

Community Health Needs Assessment Report 2022

for Santa Barbara County



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EXECUTIVE SUMMARY

Cottage Health, representing Goleta Valley Cottage Hospital, Santa Barbara Cottage Hospital, and Santa Ynez Valley Cottage Hospital, and Santa Barbara County Public Health Department (SBCPHD) partnered with community organizations and agencies to conduct a comprehensive 2022 Community Health Needs Assessment (CHNA). Assessing the most pressing health needs, this report describes the well-being of Santa Barbara County's residents and selected social determinants of their health, with comparisons to California's health profile as a whole. It also connects selected health indicators for Santa Barbara County to the goals or targets in *Healthy People 2030 (HP 2030)*, data-driven national objectives set every ten years by the U.S. Department of Health and Human Services.

Data Sources

The 2022 CHNA includes primary data collected through a random web-based survey with approximately 1,600 community members, a Listening Tour with more than 200 individuals who represent the broad interests of the community, including medically underserved, low-income, and vulnerable populations, and Subpopulation Assessments for two smaller geographies within the county. Secondary data were also obtained from existing online sources. This approach is consistent with the methodology established in the 2016 and 2019 Cottage Health CHNAs, which also serves as benchmarks for the 2022 data.

Santa Barbara Countywide Survey

Cottage Health contracted with the Population Survey Facility (PSF) at the University of Pittsburgh, an academic research unit with extensive experience in survey methodology, analysis, and reporting. The PSF used two data sources for the CHNA: a multi-mode survey designed specifically for this effort and existing health and demographic data (such as U.S. Census data) already collected for the county and California. The multimode survey consisting of mail, email, SMS text, and telephone recruitment and was conducted from August through October 2022 to obtain data from Santa Barbara County adults ages 18 years of age and older. Initial mailings and reminder postcards were sent to Santa Barbara County residents, which invited them to take a self-administered, web-based survey. Additional recruitment attempts were made via SMS text messages for a sample of households with cell phone numbers. Likewise, non-responders were recruited via email if an email was on file, and if no response was received via mail, text message or email, a group of trained interviewers attempted to contact residents via telephone to either conduct the interview over the phone or to send them an email or text message if they preferred to do the survey at a more convenient time.

The majority of survey questions were based on the 2022 Behavioral Risk Factor Surveillance System (BRFSS) survey instrument, created by the Centers for Disease Control and Prevention (CDC). The data collected from the survey were weighted to make sure that survey results were representative of county demographics, such as age, race/ethnicity, and gender, and then compared to the 2016 and 2019 Santa Barbara County CHNA results, the 2021 California BRFSS, and Healthy People Leading Health Indicators.

Community Perspectives: Listening Tour

The 2022 CHNA included a Listening Tour with more than 200 individuals who represent the broad interests of the community, including medically underserved, low-income, and vulnerable populations. Secondary data were also obtained and incorporated from Behavioral Health Asset Mapping interviews conducted by Santa Barbara Alliance for Community Transformation (SB ACT).

The Listening Tour solicited input from a wide array of community members and leaders, including public health officials, health providers, nonprofit workers, Cottage Health employees, and government leaders. Fifty in-person and virtual focus groups and interviews were conducted from July through September 2022 around three topic areas: 1) youth behavioral health, 2) maternal health equity, and 3) COVID-19 pandemic impacts.

Subpopulation Assessments

The CHNA included two Subpopulation Assessments designed to better understand the health and well-being needs of subareas of Santa Barbara County. Designed to provide a more in-depth understanding of specific communities and improve representation of marginalized community members, these Subpopulation Assessments were set-up to be replicated in other areas of the county, allowing for expanded data collection that will be comparable to data at the county level.

Westside Needs Assessment

The Westside Needs Assessment collected data door-to-door in the primary census tracts on the Westside of Santa Barbara in July through August 2022. The process used a stratified random sample methodology with an option to complete the survey in-person or online. The procedures used in this effort were based on the Centers for Disease Control and Prevention's (CDC) Community Assessment for Public Health Emergency Response (CASPER) method. University of California, Santa Barbara (UCSB) was contracted for this assessment. Findings will help inform programs and initiatives to support the needs of those living on the Westside and the development of a Westside community resource center.

Santa Maria Needs Assessment

Santa Barbara County Public Health Department collaborated with Cottage Health, Dignity Health, California Department of Public Health (CDPH), and community-based organizations to conduct a rapid needs assessment of Santa Maria in October 2022. Using the CASPER methodology, the Santa Maria Needs Assessment (SMNA) quickly captured information about the health needs and assets of community through a random, door-to-door sample of households. The SMNA aimed to collect data that can be generalizable and will help inform the future allocation of resources to support the needs of those living in Santa Maria.

Results

Based on results from the 2022, 2019, and 2016 CHNA telephone and web surveys, secondary data analysis, and Listening Tour findings, nineteen health indicators from the Santa Barbara County Random Survey were identified for in-depth analysis and prioritization. These indicators were selected using the Leading Health Indicators and Core Objectives from Healthy People 2030. Table 1 summarizes these indicators and shows the seven indicators for which Santa Barbara has exceeded or met HP targets and the four below the targets. Eight of the nineteen indicators do not have a comparable HP target, but these were included in analysis because of their overall prominence and importance to the community and guidance from CHNA partner organizations.

Many differences were found within demographic groups, such as economic status, race/ethnicity, and educational attainment. When viewing population-level data, demographic differences provide a deeper understanding of the health outcomes of various groups. These data were further analyzed based on demographic differences, which will be forthcoming on the [Cottage Center for Population Health's website](#) and [Cottage Data2Go](#).

Table 1. Health Indicator Profiles for Santa Barbara County, Compared to California and the HP 2030 Target

Indicator	2022 Santa Barbara County % (95% CI)	California ⁺ % (95% CI)	Healthy People 2030 Target %
Exceeds HP 2030 Target			
Alcohol use (binge drinking, past 30 days)	21.1 (17.4 – 24.8)	15.0 (13.8 – 16.2)	25.4
Current smoking (cigarettes)	4.7 (2.5 – 6.8)	8.8 (8.0 – 9.8)	6.1
Insurance status (insured)	93.8 (91.4 – 96.2)	89.7 (88.6 – 90.7)	92.4*
Obesity	27.6 (23.5 – 31.6)	27.6 (26.1 – 29.0)	36.0**
Oral health (dentist in past year)	72.1 (67.9 – 76.3)	64.6 (62.7 – 66.6)	45.0*
Overall good health	84.2 (80.9 – 87.5)	83.8 (82.6 – 84.9)	79.8^
Physical inactivity	16.1 (12.7 – 19.5)	20.0 (18.7 – 21.3)	21.8
Below HP 2030 Target			
Depression	26.0 (22.2 – 29.8)	15.2 (14.1 – 16.4)	5.8
Diabetes	10.0 (7.4 – 12.5)	11.6 (10.5 – 12.6)	7.2^
Food insecurity	25.5 (21.2 – 29.8)	NA	6.0^^
Primary care provider (have usual PCP)	79.2 (75.4 – 83.0)	82.0 (80.8 – 83.2)	84.0
HP 2030 Target Not Available			
Below or At State Benchmark			
Cost as a barrier to care	17.2 (13.7 – 20.6)	9.1 (8.3 – 10.0)	NA
Current vaping	5.1 (2.9 – 7.4)	5.2 (4.5 – 5.9)	NA
Mental health days (poor days >=14)	20.8 (17.1 – 24.6)	14.4 (13.2 – 15.5)	NA
No HP 2030 Target and No State Benchmark			
Adverse Childhood Experiences (ACEs) Score >=4	20.6 (16.3 – 24.8)	NA	NA
Anxiety and other mental health disorders	26.7 (22.7 – 30.7)	NA	NA
Housing insecurity	11.4 (8.1 – 14.7)	NA	NA
Resilience	24.0 (19.9–28.1)	NA	NA
Serious mental illness	12.9 (9.7 – 16.0)	NA	NA

⁺ 2021 Behavioral Risk Factor Surveillance System data unless otherwise noted

* Includes children and adolescents

** Age 20 and over

^ The Healthy People 2020 target was used here as a reference, as there is not a comparable Healthy People 2030 benchmark.

^^The HP 2030 target includes children and adults aged ≥ 2 years and is based on responses to three questions about food availability. For Santa Barbara County, the measure of food insecurity includes two questions.

Conclusions

The results show that on many health indicators, Santa Barbara County is performing slightly better or the same as California and has already met seven Healthy People 2030 targets. The benefits of good health and well-being do not extend to all groups in the county, with Hispanic/Latino residents, people with low incomes, and those with less education suffering the most from health disparities. Overall, six areas emerged as priority health areas in Santa Barbara County (alpha order):

- Access to Care
- Behavioral Health
- Chronic Conditions
- Maternal Health
- Resiliency
- Social Needs

Efforts to address these areas could lead to population health improvements in the county. Cottage Health and Santa Barbara County Public Health Department are committed to taking action based on the findings in this report and leading the community in implementing evidence-based population health programs and policies.

INTRODUCTION

Background

Cottage Health and Santa Barbara County Public Health Department are committed to improving the health and well-being of Santa Barbara County residents. To better understand the needs and strengths of the entire community, and the many diverse groups within it, Goleta Valley Cottage Hospital, Santa Barbara Cottage Hospital, Santa Ynez Valley Cottage Hospital and Santa Barbara County Public Health Department jointly conducted a 2022 Community Health Needs Assessment in partnership with community organizations and agencies. Partners included representatives from the following entities:

- Community Health Centers of the Central Coast
- Dignity Health
- Lompoc Valley Community Healthcare Organization
- Lompoc Valley Medical Center
- Mixteco/Indigena Community Organizing Project (MICOP)
- Planned Parenthood California Central Coast
- Santa Barbara County Department of Behavioral Wellness
- Santa Barbara Foundation
- Santa Barbara Neighborhood Clinics
- Tribal Health
- University of California, Santa Barbara (UCSB)

This report complies with federal tax law requirements (Internal Revenue Code section 501[r]) that requires 501(c)(3) hospital facilities to conduct community health needs assessments every three years. The required, written Implementation Strategy is set forth in a separate document. Additionally, this report fulfills Santa Barbara County Public Health Department's requirement to apply for Public Health Accreditation through the Public Health Accreditation Board. Subsequent development of the Community Health Improvement Plan will follow this report.

Assessment Goals

Findings from this assessment will help Cottage Health, Santa Barbara County Public Health Department, and community partners understand the scope of population health concerns. The 2022 CHNA builds on findings from the 2016 and 2019 Cottage Health CHNAs and similar results from recent partner needs assessments. The goals of the assessment are as follows:

- Present a detailed description of Santa Barbara County residents' health
- Increase awareness of health issues as well as factors that contribute to the health of residents
- Identify community health needs and highlight data describing health inequities
- Provide deeper insight into youth behavioral health needs and maternal health equity
- Communicate the impacts of the COVID-19 pandemic on local health and well-being
- Inform population health strategies and initiatives

This report presents overall results of the assessment and forms a description of residents' health in Santa Barbara County that can be used to identify community health needs and prioritize evidence-based, effective strategies to address them.

Additional analysis of these data and convenience sample data, including across priority populations, race/ethnicity, income, and education, will be forthcoming on [Cottage Population Health's website](#) and [Cottage Data2Go](#). This assessment will also help take a closer look at selected environmental and sociodemographic factors that influence the health of residents.

About Cottage Health

Cottage Health was established 131 years ago when a group of women in Santa Barbara opened a nonprofit hospital dedicated to providing care to all, regardless of ability to pay. Today, Cottage Health includes Goleta Valley Cottage Hospital, Santa Barbara Cottage Hospital – with its affiliated Cottage Children's Medical Center and Cottage Rehabilitation Hospital – and Santa Ynez Valley Cottage Hospital.

Cottage Health's specialties include Cottage Children's Medical Center, Level 1 Trauma Center, Neuroscience Institute, Heart & Vascular Center, Center for Orthopedics, and Rehabilitation Hospital. Its medical staff is comprised of more than 700 physicians, many with subspecialties typically found only at university medical centers. In 2021, the Cottage Health hospitals in Goleta, Santa Barbara and Santa Ynez Valley provided inpatient care for 18,000 people, treated 71,000 patients through their 24-hour emergency departments and helped deliver 2,100 newborns.

As a leader in providing advanced medical care to the Central Coast region, Cottage Health's mission is to provide superior health care for and improve the health of our communities through a commitment to our core values of excellence, integrity, and compassion.

About Goleta Valley Cottage Hospital

Goleta Valley Cottage Hospital offers 52 private rooms for medical, surgical and intensive care. Specialties include a state-of-the-art Emergency Department, the Ridley-Tree Center for Wound Management, and the Cottage Center for Orthopedics. Today, Goleta Valley Cottage Hospital admits more than 1,200 patients, receives nearly 19,000 emergency room visits, and sees 34,000 outpatient visits per year.

About Santa Barbara Cottage Hospital

Santa Barbara Cottage Hospital (SBCH) is a 519-bed acute care teaching hospital and trauma center, the largest of its kind between Los Angeles and San Francisco Bay Area. Affiliated with SBCH, Cottage Rehabilitation Hospital is dedicated to providing excellent care for survivors of stroke, brain and spinal cord injury, orthopedic injury and other conditions; and Cottage Children's Medical Center provides a broad range of pediatric medical services, including the Grotenhuis Pediatric Outpatient Clinics, 48 inpatient beds, and a Level II Pediatric Trauma Center. Santa Barbara Cottage Hospital admits nearly 17,000 patients, receives 44,000 emergency room visits, and sees more than 81,000 outpatient visits per year.

About Santa Ynez Valley Cottage Hospital

Offering acute-care services to the Santa Ynez Valley since 1964, the 11-bed Santa Ynez Valley Cottage Hospital provides outpatient surgery, 24-hour emergency services, and a physician office lease program that brings specialists to the Valley on a regular basis. Santa Ynez Valley Cottage Hospital admits more than 100 patients, receives 8,000 emergency room visits, and sees nearly 14,000 outpatient visits per year.

About Santa Barbara County Public Health Department

The Santa Barbara County Public Health Department was founded in 1925 with the key functions of communicable disease control, well-child care, and public health nurse outreach to people most in need.

County Public Health now includes a network of five Federally Qualified Health Centers featuring ancillary services along with community health services consisting of Animal Services, Disease Control & Prevention, Emergency Medical Services, Environmental Health Services, Epidemiology, Maternal, Child & Adolescent Health programs, Public Health Preparedness, Nutrition Services, Tobacco Prevention & Cannabis Education, Women, Infants & Children Program and Vital Records.

Santa Barbara County Public Health Department is comprised of over 450 staff throughout its countywide programs. Its mission is to improve the health of local communities by preventing disease, promoting wellness and health equity, while ensuring access to needed health care, and maintaining a safe and healthy environment.

Retrospective Review

Goleta Valley Cottage Hospital, Santa Barbara Cottage Hospital, and Santa Ynez Valley Cottage Hospital published their previous Community Health Needs Assessment and Implementation Strategy in 2019. Based on input from the community and hospital leadership, all three hospitals recognized the following as priority health issues.

- Access to Care
- Behavioral Health
- Chronic Conditions
- Resiliency
- Social Needs

Key community benefit initiatives and programs were identified to address these priority health issues. The tables in Appendix C include an evaluation of the impact of these activities.

METHODS AND DATA SOURCES

The 2022 Community Health Needs Assessment used a combination of primary data collection and existing (secondary) data available for Santa Barbara County. Based on the findings of data collection and community partner input, twenty-two health topics were chosen from leading health indicators in national assessments, primarily Healthy People 2030, and data from the survey that aligned with national data.

Primary Data

2022 Santa Barbara County Random Survey

The data collection protocols and questionnaire content for the CHNA were informed by the Center for Disease Control and Prevention's (CDC) Behavioral Risk Factor Surveillance System (BRFSS), the largest continuously conducted health risk behavior survey in the world. The BRFSS survey is carried out independently by all 50 states and four territories, providing yearly nationwide health risk data for states. The BRFSS survey measures the prevalence of health-related risk behaviors, chronic health conditions, and use of preventive services. The results of the BRFSS are used to plan, implement, and evaluate health programs, as well as to better identify high-risk segments of the population for targeted education, outreach, and other types of health promotion and disease-prevention programs.

The 2022 Santa Barbara County Random Survey questionnaire was administered in both English and Spanish and included a mixed-mode approach modeled after the California Health Interview Survey (CHIS). The survey instrument included many BRFSS 2022 core questions, select BRFSS optional modules, and other questions identified from leading national and state surveys, including the American Community Survey, the National Health Interview Survey, and the California Health Interview Survey (all sources are available in Appendix B). These survey questions were carefully selected to provide county-level information about the prevalence of specific health risk behaviors, behavioral health, Adverse Childhood Experiences (ACEs), health indicators, COVID-19 vaccination, and social determinants of health.

An Address-Based-Sample (ABS) of residential addresses in Santa Barbara County was used to recruit participants from the target population which consisted of adults 18 years of age or older living in Santa Barbara County, California.¹ To reach the target population, we used a mixed-mode sequential design. First, initial mailings were sent to 52,316 households in Santa Barbara County informing the residents of the survey and inviting them to participate using a QR code or URL that directed them to an online self-administered Qualtrics survey. Second, reminder postcards were sent approximately 2 weeks later to non-responders. Third, we sent a series of emails and SMS text messages to those who did not respond and for whom we were able to link the mailing address to corresponding emails and cell phone numbers. Lastly, we telephoned non-responders via their cell or landline number, if available, and invited them to do the survey over the phone or receive an email or text message to complete the survey at a time convenient for them.

Because health needs tend to disproportionately affect low-income demographics, we oversampled targeted areas of the county with a high percentage of people living below the poverty line. We used Census Block Groups (CBGs) as the geographic level of stratification, as they represent geographic areas small enough to identify clustered populations. For effective sample management, we divided the survey sample into 6 waves across the 3-month period that the survey was in the field. Waves lasted on average 6 weeks, with multiple

¹ This population excludes adults (1) in penal, mental, or other institutions or (2) living in other group quarters such as dormitories, barracks, convents, or boarding houses (with 10 or more unrelated residents).

waves being implemented at once. Dividing the sample into multiple waves allowed us to monitor each wave's sample performance and then adapt as necessary to inform sample orders, sample management, and non-response strategies for successive waves. To increase overall response, participants were incentivized and received a five-dollar Tango gift card to a food establishment upon completion of the survey. In total 1,648 adult residents of Santa Barbara participated in the survey (Response Rate = 3.2%). The median duration of the survey across modes was 22.8 minutes. Demographics for both the target population and survey respondents can be found in the sections below.

Further explanation of the survey analytic methods can be found at cottagehealth.org/CHNA, and results from the 2022 Santa Barbara County BRFSS can be found in Appendix A.

Listening Tour

Cottage Health, SBCPHD, and partners reviewed data from the 2019 Cottage Health CHNA and other recent health needs assessments, including Santa Barbara County Behavioral Wellness's needs assessment, Fund for Santa Barbara's Regional Equity Study, and UCSB's Maternal Health Equity. The Community Health Needs Assessment Advisory Group provided additional guidance on the focus areas and methodology. Proposed topics, based on previous conversations with key stakeholders, included behavioral health services available for children and youth, maternal health equity, and COVID-19 pandemic impacts in Santa Barbara County. To understand this, Cottage Health, Santa Barbara County Public Health Department, UCSB researchers, and other partners solicited input from a wide array of leaders, community members, and youth. This process was designed to glean key insights across the broader population and among those most vulnerable in the community.

Interviews and focus groups were conducted by UCSB and included a trained facilitator and notetaker(s). The trained facilitators were graduate students, the principal investigator and/or a contracted facilitator. This included some focus groups and interviews in Spanish in which the facilitators were bilingual and bicultural. Two in-person focus groups were conducted by Mixteco/Indígena Community Organizing Project (MICOP), which offered participants the option of facilitating in Mixteco, Spanish or English.

Focus groups were conducted virtually and/or in person, based on the state of the ongoing pandemic and the ability for participants to meet virtually. In-person venues were conveniently located for focus group participants and were often housed within partnering organizations' offices. Community member participants (i.e., those not employed by or representing a particular organization) received an incentive worth \$30 per 1.5-hour focus group.

Cottage Health and SBCPHD led recruitment for the three focus areas of the Listening Tour (youth behavioral health, maternal health equity, and COVID-19 pandemic impacts) and sought representation from across Santa Barbara County and sectors.

The group identified a need for a deeper understanding of the behavioral health needs and assets in our community. To understand this, Cottage Health and its partners solicited input from a wide array of leaders and community members through a Listening Tour focused on behavioral health. This process was designed to glean key insights across the broader population and among those most vulnerable in the community.

Objectives

The primary purpose of the Listening Tour was to hear directly from people impacted by a population health approach. By engaging them, the 2022 CHNA sought to:

- Identify and understand the highest priority youth behavioral health, maternal health equity, and COVID-19 pandemic needs in the community
- Build relationships with internal and external stakeholders
- Inform future work in addressing community needs

Participants

Stakeholders were organized into interviews and focus groups by the three focus areas of youth behavioral health, maternal health equity, and COVID-19 pandemic impact. Within each of these focus areas, representatives included Cottage Health team members, community leaders and service providers, and community members. Focus groups were conducted in English and Spanish, as requested by participants.

(1) Cottage Health Team

From experience, we know internal stakeholders have valuable perspectives from both professional and personal vantage points. Listening to those across the organization in varying departments helps better understand the health needs of the community.

We engaged Cottage Health physicians, leadership, and staff connected to youth behavioral health and maternal health services as well as those in the organization who would have insights into professional and personal impacts of the COVID-19 pandemic. Through virtual and in-person interviews and focus groups held on August 10-25, 2022, we heard from more than thirty Cottage Health participants. These focus groups and interviews were conducted in English. Attendees represented the following groups:

- Administration
- Clinical staff who provide related services
- Clinical staff who work at the patient's bedside (e.g., case managers, patient educators)
- Nurses
- Physicians
- Staff who work in the community (e.g., social workers)
- Support services (e.g., Nutrition, Environmental Services)

(2) Community Leaders and Service Providers

With more than 2,000 different nonprofits in Santa Barbara County, nonprofits, along with other groups on the front lines, such as schools and health clinics, are capable of making a significant impact on the health and well-being of the community. It is critical that we engage and listen to the people who are interacting with populations served every day and those in leadership roles and influencing the lives of those living in Santa Barbara County in a more indirect way. Including both voices in this process helps to build support for addressing identified needs and incorporating valuable perspectives and insights on youth behavioral health, maternal health equity, and COVID-19 needs across the community.

We initiated engagement by conducting an environmental scan to gain a better picture of the ecosystem, including organizations and individuals that are representative of the community geographically, ethnically, socioeconomically, and demographically. Through input from the CHNA partners, Cottage Health and Public Health leadership, and key informant interviews of ten community leaders and community members, we identified groups and individuals to engage through fourteen virtual focus groups with 103 representatives.

As part of the Listening Tour, we hosted a total of seven protocol interviews and fourteen interviews and focus groups for community leaders and service providers (four for COVID-19, six for maternal

health equity, and four for youth behavioral health). Focus groups included county-wide healthcare leaders, counseling and therapy providers, school district representatives, and other service providers. These sessions took place from August 9, 2022 to September 30, 2022.

Santa Barbara Alliance for Community Transformation (SB ACT) conducted an additional fourteen interviews with community leaders and frontline workers from April 19, 2022 through October 10, 2022. These interviews conducted by SB ACT were part of Cottage Center for Population Health's youth behavioral health asset mapping process. Considering the relevance of these conversations, these interviews were also added into the Listening Tour data analysis.

Through this process, participants represented Public Health as well as organizations that work with low-income, disproportionately impacted populations (including Hispanic/Latino/Mixteco, Native American, Asian, and African American), or medically underserved populations experiencing health disparities or at risk of not receiving adequate medical care as a result of being uninsured or underinsured or due to geographic, language, financial, pandemic-related, or other barriers (specifically, persons who are young adults, elderly, veterans, disabled, lesbian/gay/bisexual/transgender [LGBTQIA+], homeless, mentally ill, undocumented, uninsured/underinsured, or Medi-Cal/Medicare recipient populations). Organizations and populations represented include those listed in Table 2 below.

Table 2. Community Groups Represented by Leaders and Service Providers in the Listening Tour

Organization	Medically Underserved	Low-Income Residents	Disproportionately Impacted Populations
Key Informant Interviews			
Cottage Health	x	x	x
Maternal Child Adolescent Health (MCAH)	x	x	x
Mi Vida Mi Voz		x	x
Santa Barbara County Public Health Department	x	x	x
Santa Barbara County Department of Behavioral Wellness	x	x	x
Women, Infants and Children Program (WIC)	x	x	x
YouthWell Coalition			x
COVID-19 Impacts: Focus Groups and Interviews			
Alpha Resource Center		x	x
CenCal Health	x	x	x
CommUnify	X	x	x
Community Health Centers of the Central Coast	x	x	x
Cottage Health	x	x	x
Cuyama Valley Family Resource Center		x	x
Dorothy Jackson Family Resource Center in Lompoc		x	x
Family Service Agency		x	x
FoodBank of Santa Barbara County		x	x
Goleta Public Library		x	x
Housing Authority of the City of Santa Barbara		x	x
Isla Vista Youth Projects		x	x

Organization	Medically Underserved	Low-Income Residents	Disproportionately Impacted Populations
Latino Elders Outreach Network (LEON)		x	x
Legal Aid Foundation Of Santa Barbara County		x	x
Little House by the Park in Guadalupe		x	x
Lompoc Valley Medical Center	X	X	x
Marian Regional Medical Center	X	X	x
Pacific Pride Foundation	X	X	x
PATH	X	X	x
Rescue Mission	X	X	x
Rona Barrett Foundation		X	
Santa Barbara Alliance for Community Transformation (SB ACT)	X	X	X
Santa Barbara County Department of Behavioral Wellness	X	X	X
Santa Barbara County Department of Social Services		X	X
Santa Barbara County Public Health Department	X	X	X
Santa Barbara Neighborhood Clinic	X	X	X
Santa Barbara Public Library		X	X
Santa Maria Public Library	X	X	X
Santa Ynez Valley People Helping People		X	X
United Boys & Girls Club		X	X
United Way of Santa Barbara County	X	X	X
Maternal Health Equity: Focus Groups and Interviews			
CALM	X	X	X
Carpinteria Children's Project		X	X
Carpinteria Health Care Center	X	X	X
Dar a Luz: Legal Rights for Farmworkers in Pregnancy and Postpartum		X	X
Domestic Violence Solutions		X	X
Family Service Agency		X	X
First 5 Santa Barbara County		X	x
Franklin Health Care Center	X	x	x
La Leche League of Santa Barbara		x	
Lompoc Health Care Center	X	x	X
Lompoc Valley Medical Center	X	x	X
Mamatoto Santa Barbara		x	
Marian Regional Medical Center	X	x	x
Maternal Child Adolescent Health (MCAH)	x	X	x
Mixteco Indigena Organizing Project (MICOP)	x	X	x
MOPS Goleta		X	
Planned Parenthood California Central Coast	X	x	x

Organization	Medically Underserved	Low-Income Residents	Disproportionately Impacted Populations
Sansum Clinic	X	x	x
Sansum Diabetes Research Institute	X	x	x
Santa Barbara Birth Center		x	
Santa Barbara County Promotores Network	X	x	x
Santa Barbara County Public Health Department	X	x	x
Santa Barbara Health Care Center	X	x	x
Santa Maria Health Care Center	X	x	x
Then Comes Baby		x	
Transition House	X	x	X
Welcome Every Baby (WEB)	X	x	X
Women, Infants & Children Program (WIC)	X	x	x
Youth Behavioral Health: Focus Groups and Interviews			
American Indian Health & Services	X	x	x
CALM	X	x	x
CenCal Health	X	x	x
Cottage Health	X	x	x
Council on Alcoholism and Drug Abuse (CADA)	X	X	x
Crestwood Behavioral Health	X	X	X
Cuyama Joint Unified School District		X	X
Family Service Agency		x	X
Flux Coaching and Consulting		X	
Future Leaders of America		X	X
Hope School District		X	
Hospice of Santa Barbara	X	X	X
Lompoc Health Care Center	X	X	X
Mixteco Indigena Organizing Project (MICOP)	x	x	X
North County Rape Crisis & Child Protection Center	x	X	X
Pacific Pride Foundation	X	x	x
Saint Barbara Parish		X	X
Sanctuary Centers	X	x	x
Santa Barbara County Department of Behavioral Wellness	X	X	X
Santa Barbara County District Attorney		X	X
Santa Barbara County Special Education Local Plan Area (SBCSELPA)		x	x
Santa Ynez Tribal Health Clinic	X	x	X
Santa Ynez Valley People Helping People		x	x
YouthWell Coalition			x

(3) Community Members

It is beneficial to include the voices of members of the community who have lived experiences and/or know friends, family, or neighbors with experiences with youth behavioral health, maternal health equity, and COVID-19 needs. These participants provide lenses for understanding the complexities of needs and opportunities from a first-hand perspective. Their guidance and involvement are important to the success of a population health approach.

Through the same process as the focus groups and interviews for the community leader and service provider representatives, we identified organizations working with low-income, less educated, disproportionately impacted populations, and/or other medically underserved populations. We joined with trusted community organizations, who gathered representatives from their target communities. They recruited their participants, clients, and patients to participate in focus groups and interviews, which met community members onsite at service locations or virtually, based on the preference of the participants.

We hosted a total of ten community focus groups and interviews (two for COVID-19, two for maternal health equity, six for youth behavioral health). These included mid and North County parents, individuals experiencing homelessness, Mixteco community members, and youth. These sessions took place August 9, 2022 through September 30, 2022. Organizations and populations represented include those listed in Table 3 below.

Table 3. Community Groups Represented by or Recruiting Participants for Community Member Groups in the Listening Tour

Organization	Medically Underserved	Low-Income Residents	Disproportionately Impacted Populations
COVID-19 Impacts			
Santa Barbara Alliance for Community Transformation (SB ACT)*	X	X	X
Mixteco Indigena Organizing Project (MICOP)*	X	X	X
Maternal Health Equity			
Santa Barbara County Promotores Network - North County*	X	X	X
Santa Barbara County Promotores Network - South County*	X	X	X
Youth Behavioral Health			
Future Leaders of America		X	X
Lideres Campesinas	X	X	X
Mixteco Indigena Organizing Project (MICOP)*	X	X	X
Santa Barbara Alternatives to Violence Project*		X	X
Santa Barbara County Public Health Department	X	X	X
YouthWell Coalition			X

* denotes in-person focus groups

Process

Cottage Health partnered with qualitative researchers at University of California, Santa Barbara to design instruments, collect data, and conduct analysis for the Listening Tour.

The data collection team implemented a mixed-methods approach, conducting both semi-structured interviews and focus groups. In total, seven semi-structured interviews (two youth behavioral health, two maternal health equity, and three COVID-19 impacts) with key stakeholders were conducted with 10 interviewees (some interview sessions included multiple key stakeholders at once).

During semi-structured interviews with key stakeholders, in addition to answering questions about barriers around youth behavioral health, maternal health equity, or COVID-19 Impacts, they suggested how to shape the focus group guide questions in ways that were appropriate for the various participating groups. Key stakeholders were also instrumental in helping with recruitment for the Listening Tour, as they recommended additional partnering organizations that could extend invitations to their clients to become part of the Listening Tour.

In total, thirty focus groups were held with 241 participants. Stakeholders were organized into three groups: 1) Cottage Health team, 2) community leaders and service providers in nonprofits and government agencies, and 3) community members from diverse racial/ethnic, income, and educational backgrounds. Focus groups and interviews were conducted in the preferred languages of the participants (English and Spanish).

At the beginning and throughout each focus group, the data collection team distributed a brief demographic questionnaire. This instrument included questions concerning demographics (i.e., age, gender, race/ethnicity, education, income, language(s) spoken at home, and insurance status). The questionnaires were self-administered virtually and in paper format for in-person focus groups and took less than five minutes to complete.

All interviews and focus groups were audio and video-recorded and transcribed. For all interviews and focus groups, a member of the data collection team contemporaneously documented observations. All transcripts were analyzed through the qualitative coding software NVivo 12 using grounded theory to produce key themes.

Audio recordings were transcribed and uploaded to NVivo. The transcripts were analyzed using a set of a priori codes consisting of 12 core codes (Yin, 2019). The 12 codes were developed with insight from the 2019 CHNA findings. Through this process we allowed for emergent themes, which included an additional eight codes. Once frequencies for each codes were calculated, we used NVivo to create a Matrix Coding Query (Yin, 2019) in order to establish the top themes 1) across all three focus areas (youth behavioral health, maternal health equity, and COVID-19) and 2) within each focus area. This resulted in five themes across all three focus areas (access to health care and services, stigma, social media, language, and COVID-19 fatigue), three for COVID-19 impacts, three for maternal health equity, and three for youth behavioral health.

The summaries in Appendix A share findings and themes seen across the various groups.

Subpopulation Assessments

The Subpopulation Assessments are focused on selected communities within Santa Barbara County. These Subpopulation Assessments were set-up to be replicated in other areas of the county, allowing for expanded data collection that will be comparable to data collected at the County-level.

Objectives

Objectives of these subarea assessments included:

- A more in-depth understanding of a specific community
- Improved representation of vulnerable community members
- Higher response rates for focused geographies
- Focused questions to inform local decision-making

- Informing the future development of a model to collect these data in additional subareas and/or subpopulations in the county

Westside Needs Assessment

The Westside Needs Assessment (WNA) gathered data from a representative sample of the Westside of the City of Santa Barbara. The methodology uses stratified random sampling and procedurally is informed by the Centers for Disease Control and Prevention's Community Assessment for Public Health Emergency Response (CASPER) approach. This study utilized many of the tools in CASPER and differed from CASPER in that it did not use a cluster sampling technique.

For the purpose of this assessment, the Westside is composed of two census tracts—11.01 and 11.02 (census tract numbers FIPS 6083001101 and 6083001102). Based on the U.S. Census Bureau American Community Survey for 2013-2017², Census Tract 11.01 is considered a high need area with a median household income of approximately \$44,003 and a 6.7% rate of adults with at least a Bachelor's degree. In contrast, Census Tract 11.02 is relatively more prosperous with a median household income of approximately \$77,000 and a 46.9% rate of adults with at least a Bachelor's degree. For this reason, the data collection focused on census tract 11.01 with 70% of responses solicited from census tract 11.01 and 30% of responses from 11.02.

The data collection was conducted door-to-door with an option for respondents to complete the survey later online. Households were randomly selected for this study. Data collection occurred July 18, 2022 – August 23, 2022 using teams of three, which included two UCSB students and one member from the Santa Barbara County Promotores Network. The Promotores were responsible for the initial contact with the household, and the UCSB students administered the survey. At least one of the UCSB students was a fluent Spanish speaker, who was able to administer the survey in Spanish. All data were entered into an iPad through a Qualtrics app, that allowed for offline data collection in either English or Spanish, unless the survey was completed online. As part of outreach and awareness effort, postcards were sent to all households within the two target census tracts, along with flyers that were posted by local businesses. There were also two attempts or visits made for each randomly selected household, and informational door hangers were left on unanswered doors to increase awareness and response rates.

The survey was created using a combination of items derived from the CDC's Behavioral Risk Factor Surveillance System (BRFSS), previous CHNA's (2016 and 2019), UCSB's Westside Resource Center Team, and other sources. The survey questions were developed to help inform programs and initiatives to support the needs of those living on the Westside and the development of a Westside community resource center. The median time for the in-person survey was 19.83 minutes, while the median time for the online survey was 11.57 minutes. The median was reported instead of the mean because there were instances where the survey was left open after it was completed, and that skewed the distribution.

To conduct the random sampling, a household address list was created using the Federal Emergency Management Agency's (FEMA) 2018 Recovery Map Parcels GIS database. This database was combined with a census tract layer database to help identify the home addresses within the dual target census tract. Once the address list was created, each address was assigned a random number that ranged from 1-1000 using a random number generator in Excel. The random numbers were then sorted from smallest to largest, and a sample was extracted from the randomized address list. A total of 832 households were ultimately selected (526 in 11.01 and 306 in 11.02).

² U.S. Census Bureau (2017). *ACS DEMOGRAPHIC AND HOUSING ESTIMATES, 2017-2021 American Community Survey 5-year estimates*. Retrieved from <https://data.census.gov/cedsci/table?g=1400000US06083001101&tid=ACSDP5Y2017.DP05>

Further explanation of the survey analytic methods can be found at cottagehealth.org/CHNA, and results from the Westside Needs Assessment can be found in Appendix A.

Santa Maria Needs Assessment

Santa Barbara County Public Health Department (SBCPHD) collaborated with Cottage Health, Dignity Health, California Department of Public Health (CDPH), and community-based organizations to conduct a rapid needs assessment of Santa Maria on October 13-15, 2022. The CDC's Community Assessment for Public Health Emergency Response (CASPER) methodology was used for the assessment to quickly capture information about the health needs and assets of a community through a random sample of household surveys.

Santa Maria is the largest city in Santa Barbara County with 109,759 residents. Santa Maria has unique health needs and community assets compared to other areas of Santa Barbara County. In Santa Maria, approximately 76.7% (84,148) of Santa Maria residents are of Hispanic or Latino origin. About 60% of Santa Maria residents speak Spanish at home in comparison to 33.3% of all residents in Santa Barbara County. Additionally, only about 13.4% of the Santa Maria residents 25 years old and over hold a Bachelor's degree or higher compared to 35% of the general county population. The demographic characteristics of residents from Santa Maria and California were compiled from the U.S. Census Bureau's American Community Survey at <https://data.census.gov> and <https://censusreporter.org/>.

CASPER is a validated epidemiological method designed for rapid assessment of community needs, status, and preparedness at the household level. The method can provide actionable information for decision-making quickly and at a low cost. It can inform pre-event planning, prioritize activities, and focus distribution of resources in the response phase and help understand longer-term community impacts or needs in the recovery phase.

A survey instrument was developed for the Santa Maria Needs Assessment (SMNA). Feedback on survey topics and questions were gathered from internal and external partners including Dignity Health and the Santa Barbara County Health Equity Alliance. Meetings with managers from the Community Health Division of County Public Health were held to review topics and questions for the survey. Questions from the Westside Needs Assessment were considered for the Santa Maria CASPER. The guiding principle when selecting survey questions was ensuring data collected would be actionable in order to improve the health of Santa Maria residents. Once the survey questions were finalized and ordered logically, the survey was programmed into Qualtrics.

CASPER uses a two-stage cluster sampling methodology to select a representative sample of 210 households (seven households from 30 clusters) to be interviewed in a predetermined geographic area of interest. The 30 clusters (census blocks), were selected from the sampling frame with probability proportional to the number of housing units in the cluster (i.e., the higher the number of housing units in a cluster, the higher the probability that this cluster would be selected for a CASPER). Santa Maria city census blocks that shared space with unincorporated surrounding towns were not included in the sampling frame to ensure only Santa Maria residents were selected. 'Total housing units' for each census block was utilized, and cluster selection was performed in ArcMap, using the CASPER custom toolbox provided by the CDC. (https://www.cdc.gov/nceh/casper/docs/CASPER-toolkit-3_508.pdf#page=11).

Prior to the implementation of the SMNA, 30 data collectors were assembled from several organizations: Herencia Indigena, the Santa Barbara County Promotores Network, and the SBCPHD: WIC/Nutrition Services Program, Emergency Preparedness, and the COVID-19 Unit. On Thursday, October 13, 2022, all data collectors and the Environmental & Occupational Emergency Preparedness (EP) Team from the California Department of Public Health gathered at CASPER Headquarters, the Santa Barbara County Board of Supervisors Room in Santa Maria. The EP Team and the SBCPHD CASPER staff conducted a five-hour just-in-time training session on the overall purpose of the CASPER, household selection, questionnaire, interview

techniques, safety, and logistics. Following the training, data collection teams went into the field for the remainder of day one and continued data collection the following two days, from 10 a.m. to 6 p.m. on Friday, October 14, 2022 and Saturday, October 15, 2022.

Data collection teams were assigned to two clusters each with the goal of completing 7 surveys at each cluster (14 surveys total) across 2.5 days. Teams consisted of at least one member that spoke Spanish and one member that had access to a vehicle to access the different clusters. Team members wore orange vests and identification for safety, and checked into headquarters every hour via text message or phone call to the Safety Officer. Each team was equipped with a cell phone, an iPad to administer the survey via Qualtrics, and a backpack with consent letters, informational handouts, and participation incentives. When teams arrived at their assigned cluster, using supplied maps, seven households were surveyed, in accordance with the systematic random sampling instructions they received at the just-in-time training. Teams approached a selected house, knocked on the door, and then followed an introductory script when the door was answered. If the household agreed to participate, an informational letter was handed to the respondent and consent was asked for before continuing with the survey that was completed on the iPad electronically. Paper surveys were also available if respondents preferred the collector to use paper. The median time for survey completion was 26.9 minutes per Qualtrics analytics.

Headquarter staff consisted of the Incident Commander that was responsible for any issues that arose during the project, a Safety Officer that monitored team check in, an Epidemiologist that was the CASPER methodology expert and assisted teams with questionnaire issues or household replacements, a Public Information Officer, as needed, that addressed media inquiries, and logistical staff that aided with technology and supplied food to all staff. At the conclusion of each day, field staff returned to headquarters to review their data collection paperwork for accuracy with headquarters staff and return all survey gear before signing out.

Further explanation of the survey analytic methods can be found at cottagehealth.org/CHNA, and results from the Santa Maria Needs Assessment will be forthcoming on the SBCPHD website.

Secondary Data

To provide a broad, well-rounded representation of the health of the community, as well as comparisons to California and the United States, this report uses results from secondary data sources. These secondary data help describe factors such as the physical environment, social and economic characteristics, and access to health care.

The following provides a sampling of secondary data sources used by issuing agency/organization. Additional sources are cited in the References and Resources section.

- U.S. Census Bureau: American Community Survey, 2017–2021; County Business Patterns, 2020; Decennial Census, 2010 – 2020; Small Area Income & Poverty Estimates, 2015.
- CDC: BRFSS, 2021; National Vital Statistics System, accessed via CDC WONDER, 2018–2020.
- Cottage Health, Population Health (2016). Cottage Health Community Health Needs Assessment Report, 2016. Santa Barbara, CA.
- Cottage Health, Population Health (2019). Cottage Health Community Health Needs Assessment Report, 2019. Santa Barbara, CA.

We compared results from the Community Health Needs Assessment to California-level crude⁴ data from CDC’s 2021 BRFSS. Conducted by state health departments and CDC since 1984, BRFSS is a telephone health survey of adults, including both landline and cellular phone respondents. Results from the Santa Barbara County survey and California were also compared to the Healthy People 2030 targets, when available. The targets are national goals for each selected health indicator (HP 2030).

Community Feedback From Previous Assessments

Cottage Health conducted the last CHNA in 2019 and has received few written comments since then. We wanted to better understand both the impact of the report as well as solicit and take into account community feedback on the last CHNA in identifying and prioritizing significant health needs and resources available to address those health needs. To do this, we added two key questions to the prioritization survey that was sent to the broad range of community members that were invited to the Listening Tour. The following table summarizes these questions and answers.

Table 4. Community Feedback From 2019 Assessment

Questions	Responses
Have this report and implementation strategy been helpful to you in the past three years? ⁵	54% of respondents answered yes 46% of respondents answered no
What can Cottage Health do to make this information more useful to you and your organization in the future?	<p>The majority of responses shared that the reports and data should be promoted more widely and in other languages, so that agencies are aware of these resources. Several respondents requested that the process include more community agency collaboration, and others noted that the report and data resources are invaluable for the community.</p> <p>Example responses include:</p> <ul style="list-style-type: none"> • “Promote it via many channels and languages.” • “Publish it in several languages on different platforms, for example: on the radio, newspapers, and social media.” • “Provide good interpretation and more information in the various indigenous languages.” • “Do a wide campaign in both written and social media.” • “Perhaps convening a summit where all of the community stakeholders are present to learn more about the issues and resources available—and how we can better work more collaboratively.” • “Improved data accessibility (helping local organizations/consultants/interested individuals know what is available + where it can be found); invite more collaborators to the table.”

⁴ Crude estimates were used to match the population-based estimates for Santa Barbara County. Age-adjusted CA BRFSS estimates were not used because they do not produce accurate population estimates. The age adjustment uses an arbitrary age distribution (e.g., standard million) and is valuable for comparing varying populations (e.g., two areas) when the age distribution is different between the populations.

⁵ 39% of respondents skipped this question

Questions	Responses
	<ul style="list-style-type: none"> • “Showcase answers from Latino identifying community members separately to see if there are any differences from the entire data set.” • “Continue through Population Health to support the efforts of local nonprofits. It is invaluable.” • “I like the searchable sortable data interaction tools. the static report is fine, but harder to navigate when looking for specific data points”

Selection of Health Indicators

In 2019, Cottage Health and its partners selected eighteen health indicators that would serve as the focus for analysis. These eighteen health indicators were combined into the following twelve health indicator profiles.

1. Access to Care (insurance status, cost as barrier to care, and primary care provider)
2. Adverse Childhood Experiences (ACEs) and Resilience
3. Alcohol Use (binge drinking)
4. Depression, Anxiety, and Other Mental Health Disorders
5. Diabetes
6. Food Insecurity
7. Housing Insecurity
8. Mental Health (poor mental health days and serious mental illness)
9. Obesity
10. Overall Good Health
11. Physical Inactivity
12. Smoking (cigarettes and vaping)

These indicators were selected based on assessing emergent local health trends in the 2016 and 2019 Cottage Health CHNAs, as well as a review of California BRFSS data and other leading health indicators from national assessments, including the Leading Health Indicators (LHI) and Core Objectives from Healthy People 2030.

Using Leading Health Indicators and Core Objectives is important because these indicators have been identified through collaborations of national experts and have known public health interventions that have been shown to be successful in the population.

Based on 2019 Cottage Health CHNA results and conversations with community partners, the 2022 CHNA sought deeper insight to emerging needs and their impacts on vulnerable populations. The following indicators were added to the 2022 CHNA:

1. Youth Behavioral Health (mental health and substance use)
2. Maternal Health Equity
3. COVID-19 Impacts
4. Access to Dental Care

2022 CHNA Santa Barbara County Random Survey complete results, including for these select indicators, can be found in Appendix A.

Prioritization of Health Needs

These twenty-two health indicators were prioritized in a way that allows for rigor, includes input from the community and within the health system, and can easily be communicated. A prioritization survey requested input from community leaders on twenty-one of these indicators (excludes the Overall Good Health indicator due to the broadness of this indicator) using a scoresheet, resulting in the identification of six priority areas.

1. Prioritization Survey

Community representatives who attended or were invited to attend the Listening Tour focus groups and interviews were engaged again through an anonymous online Prioritization Survey, which can be found in Appendix D. Respondents prioritized the twenty-one significant health indicators based on the following criteria:

- Need and urgency
- Collaboration efforts among community organizations
- Health disparities (i.e., racial/ethnic, low-income, or low education)
- Community resources available

The Prioritization Survey also asked respondents to identify potentially available resources to address these health indicators and provide written comments on Cottage Health's 2019 CHNA Report and Implementation Strategy. Responses were taken into account throughout the process of identifying and prioritizing significant health needs and in identifying resources.

2. Prioritization Scoresheet

Prioritization was conducted using a scoresheet (see Table 5). To assess need, each of the twenty-two indicators was rated against the following:

- Two key benchmarks (Healthy People 2030 and California rates)
- The extent to which certain populations (i.e., race/ethnicity, income, education) are disproportionately affected by the indicators
- The extent to which the indicator was mentioned as a need by stakeholders (results from the Prioritization Survey)

For the Healthy People 2030 and California benchmarks, a score of -1, 0, or +1 was assigned based on the indicator's performance against these two benchmarks (-1 = performed worse by two or more percentage points, 0 = performed the same within 2 percentage points either direction, +1 = performed better by two or more percentage points). A higher score thus indicated better performance.

Prioritization based on health disparities was assessed using three demographics: race/ethnicity, education, and income. If differences of at least two percentage points existed in at least two of the three populations when compared to Santa Barbara County adults at large, a score of -1 was assigned. If disparities existed in only one population, a score of 0 was assigned. And if no disparities existed, a score of +1 was assigned. Lastly, disparities were only counted if the most vulnerable group in each demographic was affected (i.e., Hispanic/Latino, those with less than a high school degree, and those with less than \$35,000 income).

Additionally, the twenty-one indicators were cross walked with Prioritization Survey data to assess alignment. The list of indicators was broken into thirds based on the percentage of respondents identifying them as a significant need. The five indicators with the highest proportion of survey

respondents selecting it as a “significant need” in Santa Barbara County were assigned a score of -1. The next four were assigned a score of 0, and the last three were assigned a score of +1.

The score on each criterion was totaled, with a possible maximum score of +4 and a minimum score of -4. A score of -4 meant the indicator performed poorly, demonstrating a priority need, whereas a score of +4 meant the indicator performed well. Cottage Center for Population Health staff conducted this assessment using the CHNA results and secondary data sources.

Table 5. Prioritization Scoresheet

Health Indicator	HP 2030 (-1, 0, +1)	2021 California (-1, 0, +1)	Disparities (-1, 0, +1)	2022 Prioritization Survey (-1, 0, +1)	Total
Adverse Childhood Experiences (ACEs) Score >=4	NA**	NA**	-1	0	-1.0
Alcohol Use (binge drinking)	1.0	-1.0	0	1	1.0
Anxiety and other mental health disorders	NA**	NA**	0	-1	-1.0
Cost as a barrier to care	NA**	-1.0	-1	-1	-3.0
COVID-19 Impacts	NA**	NA**	NA**	1	1.0
Depression	-1.0	-1.0	0	-1	-3.0
Diabetes	-1.0	0.0	-1	0	-2.0
Food insecurity	-1.0	NA**	-1	0	-2.0
Housing insecurity	NA**	NA**	-1	-1	-2.0
Insurance status (insured)	0.0	1.0	-1	0	0.0
Low resilience	NA**	NA**	-1	1	0.0
Maternal Health	NA**	NA**	NA**	0	0.0
Mental health days (Poor days >=14)	NA**	-1.0	-1	-1	-3.0
Obesity	1.0	0.0	-1	1	1.0
Oral health (dentist in past year)	-1.0	1.0	-1	0	-1.0
Overall good health	1.0	0.0	-1	NA*	0.0
Physical inactivity	1.0	1.0	-1	1	2.0
Primary Care Provider (have usual PCP)	-1.0	1.0	-1	-1	-2.0
Serious mental illness	NA**	NA**	-1	0	-1.0
Smoking (cigarettes)	0.0	1.0	-1	1	1.0
Smoking (vaping)	NA**	0.0	-1	1	0.0
Youth Behavioral Health (mental health and substance use)	NA**	NA**	NA**	-1	-1.0

*This indicator is too broad and was not included on the prioritization survey.

**Target or comparison data not available.

3. Selection of Priorities

From the twenty-two health indicators, the following process was used to determine priority areas. First, need was assessed by comparing indicators to California levels and HP 2030 targets. With the exception of general health status (overall good health), indicators that were exceeding HP 2030 targets by 2 or more percentage points were not prioritized. An exception was made for general health status, as this indicator is a reflection of overall population well-being. This provided eighteen indicators that needed equal attention.

Second, these eighteen indicators were examined for severity vis-à-vis health disparities. Of these indicators, all those for where data existed displayed health disparities between individuals in different segments of three categories: race/ethnicity, income, and educational status.

Finally, these indicators were cross-checked against results of the Prioritization Survey and Listening Tour, and they were mentioned as priorities by Listening Tour participants.

Seventeen indicators were grouped into the following six priority areas (alpha order):

- Access to Care (access to dental care, cost, health insurance, primary care provider)
- Behavioral Health (anxiety and other mental health disorders, depression, mental health, serious mental illness, vaping, youth behavioral health)
- Chronic Conditions (diabetes, general health status)
- Maternal Health
- Resiliency (ACEs, resilience)
- Social Needs (food insecurity, housing insecurity)

The COVID-19 impacts indicator was not grouped in any single category, as this indicator was seen as impacting all six priority areas and identified as a factor to prioritize within each area. Four indicators NOT prioritized were: (1) binge drinking, (2) smoking cigarettes, (3) physical inactivity, and (4) obesity.

These priorities and related analyses were shared with Cottage Health leaders on December 2, 2022. The selection of interventions to address strategic priority areas in 2022 and beyond is set forth in the implementation strategy.

Data Limitations and Information Gaps

Cottage Health's 2022 Community Health Needs Assessment examines the community's scope of population health concerns and takes a closer look at behavioral health, access to care, and sociodemographic factors that influence the health of county residents. As with all data collection and analysis, certain limitations and information gaps exist.

The assessment could not measure all possible aspects of health in the community, nor could it adequately represent all possible populations of interest. For example, certain population groups — such as the homeless, institutionalized persons, rural residents, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — may not be identifiable or may not be represented in numbers sufficient for independent analyses.

Specific Limitations: 2022 Santa Barbara County Random Survey

1. **Point-in-time survey.** The 2022 Community Health Needs Assessment was conducted as a point-in-time survey. If health behaviors vary across months or seasons, that granularity would not be captured in these data. There may also be differences in estimates when comparing this Community Health Needs Assessment data to the Santa Barbara-specific data collected through the CA BRFSS, which is collected continuously over all 12 months.

2. **Sampling error.** A total of 1,648 telephone interviews and self-administered web-surveys were conducted, from a total adult population of 291,989 Santa Barbara County residents. Since the estimates are based on a sample selected from the population, the sample estimate may not be equal to the population value. However, from statistical theory, we know that there is a high probability that the sample estimate is close to the population value (within the margin of error). The margin of error for the 2022 CHNA is roughly +/-2.4%.
3. **Self-report.** All BRFSS data are self-reported. Interviewer administered telephone surveys may also be subject to social desirability bias.
4. **Nonresponse.** The unadjusted response rate for the CHNA was 3.2%. If the non-respondents differ from the respondents in terms of the key health outcomes, the estimates could be biased. Weighting adjustments reduce the risk of nonresponse bias by ensuring the sample aligns with the population among key demographic variables, such as age, gender, race/ethnicity, and educational attainment.
5. **Matching survey data to secondary data.** The core survey data collected were specific to Santa Barbara County, CA residents, while many of the secondary data sources relied on broader geographies at the state and national level. Also, for many health indicator comparisons, contemporaneous data were not available.

Specific Limitations: Listening Tour

1. **Group dynamic.** Focus groups are a useful data collection method to get to know the perspectives and experiences of groups of peers. Because some of the focus groups were heterogeneous, the group dynamic could have been influenced (e.g., organizational leaders with service providers).
2. **Duplicated participants.** Some Listening Tour participants were part of multiple Listening Tour engagements, thus over-representing their voices in the data.
3. **County-wide representation.** While many representatives brought a county-wide perspective, it's possible that South County was overrepresented, which may also be due to the larger amount of programming and resources available in this region.
4. **Demographics.** Given the way the demographic questionnaire was asked, we were limited in our analyses. We did not ask for participants' occupation and therefore could not differentiate between different professions. Additionally, we asked for a home zip code, not a workplace zip code which limited our analysis given that many service providers did not necessarily live in the same zip code in which they worked.

Specific Limitations: Westside Needs Assessment

1. **Point-in-time survey.** The WNA was a point-in-time survey of a specific community, and given that this is the first Subpopulation Assessment conducted in the Westside area, it was not feasible to track or capture changes across a longer period of time.
2. **Sampling error.** A total of 832 households were approached to complete the survey from a total population of 1,603 homes across the two census tracts. The sample estimate may not be equal to the population value. However, from statistical theory, we know that there is a high probability that the sample estimate is close to the population value (within the margin of error). The margin of error for the WNA is roughly +/-7.2%.
3. **Self-report.** All WNA survey data are self-reported. Door-to-door administered surveys may also be subject to greater social desirability bias.
4. **Nonresponse.** There are different response rates for the WNA. If the residents were home and answered the door, then our response rate was 45.23%; if the house was accessible, but no one was home, then our response rate was 23.82%; if we calculate response rate based on the total sample

(without regard to accessibility if people were home), then our response rate was 20%. Low response rates increase the risk of nonresponse bias. If the non-respondents differ from the respondents in terms of the key health outcomes, the estimates could be biased. Weighting adjustments reduce the risk of nonresponse bias by ensuring the sample aligns with the population among key demographic variables, such as age, gender, race/ethnicity, and educational attainment.

5. **Online option:** As data collection began, there were many requests from households to add an online option to the survey. This online option was added later. While this may have increased the response rate, it may also have slightly decreased the representativeness of the sample.
6. **Follow-up visits:** The original protocol that was used to guide data collection required three visits to each randomly selected address before it was categorized as a non-response. During the actual data collection process, the third visit consistently yielded no responses, and it was decided to drop the number of visits from three to two. This change in protocol may have increased the potential bias in the sample.

Specific Limitations: Santa Maria Needs Assessment

1. **Point-in-time survey.** The SMNA was a point-in-time survey of a specific community, and given that this is the first Subpopulation Assessment conducted in the Santa Maria area, it was not feasible to track or capture changes across a longer period of time.
2. **Sampling error.** A total of 365 households were approached to complete the survey from a total population of 29,976 households across Santa Maria. The sample estimate may not be equal to the population value. However, from statistical theory, we know that there is a high probability that the sample estimate is close to the population value (within the margin of error). The margin of error for the SMNA is roughly +/-5.0%.
3. **Household data collection.** Data are collected for the entire household based on the individual answering the door. In some instances, the person taking the survey may not know responses for the entire household. In addition, CASPER data are weighted to provide population estimates and reported with 95% confidence intervals. Since households are used as the sampling frame for the survey, people who are not currently housed may be underrepresented in the results.
4. **Self-report.** The survey responses are self-reported at the household level and subject to recall bias and response or social desirability bias.
5. **Nonresponse.** There are different response rates for the SMNA. If the residents were home and answered the door, then our response rate was 67.6%; if the house was accessible, but no one was home, then our response rate was 66.7%; if we calculate response rate based on the total sample (without regard to accessibility if people were home), then our response rate was 52.6%. Low response rates increase the risk of nonresponse bias. If the non-respondents differ from the respondents in terms of the key health outcomes, the estimates could be biased. Weighting adjustments reduce the risk of nonresponse bias by ensuring the sample aligns with the population among key demographic variables, such as age, gender, race/ethnicity, and educational attainment.

Conducting and Writing the CHNA

The 2022 Community Health Needs Assessment for Santa Barbara County strategically engaged consultant and partners to gain a comprehensive understanding of residents' health and well-being needs.

Cottage Center for Population Health

Cottage Center for Population Health (CCPH) led the development of the framework for the 2022 CHNA and funded and managed the project. CCPH coordinated community partners and multiple consultants,

conducted the prioritization process to enable the selection of priorities, and managed the development of this comprehensive report. Population Health will also lead development of the implementation strategy moving forward.

Population Survey Facility at the University of Pittsburgh

The Population Survey Facility at the University of Pittsburgh, an academic research unit specializing in community health and survey research conducted the Santa Barbara County Random Survey for the 2022 CHNA.

The Population Survey Facility's primary responsibilities for the 2022 Santa Barbara County Random Survey were to assist in the development of the CHNA survey; develop the sampling plan for data collection; program the survey for computer-assisted telephone interviewing (CATI) and web-based implementation; collect the data using CDC's BRFSS protocols and CHIS methodology; process, weight, and analyze the survey data; and contribute to the development of the CHNA report.

Santa Barbara County Public Health Department

The Santa Barbara County Public Health Department (SBCPHD) team collaborated with the Population Health team at Cottage Health to plan and execute CHNA activities. Involvement included participation in the planning and implementation meetings, recruitment of Listening Tour participants, engagement of community partners working with SBCPHD's Office of Health Equity, and leading the Santa Maria Needs Assessment.

SBCPHD's Epidemiology Unit and SBCPHD leadership's development of the SMNA included hosting technical and logistical meetings with California Department of Public Health, developing the questionnaire, selecting the sampling frame and clusters, map creation, and overseeing execution of the SMNA.

UCSB's Center for Evaluation & Assessment

UCSB's Center for Evaluation & Assessment (CEA) designed and implemented the Westside Needs Assessment and data collection and analysis for the Listening Tour.

For the Westside Needs Assessment, additional collaborators were part of the process to help finalize the survey items, methodological design, and data collection procedures. These partners included Santa Barbara County Promotores Network and UCSB's Westside Resource Center team.

IRS Form 990, Schedule H Compliance

For nonprofit hospitals, a Community Health Needs Assessment also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report relate to those requested as part of hospitals' reporting on IRS Form 990 Schedule H, the following list cross-references related sections.

Part V Section B Line 1a See Page 30
A definition of the community served by the hospital facility

Part V Section B Line 1b See Page 31
Demographics of the community

Part V Section B Line 1c See Page 34
Existing health care facilities and resources within the community that are available to respond to the health needs of the community

Part V Section B Line 1d See Page 10
How data were obtained

Part V Section B Line 1e See Page 25
The health needs of the community

Part V Section B Line 1f Addressed Throughout
Primary and chronic disease needs and other health issues of medically underserved, low-income, and minority populations

Part V Section B Line 1g See Page 23
The process for identifying and prioritizing community health needs and services to meet the community health needs

Part V Section B Line 1h See Page 11
The process for consulting with persons representing the community's interests

Part V Section B Line 1i See Page 25
Information gaps that limit the hospital facility's ability to assess the community's health needs

COMMUNITY SERVED

Community Defined for This Assessment

The 2022 CHNA defines the community for this assessment as all of Santa Barbara County. The map below (Figure 1) shows the community served for the purpose of this report and the Santa Barbara County borders. The map depicts three sub-regions of the county for which data estimates are available, namely North, Mid, and South County regions. Table 6 depicts which ZIP codes are in each sub-region.

Goleta Valley Cottage Hospital, Santa Barbara Cottage Hospital, and Santa Ynez Valley Cottage Hospital define the community served by the geographic area served by the hospital facilities. This includes the diverse groups of individuals residing within the service areas of the hospitals. Grouped by residential ZIP codes, these service areas are the same for all three hospital facilities. This community definition was determined based on the ZIP Codes of residence for recent patients of Cottage Health. Considering patients in the broader context of the communities in which they live, work, and play as well as partnership with the SBCPHD, the 2022 CHNA extends across the entire county.

Figure 1. Santa Barbara County: ZIP Codes, Regions, and Cottage Health Hospitals

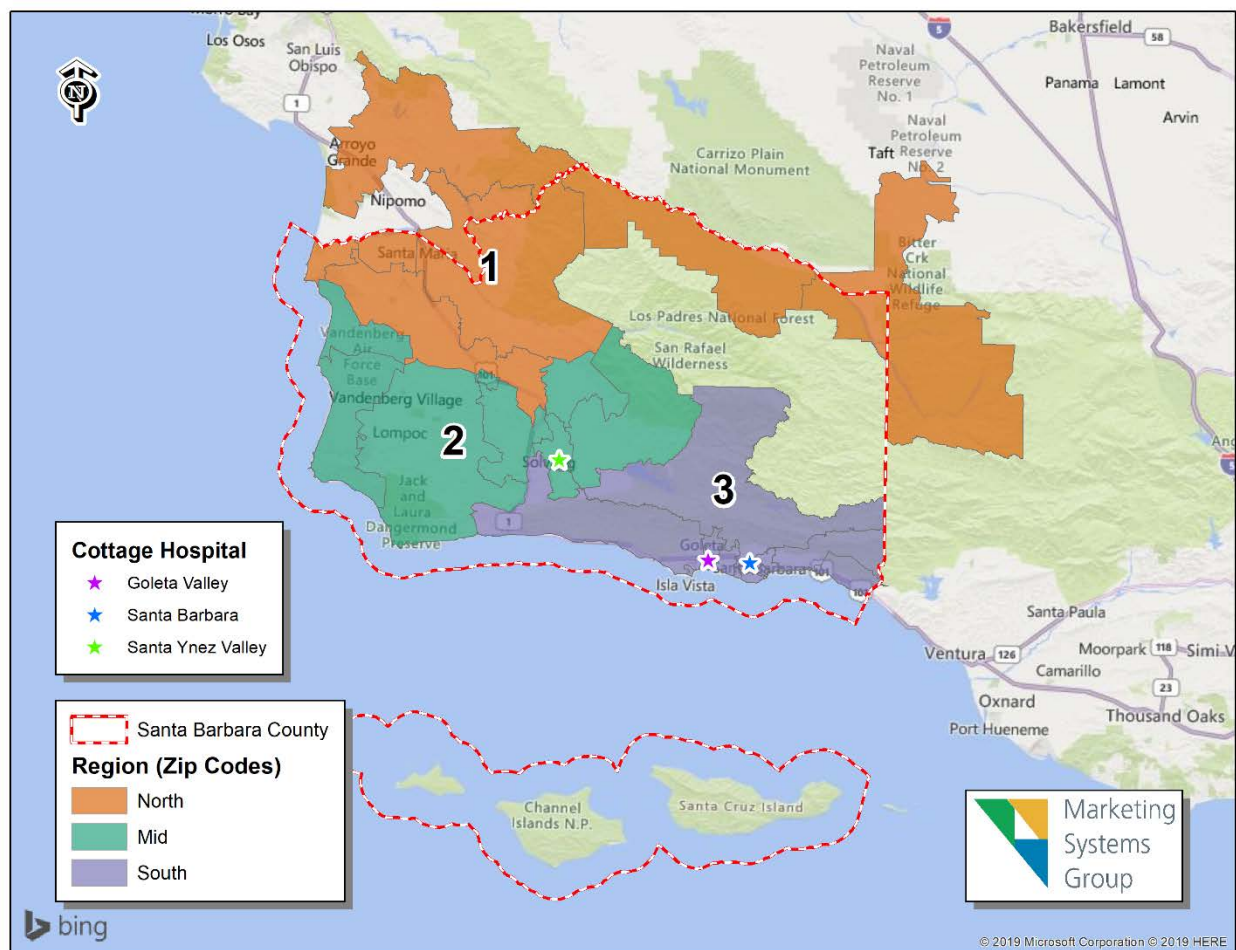


Table 6. Santa Barbara County ZIP Codes by Sub-region

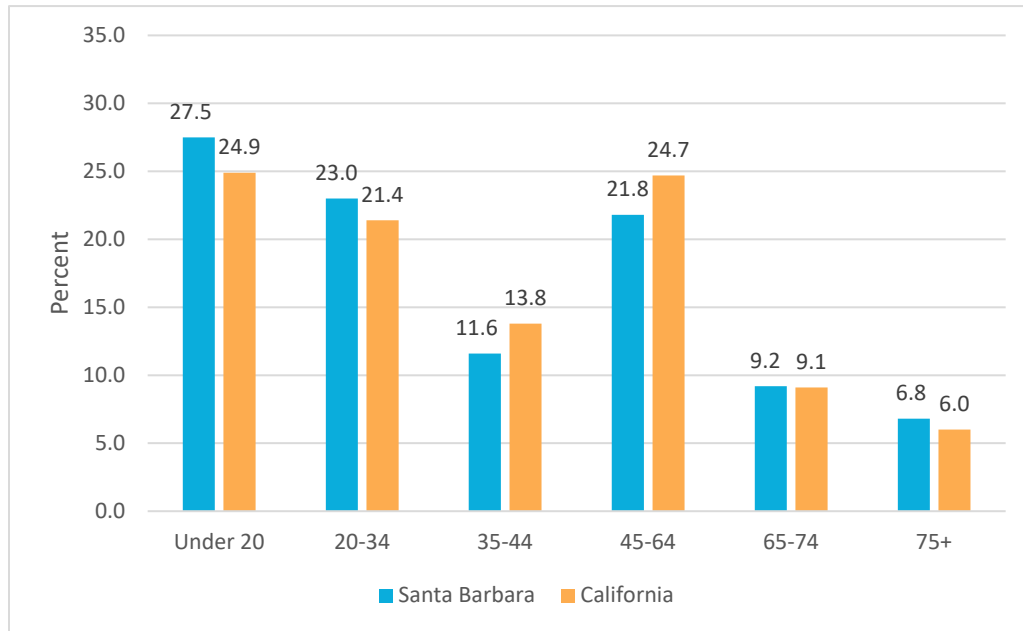
North County
93454, 93252, 93254, 93455, 93458, 93434, 93420
Mid County
93463, 93427, 93436, 93437, 93438, 93441, 93460, 93464, 93440, 93429
South County
93013, 93014, 93117, 93116, 93118, 93110, 93111, 93108, 93150, 93101, 93102, 93103, 93105, 93106, 93107, 93109

Social Determinants of Health and Demographics in Santa Barbara County

Socioeconomic status has a profound effect on health. The World Health Organization notes, "In countries at all levels of income, health and illness follow a social gradient: the lower the socioeconomic position, the worse the health"¹⁴. This report presents an update to the 2016 and 2019 Community Health Needs Assessments (2019 CHNA available at: <https://www.cottagehealth.org/population-health/community-health-needs-assessment/>) and describes general social and demographic characteristics of Santa Barbara County residents to highlight opportunities for improvement, especially in the health of people in the "lower socioeconomic position." The demographic characteristics of residents from Santa Barbara County and California were compiled from the U.S. Census Bureau's American Community Survey.^{20,21}

The County of Santa Barbara, California, currently has a population of approximately 446,475 (291,989 adults aged 18 years of age or older) with about the same percentage of men (50.2%) and women (49.8%), which is similar to the percentage of men (50.0%) and women (50.0%) in California as a whole. The population of Santa Barbara County is younger than the population of California overall, with a median age of 34.6 compared to 37.6. By age group, the largest population difference in groups between Santa Barbara County and California is among adults aged 45–64 years old (Figure 2).

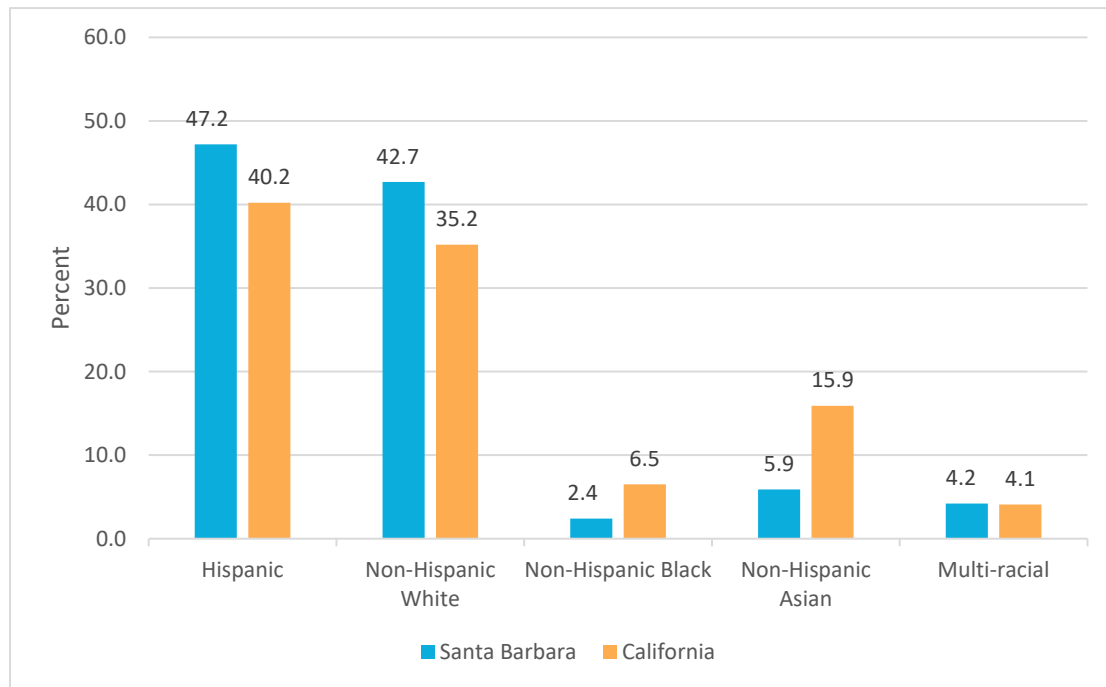
Figure 2. Percentage of Santa Barbara County and California Residents, by Age



Race and Ethnicity

By race and ethnicity, the largest percentage of residents is Hispanic individuals (47.2%), followed closely by non-Hispanic white individuals (42.7%). The Hispanic population continues to grow since 2016 when non-Hispanic white residents represented the largest racial ethnic group in Santa Barbara County. All other race and ethnic groups combined account for less than 10% of the population, and each individual group accounts for less than 6% (Figure 3). In comparison to California overall, the County of Santa Barbara has larger percentages of Hispanic residents (47.2% vs. 40.2%) and non-Hispanic white (42.7 vs. 35.2%).

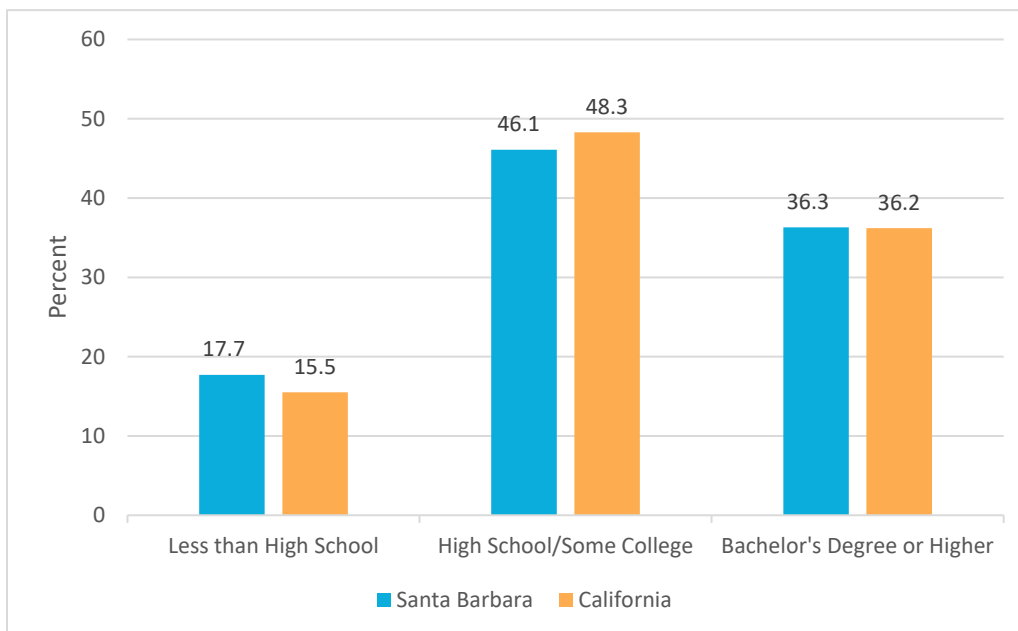
Figure 3. Percentage of Santa Barbara County and California Residents, by Race and Ethnicity



Educational Attainment

The education attainment level of Santa Barbara County residents aged 25 years or older is very similar to California residents aged 25 years or older (Figure 4). In both Santa Barbara County and California, about 36% of the population has a bachelor's degree or higher. However, about 18% did not finish high school in Santa Barbara County compared to 16% in California.

