WEST SACRAMENTO
COMMUNITY HEALTH SURVEY
2005

FAMILIES IN SELF HELP, INC. (FISH)
&
YOLO COUNTY HEALTH DEPARTMENT

Families in Self Help (FISH)
Community Health Survey

TABLE OF CONTENTS

Families in Self Help (FISH)
Community Health Survey

INTRODUCTION

In 2005, Families in Self Help, Inc. (FISH), in partnership with the Yolo County Health Department, conducted a health-related survey of West Sacramento households (one survey per household) over a two-month period (July 4 – September 8). The survey was completed as part of a planning grant funded by the California Endowment.

The purpose of the survey was to identify neighborhood assets, neighborhood challenges, and health-related concerns experienced by the culturally diverse families served by FISH. The survey also sought input from participants regarding strategies to improve health and quality of life in the community.

Results from this survey serve as a starting point in identifying:
- Shared values and community strengths
- Shared social concerns
- Shared health concerns and prevalence of certain diseases
- Potential solutions to neighborhood concerns as suggested by participants
- Topics for future exploration

Survey participants were recruited from West Sacramento apartments and neighborhoods served by FISH and from ongoing classes and services offered through FISH to low-income families. The survey was piloted and finalized in June 2005. Written questionnaires were available in English, Spanish and Russian. Interviewers were also available to conduct surveys in Farsi, Hmong, Laotian, Mien and Urdu. In all, 201 surveys were completed. An incentive was offered to all prospective survey participants in an attempt to increase the involvement of all community members.

The survey could not have been completed without the hard work of dedicated FISH staff, volunteers and community members who were involved in survey design, data collection and data entry. A diverse and enthusiastic group of interviewers deserves special recognition as this survey would not have been possible without them.

Families in Self Help (FISH)
Community Health Survey

KEY FINDINGS

Overall the survey reveals a diverse, optimistic, family-oriented community interested in sharing ideas to improve health and quality of life in their neighborhood. Findings suggest several opportunities to work with the community toward this end. Participants were found to be:

- Diverse (race/ethnicity)
- Optimistic (perceive community as a good place to live and raise children)
- Family-oriented ("to be near family" is the #1 reason many moved to West Sacramento, most surveyed households have children)
- Connected to medical services (most have a medical home and health care coverage, either Salud Clinic or Harbor Medical – potential partners in health promotion)
- Willing to be involved in various neighborhood activities and programs

Additionally, the majority of survey participants reported that they were relatively uncomfortable speaking English and that they had fewer than 12 years of education.

Priory areas identified through this survey include:

- *After-school programs/Areas for children to play.* When asked in an open-ended question to identify improvements that would make the neighborhood an even better place to raise children, a number of participants felt after-school activities and creation of areas for organized sports and physical activity (pools, parks and playgrounds) were important. Several participants specifically mentioned programs targeting adolescents.

- *English classes for adults.* English classes for adults were cited as the most desired and most popular organized activity among participants. This finding is supported by the fact that most participants reported they spoke English poorly or not at all.

- *Security.* Several participants mentioned the need for increased police surveillance as a means of reducing crime and the importance of maintaining security in their apartment complexes in open-ended questions. Theft, vandalism and drug abuse were perceived as community problems by more than two-thirds of participants. Drug and alcohol abuse were among the top 5 neighborhood problems identified by participants. Some participants linked crime in their neighborhood to these two problems. Many participants noted the importance of a feeling of security in their current residence (primarily apartment complexes) when asked what they liked about living in West Sacramento.

- *Job placement programs.* Job-placement programs were consistently cited by some participants throughout the survey. Culturally sensitive job placement programs (e.g., sensitive to language barriers, immigration status) were specifically mentioned.

- *Exercise areas.* Interest in creating areas for various types of physical activity for both adults and children was mentioned throughout the survey in open-ended questions and included interest in gyms/fitness centers in apartments, pools, parks,

playgrounds, sports complexes. When asked specifically about interest in organized exercise groups, 68% replied "yes" making this the second most popular organized activity after English classes.

- *Health problems.* When asked about certain diseases and conditions (based on diagnosis by a health care professional), the following health problems were identified in order of reported frequency:
    1) dental health issues
    2) chronic cardiovascular diseases (high blood pressure, high cholesterol and/or heart disease)
    3) arthritis
    4) mental health (depression and/or PTSD)
    5) diabetes
    6) asthma

Some potential priority areas by race/ethnicity group are discussed below. These findings are based on small sample sizes (especially Afghan and Southeast Asian households) and are not generalizable to the larger population. However, findings do offer some insight into different needs experienced by different race/ethnic groups.

- *Hispanic households.* English classes were the most popular organized activity followed by exercise classes and cooking classes. Highest-ranking health issues (ranked by prevalence) were dental health issues, high cholesterol and diabetes. Hispanic participants tended to perceive neighborhood social problems to be more common (e.g., crime, etc.) than other groups.

- *Russian households.* Russian families, relative newcomers to the area, ranked English classes as the most desirable organized activity followed by exercise groups. They also reported a low English proficiency. Highest-ranking health issues (ranked by prevalence) were dental health issues, high blood pressure, arthritis, high cholesterol and heart disease. Smoking, theft, alcohol use and traffic were highest-ranking neighborhood problems. Russian participants also valued their ties to the local Russian community and frequently mentioned proximity to other Russian neighbors/relatives and proximity to a nearby Russian-speaking church as reasons they chose to live in West Sacramento and reasons they liked living in West Sacramento.

- *Southeast Asian households.* There were relatively fewer Southeast Asian participants than Hispanic or Russian participants. Southeast Asians ranked after-school programs as the most needed organized activity followed by English classes. Highest-ranking health issues (ranked by prevalence) were dental health issues, arthritis, and depression. Smoking, drug use and teen pregnancy were highest ranked neighborhood problems.

- *Afghan households.* Relatively few Afghan households were surveyed, making it difficult to interpret findings. Like Russian participants, Afghan participants are relative newcomers to West Sacramento. They ranked English classes and exercise

groups equally high as desirable neighborhood organized activities followed by after-school programs and cooking classes. Highest-ranking health issues (ranked by prevalence) were dental health issues, arthritis, depression and high blood pressure. Afghan participants reporting depression were less likely to report having received treatment for depression than other groups. Afghan participants tended to perceive neighborhood social problems to be more common (e.g., crime, etc.) than other groups.

Other areas that may be further explored in the future (key informant interviews, focus groups) based on survey findings might include the following:

- Confirmation of some of the needs and priorities identified in this survey (especially among Afghan and Southeast Asian populations)
- Sensitive topics that don't lend themselves to survey format (e.g., child abuse, domestic violence, mental health concerns)
- Clarification of ideas suggested by residents in this survey (e.g., specific after-school activities and group exercises that might be of interest)
- Likely success (or failure) of programs designed to address needs identified by residents in this survey
- How well residents are managing their chronic diseases (e.g., diabetes, cardiovascular disease)
- Mental Health access and utilization issues (especially among Afghan residents)

Families in Self Help (FISH)
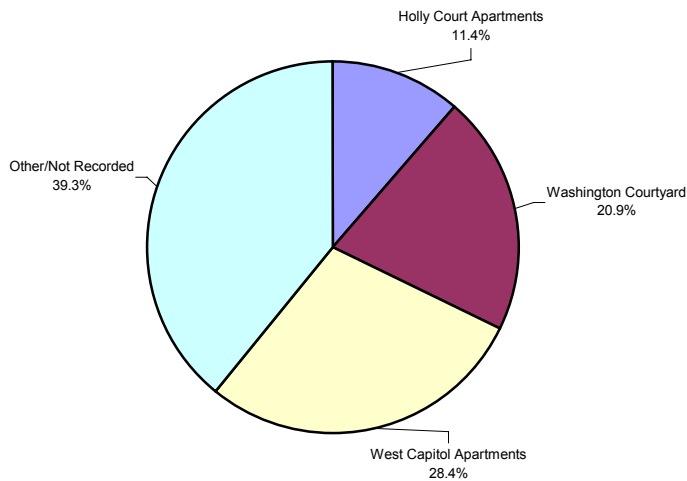**Community Health Survey**

PART I: DEMOGRAPHICS

SURVEY LOCATIONS

Holly Court Apartments, Washington Courtyard and West Capitol Apartments were specifically targeted for the survey (see Table 1, Figure 1). At least 60.7% of surveyed households lived in targeted apartments. This number is possibly higher since several participants declined to note their place of residence. Other survey sites included East Yolo Manor, Bryte Gardens, Holy Cross Church as well as private homes. Surveys were also completed through Head Start meetings and Even Start/ESL classes taught at FISH.

Table 1. Place of Residence in West Sacramento (FISH Community Survey 2005) (n=201)		
Holly Court Apartments	23	11.4%
Washington Courtyard	42	20.9%
West Capitol Apartments	57	28.4%
Other or Not Recorded	79	39.3%
Total	201	100.0%

Figure 1: Place of Residence

AGE – RACE/ETHNICITY - GENDER

In all, 201 surveys were collected. The average age of participants was 42.4 years (age range 16 – 89 years) and included 152 females (75.6%) and 44 males (21.9%) (gender was not recorded for 5 respondents). Russian households and Hispanic households comprised most of the survey sample. Of the 201 households surveyed, 81 (40.3%) were Russian-speaking, 79 (39.3%) were Hispanic, and 31 (15.4%) represented 6 Asian groups, including Mien and Afghan (see Table 2, Figure 2.) For this report, Russian-speaking households are referred to as "Russian" and Mien, Hmong, Cambodian and Laotian households are grouped as "Southeast Asian" unless otherwise noted.

| Table 2. Race/Ethnicity (FISH Community Survey 2005) (n=201)		
Asian (non-Hispanic)	31	15.4%
(Mien)	(12)	(6.0%)
(Afghan)	(11)	(5.5%)
(Hmong)	(5)	(2.5%)
(Cambodian)	(1)	(0.5%)
(Laotian)	(1)	(0.5%)
(Pakistani)	(1)	(0.5%)
Hispanic	79	39.3
Multiple Race/Ethnicity	3	1.5%
White (non-Hispanic)	88	43.8%
(Russian-speaking)	(81)	(40.3%)
Total	201	100.0%

Figure 2: Race/Ethnicity
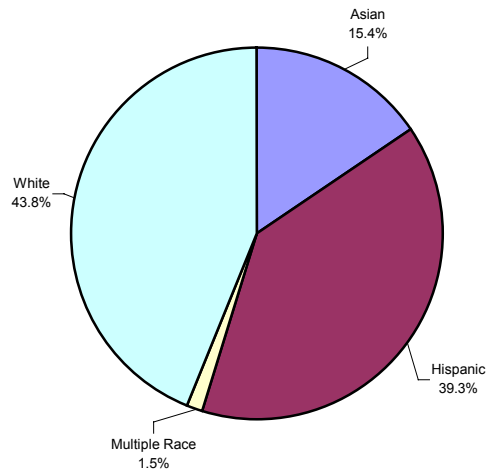
Families in Self Help (FISH)
Community Health Survey

LANGUAGE

Most households (89.1%) reported speaking a language other than English in the home with Russian, Spanish, Mien and Farsi the most commonly reported languages (Table 3, Figure 3.)

