CHNA

2016 COMMUNITY HEALTH NEEDS ASSESSMENT

Santa Cruz County
Dignity Health
Dominican Hospital

ASR

LETTER FROM THE PRESIDENT/CEO

Dignity Health
Dominican Hospital

Dear Friends,

On behalf of the medical staff and employees at Dignity Health Dominican Hospital, I would like to extend our sincere thanks for the opportunity to care for you, your friends and your family over these 75 years. Our mission at Dignity Health Dominican Hospital is to provide compassionate, high quality, affordable health care to those we serve. We serve and advocate for persons who are poor, vulnerable and disenfranchised. We collaborate with others to coordinate and improve the health of our communities, and commit our skills and resources to benefit the whole person through all stages of life.

Several of our service areas continue to be nationally recognized, such as cardiac, neonatal, stroke and oncology. Our cutting edge approach to patient care includes: expert compassionate care from doctors and staff accompanied by state-of-the-art technology, which ensures optimal patient outcomes.

Dignity Health Dominican Hospital strives to be the health care provider of choice and employer of choice in our area. Our core values include:

• Dignity • Collaboration • Justice • Stewardship • Excellence

To support the fulfillment of our mission and vision as a nonprofit hospital, as well as meet the requirements enacted by the 2010 Patient Protection and Affordable Care Act and California Senate Bill 697, Dignity Health Dominican Hospital has conducted a community health needs assessment (CHNA). With input from a broad range of truly remarkable people, we have identified and prioritized community health needs. These contributors provided expert knowledge, experience, and guidance. A CHNA is essentially a review of current health activities, resources, initiatives, gaps and limitations in the community.

We are pleased to present you with the results of our 2016 CHNA. We invite your feedback and comments on our current CHNA, as your input will help guide and impact our next CNHA which will be undertaken again in three years.

With warmest regards,

Nanette Mickiewicz, M.D.
President/CEO

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1. EXECUTIVE SUMMARY

Community Health Needs Assessment (CHNA) Background

The Affordable Care Act (ACA), enacted by Congress on March 23, 2010, stipulates that nonprofit hospital organizations complete a community health needs assessment (CHNA) every three years and make it widely available to the public. This assessment includes input from the community and experts in public health, clinical care, and others. The purpose of this community health needs assessment (CHNA) is to identify and prioritize significant health needs of the community served by Dignity Health Dominican Hospital. The priorities identified in this report help to guide the hospital's community health improvement programs and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health. The CHNA report meets the Patient Protection and Affordable Care Act requirements, as well as the requirements for California Senate Bill 697, and serves as the basis for implementation strategies that are filed with the Internal Revenue Service.

Brief Description of Community Served

Santa Cruz County has a population of approximately 271,804 and covers 445 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, had an estimated population of 63,789 as of January 2015. As of January 2015, the City of Watsonville had an estimated population of 52,087.

The county is 58% White and 33% 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. Median family income was $80,788 in Santa Cruz County in 2014, higher than in California ($71,015) and the nation overall ($65,910). The unemployment rate was 8.7% for the county during 2014, higher than the state overall (7.5%). The City of Watsonville had the highest unemployment rate at 11.2% for 2014.

Process & Methods

Dignity Health Dominican Hospital, together with its Community Advisors, Applied Survey Research (ASR), a not-for-profit social research firm, and other community partners, completed a Community Health Needs Assessment process in 2016. The goal was to collectively gather community feedback, understand existing data and trends about health status, and prioritize local health needs.

Secondary data were obtained from a variety of sources. Community input was obtained during the fall and winter of 2015/16 via key informant interviews with local health experts, and focus groups with community leaders and representatives. Dignity Health Dominican Hospital and ASR also used primary data collected from the biennial Community Assessment Project (CAP) telephone survey conducted with a representative sample of Santa Cruz County residents. The CAP assesses quality of life across six subject areas: the economy, health, public safety, the social environment and the natural environment. Focus groups and interviews focused on four main questions:

1. What are the most important health needs in your community? What needs are not being met and which specific groups have greater unmet needs, or special needs?
2. What drivers or barriers contribute to health needs?
3. What are your suggestions for improvements or solutions to these health needs?
4. How has the Affordable Care Act impacted access to healthcare for the community? (optional question, time permitting)

Needs were prioritized during the focus group and interview process, resulting in the following list.

Health Needs Identified by 2016 CHNA Process

- Access to Health Care
- Additional Specialized Health Care Workers
- Asthma
- Cancer
- Climate and Health
- Depression & Mental Health
- Diabetes
- Economic Security
- Food Insecurity
- Heart Disease & Stroke
- Homelessness
- Human Trafficking
- Infectious Disease
- Issues Surrounding Undocumented Persons
- Maternal and Child Health
- Obesity/Healthy Eating, Active Living
- Oral Health
- Substance Use
- Unintentional Injuries
- Violence/Injury Prevention

In the final step, the Dominican Community Advisors (DCA) consolidated and finalized the list of prioritized health needs into the following prioritized health needs.

Prioritized Health Needs

- Integrated Behavioral Health

  During their prioritization process, the DCA identified the need for a more integrated approach to behavioral health. For the CHNA, Integrated Behavioral Health is the idea that physical and emotional health are connected and can be addressed together to produce the best possible health outcomes. Providers collaborate to address physical, developmental, social, behavioral, and emotional needs, including mental health and substance abuse conditions, depression, health behaviors (including their contribution to chronic medical illnesses), life stressors and crises, and stress-related physical symptoms.

- Economic Security

  During their prioritization process, the DCA combined several needs into this one broader need: Economic security includes employment, access to education and/or vocational training, affordable housing, homelessness, food insecurity and other factors related to poverty and lack of income.

- A Continuum of Care Approach to Access & Delivery

  The Continuum of Care Approach is an integrated system that guides and tracks patients over time through a comprehensive array of health services spanning all levels and intensity of care. It combines prevention and early intervention, while addressing the Social Determinants of Health.

For further details, including statistical and qualitative data, please refer to Section 5 (Identification and Prioritization of Community Health Needs) and consult the Prioritized Health Needs appended to this report as Attachment 5. To review a list of resources that could potentially address the prioritized needs, see P. 35 for an overview of organizations, facilities and programs.

Next Steps

This CHNA report was adopted by the Dignity Health Dominican Hospital Community Board of Directors on March 23, 2016. The report is widely available to the public on the hospital's website, and a paper copy is available for inspection upon request at Dominican Hospital's Community Health Integration Services Office. Written comments on this report can be submitted to Dominican Hospital's Community Health Integration Services Office at 1555 Soquel Ave., Santa Cruz, CA 95065, or by email to Michaella.Siplak@dignityhealth.org.

2. SCOPE

The CHNA Effort

Dignity Health Dominican Hospital collaborated with local health officials, County Health Department representatives, and community benefit organizations to conduct this community health needs assessment of Santa Cruz County. With this assessment, Dignity Health Dominican Hospital will develop strategies to tackle these prioritized needs and improve the health and well-being of community members.

Note that for the purposes of this assessment, "community health" is not limited to traditional health measures. This definition includes indicators relating to the quality of life (e.g., access to health care, impact of new technology, affordable housing, child care, education, and employment), the physical environmental, and social factors that influence health, as well as the physical health of the county's residents. This reflects Dignity Health Dominican Hospital's view that community health is affected by many factors and cannot be adequately understood without consideration of trends outside the realm of health care.

The **2016 Community Health Needs Assessment** is designed to serve as a tool for guiding policy and planning efforts, and the information provided here will be used to formulate strategies to improve the quality of life for Santa Cruz County residents. This assessment will also serve to assist in developing Community Benefit Plans pursuant to Legislative Bill 697, as well as assist in meeting IRS requirements for Community Health Needs Assessment pursuant to the Patient Protection and Affordable Care Act of 2010 (See Attachment 1 for the IRS Checklist).

ACA and SB 697 CHNA Requirements

Activity or Requirement	Required by ACA	Required by SB 697
Conduct a CHNA at least once every 3 years	Yes	Yes
Document a separate CHNA for each individual hospital	Yes	
Identify and prioritize community health needs	Yes	Yes
Gather input from specific groups/individuals, including public health experts as well as community leaders and representatives of high-need populations, including minority groups, low-income individuals, and medically underserved populations	Yes	
Identify resources potentially available to address the health needs	Yes	
Make the CHNA findings widely available to the public	Yes	

Adopt an Implementation Strategy Report to meet needs identified by CHNA	Yes	Yes
File an Implementation Plan with designated government agency	Yes	Yes

In conducting this Community Health Needs Assessment, the goals of Dignity Health Dominican Hospital are twofold:

- To produce a functional, comprehensive community health needs assessment that can be used for strategic planning of community programs and as a guideline for policy and advocacy efforts; and

- To promote collaborative efforts in the community and develop collaborative projects based on the data, community input, identified service gaps, and group consensus.

Identity & Qualifications of Consultants

In 1994, Applied Survey Research (ASR), a nonprofit social research firm, was contracted by the United Way to incorporate best practices from other assessment efforts across the nation into a community assessment model that would provide public and private interests with clear information about past trends and current realities. Under the guidance of the Community Assessment Project Steering Committee, ASR continues to manage the project to this day, collecting secondary (pre-existing) data and conducting a biennial community survey for primary data.

For the Dignity Health Dominican Hospital CHNA, ASR conducted primary research, collected secondary data, synthesized primary and secondary data, facilitated the processes of identification of community health needs and assets and of prioritization of community health needs, and documented the processes and findings into a report.

ASR was uniquely suited to provide Dignity Health Dominican Hospital with consulting services relevant to conducting the CHNA. The team that participated in the work – Susan Brutschy, Abigail Stevens, John Connery, and Jennifer Anderson-Ochoa – brought together diverse, complementary skill sets and various schools of thought (public health, anthropology, sociology, psychology, education, and policy analysis).

In addition to their research and academic credentials, the ASR team has a 35-year history of working with vulnerable and underserved populations such as young children, teen mothers, seniors, low-income families, immigrant families, families who have experienced domestic violence and child maltreatment, the homeless, and children and families with disabilities.

ASR's expertise in community assessments is well-recognized. ASR won a first place award in 2007 for having the best community assessment project in the country. They accomplish

successful assessments by using mixed research methods to help understand the needs in question, and by putting the research into action through designing and facilitating strategic planning efforts with stakeholders.

Communities recently assessed by ASR include Arizona (six regions), Alaska (three regions), the San Francisco Bay Area including San Mateo, Santa Clara, Alameda, Contra Costa, Santa Cruz, and Monterey Counties, San Luis Obispo County, the Central Valley area including Stanislaus and San Joaquin Counties, Marin County, Nevada County, Pajaro Valley, Solano, and Napa Counties.

3. ABOUT OUR HOSPITAL

The commitment of Dignity Health Dominican Hospital is to improve the health of the community and address unmet health needs, particularly those of the poor, disadvantaged and underserved, ensures that the hospital's decisions and processes are guided by the Mission and the Vision and Values of the Adrian Dominican Sisters.

Mission, Vision and Values

Mission

Dignity Health Dominican Hospital is committed to furthering the healing ministry of Jesus. They dedicate their resources to:

- Delivering compassionate, high-quality, affordable health services;
- Serving and advocating for our sisters and brothers who are poor and disenfranchised; and
- Partnering with others in the community to improve the quality of life.

Vision

A vibrant, national health care system known for service, chosen for clinical excellence, standing in partnership with patients, employees, and physicians to improve the health of all communities served.

Values

Dignity Health Dominican Hospital is committed to providing high-quality, affordable healthcare to the communities they serve. Above all else they value:

Dignity - Respecting the inherent value and worth of each person.

Collaboration - Working together with people who support common values and vision to achieve shared goals.

Justice - Advocating for social change and acting in ways that promote respect for all persons.

Stewardship - Cultivating the resources entrusted to us to promote healing and wholeness.

Excellence - Exceeding expectations through teamwork and innovation.

The commitment of the organization to improve the health of the community and address unmet health needs, particularly those of the poor, disadvantaged and underserved, ensures that the hospital's decisions and processes are guided by the Mission and the Vision and Values of the Adrian Dominican Sisters.

Hello humankindness

After more than a century of experience, Dignity Health learned that modern medicine is more effective when it's delivered with compassion. Stress levels go down. People heal faster. They have more confidence in their health care professionals. They are successful because they know that the word "care" is what makes health care work. At Dignity Health, they unleash the healing power of humanity through the work they do every day, in the hospital and in the community.

Hello humankindness tells people what they stand for: health care with humanity at its core. By using common humanity as a healing tool, Dignity Health Dominican Hospital makes a true difference, one person at a time.

About Dignity Health Dominican Hospital's Community Benefit Program

Dignity Health Dominican Hospital was founded on September 14, 1941and became a member of Dignity Health, formerly Catholic Healthcare West (CHW), in 1988. Dominican Hospital is licensed for 223 inpatient beds and is comprised of two campuses: the Soquel Drive acute care hospital for inpatient services and Dominican's Rehabilitation Services on Frederick Street for outpatient services. Dominican Hospital has a staff of 1,700 employees and professional relationships with more than 468 local physicians and allied health professionals. Major programs and services include Cardiovascular, OB/GYN, Orthopedics, General Surgery, Pulmonary, Neurosciences, Oncology, Maternal/Child Health, Level III NICU, Cardio/Thoracic/Vascular Surgery, Intensive Care Unit, Emergency Services and Rehabilitation.

The hospital engages in multiple activities to conduct its community benefit and community health improvement planning process. These include, but are not limited to: conducting a Community Health Needs Assessment with community input at least every three years; using five core principles (see below) to guide planning and program decisions; measuring and

tracking program indicators; and engaging the Dominican Community Advisors and other stakeholders in the development and annual updating of the community benefit plan.

As a matter of Dignity Health policy, the hospital's community benefit programs are guided by five core principles. All of their initiatives relate to one or more of these principles:

- **Disproportionate Unmet Health-Related Needs**: Seek to address the needs of communities with disproportionate unmet health-related needs.
- **Primary Prevention**: Address the underlying causes of persistent health problems through health promotion, disease prevention, and health protection.
- **Seamless Continuum of Care**: Emphasize evidence-based approaches by establishing operational linkages between clinical services and community health improvement activities.
- **Community Capacity**: Target charitable resources to mobilize and build the capacity of existing community assets.
- **Collaborative Governance**: Engage diverse community stakeholders in the selection, design, implementation, and evaluation of program activities.

