



# Community Health Needs Assessment Report 2021

## Partnerships 4 Success

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# EXECUTIVE SUMMARY

## Introduction

Place matters. Our intuitive understanding of this drives our custom of asking new acquaintances where they are from. No other question has the potential to tell us so much about them. Where we live has a role in determining our exposure to environmental pollution, crime, the quality of our public education, and our access to opportunity. In the United States, race/ethnicity and socioeconomic conditions are also highly correlated with residential location. Non-White people and poverty tend to be concentrated in some neighborhoods, while White people and economic opportunity tend to be concentrated in others. The health impacts of this unequal access to resources have been extensively documented and are often referred to as the social determinants of health. However, stories of success and resilience are possible in every community.

Fortunately, enhancing the resilience of a community need not wait on social equality to become a reality. Investing in factors that contribute to resiliency can have a remarkable effect. For example, research has shown that self-determination is a potent factor to enhance resiliency on both the individual and community levels. Likewise, investments in public infrastructure like safe communal spaces and healthcare access have a return on investment worth many times their initial cost.

The central goals of the Partnerships 4 Success (P4S) project are to reduce health disparities by enhancing the prevention infrastructure in the US/Mexico border region of San Diego County and by building residents' capacity to act on their own behalf to improve community conditions. Research has shown that optimizing community conditions reduces adverse childhood experiences and chronic stress, some of the most potent substance misuse predictors. We believe that by facilitating networks between local leaders and community mobilization, we can most effectively support residents' efforts to improve their quality of life. This long-term "upstream" approach is paired with interventions to reduce the current impacts of substance misuse, such as providing access to overdose prevention medication, policy actions to discourage underage drinking, and facilitating access to alcohol and drug treatment.

The purpose of this Community Health Needs Assessment Report is to document health disparities that contribute to adverse childhood experiences and substance misuse among Latinos in the South Region of San Diego County so that the partnership can work to reduce

them in the years to come. The report summarizes quantitative data from multiple sources and presents that data in tables, graphs, and maps. Woven throughout the narrative are quotes and key themes from 19 key stakeholder interviews that were conducted with community leaders. Our key findings are summarized below.

### **Key Quantitative Findings**

- Life expectancy in the southern regions of San Diego County has fallen relative to recent years and relative to San Diego County overall.
- Opioid-related deaths are increasing countywide.
- Alcohol-related deaths are increasing among Latinos.
- Rates of injury related to substance use are highest in low-income communities.
- Latino population density and community disadvantage are concentrated in San Ysidro, South San Diego, harborside Chula Vista, and National City.

### **Key Qualitative Findings**

- Historical underinvestment in the region has led to poor infrastructure and lack of economic opportunity.
- Trust in the government and health systems has declined to critical levels among Latinos.
- The proximity of the border facilitates underage drinking and the general accessibility of drugs.
- Poverty, low-status jobs, and the complexity of public benefits systems are barriers to Latinos accessing health care.
- Cultural stigma against seeking help for mental health or substance misuse prevents many Latinos from seeking treatment.

### **Conclusion**

There is much work to be done. With the resolution passed by the San Diego County Board of Supervisors declaring racism as a public health crisis, it is hoped that we as a society are ready to take the first step to solve a problem: acknowledging the problem. Addressing the health disparities documented in this report will require recognizing the role that racism has played in the historic underinvestment in the region and working on a County level toward equity in the distribution of public and private funds in the future. Within the communities of the border region, reducing these health disparities will require cooperation, dedication, and a substantial investment of funds and effort. Different interventions will be needed to break down intangible barriers like distrust of the government and cultural and language obstacles in navigating the health system. Reducing the health disparities documented here will require a comprehensive and multi-level approach that is only feasible through a robust partnership of local leaders, academia, media experts, and residents. That, indeed, is our vision for the P4S project.



# INTRODUCTION

This report presents results of a 2019–2020 community health needs assessment focused on the US/Mexico border region of San Diego County and is intended to be the basis for the Core Group to define interventions for the Partnerships 4 Success (P4S) project. It summarizes quantitative data from multiple sources and presents that data in tables, graphs, and maps. Woven throughout the narrative are quotes and key themes from 19 key stakeholder interviews that were conducted with community leaders. The data presented focus on the target population of the P4S project: Latino residents in under-resourced neighborhoods of southern San Diego County. The central goals of the P4S project are to enhance the prevention infrastructure and build the community's capacity to prevent substance misuse among the Latino population in the South Region Border communities.

## PROJECT ROLES

### **IPS team**

The Institute for Public Strategies (IPS) has almost three decades of experience implementing comprehensive, community-level substance misuse prevention programs and providing leadership, training, and technical assistance to other public and private prevention agencies at local, state, and national levels. IPS will provide administrative support, research and evaluation, and technical assistance for this grant. We plan that once the Core Group and Community Coalition have gained momentum, IPS will step back to a support role and work toward the partnership's sustainability after the grant ends. We will do this by helping the partnership apply for additional funds, publishing findings from the needs assessment and outcome monitoring, and producing persistent media advocacy promoting the project and the needs of the Latino community in the South Region.

### **Core Group**

The project brings together cross-sector partnerships to build the leadership team for the project. It is a diverse group of dedicated leaders in the South Region, each bringing a unique understanding and perspective of the region's needs. The Core Group's involvement ensures that the interventions implemented by this partnership are culturally appropriate and responsive to the community's needs. All of the entities represented by the Core Group have a vested interest in the project successfully reducing health disparities among the Latino population in the South

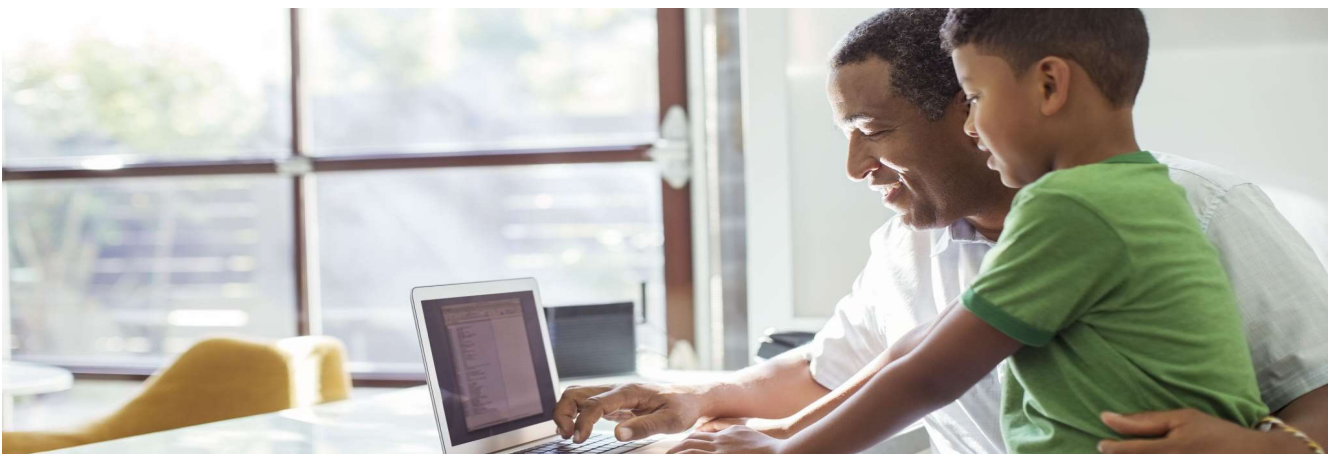
Region and support the goal of collaborating across sectors to leverage resources more effectively.

The Core Group has worked closely with the IPS team to set the priorities for the project. It will develop a strategic plan to advance communities where opportunity and greater access to health, education, and emotional well-being raises the quality of life and prevents the onset of substance misuse, chronic disease, and early death. The media team at IPS has already begun communicating the project's work and promoting its mission using opinion editorials, conference presentations, and webinars. Meanwhile, the Core Group has started to connect the P4S project to broader groups and initiatives. The IPS team and the Core Group will continue to collaborate to recruit coalition members actively and identify potential alliances to advance policy goals.

### **Community Coalition**

In the coming year, the project will assemble a diverse, multi-faceted community coalition representing the region. The coalition's goal is to reflect the diversity of the region and to have a strategy in place to ensure that community stakeholders are engaged. Community involvement is crucial to this project because the people most directly impacted should be at the table, directing this investment in their community to where it can best prevent harm from substance misuse and community trauma. Involvement in the coalition will empower residents of the South Region with the skills and vision to fight for change in their communities.

The coalition will be overseen by the Core Group and organized by action teams (media, outreach and education, and community events). Community engagement is our top priority, and therefore, all coalition planning engages the community at every stage and level of leadership. The coalition will consist of individuals and organizations that are key stakeholders in advancing equity in the South Region. Members will work to promote the mission, vision, programs, and services of the project. The coalition as a whole will meet four times during the fiscal year.



## Approach

In collaboration with the Core Group and Community Coalition, a multi-pronged and multi-dimensional, culturally appropriate implementation plan will be developed. The project will leverage resources to facilitate cross-agency information sharing and collaboration and engage the support and participation of community members in infrastructure development and systems change for effective community-based prevention. IPS staff and the evaluation consultant will research and share information on new strategies and best practices with the Core Group and coalition throughout this process.

P4S takes a community-level approach to substance use prevention because the neighborhood where a person lives often determines if they experience positive or negative health outcomes. It influences their quality of life and even their life expectancy. P4S will steer the project and include strategically integrated activities related to each prevention priority specifically and substance misuse collectively. The intervention(s) chosen are likely to focus on equitable opportunity, the physical and built environment, and the socio-cultural environment. We are especially interested in identifying toxic stressors and structural violence. The approach will include community outreach, coalition building strategies, community education and information dissemination for youth and adults, community and coalition capacity building, large- and small-scale community events, and ongoing data monitoring, collection, and reporting out to the community.

IPS will also lead a strategic and well-coordinated communications strategy to disseminate information to the targeted Latino audience. Media advocacy plays a vital part in this because of its power to drive policy and systems change. By using traditional (i.e., T.V., radio, and newspaper) media and social media, the project has so far developed four media pieces that have been shared on digital and print news sites and conducted two social media campaigns. These media pieces highlight the unique challenges of residents living in the South Region and provide useful instruction on filling out the Census and voting.

# Place Matters



When it comes to public health, place matters. Where people live plays a role in their quality of life, the education they receive, and even their life expectancy. In the United States, people of color have historically been marginalized and are more likely to experience systemic racism, injustice, and poverty today. This has created under-resourced neighborhoods throughout San Diego County, where multiple forms of disadvantage are concentrated.

*“Health disadvantage is the inability of people to fulfill basic human needs required for full social participation and optimal health and well-being. These needs include but are not limited to the needs for economic security, food, shelter, safety, transportation, education, social connection, and political participation.”*

*– The Public Health Alliance of Southern California*

Residents of under-resourced neighborhoods experience conditions that negatively influence health, such as unsafe parks, lack of access to healthy foods, and limited healthcare services. This unequal access to resources and opportunities often results in chronic stress, community trauma, and Adverse Childhood Experiences (ACE)s, factors which in turn often lead to higher-than-average rates of substance use and a negative impact on overall health, well-being, and life expectancy.



# ADVERSE CHILDHOOD EXPERIENCES

Growing awareness about the importance of early childhood experiences on lifelong health has permeated public health and social services spheres. The largest national study of ACEs to date found that traumatic experiences in childhood are major risks for chronic diseases, depression, and substance misuse later in life (Centers for Disease Control and Prevention, 2019).

The Centers for Disease Control and Prevention (CDC) definition of ACEs spans eight different traumatic childhood experiences: verbal/emotional abuse, physical abuse, sexual abuse, and negative household situations, including the incarceration of an adult, alcohol or drug misuse by an adult, violence between adults, mental illness of a household member, and parental divorce or separation. In San Diego County, 14.4% of children under 18 have experienced more than one of these adverse experiences (California Department of Public Health, 2020). This has far-reaching implications, as children who experience trauma are not only likely to be less healthy than their peers, they are also more likely as adults to pass those experiences on to their children (Merrick & Guinn, 2018).

