



The Families and Children Who Live in the Buena Vista Mobile Home Park

Report of a study conducted by

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As faculty members of the Graduate School of Education at Stanford University, we would like to share with the broader civic and academic community the results of our recent research on the educational and health status of children who live in the Buena Vista Mobile Home Park in Palo Alto. We developed this study as we became increasingly aware of unanswered questions that are central both to the specific issue of the future of Buena Vista in Palo Alto, and to the broader issue of the impact on children from traditionally disadvantaged economic and ethnic backgrounds of living in socioeconomically advantaged communities such as Palo Alto.

History of the Buena Vista Mobile Home Park

As described in a 2008 article published in *Palo Alto Online*,

“Buena Vista began as a tourist camp for travelers, part of a 5,392-acre property purchased by R.E. Ashley in 1926... During World War II, primitive hookups for trailers went in, housing war workers and people associated with the army camp on Page Mill Road or Moffett Field... The park settled down into a permanent trailer camp in the 1950s.”¹

Buena Vista has been part of Palo Alto for nearly a century. In the latter part of the 20th century the park transitioned into a source of permanent affordable housing for low-income individuals and families. Most of the individuals and families who live in the park now own their mobile home, and pay the owner rent for use of the space and for shared utilities.

Buena Vista was part of a city controversy in 2000, when park residents appealed to the City of Palo Alto for help in the face of rapidly rising space rents imposed by the Jisser family, who had purchased the park in the 1980s. The City responded by limiting rent increases, and by enacting the City’s Mobile Home Park Conversion ordinance, Chapter 9.76 of the Municipal Code.² As permitted in that ordinance, the Jisser family announced in 2012 their intention to close down the Mobile Home Park and sell the land to a commercial developer, intended for redevelopment as rental housing for high-income workers.

The discussions that have arisen both within the City of Palo Alto government and in the Palo Alto community more broadly in response to the proposal to close the Park have highlighted a central issue – a lack of information about who the people are who live in the park. As described by Gennady Sheyner of the *Palo Alto Weekly*, “much remains unknown about the community, including the exact number of people living at the park, the percentage who have special needs or disabilities... That information -- or lack thereof -- has become key...”³

The need to learn more about the children of Buena Vista

As the controversy surrounding the proposed closure of Buena Vista has grown following the owners' announcement of their plans to close the Park, we became aware of a core issue that has come up repeatedly, but about which almost no data were available. Who are the children who live at Buena Vista? How many children are there? What ages are they? Where do they go to school? What types of health problems might they be facing?

Public discussions regarding the families at Buena Vista have highlighted two facts: nearly all the families living there are considered to be "low-income" by government standards; and most of the families with children in Buena Vista are Hispanic. These facts raised concerns, based on our experience with and knowledge of low-income Hispanic children in California. Throughout California, Hispanic children in low-income families face challenges of school readiness and school performance, with resulting lower rates of high school completion and college enrollment. In Silicon Valley, 29% of Hispanic high school students drop out of high school before completion.⁴ Similarly, low-income Hispanic children, especially those in immigrant families, are more likely than other ethnic groups to lack medical insurance and to lack a regular source of medical care.^{5,6}

Previous research in New Jersey has shown that, when the families of low-income minority children from disadvantaged communities are able to move into affordable housing in more affluent communities with higher quality schools and other similar amenities, the children are able to benefit substantially from these resources.⁷ This has raised the question of the types benefits the children in low-income families at Buena Vista have been receiving as a result of their living in and going to school in Palo Alto. In order to answer these questions, in 2013 we initiated a research study of the children who live at Buena Vista and their families. This report describes the results of that study.

Research design

We began to discuss these issues in the fall of 2012, when the controversy over Park closure first arose. In order to explore the issues raised by the potential of Park closure, we undertook two steps:

1. We organized a research seminar for undergraduate students at Stanford who might have an interest in these issues, especially encouraging students with a bi-lingual Hispanic heritage to participate;
2. We submitted to and obtained approval from the Stanford University Institutional Review Board⁸ for a research study of the families at Buena Vista.

Given our professional interest in children, we focused this initial study only on those families residing at Buena Vista who had children age 18 or younger. We were aware that there were some individuals older than age 18 who had lived in Buena Vista as children and were still living there at the time of our study. However we elected not to include these young adults in our targeted study population.

