2022 Westside Needs Assessment Report

UC SANTA BARBARA

Santa Barbara County PUBLIC Health DEPARTMENT

Cottage Health

EXECUTIVE SUMMARY

Cottage Health, Santa Barbara County Public Health Department (SBCPHD), and University of California, Santa Barbara's Center for Evaluation & Assessment partnered with community organizations and agencies to conduct the Westside Needs Assessment (WNA). Assessing the most pressing health needs, this report describes the well-being and selected social determinants of health for residents living on the Westside Community of Santa Barbara City.

Methods

The Westside Needs Assessment gathered the strengths, needs, and opportunities of the Westside of the City of Santa Barbara through a stratified random sample collected door-to-door and online. The 60-question survey was conducted in English and Spanish of Census Tracts 11.01 and 11.02.

Questions were included from state and national questionnaires (e.g., BRFSS, CHIS) and were selected to assess the health and well-being of Westside residents. For comparability, select questions match those asked in the county-wide random survey included in the 2022 Community Health Needs Assessment (CHNA).

Totaling 166 household responses, the sample was statistically weighted to increase the representativeness and match the demographics of these census tracts. Complete results of the WNA and 2022 Community Health Needs Assessment can be accessed here.

Overview of Findings

The Westside is a vibrant community with many strengths. Those identified by its residents include a strong sense of community and support for each other, a walkable neighborhood that allow residents to easily connect with each other and access restaurants and other businesses, and an overall sense of calmness and peacefulness throughout the community. These strengths help to create a resilient and strong community.

Specific needs also exist in the community, and residents have identified several opportunities to help the community continue to thrive. These services include increasing access to educational programs for adults and children. The adult educational need is primarily focused on English language acquisition and workforce development. The children educational need is broader in scope and includes after-school programs such as tutoring centers for children of all ages to help support their educational attainment. Other frequently reported service needs include increased access to fresh food, such as new grocery stores and the introduction of a local farmer's market to improve the variety and quality of available foods. Additionally, childcare services are a high need area, as the residents noted that there are few high-quality options available to them.

Broader trends in the data also suggest that the Westside struggles with issues of health, housing, food security, and homelessness when compared to Santa Barbra County. For example, the Westside appeared to have lower reported rates of overall good health, health insurance coverage, and housing security when compared to the County. There were also large differences within the Westside based on demographic characteristics, such as income, education, and race/ethnicity. A summary of the main findings within each domain are presented below, and more details are offered within this report.

Health

Overall health reports appeared significantly worse for the Westside when compared to County levels (76% Westside overall good or better health vs. 84% County). The Westside appeared to have lower levels of physical inactivity (11% Westside; 16% County), and lower levels of poor mental health (17% Westside; 21% County). However, there were large disparities in general health, physical inactivity, and mental health based

on race/ethnicity, education, and income. For example, families earning less than $35k a year had lower rates of good health and higher rates of physical inactivity when compared to the overall Westside community.

Health Insurance

Issues related to health insurance were present throughout the Westside area. The Westside residents appeared to have significantly lower levels of health insurance compared to County levels (78% Westside; 94% County). There were disparities in access to health insurance based on race/ethnicity, level of education, gender, and income. For example, lower income residents were more likely to be uninsured when compared to higher income residents.

Housing

Issues related to housing access, homelessness, and home density were present throughout the Westside area. Overall, the Westside had significantly higher levels of housing insecurity (21%) when compared to County levels (11%). A similar trend was also present for homelessness rates, where 23% of Westside residents had experienced homelessness at some point in their lives, while it was only 12% in the County. Additionally, there were large disparities in housing insecurity, homelessness, and housing density based on race/ethnicity, education, and income. For example, families earning less than $35k a year had higher rates of housing insecurity and homelessness and were living in denser conditions when compared to others that had more annual income.

Food

Issues related to food insecurity and access were present throughout the Westside area. The Westside food insecurity rate of 32% was higher when compared to the County rate of approximately 26%, and there were disparities based on race/ethnicity, education, and income. Additionally, many Westside respondents (30%) noted that they were unable to afford a balanced meal. Overall food quality and availability satisfaction were high (81% and 83%, respectively), but still lower than the County rates of 93% for quality and 91% for availability.

Conclusion

Findings show that health disparities exist when comparing the Westside to Santa Barbara County as a whole. Further inequities exist across race/ethnicity, income, and education demographics. These differences suggest that more resources and services are needed within the community to help alleviate these inequities.

Community engagement is needed to help better understand the community's priorities, develop targeted services to address these needs, and reach the most vulnerable Westside residents. Current collaboration between University of California, Santa Barbara, Santa Barbara Unified School District, and others to develop a community resource center has the potential to create alignment between needs identified here and services for the community.

In addition, disparities identified on the Westside indicate that at least sub-geography within Santa Barbara County is experiencing varying levels of need, and future needs assessments of other census tracts and/or municipalities could help to better understand opportunities to assist more vulnerable populations.

INTRODUCTION

The Westside Needs Assessment explored the needs and opportunities of the Westside of the City of Santa Barbara. According to Cottage Data2Go, the Westside geographic area (Census Tract 11.01 & 11.02) had a relatively large proportion of its population that is economically at or below the poverty level, and the area also deals with high-density housing and homelessness.[1] These insights led to a concerted effort to understand the needs of the Westside community better and develop a methodology that can offer a more accurate perspective on the current situation within this community.

The WNA utilized a stratified random sample method, and data were collected in English and Spanish primarily door-to-door with some online responses. This assessment methodology was informed by the Centers for Disease Control's (CDC) Community Assessment for Public Health Emergency Response (CASPER)**.** University of California, Santa Barbara (UCSB) was contracted for this project. 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.

METHODS

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 2013-2017[2], 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

[1] Measure of America, Social Science Research Council. 2017. Cottage Data2Go. http://www.cottagedata2go.org.
[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

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.

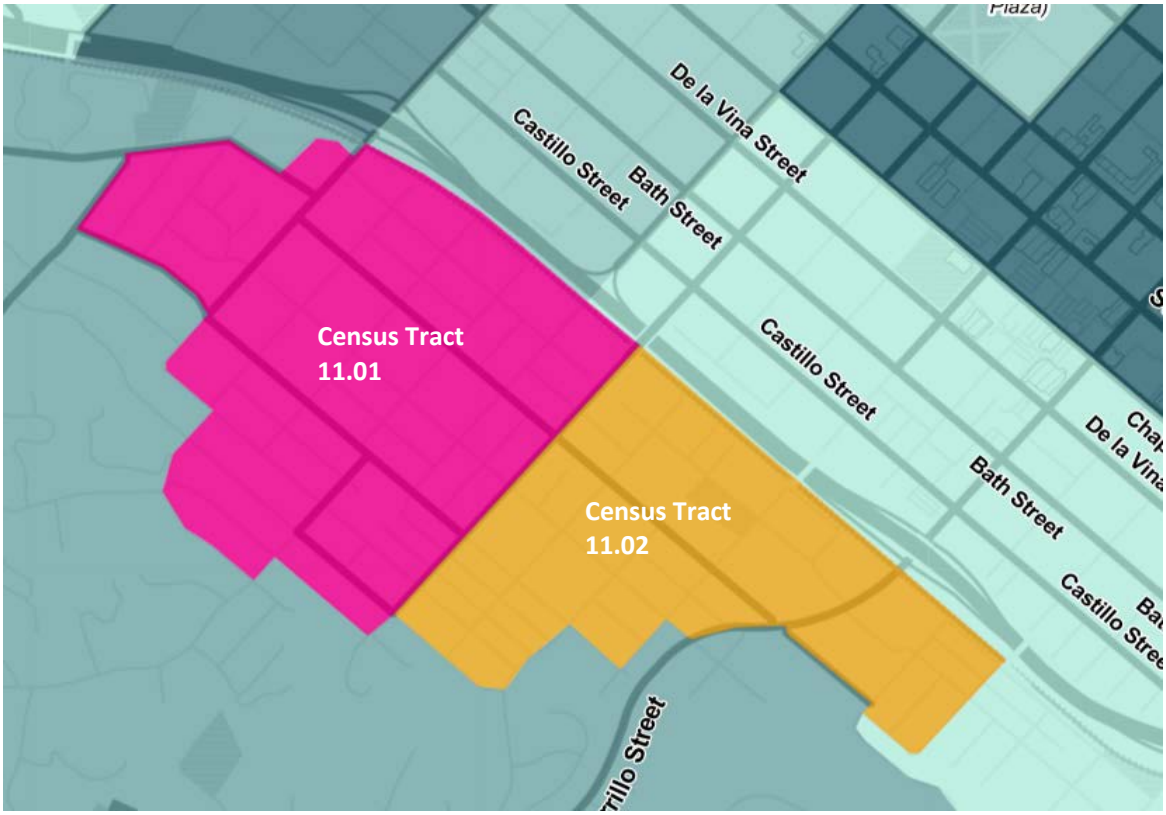
To conduct the random sampling, a household address list was created using the Federal Emergency Management Agency's (FEMA) 2018 Recovery Map Parcels GIS database. This database was combined with a census tract layer database to help identify the home addresses within the dual target census tract. Once 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). The full results from the Westside Needs Assessment can be found in Appendix A, the full survey can be found in Appendix B, and a detailed explanation of the survey analytic methods can be found in Appendix C.

DEMOGRAPHICS

The Westside community is composed of two census tracts, 11.01 and 11.02 (Figure 1). According to the 2020 Decennial Census [4], 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 1 and Table 1 for additional background on these two census tracts.

[4] 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 1. 2020 Census Tracts 11.01 and 11.02 Locations



Source: http://cottagedata2go.org/

Table 1. 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 of 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 2 – 7) display the unweighted 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, younger residents, Hispanic Ethnicity, and the college educated. Percentages below are presented unweighted.

Figure 2. Unweighted Percentage of Westside Needs Assessment Respondents, by Sex

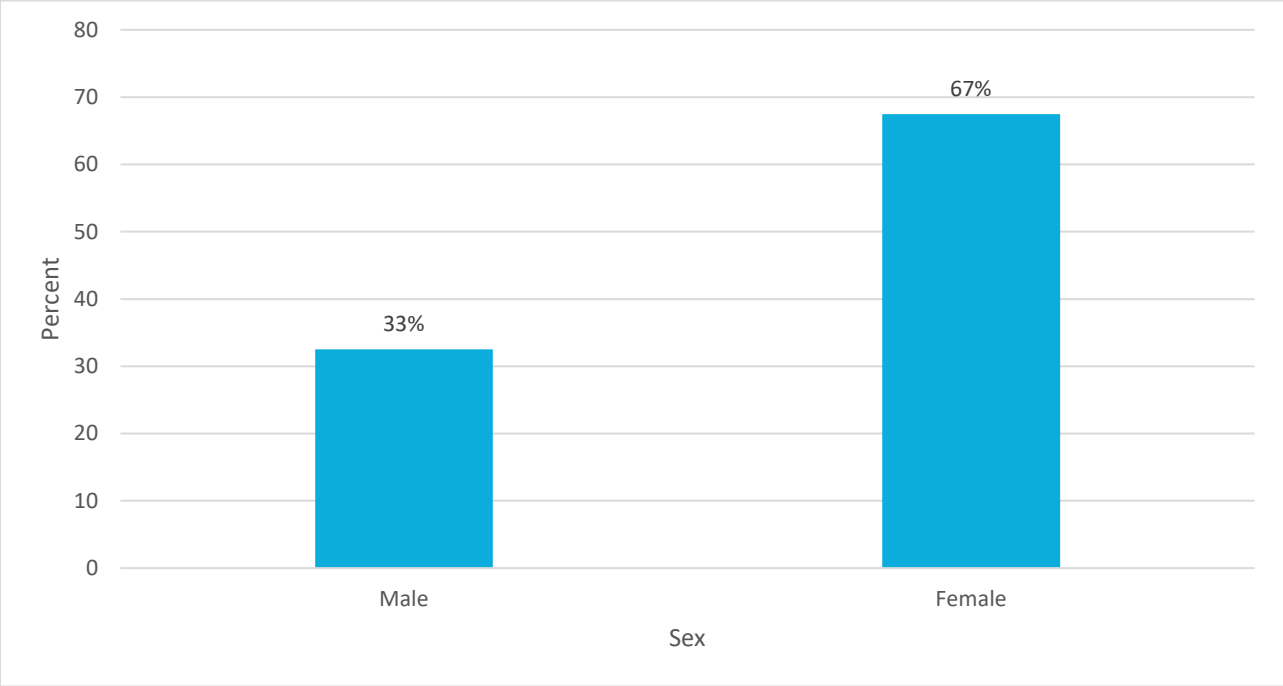


Figure 3. Unweighted Percentage of Westside Needs Assessment Respondents, by Age

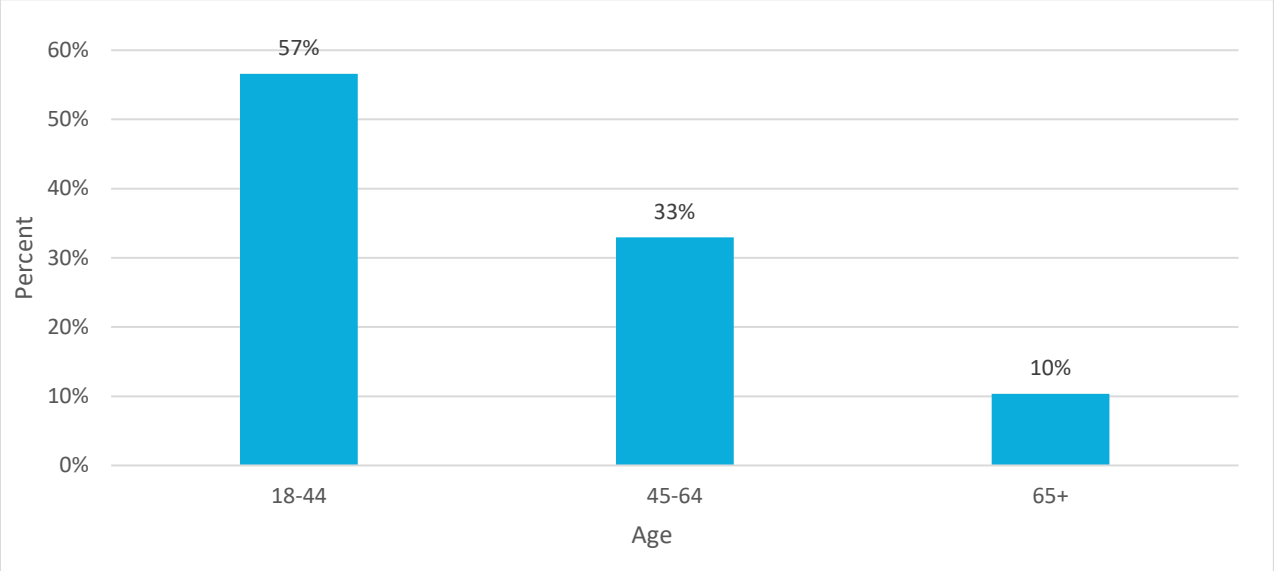


Figure 4. Unweighted Percentage of Westside Needs Assessment Respondents, by Ethnicity

