COMMUNITY ASSESSMENT FOR PUBLIC HEALTH EMERGENCY RESPONSE (CASPER)

Santa Maria Health Needs Assessment

2022

FINAL REPORT

TABLE OF CONTENTS

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EXECUTIVE SUMMARY

The city of Santa Maria has unique health needs and community assets that distinguish it from other areas of Santa Barbara County. Santa Maria, as well as other cities in northern Santa Barbara County, has been disproportionately affected by the COVID-19 pandemic compared to the rest of the County. Although only 25% of Santa Barbara County's population live in Santa Maria, 37% of County COVID-related deaths and 30% of County cases have been among Santa Maria residents. To learn more about the core of these inequities and additional health gaps, the Santa Barbara County Public Health Department (SBCPHD) partnered with Cottage Health, Diginity Health, and the California Department of Public Health to conduct a needs assessment specifically within the Santa Maria city limits. This subpopulation needs assessments is part of the greater 2022 Santa Barbara County Community Health Needs Assessment.

The Santa Maria Needs Assessment (SMNA) aimed to gather actionable information about household health, access to resources that support the needs of those living in the city, and impacts of additional social determinants of health. The Community Assessment of Public Health Emergency Response (CASPER) methodology was utilized to conduct the randomized door-to-door survey across 192 Santa Maria households. Interviews took approximately 25 minutes to complete and were offered in English and Spanish. Questions targeted COVID-19 symptoms, emotional and economic concerns, and healthcare availability. After data collection, SBCPHD's epidemiology team performed weighted data analysis and calculated odds ratios.

Results

The main theme connecting the social determinants of health examined in the SMNA was the financial stress experienced in the North County. Compared to most Californians, Santa Maria households have far less disposable income given lower pay and large proportions of income (56%) being spent on rent and mortgages. Additionally, about two out of every five households (43%) had concerns over food security and being able to afford more if their food ran out.

COVID-19 continued to impact their household:

- 30% experienced job or wage loss
- 39% had a reduction in hours available at work
- 41% faced financial problems

- 20% were unable to get medical care for health conditions.
- 14% of Santa Maria households reported COVID symptoms lasting three months or longer
- Hispanic households were 3.7 times (95% CI: 1.4-9.8) more likely to report being impacted by COVID-19 than non-Hispanic households.

As families continue to suffer from the impacts of COVID, potential supportive and therapeutic interventions could counter the loss of wages and emotional toll of illness, along with other social determinants that influence overall well-being. Positive findings were identified when asked about social networks of support within their community, where households agreed or strongly agreed 72% of the time. Three-fourths (75%) of households reported feeling safe in their neighborhoods, and almost nine-out -of-ten households (88%) felt they had access to nature all or most of the time. Social and emotional support and safe built environments can promote health, welfare, and quality of life.

Report Recommendations

1. Share findings with Santa Barbara County Departments and Community organizations to collaborate in future interventions and projects addressing housing and financial insecurity.

2. Continue investment in building and expanding cross-cutting efforts to address social determinants of health (SDOH) and achieve health equity inter-departmentally and across County entities, health providers, and community partners.

3. Enhance outreach to Santa Maria residents about safety net programs, including Medi-Cal, CalFresh, WIC, and CalWORKs to ensure those who are eligible are participating in programs for food distributions, free/reduced school meal programs, job assistance, and healthcare coverage.

4. Increase the dissemination of health resources and information through trusted community partners.

5. Increase community education on appropriate instances or times to call 911.

The subpopulation assessment was a successful collaboration between CDPH, SBCPHD, Cottage Health, Dignity Health, and community stakeholders, helping to characterize the 2022 physical, emotional, and social health status of Santa Maria residents. The findings from the Santa Maria Needs Assessment and recommendations will be utilized in allocating and strengthening resources for Santa Maria residents and further supports the needs being identified across Santa Barbara County in the 2022 SBC Community Health Needs Assessment.

BACKGROUND

Santa Maria, located in northern Santa Barbara County, is the largest city in the County with 109,910 residents, and the 61st largest city in California.[1] Santa Maria has unique health needs and community assets that distinguish it from other areas of Santa Barbara County. Federal estimates indicate that about 39% of the Santa Maria residents have less than a high school education compared to about 18% of the overall County population.[2,3] In Santa Maria, approximately 77% of residents identify as of Hispanic or Latino origin.[3] About 60% of Santa Maria residents speak a language other than English at home, in comparison to 40% of all residents in Santa Barbara County overall.[2,3] Nearly half of housing in Santa Maria is occupied by renters and a majority of renters are spending over 30% of their income on rent.[4] Although only 25% of Santa Barbara County's population live in Santa Maria, 37.3% of County COVID-related deaths and 29.9% of County cases have been among Santa Maria residents.[5] A Santa Maria needs assessment will be used to gather more recent information about the overall resident well-being, utilization of local services, and inform public health response to the COVID-19 pandemic recovery and ongoing health and economic challenges.

The Santa Barbara County Public Health Department (SBCPHD), Cottage Health, and Dignity Health, partnered with the California Department of Public Health (CDPH) to conduct a rapid needs assessment to better understand the health needs and assets of Santa Maria using the Community Assessment of Public Health Emergency Response (CASPER) methodology. Of note, this project was a subpopulation assessment within the larger County-wide Community Health Needs Assessment conducted in 2022 by Cottage Health and the Santa Barbara County Public Health Department. The CASPER methodology is used to assess public health needs in both disaster and non-disaster settings.[6] It uses an epidemiologic technique (two-stage household-based sampling) designed to provide representative information about a community's status and needs in a timely manner. The method can provide data for decision-making quickly and at a low cost. It can inform pre-event planning, prioritize activities, and focus distribution of resources.[7] In the context of Santa Maria, CASPER was used to gather actionable information about household health and access to resources that support the needs of those living in the city; and other topics of special interest to Santa Barbara County.

To address multiple knowledge gaps about the current health status of Santa Maria residents, the Santa Barbara County Public Health Department (SBCPHD), Cottage Health, Dignity Health, and the Environmental & Occupational Emergency Preparedness (EP) Team at CDPH conducted a Santa Maria-

wide CASPER in October 2022. This report describes the methods, results, conclusions, and SBCPHD, Cottage Health, and Dignity Health recommendations derived from the analysis of the data collected by this needs assessment.

METHODS

CASPER SAMPLE SELECTION AND DATA COLLECTION

CASPER uses a two-stage cluster sampling methodology modified from the World Health Organization's Expanded Program on Immunization Rapid Health Assessment to select a representative sample of 210 households (seven households from 30 clusters) to be interviewed in a predetermined geographic area of interest, i.e., sampling frame (detailed methodology described in the CASPER Toolkit).[7] The two steps of the sampling were [1] cluster sampling selection from the sampling frame and [2] field sample selection. The sampling frame can be an entire city or county, or any subset thereof, and captures the entire population from which a CASPER sample is drawn and to which the results would be generalized. The 30 clusters, typically census blocks, are selected from the sampling frame with probability proportional to the number of housing units in the cluster (i.e., the higher the number of housing units in a cluster, the higher the probability that this cluster would be selected for a CASPER). A cluster may be chosen more than once. Interview teams then select seven households in the field, in accordance with the systematic random sampling instructions they receive at a just-in-time training. During data analysis, responses from sampled households are weighted to produce estimates generalizable to the entire sampling frame.

SANTA MARIA SAMPLING FRAME

Santa Maria has 1,332 census blocks, with 29,976 housing units, and 109,910 residents, according to the 2020 U.S. Census.[8] The sampling frame was all the census blocks within the city limits of Santa Maria. The Santa Maria city limits shapefile was used to select the appropriate census blocks that did not contain any overlap with unincorporated cities bordering Santa Maria.[9] The TIGER shapefile for geography and the H1 Occupancy Table from the 2020 U.S. Census were used for estimating population and housing units in the sampling frames and each cluster.[10]

CLUSTER SAMPLE SELECTION

For each census block, U.S. Census reports the total number of housing units, the number of occupied housing units, and the number of vacant housing units. Due to low vacancy across Santa Maria[11], the total number of housing units was used for sampling. For the first stage of sampling, 30 clusters (census

blocks) were randomly selected within the sampling frame, by probability proportional to size. The CDC provided the CASPER custom toolbox, which was used to randomly select the thirty census blocks from the sampling frame, using ARCMap® software from ESRI©.[12,13]

FIELD SAMPLE SELECTION

In the second stage of sampling, field interview teams systematically selected seven households from each of the census blocks. The interviewers were provided with street level maps of each selected census block with a randomly chosen starting point. They were instructed to systematically select the seven housing units to interview by dividing the total number of housing units in the census block by seven (e.g. for a cluster with 28 housing units, teams would survey every 4th housing unit). Teams were instructed to make three attempts at each selected household before replacing it by moving on to another unit. In the final hours of field data collection, in a handful of clusters where systematic random sampling opportunities were exhausted, interview teams were permitted to not wait for three attempts and approach every housing unit that had not yet been sampled until they either obtained the seven interviews or ran out of housing units to approach.

QUESTIONNAIRE DESIGN

The Santa Barbara County Public Health Department in collaboration with Cottage Health, Dignity Health, and the California Department of Public Health Environmental & Occupational Emergency Preparedness Team (EP Team), developed the SNA questionnaire (Appendix I), which included questions on the following topics: economic and housing stability, childcare, healthcare access, neighborhood environment, food access and security, and the impact of COVID-19. Topics were selected based on Santa Barbara County priority areas of interest and input from community partners, including the Health Equity Alliance and Cottage Health. Questions were adapted from the California Health Interview Survey (CHIS)[14], National Cancer Institute Health Information National Trends Survey (HINTS)[15], 2022 Behavioral Risk Factor Surveillance System (BRFSS)[16], the Washington State COVID CORONA survey[16], Hunger Vital Sign Children's Healthwatch[17], Health Leads Social Needs Screening Tool[18] (Appendix II). Questions were revised to lower literacy levels and re-worded to capture household-level data.

The survey questions were finalized and translated into Spanish and entered into Qualtrics software, Version XM of Qualtrics (Copyright © 2022 Qualtrics. Qualtrics and all other Qualtrics product or service

names are registered trademarks or trademarks of Qualtrics, Provo, UT, USA. https://www.qualtrics.com) to allow for data entry using iPads. The survey was tested in English for length. The usability and display logic of the survey was tested in English and in Spanish by the Public Health Team. The survey was distributed to data collection teams through a quick response code (i.e. QR code) handout or a direct web-link. Survey teams were also provided with paper copies of the survey in case of participant preference or problems with the iPad.

TRAINING AND FIELD INTERVIEWS

On Thursday, October 13, 2022, the EP Team and the SBCPHD provided field interview teams with a five-hour, just-in-time training session on the overall purpose of the SMNA CASPER, household selection, questionnaire, interview techniques, safety, and logistics. Following the training, two-person bilingual teams were assigned. With about 14 teams each day, data collection occurred across three days.

The teams consisted of staff from the SBCPHDand contractors recruited from Herencia Indigena and the Santa Barbara County Promotores Network that provided additional assistance to address any language barriers. Teams conducted interviews until sunset (approximately 6 p.m.) on Thursday, October 13 immediately following the CASPER methodology training. Teams continued data collection between 10 a.m. and 6 p.m. PDT on Friday, October 14, 2022 and Saturday, October 15, 2022. Each team was assigned at least two census blocks and attempted to complete seven interviews for each census block. One cluster was randomly selected twice; therefore, 14 interviews were attempted in that cluster.

The teams gave all potential interviewees a packet with relevant information, including a consent form and an introductory letter from SBCPHD, Cottage Health and Dignity Health (Appendix III). The teams also provided a variety of health education materials and resources to households after the completion ofinterviews, including flyers on COVID-19 Wellness Services, COVID-19 Vaccination & Testing, Covered California Insurance & Medi-Cal Enrollment, Santa Barbara County 2-1-1, CalFRESH/SNAP & WIC, Accessing 9-1-1 for Life-threatening Emergencies, Bicycle & Wheeled Sport Helmet Safety, Car Seat Safety, SafeKids Home & Pedestrian Safety, and Senior Fall Prevention. Additionally, participants also could choose one incentive upon completion of the survey; a SBCPHD water bottle, a WIC beverage tumbler, a WIC lunch box, or a Chico Bag with SBCPHD/WIC logos.

While in the field, teams were asked to check in with headquarters each hour for safety. If headquarters did not hear from the team, they followed up with texts and phone calls. If there was no response, headquarters staff went into the field to find the team and make sure they were safe. All staff were accounted for and no significant safety issues were encountered.

INCLUSION AND EXCLUSION OF HOUSEHOLDS

Eligible respondents were at least 18 years of age or older and resided in the selected housing unit. If the respondent preferred to conduct the interview in Spanish, a Spanish-speaking interviewer was provided and all written materials were in Spanish. Field interview teams were asked to not attempt to contact any housing units that felt unsafe, either due to environmental factors or presence of animals. Once the contact with someone in the household was made, they were excluded if they were not 18 years or older or currently lived in the household. Every participant was provided information about the purpose of the project and asked to give verbal consent to be interviewed.

INSTITUTIONAL REVIEW BOARD (IRB)

The California Health and Human Services Agency's Committee for the Protection of Human Subjects (CPHS) determined that the SMNA be considered Not Research or Exempt, and IRB approval was not necessary (Project 2022-207).

MEDIA

The Santa Barbara County Public Health Communications Team disseminated a press release to local media in English and Spanish (Appendix IV) on October 11, 2022 in anticipation of the Santa Maria data collection effort, and also shared posts through the County Public Health social media platforms including Facebook, Twitter, Instagram, and Nextdoor. Additionally, North County stakeholders were informed via email about the data collection effort taking place. Interviewers were instructed to refer all media inquiries to SMNA CASPER Headquarters. Fieldwork was profiled by the local media: the Santa Maria Times, KSBY, KEYT, Noozhawk, and Edhat.

DATA ANALYSIS

A weighted analysis was conducted in alignment with CDC guidance.[7] The sampling weights were calculated using the total number of housing units in the sampling frame, the number of clusters selected, and the number of housing units interviewed within each cluster. For the census block that

was selected twice, the interviews were randomly split into two clusters for analysis. Some questions were open-ended and allowed respondents to provide narrative answers; responses to these questions were reviewed by Santa Barbara County epidemiology staff and classified into themes which were not mutually-exclusive (i.e., a respondent's answer could be classified into multiple themes).

Analysis was performed in SAS 9.4 (SAS Institute, Cary, North Carolina) to calculate unweighted and weighted frequencies (projected number of households in the sampling frame), percentages, and weighted odds ratios. Unless otherwise stated, throughout the text, the percentages in the text represent the weighted percentages. Projected number of households and weighted percentages were calculated only on responses given by ≥10 households. For details on the weighting calculations, see Appendix V.

RESULTS

Interview teams conducted 192 of the targeted sample size of 210 interviews (91.4% completion rate; Table 1). Interviews were completed in 52.6% percent of approached housing units, and 67.6% percent of homes where the door was answered. Ninety-one interviews (47.4%) were conducted in Spanish. A summary of the results by topic is available in Appendix VI.

HOUSEHOLD DEMOGRAPHICS AND HOME CHARACTERISTICS

The SMNA CASPER team interviewed 192 households, which were weighted to represent 29,976 housing units in Santa Maria. The majority of participating household were one-family houses detached from any other house (e.g. single family) (64%), followed by apartment buildings (25.4%). Household sizes ranged from one to nine people, and the mean household size was four people (mean=4.2). A majority of participating households reported having one or more children, 17 years old or younger, living in the household (67.7%) (Table 2).

Participating households reported English, Spanish, Tagalog, and Mixtec as primary languages spoken in households. The most commonly spoken primary languages were Spanish (54.8%) and English (40.5%) (Table 2). Compared to the County (56.1%), participating households reported a lower percentage that speak English as the primary language.[2,3]

A majority of participating households reported that someone in the household identified as Hispanic, Latino/a, or Spanish origin (84.8%). Very few participating households identified with any indigenous group of Mexico or Central America, such as Mixtec, Zapotec, or Aztec (3.1%) ([Table 2](#)).

ECONOMIC STABILITY

Participating households were asked about their income, employment, and childcare. Participating households reported a very low annual household median income (HMI) of $30,017, which is almost 75% below the California 4-person HMI of $113,615.[19,20] Those households that reported English was not the primary language spoken in the household had a 4.5 (95% CI: 1.1-18.6) times the odds of having an income below 100% of the poverty threshold, compared to those households that reported English was the primary language. Those with children in the home, did not have significant increased odds of having an income below 100% of the poverty threshold (weighted OR=1.0 95% CI: 0.4-30.1), as compared to households without children. Those households that reported they identified with any Hispanic, Latino/a, or Spanish origin had 6.2 (95% CI: 1.3-30.1) times the odds of having an income below 100% of the poverty threshold, compared to households that did not report they identified with any Hispanic, Latino/a, or Spanish origin ([Table 3](#)).

A majority of participating households reported members of their household were currently employed for wages (68.6%). Participating households also reported members of their household being retired (22.3%), self-employed (7.5%), or being a homemaker (14%). Several households also reported members being out of work for less than one year (3.6%) or unable to work (5%) ([Table 3](#)).

Those households that reported English was not the primary language spoken in the household had a 3.7 (95% CI: 1.7-7.8) times the odds of having seasonal employment, compared to those households that reported English as the primary language. Also, those households that identify with any Hispanic, Latino/a, or Spanish origin had 11.8 times the odds of seasonal employment, compared to those that did not identify with any Hispanic, Latino/a, or Spanish origin (weighted OR=11.8, 95% CI: 1.7-82.7). Additionally, those households that has a child or children in the household had 3.2 times the odds of seasonal employment, compared to households without any children (weighted OR=3.2, 95% CI: 1.3-7.6).

Those households that reported English was not the primary language spoken in the household, did not have significant increased odds of difficulty getting childcare (weighted OR=0.9, 95% CI: 0.4-1.8),

compared to those households that reported English was the primary language. Those households that reported seasonal employment, did not have significant increased odds of difficulty getting childcare (weighted OR=1.1, 95% CI: 0.6-2.2). Similarly, those households that identified with any Hispanic, Latino/a, or Spanish origin, did not have increased odds of difficulty getting childcare (weighted OR= 0.4: 95% CI: 0.1-1.1).

HOUSING STABILITY

A majority of participating households reported renting their home (60.3%), rather than owning (37.5%) or having some other arrangement (Table 2). The reported monthly rent or mortgage was $1,590.93 (95% CI: $1,389.24-$1,792.62), an estimated 56.4% percent of household monthly income (median $2,916.67, 95% CI: 43.3%-69.4%).

Very few participating households reported anyone in the household having unstable housing (i.e. staying outside, in a car, in a tent, in an overnight shelter, or temporarily in someone else's home) in the past 12 months (2.9%, 95% CI: 0.3-5.5). Households where English was not the primary language spoken in the household, did not report any significant increased odds of unstable housing in the past 12 months (weighted OR=0.7, 95% CI: 0.2-2.7). Similarly, there was no significant increased odds of unstable housing for those with children in the home compared to those without children (weighted OR=0.9. 95% CI: 0.2-5.6), or with renting compared to owning (weighted OR=2.5, 95% CI: 0.2-29.9).

However, more than a quarter of respondents indicated that members of their household are worried that in the next 2 months, any household members may not have stable housing (27.9%, 95% CI: 19.9-35.8). Households that reported renting, had increased odds of worrying about unstable housing in the next 2 months (weighted OR=2.5, 95% CI: 1.2-5.3), as compared to households that reported owning. Households where English was not the primary language spoken in the household, did not report any significant increased odds of worrying about unstable housing in the next 2 months (weighted OR=1.1, 95% CI: 0.5-2.5). Similarly, there was no significant increased odds of worrying about unstable housing in the next 2 months with any children in the home (weighted OR=0.8, 95% CI: 0.4-1.7).

Additionally, some participants reported members of their household had difficulty paying bills, such as mortgage, rent or utility bills (18.8%, 95% CI: 13.1-24.4) (Table 3). Households that reported renting, had 9.03 times the odds of not been able to pay the mortgage, rent, or utility bills in the past 12 months (weighted OR=9.0, 95% CI: 2.4-33.4), as compared to those households that own. There was not

significant increase in odds of not being able to pay the mortgage, rent or utility bills in the past 12 months for those households with primary language not English (weighted OR=1.6, 95% CI: 0.8-3.0), or with any children in the house (weighted OR=1.3, 95% CI: 0.6-2.6).

HEALTHCARE ACCESS

Of the Santa Maria households, 91.7% (95% CI: 86.4-97.0), reported anyone in the household had any kind of health insurance. The most common primary source of health insurance was Medicaid/Medical/other state program (47.0%, 95% CI: 36.1-57.9), followed by Medicare (28.2%, 95% CI: 19.0, 37.4), a plan purchased through an employer (18.9%, 95% CI: 12.1-25.6), and plans purchased on their own (2.9% , 95% CI: 0.4-5.5) (Table 4).

In the past 12 months, households most frequently reported receiving care from Community Health Centers of the Central Coast (61.4%, 95% CI: 53.5-69.3), followed by Dignity Health Community Clinic (45.9%, 95% CI: 37.6-54.1), Dignity Health Emergency Department (36.3%, 95% CI: 29.7-42.8), Public Health Department Health Care Center (22.9%, 95% CI: 16.2-29.6), Cottage Health Community Clinic (13.2%, 95% CI: 7.4-19.2), and Cottage Health Urgent Care (12.6%, 95% CI: 7.8-17.5) (Table 5).

When asked if they or someone in the household had a strong need to get information about their health, a majority of respondents said they would first go to a doctor or healthcare provider for intimation about their health (64.5%, 95% CI: 56.4-72.6), followed by the internet (18.8%, 95% CI: 11.3-26.3), or a family member (7.5%, 95% CI: 3.5-11.6) (Table 4). Of those with children, a majority of respondent said they would go to a doctor or healthcare provider for information about their child's health (70.4%, 95% CI: 60.5-80.2) followed by the internet (12.4%, 95% CI: 6.1-18.8) (Table 5).

