# Community Health Needs Assessment Report 2019

*for* **Goleta Valley Cottage Hospital, Santa Barbara Cottage Hospital**
*and* **Santa Ynez Valley Cottage Hospital**

Cottage Health

GOLETA VALLEY | SANTA BARBARA | SANTA YNEZ VALLEY

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# EXECUTIVE SUMMARY

Cottage Health, representing Goleta Valley Cottage Hospital, Santa Barbara Cottage Hospital, and Santa Ynez Valley Cottage Hospital, partnered with community organizations and agencies from Santa Barbara County to conduct a comprehensive 2019 Community Health Needs Assessment (CHNA). Assessing Santa Barbara County's most pressing health needs, this report describes the well-being of Santa Barbara County's residents and selected social determinants of their health, with comparisons to California's health profile as a whole. It also connects selected health indicators for Santa Barbara County to the goals or targets in *Healthy People 2020 (HP 2020)*, the national planning document created every ten years by the U.S. Department of Health and Human Services.

## Data Sources

To obtain data for this report, Cottage Health conducted a telephone and web survey with approximately 900 community members and a Listening Tour with more than 240 individuals who represent the broad interests of the community, including medically underserved, low-income, and vulnerable populations. Secondary data were also obtained from existing online sources. This approach is consistent with the methodology established in the 2016 Cottage Health CHNA, which also serves as benchmark for the 2019 data.

## Health Data

Cottage Health contracted with the Evaluation Institute at the University of Pittsburgh, an academic research unit with extensive experience in survey methodology, analysis, and reporting. The Evaluation Institute used two data sources for the CHNA: a telephone and web survey designed specifically for this effort and existing health and demographic data (such as U.S. Census data) already collected for the county and California. The telephone and web survey, conducted from July through October 2019, obtained data from Santa Barbara County adults ages 18 and older. A group of trained interviewers contacted randomly selected residents and asked a series of questions based on the Behavioral Risk Factor Surveillance System (BRFSS) survey instrument, created by the Centers for Disease Control and Prevention (CDC). Respondents could complete the survey on the telephone or online. A convenience sample was also recruited targeting both the general population in Santa Barbara County and vulnerable populations. The data were weighted to make sure that survey results were representative of county demographics, such as age, race/ethnicity, and gender, and then compared to the 2016 Santa Barbara County BRFSS, California BRFSS, and Healthy People 2020 Leading Health Indicators. Data presented in this report reflects the randomly selected sample only, as this sample most closely compares to previous county estimates as well as state and national estimates.

## Community Perspectives: Behavioral Health Listening Tour

The Behavioral Health Listening Tour solicited input from a wide array of community members and leaders, including public health officials, health providers, nonprofit workers, Cottage Health employees, and government leaders. These participants identified significant behavioral health needs in the community. In total, more than 240 individuals participated in the Listening Tour through twenty focus groups conducted from August through September 2019.

## Results

Based on results from the 2019 CHNA telephone and web survey, secondary data analysis, Listening Tour and 2016 Cottage Health CHNA, nineteen health indicators were identified for in-depth analysis and prioritization. These indicators were selected using the Leading Health Indicators from Healthy People 2020 and CDC's

Community Health Status Indicators (CHSI) as sources. Table 1 summarizes these indicators, and shows the five indicators for which Santa Barbara has exceeded or met HP 2020 targets and the seven below the targets. Five of the nineteen indicators do not have a comparable HP 2020 target, but Cottage Health decided to analyze these because of their overall prominence and importance to the community and guidance from CHNA partner organizations. Two of the nineteen indicators, anxiety and other mental health disorders and low resilience, were included in the prioritization process, but are not included in the table below because they lack state and national benchmarks.

These data were further analyzed based on demographic differences, which will be forthcoming on Cottage Population Health's website and Cottage Data2Go. Many differences were found within demographic groups, such as economic status, race/ethnicity, and educational attainment. When viewing population-level data, demographic differences provide a deeper understanding of the health outcomes of various groups.

### *Table 1. Health Indicator Profiles for Santa Barbara County, Compared to California and the HP 2020 Target*

| Indicator | 2019 Santa Barbara County % (95% CI) | California* % (95% CI) | Healthy People 2020 Target % |
|---|---|---|---|
| **Exceeds HP 2020 Target** | | | |
| Alcohol use (binge drinking, past 30 days) | 16.7 (13.2 – 20.2) | 16.1 (15.2 - 16.9) | 24.4 |
| Obesity | 25.5 (21.4 – 29.7) | 25.8 (24.8 - 26.9) | 30.5 |
| Oral health (dentist in past year) | 68.9 (64.4 – 73.3) | 67.4 (66.2 - 68.5) | 49.0** |
| Physical inactivity | 19.9 (16.1 – 23.8) | 21.0 (20.0 - 22.0) | 32.6 |
| Smoking (cigarettes) | 11.5 (8.5 – 14.4) | 11.2 (10.5 - 12.0) | 12 |
| **Below HP 2020 Target** | | | |
| Overall good health | 77.0 (73.2 - 80.9) | 81.9 (81.0 - 82.8) | 79.8 |
| Insurance status (insured) | 87.5 (84.4 - 90.5) | 88.3 (87.6 - 89.1) | 100*** |
| Primary care provider (have usual PCP) | 69.3 (65.0 - 73.6) | 74.7 (73.6 - 75.7) | 83.9 |
| Cost as a barrier to care | 18.1 (14.4 - 21.8) | 11.9 (11.1 - 12.6) | 4.2**** |
| Diabetes | 7.8 (5.7 - 9.9) | 10.4 (9.7 - 11.2) | 7.2 |
| Food insecurity | 21.5 (17.5 – 25.5) | NA | 6.0+ |
| Depression | 23.9 (19.9 – 27.8) | 15.4 (14.6 - 16.2) | 5.8++ |
| **HP 2020 Target Not Available** | | | |
| Mental health days (poor days >=15) | 12.3 (9.2 – 15.5) | 10.6 (9.9 - 11.3) | NA |
| Severe mental illness | 8.6 (5.9 – 11.4) | 5.3 ( 4.4 - 6.1 )~ | NA |
| Adverse Childhood Experiences (ACEs) Score >=4 | 24.6 (20.3 – 28.9) | 16.7+++ | NA |
| Mental health stigma (not caring) | 31.3 (27.1 – 35.5) | 43++++ | NA |
| Housing insecurity | 13.3 (9.9 – 16.8) | NA | NA |

*2018 Behavioral Risk Factor Surveillance System data unless otherwise noted
**Healthy People 2020 Target includes children and adults aged ≥2 years.
***Target is for "all persons," including children; 2016 SB BRFSS is for adults only. The rate of insurance for children included in the 2016 SB BRFSS is 95.9%.
****Target is slightly different than data presented: "Unable to obtain or delayed in obtaining necessary medical care."

+The HP 2020 target includes children and adults aged ≥ 2 years; HP 2020 measure based on responses to three of 18 questions about food availability. For Santa Barbara, the measure of food insecurity includes two questions.
++ The HP2020 target is defined as adults aged ≥18 who experience major depressive episodes.
+++BRFSS data from 2008, 2009, 2011, and 2013 compiled by the Center for Youth Wellness.
++++RAND Health data from 2013.
~California Health Interview Survey 2018 data

## Conclusions

The results show that on many health indicators, Santa Barbara County is slightly lower than California and has already met four Healthy People 2020 targets. The benefits of good health and well-being do not extend to all groups in the county, with Hispanic/Latinx residents, people with low incomes, and those with less education suffering the most from health disparities. Overall, five areas emerged as priority health areas in Santa Barbara County (alpha order):

- Access to Care
- Behavioral Health
- Chronic Conditions
- Resiliency
- Social Needs

Efforts to address these areas could lead to significant population health improvements in the county. Cottage Health is committed to taking action based on the findings in this report and leading the community in implementing evidence-based population health programs and policies.

# INTRODUCTION

## Background

Cottage Health is committed to improving the health and well-being of Santa Barbara County residents. To better understand the needs and strengths of the entire community, and the many diverse groups within it, Goleta Valley Cottage Hospital, Santa Barbara Cottage Hospital, and Santa Ynez Valley Cottage Hospital jointly conducted a 2019 Community Health Needs Assessment in partnership with community organizations and agencies. Partners included representatives from the following entities:

- Lompoc Valley Medical Center
- Planned Parenthood California Central Coast
- Santa Barbara County Public Health Department (SBCPHD)
- Santa Barbara Foundation
- Santa Barbara Neighborhood Clinics (SBNC)
- University of California, Santa Barbara (UCSB)

This report complies with federal tax law requirements (Internal Revenue Code section 501[r]) that requires 501(c)(3) hospital facilities to conduct community health needs assessments every three years. The required, written Implementation Strategy is set forth in a separate document.

## Assessment Goals

Findings from this assessment will help Cottage Health and community partners understand the scope of population health concerns. The 2019 CHNA builds on findings from the 2016 Cottage Health CHNA and similar results from recent partner needs assessments. The goals of the assessment are as follows:

- Present an overview of Santa Barbara County residents' health and well-being
- Identify community health needs and highlight data describing health inequities
- Provide deeper insight into behavioral health needs
- Increase awareness of health issues and factors that contribute to the health of residents
- Inform population health strategies and initiatives

This report presents overall results of the assessment and forms a description of residents' health in Santa Barbara County that can be used to identify community health needs and prioritize evidence-based, effective strategies to address them.

Additional analysis of these data and convenience sample data, including across priority populations, race/ethnicity, income, and education, will be forthcoming on Cottage Population Health's website and Cottage Data2Go. This assessment will also help take a closer look at selected environmental and sociodemographic factors that influence the health of residents.

## About Cottage Health

Cottage Health was established 128 years ago when a group of women in Santa Barbara opened a nonprofit hospital dedicated to providing care to all, regardless of ability to pay. Today, Cottage Health includes Goleta Valley Cottage Hospital, Santa Barbara Cottage Hospital – with its affiliated Cottage Children's Medical Center and Cottage Rehabilitation Hospital – and Santa Ynez Valley Cottage Hospital.

Cottage Health's specialties include Cottage Children's Medical Center, Level 1 Trauma Center, Neuroscience Institute, Heart & Vascular Center, Center for Orthopedics, and Rehabilitation Hospital. Its medical staff is comprised of more than 700 physicians, many with subspecialties typically found only at university medical centers. In 2018, Cottage Health hospitals in Goleta, Santa Barbara, and Santa Ynez Valley provided inpatient care for 20,000 people, treated 79,000 patients through 24-hour emergency departments, and helped deliver 2,100 newborns.

As a leader in providing advanced medical care to the Central Coast region, Cottage Health's mission is to serve its community with excellence, integrity, and compassion.

## About Goleta Valley Cottage Hospital

Goleta Valley Cottage Hospital offers 52 private rooms for medical, surgical and intensive care. Specialties include a state-of-the-art Emergency Department, the Ridley-Tree Center for Wound Management, and the Cottage Center for Orthopedics. Today, Goleta Valley Cottage Hospital admits more than 1,700 patients a year and sees more than 24,000 emergency visits.

## About Santa Barbara Cottage Hospital

Santa Barbara Cottage Hospital (SBCH) is a 519-bed acute care teaching hospital and trauma center, the largest of its kind between Los Angeles and San Francisco Bay Area. Affiliated with SBCH, Cottage Rehabilitation Hospital is dedicated to providing excellent care for survivors of stroke, brain and spinal cord injury, orthopedic injury and other disabling conditions; and Cottage Children's Medical Center provides a broad range of pediatric medical services, including the Grotenhuis Pediatric Outpatient Clinics, 68 inpatient beds, and a Level II Pediatric Trauma Center.

## About Santa Ynez Valley Cottage Hospital

Offering acute-care services to the Santa Ynez Valley since 1964, the 11-bed Santa Ynez Valley Cottage Hospital provides outpatient surgery, 24-hour emergency services, and a physician office lease program that brings specialists to the Valley on a regular basis.

## Retrospective Review

Goleta Valley Cottage Hospital, Santa Barbara Cottage Hospital, and Santa Ynez Valley Cottage Hospital published their previous Community Health Needs Assessment and Implementation Strategy in 2016. Based on input from the community and hospital leadership, all three hospitals recognized the following as priority health issues.

- Access to Care
- Chronic Conditions
- Food Insecurity
- Housing Insecurity
- Mental Health

Key community benefit initiatives and programs were identified to address these priority health issues. The tables in Appendix B include an evaluation of the impact of these activities.

# METHODS AND DATA SOURCES

The 2019 Community Health Needs Assessment used a combination of primary data collection and existing (secondary) data available for Santa Barbara County. Based on the findings of data collection, nineteen health topics were chosen from leading health indicators in national assessments, primarily Healthy People 2020, and data from the survey that aligned with national data.

## Primary Data

### 2019 Santa Barbara County Behavioral Risk Factor Surveillance System

The data collection protocols and questionnaire content for the CHNA were informed by the Center for Disease Control and Prevention's (CDC) Behavioral Risk Factor Surveillance System (BRFSS), the largest continuously conducted health risk behavior survey in the world. The BRFSS survey is carried out independently by all 50 states and four territories, providing yearly nationwide health risk data for states. The BRFSS survey measures the prevalence of health-related risk behaviors, chronic health conditions, and use of preventive services. The results of the BRFSS are used to plan, implement, and evaluate health programs, as well as to better identify high-risk segments of the population for targeted education, outreach, and other types of health promotion and disease-prevention programs.

The 2019 Santa Barbara County BRFSS questionnaire was administered in both English and Spanish over the phone. The survey included many BRFSS 2019 core questions, select BRFSS optional modules, and other questions identified from leading national and state surveys, including the American Community Survey, the National Health Interview Survey, and the California Health Interview Survey (all sources are available in Appendix B). These survey questions were carefully selected to provide county-level information about the prevalence of specific health risk behaviors, behavioral health, Adverse Childhood Experiences (ACEs), health indicators, and social determinants of health.

The telephone survey sample was a random digit dialed (RDD) telephone survey of people in Santa Barbara County. The target population for the survey was adults living in Santa Barbara County, California.[1] To reach the target population, both landline and cellular phones were called using an RDD sample design. Because health needs tend to disproportionately affect low-income demographics, we oversampled targeted areas of the county with a high percentage of people living below the poverty line. We used ZIP codes as the geographic level of stratification, as they represent geographic areas small enough to identify clustered populations. In addition, they are the smallest level of geography that can be used to stratify the cell phone sample. Finally, respondents are familiar with ZIP code geography and most likely will be able to accurately report the ZIP code where they live for geographic classification.

Pre-notification letters were sent in advance via the US Postal Service to those phone numbers in the RDD sample that could be matched to a mailing address. The RDD sample selection was automated: the computer was provided with the area code and a three-digit prefix in order to select the region for calling. The computer then randomly selects the last four digits of the telephone number. Therefore, all possible numbers assigned to Santa Barbara County have a likelihood to be selected and called.

[1] This population excludes adults (1) in penal, mental, or other institutions or (2) living in other group quarters such as dormitories, barracks, convents, or boarding houses (with 10 or more unrelated residents).

For effective sample management, we divided the phone survey sample into five waves across the fifteen week period that the survey was in the field. Waves lasted on average 6 weeks, with multiple waves being implemented at once. Dividing the sample into multiple waves allowed us to monitor each wave's sample performance and then adapt as necessary to inform sample orders, sample management, and non-response strategies for successive waves.

In addition to the standard sampling technique, we also used MSG's Consumer Cellular Sample platform, so we could bring in a representative cell sample of people who had moved into Santa Barbara County, but kept a cell phone number from a non-local (to Santa Barbara County) area code. For example, our sample draw included 670 phone numbers with an origin city of Sacramento, CA (area code 916), but for which we identified a billing address in Santa Barbara County.

Due to an initial low response rate to the telephone survey, several adaptations to the survey design were implemented to increase participation. A web-based option was provided to respondents via messages left on voicemails and by way of the pre-notification mailings allowing participants to complete the survey over the web at their own convenience using a custom link to the survey. An option was also added to allow potential participants to call in to complete the survey over the phone with a trained interviewer. RDD sample participants were offered a five dollar Starbucks gift card as an incentive.

A convenience (non-probability) sample was also recruited targeting both the general population in Santa Barbara County and vulnerable populations via community-based organizations. Two pre-recruited web panels were also included in the convenience sample to increase overall response. The duration of the survey varied by mode with the phone version averaging 32.1 minutes and the web-based version lasting 24.8 minutes for the probability sample and 22.0 minutes for the non-probability sample.

Further explanation of the survey methods can be found in Appendix E, and results from the 2019 Santa Barbara County BRFSS can be found in Appendix A.

## Behavioral Health Listening Tour

Cottage Health and its partners reviewed data from the 2016 Cottage Health CHNA and other recent health needs assessments. The group identified a need for a deeper understanding of the behavioral health needs and assets in our community. To understand this, Cottage Health and its partners solicited input from a wide array of leaders and community members through a Listening Tour focused on behavioral health. This process was designed to glean key insights across the broader population and among those most vulnerable in the community.

### *Objectives*

The primary purpose of the Behavioral Health Listening Tour was to hear directly from people impacted by a population health approach. By engaging them, Cottage Health and its partners hoped to:

- Identify and understand the highest priority behavioral health needs of the community
- Build relationships with internal and external stakeholders
- Communicate Cottage Health's population health philosophy and value for the community
- Inform future work in behavioral health

### *Participants*

Stakeholders were organized into three target groups to connect with and engage through interviews and focus groups on the Behavioral Health Listening Tour.

(1) Internal Cottage Health Team

From experience, we know internal stakeholders have valuable perspectives to offer from both professional and personal vantage points. Listening to those across the organization in varying departments helps better understand the behavioral health needs of the community. As such, we engaged Cottage Health physicians, leadership, and staff with connection to behavioral health services. Through a series of six in-person focus groups held at Cottage Health from August 12-21, 2019, we heard from more than fifty participants. Meetings were conducted in English and Spanish, as needed. Attendees represented the following groups:

- Administration (e.g., Finance, Marketing)
- Clinical staff who provide behavioral health services
- Clinical staff who work at the patient's bedside (e.g., case managers, patient educators)
- Nurses
- Physicians
- Staff who work in the community (e.g., Social Workers, Parish Nurses)
- Support services (e.g., Nutrition, Environmental Services)

(2) Community Leaders and the Front Line

With more than 2,000 different nonprofits in Santa Barbara County, nonprofits are capable of making a significant impact on population health, along with other groups on the front lines, such as schools and health clinics. It is critical that we engage and listen to the people who are interacting with populations served every day and those in leadership roles and influencing population health in a more indirect way. Including both voices in this process helps to build support for a population health approach and incorporate valuable perspectives and insights on behavioral health needs across the community.

We initiated engagement by conducting an environmental scan to gain a better picture of the ecosystem, including organizations and individuals that are representative of the community geographically, ethnically, socioeconomically, and demographically. Through input from the CHNA partners, Cottage Health leadership, and key informant interviews of seven community leaders and those on the front lines, we identified groups and individuals to engage through in-person focus groups.

We hosted two cross-sectional focus groups for referral organizations, one that featured homelessness and law enforcement providers and another that included representatives from youth service providers. We also held two focus groups, one for South and Mid-County and the other for North County and county-wide, for organizations and agencies directly providing mental health services. Another focus group was hosted for those providing substance use services. Finally Cottage Health's Behavioral Health Initiative partners gathered for a convening and participated in focus groups, organized by adult service providers and youth service providers. All sessions took place from August 16-22, 2019.

Through this process, participants represented public health as well as organizations that work with low-income, minority (including Hispanic/Latinx/Mixtec, Native American, Asian, and African American), or medically underserved populations experiencing health disparities or at risk of not receiving adequate medical care as a result of being uninsured or underinsured or due to geographic, language, financial, or other barriers (specifically, persons who are young adults, elderly, veterans, disabled, lesbian/gay/bisexual/transgender [LGBT], homeless, mentally ill, undocumented, uninsured/underinsured, or Medi-Cal/Medicare recipient populations). Focus groups were conducted in English and Spanish, as needed. Organizations and populations represented include those listed in Table 2 below.

*Table 2. Community Groups Represented by Leaders and Front Line Representatives at the Listening Tour*

| Organization | Medically Underserved | Low-Income Residents | Minority Populations |
|---|---|---|---|
| **Key Informant Interviews*** | | | |
| Alternatives to Violence Project | X | X | X |
| Bower Foundation | X | X | X |
| Cottage Health Psychiatry and Addiction Services | X | X | X |
| Mental Wellness Center | X | X | X |
| Pacific Pride Foundation | X | X | X |
| Santa Barbara County Department of Behavioral Wellness | X | X | X |
| Santa Barbara County Promotores Network | X | X | X |
| YouthWell Coalition | | | X |
| **Focus Groups: Behavioral Health Initiative – Adults & Youth**** | | | |
| AHA! (Attitude. Harmony. Achievement.) | X | X | X |
| Antioch University | X | X | X |
| Behavioral Wellness | X | X | X |
| Child Abuse Listening Mediation (CALM) | X | X | X |
| Doctors Without Walls – Santa Barbara Street Medicine | X | X | X |
| Family Service Agency | X | X | X |
| Housing Authority of the City of Santa Barbara | X | X | X |
| Just Communities | X | X | X |
| Pacific Pride Foundation | X | X | X |
| Sanctuary Centers | X | X | X |
| Santa Barbara Alliance for Community Transformation | X | X | X |
| Santa Barbara County Education Office | X | X | X |
| Santa Barbara Neighborhood Clinics | X | X | X |
| Storyteller Children's Center | X | X | X |
| University of California, Santa Barbara | X | X | X |
| **Focus Groups: Mental Health Service Providers – Mid, North, and South County***** | | | |
| Behavioral Wellness Crisis Services | X | X | X |
| Behavioral Wellness Homeless Outreach | X | X | X |
| C.A.R.E.S. Crisis and Recovery Emergency Services | X | X | X |
| CenCal Health | X | X | X |
| Devereux California | X | X | X |
| Domestic Violence Solutions | X | X | X |
| Good Samaritan Shelter | X | X | X |
| Hosford Counseling and Psychological Services Clinics at UCSB | X | X | X |
| Hospice of Santa Barbara | X | X | X |
| Isla Vista Youth Projects | X | X | X |
| NAMI Southern Santa Barbara County | X | | X |

| Organization | Medically Underserved | Low-Income Residents | Minority Populations |
|---|---|---|---|
| New Beginnings Counseling Center | X | X | X |
| PathPoint | X | X | X |
| Planned Parenthood California Central Coast | X | X | X |
| Santa Barbara County Psychiatric Health Facility (PHF) | X | X | X |
| Santa Barbara County Public Health Department | X | X | X |
| Santa Ynez Tribal Health Clinic | X | X | X |
| Santa Ynez Valley People Helping People | X | X | X |
| **Focus Groups: Referral Organization Service Providers – Homelessness, Law Enforcement, & Youth*** ** | | | |
| Academy for Success | | X | X |
| Buellton Rotary Club | | X | |
| PATH Santa Barbara | X | X | X |
| People's Self-Help Housing | X | X | X |
| Safe Parking Program | X | X | X |
| Santa Barbara County District Attorney | X | X | X |
| Santa Barbara County Emergency Medical Services Agency | X | X | X |
| Santa Barbara County Fire Department | X | X | X |
| Santa Barbara County Public Defender | X | X | X |
| Santa Barbara Police Activities League | X | X | X |
| Santa Barbara Rescue Mission | X | X | X |
| Solvang Rotary | | X | |
| Thresholds to Recovery Sobering Center | X | X | X |
| Transition House | X | X | X |
| United Way of Santa Barbara County | X | X | X |
| Vertical Change | X | X | X |
| What is Love | X | X | X |
| WillBridge | X | X | X |
| **Focus Groups: Substance Use Service Providers*** ** | | | |
| Council on Alcoholism & Drug Abuse (CADA) | X | X | X |
| Fighting Back Santa Maria | X | X | X |
| New House Santa Barbara | X | X | X |
| Transitions Mental Health Association | X | X | X |

* Interviews were held from August 1-19, 2019.
** This focus group took place on August 16, 2019.
*** These focus groups took place August 19-22, 2019.

(3) Community Members

It is beneficial to include the voices of members of the community who have lived experiences and/or know friends, family, or neighbors with experiences with behavioral health needs. These participants provide lenses for understanding the complexities of needs and opportunities from a

first-hand perspective. Their guidance and involvement are important to the success of a population health approach.

Through the same process as the focus groups and interviews for the Community Leader and Front Line representatives, we identified organizations working with low-income, less educated, minority, and/or other medically underserved populations. We joined with trusted community organizations, who gathered representatives from their target communities. They recruited their participants, clients, and patients to participate in focus groups, which met community members onsite at service providers or in known locations for the populations.

Community member representatives participated in the following focus groups:

- Cottage Health Community Advisory Committee
- General Population
- Hispanic/Latinx Education
- Hispanic/Latinx General Population - South County
- Hispanic/Latinx Promotoras - North County
- Hispanic/Latinx Promotoras - South County
- Homelessness
- Substance Use
- Youth: Broader Population

Focus groups were conducted in English and Spanish, as needed. All sessions took place from August 12–September 10, 2019. Organizations and populations represented include those listed in Table 3 below.

***Table 3. Community Groups Represented by or Recruiting Participants for Community Member Groups at the Listening Tour***

| Organization | Medically Underserved | Low-Income Residents | Minority Populations |
|---|---|---|---|
| Alternatives to Violence Project | X | X | X |
| Council on Alcoholism & Drug Abuse (CADA) | X | X | X |
| Isla Vista Youth Projects | X | X | X |
| Mental Wellness Center | X | X | X |
| Paseo Nuevo | | | X |
| PATH Santa Barbara | X | X | X |
| Santa Barbara Neighborhood Clinics | X | X | X |
| Santa Barbara City College – GED Program | X | X | X |
| Santa Barbara County Promotores Network | X | X | X |
| Solvang Rotary | | X | |
| United Boys & Girls Club of Santa Barbara County | X | X | X |
| Ventura Construction Business | | X | |
| YouthWell | | | X |

***Process***

Cottage Health partnered with qualitative researchers at the University of Pittsburgh's Evaluation Institute to design instruments, collect data, and conduct analysis for the Behavioral Health Listening Tour.

The data collection team implemented a mixed-methods approach, conducting both semi-structured interviews and focus groups. In total, seven semi-structured interviews with key stakeholders were conducted with 10 interviewees (some interview sessions included multiple key stakeholders at once).

Following principles of Community-Based Participatory Research (CBPR), the data collection team invited Listening Tour participants themselves to provide feedback on the Listening Tour's approach. During semi-structured interviews with key stakeholders, in addition to answering questions about behavioral health barriers and facilitators, they suggested how to shape the focus group guide questions in ways that were appropriate for the various participating groups. Key stakeholders were also instrumental in helping with recruitment for the Listening Tour, as they recommended additional partnering organizations who could extend invitations to their clients to become part of the Listening Tour.

In total, twenty-three focus groups were held with a total of 241 participants. Stakeholders were organized into three groups: 1) internal Cottage Health team, 2) community leaders and front line representatives in nonprofits and government agencies, and 3) community members from diverse racial/ethnic, income, and educational backgrounds. Focus groups and interviews were conducted in the preferred languages of the participants (English and Spanish).

At the end of each focus group, the data collection team distributed a brief demographic questionnaire. This instrument included questions concerning demographics (i.e., age, gender, race/ethnicity, education, income, language(s) spoken at home, and insurance status). The questionnaires were self-administered in paper format and took less than five minutes to complete. A total of 231 surveys were attempted. Throughout the Listening Tour, nineteen participants either left the focus group early or opted to not take the survey.

All interviews and focus groups were audio-recorded and transcribed. For all interviews and focus groups, a member of the data collection team contemporaneously documented observations through jot notes. All transcripts were analyzed through the qualitative coding software NVivo 12 using grounded theory to produce key themes.

The qualitative codebook was initially developed through a phase of open coding while systematically reviewing the notes taken during each focus group. This process took place while transcription of the audio recordings was underway. The codebook includes axial arrangement of six node sets: 1) mental health challenges, 2) substance use issues, 3) vulnerable populations, 4) contributing factors, 5) barriers to care, and 6) potential solutions. In addition to the aforementioned axial codes, the coding team also allowed for emergent codes to be added to the codebook throughout the iterative coding process. A team of five analysts completed the qualitative coding of interview and focus group transcripts. A series of meetings were convened to assess inter-coder reliability and to compare and discuss agreements and disagreements. After each analysis debriefing, the codebook was refined.

The summaries in Appendix F share findings and themes seen across the various groups.

## Secondary Data

In order to provide a broad, well-rounded representation of the health of the community, as well as comparisons to California and the United States, this report uses results from many secondary data sources. The secondary data sources help describe factors such as the physical environment, social and economic characteristics, and access to health care. The secondary sources also provide data for health indicators that the primary data collection cannot cover, such as hospitalization, disease, and mortality rates.

We identified secondary data sources from other community health needs assessments as well as the Community Commons Community Health Needs Assessment Toolkit[2] and Community Health Status Indicators[3]. The following provides a sampling of secondary data sources used by issuing agency/organization. Additional sources are cited in the References and Resources section and Appendix D.

- U.S. Census Bureau: American Community Survey, 2013–2017; County Business Patterns, 2016; Decennial Census, 2000 – 2010; Small Area Income & Poverty Estimates, 2015.
- U.S. Department of Education: ED Facts 2016–2017, accessed via DATA.GOV.
- U.S. Department of Agriculture (USDA) Economic Research Service, Food Access Research Atlas, 2015; Economic Research Service, USDA - Food Environment Atlas, 2011.
- U.S. Department of Health and Human Services: Administration for Children and Families, 2018;
    - Center for Medicare & Medicaid Services, December 2018.
- CDC: BRFSS, 2014; National Vital Statistics System, accessed via CDC WONDER, 2009–2014.
- Cottage Health, Population Health (2016). Cottage Health Community Health Needs Assessment Report, 2016. Santa Barbara, CA.
- Dartmouth College Institute for Health Policy Clinical Practice, Dartmouth Atlas of Health Care, 2015.
- Nielsen, Nielsen SiteReports, 2014.
- State Cancer Profiles, 2008–2012.

We compared results from the Community Health Needs Assessment to California-level crude[4] data from CDC's 2018 BRFSS. Conducted by state health departments and CDC since 1984, BRFSS is a telephone health survey of adults, including both landline and cellular phone respondents. Results from the Santa Barbara survey and California were also compared to the Healthy People 2020 targets when available. The targets are national goals for each selected health indicator (HP 2020).

## Community Feedback From Previous Assessments

Cottage Health conducted the last CHNA in 2016 and has received few written comments since then. We wanted to better understand both the impact of the report as well as solicit and take into account community feedback on the last CHNA in identifying and prioritizing significant health needs and resources available to address those health needs. To do this, we added two key questions to a follow-up survey that was sent to the broad range of community members that were invited to the Listening Tour. The following table summarizes these questions and answers.

***Table 4. Community Feedback From 2016 Assessments***

| Questions | Responses |
|---|---|
| Have this report and implementation strategy been helpful to you in the past three years? | 70% of respondents answered yes<br>28% of respondents answered no |

[2] http://www.communitycommons.org/chna/
[3] http://www.cdc.gov/communityhealth
[4] Crude estimates were used to match the population-based estimates for Santa Barbara County. Age-adjusted CA BRFSS estimates were not used because they do not produce accurate population estimates. The age adjustment uses an arbitrary age distribution (e.g., standard million) and is valuable for comparing varying populations (e.g., two areas) when the age distribution is different between the populations.

| Questions | Responses |
|---|---|
| What can Cottage Health do to make this information more useful to you and your organization in the future? | The majority of responses either shared that the reports and data helped guide decision-making and provide support for grant applications or indicated that the respondent had not previously known about the report and data. Several respondents noted that the report and data had been used to develop and implement valued Cottage Health programs. Lastly, two respondents requested that the process include more community agency collaboration and indicated that not enough is being done to solve the challenges.<br>Example responses include:<br>• "It has helped us focus on where we need to spend our time, resources and efforts."<br>• "I used it on many occasions and found that some of my assumptions about community needs were incorrect. It changed my awareness when dealing with discharge issues with patients and what their hidden needs might be. I also used it as a reference in several papers for the BSN program."<br>• "This report verifies why this work is so important."<br>• "I did not know it existed, but I'm glad this type of assessment is being tracked."<br>• "The need for prioritizing access to behavioral services has become clear."<br>• "Read and used for grant applications."<br>• "This is my first experience with this report."<br>• "Great local source of data." |

## Selection of Health Indicators

In 2016, Cottage Health selected the following 13 leading health indicators that would serve as the focus for analysis.

1. Overall good health
2. Alcohol use (binge drinking, past 30 days)
3. Physical inactivity
4. Oral health (dentist in past year)
5. Smoking (cigarettes and vaping)
6. Obesity
7. Insurance status (insured)
8. Primary care provider (have usual PCP)
9. Diabetes
10. Cost as a barrier to care
11. Food insecurity
12. Mental health: depression, poor mental health days
13. Housing insecurity

These indicators were selected based on assessing emergent local health trends in the 2016 Santa Barbara County BRFSS and Listening Tour, as well as a review of California BRFSS data and other leading health indicators from national assessments, including the Leading Health Indicators (LHI) from Healthy People 2020 and CDC's Community Health Status Indicators (CHSI).

Using leading health indicators is important because these indicators have been identified through collaborations of national experts and have known public health interventions that have been shown to be successful in the population.

Based on 2016 Cottage Health CHNA results and conversations with community partners, the 2019 CHNA sought deeper insight in the area of behavioral health. The following indicators were added to the 2019 Santa Barbara BRFSS:

1. Severe mental illness
2. Mental health: anxiety and other mental health disorders
3. Adverse Childhood Experiences (ACEs) Score
4. Mental health stigma
5. Resilience

2019 Santa Barbara County BRFSS complete results, including for these select indicators, can be found in Appendix A.

## Prioritization of Health Needs

These nineteen health indicators were prioritized in a way that allows for rigor, includes input from the community and within the health system, and can easily be communicated. Cottage Health conducted an external prioritization survey and an internal prioritization process using a scoresheet, resulting in the identification of five priority areas.

1. **External Prioritization: Survey**

   Community representatives who attended or were invited to attend the internal and external Listening Tour focus groups and interviews were engaged again through an anonymous online Listening Tour Follow-Up Survey, which can be found in Appendix F. Respondents prioritized the seventeen significant health indicators based on the following criteria:

   - Need and urgency
   - Collaboration efforts among community organizations
   - Health disparities (i.e., racial/ethnic, low-income, or low education)
   - Community resources available

   The Listening Tour Follow-Up Survey also asked respondents to identify potentially available resources to address these health indicators and provide written comments on Cottage Health's 2016 CHNA report and implementation strategy. Responses were taken into account throughout the process of identifying and prioritizing significant health needs and in identifying resources.

2. **Internal Prioritization: Scoresheet**

   Prioritization was conducted using a scoresheet (see Table 5). To assess need, each of the nineteen indicators was rated against the following:

   - Two key benchmarks (Healthy People 2020 and California rates)

- The extent to which certain populations (i.e., race/ethnicity, income, education) are disproportionately affected by the indicators
- The extent to which the indicator was mentioned as a need by internal and community stakeholders (results from the Listening Tour Follow-up Survey).

For the Healthy People 2020 and California benchmarks, a score of -1, 0, or +1 was assigned based on the indicator's performance against these two benchmarks (-1 = performed worse by two or more percentage points, 0 = performed the same within 2 percentage points either direction, +1 = performed better by two or more percentage points). A higher score thus indicated better performance.

Prioritization based on health disparities was assessed using three demographics: race/ethnicity, education, and income. If differences of at least two percentage points existed in at least two of the three populations when compared to Santa Barbara County adults at large, a score of -1 was assigned. If disparities existed in only one population, a score of 0 was assigned. And if no disparities existed, a score of +1 was assigned. Lastly, disparities were only counted if the most vulnerable group in each demographic was affected (i.e., Hispanic/Latinx, those with less than a high school degree, and those with less than $35,000 income).

Additionally, the 19 indicators were cross-walked with external and internal Listening Tour Follow-up Survey data to assess alignment. The list of indicators was broken into thirds based on the percentage of respondents identifying them as a significant need. The five indicators with the highest proportion of survey respondents selecting it as a "significant need" in Santa Barbara County were assigned a score of -1. The next four were assigned a score of 0, and the last three were assigned a score of +1.

The score on each criterion was totaled, with a possible maximum score of +4 and a minimum score of -4. A score of -4 meant the indicator performed poorly, demonstrating a priority need, whereas a score of +4 meant the indicator performed well. Population Health staff conducted this assessment using the CHNA results and secondary data sources.

***Table 5. Prioritization Scoresheet***

| Health Indicator | HP 2020 (-1, 0, +1) | California (-1, 0, +1) | Disparities (-1, 0, +1) | Prioritization Survey (-1, 0, +1) | Total |
|---|---|---|---|---|---|
| Alcohol use (binge drinking, past 30 days) | +1 | 0 | 0 | +1 | +2 |
| Smoking (cigarettes) | 0 | 0 | -1 | +1 | 0 |
| Obesity | +1 | 0 | -1 | 0 | 0 |
| Oral health (dentist in past year) | +1 | 0 | -1 | 0 | 0 |
| Overall good health | -1 | -1 | -1 | NA* | -3 |
| Insurance status (insured) | -1 | 0 | -1 | +1 | -1 |
| Primary care provider (have usual PCP) | -1 | -1 | -1 | -1 | -4 |
| Cost as a barrier to care | -1 | -1 | -1 | -1 | -4 |
| Physical inactivity | +1 | 0 | -1 | +1 | +1 |
| Diabetes | 0 | +1 | 0 | 0 | +1 |
| Food insecurity | -1 | NA** | -1 | 0 | -2 |

| Health Indicator | HP 2020 (-1, 0, +1) | California (-1, 0, +1) | Disparities (-1, 0, +1) | Prioritization Survey (-1, 0, +1) | Total |
|---|---|---|---|---|---|
| Depression | -1 | -1 | -1 | 0 | -3 |
| Poor mental health days | NA** | 0 | -1 | -1 | -2 |
| Severe mental illness | NA** | -1 | -1 | -1 | -3 |
| Adverse Childhood Experiences (ACEs) | NA** | -1 | 0 | +1 | 0 |
| Mental health stigma | NA** | +1 | -1 | -1 | -1 |
| Anxiety and other mental health disorders | NA** | NA** | -1 | 0 | -1 |
| Resilience | NA** | NA** | -1 | NA* | -1 |
| Housing insecurity | NA** | NA** | -1 | -1 | -2 |

*This indicator is too broad and was not included on the prioritization survey.
**Target or comparison data not available.

**3. Selection of Priorities**

From the nineteen health indicators, the following process was used to determine priority areas. First, need was assessed by comparing indicators to California levels and HP 2020 targets. With the exception of obesity, indicators that were exceeding HP 2020 targets were not prioritized. An exception was made for obesity and physical inactivity, given the contribution they make to many chronic conditions. This provided sixteen indicators that needed equal attention.

Second, these sixteen indicators were examined for severity vis-à-vis health disparities. Of these indicators, all displayed health disparities between individuals in different segments of three categories: race/ethnicity, income, and educational status.

Finally, these indicators were cross-checked against results of the Listening Tour prioritization survey and Behavioral Health Listening Tour, and they were mentioned as high priorities by Listening Tour participants.

Sixteen indicators were grouped into the following five priority areas (alpha order):

- Access to Care (cost, primary care provider, health insurance)
- Behavioral Health (depression, mental health, severe mental illness, anxiety and other mental health disorders, and mental health stigma)
- Chronic Conditions (general health status, physical inactivity, obesity, diabetes)
- Resiliency (ACEs, resilience)
- Social Needs (food insecurity, housing insecurity)

Three indicators NOT prioritized were: (1) binge drinking, (2) smoking cigarettes, (3) access to dental care.

These priorities and related analyses were shared with Cottage Health leaders on December 6, 2019. The selection of interventions to address strategic priority areas for Population Health's focus in 2020 and beyond is set forth in the implementation strategy.

## Data Limitations and Information Gaps

Cottage Health's 2019 Community Health Needs Assessment examines the community's scope of population health concerns and takes a closer look at behavioral health, access to care, and sociodemographic factors

that influence the health of county residents. As with all data collection and analysis, certain limitations and information gaps exist.

The assessment could not measure all possible aspects of health in the community, nor could it adequately represent all possible populations of interest. For example, certain population groups — such as the homeless, institutionalized persons, rural residents, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — may not be identifiable or may not be represented in numbers sufficient for independent analyses.

***Specific Limitations: 2019 Santa Barbara County BRFSS***

1. **Point-in-time survey**. The Goleta Valley Cottage Hospital, Santa Barbara Cottage Hospital, and Santa Ynez Valley Cottage Hospital Community Health Needs Assessment was conducted as a point-in-time survey. If health behaviors vary across months or seasons, that granularity would not be captured in these data. There may also be differences in estimates when comparing Cottage Health's Community Health Needs Assessment data to the Santa Barbara-specific data collected through the CA BRFSS, which is collected over 12 months.
2. **Sampling error.** A total of 897 telephone interviews and self-administered web-surveys were conducted, from a total population of 446,527 Santa Barbara county residents. Since the estimates are based on a sample selected from the population, the sample estimate may not be equal to the population value. However, from statistical theory, we know that there is a high probability that the sample estimate is close to the population value (within the margin of error). The margin of error for the CHNA is roughly +/-4.5%. This margin of error includes a design effect of 1.88. The design effect is the increase in variability as the result of drawing a complex sample as well as differential nonresponse among subgroups (e.g., by age and gender).
3. **Self-report.** All BRFSS data are self-reported. Interviewer administered telephone surveys may also be subject to great social desirability bias.
4. **Population coverage.** The sample drawn for the CHNA was a dual-frame RDD sample of landline and cell phone numbers. The population without a phone is not covered by the dual-frame RDD, meaning there is a risk of coverage bias. The risk is low, since the phoneless population is generally small (2–3% nationally).
5. **Nonresponse.** The response rate for the CHNA was 40.4%. This response rate is typical for dual-frame RDD surveys. However, low response rates increase the risk of nonresponse bias. If the non-respondents differ from the respondents in terms of the key health outcomes, the estimates could be biased. Weighting adjustments reduce the risk of nonresponse bias by ensuring the sample aligns with the population among key demographic variables, such as age, gender, race/ethnicity, and educational attainment.
6. **Adding a non-probability sample.** Due to a low response rate for the Random Digit Dial (RDD) sample, we opted to include a convenience or non-probability sample to increase participation. To the extent that those who participated in the non-probability sample differ in terms of health indicators from those in the probability sample, the estimates may be biased. Weighting adjustments reduce the risk of self-selection bias by ensuring the sample aligns with the population among key demographic variables, such as age, gender, race/ethnicity, and educational attainment. Pseudo weights were created for the non-probability sample using information from the probability sample to further increase the representativeness of the non-probability sample (Elliott, 2009).
7. **Matching survey data to secondary data.** The core survey data collected were specific to Santa Barbara County, CA residents, while many of the secondary data sources relied on broader

geographies at the state and national level. Also, for many health indicator comparisons, contemporaneous data were not available.

***Specific Limitations: Behavioral Health Listening Tour***

1. **Host attendance**. A representative from Cottage Health was present for nearly all Listening Tour Engagements. This may have introduced bias in how and what participants chose to share.
2. **Group dynamic**. Focus groups are a useful data collection method to get to know the perspectives and experiences of groups of peers. Because some of the focus groups were heterogeneous, the group dynamic could have been influenced (e.g., M.D. attending a group of nurses).
3. **Duplicated participants**. Some Listening Tour participants were part of multiple Listening Tour engagements, thus over-representing their voices in the data.

## Conducting and Writing the CHNA

Cottage Health partnered with strategic consultants to conduct the 2019 Community Health Needs Assessment for Goleta Valley Cottage Hospital, Santa Barbara Cottage Hospital, and Santa Ynez Valley Cottage Hospital.

***2019 Santa Barbara County BRFSS & Behavioral Health Listening Tour***

Cottage Health partnered with the Evaluation Institute at the University of Pittsburgh, an academic research unit specializing in community health and survey research, to conduct the 2019 Santa Barbara County BRFSS survey and Behavioral Health Listening Tour for the 2019 CHNA.

The Evaluation Institute's primary responsibilities for the 2019 Santa Barbara BRFSS were to assist Cottage Health in the development of the CHNA survey; develop the sampling plan for data collection; program the survey for computer-assisted telephone interviewing (CATI) and web-based implementation; collect the data using CDC's BRFSS protocols; process, weight, and analyze the survey data; and contribute to the development of the CHNA report.

For the Listening Tour, the Evaluation Institute helped identify participants, facilitated focus groups with community members and service providers and in-depth interviews with key stakeholders, conducted systematic data analysis, developed key takeaways, and advised on public communication strategies.

***Population Health at Cottage Health***

The Population Health team at Cottage Health coordinated community partners, conducted the prioritization process to enable the selection of priorities, and led the development of a comprehensive report. Population Health will also develop the implementation strategy moving forward.

## IRS Form 990, Schedule H Compliance

For nonprofit hospitals, a Community Health Needs Assessment also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report relate to those requested as part of hospitals' reporting on IRS Form 990 Schedule H, the following list cross-references related sections.


Part V Section B Line 1a ..... See Page 25
A definition of the community served by the hospital facility

Part V Section B Line 1b ..... See Page 26
Demographics of the community

Part V Section B Line 1c ..... See Page 35
Existing health care facilities and resources within the community that are available to respond to the health needs of the community

Part V Section B Line 1d ..... See Page 10
How data were obtained

Part V Section B Line 1e ..... See Page 18
The health needs of the community

Part V Section B Line 1f ..... Addressed Throughout
Primary and chronic disease needs and other health issues of medically underserved, low-income, and minority populations

Part V Section B Line 1g ..... See Page 19
The process for identifying and prioritizing community health needs and services to meet the community health needs

Part V Section B Line 1h ..... See Page 11
The process for consulting with persons representing the community's interests

Part V Section B Line 1i ..... See Page 21
Information gaps that limit the hospital facility's ability to assess the community's health needs

# COMMUNITY SERVED

## Community Defined for This Assessment

Goleta Valley Cottage Hospital, Santa Barbara Cottage Hospital, and Santa Ynez Valley Cottage Hospital define the community served by the geographic area served by the hospital facilities. This includes the diverse groups of individuals residing within the service areas of the hospitals. Grouped by residential ZIP codes, these service areas are the same for all three hospital facilities. This community definition was determined based on the ZIP Codes of residence for recent patients of Cottage Health.

Considering patients in the broader context of the communities in which they live, work, and play, Cottage Health collected data for the 2019 Santa Barbara County BRFSS and Listening Tour to include areas surrounding the hospitals and extending across the entire county.

The map below (Figure 1) shows the community served for the purpose of this report and the Santa Barbara County borders. The map depicts three sub-regions of the county for which data estimates are available, namely North, Mid, and South County regions. Table 6 depicts which ZIP codes are in each sub-region.

*Figure 1. Santa Barbara County: ZIP Codes, Regions, and Cottage Health Hospitals*

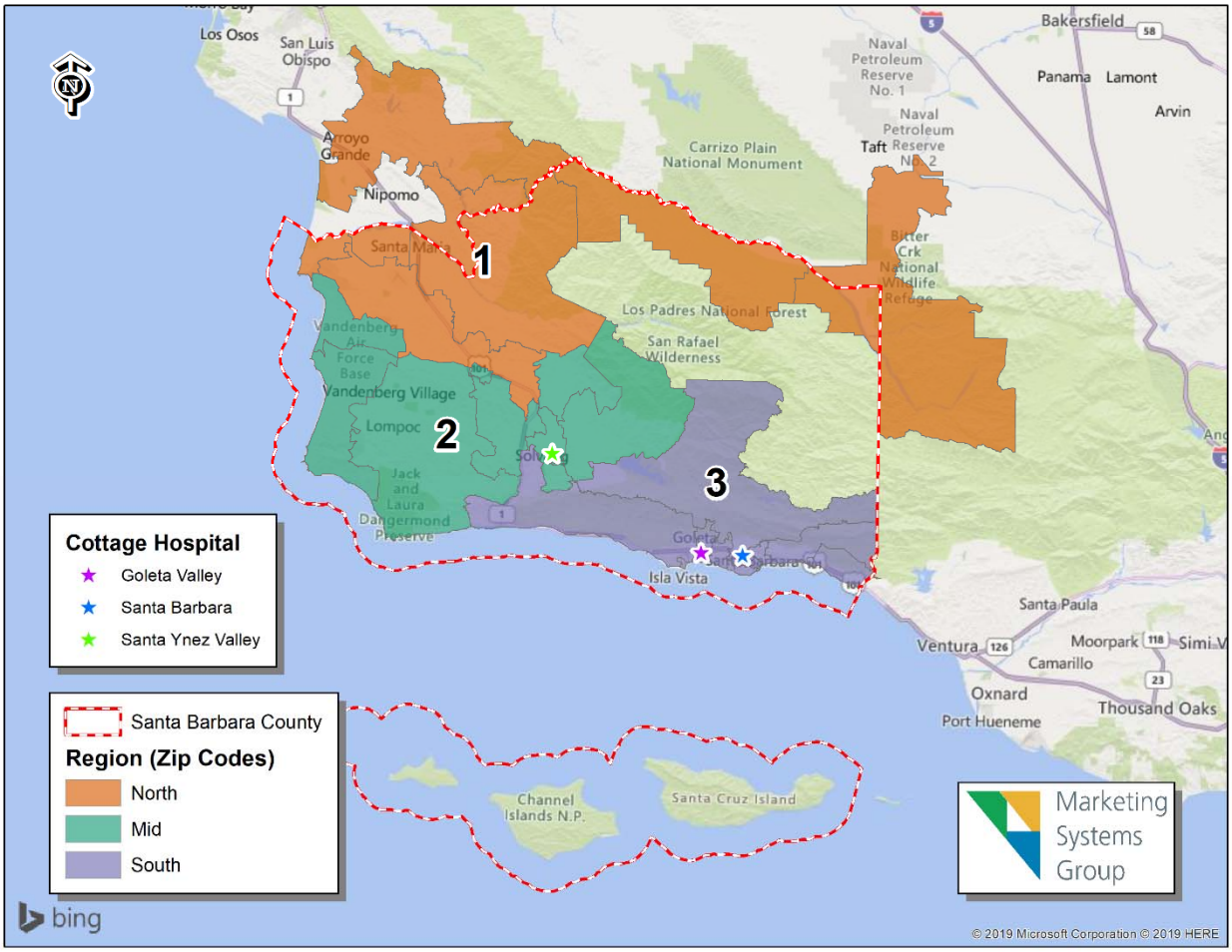


*Table 6. Santa Barbara County ZIP Codes by Sub-region*

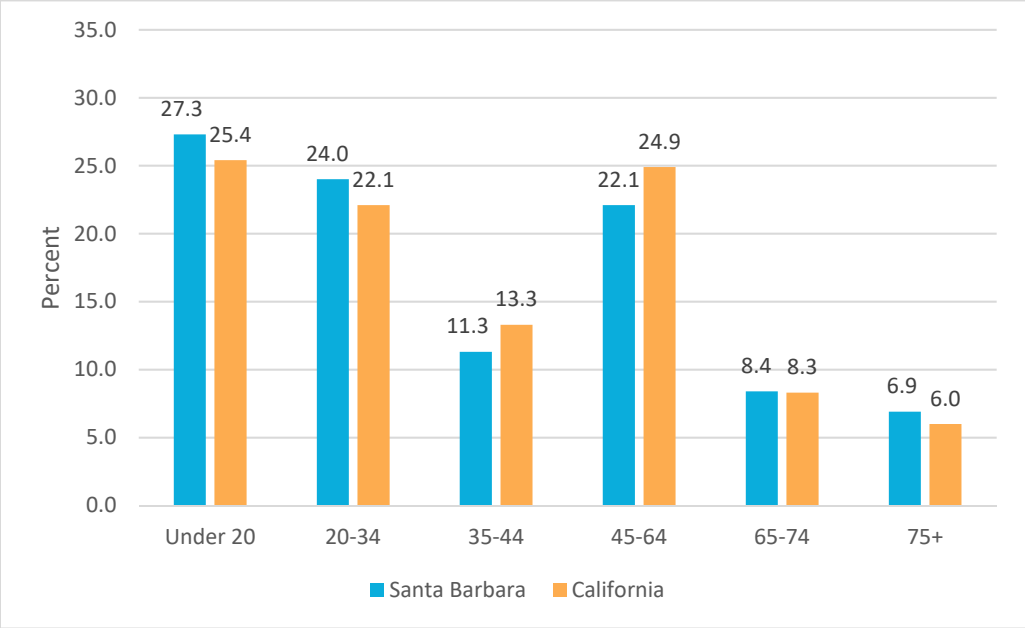
| North County |
|---|
| 93454, 93252, 93254, 93455, 93458, 93434, 93420 |
| **Mid County** |
| 93463, 93427, 93436, 93437, 93438, 93441, 93460, 93464, 93440, 93429 |
| **South County** |
| 93013, 93014, 93117, 93116, 93118, 93110, 93111, 93108, 93150, 93101, 93102, 93103, 93105, 93106, 93107, 93109 |

## Social Determinants of Health and Demographics in Santa Barbara County

Socioeconomic status has a profound effect on health. The World Health Organization notes, "In countries at all levels of income, health and illness follow a social gradient: the lower the socioeconomic position, the worse the health" (World Health Organization, n.d.). This report presents an update to the 2016 Community Health Needs Assessment (2016 CHNA available at: https://www.cottagehealth.org/population-health/community-health-needs-assessment/) and describes general social and demographic characteristics of Santa Barbara County residents to highlight opportunities for improvement, especially in the health of people in the "lower socioeconomic position." The demographic characteristics of residents from Santa Barbara County and California were compiled from the U.S. Census Bureau's American Community Survey at https://data.census.gov and https://censusreporter.org/.

The County of Santa Barbara, California, currently has a population of approximately 446,527 with about the same percentage of men (50.0%) and women (49.9%), which is similar to the percentage of men (49.7%) and women (50.2%) in California as a whole. The population of Santa Barbara County is younger than the population of California overall, with a median age of 34.0 compared to 36.7. By age group, the largest population difference in groups between Santa Barbara County and California is among adults aged 45–64 years old (Figure 2).

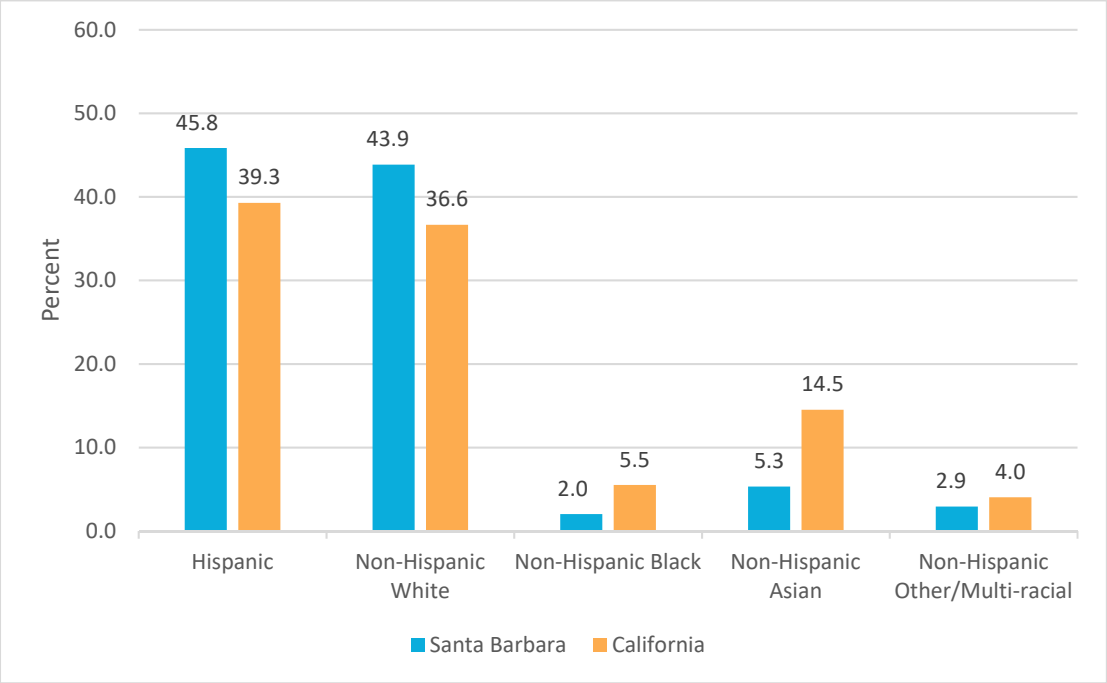
*Figure 2. Percentage of Santa Barbara County and California Residents, by Age*




## Race and Ethnicity

By race and ethnicity, the largest percentage of residents is Hispanic individuals (45.8%), followed closely by non-Hispanic white individuals (43.9%). This is different from 2016 when non-Hispanic white residents represented the largest racial ethnic group in Santa Barbara County. All other race and ethnic groups combined account for less than 10% of the population and each individual group accounts for less than 6% (Figure 3). In comparison to California overall, the County of Santa Barbara has larger percentages of non-Hispanic white (43.9 vs. 36.6%) and Hispanic residents (45.8% vs. 39.3%).

