Pertinent Health Needs and Values in City Heights, San Diego and How they Inform a Local Health Fair

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Abstract

A qualitative study was performed to identify the pertinent health needs and values in City Heights, San Diego and how they would inform a local health fair. Currently, Point Loma Nazarene University sponsors a Festival of Health that takes place in this area. This article discusses the health values and needs identified by five participants. Five interviews were recorded, transcribed and coded into different categories. Basic demographics were collected on participants. From these interviews five key lessons were brought forward. These themes included prevention, affordability, access, cultural competency and trust. Recommendations include restructuring the health fair to feature more local partnerships and further research to investigate the community members' perspectives.

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Background

The Health Promotion Center is a clinic that is run by Point Loma Nazarene University (PLNU) School of Nursing. It involves students and faculty to serve a diverse population of City Heights. The clinic offers care to uninsured low income patients for free. The Health Promotion Center helps facilitate the Festival of Health. The Festival of Health is a health fair sponsored by the PLNU School of Nursing. The fair traditionally offers several local vendors, as well as multiple students presenting on different health education topics. The festival has taken place in City Heights for eighteen years, often taking place at MidCity Church of the Nazarene. Historically attendance at the Festival of Health has been low. The research was performed to identify gaps between the community and the resources that PLNU provides. The aim was to identify what the community needed so that the fair could address the community properly.

Literature Review

Demographics

City Heights is a community located in San Diego, California. The total population of residents in City Heights is 84,563 people. Of this total population, 28,880 (38 percent) were born outside of the United States, 55,683 (66 percent) were born in the United States, and 8,310 (20 percent) are undocumented immigrants (Marcelli & Pastor, 2015). Hispanics make up 50 percent of the population, Asians represent17 percent, African American/Black make up 15 percent, and White populations make up 13% (Harder +Company, 2008). A variety of languages are spoken. According to a study conducted in 2010, 26 percent of people in City Heights speak English “not well” or “not at all”. In comparison to all of San Diego County 8 percent of the

population does not speak English well, or not at all (Ryan & Hoff, 2010). The median household income is $48,427, the number of people per household is 2.72. Specifically in City Heights, the median income per person working is $12,776 (Live Well San Diego, 2016). Also, 18.2 percent of population has health insurance (Live Well San Diego, 2016). There is little green space in City Heights with only 1.52 acres per 1000 residents (The California Endowment). There are seven grocery stores located in City Heights, and the average travel distance to a grocery store is .66 miles. 33 percent of people living here are in "critical food access areas" (Monardo & Palazzo, 2014).

Health Problems and Needs

City Heights has a diverse population that include Hispanic, Asian, and Black populations. Nationally, there are high rates of noncommunicable chronic disorders in Hispanics and Latinos such as obesity, diabetes, metabolic syndrome, and dementia (Fox, Entringer, Buss, DeHaene & Wadha, 2015). There is a higher rate of death due to diabetes, chronic liver disease, cirrhosis, hypertension, and hypertensive renal disease. A study conducted in 2015 found that 41.5 percent of Hispanics lacked health insurance and 15.5 percent stated that there was a delay in or lack of needed medical attention due to insufficient funds (Dominguez et al., 2015).

The health issues that are prevalent in African Americans/Blacks are heart disease, stroke, cancer, asthma, influenza and pneumonia, diabetes, HIV/AIDS, and homicide (US Department of Health and Human Services, Office of Minority Health, 2019). African American populations may have health declines that occur earlier in comparison to White populations (Whitfield, Allaire & Wiggins, 2004).

In City Heights there are multiple subgroups in the Asian population; the largest subgroups are Vietnamese, Filipino, Chinese, and Cambodian (Live Well San Diego, 2016). The

health needs of the overall Asian population include cancer, stroke, heart disease, unintentional injuries, and diabetes. They have a higher prevalence of chronic obstructive pulmonary disease, hepatitis B, HIV/AIDS, smoking, tuberculosis, and liver disease (US Department of Health and Human Services, Office of Minority Health, 2019) Filipinos specifically have a higher rate of cardiovascular disease, stroke, high blood pressure. 6.1 percent of Filipinos in America have type II diabetes (Bayog, 2016). It was found that Chinese populations have multiple health barriers such as language, different health beliefs, lack of insurance and transportation, and lack of knowledge about various health care systems (Lu, 2001). While these studies were specific to certain subgroups, they are relevant in the overall health problems and needs of the Asian population. These minority populations that make up City Heights diversity all have specific health problems, barriers, and needs that will be focused on in this study.