Table 3. Language Spoken in the Home (FISH Community Survey 2005) (n=201)		
Russian	81	40.3%
Spanish	67	33.3%
English	22	10.9%
Mien	12	6.0%
Farsi	11	5.5%
Hmong	5	2.5%
Cambodian	1	0.5%
Laotian	1	0.5%
Urdu	1	0.5%
Total Responses	201	100.0%

Figure 3: Language Spoken in the Home
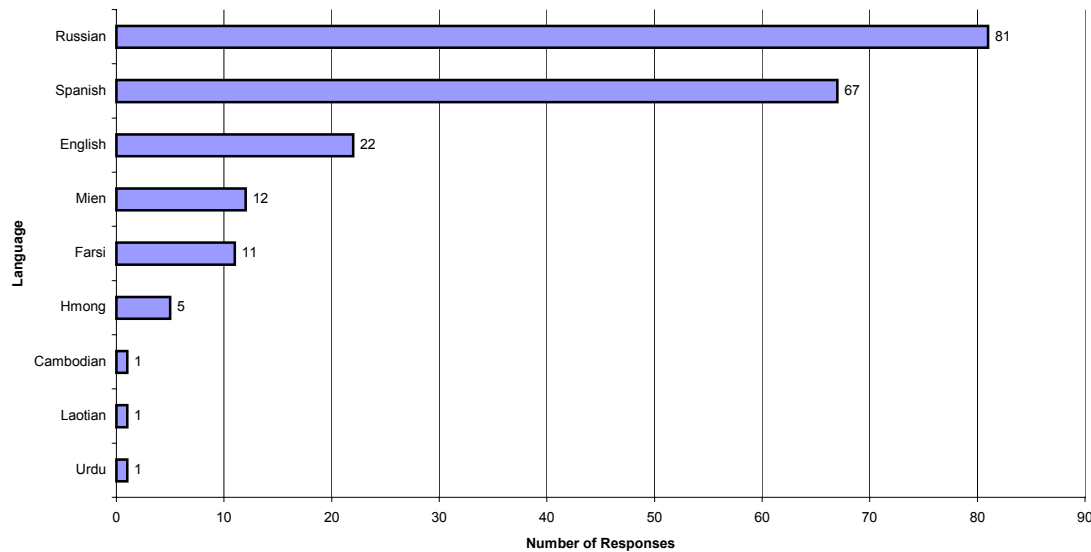
Families in Self Help (FISH)
Community Health Survey

ENGLISH PROFICIENCY
Nearly three-quarters (74.1%) of respondents reported that they spoke English "not well" or "not at all" (Table 4.) Proportionally, Russian participants were most likely to report they spoke English "not at all" while significant proportions of all race/ethnic/language groups reported they spoke English "not well" (Table 5, Figure 4). Hispanic households reported the highest English proficiency with 30.4% reporting that they spoke English "well" or "very well."

Table 4. English Proficiency "How well do you speak English?" (FISH Community Survey 2005) (n=201)		
Very Well	29	14.4%
Well	18	9.0%
Not well	80	39.8%
Not at all	69	34.3%
Unknown	5	2.5%

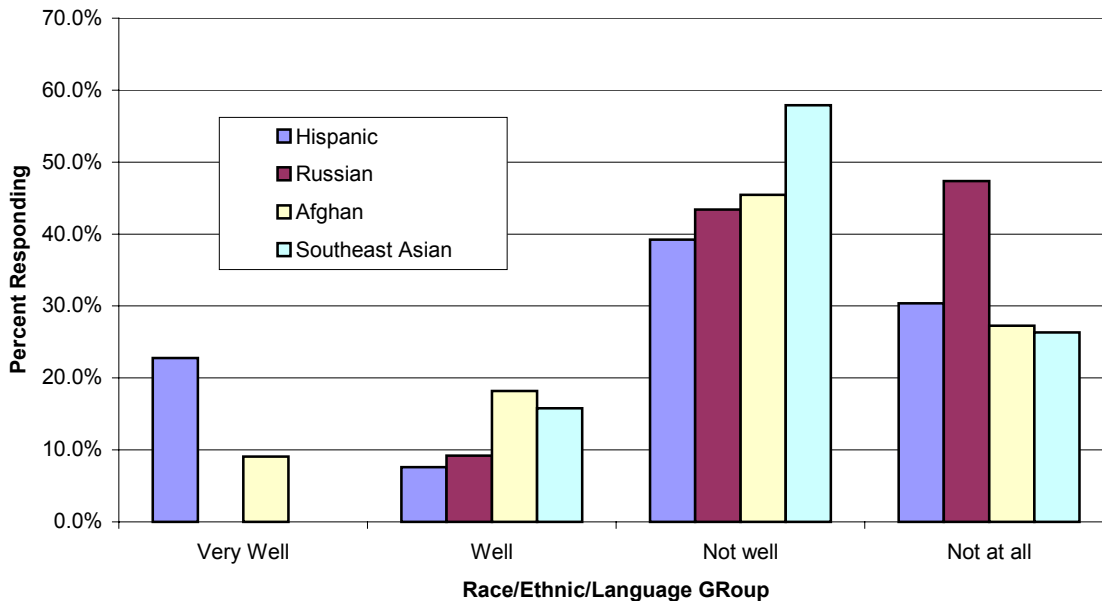**Figure 4: English Proficiency by Race/Ethnic/Language Groups**

Table 5. English Proficiency by Race/Ethnic/Language Group (Percent based on number responding) (FISH Community Survey 2005) (n=196)						
	Hispanic	**Russian**	**Afghan**	**Southeast Asian**	**Other**	**ALL**
Very Well	22.8%	0.0%	9.1%	0.0%	100.0%	14.4%
Well	7.6%	9.2%	18.2%	15.8%	0.0%	9.0%
Not well	39.2%	43.4%	45.5%	57.9%	0.0%	39.8%
Not at all	30.4%	47.4%	27.3%	26.3%	0.0%	34.3%

EDUCATION

Eighty-six (42.8%) participants reported having received less than 12 years of education. Over half (55.2%) reported receiving at least a high school degree or GED with 23.9% receiving training or education beyond high school (Table 6, Figure 5.)

Table 6. Education Level (FISH Community Survey 2005) (n=201)		
Less than 12 years	86	42.8%
High school diploma/GED	63	31.3%
Some college/training	34	16.9%
College or higher	14	7.0%
Unknown	4	2.0%
Total Responses	201	100.0%

Table 5: Education Level
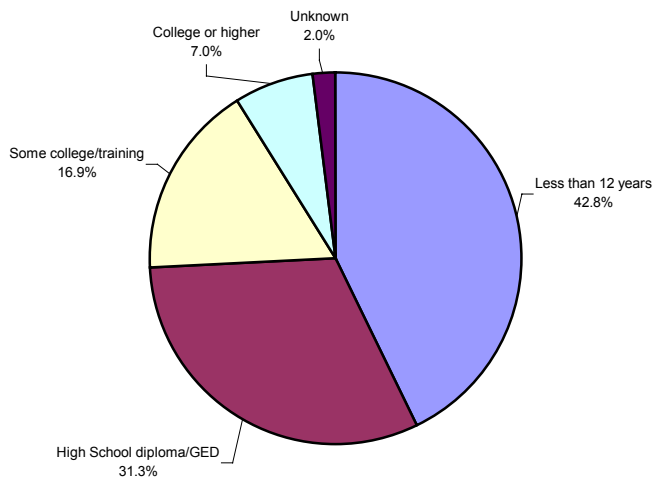
EDUCATION (continued)

Primary country where education was received was reported by 178 participants and gives some idea of the diversity and place of origin of FISH clients (Table 7, Figure 6.)

