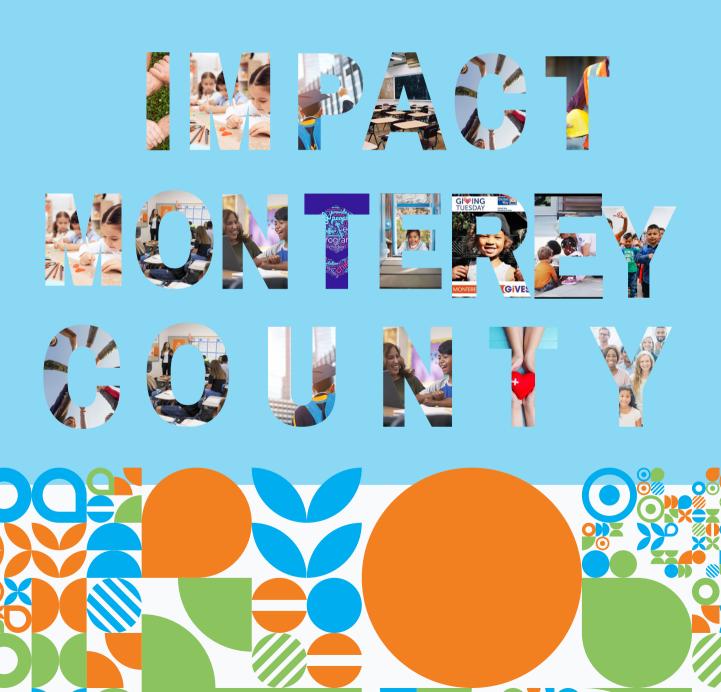




United Way Monterey County



2022 COMMUNITY ASPIRATIONS ASSESSMENT IMPACT MONTEREY COUNTY





Report Produced for: United Way Monterey County Impact Monterey County

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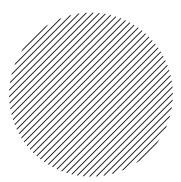
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Introduction





Middlebury Institute *of* International Studies at Monterey





Middlebury Social Impact Corps

Community Assessment Background

The first Community Assessment took place after almost two years of planning in 2015 where nearly 7,400 survey respondents and 400 community conversation participants in Monterey County articulated a clear vision, set of values, and community priorities. Based on the findings from that assessment and the dedication of the collaboration that had formed through the process, Impact Monterey County (IMC) was formed to continue to work together to identify the most effective ways to improve life in our county based on the findings and best practices. In 2019, IMC conducted a second round of the assessment with the content largely unchanged in order to understand how community aspirations may have changed. For this assessment, over 3,000 survey respondents and 154 community conversation participants in Monterey County shared their insights. During the preparation of the report, the Covid-19 pandemic dramatically changed our community's reality and in response the decision was made to reposition the report to focus on a "vision for recovery." Knowing that Covid-19 had impacted our community, and that the community had a much different landscape in 2022, IMC then embarked on the most recent assessment in 2022 which is reflected in this report. The 2022 community assessment had 1,653 survey respondents and 56 community conversation participants in Monterey County. This report will highlight findings from the 2022 assessment and uplift insights and experiences shared by community members.

Assessment Approach Methodology

For the 2022 Community Assessment, IMC made changes to the approach utilized for the implementation of the survey instruments to ensure that findings were more representative of our community than they had been in previous years. This included examining the demographic data of who was responding to the surveys during the implementation process and comparing that to census data. IMC primarily tracked participation of zip codes which were compiled into regions in our County. With those insights, IMC tried to promote the survey with those community members who were less represented when compared to census data through collaborating with organizations who directly serve those community members. For the distribution of the survey there was also a strategy developed by a student at Middlebury Institute of International Studies that influenced the distribution of the survey tools. Additionally, IMC relied upon partners who were interested in promoting the assessment to bring it to the community members that they directly served to participate.

Introduction



Assessment Approach Methodology, Cont.

In 2022, Community Conversations were conducted with partners who wanted to create space for a dialogue about content explored in the Community Aspirations Assessment. The format for this space followed the 2019 model which closely aligned with the model used in 2015.

Assessment Design Methodology

When approaching the 2022 Community Assessment, IMC knew that the adult and youth survey instruments would need to be revised in order best capture the current reality and aspirations of Monterey County community members. In order to mindfully revise the survey instruments, IMC partnered with students at the Middlebury Institute of International Studies at Monterey to conduct key informant interviews with community partners to learn more about what should be included. From those insights, members of IMC's Assessment Data Committee which included representation from the Monterey County Health Department, First 5, Bright Futures, Bright Beginnings, and the Monterey County Office of Education, went through the survey instruments to make updates to the adult and youth surveys. Once those modifications were in place, students working with the Middlebury Social Impact Corps then put both survey instruments into Qualtrics in English and Spanish formats. For the adult survey instrument, there was an additional randomization function put in place so participants were all asked demographic questions but then randomly assigned four other sections of questions. This was put in place to reduce time burden for respondents with the goal of making participation more equitable and having higher overall completion. This same strategy was implemented for the adult survey in the printed paper survey where there were 35 versions of the paper survey all containing random and unique combinations of survey sections along with the mandatory demographic section; these paper surveys were then distributed randomly to those taking it. Due to the much shorter length of the youth survey, this strategy was not implemented for the youth survey so all participants had the opportunity to complete the full youth survey.

The community conversations that were facilitated in this assessment followed the methodology established in 2019. There were no changes to the tool for collecting insights and it was implemented both in-person and via Zoom. Key differences for the Community Conversations in the 2022 Assessment consisted of demographic information was not collected for participants, there were no meetings between facilitators holding the community conversations as there had been in previous years, and all community conversations were recorded with the verbal consent of all participants for note taking purposes.

Introduction



Assessment Cleaning and Analysis Methodology

The META Lab's analysis process consisted of three key phases:

<u>Phase 1</u>: Data Compilation and Organization. In this phase, the META Lab compiled, cleaned, and organized the data, along with any supporting materials necessary for the analysis. This step ensured that the data was in a suitable format for subsequent analysis and fit the data-cleaning procedures provided by the IMC Data Committee.

<u>Phase 2:</u> Data Coding and Analysis. For qualitative data analysis, the META Lab utilized Dedoose, a software specifically designed for this purpose.

For quantitative data analysis, the META Lab used Excel, Google Sheet, and R to prepare the multi-choice survey responses collected from the Adult and Youth surveys. The prepared data was then analyzed using Dedoose. Given the descriptive nature of the analysis, the Meta Lab focused on summarizing the available quantitative information.

<u>Phase 3:</u> Report Production In this phase, the META Lab produced a comprehensive report that includes written and visual summaries of the findings. The report highlights the main trends and themes identified during the analysis process. The META Lab included representative excerpts and relevant quotes to illustrate key points.

Qualitative Data:

- 1. Short-answer survey responses Included open-ended questions and spaces for respondents to elaborate on an "other" answer when their answer was not captured in a selected choice question.
- 2. Community Conversations A focus group discussion conducted with six groups of community members to gather insights to the survey on key issues. The extent of responses to questions varied widely and some topics had significantly more discussion than others.

Quantitative Data:

1. Multi-choice survey responses from Adult and Youth survey. Some questions allowed only one selection, while others allowed all relevant choices to be selected.

Assessment Limitations

- 1.Captures only those who chose to respond the overall response rate to the survey was higher than expected but reflects only those who opted to participate
- 2. Respondents answered questions selectively respondents could choose to answer questions or not, so often surveys were selectively or partially completed
- 3.Assessment was only offered in English and Spanish survey instruments and community conversations were conducted in both languages
- 4. Youth assessment's limited geography the youth assessment was primarily from North Monterey County (91.0%) so mainly reflects that region

Executive Summary



Residents of Monterey County completing surveys and interviews shared more than opinions; they brought their personal stories and lived experience to the responses when answering questions. Similar themes regularly emerged across data collection types, respondent type and location, and question topics.

Questions were written so as to elucidate community members' opinions and recommendations across topics. Community members provided insightful feedback for qualitative analysis both in contributing to the extent of an issue's mentions and in the depth of explanation provided for an issue. The more times an issue was repeated, the greater the emphasis it received in this report. Insightful explanations or details were included as quotes throughout the report to illustrate the reasoning or feelings behind answers. Quantitative analysis provided quick visualization of community members' experiences, demographics, concerns, and suggestions.

Community members care about engagement, recommending more town halls and ways to engage with public officials, while also desiring more community events both in the neighborhood and cities at large. The connections already occurring within the community were listed as a positive by both youth and adults. The desire for more connection both within neighborhoods and cities through events and activities, and between community members and agencies and schools in better communication and awareness, reflects highly on our community in the .

This community assessment provides high-level insights for local non-profits, government, and funders into where energy and desires for change lie within the community already. It highlights where community members view responsibility for solving certain issues to be held and how partnerships can best be built between agencies and community members to collaborate on issues of shared importance. It also demonstrates why there may be disconnects in programming success due to lack of community member understanding or priority. Finally, this report provides the community's recommendations to its most pressing problems and as such is an invaluable tool for creative thinking in the future of Monterey County.

Key Findings



Major themes that emerged across topics were accessibility, communication, housing, and costs.

Accessibility related to many of the perceived barriers and concerns residents have about resources, whether it was access to health resources in the form of doctors' availability, access to methods of transportation for seniors and those with disabilities, access to benefits, access to affordable housing or access to safe places to exercise. Access to health care, for both mental and generalized health, was the most constant theme; particularly noted was a lack of providers that resulted in long wait times to be seen, rushed appointments and care, and sparse local options. For mental health, a lack of resources or attention was also often mentioned, particularly for youth.

The need for communication between groups closely aligned with accessibility, though it was a theme in its own right. Communication included learning how to access resources and what resources were available, engaging with local officials and departments like the police or city council, or connecting parents to school teachers and administrators. Communication with seniors and other specific demographic groups about specialized opportunities and resources was requested as well.

Housing was another recurring theme in every topic as it related to financial stability, health outcomes - particularly for the homeless, belonging, and work and educational options. The price of housing and the lack of housing were the two main issues residents mentioned repeatedly, sometimes even when seemingly irrelevant to the topic at hand. Residents tied their housing experience to other experiences of community and life, and housing costs and availability weighed heavily on respondents in this community.

Cost was the final overarching theme throughout the survey. Cost of education was the main barrier listed for more education by both adults and youth, and cost factors were the biggest barrier to housing for community members. Financial reasons impact people's ability to pay for childcare to attend school or to work, or even to pay for basic household needs. Affordability was the number one request for healthy food access, and cost the major barrier to health insurance for the uninsured. Cost was consistently a high-ranked barrier in every topic.