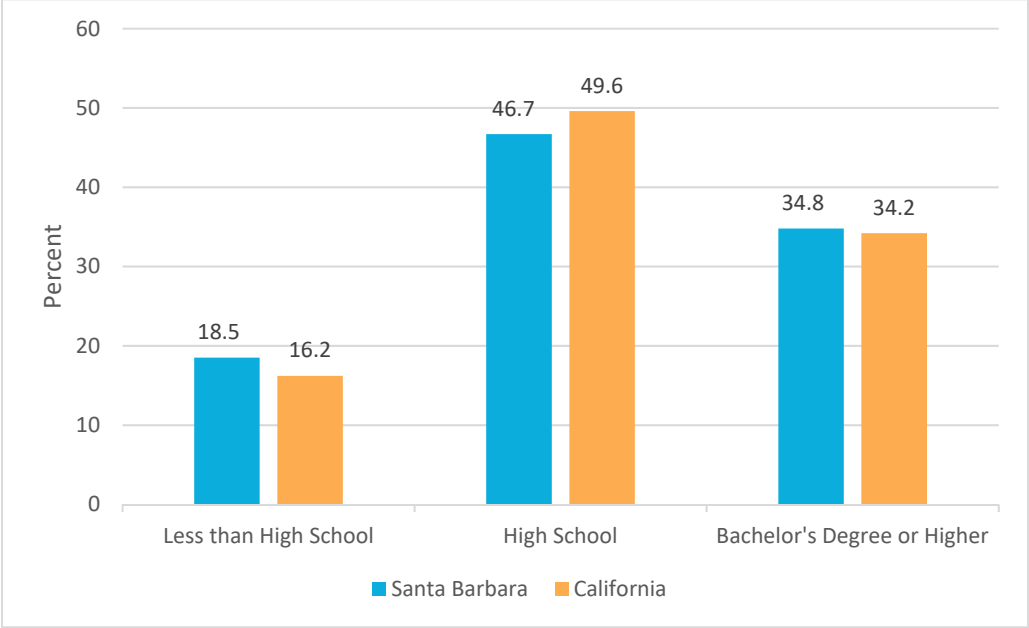
*Figure 3. Percentage of Santa Barbara County and California Residents, by Race and Ethnicity*




## Educational Attainment

The education attainment level of Santa Barbara County residents aged 24 years or older is very similar to California residents aged 24 years or older (Figure 4). In both Santa Barbara County and California, about 34% of the population has a bachelor's degree or higher. However, about 18% did not finish high school in Santa Barbara County compared to 16% in California.

*Figure 4. Percentages of Santa Barbara County and California Residents Age 24 and Greater, by Educational Attainment*

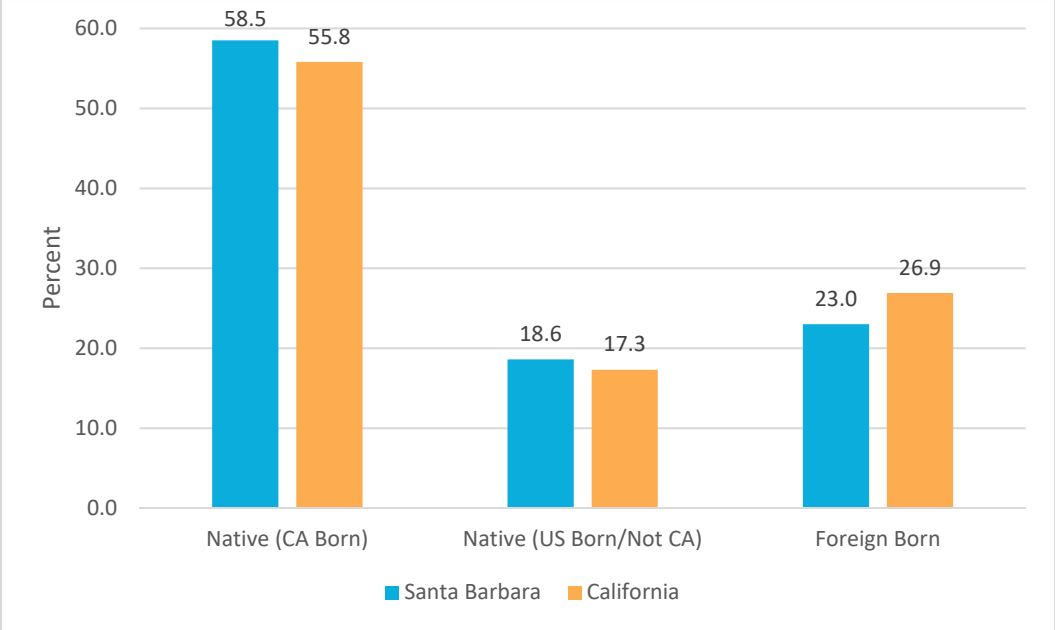


## Place of Birth and Native Languages

Similar to California overall (73.1%), approximately three-quarters of Santa Barbara County residents are U.S.-born (77.1%); close to 59% were born in California (Figure 5). Among foreign-born residents, Santa Barbara County has a higher proportion of residents from Latin American (74.9%) compared to California (51.3%). California overall has a higher proportion of residents born in Asia compared to Santa Barbara (38.5% vs. 14.8%, respectively). There were an estimated 41,500 undocumented immigrants in Santa Barbara County in 2013 (Public Policy Institute of California, 2017).

In Santa Barbara County, 59.0% of households only speak English at home compared to 55.4% of all households in California. However, 41.0% of Santa Barbara households do not speak only English at home, compared with 21.9% of people nationwide. The 41% of Santa Barbara residents who do not speak English at home might have difficulty understanding health information and accessing care, especially if they do not have a high level of health literacy in their native language and/or if they have low education levels.

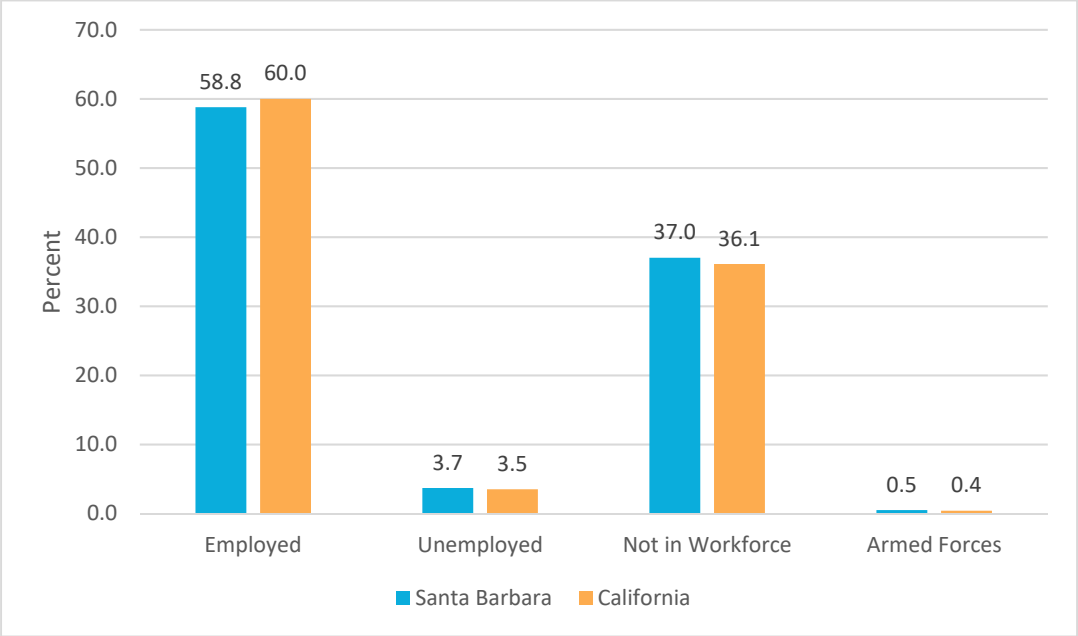
***Figure 5. Percentages of Santa Barbara County and California Residents, by Place of Birth***




## Economic Characteristics

Census data show that Santa Barbara has a similar unemployment rate (3.7%) as California (3.5%) (Figure 5), a slightly higher median household income ($77,472 vs. $75,277, respectively), and a similar percentage of families living below the Federal Poverty Level (12.5% vs. 12.8%, respectively). Likewise, a similar percentage of households in Santa Barbara (9.5%) receive Supplemental Nutrition Assistance Program (SNAP) benefits as do households in the State of California as a whole (9.6%).

*Figure 6. Employment Status among Santa Barbara County and California Residents*




On many characteristics, Santa Barbara County residents are similar to California residents as a whole. However, there are still groups of people who are more likely to struggle economically and who, by extension, have poorer health. Such groups include people who are unemployed, who have less than a high school degree, and whose native language is not English.

Additional secondary county level data can be found in Appendix D: Santa Barbara County Complete List of Health Indicators.

## Survey Respondent Demographics

The following charts (Figures 7 – 11) display the demographic profile of the 897 adults responding to the 2019 Santa Barbara County BRFSS. Overall the sample is more representative of females, older residents, Non-Hispanic whites and the college educated. Percentages below are presented unweighted.

***Figure 7. Unweighted Percentage of Santa Barbara County BRFSS Survey Respondents, by Sex***

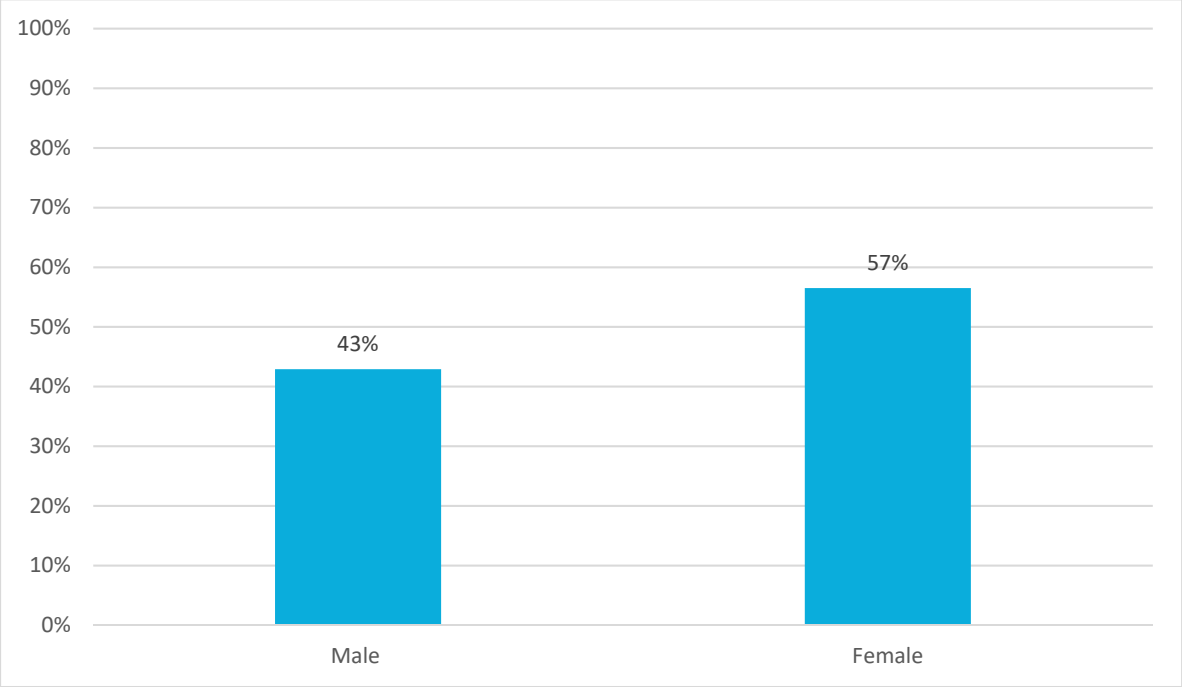



***Figure 8. Unweighted Percentage of Santa Barbara County BRFSS Survey Respondents, by Age***

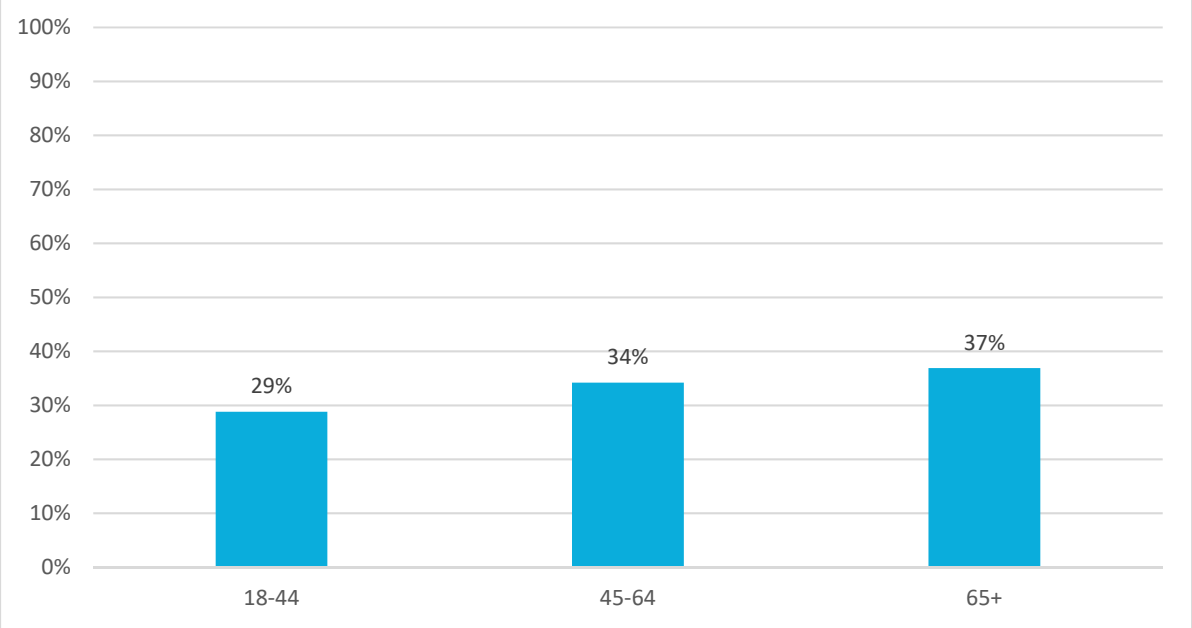


*Figure 9. Unweighted Percentage of Santa Barbara County Survey Respondents, by Race and Ethnicity*

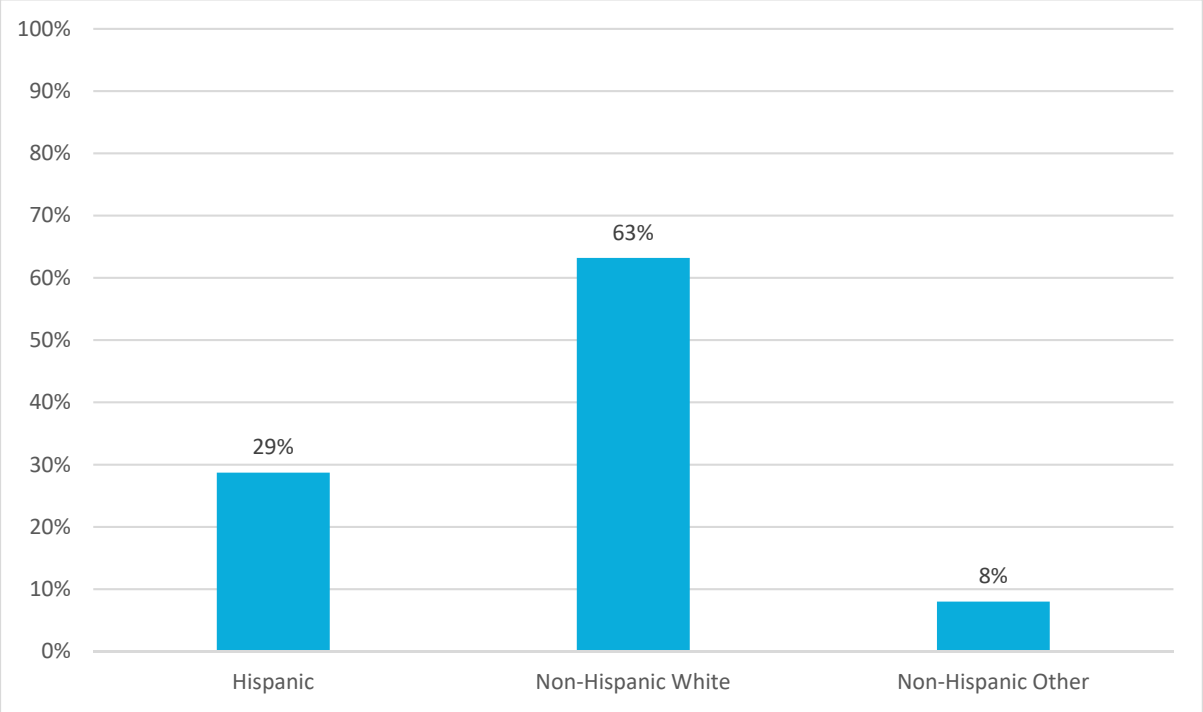



*Figure 10. Unweighted Percentage of Santa Barbara County BRFSS Survey Respondents, by Education*

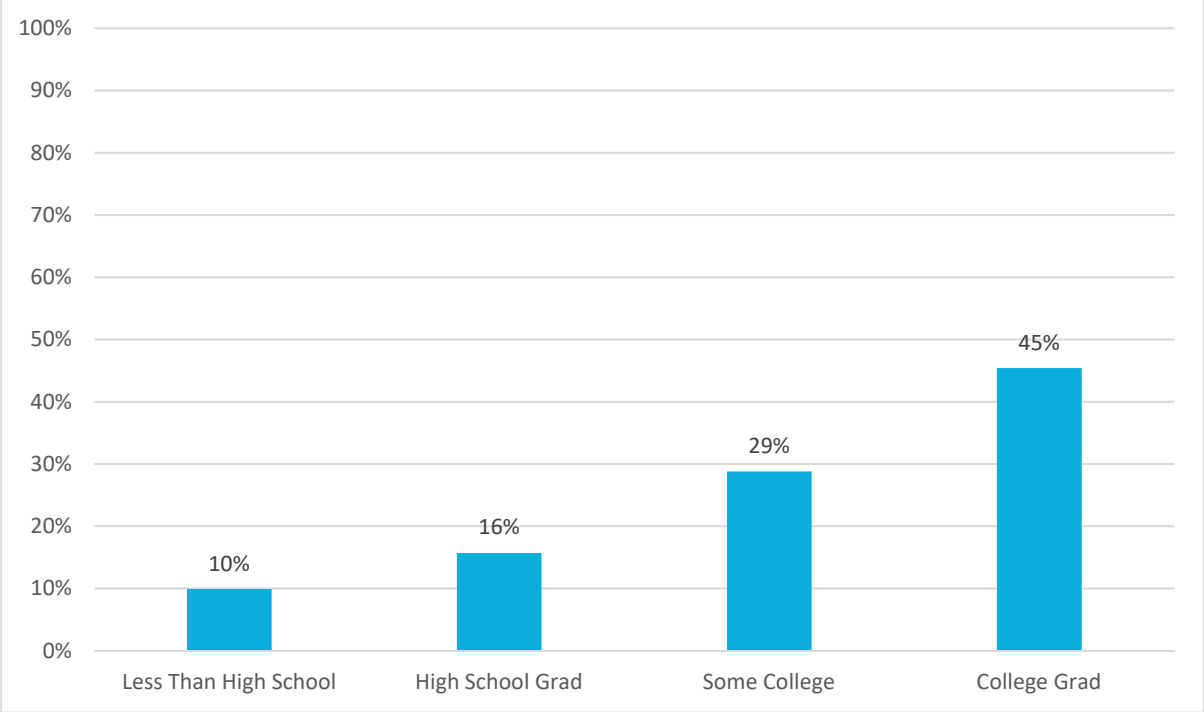
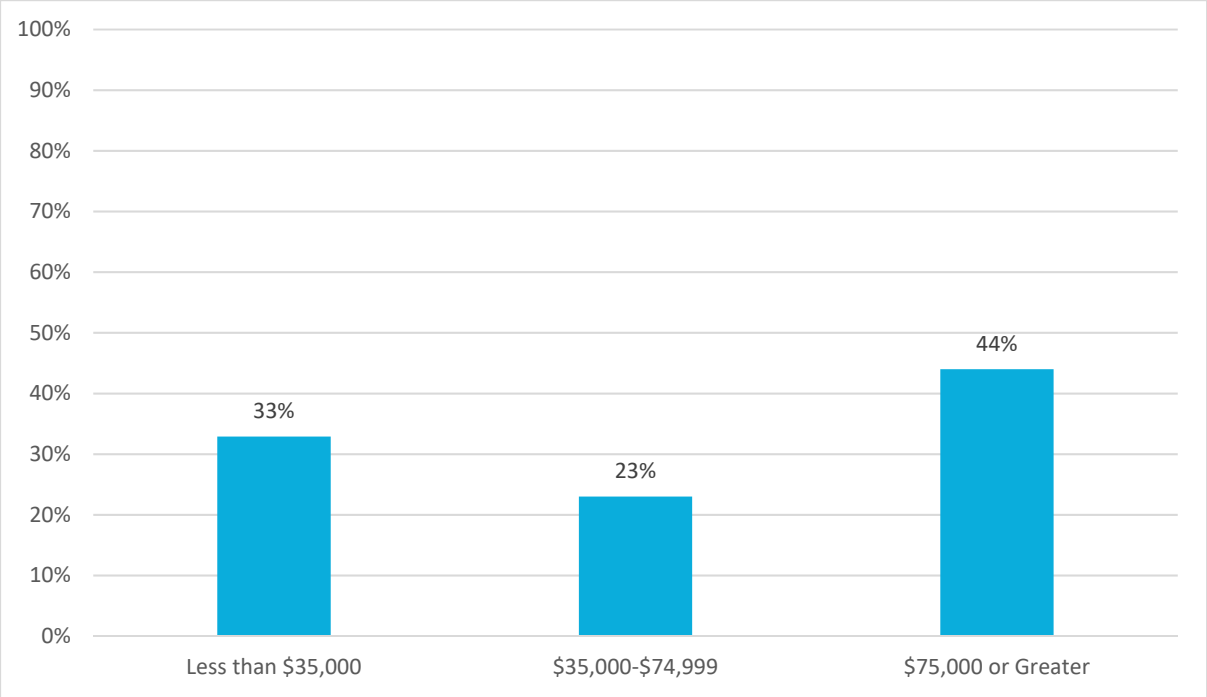


*Figure 11. Unweighted Percentage of Santa Barbara County BRFSS Survey Respondents, by Income*




## Listening Tour Participant Demographics

Two hundred thirty-one Listening Tour participants completed a brief demographic questionnaire at the end of each focus group. Participants ranged in age from 13 to 92, with a mean age of 47.

Of the participants who filled out the demographic questionnaire, gender was reported as follows:

- 69.3% female
- 29.9% male
- 0.9% gender non-conforming or non-binary

Of the 198 respondents who reported their race and/or ethnicity in the demographic questionnaire, 43.2% of participants reported their ethnicity as Hispanic or Latinx.

In regards to languages spoken at home, respondents spoke the following languages:

- 58.4% English
- 24% Spanish and English
- 14.1% Spanish
- 0.5% Mixteco
- 0.5% English, Spanish, and Mixteco
- 2.5% Other

Children aged 17 years or younger were present in 40% of the participants' households, with 24% having more than one child.

Education levels among participants were reported as follows:

- 30.4% master's degree or above

- 22.9% college graduate
- 17% completed 1-3 years of college
- 12.1% high school graduate or have a GED
- 9.9% some high school
- 7.2% completed elementary school
- 0.4% never attended school

As for household income, participants reported an annual household income:

- 62% above $50,000
- 8.3% between $35,000 and $50,000
- 29.7% less than $35,000

Concerning health insurance status, participants identified having the following types of insurance:

- 54% health insurance provided through their work
- 18.5% CenCal or MediCal
- 11.5% no healthcare coverage
- 9% Medicare
- 7% other or don't know

# LOCAL RESOURCES

## Resources Available to Address the Significant Health Needs

With more than 500 health and health-related nonprofits in Santa Barbara County, the community has many assets and resources available to help address the health needs identified here. The following represent a sampling of these resources and programs. Many of these were named by community representatives in the Listening Tour and Listening Tour Follow-up Survey.

- AHA! (Attitude. Harmony. Achievement.)
- Alternatives to Violence Project
- Behavioral Wellness
- Bridge Clinic
- Carpinteria Children's Project
- Catholic Charities
- CenCal Health
- Child Abuse Listening Mediation (CALM)
- Coalition Engaged in A Smoke-free Effort (CEASE)
- Community Action Commission
- Cottage Health
- Council on Alcoholism and Drug Abuse (CADA)
- Doctors Without Walls – Santa Barbara Street Medicine
- Family Resource Centers
- Foodbank of Santa Barbara County
- Foundations
- Local Parks
- Lompoc Valley Medical Center
- Mental Wellness Center
- Pacific Pride Foundation
- PathPoint
- Planned Parenthood California Central Coast
- Private Medi-Cal and Mental Health Practitioners
- Sanctuary Centers
- Sansum Clinic
- Sansum Diabetes Research Institute
- Santa Barbara Alliance for Community Transformation (SB ACT)
- Santa Barbara County Education Office
- Santa Barbara County Public Health Department
- Santa Barbara Foundation
- Santa Barbara Neighborhood Clinics
- Santa Ynez Valley People Helping People
- Schools
- Storyteller Children's Center
- University of California, Santa Barbara
- YMCA

Additional resources can be found at 2-1-1 Santa Barbara County (http://www.211santabarbaracounty.org).

# CONCLUSIONS

The results show that on many health indicators, Santa Barbara County is slightly lower than California and has already met four Healthy People 2020 targets. The benefits of good health and well-being do not extend to all groups in the county, with Hispanic/Latinx residents, people with low incomes, and those with less education suffering the most from health disparities. Overall, five areas emerged as priority health areas in Santa Barbara County (alpha order):

- Access to Care
- Behavioral Health
- Chronic Conditions
- Resiliency
- Social Needs

Efforts to address these areas could lead to significant population health improvements in the county. Based on the findings in this report, Cottage Health is committed to continuing to implement evidence-based population health programs and policies.

## Documenting and Communicating Results

This report and additional analyzed data will be made widely available on Cottage Health's website. The 2019 Santa Barbara County BRFSS results will also be accessible to the community through Cottage Data2Go, beginning in the spring of 2020.

## Acknowledgements

Cottage Health, on behalf of Goleta Valley Cottage Hospital, Santa Barbara Cottage Hospital, and Santa Ynez Valley Cottage Hospital, gratefully acknowledges those who contributed to the 2019 CHNA. Many individuals, organizations and agencies provided thoughtful insights on the health needs and opportunities across the county. These participants gave voice to an array of community members, especially the most vulnerable populations.

Cottage Health also acknowledges the participation of a dedicated group of organizations and agencies who generously gave of their time and expertise to help guide the 2019 CHNA.

- Lompoc Valley Medical Center
- Planned Parenthood California Central Coast
- Santa Barbara County Public Health Department
- Santa Barbara Foundation
- Santa Barbara Neighborhood Clinics
- University of California, Santa Barbara

## Citation

These findings will be useful to future health improvement work and contribute to a healthier, more equitable community. Please use the following citation:

Cottage Health, Population Health (2019). *Cottage Health Community Health Needs Assessment Report, 2019*. Santa Barbara, CA.

## Adoption of Community Health Needs Assessment

On December 6, 2019, the Cottage Health Board of Directors met to discuss this Community Health Needs Assessment Report for Goleta Valley Cottage Hospital, Santa Barbara Cottage Hospital, and Santa Ynez Valley Cottage Hospital. Upon review, the Board of Directors approved this Community Health Needs Assessment Report for Goleta Valley Cottage Hospital, Santa Barbara Cottage Hospital, and Santa Ynez Valley Cottage Hospital.

Cottage Health Leadership and Board of Directors Approval and Adoption:

Ronald C. Werft
President & CEO
Cottage Health

December 6, 2019
Date

Gregory F. Faulkner
Chair
Cottage Health
Board of Directors

December 6, 2019
Date

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# APPENDIX A:
# COMPLETE RESULTS OF 2019 SANTA BARBARA COUNTY BRFSS SURVEY

The table below presents the results for each question for the randomly selected (random digit dialed) sample in the 2019 Santa Barbara BRFSS survey (CHNA 2019). When available, the 2019 Santa Barbara BRFSS estimate is compared to the 2018 California State BRFSS and 2016 Santa Barbara BRFSS estimates. Indicators for which Santa Barbara performed less well than California are in red font in the CHNA 2019 column.

| Question Number | Indicator | CHNA 2019 | CHNA 2016 | CA BRFSS 2018 | HP 2020 Goal |
|---|---|---|---|---|---|
| **Health Status** | | | | | |
| 1.1 | Would you say that in general your health is excellent, very good, good, fair, or poor? *Respondents reporting good or better health.* | 77.0% | 80.9% | 81.9% | 79.8% |
| 1.2 | Are you deaf or do you have serious difficulty hearing? *Respondents reporting yes.* | 6.5% | 5.7% | 5.3% | NA |
| 1.3 | Are you blind or do you have serious difficulty seeing, even when wearing glasses? *Respondents reporting yes.* | 3.4% | 3.8% | 4.9% | NA |
| 1.4 | Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? *Respondents reporting yes.* | 17.2% | 10.5% | 10.1% | NA |
| 1.5 | Do you have serious difficulty walking or climbing stairs? *Respondents reporting yes.* | 12.0% | 11.8% | 11.9% | NA |
| 1.6 | Do you have difficulty dressing or bathing? *Respondents reporting yes.* | 4.1% | 4.0% | 3.5% | NA |
| 1.7 | Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? *Respondents reporting yes.* | 8.4% | 6.2% | 6.0% | NA |

| Question Number | Indicator | CHNA 2019 | CHNA 2016 | CA BRFSS 2018 | HP 2020 Goal |
|---|---|---|---|---|---|
| **Healthy Days – Health-Related Quality of Life** | | | | | |
| 2.1 | Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? *Respondents reporting at least 15 days.* | 11.0% | 8.5% | 10.9% | NA |
| 2.2 | Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? *Respondents reporting at least 15 days*. | 12.3% | 9.3% | 10.6% | NA |
| 2.3 | During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? *Respondents reporting at least 15 days.* | 16.3% | 16.9% | 13.3% | NA |
| **Health Care Access** | | | | | |
| 3.1 | Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare or Medi-Cal, or Indian Health Service? *Respondents reporting yes.* | 87.5% | 88.7% | 88.3% | 100.0% |
| 3.3 | What is the primary source of your health care coverage? *Respondents reporting they have a health plan and it is a plan purchased through employer.* | 44.7% | 41.9% | * | NA |
| 3.4 | About how long has it been since you last visited a doctor for a routine checkup? *Respondents reporting within the past year.* | 70.1% | 68.6% | 71.6% | NA |
| 3.5 | Do you have one person you think of as your personal doctor or health care provider? *Respondents reporting no.* | 30.6% | 27.5% | 25.3% | 83.9% |

| Question Number | Indicator | CHNA 2019 | CHNA 2016 | CA BRFSS 2018 | HP 2020 Goal |
|---|---|---|---|---|---|
| **Health Care Access** | | | | | |
| 3.6 | Is there one place that you primarily go to when you are sick or need advice about your health? *Respondents reporting no.* | 17.1% | 16.2% | * | NA |
| 3.7a | What kind of place do you go to most often? *Respondents reporting they have one place they go when sick or need advice about their health and it's a clinic or health center.* | 49.2% | 48.3% | * | NA |
| 3.7b | What kind of place do you go to most often? *Respondents reporting they have one place they go when sick or need advice about their health and it's a doctor's office or HMO.* | 41.9% | 45.8% | * | NA |
| 3.7c | What kind of place do you go to most often? *Respondents reporting they have one place they go when sick or need advice about their health and it's a hospital emergency room.* | 4.4% | 3.5% | * | NA |
| 3.7d | What kind of place do you go to most often? *Respondents reporting they have one place they go when sick or need advice about their health and it's a hospital outpatient department.* | 0.7% | 0.7% | * | NA |
| 3.7e | What kind of place do you go to most often? *Respondents reporting they have one place they go when sick or need advice about their health and it's some other place.* | 2.2% | 1.5% | * | NA |

| Question Number | Indicator | CHNA 2019 | CHNA 2016 | CA BRFSS 2018 | HP 2020 Goal |
|---|---|---|---|---|---|
| **Health Care Access** | | | | | |
| 3.10 | During the past 12 months, did you delay or not get medical care you felt you needed— such as seeing a doctor, a specialist, or other health professional? *Respondents reporting yes.* | 26.6% | 19.1% | * | NA |
| 3.11 | Was there a time in the past 12 months when you needed to see a doctor but could not because of cost? *Respondents reporting yes.* | 18.1% | 6.9% | 11.9% | 4.2% |
| 3.12 | During the past 12 months, did you ever skip medications to save money? *Respondents reporting yes.* | 9.5% | 8.1% | * | NA |
| 3.13a | During the past 12 months, have you delayed getting needed medical care because you couldn't get through on the phone? *Respondents reporting yes to question 3.10 and they couldn't get through on the phone.* | 18.3% | 18.9% | * | NA |
| 3.13b | During the past 12 months, have you delayed getting needed medical care because you couldn't get an appointment soon enough? *Respondents reporting yes to question 3.10 and they couldn't get an appointment soon enough.* | 46.6% | 41.9% | * | NA |
| 3.13c | During the past 12 months, have you delayed getting needed medical care because once you got there you had to wait too long to see the doctor? *Respondents reporting yes to question 3.10 and they had to wait too long to see the doctor.* | 20.7% | 19.0% | * | NA |

| Question Number | Indicator | CHNA 2019 | CHNA 2016 | CA BRFSS 2018 | HP 2020 Goal |
|---|---|---|---|---|---|
| **Health Care Access** | | | | | |
| 3.13d | During the past 12 months, have you delayed getting needed medical care because the doctor's office wasn't open when you got there? *Respondents reporting yes to question 3.10 and the doctor's office wasn't open when they got there.* | 13.2% | 13.8% | * | NA |
| 3.13e | During the past 12 months, have you delayed getting needed medical care because you didn't have transportation? *Respondents reporting yes to question 3.10 and that they didn't have transportation.* | 11.7% | 20.3% | * | NA |
| 3.13f | During the past 12 months, have you delayed getting needed medical care because you don't feel safe getting medical attention? *Respondents reporting yes to question 3.10 and they delayed care because they didn't feel safe.* | 13.3% | 12.3% | * | NA |
| 3.13g | During the past 12 months, have you delayed getting needed medical care for some other reason? *Respondents reporting yes to question 3.10 and there was another reason they delayed getting care.* | 47.1% | 40.2% | * | NA |
| 3.15a | During the past 12 months, how many times have you gone to a hospital emergency room about your own health? *Respondents reporting 0 times.* | 57.4% | 74.8% | * | NA |
| 3.15b | During the past 12 months, how many times have you gone to a hospital emergency room about your own health? *Respondents reporting 1 time.* | 16.7% | 15.7% | * | NA |

| Question Number | Indicator | CHNA 2019 | CHNA 2016 | CA BRFSS 2018 | HP 2020 Goal |
|---|---|---|---|---|---|
| **Health Care Access** | | | | | |
| 3.15c | During the past 12 months, how many times have you gone to a hospital emergency room about your own health? *Respondents reporting 2 or more times.* | 12.4% | 9.5% | * | NA |
| 3.17 | Thinking about your most recent emergency room visit, did you go to the emergency room either at night or on the weekend? *Respondents reporting 1 or more emergency room visits and that that visit was on a night or weekend.* | 60.0% | 70.3% | * | NA |
| 3.18 | Did this emergency room visit result in a hospital admission? *Respondents reporting 1 or more emergency room visits and that it resulted in a hospital admission.* | 32.8% | 29.0% | * | NA |
| 3.19a | Tell me which of these apply to your last emergency room visit: You didn't have another place to go? *Respondents reporting 1 or more emergency room visits and they didn't have another place to go.* | 47.8% | 42.1% | * | NA |
| 3.19b | Tell me which of these apply to your last emergency room visit: Your doctor's office or clinic was not open? *Respondents reporting 1 or more emergency room visits and the doctor's office or clinic wasn't open.* | 46.8% | 52.7% | * | NA |
| 3.19c | Tell me which of these apply to your last emergency room visit: Your health provider advised you to go? *Respondents reporting 1 or more emergency room visits and their health provider advised them to go.* | 34.9% | 31.3% | * | NA |

| Question Number | Indicator | CHNA 2019 | CHNA 2016 | CA BRFSS 2018 | HP 2020 Goal |
|---|---|---|---|---|---|
| **Health Care Access** | | | | | |
| 3.19d | Tell me which of these apply to your last emergency room visit: The problem was too serious for the doctor's office or clinic? *Respondents reporting 1 or more emergency room visits and the problem was too serious for a doctor's office or clinic.* | 68.7% | 54.3% | * | NA |
| 3.19e | Tell me which of these apply to your last emergency room visit: Only a hospital could help you? *Respondents reporting 1 or more emergency room visits and only a hospital could help them.* | 75.9% | 72.3% | * | NA |
| 3.19f | Tell me which of these apply to your last emergency room visit: The emergency room is your closest provider? *Respondents reporting 1 or more emergency room visits and the emergency room was their closest provider.* | 52.6% | 62.6% | * | NA |
| 3.19g | Tell me which of these apply to your last emergency room visit: You get most of your care at the emergency room? *Respondents reporting 1 or more emergency room visits and you get most of their care at the emergency room.* | 18.0% | 19.0% | * | NA |
| 3.19h | Tell me which of these apply to your last emergency room visit: You arrived by ambulance or other emergency vehicle? *Respondents reporting 1 or more emergency room visits and they arrived by ambulance or other emergency vehicle.* | 17.6% | 12.8% | * | NA |

| Question Number | Indicator | CHNA 2019 | CHNA 2016 | CA BRFSS 2018 | HP 2020 Goal |
|---|---|---|---|---|---|
| **Demographics** | | | | | |
| 5.5.1 | What is the primary language spoken in your home? *Respondents reporting Spanish/Spanish Creole as primary language.* | 19.7% | * | * | NA |
| 5.12a | Employment status. *Respondents reporting Employed for Wages.* | 44.9% | 47.7% | 47.4% | NA |
| 5.12b | Employment status. *Respondents reporting being unemployed for < or > 1 year.* | 7.9% | 4.3% | 5.7% | NA |
| 5.13 | Is your main job year-round or seasonal? *Respondents reporting year-round that said they were employed for wages or self-employed.* | 85.4% | 84.3% | * | NA |
| 5.13a | Do problems getting child care make it difficult for you to work or study? *Respondents reporting yes and said they are employed for wages, self-employed, out of work, a homemaker or a student.* | 11.6% | 11.0% | * | NA |
| 5.14 | Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? *Respondents reporting yes.* | 7.0% | 8.4% | 8.2% | NA |
| Calculated from 5.17 and 5.18 | Obese, based on BMI calculated from self-reported height and weight****. | 25.5% | 21.6% | 25.8% | 30.5% |
| 5.19 | To your knowledge, are you now pregnant? *Female respondents ages 18-44 reporting yes.* | 1.4% | 3.2% | 3.6% | NA |

| Question Number | Indicator | CHNA 2019 | CHNA 2016 | CA BRFSS 2018 | HP 2020 Goal |
|---|---|---|---|---|---|
| **Exercise and Sleep Habits** | | | | | |
| 7.1 | During the past month, did you typically participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? *Respondents reporting no physical activity.* | 20.0% | 18.1% | 21.0% | 32.6% |
| 7.2 | On average, how many hours of sleep do you get in a 24-hour period? *Respondents reporting at least 7 hours.* | 70.7% | * | 65.6% | 72.8% |
| **Chronic Health Conditions** | | | | | |
| 8.1 | (Ever told) you that you had a heart attack also called a myocardial infarction? *Respondents reporting yes.* | 3.2% | 2.6% | 3.0% | NA |
| 8.2 | (Ever told) you had angina or coronary heart disease? *Respondents reporting yes.* | 3.3% | 3.1% | 3.2% | NA |
| 8.3 | (Ever told) you had a stroke? *Respondents reporting yes.* | 3.0% | 2.6% | 2.6% | NA |
| 8.4 | (Ever told) you had asthma? *Respondents reporting yes.* | 15.5% | 14.4% | 15.2% | NA |
| 8.5 | Do you still have asthma? *Respondents reporting yes they had asthma and still have asthma.* | 62.4% | 61.3% | 56.9% | NA |
| 8.6 | (Ever told) you had skin cancer? *Respondents reporting yes.* | 8.2% | 8.6% | 5.9% | NA |
| 8.7 | (Ever told) you had any type of cancer? *Respondents reporting yes.* | 6.8% | 8.4% | 5.8% | NA |
| 8.8 | (Ever told) you have chronic obstructive pulmonary disease (COPD), emphysema or chronic bronchitis? *Respondents reporting yes.* | 3.8% | 4.5% | 4.6% | NA |

| Question Number | Indicator | CHNA 2019 | CHNA 2016 | CA BRFSS 2018 | HP 2020 Goal |
|---|---|---|---|---|---|
| **Chronic Health Conditions** | | | | | |
| 8.9 | (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? *Respondents reporting yes.* | 21.7% | 22.3% | 20.5% | NA |
| 8.11 | (Ever told) you have kidney disease? *Respondents reporting yes.* | 2.6% | 3.5% | 2.9% | 13.3% |
| 8.12 | (Ever told) you have diabetes? *Respondents reporting yes.* | 7.8% | 8.8% | 10.4% | NA |
| 8.13 | How old were you when you were told you have diabetes? *Respondents reporting 40 or older when told they have diabetes.* | 71.1% | 72.6% | 71.2% | NA |
| **Vaccinations** | | | | | |
| 9.1 | During the past 12 months, have you had either a flu shot - or a flu vaccine that was sprayed in your nose? *Respondents reporting yes.* | 41.2% | 32.10% | 32.40% | 70.00% |
| 9.3 | Have you ever had the Human Papilloma Virus vaccination or HPV vaccination? *Respondents between the age of 18 and 49 reporting yes.* | 37.4% | * | * | NA |
| 9.4 | How many H.P.V. shots did you receive? *Respondents betweeen the age of 18 and 49 reporting they received the vaccination and reporting they received all 3 shots.* | 67.7% | * | * | NA |
| **Oral Health** | | | | | |
| 10.1 | How long has it been since you last visited a dentist or a dental clinic for any reason? *Respondents reporting within the past year.* | 68.9% | 70.0% | 67.4% | 49.0% |

| Question Number | Indicator | CHNA 2019 | CHNA 2016 | CA BRFSS 2018 | HP 2020 Goal |
|---|---|---|---|---|---|
| **Oral Health** | | | | | |
| 10.3 | Have any permanent teeth been removed because of tooth decay or gum disease? *Respondents reporting no.* | 63.1% | 65.9% | 60.4% | 68.8% |
| **Tobacco and E-Cigarette Use** | | | | | |
| 11.1 | Have you smoked at least 100 cigarettes in your entire life? *Respondents reporting yes.* | 31.1% | 31.5% | 33.5% | NA |
| 11.2 | Do you now smoke cigarettes every day, some days, or not at all? *Of respondents who have smoked at least 100 cigarettes, those reporting some days or everyday.* | 11.5% | * | 11.2% | 12.0% |
| 11.3 | During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? *Of respondents who report smoking every day or some days, respondents reporting yes.* | 52.2% | 58.1% | 57.2% | 80.0% |
| 11.4 | How long has it been since you last smoked a cigarette, even one or two puffs? *Respondents that smoked at some point in their lives and reported not smoking in the last ten years or more.* | 55.9% | 39.0% | 37.4% | NA |
| 11.5 | Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? *Respondents reporting not at all.* | 97.4% | 99.1% | 98.2% | 99.8% |
| 11.6 | Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life? *Respondents reporting yes.* | 23.7% | 19.1% | * | NA |

| Question Number | Indicator | CHNA 2019 | CHNA 2016 | CA BRFSS 2018 | HP 2020 Goal |
|---|---|---|---|---|---|
| **Tobacco and E-Cigarette Use** | | | | | |
| 11.7 | Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all? *Respondents reporting now using e-cigarettes every day or some days.* | 38.0% | 14.0% | * | NA |
| 11.8 | During the past 30 days, on how many days did you use e-cigarettes or other electronic "vaping" products? *Respondents reporting using e-cigarettes for greater than 14 days.* | 61.7% | * | * | NA |
| 11.9 | About how old were you when you first used e-cigarettes or other electronic "vaping" products? *Respondents reporting being less than 25 years old when first using e-cigarettes.* | 55.1% | * | * | NA |
| **Alcohol Consumption and Drug Use** | | | | | |
| 12.1 | During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage (such as beer, wine, a malt beverage or liquor)? *Respondents reporting at least one day per month.* | 57.1% | 60.0% | 53.8% | NA |
| 12.2 | During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? *Of those who drink, respondents reporting more than 2 drinks.* | 30.9% | 23.9% | 59.2% | NA |
| 12.3 | Considering all types of alcoholic beverages, how many times during the past 30 days did you have [5 for men, 4 for women] or more drinks on an occasion? *Respondents reporting at least once.* | 16.7% | 16.7% | 16.1% | 24.2% |

| Question Number | Indicator | CHNA 2019 | CHNA 2016 | CA BRFSS 2018 | HP 2020 Goal |
|---|---|---|---|---|---|
| **Alcohol Consumption and Drug Use** | | | | | |
| 12.4 | During the past 30 days, what is the largest number of drinks you had on any occasion? *Respondents reporting more than 5 drinks.* | 19.1% | 16.5% | 17.4% | 25.4% |
| 12.5 | During the past 30 days, how many times have you driven when you've had perhaps too much to drink? *Respondents reporting at least once.* | 1.0% | 1.8% | 1.5% | NA |
| 12.6 | In the past 12 months, did you use any prescription painkillers such as Oxycontin, Percocet, Norco or other opioids such as fentanyl or heroin that were NOT prescribed to you by a healthcare provider? *Respondents reporting yes.* | 1.1% | * | * | NA |
| 12.6.1 | In the past 12 months did you use prescription painkillers such as Oxycontin, Percocet or Norco that were prescribed to you by a healthcare provider? *Respondents reporting yes.* | 17.0% | * | * | NA |
| 12.6.2 | Did you use any of the medication more frequently or in higher doses than directed by a healthcare provider? *Of those reporting painkiller use in past 12 months, respondents reporting yes.* | 2.1% | * | * | NA |
| 12.10 | During the past 30 days, on how many days did you use marijuana or cannabis? *Respondents that answered one or more days.* | 21.2% | * | 14.9% | NA |
| 12.11 | During the past 30 days, which of the following ways did you use marijuana the most often? *Respondents that usually smoke it.* | 58.7% | * | *** | NA |

| Question Number | Indicator | CHNA 2019 | CHNA 2016 | CA BRFSS 2018 | HP 2020 Goal |
|---|---|---|---|---|---|
| **Alcohol Consumption and Drug Use** | | | | | |
| 12.12 | When you used marijuana or cannabis during the past 30 days, was it for medical reasons (like to treat or decrease symptoms of a health condition? for non-medical purpose (like to have fun or fit in?) or for both medical and non-medical reasons? *Respondents that use marijuana only for medical reasons.* | 32.4% | * | * | NA |
| **Falls** | | | | | |
| 13.1 | In the past 12 months, how many times have you fallen? *Respondents reporting at least one time.* | 30.1% | 24.6% | 26.4% | 50.0% |
| 13.2 | Did this fall cause an injury... OR...How many of these falls caused an injury that limited your regular activities for at least a day or caused you to go see your doctor? *Respondents reporting at least one.* | 47.1% | * | 41.6% | 37.5% |
| **Colorectal Cancer Screening** | | | | | |
| 14.1 | Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams? *Respondents reporting yes.* | 73.5% | 70.5% | 65.9% | NA |
| 14.2 | For a sigmoidoscopy, a flexible tube is inserted into the rectum to look for problems. A colonoscopy is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy? *Of those reporting screening, respondents reporting colonoscopy.* | 80.7% | 93.1% | 91.7% | NA |

| Question Number | Indicator | CHNA 2019 | CHNA 2016 | CA BRFSS 2018 | HP 2020 Goal |
|---|---|---|---|---|---|
| **Colorectal Cancer Screening** | | | | | |
| 14.3 | How long has it been since you had your last sigmoidoscopy or colonoscopy? *Of those reporting screening, respondents reporting within the past 10 years.* | 96.7% | * | 99.7% | 70.5% |
| 14.4 | A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? *Of those reporting screening, respondents age 50 and older reporting yes.* | 32.7% | 36.5% | 45.9% | NA |
| **Health Screening** | | | | | |
| 15.1 | A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? *Female respondents reporting yes, age 50-74.* | 59.1% | 58.0% | 64.3% | 81.1% |
| 15.2 | How long has it been since you had your last mammogram? *Female respondents reporting they have had a mammogram within the past two years, age 50-74.* | 78.6% | * | 81.1% | 81.1% |
| 15.3 | A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? *Female respondents reporting yes.* | 87.2% | 84.3% | 87.1% | NA |
| 15.4 | How long has it been since you had your last Pap test? Female r*espondents reporting within the past three years, age 21-65.* | 75.8% | * | 79.2% | 93.0% |
| 15.5 | An HPV test is sometimes given with the Pap test for cervical cancer screening. Have you ever had an HPV test? *Female respondents reporting yes.* | 55.9% | 42.6% | 50.1% | NA |

| Question Number | Indicator | CHNA 2019 | CHNA 2016 | CA BRFSS 2018 | HP 2020 Goal |
|---|---|---|---|---|---|
| **Health Screening** | | | | | |
| 15.6 | How long has it been since you had your last HPV test? *Respondents reporting within the past year.* | 43.0% | 53.0% | 42.1% | NA |
| **Housing and Neighborhood Characteristics** | | | | | |
| 19.1 | Have you ever had times in your life when you considered yourself homeless? *Respondents reporting once or more than once.* | 16.9% | 11.5% | * | NA |
| 19.1b | Do you currently consider yourself homeless? *Respondents reporting yes.* | 2.1% | 1.6% | * | NA |
| 19.3a | How many people are living at your address in total? *Respondents reporting 1.* | 12.2% | 12.3% | * | NA |
| 19.3b | How many people are living at your address in total? *Respondents reporting 2.* | 27.3% | 27.6% | * | NA |
| 19.3c | How many people are living at your address in total? *Respondents reporting 3.* | 18.4% | 18.8% | * | NA |
| 19.3d | How many people are living at your address in total? *Respondents reporting 4.* | 17.7% | 20.9% | * | NA |
| 19.3e | How many people are living at your address in total? *Respondents reporting 5.* | 10.5% | 11.1% | * | NA |
| 19.3f | How many people are living at your address in total? *Respondents reporting 6 or more.* | 13.6% | 9.3% | * | NA |
| 19.3.1 | How many of these pepole are children under the age of 18? *Respondents reporting one or more.* | 42.2% | 40.6% | 40.5% | NA |
| 19.8 | How often do you feel safe in your neighborhood…? *Respondents reporting most or all of the time.* | 95.0% | 93.1% | * | NA |

| Question Number | Indicator | CHNA 2019 | CHNA 2016 | CA BRFSS 2018 | HP 2020 Goal |
|---|---|---|---|---|---|
| **Housing and Neighborhood Characteristics** | | | | | |
| 19.9 | Do you rent to own your home? *Respondents reporting renting.* | 40.3% | 44.1% | 37.4% | NA |
| **Food Security and Availability** | | | | | |
| 20.1a | In a typical month, where do you get most of your food? *Respondents reporting some other type of store.* | 3.8% | 2.6% | * | NA |
| 20.1b | In a typical month, where do you get most of your food? *Respondents reporting grocery store.* | 91.6% | 91.8% | * | NA |
| 20.1c | In a typical month, where do you get most of your food? *Respondents reporting a food pantry.* | 1.7% | 0.9% | * | NA |
| 20.1d | In a typical month, where do you get most of your food? *Respondents reporting somewhere else.* | 2.7% | 4.7% | * | NA |
| 20.2 | How satisfied are you with the availability of food in your neighborhood? *Respondents reporting somewhat or very satisfied.* | 94.5% | 96.0% | * | NA |
| 20.3 | How satisfied are you with the overall quality of food sold in your neighborhood? *Respondents reporting somewhat or very satisfied.* | 96.3% | 96.6% | * | NA |
| 20.4 | Overall, how satisfied are you with the price of food available in your neighborhood? *Respondents reporting somewhat or very satisfied.* | 75.9% | 76.9% | * | NA |
| 20.5 | The food that {I/we} bought just didn't last, and {I/we} didn't have money to get more. *Respondents reporting sometimes or often true.* | 18.6% | 18.7% | * | NA |

| Question Number | Indicator | CHNA 2019 | CHNA 2016 | CA BRFSS 2018 | HP 2020 Goal |
|---|---|---|---|---|---|
| **Food Security and Availability** | | | | | |
| 20.6 | In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food? *Respondents reporting yes.* | 12.3% | 13.5% | * | NA |
| 20.7 | Over the last 12 months, how often did this happen -- almost every month, some months but not every month, or only in 1 or 2 months? *Respondents reporting some months or almost every month of those who answered yes to 20.6.* | 56.9% | 68.0% | * | NA |
| 20.8 | "I couldn't afford to eat balanced meals." Was that often, sometimes, or never true for you in the last 12 months? *Respondents reporting sometimes or often true.* | 20.6% | * | * | NA |
| **Support and Companionship** | | | | | |
| 21.1 | How often do you have someone to help with daily chores if you were sick? *Respondents reporting some, a little, or none of the time.* | 42.9% | * | * | NA |
| 21.2 | How often do you have someone to turn to for suggestions about how to deal with a personal problem? *Respondents reporting some, a little, or none of the time.* | 33.7% | * | * | NA |
| 21.3 | How often do you have someone to do something enjoyable with? *Respondents reporting some, a little, or none of the time.* | 30.8% | * | * | NA |
| 21.4 | How often do you have someone to love and make you feel wanted? *Respondents reporting some, a little, or none of the time.* | 25.3% | * | * | NA |

| Question Number | Indicator | CHNA 2019 | CHNA 2016 | CA BRFSS 2018 | HP 2020 Goal |
|---|---|---|---|---|---|
| **Financial Resource Strain** | | | | | |
| 22.1 | Are you worried that in the next 2 months, you may not have stable housing? *Respondents reporting yes.* | 13.3% | 10.7% | * | NA |
| 22.3 | During the past 12 months, was there a time when you were not able to pay your mortgage, rent or utility bills? *Respondents reporting yes.* | 12.6% | * | * | NA |
| **Mental Health** | | | | | |
| 23.1a | During the past 30 days, about how often did you feel nervous? *Respondents reporting all or most of the time.* | 9.1% | * | * | NA |
| 23.1b | During the past 30 days, about how often did you feel hopeless? Respondents reporting all or most of the time. | 5.0% | * | * | NA |
| 23.1c | During the past 30 days, about how often did you feel restless or fidgety? *Respondents reporting all or most of the time.* | 9.2% | * | * | NA |
| 23.1d | During the past 30 days, about how often did you feel so depressed that nothing could cheer you up? *Respondents reporting all or most of the time.* | 3.4% | * | * | NA |
| 23.1e | During the past 30 days, about how often did you feel that everything was an effort? *Respondents reporting all or most of the time.* | 10.8% | * | * | NA |
| 23.1f | During the past 30 days, about how often did you feel worthless? *Respondents reporting all or most of the time.* | 4.6% | * | * | NA |

| Question Number | Indicator | CHNA 2019 | CHNA 2016 | CA BRFSS 2018 | HP 2020 Goal |
|---|---|---|---|---|---|
| **Mental Health** | | | | | |
| 23.2 | People are generally caring and sympathetic to people with mental illness. *Respondents reporting they disagree slightly or strongly.* | 31.3% | * | * | NA |
| 23.3 | Treatment can help people with mental illness lead normal lives. *Respondents reporting they disagree slightly or strongly.* | 5.7% | * | * | NA |
| 8.10 | (Ever told) you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)? *Respondents reporting yes.* | 23.9% | 18.30% | 15.40% | 5.80% |
| 8.10.1 | (Ever told) (you had) an anxiety disorder or other mental health disorder? *Respondents reporting yes.* | 23.1% | * | * | NA |
| **Adverse Childhood Experiences (ACEs)** | | | | | |
| 24.1 | Before you were 18 years of age, did you ever live with anyone who was depressed, mentally ill, or suicidal? *Respondents reporting yes.* | 26.3% | * | * | NA |
| 24.2 | Before you were 18 years of age, did you live with anyone who was a problem drinker or alcoholic? *Respondents reporting yes.* | 33.6% | * | * | NA |
| 24.3 | Before you were 18 years of age, did you live with anyone who used illegal street drugs or who abused prescription medications? *Respondents reporting yes.* | 18.6% | * | * | NA |
| 24.4 | Before you were 18 years of age, did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other corrections facility? *Respondents reporting yes.* | 9.1% | * | * | NA |

| Question Number | Indicator | CHNA 2019 | CHNA 2016 | CA BRFSS 2018 | HP 2020 Goal |
|---|---|---|---|---|---|
| **Adverse Childhood Experiences (ACEs)** | | | | | |
| 24.5 | Before you were 18 years of age, were your parents separated or divorced? *Respondents reporting yes.* | 28.8% | * | * | NA |
| 24.6 | Before you were 18 years of age, how often did your parents or adults in your home ever slap, hit, kick, punch, or beat each other up? Was it Never, Once, or More than once? *Respondents reporting once or more than once.* | 20.7% | * | * | NA |
| 24.7 | Before you were 18 years of age, not including spanking, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? *Respondents reporting once or more than once.* | 33.3% | * | * | NA |
| 24.8 | Before you were 18 years of age, how often did a parent or adult in your home ever swear at you, insult you, or put you down? Was it Never, Once, or More than once? *Respondents reporting once or more than once.* | 45.4% | * | * | NA |
| 24.9 | Before you were 18 years of age, how often did anyone at least 5 years older than you or an adult, ever touch you sexually, OR ever try to make you touch them sexually OR force you to have sex? *Respondents reporting once or more than once.* | 16.9% | * | * | NA |
| 24.10 | Before the age of 18, did you ever feel unsupported, unloved and/or unprotected? *Respondents reporting once or more than once.* | 35.20% | * | * | NA |

| Question Number | Indicator | CHNA 2019 | CHNA 2016 | CA BRFSS 2018 | HP 2020 Goal |
|---|---|---|---|---|---|
| **Adverse Childhood Experiences (ACEs)** | | | | | |
| 24.11 | Before the age of 18, did you ever lack appropriate care by any caregiver (for example, not being protected from unsafe situations, or not cared for when sick or injured even when the resources were available)? *Respondents reporting once or more than once.* | 16.0% | * | * | NA |
| 24.12 | Adverse Childhood Experiences. Scored one or more. | 69.4% | * | * | NA |
| 24.13 | Adverse Childhood Experiences. Scored four or more. | 24.6% | * | * | NA |
| **Resilience Scale** | | | | | |
| 25.1 | I am able to adapt when changes occur. *Respondents reporting sometimes, rarely or not true at all.* | 43.6% | * | * | NA |
| 25.2 | I tend to bounce back after illness, injury, or other hardships. *Respondents reporting sometimes, rarely or not true at all.* | 34.2% | * | * | NA |

*Data not available from CA BRFSS

**Data from 2014 CA BRFSS; all other CA BRFSS data is from 2015

***Data suppressed because cell count was < 50

**** Obesity is defined as BMI >= 30kg/m

3.11 - Goal of 4.2% of people delaying getting needed medical care in the past 12 months (not specifically because of cost)

8.1 - Goal of 5.8% of people experiencing a major depressive episode in the past 12 months.