Dignity Health's community investment program makes low-interest loans to nonprofit organizations that deliver health-related services to low-income communities. A Dignity Health loan to the **Santa Cruz Women's Health Center (SCWHC)** funded a new clinic that opened in 2014 in Live Oak for pediatric services, as well as primary care, mental health, and substance-abuse services for adults. The SCWHC is a nonprofit Federally Qualified Health Center dedicated to providing culturally appropriate and affordable medical services for Santa Cruz County's low-income, uninsured, and underinsured residents.

In response to identified health-related needs in the Community Assessment Project, (a collaborative project to measure and improve the quality of life in Santa Cruz County), Dignity Health Dominican Hospital sets forth its commitment to the care of the poor, to wellness promotion, disease prevention and education. Dignity Health Dominican Hospital's community benefit program includes financial assistance provided to those who are unable to pay the cost of their care, unreimbursed costs of Medicaid, subsidized health services that meet a community need, and community health improvement services. Our community benefit also includes monetary grants we provide to not-for-profit organizations that are working together to improve health on significant needs identified in our Community Health Needs Assessment.

Community Served

The Internal Revenue Service defines the "community served" by a hospital as those individuals residing within its hospital service area. A hospital service area includes all residents in a defined geographic area and does not exclude low-income or underserved populations.

Geographic Description of Community Served

Santa Cruz County has a population of approximately 271,804 and covers 445 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 63,789 as of January 2015. 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 2015, the City of Watsonville has an estimated population of 52,087. 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.

Demographic Profile of Community Served

The county is 58% White and 33% 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 60 and older, represent 20% of the population. While the county's largest ethnic group is White, the fastest growing ethnic group is Latino. Most Santa Cruz County residents had a high school degree (86%) in 2015. Median family income was $80,788 in Santa Cruz County in 2014, higher than in California ($71,015) and the nation overall ($65,910). 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 8.7% for the county during 2014, higher than the state overall (7.5%). The City of Watsonville had the highest unemployment rate at 11.2% for 2014. The median sales price of homes in Santa Cruz-Watsonville metro area has increased 80% since 2009; rent has decreased in the county since 2011. Average rent for a one bedroom apartment was $1,424 in 2011 compared to $1,387 in 2014, a decrease of 6%. (For a comparison of North and South Santa Cruz County, click on: A Glimpse of Reality: Health and other Disparities in the Pajaro Valley).

- Total Population: 271,804 (Source: American Community Survey)
- Hispanic or Latino: 33% (Source: American Community Survey)

- Race: 58% White, 9% Black/African American, Asian, American Indian/Alaska Native, Native Hawaiian or Other Pacific Islander, Other, or Two or More Races (Source: American Community Survey)
- Median Income: $80,788 (Source: American Community Survey)
- Unemployment: 8.7% (Source: California Employment Development Department)
- No HS Diploma: 14% (Source: American Community Survey)
- Medicaid Patients: 65,806 (24% of the population)
- Other Area Hospitals: 2
- Medically Underserved Areas or Populations: Yes (The Felton/West Santa Cruz Area and Monterey Service Area (within Santa Cruz)

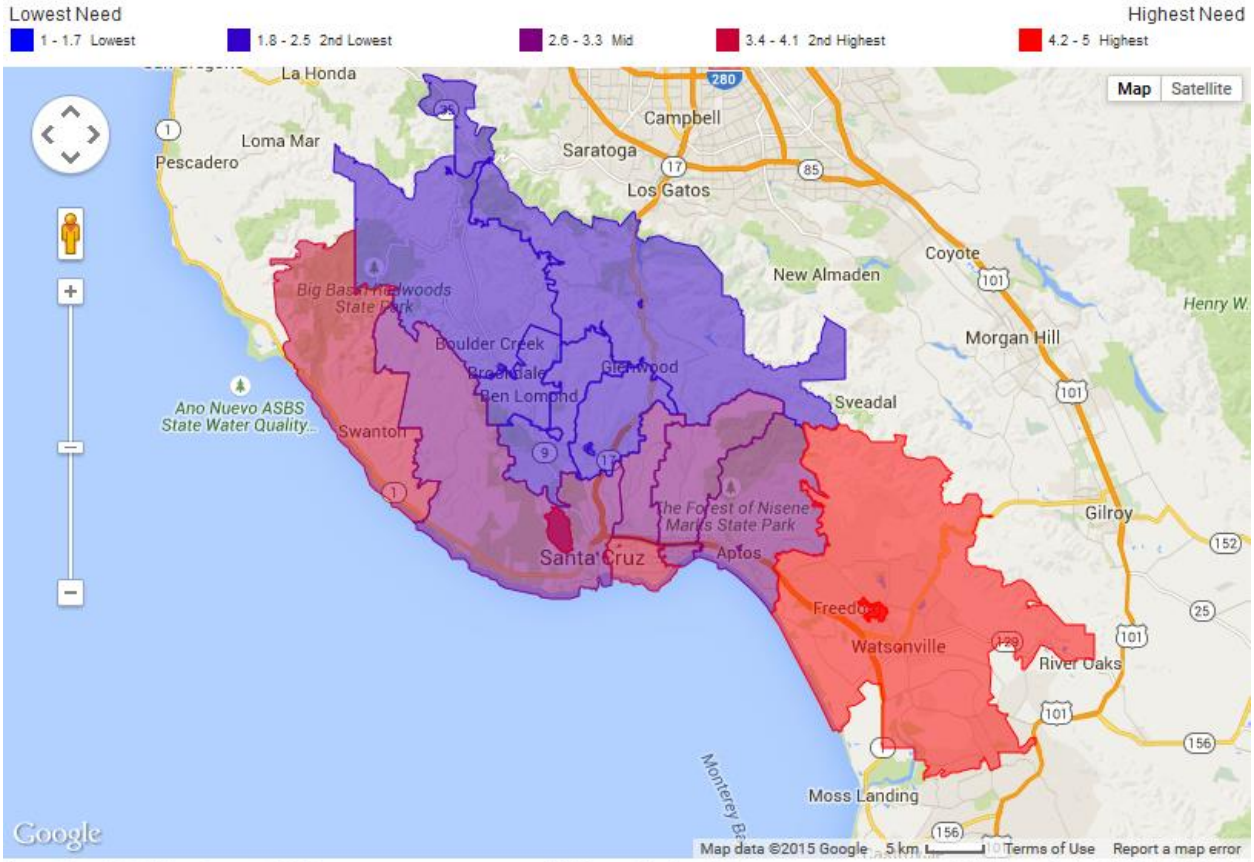
With regard to medically underserved populations in Santa Cruz County:

- A greater proportion of surveyed adults aged 18 - 65 in 2014 (22%) than in 2013 (14%) were without health insurance coverage (SCC CAP 2015: 69).
- White CAP survey respondents were significantly more likely than Hispanics, to have had dental care in the previous 12 months (White 74% vs. Hispanic 58%)(SCC CAP 2015)
- White CAP survey respondents were significantly more likely than Hispanics to have had a regular source of health care in 2015 (White 94% vs. Hispanics 80%) (SCC CAP 2105)

One tool used to assess health need is the Community Need Index (CNI) created and made publically available by Dignity Health and Truven Health and Truven Health Analytics. The CNI analyzes data at the zip code level on five factors known to contribute or be barriers to health care access: income, culture/language, education, housing status, and insurance coverage. Scores from 1.0 (lowest barriers) to 5.0 (highest barriers) for each factor are averaged to calculate a CNI score for each zip code in the community. Research has shown that communities with the highest CNI scores experience twice the rate of hospital admissions for ambulatory care sensitive conditions as those with the lowest scores.

Santa Cruz County's CNI scores clearly indicate that the greatest areas of need are in South County. This tracks with CAP data and qualitative data gained through focus groups and key information interviews.

Map of Community Served



Mean(zipcode): 3 / Mean(person): 3.4 CNI Score Median: 3.2 CNI Score Mode: 2.2,2.4,2.6,3.2,3.4

Zip Code	CNI Score	Population	City	County	State
95003	2.6	25056	Aptos	Santa Cruz	California
95005	2.2	6822	Ben Lomond	Santa Cruz	California
95006	2.4	9619	Boulder Creek	Santa Cruz	California
95010	3.2	9645	Capitola	Santa Cruz	California
95017	3.4	560	Davenport	Santa Cruz	California
95018	2.2	8421	Felton	Santa Cruz	California
95019	4.6	8809	Freedom	Santa Cruz	California
95033	2	9200	Los Gatos	Santa Cruz	California
95060	3.2	48957	Santa Cruz	Santa Cruz	California
95062	3.4	37239	Santa Cruz	Santa Cruz	California
95064	3.6	8461	Santa Cruz	Santa Cruz	California
95065	3	8225	Santa Cruz	Santa Cruz	California
95066	2.4	15132	Scotts Valley	Santa Cruz	California
95073	2.6	10912	Soquel	Santa Cruz	California
95076	4.4	85421	Watsonville	Santa Cruz	California

Map credit: Community Need Index

State and County Context

Following the institution of the ACA in January 2014, Medi-Cal was expanded in California to low-income adults who were not previously eligible for coverage. Specifically, adults earning less than 138% of the Federal Poverty Level (approximately $15,856 annually for an individual) are now eligible for Medi-Cal. In 2014, "Covered California," a State Health Benefit Exchange, was created to provide a marketplace for healthcare coverage for any Californian. In addition, Americans and legal residents with incomes between 139% and 400% of the Federal Poverty Level can benefit from subsidized premiums.[1]

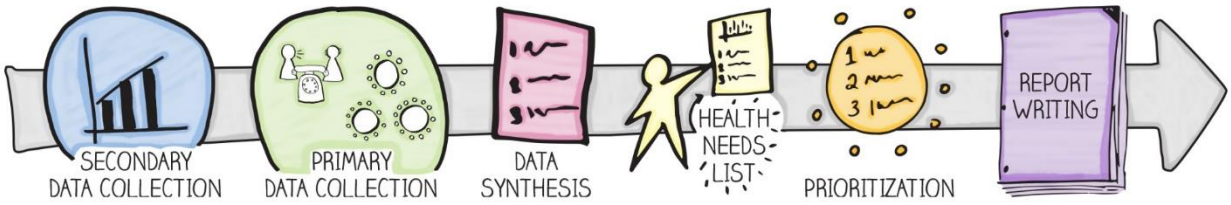
The County of Santa Cruz reported that since October 2013 over 19,131 residents successfully enrolled in Covered California. Since 2009, Santa Cruz County has seen a 105% increase in Medi-Cal members from 31,415 to 64,329, with 46% of their current membership being Latino.[2]

1 http://www.healthforcalifornia.com/covered-california
2 Central California Alliance for Health. (2015). [Membership enrollment report]

4. PROCESS & METHODS OF THE 2016 CHNA

Dignity Health Dominican Hospital worked to collect the primary and secondary data requirements of the CHNA. The CHNA data collection process took place over six months and culminated in a report written for Dignity Health Dominican Hospital in March of 2016.

Dignity Health Dominican Hospital's CHNA Process



Primary Qualitative Data (Community Input)

Dignity Health Dominican Hospital worked with Applied Survey Research (ASR) to conduct primary research. They used three strategies for collecting community input: key informant interviews with health experts, focus groups with professionals, and telephone surveys with 700 randomly selected residents as part of the yearly Community Assessment Project.

Each focus group and interview was recorded and summarized as a stand-alone piece of data. When all groups had been conducted, the team used qualitative research software tools to analyze the information and tabulated all health needs that were mentioned, along with health drivers discussed. ASR then made a list of all of the conditions that had been mentioned by a focus group or key informant, counted how many groups or informants listed the condition and how many times they had been prioritized by a focus group.

Over the past twenty years, a consortium of public and private health, education, human service, and civic organizations, convened by the United Way of Santa Cruz County, have sponsored the Community Assessment Project (CAP), a collaborative project to measure and improve the quality of life in Santa Cruz County by:

- raising public awareness of human needs, changing trends, emerging issues, community assets and challenges;
- providing accurate, credible and valid information on an ongoing basis to guide decision making;

- setting community goals that will lead to positive healthy development for individuals, families, and communities; and
- supporting and assisting collaborative action plans to achieve the community goals.

Community Leader Input

In all, ASR consulted with 55 community representatives of various organizations and sectors. These representatives either work in the health field or improve health conditions by serving those from the target populations. In the list below, the number in parentheses indicates the number of participants from each sector.

- Santa Cruz County Public Health Department (4)
- Santa Cruz County Health & Hospital System (4)
- Other Santa Cruz County employees (8)
- Nonprofit agencies (22)
- Business sector (5)
- Community Organizers/Volunteers (8)
- Education sector (3)
- Funder (1)

See Attachment 3 for the titles and expertise of key stakeholders. See Attachment 4 for key informant interview and focus group protocols.

Key Informant Interviews

ASR conducted primary research via key informant interviews with 3 Santa Cruz County experts from various organizations. Between December 2015 and January 2016, experts including the health service agency director, and 2 community clinic directors were consulted. These experts had countywide experience and expertise.

Experts were interviewed in person or by telephone for approximately one hour. Informants were asked to identify the top needs of their constituencies, how access to healthcare has changed in the post-Affordable Care Act environment, the impact of the physical environment on health, and the effect of the use of new technologies for health-related activities.

Stakeholder Focus Groups

Two focus groups with stakeholders were conducted between December 2015 and January 2016. The questions were the same as those for key informants.

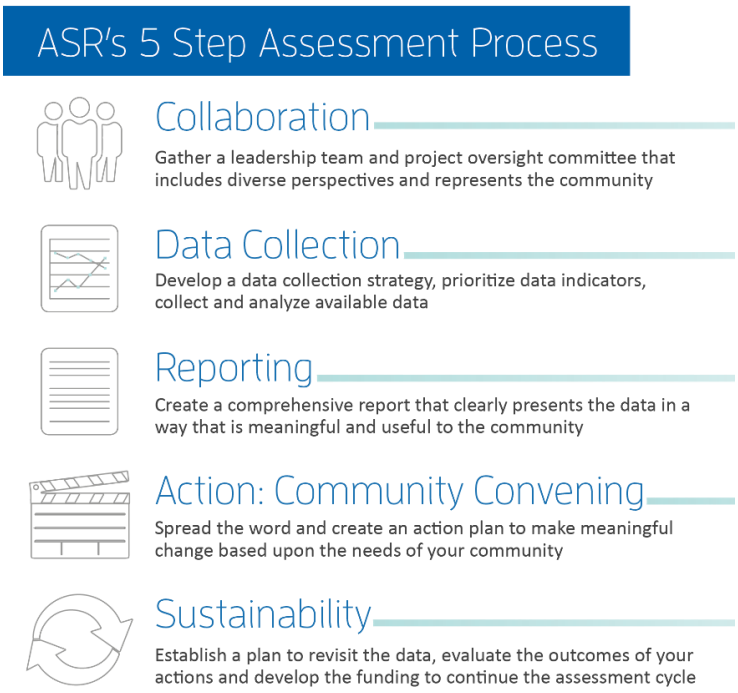
Details of Focus Groups with Professionals

Focus	Focus Group Host/Partner	Date	Number of Participants
Dominican Community Advisors	**Applied Survey Research**	01/21/16	9
Service Providers	**Applied Survey Research**	12/18/2015	7

See Attachment 3 for the titles and expertise of key stakeholders.

