

Moreno Valley  
**Community  
Engagement Report**



Report Prepared for  
Kaiser Permanente  
by HARC Inc.  
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## Executive Summary

The executive summary is a single-page overview of the major themes that were identified across our community engagement efforts.

### Lived experience with health needs

***“Everything is expensive. The rent is more expensive each year. I don't get help, I just make [the rent payment] in two separate payments.”***

The lived experience of community residents tells of the many struggles they encounter in their daily lives. Many residents are low income and live paycheck-to-paycheck. Additionally, many residents have a low level of education and have a limited amount of good employment options available to them. The result is that many feel as though they're stuck in a cycle of poverty.

### Causes/contributing factors to health needs

***“If you're making \$15 an hour, minimum wage, then how do you support a family, particularly, with children?”***

Scarcity of money is commonly discussed as the root of much of the aforementioned problems. Those who are low income have little money to devote to improving their skills/education, and little time to devote to good health or positive mental health practices. While there are some educational opportunities locally, the options are limited and can be expensive. Those who can afford the cost and have time to advance their education often need to travel a great distance to obtain the educational degree they're in search of. Moreover, many who do make it to college are the first in their family to attend college so they often need some help understanding the college system.

### Existing disparities

***“I hear so many stories about student debt and how high it is in America and I think about whether I really want to risk it.”***

Those who are low-income experience a number of obstacles in advancing themselves and getting ahead of their bills. First generation college students, as previously described, also struggle to understand the path to higher education and the resources available to them.

### Resources and opportunities to address

***“I've received more help in the Coachella Valley than in Los Angeles or Riverside. Everyone is trying to help each other.”***

Fortunately, there are numerous resources in the community seeking to minimize disparities and improve health for all. There are a number of free health clinics offering services such as health screenings, health care, dental care, and mental health treatment. There are also a number of nonprofit organizations locally who assist those in need. Educational opportunities certainly are available, although more efforts need to be made to connect low-income students to financial and social support.

# Introduction

Kaiser Permanente is a nonprofit hospital that aims to improve the physical, mental, emotional, and economic health and well-being of individuals, communities, and organizations. The Kaiser Permanente Community Benefit team partners with a variety of organizations who have similar goals.

Every three years, nonprofit hospitals are required to conduct a community health needs assessment (CHNA) as mandated by The Patient Protection and Affordable Care Act (ACA). This process is important for maintaining tax-exempt status and for learning about health needs, issues of health equity, and the social predictors of health in the particular service area. Each Kaiser Foundation Hospital (KFH) must conduct their own CHNA. HARC was hired as a consultant to support KFH–Moreno Valley/Coachella Valley and KFH–Riverside in conducting their CHNAs. This report summarizes the results of the community outreach portion of the CHNA for the KFH–Moreno Valley region.

HARC worked with Kaiser's local Community Benefit team to develop research questions and to recruit participants best suited to answer those research questions. The research questions covered the following topics: poverty, access to health care, access to mental health care, education, racial segregation, crowded housing, and social predictors of health. HARC then worked to interview community leaders and community residents and then analyze that data. This report details the findings of our engagement with community leaders and community residents.



## Methods

The main research questions were developed collaboratively between HARC and Kaiser's local Community Benefit staff. These research questions were created based on available secondary data. Some of the key social predictors of health (lower income, fewer bachelor's degrees, less health insurance, more crowded housing, and more racial segregation) were all selected as research questions. Each of these topics were among the greatest predictors in terms of impacting multiple health outcomes locally. Each research question was specifically designed to better understand each of these social predictors.

### Recruitment

The sample of leaders were obtained by reaching out to contacts known by the Kaiser Community Benefit team and HARC. Some leaders were also accessed via cold-calls. Interviews with leaders were scheduled ahead of time and took place in-person and over the phone. All leaders were provided with the questions in advance, so they could gather their thoughts prior to the interview. Leaders were not compensated for their participation.

