Community Needs Assessment Report
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Overview

La Clínica de La Raza, Inc. (La Clínica) completed the Familias Felices project from March 2018 to April 2019. The Community Needs Assessment was completed from October to December 2018. The process included utilizing the Community Action Model[1] to (1) select the topic of focus; (2) design the assessment and implement; (3) analyze the results; (4) select an activity/action and implement it; and (5) maintain the activity/action over the long term. The program staff used the CAM model to conduct promotora (lay community health worker) trainings, determine a methodological approach, conduct the assessment surveys and focus groups, analyze the results, develop a workshop series to address the findings, and implement the workshops. The project was led by the Health Educator and promotoras with support from the Community Health Education Supervisor. The dataset from 500 Cities was critical to the success of the project throughout the year, particularly during the development of the community needs assessment as well as for activities during the community workshop series.

Assessment Development and Methodology

Step One: Select the topic of focus.

First, the Health Educator recruited and trained the promotoras. The priority community for the program was Latina women, including recent immigrants. Of the 26 promotoras trained in 2018, all were Latina and spoke Spanish as their primary language. Three (3) also spoke Mam, an indigenous Central American language. Twenty-three (23) promotoras were between the ages of 25 to 64, and three (3) were over 65. The promotoras resided in Fruitvale, San Antonio, and other nearby neighborhoods in Oakland. Most promotoras were employed part-time, informally employed, or unemployed. Many were caretakers of children or older family members. Most of the promotoras attended school through middle or high school and have literacy levels ranging from highly to proficient to very low.

The Health Educator met weekly with the group and facilitated discussions about health equity in Oakland. The promotoras learned how to use qualitative and quantitative research as tools to assess public health needs in the community. Using the 500 Cities interactive maps, the promotoras identified the geographic areas to target for outreach in Oakland. They viewed the neighborhood maps based on

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[1] See Appendix A for an outline of the Community Action Model.

census tract data. The first map they analyzed depicted the prevalence of diagnosed diabetes. The map parameters included:

> **Interactive Map** - Model-based estimates for diagnosed diabetes among adults aged >=18 years
> **Location Type** - Census tract data by City
> **State and City** - Oakland, California
> **Category** - Health Outcomes
> **Measure** - Diabetes

The participants focused on the census tracts located in La Clínica's primary service areas of Fruitvale and San Antonio. They noted that the tract with the highest diabetes rate in Fruitvale was 15.2% and it was 14.9% in San Antonio. They discussed the striking contrast with the more affluent areas of North Oakland, the Oakland Hills, and Jack London Square, which ranged from 5.8% to 9.5%. Even so, they noticed the rates were even higher (17.1%) in the nearby East Oakland/Coliseum neighborhood.

The second map they analyzed depicted the impact of mental health concerns on the community.

> **Interactive Map** - Model-based estimates for mental health not good for >=14 days among adults aged >=18 years
> **Location Type** - Census tract data by City
> **State and City** - Oakland, California
> **Category** - Health Outcomes
> **Measure** - Diabetes

For this indicator the prevalence in San Antonio was 16.6% and in Fruitvale it was 16.2%. Similar to diabetes, the rates in North Oakland, the Oakland Hills, and Jack London Square were lower (7.3% to 9.9%). The East Oakland/Coliseum neighborhood had the highest rate in the entire city at 19%. The promotoras discussed the disparity in health outcomes and how zip code, income, and health are correlated.

The participants determined that the community needs assessment should investigate community members' perceptions of diabetes and mental health. They confirmed that they wanted to learn more about influencing factors like experiences related to immigration and acculturation, as well as cultural understandings of the health conditions. They also decided that they would like to expand the project to include the East Oakland/Coliseum neighborhood, as the 500 Cities data indicated a high need around diabetes and mental health in that community.

Step Two: Design assessment and implement.

The Health Educator presented different methodologies for community needs assessments to the promotoras, including surveys, key informant interviews, focus groups, and others. The participants decided to complete a survey with participants from Fruitvale, San Antonio, and East Oakland/Coliseum and decided to complete two focus groups with local residents – one in Fruitvale and one in East Oakland/Coliseum.

The promotoras, Health Educator, and the Community Health Education Supervisor administered 149 surveys and conducted two focus groups (12 participants each) with residents of Oakland.[2] Surveys were completed in high traffic areas on the sidewalks in Fruitvale and San Antonio, as well as outside of a popular produce market in East Oakland/Coliseum. The focus groups took place at La Clínica's Community Health Education (CASA CHE) building in Fruitvale as well as at a parent group meeting at Coliseum College Prep Academy.

Findings and Impact

Step Three: Analyze results.