Table 7. Country of Education (Percent based on number responding) (FISH Community Survey 2005) (n=178)		
Mexico	53	29.8%
Russia	39	21.9%
United States	37	20.8%
Ukraine	13	7.3%
Afghanistan	10	5.6%
Kazakhstan	8	4.5%
Uzbekistan	7	3.9%
Thailand	4	2.2%
Kyrgyzstan	2	1.1%
Tajikistan	2	1.1%
Belarus	1	0.6%
Nicaragua	1	0.6%
Peru	1	0.6%
Total Responses	178	100.0%

Figure 6: Place of Education
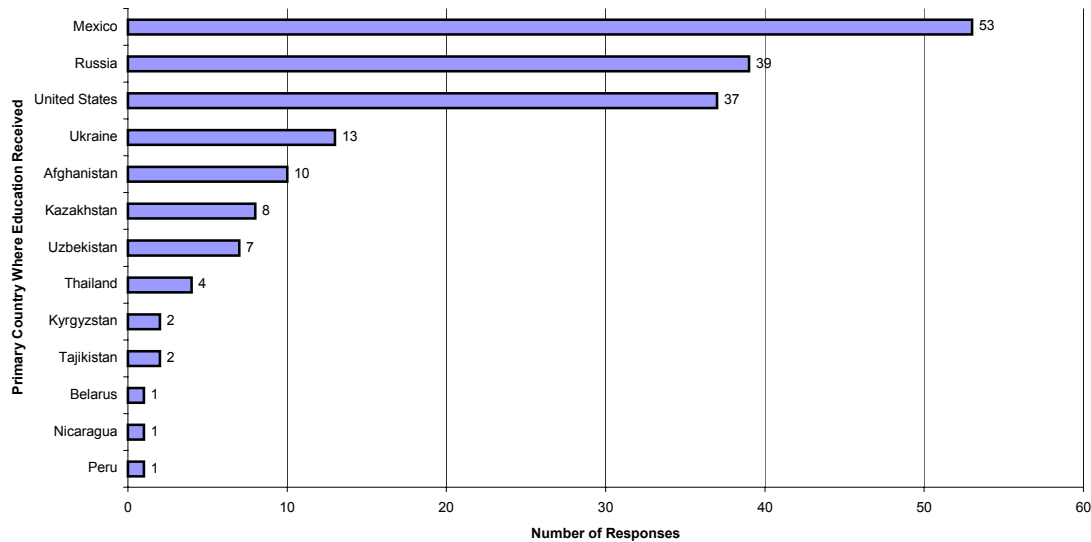
EMPLOYMENT STATUS

Of the 201 participants, 37.3% were employed full-time or part-time, 24.4% were full-time homemakers, 24.8% of respondents were retired or disabled (Table 8, Figure 7.)

Table 8. Employment Status (FISH Community Survey 2005) (n=201)		
Full-time homemaker	49	24.4%
Full-time employment	47	23.4%
Part-time employment	28	13.9%
Disabled	28	13.9%
Retired	22	10.9%
Student (part time or full time)	13	6.5%
Looking for work	12	6.0%
Other/Unknown	2	1.0%
Total Responses	201	100.0%

Figure 7: Employment Status
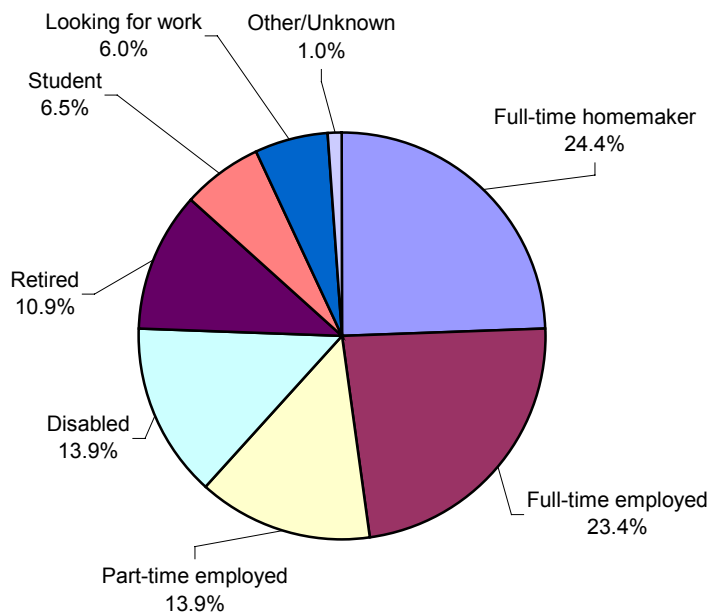
HOUSEHOLD SIZE – CHILDREN IN SCHOOL
Household size of participants ranged from 1 to 14 people. The average household size was 4 persons per household. In all, the 201 households surveyed represented 781 people. Nearly half (45.7%) of the people in these households were children under age 18 and 14.9% were children age 0 – 5 years (Table 9.) Households included 279 children in preschool, elementary school, middle school or high school (Table 10.)

Table 9. Number of People in Household by Age Group (FISH Community Survey 2005)		
Children 0 – 5 years	116	14.9%
Children 6 – 12 years	122	15.6%
Children 13 – 17 years	119	15.2%
Adults 18 – 49 years	307	39.3%
Adults 50 – 64 years	72	9.2%
Adults 65 years and older	45	5.8%
Total persons in households	781	100.0%

Table 10. Number of Children in School (FISH Community Survey 2005)		
Preschool	24	8.6%
Elementary School	120	43.0%
Middle School	50	17.9%
High School	78	28.0%
Total Children in School	279	100.0%

Families in Self Help (FISH)
Community Health Survey

PART II: THE NEIGHBORHOOD
HOW LONG HAVE YOU LIVED IN WEST SACRAMENTO?

- Responses ranged from less than one month to 70 years with the average respondent having lived in West Sacramento about eight years.
- Nearly half (49.5%) of respondents have lived in West Sacramento 5 years or less.
- 23.0% of participants have lived in West Sacramento more than 10 years while 21.5% of participants have lived in West Sacramento 2 years or less (Figure 8.)
- On average, Russian and Afghan households surveyed moved to West Sacramento more recently than Southeast Asian and Hispanic households (Figure 9.)
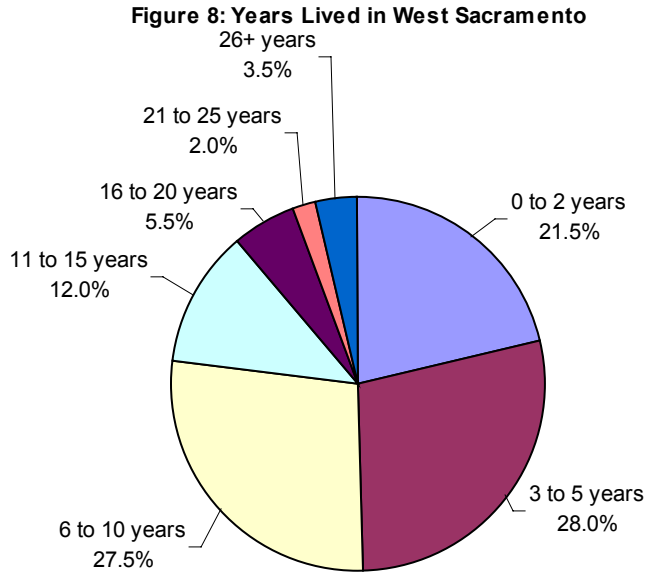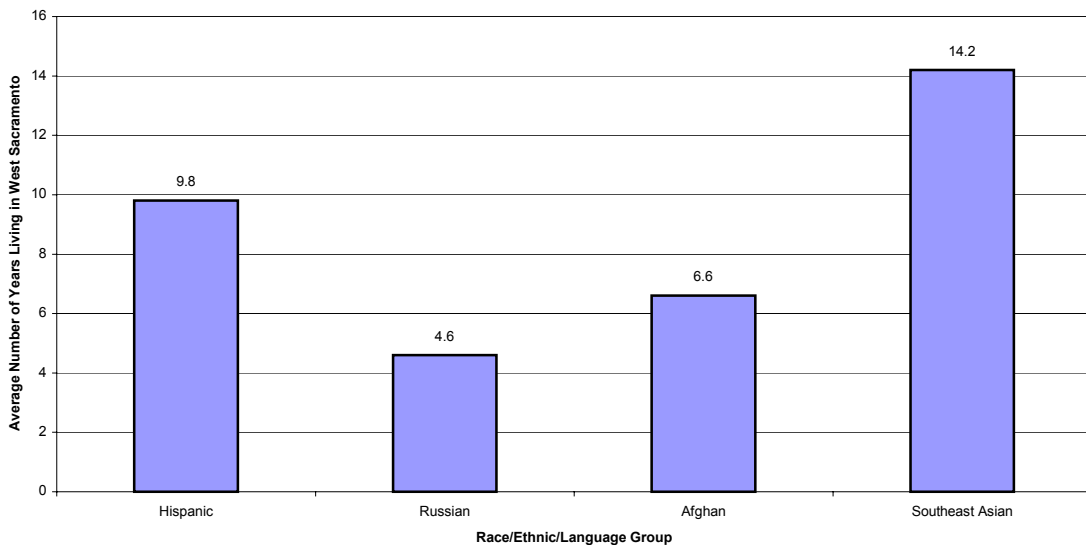
Figure 8: Years Lived in West Sacramento

Figure 9: Average Years Lived in West Sacramento by Race/Ethnic/Language Group
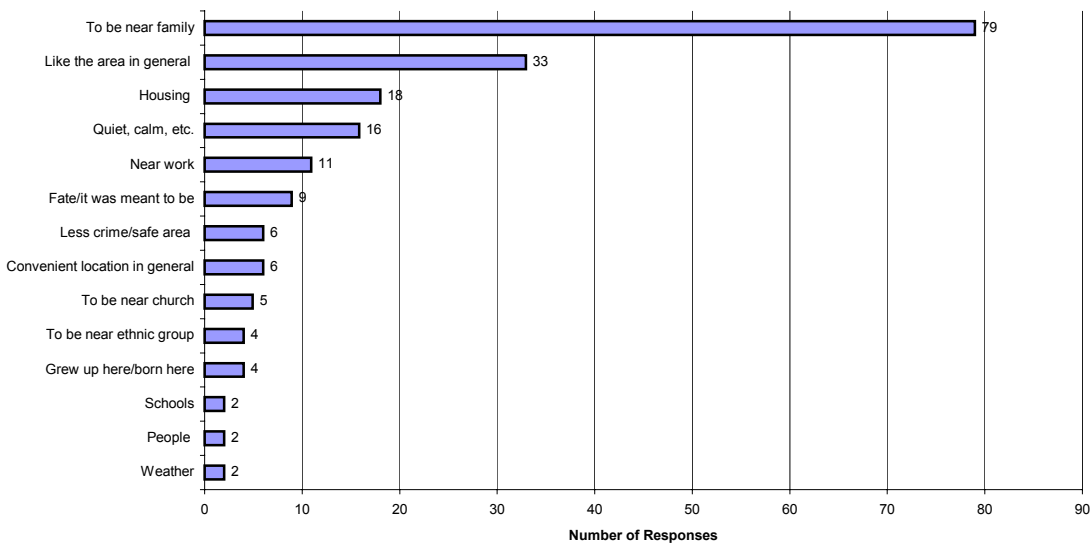
Families in Self Help (FISH)
Community Health Survey

WHY DID YOU CHOOSE TO LIVE IN WEST SACRAMENTO?
Respondents were asked why they chose to live in West Sacramento in an open-ended question. Of the 201 participants, 182 responded. Responses were grouped as shown in Table 11 & Figure 10. "to be near family" (parents, children, siblings) was the most common response with 43.4% mentioning family as a reason for residing in West Sacramento. Other reasons included housing-related reasons (9.9%), calm/peaceful setting (8.7%), and proximity to work (6.0%).