The sample of community members were obtained in a variety of ways, including community events, contacts provided by community partners, personal contacts in the community, and lastly some participants were referred by other participants. Interviews with community members took place at the time of contact with the HARC staff. Residents were screened by asking them questions to see which research question they were qualified to answer. Interviews lasted between 10 to 25 minutes.

**TABLE 1. LIST OF RESEARCH QUESTIONS**

Topic	Question
Poverty	What are the drivers of poverty in our under-resourced communities?
Poverty	How does the local job mix/landscape influence poverty in our community?
Access	What factors inhibit or support the health insurance enrollment process?
Access	What are the barriers to accessing mental health care services?
Education	What are the barriers to higher educational attainment in our under-resourced communities?
Education	How is higher education linked to health outcomes?
Education	Are students obtaining degrees that have value in the current job market?
Race	Do racially segregated communities feel that this segregation has an impact on their health? If so, how?
Housing	How does crowded housing relate to poor mental health, asthma, obesity, diabetes, and smoking?
Housing	What factors are contributing to/causing crowded housing situations?
Overall	How do the top social predictors of health (poverty, access to care, education, race, and housing) relate to each other?

## Participants

A total of 78 people were interviewed during the CHNA process for Moreno Valley/Coachella Valley -- 33 community leaders and 45 community residents.

### Community Leaders

The 33 community leaders came from a variety of different sectors, including community-based organizations/nonprofits ( $n = 18$ ), economic development organizations ( $n = 5$ ), government organizations/resources ( $n = 4$ ), educational institutions ( $n = 3$ ), and health departments ( $n = 3$ ).

Specific organizations that were included in the leader interviews include Boys and Girls Club of Coachella Valley, California Partnership, California State University, San Bernardino – Palm Desert campus, Catholic Charities, Clinicas de Salud del Pueblo, Coachella Valley Economic Partnership (CVEP), Desert AIDS Project, Desert Recreation District, El Sol, Family Service Association, FIND Food Bank, First 5 Riverside, HIV + Aging Research Project - Palm Springs (HARP-PS), Inland Empire Health Plan (IEHP), MFI Recovery, Moreno Valley Unified School District, Morongo Basin Healthcare District, Neuro Vitality Center, Oak Grove Center, Office on Aging, OneFuture Coachella Valley, Operation SafeHouse, Path of Life Ministries, Regional Access Project Foundation, Riverside County Housing Authority, Riverside County Office on Aging, Riverside County Office on Education, Riverside County Workforce and Economic Development, Riverside University Health System - Behavioral Health, Riverside University Health System - Public Health, Robert Half Staffing, and United Way of the Desert.

### Community Residents

The age of residents ranged from 17 to 74 (mean = 35.1, mode = 17.0, median = 35.0). All community residents indicated they either lived in Moreno Valley or the Coachella Valley. See Table 1 for a breakdown of cities of residence.

**TABLE 2. HOMETOWN OF RESIDENTS**

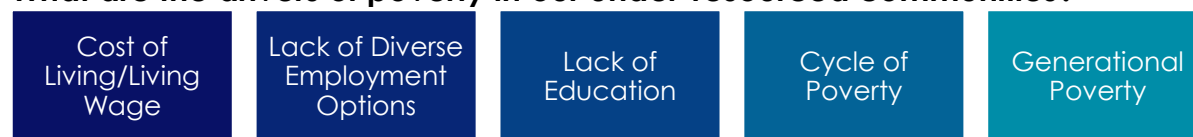
City of Residence	n	%
Coachella	7	16.3%
Indio	6	13.9%
La Quinta	1	2.3%
Mecca	4	9.3%
Moreno Valley	9	20.9%
Palm Desert	1	2.3%
Palm Springs	3	7.0%
Thermal	3	7.0%
Twentynine Palms	2	4.7%
Yucca Valley	7	16.3%
<b>TOTAL</b>	<b>43</b>	<b>100%</b>



# Research Questions

## Question 1 Poverty

**What are the drivers of poverty in our under-resourced communities?**



### Input from Community Leaders

A central concept includes the causes of poverty, as leaders most commonly pointed to the **cost of living and/or living wage**. In other words, leaders described that living costs are too high and many employment options are limited to low wages. In line with that theme, leaders also identified the **lack of diverse employment options**, with the region being heavily dependent on “service industries”, “logistics”, “tourism”, and “hospitality”. A **lack of education** was another commonly cited factor contributing to poverty and preventing folks from attaining a living wage.

