

IMPACT MONTEREY COUNTY COMMUNITY ASSESSMENT: ADULT EXPERIENCES & ASPIRATIONS

Institute for Community
Collaborative Studies

California State University Monterey Bay

May 2015

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Acknowledgements

Many people have contributed to this study by responding to requests for data, supplying input to the draft, and providing support in various forms. Contributors include representatives from the partners who volunteer as part of the bigger Impact Monterey County collaborative and from many other organizations that serve residents of Monterey County.

We would like to acknowledge the contributions from individuals representing their organizations and agencies on the Impact Monterey County Steering Committee, including members of the Data, Research & Analysis Team and the Community Engagement Team. These agencies and organizations include ACTION Council; Alliance on Aging; Alzheimer's Association; Area Agency on Aging; Bright Futures; Building Healthy Communities; California State University Monterey Bay; Carmel Foundation; Castro Plaza Family Resource Center; Catholic Charities – Diocese of Monterey; Central Coast Center for Independent Living; Central Coast Senior Services; Central Coast Youth Sports Organization and Shelter Outreach Plus; City of Salinas; City of Salinas Police Department; Community Foundation for Monterey County; Community Housing Improvement Systems and Planning Assoc., Inc.; CTB/McGraw-Hill; Family In Home Caregiving; Fenton & Keller; First 5 Monterey County; First Tee of Monterey County; Girls Inc.; Gonzales, South County YMCA; Hope Services; Legal Services for Seniors; Marketing Consultant; Meals on Wheels Monterey Peninsula; Mitch Hospice of the Monterey Peninsula; Middlebury Institute of International Studies; Monterey Bay Central Labor Council; Monterey County Administrator's Office; Monterey County Department of Social Services; Monterey County Free Libraries; Monterey County Health Department; Monterey County Office of Education; Monterey Peninsula Foundation; Monterey-Salinas Transit; Naval Post Graduate School; Naval Support Activity Monterey; Netzel Grigsby Associates, Inc.; Social Services Employment Programs; Supervisor Jane Parker's Office; The Nunes Company; The Village Project; United Way Monterey County.

In addition, we would like to thank the leadership, board of directors and staff of the United Way Monterey County for entrusting this important study to our Institute and to CSUMB. We would also like to acknowledge the residents of Monterey County who took time out of their busy lives to add their voices to this study by completing the survey. We are honored to have been given this opportunity to serve the residents of Monterey County.

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EXECUTIVE SUMMARY

Introduction

This report summarizes a nearly 2-year endeavor to collect and analyze data concerning the experiences and aspirations of adult residents of Monterey County. Researchers from California State University Monterey Bay's (CSUMB) Institute for Community Collaborative Studies (ICCS) worked with Impact Monterey County's (IMC) Data, Research & Analysis Team (DRAT) members to develop and then implement an Aspirations Survey of Monterey County residents as part of IMC's Community Assessment of Monterey County.¹ The 86 question survey was designed to collect information about the concerns and aspirations of Monterey County residents in the areas of education, economic self-sufficiency, and health in order to understand the most effective ways to improve the quality of life in the county.

A total of 4,220 valid surveys² were collected from July 7, 2014 to October 31, 2014 using online and paper survey instruments which were available in both English and Spanish. The majority (83%) of survey responses were submitted online, with 81% submitted through the English online survey and 2% submitted through the Spanish online survey. The remaining responses were completed on paper surveys in English (12%) and Spanish (5%). Slightly more than 7% of *all* surveys were submitted in Spanish. About 71% of respondents were female and 60% were Caucasian, significantly higher percentages than in the general county population, but both the age and household income distribution of respondents closely matched those of the general county population. The geographic distribution of respondents included 40% (44%)³ from Salinas, 23% (16%) from the Peninsula/Big Sur area, 15% (13%) from Seaside/Marina, 11% (20%) from South County, and 11% (6%) from North County. A post-stratification weighting method was used to ensure that the number of survey responses matched the actual population distribution for each region within the county.⁴

The majority (77%) of survey respondents reported they *have lived in Monterey County for at least 10 years*. Forty-two percent also reported being *the parent or guardian of a child of any age*. The educational level of respondents was somewhat different than that of the general population. Only 6% of respondents have not completed high school compared with nearly 30% of Monterey County residents who have not, though the percentage of respondents who have attended some college with and without a diploma closely matches that of the general public. There are differences between the percentage of survey respondents and county residents who have an associate's degree (11% vs. 21%) or bachelor's degree (22% vs. 14%), and significantly more respondents have a post-baccalaureate (master's, doctorate or professional) degree (23% vs. 8%). Finally, about 8% of respondents report having *military experience*; with slightly less than 2% of those indicating that they are currently on *active duty*.

¹ In addition to this adult survey, a separate youth survey was administered through the Monterey County Office of Education, and a series of "kitchen conversations" were held throughout the county.

² Respondents with ZIP codes out of the county or missing were removed from the sample.

³ The percentage of county residents is shown in parentheses.

⁴ Probability sampling was not employed to select the 4,220 survey participants. The survey was open to every resident in the county in a voluntary manner. While post stratification weighting was used to ensure geographic representation, caution should be exercised when interpreting results from surveys obtained with non-probability sampling methods.

Methods

Institute researchers worked with the IMC Data Research and Analysis Team (DRAT) in two phases. **Phase I** consisted of analyzing existing (secondary) data compiled from a variety of standard sources pertaining to Monterey County residents' experiences in the three areas of interest – education, economic self-sufficiency and health – and determining a framework and focus for development of the Aspirations Survey questions. This phase of the study was intended to provide a baseline analysis of population experiences derived from selected indicators. Data was organized based upon a set of indicators selected due to discrepancies between rates found in Monterey County and those found in California and the rest of the US. These indicators then helped guide the development of survey questions.

Phase II consisted of the implementation of the Community Aspirations Survey, analysis of primary data collected from the Aspirations Survey, a report providing an overview of responses to closed-ended survey questions, a summary of indicators of importance from the secondary data analysis and a summary of the major themes that emerged from open-ended survey questions. Analysis of aspirations from the survey focused on county-wide rates only and not on specific demographic groups or geographic areas; thus, separate disaggregated analyses for subpopulations are not presented.⁵

Questionnaire design, selection of participants, and data collection

The IMC DRAT provided oversight and leadership in the creation of the survey questions, with input from the IMC Steering and IMC Engagement Committee members. Efforts were made to consider all sub-county geographic areas and diverse population groups in the distribution of the four versions of the survey including online and paper survey instruments which were available in both English and Spanish. The selection of participants for the survey followed a convenience sampling approach and not a probability sampling method. The survey, which included closed and open-ended questions, was open to all Monterey County residents, and survey data was collected between July 7, 2014 and October 31, 2014.

This report incorporates findings from existing secondary data analysis with findings from the primary survey data analysis to provide information and ideas for future discussions about priorities for improving life for residents of Monterey County.

Findings: Education aspirations

A majority (65%) of respondents would like to attain some level of college education, while a significant majority (87.1%) of those with *no schooling completed* reported wanting to attain a higher level. The main obstacles to pursuing further education – both for those in school and those not in school– were the *cost of education* (30%), *family obligations* (25%), and *work obligations* (24%). For those pursuing a higher education, the main motivations were *personal satisfaction* (68%), *better job opportunities* (61%) and *higher pay* (59%).

A majority (70%) of respondents who had a child would like their child to achieve more than a high school diploma, and most would like their child to achieve a higher level of education than their own. About a third of respondents with a child under 3 years old reported that their child attended day care, and of those who do not, 56% would like them to attend daycare. Respondents indicated that the main reasons for non-attendance include *the cost of daycare* (40%), *a parent or guardian at home* (35%), or a *lack of daycare options* (23%). Slightly less than half (48%) of respondents who identified as a parent or

⁵ The complete dataset will be available for further analysis of subgroups.

guardian of a child under 5 years old reported that their child attended pre-school, and of those whose child does not attend pre-school, 87% would like them to attend. The main reason for not attending, reported by a slight majority (51%) is that their *child is too young*. Those who have children in daycare or pre-school cited similarly important factors in selecting a school for their child, including *a friendly environment, the cost of daycare, helps children academically, staff experience and training, a safe pickup/drop off system, location, and hours of operation*.

Overall, respondents reported that education could be improved with *targeted programs that support and motivate students* and by providing *more support for high quality teachers*. Spanish speaking respondents also identified *support and education for parents* as a way to improve educational outcomes.

Although there is always a gap between aspirations and actual experiences, between what one hopes for and reality, a comparison between data from the survey and from the secondary analysis revealed a noticeable disparity between respondents' aspirations and their experiences in relation to education. About half of respondents with children under the age of 6 reported that their children do not attend a childcare facility or preschool,⁶ yet 87% of them report a desire for their children to attend some type of childcare and identify the cost of child care as a main barrier. Census estimates reveal that 23% of adults age 25 or older have a bachelor's degree (8 percentage points lower than in California as a whole), yet 60% of respondents say they would like to attain at least a bachelor's degree if given the chance, and 70% of parents would like their children to achieve at least a bachelor's degree. Educational aspirations and goals for respondents and for their children are high, but education indicators for elementary and middle school reveal that less than half of county students are proficient in English Language Arts or Mathematics, less than a third of high school graduates have all the requirements to enter a 4 year university, and of those that attend community colleges in the county only a third are able to transfer to a 4 year institution within 6 years.

Findings: Economic self-sufficiency aspirations

Generally, the higher the respondent's income, the more satisfied they are with their financial situation, with 85% of those making over \$150,000 *satisfied* or *very satisfied* with their financial situation compared with 26% making less than \$25,000. Nearly 60% reported being least able to afford *caring for aging parents and relatives*, and slightly less than half reported difficulty paying for *child care* (47%), *recreational and leisure activities* (43%), and *tuition and other educational expenses* (42%).

Although many indicated high aspirations for their retirement, many also have concerns about their current financial situation, with 40% reporting being unsatisfied or very unsatisfied with their current financial situation, and 20% having difficulty paying for consumer debt. A majority (70%) of respondents *plan to save for retirement* and most view *more education and a better job* as the main vehicles for future financial success. However, debt and the high cost of housing and healthcare are seen as the main obstacles to economic self-sufficiency.

The survey revealed a noticeable disparity between respondents' aspirations and their experiences as measured by county indicators of economic self-sufficiency. The survey revealed strong aspirations about stable and high paying jobs, yet the economic indicators for the county reveal that about 48% of private

⁶ This percentage is comparable to the California Health Interview Survey (2011-12) estimates of 48% of Monterey County children not having a childcare arrangement other than their own family. This figure is twice as high as the percentage for California (24%)

employment is concentrated in Agriculture and Hospitality which results in highly seasonal employment and labor force participation rates, low yearly incomes and high geographic disparities in employment and poverty levels. Respondents' post-retirement aspirations were very ambitious, with a great majority mentioning travel plans (70%) among others. Census estimates and economic indicators, however, reveal that 20% of families with children earn a yearly income below the federal poverty line and 25% of children live in households with incomes below the federal poverty line. Estimates from the Insight Center of Community Economic Development reveal that almost 60% of all households with children cannot afford a budget that would allow them to be economically self-sufficient with their current yearly incomes.⁷ Finally, respondents identified *education* as the main vehicle for improving their economic future, but 35% of respondents with children in school reveal difficulty in paying for their children's education, and 42% of respondents currently attending school, college or other educational programs report having difficulty paying for them.

Findings: Health aspirations

Respondent's concerns about the most *significant health problems facing their community* included *street (gang) violence*, cited by 60%, and *overweight/obesity* cited by 57%. About half of respondents indicated that a *lack of exercise, alcohol abuse (especially underage drinking) and abuse of illegal street drugs* were significant community health problems, followed by *bullying amongst children and teens* (41%).

Around a third indicated the following were significant community health problems: *a lack of needed medical, dental and mental health care; a lack of nutritious food; depression; homicide; diabetes; drug abuse (including marijuana and prescription drugs); domestic abuse/violence; teen pregnancy/births; cancer; and smoking (tobacco use, especially by youth)*. Finally, about a quarter reported a *lack of affordable prescriptions, anxiety disorders, dental/oral health problems and child abuse* as significant community health problems; one in five reported *sexual abuse or rape* as concerns, and about 20% reported *chronic illness* as a significant health problem in their community.

