



Dominican Hospital.
A Dignity Health Member

Community Health Needs Assessment & Implementation Plan Summaries

2012

2012 Dominican Hospital Community Health Needs Assessment Summary

Dominican Hospital, a 288 bed Catholic Hospital, located in the Diocese of Monterey, California, was founded in 1941 by the Adrian Dominican Sisters and has been meeting the health care needs of the community of Santa Cruz for over seventy-two years. Dominican Hospital, Dignity Health, and Sponsoring Congregations are committed to furthering the healing ministry of Jesus. Our Mission is to deliver compassionate, high quality, affordable health care services, provide direct services to our sisters and brothers who are poor and disenfranchised, to advocate on their behalf and partner with others to improve the quality of life in the community. An assessment of Santa Cruz County, called the Community Assessment Project (CAP) is conducted jointly by Dominican Hospital, Santa Cruz United Way, and Applied Survey Research (ASR) every two (2) years.

The primary service area of Dominican Hospital, a Dignity Health member, is Santa Cruz County. The Santa Cruz County community is further defined within the hospital's mission which is to meet the health care needs of the people of Santa Cruz County with high quality, high value health care services, without distinguishing by race, creed, religion, or source of payment.

Description of Community Served by the Hospital

Santa Cruz County has a population of approximately 264,298 and covers 441 square miles. The two major cities are Santa Cruz, located on the northern side of the Monterey Bay, and Watsonville, situated in the southern part of the county. The city of Santa Cruz, which is the county seat, has an estimated population of 61,955 as of January 2012. Santa Cruz is one of California's most popular seaside resorts with its historic Boardwalk, spectacular coastline, and accessible beaches. The City of Watsonville is the center of the county's agricultural activity, with major industries including food harvesting, canning, and freezing. As of January 2012, the City of Watsonville has an estimated population of 51,611. Other incorporated areas in the county include the cities of Scotts Valley and Capitola. Approximately 49% of the population lives in the unincorporated parts of the county, including the towns of Aptos, Davenport, Freedom, Soquel, Felton, Ben Lomond and Boulder Creek, and districts including the San Lorenzo Valley, Live Oak, and Pajaro.

The county is 59% White and 30% Latino with the remainder of the population comprised of Asian, African American and other ethnic backgrounds. The county has a relatively mature population with 52% of the residents' ages 35 or older. The senior population, those aged 65 and older, represent 18% of the population. While the county's largest ethnic group is White, the fastest growing ethnic group is Latino. Most Santa Cruz County residents have a high school degree (84%) in 2011.

Median family income was \$74,928 in Santa Cruz County in 2011, higher than in California (\$65,476) and the nation overall (\$61,455). The unemployment rate in Santa Cruz County and throughout the country has steadily declined since 2010, following a ten-year high. The unemployment rate was 10% for the county during the month of June 2012, lower

than the state overall (11%). The City of Watsonville had the highest unemployment rate at 21% for June 2012. While the median sales price of homes in Santa Cruz County has decreased 24% since 2003, rent continues to increase in the county. Average rent for a one bedroom apartment was approximately \$1,200 in 2011 compared to about \$1,100 in 2005, an increase of over 12%.

There was a statistically significant difference between the percent of White (90%) and Latino (51%) Community Assessment Project (CAP) survey respondents who currently had health insurance in 2011. Overall, the county has seen a decrease in health coverage since 2007. Individuals without a dependable source of health care reported more difficulties obtaining needed care and receiving fewer preventative health services. Many seniors are reporting they are utilizing Medicaid as a dependable source of care. Fifteen percent of Santa Cruz County respondents ages 65 and older, reported that they were covered by a form of Medicaid.

The U.S. Department of Health and Human Services (DHHS) defines Health Professional Shortage Areas and Medically Underserved Areas as having a need for medical services based on demographic data, including the ratio of providers to the population, the number of people living in poverty, uninsured births, low birth weight babies, access to prenatal care, infant mortality rates, and unemployment rates. According to the DHHS definition, there are two areas within Santa Cruz County that have been designated as Medically Underserved Area/Populations. These areas are within census tracts 1003.00 and 1101.00 and include the Felton/West Santa Cruz Service Area and the Monterey Service Area, respectively.

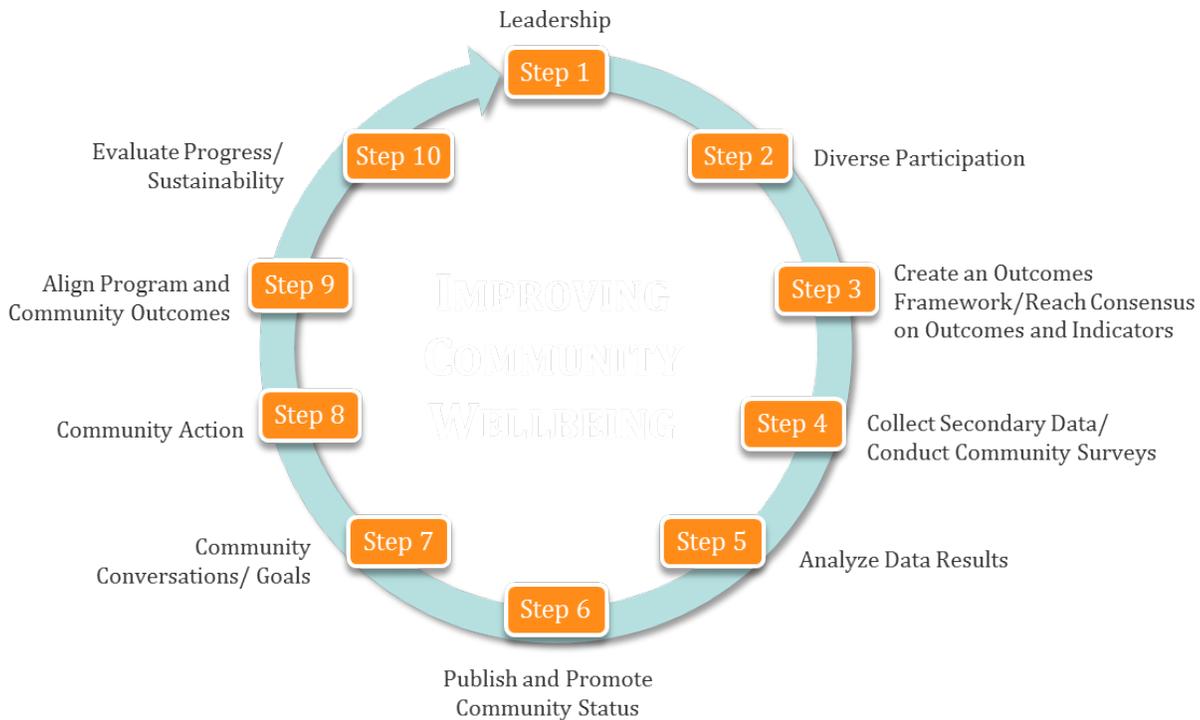
How the Assessment was Conducted

The Community Improvement Cycle

Together, ASR and CAP partners developed a ten-step community improvement cycle to guide and sustain both the CAP report itself and the community action which emerged from CAP work. The following visual highlights the ten steps of the community improvement cycle (Figure 1).

Figure 1. The Community Improvement Cycle¹

¹ Zachary, Brutschy, West, Keenan & Stevens (2010) Connecting data to action: How the Santa Cruz County Community Assessment Project contributes to better outcomes for youth. *Applied Research Quality of Life*. 5:287-308.



A case study of the impact of the Santa Cruz County CAP on youth outcomes revealed that goal setting and community action steps (Steps 7 and 8) set the Santa Cruz County CAP apart from many other community indicator projects in the United States (Zachary et al., 2010). Rather than having the community indicator project institutionalized within local government agencies or result in uncoordinated change efforts, the Santa Cruz County CAP is a cooperative and coordinated effort among non-profit organizations with ties to government and businesses. Furthermore, the Santa Cruz County CAP process is explicitly designed to motivate political and social change efforts. Success with community conversations/goal setting and community action steps are due to several characteristics of the CAP initiative:

- The provision of high quality data that highlight important trends
- The ability to share those data trends with a wide audience through relationships with the local media
- The delivery of CAP summaries (*Focus on Health*) to every household in Santa Cruz County
- The leadership of the CAP's sponsoring agency, the United Way, and their help to facilitate community conversations and provide financial resources to improvement efforts
- The participation on the CAP steering committee of key political and social actors who lead crucial county government agencies, foundations, businesses and non-profit organizations
- The importance of a results framework, such as Results Based Accountability², to focus CAP stakeholders on the outcomes that they would like to achieve for the county
- The financial contribution of a wide range of organizations to help sustain the CAP effort

The implementation of the community improvement cycle with an emphasis on steps 7 and 8 has contributed both directly and indirectly to community changes. The following initiatives are examples of changes that resulted from the CAP process:

² Results Leadership Group. (2010). *Results based accountability testimonials from local United Ways*. Bethesda: Results Leadership Group.

- **Healthy Kids.** *Goal:* provide universal health care for children
- **Together for Youth.** *Goal:* decrease drug and alcohol use
- **Go For Health.** *Goal:* Decrease childhood and youth obesity
- **Safe Schools/Healthy Students.** *Goal:* Decrease drug/alcohol use; decrease violence and gang activity; improve educational outcomes

Quality of Life Indicators

The CAP community assessment model relies on clearly defined indicators in order to understand concepts or systems within the community which may be too large or complex to understand and discuss. As an example, we might ask ourselves, “Do people have adequate access to health care?” Increasing use of the emergency room for non-emergency purposes could be an indicator that they do not.