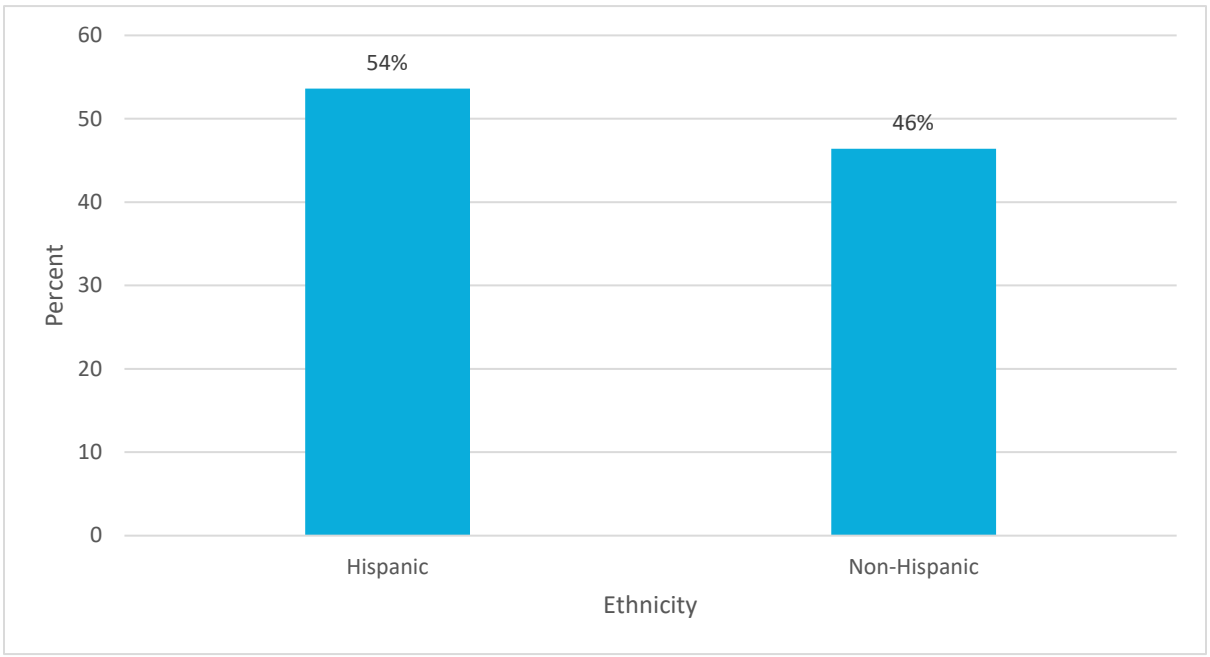


Figure 5. Unweighted Percentage of Westside Needs Assessment Respondents, by Race

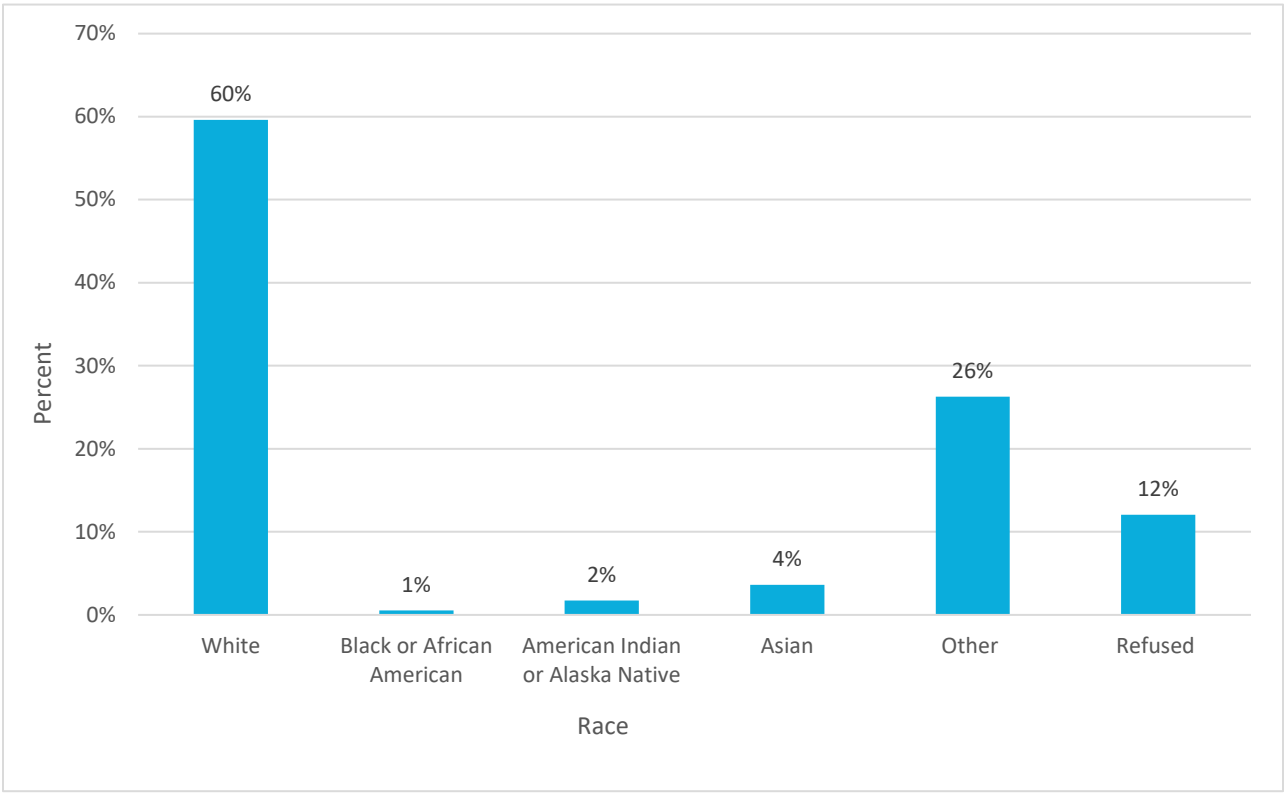


Figure 6. Unweighted Percentage of Westside Needs Assessment Respondents, by Education

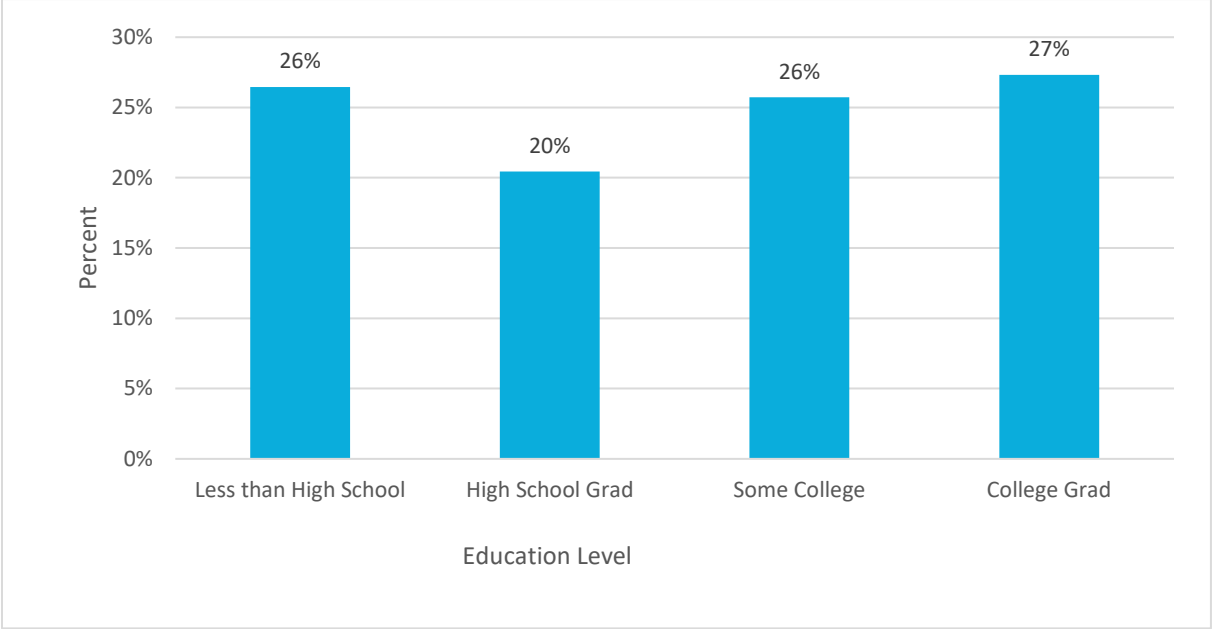
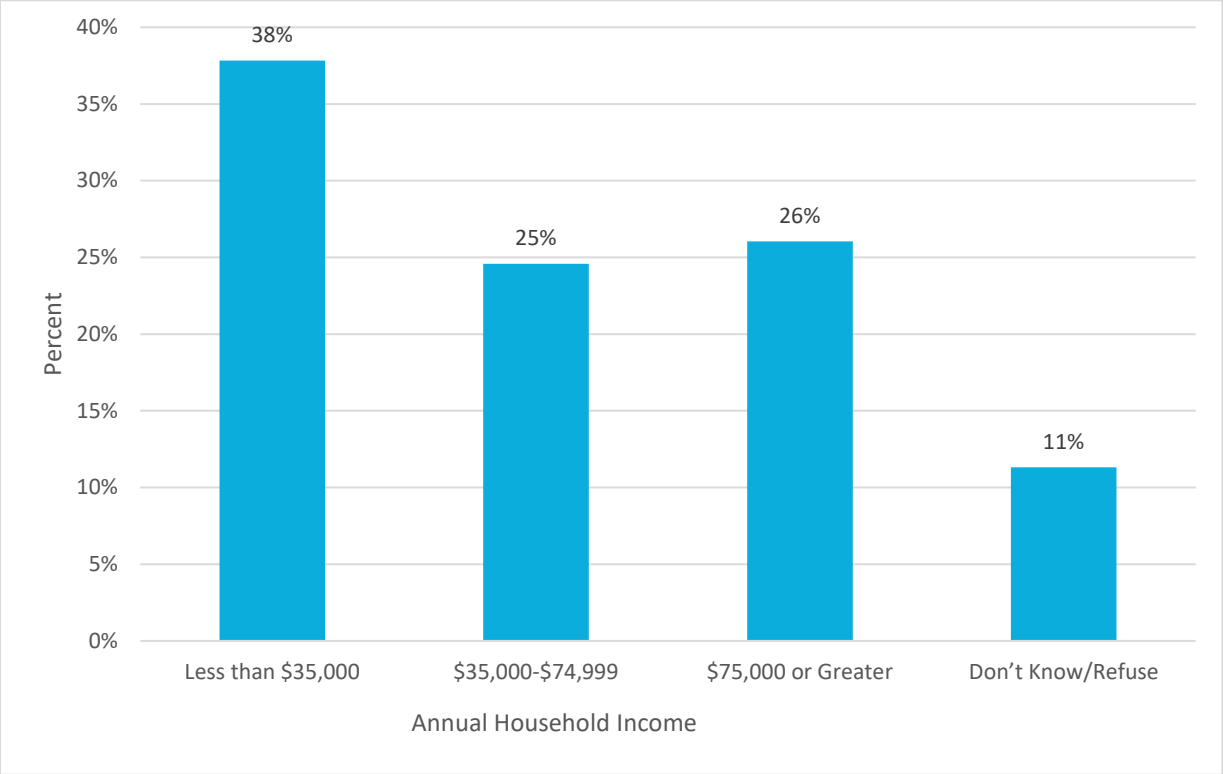


Figure 7. Unweighted Percentage of Westside Needs Assessment Respondents, by Annual Household Income



KEY FINDINGS

The following key findings represent results from the main domains that the survey covered, including health and well-being, health care access, housing, food access, and a summary of the strengths and needs that were identified by the Westside community. These indicators were compared to Santa Barbara County level data when it was possible, and provide a broader perspective on the state of the Westside community.

Health and Well-being

The Westside Needs Assessment sought an understanding of residents' overall health and well-being. Measures comparable to the County included self-reported assessments of overall health status and physical activity levels. Key findings for health and well-being of the Westside include the following:

- Overall health reports appeared significantly lower for the Westside when compared to County levels (76% Westside; 84% County).
- Physical inactivity appeared lower on the Westside (11% Westside; 16% County)
- Poor mental health rates were lower on the Westside (17% Westside; 21% County).
- Disparities exist within general health, physical inactivity, and mental health based on race/ethnicity, education, and income.

Overall Good Health

Measure

This measure was based on a question asking participants about their general health. Respondents could choose Excellent, Very Good, Good, Fair, or Poor. The results below represent the percentage of respondents who answered Good, Very Good, or Excellent to that question.

"Would you say that in general your health is ...?"

Results

The results indicate that the Westside had significantly fewer residents experiencing good or better general health when compared to County levels (76% Westside; 84% County) (Table 2). There were also large disparities within the Westside based on demographics.

As shown in Figure 8, income, education level, and race/ethnicity showed unequal levels of good general health within their categories. For example, 62% of households earning less than $35k a year reported having good or better general health, while the overall Westside level was 76%. Similar trends were observed for those with no high school degree (50%) or only high school degrees (69%), and individuals who identified as Hispanic (67%) in the race/ethnicity category.

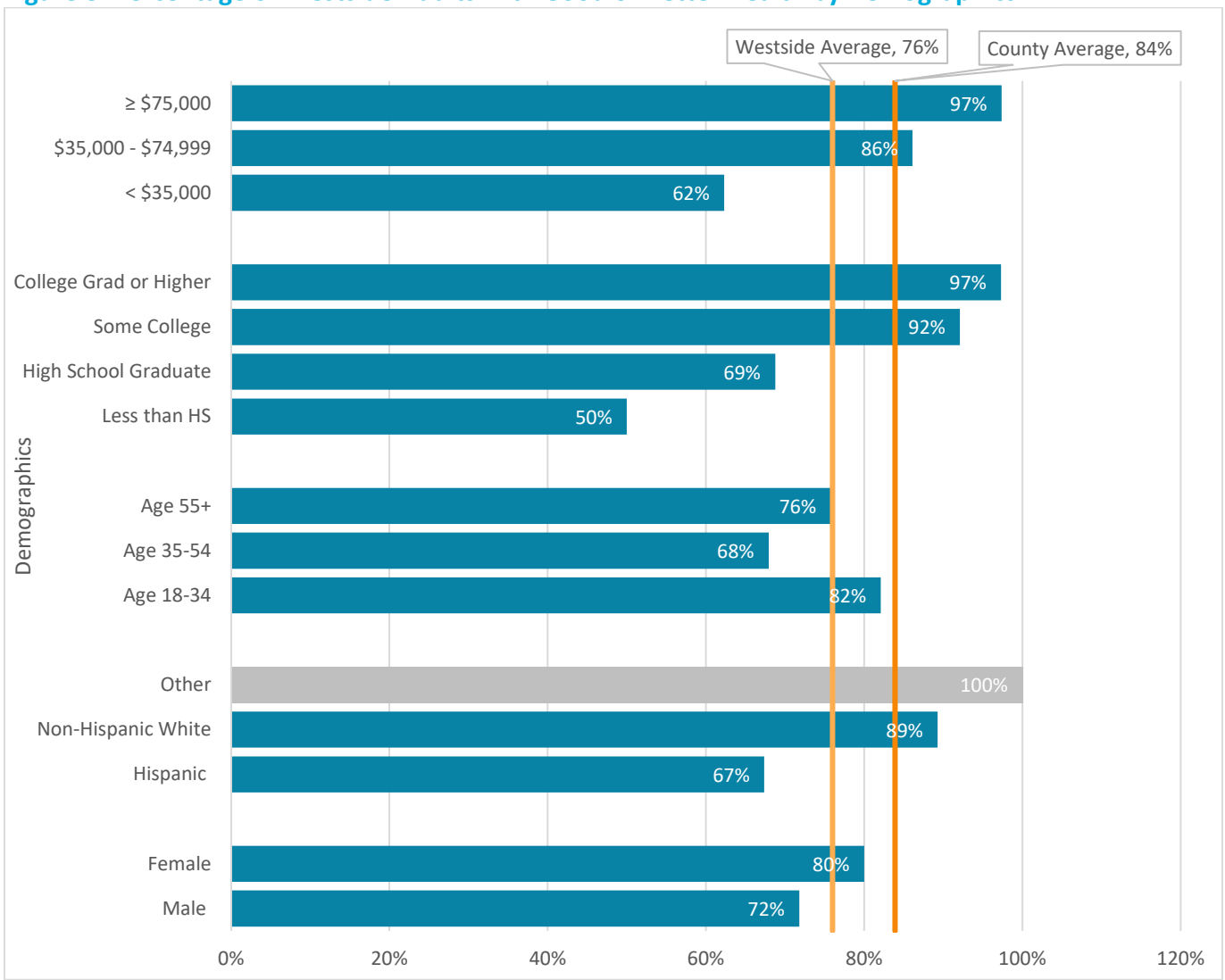
Table 2. Percentage of Westside Adults with Good or Better Health

	Westside Needs Assessment	2022 Santa Barbara County CHNA	Healthy People 2030 Target
	% (95% CI)	% (95% CI)	79.8
Overall	75.8 (69.9-81.7)	84.2 (80.9-87.5)	

Legend

No Statistical Difference	Statistical Difference (p<.05)	Unreliable Estimate (Relative standard Error >.3)

Figure 8. Percentage of Westside Adults with Good or Better Health by Demographics



Unreliable Estimate (Too few respondents)

Physical Inactivity

Measure

This measure was based on a survey item asking participants about their physical activity. Respondents could choose yes or no in response to the question. The results displayed below represent the percentage of respondents who answered No, meaning physically inactive.