5.17 & 5.18 - Goal of 30.5% of people age 20 and older being obese. Those surveyed are >= 18 years of age.

10.3 - Goal of 68.8% of people aged 45 to 64 years with a clinical confirmation of less than 28 natural teeth present (tooth loss due to caries or periodontal disease), exclusive of third molars. Question is available to all ages >= 18.

12.4 - Goal of 25.4% of people aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) or who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days

12.5 - Goal of 70.5% of people aged 50 to 75 years who have had a blood stool test in the past year, sigmoidoscopy in the past 5 years and blood stool test in the past 3 years, or a colonoscopy in the past 10 years. 2016 CHNA, 2018 CA BRFSS and 2019 CHNA show people age 50-75 who have had a sigmoidoscopy within the past five years OR a colonoscopy in the past ten years.

15.1 - Goal of 81.1% of women receive mammograms in the past two years (ages 50-74). Question is have you EVER had a mammogram.

15.4 - Goal is for women age 21-65. Survey respondents can be any age >= 18 years old.

# APPENDIX B:
# 2019 SANTA BARBARA COUNTY BRFSS QUESTIONS AND SOURCES

| Question* | Question Text | Source |
|---|---|---|
| **Health Status** | | |
| 1.1 | Would you say that in general your health is: excellent, very good, good, fair, or poor? | BRFSS 2018 Core Health Status |
| 1.2 | Some people who are deaf or have serious difficulty hearing may use assistive devices to communicate by phone. Are you deaf or do you have **serious difficulty** hearing? | BRFSS 2018 Core Demographics |
| 1.3 | Are you blind or do you have serious difficulty seeing, even when wearing glasses? | BRFSS 2018 Core Demographics |
| 1.4 | Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? | BRFSS 2018 Core Demographics |
| 1.5 | Do you have serious difficulty walking or climbing stairs? | BRFSS 2018 Core Demographics |
| 1.6 | Do you have difficulty dressing or bathing? | BRFSS 2018 Core Demographics |
| 1.7 | Because of physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? | BRFSS 2018 Core Demographics |
| **Healthy Days – Health-Related Quality of Life** | | |
| 2.1 | Now thinking about your **physical health**, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? | BRFSS 2018 Core Healthy Days |
| 2.2 | Now thinking about your **mental health**, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? | BRFSS 2018 Core Healthy Days |
| 2.3 | During the past 30 days, for about how many days did poor **physical** or **mental health** keep you from doing your usual activities, such as self-care, work, or recreation? | BRFSS 2018 Core Healthy Days |
| **Health Care Access** | | |
| 3.1 | Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare or Medi-Cal, or Indian Health Service? | BRFSS 2018 Core Healthy Days |
| 3.2 | It appears that you do not currently have any health insurance coverage to help pay for services from hospitals, doctors, and other health professionals. Is that correct? | National Beneficiary Survey, Round 4 |

| Question* | Question Text | Source |
|---|---|---|
| **Health Care Access** | | |
| 3.3 | What is the primary source of your health care coverage?<br>1. A plan purchased through an employer or union (includes plans purchased through another person's employer)<br>2. A plan that you or another family member buys on your own<br>3. Medicare<br>4. Medicaid or other state program<br>5. TRICARE (formerly CHAMPUS), VA or Military<br>6. Alaska Native, Indian Health Service, Tribal Health Service<br>7. Some other source | BRFSS 2018 Core Health Care Access |
| 3.4 | About how long has it been since you last visited a doctor for a routine checkup? 1. Within the past year (anytime less than 12 months ago)2. Within the past 2 years (1 year but less than 2 years ago)3. Within the past 5 years (2 years but less than 5 years ago)4. 5 or more years ago | BRFSS 2018 Core Health Care Access |
| 3.5 | Do you have **one person** you think of as your personal doctor or health care provider? | BRFSS 2018 Core Health Care Access |
| 3.6 | Is there **one place** that you PRIMARILY go to when you are sick or need advice about your health? | National Health Interview Survey 2013 |
| 3.7 | What kind of place do you go to most often?<br>1. Clinic or health center<br>2. Doctor's office or HMO<br>3. Hospital emergency room<br>4. Hospital outpatient department<br>5. Some other place | National Health Interview Survey 2013 |
| 3.8 | Is this other place best described as a…<br>1. Chiropractor<br>2. Acupuncturist<br>3. Osteopath<br>4. Curandero<br>5. Native American Healer<br>6. Naturopath<br>7. Herbalist or herbal medicine provider<br>8. Something else | Adapted from: Hsiao, An-Fu, et al. 2006. "Variation in Complementary and Alternative Medicine (CAM) Use Across Racial/Ethnic Groups and the Development of Ethnic-Specific Measures of CAM Use." *The Journal of Alternative and Complementary Medicine* 12(3): 281-290. |

| Question* | Question Text | Source |
|---|---|---|
| **Health Care Access** | | |
| 3.9 | Please describe the place where YOU primarily go when you are sick or need health advice. | Santa Barbara County BRFSS 2016 |
| 3.10 | During the past 12 months, did you delay or not get medical care you felt you needed—such as seeing a doctor, a specialist, or other health professional? | California Health Interview Survey 2013 |
| 3.11 | Was there a time in the past 12 months when you needed to see a doctor but could not because of the cost? | BRFSS 2018 Core Health Care Access |
| 3.12 | During the past 12 months, did you ever skip medications to save money? | Health Leads Social Needs Screening Tool |
| 3.13 series | Other than cost, there are many other reasons people delay getting needed medical care. Have you delayed getting needed medical care for any of the following reasons in the past 12 months? | BRFSS 2018 Health Care Access Module (Separated into individual questions) |
| 3.14 | For what other reason did you delay getting needed medical care in the last 12 months? (open ended) | BRFSS 2018 Health Care Access Module |
| 3.15 | During the past 12 months, how many times have you gone to a hospital emergency room about your own health? | National Health Interview Survey 2016 |
| 3.17 | Thinking about your **most recent** emergency room visit, did you go to the emergency room either at night or on the weekend? | National Health Interview Survey 2016 |
| 3.18 | Did **this** emergency room visit result in a hospital admission? | National Health Interview Survey 2016 |
| 3.19 series | Tell me which of these apply to your last emergency room visit? | National Health Interview Survey 2016 |
| **Demographics** | | |
| 5.2 | What is your age? | BRFSS 2018 Core Demographics |
| 5.3 | Are you Hispanic, Latino/a, or Spanish origin? | BRFSS 2018 Core Demographics |
| 5.3.1 | Are you<br>1. Mexican, Mexican American, Chicano/a<br>2. Puerto Rican<br>3. Cuban<br>4. Mixtec<br>5. Another Hispanic, Latino/a, or Spanish origin?<br>6. NO | BRFSS 2018 Core Demographics |

| Question* | Question Text | Source |
|---|---|---|
| **Demographics** | | |
| 5.4 | Which one or more of the following would you say is your race?<br>1. White<br>2. Black or African American<br>3. American Indian or Alaska Native<br>4. Asian<br>5. Asian Indian<br>6. Chinese<br>7. Filipino<br>8. Japanese<br>9. Korean<br>10. Vietnamese<br>11. Other Asian<br>12. Pacific Islander<br>13. Native Hawaiian<br>14. Guamanian or Chamorro<br>15. Samoan<br>16. Other Pacific Islander | BRFSS 2018 Core Demographics |
| 5.5 | Which one of these groups would you say BEST represents your race? | BRFSS 2018 Core Demographics |
| 5.5.1 | What is the primary language spoken in your home? | University of Pittsburgh created for 2019 CHNA |
| 5.6 | Are you...<br>1. Married<br>2. Divorced<br>3. Widowed<br>4. Separated<br>5. Never Married<br>6. A member of an unmarried couple | BRFSS 2018 Core Demographics |
| 5.7 | What is the highest grade or year of school you completed?<br>1. Never attended school or only attended kindergarten<br>2. Grades 1 through 8 (Elementary)<br>3. Grades 9 through 11 (Some high school)<br>4. Grade 12 or GED (High school graduate)<br>5. College 1 year to 3 years (Some college or technical school)<br>6. College 4 years or more (College graduate) | BRFSS 2018 Core Demographics |

| Question* | Question Text | Source |
|---|---|---|
| **Demographics** | | |
| 5.7.1 | Did you go to high school in Santa Barbara County? | University of Pittsburgh created for 2019 CHNA |
| 5.7.2 | Did you go to school before high school in Santa Barbara County? | University of Pittsburgh created for 2019 CHNA |
| 5.8 | In order to help us fully understand the health of the residents in each community in Santa Barbara County, it would be very helpful to get your ZIP code. [ASK IF NECESSARY: What is your zip code?] | Adapted from BRFSS 2018 Core |
| 5.9 | In order to help us learn more about environmental factors in your area, we'd like to know, what is the nearest intersection to your home or the place where you live? This information will only be used to group your responses with others from your neighborhood. Please name the two cross-streets of the nearest intersection to your house. What is the name of the first street? | Adapted from BRFSS 2016 State Added Module (Washington) |
| 5.10 | What is the name of the second street? | Adapted from BRFSS 2016 State Added Module (Washington) |
| 5.11 | The streets I recorded for the closest intersection are: [insert 5.9 street name] and [insert 5.10 street name]. Is this correct? | Adapted from BRFSS 2016 State Added Module (Washington) |
| 5.12 | Are you currently…?<br>1. Employed for wages<br>2. Self-employed<br>3. Out of work for 1 year or more<br>4. Out of work for less than 1 year<br>5. A Homemaker<br>6. A Student<br>7. Retired<br>8. Unable to work | BRFSS 2018 Core Demographics |
| 5.13 | Is your main job year-round or seasonal? | Santa Barbara County BRFSS 2016 |
| 5.13a | Do problems getting child care make it difficult for you to work or study? | Health Leads Social Needs Screening Tool |
| 5.14 | Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? | BRFSS 2018 Core Demographics |
| 5.16 | Is your annual household income from all sources… | BRFSS 2018 Core Demographics |

| Question* | Question Text | Source |
|---|---|---|
| **Demographics** | | |
| 5.17 | About how much do you weigh without shoes? | BRFSS 2018 Core Demographics |
| 5.18 | About how tall are you without shoes? | BRFSS 2018 Core Demographics |
| 5.19 | To your knowledge are you now pregnant? | BRFSS 2018 Core Demographics |
| 5.20 | Which of the following best represents how you think of yourself?<br>1. Lesbian or Gay<br>2. Straight, that is, not gay<br>3. Bisexual<br>4. Asexual<br>5. Something else | 2019 BRFSS Optional Module 29 |
| 5.21 | What is your current gender?<br>1. Male<br>2. Female<br>3. Gender nonconforming<br>4. Transgender, male-to-female<br>5. Transgender, female-to-male<br>6. Other | University of Pittsburgh created for 2019 CHNA |
| 5.21a | If other: What would you like to record as your current gender? | University of Pittsburgh created for 2019 CHNA |
| **Demographics** | | |
| 5.22 | People's gender and sex sometimes differ and because some of the questions we ask are based on sex at birth, we need to verify your sex at birth, was it male or female? | BRFSS 2019 Optional Module M28 |
| **Exercise and Sleep Habits** | | |
| 7.1 | During the past month, did you typically participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? | 2015 Allegheny County (Penn.) Health Survey (ACHS)<br>(Adapted from BRFSS 2018 Core Exercise Module) |
| 7.2 | On average, how many hours of sleep do you get in a 24-hour period? | BRFSS 2018 Core Inadequate Sleep |
| **Chronic Health Conditions** | | |
| 8.1 | (Ever told) you that you had a heart attack also called a myocardial infarction? | BRFSS 2018 Core Chronic Health Conditions |
| 8.2 | (Ever told) (you had) angina or coronary heart disease? | BRFSS 2018 Core Chronic Health Conditions |

| Question* | Question Text | Source |
|---|---|---|
| **Chronic Health Conditions** | | |
| 8.3 | (Ever told) (you had) a stroke? | BRFSS 2018 Core Chronic Health Conditions |
| 8.4 | (Ever told) (you had) asthma? | BRFSS 2018 Core Chronic Health Conditions |
| 8.5 | Do you still have asthma? | BRFSS 2018 Core Chronic Health Conditions |
| 8.6 | (Ever told) (you had) skin cancer? | BRFSS 2018 Core Chronic Health Conditions |
| 8.7 | (Ever told) (you had) any other types of cancer? | BRFSS 2018 Core Chronic Health Conditions |
| 8.8 | (Ever told) (you had) Chronic Obstructive Pulmonary Disease, C.O.P.D., emphysema, or chronic bronchitis? | BRFSS 2018 Core Chronic Health Conditions |
| 8.9 | (Ever told) (you had) some form of arthritis, rheumatoid arthritis, gout, lupus or fibromyalgia? | BRFSS 2018 Core Chronic Health Conditions |
| 8.11 | Not including kidney stones, bladder infections or incontinence, were you ever told you have kidney disease? | BRFSS 2018 Core Chronic Health Conditions |
| 8.12 | (Ever told) (you had) diabetes? | BRFSS 2018 Core Chronic Health Conditions |
| 8.13 | How old were you when you were told you have diabetes? | BRFSS 2018 Core Chronic Health Conditions |
| **Immunization** | | |
| 9.1 | During the past 12 months, have you had either a flu vaccine that was sprayed in your nose or a flu shot injected into your arm? | BRFSS 2018 Core Immunization |
| 9.3 | Have you ever had the Human Papilloma virus vaccination or HPV vaccination? | BRFSS 2018 Optional Module Adult Human Papillomavirus (HPV) |
| 9.4 | How many HPV shots did you receive? | BRFSS 2018 Optional Module Adult Human Papillomavirus (HPV) |

| Question* | Question Text | Source |
|---|---|---|
| **Oral Health** | | |
| 10.1 | Including all types of dentists, such as orthodontists, oral surgeons, and all other dental specialties, as well as dental hygienists, how long has it been since you last visited a dentist or a dental clinic for any reason?<br>1. Within the past year (anytime less than 12 months ago)<br>2. Within the past 2 years (1 year but less than 2 years ago)<br>3. Within the past 5 years (2 years but less than 5 years ago)<br>4. 5 or more years ago | BRFSS 2018 Core Oral Health |
| 10.3 | Have any permanent teeth been removed because of tooth decay or gum disease? | BRFSS 2018 Core Oral Health |
| **Tobacco and E-Cigarette Use** | | |
| 11.1 | Have you smoked at least 100 cigarettes in your entire life? | BRFSS 2018 Core Tobacco Use |
| 11.2 | Do you now smoke cigarettes every day, some days, or not at all? | BRFSS 2018 Core Tobacco Use |
| 11.3 | During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? | BRFSS 2018 Core Tobacco Use |
| 11.4 | How long has it been since you last smoked a cigarette, even one or two puffs?<br>1. Within the past month (less than 1 month ago)<br>2. Within the past 3 months (1 month but less than 3 months ago)<br>3. Within the past 6 months (3 months but less than 6 months ago)<br>4. Within the past year (6 months but less than 1 year ago)<br>5. Within the past 5 years (1 year but less than 5 years ago)<br>6. Within the past 10 years (5 years but less than 10 years ago)<br>7. 10 years or more<br>8. Never smoked regularly | BRFSS 2018 Core Tobacco Use |
| 11.5 | Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? | BRFSS 2018 Core Tobacco Use |
| 11.6 | Have you ever used an e-cigarette or other electronic "vaping" product, even just one time, in your entire life? | BRFSS 2018 Optional Module E-Cigarettes |
| 11.7 | Do you now use e-cigarettes or other electronic "vaping" products every day, some days, or not at all? | BRFSS 2018 Optional Module E-Cigarettes |
| 11.8 | During the past 30 days, on how many days did you use e-cigarettes or other electronic "vaping" products? | BRFSS 2018 Optional Module E-Cigarettes |
| 11.9 | About how old were you when you first used e-cigarettes or other electronic "vaping" products? | BRFSS 2018 Optional Module E-Cigarettes |

| Question* | Question Text | Source |
|---|---|---|
| **Alcohol Consumption and Drug Use** | | |
| 12.1 | During the past 30 days, how many days did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? | BRFSS 2018 Core Alcohol Consumption |
| 12.2 | During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? | BRFSS 2018 Core Alcohol Consumption |
| 12.3 | Considering all types of alcoholic beverages, how many times in the past 30 days did you have *X [CATI - FILL X: Let X = 5 for Men, X = 4 for Women]* or more drinks on an occasion? | BRFSS 2018 Core Alcohol Consumption |
| 12.4 | During the past 30 days, what is the largest number of drinks you had on any occasion? | BRFSS 2018 Core Alcohol Consumption |
| 12.5 | During the past 30 days, how many times have you driven when you've had perhaps too much to drink? | BRFSS 2018 Core Alcohol Consumption |
| 12.6 | In the past 12 months, did you use any prescription painkillers such as Oxycontin, Percocet, Norco or other opioids such as fentanyl or heroin that were NOT prescribed to you by a healthcare provider? | BRFSS 2018 Optional State Added Module Idaho |
| 12.6.1 | In the past 12 months, did you use prescription painkillers such as Oxycontin, Percocet or Norco that were prescribed to you by a healthcare provider? | BRFSS 2018 Optional State Added Module Idaho |
| 12.6.2 | Did you use any of the medication more frequently or in higher doses than directed by a healthcare provider? | BRFSS 2018 Optional State Added Module Idaho |
| 12.10 | During the past 30 days, on how many days did you use marijuana or cannabis? | BRFSS 2018 Optional Module Marijuana Use |
| 12.11 | During the past 30 days, which of the following ways did you use marijuana the most often? 1. Smoke it (for example: in a joint, bong, pipe, or blunt)<br>2. Eat it (for example, in brownies, cakes, cookies, or candy)<br>3. Drink it (for example, in tea, cola, alcohol)<br>4. Vaporize it (for example, in an e-cigarette-like vaporizor or other vaporizing device)<br>5. Dab it (for example, waxes and concentrates)<br>6. Use it in some other way | BRFSS 2018 Optional Module Marijuana Use |
| 12.12 | When you used marijuana or cannabis during the past 30 days, was it for…<br>1. For medical reasons (like to treat/decrease symptoms of a health condition)<br>2. For non-medical reasons (like to have fun or fit in)<br>3. For both medical and non-medical reasons | BRFSS 2018 Optional Module Marijuana Use |

| Question* | Question Text | Source |
|---|---|---|
| **Falls** | | |
| 13.1 | In the past 12 months, how many times have you fallen? | BRFSS 2018 Core Falls |
| 13.2 | How many of these falls caused an injury that limited your regular activities for at least a day or caused you to go see your doctor? | BRFSS 2018 Core Falls |
| **Colorectal Cancer Screening** | | |
| 14.1 | Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams? | BRFSS 2018 Core Colorectal Cancer Screening |
| 14.2 | Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy? | BRFSS 2018 Core Colorectal Cancer Screening |
| 14.3 | How long has it been since your last sigmoidoscopy or colonoscopy?<br>1. Within the past year (anytime less than 12 months ago)<br>2. Within the past 2 years (1 year but less than 2 years ago)<br>3. Within the past 3 years (2 years but less than 3 years ago)<br>4. Within the past 5 years (3 years but less than 5 years ago)<br>5. Within the past 10 years (5 years but less than 10 years ago)<br>6. 10 or more years ago | BRFSS 2018 Core Colorectal Cancer Screening |
| 14.4 | A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? | BRFSS 2018 Core Colorectal Cancer Screening |
| **Breast and Cervical Cancer Screening** | | |
| 15.1 | Have you ever had a mammogram? | BRFSS 2018 Core Breast and Cervical Cancer Screening |
| 15.2 | How long has it been since you had your last mammogram?<br>1. Within the past year (anytime less than 12 months ago)<br>2. Within the past 2 years (1 year but less than 2 years ago)<br>3. Within the past 3 years (2 years but less than 3 years ago)<br>4. Within the past 5 years (3 years but less than 5 years ago)<br>5. 5 or more years ago | BRFSS 2018 Core Breast and Cervical Cancer Screening |
| 15.3 | Have you ever had a Pap test? | BRFSS 2018 Core Breast and Cervical Cancer Screening |

| Question* | Question Text | Source |
|---|---|---|
| **Breast and Cervical Cancer Screening** | | |
| 15.4 | How long has it been since you had your last Pap test?<br>1. Within the past year (anytime less than 12 months ago)<br>2. Within the past 2 years (1 year but less than 2 years ago)<br>3. Within the past 3 years (2 years but less than 3 years ago)<br>4. Within the past 5 years (3 years but less than 5 years ago)<br>5. 5 or more years ago | BRFSS 2018 Core Breast and Cervical Cancer Screening |
| 15.5 | An HPV test is sometimes given with the Pap test for cervical cancer screening. Have you ever had an HPV test? | BRFSS 2018 Core Breast and Cervical Cancer Screening |
| 15.6 | How long has it been since you had your last HPV test?<br>1. Within the past year (anytime less than 12 months ago)<br>2. Within the past 2 years (1 year but less than 2 years ago)<br>3. Within the past 3 years (2 years but less than 3 years ago)<br>4. Within the past 5 years (3 years but less than 5 years ago)<br>5. 5 or more years ago | BRFSS 2018 Core Breast and Cervical Cancer Screening |
| **Housing and Neighborhood Characteristics** | | |
| 19.1 | Have you ever had times in your life when you considered yourself homeless?<br>1. More than once<br>2. Once<br>3. Never | National Alcohol Survey 2012 |
| 19.1B | Do you currently consider yourself homeless? | Created for 2016 CHNA |
| 19.3 | How many people are living at your address in total? | American Community Survey 2016 |
| 19.3.1 | How many of these people are children under the age of 18? | University of Pittsburgh created for 2019 CHNA |
| 19.8 | How often do you feel safe in your neighborhood?<br>1. All of the time<br>2. Most of the time<br>3. Some of the time<br>4. None of the time | California Health Interview Survey 2016 |
| 19.9 | Do you own or rent your home? (or other arrangement) | BRFSS 2018 Core Demographics |

| Question* | Question Text | Source |
|---|---|---|
| **Food Security and Availability** | | |
| 20.1 | In a typical month, where do you get most of your food?<br>1. Grocery store (such as Ralph's, Von's, or Smart & Final)<br>2. Some other type of store<br>3. Food pantry<br>4. Somewhere else | Cleveland, OH BRFSS (County Specific Oct 2014 - Jan 2015) |
| 20.2 | How satisfied are you with the **availability** of food in your neighborhood?<br>1. Very satisfied<br>2. Somewhat satisfied<br>3. Somewhat dissatisfied<br>4. Very dissatisfied | Cleveland, OH BRFSS (County Specific Oct 2014 - Jan 2015) |
| 20.3 | How satisfied are you with the **overall quality** of food sold in your neighborhood?<br>1. Very satisfied<br>2. Somewhat satisfied<br>3. Somewhat dissatisfied<br>4. Very dissatisfied | Cleveland, OH BRFSS (County Specific Oct 2014 - Jan 2015) |
| 20.4 | Overall, how satisfied are you with the **price** of food available in your neighborhood?<br>1. Very satisfied<br>2. Somewhat satisfied<br>3. Somewhat dissatisfied<br>4. Very dissatisfied | Cleveland, OH BRFSS (County Specific Oct 2014 - Jan 2015) |
| 20.5 | The food that {I/we} bought just didn't last, and {I/we} didn't have money to get more. Was that often true, sometimes true, or never true for you and your household in the last 12 months? | California Health Interview Survey 2013 |
| 20.6 | In the last 12 months, did you ever eat **less** than you felt you should because there wasn't enough **money** for food? | California Health Interview Survey 2013 |
| 20.7 | Over the last 12 months, how often did this happen -- almost every month, some months but not every month, only in 1 or 2 months? | California Health Interview Survey 2013 |
| 20.8 | I couldn't afford to eat balanced meals. Was that often, sometimes, or never true for you in the last 12 months? | BRFSS 2017 Optional Module Social Determinants of Health |

| Question* | Question Text | Source |
|---|---|---|
| **Support and Companionship** | | |
| 21.4 series | People sometimes look to others for companionship, assistance, and other types of support. How often is each of the following kinds of support available to you if you need it?<br>1. None of the time<br>2. A little of the time<br>3. Some of the time<br>4. Most of the time<br>5. All of the time | Allegheny County (PA) Health Survey (ACHS) 2009 |
| **Financial Resource Strain** | | |
| 22.1 | Are you worried that in the next 2 months, you may not have stable housing? | Health Leads Social Needs Screening Tool |
| 22.3 | During the past 12 months, was there a time when you were not able to pay your mortgage, rent or utility bills? | BRFSS 2017 Optional Module Social Determinants of Health |
| **Mental Health** | | |
| 23.1 series | The following questions ask about how you have been feeling during the past 30 days. For each question, please indicate which best describes how often you had this feeling. During the past 30 days, about how often did you feel...<br>1. None of the time<br>2. A little of the time<br>3. Some of the time<br>4. Most of the time<br>5. All of the time | Kessler 6 |
| 23.2 | People are generally caring and sympathetic to people with mental illness.<br>1. Agree strongly<br>2. Agree slightly<br>3. Neither agree nor disagree<br>4. Disagree slightly<br>5. Disagree strongly | BRFSS 2013 Optional Module Mental Illness and Stigma |
| 23.3 | Treatment can help people with mental illness lead normal lives.<br>1. Agree strongly<br>2. Agree slightly<br>3. Neither agree nor disagree<br>4. Disagree slightly<br>5. Disagree strongly | BRFSS 2013 Optional Mental Illness and Stigma |

| Question* | Question Text | Source |
|---|---|---|
| **Mental Health** | | |
| 8.10 | (Ever told) (you had) a depressive disorder (including depression, major depression, dysthymia, or minor depression)? | BRFSS 2018 Core Chronic Health Conditions |
| 8.10.1 | (Ever told) (you had) an anxiety disorder or other mental health disorder? | University of Pittsburgh created for 2019 CHNA |
| **Adverse Childhood Experiences** | | |
| 24.1 | Now looking back before you were 18 years of age--- did you ever live with anyone who was depressed, mentally ill, or suicidal? | BRFSS ACE Module |
| 24.2 | Did you live with anyone who was a problem drinker or alcoholic? | BRFSS ACE Module |
| 24.3 | Did you live with anyone who used street drugs or who abused prescription medications? | BRFSS ACE Module |
| 24.4 | Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other corrections facility? | BRFSS ACE Module |
| 24.5 | Were your parents separated or divorced? | BRFSS ACE Module |
| 24.6 | How often did your parents or adults in your home ever slap, hit, kick, punch, or beat each other up?<br>1. Never<br>2. Once<br>3. More than once | BRFSS ACE Module |
| 24.7 | Not including spanking (before age 18), how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?<br>1. Never<br>2. Once<br>3. More than once | BRFSS ACE Module |
| 24.8 | How often did a parent or adult in your home ever swear at you, insult you, or put you down?<br>1. Never<br>2. Once<br>3. More than once | BRFSS ACE Module |
| 24.9 | How often did anyone at least 5 years older than you or an adult, ever touch you sexually, OR ever try to make you touch them sexually OR force you to have sex?<br>1. Never<br>2. Once<br>3. More than once | BRFSS ACE Module (three questions combined into one) |

| Question* | Question Text | Source |
|---|---|---|
| **Adverse Childhood Experiences** | | |
| 24.10 | Before the age of 18, did you ever feel unsupported, unloved and/or unprotected?<br>1. Never<br>2. Once<br>3. More than once | PEARLS (Pediatric ACEs and Related Life-event Screener) 2018 Teen Self Report Questionnaire |
| 24.11 | Before the age of 18, did you ever lack appropriate care by any caregiver (for example, not being protected from unsafe situations, or not cared for when sick or injured even when the resources were available)?<br>1. Never<br>2. Once<br>3. More than once | PEARLS (Pediatric ACEs and Related Life-event Screener) 2018 Teen Self Report Questionnaire |
| **Resilience Scale** | | |
| 25.1 | I am able to adapt when changes occur.<br>1. Not true at all<br>2. Rarely true<br>3. Sometimes true<br>4. Often true<br>5. True nearly all the time | Connor-Davidson Resilience 2017 |
| 25.2 | I tend to bounce back after illness, injury, or other hardships.<br>1. Not true at all<br>2. Rarely true<br>3. Sometimes true<br>4. Often true<br>5. True nearly all the time | Connor-Davidson Resilience 2017 |

* Question numbers, where appropriate, correspond to question numbers from the 2016 Santa Barbara County BRFSS in the 2016 CHNA Report.

# APPENDIX C:
# LOOKING BACK: EVALUATION OF COMMUNITY BENEFIT PROGRAMS IDENTIFIED IN 2016

## Key Terms & Definitions

| Priority Health Area | |
|---|---|
| ***Description*** | Overview of the community benefit priority health area |
| ***Strategies & Programs*** | Approaches and activities identified in the 2016-2019 Implementation Strategy to address the priority health area |
| ***Strategies & Key Accomplishments*** | Description of the impact of key actions taken to address the priority health area |

## Priority Health Areas: Strategies & Key Accomplishments

| Priority Health Area: Access to Care | |
|---|---|
| ***Description*** | Improve access to comprehensive, quality care for vulnerable populations. Strategies will target patients, community, and insured populations. |
| ***Strategies & Programs*** | • Cultural & Linguistic Program<br>• Cottage Recuperative Care Program at PATH<br>• Cancer screenings & prevention events<br>• Charity Care<br>• Childbirth education classes<br>• Community capacity building: Evaluation Toolkit, Cottage Data2Go<br>• Community programs support (e.g., sponsorships)<br>• Concussion Clinic<br>• CPR classes<br>• Flu shot clinics<br>• Grants programs<br>• Insurance enrollment<br>• Medical Education<br>• Medicare and MediCal shortfalls<br>• Mental Health Fair<br>• Parish Nursing<br>• SAGE Medical Library<br>• Santa Barbara Neighborhood Clinic partnership<br>• Santa Ynez Valley Annual Health Fair |
| ***Key Accomplishments*** | **#1: Launched and implemented the Cottage Recuperative Care Program (RCP) at PATH.**<br>• Partnered with PATH, Santa Barbara County Public Health Department, and CenCal Health to develop and launch the RCP.<br>• Provided up to 90 days of recuperative care to more than 30 patients experiencing homelessness.<br>**#2: Developed a cultural and linguistic sensitive approach within Cottage hospitals.**<br>• Expanded cultural and diversity training with Cottage Health employees. |

| Priority Health Area: Access to Care | |
|---|---|
| | • Initiated a plan to implement Promotores navigators to assist Spanish-speaking patients in the Community Case Management program.<br>**#3: Supported vulnerable community members with programs and activities to facilitate accessing care.**<br>• Provided Parish Nursing services to more than 7,500 community members annually at a variety of venues, including faith communities and congregations, homeless and transition housing, food banks, low income senior housing facilities, recovery facilities, and community health classes and fairs.<br>• Distributed more than $2 million annually through the Charity Care and Community Service Programs in financial assistance to patients who meet income-eligibility requirements for clinical care. |

| Priority Health Area: Behavioral Health | |
|---|---|
| ***Description*** | Improve access to care and health outcomes for vulnerable populations with behavioral health needs through targeted population level strategies and programs. |
| ***Strategies & Programs*** | • Collective Impact for Behavioral Health<br>• School-Based Behavioral Health Program<br>• Coast Caregiver Resource Center<br>• Community Capacity building: Evaluation Toolkit, CH Data2Go<br>• Cottage Outpatient Center of San Luis Obispo<br>• Cottage Residential Center<br>• Emergency Department Holding Unit (EDHU)<br>• Grants Programs<br>• Inpatient Psychiatry & Addiction Medicine Services<br>• Mental Health Intensive Outpatient Program<br>• Parish Nursing<br>• Prescribing Safe<br>• Support Groups |
| ***Key Accomplishments*** | **#1: Focused Community Partnership Grants on behavioral health through the Behavioral Health Initiative.**<br>• Supported community organizations in the expansion and enhancement of behavioral health services by embedding services in non-traditional settings and/or incorporating innovative technology.<br>• Connected behavioral health services to students through school-based behavioral health programs offered by organizations, such as Family Service Agency, Santa Barbara Alliance for Community Transformation, and AHA!<br>• Provided grant funding totaling more than $800,000 annually to behavioral health programs.<br>• Offered grantees bi-monthly technical assistance and initiative evaluation on increasing knowledge and awareness, reducing stigma, and improving collaboration between funded partners. |

| Priority Health Area: Behavioral Health | |
|---|---|
| | **#2: Partnered with local healthcare leaders to develop the Behavioral Health Collaborative.**<br>• Established a Collective Impact approach to launch and lead the Behavioral Health Collaborative.<br>• Reviewed data from partner organizations and agencies and established behavioral health as the focus area for the collaborative.<br>• Developed focus areas and a pilot program to connect pediatric primary care providers to psychiatrists at Santa Barbara County Behavioral Wellness<br>**#3: Formed the Pediatric Resiliency Collaborative (PeRC) to expand screening and referrals for Adverse Childhood Experiences to pediatric clinics.**<br>• Convened a community partnership to oversee the implementation of a countywide Adverse Childhood Experiences (ACEs) screening initiative.<br>• Guided the strategic planning and development of a model for PeRC's multi-clinic, multi-partner roll-out of ACEs screening and referral.<br>**#4: Supported vulnerable community members with programs and activities to facilitate accessing behavioral health services.**<br>• Annually helped more than 300 family and other informal (unpaid) caregivers of adults with cognitive disorders and other disabling conditions in Santa Barbara, San Luis Obispo, and Ventura counties.<br>• Provided patients in need of an involuntary hold with support in the Emergency Department Holding Unit. |

| *Priority Health Area: Chronic Conditions* | |
|---|---|
| ***Description*** | Improve health outcomes for vulnerable populations with chronic conditions. |
| ***Strategies & Programs*** | • Community Case Management<br>• Adapted Cycling Clinic<br>• Adapted Golf<br>• Adapted Kayaking<br>• Community Capacity building: Evaluation Toolkit, CH Data2Go<br>• Diabetes Education Program (in-patient)<br>• Farmers Market<br>• Grants Programs<br>• Nutrition Education<br>• Outlook Group<br>• Project Re-entry<br>• Spinal Cord Injury Life Series<br>• Stroke Education Series<br>• Therapeutic Recreation Programs<br>• Weight-loss Surgery and Support Groups<br>• Wheelchair Sports Camp and Clinics |
| ***Key Accomplishments*** | **#1: Connected rising risk patients to the Community Case Management program.** |

| *Priority Health Area: Chronic Conditions* | |
|---|---|
| | • Identified hospital patients as rising risk and assigned them to a Community Case Manager registered nurse to create a mutually-agreed upon care plan addressing both clinical as well as non-clinical client needs.<br>• Initiated a plan to implement Promotores navigators to assist Spanish-speaking patients in the Community Case Management program.<br>**#2: Supported vulnerable community members with programs and activities to improve chronic condition health outcomes.**<br>• Provided blood pressure screenings and navigation services to clinical care through Parish Nursing.<br>• Offered a range of adaptive activities and classes, including golf, yoga, kayaking, and driving, for more than 100 individuals with disabling injury, illness, or other health-related conditions each year. |

| Priority Health Areas: Food and Housing Insecurity | |
|---|---|
| ***Description*** | Improved health outcomes for vulnerable populations experiencing food and housing insecurity through a continued focus on patient assistance programs, homelessness support, and employee housing assistance. |
| ***Strategies & Programs*** | • Recuperative Care Program<br>• Santa Barbara Connect Home<br>• Employee Resource Connect<br>• Patient Resource Connect<br>• Bella Riviera<br>• Case Managers<br>• Community Capacity building: Evaluation Toolkit, CH Data2Go<br>• Homeless Roundtable<br>• Mortgage Assistance Program<br>• Social Workers<br>• Villa Riviera |
| ***Key Accomplishments*** | **#1: Designed and implemented two Social Needs Screening Programs to address the needs of Cottage Health employees and patients.**<br>• Employee Resource Connect screened over 1,500 employees and found a prevalence rate of 25% for one or more social needs.<br>• Established a food program to address food insecurity as the highest need among employees and establish short term financial support to employees with support to identify long term strategies for food needs<br>• Patient Resource Connect screened over 1,000 patients in the Goleta Valley Cottage Hospital Emergency Department and found 22% of patients screening positive for one or more social needs.<br>• Connected patients to support from a resource navigator or receive a list of resources based on their preferences.<br>**#2: Launched and implemented the Cottage Recuperative Care Program (RCP) at PATH.** |

| Priority Health Areas: Food and Housing Insecurity | |
|---|---|
| | • Partnered with PATH, Santa Barbara County Public Health Department, and CenCal Health to develop and launch the RCP.<br>• Provided up to 90 days of recuperative care to more than 30 patients experiencing homelessness.<br>**#3: Santa Barbara Connect Home**<br>• Partnered with the City of Santa Barbara, City Net, City of Santa Barbara Police Department, PATH, and the Housing Authority of the City of Santa Barbara to apply for and receive $2 million in Homeless Emergency Aid Program (HEAP) funding for street outreach and navigation for individuals experiencing homelessness and frequently utilizing crisis services.<br>• Launched the SB Connect Home program and began case managing the top fifty most vulnerable homeless individuals. |

| Priority Health Areas: Injury and Violence Prevention | |
|---|---|
| ***Description*** | Prevent injury and violence, including falls, motor vehicle collisions, and bicycle and pedestrian injuries, through strategies and programs that reach patient and community populations. |
| ***Strategies & Programs*** | • Arrive Alive<br>• Car seat fitting events<br>• Car Seat Safety Class<br>• Community Capacity building: Evaluation Toolkit, CH Data2Go<br>• Every 15 Minutes Filming/Moulage<br>• Grants Programs<br>• Matter of Balance Fall Prevention Workshop<br>• Safety Helmet Events and Demonstrations (e.g., Brain Care Bike Fair)<br>• Safety presentations<br>• Safety Town<br>• Start Smart Location Sponsor<br>• Think First Santa Barbara |
| ***Key Accomplishments*** | **#1: Hosted a monthly Car Seat Safety Class.**<br>• Provided car seat installation assistance to more than 100 local families annually through the class and by private appointment.<br>• Hosted two community car seat checkup events each year, serving over 100 families for car seat checks.<br>**#2: Offered the Matter of Balance Fall Prevention Class Series to prevent falls among seniors.**<br>• Annually led about four 8-week class workshops for a total of 32 classes reaching approximately 60 seniors.<br>• Helped seniors to view falls and fear of falling as controllable, set goals to increase activity, change their environment to reduce fall risk factors and promote exercise to increase strength and balance. |

# APPENDIX D:
# SANTA BARBARA COUNTY COMPLETE LIST OF HEALTH INDICATORS

## Secondary Data - Community Commons[5]

| Indicator | Indicator Variable | Santa Barbara | CA | U.S. | HP 2020 |
|---|---|---|---|---|---|
| **Demographics** | | | | | |
| Total Population | Population Density (Per Square Mile) | 161.96 | 250.23 | 90.88 | n/a |
| Change in Total Population | Percent Population Change, 2000-2010 | 6.15% | 9.99% | 9.75% | n/a |
| Male Population | Percent Male Population | 50.1% | 49.68% | 49.23% | n/a |
| Female Population | Percent Female Population | 49.9% | 50.32% | 50.77% | n/a |
| Population Age 0-4 | Percent Population Age 0-4 | 6.45% | 6.4% | 6.18% | n/a |
| Population Age 5-17 | Percent Population Age 5-17 | 15.96% | 16.98% | 16.74% | n/a |
| Population Age 18-24 | Percent Population Age 18-24 | 16% | 10.05% | 9.7% | n/a |
| Population Age 25-34 | Percent Population Age 25-34 | 13.28% | 14.94% | 13.72% | n/a |
| Population Age 35-44 | Percent Population Age 35-44 | 11.3% | 13.29% | 12.67% | n/a |
| Population Age 45-54 | Percent Population Age 45-54 | 11.54% | 13.35% | 13.42% | n/a |
| Population Age 55-64 | Percent Population Age 55-64 | 11.2% | 11.79% | 12.69% | n/a |
| Population Age 65+ | Percent Population Age 65+ | 14.27% | 13.21% | 14.87% | n/a |
| Median Age | Median Age | 33.7 | 36.1 | 37.8 | n/a |
| Population in Limited English Households | Percent Linguistically Isolated Population | 8.46% | 8.59% | 4.42% | n/a |
| Population with Limited English Proficiency | Percent Population Age 5+ with Limited English Proficiency | 17.56% | 18.37% | 8.52% | n/a |
| Hispanic Population | Percent Population Hispanic or Latino | 44.82% | 38.75% | 17.6% | n/a |
| Population with Any Disability | Percent Population with a Disability | 9.62% | 10.62% | 12.59% | n/a |
| **Social & Economic Factors** | | | | | |
| Children Eligible for Free/Reduced Price Lunch | Percent Students Eligible for Free or Reduced Price Lunch | 59.91% | 58.11% | 59.21% | n/a |

[5]Courtesy: Community Commons, <www.communitycommons.org>, Retrieved November 7, 2019.

| Indicator | Indicator Variable | Santa Barbara | CA | U.S. | HP 2020 |
|---|---|---|---|---|---|
| **Social & Economic Factors** | | | | | |
| Economic Security - Households with No Vehicle | Percentage of Households with No Motor Vehicle | 6.03% | 7.41% | 8.81% | n/a |
| Economic Security - Unemployment Rate | Unemployment Rate | 3.4 | 4.2 | 3.8 | n/a |
| Education - Head Start Program Facilities | Head Start Programs Rate (Per 10,000 Children Under Age 5) | 8.41 | 5.9 | 7.18 | n/a |
| Education - High School Graduation Rate | Cohort Graduation Rate | 85.6% | 87.9% | 86.8% | >= 82.4 |
| Education - Less than High School Diploma (or Equivalent) | Percent Population Age 25+ with No High School Diploma | 19.56% | 17.51% | 12.69% | n/a |
| Food Security - Food Desert Population | Percent Population with Low Food Access | 10.88% | 13.39% | 22.43% | n/a |
| Food Security - Food Insecurity Rate | Percentage of the Population with Food Insecurity | 9.8% | 11% | 12.63% | n/a |
| Food Security - Population Receiving SNAP | Percent Population Receiving SNAP Benefits | 8.1% | 11.2% | 13.9% | n/a |
| Income Inequality | Gini Index Value | 0.48 | 0.49 | 0.48 | n/a |
| Insurance - Population Receiving Medicaid | Percent of Insured Population Receiving Medicaid | 25.54% | 27.33% | 21.87% | n/a |
| Insurance - Uninsured Population | Percent Uninsured Population | 13.06% | 10.14% | 12.25% | n/a |
| Lack of Social or Emotional Support | Percent Adults Without Adequate Social / Emotional Support (Age-Adjusted) | 25.70% | 24.60% | 20.70% | n/a |
| Poverty - Children Below 100% FPL | Percent Population Under Age 18 in Poverty | 19.37% | 20.77% | 20.31% | n/a |
| Poverty - Population Below 100% FPL | Percent Population in Poverty | 15.44% | 15.1% | 14.58% | n/a |
| Poverty - Population Below 200% FPL | Percent Population with Income at or Below 200% FPL | 36.1% | 33.91% | 32.75% | n/a |
| Teen Births (Under Age 20) | Teen Birth Rate (Per 1,000 Female Pop. Under Age 20) | 33.8 | 34.2 | 36.6 | n/a |
| Violence - All Violent Crimes | Violent Crime Rate (Per 100,000 Pop.) | 318.1 | 417.9 | 384.8 | n/a |
| **Physical Environment** | | | | | |
| Air Quality - Ozone (O3) | Percentage of Days Exceeding Standards, Pop. Adjusted Average | 0.00% | 2.65% | 1.24% | n/a |
| Air Quality - Particulate Matter 2.5 | Percentage of Days Exceeding Standards, Pop. Adjusted Average | 0.00% | 0.46% | 0.1% | n/a |
| Climate & Health - Drought Severity | Percentage of Weeks in Drought | 95.30% | 92.81% | 45.85% | n/a |
| Climate & Health - Heat Index Days | Percentage of Weather Observations with High Heat Index Values:% | 0.00% | 0.60% | 4.70% | n/a |
| Food Environment - Fast Food Restaurants | Fast Food Restaurants, Rate (Per 100,000 Population) | 81.15 | 80.51 | 77.06 | n/a |
| Food Environment - Grocery Stores | Grocery Stores, Rate (Per 100,000 Population) | 28.31 | 21.14 | 21.18 | n/a |
| Food Environment - WIC-Authorized Food Stores | WIC-Authorized Food Stores, Rate (Per 100,000 Population) | 14.8 | 15.8 | 15.6 | n/a |

| Indicator | Indicator Variable | Santa Barbara | CA | U.S. | HP 2020 |
|---|---|---|---|---|---|
| **Physical Environment** | | | | | |
| Liquor Store Access | Liquor Store Establishments, Rate per 100,000 Population | 19.82 | 10.73 | 11 | n/a |
| Housing - Assisted Housing | HUD-Assisted Units, Rate per 10,000 Housing Units | 459.91 | 352.4 | 375.41 | n/a |
| Housing - Cost Burdened Households | Percentage of Households where Housing Costs Exceed 30% of Income | 42.64% | 41.87% | 32.04% | n/a |
| Housing - Substandard Housing | Percent Occupied Housing Units with One or More Substandard Conditions | 46.55% | 44.8% | 32.99% | n/a |
| Housing - Vacant Housing | Vacant Housing Units, Percent | 7.29% | 7.92% | 12.24% | n/a |
| **Clinical Care** | | | | | |
| Access to Dentists | Dentists, Rate per 100,000 Pop. | 76.44 | 80.2 | 65.6 | n/a |
| Access to Primary Care | Primary Care Physicians, Rate per 100,000 Pop. | 75.08 | 78.5 | 75.6 | n/a |
| Access to Mental Health Providers | Mental Health Care Provider Rate (Per 100,000 Population) | 483.8 | 327.2 | 202.8 | n/a |
| Cancer Screening - Mammogram | Percent Female Medicare Enrollees with Mammogram in Past 2 Year | 65.4% | 59.5% | 63.2% | n/a |
| Cancer Screening - Pap Test | Percent Adults Females Age 18+ with Regular Pap Test (Age-Adjusted) | 74.7% | 78.3% | 78.5% | n/a |
| Cancer Screening - Sigmoid/Colonoscopy | Percent Adults Screened for Colon Cancer (Age-Adjusted) | 60.4% | 57.9% | 61.3% | n/a |
| STD - No HIV Screening | Percent Adults Never Screened for HIV / AIDS | 70.94% | 60.83% | 62.79% | n/a |
| Pneumonia Vaccinations (Age 65+) | Percent Population Age 65+ with Pneumonia Vaccination (Age-Adjusted) | 67.1% | 63.4% | 67.5% | n/a |
| Diabetes Management (Hemoglobin A1c Test) | Percent Medicare Enrollees with Diabetes with Annual Exam | 86.8% | 81.9% | 85.7% | n/a |
| High Blood Pressure - Unmanaged | Percent Adults with High Blood Pressure Not Taking Medication | 34.5% | 30.3% | 21.7% | n/a |
| Dental Care - No Recent Exam (Adult) | Percent Adults Without Recent Dental Exam | 28.4% | 30.5% | 30.2% | n/a |
| Federally Qualified Health Centers | Federally Qualified Health Centers, Rate per 100,000 Population | 5.66 | 2.91 | 2.81 | n/a |
| Lack of Prenatal Care | Percent Mothers with Late or No Prenatal Care | 28.13% | 18.1% | 17.3% | n/a |
| Lack of a Consistent Source of Primary Care | Percentage Without Regular Doctor | 26.21% | 27.13% | 22.07% | n/a |
| Health Professional Shortage Area (HPSA) - Primary Care | Percentage of Population Living in an Area Affected by a HPSA | 0.00% | 19.4% | 23.3% | n/a |
| Preventable Hospital Events | Ambulatory Care Sensitive Condition Discharge Rate | 24.1 | 36.2 | 49.4 | n/a |

| Indicator | Indicator Variable | Santa Barbara | CA | U.S. | HP 2020 |
|---|---|---|---|---|---|
| **Health Behaviors** | | | | | |
| Alcohol - Excessive Consumption | Estimated Adults Drinking Excessively (Age-Adjusted Percentage) | 18% | 17.2% | 16.9% | n/a |
| Alcohol - Expenditures | Alcoholic Beverage Expenditures, Percentage of Total Food-At-Home Expenditures | suppressed | 12.93% | 14.29% | n/a |
| Fruit/Vegetable Expenditures | Fruit / Vegetable Expenditures, Percentage of Total Food-At-Home Expenditures | suppressed | 14.05% | 12.68% | n/a |
| Physical Inactivity | Percent Population with no Leisure Time Physical Activity | 16.2% | 17.4% | 22.8% | n/a |
| Soft Drink Expenditures | Soda Expenditures, Percentage of Total Food-At-Home Expenditures | suppressed | 3.62% | 4.02% | n/a |
| Tobacco Expenditures | Cigarette Expenditures, Percentage of Total Household Expenditures | suppressed | 1.02% | 1.56% | n/a |
| Tobacco Usage | Percent Population Smoking Cigarettes (Age-Adjusted) | 10.5% | 12.8% | 18.1% | n/a |
| **Health Outcomes** | | | | | |
| Asthma - Prevalence | Percent Adults with Asthma | 11.7% | 14.2% | 13.4% | n/a |
| Cancer Incidence - Breast | Annual Breast Cancer Incidence Rate (Per 100,000 Pop.) | 131.9 | 121 | 125.2 | n/a |
| Cancer Incidence - Cervical | Annual Cervical Cancer Incidence Rate (Per 100,000 Pop.) | 5.8 | 7.5 | 7.62 | <= 7.1 |
| Cancer Incidence - Colon and Rectum | Annual Colon and Rectum Cancer Incidence Rate (Per 100,000 Pop.) | 33.4 | 35.5 | 38.7 | <= 38.7 |
| Cancer Incidence - Lung | Annual Lung Cancer Incidence Rate (Per 100,000 Pop.) | 39.3 | 42.1 | 59.2 | n/a |
| Cancer Incidence - Prostate | Annual Prostate Cancer Incidence Rate (Per 100,000 Pop.) | 93.2 | 93.8 | 104.1 | n/a |
| Diabetes Prevalence | Percent Adults with Diagnosed Diabetes (Age-Adjusted) | 8.2% | 8.04% | 9.32% | n/a |
| Heart Disease Prevalence | Percent Adults with Heart Disease | 3% | 3.5% | 4.4% | n/a |
| Infant Mortality | Infant Mortality Rate (Per 1,000 Births) | 4.8 | 5 | 6.5 | <= 6.0 |
| Low Birth Weight | Percent Low Birth Weight Births | 6% | 6.8% | 8.2% | n/a |
| Mental Health - Depression Among Medicare Beneficiaries | Percentage of Medicare Beneficiaries with Depression | 15.1% | 15.8% | 17.9% | n/a |
| Mortality - Cancer | Cancer, Age-Adjusted Mortality Rate (per 100,000 Population) | 136.5 | 141.95 | 158.1 | <= 160.6 |
| Mortality - Homicide | Homicide, Age-Adjusted Mortality Rate (per 100,000 Population) | 3.1 | 5 | 5.7 | <= 5.5 |
| Mortality - Ischemic Heart Disease | Heart Disease, Age-Adjusted Mortality Rate (per 100,000 Population) | 133.4 | 145.05 | 167.1 | <= 100.8 |

| Indicator | Indicator Variable | Santa Barbara | CA | U.S. | HP 2020 |
|---|---|---|---|---|---|
| **Health Outcomes** | | | | | |
| Mortality - Motor Vehicle Accident | Motor Vehicle Accident, Age-Adjusted Mortality Rate (per 100,000 Population) | 7.4 | 9.05 | 11.5 | <= 12.4 |
| Mortality - Pedestrian Motor Vehicle Accident | Pedestrian Motor Vehicle Accident, Average Annual Deaths (per 100,000 Population) | 3.4 | 3.8 | 3.1 | <= 1.3 |
| Mortality - Premature Death | Years of Potential Life Lost, Rate per 100,000 Population | 5015 | 5302 | 6947 | n/a |
| Mortality - Stroke | Stroke, Age-Adjusted Mortality Rate (per 100,000 Population) | 32.5 | 35.96 | 37.1 | n/a |
| Mortality - Suicide | Suicide, Age-Adjusted Mortality Rate (per 100,000 Population) | 12.3 | 10.4 | 13.3 | <= 10.2 |
| Mortality - Unintentional Injury | Age-Adjusted Death Rate (Per 100,000 Pop.) | 32.9 | 30.85 | 44 | n/a |
| Obesity (Adult) | Percent Adults with BMI > 30.0 (Obese) | 24.6% | 23.4% | 28.8% | n/a |
| Overweight (Adult) | Percent Adults Overweight | 41.4% | 35.8% | 35.8% | n/a |
| Poor General Health | Percent Adults with Poor or Fair Health (Age-Adjusted) | 21% | 18.4% | 15.7% | n/a |
| STI - Chlamydia | Chlamydia Infection Rate (Per 100,000 Pop.) | 516.9 | 506.2 | 497.3 | n/a |
| STI - HIV Prevalence | Population with HIV / AIDS, Rate (Per 100,000 Pop.) | 150.4 | 376.4 | 362.3 | n/a |

