UC SANTA BARBARA

Cottage Health | Santa Barbara County PUBLIC Health DEPARTMENT

2022 LISTENING TOUR

Summary

Below is a summary of themes from the Listening Tour. Similar to the 2019 Listening Tour findings, themes have been grouped by the following:

1. Structural factors contributing to needs
2. Obstacles while seeking care
3. Challenges while providing care
4. Recommendations for improvements

Overall Themes

This section summarizes five themes that emerged across the three focus areas of youth behavioral health, maternal health equity, and COVID-19 impacts.

1. Lack of accessibility to basic needs, including healthcare
2. Barriers to care due to language
3. Stigma around mental health and other services
4. Social media presence and dissemination of misinformation
5. Fatigue from the COVID-19 pandemic

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 around 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).

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.

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

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 had an effect on well-being outcomes,** including mental health.

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.

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

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.

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

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.

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.**

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.

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.

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.

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.

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

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.

Challenges Providing Care: Social Media and Dissemination of Misinformation

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

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

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

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

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

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 fifth salient theme found across all three subtopic areas.

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

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

Findings within Youth Behavioral Health

This section addresses the key themes within the youth behavioral health interviews and focus groups. These themes include the following:

1. Access to counseling and therapy services (structural factors contributing to needs)
2. Mental health, including mental health stigma (obstacles while seeking care)
3. Mental health, including stigma and substance use (challenges to providing care)
4. Recommendations for improvement

Structural Factors: Access to Counseling and Therapy Services

Youth are struggling to access counseling and therapy services. This includes:

- General increase in requests for services
- Shortage of services available, including among school-based offerings
- Challenges in accessing appointments in a timely manner
- Lack of responsiveness from providers when scheduling
- Insurance not being accepted if it's not Medi-Cal
- Sense that problems are not big enough to warrant help
- Larger issues arising because of lack of earlier access
- Not enough inpatient beds

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.

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

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

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.**

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.**

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

Obstacles While Seeking Care: Mental Health and Stigma

Mental health stigma prevents youth from accessing the care they need, especially among Hispanic/Latinx students who lack access to culturally relevant service providers.

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.

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.**

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

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.

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

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

An increase in mental health needs and substance use, coupled with mental health stigma, makes providing care challenging.

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.

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

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

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.

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

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.

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

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.

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.

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

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.**

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

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.

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

Findings within COVID-19 Impacts

This section addresses the key themes 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.

Themes include the following:

1. Access to services and resources continues to be limited, and this lack of access to care is affecting people's current health status (structural factors)
2. Increases in mental health needs, including serious mental health needs, and the lack of availability of mental health providers (obstacles while seeking care)
3. Recruiting and retaining service providers due to the high cost of living and burnout (obstacles providing care)
4. Maintain and strengthen communication across service providers and with patients/clients (recommendations for improvements)

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.

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.

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.

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

Challenges 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.

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

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.

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.

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.

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.

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.

Findings within Maternal Health Equity

This section highlights the key themes within the maternal health equity interviews and focus groups. This includes:

1. Access to providers, particularly culturally and linguistically responsive providers and services (structural factors and obstacles while seeking care)
2. Misinformation/mistrust of experts (challenges in providing care)
3. Recommendations for improvements

Structural Factors: Access to Providers and Services

Pregnant people face challenges in accessing providers and services, particularly those that are culturally and linguistically responsive. This reflects both structural factors and obstacles while seeking care. This includes:

- Not enough providers and scarcity of availability of care
- Lack of culturally and linguistically relevant services and providers, with more intense barriers for Indigenous and migrant communities
- Gaps in services that are critical at various stages in pregnancy, particularly mental health care
- Few educational resources for new and young mothers
- Access to childcare services should be seen as an important part of maternal health care

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.

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.

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

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

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.

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

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.

Challenges 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.

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

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.

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.

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.

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.