During the past month did you participate in any physical activities or exercises, such as running, calisthenics, golf, gardening, or walking for exercise?

Results

The results show that the Westside had lower levels of physical inactivity when compared to County levels (11% Westside; 16% County) (Table 3). This indicates that Westside residents appear to be more physically active when compared to the County at large.

There were also disparities within the Westside based on demographics. As shown in Figure 9, income, education level, age, and race/ethnicity showed unequal levels of physical inactivity within their categories. For example, 16% of households earning less than $35k a year reported physical inactivity, while the overall Westside level was 11%. Similar trends were observed for those with no high school degree (18%) or only high school degrees (22%), individuals who identified as Hispanic (15%) in the race/ethnicity category, and respondents who were between 35-54 years of age (17%) and above 55 years old (15%).

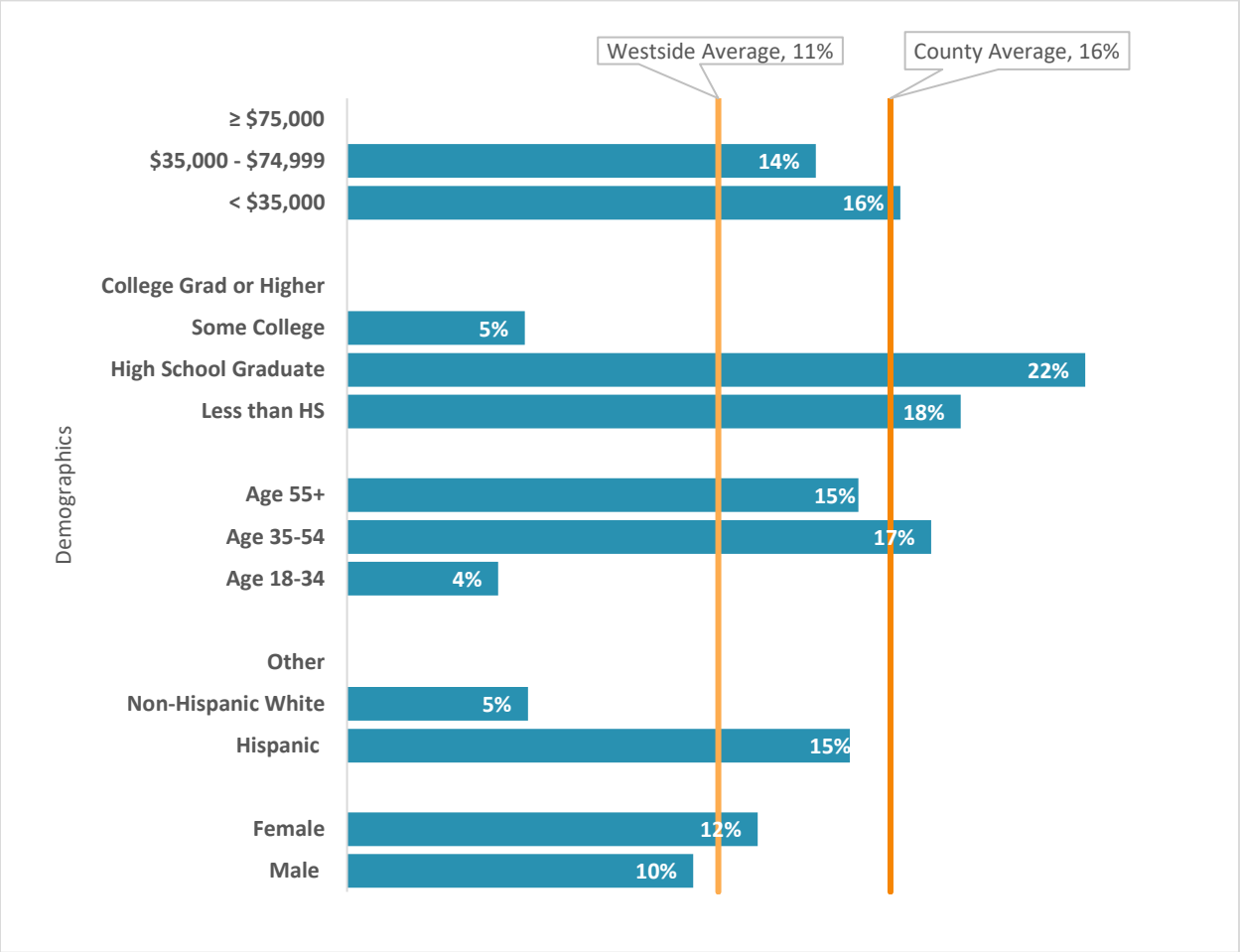
Table 3. Percentage of Westside Adults Not Physically Active

	Westside Needs Assessment	2022 Santa Barbara County CHNA	Healthy People 2030 Target
	% (95% CI)	**% (95% CI)**	**21.8**
Overall	11.2 (5.1-17.2)	16.1 (12.7-19.5)	

Legend

No Statistical Difference	Statistical Difference (p<.05)	Unreliable Estimate (Relative standard Error >.3)

Figure 9. Percentage of Westside Adults Reporting Physical Inactivity by Demographics



Poor Mental Health

Measure

This measure was based on a question asking participants about the number of days that their mental health was considered "not good." Respondents reported the number of days, and the results displayed below represent the percentage of respondents who said 15 or more poor mental health days in the past 30 days.

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?

Results

The results indicate that the Westside had significantly fewer residents experiencing poor mental health when compared to County levels (17% Westside; 21% County) (Table 4).

There were also disparities within the Westside based on demographics. As can be seen in Figure 10, income, education level, age, and race/ethnicity showed unequal levels of poor mental health within their categories. For example, 37% of households earning between $35k and $75k a year reported having poor mental health, while the overall Westside level was 17%. Similar trends were observed for those who were high school graduates only (44%), those who were 18-34 in age (27%), and individuals who identified as Non-Hispanic White (30%) in the race/ethnicity category.

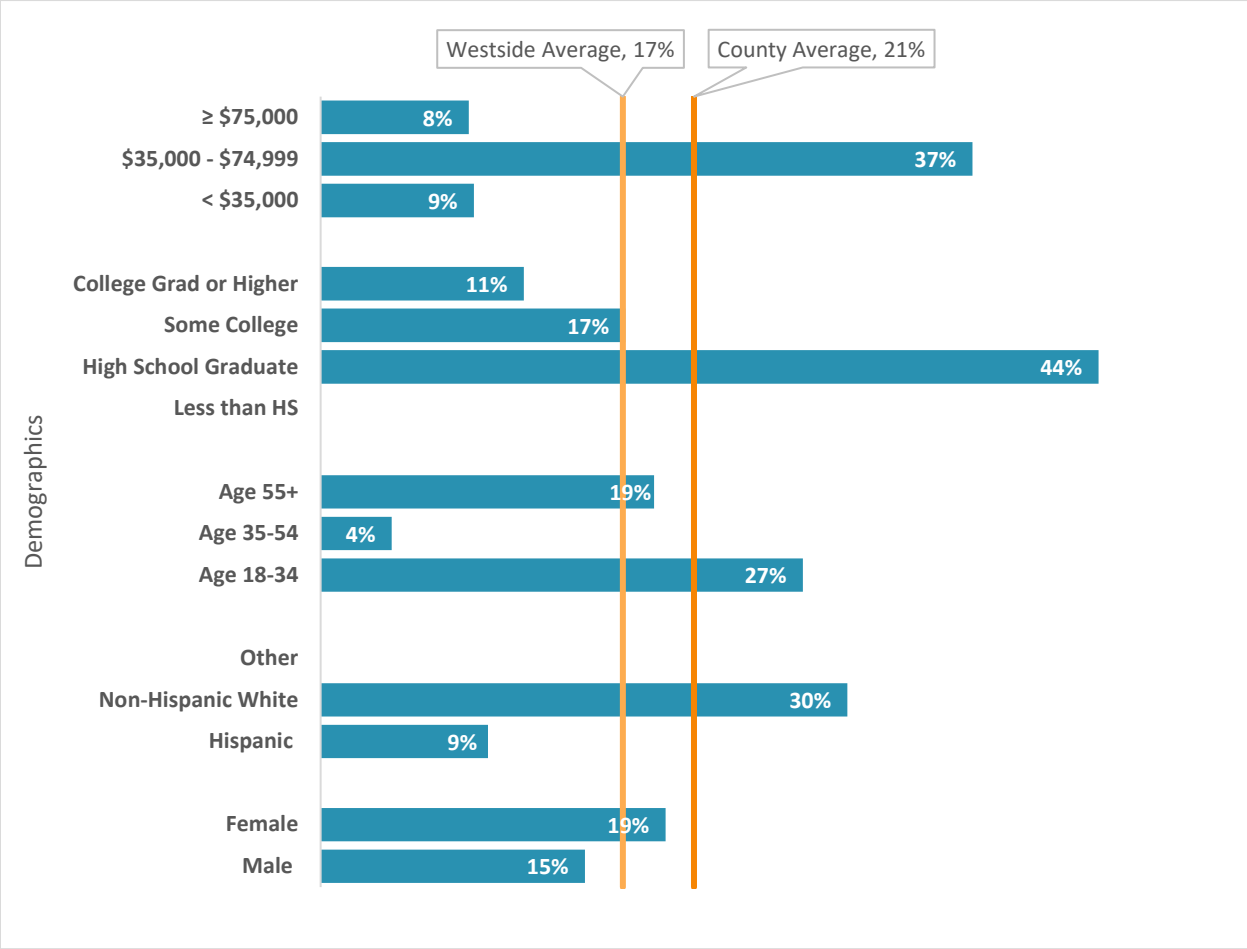
Table 4. Percentage of Westside Adults Reporting Poor Mental Health

	Westside Needs Assessment	2022 Santa Barbara County CHNA
	% (95% CI)	% (95% CI)
Overall	17.0 (10.3-23.7)	20.8 (17.1-24.6)

Legend

No Statistical Difference	Statistical Difference (p<.05)	Unreliable Estimate (Relative standard Error >.3)

Figure 10. Percentage of Adults in 2022 Reporting Poor Mental Health by Demographics



Healthcare Access

Issues related to access to care were present throughout the Westside area. Westside residents appeared to have significantly lower levels of health insurance compared to County levels (78% Westside and 94% County). In addition, there were disparities in access to health insurance based on race/ethnicity, level of education, gender, and income.

Insurance Status

Measure

This measure was based on a survey item asking participants if they currently had any health insurance coverage, with a yes/no response option. The results below represent respondents who answered yes to the health insurance question.

Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, or Indian Health Service?

Results

The results indicate that the Westside had a significantly lower number of people with health insurance when compared to County levels (78% and 94% respectively) (Table 5).

Additionally, there were relatively large disparities within the Westside community based on demographics (Figure11). As can be seen in Figure 11, income, education level, race/ethnicity, and gender showed unequal levels of health insurance coverage. For example, 93% of non-Hispanic whites had health insurance, compared to 70% of Hispanics. Women had less coverage overall at 73%, while men had 84%. Similarly, 64% of those with less than a high school diploma had insurance coverage compared to 97% of those who were college graduates or higher (Figure 11).

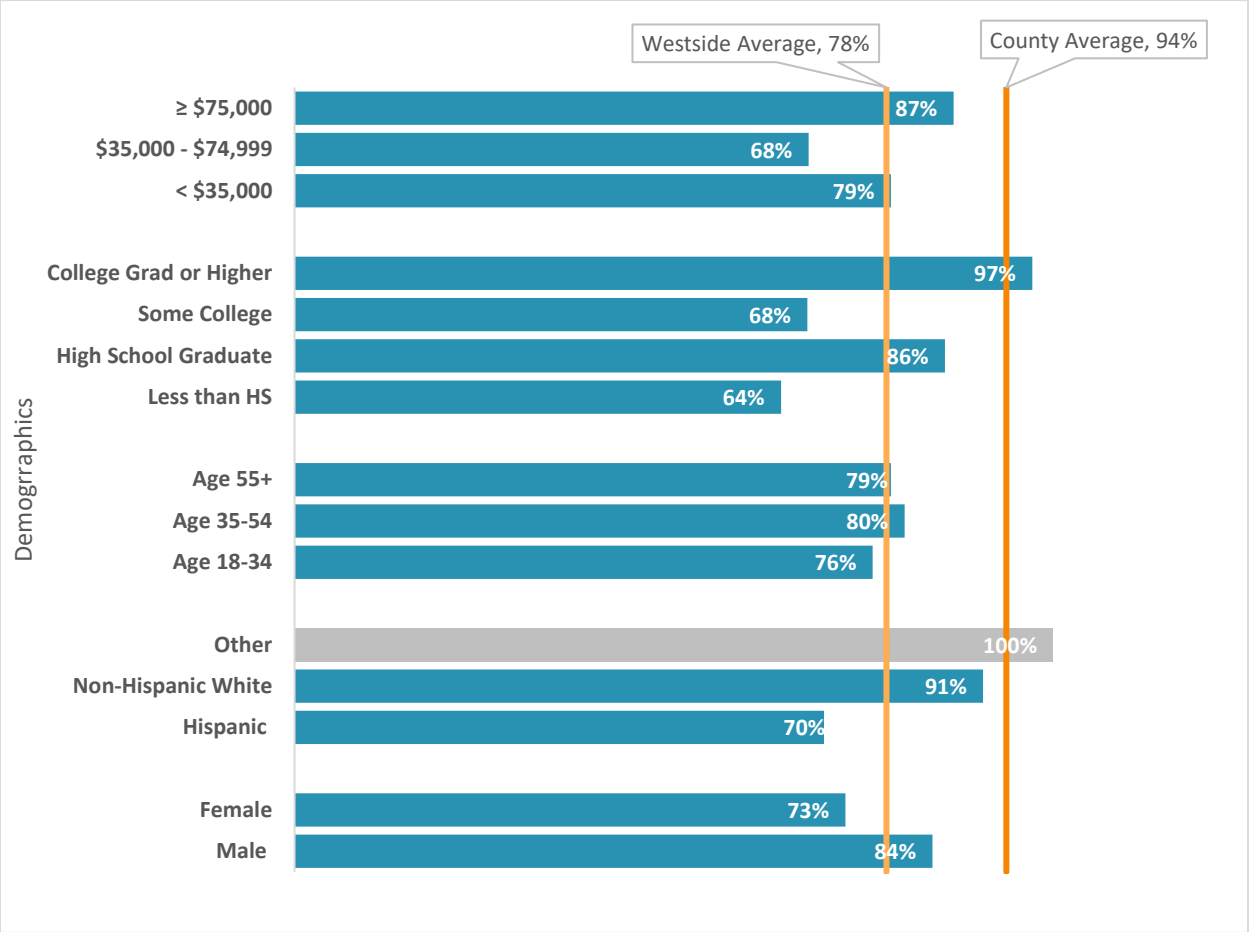
Table 5. Percentage of Westside Adults with Health Insurance

	Westside Needs Assessment	2022 Santa Barbara County CHNA	Healthy People 2030 Target
	% (95% CI)	% (95% CI)	92.4
Overall	78.2 (73.6-82.7)	93.8 (91.4-96.2)	

Legend

No Statistical Difference	Statistical Difference (p<.05)	Unreliable Estimate (Relative standard Error >.3)

Figure 11. Percentage of Westside Adults with Health Insurance by Demographics



Unreliable Estimate (Too few respondents)

Housing

The Westside Needs Assessment sought an understanding of residents' access to housing. Issues related to housing access, homelessness, and density were present throughout the Westside area. Key findings for housing on the Westside include the following:

- Housing insecurity was significantly higher on the Westside (21%) compared to County levels (11%).
- Large disparities in housing insecurity, homelessness, and housing density exist based on race/ethnicity, education, and income.