## Data Sources and Definitions

| Indicator Name | Indicator Variable | Population Denominator | Description | Data Source | Source Geography | Data Area |
|---|---|---|---|---|---|---|
| Access to Dentists | Dentists, Rate per 100,000 Pop. | Total Population, 2015 | This indicator reports the rate of dentists per 100,000 population. This indicator includes all dentists - qualified as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.), who are licensed by the state to practice dentistry and who are practicing within the scope of that license. This indicator is relevant because lack of access to health care, including regular primary care, dental care, and other specialty health services, contributes to poor health status. | US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2015. | County | U.S. |
| Access to Mental Health Providers | Mental Health Care Provider Rate (Per 100,000 Population) | Estimated Population | This indicator reports the rate of mental health providers (including psychiatrists, psychologists, clinical social workers, and counselors) that specialize in mental health care per 100,000 total population. This indicator is relevant because lack of access to health care, including regular primary care, mental health care, and other specialty health services, contributes to poor health status. | University of Wisconsin Population Health Institute, County Health Rankings. 2017. | County | U.S. |
| Access to Primary Care | Primary Care Physicians, Rate per 100,000 Pop. | Total Population, 2014 | This indicator reports the rate of primary care physicians per 100,000 population. Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues. | US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2014. | County | U.S. |

| Indicator Name | Indicator Variable | Population Denominator | Description | Data Source | Source Geography | Data Area |
|---|---|---|---|---|---|---|
| Air Quality - Ozone (O3) | Percentage of Days Exceeding Standards, Pop. Adjusted Average | Total Population | This indicator reports the percentage of days per year with Ozone (O3) levels above the National Ambient Air Quality Standard of 75 parts per billion (ppb). Figures are calculated using data collected by monitoring stations and modeled to include census tracts where no monitoring stations exist. This indicator is relevant because poor air quality contributes to respiratory health issues, including asthma prevalence and asthma hospitalizations, overall poor health, and community vulnerability to climate change. | Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network. 2012. | Tract | U.S. |
| Air Quality - Particulate Matter 2.5 | Percentage of Days Exceeding Standards, Pop. Adjusted Average | Total Population | This indicator reports the percentage of days with particulate matter 2.5 levels above the National Ambient Air Quality Standard (35 micrograms per cubic meter) per year, calculated using data collected by monitoring stations and modeled to include counties where no monitoring stations occur. This indicator is relevant because poor air quality contributes to respiratory issues and overall poor health, and is associated with the health impacts of climate change. | Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network. 2012. | Tract | U.S. |
| Alcohol - Excessive Consumption | Estimated Adults Drinking Excessively (Age-Adjusted Percentage) | Total Population Adults Age 18+ | This indicator reports the percentage of adults age 18 and older who self-report heavy alcohol consumption (defined as more than two drinks per day on average for men and one drink per day on average for women). This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as cirrhosis, cancers, and untreated mental and behavioral health needs. | Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. | County | U.S. |

| Indicator Name | Indicator Variable | Population Denominator | Description | Data Source | Source Geography | Data Area |
|---|---|---|---|---|---|---|
| Alcohol - Expenditures | Alcoholic Beverage Expenditures, Percentage of Total Food-At-Home Expenditures | | This indicator reports estimated expenditures for alcoholic beverages purchased at home, as a percentage of total household expenditures. This indicator is relevant because current behaviors are determinants of future health, and this indicator may illustrate a cause of significant health issues, such as cirrhosis, cancers, and untreated mental and behavioral health needs. Expenditures data are suppressed for single counties and single-geography custom areas. Rank data are not available for custom report areas or multi-county areas. | Nielsen, Nielsen SiteReports. 2014. | Tract | U.S. |
| Asthma - Prevalence | Percent Adults with Asthma | Survey Population (Adults Age 18+) | This indicator reports the percentage of adults aged 18 and older who self-report that they have ever been told by a doctor, nurse, or other health professional that they had asthma. This indicator is relevant because asthma is a prevalent problem in the U.S. that is often exacerbated by poor environmental conditions, including those related to climate change. | Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. | County | U.S. |
| Cancer Incidence - Breast | Annual Breast Cancer Incidence Rate (Per 100,000 Pop.) | Sample Population (Female) | This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of females with breast cancer adjusted to 2000 U.S. standard population age groups (Under Age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death, and it is important to identify cancers separately to better target interventions. | State Cancer Profiles. 2012-16. | County | California Only |
| Cancer Incidence - Cervical | Annual Cervical Cancer Incidence Rate (Per 100,000 Pop.) | Sample Population (Female) | This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of females with cervical cancer adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death, and it is important to identify cancers separately to better target interventions. | State Cancer Profiles. 2009-13. | County | California Only |

| Indicator Name | Indicator Variable | Population Denominator | Description | Data Source | Source Geography | Data Area |
|---|---|---|---|---|---|---|
| Cancer Incidence - Colon and Rectum | Annual Colon and Rectum Cancer Incidence Rate (Per 100,000 Pop.) | Sample Population | This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of colon and rectum cancer adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death, and it is important to identify cancers separately to better target interventions. | State Cancer Profiles. 2012-16. | County | California Only |
| Cancer Incidence - Lung | Annual Lung Cancer Incidence Rate (Per 100,000 Pop.) | Sample Population | This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of colon and rectum cancer adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death, and it is important to identify cancers separately to better target interventions. | State Cancer Profiles. 2012-16. | County | California Only |
| Cancer Incidence - Prostate | Annual Prostate Cancer Incidence Rate (Per 100,000 Pop.) | Sample Population (Male) | This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of males with prostate cancer adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death, and it is important to identify cancers separately to better target interventions. | State Cancer Profiles. 2012-16. | County | California Only |
| Cancer Screening - Mammogram | Percent Female Medicare Enrollees with Mammogram in Past 2 Year | Female Medicare Enrollees Age 67-69 | This indicator reports the percentage of female Medicare enrollees, age 67-69, who have received one or more mammograms in the past two years. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services. | Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2015. | County | U.S. |

| Indicator Name | Indicator Variable | Population Denominator | Description | Data Source | Source Geography | Data Area |
|---|---|---|---|---|---|---|
| Cancer Screening - Pap Test | Percent Adults Females Age 18+ with Regular Pap Test (Age-Adjusted) | Female Population Age 18+ | This indicator reports the percentage of women age 18 and older who self-report that they have had a Pap test in the past three years. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services. | Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. | County | U.S. |
| Cancer Screening - Sigmoid/Colonoscopy | Percent Adults Screened for Colon Cancer (Age-Adjusted) | Total Population Age 50+ | This indicator reports the percentage of adults age 50 and older who self-report that they have ever had a sigmoidoscopy or colonoscopy. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services. | Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. | County | U.S. |
| Change in Total Population | Percent Population Change, 2000-2010 | Total Population, 2000 Census | This indicator reports the percent difference in population between the 2000 Census population estimate and the 2010 Census population estimate. This indicator is relevant because a positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources. | US Census Bureau, Decennial Census. 2000 - 2010. | Tract | U.S. |

| Indicator Name | Indicator Variable | Population Denominator | Description | Data Source | Source Geography | Data Area |
|---|---|---|---|---|---|---|
| Children Eligible for Free/Reduced Price Lunch | Percent Students Eligible for Free or Reduced Price Lunch | Total Students | This indicator reports the percentage of public school students eligible for free or reduced price lunches. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs. Additionally, when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment. | National Center for Education Statistics, NCES - Common Core of Data. 2016-17. | Address | U.S. |
| Climate & Health - Drought Severity | Percentage of Weeks in Drought | | This indicator reports the population-weighted percentage of weeks in drought from January 1, 2012-December 31, 2014. Data is reported by drought severity level. This indicator is relevant because it highlights geographic areas and communities vulnerable to the effects of drought as it relates to the health impacts of decreased air, water, and food system quality. | US Drought Monitor. 2012-14. | Tract | U.S. |
| Climate & Health - Heat Index Days | Percentage of Weather Observations with High Heat Index Values:% | Total Weather Observations | This indicator reports the percentage of recorded weather observations with heat index values over 103 degrees Fahrenheit. The "heat index" is a single value that takes both temperature and humidity into account. This indicator is relevant because exposure to higher heat indices can result in dehydration, heat exhaustion, and heat stroke. Measuring heat indices is a better measure than air temperature alone for estimating the risk to vulnerable populations from environmental heat sources. Higher heat indices can also increase the risk, if not the actual incidence, of foodborne illness by intensifying exposure to pathogens and toxins. | National Oceanic and Atmospheric Administration, North America Land Data Assimilation System (NLDAS). Accessed via CDC WONDER. Additional data analysis by CARES. 2014. | County | U.S. |

| Indicator Name | Indicator Variable | Population Denominator | Description | Data Source | Source Geography | Data Area |
|---|---|---|---|---|---|---|
| Dental Care - No Recent Exam (Adult) | Percent Adults Without Recent Dental Exam | Total Population (Adults Age 18+) | This indicator reports the percentage of adults age 18 and older who self-report that they have not visited a dentist, dental hygienist or dental clinic within the past year. This indicator is relevant because engaging in preventive behaviors decreases the likelihood of developing future health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services. | Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-10. | County | U.S. |
| Diabetes Management (Hemoglobin A1c Test) | Percent Medicare Enrollees with Diabetes with Annual Exam | Total Medicare Enrollees | This indicator reports the percentage of diabetic Medicare patients who have had a hemoglobin A1c (HbA1c) test, a blood test which measures blood sugar levels, administered by a health care professional in the past year. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services. | Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2015. | County | U.S. |
| Diabetes Prevalence | Percent Adults with Diagnosed Diabetes (Age-Adjusted) | Total Population Age 20+ | This indicator reports the percentage of adults age 20 and older who have ever been told by a doctor that they have diabetes. This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues. | Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2016. | County | U.S. |
| Economic Security - Households with No Vehicle | Percentage of Households with No Motor Vehicle | Total Occupied Households | This indicator reports the number and percentage of households with no motor vehicle based on the latest 5-year American Community Survey estimates. This indicator is relevant because individuals from households without access to a vehicle may lack access to health care, child care services, and employment opportunities. | US Census Bureau, American Community Survey. 2013-17. | Tract | U.S. |

| Indicator Name | Indicator Variable | Population Denominator | Description | Data Source | Source Geography | Data Area |
|---|---|---|---|---|---|---|
| Economic Security – Unemployment Rate | Unemployment Rate | Labor Force | This indicator reports the percentage of the civilian non-institutionalized population age 16 and older that is unemployed (non-seasonally adjusted). This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status. | US Department of Labor, Bureau of Labor Statistics. 2019 - August. | County | U.S. |
| Education - Head Start Program Facilities | Head Start Programs Rate (Per 10,000 Children Under Age 5) | Total Children Under Age 5 | This indicator reports the number and rate of Head Start program facilities per 10,000 children under age 5. Head Start facility data is acquired from the US Department of Health and Human Services (HHS) 2015 Head Start locator. Population data is from the 2010 US Decennial Census. This indictor is relevant because access to education is a primary social determinant of health, and is associated with increased economic opportunity, access to social resources (i.e. food access and spaces and facilities for physical activity), and positive health status and outcomes. | US Department of Health & Human Services, Administration for Children and Families. 2018. | Point | U.S. |
| Education - High School Graduation Rate | Cohort Graduation Rate | Cohort Size | This indicator reports the cohort high school graduation rate, which measures the percentage of students receiving their high school diploma within four years. This indicator is relevant because low levels of education are often linked to poverty and poor health. | US Department of Education, EDFacts. Accessed via DATA.GOV. Additional data analysis by CARES. 2016-17. | School District | California Only |
| Education - Less than High School Diploma (or Equivalent) | Percent Population Age 25+ with No High School Diploma | Total Population Age 25+ | This indicator reports the percentage of the population age 25 and older without a high school diploma (or equivalency) or higher. This indicator is relevant as educational attainment is a key driver of population health. | US Census Bureau, American Community Survey. 2013-17. | Tract | U.S. |

| Indicator Name | Indicator Variable | Population Denominator | Description | Data Source | Source Geography | Data Area |
|---|---|---|---|---|---|---|
| Federally Qualified Health Centers | Federally Qualified Health Centers, Rate per 100,000 Population | Total Population | This indicator reports the number of Federally Qualified Health Centers (FQHCs) in the community. This indicator is relevant because FQHCs are community assets that provide health care to vulnerable populations; they receive extra funding from the federal government to promote access to ambulatory care in areas designated as medically underserved. | US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File. December 2018. | Address | U.S. |
| Female Population | Percent Female Population | Total Population | This indicator reports total female population. | US Census Bureau, American Community Survey. 2013-17. | Tract | U.S. |
| Food Environment - Fast Food Restaurants | Fast Food Restaurants, Rate (Per 100,000 Population) | Total Population | This indicator reports the number of fast food restaurants per 100,000 population. Fast food restaurants are defined as limited-service establishments primarily engaged in providing food services (except snack and nonalcoholic beverage bars) where patrons generally order or select items and pay before eating. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors. | US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016. | Tract | California Only |
| Food Environment - Grocery Stores | Grocery Stores, Rate (Per 100,000 Population) | Total Population | This indicator reports the number of grocery stores per 100,000 population. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry. Included are delicatessen-type establishments. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores are excluded. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors. | US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016. | Tract | California Only |

| Indicator Name | Indicator Variable | Population Denominator | Description | Data Source | Source Geography | Data Area |
|---|---|---|---|---|---|---|
| Food Environment - WIC-Authorized Food Stores | WIC-Authorized Food Stores, Rate (Per 100,000 Population) | Total Population (2011 Estimate) | This indicator reports the number of food stores and other retail establishments per 100,000 population that are authorized to accept WIC Program (Special Supplemental Nutrition Program for Women, Infants, and Children) benefits and that carry designated WIC foods and food categories. This indicator is relevant because it provides a measure of food security and healthy food access for women and children in poverty as well as environmental influences on dietary behaviors. | US Department of Agriculture, Economic Research Service, USDA - Food Environment Atlas. 2011. | County | U.S. |
| Food Security - Food Desert Population | Percent Population with Low Food Access | Total Population | This indicator reports the percentage of the population living in areas designated as food deserts. A food desert is defined as a low-income census tract where a substantial number or share of residents has low access to a supermarket or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity. | US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2015. | Tract | U.S. |
| Food Security - Food Insecurity Rate | Percentage of the Population with Food Insecurity | Total Population | This indicator reports the estimated percentage of the population that experienced food insecurity at some point during the report year. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food. This indicator is relevant because food insecurity is associated with chronic diseases including hypertension, diabetes, and obesity. Food insecurity is also a sign of other community vulnerabilities, such as poverty, lack of access to social services, and insufficient food systems. | Feeding America. 2017. | County | U.S. |

| Indicator Name | Indicator Variable | Population Denominator | Description | Data Source | Source Geography | Data Area |
|---|---|---|---|---|---|---|
| Food Security - Population Receiving SNAP | Percent Population Receiving SNAP Benefits | Total Population | This indicator reports the average percentage of the population receiving the Supplemental Nutrition Assistance Program (SNAP) benefits. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment. | US Census Bureau, Small Area Income & Poverty Estimates. 2015. | County | U.S. |
| Fruit / Vegetable Expenditures | Fruit / Vegetable Expenditures, Percentage of Total Food-At-Home Expenditures | | This indicator reports estimated expenditures for fruits and vegetables purchased for in-home consumption, as a percentage of total food-at-home expenditures. This indicator is relevant because current behaviors are determinants of future health, and because unhealthy eating habits may illustrate a cause of significant health issues, such as obesity and diabetes. Expenditures data are suppressed for single counties and single-geography custom areas. Rank data are not available for custom report areas or multi-county areas. | Nielsen, Nielsen SiteReports. 2014. | Tract | U.S. |
| Health Professional Shortage Area - Primary Care | Percentage of Population Living in an HPSA | Total Area Population | This indicator reports the percentage of the population living in a geographic area designated as a Health Professional Shortage Area (HPSA), defined as having a shortage of primary medical care, dental or mental health professionals. This indicator is relevant because a shortage of health professionals contributes to access and health status issues. | US Department of Health & Human Services, Health Resources and Services Administration, Health Resources and Services Administration. February 2019. | HPSA | U.S. |

| Indicator Name | Indicator Variable | Population Denominator | Description | Data Source | Source Geography | Data Area |
|---|---|---|---|---|---|---|
| Heart Disease Prevalence | Percent Adults with Heart Disease | Estimated Total Population Age 18+ | This indicator reports the percentage of adults age 18 and older who have ever been told by a doctor that they have coronary heart disease or angina. This indicator is relevant because coronary heart disease is a leading cause of death in the U.S. and is also related to high blood pressure, high cholesterol, and heart attacks. | University of California Center for Health Policy Research,California Health Interview Survey. 2011-12. | County (Grouping) | California Only |
| High Blood Pressure - Unmanaged | Percent Adults with High Blood Pressure Not Taking Medication | Total Population (Adults Age 18+) | This indicator reports the percentage of adults age 18 and older who self-report that they are not taking medication for their high blood pressure. This indicator is relevant because engaging in preventive behaviors decreases the likelihood of developing future health problems. When considered with other indicators of poor health, this indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services. | Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. | County | U.S. |
| Hispanic Population | Percent Population Hispanic | Total Population | This indicator reports the percentage of population that is of Hispanic, Latinx, or Spanish origin. Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latinx, or Spanish may be of any race. | US Census Bureau, American Community Survey. 2013-17. | Tract | U.S. |

| Indicator Name | Indicator Variable | Population Denominator | Description | Data Source | Source Geography | Data Area |
|---|---|---|---|---|---|---|
| Housing - Assisted Housing | HUD-Assisted Units, Rate per 10,000 Housing Units | Total Housing Units (2010) | This indicator reports the total number of HUD-funded assisted housing units available to eligible renters as well as the unit rate (per 10,000 total households). This indicator is relevant because access to affordable housing can impact an individuals' level of economic security, and contribute towards an individual's ability to financially access nutritious foods and health care. Access to affordable housing can also contribute towards reducing stress, improving mental health, and achieving better overall health outcomes. | US Department of Housing and Urban Development. 2016. | County | U.S. |
| Housing - Cost Burdened Households | Percentage of Households where Housing Costs Exceed 30% of Income | Total Households | This indicator reports the percentage of the households where housing costs exceed 30% of total household income. This indicator provides information on the cost of monthly housing expenses for owners and renters. This indicator is relevant because it offers a measure of housing affordability and excessive shelter costs that may prohibit an individual's ability to financially meet basic life needs, such as health care, child care, healthy food purchasing, and transportation costs. | US Census Bureau, American Community Survey. 2013-17. | Tract | U.S. |
| Housing - Substandard Housing | Percent Occupied Housing Units with One or More Substandard Conditions | Total Occupied Housing Units | This indicator reports the number and percentage of owner- and renter-occupied housing units having at least one of the following conditions: 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) with 1.01 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 30 percent, and 5) gross rent as a percentage of household income greater than 30 percent. This indicator is relevant because inadequate housing quality can impact stress, mental health, health outcomes and overall quality of life. | US Census Bureau, American Community Survey. 2013-17. | Tract | U.S. |

| Indicator Name | Indicator Variable | Population Denominator | Description | Data Source | Source Geography | Data Area |
|---|---|---|---|---|---|---|
| Housing - Vacant Housing | Vacant Housing Units, Percent | Total Housing Units | This indicator reports the number and percentage of housing units that are vacant. A housing unit is considered vacant by the American Community Survey if no one is living in it at the time of interview. Units occupied at the time of interview entirely by persons who are staying two months or less and who have a more permanent residence elsewhere are considered to be temporarily occupied, and are classified as "vacant." This indicator is relevant because the presence of vacant houses can have adverse effects on community safety, social cohesion and relationships, community economic security and opportunity. | US Census Bureau, American Community Survey. 2013-17. | Tract | U.S. |
| Income Inequality | Gini Index Value | Total Households | This indicator reports income inequality using the Gini coefficient. Gini index values range between zero and one. A value of one indicates perfect inequality where only one house-hold has any income. A value of zero indicates perfect equality, where all households have equal income. This indicator is relevant because income inequality is a strong predictor of health status, health disparities, and social and environmental vulnerabilities, including access to social services, economic security, and the health impacts of climate change. | US Census Bureau, American Community Survey. 2013-17. | Tract | U.S. |
| Infant Mortality | Infant Mortality Rate (Per 1,000 Births) | Total Births | This indicator reports the rate of deaths to infants less than one year of age per 1,000 births. This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health. | US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2006-10. | County | U.S. |

| Indicator Name | Indicator Variable | Population Denominator | Description | Data Source | Source Geography | Data Area |
|---|---|---|---|---|---|---|
| Insurance - Population Receiving Medicaid | Percent of Insured Population Receiving Medicaid | Total Population (For Whom Insurance Status is Determined) | This indicator reports the percentage of the population that is enrolled in Medicaid (or other means-tested public health insurance). This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment. | US Census Bureau, American Community Survey. 2013-17. | Tract | U.S. |
| Insurance - Uninsured Population | Percent Uninsured Population | Total Population (For Whom Insurance Status is Determined) | The lack of health insurance is considered a key driver of health status. This indicator reports the percentage of the total civilian non-institutionalized population without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status. | US Census Bureau, American Community Survey. 2013-17. | Tract | U.S. |
| Lack of a Consistent Source of Primary Care | Percentage Without Regular Doctor | Estimated Total Population | This indicator reports the percentage of children, teenagers, and adults who self-report that they do not have a usual place to go when sick or needing health advice. This indicator is relevant because access to regular primary care is important to preventing major health issues and emergency department visits. | Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. | County | U.S. |
| Lack of Prenatal Care | Percent Mothers with Late or No Prenatal Care | Total Population | This indicator reports the percentage of women who do not obtain prenatal care during their first or second trimesters of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services. | Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research. 2007-10. | County | California Only |

| Indicator Name | Indicator Variable | Population Denominator | Description | Data Source | Source Geography | Data Area |
|---|---|---|---|---|---|---|
| Lack of Social or Emotional Support | Percent Adults Without Adequate Social / Emotional Support (Age-Adjusted) | Total Population Age 18+ | This indicator reports the percentage of adults aged 18 and older who self-report that they receive insufficient social and emotional support all or most of the time. This indicator is relevant because social and emotional support is critical for navigating the challenges of daily life as well as for good mental health. Social and emotional support is also linked to educational achievement and economic stability. | Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. | County | U.S. |
| Liquor Store Access | Liquor Store Establishments, Rate per 100,000 Population | Total Population | This indicator reports the number of liquor stores per 100,000 population. Liquor stores are defined as beer, wine, and liquor stores. This indicator is relevant because it provides a measure of environmental influences on substance use behaviors. | US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016. | Tract | California Only |
| Low Birth Weight | Percent Low Birth Weight Births | Total Population | This indicator reports the percentage of total births that are low birthweight (Under 2500g). This indicator is relevant because low birthweight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities and is an associated health impact of climate change as it relates to maternal and child health vulnerability to environmental risks. | US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2006-12. | County | U.S. |
| Male Population | Percent Male Population | Total Population | This indicator reports total male population. | US Census Bureau, American Community Survey. 2013-17. | Tract | U.S. |
| Median Age | Median Age | Total Population | This indicator reports population median age based on the 5-year American Community Survey estimate. | US Census Bureau, American Community Survey. 2013-17. | Tract | U.S. |

| Indicator Name | Indicator Variable | Population Denominator | Description | Data Source | Source Geography | Data Area |
|---|---|---|---|---|---|---|
| Mental Health - Depression Among Medicare Beneficiaries | Percentage of Medicare Beneficiaries with Depression | Total Medicare Beneficiaries | This indicator reports the percentage of the Medicare fee-for-service population with depression. This indicator is relevant because depression impacts individuals' overall health status and is a comorbidity often associated with multiple chronic illnesses, such as diabetes, obesity, and asthma. | Centers for Medicare and Medicaid Services. 2017. | County | U.S. |
| Mortality - Cancer | Cancer, Age-Adjusted Mortality Rate (per 100,000 Population) | Total Population | This indicator reports the rate of death due to malignant neoplasm (cancer) per 100,000 population, age-adjusted to year 2000 standard. This indicator is relevant because cancer is a leading cause of death in the U.S. | Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2013-17. | County | U.S. |
| Mortality - Homicide | Homicide, Age-Adjusted Mortality Rate (per 100,000 Population) | Total Population | This indicator reports the rate of death due to assault (homicide) per 100,000 population, age-adjusted to the year 2000 standard. This indicator is relevant because homicide rate is a measure of poor community safety and is a leading cause of premature death. | Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2013-17. | County | U.S. |
| Mortality - Ischemic Heart Disease | Heart Disease, Age-Adjusted Mortality Rate (per 100,000 Population) | Total Population | This indicator reports the rate of death due to coronary heart disease per 100,000 population, age-adjusted to year 2000 standard. This indicator is relevant because heart disease is a leading cause of death in the U.S. | Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2013-17. | County | U.S. |
| Mortality - Motor Vehicle Accident | Motor Vehicle Accident, Age-Adjusted Mortality Rate (per 100,000 Population) | Total Population | This indicator reports the rate of death due to motor vehicle crashes per 100,000 population, age-adjusted to year 2000 standard. Motor vehicle crashes include collisions with other motor vehicles, non-motorists, fixed objects, non-fixed objects, overturns, and other non-collisions. This indicator is relevant because motor vehicle crash deaths are preventable, and they are a cause of premature death. | Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2013-17. | County | U.S. |

| Indicator Name | Indicator Variable | Population Denominator | Description | Data Source | Source Geography | Data Area |
|---|---|---|---|---|---|---|
| Mortality - Pedestrian Accident | Pedestrian Accident, Age-Adjusted Mortality Rate (per 100,000 Population) | Total Population | This indicator reports the rate of pedestrians killed by motor vehicles per 100,000 population, age-adjusted to year 2000 standard. This indicator is relevant because pedestrian-motor vehicle crash deaths are preventable, and they are a cause of premature death. | US Department of Transportation, National Highway Traffic Safety Administration, Fatality Analysis Reporting System. 2011-2015. | County | U.S. |
| Mortality - Premature Death | Years of Potential Life Lost, Rate per 100,000 Population | Total Population, Census 2010 | This indicator reports Years of Potential Life Lost (YPLL) before age 75 per 100,000 population for all causes of death, age-adjusted to the 2000 standard. YPLL measures premature death and is calculated by subtracting the age of death from the 75 year benchmark. This indicator is relevant because a measure of premature death can provide a unique and comprehensive look at overall health status. | University of Wisconsin Population Health Institute, County Health Rankings. 2015-17. | County | U.S. |
| Mortality - Stroke | Stroke, Age-Adjusted Mortality Rate (per 100,000 Population) | Total Population | This indicator reports the rate of death due to cerebrovascular disease (stroke) per 100,000 population, age-adjusted to year 2000 standard. This indicator is relevant because strokes are a leading cause of death in the U.S. | Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2013-17. | County | U.S. |
| Mortality - Suicide | Suicide, Age-Adjusted Mortality Rate (per 100,000 Population) | Total Population | This indicator reports the rate of death due to intentional self-harm (suicide) per 100,000 population, age-adjusted to the year 2000 standard. This indicator is relevant because suicide is an indicator of poor mental health. | Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2013-17. | County | U.S. |
| Obesity (Adult) | Percent Adults with BMI > 30.0 (Obese) | Total Population Age 20+ | This indicator reports the percentage of adults age 20 and older who self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese). This indicator is relevant because excess weight is a prevalent problem in the U.S.; it indicates an unhealthy lifestyle and puts individuals at risk for further health issues. | Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2016. | County | U.S. |

| Indicator Name | Indicator Variable | Population Denominator | Description | Data Source | Source Geography | Data Area |
|---|---|---|---|---|---|---|
| Overweight (Adult) | Percent Adults Overweight | Survey Population (Adults Age 18+) | This indicator reports the percentage of adults age 18 and older who self-report that they have a Body Mass Index (BMI) between 25.0 and 30.0 (overweight). This indicator is relevant because excess weight is a prevalent problem in the U.S.; it indicates an unhealthy lifestyle and puts individuals at risk for further health issues. | Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. | County | U.S. |
| Physical Inactivity (Adult) | Percent Population with no Leisure Time Physical Activity | Total Population Age 20+ | This indicator reports the percentage of adults age 20 and older who self-report that they perform no leisure time activity, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?" This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health. | Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2016. | County | U.S. |
| Pneumonia Vaccinations (Age 65+) | Percent Population Age 65+ with Pneumonia Vaccination (Age-Adjusted) | Total Population Age 65+ | This indicator reports the percentage of adults age 65 and older who self-report that they have ever received a pneumonia vaccine. This indicator is relevant because engaging in preventive behaviors decreases the likelihood of developing future health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services. | Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. | County | U.S. |

| Indicator Name | Indicator Variable | Population Denominator | Description | Data Source | Source Geography | Data Area |
|---|---|---|---|---|---|---|
| Poor General Health | Percent Adults with Poor or Fair Health (Age-Adjusted) | Total Population (Adults Age 18+) | This indicator reports the percentage of adults age 18 and older who self-report having poor or fair health. This indicator is relevant because it is a measure of general poor health status. | Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. | County | U.S. |
| Population Age 0-4 | Percent Population Age 0-4 | Total Population | This indicator reports the percentage of the population age 0-4 in the designated geographic area. This indicator is relevant because it is important to understand the percentage of infants and young children in the community, as this population has unique health needs which should be considered separately from other age groups. | US Census Bureau, American Community Survey. 2013-17. | Tract | U.S. |
| Population Age 18-24 | Percent Population Age 18-24 | Total Population | This indicator reports the percentage of the population age 18-24 in the designated geographic area. | US Census Bureau, American Community Survey. 2013-17. | Tract | U.S. |
| Population Age 25-34 | Percent Population Age 25-34 | Total Population | This indicator reports the percentage of the population age 25-34 in the designated geographic area. | US Census Bureau, American Community Survey. 2013-17. | Tract | U.S. |
| Population Age 35-44 | Percent Population Age 35-44 | Total Population | This indicator reports the percentage of the population age 35-44 in the designated geographic area. | US Census Bureau, American Community Survey. 2013-17. | Tract | U.S. |
| Population Age 45-54 | Percent Population Age 45-54 | Total Population | This indicator reports the percentage of the population age 45-54 in the designated geographic area. | US Census Bureau, American Community Survey. 2013-17. | Tract | U.S. |

| Indicator Name | Indicator Variable | Population Denominator | Description | Data Source | Source Geography | Data Area |
|---|---|---|---|---|---|---|
| Population Age 5-17 | Percent Population Age 5-17 | Total Population | This indicator reports the percentage of the population age 5-17 in the designated geographic area. This indicator is relevant because it is important to understand the percentage of youth in the community, as this population has unique health needs which should be considered separately from other age groups. | US Census Bureau, American Community Survey. 2013-17. | Tract | U.S. |
| Population Age 55-64 | Percent Population Age 55-64 | Total Population | This indicator reports the percentage of the population age 55-64 in the designated geographic area. | US Census Bureau, American Community Survey. 2013-17. | Tract | U.S. |
| Population Age 65+ | Percent Population Age 65+ | Total Population | This indicator reports the percentage of the population age 65 and older in the designated geographic area. This indicator is relevant because it is important to understand the percentage of adults in the community, as this population has unique health needs which should be considered separately from other age groups. | US Census Bureau, American Community Survey. 2013-17. | Tract | U.S. |
| Population in Limited English Households | Percent Linguistically Isolated Population | Total Population Age 5+ | This indicator reports the percentage of the population aged 5 and older living in Limited English speaking households. A “Limited English speaking household” is one in which no member 14 years old and over (1) speaks only English at home or (2) speaks a language other than English at home and speaks English “Very well.” This indicator is significant as it identifies households and populations that may need English-language assistance. | US Census Bureau, American Community Survey. 2013-17. | Tract | U.S. |

| Indicator Name | Indicator Variable | Population Denominator | Description | Data Source | Source Geography | Data Area |
|---|---|---|---|---|---|---|
| Population with Any Disability | Percent Population with a Disability | Total Population (For Whom Disability Status Is Determined) | This indicator reports the percentage of the total civilian non-institutionalized population with a disability. A person is considered to have a disability if they have specific physical (hearing, vision, ambulatory) and cognitive statuses, and any other status which, if present, would make living in the absence of accommodations difficult or impossible. This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers. | US Census Bureau, American Community Survey. 2013-17. | Tract | U.S. |
| Population with Limited English Proficiency | Percent Population Age 5+ with Limited English Proficiency | Total Population | This indicator reports the percentage of the population age 5 and older that speaks a language other than English at home and speaks English less than "very well." This indicator is relevant because an inability to speak English well creates barriers to healthcare access, provider communications, and health literacy/education. | US Census Bureau, American Community Survey. 2013-17. | Tract | U.S. |
| Poverty - Children Below 100% FPL | Percent Population Under Age 18 in Poverty | Total Population | This indicator reports the percentage of children age 0-17 living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status. | US Census Bureau, American Community Survey. 2013-17. | Tract | U.S. |
| Poverty - Population Below 100% FPL | Percent Population in Poverty | Total Population | Poverty is considered a key driver of health status. This indicator reports the percentage of the population living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status. | US Census Bureau, American Community Survey. 2013-17. | Tract | U.S. |

| Indicator Name | Indicator Variable | Population Denominator | Description | Data Source | Source Geography | Data Area |
|---|---|---|---|---|---|---|
| Poverty - Population Below 200% FPL | Percent Population with Income at or Below 200% FPL | Total Population | This indicator reports the percentage of the population living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status. | US Census Bureau, American Community Survey. 2013-17. | Tract | U.S. |
| Preventable Hospital Events | Age-Adjusted Discharge Rate (Per 10,000 Pop.) | Total Population | This indicator reports the patient discharge rate (per 10,000 total population) for conditions that are ambulatory care sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes, and other conditions which could have been prevented if adequate primary care resources were available and accessed by those patients. This indicator is relevant because analysis of ACS discharges allows demonstrating a possible "return on investment" from interventions that reduce admissions (e.g., for uninsured or Medicaid patients) through better access to primary care resources. | Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2015. | County | U.S. |
| Soft Drink Expenditures | Soda Expenditures, Percentage of Total Food-At-Home Expenditures | | This indicator reports soft drink consumption by census tract by estimating expenditures for carbonated beverages, as a percentage of total food-at-home expenditures. This indicator is relevant because current behaviors are determinants of future health, and this indicator may illustrate a cause of significant health issues, such as diabetes and obesity. Expenditures data are suppressed for single counties and single-geography custom areas. Rank data are not available for custom report areas or multi-county areas. | Nielsen, Nielsen SiteReports. 2014. | Tract | U.S. |

| Indicator Name | Indicator Variable | Population Denominator | Description | Data Source | Source Geography | Data Area |
|---|---|---|---|---|---|---|
| STI - Chlamydia | Chlamydia Infection Rate (Per 100,000 Pop.) | Total Population | This indicator reports incidence rate of chlamydia cases per 100,000 population. This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices. | US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2016. | County | U.S. |
| STI - HIV Prevalence | Population with HIV / AIDS, Rate (Per 100,000 Pop.) | Total Population | This indicator reports prevalence rate of HIV per 100,000 population. This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices. | US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2015. | County | U.S. |
| STD - No HIV Screening | Percent Adults Never Screened for HIV / AIDS | Survey Population (Adults Age 18+) | This indicator reports the percentage of adults age 18-70 who self-report that they have never been screened for HIV. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services. | Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. | County | U.S. |

| Indicator Name | Indicator Variable | Population Denominator | Description | Data Source | Source Geography | Data Area |
|---|---|---|---|---|---|---|
| Teen Births (Under Age 20) | Teen Birth Rate (Per 1,000 Female Pop. Under Age 20) | Female Population Under Age 20 | This indicator reports the rate of total births to women under the age of 20 per 1,000 females under age 20. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices. | US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2006-12. | County | U.S. |
| Tobacco Expenditures | Cigarette Expenditures, Percentage of Total Household Expenditures | | This indicator reports estimated expenditures for cigarettes, as a percentage of total household expenditures. This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease. Expenditures data are suppressed for single counties and single-geography custom areas. Rank data are not available for custom report areas or multi-county areas. Expenditures data are suppressed for single counties and single-geography custom areas. | Nielsen, Nielsen SiteReports. 2014. | Tract | U.S. |
| Tobacco Usage | Percent Population Smoking Cigarettes (Age-Adjusted) | Total Population Adults Age 18+ | This indicator reports the percentage of adults age 18 and older who self-report currently smoking cigarettes some days or every day. This indicator is relevant because tobacco use is linked to leading causes of death, such as cancer and cardiovascular disease. | Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. | County | U.S. |
| Total Population | Population Density (Per Square Mile) | Total Population | This indicator reports total population and the population density. Population density is defined as the number of persons per square mile. | US Census Bureau, American Community Survey. 2013-17. | Tract | U.S. |

| Indicator Name | Indicator Variable | Population Denominator | Description | Data Source | Source Geography | Data Area |
|---|---|---|---|---|---|---|
| Violence - All Violent Crimes | Violent Crime Rate (Per 100,000 Pop.) | Total Population | This indicator reports the rate of violent crime offenses reported by law enforcement per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety. | Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2019. | County | U.S. |

# APPENDIX E:
# FURTHER EXPLANATION OF 2016 SANTA BARBARA COUNTY BRFSS METHODOLOGY

The Community Health Needs Assessment (CHNA) included main data collection by telephone survey. To further increase response, a web-based self-administered version of the survey was added, which provided an additional mode for participants to complete the survey. Additionally, convenience samples were recruited through invitations, press releases, and pre-recruited web-panels. This section provides further explanation of the methods used for data collection through the phone and web survey for both the probability and non-probability samples.

The data collection protocols and questionnaire content for the CHNA were largely informed by the Center for Disease Control and Prevention's (CDC's) Behavioral Risk Factor Surveillance System (BRFSS), the largest continuously conducted health risk behavior phone survey in the world. The BRFSS survey is carried out independently by all 50 states and several territories, providing nationwide health-risk data at the state and territory level.

The BRFSS surveys measure the prevalence of health-related risk behaviors (e.g., physical activity, smoking, and alcohol consumption), chronic health conditions (e.g., diabetes, heart disease, cancer), and use of preventive services (e.g., vaccination, cancer screenings). The results of the BRFSS are used to plan, implement, and evaluate health programs, as well as to better identify high-risk segments of the population for targeted education, outreach, and other types of health promotion and disease prevention programs.

The 2019 Santa Barbara County BRFSS content and methodology are largely based on CDC's BRFSS and focused on the health of residents in Santa Barbara County, California.

The 2019 Santa Barbara County BRFSS included many of the BRFSS 2019 core questions, select optional modules, and other questions identified from leading national and state surveys, including the American Community Survey, the National Health Interview Survey, and the California Health Interview Survey. These data provide county-level information about the prevalence of specific risk behaviors as well as knowledge of both health behaviors and health indicators. In addition, we referenced several other data sources such as the Kessler 6 Scale of psychological distress, the BRFSS Adversity Childhood Experiences scale, and the Connor Davidson Resilience Scale in order to incorporate sections on social determinants of health and behavioral Health.

The 2019 Santa Barbara County BRFSS was conducted in five data collection waves over a four month period between July 2019 and October 2019. Data collection was conducted via landline telephones with randomly selected adults in randomly selected, telephone-equipped Santa Barbara County households. In addition, data were collected from a random sample of Santa Barbara County adults on their cell phones. All telephone records (i.e., households) that could be matched to a physical address in waves 2-5 were sent a pre-notification letter describing the community health needs assessment, its importance, and how to participate. A total of 7,198 mailings were sent.

Due to an initial low response rate to the telephone survey, several adaptations to the survey design were implemented to increase participation. A web-based option was provided to respondents via messages left on voicemails and by way of the pre-notification mailings allowing participants to complete the survey over the web at their own convenience using a custom link to the survey. Voicemails directing people to the web

were only left on cell phones not landline numbers so that household member selection was still conducted with an interviewer. An option was also added to allow potential participants to call in to complete the survey over the phone with a trained interviewer. RDD sample participants were offered a five dollar Starbucks gift card as an incentive. A convenience (non-probability) sample was also recruited targeting both the general population in Santa Barbara County and vulnerable populations via community-based organizations. Two pre-recruited web panels were also included in the convenience sample to increase overall response. Qualtrics and Marketing Systems Groups (MSG) provided the panel samples yielding 160 and 38 completes, respectively. Panel participants were incentivized by the vendors and were directed to complete the survey via text or web.

Cottage Health provided a draft questionnaire for the survey effort in June 2019, to which Evaluation Institute survey methodologists contributed their expert perspective, based on the targeted goals of the CHNA. All questionnaire content was finalized in July. Once a final English questionnaire was determined, the questionnaire was also assembled in Spanish, which included using existing translations of BRFSS core questions and translating any new questions. The questionnaire was then programmed in both English and Spanish. The computer-assisted telephone interviewing (CATI) data collection effort began on July 20, 2019.

## Project Summary

- Waves of RDD data collection:
  - Wave 1: 07/20/2019 - 10/09/2019
  - Wave 2: 08/01/2019 - 10/09/2019
  - Wave 3: 09/21/2019 - 10/28/2019
  - Wave 4: 10/07/2019 - 10/28/2019
  - Wave 5: 10/15/2019 - 10/28/2019
- Completed Interviews: 1,588
- Average Survey Length: 33 minutes
  - Landline: 284
  - Cell Phone: 613
- Completed Nonprobability questionnaires
  - Anonymous web: 493
  - Panels: MSG 38; Qualtrics 160

## Sample Design

The target population for the 2019 Santa Barbara County BRFSS was adults living in Santa Barbara County, California.[6] To reach the target population, an overlapping dual frame landline and cellular random digit dial (RDD) sample design was implemented. The dual-frame covers households with at least one landline telephone or at least one cell phone. Adults living in phoneless households, estimated to be between 2.86-3.45 nationally,[7] were not covered by the dual-frame sample. Homeless residents of Santa Barbara County are eligible for selection if they have a Santa Barbara County cell phone number.

We oversampled targeted geographic areas, defined by ZIP code, with a high percentage of the population below the poverty line. We used ZIP code as the geographic level of stratification. ZIP codes present geographic areas that are small enough to identify clustered populations. In addition, they are the smallest

[6] This population excludes adults: (1) in penal, mental, or other institutions or (2) living in other group quarters such as dormitories, barracks, convents, or boarding houses (with 10 or more unrelated residents).

[7] Blumberg SJ, Luke JV. Wireless substitution: Early release of estimates from the National Health Interview Survey, July–December 2018. National Center for Health Statistics. June 2019. Available from: https://www.cdc.gov/nchs/nhis.htm.

level of geography that can be used to stratify the cell phone sample. Finally, respondents are familiar with ZIP code geography and most likely are able to accurately report the ZIP code where they live for geographic classification.

The sample drawn was stratified into three groups: (1) ZIP codes where 20% or more of the population is below 100% of the federal poverty level; (2) ZIP codes where 20% or more of the population is below 185% of the federal poverty level; and (3) all other ZIP codes. Table 7 includes the Santa Barbara zip code stratification. The data is based on data from the 2013-2017 American Community Survey.

*Table 7. Santa Barbara Zip Code Stratification*

| Zip Code | City | % Population Below 100% of Federal Poverty Level | % Population Below 185% of Federal Poverty Level | Stratum % of Population |
|---|---|---|---|---|
| 93252 | Maricopa | 13.19% | 56.59% | 25.00% |
| 93117 | Goleta | 12.29% | 42.22% | |
| 93440 | Los Alamos | 10.41% | 32.54% | |
| 93458 | Santa Maria | 7.10% | 53.00% | |
| 93101 | Santa Barbara | 18.82% | 36.55% | |
| 93254 | New Cuyama | 17.89% | 45.37% | |
| 93436 | Lompoc | 17.54% | 37.37% | 50.04% |
| 93454 | Santa Maria | 16.76% | 39.40% | |
| 93434 | Guadalupe | 16.07% | 44.91% | |
| 93463 | Solvang | 14.71% | 22.92% | |
| 93109 | Santa Barbara | 13.19% | 24.70% | |
| 93103 | Santa Barbara | 12.29% | 27.71% | |
| 93110 | Santa Barbara | 10.41% | 20.99% | |
| 93013 | Carpinteria | 7.10% | 21.46% | |
| 93067 | Summerland | 6.04% | 27.12% | |
| 93437 | Lompoc | 5.99% | 27.93% | |
| 93460 | Santa Ynez | 5.49% | 21.18% | |
| 93108 | Santa Barbara | 7.67% | 15.67% | 24.06% |
| 93105 | Santa Barbara | 7.24% | 17.32% | |
| 93455 | Santa Maria | 7.19% | 19.89% | |
| 93111 | Santa Barbara | 6.95% | 13.55% | |
| 93427 | Buellton | 5.63% | 18.06% | |
| 93441 | Los Olivos | 2.83% | 12.71% | |
| 93429 | Casmalia | 0.00% | 0.00% | |

## Landline Sample

The landline sample was a list-assisted sample, stratified by ZIP code-based socioeconomic regions. The list-assisted landline RDD frame was defined as the set of telephone exchanges servicing households in the County of Santa Barbara. Exchanges where at least 37% of the directory listed households are geographically located in Santa Barbara were included in the frame. Exchanges where less than 37% of the directory listed households are in Santa Barbara (meaning 63% were outside the county) were discarded.

After identifying the telephone exchanges, all possible telephone numbers were then divided into blocks (or banks) of 100 numbers.[8] As per the BRFSS protocol, zero-blocks, or 100 blocks without any residential assignments, were excluded from the sampling frame. The remaining 100-blocks, those with at least two residential assignment (or 2+ blocks), were assigned to one of three strata based on the ZIP code. 1,000-blocks of telephone numbers were associated with ZIP codes by tallying the number of geocoded landline households in each ZIP code. The 1,000-block was assigned to the ZIP code with the most number of geocoded telephones.

All possible telephone numbers, both listed and unlisted, in 2+ blocks were eligible for selection through RDD with equal probability within the assigned stratum. Figure 12 provides an overview of the landline sampling stratification.

***Table 8. Landline Stratification***

| | Landline Frame | Sample |
|---|---|---|
| Total | 377,400 | 49,530 |
| ZIP codes where 20% or more of the population is below 100% of the federal poverty level | 53,200 | 29,370 |
| ZIP codes where 20% or more of the population is below 185% of the federal poverty level | 204,800 | 14,220 |
| All other ZIP codes | 119,400 | 5,940 |

The landline sample for the 2019 Santa Barbara County BRFSS was generated by Marketing Systems Group (MSG) Genesys software.

## Cell Phone Sample

The cell phone sample was based on telephone 1,000-blocks associated with rate centers located in Santa Barbara County. The location of the rate center is a rough indicator for the location of survey respondents. To determine the rate centers, shown as orange dots in the figure below, we created a map of Santa Barbara and overlaid the location of the local cellular rate centers (Table 9).

[8] A hundred block is a set of 100 telephone numbers with the same area code, prefix, and first two digits of the suffix. A 1+block is a 100 block with at least one telephone number that is assigned to a residence. A 0-block is a 100 block with no residential assignments.

*Figure 12. Rate Centers in Santa Barbara County, California*

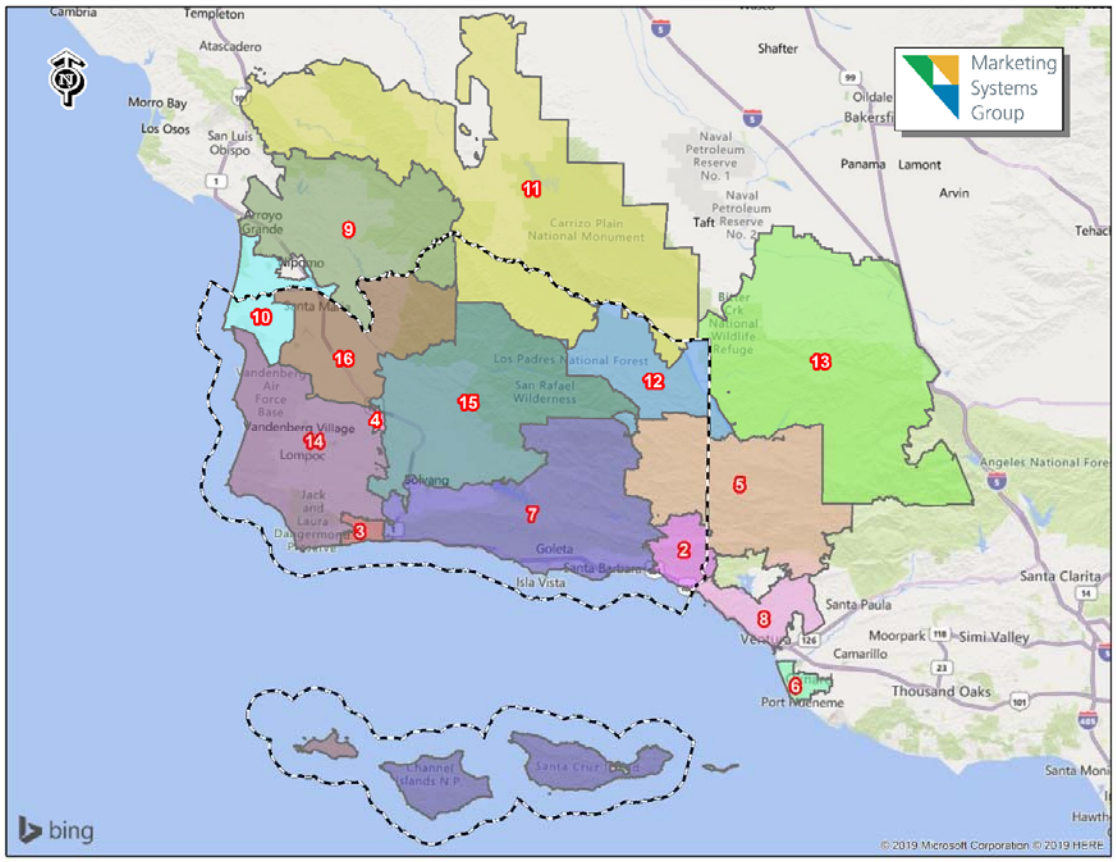



*Table 9. Rate Centers in Santa Barbara County, California*

| Rate Center ID | Map ID | Primary FIPS | Total Household Units |
|---|---|---|---|
| GAVIOTA | 3 | 6083 | 108 |
| LOMPOC | 14 | 6083 | 20,837 |
| LOS ALAMOS | 4 | 6083 | 523 |
| SANBARBARA | 7 | 6083 | 76,050 |
| SANTA YNEZ | 15 | 6083 | 9,695 |
| SANTAMARIA | 16 | 6083 | 42,596 |
| CARPINTRIA | 2 | 6083 | 7,525 |
| CUYAMA | 12 | 6083 | 451 |
| GUADALUPE | 10 | 6079 | 4,336 |
| SANMARGART | 11 | 6079 | 1,943 |
| ARROYOGRND | 9 | 6079 | 22,245 |
| OJAI | 5 | 6111 | 8,226 |
| **Total** | | | **194,535** |

We implemented a double sampling for stratification methodology to assign cell phone numbers to the same socioeconomic strata implemented in the landline sample, and to improve the incidence of locating Santa Barbara residents. The stratification was based on matching the cell phone numbers to a database of billing ZIP codes. The results of the matching identified telephone numbers that matched to a Santa Barbara ZIP code ("match-in"), matched to a non-Santa Barbara ZIP code ("match-out"), or did not have a matching record in the database ("unmatched"). The two-phase sampling was as follows:

- Phase 1. Select a stratified RDD sample of cell phone numbers. Screen the sample using MSG's Cell-WINS activity flag and remove inactive phone numbers from the sample. Match the sample to determine match status. Assign the "match-in" cell numbers to the appropriate ZIP code stratum, and assign the unmatched numbers to a fourth stratum. Eliminate the "match-out" numbers from the sample.
- Marketing Systems Group conducted the Phase 2. Select a disproportionate sample based on match status by oversampling match-in cases and under-sampling unmatched and match-out cases. The match-out cases in the low density stratum were excluded from the sample.

### Augmenting the Cell Sample

In addition to the standard sampling technique, we also used MSG's Consumer Cellular Sample platform, so we could bring in a representative cell sample of people who had moved into Santa Barbara County, but kept a cell phone number from a non-local (to Santa Barbara County) area code. For example, our sample draw included 670 phone numbers with an origin city of Sacramento, CA (area code 916), but for which we identified a billing address in Santa Barbara County.

In addition, to optimize outcome of the first attempt on a sampled record, the sample draw included an ethnicity variable. For records for which the ethnicity was identified as Hispanic, we assigned a bilingual interviewer to the first attempt to dial that record.

*Table 10. Two-Phase Sampling Results*

| Stratum | Frame size | ZIP Code Match Result | Total Dialed |
|---|---|---|---|
| Santa Barbara Rate Centers | 609,000 | 30,127 | 33,227 |
| ZIP codes where 20% or more of the population is below the poverty level | | 3,828 | 3828 |
| ZIP codes where 20% or more of the population is below the poverty level | | 8,467 | 8467 |
| All other Santa Barbara ZIP codes | | 4,403 | 4403 |
| Unmatched | | 13,429 | 13429 |
| Outside Santa Barbara Rate Centers | 18,044 | 3,100 | 3,100 |

## Screening

The 2019 Santa Barbara County BRFSS cell phone survey had the following eligibility requirements: Respondents were (1) adults aged 18 or older and (2) residents of Santa Barbara County as defined by county of residence. The 2019 Santa Barbara County BRFSS landline phone survey had the following eligibility requirements: Respondents were (1) adults aged 18 or older, (2) residents of Santa Barbara County as

defined by county of residence, and (3) residents of a private residence, that is, their number is no a business number.

## Questionnaire Content

The 2019 Santa Barbara County BRFSS questionnaire was composed of a mixture of BRFSS core questions and optional question from the CDC-BRFSS question suite, questions identified from leading national and state surveys (including the American Community Survey, the National Health Interview Survey, the California Health Interview Survey) as well as Cottage Health-added questions that captured the social determinants of health and behavioral health.

Each question was selected based upon the defined goals of the CHNA. The survey content was divided into the following 23 sections.

1. Health Status
2. Healthy Days—Health Related Quality of Life
3. Health Care Access
4. Chronic Conditions
5. Mental Health
6. Demographics
7. Smoking and tobacco use
8. Alcohol Consumption
9. Lifestyle
10. Vaccinations
11. Health Screening
12. Colorectal Cancer Screening
13. Adverse Childhood Experiences
14. Marijuana Uses
15. Opioid Use
16. Sexual Orientation and Gender identity
17. Oral Health
18. Falls
19. Housing and Neighborhood Characteristics
20. Food Security and Availability
21. Support and Companionship
22. Resilience Scale
23. Financial Strain

The full Santa Barbara CHNA questionnaire can be found in Appendix F. A full inventory of each survey question, as well as the question's source, is in Appendix B.

## Interviewer Training

All interviewers and supervisors at the Evaluation Institute, hich primarily conducts BRFSS surveys, undergo the following training.

At the federal level, the Population Health Surveillance Branch (PHSB), Division of Population Health, of the CDC, manages the BRFSS. PHSB provides statistical and sampling support and hosts BRFSS training periodically for BRFSS state coordinators and BRFSS data collection contractors at a national conference. In addition, PHSB communicates with BRFSS Coordinators and contractors through regular e-mail and teleconferences. The team at the Evaluation Institute has participated in all CDC training and conferences in order to ensure that practices are in accordance with the most current protocols.

Interviewers must undergo interviewer training sessions (typically 20 hours of training for new interviewers) which provide basic training in interviewer techniques, refusal conversion, ethics, dispositioning, sampling, and BRFSS general information and history. In addition, all interviewers must pass the University of Pittsburgh Institutional Review Board's modules on research with human subjects and research integrity and ethics. To ensure confidentiality, all interviewers sign a pledge of confidentially which is stored on file, and are instructed to terminate any interview with someone who is known to them.

To ensure the acquisition of basic interviewing skills, trainees are required to extensively perform independent mock interviews with supervisors and senior interviewers before calling and must pass unit quizzes on each of the topics covered in the training and illustrate proficiency in dispositioning and interviewing skills (e.g., neutral probing, appropriate pace and tone, and refusal conversion). Weekly flash trainings are conducted as needed to keep interviewers up-to-date on any protocol or procedural changes. Based on individual performance and productivity metrics, supervisors regularly conduct individual meetings with interviewers. Upon revision of the survey instrument or interviewing procedures, the interviewers are retrained in the new procedures or instrument immediately.

Interviewers receive both didactic and practical training, including quizzes to test their knowledge of sampling, ethics, dispositions, interviewing skills, and BRFSS general information. Interviewers are assessed via quizzes and via evaluation of both mock and live interviewing. Retraining is required until the interviewer is able to pass both the quizzes and observation period.

In order to train interviewers specifically for the 2019 Santa Barbara County BRFSS, the following additional training topics were presented in multiple and continuous training sessions. The first of these sessions was conducted in small groups of 5-6 interviewers at a time and included the following:

1. Purpose and background of the CHNA—specifically the focus of the 2019 CHNA on behavioral health.
2. Tools to increase response rate: Leaving answering machine messages, providing a callback number for respondents, conducting the majority of dialing attempts during evening and weekend hours, incentivizing the survey, and offering a self-administered version of the survey (a link sent via E-mail or text message).
3. Survey Protocols: setting callbacks in correct time zone, survey length, callbacks for initial refusals, interview mode (online or over the phone), and collection of information for incentive.
4. Rigorous training of the questionnaire was conducted. This process included multiple run-throughs of the questionnaire and focused addressing the needs of respondents with legitimacy or confidentiality concerns (specifically because the calls were coming from a Pennsylvania area code). It also included highlighting questions that differ from their typical BRFSS counterparts, review of CHNA specific questions and their objectives, training on pronunciation of certain geographical areas and streets, and familiarizing interviewers with the Cottage Health family of hospitals.

## Quality Control, Data Management, and Reports

### Interviewer Monitoring

All interviewers are monitored at least twice weekly using unobtrusive monitoring, where the monitor can listen to the conversation while simultaneously viewing the interviewer's computer screen as the interview is being conducted, with observations and feedback recorded. Immediate feedback is provided when interviewing problems are identified. Verification Callbacks are be performed in cases where interviewer monitoring is not possible or when data collected appears inaccurate or inconsistent.

Each interviewer is unobtrusively monitored and evaluated on their adherence to calling rules, phone etiquette, dispositioning, and interviewing skills. Scorecards are produced for each interviewer and during interviewer evaluations interviewers are provided with their results in comparison to their previous ratings and in comparison to the averages across all interviewers. Praise and criticism is given when deemed appropriate. At least monthly, interviewers have an individual session with a member of the Evaluation Institute's leadership team to review evaluations, receive feedback, and ask questions. Group monitoring

sessions are also be conducted where supervisors monitor interviewers and the discussion of their monitoring session is conducted with 3-4 other interviewers. This gives the opportunity to address widespread issues amongst all interviewers and to present specific instances that everyone can learn from simultaneously. Additional training and supervision are provided for interviewers who fail to meet expected performance levels. Via remote monitoring Cottage Health was able to conduct unobtrusive monitoring of interviews to ensure adherence to data collection protocols.