*“We see mental and behavioral health effects, specifically those connected to trauma, like Adverse Childhood Experiences. We see a lot of those [trauma and ACEs] specifically in this population, and they reflect in terms of depression, anxiety, or behavioral health issues, including domestic or neighborhood violence or drug and alcohol abuse.”*

*– Key Stakeholder Interview (KSI) Respondent*



# COMMUNITY TRAUMA



Statistics documenting individual level ACEs fail to capture an equally important but less studied category of ACEs: Adverse Community Experiences. Adverse Community Experiences overlap substantially with social determinants of health and are also referred to as community trauma. They are produced by decades of systemic racism, unequal access to opportunity, crime, and violence.

*“ACEs and associated conditions, such as living in under-resourced or racially segregated neighborhoods, frequently moving, experiencing food insecurity, and other instability can cause toxic stress. Some children may face further exposure to toxic stress from historical and ongoing traumas due to systemic racism or the impacts of multigenerational poverty resulting from limited educational and economic opportunities”.*

– *The Centers for Disease Control and Prevention*

According to census data, 32% of the South Region population is foreign-born (County of San Diego, Health & Human Services Agency, Public Health Services, Community Health Statistics Unit, 2020). This proportion is even higher in low-income neighborhoods adjacent to the border, such as San Ysidro, where over half (51%) of the residents were foreign-born (Healthy Places Index, 2018). Anti-immigration policies and rhetoric have documented associations with stress and mental health among Latinos (Bruzelius & Baum, 2019), even among native-born adolescents. In a cohort study of 397 US-born adolescents in California, Eskenazi and colleagues (2019) found that fear and worry about the personal consequences of current US immigration policy were associated with higher anxiety levels, sleep problems, and blood pressure changes. They also found that young people’s anxiety significantly increased after the 2016 presidential election, particularly among the most vulnerable families (Eskenazi et al., 2019).

*“Current-day policies like separating immigrant families at the border and rhetoric that inflames hatred against immigrants also contribute to adverse childhood experiences and trauma. This is especially important in California, where nearly half of children under the age of five are children of immigrants.”*

*– The Public Health Institute*

The South Region has the highest concentration of minority residents, approximately 78% and has experienced the highest rates of COVID-19 infection in San Diego County. The pandemic and the residual effects of the social upheavals of 2020 can be expected to exacerbate community trauma in unforeseen ways and reverberate throughout the region for years to come. The need to enhance the prevention infrastructure in the South Region is now more urgent than ever.



# THE SOUTH REGION



The South Region is an administrative unit of the San Diego County Health and Human Services Agency (HHSA). It is a dynamic area that embodies iconic elements of San Diego, from the border to the bay and from the beach to the mountains. The South Region covers 155 square miles of urban, suburban, and rural areas with a population of nearly half a million (500,076). It is



home to an ethnically and culturally diverse population that is 61% Latino, 18.7% White, 13.2% Asian/Pacific Islander, 4.1% Black, and 3% other (County of San Diego, 2020).

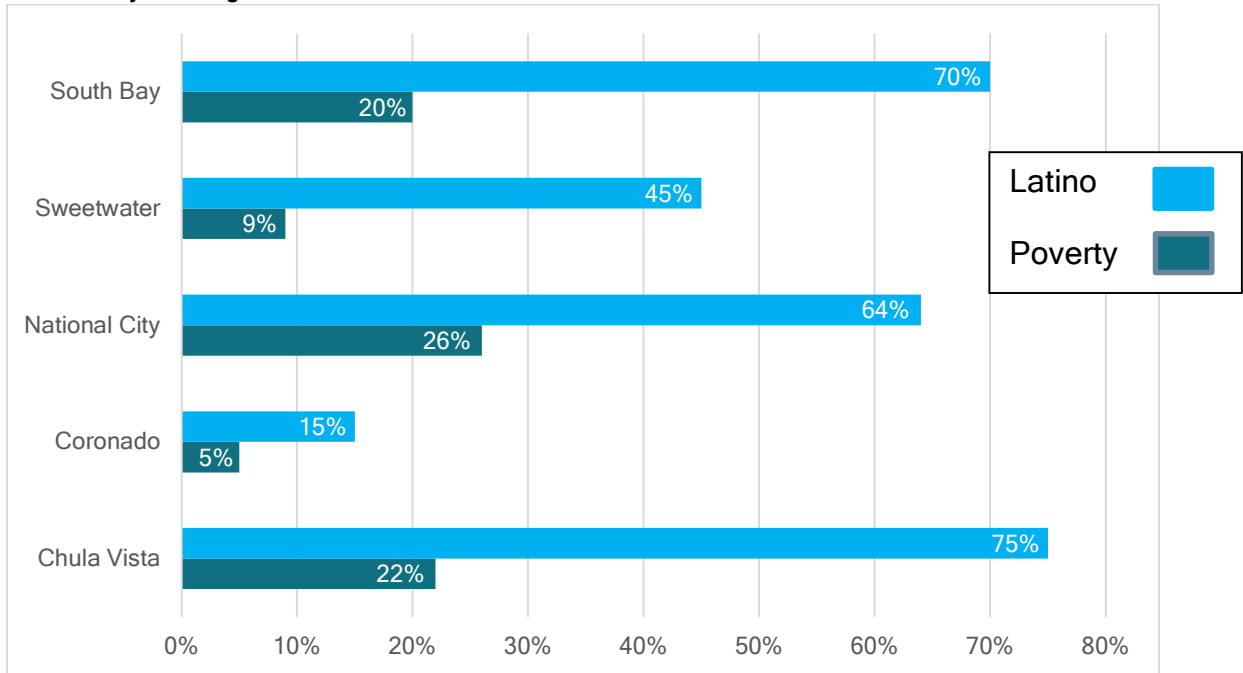
Although the South Region has many small neighborhood parks and open space preserves on its hillsides, community clinics, and two hospitals, these assets may not be adequate for its growing population. Furthermore, access to these amenities varies considerably by neighborhood, socio-economic status, and immigration status. An unknown but substantial proportion of the South Region population is undocumented and therefore shut out from access to many civic amenities by law or fear.

The ports and international commerce from the border crossing provide jobs, but these South Region sites are also significant sources of environmental pollution. As a result, the bayfront areas of National City and Chula Vista and the border-adjacent neighborhood of San Ysidro rate in the bottom 25% of California census tracts on the Healthy Places Index, which gives a combined score for the health of a community across economic, education, transportation, social, neighborhood, healthcare access, housing, and environmental domains (Healthy Places Index, 2018). Household income in the South Region is the lowest in San Diego County; about 44% of households earn incomes less than \$50,000 annually, compared to the county average of \$84,800 annually. More than 25% of the South Region population earn incomes less than \$35,000, with 18% of families with children under 18 years living below the federal poverty level (County of San Diego, 2020). The region also holds the lowest levels of educational attainment in the county (Live Well San Diego, 2020). In 2017, one in five (22.4%) of the South Region's adult population over 25 had not completed high school.

## **Target Population**

The target population for this project is the over 300,000 Latinos living in the South Region. Latinos in the South Region are more likely to be recent immigrants, to have limited English skills, and to have low education attainment - factors that limit access to higher-wage jobs (County of San Diego, 2018). One out of five South Region residents speaks only Spanish at home (County of San Diego, 2018). This proportion is even higher in low-income parts of the region - half of the 40,000 students in the Sweetwater Union High School district speak a language other than English at home. Although most of the South Region's cities and communities have substantial Latino populations and some are home to a thriving Latino middle class, the most severe poverty in the region is highly correlated with having a majority of Latino residents in the community, indicating how inextricably linked race/ethnicity and poverty are in the South Region (Figure 1).

Figure 1. Percent of population with children under 18 years old living below the poverty line and percent of Latino residents by sub-region.



## The Border Zone

*“The heavily militarized zone that comes with the geopolitical location of this border has led to communal trauma and a sort of PTSD that is not really addressed by anyone. As a result, many in the community have normalized the consequences that come with the border even though this can directly challenge a person's health.” - KSI Respondent*



The busiest land border crossing in the Western hemisphere has an undeniable impact on the South Region. Although the flow of commerce back and forth across the border supports thousands of jobs and fosters international cooperation, living in a heavily policed zone where multiple layers of law enforcement and immigration enforcement operate simultaneously is also a potent source of stress. Border enforcement affects all South Region Latino residents, regardless of their immigration status. Historically helicopters have circled these neighborhoods from above, and patrol vehicles have raced down residential streets and patrol alleys at night, searching for undocumented migrants with blazing searchlights, leaving behind a communal trauma that adults now pass on to their children. Residents recount being racially profiled during vehicle stops and being searched without warrants or provocation. One key stakeholder interview (KSI) respondent



vividly described the fear felt when followed by a Border Patrol vehicle even when innocent of breaking any laws.

## Substance Use in the South Region

The geographic location of the South Region has a significant impact on behavioral health outcomes among its residents. The proximity of the border facilitates access to drugs and alcohol for youth as well as adults. Across the Mexican border, the drinking age is 18, and I.D. checks are lax, making it possible for even very young teens to drink in Tijuana's bars and nightclubs. Drunk driving crashes, injuries, and even deaths related to cross border drinking are not uncommon.

*"I think if it <Tijuana> wasn't there, people might not be exposed to [drinking or drugs] at such an early age. But because people can cross the border and do that, even probably younger than 18, I would say it ends up happening at such an early age."*

– KSI Respondent



Research on substance misuse and proximity to the Mexico border has shown an increased risk for underage drinking, alcohol use disorder, drug misuse, and substance use disorder. A 2015 study found that co-occurring hazardous alcohol and drug use was nearly twice as common in US border cities (14.7%) than in off-border cities (7.2%) (Borges et al., 2015). Data from the California Healthy Kids Survey (CHKS) reveal that alcohol abuse rates among 9th and 11th graders attending South Region schools are among the most alarming found in the County of San Diego (CHKS, 2019). Community-level data collected in 2016 by the Institute for Public Strategies (IPS) show that 83% of South Region respondents felt drinking under the age of 21 was harmful. Yet only 36% felt it was a problem in their community. This indicates that while residents may appreciate underage drinking's seriousness, they do not think it is happening in their community. Unfortunately, the data suggest otherwise. Hospital emergency room discharge data show that an annual average of 218 South Region youth under 24 years old were treated for alcohol-related disorders between 2011-2017 (County of San Diego, 2019).



A recent report of juvenile arrestee drug use in the San Diego Region reveals six percent (6%) of young arrestees reported they had crossed the US/Mexico border to obtain alcohol and/or other drugs. The mean age of first crossing was 15.3 (range 14 to 17) for alcohol and 14.5 (range 14 to 15) for other drugs. In addition, eight percent (8%) of juvenile arrestees reported being approached to transport drugs across the border (Burke, 2020). According to personal communication with our colleagues at the San Diego field office of Homeland Security Investigations, teens are targeted by drug smuggling gangs because they are easy to lure with promises of electronics or money. Recreational opioid use is also a problem within San Diego County, where opioid-related deaths have spiked sharply in the last 5 years and continue to rise (KPBS, 2020). According to the San Diego County Medical Examiner (2020), fentanyl deaths, in particular, are rising precipitously; as of August 2020 there was a total of 153 fentanyl-related deaths, which is greater than the 151 fentanyl-related deaths reported in all of 2019.

Latinos may have different patterns of drug and alcohol use than other demographic groups in the South Region. Latino students in the region report the highest rates of alcohol use, particularly at younger ages. According to CHKS, in 2016, 27% of high school 11<sup>th</sup> grade Latino students and 19% of 9<sup>th</sup> grade Latino students reported drinking in the past 30 days (CHKS, 2019). Community leaders from the South Region told us that alcohol was culturally accepted among family members and the greater Latino community, even though national survey data indicate that many Latinos abstain from alcohol altogether (National Institute on Alcohol Abuse and Alcoholism [NIAAA], 2020). Survey data also shows, however, that while Latinos are less likely to drink than non-Hispanic Whites, Latinos who choose to drink tend to consume alcohol in greater quantities than their White counterparts.

While Latinos are less likely to become dependent on alcohol compared to Whites, those that do are more likely to experience recurrent or persistent problems with dependency (NIAAA, 2020). This may be related to factors such as access to substance use treatment or cultural factors that influence seeking treatment. Our interviews with key stakeholders from the South Region and analyses of quantitative data revealed that access to insurance coverage among Latinos is a problem, which would impact their ability to seek treatment. For example, in most of National City and San Ysidro, where the population is majority Latino, the percentage of adults aged 18 to 64 years currently insured was lower than in 82% of California census tracts (Healthy Places Index, 2018). Moreover, our key stakeholders revealed pervasive stigma in the Latino community against seeking help for mental health or substance misuse, which would impact the willingness of the Latino residents of the South Region to seek treatment even when it is accessible.