Community



Survey demographics

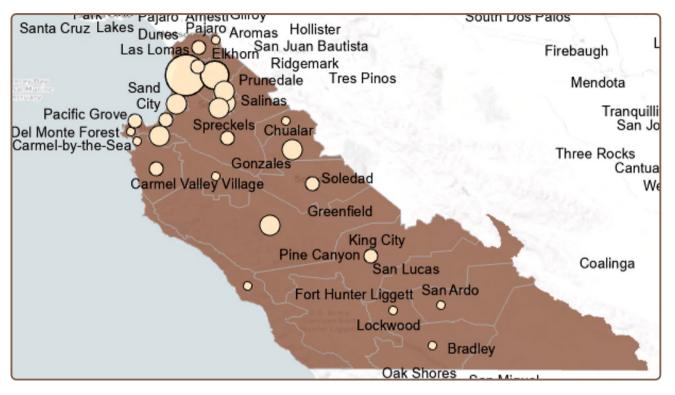


Figure 1. Map of youth and adult respondents location based on zipcode provided

Distribution of Survey by Region

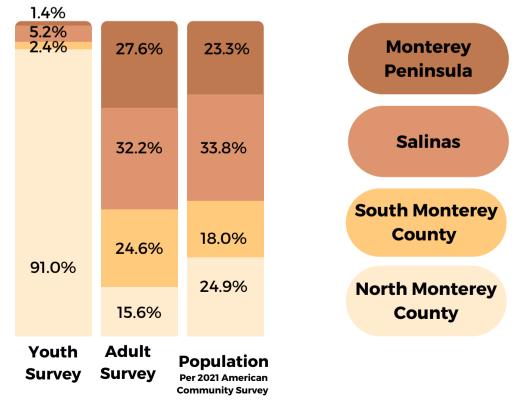


Figure 2. Percentage of youth and adult survey distribution by region.

Community



• Adult Demographics

Ethnicities - 50.1% identify as Hispanic, Latina, Latino, or Latinx only, followed by 34.0% as White or European only, 6.6% identified as two or more ethnicities (including Hispanic and White at 2.3%), and 1.5% as three or more ethnicities. Others included Indigenous Mexican, Asian or Asian American, Black or African American, Native Hawaiian/Pacific Islander, Middle Eastern, and more.

Gender Identity - 67.8% identified as female, 31.2% as male, and 1.4% as non-binary, genderqueer, or gender non-conforming.

L**anguage Spoken at Home** - 54.3% speak English only, 24.6% Spanish only and 16.0% speak both English and Spanish. 5.1% spoke other languages including Mixteco, Triqui, Filipino, French, Japanese, Arabic, Scots Gaelic, German, Italian, Zapotec, Cantonese & ASL.

Written Language - The majority of respondents, 72%, used only English as their written language, followed by 23.2% who used only Spanish, while 4.3% used both English and Spanish. Arabic and Italian were also mentioned.

Age Range - 18 years to 91 years, with an average age of around 48 years.

Residency in Monterey County - 80.6% of respondents have lived there for 10+ years, 8.3% for 6-9 years, 7.5% for 2-5 years, and 3.6% for less than 2 years.

• Youth Demographics

Ethnicities - 73.2% identify as Hispanic, Latina, Latino, or LatinX, followed by 5.5% White or European only, two or more ethnicities at 12.6% (including Hispanic and White at 4.5%), and three or more ethnicities at 1.4%. Indigenous Mexican at 5.9% and Asian or Asian American at 5.0% comprised the next largest groups, with other ethnic backgrounds including Black or African American, Native Hawaiian/Pacific Islander, and more.

Gender identity - 48.7% identified as female, 44.7% as male, 4% as non-binary, and 1.2% as genderfluid or transgender male.

Language Spoken at Home - 27.8% of youth respondents reported speaking only English, 25.4% spoke only Spanish, and 40% spoke both Spanish and English as their primary languages, . Other languages mentioned include Arabic, Mixteco, Vietnamese, and Filipino.

Written Language - Youth predominantly used only English for writing at 76%, followed by 17.8% who used English and Spanish, and 4.8% who used only Spanish. Other written language included French.

Age Range - 13 years to 24 years, with an average age of around 15 years.

Residency in Monterey County - 72.4% of youth respondents have lived there for 10+ years, 10.2% for 2-5 years, 11.2% for 6-9 years, and 6.2% for less than 2 years.



Figure 3. Word cloud of responses for both adult and youth respondents for the question "Please tell us one thing that you like most about your community."

- Adults
- Beaches and Natural Surroundings "I love spending my weekends at the beach with my family, building sandcastles and enjoying the sun."; "The breathtaking landscapes and lush greenery in our community make it a true paradise."
- Weather and Climate "The mild weather here allows us to enjoy outdoor activities all year round, which is perfect for an active lifestyle."
- Diversity and Cultural Richness "Living in a community with people from various cultures and backgrounds has enriched my perspective on life."
- Kind and Supportive Culture "Whenever someone faces a challenge, our community rallies together to offer help and support."
- Small Town Atmosphere "In our tight-knit small town, you can always count on a friendly face and a warm greeting."
- Access to Resources and Services "Having all essential services and resources conveniently located nearby makes life so much easier for us."
- **Community Events and Activities** "I look forward to the community events every month, where I get to meet new people and have fun with friends."
- **Community Engagement and Involvement** "The sense of community involvement is amazing, and it feels empowering to work together for positive change."
- **Safety and Security** "Feeling safe and secure in our neighborhood allows us to focus on enjoying the peaceful surroundings."

Community



• Youth

- Beaches and Natural Surroundings "I like living near the ocean and nice beaches."
- Diversity and Cultural Richness "I like the diversity in people and cultures here."
- Kind and Supportive Culture "The way that our community has a good bond." ; "The deep-rooted culture and closeness."
- Small Town Atmosphere "I like that my community is small and close-knit so many people know each other."
- **Peaceful and Quiet Environment** "It's very peaceful and quiet with little to no disturbances."
- Parks and Recreational Facilities "The parks."
- Food and Restaurants "I like the restaurants."
- Safety and Security "I feel safe."

Both youth and adults mentioned the natural surroundings, diversity, supportive culture, small-town atmosphere, and safety of their communities when asked about what they appreciate in their community.

Community Conversation

In the focus group with community members, aspirations about community were communicated in the greatest breadth and depth of all discussed categories. The majority of mentions expressed desires for the community's culture and feel, with members wanting to feel safe, heard, and supported with activities for various groups including children. They wanted a **more equitable community with accountable government** and increased access to benefits and mentioned policing, safety, communication within the community, and the trash situation.

Community members are extremely positive about the beauty of the community - "this is the most beautiful place in the world to live." Similarly, they were pleased with how new developments look with incorporating natural elements. Specific cities were commended - Soledad for its involved local government and Gonzales for its local transportation system. Simultaneously, transportation was the most frequently mentioned challenge. This included access for seniors, the conditions of roads, and the limited public transport options for rural communities. Other challenges included housing, homelessness, cost of living, and access to benefits. One community member said, "there needs to be more agencies that are interested and willing to come to South County (especially the most rural areas) to provide services - many residents do not have transportation to get to Salinas." Transportation came up in the survey also as a barrier to medical care for certain populations.

Community members felt the access to benefits and community feel were very important, and to a lesser extent homelessness and visible trash. Regarding the future, one community member represented the consensus: "we feel that we cannot really trust because government is government."



FINANCIAL STABILITY



Adult: Employment



Financial Stability Responses

The financial stability portion of the survey asked adults about employment status and household situation. 410 people answered about employment status, and further questions captured subsets based on relevance to the respondent's personal situation.

Employment Status

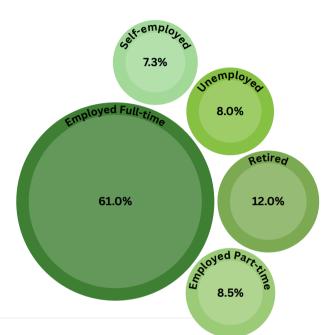


Figure 4. Employment status of adult respondents

Employment Industry

Among survey respondents, Education Services, Health Care and Social, and Other Services make up the majority of employment. Coming in at under 3% were the industries Finance, Arts and Entertainment, Utilities, Retail, Admin, Construction, Transportation, Real Estate and Manufacturing.

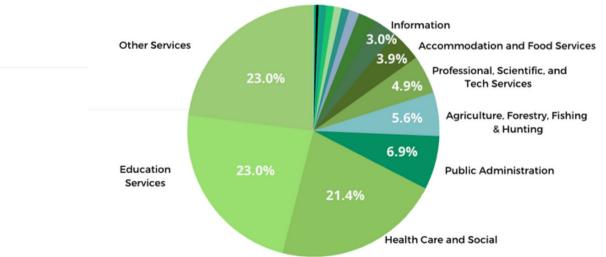


Figure 5. Employment industry of adult respondents

Over 90% of respondents were satisfied or very satisfied with their employment.

Other responses for employment status included the following from most to least selected: housewife/homemaker, childcare either as a profession or for family, disabled, not currently working, volunteer, stay-at-home mom

Adult: Employment



Summary of the "Other Services/Industry" responses from most to least selected: Non-profit/community services (e.g. non-profit administration, community health worker, social services), Local government (e.g. county health departments, probation, emergency services), Law enforcement, Legal services, Winery, Childcare, Automotive, Cosmetology

Employee Benefits

Below is the percentage breakdown of how frequently each benefit was selected. Respondents could choose all relevant options. The most common combination was Health, Dental, Vacation, and Sick Leave, with 37.2% of respondents selecting this option.

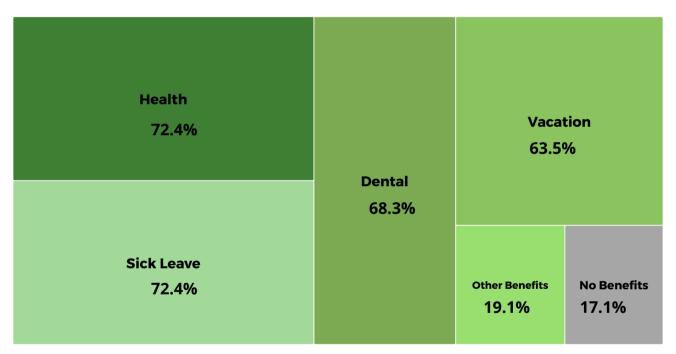


Figure 6. Employment benefits of adult respondents

Early Childcare was a benefit for a mere 4.4% of respondents.