Table 11. Why did you choose to live in West Sacramento? (FISH Community Survey 2005) (n=182)		
To be near family (i.e., parents, children, siblings)	79	43.4%
Like the area in general (no specific reason)	33	18.1%
Housing (affordable, good housing, etc.)	18	9.9%
Quiet/calm/peaceful/small town/less traffic	16	8.7%
Near work	11	6.0%
Fate/it was meant to be	9	4.9%
Convenient location in general	6	3.3%
Less crime/safe area	6	3.3%
To be near church	5	2.7%
Grew up here/born here	4	2.2%
To be near other members of ethnic group	4	2.2%
Weather	2	1.1%
People are nice/friends	2	1.1%
Schools	2	1.1%

Figure 10: Why Did You Choose To Live in West Sacramento?

Other reasons not shown in the table (only mentioned by one respondent): diversity, pretty, social services, job opportunities, near school.
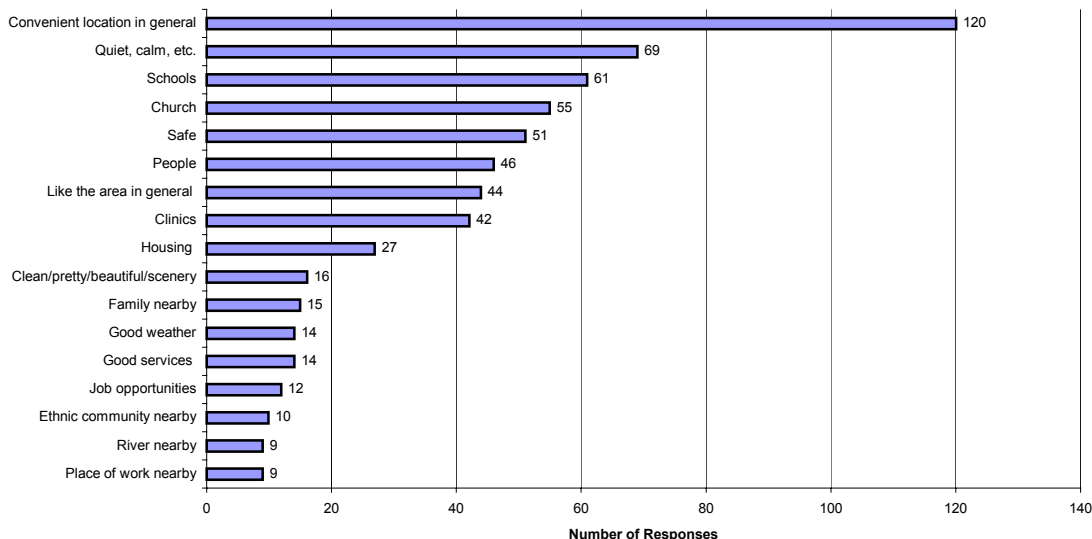
Families in Self Help (FISH)
Community Health Survey

WHAT DO YOU LIKE BEST ABOUT LIVING IN WEST SACRAMENTO?

Respondents were asked to list at least three things they liked best about living in West Sacramento in an open-ended question. Of 201 participants, 187 listed various reasons grouped as shown below in Table 12 and Figure 11. Among participants, 64.2% noted the convenient location to shopping and services (often within a short driving or walking distance.) Calm/peaceful setting (36.9%), school-related reasons (32.6%), proximity to church (29.4%), safety-related reasons (27.3%), and people/friends/neighbors (24.6%) were other common reasons.

Table 12. What do you like best about living in West Sacramento? (FISH Community Survey 2005) (n=187)		
Convenient location in general and to most shopping needs (being able to walk to stores, etc.)	120	64.2%
Quiet/calm/peaceful/small town/less traffic	69	36.9%
Schools (good schools, school nearby)	61	32.6%
Church (good church, church nearby)	55	29.4%
Feel safe/secure (fewer gangs, less crime)	51	27.3%
People are nice/friends nearby/good neighbors	46	24.6%
Like the area in general (no specific reason)	44	23.5%
Clinics (good clinic(s), clinic(s) nearby)	42	22.5%
Housing (affordable, good housing, etc.)	27	14.4%
Clean/pretty/beautiful/scenery	16	8.6%
Family nearby	15	8.0%
Good services (daycare, EMS, library, bus, etc.)	14	7.5%
Good weather	14	7.5%
Job opportunities	12	6.4%
Ethnic community nearby	10	5.3%
Place of work nearby	9	4.8%
River nearby	9	4.8%

Figure 11: What Do You Like Best about Living in West Sacramento?

HOW WOULD YOU RATE NEIGHBORHOOD AS A PLACE TO RAISE CHILDREN?

Participants were asked to rate the neighborhood as a place to raise children. Participants who were not raising children were asked to rate the neighborhood based on their perception. Over three-quarters (76.1%) rated their neighborhood as "excellent" or "good" (Table 13, Figure 12.) Russian participants were more likely to rate the neighborhood as "fair" or "poor" than other groups (Figure 13.)

Table 13. How would you rate this neighborhood as a place to raise children? (FISH Community Survey 2005) (n=201)		
Excellent	46	22.9%
Good	113	56.2%
Fair	36	17.9%
Poor	3	1.5%
No response	3	1.5%

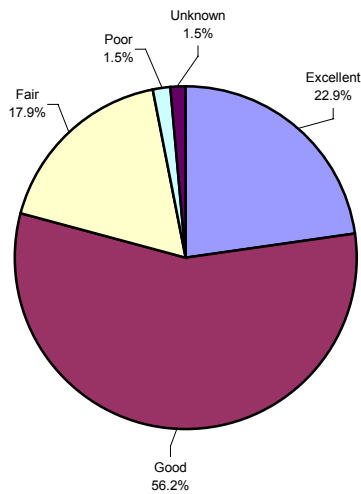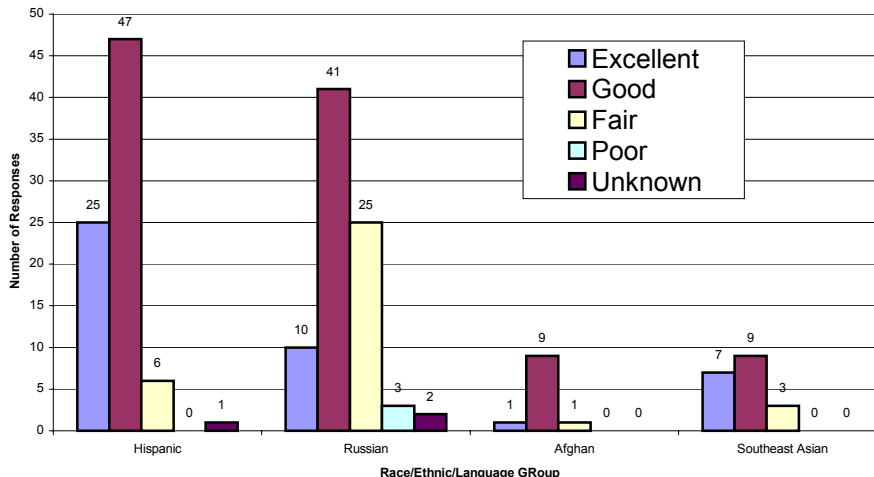**Figure 12: Rate Neighborhhod as Place to Raise Children**

Figure 13: Rate Neighborhood as a Place to Raise Children

Families in Self Help (FISH)
**Community Health Survey**

WHAT WOULD MAKE THIS AN EVEN BETTER PLACE TO RAISE CHILDREN?
Participants were asked in an open-ended question what improvements would make their neighborhood a better place to raise children. Of the 201 participants, 156 responded. Nearly one-third (30.1%) suggested after-school programs (mostly for adolescents). Several participants mentioned improvement or creation of places for children to exercise/play sports (17.3%), swim (9.0%) or for sports programs (5.8%), suggesting widespread support for after-school and outdoor activities. Some commented on the importance of available activities for youth as a deterrent to gang activity, crime, drug use and to increase exercise.