Housing Insecurity

Measure

This measure was based on a survey item asking participants if they were worried about not having stable housing in the next two months. This question had a yes/no response option. The results displayed below represent respondents who answered yes, indicating that they did not have stable housing.

Are you worried that in the next 2 months, you may not have stable housing?

Results

The results indicate that the Westside had significantly more residents experiencing housing insecurity when compared to County levels (21% Westside; 11% County) (Table 6). There were also large disparities within the Westside based on demographics. As can be seen in Figure 12, income and education level, and race/ethnicity showed unequal levels of housing insecurity within their categories. For example, 34% of households earning less than $35k a year reported housing insecurity, while the overall Westside level was 21% reporting housing insecurity. Similar trends were observed for those with no high school diploma or only high school degrees as well as individuals who identified as Other in the race/ethnicity category.

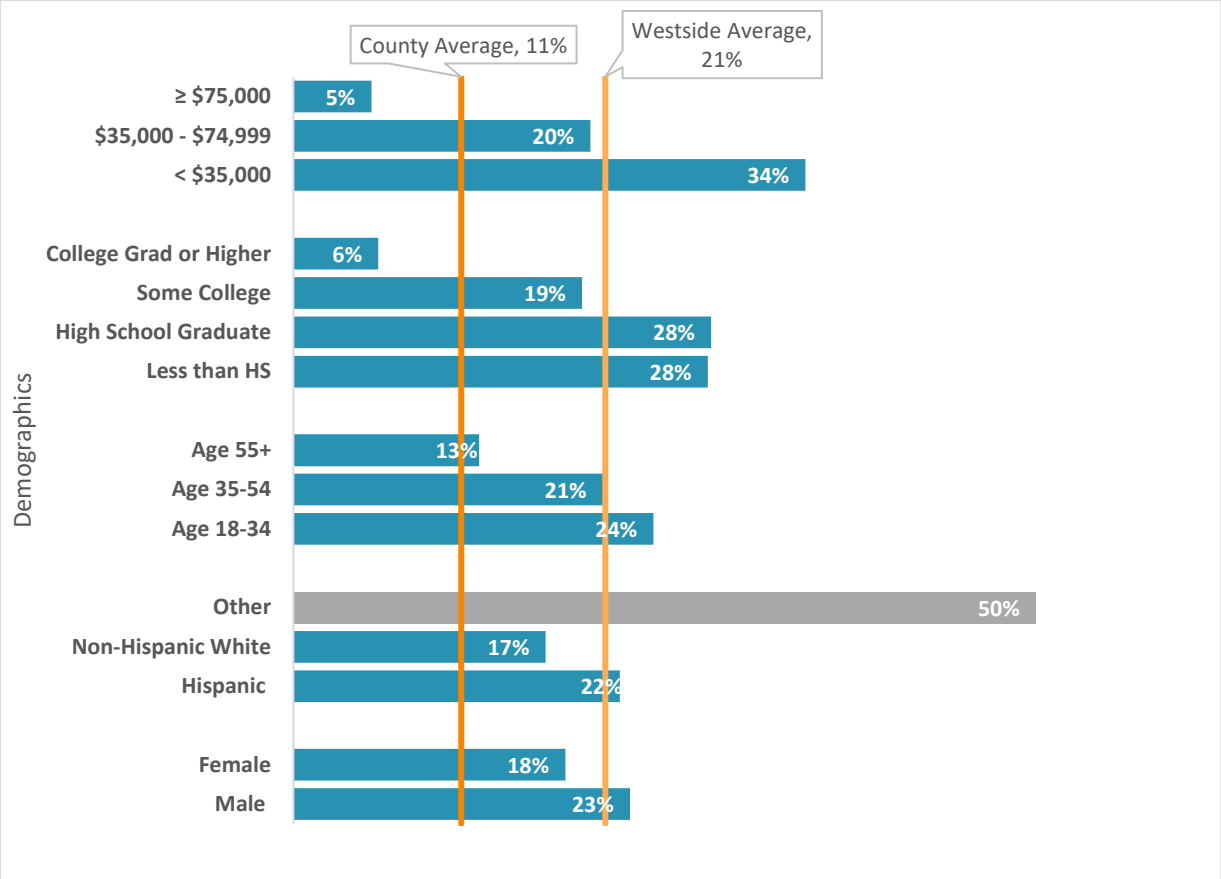
Table 6. Percentage of Westside Adults with Housing Insecurity

	Westside Needs Assessment	2022 Santa Barbara County CHNA
	% (95% CI)	% (95% CI)
Overall	20.5 (15.3-25.8)	11.3 (8.1-14.7)

Legend

No Statistical Difference	Statistical Difference (p<.05)	Unreliable Estimate (Relative standard Error >.3)

Figure 12. Percentage of Westside Adults with Housing Insecurity by Demographics



Unreliable Estimate (Too few respondents)

Homelessness

Measure

This measure was based on a survey item asking participants if they had ever considered themselves homeless. This question asked about the frequency of their homelessness. The results below represent the percentage of respondents who indicated they had been homeless once or more than once in their life.

Have you ever had times in your life when you considered yourself homeless?

Results

The results indicate that the overall percent of those who have experienced homelessness was 23% across the Westside, which is significantly higher than the County level of 12% (Table 7). There were also large disparities within the Westside based on demographics. As shown in Figure 13, income, education level, race/ethnicity, and gender showed unequal levels of homelessness within their categories. For example, 40% of households earning less than $35k a year reported homelessness, while the overall Westside level was 23% reporting homelessness. Similar trends were observed for those with no high school degree (42%), individuals who identified as Other (50%) or Hispanic (30%) in the race/ethnicity category, and males (29%).

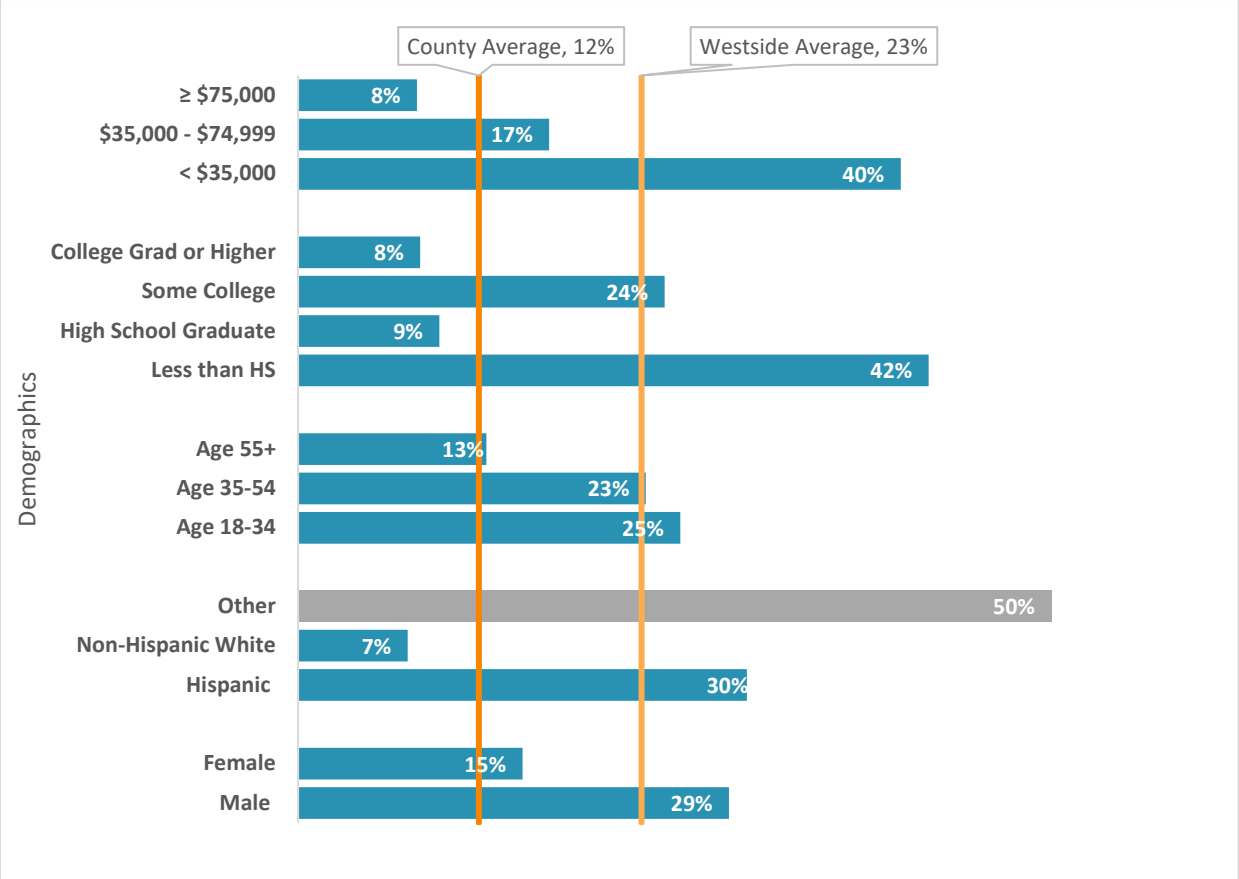
Table 7. Percentage of Westside Adults who have Experienced Homelessness

	Westside Needs Assessment	2022 Santa Barbara County CHNA
	% (95% CI)	% (95% CI)
Overall	22.6 (15.3-25.8)	12.2 (9.0-15.4)

Legend

No Statistical Difference	Statistical Difference (p<.05)	Unreliable Estimate (Relative standard Error >.3)

Figure 13. Percentage of Westside Adults who Experienced Homelessness by Demographics



Unreliable Estimate (Too few respondents)

Overcrowding

Measure

This measure attempted to capture the degree of overcrowding in the community based on the number of rooms in each housing unit and the number of people living in the unit. This was based on two questions that asked about the number of rooms and people. The results shown reflect the average number of rooms and people in each household.

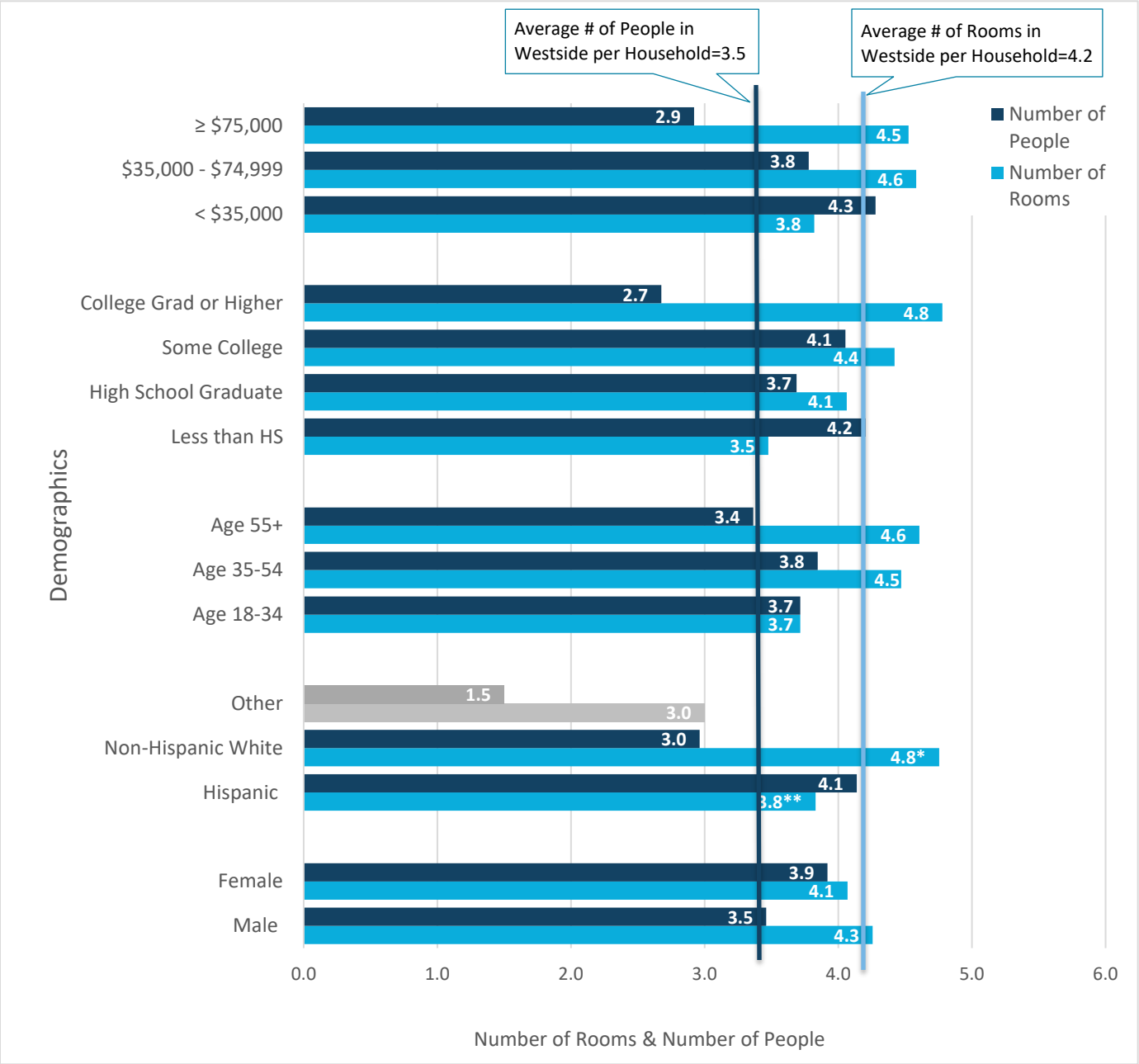
1) **How many people are living at your address in total? Include everyone who is living or staying here for more than two months AND include anyone staying here who does not have another place to stay even if they have been here for two months or less**

2) How many separate rooms are in this residence? Include: bedrooms, kitchen, etc. Exclude: bathrooms, porches, balconies, foyer, halls, or unfinished basements.

Results

On average there were 4.2 rooms and 3.5 people living per housing unit on the Westside (Figure 14). Disparities were seen based on income, education and race/ethnicity in the results. For example, households earning less than $35k a year had fewer rooms (3.5) and more people (4.2) living in a housing unit, implying a higher degree of density within each of the housing units. Similar trends were observed for *Hispanic* households where there were 3.8 rooms and 4.1 people living in each unit, compared to *Non-Hispanic White* households where there were 4.8 rooms for 3 people in each house. This pattern also repeats for those with less than a high school degree (Figure 14).