Figure 4. Percentages of Santa Barbara County and California Residents Age 24 and Greater, by Educational Attainment

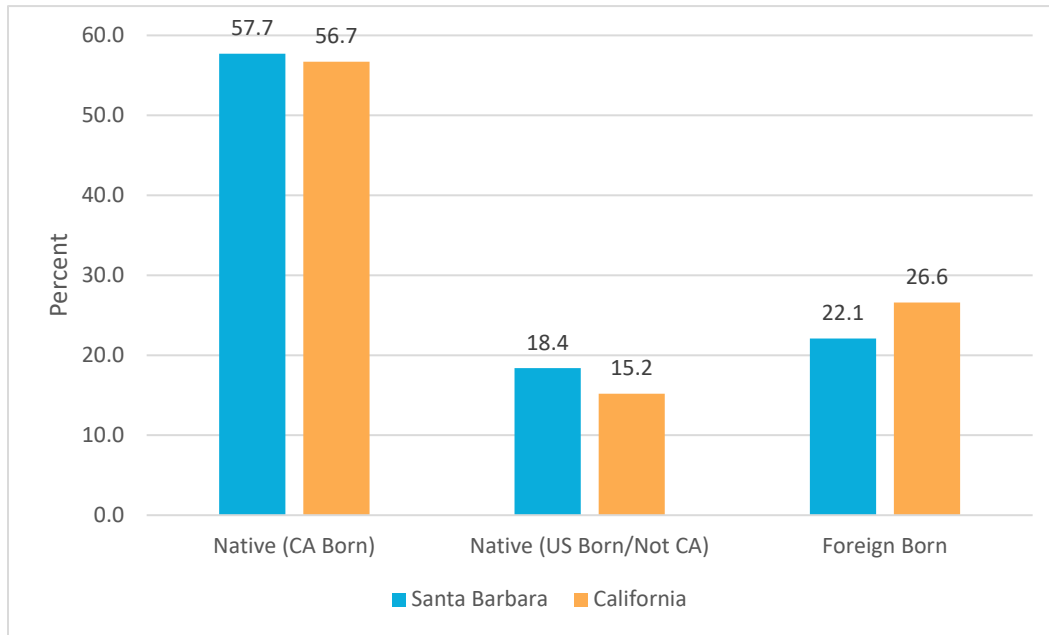


Place of Birth and Native Languages

Similar to California overall (73.4%), approximately three-quarters of Santa Barbara County residents are U.S.-born (77.9%); close to 58% were born in California (Figure 5). Among foreign-born residents, Santa Barbara County has a higher proportion of residents from Latin American (70.1%) compared to California (49.6%). California overall has a higher proportion of residents born in Asia compared to Santa Barbara County (40.2% vs. 17.6%, respectively). There were an estimated 41,500 undocumented immigrants in Santa Barbara County in 2013 (Public Policy Institute of California, 2017).

In Santa Barbara County, 61.6% of households only speak English at home compared to 56.1% of all households in California. However, 38.4% of Santa Barbara households do not speak only English at home, compared with 21.6% of people nationwide. The 41% of Santa Barbara residents who do not speak English at home might have difficulty understanding health information and accessing care, especially if they do not have a high level of health literacy in their native language and/or if they have low education levels.

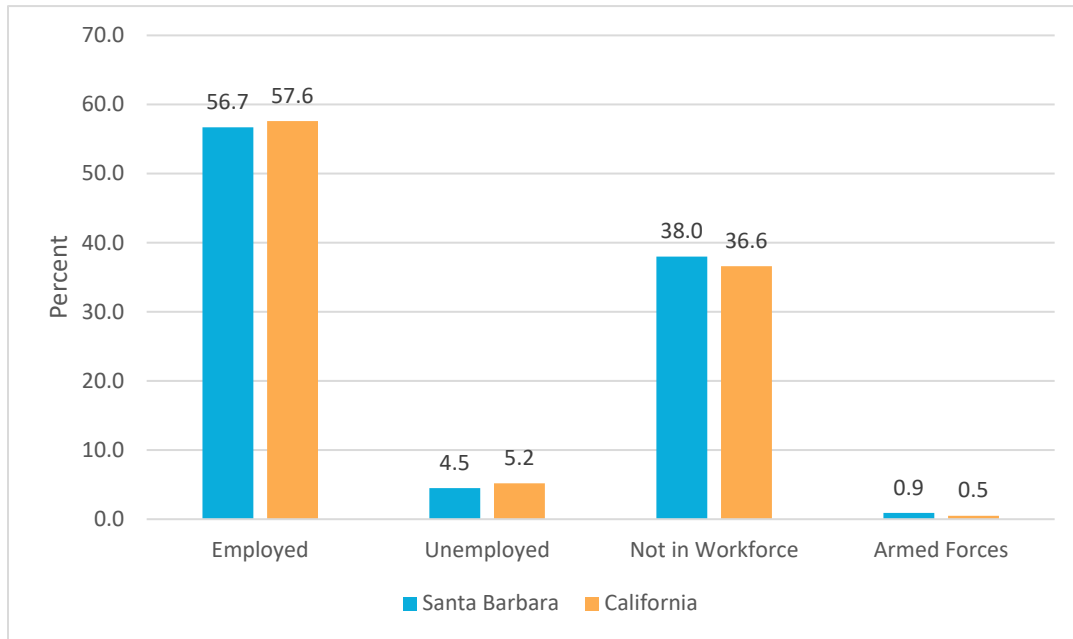
Figure 5. Percentages of Santa Barbara County and California Residents, by Place of Birth



Economic Characteristics

Census data show that Santa Barbara has a lower unemployment rate (4.5%) compared to California (5.2%) (Figure 6), a similar median household income (\$84,907 vs. \$84,846, respectively), and the same percentage of families living below the Federal Poverty Level at 9.0% for both. Likewise, a similar percentage of households in Santa Barbara (12.2%) receive Supplemental Nutrition Assistance Program (SNAP) benefits as do households in the State of California as a whole (12.0%).

Figure 6. Employment Status among Santa Barbara County and California Residents



On many characteristics, Santa Barbara County residents are similar to California residents as a whole. However, there are still groups of people who are more likely to struggle economically and who, by extension, have poorer health. Such groups include people who are unemployed, who have less than a high school degree, and whose native language is not English.

Santa Barbara County Random Survey Respondent Demographics

The following charts (Figures 7 – 11) display the demographic profile of the 1,648 adults responding to the 2022 CHNA Santa Barbara County Random Survey. Overall, the sample is more representative of females, older residents, non-Hispanic whites, and the college educated. Percentages below are presented unweighted.

Figure 7. Unweighted Percentage of Santa Barbara County CHNA Survey Respondents, by Sex

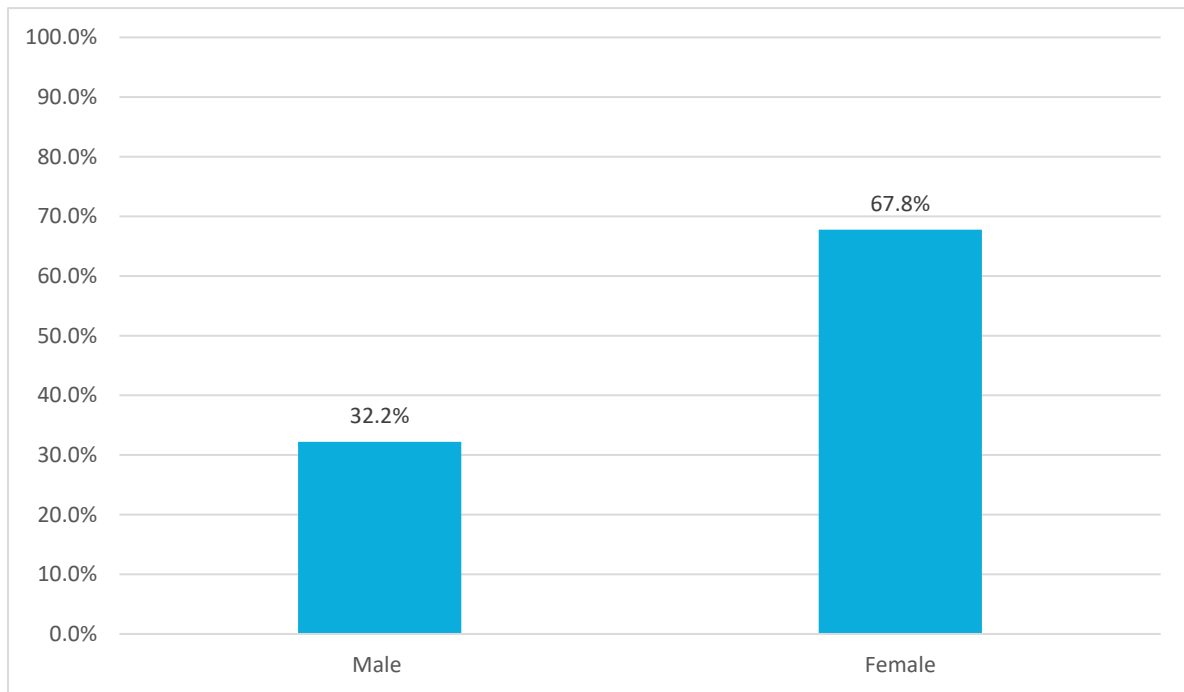


Figure 8. Unweighted Percentage of Santa Barbara County CHNA Survey Respondents, by Age

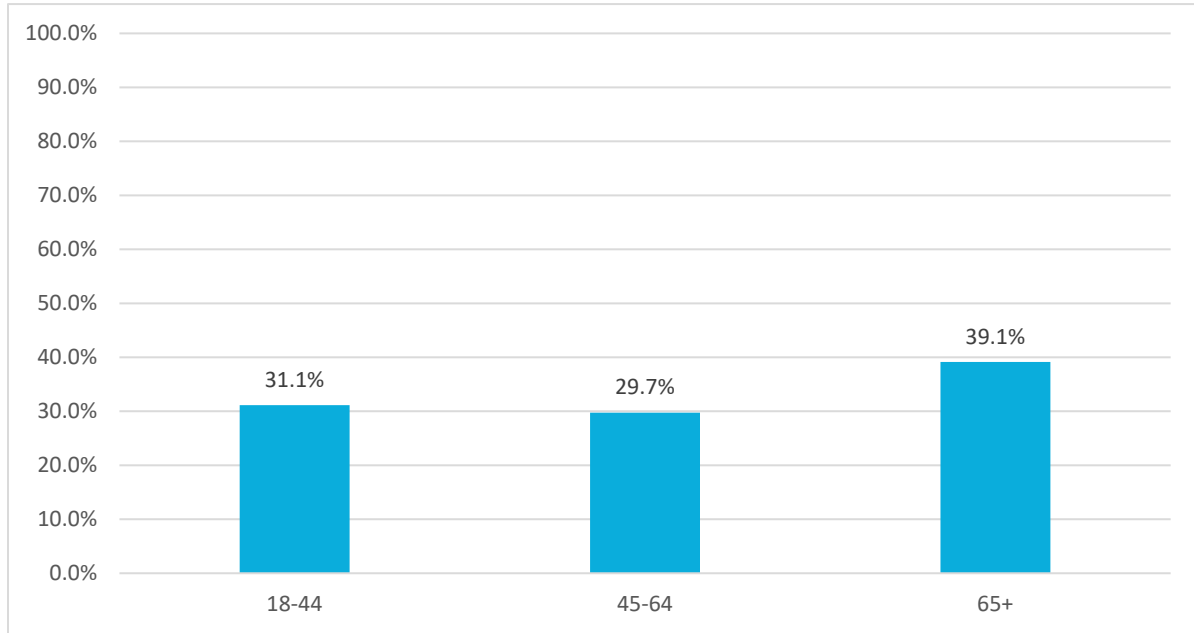


Figure 9. Unweighted Percentage of Santa Barbara County CHNA Survey Respondents, by Race and Ethnicity

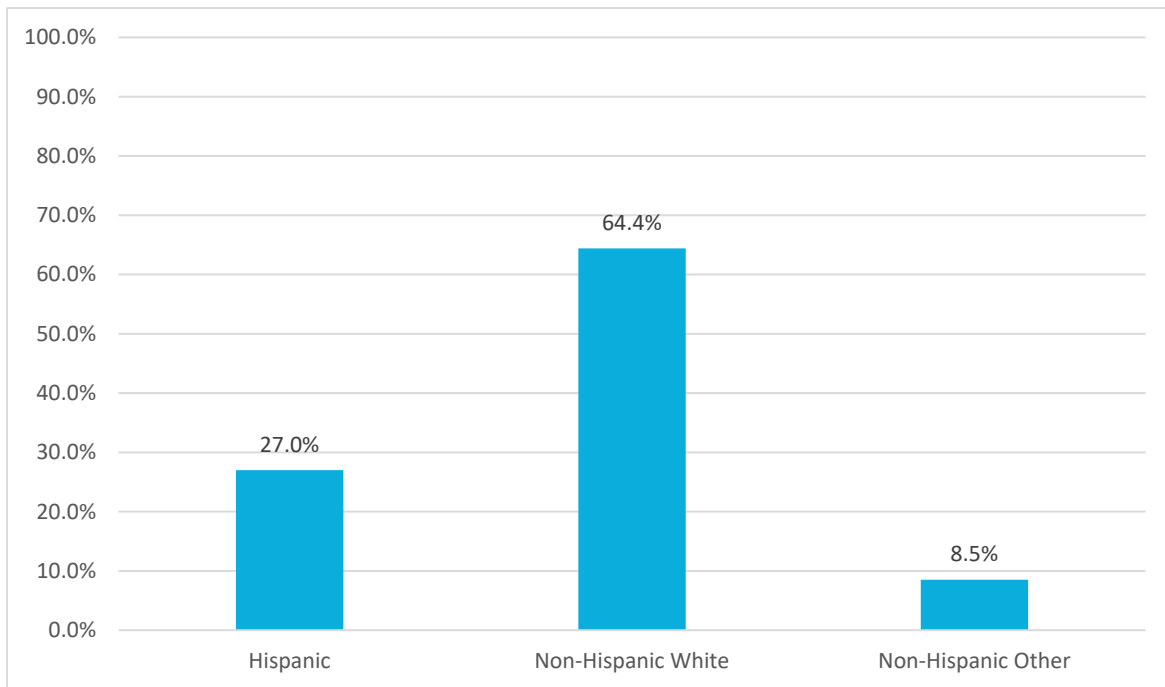


Figure 10. Unweighted Percentage of Santa Barbara County CHNA Survey Respondents, by Education

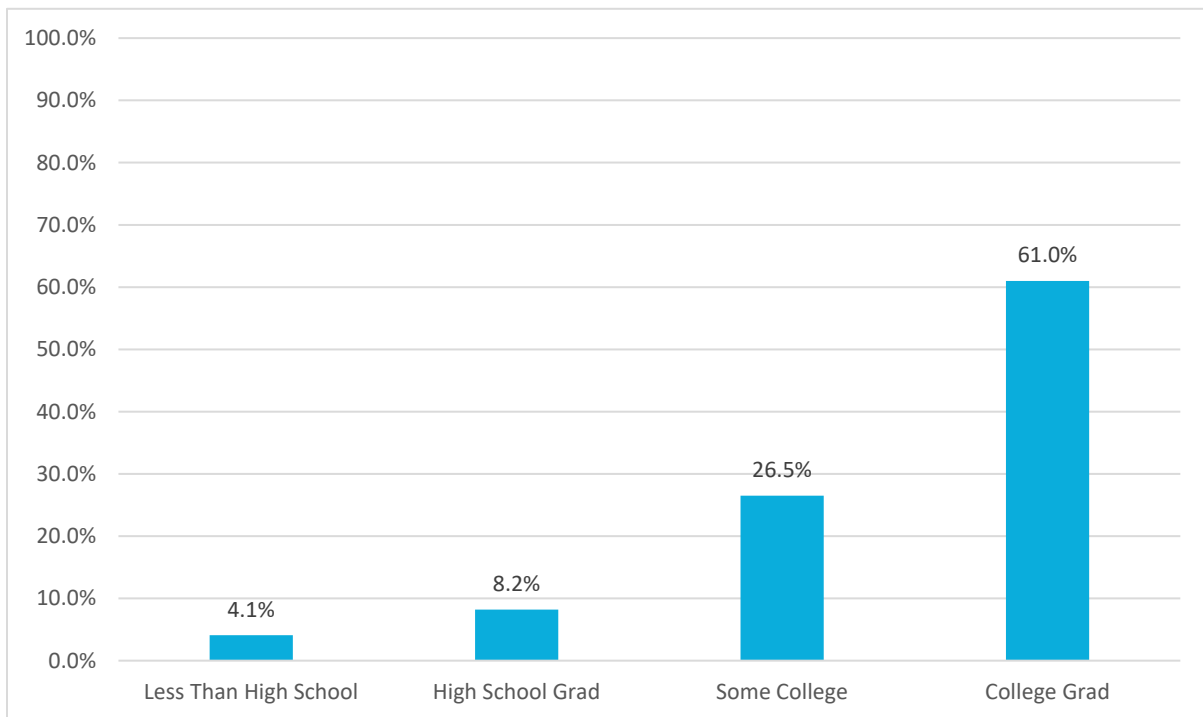
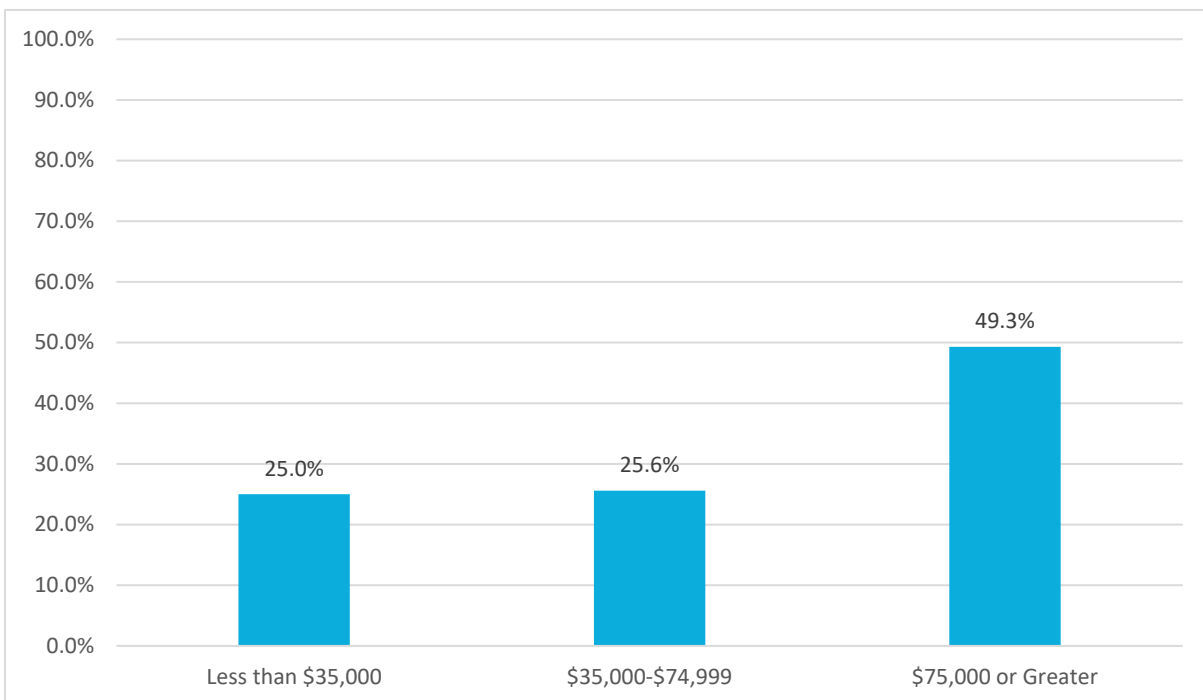


Figure 11. Unweighted Percentage of Santa Barbara County BRFSS Survey Respondents, by Income



Listening Tour Participant Demographics

Two hundred and two Listening Tour participants completed a brief demographic questionnaire at the end of each focus group. Participants ranged in age from 14 to 75, with a mean age of 42.

Of the participants who filled out the demographic questionnaire, gender was reported as follows:

- 81.7% female
- 17.8% male
- 0.5% gender non-conforming or non-binary

Of the 190 respondents who reported their race and/or ethnicity in the demographic questionnaire, 48.2% of participants reported their ethnicity as Hispanic or Latino.

In regard to languages spoken at home, 194 respondents spoke the following languages:

- 50.8% English
- 22.6% Spanish and English
- 14.7% Spanish
- 1.7% Mixteco
- 7.3% Spanish and Mixteco
- 1.1% English, Spanish, and Mixteco
- 1.7% Other

Children aged 17 years or younger were present in 40% of the participants' households, with 24% having more than one child.

Of the 195 respondents who reported their highest levels of education in the demographic questionnaire, participants were reported as follows:

- 65.1% 4+ years of college
- 13.2% completed 1-3 years of college
- 11.9% high school graduate or have a GED
- 9.9% less than high school

As for household income, 189 participants reported an annual household income:

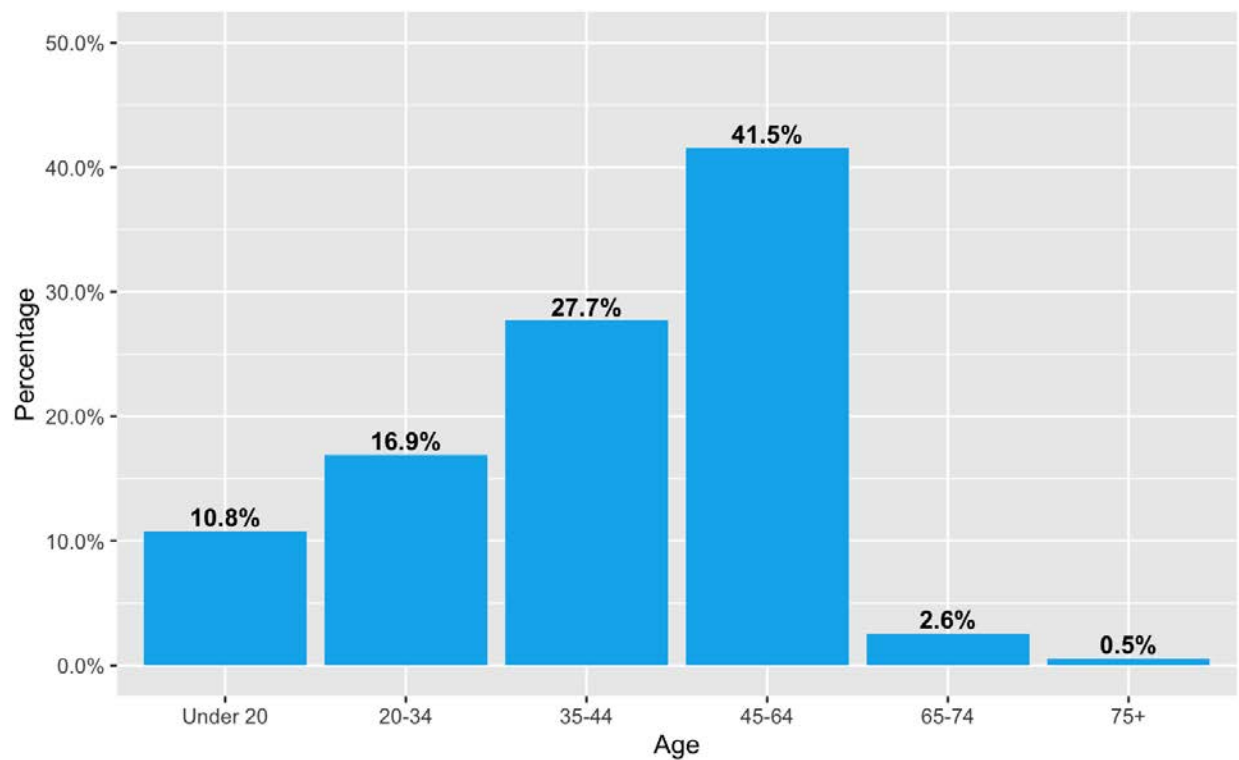
- 62.0% above \$50,000
- 8.3% between \$35,000 and \$50,000
- 29.7% less than \$35,000

Concerning health insurance status, participants identified having the following types of insurance:

- 64.53% Insurance from work or partner
- 19.77% Medical
- 5.81% Private
- 1.16% Indian Health Services
- 8.72% None

Age

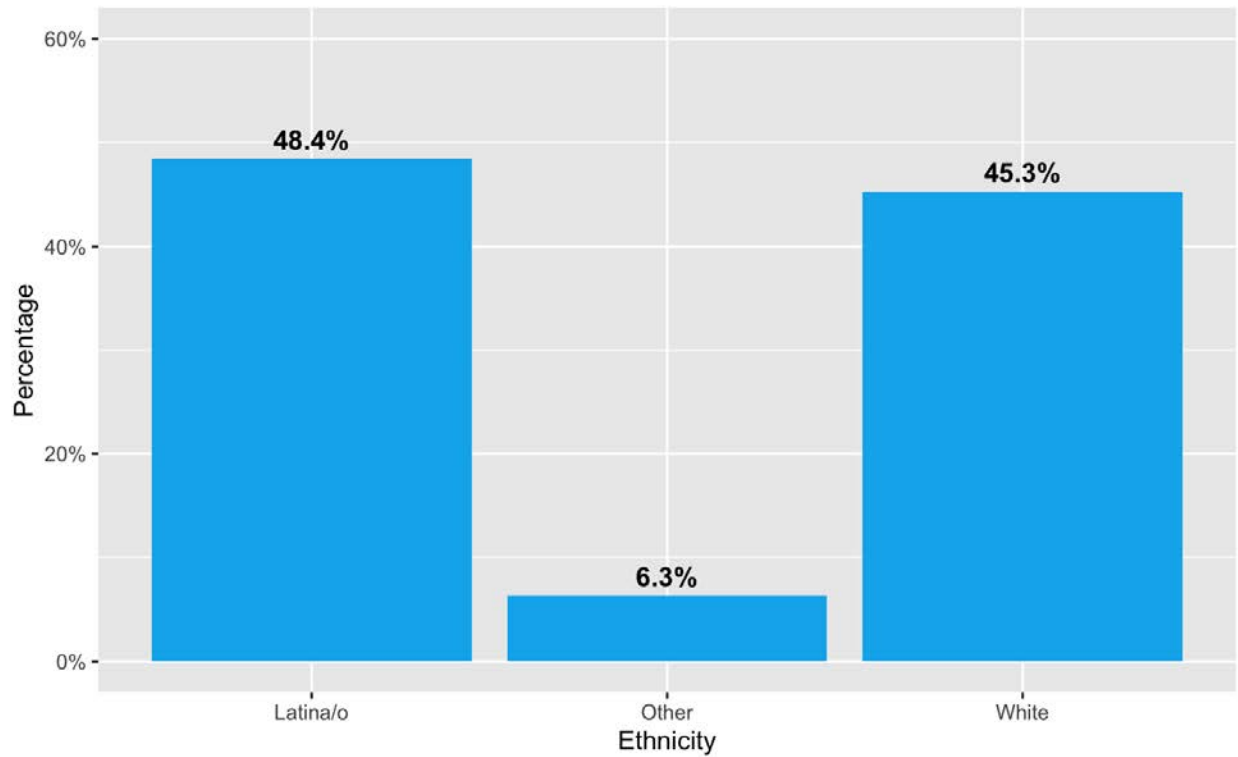
Figure 12. Percentage of Santa Barbara County Listening Tour Participants, by Age (n=195)



The majority of the participants (41.5%) in this study are between the ages of 46-64. The second largest age group was those between 35-44, which represent 27.7% of our sample. Participants ages 20-34 represent 16.9% of our collected sample. Participants under 20 years of age account for 10.8% of the sample. Lastly, only 3.1% of our participants are older than 65 years of age.

Race and Ethnicity

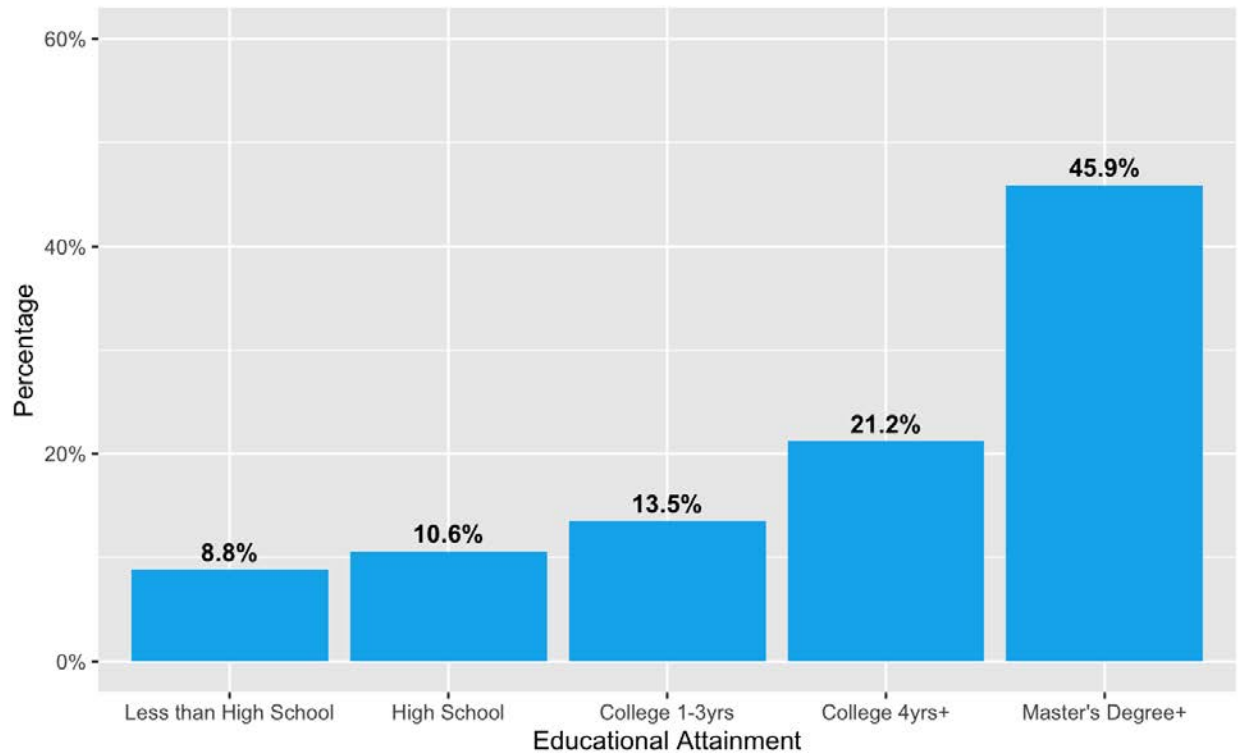
Figure 13. Percentage of Santa Barbara County Listening Tour Participants, by Race and Ethnicity (n=190)



We found that 48.4% of our participants identify as Latino. Participants who identify as non-Latino White represent 45.3% of the sample. Lastly, participants who had other ethnic and racial identities accounted for 6.3% of the sample.

Educational Attainment

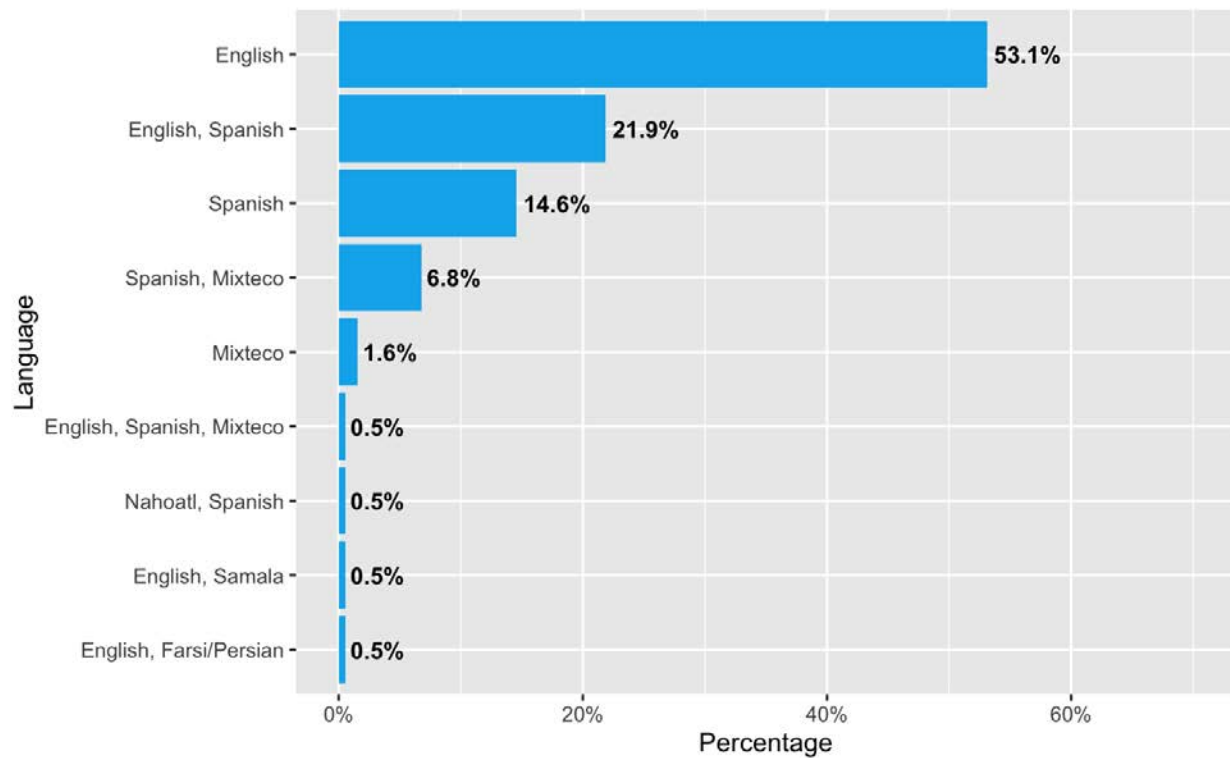
Figure 14. Percentage of Santa Barbara County Listening Tour Participants for Residents Age 20 and Greater, by Educational Attainment (n=195)



The majority of the participants (45.9%) in the Listening Tour have attained at least a master's degree or more. Participants who have more than 4 years of college represent 21.2% of our sample. Those individuals who have 1-3 yrs of college education represent 13.5% of our participants. Similarly, 10.6% of our participants attended only high school. Lastly, less than 10% of our participants' educational attainment was less than high school.

Languages Spoken

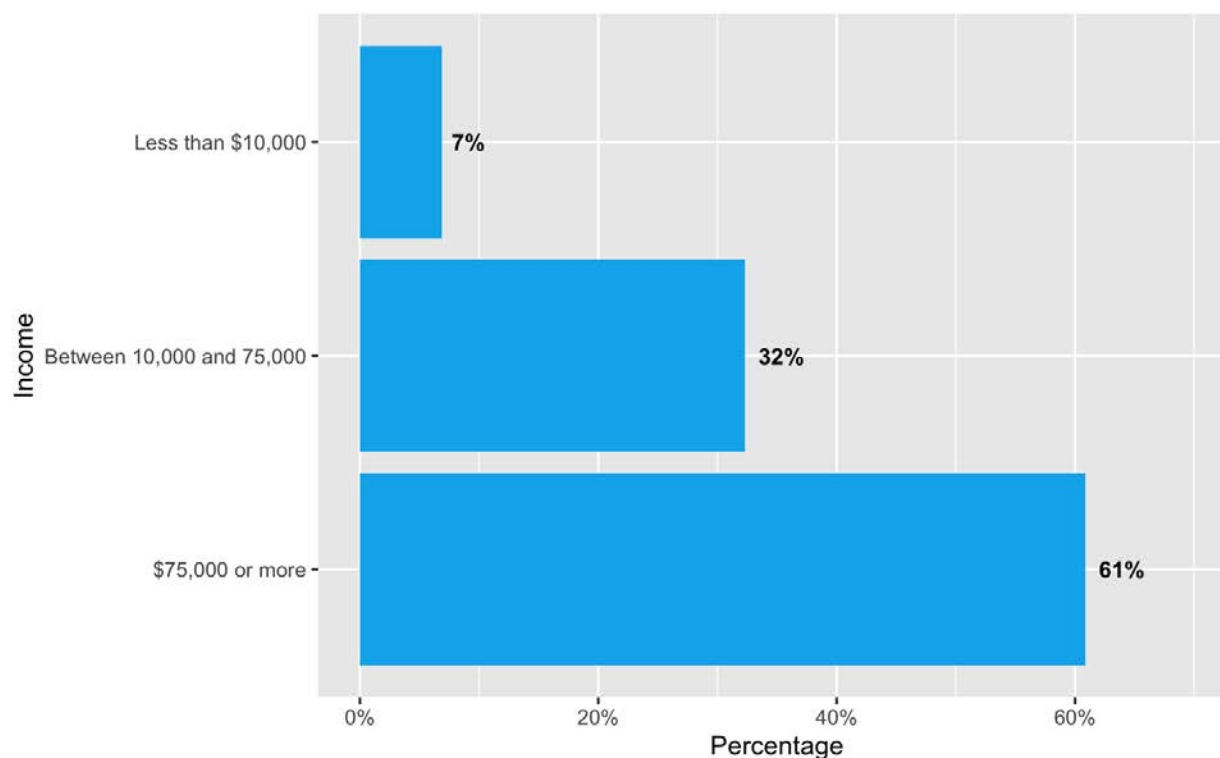
Figure 15. Percentage of Language Spoken in Santa Barbara County Listening Tour Participants (n=194)



Santa Barbara Residents speak several languages other than English. 53.1% of the participants spoke only English. Additionally, 21.9% of the participants spoke both English and Spanish. The proportion of participants who only spoke Spanish is 14.6%. The fourth largest group (6.8%) is bilingual speaking Spanish and Mixteco.

Economic Characteristics

Figure 16. Percentage of Income of Santa Barbara County Listening Tour Participants (n=189)



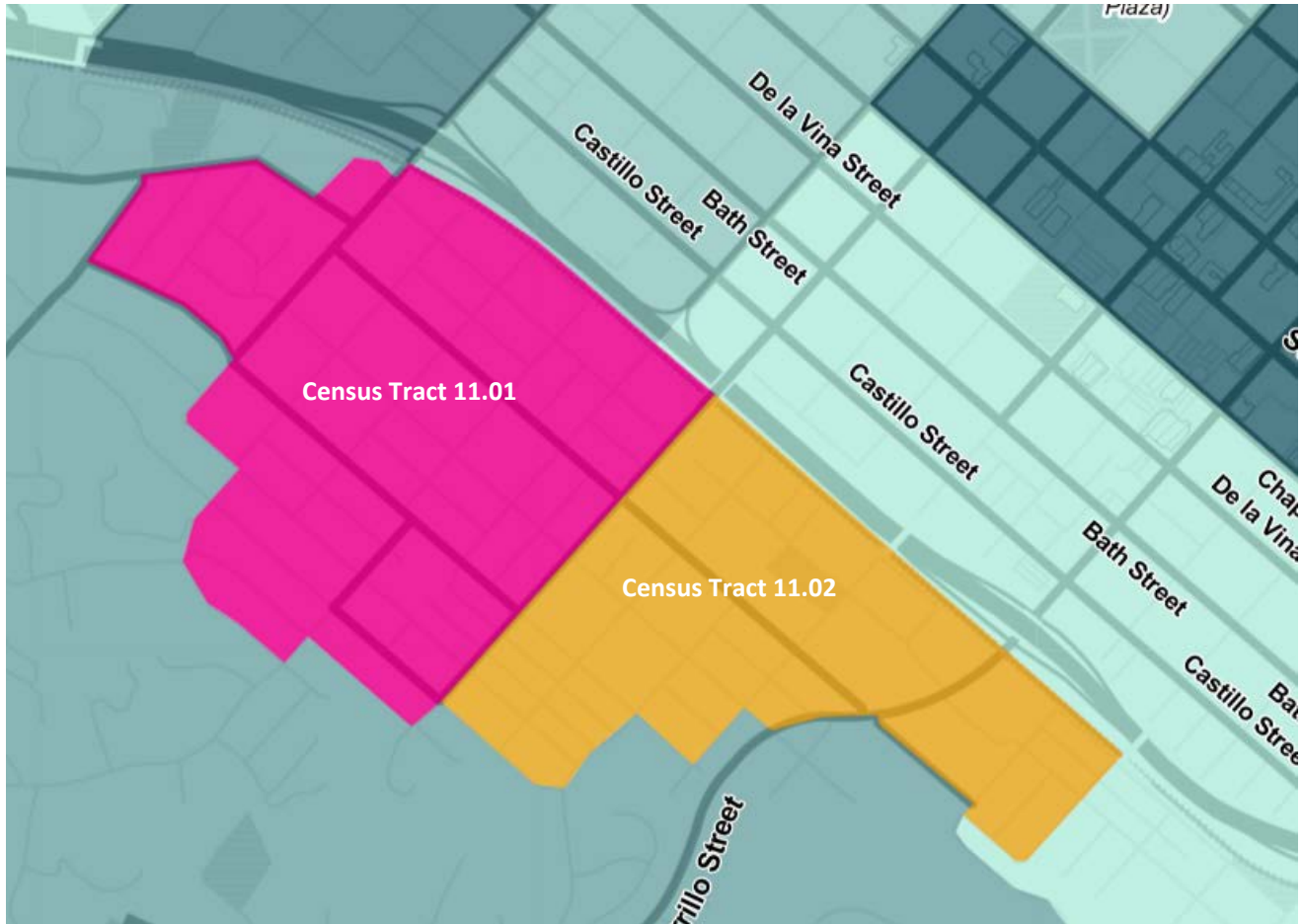
The majority of the participants, 61%, earned more than \$75,000. Individuals who had an income between \$10,000 and \$75,000 represent 32% of the survey participants. Lastly, those who earn less than \$10,000 represent 7% of the participants.

Westside Needs Assessment Respondent Demographics

The Westside community is composed of two census tracts, 11.01 and 11.02. According to the 2020 Decennial Census⁶, there are a total of 8,794 people living in the Westside community (4,422 from 11.01 and 4,372 from 11.02). Overall, census tract 11.01 appears to have households that have a higher median income (11.01 median income=\$71,736; 11.02 median income=\$61,442), higher employment (11.01=78.8%; 11.02=70.5%), and higher educational attainment (11.01 Bachelor's or higher=38.2%; 11.02 Bachelor's or higher=25.1%). See Figure 17 and Table 7 for additional background on these two census tracts.

⁶ U.S. Census Bureau (2017). ACS DEMOGRAPHIC AND HOUSING ESTIMATES, 2017-2021 American Community Survey 5-year estimates. Retrieved from <https://data.census.gov/>

Figure 127. 2020 Census Tracts 11.01 and 11.02 Locations



Source: <http://cottage2go.org/>

Table 7. 2020 Census Summary for Tracts 11.01 and 11.02

	Census Tract 11.01	Census Tract 11.02
Total Population	4,422	4,372
Education (Bachelor's degree or higher)	38.2%	25.1%
Income and Poverty (median household income)	\$71,736	\$61,442
Employment Rate	78.8%	70.5%
Health (without health care coverage)	11.6%	33.6%
Race and Ethnicity (Hispanic or Latino)	2,478	3,178

Source: <https://data.census.gov/>

The following charts (Figures 18 – 23) display the demographic profile of the 166 households responding to the 2022 Westside Needs Assessment (census tract 11.01 and 11.02 combined). Overall, the sample is more representative of females, older residents, Hispanic whites, and the college educated. Percentages below are presented unweighted.

Figure 18. Unweighted Percentage of Westside Needs Assessment Respondents, by Sex

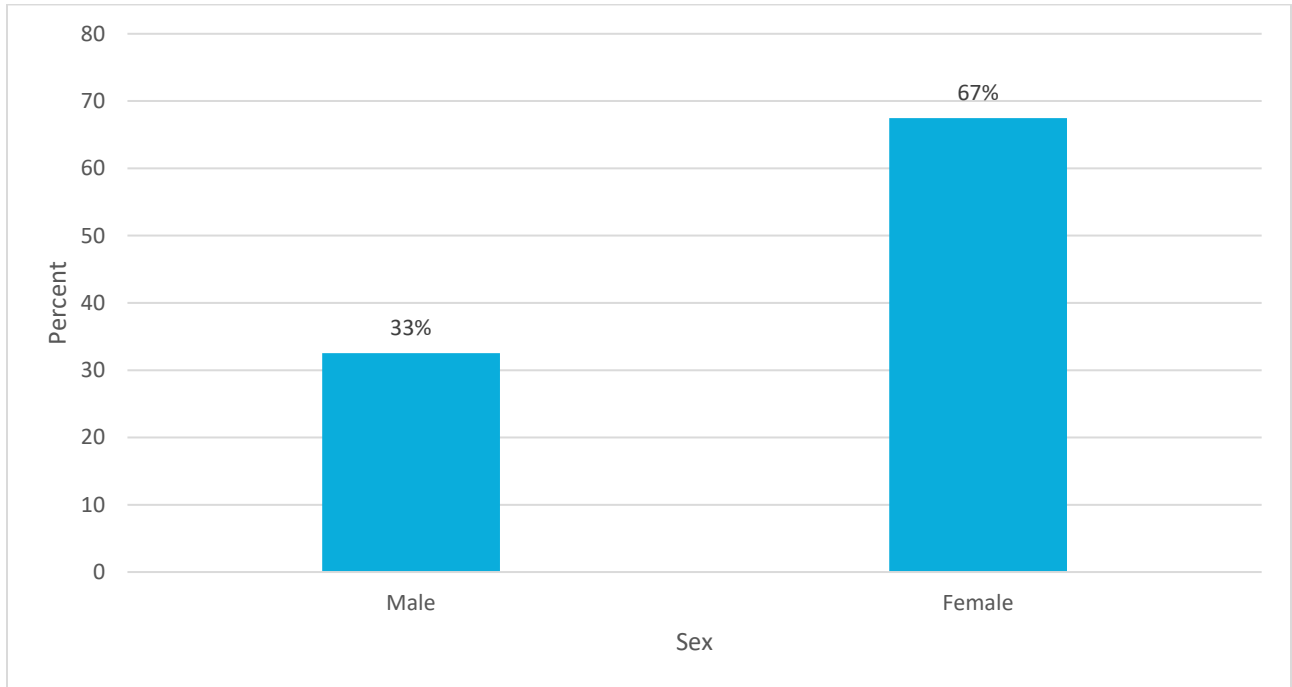


Figure 19. Unweighted Percentage of Westside Needs Assessment Survey Respondents, by Age

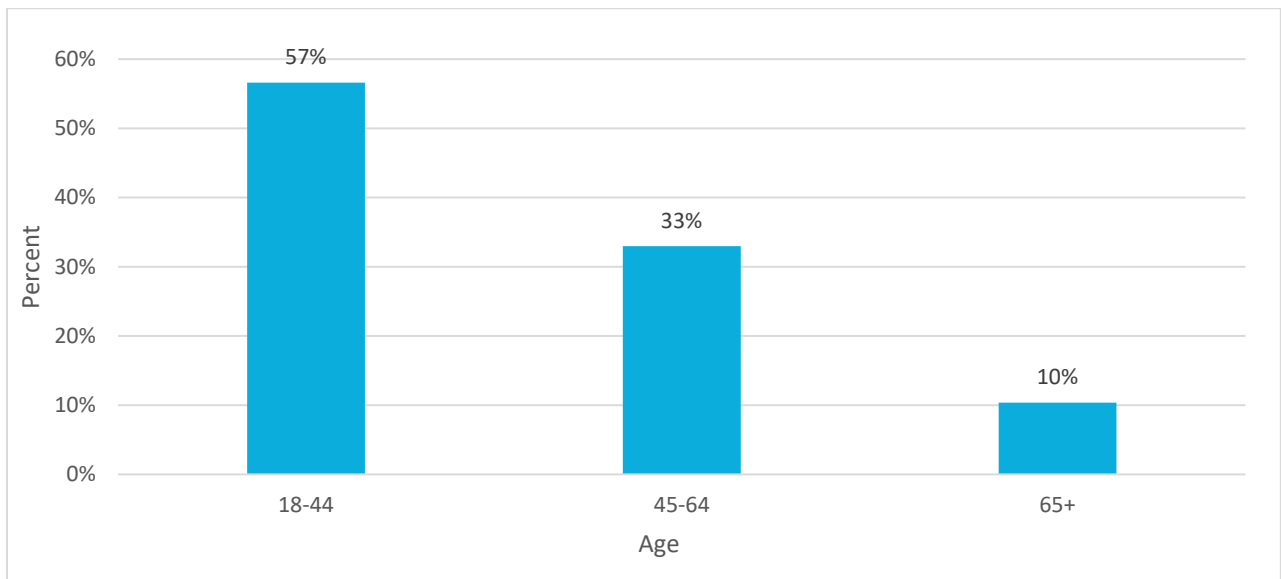


Figure 20. Unweighted Percentage of Westside Needs Assessment Survey Respondents, by Ethnicity

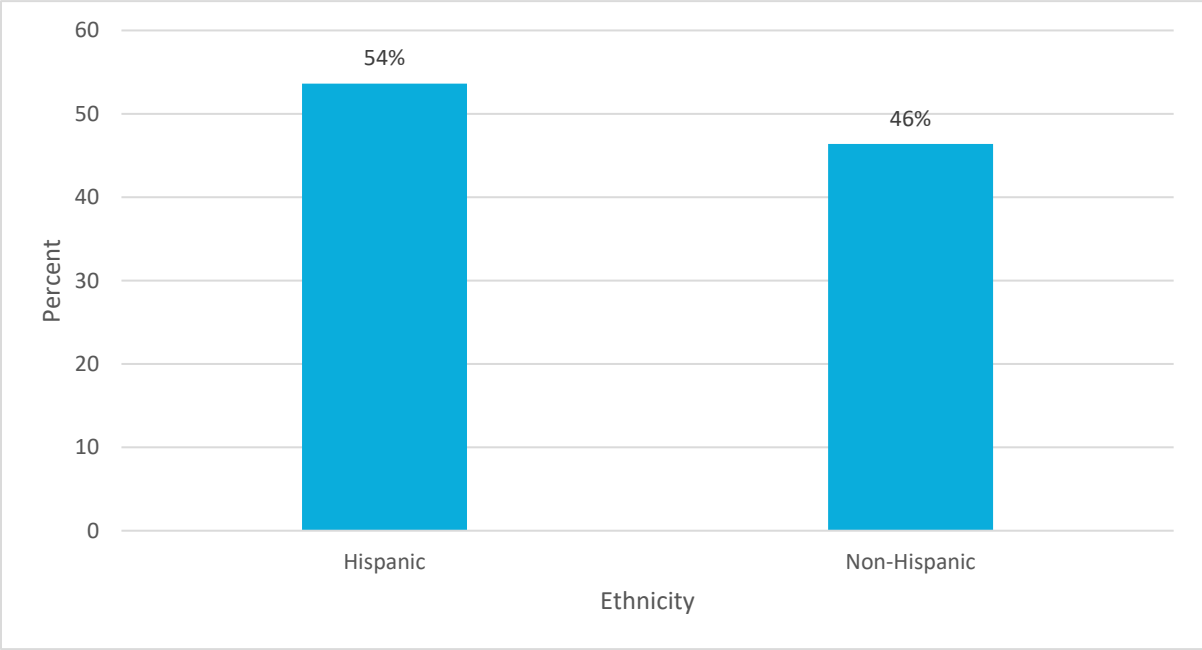


Figure 21. Unweighted Percentage of Westside Needs Assessment Survey Respondents, by Race

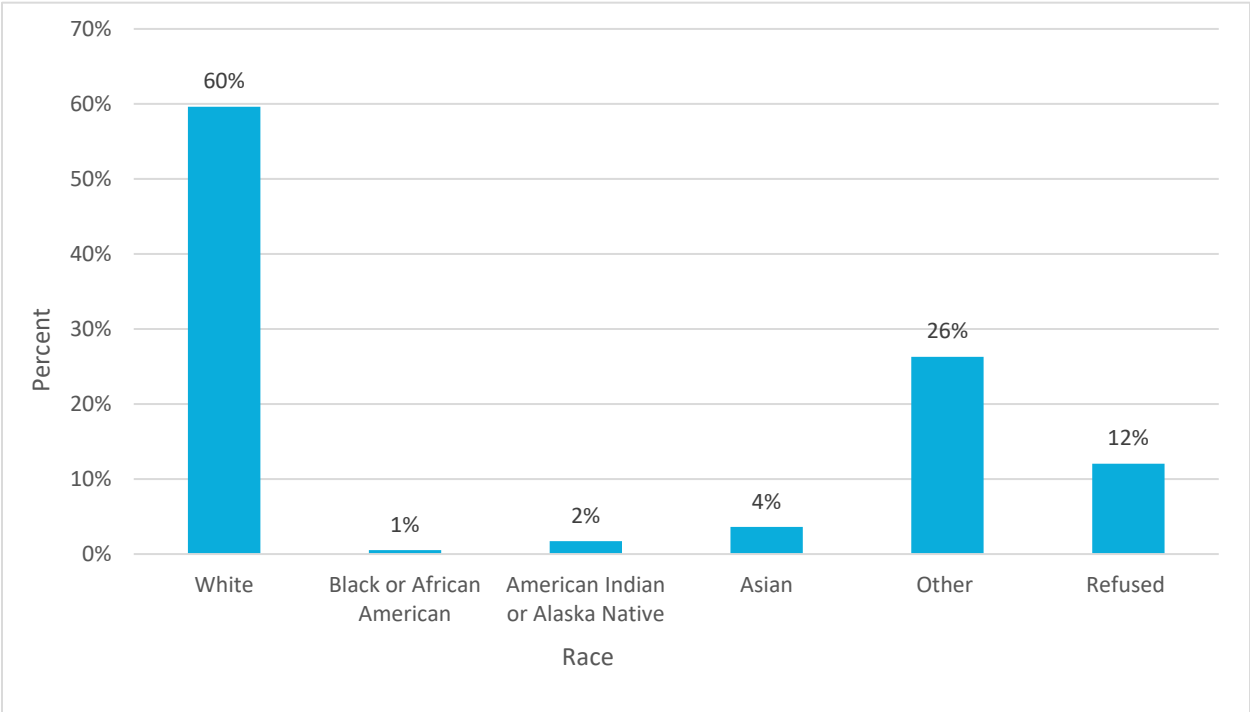


Figure 22. Unweighted Percentage of Westside Needs Assessment Survey Respondents, by Education

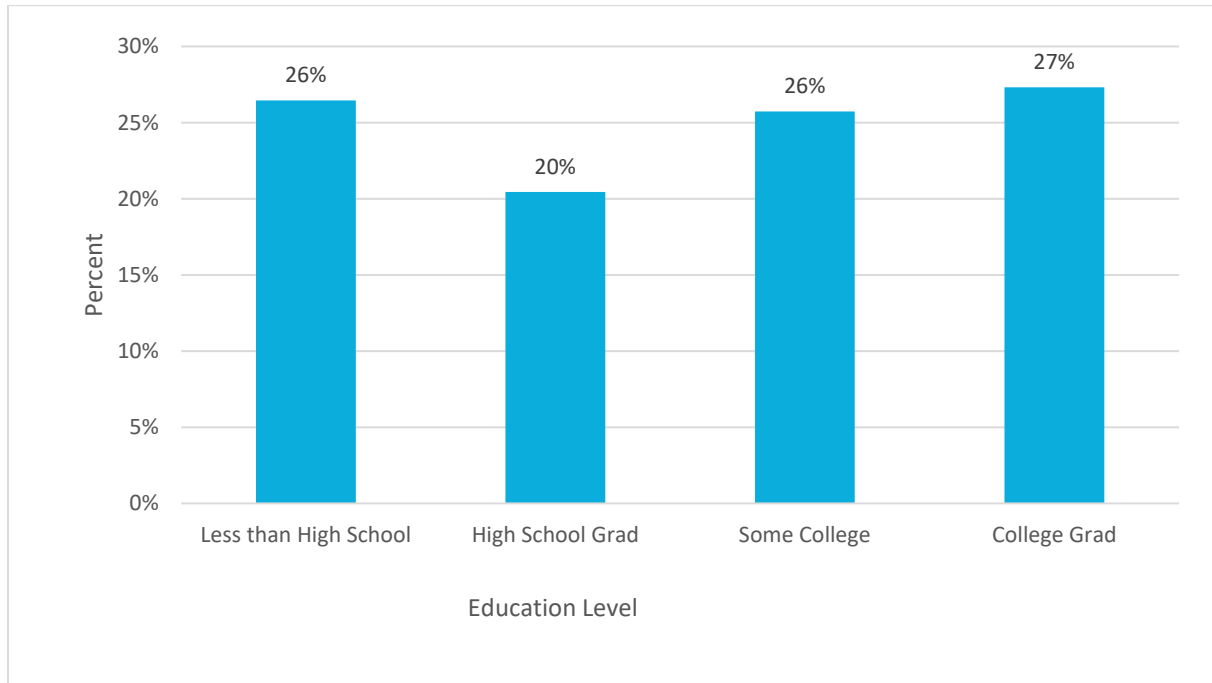
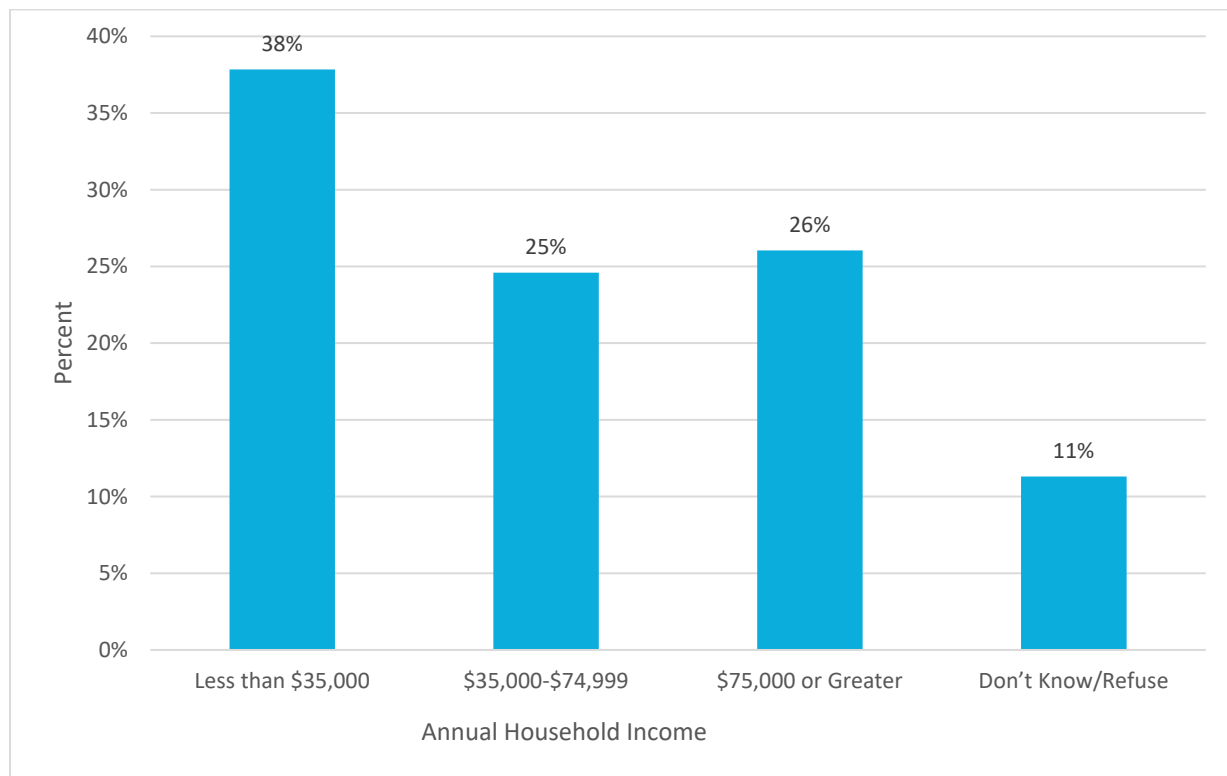


Figure 23. Unweighted Percentage of Westside Needs Assessment Survey Respondents, by Annual Household Income



LOCAL RESOURCES

Resources Available to Address the Significant Health Needs

With more than 500 health and health-related nonprofits in Santa Barbara County, the community has many assets and resources available to help address the health needs identified here. The following represent a sampling of these resources and programs. Many of these were named by community representatives in the Listening Tour and Prioritization Survey.

- Carpinteria Children's Project
- Catholic Charities
- CenCal Health
- CALM
- Coalition Engaged in A Smoke-free Effort (CEASE)
- Community Action Commission
- Community Health Centers of the Central Coast
- Cottage Health
- Council on Alcoholism and Drug Abuse (CADA)
- Doctors Without Walls – Santa Barbara Street Medicine
- Family Resource Centers
- Foodbank of Santa Barbara County
- Foundations
- Local Parks
- Lompoc Valley Medical Center
- Mental Wellness Center
- Pacific Pride Foundation
- PathPoint
- Planned Parenthood California Central Coast
- Private Medi-Cal and Mental Health Practitioners
- Sanctuary Centers
- Sansum Clinic
- Santa Barbara Alliance for Community Transformation (SB ACT)
- Santa Barbara Alternatives to Violence Project
- Santa Barbara County Department of Behavioral Wellness
- Santa Barbara County Education Office
- Santa Barbara County Public Health Department
- Santa Barbara Neighborhood Clinics
- Santa Ynez Valley People Helping People
- Schools
- Storyteller Children's Center
- University of California, Santa Barbara
- YMCA

Additional resources can be found at [ConnectSBC.org](https://connectsbc.org).

CONCLUSIONS

The results show that on many health indicators, Santa Barbara County is performing slightly better or the same as California and has already met seven Healthy People 2030 targets. The benefits of good health and well-being do not extend to all groups in the county, with Hispanic/Latino residents, people with low incomes, and those with less education suffering the most from health disparities. Overall, six areas emerged as priority health areas in Santa Barbara County (alpha order):

- Access to Care
- Behavioral Health
- Chronic Conditions
- Maternal Health
- Resiliency
- Social Needs

Efforts to address these areas could lead to significant population health improvements in the county. Cottage Health and Santa Barbara County Public Health Department are committed to taking action based on the findings in this report and leading the community in implementing evidence-based population health programs and policies.

Documenting and Communicating Results

This report and additional analyzed data will be made widely available on [Cottage Health's website](#). The 2022 CHNA Santa Barbara County Random Survey results will also be accessible to the community through [Cottage Data2Go](#), beginning in the spring of 2023.

Acknowledgements

Cottage Health, on behalf of Goleta Valley Cottage Hospital, Santa Barbara Cottage Hospital, and Santa Ynez Valley Cottage Hospital, and Santa Barbara County Public Health Department gratefully acknowledge those who contributed to the 2022 CHNA. Many individuals, organizations and agencies provided thoughtful insights on the health needs and opportunities across the county. These participants gave voice to an array of community members, especially the most vulnerable populations.

Cottage Health and Santa Barbara County Public Health Department also acknowledge the participation of a dedicated group of organizations and agencies who generously gave of their time and expertise to help guide the 2022 CHNA.

- Community Health Care Centers of the Central Coast
- Dignity Health
- Lompoc Valley Community Healthcare Organization
- Lompoc Valley Medical Center
- Mixteco/Indigena Community Organizing Project (MICOP)
- Planned Parenthood California Central Coast
- Santa Barbara County Department of Behavioral Wellness
- Santa Barbara Foundation
- Santa Barbara Neighborhood Clinics
- Tribal Health
- University of California, Santa Barbara (UCSB)

Citation


These findings will be useful to future health improvement work and contribute to a healthier, more equitable community. Please use the following citation:

Cottage Health, Population Health (2022). *Community Health Needs Assessment Report for Santa Barbara County, 2022*. Santa Barbara, CA.


Adoption of Community Health Needs Assessment

On December 2, 2022, the Cottage Health Board of Directors met to discuss this Community Health Needs Assessment Report for Santa Barbara County. Upon review, the Board of Directors approved this Community Health Needs Assessment Report for Goleta Valley Cottage Hospital, Santa Barbara Cottage Hospital, and Santa Ynez Valley Cottage Hospital.

Cottage Health Leadership and Board of Directors Approval and Adoption:



Ronald C. Werft
President & CEO
Cottage Health



Steven C. Zola
Chair
Cottage Health
Board of Directors

December 2, 2022

Date

December 2, 2022

Date

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APPENDIX A: RESULTS OF 2022 CHNA

2022 Santa Barbara County Random Survey Results

The table below presents the results for each question for the randomly selected sample in the 2022 Santa Barbara County Random Survey (CHNA 2022). When available, the 2022 Santa Barbara County Random Survey estimate is compared to the 2021 California State BRFSS and 2016 and 2019 Santa Barbara County Random Survey estimates. Indicators for which Santa Barbara performed less well than California are in red font in the CHNA 2019 column.

