UC SANTA BARBARA



Cottage Health, Santa Barbara County Public Health Department (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. Inperson 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.

2022 LISTENING TOUR Methods

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.

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 interview 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 theCOVID-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 14 virtual focus groups with 103 representatives.

As part of the Listening Tour, we hosted a total of seven protocol interviews and 14 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 14 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 lowincome, 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 represented include those listed in Table 2 below.

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

Key Informant Interviews

Cottage Health

Maternal Child Adolescent Health (MCAH)

Mi Vida Mi Voz

Santa Barbara County Public Health Department

Santa Barbara County Department of Behavioral Wellness

Women, Infants and Children Program (WIC)

YouthWell Coalition

COVID-19 Impacts: Focus Groups and Interviews

Alpha Resource Center

CenCal Health

CommUnify

Community Health Centers of the Central Coast

Cottage Health

Cuyama Valley Family Resource Center

Dorothy Jackson Family Resource Center in Lompoc

Family Service Agency

FoodBank of Santa Barbara County

Goleta Public Library

Housing Authority of the City of Santa Barbara

Isla Vista Youth Projects

Latino Elders Outreach Network (LEON)

Legal Aid Foundation Of Santa Barbara County

Little House by the Park in Guadalupe

Lompoc Valley Medical Center

Marian Regional Medical Center

Pacific Pride Foundation

PATH

Rescue Mission

Rona Barrett Foundation

Santa Barbara Alliance for Community Transformation (SB ACT)

Santa Barbara County Department of Behavioral Wellness

Santa Barbara County Department of Social Services

Santa Barbara County Public Health Department

Santa Barbara Neighborhood Clinic

Santa Barbara Public Library

Santa Maria Public Library

Santa Ynez Valley People Helping People

United Boys & Girls Club

United Way of Santa Barbara County

Maternal Health Equity: Focus Groups and Interviews

CALM

Carpinteria Children's Project

Carpinteria Health Care Center

Dar a Luz: Legal Rights for Farmworkers in Pregnancy and Postpartum

Domestic Violence Solutions

Family Service Agency

First 5 Santa Barbara County

Franklin Health Care Center

La Leche League of Santa Barbara

Lompoc Health Care Center

Lompoc Valley Medical Center

Mamatoto Santa Barbara

Marian Regional Medical Center

Maternal Child Adolescent Health (MCAH)

Mixteco Indigena Organizing Project (MICOP)

MOPS Goleta

Planned Parenthood California Central Coast

Sansum Clinic

Sansum Diabetes Research Institute

Santa Barbara Birth Center

Santa Barbara County Promotores Network

Santa Barbara County Public Health Department

Santa Barbara Health Care Center

Santa Maria Health Care Center

Then Comes Baby

Transition House

Welcome Every Baby (WEB)

Women, Infants & Children Program (WIC)

Youth Behavioral Health: Focus Groups and Interviews

American Indian Health & Services

CALM

CenCal Health

Cottage Health

Council on Alcoholism and Drug Abuse (CADA)

Crestwood Behavioral Health

Cuyama Joint Unified School District

Family Service Agency

Flux Coaching and Consulting

Future Leaders of America

Hope School District

Hospice of Santa Barbara

Lompoc Health Care Center

Mixteco Indigena Organizing Project (MICOP)

North County Rape Crisis & Child Protection Center

Pacific Pride Foundation

Saint Barbara Parish

Sanctuary Centers

Santa Barbara County Department of Behavioral Wellness

Santa Barbara County District Attorney

Santa Barbara County Special Education Local Plan Area (SBCSELPA)

Santa Ynez Tribal Health Clinic

Santa Ynez Valley People Helping People

YouthWell Coalition

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 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

Process

Cottage Health and SBCPHD 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 mixedmethods approach, conducting both semi-structured interviews and focus groups. In total, seven semistructured 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, 30 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 inperson 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.