



# Creating A Healthy Space for Healing

A Community-Engaged Assessment for the Fremont High School Wellness Center and Community Garden

January 2012



Prepared by the Research & Evaluation Team of Special Service for Groups

Generously funded by the California Endowment



## Letter from the Directors

January 2012

The Los Angeles Neighborhood Land Trust and the UMMA Community Clinic are engaged in a very unique partnership with Fremont High School and LAUSD to build a Wellness Center and Community Garden on campus that will serve students as well as residents in the surrounding community. The combination of a school-based health clinic and a community garden is an opportunity to bring new resources and innovative programs to this community. For the Fremont Wellness Center and Community Garden to be relevant and well-used in this community, we want to learn from students and community members about the services and programming that are needed.

In 2011, we embarked on a community assessment to do just that, capturing voices from the community and students to help us plan. With generous support from the California Endowment, we worked with a group of Fremont High School students and community members, who helped design a process and collect the data for this assessment. Together, we collected surveys from over 750 students and community members, led 10 focus groups with another 78 people, and interviewed 14 community leaders and public officials. This report is a compilation of findings from our collective effort.

Although this has been a long and thorough assessment process, we understand that this is just the beginning of our journey with the Fremont community. In the coming months, as we break ground for the Wellness Center and Community Garden, we will continue to hold discussions with the community about how and when to implement recommendations from this report. There are many recommendations, and we expect more great ideas will surface as we continue our community engagement. We are in this community for the long haul, and we look forward to growing with it.



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# Executive Summary

## Project Background and Description

In April 2010, the Los Angeles Unified School District (LAUSD) approved \$3.4 million to construct a comprehensive wellness center and one acre community garden at Fremont High School (FHS). The project seeks to improve the health of students and residents in the neighborhoods surrounding FHS through innovative strategies linking direct health services, health promotion and education programming. The University Muslim Medical Association (UMMA) Community Clinic, a Federally Qualified Health Center (FQHC), and the Los Angeles Neighborhood Land Trust (LANLT), which creates and maintains green spaces in low-income communities of color, are implementing the project with LAUSD. The facilities will provide free and low-cost primary and mental health services, educational programming, job training opportunities, healthy food access, an outdoor classroom, a greenhouse, orchard, herb garden, and open green space for both FHS students and residents of the surrounding community. In 2011, Special Service for Groups' (SSG) Research and Evaluation Team was contracted to conduct a Community Assessment for the Fremont High School Wellness Center and Community Garden, with the goal of collecting community input to inform the development of programs and strategies to respond to the community's needs.

Fremont High School is among the lowest-performing schools nationwide and was identified as a health "hot spot" school within LAUSD. In 2010, the student population numbered 4,500; 92% are Latino and 8% are African American. Eighty percent (80%) of students are from low-income families, 37% are learning English, 11% have special needs and more than a third of students drop out of school. According to LAUSD data on students living in FHS's catchment area, 50% are enrolled in Medi-Cal, 40% are overweight or obese, and 42% are physically unfit. During its initial year, the Fremont Wellness Center is estimated to operate 19 hours/week and is projected to serve 1,440 unduplicated patients (community members and Fremont HS students) during those hours.

## Approach & Methodology

The assessment process was designed using a Community-Based Participatory Research (CBPR) framework, meaning that community members were engaged throughout the research process, not only as research subjects. The process also aimed to raise awareness among Fremont High School students and residents about the Wellness Center and Community Garden, and to promote ownership among students, parents, residents, and other stakeholders. Guided by SSG staff, community members acted as researchers and helped design a research process that addressed their concerns and built upon their local knowledge. In addition, SSG conducted focus groups and key informant interviews with constituencies identified by the UMMA Clinic and the Los Angeles Neighborhood Land Trust. Research themes for the community assessment included:

- Health Conditions
- Family Support
- Emotional Wellness
- Barriers to Accessing Health Care
- Source of Care
- Access to Healthy Food
- Community Safety
- Wellness Center/ Community Garden Planning

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A mixed methods approach combining qualitative and quantitative methods was used. Data was collected May- September 2011.

## Key Findings

### I. Health Conditions / Source of Care / Barriers to Access

Community members identified a pressing need for physical activities for health and stress management, mental health services to deal with common stressors and support for parents, including teen parents. The health conditions identified by focus group participants and key informants reflect those previously documented in the epidemiological data for this area, which include: diabetes, coronary heart disease, high blood pressure, cancer, and obesity. The FHS community experiences many barriers to accessing care that are common among low-income communities of color. Focus group participants also believed that most community members do not have a regular source of care. Furthermore, survey participants stated that the biggest barriers they face are cost (43%) and eligibility (31%). Community members were often confused about how much health care costs or what services they are eligible to receive. Community residents want more clarity about how much each service costs and who is eligible for discounts or coverage for each service. Another prominent theme that emerged from the focus groups was the negative experiences of many community members with local healthcare providers, including rude staff, difficulty in scheduling appointments, long wait times and poor quality of care. Considering the richness of the stories and information presented, we offer a deeper look into some of the areas where programming and operations can best address the needs and the concerns of the FHS area.

#### Recommendations:

- Provide physical activity opportunities at the Community Garden, such as exercise classes, equipment and meditation spaces, and at other school facilities, such as walking clubs in the adjacent football field.
- Provide counseling (both individual and group) at the Wellness Center to address community and school issues that impact mental health, including addiction, abuse (from parents as well as partners), trauma and grief, peer pressure, bullying, and homophobia.
- Provide mental health, sex education, and support services for teens and teen parents (both mothers and fathers) that takes into consideration their social context and includes parents, family members, significant others, and good friends as sources of support.
- Offer classes and group activities to support families, such as:
  - ≈ Culturally appropriate parenting classes;
  - ≈ Activities that allow parents to support each other and build community, such as peer support groups or walking or gardening clubs;
  - ≈ Classes that educate and provide support to teenage mothers and fathers; and
  - ≈ Intergenerational programming or events that give parents and children an opportunity to spend time with each other.

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- Provide opportunities for older students to become peer health educators and mentors to younger students, or for older students to receive mentoring from college students.
- Provide spaces at the Wellness Center and Community Garden for afterschool activities and school clubs.
- Communicate clear information about services available, eligibility and documentation requirements. Information should include “Frequently Asked Questions,” such as what programs/services are available, what documentation do I need to show, how do I make appointments, how can I communicate with my doctor or other staff, etc.
- Provide community education about Wellness Center operations and provide assurances of quality care. It is important that the Fremont Wellness Center distinguish itself as a Federally Qualified Health Center and be able to explain plainly to community members how this assures quality services.
- Conduct outreach and patient orientation for first-time patients and an “open-enrollment” session for community groups, such as seniors, students, teen parents.
- Give students the option to be accompanied by their parents when they use services at the Wellness Center without making parent consent a requirement.
- Target outreach efforts to boys and men to increase usage of the Wellness Center.

## II. Access to Healthy Foods

A key component in healthy behavior change is healthy eating. Participants—both adults and youth—discussed the challenges to healthy eating in this community. Of those that responded, 57% stated they would be interested in having a plot in the Community Garden, with another 26% who answered “Maybe” according to the adult community survey. Both Latino and African American residents felt that they need to re-learn what they had been taught about how to cook and what to eat. Many participants talked about wanting cooking classes to learn how to substitute healthy ingredients in traditional dishes. Similarly, among adult survey respondents, 56% stated they would take cooking and nutrition classes in order to help their families live healthier, more than other classes (health education, exercise, and parenting). Students also expressed they would like to take classes on cooking (51%), and growing plants for food (36%). The Fremont Wellness Center and Community Garden can be a catalyst in changing community practices and norms about healthy eating.

### Recommendations:

- Provide culturally appropriate cooking classes to each community members how to use healthy ingredients in traditional dishes, how to make different dishes, and how to “trick” their children into eating more fruits and vegetables.
- Train youth to share information on growing and eating healthy food with their families and the community.

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- Dedicate garden spaces for students and community groups (such as other youth groups, senior groups, etc.) to grow plants or food.
- Provide gardening classes and assistance to the broader community, including residents who want to grow plants or food in their own yards.

## III. Safety & Community Ownership

Survey data shows that community members recognize the potential of the Community Garden to build community and offer a respite from stress. A challenge to reach this potential, as it is for many urban public spaces in low-income communities, is safety. Community members suggested that high usage of the garden by multiple community groups was a key tool for increasing safety and community ownership of the garden.

### Recommendations:

- Allow and encourage usage of the Garden by student and community groups as well as residents as a means to foster community ownership and deter illegal activities. Consider dedicated garden spaces for students and community groups, such as community organizations, seniors.
- Work collaboratively with other groups to improve the quality of life in the area.
- Provide a comfortable, pleasing aesthetic that encourages community ownership and pride.
- Work with LAPD to increase patrol outside the Community Garden. Consider locating a substation near the Garden and participate in community advisory entities to the LAPD.
- Provide adequate lighting for the garden (even when it is not in use) as well as ample parking options.
- Engage the community, especially residents nearby, to patrol the area around the Wellness Center and Community Garden, similar to Neighborhood Watch. This will make students and community feel safer.

## IV. Employment Opportunities

Unemployment is a common stressor for many families in this community and complicates family dynamics, particularly the relationship between parents and children. Participants in multiple focus groups identified finding a job as the most difficult challenge in this community and felt that the Wellness Center and Community Garden could play a role in addressing this by recruiting and hiring local residents.

### Recommendations:

- Recruit and hire local residents.

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- Work with local Employment Preparation Centers or job training programs to help local residents to be employment-ready.
- Develop social enterprise projects with local hiring and training opportunities. For example, a landscaping business that teaches local residents gardening skills and provides an affordable service to the community.

## V. Integration with Fremont High School: Referral and Coordination of Services

School staff and students alike are enthusiastic about the new Wellness Center. Key informant interviews revealed that the school nurse's office sees a high number of students each day. Additionally, the school nurse, PSW and PSA Counselors have limited capacity to offer medical and mental health diagnosis or treatment for students and often refer students and their families to outside agencies. Students in the focus groups felt that it was difficult to get the care that they need from existing on-campus services. The healthcare services offered by the Wellness Center will provide a convenient option for both students who seek medical and mental health care on their own and those referred by school staff

### Recommendations:

- Implement a pre-consent form that allows quicker referrals to the Wellness Center while protecting the privacy of the students.
- Implement a "wellness activity prescription slip" that encourages students and community members to engage in healthy behavior.
- Participate in interdisciplinary treatment teams that include teachers, FHS staff, Wellness Center and Community Garden staff, and/or other key providers to track progress and monitor compliance by students.

## VI. Garden and Clinic Integration with Fremont High School: Curriculum Development

Students and school staff are excited about the academic opportunities that the new Wellness Center and Community Garden will offer. About 25% of the students wanted to take classes and other extra-curricular and school-related activities, such as clubs or workshops in the Garden. In addition, 20% of students also wanted to learn about plants and gardening. 62% of students surveyed stated that a class visit would get them excited about the garden. The creation of a new Medical Environmental Science Agriculture (MESA) Learning Community at FHS, with a stated goal of integrating the Wellness Center and Community Garden in its academic program, provides an optimal opportunity for connecting the Wellness Center and Community Garden to classroom instruction.