Question Number	Indicator	CHNA 2022	CHNA 2019	CHNA 2016	CA BRFSS 2021	HP 2030 Goal
Health Status						
1.1	Would you say that in general your health is excellent, very good, good, fair, or poor? <i>Respondents reporting good or better health.</i>	84.2	77.0%	80.9%	83.8%	79.8%*
Healthy Days – Health-Related Quality of Life						
2.1	Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? <i>Respondents reporting at least 14 days.</i>	11.2	11.0%	8.5%	10.0%	NA
2.2	Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? <i>Respondents reporting at least 14 days.</i>	20.8	12.3%	9.3%	14.4%	NA
2.3	During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? <i>Respondents reporting at least 15 days.</i>	16.0	16.3%	16.9%	13.3%	NA
Health Care Access						

Question Number	Indicator	CHNA 2022	CHNA 2019	CHNA 2016	CA BRFSS 2021	HP 2030 Goal
3.1	Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare or Medi-Cal, or Indian Health Service? <i>Respondents reporting yes.</i>	93.8	87.5%	88.7%	91.6%	92.4%
3.3	What is the primary source of your health care coverage? <i>Respondents reporting they have a health plan and it is a plan purchased through employer.</i>	52.1	44.7%	41.9%	*	NA
3.4	Do you have one person you think of as your personal doctor or health care provider? <i>Respondents reporting no.</i>	20.8	30.6%	27.5%	18.0%	26.0%
3.5	Was there a time in the past 12 months when you needed to see a doctor but could not because of the cost? <i>Respondents reporting yes.</i>	17.2	18.1%	6.9%	9.2%	3.3%
3.6	About how long has it been since you last visited a doctor for a routine checkup? <i>Respondents reporting within the past year.</i>	65.1	70.1%	68.6%	64.2%	NA
3.7	Is there one place that you primarily go to when you are sick or need advice about your health? <i>Respondents reporting no.</i>	21.0	17.1%	16.2%	*	NA
3.8a	What kind of place do you go to most often? <i>Respondents reporting they have one place they go when sick or need advice about their health and it's a clinic or health center.</i>	45.3	49.2%	48.3%	*	NA
3.8b	What kind of place do you go to most often? <i>Respondents reporting they have one place they go when sick or need advice about their health and it's a doctor's office or HMO.</i>	50.0	41.9%	45.8%	*	NA
3.8c	What kind of place do you go to most often? <i>Respondents reporting they have one place they go when sick or need advice about their health and it's a hospital emergency room.</i>	1.2	4.4%	3.5%	*	NA

Question Number	Indicator	CHNA 2022	CHNA 2019	CHNA 2016	CA BRFSS 2021	HP 2030 Goal
3.8d	What kind of place do you go to most often? <i>Respondents reporting they have one place they go when sick or need advice about their health and it's a hospital outpatient department.</i>	0.3	0.7%	0.7%	*	NA
3.8e	What kind of place do you go to most often? <i>Respondents reporting they have one place they go when sick or need advice about their health and it's some other place.</i>	1.6	2.2%	1.5%	*	NA
3.11	During the past 12 months, did you delay or not get medical care you felt you needed— such as seeing a doctor, a specialist, or other health professional? <i>Respondents reporting yes.</i>	40.2	26.6%	19.1%	*	NA
3.12	During the past 12 months, did you ever skip medications to save money? <i>Respondents reporting yes.</i>	9.5	9.5%	8.1%	*	NA
3.13a	During the past 12 months, have you delayed getting needed medical care because you couldn't get through on the phone? <i>Respondents reporting yes to question 3.12 and they couldn't get through on the phone.</i>	28.5	18.3%	18.9%	*	NA
3.13b	During the past 12 months, have you delayed getting needed medical care because you couldn't get an appointment soon enough? <i>Respondents reporting yes to question 3.12 and they couldn't get an appointment soon enough.</i>	59.6	46.6%	41.9%	*	NA
3.13c	During the past 12 months, have you delayed getting needed medical care because once you got there you had to wait too long to see the doctor? <i>Respondents reporting yes to question 3.12 and they had to wait too long to see the doctor.</i>	21.4	20.7%	19.0%	*	NA

Question Number	Indicator	CHNA 2022	CHNA 2019	CHNA 2016	CA BRFSS 2021	HP 2030 Goal
3.13d	During the past 12 months, have you delayed getting needed medical care because the doctor's office wasn't open when you got there? <i>Respondents reporting yes to question 3.12 and the doctor's office wasn't open when they got there.</i>	12.7	13.2%	13.8%	*	NA
3.13e	During the past 12 months, have you delayed getting needed medical care because you didn't have transportation? <i>Respondents reporting yes to question 3.12 and that they didn't have transportation.</i>	11.4	11.7%	20.3%	*	NA
3.13f	During the past 12 months, have you delayed getting needed medical care because you don't feel safe getting medical attention? <i>Respondents reporting yes to question 3.12 and they delayed care because they didn't feel safe.</i>	12.3	13.3%	12.3%	*	NA
3.13g	During the past 12 months, have you delayed getting needed medical care for some other reason? <i>Respondents reporting yes to question 3.12 and there was another reason they delayed getting care.</i>	34.2	47.1%	40.2%	*	NA
3.15a	During the past 12 months, how many times have you gone to a hospital emergency room about your own health? <i>Respondents reporting 0 times.</i>	76.6	57.4%	74.8%	*	NA
3.15b	During the past 12 months, how many times have you gone to a hospital emergency room about your own health? <i>Respondents reporting 1 time.</i>	13.1	16.7%	15.7%	*	NA
3.15c	During the past 12 months, how many times have you gone to a hospital emergency room about your own health? <i>Respondents reporting 2 or more times.</i>	10.9	12.4%	9.5%	*	NA
3.16	Thinking about your most recent emergency room visit, did you go to the emergency room either at night or on the weekend? <i>Respondents reporting 1 or more emergency room visits and that that visit was on a night or weekend.</i>	59.1	60.0%	70.3%	*	NA

Question Number	Indicator	CHNA 2022	CHNA 2019	CHNA 2016	CA BRFSS 2021	HP 2030 Goal
3.17	Did this emergency room visit result in a hospital admission? <i>Respondents reporting 1 or more emergency room visits and that it resulted in a hospital admission.</i>	42.0	32.8%	29.0%	*	NA
3.18a	Tell me which of these apply to your last emergency room visit: You didn't have another place to go? <i>Respondents reporting 1 or more emergency room visits and they didn't have another place to go.</i>	44.0	47.8%	42.1%	*	NA
3.18b	Tell me which of these apply to your last emergency room visit: Your doctor's office or clinic was not open? <i>Respondents reporting 1 or more emergency room visits and the doctor's office or clinic wasn't open.</i>	52.4	46.8%	52.7%	*	NA
3.18c	Tell me which of these apply to your last emergency room visit: Your health provider advised you to go? <i>Respondents reporting 1 or more emergency room visits and their health provider advised them to go.</i>	30.9	34.9%	31.3%	*	NA
3.18d	Tell me which of these apply to your last emergency room visit: The problem was too serious for the doctor's office or clinic? <i>Respondents reporting 1 or more emergency room visits and the problem was too serious for a doctor's office or clinic.</i>	66.3	68.7%	54.3%	*	NA
3.18e	Tell me which of these apply to your last emergency room visit: Only a hospital could help you? <i>Respondents reporting 1 or more emergency room visits and only a hospital could help them.</i>	76.6	75.9%	72.3%	*	NA
3.18f	Tell me which of these apply to your last emergency room visit: The emergency room is your closest provider? <i>Respondents reporting 1 or more emergency room visits and the emergency room was their closest provider.</i>	44.2	52.6%	62.6%	*	NA
3.18g	Tell me which of these apply to your last emergency room visit: You get most of your care at the emergency room? <i>Respondents reporting 1 or more emergency room visits and you get most of their care at the emergency room.</i>	10.2	18.0%	19.0%	*	NA

Question Number	Indicator	CHNA 2022	CHNA 2019	CHNA 2016	CA BRFSS 2021	HP 2030 Goal
3.18h	Tell me which of these apply to your last emergency room visit: You arrived by ambulance or other emergency vehicle? <i>Respondents reporting 1 or more emergency room visits and they arrived by ambulance or other emergency vehicle.</i>	19.7	17.6%	12.8%	*	NA
Chronic Health Conditions						
4.2	(Ever told) you had asthma? <i>Respondents reporting yes.</i>	18.1	15.5%	14.4%	14.7%	NA
4.3	Do you still have asthma? <i>Respondents reporting yes they had asthma and still have asthma.</i>	60.7	62.4%	61.3%	56.9%	NA
4.4	(Ever told) you had skin cancer? <i>Respondents reporting yes.</i>	12.4	8.2%	8.6%	5.3%	NA
4.5	(Ever told) you had any type of cancer? <i>Respondents reporting yes.</i>	8.8	6.8%	8.4%	5.4%	NA
4.6	(Ever told) you have diabetes? <i>Respondents reporting yes.</i>	10.0	7.8%	8.8%	11.6%	NA
4.7	How old were you when you were told you have diabetes? <i>Respondents reporting 40 or older when told they have diabetes.</i>	62.4	71.1%	72.6%	71.2%	NA
4.8	(Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? <i>Respondents reporting yes.</i>	28.9	21.7%	22.3%	20.0%	NA
4.9	(Ever told) you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)? <i>Respondents reporting yes.</i>	26.0	23.9%	18.3%	15.2%	5.8%*
4.10	(Ever told) (you had) an anxiety disorder or other mental health disorder? <i>Respondents reporting yes.</i>	26.7	23.1%	*	*	NA
Mental Health						
5.1a	During the past 30 days, about how often did you feel nervous? <i>Respondents reporting all or most of the time.</i>	14.1	9.1%	*	*	NA

Question Number	Indicator	CHNA 2022	CHNA 2019	CHNA 2016	CA BRFSS 2021	HP 2030 Goal
5.1b	During the past 30 days, about how often did you feel hopeless? Respondents reporting all or most of the time.	6.6	5.0%	*	*	NA
5.1c	During the past 30 days, about how often did you feel restless or fidgety? <i>Respondents reporting all or most of the time.</i>	13.2	9.2%	*	*	NA
5.1d	During the past 30 days, about how often did you feel so depressed that nothing could cheer you up? <i>Respondents reporting all or most of the time.</i>	3.9	3.4%	*	*	NA
5.1e	During the past 30 days, about how often did you feel that everything was an effort? <i>Respondents reporting all or most of the time.</i>	13.3	10.8%	*	*	NA
5.1f	During the past 30 days, about how often did you feel worthless? <i>Respondents reporting all or most of the time.</i>	5.5	4.6%	*	*	NA
Demographics						
6.8	What is the primary language spoken in your home? <i>Respondents reporting Spanish/Spanish Creole as primary language.</i>	15.5	19.7%	*	*	NA
6.24	Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? <i>Respondents reporting yes.</i>	6.2	7.0%	8.4%	7.6%	NA
6.25a	Employment status. <i>Respondents reporting employed for wages.</i>	48.3	44.9%	47.7%	47.1%	NA
6.25b	Employment status. <i>Respondents reporting being unemployed for > 1 year.</i>	3.6	7.9%	4.3%	5.2%	NA
6.26	Is your main job year-round or seasonal? <i>Respondents reporting year-round that said they were employed for wages or self-employed.</i>	94.1	85.4%	84.3%	*	NA

Question Number	Indicator	CHNA 2022	CHNA 2019	CHNA 2016	CA BRFSS 2021	HP 2030 Goal
6.27	Do problems getting childcare make it difficult for you to work or study? <i>Respondents reporting yes and said they are employed for wages, self-employed, out of work, a homemaker or a student.</i>	11.0	11.6%	11.0%	*	NA
6.29 and 6.30	Obese, based on BMI calculated from self-reported height and weight.	27.6	25.5%	21.6%	27.6%	30.5%
6.31	To your knowledge, are you now pregnant? <i>Female respondents ages 18-44 reporting yes.</i>	5.4	1.4%	3.2%	3.6%	NA
6.32	Some people who are deaf or have serious difficulty hearing may use assistive devices to communicate by phone. Are you deaf or do you have serious difficulty hearing? <i>Respondent reporting yes.</i>	5.8	*	*	*	NA
Smoking and Tobacco Use						
7.1	Have you smoked at least 100 cigarettes in your entire life? <i>Respondents reporting yes.</i>	25.9	31.1%	31.5%	33.5%	NA
7.2	Do you now smoke cigarettes every day, some days, or not at all? <i>Of respondents who have smoked at least 100 cigarettes, those reporting some days or every day.</i>	4.7	11.5%	*	8.9%	6.1%
7.3	During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? <i>Of respondents who report smoking every day or some days, respondents reporting yes.</i>	57.6	52.2%	58.1%	57.2%	65.7%
7.4	How long has it been since you last smoked a cigarette, even one or two puffs? <i>Respondents that smoked at some point in their lives and reported not smoking in the last ten years or more.</i>	63.8	55.9%	39.0%	37.4%	NA
7.5	Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? <i>Respondents reporting not at all.</i>	98.9	97.4%	99.1%	98.2%	99.8%

Question Number	Indicator	CHNA 2022	CHNA 2019	CHNA 2016	CA BRFSS 2021	HP 2030 Goal
7.6	Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life? <i>Respondents reporting yes.</i>	14.9	23.7%	19.1%	*	NA
7.7	Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all? <i>Respondents reporting now using e-cigarettes every day or some days.</i>	35.0	38.0%	14.0%	5.2%	NA
7.8	During the past 30 days, on how many days did you use e-cigarettes or other electronic "vaping" products? <i>Respondents reporting using e-cigarettes for greater than 14 days.</i>	64.7	61.7%	*	*	NA
7.9	About how old were you when you first used e-cigarettes or other electronic "vaping" products? <i>Respondents reporting being less than 25 years old when first using e-cigarettes.</i>	47.4	55.1%	*	*	NA
Alcohol Consumption						
8.1	During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage (such as beer, wine, a malt beverage or liquor)? <i>Respondents reporting at least one day per month.</i>	62.6	57.1%	60.0%	54.3%	NA
8.2	During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? <i>Of those who drink, respondents reporting more than 2 drinks.</i>	27.2	30.9%	23.9%	59.2%	NA
8.3	Considering all types of alcoholic beverages, how many times during the past 30 days did you have [5 for men, 4 for women] or more drinks on an occasion? <i>Respondents reporting at least once.</i>	21.1	16.7%	16.7%	15.0%	25.4%
8.4	During the past 30 days, what is the largest number of drinks you had on any occasion? <i>Respondents reporting more than 5 drinks.</i>	17.9	19.1%	16.5%	17.4%	25.4%

Question Number	Indicator	CHNA 2022	CHNA 2019	CHNA 2016	CA BRFSS 2021	HP 2030 Goal
Lifestyle						
9.1	During the past month, did you typically participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? <i>Respondents reporting no physical activity.</i>	16.1	20.0%	18.1%	22.4%	21.8%
9.2	On average, how many hours of sleep do you get in a 24-hour period? <i>Respondents reporting at least 7 hours.</i>	69.3	70.7%	*	65.6%	68.6%
Vaccinations						
10.1	During the past 12 months, have you had either a flu shot - or a flu vaccine that was sprayed in your nose? <i>Respondents reporting yes.</i>	63.6	41.2%	32.1%	32.4%	70.0%
HPV Vaccinations						
11.1	Have you ever had the Human Papilloma Virus vaccination or HPV vaccination? <i>Respondents between the age of 18 and 49 reporting yes.</i>	41.3	37.4%	*	*	NA
11.2	How many H.P.V. shots did you receive? <i>Respondents between the age of 18 and 49 reporting they received the vaccination and reporting they received all 3 shots.</i>	59.8	67.7%	*	*	NA
Health Screening (Female only)						
12.1	A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? <i>Female respondents reporting yes, age 50-74.</i>	60.3	59.1%	58.0%	64.3%	80.5%
12.2	How long has it been since you had your last mammogram? <i>Female respondents reporting they have had a mammogram within the past two years, age 50-74.</i>	84.3	78.6%	*	81.1%	80.5%
12.3	A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? <i>Female respondents reporting yes.</i>	87.9	87.2%	84.3%	87.1%	NA

Question Number	Indicator	CHNA 2022	CHNA 2019	CHNA 2016	CA BRFSS 2021	HP 2030 Goal
12.4	How long has it been since you had your last Pap test? <i>Female respondents reporting within the past three years, age 21-65.</i>	64.1	75.8%	*	79.3%	84.3%
Health Screening (All respondents >=50)						
13.1	A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? <i>Of those reporting screening, respondents age 50 and older reporting yes.</i>	38.6	32.7%	36.5%	45.9%	NA
13.2	Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams? <i>Respondents reporting yes.</i>	80.9	73.5%	70.5%	65.9%	NA
13.3	For a sigmoidoscopy, a flexible tube is inserted into the rectum to look for problems. A colonoscopy is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy? <i>Of those reporting screening, respondents reporting colonoscopy.</i>	83.7	80.7%	93.1%	91.7%	NA
13.4	How long has it been since you had your last sigmoidoscopy or colonoscopy? <i>Of those reporting screening, respondents reporting within the past 10 years.</i>	92.7	96.7%	*	99.7%	74.4%
Adverse Childhood Experiences (ACEs)						
14.1	Now, looking back before you were 18 years of age- Did you ever live with anyone who was depressed, mentally ill, or suicidal? <i>Respondents reporting yes.</i>	26.2	26.3%	*	*	NA
14.2	Did you live with anyone who was a problem drinker or alcoholic? <i>Respondents reporting yes.</i>	30.0	33.6%	*	*	NA

Question Number	Indicator	CHNA 2022	CHNA 2019	CHNA 2016	CA BRFSS 2021	HP 2030 Goal
14.3	Did you live with anyone who used illegal street drugs or who abused prescription medications? <i>Respondents reporting yes.</i>	12.7	18.6%	*	*	NA
14.4	Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other corrections facility? <i>Respondents reporting yes.</i>	9.7	9.1%	*	*	NA
14.5	Were your parents separated or divorced? <i>Respondents reporting yes.</i>	31.2	28.8%	*	*	NA
14.6	How often did your parents or adults in your home ever slap, hit, kick, punch, or beat each other up? Was it Never, Once, or More than once? <i>Respondents reporting once or more than once.</i>	22.0	20.7%	*	*	NA
14.7	Not including spanking, (before age 18), how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? <i>Respondents reporting once or more than once.</i>	29.5	33.3%	*	*	NA
14.8	How often did a parent or adult in your home ever swear at you, insult you, or put you down? Was it Never, Once, or More than once? <i>Respondents reporting once or more than once.</i>	44.5	45.4%	*	*	NA
14.9	How often did anyone at least 5 years older than you or an adult, ever touch you sexually, OR ever try to make you touch them sexually OR force you to have sex? <i>Respondents reporting once or more than once.</i>	15.2	16.9%	*	*	NA
14.10	Before the age of 18, did you ever feel unsupported, unloved and/or unprotected? <i>Respondents reporting once or more than once.</i>	35.7	35.2%	*	*	NA

Question Number	Indicator	CHNA 2022	CHNA 2019	CHNA 2016	CA BRFSS 2021	HP 2030 Goal
14.11	Before the age of 18, did you ever lack appropriate care by any caregiver (for example, not being protected from unsafe situations, or not cared for when sick or injured even when the resources were available)? <i>Respondents reporting once or more than once.</i>	15.9	16.0%	*	*	NA
Composite 14.1 -14.11	Adverse Childhood Experiences. Scored one or more.	64.5	69.4%	*	*	NA
Composite 14.1 -14.11	Adverse Childhood Experiences. Scored four or more.	20.6	24.6%	*	*	NA
Marijuana Use						
15.1	During the past 30 days, on how many days did you use marijuana or cannabis? <i>Respondents that answered one or more days.</i>	19.8	21.2%	*	14.9%	NA
15.2	When you used marijuana or cannabis during the past 30 days, was it for medical reasons (like to treat or decrease symptoms of a health condition), for non-medical reasons (like to have fun or fit in), or for both medical and non-medical reasons? <i>Respondents that use marijuana for only medical reasons.</i>	29.0	32.4%	*	*	NA
Oral Health						
17.1	Including all types of dentists, such as orthodontists, oral surgeons, and all other dental specialties, as well as dental hygienists, how long has it been since you last visited a dentist or a dental clinic for any reason? <i>Respondents reporting within the past year.</i>	72.2	68.9%	70.0%	64.6%	45.0%
17.2	Have any permanent teeth been removed because of tooth decay or gum disease? <i>Respondents reporting no.</i>	63.9	63.1%	65.9%	60.4%	68.8%
Housing and Neighborhood Characteristics						

Question Number	Indicator	CHNA 2022	CHNA 2019	CHNA 2016	CA BRFSS 2021	HP 2030 Goal
18.1	Have you ever had times in your life when you considered yourself homeless? <i>Respondents reporting once or more than once.</i>	12.2	16.9%	11.5%	*	NA
18.2	Do you currently consider yourself homeless? <i>Respondents reporting yes.</i>	0.8	2.1%	1.6%	*	NA
18.3a	How many people are living at your address in total? <i>Respondents reporting 1.</i>	18.2	12.2%	12.3%	*	NA
18.3b	How many people are living at your address in total? <i>Respondents reporting 2.</i>	37.7	27.3%	27.6%	*	NA
18.3c	How many people are living at your address in total? <i>Respondents reporting 3.</i>	14.4	18.4%	18.8%	*	NA
18.3d	How many people are living at your address in total? <i>Respondents reporting 4.</i>	14	17.7%	20.9%	*	NA
18.3e	How many people are living at your address in total? <i>Respondents reporting 5.</i>	8	10.5%	11.1%	*	NA
18.3f	How many people are living at your address in total? <i>Respondents reporting 6 or more.</i>	7.7	13.6%	9.3%	*	NA
18.4	How many [of these people] are children under the age of 18? <i>Respondents reporting one or more.</i>	31.4	42.2%	40.6%	40.5%	NA
18.6	Do you rent to own your home? <i>Respondents reporting renting.</i>	49	40.3%	44.1%	37.4%	NA
Food Security and Availability						
19.1a	In a typical month, where do you get most of your food? <i>Respondents reporting grocery store.</i>	90.3	91.6%	91.8%	*	NA
19.1b	In a typical month, where do you get most of your food? <i>Respondents reporting some other type of store.</i>	5.7	3.8%	2.6%	*	NA

Question Number	Indicator	CHNA 2022	CHNA 2019	CHNA 2016	CA BRFSS 2021	HP 2030 Goal
19.1c	In a typical month, where do you get most of your food? <i>Respondents reporting food pantry.</i>	0.9	1.7%	0.9%	*	NA
19.1d	In a typical month, where do you get most of your food? <i>Respondents reporting somewhere else.</i>	2.9	2.7%	4.7%	*	NA
19.2	How satisfied are you with the availability of food in your neighborhood? <i>Respondents reporting somewhat or very satisfied.</i>	90.9	94.5%	96.0%	*	NA
19.3	How satisfied are you with the quality of food in your neighborhood? <i>Respondents reporting somewhat or very satisfied.</i>	92.7	96.3%	96.6%	*	NA
19.4	The food that [I/we] bought just didn't last, and [I/we] didn't have money to get more. <i>Respondents reporting sometimes or often true.</i>	25.5	18.6%	18.7%	*	NA
19.5	In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food? <i>Respondents reporting yes.</i>	13.0	12.3%	13.5%	*	NA
19.6	Over the last 12 months, how often did this happen -- almost every month, some months but not every month, or only in 1 or 2 months? <i>Respondents reporting some months or almost every month of those who answered yes to 19.5.</i>	71.7	56.9%	68.0%	*	NA
19.7	"I couldn't afford to eat balanced meals." Was that often, sometimes, or never true for you in the last 12 months? <i>Respondents reporting sometimes or often true.</i>	22.1	20.6%	*	*	NA
Support and Companionship						
20.1a	How often do you have someone to help with daily chores if you were sick? <i>Respondents reporting some, a little, or none of the time.</i>	52.9	42.9%	*	*	NA

Question Number	Indicator	CHNA 2022	CHNA 2019	CHNA 2016	CA BRFSS 2021	HP 2030 Goal
20.1b	How often do you have someone to turn to for suggestions about how to deal with a personal problem? <i>Respondents reporting some, a little, or none of the time.</i>	45.0	33.7%	*	*	NA
20.1c	How often do you have someone to do something enjoyable with? <i>Respondents reporting some, a little, or none of the time.</i>	41.6	30.8%	*	*	NA
20.1d	How often do you have someone to love and make you feel wanted? <i>Respondents reporting some, a little, or none of the time.</i>	35.4	25.3%	*	*	NA
Resilience Scale (RISC)						
21.1	I am able to adapt when changes occur. <i>Respondents reporting sometimes, rarely or not true at all.</i>	54.3	43.6%	*	*	NA
21.2	I tend to bounce back after illness, injury, or other hardships. <i>Respondents reporting sometimes, rarely or not true at all.</i>	52.6	34.2%	*	*	NA
Financial Resource Strain						
22.1	Are you worried that in the next 2 months, you may not have stable housing? <i>Respondents reporting yes.</i>	11.4	13.3%	10.7%	*	NA
22.2	During the past 12 months, was there a time when you were not able to pay your mortgage, rent or utility bills? <i>Respondents reporting yes.</i>	11.1	12.6%	*	*	NA
Internet/Broadband						
23.1a	Which, if any, of the following services does your household use to access the internet? <i>Respondents reporting broadband.</i>	76.8	*	*	*	NA
23.1b	Which, if any, of the following services does your household use to access the internet? <i>Respondents reporting wireless.</i>	38	*	*	*	NA

Question Number	Indicator	CHNA 2022	CHNA 2019	CHNA 2016	CA BRFSS 2021	HP 2030 Goal
23.1c	Which, if any, of the following services does your household use to access the internet? <i>Respondents reporting DSL or dial-up.</i>	2.6	*	*	*	NA
23.1d	Which, if any, of the following services does your household use to access the internet? <i>Respondents reporting household does not have internet.</i>	2.1	*	*	*	NA
Composite 23.1a - 23.1c	Respondents reporting having broadband, wireless, or using their smartphone for everything they need.	96.6	*	*	*	NA
23.2a	Which, if any, are reasons that you do not have high speed broadband service (such as a fixed wired connection) at your home? <i>Respondents without broadband reporting that they use their smartphone instead</i>	35.6	*	*	*	NA
23.2b	Which, if any, are reasons that you do not have high speed broadband service (such as a fixed wired connection) at your home? <i>Respondent without broadband reporting that it costs too much</i>	35.9	*	*	*	NA
23.2c	Which, if any, are reasons that you do not have high speed broadband service (such as a fixed wired connection) at your home? <i>Respondent without broadband reporting that they use DSL/dial up instead</i>	12.3	*	*	*	NA
23.2d	Which, if any, are reasons that you do not have high speed broadband service (such as a fixed wired connection) at your home? <i>Respondent without broadband reporting that it is not available where they live</i>	2.4	*	*	*	NA
23.2e	Which, if any, are reasons that you do not have high speed broadband service (such as a fixed wired connection) at your home? <i>Respondent without broadband reporting that they just don't want it</i>	4.5	*	*	*	NA

*Data not available

2022 Westside Needs Assessment Results

The table below presents the results for each question for the stratified random sample in the 2022 Westside Needs Assessment. When available, the 2022 Westside Needs Assessment estimate is compared to the 2022, 2019 and 2016 CHNA Santa Barbara County Random Survey. Items in red indicate where the Westside of the City of Santa Barbara performed worse than the county overall in 2022.

Question Number	Indicator	2022 Westside Needs Assessment	2022 CHNA	2019 CHNA	2016 CHNA
Health Status					
W1.1	Would you say that in general your health is excellent, very good, good, fair, or poor? <i>Respondents reporting good or better health.</i>	77.0%	84.2%	77.0%	80.9%
Healthy Days – Health-Related Quality of Life					
W2.1	Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? <i>Respondents reporting at least 15 days.</i>	14.8%	11.2%	11.0%	8.5%
W2.2	Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? <i>Respondents reporting at least 15 days.</i>	16.2%	20.6%	12.3%	9.3%
W2.3	During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? <i>Respondents reporting at least 15 days.</i>	13.1%	16.0%	16.3%	16.9%
Health Care Access					
W3.1a	Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare or Medi-Cal, or Indian Health Service? <i>Respondents reporting yes.</i>	76.0%	93.8%	87.5%	88.7%

Question Number	Indicator	2022 Westside Needs Assessment	2022 CHNA	2019 CHNA	2016 CHNA
Health Care Access					
W3.2	What is the primary source of your health care coverage? <i>Respondents reporting they have a health plan and it is a plan purchased through an employer.</i>	26.4%	52.1%	44.7%	41.9%
W3.3	Is there one place that you primarily go to when you are sick or need advice about your health? <i>Respondents reporting no.</i>	15.0%	21.0%	17.1%	16.2%
W3.4a	Where do you usually go when you are sick or need advice about your health? <i>Respondents reporting they have one place they go when sick or need advice about their health and it's a clinic or health center.</i>	40.1%	45.3% ⁺	49.2% ⁺	48.3% ⁺
W3.4b	Where do you usually go when you are sick or need advice about your health? <i>Respondents reporting they have one place they go when sick or need advice about their health and it's a doctor's office or HMO.</i>	21.3%	50.0% ⁺	41.9% ⁺	45.8% ⁺
W3.4c	Where do you usually go when you are sick or need advice about your health? <i>Respondents reporting they have one place they go when sick or need advice about their health and it's a hospital emergency room.</i>	5.4%	1.2% ⁺	4.4% ⁺	3.5% ⁺
W3.4d	Where do you usually go when you are sick or need advice about your health? <i>Respondents reporting they have one place they go when sick or need advice about their health and it's a hospital outpatient department.</i>	0.0%	0.3% ⁺	0.7% ⁺	0.7% ⁺

⁺ These questions were answered through a slightly different question: What kind of place do you go to most often?

Question Number	Indicator	2022 Westside Needs Assessment	2022 CHNA	2019 CHNA	2016 CHNA
Health Care Access					
W3.4e	Where do you usually go when you are sick or need advice about your health? <i>Respondents reporting they have one place they go when sick or need advice about their health and it's some other place.</i>	11.4%	1.6% ⁺	2.2% ⁺	1.5% ⁺
Lifestyle					
W4.1	During the past month, did you typically participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? <i>Respondents reporting no.</i>	12.3%	16.1%	20.0%	18.1%
W4.2	On average, how many hours of sleep do you get in a 24-hour period? <i>Respondents reporting at least 7 hours.</i>	80.3%	69.3%	70.7%	*
Housing and Neighborhood Characteristics					
W5.1	Have you ever had times in your life when you considered yourself homeless? <i>Respondents reporting once or more than once.</i>	22.6%	12.2%	16.9%	11.5%
W5.2	Do you currently consider yourself homeless? <i>Respondents reporting yes.</i>	2.8%	0.8%	2.1%	1.6%
W5.3a	How many people are living at your address in total? <i>Respondents reporting 1.</i>	7.0%	18.2%	12.2%	12.3%

* Data not available.

Question Number	Indicator	2022 Westside Needs Assessment	2022 CHNA	2019 CHNA	2016 CHNA
Housing and Neighborhood Characteristics					
W5.3b	How many people are living at your address in total? <i>Respondents reporting 2.</i>	21.2%	37.7%	27.3%	27.6%
W5.3c	How many people are living at your address in total? <i>Respondents reporting 3.</i>	26.9%	14.4%	18.4%	18.8%
W5.3d	How many people are living at your address in total? <i>Respondents reporting 4.</i>	23.2%	14.0%	17.7%	20.9%
W5.3e	How many people are living at your address in total? <i>Respondents reporting 5.</i>	10.8%	8.0%	10.5%	11.1%
W5.3f	How many people are living at your address in total? <i>Respondents reporting 6 or more.</i>	10.3%	7.7%	13.6%	9.3%
W5.4	How many of these people are children under the age of 18? <i>Respondents reporting one or more.</i>	39.2%	31.4%	42.2%	40.6%
W5.5a	How many separate rooms are in this residence? <i>Respondents reporting 4 or less.</i>	61.8%	*	*	*
W5.5b	How many of these rooms are bedrooms? <i>Respondents reporting 2 or less.</i>	63.7%	*	*	*

Question Number	Indicator	2022 Westside Needs Assessment	2022 CHNA	2019 CHNA	2016 CHNA
Food Security and Accessibility					
W6.1a	In a typical month, where do you get most of your food? <i>Respondents reporting some other type of store.</i>	2.8%	5.7%	3.8%	2.6%
W6.1b	In a typical month, where do you get most of your food? <i>Respondents reporting grocery store.</i>	91.3%	90.3%	91.6%	91.8%
W6.1c	In a typical month, where do you get most of your food? <i>Respondents reporting a food pantry.</i>	2.2%	0.9%	1.7%	0.9%
W6.1d	In a typical month, where do you get most of your food? <i>Respondents reporting somewhere else.</i>	3.3%	2.9%	2.7%	4.7%
W6.2	How satisfied are you with the availability of food in your neighborhood? <i>Respondents reporting somewhat or very satisfied.</i>	81.0%	90.9%	94.5%	96.0%
W6.3	How satisfied are you with the overall quality of food sold in your neighborhood? <i>Respondents reporting somewhat or very satisfied.</i>	80.9%	92.7%	96.3%	96.6%
W6.4	The food that {I/we} bought just didn't last, and {I/we} didn't have money to get more. <i>Respondents reporting sometimes or often true.</i>	28.6%	23.9%	18.6%	18.7%
W6.5a	In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food? <i>Respondents reporting yes.</i>	16.6%	13.0%	12.3%	13.5%

Question Number	Indicator	2022 Westside Needs Assessment	2022 CHNA	2019 CHNA	2016 CHNA
Food Security and Accessibility					
W6.5b	Over the last 12 months, how often did this happen – almost every month, some months but not every month, or only in 1 or 2 months? <i>Respondents reporting some months or almost every month of those who answered yes to W6.5a</i>	74.1%	71.7%	56.9%	68.0%
W6.6	“I couldn’t afford to eat balanced meals.” Was that often, sometimes, or never true for you in the last 12 months? <i>Respondents reporting sometimes or often true.</i>	29.9%	22.1%	20.6%	*
Internet/Broadband Access					
W7.1a	Which, if any, of the following services does your household use to access the internet? <i>Respondents reporting broadband (such as high-speed internet through a fixed cable or fiber connection)</i>	66.1%	76.8%	n/a	n/a
W7.1b	Which, if any, of the following services does your household use to access the internet? <i>Respondents reporting wireless (such as only having access to the internet through a smartphone data plan)</i>	38.2%	38.0%	n/a	n/a
W7.1c	Which, if any, of the following services does your household use to access the internet? <i>Respondents reporting DSL dial-up (such as internet through a phone line)</i>	3.4%	2.6%	n/a	n/a
W7.1d	Which, if any, of the following services does your household use to access the internet? <i>Respondents reporting my household does not have internet access.</i>	5.1%	2.1%	n/a	n/a

Question Number	Indicator	2022 Westside Needs Assessment	2022 CHNA	2019 CHNA	2016 CHNA
Internet/Broadband Access					
W7.2a	Which, if any, are reasons that you do not have high speed broadband service (such as a fixed wired connection) at your home? <i>Respondents reporting I access the internet and do everything I need to do using my smartphone.</i>	14.3%	96.6%	n/a	n/a
W7.2b	Which, if any, are reasons that you do not have high speed broadband service (such as a fixed wired connection) at your home? <i>Respondents reporting it costs too much.</i>	4.8%	35.9%	n/a	n/a
W7.2c	Which, if any, are reasons that you do not have high speed broadband service (such as a fixed wired connection) at your home? <i>Respondents reporting I access the internet and do everything I need to do using my DSL/dial-up connection.</i>	7.9%	12.3%	n/a	n/a
W7.2d	Which, if any, are reasons that you do not have high speed broadband service (such as a fixed wired connection) at your home? <i>Respondents reporting it's not available where I live.</i>	2.4%	2.4%	7.8%	8.8%
W7.2e	Which, if any, are reasons that you do not have high speed broadband service (such as a fixed wired connection) at your home? <i>Respondents reporting I just don't want it.</i>	1.6%	4.5%	71.1%	72.6%
Financial Strain					
W8.1	Are you worried that in the next 2 months, you may not have stable housing? <i>Respondents reporting yes.</i>	19.1%	13.3%	13.3%	10.7%

Question Number	Indicator	2022 Westside Needs Assessment	2022 CHNA	2019 CHNA	2016 CHNA
Financial Strain					
W8.2	During the past 12 months, was there a time when you were not able to pay your mortgage, rent or utility bills? <i>Respondents reporting yes.</i>	17.0%	12.6%	12.6%	*
Westside Community Resources					
W9.1	Do you currently have school-age children in your household? <i>Respondents reporting yes.</i>	29.5%	*	*	*
W9.3	How comfortable do you feel asking for help at your child(ren)'s school(s)? <i>Respondents reporting somewhat comfortable or very comfortable.</i>	51.0%	*	*	*
W9.4	How likely are you or your household to use open space at Harding University Partnership School if made available for public use after school hours? Examples of open space options include the playground, basketball courts, or soccer field. <i>Respondents reporting somewhat likely or very likely.</i>	49.0%	*	*	*
W9.5a	What services would you like to see included in a local community resource center near Harding? <i>Respondents reporting legal aid services.</i>	68.1%	*	*	*
W9.5b	What services would you like to see included in a local community resource center near Harding? <i>Respondents immigration services.</i>	63.1%	*	*	*

Question Number	Indicator	2022 Westside Needs Assessment	2022 CHNA	2019 CHNA	2016 CHNA
Westside Community Resources					
W9.5c	What services would you like to see included in a local community resource center near Harding? <i>Respondents reporting dental services.</i>	72.7%	*	*	*
W9.5d	What services would you like to see included in a local community resource center near Harding? <i>Respondents reporting financial services.</i>	67.6%	*	*	*
W9.5e	What services would you like to see included in a local community resource center near Harding? <i>Respondents reporting library access.</i>	64.8%	*	*	*
W9.5f	What services would you like to see included in a local community resource center near Harding? <i>Respondents reporting adult education.</i>	72.1%	*	*	*
W9.5g	What services would you like to see included in a local community resource center near Harding? <i>Respondents reporting language classes.</i>	74.0%	*	*	*
Demographics					
W11.1a	Employment status. <i>Respondents reporting Employed for Wages.</i>	53.4%	48.3%	44.9%	47.7%
W11.1a	Employment status. <i>Respondents reporting being unemployed < or > 1 year.</i>	5.7%	3.6%	7.9%	4.3%
W11.1b	Is your main job year-round or seasonal? <i>Respondents reporting year-round that said they were employed for wages or self-employed.</i>	85.8%	94.1%	85.4%	84.3%

Question Number	Indicator	2022 Westside Needs Assessment	2022 CHNA	2019 CHNA	2016 CHNA
Demographics					
W11.2	Do problems getting childcare make it difficult for you to work or study? <i>Respondents reporting yes and said they are employed for wages, self-employed, out of work, a homemaker or a student.</i>	15.0%	11.0%	43.0%	53.0%

* Data not available.

+ These questions were answered through a slightly different question: What kind of place do you go to most often?

2022 Listening Tour Findings

Below is a summary of the findings from the Santa Barbara County Listening Tour. Also included are the emergent themes within each focus group sub-topic (e.g., youth behavioral health, maternal health equity, and COVID-19 impacts). Similar to the 2019 Listening Tour findings, themes have been grouped by (1) structural factors contributing to needs, (2) obstacles while seeking care, (3) challenges while providing care, and (4) opportunities to address needs.

Overall Findings

This section summarizes four themes that emerged across the three focus areas of youth behavioral health, maternal health equity, and COVID-19 impacts. These themes identified are: (1) lack of accessibility to basic needs, including healthcare, (2) stigma around mental health and other services, (3) social media presence and dissemination of misinformation, and (4) fatigue from the COVID-19 pandemic. Below are quotations representing the voices of the Santa Barbara County Listening Tour participants.

Structural Factors: Lack of Accessibility to Basic Needs, Including Healthcare

Inaccessibility to basic needs, including healthcare, refers to barriers that make it difficult for individuals to receive care or even prohibit their ability to pursue help. This includes housing insecurity, access to primary care providers, financial costs, food insecurity, lack of transportation, or insurance status.

A ripple effect is caused when **access to basic needs is interrupted or compromised by rising housing costs**. Many community members and providers noted that housing insecurity severely impeded efforts to address healthcare needs.

“Hay jóvenes que no tienen el apoyo porque no tienen hogar. Yo sé creciendo mire jóvenes que llegaban a la escuela pero vivían en hoteles. Y aquí en Santa Maria la renta no es barata.”

“There are young people who do not have the support because they are homeless. I know growing up I saw young people who came to school, but lived in hotels. And here in Santa Maria rent is not cheap.” (Youth Behavioral Health: MICOP)

When efforts, however, were made to access services, **further structural factors and challenges, such as provider access**, mediated such attempts.

“So I think, as an OB, the biggest challenge that we have is access. And that's really broad, but it's access to everything. We can see our patients as often as we can get them into the clinic, but if they need specialty care or psychiatry or physical therapy, it's really hard to get them anywhere. And that's just probably the number of providers. I'm sure anyone in the emergency room would say trying to get someone to follow up after seeing them in the ER is really difficult. And that's just a volume issue. That makes taking care of anything that happens in pregnancy much more difficult.” (Maternal Health Equity: Physicians South County)

“But I noticed that it was just a lot harder to get a doctor's appointment at public health over the last two years, and it probably was a little easier before that, but you know, I haven't been able to make an appointment sooner than eight or nine months. And by that time, whenever I was referred to make a doctor appointment with my personal physician, you know, that I just forgot about it. But yeah, I think it probably might have congested the public health system a little worse.” (COVID-19: Homeless/Lived Experience South County)

The availability of services was a reflection point for many providers who felt the volume of need was not structurally supported to meet the demand. When streams of services were not bottlenecking and a point for concern, other structural and systemic factors external to community members’ control appeared. For example, **limited access to affordable childcare oftentimes had an effect on well-being outcomes**, including mental health.

“Childcare is a huge issue postnatal. It causes a domino effect of a lot of things like the economics of a family, the depression of a family, all of that. Our county, in particular, the state and nation have a huge shortage of infant child care spaces. So parents sometimes can't go back to work because they don't have anyone to care for their infant, which can cause, again, you know, health issues, lots of lots of lots of problems. Childcare can also be a buffer service for a family that's struggling in terms of mental health, as well because it gives respite and allows for people to make their appointments and all of that. So I think that any kind of interventions that are put into place have to have a child care component with it. (Maternal Health Equity: Service Providers Countywide)

When COVID-19 impacts were discussed, lack of access to basic necessities continued to precede efforts to access medical care. For example, a series of service providers noted that much larger systemic inequities render undocumented populations invisible and negatively impact this population, as they cannot benefit from services designed to alleviate **financial stress caused by COVID-19**. These challenges with cost and financial stress also extended to other vulnerable populations.

“For me, another group that I think is facing more challenges due to the pandemic is the undocumented community. We saw that through our family resource center program, where we did have some referrals or programs to support families during that time, but unfortunately, some were not eligible, or they did not qualify because of their status. So there were very limited resources during that time. Like the rental or utility assistance programs, they weren't eligible for that.” (COVID-19: Service Providers South County)

“I would add that from my point of view, the biggest challenge, similar to what was alluded to, is access to resources. One example for us was access to COVID vaccines for families and children. You know, there's a lot of barriers that families face to get health access, whether it is the cost, the transportation, or lack of insurance, or coverage.” (COVID-19: Service Providers South County)

Lastly, food insecurity in the college-age population was another structural barrier.

“We see a really high need for food and food security among college students right now. So mainly Allan Hancock, SBCC, I'm sure at UCSB too, but I just want to make sure they're included on that list of high needs. And then one way we're seeing a lot of people asking for help through the Foodbank, obviously, the food. But secondly, our application support for CalFresh has gone up fourfold in the last year or so, a tremendous demand for application assistance, but also a much higher rate of those applications being accepted for funding.” (COVID-19: Leaders Countywide)

Structural Factors: Linguistic Barriers to Accessing Services

Linguistic barriers (e.g., not being able to communicate or not having enough bilingual providers) in conjunction with lack of access to basic services or by itself, served as an entry barrier to many Indigenous, Latino, and migrant communities.

“When I think about high-risk cases, it's a, it's sort of the perfect storm, right? It's families that don't that aren't part of the predominant culture, don't speak the dominant language, have a medically vulnerable child, other children, and lack of transportation. And it's just, it's sort of this perfect storm that isolates them and leaves them higher at risk. So I think for a lot of our clients, especially up in North County, predominantly Santa Maria, who are Mixtec speaking or migrant workers, there's a lot of different issues that come together to make access to medical services harder.”
(Maternal Health Equity: Service Providers Countywide)

Accessing timely interpreting services prevents many in the community from accessing healthcare services and other basic needs services. Not only were those services out of reach for many patients, but also many service providers.

“I only know that my Spanish-speaking clinician was trying to communicate with a patient who I believe was in follow-up for possible rheumatic ectopic pregnancy and failed a follow-up appointment. And when they got a hold of her on the phone, were unable to communicate and called the interpreter service - and maybe it's because of staffing and COVID, and people have to call out too, and maybe that day was an issue. But the interpreter service was just unable to help them that day, did not have a Mixteco person, and I was told that it was the hours.” (Maternal Health Equity: Advanced Practice Providers)

“Most of my experience is intersecting with maternal mental health. So what I would say is that we've seen just in terms of our referrals and influx of mothers with either high-risk pregnancies or medically vulnerable infants, experiencing postpartum depression or postpartum anxiety, or perinatal anxiety because of language barriers or cultural barriers, not feeling extremely isolated and not being able to access services, which compounds the mental health presentation, right, because you have the vulnerable infant, and you have a parent that is unable to access services because of that and feels more isolated and alienated, and we believe puts the infinite risk.”
(Maternal Health Equity: Service Providers Countywide)

“We made a call with a family after their daughter reported being abused. She had held this secret for a long time. And, you know, she was self-harming. And so mom did have insurance. And that was great, you know, she's actually going to qualify for Mission Harbor, which we usually never can with this population I work with. It's really hard to get, you know, really good care. And we've heard great things about Mission Harbor. We connected, and we said, we asked, ‘Do you have a Spanish-speaking representative to talk to mom?’ And they immediately said, ‘Oh, no, we don't have, and we don't hire Spanish-speaking staff.’ And we were very shocked. I mean, this mom has everything. She has insurance. She has the will to support her daughter and the daughter's will. And Mission Harbor said this is probably not the best place for this family.” (Youth Behavioral Health: Interview South County)

One service provider described that **a lack of language services impacts the overall intimacy and comfortability of individuals who do not speak the dominant language**. The following Promotora highlighted that when one enters a space where they cannot communicate and are not approached warmly, that alone cements a foundation for mistrust.

“Pero es lo que le digo, si yo no hablo el idioma y nadie me pregunta yo no me voy a intimar, no voy a decir no hablo el idioma, verdad. Es difícil entender la mecánica que se sigue aquí. Específicamente cuando lidia con el idioma es muy complicado, ya sea el español o otro idioma.”

“But that's what I'm telling you if I don't speak the language and nobody asks me, I'm not going to get intimate. I'm not going to say, ‘I don't speak the language.’ Right? It is difficult to understand the mechanisms at play here. Specifically, when dealing with language, it is very complicated, whether it is Spanish or another language.” (Maternal Health Equity: Promotoras North County)

Countywide stakeholders recognize that while COVID-19 has complicated matters across the board for the medical field, **linguistic diversity and cultural competency still remain prominent issues and obstacles to mental health access**.

“What my providers, and what my community members are telling me, is that there's not sufficient Language and Cultural appropriate services available, accessible, to women during pregnancy, during childbirth, and afterwards....And so, I think that with, you know, everybody blames COVID-19 as, like, ‘the worst thing that's ever happened to us.’ I think, on some level, it is true. It just has exacerbated the complexity of mental health issues that young people are experiencing, but they just can't articulate it. Much

more so when their parents are first-generation, or their parents are limited, or non-English speakers.” (COVID-19: Countywide Stakeholder Interview)

Lastly, **a lack of bilingual providers for youth also prohibited many parents from accessing the information they needed** to help their children in times of crisis.

“Another challenge with services is having bilingual providers that can communicate with the parents and sometimes the children.” (Youth Behavioral Health: Service Providers General Countywide)

Obstacles While Seeking Care: Stigma

Stigma arises from assumptions and perceptions that discourage individuals from seeking or providing help; this can be due to social norms, familial expectations, or cultural beliefs. This includes negative attitudes towards mental health, fear of vaccines and medicines, or refusal to ask others for assistance.

Youth vocalized the normalcy of overstimulation and the steady decline of their mental health, often citing cycles of coping mechanisms hinged on conforming to trends rather than seeking help.

“I would say a lot of the rise in mental illness and substance abuse, like our culture in high school, is surrounded by a lot of things that are negative for mental health. Like, we're always communicating on our phones, and we're constantly being stimulated by social media, which is people glamorizing the best parts of themselves. And then we're comparing ourselves to that. And then we're communicating on Snapchat and, like, assuming we're being connected to people, but it's not what real connection looks like. And it's like we're getting overstimulated by things that we think are actually helping us but they're just making us need more of that to feel the same thing. And like a lot of our fun, like smoking, drinking, nicotine vaping, or whatever, like a lot of the things that you need to do to connect with people are negative for your mental health. So it's almost like it's, it's pretty, like impossible, like we're just constantly being thrown at different things that are affecting us in negative ways. And then, when everyone's doing it, it's hard to see what the right thing is because you're only comparing yourself to your peers. So it's like we're all struggling together. And it's not being addressed at least by the school, especially so all of this overstimulation constantly.” (Youth Behavioral Health: Youth Voices South County)

While these coping mechanisms resonated across all youth focus groups, youth identified **additional cultural practices and beliefs that further stigmatized and suppressed their desire to seek help** within their Spanish-speaking communities.

“Some parents think it's crazy to get help. They say ‘estas loca;’ that's not something that you really need, that ‘we're here for you,’ that you don't need to seek out, because then that's why I need help. People start coming in and they start asking questions, and they think our family is bad.” (Youth Behavioral Health: Youth Voices)

While not facing cultural stigmatization, notably, youth from **more affluent communities felt the stigma of wanting to access services**, but being minimized and disregarded by family members who view mental health through a fixed and narrow definition: one who experiences childhood trauma. One provider captured this growing misconception,

“And actually, that's another thing that I've heard from a lot of students. We have students - and this goes back to our bubble we live in - that have gone to their parents and asked for help. And their parents had said, you have no reason to be sad. You have a good family. You have a good situation.’ And so there's a lot of confusion, sometimes, over understanding that you don't have to have trauma in order to be struggling with mental health challenges.” (Youth Behavioral Health: Service Providers General Counseling)

Similarly, within maternal health equity focus groups, examples of **Spanish-speaking women fearing repercussions due to stigma discouraged them from seeking support services**.

“Yo tengo un ejemplo. Como en mi caso, llegue a los 14 años, yo no sabía ni mi esposo sabía, yo tenía 14 años y mi esposo tenía 18. Y a mi esposo lo iban a meter a la cárcel porque dijeron que me abuso. Y le digo no, nosotros venimos como pareja y a mi me dio miedo y tuve que regresar a tener a mi hija a México. Y otra vez regresar y mi hija me lo recalca y me dice por tu culpa no tengo papeles y no puedo trabajar. Y pienso que si hubiera sabido qué pasó eso, no hubiera venido a los 14 años, o hubiera buscado ayuda. Y a mi suegra yo la hice pasar como mi mamá porque yo estaba sola aquí. Pienso que como dice la señora, muchas veces tenemos miedo de pedir ayuda por las consecuencias. Que no hay chance de decir o mira te vamos a ayudar pero vas a pasar por esto, pero no separar a la familia”.

“I have an example. As in my case, I reached 14 years old. I didn't know nor did my husband know. I was 14 years old, and my husband was 18. And they were going to put

my husband in jail because they said he abused me. And I told him no, we came as a couple, and it scared me. And I had to go back to have my daughter in Mexico. And again I come back, and my daughter emphasizes it to me. And she tells me because of you, I don't have papers, and I can't work. And I think that if I had known what happened, I would not have come at 14 years old, or I would have sought help. And I made my mother-in-law pass as my mother because I was alone here. I think that as the lady says, many times we are afraid to ask for help because of the consequences. That there is no chance to say or look we are going to help you, but you are going to go through this. But not to separate the family.” (Maternal Health Equity: Service Providers South County)

Employees in the hospital described the **stigmatization that occurred within their respective communities when it comes to having COVID-19** and being transparent with one another.

“Y otra cosa es que no estamos educados para respetar porque todavía hay muchos que nos da COVID y mucha gente no quiere decir porque piensan que te van a rechazar.”

“And another thing we're not educated to respect because there still are a lot of us who are getting COVID, and many people don't want to say [that they've got COVID] because they don't want to be rejected.” (COVID-19: Cottage Health Internal)

Challenges Providing Care: Social Media and Dissemination of Misinformation

Another prevalent theme discussed amongst all three sub-topic areas was the **concern over social media influence and the general digital spread of misinformation**.

“I also think social media is a big part of the mental health issues today with kids. Grappling with constantly being on your phone, the constant need to reply immediately, all that pressure, and not having conversations in front of each other, they're assuming the meaning of a conversation based on a text or a Facebook post. I think there's some humaneness that's lost. And that's what these kids need most and what they're not getting because of social media. Social media has also become a babysitter for a lot of kids. How many times do you see a parent hand the kid the phone?” (Youth Behavioral Health: Cottage Health Clinicians and Educators)

The versatility and functionality of phones have made them indispensable, and with them, so has **the influence and hold of social media over youth**.

“I was just thinking, you know, before COVID, the big problem that was exacerbating the ability to cope in young people was social media: just being drenched in social media 24/7. And the problems that would go on socially at school would just continue after school and in the middle of the night. And so that didn't go away, just kind of overshadowed by COVID and of course made it even harder to feel like they can cope with things that seem pretty much part of life.” (Youth Behavioral Health: Service Providers General Countywide)

“Because as a general pediatrician, that is by far the biggest shift I have seen, it's very dramatic. Pre-COVID, yes, some kids were, you know, five, six hours a day on their screens, but I check every single child screen time when they come in. And during COVID, it was not unusual for me to see double digit numbers. So more than 10 hours a day. This is average daily, just from their cell phone only, not their computer or their gaming system, or even their TV. And, obviously, since they've gone back to school, it has scaled down a little for some more like you were saying eight hours a day, but I have A+, sports participants who are still somehow averaging six hours a day. And then top, you know, apps are things like Tiktok and YouTube that are listed there, and so not going to sleep till 3 a.m. So, I see screen time as being a huge fallout of COVID— the increase and the excess. And I see it having a wide range of health effects on my patients, especially mental health issues and insomnia. And I'm seeing this phenomenon now at younger and younger ages. Even four-year-olds are with, you know, their own device six hours a day kind of thing.” (Youth Behavioral Health: Physicians Countywide)

Service providers in the maternal health equity focus groups raised concerns over the **perceived support social media provides and the misinformation that it spreads.**

“Social media, while that can be very supportive, especially with the, you know, the, I don't know what you were calling it, the deep state mommies or the shadow group, some of that can be super helpful. But then, obviously, we all know social media can really lead you down a terrifying rabbit hole at times as well. So sometimes it's not too supportive.” (Maternal Health Equity: Service Providers South County)

As one provider explained, the challenge behind social media was the **seeds of mistrust that it sowed in experts**, such as providers.

“But there's a lot of misinformation out there. And yes, social media hasn't helped. And like it's helped in some ways, but in that way, it's like half-baked truths or things that are just too generalized for their individual situation. I've noticed a big change and trust in

providers and trust and experts.” (Maternal Health Equity: Service Providers South County)

Local leaders had similar thoughts about the power of social media and the influence of misinformation.

“I see people really relying on social media as their source of information. ‘Oh, my friend told me this!’ I’m like, really? Is your friend an expert? ‘No! She just had COVID.’ Or, you know, ‘She’s never had COVID, and this is what she did!’ I’m like, ‘Okay, alright, it’d be good if you paid attention to the experts.’” (COVID-19: Interview Countywide Leader)

Challenges Providing Care: COVID-19 Fatigue

COVID-19 fatigue refers to burnout experienced as a result of the pandemic. This includes experiences of isolation (e.g., youth experiencing loneliness when schools shut down). COVID fatigue is linked to an increased risk of developing several psychological symptoms and mental health disorders. COVID-19 fatigue was the fourth salient theme found across all three sub-topic areas.

This fatigue was especially talked about at great length by the providers. **Many people talked about working more and thus leading to burnout.**

“And we also have the COVID fatigue and the Zoom fatigue. All of us, jumping from meeting to meeting via zoom. We’re working more.” (COVID-19: Service Providers South County)

“But it’s like, no one feels that they can take on a big project because everyone’s just struggling to stay afloat with COVID and everything else.” (Maternal Health Equity: Service Providers North and Mid County)

Part of this burnout can be explained by the fact that **COVID-19 only exacerbates trauma that was already there**, especially around mental health.

“When we see people, we’re seeing them at their absolute worst. So everything that they had been going through is actually exasperated by yet another trauma that’s been layered on top of what they had already been through. I think our young people’s ability to process things now is different than it was pre-COVID. And that just seemed and it feels, as an educator going into the schools and being with these young people, it just seems like it’s just layer upon layer, and with all of the resources that we have, are still

not enough to deal with the influx of need that's in the community from for these young people.” (Youth Behavioral Health: Service Providers General Countywide)

“Creo que el COVID vino a abrir esas puertas y hacer todo lo que teníamos ahí en una pausa, o lo teníamos de alguna manera como ahí dormido, vino a que todo eso floreciera porque estoy viendo en mi comunidad en la juventud mucha depresión.”

“I think that COVID opened those doors and made everything we had there in a pause, or we had it in some way like they were asleep. It came so that all that flourished because I am seeing a lot of depression in my community in the youth.” (Youth Behavioral Health: Community Member Interview)

“I think mental health issues have just been on the rise mainly also because it is just COVID. I think that's what really blew it up. Just like the isolation being like antisocial. People had to like to sit with themselves and bad habits maybe were formed.” (Youth Behavioral Health: Student Voices South County)

“There's been a huge uptick in some mental health challenges and maternity care recently with COVID. And people have a lot of fear around their well-being and their baby's well-being. And we, even as midwives, find it really challenging to find psychiatric referrals, lots of wonderful therapists in town and availability, though many are not covered by insurance, which is also a problem that's way bigger than us.” (Maternal Health Equity: Advanced Practice Providers)

“And we had to shut all of our services down. And, you know, we shut our chapel down, we shut our intakes down, we shut everything down because we had to quarantine 14 women who were positive COVID. And, you know, we wear masks daily here. We test daily. We do everything to try to keep on top of things, but it just seems like sometimes just doesn't. It's hard. I just kind of scratch my head and go, ‘Okay, here we go again.’ But I think it's the constant, the tiredness of the staff, and even of the clientele that we work with, that are like, ‘Oh, this COVID, I hate this thing,’ right? And I think it's really contributed to some poor mental health in our community, not only amongst those we work with and service - give them services and stuff - but even our staff.” (COVID-19: Service Providers South County)

Findings within Youth Behavioral Health

This section addresses the key findings within the youth behavioral health interviews and focus groups. Access to services was the top theme when examining structural factors contributing to needs. For obstacles while seeking care, mental health, including mental health stigma, was most prevalent, and for obstacles to providing care, mental health, including stigma and substance use, was the most prevalent. Lastly, recommendations for improvements around youth behavioral health focus on increasing education.

Structural Factors: Access to Counseling and Therapy Services

The **struggle to find services** was evident. Particularly, it was mentioned that getting appointments in a timely manner as well as hearing back from providers was apparent.

“But when I was trying to look for a psychiatrist here, it was impossible to find one, and and I feel like finding a good one because there's a fair amount of them, I think, but finding ones that you can get an appointment within a timely manner is really challenging.” (Youth Behavioral Health: Parent Interview JS)

“So I signed up for Acacia’s (counseling services) waitlist, thinking that it wouldn't take too long to get on. And I kind of put it on my mind because I was like, ‘okay, they will reach out to me when they're ready.’ And then the end of the quarter rolled around, and I still was on the waiting list and experienced a couple of panic attacks.” (Youth Behavioral Health: Student Interview)

A barrier that came up was when **insurance was not accepted if it was not Medi-Cal**, leaving families paying out-of-pocket for psychological services.

“They recommended for me to get her a psychologist or a therapist on the side, you know, besides the one school because there were more issues that she was having. And the school couldn't really, you know, cover that much more. So, I reached out, and I started calling. But nobody would take our insurance because everybody wanted either CenCal, which is Medi-Cal, and my daughter was not on Medi-Cal. So, I had to pay cash...She can't get any, you know—she can't get a therapist or psychologist because nobody wants insurance. Everybody wants to get paid cash. And I'm sorry, but when this is happening, you don't have any more money to pay.” (Youth Behavioral Health: Parent Interview)

To echo the 2019 CHNA report, **there are still not enough beds** to meet this public health crisis.

“I know that Cottage Behavioral Health is very aware of this, but we don't have beds. We don't have psychiatric beds. All the way down. All the way through the prevention, early intervention, all the way to the highest psychiatric needs. We don't have enough services in this community to even touch the public health crisis that we have.” (Youth Behavioral Health: Service Providers General Countywide)

The struggle with access to counseling services is two-fold. There has not only been a recent increase in requests for services for youth, but **there is also a shortage of services available.**

“What we're seeing a lot is, you know, kind of the primary need that many people have already expressed—anxiety, depression, gender identification. Kids, kids are feeling overwhelmed. They haven't been in school and the lack of services available. So we have many more kids that are needing help. And the same are probably fewer services, fewer providers to access. And so when the families are trying to access the care, there's a long waiting list, or they don't know where to go. And so then we see them in the Emergency Department in crisis. And from when they're in crisis, we have to figure out how we can safely plan them hopefully back home or link them to services. It's, it's so it's not too bad if it's sent outpatient for severe and persistent.” (Youth Behavioral Health: Service Providers Healthcare Counseling)

There is also a sense that **school counselors are overwhelmed and cannot meet the needs of students as well as students feeling like perhaps their problems are not big enough to reach out for help.**

“I see a lot of people struggle, especially with anxiety, and probably lack of sleep, which has, like so many bad effects from it. And I agree that people don't go or want to get help, because they feel like they're not bad enough, or they'll wait till it really is a big problem. And when they need help, oftentimes counselors aren't readily available. Well, there'll be like a lot of waitlists, or you'll have to sign in. And especially, like, during this beginning of the year, I've seen a lot of people who need to talk to their counselors, whether it's for school or personal reasons, but they aren't really taking anybody because they're so busy.” (Youth Behavioral Health: Youth South County)

The **implications of not being able to access services** early on present themselves as larger issues in the future.

“I think a lot of us are probably seeing similar things. But one of the biggest challenges is, and this is why I've gotten involved, is that we just don't have enough support around

early intervention. And so the stress, added stress, that we see families under from not being able to access services early on, and then seeing those issues grow.” (Youth Behavioral Health: Service Providers General Countywide)

Obstacles While Seeking Care: Mental Health and Stigma

Mental health emerged as the top theme in trying to understand the barriers people face around experiencing care. Within mental health, the role of stigma associated around mental health surfaced as the key factor in helping understand youth mental health needs.

Reaching Out: Obstacles for Youth in Seeking Care

Youth talked about the **difficulties in finding a therapist** that they could relate to and how sometimes they do not feel heard.

“Not everyone reaches out for help like they're supposed to. And sometimes when they do reach out, they don't get the help that they want. I've struggled through so much stuff, and when I tried to reach for help, when I tried to get therapists or whatever, they just sometimes told me that I'm at the wrong one. And then sometimes, it's like, 'okay, I need help, but you're just blaming me for it and not helping me.' So it's like, then what do I do? I'm just, you know...that's when like suicide thoughts come in, or just substance use constantly and stuff like that.” (Youth Behavioral Health: Youth Voices North County)

Additionally, youth spoke about how some of their issues are so intense that they feel like **therapists aren't equipped to deal with the issues**.

“Adding onto that, not personally, but from a few close friends, I've noticed and I've heard them talk about the same thing. Like the therapists would tell them that they're the problem because their struggles are just so strong and so heavy, and they're just so frequent that the therapist can't even handle it. They break because well, they break, and they flip it and tell them that they're the problem. But that doesn't result in anything good or beneficial, you know? That can be another huge cause of suicide.” (Youth Behavioral Health: Youth Voices North County)

Youth are also calling for **more culturally relevant service providers** in schools to address the diverse student population.

“Culturally, mental health is dealt with differently among many different groups. So I think that is something that our schools aren't very conscious of, like, we are doing

some things towards mental health, but we're also not making them culturally relevant to people that have different backgrounds and address mental health differently.”
(Youth Behavioral Health: Student Voices South County)

Family members that may not understand what struggles with mental health look like were another piece of the story. This was reported across income levels.

“Cuando tu no tienes ese apoyo con tu salud mental, hablando de experiencia propia, sufriendo de ansiedad y depresión desde muy chicos pero tu familia te llama loca o te dicen ‘a pues tu nomas quieres quejarte de todo. Pero en serio que si te lleva a ese camino de las sustancias.’”

“When you don't have that support with your mental health, speaking from my own experience suffering from anxiety and depression since I was very young, but your family calls you crazy or tells you ‘well, you just want to complain about everything.’ But seriously, it takes you down that path of substance use.” (Youth Behavioral Health: MICOP North County)

Understanding the importance of familial obligations in migrant communities is especially needed when trying to understand youth mental health.

“Quieren trabajar, se sienten como que quieren trabajar y eso es algo que les afecta mucho porque muchas de las veces, ya no quieren seguir con los estudios pero como venimos, más bien nuestras familias vienen aquí y se migran aquí como que tenemos esa presión y eso causa mucha ansiedad y mucha depresión y si, es todo.”

“They [youth] want to work, they feel like they want to work, and that is something that affects them a lot because many times, they no longer want to continue with their studies. Rather, our families come here and migrate here, we have that pressure and yes, that causes a lot of anxiety and a lot of depression, that's it.” (Youth Behavioral Health: MICOP)

Stigma Surrounding Mental Health and Youth

“I think for a lot of us that I work with, and just know, they don't deal with it. You know, they continue to suffer silently with mental health; they continue to increase their substance use. And then really, I think a lot of it has to do with the stigma of, you know, seeking treatment for mental health or substance use. So I mean, the youth that I do, I

don't think they are dealing with it. They're just coping with negative behaviors.” (Youth Behavioral Health: Service Providers Counseling Countywide)

“I just think the stigma surrounding going to like school therapists, if you actually have something going on, is kind of like, just has a bad rep amongst high schoolers. So I just think, focusing really on the teachers and making sure you have an open dialogue with them. And like everyone is saying, just be more supportive and lift up those that are maybe struggling more than others, because those are the people that really need that support.” (Youth Behavioral Health: Youth Voices South County)

Obstacles Providing Care: Mental Health, Stigma, and Substance Use

As well as for obstacles seeking care, mental health emerged as the top theme in trying to understand the barriers people face around experiencing while providing care. Within mental health, the role of the stigma associated around mental health as well as the influence of substance use emerged as key factors in helping understand youth mental health.

Increase in Mental Health Referrals

One of the main concerns with providers and school officials was the clear increase in mental health referrals, with a focus on anxiety, depression, and eating disorders.

“We've had an increase with the youth, and I think these are the ramifications of COVID. I think some of the mental health providers were reporting a 55% increase in requests for mental health services. There was a lot of increase in crisis calls to then our mild to moderate health vendor provider during the pandemic. So I think we're going to see the impact of the pandemic, long term and impacting our youth, for sure, especially in the eating disorders, because that's requiring mental health and then inpatient hospitalization. So that's been a big challenge.” (Youth Behavioral Health: Service Providers Counseling Countywide)

In addition, one of the physicians echoed what the youth were saying– that there was an increase in mental health issues.

“I have in my practice, and I think this has been looked at in the literature, I am seeing a decrease actually, in substance use, with the exception of nicotine use, which has skyrocketed, basically, due to the availability of vaping devices. But I'm seeing less substance use disorders, and very broadly speaking, a skyrocketing in anxiety disorders., And, of course, mood disorders have been fairly, fairly significant.” (Youth Behavioral Health: Physicians)

It was also mentioned that the **increase in school violence** was significant as well as a contributor to some of the anxiety.

“Which we have someone in every elementary school and junior high at the Santa Maria School District, we've noticed a greater increase in referrals for our poorest neighborhoods in Santa Maria for resources, along with what everybody else had—a lot of increase in gender issues, body dysmorphia, self-esteem, anxiety, depression, a lot of violence. School community violence has increased.” (Youth Behavioral Health: Service Providers Counseling Countywide)

Mental Health and Substance Use While Providing Care

Reported stigma had to do with adults **overidentifying and then hyper-criminalizing students of color** when it comes to substance use in schools.

“There was a bias that came into identifying students that I don't think we have to unpack here, but students of color, especially Latinx students were more often identified. But then we look at when students self-report through, say, the California Healthy Kids survey their usage. White students were reporting almost the same level of usage as their peers, as their Latinx peers and their Black peers.” (Youth Behavioral Health: Service Providers Countywide)

Substance use was also identified as a major concern by service providers with an increase in fentanyl use.

[A]: “I’m sure we're all seeing the fentanyl situation.”

[E]: “Rainbow fentanyl, I heard, is the new thing. Vaping and access to any sort of THC products, and marijuana is by far and away, the biggest issue. And then also prescription meds. And then alcohol.” (Youth Behavioral Health: Service Providers Countywide)

Although cannabis was made legal for recreational use in California in 2016, it is still illegal at the federal level. This contributed to some of the **blurry lines for families and service providers to interpreting the law, health risks, and communication** with youth around drug and alcohol use.

“One more thing I would just add is, I think, in talking to families, the legalization of marijuana has made it very confusing with the interpretation that somehow now that it’s legal under 21, it’s now okay. And I just hear a lot of people condoning it not

realizing the challenges of smoking, and edibles, and everything else we're seeing.
(Youth Behavioral Health: Service Providers Countywide)

“En nuestra comunidad, se ve mucho el abuso de drogas y del alcohol y creo que es algo que es bueno que estamos hablando sobre eso porque muchas de las veces no no más es el joven o la joven que está batallando con esas sustancias pero también las familias y pues es difícil cuando uno ve a un familiar haciendo esas cosas.”

“In our community, you see a lot of drug and alcohol abuse, and I think it's a good thing that we're talking about it because a lot of the time, it's not just the young man or young woman who is struggling with these substances, but also families. And it is difficult when you see a family member doing these things.” (Youth Behavioral Health: MICOP North County)

There was a consensus to **destigmatize mental health**.

“Finding a way to destigmatize this, these mental issues and substance abuse issues, because sometimes we don't have an issue. Until we know or we admit we have an issue, we don't have an issue. And I think that's trying to get them to understand that maybe we do have an issue. We need to look at things a little bit differently.” (Youth Behavioral Health: School Leader Interview North County)

Recommendations for Improvements for Youth Behavioral Health

The call for **linguistically and culturally competent service providers** emerged throughout the Listening Tour. At the state level, recommendations included advocacy in the roll-out of programs to include multiple languages in their training curriculum. At the local level, diversifying hiring practices as a way to counter implicit bias is mentioned as one possible solution to the staffing shortage.

“I know, we've kept tabs the last year or so on that peer support specialist certification because I think that would be great for our community at the state level. The unfortunate part is all of the training curriculum that the states rolled out so far has only been in English. Something that we're gonna nudge the state about as, as they continue to roll off that program to consider other languages for their training curriculum.”
(Youth Behavioral Health: MICOP)

“I think they need to have maybe the people who really got it to be in those hiring processes. Because, for example, some of the clinicians who have been hired in agencies

who are people of color, their interviews were different. So, all it takes is one person... who has biases, to say, 'No, we're not going to hire that person.' And they're letting go of really good clinicians. And then blaming the community and saying, there's not enough...I would say, you know, gather the people who really get it and are willing to mentor those people. And really look at their hiring process because I think that's really where they're missing." (Youth Behavioral Health: School Service Provider Interview South County)

Listening Tour participants also emphasized the importance of **having spaces where youth and their families' voices were heard and felt safe** and supported while accessing services.

"Not just making the referral, which is time consuming for everybody, but to truly make that call, walk the family through the process, to ensure that they're accessing the service. I think right...just that. And when I take calls, half the time it's parents and youth just wanting to feel heard, not just like they're a checklist item." (Youth Behavioral Health: Service Providers General Countywide)

This desired sense of safety and support also included youth experiences in school settings.

"You know, when I was about to graduate high school, they told me that there was this class, like a workplace or classroom where you can just go there and just be able to really think about how you're feeling. And there's then something that's going around in the district, where they're making a place, a safe place, where you can go just to relax, and just see if you're doing well. And there's also a good therapist there. So maybe that can go around everywhere." (Youth Behavioral Health: Youth Countywide)

"The student officers on campus—I know that I would like to see a counselor instead of one of those walking around all the time. That just brings me even more anxiety." (Youth Behavioral Health: MICOP)

"It's almost like we're all suffering together. So it's hard to tell who's actually suffering. And it's like, you have to go into crisis to get the help that you need. A lot of our schools, what they're focused on is like waiting for people to get to a crisis and then addressing it, instead of focusing on being proactive and preventing this crisis from actually happening. And I don't know, I think it's like, they're saying, we have resources that are available, and that there's people here to help you. But then it makes you feel worse when you're not getting that help. And it's like, what am I doing wrong, like this help was available, it just feels like within the culture of high schools. It's normal to be

suffering. And it's like, that is not being addressed the cultural impact that this has. We're only exposed to what happens in crisis, not what good mental health looks like on a daily basis. So I think that being promoted will help the culture as a whole improve. So we're not just waiting for people to be in a deep crisis to get the help they need.” (Youth Behavioral Health: Youth South County)

Since families in crisis often end up in the emergency department for mental health care, a need for more compassion was mentioned as well as a recommendation to **centralize care for youth and families**.

“But there's a lot of compassion that has to come with dealing with these patients when they're in the emergency room, but it just doesn't happen. There's no time for it, and, having some sort of emergency psych situation, that was maybe more fuller developed, I think would be necessary. I mean, my daughter, we sent her back to Nebraska. And part of the reason that we made that decision was that we felt like they had a much more robust behavioral health system where she was going.” (Youth Behavioral Health: Parent Interview)

“There's that program where we're trying to get into Santa Barbara. It's something that was developed in Australia and then Canada, and now in California called alcove. It's coming out of Santa Clara County, and it is work that's being done at the State. And we're on that tract to have it here with everything, but the funding. But it's centralized and integrated care where people can go in and get access to medical and mental health care at that moment. But it's housing multiple organizations under one roof without the client having to worry about who's there. All they have to do is go in and say, ‘I need support.’ And it's a big emphasis on early intervention.” (Youth Behavioral Health: Service Providers General Countywide)

One participant talked about a continuation high school that is **prioritizing mental health for students**.

“Personally, my school, La Cuesta, often gets a bad rep because it's a continuation high school. But in reality, when you walk in there, you can feel like you're at home and what home should feel like. You feel welcomed, you feel supported, you feel understood. They actually have a policy where they prioritize your mental health first. So if you're not mentally there or mentally ready, they'll prioritize that before they force any work onto you. And you don't see that in, from my experience, any of the other schools here. And they have, I don't know about other schools, but they have a psychologist there

now. And they have a lot of opportunities and programs.” (Youth Behavioral Health: Youth Countywide)

Preventative Health and Education for Youth and Families

Lastly, participants wanted **resources and communication to prevent health issues and empower youth and families** with the tools to implement self-care, seek services and support, and identify mental health concerns early on.

“I think prevention like you were asking is really key here...And then like you guys said, having kids back in school and having that layer of extra eyes, and involvement in children's lives, where they can identify mental health issues maybe even earlier than they present to their doctor and have on campus access to counseling services.” (Youth Behavioral Health: South County Physicians)

“I don't think we can do enough around education and empowerment. I feel so strongly about just the more we can empower youth and parents to have tools. We can't get the services fast enough, but we can keep educating parents. I mean, simple things like encouraging parents to go to support groups, so that they're able to get the tools they need to support their child and get just the support they need to go through this. It's easy to say ‘practice self care,’ but we need to be reminded of that on a regular basis at every age. So educating our community more and that's something that doesn't cost a lot of money and doesn't take a lot of effort. And then working as much as we can in partnership to be able to leverage what we have.” (Youth Behavioral Health: Service Providers General Countywide)

A recommendation is to **get youth involved in prevention campaigns** early on as a way to increase education and advocacy.

“I also want to add that, what can be done to encourage prevention is having students participate in prevention campaigns. One of the things that Future Leaders of America do is a lot of prevention work on things like alcohol and drugs. We have students who give presentations on the effects of cannabis, the effects on tobacco. So as they're working on different prevention campaigns, they're also learning about how prevention works, what are some of those resources.” (Youth Behavioral Health: Services General Countywide)

Findings within COVID-19 Impacts

This section addresses the key findings within the Listening Tour interviews and focus groups on the topic area of current COVID-19 impacts. This reflects current needs and opportunities resulting from the COVID-19 pandemic and does not reflect historical impacts, although it is notable that many of these needs and opportunities have persisted throughout the pandemic.

Access to services and resources were the top themes when examining structural factors. For obstacles while seeking care, mental health needs were the most prevalent theme, and for obstacles providing care, cost of living was the top. Lastly, recommendations for improvements around COVID-19 implications focus on increasing education.

Structural Factors: Access to Services and Resources

The **struggle to find services and health care providers** was especially limited during the COVID-19 pandemic. Access to care continues to be limited, and this lack of access to care is affecting people's current health status. Particularly, there were difficulties accessing medical and dental appointments.

“What we've been seeing both amongst staff and among our clients is difficult... difficulty in being able to access health care. Just simply making an appointment for a physical for instance, is difficult as it was before the pandemic, and now it seems that physicians have less availability. And so just simply making an appointment, you know, for a simple health care checkup, welfare checkup takes months. And, and I think that's a growing problem that we've seen before the pandemic, but it's gotten worse since the pandemic.” (COVID-19: Leaders Countywide)

“It's difficult to get good medical attention because like they're so backstaffed...It's kind of hard not to be able to navigate it.... so like my teeth per se. I've got one thing pulled. I had missed one appointment, but they were so far out now. All of my top teeth are... now gotta come out. I mean, because the backup, you know, I had an extraction. And this was a month ago, I called for an extraction. I said I was in pain. They told me till the end of October...But the medical attention and how it's backing up, and the need for more medical facilities that are accessible for triage is like pretty backed up normal stuff like our teeth, cleaning, checkups, stuff like that. If it was so far back, that you might get a test right now and not get...help or four months down the line. But because of me not getting my shoulder fixed, you know, I mean for four months now my back's hurting from compensating for my shoulder. So I think the hardest thing during Corona is the

battle with health care.” (COVID-19: Homelessness/Lived Experience Group South County)

“And we're still everything is still kind of catching up. Right? The appointments that we had to have, we're still waiting for them. Sometimes they get canceled. So we're still dealing with all of that.” (COVID-19: Cottage Health: Nutrition and Environmental Services)

Another disparity seen is that **accessing providers, resources, and various services is even more limited for those without the ability to pay** for medical fees and expenses.

“I think after also trying many times, most people that are reasonable have probably stopped trying to get into whatever doctor they've been trying to see. I mean, people are only human, and I'm not going to spend three hours on the phone trying to hunt down, you know, whatever specialists to take care of my chronic medical condition that's ironically predisposing me for the pandemic itself. So I think when you have all the money in the world, you have more resources. And that's another disparity we pointed out to where if you don't have resources, and you're just a person that might not have all the money in the world, then you don't necessarily know who to call either sometimes. So it's multifocal, probably where I don't know who to call right away in this smaller town. There's only so many doctors, but we don't have as many doctors as even Ventura and the Thousand Oaks area. They have a lot more options down there.” (COVID-19: Cottage Health: Nutrition and Environmental Services)

“Not having the opportunity to pay for your appointment, your next appointment for your therapy...it's like it gets you angry at the fact that you don't have enough to pay for the next session or the medical coverage that you have covered for 6 months and not for the rest of your life that you'll be needing for mental health.” (Youth Behavioral Health: MICOP)

Obstacles While Seeking Care: Mental Health

The **increase in mental health needs and the lack of availability of mental health providers** emerged as the top theme in trying to understand the barriers people face around accessing care during the COVID-19 pandemic.

“Mental health, definitely, is an issue that's been very prevalent prior to the pandemic and just magnified given the pandemic and housing, another issue, and our healthcare system.” (COVID-19: Service Providers South County)

“I think one answer is that a lot of people don't deal with [mental health needs]. And I say that really broadly, I think, thinking about all the behavioral health needs across the community, not only the clients that we support, folks with severe and persistent, maybe undiagnosed, untreated mental illness that weren't getting access to services. But even so, one of my daughters needed to see a therapist during the pandemic, and of the ones that we call, they were so stressed out, not taking new clients.” (COVID-19: South County Service Providers)

“And in the nonprofit sector, it's complicated too. We're all stretched. And I'm not sure how individuals are receiving that mental health care that they need for themselves and doing this work.” (COVID-19: Service Providers South County)

Within mental health, participants described an **increase in more serious mental health illnesses** during the pandemic.

“And so, it just felt like we're seeing a lot more serious mental illness within our shelter as well, and not just in Santa Barbara. I mean, I think we're seeing it like across the state...And so we're having conversations about having to reimagine traditional service delivery models that we have and looking at them differently, to make sure that we're actually meeting the needs and not operating as a band-aid.” (COVID-19: Service Providers South County)

Obstacles While Providing Care: Recruiting and Retaining Providers

Challenges with **recruiting and retaining service providers due to the high cost of living** in Santa Barbara County was identified as an obstacle to providing care and services. The high cost of living, coupled with an increase in staff resignations and burnout, has led to staffing vacancies and difficulties in hiring new providers.

“Particularly now that there's kind of a shift in things with services. I would just echo that the retention of staff and people in the community, I think, not just our agency, but other agencies, is a challenge going forward because I think the pandemic... I think this is something- I don't want to use the new normal - but this is kind of what we're dealing with on a daily basis here with our population and probably many other populations also” (COVID-19: Service Providers Countywide)

Given that the surrounding areas, like Ventura, are somewhat more affordable than Santa Barbara, **many service providers have sought housing in other areas.**

“Santa Barbara is a great community to work in and to live in. But it is very challenging, even for folks who have regular eight to eight to five jobs. You know...housing is difficult. I know that there are agencies in town that are trying to hire people. And this is a huge barrier because they can't live in Santa Barbara. I know people who are living in Ventura, or people who are living outside of the area.” (COVID-19: Service Providers Countywide)

Particularly of importance when working at a community health center is living in the area to best understand the needs of the community being served.

“Secondly, we don't have enough providers. And that problem is exacerbated in a community health center. And thirdly, I think where they live plays a role.” (COVID-19: Leader Countywide Interview)

In addition to high costs of living, an **increase in resignations and work-place burnout** are contributing to the difficulty with recruitment and retention of providers.

“Professional upheaval that people have experienced in their professional lives and the ways that it has impacted staffing shortages. There are great resignations, burnout, and career transitions. All causing workforce staffing crises like never seen before.” (COVID-19: Leader Interview South County)

Lastly, it was voiced that the **burnout was disproportionately affecting female physicians** in part due the increase demand in home and work balance, including increases in childcare demands and responsibilities.

“We’re also seeing a lot of physician burnout. Disproportionately female colleagues are burning out. The aggregate effect of the strain on work and relationships has yielded bad effects on doctors who have decided they don’t want to be physicians anymore. (COVID-19: Leader Interview South County)

Recommendations for Improvements to Address COVID-19 Impacts

It was mentioned that at the beginning of the pandemic, there was an increase in communication to the public about available services and resources. Many service providers mentioned the communication and connections they were able to have with each other during the early phases of the pandemic. There is a strong desire to **maintain and strengthen these relationships to better serve clients and educate** each other.

“I think at the beginning of the pandemic, there were all sorts of weekly phone calls and things focused on safety, and how to connect our clients to resources quickly, especially in, you know, first testing, and then vaccinations, and whatnot. And now, just being able to stay connected to the health care providers, including the behavioral health providers, who continue to be understaffed, just making it easier. Having those services be as direct as possible, as immediate and as accessible as possible. Because folks that are already at such a disadvantage, and so disenfranchised, and sort of under-resourced aren't going to be able to go to great lengths to access those services. So making them as readily available as possible, continuing to educate ourselves, educate each other as things develop, because they sort of change and develop very quickly. Which I do feel was the case, at the beginning and throughout the majority of the pandemic, but I think just continuing that: continuing to make sure we're really on top of everything that's available. And then just continuing to address all those social determinants of health, all the things that contribute to folks being at risk.” (COVID-19: Service Providers South County)

There was a desire for **bidirectional communication between service providers and clients** to ensure that services provided are meeting clients' needs. Specific mention was made of outreaching to the undocumented population to ensure that information on benefits and resources are available and accessible, especially given limited availability of services for this population.