Households most commonly reported they would have someone in the household drive if they or a household member needed get to a health facility when needing emergency medical attention (43.9%, 95% CI: 32.3-55.4), followed by calling an ambulance (26.4%, 95% CI: 18.6-34.3), or driving themselves (16.9%, 95% CI: 9.8-24.0) (Table 6). There was no significant association in calling for an ambulance with primary language not English (weighted OR=0.6, 95% CI: 0.3-1.4) or identifying with any Hispanic, Latino/a, or Spanish origin (weighted OR=0.7, 95% CI: 0.2-2.1).

When given different emergency situations, a majority of households reported that the scenarios were emergencies requiring a 911 call for immediate medical attention. For example, when given the scenario of an injury bleeding uncontrollably, 91.7% of households reported that this was an

emergency requiring a 911 call (95% CI: 87.2-96.3). Over 80% of households reported they would call 911 if someone was experiencing chest pain or shortness of breath (82.6%, 95% CI: 77.1- 88.0) or had sudden, severe pain (80.9%, 95% CI: 74.5-87.4). Less households reported they would call 911 if someone appeared confused, disoriented, or had a new onset dizziness (68.8%, 95% CI: 61.1-76.5) (Table 6).

FOOD ACCESS AND SECURITY

A majority of households reported usually getting food from a grocery store 83.1% (95% CI: 77.7-88.5); followed by other types of store (like Target or Walmart) 14.2% (95% CI: 8.9-19.7) (Table 7). Also, households generally reported being very satisfied (57.8%, 95% CI: 50.3-65.2) or somewhat satisfied (34.5%, 95% CI: 27.2-41.7) with the availability of food in their neighborhood. A majority of households reported that they agreed, 64.2% (95% CI: 55.8-72.6), or strongly agreed, 18.5% (95% CI: 10.6-26.4), that members of their household eat healthy food (Table 6). There were no significant increased odds of not eating healthy for those whose primary language was not English (weighted OR=1.5: 95% CI: 0.7-3.6), had children in the home (weighted OR=0.4, 95% CI: 0.1-1.2), or identified with any Hispanic, Latino/a, or Spanish origin (weighted OR=1.3, 95% CI: 0.3-4.7).

About half of respondents, 50.5 (95% 42.7-58.4), reported any worry about their household food access within the past 12 months. More than 40% of households reported they were often (11.0%, 95% CI: 4.7-17.2) or sometimes (32.0%, 95% CI: 24.4-39.6) worried that their food would run out *before they got money to buy more*, in the past 12 months. Similarly, about 40% of households reported they were often (9.9%, 95% CI: 5.3-14.5) or sometimes (28.8%, 95% CI: 21.2-36.3) worried their food would run out *and they didn't have money to get more*, within the past 12 months (Table 7). Households that reported English was not the primary language spoken, had a 2.6 (95% CI: 1.5-4.6) times higher odds of worrying about food supply, compared to those households that reported English was the primary language. Those household that reported they identified with any Hispanic, Latino/a, or Spanish origin did not have an increased the odds of reporting any food worry (weighted OR=2.2, 95% CI: 0.9-5.3), as compared to households that did not report they identified with any Hispanic, Latino/a, or Spanish origin. Those with children in the home, did not have increased odds of reporting any worries about their household food supply, (weighted OR=1.6, 95% CI: 0.7-3.4), as compared to households without children.

A majority of households reported feeling safe in their neighborhood all (44.5%, 95% CI: 36.3-52.7) or most (30.1%, 95% CI: 20.8-39.4) of the time (Table 8). Households whose primary language was not English (weighted OR =1.2, 95% CI: 0.6-2.4), who had children in the home (weighted OR =0.8, 95% CI: 0.4-1.7), or identified with any Hispanic, Latino/a, or Spanish origin (weighted OR = 1.1, 95% CI: 0.3-3.8) did not have increased odds of feeling safe only some or none of the time.

Most respondents reported agreeing (55.4%, 95% CI: 46.0-64.9), or strongly agreeing (30.8%, 95% CI: 20.8-40.9) that they have access to nature, such as local parks or greenspace (Table 8). Households whose primary language was not English (weighted OR=0.8, 95% CI: 0.3-2.1), who had children in the home (weighted OR=0.4, 95% CI: 0.1-1.5), or identified with any Hispanic, Latino/a, or Spanish origin (weighted OR=0.5, 95% CI: 0.1-1.9) did not have increased odds of reporting strongly disagreeing or disagreeing that they have access to nature.

A majority of respondents reported themselves or members of their household participated in any physical activities or exercises such as running, weight-lifting, golf, gardening, or walking for exercise 74.6% (95% CI: 67.2-81.9) (Table 8). Households whose primary language was not English (weighted OR=1.5, 95% CI: 0.7-3.0) or who identified with any Hispanic, Latino/a, or Spanish origin (weighted OR= 0.7, 95% CI: 0.2-2.7) did not have increased odds of being active.

A majority of respondents strongly agreed (20.3%, 95% CI: 13.7-26.8) or agreed (51.3%, 95% CI: 43.3-59.3) that members of their household get enough sleep (Table 8). However, about half of respondents (50.4%, 95% CI: 42.3-58.6) reported they or members of their household routinely get less than 7 hours of sleep (Table 6). Households whose primary language was not English (weighted OR=1.7, 95% CI: 0.9-3.2), or had children in the house (weighted OR=0.8, 95% CI: 0.4-1.5), or identified with any Hispanic, Latino/a, or Spanish origin (weighted OR=1.3, 95% CI: 0.5-3.4) did not haveincreased odds of routinely get less than 7 hours of sleep.

Respondents generally agreed (41.4%, 95% CI: 33.2-49.3) or strongly agreed (26.1%: 95% CI: 18.4-33.8) that they and members of their household felt socially supported by having connections to a network of family, friends, neighbors, and community members that are available in times of need to give psychological, physical, and financial help (Table 8). Households with children (weighted OR=1.0, 95%

CI: 0.5-2.2) or identified with any Hispanic, Latino/a, or Spanish origin (weighted OR=0.8, 95% CI: 0.2-3.3) did not have increased odds of lacking social support.

When asked open-ended questions about their greatest need or if they had anything else to share, households reported financial burdens, such as the cost of housing, utility bills (electricity and water), gas, medications, or medical care. Many people mentioned food or accessing food was their greatest need. Others mentioned difficulties access to health care, primary care, medication, or mental health care. Additionally, there were concerns about neighborhood, including a need for trash clean-up, worries about speeding cars, and needing streetlights. There were also general concerns about accessing local health care due to too long waits at the emergency room, or needing more hospital staff, or general dissatisfaction with hospitals in the immediate area and reported traveling outside of town for care. Several people highlighted the unhoused population in their neighborhood.

COVID-19

A majority of households reported that the COVID pandemic impacts their household in some way today 61.4% (95% CI: 54.9-68.0). The most common impacts were related to finances and working, including: financial problems (41.0%, 95% CI: 34.4-47.7), job or wages loss (38.6%, 95% CI: 30.0-47.1), and reduced work hours (30.4%, 95% CI: 23.5-37.3) (Table 9). A majority of households reported that they were able to isolate when they had COVID (66.1%, 95% CI: 57.8-74.4) (Table 10). Since the start of the pandemic, 6.1% (95% CI: 2.5-9.7) of households reported a member of their household passed away from the coronavirus (Table 11).

A majority of participating households reported that household members received at least one dose of a COVID vaccine (87.8%, 95% CI: 81.6-94.0) (Table 12). Of those that did not report any member of their household receiving a dose of a COVID vaccine, the respondent reported that they did not receive a vaccine because: they did not want to (15.4%); don't think it does anything (15.4%); had doubts, fears, or worries about it (15.4%); and/or were too busy (15.4)%. (The respondent could report more than one reason.)

Twenty-five percent of households experienced delays or interruptions in healthcare (e.g. cancelled or delayed appointments/tests/procedures) during the coronavirus pandemic (26.0%, 95% CI: 18.5-33.5). However, only 7.1% (95% CI: 2.0-12.1) of respondents reported someone in their household needed to get healthcare but haven't gotten it, since the start of the coronavirus pandemic (Table 13).

The long-term health effects of COVID are an active area of research, however early results show the health effects of COVID can vary greatly. Potential symptoms of long COVID, also called pos-COVID conditions, include: tiredness or fatigue, respiratory and heart problems, neurological symptoms, digestive symptoms, joint or muscle pain, rash, and changes in menstrual cycles.[21] When asked about long-term symptoms following COVID, 13.5% (95% CI: 7.6-19.5) of households reported symptoms lasting 3 months or longer that they did not have prior to having COVID. Of those that reported someone in the household with symptoms consistent with long COVID, a majority reported those symptoms impact their ability to carry out day-to-day activities a lot (30.2%, 95% CI: 9.6-50.8) or a little (43.2%, 95% CI: 17.3-63.4) (Table 14).[3]

SOCIAL PROGRAM ENROLLMENT

Social programs are admistered by government run programs designed to ensure that the basic needs of the population are met. In order to determine program utilization and potential areas for increased education, the SMNA asked about social program enrollment since March 2020. A majority of respondents reported someone in the household is enrolled in Medicaid/Medi-Cal 76.3% (95% CI: 69.0-83.7). Of households with children, 32.2% (95% CI: 19.4-45.1) reported enrollment in CHIP and 70.8% (95% CI: 61.3-80.4) reported enrollment in free or reduced priced school meals. Of households with children 5 years old or under 70.2% (95% CI: 57.1-83.5) reported enrollment in WIC (Table 15).

DISCUSSION AND CONCLUSIONS

The aim of this project was to gather actionable information about household health, access to resources that support the needs of those living in Santa Maria (SM), and gain a better insight on the impacts of social determinants of health (SDOH) amongst SM households. This report presents data from the 192 SMNA surveys conducted in Santa Maria in October 2022, that were weighted against 29,976 SM households.

In comparing the households that participated in the SMNA to available data about Santa Maria, there were a few areas where the SMNA CASPER sample was similar, but others where there were differences that may not be representative. For example, the interviewed households had more children (68.2%), but a similar amount of people 65 or older (32%), compared to most recent American Community Survey (ACS) estimates for Santa Maria.[3] The participating households had a slightly higher mean occupancy (mean=4.2, 95% CI: 3.9-4.6), as compared to the ACS 5-year estimates (mean=3.6,

95% CI: 3.4-3.8).[22] Overcrowding is a challenge of housing stability and may affect mental health, stress levels, relationships, and sleep, and it may increase the risk of infectious disease.[23–25] The majority of participating households were one-family houses detached from any other house (e.g. single-family home) (64%), followed by apartment buildings (25.4%), which was similar in frequency to ACS estimates (1-unit structures 68.5%; 2-or-more-unit structures 25.6).[3]

The main theme connecting the social determinants of health examined in the SMNA, was the financial stress experienced in the North County. This stress was reflected in the answers around housing, healthcare access, food access, and the impact of COVID-19. The SMNA team interviewed less owner-occupied households (35.94%) than would be expected. Of those Santa Maria renters, nearly 90% were spending a third or more of their income on rent, which was much higher than the ACS estimate of 53.2% of the city population.[19] The SMNA found that participating households had a median rent or mortgage over 50% of their household income. In addition, SM households had a median income that was 75% below the California median household income.[3] Compared to most Californians, SM households have far less disposable income. When asked open-ended questions about their greatest need or if they had anything else to share, households reported financial burdens, such as the cost of housing, utility bills (electricity and water), gas, medications, or medical care. These needs all shape the conditions of everyday life, and when not adequately met, can negatively impact health.

Although 91.7% (95% CI: 86.4-97.0) of SM households, reported at least one person in the household had health insurance, it must be noted that this household-level data should not be misconstrued to represent individual health insurance coverage in Santa Maria. There may be at least one individual without insurance within the households identifying health insurance coverage. In contrast, 5.8% (95% CI: 2.2-9.5) households reported no members of the household had insurance. Every resident should have healthcare. People without health insurance are less likely to receive preventive care, and unable to afford the healthcare and medications they need to increase quality of life.[26]

There was a surprising dependency on the internet for one's own health information identified by participants (18.8%, 95% CI: 11.3-26.3). It was unclear if this is showing a need of more primary care providers in Santa Maria, an issue with provider accessibility, lack of trust within the healthcare system, or a combination of these concerns among other factors. However, if residents are turning to the internet for information, it highlights the importance of having high-quality health information available from the Public Health Department that is easily accessible on the internet. The SBCPHD and

community partners should learn more of the needs of the Santa Maria health system and determine opportunities to increase health resources in North County.

The Santa Barbara County Emergency Medical Services Agency was interested in gathering data on Santa Maria residents' knowledge of when to call 911. The emergency scenarios presented in the SMNA were all instances of when to contact 911. There is an opportunity for more 911 education in the Santa Maria area. Respondents were less likely to call 911 when heart attack or stroke symptoms were described. Educational projects should focus on these scenarios especially knowing how important the timing of medical intervention is in relation to access to emergency healthcare and positive health outcomes.

Concerns of food security within the past 12 months were found within 43.8% (95% CI: 35.0-51.0) of Santa Maria households and concerns of not being able to afford more if food ran out was seen 38.6% (95% CI: 30.9-46.4) of the time. But in contrast, food availability and access to healthy food was identified over 80% of the time by respondents. There is a need to give additional access to nutrition assistance programs and increase benefit amounts to combat food insecurity and reduce detrimental health outcomes that are exacerbated by hunger.

Positive findings were found when asked about social networks of support within their community; households agreed or strongly agreed 72.4% (95% CI: 63.8-80.9) of the time (Appendix VI). Respondents reported feeling safe in their neighborhoods 74.6% (95% CI: 66.8-82.5) of the time, and felt they had access to nature 88.4% (95% CI: 81.5-95.4) of the time. Social and emotional support and safe built environments can promote health, well-being, and quality of life.

The SMNA also shed light on COVID-19 impacts and on current financial hardships exacerbated by the pandemic. Over 30% of respondents reported job or wage loss, reduction of work hours, and/or depletion of saving or trouble paying bills. SMNA respondents reported 13.5% of households had at least one resident that had long COVID. Over the course of the pandemic, accurate reporting of long COVID has been difficult and local prevalence data has been limited until now. Knowing that families have been suffering with long COVID shows potential therapeutic and supportive interventions that could be targeted in Santa Maria to counter the loss of wages, emotional toll of illness, and other social determinants that impact health. Long COVID has the potential to increase healthcare needs and impact quality of life for years to come, and additional data is needed to understand the prevalence at

the individual level.

LIMITATIONS

It is important to note the limitations of this method. Based on the sampling methodology, practice caution against generalizing these estimates to households or areas outside of the defined sampling frame. The data generated by the SMNA CASPER represent a snapshot in time, which should be considered when comparing to temporal trends or surveillance data. It is important to consider that none of the presented associations are not causal, as these are all prevalence odds ratios. The level of analysis for the report is the household, and any findings may not hold at the individual level and individual risk cannot be determined. Collecting data at the household level potentially results in a higher prevalence of any measure collected at the individual level. For example, within a house any yes answer, counts as a yes at the household level, where at the individual level it may be only 1 person saying yes out of 4 who live in the household. Therefore, particular attention should be paid to areas where the prevalence of a measure was lower than other sources of data.

Santa Barbara County may consider a follow-up assessment at a later date to assess the effectiveness of strategies recommended above, if they are implemented. Santa Barbara County might also use these findings to generate hypotheses for further investigations of the impact of the COVID-19 pandemic or recent financial hardships on the health of residents of Santa Maria.

CONCLUSION

The Santa Maria Needs Assessment was a successful collaboration between CDPH, SBCPHD, Cottage Health, Dignity Health, and community stakeholders, and helped characterize the 2022 physical, emotional, and social health status of Santa Maria residents.

Based on a preliminary analysis of the data collected during this CASPER, the SBCPHD recommend the following:

> **Recommendation 1.** Share findings with Santa Barbara County Departments and Community organizations to collaborate in future interventions and projects addressing housing and financial insecurity.

> **Recommendation 2.** Continue investment in building and expanding cross-cutting efforts to address social determinants of health (SDOH) and achieve health equity. These are based on

the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) and include: data and surveillance, evaluation and evidence building, partnerships and collaboration, community engagement, infrastructure and capacity, policy and law.

Recommendation 3. Enhance outreach to Santa Maria residents about safety net programs, including Medi-Cal, CalFresh, WIC, and CalWORKs.

Recommendation 4. Increase the dissemination of health resources and information through trusted community partners.

Recommendation 5. Increase community education on appropriate instances or times to call 911.

Although the report data is household-level data rather than individual-level, the results presented can be useful in allocating and strengthening resources for Santa Maria residents and further supports the needs being identified across Santa Barbara County in the Community Health Needs Assessment.

FIGURE 1. SAMPLING FRAME: SELECTED CENSUS BLOCKS
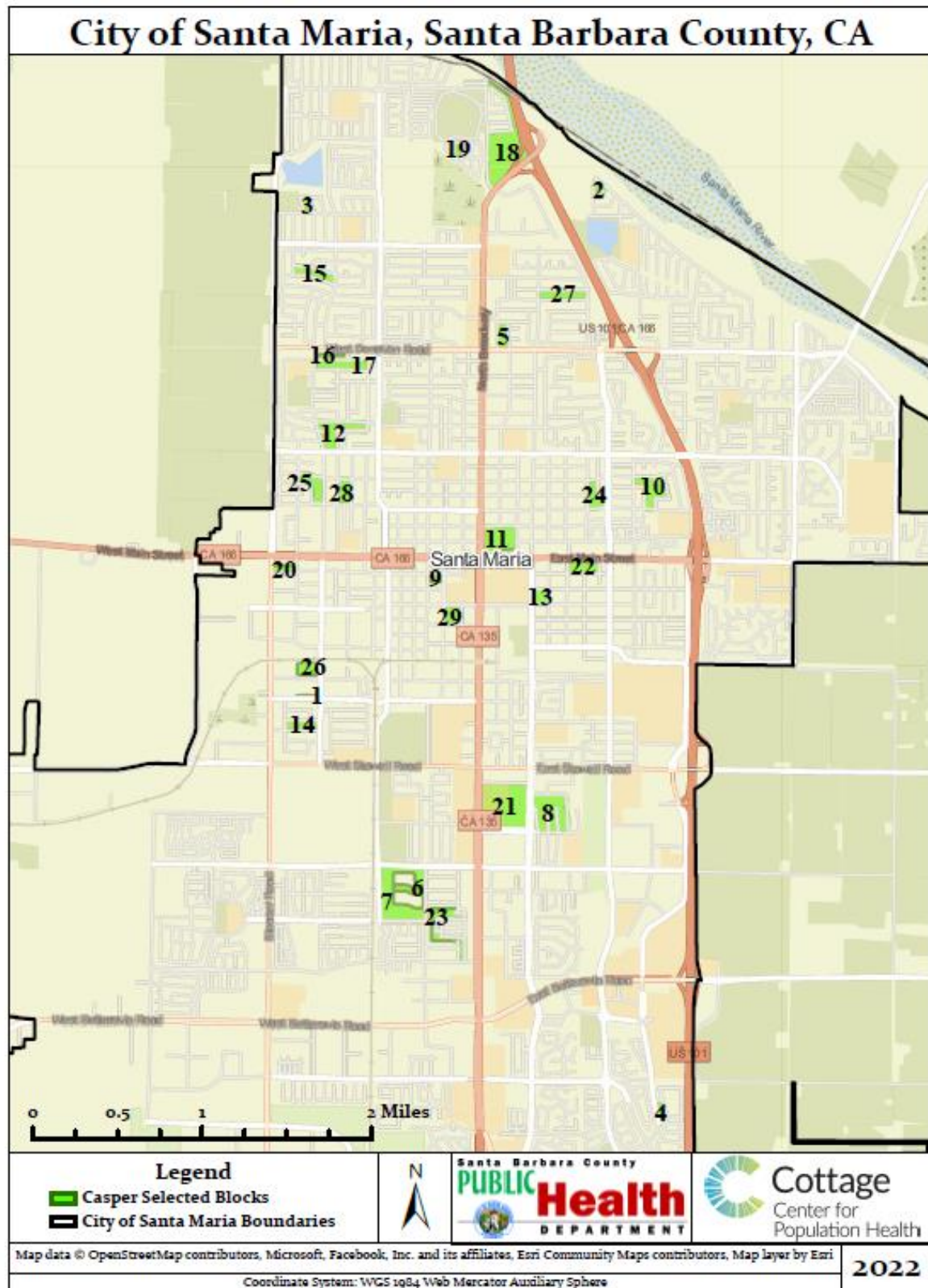
TABLE 1. QUESTIONNAIRE RESPONSE RATES FOR SMNA CONDUCTED IN SANTA MARIA, OCTOBER 2022

Questionnaire Response	Percent (%)	Rate
Completion[*]	91.4	192/210
Cooperation[†]	67.6	192/284
Contact[‡]	52.6	192/365

*Percent of surveys completed in relation to the goal of 210

†Percent of contacted households that were eligible and willing to participate in the survey