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## Recommendations

- Collaborate with Fremont teachers who are developing the curriculum for MESA Learning Community, including lesson plans, field activities, and opportunities for internships and community service.
- Develop an internship program for Fremont high school students to complete their community service hours. Students interns can serve as patient ambassadors, responsible for answering phone calls and helping community members make or change appointments or fill out paperwork. Interns could also be trained as peer health educators. The internship will also expose students to medical careers and train them on patient confidentiality, customer service, etc.
- Develop lesson plans relevant to certain subjects, such as Biology, Health education, that FHS teachers can adapt in their curriculum.
- Orient all FHS teachers, administrators and staff about services and programming available at the Wellness Center and Community Garden in order to encourage them to promote it and refer their students.

## Concluding Remarks

The willingness of community members to talk honestly, sometimes about difficult topics, reflected their enthusiasm for the project and their deeply held desire for accessible and quality resources to support health and wellness in the area. Community members shared their perspectives, experiences and knowledge with the research team with the hope of informing the planning for the Fremont High School Wellness Center and Community Garden. The deep and detailed information presented in this report is offered as one key element, along with existing health data about the South Los Angeles community, which can help shape the programs and services that will be most appropriate for the needs of the Fremont community. It is the hope of the research team that this assessment contributes to the success of this innovative and much-needed project.

## Project Background and Description



Student researchers visit Francis Community Garden, a project of Los Angeles Neighborhood Land Trust (LANLT). 2011

In April 2010, the Los Angeles Unified School District (LAUSD) approved \$3.4 million in capital funds to construct an integrated school-based 2,819 square foot wellness center and a one acre community garden at Fremont High School (FHS). The University Muslim Medical Association (UMMA) Community Clinic, a nonprofit organization and Federally Qualified Health Center (FQHC), and the Los Angeles Neighborhood Land Trust (LANLT), which has spearheaded a local parks movement to create and maintain green spaces in low-income communities of color, have established a partnership with LAUSD for the project. The project seeks to prevent and reduce health disparities and improve the health of students and residents in low-income neighborhoods surrounding FHS through health promotion/ education programming linked to direct health services and built environment improvements. The facilities will provide free and low-cost comprehensive primary and mental health services, educational programming, job training opportunities, healthy food access and direct clinical care to both FHS students and residents of the surrounding community. During its initial year, the Fremont Wellness center is estimated to operate 19 hours/week and is projected to serve 1,440 unduplicated patients (community members and Fremont HS students) during those hours. The Community Garden will feature an outdoor classroom, a greenhouse, orchard, herb garden, and open green space.

Located in South Los Angeles (Los Angeles County Service Planning Area, or SPA, 6), Fremont High School is among the lowest-performing schools nationwide and was identified as a health “hot spot” school within LAUSD. In 2010, the student population at Fremont High School numbered 4,500; 92% Latino and 8% African American. Eighty percent (80%) of students are from low-income families, 37% are English learners, and 11% have special needs. More than a third of students drop

out of school. Over 88% of the proposed service area (which includes South L.A. zip codes 90001, 90002, 90003, and 90059) is designated as a medically underserved area. Of the 187,413 individuals living in the proposed service area, 73.7% are living below 200% of the federal poverty level. According to 2000 Census data, 62% of residents of the surrounding community are Latino, 31% are African American, and 65% speak a language other than English at home (with nearly all speaking Spanish). Nearly 40% are foreign-born, of which 98% are immigrants from Latin America. More than a third of residents over age 18 in the proposed service area have less than a ninth-grade education, compared with 15.2% in L.A. County overall.

In 2011, UMMA Community Clinic and Los Angeles Neighborhood Land Trust contracted Special Service for Groups' (SSG) Research and Evaluation team to conduct a community assessment for the Fremont High School Wellness Center and Community Garden. The purpose of the assessment was to gather community input to help develop innovative programming and strategies that respond to the needs of Fremont students and community members.

# Approach

SOG designed the assessment process using a Community-Based Participatory Research (CBPR) framework, which aims to engage community members throughout the research process, not only as research subjects. Community members were trained and guided in conducting research by the SOG research team. They helped define goals for the assessment and created a research process that addressed their concerns for their community and built upon their knowledge, relationships, and lived experiences. Goals of the community engaged assessment included:

## **Raise awareness among Fremont High School students and residents in the service area about the project.**

*Strategy:* Coordinate with existing efforts (e.g. health fairs, organizing campaigns, etc.) to educate community about the project.

## **Promote ownership of the Wellness Center and Community Garden among students, parents, residents and other stakeholders.**

*Strategy:* Train students and community members to conduct research.

*Strategy:* Conduct key informant interviews with individuals who can be allies for the Wellness Center and Garden.

*Strategy:* Engage community researchers and residents in defining their vision for the Wellness Center and Community Garden.

## **Develop programming recommendations that respond to community needs and build on existing assets.**

*Strategy:* Ask community members about the services that are needed to support health and wellness in the community

*Strategy:* Identify existing assets that support health and wellness.

In collaboration with Community Coalition for Substance Abuse Prevention and Treatment (CoCo), SOG met weekly with 9 FHS students to develop a research process focusing on FHS students using two methods: Photovoice (a participatory photography project) and surveys. From April through August 2011, SOG researchers trained and supported students in conducting research with their peers. At the first training session, students reflected on their own experiences with health and wellness in their community and discussed assets and challenges. To prepare for creating a survey for their peers, student researchers watched documentary films about the activities of school-based clinics and community gardens and went on site visits to a community clinic and community garden. Students were then guided in using Photovoice methodology to document their visit to a LANLT community garden in another community and the features they would like to see at FHS.

Working with the Estelle Van Meter Community Center, SOG trained and supported 12 adult community members in developing a research process to reach the broader



Student researchers meeting, 2011

community. Adult community researchers took advantage of a health fair at Fremont High School in May and conducted an in-person survey. Based on the survey data, community members developed further questions for a focus group protocol. They planned and conducted 5 focus groups in the community. They also presented their findings at a community Town Hall Meeting at Fremont High School in September 2011.

# Methodology

The assessment team used a mixed methods approach combining qualitative and quantitative methods. As much as possible, research methods used were engaging for community members and asset-based. Data collection occurred between May and September 2011. Research themes for the community assessment included:

- Health Conditions
- Family Support
- Emotional Wellness
- Source of Care
- Barriers to Accessing Health Care
- Access to Healthy Food
- Community Safety
- Wellness Center/Community Garden Planning

SSG conducted focus groups and key informant interviews with constituencies identified by the UMMA Clinic and the Los Angeles Neighborhood Land Trust. SSG conducted 5 focus groups with the following constituencies: a local church congregation, FHS parent leaders organized by Community Asset Development Re-defining Education (CADRE), FHS alumni, Beyond the Bell students at FHS, and FHS teachers engaged in developing a new Medical Environmental Science and Agriculture (MESA) Learning Community. The focus groups included 36 participants with the following demographic profile: 11 African American men, 13 African American women, 5 Latino men, and 7 Latina women.

SSG conducted 14 key informant interviews with school staff, policymakers and community leaders. They represented: LA Metropolitan Churches, LAUSD Student Health and Human Services, LAUSD Local District 7, LAPD 77th Division, Community Coalition, Los Angeles Educational Partnership, UMMA Community Clinic, LA County Department of Public Health, FHS teacher and school staff, one community leader, and one parent leader.

Guided by SSG staff, student researchers developed a student survey based on what they learned about community clinics and gardens. Over several weeks, the student



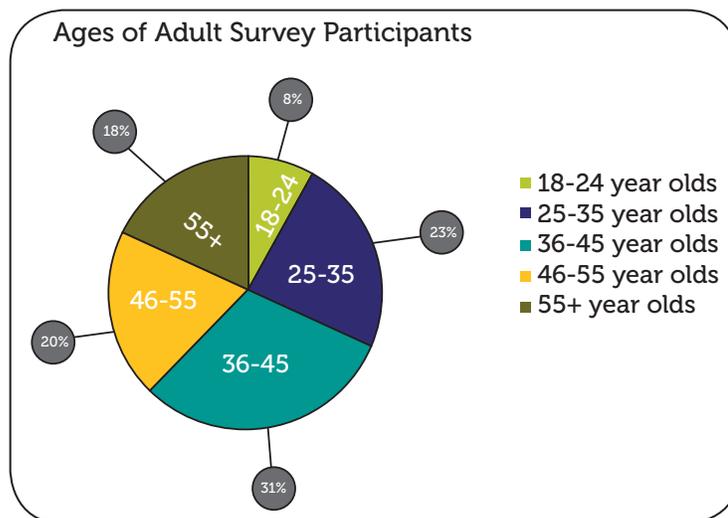
Student researchers receive certificates of completion at the end of the project. 2011

researchers conducted a pilot test of some survey questions on campus during lunch period. They also conducted classroom outreach to inform their peers about the Wellness Center and Community Garden and get them excited about taking the survey. The survey was available online as well as administered in person. In total, 579 student surveys were collected, about a quarter of which were collected online.

Data from the student surveys were entered into SPSS and only findings that are statistically significant are presented in this report. Of the respondents to the student surveys, **72% were female. In terms of race/ethnicity, 81% were Latino, 6% were African American, and 4% were multiracial.** Other races constituted another 3%, while 6% of respondents did not answer this question. All grade levels were represented: **21% ninth grade, 22% tenth grade, 26% eleventh grade and 26% twelfth grade.**

Adult community researchers took advantage of a health fair on campus in May and conducted an in-person survey. They collected 99 surveys from community members at that event. Additional surveys were collected in the following weeks with the general community to oversample populations that were underrepresented at the health fair, including African Americans and both younger (18-24 year olds) and older adults (55 and over). Overall, 189 surveys were collected. Of the respondents to this survey, 69% were Latino and 26% were African Americans. All adult ages were represented (see graph below). In addition, 69% of those surveyed had a child age 17 or under living in their households. In 62% of these households, there was at least one child who attends Fremont High School.

**Graph #1**



Source: Adult Community Survey, 2011

Adult community researchers conducted 5 focus groups with a total of 42 participants. Focus group participants included: 7 African American men, 9 African American women, 6 Latino men, 18 Latina women, 1 Caucasian man, and 1 Caucasian woman.



SSG Research and Evaluation Team. 2012

SSG researchers compiled the qualitative data and conducted statistical analysis of the quantitative data. We also facilitated the interpretation of data by student researchers and adult community researchers to develop the findings and recommendations in this report.



# Findings & Recommendations

## Health Conditions

According to LAUSD data on students living in FHS's catchment area, 50% are enrolled in Medi-Cal, 40% are overweight or obese, and 42% are physically unfit. District-wide data analysis by the Los Angeles Trust for Children's Health shows that out of 30 students in a typical LAUSD classroom, 4 girls will contract a sexually transmitted disease, 1 in 3 girls will become pregnant before age 20 and drop out of school, and 10 will become direct or indirect victims of violence (UMMA and LANLT, 2010). FHS students and residents of the surrounding area encounter health disparities, including one of the highest uninsured rates in the region, health professional shortages, a lack of park space and physical activity opportunities, and food desert conditions with limited access to nutritious food options. The Chlamydia incidence rate in SPA 6 is 922 cases per 100,000, which was more than twice the L.A. County's rate of 421 per 100,000 (LA County Department of Health, 2009).

