



## Appreciative Community Inquiry

This project and final report were commissioned by BakerRipley in partnership with Boston Consulting Group and Harris County Budget Management Office to support community outreach and engagement for selection and design of programs funded through American Rescue Plan Act in response to the COVID-19 pandemic and economic downturn of 2020 and the continued socio-economic disruptions into 2021.

The findings in this report will seek to:

- Elevate voices of our Community Members, who reside in Harris County, concerning aspirations as well as barriers towards achievement of their goals.
- Engage program planning teams to design human-centered solutions to decrease barriers and achieve improved program engagement and outcomes.
- Envision more equitable programs through Harris County Community Member participation and engagement.

The Center for Excellence team within BakerRipley performed one-on-one interviews and focus group discussions in both English and Spanish to gather insights and perspectives of 200 unique individuals geographically distributed across Harris County. This 10 week study was initiated in June of 2021.

## PROJECT TEAM

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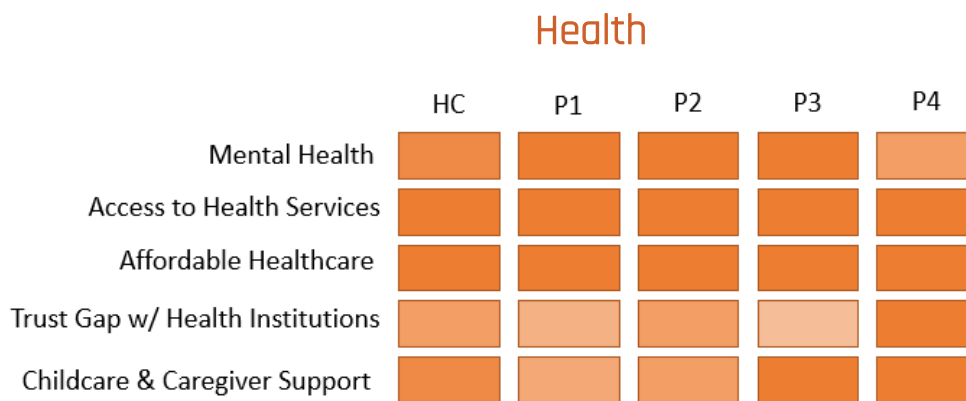
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## SUMMARY

Through a series of appreciative-focused conversations and focus groups, BakerRipley gathered critical insights from 200 unique community members as it relates to COVID-19 recovery - spread across the four Precincts of Harris County. Conversations were structured in a manner that motivated community members to not only describe the hardships they navigate but also the visions and assets they seek to enhance within themselves and their community— thereby allowing community members to share their holistic voice and the County to develop collaborative, rather than prescriptive, solutions.

Below is a heat map that outlines the frequency by which certain key themes appear across Harris County and where themes most frequently appear by Precinct. Darker squares indicate higher frequency, meaning a majority of community members described challenges associated with the theme. Lighter squares indicate lower frequency, meaning a sub-portion of community members described challenges associated with the theme. The green square indicates that a majority of community members described the represented theme, but in a positive light. **Please refer to each Precinct's specific section for greater detail.**



Across each precinct, there were gaps in access to health services and affordable healthcare - with a particular emphasis on challenges addressing mental health or in receiving safe childcare/caregiver support. How these gaps manifest will have some variation across each precinct, but, ultimately, community members throughout Harris County are being barred from utilizing services that will promote healthier individuals and healthier communities. This is particularly concerning as we attempt to recover from COVID-19, with community members unable to utilize services that would support their recovery or, worse, be unprepared for a major weather event or the Delta variant as it begins to spread through communities once more - with a majority of active cases outside of Beltway 8 for all Precincts.

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## Jobs/Education

	HC	P1	P2	P3	P4
Basic Needs					
Economic Recovery					
Economic Mobility					
Credit Building					
Self-Sufficiency					
Digital Access & Literacy					

Across each precinct, community members are in a position where they must prioritize addressing their basic needs. Again, the challenges that put them in a position where they are required to focus on basic needs and which basic need they must prioritize will have some variation by precinct, community members across Harris County are still feeling the ramifications of COVID-19's economic impact as it exacerbates the existing barriers that prevented community members from comfortably meeting their basic needs. Community members envision opportunities for economic mobility and higher wages; however, it cannot be understated the difficulty in advancing in economic mobility when community members describe fear of eviction, opting out of health services to afford utilities and food costs, working multiple jobs to support multi-generational families, and even leaving the workforce to act as caregiver or childcare provider for their family - particularly when childcare and caregiving services were seen as unaffordable before COVID-19, tumultuous during COVID-19, and in a precarious setting after COVID-19.

## Housing

	HC	P1	P2	P3	P4
Affordable Housing					
Precarious Housing					
Homelessness					
Homeownership					

Across each precinct, community members describe stable, homeownership as a particular vision they are striving for; however, existing housing for community members continues to grow more and more precarious and, unique to housing, it grows more precarious for community members from lower and higher income brackets. Again, reasons will vary slightly between precincts and community member populations - but ultimately the compounding factors of disaster related costs, savings being decimated by COVID-19 and other frequently occurring emergencies in the region, rent-inflation and increased cost of goods in combination with wage stagnation, credit and debt challenges due to increased costs, reduced affordable housing options, and an inequitable housing market where new real estate pushes up the cost of older and previously affordable housing in low-income communities.

## Social Mobility

	HC	P1	P2	P3	P4
Social Capital/Community Vitality					
Accessible Networks, Orgs, & Systems					
Reliant on Word of Mouth					
Integrated Support Points					
Reduced Barriers to Entry					
Rejection/Recovery Fatigue					

In addition to highlighting themes across our three core issue areas of study, we also highlight common themes community members associated with positive social mobility. These themes are rooted in what community members aspire to create and what pitfalls frequently present themselves as barriers to social mobility. It will be harder to create successful interventions if these visions or pitfalls are not addressed. In turn, it should be recognized that each is, in some capacity, interconnected and may inhibit or advance the other. As an example, community members in Precinct 2 describe very strong levels of social capital and community vitality within their precinct, as they all described supporting one and another and creating support systems within the precinct; however, this strong social capital and community vitality can only have so much of an effect when existing access to critical systems and networks for social mobility are extremely limited or completely absent from the community.

Additionally, outlined below are recommendations that seek to address frequently mentioned pitfalls and barriers, from the perspective of the community member, that have the capacity to disrupt any proposed solution.

**For context on user journey bar – see Appendix 4**



**Disruption** Community Members describe that messaging for services can be scarce or ineffective, often not hearing about a service until after the application period has closed. This suggests community members not being effectively enticed, meaning they are unable to enter a service or program – preventing the user journey from even beginning.

**Recommendation** Tailor messaging with the community member in mind. Ensure it is multilingual, plain-language, inviting, and rooted in cultural humility. Recognize where communication gaps exist - If a population faces low digital access, does it make sense to only share services and applications online or via social media? Seek out trusted community-hubs where local information is often shared, partner with them to tailor messaging. Integrate messaging of new services at already frequently trafficked service hubs. Ensure messaging can be easily shared from community member to community member. Community members indicate that word of mouth is how awareness of new opportunities is fostered.

### Barrier | Misinformation and Predatory Practices

Entice

Enter

Engage

Exit

Extend

**Disruption** Community Members describe difficulty navigating truth from fiction in today's information age. Often, community members will not apply for a resource or service because they are predisposed to believe they will not qualify. As they work to provide immediate solutions for their families, community members can fall prey to predatory practices. This can include, but is not limited to, paying for someone to complete Covid recovery applications for them, following YouTube channels that promote unsafe financial advice, and utilizing pay-day loan services due to their quick turnaround and ubiquitous presence in certain communities. This suggests that if community members do hear about a service or resource, they may instead choose a predatory service in the belief that the benefits will outweigh the risks.

**Recommendation** Combat misinformation as much as possible – again, tailor messaging with the community in mind. Seek out trusted community hubs where local information is often shared, partner with them to tailor messaging. Seek out trusted community leaders and community members to distribute messaging.

### Barrier | Complexity & Cost

Entice

Enter

Engage

Exit

Extend

**Disruption** Community Members may feel uncomfortable navigating institutions or processes that seem particularly complex and unwelcoming or that require a large time or cost investment. If a community member must devote multiple hours or their own personal resources, like their time, gas, paid time off hours, minutes from data plan, etc., to navigate a service hub or application and has a chance of leaving with nothing or is left in the dark as to whether or not they have been accepted for a resource, they will be less likely to engage with a particular service.

**Recommendation** Incorporate navigators or other methods to familiarize community members with service institutions into the design of service delivery as much as possible. Incorporate a return on cost as much as possible – is it possible to ensure all community members leave with clear connection to other direct service providers or to another form of short-term direct relief, if they do not receive larger relief support after applying. Can feedback loops be built in such that if declined, community members understand why and what they can begin to do differently?

### Barrier | Transportation & Trust Gap

Entice

Enter

Engage

Exit

Extend

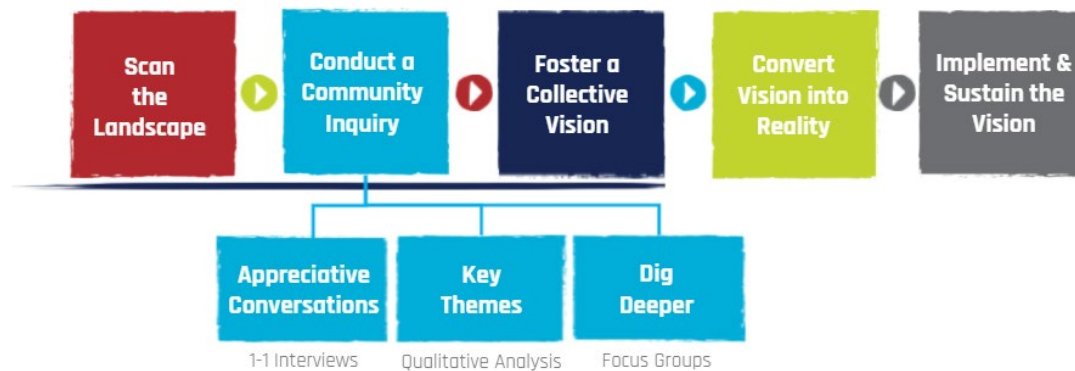
**Disruption** Community members describe difficulty engaging with certain resources if they are outside of their local community hubs. Transportation to and from multiple service points can be a huge barrier, especially for families without a personal vehicle. Community members will have to prioritize their greatest need and commit to traveling to that one service point, allowing their other areas of need to potentially worsen as a result. Additionally, if these service institutions are not locally integrated, there can be a trust gap between the community member and the service institution, i.e. you are more likely to trust something you see in your community on a daily basis.

**Recommendation** Encourage localizing service hubs as much as possible, even if it means setting up annexed hubs at trusted community institutions during certain periods throughout the year. In turn, integrate multiple service points related to health, jobs, education, and housing as much as possible; again, even if only during certain periods throughout the year – to normalize certain services and build up trust.

## THE BAKERRIPLEY APPROACH - APPRECIATIVE COMMUNITY BUILDING

Through a series of appreciative-focused conversations and focus groups, BakerRipley gathered critical insight from 200 unique community members - spread across the four Precincts of Harris County. Each community member shared their stories with us as they walked through their personal challenges and visions that pertain to health, jobs and education, and housing. These thematic areas of focus are both a reflection of stakeholder priorities with evidenced inequities across the Harris County and Houston region.

In utilizing an appreciative approach, we direct conversations so that community members not only describe the hardships they navigate but also the visions and assets they wish to develop or elevate for themselves and their community – thereby allowing community members to share their voice and inform solutions via collaboration rather than prescribing solutions from the outside. The ultimate goal of Appreciative Community Building is to create **robust, participatory ecosystems** – whether that ecosystem is a bounded geographic area, a specific program, a coalition, an organization, or an entire region.



The purpose of one-on-one interviews is to engage and strengthen relationships while attaining valuable information on:

- How people perceive, define, and relate to the areas listed directly above
- Goals and aspirations and how public or government resources might serve in achieving these
- A future-focused vision of opportunities and how the individual progressed towards that vision and what external supportive systems or programs or services might have been instrumental in that success
- Individual and community strengths, assets, resources and skills which could complement or be leveraged for stronger outcomes

In the process, these conversations allow us to truly understand the desires of the community members, build rapport with community members, and empower community members to become involved in the changes they wish to see in their community. It is important to note that these conversations are best facilitated by trained individuals who are culturally competent and linguistically capable to capture information in appreciative and empathetic conversations with those individuals we seek to engage. We set about providing a positive environment to facilitate strengths-based conversations which is critical to fostering community engagement, and later advocacy for the proposed programs or services to be implemented.

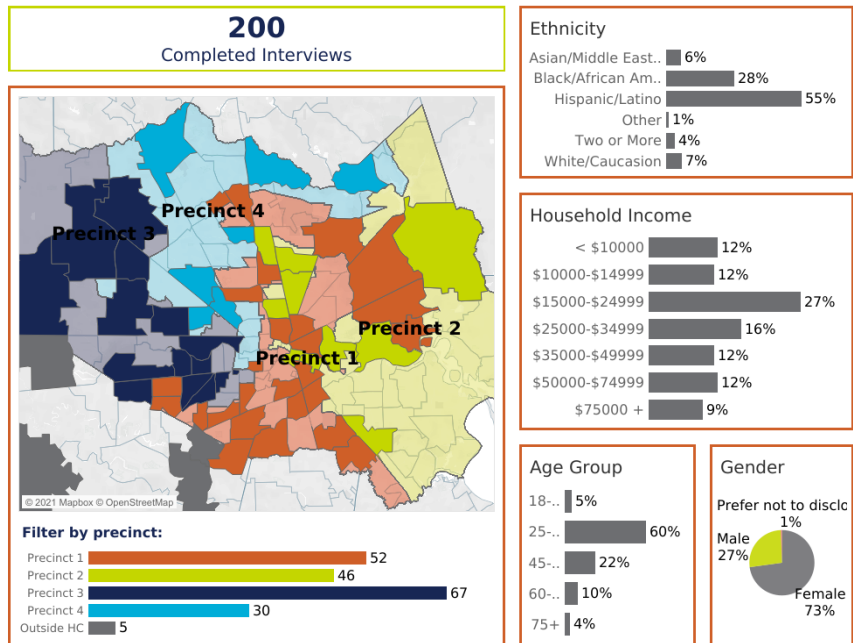
The purpose of the focus groups is to delve more deeply into insights gathered from the Appreciative Community Inquiry process to further explore key themes, prioritize program areas or components, and further asset mapping. Focus group construction may contain one or more of the targeted thematic areas for consideration. Priorities of the primary stakeholder should be considered in selection of focus group approach and composition. Lastly, an analysis is performed to examine all the interview data together to look for common themes and ideas, and how different groups may respond differently. Data is analyzed quantitatively using Tableau, and qualitatively using Dedoose.



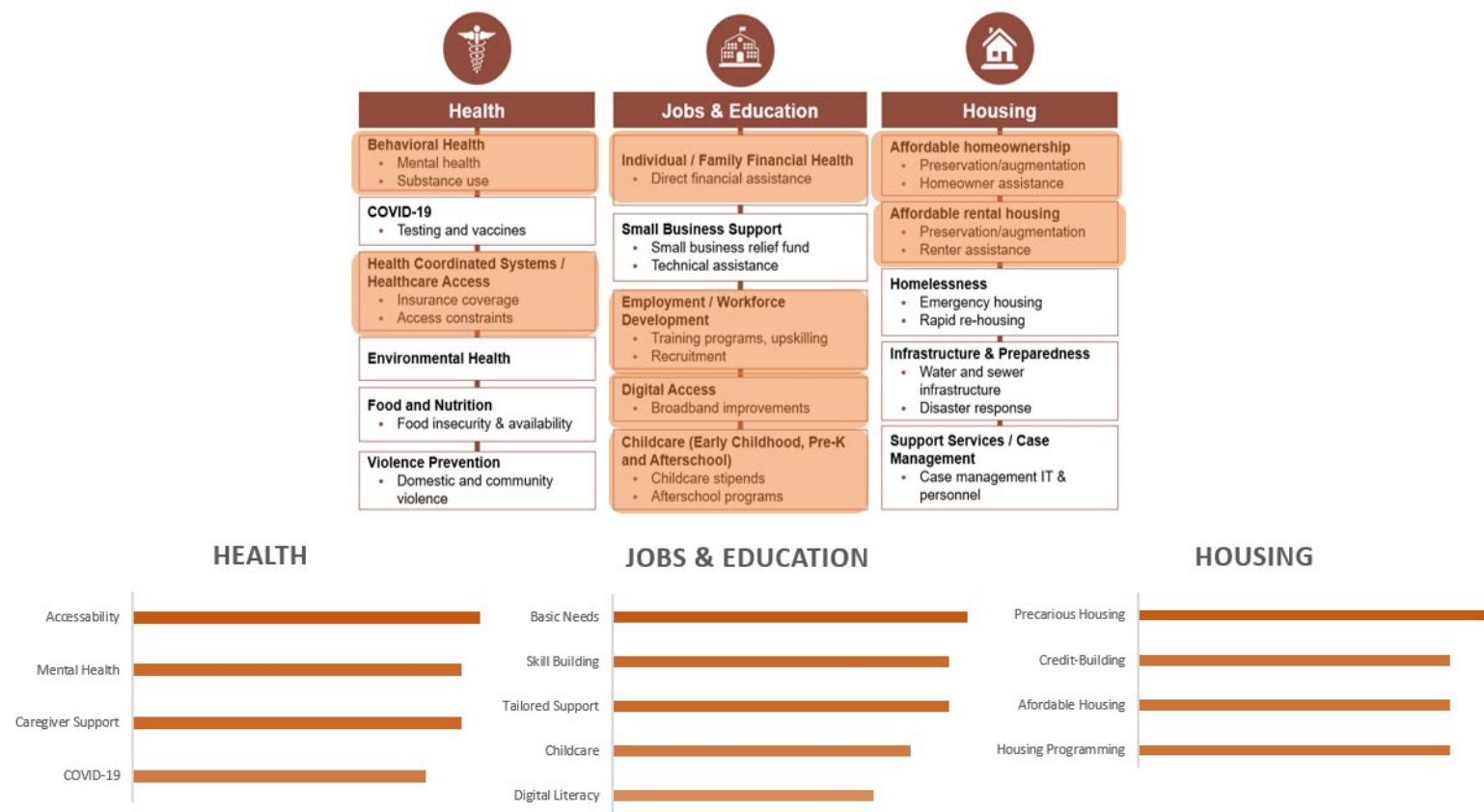
## OPPORTUNITY : HARRIS COUNTY AT LARGE

Community conversations were had, by BakerRipley, with 200 unique individuals across Harris County. The following demonstrates their ethnic and social demographics. Compositional breakdown by precinct is as follows:

- Precinct 1: 26%
- Precinct 2: 23%
- Precinct 3: 34%
- Precinct 4: 15%



The image below has two components. The bar graphs represent tags or themes that co-occur with a particular issue area and which were most frequently present across all conversations. We then made an effort to highlight how each of these themes correlate with bucket areas under consideration by the County; thereby bridging community voice to existing areas of support currently under consideration.



