

Community Outreach Partnership Center (COPC): A Comprehensive Health Promotion Program for Mexican Immigrants in East Los Angeles

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Abstract / Resumen

With the continued influx of Mexican immigrants to the United States, especially to Southern California, health concerns and needs have increased among this population over the last several years. California State Polytechnic University, Pomona (Cal Poly Pomona) obtained a federal grant that provided resources to establish the Community Outreach Partnership Center (COPC). COPC consists of comprehensive efforts to improve the overall well-being of the Angela Chanslor area within the City of Pomona in East Los Angeles. Focus areas of the project include 1) Education and Integrated Services, 2) Community Planning and Capacity Building for Neighborhood Revitalization and Safety, and 3) Job Development and Training. The focus of this paper is health promotion activities within Education and Integrated Services. The primary objective of this portion of the program was to provide residents with physical examinations and health screenings, health education, and medical and social service referrals. Topics discussed are the target community, general overview of COPC, Family Services Information and Referral Program (i.e. health promotion program within Education and Integrated Services), program impact and results, and suggestions for continued implementation and future efforts.

Con la influencia continua de inmigrantes Mexicanos a los Estados Unidos, especialmente al sur de California, ciertas necesidades con respecto a la salud han incrementado en esta poblacion en los ultimos anos. California State Polytechnic University, Pomona (Cal Poly Pomona). Obtuvo ayuda Federal para establecer El Community Outreach Partnership Center (COPC). El centro COPC consiste de esfuerzos comprensivos para mejorar el bienestar del area Angela Chanslor que esta ubicado en la Ciudad de Pomona en la parte Este de Los Angeles. Las partes enfocadas del proyecto incluyen, 1) Educacion y servicios Integrados, 2) Plan para la Comunidad y un Edificio de Capacitacion para la comunidad que dara revitalizacion y seguridad, 3) Y habrira trabajos y entrenamientos. El enfoque de este proyecto es de actividades en Promocion de Salud aliadas con educacion y Servicios Integrados. El objetivo principal de esta porcion del programa era de proveer a los residentes con exámenes físicas, educación para la salud, y eran referidas a servicios médicos y sociales. Los tópicos que son tratados son: La comunidad que será ayudada, El enfoque general de COPC, información del programa para referir a servicios familiares, el impacto del programa y resultados, y sugerencias para implementar futuros esfuerzos.

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Keywords: health services, Mexicans, California, health care

Introduction

Mexican immigration to the United States, and specifically to Southern California, continues to increase. With the continued influx of Mexican immigrants, health concerns and needs have

increased among this population. In response to these needs, health care services have become available specifically for this population. California State Polytechnic University, Pomona (Cal Poly Pomona) obtained a grant from The

Office of University Partnerships, US Department of Housing and Urban Development which provided resources needed to establish the Community Outreach Partnership Center (COPC). The COPC project includes a wide variety of activities designed to improve the overall well-being of residents in the Angela Chanslor area within the City of Pomona in East Los Angeles. Three main focus areas of the project include: 1) Education and Integrated Services, 2) Community Planning and Capacity Building for Neighborhood Revitalization and Safety, and 3) Job Development and Training. The focus of this paper is health promotion activities (i.e., Family Services Information and Referral Program) within Education and Integrated Services. Topics discussed are the target community, general overview of COPC, Family Services Information and Referral Program, impact of the program, and suggestions for continued implementation and future efforts.

Target Community

Although many areas in Pomona are in desperate need of health care as well as community development services, the neighborhoods within the Angela Chanslor area were selected as the COPC target community for a variety of reasons. One major reason is based on the power of collaboration. The City Council committed a large sum of money to buy some of the neighborhood's abandoned buildings and work toward improving the conditions of the neighborhood. The City has expanded its partnerships with organizations that can help them address community and economic development in the Angela Chanslor community. The City is also working on a plan to link its revitalization efforts with the Pomona Unified School District, which recently established a 14.6 acre education village adjacent to Angela Chanslor.

Residents in the Angela Chanslor neighborhood (i.e., the target community) is comprised mostly of newly arrived Mexican immigrants. Residents are originally from rural, agricultural areas which is a stark contrast from their current environment. Residents are surrounded by a subculture of crime, violence, and poverty in an

urban area. Many residents are unemployed and have not completed a high school education. Challenges related to language and literacy plague a vast majority of these individuals, making it difficult to take advantage of educational and vocational opportunities, as well as to obtain basic services for family needs. Crime continues to be a major concern among residents who, on a daily basis, fear losing their lives in a senseless act of violence.