“You know, for-profits and restaurants have Yelp, where they get direct feedback from their consumers on how to be better and how to improve. I think sometimes as social service agencies, we're not looking at how we can always improve. And it's not always our fault, right, because we're sometimes at the mercy of our funders. And so we're kind of spinning our wheels, trying to figure out how to adapt to the needs of our consumers and folks that we're seeing come through our doors.” (COVID-19: Service Providers South County)

“The undocumented population, as well as a lot of low income population, I think, don't understand what benefits are available to them, or what services are available to them. And they don't know if they qualify for them or what hoops that need to be jumped through to access those services. I would love something that is easily accessible and that people can know. Yeah, if their documentation status affects the health service that they receive or is insurance necessary to receive some of the health benefits, and things like that. I think that those kinds of questions come up a lot. And I think that a lot of people are already put out thinking that it just doesn't apply to them, or they can't

access those services. So I don't know what that would look like— more PSAs or something that helps the community understand what is available to them.” (COVID-19: Service Providers South County)

Findings within Maternal Health Equity

This section highlights the key findings within the maternal health equity interviews and focus groups. Access to providers, particularly culturally and linguistically responsive providers and services, was the top theme for structural factors as well as for obstacles while seeking care. As for obstacles in providing care, misinformation/mistrust of experts was the top theme. Lastly, recommendations for improvements around maternal health equity focus on prioritizing women and children’s health.

Structural Factors: Access to Providers and Services

General access to providers emerged as the top theme in trying to understand the barriers people face around accessing care. A **scarcity in availability of care** was also mentioned.

“Just the availability of OB care, especially recently, has been a huge issue with some patients having to go to Ventura. And really, really having trouble finding, I mean, even outside of OB care, but you know, gynecological care. The options have really decreased in the community over the past several years. So that's been a big issue in itself.”
(Maternal Health Equity: Service Providers South County)

There was mention of the **gap in types of services that are critical at various stages in pregnancy**, including pre and postnatal care. In addition, the importance of **mothers being able to identify and receive treatment for mental health needs** also emerged as a challenge.

“But one of the challenges is that the definition of postnatal is that it's solely two months after giving birth. And we do know that there has been onsets after the two month period, or people go undiagnosed and aren’t screened for perinatal mood and anxiety disorders. And so there's that gap of even when we look at accessibility or anything like that, because you missed that period, if it's not captured in the first two months.” (Maternal Health Equity: Group Service Providers Countywide).

Another key challenge was the **lack of education resources for new and young mothers**.

“Then we also see in our younger mothers just a complete lack of maternal skills, like they just don't really know what to do or where to start. And then many of our families

don't have much family support. And so, and they just don't really know how to care for their newborn or for their own bodies, post pregnancy.” (Maternal Health Equity: Service Providers South County)

“Es parte de las instituciones porque de parte de Hay muchas mujeres que van al control del embarazo ya con el embarazo avanzado no se cinco, seis meses porque muchas de ellas saben que ya llegará el parto y necesitan tener un doctor a donde ir. Pero no porque ellas sepan que su salud es importante o que un embarazo no es una enfermedad pero es algo que les va a cambiar su cuerpo. Su salud y tienen que estar listas para esos cambios, conocer sobre lo que decía XXX, la depresión posparto, te puede pasar el que tu tengas un bebe y no lo quieras cerca de ti no quiere decir que eres una mala mamá es que algo anda pasando contigo. Entonces todo eso es información y educación.”

“It is part of the institution because there are many women who go to control their pregnancy with an already advanced pregnancy. I don't know five, six months because many of them know that delivery will come, and they will need to have a doctor to go to. But not because they know that their health is important or that a pregnancy is not a disease, but it is something that will change their body, their health. And they have to be ready for those changes, understand what XXX was mentioning, postpartum depression. It can happen to you that you have a baby, and you don't want him near you. It doesn't mean you're a bad mom. It's just that something is going on with you. So all of that is information and education.” (Maternal Health Equity: Promotoras North County)

A perspective emerged from practitioners emphasizing that a major component of overall maternal health care for new mothers also includes **access to childcare services**.

“I feel like more of what we need for our patients and our families is supporting them with general childcare needs.” (Maternal Health Equity: Service Providers Countywide)

“I have been speaking with a couple of moms in my position that have had difficulty with childcare finding appropriate childcare because they are still in school and they haven't been able to find a daycare that will even take the age of their child. The other thing that we have to work with a little bit is also when they aren't able to work, their resources toward care or information tends to decrease unless they know where to reach out.” (Maternal Health Equity: Service Providers Cottage Internal)

Obstacles While Seeking Care: Access to Culturally and Linguistically Relevant Services and Providers

Having linguistically diverse providers is critical to ensuring that all pregnant people and their babies have optimal health and birth outcomes. The most underscored theme when seeking care was the **lack of culturally and linguistically relevant services and providers**. This was echoed by service providers and leaders.

“So after they have the baby, and mostly when, especially if they have, like, the baby’s medical need, most will take care of themselves. [Hispanic/Latino patients] also lack counselors or therapists that speak Spanish.” (Maternal Health Equity: Focus Group Providers North and Mid County)

“I mean, we need a lot of midwives of color, who speak Spanish, who look like their clients, who are providing that culturally competent care, who can accept Medical.” (Maternal Health Equity: Advanced Service Providers)

In addition, the **Indigenous and migrant communities face even more barriers** when seeking maternal health services, including linguistic, navigation, and literacy challenges.

“We also worked with, so the Indigenous migrant communities, primarily farmworkers in the Santa Maria area, and we have case management out of our office. And we have a lot of farm working women coming in asking for support, asking for help on filling out just forms in general, whether it’s to apply for MediCal so they can be seen by the doctors or to make appointments with doctors and clinics and stuff. So they, the farm working women, need a lot of support, either because of language barrier, or because of just not knowing how the systems work in this country. Maybe they have just arrived from Mexico. And it’s the first time ever going to a clinic or any kind of medical facility.” (Maternal Health Equity: Focus Group Providers North and Mid County)

“I would emphasize language issues and then what we sometimes call relatively low health literacy. I understand that that’s a very limiting term. So the cultural differences, lack of understanding about the nature of our healthcare system and how to navigate it, how it functions.” (Maternal Health Equity: Focus Group Providers North and Mid County)

“So with the Indigenous migrant communities, they do face more challenges, especially around mental health as well, because there are no services provided to them in their language. There’s a lot of information, a lot of support in Spanish and in English and

other languages, but not in Mixteco. So that's I think, right now we are seeing the biggest need is just to be able to provide information in their languages.” (Maternal Health Equity: Focus Group Providers North and Mid County)

Beyond providing diverse linguistic services, there was a clear **need for services and providers that are culturally sensitive and relevant** to the needs of the populations being served. When services and providers are culturally competent and responsive, quality of care and health outcomes improve.

“I also would say that I don't know that all of the medical community has done enough to really try and make some of these populations feel welcomed. I mean I can set our organization. We've learned so much about...giving people in the Mixteco population warm drinks versus cold drinks is like feedback that we were given that we didn't even know about, right? That that's better, and that's, you know, more comforting to them. And so, you know, I think it on our part, it takes work to really understand these different cultures to make them want to come and feel like they're being cared for like they want to be cared for.” (Maternal Health Equity: Service Providers Countywide).

“Yo trabajo en una tienda mexicana chica. Donde el noventa y cinco por ciento es comunidad hispano, hablante y también de lenguas indígenas. Van mejor ahí a esa tienda a consultarse sobre los medicamentos que tenemos ahí y van y me dicen olé que será bueno darle a mi hijo porque tiene anemia, tiene anemia pobre besito todo amarillito. Le digo ya le dijo al doctor y me dice si pero no hay citas y luego me dice que de no se que y que el bebe esté luego no puede hacer del baño y pues no mejor que usted me recomienda y allí está uno sacando de las recetas de la abuelita para hacerlas. Ósea vean lo crítico que está el asunto, la desconfianza que tienen ellas y el peligro que están viviendo los niños y las mamás en esa condición. Exponiéndose a cualquier mortal como yo que le puedo darles algo equivocado que no es bueno y ellos mejor les dan la confianza con uno porque hablamos el mismo idioma y porque somos más empáticos con ellos que ir a la oficina del doctor que les contestan el teléfono y no citas hasta que les traigan el acta de función. Entonces ósea me esta doliendo esto, okay en tres meses, okay bueno. A ver a quién mandó en tres meses.”

“I work in a small Mexican store. Where ninety-five percent of the community is Hispanic, also speakers of Indigenous languages. They go there to that store to consult about the medicines that we have there, and they go and they ask me ‘what would be good to give to my son because he has anemia, he has an anemia poor baby he’s all yellow. I already told the doctor, and he says, ‘yes, but there are no appointments,’ and

then he tells me about something 'I don't understand and meanwhile the baby can't go to the bathroom. And he doesn't get better, what do you recommend?' And you find yourself taking out recipes from your grandmother to give to them. That is, do you see how critical the matter is? The mistrust they have, and the dangerous condition that children and mothers are living in. Exposing themselves to any mortal like me who can give them something mistakenly that is not good for them, and they're more willing to trust you because you speak the same language and because we are more empathic with them than going to the doctor's office, where they answer the phone and don't make appointments until you bring them the death certificate, 'You see, this is hurting me, okay in three months? Okay, that's fine. Let's see who goes in three months.'" (Maternal Health Equity: Promotoras North County)

Obstacles While Providing Care: Misinformation and Mistrust of Experts

Misinformation and mistrust of experts refers to the misinformation spread by word of mouth, including gathering information from the internet. This can also include miscommunication and/or misunderstanding and having a mistrust of healthcare providers and/or services. Misinformation and mistrust are prevalent as patients seeking guidance from the internet or from family and friends, rather than their provider.

The **lack of culturally responsive providers and care** was also identified as making it more challenging for providers to care for patients. When a patient's cultural background differs from their provider's, coupled with varying degrees of provider cultural competence, patients often feel mistrust and seek guidance from non-clinical experts, such as family, friends, and others in their community.

"Also, there is just such a strong distrust in, in OB care, and, and care all together. Earned or not earned, the feeling is there. And, you know, when it comes to well, this question is specific about health challenges, it's really difficult to, to not look at if someone's not feeling that they can trust their providers, or feeling like they have culturally representative providers accessible to them or, or providers that they can afford through their various types of insurance or non insurance status. You know, just not having representative care, let alone care at all because it's, it's so it's just so thin. In this town, there's not enough, and many people don't feel respected." (Maternal Health Equity: Service Providers South County)

"I've noticed a big change and trust in providers and trust and experts. And so if people are going back to the basics of like, 'I'm going to talk to my people, and that's who I'm going to learn from.'" (Maternal Health Equity: Service Providers South County)

“También hay personas que no confían en las atenciones al embarazo por un doctor, lo quieren hacer por parte de, como se les llaman parteras. Entonces ese sería otro grupo que también existe aquí en Santa María donde donde no hay esa confianza con el doctor para poder buscar o que quieran hacerlo.”

“There are also people who do not trust pregnancy care by a doctor, they rather go to a midwife. That would be another group that also exists here in Santa Maria, that don’t have trust in doctors, or that want to go to a doctor are hard to find.” (Maternal Health Equity: Promotoras North County)

There was also mention of **conflicting information that people may receive from multiple providers**, which can lead to confusion and misinformation.

“One thing we are seeing is the challenge of conflicting information that people may be getting. Take breastfeeding, for example, the information they're getting from their pediatrician as opposed to their lactation support people and how that can be confusing when we're saying two different things.” (Maternal Health Equity: Service Providers Countywide)

Recommendations for Improvement for Maternal Health Equity

Integrative health as a way to care for the whole person was emphasized multiple times. This includes well-coordinated care and communication with the mother as well as a collaboration amongst service providers.

“There's a lot of evidence-based ways to address perinatal mental health or feelings of overwhelm that aren't specifically about mental health. For us, it's about integrative health...the work that PEP does and MOPS does have community connections, the stuff that [individual's name] and [individual's name] do with La Leche League, like getting people connected, is so important. And so there's actually a lot of solutions in town, but I don't know if it's been—if people think of the integrative aspect. That is, collectively working together can really scaffold a community when it comes to mental health.” (Maternal Health Equity: Service Providers South County)

Creating more spaces that are welcoming for pregnant and postnatal women and inclusive of mental health services, a visiting nurse, multi-lingual outreach services, and other available resources.

“Well, it'd be nice to have maybe just more welcoming centers for women who are going through pregnancy or the day of and days after childbirth and postnatal days for women. So they can be seen offering them therapy counseling for this particular group of women. I think we all can say since the pandemic, we've been talking about it today already. Just mental health is, boy, such a huge need right now. We kind of already talked about this a little bit, providing more accurate information on social media and media outlets and both English and Spanish and other languages. For us, in particular, it'd be nice to have a visiting nurse who knows a lot about childbirth to talk with our families. The Welcome Every Baby class—those are still happening in the community. Yeah, free or reduced fee Lamaze classes. And then What to Expect When You're Expecting informational guides that include a list of service resources.” (Maternal Health Equity: Promotoras North County)

It was also recommended to have **immediate postpartum reversible contraception** available to patients. It is the assumption that this would be a part of the communication and consent process prior to the birth of the child.

“If we want to help and support our patients, we need to be offering immediate postpartum, long acting reversible contraception. It's called IPP LARC. It's the idea of giving them their implant or their IUD while they're in the hospital. So you deliver that baby, you put that IUD in, you give them an implant in their arm, you know, postpartum day, one, two. And they leave the hospital with really effective birth control if that's something they want. And that has been shown, you know, nationally to be effective. It's really where we need to go to help fill in these gaps for patients we know that are not really interacting with the healthcare system frequently enough.” (Maternal Health Equity: Service Providers North and Mid County)

In part, addressing the needs of the lack of culturally competent providers, specific training was recommended for all those interacting with patients, ranging from doctors to front office staff. This was seen as a way to increase cultural sensitivity with the intentions of building trust and rapport with patients.

“I would also add more cultural sensitivity and trauma-informed training for medical care providers, everyone from the front office, all the way to the pediatricians to psychiatrist, everyone who's involved in working with these different communities. I can't remember who had mentioned that. There were some, like cultural differences that we didn't learn until afterwards. And so even learning a little bit more about that community that you're serving, from those very small details as to whether you know, cold water versus hot water can really make a big difference in building that trust.” (Maternal Health Equity: Service Providers North and Mid County)

APPENDIX B: QUESTIONS AND SOURCES OF 2022 CHNA

2022 Santa Barbara County Random Survey Questions and Sources

Question	Question Text	2022 CHNA Source	2022 BRFSS Question wording
Health Status			
1.1	Would you say that in general your health is: excellent, very good, good, fair, or poor?	BRFSS 2022 Core Health Status	
Healthy Days – Health-Related Quality of Life			
2.1	Now thinking about your physical health , which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?	BRFSS 2022 Core Healthy Days	
2.2	Now thinking about your mental health , which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?	BRFSS 2022 Core Healthy Days	
2.3	During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?	BRFSS 2022 Core Healthy Days	
Health Care Access			
3.1	Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare or Medi-Cal, or Indian Health Service?	Adapted from BRFSS 2020 Core Healthy Days	What is the current primary source of your health insurance?
3.2	It appears that you do not currently have any health insurance coverage to help pay for services from hospitals, doctors, and other health professionals. Is that correct?	National Beneficiary Survey, Round 4	

3.3	<p>What is the <u>primary</u> source of your health care coverage?</p> <ol style="list-style-type: none"> 1. A plan purchased through an employer or union (includes plans purchased through another person's employer) 2. A plan that you or another family member buys on your own 3. Medicare 4. CenCal, MediCal, Medicaid, or other state program 5. TRICARE (formerly CHAMPUS), VA or Military 6. Alaska Native, Indian Health Service, Tribal Health Service 7. Some other source 8. None (no coverage) 	Adapted from BRFSS 2022 Core Health Care Access	
3.4	Do you have <u>one person</u> you think of as your personal doctor or health care provider?	BRFSS 2020 Core Health Care Access	Do you have one person (or a group of doctors) that you think of as your personal health care provider?
3.5	Was there a time in the past 12 months when you needed to see a doctor but could not because of the cost?	BRFSS 2020 Core Health Care Access	Was there a time in the past 12 months when you needed to see a doctor but could not because you could not afford it?

3.6	<p>About how long has it been since you last visited a doctor for a routine checkup?</p> <ol style="list-style-type: none"> 1. Within the past year (anytime less than 12 months ago) 2. Within the past 2 years (1 year but less than 2 years ago) 3. Within the past 5 years (2 years but less than 5 years ago) 4. 5 or more years ago 	BRFSS 2022 Core Health Care Access	
3.7	Is there <u>one place</u> that you PRIMARILY go to when you are sick or need advice about your health?	National Health Interview Survey 2013	
3.8	<p>What kind of place do you go to most often?</p> <ol style="list-style-type: none"> 1. Clinic or health center 2. Doctor's office or HMO 3. Hospital emergency room 4. Hospital outpatient department 5. Some other place 6. Don't go to one place most often 	National Health Interview Survey 2013	
3.9	<p>Is this other place best described as a...</p> <ol style="list-style-type: none"> 1. Chiropractor 2. Acupuncturist 3. Osteopath 4. Curandero 5. Native American Healer 6. Naturopath 7. Herbalist or herbal medicine provider 8. Something else 	Adapted from: Hsiao, An-Fu, et al. 2006. "Variation in Complementary and Alternative Medicine (CAM) Use Across Racial/Ethnic Groups and the Development of Ethnic-Specific Measures of CAM Use." <i>The Journal of Alternative and Complementary Medicine</i> 12(3): 281-290.	
3.10	Please describe the place where YOU primarily go when you are sick or need health advice. (open ended)	Santa Barbara County BRFSS 2016	

3.11	During the past 12 months, did you delay or not get medical care you felt you needed— such as seeing a doctor, a specialist, or other health professional?	California Health Interview Survey 2013	
3.12	During the past 12 months, did you ever skip medications to save money?	Health Leads Social Needs Screening Tool	
3.13 series	Other than cost, there are many other reasons people delay getting needed medical care. Have you delayed getting needed medical care for any of the following reasons in the past 12 months?	BRFSS 2018 Health Care Access Module (Separated into individual questions)	
3.14	For what other reason did you delay getting needed medical care in the last 12 months? (open ended)	BRFSS 2018 Health Care Access Module	
3.15	During the past 12 months, how many times have you gone to a hospital emergency room about your own health?	National Health Interview Survey 2016	
3.16	Thinking about your most recent emergency room visit, did you go to the emergency room either at night or on the weekend?	National Health Interview Survey 2016	
3.17	Did <u>this</u> emergency room visit result in a hospital admission?	National Health Interview Survey 2016	
3.18 series	Tell me which of these apply to your last emergency room visit?	National Health Interview Survey 2016	
3.19	People's gender and sex sometimes differ and because some of the questions we ask are based on sex at birth, we need to verify your sex at birth, was it male or female?	Adapted from BRFSS 2019 Optional Module M28	
Chronic Health Conditions			
4.2	(Ever told) (you had) asthma?	BRFSS 2022 Core Chronic Health Conditions	
4.3	Do you still have asthma?	BRFSS 2022 Core Chronic Health Conditions	
4.4	(Ever told) (you had) skin cancer?	BRFSS 2018 Core Chronic Health Conditions	(Ever told) (you had) skin cancer that is not melanoma?

4.5	(Ever told) (you had) any other types of cancer?	BRFSS 2018 Core Chronic Health Conditions	(Ever told) (you had) any melanoma or other types of cancer?
4.6	(Ever told) (you had) diabetes?	BRFSS 2022 Core Chronic Health Conditions	
4.7	How old were you when you were told you have diabetes?	BRFSS 2022 Core Chronic Health Conditions	
4.8	(Ever told) (you had) some form of arthritis, rheumatoid arthritis, gout, lupus or fibromyalgia?	BRFSS 2022 Core Chronic Health Conditions	
4.9	(Ever told) (you had) a depressive disorder (including depression, major depression, dysthymia, or minor depression)?	BRFSS 2022 Core Chronic Health Conditions BRFSS 2022 Core Chronic Health Conditions	
4.10	(Ever told) (you had) an anxiety disorder or other mental health disorder?	BRFSS 2018 Core Chronic Health Conditions	
Mental Health			
5.1 series	<p>The following questions ask about how you have been feeling during the past 30 days. For each question, please indicate which best describes how often you had this feeling. During the past 30 days, about how often did you feel...</p> <ol style="list-style-type: none"> 1. None of the time 2. A little of the time 3. Some of the time 4. Most of the time 5. All of the time 	Kessler 6	
Demographics			
6.1	What is your age?	BRFSS 2022 Core Demographics	
6.3	Are you Hispanic, Latino/a, or Spanish origin?	BRFSS 2022 Core Demographics	

6.4	<p>Are you</p> <ol style="list-style-type: none"> 1. Mexican, Mexican American, Chicano/a 2. Puerto Rican 3. Cuban 4. Mixtec 5. Another Hispanic, Latino/a, or Spanish origin? 	BRFSS 2022 Core Demographics	
6.5	<p>Which one or more of the following would you say is your race?</p> <ol style="list-style-type: none"> 1. White 2. Black or African American 3. American Indian or Alaska Native 4. Asian 5. Asian Indian 6. Chinese 7. Filipino 8. Japanese 9. Korean 10. Vietnamese 11. Other Asian 12. Pacific Islander 13. Native Hawaiian 14. Guamanian or Chamorro 15. Samoan 16. Other Pacific Islander 17. Other *if selected respondent was asked to specify language 	BRFSS 2022 Core Demographics	
6.7	<p>Which one of these groups would you say BEST represents your race? *Respondent showed question if there were multiple selections in Q6.5</p>	BRFSS 2022 Core Demographics	

6.8	<p>What is the primary language spoken in your home?</p> <ol style="list-style-type: none"> 1. English 2. Spanish or Spanish Creole 3. Tagalog 4. Mixteco/Mictec 5. German 6. Chinese 7. French 8. Japanese 9. Vietnamese 10. Korean 11. Other *if selected respondent was asked to specify language 	Adapted from CHIS 2022	
6.10	Any other primary language spoken in your home?	Adapted from CHIS 2022	
6.15	<p>Are you...</p> <ol style="list-style-type: none"> 1. Married 2. Divorced 3. Widowed 4. Separated 5. Never Married 6. A member of an unmarried couple 	BRFSS 2022 Core Demographics	

6.16	<p>What is the highest grade or year of school you completed?</p> <ol style="list-style-type: none"> 1. Never attended school or only attended kindergarten 2. Grades 1 through 8 (Elementary) 3. Grades 9 through 11 (Some high school) 4. Grade 12 or GED (High school graduate) 5. College 1 year to 3 years (Some college or technical school) 6. College 4 years or more (College graduate) 	BRFSS 2022 Core Demographics	
6.17	Did you go to high school in Santa Barbara County?	University of Pittsburgh created for 2019 CHNA	
6.18	Did you go to school before high school in Santa Barbara County?	University of Pittsburgh created for 2019 CHNA	
6.19	In order to help us fully understand the health of the residents in each community in Santa Barbara County, it would be very helpful to get your ZIP code. [ASK IF NECESSARY: What is your zip code?]	Adapted from BRFSS 2018 Core	
6.21	In order to help us learn more about environmental factors in your area, we'd like to know, what is the nearest intersection to your home or the place where you live? This information will only be used to group your responses with others from your neighborhood. Please name the two cross-streets of the nearest intersection to your house. What is the name of the first street?	Adapted from BRFSS 2016 State Added Module (Washington)	
6.22	What is the name of the second street?	Adapted from BRFSS 2016 State Added Module (Washington)	
6.23	The streets I recorded for the closest intersection are: [insert 5.9 street name] and [insert 5.10 street name]. Is this correct?	Adapted from BRFSS 2016 State Added Module (Washington)	

6.24	Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?	BRFSS 2022 Core Demographics	
6.25	Are you currently...? 1. Employed for wages 2. Self-employed 3. Out of work for 1 year or more 4. Out of work for less than 1 year 5. A Homemaker 6. A Student 7. Retired 8. Unable to work	BRFSS 2022 Core Demographics	
6.26	Is your main job year-round or seasonal?	Santa Barbara County BRFSS 2016	
6.27	Do problems getting childcare make it difficult for you to work or study?	Health Leads Social Needs Screening Tool	
6.28	Is your annual household income from all sources...	BRFSS 2022 Core Demographics	
6.29	About how much do you weigh without shoes?	BRFSS 2022 Core Demographics	
6.30	About how tall are you without shoes?	BRFSS 2022 Core Demographics	
6.31	To your knowledge are you now pregnant?	BRFSS 2022 Core Demographics	
6.32	Some people who are deaf or have serious difficulty hearing may use assistive devices to communicate by phone. Are you deaf or do you have serious difficulty hearing?	BRFSS 2022 Core Demographics	
Calibration Questions			
CQ1	Approximately, how many hours of television do you watch on an average day?		
CQ2	In a typical week, about how many hours do you spend on the internet for personal use?		
CQ3	Do you usually try new products before other people do?		
Smoking and Tobacco Use			
7.1	Have you smoked at least 100 cigarettes in your entire life?	BRFSS 2022 Core Tobacco Use	
7.2	Do you now smoke cigarettes every day, some days, or not at all?	BRFSS 2022 Core Tobacco Use	

7.3	During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?	BRFSS 2022 Core Tobacco Use	
7.4	<p>How long has it been since you last smoked a cigarette, even one or two puffs?</p> <ol style="list-style-type: none"> 1. Within the past month (less than 1 month ago) 2. Within the past 3 months (1 month but less than 3 months ago) 3. Within the past 6 months (3 months but less than 6 months ago) 4. Within the past year (6 months but less than 1 year ago) 5. Within the past 5 years (1 year but less than 5 years ago) 6. Within the past 10 years (5 years but less than 10 years ago) 7. 10 years or more 8. Never smoked regularly 	BRFSS 2022 Core Tobacco Use	
7.5	Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?	BRFSS 2022 Core Tobacco Use	
7.6	Have you ever used an e-cigarette or other electronic "vaping" product, even just one time, in your entire life?	BRFSS 2020 Optional Module E-Cigarettes	
7.7	Do you now use e-cigarettes or other electronic "vaping" products every day, some days, or not at all?	BRFSS 2022 Core Tobacco Use	
7.8	During the past 30 days, on how many days did you use e-cigarettes or other electronic "vaping" products?	BRFSS 2018 Optional Module E-Cigarettes	
7.9	About how old were you when you first used e-cigarettes or other electronic "vaping" products?	BRFSS 2018 Optional Module E-Cigarettes	
Alcohol Consumption			

8.1	During the past 30 days, how many days per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?	BRFSS 2018 Core Alcohol Consumption	During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage
8.1a	During the past 30 days, how many days per week did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?	BRFSS 2018 Core Alcohol Consumption	During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage
8.2	During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?	BRFSS 2022 Core Alcohol Consumption	
8.3	Considering all types of alcoholic beverages, how many times in the past 30 days did you have <i>X</i> [CATI - FILL X: Let <i>X</i> = 5 for Men, <i>X</i> = 4 for Women] or more drinks on an occasion?	BRFSS 2022 Core Alcohol Consumption	
8.4	During the past 30 days, what is the largest number of drinks you had on any occasion?	BRFSS 2022 Core Alcohol Consumption	
Lifestyle			
9.1	During the past month, did you typically participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?	2015 Allegheny County (Penn.) Health Survey (ACHS) (Adapted from BRFSS 2018 Core Exercise Module)	
9.2	On average, how many hours of sleep do you get in a 24-hour period?	BRFSS 2022 Core Inadequate Sleep	
Vaccinations			
10.1	During the past 12 months, have you had either a flu vaccine that was sprayed in your nose or a flu shot injected into your arm?	BRFSS 2022 Core Immunization	
HPV Vaccinations			
11.1	Have you ever had the Human Papilloma virus vaccination or HPV vaccination?	BRFSS 2022 Optional Module HPV - Vaccination	

11.2	How many HPV shots did you receive?	BRFSS 2022 Optional Module HPV - Vaccination	
Health Screening (Female only)			
12.1	Have you ever had a mammogram?	BRFSS 2022 Core Breast and Cervical Cancer Screening	
12.2	How long has it been since you had your last mammogram? 1. Within the past year (anytime less than 12 months ago) 2. Within the past 2 years (1 year but less than 2 years ago) 3. Within the past 3 years (2 years but less than 3 years ago) 4. Within the past 5 years (3 years but less than 5 years ago) 5. 5 or more years ago	BRFSS 2022 Core Breast and Cervical Cancer Screening	
12.3	Have you ever had a Pap test?	BRFSS 2019 Core Breast and Cervical Cancer Screening	At your most recent cervical cancer screening, did you have a Pap test?
12.4	How long has it been since you had your last Pap test? 1. Within the past year (anytime less than 12 months ago) 2. Within the past 2 years (1 year but less than 2 years ago) 3. Within the past 3 years (2 years but less than 3 years ago) 4. Within the past 5 years (3 years but less than 5 years ago) 5. 5 or more years ago	BRFSS 2019 Core Breast and Cervical Cancer Screening	
Health Screening (All respondents >=50)			

13.1	A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?	BRFSS 2019 Core Colorectal Cancer Screening	One stool test uses a special kit to obtain a small amount of stool at home and returns the kit to the doctor or the lab. Have you ever had this test?
13.2	Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?	BRFSS 2022 Core Colorectal Cancer Screening	
13.3	For a sigmoidoscopy, a flexible tube is inserted into the rectum to look for problems. A colonoscopy is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy?	BRFSS 2019 Core Colorectal Cancer Screening	
13.4	How long has it been since your last sigmoidoscopy or colonoscopy? 1. Within the past year (anytime less than 12 months ago) 2. Within the past 2 years (1 year but less than 2 years ago) 3. Within the past 3 years (2 years but less than 3 years ago) 4. Within the past 5 years (3 years but less than 5 years ago) 5. Within the past 10 years (5 years but less than 10 years ago) 6. 10 or more years ago	BRFSS 2022 Core Colorectal Cancer Screening	
Adverse Childhood Experiences (ACEs)			
14.1	Now looking back before you were 18 years of age--- did you ever live with anyone who was depressed, mentally ill, or suicidal?	BRFSS ACE Module	

14.2	Did you live with anyone who was a problem drinker or alcoholic?	BRFSS ACE Module	
14.3	Did you live with anyone who used illegal street drugs or who abused prescription medications?	BRFSS ACE Module	
14.4	Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other corrections facility?	BRFSS ACE Module	
14.5	Were your parents separated or divorced?	BRFSS ACE Module	
14.6	How often did your parents or adults in your home ever slap, hit, kick, punch, or beat each other up? 1. Never 2. Once 3. More than once	BRFSS ACE Module	
14.7	Not including spanking (before age 18), how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? 1. Never 2. Once 3. More than once	BRFSS ACE Module	
14.8	How often did a parent or adult in your home ever swear at you, insult you, or put you down? 1. Never 2. Once 3. More than once	BRFSS ACE Module	
14.9	How often did anyone at least 5 years older than you or an adult, ever touch you sexually, OR ever try to make you touch them sexually OR force you to have sex? 1. Never 2. Once 3. More than once	BRFSS ACE Module	

14.10	Before the age of 18, did you ever feel unsupported, unloved and/or unprotected? 1. Never 2. Once 3. More than once	BRFSS ACE Module	
14.11	Before the age of 18, did you ever lack appropriate care by any caregiver (for example, not being protected from unsafe situations, or not cared for when sick or injured even when the resources were available)? 1. Never 2. Once 3. More than once	BRFSS ACE Module	
Marijuana Use			
15.1	During the past 30 days, on how many days did you use marijuana or cannabis?	BRFSS 2022 Optional Module Marijuana Use	
15.2	When you used marijuana or cannabis during the past 30 days, was it for medical reasons (like to treat or decrease symptoms of a health condition), for non-medical reasons (like to have fun or fit in), or for both medical and non-medical reasons? 1. For medical reasons (like to treat/decrease symptoms of a health condition) 2. For non-medical reasons (like to have fun or fit in) 3. For both medical and non-medical reasons	BRFSS 2022 Optional Module Marijuana Use	
Gender Identity and Sexual Orientation			

16.1	Which of the following best represents how you think of yourself? 1. Lesbian or Gay 2. Straight, that is, not gay 3. Bisexual 4. Asexual 5. Something else	BRFSS Sexual Orientation and Gender Identity (SOGI) Module	
16.2	What is your current gender? 1. Male 2. Female 3. Gender nonconforming 4. Transgender, male-to-female 5. Transgender, female-to-male 6. Other	University of Pittsburgh created for 2019 CHNA	
16.3	If other: What would you like to record as your current gender?	University of Pittsburgh created for 2019 CHNA	
Oral Health			
17.1	Including all types of dentists, such as orthodontists, oral surgeons, and all other dental specialties, as well as dental hygienists, how long has it been since you last visited a dentist or a dental clinic for any reason? 1. Within the past year (anytime less than 12 months ago) 2. Within the past 2 years (1 year but less than 2 years ago) 3. Within the past 5 years (2 years but less than 5 years ago) 4. 5 or more years ago	BRFSS 2022 Core Oral Health	
	Have any permanent teeth been removed because of tooth decay or gum disease?	BRFSS 2018 Core Oral Health	Not including teeth lost for injury or orthodontics, how many of your permanent teeth have been removed

17.2			because of tooth decay or gum disease?
Housing and Neighborhood Characteristics			
18.1	Have you ever had times in your life when you considered yourself homeless? 1. More than once 2. Once 3. Never	National Alcohol Survey 2012	
18.2	Do you currently consider yourself homeless?	Created for 2016 CHNA	
18.3	How many people are living at your address in total?	American Community Survey 2016	
18.4	How many of these people are children under the age of 18?	University of Pittsburgh created for 2019 CHNA	
18.6	Do you own or rent your home? (or other arrangement)	BRFSS 2022 Core Demographics	
Food Security and Availability			
19.1	In a typical month, where do you get most of your food? 1. Grocery store (such as Ralph's, Von's, or Smart & Final) 2. Some other type of store 3. Food pantry 4. Somewhere else	Cleveland, OH BRFSS (County Specific Oct 2014 - Jan 2015)	
19.2	How satisfied are you with the availability of food in your neighborhood? 1. Very satisfied 2. Somewhat satisfied 3. Somewhat dissatisfied 4. Very dissatisfied	Cleveland, OH BRFSS (County Specific Oct 2014 - Jan 2015)	

19.3	How satisfied are you with the overall quality of food sold in your neighborhood? 1. Very satisfied 2. Somewhat satisfied 3. Somewhat dissatisfied 4. Very dissatisfied	Cleveland, OH BRFSS (County Specific Oct 2014 - Jan 2015)	
19.4	The food that {I/we} bought just didn't last, and {I/we} didn't have money to get more. Was that often true, sometimes true, or never true for you and your household in the last 12 months?	California Health Interview Survey 2022	
19.5	In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?	California Health Interview Survey 2022	
19.6	Over the last 12 months, how often did this happen -- almost every month, some months but not every month, only in 1 or 2 months?	California Health Interview Survey 2022	
19.7	I couldn't afford to eat balanced meals. Was that often, sometimes, or never true for you in the last 12 months?	California Health Interview Survey 2022	
Support and Companionship			
20.1 series	People sometimes look to others for companionship, assistance, and other types of support. How often is each of the following kinds of support available to you if you need it? 1. None of the time 2. A little of the time 3. Some of the time 4. Most of the time 5. All of the time	Allegheny County (PA) Health Survey (ACHS) 2009	
Resilience Scale (RISC)			

21.1	I am able to adapt when changes occur. 1. Not true at all 2. Rarely true 3. Sometimes true 4. Often true 5. True nearly all the time	Connor-Davidson Resilience 2017	
21.2	I tend to bounce back after illness, injury, or other hardships. 1. Not true at all 2. Rarely true 3. Sometimes true 4. Often true 5. True nearly all the time	Connor-Davidson Resilience 2017	
Financial Resource Strain			
22.1	Are you worried that in the next 2 months, you may not have stable housing?	Health Leads Social Needs Screening Tool	
22.2	During the past 12 months, was there a time when you were not able to pay your mortgage, rent or utility bills?	BRFSS 2022 Optional Module Social Determinants of Health	
Internet Broadband			
23.1	Which, if any, of the following services does your household use to access the internet? 1. Broadband (such as high speed internet through a fixed cable or fiber connection) 2. Wireless (such as only having access to the internet through a smartphone data plan) 3. DSL or dial-up (such as internet through a phone line) 4. My household does not have internet access	Consumer Reports 2021 Broadband Survey	

23.2	<p>Which, if any, are reasons that you do not have high speed broadband service (such as a fixed wired connection) at your home?</p> <ol style="list-style-type: none"> 1. I access the internet and do everything I need to do using my smartphone 2. It costs too much 3. I access the internet and do everything I need to do using my DSL/dial-up connection 4. It's not available where I live 5. I just don't want it 6. Other 	Consumer Reports 2021 Broadband Survey	
COVID-19			
24.1	Have you received at least one dose of a COVID-19 vaccination?	BRFSS 2022 Emerging Core: Long-Term COVID Effects	
24.2	Would you say you will definitely get a vaccine, will probably get a vaccine, will probably not get a vaccine, will definitely not get a vaccine, or are you not sure?	BRFSS 2022 Emerging Core: Long-Term COVID Effects	

2022 Westside Needs Assessment Questions and Sources

Question	Question Text	Source
Health Status		
W1.1	Would you say that in general your health is: excellent, very good, good, fair, or poor?	BRFSS 2022 Core Health Status
Healthy Days – Health-Related Quality of Life		
W2.1	Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health was not good?	BRFSS 2022 Core Health Status
W2.2	Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health was not good?	BRFSS 2022 Core Health Status
W2.3	During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self care, work, or recreation?	BRFSS 2022 Core Health Status
Health Care Access		
W3.1	Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare or Medi-Cal, or Indian Health Service?	Adapted from BRFSS 2020 Core Healthy Days
W3.2a	<p>What is the primary source of your health care coverage?</p> <ol style="list-style-type: none"> 1. A plan purchased through an employer or union (includes plans purchased through another person's employer) 2. A plan that you or another family member buys on your own 3. Medicare 4. Medicaid or other state program 5. TRICARE (formerly CHAMPUS), VA or Military 6. Alaska Native, Indian Health Service, Tribal Health Service 7. Some other source 8. None (no coverage) 9. Don't know/not sure 10. Refused 	Adapted from BRFSS 2020 Core Healthy Days
W3.2b	It appears that you do not currently have any health insurance coverage to pay for services from hospitals, doctors, and other health professions. Is that correct?	National Beneficiary Survey, Round 4
W3.3	Is there one place that you PRIMARILY go to when you are sick or need advice about your health?	National Health Interview Survey 2013
W3.4	Where do you usually go when you are sick or need advice about your health?	Santa Barbara County BRFSS 2016

Question	Question Text	Source
Lifestyle		
W4.1	During the past month, did you typically participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?	2015 Allegheny County (Penn.) Health Survey (ACHS)
W4.2	On average, how many hours of sleep do you get in a 24-hour period?	BRFSS 2022 Core Inadequate Sleep
Housing and Neighborhood Characteristics		
W5.1	Have you ever had times in your life when you considered yourself homeless? 1. More than once 2. Once 3. Never 4. Don't know/Not sure 5. Refused	National Alcohol Survey 2012
W5.2	Do you currently consider yourself homeless?	2016 CHNA Survey
W5.3	How many people are living at your address in total?	American Community Survey 2016
W5.4	How many of these people are children under the age of 18?	University of Pittsburgh created for 2019 CHNA
W5.5a	How many separate rooms are in this residence?	US Census
W5.5b	How many of these rooms are bedrooms?	Adapted from BRFSS 2016 State Added Module (Washington)
Food Security and Availability		
W6.1	In a typical month, where do you get most of your food? 1. Grocery store (such as Ralph's, Von's, or Smart & Final) 2. Some other type of store 3. Food pantry 4. Somewhere else 5. Don't know/Not sure 6. Refused	Cleveland, OH BRFSS (County Specific Oct 2014 – Jan 2015)

Question	Question Text	Source
Food Security and Availability		
W6.2	<p>How satisfied are you with the availability of food in your neighborhood?</p> <ol style="list-style-type: none"> 1. Very dissatisfied 2. Somewhat dissatisfied 3. Somewhat satisfied 4. Very satisfied 5. Don't know/Not sure 6. Refused 	Cleveland, OH BRFSS (County Specific Oct 2014 – Jan 2015)
W6.3	<p>How satisfied are you with the overall quality of food sold in your neighborhood?</p> <ol style="list-style-type: none"> 1. Very dissatisfied 2. Somewhat dissatisfied 3. Somewhat satisfied 4. Very satisfied 5. Don't know/Not sure 6. Refused 	Cleveland, OH BRFSS (County Specific Oct 2014 – Jan 2015)
W6.4	<p>These next questions are about the food eaten in your household in the last 12 months and whether you were able to afford food. For this next question, please tell me whether the statement describes something that was often true, sometimes true, or never true for you and your household in the last twelve months.</p> <p>“The food that {I/we} bought just didn't last, and {I/we} didn't have money to get more.”</p> <ol style="list-style-type: none"> 1. Often true 2. Sometimes true 3. Never true 4. Don't know/Not sure 5. Refused 	California Health Interview Survey 2022
W6.5a	<p>In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know/Not sure 4. Refused 	California Health Interview Survey 2022

Question	Question Text	Source
Food Security and Availability		
W6.5b	<p>Over the last 12 months, how often did this happen – almost every month, some months but not every month, only in 1 or 2 months?</p> <ol style="list-style-type: none"> 1. Almost every month 2. Some months but not every month 3. Only in 1 or 2 months 4. Don't know/Not sure 5. Refused 	California Health Interview Survey 2022
W6.6	<p>"I couldn't afford to eat balanced meals."</p> <p>Was that often, sometimes, or never true for you in the last 12 months?</p> <ol style="list-style-type: none"> 1. Often true 2. Sometimes true 3. Never true 4. Don't know/Not sure 5. Refused 	California Health Interview Survey 2022
Television and Internet Use		
W7.1	<p>Which, if any, of the following services does your household use to access the internet? (Select All that Apply)</p> <ol style="list-style-type: none"> 1. Broadband (such as high speed internet through a fixed cable or fiber connection) 2. Wireless (such as only having access to the internet through a smartphone data plan) 3. DSL dial-up (such as internet through a phone line) 4. My household does not have internet access 5. Refused 	Consumer Reports 2021 Broadband Survey
W7.2	<p>Which, if any, are reasons that you do not have high speed broadband service (such as fixed wire connection) at your home? Select all that apply.</p> <ol style="list-style-type: none"> 1. I access the internet and do everything I need to do using my smartphone 2. It costs too much 3. I access the internet and do everything I need to using my DSL/dial-up connection 4. It's not available where I live 5. I just don't want it 6. Other (Specify) 7. Refused 	Consumer Reports 2021 Broadband Survey

Question	Question Text	Source
Financial Strain		
W8.1	Are you worried that in the next 2 months, you may not have stable housing? 1. Yes 2. No 3. Don't know/Not sure 4. Refused	Health Leads Social Needs Screening Tool
W8.2	During the last 12 months, was there a time where you were not able to pay your mortgage, rent, or utility bills?	BRFSS 2022 Optional Module Social Determinants of Health
Westside Community Resources		
W9.1	Do you currently have school-age children in your household? 1. Yes 2. No 3. Don't know/Not sure 4. Refused	Westside Resource Center Team
W9.2	Which school or schools do they attend? (per child) 1. Harding Partnership School 2. La Cumbre Middle School 3. Santa Barbara High School 4. Other School 5. Not Applicable	Westside Resource Center Team
W9.3	How comfortable do you feel asking for help at your child(ren)'s school(s)? (per school) 1. Very Uncomfortable 2. Somewhat Uncomfortable 3. Neither Uncomfortable Not Comfortable 4. Somewhat Comfortable 5. Very Comfortable 6. Not Applicable 7. Don't Know/ Not Sure 8. Refused	Westside Resource Center Team

Question	Question Text	Source
Westside Community Resources		
W9.4	<p>How likely are you or your household to use open space at Harding University Partnership School if made available for public use after school hours?</p> <ol style="list-style-type: none"> 1. Very unlikely 2. Somewhat unlikely 3. Neither unlikely not likely 4. Somewhat likely 5. Very likely 6. Don't know/not sure 7. Refused 	Westside Resource Center Team
W9.5	<p>Now I would like to talk to you about a Community Resource Center that is going to open nearby.</p> <p>"Community resource center means a building or meeting room for the use of a not-for-profit organizations. The facility can be used by different not for profits (such as health, food) to connect with the community and provide information and services to the community members."</p> <p>What services would you want to see included in a local community resource center near Harding? (Select all that apply)</p> <ol style="list-style-type: none"> 1. Legal 2. Immigration 3. Dental 4. Financial Services 5. Library 6. Adult education 7. Language Classes 8. Other 9. Don't know/Not sure 10. Refused 	Westside Resource Center Team

Question	Question Text	Source
Demographics		
W11.1a	<p>Are you currently (read options)?</p> <ol style="list-style-type: none"> 1. Employed for wages 2. Self- employed 3. Out of work for 1 year or more 4. Out of work for less than 1 year 5. A homemaker 6.A student 7. Retired 8. Unable to work 9. REFUSED 	BRFSS 2022 Core Demogrpahics
W11.1b	<p>Is your main job year-round or seasonal?</p> <ol style="list-style-type: none"> 1. Year-round 2. Seasonal 3. Don't know/Not sure 4. Refused 	Santa Barbara County BRFSS 2016
W11.2	<p>Do problems getting child care make it difficult for you to work or study?</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't Know/Not sure 4. Refused 	Health Leads Social Needs Screening Tool

2022 Santa Maria Needs Assessment Questions and Sources

Question	Question Text	Source
Demographics		
1.1	<p>What is the primary language spoken in your home? (check one)</p> <p>English</p> <p>¿Cuál es el idioma principal que se habla en su hogar? (marque uno)</p> <p>English Inglés</p> <p>Spanish or Spanish Creole Español o criollo español</p> <p>Tagalog Tagalo</p> <p>Mixtec Mixteco</p> <p>German Alemán</p> <p>Chinese Chino</p> <p>French Francés</p> <p>Japanese Japonés</p> <p>Vietnamese Vietnamita</p> <p>Korean Coreano</p> <p>DON'T KNOW / NOT SURE NO SABE</p> <p>REFUSED NO QUIERE CONTESTAR</p> <p>OTHER (SPECIFY) OTRO (ESPECIFICAR)</p>	University of Pittsburgh created for 2019 CHNA
1.2	<p>Ages Including yourself, how many people living in your household are: (enter number of people in each category)</p> <p>Incluyendo a usted mismo, ¿cuántas personas que viven en su hogar son: (recuento de personas en cada categoría)</p> <p>1. Less than 2 years old Menos de 2 años</p> <p>2. ≥2-5 years old ≥2-5 años</p> <p>3. 6-17 years old 6-17 años</p> <p>4. 18-64 years old 18-64 años</p> <p>5. More than 64 years old Más de 64 años</p> <p>6. Don't know NO SÉ / NO ESTÁ SEGURO</p> <p>7. Refused NO QUIERE CONTESTAR</p>	Created for the 2022 Santa Maria Needs Assessment

Question	Question Text	Source
Demographics		
1.3	<p>Are you or anyone in your household of Hispanic, Latino/a, or Spanish origin?</p> <p>¿Es usted o alguien en su hogar de origen hispano, latino/a o español</p>	Adapted from BRFSS 2022 Core Demographics
1.4	<p>Do you or anyone in your household identify with any indigenous groups of Mexico or Central America? (check all that apply)</p> <p>¿Usted o alguien en su hogar se identifica con algún grupo indígena de México o América Central? (marque todo lo que corresponda)</p> <p>1. Mixtec 2. Triqui 3. Zapotec 4. OTHER (write-in answer) OTRO (respuesta escrita)</p>	Created for the 2022 Santa Maria Needs Assessment
1.5	<p>Which one or more of the following would you say is your race and the race of members of your household? (check all that apply)</p> <p>¿Cuál o más de las siguientes diría usted que es su raza y la raza de los miembros de su hogar? (marque todas las que correspondan)</p> <p>1. White Blanco 2. Black or African American Negro o afroamericano 3. American Indian or Alaska Native Indioamericano o nativo de Alaska 4. Asian Asiático 5. Pacific Islander Isleño del Pacífico 6. OTHER (SPECIFY) NO SABE/NO ESTÁ SEGURO 7. DON'T KNOW NO SABE/NO ESTÁ SEGURO 8. REFUSED NO QUIERE CONTESTAR</p>	Adapted from BRFSS 2022 Core Demographics

Question	Question Text	Source
Demographics		
1.6	<p>Are you and members of you household currently (employment status)? (check all that apply)</p> <p>¿Está usted y los miembros de su hogar actualmente (estado de empleo)? (marque todo lo que corresponda)</p> <ol style="list-style-type: none"> 1. Employed for wages Empleado por salario 2. Self-employed Trabajador por cuenta propia 3. Out of work for 1 year or more Sin trabajo por 1 año o más 4. Out of work for less than 1 year Sin trabajo por menos de 1 año 5. A Homemaker Un ama de casa 6. A Student Un estudiante 7. Retired Jubilado 8. Unable to work No puede trabajar 9. REFUSED NO SABE/NO ESTÁ SEGURO 10. DON'T KNOW/NOT SURE on this question NO QUIERE CONTESTAR 	Adapted from BRFSS 2022 Core Demographics
1.7	<p>Do you or anyone in the household have seasonal employment as their main job?</p> <p>¿Usted o alguien en el hogar tiene un empleo estacional (de temporada) como trabajo principal?</p>	Adapted from BFRSS 2022 Core Demographics
Household Members		
2.1	<p>How many people are living at your address in total?</p> <p>¿Cuántas personas viven en su dirección en total?</p>	Created for the 2022 Santa Maria Needs Assessment
2.2	<p>Do you or members of your household own or rent your home? (or other arrangement)</p> <p>¿Usted o los miembros de su hogar son propietarios o rentan su casa? (u otro arreglo)</p>	Adapted from BRFSS 2022 Core Demographics

Question	Question Text	Source
Housing Stability and Finances		
3.1	<p>What was your household's total income during the PAST 12 MONTHS?</p> <p>¿Cuál fue el ingreso total de su hogar durante los ÚLTIMOS 12 MESES?</p>	Created for the 2022 Santa Maria Needs Assessment. Adapted from ACS 2021
3.2	<p>What is the monthly rent or mortgage for this house, apartment, or mobile home?</p> <p>¿Cuál es el alquiler mensual o la hipoteca de esta casa, apartamento o casa móvil?</p>	Created for the 2022 Santa Maria Needs Assessment. Adapted from ACS 2021
3.3	<p>Within the past 12 months, have you or anyone in your household ever stayed: outside, in a car, in a tent, in an overnight shelter, or temporarily in someone else's home (i.e. couch-surfing)?</p> <p>En los últimos 12 meses, ¿usted o alguien en su hogar se ha quedado alguna vez: afuera, en un automóvil, en una tienda de campaña, en un refugio nocturno o temporalmente en la casa de otra persona (es decir, quedándose en el sofá)?</p>	Adapted from NC Medicaid/SDOH screening https://www.ncdhhs.gov/about/departments-initiatives/healthy-opportunities/screening-questions (available in multiple languages)
3.4	<p>Are you or members of your household worried that in the next 2 months, any household members may not have stable housing?</p> <p>¿Le preocupa que en los próximos 2 meses, algún miembro del hogar no tenga una vivienda estable?</p>	Adapted from Health Leads Social Needs Screening Tool
3.5	<p>During the past 12 months, has there been a time when anyone in your household has not been able to pay the mortgage, rent or utility bills?</p> <p>Durante los últimos 12 meses, ¿ha habido algún momento en que alguien en su hogar no haya podido pagar la hipoteca, el alquiler o las facturas de servicios públicos?</p>	Adapted from BRFSS 2022 Optional Module Social Determinants of Health

Question	Question Text	Source
Insurance		
4.1	<p>Does anyone in the household have any kind of health care coverage or insurance, including health insurance, prepaid plans such as HMOs, government plans such as Medicare or Medi-Cal, or Indian Health Service?</p> <p>¿Alguien en el hogar tiene algún tipo de cobertura o seguro de atención médica, incluido un seguro médico, planes prepagos como HMO, planes gubernamentales como Medicare o Medi-Cal o Indian Health Service?</p>	Adapted from BRFSS 2020 Core Healthy Days using: https://www.health.ny.gov/statistics/brfss/expanded/docs/2018_questionnaire.pdf
4.2	<p>What is the primary source of your or members of your household's health care coverage?</p> <p>¿Cuál es la fuente principal de su cobertura de atención médica o la de los miembros de su hogar?</p>	Adapted from BRFSS 2022 Core Health Care Access
Childcare		
5.1	<p>Does getting child care make it difficult for you or anyone in your household to work or study?</p> <p>¿Obtener cuidado de niños le dificulta a usted o a alguien en su hogar trabajar o estudiar?</p>	Adapted from Health Leads Social Needs Screening Tool
5.2	<p>Imagine you or someone in your household had a strong need to get information about their child's health. Where would they go first? Mark only one.</p> <p>Imagíne que usted o alguien en su hogar tuviera una gran necesidad de obtener información sobre la salud de su hijo. ¿Adónde irían primero? (Marca solo uno)</p> <ol style="list-style-type: none"> 1. Books Libros 2. Brochures, pamphlets, etc. Folletos, panfletos, etc. 3. Family Familia 4. Friend/Co-worker Amigo/compañero de trabajo 4. Doctor or health care provider Médico o proveedor de atención médica 5. Internet Internet 6. Library Biblioteca 7. Magazines Revistas 8. Newspapers Periódicos 9. Telephone information number (211) Teléfono de información (211) 10. Complementary, alternative, unconventional practitioner, or healer Practicante o sanador complementario, alternativo, no convencional 11. Social media Redes sociales 12. Television Televisión 13. Other-Specify Otra – especificar 14. Don't Know Refused NO SABE/NO ESTÁ SEGURO 	Adapted from HINTS. This is available from HINTS in English and in Spanish: https://hints.cancer.gov/data/survey-instruments.aspx#H5C4 • HINTS 5, Cycle 4 (2020) Full-content, English Version: (PDF 1.8MB) & HINTS 5, Cycle 4 (2020) Full-content, Spanish Version: (PDF 1.2MB)

Question	Question Text	Source
Health Care and Information		
6.1	<p>In the past 12 months, where have you or anyone in your household received care from ____? (click all that apply)</p> <p>En los últimos 12 meses, ¿dónde ha recibido atención medica usted o alguien en su hogar de ____ ? (haga clic en todo lo que corresponda)</p> <ol style="list-style-type: none"> 1. Public Health Department Centro de Atención del Departamento de Salud Pública 2. Health Care Center Community 3. Health Centers of the Central Coast Centros Comunitarios de Salud de la Costa Central (CHC) 4. Dignity Health Clínica Comunitaria de Dignity Health 5. Community Clinic 6. Dignity Health Urgent Care 7. Dignity Health Emergency Department Departamento de Emergencias de Dignity Health 8. Cottage Health Community Clinic Clínica Comunitaria Cottage Health 9. Cottage Health Urgent Care Atención de urgencia de Cottage Health 10. Cottage Health Emergency Department Departamento de Emergencias de Cottage Health 11. American Indian Health Services Servicios de salud para indios americanos 12. Veteran Affairs Asuntos de veteranos 13. Another other place you have received that that I did not mention: Other (name of other clinic, urgent care, emergency care, or provider network): Otro lugar que ha recibido que no mencioné (Otro nombre de otra clínica, atención de urgencia, atención de emergencia o red de proveedores): 	Created for the 2022 Santa Maria Needs Assessment.

Question	Question Text	Source
Health Care and Information		
6.2	<p>Imagine you or someone in your household had strong need to get information about their health. Where would they go first? Mark only one.</p> <p>Imagine que usted o alguien de su hogar tuviera una gran necesidad de obtener información sobre su salud. ¿Adónde irían primero? (Marca solo uno)</p> <ol style="list-style-type: none"> 1. Books Libros 2. Brochures, pamphlets, etc. Folletos, panfletos, etc. 3. Family Familia 4. Friend/Co-worker Amigo/compañero de trabajo 4. Doctor or health care provider Médico o proveedor de atención médica 5. Internet Internet 6. Library Biblioteca 7. Magazines Revistas 8. Newspapers Periódicos 9. Telephone information number (211) Teléfono de información (211) 10. Complementary, alternative, unconventional practitioner, or healer Practicante o sanador complementario, alternativo, no convencional 11. Social media Redes sociales 12. Television Televisión 13. Other-Specify Otra - especificar 14. Don't Know Refused NO SABE/NO ESTÁ SEGURO 	<p>Adapted from HINTS. This is available from HINTS in English and in Spanish: https://hints.cancer.gov/data/survey-instruments.aspx#H5C4 • HINTS 5, Cycle 4 (2020) Full-content, English Version: (PDF 1.8MB) & HINTS 5, Cycle 4 (2020) Full-content, Spanish Version: (PDF 1.2MB)</p>

Question	Question Text	Source
Health Care and Information		
6.3	<p>During the past month, other than their regular job, did you or members of your household participate in any physical activities or exercises such as running, weight-lifting, golf, gardening, or walking for exercise?"</p> <p>Durante el último mes, aparte de su trabajo regular, ¿los miembros de su hogar participaron en alguna actividad física o ejercicio como correr, levantar pesas, golf, jardinería o caminar para hacer ejercicio?</p>	<p>Adapted from PLACES/BRFSS (leisure time PA for adults): https://www.cdc.gov/brfs/questionnaires/pdf-ques/2021-BRFSS-Questionnaire-1-19-2022-508.pdf Adapted from Westside Survey (C11Q01; 2022); 2015 Allegheny County (Penn.) Health Survey (ACHS)</p>
Food Access		
7.1	<p>In a typical month, where does your household get most of their food?</p> <p>En un mes típico, ¿de dónde obtiene su hogar la mayor parte de sus alimentos?</p>	Adapted from Cleveland, OH BRFSS (County Specific Oct 2014 - Jan 2015)
7.2	<p>How satisfied is your household with the availability of food in your neighborhood?</p> <p>¿Qué tan satisfecho está su hogar con la disponibilidad de opciones de alimentos en su vecindario?</p>	Adapted from Cleveland, OH BRFSS (County Specific Oct 2014 - Jan 2015)
7.3	<p>Within the past 12 months we worried whether our food would run out before we got money to buy more. Was that often true, sometimes true, or never true for you/your household?</p> <p>En los últimos 12 meses nos preocupaba si se nos acabaría la comida antes de tener dinero para comprar más. ¿Fue eso cierto a menudo, a veces cierto o nunca cierto para usted/su hogar?</p>	<p>Hunger Vital Sign™ Children's HealthWatch: https://hungerandhealth.feedingamerica.org/wp-content/uploads/2017/11/Food-Insecurity-Toolkit.pdf</p>

Question	Question Text	Source
Food Access		
7.4	<p>Within the past 12 months the food we bought just didn't last and we didn't have money to get more. Was that often true, sometimes true, or never true for you/your household?</p> <p>En los últimos 12 meses, la comida que compramos simplemente no duró y no teníamos dinero para comprar más. ¿Fue eso cierto a menudo, a veces cierto o nunca cierto para usted/su hogar?</p>	<p>Hunger Vital Sign™ Children's HealthWatch: https://hungerandhealth.feedingamerica.org/wp-content/uploads/2017/11/Food-Insecurity-Toolkit.pdf</p>
COVID-19		
8.1	<p>COVID-19 affects my household TODAY in the following ways (select all that apply): COVID-19 afecta a mi hogar HOY de las siguientes maneras (seleccione todas las que correspondan):</p> <ol style="list-style-type: none"> 1. Job or wage loss Pérdida de empleo o salario 2. Reduction in hours available at work Reducción de horas disponibles en el trabajo 3. Financial problems including depleted savings, and trouble paying bills or affording medical care Problemas financieros que incluyen ahorros agotados y problemas para pagar facturas o pagar atención médica 4. Unable to get medical care for health conditions, change to surgical appointments Incapaz de obtener atención médica por problemas de salud, cambio a citas quirúrgicas 5. No high-speed internet connection which caused an issue connecting for schoolwork or for my job Sin conexión a Internet de alta velocidad, lo que causó un problema de conexión para el trabajo escolar o para mi trabajo 6. Chose to resign from my previous employer Elegí renunciar a mi empleador anterior 7. Other (please specify) Answers Y/N/DK/R for each option Otros (especificar) 	Adapted from Washington State COVID survey
8.2	<p>Have you and members of your household received at least one dose of a COVID-19 vaccination?</p> <p>¿Usted y los miembros de su hogar han recibido al menos una dosis de la vacuna contra el COVID-19?</p>	Adapted from BRFSS 2022 Emerging Core: Long-Term COVID Effects
8.3	<p>[not everyone has] Tell us more about why they have not been vaccinated</p> <p>Cuéntanos más sobre por qué no se han vacunado</p>	Created for the 2022 Santa Maria Needs Assessment.
8.4	<p>[if had covid in houshold] Were you or someone in your household with covid able to isolate? (Isolation means to stay away from other people.)</p> <p>[si tuvo covid en el hogar] ¿Usted o alguien en su hogar con covid pudo aislarse?</p>	Created for the 2022 Santa Maria Needs Assessment.

Question	Question Text	Source
COVID-19		
8.5	<p>Have you or someone in your household experienced any delays or interruptions in your healthcare (e.g. cancelled or delayed appointments, tests, procedures) during the coronavirus pandemic?</p> <p>¿Usted o alguien en su hogar ha experimentado retrasos o interrupciones en su atención médica (por ejemplo, citas, pruebas, procedimientos cancelados o retrasados) durante la pandemia de coronavirus?</p>	Adapted from https://www.jmir.org/2021/5/e25446/PDF
8.6	<p>Since the start of the coronavirus pandemic, have you or someone in your household needed to get healthcare but haven't gotten it?</p> <p>Desde el comienzo de la pandemia de coronavirus, ¿usted o alguien en su hogar ha necesitado atención médica pero no la ha recibido?</p>	Adapted from https://www.jmir.org/2021/5/e25446/PDF
8.7	<p>(If yes) Why? (check all)</p> <p>(¿si es así) por qué? (Comprobar todas)</p> <ol style="list-style-type: none"> 1. Afraid of getting infected Miedo a contagiarse 2. Health care provider discouraged them from coming in El proveedor de atención médica los disuadió de venir 3. Felt like concern/need wasn't as important as other people's Sentí que la preocupación/necesidad no era tan importante como la de otras personas 4. Health care provider is unavailable El proveedor de atención médica no está disponible 5. Felt like my symptoms weren't severe enough Sentí que mis síntomas no eran lo suficientemente graves 6. Don't have health insurance no tengo seguro medico 7. Cannot afford my copay or deductible No puedo pagar mi copago o deducible 8. Other Otro (rellenar) 	Adapted from https://www.jmir.org/2021/5/e25446/PDF

Question	Question Text	Source
COVID-19		
8.8	<p>Has a member of your household passed away/died from the coronavirus since March 1, 2020?</p> <p>¿Ha fallecido/fallecido algún miembro de su hogar por coronavirus o enfermedad respiratoria desde el 1 de marzo de 2020?</p>	<p>Created for the 2022 Santa Maria Needs Assessment.</p> <p>https://news.uchicago.edu/story/nearly-one-fifth-americans-know-someone-who-has-died-covid-19-survey-says</p>
8.9	<p>(if yes) Was the household member that died a significant contributor to your household income?</p> <p>¿El miembro del hogar que murió contribuyó significativamente a los ingresos de su hogar?</p>	<p>Created for the 2022 Santa Maria Needs Assessment.</p> <p>https://news.uchicago.edu/story/nearly-one-fifth-americans-know-someone-who-has-died-covid-19-survey-says</p>
8.10	<p>(if yes) Was the household member that died a significant contributor to your household caregiving?</p> <p>¿El miembro del hogar que murió contribuyó significativamente a su cuidado en el hogar?</p>	<p>Created for the 2022 Santa Maria Needs Assessment.</p> <p>https://news.uchicago.edu/story/nearly-one-fifth-americans-know-someone-who-has-died-covid-19-survey-says</p>

Question	Question Text	Source
COVID-19		
8.11	<p>Did you or anyone in your household have any symptoms lasting 3 months or longer that you/they did not have prior to having coronavirus or COVID-19? Long term symptoms may include: Tiredness or fatigue, difficulty thinking, concentrating, forgetfulness, or memory problems (sometimes referred to as “brain fog”), difficulty breathing or shortness of breath, joint or muscle pain, fast-beating or pounding heart (also known as heart palpitations), chest pain, dizziness on standing, menstrual changes, changes to taste/smell, or inability to exercise.</p> <p>¿Usted o alguien en su hogar tuvo algún síntoma que duró 3 meses o más que no tenía antes de tener coronavirus o COVID-19?</p> <p>Los síntomas a largo plazo pueden incluir: cansancio o fatiga, dificultad para pensar, concentrarse, olvidos o problemas de memoria (a veces denominados “niebla mental”), dificultad para respirar o dificultad para respirar, dolor en las articulaciones o los músculos, latidos cardíacos acelerados o fuertes (también conocido como palpitaciones del corazón), dolor de pecho, mareos al ponerse de pie, cambios menstruales, cambios en el gusto/olfato, o incapacidad para hacer ejercicio.</p>	<p>Adapted from:</p> <p>https://www.cdc.gov/nchs/covid19/pulse/long-covid.htm</p> <p>https://www2.census.gov/programs-surveys/demo/technical-documentation/hhp/Phase 36 Household Pulse Survey ENGLISH.pdf</p> <p>https://www2.census.gov/programs-surveys/demo/technical-documentation/hhp/Phase 36 Household Pulse Survey SPANISH.pdf</p> <p>https://portal.ct.gov/-/media/DPH/BRFSS/2022-CT-BRFSS-Questionnaire.pdf</p>

Question	Question Text	Source
COVID-19		
8.12	<p>[If yes] Do these long-term symptoms reduce you/member of household's ability to carry out day-to-day activities compared with the time before you had COVID-19?</p> <p>[En caso afirmativo] ¿Estos síntomas a largo plazo reducen su capacidad o la de un miembro del hogar para realizar las actividades cotidianas en comparación con el tiempo antes de tener COVID-19?</p>	<p>Adapted from: https://www.cdc.gov/nchs/covid19/pulse/long-covid.htm https://www2.census.gov/programs-surveys/demo/technical-documentation/hhp/Phase_36_Household_Pulse_Survey_ENGLISH.pdf https://www2.census.gov/programs-surveys/demo/technical-documentation/hhp/Phase_36_Household_Pulse_Survey_SPANISH.pdf</p>
Maternal Child and Adolescent Health (MCAH)		
9.1	<p>How strongly do you agree or disagree with the following: Me and members of my household have connections to a network of family, friends, neighbors, and community members that is available in times of need to give psychological, physical, and financial help. (Social Support)</p> <p>¿Qué tan de acuerdo o en desacuerdo estás con lo siguiente? Los miembros de mi hogar y yo tenemos conexiones con una red de familiares, amigos, vecinos y miembros de la comunidad que está disponible en momentos de necesidad para brindar ayuda psicológica, física y financiera. (Apoyo social)</p>	<p>Created for the 2022 Santa Maria Needs Assessment. MCAH request Social Support definition (NCI definition)</p>
9.2	<p>Me and members of my household get enough sleep.</p> <p>Los miembros de mi hogar y yo dormimos lo suficiente.</p>	<p>Created for the 2022 Santa Maria Needs Assessment. MCAH request Good Quality Sleep (National sleep foundation)</p>

Question	Question Text	Source
Maternal Child and Adolescent Health (MCAH)		
9.3	<p>Does anyone in your household routinely get less than seven hours of sleep per night?</p> <p>¿Alguien en su hogar duerme habitualmente menos de siete horas por noche?</p>	<p>Adapted from NHIS question available: https://www.cdc.gov/nchs/nhis/2022nhis.htm</p>
9.4	<p>How strongly do you agree or disagree with the following: Me and members of my household eat healthy food.</p> <p>¿Qué tan de acuerdo o en desacuerdo estás con lo siguiente? Los miembros de mi hogar y yo comemos alimentos saludables.</p>	<p>Balanced Nutrition. (NCI definition of nutrition)</p>
9.5	<p>Me and members of my household have access to nature. (Clarification if needed: Nature close by physically, for example, is there greenspace, or are you close to local greenspace or able to visit nature. Local, city, state, or national parks are included as greenspace)</p> <p>¿Qué tan de acuerdo o en desacuerdo estás con lo siguiente? Yo y los miembros de mi hogar tenemos acceso a la naturaleza. (Aclaración si es necesario: Naturaleza cerca físicamente, por ejemplo, hay espacios verdes, o está usted cerca de espacios verdes locales o puede visitar la naturaleza. Los parques locales, de la ciudad, estatales o nacionales se incluyen como espacios verdes)</p>	<p>Created for the 2022 Santa Maria Needs Assessment. MCAH request Access to Nature. (https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response)</p>
9.6	<p>How often do you and members of your household feel safe in your neighborhood?</p> <p>¿Con qué frecuencia los miembros de su hogar se sienten seguros en su vecindario?</p>	<p>Adapted from: California Health Interview Survey 2016 https://healthpolicy.ucla.edu/chis/design/Pages/Questionnaires%20(Translated).aspx</p>

Question	Question Text	Source
Emergency Response		
10.1	<p>Which of the following would be an emergency requiring a 911 phone call for immediate medical attention? (select all that apply)</p> <p>¿Cuál de las siguientes sería una emergencia que requiere una llamada telefónica al 911 para recibir atención médica inmediata? (seleccione todas las que correspondan)</p> <ol style="list-style-type: none"> 1. Someone appears confused, disoriented, or new onset dizziness Alguien parece confundido, desorientado o mareos de nueva aparición 2. Someone is experiencing chest pain or shortness or breath Alguien está experimentando dolor en el pecho o dificultad para respirar 3. Someone is experiencing sudden, severe pain Alguien está experimentando un dolor intenso y repentino 4. Someone has an injury and is bleeding uncontrollably (hemorrhage) Alguien tiene una herida y está sangrando incontrolablemente (hemorragia) 	Created for the 2022 Santa Maria Needs Assessment.
10.2	<p>How would you or household member get to a health facility when needing emergency medical attention?</p> <p>¿Cómo llegaría usted o un miembro del hogar a un centro de salud cuando necesita atención médica inmediata?</p>	Created for the 2022 Santa Maria Needs Assessment.

Question	Question Text	Source
Social Safety Net Use		
11.1	<p>Since March 2020, please tell us if you or a member of your household were ever enrolled in any of the following programs:</p> <p>Desde marzo de 2020, por favor infórmenos si usted o un miembro de su hogar alguna vez estuvo inscrito en alguno de los siguientes programas:</p> <ol style="list-style-type: none"> 1. Medicaid/Medi-cal Medicaid/Medi-cal 2. Children's Health Insurance Program (CHIP) Programa de Seguro Médico para Niños (CHIP) 3. Supplemental Nutrition Assistance Program (SNAP) Programa de Asistencia Nutricional Suplementaria (SNAP) 4. Supplemental Program for Women Infants and Children (WIC) Programa Suplementario para Mujeres, Bebés y Niños (WIC) 5. Free or reduced price school meals Comidas escolares gratuitas o a precio reducido 6. Supplemental Security Income (SSI) Seguridad de Ingreso Suplementario (SSI) 7. Temporary Assistance for Needy Families (TANF) Asistencia Temporal para Familias Necesitadas (TANF) 8. Energy Aid (example) Ayuda energética (ejemplo) 9. Rental Subsidies 10. Social Security Subvenciones de alquiler 11. Medicare Medicare 12. Unemployment compensation Compensación por desempleo 13. Eviction protections Protecciones de desalojo 14. Other Otro 	<p>Created for the 2022 Santa Maria Needs Assessment. list of answers from here: https://www.census.gov/library/visualizations/interactive/social-safety-net-benefits.html</p>
Greatest Need		
11.2	<p>What is your greatest household need?</p> <p>¿Cuál es la mayor necesidad de su hogar?</p>	<p>Recommended by Environmental & Occupational Emergency Preparedness Team, Occupational Health Branch, California Department of Public Health</p>

APPENDIX C:

EVALUATION OF COMMUNITY BENEFIT PROGRAMS IDENTIFIED IN 2019

Key Terms & Definitions

Priority Health Area	
Description	Overview of the community benefit priority health area
Strategies & Programs	Approaches and activities identified in the 2019-2022 Implementation Strategy to address the priority health area
Key Accomplishments	Description of the impact of key actions taken to address the priority health area

Priority Health Areas: Strategies & Key Accomplishments

Priority Health Area: Access to Care		
Description	Improve access to comprehensive, quality care for vulnerable populations. Strategies will focus on patients, community, and insured populations.	
ACCESS TO CARE	STRATEGIES/PROGRAMS	HOSPITAL(S)
	Cottage Recuperative & Transitional Care Programs at PATH	GVCH / SBCH / SYVCH
	Santa Barbara Connect Home	SBCH
	Cancer Screenings & Prevention Events	GVCH / SBCH / SYVCH
	Charity Care	GVCH / SBCH / SYVCH
	Childbirth & Parenting Education Classes & Programs	SBCH
	Community Capacity Building: Evaluation Toolkit, CH Data2Go	GVCH / SBCH / SYVCH
	Community Programs Support (e.g., sponsorships)	GVCH / SBCH / SYVCH
	Concussion Clinic & Discussions	SBCH
	CPR Classes	GVCH / SBCH / SYVCH
	Flu Shot Clinics	GVCH / SBCH / SYVCH
	Grants Programs	GVCH / SBCH / SYVCH
	Insurance Enrollment	GVCH / SBCH / SYVCH
	Medical Education	GVCH / SBCH / SYVCH
	Medicare and MediCal Shortfalls	GVCH / SBCH / SYVCH
	Mental Health Fair	SBCH
	Parish Nursing	SBCH
	SAGE Medical Library	SBCH
	Santa Barbara Neighborhood Clinic partnership	GVCH / SBCH / SYVCH
	Santa Ynez Valley Annual Health Fair	SYVCH

Priority Health Area: Access to Care

<p>Key Accomplishments</p>	<p>#1: Expanded and evaluated the Cottage Recuperative Care Program (RCP) at PATH.</p> <ul style="list-style-type: none"> Increased nursing staff for the Cottage RCP to include support for patients during the program and after they exit. Provided up to 90 days of recuperative care to more than 120 patients experiencing homelessness. Conducted evaluation to assess the impact of the program on the patients served and broader community. <p>#2: Increased access to vaccinations and provided education in response to the COVID-19 pandemic.</p> <ul style="list-style-type: none"> Hosted a drive-through vaccination clinic in 2021 to offer COVID-19 vaccinations to the community. Provided more than 114,000 COVID-19 vaccinations, including 295 doses through door-to-door outreach. Trained 128 Community Health Workers to distribute education and 2,310 COVID-19 prevention kits in the community to help prevent the spread of the virus and connect vulnerable community members to care. <p>#3: Supported vulnerable community members with programs and activities to facilitate accessing care.</p> <ul style="list-style-type: none"> Provided Parish Nursing services to more than 7,000 community members annually at a variety of venues, including faith communities and congregations, homeless and transition housing, food banks, low-income senior housing facilities, recovery facilities, and community health classes. Distributed approximately \$2 million annually through the Charity Care and Community Service Programs in financial assistance to patients who meet income-eligibility requirements for clinical care.
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Priority Health Area: Behavioral Health

<p>Description</p>	<p>Improve access to care and health outcomes for vulnerable populations with behavioral health needs through focused population level strategies and programs.</p>
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Priority Health Area: Behavioral Health

BEHAVIORAL HEALTH	STRATEGIES/PROGRAMS	HOSPITAL(S)
	Behavioral Health Collaborative	GVCH / SBCH / SYVCH
	Behavioral Health Initiative	GVCH / SBCH / SYVCH
	Santa Barbara Neighborhood Clinics Bridge Clinic	SBCH
	Coast Caregiver Resource Center	SBCH
	Community Capacity Building: Evaluation Toolkit, CH Data2Go	GVCH / SBCH / SYVCH
	Cottage Outpatient Center of San Luis Obispo	SBCH
	Cottage Residential Center	SBCH
	Emergency Department Holding Unit (EDHU)	SBCH
	Employee Assistance Program	GVCH / SBCH / SYVCH
	Inpatient Psychiatry & Addiction Medicine Services	SBCH
	Mental Health Intensive Outpatient Program	SBCH
	Parish Nursing	SBCH
	Prescribing Safe	GVCH / SBCH / SYVCH
	Support Groups	SBCH
Key Accomplishments	#1: Expanded Community Partnership Grants Behavioral Health Initiative to offer multi-year grants focused on partnerships, health equity, and youth behavioral health. <ul style="list-style-type: none"> Supported more than 20 community organizations in the expansion and enhancement of behavioral health services by embedding services in non-traditional settings and/or incorporating innovative technology. Provided grant funding totaling more than \$950,000 annually to behavioral health programs. Offered grantees bi-monthly technical assistance and initiative evaluation on increasing knowledge and awareness, reducing stigma, and improving collaboration between funded partners. 	
	#2: Conducted Behavioral Health Asset Mapping to better understand the network of resources available to support youth behavioral health throughout Santa Barbara County. <ul style="list-style-type: none"> Interviewed 23 parents, youth, and community leaders to understand network gaps and available youth behavioral health resources. Surveyed 106 organizations representing more than 280 programs on their available services and resources to support youth. Partnered with community organizations to share findings with leaders and service providers. 	
	#3: Supported vulnerable community members with programs and activities to facilitate accessing behavioral health services.	