## Core Concepts & Themes across the Three Key Issue Areas

### Health

- Even as COVID-19 and its variants continue to impact the Harris County region, healthcare access is still felt to be largely inaccessible and/or unaffordable by community members. With health and employment being inextricably linked, the increased unemployment caused by COVID-19 of course removed insurance access for community members. However, even community members who re-secured employment or remained employed during the pandemic have opted out of health insurance and are not actively seeking private insurance due to not being able to justify premium costs - as those costs actively inhibit their ability to cover basic needs, pay off debts, save for emergencies, pay rent, etc. Additionally, community members repeatedly described frustration around timeliness with existing health services - indicating that it was difficult to understand why appointments for a health service could take up to three months to secure, as an example, and then require them to take a full day off work when the appointment is made available, a particular challenge for low-income community members. In turn, tele-health as a service is not enticing for community members, even if it has the

potential to increase access, as actually meeting one-on-one, in-person with a medical professional is preferred OR high speed internet access within the home is limited and prevents them from utilizing such a service.

2. COVID-19 has devastated the mental health of community members across the region, with a growing trend of community members directly calling out and recognizing mental health as a challenge they are facing in their life - when in the past it had not been so easy to acknowledge. Natural disasters, in general, create a sense of loss; COVID-19 in particular has created an astounding sense of grief as community members navigate, maybe for the first time, losing a loved one, losing a job, losing financial stability, losing community, losing their independence, losing normalcy, etc. Community members described difficulty in knowing how to best navigate these feelings, not only with themselves but with their children. Some noted personal strength and a general strong family unity that allowed them to persevere, others noted the need to continue moving forward to ensure their family stayed secure, and still others noted this time as a point where they either returned or strengthened their spiritual relationships. In terms, of seeking professional support - community members cited multiple barriers that are touched on within precinct sections but which are ultimately centered around a trust gap and stigma associated with medical institutions such that the professional won't be able to understand or connect with them, a fear of potential repercussions as familial challenges are highlighted, or, similarly to general healthcare access, a frustration in the waiting period and cost associated with professional support.
3. The role of the caregiver, during the pandemic, grew increasingly difficult. From the perspective of childcare, many community members, particularly women, were faced with the difficult decision of leaving their jobs to watch over their children and help them navigate online classes. This continued into re-openings with existing childcare services they may have utilized now being unaffordable due to loss of income and savings OR due to remaining uncertainty on the safety of their children outside of the home as licensed childcare providers still seemed to be in a tumultuous position. From the perspective of caregivers for seniors, family members with disabilities, or family members with chronic disease or pre-existing conditions that put them at greater risk to COVID-19, they too would often have to make the decisions of leaving employment to become full-time caregivers for their family members for the same reasons and continue to do so for the same reasons. This has left caregivers feeling particularly isolated and with a great sense of loss as they have difficulty putting themselves back into a position where they can act to achieve their personal goals.

## ***Jobs & Education***

1. All community members described challenges in ensuring their family's basic needs were met during the height of the pandemic and still into the following year. As mentioned above, for caregivers this is due to leaving employment or transitioning for reduced hours. For community members as a whole, there is a combination of factors - reduced hours, continued unemployment, paying off incurred debts, addressing immediate emergencies in their families, a combination of low wages compounded with a majority of monthly income going towards recurring high-cost payments (rent, car insurance, health insurance, credit card debt, loans, etc.). As such, community members consistently indicated the value of direct assistance and financial (rental) relief in keeping their family afloat.
2. In response to COVID-19 unemployment, community members grew increasingly aware of the job insecurity they found themselves in and instead envisioned themselves in stable, living-wage careers where they no longer had to perpetually put themselves and their families at risk while also having some level of flexibility to care for their families should the need arise. As such, there is increased hesitancy by community members to return to pre-existing employment - with instead a desire to seek out skill-building opportunities, new careers, or set up small businesses; however, there are a multitude of barriers that prevent this transition, namely the basic needs piece described above as well as a combination of factors under the social mobility category (social capital, rejection fatigue, inaccessible networks & systems, etc.).
3. Additionally, in seeking out potential new job or skill-building opportunities, community members of specific populations described a desire for more tailored and targeted interventions. While broad interventions are helpful, community members noted the importance of penetrating communities with a breakdown of specific career opportunities that are not traditionally considered when seeking out jobs, i.e. those outside of service, hospitality, construction, manufacturing, etc. In turn, community members describe a need to offer targeted interventions for the following groups: seniors, adults in the age range of 40-50, and women. The perception is that most interventions are tailored for young adults or in careers that women have not traditionally seen themselves as being able to participate in - especially from the perspective of traditional family units. Lastly, community members recognize the need to navigate digital spaces to locate careers, seek out education opportunities, submit resumes, create job profiles, etc. - but do not yet feel they have the expertise to navigate such spaces, meaning that while they would benefit from distribution of digital assets like technology and broadband, they would still need training on doing all of the above, instruction on how to avoid misinformation, and a breakdown of key sites that would most benefit them.

## ***Housing***

1. More than ever, community members find themselves in a precarious housing situation. Most striking was just the breadth of community members across demographic groups and income levels who needed to access rental relief. The combination of all elements already described, i.e. rising rent costs, cost of basic needs, recurring monthly high-payment costs (car note, car insurance, healthcare premiums, student loans, etc.), debts, lack of affordable housing, low wages, etc., have made paying rent even more difficult - signaling the continued need for financial (rental) relief.
2. Community members frequently recognized the importance of building up their credit and highlighted it as one of the biggest barriers to long-term homeownership. Community members have had their credit

negatively impacted by the short-term financial decisions that needed to be made to ensure their family's survival both during and after the pandemic as their savings dwindled. As a result, multiple community members have expressed interest in credit repair or forgiveness programs or have been actively seeking them out - which can be difficult to navigate what is legitimate and what may be predatory.

3. As a whole, community members describe a desire to better understand and access programming that supports homeownership - whether it be for first time buyers, down payment assistance, support getting a loan, etc. Additionally, community members would like support eliminating the trust gap between themselves and financial lenders/banks - noting that it would be beneficial if bank professionals or other financial/property professionals began making greater efforts to connect with community leaders and community institutions in a culturally responsive manner. There is, of course, value in building greater support systems for community members seeking short-term affordable housing - but it cannot be forgotten that community visions and aspirations are rooted in the stability and asset-building that long-term homeownership can provide; this is where community members want to progress towards.

### **The Ever-Present Message across Harris County**

A critical idea was present throughout conversations, either sub-textually or overtly stated - recovery from COVID-19 and the continued effort to elevate communities towards greater positive mobility in the areas of health, jobs, education, and housing must occur through an *equitable and balanced distribution of effort between individuals and systems*.

Across the board, community members have described the effort they take to tackle their recovery from COVID-19 and their efforts to personally meet their longer-term goals while navigating their often challenging daily lives so as to support and sustain themselves and their families.

It's clear from each conversation that community members have reflected, even if just for a moment, on what it would take for them to be successful in the areas of health, jobs/education, and housing. The conversation is never something that takes them off guard - rather it's an opportunity to finally gather their continuous thoughts on each topic and get them out there, so that every ear that's willing to listen will tune in.

Now, the reason community members are using our conversations to pull their thoughts together around these topics is because, to be frank, navigating one's day to day life is the natural primary objective for a lot of folks. Community members are working 9:5, sometimes 9:9, taking care of their families, checking items off their to-do list, and, to add to that, now making time and effort to navigate all of the applications and interventions being set up for COVID-19 recovery. It's difficult to find the time or resources to do anything else in the midst of all this.

Recovery and mobility require both a multitude of collective efforts, teams, systems, etc. to come together and act on behalf of communities and the action of community members who are doing all they can to better themselves. The question then becomes - is there a balance between these two forces? Are systems doing all they can to ensure the community member can activate an intervention? Are community members given the time and opportunity to act and begin their journey in a manner that is accessible, culturally relevant, and equitable? Are we offsetting the fear of relief rejection community members may be feeling? Are we cognizant of the limited resource community members may have to access a social supportive program or service - gas, time, working hours, money, mobile minutes, mobile data, cognitive bandwidth, etc.

The hope, from all parties involved, is that we are making a collective effort to ensure there is an *equitable and balanced distribution of effort between individuals and systems*. What steps should we be taking to meet a community member at each stage of the journey, in the same way they disrupt their daily journey to recovery and mobilize? Where and how does the balance exist?

## Community Visions & Recommendations

Throughout this report, there are a series of tailored recommendations that can offer specific insight on creating potentially greater levels of equitable and balanced distribution of effort; however, there are some core elements that when addressed, regardless of intervention, will have a positive impact on a community member's overall journey towards recovery and mobility. Note, however, that each will impact the other - both positively and negatively - meaning that if a particular element is barred down, it can minimize the positive impact elevating another element may have. As an example, community members in Precinct 2 describe very strong levels of social capital and community vitality within their precinct, as they all described supporting one and another in creating support systems within the precinct; however, this strong social capital and community vitality can only have so much of an effect when existing access to critical systems and networks for mobility are extremely limited or completely absent from the community.

They are as follows:

- 1) Localizing interventions as much as possible and reducing the need for lengthy transportation or travel commitments from community members - either through physical spaces, integrating with trusted community institutions or leaders, or frequent pop-up interventions at local service hubs.
- 2) Create sustainable opportunities that allow communities to develop and activate social capital and/or activate individuals with community ties, trusted resources, and one who could be empowered to host social capital building meetings and forums for greater connection - with the understanding that most opportunities are shared via word of mouth by community members.
- 3) Ensure networks, organizations, systems, etc. are made to be accessible to community members such that they are inviting, culturally responsive, made familiar, can be navigated with as much independence as possible, time is built in that caters to the prep period needed for community members who are new users, etc.
- 4) Develop as many integrated interventions as possible such that connected service points are available at one service hub. Example being - those seeking out utility or rental assistance are greeted with an accessible entry-point for non-traditional career opportunities OR for those present at a job-fair or employment event, integrate community health workers who can act as initial touch points for community members who need guidance on health services.
- 5) Reduce barriers to entry as much as possible - how can we include navigators or restructure application/entry-points such that they attempt to mitigate the natural complexity and time/cost commitment that comes with seeking out and applying for relief and mobility interventions.
- 6) Address rejection fatigue as much as possible - is it possible to ensure all community members leave with clear connection to other direct service providers or to another form of short-term direct relief, if they do not receive larger relief support after applying OR is it possible to create feedback loops - do community members truly know what their application status is? If declined, do community members understand why and what they can begin to do differently?

Additionally, Harris County's unique demographic makeup of recent immigrants allows for a robust workforce and potentially more well-equipped communities to tackle recovery from COVID-19, if better measures are

taken to unlock this reservoir of talent. Of course, the challenge for some New Americans to attain livable wages is markedly limited based on an employers' ability to hire or sponsor them. They require more well equipped and accessible legal and navigational resources to steer them in the right direction. A variety of community members described coming from countries with advanced degrees and higher professions but are not being connected with the proper channels to validate their credentials or assist them in finding comparable work opportunities. At minimum, our communities need to remove any barriers that would prevent any person from learning English or getting their GED as these are the most necessary requirements to enter our U.S. workforce. Without channels to advance and integrate this subset of communities, recovery for communities as a whole or large portions are left in a position where they are stagnant and increasingly dependent on temporary recovery solutions. It is important to note that with current global conditions, the current forecast for greater refugee and asylum migration into Harris County will grow exponentially in the coming year(s). However, there are no coordinated, sustainably-funded initiative to welcome new community members in a navigated and structural way. We strongly recommend creating a solution to provide a targeted service hub or welcoming center that seeks to meet their unique needs and incorporate them into the societal fabric of the region for greater economic prosperity of the community as a whole.

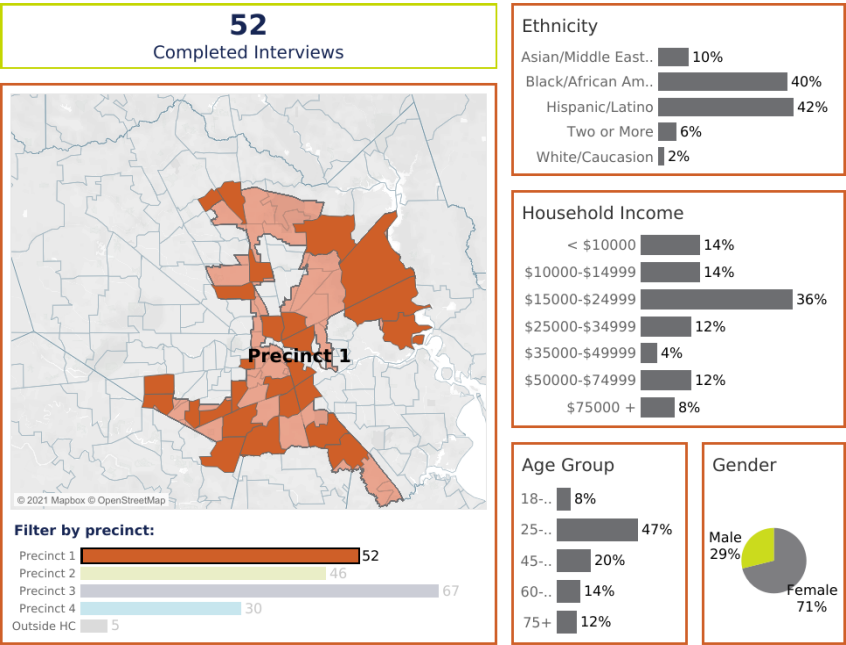
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**The following sections are deeper insights, contrasting and comparing among the Precincts. Each section elevates the core concepts and themes within the three core issue areas of health, jobs and education, and housing. Also included are more specific aspirations and recommendations which could assist in tailored design and implementation of programs within Precincts so as to bring forth greater outcomes.**

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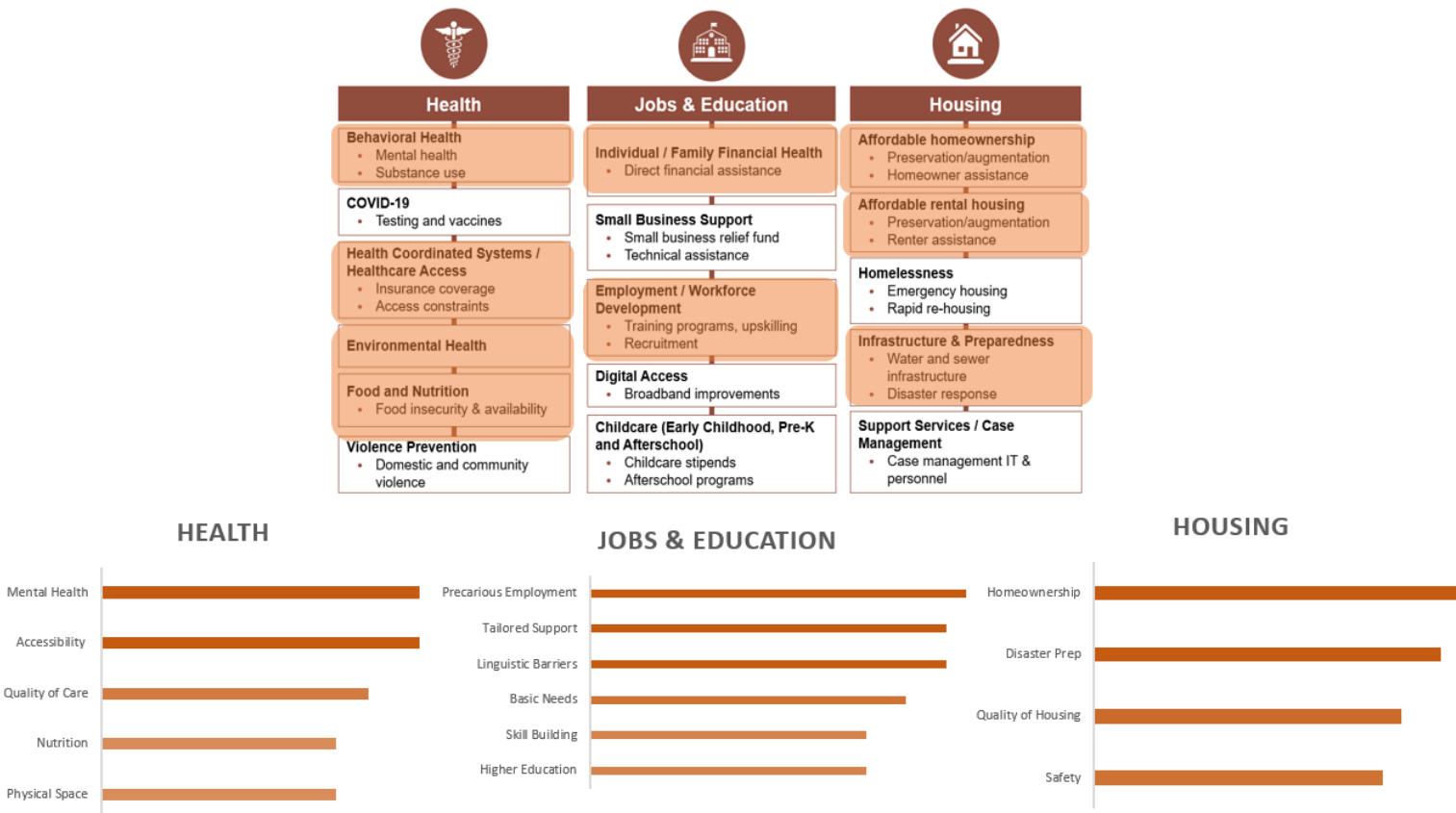
# OPPORTUNITY : PRECINCT 1

Approximately 23% of community members interviewed reside in Precinct 1. The following demonstrates their ethnic and social demographics.