Demographics

Pomona is the third most populated city along the 1-10 corridor of East Los Angeles. With 145,384 residents, the city's population is one of the youngest and most diversified in Southern California. The mean age of all residents is only 28.7 years. Hispanics comprise 54% of the population, Whites 26%, African Americans 13%, and Asians 7%. Pomona has grown 10.4% since 1990, surpassing growth rates in surrounding areas. Residents have lower incomes than families in surrounding communities and in 1998, the largest percentage (33.5%) of families in Pomona was making less than \$30,000 a year. With regards to education, as high as 40% of adult residents had not completed high school in 1990 (Husing, 1999).

Poverty, Unemployment and Other Socio-Economic Stressors

The economic depression in the service area is directly correlated to the high percentage of families living at or below the poverty level. Approximately 45% of the residents have low to moderate income (based on established HUD income guidelines). The majority of residents lack the skills necessary to seek gainful employment, thus contributing to the unemployment rate of 10%, which is significantly higher than the city's overall rate of 6%. In addition to the lack of job skills, only 15% of the residents have a high school education and only 12% are college educated. Many residents are literate in Spanish and limited English or only Spanish. This linguistic isolation is a prominent barrier for residents who are seeking educational and vocational opportunities (State of California, 2002).

The 1999 Kid Friendly Cities Report Card, a study sponsored by the environmental group Zero Population ranked Pomona 85 out of 92 cities with a population of 100,000. Scores were based on 14 indicators such as teen pregnancy, infant mortality, and school dropout rates. Teenage pregnancy in the Pomona community have been very high. The 1998 Los Angeles Office of Family Planning noted that the zip codes 91766, 91767 and 91768 are considered "high risk" for teenage pregnancy. The percentage rate of births to teens (15 to 19 years) ranges from a high of 114/1000 to a low of 49/1000. However, the zip code 91766, which is the COPC target community, reveals a rate ranging between 169/1000 and 92/1000.

Incidence of Crime

Although Pomona overall has experienced a 41.5% decrease in crime over the period of 1994 to 1998, neighborhoods surrounding the Angela Chanslor community within the City of Pomona are teeming with criminal activity. Informal conversations with residents of all ages, including children, reveal that the most pressing concern is violent crime. Five homicides have occurred in the neighborhood over the past four months. Multiple shoot outs, killings, rapes, muggings, drug trafficking, substance abuse, constant gang warfare, victimization by gangs, spousal and child abuse, breaking and entering, car thefts, robberies, vandalism and graffiti writings are normal occurrences in the neighborhood. Because of these conditions, members of the community, including children, have expressed a fear for their lives. In particular, because of their fear of being shot, residents of the Angela Chanslor Apartments (98 units and approximately 500 residents) crawl on their knees in order to pass safely in front of the windows in their apartments. The Angela Chanslor Apartments are a city within a city, where lawlessness prevails. There is no permanent apartment security, although there is a significant police presence. Dilapidated garages hide illegal activities such as hide-outs for drug users and pushers, methadone labs, and gangs.

According to the Pomona Police Department, more than 2,000 gang members belong to 17

different gangs within the 23 square miles of the city, with an average of 86.7 members per square mile. The City of Pomona has the highest number of youth in juvenile hall and on probation than any other city in the Los Angeles County Service Planning Area (SPA). Pomona Police Department crime statistics confirm the residents' perceptions that the Angela Chanslor area is not a safe place to live.

This collection of negative situations that exist in the community produces high levels of stress that leads to substance abuse, which in turn causes spousal and child abuse, negative interaction among family members and neighborhood conflicts that often result in physical violence. Since the departure two years ago of the only mental health clinic in the area, no nearby psychological counseling services exist.