Barriers associated with escaping poverty were also discussed by leaders. A major theme identified was the **cycle of poverty** in that many people have to “rely on pay-check advances”, choosing between “expenses and paying their rent”, “unexpected crises”, and not having a “sustained situation”, or consistent housing. Similarly, leaders touched on **generational poverty** in that families have a background of poverty and do not have the “financial literacy” skills, support, or motivation to escape the cycle.

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*“If you have very low-income people who are working a couple part-time jobs maybe, they're just not able to afford market rent. It's a disaster on top of a disaster where you're not able to bring in enough income to fully support the family. Then you're also confronted with the fact that there just aren't very many affordable housing options for them.”*  
~Nonprofit leader serving Moreno Valley and the Coachella Valley

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Gaps that remain within the area of poverty, as reported by leaders included the lack of affordable housing, lack of comprehensive four-year schooling options, lack of transportation, not knowing how to access the resources available, and cultural competency training for those who live in poverty. The priority health issues faced by those living in poverty included mental health, substance use, diabetes, obesity, high blood pressure, heart disease, and syphilis. Subgroups who experience health disparities were communities of color such as Hispanic/Latino and African American, members of the LGBTQIA+ population, undocumented workers, and homeless individuals.

## Input from Community Residents

In line with the community leaders, residents echoed that the most common cause of not being able to make ends meet was the **cost of living or living wage**. Residents described that wages are too low and the costs of housing and utilities is too high. Another common factor reported was the **lack of employment and/or good employment**. That is, residents report a “lack of job opportunities” and a “lack of steady employment”. Another area mentioned by residents was accumulation of **debt fees** and overspending in credit, and also only having **one person working** in the household.

Residents reported the main barrier to improving their financial situation is a **lack of education**. There is a lack of workforce training and a lack of degree options locally. Finally, a few residents described they had low **motivation to improve** their current situation.

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*“Everything is expensive. The rent is more expensive each year. I don't get help, I just make it in two separate payments. My rent is supposed to be due every month, but I tend to tell my manager if she's able to give me an extension on my rent so that I have enough money to buy groceries.”*

*~ 28-year-old female resident from Thermal*

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## Recommendations

While the cost of living/living wage issue cannot be easily resolved, there are many useful resources available within the Moreno Valley/Coachella Valley region to help residents combat the perils of living in poverty. Perhaps a method for addressing some of the poverty issues could be additional collaborations between organizations across sectors, particularly within the framework of educational opportunities. Additionally, both leaders and community residents pointed out that the residents do not always know how or where to find resources. Some assistance with finding the proper help would likely help those impacted by poverty.



## Question 2: Poverty

How does the local job mix/landscape influence poverty in our community?

Service  
Industry

Negatively  
Impacts  
Overall Health

Geographic  
Preference

HARC also investigated the relationship between types of employment, and its impact on poverty and health in the region.

### Input from Community Leaders

In terms of the local job mix and income, themes that emerged included the **service industry** consisting of logistics, tourism, seasonal, and hospitality contributing to poverty, as the income is not at a “living wage”. Further, it was pointed out that the lack of employment will **negatively impacts overall health** of residents as their access to better “nutrition, routine medical care, and ultimately to personal health” will be hindered.

Leaders also spoke to the implications of attracting high paying jobs. A common area cited included **geographic preference** or “brain drain”. For example, because of the lack in “higher education certifications or degrees” and “low paying wage jobs”, many people leave local areas to pursue these opportunities, and then don’t return.

