



SLOMICS

SAN LUIS OBISPO MEXICAN INDIGENOUS COMMUNITY STUDY

SAN LUIS OBISPO MEXICAN INDIGENOUS COMMUNITY STUDY: EXECUTIVE SUMMARY

Dr. Mario Alberto Viveros Espinoza-Kulick, Dr. Alex Espinoza-Kulick, Ana Huynh, Silvano Vazquez, Susana Arce, Celeste Gregorio Martinez, Vanessa Terán, Genevieve Flores-Haro, Arcenio Lopez, Joel Diringer, and Dr. Bonnie Bade.



COUNTY OF SAN LUIS OBISPO
HEALTH AGENCY
PUBLIC HEALTH DEPARTMENT



April 2024

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Image from the Codex Nuttall (Mixtec)

Summary of Report

This first of its kind report documents the demographics, living conditions, and health challenges faced by the Mexican Indigenous community in San Luis Obispo County. Funded by the San Luis Obispo County Public Health Department, a multi-disciplinary tri-lingual team¹ conducted interviews of 325 Mexican indigenous residents between April and August 2023. You can find the full report and more information about this assessment on the project website: www.slomics.org

A young, recent immigrant population of Mixtec speakers primarily from the Mexican State of Guerrero.

This demographic snapshot reveals a predominantly young and recently arrived population, with two-thirds having no education beyond elementary school. The majority, living in overcrowded conditions, grapple with the soaring costs of housing and lack access to public or subsidized housing, contributing to the alarming statistic that 64 percent reported insufficient funds to buy food in the past year.

The average age of participants was 29 and the majority (60%) report coming to SLO in 2020 or later. The vast majority come from the Mexican states of Guerrero (82%) and Oaxaca (16%), and come from 38 municipios (counties) and represent 107 pueblos or towns. The North

¹ The team consisted of individuals from Mixteco/Indígena Community Organizing Project (MICOP), Diringer and Associates, California State University, San Marcos, Cuesta College, and QueerProfs.

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County respondents were primarily from Guerrero, while the South County respondents were from Oaxaca.

Most of the interviewees (82%) lived in the North County including Paso Robles (53%), San Miguel (23%), Atascadero (3%), Shandon (2%), and Templeton (1%). The respondents from the southern half of the County (18%) included those from Nipomo (13%) and Arroyo Grande (4%).

Three-quarters (73%) of the survey participants reported speaking Mixteco at home or Mixteco and Spanish (15%). While Mixteco was the dominant language, many community members have also developed mastery of Spanish in speaking (37%), understanding (61%), and reading and writing (75%).

Population Estimate

We estimate that there are a range of between 3,430 and 8,000 Mexican immigrants in San Luis Obispo County. Our estimate is based upon our findings in these interviews and various external data sources such as the National Agricultural Workers Survey, National Center for Farmworker Health, and the US Census.

Couples with young children predominate in the Mexican Indigenous community

The average household size was seven, ranging from 1 to 15. Most individuals live with a spouse/partner (63%) and live with children under the age of 18 (65%). Of those with children, there was an average of over two children per household and 87 percent reported having at least one child under the age of five.

Extended families cohabitating were somewhat common, with 21 percent living with siblings, eight percent living with adult children, four percent living with their parents, one percent living with grandchildren, and 30 percent living with other family members.

Schooling opportunities in Mexico were limited leading to low educational attainment

This community has had limited access to education, with one in five reporting no formal educational attainment (21%) or only grade school (44%). About a quarter of respondents had completed middle school (25%), and only one in ten had completed high school (10%).

An impoverished population of agricultural workers, experiencing food insecurity and workplace health concerns

Nearly all respondents worked in the agricultural industry – wine grapes in North County and strawberries in the South County. These agricultural workers earn and live far below the federal poverty line, with more than 80% reporting that they earn less than \$2,500 per month. An additional 14 percent reported monthly incomes between \$2,501 and \$3,000. This translates to approximately \$750 per month per individual for those living with families and relatives.