Lack of Education and Poor Academic Performance

Students in the target community attend classes in the Pomona Unified School District (PUSD). The district is the 4th largest among districts along the 1-10 corridor east of Los Angeles with a total enrollment of 32,819. Among other large districts in surrounding cities, during academic year 1998-99, the PUSD had the highest percentage of Hispanic students (72%). Statewide, the California average was 41.3%. Not surprisingly, the district had the second lowest percentage of White students (9.6%), compared to 37.8% in the state. Among other groups, approximately 11.1% of students in PUSD are African American, 7.5% are Asian, and 0.1% were Native American. During academic year 1997-98, the district's one-year and four-year drop out rates were 6.1% and 22.2% respectively, compared to the statewide rates of 2.9% and 11.7%. Overall, very few Pomona students are prepared to attend state universities, as reflected by a low percentage (11%) of the Class of 1998 who completed courses required for entrance into the University of California or the California State University. On pupil assessment tests, Pomona students are not strong performers. Average SAT scores are among the lowest (430 on the verbal and 437 on the math sections) in comparison to the other

large districts along the 1-10 corridor and significantly lower than state averages, 491 and 516 respectively (United Way of Los Angeles, 2003).

Community Outreach Partnership Center (COPC)

The PUSD acquired a building (formerly a credit union and now referred to as the PUSD Garey Village) in the COPC target community. The COPC administrative office and virtually all of the activities are housed at this facility to ensure that all outreach efforts maintain a level of visibility among community residents.

COPC activities are directly related to the needs identified in the City's Consolidated Action Plan for 2000-2001. The activities were designed to increase family capacity building and resident empowerment by providing individuals in the target community with educational and community building resources, opportunities for job training and increased access to social and health services. Job development and training opportunities are provided to residents through the establishment of a neighborhood based job development resource and support program. Educational opportunities for residents of all ages are offered through the establishment of a community learning center. Adults are offered courses in computer skills, literacy and parent education in addition to opportunities to participate in a remedial reading-mentoring program. Elementary school aged children participate in academic enrichment and social development activities designed to improve academic performance and to deter children from experimenting with drugs and engaging in other destructive behaviors.

Middle and high school aged students participate in active learning opportunities designed to increase their involvement in the community and prepare them for college. Neighborhood revitalization and crime prevention activities were organized around two major activities that assist residents in organizing, planning and developing the capacity to address the crime that plagues their neighborhoods. University and high school students have learned about defensible space concepts that can deter criminal

activities and create more livable communities. Defensible space demonstration projects were created and are being implemented by the City, homeowners, renters and landlords. Civic education and leadership development activities resulted in facilitating communication and strengthening collaboration and cooperation between residents and organizations providing services in the community. Monthly community forums organized by neighborhood teams are the vehicle used to engage residents in a variety of neighborhood improvement projects. A community fair will be held annually to acknowledge resident leadership efforts and to celebrate achievements resulting from these efforts.

Cal Poly Pomona faculty, staff and students in collaboration with their community partners continue to conduct and oversee all outreach activities. Four of Cal Poly's nine academic colleges and a diversified range of departments are involved in delivering the outreach services. Education and Integrated Services include the involvement of faculty and students from the College of Education and Integrative Studies and the College of Letters, Arts, and Social Sciences. Community planning and capacity building activities harness the skills of faculty and students in the Departments of Urban and Regional Planning, the School of Architecture, the Department of Landscape Architecture and the Political Science Department (Public Administration).

Family Services Information and Referral Program (FSIR)

The Family Services Information and Referral Program (FSIR) is within the focus area of Education and Integrative Services. This program provides a gateway by which students and families in the target community can access health and social services. The primary purpose of this program is to increase resident access to health prevention and intervention providers and social service agencies. Since school-based settings are becoming increasingly more common sites for health and social services, FSIR activities were coordinated with the Learning Center and based at the PUSD Village at Gary. Clinics are held the second Tuesday

evening of each month. Flyers advertising the clinics are sent home with children attending the schools within the Angela Chanslor area. Banners are also posted at the local site. The impact objectives for the Family Services Information and Referral Program were: 1) by June 1, 2002, 480 residents in the target community will be provided with health education, screening and referrals to medical and social service providers and 2) By September 1, 2002, 65% of the residents served by the Family Services Information and Referral Program will report increased self-initiated access to health and social services. Other outcomes include: 1) a sustained program that provides health education, screening and referrals to medical and social service providers and 2) a family resource guide that reinforces health education concepts and provides a reference directory of health and social services.

