

## Ravenswood Family Health Center's Service Area

**According to U.S. Health Resources and Services Administration (HRSA) measures, our service area is a designated a Medically Underserved Area (MUA) and Health Professional Shortage Area (HPSA).**

To qualify as an MUA, a community health center must serve a population that has a higher percentage of residents living below 100% Federal Poverty Level (FPL). A HPSA indicates shortages of primary medical care, dental or mental health providers.

### Challenges for the Working Poor

In the communities we serve many families struggle for economic survival. Adults often work multiple low-paying jobs with no employee or health benefits. "Working poor" families in our service area typically do not seek health care, except in emergencies. They receive significantly less early prenatal care, childhood immunizations, and preventive care than the countywide population, while suffering much higher rates of chronic conditions, such as diabetes, obesity, and hypertension.

Many of our patients have tenuous and unstable housing situations, and most have incomes at or below the Federal Poverty Level (FPL). **In CY2010, 89.4% of our patients lived at or below 100% of FPL.**

According to the U.S. Federal Poverty Guidelines that means that a family of four has an annual income of \$22,350.

The Ravenswood Family Health Center (RFHC) serves a contiguous urban area in southeastern San Mateo County (South County) that is bisected by Interstate 101 and borders San Francisco Bay on the east. San Francisco is to the north and San Jose lies to the south. Four communities define the service area, East Palo Alto (Zip Code 94303), Menlo Park/Belle Haven (Census Tract 6617), North Fair Oaks (Zip Code 94063) and East Redwood City (Zip Code 94061). In 2005, the estimated population of the four service area communities was 119,447 persons.

With an eight-lane interstate on one side and San Francisco Bay on the other, residents of the service area are physically, as well as racially, economically, culturally and psychologically isolated from the more affluent communities and lifestyles on the other side of the freeway. While most of San Mateo County has become richer and more gentrified, this area has gotten poorer and less livable. Between 1990 and 2010, over 12,000 new residents, mostly unskilled Latino immigrants, will have moved into this two-square mile area, making it one of the more densely populated in California (Source: U.S. Census and Claritas).

Percent of population at or below 200% of poverty: An estimated 34,502 persons (Source: Claritas) or 29% of the service area population lives at or below 200% of FPL, with 12,264 or 10.2% below FPL. Many low income and working poor residents are recent immigrants who have never had access to "medical homes". For many residents, the need to work multiple, low-paying jobs to survive economically takes precedence over health care until symptoms are severe.

Percent of population uninsured: An estimated 18.9% or 12,560 adults aged 20 to 64 years in RFHC's service area were uninsured in 2007 (Source: 2008 Community Assessment, Health & Quality of Life (HQL) in San Mateo County). The recession has increased the population of uninsured residents as unemployment grows and jobless residents lose health coverage and regular sources of care. The service area population is increasingly comprised of unemployed and "working poor" families who if they have jobs are employed in low-wage service jobs with no health insurance; who are immigrants and more likely than not undocumented; who live in crowded, expensive, but deteriorating housing; and/or who are not eligible for Medi-Cal.

## **RFHC serves a culturally diverse area with a growing population of immigrants**

In East Palo Alto, the largest service area community and the only community with updated data on linguistic isolation 71.2% of the estimated 25,788 residents in 2007 spoke a language other than English at home, according to the American Community Survey. Most linguistically isolated residents are Latino immigrants. In CY 2009, 74% of RFHC's patients were best served in a language other than English.

Latinos, African Americans and Pacific Islanders who made up 94% of RFHC's patients in CY 2010 experience cultural and linguistic barriers to care.

*Latinos:* Cultural attitudes about and understanding of health and health care, especially among newly arrived immigrants, contradict mainstream understanding of healthcare. For example, some immigrants believe that diabetes is caused by *susto*, a term used to describe a disease that results from a psychologically traumatic event. This and other health beliefs are often rooted in fatalistic attitudes about life and death, use of folk remedies and language barriers, including translating common health care terms. Recent immigration enforcement actions have increased mistrust of mainstream services and fears regarding immigration status.

*African Americans:* Many African Americans have avoided using health care because of personal and family experiences with prejudice in health care settings and inter-generational awareness of past public health abuses against African Americans. Moreover, many African Americans have cultural beliefs about health which they anticipate (often accurately) that health care providers will reject or deprecate. These include culturally-based understandings of body image, healthy food, the way food affects blood (i.e. "high" and "low" blood), and home remedies. Failure to access care is one of the reasons African-Americans have the highest countywide rates for diabetes, heart disease, cancer and asthma.

*Pacific Islanders:* Because they are culturally, physically and linguistically very different from their neighbors in other cultural groups, many Pacific Islanders believe that mainstream health care simply does not apply to them. For example, many Pacific Islanders hold traditional beliefs about body image that contradict education emphasizing the dangers of obesity. Others believe that all diseases are cyclical and result from external factors that neither they nor health care providers can control. Most Pacific Islanders in the RFHC service area have basic English skills but are not proficient in English. The mainstream health care system is also baffling to Pacific Islander immigrants accustomed to relying on traditional healers and Tonga's system of free care.