For the purposes of this project, special groups known as Technical Advisory Committees (TACs) developed over one hundred quality-of-life indicators. These committees were represented by a rich mixture of professionals, advocates, and community volunteers, all of whom were experts in the respective areas under review.

The TACs used special criteria to develop the quality of life indicators used for this project. These criteria stipulated that indicators need to be understandable to the general user and the public, responsive to change, relevant for policy decisions, and updated regularly.

Primary Data

Indicator Selection

Measures of community progress depend upon consistent, reliable, and scientifically accurate sources of data. One of the types of data gathered for this project is primary data. The only primary data are from a telephone survey of a sample of Santa Cruz County residents. There is much to be learned from people’s perceptions of their community, especially when those perceptions contradict the empirical evidence about its conditions.

In order to capture and understand the diverse perspectives of community members Applied Survey Research conducts a telephone survey, in both English and Spanish, with over 700 randomly selected county residents. The intent of the survey is to measure the opinions, attitudes, desires, and needs of a demographically representative sample of the County’s residents. Respondents are primarily asked questions with confined options in addition to open-ended questions. The survey was conducted annually between 1995 and 2005, and biennially since 2005.

Sample Selection and Data Weighting

In 2011, 722 surveys were completed with county residents. Telephone contacts were attempted with a random sample of residents 18 years or older in Santa Cruz County. Potential respondents were selected based on phone number prefixes, and quota sampling was employed to obtain the desired geographic distribution of respondents across North County, South County, and the San Lorenzo Valley. In order to address the increasing number of households without landline telephone service, the sample included wireless-only and wireless/land-line random digit dial prefixes in Santa Cruz County. All cell phone numbers were dialed manually (by hand) to comply with Telephone Consumer Protection Act (TCPA) rules. Respondents were screened for geography, as cell phones are not necessarily located where the number came from originally.

As previously mentioned, quotas were used with respect to respondents' location of residence. The quotas were designed to obtain sufficient samples to allow generalization to the overall population within each of the three designated geographic areas (North County, South County, and the San Lorenzo Valley). This method of sampling necessitated an over-sample of the San Lorenzo Valley due to its small size in relation to the rest of the county. The over-sampling of San Lorenzo Valley allowed for reliable comparisons with the other two regions (North County and South County).

Data from the CAP 17 survey were "weighted" along several demographic dimensions prior to data analysis. Data weighting is a procedure that adjusts for discrepancies between demographic proportions within a sample and the population from which the sample was drawn. For example, within the CAP year 17 survey, the sample was 55% female and 45% male, whereas the population in Santa Cruz County is very near to evenly split between the two genders. When the data are weighted to adjust for the over-sampling of females, answers given by each female respondent are weighted slightly downward, and answers given by each male respondent are weighted slightly upward, thus compensating for the disproportionate sampling.

The survey data for CAP 17 were simultaneously weighted along the following demographic characteristics: gender, ethnicity, and geographic location. Weighting for both ethnicity and gender was performed to be region-specific (based on 2000 Census data) to account for differences across the three regions of Santa Cruz County. The weighted data were used in the generation of the overall frequency tables, and all of the cross-tabulations, with the exception of the regional cross-tabulations. For the regional cross-tabulations, the regional weights were dropped so that the San Lorenzo Valley oversample could be utilized.

Two important characteristics of weighted data need to be mentioned. First, within a weighted data set, the weights of each person's responses are determined by that individual's characteristics along the weighted dimensions (gender, ethnicity, geographic location). Thus, different respondents will have different weights attributed to their responses, based on each person's intersection along the three weighted demographic dimensions.

Sample Representativeness

A sample size of 722 residents provides 95% confidence that the opinions of survey respondents do not differ from those of the general population of Santa Cruz County by more than +/- 3.4%. This "margin of error" is useful in assessing how likely it is that the responses observed in the sample would be found in the population of all residents in Santa Cruz County if every resident were to be polled. For example, within the CAP 17 sample, 80.3% of survey respondents indicated that they have health insurance. Therefore, we are 95% confident that across all residents of Santa Cruz County the percentage of people who have health insurance is between 76.9% and 83.7% (80.3% +/- 3.4%).

It is important to note that the margin of error is increased as the sample size is reduced. This becomes relevant when focusing on particular breakdowns or subpopulations in which the overall sample is broken down into smaller groups. In these instances, the margin of error will be larger than the initially stated interval of 3.4%.

The geographic quota sampling produced a confidence interval of +/- 6.5% at the level of each of the three geographic regions (North County, South County, and the San Lorenzo Valley). This confidence interval can be applied when examining the results of the regional comparisons.

It should be understood that all surveys have subtle and inherent biases. ASR has worked diligently with the CAP Steering Committee to reduce risks of bias and to eliminate identifiable biases. One remaining bias in this study appears

in the area of respondent self-selection; the capturing of opinions only of those willing to contribute approximately 20 minutes of their time to participate in this community survey.

Data Analysis

Significance testing on the overall CAP 17 data was performed using proportion Z testing, to determine whether differences observed within the CAP 17 data would be likely to be expected across the population of the entire County of Santa Cruz. In charts illustrating survey results, an asterisk indicates when statistically significant differences were found between survey subpopulations.

Data Presentation

Demographic breakdowns of survey results are presented on the web, as downloadable PDFs, rather than in the report. The overall results remain in the report, and demographic comparisons on key indicators appear throughout the document. Question-by-question cross-tabulations for ethnicity, region, age, gender and income are available on the Applied Survey Research Website at: www.appliedsurveyresearch.org or www.santacruzcountycap.org.

Secondary Data

Secondary data are collected from a variety of sources, including but not limited to: the U.S. Census; federal, state, and local government agencies; academic institutions; economic development groups; health care institutions; libraries; schools; local police, sheriff and fire departments; and computerized sources through online databases and the Internet.

California Health Interview Survey (CHIS)

Some responses from the CHIS are included in the health section in this report. The CHIS is the largest health survey of its kind in the nation as well as the largest telephone survey in California. The major areas covered in the survey include health-related behaviors, health insurance coverage, health status and conditions, and access to health care services. To ensure diverse populations were included in the survey, telephone interviews were conducted in six languages: English, Spanish, Chinese (Mandarin and Cantonese dialects), Vietnamese, Korean, and Khmer (Cambodian).

California Healthy Kids Survey (CHKS)

The CHKS is a comprehensive youth self-reported data collection system that provides essential and reliable health risk assessment and resilience information to schools, school districts, and communities. It is developed and conducted by a multidisciplinary team of expert researchers, evaluators, and health and prevention practitioners. The Santa Cruz County CHKS is conducted bi-annually at all public schools throughout the county.

American Community Survey (ACS)

The ACS replaced the decennial census long-form sample questionnaire. The ACS offers broad, comprehensive information on social, economic, and housing data and is designed to provide this information at many levels of geography. ACS data are updated each year and are now available in 1 year, 3 year, and 5 year estimates depending on the size of the geographic region.

Health Needs Identified – See attachment B

- *Social determinants of Health*
- *Overall Health*
- *Access to Health Care*
- *Health Insurance*
- *Children’s Health*
- *Teens*
- *Obesity, Physical Activity, Nutrition*
- *Diabetes*
- *Mental Health*
- *Alcohol and Marijuana Use*
- *Methamphetamine Use*
- *Breast Cancer Deaths*
- *End of Life*

Community Assets Identified

Satisfaction with Schools

- 86% of CAP survey respondents were satisfied with the local system of education in 2011, the highest rating of satisfaction seen since 2000.

Educational Attainment

- 84% of Santa Cruz County residents had at least a high school diploma in 2011, down from 86% in 2008. The percent of Santa Cruz County residents with a Bachelor’s Degree has increased from 34% in 2010 to 37% in 2011.

Public Participation

- Registered voter turnout during all elections has been consistently higher in the county than the state. Almost 66% of registered voters turned out during the November 2010 general election higher than the state at 60%.
- 71% of 2011 CAP survey respondents had signed a petition in the past 12 months, 54% had met with, emailed, called, or sent a letter to any local politician; 46% had attended a town meeting, public hearing or public affair; and 29% had joined an on-line political advocacy group.

Quality of Life

- Two-thirds (67%) of CAP survey respondents reported being “very satisfied” with their overall quality of life in 2011. Over three-quarters (80%) of White respondents reported enjoying their life “to a great extent,” as compared to less than half of Latino respondents (48%), a statistically significant difference. According to the telephone survey, the number one factor that has contributed to quality of life in Santa Cruz County since 2000 is the scenery, geography, and climate of the region.

The CAP identified the above strong community assets as stated by the respondents. Other community assets include three hospitals, and their community benefit initiatives, many community health clinics, an adequate number of primary care physicians, allied health professionals, dentists, podiatrists, public and private school systems with related associations, and a variety of church related schools and religions.