The image below has two components. The bar graphs represent tags or themes that co-occur with a particular issue area and which were most frequently present across all conversations. We then made an effort to highlight how each of these themes correlate with bucket areas under consideration by the County; thereby bridging the community voice of those residing in Precinct 1 to existing areas of support currently under consideration.



## Core Concepts & Themes across the Three Key Issue Areas

### Health

- Community members show awareness of how their mental health and that of others have been impacted prior and during the pandemic. Parents observe a shift in mental and emotional health among their children due to different life-changing factors, some related to the pandemic. Youth demonstrate symptoms of depression, anxiety, grief, and fear. The parents seek resources such as physicians and counselors at school to assist them. For adults, discussing mental health and reaching out for help is still difficult due to costs and cultural norms, however, many adults find support in their spiritual faith.
- Community members observe the costs of goods increasing, especially the cost of food in grocery stores. With financial insecurity, this makes eating healthy challenging. For busy working parents, preparing healthy meals can be difficult to implement in their family's lifestyle. While many community members possess a general knowledge of healthy eating, they often depend on what is believed to be

easiest and cheapest, such as consuming fast and processed food. During the pandemic and its economic impact, food drives are highly appreciated.

3. Physical activity is frequently identified as an essential component of maintaining health and wellness. Many community members mention outside activities, such as walking at the park, especially with their family. Seniors commonly mention going to local indoor spaces, such as BakerRipley. For some, their community lacks safe spaces for exercise. This barrier, in addition to limited time in their days, makes it hard for community members to have an active lifestyle.
4. Not having insurance has impeded people from receiving necessary treatment. Those with insurance, such as the Gold card, can still not afford certain medical/health resources and get pressured to get better insurance by their health providers. There is a desire for higher quality and more accessible/affordable services such that community members envision a higher quality care that will promote making patients feel more valued, listened to, and truly cared for rather than a data point checked off a clipboard.

### ***Jobs/Education***

1. Many community members are currently in jobs they describe as precarious work, specifically in terms of unstable employment (thus unstable income) and lack of benefits. Precarious work became more unreliable during the pandemic as community members lost work hours or their jobs entirely for a significant time period. Most of these jobs can be categorized as manual labor. Some community members would like to transition into a more secure and stable career, but feel they are unable due to lack of education or discretionary time. For those that have attempted to change jobs, they have been met with several barriers.
2. There are several highlighted barriers to obtaining jobs for community members. Those who are not English-native speakers have difficulties applying to jobs without language support for the application and interviewing process. Those who are seniors and/or have physical disabilities have difficulties finding accessible jobs that are not physically demanding. Women can be met with discrimination when applying to manual labor positions due to the employer's belief that women may not be able to "keep up" with physical demands. Lastly, the lack of education/certification/licensing needed for jobs is a barrier to accessible stable, secured jobs.
3. A significant portion of senior community members express obstacles of living on their current retirement financial resources and still have their basic needs met. They may depend on senior-centered services from organizations, such as BakerRipley, and family support systems for food, housing, and financial assistance. Some senior community members would like to work to supplement their financial security but describe job searching as difficult due to their inability to meet the jobs' demands.
4. Higher education is valued among community members who believe obtaining a college degree or more is essential for building a secure and stable career, thus leading to a less difficult life. Community members focus more on their youth for education continuation, however, expensive tuition and lack of awareness/accessibility to financial resources inhibit them from doing so, especially for lower-income families. Although some adult community members would like to study or continue their education, they find it to be wishful thinking or impractical for their current priorities and lifestyles.

## **Housing**

1. Community members venerate homeownership. For current homeowners, they take pride in their accomplishment of buying property and building a home for themselves and/or their family. Most of those that are not homeowners, and instead rent, look forward to the day they can own stable, secure housing, whether it be in the near or far future. The pathway to homeownership for some was interrupted financially by the pandemic. Others identify lack of financial and educational support that require long-term planning to reach their goal of owning a home.
2. Safe and stable housing is described as one that provides the family with their basic needs. Sufficient space, both indoors and outdoors, is often identified as a problem in several households. Most frequently, community members discuss their homes' stability and safety being threatened by violence, drug dealing, and other crime that occurs in or around their residences. In addition, they mention the impact of natural disasters on their homes and their communities, most commonly flood damage.
3. Community members point out several ways they are impacted by natural disasters. They generally experience a lack of resources, typically those that are out of their control. Resources that they find important for natural disaster recovery include food/essential drives and assistance from their insurances. The latter, however, can be burdensome sometimes and essentially fail to assist community members' recovery in a timely manner.

### **Ever-Present Messages from the Precinct 1 Community**

Community members routinely describe a reliance on social networks to hear about relevant resources that could most benefit them. Throughout the initial stages of COVID-19 recovery and pressing into COVID-19 recovery up to this point, community members describe *low-utilization or access* to resources that were being distributed, outside of the most ubiquitous known and with those with clear processes outlined - like food fairs or vaccination sites. With community members often having limited time to navigate external resources due to work or other daily commitments - they will prioritize what they know works, where they know they have the greatest chance to leave with something useful to them in the immediate sense, and where they know a process is structured and they will not be left aimless or in limbo.

However, community members always express an interest in hearing about more access points and resource opportunities at the close-off of multiple interviews, noting that they want to share these opportunities and how to navigate them with their friends, families, churches, schools, etc. - ultimately indicating a need to *intentionally invest in social networks*.

Community members have created trusted relationships amongst each other and within certain informal community groups - word of mouth is key in these spaces with multiple community and digital channels, like WhatsApp, Facebook, TikTok, being built out to share insights. Community members are hungry to learn and share more - to outline the key points that ensure community members prioritize the utilization of a service. As opposed to broad messaging, it may be useful to map out existing social networks in communities and develop methods for tangibly learning about and utilizing existing resources.

So, if this messaging is spread via *invested social networks* - then tackling the major elements that cause *low-utilization or access* to a resource such that community members hope for frequent, localized and clear processes that they can build into their existing time-limited schedules. Community members know a food fair will occur on a particular day or month, they know there is a clear, normalized process and about how much

time it will take, they know what they need to bring in advance, they know they can pair up and come together meaning they're internally motivated, and they know the barrier to entry is low - i.e. they will leave with a bag or multiple bags of food. Utilization comes when certainty is known and replicated.

## **Community Visions & Recommendations**

1) Community members would like to see more support for those in precarious work or support in transitioning to more stable, secure jobs. These resources could be financial, however, community members express more desire for support in connecting to local jobs they are eligible for, in applying to those jobs, and in reaching career-oriented goals. They would like resources to support specific populations, such as non-English native speakers, women (especially those with children), and seniors. A community member used mentorship with a framework of cultural humility as an example of an effective strategy for developing job support and resources. Specifically, having community members learn from successful individuals with similar backgrounds and experiences can provide them with more effective tools, knowledge, and self-efficacy to achieve their own goals.

2) More awareness is needed for existing higher education scholarships tailored to low-income families. Existing scholarships can be altered, or new scholarships can be developed that take into consideration the environment and/or the barriers children of low-income status experience (e.g., high school students may have to work to support a one-parent household, limiting their ability to do extracurricular activities). Although loans are accessible, they are damaging to the financial security of low-income families in the long-term. For adult community members, they identify the workplace as a convenient tool to integrate education continuation opportunities. They believe that receiving education resources from their employer can benefit both parties.

3) Colleges, universities, and employers need to work in tandem to create better avenues for these entry-level positions. Mentorship or career counseling needs to be established at the beginning and throughout a student's academic growth rather than at the end. This may also aid in keeping students enrolled or on track to complete their advanced education.

4) To increase homeownership, community members suggest connecting them to educational and financial resources that can assist them in purchasing a home and making decisions that best work for them. Programs for first-home buyers are described as extremely useful, however, awareness of those programs is low. Current homeowners mention how resourceful social capital and word of mouth is in the process of buying a home. For example, one family was able to purchase a home directly from a trusted friend referral. Increasing knowledge and building a network of resources can help community members in accomplishing their dream of owning a home.

5) To address the safety and stability of housing, community members would like to see more security, such as police, be more present in their neighborhoods and see crime decrease in general. Additionally, they would like to be more connected with their neighbors or other members of their community. This connection can help community members trust one another more and increase the feeling of safety. New members of the community, such as immigrants, would find this valuable as they acculturate to a new environment.

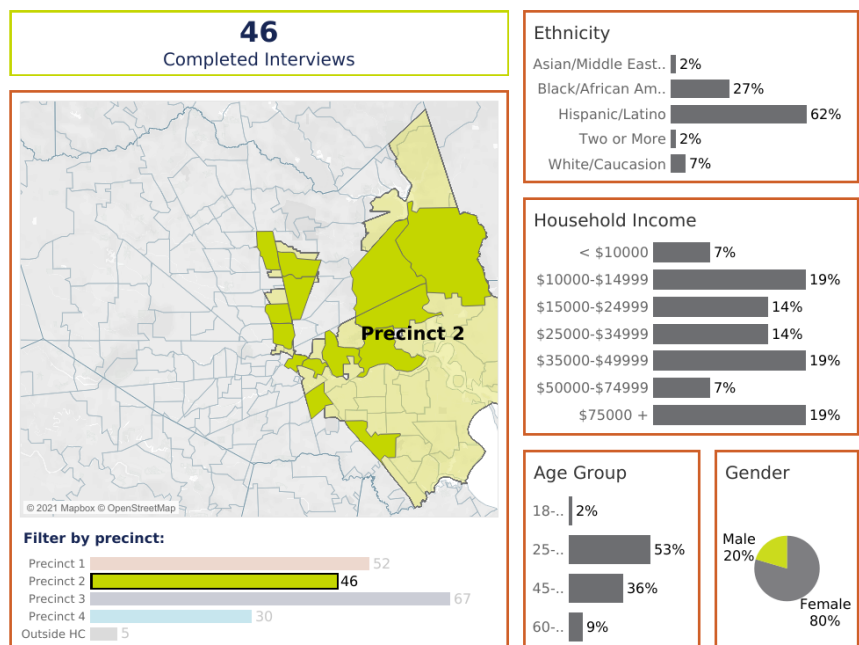
6) To prepare for future natural disasters, community members hope to see their local government complete preparations to improve safety and recovery. The most common vision is to see their streets cleaned or the

infrastructure of their neighborhood changed to avoid dangerous levels of flooding in the future. For the most recent natural disaster, they would like to see more knowledge on how to better prepare in their homes for a freeze or winter storm to avoid damage to their housing. They would also like to see more resources or opportunities to replace household items damaged in natural disasters, such as beds. Lastly, they suggest an improvement with home and flooding insurances and their due diligence in recovery.

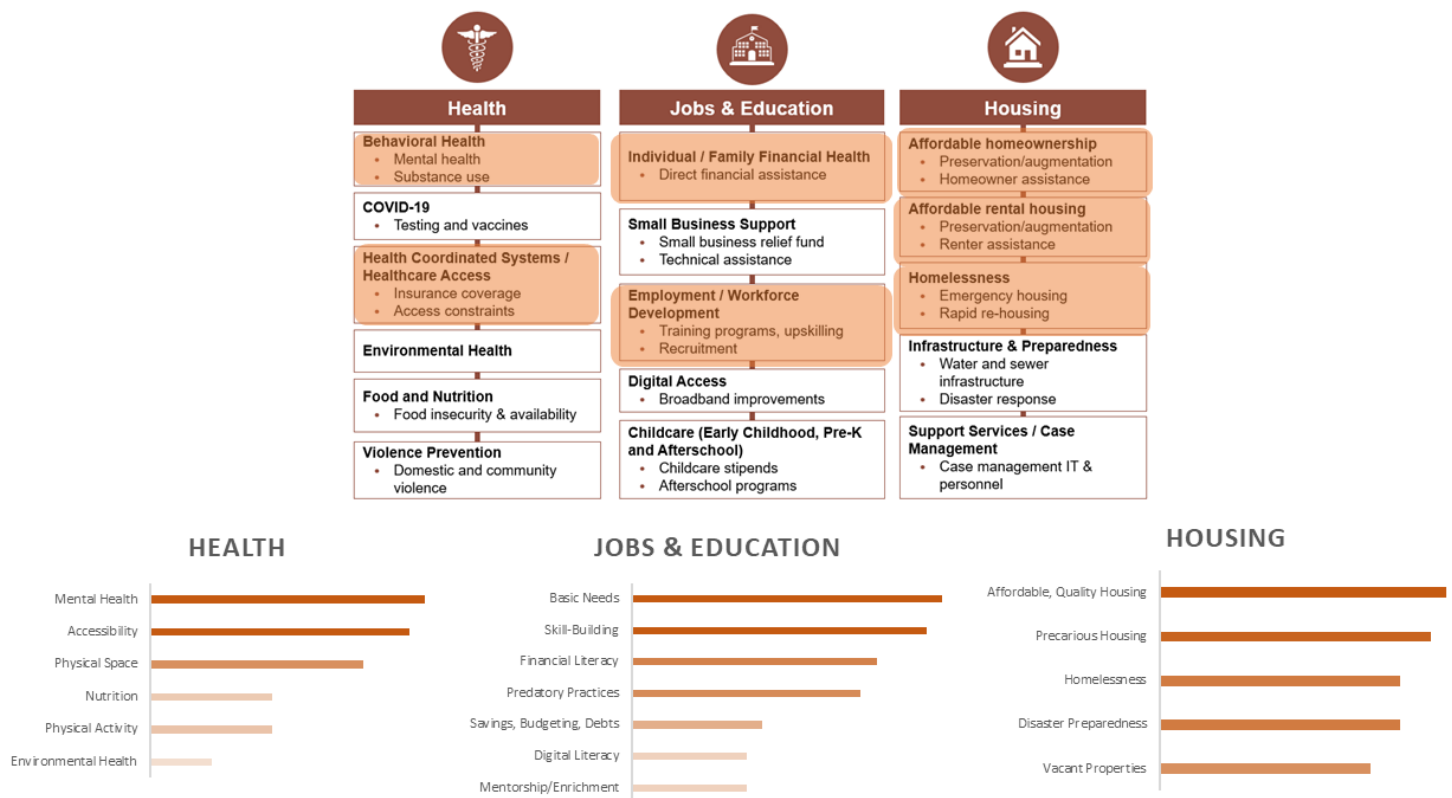
***Interested in Diving Deeper? Please see Appendix 4: Precinct 1 for a more detailed breakdown of core themes.***

## OPPORTUNITY : PRECINCT 2

Approximately 26% of community members interviewed reside in Precinct 2. The following demonstrates their ethnic and social demographics.



The image below has two components. The bar graphs represent tags or themes that co-occur with a particular issue area and which were most frequently present across all conversations. We then made an effort to highlight how each of these themes correlate with bucket areas under consideration by the County; thereby bridging the community voice of those residing in Precinct 2 to existing areas of support currently under consideration.



## Core Concepts & Themes across the Three Key Issue Areas

### Health

1. COVID-19 exacerbated mental health challenges with both adults and youth facing increasing levels of isolation and difficulty managing personal expectations – leading to increased instances of depression, substance abuse, and suicide.
2. There is still a stigma associated with seeking out professional support for challenges related to mental health. This stigma can be rooted in a trust gap between the medical institution and the community member.
3. If there is a decision to seek out professional support – access becomes a major issue. Physical, specialized healthcare spaces, like hospitals, are not present in Precinct 2. Existing, localized clinics are not affordable as they have a series of costs and one-time payments OR they do not offer specialized services. Community members have to travel to central Houston for services.

## **Jobs & Education**

1. Prior to COVID-19, economic opportunity for community members living in Precinct 2 was already low as they primarily worked in jobs that did not require higher levels of certification meaning families were at income levels that just met their basic needs.
2. Economic recovery post COVID-19 is increasingly difficult as community members recognize the need for skill-building or certification but note that there are no local organizations who offer consistent training, and most community members lack reliable transportation to reach organizations outside of Precinct 2.
3. Multiple community members describe local industries and businesses that have taken root in Precinct 2 as prioritizing hiring practices that offer jobs to those who live outside of the precinct, meaning community members cannot re-invest into their communities and are only left with the negative repercussions of having those industries within their communities (i.e., pollution).

## **Housing**

1. Affordable housing is something desired by community members across the precinct, with some choosing to move into potentially more precarious housing situations, like moving into mobile homes, to cut costs and more easily meet their basic needs.
2. For some, specifically seniors, transition to precarious housing is not an optional choice as they are priced out of their existing affordable housing units as their income sits above the threshold by only a few dollars, meaning they balance making less, which makes acquiring basic needs more difficult, so that they can continue to stay at their properties.
3. The number of vacant properties continues to grow each passing year, again exacerbated by the threat of evictions, with an increasing number of homeless community members utilizing these vacant spaces as a form of shelter.

## **Ever-Present Messages from the Precinct 2 Community**

Each community conversation within Precinct 2 had two underlying messages that were interwoven throughout each of the challenges, roadblocks, visions, hopes, and aspirations discussed by community members – *absence* and *community vitality* where the former creates the latter.

Community Members routinely describe an *absence* in that, as a largely unincorporated region, they feel overlooked, with the perception being regional and corporate institutions allocate a good chunk of resources to other areas of Harris County.

Regarding initiatives driven by the city of Houston, most of Precinct 2 falls outside of the Houston city limits, being part of Galena Park, Sheldon, Crosby, Channelview – meaning most community members of Precinct 2 cannot qualify for any potentially large-scale jobs or health interventions provided by the city of Houston.

Regionally speaking, most Community Members describe being overlooked by larger organizations, often being told “we did not know anything was on that side of town”.

There is an absence of professional medical institutions and corporate institutions, with their only large standing hospital closing in 2018 as a result of hurricane Harvey and an absence of larger utility institutions, like CenterPoint Energy.

In response to this feeling of **absence** from areas and institutions outside of precinct 2, communities within precinct 2 have developed a strong sense of **community vitality** – meaning that there are a variety of local leaders, clubs, schools, churches, in addition to larger community-based organizations, like the East Harris County Empowerment Council, that frequently come together to develop and implement interventions to address challenges related to disaster recovery, homelessness, mental health, and elevating opportunity youth while also activating community visions.

These two messages were present across the following core focus areas: mental health, homelessness, affordable housing, job training and placement, and elevating opportunity youth – with each of these focus areas influencing one and another.