‡Percent of randomly selected households which completed an interview

TABLE 2. DEMOGRAPHICS OF PARTICIPATING HOUSEHOLDS IN SANTA MARIA, OCTOBER 2022

	Unweighted (n=192)		Weighted (N=29,976)	
	Frequency	**%**	**Frequency (95% CI)**	**% (95% CI)**
Households with ≥1 member in the following age categories				
≤17 years old*	131	68.2	20279 (17407-23151)	67.7 (58.1-77.2)
≥65 years old*	58	30.2	9483 (6605-12361)	31.6 (22.0-41.2)
Own or rent home				
Own	69	35.9	11248 (7375-15121)	37.5 (24.6-50.4)
Rent	119	62.0	18076 (14181-21971)	60.3 (47.3-73.3)
Other	2	1.0	--	--
Missing	2	1.0	--	--
Primary language spoken at home				
English	76	39.6	12028 (9013-15044)	40.5 (30.3-50.8)
Spanish	106	55.2	16439 (13470-19409)	54.8 (45.5-65.3)
Other	8	4.2	1199 (231.9-2166.0)	4.0 (0.8-7.3)
Refused	2	1.0	--	--
Number of people in household				
1	18	9.4	2617 (1117-4117)	8.7 (3.7-13.7)
2	26	13.5	4444 (2600-6288)	14.8 (8.7-21.0)
3	24	12.5	3892 (2192-5592)	13.0 (7.3-18.7)
4	42	21.9	6366 (4465-8267)	21.2 (14.9-27.6)
5	32	16.7	4920 (3153-6687)	16.4 (10.5-22.3)
6+	23	12.0	3426 (1945-4906)	11.4 (6.5-16.4)
7	14	7.3	2193 (889.3-3498.0)	7.3 (3.0-11.7)
8	10	5.2	1689 (327.5-3051.0)	5.6 (1.1-10.2)
9	3	1.6	--	--
Hispanic, Latino/a, or Spanish origin				
Yes	163	84.9	25427 (23436-27418)	84.8 (78.2-91.5)
No	26	13.5	4121 (2242-5999)	13.7 (7.5-20.0)
Don't Know/Refused	3	1.6	--	--
Indigenous Mexican or Central American				
Yes	23	12.0	3,730 (1827-5634)	12.4 (6.1-18.8)
No	169	88.0	26,246 (24342-28149)	87.6 (81.2-93.9)

* Not mutually exclusive

TABLE 3. WEIGHTED AND UNWEIGHTED FREQUENCIES OF ECONOMIC AND HOUSING STABILITY INDICATORS FOR SANTA MARIA HOUSEHOLDS, OCTOBER 2022

	Unweighted (n=192)		Weighted (N=29,976)	
	Frequency	**%**	**Frequency (95% CI)**	**% (95% CI)**
Household's total yearly income	Unweighted (n=138		Weighted (N=21,226)	
Less than $35,000	73	38.0	11182 (8499-13864)	52.7 (42.9-62.5)
$35,000-$49,999	25	13.0	3673 (2325-5021)	17.3 (11.3-23.3)
$50,000 or greater	40	20.8	6371 (4147-8595)	30.0 (20.1-39.9)
Household's employment status*				
Employed for wages	134	69.8	20564 (17728-23401)	68.6 (59.1-78.1)
Self-employed	14	7.3	2260 (826-3695)	7.5 (2.8-12.3)
Out of work for 1 year or longer	8	4.2	1166 (220-2111)	3.9 (0.7-7.0)
Out of work for less than a year	7	3.7	1080 (219-1941)	3.6 (0.7-6.5)
A homemaker	21	10.9	4201 (1268-7135)	14.0 (4.2-23.8)
A student	45	23.4	7285 (4412-10157)	24.3 (14.7-33.9)
Retired	40	20.8	6699 (4171-9228)	22.3 (13.9-30.8)
Unable to work	10	5.2	1499 (554-2444)	5.0 (1.8-8.2)
Does your household have seasonal employment as their main job				
Yes	64	33.3	9940 (7405-12475)	33.5% (25.1-41.9)
No	124	64.6	19442 (16816-22068)	65.5% (56.5-74.5)
Missing/Don't Know	4	2.1	--	--
Worried may not have stable housing in the next 2 months				
Yes	53	27.6	8355 (5964-10746)	27.9 (19.9-35.8)
No	131	68.2	20455 (17766-23144)	68.2 (59.3-77.2)
Don't Know	7	3.7	1023 (202-1844)	3.4 (0.7-6.2)
Refused	1	0.5	--	--
Monthly Rent/Mortgage				
Median	$1600.00	--	$1590.93 ($1389.24-1793.62)	--
Household type				
A mobile home	7	3.7	999 (0-3043)	3.3 (0.0-10.2)
A one-family house detached from any other houses	117	60.9	19080 (14208-23952)	64.0 (47.8-80.1)
A one-family house attached to one or more houses	15	7.8	2189 (162-4216)	7.3 (0.5-14.1)
A building with 2 or more apartments	52	27.1	7565 (3228-11903)	25.4 (10.7-40.0)

	Unweighted		Weighted	
Missing	1	0.5	--	--
Housing situation is unstable				
Yes	6	3.1	856 (82-1631)	2.9 (0.3-5.5)
No	185	96.4	28977 (28068-29886)	97.1 (94.5-99.7)
Missing	1	0.5	--	--
Could not pay bills within past 12 months				
Yes	36	18.8	5596 (3911-7280)	18.8 (13.1-24.4)
No	152	79.2	23810 (21998-25621)	79.8 (73.8-85.9)
Missing/Don't Know/Refused	4	--	--	--
Does getting childcare make it difficult to work or study	Unweighted (n=131)		Weighted (N=20,279)	
Yes	35	26.9	5367 (3577-7157)	26.7 (18.7-34.6)
No	94	72.3	14626 (12408-16844)	3.8 (64.8-80.5)
Don't Know	2	1.5	--	--

* Not mutually exclusive

TABLE 4. WEIGHTED AND UNWEIGHTED FREQUENCIES OF INSURANCE COVERAGE OF SANTA MARIA HOUSEHOLDS, OCTOBER 2022

	Unweighted (n=192)		Weighted (N=29,976)	
	Frequency	**%**	**Frequency (95% CI)**	**% (95% CI)**
Anyone in the household has health care coverage/insurance				
Yes	174	90.6	27359 (25781-28937)	91.7 (86.4-97.0)
No	12	6.3	1737 (649-2825)	5.8 (2.2-9.5)
Don't Know	4	2.1	--	--
Refused	1	0.5	--	--
Missing	1	0.5	--	--
Primary source of household's health care coverage	Unweighted (n=174)		Weighted (N=27,359)	
Medicaid or Medi-Cal	80	48.2	12295 (9327-15263)	47.0 (36.1-57.9)
Medicare	45	27.1	7370 (4894-9847)	28.2 (19.0-37.4)
Employer/Union-purchased plan	31	18.7	4939 (3135-6743)	18.9 (12.1-25.6)
Family-purchased plan	5	3.0	771 (108-1434)	2.9 (0.4-5.5)
Other	4	2.1	--	--
Refused	1	0.5	--	--
Missing	8	4.2	--	--

TABLE 5. WEIGHTED AND UNWEIGHTED FREQUENCIES OF HEALTH CARE ACCESS AND HEALTH INFORMATION SOURCES OF SANTA MARIA HOUSEHOLDS, OCTOBER 2022

	Unweighted (n=192)		Weighted (N=29,976)	
	Frequency	**%**	**Frequency (95% CI)**	**% (95% CI)**
Did anyone in your household received care from:				
Public Health Department Health Care Center				
Yes	41	21.4	6186 (4406-7965)	22.9 (16.2-29.6)
No	131	68.2	20645 (18397-22894)	76.5 (70.0-83.0)
Missing/Refused	20	10.4	--	--
Community Health Centers of the Central Coast				
Yes	112	58.3	17124 (14676-19573)	61.4 (53.5-69.3)
No	66	34.4	10634 (8522-12747)	38.1 (30.4-45.9)
Missing/Refused	14	7.3	--	--
Dignity Health Community Clinic				
Yes	83	43.2	13047 (10721-15373)	45.9 (37.6-54.1)
No	98	51.0	15254 (12754-17755)	53.6 (45.2-62.0)
Missing/Refused	11	5.7	--	--
Dignity Health Urgent Care				
Yes	68	35.4	10834 (8590-13079)	37.3 (29.4-45.3)
No	117	60.9	18038 (15561-20515)	62.2 (54.3-70.0)
Missing/Refused	7	3.6	--	--
Dignity Health Emergency Department				
Yes	66	34.4	10254 (8352-12156)	36.3 (29.7-42.8)
No	114	59.4	17857 (15900-19814)	63.2 (56.7-69.7)
Missing/Refused	12	6.3	--	--
Cottage Health Community Clinic				
Yes	21	10.9	3673 (2025-5322)	13.3 (7.4-19.2)
No	155	80.7	23833 (21979-25687)	86.2 (80.4-92.0)
Missing/Refused	16	8.3	--	--
Cottage Health Urgent Care				
Yes	24	12.5	3507 (2139-4874)	12.6 (7.8-17.5)
No	153	79.7	24119 (22328-25910)	86.9 (82.1-91.6)
Missing/Refused	15	7.8	--	--
Cottage Health Emergency Department				
Yes	13	6.8	2127 (963-3291)	7.7 (3.4-11.9)
No	164	85.4	25475 (23630-27320)	91.8 (87.6-96.0)
Missing/Refused	15	7.8	--	--
American Indian Health Services				
Yes	0	0	--	--

No	176	91.7	27402 (25812-28991)	99.5 (98.4-100.0)
Missing/Refused	16	8.3	--	--
Veteran Affairs				
Yes	5	2.6	771 (0-1556)	2.8 (0.0-5.5)
No	174	90.6	27116 (25542-28691)	96.7 (93.8-99.7)
Missing/Refused	13	6.5	--	--
Other				
Yes	10	5.2	1675 (386.9-2963)	8.0 (1.9-14.0)
No	28	66.7	19389 (16523-22256)	92.0 (86.0-98.1)
Missing	54	28.1	--	--
Where do you go first to get information about your health?				
Family	15	7.8	2246 (1042-3449)	7.5 (3.5-11.6)
Friend/Co-worker	5	2.6	738 (0-1493)	2.5 (0.0-5.0)
Doctor or health care provider	122	63.5	19232 (16787-21678)	64.5 (56.4-72.6)
Internet	36	18.8	5610 (3396-7824)	18.8 (11.3-26.3)
Don't Know/Not sure	5	2.6	761 (0-1574)	2.6 (0.0-5.3)
Other	9	4.7	--	--
Where do you go first to get information about your child's health?	Unweighted (n = 131)		Weighted (N=20,279)	
Family	7	5.4	999 (195-1804)	5.0 (1.0-8.9)
Friend/Co-worker	5	3.9	771 (0-1556)	3.8 (0.0-7.7)
Doctor or health care provider	91	70.0	14174 (11583-16766)	70.4 (60.5-80.2)
Internet	16	12.3	2503 (1184-3822)	12.4 (6.1-18.8)
Don't Know/Not sure	4	3.1	--	--
Other	4	3.1	--	--
Refused	5	3.9	713 (0-1750)	3.5 (0.0-8.6)

TABLE 6. WEIGHTED AND UNWEIGHTED FREQUENCIES OF SANTA MARIA HOUSEHOLDS' 911 KNOWLEDGE AND ACCESS, OCTOBER 2022, n=192

	Unweighted n (%)	Weighted N (95% CI)	Weighted % (95% CI)	Unweighted n (%)	Weighted N (95% CI)	Weighted % (95% CI)	Unweighted n (%)	Weighted N (95% CI)	Weighted % (95% CI)
	Yes			**No**			**Don't Know**		
Someone appears confused, disoriented, or new onset dizziness	130 (67.7)	20398 (18180-22616)	68.8 (61.1-76.5)	45 (23.4)	6914 (5064-8764)	23.3 (17.2-29.5)	14 (7.3)	2189 (716-3662)	7.4 (2.4-12.3)
Someone is experiencing chest pain or shortness of breath	158 (82.3)	24609 (23003-26215)	82.6 (77.1-88.0)	26 (13.5)	4178 (2837-5518)	14.0 (9.6-18.5)	7 (3.7)	1023 (317-1729)	3.4 (1.1-5.8)
Someone is experiencing sudden, severe pain	154 (80.2)	23990 (22084-25896)	80.9 (74.5-87.4)	27 (14.1)	4311 (2682-5940)	14.5 (9.1-20.0)	8 (4.2)	1199 (328-2070)	4.0 (1.1-7.0)
Someone has an injury and is bleeding uncontrollably (hemorrhage	174 (90.6)	27197 (25759-28635)	91.7 (87.2-96.3)	15 (7.8)	2303 (1010-3596)	7.8 (3.4-12.1)	1(0.5)	--	--

	Unweighted n (%)	Weighted N (95% CI)	Weighted % (95% CI)	Unweighted n (%)	Weighted N (95% CI)	Weighted % (95% CI)	Unweighted n (%)	Weighted N (95% CI)	Weighted % (95% CI)	Unweighted n (%)	Weighted N (95% CI)	Weighted % (95% CI)
	Household Driver			**Ambulance**			**Drive self**			**Call Friend/Neighbor to drive**		
How would a household member get to a health facility when needing emergency medical attention?	82 (42.71)	13156 (9695-16618)	43.9 (32.3-55.4)	53 (27.6%)	7927 (5571-10283)	3.8 (18.6-34.3)	32 (16.7%)	5067 (2946-7188)	16.9 (9.8-24.0)	18 (9.4%)	2755 (1450-4060)	9.2 (4.8-13.5)

TABLE 7. WEIGHTED AND UNWEIGHTED FREQUENCIES OF FOOD ACCESS AND STABILITY OF SANTA MARIA HOUSEHOLDS, OCTOBER 2022, n=192

	Unweighted n (%)	Weighted N (95% CI)	Weighted % (95% CI)	Unweighted n (%)	Weighted N (95% CI)	Weighted % (95% CI)	Unweighted n (%)	Weighted N (95% CI)	Weighted % (95% CI)
Usual Food Source	**Grocery Store**			**Some other type of store**			**Other**		
	160 (83.3)	24671 (22958-26384)	83.1 (77.7-88.5)	26 (13.5)	4235 (2650-5819)	14.3 (8.9-19.7)	6 (3.1)	--	--
	Often True			**Sometimes True**			**Never True**		
Food would run out before we got money to buy more	21 (10.9)	3288 (1408-5168)	11.0 (4.7-17.2)	63 (32.8)	9602 (7327-11877)	32.0 (24.4-39.6)	105 (54.7)	16468 (13934-19002)	54.9 (46.5-63.4)
Food we bought just didn't last	18 (9.4)	2945 (1579-4312)	9.9 (5.3-14.5)	57 (29.7)	8584 (6340-10827)	28.8 (21.2-36.3)	112 (58.3)	17733 (15351-20116)	59.4 (51.6-67.3)
	Unweighted n (%)	Weighted N (95% CI)	Weighted % (95% CI)	Unweighted n (%)	Weighted N (95% CI)	Weighted % (95% CI)	Unweighted n (%)	Weighted N (95% CI)	Weighted % (95% CI)
Availability of food in your neighborhood	**Very Satisfied**			**Somewhat Satisfied**			**Somewhat Dissatisfied**		**Very Dissatisfied**
	110 (57.3)	17310 (15071-19549)	57.7 (50.3-65.2)	67 (34.9)	10330 (8145-12514)	34.5 (27.2-41.7)	9 (4.7)	1480 (346-2614)	4.9 (1.2-8.7)	4 (2.1)	--	--

TABLE 8. WEIGHTED AND UNWEIGHTED FREQUENCIES OF SANTA MARIA HOUSEHOLDS' PERCEPTION OF THEIR COMMUNITY, OCTOBER 2022, n=192

Perception of community	Unweighted n (%)	Weighted N (95% CI)	Weighted % (95% CI)	Unweighted n (%)	Weighted N (95% CI)	Weighted % (95% CI)	Unweighted n (%)	Weighted N (95% CI)	Weighted % (95% CI)	Unweighted n (%)	Weighted N (95% CI)	Weighted % (95% CI)
	Strongly Agree			Agree			Disagree			Strongly Disagree		
My household has connections to a network	50 (26.0)	7832 (5524-10140)	26.1 (18.4-33.8)	81 (42.2)	12376 (9963-14789)	41.3 (33.2-49.3)	31 (16.2)	4939 (2862-7016)	16.5 (9.5-23.4)	17 (8.9)	2783 (1270-4297)	9.3 (4.2-14.3)
My household gets enough sleep	39 (20.3)	6071 (4115-8027)	20.3 (13.7-26.8)	100 (52.1)	15369 (12969-17768)	51.3 (43.3-59.3)	33 (17.2)	5267 (3641-6893)	17.6 (12.1-23.0)	16 (8.3)	2698 (811-4585)	9.0 (2.7-15.3)
My household eats healthy food	34 (17.7)	5557 (3190-7925)	18.5 (10.6-26.4)	126 (65.6)	192332 (16712-21753)	64.2 (55.8-72.6)	16 (8.3)	2626 (1289-3964)	8.8 (4.3-13.2)	11 (5.7)	1789 (601-2977)	6.0 (2.0-9.9(
My household has access to nature	58 (30.2)	9245 (6240-12250)	30.8 (20.8-40.9)	109 (56.7)	16615 (13777-19454)	55.4 (46.0-64.9)	10 (5.2)	1699 (473-2925)	5.7 (1.6-9.8)	10 (5.2)	1680 (308-3051)	5.6 (1.0-10.2)
	All of the time			Most of the time			Some of the time			None of the Time		
My household feels safe in our neighborhood	84 (43.8)	13351 (10894-15809)	44.5 (36.3-52.7)	60 (31.3)	9021 (6240-11802)	30.1 (20.8-39.4)	39 (20.3)	6159 (3804-8509)	20.5 (12.7-28.4)	9 (4.7)	1446 (595-2298)	4.8 (2.0-7.7)
	Yes			No			Don't Know					
In past month, household participated in physical activities	142 (74.0)	22135 (19892-24377)	74.6 (67.2-81.9)	48 (25.0)	7556 (5369-9742)	25.4 (18.1-32.8)	0 (0.0)	--	--	--	--	--
Does anyone in your household routinely get less than 7 hours of sleep	97 (50.5)	15116 (12665-17568)	50.4 (42.3-58.6)	85 (44.3)	13432 (11128-15736)	44.8 (37.1-52.5)	10 (5.2)	1427 (78-2777)	4.8 (0.3-9.3)	--	--	--

TABLE 9. WEIGHTED AND UNWEIGHTED FREQUENCIES OF COVID-19 IMPACTS SANTA MARIA HOUSEHOLDS, OCTOBER 2022

	Unweighted (n=192)		Weighted (N=29,976)	
	Frequency	%	Frequency (95% CI)	% (95% CI)
Any current COVID impact reported				
Yes	119	62.0	18404 (16441-20368)	61.4 (54.8-67.9)
No	73	38.0	11572 (9608-13535)	38.6 (32.1-45.2)
Job or wage loss				
Yes	59	30.7	9021 (6954-11089)	30.4 (23.5-37.3)
No	131	68.2	20669 (18657-22682)	69.6 (62.7-76.5)
Missing	2	1.0	-	-
Reduction in hours available at work				
Yes	75	39.1	11500 (8917-14084)	38.5 (30.0-47.1)
No	116	60.4	18333 (15791-20875)	61.5 (52.9-70.0)
Missing	1	0.5	-	-
Financial problems†				
Yes	77	40.1	11929 (9877-13980)	41.0 (34.4-47.7)
No	110	57.3	17143 (15299-18987)	59.0 (52.3-63.6)
Missing	5	2.6	-	-
Unable to get medical care for health conditions or change to surgical appointments				
Yes	38	19.8	5957 (4347-7567)	20.3 (14.9-25.7)
No	150	78.1	23448 (21884-25012)	79.7 (74.3-85.1)
Missing	4	2.1	--	--
No high-speed internet connection which caused an issue connecting for schoolwork or for my job				
Yes	35	18.2	5700 (3718-7683)	19.5 (12.6-26.4)
No	153	79.7	23515 (21277-25752)	80.5 (73.6-87.4)
Missing	4	2.1	--	--
Chose to resign from my previous employer				
Yes	12	6.3	1827 (867-2787)	6.2 (3.0-9.5)
No	177	92.2	27530 (26436-28625)	93.8 (90.5-97.0)
Missing	3	1.6	--	--
Other				
Yes	9	4.7	1389 (358-2421)	9.6 (2.2-17.0)
No	86	44.8	1508 (9947-16147)	90.4 (83.0-97.8)
Missing	97	50.5	--	--

Percentages may not add up to 100% due to rounding

*Including depleted savings, and trouble paying bills or affording medical care

‡Other responses included: fear of catching COVID, mental or emotional stress, caregiving burdens, remote medical care, and a decline in resources

TABLE 10. WEIGHTED AND UNWEIGHTED FREQUENCIES OF COVID-19 ISOLATION SANTA MARIA HOUSEHOLDS, OCTOBER 2022

	Unweighted (n=192)		Weighted (N=29,976)	
	Frequency	**%**	**Frequency (95% CI)**	**% (95% CI)**
When anyone in the household had COVID, they were able to isolate				
Yes	127	66.2	19817 (17321-22314)	66.1 (57.8-74.4)
No	42	21.9	6300 (3536-9064)	21.0 (11.8-30.2)
Don't know/Not sure	12	6.3	2017 (918-3117)	6.7 (3.1-10.4)
Not Applicable or Did not have COVID	11	5.7	1841 (762-2921)	6.1 (2.5-9.7)

TABLE 11. WEIGHTED AND UNWEIGHTED FREQUENCIES OF LOSSES FROM COVID-19 IN SANTA MARIA HOUSEHOLDS, OCTOBER 2022

	Unweighted (n=192)		Weighted (N=29,976)	
	Frequency	**%**	**Frequency (95% CI)**	**% (95% CI)**
Household member passed away from the coronavirus since March 1, 2020				
Yes	10	5.2	1732 (727-2737)	6.1 (2.5-9.7)
No	173	90.1	26821 (25062-28581)	93.9 (90.3-97.5)
Missing	9	4.7	--	--