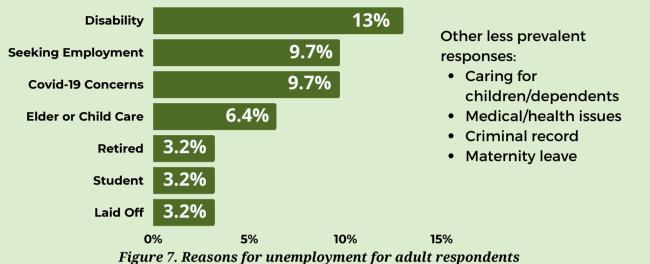
Other Benefits: Flexible Spending Account (FSA) - 8.9%, retirement/pension plans (e.g. 401k) - 5.8%, vision insurance - 4.4%, life insurance - 1.4%, professional development - 1.0%, less than 1% - EAP, education, gym memberships, wellness, disability insurance, parental leave, other PTO, Partial Payment of Health Benefits, IRA, dependent care account, discounted utilities, HRA, parking, legal, vaccination clinics, lunch

Adult: Employment

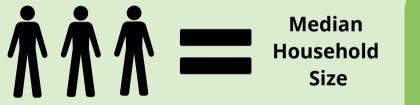


Unemployment Reason

The top selections were Disability Limiting Work, Seeking Employment, COVID Concerns, and Unpaid Childcare. The data shows various barriers to employment, with external factors like student and caregiving responsibilities being frequently cited. Below is the graph showing the percentage breakdown:



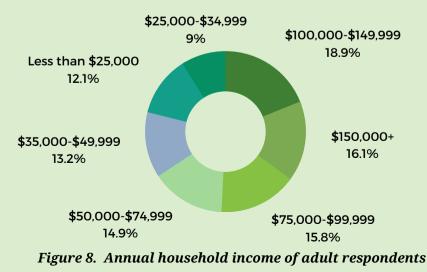
Number of People in Household



27% of respondents live in a 5+ person household

Annual Household Income

The most commonly reported household income ranges were \$100k-\$150k, \$75k-\$99k, \$35k-\$49k, and \$50k-\$74k. The least commonly reported income ranges were under \$25k and over \$150k.



Adult: Household Finances



"Increase the minimum wage to a community-based livable wage."

"The cost of living here can't grow new and young families. We need to make a way for the younger generation to afford to live here and continue to grow this community."



"Pay that matches cost of living along with healthcare benefits"

costs

care

Figure 9. Word cloud of responses for adult respondents for the question "Please tell us one way to improve housing in your community."

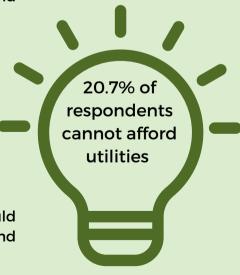
Inability to Afford Listed Items

46.1% or respondents could not afford one or more, and 34.1% could not afford 2 or more of the following items:

- Utilities or Bills at 20.7%, the largest category
- Rent or Mortgage 20.1%
- Transportation 19.0%
- Groceries/Food 17.9%
- Medicine, Medical Expenses, or Co-pays 17.0%
- Basic Personal Hygiene Items 10.1%
- Essential Household Items 15.9%
- Childcare/Daycare 2.2%
- Other responses for what community members could not afford included health insurance, credit cards, and the impact of the rising cost of living

The remaining 53.9% could afford all listed items.

"Our credit cards are busting at the seams trying to make ends meet"





Youth Employment Responses

This portion of the survey asked youth about their current employment status and corresponding questions. 421 youth answered about status, and further questions captured subsets based on the question's relevance to the respondent's personal employment situation.

Of those employed, 70.3% Unemployed 64.2% are satisfied or **Employed Part-time** 11.9% verv satisfied with their employment Other 8.3% status 3.6% **Employed Full-time** "Other" employment statuses from most to least selected: Self-employed student, too young / underage to work, volunteer, 50% 75% 25% babysitting/occasional work

Youth Employment Status

Figure 10. Employment status of youth respondents

Industries of Employed Youth

- Accommodation & Food Services: 29.17%
- Education Services: 13.54%
- Health Care & Social Assistance: 11.46%
- Retail Trade: 7.29%
- Agriculture: 6.25%
- Information: 3.13%
- Construction: 3.13%

- Technical Services: 2.08%
- Wholesale Trade: 2.08%
- Transportation & Warehousing: 2.08%
- Public Administration: 1.04%
- Utilities: 1.04%
- Real Estate & Rental: 1.04%
- Arts, Entertainment, & Recreation: 1.04%
- Finance & Insurance: 1.04%

Youth Volunteering

Types of community volunteering mentioned by youth, from most to least frequent:

- School clubs/activities Condor Community Club, Slough Crew
- Sports coaching and events local rec centers, high school football/basketball
- Church activities local churches
- Environmental cleanups Slough Creek, beach cleanups
- Library local libraries
- Community events
 - Artichoke Festival, El Dia de los Ninos, Halloween/Christmas events
- Animal welfare SPCA
- Elder care Preschool Service Corps

14.3% of youth say they volunteer



82.1% respondents

are satisfied or very satisfied with their

current housing

125%

100%

Housing Responses

The housing section of the survey gathered information about the respondents' current housing situation, desired type of housing, and barriers in achieving desired housing. It included questions about their current type of housing, the number of households sharing the housing, and satisfaction with their current housing. An average of 400 respondents provided answers to most housing-related questions.

Number of Households

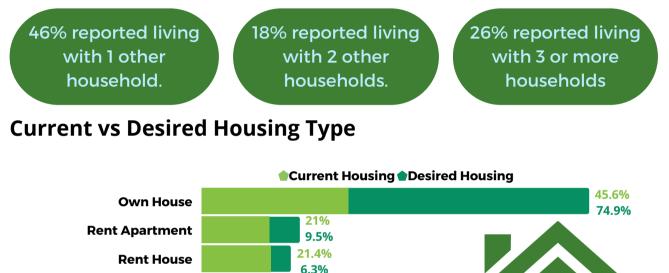
Own Apartment

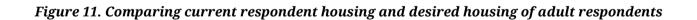
Homeless Shelter

Outside/Campground/Tent

Vehicle

Other





50%

75%

Respondents overwhelmingly desire to own their own homes - close to 75% of those surveyed - yet only 46% currently do.

Barriers to Desired Housing

The four biggest areas creating barriers to the desired type of housing:

2.1%

3.8%

0.3%

0.7%

0.5%

0%

7.8%

4.5%

25%

1. Cost-related factors: The cost of basic necessities, including housing expenses, was mentioned by 34.2% of respondents, and the requirement of a substantial down payment posed a challenge for 31.7% of respondents.

Adult: Housing



2. Availability in desired location: 30.9% of respondents mentioned this as a significant barrier. It refers to the challenge of finding housing options in the specific location or neighborhood that individuals desire.

3. Supply of housing: The supply of housing as a barrier was chosen by 29.2% of respondents.

4. Financial factors: Debt and credit score issues were mentioned by 12.5%, student loans by 6.2%, and the high loan interest rates mentioned by 22.4%, can hinder individuals' financial ability to obtain suitable housing options.

It's important to note that 28.4% of respondents indicated they faced no barriers and were already living in their desired type of housing. Cost of education and cost of childcare were mentioned by less than 5% of respondents for each.

Community Conversation

In the community conversations, the financial aspirations of community members for the community were muted, primarily centered on increasing housing to address homelessness and providing more economic opportunities, like increasing workers' rights. The main positive mentioned was the economic opportunities tourism brings to the area.

Discussion around the challenges faced was much more robust and extensive. **Cost of living** was the main theme mentioned by various community members in terms of housing costs, fixed incomes, food costs and other issues. One respondent wrote in Spanish that, "when money is needed, there is more anger, frustration within a family and violence usually comes." The effects of being unable to address living costs weighed heavily both on individuals and organizations. In a similar vein, work concerns were mentioned repeatedly among community members as well. Other specific concerns mentioned were housing, children, access to benefits, homeless people, and transportation issues.

New conditions to address referenced similar themes to the challenges, with cost of living and homelessness receiving multiple mentions along with discussion around help to provide meaningful and financially stable work. Another question about support provided this insight, **"the way services are offered matters"** while someone else expressed the feeling that, **"we survive on tourism which brings us wealth . . however . . we have lost our community, which is sad."**

The impact of **tourism and transportation** were two takeaways for community members, and a lack of confidence was expressed in the local government's ability to provide meaningful solutions.



Adult: Education

Adult Education Responses

The survey respondents answered three questions related to their education. The first question asked about their highest level of schooling, the second question inquired about the highest level of education they would like to achieve, and the third question asked if they were currently enrolled in an educational program.

437 respondents provided information about the highest level of schooling.

Highest vs. Desired Level of Schooling

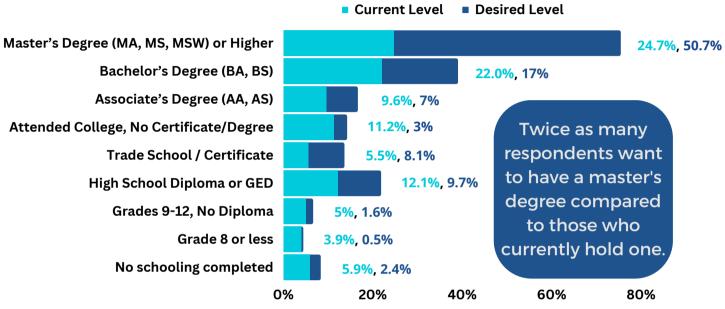


Figure 11. Comparing current highest level of education and desired education for adult respondents

This comparison suggests that a significant portion of respondents aspired to attain higher levels of education beyond their current highest level of schooling. It highlights the gap between their current educational attainment and their desired educational goals, indicating a potential need for further education to align with their aspirations.

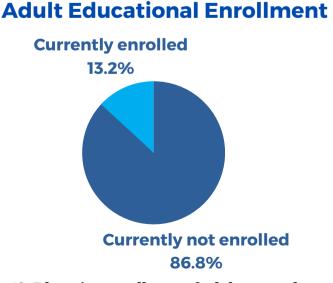


Figure 13. Education enrollment of adult respondents

Educational Motivation

Among the respondents to this particular question, motivators for pursuing education were making a difference in the community (25.9%), continuous learning (25.9%) higher income (16.7%), personal satisfaction (16.7%), and better/more job opportunities (14.8%). Other motivators mentioned include career advancement. personal growth, passion for the field, and gaining knowledge.



Adult: Education



32.6% of those not enrolled have achieved desired level of education 14.7% of those not enrolled were not currently interested in more education

Obstacles Faced for Education by Enrollment Status

Obstacle	No, not enrolled as student (341 responses)	Yes, enrolled as a student (52 responses)
Cost of education	30.8%	59.6%
Work-related reasons	13.8%, Over half mentioned working full- time. Others mentioned schedules	21.2%
Family-related reasons	10.9%, Most were to care for family members, particularly children	15.4%
Childcare	7.0%	21.2%
Not being prepared for the next level	6.2%	9.6%
No local options	5.0%	9.6%
Disabilities	1.8%	9.6%

At <5%, mental health and disabilities deterred students from enrolling. Criminal records and illness or injury prevented a small subset from getting more education. 13.5% felt none of these were obstacles as an enrolled student

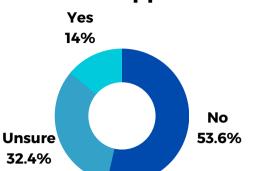
"I have to work too much to afford to live - I don't have enough free time to take classes."

Adult: Youth Education & Career Support



Do Youth Have Sufficient Career Assistance or Opportunities?

"No," the majority answer at 53.6%, expressed a belief that youth do not have sufficient career assistance. 32.4% of respondents were unsure about the adequacy of assistance, while only 14.0% of respondents indicated "Yes," believing youth do have sufficient assistance.



Themes

"Let's give them (youth) incentives to volunteer / intern with businesses and non-profits." Figure 14. Adult responses regarding sufficient career assistance for youth

When community members expounded on their assessment of youth's opportunities, they emphasized the need for more information and guidance to be given to students, with concerns around a lack of options given to youth. Similarly, ideas related to career exploration and guidance were suggested, like hosting career fairs or connecting students to relevant mentorships and employment in the community.