Resident Input and the Santa Cruz County Community Assessment Project

Dignity Health Dominican Hospital utilized the primary data collected and analyzed in the Santa Cruz County Community Assessment Project (CAP) to access resident input for the 2016 CHNA.



The CAP assesses quality of life across six subject areas: the economy, education, health, public safety, the social environment, and the natural environment. The CAP features over 90 indicators across these fields, including both primary and secondary data. Biennially, ASR conducts a telephone survey of a representative sample of 700 Santa Cruz County residents: 2015 was a survey year. ASR uses a 5-step Assessment Process outlined here.

Over 300 community stakeholders participate in setting goals for the CAP project. The goals for the health section of the report are set by the Health Improvement Partnership (HIP), a local coalition of public and private health care leaders dedicated to increasing access to health care and building stronger local health care systems. The HIP has representation from the public health department in addition to community clinics who are serving the medically underserved, low-income, and

minority populations. The goals from CAP are taken into account when identifying top health needs.

CAP Methodology

Sample Selection and Data Weighting

In 2015, 784 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 2015, quotas were also set for Latino respondents in order to increase the number of Latino survey respondents. 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). In total 784 surveys were completed, 282 in North County, 256 in South County, and 246 in San Lorenzo Valley.

Data from the 2015 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 2015 survey, the sample was 60% female and 40% 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 2015 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 2010 Census data, in order 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.

There are important characteristics of weighted data that need to be mentioned. 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 784 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 +/- 3.5%. 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.

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 3.5%.

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.

Secondary Quantitative Data Collection

ASR compiled the research and provided comparisons with existing benchmarks (Healthy People 2020, statewide and national averages).

Information Gaps & Limitations

ASR and Dignity Health Dominican Hospital were limited in their ability to assess some of the identified community health needs due to a lack of secondary data. Such limitations included lack of data for:

- Health data for residents without documentation
- More detailed information on Intentional and unintentional injuries
- Climate and Health

- Asthma

5. IDENTIFICATION AND PRIORITIZATION OF COMMUNITY HEALTH NEEDS

Identification of Community Health Needs

As described in Section 4, a variety of experts and community members were consulted about the health of the community. Community members were frank and forthcoming about their personal experiences with health challenges and their perceptions about the needs of their families and community.

Collectively, they identified a diverse set of health conditions and demonstrated a clear understanding of the health behaviors and other drivers (environmental and clinical) that affect the health outcomes. They spoke about prevention, access to care, clinical practices that work and don't work, and their overall perceptions of the community's health.

Qualitative Data Findings

Dignity Health Dominican Hospital sought to understand specific aspects of community health during the 2016 CHNA. Starting with a solid understanding of the health conditions, drivers, and social determinants of health that are concerning to the community, ASR dove deeper into these questions during focus groups and key informant interviews:

1. What are the most important health needs in your community? What needs are not being met and which specific groups have greater unmet needs, or special needs?
2. What drivers or barriers contribute to health needs?
3. What are your suggestions for improvements or solutions to these health needs?
4. How has the Affordable Care Act impacted access to healthcare for the community? (Optional question, time permitting)

> *"I want to really emphasize that the health needs for North and South County really do differ. Oftentimes when we talk about the health of Santa Cruz County, we are talking only about North County. I would really like the needs of South County to be included in that."*
>
> Participant

Health Needs

ASR facilitated conversations with key community members that resulted in the list of prioritized community health needs listed below. Unmet health needs included access to healthy food, oral health, obesity, chronic health issues in the severely mentally ill, and ensuring access to health care for undocumented individuals. Specific populations identified as having greater need included mono-lingual Spanish speakers,

indigenous (non-Spanish speaking) persons, homeless adults and youth, youth with emotional issues or substance use disorders, and isolated seniors. South County was identified as an area having greater health needs.

Drivers and Barriers

The lack of affordable housing and homelessness were repeatedly mentioned as a driver or barrier that contributes to health needs. Other drivers/barriers mentioned included chronic substance abuse, lack of access to healthy food, poverty, immigration status, cultural and language barriers, low paying jobs and lack of access to preventive care.

Suggestion for Improvements or Solutions

Suggestions for improvements or solutions included increased and easier exchange of information between service providers to facilitate better coordination of care, more and better trained health providers (especially Spanish-speaking and specialized care), increased funding for substance abuse treatment, improved case management, and an increased focus on prevention and early intervention. Policy ideas included taxing sugar sweetened beverages, supporting parks and funding for active living spaces, and generally ensuring that policy makers consider health-impacts in their decisions.

Healthcare Access

ASR also specifically sought to understand how the Affordable Care Act implementation impacted residents' access to healthcare, including affordability of care.

This question was addressed with several discussion points including awareness about health insurance and healthcare access, whether more or fewer residents were now insured, costs and affordability of healthcare, sufficiency of healthcare benefits, and the utilization of primary versus emergency care.

Awareness about how to obtain health insurance and health care. Most residents are aware of how to access health insurance and health care, but some do not have the "health systems literacy" that they need to navigate the system and make choices. Populations who may be less aware or have more difficulty accessing insurance are undocumented immigrants, those who do not speak English, those with limited/no literacy, and homeless persons who don't have the documentation necessary to enroll.

Proportions Insured. Experts reported an increase in the number of insured since the Affordable Care Act (ACA) was instituted; the biggest increase is in the number people insured by Medi-Cal, which was credited to outreach by hospitals, county, and nonprofits.

Difficulties affording insurance and care. Experts working with at-risk, low-income populations reported that their clients were having less difficulty affording insurance and

health care. However, service providers and health professionals reported that residents with private insurance often face prohibitive co-pays and other costs.

Insurance benefits or "coverage." There were mixed responses about benefits; some said coverage is better now and others said it was worse. Those who said it was worse reported that services that used to be covered are no longer covered. Participants said that mental health services are still insufficient — especially for those with plans outside of Medi-Cal.

Primary care versus emergency care. Experts who serve Medi-Cal patients in community clinics report that more of their patients are seeking preventative care through the clinics and more are assigned to primary care physicians. There were mixed responses about whether people are using the emergency department (ED) as primary care to the same degree; some cited fewer people using the ED because they now have access to primary and preventative care, while others said some continue or increased use of the ED because of long appointment wait times and lack of awareness about using primary care doctors.

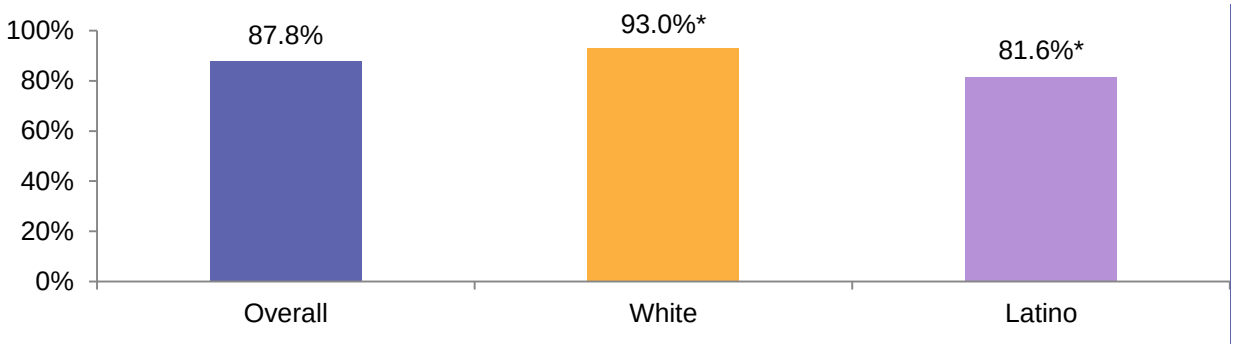
Health Needs Data Synthesis

In order to generate a list of health needs, ASR started from the designated health list from Dignity Health Dominican Hospital's 2013 CHNA. Building on the CHNA work done by ASR in the East Bay, San Mateo and other locations, as well as the data collected during the CAP, focus groups, and key informant interviews, ASR finalized the list of significant health needs for Santa Cruz County and shared this with the Dominican Community Advisors for final review. A total of 20 health conditions or drivers were retained as community health needs and are listed below, **in alphabetical order**.

Summarized Descriptions of Santa Cruz County's Community Health Needs

Access and delivery continue to be a health need in Santa Cruz County. The County of Santa Cruz reported that since October 2013 over 19,131 residents successfully enrolled in Covered California. Since 2009, Santa Cruz County has seen a 105% increase in Medi-Cal members from 31,415 to 64,329, with 46% of their current membership being Latino. Ninety-four percent of White CAP survey respondents reported having a regular source of health care in 2015, as compared to only 80% of Latinos. White respondents were significantly more likely than Latino respondents to go to a private practice for their regular source of health care, while Latino respondents were significantly more likely than White respondents to go to a community clinic for their regular source of health care. Community members indicated that patients need help navigating the healthcare system. Language barriers, immigration status, and lack of cultural competence also negatively affect access for minority populations. Service providers and health professionals noted that residents with Medi-Cal and other low-income plans have effective insurance coverage, while those with private insurance often face prohibitive co-pays and other costs.

☎ In the past 12 months, were you able to receive the health care you needed? (Respondents answering "Yes") By Ethnicity - 2015



2015 - Overall n: 779; White n: 424; Latino n: 284.

Source: Applied Survey Research. (2015). Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, CA.

**Significance testing: White respondents were significantly more likely than Latino respondents to have received the health care they needed in 2015.*

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

	2015
No Insurance	32.9%
Insurance Wouldn't Cover It	18.8%
Medi-Cal/MediCruz Problems	4.7%
Couldn't Afford the Premium	8.3%
Too Expensive	8.3%
Couldn't Afford the Co-pay	6.7%
Other	11.6%
Total Respondents	**33**

Source: Applied Survey Research. (2015). Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, CA.

Note: Survey question was modified in 2015 and is therefore not comparable to previous years.

Need for additional specialized health workers is a health need as expressed by the community. Service providers and health professionals both expressed the need for more and varied specialized doctors and practitioners.

Asthma has consistently been identified as a health need in Santa Cruz County, but there is currently no relevant data to track it.

Cancer is a health need in Santa Cruz County as marked by breast cancer death rates that are higher than the California rate and that do not meet the Healthy People 2020 objective.

Climate and health is a health need in Santa Cruz County as marked by an increasing number of air quality related neighborhood complaints. Poor air quality can aggravate asthma and other respiratory conditions.

Depression and mental health are health needs in Santa Cruz County as marked by a rise over time in the percentage of self-reported mental and emotional problems. Suicide is in the top 10 leading causes of death in the county. Community input indicates that the health need is likely being affected by a limited supply of mental healthcare providers and substance abuse treatment options as well as lack of insurance coverage for these behavioral health benefits among those who are insured. There were also indications that the level of stigma associated with behavioral health issues may make it harder for individuals with such issues to seek and obtain help. The community identified a variety of factors that cause stress and thus have a negative impact on well-being, including lack of affordable housing, experiencing food insecurity, being unemployed or under-employed or having multiple jobs, homelessness, having undocumented status, and experiencing economic disparities.

Percentage of Adult Respondents (Ages 18 and Older) Who Indicated That, in the Past 12 Months, They…

	2007	2009	2011-12	2014
***Needed to See* a Professional for Problems with Their Emotional/Mental Health or Alcohol/Drug Use**				
Santa Cruz County	19.7%	13.1%	22.7%	26.7%
California	16.5%	14.3%	15.8%	15.9%
***Had Seen* a Health Care Provider for Problems with Their Emotional or Mental Health or Alcohol/Drug Use**				
Santa Cruz County	16.3%	11.2%	16.7%	20.7%
California	12.4%	10.9%	12.1%	12.0%
Taken Prescription Medication for Their Mental Health or Emotional Problems Almost Daily for Two Weeks or More				
Santa Cruz County	9.2%	10.0%	16.2%	13.1%
California	10.0%	9.7%	10.1%	10.1%

Source: UCLA Center for Health Policy Research. (2015). California Health Interview Survey, 2007-2011/2012, and 2014. Note: 2001 to 2009 CHIS data were collected over a 9-month period. Beginning June 15, 2011, CHIS data will be collected continuously over a two-year period. 2011-2012 CHIS data were collected from June 15, 2011 through January 14, 2013.

Diabetes is a health need in Santa Cruz County as marked by a slight rise over time in the percentage of self-reported diabetics. Diabetes is one of the top 10 leading causes of death in the county. Of greatest concern to service providers and health professionals was the connection between poor outcomes for people with chronic diabetes, and poverty and the lack of access to affordable, healthy food.

Economic security is a health need in Santa Cruz County as marked by rising percentages of adults living below 200% of the Federal Poverty Level. Unemployment rates are rising and are higher than both the state and national level. While educational indicators (high school exit exam performance, educational attainment) were better in the county as a whole than in the state, 67% of 3rd grade students did not meet the English Language Arts/Literacy Standards and 66% did not meet the Mathematical standards for the CAASPP test measuring student performance and progress. Low-income individuals were identified as having less access to basic needs such as affordable healthy food and housing, and even when having insurance, being unable to afford co-pays or prescriptions. Service providers and health professionals identified this as a significant need, under-pinning many factors affecting health.