TABLE 12. WEIGHTED AND UNWEIGHTED FREQUENCIES OF COVID-19 VACCINATION SANTA MARIA HOUSEHOLDS, OCTOBER 2022

	Unweighted (n=192)		Weighted (N=29,976)	
	Frequency	**%**	**Frequency (95% CI)**	**% (95% CI)**
Members of your household received at least one dose of a COVID-19 vaccination				
Yes	169	88.0	26312 (24462-28162)	87.8 (81.6-93.9)
No	20	10.4	3236 (1488-4983)	10.8 (5.0-16.6)
Don't know/Not sure	2	1.0	--	--
Refused	1	0.5	--	--

	Unweighted (n=192)		Weighted (N=29,976)	
	Frequency	**%**	**Frequency (95% CI)**	**% (95% CI)**
Experienced any delays or interruptions in your healthcare (e.g. cancelled or delayed appointments, tests, procedures) during the coronavirus pandemic				
Yes	48	25.0	7784 (5537-10032)	26.0 (18.5-33.5)
No	140	72.9	21621 (19317-23925)	72.1 (64.4-79.8)
Don't know/Not sure	4	2.1	571 (18-1124)	1.9 (0.1-3.7)
Needed healthcare but haven't gotten it				
Yes	12	6.3	2032 (580-3483)	7.1 (2.0-12.1)
No	169	88.0	26527 (24613-28040)	91.4 (86.3-96.5)
Don't know/Not sure	3	1.6	--	--
Missing	8	4.2	--	--
If yes, what was the reason for delaying care*	Unweighted (n=12)		Weighted (N=2,032)	
Afraid of getting infected	5	41.7	761 (0-1559)	37.5 (3.6-71.3)
Health care provider discouraged them from coming in	2	16.7	--	--
Felt like concern/need wasn't as important as other people's	2	16.7	--	--
Health care provider is unavailable	5	41.7	1009 (14-2004)	49.6 (10.1-89.2)
Felt like my symptoms weren't severe enough	3	25.0	--	--
Don't have health insurance	2	16.7	--	--
Cannot afford my copay or deductible	1	8.3	--	--
Other	2	16.67	--	--

* Not mutually exclusive

	Unweighted (n=192)		Weighted (N=29,976)	
	Frequency	**%**	**Frequency (95% CI)**	**% (95% CI)**
COVID symptoms lasting 3 months or longer				
Yes	24	12.5	3659 (2033-5285)	13.5 (7.6-19.5)
No	142	74.0	22173 (20128-24217)	82.0 (75.3-88.6)
Don't know/Not sure	6	3.1	1071 (89-2052)	4.0 (0.3-7.6)
Refused	1	0.5	--	--
Missing	19	9.9	-	-
Long-term symptoms reduce member of household's ability to carry out day-to-day activities compared with the time before had COVID-19	Unweighted (n=24)		Weighted (N=3,659)	
Yes, a lot	7	29.2	1104 (405-1803)	30.2 (9.6-50.8)
Yes, a little	10	41.7	1475 (444-2506)	40.3 (17.3-63.4)
Not at all	6	25.0	937 (37128-1746)	25.6 (5.4-45.8)
Don't Know / Not Sure	1	4.2	--	--

TABLE 15. WEIGHTED AND UNWEIGHTED FREQUENCIES OF SOCIAL NET USE OF SANTA MARIA
HOUSEHOLDS, OCTOBER 2022

In the last 12 months, the household indicated enrollment in the following programs*:	Unweighted (n=192)		Weighted (n=29,976)	
	Frequency	%	Frequency (95% CI)	% (95% CI)
Medicaid/Medical	133	69.3	20826 (18504-23148)	76.3 (69.0-83.6)
School Meals	74	38.5	11733 (9387-14080)	53.8 (45.4-62.1)
Medicare	58	30.2	9397 (6970-11824)	52.2 (43.2-61.3)
WIC	54	28.1	8431 (6192-10671)	41.9(31.7-52.0)
SNAP	44	22.9	6975 (5150-8801)	36.8 (27.0-46.5)
Social Security	43	22.4	7156 (4862-9450)	42.6 (31.5-53.7)
CHIP	28	14.6	4392 (2398-6385)	24.0 (13.3-34.8)
Unemployment	25	13.0	3868 (2153-5583)	22.6 (13.5-31.7)
SSI	22	11.5	3540 (2208-4872)	21.0 (14.0-28.0)
Energy Aid	19	9.9	3007 (1310-4705)	18.6 (8.8-28.5)
Rental Subsidies	5	2.6	928 (68-1788)	5.9 (0.5-11.3)

* Not mutually exclusive

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2022 Santa Maria Needs Assessment Questionnaire

November 2022

Prepared by: Santa Barbara County Public Health Department

Santa Maria Needs Assessment

Census_Block_ID Census Block ID#

▼ 1 (Block 2006) (1) ... 29 (Block 1009) (29)

We read the consent script and the participant provided verbal consent to participate in the survey.

○ No (1)

○ Yes (2)

Skip To: End of Survey If We read the consent script and the participant provided verbal consent to participate in the survey. = No

---

SM1.1 What is the primary language spoken in your home? (check one)

SM1.1 ¿Cuál es el idioma principal que se habla en su hogar? (marque uno)

○ English | Inglés (1)

○ Spanish or Spanish Creole | Español o criollo español (2)

○ Tagalog | Tagalo (3)

○ Mixtec | Mixteco (4)

○ German | Alemán (5)

○ Chinese | Chino (6)

○ French | Francés (7)

○ Japanese | Japonés (8)

○ Vietnamese | Vietnamita (9)

○ Korean | Coreano (10)

○ DON'T KNOW / NOT SURE | NO SABE (11)

○ REFUSED | NO QUIERE CONTESTAR (12)

○ OTHER (SPECIFY) | OTRO (ESPECIFICAR) (13)

_____

Which language would you prefer to complete the survey in?

¿En qué idioma preferiría completar la encuesta?

○ English | Inglés (1)

○ Spanish | Español (2)

○ OTHER and call Language Line (fill-in) | OTRO y llame a la Línea de idiomas (rellenar) (3)

_____

End of Block: SURVEY START

SM2.1 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.

○ Total (#) (1) _____

○ DON'T KNOW / NOT SURE (2)

○ REFUSED (3)

SM1.2 Ages Including yourself, how many people living in your household are: (enter number of people in each category)

☐ Less than 2 years old (#) (1) _____

☐ ≥2-5 years old (#) (2) _____

☐ 6-17 years old (#) (3) _____

☐ 18-64 years old (#) (4) _____

☐ More than 64 years old (#) (5) _____

☐ DON'T KNOW / NOT SURE (6)

☐ REFUSED (7)

SM2.2 Own Do you or members of your household own or rent your home? (or other arrangement)

○ Own (1)

○ Rent (2)

○ Other (3) _____

○ DON'T KNOW / NOT SURE (4)

○ REFUSED (5)

SM3.1 What was your household's total income during the PAST 12 MONTHS?

(Clarification if needed, include: wages, salary, commissions, bonuses, or tips from all jobs, self-employment income, interest,

dividends, rental income, royalty income, income from estates or trusts, social security or railroad retirement, supplemental security income, any public assistance or welfare, retirement income, pensions, survivor or disability income, Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony)

○ Amount in dollars (1) _____

○ None   (2)

○ Loss (no positive income) (3)

○ DON'T KNOW / NOT SURE (4)

○ REFUSED (5)

SM3.2 What is the monthly rent or mortgage for this house, apartment, or mobile home? (clarify if needed: for this location only)

○ Monthly Amount in dollars (1) _____

○ DON'T KNOW / NOT SURE (2)

○ REFUSED (3)

SM1.3 Are you or anyone in your household of Hispanic, Latino/a, or Spanish origin?

○ Yes (1)

○ No (2)

○ DON'T KNOW / NOT SURE (3)

○ REFUSED (4)

SM1.4 Do you or anyone in your household identify with any indigenous groups of Mexico or Central America? (check all that apply)

☐ Mixtec (1)

☐ Triqui (2)

☐ Zapotec (3)

☐ OTHER (write-in answer) (4) _____

SM1.5 Which one or more of the following would you say is your race and the race of members of your household? (check all that apply)

☐   White   (1)

☐   Black or African American   (2)

☐   American Indian or Alaska Native (3)

☐   Asian   (4)

☐   Pacific Islander   (5)

☐   OTHER (SPECIFY) (6) _____

☐   DON'T KNOW / NOT SURE (7)

☐   REFUSED (8)

SM1.6 Are you and members of you household currently . . . ? (check all that apply)

☐   Employed for wages (1)

☐   Self-employed (2)

☐   Out of work for 1 year or more (3)

☐   Out of work for less than 1 year (4)

☐   A Homemaker (5)

☐   A Student (6)

☐   Retired (7)

☐   Unable to work (8)

☐   REFUSED (9)

☐   DON'T KNOW / NOT SURE (10)

SM1.7 Do you or anyone in the household have seasonal employment as their main job?

○ Yes (1)

○ No (2)

○ DON'T KNOW/NOT SURE (3)

○ REFUSED (4)

SM5.1 Does getting child care make it difficult for you or anyone in your household to work or study?

○ Yes (1)

○ No (2)

○ DON'T KNOW / NOT SURE (3)

○ Refused (4)

SM3.3 Within the past 12 months, have you or anyone in your household ever stayed: outside, in a car, in a tent, in an overnight shelter, or temporarily in someone else's home (i.e. couch-surfing)?

○ Yes (1)

○ No (2)

○ DON'T KNOW / NOT SURE (3)

○ REFUSED (4)

SM4.1 Does anyone in the household have any kind of health care coverage or insurance, including health insurance, prepaid plans such as HMOs, government plans such as Medicare or Medi-Cal, or Indian Health Service?

○ Yes (1)

○ No   (2)

○ DON'T KNOW / NOT SURE (3)

○ REFUSED (4)

SM4.2 What is the primary source of your or members of your household's health care coverage?

○ A plan purchased through an employer or union (includes plans purchased through a person's employer) (1)

○ A plan that you or another family member buys on your own (2)

○ Medicare (3)

○ Medicaid or Medi-cal other state program (4)

○ TRICARE (formerly CHAMPUS), VA or Military (5)

○ Alaska Native, Indian Health Service, Tribal Health Service (6)

○ Some other source (7) _____

○ DON'T KNOW / NOT SURE (8)

○ REFUSED (9)

SM6.1 In the past 12 months, where have you or anyone in your household received care from _____?

	Yes (1)	No (2)	Don't know (3)	Refused (4)
Public Health Department Health Care Center (1)	○	○	○	○
Community Health Centers of the Central Coast (2)	○	○	○	○
Dignity Health Community Clinic (3)	○	○	○	○
Dignity Health Urgent Care (4)	○	○	○	○
Dignity Health Emergency Department (5)	○	○	○	○
Cottage Health Community Clinic (6)	○	○	○	○
Cottage Health Urgent Care (7)	○	○	○	○
Cottage Health Emergency Department (8)	○	○	○	○
American Indian Health Services (9)	○	○	○	○
Veteran Affairs (10)	○	○	○	○
Another other place you have received that that I did not mention: Other (name of other clinic, urgent care, emergency care, or provider network): (11)	○	○	○	○

SM6.2 Imagine you or someone in your household had strong need to get information about their health. Where would they go first? (Mark only one)

○ Books (1)

○ Brochures, pamphlets, etc.   (2)

○ Family   (3)

○ Friend/Co-worker   (4)

○ Doctor or health care provider   (5)

○ Internet   (6)

○ Library   (7)

○ Magazines   (8)

○ Newspapers   (9)

○ Telephone information number (211) (10)

○ Complementary, alternative, unconventional practitioner, or healer (11)

○ Social media   (12)

○ Television   (13)

○ Other-Specify (14) _____

○ DON'T KNOW / NOT SURE (15)

○ REFUSED (16)

SM5.2 Imagine you or someone in your household had a strong need to get information about their child's health. Where would they go first? (Mark only one)

○ Books (1)

○ Brochures, pamphlets, etc.   (2)

○ Family   (3)

○ Friend/Co-worker   (4)

○ Doctor or health care provider   (5)

○ Internet   (6)

○ Library   (7)

○ Magazines   (8)

○ Newspapers   (9)

○ Telephone information number (211) (10)

○ Complementary, alternative, unconventional practitioner, or healer (11)

○ Social media   (12)

○ Television   (13)

○ Other-Specify (14) _____

○ DON'T KNOW / NOT SURE (15)

○ REFUSED (16)

SM6.3 During the past month, other than their regular job, did you or members of your household participate in any physical activities or exercises such as running, weight-lifting, golf, gardening, or walking for exercise?

○ Yes (1)

○ No (2)

○ DON'T KNOW / NOT SURE (3)

○ REFUSED (4)

SM7.1 In a typical month, where does your household get most of their food?

○ Grocery store (such as Von's, Smart & Final, Costco) (1)

○ Some other type store (Walmart, Target) (2)

○ A food pantry or food distribution site (includes mobile distribution) (3)

○ Swap Meets (4)

○ Farmers market (5)

○ Workplace (6)

○ Little Markets (Tienditas) or Corner Store (7)

○ Somewhere else (fill-in) (8) _____

○ DON'T KNOW / NOT SURE (9)

○ REFUSED (10)

SM7.2 How satisfied is your household with the availability of food in your neighborhood?

○ Very satisfied (1)

○ Somewhat satisfied (2)

○ Somewhat dissatisfied (3)

○ Very dissatisfied (4)

○ DON'T KNOW / NOT SURE (5)

○ REFUSED (6)

SM7.3 Within the past 12 months we worried whether our food would run out before we got money to buy more. Was that often true, sometimes true, or never true for you or members of your household?

○ Often true (1)

○ Sometimes true (2)

○ Never true (3)

○ DON'T KNOW / NOT SURE (4)

○ REFUSED (5)

SM7.4 Within the past 12 months the food we bought just didn't last and we didn't have money to get more. Was that often true, sometimes true, or never true for you or members of your household?

○ Often true (1)

○ Sometimes true (2)

○ Never true (3)

○ DON'T KNOW / NOT SURE (4)

○ REFUSED (5)

These questions ask about how worried your household is right now about financial matters.

SM3.4 Are you or members of your household worried that in the next 2 months, any household members may not have stable housing?

○ Yes (1)

○ No (2)

○ DON'T KNOW / NOT SURE (3)

○ REFUSED (4)

SM3.5 During the past 12 months, has there been a time when anyone in your household has not been able to pay the mortgage, rent or utility bills?

○ Yes (1)

○ No (2)

○ DON'T KNOW / NOT SURE (3)

○ REFUSED (4)

SM9.1 How strongly do you agree or disagree with the following:

Me and members of my household have connections to a network of family, friends, neighbors, and community members that is available in times of need to give psychological, physical, and financial help.

○ Strongly disagree (1)

○ Disagree (2)

○ Agree (3)

○ Strongly agree (4)

○ DON'T KNOW / NOT SURE (5)

○ REFUSED (6)

SM9.2 How strongly do you agree or disagree with the following:

Me and members of my household get enough sleep.

○ Strongly disagree (1)

○ Disagree (2)

○ Agree (3)

○ Strongly agree (4)

○ DON'T KNOW / NOT SURE (5)

○ REFUSED (6)

SM9.3 Does anyone in your household routinely get less than seven hours of sleep per night?

○ Yes (1)

○ No (2)

○ DON'T KNOW / NOT SURE (3)

○ REFUSED (4)

SM9.4 How strongly do you agree or disagree with the following:

Me and members of my household eat healthy food.

○ Strongly disagree (1)

○ Disagree (2)

○ Agree (3)

○ Strongly agree (4)

○ DON'T KNOW / NOT SURE (5)

○ REFUSED (6)

SM9.5 How strongly do you agree or disagree with the following:

Me and members of my household have access to nature.

(Clarification if needed: Nature close by physically, for example, is there greenspace, or are you close to local greenspace or able to visit nature. Local, city, state, or national parks are included as greenspace)

○ Strongly disagree (1)

○ Disagree (2)

○ Agree (3)

○ Strongly agree (4)

○ DON'T KNOW / NOT SURE (5)

○ REFUSED (6)

SM9.6 How often do you and members of you household feel safe in your neighborhood?

○ All of the time (1)

○ Most of the time (2)

○ Some of the time (3)

○ None of the time (4)

○ DON'T KNOW / NOT SURE (5)

○ REFUSED (6)

SM10.1 Which of the following would be an emergency requiring a 911 phone call for immediate medical attention? (select all that apply)

	Yes (1)	No (2)	DON'T KNOW / NOT SURE (3)	REFUSED (4)
Someone appears confused, disoriented, or new onset dizziness (1)	○	○	○	○
Someone is experiencing chest pain or shortness of breath (2)	○	○	○	○
Someone is experiencing sudden, severe pain (3)	○	○	○	○
Someone has an injury and is bleeding uncontrollably (hemorrhage) (4)	○	○	○	○

SM10.2 How would you or household member get to a health facility when needing emergency medical attention?

○ Household driver (1)

○ Call friend/neighbor to drive   (2)

○ Call taxi/ride share (3)

○ Call ambulance (4)

○ Take a bus   (5)

○ Drive self (6)

○ Other mode of transportation (7) _____

○ DON'T KNOW / NOT SURE (8)

○ REFUSED (9)

SM8.1 COVID-19 affects my household TODAY in the following ways:
(select all that apply)

	Yes (1)	No (2)	DON'T KNOW / NOT SURE (3)	Refused (4)
Job or wage loss (1)	◯	◯	◯	◯
Reduction in hours available at work (2)	◯	◯	◯	◯
Financial problems including depleted savings, and trouble paying bills or affording medical care (3)	◯	◯	◯	◯
Unable to get medical care for health conditions, change to surgical appointments (4)	◯	◯	◯	◯
No high-speed internet connection which caused an issue connecting for schoolwork or for my job (5)	◯	◯	◯	◯
Chose to resign from my previous employer (6)	◯	◯	◯	◯
Other (please specify) (7)	◯	◯	◯	◯

SM11.1 Since March 2020, please tell us if you or a member of your household were ever enrolled in any of the following programs: (Check all)

	Yes (1)	No (2)	DON'T KNOW / NOT SURE (3)	Refused (4)
Medicaid/Medi-cal (1)	○	○	○	○
Children's Health Insurance Program (CHIP) (2)	○	○	○	○
Supplemental Nutrition Assistance Program (SNAP) (3)	○	○	○	○
Supplemental Program for Women Infants and Children (WIC) (4)	○	○	○	○
Free or reduced price school meals (5)	○	○	○	○
Supplemental Security Income (SSI) (6)	○	○	○	○
Temporary Assistance for Needy Families (TANF) (7)	○	○	○	○
Energy Aid (example) (8)	○	○	○	○
Rental Subsidies (9)	○	○	○	○
Social Security (10)	○	○	○	○
Medicare (11)	○	○	○	○
Unemployment compensation (12)	○	○	○	○
Eviction protections (13)	○	○	○	○
Other: (fill-in) (14)	○	○	○	○

SM8.2 Have you and members of your household received at least one dose of a COVID-19 vaccination?

○ Yes (1)

○ No (2)

○ DON'T KNOW / NOT SURE (3)

○ Refused (4)

SM8.3 Please tell us more about why they have not been vaccinated

_____

SM8.4 If anyone in the household had covid, were they able to isolate?

(Clarification if needed: Isolation means to stay away from other people.)

○ Yes (1)

○ No (2)

○ DON'T KNOW / NOT SURE (3)

○ Refused (4)

○ Not Applicable or Did not have COVID (5)

SM8.5 Have you or someone in your household experienced any delays or interruptions in your healthcare (e.g. cancelled or delayed appointments, tests, procedures) during the coronavirus pandemic?

○ Yes (1)

○ No (2)

○ DON'T KNOW / NOT SURE (3)

○ REFUSED (4)

SM8.6 Since the start of the coronavirus pandemic, have you or someone in your household needed to get healthcare but haven't gotten it?

○ Yes (1)

○ No (2)

○ DON'T KNOW / NOT SURE (3)

○ REFUSED (4)

SM8.7 Why? (check all that apply)

(Original question reminder: Since the start of the coronavirus pandemic, have you or someone in your household needed to get healthcare but haven't gotten it?)

☐   Afraid of getting infected   (1)

☐   Health care provider discouraged them from coming in   (2)

☐   Felt like concern/need wasn't as important as other people's   (3)

☐   Health care provider is unavailable   (4)

☐   Felt like my symptoms weren't severe enough   (5)

☐   Don't have health insurance   (6)

☐   Cannot afford my copay or deductible   (7)

☐   Other (8) _____

SM8.11 Did you or anyone in your household have any symptoms lasting 3 months or longer that you/they did not have prior to having coronavirus or COVID-19?

Long term symptoms may include: Tiredness or fatigue, difficulty thinking, concentrating, forgetfulness, or memory problems (sometimes referred to as "brain fog"), difficulty breathing or shortness of breath, joint or

muscle pain, fast-beating or pounding heart (also known as heart palpitations), chest pain, dizziness on standing, menstrual changes, changes to taste/smell, or inability to exercise.

○ Yes (1)

○ No (2)

○ DON'T KNOW / NOT SURE (3)

○ REFUSED (4)

SM8.12 Do these long-term symptoms reduce you/member of household's ability to carry out day-to-day activities compared with the time before you had COVID-19?

○ Yes, a lot (1)

○ Yes, a little (2)

○ Not at all (3)

○ DON'T KNOW / NOT SURE (4)

○ REFUSED (5)

SM8.8 Has a member of your household passed away from the coronavirus since March 1, 2020?

○ Yes (1)

○ No (2)

○ DON'T KNOW / NOT SURE (3)

○ REFUSED (4)

SM8.9 Was the household member that died a significant contributor to your household income?

○ Yes (1)

○ No (2)

○ DON'T KNOW / NOT SURE (3)

○ REFUSED (4)

SM8.10 Was the household member that died a significant contributor to your household caregiving?

○ Yes (1)

○ No (2)

○ DON'T KNOW / NOT SURE (3)

○ REFUSED (4)

SM12.1 What is your greatest household need?