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*“The other piece of that is that we have a lot of jobs in this county that don’t pay a living wage. If you’re making \$15 an hour, minimum wage, then how do you support a family, particularly, with children? All of those things together really perpetuate the cycle. We have to figure out a way to break the cycle.”*

*~Public health leader serving Moreno Valley and the Coachella Valley*

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### Input from Community Residents

To understand local job mixes, one warehouse worker and one hospitality worker were asked questions related to their line of work. As echoed in the other themes reported earlier, residents cited the need for better wages, more stable lines of employment, employment that is more fulfilling, and to have more flexible working hours.

### Recommendations

A clear concern of both leaders and residents is that there are a scarce number of livable wage jobs and the region relies on low-wage work. There are also problems with retaining people in the region as people may leave for better educational and/or employment opportunities and then do not return. One idea provided was to target residents wanting to change employment options and provide more online/night courses in education and/or skills training as an opportunity to seek new opportunities.

### Question 3: Access

What factors inhibit or support the health insurance enrollment process?



#### Input from Community Leaders

Community leaders provided a few different reasons they believe people don't have health insurance. Leaders commonly described that the **high cost of insurance** keeps people from signing up.

Other reasons leaders provided for why some people don't have insurance include: some non-citizens **fear government services**, some people **don't know they're eligible** for free/low-cost coverage, some **fear of learning of an illness**, and some just **simply haven't taken steps to sign up**. One leader mentioned that some residents encounter technological barriers in the sign-up process. While there are barriers and obstacles, there are also some solutions.

The main solutions described include widespread community education including informative programs, television ads, online information. One leader also acknowledged the importance of having public policies surrounding healthcare. "without really strong public policies that support people in getting insurance, I don't think they're be able to overcome that economic barrier because it's over 60% of the population that lives under \$50,000 per year."

#### Input from Community Residents

Community residents without insurance were asked why they didn't have insurance. The most common reason provided was that the individual was **not a legal citizen**. Other residents indicated that health insurance is **too expensive** or they **don't have time to sign-up** for insurance.

Residents were also asked what would help them to get insurance. The residents that were not citizens were unable to come up with a solution that would help them get insurance. Other residents had some ideas. For example, one resident described that it would help if her boss would pay more into insurance. Another resident described that she just needed some time to apply for insurance and that would help her. It seems residents who are citizens need more affordable insurance options and/or help with signing up for coverage.

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*"If my boss would pay more into it then [I could get insurance]. But at the age where I'm at it's so expensive. It's close to \$500 a month. To be a sole provider, that's half my paycheck right there."*

*~38-year-old female resident from Coachella*

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## Question 4: Access

What are the barriers to accessing mental health services?

Transportation/  
Access

Lack of  
providers

Stigma/  
Embarrassment

Not motivated

Expensive

### Input from Community Leaders

Leaders described the main issues in mental health they've witnessed in the community. One leader described "there's a continuum where you've got people who are sadly so schizophrenic then you see other people who are the 'worried well'. It's just people who are functioning well, they just need someone to assure them that they're doing okay. That's the spectrum." Along that spectrum, mental health issues in the community include depression, anxiety, trauma, schizophrenia, and addiction issues related to alcohol, drugs, and opioids.

Leaders also described the barriers to obtaining mental health treatment, and there were a number of them. One of the main issues for Moreno Valley and the Coachella Valley is **access/transportation**. While there are resources for mental health in this region, it is often quite a distance to travel—and the distance seems farther for those who are low-income or living in poverty. Another common barrier is the **stigma** attached with seeking mental health treatment, with all cultures, but particularly in the Latino culture. Along those lines, even Latinos/Latinas who do want mental health treatment, there is an **overall lack of providers** and a **lack of culturally competent providers**. Other barriers include: **high cost, insurance often doesn't cover mental health services, and there is little awareness of available resources**.