### **Community Visions & Recommendations**

1) Across each conversation, a singular message was clear: Precinct 2 requires more external investment to address the major absence of critical institutions, like hospitals or affordable day-care/enrichment programs for youth, needed to ensure a community can foster economic mobility of its residents. Locally, connection between community members in Precinct 2 is fairly strong with multiple local institutions doing all they can to uplift each other. The challenge is that if there are deeply entrenched inequities in the region - progress can only move so far in the positive direction before deeply inhibiting factors, like a lack of healthcare services in the area, push community members back.

2) A clearly articulated community vision from multiple community members was the need to incentivize local industries and small businesses to re-invest in Precinct 2, where they run their base of operations. While community members acknowledged certain industries had give-back days where they would raise money for school supplies, they believed this was a band-aid for the larger problem of those industries employing individuals outside of Precinct 2, meaning there was no true re-investment into the community. Rather the community was making money for these industries, yet that money was following the employees as they returned to other areas of Harris County.

3) Ultimately, recovery from COVID-19 will be incredibly difficult without addressing core inequities present in Precinct 2. Relief efforts will be fleeting and temporary if long-term barriers are not alleviated. Vaccination can only go so far at creating healthy communities when there are no physical hospitals to address chronic health challenges of the community. Addressing mental health will be incredibly challenging without tailored institutions integrated across the community that work with community members to best understand how to support them. Job training will fall flat if employment is not available within their communities. As multiple community members described when stating they come from the East side of Harris County, they are tired of being met with “I didn’t even know anything was out there.”

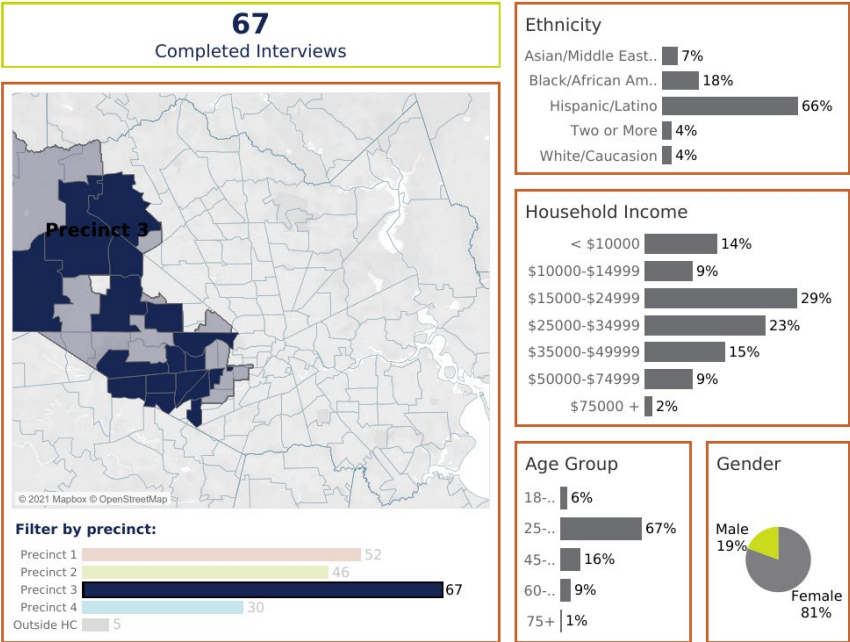
***Interested in Diving Deeper? Please see Appendix 5: Precinct 2 for a more detailed breakdown of core themes.***

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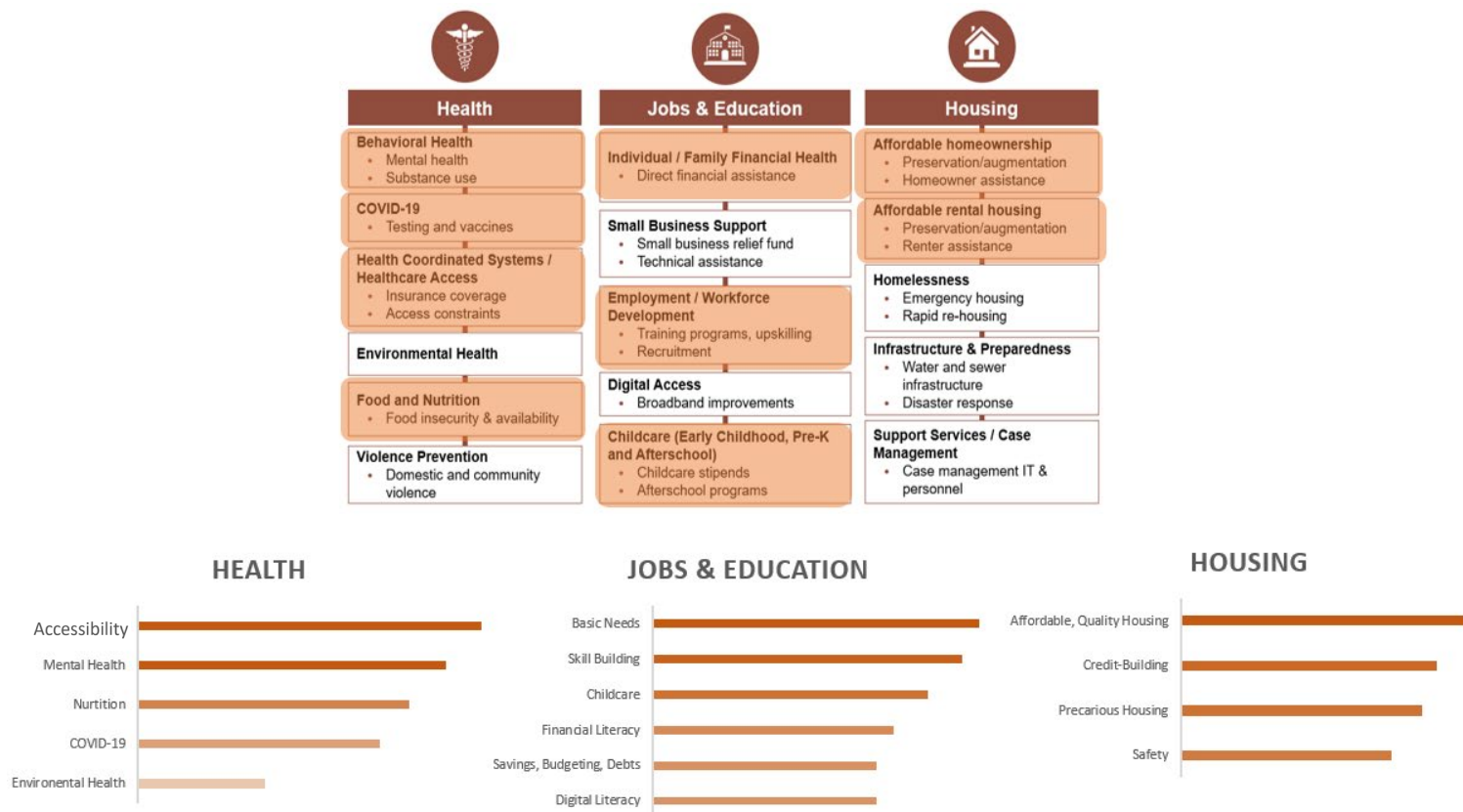


# OPPORTUNITY: PRECINCT 3

Approximately 34% of community members interviewed reside in Precinct 3. The following demonstrates their ethnic and social demographics.



The image below has two components. The bar graphs represent tags or themes that co-occur with a particular issue area and which were most frequently present across all conversations. We then made an effort to highlight how each of these themes correlate with bucket areas under consideration by the County; thereby bridging the community voice of those residing in Precinct 3 to existing areas of support currently under consideration.



## Core Concepts & Themes Across the Three Key Issue Areas

### Health

1. Having access to healthy and/or quality food is believed to be essential for overall health and well-being, however, its importance was emphasized during recent natural disasters and the COVID-19 pandemic, which has increased physical barriers to obtain food and financial insecurity among communities.
2. COVID-19 impacted the mental health of community members due to the spread and mortality rate of the disease, social isolation, loss of wages, and relearning how to navigate daily life during the pandemic. Symptoms include worry, fear, stress, anxiety, grief, and depression.
3. The current healthcare system does not provide community members with accessible and affordable quality and timely health resources, including health insurance, clinics, medical care, preventative care,

and medication. Thus, community members are often placed in a position where they must utilize alternative solutions to prevent or treat any health issues.

### ***Jobs & Education***

1. A stable job with consistent work and increased pay is key for community members to achieve their visions for themselves and their families. Families whose incomes are dependent on precarious work and jobs with limited ability to virtually transition suffered from layoffs, decreased hours, pay cuts, and loss of work due to getting infected with COVID-19 and lack of childcare. While it seemed to be valued prior to COVID-19, the pandemic's negative impact on families' financial security emphasized the need for job and income stability.
2. During the pandemic, traditional family roles and single-mother households had several women (more frequently than men) change their working conditions or urgently seek out additional resources in order to prioritize childcare for children doing at-home school or to be able to cover costs of basic needs. Mothers switched to more flexible jobs or left their jobs completely, and sought out financial or social support due to the reduction in household income.
3. Timing and cost are the predominant barriers for communities to attend courses or training that could be the pathway to steadier, better paying jobs. It is always useful to consider the different types of students that seek vocational or higher educational opportunities because what may be beneficial for one person may not be for another. For instance, online learning during the pandemic may have been advantageous to a student juggling two jobs and an internship but may have been detrimental for others that need in-person support. Community members stress the need for employers to accommodate student's class schedules and offer more financial assistance to continue their studies. Without work or reduced hours during the pandemic, savings that would have gone towards classes were needed to cover rent and basic needs. For this reason, wherein financial stability and family support is more of a concern than future goals, it may be some time before some students resume their academic or advanced job training placements.
4. For community members that are in college or recent graduates, they lack clarity on what kind of job opportunities match with their field or skill set if they have yet to acquire licensing or certification. Although we often tout the accomplishment of acquiring a degree, we also need to be realistic that a person's time, energy, and resources expended on classes to gain access to better job opportunities. If schools are not doing enough to support students in gaining better employment, then we will continue to see a large portion of communities forgo educational advancement until the cost of attending classes is drastically reduced or free.

### ***Housing***

1. For Precinct 3 community members, owning a home provides a sense of housing stability and financial security. It is an idealized opportunity and major component in their future plans and far better than their current rental situation. This is due to high and increasing costs of rent whereby many weigh the cost of a monthly mortgage within reach of their rental prices and with the greater benefit of property ownership, freedom from eviction, safety, and adequate space for all household members. However, many do not feel they make enough income (i.e. their job pays too low) to be able to start the process

of owning a home. Saving for a home becomes untenable when their paychecks barely cover current living expenses.

2. Many community members that have taken an interest in purchasing their first home emphasize how foundational it is to have a good credit rating. They understand their success in owning a home hinges on their credit history. Unfortunately, by the time many are ready to take steps to home ownership they may need to readjust their expected timeline for purchasing a home as they realize more attention and diligence is needed to improve their credit, tackle their debt, and/or improve their budgeting habits. With the help of first time buyers programs or speaking with bank professionals, community members learn the concrete steps they will need to implement in order to qualify for a loan. For some, the dream of owning a home may remain just that - a dream - if they are caught in a perpetual cycle of low-wages, debt, and unforeseen costs brought on by emergencies such as a high medical bill or disaster like the pandemic.
3. Homeownership is viewed not just as a means to better financial prospects and security for oneself but also for the betterment of the family. It is an asset that can be established and passed down to their children, securing the health and wellbeing of future generations. It is important not to underestimate how attaining a home can be a vital chance in procuring middle class status which can have ripple effects across generations. Property ownership and other asset building opportunities provide the means to equity and building generational wealth.

### **Ever-Present Messages from the Precinct 3 Community**

*Self-sufficiency* and *social capital* are two prominent elements included in the community conversations within precinct 3.

Community members often include *self-sufficiency* in their visions or hopes for their future and/or the future of their friends, family, or community. In their messages, being self-sufficient is comparable to being independent and taking care of themselves and their family financially, physically, and mentally. Community members express a sense of pride and happiness that would come with being able to reach *self-sufficiency*, even in the event of a disaster.

Community members often attribute *self-sufficiency* to having a stable job, a sufficient income to cover their basic needs, positive health and wellbeing, and safe housing for themselves and their family. They identify points of dependency, if any, such as depending on family or friends for caregiving or depending on the services of an organization for food.

Lacking a stable job or sufficient income to cover basic needs are highly identified barriers to *self-sufficiency*. Furthermore, the negative impacts of COVID-19 on jobs, income, health, and housing are frequently discussed as barriers to *self-sufficiency*. Community members mention several ways in which they can achieve *self-sufficiency*, including but not limited to obtaining certification, building skills or knowledge, and improving health.

If they perceive themselves to be self-sufficient, they express value towards their efforts and conditions that led them to reach *self-sufficiency*. Their advice to others to reach the previously mentioned conditions (i.e. stable job, safe housing) range from individual efforts (e.g. researching opportunities) to systemic changes (e.g. more job opportunities).

Community members identify *social capital* as a resource or a pathway tool to other resources that benefits them in various ways. It seems that instances of *social capital* that are commonly mentioned in these conversations include quick social interactions, personal relationships, and larger scale community connection.

Quick social interactions, such as information disseminated by word of mouth, were often related to recommending or connecting to resources, such as available jobs or quality health services. Personal relationships seemed to benefit people through information dissemination as well, but also for the longer term, typically with financial, emotional, or physical support. Finally, community connection was often discussed in terms of social support in times of need and building community safety (i.e. community members helping each other during a natural disaster).

A major challenge to *social capital* is the lack of opportunity to build it. Community members further describe reasons, such as social distancing, physical disability, or fear/distrust of others in their community. There is a general desire to expand social networks, build more relationships, and develop stronger community connections.

### **Community Visions & Recommendations**

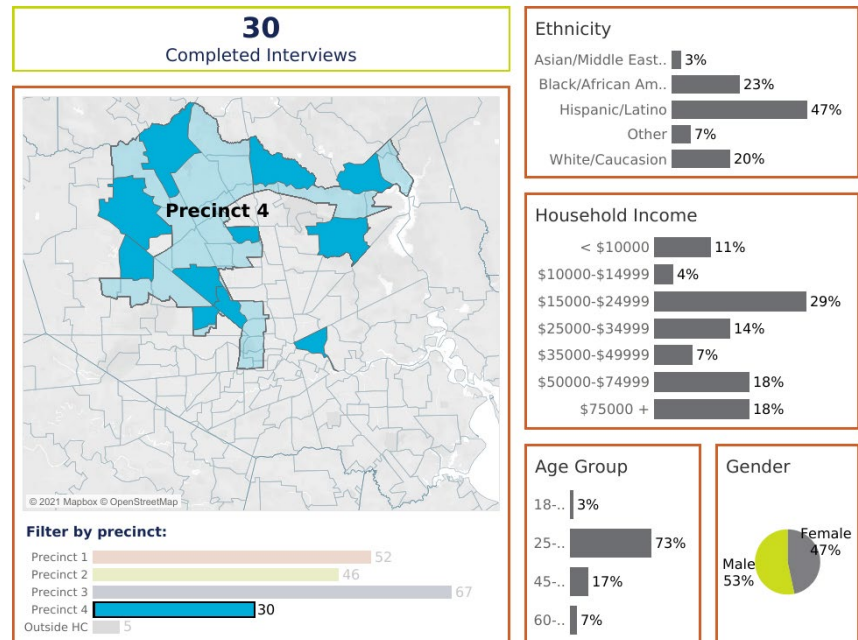
- 1) Overall, community members would like to see a more inclusive healthcare system. While there are available local health resources, they would like more accessible, affordable, and patient-centered services that make them feel valued and their health prioritized. More low-costs services should be available for those that do not have health insurance.
- 2) There should be more support for community members to obtain health insurance plans for the entire family, especially adults lacking income. This can raise awareness for accessible health insurance options and help address the confusion surrounding the eligibility and application processes.
- 3) While community members recognize individual actions they must take to obtain a job or an improved job (including entrepreneurship opportunities), they also note the need for more culturally tailored and accessible networking opportunities, job availability, skill-building services, international education evaluation, and other job-supporting resources. Examples of accessible networking opportunities suggested include job fairs and job boards visible within the community (i.e. in a central community center), perhaps focused on contract work or manual labor, but overall tailored to lower-income, diverse populations in the community. Additionally, they discuss requiring more information, awareness, or mentorship to take the adequate steps to reach their goals.
- 4) Community members working or attending school would benefit from having more affordable, accessible, and trust-worthy child care resources. They desire to have options that align with their work and/or school schedule. Examples of options include traditional childcare centers, after-school programs, and summer programs.
- 5) Community members would like to see more aid given to first-time homebuyers. Some people appear unaware of the programs and assistance that is already offered at the local level. If they are privy to such home buying resources, it is often through word of mouth. Because of this, organizations or entities that offer these programs need to do a better job promoting these opportunities and make them more widely known among the public.

- 6) Create sustainable opportunities that allow communities to develop and activate social capital and/or activate individuals with community ties, trusted resources, and one who could be empowered to host social capital building meetings and forums for greater connection - with the understanding that most opportunities are shared via word of mouth by community members.