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Among the top work-related concerns raised by the respondents were excess heat (76%), natural disasters (69%), workplace health (53%), pesticides (38%) and exposure to smoke (34%).

Ironically, these food system workers suffer from hunger. Nearly two-thirds (64%) reported having experienced hunger or not had enough income to buy food in the past 12 months.

Overcrowded living conditions with water issues that warrant further investigation

The San Luis Obispo County indigenous workers that we interviewed live in overcrowded conditions, which pose health threats to them and their families. Workers reported an average of 3 persons per bedroom, with some as many as 11. On average, households contain seven people in two bedrooms. The Census Bureau defines extreme overcrowding as any living situation that exceeds an average of 1.5 persons per room. The most prevalent forms of housing were living in a shared home with another family (27%), living in a trailer or mobile home (23%), apartment (20%), or a rented room.

Nearly all participants (94%) reported having access to hot and cold water, bathrooms, and showers, running water, cooking stoves, and refrigerators.

However, a third of interviewees (34%) reported problems with their domestic water. Three in 10 (30%) reported that their water had a bad smell, 17 percent reported a bad taste of the water, and 5 percent reported water with a bad color. Even though most respondents indicated access to clean and good-quality water, nearly three-quarters of the sample (73%) relied on purchased bottled water for day-to-day consumption and use.

Access to Western clinical care and insurance coverage is very limited with a reliance on traditional healers

Many interviewees have never received primary medical services. Fewer than half (46%) have ever had a physical exam, only a third (35%) have ever had a dental exam, and very few (16%) have ever had an eye exam.

Almost all interviewees indicated that they could not (>99%) access Western medical care at some point in San Luis Obispo County. Transportation (48%), cost (48%) and language challenges (42%) were the most frequently reported barriers to accessing care.

Health insurance is scarce – 85 percent of participants report having no health insurance, an uninsured rate more than ten times higher than San Luis Obispo County as a whole in which 6.5 percent of persons under age 65 lack health insurance. Restricted scope Medi-Cal for emergency/pregnancy related services are the primary backups for medical needs. Six percent reported full-scope Medi-Cal benefits through CenCal and 15 percent reported having employer supplied health insurance.

For those who accessed Western medical care, most go to the local Community Health Centers clinic (30%), a hospital (14%), pharmacy (22%), emergency room (8%) or traditional healer (8%).

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In the absence of access to Western clinical medicine, families rely heavily on traditional medical concepts, practices and practitioners to meet health care needs. Two-thirds of community members (65%) reported visits with curanderos (traditional healers, 21%) espiritualistas (spiritual healers, 22%), sobadores (musculoskeletal ailments/body workers, 13%), yerberos (medicinal plant specialists/herbalist, 5%), and hueseros (bone and joint alignment, 5%).

COVID-19 vaccination rates are low

Key findings related to COVID-19 underscore a stark reality – only 30 percent of the respondents are fully vaccinated, significantly lower than regional averages. Only a third (35%) reported having a COVID test. The intricate web of socioeconomic factors, limited healthcare accessibility, and potential underreporting of symptoms contributes to lower rates of COVID-19 infection and treatment within this demographic.

Communication on cell phones predominates, primarily with WhatsApp and texting

Communication by cell phones is predominant, but full internet access is limited. WhatsApp and texts are the preferred method of communication.

Nearly all interviewees (95%) owned cell phones, but 30 percent lacked regular internet access.

When asked about preferences for receiving health information, two-thirds (66%) reported preference for receiving video/audio messages through WhatsApp and/or text messages. Nearly half of respondents (46%) preferred written health information in Spanish or in Spanish and a variant of Mixteco (24%).

Recommendations

To address these multifaceted challenges, the report delineates a set of recommendations.

Reduce financial, language and cultural barriers to health care

In January 2024, Medi-Cal removed all immigration requirements for eligibility and many of the Mexican Indigenous community will likely qualify for full-scope Medi-Cal. An intentional effort by government agencies such as CenCal, Public Health and the Department of Social Services, in coordination with trusted community-based organizations, such as MICOP, community health centers, clinics, and hospitals, can help to increase enrollment in Medi-Cal.