## Baseline Health Outcomes

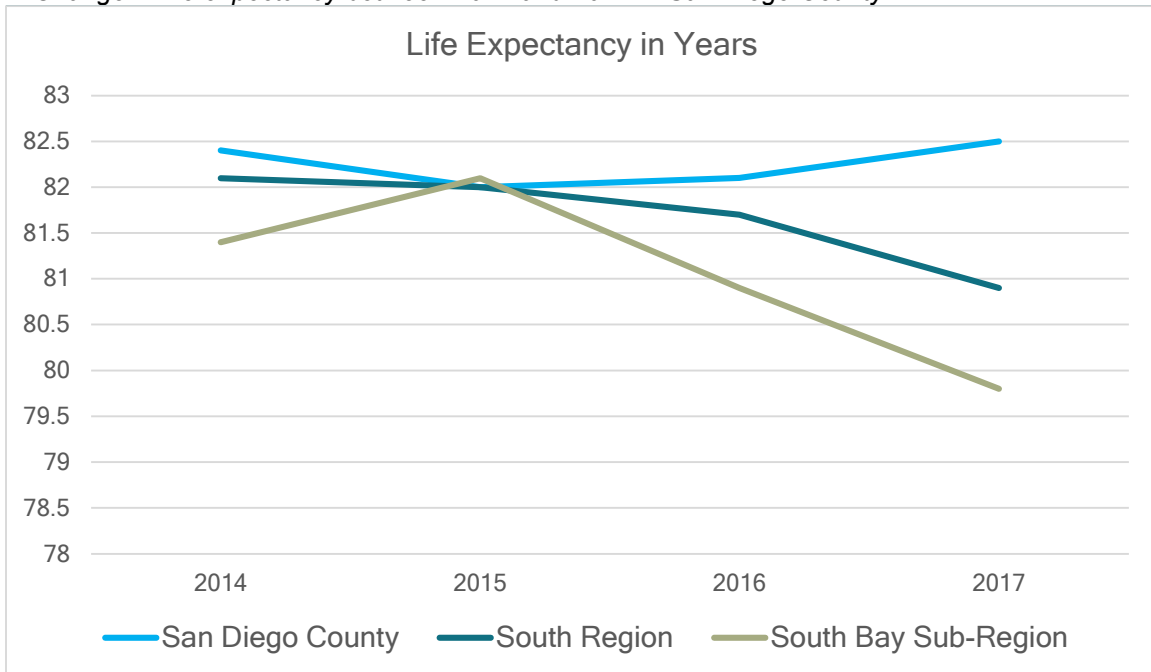
### Life Expectancy

In the South Region, life expectancy is trending in the wrong direction. Life expectancy in the South Region and South Bay sub-region has fallen not only relative to recent years but also relative to San Diego County as a whole. Life expectancy fell between 2014 and 2017 in the South Region and South Bay sub-region, despite recovering elsewhere in the County. It was the lowest in the South Bay (the border adjacent) sub-region for most of the years measured, and the South Bay sub-region also experienced the most significant decline between 2014 and 2017, a drop of 1.6 years in life expectancy (Table 1).

Table 1. Change in life expectancy between 2014 and 2017 in San Diego County.

Life Expectancy in Years					
Geography	2014	2015	2016	2017	Average by Geography
San Diego County	82.4	82.0	82.1	82.5	82.25
South Region	82.1	82.0	81.7	80.9	81.68
South Bay Sub-Region	81.4	82.1	80.9	79.8	81.05

Figure 2. Change in life expectancy between 2014 and 2017 in San Diego County.

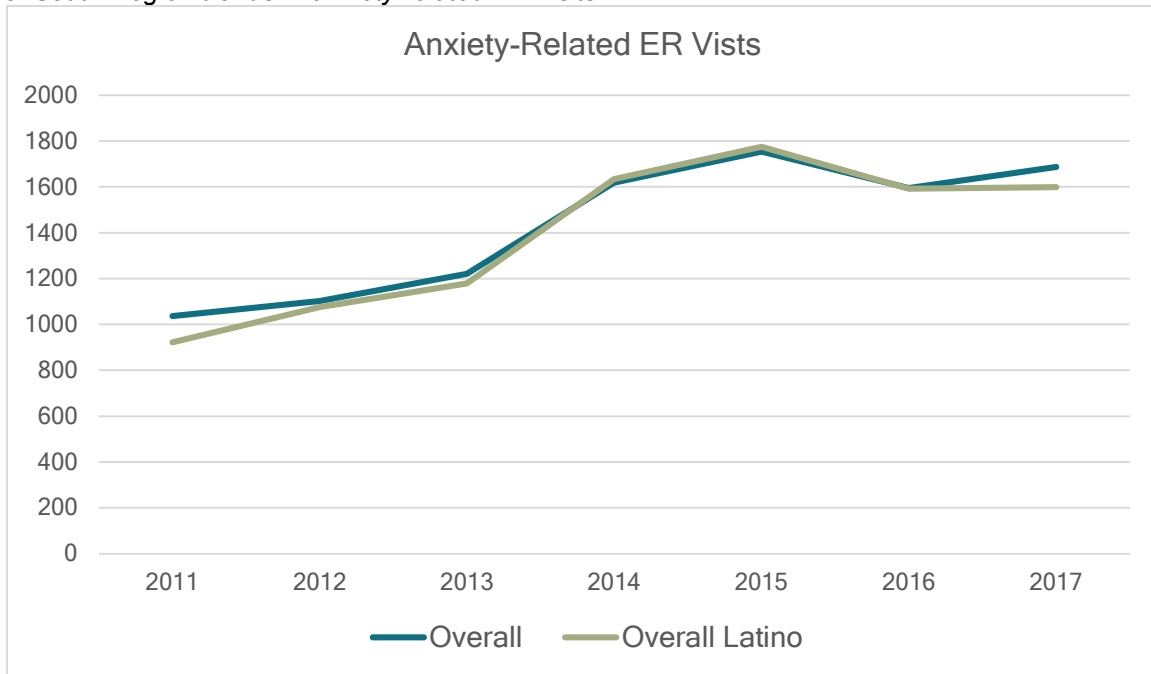


### Anxiety

Decades of research in psychiatry have shown that anxiety disorders and substance use disorders co-occur at greater rates than would be expected by chance alone (Smith & Book, 2008). Anxiety and substance use disorders are among the most frequent psychiatric problems in the United States, with lifetime rates of 28.8% and 14.6%, respectively (Kessler et al., 2005).

Systematic reviews show that people with anxiety disorders are 3 to 6 times more likely to become substance dependent (Compton et al., 2007). The graph below compares anxiety-related emergency room visits among Latinos and the general population of the South Region. Anxiety severe enough to warrant an emergency room (ER) visit has steadily increased among South Region residents overall as well as Latinos. Peaking in 2015 for both groups, it declined in 2016, before rising again the following year (Figure 3).

Figure 3. South Region trends in anxiety-related ER visits.

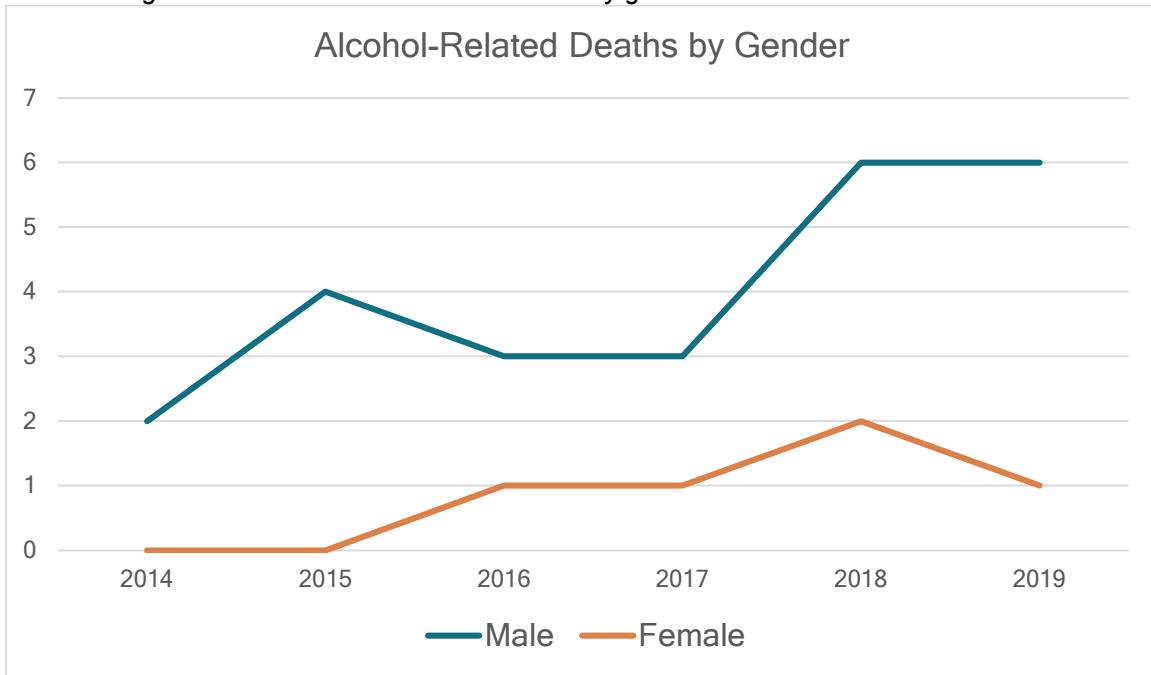


Trend data were not available for rates of ER visits related to depression.

### Drug and Alcohol-Related Mortality

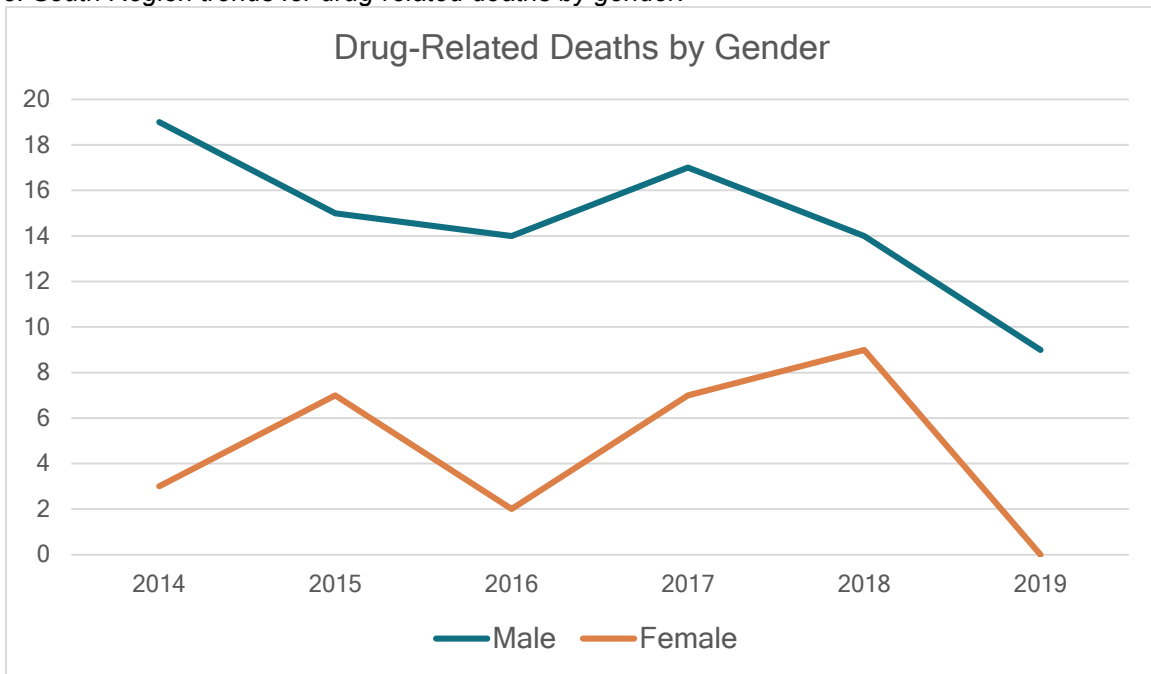
Population-adjusted South Region death rates are not available earlier than 2017 from San Diego County Health and Human Services Agency. However, Medical Examiner Office data indicates that alcohol-related deaths in the South Region have increased among males while remaining relatively steady and much lower among females (Figure 4).