When asked about health conditions in the community, focus group participants and key informants identified the conditions that have been previously documented in the epidemiological data for this area. To a lesser extent, focus group participants and key informants also mentioned the following health conditions that need to be addressed: prostate problems, alcohol and drug addiction, and HIV/AIDS and other sexually transmitted diseases. School staff reported a disproportionate number of FHS students seeking help due to asthma and other respiratory problems and seizure disorders. Focus group participants and key informants also shared many insights into the causes of these conditions and ways to improve health in this community.

### Reproductive Health & Teenage Pregnancy

When asked what youth support services are needed, youth and adult focus group participants and key informants advocated more programs to reduce teenage pregnancy. They recommended this as a step in improving academic and economic outcomes in this community. Though teen pregnancy is traditionally a stigmatized topic in many communities of color, focus group participants and key informants were outspoken about the need to address this head-on.

Similarly, **41% of students surveyed stated "sex education" as a service they would come to the Wellness Center for (second only to sports physicals), while 22% would come to the Wellness Center for "contraception and pregnancy prevention."** Older students (26% of juniors and 31% of seniors) were more likely to come to the Wellness Center for "contraception and pregnancy prevention" than younger students (14% of freshmen and 19% of sophomores). **32% said they trust "doctors" to provide information about sexual and reproductive health, which is less than "parents" (46%), but more than "teachers" (26%) and "nurses" (12%).** Furthermore, **10% of them thought that the reproductive health information covered in their 9th grade health class was "not helpful," while another 14% said such information was not covered.**

**Two-thirds of the students surveyed (68%) knew where to get a condom. Among them, 28% have gotten condoms from a doctor or a clinic, 22% from a drug store, 19% from friends and 15% from a school nurse.** Both students and key informants

hoped that the Wellness Center would be an additional source of sex education and condom distribution to help reduce teen pregnancy.

Focus group participants noted that the media and the community promote an extremely sexually charged environment for young people. They advocated for sex education to educate young women in particular on how to deal with pressure on how to deal with pressure to have sex when they are not ready. Research also suggests that there is a need for more gender-tailored approaches to sex education (Raj, 2007). Student focus group participants also observed that young men tend to take health or sex education less seriously in mixed company, as an attempt not to appear vulnerable or ignorant.

As demonstrated in the prevalence of sexually transmitted diseases in this community, there are a high number of Fremont High School students who are sexually active. **When asked about getting tested for HIV or other sexually transmitted diseases or for pregnancy, both male and female students preferred to go to a clinic in the community (47%) or even a clinic outside their neighborhood (23%); only 12% stated they would rather come to a clinic at school for these tests.** Younger students (19% of freshmen and 14% of sophomores) had less concern with using a school-based clinic for HIV/STD testing than older students (10% of juniors and 9% of seniors), though they were less likely than older students to need or to use

“We need more facilities to make young ladies aware of protection they can use, where they won’t be asked any questions. Like a clinic they can go to for support. Something for boys also.”

-Adult Community Resident

HIV/STD testing or other similar services. Research suggests that not having a driver’s license increases the use of school-based health clinics for family planning and counseling services, but not for STD-related services. The low use of STD-related services may be due to social stigma, so establishing trust and confidentiality are more important elements in a school setting. The same research also suggests that a routine physical exam from a School Based Health Center (SBHC) was also correlated with adolescents being more likely to use SBHCs for STD-related services. Less perceived parental approval of having sex may promote the use of SBHCs as well because parents may be less likely to question a visit to the SBHC

compared to another clinic location (Crosby, 2000).

Research on youth reproductive health shows that school-based clinics are ideally situated to provide reproductive health services to students because they are conveniently located, confidential, free, and the staff is selected and trained to work specifically with adolescents. In addition they can integrate education, counseling, and medical services (Kirby, 2007). Other research supports that asset-based approaches such as the Positive Youth Development which “emphasize building relationships among youth and adults, empowering youth to advocate for themselves...and including youths’ social context in the intervention have shown an impact on sexual behavior.”

## Emotional Wellness

When asked what health needs are prevalent in families in their community, focus

group participants seldom mentioned **emotional wellness at first**. This may be because most people define “health needs” narrowly as diseases that afflict one’s body. Mental health is a stigmatized topic in communities of color, however, as participants continued to discuss how their community copes with various stressors, they spoke passionately about the need for **mental health services**, which some see as even more lacking than primary care services.

Community members experience a lot of stress due to unemployment as well as violence in the family, at school, and in the community. According to student focus group participants and several key informants, it is not uncommon for students to deal with very difficult life events, such as the loss of a parent or other loved ones due to sickness, deportation, or violence. However, they do not receive enough support through the grieving process. As a result, they lack the motivation to practice healthy behavior. Worse, some experience anger, depression or suicidal ideation and often turn to alcohol, drugs, unsafe sex, or other unhealthy behavior as a way to cope. Some focus group participants also thought that the lesbian, gay, bisexual and transgender population within the community, especially LGBT students at Fremont High School, are more susceptible to stress because of the prejudice and bullying they face.

“I have a friend whose mom’s anniversary of her death was this week, and she has been acting differently. So I confronted her about it, and she was telling me about her problems. She’s been ditching classes all this week. She’s still grieving.”

-Fremont High School Student

Focus group participants and key informants advocated for both individual and group counseling, including peer support groups to deal with the causes of stress and stages of grieving. They expected that the Wellness Center would offer these services. **Students surveyed said they would come to the Wellness Center for a variety of emotional wellness services, including help manage stress (29%), mental health counseling (27%), drug & alcohol counseling/treatment (27%), help with feelings of sadness and hopelessness (27%), and help coping with the death of someone close to them (17%). Similarly, 44% of students and 63% of adult community members surveyed said they would use the Community Garden to “find peace and tranquility,” more than any other reasons.** Students also expressed the hope that the school-based Wellness Center would be accessible 24 hours a day in some capacity. They felt that they would greatly benefit from a resource available to them when they needed to talk to someone, especially about family issues. The students thought a telephone hotline service would be beneficial when the Wellness Center was closed.

Adult focus group participants recognized the importance of peers in keeping youth away from troubles. These comments mirror academic research that shows that peer education can help strengthen adolescents’ ability to effectively manage stress and build appropriate coping skills. Training older high school students to facilitate peer education can help change norms around stress and coping. These mentors can also serve as role models to help teens transition into adulthood (Langley, 2010).

"Parents need to keep their kids busy. Fremont does have a lot of programs for kids, like sports. If they don't like sports, they have ROTC or drama club. That will keep them away from the gangs."

-Adult Community Resident

Parents also have a role in helping children manage stress. Parent workshops can cover methods of effectively aiding children in confronting stressful life events and promote home environments that are supportive of positive development. Including parents as a source of support recognizes the cultural importance of family (Stice, 2004). In addition, parental support may encourage adolescents' engagement in behavior change, serving as positive reinforcement (Eccles, 1993).

## Family Support

Parents in this community do not feel empowered to raise their children. This theme was hotly discussed in all of the focus groups and some key informant interviews. Many focus group participants felt that there has been a history of families particularly in the African American community, being broken up by public authorities due to child abuse allegations.

There are other family dynamics at work as well. Immigrant parents, according to many focus group participants, also have trouble communicating with their children because of language barriers and acculturation. Working parents do not have enough time to interact with their children. Many students at Fremont High School are not supervised by an adult immediately after school. Or, older siblings like some Fremont High School students are responsible for taking care of younger siblings when parents are not around. School staff also observed that a smaller number of Latino students have parents who live and work in Mexico or Central America parts of the year. These students are usually left with relatives. Some students have one or both parents who are incarcerated. As a result, they are being raised in single-parent households or households where they are being cared for by relatives, such as a grandparent.

Focus group participants believed that young people act out because of the lack of parenting support in their families. This is further complicated in households where parents or caregivers do not have jobs to support their families and, as a result, feel that they do not have control over their children.

Many parents do not know where to go to find parenting classes or family support and often rely on their friends and other parents for advice and help. Even parents who know where to find family support resources, such as parenting classes, may view them in a negative light. Using these services can carry a stigma that the parent is abusive, ignorant, or does not love her children. In addition, parents may disagree with the parenting philosophy advocated in the class, especially around discipline.

"When we did something wrong as a child, our parents would call us out on it. Now, parents have no control at our own home. Kids tell you what you can and cannot do with them. Kids got cell phones and they dial 911 and tell people my mamma threatened me. And then here come the people into your house."

-Adult Community Resident

Focus group participants suggested that the Wellness Center and Community Garden offer parenting classes that are culturally appropriate, and take into consideration differing cultural norms around family dynamics and parenting. They also would like classes and activities that honor the informal support network some parents have developed over the years. Acknowledging these networks as community building assets, they suggested peer support groups, walking clubs, or gardening clubs as places for parents to learn from and support one another. Some participants also see a need for intergenerational programming or family events that promote bonding and understanding between youth and their parents or caregivers, allowing them to spend time together.

Many stakeholders also discussed the need for family support for teen parents. Fremont High School currently offers some resources for students who are teenage mothers. A school staff member who runs a weekly support group for teen mothers noted that the participants face depression; difficulty in finding childcare during school hours, which makes it difficult to focus on school and graduate; fear of parenthood and “just dealing with being a parent as a teenager.” Key informants were excited about the possibility of connecting these mothers to health and mental health services on campus, which would allow them to stay in school more often. Recognizing that these teenage mothers do not live in a vacuum, focus group participants suggested services, such as support groups, that involve their parents, their friends and/or the fathers of the children. These individuals can support the teenage mothers and reinforce messages for them outside of the support groups. Furthermore, this involvement would give other young people a sense of responsibility towards their friends who are parents as well as in their own personal lives. This is consistent with research that has found that traditional sexual health education fails to address young people’s needs across “personal, relational, and collective contextual sites” (Romeo, 2009).

## Physical Activity

Many focus group participants were alarmed by the prevalence of health conditions such as diabetes and high blood pressure among young people. Most of them traced these conditions to the problem of childhood obesity. They felt that this was something they needed to work harder to address. They also thought that adults needed to be healthy themselves so that they could take care of their children.

Because of the prevalence of obesity in youth in this community, it is important for students to be active and maintain a healthy weight. For 11th and 12th graders, physical education, or PE, is no longer a required course, which means they are less likely to engage in exercise. Some adult focus group members have noticed that they have gained weight since leaving school, without access to the activities that they used to participate in, such as sports, dance and cheerleading. Adult focus group participants also suggested that sports and physical activities, such as dance and yoga, can contribute positively to a person’s mental wellness. This connection is well-documented by reports that found “...preliminary evidence that yoga also

has physical and mental health benefits for youth, including improved stress management” (Galatino et al. 2008).

To improve the physical and emotional wellness of community members, focus group participants believed that the Community Garden can include exercise equipment and meditation spaces, offer exercise classes in the Garden, or coordinate walking clubs in the adjacent football field.

