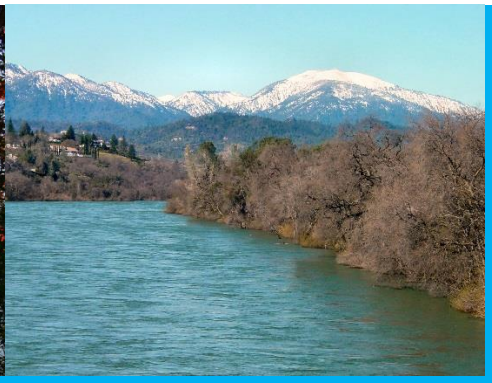

An Assessment of Health in Shasta County Latino Communities

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Executive Summary

Introduction

Health, as defined by the World Health Organization, "is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."[1] Health is impacted by many things, including factors that may not be obvious, such as level of education, safety of neighborhoods, social and economic opportunities, and access to medical care.[2]

Shasta County's Health and Human Services Agency explored the determinants of health of Shasta County's largest marginalized ethnic group, the Latino community. In 2018, the Shasta County Latino population was estimated at 18,491.[3] It is estimated that by 2030, the Latino community will grow by 3.6 million people in California and by 6,765 people in Shasta County. By 2060, the Latino population will make up almost half of California (an increase from 39% in 2015) and about 20% of Shasta County.[4] Most of Shasta County's Latino population is younger than 65, and with a population that is expected to grow rapidly in the upcoming years, understanding the factors that affect the Latino population's health will continue to increase in importance.

This document is comprised of two parts:

- The Community Health Status Assessment is a snapshot of the health of Latino residents using the most current data available as of November 2018.
- The Community Themes and Strengths Assessment is a qualitative synthesis of information gathered in interview format from a diverse group of ten individuals who have a range of perspectives and experiences as representatives of the Shasta County Latino communities.

Combined, both documents are a cross-sectional review of key topics related to the health and wellbeing of Latinos in Shasta County.

Community Profile

The Shasta County Latino population is younger and more racially diverse than the Shasta County population as a whole. Most Latinos (84%) were born in the United States; of those who were born overseas, half are naturalized citizens. Nearly two-thirds of Latino residents speak only English in the home; of those who speak mainly Spanish in the home, 34% speak English less than "very well", and are considered to have limited English proficiency. The local Latino community is of predominantly Mexican ancestry, followed by Puerto Rican and Salvadoran. Much like non-Latinos, most Latinos live along the I-5 corridor in the cities of Redding, Anderson, and Shasta Lake.

Interview participants described how the community is often segmented by country or place of origin, religion, school, or community organization. The Latino community is hardworking, highly motivated to improve their livelihood and follow the American dream, a good source of emotional support and practical assistance for its members, and centered around caring and providing for their children and families. The community is also highly involved with community groups and churches, segmented by country or place of origin, religion, school, or community organizations, and is uncomfortable accepting government aid.

Health outcomes

Latino residents face barriers to achieving equitable health outcomes with other Shasta County residents, having higher levels of unemployment, poverty, and homelessness; lower median income; and lower educational attainment. A significantly greater proportion of 18 to 64-year-old Latinos do not have health insurance, compared to the general Shasta County population. Although several community conditions are significantly less favorable among Latinos than the countywide population, many health outcomes measured in this report are similar between Latinos and the overall Shasta County community. This is a possible local example of the "Latino paradox", where there are similar or better health outcomes among Latinos who are recent immigrants to the United States, despite less favorable community conditions.[5]

No significant differences could be found in the rate of heart disease, diabetes, obesity, or cancer, when comparing Latinos to countywide. Among Latinos, there is a significantly lower burden of deaths, hospitalizations, and emergency department visits from alcohol and opioid poisonings, and from non-poisoning outcomes related to alcohol or opioid use. In many years, Latinos have statistically lower rates of suicide, chronic lower respiratory disease, Alzheimer's disease, and diabetes, although in other years, statistical differences could not be detected.

In some cases, it appears on the surface there are slightly less favorable outcomes among Latinos, although statistically significant differences could not be detected. These include rates of soda and fast food avoidance, and indicators of mental wellbeing in the past year.

One exception exists to the finding in this report of similar or better outcomes among Latinos compared to the entire county. There is a statistically higher rate of years of potential life lost (YPLL) per death for premature deaths among Latinos, although differences could not be detected for individual causes. This could be because of greater barriers in accessing medical care and greater chronic stress due to higher rates of poverty and unemployment. Although health outcomes could not be compared between recent immigrants and native-born Latinos, it should be noted that this overall finding of similar health outcomes in the presence of unfavorable socioeconomic conditions among Latinos is not unique to Shasta County, and the Latino paradox tends to diminish among later generations of Latinos who live their entire lives in the United States, leading to worse outcomes among Latinos. More context surrounding these issues was learned in the interviews conducted with Latino community leaders and stakeholders.

Barriers and Challenges

Five issues were frequently identified in interviews as being important, each of which presents substantial challenges for the Latino community: immigration, health insurance coverage, language barriers, transportation, and knowledge of resources.

Despite the small percentage of non-citizens and Latinos with limited English proficiency, in Shasta County, much of the interview discussions focused on immigration, the impact of the language barrier, and other needs of immigrants. This suggests that the effects of immigration-related challenges extend beyond foreign-born residents themselves to their friends, family, and other people they know. The success of immigrants is seen as central to the success of the Latino community.

A large majority of interview participants described the Latino community's relationship with the larger Shasta County community as positive overall. Despite this, the relationship was described as affected by racism, fear, and discrimination. The local political climate was viewed as overwhelmingly negative, and is a major source of racism, prejudice, discrimination, and fear, mainly caused by the current U.S. president, his administration, and the federal government. Fear caused by a negative political climate has a direct effect on the willingness of Latino residents to seek needed government services, and discrimination has affected the ability to receive the services once sought by Latinos. The political climate also has a negative effect on the health and well-being of community members.

Conclusions and Recommendations

Fears resulting from prejudice are a central part of the shared cultural experience of Latinos in Shasta County. These fears should not be underestimated, as they will likely constitute a substantial barrier to community engagement. Many of the issues identified by participants are deeply ingrained and may need significant attention to infrastructure in order to address them, such as the public transportation system and insufficient access to Spanish-language services. Other issues, such as the immigration system, Medi-Cal eligibility, and many of the benefits eligibility forms, are determined by state and federal laws, and cannot be addressed directly at the county level.

Latinos may benefit most from services that help them navigate complex systems like immigration, health insurance, and healthcare. Expanding programs that focus on person-to-person communication and improving awareness of navigation services may be very helpful to Latinos. The interview data suggests that addressing the issues of immigration, language, transportation, and childcare could each help the Latino community find and retain employment. Because word-of-mouth information helps Latinos navigate complex systems like immigration and healthcare and the Latino community is often segmented into distinct groups, it may be beneficial to reach out to smaller "micro-communities" individually. For example, churches, schools, and community groups may be helpful resources for sharing information and building an organization's relationship with Latinos. Positive messaging campaigns to combat negative misconceptions may be a good strategy for community empowerment.

It is evident that some disparities do exist when comparing Latino residents' health with Shasta County residents in general, and that more can be done to bring equity with the goal of promoting health. This Community Health Assessment has allowed the Health and Human Services Agency to work with and learn from its Latino communities to better understand strengths and areas for growth. It will be shared with leaders in the Latino communities so it can be used to make decisions about priority issues and support advocacy efforts for health-focused policies and interventions with a health equity lens. It can also be used within Shasta County Health and Human Services Agency through dissemination of the information gathered about the current state of health for Latino residents to better inform development of programs created by the department. This report is a snapshot of selected and available information obtained about the local Latino communities within Shasta County. It is intended to shed light on issues that can be collaboratively addressed to create healthier communities.

Community Health Status Assessment

Some population groups in Shasta County experience marginalization, which is the process of pushing a particular group or groups of people to the edge of society by not allowing them an active voice, identity, or place in it. Individuals and groups can be marginalized on the basis of multiple aspects of their identity, including but not limited to race, gender or gender identity, ability, sexual orientation, socioeconomic status, sexuality, age, or religion.[6] This marginalization has the impact of increasing health inequities, creating differences in health status compared to other groups. The Shasta County Health and Human Services Agency has worked for over 15 years to identify and reduce or eliminate local health inequities. The Health and Human Services Agency's Capacity Building for Equity unit has a team of Community Organizers who work with marginalized populations to build their capacity for community-level action. These Community Organizers engage with informal community leaders to make a collective impact on policies, systems, and the environment and to address community factors that affect the health of these communities.

Since health is a complex and multi-faceted issue, examining the important health concerns of marginalized groups helps to better understand the health of the community at large. This Community Health Assessment investigates the health concerns of Shasta County's largest marginalized ethnic population, Latinos, and identifies areas where the Latino community's health is thriving in Shasta County, and where improvements can be made.

References to Shasta County data in this report include all Shasta County residents, including the Latino population, and the data is presented for comparison purposes only.

Demographics

The Latino population in Shasta County grew by an estimated 8,429 individuals between 2000 and 2018 and is projected to grow by another 6,765 by the year 2030.[3] The Latino population is generally younger and reflects a greater racial diversity than the Shasta County population in general. Over half of the Latino population lives in Redding, and another 19% live along the I-5 corridor communities of Cottonwood, Anderson, and Shasta Lake.[7]

Age and Sex

Table 1: Age and sex, 2012-2016

	Latino		**Shasta County**
	Number	Percent	Percent
Total population	16,703	100%	100%
Age			
Under 5 yrs.	1,497	9.0%	5.8%
5-17 yrs.	4,307	25.8%	15.8%
18-64 yrs.	9,731	58.3%	59.1%
65+ yrs.	1,168	7.0%	19.3%
Male	8,376	50.1%	49.0%
Female	8,327	49.9%	51.0%

Source: American Fact Finder Tables B01001I, B1001

Race

Table 2: Race, 2012-2016

	Latino		Shasta County
	Number	Percent	Percent
Total Population	16,703	100%	100%
Race			
White	10,850	**65.0%**	87.0%
Black or African American	59	**0.4%**	1.0%
American Indian or Alaska Native	510	3.1%	2.4%
Asian	72	**0.4%**	2.9%
Native Hawaiian or Other Pacific Islander	18	0.1%	0.04%
Some other race	3,613	**21.6%**	2.1%
Two or more races	1,581	**9.5%**	4.5%

Source: American Fact Finder Tables B03002, DP05. Bold = Statistically different than countywide rate.

Population Centers

Table 3: Population count by Census Designated Place over 100 population, 2012-2016

	Latino		Shasta County
	Number	Percent	Percent
Total Population	16,703	100%	100%
Place of Residence			
Redding	8,600	51.5%	51.0%
Anderson	1,413	**8.5%**	5.7%
Shasta Lake	1,273	7.6%	5.7%
Cottonwood	540	3.2%	2.0%
Burney	303	1.8%	2.0%
Bella Vista	297	1.8%	1.5%
McArthur	156	0.9%	0.3%
Shingletown	127	0.8%	1.3%
All Other	3,994	23.9%	30.6%

Source: American Factfinder Table DP05. Bold = Statistically different than countywide rate.

Nativity and Citizenship Status

Most (84.4%) Shasta County Latinos were born in the United States. A larger proportion of children are native born compared to adults. Overall, about half of the non-natives are naturalized US citizens. Over three out of four (76.8%) Latinos in Shasta County are of Mexican ancestry, followed by Puerto Rican (3.1%) and Salvadoran (1.6%) (Tables 4-5).[8, 9]

Table 4: Nativity and Citizenship Status, 2012-2016

	Latino	
	Number	**Percent**
Total population	**16,703**	**100%**
Under 18 yrs.		
Native	5,627	96.6%
Foreign born (Naturalized Citizen)	39	0.6%
Foreign born (Not a Citizen)	138	2.4%
18 yrs. and over		
Native	8,474	85.3%
Foreign born (Naturalized Citizen)	1,227	7.4%
Foreign born (Not a Citizen)	1,198	7.2%
Total (All Ages)		
Native	14,101	84.4%
Foreign born (Naturalized Citizen)	1,266	7.6%
Foreign born (Not a Citizen)	1,336	8.0%

Source: American Fact Finder Table B05003I

National Origin

Table 5: Country of origin for Latino residents, 2012-2016

Total	**16,703**	**100%**
Mexican	12,827	76.8%
Central American	643	3.8%
Salvadoran	271	1.6%
Other Central American	372	2.2%
Puerto Rican	521	3.1%
South American	483	2.9%
Other Hispanic/Latino	2,229	13.3%

Source: American Fact Finder Table B03001

Note: National origin may refer to origin of parents, grandparents, or earlier generations for those Latinos born in the United States

Language

Nearly two-thirds of Latino residents speak only English in the home (Table 6).[10] Among those who speak Spanish in the home, approximately 15% reported they spoke English "not well" or "not at all". Language barriers can impact overall health and well-being, as institutions conduct most of their work in English, so Spanish speakers either need an interpreter or an English-speaking family member to accompany them when interacting with schools, law enforcement, medical care, and for other services. Obstacles to this can include finding someone to translate, coordinating schedules, obtaining time off work, and lost wages. When it comes to medical care, this means people with limited English skills may suffer more serious health problems due to limitations on their ability to seek care.

Table 6: Language spoken at home by ability to speak English in Latino population age 5 yrs.+, 2012-2016

	Latino	
Total Population	15,206	100%
Speak English Only	9,564	62.9%
Speak Spanish:	5,565	36.6%
Speak English "very well"	3,682	66.2%
Speak English "well"	1,069	19.2%
Speak English "not well"	606	10.9%
Speak English "not at all"	208	3.7%
Speak Other Language	77	0.5%

Source: American Fact Finder Table B16006

Social Determinants of Health

Educational Attainment

Education is a strong predictor of life-long health and longevity. People with more education tend to have the resources and ability to follow medical care advice, and can also more effectively advocate for themselves with their medical care provider. Educational attainment can also be a predictor of potential lifetime earnings, poverty, and potential access to preventive care. In general, the educational attainment of Latino residents is lower than that of the overall population in Shasta County.[11]

Table 7: Educational attainment for residents age 25 years and older, 2012-2016

	Latino		Shasta County
Less than High School Graduate	1,738	**19.7%**	10.0%
High School Graduate (Includes GED)	2,592	**29.3%**	25.5%
Some College or Associates Degree	3,317	**37.6%**	44.4%
Bachelor's Degree	1,185	**13.4%**	13.2%
Graduate or Professional Degree			6.9%

Source: American Fact Finder Tables B15002, C15002I. Bold = Statistically different than countywide rate.

Unemployment

Unemployment can increase stress, which can lead to health problems, such as anxiety and depression.[12] Unemployed and low-income people often lack medical insurance, which can prevent access to needed medical care. Although the Affordable Care Act encourages employers to provide health insurance coverage to their employees, companies with fewer than 50 employees are not penalized for failing to provide health insurance. Those who do have access to medical care tend to use more health services, take more needed medication, and spend more time sick at home (decreasing transmission of disease) than their uninsured counterparts. Latino residents have a higher unemployment rate compared to countywide (Table 8).[13]

Table 8: Unemployment rates, 2012-2016

	Latino		Shasta County
	Number	Percent %	Percent %
Number of Unemployed Individual 16 yrs. and older	1,613	**13.9%**	8.7%

Source: American Fact Finder Table S2301. Bold = Statistically different than countywide rate.

Poverty Status

In 2016 the Federal Poverty Level for a family of four was $24,250 dollars and for an individual was $11,880.[14] Living in poverty may decrease one's ability to access medical care and basic needs such as stable housing, clothes, food, and medical care. Latinos experience higher poverty rates and lower median income than countywide, with children and single women with children being most affected by poverty.[15, 16]

Table 9: Poverty status in the past 12 months by age, sex, and household type, 2012-2016

	Latino		Shasta County
	Number	Percent%	Percent
Total Population for whom Poverty Status is Determined	16,310	100%	100%
Income in the Past 12 Months Below Poverty Line			
	Number	Percent %	Percent %
Total Population in Poverty	4,927	**30.2%**	17.5%
Male	2,187	**27.0%**	16.2%
Female	2,740	**33.4%**	18.8%
Children Under 5	677	**47.8%**	26.2%
Children Under 18	2,340	**41.9%**	25.0%
Adults Over 65	109	9.4%	7.9%
Married Couple Families with Children Under 18	269	**24.3%**	11.2%
Single Female Head of Household with Children Under 18	416	61.8%	43.0%

Sources: American Fact Finder Tables B01001I, B17010, B17010I, S1701, DP03. Bold = Statistically different than countywide rate.