Figure 4. South Region trends for alcohol-related deaths by gender.



Drug-related deaths declined among males between 2017 and 2019 but were increasing among females in recent years where data was available (Figure 5).

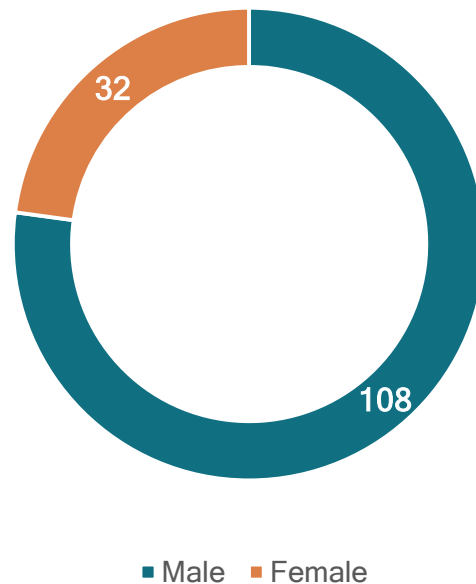
Figure 5. South Region trends for drug-related deaths by gender.



In general, deaths from alcohol and drugs among males outnumbered deaths among females by approximately 3:1, indicating a need for harm-reduction interventions targeting men (Figure 6).



Figure 6. Alcohol and drug-related death in the South Region by gender (2014 – 2019).



### Drug and Alcohol-Related Emergency Room Visits

The rates reported here are the number of people per 100,000 population admitted to emergency rooms and for whom there was any mention of substance use related to their admission. This "any mention" medical data refers to conditions noted with a medical code at the time of a medical encounter, even if it was not the primary diagnosis. *Any mention* estimates more accurately capture the burden or impact of an existing condition in a community upon the medical system. For example, a person suffering from a fatal overdose might have the primary cause of death listed as "heart failure," or a DUI victim might have the primary cause of injury listed as "trauma," and only the *any mention* data would record that substance use was a factor in the death or injury.

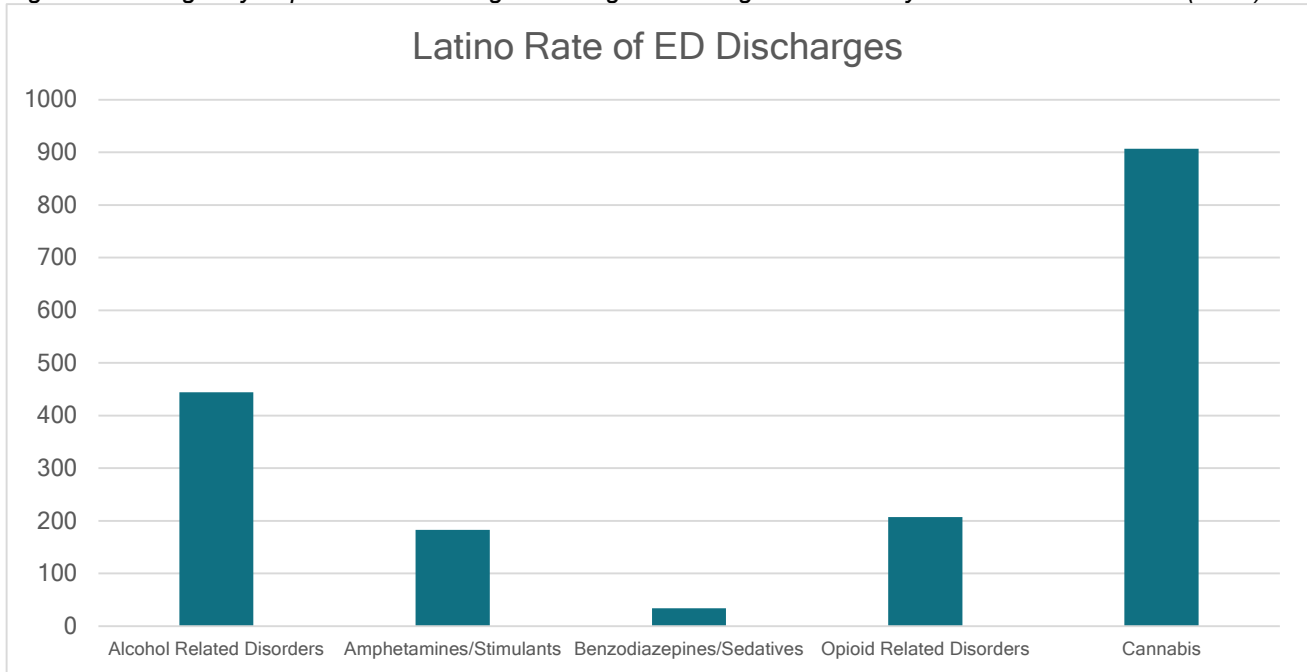
We reported age-adjusted rates where available. An age-adjusted rate is a weighted average of the age-specific (crude) rates, where the weights are the proportions of persons in the corresponding age groups of a standard population. The potential confounding effect of age is reduced when comparing age-adjusted rates computed using the same standard population. The proportions of persons in the corresponding age groups of a standard population is based on data from the 2000 United States Census. The data originates from hospital and clinic data reported to and compiled by the California Office of Statewide Health Planning and Development. It was obtained via special data requests and public use data downloads from the San Diego County Health and Human Services Agency. Emergency room discharge data was used because it is the

most common hospital data category. There would be fewer missing data when we started looking at smaller geographic units like the South sub-regions.

### Substance Use Among Latinos in the South Region (2017)

Rates of substance use-related emergency ER admission in the South Region show that alcohol and cannabis are the most commonly implicated substances (Figure 7).

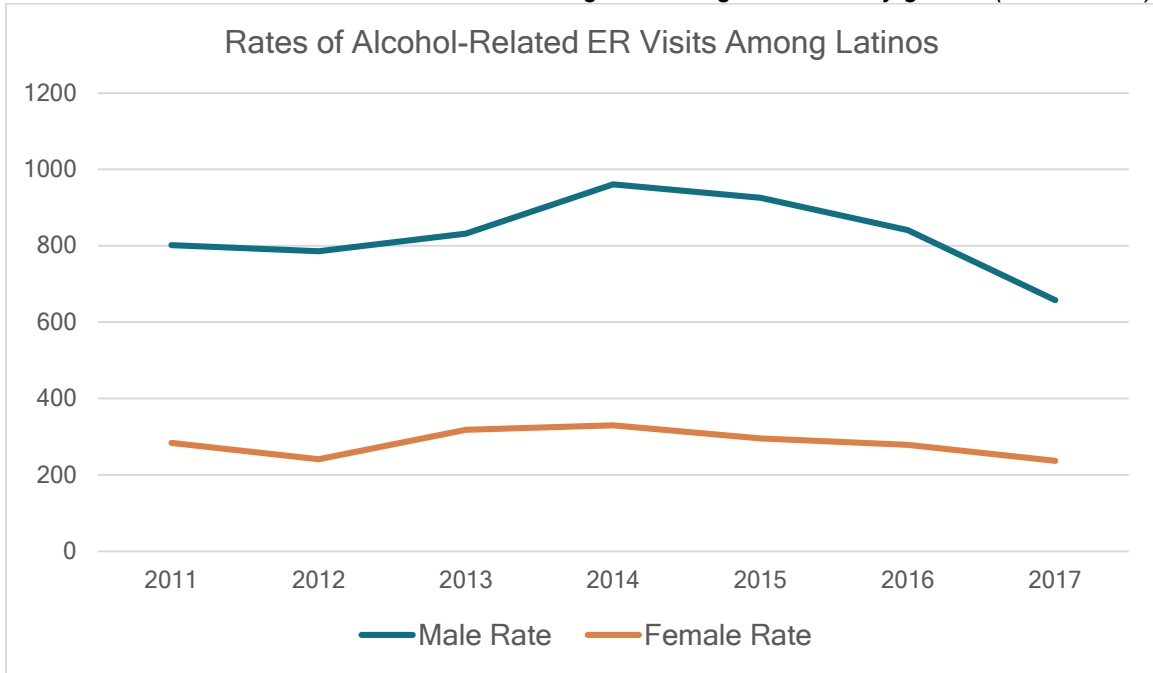
Figure 7. Emergency department discharges among South Region Latinos by substance mentioned (2017).



Trend data for alcohol-related ER visits shows that ER visits have mostly held steady among Latina females. While emergency room visits have declined slightly among Latino males, their rates of emergency room admission are still about three times as high as Latina females (Figure 8).

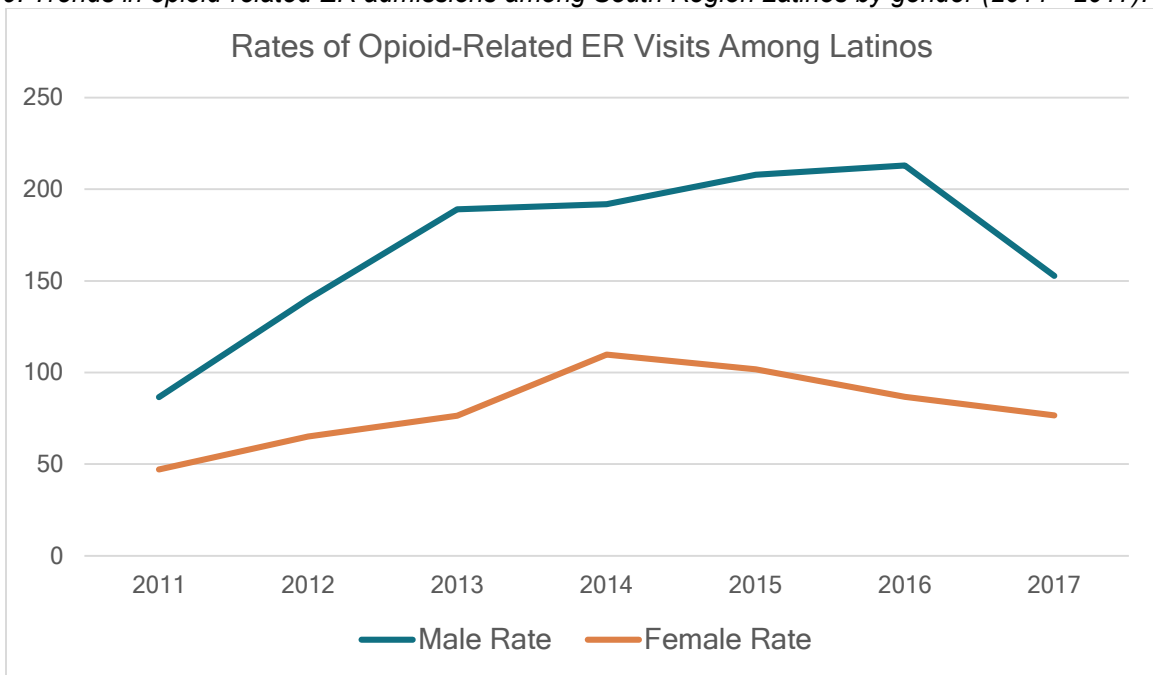


Figure 8. Trends in alcohol-related ER admissions among South Region Latinos by gender (2011 - 2017).



Trend data for opioid-related ER visits are similar to alcohol-related visits, although the ER admission rate is much lower. ER visits among Latino males peaked in 2016 and were followed by a decline in 2017, while ER visits among Latina females peaked in 2014 and have slowly declined in the following years through 2017 (Figure 9).

Figure 9. Trends in opioid-related ER admissions among South Region Latinos by gender (2011 - 2017).