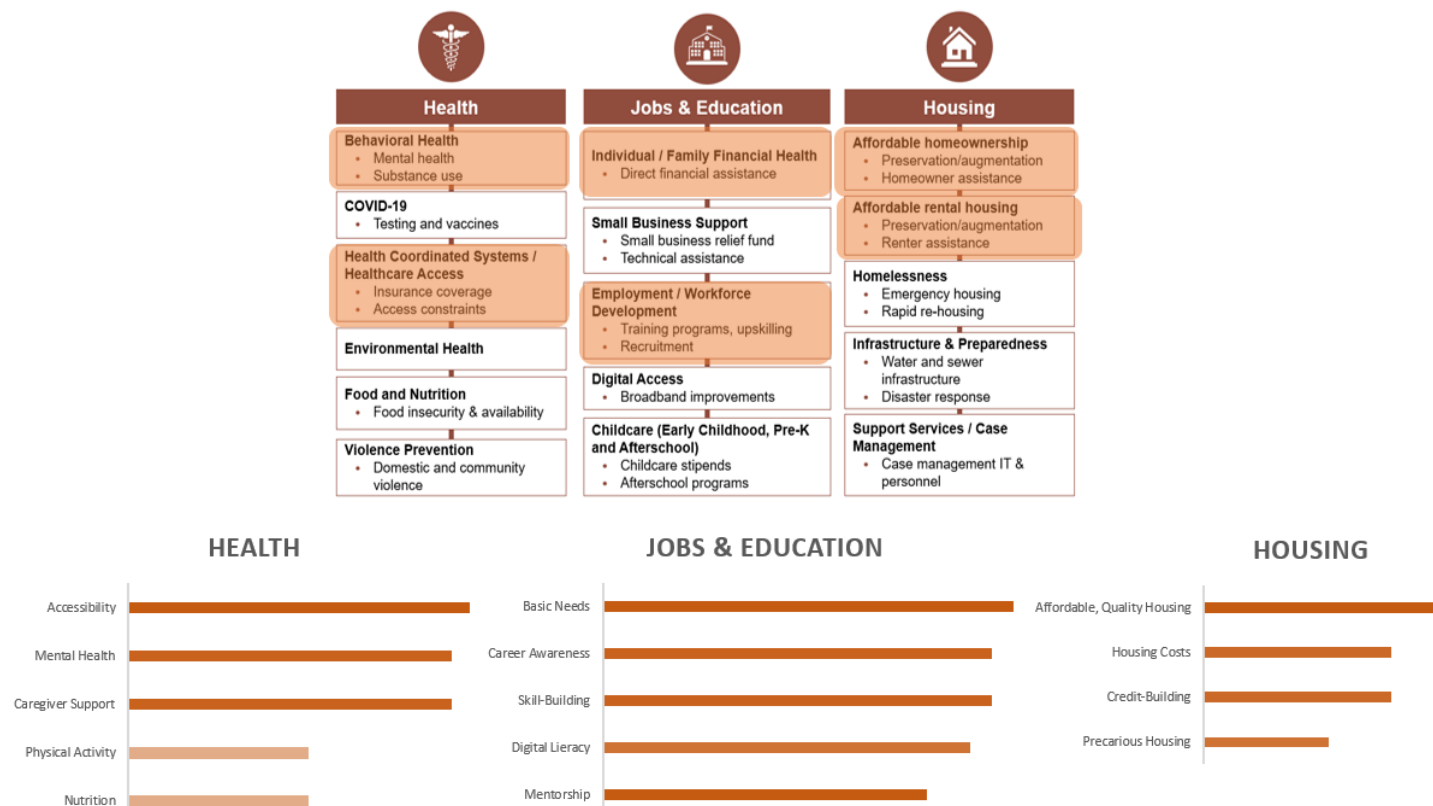
***Interested in Diving Deeper? Please see Appendix 6: Precinct 3 for a more detailed breakdown of core themes.***

## OPPORTUNITY : PRECINCT 4

Approximately 15% of community members interviewed reside in Precinct 4. The following demonstrates their ethnic and social demographics.



The image below has two components. The bar graphs represent tags or themes that co-occur with a particular issue area and which were most frequently present across all conversations. We then made an effort to highlight how each of these themes correlate with bucket areas under consideration by the County; thereby bridging the community voice of those residing in Precinct 4 to existing areas of support currently under consideration.



## Core Concepts & Themes across the Three Key Issue Areas

### Health

- Common across community members was the decision to elect out of healthcare insurance. Whether they were a service worker, worked in a local industry, or ran a small business - multiple community members chose to opt out of health insurance, citing both cost and qualification barriers. In terms of cost, community members stated that the recurring cost of privately selected insurance would greatly diffuse their ability to afford basic needs, while insurance provided via their employer did not provide enough value for the cost - citing months long delay times for services and appointments. If only parts of their family, like their children, qualified for insurance - they also chose to opt out and, in some cases, choose to rely on alternative or self-medication. Community members describe this from a lens of risk management - stating that it's either risk losing the ability to afford paying for basic needs with insurance or risk the high cost of an emergency medical visit without insurance. One community member without insurance even described themselves as the most financially stable they've ever been, highlighting the dissonance between health and financial security.



2. Community members describe a disinterest in seeking professional, medical support for any mental health challenges they may be facing - with that disinterest rooted in three critical factors: trust gap, time, and transience. As mentioned previously, the multi-month delay in available appointments acted not only as an inhibitor for adopting health insurance but also in seeking mental health support; in turn, community members note a perceived transience of professional mental health services, indicating that it is difficult to see the value in meeting with someone for only an hour. Compounded along with these two points is a trust gap associated with mental health professionals - ultimately culminating into a shared belief amongst community members that they will not be able to accurately share their story to someone they have never met before, over the course of an hour, across intermittent appointments spread over a series of a few months. Instead, community members will often rely on spiritual guidance from trusted faith organizations, meeting one-on-one with pastors or other religious leaders.
3. Caregivers, particularly those caretaking for family members with disabilities across any age group, describe the increasing toll acting as a caregiver imparts on them. There is an isolation, with little to no visible or affordable support options for these community members, especially for those who have opted out of health insurance - with community members often having to limit their academic or career pathways to exclusively act as a caregiver. There is, in turn, a trust gap towards any resources that may exist - with community members noting that it is difficult to know the quality of care their family members will receive.

### ***Jobs & Education***

1. A community professional noted that they felt that an awareness and knowledge of potential careers or career paths across the County were not made particularly available to community members. The community professional noted that there was not enough of an effort to penetrate communities and generate knowledge on the diversity of career opportunities in medicine, science, technology, etc. that did not require multi-year degrees but rather could be achieved via certification or short-term stints in academia, noting that this information was often siloed in academic or highly professional institutions. The community professional gave an example of introducing these topics at service hubs where utility assistance was being offered - making the connection that if an individual needed utility assistance support, they may be trying to seek out pathways towards higher paying careers. This assessment aligned with statements made by community members across the precinct, noting that they only had familiarity with the service/hospitality industry OR that they sought to or had recently created a small business to establish greater financial stability and freedom in a professional setting.
2. This trend carried over to older adults and seniors describing their challenges in seeking economic opportunity. Older adults, between the ages of 40-50, noted that it would be fantastic if there were greater job fairs or training opportunities in the community - but acknowledged that these opportunities would not be tailored for them, believing that most of these opportunities would be utilized by younger populations while they were struggling with the belief that they had reached a stopping point in their life, that nothing would change for them. This extends to seniors, who held similar beliefs, noting that much of their sense of purpose was rooted in their ability to work and support themselves, but that it was becoming increasingly difficult for them to find jobs or careers. They felt that they could learn any position with time but felt that people would often look past them rather than at them.



3. Lastly, both of these points coalesce around the digital divide present amongst community members regardless of their current economic status or income level, if they did not regularly use or have immediate access to technology. A community professional noted that navigating online resources and applications is still a foreign task, at least for community members that either did not have access to technology or have only recently become familiar themselves with technology. They, themselves, noted that they were not aware of how to best hone their resume and techniques for applying for jobs online until they took a course that broke down automation practices used by multiple industries in scanning resumes. Community members, particularly older adults and seniors, across the precinct mirrored this sentiment, noting that “everything was online” and that it was difficult to make the time to comb through all online applications and even more difficult to ascertain how to apply - if they had technology to apply.

## **Housing**

1. Community members describe a desire to close the gap on their knowledge around homeownership, particularly they sought a specific breakdown of costs - noting that, yes, they understood there was a need to save up for a down payment but they needed more clarity on the daily or monthly costs. How much can they expect to pay on maintenance, insurance, emergencies, etc and how much would that differ from the expenses of their current lifestyle. Additionally, part of closing this knowledge gap would be greater access to the potential variety of programs available to them and what the process would be to apply and qualify.
2. Additionally, all community members, regardless of income level, noted credit as the largest inhibitor to homeownership with a common belief being that their credit continues to suffer just from the expenses that come from daily life. Community members across the board suggested that they needed support managing and building up their credit while seeking out opportunities for credit repair/forgiveness - noting the difficulty in navigating fact from fiction regarding these opportunities.
3. Ultimately, each and every community member described the precariousness of their current housing - either for themselves or for a loved one, as their current savings pools were decimated, with each having benefited from or knowing someone who had benefited from rental relief. The impact COVID-19 has had and will continue to have on housing cannot be understated, with community members who, from a metrics perspective, would be considered fairly financially stable and adequate savings, struggling and continuing to struggle with the possibility of facing eviction.

## **Ever-Present Messages from the Precinct 4 Community**

Each community conversation within Precinct 4 had two underlying messages that were interwoven throughout each of the challenges, roadblocks, visions, hopes, and aspirations discussed by community members – *rejection loops* and *frequent, ubiquitous support points*.

It is important to consider that a community member’s road to recovery via relief efforts is not a one-off incident and that the decision to pursue opportunities for self-advancement, like applying for student grants, does not occur in a vacuum. Community members are active in their pursuit of relief, rather than passive, and make great efforts to find as many relief opportunities within their circle of access.

However, community members face *rejection loops* in their active efforts toward relief and opportunities for advancement, submitting application after application. Additionally, community members describe facing *rejection loops* as they await the status of their applications, either being told to apply for another resource that they have already applied for and not qualified or being told that their application is in limbo - meaning, in some cases, they would have to submit a new application.

These consistent “losses” act as inhibitors for community members, fostering fears of rejection - with some community members now weighing the need to immediately support their family with extra work or self-medication versus involving themselves in a lengthy application process once more. This would suggest that there is a broader pool of community members that have become disengaged due to *rejection loops*, meaning a smaller pool of community members may be utilizing extended relief opportunities as opposed to the maximum benefit of the community as a whole.

Reflecting on this, community members consistently described *frequent, ubiquitous support points* as a means to mitigate growing fears of rejection and other inhibitors towards seeking relief opportunities. Community members noted that it is fairly common to see social media groups with community members posting pictures of their own applications, asking for help - as they are uncertain of how to fill out portions of the document, suggesting that community members are not aware of any additional support points that could provide guidance and have reached a point where they could post private information online, in a perceived trusted setting, but may inadvertently put themselves at risk or encounter more misinformation on what to do next, thereby perpetuating *rejection loops*.

Via *frequent, ubiquitous support points*, community members hope to not feel isolated and confused as they navigate applications but instead feel empowered to continue their journey towards recovery and accomplishing their personal goals.

## **Community Visions & Recommendations**

- 1) If uninsured groups continue to grow, with community members electing to opt out of services due to cost or lack of perceived value, recovery from COVID-19 can only stagnate. A community that is able to participate in the economy and workforce is a healthy community, but community members find themselves with only the ability to choose between two options that put them in a precarious situation - either they weigh the risk of losing the opportunity for frequent health check-ups/facing a medical emergency or having health insurance but losing the practical means to stay healthy associated with the social determinants of health - i.e. will they be able to afford a roof over their heads, have food on the table, etc. As such, it will be critical that alternative, low-cost, and accessible health services are made available that will promote healthy behaviors, check-ups, and maintenance of chronic disease. This should be coupled with social supportive programming or services that alleviate the financial burden of the other elements community members are choosing between, i.e. food, rent, utilities, etc. - while also normalizing and pointing them in the right direction of low-cost health services when they are utilizing support in these areas.
- 2) At a certain point, the question needs to be asked: to what degree do we ask community members to do more and to what degree do we ask systems to do more? Hopefully the answer is a balance between the two. To bring about this balance, it becomes increasingly important to not only build out relief packages but also consider how they are perceived and applied for by community members - such that to what degree can systems further support community members in their recovery efforts in a manner beyond the creation and posting of the relief package. If community members are active participants in relief efforts to the

maximum degree that they can be- how can community members' collective vision of support points at each stage of relief applications or at various community hubs be met? How can support be tailored for groups who often feel excluded, like older adults and seniors?

- 3) To the same degree, barriers to entry towards recovery and relief efforts should be minimized wherever and whenever possible. Is it worth re-evaluating the thresholds set up for qualification of certain local relief funds and programming? Community members may fall above income requirements; however, the degree to which income is reduced by newly incurred debts, reduced savings, caregiver costs, etc. can vary - meaning not all community members of equal income are facing the same challenges with recovery. **Please see comparison note on Personas 3 - 5**

***Interested in Diving Deeper? Please see Appendix 7: Precinct 4 for a more detailed breakdown of core themes.***

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## EMERGING INSIGHTS & PERSONAS

Below you will find personas that have been informed by our community conversations. Personas act as a means to put yourself in the shoes of a community member and consider what is it that they want to accomplish and what barriers may be inhibiting them from activating their visions for themselves.

Each persona will act to highlight emerging insights and reinforce key recommendations found throughout this document.

Personas are presented via the following relationship matrix. The matrix describes a community member via demographic information and context, outlines the long-term goal they seek to achieve, makes note of a shorter-term goal that is a stepping stone towards their long-term goal, acknowledges challenges they may face as they work to accomplish their short-term goals, and, lastly, highlights their visions for addressing those challenges.

As a disclaimer, personas are an amalgamation of shared experiences from community members and any personally identifiable information has been removed - meaning names or any other identifying information are altered for the sake of privacy.

**North Star: A Community Member's long-term goal and vision for success that they see for themselves.**

Demographics  
and key  
information of the  
community  
member

Additional context  
of key  
background  
information of the  
community  
member

**Near Star: Potentially short to mid-term goals that the community member knows they need to accomplish to start working towards their Near Star.**

Challenges a  
community  
member faces as  
they take steps to  
accomplish their  
north star

Challenges a  
community  
member faces as  
they take steps to  
accomplish their  
north star

**The barrier that prevents the community member at some point in their journey**

The vision a community  
envisions to address this barrier

The vision a community  
envisions to address this barrier

## Persona 1:

### Jordan, the Community Member Who's Navigated Disaster after Disaster

A Community Leader from Precinct 2 describes serendipitously meeting Jordan:

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"And what helped me was having a little bit of education and knowing where I could get things that then often, you know, helped me to get a job versus somebody just sending something out.

I'll give you an example. I was renewing my license and I was sitting by a gentleman, a young African American man, and he was sitting down, and he was looking at paperwork-information to fill out, but he was sobbing a little bit.

You know, I kind of said *'man, are you okay?'*  
and he said *'No'*  
I said, *'well what's the problem?'*  
He says, *'I want to get my license'*  
I said, *'ok so you're in the right place to get your license'*  
He said, *'there's only one problem, I can't read'*

And I thought, wow, he was in the right place to get his license. He just did not have the information and the education to go about it. He needed someone to help him learn that he could not get his license yet, because you know, he wouldn't be able to read the signs.

**He needed to have somebody there, physically, to maybe point him in the right direction and motivate him. He could have, you know, remained stressed, because there's no help at all.**

Or I could tell him, 'Let me give you some good news – **good news is you're in the right place. You're at the DMV. The only bad news is that there is a gap. It may take several weeks for me and you to work through this, but I can point you in the right place to start reading and then you can come back and then you can fill in this information and then take a test to get your license.'**  
**That's motivating."**

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**North Star:** Following two major disasters in his life, Katrina and COVID-19, Jordan wants stability. For him, that means getting a living wage and saving towards homeownership so he can finally settle down and feel at home.

Jordan: African American, Male, 25 years old, Part-Time Employed

Context: Had to relocate to Houston from Louisiana, following Hurricane Katrina

**Near Star:** He wants to get a trade skill. He feels that he needs solid transportation to get around the County to look for work and take some classes, so he heads to the DMV for a license.

Having moved from Louisiana, Jordan doesn't have any local connections to offer him guidance.

Due to the disruption from Katrina, Jordan hasn't finished school and can't actually read

Jordan makes it to the DMV, but is distraught. He tried to avoid the thought, but knows he can't read. He can't fill out the license application.

If a **navigator** had been **integrated** at the DMV service point, it's possible they could have **guided Jordan** through his challenges

Or, more likely, connect him to English Literacy courses and signed him up so he could begin that stage of his journey.

Entice

Enter

Engage

Exit

Extend

This persona highlights the following core themes:

- 1) Disasters are now a perpetual occurrence for the region and act as major disruptors for community members as they seek to accomplish goals. As multiple disasters occur over the years, it will be imperative to assess in what areas community members are facing significant diversion from their journey towards economic mobility. How do we assess the compounding effects of COVID-19's impact on childhood education in addition to the potential setbacks created by Hurricane Harvey? What are the long-term effects of these two disasters compounding on top of one and another? How can we begin to transition towards future-oriented recovery efforts that go beyond addressing the immediate crisis and move towards rebuilding persistent, longer-term damages?
- 2) Navigators and integrated service hubs are critical in addressing the recovery and visions of community members. Challenges across issue areas of health, disaster, education, jobs, etc. influence one and another such that barriers in one area will mitigate improvements in another. In Jordan's case, disaster impacted his education, which impacts his ability to navigate a system to get stable transportation, which impacts his ability to work. The ability to pre-emptively assess and navigate the challenge in education at another service point - say at disaster recovery point like a food fair, rental relief, etc. - before he got to the DMV, may have allowed Jordan to be more prepared at this stage of his journey.

## Persona 2:

### Brent, the Caregiver Who Gives It Their All with Little In Return

Brent describes his desire to do more for himself but struggles with the belief that he walks toward his goal alone, receiving little external support from any service institutions. Even so, he fights the thought that “maybe I’ll be stuck like this for the rest of my life” with optimism for his future.

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B: “I’m saying like for the younger generation, yes resources that count [*he is talking about resources for financial security or going back to school*], but for a person from a generation like me...I don’t...I don’t know, I can’t speak on that because really truly I didn’t get my high school diploma. I dropped that, you know, 12th grade, so I can take care of my grandmother.

Yeah so I have been thinking about going back to school and getting my diploma. I’ve also been thinking about going to enhance my mechanical skills, because automotive is like advancing every day, even though I know how to work on cars but you see, I mean, I don’t have a certification that says I’m certified to do that.”

B: **“But my thing is, is that...I’m too scared to go out there, because I have been rejected by loans and grants....mm hmm or you don’t have enough. You don’t have enough increases on your credit.**

I mean I’ve worked so hard to get my credit to go up, but you know I’ve tried to apply for a loan and they told me all the most you can get is \$1,000. That’s not even enough for me to even try to plan to go to school.

You know, they say ‘take this workflow,’ I said okay. They say ‘yeah well can you try senior school to help you do this’ and I said ‘yeah you told me this once before, but then I got rejected’ yeah”

B: **“Yeah you know it’s hard because it’s a lot of people that want to go to school to better themselves, to get a better job...you know, have a better life, but if you go to try to apply what they’re gonna do is deny you.** So there’s a lot of people who go, you know, that are probably in the same situation. I mean they don’t want to take the chance to get them either. Then you get mad, that’s like a failure.”