Median Household Income

Table 10: Median household income, 2012-2016

	Latino	Shasta County
Median Household Income	**$36,846**	$45,582

Source: American Fact Finder Table S1903. Bold = Statistically different than countywide estimate.

Homelessness

Poor health may be a precursor to homelessness as illness can lead to unemployment due to missed work time, decreased productivity, and running out of sick leave.[17] Homelessness can also worsen health

problems due to chronic stress and exposure to extreme temperatures, vectors, and unclean environmental conditions. Access to medical care, food, and shelter may be limited. Delays in receiving necessary care can make this vulnerable population more likely to seek care in hospital emergency departments and become hospitalized. Homeless individuals are three to four times more likely to die prematurely than those with stable housing and can have a life expectancy as low as 41 years. The rate of homelessness among Latino residents in Shasta County for 2017 was significantly higher than the countywide rate.[18]

Table 11: Homeless residents by housing type (2017)

	Latino (Count)	Shasta County (Count)
Emergency Shelter	14	185
Transitional Housing	50	216
Unsheltered	25	239
Family/Friends	5	50
Hospital	3	16
Homeless Rate per 100,000 Population	**552.2***	**395.5**

Source: 2017 Homeless Point in Time Study Shasta County Report. * = Statistically different than countywide rate.

Access to Services

Medical Insurance

Having medical insurance increases access to care, which may lead to greater use of preventive care such as immunizations, routine health screenings, and earlier recognition and treatment of potentially significant medical conditions. This can reduce illness and death. Access to insurance can also reduce the risk of financial strain from medical spending.[19] Insured individuals are more likely to use and adhere to prescribed medication.[20]

Overall in 2012-2016, 14.9% of Latino residents and 11.6% of all residents were uninsured.[21] Although differences were not statistically significant, more Latino seniors and fewer Latino children were without medical insurance compared to countywide rates. In both the Latino communities and countywide, working age adults aged 18-64 were the group with the highest risk of being uninsured with 18-64 year old Latinos significantly more likely to be uninsured compared to countywide rates (Figure 1). Although reasons for higher uninsurance rates among Latino adults could not be determined from this data, it could be due to inherent difficulties in accessing services due to a language barrier, fears about using services if undocumented or with pending status, or the higher unemployment rate in Latino communities.

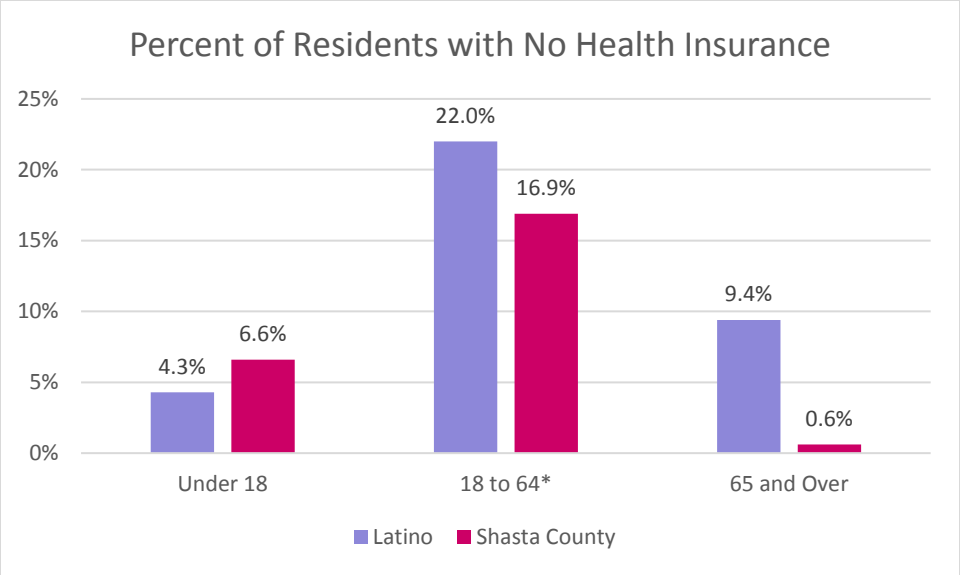

Figure 1: Percent of residents with no health insurance, 2012-2016
Source: American Fact Finder C27001I, B27001. *Latino rate for 18-64 year olds is significantly different than countywide rate.

Oral Health

Oral health care is often overlooked as an important component of maintaining good overall health. In 2000 the Surgeon General released a report that called attention to the possible association between chronic oral infections and cardiovascular disease, stroke, low-birth-weight in infants, and premature births.[22] Additionally, oral health problems are recognized as a frequent cause of school absences in children and missed work days.[23, 24] Lack of treatment may lead to tooth decay, gum disease, and tooth or bone loss and could escalate to urgent need for treatment in the emergency room due to severe or chronic pain.

Dental Exams

It is important to have an established source of care with a primary dental care provider. Oral health screenings can give doctors important information that can be used to diagnose a variety of conditions from diabetes to heart and kidney disease.[25] The American Academy of Pediatric Dentistry recommends a check-up every six months in order to prevent cavities and other dental problems in children, and the American Dental Association recommends that the frequency of dental visits among adults be determined based on an individual's current level of oral health and health history.[26, 27] Regular check-ups with a dental provider ensure access to screening for early remediation of dental problems, and provision of preventive services such as fluoride treatment and prophylactic cleaning. Data for all Latino and county residents is not available, however oral health utilization data for Medi-Cal eligible Shasta County residents is presented in Table 12. Latino children and adults age 19-64 who are eligible for Medi-Cal receive dental exams at slightly higher rates than countywide. That utilization trend reverses for seniors age 65 and older with no Medi-Cal eligible Latino seniors receiving a dental exam in the years 2013-2015.[28]

Table 12: Percent of Medi-Cal eligible clients who received a dental exam during the calendar year

		2013	2014	2015
Latino	**Age 0-18**	12.3%	13.8%	15.9%
	Age 19-64	1.4%	8.6%	11.0%
	Age 65+	0.0%	0.0%	0.0%
Shasta County	**Age 0-18**	11.9%	12.2%	13.8%
	Age 19-64	1.2%	8.1%	10.5%
	Age 65+	0.0%	7.0%	8.6%

Source: California Health and Human Services Agency, Open Data Portal, Dental Utilization Measures and Sealant data by County, Ethnicity, & Age Calendar Year 2013 to 2015

Sealant Use

Dental sealants are plastic coatings that are placed on the chewing surface of permanent back teeth to help protect them from decay. In 2016, the American Dental Association and the American Academy of Pediatric Dentistry released a clinical practice guideline recommending the use of sealants in all children and adolescents regardless of the presence of decay and preferentially over the use of fluoride varnishes.[29] Latino youth receive sealants at a slightly higher rate than countywide.[30]

Table 13: Percent of Medi-Cal eligible youth aged 0-18 who received sealants on permanent molars

	2013	2014	2015
Latino	2.1%	2.5%	3.0%
Shasta County	1.7%	2.1%	2.1%

Source: California Health and Human Services Agency, Open Data Portal, Dental Utilization Measures and Sealant data by County, Ethnicity, & Age Calendar Year 2013 to 2015

WIC

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides supplemental nutritious foods, nutrition education and counseling, as well as screening and referrals for health, welfare, and social services.[31] WIC benefits are available for women who are pregnant, postpartum up to six months, and for breastfeeding women up to one year postpartum.[32] Benefits are also available to infants and children up to their fifth birthday. Spanish speaking appointments are available in several Shasta County regional office locations, interpreter services are available at all Shasta County offices, and appointment reminders are offered in Spanish. However, the Latino population has a 10% lower utilization rate for WIC than the countywide rate, indicating a possible barrier in connecting potentially eligible Latino residents to services.[33]

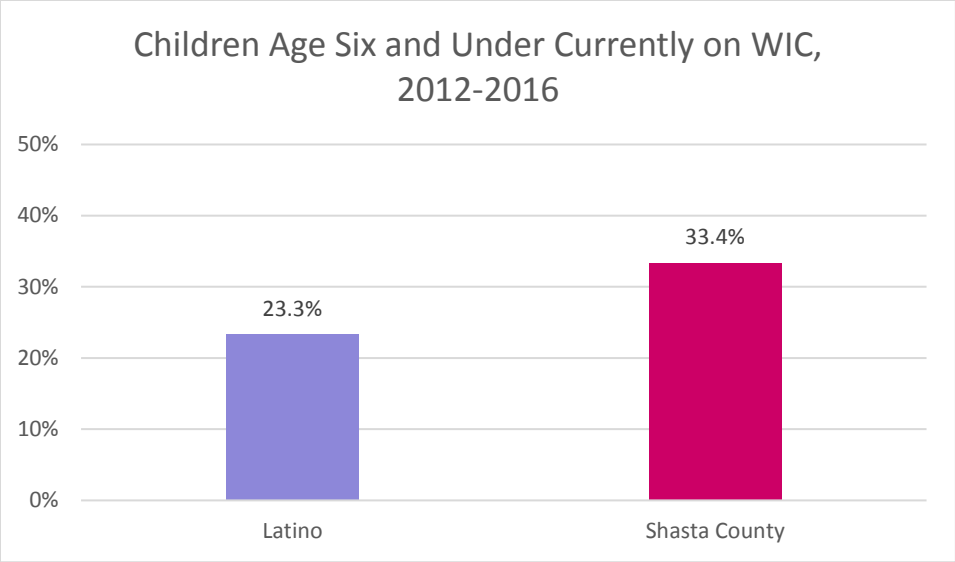

Figure 2: Children age six and under currently on WIC, 2012-2016.
Source: California Health Interview Survey. *Latino estimate is statistically unstable.*

Health Behavior Risk Factors

Nutrition

Consuming a balanced diet consisting of fruits, vegetables, whole grains, low-fat dairy, and lean protein, and limiting sugar intake can decrease risk of obesity. Maintaining a healthy weight decreases the risk of cardiovascular disease and diabetes. Individuals of all ages are recommended to fill half their plates with a variety of colors and types of fruits and vegetables at every meal[34, 35, 36] and limit intake of sugary beverages and fast food. Latino children and teens ate at least two daily fruit servings slightly more often than Shasta County residents, in general. However, Latino adults avoided soda at slightly lower rates than countywide, and all Latino age groups limited fast food at slightly lower rates than countywide.[33] Differences in rates are not statistically significant.

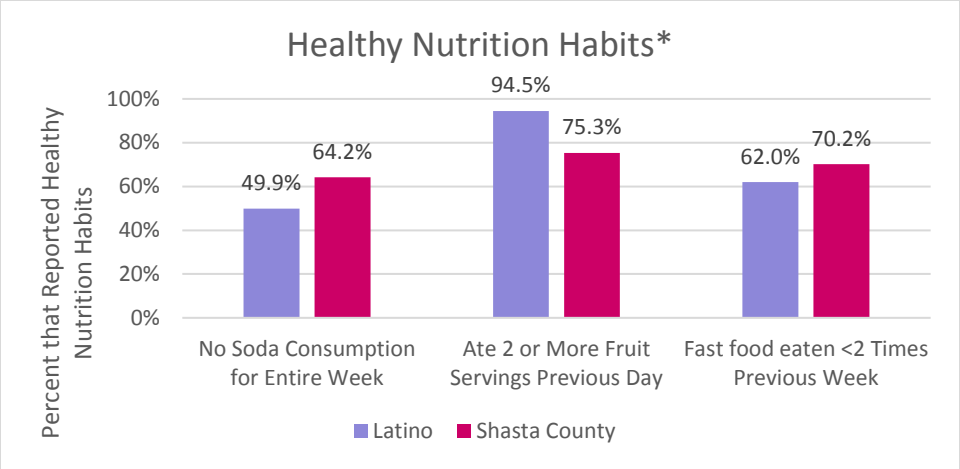

Figure 3: Dietary recall

Source: California Health Interview Survey. *Latino estimates for soda and fruit consumption are statistically unstable.*

Soda consumption data is pooled from 2012-2016 among adults. Fruit servings data is among children and teens and pooled from 2012-2016. Fast food data is pooled from 2012-2016 among children, teens, and adults.* ***Differences in rates are not statistically significant.*

Exercise

The *2008 Physical Activity Guidelines for Americans* outlines that health benefits occur with at least 150 minutes of moderate physical activity a week for adults. Children and teens should exercise moderately to vigorously an hour a day.[37] Following these guidelines can help prevent obesity, reduce risk of cardiovascular disease, diabetes, and some cancers.[38] Latino adults have a higher rate of walking for transportation, fun, or exercise than countywide, while children and teens visited a park, playground or open space in the past month at about the same rate as countywide.[33] Differences in rates are not statistically significant.

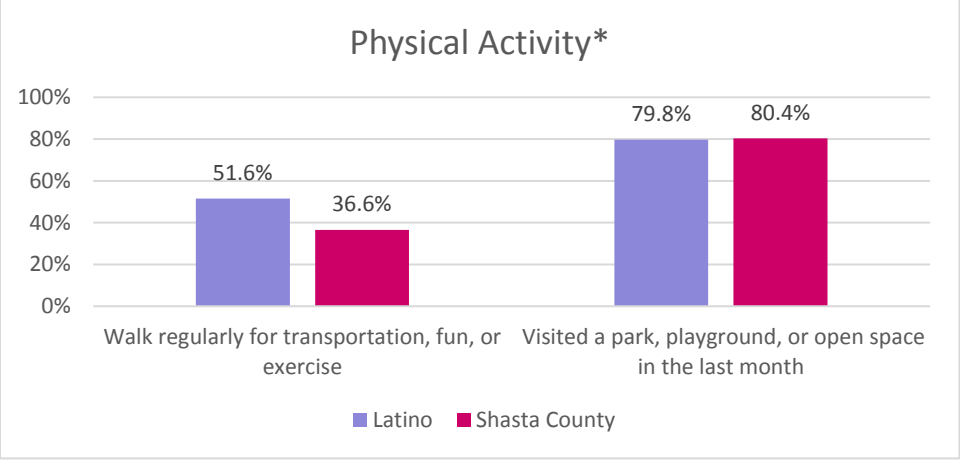

Figure 4: Physical activity

Source: California Health Interview Survey. *Latino estimates are statistically unstable.*

Walking data is pooled from 2015 & 2016 and among adults. Data on park/playground/open space use is among children and teens and pooled from 2012-2016.* ***Differences in rates are not statistically significant.*

Social and Mental Health

Alcohol Use

Alcohol use disorders cost the health care system $27 billion nationally in 2010.[39] Several factors that increase the odds of having an alcohol or other substance use disorder (SUD) include younger age, being male, having lower educational attainment, and being single.[40] Alcohol poisoning causes the shutdown of critical areas of the brain that are responsible for controlling breathing, heart rate, and body temperature. Signs of alcohol poisoning include vomiting, inability to wake up, and slow breathing. Alcohol poisoning causes an average of six deaths a day in the U.S and 76% of these poisoning deaths are among adults aged 35-64.[41]

To obtain a large enough sample for meaningful analysis, 10 years of data for Emergency Department visits and hospitalizations was combined (2007-2016). Based on primary diagnosis or external cause of injury, in general, Latino residents visited the ED or were hospitalized for alcohol at a lower rate than countywide. ED visits for poisonings (drug overdoses) were about 56% higher in all residents than for Latinos,[42] and almost 2.5 times the rate for ED visits when including alcohol-related physical diseases and mental disorders in addition to poisonings (all consequences). Hospitalizations showed a greater differential, with all residents being hospitalized at 3.3 times the Latino rate for poisonings[43] and four times the rate for all consequences of alcohol use.