### Reporting

The Evaluation Institute's staff provided weekly reports showing the progress of each wave of calling, broken down into sociodemographic groups. Interviewer productivity, completes per hour, call dispositions and refusal and early termination rates were reviewed weekly. In order to quickly detect any inconsistencies and address any problems encountered, the project manager rigorously reviewed these reports. Interviewer productivity metrics were reviewed frequently and recommendations to increase data collection efficiency and quality were presented to interviewers in weekly monitoring sessions.

## Data Collection

Our Computer-Assisted Telephone Interviewing (CATI) system is utilized to manage the sample, schedule callbacks, and to ensure that all BRFSS calling rules are followed. Our WinCATi system also permits data entry in real-time, reducing the likelihood of interviewer errors, ensuring the correct skip patterns, and providing the ability to conduct unobtrusive monitoring of interviewers. Calling occasions occur seven days a week. Calls are made and dispositioned according to CDC guidelines and the American Association for Public Opinion Research (AAPOR)'s standardized disposition codes.

On the landline probability based sample, once a household is reached, the respondent to be interviewed was selected randomly from a list of all persons aged 18 and older residing in the household. Adhering to the selection process is critical to maintaining a probability design and producing reliable and valid population estimates. To ensure adherence to the random selection processes, Ci3 programming was used to randomly draw a single eligible household member and unobtrusive monitoring and interviewer metrics are used to evaluate interviewer's compliance. Unobtrusive monitoring was used to determine if any violations in protocol are occurring and corrective action was taken immediately if violations were observed.

Sample was tracked daily in terms of number of attempts, number of completes, dialings and completes per hour, adherence to calling rules, response rates, and number of appointments and refusals. Targets were monitored overall and for each sociodemographic stratum. Sample was prioritized to ensure stratum targets were being met in a timely manner. For example, a stratum that was marked as underperforming was given priority in the calling queue during times when response rates are highest. Likewise, underperforming strata were assigned to interviewers who are deemed good at refusal conversion or who have high cooperation rates. Strategies like these allow survey supervisors to track, monitor, and adjust the sample so that desired targets were met.

OHSR Shift Supervisors used a number of programs and productivity and status reports to ensure adherence to BRFSS standards. To increase contact rates, shift supervisors ran daily reports to monitor the number of day (9:00 am – 5:00 pm Monday - Friday), evening (5:00 pm – 9:00 pm Monday - Friday) and weekend (9:00 am – 6:00 pm Saturday and Sunday) calls made to phone numbers. Based on these reports and the number of calls made to any one number, shift supervisors modified the calling queues in WinCati so that priority was given to numbers that needed more attempts on a given calling occasion. By the end of the wave of sample, the goal was to give each landline number at least 3 day, 3 evening, and 3 weekend attempts and each cell phone number at least 2 day, 2 evening and 2 weekend attempts. This was to ensure a wide variety of calling times to give every possible respondent the possibility to participate. Not all records received nine and six

attempts on landline and cell respectively (some records are removed from the sample earlier due to contact barriers, refusals, survey completion, or designation as ineligible) but those that do were managed so as to receive varied attempts.

To combat non-coverage bias resulting from an increase in wireless only households and increasing non-English speaking households, the Evaluation Institute used a number of proven strategies. First, we called all sample as soon as possible to reduce the likelihood of an outdated sample. Likewise we combated non-coverage bias related to the high percentage in non-English speaking households in Santa Barbara County by ongoing monitoring of the prevalence of non-English interviews in both the landline and cell frames. Adjustments to the proportion of cell to landline sample were made to increase the inclusion of non-English speaking households. In addition, the WinCATi software has protocols to properly route non-English speaking participants or gatekeepers to a multilingual interviewer on staff. Timely resolution of language barrier issues resulted in better response rates and participation of non-speaking households and a more accurate determination of eligibility status.

## Weighting Methodology

### Design Overview

The target population for this study consisted of adults 18 and over residing in Santa Barbara, California. As a blending task, this study received completes from probability-based sampling methods and non-probability based ones. A dual-frame design (using cellular and landline telephone numbers within the target geography) sampling strategy was used to maximize sample coverage for probability-based samples. However, this report focuses only on the weighting for the probability-based sample cases instead of all of them. The landline sample was stratified by a high-density federal poverty level for both listed and unlisted numbers. The Cell frame covered all of Santa Barbara. To ensure that a reproducible and representative sample was obtained, probability-based sampling via random digit dial (RDD) was used within each of the two frames. In summary, the survey secured a total of 897 probability-based completes (284 of which were obtained from the landline frame, 613 of which were obtained from the cell phone frame). The following table provides a summary of sample and universe sizes by probability-based sampling strata.

***Table 11. Distribution of Sample and Universe Counts by Sampling Strata[1]***

| Stratum | Counts | | | Base weight[2] |
|---|---|---|---|---|
| | Universe | Sample | Clean & Qualified Sample | |
| 1. ZIP codes where 20% or more of the population is below 100% of the federal poverty level (Listed Sample) | 5,851 | 5,820 | – | 1.0053 |
| 2. ZIP codes where 20% or more of the population is below 100% of the federal poverty level (Not Listed Sample) | 47,349 | 23,550 | – | 2.0106 |
| 3. ZIP codes where 20% or more of the population is below 185% of the federal poverty level (Listed Sample) | 32,328 | 3,876 | – | 8.3406 |
| 4. ZIP codes where 20% or more of the population is below 185% of the federal poverty level (Not Listed Sample) | 172,472 | 10,344 | – | 16.6736 |
| 5. All other Santa Barbara ZIP codes (Listed Sample) | 20,009 | 1,704 | – | 11.7424 |

| | | | | | |
|---|---|---|---|---|---|
| 6. | All other Santa Barbara ZIP codes (Not Listed Sample) | 99,391 | 4,236 | – | 23.4634 |
| 7. | Cellular RDD Santa Barbara Rate Centers | 609,000 | 64,000 | 30,127 | 20.2144 |
| 8. | Consumer Cell | 18,044 | 3,100 | – | 5.8206 |

[1]Variable name in the dataset: SampleStratum_LLCell

[2]Base weight of probability cases before multiplicity adjustment.

## Weighting

Virtually, all survey data are weighted before they can be used to produce reliable estimates of population parameters. While reflecting the selection probabilities of sampled units, weighting also attempts to compensate for practical limitations of a sample survey, such as differential nonresponse and under-coverage. The weighting process for this survey entailed two major steps. The first step consisted of computation of the *design weights* to reflect the selection probabilities of households. In the second step, design weights were *calibrated* so that the resulting final weights would aggregate to reported totals for the target population with respect to specific geodemographic characteristics.

### Step 1. Calculating Cell and Landline Design Weights for Probability Cases

The computation of the design weights consisted of three steps: (1) computation of the base weight, (2) adjustments for multiplicity/selection of an adult within the household and (3) the formulation of the composite base weight. The base weight was computed separately for each adult in the landline or cell phone frame using the sample size and universe count information (LL frame: Base weight = Universe counts/Sample size; Cell frame: Base weight = (Universe counts/Sample size)*(Sample size/Clean & Qualified Sample)). The multiplicity adjustment for within household selection of one adult for respondents was only performed on those collected via the landline frame once the base weight was calculated. The formula of multiplicity adjustment is $\text{BaseWeight}_{\text{multiadj}}$ = (Base weight)*(Number of eligible adults in the household). The total number of people living in the household was not capped since there were only 8 people reporting that their household size was greater than three (7 ppl for HH size = 4; 1 person for HH size = 6). The variable name for the imputed eligible adults that can be used in the formula mentioned above in the household is - *adults_Imp*.

In a fully overlapping landline and cell phone dual-frame sample design, meaning those who had a landline and cell phone were eligible to be selected via either sample, we used a composite weight to account for the overlap of dual-users selected in the cell sample and the dual-users selected in the landline sample. Based on the survey responses, there were cell phone only and dual-frame completes in the cell sampling frame. Since the telephone usage information was not collected in the landline frame, we treated all landline completes as dual users and thus their base weights needed to receive further weight adjustments. For those single phone user, no composite weight adjustment was needed. For those adults who were dual users, composite base weights that reflected possibilities of being included in the sample from either of the two frames were derived by averaging the landline and cell samples using a composite factor proportional to the effective sample sizes within each frame. Before averaging the landline and cell samples, we post-stratified each individually to match the estimated number of cell-only and landline populations based on the estimated cell-only percentage (44%) from Marketing Systems Group (MSG). The MSG cell-only estimate was calculated by subtracting the estimated landline households from the estimated telephone households. *BaseWt_ProbComposite* is the variable name of the composite weights after the dual-phone-user weights adjustments.

$$COMBW_j = \begin{cases} PPERW_j & \text{If person i lives in a household with cell only or landline only} \\ \lambda * PPERW_j & \text{If person i lives in a household with cell and landline from the landline sample} \\ (1-\lambda) * PPERW_j & \text{If person i lives in a household with cell and landline from the cell sample} \end{cases}$$

$COMBW_j$: $composite\ weight$
$PPERW_j$: $poststratified\ base\ weight$
$\lambda$: $composite\ factor$

**Step 2. Calibrating the Cases to Match the Population Control Total**

For the calibration step, weights of all combined cases were adjusted using an iterative proportional fitting method called raking, whereby design weights were simultaneously adjusted along several dimensions following the 2018 BRFSS Weighting Methodology. This calibration procedure ensures that all weighted frequency counts along any of the raking dimensions match their corresponding population totals obtained from external sources. In order for the calibration to be successful, each sampled unit must not have missing values on the variables used as part of the raking procedure. To this end, we imputed missing values on the specific variables used in the weighting procedures using Random Forest in R. This process ensures that the overall weighted distributions of the imputed data match those of the original data. The missing values were imputed based on classes determined by combinations of demographic variables and variables to be related to the outcomes of interest. A final weight adjustment step was undertaken to trim the weights to 1156 – which represented approximately a 5.0% trim on the upper weights. These trimmed weights were recalibrated so that no final weight exceeded the median plus six times the interquartile range of the final weights.

The requisite population totals for this study were obtained from 2017 American Community Survey 1-year Public Use Microdata Sample (PUMS) as well as Nielsen Claritas 2020 zip code level estimates. The tables below detail the unweighted and weighted counts for each raking dimension.

***Table 12. First Raking Dimension for Weight Adjustments by Gender and Age[1]***

| Age | Males | | | | | | Females | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Respondents (Unweighted) | | Weighted Respondents | | Population Control Totals[2] | | Respondents (Unweighted) | | Weighted Respondents | | Population Control Totals[2] | |
| 18-34 | 90 | 23.4% | 67,847 | 39.3% | 67,847 | 39.3% | 76 | 14.8% | 63,139 | 36.0% | 63,139 | 36.0% |
| 35-54 | 94 | 24.4% | 51,044 | 29.5% | 51,044 | 29.5% | 120 | 23.5% | 48,901 | 27.9% | 48,901 | 27.9% |
| 55+ | 201 | 25.2% | 53,935 | 31.2% | 53,935 | 31.2% | 316 | 61.7% | 63,280 | 36.1% | 63,280 | 36.1% |
| **Total** | **385** | **100.0%** | **172,826** | **100.0%** | **172,826** | **100.0%** | **512** | **100.0%** | **175,320** | **100.0%** | **175,320** | **100.0%** |

[1]Variable name in the dataset: GenderbyAge3_ImpforWt

[2]Source: Distributions from the Census 2017 ACS 1-Year PUMS

***Table 13. Second Raking Dimensions for Weight Adjustments by Race and Ethnicity[1]***

| Race/Ethnicity | Respondents (Unweighted) | | Weighted Respondents | | Population Control Totals[2] | |
|---|---|---|---|---|---|---|
| Non-Hispanic: White | 584 | 65.1% | 172,300 | 49.5% | 172,300 | 49.5% |
| Non-Hispanic: Black | 13 | 1.5% | 6,028 | 1.7% | 6,028 | 1.7% |
| Non-Hispanic: Asian | 20 | 2.2% | 20,088 | 5.8% | 20,088 | 5.8% |
| Non-Hispanic: AI, AN[3] | 10 | 1.1% | 756 | 0.2% | 756 | 0.2% |
| Hispanic | 257 | 28.7% | 138,318 | 39.7% | 138,318 | 39.7% |
| Non-Hispanic: Other races | 13 | 1.4% | 10,656 | 3.1% | 10,656 | 3.1% |
| **Total** | **897** | **100.0%** | **348,146** | **100.0%** | **348,146** | **100.0%** |

[1]Variable name in the dataset: Race6_ImpforWt
[2]Source: Distributions from the Census 2017 ACS 1-Year PUMS
[3]AI: American Indian; AN: Alaskan Native

### *Table 14. Third Raking Dimension for Weight Adjustments by Education[1]*

| Education | Respondents (Unweighted) | | Weighted Respondents | | Population Control Totals[2] | |
|---|---|---|---|---|---|---|
| Less than High School | 91 | 10.1% | 59,367 | 17.1% | 59,367 | 17.1% |
| High School Graduate | 140 | 15.6% | 61,060 | 17.5% | 61,060 | 17.5% |
| Some College | 258 | 28.8% | 123,890 | 35.6% | 123,890 | 35.6% |
| Bachelors' Degree+ | 408 | 45.5% | 103,829 | 29.8% | 103,829 | 29.8% |
| **Total** | **897** | **100.0%** | **348,146** | **100.0%** | **348,146** | **100.0%** |

[1]Variable name in the dataset: Educ4_ImpforWt
[2]Source: Distributions from the Census 2017 ACS 1-Year PUMS

### *Table 15. Fourth Raking Dimension for Weight Adjustments by Marital Status[1]*

| Marital Status | Respondents (Unweighted) | | Weighted Respondents | | Population Control Totals[2] | |
|---|---|---|---|---|---|---|
| Married / Domestic Partnership | 504 | 56.2% | 156,761 | 45.0% | 156,761 | 45.0% |
| Divorced or separated | 142 | 15.8% | 40,622 | 11.7% | 40,622 | 11.7% |
| Widowed | 90 | 10.1% | 18,833 | 5.4% | 18,833 | 5.4% |
| Singe / Never Married | 161 | 17.9% | 131,930 | 37.9% | 131,930 | 37.9% |
| **Total** | **897** | **100.0%** | **348,146** | **100.0%** | **348,146** | **100.0%** |

[1]Variable name in the dataset: Marital4_ImpforWt
[2]Source: Distributions from the Census 2017 ACS 1-Year PUMS

### *Table 16. Fifth Raking Dimension for Weight Adjustments by Homeownership[1]*

| Homeownership | Respondents (Unweighted) | | Weighted Respondents | | Population Control Totals[2] | |
|---|---|---|---|---|---|---|
| Owned or being bought | 567 | 63.2% | 189,517 | 54.4% | 189,517 | 54.4% |
| Rent or No cash rent | 330 | 36.8% | 158,629 | 45.6% | 158,629 | 45.6% |
| **Total** | **897** | **100.0%** | **348,146** | **100.0%** | **348,146** | **100.0%** |

[1]Variable name in the dataset: HomeOwn2_ImpforWt
[2]Source: Distributions from the Census 2017 ACS 1-Year PUMS

### *Table 17. Sixth Raking Dimension for Weight Adjustments by County Region[1]*

| County Region | Respondents (Unweighted) | | Weighted Respondents | | Population Control Totals[2] | |
|---|---|---|---|---|---|---|
| North County | 247 | 27.5% | 127,184 | 36.5% | 127,184 | 36.5% |
| Mid County | 138 | 15.4% | 59,450 | 17.1% | 59,450 | 17.1% |

| | | | | | | |
|---|---|---|---|---|---|---|
| South County | 512 | 57.1% | 161,512 | 46.4% | 161,512 | 46.4% |
| **Total** | **897** | **100.0%** | **348,146** | **100.0%** | **348,146** | **100.0%** |

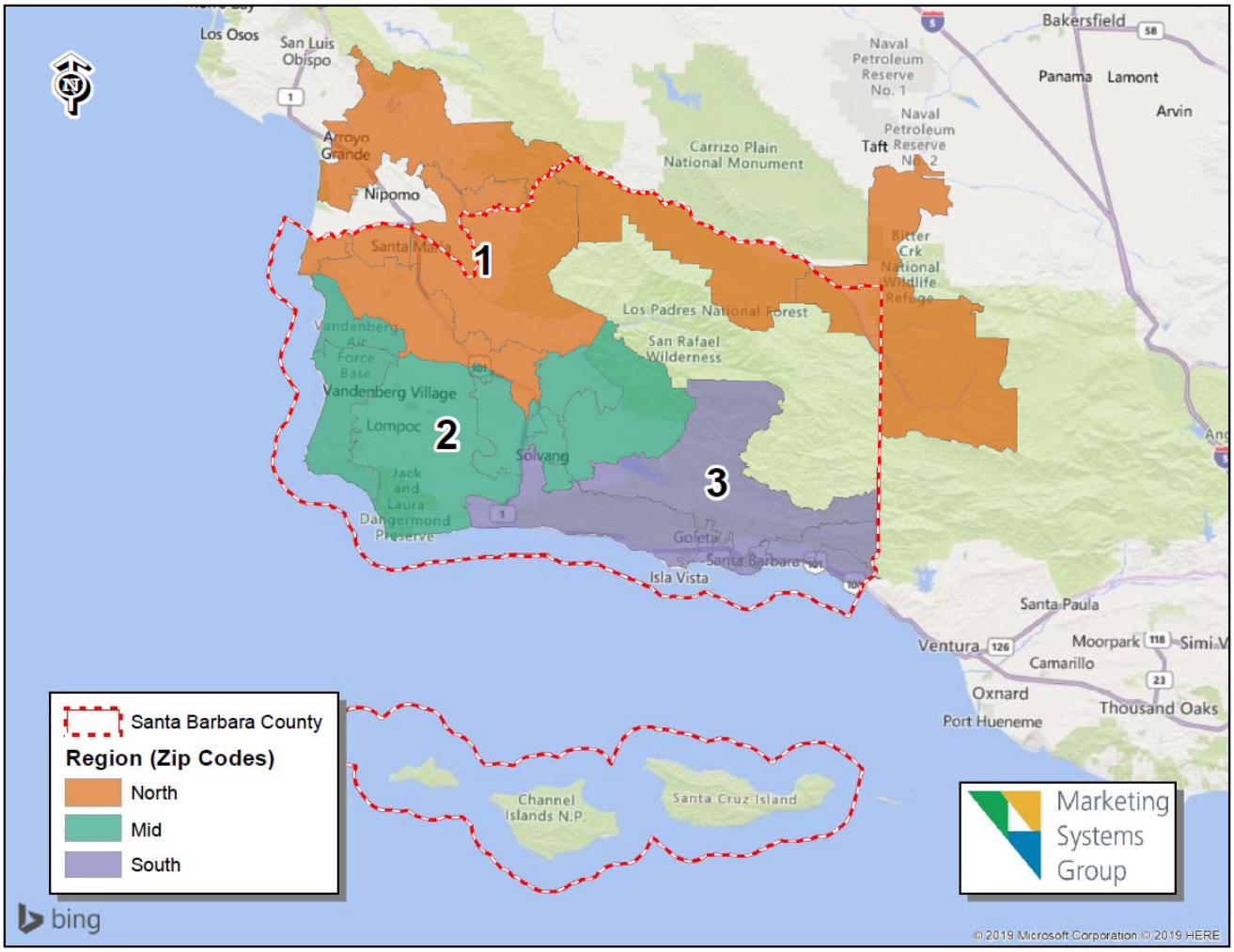
[1]Variable name in the dataset: Region3_ImpforWt; the table and map of zip codes within each region are shown below.

[2]Source: Distributions from Claritas 2020

### *Table 18. Santa Barbara County ZIP Codes by Sub-region*

| **North County** |
|---|
| 93454, 93252, 93254, 93455, 93458, 93434, 93420 |
| **Mid County** |
| 93463, 93427, 93436, 93437, 93438, 93441, 93460, 93464, 93440, 93429 |
| **South County** |
| 93013, 93014, 93117, 93116, 93118, 93110, 93111, 93108, 93150, 93101, 93102, 93103, 93105, 93106, 93107, 93109 |

### *Figure 13. Santa Barbara County: ZIP Codes and Regions*



## Variance Estimation for Weighted Data

Survey estimates can only be interpreted properly in light of their associated sampling errors. Since weighting often increases variances of estimates, use of standard variance calculation formulae with weighted data can result in misleading statistical inferences. With weighted data, two general approaches for variance estimation can be distinguished. One method is *Taylor Series Linearization* and the second is *Replication*. There are several statistical software packages that can be used to produce design-proper estimates of variances, including R, SAS, SUDAAN, SPSS, and Stata.

An approximation method for variance estimation can be used to avoid the need for special software packages. Researchers who do not have access to such tools for design-proper estimation of standard errors can approximate the resulting variance inflation due to weighting and incorporate that in subsequent calculations of confidence intervals and tests of significance. With $w_i$ representing the final weight of the $i^{th}$ respondent, the inflation due to weighting, which is commonly referred to as *Unequal Weighting Effect (UWE)*, can be approximated by:

$$\delta = 1 + \frac{\sum_{i=1}^{n} \frac{(w_i - \bar{w})^2}{n-1}}{\bar{w}^2}$$

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

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

Subsequently, the (100-$\alpha$)% confidence interval for *P* would be given by:

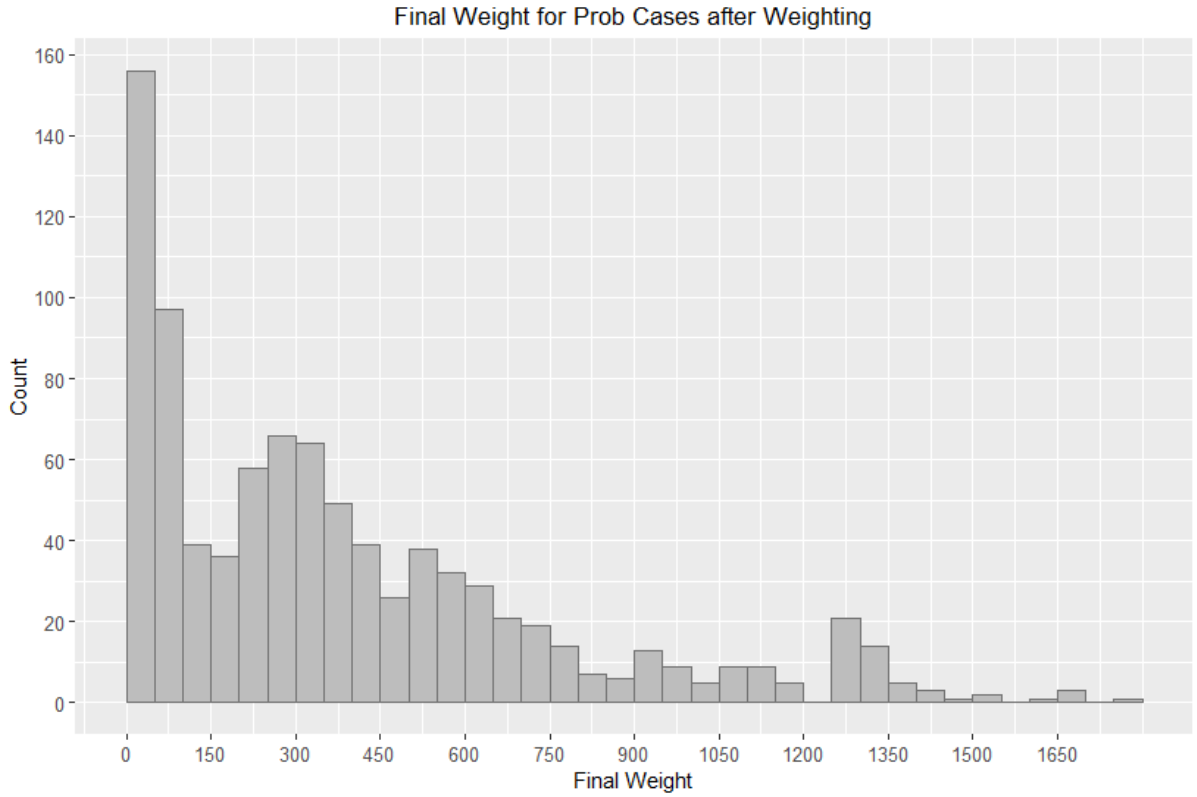
$$\hat{p} - z_{\alpha/2}\sqrt{\frac{\hat{p}(1-\hat{p})}{n-1}\left(\frac{N-n}{N}\right) \times \delta} \leq P \leq \hat{p} + z_{\alpha/2}\sqrt{\frac{\hat{p}(1-\hat{p})}{n-1}\left(\frac{N-n}{N}\right) \times \delta}$$

## Summary Information for the Weighted Data

An overall histogram illustrating the final calibrated weights is shown in Figure 12. Based on the UWE (aka design effect for the weights) equation in the previous example, the value computed for this study based on the final weights is: 1.88. The UWE can be used in the estimation of confidence intervals for estimates derived using the final sampling weights as described in the previous section. The final weight, *WtFinal_Prob* which sums to the target population, in this case the number of adults 18 and over residing in Santa Barbara, should be used along with the stratum ID (variable *SBbrfssWtDataTB4_forProbWt4*) in all analysis to generate unbiased standard error using Taylor Series Linearization approach.

.

*Figure 14. Distribution of the Final Sampling Weight*



# APPENDIX F:
# CHNA DATA COLLECTION TOOLS AND INSTRUMENTS

## Full 2019 Santa Barbara County BRFSS Questionnaire in English and Spanish

# 2019 Community Health Needs Assessment Questionnaire

November 2019

Prepared by: The Evaluation Institute at the University of Pittsburgh

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## Interviewer's Script

## Answering Machine Message

(Left on 1st and 5th attempts)

**Landline**:

Hello, I'm calling on behalf of Cottage Health to better understand health issues most affecting people in Santa Barbara County. Your input will help identify the health needs and opportunities in the community. You will receive a $5 gift card for participating. Again, that is cottagehealth.org/survey. Or to participate by phone, please call us back at 805-324-9247. The number again is 805-324-9247. This survey closes on Monday, October 28th at 9pm. Thank you.

Hola, estoy llamando en nombree de Cottage Health para preguntarle algunas preguntas sobre la salud y para ayudar a Cottage Health a proveer servicios a su communidad. Su aporte ayudará a identificar las necesidades y oportunidades de salud en la comunidad. Recibirá una tarjeta regalo de $5 por participar. Otra vez, es cottagehealth.org/survey. O, llámenos al 805-324-9247. El número de de nuevo es 805-324-9247. Esta encuesta Cierra el 28 de Octubre a las 9:00 de la noche. Gracias.

**Cellphone**:

Hello, I'm calling on behalf of Cottage Health to better understand health issues most affecting people in Santa Barbara County. Your input will help identify the health needs and opportunities in the community. You will receive a $5 gift card for participating. You may visit cottagehealth.org/survey to learn more and take the survey. Again, that is cottagehealth.org/survey. Or to participate by phone, please call us back at 805-324-9247. The number again is 805-324-9247. This survey closes on Monday, October 28th at 9pm. Thank you.

Hola, estoy llamando en nombree de Cottage Health para preguntarle algunas preguntas sobre la salud y para ayudar a Cottage Health a proveer servicios a su communidad. Su aporte ayudará a identificar las necesidades y oportunidades de salud en la comunidad. Recibirá una tarjeta regalo de $5 por participar. Puede ir en línea a cottagehealth.org/survey para saber más y tomar la encuesta. Otra vez, es cottagehealth.org/survey. O, llámenos al 805-324-9247. El número de de nuevo es 805-324-9247. Esta encuesta Cierra el 28 de Octubre a las 9:00 de la noche. Gracias.

## Introduction

Hello, I'm calling on behalf of Cottage Health, your local non-profit hospital. My name is _____. We would like to better understand health issues most affecting people in Santa Barbara County. Would you be willing to take an anonymous and confidential phone or web survey? You will receive a $5 gift card for participating.

Your phone number was randomly selected, and results will be used to identify health needs and opportunities in the community. This survey can be completed over the phone or online and may be monitored for quality assurance purposes. Is this (telephone number)?

INTERVIEWER NOTE – IF NECESSARY, STATE: Our three hospitals — Santa Barbara, Goleta Valley, and Santa Ynez Valley Cottage hospitals — are conducting this survey to better serve the health needs of our patients and community.

INTERVIEWER NOTE – IF NECESSARY, STATE: Conduct of this survey is required by the California Office of Statewide Health Planning and Development, and the Internal Revenue Service (IRS).

Hola, llamo de parte de Cottage Health, su hospital sin fin de lucro local. Me llamo _____. Nos gustaría entender mejor las cuestiones de salud que más afectan los residentes del condado de Santa Bárbara. ¿Estaría dispuesto a tomar una encuesta anónima por teléfono o en línea? Recibirá una tarjeta regalo de $5 por participar.

Su número de teléfono fue seleccionado al azar, y los resultados de la encuesta ayudarán a identificar las necesidades y oportunidades de salud en la comunidad. Esta encuesta puede ser hecho por teléfono o en línea y puede ser monitoreada para fines de seguridad de calidad. ¿Estoy hablando al (número de teléfono)?

INTERVIEWER NOTE – IF NECESSARY, STATE: Nuestros tres hospitales de Cottage, Santa Bárbara, Goleta Valley y Santa Ynez Valley, realizan esta encuesta para atender mejor las necesidades de salud de nuestros pacientes y comunidad.

INTERVIEWER NOTE – IF NECESSARY, STATE: Llevar a cabo esta encuesta es requerido por la Oficina de la Organización y Desarrollo Estatal de California, y el Internal Revenue Service: El Servicio de Rentas Internas.

## Eligibility Questions

## If Cellphone

**//ASK ALL//**

**CPWEBYN**:

Thank you. Would you like to proceed by phone now or be sent a link to complete it online on your own?

1. Phone (now) [go to CPSafe]
2. Link/Web [go to CPWEB1]

Gracias. ¿Desea continuar por teléfono ahora o recibir un enlace para completarlo en línea por su cuenta?

1. Teléfono [go to CPSafe]
2. Enlace/Web [go to CPWEB1]

**CPWEB1:**

Thank you very much. Muchas gracias. [INTERVIEWER INSTRUCTIONS ON HOW TO SEND TO QUALTRICS]

1. Continued on Qualtrics [opens Qualtrics, enters contact information]
2. Continue on WinCati [go to CPSafe]

**//ASK ALL//**

**CPSafe**:

Is this a safe time to talk with you?

1. Yes [go to CPConTel]
2. No [go to CPUnsafe]

¿Es este un momento conveniente y seguro para hablar con Usted?

1. Sí [go to CPConTel]
2. No [go to CPUnsafe]

**CPUnsafe**

Thank you very much, we will call you back at a more convenient time. *[To disposition]*

Muchas gracias. Lo volveremos a llamar a una hora más conveniente. *[To disposition]*

**//ASK ALL//**

**CPConTel**

Is this (phone number)?

1. Yes [go to CPIsCell]
2. No [go to CPWrongN]

¿Estoy hablando al (número de teléfono)?

1. Sí [go to CPIsCell]
2. No [go to CPWrongN]

**CPWrongN**

Thank you very much, but I seem to have dialed the wrong number. It's posible that your number may be called at a later time. *[To disposition]*

Disculpe; es probable que haya llamado a un número equivocado. Es posible que su número sea seleccionado en otra oportunidad. *[To disposition]*

**//ASK ALL//**

**CPIsCell**

Is this a cell phone? (By cell phone we mean a telephone that is mobile and usable outside of your neighborhood.)

1. Yes [go to CPAdult]
2. No [go to CPCellNo]

¿Estoy hablando a un teléfono celular? (Por teléfono celular queremos decir un teléfono móvil y que pueda usarse fuera de su vecindario.)

1. Sí [go to CPAdult]
2. No [go to CPCellNo]

**CPCellNo**

Thank you very much, but we are only interviewing cell phones at this time. *[To disposition]*

Muchísimas gracias, pero en este momento solo estamos entrevistando a través de teléfonos celulares. *[To disposition]*

**//ASK ALL//**

**CPAdult**

Are you 18 years of age or older?

1. Yes [go to CPSexAD]
2. No [go to CPNoAdlt]

¿Tiene Usted 18 años o más?

1. Sí [go to CPSexAD]
2. No [go to CPNoAdlt]

**CPNoAdlt**

Thank you very much but we are only interviewing people over 18 years of age at this time. *[To disposition]*

Muchas gracias, pero sólo estamos entrevistando personas que tienen 18 años o más en este momento. *[To disposition]*

**//ASK ALL//**

**CPSexAD**

Are you male or female?

1. Male [go to CPPvtRes]
2. Female [go to CPPvtRes]
7. DON'T KNOW/NOT SURE [go to CPNSxAd]
9. REFUSED [go to CPNSxAd]

¿Es usted de sexo masculino o femenino?

1. Masculino [go to CPPvtRes]
2. Femenino [go to CPPvtRes]
7. NO SABE/NO ESTÁ SEGURO [go to CPNSxAd]
9. SE NEGÓ A CONTESTAR [go to CPNSxAd]

**CPNSxAd**

Thank you for your time, your number may be selected for another survey in the future.
Interviewer note: Press '1' to re-ask the previous question then press F3 and code as a refusal.

Es posible que su número sea seleccionado en otra oportunidad. Gracias por su atención. Adiós.
Interviewer note: Press '1' to re-ask the previous question then press F3 and code as a refusal.

**//ASK ALL//**

**CPPvtRes**

Do you live in a private residence?

READ ONLY IF NECESSARY: By private residence we mean someplace like a house or an apartment.

NOTE: PRIVATE RESIDENCE INCLUDES ANY HOME WHERE THE RESPONDENT SPENDS AT LEAST 30 DAYS INCLUDING VACATION HOMES, RVS, OR OTHER LOCATIONS IN WHICH THE RESPONDENT LIVES FOR PORTIONS OF THE YEAR.

1. Yes
2. No [go to CPColleg]

¿Estoy hablando a un domicilio particular?

LEA LO SIGUIENTE SI ES NECESARIO: Por domicilio particular queremos decir una vivienda como una casa o apartamento.

NOTA: UN DOMICILIO PARTICULAR INCLUYE CUALQUIER VIVIENDA EN DONDE EL ENCUESTADO PASE AL MENOS 30 DÍAS, COMO RESIDENTES VACAIONALES, CASAS RODANTES U OTROS LUGARS EN LOS QUE EL ENCUESTADO VIVA PARTES DEL AÑO.

1. Sí
2. No [go to CPColleg]

**CPColleg**

Do you live in college housing?

READ ONLY IF NECESSARY: By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.

1. Yes [go to CPState]
2. No [go to CPNonRes]

¿Vive en una residencia universitaria?

LEA LO SIGUIENTE SI ES NECESARIO: Por residencia universitaria queremos decir domitorio, vivienda para estudiantes de posgrado o profesores visitantes, u otro tipo de alojamiento provisto por una universidad.

1. Sí [go to CPState]
2. No [go to CPNonRes]

**CPNonRes**

Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time. *[To disposition]*

Muchas gracias, pero por el momento sólo estamos entrevistando a personas que viven en una residencia privada o universitaria. *[To disposition]*

**//ASK ALL//**

**CPState**

Do you currently live in Santa Barbara County?

1. Yes [go to CPLandLi]
2. No [go to CPStatEn]

¿Usted vive en estos momentos en el condado de Santa Barbara?

1. Sí [go to CPLandLi]
2. No [go to CPStatEn]

**CPStatEn**

Thank you very much for your time but we are only interviewing people who live in Santa Barbara at this time. *[To disposition]*

Muchas gracias por su atención pero sólo estamos entrevistando personas que viven en el condado de Santa Bárbara en este momento. *[To disposition]*

//ASK ALL//

**CPLandLi**

Do you also have a landline telephone in your home that is used to make and receive calls?

READ ONLY IF NECESSARY: By landline telephone, we mean a 'regular' telephone in your home that is used for making or receiving calls. Please include landline phones used for both business and personal use.

NOTE: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack, and other home-based phone services.)

1. Yes [go to CPNmAdlt]
2. No [go to CPNmAdlt]
7. DON'T KNOW/ NOT SURE [go to CPIntroS]
9. REFUSED [go to CPNmAdlt]

¿Tiene usted también un teléfono fijo en su casa que se utilice para hacer y recibir llamadas?

LEA LO SIGUIENTE SI ES NECESARIO: Por teléfono fijo queremos decir un teléfono 'regular' de los que se usan en las casas para hacer o recibir llamadas. Por favor, incluya los teléfonos fijos tanto de uso comercial como personal.

NOTA: El servicio de teléfono por internet se considera servicio de teléfono fijo. (Esto incluye Vonage, Magic Jack y otros servicios basados en la casa.)

1. Sí [go to CPNmAdlt]
2. No [go to CPNmAdlt]
7. NO SABE/ NO ESTÁ SEGURO [go to CPIntroS]
9. SE NIEGA A CONTESTAR [go to CPNmAdlt]

//ASK ALL//

**CPNmAdlt**

How many members of your household, including yourself, are 18 years of age or older?

__ __ (Enter the number of adults) [go to CPIntroS]
7 7 DON'T KNOW/ NOT SURE [go to CPIntroS]
9 9 REFUSED [go to CPIntroS]

¿Cuántas personas de las que viven en su casa, incluido Usted, tienen 18 años o más?

__ __ (Número) [go to CPIntroS]
7 7 NO SABE/ NO ESTA SEGURO [go to CPIntroS]
9 9 SE NIEGA A CONTESTAR [go to CPIntroS]

//ASK ALL//

**CPIntroS**

I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you don't want to, and you can end the interview at any time. Any information you give me will be confidential. This call may be monitored for quality control. If you have any questions about the survey, I will provide a telephone number for you to call to get more information. If you have any questions about this study, you can call the study director, Dr. Todd Bear at 412-624-3126.

No le preguntaré su apellido ni su dirección ni ningún otro dato personal que pudiera identificarlo. No tiene que contestar a ninguna pregunta que no desea, y puede dar por terminada esta encuesta en cualquier momento. Cualquier información que me dé será confidencial. Esta llamada puede ser monitoreada para los fines de control de calidad. Si tiene alguna pregunta sobre esta encuesta, por favor, llame al director de la encuesta, Dr. Todd Bear, al 412-624-3126.

## If Landline

**//ASK ALL//**

**LLWEBYN**:

Thank you. Would you like to proceed by phone now or be sent a link to complete it online on your own?

1. Phone (now) [go to PrivRes]
2. Link/Web [go to LLWEB1]

Gracias. ¿Desea continuar por teléfono ahora o recibir un enlace para completarlo en línea por su cuenta?

1. Teléfono [go to PrivRes]
2. Enlace/Web [go to LLWEB1]

**LLWEB1:**

Thank you very much. Muchas gracias. [INTERVIEWER INSTRUCTIONS ON HOW TO SEND TO QUALTRICS]

1. Continued on Qualtrics [opens Qualtrics, enters contact information]
2. Continue on WinCati [go to PrivRes]

**//ASK ALL//**

**PrivRes**

Is this a private residence?

NOTE: READ ONLY IF NECESSARY: By private residence, we mean someplace like a house or an apartment.

NOTE: PRIVATE RESIDENCE INCLUDES ANY HOME WHERE THE RESPONDENT SPENDS AT LEAST 30 DAYS INCLUDING VACATION HOMES, RVS OR OTHER LOCATIONS IN WHICH THE RESPONDENT LIVES FOR PORTIONS OF THE YEAR.

1. Yes
2. No, CONTINUE [go to CollegeH]
3. No, BUSINESS PHONE ONLY [go to LLNotPR]

¿Estoy hablando a un domicilio particular?

LEA LO SIGUIENTE SI ES NECESARIO: Por domicilio particular queremos decir una vivienda como una casa o apartamento.

NOTA: UN DOMICILIO PARTICULAR INCLUYE CUALQUIER VIVIENDA EN DONDE EL ENCUESTADO PASE AL MENOS 30 DÍAS, COMO RESIDENTES VACAIONALES, CASAS RODANTES U OTROS LUGARS EN LOS QUE EL ENCUESTADO VIVA PARTES DEL AÑO.

1. Sí
2. No, CONTINUE [go to CollegeH]
3. No, ES UNA EMPRESA [go to LLNotPR]

**//ASK IF PrivRes = 3//**

**LLNotPR**

Thank you very much, but we are only interviewing persons on residental phone lines at this time. *[To disposition]*

Muchas gracias, pero por el momento sólo estamos haciendo la encuesta en domicilios particulares. *[To disposition]*

**//ASK IF PrivRes = 2//**

**CollegeH**

Do you live in college housing?

READ ONLY IF NECESSARY: By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.

1. Yes [go to LLState]
2. No [go to NonRes]

¿Vive en una residencia universitaria?

LEA LO SIGUIENTE SI ES NECESARIO: Por residencia universitaria queremos decir domitorio, vivienda para estudiantes de posgrado o profesores visitantes, u otro tipo de alojamiento provisto por una universidad.

1. Sí [go to LLState]
2. No [go to NonRes]

**//ASK IF PrivRes = 2 and CollegeH = 2//**

**NonRes**

Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time. *[To disposition]*

Muchas gracias, pero por el momento sólo estamos entrevistando a personas que viven en una residencia privada o universitaria. *[To disposition]*

**//ASK ALL//**

**LLState**

Do you currently live in Santa Barbara County?

1. Yes [go to IsCell]
2. No [go to LLNotST]

¿Usted vive en estos momentos en el condado de Santa Barbara?

1. Sí [go to IsCell]
2. No [go to LLNotSt]

**//ASK IF LLState = 2//**

**LLNotSt**

Thank you very much, but we are only interviewing persons who live in Santa Barbara County at this time. *[To disposition]*

Muchas gracias, pero por el momento sólo estamos entrevistando a personas que viven en el condado de Santa Bárbara. *[To disposition]*

**//ASK ALL//**

**IsCell**

Is this a cell phone?

READ if necessary: By cell (or cellular) telephone, we mean a telephone that is mobile and usable outside of your neighborhood.

NOTE: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack, and other home-based phone services).

1. Yes, a cellular telephone [go to CellYes]
2. No, not a cellular telephone, continue [go to LLAdult]

¿Estoy hablando a un teléfono celular?

LEA lo siguiente si es necesario: Por teléfono cellular queremos decir un teléfono móvil y que pueda usarse fuera de su vecindario.

NOTE: El servicio telefónico por Internet se considera una línea telefónica fija (e incluye Vonage, Magic Jack y otros servicios telefónicos de uso residencial).

1. Sí, es un teléfono celular [go to CellYes]
2. No es un teléfono celular [go to LLAdult]

**//ASK IF IsCell = 1//**

**CellYes**

INTERVIEWER: You indicated this number reaches a cellular telephone. If this number is a landline, pres 4 to return to the previous question. If this number is a cell phone, please read:

Thank you very much, but we are only interviewing by landline telephones for private residences or college housing.

3. Continue coding as a cell phone
4. Change response to previous question IsCell

INTERVIEWER: You indicated this number reaches a cellular telephone. If this number is a landline, press 4 to return to the previous question. If this number is a cell phone, please read:

Muchas gracias, pero sólo estamos entrevistando por teléfono fijo de residencias privadas o de residencia universitaria.

3. Continue coding as cell phone
4. Change response to previous question IsCell

**//ASK ALL//**

**LLAdult**

Are you 18 years of age or older?

1. Yes [go to Adults]
2. No [go to Adults]

¿Tiene Usted 18 años o más?

1. Sí [go to Adults]
2. No [go to Adults]

**//ASK if CollegeH = 1 and LLAdult = 2// (if respondent is in college housing but < 18 years old)**

**LLNoAdlt**

Thank you very much, but we are only interviewing persons aged 18 or older at this time. *[To disposition]*

Muchas gracias, pero en este momento sólo estamos entrevistando a personas de 18 años o más. *[To disposition]*

**//ASK if CollegeH ≠ 1// (if respondent is not in college housing)**

**Adults**

I need to randomly select one adult who lives in your household to be interviewed. Excluding adults living away from home such as students away at college, how many members of your household, including yourself, are 18 years of age or older?

__ __ (Enter the number of adults) [go to Men]

Para esta encuesta, necesity seleccionar al azar a un adulto que viva en su casa. Excluidos los adultos que viven fuera de la casa, como los estudiantes que viven en la universidad, ¿cuántas personas de su hogar, incluido Usted, tienen 18 años o más?

__ __ (Cantidad de adultos) [go to Men]

**//ASK if LLAdult = 2 and Adults = 1//**

**GetAdult**

May I speak with the adult in the household?

1. Yes, Adult is coming to the phone [go to NewAdult]
2. No, go to the next screen, press F3 to schedule a call-back [go to NewAdult]

¿Podría hablar con el adulto del hogar?

1. Yes, Adult is coming to the phone [go to NewAdult]
2. No, go to the next screen, press F3 to schedule a call-back [go to NewAdult]

**//ASK if LLAdult = 2 and Adults = 1 and GetAdult = 1//**

**NewAdult**

Hello, I'm calling on behalf of Cottage Health, your local non-profit hospital. My name is _____. We would like to better understand health issues most affecting people in Santa Barbara County. Would you be willing to take an anonymous and confidential phone or web survey? You will receive a $5 gift card for participating.

Your phone number was randomly selected, and results will be used to identify health needs and opportunities in the community. This survey can be completed over the phone or online and may be monitored for quality assurance purposes. Is this (telephone number)?

INTERVIEWER NOTE – IF NECESSARY, STATE: Our three hospitals — Santa Barbara, Goleta Valley, and Santa Ynez Valley Cottage hospitals — are conducting this survey to better serve the health needs of our patients and community.

INTERVIEWER NOTE – IF NECESSARY, STATE: Conduct of this survey is required by the California Office of Statewide Health Planning and Development, and the Internal Revenue Service (IRS).

1. Person interested, continue [go to LLSxNAd]
2. Go back to adults question. Warning: A new respondent may be selected [go to Adults]

Hola, llamo de parte de Cottage Health, su hospital sin fin de lucro local. Me llamo _____. Nos gustaría entender mejor las cuestiones de salud que más afectan los residentes del condado de Santa Bárbara. ¿Estaría dispuesto a tomar una encuesta anónima por teléfono o en línea? Recibirá una tarjeta regalo de $5 por participar.

Su número de teléfono fue seleccionado al azar, y los resultados de la encuesta ayudarán a identificar las necesidades y oportunidades de salud en la comunidad. Esta encuesta puede ser hecho por teléfono o en línea y puede ser monitoreada para fines de seguridad de calidad. ¿Estoy hablando al (número de teléfono)?

INTERVIEWER NOTE – IF NECESSARY, STATE: Nuestros tres hospitales de Cottage, Santa Bárbara, Goleta Valley y Santa Ynez Valley, realizan esta encuesta para atender mejor las necesidades de salud de nuestros pacientes y comunidad.

INTERVIEWER NOTE – IF NECESSARY, STATE: Llevar a cabo esta encuesta es requerido por la Oficina de la Organización y Desarrollo Estatal de California, y el Internal Revenue Service: El Servicio de Rentas Internas.

1. Person interested, continue [go to LLSxNAd]
2. Go back to adults question. Warning: A new respondent may be selected [go to Adults]

**//ASK if NewAdult = 1//**

**LLSxNAd**

Are you male or female?

1. Male [go to IntroScr]
2. Female [go to IntroScr]
7. DON'T KNOW/NOT SURE [go to LLNSxNA]
9. REFUSED [go to LLNSxNA]

¿Es usted de sexo masculino o femenino?

1. Masculino [go to IntroScr]
2. Femenino [go to IntroScr]
7. NO SABE/NO ESTÁ SEGURO [go to LLNSxNA]
9. SE NEGÓ A CONTESTAR [go to LLNSxNA]

**//ASK if Adults = 1 and LLAdult = 1//**

**LLSx1Ad**

Are you male or female?

1. Male [go to IntroScr]
2. Female [go to IntroScr]
7. DON'T KNOW/NOT SURE [go to LLNSxAd]
9. REFUSED [go to LLNSxAd]

¿Es usted de sexo masculino o femenino?

1. Masculino [go to IntroScr]
2. Femenino [go to IntroScr]
7. NO SABE/NO ESTÁ SEGURO [go to LLNSxAd]
9. SE NEGÓ A CONTESTAR [go to LLNSxAd]

**//ASK if NewAdult = 1 and LLSxNAd = 7 or 9//**

**LLNSxNA**

Thank you for your time, your number may be selected for another survey in the future.
Interviewer note: Press '1' to re-ask the previous question then press F3 and code as a refusal.

Es posible que su número sea seleccionado en otra oportunidad. Gracias por su atención. Adiós.
Interviewer note: Press '1' to re-ask the previous question then press F3 and code as a refusal.

**//ASK if Adults = 1 and LLSx1Ad = 7 or 9//**

**LLNSxAd**

Thank you for your time, your number may be selected for another survey in the future.
Interviewer note: Press '1' to re-ask the previous question then press F3 and code as a refusal.

Es posible que su número sea seleccionado en otra oportunidad. Gracias por su atención. Adiós.
Interviewer note: Press '1' to re-ask the previous question then press F3 and code as a refusal.

**//ASK if Adults > 1//**

**Men**

How many of these adults are men?

__ __ (Enter the number men)

¿Cuántos son hombres?

__ __ (Número de hombres)

**//ASK ALL//**

**Women**

So the number of adult women in the household is _____. Is that correct?

1. Yes, number of adult women is correct [Selected]
2. No, change number of adults [go to Adults]

El número de mujeres adultas en el hogar son _____. ¿Es correcto?

1. Yes, number of adult women is correct [Selected]
2. No, change number of adults [go to Adults]

**//ASK if Adults >1//**

**Selected**

The person in the household I need to speak with is the _____.

Are you the _____?

1. Yes [go to Yourthe1]

2. No [GetNewAd]

La persona que vive en su casa con quien necesito hablar es _____.

¿Es usted _____?

1. Sí [go to Yourthe1]
2. No [GetNewAd]

**//ASK if LLAdult is 2 (NO) and Adults > 1 OR if Selected is 2 (NO)//**

**GetNewAd**

May I speak with the _____?

1. Yes, Selected Respondent coming to the phone [go to NewAdult]
2. No, go to next screen, press F3 to schedule a call-back [go to NewAdult]
3. Go Back to Adults Question. Warning: A new respondent may be selected [go to Adults]

¿Podría hablar con _____?

1. Yes, Selected Respondent coming to the phone [go to NewAdult]
2. No, go to next screen, press F3 to schedule a call-back [go to NewAdult]
3. Go Back to Adults Question. Warning: A new respondent may be selected [go to Adults]

**//ASK ALL //**

**Yourthe1**

Then you are the person I need to speak with.

1. Person interested, continue [go to IntroScr]
2. Go back to Adults Question. Warning: A new respondent may be selected [go to Adults]

En ese caso, usted es la persona con la que necesito hablar.

1. Person interested, continue [go to IntroScr]
2. Go back to Adults Question. Warning: A new respondent may be selected [go to Adults]

**//ASK ALL//**

**IntroScr**

I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you don't want to, and you can end the interview at any time. Any information you give me will be confidential. This call may be monitored for quality control. If you have any questions about the survey, I will provide a telephone number for you to call to get more information. If you have any questions about this study, you can call the study director, Dr. Todd Bear at 412-624-3126.

1. Person interested, continue
2. Go back to Adults Question. Warning: A new respondent may be selected.

No le preguntaré su apellido ni su dirección ni ningún otro dato personal que pudiera identificarlo. No tiene que contestar a ninguna pregunta que no desea, y puede dar por terminada esta encuesta en cualquier momento. Cualquier información que me dé será confidencial. Esta llamada puede ser monitoreada para los fines de control de calidad. Si tiene alguna pregunta sobre esta encuesta, por favor, llame al director de la encuesta, Dr. Todd Bear, al 412-624-3126.

1. Person interested, continue
2. Go back to Adults Question. Warning: A new respondent may be selected.

## 1: Health Status

**//ASK ALL//**

C01Q01 and 1.1. Would you say that in general your health is:

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
7. DON'T KNOW/NOT SURE
9. REFUSED

¿Diría usted que su estado de salud general es...?:

1. Excelente
2. Muy bueno
3. Bueno
4. Regular
5. Malo
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

## 2: Healthy Days—Health-Related Quality of Life

**//ASK ALL//**

C02Q01 and 2.1. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health was not good?

__ __ (Number of days)
8 8 NONE
7 7 DON'T KNOW/NOT SURE
9 9 REFUSED

Con respecto a su salud física, lo que include tanto enfermedades como lesiones físicas, en los últimos 30 días, ¿durante cuántos días su estado de salud física no fue bueno?

__ __ (Número de días)
8 8 NINGUNO
7 7 NO SABE/NO ESTÁ SEGURO
9 9 SE NIEGA A CONTESTAR

**//ASK ALL//**

C02Q02 and 2.2. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health was not good?

__ __ (Number of days)
8 8 NONE
7 7 DON'T KNOW/NOT SURE
9 9 REFUSED

Con respecto a su estado de salud mental, lo que incluye estrés, depression y problemas emocionales, en los últimos 30 días, ¿durante cuántos días su estado de salud mental no fue Bueno?

__ __ (Número de días)
8 8 NINGUNO
7 7 NO SABE/NO ESTÁ SEGURO
9 9 SE NIEGA A CONTESTAR

**//ASK IF C02Q01 ≠ 88 AND IF C02Q02 ≠ 88//**

C02Q03 and 2.3. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self care, work, or recreation?

__ __ (Number of days)
8 8 NONE
7 7 DON'T KNOW/NOT SURE
9 9 REFUSED

En los últimos 30 días, ¿durante cuántos días sintió que los problemas relacionados con su salud mental o física le impidieron realizar sus actividades habituales, tales como cuidados personales, trabajo o recreación?

__ __ (Número de días)

8 8 NINGUNO
7 7 NO SABE/NO ESTÁ SEGURO
9 9 SE NIEGA A CONTESTAR

## 3: Health Care Access

**//ASK ALL//**

C03Q01 and 3.1. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare or Medi-Cal, or Indian Health Service?

1. Yes [go to M14Q01]
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

¿Tiene algún tipo de cobertura de seguro médico, como seguro de salud, planes prepagos como los que brindan las HMO (organizaciones de atención médica administrada) u otros planes gubernamentales como Medicare o Servicio de Salud para Indígenas?

1. Sí [go to M14Q01]
2. No
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK IF C03Q01 ≠ 1//**

**SB03Q02.** It appears that you do not currently have any health insurance coverage to help pay for services from hospitals, doctors, and other health professionals. Is that correct?

1. Yes [Go to C03Q02]
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

Parece que no tiene ninguna cobertura del seguro de salud para ayudar a pagar por servicios como hospitales, médicos y otros profesionales de la salud. ¿Es eso correcto?

1. Sí [Go to C03Q02]
2. No
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK IF C03Q01 = 1//**

M14Q01 and 3.3. What is the <u>primary</u> source of your health care coverage? Is it…

NOTE: If the respondent indicates that they purchased health insurance through the Health Insurance Marketplace (name of state Marketplace), ask if it was a private health insurance plan purchased on their own or by a family member (private) or if they received Medicaid (state plan)? If purchased on their own (or by a family member), select 02, if Medicaid select 04.

01. A plan purchased through an employer or union (includes plans purchased through another person's employer)
02. A plan that you or another family member buys on your own

03. Medicare
04. Medicaid or other state program
05. TRICARE (formerly CHAMPUS), VA or Military
06. Alaska Native, Indian Health Service, Tribal Health Service
07. Some other source
08. None (no coverage)
77. DON'T KNOW/NOT SURE
99. REFUSED

__ __ (Enter Code)

¿Cuál es su principal seguro de cobertura de médica? Es...

NOTE: Si la persona encuestada dice que adquirió un Seguro de salud a través del Mercado de Seguros Médicos (nombre de Mercado estatal), pregunte si se trata de un plan de Seguro de salud privado adquirido por su cuenta o por un miembro de su familia (privado), o si recibió Medicaid (plan estatal). Si la persona encuestada lo adquirió por su cuenta (o a través de un miembro de la familia), seleccione 02; si es Medicaid, seleccione 04.

01.Un plan adquirido a través de un empleador o sindicato (incluidos los planes adquiridos a través del empleador de otra persona)
02. Un plan que usted u otro miembro de su familia paga por su cuenta
03. Medicare
04. Medicaid u otro programa del estatal
05. TRICARE (antiguamente llamado CHAMPUS), Administración de Veteranos (VA), o el plan de las Fuerzas Armadas
06. Servicios para los nativos de Alaska, Servicio de Salud para Indígenas (Indian Health Service), servicios de salud tribales
07. Otro seguro
08. Ninguno (no tiene cobertura de salud)
77. NO SABE/NO ESTÁ SEGURO
99. SE NIEGA A CONTESTAR

__ __ (Enter Code)

**//ASK ALL//**

C03Q02 and 3.5. Do you have **one person** you think of as your personal doctor or health care provider**?**

NOTE: If 'no', ask: Is there more than one, or is there no person who you think of as your personal doctor or healthcare provider?

