
- Invest in community health education such as disease prevention, healthy eating, and other modalities of care (such as Tai Chi, etc.) to provide resources, information, and activities to community members to make healthy choices.

Social Determinants of Health

> ***La vivienda es un problema muy grande que por eso mucha gente decide vivir hasta en sus carros. Yo tengo personas conocidas que se han ido a vivir en sus carros, en lugares donde se estacionan con familias que les permiten allí pasar la noche y tienen a veces hasta un mes viviendo ahí porque como dicen no pueden pagar la renta. Es muy caro para agarrar un departamento. Ahorita piden muchos requisitos y aparte mucho dinero. Entonces me gustaría como que se regularizar a eso para tener un San Diego mejor."***

> ***Housing is a big problem and for that reason, many people decide to live in cars. I know people that are living in their cars; they park in places where families allow them to spend the night, and they sometimes have up to a month living there because they can't pay the rent. It is very expensive to get an apartment. They ask for a lot of requirements and a lot of money. So I would like to see that regulated to have a better San Diego."***

Participants shared how the conditions in which they worked and lived affected their overall health. Issues such as housing, safety, and parks and green spaces all played an integral role in their families' and neighborhoods' wellbeing. These themes varied based on where residents were living. For instance, residents who lived closer to the border experienced different issues than those living in the north parts of San Diego county, which often is home to wealthier and more resourced neighborhoods.

Housing: Participants identified housing as a key barrier in seeking a healthy life. High housing costs in San Diego County, along with numerous requirements to obtain housing, have forced people into unstable housing situations and participants had difficulties finding affordable housing.

Community Safety: Community safety was incredibly important for participants with many reporting increased crime and drug use in their neighborhoods. Community members were concerned about the high amount of marijuana dispensaries and desired a sense of increased security. For some residents, they shared that they wanted to see more law enforcement involved, even though increased policing, law enforcement, and border control have also harmed Latino/x communities. **

Parks and Public Spaces: This sense of safety was also seen in discussions around parks and recreation. Participants expressed that they wanted to see their local parks and other public places, such as community centers, where families can feel safe.

***Aside from allowing us to gather input and feedback, these focus groups were examples of the wide variety of views among the Latinx community. Future research should account for differences among the community itself and from other communities. There are many factors that can be attributed to these differences. Particularly salient is the community's conceptualization of safety. Latinx community members that have immigrated to the US may take into account the conditions of their home country in comparison to the US and narratives equating safety with police. This narrative starts even before people arrive to the United States due to the US's international image that projects a version of a safety deeply connected to policing and military action. Thus, the conversation on safety requires a deeper dialogue on how the Latinx community perceives and defines community safety, paying particular attention to the transnational nature of this definition.*

In response to these issues, San Diego participants expressed interest in being involved with local policy making and to understand more about the budget process. They shared that they understood their needs in their communities, but had limited understanding in how the local budget process worked.

Policy Recommendations

> ***También es luchar por eso, por viviendas de de bajos recursos.. hay muchas personas que que viven como homeless por causa de que no han podido pagar su renta, porque es muy alto el costo y la verdad que eso me gustaría que tomaran en cuenta el condado también para tener un San Diego limpio"***

> ***We also have to fight for low-income housing...there are a lot of people that are unhoused because they haven't been able to pay their rent because the cost is very high and truthfully I would like the county to take that into consideration too for a cleaner San Diego."***

> ***Cuando yo creo que cuando miraría un condado que se viera saludable sería cuando viera bien a la comunidad, trabajando todos en unión a un solo propósito. Cuando empieces a ver los parques ya más, más unidos con las familias, más actividades y que veas menos visitas a los hospitales y los doctores que lo que así es, como podría decir, creo que se mira un condado saludable"***

> ***I believe I would see a healthy county when I see the community doing well, everyone working towards a common goal. When you start to see more parks and families more united, more activities, and less visits to the hospital and doctors. That's what I think a healthy county would look like."***

- Invest in low-income housing that is safe, dignified, and affordable especially for marginalized communities.
- Fund green spaces, parks, and other safe areas for residents, such as community centers, to congregate.
- Develop community-based safety and violence prevention efforts in local neighborhoods.
- Allocate funding for community organizations to lead education around the local budget process and participatory budgeting processes to involve residents in shaping local budgets.