Priority Health Area: Behavioral Health

	<ul style="list-style-type: none"> Annually helped more than 300 family and other informal (unpaid) caregivers of adults with cognitive disorders and other disabling conditions in Santa Barbara, San Luis Obispo, and Ventura counties. Provided patients in need of an involuntary hold with support in the Emergency Department Holding Unit.
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Priority Health Area: Chronic Conditions

Description	Improve health outcomes for vulnerable populations with chronic conditions by building on existing programs and services.																																		
CHRONIC CONDITIONS	<table> <tr> <th>STRATEGIES/PROGRAMS</th><th>HOSPITAL(S)</th></tr> <tr> <td>Place-based Initiative</td><td>GVCH / SBCH / SYVCH</td></tr> <tr> <td>Aphasia Recovery Group</td><td>SBCH</td></tr> <tr> <td>Cardiac Rehab Event</td><td>SYVCH</td></tr> <tr> <td>Community Capacity Building: Evaluation Toolkit, CH Data2Go</td><td>GVCH / SBCH / SYVCH</td></tr> <tr> <td>Diabetes Education Program (in-patient)</td><td>GVCH / SBCH / SYVCH</td></tr> <tr> <td>Farmers Market</td><td>SBCH</td></tr> <tr> <td>Grants Programs</td><td>GVCH / SBCH / SYVCH</td></tr> <tr> <td>Heart Smart Lecture Series</td><td>SBCH</td></tr> <tr> <td>Nutrition Education: Classes & Presentations</td><td>GVCH / SBCH / SYVCH</td></tr> <tr> <td>Outlook Group</td><td>SBCH</td></tr> <tr> <td>Project Re-entry</td><td>SBCH</td></tr> <tr> <td>Spinal Cord Injury Life Series</td><td>SBCH</td></tr> <tr> <td>Stroke Education Series</td><td>SBCH</td></tr> <tr> <td>Therapeutic Recreation Programs</td><td>SBCH</td></tr> <tr> <td>Weight-loss Surgery and Support Groups</td><td>SBCH</td></tr> <tr> <td>Wheelchair Sports Camp and Clinics</td><td>SBCH</td></tr> </table>	STRATEGIES/PROGRAMS	HOSPITAL(S)	Place-based Initiative	GVCH / SBCH / SYVCH	Aphasia Recovery Group	SBCH	Cardiac Rehab Event	SYVCH	Community Capacity Building: Evaluation Toolkit, CH Data2Go	GVCH / SBCH / SYVCH	Diabetes Education Program (in-patient)	GVCH / SBCH / SYVCH	Farmers Market	SBCH	Grants Programs	GVCH / SBCH / SYVCH	Heart Smart Lecture Series	SBCH	Nutrition Education: Classes & Presentations	GVCH / SBCH / SYVCH	Outlook Group	SBCH	Project Re-entry	SBCH	Spinal Cord Injury Life Series	SBCH	Stroke Education Series	SBCH	Therapeutic Recreation Programs	SBCH	Weight-loss Surgery and Support Groups	SBCH	Wheelchair Sports Camp and Clinics	SBCH
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Wheelchair Sports Camp and Clinics	SBCH																																		
Key Accomplishments	<p>#1: Developed and launched a Community Health Worker program to support predominantly Spanish-speaking Congestive Health Failure patients.</p> <ul style="list-style-type: none"> Designed a model for partnering Community Health Workers with Community Case Manager registered nurses to support patients with their treatment plans and address basic needs post-hospitalization. Launched the Community Health Worker model with two 0.5 FTEs and initiated patient support within the hospital setting and after discharge. <p>#2: Supported vulnerable community members with programs and activities to improve chronic condition health outcomes.</p> <ul style="list-style-type: none"> Provided blood pressure screenings and navigation services to clinical care through Parish Nursing. 																																		

Priority Health Area: Chronic Conditions	
	<ul style="list-style-type: none"> Offered a range of adaptive activities and classes, including golf, yoga, kayaking, and driving, for more than 100 individuals with disabling injury, illness, or other health-related conditions each year.

Priority Health Areas: Resiliency	
Description	Address resiliency among vulnerable populations through a focus on Adverse Childhood Experiences (ACEs) and trauma-informed care.
Strategies & Programs	<ul style="list-style-type: none"> Pediatric Resiliency Collaborative Santa Barbara County Network of Care
Key Accomplishments	<p>#1: Designed and launched the Pediatric Resiliency Collaborative screening and referrals within pediatric clinics.</p> <ul style="list-style-type: none"> Partnered with eight pediatric clinics to implement screening and referrals for children ages 0-3 and their parents/guardians. Referred children and their families to more than twenty community organizations addressing the effects of toxic stress and providing therapeutic services. <p>#2: Awarded \$4.25 million in statewide grants to develop the Santa Barbara County Network of Care and expand support for children and their families experiencing ACEs.</p> <ul style="list-style-type: none"> Collaborated with more than twenty community organizations to form the Santa Barbara County Network of Care. Developed seven virtual, free trainings for pediatric providers on how to screen for ACEs and connect families to resources.

Priority Health Areas: Social Needs	
Description	Improved health outcomes for vulnerable populations experiencing social needs, with a focus on food and housing insecurity.

SOCIAL NEEDS	STRATEGIES/PROGRAMS	HOSPITAL(S)
	Patient Resource Connect	GVCH / SBCH / SYVCH
	Employee Resource Connect	GVCH / SBCH / SYVCH
	Employee Resource Connect – Food Program	GVCH / SBCH / SYVCH
	Supportive Housing for Recuperative Care Graduates	GVCH / SBCH / SYVCH
	Bella Riviera	GVCH / SBCH / SYVCH
	Case Management	GVCH / SBCH / SYVCH
	Community Case Management	GVCH / SBCH / SYVCH
	Community Capacity Building: Evaluation Toolkit, CH Data2Go	GVCH / SBCH / SYVCH
	Grants Programs	GVCH / SBCH / SYVCH
	Homelessness Roundtable	SBCH
	Mortgage Assistance Program	GVCH / SBCH / SYVCH
	Patient Assistance at Discharge	GVCH / SBCH / SYVCH
	Social Workers	GVCH / SBCH / SYVCH
	Villa Riviera	SBCH
Key Accomplishments	#1: Expanded two Social Needs Screening Programs to address the needs of Cottage Health employees and patients. <ul style="list-style-type: none"> Employee Resource Connect screened over 1,500 employees and found a prevalence rate of 20% for one or more social needs. Provided a food program to address food insecurity as the highest need among employees and offer short-term financial support to employees while finding long-term strategies for food needs. Patient Resource Connect screened over 1,000 patients in the Goleta Valley Cottage Hospital and Santa Ynez Valley Cottage Hospital Emergency Departments and found 22% of patients screening positive for one or more social needs. Expanded to Patient Resource Connect to self-pay patients coming through Eligibility during the patient enrollment process at Santa Barbara Cottage Hospital. Connected patients to support from a resource navigator or to receive a list of resources based on their preferences. 	
	#2: Connected patients experiencing homelessness to the Cottage Recuperative Care Program (RCP) at PATH. <ul style="list-style-type: none"> Partnered with PATH, Santa Barbara County Public Health Department, and CenCal Health to provide more than 120 patients with respite care services for 90 days in the shelter. Connected more than 50% of patients in the program with permanent supportive housing and offered follow-up support, as needed, to help ensure successful transitions. 	

Priority Health Areas: Injury and Violence Prevention

Description		Prevent injury and violence, including falls, motor vehicle collisions, and bicycle and pedestrian injuries, through strategies and programs that reach patient and community populations.
INJURY & VIOLENCE	STRATEGIES/PROGRAMS	HOSPITAL(S)
	Arrive Alive	SBCH
	Car Seat Trainings, Classes, & Fittings	GVCH / SBCH
	Community Capacity Building: Evaluation Toolkit, CH Data2Go	GVCH / SBCH / SYVCH
	Concussion Clinic & Discussions	SBCH
	Cribs for Kids Safe Sleep Program	SBCH
	Emergency Preparedness Events	GVCH / SBCH
	Every 15 Minutes Filming/Moulage	GVCH / SBCH
	Grants Programs	GVCH / SBCH / SYVCH
	Matter of Balance Fall Prevention Workshop	GVCH / SBCH
	Pedestrian Safety	GVCH / SBCH
	Safe Kids Santa Barbara County Coalition	SBCH
	Safety Helmet Events & Demonstrations (e.g., Brain Care Bike Fair)	GVCH / SBCH / SYVCH
	Safety Presentations	GVCH / SBCH / SYVCH
	Safety Town	SBCH
	Spinal Cord Injury Life Series	SBCH
	Start Smart Location Sponsor	GVCH / SBCH
	Stop the Bleed	SBCH
Think First Santa Barbara	SBCH	
Key Accomplishments	#1: Hosted bicycle safety and helmet distribution events. <ul style="list-style-type: none">• Participated in bike safety events in the community.• Distributed approximately 50 bike safety helmets per year. #2: Supported vulnerable community members with programs and activities to prevent injury and violence. <ul style="list-style-type: none">• Annually led trauma prevention classes and workshops for teens and youth, such as Stop the Bleed and ThinkFirst.• Provided monthly virtual safe sleep classes for at-risk parents using the Cribs for Kids National Infant Safe Sleep program.	

APPENDIX D: CHNA DATA COLLECTION TOOLS AND INSTRUMENTS

Full 2022 Countywide Random Survey Questionnaire in English and Spanish

2022 Community Health Needs Assessment Questionnaire

November 2022

Prepared by: The Population Survey Facility at the University of Pittsburgh

SCRIPT

Telephone Script

//ASK ALL//

Answering Machine Message

(Left on 1st and 5th attempts)

Hello, I'm calling on behalf of Cottage Health to better understand health issues most affecting people in Santa Barbara County. Your input will help identify the health needs and opportunities in the community. You will receive a \$5 gift card for participating. You may visit cottagehealth.org/survey to learn more and take the survey. Again, that is cottagehealth.org/survey. Or to participate by phone, please call us back at 805-324-9247. The number again is 805-324-9247. This survey closes on Monday, October 28th at 9pm. Thank you.

Hola, estoy llamando en nombre de Cottage Health para preguntarle algunas preguntas sobre la salud y para ayudar a Cottage Health a proveer servicios a su comunidad. Su aporte ayudará a identificar las necesidades y oportunidades de salud en la comunidad. Recibirá una tarjeta regalo de \$5 por participar. Puede ir en línea a cottagehealth.org/survey para saber más y tomar la encuesta. Otra vez, es cottagehealth.org/survey. O, llámenos al 805-324-9247. El número de nuevo es 805-324-9247. Esta encuesta Cierra el 28 de Octubre a las 9:00 de la noche. Gracias.

Telephone Introduction

//ASK ALL//

Hi, my name is [your name], I'm calling from the University of Pittsburgh on behalf of the Santa Barbara County Health Department and Cottage Health. We are getting in touch with you to take a survey.
Have you....

[READ]

1. Received a letter from Cottage Health and Santa Barbara County Health Dept with a QR code and Access Code?
2. Received an email?
3. Received a text message?
4. None of the above
7. DON'T KNOW/NOT SURE
9. REFUSED

TeWEBYN. Would you like to...

[READ]

1. Take the survey with me right now? [go to Q397]
2. Receive another email with a link? [go to Q401]
3. Receive another text message with a link? [go to Q401]
4. Take the survey using the links already sent? [go to end of survey]
9. Opt out of the survey [go to end of survey]

TeWEBEN. What is the email address you would like me to send a link to?

What is the telephone number you would like me to text with a link?

Opening Statement, Online and Interviewer

Thank you for participating in this community health needs assessment for Santa Barbara County residents. Cottage Health, Santa Barbara County Public Health Department and its community partners are conducting this survey to better serve the health needs of patients in the community.

[SI SE HABLA ESPAÑOL, CAMBIA EL IDIOMA EN LA ESQUINA SUPERIOR DERECHA DE LA PANTALLA]

To learn more about the survey and its impact, click [here](#). Offer the website:

<https://www.cottagehealth.org/population-health/community-health-needs-assessment/2022/>

You will receive a \$5 gift card for participating by entering your email at the end of the survey. The survey will take approximately 25 minutes of your time.

Please verify that you are not a robot. [Insert reCAPTCHA here]

Eligibility Questions

//ASK ALL//

Have you taken this survey in the last 4 months?

1. Yes [go to end of survey]
2. No [go to **Adult**]
3. I'm not sure [go to end of survey]

¿Ya ha participado en esta encuesta en los últimos 4 meses?

1. Sí [go to end of survey]
2. No [go to end of survey]
9. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**

//ASK ALL//

Adult

Are you 18 years of age or older?

1. Yes [go to SexAD]
2. No [go to NoAdIt]
9. I prefer not to answer **REFUSED** [go to NoAdIt]

¿Tiene Usted 18 años o más?

1. Sí [go to SexAD]
2. No [go to NoAdIt]
9. Me niego a contestar **SE NIEGA A CONTESTAR** [go to NSxAd]

//ASK ALL//

NoAdIt

Thank you very much but we are only interviewing people over 18 years of age at this time. [go to end of survey]

Muchas gracias, pero sólo estamos entrevistando personas que tienen 18 años o más en este momento. [go to end of survey]

//ASK ALL//

SexAD

Are you male or female?

1. Male [go to PvtRes]
2. Female [go to PvtRes]
7. I don't know/Not sure **DON'T KNOW/NOT SURE** [go to NSxAd]
9. I prefer not to answer **REFUSED** [go to NSxAd]

¿Es usted de sexo masculino o femenino?

1. Masculino [go to PvtRes]
2. Femenino [go to PvtRes]
7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO** [go to NSxAd]
9. Me niego a contestar **SE NIEGA A CONTESTAR** [go to NSxAd]

NSxAd

Thank you for your time, your number may be selected for another survey in the future.

[Interviewer note: Press '1' to re-ask the previous question then press F3 and code as a refusal.]

Es posible que su número sea seleccionado en otra oportunidad. Gracias por su atención. Adiós.

[Interviewer note: Press '1' to re-ask the previous question then press F3 and code as a refusal.]

//ASK ALL//

PvtRes

Do you live in a private residence? [someplace like a house or an apartment]

NOTE: PRIVATE RESIDENCE INCLUDES ANY HOME WHERE THE RESPONDENT SPENDS AT LEAST 30 DAYS INCLUDING VACATION HOMES, RVS, OR OTHER LOCATIONS IN WHICH THE RESPONDENT LIVES FOR PORTIONS OF THE YEAR.

1. Yes
2. No [go to Colleg]

¿Estoy hablando a un domicilio particular?

LEA LO SIGUIENTE SI ES NECESARIO: Por domicilio particular queremos decir una vivienda como una casa o apartamento.

NOTA: UN DOMICILIO PARTICULAR INCLUYE CUALQUIER VIVIENDA EN DONDE EL ENCUESTADO PASE AL MENOS 30 DÍAS, COMO RESIDENTES VACAIONALES, CASAS RODANTES U OTROS LUGARS EN LOS QUE EL ENCUESTADO VIVA PARTES DEL AÑO.

1. Sí
2. No [go to Colleg]

//ASK ALL//

Colleg

Do you live in college housing?

READ ONLY IF NECESSARY: By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.

1. Yes [go to State]
2. No [go to NonRes]

¿Vive en una residencia universitaria?

LEA LO SIGUIENTE SI ES NECESARIO: Por residencia universitaria queremos decir dormitorio, vivienda para estudiantes de posgrado o profesores visitantes, u otro tipo de alojamiento provisto por una universidad.

1. Sí [go to State]
2. No [go to NonRes]

//ASK ALL//

NonRes

Thank you for your interest, but we are only interviewing people who live in private residences or college housing at this time. [go to end of survey]

Muchas gracias, pero por el momento sólo estamos entrevistando a personas que viven en una residencia privada o universitaria. [go to end of survey]

//ASK ALL//

State

Do you currently live in Santa Barbara County?

1. Yes [go to **IntScr**]
2. No [go to **StatEn**]

¿Usted vive en estos momentos en el condado de Santa Barbara?

1. Sí [go to **IntScr**]
2. No [go to **StatEn**]

//ASK ALL//

StatEn

Thank you for your interest. We are only interviewing people who live in Santa Barbara at this time. [go to end of survey]

Muchas gracias por su atención pero sólo estamos entrevistando personas que viven en el condado de Santa Bárbara en este momento. [go to end of survey]

//ASK ALL/

You will not be asked for your name, address, or other personal information that can identify you. All questions are optional, and you can end the survey at any time. Any information you volunteer will not be connected to any personal information. If you have any questions about the survey, you can call Cottage Health and Public Health's partner and the study director, Dr. Todd Bear, at the Evaluation Institute at the

University of Pittsburgh at (412) 383-4356.

If you have any questions, [click this link](#) to check our FAQ's.

[Offer Link address https://pitt.co1.qualtrics.com/jfe/form/SV_6s32Vd9lvusE04K]

No le preguntaré su apellido ni su dirección ni ningún otro dato personal que pudiera identificarlo. No tiene que contestar a ninguna pregunta que no desea, y puede dar por terminada esta encuesta en cualquier momento. Cualquier información que me dé será confidencial. Esta llamada puede ser monitoreada para los fines de control de calidad. Si tiene alguna pregunta sobre esta encuesta, por favor, llame al director de la encuesta, Dr. Todd Bear, al 412-624-3126.

1: Health Status

//ASK ALL //

C01Q01 and 1.1. Would you say that in general your health is:

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
7. I don't know/Not sure **DON'T KNOW/NOT SURE**
9. I prefer not to answer **REFUSED**

¿Diría usted que su estado de salud general es...?:

1. Excelente
2. Muy bueno
3. Bueno
4. Regular
5. Malo
7. **NO SABE/NO ESTÁ SEGURO**
9. **SE NIEGA A CONTESTAR**

2: Healthy Days—Health-Related Quality of Life

//ASK ALL //

C02Q01 and 2.1. Now thinking about your **physical** health, which includes physical illness and injury, for how many days during the past 30 days was your **physical** health was not good?

- ___ (Number of days)
8 8 NONE
7 7 I don't know/Not sure **DON'T KNOW/NOT SURE**
9 9 I prefer not to answer **REFUSED**

Con respecto a su salud **física**, lo que incluye tanto enfermedades como lesiones físicas, en los últimos 30 días, ¿durante cuántos días su estado de salud **física** no fue bueno?

- ___ (Número de días)
8 8 NINGUNO
7 7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
9 9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK ALL //

C02Q02 and 2.2. Now thinking about your **mental** health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your **mental** health was not good?

- ___ (Number of days)
8 8 NONE
7 7 I don't know/Not sure **DON'T KNOW/NOT SURE**
9 9 I prefer not to answer **REFUSED**

Con respecto a su estado de salud **mental**, lo que incluye estrés, depression y problemas emocionales, en los últimos 30 días, ¿durante cuántos días su estado de salud **mental** no fue Bueno?

- ___ (Número de días)
8 8 NINGUNO
7 7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
9 9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK if C02Q01 ≠ 88 AND IF C02Q02 ≠ 88//

C02Q03 and 2.3. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

- ___ (Number of days)
8 8 NONE
7 7 I don't know/Not sure **DON'T KNOW/NOT SURE**
9 9 I prefer not to answer **REFUSED**

En los últimos 30 días, ¿durante cuántos días sintió que los problemas relacionados con su salud mental o física le impidieron realizar sus actividades habituales, tales como cuidados personales, trabajo o recreación?

- ___ (Número de días)
- 8 8 NINGUNO
- 7 7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
- 9 9. Me niego a contestar **SE NIEGA A CONTESTAR**

3: Health Care Access

//ASK ALL //

C03Q01 and 3.1. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare or Medi-Cal, or Indian Health Service?

1. Yes [go to M14Q01]
2. No
7. I don't know/Not sure **DON'T KNOW/NOT SURE**
9. I prefer not to answer **REFUSED**

¿Tiene algún tipo de cobertura de seguro médico, como seguro de salud, planes prepagos como los que brindan las HMO (organizaciones de atención médica administrada) u otros planes gubernamentales como Medicare o Servicio de Salud para Indígenas?

1. Sí [go to M14Q01]
2. No
7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK if C03Q01 ≠ 1//

SB03Q02. It appears that you do not currently have any health insurance coverage to help pay for services from hospitals, doctors, and other health professionals. Is that correct?

1. Yes [Go to C03Q02]
2. No
7. I don't know/Not sure **DON'T KNOW/NOT SURE**
9. I prefer not to answer **REFUSED**

Parece que no tiene ninguna cobertura del seguro de salud para ayudar a pagar por servicios como hospitales, médicos y otros profesionales de la salud. ¿Es eso correcto?

1. Sí [Go to C03Q02]
2. No
7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK if C03Q01 = 1//

M14Q01 and 3.3. What is the primary source of your health care coverage? Is it...

NOTE: If the respondent indicates that they purchased health insurance through the Health Insurance Marketplace (California Marketplace), is it a private health insurance plan purchased on your own or by a family member (private) or do you received Medicaid (state plan)? If purchased on your own (or by a family member), select the second option, if Medicaid select the forth option.

- 01. A plan purchased through an employer or union (includes plans purchased through another person's employer)
- 02. A plan that you or another family member buys on your own
- 03. Medicare
- 04. Medicaid or other state program
- 05. TRICARE (formerly CHAMPUS), VA or Military
- 06. Alaska Native, Indian Health Service, Tribal Health Service
- 07. Some other source
- 08. None (no coverage)
- 07. I don't know/Not sure **DON'T KNOW/NOT SURE**
- 09. I prefer not to answer **REFUSED**

__ __ (Enter Code)

¿Cuál es su principal seguro de cobertura de médica? Es...

NOTE: Si usted adquirió un seguro de salud a través del Mercado de Seguros Médicos (Mercado de California), se trata de un plan de seguro de salud privado adquirido por su cuenta o por un miembro de su familia (privado), o si recibió Medicaid (plan estatal). Si lo adquirió por su cuenta (o a través de un miembro de la familia), seleccione la segunda opción, si es Medicaid, seleccione la cuarta opción.

- 01. Un plan adquirido a través de un empleador o sindicato (incluidos los planes adquiridos a través del empleador de otra persona)
- 02. Un plan que usted u otro miembro de su familia paga por su cuenta
- 03. Medicare
- 04. Medicaid u otro programa del estatal
- 05. TRICARE (antiguamente llamado CHAMPUS), Administración de Veteranos (VA), o el plan de las Fuerzas Armadas
- 06. Servicios para los nativos de Alaska, Servicio de Salud para Indígenas (Indian Health Service), servicios de salud tribales
- 07. Otro seguro
- 08. Ninguno (no tiene cobertura de salud)
- 77. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
- 99. Me niego a contestar **SE NIEGA A CONTESTAR**

__ __ (Enter Code)

//ASK ALL//

C03Q02 and 3.5. Do you have one person you think of as your personal doctor or health care provider?

- 1. Yes, only one
- 2. More than one
- 3. No
- 7. I don't know/Not sure **DON'T KNOW/NOT SURE**
- 9. I prefer not to answer **REFUSED**

¿Hay una persona a la que considere su médico o proveedor de atención médica personal?

NOTE: Si la respuesta es 'No', pregunte: ¿Hay más de una o no hay ninguna persona a la que considere su médico de cabecera o proveedor de atención médica personal?

1. Sí, sólo una
2. Más de una
3. No
7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK ALL//

C03Q03 and 3.11. Was there a time in the past 12 months when you needed to see a doctor but could not because of the cost?

1. Yes
2. No
7. I don't know/Not sure **DON'T KNOW/NOT SURE**
9. I prefer not to answer **REFUSED**

¿En los últimos 12 meses, ¿hubo algún momento en que necesitó consultar a un médico pero no pudo hacerlo por razones económicas?

1. Sí
2. No
7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK ALL//

C03Q04 and 3.4. About how long has it been since you last visited a doctor for a routine checkup?

(A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.)

1. Within the past year (anytime less than 12 months ago)
2. Within the past 2 years (1 year but less than 2 years ago)
3. Within the past 5 years (2 years but less than 5 years ago)
4. 5 or more years ago
7. I don't know/Not sure **DON'T KNOW/NOT SURE**
9. I prefer not to answer **REFUSED**

¿Cuánto fue la última vez que fue al médico para hacerse un chequeo de rutina?

LEA SI ES NECESARIO: Un chequeo de rutina es un examen físico general, que no se realiza por una lesión, enfermedad o afección específica.

LEA SI ES NECESARIO:

1. En el último año (hace menos de 12 meses)
2. En los últimos 2 años (hace más de 1 año, pero menos de 2)
3. En los últimos 5 años (hace más de 2 años, pero menos de 5)
4. Hace 5 años o más
7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
8. I don't know/Not sure NUNCA
9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK ALL//

SB03Q06 and 3.6. Is there one place that you PRIMARILY go to when you are sick or need advice about your health?

1. Yes
2. No [go to SB03Q10]
7. I don't know/Not sure **DON'T KNOW/NOT SURE** [go to SB03Q10]
9. I prefer not to answer **REFUSED** [go to SB03Q10]

¿Hay algún lugar al que visita PRIMARIAMENTE cuando se siente enfermo o necesita consejos sobre su salud?

PROBE: Queremos decir el lugar que visita normalmente cuando se siente enfermo o necesita consejos sobre su salud.

1. Sí
2. No [go to SB03Q10]
7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO** [go to SB03Q10]
9. Me niego a contestar **SE NIEGA A CONTESTAR** [go to SB03Q10]

//ASK if SB03Q06 = 1//

SB03Q07 and 3.7a, 3.7b, 3.7c, 3.7, 3.7e. What kind of place do you go to most often?... **[DO NOT READ 6-9]**

1. Clinic or health center [go to SB03Q10]
2. Doctor's office or HMO [go to SB03Q10]
3. Hospital emergency room [go to SB03Q10]
4. Hospital outpatient department [go to SB03Q10]
5. Some other place [go to SB03Q08]
6. Don't go to one place most often [go to SB03Q10]

7. I don't know/Not sure **DON'T KNOW/NOT SURE** [go to SB03Q10]
9. I prefer not to answer **REFUSED** [go to SB03Q10]

¿Qué clase de lugar visita con más frecuencia...? **[DO NOT READ 6]**

1. Clínica o centro de salud [go to SB03Q10]
2. Consultorio del médico o HMO [go to SB03Q10]
3. Sala de emergencia del hospital [go to SB03Q10]
4. Curandero (NOTA: Cu-ran-de-ro) [go to SB03Q10]
5. Otro lugar [go to SB03Q08]
6. NO VISITA UN SOLO LUGAR CON MAYOR FRECUENCIA [go to SB03Q10]
7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO** [go to SB03Q10]
9. Me niego a contestar **SE NIEGA A CONTESTAR** [go to SB03Q10]

//ASK if SB03Q06 = 1 AND SB03Q07 = 5//

SB03Q08. Is this other place best described as a...

1. Chiropractor [go to SB03Q10]
2. Acupuncturist [go to SB03Q10]
3. Osteopath [go to SB03Q10]
4. Curandero (NOTE: Q-end-day-row) [go to SB03Q10]
5. Native American Healer [go to SB03Q10]
6. Naturopath [go to SB03Q10]
7. Herbalist or herbal medicine provider [go to SB03Q10]
8. Something else [go to SB03Q09]

Es el otro lugar mejor descrito como un...

1. Quiropráctico [go to SB03Q10]
2. Acupunturista [go to SB03Q10]
3. Osteópata [go to SB03Q10]
4. Curandero (NOTA: Cu-ran-de-ro) [go to SB03Q10]
5. Curandero americano nativo [go to SB03Q10]
6. Médico naturista [go to SB03Q10]
7. Herborista o proveedor de medicina herbal [go to SB03Q10]
8. Otra cosa [go to SB03Q09]

//ASK if SB03Q06 = 1 AND SB03Q07 = 5 AND SB03Q08 = 8//

SB03Q09. Please describe the place where YOU primarily go when you are sick or need health advice.

PROBE: Your best description is fine.

NOTE: Record verbatim as much information as possible.

Por favor, describa el lugar que USTED visita primariamente cuando está enfermo o necesita consejos sobre su salud.

PROBE: Su mejor descripción es suficiente.

NOTE: Anotar textualmente la mayor cantidad de información posible.

//ASK ALL//

SB03Q10 and 3.10. During the past 12 months, did you delay or not get medical care you felt you needed--such as seeing a doctor, a specialist, or other health professional?

- 1. Yes
- 2. No
- 7. I don't know/Not sure **DON'T KNOW/NOT SURE**
- 9. I prefer not to answer **REFUSED**

Durante los últimos 12 meses, ¿retrasó o no recibió atención médica que pensó necesitaba, como consultar a un médico, un especialista u otro profesional de la salud?

- 1. Sí
- 2. No
- 7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
- 9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK ALL//

SB03Q12 and 3.12. During the past 12 months, did you ever skip medications to save money?

- 1. Yes
- 2. No
- 7. I don't know/Not sure **DON'T KNOW/NOT SURE**
- 9. I prefer not to answer **REFUSED**

Durante los últimos 12 meses, ¿dejó de tomar medicamentos para ahorrar dinero?

- 1. Sí

- 2. No
- 7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
- 9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK if SB03Q10 = 1//

SB03Q13 and 3.13 and 3.13a, 3.13 b, 3.13c, 3.13d, 3.13 e. Other than cost, there are many other reasons people delay getting needed medical care. Have you delayed getting needed medical care for any of the following reasons in the past 12 months? Please respond yes or no.

Además del costo, hay muchas otras razones por las que las personas retrasan obtener la atención médica que necesitan. ¿Ha retrasado obtener la atención médica que necesita por cualquiera de las siguientes razones en los últimos 12 meses? Por favor, responda sí o no.

[Please read:] Ha retrasado obtener la atención médica que necesita porque...

SB03Q13a and 3.13a. You couldn't get through on the telephone.

- 1. Yes
- 2. No
- 7. I don't know/Not sure **DON'T KNOW/NOT SURE**
- 9. I prefer not to answer **REFUSED**

No se pudo comunicar por teléfono.

- 1. Sí
- 2. No
- 7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
- 9. Me niego a contestar **SE NIEGA A CONTESTAR**

SB03Q13b and 3.13b. You couldn't get an appointment soon enough.

- 1. Yes
- 2. No
- 7. I don't know/Not sure **DON'T KNOW/NOT SURE**
- 9. I prefer not to answer **REFUSED**

No pudo conseguir una cita lo suficientemente rápido.

- 1. Sí
- 2. No
- 7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
- 9. Me niego a contestar **SE NIEGA A CONTESTAR**

SB03Q13c and 3.13c. Once you got there, you had to wait too long to see the doctor.

- 1. Yes
- 2. No
- 7. I don't know/Not sure **DON'T KNOW/NOT SURE**
- 9. I prefer not to answer **REFUSED**

Una vez que llegó, tuvo que esperar demasiado tiempo para ver al médico.

- 1. Sí
- 2. No
- 7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
- 9. Me niego a contestar **SE NIEGA A CONTESTAR**

SB03Q13d and 3.13d. The clinic/doctor's office wasn't open when you got there.

- 1. Yes
- 2. No
- 7. I don't know/Not sure **DON'T KNOW/NOT SURE**
- 9. I prefer not to answer **REFUSED**

La clínica o consultorio del médico no estaba abierta cuando usted llegó allí.

- 1. Sí
- 2. No
- 7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
- 9. Me niego a contestar **SE NIEGA A CONTESTAR**

SB03Q13e and 3.13e. You didn't have transportation.

- 1. Yes
- 2. No
- 7. I don't know/Not sure **DON'T KNOW/NOT SURE**
- 9. I prefer not to answer **REFUSED**

No tenía medio de transporte.

- 1. Sí
- 2. No
- 7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
- 9. Me niego a contestar **SE NIEGA A CONTESTAR**

SB03Q13f and 3.13f. You don't feel safe getting medical attention.

- 1. Yes
- 2. No
- 7. I don't know/Not sure **DON'T KNOW/NOT SURE**
- 9. I prefer not to answer **REFUSED**

No se siente seguro al recibir atención médica.

- 1. Sí
- 2. No
- 7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
- 9. Me niego a contestar **SE NIEGA A CONTESTAR**

SB03Q13g and 3.13g. Some other reason

1. Yes [go to SB03Q14]
2. No
7. I don't know/Not sure **DON'T KNOW/NOT SURE**
9. I prefer not to answer **REFUSED**

Alguna otra razón

1. Sí [go to SB03Q14]
2. No
7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK if SB03Q13g = 1//

SB03Q14. For what other reason did you delay getting needed medical care in the last 12 months

PROBE: Your best description is fine.

INTERVIEWER NOTE: Record verbatim as much information as possible.

¿Por qué otra razón retrasó obtener la atención médica necesaria en los últimos 12 meses?

PROBE: Su mejor descripción es suficiente.

INTERVIEWER NOTE: Anotar textualmente la mayor cantidad de información posible.

//ASK ALL//

SB03Q15 and 3.15a. During the past 12 months, how many times have you gone to a hospital emergency room about your own health?

INTERVIEWER NOTE: This includes emergency room visits that resulted in a hospital admission.

____ Enter number 0 – 30 [if more than 30 times, enter 30] [if > 0, go to SB03Q17]

7. I don't know/Not sure **DON'T KNOW/NOT SURE** [go to SB28Q01]

9. I prefer not to answer **REFUSED** [go to SB28Q01]

Durante los últimos 12 meses, ¿cuántas veces ha visitado la sala de emergencia del hospital por su propia salud?

INTERVIEWER NOTE: Esto incluye visitas a la sala de emergencia que resultaron en el ingreso al hospital.

____ Enter number 0-30 [if more than 30 times, enter 30] [if > 0, go to SB03Q17]

77. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO** [go to SB28Q01]

99. Me niego a contestar **SE NIEGA A CONTESTAR** [go to SB28Q01]

//ASK IF SB03Q15 > 0//

SB03Q17 and 3.17. Thinking about your **most recent** emergency room visit, did you go to the emergency room either at night or on the weekend?

1. Yes

2. No

7. I don't know/Not sure **DON'T KNOW/NOT SURE**

9. I prefer not to answer **REFUSED**

Pensando sobre la visita más reciente a la sala de emergencia, ¿fue a la sala de emergencia a la noche o durante el fin de semana?

1. Sí

2. No

7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**

9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK IF SB03Q15 > 0//

SB03Q18 and 3.18. Did this emergency room visit result in a hospital admission?

INTERVIEWER NOTE: This question pertains to the most recent emergency room visit.

1. Yes

2. No

7. I don't know/Not sure **DON'T KNOW/NOT SURE**

9. I prefer not to answer **REFUSED**

¿Resultó esta visita a la sala de emergencia en el ingreso al hospital?

INTERVIEWER NOTE: Esta pregunta se refiere a la visita más reciente a la sala de emergencia.

1. Sí

2. No

7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**

9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK IF SB03Q15 > 0//

SB03Q19 and 3.19. Tell me which of these apply to your last emergency room visit? Please respond with Yes or No.

Dígame cuáles de las siguientes frases se aplican a su última visita a la sala de emergencia. Por favor, responda sí o no.

//ASK IF SB03Q15 > 0//

SB03Q19a and 3.19a. You didn't have another place to go

- 1. Yes
- 2. No
- 7. I don't know/Not sure **DON'T KNOW/NOT SURE**
- 9. I prefer not to answer **REFUSED**

No tenía otro lugar al que recurrir

- 1. Sí
- 2. No
- 7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
- 9. Me niego a contestar **SE NIEGA A CONTESTAR**

SB03Q19b and 3.19b. Your doctor's office or clinic was not open

- 1. Yes
- 2. No
- 7. I don't know/Not sure **DON'T KNOW/NOT SURE**
- 9. I prefer not to answer **REFUSED**

El consultorio o clínica de su médico no estaba abierta

- 1. Sí
- 2. No
- 7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
- 9. Me niego a contestar **SE NIEGA A CONTESTAR**

SB03Q19c and 3.19c. Your health provider advised you to go

- 1. Yes
- 2. No
- 7. I don't know/Not sure **DON'T KNOW/NOT SURE**
- 9. I prefer not to answer **REFUSED**

Su proveedor médico le sugirió que vaya

- 1. Sí
- 2. No
- 7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
- 9. Me niego a contestar **SE NIEGA A CONTESTAR**

SB03Q19d and 3.19d. The problem was too serious for the doctor's office or clinic

- 1. Yes
- 2. No
- 7. I don't know/Not sure **DON'T KNOW/NOT SURE**

9. I prefer not to answer **REFUSED**

El problema era demasiado serio para el consultorio o clínica del médico

- 1. Sí
- 2. No
- 7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
- 9. Me niego a contestar **SE NIEGA A CONTESTAR**

SB03Q19e and 3.19e. Only a hospital could help you

- 1. Yes
- 2. No
- 7. I don't know/Not sure **DON'T KNOW/NOT SURE**
- 9. I prefer not to answer **REFUSED**

Solamente un hospital podía ayudarlo

- 1. Sí
- 2. No
- 7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
- 9. Me niego a contestar **SE NIEGA A CONTESTAR**

SB03Q19f and 3.19f. The emergency room is your closest provider

- 1. Yes
- 2. No
- 7. I don't know/Not sure **DON'T KNOW/NOT SURE**
- 9. I prefer not to answer **REFUSED**

La sala de emergencia es su proveedor más cercano

- 1. Sí
- 2. No
- 7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
- 9. Me niego a contestar **SE NIEGA A CONTESTAR**

SB03Q19g and 3.19g. You get most of your care at the emergency room

- 1. Yes
- 2. No
- 7. I don't know/Not sure **DON'T KNOW/NOT SURE**
- 9. I prefer not to answer **REFUSED**

Usted recibe la mayor parte de su atención en la sala de emergencia

- 1. Sí
- 2. No
- 7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
- 9. Me niego a contestar **SE NIEGA A CONTESTAR**

SB03Q19h and 3.19h. You arrived by ambulance or other emergency vehicle

- 1. Yes
- 2. No
- 7. I don't know/Not sure **DON'T KNOW/NOT SURE**
- 9. I prefer not to answer **REFUSED**

Llegó por ambulancia u otro vehículo de emergencia

- 1. Sí
- 2. No
- 7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
- 9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK ALL//

SB28Q01. People's gender and sex sometimes differ and because some of questions we ask are based on sex at birth, we need to verify your sex at birth, was it male or female?

- 1. MALE
- 2. FEMALE
- 7. I don't know/Not sure **DON'T KNOW/NOT SURE**
- 9. I prefer not to answer **REFUSED**

¿Cuál era su sexo al nacer? ¿Era masculine o femenino?

- 1. MASCULINO
- 2. FEMININO
- 7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
- 9. Me niego a contestar **SE NIEGA A CONTESTAR**

4: Chronic Health Conditions

//ASK ALL//

C06Q00 Has a doctor, nurse, or other health professional ever told you that you had any of the following? For each, tell me 'Yes,' 'No,' or 'You're Not Sure.'

¿ALGUNA VEZ un médico, un enfermero u otro profesional de la salud le dijo que tenía alguna de las siguientes afecciones? Para cada una, responda 'Sí', o 'No' o 'No estoy seguro.'

//ASK ALL//

C06Q01 and 8.4. Ever told you had asthma?

- 1. Yes
- 2. No
- 7. I don't know/Not sure **DON'T KNOW/NOT SURE**
- 9. I prefer not to answer **REFUSED**

¿(Alguna vez) le dijeron que tenía asma?

- 1. Sí
- 2. No
- 7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
- 9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK ALL//

C06Q05 and 8.5. Do you still have asthma?

- 1. Yes
- 2. No
- 7. I don't know/Not sure **DON'T KNOW/NOT SURE**
- 9. I prefer not to answer **REFUSED**

¿Usted todavía tiene asma?

- 1. Sí
- 2. No
- 7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
- 9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK ALL//

C06Q06 and 8.6. Ever told you had skin cancer?

- 1. Yes
- 2. No
- 7. I don't know/Not sure **DON'T KNOW/NOT SURE**
- 9. I prefer not to answer **REFUSED**

¿(Alguna vez) le dijeron que tenía cáncer de piel?

1. Sí
2. No
7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK ALL//

C06Q07 and 8.7. Ever told you had any other types of cancer?

1. Yes
2. No
7. I don't know/Not sure **DON'T KNOW/NOT SURE**
9. I prefer not to answer **REFUSED**

¿(Alguna vez) le dijeron que tenía otro tipo de cáncer?

1. Sí
2. No
7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK ALL//

C06Q11 and 8.12. Ever told you had diabetes?

NOTE: If 'YES' and respondent is female, ask: Was this only when you were pregnant? If Respondent says pre-diabetes or borderline diabetes, use response code 4. READ RESPONSE OPTIONS 1, 3, AND 4 - READ 2 ONLY IF RESP IS FEMALE.

1. Yes [go to C06Q12]
2. Yes, but female told only during pregnancy
3. No
4. No, pre-diabetes or borderline diabetes
7. I don't know/Not sure **DON'T KNOW/NOT SURE**
9. I prefer not to answer **REFUSED**

¿(Alguna vez) le dijeron que tenía diabetes?

NOTE: If 'YES' and respondent is female, ask: ¿Esto fue únicamente durante su embarazo?" If Respondent says pre-diabetes or borderline diabetes, use response code 4. READ RESPONSE OPTIONS 1, 3, AND 4 - READ 2 ONLY IF RESP IS FEMALE.

1. Sí [go to C06Q12]
2. Sí, pero la encuestada dijo que solo durante el embarazo
3. No
4. No, prediabetes o intolerancia a la glucosa

7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK IF C06Q11 is 1//

C06Q12 and 8.12. How old were you when you were told you have diabetes?

(If you're not sure, or would prefer not to answer, you can skip this question.)

- ___ Code age in years [97 = 97 and older]
77. I don't know/Not sure **DON'T KNOW/NOT SURE**
99. I prefer not to answer **REFUSED**

¿Qué edad tenía cuando le dijeron que tenía diabetes?

- ___ Codifique la edad en años [97 = 97 y más]
77. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
99. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK ALL//

C07Q01 and 8.9. Has a doctor, nurse, or other health professional ever told you that you had some form of arthritis, rheumatoid arthritis, gout, lupus or fibromyalgia?

READ IF NECESSARY

NOTE: Arthritis diagnoses include:

- * rheumatism, polymyalgia rheumatica
- * osteoarthritis (not osteoporosis)
- * tendonitis, bursitis, bunion, tennis elbow
- * carpal tunnel syndrome, tarsal tunnel syndrome
- * joint infection, Reiter's syndrome
- * ankylosing spondylitis; spondylosis
- * rotator cuff syndrome
- * connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- * vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)

1. Yes
2. No
7. I don't know/Not sure **DON'T KNOW/NOT SURE**
9. I prefer not to answer **REFUSED**

¿(Alguna vez) le dijeron que tenía algún tipo de artritis, artritis reumatoide, gota, lupus o fibromialgia?

NOTE: Arthritis diagnoses include:

- * reumatismo, polimialgia reumática
- * artrosis (no osteoporosis)
- * tendinitis, bursitis, juanete, codo de tenista (epicondilitis)
- * síndrome del túnel carpiano, síndrome del túnel tarsiano
- * infección en las articulaciones, síndrome de Reiter
- * espondilitis anquilosante; espondilosis

- * síndrome del manguito rotador
- * enfermedad del tejido conjuntivo, esclerodermia, polimiositis, síndrome de Raynaud
- * vasculitis (arteritis de células gigantes, púrpura de Henoch-Schonlein, granulomatosis de Wegener, poliarteritis nudosa)

1. Sí
2. No
7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK ALL//

C06Q09. Ever told you had a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

1. Yes
2. No
7. I don't know/Not sure **DON'T KNOW/NOT SURE**
9. I prefer not to answer **REFUSED**

¿(Alguna vez) le dijeron que tenía un trastorno depresivo (como depresión, depresión grave, distimia o depresión leve)?

1. Sí
2. No
7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK ALL//

C06Q09a. Ever told you had an anxiety disorder or other mental health disorder?

1. Yes
2. No
7. I don't know/Not sure **DON'T KNOW/NOT SURE**
9. I prefer not to answer **REFUSED**

¿(Alguna vez) le dijeron que tenía un trastorno de ansiedad u otro trastorno de salud mental?

1. Sí
2. No
7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
9. Me niego a contestar **SE NIEGA A CONTESTAR**

5: Mental Health

//ASK ALL//

The following questions ask about how you have been feeling during the past 30 days. For each question, please indicate which best describes how often you had this feeling. During the past 30 days, about how often did you feel...

Las siguientes preguntas se refieren a cómo se ha sentido en los últimos 30 días. Para cada pregunta, por favor indique cuál mejor describe con qué frecuencia se ha sentido de esta manera. En los últimos 30 días, con qué frecuencia se ha sentido...

//ASK ALL//

SBK01Q01 and 23.1a. Nervous?

- 1. All of the time
- 2. Most of the time
- 3. Some of the time
- 4. A little of the time
- 5. None of the time
- 7. I don't know/Not sure **DON'T KNOW/NOT SURE**
- 9. I prefer not to answer **REFUSED**

Nervioso?

- 1. Todo el tiempo
- 2. La mayoría del tiempo
- 3. Algunas veces
- 4. Muy pocas veces
- 5. Nunca
- 7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
- 9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK ALL//

SBK01Q02 and 23.1b. (During the past 30 days, about how often did you feel) hopeless?

- 1. All of the time
- 2. Most of the time
- 3. Some of the time
- 4. A little of the time
- 5. None of the time
- 7. I don't know/Not sure **DON'T KNOW/NOT SURE**
- 9. I prefer not to answer **REFUSED**

(En los últimos 30 días, con qué frecuencia se ha sentido...) sin esperanza?

1. Todo el tiempo
2. La mayoría del tiempo
3. Algunas veces
4. Muy pocas veces
5. Nunca
7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK ALL//

SBK01Q03 and 23.1c. (During the past 30 days, about how often did you feel) restless or fidgety?

1. All of the time
2. Most of the time
3. Some of the time
4. A little of the time
5. None of the time
7. I don't know/Not sure **DON'T KNOW/NOT SURE**
9. I prefer not to answer **REFUSED**

(En los últimos 30 días, con qué frecuencia se ha sentido...) inquieto(a) o intranquilo(a)

1. Todo el tiempo
2. La mayoría del tiempo
3. Algunas veces
4. Muy pocas veces
5. Nunca
7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK ALL//

SBK01Q04 and 23.1d. so depressed that nothing could cheer you up?

1. All of the time
2. Most of the time
3. Some of the time
4. A little of the time
5. None of the time
7. I don't know/Not sure **DON'T KNOW/NOT SURE**
9. I prefer not to answer **REFUSED**

tan deprimido(a) que nada podía animarle?

1. Todo el tiempo
2. La mayoría del tiempo
3. Algunas veces
4. Muy pocas veces
5. Nunca

7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK ALL//

SBK01Q05 and 23.1e. that everything was an effort?

1. All of the time
2. Most of the time
3. Some of the time
4. A little of the time
5. None of the time
7. I don't know/Not sure **DON'T KNOW/NOT SURE**
9. I prefer not to answer **REFUSED**

que todo le suponía un gran esfuerzo?

1. Todo el tiempo
2. La mayoría del tiempo
3. Algunas veces
4. Muy pocas veces
5. Nunca
7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK ALL//

SBK01Q06 and 23.1f. worthless?

1. All of the time
2. Most of the time
3. Some of the time
4. A little of the time
5. None of the time
7. I don't know/Not sure **DON'T KNOW/NOT SURE**
9. I prefer not to answer **REFUSED**

inútil?

1. Todo el tiempo
2. La mayoría del tiempo
3. Algunas veces
4. Muy pocas veces
5. Nunca
7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
9. Me niego a contestar **SE NIEGA A CONTESTAR**

6: Demographics

//ASK ALL//

The following questions about you are included so that we can compare health indicators by groups.

Lea lo siguiente si es necesario: Le hare algunas preguntas sobre usted en la siguiente sección. Incluimos estas preguntas para que podamos comparar indicadores de la salud por grupos.

//ASK ALL//

C08Q01.and 5.2. What is your age?

___ Age in years

7. I don't know/Not sure **DON'T KNOW/NOT SURE**

9. I prefer not to answer **REFUSED**

¿Qué edad tiene usted?

___ Codifique la edad en años

7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**

9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK ALL if C06Q12 > C08Q01.//

C08Q01v. You said you were told you had diabetes when you older than you are now. Please go back and adjust your age, OR re-enter the age you were told you had diabetes here:

___ Age in years

7. I don't know/Not sure **DON'T KNOW/NOT SURE**

9. I prefer not to answer **REFUSED**

//ASK ALL//

C08Q02a and 5.3. Are you Hispanic, Latino/a, or Spanish origin?

1. Yes [go to C08Q02b]

2. No

7. I don't know/Not sure **DON'T KNOW/NOT SURE**

9. I prefer not to answer **REFUSED**

¿Es usted latino o hispano, o de origen español?

1. Sí [go to C08Q02b]

2. No

7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**

9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK IF C08Q02A = 1//

C08Q02b and 5.3.1. Are you-

NOTE: One or more categories may be selected.

1. Mexican, Mexican American, Chicano/a
2. Puerto Rican
3. Cuban
4. Mixtec
5. Another Hispanic, Latino/a, or Spanish origin?
7. I don't know/not sure **DON'T KNOW/NOT SURE**
9. I prefer not to answer **REFUSED**

Es usted.....

NOTA: Es posible seleccionar una o más categorías.

1. Mexicano, méxicoamericano, chicano
2. Puertorriqueño
3. Cubano
4. Mixteco
5. De otro origen latino o hispano, o español
6. NO
7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK ALL//

C08Q03 and 5.4. Which one or more of the following would you say is your race?

Would you say: White, Black or African American, American Indian or Alaska Native, Asian or Pacific Islander?

IF ASIAN ASK: Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or Other Asian.

IF PACIFIC ISLANDER ASK: Native Hawaiian, Guamanian or Chamorro, Samoan, or Other Pacific Islander.

NOTE: One or more categories may be selected.

10. White
20. Black or African American
30. American Indian or Alaska Native
40. Asian
41. Asian Indian
42. Chinese
43. Filipino
44. Japanese
45. Korean
46. Vietnamese
47. Other Asian
50. Pacific Islander
51. Native Hawaiian
52. Guamanian or Chamorro
53. Samoan

- 54. Other Pacific Islander
- 60. OTHER [Skip to C08Q3o]
- 77. I don't know/not sure **DON'T KNOW/NOT SURE**
- 99. I prefer not to answer **REFUSED**

¿A cuál o cuáles de los siguientes grupos raciales diría usted que pertenece?

Diría usted: Blanco, Negro o afroamericano, Indoamericano o nativo de Alaska, Asiático o Isleño del Pacífico?

IF ASIAN ASK: Indoasiático, Chino, Filipino, Japonés, Coreano, Vietnamita, o Otro Asiático.

IF PACIFIC ISLANDER ASK: Nativo de Hawái, Guameño, Chamorro, Samoano, o Otro isleño del Pacífico.

NOTA: Seleccione todas las que correspondan.

- 10. Blanco
- 20. Negro o afroamericano
- 30. Indoamericano o nativo de Alaska
- 40. Asiático
- 41. Indoasiático
- 42. Chino
- 43. Filipino
- 44. Japonés
- 45. Coreano
- 46. Vietnamita
- 47. Otro origen asiático
- 50. Isleño del Pacífico
- 51. Nativo de Hawái
- 52. Guameño o chamorro
- 53. Samoano
- 54. Otro isleño del Pacífico
- 60. OTRO (SPECIFY)
- 88. NO INDICA OTRAS OPCIONES
- 77. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
- 99. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK IF C08Q03 = 60/

C08Q03o.

Please Specify/ **Please Specify**

C08Q03ot. OTHER (OTRO) [SPECIFY]:

//ASK IF C08Q03 IS MORE THAN ONE ANSWER//

C08Q04 and 5.5. [If respondent answers with multiple races, ask]. You indicated multiple race categories including ____.

Which one of these groups would you say BEST represents your race?

NOTE: Read the categories above. Do not read the categories below. If the respondent provides more than one category, code as 99. **REFUSED**.

- 10. White
- 20. Black or African American
- 30. American Indian or Alaska Native
- 40. Asian
- 41. Asian Indian
- 42. Chinese
- 43. Filipino
- 44. Japanese
- 45. Korean
- 46. Vietnamese
- 47. Other Asian
- 50. Pacific Islander
- 51. Native Hawaiian
- 52. Guamanian or Chamorro
- 53. Samoan
- 54. Other Pacific Islander
- 60. OTHER
- 77. I don't know//Not sure **DON'T KNOW/NOT SURE**
- 99. I prefer not to answer **REFUSED**

¿Cuál de los siguientes grupos diría usted que es el más representativo de su raza? _____.

NOTE: Read the categories above. Do not read the categories below. If the respondent provides more than one category, code as 99. **REFUSED**.

- 10. Blanco
- 20. Negro o afroamericano
- 30. Indoamericano o nativo de Alaska
- 40. Asiático
- 41. Indoasiático
- 42. Chino
- 43. Filipino
- 44. Japonés
- 45. Coreano
- 46. Vietnamita
- 47. Otro origen asiático
- 50. Isleño del Pacífico
- 51. Nativo de Hawái
- 52. Guameño o chamorro
- 53. Samoano
- 54. Otro isleño del Pacífico
- 60. OTRO (SPECIFY)
- 77. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**

99. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK ALL//

SB99Q01 and 5.5.1. What is the primary language spoken in your home?

1. English
2. Spanish or Spanish Creole
3. Tagalog
4. Mixteco/Mixtec
5. German
6. Chinese
7. French
8. Japanese
9. Vietnamese
10. Korean
11. Other [Skip to SB99Q01o.]
99. I prefer not to answer **REFUSED**

¿Qué es el idioma primario hablado en su casa?

1. Inglés
2. Español/Criollo Español
3. Tagalog
4. Mixteco/Mixtec
5. Alemán
6. Chino
7. Francés
8. Japonés
9. Vietnamita
10. Coreano
11. Otro (Especificar)
99. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK IF SB99Q01 = 11//

SB99Q01o.

Please Specify/ **Please Specify**

Otro (Especificar)

//ASK ALL//

SB99Q02. Any other primary language spoken in your home? If only one language is spoken at home, select “Only language spoken in home”. **[IF ONLY ONE LANGUAGE IS SPOKEN AT HOME, SELECT 88 AND PROCEED TO NEXT Q.]**

1. English
2. Spanish or Spanish Creole
3. Tagalog
4. Mixteco/Mixtec
5. German
6. Chinese
7. French
8. Japanese
9. Vietnamese
10. Korean
11. Other [Skip to SB99Q02o]
88. Only language spoken in home
99. I prefer not to answer **REFUSED**

Hay otros idiomas primarios hablado en su casa? Si hay solo un idioma hablado en su casa, seleccione "Solo un idioma hablado en la casa"

1. Inglés
2. Español/Criollo Español
3. Tagalog
4. Mixteco/Mixtec
5. Alemán
6. Chino
7. Francés
8. Japonés
9. Vietnamita
10. Coreano
11. Otro [Skip to SB99Q02o]
88. ONLY ONE LANGUAGE SPOKEN AT HOME
99. Me niego a contestar **SE NIEGA A CONTESTAR**

SB99Q02o.

Please Specify/ **Please Specify**

Otro (Especificar)

//ASK IF SB99Q02 ≠ 88//

SB99Q03. Any other primary language spoken in your home?

1. English
2. Spanish or Spanish Creole
3. Tagalog
4. Mixteco/Mixtec
5. German

6. Chinese
7. French
8. Japanese
9. Vietnamese
10. Korean
11. Other (specify)
88. NO ADDITIONAL LANGUAGE
99. I prefer not to answer **REFUSED**

Hay otros idiomas primarios hablado en su casa?

1. Inglés
2. Español/Criollo Español
3. Tagalog
4. Mixteco/Mixtec
5. Alemán
6. Chino
7. Francés
8. Japonés
9. Vietnamita
10. Coreano
11. Otro (Especificar)
88. NO ADDITIONAL LANGUAGE
99. Me niego a contestar **SE NIEGA A CONTESTAR**

SB99Q03o.

Please Specify/ **Please Specify**

Otro (Especificar)

//ASK IF SB99Q02 ≠ 88 or SB99Q03 = 88//

SB99Q04. [IF MORE THAN ONE LANGUAGE INDICATED, SAY:] Of these languages, which language is the primary language?

1. English
2. Spanish or Spanish Creole
3. Tagalog
4. Mixteco/Mixtec
5. German
6. Chinese
7. French
8. Japanese
9. Vietnamese
10. Korean

11. Other [Skip to SB999Q04o]

99. I prefer not to answer **REFUSED**

De estos idiomas, ¿cuál es el idioma principal?

1. Inglés
2. Español/Criollo Español
3. Tagalog
4. Mixteco/Mixtec
5. Alemán
6. Chino
7. Francés
8. Japonés
9. Vietnamita
10. Coreano
11. Otro (Especificar)
99. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK IF SB99Q04 = 11//

SB99Q04o.

Please Specify/ **Please Specify**

Otro (Especificar)

//ASK ALL//

C08Q05 and 5.6. Are you Married, Divorced, Widowed, Separated, Never Married, or a member of an unmarried couple?

1. Married
2. Divorced
3. Widowed
4. Separated
5. Never Married
6. A member of an unmarried couple
9. I prefer not to answer **REFUSED**

Es Usted casado, divorciado, viudo, separado, nunca estuvo casado o vive en pareja sin estar casado?

1. Casado
2. Divorciado
3. Viudo
4. Separado

5. Nunca estuvo casado
6. Vive en pareja sin estar casado
9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK ALL//

C08Q06 and 5.7. What is the highest grade or year of school you completed?

READ IF NECESSARY:

1. Never attended school or only attended Kindergarten
2. Grades 1 through 8 (Elementary)
3. Grades 9 through 11 (Some high school)
4. Grade 12 or GED (High school graduate)
5. College 1 year to 3 years (Some college or technical school)
6. College 4 years or more (College graduate)
9. I prefer not to answer. **REFUSED**

¿Cuál es el grado escolar o nivel de educación más alto que ha completado?

LEA LO SIGUIENTE SI ES NECESARIO:

1. Nunca fue a la escuela o solamente fue al kínder
2. 1.o a 8.o grado (escuela primaria)
3. 9.o a 11.o grado (algunos estudios secundarios)
4. 12.º grado o diploma GED (graduado de escuela secundaria superior)
5. 1 a 3 años de universidad (algunos estudios universitarios o de escuela técnica)
6. 4 años o más de universidad (graduado de estudios universitarios)
9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK IF C08Q06 > 2//

SB8C8 and 5.7.1. Did you go to high school in Santa Barbara County?

1. Yes
2. No
7. I don't know/ Not sure **DON'T KNOW/NOT SURE**
9. I prefer not to answer **REFUSED**

Asistió usted al colegio [o escuela secundaria] en el condado de Santa Barbara?

1. Sí
2. No
7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK IF C08Q06 < 3//

SB8C7 and 5.7.2. Did you go to school before high school in Santa Barbara County?

1. Yes
2. No
7. I don't know/ Not sure **DON'T KNOW/NOT SURE**
9. I prefer not to answer **REFUSED**

Antes del colegio [o escuela secundaria], asistió usted a una escuela ubicada en el condado de Santa Barbara?

1. Sí
2. No
7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK ALL//

C08Q09 and 5.8. In order to help us fully understand the health of the residents in each community in Santa Barbara County, it would be very helpful to get your ZIP code. What is your zip code? (*Please keep in mind that all of your information will be kept confidential. If you are unwilling to answer this question, you may leave it blank and hit next.)

_____ Enter 5-digit zip code

77777. DON'T KNOW/NOT SURE

99999. REFUSED

Para poder ayudarnos a entender completamente la salud de los residentes en cada comunidad en el Condado de Santa Bárbara, sería útil obtener su código postal. (*Por favor acuérdesse que toda su información es confidencial. Si no quiere responder. puede dejar en blanco y seguir.)

_____ Enter 5-digit zip code

77777. No sé/No estoy seguro NO SABE/NO ESTÁ SEGURO

99999. Me niego a contestar SE NIEGA A CONTESTAR

//ASK ALL if C08Q09 !=93000 and !=93500 //

BadZip

The zip code you entered: _____ Which is not in the states allowable range of 93000 – 93500.

1. Go back to C08Q09 and re-enter zip code.
2. Continue with zip code as entered.

//ASK ALL//

SB8C09 and 5.9. In order to help us learn more about environmental factors in your area, we'd like to know, what is the nearest intersection to your home or the place where you live?

This information will only be used to group your responses with others from your neighborhood.

Please name the two cross-streets of the nearest intersection to your house. What is the name of the first street?

(*Please keep in mind that all of your information will be kept confidential. If you are unwilling to answer this question, you may leave it blank and hit next.)

_____ Enter name of first street

99. I prefer not to answer **REFUSED**

Para poder aprender mas acerca de factores ambientales en su area, quisiera saber cual es la intersección de calles mas cercana a su casa.

Esta información nunca será divulgada o analizada individualmente y será utilizada para agrupar sus respuestas con las de otras personas que viven cerca de usted

Por favor indique los nombres de las dos calles de esta intersección. ¿Cuál es el nombre de la calle primera?

_____ 99. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK ALL//

SB8C10 and 5.10. What is the name of the second street?

_____ Enter name of second street

99. I prefer not to answer **REFUSED**

¿Cuál es el nombre de la calle segunda?

_____ 99. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK ALL//

SB8C11 and 5.11. The streets I recorded for the closest intersection are ____ and ____: Is this correct?

- 1. Yes
- 2. No
- 7. I don't know/ Not sure **DON'T KNOW/NOT SURE**
- 9. I prefer not to answer **REFUSED**

Las calles que grabé para la intersección más cerca son: ____ y/e ____ ¿Es esto correcto?

- 1. Sí
- 2. No
- 7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
- 9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK ALL//

C08Q13 and 5.14. Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

Note **if necessary**: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

1. Yes
2. No
7. I don't know/ Not sure **DON'T KNOW/NOT SURE**
9. I prefer not to answer **REFUSED**

¿Alguna vez ha estado en servicio activo en las Fuerzas Armadas de los Estados Unidos, ya sea en el servicio militar regular, en la Guardia Nacional o en una unidad de reserva militar?

El servicio activo no incluye el entrenamiento en la Reserva ni en la Guardia Nacional, pero SÍ incluye las actividades de movilización, por ejemplo, para la Guerra del Golfo Pérsico.

1. Sí
2. No
7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK ALL//

C08Q14 and 5.12. Are you currently: (if more than one category describes you, please pick the category that *best* describes you.)

NOTE: If more than one say:

1. Employed for wages [go to SB8Q15]
2. Self-employed [go to SB8Q15]
3. Out of work for 1 year or more [go to SB8Q16]
4. Out of work for less than 1 year [go to SB8Q16]
5. A Homemaker [go to SB8Q16]
6. A Student [go to SB8Q16]
7. Retired [go to C08Q16a]
8. Unable to work [go to C08Q16d]
9. I prefer not to answer **REFUSED** [go to C08Q16d]

¿Es usted actualmente...?

NOTE: Si es más de una, diga: Seleccione la categoría que mejor lo describa.

NOTE: DO NOT code 7 for NO SABE/NO ESTÁ SEGURO on this question.

1. Empleado asalariado [go to SB8Q15]
2. Trabajador independiente [go to SB8Q15]
3. Desempleado por 1 año o más [go to SB8Q16]
4. Desempleado por menos de 1 año [go to SB8Q16]
5. Mujer u hombre que se ocupa de las tareas de la casa [go to SB8Q16]
6. Estudiante [go to SB8Q16]
7. Jubilado [go to SB8Q16d]
8. No puede trabajar [go to C08Q16d]

9. Me niego a contestar **SE NIEGA A CONTESTAR** [go to C08Q16d]

(PARTIAL POINT OF SURVEY. IF ANSWERED THROUGH C08Q14, THE SURVEY IS CONSIDERED A PARTIAL COMPLETE)

//ASK IF C08Q14 = 1 OR C08Q14 = 2//

SB8Q15 and 5.13. Is your main job year-round or seasonal?

- 1. Year-round
- 2. Seasonal
- 7. I don't know/ Not sure **DON'T KNOW/NOT SURE**
- 9. I prefer not to answer **REFUSED**

¿Es su trabajo principal durante todo el año o por temporada?

PROBE: Los empleados por temporada son contratados para trabajar por empleadores que necesitan ayuda adicional durante una temporada en particular, no durante todo el año.

- 1. Todo el año
- 2. Por temporada
- 7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
- 9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK IF C08Q14 = 1 OR C08Q14 = 2 OR C08Q14 = 3 OR C08Q14 = 4 OR C08Q14 = 5 OR C08Q14 = 6//

SB8Q16 and 5.13a. Do problems getting childcare make it difficult for you to work or study?

- 1. Yes
- 2. No
- 7. I don't know/ Not sure **DON'T KNOW/NOT SURE**
- 9. I prefer not to answer **REFUSED**

¿Hacen problemas, como conseguir que alguien cuide a sus niños, que sea difícil para usted estudiar o trabajar?

- 1. Sí
- 2. No
- 7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
- 9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK ALL//

C08Q16a-g. Is your annual household income from all sources...

a. Less than \$10,000?

- 1. Yes [go to C08Q17]
- 2. No [go to C08Q16b]
- 7. I don't know/ Not sure **DON'T KNOW/NOT SURE** [go to C08Q16b]
- 9. I prefer not to answer **REFUSED** [go to C08Q16b]

b. \$10,000 - \$14,999?

1. Yes [go to C08Q17]
2. No [go to C08Q16c]
7. I don't know/ Not sure **DON'T KNOW/NOT SURE** [go to C08Q16c]
9. I prefer not to answer **REFUSED** [go to C08Q16c]

c. \$15,000 - \$19,999?

1. Yes [go to C08Q17]
2. No [go to C08Q16d]
7. I don't know/ Not sure **DON'T KNOW/NOT SURE** [go to C08Q16d]
9. I prefer not to answer **REFUSED** [go to C08Q16d]

d. 20,000 - \$24,999?

1. Yes [go to C08Q17]
2. No [go to C08Q16e]
7. I don't know/ Not sure **DON'T KNOW/NOT SURE** [go to C08Q16e]
9. I prefer not to answer **REFUSED** [go to C08Q16e]

e. \$25,000 - \$34,999?

1. Yes [go to C08Q17]
2. No [go to C08Q16f]
7. I don't know/ Not sure **DON'T KNOW/NOT SURE** [go to C08Q16f]
9. I prefer not to answer **REFUSED** [go to C08Q16f]

f. \$35,000 - \$49,999?

1. Yes [go to C08Q17]
2. No [go to C08Q16g]
7. I don't know/ Not sure **DON'T KNOW/NOT SURE** [go to C08Q16g]
9. I prefer not to answer **REFUSED** [go to C08Q16g]

g. \$50,000 - \$74,999?

1. Yes [go to C08Q17]
2. No [go to C08Q16h]
7. I don't know/ Not sure **DON'T KNOW/NOT SURE** [go to C08Q16h]
9. I prefer not to answer **REFUSED** [go to C08Q16h]

h. \$75,000 or more?

1. Yes
2. No
7. I don't know/ Not sure **DON'T KNOW/NOT SURE**
9. I prefer not to answer **REFUSED**

Tomando en cuenta todas sus fuentes de ingresos, los ingresos anuales de su hogar son...

- a. Menos de \$10,000?
 1. Sí [go to C08Q17]
 2. No [go to C08Q16b]
 7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO** [go to C08Q16b]
 9. Me niego a contestar **SE NIEGA A CONTESTAR** [go to C08Q16b]
- b. \$10,000 – 14,999?
 1. Sí [go to C08Q17]
 2. No [go to C08Q16c]
 7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO** [go to C08Q16c]
 9. Me niego a contestar **SE NIEGA A CONTESTAR** [go to C08Q16c]
- c. \$15,000 - \$19,999?
 1. Sí [go to C08Q17]
 2. No [go to C08Q16d]
 7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO** [go to C08Q16d]
 9. Me niego a contestar **SE NIEGA A CONTESTAR** [go to C08Q16d]
- d. \$20,000 de \$24,999?
 1. Sí [go to C08Q17]
 2. No [go to C08Q16e]
 7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO** [go to C08Q16e]
 9. Me niego a contestar **SE NIEGA A CONTESTAR** [go to C08Q16e]
- e. \$25,000 - \$34,999
 1. Sí [go to C08Q17]
 2. No [go to C08Q16f]
 7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO** [go to C08Q16f]
 9. Me niego a contestar **SE NIEGA A CONTESTAR** [go to C08Q16f]
- f. \$35,000 - \$49,999?
 1. Sí [go to C08Q17]
 2. No [go to C08Q16g]
 7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO** [go to C08Q16g]
 9. Me niego a contestar **SE NIEGA A CONTESTAR** [go to C08Q16g]
- g. \$50,000 - \$74,999?
 1. Sí [go to C08Q17]
 2. No [go to C08Q16h]
 7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO** [go to C08Q16h]
 9. Me niego a contestar **SE NIEGA A CONTESTAR** [go to C08Q16h]
- h. \$75,000 o mas?
 1. Sí

2. No
7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK ALL//

C08Q17 and 5.17. About how much do you weigh without shoes?

NOTE: If respondent answers in metrics, put a '9' in the first position, see example below. NOTE: Round fractions up.

_____ Enter weight in whole pounds (ex: 220 pounds = 220) or whole kilograms (ex: 65 kilograms = 9065 or 110 kilograms = 9110)

7777. I don't know/Not sure **DON'T KNOW/NOT SURE**
 9999. I prefer not to answer **REFUSED**

Aproximadamente, ¿cuánto pesa usted sin zapatos?

NOTE: Si la persona encuestada responde usando el sistema métrico, indique '9' en la primera columna. NOTE: Redondee los decimales o las fracciones hacia arriba.

7777. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
 9999. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK ALL//

C08Q18 and 5.18. About how tall are you without shoes? **NOTE: If respondent answers in metrics, put a '9' in the first position, see example below. NOTE: Round fractions down.**

_____ Enter height in feet and inches (ex: 5 feet 9 inches = 509) or meters and centimeters (ex: 1 meter 75 centimeters = 9175)

7777. I don't know/Not sure **DON'T KNOW/NOT SURE**
 9999. I prefer not to answer **REFUSED**

Aproximadamente, ¿cuánto mide usted sin zapatos? **NOTE: Si la persona encuestada responde usando el sistema métrico, indique '9' en la primera columna. NOTE: Redondee los decimales o las fracciones hacia arriba.**

777. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
 988. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK IF RESP IS FEMALE AND <= 49 YEARS OLD OR Don't know/Not sure OR I prefer not to answer//

C08Q19 and 5.19. To your knowledge, are you now pregnant?

1. Yes
2. No
7. I don't know/ Not sure **DON'T KNOW/NOT SURE**
9. I prefer not to answer **REFUSED**

Que usted sepa, ¿está embarazada?

1. Sí
2. No
7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK ALL//

C08Q20 and 1.2. Some people who are deaf or have serious difficulty hearing may use assistive devices to communicate by phone. Are you deaf or do you have **serious difficulty** hearing?

1. Yes
2. No
7. I don't know/ Not sure **DON'T KNOW/NOT SURE**
9. I prefer not to answer **REFUSED**

Algunas personas que son sordas o tienen gran dificultad para oír pueden usar o no usar equipo para comunicarse por teléfono. ¿Es sordo o tiene **gran dificultad** para oír?

1. Sí
2. No
7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
9. Me niego a contestar **SE NIEGA A CONTESTAR**

CQ: Calibration Questions

//ASK ALL//

CQ1. Approximately, how many hours of television do you watch on an average day?

CQ2. In a typical week, about how many hours do you spend on the internet for personal use?

CQ3. Do you usually try new products before other people do?