Importance of a Needs Assessment

Community health fairs can be successful if thoroughly planned out. Identifying the needs and health problems in the region is the first step to creating a relevant health fair (Mayer, Connell & Villaire, 2003). By using resources that display the demographics and characteristics of the area of interest, one can gear health fair content towards the target population. Setting a specific goal or reaching for a specific outcome can help focus the health fair (Leonard, 1998). Different populations have different health concerns or needs. African Americans have been shown to have chronic illnesses such as cardiovascular disease, increased blood pressure and arthritis (Whitfield et al., 2004). Hispanic populations may have a greater risk of chronic diseases including obesity, diabetes and certain cancers (Fox et al., 2015). Establishing the target population and setting goals helps improve the outcome of health fairs (Leonard, 1998).

Health Fair Screenings and Referrals

Those tasked with planning a health fair must determine what the end goal is. Is education the only goal? Will the fair provide screenings and referrals for different needs (Mayer et al., 2003)? Identifying local resources close to where the health fair takes place helps ensure success as well. At a previous health fair in San Diego, performed by a chapter of the Mexican American Women's National Association, the most used screenings and tools at the fair included vision exams, blood glucose checks, cholesterol screenings and blood pressure readings (Murray, Liang, Barnack-Talvaris & Navarro, 2014). Contacting and facilitating referrals to attendees at the health fair should be part of the role of the nurse at the health fair (Leonard, 1998). Other key points that might be important in considering health promotion topics include the following: Should screenings only occur for concerns referrals can be provided for? Is the service applicable to the population (Mayer et al., 2003)? Asking these questions helps determine an end goal for the screening portion of the fair.

Health Fair Participation

Another important factor in developing a health fair is attendance. In order to have successful attendance accessibility is something to consider. Recognizing people's primary language could be a barrier to consider. Using multiple forms of advertising to reach community members could also prove beneficial (Leonard, 1998). Often incentives and giveaways are used as a way to draw community members in. Giving out incentives to the first attendees often is unsuccessful in producing the wanted amount of attendees. Raffling every hour may encourage more attendance. Creating booths that give away small relevant gifts or require participation may increase the amount of success the fair has as well (Mayer et al., 2003).

Methods

Design

The research design used to collect data follows the concept of Community Based Participatory Research (CBPR). This is a conceptual framework that incorporates community participation into creating interventions and decisions (Wallerstein & Duran, 2006). The research requires determining participation and what interests are being served. Community members formulate and assist the change or participation required. Setting a definitive goal ensures that the participation of community members relates to the topic being discussed. A few challenges are present using this framework. One, deciding who represents the community as a whole is challenging. Communities are not homogenous. Another challenge is understanding the "power" or "privilege" that researchers have. These challenges are present and can impact the research performed, so using best practice for performing research ensures better accuracy. Based on what community members discussed, recommendations will be created using the community members' participation (Wallerstein & Duran, 2006).

Sampling

Participants were identified and requested to participate based on their involvement in the community. Leaders within the City Heights, San Diego community were specifically chosen for this research. Convenience sampling was used to recruit participants. Five participants were identified and interviewed to conduct this research. Interviews were conducted individually with recording devices in place. The participants identified where interviews would be conducted.

Data Collection

During data collection all participants signed informed consents. Participants were given the chance to ask questions and were informed that participation was voluntary. After gathering

informed consent, demographics were collected concerning each participant. Multiple background questions were asked discussing their role and participation in the community. Last, participants were asked about what the needs of the community are and their recommendations (see Appendix A for interview questions). The data was collected via an audio recording device.

Data Analysis

The data was analyzed using content analysis. This was completed after data was transcribed from audio recordings and made anonymous. The data transcriptions were broken down into meaning units, which was done by highlighting quotes from the text that answered the prompted question. The meaning units were then broken down further into condensed meaning units, where the meaning units were summarized into a smaller amount of words. The condensed meaning units were made into codes (Bengtsson, 2016). Four members of the research team coded the transcribed data individually. Members met to discuss their individual pertinent meaning units, condensed meaning units, and codes. The findings were based off of the most pertinent meaning units, condensed meaning units, and codes that were found as a group. A consensus was reached that included five main codes brought forth by the interview questions.

Findings

Demographic Results

Role in Community	Age	Gender	Languages Spoken
City Heights community organizer	37	Male	Spanish, Portuguese, English, Amharic, Tigrinya
City Heights business owner	36	Male	English, Spanish

Community health program director	40+	Female	English, Spanish
Director of community health for refugee health and Director of health equity and policy	Not Stated	Female	Somali, English
Director of local City Heights health clinic	75	Female	English, Spanish

Trust

"Medicine is always about trust."