Additionally, about one in ten respondents reported that they or someone in their family had been threatened or harmed physically by someone in their community in the past twelve months. About one in five reported being treated unfairly by race/ethnicity (22%) and slightly more than one in ten by *language* (14%), *class/income* (14%), *gender* (14%) and *age* (13%).

Interestingly, more than half (58%) of respondents indicated that the most important factor that *helps (or would help) them to exercise regularly* is having a *safe neighborhood*, followed by about half who indicated that their desire to *stay healthy* and having *enough free time* are important motivating factors. Having *access to nature* (44%), *exercise classes nearby my home* (40%), and *bike lanes, walking paths, streets with less traffic* (38%) were reported as contributing to their level of exercise, as well as the *low cost of exercise classes or fitness center fees* (34%) and *physical appearance* (30%). Overall, respondents reported that community health could be improved with *more health education/information/awareness; more access to health/mental health care; more opportunities (programmas) to exercise; information about and access to healthy food; and less access to junk/fast food*.

In terms of improving health in the community, respondents indicate that *more health education, information and awareness* are desirable. A comparison of health aspirations and health indicators for

⁷ They define an economically self-sufficient household as one that earns the minimum level of income required to live without public or private assistance.

Monterey County reveals that respondent's perceptions of the most significant community health problems closely align with what has emerged from secondary data analysis of existing population health studies. Sixty percent report *street (or gang) violence* and about a third report *homicide* as significant community health problems, in line with Monterey County's homicide rate which is nearly twice the state average. Slightly more than 41% also indicate that *bullying of children and teens* is a significant community health problem which is slightly more than the state average, but considerably more than the national average and the Healthy People 2020 target of about 18%. In addition to *more health education and information*, respondents express their desire for *more and better trained police* to help address the problem of violence in the community.

Respondents' aspirations for improving the community's health include *more opportunities (programmas) to exercise*, and *more information about and access to healthy food (and less access to junk/fast food)*. About half consider *overweight/obesity* and *lack of exercise* as significant community health problems, and a third are concerned about *diabetes* and *lack of nutritious food*. These concerns align with county health statistics that show low income groups at higher risk for overweight/obesity, and students (esp. in Seaside, Salinas and Soledad) exhibiting much higher rates in comparison with state averages.

About a third of respondents also indicate that teen pregnancy/births are a significant community health problem which bears out county-wide health statistics that show a much higher pregnancy/birth rate for teens (52.5/1,000) than the state average of 29.4/1,000. In addition, women enter prenatal care early in their pregnancy at a lower rate (74.6%) than the state average of 83.5%. Alarming, teens under 17 years old are even less likely (53%) to enter prenatal care in the first trimester.

Respondent's aspirations include *more access to health care and mental health care*, as well as *more health education and information/awareness*. Monterey County population indicators show that residents experience poorer health status and have worse access to health insurance and medical care than statewide and national averages. Lack of health insurance is a particular problem for county residents, with over a third (37%) being uninsured for all or part of the year compared with about 21% statewide and 17% nationally. This figure rises to about 50% for Legal Permanent Residents (LPR/VISA) and those with incomes below 400% of the federal poverty level and to more than two thirds (68%) for those who are undocumented.

Finally, respondents' aspirations also include *more education/information/awareness* about mental health and substance abuse and *more access to services* to address related concerns. Nearly half of respondents consider *alcohol abuse (especially underage drinking)* and *abuse of illegal street drugs* and about a third consider *abuse of prescription drugs, marijuana* and smoking (*tobacco use, especially youth*) to be significant community health problems. Somewhat more than a third of respondents also indicate that additional related problems include the *lack of needed mental health care* and *depression*, and about a quarter mention *anxiety disorders*.

Findings: General aspirations

The survey concluded with two questions that asked respondents to express in their own words their views on 'what are the main problems facing your community' and 'what could be done to make your community a better place.' For both English and Spanish respondents, the main community problem was *gangs* and *violence*. The next most commonly mentioned problems for English-speaking respondents include *the lack of or low quality of education* and *the high cost of living* or *the lack of affordable housing*

and for Spanish-speaking respondents: *drugs, water insecurity and a lack of jobs that are well-paying for youth.*

For English-speaking respondents, *education* was the most frequent word used to describe *what could be done to make your community a better place* while *security* topped the list for Spanish-speaking respondents. Generally, the main shared themes included *more and better education, more and better trained police, more access to affordable housing, more and better programs for youth, better jobs and parent education.*

Finally, responding to *what do you like most about your community*, answers included *friendly and diverse people, the natural beauty and weather and the small-town feel.* For Spanish speaking respondents, the school (*la escuela*) and parks (*parques*) were also mentioned frequently to describe what they like most about the county as well.

Conclusions

Improving the quality of life for Monterey County residents and beginning a process of social change requires the development of accurate information about residents' experiences and aspirations. Impact Monterey County has joined a growing number of innovative communities interested in a new model of facilitating social change through the collective actions of public and private stakeholders to identify outcomes of interest to residents and to assess the effectiveness of interventions on the community's well-being.

The key aim of this research was to explore in depth the experiences and aspirations of Monterey County residents to provide data that could inform a broader community discussion about education, economic self-sufficiency, and health. IMC partnering agencies can use these findings in ongoing efforts (a) to align community stakeholders' interests with a common set of goals and (b) to evaluate progress toward changes that improve the quality of life for all county residents.

The findings from this study, along with the results of the community conversations and the youth survey, provide the IMC Steering Committee with information about Monterey County residents that will inform the various teams as they move this complex process forward to address the areas of education, economic self-sufficiency and health.

Understanding the big aspirations, challenges and hopes expressed by residents regarding their experiences and views about education, economic self-sufficiency, and health will allow community leaders to move forward and prioritize future efforts to address community-identified concerns to improve the quality of life in Monterey County.

FULL REPORT

SECTION 1 ~ Introduction

Background

In summer of 2013, the United Way Monterey County (UWMC) invited proposals from evaluators to conduct a Community Assessment of Monterey County. This assessment would gather information about Monterey County residents from existing population studies (the secondary data analysis) and survey the views of a cross-section of county residents about their current quality of life and their opinions about how to improve life in our county through an Aspirations Survey.

California State University Monterey Bay's (CSUMB) faculty researchers from the Department of Health, Human Services and Public Policy's Institute for Community Collaborative Studies (ICCS) were selected to work with Impact Monterey County's (IMC) Data, Research and Analysis Team (DRAT) to conduct this Community Assessment.

Completion of a secondary data analysis prior to development of the survey was done to provide a basis for developing the survey questions to ensure they reflected Monterey County residents' experiences. This prior investigation allowed researchers to gain a sense of the community's general life experiences, prior to implementing the Aspirations Survey.

IMC will incorporate findings from this adult study with findings from a youth survey and information from "kitchen conversations" into its overall Community Assessment, and will ultimately develop a strategic action plan. This report summarizes the planning, methodology, and implementation of this Community Assessment, and presents findings from the primary and secondary data analysis. The results of this study should provide the IMC Steering Committee and community stakeholders with a unique opportunity to think differently about the "community's needs;" it should also help them consider the impacts of possible interventions in the areas of education, economic self-sufficiency and health.

Impact Monterey County

CORE VALUES - I C A R E

INCLUSIVENESS: Reflect the residents of Monterey County in terms of the demographic, geographic, and socio-economic makeup of the study's participants

COURAGE: Ensure that the results of the study will lead to collective action

ACCEPTANCE: Accept and be open to all ideas that are expressed and uncovered during the study

RESPECT: Honor each participant's perspective and treat all with dignity

EVIDENCE: Be unbiased and thorough in the interpretation and dissemination of study data and results

GOALS

ASSESS: To assess and measure important community needs

COLLABORATE: To identify other community assessments and use existing data to ensure efficiencies and to streamline IMC's Community Assessment

ALIGN: To align stakeholders toward common goals and measurements that improve conditions for all

IMPLEMENT/TAKE ACTION: To establish a common agenda for addressing specific issues impacting communities throughout Monterey County and to take actionable steps toward accomplishing said agenda

MEASURE/SUSTAIN: To establish a plan to measure progress made toward common agenda and to continue the assessment process at regular intervals going forward

Purpose

This research project was envisioned by the Impact Monterey County (IMC) Steering Committee (SC) to provide relevant information about the experiences and future aspirations of county residents for a Community Assessment. This information will be used by a county-wide multi-sectoral collaborative group of community leaders to create a common agenda and action plan focusing on ways to improve education, economic self-sufficiency and health over the next decade.

The first component of IMC's effort involved CSUMB-ICCS researchers and members of the IMC Data, Research & Analysis Team (DRAT) exploring the experiences of Monterey County residents through an analysis of existing community reports and population studies, as a prelude to designing and then implementing a community-wide survey to gather Monterey County resident's concerns about and ideas for improving their education, economic self-sufficiency and health. The secondary data analysis helped DRAT members to determine the primary indicators of importance, i.e., the areas where Monterey County residents' experiences differ from those of state and national population groups. The findings from the secondary data analysis were distilled into "themes" that were then used to develop questions for the Aspirations Survey.

In addition to this survey, IMC incorporated two other components. The first was a youth survey implemented through the Monterey County High Schools by the Monterey County Office of Education (MCOE). This survey sought to collect the aspirations of 11th graders who were in school at the time of the study (Winter 2015). The second was a series of "kitchen conversations" or small community meetings that were used to engage residents in a more intimate discussion of their views about the quality of life in Monterey County. This information will be used to illuminate the findings from the adult survey and to deepen IMC's understanding of the community's views on how to improve life in Monterey County.

Findings from the adult aspirations survey, the youth survey and the "kitchen conversations" will be integrated into a final document for the next phase of the IMC effort which will include: working with a multi-sectoral group of stakeholders to build a community consensus around a set of priorities; creating a set of interventions that address these priorities; and measuring the effectiveness of these interventions as they impact the education, economic self-sufficiency, and health outcomes of Monterey County residents.

The next section of the report outlines the methods used to collect data and to analyze information gathered from secondary sources and from the primary survey instrument. The third section outlines the findings from the Aspirations Survey, focusing on county-wide aspirations of residents and supplemented with indicators of importance from the secondary data analysis. The final section pulls together these findings and explores the implications for applying the findings to the broader IMC effort.

SECTION 2 ~ Methods

Overview

To collect the required information, the Data Research and Analysis Team (DRAT) was formed, comprised of community leaders and partnering agency employees with expertise in research and evaluation and in one or more of the three areas being analyzed. Institute researchers collaborated with IMC DRAT members to respond to the following questions, "What are the experiences of Monterey County residents in the areas under study?" and "What are the aspirations of Monterey County residents in terms of improving living conditions in Monterey County related to the areas under study?" Institute researchers worked closely with the DRAT to examine data from a variety of sources and then to develop and implement the Aspirations Survey with input from the IMC Steering and Engagement Committees. The study was carried out in two phases. Each type of information used in this report is described separately.

Phase I ~ Secondary data analysis methodology

Phase I consisted of an analysis of existing secondary data to ascertain Monterey County residents' experiences in the three areas of interest – education, economic self-sufficiency, and health. Researchers began by reviewing data provided by DRAT members in county-level government reports primarily produced by the Monterey County Health Department (MCHD), First 5 Monterey County, and the Department of Social Services (DSS), as well as in other community reports generated by local organizations. In addition, public data from the US Census and the American Community Survey (ACS, 2010), and state-level data from the California Health Interview Survey (CHIS – 2009-2012) and the California Department of Education's research files (Dataquest) were also examined.

The purpose of the phase I secondary data analysis was four fold:

- 1) to review existing data for Monterey County residents related to indicators selected by the DRAT;
- 2) to analyze the data, looking for "themes" and issues that were used as the basis for developing survey questions;
- 3) to provide a context and a framework for the analysis of primary data collected through the Aspirations Survey;
- 4) to provide a starting point from which IMC Steering Committee can begin to formulate strategic initiatives addressing each area of interest – education, economic self-sufficiency, and health.