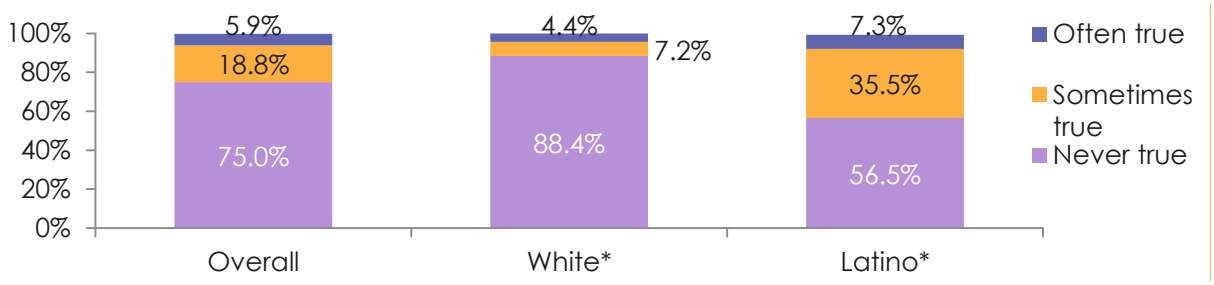
Percentage of Population Living Below the Poverty Level, By Age Group

	2008	2009	2010	2011	2012	2013	2014	08-14 NET CHANGE
Santa Cruz County								
Under 18 Years	**17.8%**	**14.9%**	**17.3%**	**15.5%**	**14.0%**	**18.4%**	**21.0%**	**3.2**
18 to 64 Years	**13.4%**	**14.7%**	**14.8%**	**16.0%**	**14.3%**	**15.4%**	**17.4%**	**4.0**
65 Years and Over	**6.7%**	**6.8%**	**8.5%**	**7.2%**	**7.5%**	**6.6%**	**7.4%**	**0.7**
California								
Under 18 Years	18.5%	19.9%	22.0%	22.8%	23.8%	23.5%	22.7%	4.2
18 to 64 Years	12.0%	12.8%	14.5%	15.3%	15.6%	15.6%	15.3%	3.3
65 Years and Over	8.7%	8.7%	9.7%	10.0%	10.4%	10.4%	10.6%	1.9
United States								
Under 18 Years	18.2%	20.0%	21.6%	22.5%	22.6%	22.2%	21.7%	3.5
18 to 64 Years	11.9%	13.1%	14.2%	14.8%	14.8%	14.8%	14.6%	2.7
65 Years and Over	9.9%	9.5%	9.0%	9.3%	9.5%	9.6%	9.5%	-0.4

Source: United States Census Bureau. (2015). 2008-2014 American Community Survey.

Food insecurity is a health need in Santa Cruz County as marked by the data that indicate that the number of people served by the Second Harvest Food Bank of Santa Cruz County increased considerably, from 48,161 in 2008 to 55,495 in 2015. Low-income individuals and families often have to make tough choices each month, sometimes foregoing certain basic needs such as food, housing, or utilities. Service providers and health professionals both stressed that access to affordable, healthy food is a significant health need in Santa Cruz County, impacting already vulnerable populations including seniors, undocumented individuals, homeless persons, low-income families, and individuals with mental health problems.

☎ The food that I/we bought just didn't last, and I/we didn't have money to get more, 2015

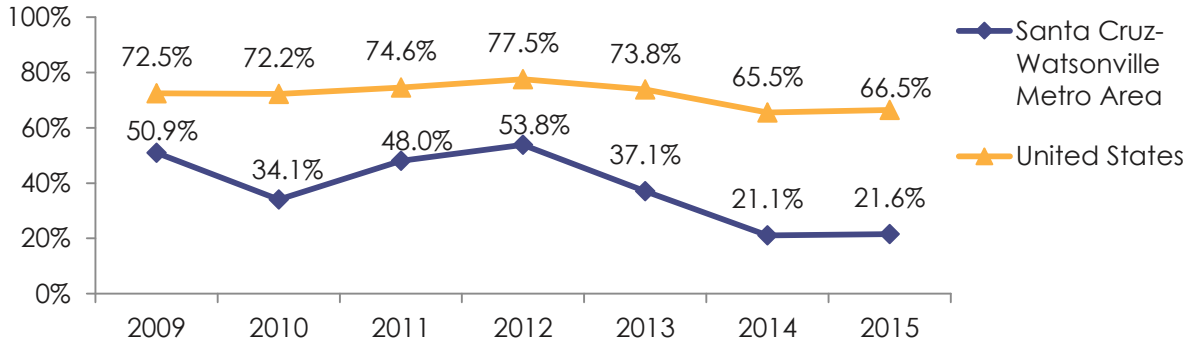


2015 - Overall n: 781; White n: 423; Latino n: 286.
Source: Applied Survey Research. (2015). Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, CA.
Note: Survey question was modified in 2013 and is therefore not comparable to previous years.
**Significance testing: Latino respondents were significantly more likely than White respondents to be unable to get more food when the food they bought ran out in 2015.*

Heart disease and stroke are health needs in Santa Cruz County. Being overweight (or obese) is a cardiovascular risk factor. The percentage of surveyed adults who are overweight or obese has risen; the groups with higher percentages of obesity are low-income residents and Latinos. The community expressed concern about hypertension, the lack of nutrition education, and the availability of fast food in comparison to healthy/fresh food.

Housing and homelessness are health needs in Santa Cruz County as marked by less affordable housing in the county compared to the country. The community identified the lack of affordable housing as of concern, with 24% of CAP respondents naming the cost of living/housing as the number one factor diminishing their quality of living. Service providers and health professionals repeatedly cited housing concerns as a significant factor impacting health conditions. They also cited the strong relationship between homelessness, substance use, and mental health issues.

Percentage of Homes Affordable for Median Income Families



Source: National Association of Home Builders. (2015). 2009-2015 NAHB - Wells Fargo Housing Opportunity Index (HOI), 1st Quarter.

Human Trafficking has been identified by Dignity Health as a health need because while every state in the nation is affected, California and Nevada record among the highest number of cases. Findings from the Massachusetts General Human Trafficking Initiative indicate that approximately 90% of victims have had a health care encounter while being held against their will and were not identified.

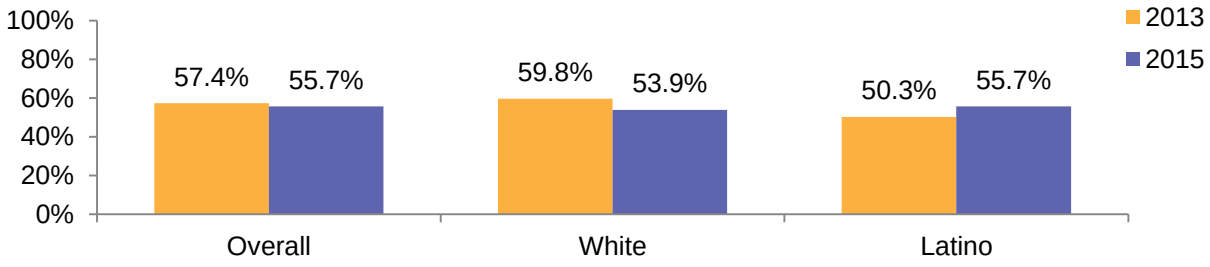
Infectious/communicable diseases and sexually transmitted infections (STIs) are health needs in Santa Cruz County as marked by a rise in the incidence rate of Pertussis, also known as whooping cough.[3] The uncontrollable cough most commonly affects babies and young children, although it is important to note that there are a growing number of teenagers who are experiencing this disease. In Santa Cruz County, reported cases more than quadrupled between 2012 and 2013, and then tripled between 2013 and 2014. The most commonly reported STI over the past decade in Santa Cruz County has been Chlamydia, which increased from 661 cases in 2008 to 912 cases in 2014. Reported cases of gonorrhea increased by 193% between 2008 and 2014. Syphilis infections have steadily increased over the last six years, from 4 cases reported in 2008 to 45 cases in 2014.

Maternal and child health were mentioned as health needs in Santa Cruz County. Community concerns focused on teen pregnancy, although the data show that the rate of teen births in the county is less than the state rate of teen births. Service providers and health professionals were particularly concerned with the disparity between whites (17 teen births) and Hispanics (150 teen births)[4], particularly teens in Watsonville.

Obesity/Healthy Eating, Active Nutrition is a health need in Santa Cruz County. While childhood weight statistics are unstable due to the low number of respondents to the California Health Interview Survey, the CAP survey of adult respondents showed an increase in overweight and obese adults and an increase in the frequency of eating fast food. Community concerns included the relative availability of fast food restaurants compared to healthy/fresh foods, the cost of healthy food, access to grocery stores in low-income neighborhoods, and not enough culturally appropriate nutrition education.

[3] Centers for Disease Control and Prevention. (2014). *Pertussis outbreak trends.* Atlanta, GA. Retrieved from http://www.cdc.gov/pertussis/outbreaks/trends.html
[4] County of Santa Cruz, Public Health Department. (2015) *Births, Santa Cruz County, 2014 Santa Cruz County*

☎ How many days in the past 7 days did you eat 5 or more servings of fruits and vegetables a day? (Respondents answering five or more days)

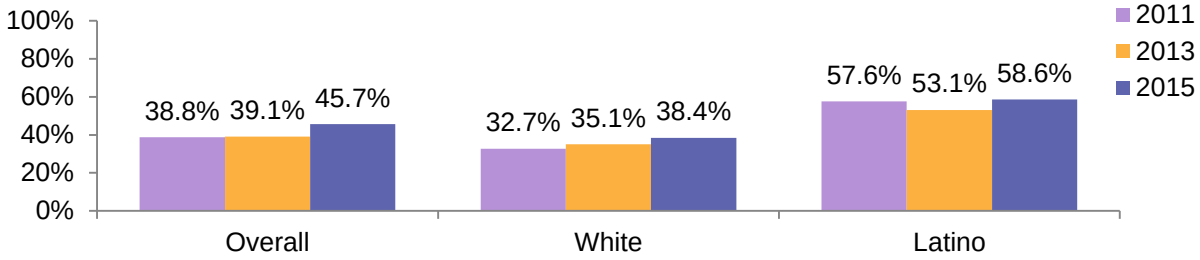


2015 – Overall n: 761; White n: 411; Latino n: 279.

Source: Applied Survey Research. (2015). 2013-2015 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, CA.

Note: Survey question was modified in 2013 and is therefore not comparable to previous years.

☎ How many times in the past 7 days did you eat fast food? (Respondents answering at least once)

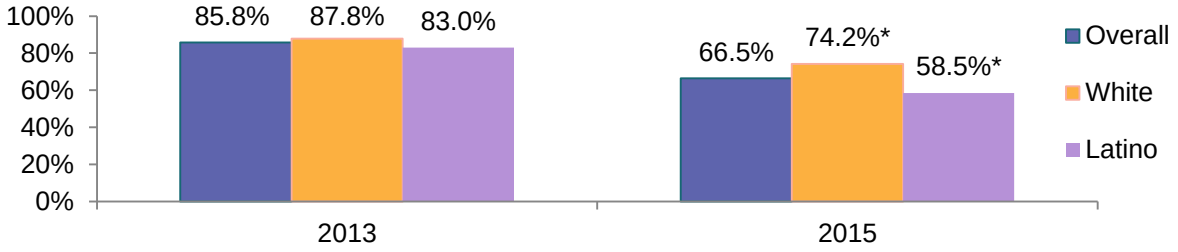


Overall 2015 n: 780; White 2015 n: 421; Latino 2015 n: 288.

Source: Applied Survey Research. (2015). 2011-2015 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, CA.

Oral/dental health is a health need in Santa Cruz County as marked by a decrease in the percentage of surveyed adults who had dental care in the past year. Latino residents are disproportionately affected. The health need is likely being impacted by certain social determinants of health and by the cost of dental care. Service providers and health professionals stressed the need for early dental care for children, and cited high levels of soda consumption as a factor in poor dental health. The lack of Spanish-speaking providers was also mentioned as a barrier for many community members.

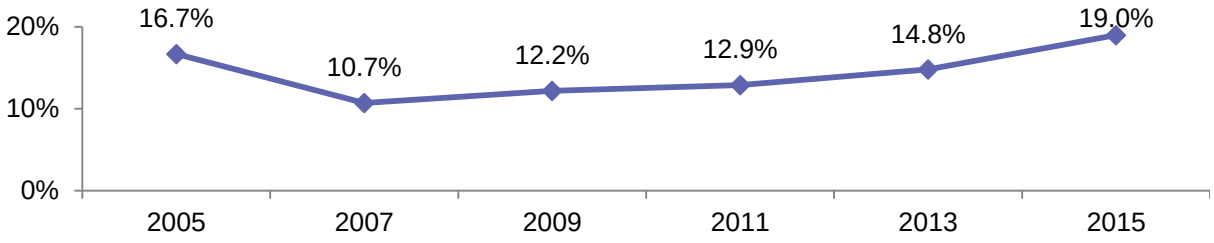
☎ In the past 12 months, have you had dental care? (Respondents answering "Yes") By Ethnicity



2015 - Overall n: 780; White n: 423; Latino n: 286.
Source: Applied Survey Research. (2015). 2015 Santa Cruz County Community Assessment Project, Telephone Survey.
Note: Survey question was modified in 2013 and is therefore not comparable to previous years.
**Significance testing: White respondents were significantly more likely than Latino respondents to have had dental care in the past year in 2015.*

Substance Use is a health need as marked by the increase in binge drinking among CAP survey respondents. According to the National Institute on Alcohol Abuse and Alcoholism, binge drinking is "a pattern of drinking that brings a person's blood alcohol concentration to 0.08 grams percent or above."[5] This level of intoxication typically involves 5 or more drinks for males and 4 or more drinks for females in about a 2 hour period. Binge drinking greatly increases the chances of getting hurt or hurting others due to car crashes, violence, and suicide. In addition, the drug-related death rate in the county continued to be higher than the state and did not meet Healthy People 2020 objectives. Fifty five percent of CAP respondents replied that they were at least somewhat concerned about alcohol and drug abuse in their neighborhood.

☎ Considering all types of alcoholic beverages, during the past 30 days about how many times did you have 5 or more drinks on an occasion? An occasion is considered about 2 hours. (Respondents answering "One or more times")



2015 - Overall n: 774.
Source: Applied Survey Research. (2015). 2005-2015 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, CA.

[5] Centers for Disease Control and Prevention. (2014). Binge drinking. Retrieved from http://www.cdc.gov/alcohol/fact-sheets/binge-drinking.htm

Undocumented Persons and their lack of access to health care were mentioned by service providers and health professionals as a health need in Santa Cruz County. Significant factors include being afraid to access services due to undocumented status, and uncertainty about insurance eligibility. An additional related health need was their inability to afford healthy food. Mono-lingual, migrant workers who are uninsured were identified as a particularly at-risk group.