Focus group participants and key informants also suggested that physical activities be linked to clinical services. There are two opportunities for this linkage. First, Wellness Center providers can “prescribe” physical activity to their patients, both youth and adults, and can instantly make referrals to walking clubs or exercise classes offered by the Wellness Center and Community Garden.

# Health Conditions Recommendations:

- 1.** Provide physical activity opportunities at the Community Garden, such as exercise classes, equipment and meditation spaces, and at other school facilities, such as walking clubs in the adjacent football field.
- 2.** Provide counseling (both individual and group) at the Wellness Center to address community and school issues that impact mental health, including addiction, abuse (from parents as well as partners), trauma and grief, peer pressure, bullying, and homophobia.
- 3.** Provide mental health, sex education, and support services for teens and teen parents (both mothers and fathers) that takes into consideration their social context and includes parents, family members, significant others, and good friends as sources of support.
- 4.** Offer classes and group activities to support families, such as:
  - Culturally appropriate parenting classes;
  - Activities that allow parents to support each other and build community, such as peer support groups or walking or gardening clubs;
  - Classes that educate and provide support to teenage mothers and fathers; and
  - Intergenerational programming or events that give parents and children an opportunity to spend time with each other.
- 5.** Provide opportunities for older students to become peer health educators and mentors to younger students.

# Findings & Recommendations

## Source of Care

Over 88% of the proposed service area for the Fremont High School clinic (which includes South L.A. zip codes 90001, 90002, 90003, and 90059) is designated as a medically underserved area. Similarly, focus group participants believed that most community members lack a regular source of health care. Focus group participants discussed various channels community members use to access the care that they need (e.g. using another person's insurance cards, sharing medication, home remedies, getting medications from abroad, and using emergency rooms).

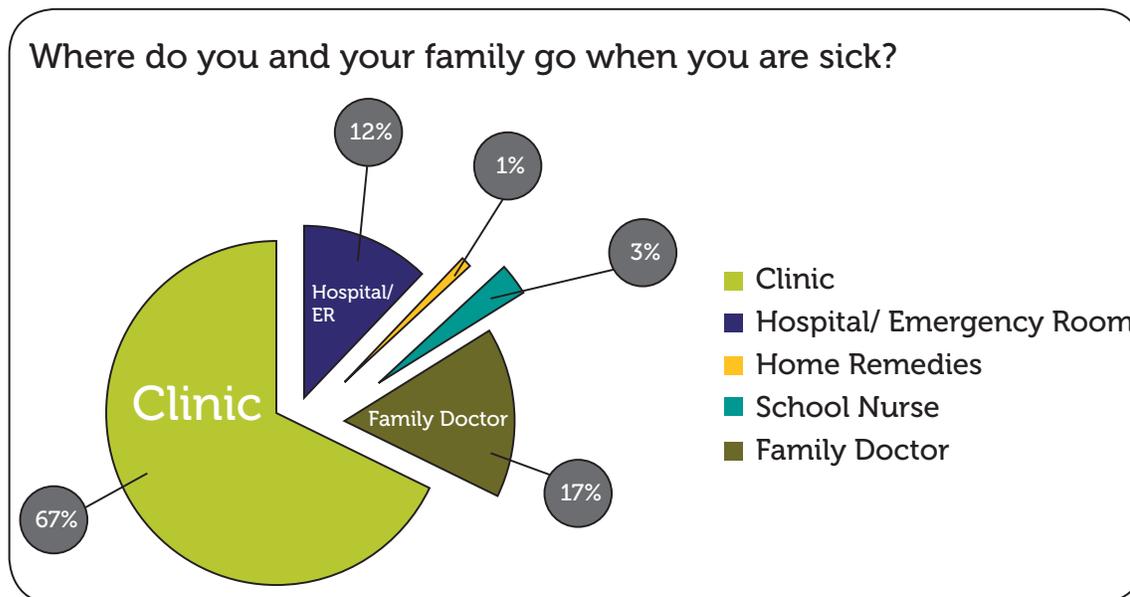
"A lot of people die because they didn't have insurance at the hospital. I personally have known people...[they] had to leave the hospital and go to the next. There are some people who are just scared of the hospitals."

-Fremont High School Alum

Many working adults do not make enough to afford their own health insurance but make too much to qualify for public programs. Ironically, those with income low enough to qualify for Medi-Cal may have more options. Sometimes, children and youth may be eligible for health services that adults in their families are not, due to age or residency requirements. Even with Medi-Cal, many people patch together different sources of care to address the health needs of their families because many providers, including clinics, do not offer comprehensive services.

**Adult survey respondents identified dental services (60%) and eye/vision care (40%) as the most needed health service for their families.** Community members do not have coverage for these services, or the places they go to for care do not offer these services at affordable prices or at all.

Graph #2



Source: Student Lunchtime Survey, 2011.

# Findings & Recommendations

## Barriers to Access

Adult focus group participants discussed various barriers to accessing healthcare services that are common among low-income communities of color. They include awareness of services, cost, eligibility, cultural/linguistic competence, and transportation. **The most common barriers, according to the adult community survey, are cost (43%) and eligibility (31%).** Focus group participants said that they were often confused about how much health care services cost or what services they are eligible to receive.

### Cost/Eligibility

“Even if the check-up is free or low-cost, they may find something and I might end up with a big medical bill. Sometimes free is not really free.”

-Adult Community Resident

Cost is an issue not only in terms of affordability but also related to knowing the costs for particular services before they are received. Focus group participants often do not believe that services are free or low cost. Some have experienced going to a clinic for a service that they thought was free or affordable only to walk out with a bill they could not afford to pay (either because of misinformation or because they received additional, unanticipated services). They want more clarity about the cost and their eligibility for coverage or discounts for each service.

In fact, proving eligibility has been such a frustrating process that many community members complained that clinics are more concerned about their healthcare plans than their actual health. The bureaucracy of funding and eligibility has confounded many community members to a point where they are afraid to go into any clinic.

How a clinic operates is often a mystery to community members. Their lack of understanding deters them from using clinic services or complicates a bad experience when they do use it. Some focus group participants automatically equated free or affordable services with low quality. Participants in several focus groups asked how the Wellness Center is funded because they want to make sure the clinic has enough resources to offer quality services. Community members who experience long wait times in the lobby or in scheduling appointments immediately suspect clinics of overbooking clients to make up revenues resulting in poor quality care. As a result, many community members do not trust their healthcare providers or the quality of care they provide.

“[If you don’t have health insurance, they make you wait] more than 24 hours! There are too many people and so you have to keep waiting.”

-Fremont High School Alum

### Customer service

Many complaints from community members are related to customer service, including waiting a long time to see a doctor, and difficulty in reaching the clinic by phone to make and change appointments. Focus group participants often experienced rude, impatient, and disrespectful treatment by clinic staff, in the waiting room or in the exam room. Some thought it was because many of the staff members do not live in the community. According to community members, clinic

staff acts like “the community needs them more than they need the community.” As a consequence, some focus group participants would rather delay care or seek care from a provider outside of the community (even if they lack transportation) than to suffer such condescension.

Adult focus group participants discussed a **constellation of challenges stemming from negative experiences with local healthcare providers, especially clinics, which discourage many community members from using any services.** In fact, because of these negative experiences, some community members are very skeptical about any new services introduced in the community. To overcome the skepticism and distrust these experiences have created, we advocate a concerted and holistic approach to reducing barriers to access. This is in contrast with the conventional approach to addressing barriers to access by identifying and prioritizing the most significant barriers to eliminate them first. The recommendations offered here acknowledge the past experiences of community members while seeking to facilitate a positive and trusting relationship between community members and the Wellness Center.

“You can have Medi-Cal or all of the above and still get bad care if you’re low-income. Some clinics treat us like, ‘You need us. We don’t need you. So we can basically talk to you any way or you can leave.’ Would you compromise your morals and values or be treated bad just to get some health care? Can I trust you to take care of me if you have a bad attitude? I’m putting my life in your service!”

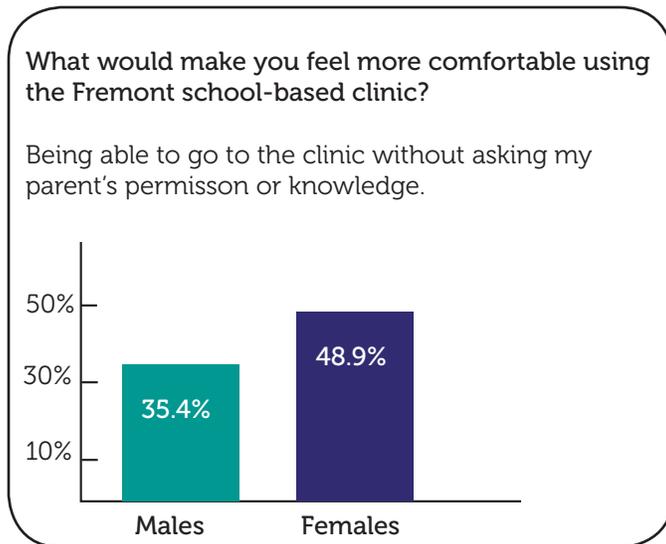
-Adult Community Resident

## Privacy/Confidentiality

Privacy was an important issue among students. **56% of the survey respondents stated lack of privacy would keep them from coming to the Wellness Center. 44% of students also said that being able to go to the Wellness Center without asking their parent’s permission or knowledge was also important.**

Though privacy and confidentiality are a concern for all students, there are important differences among female and male students. **49% of female students reported that being able to use the Wellness Center without having a parent’s permission was an important factor in making a visit more comfortable. In contrast, only 35% of male students indicated that being able to seek services without parental consent would make them more likely to use the Wellness Center.** When asked about the factors that would help students feel more comfortable in using the Wellness Center, **15 % of female students said that bringing a parent would help them feel more comfortable** (compared to 7% for male students). It is clear from both statistics that female students would prefer the availability of both options in order to facilitate their use of the Wellness Center.

### Graph #3



Source: Fremont Lunch Time Surveys, 2011.

There are also differences by grades. **Older students (56% of juniors and 50% of seniors) also would feel more comfortable using the Wellness Center without asking for parent's permission or knowledge than younger students (35% of freshmen and 40% of sophomores).** The stigmatization also comes from their peers, especially for younger students.

According to students participating in a focus group, the higher the grade level (eleventh or twelfth grade), the more willing the students would be to seek help at the existing Wellness Center on campus. As one student explained, "See, we as seniors...if I see him going to talk to...[PSA Counselor], I won't say, oh he's a loser. I would say, oh, he needs help." The students agreed that they would think that it was a good thing that a student was seeking the help that they needed. Conversely, these students explained that the fear of disclosure is more prevalent among the younger students, and they are less likely to seek help and support.

"Teenagers are going to stigmatize; that's just what it is. It's not by adults; it's by fellow students that they feel intimidated. If they see you going into the clinic, they're going to ask you why you're in there."