(Suggestions if needed: Open Response Suggestions if needed: No current needs Food Electricity Water Medical Care Medications Transportation Physical help with cleanup & repairs Financial help with cleanup & repairs Trash removal; Shelter; Mental health needs)

_____

Before we end the survey, is there anything else you would like to tell us?

_____

End of Block: English Survey Questions

SM2.1 ¿Cuántas personas viven en su dirección en total?

INDAGUE: Incluya a todas las personas que vivan o se queden aquí por más de 2 meses E incluya a todas las personas que se queden aquí y que no tengan otro lugar donde quedarse, incluso si han estado aquí por 2 meses o menos

○ Total (#) (1) _____

○ NO SÉ / NO ESTÁ SEGURO (2)

○ NO QUIERE CONTESTAR (3)

SM1.2 Incluyendo a usted mismo, ¿cuántas personas que viven en su hogar son: (recuento de personas en cada categoría)

☐ Menos de 2 años (#) (1) _____

☐ ≥2-5 años (#) (2) _____

☐ 6-17 años (#) (3) _____

☐ 18-64 años (#) (4) _____

☐ Más de 64 años (#) (5) _____

☐ NO SÉ / NO ESTÁ SEGURO (6)

☐ NO QUIERE CONTESTAR (7)

SM2.2 ¿Usted o los miembros de su hogar son propietarios o rentan su casa? (u otro arreglo)

○ Propio (1)

○ Renta (2)

○ Otro (3) _____

○ NO SÉ / NO ESTÁ SEGURO (4)

○ NO QUIERE CONTESTAR (5)

SM3.1 ¿Cuál fue el ingreso total de su hogar durante los ÚLTIMOS 12 MESES?

(Aclaraciones, si es necesario, incluyen: sueldos, salarios, comisiones, bonificaciones o propinas de todos los trabajos, ingresos de trabajo por cuenta propia, intereses, dividendos, ingresos por alquileres, ingresos por regalías, ingresos de sucesiones o fideicomisos, seguro social o jubilación ferroviaria, seguridad suplementaria ingresos, cualquier asistencia pública o bienestar, ingresos de jubilación, pensiones, ingresos de sobreviviente o discapacidad, cualquier otra fuente de ingresos recibida regularmente, como pagos de veteranos (VA), compensación por desempleo, manutención de niños o pensión alimenticia)

○ Indique el monto en dólares (1) _____

○ Ninguno (2)

○ Pérdida (3)

○ NO SÉ / NO ESTÁ SEGURO (4)

○ NO QUIERE CONTESTAR (5)

SM3.2 ¿Cuál es el alquiler mensual o la hipoteca de esta casa, apartamento o casa móvil?

(aclarar si es necesario: solo para esta ubicación)

○ Monto mensual – Dólares (indique cantidad #) (1) _____

○ NO SÉ / NO ESTÁ SEGURO (2)

○ NO QUIERE CONTESTAR (3)

SM1.3 ¿Es usted o alguien en su hogar de origen hispano, latino/a o español?

○ Sí (1)

○ No (2)

○ NO SÉ / NO ESTÁ SEGURO (3)

○ NO QUIERE CONTESTAR (4)

SM1.4 ¿Usted o alguien en su hogar se identifica con algún grupo indígena de México o América Central? (marque todo lo que corresponda)

☐   Mixtec (1)

☐   Triqui (2)

☐   Zapotec (3)

☐   OTRO (respuesta escrita) (4) _____

SM1.5 ¿Cuál o más de las siguientes diría usted que es su raza y la raza de los miembros de su hogar? (marque todas las que correspondan)

☐   Blanco (1)

☐   Negro o afroamericano (2)

☐   Indioamericano o nativo de Alaska (3)

☐   Asiático (4)

☐   Isleño del Pacífico (5)

☐   NO SABE/NO ESTÁ SEGURO (6)

☐   NO QUIERE CONTESTAR (7)

☐   OTRA (ESPECIFICAR) (8) _____

SM1.6 ¿Está usted y los miembros de su hogar actualmente (estado de empleo)? (marque todo lo que corresponda)

☐ Empleado por salario (1)

☐ Trabajador por cuenta propia (2)

☐ Sin trabajo por 1 año o más (3)

☐ Sin trabajo por menos de 1 año (4)

☐ Un ama de casa (5)

☐ Un estudiante (6)

☐ Jubilado (7)

☐ No puede trabajar (8)

☐ NO SABE/NO ESTÁ SEGURO (9)

☐ NO QUIERE CONTESTAR (10)

SM1.7 ¿Usted o alguien en el hogar tiene un empleo estacional (de temporada) como trabajo principal?

○ Sí (1)

○ No (2)

○ NO SABE/NO ESTÁ SEGURO (3)

○ NO QUIERE CONTESTAR (4)

SM5.1 ¿Obtener cuidado de niños le dificulta a usted o a alguien en su hogar trabajar o estudiar?

○ Sí (1)

○ No (2)

○ NO SABE/NO ESTÁ SEGURO (3)

○ NO QUIERE CONTESTAR (4)

SM3.3 En los últimos 12 meses, ¿usted o alguien en su hogar se ha quedado alguna vez: afuera, en un automóvil, en una tienda de campaña, en un refugio nocturno o temporalmente en la casa de otra persona (es decir, quedándose en el sofá)?

○ Sí (1)

○ No (2)

○ NO SABE/NO ESTÁ SEGURO (3)

○ NO QUIERE CONTESTAR (4)

SM4.1 ¿Alguien en el hogar tiene algún tipo de cobertura o seguro de atención médica, incluido un seguro médico, planes prepagos como HMO, planes gubernamentales como Medicare o Medi-Cal o Indian Health Service?

○ Sí (1)

○ No (2)

○ NO SABE/NO ESTÁ SEGURO (3)

○ NO QUIERE CONTESTAR (4)

SM4.2 ¿Cuál es la fuente principal de su cobertura de atención médica o la de los miembros de su hogar?

○ Un plan comprado a través de un empleador o sindicato (incluye planes comprados a través de empleador de otra persona) (1)

○ Un plan que usted u otro miembro de la familia compra por su cuenta (2)

○ Medicare (3)

○ Medicaid o Medi-Cal (otro programa estatal) (4)

○ TRICARE (anteriormente CHAMPUS), VA o militar (5)

○ Nativo de Alaska, Servicio de salud para indios americanos, Servicio de salud tribal (6)

○ Alguna otra fuente (7) _____

○ NO SABE/NO ESTÁ SEGURO (8)

○ NO QUIERE CONTESTAR (9)

SM6.1 En los últimos 12 meses, ¿dónde ha recibido atención medica usted o alguien en su hogar de _____ ? (haga clic en todo lo que corresponda)

	Sí (1)	No (2)	NO SABE (3)	No quiere contestar (4)
Centro de Atención del Departamento de Salud Pública (1)	○	○	○	○
Centros Comunitarios de Salud de la Costa Central (CHC) (2)	○	○	○	○
Clínica Comunitaria de Dignity Health (3)	○	○	○	○
Atención de urgencia de Dignity Health (4)	○	○	○	○
Departamento de Emergencias de Dignity Health (5)	○	○	○	○
Clínica Comunitaria Cottage Health (6)	○	○	○	○
Atención de urgencia de Cottage Health (7)	○	○	○	○
Departamento de Emergencias de Cottage Health (8)	○	○	○	○
Servicios de salud para indios americanos (9)	○	○	○	○
Asuntos de veteranos (10)	○	○	○	○
Otro lugar que ha recibido que no mencioné (Otro nombre de otra clínica, atención de urgencia, atención de emergencia o red de proveedores): (11)	○	○	○	○

SM6.2 Imagine que usted o alguien de su hogar tuviera una gran necesidad de obtener información sobre su salud. ¿Adónde irían primero? (Marca solo uno)

○ Libros (1)

○ Folletos, panfletos, etc. (2)

○ Familia (3)

○ Amigo/compañero de trabajo (4)

○ Médico o proveedor de atención médica (5)

○ Internet (6)

○ Biblioteca (7)

○ Revistas (8)

○ Periódicos (9)

○ Teléfono de información (211) (10)

○ Practicante o sanador complementario, alternativo, no convencional (11)

○ Redes sociales (12)

○ Televisión (13)

○ No sé (14)

○ Rehusarse (15)

○ Otra - especificar (16) _____

○ NO SABE/NO ESTÁ SEGURO (17)

○ NO QUIERE CONTESTAR (18)

SM5.2 Imagíne que usted o alguien en su hogar tuviera una gran necesidad de obtener información sobre la salud de su hijo. ¿Adónde irían primero? (Marca solo uno)

○ Libros (1)

○ Folletos, panfletos, etc. (2)

○ Familia (3)

○ Amigo/compañero de trabajo (4)

○ Médico o proveedor de atención médica (5)

○ Internet (6)

○ Biblioteca (7)

○ Revistas (8)

○ Periódicos (9)

○ Teléfono de información (211) (10)

○ Practicante o sanador complementario, alternativo, no convencional (11)

○ Redes sociales (12)

○ Televisión (13)

○ No sé (14)

○ Rehusarse (15)

○ Otra - especificar (16) _____

○ NO SABE/NO ESTÁ SEGURO (17)

○ NO QUIERE CONTESTAR (18)

SM6.3 Durante el último mes, aparte de su trabajo regular, ¿los miembros de su hogar participaron en alguna actividad física o ejercicio como correr, levantar pesas, golf, jardinería o caminar para hacer ejercicio?

○ Sí (1)

○ No (2)

○ NO SABE/NO ESTÁ SEGURO (3)

○ NO QUIERE CONTESTAR (4)

SM7.1 En un mes típico, ¿de dónde obtiene su hogar la mayor parte de sus alimentos?

○ Supermercado (como Von's, Smart & Final, Costco) (1)

○ Algún otro tipo de tienda (Walmart, Target) (2)

○ Una despensa de alimentos o un sitio de distribución de alimentos (incluye distribución móvil) (3)

○ Encuentros de intercambio/Remate (4)

○ Mercado de agricultores/Farmers market (5)

○ Lugar de trabajo (6)

○ En otro lugar (rellenar) (7) _____

○ NO SABE/NO ESTÁ SEGURO (8)

○ NO QUIERE CONTESTAR (9)

SM7.2 ¿Qué tan satisfecho está su hogar con la disponibilidad de opciones de alimentos en su vecindario?

○ Muy Satisfecho (1)

○ De alguna manera satisfecho (2)

○ De alguna manera insatisfecho (3)

○ Muy insatisfecho (4)

○ NO SABE/NO ESTÁ SEGURO (5)

○ NO QUIERE CONTESTAR (6)

SM7.3 En los últimos 12 meses nos preocupaba si se nos acabaría la comida antes de tener dinero para comprar más. ¿Fue eso cierto a menudo, a veces cierto o nunca cierto para usted/su hogar?

○ A menudo cierto (1)

○ A veces cierto (2)

○ Nunca es verdad (3)

○ NO SABE/NO ESTÁ SEGURO (4)

○ NO QUIERE CONTESTAR (5)

SM7.4 En los últimos 12 meses, la comida que compramos simplemente no duró y no teníamos dinero para comprar más. ¿Fue eso cierto a menudo, a veces cierto o nunca cierto para usted/su hogar?

○ A menudo cierto (1)

○ A veces cierto (2)

○ Nunca es verdad (3)

○ NO SABE/NO ESTÁ SEGURO (4)

○ NO QUIERE CONTESTAR (5)

Estas preguntas se refieren a qué tan preocupado está su hogar en este momento por asuntos financieros.

SM3.4 ¿Le preocupa que en los próximos 2 meses, algún miembro del hogar no tenga una vivienda estable?

○ Sí (1)

○ No (2)

○ NO SABE/NO ESTÁ SEGURO (3)

○ NO QUIERE CONTESTAR (4)

SM3.5 Durante los últimos 12 meses, ¿ha habido algún momento en que alguien en su hogar no haya podido pagar la hipoteca, el alquiler o las facturas de servicios públicos?

○ Sí (1)

○ No (2)

○ NO SABE/NO ESTÁ SEGURO (3)

○ NO QUIERE CONTESTAR (4)

SM9.1 ¿Qué tan de acuerdo o en desacuerdo estás con lo siguiente?

Los miembros de mi hogar y yo tenemos conexiones con una red de familiares, amigos, vecinos y miembros de la comunidad que está disponible en momentos de necesidad para brindar ayuda psicológica, física y financiera. (Apoyo social)

○ Totalmente en desacuerdo (1)

○ En desacuerdo (2)

○ De acuerdo (3)

○ Totalmente de acuerdo (4)

○ NO SABE/NO ESTÁ SEGURO (5)

○ NO QUIERE CONTESTAR (6)

SM9.2 ¿Qué tan de acuerdo o en desacuerdo estás con lo siguiente?

Los miembros de mi hogar y yo dormimos lo suficiente.

○ Totalmente en desacuerdo; (1)

○ En desacuerdo; (2)

○ De acuerdo; (3)

○ Totalmente de acuerdo (4)

○ NO SABE/NO ESTÁ SEGURO (5)

○ NO QUIERE CONTESTAR (6)

SM9.3 ¿Alguien en su hogar duerme habitualmente menos de siete horas por noche?

○ Sí (1)

○ No (2)

○ NO SABE/NO ESTÁ SEGURO (3)

○ NO QUIERE CONTESTAR (4)

SM9.4 ¿Qué tan de acuerdo o en desacuerdo estás con lo siguiente?

Los miembros de mi hogar y yo comemos alimentos saludables.

○ Totalmente en desacuerdo; (1)

○ En desacuerdo; (2)

○ De acuerdo; (3)

○ Totalmente de acuerdo (4)

○ NO SABE/NO ESTÁ SEGURO (5)

○ NO QUIERE CONTESTAR (6)

SM9.5 ¿Qué tan de acuerdo o en desacuerdo estás con lo siguiente?

Yo y los miembros de mi hogar tenemos acceso a la naturaleza.

(Aclaración si es necesario: Naturaleza cerca físicamente, por ejemplo, hay espacios verdes, o está usted cerca de espacios verdes locales o puede visitar la naturaleza. Los parques locales, de la ciudad, estatales o nacionales se incluyen como espacios verdes)

○ Totalmente en desacuerdo (1)

○ En desacuerdo (2)

○ De acuerdo (3)

○ Totalmente de acuerdo (4)

○ NO SABE/NO ESTÁ SEGURO (5)

○ NO QUIERE CONTESTAR (6)

SM9.6 ¿Con qué frecuencia los miembros de su hogar se sienten seguros en su vecindario?

○ Todo el tiempo (1)

○ La mayor parte del tiempo (2)

○ Algo de tiempo (3)

○ Ninguna de las veces (4)

○ NO SABE/NO ESTÁ SEGURO (5)

○ NO QUIERE CONTESTAR (6)

SM10.1 ¿Cuál de las siguientes sería una emergencia que requiere una llamada telefónica al 911 para recibir atención médica inmediata? (seleccione todas las que correspondan)

	Sí (1)	No (2)	NO SÉ / NO ESTÁ SEGURO (3)	NO QUIERE CONTESTAR (4)
Alguien parece confundido, desorientado o mareos de nueva aparición (1)	○	○	○	○
Alguien está experimentando dolor en el pecho o dificultad para respirar (2)	○	○	○	○
Alguien está experimentando un dolor intenso y repentino (3)	○	○	○	○
Alguien tiene una herida y está sangrando incontrolablemente (hemorragia) (4)	○	○	○	○

SM10.2 ¿Cómo llegaría usted o un miembro del hogar a un centro de salud cuando necesita atención médica inmediata?

○ Conductor doméstico (1)

○ Llamar a un amigo/vecino para conducir (2)

○ Llamar taxi/viaje compartido (3)

○ Llamar ambulancia (4)

○ Tomar el autobús (5)

○ Conducirse uno mismo (6)

○ Otro modo de transporte (7) _____

○ NO SABE/NO ESTÁ SEGURO (8)

○ NO QUIERE CONTESTAR (9)

SM8.1 COVID-19 afecta a mi hogar HOY de las siguientes maneras (seleccione todas las que correspondan):

	Sí (1)	No (2)	NO SABE/NO ESTÁ SEGURO (3)	NO QUIERE CONTESTAR (4)
Pérdida de empleo o salario (1)	○	○	○	○
Reducción de horas disponibles en el trabajo (2)	○	○	○	○
Problemas financieros que incluyen ahorros agotados y problemas para pagar facturas o pagar atención médica (3)	○	○	○	○
Incapaz de obtener atención médica por problemas de salud, cambio a citas quirúrgicas (4)	○	○	○	○
Sin conexión a Internet de alta velocidad, lo que causó un problema de conexión para el trabajo escolar o para mi trabajo (5)	○	○	○	○
Elegí renunciar a mi empleador anterior (6)	○	○	○	○
Otros (especificar) (7)	○	○	○	○

SM11.1 Desde marzo de 2020, por favor infórmenos si usted o un miembro de su hogar alguna vez estuvo inscrito en alguno de los siguientes programas:

☐ Medicaid/Medi-cal (1)

☐ Programa de Seguro Médico para Niños (CHIP) (2)

☐ Programa de Asistencia Nutricional Suplementaria (SNAP) (3)

☐ Programa Suplementario para Mujeres, Bebés y Niños (WIC) (4)

☐ Comidas escolares gratuitas o a precio reducido (5)

☐ Seguridad de Ingreso Suplementario (SSI) (6)

☐ Asistencia Temporal para Familias Necesitadas (TANF) (7)

☐ Ayuda energética (ejemplo) (8)

☐ Subvenciones de alquiler (9)

☐ Seguridad Social (10)

☐ Medicare (11)

☐ Compensacion por desempleo (12)

☐ Protecciones de desalojo (13)

☐ Otro (rellenar): (14) _____

SM8.2 ¿Usted y los miembros de su hogar han recibido al menos una dosis de la vacuna contra el COVID-19?

○ Sí (1)

○ No (5)

○ NO SABE/NO ESTÁ SEGURO (6)

○ NO QUIERE CONTESTAR (7)

[no todo el mundo tiene]

SM8.3 Cuéntanos más sobre por qué no se han vacunado

_____

SM8.4 [si tuvo covid en el hogar] ¿Usted o alguien en su hogar con covid pudo aislarse?

(Aislamiento significa mantenerse alejado de otras personas).

○ Sí (1)

○ No (2)

○ No aplica o no tuvo COVID (3)

○ NO SABE/NO ESTÁ SEGURO (4)

○ NO QUIERE CONTESTAR (5)

SM8.5 ¿Usted o alguien en su hogar ha experimentado retrasos o interrupciones en su atención médica (por ejemplo, citas, pruebas, procedimientos cancelados o retrasados) durante la pandemia de coronavirus?

○ Sí (1)

○ No (2)

○ NO SABE/NO ESTÁ SEGURO (3)

○ NO QUIERE CONTESTAR (4)

SM8.6 Desde el comienzo de la pandemia de coronavirus, ¿usted o alguien en su hogar ha necesitado atención médica pero no la ha recibido?

○ Sí (1)

○ No (5)

○ NO SABE/NO ESTÁ SEGURO (6)

○ NO QUIERE CONTESTAR (7)

SM8.7 (¿si es así) por qué? (Comprobar todas)

(Desde el comienzo de la pandemia de coronavirus, ¿usted o alguien en su hogar ha necesitado atención médica pero no la ha recibido?)

☐ Miedo a contagiarse (1)

☐ El proveedor de atención médica los disuadió de venir. (2)

☐ Sentí que la preocupación/necesidad no era tan importante como la de otras personas (3)

☐ El proveedor de atención médica no está disponible (4)

☐ Sentí que mis síntomas no eran lo suficientemente graves (5)

☐ no tengo seguro medico (6)

☐ No puedo pagar mi copago o deducible (7)

☐ Otro (rellenar): (8) _____

SM8.11 ¿Usted o alguien en su hogar tuvo algún síntoma que duró 3 meses o más que no tenía antes de tener coronavirus o COVID-19?

Los síntomas a largo plazo pueden incluir: cansancio o fatiga, dificultad para pensar, concentrarse, olvidos o problemas de memoria (a veces denominados "niebla mental"), dificultad para respirar o dificultad para respirar, dolor en las articulaciones o los músculos, latidos cardíacos acelerados o fuertes (también conocido como palpitaciones del corazón), dolor de pecho, mareos al ponerse de pie, cambios menstruales, cambios en el gusto/olfato, o incapacidad para hacer ejercicio.

○ Sí (1)

○ No (5)

○ NO SABE/NO ESTÁ SEGURO (6)

○ NO QUIERE CONTESTAR (7)

SM8.12 En caso afirmativo] ¿Estos síntomas a largo plazo reducen su capacidad o la de un miembro del hogar para realizar las actividades cotidianas en comparación con el tiempo antes de tener COVID-19?

◯ Sí, mucho (1)

◯ Si, un poco (2)

◯ De nada (3)

◯ NO SABE/NO ESTÁ SEGURO (4)

◯ NO QUIERE CONTESTAR (5)

SM8.8 ¿Ha fallecido/fallecido algún miembro de su hogar por coronavirus o enfermedad respiratoria desde el 1 de marzo de 2020?

◯ Sí (1)

◯ No (5)

◯ NO SABE/NO ESTÁ SEGURO (6)

◯ NO QUIERE CONTESTAR (7)

SM8.9 (en caso afirmativo)

¿El miembro del hogar que murió contribuyó significativamente a los ingresos de su hogar?

◯ Sí (1)

◯ No (2)

◯ NO SABE/NO ESTÁ SEGURO (3)

◯ NO QUIERE CONTESTAR (4)

SM8.10 (en caso afirmativo)

¿El miembro del hogar que murió contribuyó significativamente a su cuidado en el hogar?

○ Sí (1)

○ No (2)

○ NO SABE/NO ESTÁ SEGURO (3)

○ NO QUIERE CONTESTAR (4)

SM12.1 ¿Cuál es la mayor necesidad de su hogar?