B: **“And then you just basically stuck where you are at. You just have to just accept okay with this, this is the way I’m gonna be for the rest of my life,** and I mean actually that’s not true...there’s other means that you can be self-employed to do something that you’re good at you know, make your workplace.”

North Star: Brent wants to find a career that will allow him to earn a wage to sustainably support his senior parent and adolescent child while also having flexible enough hours that he can act as their caregiver.

Brent:  
African American  
Male  
40s-50s  
Unemployed

Parent and child  
are both persons  
with disabilities.  
Left existing job  
to be their full-  
time caretaker  
during COVID-19

Near Star: He thinks it would be best to get a certification in his former career. He wants to apply for loans, grants, or other resources to fund his schooling and support his family during this time.

Brent did not graduate high school as he left to be a caregiver for his grandmother

Brent does not qualify for unemployment, as he quit his job to be a caregiver during COVID-19

Brent has been rejected for a majority of relief efforts and sees himself as being perpetually stuck and set-back.

Brent would like more support for his age group and for qualifications on relief packages to consider other factors that could highlight "true need"

Brent would like to develop a stronger sense of community to combat the stress and isolation that comes with caregiving



This persona highlights the following core themes:

- 1) There is a persistent feeling of isolation amongst certain community members, particularly for caregivers of children or persons with disabilities, such that they are put in a position where they have to navigate challenges alone and on limited bandwidth in terms of time, cost, and cognitive load. Even as these community members are making their best effort to access resources - they are still barred often attempting to navigate service hubs with limited bandwidth. It will be imperative that outreach not only consists of increasing awareness of new and existing resources but also integrating opportunities to effectively apply for and access these resources - whether it be through extended application periods, navigators, promotores, community hubs, or trust community groups.
- 2) Additionally, certain recovery interventions can feel exclusionary in that they can be perceived by community members as targeting or being utilized by populations that will have the least barriers to entry in accessing such an intervention - i.e. mainly younger populations with some level of secondary education or the time to devote towards education. For community members who are older adults, seniors, or women seeking non-service oriented positions - there may need to be more tailored interventions where opportunities can be specifically presented to these community members in an effort to tangibly support them in their journey toward economic mobility.



**Note: The following three personas act as an overview on the level of variation that can exist between personas who fall under similar social demographics, i.e. similar income, job status, education level, housing type, available transportation. As income reference, all personas are roughly at the median income for an individual in Harris County.**

### Persona 3:

#### Margaret, the Community Member Choosing Alternative Housing

Margaret discusses her decision to take a different approach to traditional homeownership, as a means to live a more financially stable life and offset the costs associated with typical rent or mortgage payments.

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M: “So a lot of people, they live with their parents. They have had to downsize.

A lot of people here have moved out of the area and they sold their house or they just let their house go because they don't have no money, because the Texas is so messed up” [referring to housing market and costs]

M: **“So what they're doing is, they're buying the campers and the RV trailer and they're going to park but for \$200-\$600 a month at our park and paying less per month then they would in that house - and they're saving a lot of money and a lot of families are doing that right now.”**

M: “When dealing with these people, because a lot of them are officers, some of them are doctors, and in some cases teachers and just regular people, they are not going back into the home because they have freedom to buy whatever they want to buy.

**Their home is paid for, and those whose trailers are not paid for - they're still paying but they're having a lot of more money at the end of the month.**

They said, they will never go back into the home because they are charging so much money, just to have a brick home. You know, that's your home and you can't even do what you want to do because of the home association that tells me what to do and what I can't do.

M: I'm saving up in the future, I will be purchasing myself one too, something for \$100 a month and then with my insurance and all that stuff and then all together i'd be paying like \$600 for everything my utilities everything!”

North Star: Margaret envisions being a homeowner so that she can feel fully independent and finally achieve the American Dream that has been instilled in her as a child.

Margaret:  
African American  
Woman  
30s  
Bachelor's  
Degree  
Employed  
Full Time

She currently  
lives with her  
father and acts as  
his caregiver  
while saving  
money on rent as  
her father's home  
is paid off.

Near Star: She will begin laying out a budget and, using a minimum down payment as a reference, outlines how much she needs to save and how much she can expect her expenses to increase as a homeowner.

The costs of  
caregiving & her  
own health costs  
addressing her  
chronic illness,  
stretch her thin

However, she  
frequently does  
not qualify for any  
support services at  
her income level

She determines owning a home will  
create too much financial risk and starts  
to lean towards alternative housing.

Margaret would like to better  
understand what resources may  
be available to her in offsetting  
her current expenses as she  
considers homeownership

Margaret would like there to be a  
way to potentially reframe  
qualifications for social service  
programs, as she feels her "true"  
monthly income is much lower  
than what appears on paper

Entice

Enter

Engage

Exit

Extend

This persona highlights the following core theme:

- 1) Across conversations with community members, there is unfortunately a consistent theme of needing to have internal risk negotiations as to which of the essential elements for full social mobility they can afford to keep and which they have to let go. For those that wish to secure short-term financial stability, they may have to forgo health insurance. For those who want to ensure their children are personally cared for in a safe environment, they may have to forgo long-term, stable jobs and careers. For those that wish to retain critical health insurance, they may have to forgo the ability to progress toward homeownership. Each element continues to be interrelated, but for community members across the board - housing is often the primary element they must forgo as it requires the greatest level of capital investment. Even for a community member who may be doing everything right, on paper, i.e. has insurance, a stable career, and secondary education - traditional homeownership can still be out of reach. What can we say to someone who is doing everything right but still unable to achieve one of the last frontiers of social mobility? What can we say to someone who is doing everything right but may choose an alternative, more precarious, housing option as a means to gain more economic freedom?

**Note: As mentioned above, Personas 3-5 will be similar when reviewing social demographics on paper but face drastically different sets of circumstances. In addition to this Persona 4 and Persona 5 will act as “extreme” examples. While Personas 1-3 may represent a core group of community members across Harris County that have had their voices heard via an intentional effort to communicate and collaborate with multiple stakeholders in the region, there are still community members who face even greater levels of inequity for whom we have only begun the conversations necessary to map out all challenges & visions. This is reflected in Persona 5.**

**In contrast, there are also community members who have similar social demographics to Personas 1-3, but will face far fewer inequities. This is reflected in Persona 4. It is absolutely wonderful to see community members thriving in the region - this distinction is only being elevated so as to recognize how at a basic intake level of income, job status, education level, housing type, available transportation, etc. - community members may appear similar enough that specialized support is not necessary. Distinctions come through when conversations are had and the nuance behind each community member’s life and the potential inequity they face is more thoroughly examined.**

## Persona 4:

### Thomas, the Community Member on the Path towards Positive Economic Mobility

Thomas describes his experience through the Pandemic, the support he received, and what he hopes for himself in the future.

#### *In Response to the Transition to Remote Work*

T: “Yeah I mean pretty much lived in Harris county my entire life. [During the pandemic], I started working from home - my job’s a lot of computer work and stuff like that so it’s easily accessible. We started working remotely and it just made more sense because everybody can do their job from home”

#### *In Response to Health Access*

T: “Yeah I just live by myself...I mean I live pretty close to a public park if I wanted to go out and walk or run or anything like that.

My apartment complex has a pretty good gym, good grocery store across the street from me, so if I wanted to focus on my diet, I can do that, you know. It’s all available to me if I were to get serious about it.”

T: “I think about it and I’m pretty emotionally, happy-heart healthy. Physically, I mean I just yeah I don’t think there’s really anything....I mean I’ve got insurance that covers the visible the invisible.

#### *In Response to Support During the Pandemic*

T: “My company paid for my time off, when I was sick with COVID...my company helped pay some bills, that I was short on.

### *In Response to Resource Accessibility*

T: “And I mean everything is pretty easy to use. You go on a website and everything's available, but you know, at like the tip of your finger.”

### *In Response to Personal Vision/Goal for Himself*

T: “I’d like to be in a better position at the company that I work for, like promoted, that would make me pretty happy”

T: “Yeah we’re very open about making sure that you have all the training and resources you need made available to you [in reference to receiving training for a promotion]”

**North Star:** Thomas hopes to continue to move up the ladder in his current place of employment.

Thomas:  
White/Caucasian  
Male  
25-30s  
Some College  
Employed  
Full Time

Working remotely  
in a digital  
oriented career  
that allowed for a  
smooth transition

**Near Star:** Thomas will take advantage of training opportunities offered by his place of employment for the relevant promotion he is seeking.

Faced housing  
challenge at the  
onset of the  
pandemic, but has  
recovered

Not currently  
facing any other  
immediate  
challenges

**Not currently facing any longer-term challenges.**

Thomas does suggest that UBI  
or more frequent direct financial  
assistance could create positive  
impact for those in his  
community

Thomas also envisions free or  
reduced secondary education as  
a possibility for creating lasting  
change.



This persona highlights the following core theme:

- 1) Highlights the value in having multiple elements of mobility all moving in a positive direction and the value of supportive systems outside of service hubs - i.e. his employer offering immediate short-term relief. Additionally, again, showcases the variety of personas who on intake may all appear very similar.

## Persona 5:

### Julia, the Community Member who Overcomes in the Face of All Adversity

Julia reflects on the shared experience of trans men and women, LGBT people, and immigrants as they seek to accomplish their goals in the areas of health, jobs & education, and housing.

#### *In Response to Health Recovery post COVID-19*

J: “Exclusion, linguistic barriers, and discrimination. Those would be the three words to describe health in the trans community...many times we go to spaces where linguistic justice is not applied, where they are monolingual, where there is no capacity of bilingual people who can understand each other with their language and mainly and culturally there are never trans people in those positions or LGBT communities in those positions where culturally we can be represented”

J: “The pandemic made us see in what position we exist in systems. We are a battered community; we had many lost, LGBT people and trans women dying because of the pandemic due to lack of care and services. The pandemic deeply affected a lot of trans women, LGBT people, immigrants, and Latinos as they met a lot of barriers to receive services. Others didn’t go to the services because they thought they didn’t have any rights because they were immigrants and undocumented people to get services and resources, and health care systems”

#### *In Response to Accessing Financial Stability via post COVID-19 Interventions*

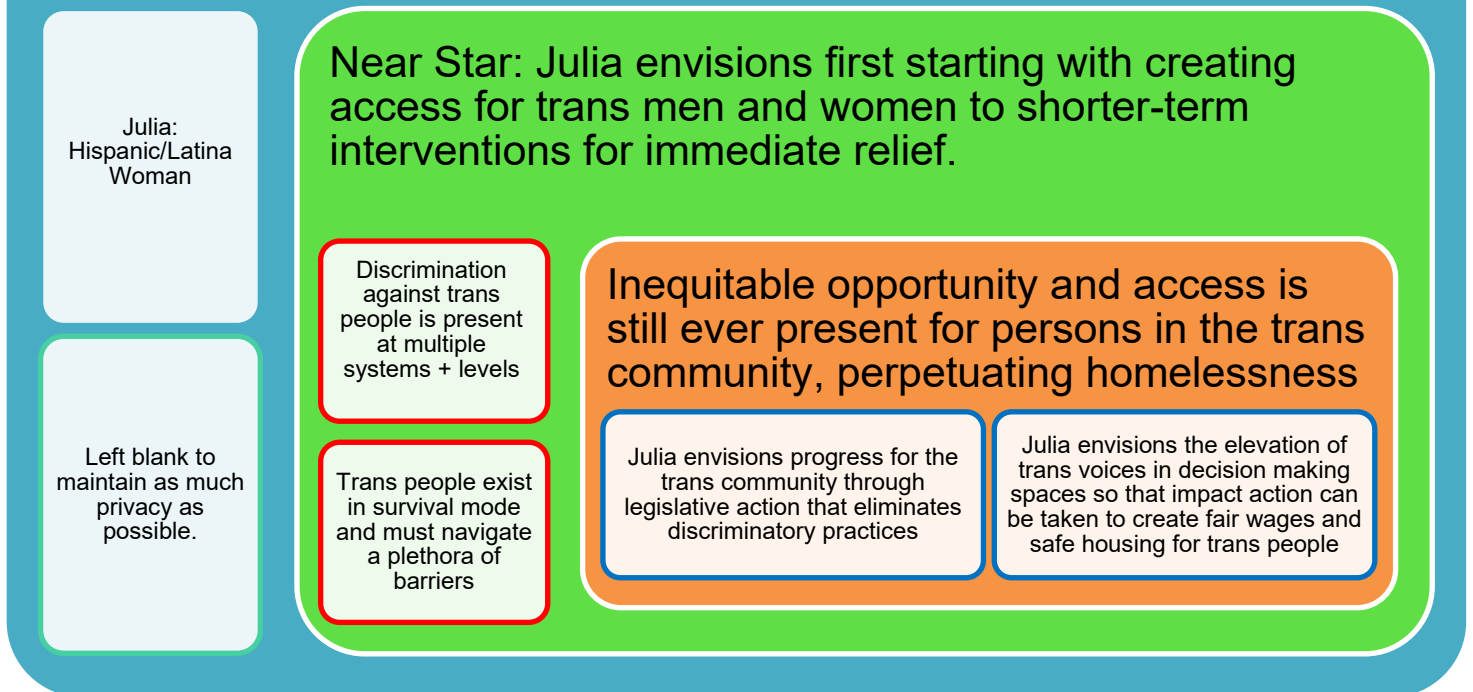
J: “Unfortunately, we don’t have financial stability. Very few within our group can speak of the privilege of earning a salary. Unfortunately, our community has been excluded for workspaces due to discrimination since many of our names do not reflect our gender identity. Salaries are not decent or fair. There are still unjustified dismissals without previous notices or apparent reason why they are being fired, if it is because they are transgender or member of a community”

#### *In Response to Navigating Housing Recovery during COVID-19 and Preparing for Future Disasters*

J: “Yes. The linguistic barrier because I think the website was not in Spanish until later. The second one is that they requested a lot of information. Information the participants didn’t have and mainly because most of these people didn’t have fixed places where to be. They lived with other people so the houses or apartment rent was on other people’s name but it doesn’t mean these people didn’t need the allowance.

J: “It is complicated to ask our community to be prepared in a future when the present is uncertain. Today, you and I may have a place to sleep but outside there are people of color, Latinos, Hispanic, and Trans like me who don’t have a place to sleep tonight. How do we ask them to be prepared for hurricanes or winter if surviving today is a challenge?”

North Star: Julia envisions equitable access and opportunity for trans men and women in the areas of health, jobs/education, and housing.



This persona highlights the following core theme:

- 1) Appreciative Inquiry has allowed us to navigate conversations with a variety of community members from a variety of backgrounds - yet we still only scratch the surface in addressing the needs and visions of community members from even further marginalized communities. Equitable intervention for all people across the County will require even more tailored conversations and interventions so as to ensure inequities are being properly outlined - allowing for strategies to, in turn, develop to address those inequities.

## APPENDIX 1- INTERVIEW GUIDE & METHODOLOGY

Below you will see the interview guide used to walk conversations through a discussion on the topics related to health, jobs/education, and housing. Additionally, you will also see guidance on the general mindset and approach when navigating these conversations - an example being to reframe challenges as opportunities for community members to envision how they would like those challenges to be addressed and what their ideal situation would be for any of those points.

### Intro:

Thank you for taking the time to speak with me! Following the COVID-19 pandemic, Harris County is seeking to understand how to support and uplift the community regarding health, housing, and jobs/education. Harris County wants to hear about your experiences in this community and the ideas you have so that they can make sure their support is based on your vision for this community and truly addresses the challenges you are facing. It will be challenging and we may not be able to do everything we would like, but we will all work together to create positive change. We won't share your name. **Is it OK to record our conversation so I don't miss anything? We will not share this recording, externally.**

### START ZOOM RECORDING

### Consent:

I am now speaking with one of our Community Members. I'm interested in your personal experiences and thoughts on living and/or working in the region, before and during the pandemic, and how you would like to see your community in the future. There are no right or wrong answers and you can stop this conversation at any time. Feel free to pause and think through a question, you do not need to answer right away. You can also ask us to rephrase any questions. As I mentioned, I am recording our conversation so that we can use the information to plan our future work, but your name will never appear on anything we publish unless you give us permission. **Are you happy to continue?**

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### Community Member's Intro:

**Staff** - We thank you so much for giving us a chance to speak with you - we really value all of your comments. Let me share a little about myself so you can get to know me, and then I'll ask you to share a little about yourself.

I work with BakerRipley to do \_\_\_\_\_ (describe position). I've worked here for \_\_\_\_\_ and I really love how BakerRipley \_\_\_\_\_.

*Share your hobbies and interests.*

I'd love to hear a bit more about you. **Can you tell me a little bit about yourself?** [Pause to let them answer before using follow up questions].

*Build on something they mention in their introduction. Connect to some of what they share and with your own experiences. Example follow-up questions. Make note of what they mention and use it to inform how you flow into some of the questions after the “joy prompt.”*

- Do you have a partner? Any children?
- What is something you enjoy doing for fun, on the weekends, or when you have free time? With your kids?

### **Community Member's Joy: (Acts as a framework for Appreciative Inquiry)**

Thank you so much for sharing. I am so grateful you could share that with me. I'd like to learn more about what brings you joy, what makes you happy.

Can you think back to a time when you had a huge smile on your face? This is a time that was so happy and amazing that, when you think back on it, that same smile returns, and your heart is full of joy. **What are you thinking about, what's bringing you that joy?** [Pause to let them think and answer before using probes below]

- What are you doing?
- Why is it rewarding?
- Who else is there?
- Was it a one-time thing?
- *Always prompt with follow-up questions: “tell me more, you said X - what do you mean by that?”*

*With this question, we are prompting Community Members to think back to past experiences and identify why they were successful/good experiences. This will help us recreate the elements of those successful experiences as we plan future solutions*

You just told me about a moment in the past that put a smile on your face and brought you joy. **What is one thing that needs to happen so that you could have an experience that made you even happier than that moment you just told me about?** [Pause to let them think and answer before using probes below]

- What are you doing?
- Why is it rewarding?
- Who else is there?
- What do you think it will take to make those dreams come true?