Table 14. Suggested improvements to make the neighborhood a better place for children? (FISH Community Survey 2005) (n=156)		
After-school programs/activities (e.g., dance, homework help, computer classes), Child/Adolescent programs	47	30.1%
Parks/playground/sports complex	27	17.3%
Increase security/police surveillance/less crime	19	12.2%
Swimming pool	14	9.0%
Sports programs	9	5.8%
Improve education (improve schools, teaching staff)	6	3.8%
Childcare/daycare	6	3.8%
Beautify area (clean up, plant trees)	5	3.2%
Improve transportation (more bus routes)	3	1.9%
Increase diversity/decrease discrimination	2	1.3%

Figure14: What Improvements Would Make this a Better Place to Raise Children?
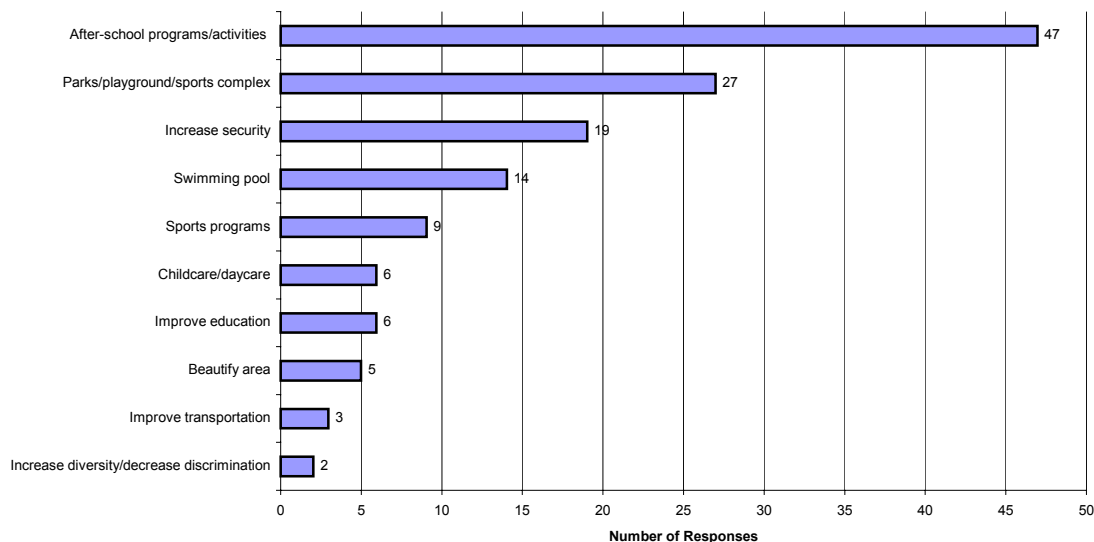
Other

Quotes:
- "It's important to have teenagers in activities, occupied in sports so they don't get [involved in] gangs." – 27 year-old Hispanic homemaker and mother.
- "…Plant more trees" – 26 year-old Hmong part-time student and mother.
- "More community activities for children." 27-year-old multiple race male.

ARE THERE PROGRAMS YOU WOULD LIKE TO SEE IN THIS NEIGHBORHOOD?
Participants were asked in an open-ended question if there were any particular programs they would like in the neighborhood (Table 15, Figure 15). English classes, teen activity programs and job placement programs were leading interests expressed.

Table 15. Are there any programs you'd like to see introduced? (FISH Community Survey 2005) (n=136)		
English classes (speaking, writing skills)	30	22.1%
Teen/after-school/sports programs	19	14.0%
Job placement programs	15	11.0%
Fitness center/gym	9	6.6%
Medical care for uninsured/low-income	7	5.1%
Cooking classes	6	4.4%
"Health programs"	5	3.7%
Section 8 housing	5	3.7%
Community center	4	2.9%
Sewing classes	4	2.9%
Childcare/daycare	3	2.2%
Parks/playgrounds	3	2.2%
Russian satellite channels	2	1.5%
School programs (help with homework)	2	1.5%
Hospital	2	1.5%
Bus services (more stops, timeliness)	2	1.5%
More clinics	2	1.5%

Figure 15: What Programs Would You Like to See in Neighborhood?
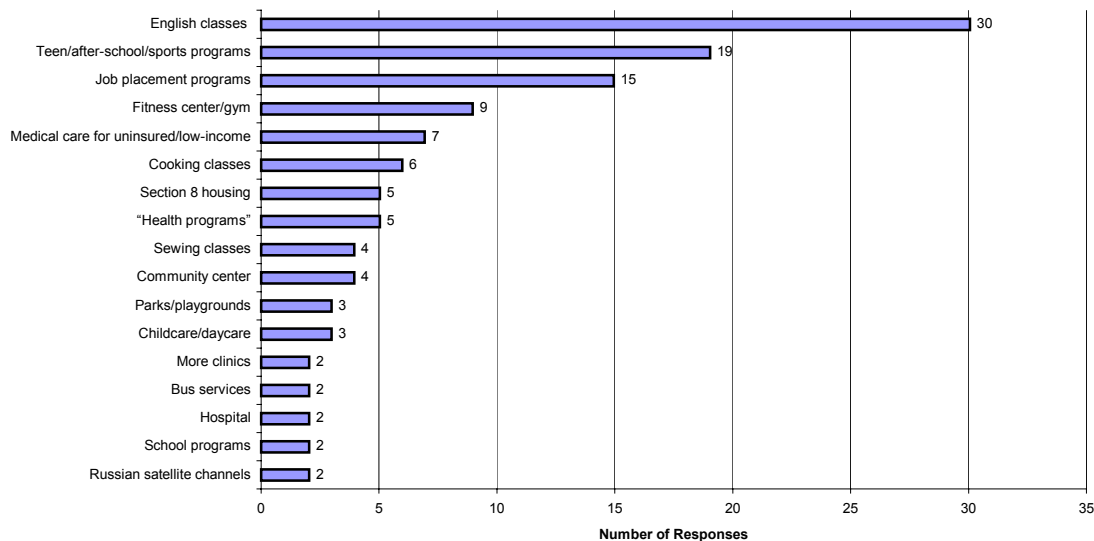
Other reasons not shown in the table: apartment meetings, art classes, breastfeeding support, clothes closet, dental care (low cost), garbage cans moved farther from apts (Washington Courtyard), street lighting, parking spots, homelessness, bus route timeliness, interpreters, more security, obesity prevention program, support for mothers who stay home with newborns, reading classes, speed bumps (Bryte/Todhunter), school uniforms, immigration services and rights of illegal immigrants, teen counseling, YMCA
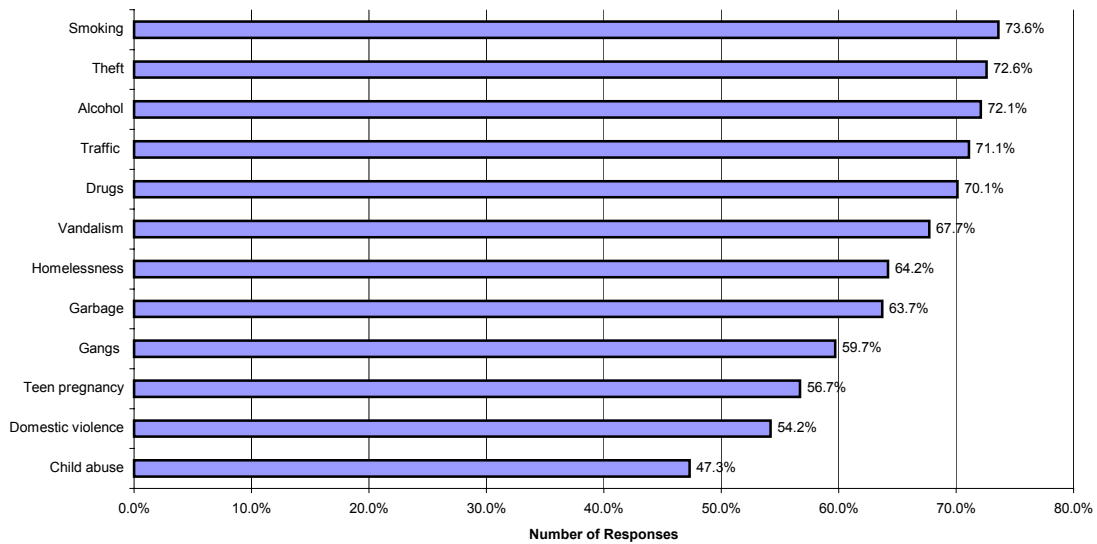
NEIGHBORHOOD PROBLEMS

Participants were asked about the presence of several specific social concerns in their neighborhood. Over 70% of all respondents said, "yes" to smoking, theft, alcohol use, traffic, and drug use. Child abuse and domestic violence ranked lowest and may be more appropriately explored in a focus group setting (Table 16, Figure 16). Race/ethnic/language group differences are shown in Table 17 and Figure 17.

Table 16. Neighborhood problems (percent answering "Yes"). (FISH Community Survey 2005) (n=201)	
Smoking	73.6%
Theft	72.6%
Alcohol	72.1%
Traffic	71.1%
Drugs	70.1%
Vandalism	67.7%
Homelessness	64.2%
Garbage	63.7%
Gangs	59.7%
Teen pregnancy	56.7%
Domestic violence	54.2%
Child abuse	47.3%

Figure 16: Neighborhood Problems

NEIGHBORHOOD PROBLEMS (continued)

Table 17. Neighborhood Problems by Race/Ethnic/Language Group
Table shows percent that said, "yes" in each race/ethnic/language group.
(FISH Community Survey 2005)

Health Issue	Hispanic (n=79)	Russian (n=81)	Afghan (n=11)	Southeast Asian (n=19)	Other (n=11)	ALL (n=201)
Smoking	78.5%	71.6%	100.0%	68.4%	27.8%	74.1%
Theft	78.5%	70.4%	90.9%	57.9%	38.9%	73.1%
Alcohol	81.0%	66.7%	100.0%	57.9%	33.3%	72.6%
Traffic	79.7%	65.4%	90.9%	57.9%	38.9%	71.6%
Drugs	81.0%	59.3%	100.0%	68.4%	33.3%	70.6%
Vandalism	81.0%	56.8%	100.0%	57.9%	27.8%	68.2%
Homelessness	81.0%	50.6%	100.0%	52.6%	22.2%	64.7%
Garbage	78.5%	50.6%	90.9%	63.2%	22.2%	64.2%
Gangs	84.8%	33.3%	90.9%	57.9%	27.8%	59.7%
Teen pregnancy	81.0%	34.6%	45.5%	68.4%	22.2%	56.7%
Domestic violence	84.8%	19.8%	90.9%	57.9%	27.8%	54.2%
Child abuse	78.5%	14.8%	72.7%	52.6%	16.7%	47.3%