Summaries: Assessments and Priorities

The CAP report summarizes hundreds of community assets, challenges, and trends that help identify and assess what is unique about Santa Cruz County. The information in the 18th CAP report is intended for use by both residents and stakeholders in their own services and products, including other reports, and proposals, as a baseline for performance systems. Given all of the information available in this report, the three priority areas identified by Dominican Hospital for the community as presented to the Dominican Board of Directors and the Community Advisory Committee are:

1. Access to Health Care
2. Children: ages birth to 18 years having health insurance
3. Childhood obesity

Dominican Hospital's review of current community benefit programs found that the hospital is meeting existing community needs through the provision of charity care, Medical, Healthy Kids services, community education and health professional education programs. These activities were determined to be additional priorities for the hospital's implementation strategy.

Due to seismic regulations, many of the community benefit program services will be closed this year. Same or similar services will continue to be provided in partnership with local community health organizations. After closures have been completed, a planning team will be identified and health needs in the CAP will be revisited. Implementation strategies will be developed and used to determine how the hospital will use its resources and collaborate with community partners to meet the identified needs and improve the quality of life in Santa Cruz County.

In addition, Dominican will continue to meet community needs by providing health services on the mobile wellness unit, partnering with local service groups with its free health clinic, providing charity care, community education, and on-going preventative health fairs.

Dominican Hospital continues to measure Prevention Quality Indicators. These ambulatory sensitive conditions increase the usage of the Emergency Department as well as preventative admissions. For Dominican, these indicators include, but are not limited to:

- CHF - Congestive Heart and Chronic Heart Disease
- COPD - Adults
- Simple Pneumonia- decreased with the administration of vaccine
- Hypertension
- Diabetes – young adults and seniors
- Asthma - children

Health Community Goals – See Attachment C

GOAL: By the year 2015, access to primary care will improve as measured by:

- (1) 95% of Santa Cruz County residents will report having a regular source of health care;
- (2) Less than 10% will report the emergency department as one of their regular sources of health care; and
- (3) No significant difference between the percent of White and Latino residents reporting a regular source of health care.

- Community Hero: Curt Simmons, OD, *Plaza Lane Optometry*

GOAL: By the year 2015, 98% of Santa Cruz County children ages birth to 17 will have comprehensive health care coverage as measured by the CAP survey.

- Community Hero: Alicia Fernandez, Alicia Zenteno, Angie Gileta, Xochitl Zaragoza, *Baby Gateway*

GOAL: By the year 2015, the prevalence of childhood obesity in Santa Cruz County will decrease as measured by:

- % of children under 5 years who are overweight or obese will decrease from 15% to 12%, and
- % of children 5 to 19 years who are overweight or obese will decrease from 26% to 21%.

Action Plans for Current Identified Needs: The following are hospital programs that support key health needs.

1. **ACCESS TO CARE:** Will continue to be provided with the Dominican Wellness Mobile Unit. Currently the services are scheduled on a regular basis at four churches in North and Mid-County. Plans for expanding services to several other locations are in the planning phase. Given the Affordable Health Care Act implementation in early 2014, it is estimated that a large number of Santa Cruz residents will not qualify, thereby increasing the need for health care access. Another entry to care for low income uninsured people is the RotaCare Free Health Clinic, a joint venture between the Rotary Clubs of Santa Cruz, Dominican Hospital, and a number of private practice providers. This clinic has been in operation for over fifteen years and plans to continue to provide free health care as long as resources allow. Annually Dominican has awarded a community grants to the Santa Cruz Health Improvement Partnership to support the Healthy Kids health access program for underserved children as well as the RotaCare health clinic.

Dominican Hospital, Dignity Health Medical Group - Dominican Physicians Medical Group of Santa Cruz County jointly sponsors three health fairs in the county each year. The “Your Care Comes First” is focused on women’s health, the “Aging Young” fair is for seniors and the “Family Fit and Fun Day” is for families with school aged children. All three of the fairs provide health care testing, nutritious treats, informational booths, and fun activities at no cost to the participants.

2. **PREVENTABLE HOSPITALIZATIONS** – The hospital is committed to continuing to serve uninsured and underinsured patients, and case management will continue to improve access to health care services, preventative services, and referrals with the goal being to prevent inappropriate usage of the emergency department and readmissions.

3. **DIABETES** - Sweet Success, an education program for pregnant women who have been diagnosed with elevated blood sugars, has also contributed to the goal of healthy babies with normal weights. In an effort to continue the current services for the prenatal population and others diagnosed with diabetes, this program will move to a new location. Another program at Dominican is Lifestyle Management – a program providing outpatient education for patients diagnosed with diabetes. This program will continue to provide these services. Monthly at the free health clinic, RotaCare, an RN educator teaches patients about diet and how to control their diabetes.
4. **OBESITY** – For the third year in a row, Dominican continues to be a Fit-Friendly Worksite and was awarded the platinum recognition by the American Heart Association for helping employees eat better and exercise. Dominican offers employees physical activity options, employee-led hiking and biking groups, and walking during breaks. With the assistance of registered dieticians, nutritious options are available in the cafeteria. In an effort to promote a wellness culture in the workplace, Dominican offers many wellness options including free exercise classes, gym membership discounts and reimbursement for wellness activities outside the workplace.

Second Harvest, a food distribution program in Santa Cruz County provides nutritional education, food demonstrations, and healthy exercise routines to low income families in both English and Spanish at 29 locations – schools and low income housing sites throughout the county. The goal is to foster and support positive lifestyle changes for this population. As part of the services provided, local chefs teach the children and adults how to prepare healthy meals using the produce that is distributed that day. These programs continue to expand to more sites throughout the county.

A future goal is to add a clinical component to this program, as many of the participants either have been diagnosed with diabetes or have a family history and feel it is a norm in their culture. This nutritional education program was started in conjunction with the Dominican Prenatal clinic in an effort to educate the recipients of the food distribution on how to prepare the food received and also how to make right choices for a healthy lifestyle. In support of Second Harvest's efforts to expand this program, they have been the recipients of an annual Dominican Community Grant award.

5. **PROFESSIONAL EDUCATION**– Annually, in collaboration with a local family and the Dominican Hospital Foundation, a family organized memorial educational symposium is provided for both professional and community members creating a community experience that reaches across the entire range of mental health professionals and educators. A wide variety of topics covered help foster an open dialogue among physicians, social workers, healthcare professionals, school personnel and public law enforcement officials. This ensures solution-creating networks and improved access to service for adolescents, young adults and their families. This educational opportunity continues and is in its 15th year. This year's topic is "Substance Abuse and Youth: A Clinical Focus on Alcohol, Marijuana and Prescription Medication."

6. **BREAST CANCER DEATHS**– Dominican Hospital provides access to clinical breast exams, mammography, and cervical cancer testing for low income women, under the age of 40. This program is a part of the State of California’s “Cancer Detection Program.” It will move to a new location and continue to be affiliated with the Prenatal Program as a part of women’s health services. Dominican will continue to provide referrals and reimbursement for these services for low income women under 40 years of age who do not qualify for the State of California Cancer Detection Program.

Oncology is a clinical service that Dominican provides in a newly designed outpatient setting. Within the hospital the palliative care program offers support to patients and their families. In partnership with Hospice Care of Santa Cruz, patients with end stage cancer are provided compassionate care both for themselves and their families. This organization has been a recipient of a Dignity Health Community Grant for several years.

Next steps for priority needs:

As part of the Implementation Strategy, Dominican Hospital will work with community partners to address three identified priority needs – Access to Care, Children and Health Insurance, and Obesity. Preventable admissions and visits to the Emergency Department will also be addressed as follows:

- Identify activities that may be in process in response to the CAP report that could be built upon or enhanced
- Develop measurable goals and objectives so that these efforts can be monitored
- Participate in interagency collaboration in an effort to build support for identified initiatives within the community and with other health care providers
- Assure that programs and services are responsive to the cultural diversity of the community
- Support institutional efforts to re-organize and reallocate resources
- Design and implement plans of action for identified needs in the CAP
- Communicate outcomes to the community-at-large through the Dominican “Focus on Health” publication.

Priority Needs not being addressed and the Reasons:

Within the annual CAP report, there are approximately thirty-four needs identified within the health section. No one agency, hospital, or group is able to respond to all of them in a cost effective manner, however, there are many examples within the community where several agencies focus on the same identified need(s) thereby collectively and collaboratively work to make improvements.

One area that has been identified as a priority for the hospital, and is not directly addressed in the CAP, is the increase in the use of the Emergency Department and an increase in the number of preventable hospitalizations. In response to this identified need, Community Benefit programs would benefit by an increased presence in the community with community health services sponsored by the hospital and

supported by its partners. Best practices could be piloted and replicated, with the goal of impacting the health status of the residents of the county.

Approval Process:

In the fall of each year, the Community Benefit Plan and Implementation Strategy for addressing CAP priorities are reviewed and approved by the Community Advisory Committee which includes representation from the community.

At their November meeting, the Dominican Hospital Board of Directors reviews and approves the documents. They are sent to Dignity Health, who forwards them to OSHPD.

CAP report distribution:

The entire report, the summary report and past reports are available online at www.appliedsurveyresearch.org.