From 2008-2017 alcohol poisoning caused an average 1.3 deaths per 100,000 Latino residents per year, similar to the overall county rate.[44] When examining all consequences of alcohol use, there is a greater differential, with the countywide death rate at 2.2 times the Latino rate.

Table 14: Age-adjusted rate of emergency department visits, hospitalizations (2007-2016), and deaths (2008-2017) from alcohol

	Alcohol	
	Latino	**Shasta County**
Poisoning ED visits	7.2*	11.2
Poisoning hospitalizations	**2.5***	8.3
Poisoning deaths	1.3*	1.2
All consequences^ ED visits	**152.4**	374.3
All consequences^ hospitalizations	**29.4**	118.5
All consequences^ deaths	**11.4***	25.3

Source: California Office of Statewide Planning and Development Emergency Department and Hospitalization Discharge datasets, 2007-2016 and California Comprehensive Death File, 2008-2017
Bold = Statistically different than countywide rate. * Statistically unstable: Has not met criteria for a minimum number of cases (20) or exceeded acceptable value for coefficient of variance. ^ All consequences include: poisonings, physical diseases and mental disorders

Opioid Use

In 2013, the economic costs of prescription opioid abuse were estimated at $41.9 billion in lost productivity, $26.2 billion in healthcare costs, $7.7 billion in criminal justice costs, and $2.8 billion in drug abuse treatment costs.[45] More than 115 people die every day in the U.S. from opioid overdoses.[46] Opioids act on a part of the brain that is responsible for regulating breathing, and in high doses opioids

can cause respiratory depression and subsequent death. Symptoms of overdose include confusion, vomiting, pinpoint pupils, extreme sleepiness or inability to wake, intermittent loss of consciousness, breathing problems, respiratory arrest, and cold, clammy, or bluish skin.[47, 48]

In general, Latino residents visited the ED at about one-fifth the rate[42] and were hospitalized at one-quarter the rate of residents countywide from 2007-2016,[43] both for overdoses (poisonings) and from all consequences, which include opioid-related physical diseases and mental disorders.

From 2008-2017 opioid poisoning was the cause of death for an average of 5.7 per 100,000 Latino residents per year, compared to 12.3 per 100,000 countywide.[44] When examining all consequences of opioid use, the death rate remained at an average 6.4 per 100,000 for Latino residents, compared to an average 13.6 per 100,000 countywide.

Table 15: Age-adjusted rate of emergency department visits, hospitalizations (2007-2016), and deaths (2008-2017) from opioids

	Opioids	
	Latino	**Shasta County**
Poisoning ED visits	**8.5***	46.0
Poisoning hospitalizations	**10.5***	38.1
Poisoning deaths	**5.7***	12.3
All consequences^ ED visits	**17.7**	75.2
All consequences^ hospitalizations	**10.5***	40.3
All consequences^ deaths	**6.4***	13.6

Source: California Office of Statewide Planning and Development Emergency Department and Hospitalization Discharge datasets, 2007-2016 and California Comprehensive Death File, 2008-2017
Bold = Statistically different than countywide rate. * Statistically unstable: Has not met criteria for a minimum number of cases (20) or exceeded acceptable value for coefficient of variance. ^ All consequences include: poisonings, physical diseases and mental disorders.

Cigarette Use

Cigarette smoking is the leading cause of preventable death in the United States, causing more than 480,000 deaths per year in the United States. Smoking is linked to cancers in the lung, liver, colon, rectum, bladder, stomach, kidney, pancreas, trachea, and other organs. It also increases risk for stroke, diabetes, chronic lower respiratory disease (CLRD), ectopic pregnancy, male sexual dysfunction, rheumatoid arthritis, reduced fertility in women, coronary heart disease, pneumonia, vascular diseases, and others. It is estimated that smoking costs the United States $170 billion in direct medical care costs and $156 billion in lost productivity caused by early deaths and secondhand smoke exposure.[49] In 2012-2016, Latino adults had a current cigarette smoking rate of 9.7% compared to 20.6% countywide (Figure 5). The difference in rates is not statistically significant.[33]

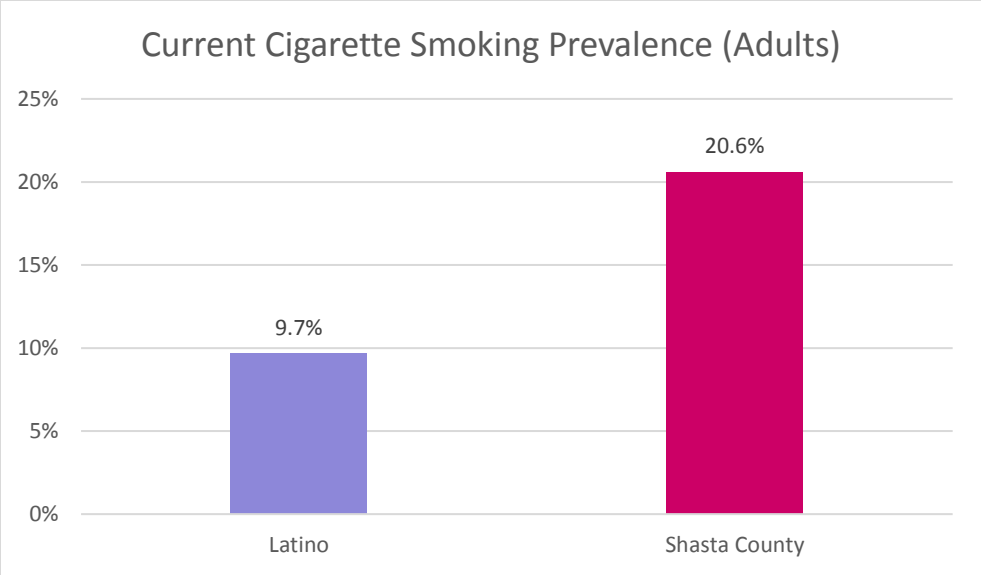

Figure 5: Current Cigarette Smoking Prevalence Among Adults

Source: California Health Interview Survey. Data is pooled from 2012-2016 among adults. Does not include use of electronic cigarettes or other vaping devices. *Latino estimates are statistically unstable.*

Mental Wellbeing

Mental Health is not just the absence of mental illness, but rather, "a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community".[50] In 2012-2016, about 1 in 5 Latino adults had experienced psychological distress in the last year, compared to about 1 in 12 countywide. Latinos reported moderate to severe social life or family impairment at slightly higher rates than countywide. At the same time, Latinos reported needing and receiving help for a mental, emotional, or alcohol or drug problem in the past year at slightly higher rates than countywide (Figures 6-7). Differences in rates are not statistically significant.[33]

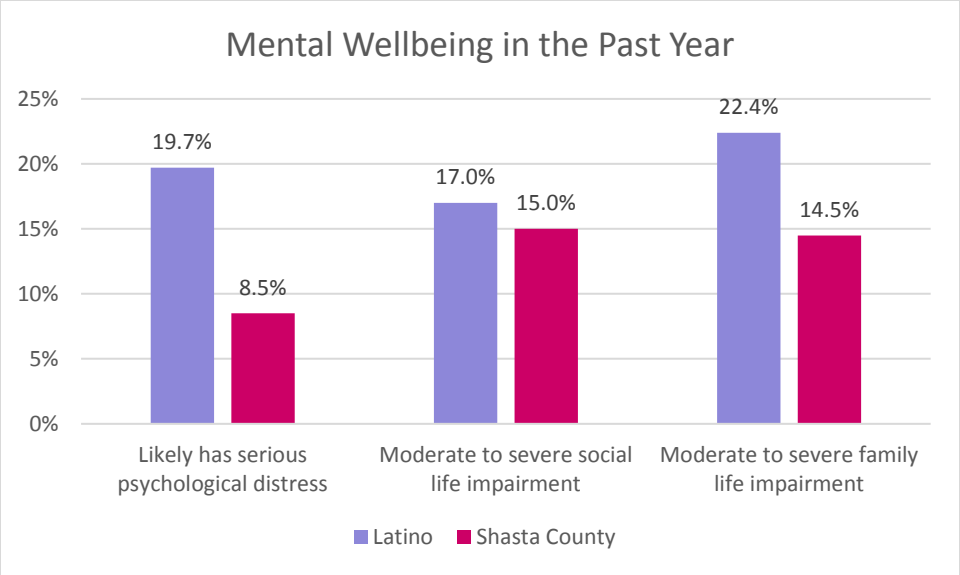

Figure 6: Mental wellbeing in the past year

Source: California Health Interview Survey. Data is pooled from 2012-2016 among adults. *Latino estimates are statistically unstable.* ***Differences in rates are not statistically significant.***

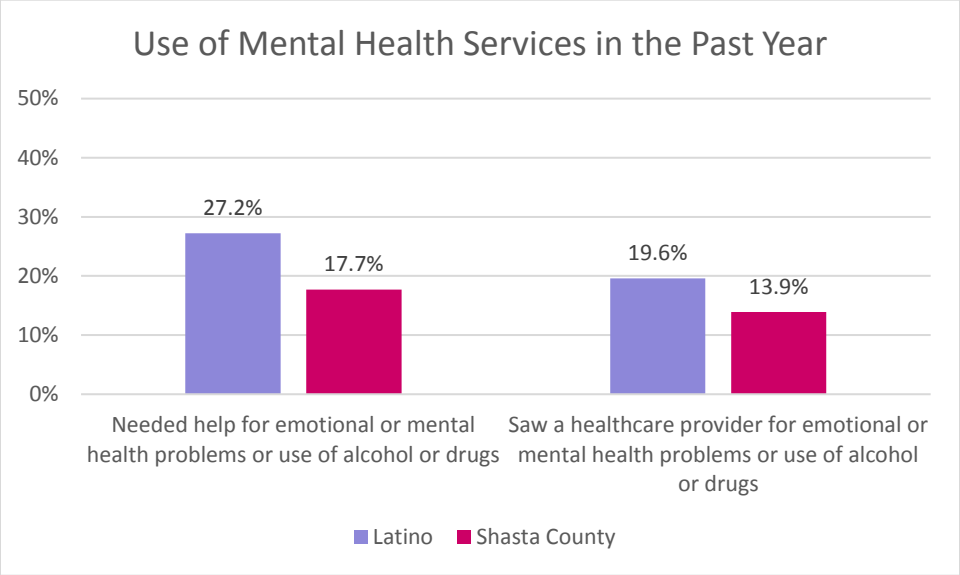

Figure 7: Use of mental health services in the past year

Source: California Health Interview Survey. Data is pooled from 2012-2016 among adults. *Latino estimates are statistically unstable.* ***Differences in rates are not statistically significant.***

Suicide

While there are many reasons that contribute to a person's risk of suicide; depression, social isolation and other mental illnesses often lead to suicidal ideation and attempts. Knowing the risk factors can help save a person's life from suicide. Risk factors include alcohol and substance use disorders, lack of

social support and sense of isolation, history of trauma or abuse, easy access to lethal means, and previous suicide attempts.[51] Some warning signs that can be watched for are talking about wanting to die or feelings of hopelessness, increasing use of alcohol or drugs, withdrawal and isolation, and talking about being a burden to others. A variety of measures can be used to prevent suicide varying from better access to mental health care, to educating communities, as well as increasing protective factors like increasing physical activity, avoiding substance abuse, and having positive support systems.[52] It has been found that survivors of the suicidal person often experience depression due to the suicide and become an at-risk group for attempting suicide themselves, with those in rural areas having more severe depression.[53] Adults make up 71% of all suicides in California, with residents who are 60 or over contributing 26%.[54] The Northern region of California has the highest rate from 2008-2010 of the state. The Latino population's suicide rate has remained below the Healthy People 2020 goal after decreasing from 2009, while the countywide rate doubles the HP2020 goal and has increased slightly since 2012.[44] The suicide death rate among Latinos is statistically unstable, due to counts of less than 20 in any three-year period. However, the difference between the Latino and countywide suicide rates are statistically significant from 2009-2011 through 2015-2017.

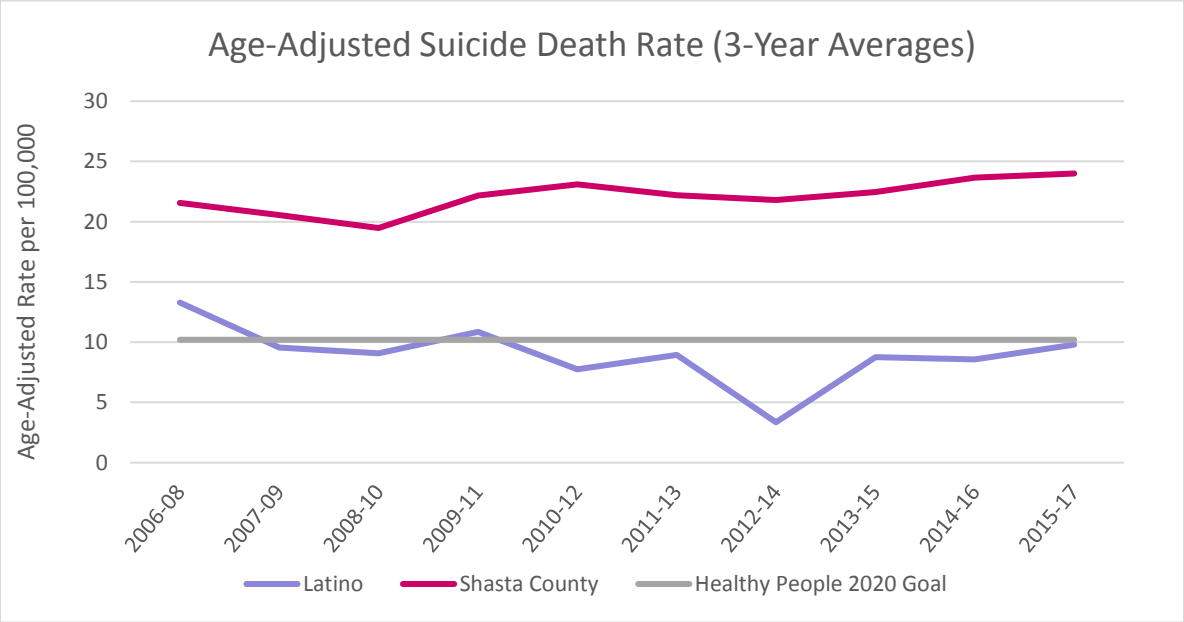

Figure 8: Age-adjusted Suicide death rates (3-year averages)
Source: California Comprehensive Death File

Homicide

In 2015 homicides accounted for 17,793 deaths nationally, 12,979 of them being due to firearms.[55] The homicide death rate among Latinos is statistically unstable, due to counts of less than 20 in any three-year period. The difference between the Latino and countywide rates are not statistically significant.[44]

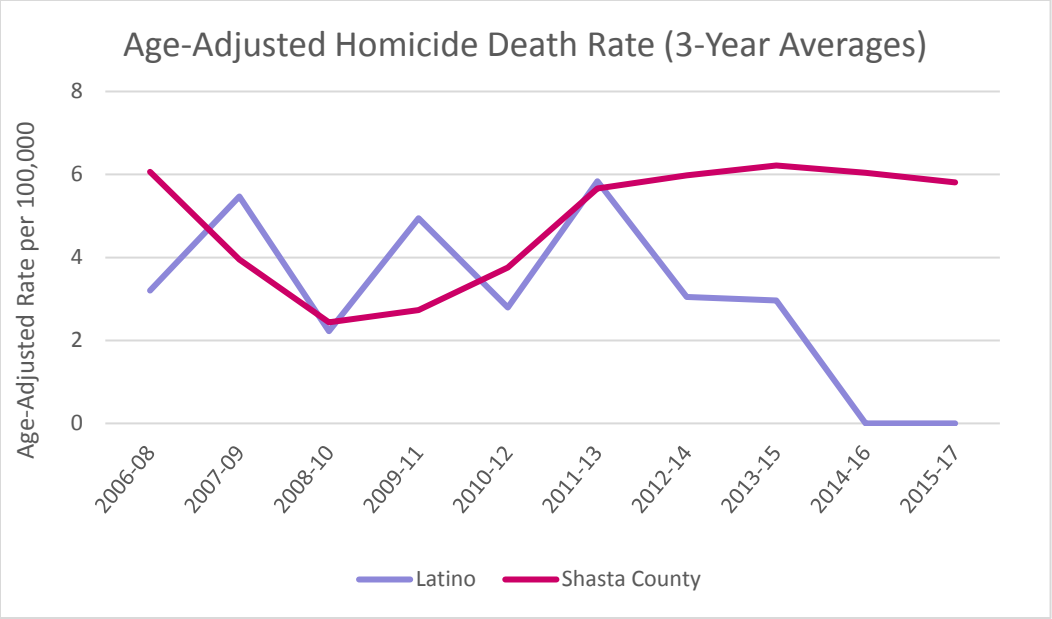

Figure 9: Age-adjusted Homicide death rates (3-year averages)
Source: California Comprehensive Death File

Preventable Disease

Chronic diseases negatively impact a person's quality of life by causing difficulty coping with symptoms; depression; loss of independence; loss of financial stability; and burden on the family. This report examines a limited set of preventable chronic diseases that may be impacted by maintaining a healthy lifestyle, taking advantage of preventive medical care and screenings, and limiting exposure to environmental triggers such as pollutants, carcinogens, and physical or chemical irritants.