Figure 14. Average Number of Rooms and People Living in Housing Units on the Westside by Demographics



Unreliable Estimate (Too few respondents)
*More rooms than people = lower housing density
**More people than rooms= higher housing density

Food Security and Accessibility

The Westside Needs Assessment sought an understanding of residents' access to food, including food insecurity, balanced meals, food quality, and food availability. Key findings related to food on the Westside include the following:

- Food insecurity was higher on the Westside in comparison to the County (32% Westside; 26% County)
- Disparities existed within food insecurity based on race/ethnicity, education, and income.
- Inability to afford a balanced meal was higher among Westside residents than the County (29.9% Westside; 22.1% County).
- Satisfaction with food quality and food availability was also lower than County (Quality Westside=83% vs 93% County; Availability Westside=81% vs 91% County).

Food Insecurity

Measure

This measure was based on a combination of two survey items. Respondents were asked to report if these statements were often true, sometimes true, or never true over the past twelve months. Respondents who answered that either of these statements was at least sometimes true were considered food insecure.

1) The food that {I/we} bought just didn't last, and {I/we} didn't have money to get more.

2) In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?

Results

The results indicate that the Westside had higher rates of food insecurity than the County (Table 8). In addition, there were disparities within food security in the Westside community. As can be seen in Figure 15, income and education level, race/ethnicity, and age showed unequal levels of food insecurity within their categories. For example, 48% of households earning less than $35k a year reported food insecurity, while the overall Westside level was 32% reporting food insecurity.

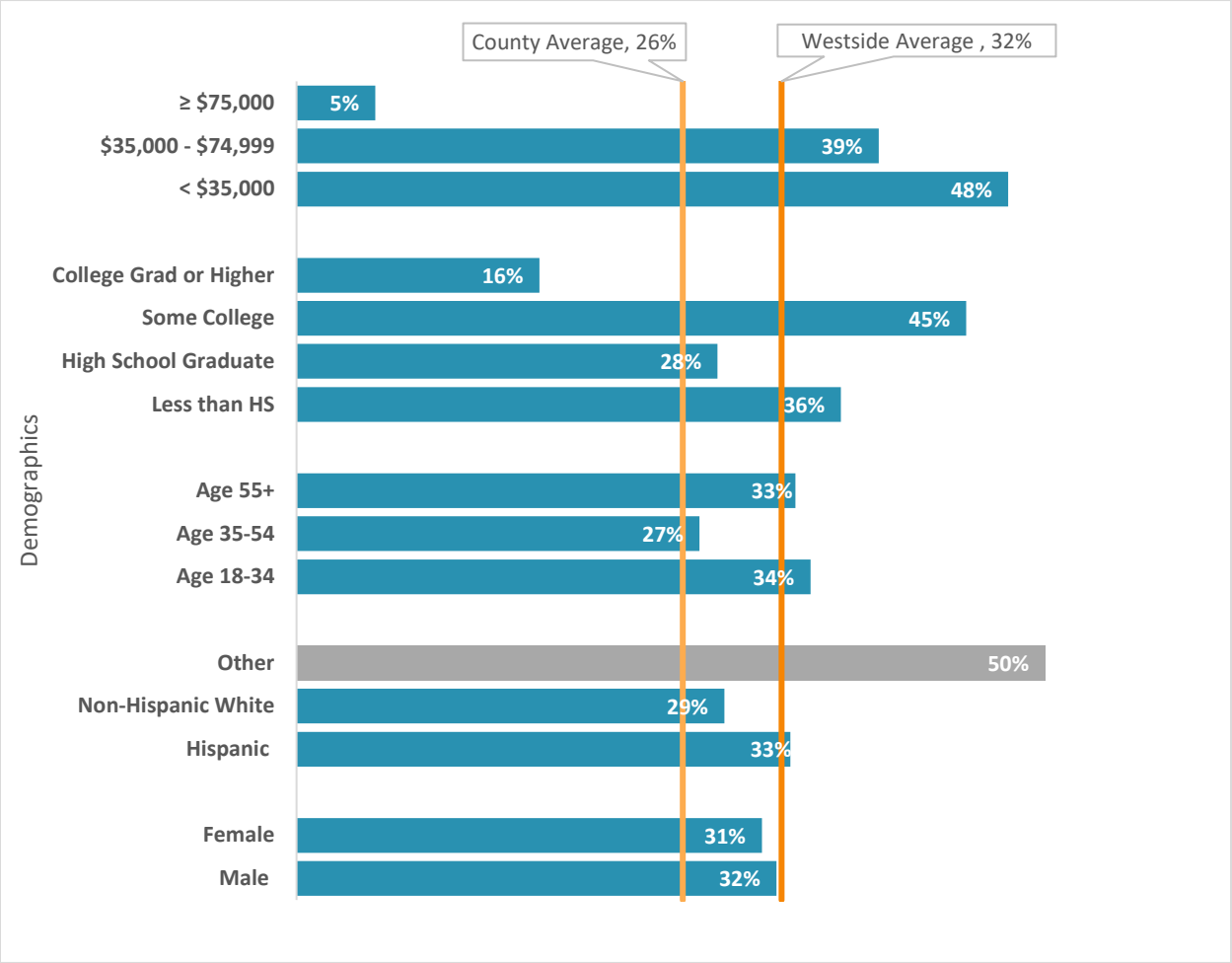
Table 8. Percentage of Westside Adults with Food Insecurity

	Westside Needs Assessment	2022 Santa Barbara County CHNA	Healthy People 2030 Target
	% (95% CI)	% (95% CI)	6
Overall	32.4 (25.9-39.3)	25.5 (21.2-29.8)	

Legend

No Statistical Difference	Statistical Difference (p<.05)	Unreliable Estimate (Relative standard Error >.3)

Figure 15. Percentage of Westside Adults with Food Insecurity by Demographics



Unreliable Estimate (Too few respondents)

Balanced Meals

Measure

This measure was based on the question that asked about the affordability of a balanced meal during the past year. The results shown reflect the percentage of people who indicated often true and sometimes true to that question.

I couldn't afford to eat balanced meals. Was that often, sometimes, or never true for you in the last 12 months?

Results

A little more than thirty percent of respondents (32%) indicated they were unable to afford a balanced meal. This level was significantly higher when compared to the County level of 22% (Table 9). In addition, there were disparities within the Westside community. As can be seen in Figure 16, income level played a large role in access to balanced meals, with 46% in the less than $35k category indicating that they were unable to afford a balanced meal. Other factors such as education and age also showed similar trends, with those with lower educational levels having less access to balanced meals.

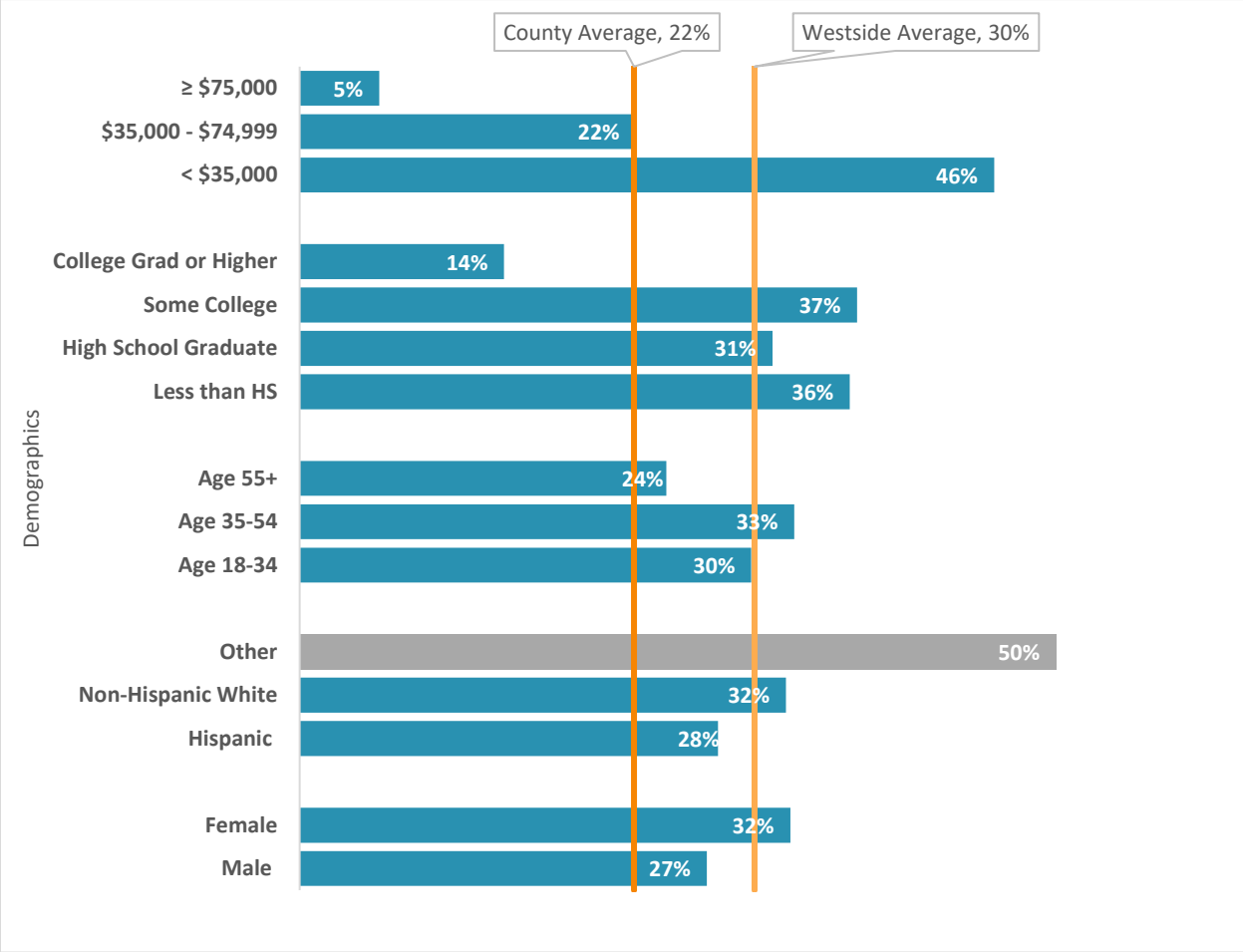
Table 9. Percentage of Westside Residents who were Unable to Afford a Balanced Meal

	Westside Needs Assessment	2022 Santa Barbara County CHNA
	% (95% CI)	% (95% CI)
Overall	30.0 (25.6-34.0)	22.1 (18.3-26.1)

Legend

No Statistical Difference	Statistical Difference (p<.05)	Unreliable Estimate (Relative standard Error >.3)

Figure 16. Percentage of Westside Residents who were Unable to Afford a Balanced Meal by Demographics



Unreliable Estimate (Too few respondents)

Food Quality and Availability

Measure

This measure was based on two questions that asked about food quality and availability in the area. The results shown reflect the percentage of people who indicated that they were somewhat satisfied or very satisfied with the quality and availability of food.

1) How satisfied are you with the overall quality of food sold in your neighborhood?

2) How satisfied are you with the availability of food in your neighborhood?

Results

Although the overall Westside satisfaction with food quality (83%) and availability (81%) was high, it was still significantly lower than the County ratings of food quality (93%) and availability (91%) (Table 10). The overall trends across demographic groups did not show major differences in level of satisfaction. There was slightly less satisfaction in quality and availability for respondents earning less than $35k (Figure 17).

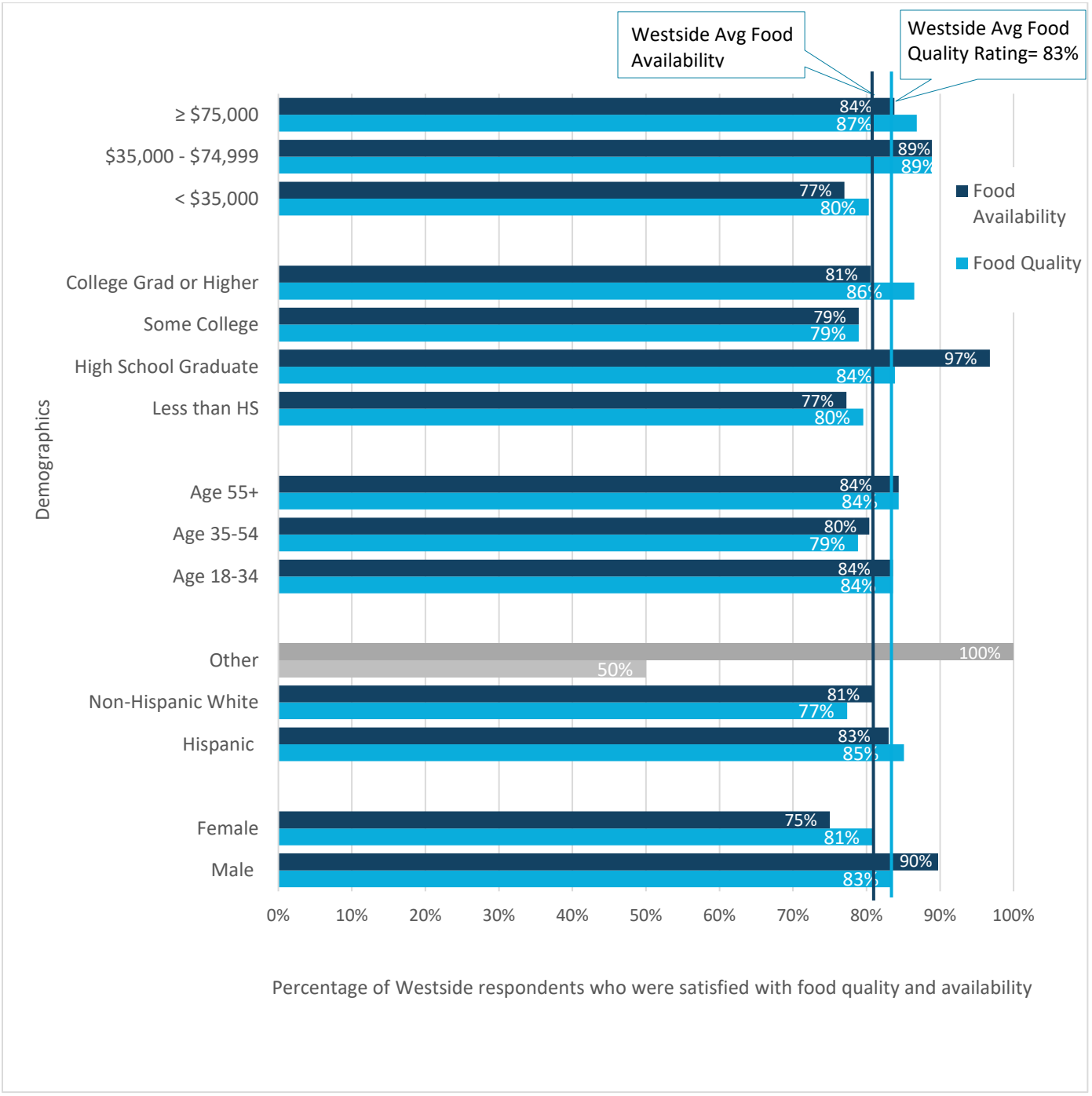
Table 10. Percentage of Westside Residents who were Satisfied with Food Quality and Availability

	Westside Needs Assessment	2022 Santa Barbara County CHNA
	% (95% CI)	% (95% CI)
Overall Food Quality	82.6 (78.6-85.3)	92.7 (90.4-94.9)
Overall Food Availability	81.3 (76.3-84.0)	90.9 (88.3-93.6)

Legend

No Statistical Difference	Statistical Difference (p<.05)	Unreliable Estimate (Relative standard Error >.3)

Figure 17. Percentage of Westside Residents who were Satisfied with Food Quality and Availability by Demographics



Unreliable Estimate (Too few respondents)

Community Perspectives

The Westside Needs Assessment asked open-ended questions about community needs and strengths. Participants were asked to identify services that they would like to have easy access to, describe the strengths of the Westside community, and note community-level needs. Key findings related to food on the Westside include the following:

- Requested services included access to English language courses, dental services, and adult education.
- Respondents would benefit from additional educational services, fresh food, and childcare access.
- The Westside had a strong sense of community, was walkable as a community, and was described as peaceful and calm.
- At the community level, respondents noted that the Westside needs:
    - Additional infrastructure improvement (e.g., more street lights, pothole repair),
    - More policing services (e.g., more patrols, improved response times), and
    - Better access to fresh food (e.g., farmers market, groceries stocking fresh food).