(Respuesta abierta Sugerencias por si se ocupan: Sin necesidades actuales Alimento Electricidad Agua Atención médica Medicamentos Transportación Ayuda física con limpieza y reparaciones. Ayuda financiera con limpieza y reparaciones Retiro de basura; Refugio; Necesidades de salud mental)

_____

12.2 Antes de terminar la encuesta, ¿hay algo más que le gustaría decirnos?

_____

End of Block: Spanish Survey Questions

At the end of the interview, please review the entire questionnaire before leaving the household to ensure that all questions have been answered.

How was the survey conducted?

◯ Tablet (1)

◯ Paper (2)

◯ Phone (3)

◯ Other (4) _____

Which best describes this building?

(the household where the interview was completed)

◯ A mobile home (1)

◯ A one-family house detached from any other house (2)

◯ A one-family house attached to one or more houses (3)

◯ A building with 2 or more apartments (4)

◯ Something else (5)

◯ DON'T KNOW / NOT SURE (6)

◯ REFUSED (7)

◯ OTHER (8) _____

Team_name What is your team name?

_____

Interview # (for this cluster)

_____

End of Block: SURVEY END: The following items should be completed by the interviewers

APPENDIX II: 2022 Santa Maria Needs Assessment Questions and Sources

Question	Question Text	Source
Demographics		
SM1.1	What is the primary language spoken in your home? (check one) English ¿Cuál es el idioma principal que se habla en su hogar? (marque uno) English | Inglés Spanish or Spanish Creole | Español o criollo español Tagalog | Tagalo Mixtec | Mixteco German | Alemán Chinese | Chino French | Francés Japanese | Japonés Vietnamese | Vietnamita Korean | Coreano DON'T KNOW / NOT SURE | NO SABE REFUSED | NO QUIERE CONTESTAR OTHER (SPECIFY) | OTRO (ESPECIFICAR)	University of Pittsburgh created for the Santa Barbara County 2019 Community Health Needs Assessment (CHNA)
SM1.2	Ages Including yourself, how many people living in your household are: (enter number of people in each category) Incluyendo a usted mismo, ¿cuántas personas que viven en su hogar son: (recuento de personas en cada categoría) 1.Less than 2 years old | Menos de 2 años 2. ≥2-5 years old | ≥2-5 años 3. 6-17 years old |6-17 años	Created for the 2022 Santa Maria Needs Assessment

Question	Question Text	Source
	4. 18-64 years old |18-64 años 5. More than 64 years old | Más de 64 años 6. Don't know | NO SÉ / NO ESTÁ SEGURO 7. Refused | NO QUIERE CONTESTAR	
SM1.3	Are you or anyone in your household of Hispanic, Latino/a, or Spanish origin? ¿Es usted o alguien en su hogar de origen hispano, latino/a o españo	Adapted from BRFSS 2022 Core Demographics
SM1.4	Do you or anyone in your household identify with any indigenous groups of Mexico or Central America? (check all that apply) ¿Usted o alguien en su hogar se identifica con algún grupo indígena de México o América Central? (marque todo lo que corresponda) 1. Mixtec 2. Triqui 3. Zapotec 4. OTHER (write-in answer) | OTRO (respuesta escrita)	Created for the 2022 Santa Maria Needs Assessment
SM1.5	Which one or more of the following would you say is your race and the race of members of your household? (check all that apply) ¿Cuál o más de las siguientes diría usted que es su raza y la raza de los miembros de su hogar? (marque todas las que correspondan) 1. White | Blanco 2. Black or African American | Negro o afroamericano 3. American Indian or Alaska Native | Indioamericano o nativo de Alaska	Adapted from BRFSS 2022 Core Demographics

Question	Question Text	Source
	4. Asian | Asiático 5. Pacific Islander | Isleño del Pacífico 6. OTHER (SPECIFY) | NO SABE/NO ESTÁ SEGURO 7. DON'T KNOW | NO SABE/NO ESTÁ SEGURO 8. REFUSED| NO QUIERE CONTESTAR	
SM1.6	Are you and members of you household currently (employment status)? (check all that apply) ¿Está usted y los miembros de su hogar actualmente (estado de empleo)? (marque todo lo que corresponda) 1. Employed for wages | Empleado por salario 2. Self-employed | Trabajador por cuenta propia 3. Out of work for 1 year or more | Sin trabajo por 1 año o más 4. Out of work for less than 1 year | Sin trabajo por menos de 1 año 5. A Homemaker | Un ama de casa 6. A Student | Un estudiante 7. Retired | Jubilado 8. Unable to work | No puede trabajar 9. REFUSED | NO SABE/NO ESTÁ SEGURO 10. DON'T KNOW/NOT SURE on this question| NO QUIERE CONTESTAR	Adapted from BRFSS 2022 Core Demographics
SM1.7	Do you or anyone in the household have seasonal employment as their main job? ¿Usted o alguien en el hogar tiene un empleo estacional (de temporada) como trabajo principal?	Adapted from BFRSS 2022 Core Demographics
Household Members		

Question	Question Text	Source
SM2.1	How many people are living at your address in total? ¿Cuántas personas viven en su dirección en total?	Created for the 2022 Santa Maria Needs Assessment
SM2.2	Do you or members of your household own or rent your home? (or other arrangement) ¿Usted o los miembros de su hogar son propietarios o rentan su casa? (u otro arreglo)	Adapted from BRFSS 2022 Core Demographics
Housing Stability and Finances		
SM3.1	What was your household's total income during the PAST 12 MONTHS? ¿Cuál fue el ingreso total de su hogar durante los ÚLTIMOS 12 MESES?	Created for the 2022 Santa Maria Needs Assessment. Adapted from ACS 2021
SM3.2	What is the monthly rent or mortgage for this house, apartment, or mobile home? ¿Cuál es el alquiler mensual o la hipoteca de esta casa, apartamento o casa móvil?	Created for the 2022 Santa Maria Needs Assessment. Adapted from ACS 2021
SM3.3	Within the past 12 months, have you or anyone in your household ever stayed: outside, in a car, in a tent, in an overnight shelter, or temporarily in someone else's home (i.e. couch-surfing)? En los últimos 12 meses, ¿usted o alguien en su hogar se ha quedado alguna vez: afuera, en un automóvil, en una tienda de campaña, en un refugio nocturno o temporalmente en la casa de otra persona (es decir, quedándose en el sofá)?	Adapted from NC Medicaid/SDOH screening https://www.ncdhhs.gov/about/department-initiatives/healthy-opportunities/screening-questions (available in multiple languages)
SM3.4	Are you or members of your household worried that in the next 2 months, any household members may not have stable housing? ¿Le preocupa que en los próximos 2 meses, algún miembro del hogar no tenga una vivienda estable?	Adapted from Health Leads Social Needs Screening Tool

Question	Question Text	Source
SM3.5	During the past 12 months, has there been a time when anyone in your household has not been able top ay the mortgage, rent or utility bills? Durante los últimos 12 meses, ¿ha habido algún momento en que alguien en su hogar no haya podido pagar la hipoteca, el alquiler o las facturas de servicios públicos?	Adapted from BRFSS 2022 Optional Module Social Determinants of Health
Insurance		
SM4.1	Does anyone in the household have any kind of health care coverage or insurance, including health insurance, prepaid plans such as HMOs, government plans such as Medicare or Medi-Cal, or Indian Health Service? ¿Alguien en el hogar tiene algún tipo de cobertura o seguro de atención médica, incluido un seguro médico, planes prepagos como HMO, planes gubernamentales como Medicare o Medi-Cal o Indian Health Service?	Adapted from BRFSS 2020 Core Healthy Days using: https://www.health.ny.gov/statistics/brfss/expanded/docs/2018_questionnaire.pdf
SM4.2	What is the primary source of your or members of your household's health care coverage? ¿Cuál es la fuente principal de su cobertura de atención médica o la de los miembros de su hogar?	Adapted from BRFSS 2022 Core Health Care Access
Childcare		
SM5.1	Does getting child care make it difficult for you or anyone in your household to work or study? ¿Obtener cuidado de niños le dificulta a usted o a alguien en su hogar trabajar o estudiar?	Adapted from Health Leads Social Needs Screening Tool
SM5.2	Imagine you or someone in your household had a strong need to get information about their child's health. Where would they go first? Mark only one. Imagíne que usted o alguien en su hogar tuviera una gran necesidad de obtener información sobre la salud de su hijo. ¿Adónde irían primero? (Marca solo uno)	Adapted from HINTS. This is available from HINTS in English and in Spanish: https://hints.cancer.gov/data/survey-instruments.aspx#H5C4 • HINTS 5, Cycle 4 (2020) Full-content, English Version: (PDF 1.8MB) & HINTS 5, Cycle 4 (2020) Full-content, Spanish Version: (PDF 1.2MB)

Question	Question Text	Source
	1. Books | Libros	
	2. Brochures, pamphlets, etc. | Folletos, panfletos, etc.	
	3. Family | Familia	
	4. Friend/Co-worker | Amigo/compañero de trabajo	
	4. Doctor or health care provider | Médico o proveedor de atención médica	
	5. Internet | Internet	
	6. Library | Biblioteca	
	7. Magazines | Revistas	
	8. Newspapers | Periódicos	
	9. Telephone information number (211) | Teléfono de información (211)	
	10. Complementary, alternative, unconventional practitioner, or healer | Practicante o sanador complementario, alternativo, no convencional	
	11. Social media | Redes sociales	
	12. Television | Televisión	
	13. Other-Specify | Otra - especificar	
	14. Don't Know Refused | NO SABE/NO ESTÁ SEGURO	
Health Care and Information		
SM6.1	In the past 12 months, where have you or anyone in your household received care from _____? (click all that apply) En los últimos 12 meses, ¿dónde ha recibido atención medica usted o alguien en su hogar de _____ ? (haga clic en todo lo que corresponda) 1. Public Health Department | Centro de Atención del Departamento de Salud Pública 2. Health Care Center Community	Created for the 2022 Santa Maria Needs Assessment.

Question	Question Text	Source
	3. Health Centers of the Central Coast | Centros Comunitarios de Salud de la Costa Central (CHC)	
	4. Dignity Health | Clínica Comunitaria de Dignity Health	
	5. Community Clinic |	
	6. Dignity Health Urgent Care |	
	7. Dignity Health Emergency Department | Departamento de Emergencias de Dignity Health	
	8. Cottage Health Community Clinic | Clínica Comunitaria Cottage Health	
	9. Cottage Health Urgent Care | Atención de urgencia de Cottage Health	
	10. Cottage Health Emergency Department | Departamento de Emergencias de Cottage Health	
	11. American Indian Health Services | Servicios de salud para indios americanos	
	12. Veteran Affairs | Asuntos de veteranos	
	13. Another other place you have received that that I did not mention: Other (name of other clinic, urgent care, emergency care, or provider network): | Otro lugar que ha recibido que no mencioné (Otro nombre de otra clínica, atención de urgencia, atención de emergencia o red de proveedores):	
SM6.2	Imagine you or someone in your household had strong need to get information about their health. Where would they go first? Mark only one. Imagine que usted o alguien de su hogar tuviera una gran necesidad de obtener información sobre su salud. ¿Adónde irían primero? (Marca solo uno) 1. Books | Libros 2. Brochures, pamphlets, etc. | Folletos, panfletos, etc. 3. Family | Familia 4. Friend/Co-worker | Amigo/compañero de trabajo 4. Doctor or health care provider | Médico o proveedor de atención médica 5. Internet | Internet 6. Library | Biblioteca	Adapted from HINTS. This is available from HINTS in English and in Spanish: https://hints.cancer.gov/data/survey-instruments.aspx#H5C4 • HINTS 5, Cycle 4 (2020) Full-content, English Version: (PDF 1.8MB) & HINTS 5, Cycle 4 (2020) Full-content, Spanish Version: (PDF 1.2MB)

Question	Question Text	Source
	7. Magazines | Revistas	
	8. Newspapers | Periódicos	
	9. Telephone information number (211) | Teléfono de información (211)	
	10. Complementary, alternative, unconventional practitioner, or healer | Practicante o sanador complementario, alternativo, no convencional	
	11. Social media | Redes sociales	
	12. Television | Televisión	
	13. Other-Specify | Otra - especificar	
	14. Don't Know Refused | NO SABE/NO ESTÁ SEGURO	
SM6.3	During the past month, other than their regular job, did you or members of your household participate in any physical activities or exercises such as running, weight-lifting, golf, gardening, or walking for exercise?"

Durante el último mes, aparte de su trabajo regular, ¿los miembros de su hogar participaron en alguna actividad física o ejercicio como correr, levantar pesas, golf, jardinería o caminar para hacer ejercicio? | Adapted from PLACES/BRFSS (leisure time PA for adults): https://www.cdc.gov/brfss/questionnaires/pdf-ques/2021-BRFSS-Questionnaire-1-19-2022-508.pdf
Adapted from Westside Survey (C11Q01; 2022); 2015 Allegheny County (Penn.) Health Survey (ACHS) |
| **Food Access** | | |
| SM7.1 | In a typical month, where does your household get most of their food?

En un mes típico, ¿de dónde obtiene su hogar la mayor parte de sus alimentos? | Adapted from Cleveland, OH BRFSS (County Specific Oct 2014 - Jan 2015) |
| SM7.2 | How satisfied is your household with the availability of food in your neighborhood?

¿Qué tan satisfecho está su hogar con la disponibilidad de opciones de alimentos en su vecindario? | Adapted from Cleveland, OH BRFSS (County Specific Oct 2014 - Jan 2015) |

Question	Question Text	Source
SM7.3	Within the past 12 months we worried whether our food would run out before we got money to buy more. Was that often true, sometimes true, or never true for you/your household? En los últimos 12 meses nos preocupaba si se nos acabaría la comida antes de tener dinero para comprar más. ¿Fue eso cierto a menudo, a veces cierto o nunca cierto para usted/su hogar?	Hunger Vital Sign™ Children's HealthWatch: https://hungerandhealth.feedingamerica.org/wp-content/uploads/2017/11/Food-Insecurity-Toolkit.pdf
SM7.4	Within the past 12 months the food we bought just didn't last and we didn't have money to get more. Was that often true, sometimes true, or never true for you/your household? En los últimos 12 meses, la comida que compramos simplemente no duró y no teníamos dinero para comprar más. ¿Fue eso cierto a menudo, a veces cierto o nunca cierto para usted/su hogar?	Hunger Vital Sign™ Children's HealthWatch: https://hungerandhealth.feedingamerica.org/wp-content/uploads/2017/11/Food-Insecurity-Toolkit.pdf
COVID-19		
SM8.1	COVID-19 affects my household TODAY in the following ways (select all that apply): COVID-19 afecta a mi hogar HOY de las siguientes maneras (seleccione todas las que correspondan): 1. Job or wage loss | Pérdida de empleo o salario 2. Reduction in hours available at work | Reducción de horas disponibles en el trabajo 3. Financial problems including depleted savings, and trouble paying bills or affording medical care | Problemas financieros que incluyen ahorros agotados y problemas para pagar facturas o pagar atención médica 4.Unable to get medical care for health conditions, change to surgical appointments | Incapaz de obtener atención médica por problemas de salud, cambio a citas quirúrgicas 5. No high-speed internet connection which caused an issue connecting for schoolwork or for my job | Sin conexión a Internet de alta velocidad, lo que causó un problema de conexión para el trabajo escolar o para mi trabajo 6. Chose to resign from my previous employer | Elegí renunciar a mi empleador anterior 7. Other (please specify) Answers Y/N/DK/R for each option| Otros (especificar)	Adapted from Washington State Community Recovery-Oriented Needs Assessment (CORONA) survey https://doh.wa.gov/emergencies/covid-19/community-recovery-oriented-needs-assessment-survey

Question	Question Text	Source
SM8.2	Have you and members of your household received at least one dose of a COVID-19 vaccination? ¿Usted y los miembros de su hogar han recibido al menos una dosis de la vacuna contra el COVID-19?	Adapted from BRFSS 2022 Emerging Core: Long-Term COVID Effects
SM8.3	[not everyone has] Tell us more about why they have not been vaccinated Cuéntanos más sobre por qué no se han vacunado	Created for the 2022 Santa Maria Needs Assessment.
SM8.4	[if had covid in household] Were you or someone in your household with covid able to isolate? (Isolation means to stay away from other people.) [si tuvo covid en el hogar] ¿Usted o alguien en su hogar con covid pudo aislarse?	Created for the 2022 Santa Maria Needs Assessment.
SM8.5	Have you or someone in your household experienced any delays or interruptions in your healthcare (e.g. cancelled or delayed appointments, tests, procedures) during the coronavirus pandemic? ¿Usted o alguien en su hogar ha experimentado retrasos o interrupciones en su atención médica (por ejemplo, citas, pruebas, procedimientos cancelados o retrasados) durante la pandemia de coronavirus?	Adapted from https://www.jmir.org/2021/5/e25446/PDF
SM8.6	Since the start of the coronavirus pandemic, have you or someone in your household needed to get healthcare but haven't gotten it? Desde el comienzo de la pandemia de coronavirus, ¿usted o alguien en su hogar ha necesitado atención médica pero no la ha recibido?	Adapted from https://www.jmir.org/2021/5/e25446/PDF
SM8.7	(If yes) Why? (check all) (¿si es así) por qué? (Comprobar todas)	Adapted from https://www.jmir.org/2021/5/e25446/PDF

Question	Question Text	Source
	1. Afraid of getting infected | Miedo a contagiarse 2. Health care provider discouraged them from coming in | El proveedor de atención médica los disuadió de venir 3. Felt like concern/need wasn't as important as other people's | Sentí que la preocupación/necesidad no era tan importante como la de otras personas 4. Health care provider is unavailable | El proveedor de atención médica no está disponible 5. Felt like my symptoms weren't severe enough | Sentí que mis síntomas no eran lo suficientemente graves 6. Don't have health insurance | no tengo seguro medico 7. Cannot afford my copay or deductible | No puedo pagar mi copago o deducible 8. Other | Otro (rellenar)	
SM8.8	Has a member of your household passed away/died from the coronavirus since March 1, 2020? ¿Ha fallecido/fallecido algún miembro de su hogar por coronavirus o enfermedad respiratoria desde el 1 de marzo de 2020?	Created for the 2022 Santa Maria Needs Assessment. https://news.uchicago.edu/story/nearly-one-fifth-americans-know-someone-who-has-died-covid-19-survey-says
SM8.9	(if yes) Was the household member that died a significant contributor to your household income? ¿El miembro del hogar que murió contribuyó significativamente a los ingresos de su hogar?	Created for the 2022 Santa Maria Needs Assessment. https://news.uchicago.edu/story/nearly-one-fifth-americans-know-someone-who-has-died-covid-19-survey-says
SM8.10	(if yes) Was the household member that died a significant contributor to your household caregiving? ¿El miembro del hogar que murió contribuyó significativamente a su cuidado en el hogar?	Created for the 2022 Santa Maria Needs Assessment. https://news.uchicago.edu/story/nearly-one-fifth-americans-know-someone-who-has-died-covid-19-survey-says

Question	Question Text	Source
SM8.11	Did you or anyone in your household have any symptoms lasting 3 months or longer that you/they did not have prior to having coronavirus or COVID-19? Long term symptoms may include: Tiredness or fatigue, difficulty thinking, concentrating, forgetfulness, or memory problems (sometimes referred to as "brain fog"), difficulty breathing or shortness of breath, joint or muscle pain, fast-beating or pounding heart (also known as heart palpitations), chest pain, dizziness on standing, menstrual changes, changes to taste/smell, or inability to exercise. ¿Usted o alguien en su hogar tuvo algún síntoma que duró 3 meses o más que no tenía antes de tener coronavirus o COVID-19? Los síntomas a largo plazo pueden incluir: cansancio o fatiga, dificultad para pensar, concentrarse, olvidos o problemas de memoria (a veces denominados "niebla mental"), dificultad para respirar o dificultad para respirar, dolor en las articulaciones o los músculos, latidos cardíacos acelerados o fuertes (también conocido como palpitaciones del corazón), dolor de pecho, mareos al ponerse de pie, cambios menstruales, cambios en el gusto/olfato, o incapacidad para hacer ejercicio.	Adapted from: https://www.cdc.gov/nchs/covid19/pulse/long-covid.htm https://www2.census.gov/programs-surveys/demo/technical-documentation/hhp/Phase_36_Household_Pulse_Survey_ENGLISH.pdf https://www2.census.gov/programs-surveys/demo/technical-documentation/hhp/Phase_36_Household_Pulse_Survey_SPANISH.pdf https://portal.ct.gov/-/media/DPH/BRFSS/2022-CT-BRFSS-Questionnaire.pdf
SM8.12	[If yes] Do these long-term symptoms reduce you/member of household's ability to carry out day-to-day activities compared with the time before you had COVID-19? [En caso afirmativo] ¿Estos síntomas a largo plazo reducen su capacidad o la de un miembro del hogar para realizar las actividades cotidianas en comparación con el tiempo antes de tener COVID-19?	Adapted from: https://www.cdc.gov/nchs/covid19/pulse/long-covid.htm https://www2.census.gov/programs-surveys/demo/technical-documentation/hhp/Phase_36_Household_Pulse_Survey_ENGLISH.pdf https://www2.census.gov/programs-surveys/demo/technical-documentation/hhp/Phase_36_Household_Pulse_Survey_SPANISH.pdf
MCAH		
SM9.1	How strongly do you agree or disagree with the following: Me and members of my household have connections to a network of family, friends, neighbors, and community members that is available in times of need to give psychological, physical, and financial help. (Social Support)	Created for the 2022 Santa Maria Needs Assessment. MCAH request Social Support definition (NCI definition)