Unintentional injuries are a health concern. Unintentional non-fatal injuries include accidents that are the result of falls, poisoning, being struck by an object, firearm, or motor vehicle. There were 107 unintentional non-fatal injuries for children, youth, and young adults ages 0-20 in 2013, down 33% from 159 in 2007. Both the number and rate of injuries fell for this age group over the last 7 years. According to the California Department of Public Health[6], the top cause of unintentional non-fatal injuries in Santa Cruz County was falls.

Violence/Injury prevention are health needs in Santa Cruz County because although violence (including violent crime) and abuse are trending down in Santa Cruz County, 49% of surveyed adults report being at least somewhat concerned about gangs and/or violence in their neighborhood. Community input indicates that violence and abuse are seen as urgent health needs in the county.

Quality of Life

Racism and discrimination are important to measure because they adversely affect mental and physical health.[7] Approximately 14% of CAP survey respondents felt they were discriminated against in Santa Cruz County in the 12 months previous to taking the survey. Forty-six percent of CAP survey respondents felt discriminated against or treated unfairly due to race/ethnicity, while 21% that indicated it was due to age. Less than two-thirds (61%) of CAP survey respondents reported being "very satisfied" with their overall quality of life in 2015, a slight decrease from 67% in 2013. In 2015, the number one factor that took away from quality of life in Santa Cruz County was cost of living/housing. However, 24% of CAP respondents responded 'strongly agree' when asked if they knew how to make a positive change in their community.

Prioritization of Health Needs

The IRS CHNA requirements state that hospital facilities must identify significant health needs of the community, and prioritize those health needs. In order to identify significant health needs, ASR facilitated a discussion with the Dominican Community Advisors, who reviewed all of the quantitative and qualitative data, the list of significant health needs and their

[6] California Department of Public Health. (2015). *EpiCenter: Overall injury surveillance.* Sacramento, CA
[7]Berkman L., Kawachi I Krieger N. (2000). *Discrimination and health.* Social Epidemiology. Oxford: Oxford University Press: 36-75.

impact on the community. They were given the option to add or delete needs, and then went through a prioritization process to narrow the list to four, combining and redefining some to fit the specific needs of the county. (Data collection methods are further described in Section 4.)

The top three health needs, as prioritized by the Dominican Community Advisors are listed here, and explained in further detail below:

- Integrated Behavioral Health
- Economic Security (Income & Employment/Housing & Homelessness)
- A Continuum of Care Approach to Access & Delivery

Integrated Behavioral Health

During their prioritization process, the DCA identified the need for a more integrated approach to behavioral health. For the CHNA, Integrated Behavioral Health is the idea that physical and emotional health are connected and can be addressed together to produce the best possible health outcomes. Providers collaborate to address physical, developmental, social, behavioral, and emotional needs, including mental health and substance abuse conditions, depression, health behaviors (including their contribution to chronic medical illnesses), life stressors and crises, and stress-related physical symptoms.

Selected comments from the DCA:

- Those with private insurance face prohibitive co-pays and other costs, making it difficult to afford support and treatment.
- Significant need for more behavioral health professionals in Santa Cruz County, especially bi-lingual providers.
- There is a lack of in-patient and in-crisis services for youth.
- Stigma prevents many people from seeking mental/behavioral health treatment.
- Three particularly under-served areas are South County, Live Oak, and San Lorenzo Valley.

Specific vulnerable populations mentioned

- Youth 0-24
- Transition Age Youth
- Children 0-5
- Older adults 40-55
- LGBTQ
- Persons experiencing homelessness
- Chronically homeless
- Mono-lingual Spanish speakers
- Undocumented persons
- Low-income individuals

Suggestions for Improvements or solutions

Suggestions for improvements or solutions included increased funding for substance abuse treatment,

improved case management and care coordination, and an increased focus on prevention and early intervention. Health professionals asked for better information about risk assessment, intervention strategies and protocols.

Economic Security (Income & Employment/Housing & Homelessness)

During their prioritization process, the DCA combined several needs into this one broader need: Economic security includes employment, access to education and/or vocational training, affordable housing, homelessness, food insecurity and other factors related to poverty and lack of income.

Selected comments from the DCA:

- Working youth struggle to find jobs that pay enough to cover health costs
- Low income families often have children who work. They need additional support so that children can focus on school.
- More support needed for low-income pregnant women and young mothers to stop the cycle of poverty. Teen moms are especially vulnerable in Watsonville
- Nutritious food should be more readily available and affordable. Many low income neighborhoods are "food deserts" making it challenging for families to eat nutritious meals
- The recently incarcerated and those in gangs struggle to find employment, and therefore pay for healthcare
- Grandparents raising grandchildren are particularly vulnerable to problems surrounding economic security

Specific vulnerable populations mentioned

- Youth
- Families
- Pregnant women & young mothers
- Teen mothers
- Recently incarcerated & gang members
- Grandparents

Suggestions for Improvements or solutions

Suggestions for improvements or solutions included increased funding for skills development training and better education regarding earned income programs. Health care providers suggested that hospitals could screen for food insecurity and provide referrals to relevant programs. Policy ideas included supporting parks and funding for active living spaces, and generally ensuring that policy makers consider health-impacts in their decisions.

A Continuum of Care Approach to Access & Delivery

The Continuum of Care Approach is an integrated system that guides and tracks patients over time through a comprehensive array of health services spanning all levels and intensity

of care. It combines prevention and early intervention, while addressing the Social Determinants of Health.

Selected comments from the DCA:

- At-risk mothers would benefit from this integrated approach, ensuring timely advice, coordinated care and services
- Education about benefits of this approach is needed for funders and policy makers
- Prevention is a key factor
- Significant need for more healthcare professionals trained in Trauma Informed Care
- Attention to oral health early is part of the continuum of care and is an important part of a child's overall health care
- Providers need specific training and sensitivity when working with youth
- Need more primary care doctors as well as specialty doctors

Specific vulnerable populations mentioned

- 1st time mothers
- Low-income mothers
- Youth who experience Adverse Childhood Events

Suggestions for Improvements or solutions

Suggestions for improvements or solutions included improved case management, an increased focus on prevention and early intervention (including a new vaccination policy), increased and easier exchange of information between service providers to facilitate better coordination of care, and more and better trained health providers (especially Spanish-speaking and specialized care), Policy ideas included taxing sugar sweetened beverages, supporting parks and funding for active living spaces, and generally ensuring that policy makers consider health-impacts in their decisions.

Human Trafficking*

Dignity Health prioritized Human Trafficking because while every state in the nation is affected, California and Nevada record among the highest number of cases. Dignity Health hospitals are deeply embedded in communities that have transient populations and high rates of poverty, unemployment, and family instability that can create conditions ripe for human trafficking. Dignity Health clinicians and staff know that they are seeing victims in their facilities. However, findings from the Massachusetts General Human Trafficking Initiative indicate that approximately 90% of victims have had a health care encounter while being held against their will and were not identified. Dignity Health Dominican Hospital has assigned a task force to address this need, and trains key staff to identify signs of a human trafficking.

> "Human Trafficking is a global problem where every day innocent people become victims. It is not something that only happens in other countries, it happens where you live, and can affect the people you know. Once they are part of the system, most will become a statistic. Sometimes, the only chance they have is that one person notices something is wrong and speaks up. The education that hospital staff receive through this fund can make the difference between these victims having a chance at living a normal life or a life of misery."
>
> **- Heidi Holt**

*While not identified as a priority health need during the Dominican Hospital CHNA process, Dignity Health has placed a system-wide priority on this need.

Resources Potentially Available to Address Prioritized Health Needs

The following table outlines an overview of organizations, funders, facilities and programs that are currently working to address the prioritized needs. As part of the Implementation Strategy Plan, Dignity Health Dominican Hospital will continue to collaborate and cooperate with these and other community resources to address the prioritized needs.

Needs	Dignity Health Dominican Hospital	Public	Private
Integrated Behavioral Health	Psychiatric Resource Team	SC County Health Services Agency (mobile services)	Private Practitioners
	Wellness Mobile Clinic		Palo Alto Medical Foundation
	Community Grants Program	SC Behavioral Health Services	
	In-Kind Resources (volunteerism and community service)	SC County Office of Education	Community Foundation of SC County
		Recuperative Care Center	Salud Para La Gente
		SC County Community Health Centers	
		SCC Community Programs (jurisdictional funding)	
		Encompass	
		Janus	
		Catholic Charities	
Economic Security	RotaCare Santa Cruz Free Health Clinic	SCC Community Programs (jurisdictional funding)	Community Foundation of SC County
	Wellness Mobile Clinic	Second Harvest Food Bank	Community Ventures (SCCCU)
	Community Grants Program	Community Action Board	Pajaro Valley Health Trust
	Social Innovation Partnership Grants	Community Bridges	

Legend
Facilities
Funders
Organizations
Programs

	Community Health Investment Loan Program	SC County Human Services Agency	
	Employee Giving		
	In-Kind Resources (volunteerism and community service)		
Continuum of Care	Psychiatric Resource Team	SCC Community Programs (jurisdictional funding)	Private Practitioners and clinics
	Wellness Mobile Clinic	Dientes	Community Foundation of SC County
	RotaCare Free Health Clinic	Community Bridges	Salud para la Gente
	Personal Enrichment Program (PEP) Classes	Central Coast Alliance for Health	Pajaro Valley Health Trust
	Community Grants Program	SC County Community Health Centers	
	Social Innovation Partnership Grants	Encompass	
		SC County Health Services Agency	
	Community Health Investment Loan Program	SC County Human Service Agency	
	Charity Care		
	MediCal		
	MediCare		
	Employee Giving Campaign		
	In-Kind Resources (volunteerism and community service)		

Legend
Facilities
Funders
Organizations
Programs

Human Trafficking	Workforce Training	Monarch Services
	Wellness Mobile Clinic	AMBER Alert
	RotaCare Free Health Clinic	Department of Justice
	Dignity Foundation	Department of Homeland Security
		Office for Victims of Crime
		Humanity United
		Law enforcement
		Commission on Violence Against Women
		Catholic Health Association

Legend
Facilities
Funders
Organizations
Programs

6. IMPACT OF THE 2013-2015 CHNA

Dignity Health Dominican Hospital has provided leadership in community improvement through the sponsorship of the Santa Cruz County Community Assessment Project (CAP), now in its 21st year. This collaborative project is designed to measure and improve the quality of life in Santa Cruz County. CAP was first convened through a collaboration of the United Way of Santa Cruz County and Dominican Hospital, with Applied Survey Research (ASR) as their research partner. Since then, a consortium of public and private health, education, human service, and civic organizations, convened by the United Way of Santa Cruz County, have conducted the yearly CAP to measure and improve the quality of life in Santa Cruz County. For their 2013-2015 CHNA, Dignity Health Dominican Hospital used the CAP process and resulting data to identify the community health needs.

Health Needs Identified in the 2013-2015 CHNA

- Social Determinants of Health
- Overall Health
- Regular Source of 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

Dignity Health Dominican Hospital's Prioritized Significant Health Needs 2013-2015

Given all the information during the CHNA process, the four priority areas identified by Dignity Health Dominican Hospital for the community as presented to the Board of Director's and Dominican Community Advisors were:

- Homelessness
- Mental Health Issues
- Substance Use Disorders
- Human Trafficking

Description of Impact since 2013-2015 CHNA

The following tables describe key programs and initiatives that address one or more significant health needs in the most recent CHNA report.

Psychiatric Resource Team aka Psych Clinical Assessment	
Significant Health Needs Addressed	X Improve access to Behavioral Health Services X Decrease the suicide rate in Santa Cruz County
Program Emphasis	X Disproportionate Unmet Health-Related Needs Primary Prevention X Seamless Continuum of Care Build Community Capacity Collaborative Governance

Program Description	The psychiatric resource nurses strive to assure that patients with behavioral health needs receive the right care, in the right place, at the right time. The service monitors care and flow of patients in their scope at the Emergency Department as well as those admitted to Dominican's acute care general hospital. Key activities include: 1) Working in support of the Psychiatry/Psychology service and consulting clinicians; 2) Collaboration with community partners who provide mental health and substance abuse services; 3) Internal and External data collection, analysis and action planning; 4) Facilitating communication and continuum of care planning with Dominican case management/social services and local and regional healthcare providers; and 5) Develop/present Behavioral Health specific education and in services to Dominican Employees. The hospital provides funding for staff and office space to work.
Planned Collaboration	Primary collaboration with Santa Cruz County Behavioral Health Services, The Behavioral Health center operated by Telecare Corporation, Encompass Community Services, as well as other related care providers in this community.
Community Benefit Category	C-8
FY 2015 Report	
Program Goal / Anticipated Impact	New program. Goals as stated above in program description. Establish baseline in requests for service, service outcomes, measurable such as transfers facilitates and ED LOS. Additional anticipated impacts include enhanced education around behavioral health for physicians and staff, quality improvement activities, and increased patient and staff satisfaction.
Measurable Objective(s) with Indicator(s)	Emergency Department throughput for behavioral health patients – in hours Physician requests for psychiatric consultations in main house – in # Transfers from hospital to psychiatric facility – in # Calls to team for resources, support, and consultation- in #
Baseline / Needs Summary	New program from pilot. No baseline measures established.
Intervention Actions for Achieving Goal	Facilitate Communication, provide resources and referrals, develop and present pertinent educational opportunities, track data and outcomes, develop collaborative relationships internally and externally, perform audits and provide input on opportunities for improvement.

Program Performance / Outcome	Emergency Department throughput – 6 hours; Physician requests for psychiatric consultations- 369; Transfers from hospital to psychiatric facility- 64; Calls to team for resources, support, and consultation- 1868
Hospital's Contribution / Program Expense	FY16 Operating Budget $464,519.
FY 2016 Plan	
Program Goal / Anticipated Impact	Goals similar to FY 2015, continue to provide resources and support with the additions of: 1. Increased role in E.D. High Utilized Collaborative Group 2. Increased role in weekly main house long stay meeting
Measurable Objective(s) with Indicator(s)	1. Decrease in ED throughput time for behavioral health patients. 2. Maintain or increase Program Performance Outcomes listed above.
Baseline / Needs Summary	This program, which began as a pilot, has been referred to as a best practice model by external reviewers. The innovative approach as liaisons, resource providers, as well as educators helps bridge the knowledge gap in and amongst providers in this community. The Behavioral Health Strategic Initiative has reviewed the program and outcomes, and may incorporate parts of the model in the corporate strategic plan to better serve all communities that Dignity Health serves in the area of behavioral health care.
Intervention Actions for Achieving Goal	Attend 100% of collaborative work groups. Reach out to significant community partners for attendance. Work with ED Medical Director as well as ED Care Coordination team for best outcomes; Attend minimum of 75% of weekly Care Coordination meetings, with focus on patients the team is following. Continue to perform other duties as well as seek opportunities to enhance or improve upon services currently provided.