In addition to data available for the community, this information is intended to help inform the development of a future community resource center located at Harding University Partnership School.

Services Needed on the Westside

Measure

1) What services would you want to see included in a local community resource center? (check all that apply)

2) What other services would you like to see included? (open-ended responses)

This measure was based on a multiple choice survey item and an open-ended survey item that was coded into thematic areas. For the multiple choice survey item, respondents were asked to select services that they would like to see in a community resource center. They were then asked an open-ended question to describe any other needed services. The results below display the frequency associated with the multiple choice responses (Figure 18) and the frequency of the coded open-ended responses (Figure 19).

Results

The results highlight the desire for more educational services as part of a community resource center. In the multiple choice question, language classes and adult education were in the most frequently requested services (Figure 18). In the open-ended responses, educational services, which included adult classes and after school tutoring for students, were the most frequently requested service (Figure 19). Additional requested services from the open-ended responses included better access to fresh food through farmers' markets or local grocery stores as well as childcare services that focus on academic enrichment and recreational opportunities.

As can be seen from Figures 18 and 19, many of the services were requested at approximately the same rate, indicating a broader need and possible overall lack of services in this community.

Figure 18. Frequency of Requested Services for the Westside (Multiple Choice Question)

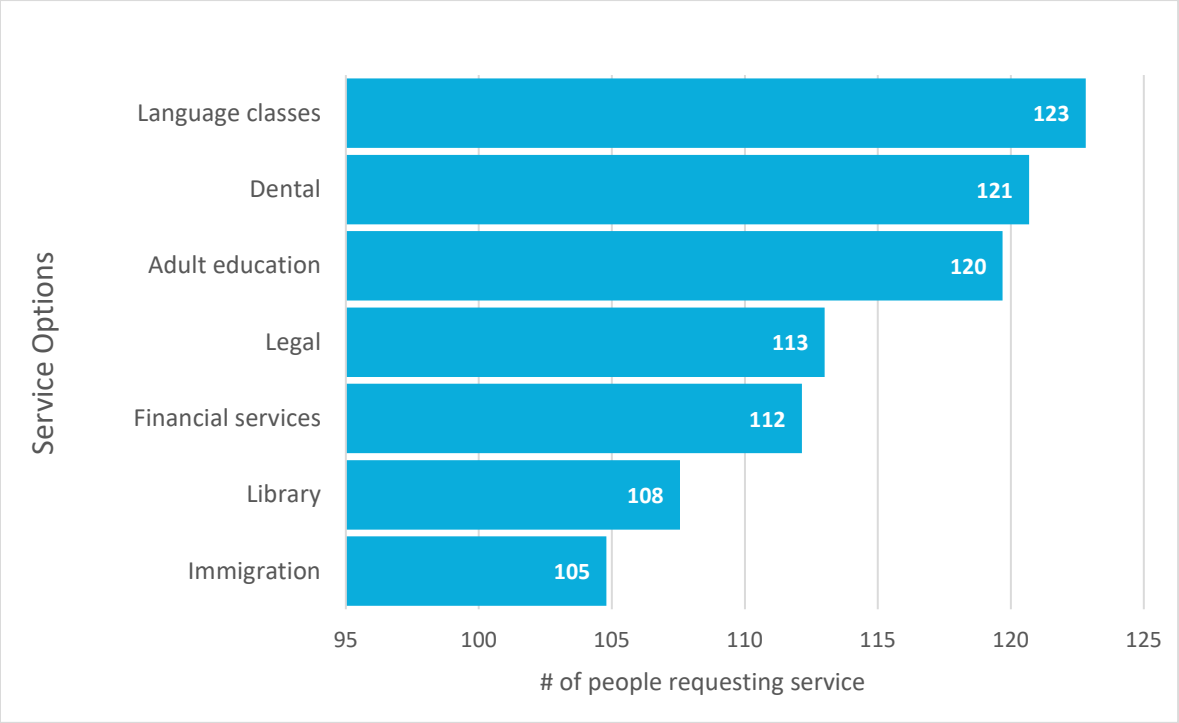
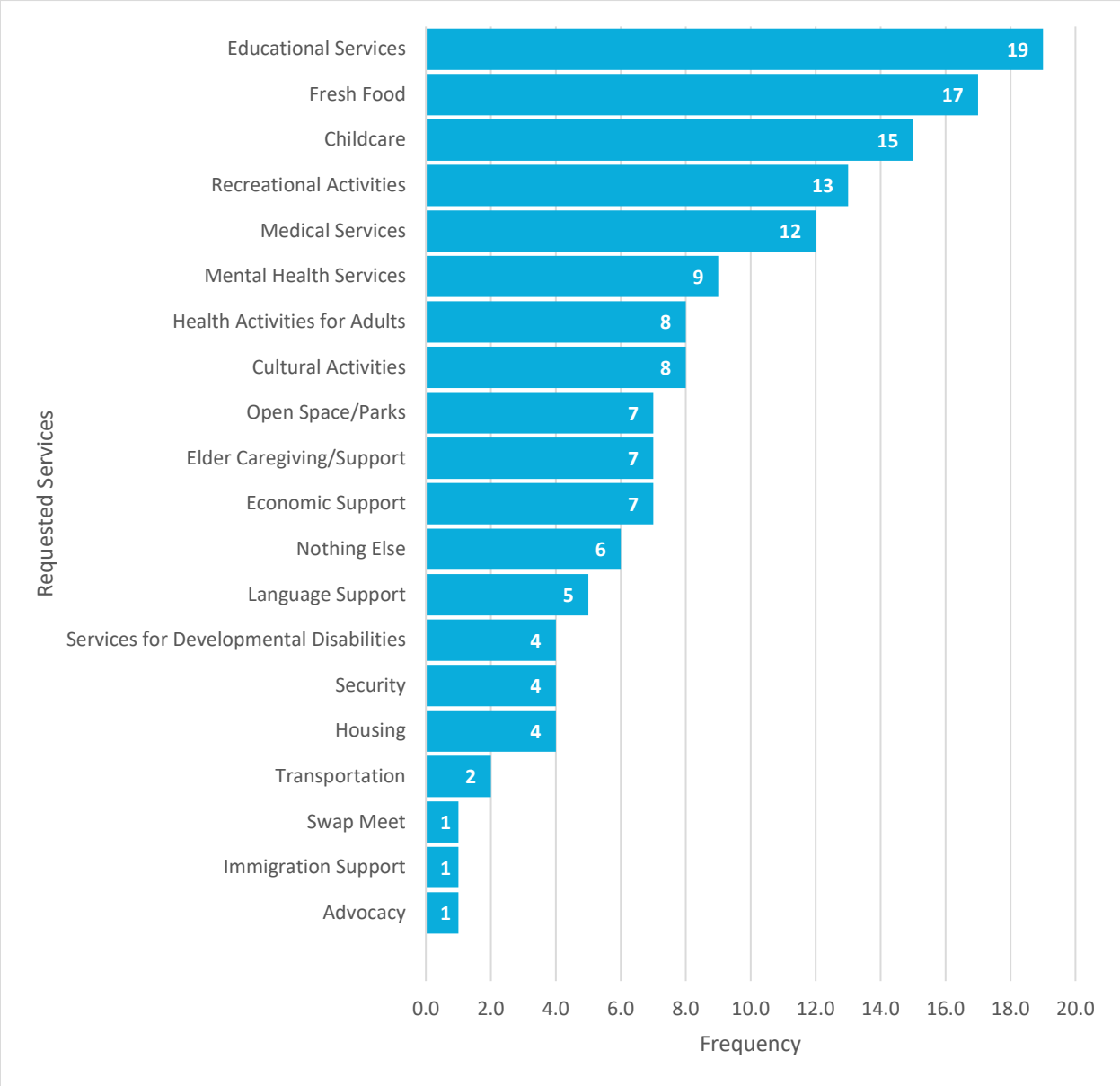


Figure 19. Frequency of Requested Services for the Westside (Open-Ended Question)



Strengths of the Community

Measure

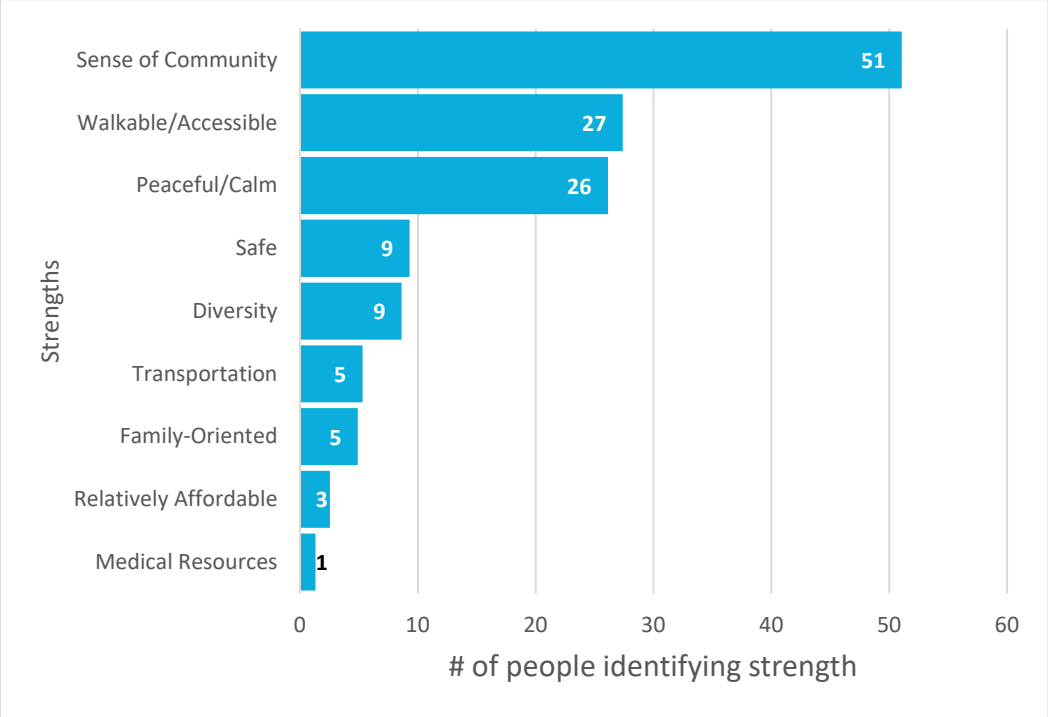
Questions about strengths were also included to better understand the perceived assets in the community. This measure was based on an open-ended survey item that was coded into thematic areas. Respondents were asked to identify the strengths of the Westside community. The recorded responses were then coded for common themes/ideas. The results displayed show the frequency of different themes/ideas that emerged from the coding process.

What do you see as the strengths of the Westside community? (open-ended response)

Results

Respondents indicated that the top three strengths of the community included its overall sense of community, walkability/accessibility, and its peacefulness/calmness (Figure 20). The sense of community strength focused on the connections between neighbors and the support that is provided across the community. The walkability strength focused on the ease with which different services, such as restaurants and grocery stores, could be accessed by just walking within the neighborhood. The peacefulness/calmness strength recognized the low crime rate and general calmness and respect within the neighborhood. Additional strengths included safety and diversity (Figure 20).

Figure 20. Frequency of Strengths of the Westside



Needs of the Community

Measure

This measure was based on an open-ended survey item that was coded into thematic areas. Respondents were asked to identify community-level needs for the Westside. The recorded responses were then coded for common themes/ideas. The results displayed show the frequency of different themes/ideas that emerged from the coding process. This question differs from the service questions (Figures 18 and 19); this question focused on the overall community, while the services questions were focused on individual needs.

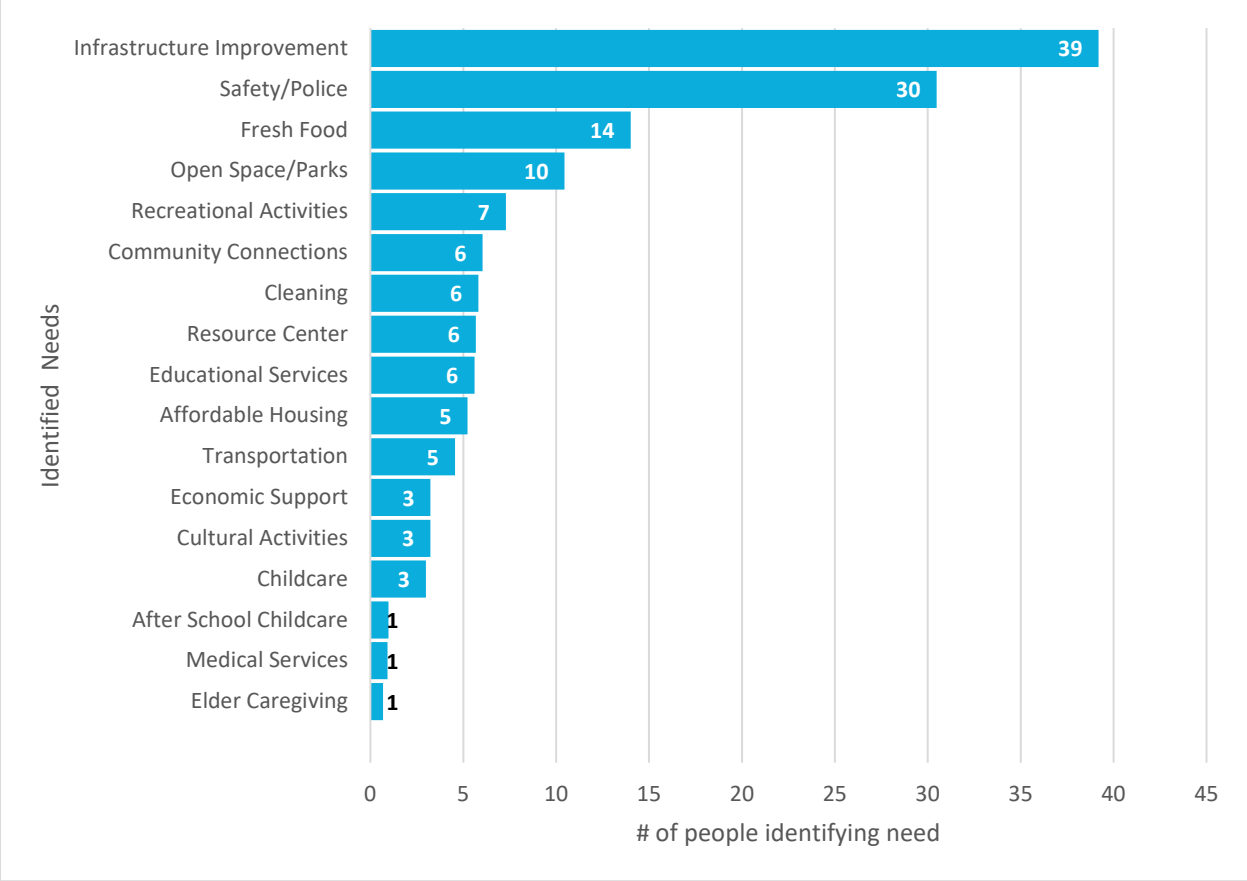
What do you see as areas of need in the Westside community? (open-ended response)

Results

Respondents indicated that the top three community needs included infrastructure improvements, enhanced safety and policing, and increased access to fresh food (Figure 21). The infrastructure improvement need focused on improvement of streets, enhanced traffic control, the addition of bike lanes, more streetlights, and more accessible parking. The safety and policing needs focused on increased police patrols, noise reduction (especially at night), and improved street lighting. The fresh food need focused on improved access to organic food, additional variety of grocery store options, and the creation of a farmer's market for the Westside community.