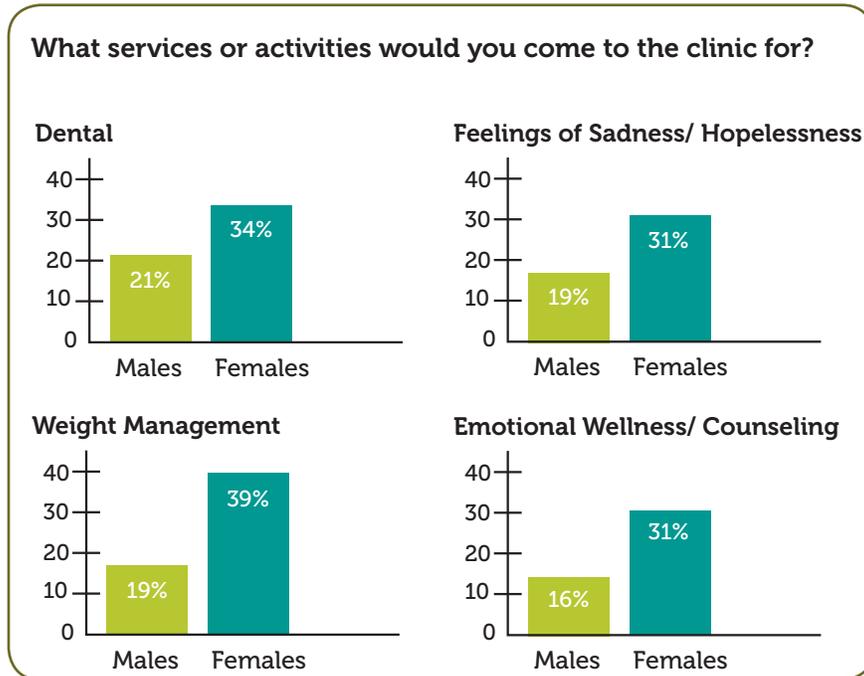
-Key Informant

### Barriers for Boys and Men

The student survey also revealed a significant gender difference in using Wellness Center services. Overall, male students reported that they are less likely to come to the Wellness Center for assistance with medical or emotional needs. The student survey results are consistent with national trends of young men accessing school-based health clinic services (Ethier, 2011) and also reflects community perceptions of clinics being geared towards women and children. One key informant stated that 68% of the patients in the clinic where she works are women, and the men she sees are sometimes the husbands or boyfriends who drive the female patients. Another

key informant who works with the re-entry population observed, “The re-entry population is mostly African American males. I don’t know if these clinics have the cultural capacity to serve minority males. Their services tend to be maternal and child-rich. They’re not very good at reaching out to black men.”

**Graph #4**



Source: Student Survey, 2011.

Research suggests that barriers that discouraged young men from seeking services include embarrassment, lack of privacy, and lack of easy access (Schoen, 1998). To address these barriers, community members and key informants suggest more targeted outreach to young men, including making presentations to sports teams, creating a male-friendly space, having male health educators and mentors, having classes that are specific to young men, and asking female students to bring their boyfriends or male friends into the Wellness Center. Research has also suggested that sports physicals can be a non-threatening way of introducing other clinical services to young men, who are traditionally more resistant to using clinics than young women. This is consistent with student survey results, where 42% of respondents identified “sports physicals,” more than anything else, as the service they would seek at the clinic. The Clinic can offer sport physicals to all the student athletes who want to take part in a school sport. Currently the school nurse is responsible for this activity and she is overwhelmed.

“With men, there are truly no services out there in the low-income communities to help us. It’s no disrespect to the women. They have every service you can think of: breast cancer, cervical cancer, this walk and that walk. How many events do you have for women’s health in a year? Men are nowhere in the picture. There is no walk for prostate cancer. Nothing for men to come out for.”

-Adult Community Resident

## Scheduling/Hours of Operation

When asked what keeps them from accessing health care, **31% of students responded that their parents don't have time to take them.** Students stressed the importance of the Wellness Center being open during school hours, to allow them to seek services while at school. They also emphasized the importance of the Wellness Center being open on weekends, so that their parents and family members could also access services.

A key informant who is a FHS staff suggested that the Wellness Center open early in the morning when school first opens and as parents drop off their children. She stated, "A majority come between 7:30 and 8. We meet a lot of parents in the morning. We make a lot of appointments in the morning because the kids are with them, and the parents can bring the kids along. This helps especially with a lot of kids who are ditching."

# Barriers to Access Recommendations:

- 1.** Communicate clear information about services available, eligibility and documentation requirements. Information should include "Frequently Asked Questions," such as what programs/services are available, what documentation do I need to show, how do I make appointments, how can I communicate with my doctor or other staff, etc.
- 2.** Provide community education about clinic operations and provide assurances of quality care. It is important that the Fremont Wellness Center distinguish itself as a Federally Qualified Health Center and be able to explain plainly to community members how this assures quality services. Information should also dispel myths. Community members want to know where funding comes from to make services free, what distinguishes the quality of services of the Wellness Center from other clinics, whether local residents are hired, how many patients the Wellness Center sees each day, etc.
- 3.** Conduct outreach and patient orientation for first-time patients' before their first appointment, an "open-enrollment" session for community groups, such as seniors, students, teen parents.
- 4.** Give students the option to be accompanied by their parents when they use services at the Wellness Center without making parent consent a requirement.
- 5.** Train older students to be peer health advocates and/or mentors to destigmatize the use of Wellness Center services and programming for younger students.
- 6.** Target outreach efforts to boys and men to increase usage of the Wellness Center.

# Findings & Recommendations

## Access to Healthy Food

### Youth Access to Healthy Food

“The eating patterns of teenagers have always been a matter of concern to parents and other adults. Data compiled from national surveys indicate that fewer than one in four children and adolescents eat the recommended five fruits and vegetables daily” (FIFCFS, 2003). Some participants added that food has to “look good” especially for young people. Youth are less likely to try new foods if they don’t look appealing. Some parents in this community shared that they had to “trick” their children into eating fruits and vegetables by “hiding” them in a stew or blending them in a smoothie. Participants – both adults and youth – discussed the particular challenges to healthy eating Fremont students face. Some parents have trouble

“Schools are all about forming highly functioning citizens in these communities. We want students who are agents not only for their own health, but also for their families and communities. I think the Wellness Center and Community Garden can contribute to that.”

-Key Informant

cooking healthy meals because they can’t get fresh, healthy ingredients. Working parents are limited by the lack of time. As a result, students who get healthy meals from school may not get good nutrition at home after school or over the weekend.

Students are not satisfied with the food choices offered at FHS. Students liked the idea of having a say in what was being served in the cafeteria, as was done in elementary schools. Students also expressed support for a salad bar. In addition, some students have experienced going back to class hungry because they are not able to get food or finish eating before the lunch period ends.

Because of students’ dissatisfaction with school lunches, the fast food places near Fremont are popular with students before and after school. Some buy fast food in the morning before classes begin, which affects their energy level throughout the day.

At the same time, adults in the community strongly stated that they saw young people as important catalysts for healthy eating practices and other healthy behavior in the family. Parents in the focus groups acknowledged their own children’s influence and their role in modeling healthy behaviors. Students often receive health information from school, and share this information with the hope of influencing their family’s behavior. Conventional health education typically targets youth as the end user of the information, but not necessarily as messengers to the broader community. For instance, it does not teach them skills to educate others.

### Healthy Cooking and Eating

Both Latino and African American participants felt that they have to re-learn what they have been taught about cooking and eating; for instance, seasoning with too much salt or eating too many flour tortillas. Many participants want cooking classes to teach them how to substitute cultural ingredients that are unhealthy. A few cautioned that cooking classes need to be mindful not to dismiss the cultural food traditions. Some participants stated that they were less likely to try healthy food that they don’t feel a strong cultural connection to.

Some African American focus group participants admitted their “weakness” for fried food and other familiar foods that may be unhealthy. The familiarity has to do as much with the cultural nature of the food being served, as with the restaurant employees that they have come to know by name. Some focus group participants remarked that a lot of restaurants that have traditionally been community gathering places, from black-owned “mom-and-pops” to fast food restaurants like Church’s, are now closed.

At the same time, a majority of the adult focus group participants stated that they mostly eat at home and only occasionally eat out at a restaurant. They also preferred home-cooked meals and recognized that they are usually more nutritious than anything available from a restaurant. There was widespread support among both students and adult community members for cooking and nutrition classes. **More than other classes, many students expressed they would like to take classes on cooking (51%), using plants as medicine (40%), and growing plants for food (36%). Similarly, among adult survey respondents, 56% stated they would take cooking and nutrition classes in order to help their families live healthier, more than other classes (health education, exercise, and parenting).** Some of the topics suggested included: how to read and compare nutrition labels; which fruits and vegetables can be stored for a long time and which should be eaten right away; how to make healthy food appealing to children; how to cook or use seasonings creatively without resorting to too much sodium or fat; how to maximize a family’s budget for healthy food; modifying traditional recipes with healthier ingredients. Some focus group participants also expressed interest in learning recipes and cooking methods from other cultures.

## Access to Fresh Fruits and Vegetables

Focus group participants complained about the quality of fruits and vegetables in the local markets, which often wilt or turn brown within 2 to 3 days of purchase. Many of them were not aware of all the fresh food options, however few, in their community. Not all community members knew about farmer’s markets in the surrounding areas. A majority of participants acknowledged that they needed a Farmer’s Market in the Fremont High School neighborhood.

Focus group participants and key informants were enthusiastic about the Community Garden providing opportunities for families to grow fruits and vegetables that would be made available to the broader community. They expect a high demand for plots from the community. This is confirmed by the adult community surveys, where **57% of the respondents would be interested in having a plot in the Community Garden, with another 26% who answered “Maybe.”** These survey respondents illustrated their interest by describing what they would grow in the plot: **65% stated they were interested in growing fruits (e.g. tomatoes, oranges, apples); 58% interested in vegetables (e.g. corn, greens, onions, carrots); 20% interested in herbs (e.g. cilantro and mint).**

Community members are concerned that the Community Garden may not have enough space to meet their demands and interests and those of teachers and students. Focus group participants and key informants made several recommendations to address this. They suggested that some garden spaces be dedicated for specific users, such as students, community groups, seniors, to grow fruits and vegetables.

Beyond offering spaces to grow fruits and vegetables, the Fremont Wellness Center and Community Garden can be a catalyst in changing broader community practice and norms about healthy eating. It can provide technical assistance to other community groups interested in starting their own community gardens. For instance, the Estelle Van Meter Community Center will be remodeling, and community members are interested in incorporating a garden in its new design. The Community Garden can also provide gardening classes and provide free seeds and plants for local residents who are not interested in plots in the Garden but who would like to grow plants or food at home. Even renters can learn how to use limited space in their apartments to grow healthy foods.

## Access to Healthy Food Recommendations:

- 1.** Provide culturally appropriate cooking classes that teach community members how to substitute healthy ingredients in traditional recipes, how to make different dishes, and how to “trick” their children into eating more fruits and vegetables.
- 2.** Train youth to share information on growing and eating healthy food with their families and the community.
- 3.** Dedicate garden spaces for students and community groups (such as other youth groups, senior groups, etc.) to grow plants or food.
- 4.** Provide gardening classes and assistance to the broader community, including residents who want to grow fruits and vegetables in their own yards.
- 5.** Provide gardening classes and assistance to the broader community, including residents who want to grow plants or food at home.