The findings of the Community Needs Assessment highlighted social and health inequities related to acculturation, diet, and mental health. As promotoras were gathering and analyzing data they realized that most of the people that they interviewed had similar challenges to their own. The assessment focused on three categories, which included some overlap: Values/Family, Health Eating/Diabetes, and Acculturation/Mental Health.

Many survey and focus group participants emphasized similar cultural values such as respect, honesty, a good work ethic, and politeness. They hoped that these values would be passed on to future generations. Many people recognized the importance of eating nutritious food and practicing healthy habits. They described changing dietary habits upon moving to the United States, including increased consumption of meat and fast food. Those surveyed identified diabetes as an issue in their community, but expressed confusion about the causes and symptoms of the condition. Some respondents identified lack of time for exercise, easy access to junk food and soda, difficulty with portion control, and poor eating habits as factors that likely contribute to the high prevalence of diabetes in their community.

The surveys and focus groups also revealed that mental health is a taboo topic in the community. Families do not discuss the subject and some people believe that those suffering from a mental illness are "crazy" or choose to act abnormally. Respondents identified possible reasons that people suffer from mental health conditions, such as depression or anxiety, which included: stress, bad relationships, drugs and alcohol, domestic violence and/or lack of or too much work. Community members were aware of some places where mental health services were offered, but few expressed an understanding of how or when to ask for help. Respondents did not cite immigration as a stressor that could contribute to mental health, yet during the focus group adapting to a new country was reiterated as a major source of stress and sadness. Participants generally avoided overtly speaking about immigration policies and harsher restrictions against undocumented immigrants.

Based on the findings, the promotoras and program staff determined that the Oakland neighborhoods of Fruitvale, San Antonio, and East Oakland/Coliseum could benefit from a public education program on diabetes and mental health. They decided to contextualize the education program within an approach

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[2] Zip codes of residents included: 94603, 94601, 94621, 94606, 94602, 94619, 94605, and 94607.

that recognized the importance of family and cultural values to immigrants, who made up the majority of those surveyed as well as all of the promotora participants.

Step Four: Select activity/action and implement.

The promotoras and program staff used the information gathered during the assessment to develop a six-session workshop series. They created three PowerPoints and a curriculum outline based on the three categories of Values/Family, Health Eating/Diabetes, and Acculturation/Mental Health. The workshop series aimed to create awareness about the prevalence of diabetes and mental health issues and improve understanding about these topics in the communities most affected. The Values/Family session reviewed family values and the impact of daily life, including social determinants of health, on the happiness and health of families. The Healthy Eating/Diabetes sessions reviewed the causes of diabetes, healthy eating, and exercise and incorporated self-care into an understanding of healthy eating. It also included acculturation and eating habits. This presentation included the 500 Cities data interactive map with model-based estimates for diagnosed diabetes among adults aged >=18 years. Finally, the Acculturation/Mental Health workshop reviewed the experience of adjusting to a new country and the taboos around mental health. This presentation incorporated the 500 Cities interactive map with model-based estimates for mental health not good for >=14 days among adults aged >=18 years. The promotoras delivered two iterations of the workshop series for 30 people in total. According to the participant evaluation conducted, they were well-received by the community.

Step Five: Maintain and enforce action/activity.

La Clínica will continue using the curriculum and six-workshop series model in future community health education efforts.

Lessons Learned

- Despite the goals necessarily being defined at the outset, as this program was grant-funded with a specific focus on acculturation and health, the Community Action Model offered room for substantial community input. La Clínica recommends that those looking to replicate this program allow flexibility for the participants to tweak the needs assessment methodology, implementation, and final action/activity. For example, the six-workshop model and three presentations were heavily influenced by discussions led by the promotoras. Another community-based program might come up with a slightly different approach.
- The color gradation in the 500 Cities interactive maps clearly indicated the level of prevalence of different health outcomes, with the darker hues indicating worse health outcomes. This was a helpful visual cue for participants and a seamless way to make the conversation more inclusive for participants with lower literacy levels.
- The 500 Cities interactive maps were originally included only in the initial problem definition phase in Step One, but proved useful to revisit throughout the process, as well as during the community workshop series in Step Four.

Appendix A

Community Action Model

1) Step One: Select topic.

- Train the participants, who should come from the community in which the assessment and activity will take place.
- Identify the problem.
- Select a topic of focus.

2) Step Two: Design and implement assessment.

- Select methodological approach (e.g. survey, focus groups).
- Implement community needs assessment.

3) Step Three: Analyze results.

- Analyze the assessment results.

4) Step Four: Select activity/action and implement.

- Using the analysis results, determine an activity to address the assessment results.
- Implement the action or activity.

5) Step Five: Maintain and enforce action/activity.

- Further develop and maintain the action or activity.

Repeat the process as needed.