Additional needs included more open spaces/parks for the community, recreational activities for children and adults, and more community connection activities, such as hosting concerts and swap meets and connecting the community with the local elementary and junior high schools (Figure 21).

Figure 21. Frequency of Community Level Needs on the Westside



Conducting and Writing the CHNA

Cottage Health partnered with UCSB's Center for Evaluation & Assessment (CEA) to design and implement the Westside Needs Assessment. Additional collaborators were part of the process to help finalize the survey items, the methodological design, and the data collection procedures. These partners included Santa Barbara County Public Health Department, Santa Barbara County Promotores Network, and UCSB's Westside Resource Center team.

This report was written by CEA (Tarek Azzam, PhD, Natalie Jones M.A., Caitlin Ng M.A.) and Cottage Health (Monica Ray, Fiona Asigbee, PhD, Maddy Frey, MPH).

Conclusion

The overall findings suggest that the Westside would benefit from additional resources and services to help support their health, housing, and food outcomes. These resources should also be targeted towards the most vulnerable populations within the Westside, which frequently include individuals making less than $35,000 and those who do not have a high school diploma. The service needs of the community are also focused on educational services, such as adult education, afterschool programing for children, and access to fresh food. These needs, amongst many others, could be served through the creation of a community resource center to address current and emerging needs.

Further conversations with the community can help better understand the factors that contribute to the disparities between the County and the Westside and disparities within the Westside community that are based on race/ethnicity, income, and education. Knowing these factors can help support the implementation of effective programs and services that better address these needs.

APPENDIX A:
RESULTS OF 2022 WESTSIDE NEEDS ASSESSMENT

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? *Respondents reporting good or better health.*	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? *Respondents reporting at least 15 days.*	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? *Respondents reporting at least 15 days*.	17.0%	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? *Respondents reporting at least 15 days.*	13.1%	16.0%	16.3%	16.9%

Question Number	Indicator	2022 Westside Needs Assessment	2022 CHNA	2019 CHNA	2016 CHNA
Healthcare 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? *Respondents reporting yes.*	78.2%	93.8%	87.5%	88.7%
W3.2	What is the primary source of your health care coverage? *Respondents reporting they have a health plan and it is a plan purchased through an employer.*	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? *Respondents reporting no.*	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? *Respondents reporting they have one place they go when sick or need advice about their health and it's a clinic or health center.*	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? *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.*	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? *Respondents reporting they have one place they go when sick or need advice about their health and it's a hospital emergency room.*	5.4%	1.2%$^{+}$	4.4%$^{+}$	3.5%$^{+}$

Question Number	Indicator	2022 Westside Needs Assessment	2022 CHNA	2019 CHNA	2016 CHNA
Healthcare Access					
W3.4d	Where do you usually go when you are sick or need advice about your health? *Respondents reporting they have one place they go when sick or need advice about their health and it's a hospital outpatient department.*	0.0%	0.3%[+]	0.7%[+]	0.7%[+]
W3.4e	Where do you usually go when you are sick or need advice about your health? *Respondents reporting they have one place they go when sick or need advice about their health and it's some other place.*	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? *Respondents reporting no.*	11.2%	16.1%	20.0%	18.1%
W4.2	On average, how many hours of sleep do you get in a 24-hour period? *Respondents reporting at least 7 hours.*	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? *Respondents reporting once or more than once.*	22.6%	12.2%	16.9%	11.5%
W5.2	Do you currently consider yourself homeless? *Respondents reporting yes.*	2.8%	0.8%	2.1%	1.6%
Housing and Neighborhood Characteristics					

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

* Data not available.

Question Number	Indicator	2022 Westside Needs Assessment	2022 CHNA	2019 CHNA	2016 CHNA
W5.3a	How many people are living at your address in total? *Respondents reporting 1.*	7.0%	18.2%	12.2%	12.3%
W5.3b	How many people are living at your address in total? *Respondents reporting 2.*	21.2%	37.7%	27.3%	27.6%
W5.3c	How many people are living at your address in total? *Respondents reporting 3.*	26.9%	14.4%	18.4%	18.8%
W5.3d	How many people are living at your address in total? *Respondents reporting 4.*	23.2%	14.0%	17.7%	20.9%
W5.3e	How many people are living at your address in total? *Respondents reporting 5.*	10.8%	8.0%	10.5%	11.1%
W5.3f	How many people are living at your address in total? *Respondents reporting 6 or more.*	10.3%	7.7%	13.6%	9.3%
W5.4	How many of these people are children under the age of 18? *Respondents reporting one or more.*	39.2%	31.4%	42.2%	40.6%
Housing and Neighborhood Characteristics					

Question Number	Indicator	2022 Westside Needs Assessment	2022 CHNA	2019 CHNA	2016 CHNA
W5.5a	How many separate rooms are in this residence? *Respondents reporting 4 or less.*	61.8%	*	*	*
W5.5b	How many of these rooms are bedrooms? *Respondents reporting 2 or less.*	63.7%	*	*	*
Food Security and Accessibility					
W6.1a	In a typical month, where do you get most of your food? *Respondents reporting some other type of store.*	2.8%	5.7%	3.8%	2.6%
W6.1b	In a typical month, where do you get most of your food? *Respondents reporting grocery store.*	91.3%	90.3%	91.6%	91.8%
W6.1c	In a typical month, where do you get most of your food? *Respondents reporting a food pantry.*	2.2%	0.9%	1.7%	0.9%
W6.1d	In a typical month, where do you get most of your food? *Respondents reporting somewhere else.*	3.3%	2.9%	2.7%	4.7%
W6.2	How satisfied are you with the availability of food in your neighborhood? *Respondents reporting somewhat or very satisfied.*	81.3%	90.9%	94.5%	96.0%
W6.3	How satisfied are you with the overall quality of food sold in your neighborhood? *Respondents reporting somewhat or very satisfied.*	82.6%	92.7%	96.3%	96.6%
Food Security and Accessibility					

Question Number	Indicator	2022 Westside Needs Assessment	2022 CHNA	2019 CHNA	2016 CHNA
W6.4	The food that {I/we} bought just didn't last, and {I/we} didn't have money to get more. *Respondents reporting sometimes or often true.*	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? *Respondents reporting yes.*	16.6%	13.0%	12.3%	13.5%
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? *Respondents reporting some months or almost every month of those who answered yes to W6.5a*	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? *Respondents reporting sometimes or often true.*	30.0%	22.1%	20.6%	*
Internet/Broadband Access					
W7.1a	Which, if any, of the following services does your household use to access the internet? *Respondents reporting broadband (such as high-speed internet through a fixed cable or fiber connection)*	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? *Respondents reporting wireless (such as only having access to the internet through a smartphone data plan)*	38.2%	38.0%	n/a	n/a

Question Number	Indicator	2022 Westside Needs Assessment	2022 CHNA	2019 CHNA	2016 CHNA
W7.1c	Which, if any, of the following services does your household use to access the internet? *Respondents reporting DSL dial-up (such as internet through a phone line)*	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? *Respondents reporting my household does not have internet access.*	5.1%	2.1%	n/a	n/a
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? *Respondents reporting I access the internet and do everything I need to do using my smartphone.*	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? *Respondents reporting it costs too much.*	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? *Respondents reporting I access the internet and do everything I need to do using my DSL/dial-up connection.*	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? *Respondents reporting it's not available where I live.*	2.4%	2.4%	7.8%	8.8%

Question Number	Indicator	2022 Westside Needs Assessment	2022 CHNA	2019 CHNA	2016 CHNA
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? *Respondents reporting I just don't want it.*	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? *Respondents reporting yes.*	20.5%	13.3%	13.3%	10.7%
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? *Respondents reporting yes.*	17.0%	12.6%	12.6%	*
Westside Community Resources					
W9.1	Do you currently have school-age children in your household? *Respondents reporting yes.*	29.5%	*	*	*
W9.3	How comfortable do you feel asking for help at your child(ren)'s school(s)? *Respondents reporting somewhat comfortable or very comfortable.*	51.0%	*	*	*

Question Number	Indicator	2022 Westside Needs Assessment	2022 CHNA	2019 CHNA	2016 CHNA
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. *Respondents reporting somewhat likely or very likely.*	49.0%	*	*	*
W9.5a	What services would you like to see included in a local community resource center near Harding? *Respondents reporting legal aid services.*	68.1%	*	*	*
W9.5b	What services would you like to see included in a local community resource center near Harding? *Respondents immigration services.*	63.1%	*	*	*
Westside Community Resources					
W9.5c	What services would you like to see included in a local community resource center near Harding? *Respondents reporting dental services.*	72.7%	*	*	*
W9.5d	What services would you like to see included in a local community resource center near Harding? *Respondents reporting financial services.*	67.6%	*	*	*
W9.5e	What services would you like to see included in a local community resource center near Harding? *Respondents reporting library access.*	64.8%	*	*	*

Question Number	Indicator	2022 Westside Needs Assessment	2022 CHNA	2019 CHNA	2016 CHNA
W9.5f	What services would you like to see included in a local community resource center near Harding? *Respondents reporting adult education.*	72.1%	*	*	*
W9.5g	What services would you like to see included in a local community resource center near Harding? *Respondents reporting language classes.*	74.0%	*	*	*
Demographics					
W11.1a	Employment status. *Respondents reporting Employed for Wages.*	53.4%	48.3%	44.9%	47.7%
W11.1a	Employment status. *Respondents reporting being unemployed < or > 1 year.*	5.7%	3.6%	7.9%	4.3%
W11.1b	Is your main job year-round or seasonal? *Respondents reporting year-round that said they were employed for wages or self-employed.*	85.8%	94.1%	85.4%	84.3%
Demographics					
W11.2	Do problems getting childcare make it difficult for you to work or study? *Respondents reporting yes and said they are employed for wages, self-employed, out of work, a homemaker or a student.*	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?

APPENDIX B:
QUESTIONS AND SOURCES OF 2022 WESTSIDE NEEDS ASSESSMENT

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	What is the primary source of your health care coverage? 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

Question	Question Text	Source
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
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		

Question	Question Text	Source
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)
Food Security and Availability		
W6.2	How satisfied are you with the availability of food in your neighborhood? 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	How satisfied are you with the overall quality of food sold in your neighborhood? 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)

Question	Question Text	Source
W6.4	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." 1. Often true 2. Sometimes true 3. Never true 4. Don't know/Not sure 5. Refused	California Health Interview Survey 2022
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? 1. Yes 2. No 3. Don't know/Not sure 4. Refused	California Health Interview Survey 2022
Food Security and Availability		
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? 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

Question	Question Text	Source
W6.6	"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 4. Don't know/Not sure 5. Refused	California Health Interview Survey 2022
Television and Internet Use		
W7.1	Which, if any, of the following services does your household use to access the internet? (Select All that Apply) 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	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. 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
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

Question	Question Text	Source
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
Westside Community Resources		

Question	Question Text	Source
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? 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	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." What services would you want to see included in a local community resource center near Harding? (Select all that apply) 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
Demographics		

Question	Question Text	Source
W11.1a	Are you currently (read options)? 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	Is your main job year-round or seasonal? 1. Year-round 2. Seasonal 3. Don't know/Not sure 4. Refused	Santa Barbara County BRFSS 2016
W11.2	Do problems getting child care make it difficult for you to work or study? 1. Yes 2. No 3. Don't Know/Not sure 4. Refused	Health Leads Social Needs Screening Tool

APPENDIX C:
FURTHER EXPLANATION OF METHODOLOGY

The Westside Needs Assessment (WNA) is a focused study of a selected community within Santa Barbara County. The main aim of the WNA is to gather high quality data from a representative sample of the Westside neighborhood in the City of Santa Barbara (census tract numbers FIPS 6083001101 and 6083001102). This WNA was also a multiphase project that involved collaboration between Cottage Center for Population Health, Santa Barbara County Public Health Department, Santa Barbara County Promotores Network, and University of California, Santa Barbara. Each collaborator contributed to this effort, building on their strengths and experience to help support the various phases. Additionally, the WNA advisory group, which included multiple organizations from across the county, was helpful in guiding this effort. The goal of this report is to share the methods and results and also provide enough information to help support future needs assessment efforts by other community organizations and entities seeking to collect data in other settings.

The WNA methodology was driven by stratified random sampling techniques and procedurally informed by the CDC's Community Assessment for Public Health Emergency Response (CASPER) approach. It should be clearly noted that this is not a CASPER study. This study utilized many of the tools in CASPER (such as the tracking forms, information sheets, and training manuals), but did not use the cluster sampling technique required for a true CASPER. The cluster sampling was replaced with stratified random sampling because: 1) there was access to a list of household addresses in the two census tracts (which allowed for true random selection), 2) the geographical area was small enough to make it logistically feasible, and 3) the stratified random sample produces a more accurate representation of the area (i.e., less sampling error and overall bias) when compared to cluster sampling. This approach is designed to collect community level data about various needs in a flexible and responsive manner. The key to this approach is the selection of a representative sample from the community to help increase the potential generalizability of the findings and a better understanding of the Westside community needs.

Sampling Methodology

The Westside is composed of two census tracts: tracts 6083001101 (11.01) and 6083001102 (11.02). According to the U.S. Census Bureau American Community Survey for 2013-2017[7], Census Tract 11.01 is considered a high need area with a median household income of approximately $44,002 and a 6.7% rate of adults with at least a Bachelor's degree. In contrast, the American Community Survey data showed that tract 6083001102 (11.02), or 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. Across both census tracts, there are approximately 1,603 households (948 in tract 11.01; 655 in tract 11.02). For the purposes of this WNA, it was decided to obtain data from approximately 10% of the households across both census tracts (approximately 160 households). This decision allowed for population estimate of +- 7.2% of the households within the Westside and was feasible within the logistical constraints of budget, time, and staff. In addition, the American Community Survey data indicated a higher potential need in Census Tract 11.01, and this led to a decision to conduct a stratified random sample and oversample households in Census Tract 11.01. The goal was to achieve a 70%/30% split between this tract and tract 11.02. In practical terms, this meant that data would be collected from 112 households in Census Tract 11.01 (70%), and 48 households from Census Tract 11.02 (30%).

[7] Source : https://data.census.gov/cedsci/table?g=1400000US06083001101&tid=ACSDP5Y2017.DP05

The 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. This process was completed using ArcGIS. The created database was then cleaned, and non-residential addresses removed (e.g., business addresses, government offices, health clinics, etc.). The final list was then used in the stratified random selection process. To note, since this database was from 2018, some of the homes listed may have changed in the past four years, where single family homes may have been converted to apartment buildings or replaced with businesses. Based on feedback received from data collectors in the field, it appeared that a vast majority of addresses used in the sample were accurate, and that this did not appear to be an issue.

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 (using the =randbetween(1,2000) algorithm). 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). Some of the selected households were inaccessible, meaning that they had locked gates, no trespassing signs, a barking dog in the front yard and/or other issues that prevented access to the home. In total, 697 homes were accessible (454 in 11.01 and 243 in 11.02), and these were the homes where data collectors were able to knock on their door during the data collection phase.

Data Collection

The data collection process required preparation to help achieve optimal results. This preparation included community outreach efforts, data collector training, equipment purchasing, and finalizing the procedures for data collection. Each of these steps is outlined below.

Community Outreach

To increase awareness of the WNA multiple outreach strategies were conducted by collaborators. These included flyers distributed at local businesses, mailed postcards to all Westside residents living in Census Tracts 11.01 and 11.02, presentations to local community groups, and Facebook, Instagram, and NextDoor posts by Cottage Health, Santa Barbara County Public Health Department, and other partners.