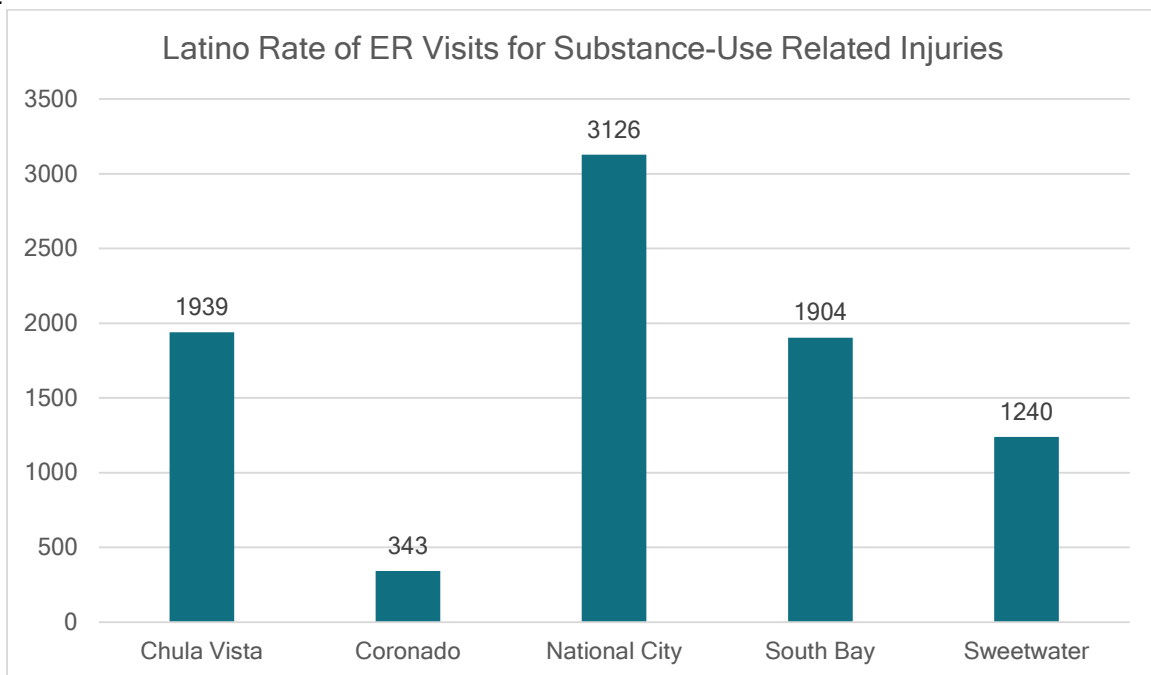
Unfortunately, trend data was not available for cannabis, which would have been useful to determine whether the rate of cannabis-related ER admissions increased after marijuana was legalized for recreational adult use in 2016 and became widely available for retail purchase in 2017. Nevertheless, it is clear from the rates of drug and alcohol-related ER admissions in the South Region that harm reduction education to prevent severe injury is necessary for the South Region.



### Comparison of Drug and Alcohol-Related Injuries by South Region Sub-Regions (2017)

It is clear from the graph below (Figure 10) that the rate of substance use-related injuries among South Region Latinos is highest in the sub-region of National City, similar between the Chula Vista and South Bay sub-regions, and lowest in the more affluent sub-regions of Sweetwater and Coronado.

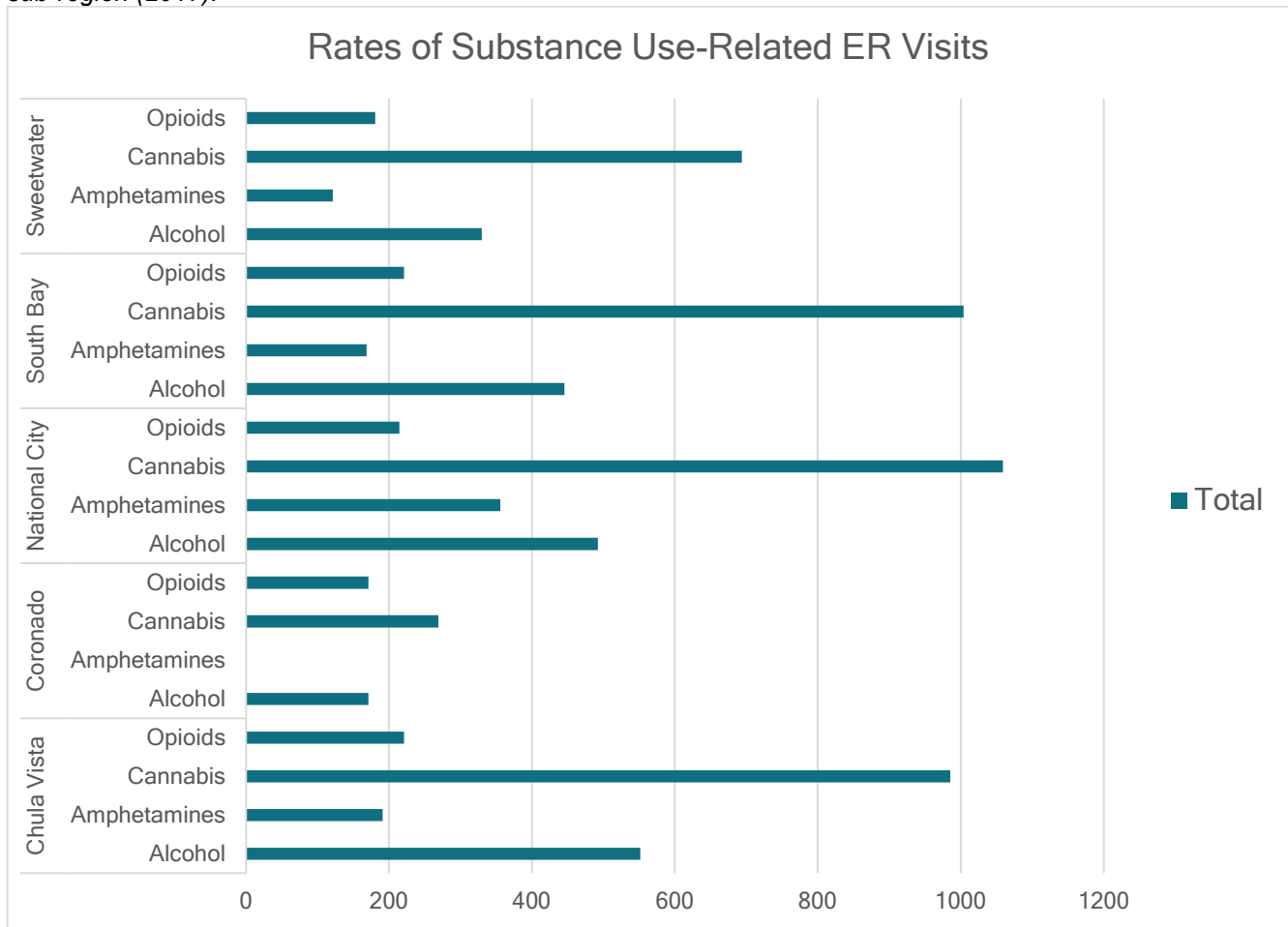
Figure 10. Rate of ER visits for substance use-related injuries among South Region Latinos by sub-region (2017).



### Drug and Alcohol-Related Injuries Among Latinos by Sub-Region and Substance (2017)

The graph below (Figure 11) shows that many similar patterns exist between South sub-regions. However, it also provides evidence that the distribution of substance use-related injuries differs somewhat within the South Region by sub-region. For example, injuries related to amphetamine use were highest in the National City sub-region, while injuries related to alcohol were highest in the Chula Vista sub-region. Drug and alcohol-related injuries were lowest overall in Coronado, where poverty is low and chronic stress related to racial/ethnic discrimination and anti-immigrant sentiment is less a factor due to the majority White and native-born population. These results indicate that preventing the over-use of cannabis, alcohol, and opioids is a universal priority for most of the South Region, while efforts to prevent amphetamine use might be best targeted to the National City sub-region.

Figure 11. Rate of ER visits for substance use-related injuries among South Region Latinos by substance and sub-region (2017).



## Quantitative Data Summary

The health and substance use outcomes presented here paint a picture of a Latino community that is resilient in the face of multiple stressors. Although people living in South Region communities with higher levels of poverty and neglect often reported higher rates of substance use, *within* these communities, substance use was often lower among Latinos than among other ethnic groups (not shown). This gives us hope that the protective effects of a family-oriented culture, multigenerational households, and communal values can balance risk factors like the stress and fear caused by anti-immigrant sentiment and policies, systemic racism, and poverty that Latinos disproportionately suffer. As this project progresses, IPS will monitor key health outcomes and substance use indicators annually. These quantitative measures will allow us to ascertain whether our project moves the needle on health outcomes related to substance use and toxic stress in the South Region of San Diego County. Quantitative data, however, is not always able to reveal the "why" behind the numbers. We, therefore, present our qualitative findings, which will help guide our approach to choosing and implementing interventions to change these health outcomes for the better in the coming years.





# QUALITATIVE NEEDS ASSESSMENT



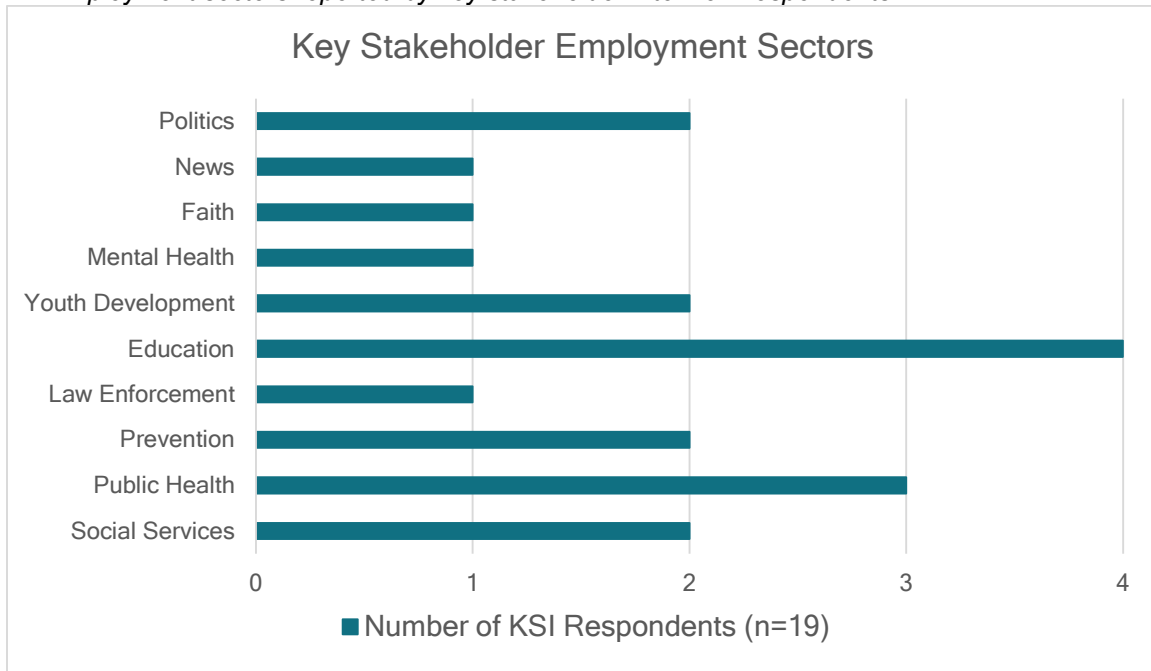
IPS conducted key stakeholder interviews (KSIs) with 19 community leaders who are experts in health, social services, and government in the South Region. Many of the men and women interviewed are lifelong residents of the region. Respondents were primarily invited based on their experience working in the region; many lead a project, program, or organization that serves the South Region of San Diego County, while others represent the South Region as elected representatives. We also endeavored to invite people from the many different kinds of



organizations that deliver health and social services to the region. Many of the key stakeholders interviewed have gone on to join the project as members of the Core Group.

The KSI respondents were predominantly Latino/Latina (74%), and a slight majority were female (56%). They provided perspectives from various employment sectors, such as law enforcement, news media, and local government (Figure 12).

Figure 12. Employment sectors reported by key stakeholder interview respondents.



Key stakeholders were each asked a series of open-ended questions (see Appendix A), covering themes such as underage substance use in the Latino community, gaps in services for the region, and cultural barriers in the Latino community. Interviews were tape-recorded and transcribed verbatim whenever possible. Transcripts were coded by the evaluator using Dedoose, a mixed-methods analysis software program, to identify reoccurring themes within each question set and across all responses. Selected quotes were used to illustrate the key themes identified across all the KSI responses. Reoccurring themes and core issues for the Latino community in the South Region included:

- Historical underinvestment in the region
- Poverty and low-status jobs lead to difficulty accessing care
- Fear of government and health systems
- Stigma against seeking help for mental health or substance abuse
- Difficulty navigating the healthcare system

### Primary Theme: *Underinvestment*

The vitality and assets of the South Region are owed chiefly to its diverse population and natural beauty. The region's potential as an economic and cultural center has never been adequately explored. Instead, it has been subject to decades of neglect and underinvestment from the city and county of San Diego as resources for economic growth and tourism have been directed elsewhere.