Figure 17: Neighborhood Problems Identified by Race/Ethnic/Language Groups
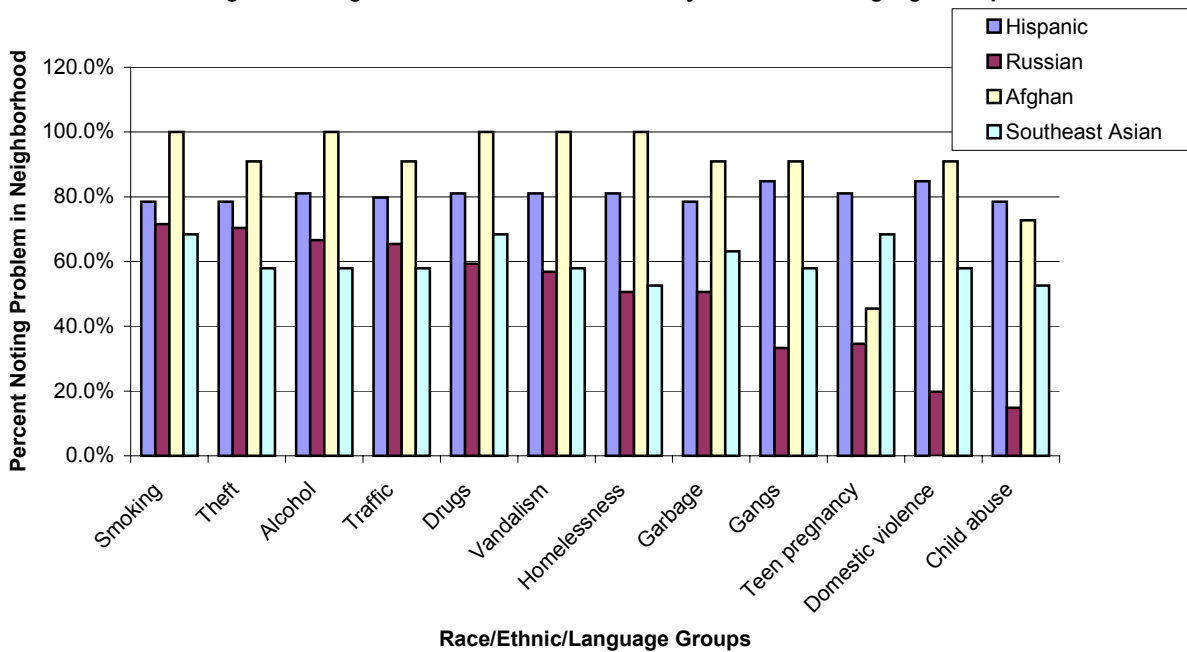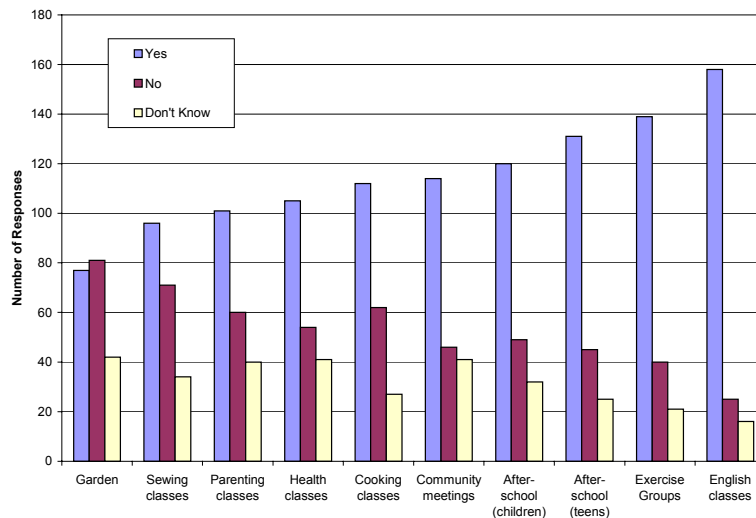
Families in Self Help (FISH)
Community Health Survey

NEIGHBORHOOD ACTIVITIES

Participants were asked if they or anyone in their household would be interested in specific neighborhood activities of programs. English classes were most popular with 77.6% saying "yes" followed by exercise groups (68.2%), and after-school programs for teens (64.2%) (Table 18, Figure 18). Race/ethnic/language group preferences are shown in Table 19 and Figure 19. In addition to English classes and exercise groups, Hispanic participants also expressed an interest in cooking classes (68.4%). Russian participants expressed greater interest in English classes than in other activities with 85.2% expressing interest. While community gardens ranked relatively low for most groups, Southeast Asians ranked gardens higher with 78.9% of Southeast Asian households expressing interest.

| Table 18. Interest in Specific Activities (percent answering "Yes"). (FISH Community Survey 2005)		
English classes	77.6%	need childcare (3); day time(1), mornings (5), afternoons (4), evenings (8)
Exercise Groups	68.2%	"classes for pregnant women and kids" (1); evenings (4)
After-school (teens)	64.2%	No comments
After-school (children)	58.7%	No comments
Community meetings	56.2%	No comments
Cooking classes	54.2%	afternoons (2), evenings (2)
Health classes	52.2%	See Table 6b
Parenting classes	49.8%	evenings (2)
Sewing classes	47.3%	afternoons (3), "depends on hours" (1), evenings (3), mornings (1), in Spanish (1), waste of money (1)
Community Garden	37.8%	No comments

Figure 18: Interest in Activities or Programs

NEIGHBORHOOD ACTIVITIES (continued)

Table 19. Interest in Proposed Neighborhood Programs/Activities by Race/Ethnic/Language Group
Table shows percent that said "yes" in each race/ethnic/language group.
(FISH Community Survey 2005)

Program/Activity	Hispanic (n=79)	Russian (n=81)	Afghan (n=11)	Southeast Asian (n=19)	Other (n=11)	ALL (n=201)
English classes	74.7%	85.2%	100.0%	94.7%	5.6%	78.6%
Exercise Groups	68.4%	65.4%	100.0%	68.4%	44.4%	69.2%
After-school (teen)	64.6%	56.8%	90.9%	100.0%	27.8%	65.2%
After-school (kids)	59.5%	49.4%	81.8%	94.7%	33.3%	59.7%
Community meetings	60.8%	50.6%	72.7%	68.4%	22.2%	56.7%
Cooking classes	68.4%	40.7%	90.9%	63.2%	16.7%	55.7%
Health classes	59.5%	46.9%	54.5%	68.4%	5.6%	52.2%
Parenting classes	64.6%	33.3%	81.8%	52.6%	22.2%	50.2%
Sewing classes	50.6%	35.8%	81.8%	78.9%	16.7%	47.8%
Community Garden	39.2%	25.9%	54.5%	78.9%	22.2%	38.3%

Figure 19: Activities by Race/Ethnic/Language Groups
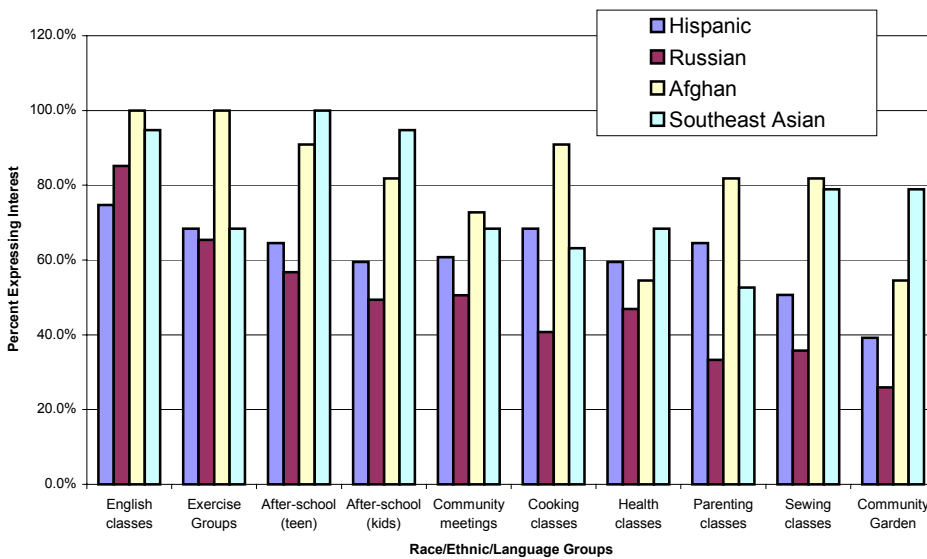
Families in Self Help (FISH)
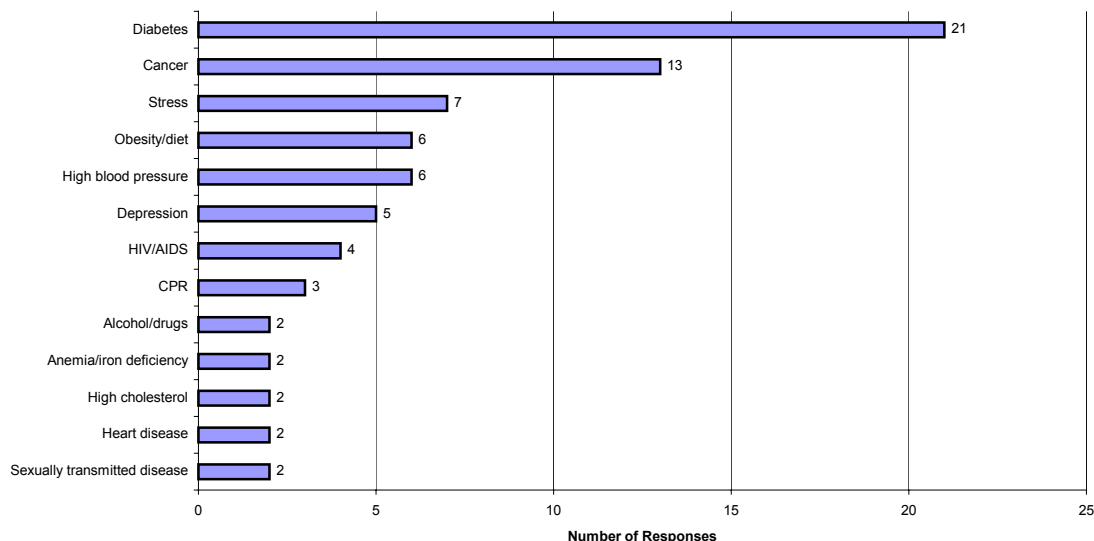**Community Health Survey**

PART III: HEALTH

HEALTH CLASSES

Participants expressing an interest in health classes were asked to specify topics of interest. Diabetes was the most frequently mentioned followed by cancer, high blood pressure, obesity/diet, stress management and depression (Table 20, Figure 20).