Heart Disease, Diabetes, and Obesity

Risk of heart disease and diabetes increases in individuals who consume an unhealthy diet and have low levels of physical activity. While Latino adults have similar lifetime rates of heart disease and diabetes diagnoses to countywide rates, Latino adults have a higher rate of current overweight and obesity than countywide rates.[33] No differences in rates are statistically significant.

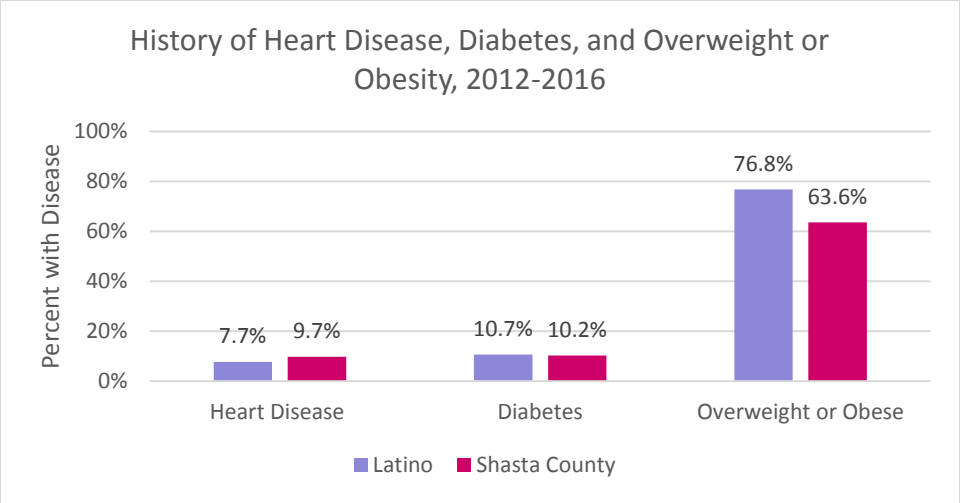

Figure 10: History of heart disease, diabetes, and overweight or obesity, 2012-2016
Source: California Health Interview Survey. Latino estimates are statistically unstable. ***Differences in rates are not statistically significant.***

Cancer

Cancer is the second leading cause of death in the U.S. according to the Centers for Disease Control and Prevention (CDC). The National Cancer Institute projected over 1.7 million new cases would be diagnosed in 2018, with the most common diagnoses of breast cancer, lung and bronchus cancer, and prostate cancer.[56] The overall age-adjusted rate of new cancer diagnoses in the Latino population has decreased over time[57] and in 2015 was significantly lower than the countywide rate, which has remained fairly stable over time. Latinos have similar rates compared to countywide of newly diagnosed cancers of the colon and rectum, female breast, and lung and bronchus. Overall death rates due to cancer are statistically similar between Latinos and countywide.[44]

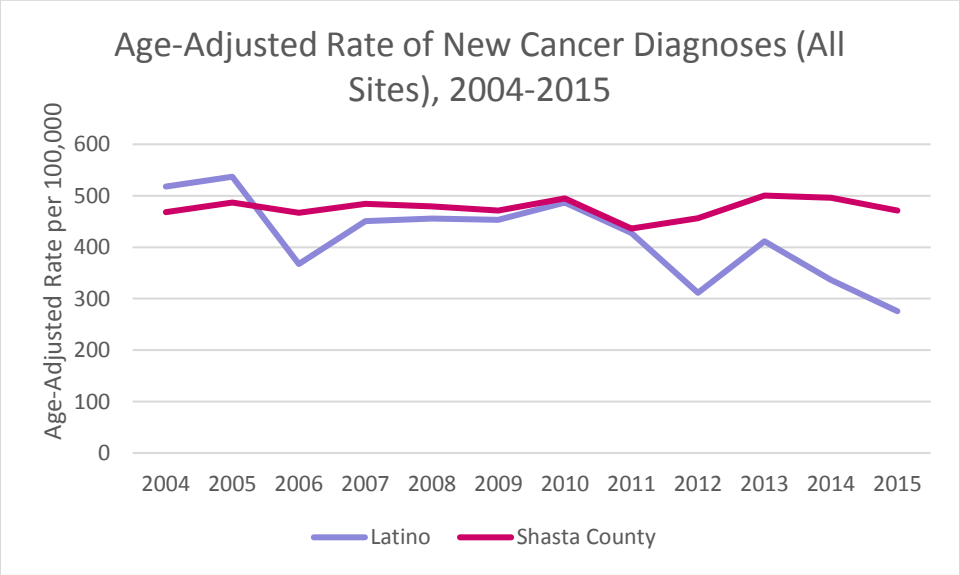

Figure 11: New cancer diagnoses (all sites), 2004-2015
Source: California Cancer Registry, https://www.cancer-rates.info/ca/

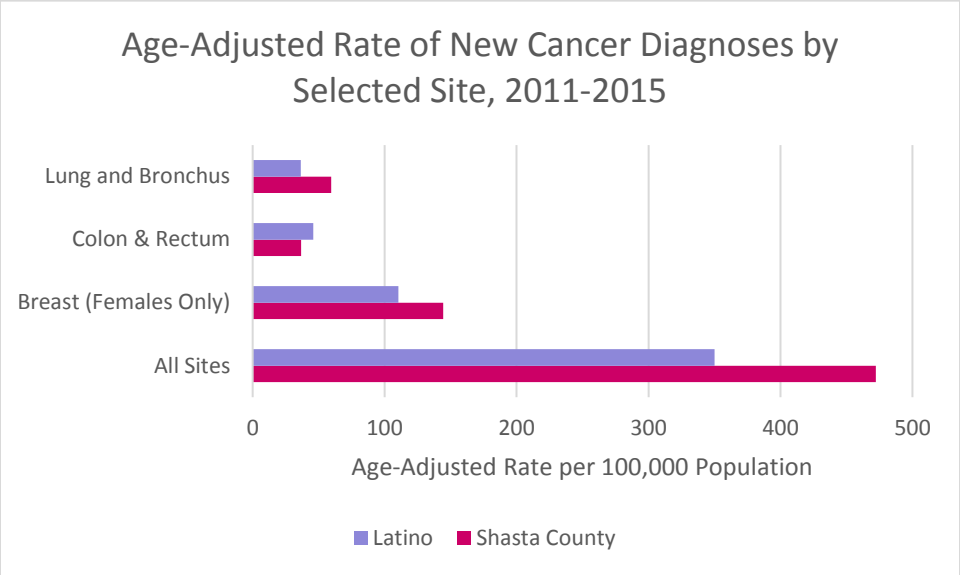

Figure 12: Rates of new cancer diagnoses (selected sites), 2011-2015
Source: California Cancer Registry, https://www.cancer-rates.info/ca/

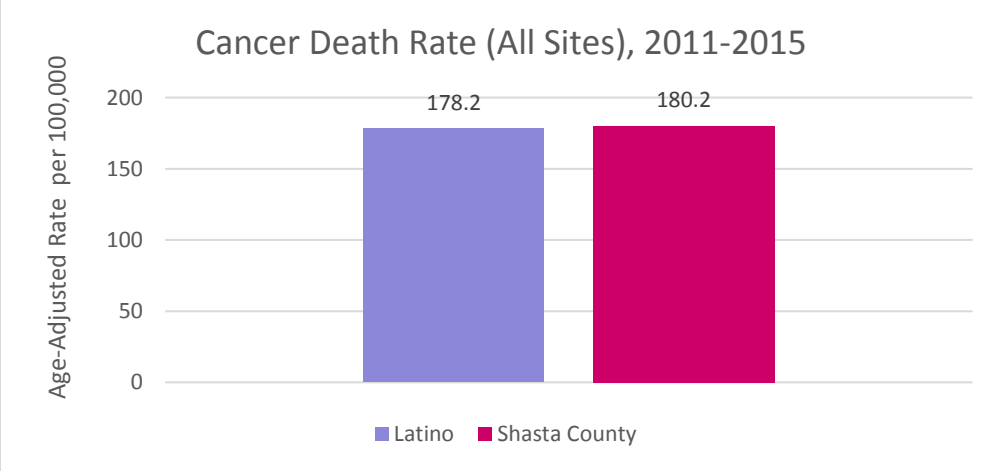

Figure 13: Cancer mortality (all sites), 2011-2015
Source: California Cancer Registry, https://www.cancer-rates.info/ca/

Chronic Lower Respiratory Disease

Chronic lower respiratory disease (CLRD) is comprised of three diseases: chronic bronchitis, emphysema and asthma which are characterized by shortness of breath due to airway obstruction.[58] It is the third leading cause of death in the U.S. according to the CDC. Some factors that contribute to these diseases are smoking, environmental pollutants, respiratory infections, and genetic factors.[59] The age-adjusted death rate for chronic lower respiratory disease in the Latino population is lower than the countywide rate but has increased over the past ten years while the countywide rate has been mostly stable.[44] The rate of CLRD deaths among Latinos is statistically unstable, due to counts of less than 20 in any three-

year period. However, the difference between the Latino and countywide CLRD rates are statistically significant from 2006-2008 through 2015-2017.

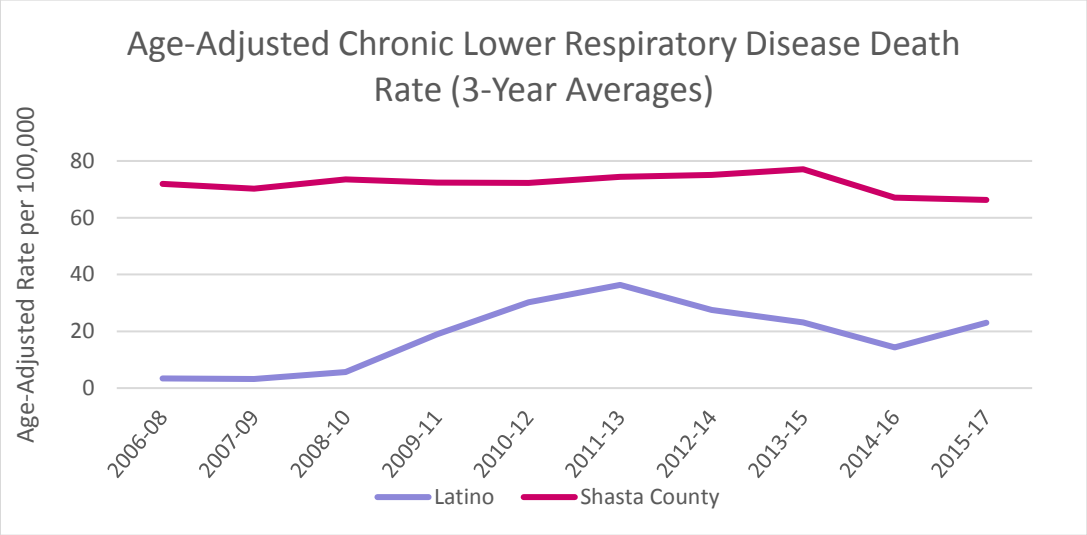

Figure 14: Age-adjusted chronic lower respiratory disease death rates (3-year averages)
Source: California Comprehensive Death File

Alzheimer's Disease

Alzheimer's Disease is a form of dementia where memory loss occurs and cognitive abilities decline.[60] Some evidence has shown that risk factors linked to heart disease and stroke such as high blood pressure and high cholesterol may increase the risk of Alzheimer's.[61] Individuals must often be placed in long-term care or be cared for by family. People with Alzheimer's may need support for daily activities such as bathing, dressing, and feeding. The age-adjusted Alzheimer's death rate has decreased since its peak in 2009-2011 for the Latino population and has been lower than the countywide rate for most of the past ten years.[44] The rate of Alzheimer's Disease deaths among Latinos is statistically unstable, due to counts of less than 20 in any three-year period. However, the difference between the Latino and countywide Alzheimer's death rates are statistically significant for 2012-2014, 2013-2015, and 2015-2017.

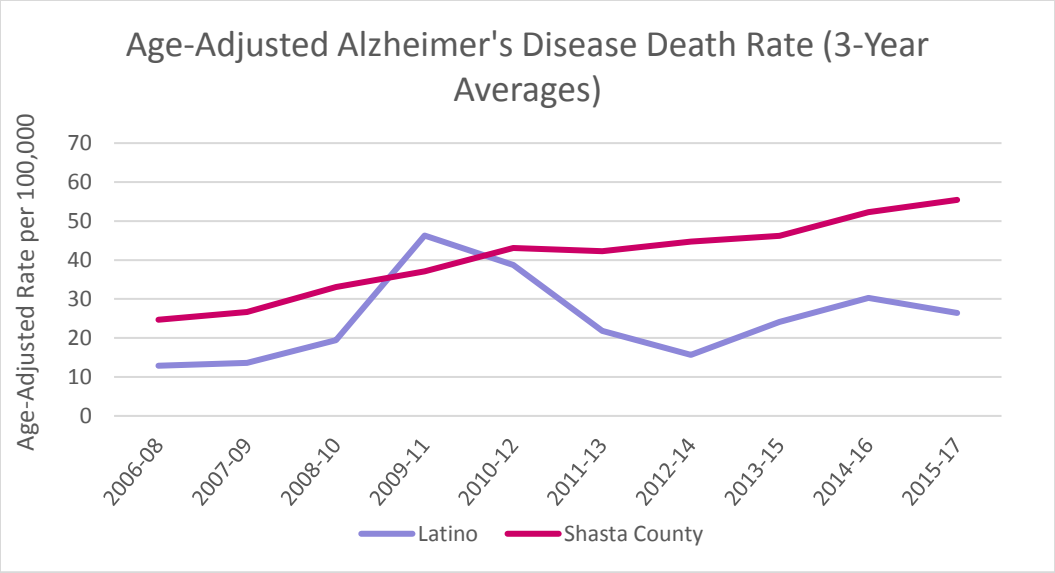

Figure 15: Age-adjusted Alzheimer's Disease death rates (3-year averages)
Source: California Comprehensive Death File

Diabetes Mellitus

In 2015 it was estimated that 9.4% of Americans or 30.3 million, were living with diabetes.[62] People with diabetes have four times the risk of stroke compared to someone without the disease, as well as an increased risk of infection, heart disease, damaged vision, kidney damage, and high blood pressure.[63] The age-adjusted death rate for diabetes mellitus (both Types I and II) has been increasing for the Latino population at a steeper rate than for all Shasta County residents.[44] As of 2015-2017, the Latino population has surpassed the countywide death rate due to diabetes mellitus. The rate of diabetes mellitus deaths among Latinos is statistically unstable, due to counts of less than 20 in any three-year period. However, the difference between the Latino and countywide rates was statistically significant for 2012-2014.