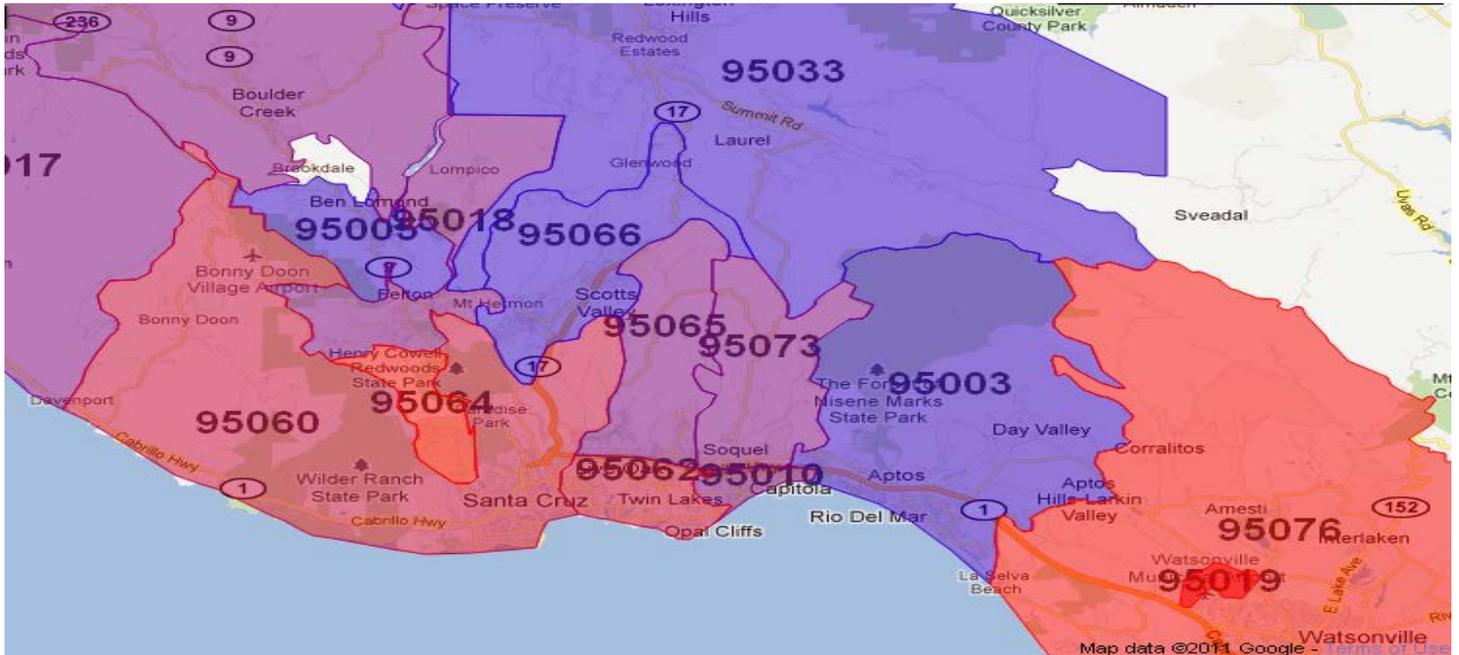
The summary report is published by Dominican Hospital in the publication “Focus on Health” which is distributed to greater than 95,000 households in the county. It is also available on Dominican’s website.

<http://www.dominicanhospital.org>

ATTACHMENT A – Demographic Data

Based on a variety of demographic and economic statistics, Dignity Health and Thomson Reuter’s jointly developed a Community Health Index (CNI) to assist in gathering vital socio-economic factors in a community or county.

The CNI provides a score by Zip code using a score of 1.0-5.0. A score of 1.0 represents the least need and 5.0 – greatest need. The CNI score is an average of barrier scores which include language/culture, insurance, education, housing, and economic status. This mapping assists in identifying areas where community services need to be addressed.



Lowest Need

Highest Need

■ 1 - 1.7 Lowest
 ■ 1.8 - 2.5 2nd Lowest
 ■ 2.6 - 3.3 Mid
 ■ 3.4 - 4.1 2nd Highest
 ■ 4.2 - 5 Highest

Zip Code	CNI Score	Population	City	County	State
95003	2.4	22792	Aptos	Santa Cruz	California
95005	2.2	7709	Ben Lomond	Santa Cruz	California
95006	2.6	9145	Boulder Creek	Santa Cruz	California
95010	3	8845	Capitola	Santa Cruz	California
95017	2.6	431	Santa Cruz	Santa Cruz	California
95018	2.6	8709	Felton	Santa Cruz	California
95019	4.8	7054	Watsonville	Santa Cruz	California
95033	2	9090	Santa Cruz Mountains	Santa Cruz	California
95060	3.4	44511	Santa Cruz	Santa Cruz	California
95062	3.4	35986	Santa Cruz/Live Oak	Santa Cruz	California
95064	4.2	4651	UC Santa Cruz	Santa Cruz	California
95065	3	7715	Santa Cruz	Santa Cruz	California
95066	2.4	14647	Scotts Valley	Santa Cruz	California
95073	2.8	10033	Soquel	Santa Cruz	California
95076	4.4	83175	Watsonville	Santa Cruz	California

ATTACHMENT B – Health Care Indicators – Top indicators for Santa Cruz County- 2012

Health Needs Identified

Social Determinants of Health

- The number of CAP survey respondents who reported going without basic needs decreased from 16% in 2009 to 14% in 2011. However, ethnicity data Latino respondents (26%) were significantly more likely to go without basic needs in the past year than White respondents (10%).
- In 2011, less than 1% of 2011 CAP survey respondents reported that they had been homeless in the past year, a decrease from 2% in 2009. Four percent of CAP survey respondents also reported that they had someone living at their address on a temporary basis who might otherwise be homeless, almost half (47%) of whom were immediate family members. Three percent of CAP survey respondents were in danger of losing their housing in the next 90 days; for Latinos it was almost 5%.
- The biennial point-in-time count of homeless persons provides a snapshot of the local homeless population. It offers an estimate of the number of persons homeless on any given night during the year. There was a 22% increase in the number of homeless persons counted in the biennial point-in-time count, from 2,265 in 2009 to 2,771 in 2011.
- Data about homeless children showed that 12.5% of students (or 4,637 students) were homeless and receiving services under the McKinney-Vento Act in 2011/12 up from 8.6% (or 3,357 children) in 2010/11.

Overall Health

- Almost 1 in 3 (30%) Latino CAP survey respondents in 2011 indicated that in general their overall health was “fair” or “poor” compared to 14% of White respondents, a statistically significant difference.
- For those whose income was less than \$35,000 per year, 30% of CAP survey respondents indicated their health was “fair” or “poor”, compared to only 6% of survey respondents earning \$65,500 or more per year, a statistically significant difference.

Regular Source of Care

- There was a statistically significant difference between the percent of White (91%) and Latino (68%) CAP survey respondents who had a regular source of health care in 2011.
- Approximately 1 in 4 CAP survey respondents were using the emergency room as one of their regular sources of care in 2011.
- White respondents were significantly more likely than Latino respondents to go to a private practice, the emergency room, or urgent care clinics for their regular source of health care while Latino respondents were significantly more likely than White respondents to go to community clinics for their regular source of health care. In addition, 13% of Latino respondents needed health care but were unable to receive it, the top reason being that it was too expensive.

Health Insurance

- There was a statistically significant difference between the percent of White (90%) and Latino (51%) CAP survey respondents who currently had health insurance in 2011. Overall, the county has seen a decrease in health coverage since 2007 from 89% to 80% in 2011.
- The percent of county children 0-17 with health insurance coverage dropped to 92% in 2009 from 98% in 2007.
- Over the past decade, the number of CCAH³ Medi-Cal members in Santa Cruz County increased considerably from 26,062 in 2003 to 35,703 in 2012, over half of whom were Latino/Hispanic and living in South County.

³ Central California Alliance for Health (CCA) is a locally governed non-profit health plan that serves over 200,000 members in Santa Cruz, Monterey and Merced counties. Their programs include Medi-Cal and the Healthy Families Program (a federally and state-funded insurance program for low-income children).

In Santa Cruz County, the number of children enrolled in the Healthy Families Program increased by 61% over the last decade, with 6,865 children covered by Healthy Families in 2012.

- 57% of CAP survey respondents had dental coverage in 2010, a 15% decrease since 2003.

Children's Health

- Children in Santa Cruz County have consistently lower rates of immunization than children in California overall. Eighty-four percent (84%) of county kindergarteners and 77% of child care center entrants had all of their required immunizations in 2011.

Teens

- Teen birth rates decreased to 30 births per 1,000 teens, ages 15-19 in 2011, down from 32 births per 1,000 teens in 2009. Of total births in the county, almost 1 in 10 (7%) were teen births, and of total teen births, 90% of births were to Latina teen mothers.
- Overall, the percentage of Santa Cruz County 11th grade students who smoked cigarettes in the last 30 days decreased from 19% in 2000/01 to 15% in 2010/11. The percentage of Santa Cruz County 9th grade students using smokeless tobacco in the last 30 days increased from 3% in 2000/01 to 4% in 2010/11.
- There was greater alcohol and marijuana use by 11th grade county teens than state teens in the 2010/11 California Healthy Kids Survey. Thirty-eight percent (38%) of county 11th graders had used alcohol in the 30 days prior to the survey compared to 33% of state 11th graders. Twenty-seven percent (27%) of Santa Cruz County 11th graders had used marijuana compared to 21% of California 11th graders.
- Just over one in five (21%) 2011 CAP survey respondents reported feeling that it was "very" or "somewhat" acceptable for adults to provide alcohol to underage youth in their home. Twenty-four percent (24%) of White survey respondents felt it was "very" or "somewhat" acceptable for adults to provide alcohol to underage youth in their home compared to only 11% of Latino respondents, a statistically significant difference.