Table 20. Health classes mentioned by respondents (Number of responses shown) (FISH Community Survey 2005)	
Diabetes	21
Cancer (leukemia and breast cancer mentioned)	13
High blood pressure	6
Obesity/diet	6
Stress management/stress-related conditions (e.g., headaches)	7
Depression	5
CPR	3
HIV/AIDS	4
Sexually transmitted disease	2
Heart disease	2
High cholesterol	2
Anemia/iron deficiency	2
Alcohol/drugs	2
ADHD	1
Allergies	1
Asthma	1
Fibromyalgia	1
Geriatric health	1
Osteoporosis	1
Tuberculosis	1

Figure 20: Most Frequently Mentioned Health Classes

HEALTH ACCESS – Adult Respondents

Participants were asked about health coverage. Most (72.8%) were covered by Medi-Cal followed by 13.8% covered by private insurance (Table 21, Figure 21). Twenty-two (7.7%) respondents reported that they were uninsured. Of uninsured participants (n=22), 81.8% were Hispanic, 63.7% had low English proficiency, 40.9% were employed full-time or part-time, and 59.1% have a less than 12 years of education.

Table 21. How do you pay for health care for yourself? (FISH Community Survey 2005) (n=195)		
Medi-Cal	142	72.8%
Insured/HMO	27	13.8%
Cash/No insurance	15	7.7%
YCHIP	2	1.0%
Other	9	4.6%

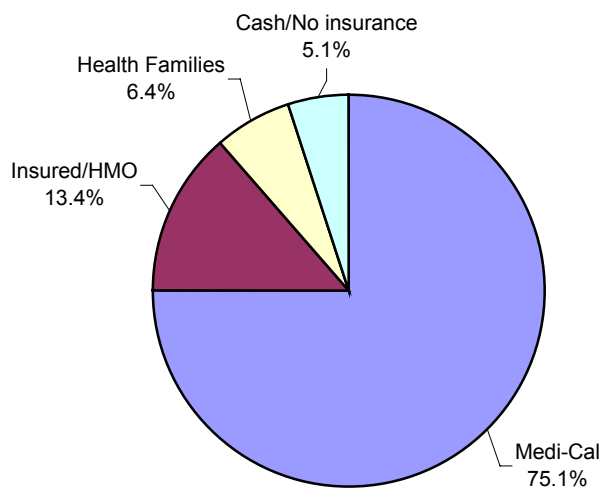**Figure 21: How Pay for Medical Care for Self (for those who responded)**
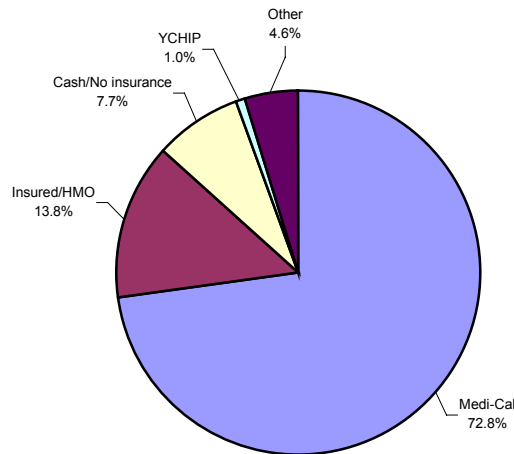
HEALTH ACCESS – Children in Surveyed Households

In households with children, 75.2% reported children covered by Medi-Cal while 5.1% of households reported presence of uninsured children (Table 22, Figure 22).

Table 22. How do you pay for health care for your children? (FISH Community Survey 2005) (n=157)		
Medi-Cal	118	75.2%
Insured/HMO	21	13.4%
Healthy Families	10	6.4%
Cash/No insurance	8	5.1%

Figure 22: How Pay for Medical Care for Children (households with children only)

HEALTH ACCESS – DO YOU HAVE A REGULAR MEDICAL PROVIDER

Of participants responding when asked if they have a regular place they go to for medical care, 88.9% responded "Yes" (Figure 23). Salud Clinic and Harbor Medical Clinic were most frequently mentioned (Figure 24). Of those without a regular medical provider (n=22), 3 go to a CommuniCare Health Centers clinic when they need medical care, 4 go to a hospital emergency room when they need medical care, while 13 did not report where they go when they need medical care.
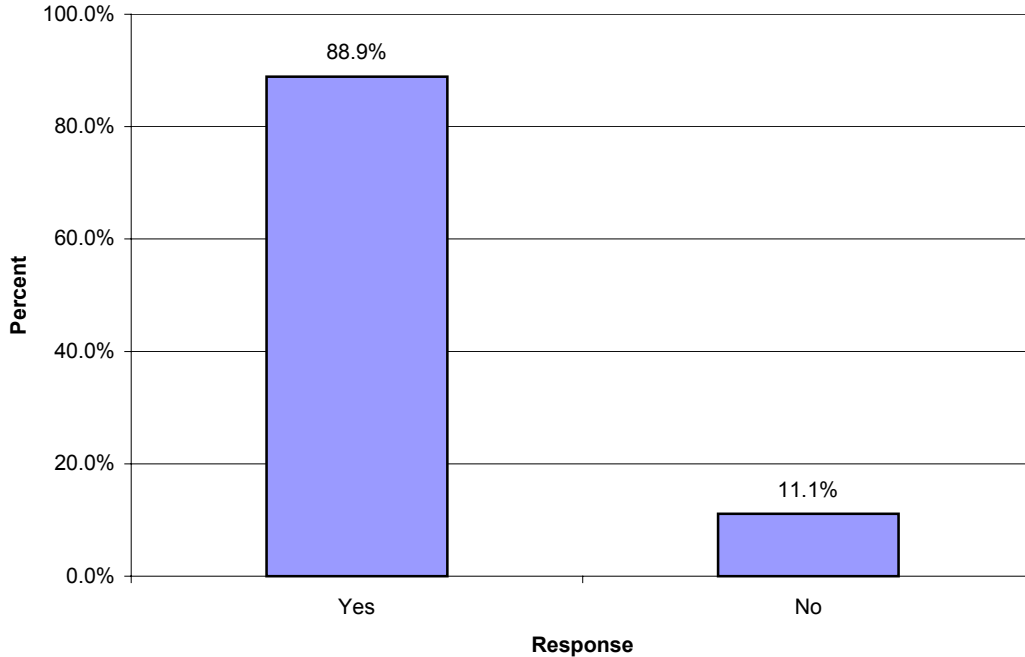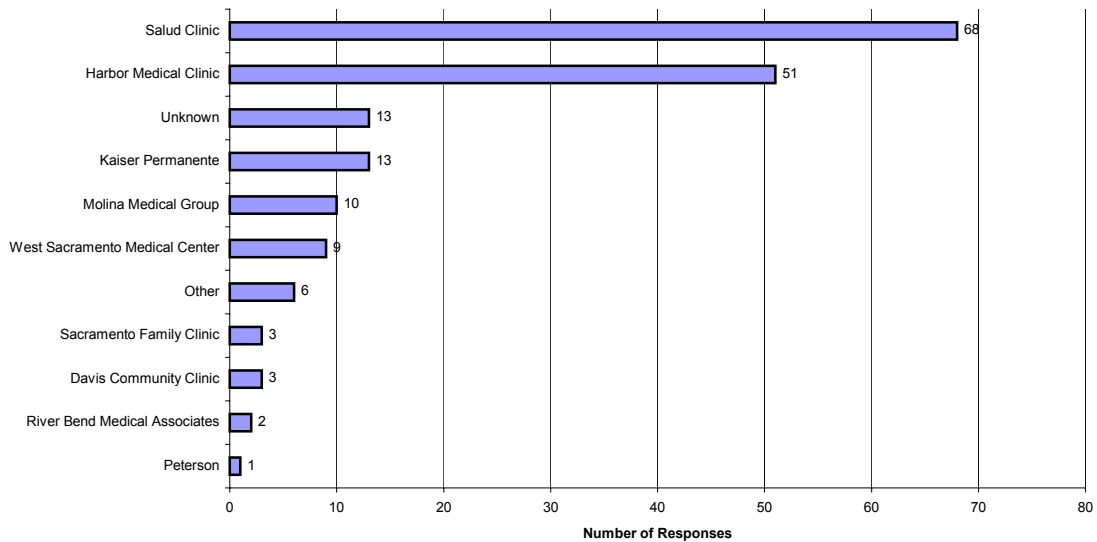
Figure 23: Do You Have Regular Medical Provider?
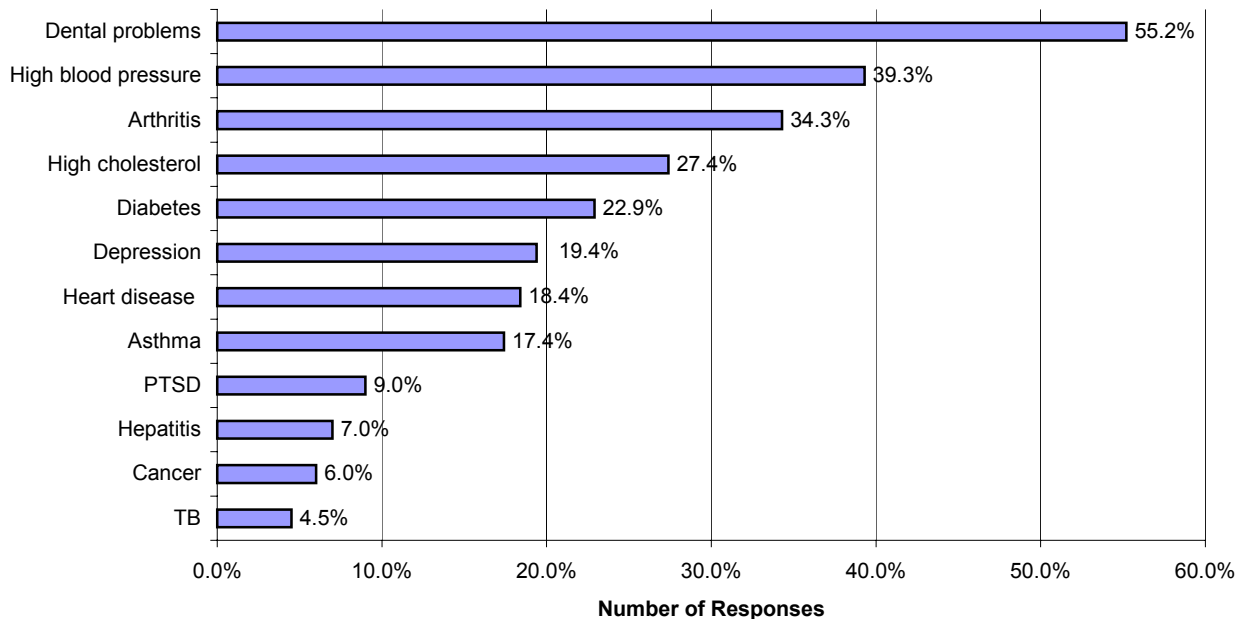