1. Never
2. Sometimes
7. Often
9. Always

Aproximadamente, ¿cuántas horas de televisión ves en un día promedio?

En una semana típica, ¿cuántas horas pasa en Internet para uso personal?

¿Con que frecuencia trata productos nuevos antes que otros consumidores? (Nunca; A veces; A menudo; Siempre)

1. Nunca
2. A veces

- 7. A menudo
- 9. Siempre

7: Smoking and Tobacco Use

//ASK ALL//

C09Q01 and 11.1. Have you smoked at least 100 cigarettes in your entire life?

[NOTE: Do not include: electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigarillos, little cigars, pipes, bidis, kreteks, cigars, water pipes (hookahs), or marijuana.]
[5 packs = 100 cigarettes]

- 1. Yes [go to C09Q02]
- 2. No [go to C09Q05]
- 7. I don't know/ Not sure **DON'T KNOW/NOT SURE** [go to C09Q05]
- 9. I prefer not to answer **REFUSED** [go to C09Q05]

¿Ha fumado al menos 100 cigarrillos en toda su vida?

NOTE: En cigarrillos, no incluya cigarrillos electrónicos (e-cigarrillos o *ecigarettes*, NJOY, Bluetip), cigarrillos herbales, cigarros, puros, puritos, pipas, bidis, kreteks, pipas de agua (narguiles) ni marihuana.
5 paquetes = 100 cigarrillos

- 1. Sí [go to C09Q02]
- 2. No [go to C09Q05]
- 7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO** [go to C09Q05]
- 9. Me niego a contestar **SE NIEGA A CONTESTAR** [go to C09Q05]

//ASK IF C09Q01 = 1//

C09Q02 and 11.2. Do you now smoke cigarettes every day, some days, or not at all?

- 1. Every day [go to C09Q03]
- 2. Some days [go to C09Q03]
- 3. Not at all [go to C09Q04]
- 7. I don't know/ Not sure **DON'T KNOW/NOT SURE** [go to C09Q05]
- 9. I prefer not to answer **REFUSED** [go to C09Q05]

¿Fuma cigarrillos todos los días, algunos días o no fuma para nada?

- 1. Todos los días [go to C09Q03]
- 2. Algunos días [go to C09Q03]
- 3. No fuma para nada [go to C09Q04]
- 7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO** [go to C09Q05]
- 9. Me niego a contestar **SE NIEGA A CONTESTAR** [go to C09Q05]

//ASK IF C09Q02 = 1 OR IF C09Q02 = 2//

C09Q03 and 11.3. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

- 1. Yes
- 2. No
- 7. I don't know/ Not sure **DON'T KNOW/NOT SURE**
- 9. I prefer not to answer **REFUSED**

En los últimos 12 meses, ¿ha dejado de fumar durante un día o más debido a que estaba intentando dejar de fumar?

- 1. Sí
- 2. No
- 7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
- 9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK IF C09Q02 = 3//

C09Q04 and 11.4. How long has it been since you last smoked a cigarette, even one or two puffs?

- 1. Within the past month (less than 1 month ago)
- 2. Within the past 3 months (1 month but less than 3 months ago)
- 3. Within the past 6 months (3 months but less than 6 months ago)
- 4. Within the past year (6 months but less than 1 year ago)
- 5. Within the past 5 years (1 year but less than 5 years ago)
- 6. Within the past 10 years (5 years but less than 10 years ago)
- 7. 10 or more years ago
- 8. Never smoked regularly
- 77. I don't know/ Not sure **DON'T KNOW/NOT SURE**
- 99. I prefer not to answer **REFUSED**

¿Cuánto tiempo hace que fumó por última vez un cigarrillo, aunque haya sido una o dos pitadas (caladas)?

- 1. En el último mes (hace menos de 1 mes)
- 2. En los últimos 3 meses (hace más de 1 mes, pero menos de 3)
- 3. En los últimos 6 meses (hace más de 3 meses, pero menos de 6)
- 4. En los últimos 5 años (hace más de 1 año, pero menos de 5)
- 6. En los últimos 10 años (hace más de 5 años, pero menos de 10)
- 7. 10 años o más
- 8. Nunca ha fumado de manera regular
- 77. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
- 99. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK ALL//

C09Q05 and 11.5. Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

READ IF NECESSARY: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.

1. Every day
2. Some days
3. Not at all
7. I don't know/ Not sure **DON'T KNOW/NOT SURE**
9. I prefer not to answer **REFUSED**

¿En la actualidad usa tabaco para mascar, rapé o *snus* todos los días, algunos días o para nada?

NOTE: *Snus* (rima con 'goose')

NOTE: El *snus* (nombre en sueco del rapé) es un tabaco húmedo que no se fuma y que generalmente se vende en bolsitas que se colocan entre el labio y la encía.

1. Todos los días
2. Algunos días
3. Para nada
7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK ALL//

SB06Q01 and 11.6. Have you ever used an e-cigarette or other electronic "vaping" product, even just one time, in your entire life?

NOTE: READ IF NECESSARY: Electronic cigarettes (e-cigarettes) and other 'vaping' products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.

NOTE: READ IF NECESSARY: These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions.

1. Yes [go to SB06Q02]
2. No [go to C10Q01]
7. I don't know/ Not sure **DON'T KNOW/NOT SURE** [C10Q01]
9. I prefer not to answer **REFUSED** [C10Q01]

¿Alguna vez ha usado un cigarrillo electrónico u otro producto de "vapor" electrónico, aun cuando lo haya hecho una sola vez en toda su vida?

READ IF NECESSARY: Los cigarrillos electrónicos (e-cigarrillos o *ecigarettes*) y otros productos de "vapor" electrónicos incluyen pipas de agua (narguiles) electrónicas (*e-hookahs*), plumas de vapor, cigarros electrónicos (e-cigarros o *e-cigars*) entre otros. Estos productos funcionan con batería y, por lo general, contienen nicotina y sabores como de frutas, menta o dulces.

1. Sí [go to SB06Q02]
2. No [go to C10Q01]
7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO** [go to C10Q01]
9. Me niego a contestar **SE NIEGA A CONTESTAR** [go to C10Q01]

//ASK IF SB06Q01 = 1//

SB06Q02 and 11.7. Do you now use e-cigarettes or other electronic "vaping" products every day, some days, or not at all?

- 1. Every day
- 2. Some days
- 3. Not at all
- 7. I don't know/ Not sure **DON'T KNOW/NOT SURE**
- 9. I prefer not to answer **REFUSED**

¿En la actualidad usa cigarrillos electrónicos (e-cigarrillos o *e-cigarettes*) u otros productos de "vapor" electrónico todos los días, algunos días o nunca?

- 1. Todos los días
- 2. Algunos días
- 3. Nunca
- 7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
- 9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK IF SB06Q01 = 1//

SB06Q03 and 11.8. During the past 30 days, on how many days did you use e-cigarettes or other electronic "vaping" products?

- ____ Enter number of days
- 88. NONE
- 77. I don't know/ Not sure **DON'T KNOW/NOT SURE**
- 99. I prefer not to answer **REFUSED**

¿Durante los últimos 30 días, en cuántos días ha usado cigarrillos electrónicos u otros productos de 'vapor' electrónico?

- ____ Enter number of days
- 88. NUNCA
- 77. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
- 99. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK IF SB06Q01 = 1//

SB06Q04 and 11.9. About how old were you when you first used e-cigarettes or other electronic "vaping" products?

- ____ Code age in years [97 = 97 and older]
- 77. I don't know/ Not sure **DON'T KNOW/NOT SURE**
- 99. I prefer not to answer **REFUSED**

¿Aproximadamente cuántos años tenía cuando usó cigarrillos electrónicos u otros productos de 'vapor' por primera vez?

- ____ Code age in years [97 = 97 and older]
- 77. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
- 99. Me niego a contestar **SE NIEGA A CONTESTAR**

8: Alcohol Consumption

//ASK ALL//

C10Q01 and 12.1. One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.

During the past 30 days, how many days did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

Record as:

101-107 = days per week

200-230 = days in the past 30 days

_____ Enter days per week or days in the past 30 days

777. I don't know/ Not sure **DON'T KNOW/NOT SURE** [go to SB10Q05]

888. NO DRINKS IN THE PAST 30 DAYS [go to SB10Q05]

999. I prefer not to answer **REFUSED** [go to SB10Q05]

En los últimos 30 días, ¿cuántos días por semana o por mes tomó por lo menos un trago de cualquier bebida alcohólica, como una cerveza, vino, bebida con malta o licor?

NOTE: Un trago equivale a una cerveza de 12 onzas, un vaso de vino de 5 onzas o una bebida con una medida de licor.

Record as:

101-107 = días por semana

200-230 = días en los últimos 30 días

_____ Días por semana o días en los últimos 30 días

777. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO** [go to SB10Q05]

888. NINGÚN TRAGO EN LOS ÚLTIMOS 30 DÍAS [go to SB10Q05]

999. Me niego a contestar **SE NIEGA A CONTESTAR** [go to SB10Q05]

//ASK IF C10Q01 > 100 OR IF C10Q01 < 231//

C10Q02 and 12.2. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

READ IF NECESSARY: A 40 ounce beer would count as 3 drinks, or a cocktail with 2 shots would count as 2 drinks.

_____ Enter number of drinks (1 – 30+)

77. I don't know/ Not sure **DON'T KNOW/NOT SURE**

99. I prefer not to answer **REFUSED**

Un trago equivale a una cerveza de 12 onzas, una copa de vino de 5 onzas o una bebida con una medida de licor. En los últimos 30 días, en los días que bebió, ¿aproximadamente cuántos tragos tomó en promedio?

READ IF NECESSARY: Una cerveza de 40 onzas equivaldría a 3 tragos; un cóctel con dos medidas de alcohol equivaldría a 2 tragos.

_____ Cantidad de tragos (1 – 30+)

77. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**

99. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK IF C10Q01 > 100 OR IF C10Q01 < 231//

C10Q03 and 12.3. Considering all types of alcoholic beverages, how many times in the past 30 days did you have [CATI: X = 5 for Men, X = 4 for Women] or more drinks on an occasion?

_____ Enter number of times (1 – 30)

88. NONE

77. I don't know/ Not sure **DON'T KNOW/NOT SURE**

99. I prefer not to answer **REFUSED**

Tomando en cuenta todos los tipos de bebidas alcohólicas, ¿cuántas veces en los últimos 30 días usted bebió [CATI: X = 5 para hombres, X = 4 para mujeres] tragos o más en una ocasión?

_____ Cantidad de veces (1 – 30)

88. NINGUNO

77. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**

99. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK IF C10Q01 > 100 OR IF C10Q01 < 231//

C10Q04 and 12.4. During the past 30 days, what is the largest number of drinks you had on any occasion?

_____ Enter number of drinks (1 – 30+)

77. I don't know/ Not sure **DON'T KNOW/NOT SURE**

99. I prefer not to answer **REFUSED**

En los últimos 30 días, ¿cuál fue la máxima cantidad de tragos que bebió en sola ocasión?

_____ Cantidad de tragos (1 – 30+)

77. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**

99. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK IF C10Q04 > C10Q03//

C10Q04v. Interviewer you indicated _____ DRINKS as the largest number the respondent had on any occasion. In a previous question (C10Q03) you indicated that the respondent had [CATI: X = 5 for Men, X = 4 for Women] drinks on _____ occasions. Please verify and enter the appropriate response.

1. Correct as is
2. Re-ask question C10Q03

Antes puso que usted bebió _____ tragos o más veces en los últimos 30 días pero también puso que la máxima cantidad de tragos usted bebió en una ocasión fue. Por favor vuelva a las preguntas anteriores y ajustar sus respuestas.

1. Correct as is
2. Re-ask question C10Q03

//ASK ALL//

C11Q01 and 7.1. During the past month, did you typically participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

NOTE: If you does not have a 'regular job duty' or is retired, you may count the physical activity or exercise you spend the most time doing in a regular month.

1. Yes
2. No
7. I don't know/ Not sure **DON'T KNOW/NOT SURE**
9. I prefer not to answer **REFUSED**

En los últimos 30 días, a excepción de su trabajo diario, ¿participó en alguna actividad física o hizo algún tipo de ejercicio como correr, caminar, calistenia, jugar al golf o realizar actividades de jardinería? NOTA: Si el encuestado no tiene 'tareas habituales de su trabajo' o está jubilado, puede contar la actividad física o el ejercicio que hace la mayor parte del tiempo en un mes habitual.

1. Sí
2. No
7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK ALL//

SB05Q01 and 7.2. On average, how many hours of sleep do you get in a 24-hour period?

NOTE: Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes. Example: 6 hours 30 minutes rounds to 07 hours. 8 hours 15 minutes rounds to 08 hours.

- _____ Enter number of hours [01-24]
77. I don't know/ Not sure **DON'T KNOW/NOT SURE**
 99. I prefer not to answer **REFUSED**

En promedio, ¿cuántas horas duerme en un periodo de 24 horas?

NOTE: Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes. Example: 6 hours 30 minutes rounds to 07 hours. 8 hours 15 minutes rounds to 08 hours.

- _____ Enter number of hours [01-24]
77. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
 99. Me niego a contestar **SE NIEGA A CONTESTAR**

9: Vaccinations

//ASK ALL//

C13Q01 and 9.1. During the past 12 months, have you had either a flu vaccine that was sprayed in your nose or a flu shot injected into your arm?

NOTE: A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.

1. Yes
2. No
7. I don't know/ Not sure **DON'T KNOW/NOT SURE**
9. I prefer not to answer **REFUSED**

En los últimos 12 meses, ¿ha recibido la vacuna contra la influenza (gripe) en atomizador en la nariz o la que se inyecta en el brazo?

NOTA: En el 2011 salió una nueva vacuna contra la influenza que se inyecta en la piel con una aguja muy pequeña. Se llama vacuna fluzone intradérmica. Esta también se considera una vacuna inyectable contra la influenza.

1. Sí
2. No
7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK IF RESPONDENT IS >= 18 AND <= 49 YEARS OLD//

M05Q01 and 9.3. Have you ever had the Human Papilloma Virus vaccination or HPV vaccination?

NOTE: A vaccine to prevent the human papilloma virus or HPV infection is available and is called the cervical cancer or genital warts vaccine, H.P.V. shot, or 'GARDISIL' or 'CERVARIX.'

1. Yes [go to M05Q02]
2. No [go to M09Q01]
7. DON'T KNOW/NOT SURE [go to M09Q01]
9. REFUSED [go to M09Q01]

¿Alguna vez le han puesto la vacuna contra el virus del papiloma humano o VPH?

NOTA: Hay una vacuna para prevenir la infección por el virus del papiloma humano o VPH. Se llama vacuna contra el cáncer de cuello uterino o las verrugas genitales y es la vacuna contra el VPH.

NOTE: Human papilloma virus (Human Pap-uh-loh-muh virus); Gardasil (Gar-duh-seel); Cervarix (Sir-var-icks)

1. Sí [go to M05Q02]
2. No [go to M09Q01]
7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO** [go to M09Q01]
9. Me niego a contestar **SE NIEGA A CONTESTAR** [go to M09Q01]

//ASK IF M05Q01 = 1//

M05Q02 and 9.4. How many H.P.V. shots did you receive?

_____ Enter number of shots (1 – 3)

77. DON'T KNOW/NOT SURE

99. REFUSED

¿Cuántas inyecciones de la vacuna contra el VPH le pusieron?

_____ Número de inyecciones (1 – 3)

77. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**

99. Me niego a contestar **SE NIEGA A CONTESTAR**

10. Health Screening

//ASK MODULE IF RESPONDENT IS FEMALE//

//ASK ALL//

M09Q01 and 15.1. The next questions are about breast and cervical cancer. Have you ever had a mammogram?

NOTE: A mammogram is an X-ray of each breast to look for breast cancer.

1. Yes [go to M09Q02]

2. No [go to M09Q03]

7. I don't know/ Not sure **DON'T KNOW/NOT SURE** [go to M09Q03]

9. I prefer not to answer **REFUSED** [go to M09Q03]

(Las siguientes preguntas son acerca del cáncer de mama y el cáncer del cuello uterino.) ¿Alguna vez se ha hecho una mamografía?

NOTA: La mamografía es una radiografía que se realiza a cada uno de los senos para detectar el cáncer de mama.

1. Sí [go to M09Q02]

2. No [go to M09Q03]

7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO** [go to M09Q03]

9. Me niego a contestar **SE NIEGA A CONTESTAR** [go to M09Q03]

//ASK IF M09Q01 = 1//

M09Q02 and 15.2. How long has it been since you had your last mammogram? READ ANSWERS IF NECESSARY

1. Within the past year (anytime less than 12 months ago)

2. Within the past 2 years (1 year but less than 2 years ago)

3. Within the past 3 years (2 years but less than 3 years ago)

4. Within the past 5 years (3 years but less than 5 years ago)

5. 5 or more years ago

7. I don't know/ Not sure **DON'T KNOW/NOT SURE**

9. I prefer not to answer **REFUSED**

¿Cuándo fue la última vez que se hizo una mamografía?

1. En el último año (hace menos de 12 meses)

2. En los últimos 2 años (hace más de 1 año, pero menos de 2)

3. En los últimos 3 años (hace más de 2 años, pero menos de 3)

4. En los últimos 5 años (hace más de 3 años, pero menos de 5)

5. Hace 5 años o más
7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK ALL//

M09Q03 and 15.3. Have you ever had a Pap test?

1. Yes [go to M09Q04]
2. No [go to M09Q05]
7. I don't know/ Not sure **DON'T KNOW/NOT SURE** [go to M09Q05]
9. I prefer not to answer **REFUSED** [go to M09Q05]

¿Alguna vez se ha hecho una prueba de Papanicoláu?

1. Sí [go to M09Q04]
2. No [go to M09Q05]
7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO** [go to M09Q05]
9. Me niego a contestar **SE NIEGA A CONTESTAR** [go to M09Q05]

//ASK IF M09Q03 = 1//

M09Q04 and 15.4. How long has it been since you had your last Pap test? READ ANSWERS ONLY IF NECESSARY

1. Within the past year (anytime less than 12 months ago)
2. Within the past 2 years (1 year but less than 2 years ago)
3. Within the past 3 years (2 years but less than 3 years ago)
4. Within the past 5 years (3 years but less than 5 years ago)
5. 5 or more years ago
7. I don't know/ Not sure **DON'T KNOW/NOT SURE**
9. I prefer not to answer **REFUSED**

¿Cuándo fue la última vez que se hizo la prueba de Papanicoláu?

1. En el último año (hace menos de 12 meses)
2. En los últimos 2 años (hace más de 1 año, pero menos de 2)
3. En los últimos 3 años (hace más de 2 años, pero menos de 3)
4. En los últimos 5 años (hace más de 3 años, pero menos de 5)
5. Hace 5 años o más
7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
9. Me niego a contestar **SE NIEGA A CONTESTAR**

11: Colorectal Cancer

//ASK MODULE IF RESPONDENT IS >= 50YEARS OLD//

//ASK ALL//

M12Q01 and 14.4. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?

- 1. Yes
- 2. No
- 7. I don't know/ Not sure **DON'T KNOW/NOT SURE**
- 9. I prefer not to answer **REFUSED**

La prueba de sangre en las heces se puede hacer en casa con un kit especial para detectar la presencia de sangre en las heces. ¿Alguna vez se ha hecho esta prueba con un kit en casa?

- 1. Sí
- 2. No
- 7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
- 9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK ALL//

M12Q03 and 14.1. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?

- 1. Yes [go to M12Q04]
- 2. No [go to M22Q01]
- 7. I don't know/ Not sure **DON'T KNOW/NOT SURE** [go to M22Q01]
- 9. I prefer not to answer **REFUSED** [go to M22Q01]

La sigmoidoscopia y la colonoscopia son exámenes en los que se inserta una sonda en el recto para visualizar el colon a fin de detectar signos de cáncer u otros problemas de salud. ¿Alguna vez se ha hecho uno de estos exámenes?

- 1. Sí [go to M12Q04]
- 2. No [go to M22Q01]
- 7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO** [go to M22Q01]
- 9. Me niego a contestar **SE NIEGA A CONTESTAR** [go to M22Q01]

//ASK IF M12Q03 = 1//

M12Q04 and 14.2. For a sigmoidoscopy, a flexible tube is inserted into the rectum to look for problems. A colonoscopy is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy?

- 1. Sigmoidoscopy
- 2. Colonoscopy
- 7. I don't know/ Not sure **DON'T KNOW/NOT SURE**
- 9. I prefer not to answer **REFUSED**

Para realizar la sigmoidoscopia se inserta una sonda flexible en el recto para detectar posibles problemas. La colonoscopia es un examen similar, pero se utiliza un tubo más largo y generalmente se le inyecta un medicamento en el brazo para que se duerma. Además, se le pide que vaya acompañado de alguien que pueda llevarlo a la casa después del procedimiento. ¿El último examen que se hizo fue una sigmoidoscopia o una colonoscopia?

1. Simoidoscopia
2. Colonoscopia
7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK IF M12Q03 = 1//

M12Q05 and 14.3. How long has it been since your last sigmoidoscopy or colonoscopy? READ ANSWERS ONLY IF NECESSARY

1. Within the past year (anytime less than 12 months ago)
2. Within the past 2 years (1 year but less than 2 years ago)
3. Within the past 3 years (2 years but less than 3 years ago)
4. Within the past 5 years (3 years but less than 5 years ago)
5. Within the past 10 years (5 years but less than 10 years ago)
6. 10 or more years ago
7. I don't know/ Not sure **DON'T KNOW/NOT SURE**
9. I prefer not to answer **REFUSED**

¿Cuándo fue la última vez que se hizo una sigmoidoscopia o una colonoscopia?

1. En el ultimo año (hace menos de 12 meses)
2. En los últimos 2 años (hace más de 1 año pero menos de 2)
3. En los últimos 3 años (hace más de 2 años pero menos de 3)
4. En los últimos 5 años (hace más de 3 años pero menos de 5)
5. En los últimos 10 años (hace más de 5 años pero menos de 10)
6. Hace 10 años o más
7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
9. Me niego a contestar **SE NIEGA A CONTESTAR**

12. Adverse Childhood Experiences

The following questions are about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life, and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. There will be a phone number at the end of this section for an organization that can provide information and referral for these issues. Please keep in mind that you can refuse any question that you do not want to answer. All questions refer to the time period before you were 18 years of age.

Las próximas preguntas se refieren de eventos que hayan sucedido en su niñez. Esta información nos permitirá comprender mejor los problemas que pueden ocurrir en etapas tempranas de la vida para poder ayudar a otras personas en un futuro. Es un tema delicado y algunas personas se sienten incómodas con estas preguntas. Al finalizar esta sección hará el número telefónico de una organización que le puede proporcionar información o remitirlo a otros recursos de ayuda. Por favor, recuerde que se puede negar a contestar las preguntas que no desee responder. Todas las preguntas se refieren a antes de que usted cumpliera 18 años de edad.

//ASK ALL//

M22Q01 and 24.1. Now, looking back before you were 18 years of age- Did you ever live with anyone who was depressed, mentally ill, or suicidal?

- 1. Yes
- 2. No
- 7. I don't know/ Not sure **DON'T KNOW/NOT SURE**
- 9. I prefer not to answer **REFUSED**

Ahora, recuerde la época anterior a que cumpliera 18 años-
¿Vivió con alguien que tenía depresión, una enfermedad mental o tendencias suicidas?

- 1. Sí
- 2. No
- 7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
- 9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK ALL//

M22Q02 and 24.2. Did you live with anyone who was a problem drinker or alcoholic?

- 1. Yes
- 2. No
- 7. I don't know/ Not sure **DON'T KNOW/NOT SURE**
- 9. I prefer not to answer **REFUSED**

¿Vivió con alguien que tenía problemas con la bebida o que era alcohólico?

- 1. Sí
- 2. No
- 7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
- 9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK ALL//

M22Q03 and 24.3. Did you live with anyone who used illegal street drugs or who abused prescription medications?

- 1. Yes
- 2. No
- 7. I don't know/ Not sure **DON'T KNOW/NOT SURE**
- 9. I prefer not to answer **REFUSED**

¿Vivió con alguien que consumía drogas ilícitas o que abusara de medicamentos recetados?

- 1. Sí
- 2. No
- 7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
- 9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK ALL//

M22Q04 and 24.4. Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other corrections facility?

- 1. Yes
- 2. No
- 7. I don't know/ Not sure **DON'T KNOW/NOT SURE**
- 9. I prefer not to answer **REFUSED**

¿Vivió con alguien que estuvo preso o que fue sentenciado a pasar tiempo en la cárcel, prisión o algún otro centro correccional?

- 1. Sí
- 2. No
- 7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
- 9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK ALL//

M22Q05 and 24.5. Were your parents separated or divorced?

- 1. Yes
- 2. No
- 8. PARENTS WERE NOT MARRIED
- 7. I don't know/ Not sure **DON'T KNOW/NOT SURE**
- 9. I prefer not to answer **REFUSED**

¿Sus padres estaban separados o divorciados?

- 1. Sí
- 2. No
- 8. LOS PADRES NO ESTABAN CASADOS
- 7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
- 9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK ALL//

M22Q06 and 25.6. How often did your parents or adults in your home ever slap, hit, kick, punch, or beat each other up? Was it ...

1. **Never**
2. **Once**
3. **More than once**
7. I don't know/Not sure **DON'T KNOW/NOT SURE**
9. I prefer not to answer **REFUSED**

¿Con qué frecuencia sus padres o adultos en la casa se pegaban, cacheteaban, golpeaban, pateaban o azotaban entre ellos? ¿Fue

1. Nunca
2. Una vez
3. Más de una vez
7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK ALL//

M22Q07 and 24.7. Not including spanking (before age 18), how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Was it....

1. **Never**
2. **Once**
3. **More than once**
7. I don't know/Not sure **DON'T KNOW/NOT SURE**
9. I prefer not to answer **REFUSED**

Sin incluir palmadas, antes de que usted cumpliera los 18 años, ¿con qué frecuencia sus padres o un adulto en la casa le pegaron, golpearon, patearon o lastimaron físicamente de alguna forma? ¿Fue...?

1. Nunca
2. Una vez
3. Más de una vez
7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK ALL//

M22Q08 and 24.8. How often did a parent or adult in your home ever swear at you, insult you, or put you down? Was it...

1. **Never**
2. **Once**
3. **More than once**
7. I don't know/Not sure **DON'T KNOW/NOT SURE**

9. I prefer not to answer **REFUSED**

¿Con qué frecuencia uno de sus padres o un adulto en su casa lo maldecía, insultaba o humillaba? ¿Fue...?

1. Nunca
2. Una vez
3. Más de una vez
7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK ALL//

M22Q09 and 24.9. How often did anyone at least 5 years older than you or an adult, ever touch you sexually, OR ever try to make you touch them sexually OR force you to have sex? Would you say...

1. **Never**
2. **Once**
3. **More than once**
7. I don't know/Not sure **DON'T KNOW/NOT SURE**
9. I prefer not to answer **REFUSED**

¿Con qué frecuencia alguna persona al menos 5 años mayor que usted, o un adulto, lo tocó sexualmente, O intentó hacer que usted la tocara sexualmente, O lo forzó a tener relaciones sexuales? ¿Fue...?

1. Nunca
2. Una vez
3. Más de una vez
7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK ALL//

SB22Q10 and 24.10. Before the age of 18, did you ever feel unsupported, unloved and/or unprotected? Would you say...

1. **Never**
2. **Once**
3. **More than once**
7. I don't know/Not sure **DON'T KNOW/NOT SURE**
9. I prefer not to answer **REFUSED**

Antes de que cumpliera los 18 años, Usted sintió sin apoyo emocional, mal querido y/o desprotegido/a? Diría...

1. Nunca
2. Una vez
3. Más de una vez
7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**

9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK ALL//

SB22Q11 and 24.11. Before the age of 18, did you ever lack appropriate care by any caregiver (for example, not being protected from unsafe situations, or not cared for when sick or injured even when the resources were available)? Would you say...

1. **Never**
2. **Once**
3. **More than once**
7. I don't know/Not sure **DON'T KNOW/NOT SURE**
9. I prefer not to answer **REFUSED**

Antes de que cumpliera los 18 años Usted carecía del cuidado apropiado de algún cuidador (por ejemplo, de no ser protegido/a de situaciones inseguras, o de no ser cuidado cuando estaba enfermo/a o lastimado/a aún cuando los recursos estaban disponibles? Diría...

1. Nunca
2. Una vez
3. Más de una vez
7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
9. Me niego a contestar **SE NIEGA A CONTESTAR**

The toll-free number for an organization that can provide information and referral for the issues in the last few questions is: 1-800-4-A-CHILD (1-800-422-4453). You can dial this number to reach a referral service to locate an agency in Santa Barbara County.

El número telefónico de una organización que puede proporcionar información y hacer una remisión para atención sobre los asuntos de las últimas preguntas es: 1-800-4-A-CHILD (1-800-422-4453). Puede marcar ese número para ubicar una agencia en el condado de Santa Barbara.

13. Marijuana Use

//ASK ALL//

M25Q01 and 12.10. During the past 30 days, on how many days did you use marijuana or cannabis?

NOTE: Marijuana and cannabis include both CBD and THC products.

____ Enter number of days (01-30) [go to M25Q02]

88. NONE [go to SB10Q10]

77. I don't know/ Not sure **DON'T KNOW/NOT SURE** [go to SB10Q10]

99. I prefer not to answer **REFUSED** [go to SB10Q10]

En los últimos 30 días, ¿cuántos días consumió marihuana o cannabis?

NOTA: Marihuana y cannabis incluyen tanto los productos de CBD (Cannabidiol) como los de THC (Tetrahidrocannabinol)

____ Número de días (01-30) [go to M25Q02]

88. NINGUNO [go to SB10Q10]

77. NO SABE/NO ESTÁ SEGURO [go to SB10Q10]

99. SE NIEGA A CONTESTAR [go to SB10Q10]

//ASK IF M25Q01 > 0 AND M25Q01 < 31//

M25Q03 and 12.12. When you used marijuana or cannabis during the past 30 days, was it for medical reasons (like to treat or decrease symptoms of a health condition)? for non-medical reasons (like to have fun or fit in) or for both medical and non-medical reasons?

1. For medical reasons (like to treat/decrease symptoms of a health condition)

2. For non-medical reasons (like to have fun or fit in)

3. For both medical and non-medical reasons

7. I don't know/ Not sure **DON'T KNOW/NOT SURE**

9. I prefer not to answer **REFUSED**

Cuando usted consumió marihuana o cannabis en los últimos 30 días, por lo general fue:

1. Por razones médicas (como para tratar una afección o disminuir los síntomas de una afección)

2. Por razones no médicas (como por diversión o para adaptarse al grupo)

3. Por razones tanto médicas como no médicas

7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**

9. Me niego a contestar **SE NIEGA A CONTESTAR**

14. Gender Identity and Sexual Orientation

//ASK ALL//

The next two questions are about sexual orientation and gender identity. We ask this question to better understand the health and healthcare needs of people with different sexual orientations.

M29Q01a and 5.20. Which of the following best represents how you think of yourself: Lesbian or Gay; Straight, that is, not gay; Bisexual; Asexual; or Something else?

NOTE: If the respondent does not understand the question topic, code 7.

1. Lesbian or Gay
2. Straight, that is, not gay
3. Bisexual
4. Asexual
5. Something else
7. I don't know/ Not sure **DON'T KNOW/NOT SURE**
9. I prefer not to answer **REFUSED**

Las siguientes dos preguntas son acerca de la orientación sexual y la identidad de género. NOTA: Por favor diga el número que se encuentra antes del texto de la respuesta. La persona encuestada puede responder ya sea con el número o con el texto o palabras.

¿Cuál de las siguientes opciones representa mejor lo que piensa de usted?

LEA LO SIGUIENTE SI ES NECESARIO: Hacemos estas preguntas para entender mejor la salud y las necesidades de atención médica de las personas con distintas orientaciones sexuales.

NOTA: Si la persona encuestada no entiende el tema de la pregunta, codifique 7.

1. Gae (homosexual)
2. Heterosexual, es decir, no es gai
3. Bisexual
4. Asexual
5. Algo distinto
7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK ALL//

SB29Q02 and 5.21. What is your current gender? [Please read number before text.]

NOTE: Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgender. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation - straight, gay, lesbian, bisexual, or other.

NOTE: If necessary: "Some people think of themselves as gender non-conforming when they do not identify only as a man or only as a woman."

NOTE: Respondent can answer with either the number or the text/word. If choose Transgender, ask 'Is that Male-to-Female or Female-to-Male.'

Please Read:

1. Male
2. Female
3. Gender nonconforming
4. Transgender, male-to-female
5. Transgender, female-to-male
6. Other [go to SB29Q02o]
7. I don't know/ Not sure **DON'T KNOW/NOT SURE**
9. I prefer not to answer **REFUSED**

¿Cuál es su género en este momento?

NOTA: Algunas personas se describen a sí mismas como transgénero cuando tienen una identidad de género distinta al sexo con el cual nacieron. Por ejemplo, una persona que haya nacido con un cuerpo de hombre, pero que se sienta mujer o viva como mujer sería transgénero. Algunas personas transgénero cambian su apariencia física para que concuerde con su identidad de género interior. Algunas personas transgénero toman hormonas y se han hecho alguna operación. Una persona transgénero puede tener cualquier orientación sexual: heterosexual, gai (homosexual), lesbiana o bisexual.

NOTE: Respondent can answer with either the number or the text/word. Si la respuesta es 'Sí,' pregunte, ¿Se considera transgénero de masculino a femenino o de femenino a masculino o de género no conforme?

1. Masculino
2. Femenino
3. Género no conforme/Inconformidad de género
4. Transgénero, masculino a femenino
5. Transgénero, femenino a masculino
6. Otro [go to SB29Q02o]
7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK IF SB29Q02. = 6//

SB29Q02a and 5.21a. If other: What would you like to record as your current gender?

¿Qué te gustaría grabar como tu género actual?

15. Oral Health

//ASK ALL//

SB07Q01 and 10.1. Including all types of dentists, such as orthodontists, oral surgeons, and all other dental specialties, as well as dental hygienists, how long has it been since you last visited a dentist or a dental clinic for any reason?

READ ANSWERS IF NECESSARY

1. Within the past year (anytime less than 12 months ago)
2. Within the past 2 years (1 year but less than 2 years ago)
3. Within the past 5 years (2 years but less than 5 years ago)
4. 5 or more years ago
7. I don't know/ Not sure **DON'T KNOW/NOT SURE**
8. Never
9. I prefer not to answer **REFUSED**

¿Cuándo fue la última vez que visitó a un dentista o que fue a una clínica dental por algún motivo? Incluya visitas a especialistas dentales, como por ejemplo los ortodoncistas.

1. En el último año (hace menos de 12 meses)
2. En los últimos 2 años (hace más de 1 año, pero menos de 2)
3. En los últimos 5 años (hace más de 2 años, pero menos de 5)
4. Hace 5 años o más
7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
8. NUNCA
9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK ALL//

SB07Q02 and 10.3. Have any permanent teeth been removed because of tooth decay or gum disease?

Include teeth lost to infection but do not include teeth lost for other reasons such as injury or orthodontics.

READ IF NECESSARY: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.

1. Yes
2. No
7. I don't know/ Not sure **DON'T KNOW/NOT SURE**
9. I prefer not to answer **REFUSED**

¿Le han sacado dientes permanentes por problemas de caries o de encías? Incluya los dientes que haya perdido debido a una infección pero no los que haya perdido por otros motivos, como una lesión o trabajo de ortodoncia.

NOTA: Si le extrajeron las muelas del juicio por problemas de caries o de encías, debe incluirlas en la cantidad de dientes perdidos.

1. Sí
2. No
7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
9. Me niego a contestar **SE NIEGA A CONTESTAR**

16. Housing and Neighborhood Characteristics

//ASK ALL//

SB19Q01 and 19.1. Now we would like to talk about housing and your neighborhood. These questions help us better understand your day-to-day experiences. Have you ever had times in your life when you considered yourself homeless? Would you say...

READ IF NECESSARY: By homeless, I mean when you did not have your own place to stay, so you stayed in a shelter for homeless people or you slept in public places like a park or on the street or in an abandoned building or in a parked vehicle?

Would you say...

1. More than once
2. Once
3. Never
7. I don't know/ Not sure **DON'T KNOW/NOT SURE**
9. I prefer not to answer **REFUSED**

Ahora me gustaría conversar sobre la vivienda y su vecindario. Estas preguntas nos ayudarán a entender mejor sus experiencias diarias. ¿Ha habido momentos en su vida cuando se consideró desamparado o sin vivienda? Diría...

IF NECESSARY, READ: Por desamparado o sin vivienda, quiero decir que no tenía un lugar propio donde estar, entonces estuvo en un albergue para personas desamparadas o durmió en lugares públicos como un parque o en la calle o en un edificio abandonado o en un vehículo estacionado.

1. Más de una vez
2. Una vez
3. Nunca
7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK ALL //

SB19Q02 and 19.1b. Do you currently consider yourself homeless?

READ IF NECESSARY: By homeless, I mean when you did not have your own place to stay, so you stayed in a shelter for homeless people or you slept in public places like a park or on the street or in an abandoned building or in a parked vehicle?

1. Yes
2. No
7. I don't know/ Not sure **DON'T KNOW/NOT SURE**
9. I prefer not to answer **REFUSED**

¿Se considera actualmente desamparado o sin vivienda?

IF NECESSARY, READ: Por desamparado o sin vivienda, quiero decir que no tenía un lugar propio donde estar, entonces estuvo en un albergue para personas desamparadas o durmió en lugares públicos como un parque o en la calle o en un edificio abandonado o en un vehículo estacionado.

- 1. Sí
- 2. No
- 7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
- 9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK IF SB19Q02 ≠ 1//

SB19Q03 and 19.3. How many people are living at your address in total?

NOTE: Include everyone who is living or staying here for more than 2 months AND include anyone staying here who does not have another place to stay even if they have been here for 2 months or less.

- _____ Enter number of people (1- 20)
- 77. I don't know/ Not sure **DON'T KNOW/NOT SURE**
 - 99. I prefer not to answer **REFUSED**

¿Cuántas personas viven en su dirección en total?

PROBE: Incluya a todos los que viven o permanecen aquí durante más de 2 meses E incluya a todos los que están aquí y no tienen otro lugar donde estar incluso si han estado aquí durante 2 meses o menos.

- _____ Número de personas
- 77. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
 - 99. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK IF SB19Q02 ≠ 1//

SB19Q03a and 19.3.1. How many of these people are children under the age of 18?

- _____ Enter number of people
- 88. NONE
 - 77. I don't know/ Not sure **DON'T KNOW/NOT SURE**
 - 99. I prefer not to answer **REFUSED**

¿Cuántas [de estas personas] son niños menores de 18 años?

- _____ Enter number of people
- 88. NINGUNA
 - 77. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
 - 99. Me niego a contestar **SE NIEGA A CONTESTAR**

SB19Q03v. You said that more/fewer people live in your house in total but that fewer/more of these household members are children under the age of 18. Please go back and revise these questions.

//ASK ALL//

SB19Q05 and 19.9. Do you own or rent your home?

- 1. Own
- 2. Rent
- 3. Other
- 7. I don't know/ Not sure **DON'T KNOW/NOT SURE**
- 9. I prefer not to answer **REFUSED**

¿Usted renta, o es dueño de la casa donde vive?

- 1. Es dueño
- 2. Renta
- 3. Otra
- 7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
- 9. Me niego a contestar **SE NIEGA A CONTESTAR**

17. Food Security and Availability

//ASK ALL//

The next questions are about where you get your food and the availability of food in your neighborhood.

NOTE: 'Some other type of store' may include a corner store, convenience store, restaurant, or carry-out.

SB20Q01 and 20.1. In a typical month, where do you get most of your food? At a... **(Please Read)**

- 1. Grocery store (such as Ralph's, Bon's, or Smart & Final)
- 2. Some other type store
- 3. A food pantry
- 4. Somewhere else.
- 7. I don't know/ Not sure **DON'T KNOW/NOT SURE**
- 9. I prefer not to answer **REFUSED**

Las siguientes preguntas son sobre dónde obtiene sus alimentos y la disponibilidad de alimentos en su vecindario.

NOTE: Algún otro tipo de tienda podría incluir una tienda en la esquina, tienda de artículos rápidos, restaurante o comidas para llevar.

En un mes típico, ¿dónde obtiene la mayor parte de sus alimentos? ¿En una...?

- 1. Supermercado (como Ralph's, Bon's, o Smart & Final)
- 2. Algún otro tipo de tienda
- 3. Una despensa de alimentos
- 4. Otro lugar
- 7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
- 9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK ALL//

SB20Q02 and 20.2. How satisfied are you with the **availability** of food in your neighborhood? **(Please Read)**

- 1. Very satisfied
- 2. Somewhat satisfied
- 3. Somewhat dissatisfied
- 4. Very dissatisfied
- 7. I don't know/ Not sure **DON'T KNOW/NOT SURE**
- 9. I prefer not to answer **REFUSED**

¿Cómo está de satisfecho con la disponibilidad de alimentos en su vecindario?

- 1. Muy satisfecho
- 2. Un poco satisfecho
- 3. Un poco insatisfecho
- 4. Muy insatisfecho
- 7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
- 9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK ALL//

SB20Q03 and 20.3. How satisfied are you with the **overall quality** of food sold in your neighborhood? **(Please Read)**

- 1. Very satisfied
- 2. Somewhat satisfied
- 3. Somewhat dissatisfied
- 4. Very dissatisfied
- 7. I don't know/ Not sure **DON'T KNOW/NOT SURE**
- 9. I prefer not to answer **REFUSED**

¿Cómo está de satisfecho con la calidad general de los alimentos que se venden en su vecindario?

- 1. Muy satisfecho
- 2. Un poco satisfecho
- 3. Un poco insatisfecho
- 4. Muy insatisfecho
- 7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
- 9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK ALL//

SB20Q05 and 20.5. These next questions are about the food eaten in your household in the last 12 months and whether you were able to afford food. For this next question, please tell me whether the statement describes something that was often true, sometimes true, or never true for you and your household in the last twelve months.

"The food that {I/we} bought just didn't last, and {I/we} didn't have money to get more."

Please Read: Was that: often true, sometimes true, or never true for you and your household in the last 12 months?

- 1. Often true

- 2. Sometimes true
- 3. Never true
- 7. I don't know/ Not sure **DON'T KNOW/NOT SURE**
- 9. I prefer not to answer **REFUSED**

Las siguientes preguntas son sobre los alimentos consumidos en su familia en los últimos 12 meses y si pudo pagar los alimentos. Para la pregunta que sigue, por favor dígame si la frase describe algo que fue verdad a menudo, fue verdad algunas veces o que nunca fue verdad para usted y su familia en los últimos 12 meses.

“Los alimentos que {yo/nosotros} compramos no alcanzaron y {yo/nosotros} no teníamos dinero para comprar más.” ¿Fue verdad a menudo, verdad algunas veces o nunca fue verdad para usted y su familia en los últimos 12 meses?

- 1. Verdad a menudo
- 2. Verdad algunas veces
- 3. Nunca fue verdad
- 7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
- 9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK ALL//

SB20Q06 and 20.6. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?

- 1. Yes [go to SB20Q07]
- 2. No [go to M90Q05]
- 7. I don't know/ Not sure **DON'T KNOW/NOT SURE** [go to M90Q05]
- 9. I prefer not to answer **REFUSED** [go to M90Q05]

En los últimos 12 meses, ¿comió alguna vez menos de lo que pensaba porque no había suficiente dinero para alimentos?

- 1. Sí [go to SB20Q07]
- 2. No [go to M90Q05]
- 7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO** [go to M90Q05]
- 9. Me niego a contestar **SE NIEGA A CONTESTAR** [go to M90Q05]

//ASK IF SB20Q06 = 1//

SB20Q07 and 20.7. Over the last 12 months, how often did this happen -- almost every month, some months but not every month, only in 1 or 2 months?

- 1. Almost every month
- 2. Some months but not every month
- 3. Only in 1 or 2 months
- 7. I don't know/ Not sure **DON'T KNOW/NOT SURE**
- 9. I prefer not to answer **REFUSED**

En los últimos 12 meses, ¿cada cuánto ocurrió esto – casi todos los meses, algunos meses pero no todos o solamente en uno o dos meses?

1. Casi todo los meses
2. Algunos meses, pero no todos
3. Solamente en uno o dos meses
7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK ALL//

M90Q05 and 20.8. "I couldn't afford to eat balanced meals." Was that often, sometimes, or never true for you in the last 12 months?

1. Often true
2. Sometimes true
3. Never true
7. I don't know/ Not sure **DON'T KNOW/NOT SURE**
9. I prefer not to answer **REFUSED**

"No podía pagar comidas balanceadas. ¿Fue eso cierto con frecuencia, algunas veces o nunca en su caso en los últimos 12 meses?

1. Con frecuencia fue cierto
2. Algunas veces fue cierto
3. Nunca fue cierto
7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
9. Me niego a contestar **SE NIEGA A CONTESTAR**

18. Support and Companionship

//ASK ALL//

People sometimes look to others for companionship, assistance, and other types of support. How often is each of the following kinds of support available to you if you need it? For each of the following please respond with: None of the time; A little of the time; Some of the time; Most of the time; All of the time.

//ASK ALL//

AC0901 and 21.1. [How often do you have:] Someone to help with daily chores if you were sick

1. None of the time
2. A little of the time
3. Some of the time
4. Most of the time
5. All of the time
7. I don't know/ Not sure **DON'T KNOW/NOT SURE**
9. I prefer not to answer **REFUSED**

Algunas veces se busca compañerismo, asistencia, u otros tipos de soporte de otras personas. ¿Con qué frecuencia son los tipos de soporte siguientes disponibles para usted si los necesita? Para cada una, responda con: Nunca; Muy pocas veces; Algunas veces; La mayoría del tiempo; Todo el tiempo.

Alguien para ayudarle con quehaceres diarias si estaba enfermo/a?

1. Nunca
2. Muy pocas veces
3. Algunas veces
4. La mayoría del tiempo
5. Todo el tiempo
7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK ALL//

AC0902 and 21.2. [How often do you have:] Someone to turn to for suggestions about how to deal with a personal problem

1. None of the time
2. A little of the time
3. Some of the time
4. Most of the time
5. All of the time
7. I don't know/ Not sure **DON'T KNOW/NOT SURE**
9. I prefer not to answer **REFUSED**

[Con qué frecuencia tiene Usted:] Alguien con quien puede contar para dar sugerencias sobre cómo resolver problemas personales?

1. Nunca
2. Muy pocas veces
3. Algunas veces
4. La mayoría del tiempo
5. Todo el tiempo
7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK ALL//

AC0903 and 21.3. [How often do you have:] Someone to do something enjoyable with?

1. None of the time
2. A little of the time
3. Some of the time
4. Most of the time
5. All of the time
7. I don't know/ Not sure **DON'T KNOW/NOT SURE**
9. I prefer not to answer **REFUSED**

¿Alguien con quien puede hacer actividades agradables?

1. Nunca
2. Muy pocas veces

3. Algunas veces
4. La mayoría del tiempo
5. Todo el tiempo
7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK ALL//

AC0904 and 21.4. Someone to love and make you feel wanted?

1. None of the time
2. A little of the time
3. Some of the time
4. Most of the time
5. All of the time
7. I don't know/ Not sure **DON'T KNOW/NOT SURE**
9. I prefer not to answer **REFUSED**

¿Alguien para querer y que le hace sentir querido?

1. Nunca
2. Muy pocas veces
3. Algunas veces
4. La mayoría del tiempo
5. Todo el tiempo
7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
9. Me niego a contestar **SE NIEGA A CONTESTAR**

19: Resilience Scale

//ASK ALL//

Please say how much you agree with the following two statements as they apply to you over the last month. If a particular situation has not occurred recently, answer according to how you think you would have felt.

//ASK ALL//

RISC01 and 25.1. I am able to adapt when changes occur. **Would you say...**

1. Not true at all
2. Rarely true
3. Sometimes true
4. Often true
5. True nearly all the time
7. I don't know/ Not sure **DON'T KNOW/NOT SURE**
9. I prefer not to answer **REFUSED**

Diga cuánto está de acuerdo con las siguientes dos declaraciones tal como se aplican a usted durante el último mes. Si en particular la situación no ha ocurrido recientemente, responda de acuerdo a cómo crees que te habrías sentido.

Soy capaz de adaptarme cuando ocurren cambios. ¿Diría usted que...?

1. Nunca
2. Rara vez
3. A veces
4. A menudo
5. Casi siempre
7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK ALL//

RISC02 and 25.2. I tend to bounce back after illness, injury, or other hardships. **Would you say....**

1. Not true at all
2. Rarely true
3. Sometimes true
4. Often true
5. True nearly all the time
7. I don't know/ Not sure **DON'T KNOW/NOT SURE**
9. I prefer not to answer **REFUSED**

Tiendo a recuperarme pronto después de enfermedades, heridas, u otras dificultades. ¿Diría usted que...?

1. Nunca
2. Rara vez
3. A veces
4. A menudo
5. Casi siempre
7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
9. Me niego a contestar **SE NIEGA A CONTESTAR**

20: Financial Strain

//ASK ALL//

SB22Q01 and 22.1. The next questions ask about how worried you are right now about financial matters. Are you worried that in the next 2 months, you may not have stable housing?

1. Yes
2. No
7. I don't know/ Not sure **DON'T KNOW/NOT SURE**
9. I prefer not to answer **REFUSED**

Las dos preguntas finales tienen que ver con su preocupación sobre cuestiones financieras. ¿Le preocupa que en los próximos 2 meses podría no tener una vivienda estable?

1. Sí
2. No

- 7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
- 9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK ALL//

M90Q01 and 22.3. During the past 12 months, was there a time when you were not able to pay your mortgage, rent or utility bills?

- 1. Yes
- 2. No
- 7. I don't know/ Not sure **DON'T KNOW/NOT SURE**
- 9. I prefer not to answer **REFUSED**

Durante los últimos 12 meses, ¿en algún momento no pudo pagar su hipoteca, la renta o las cuentas de servicios?

- 1. Sí
- 2. No
- 7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
- 9. Me niego a contestar **SE NIEGA A CONTESTAR**

21: Internet/Broadband

//ASK ALL//

M11.1. Which, if any, of the following services does your household use to access the internet?

- 1. Broadband (such as high speed internet through a fixed cable or fiber connection)
- 2. Wireless (such as a company plan having access to the internet through a smartphone data plan)
- 3. DSL or dial-up (such as internet through a phone line)
- 4. My household does not have internet access
- 7. I don't know/ Not sure **DON'T KNOW/NOT SURE**
- 9. I prefer not to answer **REFUSED**

¿Cuál, si alguno, de los siguientes servicios utiliza en su hogar para acceder al Internet?

- 1. Banda ancha
- 2. Internet inalámbrica
- 3. ADSL
- 4. Mi casa no tiene acceso al internet
- 7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
- 9. Me niego a contestar **SE NIEGA A CONTESTAR**

//ASK ALL//

M11.2. Which, if any, are reasons that you do not have high speed broadband service (such as a fixed wired connection) at your home?

- 1. I access the internet and do everything I need to do using my smartphone
- 2. It costs too much

3. I access the internet and do everything I need to do using my DSL/dial-up connection
4. It's not available where I live
5. I just don't want it
6. Other
9. I prefer not to answer **REFUSE**

¿Cuáles, si las hay, son las razones por las que no tiene un servicio de banda ancha (como una conexión fija por cable) en su hogar?

1. Accedo al internet y hago todo lo que necesito con mi teléfono inteligente.
2. Cuesta demasiada
3. Accedo al internet y hago todo lo que necesito con mi teléfono inteligente conexión de ADSL.
4. No está disponible donde vivo
5. No lo quiero
6. Otra raz
7. No sé/No estoy seguro **NO SABE/NO ESTÁ SEGURO**
9. Me niego a contestar **SE NIEGA A CONTESTAR**

22: Covid-19

//ASK ALL//

MCOV.01. Have you received at least one dose of a COVID-19 vaccination?

1. Yes (go to end of survey)
2. No (go MCOV.02)
7. I don't know/ Not sure (go to end of survey) **DON'T KNOW/NOT SURE**
9. I prefer not to answer (go to end of survey) **REFUSED**

¿Ha recibido usted al menos una dosis de la vacuna contra el COVID-19?

1. Sí (go to end of survey)
2. No (go MCOV.02)
7. No sé/No estoy seguro (go to end of survey) **NO SABE/NO ESTÁ SEGURO**
9. Me niego a contestar (go to end of survey) **SE NIEGA A CONTESTAR**

//ASK ALL if MCOV.01. = No//

MCOV.0.2 Would you say you will definitely get a vaccine, will probably get a vaccine, will probably not get a vaccine, will definitely not get a vaccine, or are you not sure?

1. Will definitely get a vaccine
2. Will probably get a vaccine
3. Will probably not get a vaccine
4. Will definitely not get a vaccine
7. I don't know/ Not sure **DON'T KNOW/NOT SURE**
9. I prefer not to answer **REFUSED**

¿Diría que definitivamente se vacunará, probablemente se vacunará, probablemente no se vacunará, definitivamente no se vacunará, o no está seguro?

1. **Definitivamente recibirá una vacuna**

2. **Probablemente recibirá una vacuna**
3. **Probablemente no recibirá una vacuna**
4. **Definitivamente no recibirá una vacuna**
7. No sé/No estoy seguro (go to end of survey) **NO SABE/NO ESTÁ SEGURO**
9. Me niego a contestar (go to end of survey) **SE NIEGA A CONTESTAR**

Q405. This question is a little different. While most respondents read and thoughtfully respond to questions, some do not. To make sure that you are paying attention, please select both Moderna and Other (Please Specify), and type the word "Koala" into the text field.

1. Pfizer - BioNTech
2. Moderna
3. AstraZeneca
4. Janssen
5. Sputnik
6. Convidecia
9. Other (Please Specify):

Incentive and Closing

Online

That was the last question. Thank you.

Everyone's answers will be combined to help develop health-related community programs in Santa Barbara County. A summary of results will be posted on cottagehealth.org/survey by the end of 2022.

Thank you very much for your time and participation!

Please enter your email address below to be emailed a \$5 gift card. Your gift card will be sent in 1-7 business days. If you do not have an email address, please [click this link](#) to enter your address and phone number to receive your gift card by mail.

Please enter your Email address below, or you can enter your full mailing address and your phone number to receive your \$5 gift card.

Please enter your name, and full mailing address below.

What is your US Zip Code?

Please enter your phone number.

Closing Interviewer Script:

That was the last question. Thank you. Everyone's answers will be combined to help develop health-related community programs in Santa Barbara County. Thank you very much for your time and participation.

Esa fue mi última pregunta. Las respuestas de todas las personas encuestadas se combinarán de modo que nos ayuden a brindar información sobre las prácticas de salud de la población de este condado. Muchas gracias por su tiempo y cooperación.

Full 2022 Westside Needs Assessment Survey in English and Spanish

2022 Westside Needs Assessment Questionnaire

Prepared by: The Center for Evaluation and Assessment

Interviewer's Script

Doorhanger for in-person data collection

(Left on 1st and 2nd attempts)

Doorhanger:

Sorry we missed you! You are invited to participate in the Westside Needs Assessment. The survey is about 15-20 minutes and includes questions on health and well-being needs that help us improve programs and offerings in the community. Your household was randomly selected. Participants will receive a \$5 gift card in appreciation for their time. We will stop by another time in the next few weeks. For more information, visit: CottageHealth.org/Survey.

Hola, estoy llamando en nombre de Cottage Health para preguntarle algunas preguntas sobre la salud y para ayudar a Cottage Health a proveer servicios a su comunidad. Su aporte ayudará a identificar las necesidades y oportunidades de salud en la comunidad. Recibirá una tarjeta regalo de \$5 por participar. Otra vez, es cottagehealth.org/survey. O, llámenos al 805-324-9247. El número de de nuevo es 805-324-9247. Esta encuesta Cierra el 28 de Octubre a las 9:00 de la noche. Gracias.

Announcement to public:

Westside residents: your voice matters! A Community Resource Center is being developed and will be located at Harding University Partnership School. The Center will provide services and meeting spaces to the entire community. What type of services would you like to see on the Westside? How would you like to be involved? Legal aid, language lessons, child care, healthcare, after-school programs, prenatal classes, fine arts education, computer tutoring, bicycling groups, senior yoga... anything is possible! As part of the planning process, there will be focus groups and meetings to be sure the voices of the community are heard. To sign up to receive project updates and information about planning meetings or to share your ideas, please visit HardingCommunity.org.

Residentes del lado oeste: ¡su voz importa! Se está desarrollando un Centro de Recursos Comunitarios y estará ubicado en la Escuela de Asociación de la Universidad de Harding. El Centro brindará servicios y espacio de encuentro a toda la comunidad. ¿Qué tipos de servicios le gustaría ver en el Westside? ¿Cómo te gustaría participar? Asistencia legal, lecciones de idiomas, cuidado de niños, cuidado de la salud, programas extracurriculares, clases prenatales, educación en bellas artes, tutoría en computación, grupos de ciclismo, yoga para adultos mayores... ¡todo es posible! Como parte del proceso de planificación, habrá grupos de enfoque y reuniones para asegurarse de que se escuchen las voces de la comunidad. Para registrarse para recibir actualizaciones del proyecto e información sobre la planificación de reuniones o para compartir sus ideas, visite HardingCommunity.org.

Introduction

If Online

Cottage Health and Santa Barbara County Public Health Department are asking randomly selected households in your neighborhood to participate in a survey about community health and well-being needs. The survey is anonymous and confidential. The information gathered will help leaders and community organizations better respond to community needs and will support the development of a Westside Resource Center, bringing easily accessible services to address top needs on the Westside.

If you choose to participate, the survey should take approximately 20 minutes, and you will receive a \$5 gift

card in appreciation for your time.

- Your responses will be confidential, and your personal information will **not** be connected to your answers.
- Some of the questions will be personal and about your household. We will **not** be asking for you or your family's name/s.
- Your participation is voluntary, and you can skip a question at any time. You can refuse to participate or withdraw at any time without any consequences.

Please enter your passcode:

(Passcodes can be found on the card that was given to you by the survey team. This code may only be used once.)

Cottage Health y el departamento de salud pública del condado de Santa Bárbara estan preguntando hogares aleatorios en sus vecindarios para participar en una encuesta de la salud de la comunidad y las necesidades de bienestar. La encuesta es anónima y confidencial. La información obtenida ayudara a líderes y organizaciones de la comunidad a responder mejor a las necesidades de la comunidad y apoyar el Desarrollo del Westside centro de recursos, facilmente trayendo servicios accesibles para poner al tanto las necesidades principales del lado oeste. Si elige participar, la encuesta tomará aproximadamente 20 minutos y recibirá una tarjeta de regalo de \$5 en agradecimiento por su tiempo:

- Sus respuestas serán completamente anónimas y su información personal no será conectada a sus respuestas.
- Algunas de las preguntas serán personales y sobre su hogar. No le pediremos su nombre o el de su familia.
- Su participación es voluntaria y puede negarse a participar o retirarse en cualquier momento sin ninguna consecuencia.

Por favor ingrese su contraseña

(Contraseñas pueden encontrarse en la tarjeta que le dio el equipo de encuestas.)

If Collected in the Field

Hello, my name is _____ [data collector] and this is _____ [data collector] and _____ [CHA]. We are with UCSB on behalf of Cottage Health and Santa Barbara County Public Health Department. We are talking with households in your neighborhood that have been randomly selected to participate in a survey about community health and well-being needs.

The survey is anonymous and confidential, and the information gathered will help leaders and community organizations better understand the needs of the community and will be used to better serve the community. Some examples include childcare, safe spaces for families, or better access to food resources.

If you choose to participate, the survey should take approximately 20 minutes, and you will receive a \$5 gift card in appreciation for your time.

- Your responses will be confidential, and your personal information will not be connected to your answers.
- Some of the questions will be personal and about your household. We will not be asking for you or your family's name/s.
- Your participation is voluntary, and you can skip a question at any time. You can refuse to participate or withdraw at any time without any consequences.

INTERVIEWER NOTE – IF NECESSARY, STATE: Our hospitals and Public Health Department are conducting this survey to better serve the health needs of the Westside Community. In addition, your responses will help to inform the development of a Westside Resource Center with services that will help to address the needs of

those living here.

Hola mi nombre es _____[data collector]__y este es _____[data collector]____ y _____[CHA]. Estamos con UCSB trabajando con Cottage Health y el Departamento de Salud Pública del Condado de Santa Bárbara. Estamos hablando con hogares en su vecindad que han sido seleccionados por lotería para participar en una encuesta sobre las necesidades de salud y bienestar de la comunidad.

La encuesta es anónima y la información recolectada nos ayudará a entender mejor las necesidades de recursos de la comunidad y se usará para servir mejor a la comunidad. Algunos ejemplos incluyen cuidado de niños, lugares/sitios seguros para las familias o un mejor acceso a recursos de comida.

Si elige participar, la encuesta tomará aproximadamente 20 minutos y recibirá una tarjeta de regalo de \$5 en agradecimiento por su tiempo: Sus respuestas serán completamente anónimas y su información personal no será conectada a sus respuestas. Algunas de las preguntas serán personales y sobre su hogar. No le pediremos su nombre o el de su familia. Su participación es voluntaria y puede negarse a participar o retirarse en cualquier momento sin ninguna consecuencia.

NOTA PARA EL ENTREVISTADOR: SI ES NECESARIO, DIGA:

Nuestros hospitales y el Departamento de Salud Pública están realizando esta encuesta para atender mejor las necesidades de salud de la comunidad de Westside. Además, sus respuestas ayudarán a informar el desarrollo de un Centro de Recursos de Westside con servicios que ayudarán a abordar las necesidades de quienes viven aquí.

Service: El Servicio de Rentas Internas.

Eligibility Questions

If Online

Are you at least 18 years or older?

☐ Yes (4)

☐ No (5)

¿Tiene al menos 18 años o más?

☐ Sí (4)

☐ No (5)

Skip To: End of Survey If Are you at least 18 years or older? = No

Q3 Would you be willing to participate in this survey?

☐ Yes (1)

☐ No (2)

Q3 ¿Estaría dispuesto a participar en esta encuesta?

☐ Sí (1)

☐ No. (2)

Skip To: End of Survey If Would you be willing to participate in this survey? = No

If you have any questions or concerns after taking this survey, please contact the Director of the UCSB Center for Evaluation & Assessment: Tarek Azzam @ [REDACTED] or tarekazzam@ucsb.edu
You will now begin the survey.

Si tiene alguna pregunta o inquietud después de realizar esta encuesta, comuníquese con el Director del Centro de Evaluación y Valoración de UCSB: Tarek Azzam a [REDACTED] o tarekazzam@ucsb.edu

Ahora va a comenzar la encuesta.

If Collected in the Field

Would you be willing to participate in this survey?

☐ Yes

☐ No. **then thank them for their time**

¿Estaría dispuesto a participar en esta encuesta?

☐ Sí

☐ No. **Entonces agradécele por su tiempo.**

*Skip To: End of Survey If Would you be willing to participate in this survey? = No. **then thank them for their time.***

Do you live in this home?

☐ Yes

☐ No

☐

¿Vive en esta casa?

☐ Sí

☐ No

Display This Question:

If Do you live in this home? = No

Is there someone else who lives in this home that we can speak to?

☐ Yes

☐ No. **then thank them for their time**

¿Hay alguien más que viva en esta casa con quien podamos hablar?

☐ Sí

☐ No. **entonces agradécele por su tiempo**

*Skip To: End of Survey If Is there someone else who lives in this home that we can speak to? = No. **then thank them for their time***

Are you at least 18 years or older?

☐ Yes

☐ No

¿Tiene al menos 18 años o más?

☐ Sí

☐ No

Display This Question:

If Are you at least 18 years or older? = No

Is there someone else 18 years or older who lives in this home that we can speak to?

☐ Yes. **click to continue with the survey**

☐ No. **then thank them for their time.**

Q7 ¿Hay alguien más de 18 años o más que viva en este hogar con quien podamos hablar?

☐ Sí. **Haga clic para continuar con la encuesta**

☐ No. **entonces agradécele por su tiempo**

*Skip To: End of Survey If Is there someone else 18 years or older who lives in this home that we can speak to? = No.
then thank them for their time.*

Data collector please read.

If you have any questions or concerns after taking this survey, please contact the Director of the UCSB Center for Evaluation & Assessment Tarek Azzam. I'd be happy to share his contact information at any time.

INTERVIEWER NOTE – IF NECESSARY, STATE: Professor Azzam's contact information is 909 374 5355 or tarekazzam@ucsb.edu. We will now begin the survey.

Si tiene alguna pregunta o inquietud después de realizar esta encuesta, comuníquese con el Director del Centro de Evaluación y Valoración de UCSB, Tarek Azzam. Estaré encantado de compartir su información de contacto en cualquier momento. **NOTA PARA EL ENTREVISTADOR: SI ES NECESARIO, INDIQUE:** La información de contacto del profesor Azzam es 909 374 5355 o tarekazzam@ucsb.edu. Ahora vamos a comenzar la encuesta.

1: Health Status

W1.1 Would you say that in general your health is:

- ☐ Excellent (1)
- ☐ Very good (2)
- ☐ Good (3)
- ☐ Fair (4)
- ☐ Poor (5)
- ☐ DON'T KNOW/NOT SURE (6)
- ☐ REFUSED (7)

W 1.1 ¿Diría usted que su estado de salud general es...?:

- ☐ Excelente (1)
- ☐ Muy bueno (2)
- ☐ Bueno (3)
- ☐ Regular (4)
- ☐ Malo (5)
- ☐ NO SABE/NO ESTÁ SEGURO (6)
- ☐ SE NIEGA A CONTESTAR (7)

2: Healthy Days—Health-Related Quality of Life

W2.1 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health was not good?

- ☐ Number of days (1) _____
- ☐ NONE (2)
- ☐ DON'T KNOW/NOT SURE (3)
- ☐ REFUSED (4)

W 2.1 Con respecto a su salud física, lo que incluye tanto enfermedades como lesiones físicas, en los últimos 30 días,
¿durante cuántos días su estado de salud física no fue bueno?

- ☐ Número de días (1) _____
- ☐ NINGUNO (2)
- ☐ NO SABE/NO ESTÁ SEGURO (3)
- ☐ SE NIEGA A CONTESTAR (4)

W2.2 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health was not good?

- ☐ Number of days (1) _____
- ☐ NONE (2)
- ☐ DON'T KNOW/NOT SURE (3)
- ☐ REFUSED (4)

W2.2 Con respecto a su estado de salud mental, lo que incluye estrés, depression y problemas emocionales, en los últimos 30 días, ¿durante cuántos días su estado de salud mental no fue Bueno?

- ☐ Número de días (1) _____
- ☐ NINGUNO (2)
- ☐ NO SABE/NO ESTÁ SEGURO (3)
- ☐ SE NIEGA A CONTESTAR (4)

W2.3 During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self care, work, or recreation?

- ☐ Number of days (1) _____
- ☐ NONE (2)
- ☐ DON'T KNOW/NOT SURE (3)
- ☐ REFUSED (4)

W2.3 En los últimos 30 días, ¿durante cuántos días sintió que los problemas relacionados con su salud mental o física le impidieron realizar sus actividades habituales, tales como cuidados personales, trabajo o recreación?

- ☐ Número de días (1) _____
- ☐ NINGUNO (2)
- ☐ NO SABE/NO ESTÁ SEGURO (3)
- ☐ SE NIEGA A CONTESTAR (4)

3: Health Care Access

W3.1 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare or Medi-Cal, or Indian Health Service?

- ☐ Yes (1)
- ☐ No (2)
- ☐ DON'T KNOW/NOT SURE (3)
- ☐ REFUSED (4)

W3.1¿Tiene algún tipo de cobertura de seguro médico, como seguro de salud, planes prepagos como los que brindan las HMO (organizaciones de atención médica administrada) u otros planes gubernamentales como Medicare o Servicio de Salud para Indígenas?

- ☐ Sí (1)
- ☐ No (2)
- ☐ NO SABE/NO ESTÁ SEGURO (3)
- ☐ SE NIEGA A CONTESTAR (4)

Display This Question:

If Do you have any kind of health care coverage, including health insurance, prepaid plans such as H... = Yes

W3.2 What is the primary source of your health care coverage?

- ☐ A plan purchased through an employer or union (includes plans purchased through another person's employer) (1)
- ☐ A plan that you or another family member buys on your own (2)
- ☐ Medicare (3)
- ☐ Medicaid or other state program (4)
- ☐ TRICARE (formerly CHAMPUS), VA or Military (5)
- ☐ Alaska Native, Indian Health Service, Tribal Health Service (6)
- ☐ Some other source (Specify) (7) _____
- ☐ None (no coverage) (8)
- ☐ DON'T KNOW/NOT SURE (9)
- ☐ REFUSED (10)

W3.2 ¿Cuál es su principal seguro de cobertura de médica? Es...

- ☐ Un plan adquirido a través de un empleador o sindicato (incluidos los planes adquiridos a través del empleador de otra persona) (1)
- ☐ Un plan que usted u otro miembro de su familia paga por su cuenta (2)
- ☐ Medicare (3)
- ☐ Medicaid u otro programa estatal (4)
- ☐ TRICARE (antiguamente llamado CHAMPUS), Administración de Veteranos (VA), o el plan de las Fuerzas Armadas (5)
- ☐ Servicios para los nativos de Alaska, Servicio de Salud para Indígenas (Indian Health Service), servicios de salud tribales (6)

- ☐ Otro seguro (Especificar) (7) _____
- ☐ Ninguno (no tiene cobertura de salud) (8)
- ☐ NO SABE/NO ESTÁ SEGURO (9)
- ☐ SE NIEGA A CONTESTAR (10)

Display This Question:

If Do you have any kind of health care coverage, including health insurance, prepaid plans such as H... = No
Or Do you have any kind of health care coverage, including health insurance, prepaid plans such as H... =
 DON'T KNOW/NOT SURE
Or Do you have any kind of health care coverage, including health insurance, prepaid plans such as H... =
 REFUSED

W3.2b It appears that you do not currently have any health insurance coverage to help pay for services from hospitals, doctors, and other health professionals. Is that correct?

- ☐ Yes (1)
- ☐ No (2)
- ☐ DON'T KNOW/NOT SURE (3)
- ☐ REFUSED (4)

W.32b Parece que no tiene ninguna cobertura del seguro de salud para ayudar a pagar por servicios como hospitales, médicos y otros profesionales de la salud. ¿Es eso correcto?

- ☐ Sí (1)
- ☐ No (2)
- ☐ NO SABE/NO ESTÁ SEGURO (3)
- ☐ SE NIEGA A CONTESTAR (4)

W3.3 Is there **one place** that you PRIMARILY go to when you are sick or need advice about your health?

Data collector note: If participant says there is more than one, repeat question. Ask: We mean one place that you usually go to when you are sick or need advice on health.

- ☐ Yes (1)

- ☐ No (2)
- ☐ DON'T KNOW/NOT SURE (3)
- ☐ REFUSED (4)

W3.3 ¿Hay **algún lugar** al que visita PRIMARIAMENTE cuando se siente enfermo o necesita consejos sobre su salud?

Nota para el recopilador de datos: si el participante dice que hay más de uno, repita la pregunta. Pregunte: Nos referimos a un lugar al que suele acudir cuando está enfermo o necesita consejos sobre la salud.

- ☐ Sí (1)
- ☐ No (2)
- ☐ NO SABE/NO ESTÁ SEGURO (3)
- ☐ SE NIEGA A CONTESTAR (4)

Display This Question:

If Is there one place that you PRIMARILY go to when you are sick or need advice about your health?Da... = Yes

W3.4 Where do you usually go when you are sick or need advice about your health?

Data collector Note: Please also type in the text if a participant DOESN'T KNOW/NOT SURE or REFUSED

W3.4 ¿A dónde suele ir cuando está enfermo o necesita consejos sobre su salud?

Data collector Note: Please also type in the text if a participant DOESN'T KNOW/NOT SURE or REFUSED

4: Lifestyle

W4.1 During the past month, did you typically participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

- ☐ Yes (1)
- ☐ No (2)
- ☐ DON'T KNOW/NOT SURE (3)
- ☐ REFUSED (4)

W4.1 En los últimos 30 días, a excepción de su trabajo diario, ¿participó en alguna actividad física o hizo algún tipo de ejercicio como correr, caminar, calistenia, jugar al golf o realizar actividades de jardinería?

- ☐ Sí (1)
- ☐ No (2)
- ☐ NO SABE/NO ESTÁ SEGURO (3)
- ☐ SE NIEGA A CONTESTAR (4)

W4.2 On average, how many hours of sleep do you get in a 24-hour period?

- ☐ Enter number of hours [0-24] (1) _____
- ☐ DON'T KNOW/NOT SURE (2)
- ☐ REFUSED (3)

W4.2 En promedio, ¿cuántas horas duerme en un período de 24 horas?

- ☐ Escriba el número de horas [0-24] (1) _____
- ☐ NO SABE/NO ESTÁ SEGURO (2)
- ☐ SE NIEGA A CONTESTAR (3)

5: Housing and Neighborhood Characteristics

Now we would like to talk about housing and your neighborhood. These questions help us better understand your day-to-day experiences.

W5.1 Have you ever had times in your life when you considered yourself homeless?

Would you say...

IF NECESSARY, READ: By homeless, I mean when you did not have your own place to stay, so you stayed in a shelter for homeless people or you slept in public places like a park or on the street or in an abandoned building or in a parked vehicle? Please Read: More than once, once, or never.

- ☐ More than once (1)
- ☐ Once (2)
- ☐ Never (3)
- ☐ DON'T KNOW/NOT SURE (4)
- ☐ REFUSED (5)

W5.1 Ahora nos gustaría hablar sobre su situación de vivienda y su vecindad. Estas preguntas nos ayudan a entender mejor sus experiencias diarias.

¿Alguna vez ha tenido momentos en su vida en los que se consideró sin vivienda?

Diría...

IF NECESSARY, READ: Por desamparado o sin vivienda, quiero decir que no tenía un lugar propio donde estar, entonces estuvo en un albergue para personas desamparadas o durmió en lugares públicos como un parque o en la calle o en un edificio abandonado o en un vehículo estacionado.

Please Read: Más de una vez, una vez o nunca..

- ☐ Más de una vez (1)
- ☐ Una vez (2)
- ☐ Nunca (3)
- ☐ NO SABE/NO ESTÁ SEGURO (4)
- ☐ SE NIEGA A CONTESTAR (5)

W5.2 Do you currently consider yourself homeless?

IF NECESSARY, READ: By homeless, I mean when you did not have your own place to stay, so you stayed in a shelter for homeless people or you slept in public places like a park or on the street or in an abandoned building or in a parked vehicle?

- ☐ Yes (1)
- ☐ No (2)
- ☐ DON'T KNOW/NOT SURE (3)
- ☐ REFUSED (4)

W5.2 ¿Se considera actualmente desamparado o sin vivienda?