Subpopulations that are considered to experience the greatest disparities in obtaining mental health treatment include: low-income, Latinos/Latinas, those with low literacy, and those with transportation issues.

### Input from Community Residents

Residents were asked to describe some of the barriers that prevented them from accessing mental health services, and there were a couple of main themes. First, some residents described the **embarrassment** of getting mental health treatment. One resident described being "ashamed and embarrassed and feeling as if it was my fault." Another common theme was that some were **not motivated** to get treatment. Lastly, one resident described that **insurance issues** hindered her ability to receive the care she needed.

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*"I feel like you have to go out there, seek it. You have to know what you're doing to seek the help."*  
~38-year-old female resident from Moreno Valley

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Residents also described the mental health resources that have been invaluable to them in obtaining treatment. It seems as though most residents are aware of the resources that can help, and the resources described were varied. One resident described that therapy is free with Medi-Cal; another resident described that she regularly attends Coachella Valley Rescue Mission for their sexual assault therapy. In fact, one resident commented on the high quality of mental health care in the Coachella Valley. The 38-year-old resident described “Honestly, I’ve received more help in the Coachella Valley than in Los Angeles or Riverside. Everyone is trying to help each other. Everybody knows each other, they work with each other.” In sum, residents know how they can get help, however they are either too embarrassed or unmotivated to obtain that treatment.

### **Recommendations**

Some solutions and resources related to mental health were discussed with leaders. Prevention services and widespread education of mental health and resources are considered highly important. In addition, innovative forms of mental health treatment are important. For example, telepsychiatry could help in providing treatment to those with transportation issues. Other leaders discussed the importance of mental health care taking place in existing institutions such as schools and jails. Essentially, if community members won’t actively seek mental health treatment then we need to take mental health treatment to the community.



## Question 5: Education

What are the barriers to higher educational attainment in our under-resourced communities?



### Input from Community Leaders

Leaders described the barriers to attaining higher education they have witnessed, and one of the main themes is that many students are **low income** and have many **outside responsibilities** that take priority. Some students need to work to support their families and some students need to care for siblings or family members. These low-income students have little time and money to devote to their education. Some other barriers include: **low parental involvement, little support outside of institutions, no transportation, fear of sharing personal information**, and some are simply **not prepared for college**.

Some groups who have had difficulty obtaining higher education include low income, first generation college students, dreamers, foster youth, and African American youth. These groups are either underrepresented in college and/or lack resources and support.

Finally, the efforts to help students get into college include support from counselors and teachers. Many high schools have college application days and use school time to complete the FAFSA financial aid forms. There are also programs to help students once they get into college. For example, the AVID program at Moreno Valley School District provides first generation college students with educational support to ensure they succeed at school. Cal State University of San Bernardino – Palm Desert offers a number of scholarships for students in need. Certainly, efforts are being made to support students who need the help.

### Input from Community Residents

All residents expressed at least some interest in attending college. That said, there were a few barriers to attending college and sadly, these barriers kept some people from attending college. Specifically, the **high cost of college** was something that concerned most young people. One resident described why he didn't go to college, "I was afraid of getting caught with debt and being able to move forward with my life. I hear so many stories about student debt and how high it is in America and I think about whether I really want to risk it." Indeed, the high cost of education was acknowledged by the majority of community residents.

The main resources credited as helpful for understanding the college system include family and high school counselors. Family members who had college experience (parents, siblings, etc.) were all deemed as invaluable resources to understanding the college system.

## Question 6: Education

How is higher education linked to health outcomes?

Education  
means you  
have insurance

Low education  
means poor  
eating habits

Money is  
important for  
living a healthy  
life

### Input from Community Leaders

Community leaders were asked to describe how they see the relationship between education and health outcomes, and there were a few main themes.

One main theme described by leaders is that **education often means that you have insurance**, and all of the health benefits that come with insurance. With health insurance one can see a doctor, have an annual check-up, go to the dentist—all of which lead to good health. In fact, simply attending college means that you can access health services through the school.