Question	Question Text	Source
	¿Qué tan de acuerdo o en desacuerdo estás con lo siguiente? Los miembros de mi hogar y yo tenemos conexiones con una red de familiares, amigos, vecinos y miembros de la comunidad que está disponible en momentos de necesidad para brindar ayuda psicológica, física y financiera. (Apoyo social)	
SM9.2	Me and members of my household get enough sleep. Los miembros de mi hogar y yo dormimos lo suficiente.	Created for the 2022 Santa Maria Needs Assessment. MCAH request Good Quality Sleep (National sleep foundation)
SM9.3	Does anyone in your household routinely get less than seven hours of sleep per night? ¿Alguien en su hogar duerme habitualmente menos de siete horas por noche?	Adapted from NHIS question available: https://www.cdc.gov/nchs/nhis/2022nhis.htm
SM9.4	How strongly do you agree or disagree with the following: Me and members of my household eat healthy food. ¿Qué tan de acuerdo o en desacuerdo estás con lo siguiente? Los miembros de mi hogar y yo comemos alimentos saludables.	Balanced Nutrition. (NCI definition of nutrition)
SM9.5	Me and members of my household have access to nature. (Clarification if needed: Nature close by physically, for example, is there greenspace, or are you close to local greenspace or able to visit nature. Local, city, state, or national parks are included as greenspace) ¿Qué tan de acuerdo o en desacuerdo estás con lo siguiente? Yo y los miembros de mi hogar tenemos acceso a la naturaleza. (Aclaración si es necesario: Naturaleza cerca físicamente, por ejemplo, hay espacios verdes, o está usted cerca de espacios verdes locales o puede visitar la naturaleza. Los parques locales, de la ciudad, estatales o nacionales se incluyen como espacios verdes)	Created for the 2022 Santa Maria Needs Assessment. MCAH request Access to Nature. (https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response)
SM9.6	How often do you and members of you household feel safe in your neighborhood? ¿Con qué frecuencia los miembros de su hogar se sienten seguros en su vecindario?	Adapted from: California Health Interview Survey 2016 https://healthpolicy.ucla.edu/chis/design/Pages/Questionnaires%20(Translated).aspx

Question	Question Text	Source
Emergency Response		
SM10.1	Which of the following would be an emergency requiring a 911 phone call for immediate medical attention? (select all that apply) ¿Cuál de las siguientes sería una emergencia que requiere una llamada telefónica al 911 para recibir atención médica inmediata? (seleccione todas las que correspondan) 1. Someone appears confused, disoriented, or new onset dizziness | Alguien parece confundido, desorientado o mareos de nueva aparición 2. Someone is experiencing chest pain or shortness or breath | Alguien está experimentando dolor en el pecho o dificultad para respirar 3. Someone is experiencing sudden, severe pain | Alguien está experimentando un dolor intenso y repentino 4. Someone has an injury and is bleeding uncontrollably (hemorrhage) | Alguien tiene una herida y está sangrando incontrolablemente (hemorragia)	Created for the 2022 Santa Maria Needs Assessment.
SM10.2	How would you or household member get to a health facility when needing emergency medical attention? ¿Cómo llegaría usted o un miembro del hogar a un centro de salud cuando necesita atención médica inmediata?	Created for the 2022 Santa Maria Needs Assessment.
Social Safety Net Use		
SM11.1	Since March 2020, please tell us if you or a member of your household were ever enrolled in any of the following programs: Desde marzo de 2020, por favor infórmenos si usted o un miembro de su hogar alguna vez estuvo inscrito en alguno de los siguientes programas:	Created for the 2022 Santa Maria Needs Assessment. list of answers from here: https://www.census.gov/library/visualizations/interactive/social-safety-net-benefits.html

Question	Question Text	Source
	1. Medicaid/Medi-cal | Medicaid/Medi-cal 2. Children's Health Insurance Program (CHIP) | Programa de Seguro Médico para Niños (CHIP) 3. Supplemental Nutrition Assistance Program | (SNAP) Programa de Asistencia Nutricional Suplementaria (SNAP) 4. Supplemental Program for Women Infants and Children (WIC) | Programa Suplementario para Mujeres, Bebés y Niños (WIC) 5. Free or reduced price school meals | Comidas escolares gratuitas o a precio reducido 6. Supplemental Security Income (SSI) | Seguridad de Ingreso Suplementario (SSI) 7. Temporary Assistance for Needy Families (TANF) | Asistencia Temporal para Familias Necesitadas (TANF) 8. Energy Aid (example) | Ayuda energética (ejemplo) 9. Rental | Subsidies 10. Social Security | Subvenciones de alquiler 11. Medicare | Medicare 12. Unemployment compensation | Compensacion por desempleo 13. Eviction protections | Protecciones de desalojo 14. Other | Otro	
Greatest Need		
SM11.2	What is your greatest household need? ¿Cuál es la mayor necesidad de su hogar?	Recommended by Environmental & Occupational Emergency Preparedness Team, Occupational Health Branch, California Department of Public Health

Dear City of Santa Maria Resident:

The Santa Barbara County Public Health Department, Cottage Health, and Dignity Health are working to help identify current health needs of Santa Maria residents, as well as identify the impacts of the ongoing pandemic. We know that some of our residents have struggled with day-to-day necessities, some have lost their livelihood, and many are also experiencing challenges and stress as a result of the COVID-19 pandemic.

To determine where to focus efforts to improve the health of the community and to better understand how the current pandemic has impacted Santa Maria residents, we are conducting a door-to-door survey of residents of Santa Maria during October 2022. Volunteers in teams of two will ask randomly selected households about their current behaviors and activities, about their experiences and recent challenges, and how the pandemic has affected their household. The information from this survey will also be used to inform the County-wide Community Health Needs Assessment being conducted by Cottage Health and Santa Barbara County Public Health Department.

The survey will not be used to collect any personally-identifying information from residents. Volunteers will be wearing brightly colored vests and will have identification cards. Participation in this survey is voluntary and you may decline to participate if approached by interviewers.

If you have questions about this door-to-door survey, please contact the Santa Barbara County Public Health Department Public Information Officer at (805) 896-1057.

Thank you for participating in this survey. The information you provide will help Santa Barbara County Public Health Department, Cottage Health, and Dignity Health improve the health and well-being of your community.

Estimado residente de la ciudad de Santa María:

El Departamento de Salud Pública del Condado de Santa Bárbara, Cottage Health y Dignity Health están trabajando para ayudar a identificar las necesidades de salud actuales de los residentes de Santa María, además de identificar los impactos de la pandemia que continúa. Sabemos que algunos de nuestros residentes han luchado con las necesidades diarias, algunos han perdido su sustento y muchos también están experimentando desafíos y estrés como resultado de la pandemia de COVID-19.

Para determinar dónde concentrar los esfuerzos para mejorar la salud de la comunidad y comprender mejor cómo la pandemia actual ha afectado a los residentes de Santa María, estamos realizando una encuesta de puerta en puerta de los residentes de Santa María durante octubre del 2022. Voluntarios en equipos de dos les preguntarán a hogares seleccionados al azar sobre sus comportamientos y actividades actuales, sus experiencias y desafíos recientes, y cómo la pandemia ha afectado a su hogar. La información de esta encuesta también se utilizará para informar la Evaluación de necesidades de salud de la comunidad que está realizando Cottage Health y el Departamento de Salud Pública del Condado de Santa Bárbara en todo el condado.

La encuesta no se utilizará para recolectar información de identificación personal de los residentes. Los voluntarios usarán chalecos de colores brillantes y tendrán tarjetas de identificación. La participación en esta encuesta es voluntaria y puede negarse a participar si los entrevistadores se le acercan.

Si tiene preguntas sobre esta encuesta de puerta en puerta, comuníquese con el Oficial de Información Pública del Departamento de Salud Pública del Condado de Santa Bárbara al (805) 896-1057.

Gracias por participar en esta encuesta. La información que proporcione ayudará al Departamento de Salud Pública del Condado de Santa Bárbara, Cottage Health y Dignity Health a mejorar la salud y el bienestar de su comunidad.

You're invited to participate

Santa Maria Health Needs Assessment

What: Santa Maria Health Needs Assessment

When: Thursday, October 13 through Saturday, October 15, 2022

Why: Community partners want to know more about the health needs of Santa Maria to help bring more valuable services to the community

How: Volunteers will be coming door-to-door to administer a brief, confidential survey throughout Santa Maria

Cottage Health | GOLETA VALLEY | SANTA BARBARA | SANTA YNEZ VALLEY

Dignity Health.

Santa Barbara County PUBLIC Health DEPARTMENT

Le invitamos a participar

Evaluación de necesidades de salud en Santa Maria

Qué: Evaluación de necesidades de salud en Santa Maria

Cuándo: Jueves 13 de octubre a sábado 15 de octubre

Por qué: Los socios comunitarios quieren saber más sobre las necesidades de salud de los miembros de la comunidad en Santa Maria para ayudar a ofrecer más servicios valiosos a la comunidad.

Cómo: Los voluntarios irán de puerta en puerta realizando una breve encuesta confidencial en todo Santa Maria

Cottage Health | GOLETA VALLEY | SANTA BARBARA | SANTA YNEZ VALLEY

Dignity Health.

Santa Barbara County PUBLIC Health DEPARTMENT

APPENDIX V: Further Explanation of 2022 Santa Maria Needs Assessment Methodology

The Santa Maria Needs Assessment (SMNA) collected data in-person following the CDC's Community Assessment for Public Health Emergency Response (CASPER) methodology to quickly capture information about the health needs and assets of Santa Maria through a random sample of households. Santa Barbara County Public Health Department (SBCPHD) collaborated with Cottage Health, Dignity Health, California Department of Public Health (CDPH), and community-based organizations to conduct the SMNA.

The questionnaire content for the SMNA were largely informed by the Center for Disease Control and Prevention's (CDC's) Behavioral Risk Factor Surveillance System (BRFSS), the Westside Needs Assessment questionnaire. Feedback on survey topics and questions were gathered from internal and external partners including Dignity Health and the Santa Barbara County Health Equity Alliance. Meetings with managers from the Community Health Division of County Public Health were held to review topics and questions for the survey. Questions from the Westside Needs Assessment were considered for the SMNA. The guiding principle when selecting survey questions was ensuring data collected would be actionable in order to improve the health of Santa Maria residents.

Once the survey questions were finalized in October 2022 and ordered logically, the questionnaire was replicated in Spanish, which included using existing translations of BRFSS core questions and translating new questions. The dual-language questionnaire was then programmed into Qualtrics.

The California Health and Human Services Agency's Committee for the Protection of Human Subjects (CPHS) determined that the SMNA be considered Not Research or Exempt and there was no need for IRB approval.

Prior to the implementation of the SMNA on October 13, 2020, 30 data collectors were recruited from several organizations: Herencia Indigena, the Santa Barbara County Promotores Network, and the SBCPHD: WIC/Nutrition Services Program, Emergency Preparedness, and the COVID-19 Unit.

Data collection was conducted face-to-face with randomly selected households within Santa Maria city limits. Following a just-in-time training on the first day of the SMNA, data collection teams went into the field for the remainder of day one and continued data collection the following two days, from 10 a.m. to 6 p.m. on Friday, October 14, 2022 and Saturday, October 15, 2022.

Project Summary
- Data collection:
    - Day 1: 10/13/2022 – 2pm-6pm
    - Day 2: 10/14/2022 – 10am-6pm
    - Day 3: 10/15/2022 – 10am-6pm
- Completed Interviews: 192
- Median Survey Length: 29 minutes
    - In person via Qualtrics: 163
    - In-person via paper survey: 21
    - Cell Phone: 8

Sample Design

The target population for the 2022 SMNA was adults living in Santa Maria, California. To reach the target population, 210 households were randomly selected across 30 census blocks within the city of Santa Maria. We used census blocks as the geographic level of stratification. Census blocks present geographic areas that are small enough to identify household populations.

Screening

The 2022 Santa Maria Needs Assessment 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) lived in the household that was randomly selected.

Questionnaire Content

The 2022 SMNA CASPER 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 Santa Barbara County Public Health Department-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 13 sections.

1. Demographics
2. Health Insurance Coverage
3. Health Care Access
4. Employment
5. Childcare
6. Financial Strain
7. Housing and Neighborhood Characteristics
8. Food Security and Availability
9. Support and Companionship
10. Social Safety Net Use
11. Resiliency
12. 911 Usage
13. COVID-19 impacts

The full Santa Maria Needs Assessment questionnaire can be found in Appendix I. A full inventory of each survey question, as well as the question's source, is in Appendix II.

Interviewer Training

On Thursday, October 13, 2022, all data collectors and the Environmental & Occupational Emergency Preparedness (EP) Team from the California Department of Public Health gathered at SMNA CASPER Headquarters, the Santa Barbara County Board of Supervisors Room in Santa Maria. The EP Team and the SBCPHD CASPER staff conducted a five-hour just-in-time training session on the overall purpose of the SMNA, household selection, questionnaire, interview techniques, safety, and logistics.

Quality Control, Data Management, And Reports

Interviewer Monitoring

Headquarter staff which consisted of the Incident Commander that was responsible for any issues that arose during the project, a Safety Officer that monitored team check in, an Epidemiologist that was the CASPER methodology expert and assisted teams with questionnaire issues or household replacements, a Public Information Officer, as needed, that addressed media inquiries, and logistical staff that aided with technology and supplied food to all staff. At the conclusion of each day, field staff returned to headquarters to review their data collection paperwork for accuracy with headquarters staff and return all survey gear before signing out.

Each day of data collection, field staff reviewed all collected information with the headquarter staff to ensure accurately entered data during lunch and at the end of day. Paper tracking forms were compared to Qualtrics data entry results for matching data. Ongoing tallies of completed surveys and clusters were updated in real time and displayed at headquarters for all staff to see.

Reporting

Brief status updates were given during morning sign-in updating project staff on the status of the project – how many surveys were completed, how many remaining clusters remained, which teams that may need additional staff to help with collection efforts. The update also reviewed quality assurance issues and reinforced best practices in the field.

By day two of data collection, headquarter staff identified struggling clusters and reassigned staff when necessary.

Data Collection

Each data collection team completed a tracking log for each cluster assigned by hand. The tracking form recorded the number of attempts, number of completes, the number of appointments, and refusals for each cluster. Documentation of skipped houses was also tracked on the form, e.g. the house did not feel safe. When a survey was completed, the cluster ID on the tracking form was entered into the Qualtrics survey to link the tracking information.

A total of 365 houses were contacted across the three days, of which 192 met eligibility criteria and completed surveys. A completion rate of 91.4% (192 surveys out of a 210 survey target) was met for the SMNA.

Weighting Methodology

Design Overview

The target population for this study was households in Santa Maria, California. A household is any type of housing unit where someone can live. For example, one apartment, one townhouse, or one single-family house are all units of housing. The recommended targeted completion rate was 80% or 168 interviews, for the sample to be representative of the sampling frame. The CASPER used a two-stage cluster sampling method. The two stages are to (1) select clusters and (2) select households (cite casper workbook).

The first stage of the sampling was to select 30 clusters within the sampling frame. The sampling frame was all of the households within the city of Santa Maria. There was a low percentage of vacant units, so the total number of housing units was used for the sampling rather than the number of occupied units. The clusters were census blocks within Santa Maria, there were 1,332 census blocks with a total of 29,976 households, located within the city boundaries.[27] The census blocks were listed with the number of housing units in each one and a column is added with a cumulative sum. Then, 30 random numbers were generated between 1 and 29,976. Those census blocks that include the selected random number were chosen to the be in the sample. A census block could be chosen up to three times to be in the sample. A toolbox was provided by the CDC via personal communication from CDPH (need citation). One census block was selected twice. There were no modifications or deviations from the planned sampling. Additionally, there were no replacements of census blocks (cite casper workbook).

The second part of the sampling, selecting households, was done in the field. First the CASPER HQ team selected a corner of the census block map for each team to start using coinflips of north or south, east, or west, resulting in a starting point of the northeast, northwest, southeast, or southwest point of the cluster map. Once in the field, the interview teams systematically sampled the housing units. The field teams calculated their *n*, by taking the number of households on the census block and divided it by the number of desired interviews. Then, they

counted every nth house in a serpentine manner to systematically attempt interviews within the census block. Teams were asked to attempt to contact residents three times before replacing a household. Interview teams were asked to call HQ for questions or problems regarding sampling that arose in the field (cite casper workbook).

The collected household interviews were weighted to be representative of the all of the households within the sampling frame. Since the targeted 80% completion rate was achieved, the weight was created as a reciprocal of selection. For the cluster that was selected twice, those interviews were randomly split into two clusters for the weighting process. There were no modifications to the weighting for individual level questions.

The weight for a household interview was calculating using the following formula:

$$Weight = \frac{\text{Total number of households in sampling frame}}{\text{(number of households interviewed within cluster)} * \text{(number of clusters selected)}}$$

Where:

Total number of households in sampling frame = 29,976

Number of clusters selected = 30

Number of households interviewed within cluster: up to 7 for each census block

The probability weights were applied in the analysis using SAS survey procedures, with cluster and weight statements to generate weighted frequencies, percentages, prevalence odds ratios, and confidence intervals for each estimate.

An overall histogram illustrating the distribution of weights is shown in Figure 2.

Figure 2. Distribution of the Sampling Weights, Number of Households Unweighted (n=192)
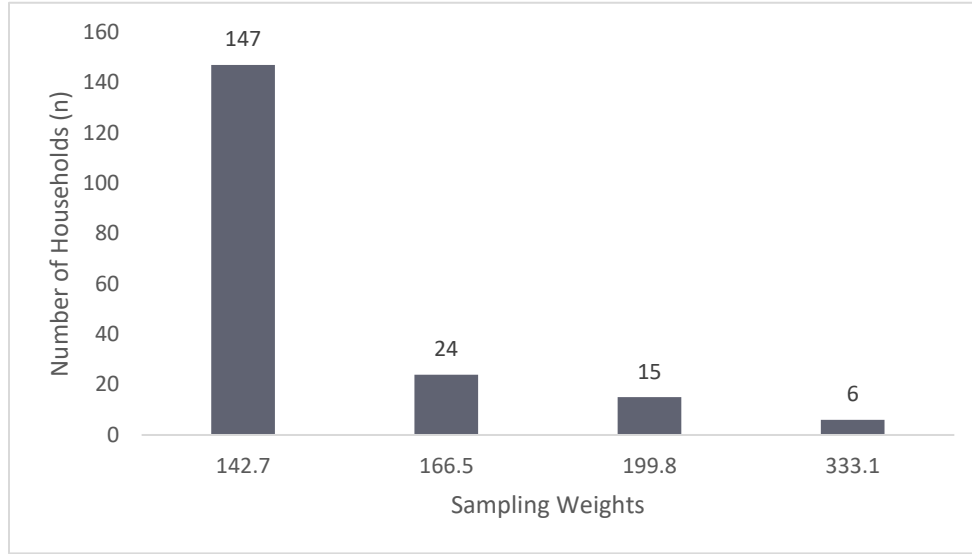
Variance Estimation for Weighted Data

The sampling errors of estimators were calculated within SAS 9.4, based on the complex design of the survey. Using the weighted analysis procedures (i.e. PROC SURVEYFREQ, PROC SURVEYLOGISTIC, and PROC SURVEYMEANS) within SAS 9.4, the sampling errors are estimated using the Taylor series linearization method, informed by the complex sampling design.[28–30]

The weighted proportions are estimated as follows:

$$\hat{P}_{rc} = \frac{\hat{N}_{rc}}{\hat{N}} = \frac{\sum_{h=1}^{H}\sum_{i=1}^{n_h}\sum_{j=1}^{m_{hi}} \delta_{hij}(r,c)W_{hij}}{\sum_{h=1}^{H}\sum_{i=1}^{n_h}\sum_{j=1}^{m_{hi}} W_{hij}}$$

Where

   h = 1, 2, ..., H is the stratum number, with a total of H strata, for this analysis H=1

   i= 1, 2, ..., n_h is the cluster number

   j= 1, 2, ... m_{hi} is the unit number within the cluster i of stratum h with a total of m_{hi} sample units from cluster is of stratum h

   $n = \sum_{h=1}^{H}\sum_{i=1}^{n_h} m_{hi}$ is the total number of observations in the sample

   f_h = first stage sampling rate for stratum h

   W_{hij} = sampling weight of unit j in cluster i of stratum h

The standard error for weighted proportions and odds ratios were calculated using the Taylor series linearization method.[28,31]

For the proportion estimate, the variance estimation is:

$$\widehat{Var}(\hat{P}_{rc}) = \sum_{h=1}^{H} \widehat{Var}_h(\hat{P}_{rc})$$

Where if $n_h > 1$

$$\widehat{Var}(\hat{P}_{rc}) = \frac{n_h(1-f_h)}{n_h - 1} \sum_{i=1}^{n_h} (e_{rc}^{hi} - \bar{e}_{rc}^h)^2$$

$$e_{rc}^h = \left(\sum_{j=1}^{m_{hi}} (\delta(r,c) - \hat{P}_{rc}) W_{hij} \right) \Big/ \hat{N}$$

$$\bar{e}_{rc}^h = \left(\sum_{i=1}^{n} e_{rc}^{hi} \right) \Big/ n_h$$

For $n_h = 1$, and additional calculation of row or columns proportions, see the relevant SAS documentation.[31]