*With this question, we are prompting Community Members to think forward, using their past answer as a foundation for future thinking. (Backwards, Inwards, Forwards). This can be challenging for complex topics as many Community Members have not had a chance to think about some of these topics. Maybe they haven't asked before, maybe they are focusing on the present moment - we are building Community Members' comfort in sharing their ideas.*

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*As we move into these Focus Area questions - it is very important to prompt our Community Members. We want to keep it general so we do not influence their ideas but we should encourage prompting beyond the first*



*idea. If their initial idea is that they “need to eat healthy”, prompt beyond that initial thought - ask them what does eating healthy mean, has there ever been a time when they could eat healthy, why do they feel they cannot eat healthy now, ask them what resources do they need to eat healthy - probe them to be as specific as possible. Maybe they say they can’t afford to eat healthy - so maybe they want a better paying job (how can we help them accomplish that) or maybe they want a community garden (how can we support building that)*

## **Focus Area: Health**

Take a moment to think about the word “health.” **Tell me three words that came to mind when you thought about the word “health” for you and your community** [Pause to let them think about this before asking probing questions. Assure them again that there are no right or wrong answers. If they only talk about physical health, you may probe to ask about mental health as well.]

*Pick one of the words they said and follow-up. What do you mean by X, why did that word make you think about health? Prompt them to share a personal story related to one of the words, if they do not do so naturally. Keep asking “Whys.” Do you have a memory or experience of X.*

For those three words [*state the three they chose or pick one*] do you feel like you or your family are able to do them now? What are you currently doing? Is there anything that makes it challenging to do so? Has the pandemic made it more difficult to do them? How so?

*While navigating this question - connect folks back to how they answered their first question - to any stories they shared and the values embedded in them. Begin reframing negatives - if we hear challenges, acknowledge them and pivot to think what the alternative would be, that way we make note of the challenges they face and their ideas on how to improve.*

Think about those three words again. Let’s close our eyes and imagine a future where you and your family have everything they need to be physically, emotionally, or mentally healthy. **How are you able to achieve X Y and Z (replace with words they chose) - What has changed in your life? What resources are you able to use?** [Pause to let them think about this before asking probing questions. Specifically, it’s important to know awareness and accessibility - or in simpler terms “how would you know” and “what needs to happen for it to be easy”]

- What kinds of resources are available to you? How do these resources support you? What are you able to do or how are you able to be healthy with these resources?
- What would make it super easy for you to get these resources and to be able to use them? (*Prompt them, is it transportation? Do they need experts to be more integrated in their Community? Do they need incentives to balance the time needed to access and use these resources*)
- How would you like to hear about these resources? How could you easily hear about these opportunities or resources? Would you hear it from your Community Members, community institutions (like churches), online, on the news? (*Prompt them to be specific, is there a specific radio station or channel or app they always use?*)
  - If you heard a story on the news or radio - what are they saying that would get you excited about this opportunity

Now, I’d like for us to shift and think back on these past few months. **The pandemic has impacted so many in our communities, physically and mentally, especially in terms of health.**

**What personal strengths or resources have helped get you through health challenges you faced? Do they need to continue? What type of support is still needed?** [Keep to the topic of health. Pause and let them think before moving on to the probing questions below - make sure when they mention a resource and that they tie it to a specific challenge (i.e. food fairs alleviates food access, support groups alleviates mental health)]

*If they mention they did not receive support - that is just as important to capture why that is. Probe in that direction as well. Was it an issue of the process being too long and difficult? Was it their immigration status? Did they not hear about the resource until it was too late? Did they lack trust in the resource or were hesitant to pursue it?*

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## **Focus Area: Jobs & Education**

*As we move into this area - it is very important to prompt our Community Members. We want to keep it general so we do not influence their ideas but we should encourage prompting beyond the first idea. If they say "I need support with everything" - help them think of specific ideas. Ask them: "why do you say everything?" See what they have to say, what everything means for them. Use some of the information you've gathered up to this point. If they've mentioned children, ask if childcare is part of "everything." Prompt them to move past basic needs. Acknowledge that you understand they need support in that area - but shift and say "Now imagine you had X (basic needs) - what else would you like to have access to?" Try to steer the conversation to their ideas on job education/training for them or support services like transportation or childcare.*

Now I'd like us to shift and think about Jobs & Education.

**What would being stable, financially, look like for you and/or your family?** [Pause to let them think about this before asking probing questions] **What are three things that would help you and your family be more financially stable?** *(Most likely will bring up job/employment, education, or savings - prompt them appropriately)*

Job/Employment Prompts:

- Are there resources that would help you get the job you'd need?
- What would make it very easy for you to find and get the job you'd need to be financially stable?
  - Think about all the time you spend working and taking care of your family - what needs to happen so you can have time to easily use this resource?
- How would you like to hear about these resources or opportunities? How could you easily hear about these opportunities or resources? Would you hear it from your Community Members, online, on the news? - (prompt them to be specific, is there a specific radio station or channel or app they always use?)
  - If you heard a story on the news or radio - what are they saying that would get you excited about this opportunity

Education Prompts:

- Are there resources that would help you get the education or training you'd need?
- What would make it very easy for you to find and get the education you'd need to be financially stable?

- Think about all the time you spend working, running errands, and taking care of your family - what needs to happen so you can have time to easily use this resource? (*prompting so that they can talk about external resources, they may know how they want to better themselves but we can also have them think about external barriers that keep them from using a resources, i.e. they may not have a car - can we provide transportation*)
- How would you like to hear about these resources or opportunities? How could you easily hear about these opportunities or resources? Would you hear it from your Community Members, online, on the news? - (*prompt them to be specific, is there a specific radio station or channel or app they always use?*)
  - If you heard a story on the news or radio - what are they saying that would get you excited about this opportunity

**Prompt for Children/Families:** *use if they have not mentioned anything about their families but made note of their children/family in a previous section or in the introduction*

- What about for your family or your children? What type of support would they need for your vision of financial stability to come true?
- How has the pandemic affected your family's ability to work and learn?

### **Prompts for Business Owners:**

Think back to a time when you felt really good about your business and its success - what was happening? Who was present? What support did you have?

- Are there resources that would help your business be the best it could be? What could help bring you back to that point? What challenges could we remove?
- What would make it very easy for you to find and get the resources you'd need for your business?
  - Think about all the time you spend on your business - what needs to happen so you can have time to easily use this resource?
- How would you like to hear about these resources or opportunities? How could you easily hear about these opportunities or resources? Would you hear it from your Community Members, online, on the news? - (*prompt them to be specific, is there a specific radio station or channel or app they always use?*)
  - If you heard a story on the news or radio - what are they saying that would get you excited about this opportunity

**The pandemic has impacted so many in our communities, especially around jobs and businesses.**

**How has the pandemic affected your ability to work and learn? What resources have helped get you through this time? Do they need to continue? What type of support is still needed?** [Keep to the topic of job/education or business if business owner. Pause and let them think before moving on to the probing questions below - make sure when they mention a resource and that they tie it to a specific challenge (i.e. unemployment benefits alleviates job loss, PPP loan alleviates financial burden on small business)]

*If they mention they did not receive support - that is just as important to capture why that is. Probe in that direction as well. Was it an issue of the process being too long and difficult? Was it their immigration status?*

*Did they not hear about the resource until it was too late? Did they lack trust in the resource or were hesitant to pursue it?*

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### **Focus Area: Housing**

Let's talk about having a secure place to live.

**Could you think back to a time when you were excited to return home after a full day of work? Tell me about that time.** [Pause to let them think about this before asking probing questions]

**Are you renting or a homeowner? Are you interested in renting? Are you interested in owning a home?** [Pause to let them think about this before asking probing questions]

**What would having stable, safe housing look like for you and/or your family?** [Pause to let them think about this before asking probing questions]

**If you would like to be a home-owner - what are three things that would help you start taking steps to owning a home?** [Pause to let them think about this before asking probing questions]

**Is there anything that could happen now that would help you be more prepared to face and recover from future natural disasters, like hurricanes or floods?** Tell me about these.

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### **Finish:**

Thank you so much for taking the time to think through and answer my questions. Your responses were extremely helpful.

**Can you think of anything else you would like to tell us about that we didn't touch upon previously?**

**Would you like to recommend anyone I should speak to next?**

## APPENDIX 2 - FOCUS GROUP GUIDE & METHODOLOGY

General structure for Focus Groups can be seen below:

Themes: Reflect on themes identified in the process and obtain more concrete information from our Community Members and partners to build on each theme.

Intervention Prioritization: Using program areas/components identified in previous conversations and sessions, as well as through the program design process, engage the community in providing feedback on what interventions are most valuable to them (prioritization). Engage them in describing what would make the most important elements their best.

As most community members still felt uncertain about where COVID was heading and did not want to risk in-person gatherings with multiple community members who were not a part of their household - focus groups were held via Zoom as opposed to in-person. This limited the ability to do activities, so a seminar style discussion was opted for instead.

Focus Groups were split into two separate sessions: sessions with community professionals on a particular focus area (health, jobs/education, and housing) that they were an expert on and sessions with community members on focus areas that most interested them. The layout of discussion can be seen below, which follows the general framework of theme reflection followed by prioritization. The outcomes of these conversations informed the report as a whole, specifically in regards to outlining community themes and general recommendations for social mobility.

	Agenda Item	Description
1.	Context + Intro	<ul style="list-style-type: none"><li>● <i>Provide Context for this stage of Community Conversation</i></li><li>● <i>Allow for repertoire building and casual chat</i></li></ul>
2.	Perception of Key Themes from 1-1 Community Conversation	<ul style="list-style-type: none"><li>● Share some of the key themes discussed for a particular issue area, i.e. for health, jobs/education, or housing.</li><li>● Have community members vote on which theme they find to be the most pressing for the region &amp; for their community</li><li>● Discussion around top and bottom ranking items.</li></ul>
3.	Prioritization - Ranking Sets of Visions/Solutions & How They Support Each Other	<ul style="list-style-type: none"><li>● Share the related visions with top voted items from last round</li><li>● Share the related solutions from top voted items last round</li><li>● Come together and rank each vision/solution in respect to one and another</li><li>● Describe how visions and solutions build on each other, if they do at all</li></ul>
4.	Voting on Solutions/Visions	<ul style="list-style-type: none"><li>● Have community members vote on which solution or vision they find to be the most pressing for the region &amp; for their community</li><li>● Discussion around top and bottom ranking items.</li></ul>
5	Close - Out	<ul style="list-style-type: none"><li>● <i>Final thoughts.</i> Recognition and thanks for participating.</li></ul>

## APPENDIX 3 - USER JOURNEY BAR



When designing a product, solution, program, process, or initiative – it is important to consider the entire journey of the community member who will be using your solution. This journey can be broken up into five stages (the 5Es): Entice, Enter, Engage, Exit, and Extend. A red outline around any of the stages of the journey indicates that there is a critical barrier for the community member at that point - which prevents them from moving towards post-COVID recovery, even if services are created and distributed out into the community. Please reference the Design Principles document for key design principles at each of these stages.

**Entice:** How is a community member encouraged to utilize your solution or intervention?

**Enter:** If a community member chooses to utilize your solution – what does the process look like after they have walked through the door, opened the website, called the hotline, etc.?

**Engage:** How does a community member interact with your solution or intervention? Is it multi-step, hours vs days vs weeks, one-time, independent, collaborative, etc.?

**Exit:** How do community members leave the process or intervention? Consider from the perspective of service completion and early disruption prior to service completion.

**Extend:** After a community member has exited the intervention or solution – what happens next?

## APPENDIX 4 - PRECINCT 1

### **Mental Health: Spiritual Wellness as Touch Point for Mental Wellness**

While community members recognize there is a growing trend towards acknowledging and addressing they or their families mental health - there are still inhibitors to doing so, mainly cost, adverse reaction to methods of medical professionals (i.e. perceptions that medication is over utilized and overrides the natural behavior of their family member), and the perceived time needed to commit to tackling mental health in a professional setting. In contrast, community members do rely on spiritual institutions or spiritual leaders as a means to navigate their emotional state and reflect on what they can do, through the guidance of their spiritual leader, to better manage their current feelings of anxiety, depression, stress, etc. These are examples of community members being more comfortable in utilizing a resource when it is familiar to them, a welcoming environment, are not perceived as lesser for doing so, and built into a trusted community institution. There may be value in partnering community health workers with spiritual leaders, over time, in a similar capacity that community health workers or social workers pair up with police and fire departments in various parts of the US.

### **Health & Employment: Regarding Insurance, Urgency Trumps Longer-Term Options**

While community members who are seeking employment do wish to factor in health insurance provision by employers as a key decision point for them, they often have to prioritize what will come quickest, even if that means selecting a job or career with a less than stellar insurance plan. They do not have the ability to select career pathways that would offer more versatile insurance with more useful options for their families if that job requires a year of working to gain access to that level of coverage.

### **Jobs & Education: The Toll in the Union Between Family & Small Business**

As small businesses owners navigate recovery during COVID-19, not only do they mention resources necessary to recover from the financial losses imposed on their business but also on the emotional and mental fracturing that may have occurred between family members who ran businesses together, often without a formal payment structure in place. The stress and feelings of hopelessness and failure exacerbated challenges faced by small businesses as they worried about the prospect of the failure of their business but also the damage they may inflict on their family members. Small business owners frequently described a desire to connect with other small business owners to not only navigate the capital side of their business but to also discuss how they personally navigated these stressors, hinting at another point in which multiple service points could be integrated at service delivery for traditional capital support for small businesses.

### **Housing: Quality of Housing**

There is an important distinction made when community members discuss homeownership as the ideal be all end all; it is the distinction that this homeownership be rooted in quality communities that offer a variety of resources for their family, that the home itself offers appliances and layouts that will alleviate burdens rather than create (something as simple as having a washer and dryer in house so they do not have to make the trek to the washateria), and that it is rooted in *safety* - free from the burden of crime as a source of fear and as a source of exposure to their youngest family members. In some instances, community members had the opportunity to have homeownership within their local community in Precinct 1 - but chose to move the family to

communities outside the loop and the beltway in the hopes for not only greater affordable housing but also housing with greater physical space, community investments, and reduced crime; suggesting, that building up affordable housing in communities is the first step, with investments as the close second, otherwise community members will still consider other options outside the precinct.



## APPENDIX 5 - PRECINCT 2

### **Mental Health: Isolation and Increased Stressors for Caregivers**

Families face increasing pressures that negatively impact their mental health. Parents, acting as caregivers to both their children and potentially to seniors or persons with disabilities in their household, were already facing difficulty meeting basic needs for their household – and this challenge has only compounded with the COVID-19 pandemic pushing them into unemployment, reducing or emptying their savings, and challenging them to work towards economic recovery. These stressors, tied to financial stability, create a mental toll on caregivers within families, leading them to greater levels of anxiety, depression, and, in some cases, suicide.

### **Mental Health: Disconnect and Lack of Trust in Professional, Medical Support**

For caregivers, there can still be a stigma associated with seeking professional, or even informal, support for their mental health crisis. One, there is a perception that families should not air their grievances to the public, two, there is a desire to not be seen as “problematic” or “sick”, and three there is still a significant trust gap between mental health professionals and community members – with community members believing mental health professionals will not “listen to them, listen to their reality” while mental health professionals may still struggle working with a “non-traditional” population, i.e. an *absence* of cultural humility.

### **Mental Health: Lack of Access to Professional Support Due to an Absence of Professional Support**

However, crossing this bridge only leads to another gap as there is an overwhelming *absence* of professional medical institutions within Precinct 2. One engaged community member stated that there were only two therapists present across the precinct and that the only large-scale hospital with specialized services was removed after Harvey in 2018, meaning community members must travel to central Houston to even have access to critical labor and delivery services, much less mental health services.

### **Mental Health: The Community’s Existing Response**

In response to this *absence*, Precinct 2’s *community vitality* activated with local leadership and community institutions within the surrounding area making great efforts to develop accessible and trusted resources to support caregivers and youth in three ways: promoting mental health awareness, creating inventory touch points for basic needs, and elevating identity and self-worth of youth. For example, the East Harris County Empowerment Council holds suicide awareness events that integrates vendors who aggregate community need and work to develop a response.

### **Mental Health: Isolation of Youth**

These challenges are not isolated to parents – with a combination of youth and opportunity youth facing similar bouts with isolation, difficulty establishing identity, and a lack of accessible and inviting enrichment programs.

COVID-19 has only compounded a sense of isolation amongst youth – not only postponing or eliminating many of the traditional coming-of-age opportunities for youth but also making it increasingly difficult to openly talk about some of the personal challenges there are with one community member describing these compounding stressors as “bondage” for youth, keeping them captive and preventing them from actualizing themselves.

## **Absence of Opportunity for Youth**

Community members describe an *absence* of traditional enrichment programs or mentorship opportunities within the community where youth can see themselves in the eyes and experiences of role models. There are no community-wide, community-based organizations that offer youth programming with even the YMCA either seen as too expensive for families to utilize consistently and or lacking in adequate funding.

## **Community's Response: Engaging with Youth**

In response to this *absence*, Precinct 2's *community vitality* activated once more – with local community leaders creating opportunities for young Black girls to celebrate themselves in a healthy manner, banding together to create a variety of local little leagues, recreating groups from their youth focused on community engagement, and creating short-term mentorship opportunities that allow mentors to not only offer insight towards self-growth but also listen to problems and mistakes made while also sharing their own.

## **Financial Security: The Balance Between Mental Health & Economic Opportunity**

Community members describe a link between their mental health and their financial security. The follow-up question then becomes, where can community members go to take steps to work towards greater levels of financial security.

Community members acknowledge building up financial literacy, specifically amongst the youth, such that they can learn the value in saving or building assets – but ultimately state that saving money is not necessarily feasible when most of the community is working intensively to just meet their basic needs.

Therefore, community members make note that families need to be given an opportunity to upskill – get certification or a technical degree so that they can participate in local industries, whether they be within large refineries or some of the small businesses that populate the precinct.

## **An Absence of Skill-Building and a Lack of Equitable Investment by Local Industries**

The challenge, however, for community members is again rooted in *absence* – there are few locally accessible organizations that offer certification. Further, time and time again, community members describe an *absence* of investment from local industries into the communities where they set up shop. They note that local industries or small businesses do not make an effort to train or hire locally – choosing to instead hire employees from outside of Precinct 2, meaning investments and economic opportunity leaves Precinct 2 once those employees return to their homes outside of the precinct.

Sustainable economic recovery, post COVID-19, will be a difficult feat with investment into the population already living in precinct 2 when existing opportunities benefit those outside of the precinct.

## **Precarious Housing: A Systemic Challenge**

Ultimately, factors related to both mental health and economic challenges compound themselves around housing as well. There are three issue areas in place as it relates to housing: lack of affordable housing, folks transitioning to more precarious housing situations, and lastly the prevalence of homelessness – particularly in abandoned spaces.