Emphasizing non-higher education options like trade schools and vocational training and their availability was the next most frequently mentioned theme. Also mentioned were school and career counselors, mostly noting their lack of availability or support "Apprenticeships, trade schools, military are under-represented as career choices. All youth do not need or want to enroll in college."

Less-repeated themes included specific mentions for involving families in the process of understanding options and providing more higher education guidance.

Most Needed Support to Help Youth Attain Higher Education

Respondents selected the best ways to support youth continuing education. 10.5% listed other ideas. some of which further clarified offered selections like adding military education into non-higher while others options. highlighted new ideas like relationships with mentors and family and the need for financial literacy.

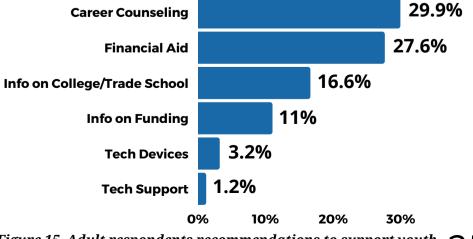


Figure 15. Adult respondents recommendations to support youth cducation

Adult: Youth Education & Career Support



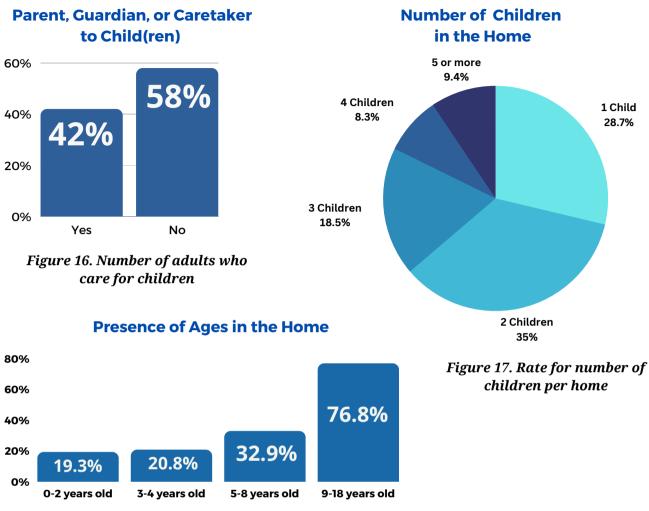


Figure 18. Age ranges for children in the home

Educational Aspirations for Their Children

Parents have high educational aspirations for their children, as evidenced by the overwhelming majority desiring a master's degree for their children. Over 80% desire their child to achieve a college education or higher.

- Master's Degree 69.2%
- Bachelor's Degree 14.7%
- Associate's Degree 2.6%
- College without certificate or degree 3.2%
- Trade school or certificate 5.1%
- High school diploma or GED 2.6%
- Grade 9-12 without diploma 1.9%
- Grade 8 or less 0.6%

69.2%

parents desire for their child to attain a master's degree



Resource Availability

Resources in Primary Language

Parents were asked if they feel there are sufficient resources in their primary language for their child or children.

come

hildrei

Sufficient resources available - 76.4%

Those who indicated sufficient resources mentioned positive experiences with programs primarily conducted in Spanish. children's They highlighted their understanding and fluency in the language, as well as the presence of Spanish-speaking staff or а bilingual environment. Some emphasized the importance of English as a necessary all individuals. language for Thev appreciated receiving information in Spanish. which is their child's first language, and the provision of bilingual materials.

Lack of resources - 23.6%

Respondents who expressed concerns raised various issues. They emphasized the need for additional assistance and support to overcome language barriers, particularly for the Hispanic community though also for the Arab community. Concerns were voiced about the limited availability of daycare and licensed facilities along with insufficient interpretation services during meetings with predominantly **English-speaking** teachers. The need for language support for new immigrants and their families was highlighted. Suggestions were made for after-school tutoring, Spanish advertisements. bilingual staff. and resources in their primary language.

"For the Hispanic community, there needs to be more assistance of the language barrier."

> Figure 19. Word cloud of responses for adult respondents for the question "Please tell us one way to improve educational opportunities in your community." 27



Technology Resources for Learning at Home

Child's Current Access to Technology

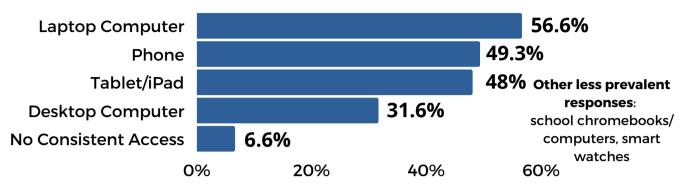
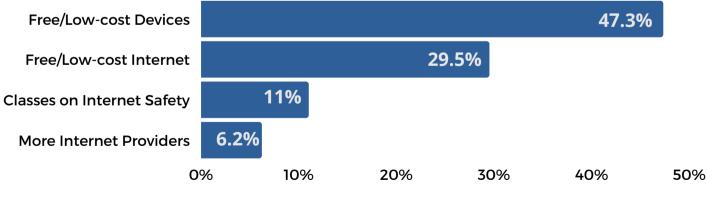


Figure 20. Rates for a child's current access to technology



Helpful Technology Supports for Learning at Home



Pictured are the four primary selections by families to support learning at home.

Figure 21. Suggested devices for at-home learning

Receiving <5% of selections: classes on repairing technology devices; classes on using technology; none of these supports would be helpful. Additional recommendations included providing computer classes for parents, educating children about the permanence of their online footprint, and advocating for public broadband internet.

Adult: Children's Childcare and School Enrollment



Obstacles to Education for Oldest Child (9-18 years)

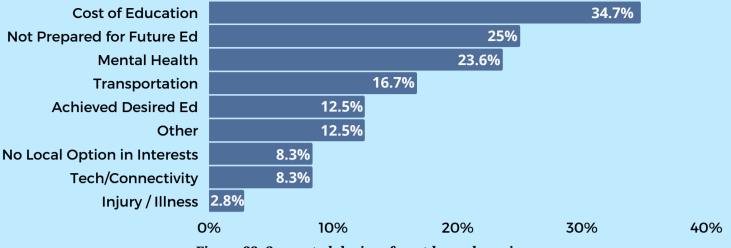


Figure 22. Suggested devices for at-home learning

Family:

- Bad habits
- Trauma loss of parent

Other:

- Pandemic-related issues and safety
- Security

Children, 0 - 8 Years - Childcare

Parents could choose multiple selections:

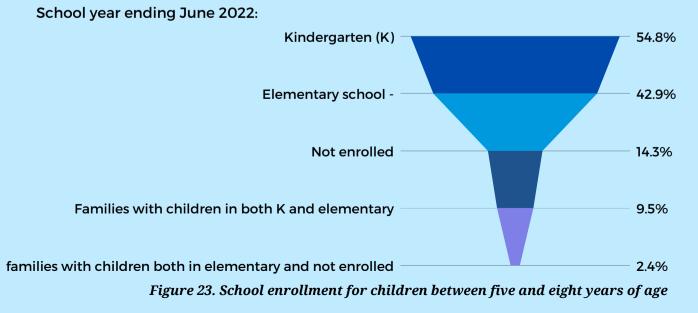
0 - 4 years

Partner-provided childcare - 43.5% Another family member - 39.1% Licensed childcare facility - 21.7% Non-family member - 15.2% > 30 hrs/ week (non-partner) - 30.4% < 30 hrs (non-partner) - 45.7%

5 - 8 years

Partner-provided childcare - 60.5% Another family member - 30.2% Licensed childcare facility - 14.0% Non-family member - 4.7% > 30 hrs/ week (non-partner) - 16.3% < 30 hrs (non-partner) - 32.6%

Children, 5 - 8 Years - School Enrollment





Children. 9 - 18 Years - School Enrollment

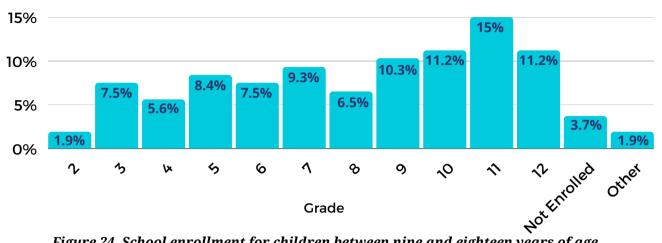


Figure 24. School enrollment for children between nine and eighteen years of age

Measurement of Satisfaction and Welcoming

	Satisfied	Unsatisfied	Welcome	Unwelcome
Ages 0 - 4 (for childcare)	44.2% Very - 34.9%	11.6% Very - 2.3%	18.9% Very - 51.4% Partner provided - 21.6%	5.4% Very - 2.7%
Ages 5 - 8	59.0%	5.1%	47.5%	2.0%
(with school)	Very - 33.3%	Very - 2.6%	Very - 18.0%	Very - 2.5%
Ages 9 - 18	54.5%	17.0%	58.2%	8.8%
(with school)	Very - 25.0%	Very - 3.4%	Very - 30.8%	Very - 2.2%

Figure 24. Measurement of satisfaction and welcoming for children with school and childcare

Oldest Child's School Type

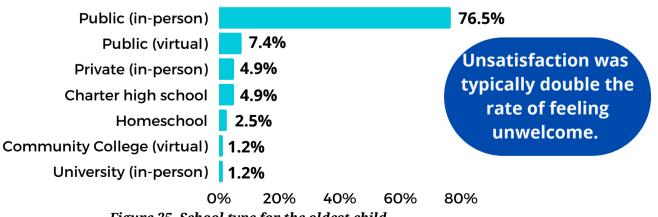
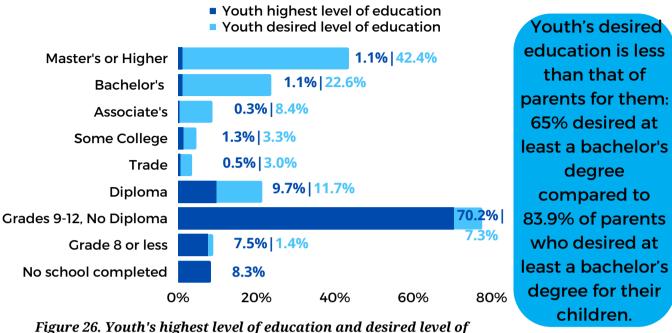


Figure 25. School type for the oldest child

"One way to improve educational opportunities in our community is to make kids more aware of colleges and what job opportunities there are when you get a higher level of education."



Survey respondents answered three questions related to their education; 421 youth responded. The survey asked about their highest level of schooling, the highest level of education they desired to achieve, and the obstacles they faced for their education.



education

Motivation for Higher Education

The motivators for youth to pursue higher education were the pursuit of more opportunities (28.9%), higher income (28.4%), personal satisfaction (16.5%), making a difference (11.6%), lifelong learning (5.2%), and changing careers (3.6%). Other answers (5.8%) mentioned supporting family - "helping out my family" - and achievement.