RotaCare Free Health Clinic	
Significant Health Needs Addressed	X Improve access to healthcare
Program Emphasis	X Disproportionate Unmet Health-Related Needs Primary Prevention X Seamless Continuum of Care X Build Community Capacity

	Collaborative Governance
Program Description	Located in the unincorporated area of the County, this program is targeted primarily to the poor and underserved. It reaches the working poor with no insurance and the Latino population
Planned Collaboration	In collaboration with local Rotary clubs, RotaCare provides access for episodic medical services at no cost and assists patients in establishing a health home.
Community Benefit Category	A2-e Community Based Clinical Services – Ancillary/other clinical services
FY 2015 Report	
Program Goal / Anticipated Impact	To increase the number of persons accessing episodic health care at the clinic in an effort to decrease the number of inappropriate visits to the Emergency Room and potential admissions to Dominican Hospital.
Measurable Objective(s) with Indicator(s)	Continue to provide health related services, medications, education for diabetes, eye exams/glasses, and diagnostic testing to uninsured / underinsured populations at no cost to the patient in the clinic or in the hospital. Dominican Hospital provides pharmaceuticals, other medical supplies and in/outpatient services at no cost to the patient.
Baseline / Needs Summary	Need to provide access to primary health care for under/uninsured residents residing in poor sections of Santa Cruz County.
Intervention Actions for Achieving Goal	Clinic provides health care at no cost to the patient. All staff are volunteers.
Program Performance / Outcome	Approximately 120 persons received outpatient services at Dominican Hospital. Estimated 1500 episodic care visits per year. As a result of current economics, visits to Rotacare continue to increase.
Hospital's Contribution / Program Expense	FY15 Hospital Expenses were $77,635. In addition, RotaCare received $15,000 from the Dignity Health Community Grants Program for a total of $92,635.
FY 2016 Plan	
Program Goal / Anticipated Impact	Continue to support the RotaCare Free Health Clinic and provide self-management information for patients with diabetes.
Measurable Objective(s)	Continue to provide health related services, medications, education for diabetes, eye exams / glasses and diagnostic

with Indicator(s)	testing to uninsured / underinsured populations at no cost to the patient in the clinic or in the hospital. Dominican Hospital provides pharmaceuticals, other medical supplies and in/outpatient services at no cost to the patient.
Baseline / Needs Summary	120 patients were seen in the hospital in FY2015 for diagnostic health services.
Intervention Actions for Achieving Goal	The RotaCare Free Health Clinic will continue operations weekly at the local senior center.

Mobile Wellness Clinic	
Significant Health Needs Addressed	X Improve access to healthcare X Preventing and/or Management Chronic Health Conditions X Improving Physical Activity and Nutritional Health Improving Women's Health and Birth Outcomes X Improving Life in the Community
Program Emphasis	x Disproportionate Unmet Health-Related Needs Primary Prevention x Seamless Continuum of Care X Build Community Capacity X Collaborative Governance
Program Description	This program provides episodic health services Monday-Friday throughout Santa Cruz County. Services are provided by physicians, Allied Health Professionals, Registered Nurses and Registrars. The program primarily targets the poor, uninsured and underinsured populations, but also reaches the broader community. It serves children, youth and adults.
Planned Collaboration	
Community Benefit Category	A2-e Community Based Clinical Services - Ancillary/other clinical services
FY 2015 Report	
Program Goal / Anticipated Impact	Continue to support the Mobile Wellness Clinic, partner with other agencies to expand services and determine methods to decrease episodic visits to the Emergency Department at Dominican.
Measurable Objective(s) with Indicator(s)	Number of participants seeking episodic care will increase.

Baseline / Needs Summary	This program is the only mobile health care unit providing episodic care in Santa Cruz County. The Mobile Clinic now visits 8 sites in the county.
Intervention Actions for Achieving Goal	Through collaboration with other health care providers in the County, the Mobile Wellness Clinic will evaluate each patient, develop a plan, and refer patients to health homes in close proximity to their site of access. Patients will receive referral documentation at the time of discharge.
Program Performance / Outcome	The Mobile Wellness clinic had 1,644 patient visits in FY15.
Hospital's Contribution / Program Expense	$452,000
FY 2016 Plan	
Program Goal / Anticipated Impact	Continue to support the Mobile Wellness Clinic and measure the effect on the number of episodic visits to the Emergency Department.
Measurable Objective(s) with Indicator(s)	Increase the number of participants receiving episodic care at the Mobile Wellness Clinic.
Baseline / Needs Summary	1,644 patient visits in FY15.
Intervention Actions for Achieving Goal	Increase strategies for marketing, utilize public media for advertising, and distribute informational brochures and monthly calendars throughout the county.

Dignity Health Community Grants Program	
Significant Health Needs Addressed	X Improve access to healthcare X Preventing and/or Management Chronic Health Conditions X Improving Physical Activity and Nutritional Health X Improving Women's Health and Birth Outcomes X Improving Life in the Community
Program Emphasis	x Disproportionate Unmet Health-Related Needs x Primary Prevention x Seamless Continuum of Care x Build Community Capacities x Collaborative Governance

Program Description	Provide funding to support community-based organizations that will provide services to improve the quality of life and health status of the communities they serve. The objective of the Community Grants Program is to award grants to organizations whose proposals respond to the health priorities identified in the latest Community Health Needs Assessment and are located within Santa Cruz County.
Planned Collaboration	By leveraging the expertise of community partners as identified in the Santa Cruz Community Assessment Project (CAP).
Community Benefit Category	E2-a Grants
FY 2015 Report	
Program Goal / Anticipated Impact	To build capacity by identifying organizations and funding programs which are in alignment with the needs identified in the most recent CAP.
Measurable Objective(s) with Indicator(s)	Funding will be awarded to organizations whose programs respond to one or more needs identified in the most recent CAP and align with at least one of the five core principles identified above in Program Emphasis. Grantees will report on their accomplishments two times during the grant period.
Baseline / Needs Summary	Santa Cruz County has two federally designated areas – one being identified as Medically Underserved Population and the other as Medically Underserved area (MUA). The county is divided into north and south county with populations being somewhat higher in the northern part of the county. The northern part is a popular seaside resort, while the southern part of the county is agricultural activities, such as food harvesting, canning and freezing. Access to healthcare services continues to be a challenge and the senior population is using MediCal as a dependable source of care.
Intervention Actions for Achieving Goal	Letters of Intent are reviewed and select organizations are invited to submit a full proposal. Full proposals are reviewed by a sub-committee of the Dominican Community Advisors and determination is made as to which proposals are recommended for funding
Program Performance/Outcome	Ten Community Grants were awarded, totaling $161,071 to the following organizations:

	Community Bridges Collaborative, Dientes Community Dental Clinic, Encompass Community Services, Healthy Kids Program, Homeless Services Center, Hospice of Santa Cruz County, Nourishing Generations, RotaCare Bay Area, Inc., Second Harvest Food Bank of Santa Cruz County, and United Way of Santa Cruz County.
Hospital's Contribution/Program Expense	$161,071
FY 2016 Plan	
Program Goal/ Anticipated Impact	Provide funding for programs that align with strategies developed by the Dominican Community Board of Directors, Community Advisors and the community wide efforts of local health agencies.
Measurable Objective(s) with Indicator(s)	Partnership grants recommended for funding in the following areas: Healthy Kids Program Homeless Recuperative Care Program RotoCare Free Clinic Star Bright - Encompass Community Services in partnership with the Santa Cruz County Office of Education's (SCCOE) School Mental Health Partnership
Baseline/Needs Summary	In response to the identified health priorities and lack of access to health care.
Intervention Actions for Achieving Goal	Prioritize grant applications that address target areas.

Collaboration

Homelessness

Smart Path to Health and Housing Project is a collaboration with United Way of Santa Cruz County, Homeless Services Center, and Homeless Action Partnership. Smart Path to Health and Housing engages organizations in both health and homeless service sectors to create a single, shared system to identify, assess, match and track housing and health needs and outcomes for homeless individuals and families across our county. In January 2016, Dignity Health granted Smart Path to Health and Housing project $200,000 through the social innovation partnership grant program, to coordinate housing services for homeless individuals with medical vulnerability, high risk for early death on the street, and high use of costly crisis health care services.

Dignity Health Dominican Hospital was one of several community partners, including Watsonville Hospital, Hospice of Santa Cruz County, Central California Alliance for Health, and Palo Alto Medical Foundation among others, who recognized the value of coordination of services and collaboration between agencies to ensure the health and the continued recovery of homeless individuals coming out of the hospital. The Homeless Services Center's (HSC) Recuperative Care Center (RCC) includes 24-hour shelter services with meals, housekeeping, security and onsite case management provided by the Homeless Services Center in combination with primary care, including medication management support, clinical social work and case management, provided by the County Homeless Persons' Health Project (HPHP). The RCC provides a safe place for people who are homeless to fully recover following hospital discharge. These are individuals who would otherwise be well enough to be discharged to home with support for self-care provided by friend or family member. The RCC provides a safe home-like setting and the support for recovery and onsite primary care. Because this is a socially and medically complex care population, additional care and support are provided to support full recovery, linkage to primary care and transition to temporary or permanent housing as often as possible. Planning and coordination for delivery of home health care services at the RCC will ensure that these services are also available when needed for full recovery.

Mental Health Issues and Substance Use Disorders

The Psychiatric Resource Team (PRT), a Dominican Hospital Community Benefit Program, improves access to behavioral health services and helps to decrease the suicide rate in Santa Cruz County. They also develop and present behavioral health specific education and in-services to Dominican employees. Primary collaboration is with Santa Cruz County Behavioral Health Services. The Behavioral Health Center is operated by the Telecare Corporation, Encompass Community Services, as well as other related care providers with oversight of the Santa Cruz County Health Service Agency. There is also collaboration with The Recovery Center (the Center), operated by Janus of Santa Cruz, an independent contractor and program partner with expertise in addiction treatment. The Center operates 24 hours a day, seven days a week. Up to 10 adults (men and women) ages 18 years and older can safely recover from intoxication under the supervision of trained facility staff. The Center accepts admissions from any law enforcement agency in the County.

Human Trafficking

An initiative of Dignity Health, a Task Force has been identified at Dominican Hospital. The purpose of the task force at each facility is to ensure that each key department is represented (i.e. Security, Social Work/Care Coordination, Community Benefit, Chaplains,

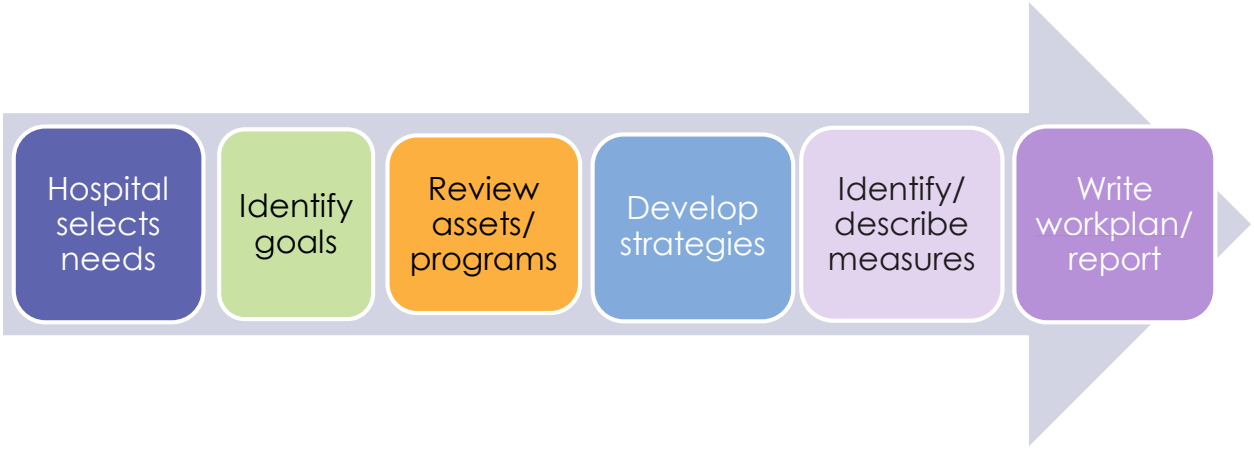
ED Director/ Manager, Education). Each key department's representative(s) will ensure staff is educated and that protocols are up-to-date, understood by staff, and followed properly. Task force members will meet as needed to review cases and protocols and to communicate feedback to the point person(s) about successes, failures, obstacles, and opportunities for improvement. The Task Force also collaborates with national organizations like AMBER Alert, Dept. of Justice, Dept. of Homeland Security, Office for Victims of Crime, Humanity United, and others on anti-trafficking efforts.

7. CONCLUSION

Dignity Health Dominican Hospital worked to meet the requirements of the federally required CHNA by pooling expertise, guidance, and resources for a comprehensive community assessment. By gathering secondary data, using primary data collected during the CAP survey, and conducting new primary data collection, Dignity Health Dominican Hospital was able to collectively understand the community's perception of health needs and prioritize health needs with an understanding of how each compares against benchmarks.

After making this CHNA report publicly available in 2016, Dignity Health Dominican Hospital and its Community Advisors will develop an implementation plan and prioritize interventions around these health needs.

Next Steps Towards Implementation



8. LIST OF ATTACHMENTS

1. IRS Checklist
2. Selected Sections of the Santa Cruz County Community Assessment Project (2015) – Introduction and Health
3. List of Community Leaders and Their Credentials
4. Focus Group and Key Informant Interview Protocols
5. Prioritized Health Needs Focus Group Discussion

Attachment 1 | IRS Checklist

The requirements of the CHNA are described in section §1.501(r)(3) of the Internal Revenue code.