This phase involved considerable discussion, exchange of ideas and negotiations between Institute researchers and DRAT members at monthly meetings from December 2013 – June 2014. The secondary data analysis answers the question, "What do broader population studies tell us about Monterey County residents' experiences in the three areas of interest?"

Population data

Population data at the census tract and ZIP code level (5 digit ZIP code tabulation areas) for the post-stratification weighting procedure applied to the survey came from the US Census Bureau's estimates from the 2010 Decennial Census. Income, employment, and language proficiency data at the census tract level came from the 5-year estimates (2005-2010) provided by the American Community Survey of the Census Bureau. Both these sources were accessed online through the American Fact Finder web portal.

Education data

Education data for Monterey County came from the California Department of Education’s research files (Dataquest), First 5 Monterey County’s report on kindergarten readiness (2012), the California Community Colleges Chancellor’s office (Datamart), CSUMB’s Institutional Assessment Research (IAR) office, the US Census’ American Community Survey, and the California Health Interview Survey (CHIS) 2011-12.

Data was organized according to level of educational attainment, from preschool through university. Initial education indicators were determined in collaboration with IMC DRAT members, and final selections were made in consultation with the IMC Steering Committee. For each level, indicators were selected based upon standard measures including the following:

- Early Childhood Education: Childcare arrangements for children under 6, kindergarten readiness, and % of Parents that Report Reading to their Children as a Daily Activity
- Elementary school: % of 3rd and 5th Grade Students Proficient in Math and ELA
- Middle school: % of 8th Grade Students Proficient in Math (Algebra) and ELA
- High school: % of Students Proficient in ELA and MATH; % of Graduates meeting UC and CSU Entry Requirements; % of Graduates in Higher Education; Cohort Graduation and Dropout Rates
- Community College: Degree/Certificate Awards; Transfer Volume; Transfer Velocity
- University: Graduation rates
- Educational attainment: Highest level of education achieved by adults

Economic Self-Sufficiency data

Data on income and economic self-sufficiency for Monterey County residents came from the US Census, Individual Data from the 2009-2011 American Community Survey (Public Use Microdata Area – PUMA), the Bureau of Labor Statistics, the Bureau of Economic Analysis, and the INSIGHT Center for Community Economic Development.

The analysis of economic self-sufficiency in Monterey County utilized the American Community Survey data and the Bureau of Labor Statistics to describe the variation in income levels, employment types and status, and housing expenditures by geographic regions within the county, and explored the “Self-Sufficiency Standard” Indicator (SSSI) for a sample of individual and family household types in Monterey County. For the purposes of this study, self-sufficiency is defined as a family’s ability to cover basic expenses without public or private assistance – where the basic expenses are defined with a budget that considers variations in housing (including utilities), food, childcare, healthcare, transportation, miscellaneous expenses, and taxes specific to our county as calculated by the INSIGHT Center for Community Economic Development.

Health data

Health data for Monterey County came from the following sources: the California Health Interview Survey (CHIS – 2012) through their web portal “Ask CHIS”; an analysis by ICCS researchers of 2012 CHIS data conducted in collaboration with the Monterey County Health Department (MCHD); the MCHD Community Health Assessment (2014); and other Monterey County reports. Indicators were developed for Monterey County and then compared with California and national averages, and targets from US Department of Health and Human Services (DHHS) Healthy People 2020 (where available).

Initial health indicators were determined in collaboration with IMC DRAT members, and final selections were made in consultation with the IMC Steering Committee.

Although 2012 health data was not available for region or ZIP code level analysis, data was stratified by gender, ethnicity, age, income and immigration status where possible. Data was organized based upon the following set of indicators selected due to differences between Monterey County data and California and US data in these areas:

- Access to health services – health status, usual source of care, health insurance, language barriers and online health information
- Chronic diseases – high blood pressure, heart disease and diabetes
- Injury and violence – unintentional injury, mortality rates, homicides, domestic violence
- Maternal, infant and child health – prenatal care, teen pregnancy/births
- Behavioral health – suicides, drug related deaths, teen and adult binge drinking
- Nutrition, physical activity and obesity – overweight and obese adults and adolescents
- Communicable diseases – newly reported HIV/AIDS cases, pertussis infection rates

Summary of secondary data analysis objectives

1. Gather existing local data reports from DRAT members for each area under study: education, economic self-sufficiency and health.
2. Extract, compile and analyze pertinent data from existing community reports.
3. Conduct additional research on how each of the indicator levels varied among different geographic and demographic sub-populations in the county.⁸
4. Develop comparison data tables for Monterey County, California and US statistics to determine discrepancies between Monterey County residents' experiences (based upon population studies) and those of state and national groups; the process for selecting indicators included extensive discussions with the IMC DRAT and feedback from the IMC Steering Committee (Jan 2014).
5. Compile indicators of importance (where Monterey County residents' experiences are worse than state or national averages) into education, economic self-sufficiency and health "themes" to be considered by the DRAT for development of the aspirational survey.
6. Draft an initial set of questions for the survey for the DRAT members to review and approve.
7. Develop and present secondary data findings (for each separate area of study) in PowerPoint (PPT) formats to the IMC DRAT and Steering Committees (January – February 2015).

Phase II – Primary data analysis methodology

Phase II consisted of the implementation of the Aspirations Survey and analysis of the data collected. The survey was made available to the public from July 7 through October 31, 2014. The primary data analysis report provides the following: 1) an overview of residents' responses to closed-ended survey questions focusing on their aspirations in each of the three areas of interest; 2) a summary of indicators of importance from the secondary data analysis; and 3) a summary of the major themes that emerged from

⁸ This analysis did not evaluate any part of the system that delivers services related to the three areas of interest (education, economic self-sufficiency or health), or review a comprehensive list of indicators. In addition, the depth of analysis of specific indicators was limited by availability of data sets from secondary data sources.

open-ended survey questions focusing on residents' concerns and aspirations. The primary survey data analysis report focuses on county-wide aspirations and not on specific demographic groups or geographic areas. For this reason, separate analyses for subpopulations are not presented in this report.

This report incorporates findings from existing secondary data analysis with findings from the primary survey data analysis to provide information and ideas for future discussions about priorities for improving life for residents of Monterey County.

Questionnaire design, selection of participants, and data collection

The IMC DRAT provided oversight and leadership in the creation of the survey questions, with input from the IMC Steering and IMC Engagement Committee members. Efforts were made to consider all sub-county geographic areas and diverse population groups, (age, gender, ethnicity, household income) in the distribution of the survey countywide.

The selection of participants for the survey followed a convenience sampling approach and not a probability sampling method. The survey was open to all Monterey County residents in electronic and paper formats. The IMC Engagement Committee led the task of promoting the survey across different geographic and demographic groups within the county. Survey data was collected between July 7, 2014 and October 31, 2014 through four survey instruments: two distributed online (English and Spanish) and two paper versions (English and Spanish).

An online survey application (SurveyMonkey) was used to collect responses electronically. An initial email was sent to the IMC backbone at United Way Monterey County with two links to the survey, one in English and one in Spanish, who then distributed the responses via email to members of the various IMC committees to forward to public agencies, nonprofit organizations and their constituents (family members, friends, colleagues, students, neighbors). The two survey links were also available on the United Way Monterey County website (and other IMC Steering Committee agency/organization's websites).

The (English and Spanish) paper surveys were distributed by United Way Monterey County volunteers and staff at various locations across the County identified by the IMC Engagement Committee to extend availability to populations with limited internet and electronic access. IMC Engagement Team members conducted an extensive outreach campaign using various forms of personal and community contacts, as well as local radio, TV and online news and social media outlets. Volunteers also provided assistance to low-literacy residents and those in need of other help to complete the paper surveys. The paper surveys were then collected by United Way Monterey County volunteers and manually entered into the online SurveyMonkey application by the United Way Monterey County staff. Community events, libraries, churches, multiple news media and social media outlets were utilized to get the word out.

The survey included closed-ended questions that provided respondents with answer options for a specific question ("*pick the option that best describes your opinion*" or "*select all the options that apply from the list below*") and open-ended questions that included a comment box in which respondents could write unlimited responses in their own words.

In the analysis, closed-ended item (quantitative) responses are expressed in percentages and calculated using a weighted dataset. All quantitative analyses were conducted using SVY commands in STATA version 13.1. Post-stratification weighting was used to balance representation by area of residence. Responses were assigned a weight based upon their region. Respondents were required to provide their

ZIP-codes which were used to construct region indicators.⁹ The weight assigned to each response in a region was calculated by dividing the proportion of population residing in the respondent's region (as measured in the US Census 2010) by the proportion of survey questionnaires completed in the respondent's region.

Open-ended item (qualitative) responses were analyzed using NVIVO version 10, and themes for each item were extracted using a two-step process. First, word frequency analysis was used to obtain the top 3-4 most frequently occurring words in responses to an item (word clouds) and second, word-tree analysis was used to further explore the context in which each common word was used.¹⁰

Summary of primary survey data analysis objectives

1. Complete a final set of survey questions (in English) for the DRAT members to review and approve.
2. Finalize the questionnaire in English and then create the online version to pilot.
3. Pilot the English version to ensure understandability and accessibility for a broad range of population groups across the county.
4. Finalize revisions that were then translated into a Spanish version by the Middlebury Institute of International Studies at Monterey.
5. Develop the English survey into a paper format and implement both English versions on July 7, 2014.
6. Develop the Spanish language version of the survey into the online format and pilot prior to finalizing to ensure understandability and accuracy of the translation.
7. Develop the Spanish survey into a paper format and implement both Spanish versions on July 7, 2014.
8. Monitor and report (by the Institute) to the DRAT on weekly progress (the number of surveys completed) through October 31, 2014, at which time the four surveys were closed.
9. Input the paper surveys (by United Way of Monterey County volunteers and staff) into the online data collection instrument through November 30, 2014.
10. Download survey data from the four online collectors; clean data and conduct post-stratification weighting to account for population variations prior to analysis.
11. Analyze survey data and develop aspirational profiles for each of the three areas of study: education, economic self-sufficiency and health.
12. Develop and present findings in PowerPoint and Prezi formats to the IMC DRAT and Steering Committee (March – April 2015).
13. Integrate primary survey data and secondary analysis into the final report (May 2015).

⁹ Respondents residing outside of Monterey County or who entered fake ZIP codes (ex. 99999) were removed from analysis.

¹⁰ Word clouds are included throughout the report as well as in a larger format version in Appendix 14.

Survey Responses

A total of 4,388 questionnaires were completed. Of the total number of surveys completed, 168 were identified as having invalid ZIP codes (either outside Monterey County or random numbers). The invalid ZIP codes and corresponding surveys were removed, resulting in a valid count of 4,220 completed surveys. Most (93%) respondents completed the English language survey and a majority (83%) used the online format to do so.

The proportion of survey responses from Salinas (40%) somewhat closely matched the proportion of county residents (44%). The proportion of survey responses from the Peninsula/Big Sur area (23%) slightly over-represented the proportion of county residents (16%); the proportion of survey responses for North County (11%), was double their representation of county residents (6%). While the proportion of survey responses from Seaside/Marina (15%) was nearly the same as the proportion of county residents (13%), the proportion of survey responses from South County (11%) under-represented the proportion of county residents at 20%.¹¹ To ensure that the number of survey responses matched the actual population distribution for each region within the County, a post-stratification weighting method was used. All of the tables presenting survey responses from closed-ended items in this report are weighted by region using the weighting factors presented in Table 1.

Table 1. Post-stratification weighting of completed surveys

| Region | Survey % | Population % | Post –stratification weight |
|--------------------------------|----------|--------------|-----------------------------|
| Salinas | 39.9 | 43.9 | 1.1 |
| North County | 10.8 | 5.9 | 0.6 |
| Peninsula/Big Sur | 23.1 | 16.4 | 0.7 |
| Seaside/Marina | 14.9 | 13.4 | 0.9 |
| South County | 11.4 | 20.4 | 1.8 |
| Responses with valid ZIP Codes | 4,220 | | |

Source: Population estimates based on 2010 US Census, ACS 2013.

¹¹ For a detailed correspondence list of areas and ZIP codes please refer to Appendix 5.