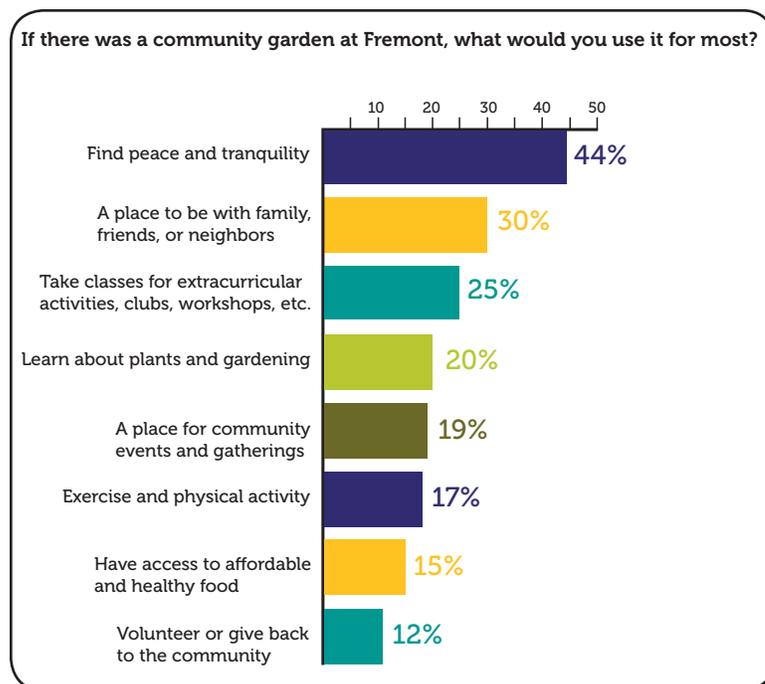
# Findings & Recommendations

## Safety and Community Ownership

Students and community members alike recognized the function of the Wellness Center and Community Garden in building community and in offering a respite from stress. The idea of a community garden where community members participate in growing plants and food was, initially, a new concept for many members of the community. In early conversations about community gardens with both student and adult researchers, they mentioned their familiarity with the Rose Garden at Exposition Park or the Senior Center Garden in Watts. Both of these places are designed as “passive”, park-like spaces and are used by the community members as places for relaxation or family outings, such as picnics; and also for photo backdrops for special occasions, like weddings and quinceañeras. As community researchers and students got more familiar with the plan and intent of the Fremont Community Garden as a space for them to be actively engaged, their ideas about how they would use the garden evolved. This suggests that community outreach will need to include an introduction to the concept of a community garden, and how the FHS Community Garden will operate.

FHS students expressed enthusiasm for using and becoming involved with the Community Garden. This is reflected in the student survey results, with **44% of students responding that they would use the Community Garden to find peace and tranquility, and 30% plan to use the Community Garden to spend time with family, friends and neighbors** as illustrated in Graph #5 below. Among the students surveyed 12% of them also said that they saw the garden as an opportunity to volunteer or give back to the community. Students expressed their hope that volunteer opportunities at the Garden would not be limited only to formal internships, and that there would be multiple ways to get involved.

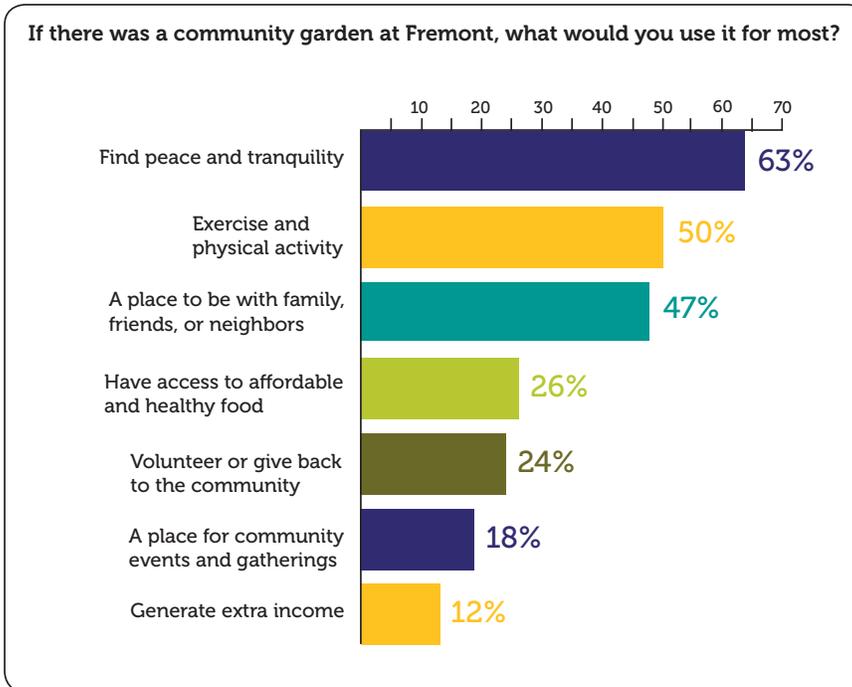
**Graph #5: Students**



Source: Student Survey, 2011.

Community members also demonstrated similar interests in using the Community Garden as illustrated in Graph #6 below.

**Graph #6: Community**



Source: Adult Community Survey, 2011.

## Safety Concerns

Focus group participants and key informants welcome the Fremont Community Garden as an additional public space that can be used for physical activity and for quiet relaxation. However, they were also concerned about keeping the Community Garden safe. As with any public space in a low-income community, there are challenges to reaching the full potential of the site. Focus group participants, student researchers, and key informants expressed these safety concerns frequently: the neighborhood surrounding FHS is not well lit up; public parks are often places where gang members recruit and pressure young people to join and bullying happens. As a result, parents are often afraid to let their children play outside or in the local parks.

"[A park] doesn't exist in a bubble. Just because we improve the park doesn't mean the community also changes. For example, if you're in recovery and you walk out and there's a liquor store, or if people are drinking in the park, that doesn't help."

-Community Organizer

In addition, Fremont students are concerned about bullying. The streets surrounding the school are particularly dangerous, especially at the end of the school day. Students indicated that walking to and from school presented the most challenge. Given the number of students attending Fremont High School, it is clear that they need more safe options for afterschool programming, and safe spaces to socialize with friends or find peace and tranquility on their own.

There are several programs underway to address student safety concerns. LAPD has instituted a “Safe Passage” program in the area surrounding the school, where gang activities will not be tolerated and perpetrators will be penalized. According to a key informant, Fremont High School is also currently developing a “Safe Routes to School” program, where parents and school administrators work together to monitor activities around the school for 10-20 minutes after school gets out. This program is expected to begin in 2013.

Safety is a major factor in deterring students from participating in afterschool activities. Because the current location for the Wellness Center and Community Garden has been vacant and unpatrolled, some students have been using it for negative behavior. Many students and some key informants considered however, it an “unsafe” location. This is expected to change once the Wellness Center and Community Garden begin operating.

Focus group participants (both students and adults) and key informants agreed that some adult presence or “authority figure” is necessary whenever the Garden is being used. They suggested various individuals who could fill this role, including Fremont High School teachers or school staff, Wellness Center and Community Garden staff, parent volunteers (e.g. from the Parent Center), and even local residents (similar to Neighborhood Watch). Some participants contended the mere presence of an adult would deter many negative or illegal activities that would make the Garden unsafe.

Students who participated in the focus group as well as some key informants believed that the local community must be involved in the Community Garden to help keep it safe. This is also a lesson learned from the success in cleaning up the nearby Martin Luther King Park, located on Western near 39th Place. Based on that experience, as a key informant explained, a effective way to keep a public space safe is constant usage by members of the community. This creates community ownership and compels law enforcement to pay closer and more frequent attention. The constant presence of community members creates a positive energy that is self-reinforcing and deters others from using the space disrespectfully. Research corroborates that a well-maintained community garden can improve community members’ view of the neighborhood and facilitate community organizing and social advocacy, especially in low-income and minority communities (Armstrong, 2000; Tieg, 2009).

Furthermore, focus group participants and key informants understood that the Wellness Center and Community Garden would not be able to fill the space with programming and activities every minute of the day. They suggest activating the space by providing opportunities for community members to use these spaces for family celebrations or routine exercise. They also suggest allowing community groups to use the space for meetings and events. The Community Garden can further contribute to community building by hosting regular communal events, such as the exchange of fruits and vegetables or harvest potlucks.

Given the safety concerns around the campus and existing efforts to address unsafe conditions, it behooves the Wellness Center and Community Garden to work together with other stakeholders (non-profit organizations, residents, neighborhoods groups and other associations, and FHS alumni) to improve quality of life and safety within the community.

“The history of police with the community is not a good relationship. If we see police officers driving in a car, we’d already conditioned to have this reaction. It’s not positive. Having those kinds of community policing [e.g. bike patrols, community relations, etc.] would help the community psychology about safety and partnership. Especially the kids, they begin to see and experience something different than what’s being passed down.”

-Adult Community Resident

In other words, safety and access are tightly and reciprocally linked. The more the community uses the space, the safer the space will be. The safer the space is perceived to be, the more the community will use it.

### Partnering with the LAPD

There is a general consensus that LAPD needs to be involved in keeping the Community Garden safe, despite community members’ overall ambivalence towards local law enforcement. However, participants differ in how much they want LAPD to be involved. Many participants believe that it is enough for LAPD officers to increase patrol in the perimeter of the Wellness Center and Community Garden. Some of them, particularly African American participants, suggested that police patrolling on bicycles would be more community-friendly than patrolling in cars. According to them, there is a

psychological reaction to police cars and sirens, and the police can detect more and maneuver more easily in the Community Garden, if they are on bicycles. A few participants passionately advocated for a substation near or within the Wellness Center and Community Garden, based on their experience that security guards or local residents are not sufficient to deter gang activities. Another suggestion is for the Wellness Center and Community Garden staff to participate in existing community networks that advise the LAPD.

Interviews with key informants suggest that LAPD has invested in the security of the broader community and is open to collaboration with the Wellness Center and Community Garden to keep it safe. Responding to concerns about local gangs, the LAPD has developed relationships with former and current gang members over the years. As a result, the police department can be a helpful messenger or mediator in making sure that they use this space positively.

### Physical Features

Community members suggested several physical features that can help address safety concerns. They stated that adequate lighting is an essential component of creating a safe space, especially after hours and when the Garden is not in use. Some even suggested that security cameras be installed. Others felt they might be too intrusive and send a message that community members need to be watched.

Many community members also suggested that the layout of the garden allow for clear lines of visibility into the facility from the surrounding streets, to prevent hidden spaces where unwanted activities could take place. Addressing the need for visibility while also providing a place for community members to find respite and mediate may be a delicate balance to achieve.

Another suggestion, based on key informants' experience with public space, is providing adequate parking adjacent to the Wellness Center and Community Garden. Lack of parking may deter use of the facilities because community members' fear that something may happen to them between their cars and the destination. Currently, street parking surrounding the school is very limited, due partly to the high concentration of renter-occupied housing in the area.