Leaders also described that having a lower education typically means less money, which results in **poor eating habits**. With little money, and many mouths to feed, it often makes sense for residents to buy fast food.

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*"It has a lot to do with what our families are feeding their kids and what they can afford. It's a lot cheaper to go to McDonald's and get them a Happy Meal than to eat nutritional food."*

*~Leader of education in Moreno Valley*

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Thus, it seems that these leaders believe that education relates to poor health outcomes as largely a function of being low income. In other words, many who have low education also have low income, and without money it is difficult to live a healthy life.



## Question 7: Education

Are students obtaining degrees that have value in the current job market?

Some don't know which paths are viable

Not many college educated in the region with direct application to the workforce

Students choose degrees with little application to the workforce

Students are choosing career paths that interest them

### Input from Community Leaders

Leaders were asked about whether students are obtaining skills that have value in the job market. From the interviews, it seems as though students **don't know which career paths are viable**—which most certainly might be a problem for first-generation college students. One leader discussed a conversation that took place between a student and their parent: “Mom, I think I need a degree for this.” Essentially, the student was wise enough to recognize that they needed a degree, something that their parent did not recognize.

One leader working for a staffing agency described there are **not many college-educated** workers in the Coachella Valley area and thus there is largely an **under-skilled workforce**. In fact, when students do go to college, they get an undergraduate **degree with little direct application to the workforce**—like psychology. While certainly there are jobs available with a degree in psychology, the number of high-paying jobs available is hazy.

Moreover, these students have to complete their degree outside of the region and often times never return.

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*“It’s a little difficult because [psychology] is such a unique and specific education. There’s not too much industry to go into. Unfortunately, it’s just that a lot of those skills don’t transfer into the business professional sector.”*  
~Leader of workforce development in the Coachella Valley

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### Input from Community Residents

Community residents who were in school were asked about their career paths and the viability of those career paths. Most commonly, students chose their career paths because they were **interested in that career** or they were **exposed to the career path** through their life experience. For example, one 22-year old man from Moreno Valley described “I want to become a social worker. I grew up in the system and I want to be able to help others.”

Residents went on to describe that they selected a career path that **would help them to get a good job**. One resident described “right now, you can’t really get a good job, a stable job, without going to college.” While the viability of the career path wasn’t at the forefront of their decision-making, it was certainly something that residents considered.

## Question 8: Race

Do racially segregated communities feel that this segregation has an impact on their health? If so, how?

Access to  
Transportation

No Impact on  
Health

No Experience  
with Law  
Enforcement

No Racial  
Profiling

Experienced  
Racial Profiling

Provider  
Understood  
Needs

### Input from Community Leaders

One local leader was consulted on the topic of racial segregation. The key way in which racial segregation relates to health is the limited **access to transportation**. That is, racially segregated communities are met with difficulties in accessing essential services because of a lack in robust transportation services.

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*"Transportation plays a key role into how folks are getting to a job around their community or going to the hospital. When we further push our marginalized communities further into rural areas, it makes it a lot harder for folks to access health, education, jobs. I definitely think that having a robust transportation system definitely makes a difference in communities."*

*~Nonprofit leader serving the Coachella Valley*

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### Input from Community Residents

Community residents who were living in racially segregated communities were asked a series of questions pertaining to their perceptions of health, profiling, and healthcare provider experiences. Residents most commonly reported that living in predominately Hispanic/Latino communities had **no impact on their health**. Similarly, residents reported having either no trouble, or **no experience with law enforcement** – neither negative nor positive. Some residents experienced **no racial profiling**, while others reported that they **experienced racial profiling**. For example, as one resident explained: "For instance, sometimes when I go to the clinic or the hospital, the workers assume that I do not have health insurance because of the color of my skin. Sometimes, I stand in line to be helped and they ignore me. Once I go in to see my doctor, he tries to use the simplest terms because he thinks I won't understand him otherwise." However, most residents reported having healthcare providers that **understood their needs**.