Health Education

As residents wait to be seen by the medical students at the clinics, a variety of health education topics are presented and discussed in small groups or one-on-one with the adults and in a large group with the children. Topics discussed are nutrition, stress management, substance abuse, exercise, sexually transmitted diseases (with adults only), diabetes, and so forth. Discussion is the predominant learning activity among the adults, while games and interactive activities are the primary mode of instruction for the children. Health education activities are supervised by a Certified Health Education Specialist and are implemented with the help of students from the Kinesiology and Health Promotion Department and the Food, Nutrition, and Consumer Sciences Department.

Health Care

Through a partnership with the Western University of Health Sciences, COPC has engaged the services of the Pomona Community Health Action Team (PCHAT). PCHAT is a cooperative project involving the Western University of Health Sciences, the Pomona Unified School District, Healthy Start, Hispanic Youth Task Force, Pomona Police Department, Pomona Valley Hospital Medical Center, Associated Pomona Teachers Association, and

Latino Forum. Western University students from the Doctor of Osteopathic Medicine, Physician Assistant, Physical Therapy and Pharmacy programs provide health services under the supervision of licensed physicians. Services offered include routine physical examinations and health screening (blood pressure, vision and hearing testing, etc.).

Impact of Program

COPC, including the FSIR Program, is ongoing and continues to be implemented. However, a process evaluation or midcourse review was conducted in order to assess progress toward FSIR program objectives.

Objective #1: Provide 480 residents in the target community with health education, screening and referrals to medical and social service providers by June 1, 2002. The first two clinics were held on November 17, 2001, and January 15, 2002, at an elementary school that was one block from our target neighborhood. Approximately 30 families were served. Beginning with February, 2002, the clinic was held at the PUSD Garey Village, adjacent to the target neighborhood. In the February, March, and April clinics we served an additional 54 people (12 males and 42 females). Twenty-four were minors. The median age was 25, and ranged from 5 months to 62 years old. Due to poor attendance, we do not believe that we served a minimum of 480 residents by June 1, 2002 (see Conclusions and Discussions).

Objective #2: Provide resources and encouragement so that 65% of those served by FSIR would report increased self-initiated access to health and social services by September 1, 2002. Treatment referrals were provided by the Pomona Clinic Coalition, which provided us with an on-site staff member to provide our residents with specific appointments for free or income-based care at local service providers. Approximately 20 physicians in training, supervised by a licensed physician, conducted physical exams. During the clinic, physicians in training conducted a complete history and physical exam (breast exams and PAP smears were available at a women's clinic in April at the nearby Western University's Mission Rd.

Clinic. Information was provided at the COPC health screenings). The Interpreter Program at Mt. San Antonio College provided a number of translators. Beginning with the October, 2002 clinic, third year medical students began supervised treatment of patients for minor problems, and the supervising physician began prescribing medications and making follow-up appointments. We are in the process of calling each family to ascertain which of the referrals that the patients have followed-through on, as well as additional needs of the family. A complete local area health resource guide is being compiled for the residents.

Although the screening was designed to be a well check-up, presentations included coughing, many types of pain, fever, an eye infection, high blood pressure, allergies, difficulty walking, urinary tract infection, concern about diabetes, concern about HIV, dermatologic concerns, "tired eyes," and "check kidneys." Signatures were requested on forms from schools and the Women's, Infants, and Children's (WIC) program.

In the October and November, 2002, and January 2003 clinics, a licensed psychologist began offering mental health screening and referral services with the assistance of a medical interpreter. Additionally, sexual assault services began to be provided on-site by Project Sister staff, including video presentations in Spanish to the women waiting in the clinic, brochures, and referrals. Expansions of the FSIR activities thus included mental health services, actual "sick-call" and treatment provided on scene during the monthly clinics, and more health education relevant to the prevalent problems of the community. Immunizations will be offered and other services for the large proportion of children attending the clinic. Transportation to a women's clinic for annual gynecological will be offered to women in the community. As the health outreach interfaces with the Learning Center program, we hope to offer more programs to prevent substance abuse and nicotine dependence, including peer counseling.

Conclusion & Discussion

As with any health promotion program, modifications may be necessary and even somewhat inevitable in order to increase participation. Health care services, including mental care, available to Mexican immigrants continue to be underutilized (Gega, Bohdan, & Aguilar-Gaxiola, 1999). Perhaps an increased number of residents would attend the clinics and receive services if the recommendations below are implemented.