Obstacles to Higher Education

Among youth's obstacles, cost of education was paramount at 31.0%. Next were not being prepared for future education at 28.1% and mental health at 23.1%.

Chosen less than 10% of the time, from greatest to least: transportation, already achieved the highest level of education desired, not currently interested, family related reasons, no local options, childcare, technology, work related reasons, injury/illness, disability, and criminal record. For other (21.1%), most responses indicated no barriers, while some answers highlighted unique difficulties like laziness or trouble studying.

Improving Educational Opportunities

The largest theme youth mentioned for improving their educational opportunities was increasing resources and help, whether financial like more jobs or funding or access to opportunities like having support to achieve or information to choose. Increasing awareness of opportunities and resources was a specific mention as well, not just around higher education but also around internships and career opportunities.

Youth: Education & Community Conversation



Less mentioned themes were the proximity to schools and transportation options, with suggested improvements including better availability and bus pick-ups. Regular progress check-ins with students, communication with parents or guardians, and targeted support for those with poor grades or home life were proposed to ensure students stay on track for their future, as well as providing a safe learning environment. Community programs, clubs, activities, recreation centers, libraries, and educational programs were identified as means of providing students with opportunities to socialize, learn, and explore their interests. Field trips to community colleges and universities were seen as valuable experiences for students.

Respondents emphasized the importance of accessible information about opportunities, colleges, and career paths to ensure the availability of resources for pursuing education and create systems to empower and support students. "More exposed to careers"

Community Conversation

In the focus group discussion, community members mentioned the aspiration, **"active communication with school admin."** This was similar to the surveys, in which greater communication was also a common desire for both adults and youth. Community members considered after school tutoring support and games a current positive.

Challenges elicited the largest discussion. Funding and access to educational and childcare resources received the most mentions. Funding included both government resources as well as costs of tuition and educational support for individuals like childcare. Multiple comments mentioned teacher shortages due to competition and funding challenges, as one said, "especially in Monterey County where it is so expensive to live, we cannot get teachers to want to come and live here." Educational resource access discussed considerations for working parents as well as programming for specifically mentioned groups of students: the homeless, those with disabilities, and, North County students. Other challenges mentioned included parents not participating and a lack of access to other types of resources like more basic necessities, career-specific training, or technology.

Following up on the challenges, **people mentioned conditions that could help in the areas of educational support, funding, parental support, technology, and career training.** Ideas for educational support included smaller class sizes and more teacher support, while parental support centered on supporting working parents.

The important issues with consensus were parental support and participation, the cost of continuing education, and the need for additional educational/childcare opportunities.



HEALTH

Adult: Health



Health Responses

The health portion of the survey asked health related questions, and 363 survey respondents answered questions in the health section of the adult survey.

Top Health Issues

Based on the survey responses the most frequently mentioned health issues were:

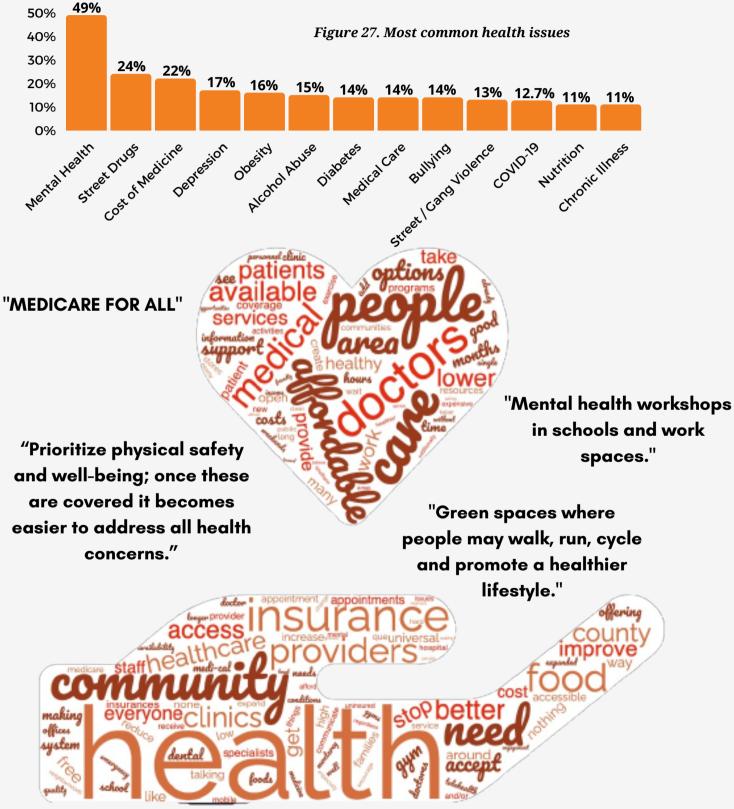


Figure 28. Word cloud of responses for adult respondents for the question "Please tell us one way to improve mental health and health conditions in your community."

Adult: Health



Ways to Improve Community Members' Regular Exercise

Respondents were asked to select options that could help increase their ability to exercise regularly. The graph demonstrates all options mentioned by more than 10% of respondents.

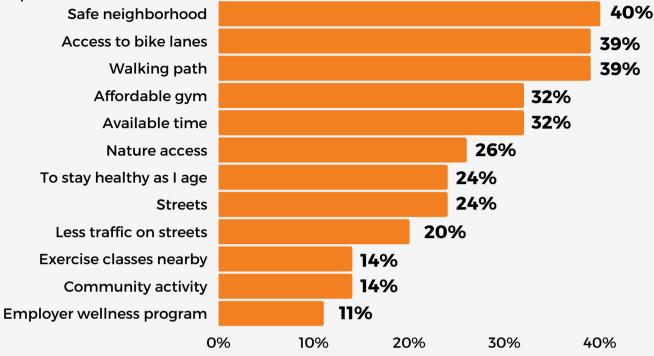


Figure 30. Ways to improve regular exercise for community members

Healthy Food Access

Healthy food access was asked both as a selection and as a space for comments. The percentage distribution as to what the respondents think would improve healthy food access in their community is below.

Improve affordability	Add supermarkets	Options in marts	
75.2 %	34.8%	25.4%	
		Bus routes	
	Paths to the store	20.5%	
Options in grocery stores			
	28.5%	Other	
39.9%		15.1%	

Figure 31. Factors to improve community member's access to healthy food

"Include lessons in school from on early age to create consciousness about healthy eating, mindfulness, positive thinking, emotional intelligence, faith and hope."

Adult: Health

In the written responses, improving healthy food access in the community had consistent themes, with respondents' geographic location in the county strongly affecting their access and answers.

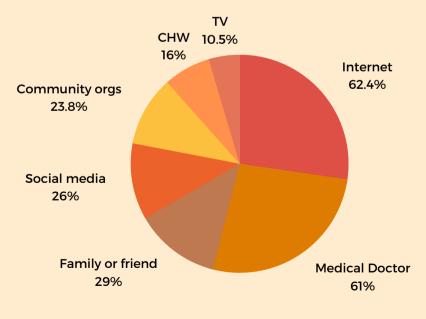
The strongest consensus was the need to add new natural grocery stores, produce stands, or trailers in certain areas to increase the availability of fresh and healthy food options. Affordability emerged as another key concern, emphasizing the importance of addressing cost barriers or income levels that hinder access to nutritious foods. Educating people about the important of healthy foods and advertising the farmers' markets and sources was the final major theme for access.



"Allow community to use EBT/SNAP benefits at farmers' market"

In South Monterey County, the focus is on farmer's markets, affordability of fruits and vegetables, and promoting healthier options in schools and stores. North Monterey County emphasizes affordability, housing, improved transportation, and plant-based diets. Salinas presents a varied range of ideas, including specific store requests, transportation concerns, and calls for balanced senior food distribution and reduced food waste. On the Peninsula, support for existing markets, education about healthy foods, and interest in fresh local meat are notable.

Minor themes mentioned using schools as potential distribution and access points and better public transportation and accessibility for residents who are disabled to reach and purchase healthy food.



Access to Health Information

Other responses: Individuals mentioned relying on healthcare organizations for educational materials. resources. guidance. and Books and journals were also mentioned as a source of health information. Finally, work-related sources, such as work emails and employer wellness and programs coordinators. were mentioned health as information channels.

Figure 32. Channels for community member's access to health information

Adult: Health & Insurance



Type of Insurance

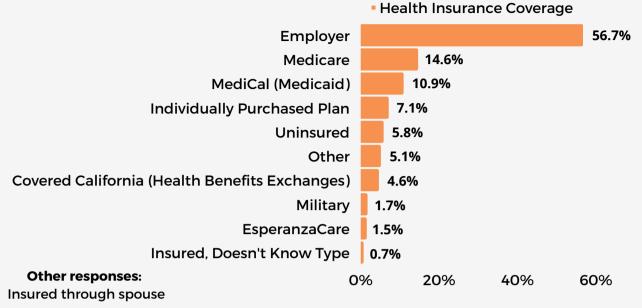


Figure 33. Types of health insurance coverage for community members

Satisfaction with Health Insurance



76% OF THE RESPONDENTS STATED BEING VERY SATISFIED OR SATISFIED WITH THEIR HEALTH INSURANCE.

19.7 % OF THE RESPONDENTS STATED BEING VERY UNSATISFIED OR UNSATISFIED WITH THEIR HEALTH INSURANCE.

Reasons for Being Uninsured

Why are adult respondents uninsured? 70% - Cost of insurance too high
15% - Don't know how to get insurance
10% - Don't have technology to apply for insurance
10% - Employer doesn't offer insurance
10% - Self-employed
5% - Health insurance sponsor lost job or changed employers
5% - Lost eligibility for Medicaid

Adult: Health & Providers

General Healthcare Services Providers / Locations

Below is the summary of where people go for general healthcare services:

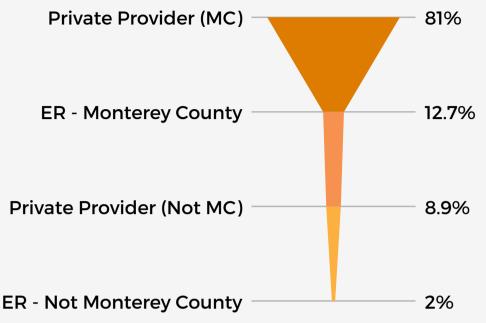


Figure 34. Locations for general healthcare service providers

Other responses comprised 6.6%: These included not seeking medical care due to a lack of trust in doctors or lack of illness, opting for urgent care facilities or weekly clinics, utilizing Telehealth services for convenience, accessing specific programs or discount offerings at health clinics, relying on VA clinics and hospitals, facing challenges for care in areas such as King City, and taking personal responsibility for their own health including using over-the-counter remedies.

Other locations for services:

- Emergency room visits in another county: Santa Cruz, Santa Clara County, and San Luis Obispo
- Private doctors, medical groups, or clinics in another county: Santa Cruz County, Stanford, San Luis Obispo, Sonoma County, San Mateo County, Stanislaus, San Francisco, Los Angeles, and Alameda.