### Recommendations

It was noted by the community leader that racially segregated communities lack access to essential services and resources. Perhaps increasing robust transportation would help to increase access to some of the many resources in the Moreno Valley/Coachella Valley region. In addition, given that one resident felt racially profiled by providers suggests that there is a continued need for cultural competency practices within the healthcare industry.

## Question 9: Housing

How does crowded housing relate to poor mental health, asthma, obesity, diabetes, and smoking?



### Input from Community Leaders

Community leaders described the relationship between crowded housing and poor health as consequential. All leaders spoke to the fact that crowded housing leads to poor mental health largely due to **stress**. One community leader attributed stress in crowded housing as being caused by a **lack of privacy** and an **irregular daily routine**. With multiple families in one household, there could also be stress because of different rules and different schedules in one household. Their schedules may overlap and cause an irregular daily routine for individuals because they have to utilize their resources on a first-come basis. This all leads to poor mental health because of the constant present stressors that forbid individuals in crowded housing to have a minute to themselves or a stable routine.

With respect to physical health, leaders mentioned obesity as a result of crowded housing because of a **poverty mindset** which leads to poor eating. One leader described that it is indicative of a poverty mindset to consume processed foods because it is affordable. Leaders also mentioned crowded housing leads to other poor physical health outcomes such as asthma and smoking—both often a result of **poor air quality**. For example, several leaders stressed how crowded housing may lead to asthma because of smokers living in the same household. One leader discussed how the stress of living in crowded housing may lead to smoking as a coping mechanism. Another leader explained that asthma becomes a health issue in crowded housing because low-income housing or affordable housing is usually located near freeways, coal power plants, or agriculture which emits chemicals. Essentially low-income housing is not often located in clean air areas.

### Input from Community Residents

Residents were asked to discuss how crowded housing has affected their physical and mental health. Most community members **did not feel that crowded housing affected their mental health**, however several members did feel that it affected their health due to a lack of privacy. They mentioned that when you are living with others, you do not usually have a moment to yourself. In conjunction, one resident mentioned that lack of privacy was starting to affect their children's education because they could not focus on their studies due to loud noise and lack of space. With respect to their physical health, residents shared that they **often ate processed foods** from fast food restaurants because it was affordable, and it could feed everyone in the household. Residents did not relate specific health issues such as diabetes or obesity to their poor diet, but they did describe feeling fatigued because of the foods they consumed.

## Question 10: Housing

What factors are contributing to/causing crowded housing situations?

Lack of  
affordable  
housing

Minimum  
wage jobs

Lack of  
housing stock

Immediate  
mindset

### Input from Community Leaders

Leaders were asked to discuss the contributors of crowded housing. Without hesitation, all community leaders agreed crowded housing was a result of **lack of affordable housing**. One leader emphasized that point further and mentioned the lack of housing stock. They explained there are not enough housing units available to meet the current demand for housing. In other words, the demand for housing is much greater than the supply of housing. Furthermore, there is also a lower number of single-family houses and apartments in the housing stock. This makes it increasingly difficult for families to afford housing because existing housing units are out of their budget. The result is crowded housing because there is not enough affordable or subsidized housing for those that need it.

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*"I would say that the reason people are in crowded housing is the lack of housing stock. And then also, even if you have a more decent income, if you're paying too much for your rent, that you are housing poor, which limits your ability to do preventative healthcare of all sorts."*

*~Nonprofit leader serving Moreno Valley and the Coachella Valley*

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Paired with expensive housing, is that there are many **low-paying jobs**. One leader mentioned the two largest industries in the Coachella Valley are agriculture and tourism and those industries offer minimum wage jobs and seasonal employment. In the Moreno Valley, there has been an expansion of warehouse jobs, but those are often still minimum wage jobs. With so many low-paying jobs, it is no surprise that families often choose to group together in homes to decrease their monthly expenses.