Respondent Demographics

Respondents' age and household income distribution very closely matched those of the general county population. About 20% of respondents were 18-29 years old, 72% were 30-69 years old and about 8% were 70 years and older. Thirty eight percent of respondents reported yearly household income as less than \$50,000, almost 50% reported incomes in the \$50,000-100,000 range, and about 10% reported incomes above \$150,000.

Respondent's gender and ethnicity were not as closely matched. Far more women than men (71% vs. 29%) completed the survey than are present in the general county population (49% vs. 51%), and most respondents (60%) indicated that they were of Caucasian (not Hispanic/Latino) origin, which is significantly higher than the proportion of the general population (45%). Although these percentages do not closely match those of the general population, weighting was not used to adjust for this imbalance due to the potential loss of about 1,000 responses.¹²

The majority (77%) of survey respondents reported they have lived in Monterey County for at least 10 years, with over half (54%) for more than 20 years. Nearly 8% of respondents reported having military experience with most of those (81%) indicating inactive status. Of those, slightly more than half (58%) were discharged, 22% were retired and about 8% reported their status as "other" with 28% of these reporting "family/ dependent" status. Forty-two percent also reported being "the parent or guardian of a child of any age," with 38% of these reporting having at least one child under 5 years old.

The educational level of respondents was somewhat different than that of the general population. Although nearly 30% of Monterey County residents have not completed high school, only 6% of survey respondents had not. While slightly more than 10% of survey respondents reported a high school diploma or GED as their highest level of education, twice as many (20%) Monterey County residents achieved a high school diploma as their highest level. Slightly more survey respondents (54%) than Monterey County residents (about 50%) have attended college, yet nearly the same percentage of survey respondents (20%) as general residents (21%) have some college credits but no diploma. There are differences between the proportion of survey respondents and county residents who have achieved college degrees; fewer survey respondents have an associate's degree (11% vs. 21%), but more have a bachelor's degree (22% vs. 14%) and significantly more have a post-baccalaureate (master's, doctorate or professional) degree (23% vs. 8%).

Respondent Demographics

| Age group | Survey % | Population % |
|--|----------|--------------|
| 18-24 | 11.34 | 15.21 |
| 25-29 | 8.78 | 10.54 |
| 30-39 | 19.2 | 19 |
| 40-49 | 16.4 | 17.67 |
| 50-59 | 19.29 | 16.49 |
| 60-69 | 16.83 | 10.87 |
| 70- 79 | 5.7 | 5.795 |
| 80-89 | 1.83 | 3.63 |
| 90+ | 0.64 | 0.783 |
| Household Income | Survey % | Population % |
| Less than \$25,000 | 18.29 | 18.2 |
| \$25,000-34,999 | 8.4 | 9.6 |
| \$35,000-49,999 | 11.69 | 13.4 |
| \$50,000-74,999 | 16.68 | 19.6 |
| \$75,000-99,999 | 15.81 | 12.7 |
| \$100,000-149,999 | 15.81 | 15.5 |
| \$150,000 + | 13.31 | 11 |
| Valid Responses | 3,297 | |
| Ethnicity | Survey % | Population % |
| Not of Hispanic, Latino origin | 60.24 | 44.6 |
| Hispanic or Latino | 39.77 | 55.4 |
| Mexican | 35.44 | 50.2 |
| Cuban | 0.39 | 0.1 |
| Puerto Rican | 0.36 | 0.5 |
| Other | 3.58 | 4.6 |
| Valid responses | 3,053 | |
| Educational Attainment | % | |
| No schooling completed | 0.6 | |
| Elementary school (Grades 1 - 5) | 1.2 | |
| Middle school (Grades 6 - 8) | 1.1 | |
| High school (Grades 9-12) - No Diploma | 3.6 | |
| High school diploma or GED | 10.2 | |
| Trade school / certificate | 3.0 | |
| Some college credit - No Diploma | 19.6 | |
| Associate's degree | 10.9 | |
| Bachelor's degree | 21.8 | |
| Master's degree | 18.4 | |
| Professional degree | 2.9 | |

¹² Close to 1,000 respondents skipped or chose not to answer the ethnicity or the gender items. Weighting on these variables would have caused the loss of responses for items that these respondents did answer.

SECTION 3 ~ Findings

Aspirations and experiences related to Education

Introduction

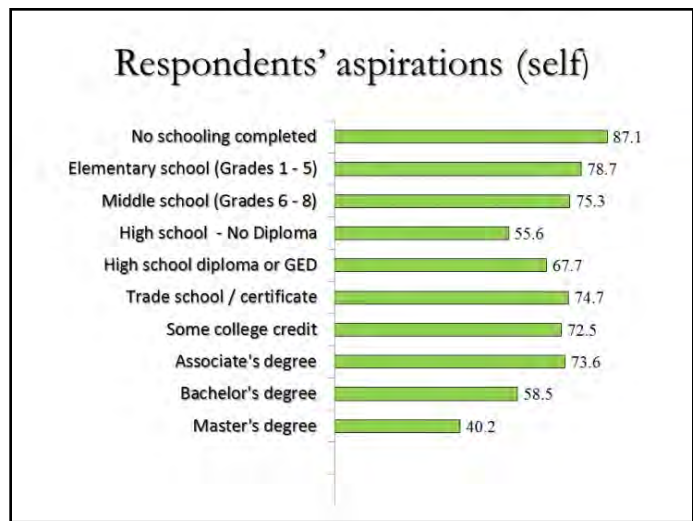
Aspirations for education were measured by a set of questions that addressed desired educational outcomes, obstacles, and motivations. In addition, respondents who reported being a parent or guardian of any age child were asked what their aspirations were for their children’s education¹³.

Education Findings

Educational aspirations for self

Respondents were first asked about the highest level of education they would like to achieve in their lifetime, if given the opportunity. A majority (65%) responded that they would like to attain some level of college education; of these, most (25%) would like a Master’s degree, followed by equal numbers (15%) who would like a Bachelor’s or Doctoral degree, and equal numbers (about 5% each) who would like to achieve either an Associate’s or a Professional degree. Finally, 16% of respondents stated they had already achieved the highest degree desired.

Figure 1. Percent of respondents who would like to attain a higher level of education than the one they report

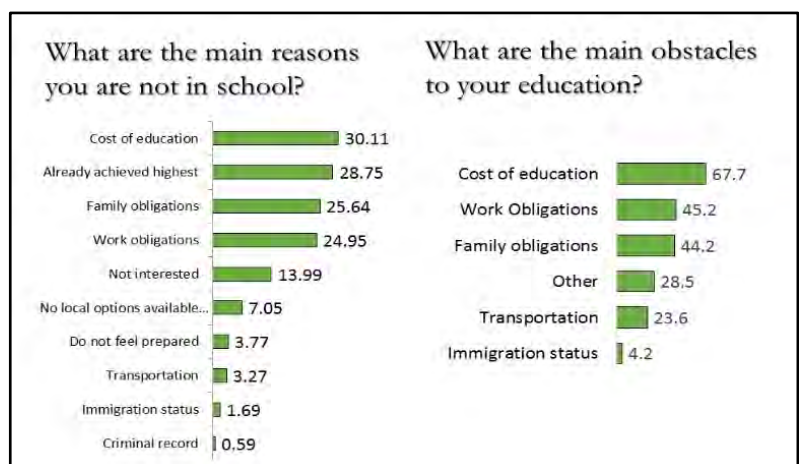


A wide gap was seen between respondents’ *highest level of education they would like to achieve if given the chance* and their reported *current*

level of educational attainment shown in Figure 1. A significant majority (87%) of those with ‘no schooling completed’ reported wanting to attain a higher level of education, while only 40% of those with a Master’s degree were interested in achieving a higher level.

When respondents not currently in school were asked about the main reason keeping them from pursuing further education, the most frequent answers were the *cost of education* (30%), followed by having *already achieved the highest level they wanted* (28%), *family obligations* (25%) and *work obligations* (24%).

Figure 2. Reported obstacles to obtaining a higher level of education



¹³ Because the survey instrument included several items addressing parents’ aspirations regarding their children’s education, parents were only asked to provide aspirations for the oldest or only child.

As Figure 2 presents, the main reasons keeping respondents from pursuing more education closely mirror the obstacles reported by respondents currently pursuing a degree. When respondents who are currently in school were asked about the main obstacles they face while pursuing their studies, the most common answers were the *cost of education* (68%), *family obligations* (24%) and *work obligations* (25%). Respondents currently in school were also asked to provide the reasons why they are pursuing a degree; the three most frequent responses were *personal satisfaction* (68%), followed by *better job opportunities* (61%) and *higher pay* (59%).

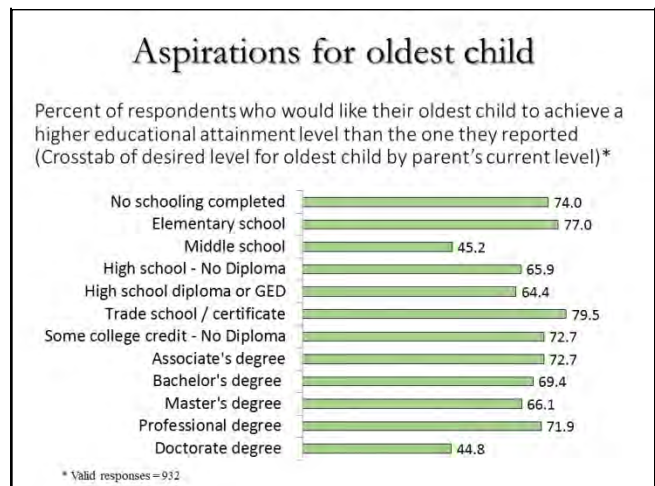
Educational aspirations for child

Respondents were then asked about their educational aspirations for their oldest (or only) child. Forty two percent reported being a parent or guardian of a child and a majority of them (70%) would like their child to achieve more than a high school degree, with 28% reporting wanting their child to attain a Doctorate, followed by 22% who would like them to achieve a Professional degree, and 15% a Master’s degree. Interestingly, nearly 19% “did not know” what level of education they would like to see their oldest or only child achieve.

Further, a comparison of parents’ desired level of education for their oldest (or only) child with *their own current level of education* indicated that, by sizable numbers, most parents would like their child to achieve a higher level of education than their own.

Nearly 80% of those with a trade school/certificate wanted their child to achieve a higher level, followed by 77% of those who only completed Elementary School. Similar numbers (around 74%) of parents who had completed no schooling, some college, an Associate’s or a Professional degree wanted their oldest/only child to achieve a higher level. Interestingly, similar numbers (around 45%) of respondents who completed Middle School or had a Doctoral degree reported an interest in their oldest/only child achieving a higher level of education than their own.

Figure 3. Aspirations for oldest child



Aspirations for children age 0-5

For respondents who identified as a parent or guardian of a child under 3 years old, about a third reported that their child attended daycare, and of those whose child does not attend daycare, 56% would like them to attend. The main reasons for not attending include *the cost of daycare is too high* (40%), there is a *parent or guardian at home* (35%), or there is a *lack of daycare options* (23%). For those whose child attends daycare, the most important factors in selecting daycare for over 70% of respondents include a *friendly environment*, *the cost of daycare*, *helps children academically*, and *staff experience and training*. Many parents (over 60%) also look for a *safe pickup/drop off system*, *location*, and *hours of operation*. Finally, *kindergarten preparedness* was reported by about half (54%) to be an important factor in selecting daycare.