"Due to the lack of doctors, I have to go to the urgent care and wait 2-3 hours to get help"



Adult: Health & Providers



Top Considerations for Selecting General Healthcare Services

The data below shows health insurance acceptance, proximity/location, and having provider(s) who speak preferred language are the top considerations for most people when choosing healthcare services.

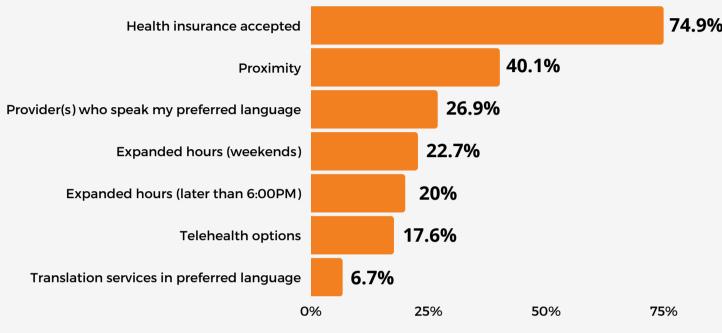


Figure 35. Top considerations for selecting general healthcare services

"Trusted provider"

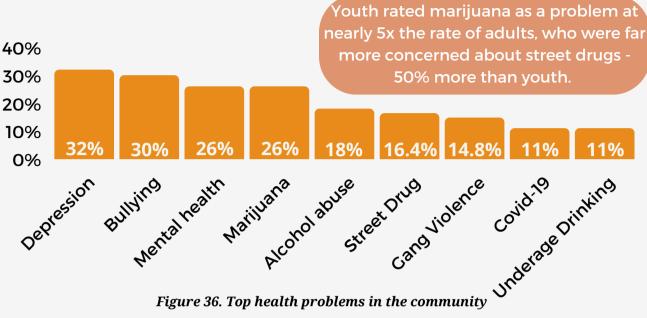
Other considerations mentioned include trust and reputation, customer service, cleanliness, ability to address multiple concerns in one visit, privacy, use of latest science, and offering alternative therapies. The open-ended responses highlighted quality of care and providers as the top additional priority.

> "Quality of care, correct billing, customer service, care is comprehensive and appropriate"

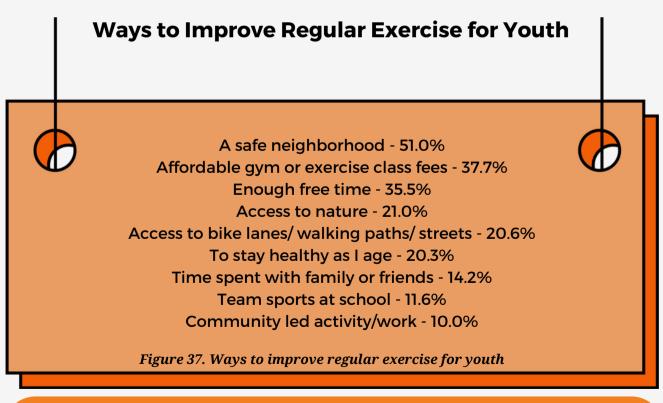
Youth: Health



Top Health Problems Facing the Community



Respondent choices less than 10%: diabetes, cost of medicine, child abuse, domestic abuse/violence, prescription drug abuse, medical care, sexual abuse, cancer, obesity, homicide, nutrition, smoking tobacco, teenage pregnancy, pollution, suicide, dental/oral health. heart disease. chronic illness. STIs. stroke.



Over 1/2 of youth surveyed said neighborhood safety would help them exercise more.

Youth: Health

How Youth Get Health Information

- Internet 59.9%
- Medical doctor/physician 49.8%
- Family member or friend 46.0%
- Social media 30.1%
- Community healthcare worker (CHW) 19.7%
- Television 15.5%
- Community organization 15.2%
- Nurse 13.3%
- Nurse practitioner/physician assistant 8.4%
- Radio 6.5%
- Other (please specify): 4.2%

<u>Top Three Ways</u> <u>Youth Access</u> <u>Health Info:</u>

- 1. Internet
- 2. Medical Doctor
- 3. Family Member

or Friend

• Non-physical health professional (e.g. acupuncturist or chiropractor) - 2.3%

The survey indicated youth rely on friends and family for health information about 60% more than adults.

Ways to Improve Food Access for Youth

Based on the selected options, here are some of their ideas that could help improve healthy food access in the community:

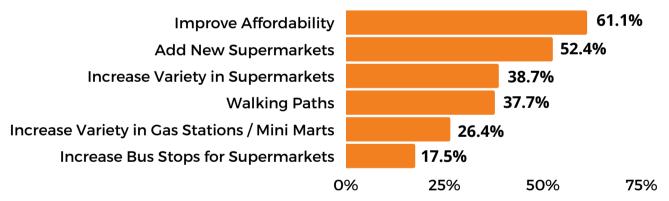


Figure 38. Ways to improve food access for youth

Youth and adults both rated affordability top, but youth were 50% more likely to desire adding supermarkets.

...WHY CAN'T WE HAVE A FARMER'S MARKET OR A TRADER JOES?

- North Monterey County resident



HAVE PROGAMS THAT ENCOURAGE AND TEACH RESIDENTS ABOUT NUTRITION

- Salinas resident



Health Community Conversation



Community Conversation

During the community conversations community members' aspirations centered on safety; "no more violence" was one dream. One respondent noted, "there are many areas that 'take care of themselves' due to distance without receiving a lot of County support." This overlapped with survey respondents who also noted discrepancies in care and availability by location. VA health care was considered a positive in this region.

Challenges, as usual, received by far the largest range and depth of responses. The **availability of doctors** was regularly repeated, with one community member mentioning **it can take 40 days to get an appointment** in Greenfield. Also consistently mentioned was the customer service dimension of doctor/patient care and communication. **"Doctors do not dialogue with patients to give them time to understand"** was indicative of the general feeling regarding doctor/patient care. Children's health and mental health needs and concerns, insurance issues, and the needs of seniors as well as Medicare, doctor concierge fees, and transportation were other minor themes in the challenges discussion.

Many of the challenges brought up in the focus group were mentioned in the survey as "other" considerations in selecting general healthcare, like being able to trust providers and having good customer service from the provider and medical staff. Though mental health, street drugs, and cost of medicine were the top three survey answers for health concerns, mental health did not play nearly the size role in the discussions as it did for survey respondents and focused more on youth than adults. Street drugs were not mentioned at all, and cost discussions were much more focused on the cost of insurance and concierge doctors than of medicine.

Community members mentioned better personal relationships with medical providers and better health insurance could improve health conditions. Availability of health care, including concerns around the impact of concierge doctors in the region, and doctors' service of patients during visits repeatedly emerged across questions. This reflected the general tone of the discussion reflecting thoughts on the medical system, rather than other issues of health like healthy foods and exercise which were mentioned infrequently.

The response for the future perfectly captured what the fullness of the discussions revealed, that **"access to medical care and treatment by medical doctors"** - the availability and customer service piece - were Monterey County community members' main focus for health in the focus group discussion.

"He (the doctor) wasn't giving me time to explain how I felt or even explain to me the findings of the test results"



SAFETY





Respondents were asked if they or any member of their family (living in Monterey County) has been treated unfairly by someone in their community in the past 12 months based on any of the following.

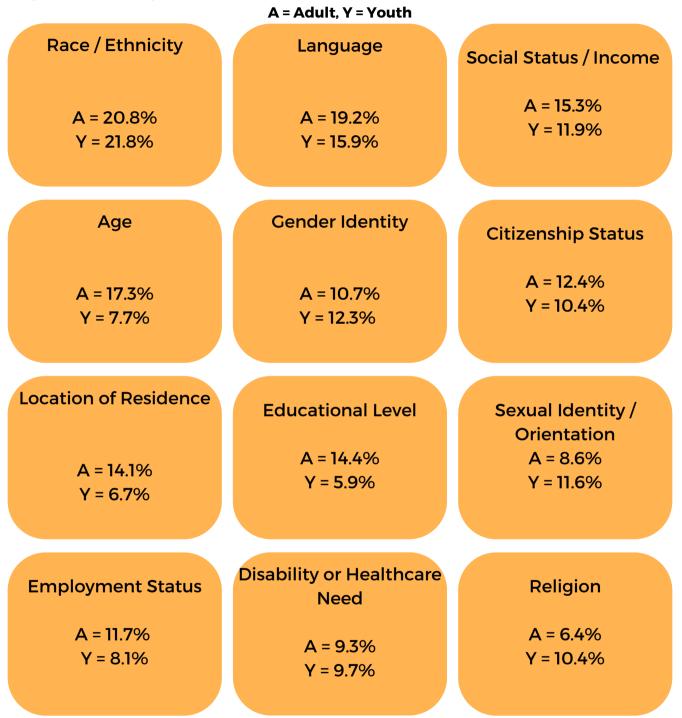


Figure 39. Common factors for unfair treatment in the community

Specific incidents mentioned from the last 12 months for other unfair treatment: political beliefs and affiliation, waste management, toxic work environment, harassment, type of health insurance, and tenant rights.

Adult and Youth: Safety



Other Safety Questions:

Only youth survey respondents were asked if they felt safe in the community and if they felt threatened or bullied at school in the past 12 months.



Figure 40. Levels of safety in the community

Adult: Disabilities & Aging

Support for Residents with a Disability

Improving Support for Person with Disability

13.9% ADULTS IDENTIFIED AS HAVING A DISABILITY

- Accessibility
 - Public transport
 - Sidewalks
- Coordinated support for resources
 - Health, including access to alternative treatments
 - Mental health

"Create a liasion agency to triage public requests for help, directing them to the appropriate agency"

17.8% CAREGIVERS FOR PERSON WITH DISABILITY

Improving Support for Caregiver

- Care for people with disabilities and their caregivers
- Financial support
- Accessibility and transportation
- Information to access resources

"20 minute loading zones"



Way to Best Support and Promote Health of Individuals 50+ Yrs

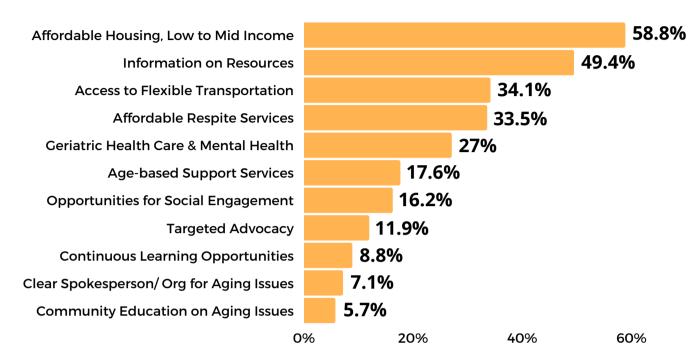


Figure 41. Ways to support health of community members over 50 years of age

Other ways (6.8%) to support and promote health of those age 50+: more support services, healthcare for those who need it, more options for healthy lifestyles, social engagement and mentorship

Many aging folks have great skills, insights they can share. By doing so, people realize the value aging people can provide





COMMUNITY SOLUTIONS



COMMUNITY FINANCIAL SECURITY SOLUTIONS



WAYS TO IMPROVE FINANCIAL STABILITY

AFFORDABLE HOUSING

 "Reduce the cost of housing. Provide more affordable housing for families starting out or single employed adults."