1. Yes, only one
2. More than one
3. No
7. DON'T KNOW/NOT SURE
9. REFUSED

¿Hay una persona a la que considere su médico o proveedor de atención médica personal?

NOTE: Si la respuesta es 'No', pregunte: ¿Hay más de una o no hay ninguna persona a la que considere su médico de cabecera o proveedor de atención médica personal?

1. Sí, sólo una
2. Más de una
3. No
7. NO SABE/NO ESTÁ SEGURO
9. REHUSO CONTESTAR

**//ASK ALL//**

C03Q03 and 3.11. Was there a time in the past 12 months when you needed to see a doctor but could not because of the cost?

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

¿En los últimos 12 meses, ¿hubo algún momento en que necesitó consultar a un médico pero no pudo hacerlo por razones económicas?

1. Sí
2. No
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK ALL//**

C03Q04 and 3.4. About how long has it been since you last visited a doctor for a routine checkup?

READ IF NECESSARY: A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

READ IF NECESSARY:

1. Within the past year (anytime less than 12 months ago)
2. Within the past 2 years (1 year but less than 2 years ago)
3. Within the past 5 years (2 years but less than 5 years ago)
4. 5 or more years ago
7. DON'T KNOW/NOT SURE
8. NEVER
9. REFUSED

¿Cuánto fue la última vez que fue al médico para hacerse un chequeo de rutina?

LEA SI ES NECESARIO: Un chequeo de rutina es un examen físico general, que no se realiza por una lesión, enfermedad o afecció específica.

LEA SI ES NECESARIO:

1. En el último año (hace menos de 12 meses)
2. En los últimos 2 años (hace más de 1 año, pero menos de 2)
3. En los últimos 5 años (hace más de 2 años, pero menos de 5)
4. Hace 5 años o más
7. NO SABE/NO ESTÁ SEGURO
8. NUNCA
9. REHUSO CONTESTAR

**//ASK ALL//**

SB03Q06 and 3.6. Is there **one place** that you PRIMARILY go to when you are sick or need advice about your health?

INTERVIEWER NOTE: If R says there is more than one, repeat question.

PROBE: We mean one place that you usually go to when you are sick or need advice on health.

1. Yes
2. No [go to SB03Q10]
7. DON'T KNOW/NOT SURE [go to SB03Q10]
9. REFUSED [go to SB03Q10]

¿Hay algún lugar al que visita PRIMARIAMENTE cuando se siente enfermo o necesita consejos sobre su salud?

PROBE: Queremos decir el lugar que visita normalmente cuando se siente enfermo o necesita consejos sobre su salud.

1. Sí
2. No [go to SB03Q10]
7. NO SABE/NO ESTÁ SEGURO [go to SB03Q10]
9. SE NIEGA A CONTESTAR [go to SB03Q10]

**//ASK IF SB03Q06 = 1//**

SB03Q07 and 3.7a, 3.7b, 3.7c, 3.7, 3.7e. What kind of place do you go to most often?... [DO NOT READ 6-9]

1. Clinic or health center [go to SB03Q10]
2. Doctor's office or HMO [go to SB03Q10]
3. Hospital emergency room [go to SB03Q10]
4. Hospital outpatient department [go to SB03Q10]
5. Some other place [go to SB03Q08]
6. DOESN'T GO TO ONE PLACE MOST OFTEN [go to SB03Q10]
7. DON'T KNOW/NOT SURE [go to SB03Q10]
9. REFUSED [go to SB03Q10]

¿Qué clase de lugar visita con más frecuencia...? [DO NOT READ 6-9]

1. Clínica o centro de salud [go to SB03Q10]
2. Consultorio del médico o HMO [go to SB03Q10]
3. Sala de emergencia del hospital [go to SB03Q10]
4. Curandero (NOTA: Cu-ran-de-ro) [go to SB03Q10]
5. Otro lugar [go to SB03Q08]
6. NO VISITA UN SOLO LUGAR CON MAYOR FRECUENCIA [go to SB03Q10]
7. NO SABE/NO ESTÁ SEGURO [go to SB03Q10]
9. SE NIEGA A CONTESTAR [go to SB03Q10]

**//ASK IF SB03Q06 = 1 AND SB03Q07 = 5//**

**SB03Q08.** Is this other place best described as a…

1. Chiropractor [go to SB03Q10]
2. Acupuncturist [go to SB03Q10]
3. Osteopath [go to SB03Q10]
4. Curandero (NOTE: Q-end-day-row) [go to SB03Q10]
5. Native American Healer [go to SB03Q10]
6. Naturopath [go to SB03Q10]
7. Herbalist or herbal medicine provider [go to SB03Q10]
8. Something else [go to SB03Q09]

Es el otro lugar mejor descripto como un...

1. Quiropráctico [go to SB03Q10]
2. Acupunturista [go to SB03Q10]
3. Osteópata [go to SB03Q10]
4. Curandero (NOTA: Cu-ran-de-ro) [go to SB03Q10]
5. Curandero americano nativo [go to SB03Q10]
6. Médico naturista [go to SB03Q10]
7. Herborista o proveedor de medicina herbal [go to SB03Q10]
8. Otra cosa [go to SB03Q09]

**//ASK IF SB03Q06 = 1 AND SB03Q07 = 5 AND SB03Q08 = 8//**

**SB03Q09.** Please describe the place where YOU primarily go when you are sick or need health advice.

PROBE: Your best description is fine.

NOTE: Record verbatim as much information as possible.

**SB03Q09.** Por favor, describa el lugar que USTED visita primariamente cuando está enfermo o necesita consejos sobre su salud.

PROBE: Su mejor descripción es suficiente.

NOTE: Anotar textualmente la mayor cantidad de información posible.

| |
|---|
| |

**//ASK ALL//**

**SB03Q10 and 3.10.** During the past 12 months, did you delay or not get medical care you felt you needed--such as seeing a doctor, a specialist, or other health professional?

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

Durante los últimos 12 meses, ¿retrasó o no recibió atención médica que pensó necesitaba, como consultar a un médico, un especialista u otro profesional de la salud?

1. Sí
2. No
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK ALL//**

**SB03Q12 and 3.12.** During the past 12 months, did you ever skip medications to save money?

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

Durante los últimos 12 meses, ¿dejó de tomar medicamentos para ahorrar dinero?

1. Sí
2. No
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK IF SB03Q10 = 1//**

**SB03Q13 and 3.13**. Other than cost, there are many other reasons people delay getting needed medical care. Have you delayed getting needed medical care for any of the following reasons in the past 12 months? Please respond yes or no.

**[Please read:] Have you delayed getting needed medical care because:**

Además del costo, hay muchas otras razones por las que las personas retrasan obtener la atención médica que necesitan. ¿Ha retrasado obtener la atención médica que necesita por cualquiera de las siguientes razones en los últimos 12 meses? Por favor, responda sí o no.

**[Please read:] Ha retrasado obtener la atención médica que necesita porque...**

SB03Q13a and 3.13a. You couldn't get through on the telephone.

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

No se pudo comunicar por teléfono.

1. Sí
2. No
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**SB03Q13b and 3.13b.** You couldn't get an appointment soon enough.

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

No pudo conseguir una cita lo suficientemente rápido.

1. Sí
2. No
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

SB03Q13c and 3.13c. Once you got there, you had to wait too long to see the doctor.

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

Una vez que llegó, tuvo que esperar demasiado tiempo para ver al médico.

1. Sí
2. No
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**SB03Q13d and 3.13d.** The (clinic/doctor's office) wasn't open when you got there.

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

La clínica o consultorio del médico no estaba abierta cuando usted llegó allí.

1. Sí
2. No
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**SB03Q13e and 3.13e.** You didn't have transportation.

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

No tenía medio de transporte.

1. Sí
2. No
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**SB03Q13f and 3.13f.** You don't feel safe getting medical attention.

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

No se siente seguro al recibir atención médica.

1. Sí
2. No
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**SB03Q13g and 3.13g.** Some other reason

1. Yes [go to SB03Q14]
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

Alguna otra razón

1. Sí [go to SB03Q14]
2. No
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK IF SB03Q13g = 1//**

**SB03Q14.** For what other reason did you delay getting needed medical care in the last 12 months

PROBE: Your best description is fine.

INTERVIEWER NOTE: Record verbatim as much information as possible.

¿Por qué otra razón retrasó obtener la atención médica necesaria en los últimos 12 meses?

PROBE: Su mejor descripción es suficiente.

INTERVIEWER NOTE: Anotar textualmente la mayor cantidad de información posible.

**//ASK ALL//**

**SB03Q15 and 3.15a, 3.15b, 3.15c.** During the past 12 months, how many times have you gone to a hospital emergency room about your own health?

INTERVIEWER NOTE: This includes emergency room visits than resulted in a hospital admission.

____ Enter number 0 – 30 [if more than 30 times, enter 30] [if > 0, go to SB03Q17]
7 7 DON'T KNOW/NOT SURE [go to SB28Q01]
9 9 REFUSED [go to SB28Q01]

Durante los últimos 12 meses, ¿cuántas veces ha visitado la sala de emergencia del hospital por su propia salud?

INTERVIEWER NOTE: Esto incluye visitas a la sala de emergencia que resultaron en el ingreso al hospital.

____ Enter number 0-30 [if more than 30 times, enter 30] [if > 0, go to SB03Q17]
7 7 NO SABE/NO ESTÁ SEGURO [go to SB28Q01]
9 9 SE NIEGA A CONTESTAR [go to SB28Q01]

**//ASK IF SB03Q15 > 0//**

**SB03Q17 and 3.17.** Thinking about your **most recent** emergency room visit, did you go to the emergency room either at night or on the weekend?

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

Pensando sobre la visita más reciente a la sala de emergencia, ¿fue a la sala de emergencia a la noche o durante el fin de semana?

1. Sí
2. No
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK IF SB03Q15 > 0//**

**SB03Q18 and 3.18.** Did **this** emergency room visit result in a hospital admission?

INTERVIEWER NOTE: This question pertains to the most recent emergency room visit.

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

¿Resultó **esta** visita a la sala de emergencia en el ingreso al hospital?

INTERVIEWER NOTE: Esta pregunta se refiere a la visita más reciente a la sala de emergencia.

1. Sí
2. No
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK IF SB03Q15 > 0//**

**SB03Q19 and 3.19.** Tell me which of these apply to your last emergency room visit? Please respond with Yes or No.

Dígame cuáles de las siguientes frases se aplican a su última visita a la sala de emergencia. Por favor, responda sí o no.

**SB03Q19a and 3.19a.** You didn't have another place to go

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

No tenía otro lugar al que recurrir

1. Sí
2. No
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**SB03Q19b and 3.19b.** Your doctor's office or clinic was not open

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

El consultorio o clínica de su médico no estaba abierta

1. Sí
2. No
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

SB03Q19c and 3.19c. Your health provider advised you to go

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

Su proveedor médico le sugirió que vaya

1. Sí
2. No
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**SB03Q19d and 3.19d.** The problem was too serious for the doctor's office or clinic

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

El problema era demasiado serio para el consultorio o clínica del médico

1. Sí
2. No
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**SB03Q19e and 3.19e.** Only a hospital could help you

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

Solamente un hospital podía ayudarlo

1. Sí
2. No
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**SB03Q19f and 3.19f.** The emergency room is your closest provider

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

La sala de emergencia es su proveedor más cercano

1. Sí
2. No
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**SB03Q19g and 3.19g.** You get most of your care at the emergency room

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

Usted recibe la mayor parte de su atención en la sala de emergencia

1. Sí
2. No
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

SB03Q19h and 3.19h. You arrived by ambulance or other emergency vehicle

1. Yes
2. No
7. DON'T KNOW/NOT SURE

9. REFUSED

Llegó por ambulancia u otro vehículo de emergencia

1. Sí
2. No
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK ALL//**

**SB28Q01.** People's gender and sex sometimes differ and because some of questions we ask are based on sex at birth, we need to verify your sex at birth, was it male or female?

1. MALE
2. FEMALE
7. DON'T KNOW/NOT SURE
9. REFUSED

¿Cuál era su sexo al nacer? ¿Era masculine o feminino?

1. MASCULINO
2. FEMININO
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK IF SB28Q01 ≠ SEX CHOSEN IN ELIGIBILITY QUESTION//**

**SB28Q01v**
INTERVIEWER: You entered the respondent's sex at birth as _____. You indicated earlier the sex of the respondent is _____. If you entered the sex at birth correctly as the respondent indicated, press 1 to continue. If you need to change the response you entered, press 2 to return to the previous question.

1. Yes, correct as is.
2. No, re-ask question M28Q01

## 4: Chronic Health Conditions

**//ASK ALL//**

Has a doctor, nurse, or other health professional ever told you that you had any of the following? For each, tell me 'Yes,' 'No,' or 'You're Not Sure.'

¿ALGUNA VEZ un médico, un enfermero u otro profesional de la salud le dijo que tenía alguna de las siguientes afecciones? Para cada una, responda 'Sí', o 'No' o 'No estoy seguro.'

**//ASK ALL//**

**C06Q01 and 8.1.** (Ever told) you that you had a heart attack also called a myocardial infarction?

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

¿(Alguna vez) le dijeron que tuvo un ataque cardiaco, también llamado infarto de miocardio?

1. Sí
2. No
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK ALL//**

**C06Q02 and 8.2.** (Ever told) (you had) angina or coronary heart disease?

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

¿(Alguna vez) le dijeron que tenía angina de pecho o una cardiopatía coronaria?

1. Sí
2. No
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK ALL//**

**C06Q03 and 8.3.** (Ever told) (you had) a stroke?

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

¿(Alguna vez) le dijeron que tuvo un derrame cerebral?

1. Sí
2. No
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK ALL//**

**C06Q04 and 8.4.** (Ever told) (you had) asthma?

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

¿(Alguna vez) le dijeron que tenía asma?

1. Sí
2. No
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK IF C06Q04 = 1//**

**C06Q05 and 8.5.** Do you still have asthma?

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

¿Usted todavía tiene asma?

1. Sí
2. No
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK ALL//**

**C06Q06 and 8.6.** (Ever told) (you had) skin cancer?

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

¿(Alguna vez) le dijeron que tenia cancer de piel?

1. Sí
2. No
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK ALL//**

**C06Q07 and 8.7.** (Ever told) (you had) any other types of cancer?

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

¿(Alguna vez) le dijeron que tenía otro tipo de cáncer?

1. Sí
2. No
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK ALL//**

**C06Q08 and 8.8.** (Ever told) (you had) Chronic Obstructive Pulmonary Disease, C.O.P.D., emphysema, or chronic bronchitis?

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

¿(Alguna vez) le dijeron que tenía enfermedad pulmonar obstructiva crónica (epoc), enfisema o bronquitis crónica?

1. Sí
2. No
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK ALL//**

**C06Q10 and 8.11.** Not including kidney stones, bladder infections or incontinence, were you ever been told you have kidney disease? READ IF NECESSARY: Incontinence is not being able to control urine flow.

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

Sin tener en cuenta los cálculos renales, las infecciones de la vejiga o la incontinencia, ¿alguna vez le dijeron que tenía una enfermedad renal? LEA LO SIGUIENTE SI ES NECESARIO: Incontinencia es no poder controlar el flujo de la orina.

1. Sí
2. No
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK ALL//**

**C06Q11 and 8.12.** (Ever told) (you had) diabetes?

NOTE: If 'YES' and respondent is female, ask: Was this only when you were pregnant? If Respondent says pre-diabetes or borderline diabetes, use response code 4. READ RESPONSE OPTIONS 1, 3, AND 4 - READ 2 ONLY IF RESP IS FEMALE.

1. Yes [go to C06Q12]
2. Yes, but female told only during pregnancy
3. No
4. No, pre-diabetes or borderline diabetes
7. DON'T KNOW/NOT SURE
9. REFUSED

¿(Alguna vez) le dijeron que tenía diabetes?

NOTE: If 'YES' and respondent is female, ask: ¿Esto fue únicamente durante su embarazo?" If Respondent says pre-diabetes or borderline diabetes, use response code 4. READ RESPONSE OPTIONS 1, 3, AND 4 - READ 2 ONLY IF RESP IS FEMALE.

1. Sí [go to C06Q12]
2. Sí, pero la encuestada dijo que solo durante el embarazo
3. No
4. No, prediabetes o intolerancia a la glucosa
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK IF C06Q11 is 2 AND Respondent is Male//**

**C06Q11V**

INTERVIEWER: You recorded that the respondent was told by a doctor during pregnancy that she had diabetes. Are you sure? The respondent was the _____. Is the previous answer correct.

1. Yes, correct as is
2. No, re-ask question C06Q11

**//ASK IF C06Q11 is 1//**

**C06Q12 and 8.12.** How old were you when you were told you have diabetes?

___ Code age in years [97 = 97 and older]
98. DON'T KNOW/NOT SURE
99. REFUSED

¿Qué edad tenía cuando le dijeron que tenía diabetes?

___ Codifique la edad en años [97 = 97 y más]

98. NO SABE/NO ESTÁ SEGURO
99. SE NEGÓ A CONTESTAR

**//ASK ALL//**

**C07Q01 and 8.9.** (Ever told) (you had) some form of arthritis, rheumatoid arthritis, gout, lupus or fibromyalgia?

NOTE: Arthritis diagnoses include:
* rheumatism, polymyalgia rheumatica
* osteoarthritis (not osteoporosis)
* tendonitis, bursitus, bunion, tennis elbow
* carpal tunnel syndrome, tarsal tunnel syndrome
* joint infection, Reiter's syndrome
* ankylosing spondylitis; spondylosis
* rotator cuff syndrome
* connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
* vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

¿(Alguna vez) le dijeron que tenía algún tipo de artritis, artritis reumatoide, gota, lupus o fibromialgia?

NOTE: Arthritis diagnoses include:
* reumatismo, polimialgia reumática
* artrosis (no osteoporosis)
* tendinitis, bursitis, juanete, codo de tenista (epicondilitis)
* síndrome del túnel carpiano, síndrome del túnel tarsiano
* infección en las articulaciones, síndrome de Reiter
* espondilitis anquilosante; espondilosis
* síndrome del manguito rotador
* enfermedad del tejido conjuntivo, esclerodermia, polimiositis, síndrome de Raynaud
* vasculitis (arteritis de células gigantes, púrpura de Henoch-Schonlein, granulomatosis de Wegener, poliarteritis nudosa)

1. Sí
2. No
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK ALL//**

**C06Q09.** (Ever told) (you had) a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

¿(Alguna vez) le dijeron que tenía un trastorno depresivo (como depresión, depresión grave, distimia o depresión leve)?

1. Sí
2. No
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK ALL//**

**C06Q09a.** (Ever told) (you had) an anxiety disorder or other mental health disorder?

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

¿(Alguna vez) le dijeron que tenía un trastorno de ansiedad u otro trastorno de salud mental?

1. Sí
2. No
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

## 5: Mental Health

The following questions ask about how you have been feeling during the past 30 days. For each question, please indicate which best describes how often you had this feeling. During the past 30 days, about how often did you feel…

Las siguientes preguntas se refieren a cómo se ha sentido en los últimos 30 días. Para cada pregunta, por favor indique cuál mejor describe con qué frecuencia se ha sentido de esta manera. En los últimos 30 días, con qué frecuencia se ha sentido…

**//ASK ALL//**

**SBK01 and 23.1a.** Nervous?

1. All of the time
2. Most of the time
3. Some of the time
4. A little of the time
5. None of the time
7. DON'T KNOW/NOT SURE
9. REFUSED

Nervioso?

1. Todo el tiempo
2. La mayoría del tiempo
3. Algunas veces
4. Muy pocas veces
5. Nunca
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK ALL//**

**SBK02 and 23.1b.** (During the past 30 days, about how often did you feel) hopeless?

1. All of the time
2. Most of the time
3. Some of the time
4. A little of the time
5. None of the time
7. DON'T KNOW/NOT SURE
9. REFUSED

(En los últimos 30 días, con qué frecuencia se ha sentido…) sin esperanza?

1. Todo el tiempo
2. La mayoría del tiempo
3. Algunas veces
4. Muy pocas veces

5. Nunca
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK ALL//**

**SBK03 and 23.1c.** (During the past 30 days, about how often did you feel) restless or fidgety?

1. All of the time
2. Most of the time
3. Some of the time
4. A little of the time
5. None of the time
7. DON'T KNOW/NOT SURE
9. REFUSED

(En los últimos 30 días, con qué frecuencia se ha sentido…) inquieto(a) o intranquilo(a)

1. Todo el tiempo
2. La mayoría del tiempo
3. Algunas veces
4. Muy pocas veces
5. Nunca
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK ALL//**

**SBK04 and 23.1d.** (During the past 30 days, about how often did you feel) so depressed that nothing could cheer you up?

1. All of the time
2. Most of the time
3. Some of the time
4. A little of the time
5. None of the time
7. DON'T KNOW/NOT SURE
9. REFUSED

(En los últimos 30 días, con qué frecuencia se ha sentido…) tan deprimido(a) que nada podía animarle?

1. Todo el tiempo
2. La mayoría del tiempo
3. Algunas veces
4. Muy pocas veces
5. Nunca
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK ALL//**

**SBK05 and 23.1e.** (During the past 30 days, about how often did you feel) that everything was an effort?

1. All of the time
2. Most of the time
3. Some of the time
4. A little of the time
5. None of the time
7. DON'T KNOW/NOT SURE
9. REFUSED

(En los últimos 30 días, con qué frecuencia se ha sentido…) que todo le suponía un gran esfuerzo?

1. Todo el tiempo
2. La mayoría del tiempo
3. Algunas veces
4. Muy pocas veces
5. Nunca
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK ALL//**

**SBK06 and 23.1f.** (During the past 30 days, about how often did you feel) worthless?

1. All of the time
2. Most of the time
3. Some of the time
4. A little of the time
5. None of the time
7. DON'T KNOW/NOT SURE
9. REFUSED

(En los últimos 30 días, con qué frecuencia se ha sentido…) inútil?

1. Todo el tiempo
2. La mayoría del tiempo
3. Algunas veces
4. Muy pocas veces
5. Nunca
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK ALL//**

**SB17Q01 and 23.2.** These next questions ask about people's attitudes towards mental illness and its treatment.

People are generally caring and sympathetic to people with mental illness. Do you: agree slightly or strongly, or disagree slightly or strongly?

INTERVIEWER NOTE: If asked for the purpose of questions: 'Answers to these questions will be used by health planners to treatment and to help guide health education programs.' Read only if necessary: 1. Agree strongly 2. Agree slightly 3. Neither agree nor disagree 4. Disagree slightly 5. Disagree strongly

1. Agree strongly
2. Agree slightly
3. Neither agree nor disagree
4. Disagree slightly
5. Disagree strongly
7. DON'T KNOW/NOT SURE
9. REFUSED

Las preguntas siguientes se refieren a las actitudes de las personas hacia las enfermedades mentales y su tratamiento.

La gente en general se preocupa por las personas con enfermedades mentales y se muestra comprensiva con ellas. Usted está totalmente o ligeramente de acuerdo o totalmente o ligeramente en desacuerdo?

1. Totalmente de acuerdo
2. Ligeramente de acuerdo
3. No de acuerdo ni en desacuerdo
4. Ligeramente en desacuerdo
5. Totalmente en desacuerdo
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK ALL//**

**SB17Q02 and 23.3.** Treatment can help people with mental illness lead normal lives. Do you: agree slightly or strongly, or disagree slightly or strongly?

INTERVIEWER NOTE: If asked for the purpose of questions: 'Answers to these questions will be used by health planners to treatment and to help guide health education programs.' Read only if necessary: 1. Agree strongly 2. Agree slightly 3. Neither agree nor disagree 4. Disagree slightly 5. Disagree strongly

1. Agree strongly
2. Agree slightly
3. Neither agree nor disagree
4. Disagree slightly
5. Disagree strongly
7. DON'T KNOW/NOT SURE
9. REFUSED

El tratamiento puede ayudar a que las personas con enfermedades mentales lleven una vida normal. Usted está totalmente o ligeramente de acuerdo o totalmente o ligeramente en desacuerdo?

1. Totalmente de acuerdo

2. Ligeramente de acuerdo
3. No de acuerdo ni en desacuerdo
4. Ligeramente en desacuerdo
5. Totalmente en desacuerdo
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTA

## 6: Demographics

Read if necessary: I will ask you some questions about yourself in the next section. We include these questions so that we can compare health indicators by groups.

Lea lo siguiente si es necesario: Le hare algunas preguntas sobre usted en la siguiente sección. Incluimos estas preguntas para que podamos comparer indicadores de la salud por grupos.

**//ASK ALL//**

**C08Q01.** What is your age?

__ __ Age in years
7 DON'T KNOW/NOT SURE
9 REFUSED

¿Qué edad tiene usted?

__ __ Codifique la edad en años
7 NO SABE/NO ESTÁ SEGURO
9 SE NIEGA A CONTESTAR

**//ASK ALL//**

**C08Q02a.** Are you Hispanic, Latino/a, or Spanish origin?

1. Yes [go to C08Q02b]
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

¿Es usted latino o hispano, o de origen español?

1. Sí [go to C08Q02b]
2. No
7. NO SABE/NO ESTÁ SEGURO
9. REFUSED

**//ASK IF C08Q02A = 1//**

**C08Q02b.** Are you-

NOTE: One or more categories may be selected.

1. Mexican, Mexican American, Chicano/a
2. Puerto Rican
3. Cuban
4. Mixtec
5. Another Hispanic, Latino/a, or Spanish origin?

6. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

Es usted…….

NOTA: Es posible seleccionar una o más categorías.

1. Mexicano, méxicoamericano, chicano
2. Puertorriqueño
3. Cubano
4. Mixteco
5. De otro origen latino o hispano, o español
6. NO
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK ALL//**

**C08Q03.** Which one or more of the following would you say is your race?
Would you say: White, Black or African American, American Indian or Alaska Native, Asian or Pacific Islander?
IF ASIAN ASK: Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or Other Asian.
IF PACIFIC ISLANDER ASK: Native Hawaiian, Guamanian or Chamorro, Samoan, or Other Pacific Islander.
NOTE: One or more categories may be selected.

10. White
20. Black or African American
30. American Indian or Alaska Native
40. Asian
41. Asian Indian
42. Chinese
43. Filipino
44. Japanese
45. Korean
46. Vietnamese
47. Other Asian
50. Pacific Islander
51. Native Hawaiian
52. Guamanian or Chamorro
53. Samoan
54. Other Pacific Islander
60. OTHER (SPECIFY)
88. NO ADDITIONAL CHOICES
77. DON'T KNOW/NOT SURE
99. REFUSED

¿A cuál o cuáles de los siguientes grupos raciales diría usted que pertenece?
Diría usted: Blanco, Negro o afroamericano, Indoamericano o nativo de Alaska, Asiático o Isleño del Pacífico?

IF ASIAN ASK: Indoasiático, Chino, Filipino, Japonés, Coreano, Vietnamita, o Otro Asiático.
IF PACIFIC ISLANDER ASK: Nativo de Hawái, Guameño, Chamorro, Samoano, o Otro isleño del Pacífico.
NOTA: Seleccione todas las que correspondan.

10. Blanco
20. Negro o afroamericano
30. Indoamericano o nativo de Alaska
40. Asiático
41. Indoasiático
42. Chino
43. Filipino
44. Japonés
45. Coreano
46. Vietnamita
47. Otro origen asiático
50. Isleño del Pacífico
51. Nativo de Hawái
52. Guameño o chamorro
53. Samoano
54. Otro isleño del Pacífico
60. OTRO (SPECIFY)
88. NO INDICA OTRAS OPCIONES
77. NO SABE/NO ESTÁ SEGURO
99. SE NIEGA A CONTESTAR

**//ASK IF C08Q03 = 60//**

**C08Q03ot.** OTHER (OTRO) [SPECIFY]: _____

**//ASK IF C08Q03 IS MORE THAN ONE ANSWER//**

**C08Q04.** [If respondent answers with multiple races, ask]. You indicated multiple race categories including ____.

Which one of these groups would you say BEST represents your race?

NOTE: Read the categories above. Do not read the categories below. If the respondent provides more than one category, code as 99. REFUSED.

10. White
20. Black or African American
30. American Indian or Alaska Native
40. Asian
41. Asian Indian
42. Chinese
43. Filipino
44. Japanese
45. Korean
46. Vietnamese
47. Other Asian

50. Pacific Islander
51. Native Hawaiian
52. Guamanian or Chamorro
53. Samoan
54. Other Pacific Islander
60. OTHER (SPECIFY)
77. DON'T KNOW/NOT SURE
99. REFUSED

¿Cuál de los siguientes grupos diría usted que es el más representativo de su raza? _____.

NOTE: Read the categories above. Do not read the categories below. If the respondent provides more than one category, code as 99. REFUSED.

10. Blanco
20. Negro o afroamericano
30. Indoamericano o nativo de Alaska
40. Asiático
41. Indoasiático
42. Chino
43. Filipino
44. Japonés
45. Coreano
46. Vietnamita
47. Otro origen asiático
50. Isleño del Pacífico
51. Nativo de Hawái
52. Guameño o chamorro
53. Samoano
54. Otro isleño del Pacífico
60. OTRO (SPECIFY)
77. NO SABE/NO ESTÁ SEGURO
99. SE NIEGA A CONTESTAR

**//ASK ALL//**

**SB99Q01 and 5.5.1.** What is the primary language spoken in your home? [NOTE: CAN PICK UP TO 2 MORE ON FOLLOWING PAGES.]

1. English
2. Spanish or Spanish Creole
3. Tagalog
4. Mixtec
5. German
6. Chinese
7. French
8. Japanese
9. Vietnamese

10. Korean
11. Other (specify)
99. REFUSED

¿Qué es el idioma primario hablado en su casa?

1. Inglés
2. Español/Criollo Español
3. Tagalog
4. Mixtec
5. Alemán
6. Chino
7. Francés
8. Japonés
9. Vietnamita
10. Coreano
11. Otro (Especificar)
99. SE NIEGA A CONTESTAR

**//ASK IF SB99Q01 = 11//**

**SB99Q01o.** [If other]: OTHER LANGUAGE SPOKEN AT HOME [SPECIFY]: _____

Otro idioma hablado en su casa: _____

**//ASK ALL//**

**SB99Q02.** Any other primary language spoken in your home? [IF ONLY ONE LANGUAGE IS SPOKEN AT HOME, SELECT 88 AND PROCEED TO NEXT Q.]

1. English
2. Spanish or Spanish Creole
3. Tagalog
4. Mixtec
5. German
6. Chinese
7. French
8. Japanese
9. Vietnamese
10. Korean
11. Other (specify)
88. ONLY ONE LANGUAGE SPOKEN AT HOME
99. REFUSED

Hay otros idiomas primarios hablado en su casa?

1. Inglés
2. Español/Criollo Español
3. Tagalog

4. Mixtec
5. Alemán
6. Chino
7. Francés
8. Japonés
9. Vietnamita
10. Coreano
11. Otro (Especificar)
88. ONLY ONE LANGUAGE SPOKEN AT HOME
99. SE NIEGA A CONTESTAR

**SB99Q02o.** [If other]: OTHER LANGUAGE SPOKEN AT HOME [SPECIFY]: _____

Otro idioma hablado en su casa: _____

**//ASK IF SB99Q02 ≠ 88//**

**SB99Q03.** Any other primary language spoken in your home? [IF ONLY ONE LANGUAGE IS SPOKEN AT HOME, SELECT 88 AND PROCEED TO NEXT Q.]

1. English
2. Spanish or Spanish Creole
3. Tagalog
4. Mixtec
5. German
6. Chinese
7. French
8. Japanese
9. Vietnamese
10. Korean
11. Other (specify)
88. NO ADDITIONAL LANGUAGE
99. REFUSED

Hay otros idiomas primarios hablado en su casa?

1. Inglés
2. Español/Criollo Español
3. Tagalog
4. Mixtec
5. Alemán
6. Chino
7. Francés
8. Japonés
9. Vietnamita
10. Coreano
11. Otro (Especificar)
88. NO ADDITIONAL LANGUAGE

99. SE NIEGA A CONTESTAR

**SB99Q03o.** [If other]: OTHER LANGUAGE SPOKEN AT HOME [SPECIFY]: _____

Otro idioma hablado en su casa: _____

**//ASK IF SB99Q02 ≠ 88 or SB99Q03 = 88//**

**SB99Q04.** [IF MORE THAN ONE LANGUAGE INDICATED, SAY:] Of these languages, which language is the primary language?

1. English
2. Spanish or Spanish Creole
3. Tagalog
4. Mixtec
5. German
6. Chinese
7. French
8. Japanese
9. Vietnamese
10. Korean
11. Other (specify)
99. REFUSED

De estos idiomas, ¿cuál es el idioma principal?

1. Inglés
2. Español/Criollo Español
3. Tagalog
4. Mixtec
5. Alemán
6. Chino
7. Francés
8. Japonés
9. Vietnamita
10. Coreano
11. Otro (Especificar)
99. SE NIEGA A CONTESTAR

**//ASK IF SB99Q04 = 11//**

**SB99Q04o**. [If other]: OTHER LANGUAGE SPOKEN AT HOME [SPECIFY]: _____

Otro idioma hablado en su casa: _____

**//ASK ALL//**

**C08Q05.** Are you Married, Divorced, Widowed, Separated, Never Married, or a member of an unmarried couple?

1. Married
2. Divorced
3. Widowed
4. Separated
5. Never Married
6. A member of an unmarried couple
9. REFUSED

Es Usted casado, divorciado, viudo, separado, nunca estuvo casado o vive en pareja sin estar casado?

1. Casado
2. Divorciado
3. Viudo
4. Separado
5. Nunca estuvo casado
6. Vive en pareja sin estar casado
9. SE NIEGA A CONTESTAR

**//ASK ALL//**

**C08Q06.** What is the highest grade or year of school you completed?

READ IF NECESSARY:

1. Never attended school or only attended Kindergarten
2. Grades 1 through 8 (Elementary)
3. Grades 9 through 11 (Some high school)
4. Grade 12 or GED (High school graduate)
5. College 1 year to 3 years (Some college or technical school)
6. College 4 years or more (College graduate)
9. REFUSED

¿Cuál es el grado escolar o nivel de educación más alto que ha completado?

LEA LO SIGUIENTE SI ES NECESARIO:

1. Nunca fue a la escuela o solamente fue al kínder
2. 1.o a 8.o grado (escuela primaria)
3. 9.o a 11.o grado (algunos estudios secundarios)
4. 12.º grado o diploma GED (graduado de escuela secundaria superior)
5. 1 a 3 años de universidad (algunos estudios universitarios o de escuela técnica)
6. 4 años o más de universidad (graduado de estudios universitarios)
9. SE NIEGA A CONTESTAR

**//ASK IF C08Q06 > 2//**

**SB8C8.** Did you go to high school in Santa Barbara County?

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

Asistió usted al colegio [o escuela secundaria] en el condado de Santa Barbara?

1. Sí
2. No
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK IF C08Q06 < 3//**

**SB8C7.** Did you go to school before high school in Santa Barbara County?

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

Antes del colegio [o escuela secundaria], asistió usted a una escuela ubicada en el condado de Santa Barbara?

1. Sí
2. No
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK ALL//**

**C08Q09.** In order to help us fully understand the health of the residents in each community in Santa Barbara County, it would be very helpful to get your ZIP code. [ASK IF NECESSARY: What is your zip code?]

_____ Enter 5-digit zip code
77777. DON'T KNOW/NOT SURE
99999. REFUSED

Para poder ayudarnos a entender completamente la salud de los residentes en cada comunidad en el Condado de Santa Bárbara, sería útil obtener su código postal.

_____ Enter 5-digit zip code
77777. NO SABE
99999. SE NIEGA A CONTESTAR

**//ASK IF C08Q09 $\neq$ 77777 OR $\neq$ 99999 OR $>$ 93500 OR $<$ 93000//**

**BadZip**

The zip code you entered: _____ Which is not in the states allowable range of 93000 – 93500.

1. Go back to C08Q09 and re-enter zip code.
2. Continue with zip code as entered.

**//ASK ALL//**

**SB8C09.** In order to help us learn more about environmental factors in your area, we'd like to know, what is the nearest intersection to your home or the place where you live?

This information will only be used to group your responses with others from your neighborhood.

Please name the two cross-streets of the nearest intersection to your house. What is the name of the first street?

_____ Enter name of first street
99. REFUSED

Para poder aprender mas acerca de factores ambientales en su area, quisiera saber cual es la intersección de calles mas cercana a su casa.

Esta información nunca será divulgada o analizada individualmente y será utilizada para agrupar sus respuestas con las de otras personas que viven cerca de usted

Por favor indique los nombres de las dos calles de esta intersección. ¿Cuál es el nombre de la calle primera?

_____ Enter name of first street
99. REFUSED

**//ASK ALL//**

**SB8C10.** What is the name of the second street?

_____ Enter name of second street
99. REFUSED

¿Cuál es el nombre de la calle segunda?

_____ Enter name of second street
99. REFUSED

**//ASK ALL//**

**SB8C11.** The streets I recorded for the closest intersection are ___ and ___: Is this correct?

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

Las calles que grabé para la intersección más cerca son: ___ y/e ___ ¿Es esto correcto?

1. Sí
2. No
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK ALL//**

**C08Q13 and 5.14.** Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

READ IF NECESSARY Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

¿Alguna vez ha estado en servicio activo en las Fuerzas Armadas de los Estados Unidos, ya sea en el servicio militar regular, en la Guardia Nacional o en una unidad de reserva militar?

El servicio activo no incluye el entrenamiento en la Reserva ni en la Guardia Nacional, pero SÍ incluye las actividades de movilización, por ejemplo, para la Guerra del Golfo Pérsico.

1. Sí
2. No
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK ALL//**

**C08Q14 and 5.12a, 5.12b.** Are you currently:

NOTE: If more than one say: Select the category which best describes you.

NOTE: DO NOT code 7 for DON'T KNOW/NOT SURE on this question.

1. Employed for wages [go to SB8Q15]
2. Self-employed [go to SB8Q15]
3. Out of work for 1 year or more [go to SB8Q16]
4. Out of work for less than 1 year [go to SB8Q16)]
5. A Homemaker [go to SB8Q16]
6. A Student [go to SB8Q16]
7. Retired [go to C08Q16a]
8. Unable to work [go to C08Q16d]
9. REFUSED [go to C08Q16d]

¿Es usted actualmente...?

NOTE: Si es más de una, diga: Seleccione la categoría que mejor lo describa.

NOTE: DO NOT code 7 for NO SABE/NO ESTÁ SEGURO on this question.

1. Empleado asalariado [go to SB8Q15]
2. Trabajador independiente [go to SB8Q15]
3. Desempleado por 1 año o más [go to SB8Q16]

4. Desempleado por menos de 1 año [go to SB8Q16]
5. Mujer u hombre que se ocupa de las tareas de la casa [go to SB8Q16]
6. Estudiante [go to SB8Q16]
7. Jubilado [go to SB8Q16d]
8. No puede trabajar [go to C08Q16d]
9. SE NIEGA A CONTESTAR [go to C08Q16d]

**(PARTIAL POINT OF SURVEY. IF ANSWERED THROUGH C08Q14, THE SURVEY IS CONSIDERED A PARTIAL COMPLETE)**

**//ASK IF C08Q14 = 1 OR C08Q14 = 2//**

**SB8Q15 and 5.13.** Is your main job year-round or seasonal?

1. Year-round
2. Seasonal
7. DON'T KNOW/NOT SURE
9. REFUSED

¿Es su trabajo principal durante todo el año o por temporada?

PROBE: Los empleados por temporada son contratados para trabajar por empleadores que neceistan ayuda adicional durante uno temporada en particular, no durante todo el año.

1. Todo el año
2. Por temporada
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK IF C08Q14 = 1 OR C08Q14 = 2 OR C08Q14 = 3 OR C08Q14 = 4 OR C08Q14 = 5 OR C08Q14 =6//**

**SB8Q16 and 5.13a.** Do problems getting childcare make it difficult for you to work or study?

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

¿Hacen problemas, como conseguir que alguien cuide a sus niños, que sea difícil para usted estudiar o trabajar?

1. Sí
2. No
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK ALL//**

**C08Q16d.** Is your annual household income from all sources…

a. Less than $10,000?

1. Yes [go to C08Q16i]
2. No [go to C08Q16i]
7. DON'T KNOW/NOT SURE [go to C08Q16i]
9. REFUSED [go to C08Q16i]

b. Less than $15,000?

1. Yes [go to C08Q16a]
2. No [go to C08Q16i]
7. DON'T KNOW/NOT SURE [go to C08Q16i]
9. REFUSED [go to C08Q16i]

c. Less than $20,000?

1. Yes [go to C08Q16b]
2. No [go to C08Q16i]
7. DON'T KNOW/NOT SURE [go to C08Q16i]
9. REFUSED [go to C08Q16i]

d. Less than $25,000?

1. Yes [go to C08Q16c]
2. No [go to C08Q16e]
7. DON'T KNOW/NOT SURE [go to C08Q16i]
9. REFUSED [go to C08Q16i]

e. Less than $35,000?

1. Yes [go to C08Q16i]
2. No [go to C08Q16f]
7. DON'T KNOW/NOT SURE [go to C08Q16i]
9. REFUSED [go to C08Q16i]

f. Less than $50,000?

1. Yes [go to C08Q16i]
2. No [go to C08Q16g]
7. DON'T KNOW/NOT SURE [go to C08Q16i]
9. REFUSED [go to C08Q16i]

g. Less than $75,000?

1. Yes [go to C08Q16i]
2. No [go to C08Q16i]
7. DON'T KNOW/NOT SURE [go to C08Q16i]
9. REFUSED [go to C08Q16i]

Tomando en cuenta todas sus fuentes de ingresos, los ingresos anuales de su hogar son…

a. Menos de $10,000?

1. Sí [go to C08Q16i]

2. No [go to C08Q16i]
7. NO SABE/NO ESTÁ SEGURO [go to C08Q16i]
9. SE NIEGA A CONTESTAR [go to C08Q16i]

b. Menos de $15,000?

1. Sí [go to C08Q16a]
2. No [go to C08Q16i]
7. NO SABE/NO ESTÁ SEGURO [go to C08Q16i]
9. SE NIEGA A CONTESTAR [go to C08Q16i]

c. Menos de $20,000?

1. Sí [go to C08Q16b]
2. No [go to C08Q16i]
7. NO SABE/NO ESTÁ SEGURO [go to C08Q16i]
9. SE NIEGA A CONTESTAR [go to C08Q16i]

d. Menos de $25,000?

1. Sí [go to C08Q16c]
2. No [go to C08Q16e]
7. NO SABE/NO ESTÁ SEGURO [go to C08Q16i]
9. SE NIEGA A CONTESTAR [go to C08Q16i]

e. Menos de $35,000?

1. Sí [go to C08Q16i]
2. No [go to C08Q16f]
7. NO SABE/NO ESTÁ SEGURO [go to C08Q16i]
9. SE NIEGA A CONTESTAR [go to C08Q16i]

f. Menos de $50,000?

1. Sí [go to C08Q16i]
2. No [go to C08Q16g]
7. NO SABE/NO ESTÁ SEGURO [go to C08Q16i]
9. SE NIEGA A CONTESTAR [go to C08Q16i]

g. Menos de $75,000?

1. Sí [go to C08Q16i]
2. No [go to C08Q16i]
7. NO SABE/NO ESTÁ SEGURO [go to C08Q16i]
9. SE NIEGA A CONTESTAR [go to C08Q16i]

i. INTERVIEWER: confirm range: Annual household income is _____. IS THIS CORRECT?

Los ingresos anuales de su hogar son: _____. ¿Es eso correcto?

**//ASK ALL//**

**C08Q17 and 5.17.** About how much do you weigh without shoes?

NOTE: If respondent answers in metrics, put a '9' in the first position, see example below. NOTE: Round fractions up.

_____ Enter weight in whole pounds (ex: 220 pounds = 220) or whole kilograms (ex: 65 kilograms = 9065 or 110 kilograms = 9110)

7777. DON'T KNOW/NOT SURE
9999. REFUSED

Aproximadamente, ¿cuánto pesa usted sin zapatos?

NOTE: Si la persona encuestada responde usando el sistema métrico, indique '9' en la primera columna. NOTE: Redondee los decimales o las fracciones hacia arriba.

_____ Enter weight in whole pounds (ex: 220 pounds = 220) or whole kilograms (ex: 65 kilograms = 9065 or 110 kilograms = 9110)

7777. NO SABE/NO ESTÁ SEGURO
9999. SE NIEGA A CONTESTAR

**//ASK ALL//**

**C08Q18 and 5.18.** About how tall are you without shoes? NOTE: If respondent answers in metrics, put a '9' in the first position, see example below. NOTE: Round fractions down.

_____ Enter height in feet and inches (ex: 5 feet 9 inches = 509) or meters and centimeters (ex: 1 meter 75 centimeters = 9175)

7777. DON'T KNOW/NOT SURE
9999. REFUSED

Aproximadamente, ¿cuánto mide usted sin zapatos? NOTE: Si la persona encuestada responde usando el sistema métrico, indique '9' en la primera columna. NOTE: Redondee los decimales o las fracciones hacia arriba.

_____ Enter height in feet and inches (ex: 5 feet 9 inches = 509) or meters and centimeters (ex: 1 meter 75 centimeters = 9175)

7777. NO SABE/NO ESTÁ SEGURO
9999. SE NIEGA A CONTESTAR

**//ASK IF RESP IS FEMALE AND < 45 YEARS OLD//**

**C08Q19 and 5.19**. To your knowledge, are you now pregnant?

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

Que usted sepa, ¿está embarazada?

1. Sí
2. No
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK ALL//**

**C08Q20 and 1.2.** Some people who are deaf or have serious difficulty hearing may use assistive devices to communicate by phone. Are you deaf or do you have **serious difficulty** hearing?

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

Algunas personas que son sordas o tienen gran dificultad para oír pueden usar o no usar equipo para comunicarse por teléfono. ¿Es sordo o tiene **gran dificultad** para oír?

1. Sí
2. No
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK ALL//**

**C08Q21 and 1.3.** Are you blind or do you have serious difficulty seeing, even when wearing glasses?

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

¿Es ciego o tiene gran dificultad para ver, incluso al usar lentes?

1. Sí
2. No
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK ALL//**

**C08Q22 and 1.4.** Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

Debido a una condición física, mental o emocional, ¿tiene gran dificultad para concentrarse, recordar o tomar decisiones?

1. Sí
2. No
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK ALL//**

**C08Q23 and 1.5.** Do you have serious difficulty walking or climbing stairs?

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

¿Tiene mucha dificultad para caminar o subir las escaleras?

1. Sí
2. No
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK ALL//**

**C08Q24 and 1.6.** Do you have difficulty dressing or bathing?

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

¿Tiene dificultad para vestirse o bañarse?

1. Sí
2. No
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK ALL//**

**C08Q25 and 1.7.** Because of physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

Debido a una condición física, mental o emocional, ¿tiene dificultad para hacer diligencias solo, como ir al consultorio del médico o ir de compras?

1. Sí
2. No

7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

## 7: Smoking and Tobacco Use

**//ASK ALL//**

**C09Q01 and 11.1.** Have you smoked at least 100 cigarettes in your entire life?

NOTE: Do not include: electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigarillos, little cigars, pipes, bidis, kreteks, cigars, water pipes (hookahs), or marijuana.
5 packs = 100 cigarettes

1. Yes [go to C09Q02]
2. No [go to C09Q05]
7. DON'T KNOW/NOT SURE [go to C09Q05]
9. REFUSED [go to C09Q05]

¿Ha fumado al menos 100 cigarrillos en toda su vida?

NOTE: En cigarrillos, no incluya cigarrillos electrónicos (e-cigarrillos o *ecigarettes*, NJOY, Bluetip), cigarrillos herbales, cigarros, puros, puritos, pipas, bidis, kreteks, pipas de agua (narguiles) ni marihuana.
5 paquetes = 100 cigarrillos

1. Sí [go to C09Q02]
2. No [go to C09Q05]
7. NO SABE/NO ESTÁ SEGURO [go to C09Q05]
9. SE NIEGA A CONTESTAR [go to C09Q05]

**//ASK IF C09Q01 = 1//**

**C09Q02 and 11.2.** Do you now smoke cigarettes every day, some days, or not at all?

1. Every day [go to C09Q03]
2. Some days [go to C09Q03]
3. Not at all [go to C09Q04]
7. DON'T KNOW/NOT SURE [go to C09Q05]
9. REFUSED [go to C09Q05]

¿Fuma cigarrillos todos los días, algunos días o no fuma para nada?

1. Todos los días [go to C09Q03]
2. Algunos días [go to C09Q03]
3. No fuma para nada [go to C09Q04]
7. NO SABE/NO ESTÁ SEGURO [go to C09Q05]
9. SE NIEGA A CONTESTAR [go to C09Q05]

**//ASK IF C09Q02 = 1 OR IF C09Q02 = 2//**

**C09Q03 and 11.3.** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

1. Yes
2. No

7. DON'T KNOW/NOT SURE
9. REFUSED

En los últimos 12 meses, ¿ha dejado de fumar durante un día o más debido a que estaba intentando dejar de fumar?

1. Sí
2. No
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK IF C09Q02 = 3//**

**C09Q04 and 11.4.** How long has it been since you last smoked a cigarette, even one or two puffs?

1. Within the past month (less than 1 month ago)
2. Within the past 3 months (1 month but less than 3 months ago)
3. Within the past 6 months (3 months but less than 6 months ago)
4. Within the past year (6 months but less than 1 year ago)
5. Within the past 5 years (1 year but less than 5 years ago)
6. Within the past 10 years (5 years but less than 10 years ago)
7. 10 or more years ago
8. Never smoked regularly
77. DON'T KNOW/NOT SURE
99. REFUSED

¿Cuánto tiempo hace que fumó por última vez un cigarrillo, aunque haya sido una o dos pitadas (caladas)?

1. En el último mes (hace menos de 1 mes)
2. En los últimos 3 meses (hace más de 1 mes, pero menos de 3)
3. En los últimos 6 meses (hace más de 3 meses, pero menos de 6)
4. En los últimos 5 años (hace más de 1 año, pero menos de 5)
6. En los últimos 10 años (hace más de 5 años, pero menos de 10)
7. 10 años o más
8. Nunca ha fumado de manera regular
77. NO SABE/NO ESTÁ SEGURO
99. SE NIEGA A CONTESTAR

**//ASK ALL//**

**C09Q05 and 11.5.** Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

NOTE: Snus (rhymes with 'goose')
READ IF NECESSARY Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.

1. Every day
2. Some days
3. Not at all

7. DON'T KNOW/NOT SURE
9. REFUSED

¿En la actualidad usa tabaco para mascar, rapé o *snus* todos los días, algunos días o para nada?

NOTE: Snus (rima con 'goose')
NOTE: El *snus* (nombre en sueco del rapé) es un tabaco húmedo que no se fuma y que generalmente se vende en bolsitas que se colocan entre el labio y la encía.

1. Todos los días
2. Algunos días
3. Para nada
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK ALL//**

**SB06Q01 and 11.6.** Have you ever used an e-cigarette or other electronic "vaping" product, even just one time, in your entire life?

READ IF NECESSARY: Electronic cigarettes (e-cigarettes) and other 'vaping' products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy. NOTE: These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions.

1. Yes [go to SB06Q02]
2. No [go to C10Q01]
7. DON'T KNOW/NOT SURE [go to C10Q01]
9. REFUSED [go to C10Q01]

¿Alguna vez ha usado un cigarrillo electrónico u otro producto de "vapor" electrónico, aun cuando lo haya hecho una sola vez en toda su vida?

READ IF NECESSARY: Los cigarrillos electrónicos (e-cigarrilllos o *ecigarettes*) y otros productos de "vapor" electrónicos incluyen pipas de agua (narguiles) electrónicas (*e-hookahs*), plumas de vapor, cigarros electrónicos (e-cigarros o *e-cigars*) entre otros. Estos productos funcionan con batería y, por lo general, contienen nicotina y sabores como de frutas, menta o dulces.

1. Sí [go to SB06Q02]
2. No [go to C10Q01]
7. NO SABE/NO ESTÁ SEGURO [go to C10Q01]
9. SE NIEGA A CONTESTAR [go to C10Q01]

**//ASK IF SB06Q01 = 1//**

**SB06Q02 and 11.7.** Do you now use e-cigarettes or other electronic "vaping" products every day, some days, or not at all?

1. Every day
2. Some days
3. Not at all
7. DON'T KNOW/NOT SURE
9. REFUSED

¿En la actualidad usa cigarrillos electrónicos (e-cigarrillos o *e-cigarettes*) u otros productos de “vapor” electrónico todos los días, algunos días o nunca?

1. Todos los días
2. Algunos días
3. Nunca
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK IF SB06Q01 = 1//**

**SB06Q03 and 11.8.** During the past 30 days, on how many days did you use e-cigarettes or other electronic "vaping" products?

____ Enter number of days
88. NONE
77. DON’T KNOW/NOT SURE
99. REFUSED

¿Durante los últimos 30 días, en cuántos días ha usado cigarrillos electrónicos u otros productos de ‘vapor’ electrónico?

____ Enter number of days
88. NUNCA
77. NO SABE/NO ESTÁ SEGURO
99. SE NIEGA A CONTESTAR

**//ASK IF SB06Q01 = 1//**

**SB06Q04 and 11.9.** About how old were you when you first used e-cigarettes or other electronic "vaping" products?

____ Code age in years [97 = 97 and older]

98. DON’T KNOW/NOT SURE
99. REFUSED

¿Aproximadamente cuántos años tenía cuando usó cigarrillos electrónicos u otros productos de ‘vapor’ por primera vez?

____ Code age in years [97 = 97 and older]

98. NO SABE/NO ESTÁ SEGURO
99. SE NIEGA A CONTESTAR

## 8: Alcohol Consumption

**//ASK ALL//**

**C10Q01 and 12.1.** During the past 30 days, how many days did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

NOTE: One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.

101-107 = days per week
201-230 = days in the past 30 days

_____ Enter days per week or days in the past 30 days
777. DON'T KNOW/NOT SURE [go to SB10Q05]
888. NO DRINKS IN THE PAST 30 DAYS [go to SB10Q05]
999. REFUSED [go to SB10Q05]

En los últimos 30 días, ¿cuántos días por semana o por mes tomó por lo menos un trago de cualquier bebida alcohólica, como una cerveza, vino, bebida con malta o licor?

NOTE: Un trago equivale a una cerveza de 12 onzas, un vaso de vino de 5 onzas o una bebida con una medida de licor.

101-107 = días por semana
201-230 = días en los últimos 30 días

_____ Días por semana o días en los últimos 30 días
777. NO SABE/NO ESTÁ SEGURO [go to SB10Q05]
888. NINGÚN TRAGO EN LOS ÚLTIMOS 30 DÍAS [go to SB10Q05]
999. SE NIEGA A CONTESTAR [go to SB10Q05]

**//ASK IF C10Q01 > 100 OR IF C10Q01 < 231//**

**C10Q02 and 12.2.** One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

READ IF NECESSARY: A 40 ounce beer would count as 3 drinks, or a cocktail with 2 shots would count as 2 drinks.

_____ Enter number of drinks
77. DON'T KNOW/NOT SURE
99. REFUSED

Un trago equivale a una cerveza de 12 onzas, una copa de vino de 5 onzas o una bebida con una medida de licor. En los últimos 30 días, en los días que bebió, ¿aproximadamente cuántos tragos tomó en promedio?

READ IF NECESSARY: Una cerveza de 40 onzas equivaldría a 3 tragos; un cóctel con dos medidas de alcohol equivaldría a 2 tragos.

_____ Cantidad de tragos
77. NO SABE/NO ESTÁ SEGURO
99. SE NIEGA A CONTESTAR

**//ASK IF C10Q01 > 100 OR IF C10Q01 < 231//**

**C10Q03 and 10.3.** Considering all types of alcoholic beverages, how many times in the past 30 days did you have [CATI: X = 5 for Men, X = 4 for Women] or more drinks on an occasion?

_____ Enter number of times
88. NONE
77. DON'T KNOW/NOT SURE
99. REFUSED

Tomando en cuenta todos los tipos de bebidas alcohólicas, ¿cuántas veces en los últimos 30 días usted bebió [CATI: X = 5 para hombres, X = 4 para mujeres] tragos o más en una ocasión?

_____ Cantidad de veces
88. NINGUNO
77. NO SABE/NO ESTÁ SEGURO
99. SE NIEGA A CONTESTAR

**//ASK IF C10Q01 > 100 OR IF C10Q01 < 231//**

**C10Q04 and 12.4.** During the past 30 days, what is the largest number of drinks you had on any occasion?

_____ Enter number of drinks
77. DON'T KNOW/NOT SURE
99. REFURSED

En los últimos 30 días, ¿cuál fue la máxima cantidad de tragos que bebió en sola ocasión?

_____ Cantidad de tragos
77. NO SABE/NO ESTÁ SEGURO
99. SE NIEGA A CONTESTAR

**C10Q04v**

Interviewer you indicated _____ DRINKS as the largest number the respondent had on any occasion. In a previous question (C10Q03) you indicated that the respondent had [CATI: X = 5 for Men, X = 4 for Women] drinks on _____ occasions. Please verify and entere the appropriate response.