For respondents who identified as a parent or guardian of a child under 5 years old, nearly half (48%) reported that their child attended preschool, and of those whose child does not attend preschool, 87% would like them to attend. The main reason for not attending preschool, reported by a slight majority

Aspirations and experiences in the area of education

An analysis of aspirations and experiences shows differences that could inform the discussion during the development of priorities and strategies for the future. Table 2 presents these discrepancies between respondents’ educational aspirations for themselves and their children and indicators developed from secondary population data analysis for Monterey County.¹⁴

Table 2. Aspirations and experiences in the area of education

| Areas/level | Aspirations | Monterey County Indicators/ Experiences | California Indicators/ Experiences |
|--|---|---|--|
| Early Childhood Education | <ul style="list-style-type: none"> • 56% of parents of children under 3 whose children are not in a daycare would like them to attend one. • 87% of parents with children under 5 whose children are not attending preschool would like them to attend one. | <ul style="list-style-type: none"> • 48% of Monterey County parents of children under 6 years old (and not in kindergarten) report a grand parent or family member as the only source of childcare.¹ | <ul style="list-style-type: none"> • 24% of California parents of children under 6 years old (and not in kindergarten) report a grand parent or family member as the only source of childcare.¹ |
| Educational attainment | <ul style="list-style-type: none"> • 60% of respondents would like a bachelor’s degree or a higher level of education if given the chance | <ul style="list-style-type: none"> • 24% of adults 25 years or older in Monterey County hold a bachelor’s degree or higher.² • 29% of adults 25 years or older in Monterey County has less than a High School Diploma² | <ul style="list-style-type: none"> • 30% of adults 25 years or older in California hold a bachelor’s degree or higher.² • 19% of adults 25 years or older in California has less than a High School Diploma² |
| Higher Education | <ul style="list-style-type: none"> • 70% of parents would like their oldest (or only) child to obtain at least a bachelor’s degree. | <ul style="list-style-type: none"> • Less than half of children in 3rd (33%), 5th (49%), and 8th grade (46%), score at proficient level in English and Language Arts.³ • Less than half of 8th graders (42%) score at proficient level in algebra.³ • Less than one third (32%) of high school graduates have completed all the requirements to enter a UC or CSU school by graduation.³ • 33% of a cohort entering community college in the County had transferred to a 4-year university within 6 years.⁴ | <ul style="list-style-type: none"> • In California the percentage of students proficient in English and Language Arts is about 11 percentage points higher than in Monterey 3rd (45%), 5th (60%), and 8th (57%)³ • In California half of 8th graders (50%) score at proficient level in algebra.³ • In California 39 % of high school graduates have completed all the requirements to enter a UC or CSU school by graduation.³ • 40% of students entering a community college in California transferred to a 4-year university within 6 years.⁴ |
| <p>Data Sources:</p> <ol style="list-style-type: none"> 1. California Health Interview Survey (2011-12) 2. American Community Survey (2013 -5 year estimates) US Census 3. California Department of Education (Dataquest) 4. California Community Colleges Chancellors Office (DataMart) | | | |

¹⁴ The table presents only a summary of indicators most closely associated with the main community aspirations findings from the survey. For a more detailed analysis of county indicators please refer to Appendix 7 that presents all indicators in the area of education reviewed in Phase I.

Although there is always a gap between aspirations and actual experiences, between what one hopes for and reality, a comparison between data from the survey and from the secondary analysis revealed a noticeable disparity between respondents' aspirations and their experiences in relation to education. About half of respondents with children under the age of 6 reported that their children do not attend a childcare facility or preschool¹⁵ yet 87% of them report a desire for their children to attend some type of childcare and identify the cost of child care as a main barrier. Census estimates reveal that 23% of adults age 25 or older have a bachelor's degree (8 percentage points lower than in California as a whole), yet 60% of respondents say they would like to attain at least a bachelor's degree if given the chance, and 70% of parents would like their children to achieve at least a bachelor's degree. Educational aspirations and goals for respondents and for their children are high, but education indicators for elementary and middle school reveal that less than half of county students are proficient in English Language Arts or Mathematics, less than a third of high school graduates have all the requirements to enter a 4 year university, and out of those that attend community colleges in the county only a third are able to transfer to a 4 year institution within 6 years.

Aspirations and experiences related to Economic Self-Sufficiency

Introduction

Aspirations for economic self-sufficiency were measured by a set of questions that addressed plans for retirement, ability to pay monthly bills, overall financial satisfaction, strategies for future independent living, and plans to improve economic security in the future.

Economic Self-Sufficiency Findings

Respondents were first asked about their *retirement aspirations*. More than half of respondents selected *traveling* (70%), *spending more time with friends and family* (66%), and *volunteering in my community* (58%) as important aspirations for retirement. Nearly half indicated that *studying* and *pursuing new hobbies* were important aspirations for retirement, and slightly more than one in ten reported that they would like to *live abroad* (outside the US), *continue working in the same field* or *start a new business*.

Although many Monterey County residents indicate high aspirations for their retirement, many also have concerns about their current financial situation. Responses to the question "*How satisfied are you with your current financial situation?*" stratified by respondent's annual household income yielded some interesting findings. Generally, the higher the respondent's income, the more satisfied they are with their financial situation – 85% of those making over \$150,000 were *satisfied* or *very satisfied* with their financial situation compared with just 26% of respondents who reported making less than \$25,000. Levels of household income are inversely related to levels of dissatisfaction, with those making the least, the most unsatisfied (66%) and those making the most, the least unsatisfied (13%).

Respondents were also asked whether they were able to pay (*always, almost always, occasionally, almost never, or never*) for a variety of activities of daily life. For those who responded that the expense was

¹⁵ This percentage is comparable to the California Health Interview Survey (2011-12) estimates of 48% of children not having a childcare arrangement other than their own family. This figure is twice as high as the percentage for California (24%)

applicable,¹⁶ nearly 60% of respondents reported being least able to afford *caring for aging parents and relatives*. Slightly less than half reported difficulty paying for *child care/daycare* (47%), *recreational and leisure activities* (43%), and *tuition and other educational expenses* (42%). About a third (35%) reported difficulty paying for *children’s education*, and slightly more than a quarter reported that they had additional expenses that were difficult to pay for, including *transportation, veterinarian expenses, housing maintenance, and clothing*. Finally, one in five respondents also experienced difficulty paying for *(non-insurance) healthcare expenses*.

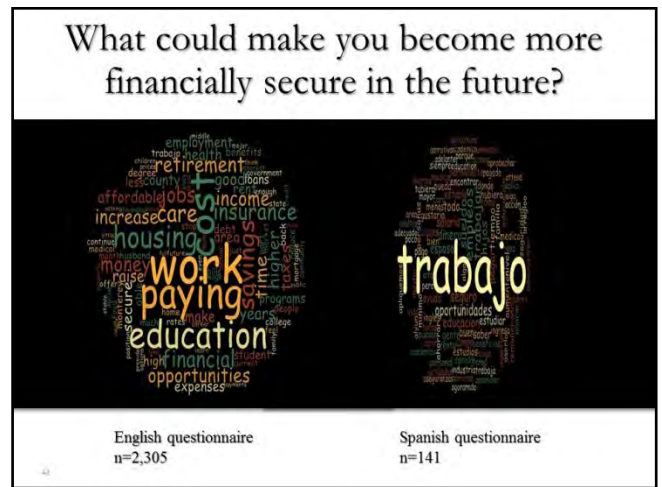
Respondents were also asked to consider what they are *currently doing or plan to do to maintain independence* as they age. About three-fourths (73%) of respondents stated that they do or will *maintain their health*, more than half (59%) do or will *engage in activities to stay socially connected* and half will *save money to use as I get older*. Other activities of importance include *pay into a pension or retirement plan, take a course or study to keep my mind active, and work past retirement*.

Summary of aspirations in the area of economic self-sufficiency

Respondents generally report ambitious aspirations for retirement. However, their current economic conditions do not seem optimal, as 40% report being *unsatisfied* or *very unsatisfied* with their current financial situation, and 20% have difficulty paying for *consumer debt*. About half of respondents report having difficulty paying for *childcare*, and one third report having difficulty paying for *their children’s education*, as well as *housing maintenance costs*. In terms of future economic self-sufficiency, a majority (70%) of respondents *plan to save for retirement* and most view *more education and a better job* as the main vehicles for future financial success. However, *debt* and the *high cost of housing and healthcare* are seen as the main obstacles to economic self-sufficiency.

Slightly less than half (2,446) of respondents commented on an open-ended question that asked: *what would help you become more financially secure in the future*. The themes extracted from an analysis of frequently used terms in the responses to this open-ended item – in both English and Spanish – indicated that *more/better paying/stable work/jobs* and *more and better educational opportunities* are perceived by respondents as the main factors for securing their financial situation in the future. Additionally, *debt* payments, the *high cost of housing*, and *health care costs* emerged as frequently mentioned factors as well.

Figure 5. English/Spanish word clouds: What could make you become more financially secure in the future?



Aspirations and experiences related to economic self-sufficiency

An analysis of aspirations and experiences shows differences that could inform the discussion during the development of priorities and strategies for the future. Table 3 presents these discrepancies between respondents’ aspirations related to Economic Self-Sufficiency and indicators developed from secondary population data analysis for Monterey County.

¹⁶ Respondents that indicated that these expenses were “not applicable” to them were not included in the calculation of the percentages presented in this section.

Table 3. Aspirations and experiences in the area of economic self-sufficiency

| Area/level | Aspirations | Monterey County Indicators/Experiences | California Indicators/Experiences |
|--|---|--|---|
| Employment /Work | More and better paying employment is the most frequently identified factor in determining future economic self-sufficiency | <ul style="list-style-type: none"> • 48% of employment in the County is in the sectors of agriculture and hospitality.¹ Employment in these sectors tends to be low-paying and highly seasonal. • In the 2013-14 period, the difference in the labor force between high season (summer) and low season (winter) was about 20,000 workers, and the unemployment rate fluctuated from 13.3 to 6.5.² • In Areas of South County, East Salinas, Seaside, Pajaro and Castroville, the average annual unemployment rate exceeds 15%.³ • In the 2003-13 period, the County's economy became more reliant on agriculture relative to California as a whole.¹ | <ul style="list-style-type: none"> • 14% of employment in California is concentrated in the sectors of agriculture and hospitality.¹ |
| Economic self-sufficiency after retirement | <ul style="list-style-type: none"> • The majority of respondents plan to travel (70%), spend time with friends and family (66%), and volunteer (58%) during retirement • 70% of individuals "Plan to save for retirement" | <ul style="list-style-type: none"> • 20% of families with children earn yearly incomes below the federal poverty line.⁴ • 25% percent of children (18 and under) live in families with yearly incomes below the federal poverty line.⁴ • 50% of households rent in Monterey County and 49% of renters spend 35% or more of their monthly income on housing.⁴ • About 37% of households own a home with a mortgage and 40% of households with a mortgage spend 35% or more of their monthly income on housing.⁴ • 60% of households with children in the county are not economically self-sufficient and about 18 % of households in the County live below the poverty line.⁵ | <ul style="list-style-type: none"> • 18% of families with children earn yearly incomes below the federal poverty line.⁴ • 22% percent of children (18 and under) live in families with yearly incomes below the federal poverty line.⁴ • 45% of households rent in California and 48% of renters spend 35% or more of their monthly income on housing.⁴ • About 41% of households In California own a home with a mortgage and 38% of households with a mortgage spend 35% or more of their monthly income on housing.⁴ |
| Investment for the future | Acquiring more education was the second most frequently identified factor by respondents in determining their future economic self-sufficiency | <ul style="list-style-type: none"> • 42% of respondents currently in college or other educational programs report having difficulty paying for their education expenses and loans. • 35% of respondents report having difficulty paying for their children's educational expenses. | <ul style="list-style-type: none"> • N/A |

Sources:

1. Bureau of Labor Statistics: Location Quotient Calculator 2003/2013
2. Bureau of Labor Statistics/ Local Area Unemployment Statistics (Monterey County Sept 2013-Oct2014)
3. American Community Survey (5 year (census tract) estimates 2012) US Census.
4. American Community Survey (5 year (county) estimates 2013), US CENSUS
5. Insight center for Community Economic Development (2014), Self-Sufficiency Standard Calculator

The survey revealed a noticeable disparity between respondents' aspirations and their experiences as measured by county indicators of economic self-sufficiency. The survey revealed strong aspirations about stable and high paying jobs, yet the economic indicators for the county reveal that about 48% of private employment is concentrated in Agriculture and Hospitality which results in highly seasonal employment and labor force participation rates, low yearly incomes and high geographic disparities in employment and poverty levels. Respondents' post-retirement aspirations were very ambitious, with a great majority mentioning travel plans (70%) among others. Census estimates and economic indicators, however, reveal that 20% of families with children earn a yearly income below the federal poverty line and 25% of children live in households with incomes below the federal poverty line. Estimates from the Insight Center of Community Economic Development reveal that almost 60% of all households with children cannot afford a budget that would allow them to be economically self-sufficient with their current yearly incomes.¹⁷ Finally, respondents identified education as the main vehicle for improving their economic future, but 35% of respondents with children in school reveal difficulty in paying for their children's education, and 42% of respondents currently attending school, college or other educational programs report having difficulty paying for them.