As financial security becomes an increasingly more difficult goal to achieve, stressors associated with ensuring their family has access to housing will not result in eviction or a default on mortgage compound. Old and new housing continues to be unaffordable for most families – so, in order to alleviate stressors by ensuring basic needs are met and eviction does not become an ever present, looming issue – families choose to move into mobile housing units where they will see themselves as having greater economic freedom even if the housing situation is potentially more precarious to the annual disasters the county faces.

In the most extreme circumstance – individuals are pushed into homelessness as evictions increase, financial insecurity rises, or mental health challenges compound with no remediation.

### **The Limits of Local, Community Vitality – Encouraging a Response from Larger Systems**

Precinct 2 is an incredibly tight knit region, despite being so vast in size – multiple community members outline the inherent *community vitality* of the region as leaders and local institutions come together to make their best effort to address the challenges facing their communities in a manner that is culturally respectful and built on trust.

Note, however, that for the remaining two focus areas – those having to do with financial security and housing – community members were not able to describe a local solution, often stating that larger systems needed to be incentivized to make change. What is the balance between localized efforts, individual responsibility, and the responsibility of larger systems?

## APPENDIX 6 - PRECINCT 3

### **Healthy Eating and Food Access**

Community members identify nutrition as an essential part of their health and well-being, often identifying general healthy foods (i.e., fruits and vegetables) and unhealthy foods (i.e., processed foods and sugary beverages). They describe their attempts to incorporate healthier foods into their diets and their family's diets, however, there are barriers, such as time constraints, costly healthy foods, physical disabilities, lack of transportation, lack of health education, and ineffective practices of healthy eating.

Natural disasters and emergencies, such as COVID-19 and the winter storm, exacerbated these barriers and added unique barriers (i.e., panic buying), increasing risk for hunger and unhealthy eating. Paying rent and other bills is frequently prioritized over buying food with financial insecurity. Thus, some community members have depended on drives, deliveries, and financial assistance from schools, churches, the Houston Food Bank, and BakerRipley to access food during dire times – with healthy eating typically lacking priority.

Community members suggest keeping the level of availability of food drives and financial assistance even after the pandemic and other natural disasters to continuously support families experiencing financial hardships and combat hunger.

### **Mental Health: Impact of COVID-19**

Throughout the pandemic, there has been confusion and fear surrounding the spread and the true depth of COVID-19's impact. With fluctuating unknowns, the continuous news of mortality rates, along with other social/economic effects of COVID-19, community members often describe their mental health and the mental health of others as being challenged and impacted negatively. Generally, they discuss fear of being infected or their family/friends being infected with COVID-19, and ultimately developing serious health complications or even dying.

Community members that practiced and/or continue to practice prevention protocols note hardships due to the lack of social interactions and limited activities. This, in addition to learning how to navigate a new lifestyle in the pandemic, have created stress, anxiety, and depression. Very few have reached out for mental health resources/services since most are generally unaware what is available or accessible to them.

For those that have been infected with COVID-19, it was described as an overall stressful situation. Many families depend on the income of jobs that do not provide sick time or flexibility to miss work. The inability to attend work, thus losing significant income, created stress. For those that experienced loss, suffer from grief. Regardless of whether they lost friends and family directly because of COVID-19 or for other indirect/unrelated reasons, searching for mental health resources is daunting or difficult during a pandemic.

### **Health: Barriers to Healthcare**

Community members value their health and wellbeing, often referring to it as one of the most important aspects in life for themselves and their families. Most believe it is important to do annual checkups and practice any proper care to prevent or maintain any chronic diseases.

Overall, health insurance is seen as key to medical care/services. Some community members mention accessing services from resources, such as the Gold Card and Aetna. Adults often get insurance through their work.

Barriers to having health insurance include having a job that does not provide benefits or not having a job/income to be eligible to apply to available insurances. Many community members have been told they are not eligible for various reasons, some of which are not understood, or they do not think they would be eligible, especially immigrants. Without health insurance, many community members perceive health care as too costly, thus, they prefer not to seek services. They wait until it is urgent to go to a clinic or see a physician of any sort. Many parents express prioritizing health insurance for their kids over themselves if they have any.

Aside from insurance, community members identify other barriers to accessing healthcare. Some express not feeling valued or listened to by physicians. Some perceive a higher prioritization to make profit by pushing the use of medicine, which oftentimes are expensive prescriptions, rather than treating the root of the problem. These issues create a trust gap between community members and the healthcare system. Additionally, they note an issue with timeliness of services, specifically with having to wait a significant time for their appointments.

Community members thus believe at-home preventative health practices are important, to avoid the need to utilize expensive services/resources through proper nutrition, exercise, and positive emotional health. Some utilize alternative cheaper resources to attend to their health. This includes buying medicine or seeking health services in their country of origin at more affordable costs.

## APPENDIX 7 - PRECINCT 4

### **Health: Alternative to GoldCard**

Multiple community members described a desire for an alternative as a supplement to the Gold Card as they once found it beneficial for certain members of their household - while also creating similar bottlenecks of delayed service and unmanageable incurred cost for their family. While the Gold Card is the most accessible form of health insurance for low-income community members, the delays in service when factoring in the cost make it difficult for community members to see the value - it can feel like checking off the box that they have insurance but without feeling the positive impact of having insurance.

### **Health: Union between Financial Stability and Health**

Again, a consistent message was the union between financial stability and the ability to be healthy, i.e. seek healthy alternatives, pay for specialized health services or care, take the time off from work to utilize services, etc. For multiple community members, it felt as though they had to “qualify” to be healthy, so to speak, such that the ability to take care of their health wasn’t something they were allowed to do - rather it was a luxury that made itself available to those who could afford it.

### **Jobs & Education: Awareness of Living Wage Alternatives**

Community members across the precinct have become more and more aware of the prospect of a living wage particularly where it is made available in the nation vs where it is not, with community members from specific industries citing other states where wages start at a living wage for their particular career field - leaving them to wonder if there will be efforts made locally to incentivize their industries to transition toward a living wage or if they should be more proactive in seeking careers, like those hosted by Amazon, to receive a living wage salary - stating that it is increasingly difficult to justify working for traditional \$7.25/hour wages.

### **Jobs & Education: Small Business Owners Perspective on Distribution of Business Resources**

Community members noted the value of efforts made by the national and local governments to keep small business afloat during the pandemic; in particular, they were able to apply for and utilize recovery resources due in part to having established relationships with local mentors or business coaches who guided them through the process once they reached back out to them for the support. They did note, however, that from their perspective most recovery efforts were being distributed from the City of Houston rather than Harris County - meaning they would not be able to qualify for needed recovery efforts if they lived in the County but not the City. They hoped the County could be a distributor of funds at another junction or that messaging was made clearer of such opportunities.

### **Recognizing Small, Manageable Wins**

Community members noted that it was difficult to ascertain if they were moving in the right direction towards whatever vision or goal they had laid for themselves as disruptions from their day to day life or from disaster can happen so frequently. They described the idea that, internally, it would be valuable to know when they were making concrete steps towards their goals - i.e. how they could overcome the disheartening feeling that they were stuck in a rut with opportunities to recognize the manageable wins they had accomplished up to that point.

## APPENDIX 8 - GENERAL DESIGN PRINCIPLES ACROSS THE JOURNEY BAR

When designing a product, solution, program, process, or initiative – it is important to consider the entire journey of the community member who will be using your solution. This journey can be broken up into five stages (the 5Es): Entice, Enter, Engage, Exit, and Extend. Below, we offer principles that can potentially inform the design of your solution. Each principle is informed by conversations with 200 unique community members – each detailing their challenges and visions for themselves.

### **Design Principles**

*Entice.* How is a community member encouraged to utilize your solution or intervention?

- Having one standard form of messaging is no longer enough to reach a diverse audience. Consider the different audiences that you want to hear about your solution or initiative and tailor messaging to meet them rather than having them seek you out.
  - How do they hear about the solution? From whom?
  - Is it in multiple languages? Is it described in a plain and accessible manner? Friendly & welcoming language that is inclusive and not lecture oriented.
  - Is it communicated via avenues they frequently utilize or already trust?
  - Are there forms of communication they do not have access to?
- Consider meeting community members “where they are ” as much as possible. This means thinking about areas they already frequent, places they visit on a recurring basis for a particular task, or places they already have a strong sense of trust towards.
  - Resource centers – Food Bank, Salvation Army, Library, etc. (While in line at the food bank)
  - Community institutions – Churches, Well-Connected Schools, Community Centers/Parks, Engaged Small Business, etc. (Church leaders share key information or include information in their weekly newsletter that is distributed at the end of service)
  - Service sites – DMV, Clinics, Grocery Store, METRO, etc. (METRO staff trained to share messaging and sign folks up at key metro stops)
- Consider that community members have a series of daily, pressing obligations they must meet to avoid crisis situations.
  - Does a community member think it is worth an investment of time and effort to utilize this solution?
  - What phrases or concepts can highlight the value of your solution?
  - What is the short-term gain that provides stability towards any long-term gain that may require more investment? Reflect back on any of the Personas discussed and consider what it takes for them to navigate a resource.
- Remember that community members may be going through “loss and rejection fatigue” – how many times have they sought out a resource and been barred, rejected, or left in a state of confusion? How can you assure them this risk is mitigated? How can you ensure they do not preemptively remove themselves from the process due to a belief they will be ineligible?
- Consider how a particular resource or initiative is often perceived by a community?
  - Does the space or process encourage them to attend?
  - How can the space or process be made to feel welcoming and familiar?

- Does the space highlight this service as helpful rather than burdensome?
- Are they perceived or made to feel like a burden for utilizing this resource? How are they greeted when they do choose to connect with your intervention? How can normalize the utilization of this resource or make them feel valued?
- Lastly, do not assume that there is a “default” community member – it is equally important to consider community members with unique challenges that create additional layers of separation from your solution (seniors, persons with disability, English-language learners, persons without transportation, etc.)

*Enter.* If a community member chooses to utilize your solution – what does the process look like after they have walked through the door, opened the website, called the hotline, etc.

- Consider the potential barriers, both internal and external, that may inhibit a community member from taking the first step. Community members have a series of daily, pressing obligations they must meet to avoid crisis situations.

*Create as few barriers to entry as possible or minimize existing barriers as much as possible. Make navigation as simple as possible OR have experts who can support navigation in as many places as possible.* “If you build it, they will come” – not necessarily true; instead how can we consider how to design bandwidth or capacity for increased attention/time for individuals with complex barriers?

- A community member may have a limited number of assets that may not be traditionally thought of as limited. Is it worth their investment of that asset to enter – can that investment be reimbursed or mitigated?
  - Example: If a community member has a limited number of minutes or data on their phone – is it worth spending an hour applying for a resource when they may need those minutes for work or their family. How could this be circumvented?
- Localize solutions as much as possible – minimize the amount of transportation time required to utilize a solution. If the development of new, physical space is not possible – create proxy, temporary spaces or introduce staff at trusted or frequently utilized, local locations.
- Ensure cultural humility is ingrained as much as possible. Recognize that different cultures and groups have different communication styles, attitudes, rules, etc. and tailor to that as much as possible.
- Recognize there is process/application fatigue for community members – yours is not the only solution or recovery effort they may be applying for.
  - Are there integrations between other recovery efforts or solutions that combine data pools so some information can be carried over?
  - How can you make the process as easy as it can be while also acknowledging wins/successes at each step of the initial phases of the process?
- Recognize that community members may be facing stress, grief, depression, etc. and are struggling to continue to seek out support. How can you integrate alternative entry points via family, friends, caregivers, trusted community members, etc.? Are these individuals prepared to manage grief and challenges of community members?

*Engage.* How does a community member interact with your solution or intervention? Is it multi-step, hours vs days vs weeks, one-time, independent, collaborative, etc.?



- Create as many integrations as possible to facilitate ease of engagement as well as multiple avenues of engagement.
  - How can you integrate local institutions or trusted centers, business, hubs, etc.?
  - If you are developing an intervention that promotes movement of individuals to an industry, to a clinic/health center, to a financial institution, etc. – how can you incentivize those institutions to be integrated into your intervention or solution so that there is an immediate bridge between community members and institutional resources?
    - How can we split the burden between the individual and the institution?
    - How can we encourage the individual to do all that they can to recover while also encouraging institutions to do all they can to be a part of that recovery?
  - How can you integrate multiple resource types at one place so engagement is made easier – i.e., can you have community health workers and financial advisors present at the same intervention? Can community health workers be present at a tax consult for child tax credit to provide information on accessible child care or health clinics?
- Consider that in today's world of information dissemination, it is difficult to manage truth from fiction. Integrate experts or institutions within communities as a proactive measure toward building trust. There are local experts in the areas of health, finances, and housing who are seeking opportunities to connect with community members to begin breaking down false narratives and build up trust in their institutions. How can that be facilitated?
- Additionally, begin building bridges between institutions and communities. How can we encourage banks, for example, to have representatives speak at common community hubs.
- Ensure cultural humility and best practices are interwoven across all staff and processes that the community member will engage with.
- Ensure staff are continually versed with updated processes, procedures, and FAQs. Community members describe frustration in seeking clarification on potential rule changes that may affect them and being met with uncertainty.
- Additionally, ensure staff are trauma informed and able to navigate community members towards immediate crisis interventions.
- Reduce levels of formality. Community members may feel intimidated engaging with a highly formal intervention – it is worth reframing the intervention or solution to be family friendly, community-oriented, casual, activity-driven, etc.
- Additionally, develop methods for ensuring that re-using or having to return to an intervention is not negatively perceived but rather part of the process of goal accomplishment. Community members share that it can be frustrating and create a sense of failure to have to continually return to an intervention or solution site.
- Manage expectations. Be up front about the process, potential pitfalls, duration, etc. – but also highlight small, manageable wins as a path toward overall success. It makes a world of difference in motivation for a community member to have a “small” win, like making a call and setting up an appointment with a bank, acknowledged and celebrated.

*Exit.* How do community members leave the process or intervention? Consider from the perspective of service completion and early disruption prior to service completion.

- Consider integrating connection points for other areas of intervention even at conclusion – it is likely that if a community member is seeking support in one area that they will need support in another. Whether they do or do not utilize or qualify for the service - can you preemptively capture information at this close-out and direct them to another stage for recovery or crisis management?
- Mitigate rejection fatigue. Are there bare minimum benefits that community members can receive even if faced with rejection? Can they be integrated across interventions?
  - If rejection does occur – can there be quick and immediate referrals to other systems with portions of the application process streamlined.
- How can we establish a new approach to qualification for community members in seeking interventions? Is it possible to develop layers of qualification that coincide with varying levels of support from the intervention? How can we ensure support is being equitably distributed?
  - Although two households may be at median income – the structure of the household and how much they lie alongside the Social Vulnerability Index can vary greatly between the two. Is this being captured when individuals do not qualify and have to exit the intervention?

*Extend:* After a community member has exited the intervention or solution – what happens next?

- Develop easy, feasible and equitable (meaning they get an added benefit per referral) methods of information dissemination by community members who have utilized this service or intervention.
  - The most frequent means by which community members hear about a service, resource, or intervention is from other community members.
  - It is, of course, helpful for trained individuals (like promotores) or local leaders to share information – information dissemination by community members will be the most effective.
  - What benefits can community members be offered to encourage them to share out information and be an initial contact point? How can this information sharing be made as easy as possible? Example: can a sample WhatsApp message be created that a service provider can text the community member by which they can share through their WhatsApp channels?
- There may be value in ensuring certain interventions are frequently occurring rather than present only in response to disasters or major disruption events.
- With the consistent occurrence of natural disasters annually across the County - develop proactive measures that engrain disaster preparedness across multiple levels of service interventions and across different areas (not just housing – but financial recovery and health recovery, i.e. mental health post disaster).
  - Additionally, proactively develop key functions that are to continue to occur post or during disaster.
- Integrate. Integrate. Integrate. As mentioned previously, how can support areas from different fields be integrated with one and another?
- Develop an approach that begins to shift community members from crisis management towards accomplishment of long-term goals. Most resources are crisis oriented or short-term in nature, can we begin laying the foundation for longer-term support across communities.

**Major Barriers Across Populations & Interventions** | Regardless of what solution or intervention is proposed and regardless of which area (jobs/education, health, housing) an intervention is supporting – the following act as consistent barriers to complete service delivery.

- *Personal Well Being (Physical, Mental/Emotional Health)*: If community members have low levels of wellness – their primary challenge will be managing their day to day lives and the day to day lives of their families. It will be very difficult for them to pursue external interventions considering application fatigue and cost-benefit of time invested vs likelihood of not receiving support. Simply put – you can't do much if you are sick or not emotionally well. Large-scale interventions towards wellness across key communities must occur if movement towards longer term goals and recovery is expected to occur.
- *Perpetual Disaster and Emergency Management*: With a natural disaster occurring nearly every year, including newly emerging disasters that have not traditionally affected our region (the winter storm) – low-income community members will be perpetually recuperating from disaster and in crisis management mode. This will make it consistently difficult for community members to move towards longer term goals outside of crisis management. Disaster preparedness may need to be in place for a multitude of interventions outside of traditional recovery interventions.
- *Social Capital*: Network and social connections are critical for community members to hear about new interventions, new opportunities, and to be open to navigating new solutions or make movement towards long-term goals. Isolation promotes continued isolation and can place families on a lone island. Investment in stronger community networks, outside of those that develop during disaster, with greater integration of experts will be needed for each community sector to have a strong network of support.
- *Basic Needs: Savings, Transportation, Childcare, etc.*: Community members will consistently face challenges around management of income, ability to travel across the County for services, and managing childcare in order to utilize services with greater levels of commitment – hence the need for developing as many local solutions as possible, incorporating direct assistance as often as possible during recovery, and integrate services in one venue as often as possible.
- *Qualification Cut-Offs & Managing Assistance*: As emergencies, families, households, disasters, debts, wages, costs of goods and services continue to diversify and evolve – it will be increasingly difficult to promote equitable distribution of interventions with those falling in the Asset-Limited, Income Constrained bracket potentially being excluded while those who do move upwards towards economic mobility losing access to other public benefits – ultimately putting them in a more precarious situation than before.
- *Perpetually Excluded Populations*: Lastly, there will be groups, namely immigrant populations working towards citizenship and individuals with criminal history who are working towards a return to community integration, who will be perpetually excluded from interventions based on existing qualification requirements. Is there a means to elevate private organizations that do the work to support them - as to promote stability in the homes and communities these folks are a part of?