1. Correct as is
2. Re-ask question C10Q03

**//ASK ALL//**

**SB10Q05 and 12.5.** During the past 30 days, how many times have you driven when you've had perhaps too much to drink?

_____ Enter number of times
88. NONE
77. DON'T KNOW/NOT SURE

99. REFUSED

Durante los últimos 30 días, ¿cuántas veces manejó cuando quizás había bebido demasiado?

_____ Enter number of times
88. NINGUNO
77. NO SABE/NO ESTÁ SEGURO
99. SE NIEGA A CONTESTAR

## 9: Lifestyle

**//ASK ALL//**

**C11Q01 and 7.1.** During the past month, did you typically participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? NOTE: If respondent does not have a 'regular job duty' or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

En los últimos 30 días, a excepción de su trabajo diario, ¿participó en alguna actividad física o hizo algún tipo de ejercicio como correr, caminar, calistenia, jugar al golf o realizar actividades de jardinería? NOTA: Si el encuestado no tiene 'tareas habituales de su trabajo' o está jubilado, puede contar la actividad física o el ejercicio que hace la mayor parte del tiempo en un mes habitual.

1. Sí
2. No
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK ALL//**

**SB05Q01 and 7.2.** On average, how many hours of sleep do you get in a 24-hour period?

NOTE: Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes. Example: 6 hours 30 minutes rounds to 07 hours. 8 hours 15 minutes rounds to 08 hours.

_____ Enter number of hours [01-24]
77. DON'T KNOW/NOT SURE
99. REFUSED

En promedio, ¿cuántas horas duerme en un periodo de 24 horas?

NOTE: Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes. Example: 6 hours 30 minutes rounds to 07 hours. 8 hours 15 minutes rounds to 08 hours.

_____ Enter number of hours [01-24]
77. NO SABE/NO ESTÁ SEGURO
99. SE NIEGA A CONTESTAR

## 10: Vaccinations

**//ASK ALL//**

**C13Q01 and 9.1.** During the past 12 months, have you had either a flu vaccine that was sprayed in your nose or a flu shot injected into your arm?

NOTE: A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

En los últimos 12 meses, ¿ha recibido la vacuna contra la influenza (gripe) en atomizador en la nariz o la que se inyecta en el brazo?

NOTA: En el 2011 salió una nueva vacuna contra la influenza que se inyecta en la piel con una aguja muy pequeña. Se llama vacuna fluzone intradérmica. Esta también se considera una vacuna inyectable contra la influenza.

1. Sí
2. No
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK IF RESPONDENT IS >= 18 AND <= 49 YEARS OLD//**

**M05Q01 and 9.3.** Have you ever had the Human Papilloma Virus vaccination or HPV vaccination?

NOTE: A vaccine to prevent the human papilloma virus or HPV infection is available and is called the cervical cancer or genital warts vaccine, H.P.V. shot, or 'GARDISIL' or 'CERVARIX.'

1. Yes [go to M05Q02]
2. No [go to M09Q01]
7. DON'T KNOW/NOT SURE [go to M09Q01]
9. REFUSED [go to M09Q01]

¿Alguna vez le han puesto la vacuna contra el virus del papiloma humano o VPH?

NOTA: Hay una vacuna para prevenir la infección por el virus del papiloma humano o VPH. Se llama vacuna contra el cáncer de cuello uterino o las verrugas genitales y es la vacuna contra el VPH.

NOTE: Human papilloma virus (Human Pap-uh-loh-muh virus); Gardisil (Gar-duh-seel); Cervarix (Sir-var-icks)

1. Sí [go to M05Q02]
2. No [go to M09Q01]
7. NO SABE/NO ESTÁ SEGURO [go to M09Q01]
9. SE NIEGA A CONTESTAR [go to M09Q01]

**//ASK IF M05Q01 = 1//**

**M05Q02 and 9.4.** How many H.P.V. shots did you receive?

_____ Enter number of shots
03. All shots
77. DON'T KNOW/NOT SURE
99. REFUSED

¿Cuántas inyecciones de la vacuna contra el VPH le pusieron?

_____ Número de inyecciones
03. Todas las inyecciones
77. NO SABE/NO ESTÁ SEGURO
99. SE NIEGA A CONTESTAR

## 11. Health Screening

**//ASK MODULE IF RESPONDENT IS FEMALE//**

**//ASK ALL//**

**M09Q01 and 15.1.** (The next questions are about breast and cervical cancer.) Have you ever had a mammogram?

NOTE: A mammogram is an X-ray of each breast to look for breast cancer.

1. Yes [go to M09Q02]
2. No [go to M09Q03]
7. DON'T KNOW/NOT SURE [go to M09Q03]
9. REFUSED [go to M09Q03]

(Las siguientes preguntas son acerca del cáncer de mama y el cáncer del cuello uterino.) ¿Alguna vez se ha hecho una mamografía?

NOTA: La mamografía es una radiografía que se realiza a cada uno de los senos para detectar el cáncer de mama.

1. Sí [go to M09Q02]
2. No [go to M09Q03]
7. NO SABE/NO ESTÁ SEGURO [go to M09Q03]
9. SE NIEGA A CONTESTAR [go to M09Q03]

**//ASK IF M09Q01 = 1//**

**M09Q02 and 15.2.** How long has it been since you had your last mammogram? READ ANSWERS IF NECESSARY

1. Within the past year (anytime less than 12 months ago)
2. Within the past 2 years (1 year but less than 2 years ago)
3. Within the past 3 years (2 years but less than 3 years ago)
4. Within the past 5 years (3 years but less than 5 years ago)
5. 5 or more years ago
7. DON'T KNOW/NOT SURE
9. REFUSED

¿Cuándo fue la última vez que se hizo una mamografía?

1. En el último año (hace menos de 12 meses)
2. En los últimos 2 años (hace más de 1 año, pero menos de 2)
3. En los últimos 3 años (hace más de 2 años, pero menos de 3)
4. En los últimos 5 años (hace más de 3 años, pero menos de 5)
5. Hace 5 años o más
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK ALL//**

**M09Q03 and 15.3.** Have you ever had a Pap test?

1. Yes [go to M09Q04]

2. No [go to M09Q05]
7. DON'T KNOW/NOT SURE [go to M09Q05]
9. REFUSED [go to M09Q05]

¿Alguna vez se ha hecho una prueba de Papanicoláu?

1. Sí [go to M09Q04]
2. No [go to M09Q05]
7. NO SABE/NO ESTÁ SEGURO [go to M09Q05]
9. SE NIEGA A CONTESTAR [go to M09Q05]

**//ASK IF M09Q03 = 1//**

**M09Q04 and 15.4.** How long has it been since you had your last Pap test? READ ANSWERS ONLY IF NECESSARY

1. Within the past year (anytime less than 12 months ago)
2. Within the past 2 years (1 year but less than 2 years ago)
3. Within the past 3 years (2 years but less than 3 years ago)
4. Within the past 5 years (3 years but less than 5 years ago)
5. 5 or more years ago
7. DON'T KNOW/NOT SURE
9. REFUSED

¿Cuándo fue la última vez que se hizo la prueba de Papanicoláu?

1. En el último año (hace menos de 12 meses)
2. En los últimos 2 años (hace más de 1 año, pero menos de 2)
3. En los últimos 3 años (hace más de 2 años, pero menos de 3)
4. En los últimos 5 años (hace más de 3 años, pero menos de 5)
5. Hace 5 años o más
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK ALL//**

**M09Q05 and 15.5.** An HPV test is sometimes given with the Pap test for cervical cancer screening. Have you ever had an HPV test? NOTE: Human papillomavirus (pap-uh-loh-muh virus)

1. Yes [go to M09Q06]
2. No [go to M22Q01]
7. DON'T KNOW/NOT SURE [go to M22Q01]
9. REFUSED [go to M22Q01]

A veces se hace una prueba del VPH junto con la de Papanicoláu que se hace para detectar el cáncer del cuello uterino. ¿Alguna vez le han hecho la prueba del VPH?

1. Sí [go to M09Q06]
2. No [go to M22Q01]
7. NO SABE/NO ESTÁ SEGURO [go to M22Q01]
9. SE NIEGA A CONTESTAR [go to M22Q01]

**//ASK IF M09Q05 = 1//**

**M09Q06 and 15.6.** How long has it been since you had your last HPV test?

READ ANSWERS ONLY IF NECESSARY

1. Within the past year (anytime less than 12 months ago)
2. Within the past 2 years (1 year but less than 2 years ago)
3. Within the past 3 years (2 years but less than 3 years ago)
4. Within the past 5 years (3 years but less than 5 years ago)
5. 5 or more years ago
7. DON'T KNOW/NOT SURE
9. REFUSED

¿Cuánto tiempo ha pasado desde la última vez que se hizo la prueba del VPH?

1. En el último año (hace menos de 12 meses)
2. En los últimos 2 años (hace más de 1 año, pero menos de 2)
3. En los últimos 3 años (hace más de 2 años, pero menos de 3)
4. En los últimos 5 años (hace más de 3 años, pero menos de 5)
5. Hace 5 años o más
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

## 12: Colorectal Cancer Screening

**//ASK MODULE IF RESPONDENT IS > 49 YEARS OLD//**

**//ASK ALL//**

**M12Q01 and 14.4.** A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

La prueba de sangre en las heces se puede hacer en casa con un kit especial para detectar la presencia de sangre en las heces. ¿Alguna vez se ha hecho esta prueba con un kit en casa?

1. Sí
2. No
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK ALL//**

**M12Q03 and 14.1.** Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?

1. Yes [go to M12Q04]
2. No [go to M22Q01]
7. DON'T KNOW/NOT SURE [go to M22Q01]
9. REFUSED [go to M22Q01]

La sigmoidoscopia y la colonoscopia son exámenes en los que se instera una sonda en el recto para visualizar el colon a fin de detectar signos de cáncer u otros problemas de salud. ¿Alguna vez se ha hecho uno de estos exámenes?

1. Sí [go to M12Q04]
2. No [go to M22Q01]
7. NO SABE/NO ESTÁ SEGURO [go to M22Q01]
9. SE NIEGA A CONTESTAR [go to M22Q01]

**//ASK IF M12Q03 = 1//**

**M12Q04 and 14.2.** For a sigmoidoscopy, a flexible tube is inserted into the rectum to look for problems. A colonoscopy is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy?

1. Sigmoidoscopy
2. Colonoscopy
7. DON'T KNOW/NOT SURE
9. REFUSED

Para realizar la sigmoidoscopia se inserta una sonda flexible en el recto para detectar posibles problemas. La colonoscopia es un examen similar, pero se utiliza un tubo más largo y generalmente se le inyecta un medicamento en el brazo para que se duerma. Además, se le pide que vaya acompañado de alguien que pueda llevarlo a la casa después del procedimiento. ¿El último examen que se hizo fue una sigmoidoscopia o una colonoscopia?

1. Simoidoscopia
2. Colonoscopia
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK IF M12Q03 = 1//**

**M12Q05 and 14.3.** How long has it been since your last sigmoidoscopy or colonoscopy? READ ANSWERS ONLY IF NECESSARY

1. Within the past year (anytime less than 12 months ago)
2. Within the past 2 years (1 year but less than 2 years ago)
3. Within the past 3 years (2 years but less than 3 years ago)
4. Within the past 5 years (3 years but less than 5 years ago)
5. Within the past 10 years (5 years but less than 10 years ago)
6. 10 or more years ago
7. DON'T KNOW/NOT SURE
9. REFUSED

¿Cuándo fue la última vez que se hizo una sigmoidoscopia o una colonoscopia?

1. En el ultimo año (hace menos de 12 meses)
2. En los últimos 2 años (hace más de 1 año pero menos de 2)
3. En los últimos 3 años (hace más de 2 años pero menos de 3)
4. En los últimos 5 años (hace más de 3 años pero menos de 5)
5. En los últimos 10 años (hace más de 5 años pero menos de 10)
6. Hace 10 años o más
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

## 13. Adverse Childhood Experiences

I'd like to ask you some questions about events that happened during your childhood. This information will allow us to better understand how events that may occur early in life can impact your health. Your responses may help others in the future. These are sensitive topics, and some people may feel uncomfortable with these questions. At the end of this section, I will provide you with a phone number for an organization that can provide information and referral. Please keep in mind that you can ask me to skip any question you do not want to answer. All questions refer to the time period before you were 18 years of age. Now looking back before you were 18 years of age---

Quisiera preguntarle sobre eventos que hayan sucedido en su niñez. Esta información nos permitirá comprender mejor los problemas que pueden ocurrir en etapas tempranas de la vida para poder ayudar a otras personas en un futuro. Es un tema delicado y algunas personas se sienten incómodas con estas preguntas. Al finalizar esta sección le daré el número telefónico de una organización que le puede proporcionar información o remitirlo a otros recursos de ayuda. Por favor, recuerde que me puede pedir que saltemos las preguntas que no desee responder. Todas las preguntas se refieren a antes de que usted cumpliera 18 años de edad. Ahora, recuerde la época anterior a que cumpliera los 18 años---

**//ASK ALL//**

**M22Q01 and 24.1.** Did you ever live with anyone who was depressed, mentally ill, or suicidal?

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

¿Vivió con alguien que tenia depresión, una enfermedad mental o tendencias suicidas?

1. Sí
2. No
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK ALL//**

**M22Q02 and 24.2.** Did you live with anyone who was a problem drinker or alcoholic?

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

¿Vivió con alguien que tenia problemas con la bebida o que era alcohólico?

1. Sí
2. No
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK ALL//**

**M22Q03 and 24.3.** Did you live with anyone who used illegal street drugs or who abused prescription medications?

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

¿Vivió con alguien que consumía drogas ilícitas o que abusara de medicamentos recetados?

1. Sí
2. No
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK ALL//**

**M22Q04 and 24.4.** Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other corrections facility?

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

¿Vivió con alguien que estuvo preso o que fue sentenciado a pasar tiempo en la cárcel, prisión o algún otro centro correccional?

1. Sí
2. No
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK ALL//**

**M22Q05 and 24.5.** Were your parents separated or divorced?

1. Yes
2. No
8. PARENTS WERE NOT MARRIED
7. DON'T KNOW/NOT SURE
9. REFUSED

¿Sus padres estaban separados o divorciados?

1. Sí
2. No
8. LOS PADRES NO ESTABAN CASADOS
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK ALL//**

**M22Q06 and 25.6.** How often did your parents or adults in your home ever slap, hit, kick, punch, or beat each other up? Was it Never, Once, or More than once?

1. Never
2. Once
3. More than once
7. DON'T KNOW/NOT SURE
9. REFUSED

¿Con qué frecuencia sus padres o adultos en la casa se pegaban, cacheteaban, golpeaban, pateaban o azotaban entre ellos? ¿Fue nunca, una vez, más de una vez?

1. Nunca
2. Una vez
3. Más de una vez
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK ALL//**

M22Q07 and 24.7. Not including spanking (before age 18), how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Was it Never, Once, or More than once?

1. Never
2. Once
3. More than once
7. DON'T KNOW/NOT SURE
9. REFUSED

Sin incluir palmadas, antes de que usted cumpliera los 18 años, ¿con qué frecuencia sus padres o un adulto en la casa le pegaron, golpearon, patearon o lastimaron físicamente de alguna forma? ¿Fue…?

1. Nunca
2. Una vez
3. Más de una vez
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK ALL//**

**M22Q08 and 24.8.** How often did a parent or adult in your home ever swear at you, insult you, or put you down? Was it Never, Once, or More than once?

1. Never
2. Once
3. More than once
7. DON'T KNOW/NOT SURE
9. REFUSED

¿Con qué frecuencia uno de sus padres o un adulto en su casa lo maldecía, insultaba o humillaba? ¿Fue…?

1. Nunca
2. Una vez
3. Más de una vez
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK ALL//**

**M22Q09 and 24.9.** How often did anyone at least 5 years older than you or an adult, ever touch you sexually, OR ever try to make you touch them sexually OR force you to have sex? Would you say…

1. Never
2. Once
3. More than once
7. DON'T KNOW/NOT SURE
9. REFUSED

¿Con qué frecuencia alguna persona al menos 5 años mayor que usted, o un adulto, lo tocó sexualmente, O intentó hacer que usted la tocara sexualmente, O lo forzó a tener relaciones sexuales? ¿Fue…?

1. Nunca
2. Una vez
3. Más de una vez
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK ALL//**

**SB22Q10 and 24.10.** Before the age of 18, did you ever feel unsupported, unloved and/or unprotected? Would you say…

1. Never
2. Once
3. More than once
7. DON'T KNOW/NOT SURE
9. REFUSED

Antes de que cumpliera los 18 años, Usted sintió sin apoyo emocional, mal querido y/o desprotegido/a? Diría…

1. Nunca
2. Una vez
3. Más de una vez
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK ALL//**

**SB22Q11 and 24.11.** Before the age of 18, did you ever lack appropriate care by any caregiver (for example, not being protected from unsafe situations, or not cared for when sick or injured even when the resources were available)? Would you say…

1. Never
2. Once
3. More than once
7. DON'T KNOW/NOT SURE
9. REFUSED

Antes de que cumpliera los 18 años Usted carecía del cuidado apropiado de algún cuidador (por ejemplo, de no ser protegido/a de situaciones inseguras, o de no ser cuidado cuando estaba enfermo/a o lastimado/a aún cuando los recursos estaban disponibles? Diría…

1. Nunca
2. Una vez
3. Más de una vez
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

Would you like for me to provide a toll-free number for an organization that can provide information and referral for the issues in the last few questions? You can dial 1-800-4-A-CHILD (1-800-422-4453) to reach a referral service to locate an agency in Santa Barbara County.

¿Quisiera que le dé el número gratuito de una organización que puede proporcionar información y hacer una remisión para atención sobre los asuntos de las últimas preguntas? Puede marcar 1-800-4-A-CHILD (1-800-422-4453) para comunicarse con un servicio de referencia para ubicar una agencia en el condado de Santa Bárbara.

## 14. Marijuana Use

**//ASK ALL//**

**M25Q01 and 12.1.** During the past 30 days, on how many days did you use marijuana or cannabis?

NOTE: Marijuana and cannabis include both CBD and THC products.

____ Enter number of days (01-30) [go to M25Q02]
88. NONE [go to SB10Q10]
77. DON'T KNOW/NOT SURE [go to SB10Q10]
99. REFUSED [go to SB10Q10]

En los últimos 30 días, ¿cuántos días consumió marihuana o cannabis?

NOTA: Marihuana y cannabis incluyen tanto los productos de CBD (Cannabidiol) como los de THC (Tetrahidrocannabinol)

____ Número de días (01-30) [go to M25Q02]
88. NINGUNO [go to SB10Q10]
77. NO SABE/NO ESTÁ SEGURO [go to SB10Q10]
99. SE NIEGA A CONTESTAR [go to SB10Q10]

**//ASK IF M25Q01 > 0 AND M25Q01 < 31//**

**M25Q02 and 12.11.** During the past 30 days, which of the following ways did you use marijuana the most often? Did you usually…
NOTE: Select one. If respondent provides more than one, say "Which way did you use it most often?"

1. Smoke it (for example: in a joint, bong, pipe, or blunt)
2. Eat it (for example, in brownies, cakes, cookies, or candy)
3. Drink it (for example, in tea, cola, alcohol)
4. Vaporize it (for example, in an e-cigarette-like vaporizor or other vaporizing device)
5. Dab it (for example, waxes and concentrates)
6. Use it in some other way
7. DON'T KNOW/NOT SURE
9. REFUSED

En los últimos 30 días, ¿en cuál de las siguientes maneras consumió marihuana con más frecuencia? Generalmente, usted…

NOTA: Select one. If respondent provides more than one, say "¿en cuál manera la consumió con más frecuencia?

1. La fumó (por ejemplo, en un porro, cartucho, pito, churros, pipa o cachimba)
2. La comió (por ejemplo, en pastelitos o brownies pasteles, galletas o dulces)
3. La bebió (por ejemplo, en té, gaseosa o bebida alcohólica)
4. La vaporizó (por ejemplo, en un cigarillo electrónico u otro aparato para vaporizar)
5. La usó en concentrado o 'dabbing' (por ejemplo, en ceras o concentrados)
6. La consumió de alguna otra manera
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK IF M25Q01 > 0 AND M25Q01 < 31//**

**M25Q03 and 12.12**. When you used marijuana or cannabis during the past 30 days, was it for medical reasons (like to treat or decrease symptoms of a health condition? for non-medical purpose (like to have fun or fit in?) or for both medical and non-medical reasons?

1. For medical reasons (like to treat/decrease symptoms of a health condition)
2. For non-medical reasons (like to have fun or fit in)
3. For both medical and non-medical reasons
7. DON'T KNOW/NOT SURE
9. REFUSED

Cuando usted consumió marihuana o cannabis en los últimos 30 días, por lo general fue:

1. Por razones médicas (como para tratar una afección o disminuir los síntomas de una afección)
2. Por razones no médicas (como por diversion o para adaptarse al grupo)
3. Por razones tanto médicas como no médicas
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

## 15: Opioid Use

In the following questions, I am going to ask you about prescription painkillers also known as prescription opioids. We only want to know about prescription painkillers, NOT painkillers that are available over the counter.

**//ASK ALL//**

**SB10Q10 and 12.6.1.** In the past 12 months did you use prescription painkillers such as Oxycontin, Percocet or Norco that were prescribed to you by a healthcare provider?

**DO NOT READ:** NOTE: Other types/brand names of prescription painkillers include but are not limited to: oxycodon Percodan, hydrocodone, Vicodin, Lortab, Lorcet, diphenyloxylate, Lomotil, morphine, Kadian, Avinza, MS Contin, codeine, fentanyl, Duragesic, Actiq, Sublimase, propoxyphene, Darvon, hydromorphone, Dilaudid, meperidine, Demerol, methadone.

1. Yes [go to SB10Q11]
2. No [go to SB10Q12]
7. DON'T KNOW/NOT SURE [go to SB10Q12]
9. REFUSED [go to SB10Q12]

En las siguientes preguntas, le preguntaré sobre los analgésicos recetados, también conocido como opioides. Solo queremos saber sobre los analgésicos recetados, NO los analgésicos que están disponibles sin receta médica.

En los últimos 12 meses, ¿Ud. Usó analgésicos recetados como Oxycontin, Percocet o Norco que fueron recetados por un proveedor médico certificado?

**DO NOT READ:** NOTE: Other types/brand names of prescription painkillers include but are not limited to: oxycodon Percodan, hydrocodone, Vicodin, Lortab, Lorcet, diphenyloxylate, Lomotil, morphine, Kadian, Avinza, MS Contin, codeine, fentanyl, Duragesic, Actiq, Sublimase, propoxyphene, Darvon, hydromorphone, Dilaudid, meperidine, Demerol, methadone.

1. Sí [go to SB10Q11]
2. No [go to SB10Q12]
7. NO SABE/NO ESTÁ SEGURO [go to SB10Q12]
9. SE NIEGA A CONTESTAR [go to SB10Q12]

**//ASK IF SB10Q11 = 1//**

**SB10Q11 and 12.6.2.** Did you use any of the medication more frequently or in higher doses than directed by a healthcare provider?

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

¿Usó algunos de esto medicamentos más frecuentemente o en una dosis más alta que la que le indicó un proveedor médico certificado?

1. Sí
2. No

7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK ALL//**

Now I would like to ask you about prescription painkillers or other opioid drugs that were NOT prescribed to you by a healthcare provider. Please remember your answers are strictly confidential and you do not have to answer any question you do not want to.

**SB10Q12 and 12.6.** In the past 12 months, did you use any prescription painkillers such as Oxycontin, Percocet, Norco or other opioids such as fentanyl or heroin that were NOT prescribed to you by a healthcare provider?

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

Ahora me gustaría preguntar sobre los analgésicos recetados o otros opioides que NO fueron recetados por un proveedor médico certificado. Por favor, recuerde que sus respuestas son estrictamente confidenciales y no necesita contestar todas las preguntas si no lo desea.

En los últimos 12 meses, ¿Ud. Usó analgésicos recetados como Oxycontin, Percocet, Norco u otros opioides como fentanyl o heroína, que NO fueron recetados por un proveedor médico certificado?

1. Sí
2. No
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

## 16. Sexual Orientation and Gender Identity

**//ASK ALL//**

The next two questions are about sexual orientation and gender identity. NOTE: Please say the number before the text response. Respondent can answer either with the number or the text/word.

**M29Q01a.** Which of the following best represents how you think of yourself.

READ IF NECESSARY: We ask this question to better understand the health and healthcare needs of people with different sexual orientations.

NOTE: If the respondent does not understand the question topic, code 7.

1. Lesbian or Gay
2. Straight, that is, not gay
3. Bisexual
4. Asexual
5. Something else
7. I DON'T KNOW THE ANSWER
9. REFUSED

Las siguientes dos preguntas son acerca de la orientación sexual y la identidad de género. NOTA: Por favor diga el número que se encuentra antes del texto de la respuesta. La persona encuestada puede responder ya sea con el número o con el texto o palabras.

¿Cuál de las siguientes opciones representa mejor lo que piensa de usted?

LEA LO SIGUIENTE SI ES NECESARIO: Hacemos estas preguntas para entender mejor la salud y las necesidades de atención médica de las personas con distintas orientaciones sexuales.

NOTA: Si la persona encuestada no entiende el tema de la pregunta, codifique 7.

1. Gae (homosexual)
2. Heterosexual, es decir, no es gai
3. Bisexual
4. Asexual
5. Algo distinto
7. NO SABE LA RESPUESTA/EL ENCUESTADO NO ENTENDIÓ LA PREGUNTA
9. SE NIEGA A CONTESTAR

**//ASK ALL//**

**SB29Q02.** What is your current gender? [Please read number before text.]

NOTE: Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgender. Some transgender people change their physical appearance so that it matches their internal gender

identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation - straight, gay, lesbian, bisexual, or other.

NOTE: If asked about the definition of gender non-conforming; “Some people think of themselves as gender non-conforming when they do not identify only as a man or only as a woman.”

NOTE: Respondent can answer with either the number or the text/word. If choose Transgender, ask 'Is that Male-to-Female or Female-to-Male.' Please Read:

1. Male
2. Female
3. Gender nonconforming
4. Transgender, male-to-female
5. Transgender, female-to-male
6. Other [go to SB29Q02o]
7. DON’T KNOW/NOT SURE
9. REFUSED

¿Cuál es su género en este momento?

NOTA: Algunas personas se describen a sí mismas como transgénero cuando tienen una identidad de género distinta al sexo con el cual nacieron. Por ejemplo, una persona que haya nacido con un cuerpo de hombre, pero que se sienta mujer o viva como mujer sería transgénero. Algunas personas transgénero cambian su apariencia física para que concuerde con su identidad de género interior. Algunas personas transgénero toman hormonas y se han hecho alguna operación. Una persona transgénero puede tener cualquier orientación sexual: heterosexual, gai (homosexual), lesbiana o bisexual.

NOTE: Respondent can answer with either the number or the text/word. Si la respuesta es ‘Sí,’ pregunte, ¿Se considera transgénero de masulino a femenino o de femenino a masculino o de género no conforme?

1. Masculino
2. Feminino
3. Género no conforme/Inconformidad de género
4. Transgénero, masculino a feminino
5. Transgénero, feminino a masculino
6. Otro [go to SB29Q02o]
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK ALL//**

**SB29Q02o.** If other: What would you like to record as your current gender? _____

¿Qué te gustaría grabar como tu género actual? _____

## 17. Oral Health

**//ASK ALL//**

**SB07Q01 and 10.1.** Including all types of dentists, such as orthodontists, oral surgeons, and all other dental specialties, as well as dental hygienists, How long has it been since you last visited a dentist or a dental clinic for any reason?

READ ANSWERS IF NECESSARY

1. Within the past year (anytime less than 12 months ago)
2. Within the past 2 years (1 year but less than 2 years ago)
3. Within the past 5 years (2 years but less than 5 years ago)
4. 5 or more years ago
7. DON'T KNOW/NOT SURE
8. NEVER
9. REFUSED

¿Cuándo fue la última vez que visitó a un dentista o que fue a una clínica dental por algún motivo? Incluya visitas a especialistas dentales, como por ejemplo los ortodoncistas.

1. En el último año (hace menos de 12 meses)
2. En los últimos 2 años (hace más de 1 año, pero menos de 2)
3. En los últimos 5 años (hace más de 2 años, pero menos de 5)
4. Hace 5 años o más
7. NO SABE/NO ESTÁ SEGURO
8. NUNCA
9. SE NIEGA A CONTESTAR

**//ASK ALL//**

**SB07Q02 and 10.3.** Have any permanent teeth been removed because of tooth decay or gum disease? Include teeth lost to infection but do not include teeth lost for other reasons such as injury or orthodontics.

READ IF NECESSARY If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

¿Le han sacado dientes permanentes por problemas de caries o de encías? Incluya los dientes que haya perdido debido a una infección pero no los que haya perdido por otros motivos, como una lesión o trabajo de ortodoncia.

NOTA: Si le extrajeron las muelas del juicio por problemas de caries o de encías, debe incluirlas en la cantidad de dientes perdidos.

1. Sí

2. No
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

## 18: Falls

**//ASK IF RESPONDENT AGE IS > 44//**

**SB12Q01 and 13.1.** In the past 12 months, how many times have you fallen?

READ IF NECESSARY: By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

____ Enter number of times [go to SB12Q02]
88. NONE [go to SB19Q01]
77. DON'T KNOW/NOT SURE [go to SB19Q01]
99. REFUSED [go to SB19Q01]

En los últimos 12 meses, ¿cuántas veces se ha caído?

Lea lo siguiente si es necesario: Por caída, nos referimos a cualquier incidente en el cual de manera no intencional una persona queda tendida en el suelo o en un nivel más bajo.

____ Enter number of times [go to SB12Q02]
88. NINGUNA [go to SB19Q01]
77. NO SABE/NO ESTÁ SEGURO [go to SB19Q01]
99. SE NIEGA A CONTESTAR [go to SB19Q01]

**//ASK IF SB12Q01 is > 0 OR IF SB12Q01 < 77//**

**SB12Q02 and 13.2.** Did this fall cause an injury…? OR How many of these falls caused an injury that limited your regular activities for at least a day or caused you to go see your doctor? NOTE: If response is 'Yes' (caused an injury), code '01'. If response is 'No', code '88'.

READ IF NECESSARY: By an injury, we mean the fall caused you to limit your normal activities for at least a day, or to go see a doctor.

____ Enter number of falls [76 = 76 or more]
88. NONE
77. DON'T KNOW/NOT SURE
99. REFUSED

¿Causó esta caída una lesión…? O ¿Cuántas de estas caídas causaron una lesión que haya limitado sus actividades normales durante al menos un día o llevó a que usted tuviera que consultar al médico? NOTE: If response is 'Yes' (caused an injury), code '01'. If response is 'No', code '88'.

Lea lo siguiente si es necesario: Por lesion, nos referimos a una caída que le haya limitado sus actividades normales al menos por un día o que le haya obligado a ver a un médico.

____ Enter number of falls [76 = 76 or more]
88. NINGUNA
77. NO SABE/NO ESTÁ SEGURO
99. SE NIEGA A CONTESTAR

## 19. Housing and Neighborhood Characteristics

**//ASK ALL//**

**SB19Q01 and 19.1.** Now we would like to talk about housing and your neighborhood. These questions help us better understand your day-to-day experiences. Have you ever had times in your life when you considered yourself homeless? Would you say…

IF NECESSARY, READ: By homeless, I mean when you did not have your own place to stay, so you stayed in a shelter for homeless people or you slept in public places like a park or on the street or in an abandoned building or in a parked vehicle? Please Read: More than once, once, or never.

1. More than once
2. Once
3. Never
7. DON'T KNOW/NOT SURE
9. REFUSED

Ahora me gustaría conversar sobre la vivienda y su vecindario. Estas preguntas nos ayudarán a entender mejor sus experiencias diarias. ¿Ha habido momentos en su vida cuando se consideró desamparado o sin vivienda? Diría…

IF NECESSARY, READ: Por desamparado o sin vivienda, quiero decir que no tenía un lugar propio donde estar, entonces estuvo en un albergue para personas desamparadas o durmió en lugares públicos como un parque o en la calle o en un edificio abandonado o en un vehículo estacionado.

1. Más de una vez
2. Una vez
3. Nunca
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK ALL //**

**SB19Q02 and 19.1b.** Do you currently consider yourself homeless?

IF NECESSARY, READ: By homeless, I mean when you did not have your own place to stay, so you stayed in a shelter for homeless people or you slept in public places like a park or on the street or in an abandoned building or in a parked vehicle?

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

¿Se considera actualmente desamparado o sin vivienda?

IF NECESSARY, READ: Por desamparado o sin vivienda, quiero decir que no tenía un lugar propio donde estar, entonces estuvo en un albergue para personas desamparadas o durmió en lugares públicos como un parque o en la calle o en un edificio abandonado o en un vehículo estacionado.

1. Sí
2. No

7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK IF SB19Q02 ≠ 1//**

**SB19Q03 and 19.3a.** How many people are living at your address in total?

PROBE: Include everyone who is living or staying here for more than 2 months AND include anyone staying here who does not have another place to stay even if they have been here for 2 months or less.

_____ Enter number of people
77. DON'T KNOW/NOT SURE
99. REFUSED

CATI NOTE: Acceptable range is 1 through 20, inclusive.

¿Cuántas personas viven en su dirección en total?

PROBE: Invcluya a todos los que viven o permanecen aquí durante más de 2 meses E incluya a todos los que están aquí y no tienen otro lugar donde estar incluso si han estado aquí durante 2 meses o menos.

_____ Número de personas
77. NO SABE/NO ESTÁ SEGURO
99. SE NIEGA A CONTESTAR

CATI NOTE: Acceptable range is 1 through 20, inclusive.

**//ASK IF SB19Q02 ≠ 1//**

**SB19Q03a and 19.3.1.** How many of these people are children under the age of 18?

_____ Enter number of people
88. NONE
77. DON'T KNOW/NOT SURE
99. REFUSED

CATI NOTE: Acceptable range is 1 through 19, inclusive.

¿Cuántas [de estas personas] son niños menores de 18 años?

_____ Enter number of people
88. NINGUNA
77. NO SABE/NO ESTÁ SEGURO
99. SE NIEGA A CONTESTAR

CATI NOTE: Acceptable range is 1 through 19, inclusive.

**//ASK ALL//**

**SB19Q05 and 19.9.** Do you own or rent your home? (or other arrangement)

1. Own
2. Rent
3. Other

7. DON'T KNOW/NOT SURE
9. REFUSED

¿Usted renta, o es dueño de la casa donde vive?

1. Es dueño
2. Renta
3. Otra
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK ALL//**

**SB19Q08 and 19.8.** How often do you feel safe in your neighborhood? Please Read

1. None of the time
2. Some of the time
3. Most of the time
4. All of the time
7. DON'T KNOW/NOT SURE
9. REFUSED

¿Cada cuánto se siente seguro en su vecindario…?

1. Nunca
2. Algunas veces
3. La mayor parte del tiempo
4. Todo el tiempo
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

## 20. Food Security and Availability

**//ASK ALL//**

The next questions are about where you get your food and the availability of food in your neighborhood.

INTERVIEWER NOTE: Some other type of store may include a corner store, convenience store, restaurant, or carry-out.

**SB20Q01 and 20.1a.** In a typical month, where do you get most of your food? At a… (Please Read)

1. Grocery store (such as Ralph's, Bon's, or Smart & Final)
2. Some other type store
3. A food pantry
4. Somewhere else.
7. DON'T KNOW/NOT SURE
9. REFUSED

Las siguientes preguntas son sobre dónde obtiene sus alimentos y la disponibilidad de alimentos en su vecindario.

INTERVIEWER NOTE: Algún otro tipo de tiendad podría incluir una tienda en la esquina, tienda de artículos rápidos, restaurante o comidas para llevar.

En un mes típico, ¿dónde obtiene la mayor parte de sus alimentos? ¿En una…?

1. Supermercado (como Ralph's, Bon's, o Smart & Final)
2. Algún otro tipo de tienda
3. Una despensa de alimentos
4. Otro lugar
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK ALL//**

**SB20Q02 and 20.2.** How satisfied are you with **the availability** of food in your neighborhood? (Please Read)

1. Very satisfied
2. Somewhat satisfied
3. Somewhat dissatisfied
4. Very dissatisfied
7. DON'T KNOW/NOT SURE
9. REFUSED

¿Cómo está de satisfecho con la disponibilidad de alimentos en su vecindario?

1. Muy satisfecho
2. Un poco satisfecho
3. Un poco insatisfecho
4. Muy insatisfecho
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK ALL//**

**SB20Q03 and 20.3.** How satisfied are you with the **overall quality** of food sold in your neighborhood? (Please Read)

1. Very satisfied
2. Somewhat satisfied
3. Somewhat dissatisfied
4. Very dissatisfied
7. DON'T KNOW/NOT SURE
9. REFUSED

¿Cómo está de satisfecho con la calidad general de los alimentos que se venden en su vecindario?

1. Muy satisfecho
2. Un poco satisfecho
3. Un poco insatisfecho
4. Muy insatisfecho
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK ALL//**

**SB20Q04 and 20.4.** Overall, how satisfied are you with **the price** of food available in your neighborhood? (Please Read)

1. Very satisfied
2. Somewhat satisfied
3. Somewhat dissatisfied
4. Very dissatisfied
7. DON'T KNOW/NOT SURE
9. REFUSED

¿Cómo está de satisfecho con los precios de los alimentos en su vecindario?

1. Muy satisfecho
2. Un poco satisfecho
3. Un poco insatisfecho
4. Muy insatisfecho
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK ALL//**

**SB20Q05 and 20.5.** These next questions are about the food eaten in your household in the last 12 months and whether you were able to afford food. For this next question, please tell me whether the statement describes something that was often true, sometimes true, or never true for you and your household in the last twelve months.

"The food that {I/we} bought just didn't last, and {I/we} didn't have money to get more." Please Read: Was that: often true, sometimes true, or never true for you and your household in the last 12 months?

1. Often true
2. Sometimes true
3. Never true
7. DON'T KNOW/NOT SURE
9. REFUSED

Las siguientes preguntas son sobre los alimentos consumidos en su familia en los últimos 12 meses y si pudo pagar los alimentos. Para la pregunta que sigue, por favor dígame si la frase describe algo que fue verdad a menudo, fue verdad algunas veces o que nunca fue verdad para usted y su familia en los últimos 12 meses.

"Los alimentos que {yo/nosotros} compramos no alcanzaron y {yo/nosotros} no teníamos dinero para comprar más." ¿Fue verdad a menudo, verdad algunas veces o nunca fue verdad para usted y su familia en los últimos 12 meses?

1. Verdad a menudo
2. Verdad algunas veces
3. Nunca fue verdad
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK ALL//**

**SB20Q06 and 20.6.** In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?

1. Yes [go to SB20Q07]
2. No [go to M90Q05]
7. DON'T KNOW/NOT SURE [go to M90Q05]
9. REFUSED [go to M90Q05]

En los últimos 12 meses, ¿comió alguna vez menos de lo que pensaba porque no había suficiente dinero para alimentos?

1. Sí [go to SB20Q07]
2. No [go to M90Q05]
7. NO SABE/NO ESTÁ SEGURO [go to M90Q05]
9. SE NIEGA A CONTESTAR [go to M90Q05]

**//ASK IF SB20Q06 = 1//**

**SB20Q07 and 20.7.** Over the last 12 months, how often did this happen -- almost every month, some months but not every month, only in 1 or 2 months?

1. Almost every month
2. Some months but not every month
3. Only in 1 or 2 months
7. DON'T KNOW/NOT SURE
9. REFUSED

En los últimos 12 meses, ¿cada cuánto ocurrió esto – casi todos los meses, algunos meses pero no todos o solamente en uno o dos meses?

1. Casi todo los meses

2. Algunos meses, pero no todos
3. Solamente en uno o dos meses
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK ALL//**

**M90Q05 and 20.8.** "I couldn't afford to eat balanced meals." Was that often, sometimes, or never true for you in the last 12 months?

1. Often true
2. Sometimes true
3. Never true
7. DON'T KNOW/NOT SURE
9. REFUSED

"No podia pagar comidas balanceadas. ¿Fue eso cierto con frecuencia, algunas veces o nunca en su caso en los últimos 12 meses?

1. Con frecuencia fue cierto
2. Algunas veces fue cierto
3. Nunca fue cierto
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

## 21. Support and Companionship

People sometimes look to others for companionship, assistance, and other types of support. How often is each of the following kinds of support available to you if you need it? For each of the following please respond with: None of the time; A little of the time; Some of the time; Most of the time; All of the time.

**//ASK ALL//**

**AC0901 and 21.1.** [How often do you have:] Someone to help with daily chores if you were sick

1. None of the time
2. A little of the time
3. Some of the time
4. Most of the time
5. All of the time
7. DON'T KNOW/NOT SURE
9. REFUSED

Algunas veces se busca compañerismo, asistencia, u otros tipos de soporte de otras personas. ¿Con qué frecuencia son los tipos de soporte siguientes disponibles para usted si los necesita? Para cada una, responda con: Nunca; Muy pocas veces; Algunas veces; La mayoría del tiempo; Todo el tiempo.

Alguien para ayudarle con quehaceres diarias si estaba enfermo/a?

1. Nunca
2. Muy pocas veces
3. Algunas veces
4. La mayoría del tiempo
5. Todo el tiempo
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK ALL//**

**AC0902 and 21.2.** [How often do you have:] Someone to turn to for suggestions about how to deal with a personal problem

1. None of the time
2. A little of the time
3. Some of the time
4. Most of the time
5. All of the time
7. DON'T KNOW/NOT SURE
9. REFUSED

[Con qué frecuencia tiene Usted:] Alguien con quien puede contar para dar sugerencias sobre cómo resolver problemas personales?

1. Nunca
2. Muy pocas veces
3. Algunas veces
4. La mayoría del tiempo
5. Todo el tiempo
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK ALL//**

**AC0903 and 21.3.** [How often do you have:] Someone to do something enjoyable with?

1. None of the time
2. A little of the time
3. Some of the time
4. Most of the time
5. All of the time
7. DON'T KNOW/NOT SURE
9. REFUSED

¿Alguien con quien puede hacer actividades agradables?

1. Nunca
2. Muy pocas veces
3. Algunas veces
4. La mayoría del tiempo
5. Todo el tiempo
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK ALL//**

**AC0904 and 21.4.** [How often do you have:] Someone to love and make you feel wanted?

1. None of the time
2. A little of the time
3. Some of the time
4. Most of the time
5. All of the time
7. DON'T KNOW/NOT SURE
9. REFUSED

¿Alguien para querer y que le hace sentir querido?

1. Nunca
2. Muy pocas veces
3. Algunas veces
4. La mayoría del tiempo
5. Todo el tiempo

7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

## 22: Resilience Scale

Please say how much you agree with the following two statements as they apply to you over the last month. If a particular situation has not occurred recently, answer according to how you think you would have felt.

**//ASK ALL//**

**RISC01 and 25.1.** I am able to adapt when changes occur. Would you say…

1. Not true at all
2. Rarely true
3. Sometimes true
4. Often true
5. True nearly all the time
7. DON'T KNOW/NOT SURE
9. REFUSED

Diga cuánto está de acuerdo con las siguientes dos declaraciones tal como se aplican a usted durante el último mes. Si en particular la situación no ha ocurrido recientemente, responda de acuerdo a cómo crees que te habrías sentido.
Soy capaz de adaptarme cuando ocurren cambios. ¿Diría usted que…?

1. Nunca
2. Rara vez
3. A veces
4. A menudo
5. Casi siempre
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK ALL//**

**RISC02 and 25.2.** I tend to bounce back after illness, injury, or other hardships. Would you say….

1. Not true at all
2. Rarely true
3. Sometimes true
4. Often true
5. True nearly all the time
7. DON'T KNOW/NOT SURE
9. REFUSED

Tiendo a recuperarme pronto después de enfermedades, heridas, u otras dificultades. ¿Diría usted que…?

1. Nunca
2. Rara vez
3. A veces
4. A menudo

5. Casi siempre
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

## 23: Financial Strain

**//ASK ALL//**

**SB22Q01 and 22.1.** My final two questions ask about how worried you are right now about financial matters. Are you worried that in the next 2 months, you may not have stable housing?

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

Las dos preguntas finales tienen que ver con su preocupación sobre cuestiones financieras. ¿Le preocupa que en los próximos 2 meses podría no tener una vivienda estable?

1. Sí
2. No
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

**//ASK ALL//**

**M90Q01 and 22.3.** During the past 12 months, was there a time when you were not able to pay your mortgage, rent or utility bills?

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

Durante los últimos 12 meses, ¿en algún momento no pudo pagar su hipoteca, la renta o las cuentas de servicios?

1. Sí
2. No
7. NO SABE/NO ESTÁ SEGURO
9. SE NIEGA A CONTESTAR

## Incentive and Closing

**Incent**. That was my last question. Thank you for your time. We can either email or text you a link to your $5 gift card. Please provide us with your email address or the number on which you'd like to receive a text message with the gift card. It will be sent in 3-4 business days. This information will not be connected with your responses and will not be used for any other purposes. Enter email or phone number:

Esa fue mi última pregunta. Gracias por su tiempo. Podemos enviar por email o por mensaje de texto un enlace con su tarjeta regalo. Por favor, provéanos el email o el número de teléfono en el que le gustaría recibir un mensaje de texto con el tarjeta regalo. La tarjeta regalo será enviado en 3-4 días laborales. Esta información no será vinculada con sus respuestas y no será usado por ningún otro propósito. Enter email or phone number:

**Closing Script**:

That was the last question. Thank you. Everyone's answers will be combined to help develop health-related community programs in Santa Barbara County. Thank you very much for your time and participation.

Esa fue mi última pregunta. Las respuestas de todas las personas encuestadas se combinarán de modo que nos ayuden a brindar información sobre las prácticas de salud de la población de este condado. Muchas gracias por su tiempo y cooperación.

## Listening Tour Discussion Guides:
## Interviews, Focus Groups, and Demographic Questionnaire

# Key Stakeholder Semi-Structured Interview Guide

*Opening: Thank you for agreeing to participate in this interview. It focuses on your perspective about Santa Barbara residents' behavioral health needs. The purpose of this interview is to invite key stakeholders to provide feedback and insight to help Cottage Health and its partners to better understand barriers to behavioral health and health care services.*

*All of the information you provide today will be kept strictly confidential. Your opinions, ideas and suggestions will not be shared without your permission. Let me first ask if we can audio record this discussion, to ensure that we accurately reflect your suggestions and comments. Would that be okay?*

*Please note that there are no right or wrong answers to these questions, so all feedback is equally welcome. You may stop the interview at any time.*

*I. Let's begin. First, I'd like to learn about the work you do.*

Please share a brief overview of your behavioral health programs or the work you do to address behavioral health needs.

How long have you been working in this organization?

What do you see as your primary responsibilities/roles at this organization?

Tell me about the clients you serve. What populations do you work with?

Hispanic/Latinx
Mixteco
Underserved
LGBTQI+
Unhoused
Individuals with mental health issues/diagnoses
Individuals with substance use/abuse issues
Low income
Youth
Other_____

*II. Thanks for describing your role at your organization and telling me a little about the work that you do. Now, I'd like to ask you some specific questions pertaining to our project at Cottage Health. We've provided you with a draft of the questions we plan to ask in various focus groups with different types of Santa Barbara residents, and we were hoping to get some feedback on the questions from you.*

After looking at the question guide and list of groups, do you have any suggestions for revisions? As note, any suggestions will be considered as a part of the broader picture and are not guaranteed for inclusion.

We are specifically interested in how to tailor the guide in a way that would best work for the people we want to speak with, who are also the people you have experience working with/serving/seeing.

- Do you believe the population you serve will understand each of these questions? Are any of them confusing?
- Do the questions seem to flow from one topic to another?
- Do any of the questions seem redundant?
- Do you see anything we could delete/get rid of?
- Have we missed anything?
- In terms of language and concepts, are these the words that people would use to talk about these issues?

*II. Next, I'm interested in hearing some of your responses to these questions we just reviewed in the focus group guide. First, we'll focus on mental health, broadly conceived, and then we'll move to substance use/abuse.*

In your view, what kinds of unmet needs or problems related to mental health are occurring in Santa Barbara?

Why do you think these issues exist/persist?

What do people do about these mental health issues that you mentioned? How do they manage them or cope with them?

What kinds of diseases or health conditions do people have that might make their mental health worse?

Where can people go for help with their mental health problems?

PROBES: specific organizations, agencies, people (including informal social networks)

Which of these places/people tend to be appealed to more often? Why do you think that is?

What are some specific barriers that people face in getting help for mental health issues? Can you share an example from your work or observations?

PROBES: discrimination, stigma, language, costs, fear, lack of information/knowledge in knowing where to turn

Now let's turn to the topic of substance use/abuse. In your view, what kinds of problems related to substance use/abuse are occurring in Santa Barbara?

Why do you think these issues exist/persist?

What do people do about these issues? How do they manage them or cope with them?

What kinds of diseases or health conditions do people have that might make their substance use/abuse worse?

Where can people go for help with their substance use/abuse problems?
PROBES: specific organizations, agencies, people (including informal social networks)

Which of these places/people tend to be appealed to more often? Why do you think that is?

What are some specific barriers that people face in getting help for substance use/abuse? Can you share an example from your work or observations?
PROBES: discrimination, stigma, language, costs, fear, lack of information/knowledge in knowing where to turn

*IV. In our final section of the interview, I want us to take a step back and discuss how things could change to better serve Santa Barbara residents when it comes to their care regarding mental health and substance use/abuse.*

What do people need to get better help with mental health and substance use/abuse issues in Santa Barbara?

If you could envision a future where people are able to meet their needs to get better help with mental health and substance use/abuse, what does would that look like?

*Closing: That's all of the questions I have for now. Thank you for taking the time and sharing your thoughts. Do you have any questions for me at the moment?*
*If you think of anything else or have any questions for us, please feel free to contact our team at the University of Pittsburgh.*

# Focus Group Guide: Service Providers

[Cottage Health introduces the data collection team.]

*Extend welcome and offer thanks to attendees for participating.*

We will be talking for about one and a half hours. I'd like to invite you to share your perspectives on mental health and substance use from your own experiences working and living here in Santa Barbara. To give you a roadmap for the discussion today, we'll be talking about:

- Prevalent issues regarding mental health and substance use issues
- Why we think people in these communities are experiencing these
- The resources currently available and where people tend to go for help
- The barriers to getting care
- And potential solutions

Since we have a lot to get through, I might jump in to guide the discussion back to the question at hand.

For this conversation today, we want to be sure that we accurately capture the key points of the discussion and we know that it is not wise to solely rely on our memory. So to do this, we would like to audio record the session. Is that okay with everyone? No names will be attached to the comments. All comments will be kept confidential. [start audio recorders]

I'd like to outline some ground rules before we jump into the discussion. I am here to ask questions, listen, and make sure everyone has a chance to share. We are interested in hearing from everyone. So please let us know your thoughts about every issue that comes up and make sure to leave time for everyone else to do the same. We expect that you will have differing points of view and we want to take advantage of this opportunity to learn from one another. Everyone's perspective is welcome and valid.

As you can see, there are name cards in front of us. Please fill them out. They help me to remember names, but they can also help you, too. During our session, don't feel like you have to respond to me all the time. If you would like to follow up on something that someone has said, whether you want to agree or disagree or to give an example, feel free to do that.

1. Tell us your name and one thing you enjoy about working in this community

2. What kinds of mental health challenges do you see in your community? What about substance use?
    a. How would you say that this has changed over time?

3. Are there some groups of people in the community who face more mental health challenges than others? Substance use?
    a. Probe: young people, older people, recent immigrants

4. What do you think are the people in the community are dealing with mental health and substance use challenges?
    a. What are the contributing factors for mental health/substance use?
    b. Probes: natural disasters/environmental issues; immigration issues; overworked; lack of housing; violence

5. How do people typically deal with mental health and substance use concerns?
    a. Where do they go to get help?
    b. Can you give some examples of care-seeking practices?

6. Why do you think that some people are not able to get the help they need for mental health or substance use issues? (Barriers)
    a. Probes: discrimination; inability to pay/cost; battling insurance; stigma; language barriers; fear; lack of knowing where to turn

7. What can be done to encourage prevention? (before a crisis)
    a. What about the role of early intervention? (probe: education in school/family)

8. What are some examples of services/programs that are working well?

9. How would you describe the relationship among the various agencies and organizations that are trying to tackle these issues and trying to provide better quality of care?
    a. Probe: Collaborative? Competitive?
    b. What could help improve this or make it even better?

10. If you could envision a future scenario where people are able to get better help with mental health and substance use what would that look like?
    a. What specific resources do people need?
    b. Probe: What can individuals do? Schools? Housing? Workplaces? Community organizations? Health care providers?

11. Is there anything that we didn't discuss today that you'd like to share about mental health and substance use in Santa Barbara?

Great, that was our last question. Thank you all for sharing your thoughts and for the great discussion.

# Focus Group Guide: Community Members

[Cottage Health introduces the data collection team.]

*Extend welcome and offer thanks to attendees for participating.*

We will be talking for about one and a half hours. I'd like to invite you to share your perspectives on mental health and substance use from your own experiences working and living here in Santa Barbara. To give you a roadmap for the discussion today, we'll be talking about:

- Prevalent issues regarding mental health and substance use issues
- Why we think people in these communities are experiencing these
- The resources currently available and where people tend to go for help
- The barriers to getting care
- And potential solutions

Since we have a lot to get through, I might jump in to guide the discussion back to the question at hand.

For this conversation today, we want to be sure that we accurately capture the key points of the discussion and we know that it is not wise to solely rely on our memory. So to do this, we would like to audio record the session. Is that okay with everyone? No names will be attached to the comments. All comments will be kept confidential. [start audio recorders]

I'd like to outline some ground rules before we jump into the discussion. I am here to ask questions, listen, and make sure everyone has a chance to share. We are interested in hearing from everyone. So please let us know your thoughts about every issue that comes up and make sure to leave time for everyone else to do the same. We expect that you will have differing points of view and we want to take advantage of this opportunity to learn from one another. Everyone's perspective is welcome and valid.

As you can see, there are name cards in front of us. Please fill them out. They help me to remember names, but they can also help you, too. During our session, don't feel like you have to respond to me all the time. If you would like to follow up on something that someone has said, whether you want to agree or disagree or to give an example, feel free to do that.

1. Please share your name/alias and one thing you enjoy about living in Santa Barbara.

2. What kinds of mental health challenges do you see in your community? What kinds of substance use issues do you see in your community?

3. As you go about your daily life, what observations do you have about people struggling with mental illness and/or substance use in your community. How have your observations changed over time? Has

your awareness of these issues increased? What do you notice about the local environment that has changed?

4. Are there some groups of people in your community who face more mental health challenges than others? *Probe: young people, older adults, new parents, recent immigrants, etc.*

5. What about substance use? Are there some groups of people in your community who struggle with this more than others? *Probe: young people, older adults, new parents, recent immigrants, etc.*

6. What do you think are the reasons people in your community are dealing with mental health and substance use challenges? What are the contributing factors for both mental health challenges and substance use? *Probes: natural disasters/environmental issues; immigration issues; overworked; lack of housing; violence*

7. How do people deal with mental health and substance use concerns? Where do they go to get help? Can you give some examples? If you or a loved one was experiencing a mental health or substance use crisis, who would you call? What would you do?

8. Why do you think that some people do not get the help they need for mental health and/or substance use issues? What gets in the way? *Probes: discrimination; inability to pay/cost; battling insurance; stigma; language barriers; fear; lack of knowing where to turn*

9. What can be done to prevent or overcome these barriers? What would encourage people to start looking for help before a crisis is happening?

10. We also want to know what is working well in your community, too. Are there any examples of things that are improving mental health and substance use challenges in your community? What aspects of your community support people dealing with these issues?

11. What specific resources do people in your community need to get better help with their mental health and substance use challenges? If you could envision a future where people are able to get better help with mental health and substance use, what would that look like? *Probes: What can individuals do? Schools? Housing? Workplaces? Community organizations? Health providers?*

12. Is there anything else we didn't ask about that you'd like to share about mental health and substance use in Santa Barbara?

Great, that was our last question. Thank you all for sharing your thoughts and for the great discussion.

# Focus Group Demographic Questionnaire

Please take a few minutes to answer the questions below by writing on the line or checking the box. All questions are optional and answers will remain confidential.

1. What is your zip code? _____

2. What neighborhood do you live in? _____

3. What is your age? _____

4. What is your gender?
   - o Female
   - o Male
   - o Non-binary/gender non-conforming
   - o Other
   - o Rather not say

5. Are you Hispanic or Latino/a?
   - o Yes
   - o No

6. Which one or more of the following would you say is your race (check all that apply)?
   - o Black or African American
   - o White
   - o American Indian or Alaska Native
   - o Asian
   - o Native Hawaiian or other Pacific Islander
   - o Middle Eastern or North African
   - o Other _____

7. How many children less than 18 years old live in your household? _____

8. What is the highest level of education you have completed?
   - o Never attended school or only attended kindergarten
   - o Grades 1-8 (elementary)
   - o Grades 9-11 (some high school)
   - o Grade 12 or GED (high school equivalency certificate)
   - o College 1 year to 3 years (some college or technical school)
   - o College 4 years or more (college graduate)
   - o Master's degree or above

9. What languages do you speak at home (choose all that apply)?
   - o English
   - o Spanish
   - o Mixtec
   - o Other _____

10. What kind of health insurance do you have?
   - o CenCal/MediCal
   - o Medicare
   - o Indian Health Service
   - o Covered California
   - o Health insurance provided through work
   - o Other _____
   - o None

11. Is your household income from all sources…?:
   - o Less than $10,000
   - o Between $10,000 and $15,000
   - o Between $15,000 and $25,000
   - o Between $25,000 and $35,000
   - o Between $35,000 and $50,000
   - o $50,000 or more

*Thank you for participating!*

## Listening Tour Findings

## Listening Tour Findings

Below is a summary of the findings from the Listening Tour. Emergent themes have been organized into the following sections: 1) structural factors contributing to mental health and substance use issues; 2) obstacles while seeking care; 3) challenges while providing care; and 4) opportunities to improve behavioral healthcare in Santa Barbara County. For each theme, we display illustrative quotes from the interviews and focus groups.