"Affordable housing is key."



HIGHER WAGES

- "Pay the workers of this county private and public a living wage - we are behind comparatively to the cost of living."
- "We need more diverse job opportunities that allow for growth."

LOWER COST OF LIVING

- "Lower taxes, smarter government spending."
- "Lower gas prices & develop a better public transportation system."

WAYS TO IMPROVE HOUSING

1. Increase affordable housing

"Build more affordable housing and consider thinking outside the box for locations."

"More low income apartments & houses for low income families."



3. Rent control

"Rent control, build more houses."

"Put an end to the property management cartel. Impose mandatory rent control."



Limit vacation rentals/outside investors

"Stop letting investors buy up all the properties for rental units!"

"Significantly increase taxes on second and third homes; don't allow corporations to own homes; limit/reduce Airbnbs."

FINANCIAL EDUCATION 4

- "Financial planning/personal finance education in high school."
- "Teach women how to manage finances," how to invest, and encourage conversations about finances."

TARGETED ASSISTANCE

- "More food banks on weekends. I work during the week 8-5 and can never get to any open food banks."
- "Hopefully there will be more help to pay and help me with my utilities."









2. Lower costs

"Lower rental prices, electricity has increased its prices, all utility services are very high."

"Housing Costs to go down.

4. First-time homebuyer assistance

"More programs for first time buyers that assist with down payments and reducing interest rates."

"Downpayment is the biggest challenge for housing. Downpayment assistance programs for educators are needed."









COMMUNITY EDUCATION SOLUTIONS



WAYS TO IMPROVE EDUCATIONAL OPPORTUNITIES

Reduce costs and improve affordability

1

"Lower cost of education even for working class."

Increase accessibility through flexible schedules and online

options "We need more online classes and schedules that adapt to our times."

Provide more financial assistance and scholarships

"More money for college for lower income people."



4 Expand vocational and life skills training

"Develop / include more programs in the trades for high school students who are not college bound."



Improve educational quality and learning outcomes

"Provide at no cost to all students any extra assistance a student may need to achieve minimum grade level competence in all required subjects, but NEVER promote student without student achieving required minimum levels of achievement."



WAYS TO IMPROVE CHILDCARE AND EARLY EDUCATION



"Hire qualified teachers and pay them more."

"Cost is too high. More options for working middle income families not just low income."

"Tax credits/incentives for for-profit businesses and Grants for Nonprofits to subsidize care."

- Make childcare more affordable and accessible to all income levels
- Provide more centers, programs, and availability to meet the needs of families.
- Improve quality through better training, pay, and support for childcare providers and teachers.
- Provide subsidies, tax credits, and other financial assistance to make care affordable.

COMMUNITY EDUCATION SOLUTIONS



WAYS TO IMPROVE AFTER-SCHOOL OPPORTUNITIES FOR YOUTH

1. Engaging and Diverse Activities:

- "Topics that are engaging, teachers being paid adequately to be more invested in the youth."
- "More activities for teens (after school), better skateboarding park."



2. Affordable and Accessible Programs:

- "After free after-school activities. Free tutoring. Free language classes. Mentoring."
- "Provide transportation for off-campus programs."

3. Educational Support and Tutoring:

- "Tutoring center."
- "Hold educational personnel accountable for the education they provide to the students."

4. Community Partnerships and Involvement:

- "Partner with the local community colleges to provide activities/classes for those who are interested."
- "Collaborate with nonprofits offering programs around education to youth and allow them to have a space within the community."

5. Encouraging Physical Activities:

- "More sports activities for youth."
- "Offer more affordable sports and recreational options."

WAYS TO IMPROVE CHILDREN'S MENTAL HEALTH

Provide more access to mental health professionals:

"Have mental health professional check on students every month." "More free resources at school and after school such as psychologists."

2 Foster strong adult connections:

"Caring school staff." "Encouraging children to learn about and talk about mental health."

3 Offer affordable mental health services:

"Make it more affordable and accessible for youth." "Accessible prices and more psychologists."

Educate parents on mental health:

"Educate parents." "More information about the impact of social media and internet use on mental health."

5 Destigmatize mental health issues:

"Learning opportunities to identify emotions and coping strategies on how to regulate emotions." "Reduce stigma."

00

COMMUNITY EDUCATION SOLUTIONS



WAYS TO IMPROVE SAFETY FOR CHILDREN

1. Increase security and police presence: 2. Improve safety of streets and crosswalks:

- "More police"
- "More security"

- "Safer streets without drugs."
- "Enforcing driving laws when children are going and leaving schools."



3. Monitor children's activities and relationships:

- "Being more aware of them and knowing what friends they have and what they do in social networks."
- "More vigilance in technology after school."

4. Educate children on safety:

- "Education for kids and parents."
- "Assemblies/classroom exercises on good safety habits."

5. Make schools safer:

- "Safer schools to prevent intruders or active shooters from entering schools."
- "Have safe exits and routes in the school in case of emergency, and can evacuate quickly."

WAYS TO IMPROVE CHILDREN'S PHYSICAL HEALTH

Increase physical education and activity at schools:

"PE at school 4 years." "Physical activities as school daily."

2 Provide access to recreational facilities and programs:

"Places to exercise." "More open spaces where they can have outdoor activities."

3 Serve healthier meals at schools:

"Better food at school." "Improving school lunches to make them more well balanced and nutritious."

4 Educate parents on health and wellness:

"Educate parents with workshops." "Parents, educators, politicians and the community as a whole modeling routine physical exercise and healthy cooking and eating."

5 Create safe routes for active transport:

"Create bike trails or parks." "Safe routes for walking and biking to school."



COMMUNITY HEALTH SOLUTIONS



WAYS TO IMPROVE MENTAL HEALTH

REDUCE STIGMA THROUGH EDUCATION AND OPEN CONVERSATIONS

> INCREASE ACCESS TO AFFORDABLE MENTAL HEALTHCARE AND SERVICES

"Hands down, create more affordable housing . The effects of poverty have a huge ripple affect and create enormous stress for many in our community."



HIRE MORE DIVERSE AND BILINGUAL MENTAL HEALTH PROVIDERS

OFFER FREE MENTAL HEALTH WORKSHOPS, TRAININGS AND RESOURCES

"Provide accessible and AFFORDABLE mental health support in the area. The support that we have is overwhelmed and completely backed up with referrals which means there are people that need help with nowhere to go."

WAYS TO IMPROVE HEALTH CONDITIONS

1. Increase access to affordable healthcare services:

"Lower cost of medicines and doctors."

"More access to preventative care doctors."

2. Provide more opportunities for physical activity

"Activities such as running groups, marathons." 3. Improve access to healthy and affordable food:

"More affordable healthy foods, Junk food is cheaper than a good salad."

4. Expand health education and preventative services

"Prevention awareness - nutrition, vaccination, exercise, personal engagement."

WAYS TO IMPROVE ACCESS TO HEALTHCARE SERVICES

1. MAKE HEALTHCARE MORE AFFORDABLE

2. INCREASE THE NUMBER OF PROVIDERS AND FACILITIES

3. HIRE MORE DIVERSE AND BILINGUAL STAFF 4. EXPAND HOURS AND APPOINTMENT AVAILABILITY

5. ACCEPT MORE FORMS OF INSURANCE



"More police educated in mental health and deescalation protection."

COMMUNITY SAFETY SOLUTIONS





"Meet your neighbors, introduce yourself. Entire neighborhood rules in our community."

"More access to natural spaces."



<u>WAYS TO IMPROVE</u> <u>COMMUNICATION</u> <u>BETWEEN THE</u> <u>COMMUNITY AND</u> <u>ELECTED OFFICIALS</u>



Hold town halls and community meetings:

"Have them set aside informal 'chat sessions' with the public." "Town hall meetings."

2

Make it easier to submit public comments:

4

5

"A strong social media presence where officials directly communicate with residents and respond promptly." "Better social media engagement."

Create opportunities for informal interactions:

"Elected officials need to make themselves more available through websites, Facebook pages, etc." "Coffee chats with constituents."

Improve social media presence and engagement:

"Allow people to submit public comment electronically (email / survey form) during the Board of Supervisor meetings."

"Make it easy to submit public comments for meetings through online forms, email, voicemail, etc. Broadcast meetings online."

Use surveys to gather constituent feedback:

"Having more phone surveys/polls." "Send out surveys."

ACKNOWLEDGEMENTS



The 2022 Impact Monterey County (IMC) Community Aspirations Assessment would not have been possible without the power of partnership. Through collaboration we were able to learn more about what data was needed in our community, make updates to the survey tools to be more effective for our current context, develop plans and strategies for community engagement, distribute information about the Assessment and surveys to community members, facilitate community conversations, and analyze the findings of all the rich information collected through the Assessment process. The following institutions, organizations, and individuals had a significant impact on the Assessment.

Institutions and Organizations

Aging and Disability Resource Connection, Alliance on Aging, Bright Beginnings Monterey County, Bright Futures Education Partnership for Monterey County, Castro Plaza Family Resource Center, City of Gonzales, City of Monterey, City of Salinas, Community Action Partnership, Community Alliance for Safety and Peace, Community Foundation for Monterey County, Dorothy's Place, First 5 Monterey County, Friends of the Marina Library, Gathering for Women, Goodwill of the Central Coast, Meals on Wheels of the Salinas Valley, Middlebury College, Middlebury Institute of International Studies, MILPA, Monterey County Board of Supervisors, Monterey County Department of Social Services, Monterey County Health Department, Monterey County Free Libraries, Monterey County Office of Education, Monterey County Weekly, Monterey County Workforce Development Board, Mujeres en Acción, North Monterey County Unified School District, North Monterey County Parks and Recreation, Salinas Child Development Center, Seniors Council of Santa Cruz and San Benito Counties, Special Kids Connect, Sun Street Centers, Virus Integrated Distribution of Aid (VIDA) Community Health Worker Program

Individuals

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Survey Demographics

Ethnicity

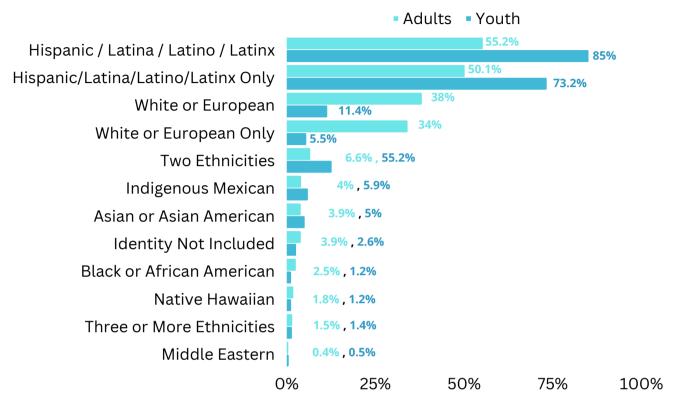
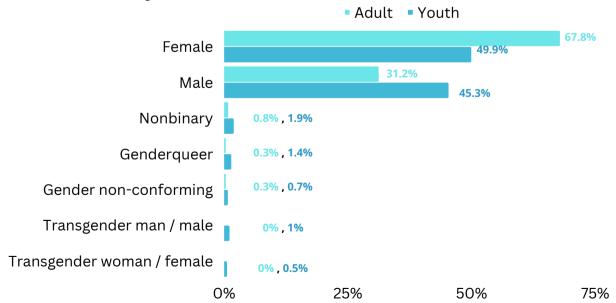