Enrollment in Medi-Cal is the first step in improving access to medical services. Ensuring that Mixteco speakers are aware of how to access the broad range of services, and assisting in navigating the complex systems is critical. Public Health has recently partnered with MICOP on a Mixteco speaking health navigation pilot project, and Public Health and other local providers

have contracted with *Herencia Indigena*, a local Mixteco speaking medical interpretation service as vital first steps in eliminating language barriers.

Increase Healthcare Capacity to Meet the Needs of Mexican Indigenous Peoples

The lack of access to dental care, vision care, and primary care is alarming. These services exist in San Luis Obispo County but are not reaching this population. Even without health insurance, including Medi-Cal, there are providers who would be able to provide services, if the community members were able to access them. Mobile clinics, telehealth and transportation services already exist in the County and can be expanded to ensure services to the Indigenous community by implementing them using practices of accessible interpretation, cultural awareness, and respect.

The Mexican Indigenous community would also benefit from greater collaboration between complementary practices of western medical care and Indigenous healing.

Improve Food Access through Existing Services

Nearly two-thirds (64%) of the respondents said that they or other members of their family did not have sufficient money to buy food within the past 12 months. To help ameliorate the economic challenges of low wages and the high cost of housing, many organizations provide free food distributions. These services should be made accessible to and inclusive of Mexican Indigenous peoples through concerted outreach efforts, adapting food offerings and the time and location of food deliveries to address the needs of the individuals and families who are living with hunger.

Collaborate with Providers to Address Concerns about Drinking Water

Many respondents reported that their water was discolored, tasted bad, and smelled bad. Further, three-quarters (73%) of respondents said that they purchased bottled water for their domestic water needs, straining limited budgets and contributing to negative environmental impacts.

More work needs to be done to understand the extent of and the causes of the reticence to use domestic water. These efforts should include further discussions with the community and water agencies, water quality testing and remediations to identify where those issues are and how they can be addressed so that individuals have access to good quality water as a basic human necessity.

Incorporate Overcrowding into Policies and Discussions on Housing

The high cost of housing affects most populations in SLO County, which has led to substantial concern about homelessness. Many immigrants cannot avail themselves of public or subsidized housing and are left to the private market of low-income housing with rent increases, evictions, and substandard housing. Among the Mexican Indigenous families that we interviewed, overcrowding is rampant, for example, with up to 11 persons sharing a single bedroom. However, only one person in the survey indicated that they were “homeless” or “unhoused.”

Current efforts in the County focusing on homelessness should expand to incorporate issues of overcrowding. While structural and long-term solutions are needed to provide additional low-income housing options, services can be provided to help offset the immediate stresses and strains created by overcrowding.

Promote, Develop, and Support Community Services for Immigrants

Accurate information about available community services for immigrant populations and farmworkers is needed. Having assistance from persons with relevant lived experience, those who understand and can recognize cultural values and norms, and who speak the same language is critical to connecting people with services in a meaningful, mutually beneficial way.

Two areas that warrant development are providing financial support for necessary resources and supporting the implementation of multilingual and multicultural services for families. With respect to financial support, both private and public resources are needed to address the service gaps in Mexican Indigenous communities. Private entities who benefit from the labor of these communities, including agriculture, tourism, housing, and essential services, can also support the health and wellbeing of Mexican Indigenous communities through philanthropic initiatives and engagement.

Many communities have benefitted from having an in-person multi-lingual resource center where immigrants feel safe and welcomed. It is important to have readily available family-friendly services, especially in places like schools and healthcare settings, where community members are already present. Several efforts are underway in San Luis Obispo County to develop resource guides and physical spaces for the immigrant populations, which should be fully supported and funded.

Improve Health Communication and Education through Digital Technologies

The community assessment found that the Mexican Indigenous community is highly connected electronically through cell phones and prefers digital information through WhatsApp and text messaging. Health and social services providers should fully incorporate these platforms in their Spanish and Mixteco language communications – written, video, and audio, when working with these immigrant communities. Short, instructive videos have been shown to be effective in communicating with both verbal and visual content, including gestures and images.