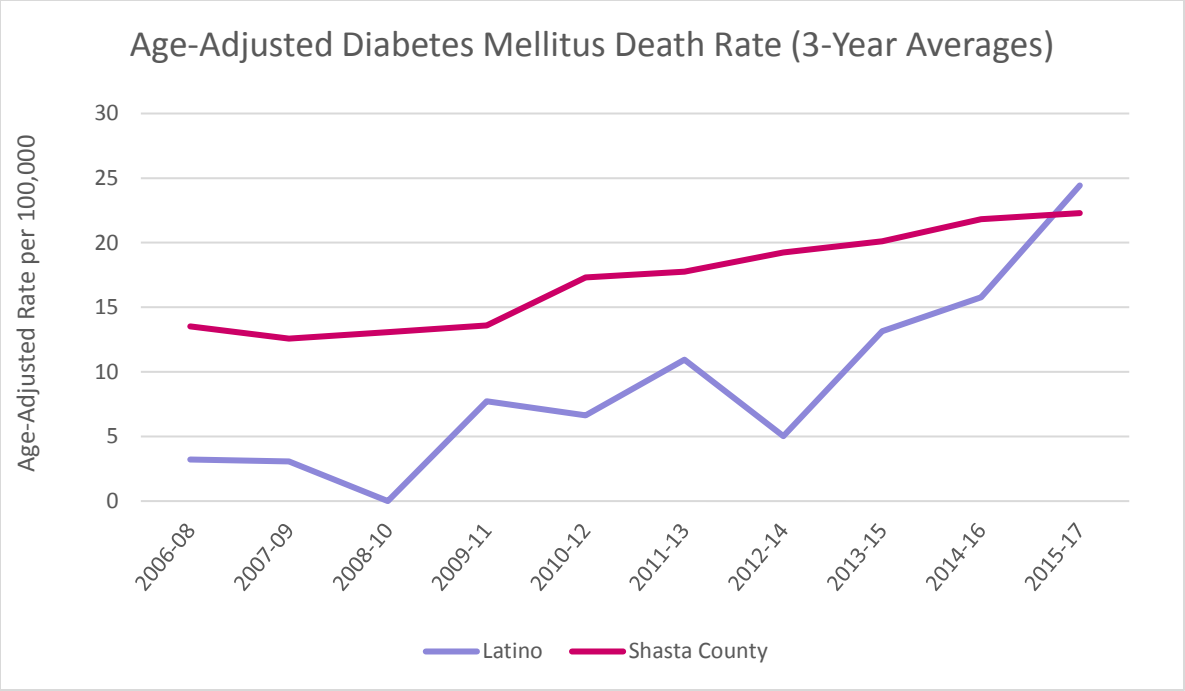

Figure 16: Age-adjusted diabetes death rates (3-year averages)
Source: California Comprehensive Death File

Premature Deaths

A premature death is defined as a death before the age of 75, excluding those who die in infancy. Years of potential life lost (YPLL) is defined as the total years of life that are lost from a premature death.[64] Many premature deaths are preventable. Individuals can take action to reduce risk of diabetes, heart disease, cancer, and chronic lower respiratory diseases by exercising, avoiding smoking, and eating a healthy diet. Unintentional injuries can be avoided by taking preventive measures such as wearing seat belts, helmets, and avoiding illegal drugs. Latino residents have a significantly higher average YPLL per premature death for all selected causes of death in Table 16 compared to Shasta County residents as a whole.[44]

Table 16: Years of Potential Life Lost (YPLL), 2015-2017

	Latino		Shasta County
	Premature Deaths	Average YPLL per Premature death	Average YPLL per Premature Death
Suicide	5	42.4	27.1
Unintentional Injuries	13	43.7	30.4
Chronic Liver Disease and Cirrhosis	6	15.8	15.9
Diabetes	10	14.7	14.8
All Cancers	17	14.4	11.1
Coronary Heart Disease	11	11.9	11.2
Stroke	8	10.9	12.8
Chronic Lower Respiratory Disease	3	9.7	8.9
All Causes*	***105***	***19.9***	***14.9***

*Average YPLL rate statistically different between groups at 95% Confidence Level
Source: California Comprehensive Death File

Conclusions

The Latino population is the largest marginalized ethnic group in Shasta County and has considerable diversity. Latino residents are younger than Shasta County residents in general, with the largest number originating from Mexico, Puerto Rico, and El Salvador. Almost 37% speak mainly Spanish in the home. Latino residents face barriers to achieving health equity with other Shasta County residents, having higher levels of unemployment, poverty, and homelessness; lower median income; and lower educational attainment. Latino residents also have lower rates of health insurance coverage and accessing services such as WIC and oral health care.

Although statistically significant differences could not be confirmed due to unstable data, Latino residents have slightly higher rates of walking regularly for physical activity and similar rates of children/teens visiting parks countywide. Latino children and teens eat at least two servings of fruit slightly more often than countywide rates. However, adults avoid soda and all age groups limit fast food slightly less often than countywide rates. These habits contribute to lower risk of heart disease, diabetes, and overweight or obesity, and histories of all three diseases are statistically similar between Latinos and countywide rates among adults.

For the selected causes of death examined in this report, Latino residents generally have lower death rates than the countywide rate. Latino residents also tend to have lower rates of death due to opioids than countywide. However, Latino residents have higher average years of potential life lost for all measured causes of premature death when compared to countywide. This could be because of greater barriers in accessing medical care and greater chronic stress due to higher rates of poverty and unemployment.

Limitations

While great care and attention to detail were used in obtaining and analyzing the data in this assessment, it is subject to limitations. For many of the figures and tables it should be noted that multiple years were combined to increase statistical stability. Even with multiple years combined, some estimates for Latinos are still statistically unstable and it has been noted in those cases. Also, while some estimates may appear to note a substantial difference between Latino residents and all Shasta County residents, in some cases due to small numbers, statistically significant differences cannot be detected. Statistically significant differences have been noted where possible.

Community Themes and Strengths

Background and Purpose

Key informant interviews are used to gain an understanding of the first-person knowledge and experiences of a few well-informed community leaders. Information gained in interviews helps explain community needs in a detailed way that other methods, such as surveys, cannot.

The purpose of this key informant interview activity was to identify needs and challenges of the local Shasta County Latino communities related to community connectedness, accessing medical care, accessing public health services, and accessing other public services. Participants were also asked to provide recommendations for how to address barriers and challenges faced by the communities.

Methods

Research Questions:

This project was designed to answer the research questions below:

1. What are the strengths of the Latino communities in Shasta County?
2. What are the most important health and social issues affecting Shasta County Latino communities?
3. What barriers do Latino residents face in general, and when accessing health and public services?
4. How connected do Latino residents feel to the community at large?
5. How does the political climate affect Latinos' perception of the government and/or ability to access services?
6. How can Shasta County Health and Human Services Agency (HHSA) improve service and partnership with our Latino communities?

Procedure:

Ten 30- to 60-minute interviews were conducted from 7/11/2018 to 8/29/2018. Interviews were conducted by community organizing and program evaluation staff. Key informants (called "participants" in the text below) were selected to gain a diverse range of perspectives from individuals of different ages, genders, income levels, citizenship status, country of origin, length of time in the United States, and their position as a formal or informal representatives of Shasta County Latino communities. For a matrix of characteristics of those who participated, see Appendix A. Interviews were conducted in English or Spanish, according to the participants' preferences. Spanish-language interviews were translated into English prior to analysis. The interviews were transcribed word-for-word and analyzed for common themes. For details of the analysis process and the questions asked in the interviews, please refer to the appendices.

Note: Two participants declined to be recorded. Interviewers attempted to take as accurate notes for these participants as possible. However, direct quotes attributed to these two participants may be summarized or paraphrased. All quotations have been edited for clarity.

Results

Community Characteristics and Strengths

Respondents generally described the Latino community as being small, but growing. When nationality was mentioned, respondents said that the community's residents mainly came from Mexico. One respondent who worked with many different groups of immigrants said that most people came from Mexico, followed by Central and South American countries. The person specifically mentioned the countries of El Salvador, Honduras, Peru, Columbia, Venezuela, Bolivia, and Spain.*

*According to the U.S. Census Bureau, the most common national origins for Latinos in Shasta County are Mexican (77%), Puerto Rican (3%), and Salvadoran (2%).[65] Note: Puerto Rico is part of the United States.

When discussing cultural characteristics and strengths, participants most commonly said that the Latino community was "hardworking," highly motivated to improve their livelihood and follow the American dream, a good source of emotional support and practical assistance for its members, and centered around caring and providing for their children and families.

When talking about the community being "hardworking," people mentioned working multiple jobs, working difficult jobs, and wanting to create a better life for themselves and their families. Support included emotional support, connection to resources, and practical knowledge, such as cooking and car repairs. When discussing emotional support, two respondents specifically mentioned that Latinos excel in providing strong community support after a family has experienced a death.

> *"The Latinos that I know are hard workers. They're trying really hard to make a good living for their children and also to support each other."*
>
> *"[Latinos are] strong, progressive, work hard to be self-reliant, and look for ways to progress. They have no fear of working. They want to have a better quality of life, better pay and jobs, and to be self-employed."*
>
> *"I think their communality is a strength, if they're with their people from their region with their customs. … It is amazing to me, I went to the house [of someone who died, redacted] and they had this big altar set up and all these people had brought flowers and there were 100 people there to pray for [the deceased] that night. All friends of friends of friends, you know. That's what I think is their biggest strength, their communality."*

Respondents also described common characteristics such as community groups, involvement through the church, community segmentation (social groups separated by country or place of origin, religion, school, community organization), and a preference against accepting government aid.

> *"I noticed that a lot of the Latino communities are very involved with their church, first of all, and family."*
>
> *"[The Latino communities] tend to be close-knit [within small cultural groups]. I find that by the part of the country they came from, or the part of Mexico they came from, or the country they came from. Or their religious bent, the Catholics pretty much stay with the Catholics and the Christians stay with the Christians, Jehovah's Witnesses stay with the Jehovah's Witnesses. So it's by religion, by state or country that they're from."*

"Latinos don't expect anything for free. I've been in the food banks and I've been to other places providing food assistance and I very rarely see Hispanic people because rather than go and get assistance, they go find another job to support their families. Latinos would rather work than get something for free."

One respondent said that they didn't have a strong connection to the Latino community and could not clearly describe them. However, that person did say that they felt more comfortable living in the area because of connection to resources and a shared language.

"I didn't have a Latino community [where I used to live]. So, it's different here and I feel much better…There are resources, there is some familiarity with people that you can talk to, and they understand you better because of the language. That's a good feeling. I think that's the difference."

Social and Health Issues Affecting the Community

As part of the interviews, participants were asked to identify the issues that were most important to themselves and to the Latino community. Five issues were most frequently identified as being important to the community:

- Immigration
- Health Insurance Coverage
- Language Barriers
- Transportation
- Knowledge of Local Resources

Immigration

Immigration was a central issue for the Latino community. Most discussion centered around those residing in the country illegally, although participants also described legal residents who hoped to gain U.S. citizenship. For both groups, immigration status was an important concern by itself, as well as a substantial barrier to accessing services and meeting other needs. Immigration status and perceived immigration status were also important sources of fear, mistrust, and racism experienced in interactions between Latino residents and the larger Shasta County community. This type of secondary effect of immigration is described in the section on "The Cultural and Political Climate."

Immigration was a barrier to health insurance coverage, employment, eligibility for public services such as Medi-Cal or CalFresh, car insurance coverage, getting a driver's license, and higher education, because of potential loss of the Deferred Action for Childhood Arrivals (DACA) program. Multiple participants mentioned that non-citizens were not eligible for Medi-Cal, but could receive emergency Medi-Cal coverage. One participant also explained that community members were often unwilling to apply for public services because they feared that accepting government assistance would make it more difficult to get citizenship.

"Latinos cannot get Medi-Cal, although they can get emergency Medi-Cal. They cannot get any kind of food stamps."

[When asked how immigration affects the community] "Fear, especially with the [family] separations. Even though it's not in our local community it's still a big fear. The high school

students that got DACA, they were going to go to college and were able to work. There is fear that it's being taken away."

"…[Citizenship is] very important, not because of the benefits, because they want to have peace of mind. Relief, that now I can drive, I can have insurance on my car, I can go to work, I don't have to be afraid. Free government services that might affect their citizenship status in the future makes them feel like 'No, I don't want it,' because it's scary. They don't want to apply for benefits, if it's going to affect their legal status or citizenship chances."

The experience of barriers within the immigration system was widely varied, with most themes being mentioned only once. When discussing general barriers to navigating the immigration system, participants mentioned the complexity of the system and difficulty finding immigration resources in the county. Challenges for undocumented immigrants included restrictions that made it difficult to apply for legal status, such as needing relatives in the U.S. to serve as sponsors, potential separation from children who were U.S. citizens, cases where there was no way to get a green card, and a case where a person's boss demanded a bribe in order to sign necessary paperwork. For legal residents seeking citizenship, challenges included the need for a high level of English literacy for the citizenship test and the difficulty of the test questions.

"If I need to talk to someone, there's not a [Citizenship and Immigration Services] office in Redding. The only way for me to have access to some information on resources is through people in the Latino community…I haven't found it easy to get access to some information on that."

"There are many people here that don't have green cards, that don't have hope of getting green cards. Many that have been here for 15 or 20 years and now they have U.S. citizen children and that complicates matters. As the immigration laws stand right now, they have no hope of getting a green card and yet they've been here for years and years and years and years."

Participants had a few suggestions for helping people navigate the immigration system and addressing the barriers created by immigration status.

One participant recommended making sure that parents were aware that they do not need to have citizenship to apply for certain services (e.g. Shasta County Head Start), and that applying for income-based benefits would not affect immigration status. Another participant did not have a direct suggestion, but described using word-of-mouth recommendations when navigating the immigration system. One participant said that while it was important to reunite families, there was nothing that could be done at the local level to address the immigration system itself.

Health Insurance

Health insurance coverage was described as an important barrier to accessing health services. Participants talked about forgoing appointments for both adults and children, delaying care, and needing to go into debt to afford care. The financial stress caused by inability to pay for medical care was described by one participant as source of depression and lack of sleep.

[speaking about being unable to afford medical care] *"…sometimes I go, 'what am I going to do?' I cannot apply for Medi-Cal because I don't qualify, so I talk to the doctor about having no insurance. I ask if I can make payments and they say OK, so that's what I'm doing…I put some money on credit cards and I just keep making payments [to the medical facility]."*

Lack of health insurance sometimes caused participants and other community members to begin the process of receiving medical care by attending initial appointments, but stop moving forward when more expensive elements of care, such as diagnostic tests or medications, were needed. Specifically, participants mentioned people who were unable to pay for X-rays, MRIs, ultrasounds, blood work, Pap smears, diabetes care, dental treatment, mammograms, and prescription medications.

> *"…The downside is that you can go to a medical examination but then when they send you to do X-rays, scans, all that, then you stop there, because there is no way to pay for them. It is very expensive to get an X-ray or whatever test, or blood work that you have to pay for sometimes, and that's where it all ends. You start to take care of your health, but stop when the costs are too high to receive help."*

Barriers to getting health insurance coverage included not being eligible for Medi-Cal (either due to immigration status or income level), being unable to receive health insurance through work, being unable to afford private insurance, and being unable to find out about Medi-Cal eligibility. One participant talked about workers being unable to receive benefits. In the case of the participant who described being unable to find out about Medi-Cal eligibility, this also led to becoming frustrated and discouraged, further delaying the application process.

> *"[Employees at cleaning companies] work very hard but the pay rates are very low and they don't get any benefits. The companies try to give them under 29 hours [per week] because if they get more hours they have to provide medical [insurance] and all the other benefits but the big companies don't want that, so they keep them as low as they can so they don't have to provide those benefits. I know that they only can have 24 hours a year if they get sick. They don't have any rights."*

> *"I don't want to go through [the Medi-Cal] paperwork if I'm not eligible. How do I know? I went twice to that office and the people were like, 'oh, we don't know about that, so you just have to apply.' It doesn't make sense. It would be easier to say, 'these people are eligible,' so if I apply and I am not [eligible] I don't waste my time and their time."*

When discussing ways to improve access to medical insurance, one participant suggested an office where people seeking insurance or medical care could get help finding affordable medical services. The same participant also described using word-of-mouth when seeking information about available medical care. Another participant described going to Shasta County Health and Human Services Agency employees for assistance with navigating the health insurance system and other services.