Figure 24: Regular Medical Provider

DISEASE PREVALENCE

Participants were asked if they or members of their household have ever been diagnosed with specific health conditions. Dental problems, high blood pressure, arthritis, high cholesterol, diabetes and depression were the most prevalent diagnosed conditions reported by households (Table 23, Figure 23). Race/ethnic/language group comparisons are shown on Figures 24 & 25.

Figure 23. Anyone in Household been diagnosed with… (FISH Community Survey 2005) (n=201)		
Dental problems	55.2%	No comments
High blood pressure	39.3%	No comments
Arthritis	34.3%	No comments
High cholesterol	27.4%	No comments
Diabetes	22.9%	No comments
Depression	19.4%	received counseling and medication for depression (17); received medication or counseling (7); would like counseling (2); difficulty sleeping (4); easily angered (2); sadness (1); sensitive to sound (1); "For depression I made ceramics. My daughter would take me to the doctor in Davis and they would treat me very well." 76-year-old Hispanic female
Heart disease	18.4%	No comments
Asthma	17.4%	No comments
PTSD	9.0%	"Death of my brother" - 39-year-old Mien female; difficulty sleeping (1); loss of appetite (1)
Hepatitis	7.0%	Hepatitis B (1); Hepatitis C (1)
Cancer	6.0%	No comments
TB	4.5%	No comments

Figure 23: Prevalence of Health Conditions (Percent Saying "Yes")

DISEASE PREVALENCE – RACE/ETHNIC/LANGUAGE GROUP COMPARISONS

Figure 24: Health Conditions in Household by Race/Ethnic/Language Group
Table shows percent that said "yes" in each race/ethnic/language group.
(Ex: 45.6% of Hispanic participants reported dental disease)
(FISH Community Survey 2005) (n=201)

Health Issue	Hispanic (n=79)	Russian (n=81)	Afghan (n=11)	Southeast Asian (n=19)	Other (n=11)	ALL (n=201)
Dental problems	45.6%	64.2%	72.7%	73.7%	16.7%	56.2%
High blood pressure	19.0%	58.0%	63.6%	31.6%	27.8%	39.8%
Arthritis	15.2%	44.4%	72.7%	52.6%	22.2%	34.8%
High cholesterol	22.8%	38.3%	18.2%	10.5%	22.2%	28.4%
Diabetes	21.5%	23.5%	18.2%	26.3%	16.7%	22.9%
Depression	16.5%	11.1%	63.6%	42.1%	11.1%	19.4%
Heart disease	5.1%	35.8%	9.1%	15.8%	0.0%	18.4%
Asthma	12.7%	11.1%	45.5%	36.8%	22.2%	17.4%
PTSD	6.3%	4.9%	9.1%	31.6%	0.0%	9.0%
Hepatitis	6.3%	6.2%	0.0%	21.1%	0.0%	7.0%
Cancer	6.3%	4.9%	9.1%	5.3%	5.6%	6.0%
TB	6.3%	0.0%	0.0%	21.1%	0.0%	4.5%

Race/Ethnic/Language Group "Yes" Responses by Health Condition.
This table shows group breakdown for each health condition
(Ex: 31.9% of those identifying dental disease were Hispanic)
(FISH Community Survey 2005)

Health Issue	Hispanic	Russian	Afghan	Southeast Asian	Other	ALL
Dental problems	31.9%	46.0%	7.1%	12.4%	2.7%	100.0%
High blood pressure	18.8%	58.8%	8.8%	7.5%	6.3%	100.0%
Arthritis	17.1%	51.4%	11.4%	14.3%	5.7%	100.0%
High cholesterol	31.6%	54.4%	3.5%	3.5%	7.0%	100.0%
Diabetes	37.0%	41.3%	4.3%	10.9%	6.5%	100.0%
Depression	33.3%	23.1%	17.9%	20.5%	5.1%	100.0%
Heart disease	10.8%	78.4%	2.7%	8.1%	0.0%	100.0%
Asthma	28.6%	25.7%	14.3%	20.0%	11.4%	100.0%
PTSD	31.3%	25.0%	6.3%	37.5%	0.0%	100.0%
Hepatitis	35.7%	35.7%	0.0%	28.6%	0.0%	100.0%
Cancer	41.7%	33.3%	8.3%	8.3%	8.3%	100.0%
TB	55.6%	0.0%	0.0%	44.4%	0.0%	100.0%

Families in Self Help (FISH)
Community Health Survey

DISEASE PREVALENCE - KEY FINDINGS

ARTHRITIS
- Arthritis was the third most common health condition
- Arthritis was reported more commonly among Afghan, Southeast Asian and Russian households
- Russian households accounted for 51.4% of all arthritis reports

ASTHMA
- 17.4% of all households reported asthma
- Asthma was reported more commonly among Afghan and Southeast Asian households

CANCER
- 6.0% of all households reported cancer

DENTAL PROBLEMS
- Dental problems were the most commonly reported condition with 56.2% of all households reporting dental problems
- 73.7% of all Southeast Asian households reported dental problems
- 72.7% of all Afghan households reported dental problems
- 64.2% of all Russian households reported dental problems

DIABETES
- 22.9% of all households reported diabetes
- Race/ethnic/language groups reported similar prevalence of diabetes with about 1 in 5 households reporting diabetes
- Russian households accounted for 41.3% of all diabetes reports
- Hispanic households accounted for 37.0% of all diabetes reports

HEART DISEASE, HIGH CHOLESTEROL, HIGH BLOOD PRESSURE
- 47.8% of all households reported having one or more of these conditions
- 39.8% of all households reported high blood pressure
  - High blood pressure was the second most common health condition
  - Russian households accounted for 58.8% of all high blood pressure reports
  - 58.0% of all Russian households reported high blood pressure
- 28.4% of all households reported high cholesterol
  - Russian households accounted for 54.4% of all high cholesterol reports
  - Hispanic households accounted for 31.6% of all high cholesterol reports
- 18.4% of all households reported heart disease
  - Russian households accounted for 78.4% of all heart disease reports
  - 35.8% of all Russian households reported heart disease

INFECTIOUS DISEASE (TUBERCULOSIS & HEPATITIS)
- 7.0% of all households reported hepatitis (presumably hepatitis B and/or C)
  - Russian, Hispanic and Southeast Asian households reported most hepatitis
  - 21.1% of Southeast Asian households reported hepatitis

Families in Self Help (FISH)
Community Health Survey

- 4.5% of all households reported tuberculosis (presumably latent TB)
  - Hispanic and Southeast Asian households reported most tuberculosis
  - 21.1% of Southeast Asian households reported tuberculosis

MENTAL HEALTH (DEPRESSION & POST-TRAUMATIC STRESS SYNDROME (PTSD))
- 22.9% of all households reported a diagnosis of depression and/or PTSD
- 19.4% of all households reported a diagnosis of depression
  - 63.6% of all Afghan households reported depression
  - 41.1% of all Southeast Asian households reported depression
- Of those reporting DEPRESSION diagnosed in their household (n=39):
  - 28.5% also reported a diagnosis of PTSD in their household
  - About one-third were Asian (35.9%), one-third Hispanic (33.3%), and about one-quarter were Russian (25.6%)
  - Asian respondents included Afghan (7), Hmong (4) and Mien (4)
  - 61.5% have at least one person in their household who has received treatment for depression (counseling and/or anti-depression medication)
    - All Russian households (9 out of 9) that reported depression also reported that medication and/or counseling had been received
    - Southeast Asian households reported that 75.0% of households with depression (6 out of 8) had received medication and/or counseling
    - Hispanic households reported that 46.2% of households with depression (6 out of 13) had received medication and/ or counseling
    - Afghan households were least likely to report treatment for depression with only 14.3% of households with depression (1 out of 7) receiving medication and/or counseling
- 9.0% of all households reported a diagnosis of PTSD
- Of those reporting PTSD diagnosed in their household
  - 61.6% also had a diagnosis of depression in the household
  - Race/ethnic/language groups represented:
    - 43.8% Asian (n=7, Mien (4), Hmong (2), Afghan (1))
    - 31.3% Hispanic (n=5, origin: Mexico (3), Chile (1), USA (1))
    - 25.0% Russian (n=4)