Obesity, Physical Activity, Nutrition

- 1 in 4 low income children ages 5-19 were obese in Santa Cruz County in 2010. County students achieved statewide fitness goals at rates slightly higher than the statewide averages.
- There was a statistically significant difference in the overweight or obese Latino (70%) and White (54%) adult CAP survey respondents.
- The percentage of CAP survey respondents indicating that they engaged in 30 minutes or more of physical activity five or more times a week increased in Santa Cruz County from 33% in 2000 to 41% in 2011.
 - 86% of CAP survey respondents with incomes under \$35,000 per year engaged in physical activity at least once a week for a combined total of 30 minutes or more a day compared to 95% of those with incomes of \$65,500 or more per year.
- Over half (56%) of 2011 CAP survey respondents reported eating 5 or more servings of fruits and vegetables a day. Fifty-three percent of White respondents (lower than previous years), and 64% of Latino respondents (higher than previous years) reported eating 5 or more servings of fruits and vegetables a day.

Diabetes

- In Santa Cruz County, the percentage of CAP survey respondents who reported that a doctor had told them that they had diabetes or pre-diabetes (other than during pregnancy) increased from 10% in 2007 to 12% in 2011.

Mental Health

- Over one-fourth (26%) of Latino CAP survey respondents in 2011 reported feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities, compared to 9% of White respondents.

- The suicide age-adjusted death rate in Santa Cruz County was 12.7 per 100,000 in 2008/10, higher than California at 9.7 per 100,000. There were 36 suicides in Santa Cruz County in 2011, with 9 suicides among those 60 years and older.

Alcohol and Marijuana Use

- Thirteen percent of CAP survey respondents engaged in binge drinking (5 or more drinks within 2 hours) “one or more times” in the past 30 days in 2011, down from a high of 17% in 2005.
- Overall, the percentage of CAP survey respondents who reported feeling that marijuana use for recreational or non-medicinal use was “acceptable” decreased from 55% in 2003 to 50% in 2011. Significantly more White respondents found it acceptable to use marijuana than Latino respondents, and significantly more San Lorenzo Valley respondents found it acceptable to use marijuana than South County respondents.

Methamphetamine Use

- 46% of San Lorenzo Valley CAP survey respondents felt methamphetamine use had a “big” or “somewhat big” impact within their neighborhoods, compared to 35% countywide in 2011.
- There was a drop in substance abuse treatment admissions for those individuals who used methamphetamine as a primary drug from 775 admissions in 2006/2007 to 336 in 2010/2011, decrease may be a result in reduced funding and not a reduction in need.

Breast Cancer Deaths

- The female breast cancer death rate (25.7 per 100,000) in the county was higher than the state (20.7 per 100,000) and the Healthy People 2020 objective (20.6 per 100,000). According to the community health guide, Santa Cruz County is an area for concern in comparison to the U.S. and similar demographic (peer) counties’ breast cancer death rates.

Unintentional Injuries

- The rate of non-fatal unintentional injuries in Santa Cruz County for ages 0-20 returned to the rate experienced in 2003 (2.0 per 1,000) in 2010. Non-fatal falls and motor vehicle traffic accidents decreased by 23% and 24%, respectively, while accidental poisonings increased by 56% between 2003 and 2010.

Intentional Injuries

- There were 44 cases of intentional non-fatal injuries reported among children and youth ages 0-20 in 2010, up 29% compared to 2003 (34 cases).

Reported Communicable Diseases

- The most commonly reported communicable disease over the past decade in Santa Cruz County has been Chlamydia, which increased 27% from the three-year reporting period 2002/04 to 2009/11. Reported cases of gonorrhea increased 5% while cases of Shigellosis decreased by 78% during the same time period.
- Newly diagnosed cases of AIDS have fluctuated in Santa Cruz County in the past decade between 9 and 26 cases each year with 17 cases in 2011.

End-of-Life

- 40% of CAP survey respondents had their end-of-life wishes in a written document. However, only 8% of Latinos had a living will compared to 51% of Whites, a statistically significant difference.



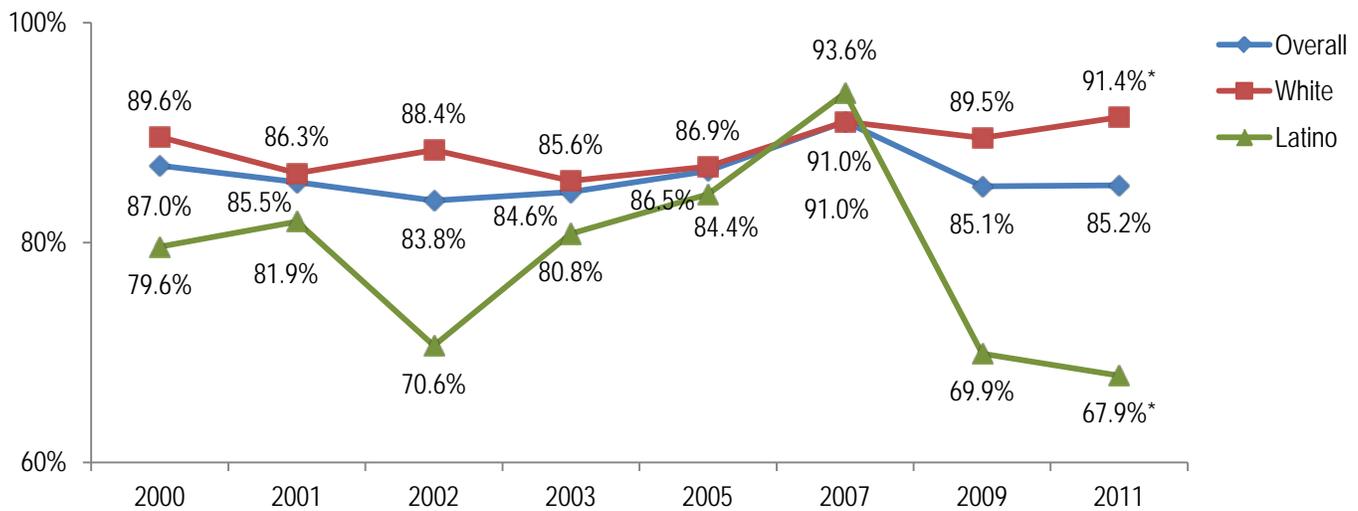
ACCESS TO HEALTH CARE

Individuals without a dependable source of care have more difficulties obtaining needed care, receive fewer preventive health services, are more likely to wait to get treatment until their conditions are worse, and are more likely to require hospitalization.¹

Ninety-one percent of White CAP survey respondents reported having a regular source of health care in 2011, as compared to only 68% of Latinos, a statistically significant difference. White respondents were significantly more likely than Latino respondents to go to a private practice, the emergency room, or urgent care clinics for their regular source of health care while Latino respondents were significantly more likely than White respondents to go to community clinics for their regular source of health care. In addition, 13% of Latino respondents needed health care but were unable to receive it, the top reason being that it was too expensive.

☎ Do you have a regular source of health care? (Respondents answering “Yes”)

By Ethnicity



Overall N: 2000=656; 2001=706; 2002=684; 2003=702; 2005=705; 2007=709; 2009=854, 2011=719; White N: 2000=444; 2001=493; 2002=478; 2003=491; 2005=493; 2007=495; 2009=596, 2011=503; Latino N: 2000=142; 2001=159; 2002=154; 2003=157; 2005=159; 2007=160; 2009=192, 2011=162

Source: Applied Survey Research. (2011). 2000-2011 Santa Cruz County Community Assessment Project, Telephone Survey.

*Significance testing: White respondents were significantly more likely than Latino respondents to have a regular source of health care.

¹ United States Department of Health and Human Services, Agency for Healthcare Research and Quality. (2011). National Healthcare Disparities and Quality Report. Retrieved January 14, 2011; and Billings, J., J.D., Bidman, A.B., M.D., Grumbach, K., M.D., et al. (1995). Preventable Hospitalizations and Access to Health Care. JAMA 274(4): 305-311.

If you have a regular source of health care, where do you go? By Ethnicity

Response	2009	2011
Private Practice	82.3%	81.2%
White	89.0%	88.1%*
Latino	52.7%	50.0%*
Urgent Care Clinics	28.4%	29.0%
White	27.3%	33.1%*
Latino	34.0%	13.5%*
Emergency Room	26.8%	23.9%
White	29.0%	26.5%*
Latino	19.0%	14.7%*
Alternative Care Practices	16.1%	14.1%
White	17.6%	14.9%
Latino	9.6%	8.5%

RESPONSE	2009	2011
Community Clinics	15.8%	17.0%
White	9.0%	9.2%*
Latino	46.2%	48.2%*
Out of County	13.9%	13.2%
White	15.3%	13.9%
Latino	9.8%	12.1%
Other	0.5%	0.4%
White	0.5%	0.1%
Latino	0.0%	0%

Overall 2009: 725 respondents offering 1,334 responses, 2011: 606 respondents offering 1084 responses ; White 2009: 531 respondents offering 999 responses, 2011: 4 respondents offering 844 responses ; Latino 2009: 134 respondents offering 230 responses, 2011: 110 respondents offering 161 responses.