Language

Language was considered to be an important barrier encountered by Latinos when accessing services and addressing other community needs. Services affected by language included medical care, applications for Medi-Cal, real estate, banking, dental care, kids' school, recreation facilities, mental health treatment, and community outreach groups. Participants described people as being anxious or fearful when accessing services because of being unsure whether Spanish interpretation services would be available. When discussing other needs, participants described language as a barrier to "everything," particularly employment, independence, and integration with the larger community.

Providing Spanish-Language Services

Participants felt it was important for Spanish-language services to be more accessible to the community. When discussing barriers to accessing Spanish-language services, participants emphasized the need for service providers to have more than one Spanish-speaking staff member. They described cases where community members were unable to access services because a Spanish-speaking staff member was unavailable or (in one case) acting in an unprofessional way. In other cases, a Spanish-speaking staff member was available but their Spanish skills were not sufficient to provide accurate interpretation or direct-to-client communication. In some cases, Spanish-language materials were unavailable or incorrect.

> *"When Latinos go to WIC or they apply for Medi-Cal, there are interpretation services. If they have somebody who speaks Spanish, Latinos will go there, because they feel safe. If they know where they can find somebody who speaks Spanish they will ask for help. But if there's a place where they don't have a bilingual person, they don't want to go. Even me, when I call the bank I say, 'does somebody speak Spanish?' I speak English but I don't speak really good English so when I call somebody I ask if they have somebody who speaks my home language because I feel like I can speak and I can get understood and I can understand whatever they want to tell me. I think having a bilingual person is very important."*

> *"Another barrier is in some services they say 'we have somebody who speaks Spanish' but it's not the correct form. If you go to the doctor and they don't translate exactly what you say it's a problem. They translate half."*

Some examples of these limitations (such as failure to provide medical interpretation in the hospital and a highway patrol officer using broken Spanish) have additional importance because they may have constituted illegal discrimination.

> *"When my son was in the hospital, I asked for information in Spanish and they told me there is only English and I did not know English. My son knows English, but he was unconscious or asleep. I didn't know what was written on the paper…I was there day and night and did not know what was going to happen the next day. And that for me was very important, that there could be a person, that at the very least, will tell you, 'You can take this paper here downstairs right away', something like that, and they can tell you what it is you have to do that day. I didn't have any way to communicate with the medical staff."*

> *"There was a young highway patrolman there and he said 'I don't need an interpreter, I speak Spanish.' And I said 'I'm just here as a friend.' And he said 'tel-e-phone-o' and [the victim of the accident] said 'no'. Was he talking on the phone? No. 'Comer? Comer?' Eat. 'No.' And he goes 'Tiene. Tiene, um dueño?' with a D. 'Dueño.' And I'm being a wise ass, as you can tell by now and I said 'No, su esposa' Only his wife. Because 'Tiene dueño' means 'does he have a boss?' and I thought it was, he's driving the company truck, I thought was what he was getting at. And the young highway patrolman looked at me and said 'Excuse me, what? What did you say?' And I said 'only his wife, she's his boss.' And he said 'no, I asked him if he was sleepy.' Well the word sleepy in Spanish is 'sueño' and if I hadn't figured it all out that would have went in his accident report: Driver admits he was sleepy, if he would have said 'Tiene dueño' and he would have said yes to it. So, it's just little, little things like that can make a big difference."*

In the case of the unprofessional conduct experienced when applying for Medi-Cal, the participant was able to have their needs met by speaking to another employee in English, but noted that this would not have been an option for many other people. They also said that Latino community members are sometimes uncomfortable complaining because of fear of being denied coverage.

> *"…I've had some experience where a person was not very nice. It was a Hispanic person and she was not very nice to me and said that I could not apply. I knew that I could apply because my friends are in the same situation as me, and they have Medi-Cal. So I didn't [go] back after getting denied, but then I thought that I had to have Medi-Cal because of my kids' safety. So I talked to a white person, to an American person in English and they were able to easily help me. I didn't complain with the Agency because I didn't want to get into any trouble. I found out through a friend they had complaints about that [employee] and then somehow somebody filed [another] complaint and I think she's still there but I think they talked to her, and I think she's nicer."*

Participants discussed how to make Spanish-language services more accessible. Many suggestions were related to word of mouth, including bilingual service navigators and using community groups (like the Latina Support Group) that could include and spread information to Spanish-speaking community members. Other suggestions included flyer advertisements and other materials, Spanish Facebook posts, simpler application paperwork, 3rd to 4th grade level reading material, and more empathetic bilingual workers.

Participants expressed being satisfied with some aspects of the system. Positive aspects included community members helping each other by word of mouth, the Latina Support Group (though the group was described as "small"), access to medical interpretation, and doctors who "try" to speak Spanish.

Providing English as a Second Language (ESL) Services

Some participants described the need for better opportunities to learn English, although this was discussed less often than Spanish-language services. When discussing barriers to learning English, participants mentioned fitting classes around a work schedule, an abusive partner not wanting them to attend class (for women), internet and library access, childcare, and being illiterate in Spanish. One participant said that some ESL programs had shut down due to poor attendance.

Participants suggested timing classes around people's work schedules, for volunteers to be flexible in providing classes as needed, and providing on-site childcare.

Transportation

Some participants said that transportation was a barrier to accessing medical care, getting to work, attending high school, and accessing other (unspecified) services. Participants connected the ability to drive and obtain a driver's license with independence, since those without licenses would have to rely on others to do daily tasks and keep medical appointments for themselves and their children.

> *"If you want to go someplace, and you can't [because you don't have transportation], you get nervous. You get irritated more with the community and with family. [Some people say] if I have a driver's license I can take my kids to the doctor. Otherwise I have to call some friend."*

When discussing barriers to obtaining transportation, participants mentioned an insufficient local bus system, difficulty getting information about buses, some community members not knowing how to drive

or not having licenses, and most Latino families only having one car. One participant said that transportation was a bigger barrier for women than men, because women are less likely to drive in the Latino culture. Language and immigration status were considered barriers to obtaining licenses.

> *"Driving is very important, especially in our area here because the bus system is not as good as in big cities. It's a rural area so it's very hard to get around if you don't have a car. And everything is so far so you can't just walk."*

> *"A lot of women are afraid to drive or never learned, especially in the Latino population. And this is a personal opinion, it may be not true for everybody. But, from what I see I feel like the men have to learned to drive because they're the people that bring in the majority of the money, or are the bread winner. The women usually take care of the home and the children. But now that the women are also out there working they never learned to drive when they came here. There is a big group of women that have learned to drive and are successful but there are still some that are afraid and not comfortable driving…I can't answer about their personal reasons of why they don't drive and why that's a personal issue, but it's out there, that I do know."*

Participants were not sure how to address the issue of transportation, but they did suggest making it easier to get information about bus routes, schedules, and ride sharing services in the area.

Knowledge of Resources

Knowledge of resources came up most often when participants were discussing ways to improve service and outreach to the community, so comments about this topic were focused more on solutions than were the comments on the other major community issues (immigration, health insurance, language, and transportation). Additionally, comments that specifically described how to address the issues of immigration, health insurance, language, and transportation often focused on ways of increasing the community's knowledge of how to navigate barriers and receive services. (See the above sections for details.)

When discussing issues that were affected by a lack of knowledge, participants mentioned general access to resources, the four key issues described above, awareness of the need for checkups and gynecological visits, knowing where to find healthcare or pediatric care, having personal agency during pregnancy, and knowledge of the right to get appointments.

> [speaking about the need for knowledge about checkups and more flyers or ads] "…they should give more information in Spanish. I've seen flyers about [the women's health clinic on Victor Avenue] at the WIC office, at the Teen Center, or the Health and Human Services [office] in Anderson…It's hard for you to remember that you have to keep yourself healthy and have your annual checkup, and get your sugar and cholesterol checked. Not only the kids, but also the moms and the dads should keep themselves healthy."

Media that could be used to improve the community's knowledge of healthcare resources included workshops, word of mouth, flyers, advertisements, outreach through church-based Latino groups, and Facebook.

Workshops were considered a good way to share health information, which could also be shared with others. Two participants specifically mentioned the Latina Support Group as a successful example. Word-of-mouth was considered an important means of spreading information and navigating systems in

order to access many services (also in above sections). Word-of-mouth information came from community members, workshops, HHSA employees, and community leaders. Creating flyers in Spanish was another common suggestion. When discussing locations for flyers, participants suggested WIC offices, schools, Head Start, state pre-K centers, and clinics. They noted already seeing flyers at social service offices, WIC offices, teen centers, and the Anderson HHSA office. Flyers the participants had seen were either in English or unspecified whether they were English or Spanish.

Participants also mentioned that it would be important to provide materials in Spanish, and to make adequate time on the topic of healthcare navigation when teaching ESL classes.

Less Common Issues

Apart from the five key issues mentioned above, participants also identified several less common concerns. These included the need for more family-centered community activities and support in both English and Spanish (ex: Parent Cafés, events), accessible and affordable daycare services (also a barrier to employment), difficulty getting medical appointments for new and existing patients, barriers to successful formal education for children and adults, discrimination, and specific medical conditions (diabetes, high blood pressure, cholesterol, obesity, depression).

Other issues each mentioned by one participant included not feeling connected to the community, low pay and lack of work benefits, difficulty finding employment, difficulty finding legal assistance, availability of drugs in the community, unsafe driving, and wildfires.

The Cultural and Political Climate

Interview participants were asked two questions that directly addressed this topic. One question asked about the Latino community's relationship to Shasta County as a whole. Another question asked whether the current political climate had affected how Latinos viewed their relationship with the larger community (see appendix for a full list of questions). Most responses in this section related to those two questions, though the political and cultural climate also came up in some other parts of the interviews.

Overall Community Relationships

When discussing the Latino community's relationship to Shasta County as a whole, a large majority of participants described it as positive overall. Positive elements of the Shasta County community (including Latinos and non-Latinos) were helpful people, that it is a good place for jobs, a safe place for families, that there is a positive connection between the Latino and non-Latino communities, affordable rent, community involvement, and that immigration status is not checked as closely as in southern California. One participant gave a description that was positive overall, but contradicted the idea that the Latino and non-Latino communities were closely connected.

> *"I think that [Latinos] like this county, it's a nice area to raise children. I think once they find out the resources we have here they are very pleased with it. There are a lot of kind people in this community that [give] them work and [help] them. I think they like this area because it's kind of like a family retirement area. And they're treated nice here."*
>
> *"I think that there is a connection between the [Latino and non-Latino] communities and I believe that this is how we advance, communicating as a group."*
>
> *"I think most Latinos see Shasta County as a safe place for families and for kids to grow. I've known a few families who have moved from south like Fresno or the Bay Area. They see Shasta*

County as a safer place for families where they can find jobs to support their kids. Sometimes the rent is cheaper here than down south or the Bay Area. They like it here and they're happy here but I don't see them interacting with other members that are not Hispanic. I think the most important thing that they do for the county is the hard work. If you ask for help, they're always happy to help when people need it. So, they're helpful people and hardworking and most of them try to stay out of trouble, and try to do things right."

A few participants described the overall relationship between the communities as either mixed or negative. Those with mixed responses said that most members of the Shasta County community were friendly with Latinos, but some were not. Negative elements mentioned included racism, fear (including fear of Latinos and fear by Latinos), and discrimination. Two participants also explained that while the relationship between Latinos and other residents was better in the past, it had declined in recent years. One felt that Latino community members should be responsible for not allowing discrimination and racism to affect them mentally.

"I think we have a good relationship [with the rest of the community]. We are at peace. I haven't heard that someone has been affected by being discriminated against. I am aware that there is discrimination and racism [here], but we move on, because that is their problem not mine."

"It was peaceful before but now, I don't think it is anymore. [Others are] scared. Since Shasta County declared it is not a sanctuary county people get really scared and they don't feel safe. We see a lot of racists. There are people with [Confederate or U.S.] flags and telling Latinos 'if you don't speak the language, go back to your country'. It's very sad."

Political Climate

Nearly all participants agreed that the current political climate had affected the relationship between Latino residents and the larger Shasta County community. No one thought that the political climate had had a positive effect on the Latino community. One person gave a mixed positive/negative answer, and one didn't know.

Participants considered the political climate to be a major source of racism, prejudice, discrimination, and fear. Most descriptions of these negative experiences and feelings had to do with effects on the community as a whole, although some participants told first-hand stories of racist encounters.

The current U.S. president, his administration, and the federal government were most often cited as the source of the poor political climate, although one participant had experienced racism from a local elected official, and the local Immigration and Customs Enforcement (I.C.E.) office was also mentioned. The current administration was considered to be a source of racism and prejudice as well as an amplifier for local racism and prejudices.

"The President and the new administration have started going against other races, not only Latinos, but also everybody else that is different than American citizens. When he started taking over the office everything changed. As soon as he moved in, they took down the Spanish website for the White House. It's very negative, and I'm sure it's not only Shasta County. All around the United States, the Latino community is feeling insecure and that everything is going against them because of the way the President is talking….He doesn't focus on the good people, he focuses on the few people that are not making good choices. But that doesn't represent our

community, and that's sad because he is showing the world that we are bad people and we are not. We are good people. We are nice, hard workers."

Lack of accurate knowledge about political topics related to immigration was also considered to be a factor in the relationship between Latinos and other Shasta County residents. Participants commonly described two misconceptions held by the larger Shasta County community: 1) the idea that it is "easy" to get a green card, and 2) the idea that both documented and undocumented immigrants take unfair advantage of government services.

"I got introduced one night at a party, 'This is [Participant's name], he/she helps illegals get here legally.' Not that I live in a blue house or a brown house. I do find that there's an idea that if you want it enough, you can get a green card and that's just simply not true."

Some participants mentioned specific consequences of racism, prejudice, discrimination, and fear. The following issues were described as current problems for the Latino community: people being afraid to become involved with the community, undocumented immigrants being afraid to complain about working conditions, physical attacks, people being afraid to seek help or not getting enough information after an attack, and difficulty finding work.

"[The current political climate] has affected the Latino community in general. If racism existed [before] it was not so strong [as it is now]. Now, anyone can harm a person without consequences, and more Latino people are being attacked. People are more afraid to go to places for help, because of the discrimination and the lack of honest people, with sensitivity to the concerns of others. This is very sad to see how people with high needs seek help and they do not find it because they are humiliated. They are deprived of the information they need. I think that people's capacity to help human beings, it's being lost. It is being lost because there is a lot, far from calling it racism, there is a serious of lack of humility and societal work, which is what people should do without focusing on race, sex, or anything else."

"In my case, two or three people at least asked me if I'm an American citizen, if I'm legal, if I have medical insurance. I go, 'why do you want to know that, it's not your business' and then they tell me, 'because you guys use the system'. I told this guy 'you know what, I've been here since 1995, I'm an American citizen and I have never used the system, I have never [gotten] unemployment.'…People have started asking us stuff like that, that they never asked me in 30 years that I've been here or more and now it's growing, I don't know why and it's hitting even in church. People ask me about this stuff."

"I hear [inaudible] they separate families. Here in Shasta County there are some racist people. When [racist people] hear [about family separations] on the news, we can feel it in Shasta County. We can feel how people talk to Latinos. We can feel how people make fun of us. I know when I don't speak English very well, but sometimes when they see, you know, the color. Participant gestures to his/her face]. Not all people, but some."

Other Cultural Differences

Many cultural elements that could positively or negatively affect the Latino community's relationship with other groups in Shasta County are described in the other sections of this report. Apart from these cultural elements, two participants described a specific cultural characteristic of the Latino community

where parents and children prefer to attend events and children's play dates as a family, rather than dropping off children alone. One participant described how this cultural difference made them uncomfortable:

> *"…For me, as a [parent], it's very hard to take my kid to another house and drop him off to play with the other kids. I never do that because I don't know the parent. I don't know if that's a safe space for my kids so what I always do is to volunteer that the play date will be at my house. The kids are going to be fine with me, the other people they don't know me but for some reason they trust me. It's hard because my kids sometimes want to go to a play date because a friend says 'hey, let's go to my house for a playdate' but for me it's hard to tell them no because I don't know [the family]. For [my kids] it sounds silly that I don't trust the family because I don't know them and I don't know if that's safe. They just assume that the kid's house is going to be safe. It's a struggle for me and it's hard for them but I try to make them understand."*

Summary and Conclusions

The purpose of this key informant interview activity was to identify needs and challenges of the local Shasta County Latino communities related to community connectedness, accessing medical care, accessing public health services, and accessing other public services. This section will summarize and provide interpretation of key findings from the interviews addressing the six research questions.