IF NECESSARY, READ: Por desamparado o sin vivienda, quiero decir que no tenía un lugar propio donde

estar, entonces estuvo en un albergue para personas desamparadas o durmió en lugares públicos como un parque o en la calle o en un edificio abandonado o en un vehículo estacionado.

- ☐ Sí (1)
- ☐ No (2)
- ☐ NO SABE/NO ESTÁ SEGURO (3)
- ☐ SE NIEGA A CONTESTAR (4)

Data Collector note, Please Read: Thank you for your participation thus far. Just as a reminder all of your responses are confidential. Neither your personal information nor your address will be connected to your answers.

Data Collector note, Please Read: Gracias por su participación hasta el momento. Solo como un recordatorio, todas sus respuestas son confidenciales. Ni su información personal ni su dirección se conectarán a sus respuestas.

W5.3a How many people are living at your address in total?

Include everyone who is living or staying here for more than 2 months AND include anyone staying here who does not have another place to stay even if they have been here for 2 months or less.

- ☐ Enter number of people (1) _____
- ☐ DON'T KNOW/NOT SURE (2)
- ☐ REFUSED (3)

W5.3a ¿Cuántas personas viven en su dirección en total?

Incluya a todos los que viven o permanecen aquí durante más de 2 meses E incluya a todos los que están aquí y no tienen otro lugar donde estar incluso si han estado aquí durante 2 meses o menos.

☐ Número de personas (1) _____

☐ NO SABE/NO ESTÁ SEGURO (2)

☐ SE NIEGA A CONTESTAR (3)

W5.4 How many of these people are children under the age of 18?

☐ Enter number of children (1) _____

☐ DON'T KNOW/NOT SURE (2)

☐ REFUSED (3)

W5.4 ¿Cuántas de estas personas son niños menores de 18 años?

☐ Número de niños (1) _____

☐ NO SABE/NO ESTÁ SEGURO (2)

☐ SE NIEGA A CONTESTAR (3)

W5.5a How many separate rooms are in this residence?

Include: bedrooms, kitchen, etc.

Exclude: bathrooms, porches, balconies, foyer, halls, or unfinished basements

☐ Enter number of rooms (1) _____

☐ DON'T KNOW/NOT SURE (2)

☐ REFUSED (3)

W5.5ª ¿Cuántas habitaciones separadas hay en esta residencia?

Incluye: dormitorios, cocina, etc.

Excluir: baños, porches, balcones, vestíbulos, pasillos o sótanos sin terminar

- ☐ Número de habitaciones (1) _____
- ☐ NO SABE/NO ESTÁ SEGURO (2)
- ☐ SE NIEGA A CONTESTAR (3)

W5.5b How many of these rooms are bedrooms?

Note. If this is an efficiency/studio apartment, enter 0.

- ☐ Enter number of bedrooms (1) _____
- ☐ DON'T KNOW/NOT SURE (3)
- ☐ REFUSED (2)

W5.5b ¿Cuántas de estas habitaciones son dormitorios?

Nota. Si se trata de un departamento de eficiencia/estudio, ingrese 0.

- ☐ Número de dormitorios (1) _____
- ☐ NO SABE/NO ESTÁ SEGURO (3)
- ☐ SE NIEGA A CONTESTAR (2)

6: Food Security and Accessibility

The next questions are about where you get your food and the availability of food in your neighborhood.

INTERVIEWER NOTE: Some other type of store may include a corner store, convenience store, restaurant, or carry- out.

W6.1 In a typical month, where do you get most of your food? At a **(read options)**...

- ☐ Grocery store (such as Ralph's, Bon's, or Smart & Final) (1)
- ☐ Some other type store (2)
- ☐ A food pantry (3)
- ☐ Somewhere else (4)
- ☐ DON'T KNOW/NOT SURE (5)
- ☐ REFUSED (6)

Las siguientes preguntas son sobre dónde obtiene sus alimentos y la disponibilidad de alimentos en su vecindario.

NOTA: Algún otro tipo de tienda podría incluir una tienda en la esquina, tienda de artículos rápidos, restaurante o comidas para llevar. .

W6.1 En un mes típico, ¿dónde obtiene la mayor parte de sus alimentos? ¿En una (**read options**)...

- ☐ Supermercado (como Ralph's, Bon's o Smart & Final) (1)
- ☐ Algún otro tipo de tienda (2)
- ☐ una despensa de alimentos (3)
- ☐ Otro lugar (4)
- ☐ NO SABE/NO ESTÁ SEGURO (5)
- ☐ SE NIEGA A CONTESTAR (6)

W6.2 How satisfied are you with the **availability** of food in your neighborhood?

- ☐ Very dissatisfied (4)
- ☐ Somewhat dissatisfied (3)
- ☐ Somewhat satisfied (2)
- ☐ Very satisfied (1)
- ☐ DON'T KNOW/NOT SURE (5)
- ☐ REFUSED (6)

W6.2 ¿Cómo está de satisfecho con **la disponibilidad** de alimentos en su vecindario?

- ☐ Muy insatisfecho (4)
- ☐ Un poco insatisfecho (3)
- ☐ Un poco satisfecho (2)
- ☐ Muy Satisfecho (1)
- ☐ NO SABE/NO ESTÁ SEGURO (5)
- ☐ SE NIEGA A CONTESTAR (6)

W6.3 How satisfied are you with the **overall quality** of food sold in your neighborhood?

- ☐ Very dissatisfied (4)
- ☐ Somewhat dissatisfied (3)
- ☐ Somewhat satisfied (2)
- ☐ Very satisfied (1)
- ☐ DON'T KNOW/NOT SURE (5)
- ☐ REFUSED (6)

W6.3 ¿Cómo está de satisfecho con la **calidad general** de los alimentos que se venden en su vecindario?

- ☐ Muy insatisfecho (4)
- ☐ Un poco insatisfecho (3)
- ☐ Un poco satisfecho (2)
- ☐ Muy Satisfecho (1)
- ☐ NO SABE/NO ESTÁ SEGURO (5)
- ☐ SE NIEGA A CONTESTAR (6)

These next questions are about the food eaten in your household in the last 12 months and whether you were able to afford food.

For this next question, please tell me whether the statement describes something that was often true, sometimes true, or never true for you and your household in the last twelve months.

W6.4 "The food that {I/we} bought just didn't last, and {I/we} didn't have money to get more."

- ☐ Often true (1)
- ☐ Sometimes true (2)
- ☐ Never true (3)
- ☐ DON'T KNOW/NOT SURE (4)
- ☐ REFUSED (5)

Las siguientes preguntas son sobre los alimentos consumidos en su familia en los últimos 12 meses y si pudo pagar los alimentos.

Para la pregunta que sigue, por favor dígame si la frase describe algo que fue verdad a menudo, fue verdad algunas veces o que nunca fue verdad para usted y su familia en los últimos 12 meses.

W6.4 "Los alimentos que {yo/nosotros} compramos no alcanzaron y {yo/nosotros} no teníamos dinero para comprar más."

- ☐ Verdad a menudo (1)
- ☐ Verdad algunas veces (2)
- ☐ Nunca fue verdad (3)
- ☐ NO SABE/NO ESTÁ SEGURO (4)
- ☐ SE NIEGA A CONTESTAR (5)

W6.5a In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?

- ☐ Yes (1)
- ☐ No (2)
- ☐ DON'T KNOW/NOT SURE (3)
- ☐ REFUSED (4)

W6.5a En los últimos 12 meses, ¿comió alguna vez menos de lo que pensaba porque no había suficiente dinero para alimentos?

- ☐ Sí (1)
- ☐ No (2)
- ☐ NO SABE/NO ESTÁ SEGURO (3)
- ☐ SE NIEGA A CONTESTAR (4)

Display This Question:

If in the last 12 months, did you ever eat less than you felt you should because there wasn't enough... = Yes

W6.5b Over the last 12 months, how often did this happen -- almost every month, some months but not every month, only in 1 or 2 months?

- ☐ Almost every month (1)
- ☐ Some months but not every month (2)
- ☐ Only in 1 or 2 months (3)
- ☐ DON'T KNOW/NOT SURE (4)
- ☐ REFUSED (5)

W6.5b En los últimos 12 meses, ¿cada cuánto ocurrió esto – casi todos los meses, algunos meses pero no todos o solamente en uno o dos meses?

- ☐ Casi todos los meses (1)
- ☐ Algunos meses pero no todos (2)
- ☐ Solamente en uno o dos meses (3)
- ☐ NO SABE/NO ESTÁ SEGURO (4)
- ☐ SE NIEGA A CONTESTAR (5)

W6.6 "I couldn't afford to eat balanced meals."

Was that often, sometimes, or never true for you in the last 12 months?

- ☐ Often true (1)
- ☐ Sometimes true (2)
- ☐ Never true (3)
- ☐ DON'T KNOW/NOT SURE (4)
- ☐ REFUSED (5)

W6.6 "No podía pagar comidas balanceadas."

¿Fue eso cierto con frecuencia, algunas veces o nunca en su caso en los últimos 12 meses?

- ☐ Con frecuencia fue cierto (1)
- ☐ Algunas veces fue cierto (2)
- ☐ Nunca fue verdad (3)
- ☐ NO SABE/NO ESTÁ SEGURO (4)
- ☐ SE NIEGA A CONTESTAR (5)

7. Television and Internet Use

W7. 1 Approximately, how many hours of television do you watch on an average day?

- ☐ Number of Hours (1) _____
- ☐ REFUSED (3)

¿Aproximadamente cuántas horas de televisión mira en un día regular?

- ☐ Número de horas (1) _____
- ☐ SE NIEGA A CONTESTAR (3)

In a typical week, about how many hours do you spend on the internet for personal use?

- ☐ Number of Hours (1) _____
- ☐ REFUSED (3)

En una semana típica, ¿cómo cuantas horas se pasa en el internet por motivos personales?

☐ Número de horas (1) _____

☐ SE NIEGA A CONTESTAR (3)

Do you usually try new products before other people do?

☐ Never (1)

☐ Sometimes (2)

☐ Often (3)

☐ Always (4)

☐ REFUSED (6)

¿Suele probar productos nuevos antes de las demás personas?

☐ Nunca (1)

☐ A veces (2)

☐ A menudo (3)

☐ Siempre (4)

☐ SE NIEGA A CONTESTAR (6)

Which, if any, of the following services does your household use to access the internet? (Select All that Apply)

☐ Broadband (such as high speed internet through a fixed cable or fiber connection) (1)

☐ Wireless (such as only having access to the internet through a smartphone data plan) (2)

☐ DSL dial-up (such as internet through a phone line) (3)

☐ My household does not have internet access (4)

☐ REFUSED (6)

W7.1 ¿Cuáles de los siguientes servicios usan en su hogar para acceder al internet, si los usan? (Seleccione todas las que correspondan)

- ☐ Banda ancha (acceso de alta velocidad al internet a través de un cable fijo o una conexión de fibra) (1)
- ☐ Acceso inalámbrico (acceso al internet únicamente a través de un plan de data de un teléfono inteligente) (2)
- ☐ DSL o acceso telefónico (acceso al internet a través de una línea telefónica) (3)
- ☐ No tenemos acceso al internet en casa (4)
- ☐ SE NIEGA A CONTESTAR (6)

W7.2 Which, if any, are reasons that you do not have high speed broadband service (such as a fixed wired connection) at your home? (Select all that apply)

- ☐ I access the internet and do everything I need to do using my smartphone (1)
- ☐ It costs too much (2)
- ☐ I access the internet and do everything I need to do using my DSL/dial-up connection (3)
- ☐ It's not available where I live (4)
- ☐ I just don't want it (5)
- ☐ Other (Specify) (6) _____
- ☐ REFUSED (8)

W7.2¿Cuáles son los motivos, si los hay, por los cuales no tiene servicio de banda ancha de alta velocidad (como una conexión alámbrica fija)? (Seleccione todas las que correspondan)

- ☐ Accedo al internet y hago todo lo que tengo que hacer con mi teléfono inteligente (1)
- ☐ Cuesta demasiado (2)
- ☐ Tengo acceso al internet y hago todo lo que necesito hacer a través de mi conexión de teléfono/DSL (3)
- ☐ No existe en donde vivo (4)
- ☐ Simplemente no lo quiero (5)
- ☐ Otro (Especificar) (6) _____
- ☐ SE NIEGA A CONTESTAR (8)

8: Financial Strain

These next questions ask about how worried you are right now about financial matters.

W8.1 Are you worried that in the next 2 months, you may not have stable housing?

- ☐ Yes (1)
- ☐ No (2)
- ☐ DON'T KNOW/NOT SURE (3)
- ☐ REFUSED (4)

W8.1 Las siguientes preguntas se refieren a qué tan preocupado está en este momento por asuntos financieros.

¿Le preocupa que en los próximos 2 meses podría no tener una vivienda estable?

- ☐ Sí (1)
- ☐ No (2)
- ☐ NO SABE/NO ESTÁ SEGURO (3)
- ☐ SE NIEGA A CONTESTAR (4)

W8.2 During the past 12 months, was there a time when you were not able to pay your mortgage, rent or utility bills?

- ☐ Yes (1)
- ☐ No (2)
- ☐ DON'T KNOW/NOT SURE (3)
- ☐ REFUSED (4)

W8.2 Durante los últimos 12 meses, ¿en algún momento no pudo pagar su hipoteca, la renta o las cuentas de servicios?

- ☐ Sí (1)
- ☐ No (2)
- ☐ NO SABE/NO ESTÁ SEGURO (3)
- ☐ SE NIEGA A CONTESTAR (4)

9: Westside Schools and Community Resources

W9.1 Do you currently have school-age children in your household?

- ☐ Yes (1)
- ☐ No (2)
- ☐ DON'T KNOW/NOT SURE (3)
- ☐ REFUSED (4)

W9.1 ¿Actualmente tiene niños en edad escolar en su hogar?

- ☐ Sí (1)
- ☐ No (2)
- ☐ NO SABE/NO ESTÁ SEGURO (3)
- ☐ SE NIEGA A CONTESTAR (4)

Display This Question:

If Do you currently have school-age children in your household? = Yes

W9.2 Which school or schools do they attend?

Data Collector Note: Please respond for each child up to 7. Please mark NOT APPLICABLE for other child#.

	Harding Partnership School (8)	La Cumbre Middle School (9)	Santa Barbara High School (10)	Other School (11)	Not Applicable (12)
<input checked="" type="checkbox"/> Child 1 (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="checkbox"/> Child 2 (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="checkbox"/> Child 3 (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="checkbox"/> Child 4 (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="checkbox"/> Child 5 (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="checkbox"/> Child 6 (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="checkbox"/> Child 7 (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

W9.2 ¿A qué escuela o escuelas asisten?

Data Collector Note: Please place all Nino#, up to 7, into a group. Please put remaining Nino# into the NO APPLICABLE group.

	Harding Partnership School (8)	La Cumbre Middle School (9)	Santa Barbara High School (10)	Otra escuela (11)	No aplicable (12)
<input checked="" type="checkbox"/> Niño 1 (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="checkbox"/> Niño 2 (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="checkbox"/> Niño 3 (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="checkbox"/> Niño 4 (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="checkbox"/> Niño 5 (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="checkbox"/> Niño 6 (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="checkbox"/> Niño 7 (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Display This Question:

If Which school or schools do they attend?Data Collector Note: Please respond for each child up to 7... = Other School

Which "other" schools do the children attend?

Data Collector Note: List All Schools Mentioned by Participant.

Please also type in the text if a participant DOESN'T KNOW/NOT SURE or REFUSED

¿A qué "otras" escuelas asisten los niños?

Data Collector Note: List All Schools Mentioned by Participant. Please also type in the text if a participant DOESN'T KNOW/NOT SURE or REFUSED

Display This Question:

If Which school or schools do they attend?Data Collector Note: Please respond for each child up to 7... = Other School

What was your primary reason for selecting another school?

Data Collector Note: Please also type in the text if a participant DOESN'T KNOW/NOT SURE or REFUSED

¿Cuál fue la razón principal por la que eligió otra escuela?

Data Collector Note: Please also type in the text if a participant DOESN'T KNOW/NOT SURE or REFUSED

Display This Question:

If Which school or schools do they attend?Data Collector Note: Please respond for each child up to 7... = Harding Partnership School

Or Which school or schools do they attend?Data Collector Note: Please respond for each child up to 7... = La Cumbre Middle School

W9.3 How comfortable do you feel asking for help at your child(ren)'s school(s)?

	Very Uncomfort able (4)	Somewhat Uncomfort able (3)	Neither uncomfort able nor comfortabl e (8)	Somewh at Comfort able (2)	Very Comfort able (1)	Not Applica ble (5)	DON" T KNOW/ NOT SURE (6)	REFUS ED (7)
Harding Partners hip School (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
La Cumbre Middle School (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

W9.3 ¿Qué tan cómodo se siente pidiendo ayuda en la(s) escuela(s) de su(s) hijo(s)?

	Muy incómod o (4)	Algo incómod o (3)	Ni incómod o ni cómodo (8)	Algo cómod o (2)	Muy cómod a (1)	No aplicabl e (5)	NO SABE/N O ESTÁ SEGURO (6)	SE NIEGA A CONTESTA R (7)
Harding Partnershi p School (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
La Cumbre Middle School (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

W9.4 How likely are you or your household to use open space at Harding University Partnership School if made available for public use after school hours?

Examples of open space options include the playground, basketball courts, or soccer field.

- ☐ Very unlikely (4)
- ☐ Somewhat unlikely (3)
- ☐ Neither unlikely nor likely (7)
- ☐ Somewhat likely (2)
- ☐ Very likely (1)
- ☐ DON'T KNOW/NOT SURE (5)
- ☐ REFUSED (6)

W9.4 ¿Qué tan probable es que usted o su hogar usen el espacio abierto en la Escuela Harding University Partnership si está disponible para uso público después del horario escolar?

Los ejemplos de opciones de espacios abiertos incluyen el patio de recreo, las canchas de baloncesto o la cancha de fútbol.

- ☐ Muy poco probable (4)
- ☐ Algo improbable (3)
- ☐ Ni improbable ni probable (7)
- ☐ Algo probable (2)
- ☐ Muy probable (1)
- ☐ NO SABE/NO ESTÁ SEGURO (5)
- ☐ SE NIEGA A CONTESTAR (6)

Data Collector. Please read:

Now I would like to talk to you about a Community Resource Center that is going to open nearby..

"Community resource center means a building or meeting room for the use of a not-for-profit organizations.

The facility can be used by different not for profits (such as health, food) to connect with the community and provide information and services to the community members."

Data Collector. Please Read:

Ahora me gustaría hablarles sobre un Centro de Recursos Comunitarios que se abrirá cerca

"Centro de recursos comunitarios significa un edificio o sala de reuniones para el uso de organizaciones sin fines de lucro. La instalación puede ser utilizada por diferentes organizaciones sin fines de lucro (como salud, alimentos) para conectarse con la comunidad y brindar información y servicios a los miembros de la comunidad."

W9.5 What services would you want to see included in a local community resource center near Harding?
(Select all that apply)

- ☐ Legal (1)
- ☐ Immigration (2)
- ☐ Dental (3)
- ☐ Financial services (4)
- ☐ Library (5)
- ☐ Adult education (6)
- ☐ Language classes (7)
- ☐ Other (8)
- ☐ DONT KNOW/ NOT SURE (9)
- ☐ REFUSED (10)

W9.5 ¿Qué servicios le gustaría ver incluidos en un centro de recursos de la comunidad local cerca de Harding? (Seleccione todas las que correspondan)

- ☐ Servicios Legales (1)
- ☐ Servicios de Inmigración (2)
- ☐ Servicios Dentales (3)
- ☐ Servicios financieros (4)
- ☐ Una Biblioteca (5)
- ☐ Educación para adultos (6)
- ☐ Clases de idiomas (7)
- ☐ Otros (8)
- ☐ NO SABE/ NO ESTÁ SEGURO (9)
- ☐ SE NIEGA A CONTESTAR (10)

What other services would you like to see included?

Data Collector Note: Please also type in the text if a participant DOESN'T KNOW/NOT SURE or REFUSED

¿Que otros servicios le gustaría ver incluidos?

Data Collector Note: Please also type in the text if a participant DOESN'T KNOW/NOT SURE or REFUSED

What do you see as the strengths of the Westside community?

Data Collector Note: Please also type in the text if a participant DOESN'T KNOW/NOT SURE or REFUSED

¿Cuáles cree que son los puntos fuertes de la comunidad de Westside?

Data Collector Note: Please also type in the text if a participant DOESN'T KNOW/NOT SURE or REFUSED

What do you see as areas of need in the Westside community?

Data Collector Note: Please also type in the text if a participant DOESN'T KNOW/NOT SURE or REFUSED

¿Qué ve como áreas de necesidad en la comunidad de Westside?

Data Collector Note: Please also type in the text if a participant DOESN'T KNOW/NOT SURE or REFUSED

10: Vaccinations

Have you received at least one dose of a COVID-19 vaccination?

- ☐ Yes (1)
- ☐ No (2)
- ☐ DON'T KNOW/NOT SURE (3)
- ☐ REFUSED (4)

¿Ha recibido al menos una dosis de una vacuna contra el COVID-19?

- ☐ Sí (1)
- ☐ No (2)
- ☐ NO SABE/NO ESTÁ SEGURO (3)
- ☐ SE NIEGA A CONTESTAR (4)

Display This Question:

If Have you received at least one dose of a COVID-19 vaccination? = No

Or Have you received at least one dose of a COVID-19 vaccination? = DON'T KNOW/NOT SURE

Or Have you received at least one dose of a COVID-19 vaccination? = REFUSED

Would you say you will definitely get a vaccine, will probably get a vaccine, will probably not get a vaccine, will definitely not get a vaccine, or are you not sure?

- ☐ Will definitely get a vaccine (1)
- ☐ Will probably get a vaccine (2)
- ☐ Will probably **not** get a vaccine (3)
- ☐ Will definitely **not** get a vaccine (4)
- ☐ DON'T KNOW/NOT SURE (6)
- ☐ REFUSED (7)

¿Diría que definitivamente se vacunará, probablemente se vacunará, probablemente no se vacunará, definitivamente no se vacunará, o no está seguro?

- ☐ Definitivamente recibirá una vacuna (1)
- ☐ Probablemente recibirá una vacuna (2)
- ☐ Probablemente **no** recibirá una vacuna (3)
- ☐ Definitivamente **no** recibirá una vacuna (4)
- ☐ NO SABE/NO ESTÁ SEGURO (6)
- ☐ SE NIEGA A CONTESTAR (7)

11: Demographics

W11.1a What is your age?

- ☐ Age in years (1) _____
- ☐ DON'T KNOW/NOT SURE (2)
- ☐ REFUSED (3)

¿Qué edad tiene usted?

- ☐ Edad en años (1) _____
- ☐ NO SABE/NO ESTÁ SEGURO (2)
- ☐ SE NIEGA A CONTESTAR (3)

People's gender and sex sometimes differ and because some of questions we ask are based on sex at birth, we need to verify your sex at birth, was it male or female?

- ☐ Male (7)
- ☐ Female (8)
- ☐ DON'T KNOW/NOT SURE (10)
- ☐ REFUSED (11)

¿Cuál era su sexo al nacer? ¿Era masculine o femenino?

- ☐ Masculino (7)
- ☐ Femenino (8)
- ☐ NO SABE/NO ESTÁ SEGURO (10)
- ☐ SE NIEGA A CONTESTAR (11)

Are you Hispanic, Latino/a, or Spanish origin?

- ☐ Yes (1)
- ☐ No (2)
- ☐ DON'T KNOW/NOT SURE (3)
- ☐ REFUSED (4)

¿Es usted latino o hispano, o de origen español?

- ☐ Sí (1)
- ☐ No (2)
- ☐ NO SABE/NO ESTÁ SEGURO (3)
- ☐ SE NIEGA A CONTESTAR (4)

Display This Question:

If Are you Hispanic, Latino/a, or Spanish origin? = Yes

Are you (Hispanic subgroup)?

NOTE: One or more categories may be selected.

- ☐ Mexican, Mexican American, Chicano/a (1)
- ☐ Puerto Rican (2)
- ☐ Cuban (3)
- ☐ Mixtec (4)
- ☐ Salvadoran (5)
- ☐ Guatemalan (6)
- ☐ Nicaraguan (7)
- ☐ Peruvian (8)
- ☐ Honduran (9)
- ☐ Colombian (10)
- ☐ Spaniard (11)

- ☐ Another Hispanic, Latino/a, or Spanish origin (SPECIFY) (12)
- ☐ NO (13)
- ☐ DON'T KNOW/NOT SURE (14)
- ☐ REFUSED (15)

Es usted...?

NOTE: One or more categories may be selected.

- ☐ Mexicano, Mexicano americano, Chicano/a (1)
- ☐ Puertorriqueño (2)
- ☐ Cubano (3)
- ☐ Mixteco (4)
- ☐ Salvadoreño (5)
- ☐ Guatemalteco (6)
- ☐ Nicaragüense (7)
- ☐ Peruano (8)
- ☐ Hondureño (9)
- ☐ Colombiana (10)
- ☐ Español (11)

☐

De otro origen latino o hispano, o español (ESPECIFICAR) (12)

☐

NO (13)

☐

NO SABE/NO ESTÁ SEGURO (14)

☐

SE NIEGA A CONTESTAR (15)

Display This Question:

If Are you (Hispanic subgroup)?NOTE: One or more categories may be selected. = Another Hispanic, Latino/a, or Spanish origin (SPECIFY)

Another Hispanic, Latino/a, or Spanish origin (SPECIFY)

Note: Please also type in the text if a participant DOESN'T KNOW/NOT SURE or REFUSED

Otro origen hispano, latino/a o español (ESPECIFICAR)

Note: Please also type in the text if a participant DOESN'T KNOW/NOT SURE or REFUSED

Which one or more of the following would you say is your race? (select all that apply)

- ☐ White (1)
- ☐ Black or African American (2)
- ☐ American Indian or Alaska Native (3)
- ☐ Asian (4)
- ☐ Asian Indian (5)
- ☐ Chinese (6)
- ☐ Filipino (7)
- ☐ Japanese (8)
- ☐ Korean (9)
- ☐ Vietnamese (10)
- ☐ Other Asian (11)
- ☐ Pacific Islander (12)
- ☐ Native Hawaiian (13)
- ☐ Guamanian or Chamorro (14)
- ☐ Samoan (15)
- ☐ Other Pacific Islander (16)

- ☐ OTHER (SPECIFY) (17)
- ☐ DON'T KNOW/NOT SURE (18)
- ☐ REFUSED (19)

¿A cuál o cuáles de los siguientes grupos raciales diría usted que pertenece? (seleccione todas las que correspondan)

- ☐ Blanco (1)
- ☐ Negro o afroamericano (2)
- ☐ Indioamericano o nativo de Alaska (3)
- ☐ Asiático (4)
- ☐ Indioasiático (5)
- ☐ Chino (6)
- ☐ Filipino (7)
- ☐ Japonés (8)
- ☐ Coreano (9)
- ☐ Vietnamita (10)
- ☐ Otro origen asiático (11)
- ☐ Isleño del Pacífico (12)
- ☐ Nativo de Hawai (13)

- ☐ Guameña o Chamorro (14)
- ☐ Samoano (15)
- ☐ Otro isleño del Pacífico (16)
- ☐ OTRA (ESPECIFICAR) (17)
- ☐ NO SABE/NO ESTÁ SEGURO (18)
- ☐ SE NIEGA A CONTESTAR (19)

Display This Question:

If Which one or more of the following would you say is your race? (select all that apply) = OTHER (SPECIFY)

(Race) Other, please specify:

Note: Please also type in the text if a participant DOESN'T KNOW/NOT SURE or REFUSED

(Grupo racial) Otro, por favor especifique:

Note: Please also type in the text if a participant DOESN'T KNOW/NOT SURE or REFUSED

Display This Question:

If Which one or more of the following would you say is your race? (select all that apply)
q://QID12/SelectedChoicesCount Is Greater Than 1

Which one of these groups would you say BEST represents your race?

NOTE: If the respondent provides more than one category, code as REFUSED.

- ☐ White (1)
- ☐ Black or African American (2)
- ☐ American Indian or Alaska Native (3)
- ☐ Asian (4)
- ☐ Asian Indian (5)
- ☐ Chinese (6)
- ☐ Filipino (7)
- ☐ Japanese (8)
- ☐ Korean (9)
- ☐ Vietnamese (10)
- ☐ Other Asian (11)
- ☐ Pacific Islander (12)
- ☐ Native Hawaiian (13)
- ☐ Guamanian or Chamorro (14)
- ☐ Samoan (15)
- ☐ Other Pacific Islander (16)
- ☐ OTHER (SPECIFY) (17) _____
- ☐ DON'T KNOW/NOT SURE (18)
- ☐ REFUSED (19)

¿Cuál de los siguientes grupos diría usted que es el más representativo de su raza?

NOTE: If the respondent provides more than one category, code as REFUSED.

- ☐ Blanco (1)
- ☐ Negro o afroamericano (2)
- ☐ Indioamericano o nativo de Alaska (3)
- ☐ Asiático (4)
- ☐ Indioasiático (5)
- ☐ Chino (6)
- ☐ Filipino (7)
- ☐ Japonés (8)
- ☐ Coreano (9)
- ☐ Vietnamita (10)
- ☐ Otro origen asiático (11)
- ☐ Isleño del Pacífico (12)
- ☐ Nativo de Hawai (13)
- ☐ Guameña o Chamorro (14)
- ☐ Samoano (15)
- ☐ Otro isleño del Pacífico (16)
- ☐ OTRA (ESPECIFICAR) (17) _____
- ☐ NO SABE/NO ESTÁ SEGURO (18)
- ☐ SE NIEGA A CONTESTAR (19)

What is the primary language spoken in your home?

- ☐ English (1)
- ☐ Spanish or Spanish Creole (2)
- ☐ Tagalog (3)
- ☐ Mixtec (4)
- ☐ German (5)
- ☐ Chinese (6)
- ☐ French (7)
- ☐ Japanese (8)
- ☐ Vietnamese (9)
- ☐ Korean (10)
- ☐ Other (specify) (11)
- ☐ REFUSED (12)

¿Qué es el idioma normalmente/usualmente/típicamente hablado en su casa?

- ☐ Inglés (1)
- ☐ Español o criollo español (2)
- ☐ Tagalog (3)
- ☐ Mixteco (4)
- ☐ Alemán (5)
- ☐ Chino (6)
- ☐ Francés (7)

- ☐ Japonés (8)
- ☐ Vietnamita (9)
- ☐ Coreano (10)
- ☐ Otra (Especificar) (11)
- ☐ SE NIEGA A CONTESTAR (12)

Display This Question:

If What is the primary language spoken in your home? = Other (specify)

OTHER LANGUAGE SPOKEN AT HOME [SPECIFY]:

Data Collector Note: Please also type in the text if a participant DOESN'T KNOW/NOT SURE or REFUSED

OTRO IDIOMA QUE SE HABLA EN CASA [ESPECIFICAR]:

Data Collector Note: Please also type in the text if a participant DOESN'T KNOW/NOT SURE or REFUSED

What is the highest grade/year of school you completed?

- ☐ Never attended school or only attended Kindergarten (1)
- ☐ Grades 1 through 8 (Elementary) (2)
- ☐ Grades 9 through 11 (Some high school) (3)
- ☐ Grade 12 or GED (High school graduate) (4)
- ☐ College 1 year to 3 years (Some college or technical school) (5)
- ☐ College 4 years or more (College graduate) (6)
- ☐ REFUSED (7)

¿Cuál es el grado escolar o nivel de educación más alto que ha completado?

- ☐ Nunca fue a la escuela o solamente fue al kínder (1)
- ☐ 1 a 8 grado (escuela primaria) (2)
- ☐ 9 a 11 grado (algunos estudios secundarios) (3)
- ☐ 12 grado o diploma GED (graduado de escuela secundaria superior) (4)
- ☐ 1 a 3 años de universidad (algunos estudios universitarios o de escuela técnica) (5)
- ☐ 4 años o más de universidad (graduado de estudios universitarios) (6)
- ☐ SE NIEGA A CONTESTAR (7)

Display This Question:

If What is the highest grade/year of school you completed? = Grades 9 through 11 (Some high school)

Or What is the highest grade/year of school you completed? = Grade 12 or GED (High school graduate)

Or What is the highest grade/year of school you completed? = College 1 year to 3 years (Some college or technical school)

Or What is the highest grade/year of school you completed? = College 4 years or more (College graduate)

Or What is the highest grade/year of school you completed? = REFUSED

Did you go to high school in Santa Barbara County?

- ☐ Yes (1)
- ☐ No (2)
- ☐ DON'T KNOW/NOT SURE (3)
- ☐ REFUSED (4)

¿Asistió usted al colegio [o escuela secundaria] en el condado de Santa Barbara?

- ☐ Sí (1)
- ☐ No (2)
- ☐ NO SABE/NO ESTÁ SEGURO (3)
- ☐ SE NIEGA A CONTESTAR (4)

Display This Question:

If What is the highest grade/year of school you completed? = Never attended school or only attended Kindergarten

Or What is the highest grade/year of school you completed? = Grades 1 through 8 (Elementary)

Did you go to school before high school in Santa Barbara County?

- ☐ Yes (1)
- ☐ No (2)
- ☐ DON'T KNOW/NOT SURE (3)
- ☐ REFUSED (4)

¿Antes del colegio [o escuela secundaria], asistió usted a una escuela ubicada en el condado de Santa Barbara?

- ☐ Sí (1)
- ☐ No (2)
- ☐ NO SABE/NO ESTÁ SEGURO (3)
- ☐ SE NIEGA A CONTESTAR (4)

"Are you currently (**read options**)?"

NOTE: If participant says more than one, say "Select the category which best describes you."

- ☐ Employed for wages (1)
- ☐ Self-employed (2)

- ☐ Out of work for 1 year or more (3)
- ☐ Out of work for less than 1 year (4)
- ☐ A Homemaker (5)
- ☐ A Student (6)
- ☐ Retired (7)
- ☐ Unable to work (8)
- ☐ REFUSED (9)

W11.1a "¿Es usted actualmente **(read options)** ?

NOTE. If participant says more than one, say: "Seleccione la categoría que mejor lo describa.."

- ☐ Empleado asalariado (1)
- ☐ Trabajador independiente (2)
- ☐ Desempleado por 1 año o más (3)
- ☐ Desempleado por menos de 1 año (4)
- ☐ Mujer u hombre que se ocupa de las tareas de la casa (5)
- ☐ Estudiante (6)
- ☐ Jubilado (7)
- ☐ No puede trabajar (8)
- ☐ SE NIEGA A CONTESTAR (9)

Display This Question:

If "Are you currently (read options)?NOTE: If participant says more than one, say "Select the categ... = Employed for wages

Or "Are you currently (read options)?NOTE: If participant says more than one, say "Select the categ... = Self-employed

W11.1b Is your main job year-round or seasonal?

- ☐ Year-round (1)
- ☐ Seasonal (2)
- ☐ DON'T KNOW/NOT SURE (3)
- ☐ REFUSED (4)

W11.1b ¿Es su trabajo principal durante todo el año o por temporada?

- ☐ Todo el año (1)
- ☐ Por temporada (2)
- ☐ NO SABE/NO ESTÁ SEGURO (3)
- ☐ SE NIEGA A CONTESTAR (4)

Display This Question:

If "Are you currently (read options)?NOTE: If participant says more than one, say "Select the categ... = Employed for wages

Or "Are you currently (read options)?NOTE: If participant says more than one, say "Select the categ... = Self-employed

Or "Are you currently (read options)?NOTE: If participant says more than one, say "Select the categ... = Out of work for 1 year or more

Or "Are you currently (read options)?NOTE: If participant says more than one, say "Select the categ... = Out of work for less than 1 year

Or "Are you currently (read options)?NOTE: If participant says more than one, say "Select the categ... = A Homemaker

Or "Are you currently (read options)?NOTE: If participant says more than one, say "Select the categ... = A Student

W11.2 Do problems getting child care make it difficult for you to work or study?

- ☐ Yes (1)
- ☐ No (2)
- ☐ DON'T KNOW/NOT SURE (3)
- ☐ REFUSED (4)

W11.2 ¿Problemas para conseguir cuidado de niños le dificultan trabajar o estudiar?

- ☐ Sí (1)
- ☐ No (2)
- ☐ NO SABE/NO ESTÁ SEGURO (3)
- ☐ SE NIEGA A CONTESTAR (4)

Is your annual household income from all sources...

Data collector note. Confirm range by asking: Annual household income is _____. IS THIS CORRECT?

	Yes (1)	No (2)	DON'T KNOW/NOT SURE (3)	REFUSED (4)
Less than \$10,000? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Less than \$15,000? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Less than \$20,000? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Less than \$25,000? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Less than \$35,000? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Less than \$50,000? (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Less than \$75,000? (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Tomando en cuenta todas sus fuentes de ingresos, los ingresos anuales de su hogar son...

Data collector note. Confirm range by asking: "Los ingresos anuales de su hogar son: _____. ¿Es eso correcto?"

	Sí (1)	No (2)	NO SABE/NO ESTÁ SEGURO (3)	SE NIEGA A CONTESTAR (4)
¿Menos de \$10,000? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
¿Menos de \$15,000? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
¿Menos de \$20,000? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
¿Menos de \$25,000? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
¿Menos de \$35,000? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
¿Menos de \$50,000? (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
¿Menos de \$75,000? (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Incentive and Closing

Data collector read to participant:

Thank you for your time. Here is a \$5 gift card as a thank you for your participation.

Data collector read to participant:

Gracias por su tiempo, aquí está la tarjeta de regalo de \$5 como agradecimiento por su participación.

Full 2022 Santa Maria Needs Assessment Questionnaire in English and Spanish

2022 Santa Maria Needs Assessment Questionnaire

November 2022

Prepared by: Santa Barbara County Public Health Department

Santa Maria Needs Assessment

Start of Block: SURVEY START

Census_Block_ID Census Block ID#

▼ 1 (Block 2006) (1) ... 29 (Block 1009) (29)

We read the consent script and the participant provided verbal consent to participate in the survey.

☐ No (1)

☐ Yes (2)

Skip To: End of Survey If We read the consent script and the participant provided verbal consent to participate in the survey. = No

1.1 What is the primary language spoken in your home? (check one)

1.1 ¿Cuál es el idioma principal que se habla en su hogar? (marque uno)

- ☐ English | Inglés (1)
- ☐ Spanish or Spanish Creole | Español o criollo español (2)
- ☐ Tagalog | Tagalo (3)
- ☐ Mixtec | Mixteco (4)
- ☐ German | Alemán (5)
- ☐ Chinese | Chino (6)
- ☐ French | Francés (7)
- ☐ Japanese | Japonés (8)
- ☐ Vietnamese | Vietnamita (9)
- ☐ Korean | Coreano (10)
- ☐ DON'T KNOW / NOT SURE | NO SABE (11)
- ☐ REFUSED | NO QUIERE CONTESTAR (12)
- ☐ OTHER (SPECIFY) | OTRO (ESPECIFICAR) (13)

Survey_lang Which language would you prefer to complete the survey in?

¿En qué idioma preferiría completar la encuesta?

- ☐ English | Inglés (1)
 - ☐ Spanish | Español (2)
 - ☐ OTHER and call Language Line (fill-in) | OTRO y llame a la Línea de idiomas (rellenar) (3)
-

End of Block: SURVEY START

Start of Block: English Survey Questions

2.1 How many people are living at your address in total?

PROBE: Include everyone who is living or staying here for more than 2 months AND include anyone staying here who does not have another place to stay even if they have been here for 2 months or less.

☐ Total (#) (1) _____

☐ DON'T KNOW / NOT SURE (2)

☐ REFUSED (3)

1.2 Ages Including yourself, how many people living in your household are: (enter number of people in each category)

☐ Less than 2 years old (#) (1) _____

☐ ≥2-5 years old (#) (2) _____

☐ 6-17 years old (#) (3) _____

☐ 18-64 years old (#) (4) _____

☐ More than 64 years old (#) (5) _____

☐ DON'T KNOW / NOT SURE (6)

☐ REFUSED (7)

2.2 Own Do you or members of your household own or rent your home? (or other arrangement)

- ☐ Own (1)
- ☐ Rent (2)
- ☐ Other (3) _____
- ☐ DON'T KNOW / NOT SURE (4)
- ☐ REFUSED (5)
-

3.1 What was your household's total income during the PAST 12 MONTHS?

(Clarification if needed, include: wages, salary, commissions, bonuses, or tips from all jobs, self-employment income, interest, dividends, rental income, royalty income, income from estates or trusts, social security or railroad retirement, supplemental security income, any public assistance or welfare, retirement income, pensions, survivor or disability income, Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony)

- ☐ Amount in dollars (1) _____
- ☐ None (2)
- ☐ Loss (no positive income) (3)
- ☐ DON'T KNOW / NOT SURE (4)
- ☐ REFUSED (5)
-

3.2 What is the monthly rent or mortgage for this house, apartment, or mobile home? (clarify if needed: for this location only)

- ☐ Monthly Amount in dollars (1) _____
- ☐ DON'T KNOW / NOT SURE (2)
- ☐ REFUSED (3)
-

1.3 Are you or anyone in your household of Hispanic, Latino/a, or Spanish origin?

- ☐ Yes (1)
- ☐ No (2)
- ☐ DON'T KNOW / NOT SURE (3)
- ☐ REFUSED (4)
-

1.4 Do you or anyone in your household identify with any indigenous groups of Mexico or Central America?
(check all that apply)

- ☐ Mixtec (1)
- ☐ Triqui (2)
- ☐ Zapotec (3)
- ☐ OTHER (write-in answer) (4) _____
-

1.5 Which one or more of the following would you say is your race and the race of members of your household? (check all that apply)

☐

White (1)

☐

Black or African American (2)

☐

American Indian or Alaska Native (3)

☐

Asian (4)

☐

Pacific Islander (5)

☐

OTHER (SPECIFY) (6) _____

☐

DON'T KNOW / NOT SURE (7)

☐

REFUSED (8)

1.6 Are you and members of your household currently . . . ? (check all that apply)

- ☐ Employed for wages (1)
 - ☐ Self-employed (2)
 - ☐ Out of work for 1 year or more (3)
 - ☐ Out of work for less than 1 year (4)
 - ☐ A Homemaker (5)
 - ☐ A Student (6)
 - ☐ Retired (7)
 - ☐ Unable to work (8)
 - ☐ REFUSED (9)
 - ☐ DON'T KNOW / NOT SURE (10)
-

1.7 Do you or anyone in the household have seasonal employment as their main job?

- ☐ Yes (1)
 - ☐ No (2)
 - ☐ DON'T KNOW/NOT SURE (3)
 - ☐ REFUSED (4)
-

SKIP LOGIC - Display This Question:

Including yourself, how many people living in your household are: (enter number of people in each... = Less than 2 years old (#)

Or Including yourself, how many people living in your household are: (enter number of people in each... = ≥2-5 years old (#)

Or Including yourself, how many people living in your household are: (enter number of people in each... = 6-17 years old (#)

5.1 Does getting child care make it difficult for you or anyone in your household to work or study?

- ☐ Yes (1)
- ☐ No (2)
- ☐ DON'T KNOW / NOT SURE (3)
- ☐ Refused (4)
-

3.3 Within the past 12 months, have you or anyone in your household ever stayed: outside, in a car, in a tent, in an overnight shelter, or temporarily in someone else's home (i.e. couch-surfing)?

- ☐ Yes (1)
- ☐ No (2)
- ☐ DON'T KNOW / NOT SURE (3)
- ☐ REFUSED (4)
-

4.1 Does anyone in the household have any kind of health care coverage or insurance, including health insurance, prepaid plans such as HMOs, government plans such as Medicare or Medi-Cal, or Indian Health Service?

- ☐ Yes (1)
- ☐ No (2)
- ☐ DON'T KNOW / NOT SURE (3)
- ☐ REFUSED (4)
-

4.2 What is the primary source of your or members of your household's health care coverage?

- ☐ A plan purchased through an employer or union (includes plans purchased through a person's employer) (1)
 - ☐ A plan that you or another family member buys on your own (2)
 - ☐ Medicare (3)
 - ☐ Medicaid or Medi-cal other state program (4)
 - ☐ TRICARE (formerly CHAMPUS), VA or Military (5)
 - ☐ Alaska Native, Indian Health Service, Tribal Health Service (6)
 - ☐ Some other source (7) _____
 - ☐ DON'T KNOW / NOT SURE (8)
 - ☐ REFUSED (9)
-

6.1 In the past 12 months, where have you or anyone in your household received care from ____?

	Yes (1)	No (2)	Don't know (3)	Refused (4)
Public Health Department Health Care Center (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Health Centers of the Central Coast (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dignity Health Community Clinic (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dignity Health Urgent Care (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dignity Health Emergency Department (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cottage Health Community Clinic (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cottage Health Urgent Care (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cottage Health Emergency Department (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
American Indian Health Services (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Veteran Affairs (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Another other
place you have
received that that I
did not mention:
Other (name of
other clinic, urgent
care, emergency
care, or provider
network): (11)



6.2 Imagine you or someone in your household had strong need to get information about their health. Where would they go first? (Mark only one)

- ☐ Books (1)
 - ☐ Brochures, pamphlets, etc. (2)
 - ☐ Family (3)
 - ☐ Friend/Co-worker (4)
 - ☐ Doctor or health care provider (5)
 - ☐ Internet (6)
 - ☐ Library (7)
 - ☐ Magazines (8)
 - ☐ Newspapers (9)
 - ☐ Telephone information number (211) (10)
 - ☐ Complementary, alternative, unconventional practitioner, or healer (11)
 - ☐ Social media (12)
 - ☐ Television (13)
 - ☐ Other-Specify (14) _____
 - ☐ DON'T KNOW / NOT SURE (15)
 - ☐ REFUSED (16)
-

SKIP LOGIC - Display This Question:

Including yourself, how many people living in your household are: (enter number of people in each... = Less than 2 years old (#)

Or Including yourself, how many people living in your household are: (enter number of people in each... = ≥2-5 years old (#)

Or Including yourself, how many people living in your household are: (enter number of people in each... = 6-17 years old (#)

5.2 Imagine you or someone in your household had a strong need to get information about their child's health. Where would they go first? (Mark only one)

- ☐ Books (1)
- ☐ Brochures, pamphlets, etc. (2)
- ☐ Family (3)
- ☐ Friend/Co-worker (4)
- ☐ Doctor or health care provider (5)
- ☐ Internet (6)
- ☐ Library (7)
- ☐ Magazines (8)
- ☐ Newspapers (9)
- ☐ Telephone information number (211) (10)
- ☐ Complementary, alternative, unconventional practitioner, or healer (11)
- ☐ Social media (12)
- ☐ Television (13)
- ☐ Other-Specify (14) _____
- ☐ DON'T KNOW / NOT SURE (15)

☐ REFUSED (16)

6.3 During the past month, other than their regular job, did you or members of your household participate in any physical activities or exercises such as running, weight-lifting, golf, gardening, or walking for exercise?

☐ Yes (1)

☐ No (2)

☐ DON'T KNOW / NOT SURE (3)

☐ REFUSED (4)

7.1 In a typical month, where does your household get most of their food?

☐ Grocery store (such as Von's, Smart & Final, Costco) (1)

☐ Some other type store (Walmart, Target) (2)

☐ A food pantry or food distribution site (includes mobile distribution) (3)

☐ Swap Meets (4)

☐ Farmers market (5)

☐ Workplace (6)

☐ Little Markets (Tienditas) or Corner Store (7)

☐ Somewhere else (fill-in) (8) _____

☐ DON'T KNOW / NOT SURE (9)

☐ REFUSED (10)

7.2 How satisfied is your household with the availability of food in your neighborhood?

- ☐ Very satisfied (1)
 - ☐ Somewhat satisfied (2)
 - ☐ Somewhat dissatisfied (3)
 - ☐ Very dissatisfied (4)
 - ☐ DON'T KNOW / NOT SURE (5)
 - ☐ REFUSED (6)
-

7.3 Within the past 12 months we worried whether our food would run out before we got money to buy more. Was that often true, sometimes true, or never true for you or members of your household?

- ☐ Often true (1)
 - ☐ Sometimes true (2)
 - ☐ Never true (3)
 - ☐ DON'T KNOW / NOT SURE (4)
 - ☐ REFUSED (5)
-

7.4 Within the past 12 months the food we bought just didn't last and we didn't have money to get more. Was that often true, sometimes true, or never true for you or members of your household?

- ☐ Often true (1)
 - ☐ Sometimes true (2)
 - ☐ Never true (3)
 - ☐ DON'T KNOW / NOT SURE (4)
 - ☐ REFUSED (5)
-

These questions ask about how worried your household is right now about financial matters.

3.4 Are you or members of your household worried that in the next 2 months, any household members may not have stable housing?

- ☐ Yes (1)
 - ☐ No (2)
 - ☐ DON'T KNOW / NOT SURE (3)
 - ☐ REFUSED (4)
-

3.5 During the past 12 months, has there been a time when anyone in your household has not been able to pay the mortgage, rent or utility bills?

- ☐ Yes (1)
 - ☐ No (2)
 - ☐ DON'T KNOW / NOT SURE (3)
 - ☐ REFUSED (4)
-

9.1 How strongly do you agree or disagree with the following:

Me and members of my household have connections to a network of family, friends, neighbors, and community members that is available in times of need to give psychological, physical, and financial help.

- ☐ Strongly disagree (1)
 - ☐ Disagree (2)
 - ☐ Agree (3)
 - ☐ Strongly agree (4)
 - ☐ DON'T KNOW / NOT SURE (5)
 - ☐ REFUSED (6)
-

9.2 How strongly do you agree or disagree with the following:

Me and members of my household get enough sleep.

- ☐ Strongly disagree (1)
 - ☐ Disagree (2)
 - ☐ Agree (3)
 - ☐ Strongly agree (4)
 - ☐ DON'T KNOW / NOT SURE (5)
 - ☐ REFUSED (6)
-

9.3 Does anyone in your household routinely get less than seven hours of sleep per night?

- ☐ Yes (1)
 - ☐ No (2)
 - ☐ DON'T KNOW / NOT SURE (3)
 - ☐ REFUSED (4)
-

9.4 How strongly do you agree or disagree with the following:

Me and members of my household eat healthy food.

- ☐ Strongly disagree (1)
 - ☐ Disagree (2)
 - ☐ Agree (3)
 - ☐ Strongly agree (4)
 - ☐ DON'T KNOW / NOT SURE (5)
 - ☐ REFUSED (6)
-

9.5 How strongly do you agree or disagree with the following:

Me and members of my household have access to nature.

(Clarification if needed: Nature close by physically, for example, is there greenspace, or are you close to local greenspace or able to visit nature. Local, city, state, or national parks are included as greenspace)

- ☐ Strongly disagree (1)
 - ☐ Disagree (2)
 - ☐ Agree (3)
 - ☐ Strongly agree (4)
 - ☐ DON'T KNOW / NOT SURE (5)
 - ☐ REFUSED (6)
-

9.6 How often do you and members of your household feel safe in your neighborhood?

- ☐ All of the time (1)
- ☐ Most of the time (2)
- ☐ Some of the time (3)
- ☐ None of the time (4)
- ☐ DON'T KNOW / NOT SURE (5)
- ☐ REFUSED (6)

10.1 Which of the following would be an emergency requiring a 911 phone call for immediate medical attention? (select all that apply)

	Yes (1)	No (2)	DON'T KNOW / NOT SURE (3)	REFUSED (4)
Someone appears confused, disoriented, or new onset dizziness (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone is experiencing chest pain or shortness or breath (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone is experiencing sudden, severe pain (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone has an injury and is bleeding uncontrollably (hemorrhage) (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10.2 How would you or household member get to a health facility when needing emergency medical attention?

- ☐ Household driver (1)
 - ☐ Call friend/neighbor to drive (2)
 - ☐ Call taxi/ride share (3)
 - ☐ Call ambulance (4)
 - ☐ Take a bus (5)
 - ☐ Drive self (6)
 - ☐ Other mode of transportation (7) _____
 - ☐ DON'T KNOW / NOT SURE (8)
 - ☐ REFUSED (9)
-

8.1 COVID-19 affects my household TODAY in the following ways:
(select all that apply)

	Yes (1)	No (2)	DON'T KNOW / NOT SURE (3)	Refused (4)
Job or wage loss (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduction in hours available at work (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial problems including depleted savings, and trouble paying bills or affording medical care (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unable to get medical care for health conditions, change to surgical appointments (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No high-speed internet connection which caused an issue connecting for schoolwork or for my job (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chose to resign from my previous employer (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify) (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11.1 Since March 2020, please tell us if you or a member of your household were ever enrolled in any of the following programs: (Check all)

	Yes (1)	No (2)	DON'T KNOW / NOT SURE (3)	Refused (4)
Medicaid/Medi-cal (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children's Health Insurance Program (CHIP) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supplemental Nutrition Assistance Program (SNAP) (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supplemental Program for Women Infants and Children (WIC) (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Free or reduced price school meals (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supplemental Security Income (SSI) (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Temporary Assistance for Needy Families (TANF) (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Energy Aid (example) (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rental Subsidies (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Security (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicare (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Unemployment
compensation (12)

☐☐☐☐

Eviction
protections (13)

☐☐☐☐

Other: (fill-in) (14)

☐☐☐☐

8.2 Have you and members of your household received at least one dose of a COVID-19 vaccination?

☐ Yes (1)

☐ No (2)

☐ DON'T KNOW / NOT SURE (3)

☐ Refused (4)

SKIP LOGIC - Display This Question:

If Have you and members of your household received at least one dose of a COVID-19 vaccination? = No

8.3 Please tell us more about why they have not been vaccinated

8.4 If anyone in the household had covid, were they able to isolate?

(Clarification if needed: Isolation means to stay away from other people.)

☐ Yes (1)

☐ No (2)

☐ DON'T KNOW / NOT SURE (3)

☐ Refused (4)

☐ Not Applicable or Did not have COVID (5)

8.5 Have you or someone in your household experienced any delays or interruptions in your healthcare (e.g. cancelled or delayed appointments, tests, procedures) during the coronavirus pandemic?

- ☐ Yes (1)
- ☐ No (2)
- ☐ DON'T KNOW / NOT SURE (3)
- ☐ REFUSED (4)
-

8.6 Since the start of the coronavirus pandemic, have you or someone in your household needed to get healthcare but haven't gotten it?

- ☐ Yes (1)
- ☐ No (2)
- ☐ DON'T KNOW / NOT SURE (3)
- ☐ REFUSED (4)
-

SKIP LOGIC - Display This Question:

If Since the start of the coronavirus pandemic, have you or someone in your household needed to get... = Yes

8.7 Why? (check all that apply)

(Original question reminder: Since the start of the coronavirus pandemic, have you or someone in your household needed to get healthcare but haven't gotten it?)

- ☐ Afraid of getting infected (1)
 - ☐ Health care provider discouraged them from coming in (2)
 - ☐ Felt like concern/need wasn't as important as other people's (3)
 - ☐ Health care provider is unavailable (4)
 - ☐ Felt like my symptoms weren't severe enough (5)
 - ☐ Don't have health insurance (6)
 - ☐ Cannot afford my copay or deductible (7)
 - ☐ Other (8) _____
-

8.11 Did you or anyone in your household have any symptoms lasting 3 months or longer that you/they did not have prior to having coronavirus or COVID-19?

Long term symptoms may include: Tiredness or fatigue, difficulty thinking, concentrating, forgetfulness, or memory problems (sometimes referred to as "brain fog"), difficulty breathing or shortness of breath, joint or muscle pain, fast-beating or pounding heart (also known as heart palpitations), chest pain, dizziness on standing, menstrual changes, changes to taste/smell, or inability to exercise.

- ☐ Yes (1)
 - ☐ No (2)
 - ☐ DON'T KNOW / NOT SURE (3)
 - ☐ REFUSED (4)
-

8.12 Do these long-term symptoms reduce you/member of household's ability to carry out day-to-day activities compared with the time before you had COVID-19?

- ☐ Yes, a lot (1)
- ☐ Yes, a little (2)
- ☐ Not at all (3)
- ☐ DON'T KNOW / NOT SURE (4)
- ☐ REFUSED (5)
-

8.8 Has a member of your household passed away from the coronavirus since March 1, 2020?

- ☐ Yes (1)
- ☐ No (2)
- ☐ DON'T KNOW / NOT SURE (3)
- ☐ REFUSED (4)
-

SKIP LOGIC - Display This Question:

If Has a member of your household passed away from the coronavirus since March 1, 2020? = Yes

8.9 Was the household member that died a significant contributor to your household income?

- ☐ Yes (1)
- ☐ No (2)
- ☐ DON'T KNOW / NOT SURE (3)
- ☐ REFUSED (4)
-

SKIP LOGIC - Display This Question:

If Has a member of your household passed away from the coronavirus since March 1, 2020? = Yes

8.10 Was the household member that died a significant contributor to your household caregiving?

- ☐ Yes (1)
- ☐ No (2)
- ☐ DON'T KNOW / NOT SURE (3)
- ☐ REFUSED (4)
-

12.1 What is your greatest household need?

(Suggestions if needed: Open Response Suggestions if needed: No current needs Food Electricity Water Medical Care Medications Transportation Physical help with cleanup & repairs Financial help with cleanup & repairs Trash removal; Shelter; Mental health needs)

Before we end the survey, is there anything else you would like to tell us?

End of Block: English Survey Questions

Start of Block: Spanish Survey Questions

2.1 ¿Cuántas personas viven en su dirección en total?

INDAGUE: Incluya a todas las personas que vivan o se queden aquí por más de 2 meses E incluya a todas las

personas que se queden aquí y que no tengan otro lugar donde quedarse, incluso si han estado aquí por 2 meses o menos

☐ Total (#) (1) _____

☐ NO SÉ / NO ESTÁ SEGURO (2)

☐ NO QUIERE CONTESTAR (3)

1.2 Incluyendo a usted mismo, ¿cuántas personas que viven en su hogar son: (recuento de personas en cada categoría)

☐ Menos de 2 años (#) (1) _____

☐ ≥2-5 años (#) (2) _____

☐ 6-17 años (#) (3) _____

☐ 18-64 años (#) (4) _____

☐ Más de 64 años (#) (5) _____

☐ NO SÉ / NO ESTÁ SEGURO (6)

☐ NO QUIERE CONTESTAR (7)

2.2 ¿Usted o los miembros de su hogar son propietarios o rentan su casa? (u otro arreglo)

☐ Propio (1)

☐ Renta (2)

☐ Otro (3) _____

☐ NO SÉ / NO ESTÁ SEGURO (4)

☐ NO QUIERE CONTESTAR (5)

3.1 ¿Cuál fue el ingreso total de su hogar durante los ÚLTIMOS 12 MESES?

(Aclaraciones, si es necesario, incluyen: sueldos, salarios, comisiones, bonificaciones o propinas de todos los trabajos, ingresos de trabajo por cuenta propia, intereses, dividendos, ingresos por alquileres, ingresos por regalías, ingresos de sucesiones o fideicomisos, seguro social o jubilación ferroviaria, seguridad suplementaria ingresos, cualquier asistencia pública o bienestar, ingresos de jubilación, pensiones, ingresos de sobreviviente o discapacidad, cualquier otra fuente de ingresos recibida regularmente, como pagos de veteranos (VA), compensación por desempleo, manutención de niños o pensión alimenticia)

- ☐ Indique el monto en dólares (1) _____
- ☐ Ninguno (2)
- ☐ Pérdida (3)
- ☐ NO SÉ / NO ESTÁ SEGURO (4)
- ☐ NO QUIERE CONTESTAR (5)
-

3.2 ¿Cuál es el alquiler mensual o la hipoteca de esta casa, apartamento o casa móvil?

(aclarar si es necesario: solo para esta ubicación)

- ☐ Monto mensual – Dólares (indique cantidad #) (1)

- ☐ NO SÉ / NO ESTÁ SEGURO (2)
- ☐ NO QUIERE CONTESTAR (3)
-

1.3 ¿Es usted o alguien en su hogar de origen hispano, latino/a o español?

- ☐ Sí (1)
- ☐ No (2)
- ☐ NO SÉ / NO ESTÁ SEGURO (3)
- ☐ NO QUIERE CONTESTAR (4)
-

1.4 ¿Usted o alguien en su hogar se identifica con algún grupo indígena de México o América Central? (marque todo lo que corresponda)

☐

Mixtec (1)

☐

Triqui (2)

☐

Zapotec (3)

☐

OTRO (respuesta escrita) (4) _____

1.5 ¿Cuál o más de las siguientes diría usted que es su raza y la raza de los miembros de su hogar? (marque todas las que correspondan)

☐

Blanco (1)

☐

Negro o afroamericano (2)

☐

Indioamericano o nativo de Alaska (3)

☐

Asiático (4)

☐

Isleño del Pacífico (5)

☐

NO SABE/NO ESTÁ SEGURO (6)

☐

NO QUIERE CONTESTAR (7)

☐

OTRA (ESPECIFICAR) (8) _____

1.6 ¿Está usted y los miembros de su hogar actualmente (estado de empleo)? (marque todo lo que corresponda)

- ☐ Empleado por salario (1)
 - ☐ Trabajador por cuenta propia (2)
 - ☐ Sin trabajo por 1 año o más (3)
 - ☐ Sin trabajo por menos de 1 año (4)
 - ☐ Un ama de casa (5)
 - ☐ Un estudiante (6)
 - ☐ Jubilado (7)
 - ☐ No puede trabajar (8)
 - ☐ NO SABE/NO ESTÁ SEGURO (9)
 - ☐ NO QUIERE CONTESTAR (10)
-

1.7 ¿Usted o alguien en el hogar tiene un empleo estacional (de temporada) como trabajo principal?

- ☐ Sí (1)
 - ☐ No (2)
 - ☐ NO SABE/NO ESTÁ SEGURO (3)
 - ☐ NO QUIERE CONTESTAR (4)
-

SKIP LOGIC - Display This Question:

Incluyendo a usted mismo, ¿cuántas personas que viven en su hogar son: (recuento de personas en c... = Menos de 2 años (#)

Or Incluyendo a usted mismo, ¿cuántas personas que viven en su hogar son: (recuento de personas en c... = ≥2-5 años (#)

Or Incluyendo a usted mismo, ¿cuántas personas que viven en su hogar son: (recuento de personas en c... = 6-17 años (#)

5.1 ¿Obtener cuidado de niños le dificulta a usted o a alguien en su hogar trabajar o estudiar?

- ☐ Sí (1)
- ☐ No (2)
- ☐ NO SABE/NO ESTÁ SEGURO (3)
- ☐ NO QUIERE CONTESTAR (4)
-

3.3 En los últimos 12 meses, ¿usted o alguien en su hogar se ha quedado alguna vez: afuera, en un automóvil, en una tienda de campaña, en un refugio nocturno o temporalmente en la casa de otra persona (es decir, quedándose en el sofá)?

- ☐ Sí (1)
- ☐ No (2)
- ☐ NO SABE/NO ESTÁ SEGURO (3)
- ☐ NO QUIERE CONTESTAR (4)
-

4.1 ¿Alguien en el hogar tiene algún tipo de cobertura o seguro de atención médica, incluido un seguro médico, planes prepagos como HMO, planes gubernamentales como Medicare o Medi-Cal o Indian Health Service?

- ☐ Sí (1)
- ☐ No (2)
- ☐ NO SABE/NO ESTÁ SEGURO (3)
- ☐ NO QUIERE CONTESTAR (4)
-

4.2 ¿Cuál es la fuente principal de su cobertura de atención médica o la de los miembros de su hogar?

- ☐ Un plan comprado a través de un empleador o sindicato (incluye planes comprados a través de empleador de otra persona) (1)
- ☐ Un plan que usted u otro miembro de la familia compra por su cuenta (2)
- ☐ Medicare (3)
- ☐ Medicaid o Medi-Cal (otro programa estatal) (4)
- ☐ TRICARE (anteriormente CHAMPUS), VA o militar (5)
- ☐ Nativo de Alaska, Servicio de salud para indios americanos, Servicio de salud tribal (6)
- ☐ Alguna otra fuente (7) _____
- ☐ NO SABE/NO ESTÁ SEGURO (8)
- ☐ NO QUIERE CONTESTAR (9)
-

6.1 En los últimos 12 meses, ¿dónde ha recibido atención medica usted o alguien en su hogar de ____ ? (haga clic en todo lo que corresponda)

	Sí (1)	No (2)	NO SABE (3)	No quiere contestar (4)
Centro de Atención del Departamento de Salud Pública (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Centros Comunitarios de Salud de la Costa Central (CHC) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clínica Comunitaria de Dignity Health (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Atención de urgencia de Dignity Health (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Departamento de Emergencias de Dignity Health (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clínica Comunitaria Cottage Health (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Atención de urgencia de Cottage Health (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Departamento de Emergencias de Cottage Health (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Servicios de salud para indios americanos (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asuntos de veteranos (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Otro lugar que ha recibido que no mencioné (Otro nombre de otra clínica, atención de urgencia, atención de emergencia o red de proveedores): (11)



6.2 Imagine que usted o alguien de su hogar tuviera una gran necesidad de obtener información sobre su salud. ¿Adónde irían primero? (Marca solo uno)

- ☐ Libros (1)
 - ☐ Folletos, panfletos, etc. (2)
 - ☐ Familia (3)
 - ☐ Amigo/compañero de trabajo (4)
 - ☐ Médico o proveedor de atención médica (5)
 - ☐ Internet (6)
 - ☐ Biblioteca (7)
 - ☐ Revistas (8)
 - ☐ Periódicos (9)
 - ☐ Teléfono de información (211) (10)
 - ☐ Practicante o sanador complementario, alternativo, no convencional (11)
 - ☐ Redes sociales (12)
 - ☐ Televisión (13)
 - ☐ No sé (14)
 - ☐ Rehusarse (15)
 - ☐ Otra - especificar (16) _____
 - ☐ NO SABE/NO ESTÁ SEGURO (17)
 - ☐ NO QUIERE CONTESTAR (18)
-

SKIP LOGIC - Display This Question:

Incluyendo a usted mismo, ¿cuántas personas que viven en su hogar son: (recuento de personas en c... = Menos de 2 años (#)

Or Incluyendo a usted mismo, ¿cuántas personas que viven en su hogar son: (recuento de personas en c... = ≥2-5 años (#)

Or Incluyendo a usted mismo, ¿cuántas personas que viven en su hogar son: (recuento de personas en c... = 6-17 años (#)

5.2 Imágine que usted o alguien en su hogar tuviera una gran necesidad de obtener información sobre la salud de su hijo. ¿Adónde irían primero? (Marca solo uno)

- ☐ Libros (1)
- ☐ Folletos, panfletos, etc. (2)
- ☐ Familia (3)
- ☐ Amigo/compañero de trabajo (4)
- ☐ Médico o proveedor de atención médica (5)
- ☐ Internet (6)
- ☐ Biblioteca (7)
- ☐ Revistas (8)
- ☐ Periódicos (9)
- ☐ Teléfono de información (211) (10)
- ☐ Practicante o sanador complementario, alternativo, no convencional (11)
- ☐ Redes sociales (12)
- ☐ Televisión (13)
- ☐ No sé (14)
- ☐ Rehusarse (15)

☐ Otra - especificar (16) _____

☐ NO SABE/NO ESTÁ SEGURO (17)

☐ NO QUIERE CONTESTAR (18)

6.3 Durante el último mes, aparte de su trabajo regular, ¿los miembros de su hogar participaron en alguna actividad física o ejercicio como correr, levantar pesas, golf, jardinería o caminar para hacer ejercicio?

☐ Sí (1)

☐ No (2)

☐ NO SABE/NO ESTÁ SEGURO (3)

☐ NO QUIERE CONTESTAR (4)

7.1 En un mes típico, ¿de dónde obtiene su hogar la mayor parte de sus alimentos?

☐ Supermercado (como Von's, Smart & Final, Costco) (1)

☐ Algún otro tipo de tienda (Walmart, Target) (2)

☐ Una despensa de alimentos o un sitio de distribución de alimentos (incluye distribución móvil) (3)

☐ Encuentros de intercambio/Remate (4)

☐ Mercado de agricultores/Farmers market (5)

☐ Lugar de trabajo (6)

☐ En otro lugar (rellenar) (7) _____

☐ NO SABE/NO ESTÁ SEGURO (8)

☐ NO QUIERE CONTESTAR (9)

7.2 ¿Qué tan satisfecho está su hogar con la disponibilidad de opciones de alimentos en su vecindario?

- ☐ Muy Satisfecho (1)
 - ☐ De alguna manera satisfecho (2)
 - ☐ De alguna manera insatisfecho (3)
 - ☐ Muy insatisfecho (4)
 - ☐ NO SABE/NO ESTÁ SEGURO (5)
 - ☐ NO QUIERE CONTESTAR (6)
-

7.3 En los últimos 12 meses nos preocupaba si se nos acabaría la comida antes de tener dinero para comprar más. ¿Fue eso cierto a menudo, a veces cierto o nunca cierto para usted/su hogar?

- ☐ A menudo cierto (1)
 - ☐ A veces cierto (2)
 - ☐ Nunca es verdad (3)
 - ☐ NO SABE/NO ESTÁ SEGURO (4)
 - ☐ NO QUIERE CONTESTAR (5)
-

7.4 En los últimos 12 meses, la comida que compramos simplemente no duró y no teníamos dinero para comprar más. ¿Fue eso cierto a menudo, a veces cierto o nunca cierto para usted/su hogar?

- ☐ A menudo cierto (1)
 - ☐ A veces cierto (2)
 - ☐ Nunca es verdad (3)
 - ☐ NO SABE/NO ESTÁ SEGURO (4)
 - ☐ NO QUIERE CONTESTAR (5)
-

Estas preguntas se refieren a qué tan preocupado está su hogar en este momento por asuntos financieros.

3.4 ¿Le preocupa que en los próximos 2 meses, algún miembro del hogar no tenga una vivienda estable?

- ☐ Sí (1)
 - ☐ No (2)
 - ☐ NO SABE/NO ESTÁ SEGURO (3)
 - ☐ NO QUIERE CONTESTAR (4)
-

3.5 Durante los últimos 12 meses, ¿ha habido algún momento en que alguien en su hogar no haya podido pagar la hipoteca, el alquiler o las facturas de servicios públicos?

- ☐ Sí (1)
 - ☐ No (2)
 - ☐ NO SABE/NO ESTÁ SEGURO (3)
 - ☐ NO QUIERE CONTESTAR (4)
-

9.1 ¿Qué tan de acuerdo o en desacuerdo estás con lo siguiente?

Los miembros de mi hogar y yo tenemos conexiones con una red de familiares, amigos, vecinos y miembros de la comunidad que está disponible en momentos de necesidad para brindar ayuda psicológica, física y financiera. (Apoyo social)

- ☐ Totalmente en desacuerdo (1)
 - ☐ En desacuerdo (2)
 - ☐ De acuerdo (3)
 - ☐ Totalmente de acuerdo (4)
 - ☐ NO SABE/NO ESTÁ SEGURO (5)
 - ☐ NO QUIERE CONTESTAR (6)
-

9.2 ¿Qué tan de acuerdo o en desacuerdo estás con lo siguiente?

Los miembros de mi hogar y yo dormimos lo suficiente.

- ☐ Totalmente en desacuerdo; (1)
 - ☐ En desacuerdo; (2)
 - ☐ De acuerdo; (3)
 - ☐ Totalmente de acuerdo (4)
 - ☐ NO SABE/NO ESTÁ SEGURO (5)
 - ☐ NO QUIERE CONTESTAR (6)
-

9.3 ¿Alguien en su hogar duerme habitualmente menos de siete horas por noche?

- ☐ Sí (1)
 - ☐ No (2)
 - ☐ NO SABE/NO ESTÁ SEGURO (3)
 - ☐ NO QUIERE CONTESTAR (4)
-

9.4 ¿Qué tan de acuerdo o en desacuerdo estás con lo siguiente?

Los miembros de mi hogar y yo comemos alimentos saludables.

- ☐ Totalmente en desacuerdo; (1)
- ☐ En desacuerdo; (2)
- ☐ De acuerdo; (3)
- ☐ Totalmente de acuerdo (4)
- ☐ NO SABE/NO ESTÁ SEGURO (5)
- ☐ NO QUIERE CONTESTAR (6)
-

9.5 ¿Qué tan de acuerdo o en desacuerdo estás con lo siguiente?

Yo y los miembros de mi hogar tenemos acceso a la naturaleza.

(Aclaración si es necesario: Naturaleza cerca físicamente, por ejemplo, hay espacios verdes, o está usted cerca de espacios verdes locales o puede visitar la naturaleza. Los parques locales, de la ciudad, estatales o nacionales se incluyen como espacios verdes)

- ☐ Totalmente en desacuerdo (1)
- ☐ En desacuerdo (2)
- ☐ De acuerdo (3)
- ☐ Totalmente de acuerdo (4)
- ☐ NO SABE/NO ESTÁ SEGURO (5)
- ☐ NO QUIERE CONTESTAR (6)
-

9.6 ¿Con qué frecuencia los miembros de su hogar se sienten seguros en su vecindario?

- ☐ Todo el tiempo (1)
- ☐ La mayor parte del tiempo (2)
- ☐ Algo de tiempo (3)
- ☐ Ninguna de las veces (4)
- ☐ NO SABE/NO ESTÁ SEGURO (5)
- ☐ NO QUIERE CONTESTAR (6)

10.1 ¿Cuál de las siguientes sería una emergencia que requiere una llamada telefónica al 911 para recibir atención médica inmediata? (seleccione todas las que correspondan)

	Sí (1)	No (2)	NO SÉ / NO ESTÁ SEGURO (3)	NO QUIERE CONTESTAR (4)
Alguien parece confundido, desorientado o mareos de nueva aparición (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alguien está experimentando dolor en el pecho o dificultad para respirar (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alguien está experimentando un dolor intenso y repentino (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alguien tiene una herida y está sangrando incontrolablemente (hemorragia) (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10.2 ¿Cómo llegaría usted o un miembro del hogar a un centro de salud cuando necesita atención médica inmediata?