	CHNA Requirement	Information Required	Section Reference	CHNA Report Reference/ Comments
	Conducting a CHNA			
	Date a CHNA is conducted	A hospital facility will be considered to have completed the step of making a CHNA report widely available to the public on the date it first makes the CHNA report widely available to the public as described in Checklist § 4(1), below.	**(b)(1)-(2))**	
	Community information & assessing health needs			
	Community served by a hospital facility	In defining the community it serves, a hospital facility may take into account all of the relevant facts and circumstances, including the geographic area served by the hospital facility, target population(s) served for example, children, women, or the aged), and principal functions (for example, focus on a particular specialty area or targeted disease). However, a hospital facility may not define its community to exclude medically underserved, low-income, or minority populations who live in the geographic areas from which the hospital facility draws its patients (unless such populations are not part of the hospital facility's target patient population(s) or affected by its principal functions) or otherwise should be included based on the method the hospital facility uses to define its community. In addition, in determining its patient populations for purposes of defining its community, a hospital facility must take into account all patients without regard to whether (or how much) they or their insurers pay for the care received or whether they are eligible for assistance under the hospital facility's financial assistance policy. In the case of a hospital facility consisting of multiple buildings that operate under a single state license and serve different geographic areas or populations, the community served by the hospital facility is the aggregate of such areas or populations.	**(b)(3)**	
	Assessing community health needs	To assess the health needs of the community it serves, a hospital facility must identify significant health needs of the community, prioritize those health needs, and identify resources (such as organizations, facilities, and programs in the community, including those of the hospital facility) potentially available to address those health needs. For these purposes, the health needs of a community include requisites for the improvement or maintenance of health status both in the community at large and in particular parts of the community (such as particular neighborhoods or populations experiencing health disparities). A hospital facility may determine whether a health need is significant based on all of the facts and circumstances present in	**(b)(4)**	

	CHNA Requirement	Information Required	Section Reference	CHNA Report Reference/ Comments
		the community it serves. In addition, a hospital facility may use any criteria to prioritize the significant health needs it identifies, including, but not limited to, the burden, scope, severity, or urgency of the health need; the estimated feasibility and effectiveness of possible interventions; the health disparities associated with the need; or the importance the community places on addressing the need.		
	Persons representing the community	i) A hospital facility must solicit and take into account input received from persons representing the broad interests of the community in identifying and prioritizing significant health needs, including all of the following sources and in identifying resources potentially available to address those health needs:	**(b)(5)(i)**	
		At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency), or a State Office of Rural Health, with knowledge, information, or expertise relevant to the health needs of that community.	**(b)(5)(i)(A)**	
		(i) *(B) Members of medically underserved, low-income, and minority populations in the community served by the hospital facility, or individuals or organizations serving or representing the interests of such populations. For this purpose, medically underserved populations include populations experiencing health disparities or at risk of not receiving adequate medical care as a result of being uninsured or underinsured or due to geographic, language, financial, or other barriers.*	**(b)(5)(i)(B)**	
		(i) *(C) Written comments received on the hospital facility's most recently conducted CHNA and most recently adopted implementation strategy.*		
		(ii) A hospital facility may solicit and take into account input received from a broad range of persons located in or serving its community, including, but not limited to, health care consumers and consumer advocates, nonprofit and community-based organizations, academic experts, local government officials, local school districts, health care providers and community health centers, health insurance and managed care organizations, private businesses, and labor and workforce representatives.		

CHNA Requirement		Information Required	Section Reference	CHNA Report Reference/ Comments
b6		**Documentation of the CHNA (Treas. Reg. § 1.501(r)-3(b)(6))**		
		(i) In General the CHNA report adopted for the hospital facility by an "authorized body of the hospital facility" must include the six items described in **Checklist § 3(1)-(6)**, below. An "authorized body of a hospital facility" is defined to mean: (i) the governing body (that is, the board of directors, board of trustees, or equivalent controlling body) of the hospital organization that operates the hospital facility or a committee of, or other party authorized by, that governing body to the extent such committee or other party is permitted under state law to act on behalf of the governing body; or (ii) the governing body of an entity that is disregarded or treated as a partnership for federal tax purposes that operates the hospital facility or a committee thereof, or other party authorized by, that governing body to the extent such committee or other party is permitted under state law to act on behalf of the governing body.		
	(i)(A) Community served	A definition of the community served by the hospital facility and a description of how the community was determined.		
	(i)(B) Processes and methods	A description of the processes and methods used to conduct the CHNA. A hospital facility's CHNA report will be considered to describe the processes and methods used to conduct the CHNA for this purpose if the CHNA report describes the data and other information used in the assessment, as well as the methods of collecting and analyzing the data and information, and identifies any parties with whom the hospital facility collaborated, or with whom it contracted for assistance, in conducting the CHNA. In the case of data obtained from external source material, the CHNA report may cite the source material rather than describe the method of collecting the data.		
	(i)(C) How the hospital facility solicited and accounted for input	A description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves. The CHNA report summarizes, in general terms, any input provided by such persons and how and over what time period such input was provided (for example, whether through meetings, focus groups, interviews, surveys, or written comments and between what approximate dates); provides the names of any organizations providing input and summarizes the nature and extent of the organization's input; and describes the medically underserved, low-income, or minority populations being represented by organizations or individuals that provided input. A CHNA report does not need to name or otherwise identify any specific individual providing input on the CHNA. In the event a hospital facility solicits, but cannot obtain, input from a source described in **Checklist § 2(3)**, above, the hospital facility's CHNA report also must describe the hospital facility's efforts to solicit input from such source.		

	CHNA Requirement	Information Required	Section Reference	CHNA Report Reference/ Comments
	(i)(D) Prioritized health needs and description of process	A prioritized description of the significant health needs of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs.		
	(i)(E) Available resources	A description of the resources potentially available to address the significant health needs identified through the CHNA.		
	(i)(F) Evaluation of the impact	An evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital facility's prior CHNA(s) (Treas. Reg. § 1.501(r)-3(b)(6)(i)(F)).		
	(iv) Separate CHNA reports	Every hospital facility must document separate CHNA reports		
	(v) Joint CHNA reports	(1) The joint CHNA report meets the six requirements described in Checklist § 3(2)-(7), above.		N/A
		(2) The joint CHNA report is clearly identified as applying to the hospital facility.		N/A
		(3) All of the collaborating hospital facilities and organizations included in the joint CHNA report define their community to be the same.		N/A
		Making the CHNA report widely available to the public (Treas. Reg. § 1.501(r)-3(b)(1)(iv), (v) and (vii))		
	(1) Making a CHNA widely available to the public	CHNA is documented in a written report (CHNA report) that is adopted for the hospital facility by an "authorized body of the hospital facility"		
		CHNA is made widely available to the public: (i) makes a paper copy of the CHNA report available for public inspection upon request and without charge at the hospital facility at least until the date the hospital facility has made available for public inspection a paper copy of its two subsequent CHNA reports; and		
		(ii) makes the CHNA report "widely available on a web site[1]" at least until the date the hospital facility has made widely available on a web site its two subsequent CHNA reports	(b)(7)	

[1] Must allow an internet user to access, download, view, and print a hard copy of the document from the Web site without requiring special hardware or software, paying a fee, creating an account, or providing personally identifiable information.

ATTACHMENT 2

21 YEAR

santa cruz county

Community Assessment Project

2015

comprehensive report

ASR

United Way
United Way of Santa Cruz County

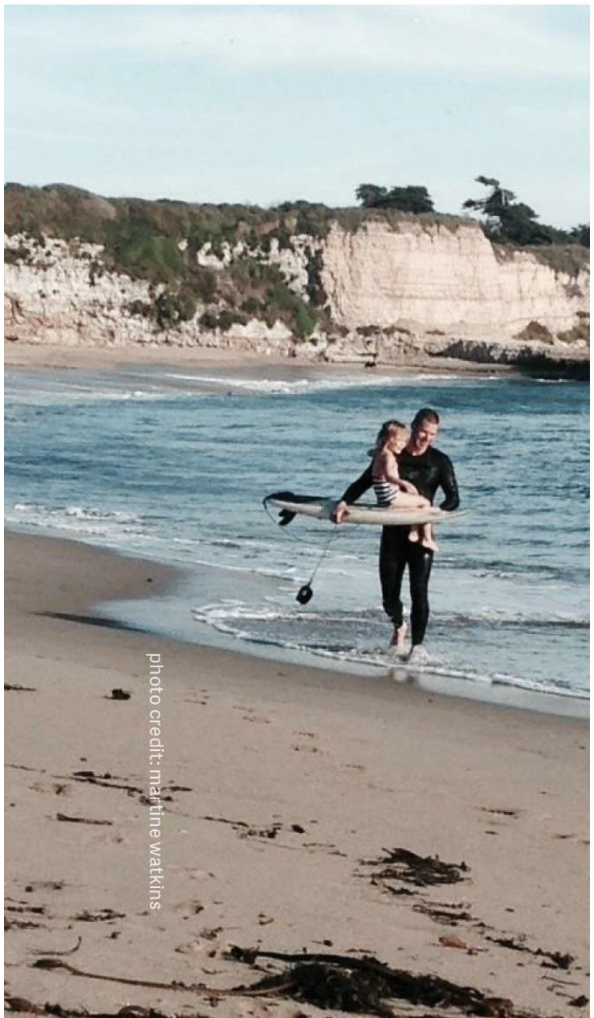


photo credit: martine watkins

The **CAP report** summarizes hundreds of community assets, challenges, and trends to help identify and assess what is unique about Santa Cruz County. The report displays the most current data available using established sources as well as an original survey.

The information in this **CAP report** is intended for use by both residents and stakeholders in their own services and products, including other reports, proposals, and as a baseline for performance systems. Display graphics are available for much of the data, as are trained presenters who can speak to groups about the information within and behind this report.

Community Assessment Project Products

The Community Assessment Project report is available online and also as a book for $30.00 at the United Way of Santa Cruz County office:

4450 Capitola Road, Suite 106, Capitola, CA 95010
Tel: 831-479-5466 | Fax: 831-479-5477

Customized reports detailing specific topic areas, geographic regions, and demographic profiles are available by contacting Applied Survey Research.

Also available at no charge is the Dignity Health Dominican Hospital produced Summary Report of the Year 21, Community Assessment Project findings.

This entire report and past reports are available online at www.appliedsurveyresearch.org.

About the Researcher

Applied Survey Research (ASR) is a nonprofit, social research firm dedicated to helping people build better communities by collecting meaningful data, facilitating information-based planning, and developing custom strategies. The firm was founded on the principle that community improvement, initiative sustainability, and program success are closely tied to assessment of needs, evaluation of community goals, and development of appropriate responses.

The Santa Cruz County Community Assessment Project is a prime example of a comprehensive evaluation of the needs of the community. Its goal is to stimulate dialogue about trends and to encourage informed strategies for shaping future policies and effective actions.

Central Coast Office:
55 Penny Lane, Suite 101
Watsonville, CA 95076
Tel: 831-728-1356 | Fax: 831-728-3374

Bay Area Office:
1871 The Alameda, Suite 180
San Jose, CA 95126
Tel: 408-247-8319 | Fax: 408-260-7749

www.appliedsurveyresearch.org

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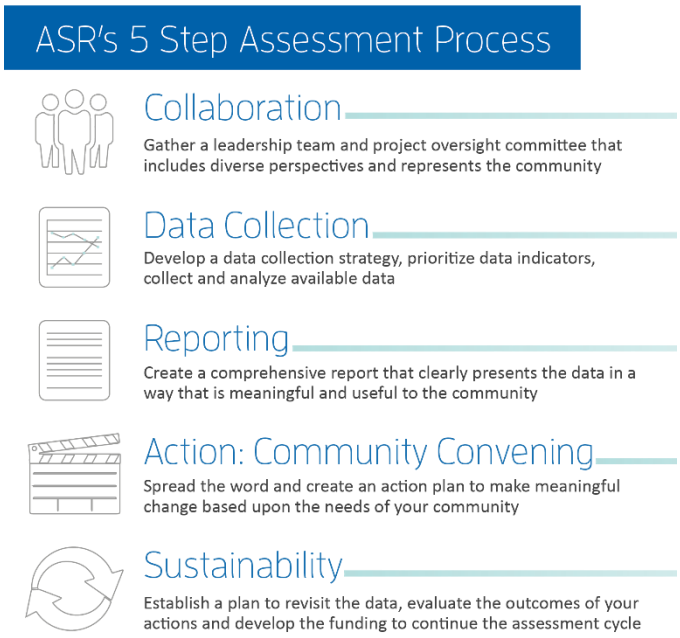
COMMUNITY ASSESSMENT PROJECT OVERVIEW

The Santa Cruz County Community Assessment Project (CAP) is entering its third decade, with 2015 marking the 21st year of the project. The CAP was convened in 1994 through a collaboration of the United Way of Santa Cruz County and Dominican Hospital, with Applied Survey Research (ASR) as their research partner.

The CAP assesses quality of life across six subject areas: the economy, education, health, public safety, the social environment, and the natural environment. The CAP features over 90 indicators across these fields, including both primary and secondary data. Biennially, ASR conducts a telephone survey of a representative sample of Santa Cruz County residents; 2015 is a survey year. Secondary data is collected from over 70 sources including at the national, state, and local level.



Together with community stakeholders, the CAP is accomplished through a five step process designed by ASR (see left). One of the five steps of the community improvement process involves collaboration, while other steps focus on community action in order to achieve goals and sustain the project.

The CAP in Action

The CAP is one of the oldest projects of its kind with national recognition, with communities throughout the United States and Canada replicating the model.

In 2007, the CAP was chosen as one of the best community indicator projects in the United States, winning first place in the Community Indicators Consortium Innovation Awards sponsored by the Brookings Institution in Washington D.C.

The Community Assessment Project was featured in Santa Cruz County's application and award of the first Robert Wood Johnson Foundation's Culture of Health Prize in 2013. The prize is annually awarded to six communities in America that are making strides to become healthier and more equitable communities. Since that time, the CAP has been nationally featured by the National Academies of Science, Institute of Medicine's Roundtable for Population Health Improvement.

The CAP, at its core, is an actionable document. Below are a sampling of the ways the CAP is being utilized to affect change across Santa Cruz County.

Identifying Health Needs and Leveraging Resources

The CAP helps The Santa Cruz Community Health Centers (SCCHC) to understand and respond to gaps in health access and disparities that exist along the lines of race and income. The CAP is a consistent source of timely, local data that allows the SCCHC to leverage funding to improve community health and insights in order to respond to community health needs.