After analyzing the interviews, the concept of trust was highlighted. This was discussed in many different fashions. The first idea that arose from this topic was mental health. Participants discussed how the prevalence of stress and anxiety in this community is debilitating to the patients. One interviewee described this as "the fear they feel, that's huge. That paralyzes them to not only access healthcare but to want to do anything…". This concept of stress showed itself throughout multiple interviews as a health concern in the City Heights area.

Partnering with trusted organizations was highlighted as an important concept to consider when trying to help a community. Participants described this as collaborating with other entities already in the area. Participants also discussed mistrust in the community with those they aren't familiar with. One participant described this as "partnering with organizations that are already doing other work". The interviews discussed the importance of working alongside another organization and forming partnerships. The last concept that involved trust was the idea of operating in silos. Participants described healthcare systems in this area as working in pockets of

the population. Having "true collaboration" between entities was recommended to allow for more effective healthcare.

Prevention

"I know it's been a lot of over usage for primary care problems that could be solved in the community versus in the emergency room."

Prevention was found to be a key theme within these interviews. Three sub-categories were found to represent this code. These were education, exercise and nutrition, and that community members seek help only when they are sick. Participants described a lack of education in the area. Many members of this community aren't aware of certain health conditions or that there are other options besides going to the emergency room. Problems that manifest in the emergency room could have been prevented if they were seen earlier in a primary care setting. There is a lack of education around primary prevention. Another sub-category that was often discussed was exercise and nutrition. Participants described easy access to fast food and its affordability for this population. Lack of nutrition and exercise was described to lead to poor outcomes. The last category was that community members seek help once they are already sick. Members of this community were described as only reaching out for help once they were already sick and missing work. If they couldn't attend work they sought help. Earlier intervention was recommended to lead to better outcomes and better attendance at work.

Cultural Competency

"It's not about getting you the medicine but it's more of like understanding where you're coming from"

The code of cultural competency came with four distinct subheadings. The first idea that was brought up by participants was the language barrier. In this population there are a wide

variety of languages spoken. The participants discussed how this can be a barrier to receiving healthcare and functioning on a daily basis. Diversity was a pertinent category that was discussed by participants. This community is full of many cultures and different backgrounds. This can influence how healthcare and how the community should be approached. The idea of misinformation was presented in the interviews. Some cultures may have false beliefs or inaccurate information involving what is deemed healthy. Lastly, the idea of confusion in healthcare was a common theme amongst participants. Insurance and how healthcare functions can be intimidating to some community members in City Heights. Participants discussed how this was overwhelming to some community members and that the healthcare system is not user friendly.

Access

"I think what they value is just to be able to have access to health".

The code of access is comprised of three condensed meaning units: transportation, convenience and access to healthcare services, and confusion in understanding the healthcare system. Participants mentioned several times that transportation is a barrier to healthcare access. A large part of the population in City Heights was identified as not having car; instead they walk, bike, or take the bus as other means of transportation. The lack of transportation can impede on accessing healthcare services due to not having a ride, services too far from home, or a bus route that is too lengthy. Another problem is convenience and access to healthcare services, due to the times clinics are open or where the clinics are located. Participants mentioned that if the clinic is only open during work hours, often members cannot go or have to miss work to receive services. Another problem is confusion in the healthcare system, understanding insurances, secondary services, and preventative care. This limits the population's access to quality healthcare services.

When prompted about the common barriers to healthcare access a participant responded saying, "A knowledge that they can access it [healthcare], like even knowing that they need healthcare". Education on what services they can access and why those services are needed can increase the amount of access the community members are receiving. Offering services that are convenient, providing transportation, and explaining the healthcare services to the community were recommended as ways to increase access to health services.

Affordability

"There are certain levels of poverty where health isn't a part of the equation"

The code of affordability is comprised of four condensed meaning units: follow up healthcare, low income, survival over health as a priority, and only seeking healthcare services when sick. Participants shared that due to the low income households and lack of jobs in City Heights, there is difficulty in affording healthcare. Without having a steady income, visiting the doctor and getting necessary tests or medications is not possible. Related to having a low income, many community members are focused on the need to survive and provide for their families. With the focus on survival, they cannot afford to focus on making health-conscious choices or making health a priority in their daily lives. Participants also mentioned that follow up healthcare is too expensive. The first doctor's visit may be affordable or free, but follow-up labs, tests, and medications are more than the patient can afford. With the price of follow-up healthcare, this population cannot receive the proper healthcare needed. Participants stressed the common practice of this population of only seeking healthcare services when the community member gets sick. Healthcare services are only used to treat the problem, rather than a preventative approach of stopping the problem before it happens or gets worse. Through interviews it was concluded that often this is because the price of healthcare discourages

members from seeking services. Affordability is a barrier in the City Heights community to healthcare due to low income, the need to survive, the price of follow up healthcare, and the practice of only seeking healthcare when sick.