*“The South Bay Latino population has been historically underserved, and the repercussions have compounded over time. This neglect stems from the racist infrastructure put in place decades ago. When one compares North County to South County, one can see there is no equity.”*

– KSI Respondent

Many healthy behaviors depend on infrastructure investments like well-maintained parks and trails, grocery stores and farmers markets, and safe community spaces. One community leader characterized investment in the South Region as lacking in basic urban planning and civic infrastructure, saying, *“The city did not focus on building the residential infrastructure (like sidewalks) that residents need to take on a basic healthy measure like walking their dog.”* Underinvestment also results in the lack of opportunity, a community condition that has impacts beyond unemployment. A lack of local opportunities for education and meaningful work contributes to a lack of vision for a vibrant future. One community leader described this lack of opportunity as *“a barrier for youth being able to see different possibilities for themselves.”*



The history of neglect of the South Region contributes directly to the lack of jobs that provide a living wage and insurance coverage. Unemployment is the highest among San Diego County Health and Human Services Agency Regions, at 12.2% (County of San Diego, Health & Human Services Agency, Live Well San Diego, 2014). Among those employed, many face long commutes to other parts of the County for work, creating traffic, pollution, and eroding their quality of life. As described by one key stakeholder, *"Many of our residents have to leave their communities for work so that they can get better-paying jobs; that is why we see so much traffic going north."* New developments like the Chula Vista Bayfront, a public/private partnership between the Port of San Diego and Marriot Hotels, are anticipated to bring thousands of jobs to the region but must be the start of a trend of revitalization, not an isolated effort. Ongoing investment should provide public access to land and indoor community spaces and increase the supply of affordable housing. Projects should also balance the need for local jobs and more housing with programs and investments to prevent existing residents' displacement.



Examples include school-based "Friday Night Live" prevention programs, which ended when funding recently stopped. IPS established the South Bay Community Change Project (SBCCP) in 2006. It is now the only alcohol and drug prevention program serving the entire region. Unsurprisingly, substance misuse has increased as prevention service delivery has diminished.



### **Primary Theme: Poverty and Low-Status Jobs Impede Access to Health Care**

As noted by our key stakeholders, many Latinos in the South Region do not work in high-status jobs that provide job security, high wages, and essential benefits like paid sick and maternity leave, retirement plans, and comprehensive insurance coverage.

*“I believe what's impacting our community, especially with the Latino communities, is the fact that many of our families don't have the resources when it comes to money insurance and to support their family members when there is an addiction or needs.”*

– KSI Respondent



For workers without these benefits, taking time off to go to the doctor may mean not making any wage that day. Furthermore, without insurance coverage, preventative care is a luxury. For too many, the cost to pay for medical care or prescription medicine out of pocket must be weighed against basic necessities like rent or food.

*“They work too much or commute too far away to jobs that have them in traffic for over 2-3 hours a day after a 12-hour shift... or they don't earn enough to pay for these services because they have to make the choice of treating their diabetes or feeding their children... It is unmanageable and unreasonable.”*

– KSI Respondent

*“When Latino residents finally go look for health services because they feel something is wrong, they go to clinics (not hospitals like Kaiser or Scripps) where they are told that they have a health issue, but it is too advanced and/or too expensive to treat. And the reason that they wait so long is because they don't have access to health care that will allow them to be screened annually in places like Scripps or Kaiser.”*

– KSI Respondent





The kind of jobs our target population works not only fails to provide a living wage; their lower status jobs also put them at risk for exposure to harms. Agricultural and manufacturing workers face exposure to environmental pollution, while frontline healthcare workers or employees in other essential sectors face exposure to COVID-19.

*“Those who are working, the janitors, grocery workers, and other types of essential workers...are not getting the protection they need during this pandemic, so it is clear that communities like San Ysidro are at the other side of the more privileged essential workers, and this becomes a health challenge and a health disparity.”*

– KSI Respondent

Sobering statistics show that Latinos in the South Region were the hardest hit by the COVID-19 pandemic among San Diego County residents (County of San Diego, Health & Human Services Agency, Public Health Services, Epidemiology and Immunization Services Branch, 2020).

Statistics for computer access in San Diego County indicate that even where people may have had the option to work from home, residents in South Region were less likely than all other parts of the County to have resources like home computer access to do so (County of San Diego, Health & Human Services Agency, Live Well San Diego, 2014).

*“We are seeing the extreme consequences of these chronic disparities with COVID-19. South Bay Latinos are being hit disproportionately hard in part because they make up a large part of the essential workforce in jobs that cannot be performed remotely; therefore, they are exposed to COVID-19 at significantly higher rates.”*

– KSI Respondent



### **Primary Theme: Fear of Government, Police, and Accessing Health Systems**

A primary theme throughout the interviews was fear related to undocumented status and anti-immigrant sentiment.

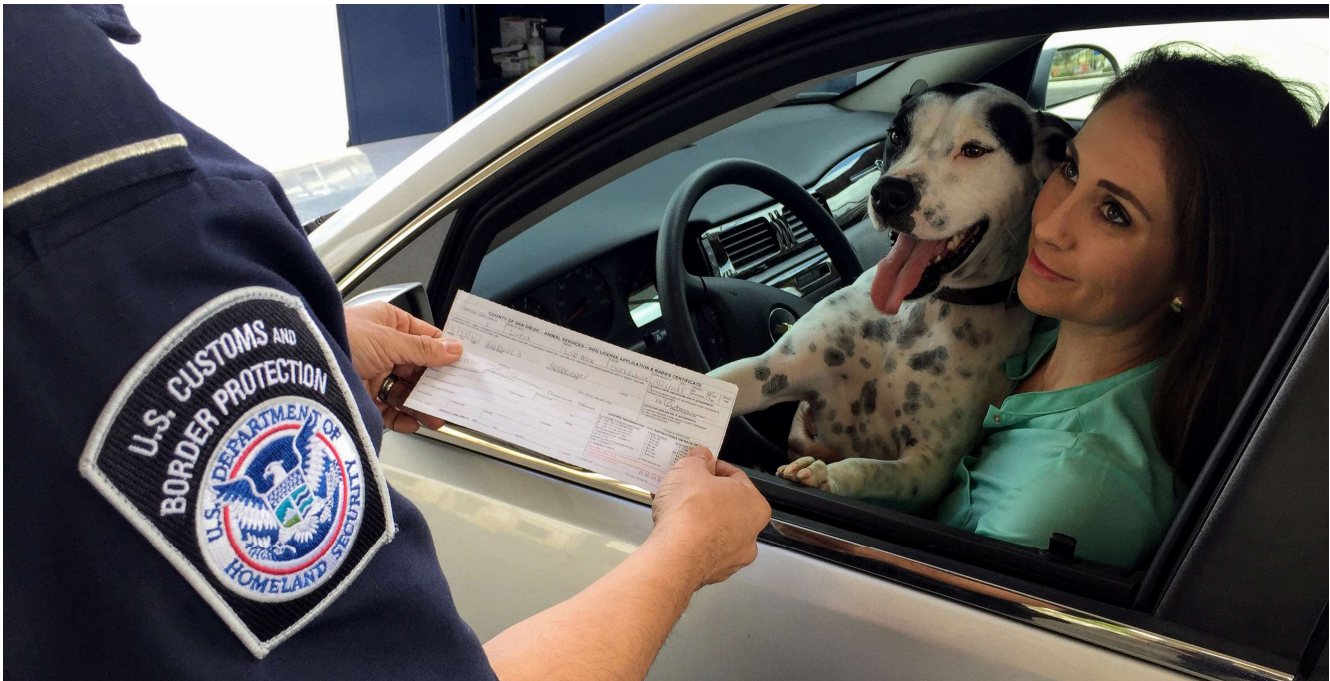
*“People are just afraid. I can tell you not only as a teacher but as a member of the community, people are afraid. They don't have the information that they need in order to execute their rights as a resident of California. They're concerned and afraid that their information might be divulged to authorities, which is not the case. It's a cultural myth. But many of these people know that being here without a legal status is within itself a big concern ... so when it comes to attending to medical or addiction support, that gets in the way.”*

– KSI Respondent

The increased difficulty of crossing the border has been further exacerbated by COVID-19 restrictions, creating extreme hardships for essential workers who need to cross the border for work. In August 2020, one essential worker reported to KPBS San Diego News that he waited five hours in line to cross the border to work a five-hour shift. Weekend waits as long as seven



hours were reported at the San Ysidro and Otay Mesa ports of entry during the same month (Thorne, 2020).



### *Public Charge*

Key stakeholders described a "political climate that causes fear," and that has fostered a deep distrust of the federal government, to the extent that one recommended that community-based organizations and health agencies need to reassure the community of their intent when providing public health information.

*"There are people who do not have insurance because they are afraid of getting tracked and essentially deported because of their immigration status. Or they don't get it because they think they will face a public charge that will impede them from fixing their immigration status. And this has increased because of the political climate."*

*– KSI Respondent*

The most frequently mentioned source of fear to seek health or social services was the "public charge." On August 12, 2019, the federal government finalized radical changes to public charge rules to disqualify many immigrants from gaining permanent residency in the US. Among other changes, the new public charge rule makes the use of nonemergency Medi-Cal for those 21 and older (unless pregnant), CalFresh, and federal housing assistance count as negative factors when immigration officials evaluate an immigrant's application for a green card (Immigrant Legal Resource Center, 2020). The new policy has discouraged thousands of Latinos from seeking services, many of whom are documented immigrants pursuing legal paths to citizenship.

*“We hear about deportations every day, and I believe that people think that we have a health pandemic. But we have a health pandemic and a social pandemic. For example, when it comes to abuse from law enforcement, it really leaves our community afraid to bring any attention to themselves.”*

– KSI Respondent

The new public charge rule went into effect in California on February 24, 2020, even as multiple legal challenges continue to move through the federal courts. An Urban Institute study found that there is widespread confusion about the rule. Most California immigrant adults (65%) said they were aware of the rule, and 70% said they were confident that they understood the rule. However, only 23% knew it does not apply to citizenship applications, and only 18% knew that children's enrollment in Medi-Cal is not considered in their parents' public charge determinations. Accordingly, one in six (18%) adults in California immigrant families avoided public benefit programs such as Medi-Cal in 2019 for fear of hurting their future immigration status, up from 12% the previous year (Bernstein et al., 2020).

### *Distrust of Law Enforcement Agencies*

The expanding distrust of the government extends to law enforcement, as border enforcement has increased and the border has become an increasingly militarized zone. An American Civil Liberties Union (ACLU) (2018) report found that fear of deportation following the increase in courthouse arrests stops immigrants from reporting crimes, cooperating with police investigations, and participating in court proceedings. Fear of law enforcement agencies creates a severe barrier to community safety and undermines the fundamental right to equal protection under the law that extends to United States residents irrespective of their citizenship status.

*“In the South Bay, and in the county in general, we are in a unique position where we have multiple layers of law enforcement and immigration enforcement that operate here. ICE, Border Patrol, and the police all can roam the county freely because of the proximity that we have with the border. And this brings a level of fear to certain communities, specifically the immigrant communities. Health-wise, this may add to some of the anxieties to these communities.”*

– KSI Respondent

### **Primary Theme: Stigma Against Seeking Help for Mental Health or Substance Abuse**

National studies have shown that individuals who identify as Latino are less likely to seek treatment for substance use disorder or complete treatment at specialty treatment facilities (i.e., formal programs such as rehabilitation and in/outpatient services) (Chartier & Caetano, 2010). A 2018 qualitative study by Pinedo and colleagues (2018) found that Latinos reported attitudinal barriers to specialty treatment more than other racial and ethnic groups (i.e., cultural, perceived



treatment efficacy, and non-abstinent recovery goals). Stigma against seeking treatment was strong across all ethnic groups but most frequently mentioned by Latinos (Pinedo et al., 2018).