Aspirations and experiences related to Health

Introduction

Aspirations in the area of health were measured by a set of questions that asked respondents' opinions about significant health problems in their community, as well as their experiences with being threatened or harmed, treated unfairly, and their motivation to exercise. In addition, respondents were asked to provide their views on how to improve their community's health.

Health Findings

Monterey County residents were first asked to identify the most *significant health problems facing their community* based upon a list of pre-selected options. The most significant community health problem reported by most (60%) respondents was *street (gang) violence*, followed by *overweight/obesity* at 57%. About half of respondents indicated that a *lack of exercise* (51%), *alcohol abuse, especially underage drinking* (50%) and *drug abuse: other illegal "street" drugs* (48%) were significant community health problems, followed by *bullying amongst children and teens* which was reported by many (41%) respondents as a significant community health problem.

Around a third of respondents indicated that the following were significant community health problems: a *lack of needed medical, dental and mental health care; depression; homicide; diabetes* and a *lack of nutritious food; drug abuse* (including marijuana and prescription drugs); *domestic abuse/violence; teen pregnancy/births; cancer and smoking* (especially by youth). Finally, about a quarter reported that a *lack of affordable prescriptions, anxiety disorders, dental/oral health problems* and *child abuse* are significant problems, and one in five reported that *sexual abuse or rape* and *chronic illness* are significant health problems in their community.

Respondents were asked, *in the past 12 months, have you or any member of your family (living in Monterey County) been threatened or harmed physically by someone in your community?* About one in

¹⁷ They define an economically self-sufficient household as one that earns the minimum level of income required to live without public or private assistance.

ten respondents reported that they or someone in their family had been threatened or harmed physically by someone in their community. Respondents were then asked, *in the past 12 months, have you or any member of your family (living in Monterey County) been treated unfairly by someone in your community*, based on a set of identified demographic characteristics. About one in five reported being treated unfairly by *race/ethnicity* (22%) and slightly more than one in ten by *language* (14%), *class/income* (14%), *gender* (14%) and *age* (13%).

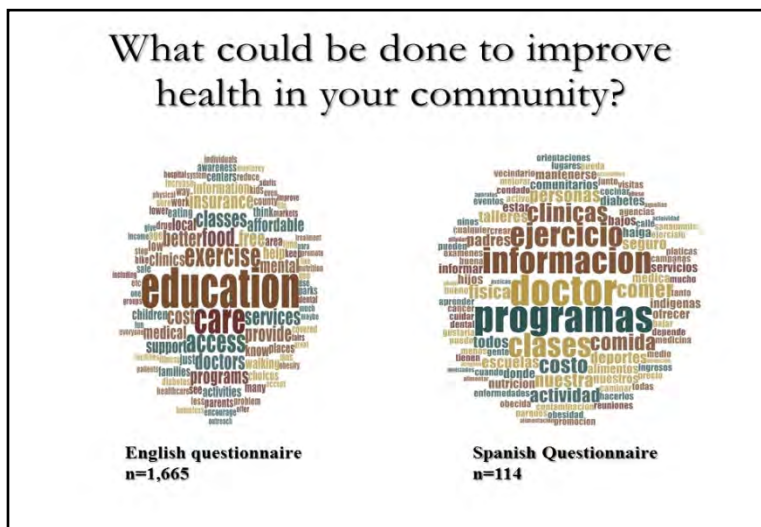
To find out what motivates people to work towards a healthy lifestyle, respondents were asked to indicate *what helps (or would help) you to exercise regularly?* Interestingly, the most important factor reported is having a *safe neighborhood* (58%). Around half indicate that their desire to *stay healthy* (52%) and having *enough free time* (51%) are important motivating factors. Having *access to nature* (44%), *exercise classes nearby my home* (40%), and *bike lanes, walking paths, streets with less traffic* (38%) were reported as contributing to their level of exercise. And around a third report that the *low cost of exercise classes or fitness center fees* (34%) and *my physical appearance* (30%) also motivate them to exercise regularly.

Summary of aspirations in the area of health

An analysis of both open- and closed-ended questions revealed that respondents perceive *gang violence, overweight/obesity* and *lack of exercise*, as well as *alcohol abuse (especially by underage youth), illegal “street” drug abuse, and bullying among children and teens* to be the most serious community health problems. Eleven percent report that they themselves or someone in their family (living in Monterey County) was threatened or harmed physically in the past 12 months by someone in the community, and 20% report that they were treated unfairly based on their ethnicity in the past year. Respondents chose *neighborhood safety, staying healthy, and having enough time* as the most significant motivators for exercising. *Education* and *awareness* were the most frequently used words to describe factors that would improve community health, and *access to health care, mental health care, and rehabilitation services* were the second most frequently mentioned factors to improve health in the community.

Finally, respondents were asked to express in their own words *what could be done to improve health in your community*. The themes extracted from an analysis of frequently used terms in the responses to this open-ended item – in both English and Spanish – indicated that the following factors are perceived as important to improving the community’s health: *more health education/information/ awareness; more access to health/mental health care; more opportunities (programmas) to exercise; information about and access to healthy food; and less access to junk/fast food.*

Figure 6. English/Spanish word clouds: What could be done to improve health in your community?



Aspirations and experiences in the area of Health

In Table 4 a side-by-side comparison of community health aspirations and indicators developed from secondary population data analysis for Monterey County, California and US population averages, as well as national standards from USDHHS Healthy People 2020 (where available) show differences that could inform the discussion about how to move forward in the development of future priorities and strategies in the area of health.

Table 4. Aspirations and experiences in the area of health

| Areas | Aspirations to improve health in community | % of respondents' who reported the following as significant community health problems | Monterey County Population Indicators/ Experiences | | | | | Standards | |
|---|---|--|--|---------------------------|--------------------|---------------|--------------|---|--|
| | | | Immigration Status | Race/ethnicity | Age | Poverty level | Gender | | Other |
| Experiences with violence/ being threatened or harmed | (More health) education/ information/ awareness More (better trained) police | <ul style="list-style-type: none"> 60% street (or gang) violence 36% homicide 24% child abuse 21% sexual abuse/rape 11% threatened or physically harmed by someone in their community | Homicide rate per 100,000 pop Monterey County: 10.2¹ | | | | | | |
| | | | NA | Black(nH)-14.2 | 15 to 24 years-3.8 | NA | NA | NA | CA -5.3 ² US -6.1 ³ HP2020 target - 5.5 ⁴ |
| | | | Experienced physical or sexual violence by intimate partner since 18yrs Monterey County: 1.9%⁵ | | | | | | |
| | | | Non-citizen – 14% | Latino – 14% | NA | NA | Female – 18% | NA | CA- 4% ⁶ US- NA HP2020 – NA |
| | | | US Born – 16% | White – 16% | | | | | |
| | | | Injuries due to domestic violence per 10,000 pop Monterey County: 50.8⁷ | | | | | | |
| | | | NA | NA | NA | NA | NA | NA | CA – 44.7 ⁸ US – NA HP2020 – NA |
| Experiences with being treated unfairly | (More health) education/ information/ awareness | <ul style="list-style-type: none"> 41% bullying for children & teens | Bullying/harassment for children & teens Monterey County: 34.9%⁹ | | | | | | |
| | | | NA | African-Amer./ Black- 52% | NA | NA | NA | Grade Level 7 th grade – 39% | CA- 34% ¹⁰ US- 20% ¹¹ HP2020 – 18% ¹² |
| | | Treated unfairly Monterey County: NA | | | | | | | |
| | | NA | NA | NA | NA | NA | NA | <ul style="list-style-type: none"> CA – NA US – NA HP2020 – NA | |

| Areas | Aspirations to improve health in community | % of respondents' who reported the following as significant community health problems | Monterey County Population Indicators/ Experiences | | | | | | Standards |
|-------------------------------|---|--|--|----------------|--|---------------------|--------|-------|--|
| | | | Immigration Status | Race/ethnicity | Age | Poverty level | Gender | Other | |
| Motivation to exercise | (More health) education/ information/ awareness (More) opportunities (programmas) to exercise More (access to info about and access to healthy food and (less) access to junk/fast food. Important motivating factors to exercise regularly: • 58% safe neighborhood • 52% stay healthy • 51% enough free time • 44% access to nature • 40% exercise classes nearby my home • 38% bike lanes, walking paths, less traffic • 34% cost of exercise classes or fitness fees • 30% physical appearance | <ul style="list-style-type: none"> • 57% overweight /obesity • 51% lack of exercise • 35% diabetes • 32% lack of nutritious food | Children overweight for age (0-12) Monterey County: 11%¹³ | | | | | | CA -13% ¹⁴ US -10% (2-5 yo) ¹⁵ 17% (6-11 yo) HP2020 – ¹⁶ 9% (2-5 yo) 16% (6-11yo) |
| | | | US Born-11% | Latino- 14% | NA | 200-299% FPL-23% | NA | NA | |
| | | | Overweight & obese teens (12-17yo) Monterey County: 5%¹⁷ | | | | | | CA- 12% ¹⁸ US- 18% ¹⁹ HP2020 - 17% ²⁰ |
| | | | US Born-5% | NA | NA | 100-199% FPL-20% | NA | NA | |
| | | | Overweight/obese students Monterey County: 45% (4th highest in state)²¹ | | | | | | CA – 38% ²² |
| | | | Seaside – 46%; Salinas – 47%; Soledad – 49%. | | | | | | |
| | | | Overweight/obese adults Monterey County: 37%/25%²³ | | | | | | CA- 33.9%/22.6% ²⁴ US- NA/33.9% ²⁵ HP2020 - NA/30.5% ²⁶ |
| Naturalized citizens- 33%/34% | Asian (nH)- 47%/13% White (nH)- 33%/24% | NA | 100-199% FPL-49%/27% | Male- 46%/24% | NA | | | | |
| Teen pregnancy/ births | NA | <ul style="list-style-type: none"> • 33% teen pregnancy/ births • 32% lack of nutritious food | Birth rates to teen mothers (age 15 to 19) per 1,000 pop Monterey County: 52.5²⁷ | | | | | | CA -29.4 ²⁸ US -40.2 ²⁹ HP2020 - 36.2 ³⁰ |
| | | | NA | Latino – 66.2 | Ages 18-24 – 111.6 Ages 25-34 – 125.6 | NA | NA | NA | |
| | | | Prenatal care in first trimester per 100 pop Monterey County: 74.6³¹ | | | | | | CA - 83.5 ³² US - 71% ³³ HP2020 -78% ³⁴ |
| NA | Latino- 71.5 | Ages 17 years and less-53 | NA | NA | NA | | | | |