Focus on Services for Young Children and Parents

The families that we interviewed are mainly composed of recently arrived parents of young children. Efforts are needed to ensure that children receive appropriate preventive services, live in safe and healthy housing, have adequate nutrition, and receive the benefits of early childhood programs to promote child health and development. Parents also need assistance in meeting the needs of their young children to live in nurturing and stable home environments. Questions have been raised about the adequacy of childcare since most children are in families where both parents work in agriculture.

Enhance Education Opportunity

The recent immigrant Mexican Indigenous population that we interviewed was not afforded the benefits of education in their youth. Two-thirds of respondents (65%) reported having no or only elementary school education. Focused efforts on increasing education and literacy for adult learners would enhance family well-being and improved health. The local school districts can reach out to provide adult education, while the North County Cuesta campus can be the location of further educational efforts to improve job skills and earning potentials.

Invest in Climate Resilience

Assessment participants, nearly all of whom are farmworkers, expressed concern with excess heat, smoke, and natural disasters. These will only be exacerbated with continued climate change. As San Luis Obispo County assesses and prepares for climate resilience, it is essential to include the outdoor immigrant workers who will bear the brunt of the climate issues.

Develop Novel Strategies to Renew Ongoing Response to COVID Education

As COVID-19 continues to be an endemic problem in our society and communities, greater vaccination and awareness of COVID-19 is needed. Novel communication strategies will be required to inform and educate the community about receiving vaccines and the ongoing role that COVID-19 and other emerging infections plays in our lives and community health. These strategies will be most successful if they build from the principles of equity and access. Further, these efforts should be conducted using appropriate interpretation and by leveraging existing sites of community knowledge sharing, such as the radio, social media, and WhatsApp.

Strategic Planning for the Future

The Public Health Department has taken the first step in identifying the needs of the Mexican Indigenous population in SLO county. The Department should incorporate ways to meet these needs in its ongoing strategic planning efforts, and work with stakeholders in housing, social services, environmental, health and nutrition agencies to do the same.

Conclusion

This report accentuates the urgency of community service development, fortified digital health communication, and targeted initiatives for the unique needs of young children and parents. The imperative of innovative, community-centric COVID-19 education strategies is underscored, recognizing the persistent nature of the pandemic. This strategic approach aligns with broader public health and social policy objectives, aiming to cultivate inclusivity, resilience, and improved health outcomes for this community.

Acknowledgments

The San Luis Obispo County Mexican Indigenous Community Study (SLOMICS) is a community demographic and health assessment generated by a team of investigators and the community-based organization Mixteco/Indígena Community Organizing Project (MICOP). This report is the result of the collaborative contributions and authorship of Dr. Mario Alberto Viveros Espinoza-Kulick, Dr. Alex Espinoza-Kulick, Ana Huynh, Silvano Vazquez, Susana Arce, Celeste Gregorio Martinez, Vanessa Terán, Genevieve Flores-Haro, Arcenio Lopez, Joel Diringer, and Dr. Bonnie Bade. Dr. Rick Mines consulted on the initial design of the study, and with Ed Kissam assisted on the population estimates.

We are deeply grateful to the 325 participants who completed the survey, the team at MICOP, and the sponsors who have supported this project: County of San Luis Obispo Public Health Department (SLOPHD), the Mellon/American Council of Learned Societies Community College Faculty Fellowship, Cuesta College Ethnic Studies Department, the County of San Luis Obispo Board of Supervisors, and First 5 San Luis Obispo County.

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Espinoza-Kulick, Mario Alberto Viveros, Alex Espinoza-Kulick, Ana Huynh, Silvano Vazquez, Susana Arce, Celeste Gregorio Martinez, Vanessa Terán, Genevieve Flores-Haro, Arcenio Lopez, Joel Diringer, and Bonnie Bade. 2024. "San Luis Obispo County Mexican Indigenous Community Study: Executive Summary."

You can learn more about the study and access the executive summary on the project website: www.slomics.org