Discussion

This study examined pertinent health needs and values in the City Heights community. The five interviews conducted provided insight into what the community believes about health and what the health needs are. It was found cultural competency was important to the people in the City Heights area. Trust in the healthcare system was also brought up as an important need in the community. Studies have also demonstrated how important trust and cultural awareness are in communities. An article describes how trust and awareness could lead to change and lasting relationships (Cook, 2014). Partnering with already well-established systems was discussed throughout multiple interviews. The participants also highlighted the idea of affordability. Multiple times it was brought up how initial care might not be cost-prohibitive, but further care and testing could become unobtainable. Additionally, this population often prioritizes work over health. Community members were described as making health a priority only when it impeded on the ability to work. Access also had a prevalence within the interviews. The lack of transportation and the accessibility of healthcare providers were described as a barrier to members of the community. An article discusses how public transportation isn't always comprehensive which can be a barrier to making appointments (Dobbs et al., 2017). This literature review focused heavily on specific health conditions that different cultures have, but this qualitative research focused more on values and barriers. What was identified in the literature review was the importance of a needs assessment. By conducting these interviews needs were identified in the City Heights community. Although specific diseases were not

highlighted in the interviews, the importance of community needs was identified. Kaiser conducted a community health needs assessment in 2016 that reflected much of what was found within this research. The study developed ten health drivers specific to San Diego including transportation, cultural competency, poverty, access to care, education and insurance issues (Penn & Delange, 2017). The health drivers stated by this needs assessment reflect the findings of the qualitative study that is more specific to the City Heights community.

This literature review also focused on health fair best practices. When participants were prompted to answer the last question involving Point Loma Nazarene University's School of Nursing resources, the idea of a health fair was never discussed. Instead, it was found that participants thought working closely with other entities that were already established was a better way to allocate resources.

Strengths and Limitations

Strengths of this study include selecting local participants in the City Heights community to interview. These participants were thoroughly involved in the City Heights community by living or working in the community. They all had connections with many individual community members and were able to represent the community. Participants were also selected from several different areas of work including local businesses, local non-profit organizations, and local health clinics. The participant population was diverse in ethnicity, language, culture, and age.

Several limitations may have affected this study. First, convenience sampling through emailing local participants was used to collect participants. Convenience sampling may include biases because participants volunteered for the study, potentially limiting perspective on the community. Both researchers have previously worked in the Health Promotion Center in City Heights, which could have established previous beliefs about the community members. A

literature review was completed prior to interviews being completed. This may also lead to a predisposition from the researchers while interviewing local participants.

Further Implications and Recommendations

More research involving the community members would be beneficial to furthering this research. Based on the participants' heavy focus on partnering with other community members and the lack of focus on topics involving health fairs and best practices, it is recommended that there be an adjustment to the current PLNU Festival of Health format. This research indicates that partnering with other community members is necessary to gaining the trust and participation of the City Heights community. Altering the concept of the health fair to something more inclusive and encompassing of the community would produce better results. The research demonstrates that partnering with local trusted organizations would be a better use of the PLNU School of Nursing resources. For further research, following up with community members and involving them in the change process of the Festival of Health is needed to complete the Community Based Participatory Research approach.

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Appendix A: Interview Guide

Research Question:
What are the pertinent health values and needs in City Heights, San Diego and how would they inform a local health fair?

Questions:
Demographics:
Job Title
Age
Gender
Languages Spoken

Background Questions:

1. What is your role in the City Heights Community?
2. How do you interact with the community?
3. Why did you want to live and participate in the culture in City Heights?

Interview Questions:

1. What do people value most in this community about health?
2. What are the reasons people seek out healthcare in this population?
3. What are the gaps or needs in the community?
    a. What are the specific health needs in the community?
4. In this community, where do members go to seek healthcare services?
5. What are the most common barriers to healthcare access that you see?
6. With the resources that the PLNU school of nursing has (these resources include many nursing students with many different levels of expertise), how would you use them to best benefit your community?