| Areas | Aspirations to improve health in community | % of respondents' who reported the following as significant community health problems | Monterey County Population Indicators/ Experiences | | | | | | Standards |
|---|--|--|--|--------------------------|---|--|-------------|-------|--|
| | | | Immigration Status | Race/ethnicity | Age | Poverty level | Gender | Other | |
| Access to Health Care Services | (More) access to health care and mental health care (More health) education/information/awareness | <ul style="list-style-type: none"> • 40% lack of needed mental health care • 38% depression • 35% diabetes • 35% lack of needed medical, care • 33% lack of needed dental care • 31% cancer • 29% lack of affordable prescriptions • 27% anxiety disorders • 25% dental/ oral health problems • 21% chronic illness • 20% heart disease | Reported health status as "fair or poor" Monterey County: 20% ³⁵ | | | | | | CA - 16% ³⁶ US - 10% ³⁷ HP2020 - NA |
| | | | Non-citizen-40% Naturalized citizen- 26% | Latino-24% Black- 23% | NA | NA | NA | NA | |
| | | | Lack of health insurance (Part year + All year)* Monterey County: 37% (PY-24%/AY-13%) ³⁸ | | | | | | CA 21% ³⁹ US 17% ⁴⁰ HP2020 - 0% ⁴¹ |
| | | | LPR/VISA - 49% UNDOC-68% | Latino - 46% | Ages 19-29 - 49% | FPL<=138% - 52% 138<=FPL=>400 - 51% | Males - 42% | NA | |
| | | | <i>* Reasons: too expensive, not eligible due to working status or citizenship/ immigration status</i> | | | | | | CA -14% ⁴³ US - 14% ⁴⁴ HP2020 - 5% ⁴⁵ |
| | | | No usual source of care** Monterey County: 28% ⁴² | | | | | | |
| | | | LPR/VISA - 32% UNDOC-53% | Latino - 40% | Ages 19-29 - 49% | FPL =<138% - 44% FPL 138-400% - 30% | NA | NA | |
| | | | <i>** Usual Source of Care - Is there a place that you usually go to when you are sick or need advice about your health?</i> | | | | | | |
| | | | Zero MD visits in past year Monterey County 25% ⁴⁶ | | | | | | CA - 18% ⁴⁷ US - NA HP2020 - NA |
| | | | UNDOC-53% LPR/VISA - 44% | Latino - 36% | Ages 19-29 - 36% Ages 30-49 - 30% | FPL=<138% - 45% | NA | NA | |
| (Never) got a doctor's appointment within 2 days Monterey County: 8% ⁴⁸ | | | | | | CA - NA US - NA HP2020- NA | | | |
| Naturalized - 12% LPR/VISA - 21% | Latino - 8% | 50-64 years- 9% | FPL<=138% - 13% 138<=FPL=>400 - 14% | NA | By no usual source of care - 43% By insurance type: Medicare & Other insurance - 13% | | | | |

| Areas | Aspirations to improve health in community | % of respondents' who reported the following as significant community health problems | Monterey County Population Indicators/ Experiences | | | | | | Standards |
|-----------------------------------|--|--|--|-----------------------------|--------------------------------------|---------------|--------------|-------|---|
| | | | Immigration Status | Race/ethnicity | Age | Poverty level | Gender | Other | |
| Mental Health/ Substance Abuse | (More) access to health care and mental health care (More health) education/information/awareness | <ul style="list-style-type: none"> • 50% alcohol abuse, esp. underage drinking • 48% abuse of illegal street drugs • 34% abuse of prescription drugs • 34% abuse of marijuana • 30% smoking/tobacco use (esp. by youth) | Teen alcohol binge drinking Monterey County: 4%⁴⁹ | | | | | | |
| | | | NA | NA | NA | NA | Female – 10% | NA | CA 4% ⁵⁰ US – 10% ⁵¹ HP2020 - 9% ⁵² |
| | | | Adult alcohol binge drinking Monterey County: 24.1%⁵³ | | | | | | |
| | | | NA | Two+ races/non-Latino – 51% | Ages 18-24 – 47% Ages 25-39 – 46% | NA | NA | NA | CA 31% ⁵⁴ US 27% ⁵⁵ HP2020 - 24% ⁵⁶ |
| | | | Drug-related deaths per 100,000 pop Monterey County: 9.6⁵⁷ | | | | | | |
| | | | NA | White – 16.3 | NA | NA | Male – 11.3 | NA | CA 8.7 ⁵⁸ US 13.2 ⁵⁹ HP2020 - remain at baseline (13.2) ⁶⁰ |

Sources:
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Note: Figure specific sources are available in endnotes on pages 47-48.

In terms of improving health in the community, respondents indicate that *more health education, information and awareness* are desirable. A comparison of health aspirations and health indicators for Monterey County reveals that respondent's perceptions of the most significant community health problems closely align with what has emerged from secondary data analysis of existing population health studies. Sixty percent report *street (or gang) violence* and about a third report *homicide* as significant community health problems, in line with Monterey County's homicide rate which is nearly twice the state average. About one in ten also report that *they or someone in their family have been threatened or physically harmed by someone in their community*. Slightly more than 41% also indicate that *bullying of children and teens* is a significant community health problem which is slightly more than the state average, but considerably more than the national average and the Healthy People 2020 target of about 18%. In addition to *more health education and information*, respondents express their desire for *more and better trained police* to help address the problem of violence in the community.

Respondents' aspirations for improving the community's health include *more opportunities (programmas) to exercise*, and *more information about and access to healthy food (and less access to junk/fast food)*. About half consider *overweight/obesity* and *lack of exercise* as significant community health problems and a third are concerned about *diabetes* and *lack of nutritious food*. These concerns align with county health statistics that show low income groups at higher risk for overweight/obesity, and students (esp. in Seaside, Salinas and Soledad) exhibiting much higher rates in comparison with state averages.

About a third of respondents also indicate that teen pregnancy/births are a significant community health problem which bears out county-wide health statistics that show a much higher pregnancy/birth rate for teens (52.5/1,000) than the state average of 29.4/1,000. In addition, women enter prenatal care early in their pregnancy at a lower rate (74.6%) than the state average of 83.5%. Alarmingly, teens under 17 years old are even less likely (53%) to enter prenatal care in the first trimester. Respondent's aspirations include *more access to health care and mental health care*, as well as *more health education and information/awareness*. Monterey County population indicators show that residents experience poorer health status and have worse access to health insurance and medical care than statewide and national averages. Lack of health insurance is a particular problem for county residents, with over a third (37%) being uninsured for all or part of the year compared with about 21% statewide and 17% nationally. This figure rises to about 50% for Legal Permanent Residents (LPR/VISA) and those with incomes below 400% of the federal poverty level and to more than two thirds (68%) for those who are undocumented.

Finally, respondents' aspirations also include *more education/information/awareness* about mental health and substance abuse and *more access to services* to address related concerns. Nearly half of respondents consider *alcohol abuse (especially underage drinking)* and *abuse of illegal street drugs* and about a third consider *abuse of prescription drugs, marijuana* and smoking (*tobacco use, especially youth*) to be significant community health problems. Somewhat more than a third of respondents also indicate that additional related problems include the *lack of needed mental health care* and *depression*, and about a quarter mention *anxiety disorders*.

General Aspirations Summary

Residents’ perceptions of community problems and their opinions on how to improve their community, as well as what they like most about living in Monterey County, can provide community leaders, public policy makers, and key public agency and non-profit organizational leaders with valuable input to the decision-making process.

The survey concluded with two open-ended questions inviting respondents to provide their views on ‘*what are the main problems facing your community*’ and ‘*what could be done to make your community a better place*.’ For both English and Spanish speaking respondents, the main problem, described (in their own words), was *gangs* and *violence*; these were the two most common words used to describe problems. The next most commonly mentioned problems described by English-speaking respondents include the *lack of and low quality of education and high cost of living and lack of affordable housing*. Spanish-speaking respondents additionally mentioned *drugs*, *(water) insecurity* and *a lack of jobs (higher-paying) jobs for youth*, as the main problems facing their community.

Residents were then asked *what could be done to make their community a better place*. While *education* was the most frequent word used by English speaking respondents, *security* topped the list for Spanish speaking respondents. Generally, the main themes that emerged from the analysis included *(more and better) education, (more and better trained) police, (more access to) affordable housing, (more and better) programs for youth and better jobs and parent education* as things that could be done to make the community a better place.

Figure 8. English/Spanish word clouds: What are the main problems facing your community?

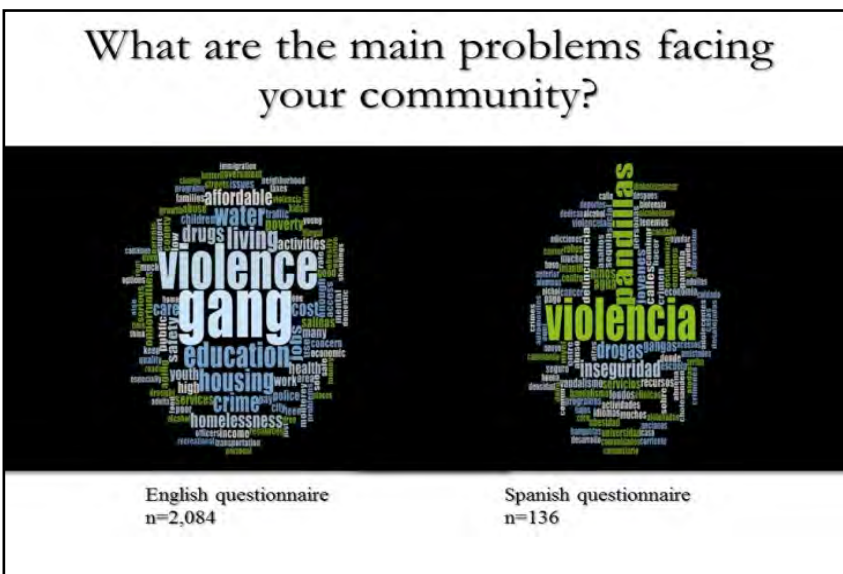


Figure 7. English/Spanish word clouds: What could be done to make their community a better place?



Respondents were also asked *what do you like most about your community*. Generally, *friendly and diverse people* were the most frequently used words when describing what they liked most about Monterey County. They also frequently referred to *the natural beauty and weather* and the *small-town feel*. For Spanish speaking respondents, the school (*la escuela*) and parks (*parques*) were also frequently mentioned to describe what they like most about the County.

Figure 9. English/Spanish word clouds: What do you like most about your community?



English Questionnaire
n=3,321

Spanish questionnaire
n=186

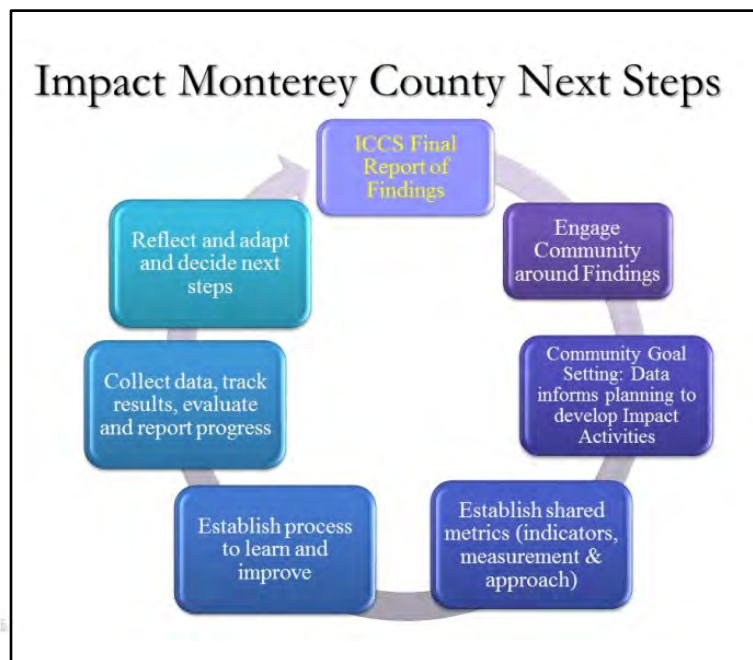
SECTION 4 ~ Conclusions: Big aspirations, challenges, and hopes

Improving the quality of life for Monterey County residents and beginning a process of social change requires the development of accurate information about local county residents’ experiences and aspirations. Impact Monterey County has joined a growing number of innovative communities interested in a new model of facilitating social change through the collective actions of public and private stakeholders to identify outcomes of interest to residents and to assess the effectiveness of interventions on the community’s health and well-being.

The key aim of this research was to explore in depth the experiences and aspirations of Monterey County residents to provide data that could inform a broader community discussion about education, economic self-sufficiency, and health. IMC partnering agencies can use these findings in ongoing efforts to align community stakeholders’ interests with a common set of goals and prioritized indicators to evaluate progress toward changes that improve the quality of life for all county residents.

The findings from this study, along with the results of the community conversations and the youth survey, provide the IMC Steering Committee with information about Monterey County residents that will inform the various teams as they move this complex process forward to address the areas of education, economic self-sufficiency and health.

Understanding the big aspirations, challenges and hopes expressed by residents regarding their experiences and views about education, economic self-sufficiency, and health will allow community leaders to move forward and prioritize future efforts to address community-identified concerns to improve the quality of life in Monterey County.