1. What are the strengths of the Latino communities in Shasta County?

Summary of Related Findings:

When discussing cultural characteristics and strengths, respondents most commonly said that the Latino community was "hardworking," highly motivated to improve their livelihood and follow the American dream, a good source of emotional support and practical assistance for its members, and centered around caring and providing for their children and families.

Respondents also described community groups, involvement through the church, community segmentation (social groups separated by country/place of origin, religion, school, community organization), and a preference against accepting government aid.

One respondent said that they didn't have a strong connection to the Latino community, but did feel more comfortable living in the area because of connections to resources and a shared language.

Interpretation:

The Latino community has many strengths and other characteristics that help with navigating resources and improving their quality of life. For example, the practical support shared within the community often comes in the form of word-of-mouth sharing of information, which helps people navigate complex systems like immigration and healthcare. Churches, schools, and community groups may be helpful resources for building the HHSA's relationship with the community and sharing public health information.

Some comments under this topic also connected with how Latinos are viewed in the larger community. Participants frequently described the Latino community as being "hardworking," and as having a preference against accepting government aid. These two descriptions are important because they run

directly counter to what participants described as being misconceptions about the Latino community that contribute to the negative political climate. The emphasis on these positive descriptors may reflect participants' desire to directly counter negative messaging. However, this question was not directly addressed during the interviews. If so, positive messaging campaigns to combat negative misconceptions may be an opportunity for community empowerment.

2. What are the most important health and social issues affecting Shasta County Latino communities?

Summary of Related Findings:

Five issues were most frequently identified as being important to the communities.

- Immigration
- Health Insurance Coverage
- Language Barriers
- Transportation
- Knowledge of Resources

Issues Less Commonly Discussed: lack of family-centered community activities and support in both English and Spanish (ex: Parent Cafés, events), lack of accessible and affordable daycare services (also a barrier to employment), difficulty getting medical appointments for new and existing patients, barriers to successful formal education for children and adults, discrimination, and specific medical conditions that were common in Latino residents (diabetes, high blood pressure, cholesterol, obesity, depression).

Rarely Discussed Issues: not feeling connected to the community, intimate partner violence, low pay, lack of work benefits, difficulty finding employment, lack of legal assistance (unspecified type), availability of drugs in the community, unsafe driving, and wildfires.

Interpretation:

The five key issues above present substantial barriers to the health and wellbeing of community members. They are also closely interrelated and are sometimes barriers to each other. Other challenges commonly related to children and family, employment, access to medical care, health problems, and emergencies.

3. What barriers do Latino residents face in general, and when accessing health and public services?

Summary of Related Findings:

Immigration:

- Challenges Resulting from Immigration Status:
    - All Immigrants: obtaining health insurance coverage, employment, eligibility for public services (Medi-Cal, CalFresh), willingness to apply for public services (because of fear it would affect citizenship status), car insurance coverage, getting a driver's license, and higher education (because of potential loss of the DACA program).
- Barriers to Navigating the Immigration System:
    - All Immigrants: the complexity of the system, difficulty finding immigration resources in the county.
    - Undocumented Immigrants: restrictions that make it difficult to apply for legal status (such as needing relatives in the U.S.), potential separation from children who are U.S. citizens, cases where there was no way to get a green card, and a case where a person's boss demanded a bribe in order to sign necessary paperwork.
    - Documented Immigrants Seeking Citizenship: the need for a high level of English literacy for the citizenship test and the difficulty of the test questions.

Health Insurance:

- Challenges Resulting from Lack of Health Insurance Coverage:
    - Accessing health services, forgoing appointments for both adults and children, delaying care, needing to go into debt to afford care, and financial stress.
    - Lack of health insurance sometimes caused participants and other community members to begin the process of receiving medical care by attending initial appointments, but stop moving forward when more expensive elements of care (such as diagnostic tests or medications) were needed.
- Barriers to Getting Health Insurance:
    - Not being eligible for Medi-Cal (either due to immigration status or income level), unable to receive health insurance through work, unable to afford private insurance, and unable to find out about Medi-Cal eligibility due to the language barrier, lack of knowledge by eligibility employees, or unprofessional employees.

Language:

- Challenges Resulting from the Language Barrier:
    - Accessing services: getting medical care, mental health, or dental treatment, completing applications for Medi-Cal, communicating with real estate and banking staff, communicating with kids' school, communicating with a recreation office, and participating in community outreach groups.
    - Fear and anxiety when accessing services because of being unsure whether Spanish-speaking employees or interpreters would be available.

    - Other Community Needs: language is a barrier to "everything," including employment, independence, and integration with the larger community.
- Barriers to Receiving Spanish-Language Services:
    - Service providers with only one Spanish-speaking staff member: this resulted in cases where community members were unable to access services because a Spanish-speaking staff member was unavailable or acting in an unprofessional way.
    - In other cases, a Spanish-speaking staff member was available but their Spanish skills were not sufficient to provide accurate interpretation or direct-to-client communication.
    - Incorrect or unavailable Spanish materials.
- Barriers to Learning English:
    - Classes that don't fit around a work schedule, an abusive partner preventing them from attending class (for women), lack of internet and library access, difficulties with childcare, being illiterate in Spanish, and classes shutting down from poor attendance.

Transportation:

- Challenges Resulting from Lack of Transportation:
    - Barrier to accessing medical care, getting to work, attending high school, accessing other (unspecified) services, independence.
- Barriers to Getting Transportation:
    - Difficulty getting information about buses, some community members not knowing how to drive or not having licenses, and most Latino families only having one car.
    - Women are less likely to drive in the Hispanic culture.
    - Language and immigration status were considered barriers to obtaining licenses.

Knowledge of Resources:

- Challenges Resulting from Lack of Knowledge of Resources:
    - Navigating the immigration system, getting health insurance coverage, receiving interpretive services, transportation.
    - Health literacy issues, such as general access to resources, awareness of the need for checkups and gynecological visits, knowing where to find healthcare or pediatric care, and knowledge of the right to get appointments.
    - The ability to self-advocate when navigating the medical system.
- Barriers to Knowledge: See Question 6, Improving Services.

Interpretation:

The summary of barriers and challenges above shows how the five key community issues are related to each other. For example, lack of knowledge makes it difficult to navigate the immigration system, which affects eligibility for medical insurance.

In addition, all five issues pose some type of additional barrier for immigrants, as opposed to Latinos who were born in the U.S. Much of the discussion throughout the interviews centered around immigrants and their families, despite the relatively small proportion of Latino immigrants in the county. Only 16% of Latinos in Shasta County (or about 1 in 6) were born outside of the U.S., and about half of

those are not naturalized U.S. citizens.[66] This suggests that the effects of immigration-related challenges extend beyond foreign-born residents themselves to their friends, family, and other people they know. The success of immigrants is seen as central to the success of the Latino community.

4. How connected do Latino residents feel to the community at large?

Summary of Related Findings:

A large majority of participants described the Latino community's relationship with the larger Shasta County community as positive overall. Positive elements of the Shasta County community (including Latinos and non-Latinos) were helpful people, being a good place for jobs, a safe place for families, a positive connection between the Latino and non-Latino communities, affordable rent, community involvement, and that immigration status is not checked as closely as in southern California. One participant gave a description that was positive overall, but contradicted the idea that the Latino and non-Latino communities are closely connected.

A few participants described the overall relationship between the communities as either mixed or negative. Those with mixed responses said that most members of the Shasta County community are friendly with Latinos, but some are not. Negative elements include racism, fear (including fear of Latinos and fear by Latinos), and discrimination. Two participants also explained that while the relationship with the larger community was better in the past, it has declined in recent years. One felt that Latino community members should be responsible for not allowing discrimination and racism to affect them mentally.

5. How does the political climate affect Latinos' perception of the government and/or ability to access services?

Summary of Related Findings:

Participants considered the political climate to be a major source of racism, prejudice, discrimination, and fear. Most descriptions of these negative experiences and feelings had to do with effects on the community as a whole, although some participants told first-hand stories of racist encounters.

The current U.S. president, his administration, and the federal government were most often cited as the source of the poor political climate locally. The current administration was considered to be a source of racism/prejudice as well as an amplifier within the Shasta County community. One participant had experienced racism from a local elected official, and the local Immigration and Customs Enforcement (I.C.E.) office was also mentioned as a source of fear.

Lack of knowledge among non-Latino residents was also considered to be a factor in generating prejudice. Participants commonly described two misconceptions held by the larger community: 1) the idea that it is "easy" to get a green card, and 2) the idea that both documented and undocumented immigrants take unfair advantage of government services.

Some participants mentioned specific consequences of racism, prejudice, discrimination, and fear. The following issues were described as current problems for the communities: people being afraid to become involved with the community, undocumented immigrants being afraid to complain about working conditions, physical attacks, people being afraid to seek help or not getting enough information

after an attack (the type of help was unclear, but may have referred to law enforcement), and difficulty finding work.

Interpretation:

Fear caused by a negative political climate was reported to have a direct effect on the willingness of Latino residents to seek needed government services, as well as the ability to receive the services once sought (via discrimination). The political climate also had a negative effect on the health and well-being of community members. This finding fits with previous research, as many studies have shown that the stress from discrimination can lead to poorer health outcomes in minorities.[67]

It should be noted that participants described racial and ethnic tensions that are currently present in Shasta County. These experiences were not described as being distant or theoretical, especially in cases where participants told first-hand stories. This shows that fears resulting from prejudice are a central part of the shared cultural experience of Latinos in Shasta County. These fears should not be underestimated, as they will likely constitute a substantial barrier to community engagement.

6. How can we improve service and partnership with our Latino communities?

Summary of Related Findings:

The following is a summary of recommendations provided by participants.

Immigration:

- Using word-of-mouth (through other residents) can be helpful in navigating the immigration system.

Health Insurance:

- Provide an office where people seeking insurance or medical care can get help finding affordable services.
- Using word-of-mouth (through residents, HHSA employees) can be helpful with gaining health insurance.

Providing Spanish-Language Services

- Provide more bilingual service navigators.
- Use community groups (like the Latina Support Group) to spread information to Spanish speaking community members.
- Service providers should make information more accessible, including Spanish-language flyer advertisements and other materials, Spanish Facebook posts, simpler application paperwork, 3rd to 4th grade level reading material, and more empathetic bilingual workers.
- Participants were satisfied with: word-of-mouth information (through residents), the Latina Support Group (though the group was described as “small”), access to medical interpretation, and doctors who “try” to speak Spanish.

Learning English

- Time classes around people’s work schedules.

- Provide on-site childcare.

Transportation:

- Make it easier to get information about bus routes, schedules, and ride sharing services.

Knowledge of Resources:

- Service providers should offer workshops (such as at the Latina Support Group), promote resources through word of mouth, flyers in English and Spanish, advertisements, church-based Latino groups, and Facebook.
- Make adequate time on the topic of healthcare navigation when teaching ESL classes.

Interpretation:

Participants who were interviewed for this project were very aware of issues and challenges faced by the community, but had relatively few recommendations for fixing the problems. This is most likely because many of the issues identified by participants are deeply ingrained and may need significant attention to infrastructure in order to address them, such as the public transportation system and insufficient access to Spanish-language services. Other issues, such as the immigration system, Medi-Cal eligibility, and many of the benefits eligibility forms, are determined by state and federal laws, and cannot be addressed directly at the county level.

However, participants had many suggestions related to increasing knowledge of community resources, suggesting that Latinos may benefit most from services that help residents navigate complex systems like immigration, health insurance, and healthcare. Word-of-mouth was described as a very important mechanism for navigating systems by many participants, and some recommendations centered around ways of activating the word-of-mouth system. Expanding programs that focus on person-to-person communication like the Latina Support Group and improving awareness of navigation services like 2-1-1 may be very helpful to Latinos.

Appendices

Appendix A: Groups Represented by Key Informant Interview Participants

Gender	Count of Participants
Female	8
Male	2

Age Group	Count of Participants
15-44	2
45-64	7
65+	1

Leadership Role in Community	Count of Participants
Informal	6
Formal	4

Citizenship Status	Count of Participants
US Citizen	6
Non-Citizen	2
Not disclosed	2

Speaks only Spanish	Count of Participants
No	9
Yes	1

Length of time living in Shasta County	Count of Participants
Less than 5 years	Unable to recruit participants
5-10 years	3
10 or more years	2
Not disclosed	5

Income Level	Count of Participants
Low	2
Middle	4
High	2
Not disclosed	2

Country of Origin (Suppressed for Privacy Purposes)	Count of Participants
Central America	5
United States	3
South America	2

Appendix B: Interview Coding Structure Methods

A total of 10 interviews were conducted with formal and informal leaders from the Shasta County Latino community.

Interview transcripts and notes were reviewed and coded using the following structure to identify themes related to the research questions. After the initial coding, the "Social Issues," "Health Issues," "Barriers, Health," "Barriers, Public," "Improvement, Health," "Other Improvement" and emergent themes were pooled together and re-coded for a greater level of detail. This was the second round of coding.

Coding Structure (First Round of Coding):

- Latino Community Characteristics: Positive, negative, or neutral characteristics of the Latino Communities.
- Social issues: Any social issues affecting the Latino Communities, including insurance coverage. Excludes cases where the participant was talking about a barrier that directly affects access to services (barriers).
- Health Issues: Medical conditions affecting the Latino communities, their causes and contributing factors, and healthcare access issues other than insurance coverage. Excludes cases where the participant was talking about a barrier that directly affects access to services (barriers).
- Political/Cultural Climate, Positive: How the Latino communities relate to or fit in with the larger Shasta County community, and/or how the current political climate affects the community (positive aspects).
- Political/Cultural Climate, Negative: How the Latino communities relate to or fit in with the larger Shasta County community, and/or how the current political climate affects the community (negative aspects).
- Political/Cultural Climate, Neutral: How the Latino communities relate to or fit in with the larger Shasta County community, and/or how the current political climate affects the community (neutral/descriptive aspects).
- Barriers, Health: Barriers that directly affects the communities' ability to access health or public health services.
- Barriers, Public: Barriers that directly affects the communities' ability to access public services other than health or public health. (ex: police, fire, public transportation).
- Improvement, Health: Ways to improve the communities' access to health or public health services.
- Other Improvement: Ways to improve the communities' access to other public services, or other general community needs.
- Currently Used Services: Services currently used by the community.

Coding Structure (Second Round of Coding):

Language Codes:

- Barriers to Language (Learning English): Barriers affecting the ability to learn English
- Barriers to Language (Accessing Spanish Translation): Barriers affecting the ability to receive Spanish-language services.
- Effects of Language: Effects of language barriers on the community, including (but not limited to) health, public health, and other services.
- Language Solutions: Participants' recommendations for addressing the issue of language.

Transportation Codes:

- Barriers to Transportation: Barriers affecting the ability to get needed transportation.
- Effects of Transportation Barriers: Effects of transportation on the community, including (but not limited to) health, public health, and other services.
- Transpiration Solutions: Participants' recommendations for addressing the issue of transportation.

Immigration Codes:

- Barriers to Immigration: Barriers affecting the ability to navigating the immigration system.
- Effects of Immigration Barriers: Effects of immigration on the community, including (but not limited to) health, public health, and other services.
- Immigration Solutions: Participants' recommendations for addressing the issue of immigration.

Insurance Codes:

- Barriers to Obtaining Insurance: Barriers affecting the ability to get medical insurance.
- Effects of Insurance Difficulties: Effects of insurance barriers on the community, including (but not limited to) health, public health, and other services.
- Insurance Solutions: Participants' recommendations for addressing the issue of insurance.

Daycare Codes:

- Barriers to Daycare: Barriers affecting the ability to get needed child care.
- Effects of Daycare Barriers: Effects of child care barriers on the community, including (but not limited to) health, public health, and other services.
- Daycare Solutions: Participants' recommendations for addressing the issue of child care.