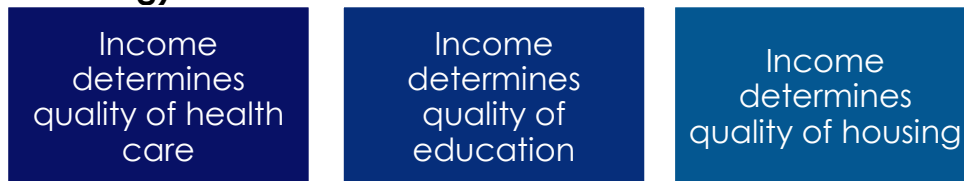
### Input from Community Residents

We asked residents to discuss why they were living in crowded housing. The most common response we received from them was that they **could not afford any other type of housing**. One community member shared that they did not have "much of a choice". It was either move into a house with multiple other people or risk homelessness. Another resident shared they were living in crowded housing to stay closer to their family. In their case, it had more so to do with societal factors than affordability.

Another reason that residents could not afford housing was because they were **not earning enough income**. Most of the community members interviewed had minimum wage jobs. One community member told us they had two jobs and were still unable to afford housing because the cost was too high.

## Question 11: Overall

How do the top social predictors of health (poverty, access to care, education, race, and housing) relate to each other?



### Input from Community Residents

We asked community residents if social predictors of health such as income, access to healthcare, education, racial segregation and housing has impacted them. Some residents felt that social predictors of health had no impact on them, however, most community members felt that at least one of the predictors did impact them. For instance, several residents mentioned that income determines quality of healthcare which has a great impact on their health. They went on to explain that their income status determined their current health. For example, they had greater access to health insurance, gym membership, food options, etc.

Another resident spoke to the fact that access to healthcare played a crucial role in their life because of their health complications. It was very important for them to access healthcare, but it was not always easy because they lived so far from their health care provider. Other residents named housing as an important social determinant of health because they once faced homelessness. They explained that housing had such a tremendous impact on their health because if they went to a clinic for medical care, they could not list an address.

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*"What am I supposed to do during an emergency? If you have money, then you can get a personal doctor who can be on-call for your health needs. In fact, if I had money, then I would not be here at the Flying Doctors event. I would see my own doctor at a convenient time. Having a higher income just makes life easier for you."*

*~52-year-old female resident from Coachella*

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Community members were asked to rank the social predictors of health. Most residents chose income as having the greatest impact on their health. One resident explained that **income determines the quality of health care, education and housing they will receive**. They mentioned their income is the central point of all other factors in their life. For instance, several community members with higher incomes compared their current health level to when they made a lower income. There was a vast difference in their health levels because when they were making less money, they were exposed to food deserts and did not have access to organic food, gym memberships, or health insurance. Also, their priorities were focused on immediate needs such as paying rent, so there was less focus on their physical and mental health and education. All in all, their income was indicative of their health level.



## Overall Summary and Implications

The lived experience of community residents tells of the many struggles encountered by this community. Residents struggle with low wages, a high cost of living, and limited opportunities to advance their career or their education.

With many struggling to make ends meet, the consequence is often poor eating habits, a lack of exercise, minimal preventative care, and ultimately stress and unhappiness. Much of this is due to being stuck in a cycle of poverty. That is, many residents are focused on basic, immediate, and physiological needs preventing them from pursuing advancements in employment, education, and health.

These many problems faced by the community are diminished through a more in-depth understanding of these issues and the underlying causes. While the cycle of poverty is difficult to break, some relief in this cycle could certainly improve the health and well-being of community residents.

We know that those who struggle in the community have a number of obstacles to achieving a healthier life. We can help those in need by increasing the number of employment and educational opportunities. We could also alleviate some of these struggles by connecting residents with the invaluable resources that already exist within our communities. Additionally, making health care more accessible and comprehensible to all would undoubtedly improve the everyday life practices of our entire community.