### Structural factors contributing to mental health and substance use issues

This section addresses root causes of behavioral health issues at the socio-political level. High costs of living, working excessively to make ends meet, wealth inequality and disparities in accessing care, normalization of substance use, and social media were identified as contributing factors to mental health and substance use challenges in Santa Barbara County.

Almost everyone recognizes that Santa Barbara County has communities with a strong sense of belonging. Moreover, because the county is geographically located in a place with an **attractive climate and landscape**, it has become a destination for people coming from other places. People like living in Santa Barbara even though it poses steep challenges for the most vulnerable populations.

> "We don't freeze or melt. I mean, we're not like Phoenix, where the temperature rises to 120 degrees for 6 months, or the polar vortex of Chicago, where we have to worry about all their homeless freezing to death, right? We, geographically, and because of the extraordinary people in our community, we're really lucky."
>
> - Physician

> "I'm not from here. So when I landed here, the weather was just Goldilocks Mediterranean weather. I was blown away. I'm from Portland. So it's totally different. And it makes things a lot easier what the weather does when you're out there. And just notice that the kind of people over here are totally different than in Portland. Nice, but in a totally different way almost, almost like I was in a different country or a different planet. It was a big change, by night, the weather is a lot easier."
>
> - Person experiencing homelessness

> *"Me gusta el clima, se parece mucho al clima de mi país, de donde vengo, entonces, me hace sentir más en casa. La amabilidad de las personas, y lo limpio y tranquilo que es el lugar."*

> "I like the weather, it's similar to the one in my country and it makes me feel at home. People are gentle, and the place is chill and clean."
>
> - Hispanic/Latinx Community Member

The inherent beauty of the place and its clement weather have brought **tourism**, along with **increasing housing costs**, and a **rise in the homeless population**. Participants suggest that the benefits of living in Santa Barbara are unevenly distributed. For instance, beautification efforts can be detrimental and make life harder for the poor and those who are unhoused.

"Even just for the general mental health population, the lack of housing availability and its costs creates this economic struggle where they just live under stress. Kind of all the time working multiple jobs and people break eventually. It's hard to get through daily life."

- Behavioral Health Provider

"If you're disturbing the tourism or business you start to get stereotyped. I mean, I get stereotyped all the time because I'm homeless. Right? And people in the stores end up telling me I can't use the bathroom or 'get out of here.'"

- Community member

"In Santa Barbara, we used to have [...]a lot of single-occupancy hotels [...] that a lot of the people we served in my HIV/AIDS years could afford with their welfare check, and they had free food, a meal program, lunch program. They could afford to not be in the doorways of businesses on State Street. They had a hotel room. It was a monthly rent. They made just enough to survive. And as the whole South County culture has changed into a much higher income demographic, all those hotels are gone except one or two. And the more days that these folks are on the streets, the more mental health gets worse and worse by the day for them. I mean, put any of us on the streets and that would happen. That's been my observation growing up in this town."

- Mental Health Provider

"And the other thing is housing. I mean, so if you look at that flowchart, and you've ever been at a shelter even transitional shelters, we have nothing other than that. And so we're seeing people stay longer in emergency shelters, which kind of changes the whole dynamic of emergency shelter. And then having a difficult time. We've got people on the housing list that have been on the house list for five and six years. And what has happened is they've become extremely depressed about it, and they just give up. And so they live in their car."

- Service Provider

"For example, last week they had a vigil at the beach [in which mourners honored the 34 people who perished during the Conception boat disaster]. Well, they cleaned up the whole park of all the homeless for the people mourning the people on the boat. Well, I mean, you don't think homeless have family out there? You don't know. And they feel bad, too. Why can't they mourn, too? [...] They have like a no tolerance [policy]. You disturb downtown, you disturb their business, you disturb tourism."

- Community member

Very often people find it **difficult to make ends meet** given the high cost of living in Santa Barbara County. Because residents are working a lot, **stress** can funnel into violence, self-medicating with substances, and more complex physical and mental health situations. Many participants are struggling to "keep up" with the cost of living, making their living situations highly precarious. Especially among the Hispanic/Latinx population, the **excessive work** can lead to self-medication to numb their pain or to derive energy to keep working.

*"Uno de los problemas también importantes aquí en Santa Bárbara es lo caro de la vivienda, que eso genera que los padres busquen doble trabajo, doble turno, para que pueda alcanzar para llevar lo básico a la casa; eso genera estrés, porque abandonamos a los hijos por responsabilidad de tener lo básico en mi casa."*

"One of the main issues is the high cost of housing in Santa Barbara, which obliges parents to find two jobs, do two shifts, with the aim to bring the basics home. That creates stress because we abandon our children because we want to have the basics at home."

- Hispanic/Latinx Community Member

"There's a huge poor population living here in Santa Barbara that are working two jobs just to stay afloat."

- Physician

*"Las personas que tienen más bajos recursos tienen hasta dos trabajos para poder pagar la renta. Entonces eso sí es como a diario están viviendo el estrés. Y ese exceso de trabajo, ¿qué genera en la gente, en la comunidad? Yo pienso que genera las fricciones de emociones."*

"People with fewer economic resources have to have two jobs to pay their rent. They are living under constant stress. And that excessive work, what does it create in the people, in the community? I think it creates emotional friction."

- Cottage Health Employee

*"Muchos jóvenes se van a trabajar al field en el verano, en la fresa. En primer lugar, no están acostumbrados a trabajar en el campo; segundo lugar, tienen la necesidad de trabajar. Van, no aguantan las jornadas de trabajo. Entonces, esos niños empiezan a tomar Red Bull. El día de mañana, cuatro, cinco pastillas de aspirina para aguantar el dolor de espalda. A la tercer semana la marihuana."*

"Young people go to work in the strawberry fields during the summer. First, they are not used to working in the field; secondly, they have the need to work. They go and they do not resist the work. So, those kids start drinking Red Bull. The next day, four, five aspirins to cope with the back pain. The third week, marijuana."

- Hispanic/Latinx Community Member

"I think these parents are overwhelmed, as well. Many of them have multiple jobs. They're not home with the kids." - Behavioral Health Provider

"Along the lines of poverty and stress, I would say most individuals in this town work more than one job. And when you're working more than one job, sometimes you need substances to keep you going. And I think that's big. [...] You know, it's expensive here. But I think that is a big stressor for many people."

- Psychiatrist

"And every day, they just keep up. And it's like, the stress of just constantly keeping up. And, I think that's a stress in itself. [...] And then something happens and...just like a house of cards, it all sort of falls down. [...] But I mean, you know, for some of these people, I don't even know how they pay their rent. I literally have had people who something bad happens and then...I found an employee and two other people living out in their car...I mean, I think it's just something can just tip you over the edge."

- Cottage Health Employee

Many vulnerable populations feel there is extreme social inequality in Santa Barbara County. For instance, the Hispanic/Latinx population report **wealth inequality**, **differentiated access to healthcare services**, and **discrimination** as factors that worsen behavioral health. Discrimination is also felt by LGBTQ+ community members, people experiencing homelessness, and drug users.

"I guess social issues are always happening in every community. I mean, but I think in this community, it's a little bit more twisted because we have so much wealth in this community. But there's a lot of racism in this community."

- Hispanic/Latinx Community Leader

*"El primer problema que veo ahí es que es la falta de documento, la falta de MediCal, por la falta de documentación obviamente, y pues el miedo a lo que se habla ya ahorita en esta época de que si pides ayuda, si cuando quieres arreglar en un futuro, no vas a poder, sea verdad, sea mentira, la gente se asusta."*

"The first issue that I identify is the lack of documents, not having access to MediCal because of not having documents, and also the fear. People are saying that if you go to ask for help, and then you want to fix your situation here, you won't be able, I don't know if it is true or false, but people get scared"

- Hispanic/Latinx Community Member

*"A nosotros nos pasó algo en la tienda de que estábamos hablando español a la hora de pagar y estaba una americana ahí delante parada al frente de nosotros Y voltea con una mirada tan fea a decirnos que por qué no hablábamos inglés, que porque estábamos en un lugar donde teníamos que hablar inglés. Y yo no sé 100% inglés, pero sí puedo hablar mucho inglés."*

"To us it happened that we were in a store, in line, ready to pay, speaking in Spanish. And there was an American woman in front of us, and she turns with this ugly look to tell us why didn't we talk in English because we were in a place where we had to. And I don't know 100% English, but I know a lot."

- Hispanic/Latinx Community Member

"We have incredible inequities in socio-economic status in our community, we have the underinsured and the poor, who have no access to inpatient, substance abuse, or mental health services, and limited fragmented access to mental health outpatient services, depending on the day of the week, the hour a day, their insurance status, their immigration status, etc."

- Nurse

"I've been doing this work since 2008. And my experience has always been that any counseling, any opportunities are really handed out the white community more. And minorities are more towards catching a case. You know, sent to the DA's. [...] So, same crime, but for the most part, minorities get shipped out towards the justice system, and whites get more of the counseling and come back to school."

- Hispanic/Latinx Community Leader

"[It would be helpful to have] employers that are willing to hire people who have been in homelessness. [...] Or on their resume, if there's a huge gap because they were homeless. They might be stereotyped and excluded."

- Person experiencing homelessness

"[In the LGBT community] folks are at greater risk of using drugs and alcohol to cope with the exorbitant rates of family rejection, religious rejection and attack, workplace discrimination, and housing discrimination. All of which target LGBTQ folks pretty young."

- LGBTQ+ Activist

People also point to the **wine country atmosphere** of Santa Barbara and compare it with the ongoing normalization and prevalence of **vaping** and the **legalization of marijuana**. This context in which substance use is normalized also expands to other drugs, such as meth.

"I noticed when I moved here it was like, everybody kept bringing out the bottle of wine and giving people bottles of wine whenever they have birthdays and things like that. Even in the work setting, which I didn't see so much maybe in other places where I have worked before I moved here. Yeah, Detroit was not a big wine country."

- Promotora

"If you talk to any principal [in the school system] right now, it's e-cigarettes. The electronic delivery systems that are delivering both nicotine and marijuana. And they're flooding the schools. And we've stood by and watched it happen. They've made millions of dollars off of it. And it's really frustrating. We had tobacco use down to 4% in California."

- Substance Use Treatment Provider

"We hadn't really mentioned the legalization of marijuana. I'm concerned about how that might be influencing substance use patterns and I wonder if that might be a good community question to pose about the legalization of marijuana we have increasing number of dispensaries. We are growing loads and loads of marijuana in Carpinteria which is Santa Barbara County just slightly south of Santa Barbara. I'm not sure if you're from here but... So well, if you roll down your windows on your way here from Los Angeles, when you stop when you go to Carpinteria, you, you will smell the marijuana from the freeway."

- Cottage Health Employee

"So meth is a big issue. It can be used, almost recreationally. So people kind of go to sort of parties together, where there can be sort of a hookup culture that is infused with the recreational use of meth. It creates dangerous, you know, behavior in terms of passing HIV and other sorts of sexually transmitted diseases and it can also lead to really intense addiction really quickly. So there's kind of this idea or image that if you, you know, just use it a little bit, and then you're a working professional, you're Monday through Friday, that you won't get addicted, but it's so highly addictive, that that's a dangerous leap."

- LGBTQ+ Activist

Ambivalence surrounds **social media** and the use of **cell phones**. These emerged as a central concern that is changing socializing behaviors. Their negative uses create **apathy**, **depression**, and **addiction**, and is reported as a medium for **bullying**. Fear is also spread through social media. But at the same time, social media can be used in positive ways, too.

"The world has changed so much. We've seen it with our kids. I see it with my grandkids. There's a lot of adolescent isolation. They spend so much time on their devices."

- Mental Health Service Provider

"Social media plays a huge part of it. Do I get liked enough? What's happening on social media when I'm in school? What happens when I'm not connected online? All these factors that occur create a very anxious population, a young anxious population. I'm curious to know the research around screentime and anxiety. I think we're going to find there's a huge problem."

- Service Provider

*"Aparatos como el internet, las computadoras y teléfonos, es un arma de dos filos, yo les platico* [a mis hijos]*, les digo: "okay, tú lo puedes usar para bien, como para hacer tu tarea o lo puedes usar para ver cosas que no te dejan ningún beneficio", yo trato de explicarles a ellos, pero obvio, ellos quieren experimentar, saber cosas y lógico, siempre se van por el lado equivocado."*

"Tools like the internet, computers, and telephones have two sides. I tell my children: 'OK, you can use these for good stuff like a tool to do your homework or to do stuff that does not leave any benefit for you'. I try to explain them but they want to experiment, know things, and naturally, they always choose the wrong side."

- Hispanic/Latinx Community Member

"And then for kids, a lot of its social media. I mean, social media can be horrible but for a lot of kids, it can also be a lifesaver. A lot of kids reach out through social media. The important part is being able to point them in the right direction and not in the wrong directions".

- Mental Health Provider

"I mean, I think it's worth noting, too, that teens are just always at an increased risk. I think we're seeing more and more young people, and that includes teens, older teens also, just with more and more, obviously, social media. And I'm hearing so much about people posting things, nude pictures, sexting, and so there's just so much of that out there that people aren't able to navigate at their age,

and it's really traumatizing to people and no way to really sort of navigate that as a parent sometimes. And so they're just at increased risk for ongoing mental health problems with all the exposure."

- Behavioral Health Provider

## Experiencing Care

Central challenges that care-seekers face while accessing behavioral healthcare in Santa Barbara County are discussed below. The multiple barriers involved in accessing care include: prevailing stigma surrounding mental health and substance use concerns; language and cultural barriers; rising levels of fear generated by xenophobia; logistical and bureaucratic obstacles; and narrow-scope insurance policies that do not cover behavioral health care.

**Stigma** and **fear of judgement** are common concerns for those seeking care for mental health challenges or substance use issues. Stigma is experienced many times within medical facilities, but also in daily life. Often, the stigma can be internalized and become a barrier in seeking healthcare due to fear of judgment.

"And I think there's still stigma. A lot of people feel embarrassed to ask for help, embarrassed to go see a doctor."

- Nurse

"Hispanic, as well. I mean, we see [stigma] certainly with the Chinese and the Korean students at UCSB. The students seem willing to seek treatment, but they don't want to tell their parents, because their parents think it is a bad thing. Or it's taboo. You don't talk about your mental health problems or your emotional distress."

- Cottage Health Employee

"They were really nice and great, until they did a drug test and saw that I had drugs in my system [...]It's like, stuff like that makes it so you don't want to go get help. Because the places that are supposed to help you and are supposed to be there for you are supposed to, like, provide you with what you need. They don't. They judge you."

- Person experiencing homelessness

"If folks have had a bad experience [trying to access help for mental health or substance use issues]. LGBTQ people have had a bad experience. Maybe they were mis-gendered, or maybe people shamed them about their sexual partners or sexual practices or anything like that. They tell their friends, they tell their community. And so if they're in a substance using community, and they go for any kind of treatments and it doesn't go well because of who they are, they will tell their substance using friends who are in that community that our people aren't welcome there."

- LGBTQ+ Activist

"Just to give you an example. If someone said they were on antibiotics, no one would think that was weird. But I know a lot of people who would judge you for saying, 'I'm on a pill for depression' or

something. They would just judge that in such a different way. And we really just need to reduce the stigma."

- Teen Community Member

"I think stigma is a big problem because they don't want to admit to anyone that they have a problem and then it's too late. The lack of compassion from other people who are just going, 'Oh, get your [expletive] together.' They don't understand mental illness."

- Community Member

"Well, there's still a very big stigma attached to mental health. And I can't say I blame people when someone says, 'Hey, we've got another crazy person for you to see.' Well, you're a well-educated person in a medical community and you're using that language. I mean, why do you think someone is apprehensive about telling the truth that they're hearing voices or that they're up all night, they can't sleep, they worry? We can do better, too, as professionals."

- Healthcare Provider

For care-seekers **language and cultural barriers** emerged as an issue when approaching mental health care services. In some cases, children are having to translate for their parents in clinical settings due to a lack of bilingual providers. Furthermore, Hispanic/Latinx communities said that even though professionals have the ability to speak Spanish, they may not understand their particular cultural backgrounds. This makes it difficult to provide effective and appropriate care. In particular, there is a lack of providers who are able to speak Mixteco, an indigenous language spoken by many residents in Santa Barbara County.

"I don't see a lot of bilingual doctors, they don't really speak Spanish. So usually, if I go to the doctor, I have to translate to my mom what the doctor is saying."

- Hispanic/Latinx Youth Community Member

"As you saw here, when you asked the kids, how many of you translate for your parents? [Many participants raised their hands]. So, imagine a doctor trying to explain to you what is wrong with you, and then the kid has to translate that to the parents. Kids are not gonna understand how to translate a lot of the medical terminology or a lot of the stuff that they are talking about. A lot of the kids are second English learners, you know, ESL. So their comprehension as far as their language goes, may not be enough for them to make the right translation for their parents."

- Hispanic/Latinx Community Leader

"We [as professionals] are not representative enough of the people we serve. For us, one of the huge challenges is that we have a large Mixteco population. And the amount of dialects spoken is something that we have a hard time keeping up with. Because you may have an advocate that speaks *Mixteco Alto*, but also the population in Santa Maria speak *Mixteco Bajo.* And then you have subdialects where you can have two people from the same region who cannot understand each other. So doing therapy with someone like that is not possible. I do the best I can, but again, it's really really limited. So they're not getting the level of care that everybody else is. [...] They're not getting what they need to get."

- Mental Health Provider

*"Otro desafío que también se encuentra es el tiempo que se le dedica al paciente en las consultas [...] en las mentales se ocupa como más tiempo y también es muy limitado el que hay. No hay buena comunicación porque la mayoría de los proveedores se llaman bilingües, pero su español es muy corto, o sea, no hay una comunicación efectiva entre paciente y proveedor, y siempre hay malos entendidos. Entonces, el paciente se desespera y no encuentra la solución que requiere."*

"Another challenge is the time dedicated to patients. Mental health issues need more time and it is pretty limited. There is also bad communication because the majority of providers call themselves bilingual, but their Spanish falls short, thus, there's not effective communication between patients and providers; and there are often misunderstandings and patients usually get desperate and do not find the help they need."

- Hispanic/Latinx Community Member

The logistics entailed in scheduling and arriving at necessary appointments can be challenging to arrange. Care seekers have difficulties **finding the time** to attend appointments and arranging **transportation**, sometimes to distant locations. Transportation is an especially burdensome barrier for people living in rural areas. In addition, many have to endure **long wait times** on the Access Line and between appointments. These obstacles are compounded with mountains of **paperwork**. Participants share that they feel dehumanized by the paperwork they have to fill out. These issues are particularly troubling when someone is experiencing a crisis that needs to be immediately addressed.

"The time, right? The work, especially if you have people who are working two jobs. When do you have the time to go see a therapist?"

- Promotora

"Our families are working families. It's an agricultural community in Santa Maria. They work in the fields. They start at 4:30 in the morning. They get home at 7:30 at night. They can't get their children to appointments at 1:00 in the afternoon or they lose a whole day's pay."

- Service Provider

*"Hay mucha información que los padres necesitan escuchar, pero no es accesible porque es durante el día o de lunes a viernes. Hay muchas personas*

*que nomás no trabajan los domingos, hay muchas personas que nomás no trabajan es sábado y por esa razón yo creo que nomás no hay manera de escuchar la información."*

"There is a lot of information that parents need to know, but they don't have access to it because it is provided Monday through Friday during the day. There are people that only rest on Sundays, and many others on Saturdays, and for that reason, there is no way to listen to the information."

- Hispanic/Latinx Community Member

"It also sounds like--is it called Access? The phone number that they're supposed to call? [...]That's a joke. There are people that tell me that they're on hold for 45 minutes and they don't get

through. And I hear that over and over again. And I just think taking an addict and saying, "Here, dial this number and wait 45 minutes," is a set up for disaster."

- Service Provider

"We have to go up to where the many wealthy people live to find the services. And so then transportation becomes an issue."

- Substance Use Treatment Provider

"Especially in this [Santa Ynez] Valley. It's hard to get out of the valley or to even get 15 miles away or 20."

- Service Provider

"For people who are seeking help at County Mental Health, their crisis service, where you can go if you're in a crisis, it is very difficult to access out of town. You have to take a bus to get there."

- Psychiatrist

"Sometimes they have a job for me but the recovery is supposed to come first. Recovery is supposed to come first. We can't work. We need money for a bus pass. How are we going to get from point A to point B? Do you know what I mean? That's a big issue for me."

- Community Member

"I think one of the problems with that, in my opinion, is that we, in Santa Barbara County, we have very poor public transportation. And so a lot of my clients that end up being in jail, they just can't get to their appointments. I mean, just going to the Cottage Health Campus is not an easy thing."

- Service Provider

#1 M: Well back, back, um, I think it was July of '18. In this place, the director himself, he, I was a court order to a program in LA. And this place right here, the director came out of his own pocket, and bought me and paid for an Uber, to take me from this from right up front, all the way to LA to my program.
#1 F: Cool.
#1 M: You know what I mean? And then that's, in my experience being here, three years 8 months. That was the only person that actually did anything towards help. Last Friday, and that's when I had and then that's when I actually started to take responsibility, and for, for my own actions and my addiction and actually start trying to put forth the effort to actually try to get sober. And that actually made me feel that there's somebody out there, or there are good people out there, that would do something else to help somebody when you're down and out. And I mean.
#7 M: Isn't it crazy that it's the littlest thing for them? And it means nothing, right?
#1 M: But to us, it means it means the world.
#7 M: You know, it could it could change your life. Like it did.

- Conversation among people experiencing homelessness

"Yeah. I think the kids that I'm seeing at the schools, transportation is a big barrier, so if we aren't allowed to come on campus anymore and provide that on-campus support, asking a parent who

works two jobs or single parent to then get in the car at 3 o'clock in the afternoon to-- [inaudible] their kid from the car. They would go-- Right. So for a kid on the bus or-- so I think transportation is big."

- Service Provider

"I took myself to Cottage Hospital in Goleta Valley, just because I wanted to talk to somebody about depression. So I went to the emergency room. And I got, I spent a total of about nine and a half hours between Goleta Valley Hospital and the downtown Cottage Hospital. And I was seen for a total of three minutes and about twenty seconds by the attending emergency room physician, who was an internist. So the whole time I spent waiting. [...] And I was there for serious depression and PTSD and wanted to talk to somebody about it. But on the way out, I spent about two hours and a half with a financial eligibility specialist about how I was going to pay for it. And they said, 'Who do you know that you can bill?' I said, 'nobody....there's nobody I can send the bills.'...So I spent two and a half hours filling out insurance and I got a standard referral sheet. So I just thought I wasn't taken seriously."

- Person experiencing homelessness

**Fear generated by a xenophobic political climate** emerged as one of the most common themes in every Hispanic/Latinx focus group and interview. The current anti-immigrant policies are increasing levels of fear and stress among Hispanic/Latinx communities. In addition, the political climate is deterring people from seeking care. The fear of personal information being given to ICE or the prospect of ICE raids on clinics frequented by Hispanic/Latinx is creating isolation, stress, and family break-ups with tremendous consequences and little support.

*"Hay mucha gente con miedo, con estrés y depresión por el tema de migración. La gente no quiere salir a las calles, niños asustados. La gente no sale."*

"People are afraid, they have stress and depression due to the migratory issues. People don't want to go out, children are scared. People simply don't go out.

- Cottage Health Employee

"Fear and anxiety amongst not only parents but children. Even if they have status, in the population that we serve, chances are someone in their family or extended family is not documented. So they have a general fear of deportation and also a fear of being victims of racism itself. So it's generated a great deal of stress in the immigrant community that we serve."

- Service Provider

"With this political climate, the patients that I serve, many of them are undocumented. And that's creating high fear, which of course adds distress. It means they seek less care, because they are worried about things. So we've had patients who are offered Foundation money, and the minute they're given an application, they're like, 'Forget it! We don't want it.' Yeah. So they won't go to rehab, even though they are being offered the opportunity. So I think that the political climate right now is kind of making some of those issues bigger."

- Cottage Health Employee

"One of the things I have found pretty unique to the last couple of years in our community is anxiety around the political *milieu*. The day after the election, we had lots of families refusing to send their children to school because they were afraid that they would go to school and then their parents wouldn't be back home. The same happened in January when our president was sworn in. Same reaction. We had a very hard time getting parents to send their kids to school. We had a lot of students coming in with lots of somatic responses to stress. Headaches, stomach aches. And they're still that way. You will still hear students walking into the nurse's office with symptoms of stress and anxiety, and when you talk to them and ask them what is it that they're concerned about, what is their concern? 'I'm afraid my mom, my parents won't be there. They'll be deported.'"

- Service Provider

**Narrow-scope insurance policies** do not provide access to behavioral health care to all who need it. Participants noted that "people in the middle," who are neither wealthy nor poor are unable to seek care for mental health and substance use issues because it is not covered by their insurance. In some instances, irony appears when the very employees of agencies providing behavioral health care are unable to access services because their insurance policies will not provide coverage.

*"Que la población tuviera más acceso al servicio médico para atender cosas así de drogas, de alcohol, mental. Vas al doctor, pues no te cubre la aseguranza. Entonces, ¿qué vas a hacer? Ay no me va a cubrir, entonces le voy a seguir".*

"The population should have better access to health care services for drugs, alcohol, and mental issues. You go to the doctor, and the insurance does not cover it. So what are you gonna do? Since it is not covered, I will just keep on on my own."

- Cottage Health Employee

"But even for those with insurance, access to psychiatric care in particular is really difficult. Most of the psychiatrists don't accept insurance. And those that do, there aren't enough of them to see the patients. And that's particularly true in child and adolescent psychiatry. So even for the insured population, it's really hard to access treatment."

- Physician

"We look at all the patients in the morning, and one of the first things we look at is their insurance, which is really sad. Because if they have insurance, it's like 'Oh, good. Well, at least [this] could be an option.' It's sad because if you don't have insurance or if you have Cen Cal, then it's like who knows what is going to happen."

- Behavioral Health Provider

"I think people who are on traditional health insurance plans probably are the least served by both substance use and mental health services. So I mean, I feel like our own staff [have a] pretty mediocre Anthem plan."

- Substance Use Treatment Provider

"I mean, wealthy people can access services because they have the resources to pay out of pocket and then [people on Medi-Cal]. It's really the middle [whose insurance won't cover behavioral health needs]. It's most of us in this room."

- Substance Use Treatment Provider

"I make about $55,000, but I barely make enough to pay for my own apartment, car payment, cell phone, food, and stuff like that. And I don't even... I had to move out of this community to move about an hour away to afford stuff. So that's what people don't understand. Before I was making less, making $35,000, and I tried to apply for like MediCal stuff like that, but I don't qualify for it, because my salary was too high but I don't make enough to survive."

- Community Member

**Providing Behavioral Health Care and Services**

Providers express several challenges in their work: observing the same patients over and over again as though they are going through a "revolving door" and are "staying sick" because they are not getting effective treatment; there is significant complexity in providing care for mental illness and substance use, including accounting for comorbidities; and the difficulty in measuring the effectiveness of mental health services in the long term by traditional quantitative metrics such as economic productivity.

Patients, organizations, and healthcare providers recognize there is a **revolving door** in which patients present with increasingly worsening issues during **chronic readmissions**. Problems of access lie at all levels of the chain, leading patients to **"stay sick."** Narrow-scope insurances, lack of preventive medicine, stigma, high costs of care are all implicated. Recognizing that providers were unable to provide patients with more effective treatment in the past and now are coming back is frustrating and overwhelms the medical system.

"I think it's difficult because we see chronic readmissions. [...]The people that need the services the most can't get them. And, unfortunately, it all comes back to lack of providers that are able to either work with the person's insurance or with managed care and reimbursement rates. It's getting harder to find providers. Those patients end up using the ED [Emergency Department]. [...] It's impossible. So I feel like the underserved population, their difficulties get reinforced at every single stage. [...] There's nowhere for them to go. Right? There's just nowhere. So then, again, they stay the sickest. So it's just this kind of revolving door."

- Behavioral Health Provider

"How do people deal with mental health or substance use concerns? They don't. They get lost in the system. That's why it's a revolving door and they come back to the emergency room."

- Behavioral Health Provider

"And then they just come back. They're going to come back to their community and the problems still going to exist, and it's cyclical. So it's going to cost us one way or another. I'd rather try to really have a clear solution and foundation and treatment plan in place. And the individuals' community,

because that's where you're going to see success. But it's not us. As a society, we're failing the mental health community."

- Behavioral Health Provider

Care-seekers corroborate what providers have to say regarding "revolving doors."

"Because what I end up seeing is they're getting arrested for disorderly conduct or under the influence, spend a certain period of time in jail, which does nothing for their mental illness. And they throw them back on the street. Hang them out to dry again. Yeah, exactly. So it's this revolving door. And what I've noticed over the years, I've seen the same old, same people and they're just getting progressively worse and it's just a matter of time before they die out there or relocate somewhere else. But the people are not being treated. They're just being picked up, taken away."

- Community Member

"I mean my older sister, I know that problems follow you to college like they don't just disappear in high school. And I think they can get worse if you don't get the help you need early on. And I honestly think that's just going to follow you in life unless you find a good support system."

- Teen Community Member

Behavioral health conditions are uniquely **complex to treat** because they often occur in tandem and it is impossible to extricate mental illness and substance use from the context of one's daily life**.** Providers discussed the frequent occurrence in which patients have two or more conditions simultaneously. Examples of **comorbidities** discussed during the Listening Tour include dental problems co-occurring with mental illnesses; TB among intravenous drug users; Alzheimer's patients struggling with alcoholism; people with traumatic brain injury and substance use disorder; and depression appears with a variety of chronic diseases such as HIV/AIDS, cancer, pain conditions, and diabetes. In some cases, the presence of two or more conditions can make effective treatment challenging and patients may become **"non-compliant,"** struggling to adhere to their treatment plans given the complexity of their medical situation.

"If you have a co-existing illness, that will absolutely sink you. If you have diabetes, if you have inflammatory bowel disease, any of those things. Every single patient we see in the specialty clinics has got to deal with some kind of depressive episode."

- Pediatrician

"I see an Alzheimer's patient who clearly is drinking too much. The wife knows it and it's making his disease much worse. And he's probably drinking six to eight drinks a day. And I don't know how to help him because he's never going to go to an in-patient volition or rehab facility. He won't go to AA."

- Physician

"When people come in that have substance abuse mental health, they may have a developmental disability or traumatic brain injury and we're finding it very difficult to get them the kind of testing and to really find out what's underneath there that contributes to the substance abuse."

- Behavioral Health Provider

"Any kind of pain condition is going to really exacerbate both mental health and substance use, in my experience."

- Behavioral Health Provider

"Chronic conditions like diabetes, adherence to their treatment plans are really difficult when they're struggling with these kinds of things [mental health challenges]. So it exacerbates it. We see a lot of patients with diabetes unmanaged."

- Behavioral Health Provider

"So somebody with substance abuse issues or mental health issues tend to have issues being compliant with blood sugar testing, medication, diet, things like that. Even once they hit our floor, they're the ones going right to the snack tray. They're not able to employ their tools, their coping skills. And so they start having problems with their feet or their eyes or other things. So the mental health issues or substance use issues impact the way that they're able to manage [concurrent chronic conditions]."

- Behavioral Health Provider

"When you talk to the infectious-disease doctors who are taking care of all the HIV cases in the community, they all have underlying mental health [issues]. Most have underlying mental health substance abuse because that's how they ended up with their disease. In talking to trauma surgeons, what percentage of the patients on the trauma service had a positive detox? Right? But we in modern Western medicine are very good at segmentalizing things and [being] like, 'We're going to fix the bones." But look at the social environment where the injury or the illness occurred. And a lot of that [as physicians] is out of our control. And a lot of it, we don't really want to be involved in."

- Physician

Behavioral Health Providers call for new ways to assess behavioral healthcare. Conventional economic metrics used to evaluate healthcare provision can be misleading and harmful when it comes to providing care for mental illness and substance abuse. In many cases, individual patients require long-term and resource-intensive engagements in order for them to become and stay healthy. Both care-seeker and care-provider must invest in one another during the treatment process. Despite these challenges, providers note that there are enormous societal impacts that ripple out from effective treatment given in the provider-patient interaction. Providers call for a recognition of the **"bigger picture"** involved in providing effective and appropriate behavioral health care. When an individual receives excellent care and is able to manage her or his condition(s), they are able to be healthier and more productive members of society, which is good for them and their communities.

"You have to see the bigger picture. It may not be a direct revenue-generating program, but you return five 17-year-olds to the community so they can be productive members to the next 70 years. And that is your payback. And that's how mental health is. It's not the direct class that you're getting day to day, it's the fact that 20 years from now, you have productive people in this community. And that cost is immeasurable. [...] We know we're not going to make money on mental health upfront

but what you give back to the community and to these individuals, you can't put a dollar amount to that."

- Behavioral Health Professional

"And a lot of people I talk to, they just want to get into a program and get fixed. And then I drop the bomb on them and say, 'It's not going to happen that way. How long have you been an addict? How long have you been homeless? 15 years? It's going to take a while.' And we, as providers, have to be willing to say, 'You know what? We're going to hold your hand through this process.' [...] And I think that's something we also need to remind our folks in the public. It takes a long time. [...]That's the whole point. Is the public and are we, as providers, going to make the investment in these people? And we are. We do it every day."

- Service provider

"And I think it is important for the organization to understand with behavioral health, people are avoidant. You're asking them to talk about and go through things that are emotionally uncomfortable. If somebody goes to a pain clinic, they're highly motivated to do so because it's going to be, hopefully, a pleasant experience for them, right? They're going to feel better. With us, we're going to ask them to do something that's uncomfortable and ask them to talk about the difficulties in their lives."

- Behavioral Health Provider

## Recommendations to Improve Behavioral Healthcare

Participants in the Listening Tour suggested potential solutions to providing adequate, effective, accessible, and appropriate behavioral healthcare. Requested resources revolve around building capacity in the medical system. Specifically, participants describe the need for more providers, more outpatient services, and more in-patient beds. In addition, participants recommend tailoring services to specific populations. An opportunity to improve behavioral health in Santa Barbara includes formulating a better-coordinated system of care. Finally, participants offer a variety of avenues to raise awareness and increase education about mental health and substance use.

**More providers** are needed. There is a dearth of behavioral health providers including psychiatrists and therapists. Participants of the Listening Tour say that providers must be recruited to practice in Santa Barbara County.

"Provide providers. Cottage Health could employ more people. We need the capacity. Santa Barbara County needs the capacity. That's what we lack."

- Behavioral Health Provider

"It all comes back to a lack of providers that are able to either work with the person's insurance or what managed care and reimbursement rates. It's getting harder and harder to find providers."

- Behavioral Health Provider

"There's a high level of turnover and burnout in our field because you see the same people over and over again. And you feel unsuccessful. And you don't get paid enough."

- Behavioral Health Provider

"So in a perfect world, Cottage would say, 'We're setting up our own clinic. We're going to bring six psychiatrists to town and we're going to offer them attractive packages that make it worth their while to come here. And we will support them."

- Physician

"Yeah, it would be great if Cottage wanted to set up a psychiatric residency program and just churn out a bunch of psychiatrists and psychiatric nurse practitioners."

- Substance Use Treatment Provider

**Out-patient services** that accept walk-ins and have extended hours are needed. Out-patient services are seen as a necessary step to take the burden off of Emergency Departments.

"I love this idea of the out-patient clinic and until we get that I think we need to do more of the hand-offs, walk-in hours or something like that. And maybe they can reserve a space for the Cottage patients."

- Behavioral Health Provider

"Yeah, I think we need a walk-in clinic, urgent care, something they can go instead of coming to the ER."

- Behavioral Health Provider

"We also lack good diagnostic services. Especially, I mean, in an outpatient setting. It would be very helpful to have a short-term evaluation center where their job was to establish one or more diagnoses for an individual, and then be able to refer to appropriate people, assuming the appropriate people existed. But we don't have a diagnostic center, which would really facilitate everything else that falls after that."

- Physician

**More in-patient beds** are desperately needed. There are not enough in-patient beds in Santa Barbara. Because of this, out-of-county referrals are high. When people are referred out of the county, care-seekers and their families have difficulties arranging transportation. In particular, youth beds are needed.

"The huge need is in-patient beds. I mean, it's unconscionable that we're a county of 400,000 people and we have 16 beds. According to national calculations, that's about one-fifth of what the national average is."

- Mental Health Service Provider

"The real problem with access is that Santa Barbara County is chronically underfunded in all areas related to mental health and substance abuse. It spills over into the public guardian's office, which

is underfunded. So when you try to find a way of getting protective care for someone who is unable to make their own decisions, the resources are scanty and people involved are always trying to shift costs elsewhere or not respond to save money and save staff resources. So we don't have access to good placement for people who are unable to care for themselves. In this whole county, people who are seriously ill or suicidal, what is it? It's 16 beds and 8 of those 16 beds are often full with long-term patients. So in the whole county of Santa Barbara, there are 16 beds. Some of which are mandated by the court to be filled by certain kinds of people with both mental illness and substance abuse illnesses and legal difficulties. And that's completely inadequate for the in-patient care."

- Physician

"One of the things we haven't talked about that's been a big problem in San Marino--and I'm sure it's [a problem] in Santa Barbara--is youth emergency beds. So a young man that needed to be hospitalized last year, I worked with the safety program. They [said], "Yes, he needs to be hospitalized." He waited in the ER for four days. So he sat in the ER for four days waiting for a bed in the state of California to open. [...] So then, he gets transported to Orange County for his psychiatric.[...] So Orange County, where he was was a three and a half-hour drive, depending on the traffic. And so then they call the mom the most. [She said,] "I don't have a reliable car." She lives in publicly supported housing. So she calls me. And I can't help her, so she calls the hospital. What they do is they call the state and say the child's been abandoned in their hospital, please come and get him."

- Substance Use Treatment Provider

**Services must be tailored to Santa Barbara's diverse residents**. Participants describe the need for providers who are trained in providing culturally-competent and trauma-informed care. Participants identified populations that are vulnerable to mental health and substance use challenges. These include youth, seniors, LGBTQ+, Hispanic/Latinx, unhoused individuals, employees, and veterans.

"We also have gero-psych issues and needs. Huge. There aren't resources. I think the nearest gero-psych place is in Sacramento. So there are not resources for families who have family members with dementia and all kinds of things."

- Cottage Health Employee

"Our LGBTQ+ population [struggles with] familial supports. [Some can] come out and their parents are accepting of who they are. But those that don't get support really do struggle from mental health issues and [are] also turning to substances to cope. And so, we have higher suicidality, higher depression, higher anxiety issues, in the end, turning to self-medication strategies to cope."

- Substance Use Treatment Provider

"We have 25,000 folks who speak [another language, like Spanish]. And so, they're very socially isolated and easily bullied and prone to being picked on. And so, those people are more susceptible."

- Substance Use Treatment Provider

*"Es importante que las compañias hagan talleres y lleven información. Nosotoros a veces tenemos depresión o estres y no sabemos que hacer. Si ustedes nos dicen donde pedir ayuda es muy bueno."*

"It is important that companies do workshops and bring information to workers. There are times we are going through depression or stress and we don't know what to do. If you tell us and guide where to get help, that would be great."

- Cottage Health Employee

**A focus on prevention and early intervention** is key. Rather than waiting until a crisis ensues, participants suggest focusing on prevention, wellness, and working with youth in early intervention programs. In many cases, this means recognizing the validity of experiencing mild-to-moderate conditions. Shifting focus away from reactive care to more skillful interventions is recommended. Many participants identified schools as critical partners in teaching about practicing preventive strategies.

"I think [we have] a system that is reactive and it only treats crisis. That's way more expensive and it costs the systems so much more. And so we're only shooting ourselves in the foot by only treating people in the emergency room and at the hospital level. If we put money into the primary prevention programs, we would be saving so much money at the beginning. I think we should. It costs so much more to hospitalize somebody in an acute crisis that's going to happen again and again and again unless we treat the issue. It's hard to measure prevention, though."

- Mental Health Provider

"So [for] primary prevention, preventing the [illness] from ever developing, the longer I've worked in the field, the younger I've gone. So really starting with early childhood parenting, postpartum support, and then really having a support system. [...] Cottage Health has done some work on that. They're funding the collaborative with the Neighborhood Clinics, which is awesome. For secondary prevention, somebody who's acute, preventing them from getting worse. It may be useful to think about something like that for urgent care for psych because right now it's just like the emergency gets used for things that maybe should be urgent care."

- Behavioral Health Provider

"But true prevention means that we're going to focus on the positive side of that coin too, which is wellness. And we're actually going to have services to keep you on track maybe when you're not actually sick."

- Behavioral Health Provider

"How can we help people before the symptoms appear so that they can start managing the difficulties of life? And I think colleges and others should really step up and help us as society figure those things out. What are best practices? How do we know people have access to parks and exercise and good nutrition? How do we help people get away from their devices? How do we encourage people to do things, more conversations and connectivity and have social isolation mitigated?"

- Substance Use Treatment Provider

"I think that in addition to what we're saying here is the importance of preventing these illnesses. And it is very important to activities. It's not just through pills and chemicals [that you can be healthy]. It is important to [...] have free time. It is important to know what you like to do, do what makes you happy. Dedicating a little time for yourself. I think this has to do with a cultural change, with the way that we act. Letting us have some time to spend with the family, to go out and ride a bike, walk on the beach. These are things that don't have to do with economic resources, but are about the resource of time."

- Hispanic/Latinx Community Member

"I think that needs to start in junior high, maybe even elementary school because the sooner that people feel that they have help, the sooner that they're going to realize that. And in the future, when they have more problems--like if I knew that I could get help since I was younger then I would feel so much more comfortable going up to people to ask for help now in high school when a lot more things are happening. So I think early intervention is a really good thing."

- Teen Community Member

**A better coordinated system of care is needed.** Overall, the Listening Tour revealed a desire for collaboration across agencies to provide better behavioral healthcare. Participants criticized the tendency of agencies to remain siloed. Instead, they argue, there should be more "warm hand-offs" and opportunities for **wrap-around services**. Many suggested the need for a **Mental Health Resource Center**. This would be a one-stop hub for behavioral health needs. In addition, providers and community members alike highlighted the need for dedicated case managers, navigators, family advocates, and peer advocates to assist people as they navigate the mental health system.

"I think what would help tremendously is being able to get assigned a long term case manager or caseworker or navigator, that can be with you on a consistent basis and point you in the right direction. Because all of us out there, it's really hard to focus and know which way to turn. Because we're not professionals, and we don't know the landscape of the housing and the site facilities and everything. I think easier access to a social worker for the long term, that you can connect with. I think [that] would be a tremendous help."

- Person experiencing homelessness

"If we had somebody to navigate, just like if you have breast cancer or something like that, if you could hook somebody in with a navigator of where to [go]. 'I'm referring you and you need these things.' This person is going to help you with your insurance, with whatever there is, and tell you where you can go and help make appointments and arrange transportation. Because I think even if you have the services, the next step, if they really have a problem, it's difficult to get them to. Even with the resources sitting right next to them."

- Cottage Health Employee

"The act of having a social worker or peer navigator. That's a human being that's even a peer navigator. You train them up and then you have to help the helpee. But I just think that's an insurance need...as well as education for minimizing stigma."

- Substance Use Treatment Provider

"I think the warm handoff is important. We've been talking about that for years. [...] If we're able to have a warm handoff and make the person feel at ease and then give them the run-down of what's happening. Instead of them just popping up and being like, 'Who are you?' 'Oh, I was referred by so-and-so.' 'Oh. We never got a phone call.' 'Well, they said they called.' 'Well, we checked our messages and we haven't gotten any phone calls.' And so I think I really like that from the perspective of getting that warm handoff and saying, 'Here's [so-and-so]. Here's their situation. Could you help?'"

- Service Provider

"So let's say immigrant families that are worried about ICE issues. And you know, they're at the food bank, but also have several other issues. And if there's someone at the food bank, they trust, they will share, 'My husband's really stressed and we need legal support.' So that is sort of a cross referral [opportunity]. You know, 'every door's a front door' system. This isn't in place. And a lot of the front line, very basic service-level providers are trying to act like a Family Resource Center. They don't have the capacity...Can we set up a system that is more transparent? Where those kinds of referrals look more like an actual warm handoff? And where there's information going back and forth between agencies that sees someone and wants to refer them. Like, you know, 'What's the waiting list here? Is this going to work? Did it happen?' So I think there's more openness in the conversation about setting those networks up in specific places around specific issues."

- Community Leader

**We need to raise awareness, provide education, and build skills for behavioral wellness.** According to the internal Cottage Health team, leaders, and community members, education is central to reducing stigma and empowering the community when it comes to behavioral health. In addition, participants describe opportunities in which professionals can become better educated to handle mental health and substance use issues. Primary Care Physicians can be better prepared to understand their patients' behavioral health needs and be equipped with information on where to refer them for further treatment. School guidance counselors and teachers can be trained to engage students in behavioral health concerns. In the wider community, workshops can be held with the aim of raising awareness about behavioral health, reducing stigma, and providing tools to foster communication and manage behavioral health challenges.

"[We need to raise] awareness that getting help is okay. Just like going to a regular doctor. Getting help for your mind is a good thing. That you really need to see the doctor every so often, like your dentist to get your teeth checked. Get your mind checked, get the help you might need."

- Cottage Health Employee

"If there's something that Cottage Health can do to recruit primary care knowing that primary care does most of the mental health treatment for their patient population."

- Cottage Health Employee

"I was thinking if we had actual certified mental health professionals [at] school. I know we do now, but I don't even know anything about that. I mean if every kid in school has a scheduled session that ofor kids to actually talk about the problems they [have]. I think a big step, even if there is a

counselor, is getting the counselor or not wanting people to know that you went to the counselors. So having a set up like that, I think would be really helpful."

- Teen Community Member

"I think integrating stuff into the curriculum, too. It's supposed to be in our health classes, but I know for me, in my health class, my teacher literally didn't talk about it. We were supposed to have a whole unit on mental health disorders and he didn't teach it because we didn't have enough time. And that to me is such a mistake because we spend all this time talking about nutrition and the reproductive system and all that kind of stuff which is super important, but mental health, I think, tops a lot of those things, so. [...] It's literally a life lesson and it's a life-changing thing, is mental health. And maybe the teachers aren't quite comfortable with that? And maybe we need to somehow make them comfortable with that."

- Teen Community Member

"We work here in the hospital, but sometimes with depression or stress from everywhere, from right here, from ourselves at work. I think that this is also important. That companies give people the opportunity to carry out workshops in those places. For the same employees to benefit...If you tell us where we can go to ask for help or where they could give us help. We can pass that information to our families, to our friends."

- Cottage Health Employee

## Listening Tour Follow-up Survey

Cottage Health

## 2019 Listening Tour - Follow-up Survey

**Thank you for your willingness to complete this survey! Your input is a valuable part of the process in helping better understand and identify the health needs and opportunities in Santa Barbara County.**

**We recognize that some of these questions may extend beyond your direct area of expertise. As you take the survey, please consider the interests and needs of all members of our community. The list of health indicators included in this survey were developed from results of the telephone and web survey as well as topics that were mentioned in the Listening Tour.**

**If you have any questions, please feel free to contact Monica Ray at mray@sbch.org or 805-270-5631.**

1. Please rate the following health indicators based on need.

| | No need exists in our community | Some need exists in our community | Significant need exists in our community |
|---|---|---|---|
| Insurance Coverage | ○ | ○ | ○ |
| Access to Primary Care Provider | ○ | ○ | ○ |
| Cost of Care | ○ | ○ | ○ |
| Access to Dental Care | ○ | ○ | ○ |
| Obesity | ○ | ○ | ○ |
| Diabetes | ○ | ○ | ○ |
| Physical Inactivity | ○ | ○ | ○ |
| Food Insecurity | ○ | ○ | ○ |
| Housing Insecurity | ○ | ○ | ○ |
| Smoking Cigarettes and Vaping | ○ | ○ | ○ |
| Alcohol Use | ○ | ○ | ○ |
| Mental Heath | ○ | ○ | ○ |
| Depression | ○ | ○ | ○ |
| Anxiety and Other Mental Health Disorders | ○ | ○ | ○ |
| Severe Mental Illness | ○ | ○ | ○ |
| Adverse Childhood Experiences (ACEs) | ○ | ○ | ○ |
| Mental Health Stigma | ○ | ○ | ○ |

2. Please rate the following health indicators based on perceived urgency in the community.

| | No urgency exists in our community | Some urgency exists in our community | Significant urgency exists in our community |
|---|---|---|---|
| Insurance Coverage | ○ | ○ | ○ |
| Access to Primary Care Provider | ○ | ○ | ○ |
| Cost of Care | ○ | ○ | ○ |
| Access to Dental Care | ○ | ○ | ○ |
| Obesity | ○ | ○ | ○ |
| Diabetes | ○ | ○ | ○ |
| Physical Inactivity | ○ | ○ | ○ |
| Food Insecurity | ○ | ○ | ○ |
| Housing Insecurity | ○ | ○ | ○ |
| Smoking Cigarettes and Vaping | ○ | ○ | ○ |
| Alcohol Use | ○ | ○ | ○ |
| Mental Heath | ○ | ○ | ○ |
| Depression | ○ | ○ | ○ |
| Anxiety and Other Mental Health Disorders | ○ | ○ | ○ |
| Severe Mental Illness | ○ | ○ | ○ |
| Adverse Childhood Experiences (ACEs) | ○ | ○ | ○ |
| Mental Health Stigma | ○ | ○ | ○ |

3. What are the three most urgent needs facing the community?

| | Health Indicator |
|---|---|
| #1 - Most Urgent | |
| #2 | |
| #3 | |

4. Please rate the following health indicators based on the extent to which community organizations in Santa Barbara County are collaborating effectively to address the issue.

*Collaboration is defined here as longer term interaction based on shared mission, goals, decision-making, and resources.*

| | There is no effective collaboration of efforts around this issue | There is a little effective collaboration of efforts around this issue | There is a lot of effective collaboration of efforts around this issue |
|---|---|---|---|
| Insurance Coverage | ○ | ○ | ○ |
| Access to Primary Care Provider | ○ | ○ | ○ |
| Cost of Care | ○ | ○ | ○ |
| Access to Dental Care | ○ | ○ | ○ |
| Obesity | ○ | ○ | ○ |
| Diabetes | ○ | ○ | ○ |
| Physical Inactivity | ○ | ○ | ○ |
| Food Insecurity | ○ | ○ | ○ |
| Housing Insecurity | ○ | ○ | ○ |
| Smoking Cigarettes and Vaping | ○ | ○ | ○ |
| Alcohol Use | ○ | ○ | ○ |
| Mental Heath | ○ | ○ | ○ |
| Depression | ○ | ○ | ○ |
| Anxiety and Other Mental Health Disorders | ○ | ○ | ○ |
| Severe Mental Illness | ○ | ○ | ○ |
| Adverse Childhood Experiences (ACEs) | ○ | ○ | ○ |
| Mental Health Stigma | ○ | ○ | ○ |

5. Please rate the following health indicators on the extent to which certain populations (e.g., racial/ethnic, low-income, or low education) are adversely affected.

| | Does not affect certain populations disproportionately | Has a small impact on certain populations disproportionately | Greatly impacts certain populations disproportionately |
|---|---|---|---|
| Insurance Coverage | ○ | ○ | ○ |
| Access to Primary Care Provider | ○ | ○ | ○ |
| Cost of Care | ○ | ○ | ○ |
| Access to Dental Care | ○ | ○ | ○ |
| Obesity | ○ | ○ | ○ |
| Diabetes | ○ | ○ | ○ |
| Physical Inactivity | ○ | ○ | ○ |
| Food Insecurity | ○ | ○ | ○ |
| Housing Insecurity | ○ | ○ | ○ |
| Smoking Cigarettes and Vaping | ○ | ○ | ○ |
| Alcohol Use | ○ | ○ | ○ |
| Mental Heath | ○ | ○ | ○ |
| Depression | ○ | ○ | ○ |
| Anxiety and Other Mental Health Disorders | ○ | ○ | ○ |
| Severe Mental Illness | ○ | ○ | ○ |
| Adverse Childhood Experiences (ACEs) | ○ | ○ | ○ |
| Mental Health Stigma | ○ | ○ | ○ |

2019 Listening Tour - Follow-up Survey

## Available Community Resources

6. Please rate the extent to which resources exist in the community to address the health indicators.

| | No community resources | Limited community resources | A lot of community resources |
|---|---|---|---|
| Insurance Coverage | ○ | ○ | ○ |
| Access to Primary Care Provider | ○ | ○ | ○ |
| Cost of Care | ○ | ○ | ○ |
| Access to Dental Care | ○ | ○ | ○ |
| Obesity | ○ | ○ | ○ |
| Diabetes | ○ | ○ | ○ |
| Physical Inactivity | ○ | ○ | ○ |
| Food Insecurity | ○ | ○ | ○ |
| Housing Insecurity | ○ | ○ | ○ |
| Smoking Cigarettes and Vaping | ○ | ○ | ○ |
| Alcohol Use | ○ | ○ | ○ |
| Mental Heath | ○ | ○ | ○ |
| Depression | ○ | ○ | ○ |
| Anxiety and Other Mental Health Disorders | ○ | ○ | ○ |
| Severe Mental Illness | ○ | ○ | ○ |
| Adverse Childhood Experiences (ACEs) | ○ | ○ | ○ |
| Mental Health Stigma | ○ | ○ | ○ |

Cottage Health

2019 Listening Tour - Follow-up Survey

Available Community Resources

7. Please list the resources available in our community to address these health indicators (e.g., names of organizations, people, programs, or other resources).

| | |
|---|---|
| Insurance Coverage | |
| Access to Primary Care Provider | |
| Cost of Care | |
| Access to Dental Care | |
| Obesity | |
| Diabetes | |
| Physical Inactivity | |
| Food Insecurity | |
| Housing Insecurity | |
| Smoking Cigarettes and Vaping | |
| Alcohol Use | |
| Mental Heath | |
| Depression | |
| Anxiety and Other Mental Health Disorders | |
| Severe Mental Illness | |
| Adverse Childhood Experiences (ACEs) | |
| Mental Health Stigma | |

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2019 Listening Tour - Follow-up Survey

## Community Health Needs Assessment - 2016 Feedback

**Cottage Health completed the last Community Health Needs Assessment (CHNA) in 2016. The 2016 CHNA report and implementation strategy for Santa Barbara Cottage Hospital, Goleta Valley Cottage Hospital, and Santa Ynez Valley Cottage Hospital can be found here.**

8. Have this report and implementation strategy been helpful to you in the past three years?

- ◯ Yes
- ◯ No

Please elaborate.

9. What can Cottage Health do to make this information more useful to you and your organization in the future?

Cottage Health

2019 Listening Tour - Follow-up Survey

## Please tell us about your organization.

10. Which best describes the type of organization you work for? (select one)

- ◯ Business/for-profit organization
- ◯ College or university
- ◯ Cottage Health
- ◯ Health care system, hospital, clinic, skilled nursing facility, treatment facility
- ◯ Health department
- ◯ Nonprofit or community-based organization
- ◯ Philanthropy
- ◯ School (pre-K-12)
- ◯ Tribe or tribal organization
- ◯ Other government agency
- ◯ Community resident or volunteer (no organizational affiliation)
- ◯ National association (e.g., American Heart Association, American Cancer Society, etc.)
- ◯ Other (please specify)

11. What sector best describes your organization? (select one)

- ○ Alcohol/drug treatment
- ○ Assault/abuse services
- ○ Child care
- ○ Community center
- ○ Education
- ○ Employment/workforce development
- ○ Food systems/support (e.g., food banks)
- ○ Health care
- ○ Health promotion/health education
- ○ Housing (e.g., low-income, long-term housing)
- ○ Shelter (e.g., emergency, transitional)
- ○ Law and justice
- ○ Mental health
- ○ Parks and recreation
- ○ Physical fitness
- ○ Senior services
- ○ Social services
- ○ Transportation
- ○ N/A – no current affiliation
- ○ Other (please specify)

Cottage Health

2019 Listening Tour - Follow-up Survey

## Please tell us more about yourself.

12. Did you or your organization participate in Cottage Health's recent Listening Tour? (select one)

- ◯ Yes, I attended the Listening Tour on behalf of my organization or department.
- ◯ Yes, another representative from my organization or department attended the Listening Tour.
- ◯ No, my organization or department did not participate in the Listening Tour.

13. Which of the following best describes where you live? (select one)

- ◯ North County
- ◯ Mid County
- ◯ South County
- ◯ Outside of Santa Barbara County
- ◯ Other (please specify)