Formal Education Codes:

- Barriers to Formal Education: Barriers affecting the ability to get needed formal education.
- Effects of Formal Education Barriers: Effects of formal education on the community, including (but not limited to) health, public health, and other services.
- Education Solutions: Participants' recommendations for addressing the issue of formal education.

Additional Codes (not broken down into smaller categories): housing, domestic violence, parenting, pay rates, government benefits, discrimination, employment, kids/family, other social issues, other medical issues.

Appendix C: Interview Questions (English)

Latino Community Health Assessment

Key Informant Interview Guide

Introduction:

STOP! Do not turn on the recording device. You will turn it on after the introduction.

Thank you for agreeing to speak with me. I am here representing the Shasta County Health and Human Services Agency.

The purpose of this interview is to learn about the Latino communities in Shasta County. The interview will include questions about community strengths, needs, and access to health and other public services. Your answers will be used to help us better serve and partner with our communities.

Before we get started there are a few things you should know.

- Interviews like this usually take about 30 minutes to complete, but may take longer if needed. Do you have any commitments right after this interview? [if yes, ask what time. Keep these in mind with interview pacing. If there are no commitments, ask if it's okay to go longer if needed.] We know that your time is valuable, so we will make sure to end the interview on time.
- This interview is confidential. Your name will be removed from the interview transcripts. Your name will not be shared with anyone outside our agency and it will not be included the final report. If you mention any other people during the interview, we will also remove their names.
- This interview will be recorded. The purpose of the recording is so that I can record your answers in a more complete way than notes alone. If you're uncomfortable with being recorded, please let me know now and we can use notes alone. [wait for participant's response. If they are okay being recorded, let them know that you will ask them to give their official permission after the recording device is turned on.]
- Body language: During the interview, I will be taking notes. Also, because this is a standardized process, and because I don't want to accidentally influence you, I will keep my expressions and tones neutral.
- This is a judgement-free zone. Please feel free to share any opinions or experiences that you have, no matter what that is.

Do you have any questions for me before we get started?

Turn on the recorder.

Section 1: Introduction

1. **First, let me confirm the information I have about you:**

   Name:_____

   Role:_____

   Do you consent to be recorded for this confidential interview?_____

   Today's Date:_____

   - *Objective*
   - *Reflective*
   - *Interpretive*
   - *Decisional*

2. **How would you describe the Latino communities in Shasta County?**

Introductory question: This should be used as a warm up to help the informant start thinking about the needs and desires of the communities.

Probes: What elements or characteristics do the communities have?

3. **What are some strengths of the communities?**

Introductory question: The purpose of this question is to identify assets, strengths, and protective factors that affect the Latino communities.

Probes: Can you tell me more about that? What other assets does the community have? How does that benefit the community?

4. **What are the most important issues that impact the local Latino communities?**

****Key Question: The purpose of this question is to establish the social and/or health issues that are most important for the communities. Probe multiple times for additional detail and ideas.*

Probes: Can you tell me more about that? What else do you think is important? Why is that?

5. **What barriers or challenges do the communities face?**
   ****Key Question: The purpose of this question is to build on the previous question about issues facing the Latino communities to identify barriers for the Latino communities, in general terms. A later question will ask about barriers when accessing public services. Probe multiple times for additional detail and ideas.*

   Probes: Can you tell me more about that? What other barriers are there? How does that end up affecting the communities?

6. **How would you describe the Latino communities' relationships to Shasta County as a whole?**

****Key Question: The purpose of this question is to get some general, unprompted information about the identity of the communities before transitioning into asking specifically about the political climate.*

Probes: Can you tell me more about that? Why do you think that is? How do you think other community members feel about that?

7. **Do you think the current political climate has affected how Latino people view their relationship with our larger community? [if no] Why is that? [if yes] In what way has it changed?**

****Key Question: The purpose of this question is to address whether the current local, state, or national political climate has affected the hopes, concerns, or needs, or identity of our Latino communities. Answers to this question could relate to ANY federal, state, or local issue. It is important to remember not to steer the participant away from any political concern in which they are interested, and to allow for sufficient sharing before probing for additional ideas.*

Probes: Can you tell me more about that? Why do you think that is? How do community members feel about that? How has [that issue] affected the communities? Is there anything else you think is important?

8. **What is your biggest interest or passion as one of the leaders in our Latino communities?**

Warm-Up Question: The purpose of this question is to have the informant reflect on the characteristics of the Latino communities, its strengths, barriers, and issues that it faces, and talk about what issues are personally important to them. Not a lot of probing is needed for this question.

Potential Probes: Can you tell me more about that? Is there anything else that you're involved in?

Section 2: Access to Services

Now I'm going to ask about access to services for the Latino communities in Shasta County.

9. **Think about the people in the Latino communities that you interact with through your job, volunteer work, or personal life. What types of health or public services do they currently use or need?**

The purpose of this question is to get information about which and what types of services are most important for the communities, including those they currently have access to, and those they don't. After the participant has given their initial answer in detail, probe if necessary to ensure that both accessible and inaccessible services have been discussed. (e.g. What about services that the Latino communities [don't currently/already] have access to?]

Probes: What types of services have you heard people talking about? What services have people asked you about? What about Is there anything else? What about services that the Latino communities [don't currently/already] have access to?

10. **In what ways are accessing these services easy? Why?**

This is a follow up to the question above. The purpose is to establish what elements make certain services easier to access.

Probes: What elements of that [experience/service] made it easy for you? How has that made [accessing that service] easier? Why is that?

11. **What barriers or challenges exist when members of the Latino communities need to access services?**

****Key Question: The purpose of this question is to identify barriers to accessing services. You should probe as needed to ask for multiple barriers and root causes of those barriers, which is most important, and how the barriers function to keep people from accessing services.*

Probes: Can you tell me more about that? What other barriers are there? How does that end up affecting the communities?

12. **Think about the Health and Human Services Agency's work with the Latino communities. What are some ways that the agency can better support the communities?**

****Key Question: The purpose of this question is to get key informant's suggestions about how to the agency can better support the Latino communities in addressing issues they identify as priorities, and to get suggestions for how to improve access to HHSA services in the communities, including details of how their ideas could be used and implemented.*

Probes: Can you explain more about how that would work? How do you think the [barrier mentioned above] should be addressed? What can we do to make sure [social issue mentioned above] is addressed? How can we make sure the communities feel valued?

13. **Is there anything else you would like to add?**

Closing Question.

Appendix D: Interview Questions (Spanish)

Evaluación de la salud de la comunidad latina

Guía de entrevista para informantes clave

Introducción:

¡DETÉNGASE! No encienda el dispositivo de grabación. Lo encenderá después de la introducción.

Gracias por acceder a hablar conmigo. Represento a la Agencia de Salud y Servicios Humanos del condado de Shasta.

El objetivo de esta entrevista es aprender sobre las comunidades latinas en el condado de Shasta. La entrevista incluirá preguntas sobre las fortalezas, necesidades y el acceso a la salud y otros servicios públicos de la comunidad. Sus respuestas se utilizarán para ayudarnos a prestar un mejor servicio y asociarnos con nuestras comunidades.

Antes de empezar debe conocer algunos aspectos.

- Las entrevistas de este tipo suelen completarse en 30 minutos aproximadamente, pero puede tomar más tiempo de ser necesario. ¿Tiene algún compromiso justo después de la entrevista? [En caso afirmativo, preguntar la hora. Tenga esto en cuenta al llevar el ritmo de la entrevista. Si no hay compromisos, pregúntele si está bien quedarse más tiempo si es necesario.] Sabemos que su tiempo es valioso, por lo que nos aseguraremos de finalizar la entrevista a tiempo.
- Esta entrevista es confidencial. Su nombre se eliminará en las transcripciones de la entrevista. Su nombre no se compartirá con nadie ajeno a nuestra agencia y no se incluirá en el informe final. Si menciona a cualquier persona durante la entrevista, también eliminaremos sus nombres.
- Esta entrevista será grabada. El objetivo de la grabación consiste en registrar sus respuestas de una manera más completa que solo empleando notas. Si se siente incómodo con la grabación, avíseme ahora y podemos usar solo notas. [espere la respuesta del participante. Si aceptan ser grabados, infórmeles que les pedirá que den su permiso oficial después de encender el dispositivo de grabación.]
- Lenguaje corporal: durante la entrevista estaré tomando notas. Además, como este es un proceso estandarizado, y debido a que no quiero influenciarlo accidentalmente, mantendré mis expresiones y tonos neutrales.
- Esta es una zona sin prejuicios. Siéntase libre de compartir cualquier opinión o experiencia que tenga, sin importar de qué se trate.

¿Quiere preguntarme algo antes de comenzar?

Encienda la grabadora.

Sección 1: Introducción

14. **Primero, permítame confirmar la información que tengo sobre usted:**

    Nombre:

    Papel:

    ¿Otorga su consentimiento para ser grabado en esta entrevista confidencial?

    Fecha del día de hoy:

    - *Objetivo*
    - *Reflexivo*
    - *Interpretativo*
    - *Decisivo*

15. **¿Cómo describiría a las comunidades latinas en el condado de Shasta?**

Pregunta introductoria: esto debe utilizarse como un calentamiento para ayudar al informante a comenzar a pensar sobre las necesidades y los deseos de las comunidades.

Indagación: ¿Cuáles elementos o características tienen las comunidades?

16. **¿Cuáles son algunas de las fortalezas de las comunidades?**

Pregunta introductoria: el objetivo de esta pregunta es identificar los recursos, las fortalezas y los factores protectores que afectan a las comunidades latinas.

Indagación: ¿Me puede decir más al respecto? ¿Qué otros recursos tiene la comunidad? ¿Cómo beneficia eso a la comunidad?

17. **¿Cuáles son los problemas más importantes que afectan a las comunidades latinas locales?**

****Pregunta clave: el objetivo de esta pregunta es establecer los problemas sociales o de salud más importantes para las comunidades. Pregunte varias veces para obtener detalles y comentarios adicionales.*

Indagación: ¿Me puede decir más al respecto? ¿Qué más considera que es importante? ¿Por qué?

18. **¿Cuáles son las barreras o retos que enfrentan las comunidades?**
    ****Pregunta clave: el objetivo de esta pregunta es ampliar la información de la pregunta previa acerca de los problemas que enfrentan las comunidades latinas para identificar las dificultades que enfrentan las comunidades latinas, en términos generales. Se le hará una pregunta más adelante sobre las dificultades al acceder a los servicios públicos. Pregunte varias veces para obtener detalles y comentarios adicionales.*

    Indagación: ¿Me puede decir más al respecto? ¿Qué otras dificultades existen? ¿Cómo eso termina afectando a las comunidades?

19. **¿Cómo describiría las relaciones de las comunidades latinas con el condado de Shasta en su totalidad?**

****Pregunta clave: el objetivo de esta pregunta es obtener información general no guiada sobre la identidad de las comunidades antes de hacer una transición para preguntar específicamente sobre la situación política.*

Indagación: ¿Me puede decir más al respecto? ¿A qué crees que se deba eso? ¿Cómo cree que otros miembros de la comunidad se sienten al respecto?

20. **¿Considera que la situación política actual ha afectado la forma en que los latinos ven su relación con nuestra comunidad más amplia? [en caso negativo] ¿A qué se debe? [en caso afirmativo] ¿De qué manera ha cambiado?**

****Pregunta clave: el propósito de esta pregunta es abordar si la situación política actual a escala local, estatal o nacional ha afectado las esperanzas, preocupaciones, necesidades o la identidad de nuestras comunidades latinas. Las respuestas a esta pregunta podrían estar relacionadas con CUALQUIER asunto federal, estatal o local. Es importante recordar que no se debe desviar al participante de ninguna preocupación política en la que esté interesado y permitir que se comparta lo suficiente antes de buscar ideas adicionales.*

Indagación: ¿Me puede decir más al respecto? ¿A qué crees que se deba eso? ¿Cómo se sienten al respecto los miembros de la comunidad? ¿Cómo ha afectado [ese problema] a las comunidades? ¿Hay algo más que considere importante?

21. **¿Cuál es su mayor interés o pasión como uno de los líderes en nuestras comunidades latinas?**

****Pregunta de preparación: el propósito de esta pregunta es hacer que el informante reflexione sobre las características de las comunidades latinas, sus fortalezas, barreras y los problemas que enfrentan, además de hablar sobre los asuntos que son importantes para ellos a nivel personal. No se necesita demasiada indagación para esta pregunta.*

Indagación potencial: ¿Me puede decir más al respecto? ¿Hay algo más en lo que esté involucrado?

Sección 2: acceso a servicios

Ahora le voy a preguntar sobre el acceso a los servicios para las comunidades latinas en el condado de Shasta.

22. **Piense en las personas de las comunidades latinas con las que interactúa a través de su trabajo, voluntariado o vida personal. ¿Qué tipos de servicios públicos o de salud utilizan o necesitan actualmente?**

El objetivo de esta pregunta es obtener información sobre cuáles y qué tipos de servicios son más importantes para las comunidades, incluidos aquellos a los que actualmente tienen acceso y a los que no. Después de que el participante haya dado su respuesta inicial con detalle, indague, de ser necesario, para asegurarse que se hayan discutido los servicios accesibles y los inaccesibles (por ejemplo, ¿qué pasa con los servicios a los que las comunidades latinas [no tienen acceso actualmente/ya] tienen acceso?])

Indagación: ¿De qué tipo de servicios ha escuchado hablar a las personas? ¿Qué servicios le han solicitado las personas? ¿Existe alguna otra cosa? ¿Qué pasa con los servicios a los que las comunidades latinas [no tienen acceso actualmente/ya] tienen acceso?

23. **¿Cómo se accede más fácilmente a estos servicios? ¿Por qué?**

Este es una continuación de la pregunta anterior. El objetivo es establecer cuáles elementos hacen que sea más fácil acceder a ciertos servicios.

Indagación: ¿Cuáles elementos de esa [experiencia/servicio] le facilitaron el acceso? ¿Cómo ha hecho esto que [acceder a ese servicio] fuese fácil? ¿Por qué?

24. **¿Qué dificultades o desafíos existen cuando los miembros de las comunidades latinas necesitan acceder a los servicios?**

****Pregunta clave: el objetivo de esta pregunta es identificar las dificultades para acceder a los servicios. Debería indagar, según sea necesario, para identificar varias dificultades y las principales causas de estas, que es lo más importante y cómo funcionan las dificultades para evitar que las personas accedan a los servicios.*

Indagación: ¿Me puede decir más al respecto? ¿Qué otras dificultades existen? ¿Cómo eso termina afectando a las comunidades?

25. **Reflexione sobre el trabajo de la Agencia de Servicios Humanos y de Salud con las comunidades latinas. ¿Cuáles son algunas formas en las que la agencia pueda apoyar de mejor manera a las comunidades?**

****Pregunta clave: el propósito de esta pregunta es obtener sugerencias del informante clave sobre cómo la agencia puede apoyar de mejor manera a las comunidades latinas al abordar asuntos que esta identifiquen como prioridades, así como obtener sugerencias sobre cómo mejorar el acceso a los servicios de la Agencia de Salud y Servicios Humanos (Health and Human Services Agency, HHSA) en las comunidades, incluidos los detalles sobre cómo se pueden utilizar e implementar sus ideas.*

Indagación: ¿Puede explicar más acerca de cómo funcionaría? ¿Cómo cree que se debería abordar [la dificultad mencionada anteriormente]? ¿Qué podemos hacer para asegurarnos que se aborde [el problema social mencionado anteriormente]? ¿Cómo podemos asegurarnos de que las comunidades se sientan valoradas?

26. **¿Tiene algo más que quisiera agregar?**

Pregunta de cierre

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Produced by the Shasta County Health and Human Services Agency

March 2019

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We would like to thank Dr. Andrew Deckert and Amy Sturgeon, MPH for their input in the development of this assessment.

Suggested Citation: *An Assessment of Health in Shasta County Latino Communities.* Redding, CA: Shasta County Health and Human Services Agency, 2019.

We appreciate any questions or comments that you may have about this report and welcome recommendations for improving subsequent reports. If you have any comments to share, please contact us at:

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