Beginning in January 2013, we convened a weekly class meeting of eight Stanford students, all of whom were conversant in Spanish and had been raised in a Hispanic family. All students also had undergone training in research involving human subjects, as required by Stanford University of all researchers conducting this type of research. As a first step in the research, the

students, in groups of two or three, visited the Park and began conversations with the families there. The general focus of this phase of the research was to address two broad questions:

- a) Who are the families with children living at Buena Vista?
- b) What are their current needs regarding the education and health of their children?

The students recorded the content of the general discussions they had with the families, and discussed these findings in weekly class meetings. On two occasions, the faculty and students from the class met over a pizza dinner with high school aged children at the Park, discussing with them their perceptions of the educational and health aspects of living in Palo Alto, and the potential implications for them of Park closure.

Based on the findings of this preliminary research, we engaged four of the students in the initial class to undertake a formal survey of the adults in each family at Buena Vista who had children living with them. The survey focused on three general issues: the demographics of the children; the educational experiences of the children; and the health needs and experiences of the children. This report provides a description of the findings of that research.

Research results

Demographics

Based on information provided by Park residents, we were able to identify 115 separate rental units at Buena Vista. Approximately 13 of these units are rental apartments owned by the property owner, with the remaining 102 units owned by the occupants or other parties separate from the property owners. We were able to complete interviews with adults in 67 families, each with at least one child age 18 or younger. We contacted residents at 42 additional units, who confirmed that they had no children living with them. After numerous visits to the remaining units and inquiries of neighbors, we were informed that the residents of these units had vacated their trailers. We are thus confident that we were able to obtain 100% participation in this study of families at Buena Vista with children.

We determined that a total of 129 children live in these 67 families. The average age of these children is 9.5 years (median age 10 years). The youngest was 12 months or younger, while the oldest was 18 years. The 75th age percentile was 14 years, while the 25th age percentile was 5 years. Sixty-seven (52%) of the children were female, while 62 (48%) were male.

We did not explicitly ask survey respondents to identify the race or ethnicity of their children, as there is confusion among many Hispanic families as to what these categories mean. Nevertheless we estimate that more than 90% of the children in Buena Vista are Hispanic. Of the 67 adults who participated in our survey, 52 (78%) requested that the survey be administered in Spanish. From conversations with respondents, we were able to determine that the largest ethnic group among the Hispanic families was Mexican Americans. Of the non-Hispanic families we spoke with, one was non-Hispanic white, two were Asian, and one was Pacific Islander.

Most of the parents we interviewed are employed in Palo Alto or in the surrounding communities of Mountain View and Menlo Park. Most work in service positions such as child caretakers, house cleaners, restaurant servers/cooks, maintenance/construction, and other local businesses. A majority of parents have lived in Buena Vista between 5 to 20+ years.

Educational experiences of Buena Vista children

Table 1 shows the grade distribution of the children in the study. Twenty-eight of the children were not enrolled either in school or in a preschool. All of the children not enrolled in school were age five or younger. All other children living at the Park were enrolled in school – either in a K-12 school, a local college, or (in the case of one 18-year old student) in Palo Alto adult school. We were unable to identify any of the children (age 18 or younger) as having dropped out of school. This is in contrast to the high school drop out rate of 29.3% among the Hispanic high school students living in Silicon Valley, and 26.7% among Hispanic students statewide.⁴

The specific school attended by these children is shown in Table 2.

Grade in School	Frequency	Percentage
Not in School	28	21.7%
Pre-K Program	5	3.9%
Kindergarten	4	3.1%
1st	6	4.7%
2nd	7	5.4%
3rd	6	4.7%
4th	9	7.0%
5th	6	4.7%
6th	6	4.7%
7th	9	7.0%
8th	8	6.2%
9th	10	7.8%
10th	6	4.7%
11th	8	6.2%
12th	7	5.4%
College	3	2.3%
Adult School	1	0.8%
TOTAL:	129	100.0%
Total Currently in School	101	78.3%