## Design and Aesthetics

The design of the facilities can increase community pride and ownership, as well as support community safety. Students in a focus group hoped that the interior and exterior of the Wellness Center building would reflect a youth-friendly approach and/or design. Some students suggested achieving this by placing tables, chairs and umbrellas outside of the Wellness Center; so that students could relax outside while waiting. Other suggestions included having music playing in the background and a television in the waiting area. The youth admitted that these elements would make them more comfortable and willing to come to the Wellness Center with or without their friends.

In a community that has not seen a lot of economic development, residents are eager to see "something we would be proud to walk into." As one key informant stated, "It's also about beautification. In South L.A., you don't get the sense that too many things are visually appealing." Creating a pleasant and well-maintained design for both the Wellness Center and Garden would make residents proud and feel more welcomed.

Respondents to the adult community survey also identified the aesthetics as a quality they appreciated in other gardens. When asked to further describe the desired appearance of the Community Garden, many responded with the following: beautiful/pretty, colorful (flowers), clean, spacious/open space, and well maintained/nicely landscaped. There is also research evidence that suggests attractiveness and certain park features, such as trails, can lead to increased physical activity (Bedimo-Rung, 2005).

Attention to and investment in physical features, community engagement and relations with LAPD can all contribute to high usage of the Community Garden by multiple community groups would increase safety and a sense of community ownership of the space.

# Safety & Community Ownership Recommendations:

1. Provide adequate lighting for the garden (even when it is not in use) as well as ample parking options.
2. Work with LAPD to increase patrol outside the Community Garden. Consider locating a substation near the Garden.
3. Engage the community, especially residents nearby, to patrol the area around the Wellness Center and Community Garden, similar to Neighborhood Watch. This will make students and community feel safer.
4. Participate in community advisory entities to the LAPD.
5. Allow and encourage usage of the Garden by student and community groups as well as residents as a means to foster community ownership and deter illegal activities. Consider dedicated garden spaces for students and community groups, such as community organizations, seniors.
6. Work collaboratively with other groups to improve the quality of life in the area.
7. Provide a comfortable, pleasing aesthetic that encourages community ownership and pride.

# Findings & Recommendations

## Employment Opportunities

Unemployment is a common stressor for many families in this community and complicates family dynamics, particularly the parent-child relationship. Although not strictly a health issue, participants in multiple focus groups identified finding a job as the most difficult challenge in this community and felt that the Wellness Center and Community Garden could play a role in addressing this community problem by recruiting and hiring local residents. Employment was such a huge concern that, when they discussed learning and job opportunities for young people at the Wellness Center and Community Garden, many focus group participants stated the need for similar opportunities for adults as well.

“Not having a job leads to high stress and low self-esteem. It seems like nobody has a good job in this neighborhood. I see people in their 20s and 30s hang out in the street, not working. And that’s before the recession.”

-Adult Community Resident

Many participants complained that jobs in the community, such as construction, have been elusive to local residents. They state that companies often use the excuse of not being able to find qualified candidates in this community to circumvent local recruitment and hiring. While some acknowledged that many community members would need to be trained or re-trained for new employment, they also urged the Wellness Center and Community Garden to work with local Employment Preparation Centers and other job training programs to help local residents become employment-ready.

Community members were also eager to learn about job opportunities at the Wellness Center and Community Garden that require little or no skilled training, including security, custodial or clerical positions. Local hiring for these positions would not only improve the employment rate among local residents, but would also improve customer service to other community members and potentially increase access and use of services. As stated earlier, community members felt that staff at other facilities often treated them rudely or with condescension. They believed that local staff who understands the experience of living in South LA would be more humble and sympathetic. They would also be able and interested in developing more caring relationships with Wellness Center and Community Garden user.

Some focus group participants also suggested that the Wellness Center and Community Garden develop social enterprise or co-operative projects that provide job local training opportunities. For example, the Community Garden can start a landscaping business to teach local residents gardening and business skills, provide them with a job, and provide an affordable service to the community.

## Employment Opportunities Recommendations:

- 1.** Recruit and hire local residents.
- 2.** Work with local Employment Preparation Centers or job training programs to help local residents to be employment-ready.
- 3.** Develop social enterprise projects with local hiring and training opportunities. For example, a landscaping business that teaches local residents gardening skills and provides an affordable service to the community.

# Findings & Recommendations

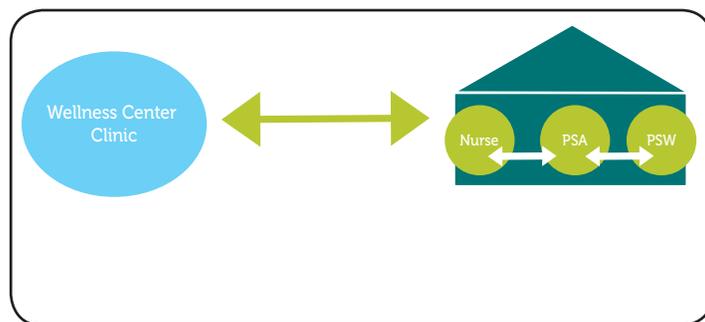
## Referral & Coordination of Health Care Services with Fremont High School

The establishment of the Wellness Center on the campus of Fremont High School will require a standard referral process/ protocol to be established. This will necessitate the coordination of the school nurse, other health-related FHS staff, and Wellness Center and Community Garden staff to ensure proper delivery of services and communication between the different entities. Research has shown that competing responsibilities for school-based staff can be a main barrier for students to access necessary services, such as mental health (Langley, 2010). Therefore, it is important for the Wellness Center to establish complementary (and not duplicative) services and clear communication channels with key school staff. In truth, the Wellness Center offers many assets (including staff and space) that FHS staff would find helpful in their overwhelming workload

Presently, the school nurse is the “go-to” person for physical health referrals from Fremont teachers and staff. The nurse’s role includes completing basic evaluation of health conditions with students and their families, and referring them to agencies and programs to address their needs. In addition, the school nurse is responsible for immunizations for the entire school; monitoring medication (e.g. insulin) and activities (e.g. P.E. classes for students with asthma); health assessment for special education eligibility; and sports physical clearance. The school nurse receives an average of forty walk-in visits a day, not including the visits by students that are diabetic and/or require routine monitoring. The high volume of visits to the school nurse makes it clear that students rely on this important service while at school. Students in the focus groups felt that they did not receive the care they need because of the large number of students who use the nurse’s office. The healthcare services offered by the UMMA Wellness Center will fill a gap for a community of students that have limited access to the school nurse.

Currently, Fremont High School has a Wellness Center, which houses the Psychiatric Social Worker (PSW) and the Pupil Services and Attendance Counselor (PSA Counselor) and focuses on student health. They are the first point of contact for students exhibiting behavioral problems (usually identified by teachers) or missing excessive school days.

Though this center was designed and instituted by school administrators in 2010 to address community concerns about student health and wellness, it offers limited



Recommended coordination between Fremont Staff and new Wellness Center Clinic.

services for students. The school nurse, PSW and PSA Counselors have a limited role in offering medical and mental health diagnosis for students and often must refer students and their families to outside agencies for further screening and treatments. With the

opening of the new Wellness Center, school staff can more easily refer students to a nearby location for needed clinic services. Key informants suggested that staff could walk with a student (or parent) to the clinic to make necessary appointments. This is a huge advantage, according to a key informant, because “one of the hardest things for parents is actually to initiate. If we can hold their hands and help them through it, they will follow through with it more.” This observation mirrors the California Health Center Association Guidelines, which recommends that “the referral process should facilitate access to care as opposed to relying on the student/family to initiate contact with the health center” (CSHA, 2009). The convenience of on-campus services means that students will miss class less due to medical appointments.

To further facilitate the referral process, key informants suggested implementing a pre-consent form that parents would complete at the beginning of the academic year, giving permission for their child to visit the Wellness Center during school hours. This would also facilitate more immediate treatment of students who become ill while at school. Currently, the school nurse must wait for parental permission to refer a student who reports feeling ill. A completed pre-consent form can facilitate student’s use of the Wellness Center, help support a healthier student body at Fremont and may improve school attendance. An information campaign to ensure parents understand the importance of the pre-consent form can help generate a high percentage of completed forms on file for students.

A pre-consent form can also provide students privacy should they want to use some clinical services without parents’ permission, which respondents to the student survey stated was a significant barrier to access the Wellness Center. **56% of students surveyed said that lack of privacy would be a barrier for them to access health services at the school-based Wellness Center and 44% of students also said that being able to go to the Wellness Center without asking their parent’s permission or knowledge was also important.**

Key informants emphasized that the referral process should also include links to preventive programming offered by the Community Garden, such as nutrition and cooking classes, walking clubs, and yoga. One key informant stated that her patients would be interested in gardening and that such activity would help with treatment. Wellness Center providers and FHS health staff can use a wellness activity “prescription slip” (similar to a prescription pad for medication) to refer community members to appropriate classes and physical activities at the Community. The combination of a Wellness Center and Community Garden on-campus offers an easy way to implement such a program.” One key informant stated, “It is all psychological. When a patient gets a prescription for wellness activities, they feel that they have to do it. This could be easy to implement because the garden will be here on campus. If I were to tell them to go to the park, they may say no because of the gangs hanging out there. But here, I actually have a place to send them.”

Efficient channels are needed for an effective referral process and to allow for collaboration. Follow-up is an important part of the monitoring process to improve health, emotional wellness and academic outcomes. Again, having the Wellness Center and Community Garden on campus would make communication easier, but this is not automatic. All the key providers need to be more intentional about integrating their treatment of students.

One key informant observed that many off-site providers are able to address a student's behavioral problem at home, but not at school. Non-FHS providers also need information about the school context from the FHS health staff to treat a student more holistically. For instance, the PSA Counselor can share information about a student who continues to miss class, which can help Wellness Center providers monitor progress of treatment. FHS staff can also help the Wellness Center staff reinforce compliance with treatment. Two-way communication established between the Wellness Center staff and the appropriate FHS staff (e.g. school nurse, PSW, PSA) can ensure effective monitoring of the health and well-being of students on campus.

Key informants suggested that Wellness Center and Community Garden providers and staff be integrated into existing on-campus interdisciplinary teams, such as the COST meetings, to discuss together the progress and treatment of specific students. FHS health staff interviewed also expressed interest in meeting with Wellness Center staff regularly to share observations on specific students, or perhaps even joining a treatment team.

"Students get referred out for certain services. The parents would tell us the kids are doing better at home, but at school the problem stays the same. So there needs to be some sort of connection to these services to help kids in all aspects of life. Maybe even including a school staff member in the treatment plan."

-Key Informant

## Referral & Coordination of Health Services Recommendations:

- 1.** Implement a pre-consent form that allows quicker referrals to the Wellness Center while protecting the privacy of the students.
- 2.** Implement a “wellness activity prescription slip” that encourages students and community members to engage in healthy behavior.
- 3.** Participate in interdisciplinary treatment teams that include teachers, FHS staff, Wellness Center and Community Garden staff, and/or other key providers to track progress and monitor compliance by students.