Figure 42. Ethnicity distribution for youth and adult respondents



Gender Identity

Figure 43. Gender Identity distribution for youth and adult respondents



Language Spoken at Home

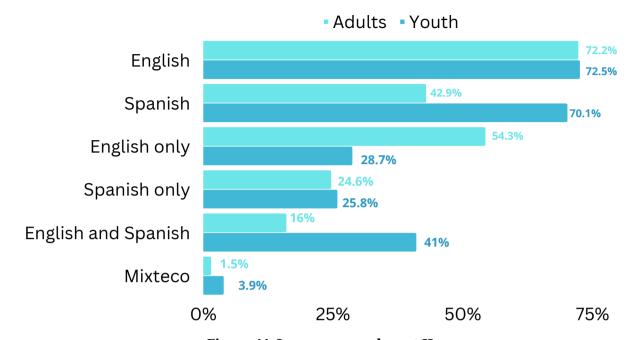
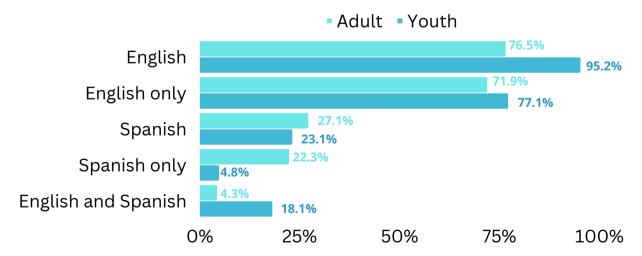


Figure 44. Languages spoken at Home With less than 1% of adult survey respondents: Triqui, Filipino, French, Espanol, Italian, Japanese German, Arabic, Zapotec, Korean, Cantonese, ASL, and Scots Gaelic

With less than 1% of youth survey respondents: Filipino, Arabic, Zapotec, German, Vietnamese, Hindi, and Punjabi



Written Language

Figure 45. Gender Identity distribution for youth and adult respondents With less than 1% of adult survey respondents: Espanol, Arabic, Italian and French

With less than 1% of youth survey respondents: French



Age Range

Adult Distribution by Age

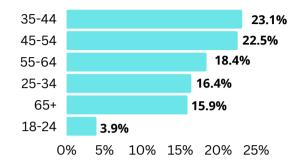


Figure 46. Adult age distribution

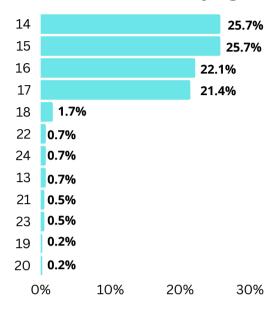
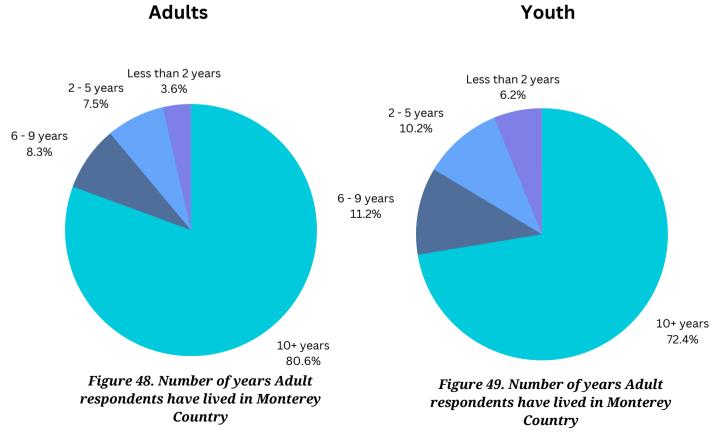


Figure 47. Adult age distribution

Residency in Monterey County



Youth Distribution by Age



Language Spoken

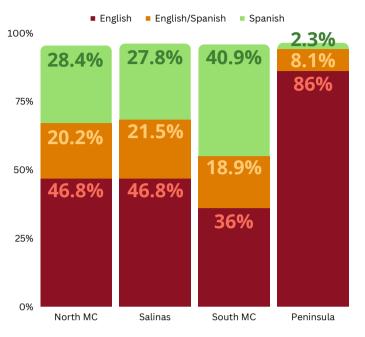
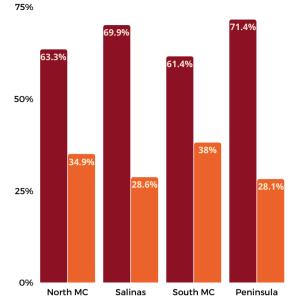


Figure 50. Languages demographics by region

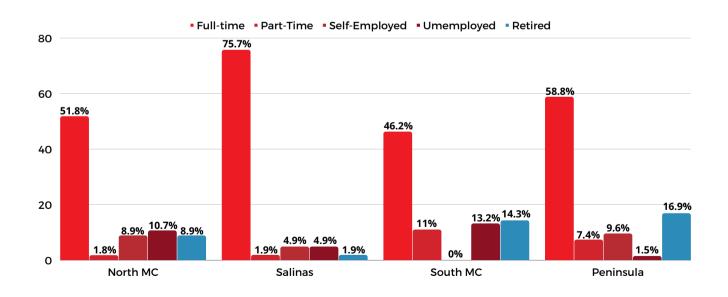


Female

Male

Gender

Figure 51. Gender demographics by region



Employment Status

Figure 52. Employment status by region



Employment Satisfaction

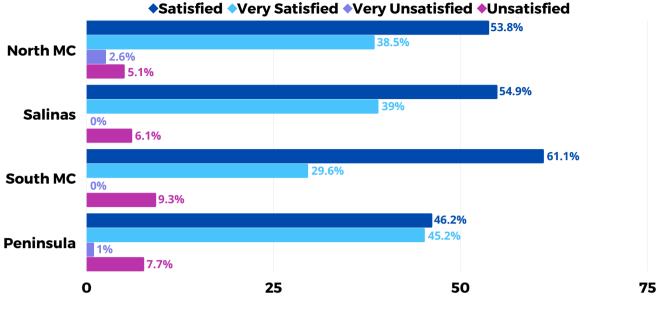


Figure 53. Employment satisfaction by region

Number of People in the Household

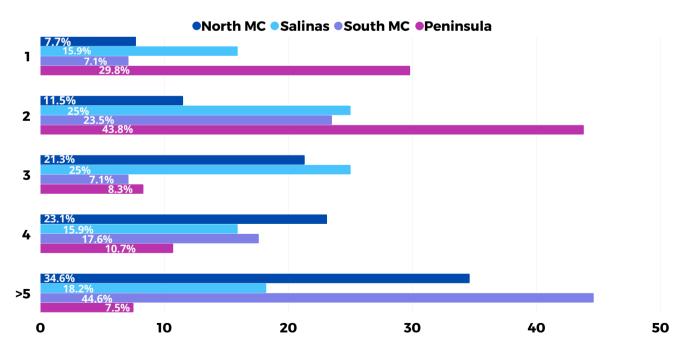
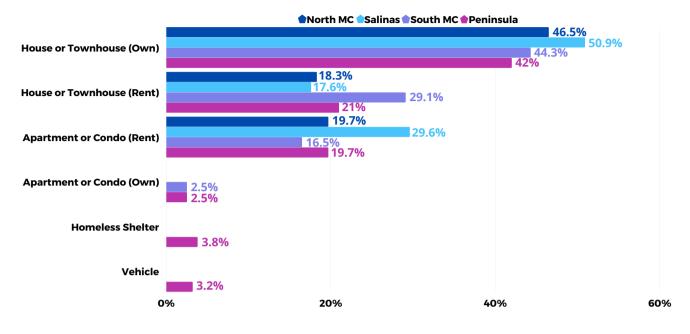
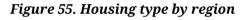


Figure 54. Number of people per household by region



Housing Type





Highest Level of Education

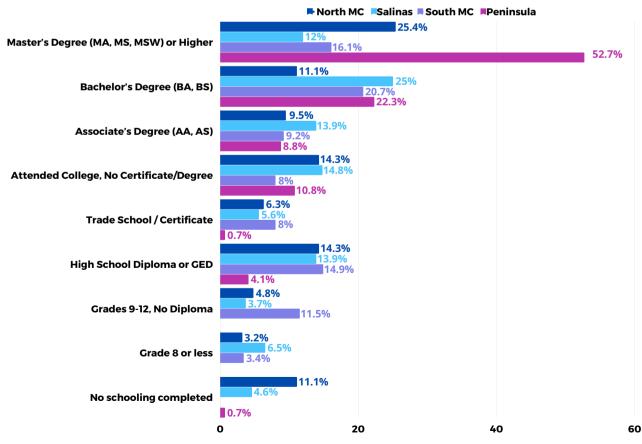
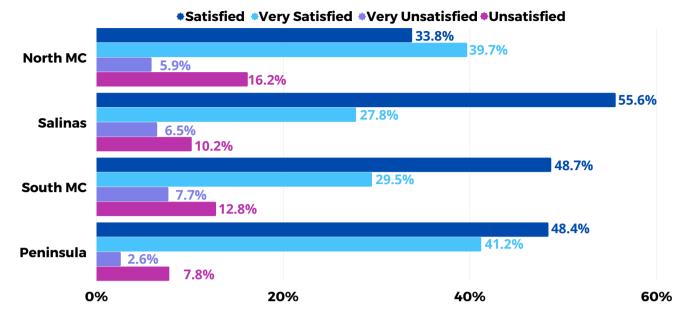


Figure 56. Highest level of education by region



Housing Satisfaction





Annual Income

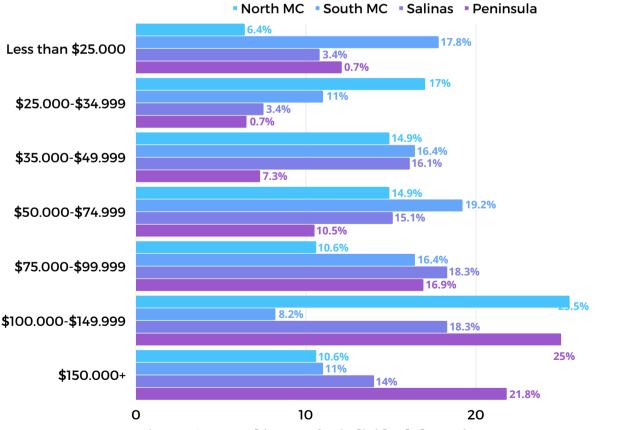


Figure 58. Annual income for individuals by region

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Middlebury Institute *of* International Studies at Monterey



United Way Monterey County

Middlebury Social Impact Corps