Table 2 Schools Attended by Children at Buena Vista		
School	Frequency	Percentage
Not of school age	28	21.7%
In Preschool	5	3.9%
Elementary School – 30% of total		
Barron Park	36	27.9%
Juana Briones	1	0.8%
Escondido	1	0.8%
Middle School – 18% of total		
Terman	19	14.7%
JLS	4	3.1%
High School – 24% of total		
Gunn	28	21.7%
Paly	1	0.8%
Alta Vista High School	1	0.8%
Beacon School	1	0.8%
College – 3% of total		
Foothill College Adult School	1	0.8%
College of San Mateo	1	0.8%
Foothill College	1	0.8%
San Jose City College	1	0.8%
TOTAL RESPONSES:	129	

We also asked the parents whether any of their children were enrolled in a special education program at school, giving examples such as English as a Second Language (ESL), reading or math specialist, speech therapy, or a gifted program. We found that 40 of the 92 children (43%) in grades K-12 were enrolled in at least one special education program. The most common type of program was ESL, although a number of students were enrolled in multiple programs. These results are shown in Table 3 below.

Table 3			
Buena Vista Children Enrolled in Special School Programs			
Children in at least 1 Special Program		Children in multiple Special Programs	
Number of children	Percentage of School-Age Children	Number of children	Percentage of School-Age Children
40	43%	15	16%
Type of Program		Number of children in program	
ESL		21	
Reading Help		10	
Math Help		7	
Speech Therapy		4	
Counseling		2	
Special Ed		4	
ADD and ADHD		2	
Homework Help		2	
Class Aid		2	
Autism		2	
Alternative High School		1	

We also asked the parents, “Have you or your spouse attended at least one teacher/parent meeting this year for your school age children?” We found that the parents of 87 of the 97 children (90%) either in pre-school or in grades K-12 had met with the child’s teacher within the past year. At the elementary levels, parents we spoke with indicated that they had met with teachers for parent-teacher conferences. Parents whose children were in middle and high school typically indicated that they had attended back-to-school nights with their children, giving them the opportunity to meet the teachers in person. Overwhelmingly parents reported that they were very satisfied with the parent-teacher conferences and/or back-to-school visits because it gave them the opportunity to be informed of how their child was doing in school and the types of classes they were taking. Parents appreciated the schools’ effort as well in making them feel comfortable – for example, a number of parents indicated that the school had provided for a translator. Generally, parents were very happy and appreciative of the education that their children were getting in Palo Alto.

Enrollment in health insurance and access to medical care

We asked the adult respondents to the survey whether each child in their family was covered by health insurance, and if so, what type of insurance. The responses are shown in Table 4. Of the 129 children in the study, 15 (12%) were not covered by some form of health insurance. This rate is similar to the 9% of Hispanic children statewide who lack health insurance.⁴ The most common type of coverage was through the various publicly funded health insurance programs available in Santa Clara County that target children. Ninety of the 129 children (70%) were covered under one of these plans. An additional 24 children (19%) were covered by a private insurance plan, presumably made available through a parent's employment benefits.

We also asked parents, "Is there a place that you usually take your children when they are sick or you need advice about health matters for them?" Ninety-seven percent of the parents responding indicated that they did have a usual source of medical care for their children. The most common source of care identified by the parents was Packard Children's Hospital, which included both the hospital itself and the clinics staffed by Stanford Medical School faculty and affiliated with the hospital. Seventeen parents (28%) identified this source of care, 15 families (25%) identified the Mayview Community Clinic as their usual source of care, 9 (15%) identified Kaiser-Permanente, and 8 (13%) identified the Palo Alto Medical Foundation. The other families identified a range of private and public sources of care they used for their children when needed.

Table 4 Health Insurance Coverage of Children at Buena Vista		
Type of Insurance	Frequency	Percentage
Public Coverage		
Medi-Cal	53	41%
Healthy Families	19	15%
Healthy Kids	11	9%
Santa Clara Family Health Plan	7	5%
Private coverage		
Kaiser-Permanente	13	10%
Other private insurance	11	9%
No health insurance	15	12%
TOTAL RESPONSES:	129	

We then asked the respondent how many times each child in their family had been seen by a doctor in the past 12 months, whether the child had received a general check-up within the past 12 months, whether they had any trouble finding a doctor to see their child when needed, and whether they had had difficulty affording a prescription a doctor had written for their children. The responses to these questions are shown in Table 5. The average number of visits in the past 12 months was 2.1, with a median of 1 visit. As this spread between the mean and the median number of visits might suggest, there were a small number of children with frequent visits to the doctor in the previous 12 months, with one child having made 20 visits. Five of the families (8%) had trouble finding a doctor for their child when needed; 16 children (12%) had had a prescription written for them which their parents could not afford to fill due to its cost. Finally we asked whether a child had needed to be treated in the Emergency Room in the past 12 months. Twenty-nine of the children (22%) had been treated in the ER in this time frame.