1. Tailor services to females. Females comprise a strong majority of residents who attend the clinics. Efforts should be made to include interest and participation of other groups. However, health education messages should be tailored to the female population in order to maintain and possibly increase attendance of this group. For nutrition education sessions, an example would be to provide information pertaining to low-fat cooking and buying healthier foods at the grocery store, which are primarily performed by female adults in the household.

2. Tailor services to minors. Children often accompany their mothers to the clinics. As a result, a large percentage of participants in the clinics are minors of all ages. Continued provision of health education targeted to children is recommended. However, activities should be provided that are appropriate for a variety of ages. An example would be puppet shows for two to four year olds, coloring activities for five to eight year olds, and large-group discussion for nine year olds and above.

3. Tailor services to young adults. In addition to tailoring health messages to females and minors, health information provided should be appropriate for and applicable to young adults. An example would be providing ideas on how to be more physically active with their children or conflict resolution skills for communicating with spouses and adolescent children.

4. Market program to males. Health education programs obviously should be tailored to participants. However, as mentioned above, efforts should be made to increase participation

among other groups. Marketing efforts to increase male attendance at the clinics may include broadcasting brief health messages specifically pertaining to males on Latino radio stations that are popular among the men. The message would then direct the men to attend the clinics “for more information.”

5. Market program to elderly. The median age of current participants is 25. Again, although programs should be targeted and tailored to current participants, efforts to include the elderly are needed.

6. Conduct informal needs assessments. During the clinics, residents sought information on topics ranging from diet, exercise, child behavior, insomnia, stress, and immigration status. It is recommended that the medical students, during the physical examinations, take note or keep a tally of topics about which they are asked. This informal needs assessment would provide direction for students in charge of providing health education lessons.

7. Use Spanish-speaking facilitators. Spanish-speakers, preferably a native speaker, should be provided whenever possible. Two reasons for this are: 1) the participants may feel more comfortable with a facilitator who is of their ethnicity and 2) communication is smoother and therefore more effective without having to stop and wait for the translator. Implementing this recommendation may be difficult because the majority of students who

are providing both health education and health services (i.e., physical examinations) do not speak Spanish.

In addition to increasing attendance and participation with the clinics, additional recommendations are to utilize additional avenues to disseminate health education. Because there are approximately three or four medical students for every patient, there has been limited time, if any, in the “waiting room.” As a result, there is not enough time that can be allocated to providing adequate health messages. Fast and easy, but influential messages should be prepared. An example would be to incorporate a strong “attention getter,” provide appropriate reading materials to take home, and post bulletins or posters on the walls for perusing before and after their physical examinations.

We believe that institutions of higher education have a responsibility to help solve some of the more pressing problems of society. Many universities possess the unique capabilities, technical expertise, and intellectual resources to contribute significantly to the solution of these problems. By being involved in such problem-solving and service learning, students gain valuable internship and field-based learning experiences. Faculty provide assistance and conduct applied research, and the University as a whole grows in stature as an institution that is vitally instrumental to the advancement of our society.

References

- Gega, W. A., Bohdan, K., Aguilar-Gaxiola, S. (1999). Gaps in service utilization by Mexican Americans with mental health problems. *The American Journal of Psychiatry*, 156, 928-934.
- Husing, J. E. (Ed.) (1999). *City of Pomona demographic, economic and quality of life data*. Highland, CA: Economics & Politics, Inc.
- State of California. (2002). U. S. census, employment development department, labor market information. Retrieved on April 4, 2003 from [http://www.calmis.ca.gov/file/occup\\$/oes\\$.htm](http://www.calmis.ca.gov/file/occup$/oes$.htm)
- United Way of Los Angeles. (2003). Service planning area 3 (spa 3), San Gabriel Valley. Retrieved on April 4, 2003 from http://www.unitedwayla.org/pfdfiles/spa_data/SPA3_2002_cen_data_final.pdf

Acknowledgements

We would like to thank the Office of University Partnerships, US Department of Housing and Urban Development for funding that provided the resources to develop and implement COPC. We would also like to express our gratitude to the medical students of Western University and students of Cal Poly Pomona for their dedication and support of this program.

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