*“Mental health is also an issue in the Latino population, as they are less likely to seek help, professional or personal. There is a stigma attached in Latino culture and, because of it, many people go without necessary treatment.”*

*– KSI Respondent*

Lack of social support from family was a frequently mentioned barrier because seeking treatment could be perceived as confirming one had a problem and may tarnish the family reputation. Pinedo and colleagues' interview respondents spoke of reservations within the Latino community to even discuss mental health and substance use, let alone seek care. This concern was echoed verbatim by our key stakeholder interview respondents: *“I think culturally, we have not made much progress when it comes to having these conversations [about mental health and substance abuse] even within our own families.”* Respondents described an element of this avoidance as being due to the pride Latinos take in their self-sufficiency: *“We are a culture that tends to want to be self-sufficient, where we take care of our own, and we are private out of fear of being shamed*

*or rejected.*" However, it appears that the price of this cultural pride is too often a sense of shame if it becomes necessary to seek help for these very common health concerns. Furthermore, self-reliance is also a cornerstone of mainstream American culture, with the downside that our national values stigmatize asking for help as well. As one key stakeholder described it: *"Right now we have a County that believes 'helping you' is a burden... and that needs to change because the Latino community also deals with the stigmatization of asking for help."*

*"In our Latino community, it is taboo to let others know that we have an addiction. It can be alcohol, or it can be drug abuse... I can tell you by personal experience with family members of mine, like my parents feeling very embarrassed to share the fact that we need support with a brother or whoever in my family. So that's something that really prevents families from seeking out help."*

– KSI Respondent

### **Primary Theme: *Difficulty Navigating the Healthcare System***

Key stakeholders described many barriers that Latinos face in navigating the healthcare system. In addition to the fears of public charge jeopardizing their pursuit of citizenship or being identified as undocumented, respondents described cultural barriers that range from prosaic language difficulties to more nuanced issues such as having a different cultural approach to health. Generally, however, the complicated process of navigating the healthcare system and public benefits system was the most frequently cited challenge. As one respondent put it, *"These programs have barriers within their systems and processes that make it almost impossible for people to access the programs when they need them."* The complex eligibility rules and application procedures for public health and public benefits programs make access very difficult, particularly for someone with limited literacy.

*"For example, CalFresh is a program that requires tons of data and information, which is a barrier because a lot of people are fearful of government right now and don't want to give their information, so I really want to emphasize the role of the systemic barriers and policies that are keeping these services from being accessible. I would have to say that those systemic barriers are the primary barriers in these communities."*

– KSI Respondent



# NEXT STEPS



## Choosing Where to Invest

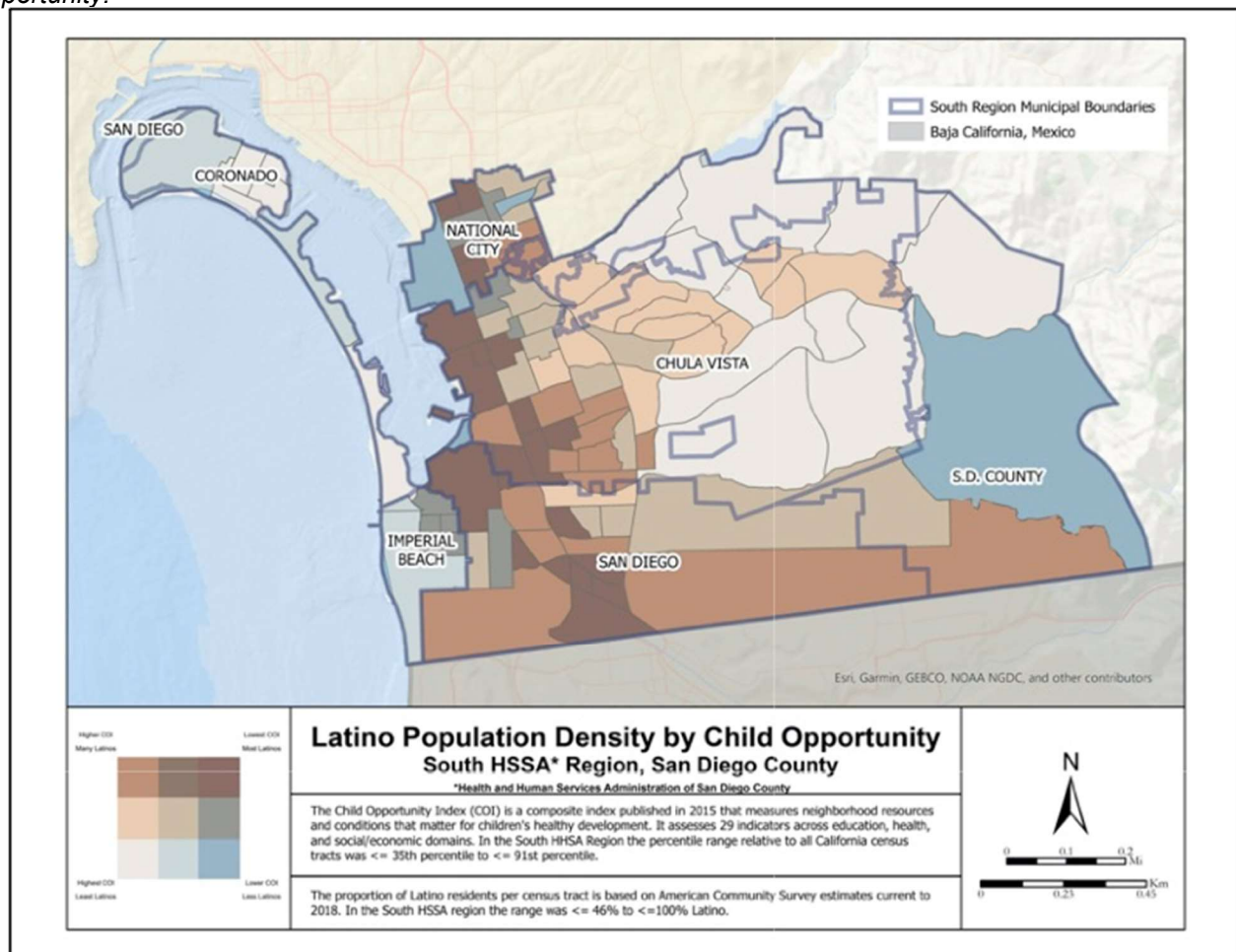
Some hard decisions will need to be made. We will not be able to help every community in need. Part of our charge as trustees of this investment is guiding it to the communities with the greatest need. We undertook an empirical approach to identifying the South region neighborhoods that experience the greatest disparities in access to a healthy lifestyle and opportunity. To assess concentrated disadvantage in the South Region's neighborhoods, we relied on three separate composite indices that each assess a different kind of disadvantage. These included the Child Opportunity Index, the Intercity Hardship Index, and the Healthy Places Index Neighborhood Conditions index. IPS chose these indices because they combine multiple domains (which can be challenging to display and interpret simultaneously using maps) and because they measure different and important facets of inequality. We created a bivariate map for each of these indices, assessing the neighborhood distribution of each kind of disadvantage relative to the proportion of Latino residents in the census tract. For each map, we selected the census tracts with the highest proportion of Latino residents and the greatest concentration of disadvantage.

## Measures of Disadvantage

### *The Child Opportunity Index*

The Child Opportunity Index is a composite index published in 2015 that measures neighborhood resources and conditions that matter for children's healthy development. It assesses 29 indicators across education, health, and socio-economic domains. Child opportunity is a necessary construct to measure for this project, as it is an essential determinant of upstream factors that contribute to substance use in our communities (Brandeis University, 2020). Equal opportunity for all children is also a meaningful way to ameliorate the social inequality that has contributed to the health disparities currently in existence within the South Region and other areas of San Diego County. Map 1 presents the bivariate relationship between child opportunity and the percent of Latino residents in the census tract population.

*Map 1. South Region census tracts with the highest concentrations of Latino population and lack of child opportunity.*

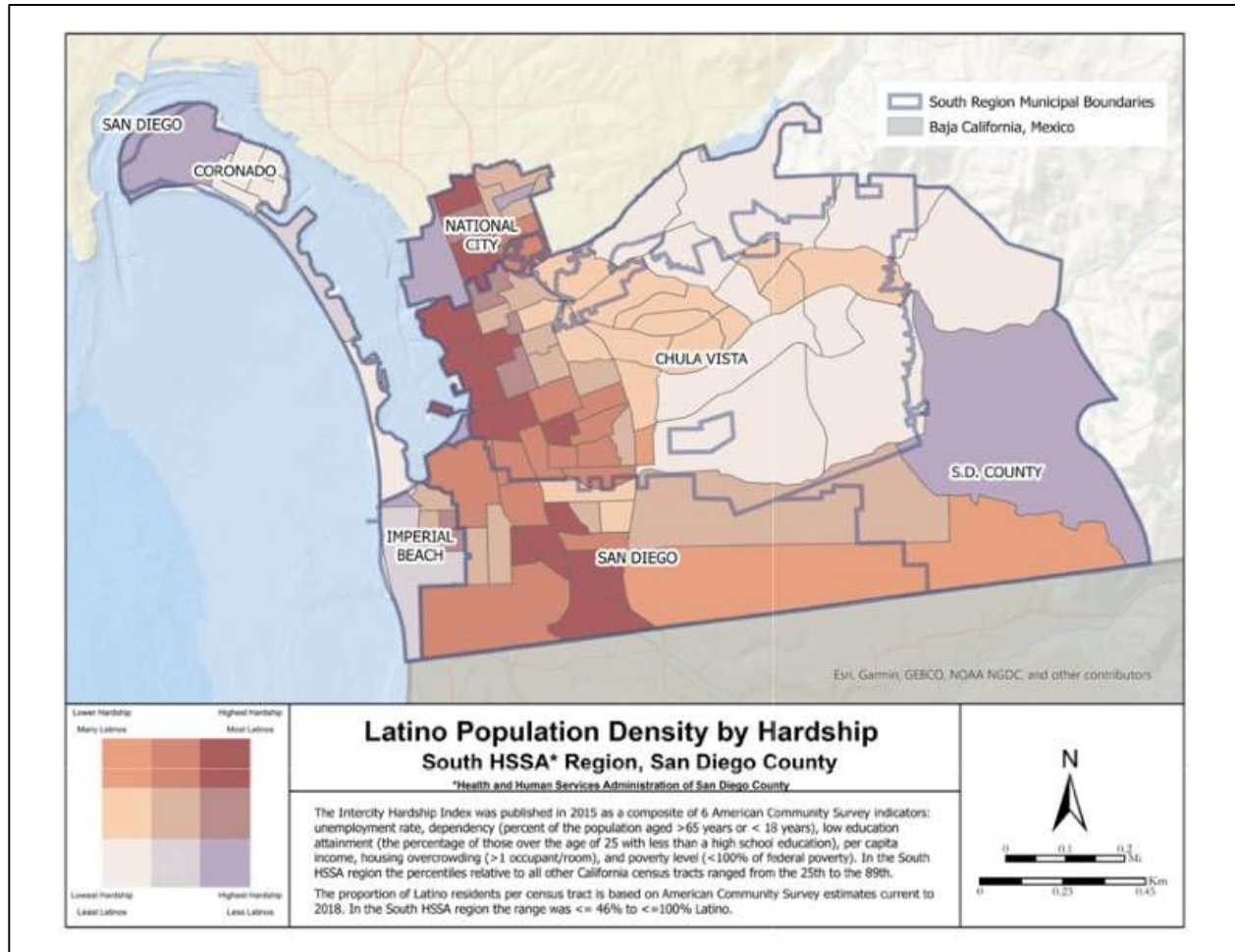


Hardship Index is a composite of six American Community Survey (Census) indicators; unemployment rate, dependency (percent of the population aged > 65 years or < 18 years), low education attainment (the percentage of those over 25 with less than a high school education),



per capita income, housing overcrowding (> 1 occupant/room), and poverty level (<100% of federal poverty). This index is important because it captures social and economic conditions experienced by the adults in the South Region. Map 2 presents the bivariate relationship between socio-economic hardship among adults and the percent of Latino residents in the census tract population.