Source: Applied Survey Research. (2011). 2009-2011 *Santa Cruz County Community Assessment Project, Telephone Survey*.

Note: Response options were redefined in 2009 and are therefore not comparable to previous years.

Note: This was a multiple response question so percentages do not add up to 100%.

*Significance testing: White respondents were significantly more likely than Latino respondents to go to a private practice, the emergency room, or urgent care clinics for their regular source of health care; Latino respondents were significantly more likely than White respondents to go to community clinics for their regular source of health care.

If you DON'T have a regular source of health care, where do you go? By Ethnicity

Response	2011
Community Clinics	47.0%
White	32.1%*
Latino	60.8%*
Private Practice	35.2%
White	39.4%
Latino	29.7%
Urgent Care Clinics	33.6%
White	45.8%*
Latino	24.7%*

RESPONSE	2011
Emergency Room	27.0%
White	23.4%
Latino	28.1%
Alternative Care Practices	7.1%
White	8.6%
Latino	2.7%
Out of County	4.5%
White	4.1%
Latino	4.6%

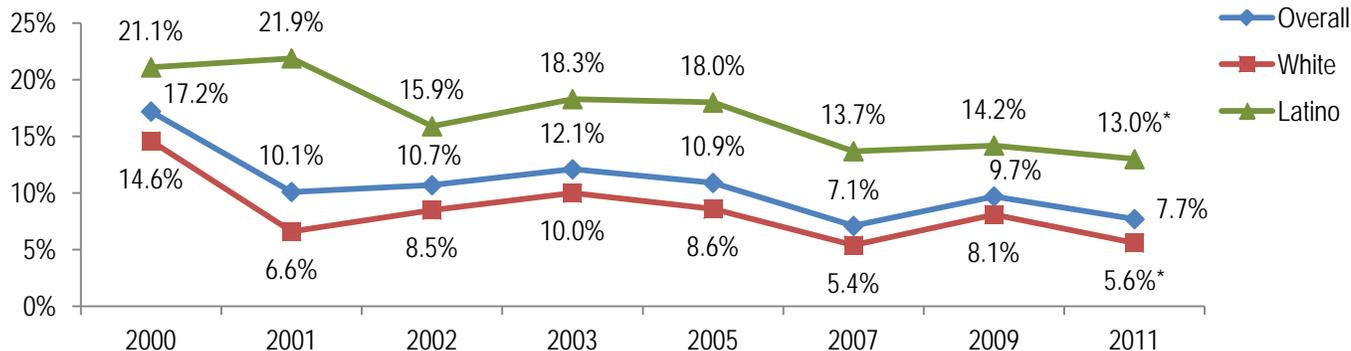
Overall 2011: 94 respondents offering 145 responses; White 2011: 40 respondents offering 61 responses; Latino 2011: 45 respondents offering 68 responses.

Source: Applied Survey Research. (2011). 2011 *Santa Cruz County Community Assessment Project, Telephone Survey*.

Note: Survey question was not asked in 2009.

*Significance testing: For those without a regular source of health care, Latino respondents were significantly more likely than White respondents to go to community clinics, while White respondents were significantly more likely than Latino respondents to go to urgent care clinics.

📞 Have you needed health care in the past year and been unable to receive it? (Respondents answering “Yes”) By Ethnicity



Overall N: 2000=658; 2001=706; 2002=684; 2003=703; 2005=698; 2007=707; 2009=852; 2011=716; White N: 2000=445; 2001=493; 2002=478; 2003=491; 2005=494; 2007=494; 2009=595; 2011=500; Latino N: 2000=142; 2001=159; 2002=154; 2003=158; 2005=150; 2007=160; 2009=191; 2011=162

Source: Applied Survey Research. (2011). 2000-2011 *Santa Cruz County Community Assessment Project, Telephone Survey*.

*Significance testing: Latino respondents were significantly more likely than White respondents to go without necessary health care needs.

📞 If you needed health care and were unable to receive it, why couldn't you receive it?

Response	2009	2011
Too Expensive	29.8%	35.2%
White	32.9%	33.1%
Latino	29.9%	40.5%
No Insurance	29.5%	29.8%
White	21.8%	33.1%
Latino	38.8%	32.8%
Couldn't Afford Co-Pay	9.2%	3.6%
White	9.4%	3.6%
Latino	3.0%	0.0%
Medi-Cal/ MediCruz Problems	8.5%	5.4%
White	2.4%	4.6%
Latino	20.4%	0.0%

RESPONSE	2009	2011
Couldn't Afford The Premium	2.3%	1.5%
White	4.0%	0.0%
Latino	0.0%	0.0%
Other	9.9%	17.3%
White	12.4%	15.3%
Latino	8.0%	21.6%
Total Respondents	82	55
White	48	28
Latino	27	21

Source: Applied Survey Research. (2011). 2009-2011 *Santa Cruz County Community Assessment Project, Telephone Survey*.

Note: Response options were redefined in 2009 and are therefore not comparable to previous years.

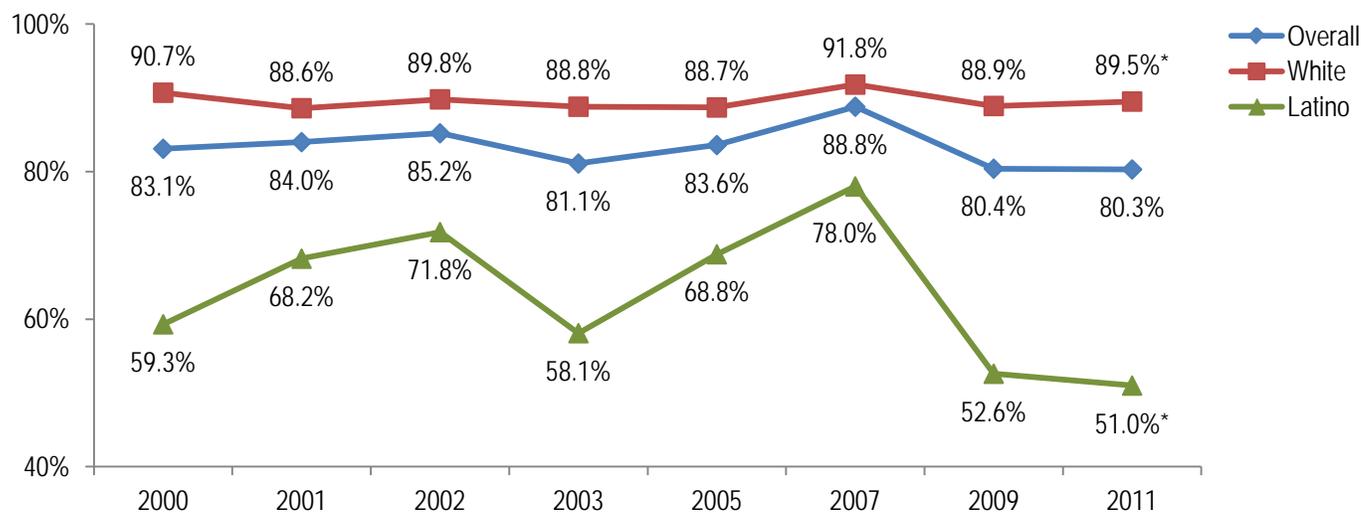


HEALTH INSURANCE



While the percentage of CAP survey respondents indicating that they had health insurance increased in Santa Cruz County between 2000 and 2007, the percentage of respondents with health insurance decreased from 89% in 2007 to 80% in 2011. Fifty-one percent of Latino CAP respondents had health insurance compared to 90% of White respondents in 2011, a statistically significant difference.

📞 Do you currently have health insurance? (Respondents answering “Yes”)



Overall N: 2000=652; 2001=706; 2002=684; 2003=702; 2005=709; 2007=710; 2009=849; 2011=719; White N: 2000=441; 2001=493; 2002=478; 2003=491; 2005=496; 2007=496; 2009=595; 2011=501; Latino N: 2000=140; 2001=159; 2002=154; 2003=157; 2005=159; 2007=159; 2009=191; 2011=162

Source: Applied Survey Research. (2011). 2000-2011 *Santa Cruz County Community Assessment Project, Telephone Survey*.

*Significance testing: White respondents were significantly more likely than Latino respondents to have health insurance.

📞 Does your health insurance cover...? (Respondents answering “Yes”)

Type of Coverage	2000	2001	2002	2003	2005	2007	2009	2011	00-11 NET CHANGE
Prescriptions	91.5%	79.4%	84.9%	83.3%	80.4%	89.3%	90.0%	88.6%	-2.9
Dependents	68.6%	56.7%	60.0%	64.6%	61.7%	47.7%	52.4%	66.0%	-2.6
Mental Health ¹	NA	NA	NA	NA	82.0%	81.8%	61.1%	82.3%	NA

Prescriptions N: 2000=540; 2001=593; 2002=582; 2003=569; 2005=576; 2007=616; 2009=682; 2011=556; Dependents N: 2000=516; 2001=552; 2002=550; 2003=523; 2005=534; 2007=624; 2009=652; 2011=396; Mental Health N: 2005=434; 2007=472; 2009=682; 2011=380.

Source: Applied Survey Research. (2011). 2000-2011 *Santa Cruz County Community Assessment Project, Telephone Survey*.