# Findings & Recommendations

## Integration with Fremont High School Curriculum

Students and teachers alike are excited about the academic opportunities that the new Wellness Center and Community Garden will offer at their high school. Student survey results show about **25% of the students would like to take classes and other extra-curricular and school-related activities such as clubs or workshops in the Garden.** In addition, **20% of students also wanted to learn about plants and gardening.** Taken together, it is clear that students are interested in extracurricular activities in the garden and see it as a new platform for hands-on and continual learning.

### Medical Environmental Science Agriculture (MESA) Learning Community

Fremont High School teachers are eager to learn about the opportunities for hands-on experiences for their classes as a way to integrate the Community Garden into their curriculum. The timing of the new Wellness Center and Community Garden is fortuitous, as it is happening at the same time as the planning process for a new Medical Environmental Science Agriculture (MESA) Learning Community. The proposal for this new program was submitted by teachers for LAUSD approval in Fall 2011.

One of the fundamental goals of the interdisciplinary curriculum of the MESA Learning Community is to integrate the Wellness Center and Community Garden in its cross-disciplinary teaching model and lessons. The ten teachers involved in the curriculum development represent a variety of disciplines, including: Art, Auto Mechanics, Biology, English, History, Spanish, and the Sciences. These teachers are currently scattered around the campus and would greatly benefit from being located in closer proximity to one another and to the Wellness Center and Community Garden to facilitate quick access to the facilities. The teachers have included this concern in their proposal to the LAUSD, drafted in summer 2011. Wellness Center and Community Garden staff could support MESA curriculum by assisting with lesson plans on specific topics, joint instruction, and field activities. As illustrated in the following table (Table 3), the student survey findings suggested that the students are interested in a wide variety of classes at the garden site, that range from learning about **using plants as medicine (39.9%), along with growing plants for food (36.4%), to taking cooking classes (32.6%), and art and expression (28.7%).**

Graph# 7



Source: Student Survey, 2011.

In addition to curriculum connections, MESA Learning Community teachers look forward to collaborating with the UMMA Clinic and the LA Neighborhood Land Trust to develop internships and volunteer opportunities that allow students to gain real-world skills and experience. Such opportunities could include shadowing a nurse or doctor at the Wellness Center, becoming a peer health educator or advocating for other students and community members, developing media campaigns or radio programs on campus, and growing and selling produce at a local farmer's market. They would also like the Wellness Center and Community Garden to explore opportunities for students to earn community service credit, to strengthen their college applications.

Beyond the MESA Learning Community, all FHS teachers should be made aware of the resources offered by the Wellness Center and Community Garden. Teachers outside of the MESA Learning Community, teaching a variety of subjects, can consider offering a class outside in the garden. For example, a drama class or club could perform a theatrical performance in the garden. Teachers can work with Wellness Center and Community Garden staff to develop lesson plans, such as in biology and health (sex education). In return, teachers can help the Wellness Center and Community Garden outreach to the students.

Coordination between teachers and Wellness Center and Community Garden makes sense from the student perspective as well, with **62% of students stating in the survey that a class visit would get them excited about the garden.**

Curricular connections can also help students overcome stigmas they may feel in seeking support for emotional wellness. Research suggests that individuals pass through a series of “filters” before they are willing to access care for mental health concerns. The first filter is the ability to recognize symptoms such as for depression and trauma. Integrating mental health in health classes can function as the first intervention, followed by other more in-depth interventions (Swartz, 2010).

# Curriculum

## Recommendations:

- 1.** Collaborate with Fremont teachers who are developing the curriculum for MESA Learning Community, including lesson plans, field activities, and opportunities for internships and community service.
- 2.** Develop an internship program for Fremont high school students to complete their community service hours. Student interns can serve as patient ambassadors, responsible for answering phone calls and helping community members make or change appointments or fill out paperwork. Interns could also be trained as peer health educators. The internship will also expose students to medical careers and train them on patient confidentiality, customer service, etc.
- 3.** Develop lesson plans relevant to certain subjects, such as Biology, Health education, that FHS teachers can adapt in their curriculum.
- 4.** Orient all FHS teachers, administrators and staff about the Wellness Center and Community Garden programming and services available at the in order to encourage them to promote it and refer their students.

# Findings & Recommendations

## Engagement & Outreach

Students and community members alike indicated that they would be more likely to make use of the Wellness Center and Community Garden if they learned about or visited these facilities with a trusted member of the community. Specifically, **21% of students said that hearing about the Wellness Center and Community Garden from friends would get them more interested in visiting the facilities. In addition, 62% of students stated that a class visit would get them excited about the Community Garden.**

### Teachers

Students identified Fremont teachers as an important asset and resource to them. Students see teachers as a safe and trustworthy group to ask for advice and information. Teachers are often the first people who notice when a student needs help and refer them to appropriate services teachers. They are an important resource in letting students know about the Wellness Center and Community Garden and in branding it as a “cool place to go.”

To begin developing teacher’s knowledge about the Wellness Center and Community Garden, staff can work with FHS administration to include a tour of its facilities for FHS teachers at the beginning of the school year. Armed with this information, they can let the students know about the services, resources, and programming available on campus. Teachers may also choose to host classes or other activities at the Wellness Center and Community Garden. Doing this will provide students a comfortable, supportive environment through which to learn about the services and programs offered.

### Community Ambassadors, Educators and Mentors

Focus group participants and key informants offered many suggestions on how to most effectively reach out to and engage FHS students and the general community. Many stakeholders spoke clearly about the role students and community members play in educating and supporting one another and the larger community around healthy eating, emotional wellness, family support and other issues. Moreover, this perspective of community members is echoed in the academic research, particularly around youth mental health.

Community members are an essential element in any outreach effort in this community. They bring a level of credibility and trust to communicating with residents that would take years for outsiders to establish. For example, involving students and community researchers in this assessment enabled the research team to connect more easily with community members and to gain deeper insights about community conditions than would have been possible without their participation.

As detailed in earlier sections of this report, community members and students can be trained as peer educators on topics such as parenting, nutrition, and emotional wellness. They can also serve as ambassadors to help facilitate community member’s access to the Wellness Center.

## Technology

Students in a focus group expressed their affinity for using SMS technology, social media, and the internet to stay up to date with friends, recreational activities, and for educational purposes. Many of the students had access to cell phones. This finding echoes national data from the Pew Internet & American Life Project, which reports that “mobile phone use has climbed steadily among teens ages 12-17—63% in fall of 2006 and to 71% in early 2008” (Lenhart, 2009). Lenhart also finds that “When we look specifically at teen cell phone owners (71% of the teen population in the 2008 survey), 94% of them have used their mobile phones to call friends and 76% have sent text messages.” Given the high use of these communication tools and information-sharing, the Wellness Center and Community Garden should consider adding a strong social media component in its operation.

### SMS/ Texting

In a focus group students expressed that they widely used SMS technology among their friends and peers. This is supported by a survey conducted by the Pew Research Center that found, “For daily activities, cell phone-based communication is dominant, with nearly two in five teens sending text messages every day” (Lenhart, 2009). Considering the wide use of text messaging, the Wellness Center could consider implementing an appointment reminder system for students using SMS technology. This is not an uncommon practice among the medical establishment. In an article published on the CNN website, the media outlet found hospitals in the U.K. implementing this system for their patients. Additionally, the technology is also “being used by sexual health clinics, allowing patients to get advice without having to talk face-to-face about sensitive issues including sensitive issues including abortion, contraceptives, and sexually transmitted infections” (CNN.com, 2004). Additionally, students mentioned concerns regarding confidentiality when accessing health services. 56% of students surveyed said that lack of privacy would be a barrier for them to access health services at the school-based Wellness Center. Implementing this type of system would protect students’ privacy as they could avoid getting phone calls or postcards in the mail, while at the same time being convenient and easily accessible. Students participating in a focus group also stated they would like to get educational information, such as a “Tip of the Week”, via text on a variety of topics including eating right, exercising, and STD facts.

Furthermore, SMS technology could also be used by the Wellness Center and Community Garden to communicate with parents. About twenty miles northeast of Fremont High School, two school districts in the City of El Monte (El Monte City and Mountain View School Districts) use SMS technology to update parents about upcoming important dates, tests, and information for the academic success of their children. Parents who have used this technology found this form of communication with their children’s school through their cell phones convenient and simple. Both the Wellness Center and Community Garden could utilize this strategy for communicating with parents and students.

## Social Networking & Media

With their use of social networking, a large number of students prefer using Facebook over other social media such as Twitter for recreational and educational purposes. Some students in a focus group mentioned that Facebook was an easier platform to understand and use, while the Twitter platform appeared more “complicated.” This could largely be due to the fact that many students may not own a smartphone or Internet accessible device. These devices, such as a Blackberry, iPhone, Android, generally require a more expensive media data plan. Students also acknowledged that the Twitter platform has limited space for photo sharing and community building, compared to Facebook. Therefore, Facebook has become the most widely adopted web-based platform for the youth’s interest in staying connected with friends and sharing information. Students mentioned their interest in “friending” the Wellness Center and Community Garden on Facebook and looked forward to receiving health-related messages and program updates once a week as a means of learning and practicing healthy behavior.

## Internet

Our survey research showed that it is a common practice among students to search the Internet for health-related concerns and information first, before asking a friend, teacher, or other person or institution they trusted. Students preferred the Internet because it is a safe and private channel to procure sensitive information. This further supports the need for the Wellness Center and Community Garden to position itself strategically and visibly on the Internet with a dynamic, interactive and youth-friendly website.

## School Radio

Less mentioned was the school radio station, Fuse, 89.1 FM; however, the station could be a viable source for reaching students and the community at large. The station could serve as a means to educate the student body population and public about health-related activities at the Wellness Center and Community Garden. It could produce and disseminate educational stories and interviews for the community at large. More information needs to be gathered in terms of bandwidth and listenership to ensure this is a viable and efficient option. Nevertheless, the Wellness Center and Community Garden could work with a group of interested students and produce a weekly healthy living radio program as a means of community service or internship.

The Wellness Center and Community Garden’s community outreach efforts should build upon the trusting relationships that exist between students and teachers, between youth and their peers and among informal networks of parents and other adult community members.

## Engagement and Outreach Recommendations:

1. Integrate students and community members as key players in outreach, community education and peer support efforts.
2. Explore texting, Facebook, website, and other technology as a tool for outreach and health promotion to FHS students and even their parents.
3. Inform teachers about the services and programs available at the Wellness center and Garden. Create opportunities for class visits to both facilities.
4. Explore using the school radio station for education and outreach purposes.

## Concluding Remarks

The willingness of community members to talk honestly, sometimes about difficult topics, reflected their enthusiasm for the Wellness Center and Garden. Despite skepticism about health care services in the community at large, they expressed a deeply held desire for accessible and quality resources to support health and wellness in the area. Community members shared their perspectives, experiences and knowledge with the research team with the hope of informing the plans for the Fremont High School Wellness Center and Community Garden. The deep and detailed information presented in this report is offered as one key element, along with existing health data about the South Los Angeles community that can help shape the programs and services that will be most appropriate for the Fremont community. It is the hope of the research team that this assessment contributes to the success of this innovative and much-needed project.

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