

Below is a summary of overall findings from the Listening Tour. 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
4. Opportunities to address needs

Four themes emerged across the three focus areas. 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
4. Fatigue from the COVID-19 pandemic

Below includes 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)*

*The 2022 Community Health Needs Assessment (CHNA) included a Listening Tour with more than 200 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 on three topic areas:*

1. Youth behavioral health
2. Maternal health equity
3. COVID-19 pandemic impacts

*Secondary data were also obtained and incorporated from Behavioral Health Asset Mapping interviews conducted by Santa Barbara Alliance for Community Transformation (SB ACT).*

*“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 infant at 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)*