For the weighted odds ratios, using the SAS 9.4 Surveylogistic procedure, the estimated covariance matrix of model parameters $\hat{\theta}$ by this method is:

$$\hat{V}(\hat{\theta}) = \hat{Q}^{-1} \hat{G} \hat{Q}^{-1}$$

Where:

$$\hat{Q} = \sum_{h=1}^{H} \sum_{i=1}^{n_h} \sum_{j=1}^{m_{hi}} \omega_{hij} \hat{D}_{hij} (diag(\hat{\pi}_{hij}) - \hat{\pi}_{hij}\hat{\pi}_{hij}')^{-1} \hat{D}'_{hij}$$

$$\hat{G} = \frac{n-1}{n-p} \sum_{h=1}^{H} \frac{n_h(1-f_h)}{n_h-1} \sum_{i=1}^{n_h} (e_{hi\cdot} - \bar{e}_{h\cdot\cdot})(e_{hi\cdot} - \bar{e}_{h\cdot\cdot})'$$

$$e_{hi\cdot} = \sum_{j=1}^{m_{hi}} \omega_{hij} \hat{D}_{hij} (diag(\hat{\pi}_{hij}) - \hat{\pi}_{hij}\hat{\pi}_{hij}')^{-1} (y_{hij} - \hat{\pi}_{hij})$$

$$\bar{e}_{h\cdot\cdot} = \frac{1}{n_h} \sum_{i=1}^{n_h} e_{hi\cdot}$$

$\mathbf{D}_{hij}$ is the matrix of partial derivatives of the link function $\mathbf{g}$ with respect to $\boldsymbol{\theta}$ and $\widehat{\mathbf{D}}_{hij}$ and the response probabilities $\widehat{\boldsymbol{\pi}}_{hij}$ are evaluated at $\widehat{\boldsymbol{\theta}}$.[31]

The variance for the mean is calculated as:

$$\widehat{V}\left(\widehat{\bar{Y}}\right) = \sum_{h=1}^{H} \widehat{V}_h(\widehat{\bar{Y}})$$

Where if n_h>1, then

$$\widehat{V}_h(\widehat{Y}) = \frac{n_h(1 - f_h)}{n_h - 1} \sum_{i=1}^{n_h} (e_{hi\cdot} - \bar{e}_{h\cdot\cdot})^2$$

$$e_{hi\cdot} = \left(\sum_{j=1}^{m_{hi}} w_{hij}(y_{hij} - \widehat{\bar{Y}})\right)\Big/ w\;..$$

$$\bar{e}_{h\cdot\cdot} = \left(\sum_{i=1}^{n_h} e_{hi\cdot}\right)\Big/ n_h$$

For additional information when n_h=1, see SAS documentation.[31]

Question	Indicator	Unweighted n (%)	Weighted N (95% CI)	Weighted % (95% CI)
Demographics				
SM1.1	What is the primary language spoken in your home?			
SM1.1a	*Respondents reporting English as primary language.*	76 (39.6)	12028 (9013-15044)	40.5 (30.3-50.8)
SM1.1b	*Respondents reporting Spanish/Spanish Creole as primary language.*	106 (55.2)	16439 (13470-19409)	55.4 (45.5-65.3)
SM1.1c	*Respondents reporting other.*	8 (4.2)	1199 (231.9-2166)	4.0 (0.8-7.3)
SM1.2	How many [of these people] are children under the age of 18? *Respondents reporting one or more.*	131 (68.2)	20279 (17407-23151)	67.7 (58.1-77.2)
SM1.3	Are you or anyone in your household of Hispanic, Latino/a, or Spanish origin? *Respondents reporting yes.*	163 (84.9)	25427 (23436-27418)	84.8 (78.2-91.5)
SM1.4	Do you or anyone in your household identify with any indigenous groups of Mexico or Central America? *Respondents reporting yes.*	23 (12.0)	3,730 (1827-5634)	12.4 (6.1-18.8)
SM1.5	Which one or more of the following would you say is your race and the race of members of your household? (check all that apply)			
SM1.5a	*Respondents reporting White*	91 (47.4)	13665 (10416-16914)	45.6 (34.7-56.4)
SM1.5b	*Respondents reporting Black or African American*	--	--	--
SM1.5c	*Respondents reporting American Indian or Alaska Native*	--	--	--
SM1.5d	*Respondents reporting Asian*	5 (2.6)	713.7 (107.6-1320)	2.4 (0.4-4.4)
SM1.5e	*Respondents reporting Pacific Islander*	--	--	--
SM1.5f	*Respondents reporting Other*	81 (42.2)	13213 (9855-16571)	44.1 (32.9-55.3)

Question	Indicator	Unweighted n (%)	Weighted N (95% CI)	Weighted % (95% CI)
SM1.6	Are you and members of you household currently employed? *Respondents reporting employed for wages or self-employed.*	140 (72.9)	21611 (18683-24539)	72.1 (62.3-81.9)
SM1.7	Do you or anyone in the household have seasonal employment as their main job? *Respondents reporting yes.*	64 (33.3)	9940 (7405-12475)	33.5% (25.1-41.9)
Household Members				
SM2.1	How many people are living at your address in total?			
SM2.1a	*Respondents reporting 1.*	18 (9.4)	2617 (1117-4117)	8.7 (3.7-13.7)
SM2.1b	*Respondents reporting 2.*	26 (13.5)	4444 (2600-6288)	14.8 (8.7-21.0)
SM2.1c	*Respondents reporting 3.*	24 (12.5)	3892 (2192-5592)	13.0 (7.3-18.7)
SM2.1d	*Respondents reporting 4.*	42 (21.9)	6366 (4465-8267)	21.2 (14.9-27.6)
SM2.1e	*Respondents reporting 5.*	32 (16.7)	4920 (3153-6687)	16.4 (10.5-22.3)
SM2.1f	*Respondents reporting 6 or more.*	50 (26.0)	7737 (5825-9648)	25.8 (19.4-32.2)
SM2.2	Do you or members of your household own or rent your home?			
Sm2.2a	*Respondents reporting own.*	69 (35.9)	11248 (7375-15121)	37.5 (24.6-50.4)
Sm2.2b	*Respondents reporting rent.*	119 (62.0)	18076 (14181-21971)	60.3 (47.3-73.3)
Housing Stability and Finances				
SM3.1	What was your household's total income during the PAST 12 MONTHS?			
SM3.1a	*Respondents reporting <$35,000*	73 (38.0)	11182 (8499-13864)	52.7 (42.9-62.5)

Question	Indicator	Unweighted n (%)	Weighted N (95% CI)	Weighted % (95% CI)
SM3.1b	*Respondents reporting >=$35,000 – <$50,000*	25 (13.0)	3673 (2325-5021)	17.3 (11.3-23.3)
SM3.1c	*Respondents reporting >=$50,000*	40 (20.8)	1087 (4147-8595)	30.0 (20.1-39.9)
SM3.2	What is the monthly rent or mortgage for this house, apartment, or mobile home? (Median)	$1600	$1590 (1389-1793)	--
SM3.3	Within the past 12 months, have you or anyone in your household ever stayed: outside, in a car, in a tent, in an overnight shelter, or temporarily in someone else's home (i.e. couch-surfing)? *Respondents reporting yes.*	6 (3.13)	856.5 (82.2-1631)	2.9 (0.3-5.5)
SM3.4	Are you or members of your household worried that in the next 2 months, any household members may not have stable housing? *Respondents reporting yes.*	53 (27.6)	8355 (5964-10746)	27.9 (19.9-35.8)
SM3.5	During the past 12 months, has there been a time when anyone in your household has not been able to pay the mortgage, rent or utility bills? *Respondents reporting yes.*	36 (18.8)	5596 (3911-7280)	18.8 (13.1-24.4)
Insurance				
SM4.1	Does anyone in the household have any kind of health care coverage or insurance, including health insurance, prepaid plans such as HMOs, government plans such as Medicare or Medi-Cal, or Indian Health Service? *Respondents reporting yes.*	174 (90.6)	27359 (25781-28937)	91.7 (86.4-97.0)
SM4.2	What is the primary source of your or members of your household's health care coverage?			
SM4.2a	*Respondents reporting Medicaid/Medi-cal.*	80 (48.2)	12295 (9327-15263)	47.0 (36.1-57.9)
SM4.2b	*Respondents reporting Medicare.*	45 (27.1)	7370 (4894-9847)	28.2 (19.0-37.4)
SM4.2c	*Respondents reporting employer/union-purchased plan*	31 (18.7)	4939 (3135-6743)	18.9 (12.1-25.6)
SM4.2d	*Respondents reporting family purchased plan.*	5 (3.0)	771 (108-1434)	2.9 (0.4-5.5)

Question	Indicator	Unweighted n (%)	Weighted N (95% CI)	Weighted % (95% CI)
Childcare				
SM5.1	Does getting child care make it difficult for you or anyone in your household to work or study? *Respondents reporting yes.*	35 (26.9)	5367 (3577-7157)	26.7 (18.7-34.6)
SM5.2	Imagine you or someone in your household had a strong need to get information about their child's health. Where would they go first? Mark only one.			
SM5.2a	*Respondents reporting family.*	7 (5.4)	999.2 (194.6-1804)	5.0 (1.0-8.9)
SM5.2b	*Respondents reporting friend/co-worker.*	5 (3.9)	770.8 (0-1556)	3.8 (0.0-7.7)
SM5.2c	*Respondents reporting doctor or health care provider.*	91 (70.0)	14174 (11583-16766)	70.4 (60.5-80.2)
SM5.2d	*Respondents reporting internet.*	16 (12.3)	2503 (1184-3822)	12.4 (6.1-18.8)
Health Care and Information				
SM6.1	In the past 12 months, where have you or anyone in your household received care from _____? *Respondents reporting Public Health Department Health Care Center.*			
SM6.1a	*Respondents reporting Public Health Department Health Care Center.*	41 (21.4)	6186 (4406-7965)	22.9 (16.2-29.6)
SM6.1b	*Respondents reporting Community Health Centers of the Central Coast.*	112 (58.3)	17124 (14676-19573)	61.4 (53.5-69.3)
SM6.1c	*Respondents reporting Dignity Health Community Clinic.*	83 (43.2)	13047 (10721-15373)	45.9 (37.6-54.1)
SM6.1d	*Respondents reporting Dignity Health Urgent Care.*	68 (35.4)	10834 (8590-13079)	37.3 (29.4-45.3)
SM6.1e	*Respondents reporting Dignity Health Emergency Department.*	66 (34.4)	10254 (8352-12156)	36.3 (29.7-42.8)
SM6.1f	*Respondents reporting Cottage Health Community Clinic.*	21 (10.9)	3673 (2025-5322)	13.3 (7.4-19.2)
SM6.1g	*Respondents reporting Cottage Health Urgent Care.*	24 (12.5)	3507 (2139-4874)	12.6 (7.8-17.5)

Question	Indicator	Unweighted n (%)	Weighted N (95% CI)	Weighted % (95% CI)
SM6.1h	Respondents reporting Cottage Health Emergency Department.	13 (6.7)	2127 (962.9-3291)	7.7 (3.4-11.9)
SM6.1i	Respondents reporting American Indian Health Services.	--	--	--
SM6.1j	Respondents reporting Veteran Affairs.	5 (2.6)	770.8 (0-1556)	2. (0.0-5.5)
SM6.2	Imagine you or someone in your household had strong need to get information about their health. Where would they go first?			
SM6.2a	Respondents reporting family.	15 (7.8)	2246 (1042-3449)	7.5 (3.5-11.6)
SM6.2b	Respondents reporting friend/co-worker.	5 (2.6)	737.5 (0-1493)	2.5 (0.0-5.0)
SM6.2c	Respondents reporting doctor or health care provider.	122 (63.5)	19232 (16787-21678)	64.5 (56.4-72.6)
SM6.2d	Respondents reporting Internet.	36 (18.8)	5610 (3396-7824)	18.8 (11.3-26.3)
SM6.3	During the past month, other than their regular job, did you or members of your household participate in any physical activities or exercises such as running, weight-lifting, golf, gardening, or walking for exercise?" *Respondents reporting yes.*	142 (74.0)	22135 (19892-24377)	74.6 (67.2-81.9)
Food Access				
SM7.1	In a typical month, where does your household get most of their food?			
SM7.1a	Respondents reporting grocery store.	160 (83.3)	24671 (22958-26384)	83.1 (77.7-88.5)
SM7.1b	Respondents reporting some other type of store.	26 (13.5)	4235 (2650-5819)	14.3 (8.9-19.7)
SM7.2	How satisfied is your household with the availability of food in your neighborhood? *Respondents reporting satisfied or very satisfied.*	177 (92.2)	27640 (26272-29008)	92.2 (87.6-96.8)
SM7.3	Within the past 12 months we worried whether our food would run out before we got money to buy more. Was that often true, sometimes true, or never true	84 (43.8)	12890 (10492-15288)	43.0 (35.0-51.0)

Question	Indicator	Unweighted n (%)	Weighted N (95% CI)	Weighted % (95% CI)
	for you/your household? ? *Respondents reporting often true and sometimes true.*			
SM7.4	Within the past 12 months the food we bought just didn't last and we didn't have money to get more. Was that often true, sometimes true, or never true for you/your household? *Respondents reporting often true and sometimes true.*	75 (39.1)	1117 (9245-13813)	38.6 (30.9-46.4)
COVID-19				
SM8.1	COVID-19 affects my household TODAY in the following ways (select all that apply):			
SM8.1a	Respondents reporting job or wage loss.	59 (30.7)	9021 (6954-11089)	30.4 (23.5-37.3)
SM8.1b	Respondents reporting reduction in hours available at work.	75 (39.1)	11500 (8917-14084)	38.5 (30.0-47.1)
SM8.1c	Respondents reporting financial problems including depleted savings, and trouble paying bills or affording medical care.	77 (40.1)	11929 (9877-13980)	41.0 (34.4-47.7)
SM8.1d	Respondents reporting unable to get medical care for health conditions, change to surgical appointments.	38 (19.8)	5957 (4347-7567)	20.3 (14.9-25.7)
SM8.1e	Respondents reporting no high-speed internet connection which caused an issue connecting for schoolwork or for my job.	35 (18.2)	5700 (3718-7683)	19.5 (12.6-26.4)
SM8.1f	Respondents reporting chose to resign from my previous employer.	12 (6.3)	1827 (866.8-2787)	6.2 (3.0-9.5)
SM8.2	Have you and members of your household received at least one dose of a COVID-19 vaccination? *Respondents reporting yes.*	169 (88.0)	26312 (24462-28162)	87.8 (81.6-93.9)
SM8.4	[if had COVID in household] Were you or someone in your household with COVID able to isolate? *Respondents reporting yes.*	127 (66.2)	19817 (17321-22314)	66.1 (57.8-74.4)
SM8.5	Have you or someone in your household experienced any delays or interruptions in your healthcare during the coronavirus pandemic? *Respondents reporting yes.*	48 (25.0)	7784 (5537-10032)	26.0 (18.5-33.5)

Question	Indicator	Unweighted n (%)	Weighted N (95% CI)	Weighted % (95% CI)
SM8.6	Since the start of the coronavirus pandemic, have you or someone in your household needed to get healthcare but haven't gotten it? *Respondents reporting yes.*	12 (6.3)	2032 (580-3483)	7.1 (2.0-12.1)
SM8.7	(If yes) Why? (check all)	n=12	N=2032	
SM8.7a	*Respondents reporting afraid of getting infected.*	5 (41.7)	761.3 (0-1559)	37.5 (3.6-71.3)
SM8.7b	*Respondents reporting health care provider discouraged them from coming in.*	--	--	--
SM8.7c	*Respondents reporting felt like concern/need wasn't as important as other peoples.*	--	--	--
SM8.7d	*Respondents reporting health care provider is unavailable.*	5 (41.7)	1009 (13.5-2004)	49.6 (10.1-89.2)
SM8.7e	*Respondents reporting felt like my symptoms weren't severe enough.*	--	--	--
SM8.7f	*Respondents reporting don't have health insurance.*	--	--	--
SM8.8	Has a member of your household passed away/died from the coronavirus since March 1, 2020? *Respondents reporting yes.*	10 (5.2)	1732 (726.9-2737)	6.1 (2.5-9.7)
SM8.9	(if yes) Was the household member that died a significant contributor to your household income? *Respondents reporting yes.*	--	--	--
SM8.10	(if yes) Was the household member that died a significant contributor to your household caregiving? *Respondents reporting yes.*	--	--	--
SM8.11	Did you or anyone in your household have any symptoms lasting 3 months or longer that you/they did not have prior to having coronavirus or COVID-19? *Respondents reporting yes.*	24 (12.5)	3659 (2033-5285)	13.5 (7.6-19.5)
SM8.12	[If yes] Do these long-term symptoms reduce you/member of household's ability to carry out day-to-day activities compared with the time before you had COVID-19? *Respondents reporting yes*	17 (70.8)	2579 (1599-3559)	70.5 (50.6-90.4)
Maternal, Child, and Adolescent Health				

Question	Indicator	Unweighted n (%)	Weighted N (95% CI)	Weighted % (95% CI)
SM9.1	Me and members of my household have connections to a network of family, friends, neighbors, and community members that is available in times of need to give psychological, physical, and financial help. (Social Support) *Respondents reporting strongly agree and agree.*	131 (68.2)	20208 (17847-22568)	72.4 (63.8-80.9)
SM9.2	Me and members of my household get enough sleep. *Respondents reporting strongly agree and agree.*	139 (72.4)	21440 (19117-23763)	72.9 (65.0-80.8)
SM9.3	Does anyone is your household routinely get less than seven hours of sleep per night? *Respondents reporting yes.*	97 (50.5)	15116 (12665-17568)	50.4 (42.3-58.6)
SM9.4	Me and members of my household eat healthy food. *Respondents reporting strongly agree and agree.*	160 (83.3)	24790 (22691-26889)	84.9 (78.4-91.4)
SM9.5	Me and members of my household have access to nature. *Respondents reporting strongly agree and agree.*	167 (87.0)	25860 (23764-27957)	88.4 (81.5-95.4)
SM9.6	How often do you and members of you household feel safe in your neighborhood? *Respondents reporting all of the time or most of the time.*	144 (75.0)	22373 (20027-24718)	74.6 (66.8-82.5)
Emergency Response				
SM10.1	Which of the following would be an emergency requiring a 911 phone call for immediate medical attention? (select all that apply)			
SM10.1a	Someone appears confused, disoriented, or new onset dizziness. *Respondents answered yes.*	130 (67.7)	20398 (18180-22616)	68.8 (61.1-76.5)
SM10.1b	Someone is experiencing chest pain or shortness of breath. *Respondents answered yes.*	158 (82.3)	24609 (23003-26215)	82.6 (77.1-88.0)
SM10.1c	Someone is experiencing sudden, severe pain. *Respondents answered yes.*	154 (80.2)	23990 (22084-25896)	80.9 (74.5-87.4)
SM10.1d	Someone has an injury and is bleeding uncontrollably (hemorrhage). *Respondents answered yes.*	174 (90.6)	27197 (25759-28635)	91.7 (87.2-96.3)
SM10.2	How would you or household member get to a health facility when needing emergency medical attention?			

Question	Indicator	Unweighted n (%)	Weighted N (95% CI)	Weighted % (95% CI)
SM10.2a	*Respondents reporting ambulance.*	53 (27.6)	7927 (5571-10283)	26.4 (18.6-34.3)
SM10.2b	*Respondents reporting drive self.*	32 (16.7)	5067 (2946-7188)	16.9 (9.8-24.0)
SM10.2c	*Respondents reporting household driver.*	82 (42.7)	13156 (9695-16618)	43.9 (32.3-55.4)
SM10.2d	*Respondents reporting call friend/neighbor to drive.*	18 (9.4)	2755 (1450-4060)	9.2 (4.8-13.5)
Social Safety Net Use				
SM11.1a	Since March 2020, please tell us if you or a member of your household were ever enrolled in any of the following programs: *Respondents reporting Medicaid/Medi-Cal.*	133 (69.3)	20826 (18504-23148)	76.3 (69.0-83.6)
SM11.1b	Since March 2020, please tell us if you or a member of your household were ever enrolled in any of the following programs: *Respondents reporting School Meals.*	74 (38.5)	11733 (9387-14080)	53.8 (45.4-62.1)
SM11.1c	Since March 2020, please tell us if you or a member of your household were ever enrolled in any of the following programs: *Respondents reporting Medicare.*	58 (30.2)	9397 (6970-11824)	52.2 (43.2-61.3)
SM11.1d	Since March 2020, please tell us if you or a member of your household were ever enrolled in any of the following programs: *Respondents reporting WIC.*	54 (28.1)	8431 (6192-10671)	41.9(31.7-52.0)
SM11.1e	Since March 2020, please tell us if you or a member of your household were ever enrolled in any of the following programs: *Respondents reporting SNAP.*	44 (22.9)	6975 (5150-8801)	36.8 (27.0-46.5)
SM11.1f	Since March 2020, please tell us if you or a member of your household were ever enrolled in any of the following programs: *Respondents reporting Social Security.*	43 (22.4)	7156 (4862-9450)	42.6 (31.5-53.7)
SM11.1g	Since March 2020, please tell us if you or a member of your household were ever enrolled in any of the following programs: *Respondents reporting CHIP.*	28 (14.6)	4392 (2398-6385)	24.0 (13.3-34.8)
SM11.1h	Since March 2020, please tell us if you or a member of your household were ever enrolled in any of the following programs: *Respondents reporting Unemployment.*	25 (13.0)	3868 (2153-5583)	22.6 (13.5-31.7)

Question	Indicator	Unweighted n (%)	Weighted N (95% CI)	Weighted % (95% CI)
SM11.1i	Since March 2020, please tell us if you or a member of your household were ever enrolled in any of the following programs: *Respondents reporting SSI.*	22 (11.5)	3540 (2208-4872)	21.0 (14.0-28.0)
SM11.1j	Since March 2020, please tell us if you or a member of your household were ever enrolled in any of the following programs: *Respondents reporting Energy Aid.*	19 (9.9)	3007 (1310-4705)	18.6 (8.8-28.5)
SM11.1k	Since March 2020, please tell us if you or a member of your household were ever enrolled in any of the following programs: *Respondents reporting Rental Subsidies.*	5 (2.6)	927.8 (68-1788)	5.9 (0.5-11.3)
Greatest Need				
SM11.2	What is your greatest household need? *Respondents reporting financial, things too expensive.*	26 (13.5)	4040 (2209-5871)	14.1 (7.8-20.3)