*Map 2. South Region census tracts with the highest concentrations of Latino population and socio-economic hardship.*

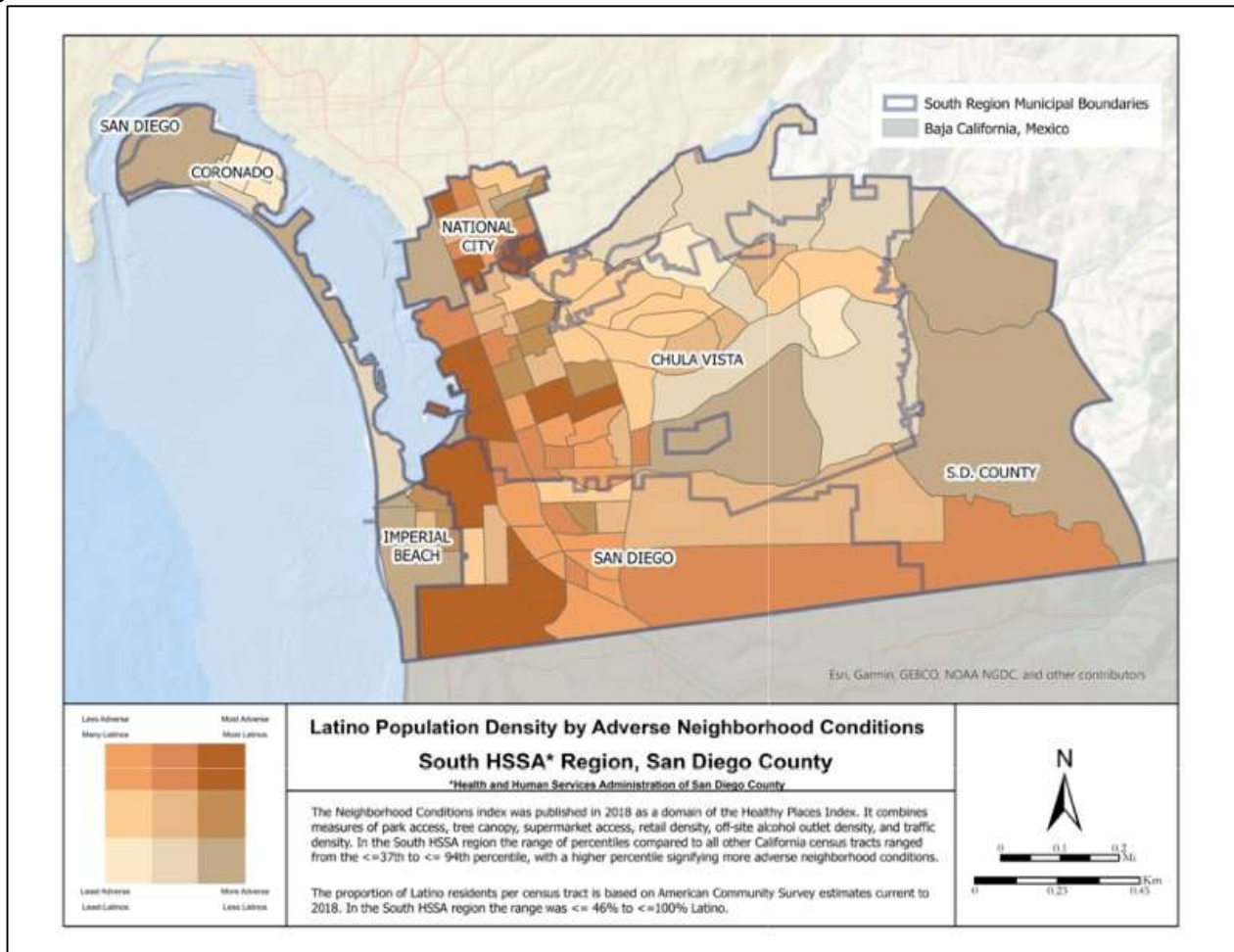


### *Adverse Neighborhood Conditions*

The Neighborhood Conditions Domain within the Healthy Places Index combines data from measures of park access (percentage of the population living within ½ mile of a park, beach, or open space greater than one acre), tree canopy (population-weighted percentage of the census tract with tree canopy), supermarket access (percentage of the urban and small-town population residing less than ½ mile from a supermarket/large grocery store, and the percent of the rural population living less than 1 mile from a supermarket/large grocery store), alcohol outlet density (percentage of the population residing within ¼ mile of an off-site sales alcohol outlet), and retail

employment density (combined employment density for retail, entertainment, and educational uses [jobs/acre]). Neighborhood conditions are essential to document and to include in our analysis of concentrated disadvantage because factors like alcohol outlet density, access to healthy food, and safe outdoor places have a demonstrated impact on physical and mental health on a local level. Residents of neighborhoods that lack these advantages are more likely to experience poor health, impaired child development, lower educational achievement, and violence (McLennan et al., 2010; Messer et al., 2006; Institute of Medicine and National Research Council, 2013;). Map 3 presents the bivariate relationship between adverse neighborhood conditions and percent of Latino residents in the census tract population.

Map 3. South Region census tracts with the highest concentrations of Latino population and most adverse neighborhood conditions.

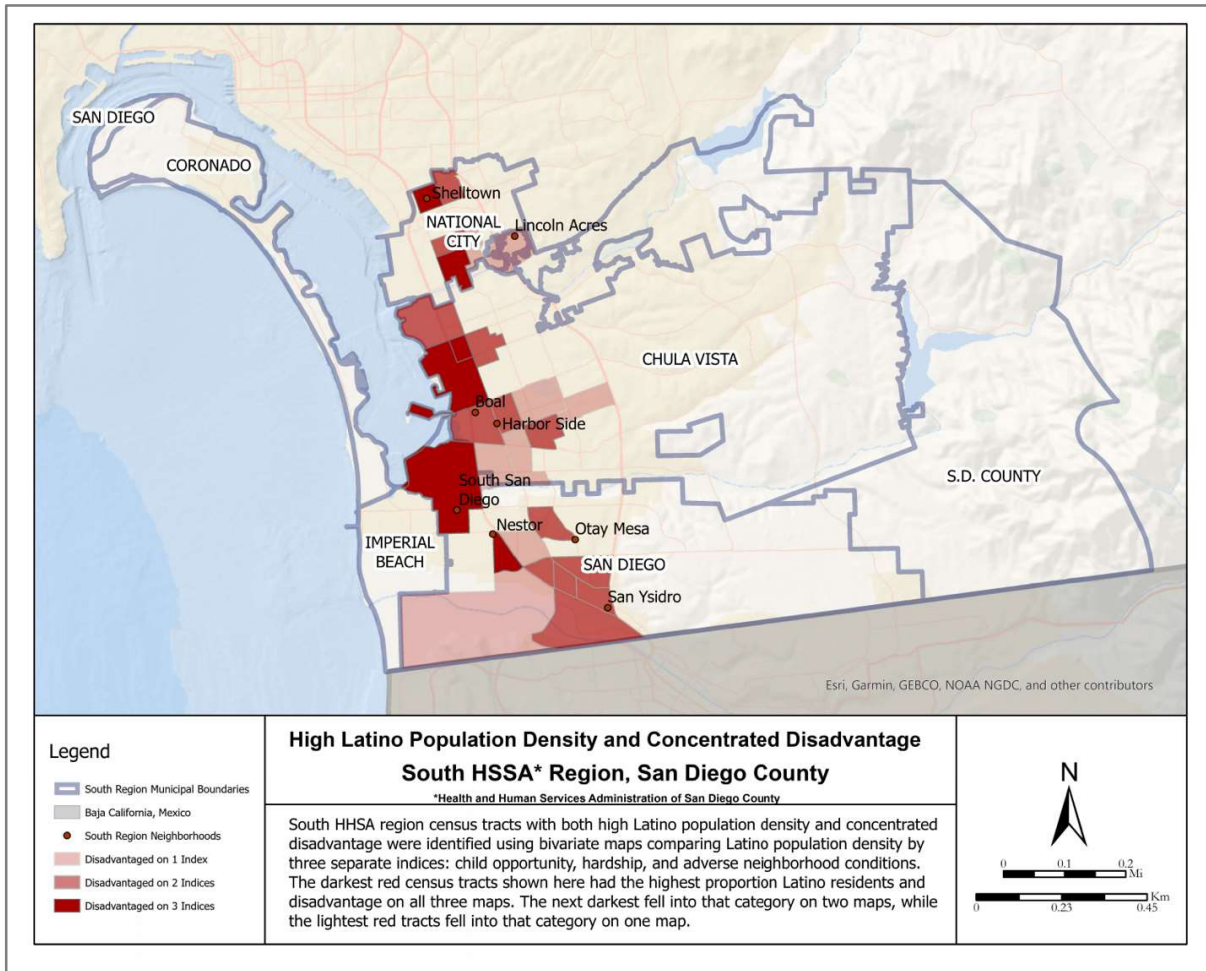


**Concentrated Disadvantage**

To identify the neighborhoods that had the highest concentrations of Latino residents and disadvantage, we created a count of cumulative disadvantage across the constructs of child opportunity, socio-economic hardship, and adverse neighborhood conditions. All 28 census tracts

that appear on Map 4 as having a high proportion of Latino residents and disadvantage are shown and are valid catchment areas for the P4S project. However, six very acutely disadvantaged census tracts were identified on all three maps, while 13 census tracts were identified as appearing on two of the maps. As the greatest concentration of our target population and of disadvantage on factors that determine community health, substance use, and child development, these regions represent essential areas for investment and intervention using P4S grant funds.

Map 4. South Region census tracts with the highest concentrations of Latino population and disadvantage.



# CONCLUSION

This report has documented severe inequity in opportunity, economic hardship, and neighborhood conditions within the South Region of San Diego County communities. Many of the community leaders we interviewed described a long history of underinvestment in the region, attributable to institutionalized racism. For decades, practices like redlining and federal policy that racially segregated public housing projects isolated minority communities from much-needed



investment by businesses and government. The effects of these policies and the ongoing inequality in our society reverberate today. For example, poverty and low-status jobs that do not provide health insurance or paid leave were cited as some of the most frequent barriers to Latinos accessing substance misuse treatment, mental health care, and physical health care.

In general, we found that residents of predominantly White and wealthy communities like Coronado experience far better health outcomes and less substance use problems than residents of predominately poor and Latino communities like San Ysidro and National City. Wealthier Latino communities like Bonita and Sweetwater occupied a middle ground, indicating that poverty likely drives the association with harm from substance use rather than Latino ethnicity or culture.

Our research documented a Latino population that is resilient to substance use in the face of multiple stressors. Although higher rates of physical harm from substance use were noted in the most impoverished South Region communities where many Latinos live, *within* those communities, harm and injury caused by substance use were often lower among Latinos than among other ethnic groups. This could be due to protective Latino cultural assets like cultural norms discouraging hard drug use, a theme revealed in our qualitative analysis. Other cultural assets like strong multigenerational family networks, dynamic community churches, and a determined success ethic may also help foster resilience against risk factors like the systemic racism and poverty that Latinos are disproportionately exposed to.

In contrast, some Latino cultural norms present potential barriers to prevention work in the region if not resolved. One is the extent of stigma against seeking help for alcohol and drug problems. A social norm change campaign may help raise awareness in the Latino community about how common and treatable these disorders are. A comprehensive campaign could also build confidence in the availability, confidentiality, and cultural appropriateness of substance misuse and mental health treatment, which research has documented are common concerns that discourage Latino people from seeking treatment.

Throughout the key stakeholder interviews, a pervasive theme was how little trust many Latinos currently have in government institutions, including health and social welfare systems. This presents an additional potential barrier to prevention work in the South Region. It may take years to rebuild trust in local institutions like County health systems. Immediate action from the federal government to reverse the cruelest and most damaging immigration policies must occur before the Latino community in the South Region can begin to feel safe accessing health care and social services and seeking protection from the police.

An equally urgent need is an information campaign explaining public charge rules so that people know that accessing benefits to which they are entitled will not disqualify them from citizenship. Finally, more resources are needed to help people navigate our complex and decentralized health system. This could be approached on different levels simultaneously. For example, streamlining enrollment for health and social welfare systems should occur on a County level, while community-based agencies would benefit from funding for teams of peer health navigators to help individuals determine their eligibility for public benefits and how to enroll.

There is much work to be done. Improving neighborhood conditions that contribute to Adverse Childhood Experiences and substance use within the South Region communities will require cooperation, dedication, and a substantial investment of funds and effort. Different interventions will be needed to break down intangible barriers like distrust of the government than will be required to help people navigate the health system. Reducing these health disparities will require a comprehensive and multi-level approach that is only feasible through a robust partnership of local leaders, academia, media experts, and residents. That, indeed, is our vision for the P4S project.



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## **Appendix**

### **Key Stakeholder Interview Guiding Questions**

1. What are some of the health challenges that the Latino population experiences in the South Region?
2. What are some of the causes or contributing factors of these health challenges?
3. What cultural challenges or barriers exist to accessing health services?
4. What are some of the gaps in health services for the Latino population?
5. How can we help close these gaps?
6. What types of health services or access to services currently exist?
7. What type of infrastructure is needed to address these health disparities among the Latino population in the South Region?
8. How does our proximity to the border impact the Latino population living in the South Region?
9. What does drug use and underage drinking look like in the Latino population?