- ☐ Conductor doméstico (1)
 - ☐ Llamar a un amigo/vecino para conducir (2)
 - ☐ Llamar taxi/viaje compartido (3)
 - ☐ Llamar ambulancia (4)
 - ☐ Tomar el autobús (5)
 - ☐ Conducirse uno mismo (6)
 - ☐ Otro modo de transporte (7) _____
 - ☐ NO SABE/NO ESTÁ SEGURO (8)
 - ☐ NO QUIERE CONTESTAR (9)
-

8.1 COVID-19 afecta a mi hogar HOY de las siguientes maneras (seleccione todas las que correspondan):

	Sí (1)	No (2)	NO SABE/NO ESTÁ SEGURO (3)	NO QUIERE CONTESTAR (4)
Pérdida de empleo o salario (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reducción de horas disponibles en el trabajo (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problemas financieros que incluyen ahorros agotados y problemas para pagar facturas o pagar atención médica (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Incapaz de obtener atención médica por problemas de salud, cambio a citas quirúrgicas (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sin conexión a Internet de alta velocidad, lo que causó un problema de conexión para el trabajo escolar o para mi trabajo (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elegí renunciar a mi empleador anterior (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Otros (especificar) (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11.1 Desde marzo de 2020, por favor infórmenos si usted o un miembro de su hogar alguna vez estuvo inscrito en alguno de los siguientes programas:

- ☐ Medicaid/Medi-cal (1)
 - ☐ Programa de Seguro Médico para Niños (CHIP) (2)
 - ☐ Programa de Asistencia Nutricional Suplementaria (SNAP) (3)
 - ☐ Programa Suplementario para Mujeres, Bebés y Niños (WIC) (4)
 - ☐ Comidas escolares gratuitas o a precio reducido (5)
 - ☐ Seguridad de Ingreso Suplementario (SSI) (6)
 - ☐ Asistencia Temporal para Familias Necesitadas (TANF) (7)
 - ☐ Ayuda energética (ejemplo) (8)
 - ☐ Subvenciones de alquiler (9)
 - ☐ Seguridad Social (10)
 - ☐ Medicare (11)
 - ☐ Compensación por desempleo (12)
 - ☐ Protecciones de desalojo (13)
 - ☐ Otro (rellenar): (14) _____
-

8.2 ¿Usted y los miembros de su hogar han recibido al menos una dosis de la vacuna contra el COVID-19?

- ☐ Sí (1)
- ☐ No (5)
- ☐ NO SABE/NO ESTÁ SEGURO (6)
- ☐ NO QUIERE CONTESTAR (7)
-

[no todo el mundo tiene]

8.3 Cuéntanos más sobre por qué no se han vacunado

8.4 [si tuvo covid en el hogar] ¿Usted o alguien en su hogar con covid pudo aislarse?

(Aislamiento significa mantenerse alejado de otras personas).

- ☐ Sí (1)
- ☐ No (2)
- ☐ No aplica o no tuvo COVID (3)
- ☐ NO SABE/NO ESTÁ SEGURO (4)
- ☐ NO QUIERE CONTESTAR (5)
-

8.5 ¿Usted o alguien en su hogar ha experimentado retrasos o interrupciones en su atención médica (por ejemplo, citas, pruebas, procedimientos cancelados o retrasados) durante la pandemia de coronavirus?

- ☐ Sí (1)
- ☐ No (2)
- ☐ NO SABE/NO ESTÁ SEGURO (3)
- ☐ NO QUIERE CONTESTAR (4)
-

8.6 Desde el comienzo de la pandemia de coronavirus, ¿usted o alguien en su hogar ha necesitado atención médica pero no la ha recibido?

- ☐ Sí (1)
- ☐ No (5)
- ☐ NO SABE/NO ESTÁ SEGURO (6)
- ☐ NO QUIERE CONTESTAR (7)
-

8.7 (¿si es así) por qué? (Comprobar todas)

(Desde el comienzo de la pandemia de coronavirus, ¿usted o alguien en su hogar ha necesitado atención médica pero no la ha recibido?)

- ☐ Miedo a contagiarse (1)
- ☐ El proveedor de atención médica los disuadió de venir. (2)
- ☐ Sentí que la preocupación/necesidad no era tan importante como la de otras personas (3)
- ☐ El proveedor de atención médica no está disponible (4)
- ☐ Sentí que mis síntomas no eran lo suficientemente graves (5)
- ☐ no tengo seguro medico (6)
- ☐ No puedo pagar mi copago o deducible (7)
- ☐ Otro (rellenar): (8) _____
-

8.11 ¿Usted o alguien en su hogar tuvo algún síntoma que duró 3 meses o más que no tenía antes de tener coronavirus o COVID-19?

Los síntomas a largo plazo pueden incluir: cansancio o fatiga, dificultad para pensar, concentrarse, olvidos o problemas de memoria (a veces denominados “niebla mental”), dificultad para respirar o dificultad para respirar, dolor en las articulaciones o los músculos, latidos cardíacos acelerados o fuertes (también conocido

como palpitaciones del corazón), dolor de pecho, mareos al ponerse de pie, cambios menstruales, cambios en el gusto/olfato, o incapacidad para hacer ejercicio.

- ☐ Sí (1)
- ☐ No (5)
- ☐ NO SABE/NO ESTÁ SEGURO (6)
- ☐ NO QUIERE CONTESTAR (7)
-

SKIP LOGIC - Display This Question:

If ¿Usted o alguien en su hogar tuvo algún síntoma que duró 3 meses o más que no tenía antes de tene... = Sí

8.12 En caso afirmativo] ¿Estos síntomas a largo plazo reducen su capacidad o la de un miembro del hogar para realizar las actividades cotidianas en comparación con el tiempo antes de tener COVID-19?

- ☐ Sí, mucho (1)
- ☐ Si, un poco (2)
- ☐ De nada (3)
- ☐ NO SABE/NO ESTÁ SEGURO (4)
- ☐ NO QUIERE CONTESTAR (5)
-

8.8 ¿Ha fallecido/fallecido algún miembro de su hogar por coronavirus o enfermedad respiratoria desde el 1 de marzo de 2020?

- ☐ Sí (1)
- ☐ No (5)
- ☐ NO SABE/NO ESTÁ SEGURO (6)
- ☐ NO QUIERE CONTESTAR (7)
-

SKIP LOGIC - Display This Question:

If ¿Ha fallecido/fallecido algún miembro de su hogar por coronavirus o enfermedad respiratoria desde... = Sí

8.9 (en caso afirmativo)

¿El miembro del hogar que murió contribuyó significativamente a los ingresos de su hogar?

- ☐ Sí (1)
- ☐ No (2)
- ☐ NO SABE/NO ESTÁ SEGURO (3)
- ☐ NO QUIERE CONTESTAR (4)
-

SKIP LOGIC - Display This Question:

If ¿Ha fallecido/fallecido algún miembro de su hogar por coronavirus o enfermedad respiratoria desde... = Sí

8.10 (en caso afirmativo)

¿El miembro del hogar que murió contribuyó significativamente a su cuidado en el hogar?

- ☐ Sí (1)
- ☐ No (2)
- ☐ NO SABE/NO ESTÁ SEGURO (3)
- ☐ NO QUIERE CONTESTAR (4)
-

12.1 ¿Cuál es la mayor necesidad de su hogar?

(Respuesta abierta Sugerencias por si se ocupan: Sin necesidades actuales Alimento Electricidad Agua Atención médica Medicamentos Transportación Ayuda física con limpieza y reparaciones. Ayuda financiera con limpieza y reparaciones Retiro de basura; Refugio; Necesidades de salud mental)

12.2 Antes de terminar la encuesta, ¿hay algo más que le gustaría decirnos?

End of Block: Spanish Survey Questions

Start of Block: SURVEY END: The following items should be completed by the interviewers

At the end of the interview, please review the entire questionnaire before leaving the household to ensure that all questions have been answered.

How was the survey conducted?

- ☐ Tablet (1)
- ☐ Paper (2)
- ☐ Phone (3)
- ☐ Other (4) _____
-

Which best describes this building?

(the household where the interview was completed)

- ☐ A mobile home (1)
- ☐ A one-family house detached from any other house (2)
- ☐ A one-family house attached to one or more houses (3)
- ☐ A building with 2 or more apartments (4)
- ☐ Something else (5)
- ☐ DON'T KNOW / NOT SURE (6)
- ☐ REFUSED (7)
- ☐ OTHER (8) _____
-

Team_name What is your team name?

interview_num Interview # (for this cluster)

End of Block: SURVEY END: The following items should be completed by the interviewers

Listening Tour Discussion Guides: Interviews, Focus Groups, and Demographic Questionnaire

Key Stakeholder Semi-Structured Interview Guide

[Introductions and brief introduction of Community Health Needs Assessment from Cottage Health]

Thank you for agreeing to participate in this interview. It focuses on your perspective about Santa Barbara residents' [YOUTH MENTAL HEALTH AND SUBSTANCE USE/COVID-19 IMPACTS/MATERNAL HEALTH EQUITY] needs. The purpose of this interview is to invite key stakeholders to provide feedback and insight to help Cottage Health, Santa Barbara County Public Health Department, and their partners to better understand barriers to [YOUTH MENTAL HEALTH AND SUBSTANCE USE/COVID-19 IMPACTS/MATERNAL HEALTH EQUITY] services.

All of the information you provide today will be kept strictly confidential. Your opinions, ideas and suggestions will not be shared without your permission. Let me first ask if we can audio record this discussion to ensure that we accurately reflect your suggestions and comments. Would that be okay?

Please note that there are no right or wrong answers to these questions, so all feedback is equally welcome. You may stop the interview at any time.

1. Let's begin. First, I'd like to learn about the work you do.

Please share a brief overview of your [YOUTH MENTAL HEALTH AND SUBSTANCE USE/COVID-19 IMPACTS/MATERNAL HEALTH EQUITY] programs or the work you do to address [YOUTH MENTAL HEALTH AND SUBSTANCE USE/COVID-19 IMPACTS/MATERNAL HEALTH EQUITY] needs.

- a. How long have you been working in this organization?
- a. What do you see as your primary responsibilities/roles at this organization?
- b. Tell me about the clients you serve. What populations do you work with?
 - i. Hispanic/Latinx
 - ii. Mixteco
 - iii. Underserved
 - iv. LGBTQI+
 - v. Unhoused
 - vi. Individuals with mental health issues/diagnoses
 - vii. Individuals with substance use/abuse issues
 - viii. Low income
 - ix. Youth
 - x. Other _____
2. Thanks for describing your role at your organization and telling me a little about the work that you do. Now, I'd like to ask you some specific questions pertaining to our Community Health Needs Assessment project. We've provided you with a draft of the

questions we plan to ask in various focus groups with different types of Santa Barbara residents, and we were hoping to get some feedback on the questions from you.

- a. After looking at the question guide and list of groups, do you have any suggestions for revisions? As noted, any suggestions will be considered as a part of the broader picture and are not guaranteed for inclusion.
 - b. We are specifically interested in how to tailor the guide in a way that would best work for the people we want to speak with, who are also the people you have experience working with/serving/seeing.
 - i. Do you believe the population you serve will understand each of these questions? Are any of them confusing?
 - ii. Do the questions seem to flow from one topic to another?
 - iii. Do any of the questions seem redundant?
 - iv. Do you see anything we could delete/get rid of?
 - v. Have we missed anything?
 - vi. In terms of language and concepts, are these the words that people would use to talk about these issues?
3. Next, I'm interested in hearing some of your responses to these questions we just reviewed in the focus group guide. [For youth behavioral health only: First, we'll focus on youth mental health, broadly conceived, and then we'll move to substance use/abuse.]
- a. [INSERT SELECT QUESTIONS FROM PROTOCOL]
4. In our final section of the interview, I want us to take a step back and discuss how things could change to better serve people when it comes to [YOUTH MENTAL HEALTH AND SUBSTANCE USE/COVID-19 HEALTH AND WELL-BEING IMPACTS/MATERNAL HEALTH EQUITY].
- a. What do people need to get better help in Santa Barbara County?
 - b. If you could envision a future where people are able to meet their needs to get better help with [YOUTH MENTAL HEALTH AND SUBSTANCE USE/COVID-19 HEALTH AND WELL-BEING IMPACTS/MATERNAL HEALTH EQUITY], what would that look like?

Closing: That's all of the questions I have for now. Thank you for taking the time and sharing your thoughts. Do you have any questions for me at the moment?

If you think of anything else or have any questions for us, please feel free to contact our team.

Focus Group Guides: Community Leaders/Service Providers

Thank you all for being here today. We will be talking for about one hour and fifteen minutes. I'd like to invite you to share your perspectives on [Youth Behavioral Health/ Maternal Health/ Covid-19] from your own experiences working and living here in Santa Barbara.

To give you a roadmap for the discussion today, we'll be talking about:

- Prevalent issues regarding [Youth Behavioral Health/ Maternal Health/ Covid-19]
- Why we think people in these communities are experiencing these needs
- The resources currently available and where people tend to go for help
- The barriers to getting care or accessing services
- And potential solutions

For this conversation today, we want to be sure that we accurately capture the key points of the discussion, and we know that it is not wise to solely rely on our memory. So to do this, we would like to audio record the session. Is that okay with everyone? [look for nods] No names will be attached to the comments. All comments will be kept anonymous.

I'd like to outline some ground rules before we jump into the discussion. I am here to ask questions, listen, and make sure everyone has a chance to share. We are interested in hearing from everyone. So please let us know your thoughts about every issue that comes up and make sure to leave time for everyone else to do the same. We expect that you will have differing points of view, and we want to take advantage of this opportunity to learn from one another. Everyone's perspective is welcome and valid.

During our session, don't feel like you have to respond to me all the time. If you would like to follow up on something that someone has said, whether you want to agree or disagree or to give an example, feel free to do that.

Let's begin.

Youth Mental Health

1. Tell us your name, organizational role, and one thing you enjoy about working in this community.
2. What kinds of mental health challenges do you see for youth in the community? What about substance use?
 - a. How would you say that this has changed over time?
 - b. Probe: depression, vaping, marijuana, suicide, school violence

3. Are there some groups of youth in the community who face more mental health challenges than others? Substance use?
 - a. Probe: recent immigrants, racial/ethnic minorities, LGBTQ+, individuals with questions of gender identity...
4. Why do you think youth in the community are dealing with mental health and substance use challenges?
 - a. What are the contributing factors for youth mental health/substance use?
 - b. Probes: pandemic; social media; family dynamics; immigration issues; sexuality and gender violence; natural disasters/environmental issues; lack of housing; violence; school
5. How do youth typically deal with mental health and substance use concerns?
 - a. Where do they go to get help?
 - b. Are there people in the community who they frequently turn to for help?
 - c. Can you give some examples of care-seeking practices?
6. Why do you think some youth are not able to get the help they need for mental health or substance use issues? (Barriers)
 - a. Probes: discrimination; language barriers; inability to pay/cost; cultural barriers; battling insurance; stigma; fear; lack of knowing where to turn
7. What can be done to encourage prevention? (before a crisis)
 - a. What about the role of early intervention?
 - b. Probe: education in school, support from family, peer support
8. What are some examples of youth services/programs that are working well?
 - a. What have you seen work well in other communities?
 - b. What innovative ideas have you heard of here?
9. How would you describe the relationship among the various agencies and organizations that are trying to tackle these issues and trying to provide better quality of care?
 - a. Probe: Collaborative? Competitive?
 - b. What role does your organization play in this?
 - c. What could help improve this or make it even better?
10. If you could envision a future scenario where youth are better able to get help with mental health and substance use what would that look like?
 - a. What specific resources do youth and families need?
 - b. Probe: What can individuals do? Schools? Housing? Workplaces? Community organizations? Health care providers? Faith-based organizations?
11. Is there anything that we didn't discuss today that you'd like to share about youth mental health and substance use in Santa Barbara?

COVID19 Implications

For all questions asked today, we are interested in learning about how the pandemic is currently affecting the lives of Santa Barbara County residents. This may include both what's presently happening with the pandemic and the cumulative effects of the pandemic that are impacting the lives of residents.

1. Tell us your name and one thing you enjoy about working in this community.
2. What kinds of current health and other challenges do you see for people in the community as a result of COVID-19? What are some implications?
 - a. Probe: work-related, childcare
3. Are there some groups of people in the community who currently face more health and other challenges due to the pandemic than others?
 - a. Probe: recent immigrants, racial/ethnic minorities, elderly, people with disabilities...
4. How do people typically deal with these current health and well-being that have resulted from the pandemic?
 - a. Where do they go to get help today? Who do they go to for help?
 - b. Can you give some examples?
 - c. Were people seeking services prior to reaching your organization?
 - d. How has the present volume of services or referrals to your organization changed compared to before the pandemic?
5. Why do you think that some people are not able to get the help today that they need for health and other challenges arising from the pandemic? (Barriers)
 - a. Probes: discrimination; inability to pay/cost; battling insurance; cultural barriers; stigma; language barriers; fear; lack of knowing where to turn; lack of access to the internet or other digital barriers
6. What can be done to prevent or overcome these barriers?
7. What are some examples of services today that are working well since the start of the pandemic?
8. How would you describe the relationship among the various agencies and organizations that are trying to tackle these issues and trying to address health and other needs resulting from the pandemic?
 - a. Probe: Collaborative? Competitive?
 - b. What role does your organization play in this?
 - c. What could help improve this or make it even better?
9. If you could envision a future scenario where people are better able to get help with health and other needs, what would that look like?
 - a. What specific resources do people need?
 - b. Probe: What can individuals do? Schools? Housing? Workplaces? Community organizations? Health care providers? Faith-based organizations?

10. Is there anything that we didn't discuss today that you'd like to share about the impacts of the pandemic in the community?

Maternal Health

Maternal health refers to the health of people during pregnancy, childbirth and the postnatal period after they give birth. The postnatal period refers to the two months immediately following childbirth.

1. Tell us your name and one thing you enjoy about working in this community.
2. What kinds of health challenges during pregnancy, childbirth, and the postnatal period afterwards do you see in the community? What are some implications?
 - a. Probe: access to prenatal care, work-related, childcare, support from their communities, literacy, mental health, lactation support, substance use support
3. Are there some groups in the community who face more maternal health challenges than others?
 - a. Probe: recent immigrants, racial/ethnic minorities, farmworkers...
4. How do people typically deal with health concerns during pregnancy, childbirth, and afterwards?
 - a. Where do they go to get help?
 - b. Are there people in the community who they frequently turn to for help?
 - c. Can you give some examples?
5. Why do you think that some are not able to get the help they need during pregnancy, childbirth, and the postnatal period afterwards? (Barriers)
 - a. Probes: discrimination; inability to pay/cost; cultural barriers; battling insurance; stigma; language barriers; fear; lack of knowing where to turn; mental health status
6. What can be done to prevent or overcome these barriers?
7. What are some examples of maternal health services that are working well to support people who are pregnant?
 - a. Probe: physicians, people coming to their home, support groups
 - b. What are the names of the services?
 - c. What innovative ideas have you heard of to support people who are pregnant?
8. How would you describe the relationship among the various agencies and organizations that are trying to tackle these issues and trying to address maternal health needs?
 - a. Probe: Collaborative? Competitive?
 - b. What role does your organization play in this?
 - c. What could help improve this or make it even better?

9. If you could envision a future scenario where people are better able to get help with health needs during pregnancy, childbirth, and the postnatal period afterwards, what would that look like?
 - a. What specific resources do people need?
 - b. Probe: What can individuals do? Schools? Housing? Workplaces? Community organizations? Health care providers? Faith-based organizations?
10. Is there anything that we didn't discuss today that you'd like to share about maternal health needs in the community?

Great, that was our last question. Findings from this Listening Tour and the full 2022 Community Health Needs Assessment will help community partners recognize the scope of population health concerns and will help local stakeholders address community needs. To learn more about the CHNA, visit <http://cottagehealth.org/survey>. We will place this link in the chat. Results from 2022 Needs Assessment will be available here in December of this year.

Again, thank you for sharing your thoughts and for the great discussion.

Guía de grupos de enfoque: proveedores de servicios/líderes comunitarios

UCSB da la bienvenida y presenta a los facilitadores en nombre de Cottage Health y el Departamento de Salud Pública del Condado de Santa Bárbara.

Estaremos hablando durante aproximadamente una hora y media. Me gustaría invitarlo a compartir sus perspectivas sobre [SALUD MENTAL JUVENIL Y USO DE SUSTANCIAS/IMPACTOS DE COVID-19/EQUIDAD EN LA SALUD MATERNA] desde sus propias experiencias trabajando y viviendo aquí en Santa Bárbara.

Para brindarle una hoja de ruta para la discusión de hoy, hablaremos sobre:

- Temas predominantes con respecto a [SALUD MENTAL JUVENIL Y USO DE SUSTANCIAS/IMPACTOS DE COVID-19/EQUIDAD EN LA SALUD MATERNA]]
- Por qué creemos que las personas en estas comunidades están experimentando estas necesidades
- Los recursos actualmente disponibles y adónde la gente tienden a acudir en busca de ayuda
- Las barreras para obtener atención o acceder a los servicios
- Y posibles soluciones

Dado que tenemos mucho que repasar, podría entrar a la discusión para guiarla de regreso a la pregunta en cuestión.

Para esta conversación de hoy, queremos asegurarnos de capturar con precisión los puntos clave de la discusión, y sabemos que no es prudente confiar únicamente en nuestra memoria. Entonces, para hacer esto, nos gustaría grabar la sesión en audio. ¿Está bien con todos? [busque asentimientos] No se conectaran nombres a los comentarios. Todos los comentarios se mantendrán anónimos. [iniciar grabadoras de audio]

Me gustaría empezar con algunas reglas básicas antes de entrar en la discusión. Estoy aquí para hacer preguntas, escuchar y asegurarme de que todos tengan la oportunidad de compartir. Estamos interesados en saber de todos. Así que háganos saber sus pensamientos sobre cada problema que surja y asegúrese de dejar tiempo para que todos los demás hagan lo mismo. Esperamos que tengan diferentes puntos de vista y queremos aprovechar esta oportunidad para aprender unos de otros. La perspectiva de todos es bienvenida y válida.

Como puede ver, hay tarjetas de identificación frente a nosotros. Por favor complételos. Me ayudan a recordar nombres y también pueden ayudarle a usted. Durante nuestra sesión, no sienta que tiene que responderme todo el tiempo. Si desea hacer un seguimiento de algo que alguien ha dicho, ya sea si desea estar de acuerdo o en desacuerdo o para dar un ejemplo, siéntase libre de hacerlo.

Vamos a empezar.

Salud mental juvenil

Para todas las preguntas formuladas hoy, la salud mental y la sustancia de los jóvenes se refieren a las edades de 0 a 25 años.

1. Díganos su nombre, función en la organización y algo que disfrute de trabajar en esta comunidad.
2. ¿Qué tipo de desafíos de salud mental ve entre los jóvenes en la comunidad? ¿Qué pasa con el uso de sustancias?
 - a. ¿Cómo dirías que esto ha cambiado con el tiempo?
 - b. Indague: depresión, vapeo, marihuana, suicidio, violencia escolar
3. ¿Hay algunos grupos de jóvenes en la comunidad que enfrentan más desafíos de salud mental que otros? ¿Uso de sustancias?
 - a. Indague: inmigrantes recientes, minorías raciales/étnicas, LGBTQ+, personas con preguntas sobre identidad de género...
4. ¿Por qué cree que los jóvenes de la comunidad están lidiando con problemas de salud mental y uso de sustancias?
 - a. ¿Cuáles son los factores que contribuyen a la salud mental de los jóvenes/uso de sustancias?
 - b. Sondas: pandemia; redes sociales; dinámica de la familia; asuntos de inmigración; sexualidad y violencia de género; desastres naturales/problemas ambientales; falta de vivienda; violencia; escuela

5. ¿Cómo lidian típicamente los jóvenes con las preocupaciones sobre la salud mental y el uso de sustancias?
 - a. ¿A dónde van para obtener ayuda?
 - b. ¿Hay personas en la comunidad a las que recurren con frecuencia en busca de ayuda?
 - c. ¿Puede dar algunos ejemplos de prácticas de búsqueda de atención?
6. ¿Por qué cree que algunos jóvenes no pueden obtener la ayuda que necesitan para problemas de salud mental o uso de sustancias? (Barreras)
 - a. Sondeos: discriminación; las barreras del idioma; incapacidad de pago/costo; barreras culturales; luchando contra su seguro; estigma; miedo; falta de saber a dónde acudir
7. ¿Qué se puede hacer para fomentar la prevención? (antes de una crisis)
 - a. ¿Qué pasa con el papel de la intervención temprana?
 - b. Indague: educación en la escuela, apoyo de la familia, apoyo de los compañeros
8. ¿Cuáles son algunos ejemplos de servicios/programas juveniles que están funcionando bien?
 - a. ¿Qué ha visto que funciona bien en otras comunidades?
 - b. ¿Qué ideas innovadoras has oído hablar aquí?
9. ¿Cómo describiría la relación entre las diversas agencias y organizaciones que están tratando de abordar estos problemas y de brindar una mejor calidad de atención?
 - a. Indague: ¿Colaborativo? ¿Competitivo?
 - b. ¿Qué papel juega su organización en esto?
 - c. ¿Qué podría ayudar a mejorar esto o hacerlo aún mejor?
10. Si pudiera imaginar un escenario futuro en el que los jóvenes puedan obtener mejor ayuda con la salud mental y el uso de sustancias, ¿cómo sería eso?
 - a. ¿Qué recursos específicos necesitan los jóvenes y las familias?
 - b. Indague: ¿Qué pueden hacer los individuos? ¿Escuelas? ¿Viviendas? ¿Lugares de trabajo? ¿Organizaciones comunitarias? ¿Proveedores de servicios de salud? ¿Organizaciones basadas en la fe?
11. ¿Hay algo que no discutimos hoy que le gustaría compartir sobre la salud mental de los jóvenes y el uso de sustancias en Santa Bárbara?

Implicaciones de COVID19

1. Díganos su nombre y una cosa que disfrute de trabajar en esta comunidad.
2. ¿Qué tipo de desafíos de salud y de otros tipos ve para las personas de la comunidad como resultado del COVID-19? ¿Cuáles son algunas implicaciones?
 - a. Indague: relacionado con el trabajo, cuidado de niños

3. ¿Hay algunos grupos de personas en la comunidad que enfrentan más desafíos de salud y de otros tipos debido a la pandemia que otros?
 - a. Indague: inmigrantes recientes, minorías raciales/étnicas, ancianos, personas con discapacidades...
4. ¿Cómo suelen lidiar las personas con los problemas de salud y bienestar como resultado de la pandemia?
 - a. ¿A dónde van para obtener ayuda? ¿A quién acuden en busca de ayuda?
 - b. ¿Puedes dar algunos ejemplos?
 - c. ¿Las personas buscaban servicios antes de llegar a su organización?
 - d. ¿Cómo ha cambiado el volumen de servicios o referencias a su organización en comparación con antes de la pandemia?
5. ¿Por qué cree que algunas personas no pueden obtener la ayuda que necesitan para la salud y otros desafíos derivados de la pandemia? (Barreras)
 - a. Sondeos: discriminación; incapacidad de pago/costo; luchando contra su seguro; barreras culturales; estigma; las barreras del idioma; miedo; falta de saber a dónde acudir; falta de acceso a internet u otras barreras digitales
6. ¿Qué se puede hacer para prevenir o superar estas barreras?
7. ¿Cuáles son algunos ejemplos de servicios que están funcionando bien desde el comienzo de la pandemia?
8. ¿Cómo describiría la relación entre las diversas agencias y organizaciones que están tratando de combatir estos problemas y tratando de combatir las necesidades de salud y otras como resultado de la pandemia?
 - a. Indague: ¿Colaborativo? ¿Competitivo?
 - b. ¿Qué papel juega su organización en esto?
 - c. ¿Qué podría ayudar a mejorar esto o hacerlo aún mejor?
9. Si pudiera imaginar un escenario futuro en el que las personas puedan obtener mejor ayuda con la salud y otras necesidades, ¿cómo sería eso?
 - a. ¿Qué recursos específicos necesitan las personas?
 - b. Indague: ¿Qué pueden hacer los individuos? ¿Escuelas? ¿Viviendas? ¿Lugares de trabajo? ¿Organizaciones comunitarias? ¿Proveedores de servicios de salud? ¿Organizaciones basadas en la fe?
10. ¿Hay algo que no discutimos hoy que le gustaría compartir sobre los impactos de la pandemia en la comunidad?

Salud maternal

La salud materna se refiere a la salud de las personas durante el embarazo, el parto y el período posnatal después del parto. El período posnatal se refiere a los dos meses inmediatamente posteriores al parto.

1. Díganos su nombre y una cosa que disfrute de trabajar en esta comunidad.
2. ¿Qué tipos de problemas de salud durante el embarazo, el parto y el período posnatal ve para las personas de la comunidad? ¿Cuáles son algunas implicaciones?
 - a. Indague: relacionados con el trabajo, el cuidado de los niños, el acceso a la atención prenatal, el apoyo de sus comunidades, la alfabetización, la salud mental, el apoyo a la lactancia
3. ¿Hay algunos grupos de personas en la comunidad que enfrentan más desafíos de salud materna que otros?
 - a. Indague: inmigrantes recientes, minorías raciales/étnicas, trabajadores agrícolas...
4. ¿Cómo suelen lidiar las personas con los problemas de salud durante el embarazo, el parto y después?
 - a. ¿A dónde van para obtener ayuda?
 - b. ¿Hay personas en la comunidad a las que recurren con frecuencia en busca de ayuda?
 - c. ¿Puedes dar algunos ejemplos?
5. ¿Por qué cree que algunas no pueden obtener la ayuda que necesitan durante el embarazo, el parto y el período posnatal posterior? (Barreras)
 - a. Indague: discriminación; incapacidad de pago/costo; barreras culturales; luchando contra su seguro, estigma; las barreras del idioma; miedo; falta de saber a dónde acudir; estado de salud mental
6. ¿Qué se puede hacer para prevenir o superar estas barreras?
7. ¿Cuáles son algunos ejemplos de servicios de salud materna que están funcionando bien para ayudar a las personas embarazadas?
 - a. Indague: médicos, personas que vienen a su casa, grupos de apoyo
 - b. ¿Cuáles son los nombres de los servicios?
 - c. ¿De qué ideas innovadoras ha oído hablar para ayudar a las personas embarazadas?
8. ¿Cómo describiría la relación entre las diversas agencias y organizaciones que están tratando de abordar estos problemas y tratando de abordar las necesidades de salud materna?
 - a. Indague: ¿Colaborativo? ¿Competitivo?
 - b. ¿Qué papel juega su organización en esto?
 - c. ¿Qué podría ayudar a mejorar esto o hacerlo aún mejor?

9. Si pudiera imaginar un escenario futuro en el que las personas puedan obtener mejor ayuda con sus necesidades de salud durante el embarazo, el parto y el período posnatal posterior, ¿cómo sería?
 - a. ¿Qué recursos específicos necesitan las personas?
 - b. Indague: ¿Qué pueden hacer los individuos? ¿Escuelas? ¿Viviendas? ¿Lugares de trabajo? ¿Organizaciones comunitarias? ¿Proveedores de servicios de salud? ¿Organizaciones basadas en la fe?
10. ¿Hay algo que no discutimos hoy que le gustaría compartir sobre las necesidades de salud materna en la comunidad?

Genial, esa fue nuestra última pregunta. Los hallazgos de este recorrido de escucha y la evaluación completa de las necesidades de salud de la comunidad de 2022 ayudarán a los socios de la comunidad a reconocer el alcance de las preocupaciones de salud de la población y ayudarán a las partes interesadas locales a dirigirse a las necesidades de la comunidad. Para obtener más información sobre la CHNA, visite <http://cottagehealth.org/survey>. Colocaremos este enlace en el chat. Los resultados de la Evaluación de necesidades de 2022 estarán disponibles aquí en diciembre de este año.

Nuevamente, gracias por compartir sus pensamientos y por la gran discusión.

Focus Group Guide: Community Members

Welcome

To give you a roadmap for the discussion today, we'll be talking about:

- Prevalent issues regarding [Youth Behavioral Health/ Maternal Health/ Covid-19]
- Why we think people in these communities are experiencing these needs
- The resources currently available and where people tend to go for help
- The barriers to getting care or accessing services
- And ideas that make things better

For this conversation today, we want to be sure that we accurately capture the key points of the discussion, and we know that it is not wise to solely rely on our memory. So to do this, we would like to audio record the session. Is that okay with everyone? [look for nods] No names will be attached to the comments. All comments will be kept anonymous.

I'd like to outline some ground rules before we jump into the discussion. I am here to ask questions, listen, and make sure everyone has a chance to share. We are interested in hearing from everyone. So please let us know your thoughts about every issue that comes up and make sure to leave time for everyone else to do the same. We expect that you will have differing points of view, and we want to take advantage of this opportunity to learn from one another. Everyone's perspective is welcome and valid.

During our session, don't feel like you have to respond to me all the time. If you would like to follow up on something that someone has said, whether you want to agree or disagree or to give an example, feel free to do that.

Let's begin.

Youth Mental Health and Alcohol and Drug Use

1. Please share your name/alias and one thing you enjoy about living in your community.
2. What kinds of mental health challenges for youth do you see in your community? What kinds of substance use issues, like alcohol or drug use, do you see for young people in your community?
 - a. Probe: depression, vaping, marijuana, suicide, school violence
3. As you go about your daily life, what observations do you have about young people struggling with mental illness and/or alcohol and/or drug use in your community?
 - a. How have your observations changed over time?
 - b. Has your awareness of these issues increased?
 - c. What do you notice about the local environment that has changed?

4. Are there some groups of young people in your community who face more mental health challenges than others?
 - a. Probe: recent immigrants, racial/ethnic minorities, LGBTQ+, individuals with questions of gender identity...
5. What about alcohol and/or drug use? Are there some groups of people in your community who struggle with this more than others?
 - a. Probe: recent immigrants, people of different race or ethnicity, LGBTQ+...
6. What do you think are the reasons people in your community are dealing with mental health and alcohol and/or drug use challenges?
 - a. What things do you think add to mental health challenges and substance use?
 - b. Probes: pandemic; social media; family dynamics; immigration issues; sexuality and gender violence; natural disasters/environmental issues; lack of housing; violence; school
7. How do young people deal with mental health and alcohol and/or drug use concerns?
 - a. Where do they go to get help?
 - b. Are there people in the community who they frequently turn to for help?
 - c. If you or a loved one was experiencing a mental health or substance use crisis, who would you call? What would you do?
 - d. Can you give some examples or tell us a story about how you or a peer you know tried to access support for mental health or substance use needs?
8. Why do you think that some young people do not get the help they need for mental health and/or alcohol/drug use issues? What gets in the way?
 - a. Probes: discrimination; language barriers; inability to pay/cost; battling insurance; stigma; fear; lack of knowing where to turn; cultural barriers
9. What can be done to prevent or overcome these barriers?
 - a. What would encourage people to start looking for help before a crisis is happening?
 - a. Probe: education in school, support from family, peer support
10. We also want to know what is working well in your community, too. Are there any examples of things that are improving mental health and alcohol/drug use challenges in your community?
 - a. What aspects of your community support people dealing with these issues?
11. What specific resources do young people in your community need to get better help with their mental health and alcohol/drug use challenges?
12. If you could envision a future where people are better able to get help with mental health and alcohol/drug use, what would that look like?
 - a. Probes: What can individuals do? Schools? Housing? Workplaces? Community organizations? Health providers? Faith-based organizations?

13. Is there anything else we didn't ask about that you'd like to share about youth mental health and alcohol/drug use in Santa Barbara?

COVID19 Implications

For all questions asked today, we are interested in learning about how the pandemic is currently affecting the lives of Santa Barbara County residents. This may include both what's presently happening with the pandemic and the cumulative effects of the pandemic that are impacting the lives of residents.

1. Please share your name/alias and one thing you enjoy about living in this community.
2. What kinds of health and other challenges do you see people currently struggling with in the community as a result of the COVID-19 pandemic? What are some implications?
 - a. Probe: work-related, childcare
3. As you go about your daily life, what observations do you have about people currently struggling with health and other impacts from the pandemic?
 - a. How have your observations changed over time?
 - b. What do you notice about the local environment that has changed?
 - i. Probe: government policies, laws, organizations' practices, community members' responses
4. Are there some groups of people in your community who currently face health and other challenges more than others because of the pandemic?
 - a. Probe: recent immigrants, racial/ethnic minorities, elderly, people with disabilities...
5. How do people deal with health and well-being concerns today that have resulted from the pandemic?
 - a. Where do they go today to get help? Can you give some examples?
 - b. Are there people in the community who they frequently turn to for help?
 - c. If you or a loved one was experiencing these types of concerns, who would you call? What would you do?
6. Why do you think that some people do not get the help they need as a result of the pandemic? What gets in the way?
 - a. Probes: discrimination; inability to pay/cost; battling insurance; stigma; language barriers; fear; lack of knowing where to turn; cultural barriers
7. What can be done to prevent or overcome these barriers?
8. We also want to know what is working well in your community, too. Are there any examples of things that have improved since the start of the pandemic?
9. What specific resources do people in your community need today to get better help for health and other challenges resulting from the pandemic?

- a. If you could envision a future scenario where people are better able to get help with health and well-being needs, what would that look like?
 - b. Probes: What can individuals do? Schools? Housing? Workplaces? Community organizations? Health providers? Faith-based organizations?
10. Is there anything else we didn't ask about that you'd like to share about the impacts of the pandemic in your community?

Maternal Health

Maternal health refers to the health of women during pregnancy, childbirth and the postnatal period after they give birth. The postnatal period refers to the two months immediately following childbirth.

1. Please share your name/alias and one thing you enjoy about living in this community.
2. What kinds of health challenges during pregnancy, childbirth, and the postnatal period afterwards do you see for people in the community? What are some implications?
 - a. Probe: work-related, childcare, access to prenatal care, support from their communities, cultural barriers, literacy, mental health, lactation support
3. As you go about your daily life, what observations do you have about people struggling with health needs during pregnancy, childbirth, and the postnatal period afterwards?
 - a. How have your observations changed over time?
 - a. What do you notice about the local environment that has changed?
4. Are there some groups of people in the community who face more maternal health challenges than others?
 - a. Probe: recent immigrants, racial/ethnic minorities, farmworkers...
5. Why do you think people in the community are dealing with maternal health challenges?
 - b. What are the contributing factors for health needs during pregnancy, childbirth, and the postnatal period afterwards?
 - a. Probes: family dynamics; natural disasters/environmental issues; immigration issues; lack of housing; violence; school; pandemic; social media; mental health
6. How do people typically deal with maternal health needs?
 - a. Where do they go to get help?
 - b. Are there people in the community who they frequently turn to for help?
 - c. If you or a loved one was experiencing maternal health needs, who would you call? What would you do?
 - d. Can you give some examples or tell us a story about how you or a peer you know tried to access maternal health support?

7. Why do you think that some people are not able to get the health help they need during pregnancy, childbirth, and the postnatal period afterwards? What gets in the way?
(Barriers)
 - a. Probes: discrimination; inability to pay/cost; battling insurance; stigma; language barriers; fear; lack of knowing where to turn; cultural barriers; mental health status
 - b. What can be done to prevent or overcome these barriers?
8. We also want to know what is working well in your community, too. Are there any examples of things that are improving health in your community during pregnancy, childbirth, and the postnatal period afterwards?
 - a. What aspects of your community support people dealing with these needs?
9. What specific resources do people in your community need to get better help with their health needs during pregnancy, childbirth, and the postnatal period afterwards?
10. If you could envision a future scenario where people are better able to get help with maternal health needs, what would that look like?
 - a. Probe: What can individuals do? Schools? Housing? Workplaces? Community organizations? Health care providers? Faith-based organizations?
11. Is there anything that we didn't discuss today that you'd like to share about health needs in the community during pregnancy, childbirth, and the postnatal period afterwards?

Great, that was our last question. Findings from this Listening Tour and the full 2022 Community Health Needs Assessment will help community partners recognize the scope of population health concerns and will help local stakeholders address community needs. To learn more about the CHNA, visit <http://cottagehealth.org/survey>. We will place this link in the chat. Results from 2022 Needs Assessment will be available here in December of this year.

Again, thank you for sharing your thoughts and for the great discussion.

Guía de grupos focales: miembros de la comunidad

Para darle una hoja de ruta para la discusión de hoy, hablaremos de:

- Cuestiones predominantes relacionadas con [SALUD MENTAL DE LOS JÓVENES Y CONSUMO DE SUSTANCIAS/IMPACTOS DEL COVID-19/EQUIDAD EN LA SALUD MATERNA]
- Por qué creemos que las personas en sus comunidades experimentan estas necesidades
- Los recursos que están disponibles ahora y donde la gente le gusta ir en busca de ayuda

- Las barreras para obtener atención o ayuda
- E ideas para mejorar las cosas

Dado que tenemos mucho que resolver, podría entrar a la discusión para guiarla de regreso a la pregunta en cuestión.

Para esta conversación de hoy, queremos asegurarnos de capturar con precisión los puntos importantes de la discusión, y sabemos que no es prudente confiar solo en nuestra memoria. Entonces, para hacer esto, nos gustaría grabar la sesión en audio. ¿Está bien con todos? [busque asentimientos] No se conectarán nombres a los comentarios. Ninguno de los comentarios estará relacionado con usted o su información. Serán confidenciales. [iniciar grabadoras de audio]

Me gustaría compartir algunas reglas básicas antes de entrar en la discusión. Estoy aquí para hacer preguntas, escuchar y asegurarme de que todos tengan la oportunidad de compartir. Estamos interesados en saber de todos. Así que háganos saber sus pensamientos sobre cada problema que surja y asegúrese de dejar tiempo para que todos los demás hagan lo mismo. Esperamos que tengan diferentes puntos de vista y queremos aprovechar esta oportunidad para aprender unos de otros. La perspectiva de todos es bienvenida y válida.

Como puede ver, hay tarjetas de identificación frente a nosotros. Por favor complételos. Me ayudan a recordar nombres y también pueden ayudarle a usted. Durante nuestra sesión, no sienta que tiene que responderme todo el tiempo. Si desea hacer un seguimiento de algo que alguien ha dicho, ya sea si desea estar de acuerdo o en desacuerdo o para dar un ejemplo, siéntase libre de hacerlo.

Vamos a empezar.

Salud mental juvenil y consumo de alcohol y drogas

Para todas las preguntas formuladas hoy, la salud mental y la sustancia de los jóvenes se refieren a las edades de 0 a 25 años.

1. Comparta su nombre/alias y una cosa que disfrute de vivir en su comunidad.
2. ¿Qué tipo de desafíos de salud mental entre los jóvenes ve en su comunidad? ¿Qué tipos de problemas relacionados con el consumo de sustancias, como el consumo de alcohol o drogas, observa en los jóvenes de su comunidad?
 - a. Indague: depresión, vapeo, marihuana, suicidio, violencia escolar
3. A medida que avanza en su vida diaria, ¿qué observaciones tiene sobre los jóvenes que luchan contra las enfermedades mentales y/o el consumo de alcohol y/o drogas en su comunidad?
 - a. ¿Cómo han cambiado sus observaciones con el tiempo?
 - b. ¿Ha aumentado su conciencia sobre estos temas?
 - c. ¿Qué notas sobre el entorno local que ha cambiado?

4. ¿Hay algunos grupos de jóvenes en su comunidad que enfrentan más desafíos de salud mental que otros?
 - a. Indague: inmigrantes recientes, minorías raciales/étnicas, LGBTQ+, personas con preguntas sobre identidad de género...
5. ¿Qué pasa con el consumo de alcohol y/o drogas? ¿Hay algunos grupos de personas en su comunidad que luchan con esto más que otros?
 - a. Indague: inmigrantes recientes, personas de diferente raza o etnia, LGBTQ+...
6. ¿Cuáles cree que son las razones por las que las personas de su comunidad se enfrentan a desafíos relacionados con la salud mental y el consumo de alcohol o drogas?
 - a. ¿Qué cosas cree que se suman a los desafíos de salud mental y el uso de sustancias?
 - b. Sondas: pandemia; redes sociales; dinámica de la familia; asuntos de inmigración; sexualidad y violencia de género; desastres naturales/problemas ambientales; falta de vivienda; violencia; escuela
7. ¿Cómo lidian los jóvenes con las preocupaciones sobre la salud mental y el consumo de alcohol y/o drogas?
 - a. ¿A dónde van para obtener ayuda?
 - b. ¿Hay personas en la comunidad a las que recurren con frecuencia en busca de ayuda?
 - c. Si usted o un ser querido estuviera experimentando una crisis de salud mental o de consumo de sustancias, ¿a quién llamaría? ¿Qué harías?
 - d. ¿Puede dar algunos ejemplos o contarnos una historia sobre cómo usted o un compañero que conoce trató de acceder a apoyo para las necesidades de salud mental o uso de sustancias?
8. ¿Por qué cree que algunos jóvenes no reciben la ayuda que necesitan para problemas de salud mental y/o consumo de alcohol/drogas? ¿Qué es lo que lo impide?
 - a. Sondas: discriminación; las barreras del idioma; incapacidad de pago/costo; luchando contra su seguro; estigma; miedo; falta de saber a dónde acudir; barreras culturales
9. ¿Qué se puede hacer para prevenir o superar estas barreras?
 - a. ¿Qué animaría a las personas a comenzar a buscar ayuda antes de que ocurra una crisis?
 - b. Indague: educación en la escuela, apoyo de la familia, apoyo de los compañeros
10. También queremos saber qué está funcionando bien en su comunidad. ¿Hay algún ejemplo de cosas que están mejorando la salud mental y los problemas de consumo de alcohol/drogas en su comunidad?
 - a. ¿Qué aspectos de su comunidad apoyan a las personas que se enfrentan a estos problemas?

11. ¿Qué recursos específicos necesitan los jóvenes de su comunidad para obtener mejor ayuda con sus problemas de salud mental y consumo de alcohol/drogas?
12. Si pudiera imaginar un futuro en el que las personas puedan obtener mejor ayuda con la salud mental y el consumo de alcohol/drogas, ¿cómo sería eso?
 - a. Sondeos: ¿Qué pueden hacer las personas? ¿Escuelas? ¿Viviendas? ¿Lugares de trabajo? ¿Organizaciones comunitarias? ¿Proveedores de salud? ¿Organizaciones basadas en la fe?
13. ¿Hay algo más que no hayamos preguntado que le gustaría compartir sobre la salud mental de los jóvenes y el consumo de alcohol/drogas en Santa Bárbara?

Implicaciones de COVID19

1. Comparta su nombre/alias y una cosa que disfrute de vivir en esta comunidad.
2. ¿Qué tipo de desafíos de salud y de otro tipo ve para las personas de la comunidad como resultado de la pandemia de COVID-19? ¿Cuáles son algunas implicaciones?
 - a. Indague: relacionado con el trabajo, cuidado de niños
3. A medida que avanza en su vida diaria, ¿qué observaciones tiene sobre las personas que luchan con la salud y otros impactos de la pandemia?
 - a. ¿Cómo han cambiado sus observaciones con el tiempo?
 - b. ¿Qué notas sobre el entorno local que ha cambiado?
 - c. Indague: políticas gubernamentales, leyes, prácticas de organizaciones, respuestas de miembros de la comunidad
4. ¿Hay algunos grupos de personas en su comunidad que enfrentan desafíos de salud y otros obstáculos más que otros debido a la pandemia?
 - a. Indague: inmigrantes recientes, minorías raciales/étnicas, ancianos, personas con discapacidades...
5. ¿Cómo lidian las personas con los problemas de salud y bienestar como resultado de la pandemia?
 - a. ¿A dónde van para obtener ayuda? ¿Puedes dar algunos ejemplos?
 - b. ¿Hay personas en la comunidad a las que recurren con frecuencia en busca de ayuda?
 - c. Si usted o un ser querido estuviera experimentando este tipo de inquietudes, ¿a quién llamaría? ¿Qué haría?
6. ¿Por qué cree que algunas personas no obtienen la ayuda que necesitan como resultado de la pandemia? ¿Qué es lo que lo impide?
 - a. Sondeos: discriminación; incapacidad de pago/costo; luchando contra su seguro; estigma; las barreras del idioma; miedo; falta de saber a dónde acudir; barreras culturales

7. ¿Qué se puede hacer para prevenir o superar estas barreras?
8. También queremos saber qué está funcionando bien en su comunidad. ¿Hay algún ejemplo de cosas que hayan mejorado desde el comienzo de la pandemia?
9. ¿Qué recursos específicos necesitan las personas de su comunidad para obtener una mejor ayuda para la salud y otros desafíos derivados de la pandemia?
 - a. Si pudiera imaginar un escenario futuro en el que las personas puedan obtener ayuda con sus necesidades de salud y bienestar, ¿cómo sería?
 - b. Sondeos: ¿Qué pueden hacer las personas? ¿Escuelas? ¿Viviendas? ¿Lugares de trabajo? ¿Organizaciones comunitarias? ¿Proveedores de salud? ¿Organizaciones basadas en la fe?
10. ¿Hay algo más que no hayamos preguntado que le gustaría compartir sobre los impactos de la pandemia en su comunidad?

Salud maternal

La salud materna se refiere a la salud de las mujeres durante el embarazo, el parto y el período posnatal después de dar a luz. El período postnatal se refiere a los dos meses inmediatamente posteriores al parto.

1. Comparta su nombre/alias y una cosa que disfrute de vivir en esta comunidad.
2. ¿Qué tipos de problemas de salud durante el embarazo, el parto y el período posnatal ven para las personas de la comunidad? ¿Cuáles son algunas implicaciones?
 - a. Indague: relacionados con el trabajo, cuidado de niños, acceso a atención prenatal, apoyo de sus comunidades, barreras culturales, alfabetización, salud mental, apoyo a la lactancia
3. A medida que avanza en su vida diaria, ¿qué observaciones tiene sobre las personas que luchan con las necesidades de salud durante el embarazo, el parto y el período posnatal posterior?
 - a. ¿Cómo han cambiado tus observaciones con el tiempo?
 - b. ¿Qué notas sobre el entorno local que ha cambiado?
4. ¿Hay algunos grupos de personas en la comunidad que enfrentan más desafíos de salud materna que otros?
 - a. Indague: inmigrantes recientes, minorías raciales/étnicas, trabajadores agrícolas...
5. ¿Por qué cree que las personas en la comunidad enfrentan desafíos de salud materna?
 - a. ¿Cuáles son los factores que contribuyen a las necesidades de salud durante el embarazo, el parto y el período posnatal posterior?

- b. Sondeos: dinámica familiar; desastres naturales/problemas ambientales; asuntos de inmigración; falta de vivienda; violencia; escuela; pandemia; redes sociales; salud mental
- 6. ¿Cómo lidian típicamente las personas con las necesidades de salud materna?
 - a. ¿A dónde van para obtener ayuda?
 - b. ¿Hay personas en la comunidad a las que recurren con frecuencia en busca de ayuda?
 - c. Si usted o un ser querido tuviera necesidades de salud materna, ¿a quién llamaría? ¿Qué harías?
 - d. ¿Puede dar algunos ejemplos o contarnos una historia sobre cómo usted o un compañero que conoce trató de acceder al apoyo de salud materna?
- 7. ¿Por qué cree que algunas personas que están embarazadas no pueden obtener la ayuda de salud que necesitan durante el embarazo, el parto y el período posnatal posterior? Que es lo que lo impide? (Barreras)
 - a. Sondeos: discriminación; incapacidad de pago/costo;luchando contra su seguro; estigma; las barreras del idioma; miedo; falta de saber a dónde acudir; barreras culturales; estado de salud mental
 - b. ¿Qué se puede hacer para prevenir o superar estas barreras?
- 8. También queremos saber qué está funcionando bien en su comunidad. ¿Hay algún ejemplo de cosas que estén mejorando la salud en su comunidad durante el embarazo, el parto y el período posnatal posterior?
 - a. ¿Qué aspectos de su comunidad apoyan a las personas que enfrentan estas necesidades?
- 9. ¿Qué recursos específicos necesitan las personas en su comunidad para obtener una mejor ayuda con sus necesidades de salud durante el embarazo, el parto y el período posnatal posterior?
- 10. Si pudiera imaginar un escenario futuro en el que las personas puedan obtener mejor ayuda con las necesidades de salud materna, ¿cómo sería eso?
 - a. Indague: ¿Qué pueden hacer los individuos? ¿Escuelas? ¿Viviendas? ¿Lugares de trabajo? ¿Organizaciones comunitarias? ¿Proveedores de servicios de salud? ¿Organizaciones basadas en la fe?
- 11. ¿Hay algo que no discutimos hoy que le gustaría compartir sobre las necesidades de salud en la comunidad durante el embarazo, el parto y el período posnatal posterior?

Genial, esa fue nuestra última pregunta. Los hallazgos de este recorrido de escucha y la evaluación completa de las necesidades de salud de la comunidad de 2022 ayudarán a los socios de la comunidad a reconocer el alcance de las preocupaciones de salud de la población y ayudarán a las partes interesadas locales a dirigirse a las necesidades de la comunidad. Para

obtener más información sobre la CHNA, visite <http://cottagehealth.org/survey>. Colocaremos este enlace en el chat. Los resultados de la Evaluación de necesidades de 2022 estarán disponibles aquí en diciembre de este año.

Nuevamente, gracias por compartir sus pensamientos y por la gran discusión.

Focus Group Demographic Questionnaire

Please take a few minutes to answer the questions below by writing on the line or checking the box. All questions are optional and answers will remain confidential.

1. What is your zip code? _____
2. What neighborhood do you live in? _____
3. What is your age? _____
4. What is your gender?
 - ☐ Female
 - ☐ Male
 - ☐ Non-binary/gender non-conforming
 - ☐ Other
 - ☐ Rather not say
5. Are you Hispanic or Latino/a?
 - ☐ Yes
 - ☐ No
6. Which one or more of the following would you say is your race (check all that apply)?
 - ☐ Black or African American
 - ☐ White
 - ☐ American Indian or Alaska Native
 - ☐ Asian
 - ☐ Native Hawaiian or other Pacific Islander
 - ☐ Middle Eastern or North African
 - ☐ Other _____
7. How many children less than 18 years old live in your household? _____
8. What is the highest level of education you have completed?
 - ☐ Never attended school or only attended kindergarten
 - ☐ Grades 1-8 (elementary)

- ☐ Grades 9-11 (some high school)
 - ☐ Grade 12 or GED (high school equivalency certificate)
 - ☐ College 1 year to 3 years (some college or technical school)
 - ☐ College 4 years or more (college graduate)
 - ☐ Master's degree or above
9. What languages do you speak at home (choose all that apply)?
- ☐ English
 - ☐ Spanish
 - ☐ Mixteco
 - ☐ Other _____
10. What kind of health insurance do you have?
- ☐ CenCal/MediCal
 - ☐ Medicare
 - ☐ Indian Health Service
 - ☐ Covered California
 - ☐ Health insurance provided through work
 - ☐ Other _____
 - ☐ None
11. Is your household income from all sources...?:
- ☐ Less than \$10,000
 - ☐ Between \$10,000 and \$15,000
 - ☐ Between \$15,000 and \$25,000
 - ☐ Between \$25,000 and \$35,000
 - ☐ Between \$35,000 and \$50,000
 - ☐ Between \$50,000 and \$75,000
 - ☐ \$75,000 or more

Cuestionario demográfico de grupos focales

Tómese unos minutos para responder las siguientes preguntas escribiendo en la línea o marcando la casilla. Todas las preguntas son opcionales y las respuestas permanecerán confidenciales.

1. ¿Cuál es su código postal? _____

2. ¿En qué vecindad vive? _____

3. ¿Cuál es su edad? _____

4. ¿Cuál es su género?

- ☐ Mujer
- ☐ Hombre
- ☐ No binario/género no conforme
- ☐ Otro
- ☐ Mejor no decir

5. ¿Eres hispano o latino/a?

- ☐ sí
- ☐ No

6. ¿Cuál o más de las siguientes diría que es su raza (marque todas las que correspondan)?

- ☐ Negro o afroamericano
- ☐ Blanco
- ☐ Indio Americano o Nativo de Alaska
- ☐ Asiático
- ☐ Nativo de Hawái u otro isleño del Pacífico
- ☐ Medio Oriente o África del Norte
- ☐ u Otro _____

7. ¿Cuántos niños menores de 18 años viven en su hogar? _____

8. ¿Cuál es el nivel más alto de educación que ha completado?

- ☐ Nunca asistió a la escuela o solo asistió al jardín de niños
- ☐ Grados 1-8 (primaria)
- ☐ Grados 9-11 (algunos de la escuela secundaria)

- ☐ Grado 12 o GED (certificado de equivalencia de escuela secundaria)
- ☐ Universidad 1 año a 3 años (alguna universidad o escuela técnica)
- ☐ Universidad 4 años o más (graduado universitario)
- ☐ Maestría o superior

9. ¿Qué idiomas habla en casa (elijá todos los que correspondan)?

- ☐ inglés
- ☐ español
- ☐ mixteco
- ☐ Otro _____

10. ¿Qué tipo de seguro de salud tiene?

- ☐ CenCal/Médico
- ☐ Medicare
- ☐ Servicio de Salud Indígena
- ☐ Cubierto de California
- ☐ Seguro de salud proporcionado a través del trabajo
- ☐ Otro _____

11. ¿Los ingresos de su hogar de todas las fuentes...?:

- ☐ Menos de \$10,00
- ☐ Entre \$10,000 y \$15,000
- ☐ Entre \$15,000 y \$25,000
- ☐ Entre \$25,000 y \$35,000
- ☐ Entre \$35,000 y \$50,000
- ☐ Entre \$50,000 y \$75,000
- ☐ \$75,000 o más

Prioritization Survey in English and Spanish

Thank you for your willingness to complete this survey! Cottage Health, Santa Barbara County Public Health Department, and community partners recently conducted the 2022 Community Health Needs Assessment (CHNA) to better understand health needs and opportunities in the community.

Your input is a valuable part of the process in this survey of Santa Barbara County residents.

We recognize that some of these questions may extend beyond your direct area of expertise. As you take the survey, please consider the interests and needs of all members of our community. The list of health indicators included in this survey were developed from previous CHNA findings as well as topics that were mentioned in the Listening Tour.

Evaluación de necesidades de salud de la comunidad 2022 - Encuesta de priorización

¡Gracias por su disposición a completar esta encuesta! Cottage Health, el Departamento de Salud Pública del Condado de Santa Barbara y los socios comunitarios realizaron recientemente la Evaluación de necesidades de salud de la comunidad (CHNA) 2022 para comprender mejor las necesidades y oportunidades de salud en la comunidad.

Su aporte es una parte valiosa del proceso en esta encuesta de residentes del Condado de Santa Barbara.

Reconocemos que algunas de estas preguntas pueden extenderse más allá de su área directa de especialización. Al realizar la encuesta, tenga en cuenta los intereses y las necesidades de todos los miembros de nuestra comunidad. La lista de indicadores de salud incluidos en esta encuesta se desarrolló a partir de hallazgos previos de la CHNA, así como de temas que se mencionaron en la Listening Tour (recorrido para recaudar opiniones).

1: Please rate the following health indicators based on need.

	No need exists in our community	Some need exists in our community	Significant need exists in our community
Insurance Coverage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to Primary Care Provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost of Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to Dental Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Inactivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food Insecurity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing Insecurity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking E- cigarettes (vaping)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety and Other Mental Health Disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Serious Mental Illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adverse Childhood Experiences (ACEs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resilience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maternal Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth Behavioral Health (mental health and substance use)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COVID-19 Impacts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

1. Califique los siguientes indicadores de salud según sus necesidades

	No existen ningunas necesidades en nuestra comunidad	Existen algunas necesidades en nuestra comunidad	Existen importantes necesidades en nuestra comunidad
Cobertura del seguro médico	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acceso a médicos de cabecera	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Costo de la atención médica	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acceso a la atención dental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesidad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inactividad física	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inseguridad alimentaria	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inseguridad habitacional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fumar cigarrillos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fumar cigarrillos electrónicos (vapear)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consumo de alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salud mental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depresión	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ansiedad y otros trastornos de salud mental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enfermedad mental grave.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Experiencias infantiles adversas (ACEs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resiliencia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salud materna	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salud conductual juvenil (salud mental y uso de sustancias)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Impactos de COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Please rate the following health indicators based on perceived urgency in the community.

	No urgency exists in our community	Some urgency exists in our community	Significant urgency exists in our community
Insurance Coverage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to Primary Care Provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost of Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to Dental Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Inactivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food Insecurity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing Insecurity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking E-cigarettes (vaping)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety and Other Mental Health Disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Serious Mental Illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adverse Childhood Experiences (ACEs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resilience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maternal Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth Behavioral Health (mental health and substance use)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COVID-19 Impacts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Califique los siguientes indicadores de salud según la urgencia percibida en la comunidad

	No existe ninguna urgencia en nuestra comunidad	Existe cierta urgencia en nuestra comunidad	Existe una urgencia significativa en nuestra comunidad
Cobertura del seguro médico	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acceso a médicos de cabecera	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Costo de la atención médica	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acceso a la atención dental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesidad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inactividad física	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inseguridad alimentaria	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inseguridad habitacional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fumar cigarrillos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fumar cigarrillos electrónicos (vapear)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consumo de alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salud mental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depresión	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ansiedad y otros trastornos de salud mental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enfermedad mental grave.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Experiencias infantiles adversas (ACEs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resiliencia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salud materna	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salud conductual juvenil (salud mental y uso de sustancias)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Impactos de COVID- 19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. What are the three most urgent needs facing the community?

Health Indicator	
#1 - Most Urgent	<input type="text"/>
#2	<input type="text"/>
#3	<input type="text"/>

3. ¿Cuáles son las tres necesidades más urgentes que enfrenta la comunidad? Indicador de salud:

Health Indicator	
#1 - Más Urgente	<input type="text"/>
#2	<input type="text"/>
#3	<input type="text"/>

4. Please rate the following health indicators based on the extent to which community organizations in Santa Barbara County are collaborating effectively to address the issue.

Collaboration is defined here as longer term interaction based on shared mission, goals, decision-making, and resources.

	There is no effective collaboration of efforts around this issue	There is a little effective collaboration of efforts around this issue	There is a lot of effective collaboration of efforts around this issue
Insurance Coverage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to Primary Care Provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost of Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to Dental Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Inactivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food Insecurity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing Insecurity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking E-cigarettes (vaping)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety and Other Mental Health Disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Serious Mental Illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adverse Childhood Experiences (ACEs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resilience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maternal Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth Behavioral Health (mental health and substance use)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COVID-19 Impacts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Por favor, califique los siguientes indicadores de salud en función de la medida en que las organizaciones comunitarias en el Condado de Santa Barbara están colaborando de manera efectiva para abordar el problema.

La colaboración se define aquí como una interacción a más largo plazo basada en una misión, objetivos, toma de decisiones y recursos compartidos.

	No hay una colaboración efectiva de	Hay menor colaboración efectiva de esfuerzos en torno a este tema	Hay mayor colaboración efectiva de los esfuerzos en torno a este tema
Cobertura del seguro médico	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acceso a médicos de cabecera	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Costo de la atención médica	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acceso a la atención dental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesidad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inactividad física	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inseguridad alimentaria	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inseguridad habitacional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fumar cigarrillos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fumar cigarrillos electrónicos (vapear)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consumo de alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salud mental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depresión	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ansiedad y otros trastornos de salud mental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enfermedad mental grave.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Experiencias infantiles adversas (ACEs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resiliencia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salud materna	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salud conductual juvenil (salud mental y uso de sustancias)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Impactos de COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Please rate the following health indicators on the extent to which certain populations (e.g., racial/ethnic, low-income, or low education) are adversely affected.

	Does not affect certain populations disproportionately	Has a small impact on certain populations disproportionately	Greatly impacts certain populations disproportionately
Insurance Coverage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to Primary Care Provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost of Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to Dental Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Inactivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food Insecurity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing Insecurity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking E- cigarettes (vaping)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety and Other Mental Health Disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Serious Mental Illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adverse Childhood Experiences (ACEs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resilience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maternal Health Stigma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth Behavioral Health (mental health and substance use)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COVID-19 Impacts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Por favor, califique los siguientes indicadores de salud sobre la medida en que ciertas poblaciones (por ejemplo, racial/étnica, de bajos ingresos o baja educación) se ven afectadas negativamente.

	No afecta a ciertas poblaciones de manera desproporcio	Tiene menor impacto en ciertas poblaciones de manera desproporcionada	Tiene mayor impacto en ciertas poblaciones de manera desproporcionada
Cobertura del seguro médico	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acceso a médicos de cabecera	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Costo de la atención médica	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acceso a la atención dental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesidad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inactividad física	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inseguridad alimentaria	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inseguridad habitacional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fumar cigarrillos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fumar cigarrillos electrónicos (vapear)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consumo de alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salud mental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depresión	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ansiedad y otros trastornos de salud mental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enfermedad mental grave.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Experiencias infantiles adversas (ACEs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resiliencia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salud materna	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salud conductual juvenil (salud mental y uso de sustancias)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Impactos de COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Please rate the extent to which resources exist in the community to address the health indicators.

	No community resources	Limited community resources	A lot of community resources
Insurance Coverage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to Primary Care Provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost of Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to Dental Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Inactivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food Insecurity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing Insecurity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking E-cigarettes (vaping)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety and Other Mental Health Disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Serious Mental Illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adverse Childhood Experiences (ACEs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resilience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maternal Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth Behavioral Health (mental health and substance use)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COVID-19 Impacts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Por favor, califique en qué medida existen recursos para abordar los indicadores de salud en la comunidad.

	No hay recursos comunitarios	Hay recursos comunitarios limitados	Hay una mayor cantidad de recursos comunitarios
Cobertura del seguro médico	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acceso a médicos de cabecera	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Costo de la atención médica	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acceso a la atención dental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesidad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inactividad física	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inseguridad alimentaria	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inseguridad habitacional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fumar cigarrillos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fumar cigarrillos electrónicos (vapear)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consumo de alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salud mental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depresión	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ansiedad y otros trastornos de salud mental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enfermedad mental grave.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Experiencias infantiles adversas (ACEs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resiliencia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salud materna	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salud conductual juvenil (salud mental y uso de sustancias)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Impactos de COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Please list the resources available in our community to address these health indicators (e.g., names of organizations, people, programs, or other resources).

Insurance Coverage	<input type="text"/>
Access to Primary Care Provider	<input type="text"/>
Cost of Care	<input type="text"/>
Access to Dental Care	<input type="text"/>
Obesity	<input type="text"/>
Diabetes	<input type="text"/>
Physical Inactivity	<input type="text"/>
Food Insecurity	<input type="text"/>
Housing Insecurity	<input type="text"/>
Smoking Cigarettes	<input type="text"/>
Smoking E-cigarettes (vaping)	<input type="text"/>
Alcohol Use	<input type="text"/>
Mental Health	<input type="text"/>
Depression	<input type="text"/>
Anxiety and Other Mental Health Disorders	<input type="text"/>
Serious Mental Illness	<input type="text"/>
Adverse Childhood Experiences (ACEs)	<input type="text"/>
Resilience	<input type="text"/>
Maternal Health	<input type="text"/>
Youth Behavioral Health (mental health and substance use)	<input type="text"/>
COVID-19 Impacts	<input type="text"/>

7. Enumere los recursos disponibles en nuestra comunidad para abordar estos indicadores de salud (por ejemplo, nombres de organizaciones, personas, programas u otros recursos).

Cobertura del seguro médico	<input type="text"/>
Acceso a médicos de cabecera	<input type="text"/>
Costo de la atención médica	<input type="text"/>
Acceso a la atención dental	<input type="text"/>
Obesidad	<input type="text"/>
Diabetes	<input type="text"/>
Inactividad física	<input type="text"/>
Inseguridad alimentaria	<input type="text"/>
Inseguridad habitacional	<input type="text"/>
Fumar cigarrillos	<input type="text"/>
Fumar cigarrillos electrónicos (vapear)	<input type="text"/>
Consumo de alcohol	<input type="text"/>
Salud mental	<input type="text"/>
Depresión	<input type="text"/>
Ansiedad y otros trastornos de salud mental	<input type="text"/>
Enfermedad mental grave.	<input type="text"/>
Experiencias infantiles adversas (ACEs)	<input type="text"/>
Resiliencia	<input type="text"/>
Salud materna	<input type="text"/>
Salud conductual juvenil (salud mental y uso de sustancias)	<input type="text"/>
Impactos de COVID-19	<input type="text"/>

Community Health Needs Assessment - 2019 Feedback

Cottage Health completed the last Community Health Needs Assessment (CHNA) in 2019. The 2019 CHNA report and implementation strategy for Santa Barbara Cottage Hospital, Goleta Valley Cottage Hospital, and Santa Ynez Valley Cottage Hospital can be found [here](#).

8. Have this report and implementation strategy been helpful to you in the past three years?

Yes

No

Please elaborate.

Comentarios acerca de la Evaluación de necesidades de salud de la comunidad del 2019

Cottage Health completó la última Evaluación de necesidades de salud de la comunidad (CHNA) en el 2019. El informe de CHNA del 2019 y la estrategia de implementación para Santa Barbara Cottage Hospital, Goleta Valley Cottage Hospital y Santa Ynez Valley Cottage Hospital se pueden encontrar [aquí](#).

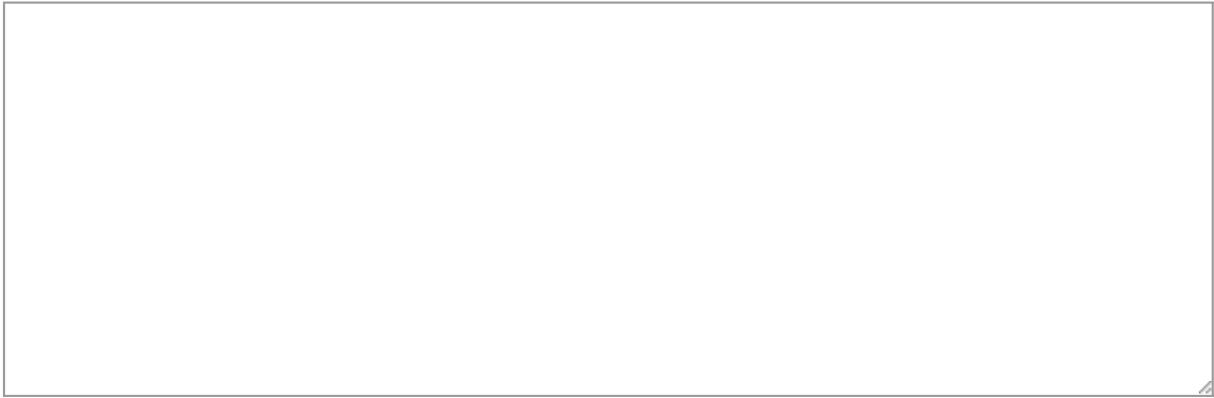
8. ¿Este informe y la estrategia de implementación le han sido útiles en los últimos tres años?

Sí


No

Por favor, elabore.

9. What can Cottage Health do to make this information more useful to you and your organization in the future? *Open response- text box*

A large, empty rectangular text box with a thin black border, intended for an open response. A small cursor icon is visible in the bottom right corner.

9. ¿Qué puede hacer Cottage Health para que esta información sea más útil para usted y su organización en el futuro?

A large, empty rectangular text box with a thin black border, intended for an open response. A small cursor icon is visible in the bottom right corner.

10. Which best describes the type of organization you work for? (select one)

- ☐ Business/for-profit organization
- ☐ College or university
- ☐ Cottage Health
- ☐ Health care system, hospital, clinic, skilled nursing facility, treatment facility
- ☐ Health department
- ☐ Nonprofit or community-based organization
- ☐ Philanthropy
- ☐ School (pre-K-12)
- ☐ Tribe or tribal organization
- ☐ Other government agency
- ☐ Community resident or volunteer (no organizational affiliation)
- ☐ National association (e.g., American Heart Association, American Cancer Society, etc.)
- ☐ Other (please specify)

10. ¿Cuál de las siguientes opciones describe mejor el tipo de organización para la que trabaja? (seleccione una respuesta).

- ☐ Empresa/organización con fines de lucro
- ☐ Universidad
- ☐ Cottage Health
- ☐ Sistema de atención médica, hospital, clínica, centro de enfermería especializada, centro de tratamiento
- ☐ Departamento de salud
- ☐ Organización sin fines de lucro u organización comunitaria
- ☐ Filantropía
- ☐ Escuela de educación primaria (pre-K-12)
- ☐ Tribu u organización tribal
- ☐ Otra agencia gubernamental
- ☐ Residente comunitario o voluntario (sin afiliación organizacional)
- ☐ Asociación nacional, por ejemplo, American Heart Association (Asociación Americana del Corazón)
American Cancer Society (Sociedad Americana del Cáncer) etc.
- ☐ Otro (especifique)

11. What sector best describes your organization? (select one)

- ☐ Alcohol/drug treatment
- ☐ Assault/abuse services
- ☐ Child care
- ☐ Community center
- ☐ Education
- ☐ Employment/workforce development
- ☐ Food systems/support (e.g., food banks)
- ☐ Health care
- ☐ Health promotion/health education
- ☐ Housing (e.g., low-income, long-term housing)
- ☐ Shelter (e.g., emergency, transitional)
- ☐ Law and justice
- ☐ Mental health
- ☐ Parks and recreation
- ☐ Physical fitness
- ☐ Senior services
- ☐ Social services
- ☐ Transportation
- ☐ N/A - no current affiliation
- ☐ Other (please specify)

11. ¿Qué sector describe mejor su organización? (seleccione una respuesta).

- ☐ Tratamiento para el consumo de alcohol y drogas
- ☐ Servicios de agresión/abuso
- ☐ Cuidado de niños
- ☐ Centro comunitario
- ☐ Educación
- ☐ Empleo/desarrollo de la mano de obra
- ☐ Sistemas/apoyos alimentarios (por ejemplo, bancos de alimentos)
- ☐ Atención médica
- ☐ Promoción/educación de la salud
- ☐ Vivienda (por ejemplo, vivienda de bajos ingresos, vivienda a largo plazo)
- ☐ Refugio (por ejemplo, de emergencia, de transición)
- ☐ Derecho y justicia
- ☐ Salud mental
- ☐ Parques y recreación
- ☐ Condición física
- ☐ Servicios para personas mayores
- ☐ Servicios sociales
- ☐ Transporte
- ☐ N/A - sin afiliación actual
- ☐ Otro (especifique)

12. Did you or your organization participate in Cottage Health's recent Listening Tour? (select one)

- ☐ Yes, I attended the Listening Tour on behalf of my organization or department.
- ☐ Yes, another representative from my organization or department attended the Listening Tour.
- ☐ No, my organization or department did not participate in the Listening Tour.

12. ¿Usted o su organización participaron en la reciente Listening Tour de Cottage Health?

(seleccione una respuesta)

- ☐ Sí, asistí al Listening Tour en nombre de mi organización o departamento.
- ☐ Sí, otro representante de mi organización o departamento asistió al Listening Tour.
- ☐ No, mi organización o departamento no participó en el Listening Tour.

13. Which of the following best describes where you live? (select one)

- ☐ North County
- ☐ Mid County
- ☐ South County
- ☐ Outside of Santa Barbara County
- ☐ Other (please specify)

13. ¿Cuál de las siguientes opciones describe mejor la región donde reside? (seleccione una respuesta)

- ☐ En el norte del condado
- ☐ En el centro del condado
- ☐ En el sur del condado
- ☐ Fuera del condado de Santa Barbara
- ☐ Otro (especifique)

14. Does your organization administer 50% or more of services in Spanish or Mixteco?

☐ Yes

☐ No

☐ N/A

Other (please specify)

14. ¿Su organización administra el 50% o más de los servicios en español o mixteco?

☐ Sí

☐ No

☐ N/A

Otro (especifique)