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APPENDICES¹⁸

Appendix 1: Steering Committee Members

Chair: Elliott Robinson, Monterey County Department of Social Services
 Mary Adams, United Way Monterey County
 Dan Baldwin, Community Foundation for Monterey County
 Pete Dausen, Naval Support Activity Monterey
 Alfred Diaz-Infante, Community Housing Improvement Systems and Planning Assoc., Inc.
 Terry Gerhardstein, City of Salinas Police Department
 Sharon Gish, Netzel Grigsby Associates, Inc.
 Krista Hanni, Monterey County Health Department
 Brett Harrell, The Nunes Company
 Cynthia Holmsky, Bright Futures
 Dayton Hughes, Monterey Institute of International Studies
 Diana Jimenez, Social Services Employment Programs
 Cesar Lara, Monterey Bay Central Labor Council
 Melvin Mason, The Village Project, Inc.
 Dennis McCarthy, Fenton & Keller/United Way Monterey County Board Member
 Gael Meraud, Monterey Institute of International Studies
 Mary Gunn, Monterey Peninsula Foundation
 Deneen Guss, Monterey County Office of Education
 Dr. Eduardo Ochoa, California State University Monterey Bay
 Elsa Quezada, Central Coast Center for Independent Living
 Francine Rodd, First 5 Monterey County
 Esther Rubio, Monterey County Head Start Program
 Sam Trevino, Area Agency on Aging/Carla Zilliox, Marketing Consultant
 Laurel Lee-Alexander, Monterey Peninsula Foundation
 Julie Drezner, Community Foundation for Monterey County
 Capt. Gerral David, Naval Postgraduate School

Project Managers:

Kelly Vásquez, Program Coordinator, United Way Monterey County
 Kate Mitchell Mehle, Senior Strategy Officer, United Way Monterey County

¹⁸ Information for Appendices 1-5 appear in this document. Appendices 6-14 PowerPoint and Excel documents are available in PPT, Excel and as well as pdf files. The data sets referenced in Appendices 15 & 16 are only available in an electronic format (with instructions for accessing Appendix 16 information appearing at the end of this document).

Appendix 2: Data, Research & Analysis Team representatives:

Chair: Krista Hanni, Ph.D., Monterey County Health Department

Colleen Beye, Supervisor Jane Parker's Office

Mike Borgeson, Monterey County Department of Social Services

Kathie Cain, Ph.D., Naval Postgraduate School

Veronica Chukwuemeka, Ed.D., Cal State University Monterey Bay

Teresa Dawber, CTB/McGraw-Hill

David Dobrowski, First 5 Monterey County

Carol Galginaitis, Head Start Monterey County Fran Horvath,

Ph.D., Naval Post Graduate School

Molly Hubbard, Monterey County Health Department

Larry Imwalle, ACTION Council

Charlotte Noyes, Community Volunteer

Janet Shing, Community Foundation for Monterey County

Patricia Zerounian, Monterey County Health Department

Appendix 3: Media & Communications Team Members

Chair: Carla Zilliox, Marketing and Communications Consultant

Barry Brown, Monterey County Office of Education

Spencer Critchley, Boots Road Group, LLC

Fatima Dias, United Way Monterey County

George Machun, Cal State University Monterey Bay

Claudia Meléndez, Monterey County Herald

Roshi Pejhan, Marketing and Social Media Consultant/831 Magazine

Hamish Tyler, Monterey County Office of Education

Appendix 4: Community Engagement Team Members

Co-Chairs:

Cesar Lara, Monterey Bay Central Labor Council

Gael Meraud, Monterey Institute of International Studies

José Arreola, City of Salinas

Robin Cauntay, Monterey County Free Libraries

Diego Espinoza, United Way of Monterey County

Carmen Gil, Building Healthy Communities

Terrie Iacino, Catholic Charities – Diocese of Monterey

Eric Johnson, Central Coast Youth Sports Organization and Shelter Outreach Plus

Noemy Loveless, Castro Plaza Family Resource Center

Mel Mason, The Village Project

Kellie Morgantini, Legal Services for Seniors

Erica Padilla-Chavez, Monterey County Health Department

Mayra Perez, United Way of Monterey County

Raul Rico, Hope Services

Annabelle Rodriguez, ACTION Council

Ruth Rodriguez, Community Housing Improvement Systems and Planning Assoc., Inc.

Aurelio Salazar, Jr., Community Foundation for Monterey County

Rosemary Soto, Monterey County Administrator's Office

Sam Trevino, Area Agency on Aging

Isabel Valtierra, Head Start Monterey County

Appendix 5: ZIP Codes and Regions correspondence table

| ZIPcode | Region No | Region |
|----------------|------------------|------------------|
| 93901 | 1 | Salinas |
| 93905 | 1 | Salinas |
| 93906 | 1 | Salinas |
| 93907 | 1 | Salinas |
| 93908 | 1 | Salinas |
| 95004 | 2 | North |
| 95012 | 2 | North |
| 95039 | 2 | North |
| 95076 | 2 | North |
| 93426 | 3 | South |
| 93450 | 3 | South |
| 93451 | 3 | South |
| 93924 | 3 | South |
| 93925 | 3 | South |
| 93926 | 3 | South |
| 93927 | 3 | South |
| 93928 | 3 | South |
| 93930 | 3 | South |
| 93932 | 3 | South |
| 93954 | 3 | South |
| 93960 | 3 | South |
| 93962 | 3 | South |
| 93933 | 4 | Seaside/Marina |
| 93955 | 4 | Seaside/Marina |
| 93920 | 5 | Peninsula/BigSur |
| 93921 | 5 | Peninsula/BigSur |
| 93923 | 5 | Peninsula/BigSur |
| 93940 | 5 | Peninsula/BigSur |
| 93950 | 5 | Peninsula/BigSur |
| 93953 | 5 | Peninsula/BigSur |

Appendix 6: Aspiration's Survey (English and Spanish)

Appendix 7: Secondary Data: Education PPT

Appendix 8: Secondary Data: Economic Self-Sufficiency PPT

Appendix 9: Secondary Data: Findings, Health PPT and support information

Appendix 10: Primary Survey Data: Findings, Education, Economic Self-Sufficiency, and Health PPT and support information

Appendix 11: Secondary Data: Indicator Table for Education

Appendix 12: Secondary Data: Indicator Table for Economic Self-Sufficiency

Appendix 13: Secondary Data: Indicator Table for Health

Appendix 14: English and Spanish Word Cloud Images

Appendix 15: Raw Data in Survey Monkey (no pdf, data transferred to United Way SM account)

Appendix 16: Electronic Folders Containing Results, Data Sets, Electronic Versions of Survey Instruments, and Coding Files for Data Set-up and Analysis in Stata (Folder's Contents):

1. "Data Set" Folder

This folder contains the dataset used for the analysis presented in the report. The dataset file named "Complete_survey_" is presented in 3 formats:

- "Complete_survey_STATA.dta" compatible with STATA v13 or higher
- "Complete_survey_SPSS.dta" compatible with SPSS for Windows
- "Complete_survey_CSV.dta" a Comma Separated Values text file that can be opened in Microsoft Excel.

2. "Results from Qualitative Analysis" Folder

This folder contains all the results from the qualitative analysis performed using NVIVO v10 software and presented in the report. The folder contains 6 folders, one for each survey item analyzed in the report.

Each of the folders contains:

- A power point file with details of the analysis
- An excel file with a table of word frequency for the Spanish and English datasets
- Image files (.jpg) with word clouds, and word trees used in the analysis to extract themes from the qualitative items' responses.

3. "Results from Quantitative Analysis" Folder

This folder contains all the results from the quantitative analysis performed with the weighted dataset and presented in the report. The folder contains a MS Excel file

"Survey Results –Quantitative- County level tables.xlsx" The tables are organized in the file with 14 different sheets each corresponding to a different survey theme (eg, Demographics, Health, etc)

3. "Results from Quantitative Analysis" Folder

This folder contains all the results from the quantitative analysis performed with the weighted dataset and presented in the report. The folder contains a MS Excel file

"Survey Results –Quantitative- County level tables.xlsx"

The tables are organized in the file with 14 different sheets each corresponding to a different survey theme (eg, Demographics, Health, etc)

4. "Stata Do Files" Folder

This folder contains all the STATA do files (codes) used in the quantitative analysis all of the files are compatible with STATA v13 or higher.

5. "Survey Instrument" Folder

This folder contains the versions of the Survey instrument used in the analyses and downloaded in PDF format from Survey Monkey®. The folder contains 4 files:

- ENGLISH_online.pdf: which contains the English version of the survey instrument available to respondents on line.
- ENGLISH_paper.pdf: which contains the English version of the survey instrument available to respondents on paper.
- SPANISH_online.pdf: which contains the Spanish version of the survey instrument available to respondents on line.
- SPANISH_paper.pdf: which contains the Spanish version of the survey instrument available to respondents on paper.

¹ Monterey County Health Department Community Health Assessment, 2013
² Centers for Disease Control & Prevention, 2012
³ U.S. Department of Health and Human Services, Healthy People 2020, 2013
⁴ Ibid.
⁵ California Health Interview Survey, University of California Los Angeles Center for Health Policy Research, 2013
⁶ Ibid.
⁷ Institute for Community Collaborative Studies, June 2012
⁸ Ibid.
⁹ Kidsdata.org, 2013
¹⁰ Ibid.
¹¹ U.S. Department of Health and Human Services, Healthy People 2020, 2013
¹² Ibid.
¹³ California Health Interview Survey, University of California Los Angeles Center for Health Policy Research, 2013
¹⁴ Ibid.
¹⁵ U.S. Department of Health and Human Services, Healthy People 2020, 2013
¹⁶ Ibid.
¹⁷ California Health Interview Survey, University of California Los Angeles Center for Health Policy Research, 2013
¹⁸ Ibid.
¹⁹ U.S. Department of Health and Human Services, Healthy People 2020, 2013
²⁰ Ibid.
²¹ Institute for Community Collaborative Studies, June 2012
²² Ibid.
²³ California Health Interview Survey, University of California Los Angeles Center for Health Policy Research, 2013
²⁴ Ibid.
²⁵ U.S. Department of Health and Human Services, Healthy People 2020, 2013
²⁶ Ibid.
²⁷ Monterey County Health Department Community Health Assessment, 2013
²⁸ California Department of Public Health, Healthy California 2010
²⁹ U.S. Department of Health and Human Services, Healthy People 2020, 2013
³⁰ Ibid.
³¹ Monterey County Health Department Community Health Assessment, 2013
³² Centers for Disease Control & Prevention, 2012
³³ U.S. Department of Health and Human Services, Healthy People 2020, 2013
³⁴ Ibid.
³⁵ California Health Interview Survey, University of California Los Angeles Center for Health Policy Research, 2013.
³⁶ Ibid.
³⁷ Centers for Disease Control & Prevention, 2012
³⁸ California Health Interview Survey, University of California Los Angeles Center for Health Policy Research, 2013.
³⁹ Ibid.
⁴⁰ U.S. Department of Health and Human Services, Healthy People 2020, 2013
⁴¹ Ibid.
⁴² California Health Interview Survey, University of California Los Angeles Center for Health Policy Research, 2013.
⁴³ Ibid.
⁴⁴ U.S. Department of Health and Human Services, Healthy People 2020, 2013
⁴⁵ Ibid.
⁴⁶ California Health Interview Survey, University of California Los Angeles Center for Health Policy Research, 2013
⁴⁷ Ibid.
⁴⁸ California Health Interview Survey, University of California Los Angeles Center for Health Policy Research, 2013
⁴⁹ Ibid.
⁵⁰ Ibid.
⁵¹ U.S. Department of Health and Human Services, Healthy People 2020, 2013
⁵² Ibid.

⁵³ California Health Interview Survey, University of California Los Angeles Center for Health Policy Research, 2013.

⁵⁴ Ibid.

⁵⁵ U.S. Department of Health and Human Services, Healthy People 2020, 2013

⁵⁶ Ibid.

⁵⁷ Monterey County Health Department Community Health Assessment, 2013

⁵⁸ Centers for Disease Control and Prevention, 2010

⁵⁹ U.S. Department of Health and Human Services, Healthy People 2020, 2013

⁶⁰ Ibid.