Overall, these data suggest that medical care is generally quite available to the children in Buena Vista, despite the relatively low income of their parents. There appear to be a number of local sources of medical care available to children with public insurance such as Medi-Cal or Healthy Families.

Table 5		
Health care access for Buena Vista Children within the previous 12 months		
	Number	Percent
Child made a visit to the doctor?		
0	23	18%
1	58	45%
2	15	12%
3	8	6%
4	11	9%
5	5	4%
>5	9	7%
Child got a checkup in the past 12 months		
Yes	96	74.4%
No	33	25.6%
Trouble finding a doctor for your children?		
Yes	5	8%
No	56	92%
Couldn't afford a prescription for a child?		
Yes	16	12%
No	113	88%

The final thing we asked respondents about was the availability of dental care for their children. We asked two specific questions:

- When was the last time your child saw a dentist?
- During the past 12 months, was there any time when your child needed dental care, but didn't get it because you didn't have dental insurance or you couldn't afford it?

The responses to these questions are shown in Table 6. As shown, the situation with access to dental care is quite different from that for medical care. One-third of the children at Buena Vista have not seen a dentist in the previous 24 months. One child in five needed dental care in the previous year, but was unable to obtain it. One explanation for this disparity is the scarcity of dentists in the Palo Alto area who accept Medi-Cal or other public insurance for payment. While there are a range of medical clinics in the area that accept these children, the closest dental care for them may be in San Jose or in East Palo Alto.

Table 6 Access to Dental Care for Buena Vista Children		
	Number of Children	Percent
Time since last dental visit		
< 6 months	54	42%
6-12 months	20	16%
12-24 months	12	9%
>24 months	43	33%
Couldn't afford to give child needed dental care		
Yes	26	20%
No	103	80%

Summary and conclusions

In response to the growing public discussion regarding possible closure of the Buena Vista Mobile Home Park in Palo Alto, and the scarcity of accurate information about the individuals and families who live there, we as faculty members of the Stanford Graduate School of Education initiated a research study focusing on the families with children living at the Park. Working with a group of undergraduate students trained in social science research methods, and who themselves were bilingual with fluency in Spanish, we were able to gather data from 100% of the families at Buena Vista with children age 18 or younger.

A principal focus of our research was the educational experiences of these children. The results showed that every child of school age was enrolled in school, with several having moved on to enroll in local colleges. In addition, nearly half of school aged children were getting extra assistance from the schools through enrollment in special programs. The most common of these programs was English as a Second Language, with other children enrolled in supplementary reading or math programs, speech therapy, or various types of special education programs. Of note was the 100% enrollment in school, with none of the children at Buena Vista having dropped out of school.

The second focus of our research was access to health insurance and health care for these children. Once again, living in Palo Alto seems to have benefitted these children substantially. Of the 129 children living at Buena Vista, nearly all in low-income families, 114 (88%) were enrolled in some form of health insurance, either private or publically funded. In addition, 97% of the families in the study indicated that they have a usual source of medical care for their children when needed, even if the child is without health insurance. This access to health insurance and a regular provider is reflected in the finding that only 8% of the families had experienced difficulty in the previous 12 months finding a source of care for their child when needed, and 74% of the children had received a routine check-up in the previous 12 months.

The high level of access to medical care was not equally reflected in access to dental care. Due largely to a scarcity of dentists in the Palo Alto area who accept public insurance as payment for care, one-third of children at Buena Vista have gone longer than 24 months without seeing a dentist, and 20% had needed dental care in the previous 12 months but been unable to obtain it because of the parents' inability to pay.

Overall, the children living in Buena Vista, despite being raised in a low-income family and despite the problems often faced by Hispanic families in California, are benefitting from a strong educational experience, and the local availability of health insurance and health care providers. These benefits stand in stark contrast to low-income Hispanic children living in less affluent communities than Palo Alto, communities that do not enjoy the same educational and health care resources. It remains an open question how the life course trajectory of these children would be affected were the Buena Vista Mobile Home Park to be closed, necessitating relocation of these families to communities without the same level of resources and amenities.

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