¹The question regarding mental health insurance coverage was added in 2005.

Percent of Respondents Who Said They Had Delayed Getting or Did Not Receive Medical Care

Region	2007	2009	07-09 NET CHANGE
Santa Cruz County	17.8%	15.7%	-2.1
California	13.4%	12.5%	-0.9

Source: UCLA Center for Health Policy Research. (2012). 2007-2009 *California Health Interview Survey*.

Note: Data presented are the most recent available.

Percent of Respondents Aged 65 and Older Who Said They Were Covered by MediCare and Medi-Cal, or MediCare and a Supplemental Policy

Coverage/Region	2003	2005	2007	2009	03-09 NET CHANGE
MediCare & Medi-Cal Coverage					
Santa Cruz County	12.0%^	14.7%^	15.5%^	14.7%^	2.7
California	20.3%	20.0%	18.6%	18.6%	-1.7
MediCare Coverage & a Supplemental Policy					
Santa Cruz County	78.7%	71.5%	68.1%	75.9%	-2.8
California	68.2%	67.8%	68.9%	71.6%	3.4

Source: UCLA Center for Health Policy Research. (2012). 2003-2009 *California Health Interview Survey*.

Note: Data presented are the most recent available.

^Statistically unstable due to a low number of respondents.

☎ How many of your children have health insurance? - 2011

AGE GROUP	NONE	AT LEAST ONE
Children 0 – 5 years old	5.8%	94.2%
Children 6 – 17 years old	6.0%	94.0%

Children 0-5 N: 2011=110; Children 6-17 N: 2011=173

Source: Applied Survey Research. (2011). 2011 *Santa Cruz County Community Assessment Project, Telephone Survey*.

Note: Survey question not asked in 2009.

OBESITY

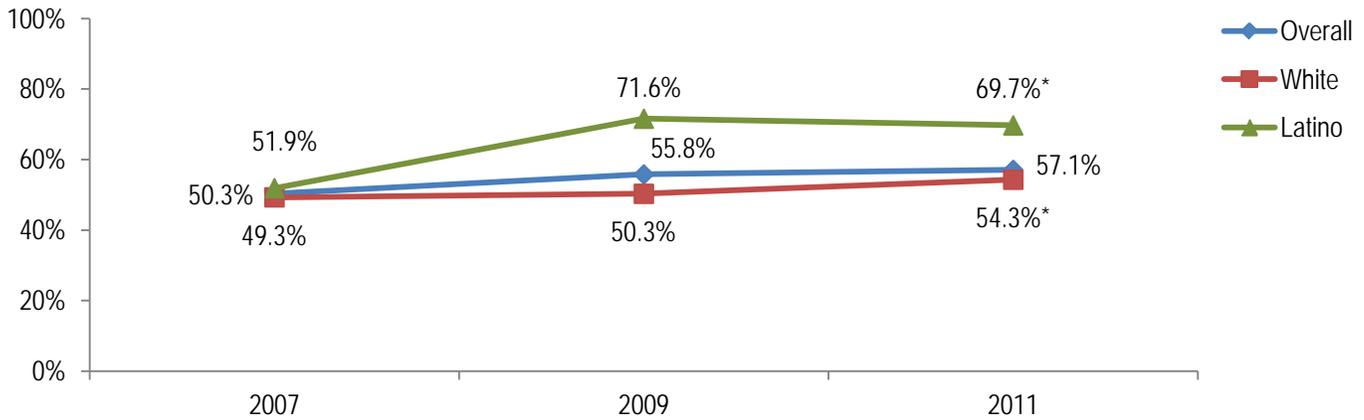


Based on the Body Mass Index (BMI), the percentage of CAP survey respondents who were obese increased from 50% in 2007 to 57% in 2011. Latinos had higher percentages of overweight/obesity (70%) as compared to Whites (54%) in 2011. One out of four low-income Santa Cruz County children ages 5-19 were obese in 2010.

For adults, overweight is defined as a BMI of 25.0 or greater. The formula for calculating the BMI of adults is:

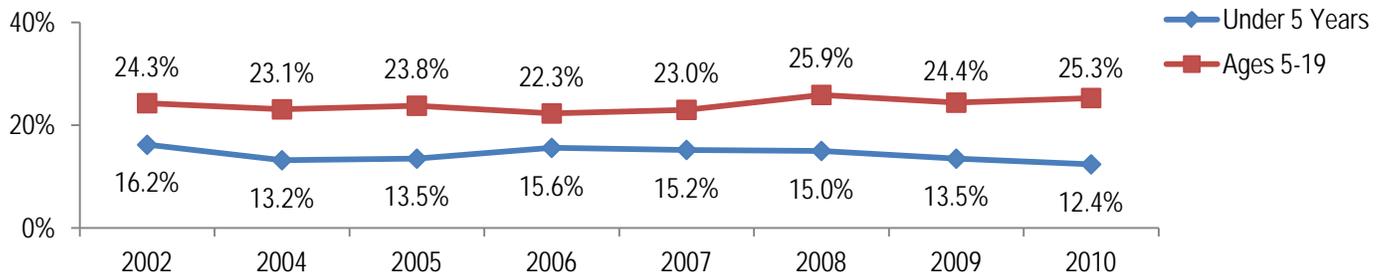
$$\text{BMI} = \left(\frac{\text{Weight in Pounds}}{(\text{Height in inches}) \times (\text{Height in inches})} \right) \times 703$$

Overweight and Obese Adult Respondents in Santa Cruz County (Based on BMI) By Ethnicity



Overall N: 2007=673; 2009=792, 2011=650; White N: 2007=473; 2009=570, 2011=470; Latino N: 2007=152; 2009=161, 2011=132
 Source: Applied Survey Research. (2011). 2007-2011 *Santa Cruz County Community Assessment Project, Telephone Survey*.
 *Significance testing: Latino respondents were significantly more likely than White respondents to be obese or overweight.

Percent of Low-Income Children Under 5 Years and Ages 5-19 Who Are Obese (≥95th Percentile), Santa Cruz County



Source: Centers for Disease Control. (2012). 2002-2010 *Pediatric Nutrition Surveillance. Growth Indicators by Race/Ethnicity and Age*.
 Note: The data are collected from participants in the Child Health and Disability Prevention Program, which serves Medi-Cal recipients and children/youth with family incomes up to 200% of the federal poverty level (FPL). These data on overweight/obesity capture approximately 22% of low-income (up to 200% FPL) children in California.

Percent of Low-Income Children Who Are Obese (≥95th Percentile)

Age Group/Region	2002	2004	2005	2006	2007	2008	2009	2010	02-10 NET CHANGE
Children Under 5 Years									
Santa Cruz County	16.2%	13.2%	13.5%	15.6%	15.2%	15.0%	13.5%	12.4%	-3.8
California	16.2%	16.3%	15.9%	15.4%	15.5%	15.5%	15.7%	14.0%	-2.2
Children 5-19 Years									
Santa Cruz County	24.3%	23.1%	23.8%	22.3%	23.0%	25.9%	24.4%	25.3%	1.0
California	20.8%	22.4%	22.7%	23.1%	23.1%	22.8%	23.1%	23.3%	2.5

Source: Centers for Disease Control. (2012). 2002-2010 *Pediatric Nutrition Surveillance. Growth Indicators by Race/Ethnicity and Age*.
 Note: The data are collected from participants in the Child Health and Disability Prevention Program, which serves Medi-Cal recipients and children/youth with family incomes up to 200% of the federal poverty level (FPL). These data on overweight/obesity capture approximately 22% of low-income (up to 200% FPL) children in California.

Students at a Healthy Weight,¹ by Grade Level

Grade level/Region	2006	2007	2008	2009	2010	2011	06-11 NET CHANGE
5th Grade							
Santa Cruz County							
Female	74.0%	76.5%	77.0%	77.5%	75.5%	79.2%	5.2
Male	56.5%	58.9%	57.1%	60.3%	59.9%	63.7%	7.2
California							
Female	76.6%	77.1%	77.5%	77.5%	77.4%	78.9%	2.3
Male	58.6%	59.2%	59.6%	59.7%	60.0%	61.8%	3.2
7th Grade							
Santa Cruz County							
Female	74.9%	74.7%	75.4%	77.6%	73.2%	75.8%	0.9
Male	60.1%	62.1%	61.9%	64.4%	63.0%	66.8%	6.7
California							
Female	72.9%	73.5%	74.1%	74.4%	74.5%	75.3%	2.4
Male	61.3%	62.1%	62.9%	63.2%	63.5%	64.3%	3.0
9th Grade							
Santa Cruz County							
Female	76.5%	73.0%	74.8%	75.2%	72.1%	76.3%	-0.2
Male	72.2%	71.0%	69.6%	71.3%	71.7%	73.9%	1.7
California							
Female	69.9%	70.5%	71.2%	70.8%	72.3%	73.4%	3.5
Male	66.1%	67.0%	68.3%	68.8%	70.3%	71.4%	5.3

Source: Lucile Packard Foundation for Children's Health. (2012). *Kidsdata.org*.

¹Please see Appendix II for definition of "Healthy Weight".