Equipment and Handouts

A full list of the equipment and handouts used in the data collection is presented in Section A. The checklist, which was adapted from the CASPER toolkit, helped ensure that backpacks used for data collection were complete and prepared for each of the teams conducting the door-to-door survey. This list evolved as feedback from data collectors and changes to our procedures occurred in response to conditions on the ground. The list included in this report is the final one used for the data collection.

Training

Multiple training sessions were conducted to help guide the data collection effort. The initial training focused on volunteer UCSB students who were collecting data using iPads. This initial training adapted the CASPER toolkit presentation to offer information on methods, data collection techniques, and general guidelines for how to work and behave in the field. This initial training was conducted online via Zoom. A second in-person training was also conducted and included the UCSB students and members of the Promotores Network. This training focused on the procedures for data collection, including how to approach each home, a hands-on interaction with the materials in the backpacks, and a role-playing activity to illustrate the data collection process. A procedural decision tree was also created (Section B) to help standardize the process and ensure the protocols were consistently followed during data collection.

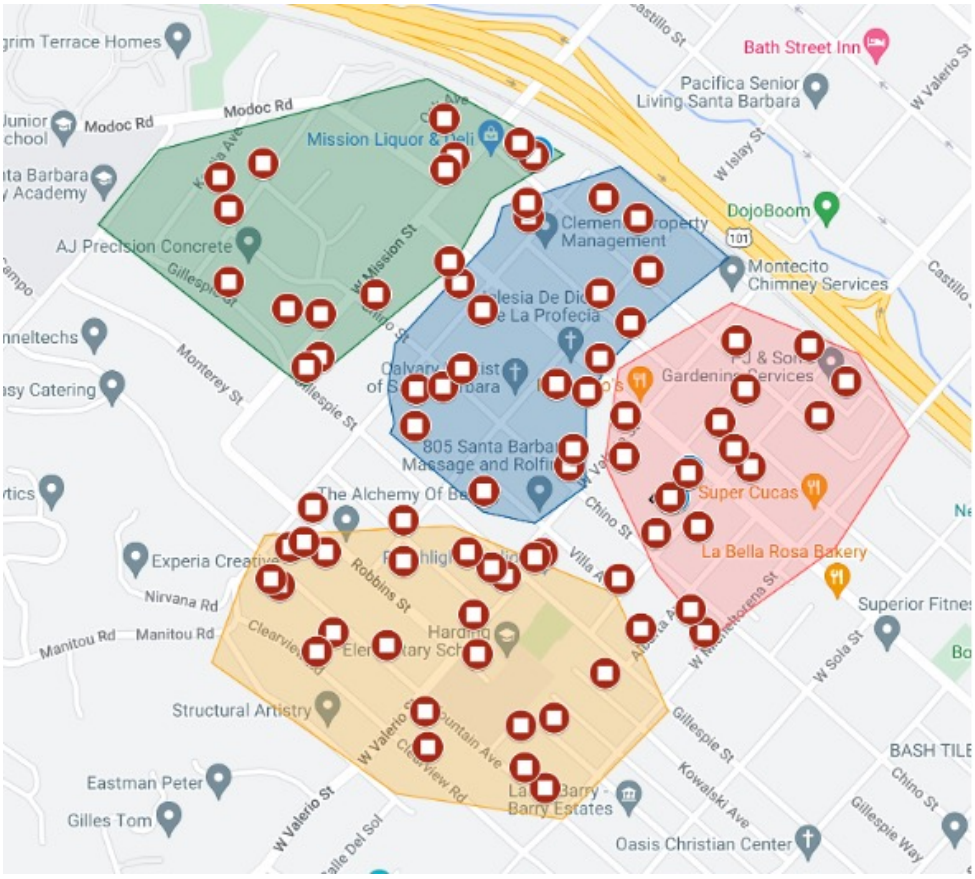
Data Collection Procedures

Most data collection occurred in teams of three, which included two UCSB students and one member from the Promotores Network. The Promotores were responsible for the initial contact with the household, and the UCSB students were responsible for administering the survey. The Promotores did the initial contact with the randomly selected households due to their familiarity with the neighborhoods and skills in establishing a connection with the community. This step was critical to helping us increase our response rates throughout the data collection phase, especially with the Spanish speaking households. At least one member of each UCSB student team was a fluent Spanish speaker who was able to administer the survey in Spanish.

On average there were two to four teams in the field each day. Data collection would occur on weekdays between the hours of 4:00 p.m. – 7:00 p.m. to optimize the chances that people were home after work. The data collection process started July 18, 2022 and was completed on August 23, 2022 (approximately 7 weeks). Each data collection team was assigned a geographic area with households that were randomly selected and mapped using Google maps (Figure 22). This helped to ensure that teams did not accidently go to the same household twice. A new map was generated and shared each day with the teams.

The teams would approach each household and determine if it was accessible or not, and if accessible they would knock on the door. If not answered, then they would leave an informational door hanger and come back at a later point. If the door was answered, then the Promotora would provide a brief overview of the survey effort, and if there was interest in the survey, UCSB data collectors would read the consent information from the iPad and administer the survey if the participant agreed to it. There was also the option for participants to take the survey online. If they chose this option, then they would be handed a card with an online link and a specific password for them to use to access the survey. They were given approximately two weeks to complete the online survey. At the end of the survey, the team would offer the participant a $5 gift card in appreciation for their time. For participants completing the online survey, the gift cards were mailed to them after the survey was completed. See Section B for the door-to-door data collection decision tree.

Figure 22. Sample of Household Mapping and Distribution by Colored Area per Team



As part of the larger effort, each team completed a tracking form (Section C) that described what occurred at each of the households. This form was used to track the number of homes that were accessible or inaccessible, to note which homes declined to take the survey, and to track how many times homes were visited. 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 data collection process, the third visit consistently yielded no responses, leading to the decision to drop the number of visits from three to two per household. This change in protocol may have increased the potential bias in the sample. Our response rates are dependent on the various conditions. Out of the total number of houses selected, regardless of their accessibility or if someone was home or not, the response rate was 19.95%. If we only consider the total number of homes that were accessible (i.e., we were able to knock on their door), then the response rate is 23.82%. If we only consider the household where a person was home and answered the door, then the response rate was 45.23%. See Table 1.

Table 1. Response Rates by Condition

	Based on Total in Sample	Based on Accessible Homes	Based on Doors Answered
11.01	21.67%	25.11%	49.35%
11.02	16.99%	21.40%	38.24%
Total	**19.95%**	**23.82%**	**45.23%**

The assistance of the Principals and staff at La Cumbre Junior High and Harding University Partnership School were invaluable to the data collection effort in providing classrooms to use as a training and coordination space for the team of people participating in the data collection effort. Snacks and water were provided at the start of every data collection day, teams then went out to collect the data, and then they returned to the school. After returning to the school, debriefing sessions were held to gather insights and observations about the data collection process. These sessions offered multiple lessons, including the addition of an online option for participants and the need to reduce the number of visits from three to two. The team is grateful for the generosity and access that the schools provided, as it truly helped to make this effort possible.

Analysis

The initial analysis will provide descriptive data on the various variables in the survey and frequency counts associated with the open-ended responses. In future reports, the analysis will also include a sub-group review of the data as the variables will be examined by subgroups, including primary language spoken at home by household. MSG completed the data weighting process using the method of iterative proportional fitting ("raking") recommended by the CDC. Weights will be assigned to the data based on the probabilities of selection, number of eligible households and raking procedures designed to enhance the ability of the data to yield valid estimates by correcting differences between the sample and population frequency distributions. The following section details the methodological process used to weigh the data and was provided by MSG.

Weighting Methodology

Sampling Design Overview

This survey has secured a total of 166 respondents in two Census tracts of Santa Barbara County, CA: 06083001101 and 06083001102. The following table provides a summary of the employed sampling design.

Table 1. Distributions of Total Adults and Respondents by Stratum (Census Tract)

Tract	Adults			
	Total		Respondents	
06083001101 (11.01)	3,454	49.3%	114	68.7%
06083001102 (11.02)	3,558	50.7%	52	31.3%
Total	**7,012**	**100.0%**	**166**	**100.0%**

Weighting Overview

All survey data must be weighted before they could be used to produce unbiased estimates of population parameters. By improving the representation of respondents, weighting reduces bias and enhances the external validity of survey estimates. The weighting process for this survey included three major steps:

1. In the first step, design weights were computed to reflect selection probabilities of sampling units.
2. In the second step, design weights were calibrated to the demographic distributions of the target population for whom the needed benchmarks were obtained from the American Community Survey (ACS) 2020. These weights were computed using the *WgtAdjust* procedure of SUDAAN[8] to balance the distributions of survey respondents against different benchmarks simultaneously. This procedure relies on a constrained logistic regression to predict the likelihood of response vis-à-vis the explanatory variables

[8] RTI International (2012). *SUDAAN Language Manual, Release 11.0.* RTI International. www.rti.org/sudaan

used in the model (benchmark distributions). The resulting likelihood probabilities are then used to create adjustment weights that align respondents to the specified benchmark distributions.

3. In the third step, produced weights were examined to identify and ameliorate extreme values. Trimming extreme weights is a standard practice that is used to improve the efficiency of the weighting process and add stability to survey estimates. This important gain in precision, however, is achieved at the expense of introducing some minor diversions between weighted totals and their corresponding population benchmarks. For ease of application, final weights were scaled to aggregate to the total number of respondents (166). It should be noted that variables used for weighting included missing values due to refusal or selection of "Don't Know" for response. Such values were first imputed using a *Hot-Deck* procedure in SAS[9] within the two strata. As such, respondent counts summarized in the following table correspond to those after imputation of missing data.

Table 2. Population and Respondent Distributions by Age and Gender

Age	Male				Female			
	Universe		Respondents		Universe		Respondents	
18 - 34	1,538	42.1%	18	33.3%	1,310	39.0%	28	25.0%
35 - 54	1,326	36.3%	15	27.8%	1,061	31.6%	48	42.9%
55+	789	21.6%	21	38.9%	988	29.4%	36	32.1%
Total	**3,653**	**100.0%**	**54**	**100.0%**	**3,359**	**100.0%**	**112**	**100.0%**

Table 3. Population and Respondent Distributions by Ethnicity and Gender

Ethnicity	Male				Female			
	Universe		Respondents		Universe		Respondents	
Hispanic	2,064	56.5%	24	44.4%	2,004	59.7%	65	58.0%
Non-Hispanic	1,589	43.5%	30	55.6%	1,355	40.3%	47	42.0%
Total	**3,653**	**100.0%**	**54**	**100.0%**	**3,359**	**100.0%**	**112**	**100.0%**

Table 4. Population and Respondent Distributions by Race and Gender

Race	Male				Female			
	Universe		Respondents		Universe		Respondents	
White	2,782	76.2%	39	72.2%	2,385	71.0%	69	61.6%
Others	871	23.8%	15	27.8%	974	29.0%	43	38.4%
Total	**3,653**	**100.0%**	**54**	**100.0%**	**3,359**	**100.0%**	**112**	**100.0%**

[9] https://support.sas.com/resources/papers/proceedings16/SAS3520-2016.pdf

Table 5. Population and Respondent Distributions by Education and Gender

Education	Male				Female			
	Universe		Respondents		Universe		Respondents	
No College	1,989	54.4%	16	29.6%	1,459	43.4%	44	39.3%
College (1 - 3)	685	18.8%	12	22.2%	1,079	32.1%	19	17.0%
College (4+)	979	26.8%	26	48.1%	821	24.4%	49	43.8%
Total	**3,653**	**100.0%**	**54**	**100.0%**	**3,359**	**100.0%**	**112**	**100.0%**

Table 6. Population and Respondent Distributions by Tract and Gender

Tract	Male				Female			
	Universe		Respondents		Universe		Respondents	
06083001101	1,703	46.6%	39	72.2%	1,751	52.1%	75	67.0%
06083001102	1,950	53.4%	15	27.8%	1,608	47.9%	37	33.0%
Total	**3,653**	**100.0%**	**54**	**100.0%**	**3,359**	**100.0%**	**112**	**100.0%**

Variance Estimation for Weighted Data

Survey estimates can only be interpreted properly in light of their associated sampling errors. Since weighting often increases variance of estimates, use of standard variance calculation formulae with weighted data can result in misleading statistical inferences. With weighted data, two general approaches for variance estimation can be distinguished. One is *Taylor Series* linearization, and the second is *Replication*. There are several statistical software packages that can be used to produce variance estimates for weighted data using linearization or replication methodologies.

When special software is not available, an approximation method for variance estimation can be used for design-proper estimation of standard errors. With W_i representing the final weight of the i^{th} respondent, the inflation due to weighting, which is commonly referred to as *Design Effect*, can be approximated by:

$$\delta = 1 + \frac{\sum_{i=1}^{n} \frac{\left(W_i - \bar{W}\right)^2}{n-1}}{\bar{W}^2}$$

For calculation of a confidence interval for an estimated percentage, $\hat{p}$, one can obtain the conventional variance of the given percentage, multiply it by the approximated design effect, δ, and use the resulting quantity as adjusted variance. The adjusted variance would be given by:

$$\hat{S}^2(\hat{p}) \approx S^2\left(\hat{p}\right)(\hat{p}) \times \delta = \frac{\hat{p} \times \left(1-\hat{p}\right)}{n-1}\left(\frac{N-n}{N}\right) \times \delta$$

Subsequently, the (100-a) % confidence interval for P would be given by:

$$\hat{p} - z_{\alpha/2}\sqrt{\frac{\hat{p} \times (1-\hat{p})}{n-1}\left(\frac{N-n}{N}\right) \times \delta} \le P \le \hat{p} + z_{\alpha/2}\sqrt{\frac{\hat{p} \times (1-\hat{p})}{n-1}\left(\frac{N-n}{N}\right) \times \delta}$$

Section A: Equipment and Supplies for Data Collection

Team name: A **Date:** / / 2022

Instructions: Check to make sure that the following items are in the backpack before beginning door-to-door data collection. Each team of data collectors should have one backpack.

Figure 23. Equipment and Supplies Checklist

Data Collection	
House address list (digital or print)	☐
Tracking forms	☐
Procedures form	☐
iPad with surveys preloaded	☐
Clipboard	☐
Pencil or pen	☐
Backup paper surveys (at least 10 copies in English and Spanish incase iPad is not working)	☐
Gift cards (at least 10)	☐
Gift card sign-off sheet	☐
Online password sheet	☐
Online password handout with QR code	☐
Tape	☐
Identification	
ID badges with your name (one per data collector)	☐
Forms for Participants	
Follow-up card (at least 20 each)	☐
Community Resource Center information sheet (at least 20 each)	☐
Santa Barbara County Public Health Department COVID-19 vaccination brochures (at least 20 each)	☐
Brochures (at least 20 each)	☐
Doorknob hanger describing follow-up plans (at least 20 each)	☐
Other Items	
Charged cellphone battery	☐
Water	☐
Snacks	☐

Section B: Data Collection Procedural Decision Tree

Figure 24. Door-to-Door Data Collection Decision Tree

Section C: Materials Used for Data Collection

Figure 25. Door-to-Door Response Tracking Form

Tracking Form

Team Name: _____ Date: / /

Instructions: *Check where appropriate, but try to choose only one best option for each of the five categories. Go as far down the list as possible for each site you visit.*

Sampled Households (write CODE #)																			
1) ACCESS																			
House is Accessible	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
House is Inaccessible	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
2) TYPE OF HOME																			
Single Family Home	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Apartment/Condo	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Other (e.g., duplex)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
3) ANSWER																			
Door was answered	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Appears vacant	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Online option Requested	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Nobody home after…																			
1st visit	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
2nd visit	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
3rd visit	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
5) INTERVIEW																			
Language Barrier	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Refused	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
"Come back later"	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
[time - full info on back]																			
Interview not finished	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Interview Completed	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Gift card Given	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Notes

Instructions*: Use this page to keep notes on which houses may need return visits*

Sampled

Households

1.

2.

3.

4.

5.

6.

7.