Percent of Children Ages Birth to 17 Currently Insured

Region/Age Group	2001	2003	2005	2007	2009	01-09 NET CHANGE
Santa Cruz County - Children 0-17 Years	93.3%	96.2%	97.4%	97.9%	92.1%	-1.2
Children 0-4 Years	93.0%	100.0%	95.6%	100.0%	92.1%	-0.9
Children 5-11 Years	89.7%	93.2%	98.1%	97.4%	99.1%	9.4
Children 12-14 Years	98.3%	97.3%	100.0%	100.0%	89.9%	-8.4
Children 15-17 Years	96.7%	97.6%	95.2%	93.3%	NA	NA
California - Children 0-17 Years	90.6%	92.9%	93.6%	94.3%	95.1%	4.5
Children 0-4 Years	93.4%	95.7%	94.4%	96.0%	96.4%	3.0
Children 5-11 Years	90.5%	93.1%	94.0%	94.2%	95.4%	4.9
Children 12-14 Years	88.7%	91.4%	92.9%	92.8%	93.4%	4.7
Children 15-17 Years	88.5%	89.8%	92.1%	93.7%	94.0%	5.5

Source: UCLA Center for Health Policy Research. (2011). 2001-2009 *California Health Interview Survey*.

Note: Data presented are the most recent available.

ATTACHMENT D – Planning Participants

Community Assessment Project Year 19 Steering Committee

Kirsten Liske, Chair, Ecology Action
Caleb Baskin, Baskin and Grant
Donna Blitzer, UCSC
Susan Brutschy, Applied Survey Research
Beth Carr, Santa Cruz Community Credit Union, Community Ventures
Leslie Conner, Santa Cruz Women’s Health Center
Christina Cuevas, Community Foundation of Santa Cruz County
Karen Delaney, Volunteer Center of Santa Cruz
Wily Elliot-McCrea, Second Harvest Food Bank
Peggy Flynn, Community Volunteer
Will Forest, Santa Cruz County Health Services Agency
Mary Lou Goeke, United Way of Santa Cruz County
Dan Haifley, O’Neill Sea Odyssey
Chris Johnson-Lyons, Community Action Board
Shebreh Kalantari-Johnson, First 5 Santa Cruz County
Bob Kennedy, Santa Cruz County Health Services Agency
Rama Khalsa, Community Volunteer
Eleanor Littman, Health Improvement Partnership
Madeline Noya, County of Santa Cruz Human Services Department
Paul O’Brien, Community Volunteer
Martina O’Sullivan, Dominican Hospital
Doug Patrick, Community Volunteer
Rock Pfothenauer, Cabrillo College
Raquel Ramirez Ruiz, Pajaro Valley Community Health Trust
Janet Reed, Community Volunteer
Julie Reinhardt, Imagine Supported Living Services
Susan, Rozario, Santa Cruz County Sheriff’s Office
Laura Segura, Women’s Crisis Support/Defensa de Mujeres
Brian Spector, Walde Ruhnke and Dost Architects, LLP
Abigail Stevens, Applied Survey Research
Sam Storey, Community Bridges
Susan True, First 5 Santa Cruz County
Michael Watkins, Santa Cruz County Office of Education

Dominican Community Advisors Members

Susan Brutschy, President, Applied Survey Research
Leslie Conner, Director, Santa Cruz Women's Health Center
Margarita Cortez, Executive Director, Loaves & Fishes
Mary Lou Goeke, Executive Director, United Way of Santa Cruz County
Dan Haifley, Executive Director, O'Neill Sea Odyssey
Deidre Hamilton, Hamilton Swift Land Use Consultants
Mary Hammer, Community Volunteer
Shebreh Kalantari-Johnson, First 5 Santa Cruz County
Rabbi Rick Litvak, Temple Beth El Synagogue
Carole Mulford, Program Manager Child Development, Santa Cruz County Office of Education
Giang Nguyen, Administrator, Santa Cruz County Health Services Agency
Ana Ventura Phares, County of Santa Cruz Personnel Equal Employment Opportunity Officer
Paul O'Brien, Community Volunteer
Larry Pearson, Owner, Pacific Cookie Company
Reyna Ruiz, Driscoll's
Jorge Sanchez, Santa Cruz County Counseling Center
Pamela Santacroce, Real Estate Property Management
Nanette Mickiewicz, MD, President, Dominican Hospital, Ex Officio member

Dominican Hospital Community Board of Directors

Carlos Arcangeli, MD, Urologist
Nancy Austin, Business Professional
Diana Bader, OP, Adrian Dominican Sisters
Janet Capone, OP, Adrian Dominican Sisters
Hannah Farquharson, MD, Physician
Edison Jensen, Attorney
Gabrielle Marie Jones, RSM, Mercy San Juan Medical Center
Dean Kashino, MD, Family Practice Physician
Brian King, Ed.D., J.D., President, Cabrillo Community College
Marsha Muir, MD, FACOG, OB-GYN Physician
Ana Ventura Phares, County of Santa Cruz Personnel Equal Employment Opportunity Officer
Jorge Sanchez, Santa Cruz County Counseling Center
Pamela Santacroce, Real Estate Property Management
Rajinder Singh, MD, Cardiologist
Claire Sommargren, RN, Ph.D, UCSF – Department of Physiological Nursing
Sharon Tapper, MD, Chief of Staff, Dominican Hospital Medical Staff, Ex-Officio
Chuck Maffia, Dominican Foundation Chairperson, Ex-Officio
Nanette Mickiewicz, MD, President, Dominican Hospital, Ex-Officio

ATTACHMENT E - Dignity Health Community Grant Awardees 2012

- **Community Bridges Collaborative**
- **Dientes Community Dental Care**
- **Health Improvement Partnership**
- **Homeless Services Center**
- **Hospice of Santa Cruz County**
- **RotaCare Bay Area**
- **Second Harvest Food Bank of Santa Cruz County**
- **United Way of Santa Cruz County**

ATTACHMENT F – Summary of Community Engagement

In addition to serving on many community and statewide committees and contributing to statewide and national implementation plans, Dominican continues to work with key partners in our community to create a community county-wide data dashboard (CAP) which is available for use by the entire community of Santa Cruz, and beyond.

The two key components in Dominican Hospital's approach to community engagement are the Dominican Community Advisory Committee (DCAC) and the hospital's role with the Santa Cruz County Community Assessment Project (CAP).

The DCAC is composed of hospital leadership, including the director of community benefit outreach and the director for community engagement along with civic and business leaders. Now more than five years old, the DCAC has oversight of the Community Benefit Plan (CBP), and specifically is instrumental in deciding the most efficacious use of the annual community grant funding.

The CAP, now in its 18th year, looks at six areas of community life – economy, public safety, education, health, natural environment and social environment – with consumer surveys and supplemental data from government agencies to measure the temperature and needs of the community bi-annually. The findings in the health sector form the basis for the coming year's community benefit plan.

Additionally the sectors are featured in a summary report published as a community benefit by Dominican each November. This report is included as 16 pages of the Focus on Health magazine that also includes the hospital's annual community benefit statement and related stories in that same Fall issue.

Timeline – Dominican Hospital

January 2012 – CAP report from previous fall is debriefed and preliminary discussions and planning for the coming year by the staff in Communications and Marketing.

June 2012 - CAP editorial board at Dominican meets and formulates stories based on results of needs surveys and known external factors. e.g., Affordable Care Act or budget cuts to public safety.

November 2012 – Focus on Health issue with community benefit report and CAP summary report is published and mailed to every household (95,000 mailboxes) in Santa Cruz County.

The CAP is a joint venture with United Way and Applied Survey Research. Meetings are held throughout the year in preparation for the next survey and reporting process beginning early in the next year.

As part of Dominican's Community Engagement is the commitment of the hospital to work closely with other partners to coordinate efforts and enhance collaboration in an effort to reach more people in the community. Dominican's leadership and community benefit staff serves on many committees and coalitions included, but not limited to:

American Red Cross, Santa Cruz Chapter
Aptos Chamber of Commerce
Bi-National Health Week Steering Committee
Capitola Chamber of Commerce
Court Appointed Special Advocate (CASA)
Catholic Charities of the Diocese of Monterey
Catholic Charities USA
Central California Alliance for Health (CCAH)
Community Action Board: Day Worker Center
Community Bridges: Family Resource Centers
Community Foundation of Santa Cruz County
Communities Organized for Relational Power in Action: COPA
Dientes
Diocese of Monterey Golf Tournament
Diocese of Monterey Pastoral Council
Health Improvement Partnership of Santa Cruz County
Healthy Kids Steering Committee
Hospice of Santa Cruz County
Hospital Council of Northern California
KUSP Community Advisory Board
Pajaro Homeless Shelter
Pajaro Valley Agriculture and Chamber of Commerce
Pajaro Valley Regional Diabetes Health Center
RotaCare
Safety Net Clinic Coalition
Santa Cruz Chamber of Commerce
Santa Cruz Women's Health Center
Second Harvest Food Bank
Serial Inebriate Program
United Way of Santa Cruz County
United Way of SCC: Go for Health Collaborative
United Way of SCC "211"
United Way of SCC Community Assessment Project
Women's Crisis Support/ Defensa D'Mujeres

2012 Dominican Hospital Community Needs Assessment

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The Santa Cruz County Community Assessment Project (CAP), the oldest project of its kind, marked its 18th anniversary in 2012. It is a joint venture between United Way of Santa Cruz County, Dominican Hospital, and Applied Survey Research (ASR) as their research partner.

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