The Public Health Division of the Santa Cruz County Health Services Agency is currently pursuing Public Health Accreditation, and are utilizing the data from the CAP to help complete various components of their required Community Health Assessment. The Public Health Division also utilizes CAP data in grant applications, specifically demographics, housing information, obesity, nutrition and physical activity data.

Utilizing Data to Reduce Disparities

As a data driven department, the Santa Cruz County Probation Department has used data from the annual CAP report in a number of ways, including improvement of services for Latino youth and residents residing in South County, securing a grant to help renovate juvenile hall and expand youth programming, securing funding to expand programming, particularly for Latino youth and families, and development of a proposal to put in place a culinary arts program at juvenile hall.

The CAP report supports the Probation Department's work around reducing racial and ethnic disparities, particularly for juveniles in the justice system. This type of work necessitates that any practice and policy changes are based on data. The annual demographics provided in the CAP allow the Probation Department to stay ahead of emerging trends and to prepare in order to be culturally and linguistically responsive to the needs of their clients.

Creating Communities for Youth to Thrive

Ecology Action (EA) used the CAP data regarding childhood obesity rates and overall population physical activity levels to assess where youth bike safety and encouragement programs were most needed, and to paint a picture of wellness in South County for a 2011 statewide grant proposal. The detailed CAP data about the disproportionate presence of childhood obesity in South County allowed EA to present a compelling picture of students' lives, and ultimately led to being awarded the grant amidst a very competitive field. The funding allowed EA to deliver new bicycle safety and encouragement programs in three South County schools, these programs began in 2012 and continue today.

The Criminal Justice Council's Youth Violence Prevention Task Force (YVTF) used the unique information found in the CAP to help inform their strategic planning process. Indicators specific to the CAP and the household survey gauge how well the county is doing at creating strong communities where youth can thrive. As they move into the implementation of their strategic plan, this data will help the YVTF to track their success over time.

Publications

The CAP is profiled in *Community Quality of Life Indicators, Best Practices III,* a book about best practices in community indicator projects throughout the world[1] and in the Organization for Economic Co-operation and Development's (OECD) *Statistics, Knowledge and Policy 2007: Measuring and Fostering the Progress of Societies*.[2] The United States General Accounting Office (GAO) determined that the CAP project was a best practice methodology for indicator reports. In 2010, the CAP project was featured in an article entitled "Connecting Data to Action: How the Santa Cruz County Community Assessment Project Contributes to Better Outcomes for Youth" in the Applied Research in Quality of Life Journal (ARIQ) focused on

[1]Sirgy, J., Phillips, R., Rahtz, D. (2007). Community Quality of Life Indicators, Best Practices III. The International Society for Quality of Life Studies, (ISQOLS).
[2]Organization for Economic Co-operation and Development. (2008). Statistics, Knowledge and Policy 2007: Measuring and Fostering the Progress of Societies, (OECD).

community indicators that are used as tools for social change. In 2011, the CAP was featured in a book entitled *Diversity and Community Development: An Intercultural Approach.*

Goals and Heroes

The CAP has nurtured and encouraged the community's focus by establishing Community Goals for improvement. There are several goals for each of the six topical areas. The Community Goals for the year 2015 were created with more than 1,000 community members, stakeholder groups, and organizations. Groups and organizations are asked to become champions to help achieve the Community Goals. The following groups led the community goal-setting process: Santa Cruz Community Credit Union, Santa Cruz County Office of Education, Ecology Action, The Health Improvement Partnership of Santa Cruz County, the Santa Cruz County Probation Department, and COPA (Communities Organized for Relational Power in Action). At the beginning of each of the subject chapters in this report is a list of community goals and community heroes who are helping to achieve those goals.

Legend

ITEM	DESCRIPTION
North County	Bonny Doon, Capitola, Davenport, Live Oak, Santa Cruz, Scotts Valley, and Soquel.
South County	Aptos, Corralitos, Freedom, La Selva Beach, Pajaro, and Watsonville.
SLV	(San Lorenzo Valley) Ben Lomond, Boulder Creek, Brookdale, Felton, Lompico, Mount Hermon, and Zayante.
*	Indicates statistically significant differences in survey responses between sub-groups in the 2015 telephone survey data. Absence of this symbol indicates *no* statistical significance differences between sub-groups for the 2015 data. Footnotes at the bottom of each table/chart indicate which specific comparisons are significant.
% Change	Describes a change in value between the current and first year's data. This only applies when the data are *not* percentages or rates.

ITEM	DESCRIPTION
Net Change	Describes the net change between the current and first year's data.
☎	Denotes a telephone survey question.
^	Indicates sample size is too small to calculate, as small numbers are unstable and can be misinterpreted.
NA	Indicates not applicable or data unavailable.
- (dash)	Indicates that it would not be correct to calculate this value.
⬆	Indicates data increasing (Upward) trend
⬇	Indicates data declining (Downward) trend
⬌	Indicates data inconclusive; variable; no clear trend
GREEN	Green colored arrow indicates positive trend
RED	Red colored arrow indicates negative trend

ACKNOWLEDGMENTS

We wish to acknowledge all of those individuals serving on the Steering Committee whose commitment of time, resources, and expert counsel have guided the CAP over the past twenty-one years. A special thank you is extended to the generous financial sponsors of the CAP.

Applied Survey Research

Project Directors: Susan Brutschy & Abigail Stevens

Analysts and Researchers: Inessa Arutunyan, Julie Burr, Christina Connery, James Connery, John Connery, Michelle Luedtke, Javier Salcedo, and Martine Watkins

United Way of Santa Cruz County

Mary Lou Goeke, Executive Director

Brenda Gonzalez, Community Coordinator

Steering Committee Members

Brenda Armstrong
Santa Cruz County Alcohol & Drug Program

Vincent Barabba
Community Volunteer

Caleb Baskin
Baskin & Grant

Donna Blitzer
University of California, Santa Cruz

Christina Borbely, PhD
RET Partners

David Brody
First 5 Santa Cruz County

Susan Brutschy
Applied Survey Research

Beth Carr
Santa Cruz Community Credit Union, Community Ventures

Henry Castaniada
Soquel Union Elementary School District

Leslie Conner
Santa Cruz Community Health Centers

Christina Cuevas
Community Foundation Santa Cruz County

Karen Delaney
Volunteer Center of Santa Cruz

Willy Elliot-McCrea
Second Harvest Food Bank

Will Forest
County of Santa Cruz Health Services Agency

Mary Lou Goeke
United Way of Santa Cruz County

Fernando Giraldo
Santa Cruz County Probation Department

Allison Guevara
County of Santa Cruz

Will Hahn
PAMF/Sutter Health

Dan Haifley
O'Neill Sea Odyssey

Dr. Lisa Hernandez, MD
County of Santa Cruz Health Services Agency

Megan Joseph
United Way of Santa Cruz County

Shebreh Kalantari-Johnson
Community Volunteer

Rama Khalsa
Community Volunteer

Kirsten Liske
Ecology Action

Eleanor Littman
Health Improvement Partnership Santa Cruz County

Madeline Noya
County of Santa Cruz Human Services Department

Laura Marcus
Dientes Community Dental Clinic

Paul O'Brien
Community Volunteer

Martina O'Sullivan
Dignity Health Dominican Hospital

Greg Pepping
Coastal Watershed Council

Rock Pfotenhauer
Cabrillo College

Raquel Ramirez Ruiz
Pajaro Valley Community Health Trust

Janet Reed
Community Volunteer

Stuart Rosenstein
Community Volunteer

Jessica Scheiner
County of Santa Cruz Human Services Department

Laura Segura
Monarch Services

Nina Simon
Santa Cruz Museum of Art & History

Brian Spector
Spector Corbett Architects
Adam Spickler
Community Volunteer
Abigail Stevens
Applied Survey Research
Sharee Storm
Dientes Community Dental Care
Michael Watkins
Santa Cruz County Office of Education
Michelle Williams
Cultural Council of Santa Cruz County
Craig Wilson
Santa Cruz County Sheriff's Office

Community Assessment Project Year 21 Editorial Board

Claire Barton,
Dignity Health Dominican Hospital
Susan Brutschy
Applied Survey Research
Leslie Conner
Santa Cruz Women's Health Center
Mary Lou Goeke
United Way of Santa Cruz County
Brenda Gonzalez
United Way of Santa Cruz County
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Community Assessment Project Year 21 Financial Sponsors

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Pajaro Valley Community Health Trust
Palo Alto Medical Foundation
PG&E
Seniors Council
Sutter Maternity & Surgery Center
University of California, Santa Cruz
United Way of Santa Cruz County
Volunteer Center of Santa Cruz
Watsonville Community Hospital

A very special thank you to all of those who contributed and helped locate secondary data for this year's CAP report. Agencies and organizations are cited as sources, but the assistance of individuals has been critical.

The following two pages provide: 1. a snapshot of overall quality of life in the six domains for residents across Santa Cruz County, and 2. a snapshot by ethnicity highlighting some disparities, including inequities in health and economic outcomes.

SNAPSHOT OF SANTA CRUZ COUNTY

INDICATOR	MEASUREMENT	CALIFORNIA	SANTA CRUZ COUNTY	COUNTY TREND
ECONOMY				
Unemployment Rate	Unemployment rate	7.5%	8.7%	
Affordable Housing	Percentage of households able to afford an entry-level home in California	55%	43%	
EDUCATION				
High School Graduation Rates	Graduation rate	81.0%	86.3%	
Educational Attainment	Percentage of adults who have a high school degree or higher	NA	86.5%	
HEALTH				
Access to Health Care	Percentage of CAP survey respondents who said they have a regular source of health care	NA	88%	
Obesity	Percentage of CAP survey respondents who are overweight or obese	NA	59.0%	
PUBLIC SAFETY				
Crime	Crime rate (*per 1,000 residents*)	28.8	34.6	
Juvenile Arrests	Rate of juvenile felony and misdemeanor arrests *(per 1,000 youth ages 10-17)*	NA	25.8	
SOCIAL ENVIRONMENT				
Homelessness	The number of homeless individuals counted on one day	NA	1,964	
Food Insecurity	Number of people served by the Second Harvest Food Bank	NA	55,495	
NATURAL ENVIRONMENT				
Concern for Natural Environment	Percentage of CAP survey respondents who said the drought most concerned them about the natural environment	NA	23.6%	
Organic Farming	Number of certified organic producers with more than $5,000 in sales	NA	107	

See the Legend on page 6 for an explanation of the Trend icons.
Note: Data presented in table are the most recent data available.

ETHNICITY SNAPSHOT OF SANTA CRUZ COUNTY

INDICATOR	MEASUREMENT	WHITES	LATINOS
ECONOMY			
Financial Wellbeing	Percentage of CAP survey respondents who felt better off financially this year than last year	37.8%*	28.7%*
Unemployment Rate	Percentage unemployed according to CAP telephone survey	6.5%	8.9%
Self-Sufficiency Income Standards	Percentage of households below the Self-Sufficiency Income Standards	26.1%	63.0%
EDUCATION			
High School Dropout Rates	Percentage of Santa Cruz County dropouts	6.0%	11.6%
Higher Education	Percentage of Cabrillo College degrees and certificates awarded	50.6%	37.6%
HEALTH			
Dental Care	Percentage of CAP survey respondents who had dental care in the past 12 months	74.2%*	58.5%*
Teen Births	Number of teen births by ethnicity of mother (19 and under)	17	150
Obesity	Percentage of CAP survey respondents who are overweight or obese	56.3%	66.0%
PUBLIC SAFETY			
Jail Population	Percentage of total inmates for Santa Cruz County	49.6%	40.4%
Juvenile Arrests	Percentage of juvenile arrests *(*felony and misdemeanor offenses *ages 10-17)*	34.1%	58.1%
Child Abuse	Rate of substantiated cases of child abuse *(per 1,000 children ages 0-17)*	5.0	8.4
SOCIAL ENVIRONMENT			
Food Insecurity	Percentage of people served by the Second Harvest Food Bank	31.6%	62.4%
Basic Needs	Percentage of CAP survey respondents going without rent or housing in the past 12 months	3.1%*	13.2%*
Homelessness	Percentage of homeless population by ethnicity	57.3%	37.1%
NATURAL ENVIRONMENT			
Alternative Transportation	Percentage of CAP survey respondents reporting **never** using alternative transportation (bus, car pool, bicycle)	45.0%	44.4%

Note: Data presented in table are the most recent data available.
*Statistically significant difference between White and Latino survey respondents.

2015 HIGHLIGHTS

- Santa Cruz County's population was 271,804 individuals as of 2014.
- 58% of residents were White, 33% were Hispanic, 4% were Asian, 3% were multi-racial, and 1% were Black in 2014.
- 68% of the population 5 years and older spoke only English at home, and over one-fourth (26%) spoke Spanish at home in 2014.

Jobs and Earnings

- The unemployment rate has been going down over the last four years and was 8.7% in Santa Cruz County in 2014, higher than the state overall (7.5%).
- Median family income is rising in the county and was $80,788 in 2014, up over $11,000 annually from $69,419 in 2010.
- The occupations with the most projected job growth over the next ten years are for personal care aides and home health aides.

Housing

- The median sale price of a home in the Santa Cruz and Watsonville areas increased from $535,000 in 2014 to $625,000 in 2015, a 45% increase over the past five years.
- Rents continue to increase in the county. Average rent for two bedrooms was $1,876 a month in 2015.
- There were 346 notices of default (the first step in the foreclosure process) in 2013, down from 1,150 in 2011.

Early Education/Child Care

- Over 80% of low income families eligible for subsidized child care do not get it due to funding shortages.

School Enrollment

- There were 40,584 students enrolled in public schools in Santa Cruz County in 2014/15.
- The majority (56%) of the students enrolled in 2014/15 identified as Latino/Hispanic, followed by 36% White, and 2% Asian.

Test Scores

- 29% of Santa Cruz County 11th grade students met or exceeded the standard for the mathematics achievement portion of the California Assessment of Student Performance and Progress (CAASPP) in 2015, and 57% met or exceeded the standard for the English Language Arts/Literacy Achievement portion.

High School Dropout Rates

- The dropout rate for Santa Cruz County was 9% in 2013/14, down from a high of 12% in 2010/11.

College and University Attendance

- There were 13,899 students enrolled at Cabrillo College, and 17,866 at UC Santa Cruz in fall 2014, both similar to the previous year.

Regular Source of Care

- There was a statistically significant difference between the percentage of White (94%) and Latino (80%) CAP survey respondents who had a regular source of health care in 2015.

Health Insurance

- As of 2015, Santa Cruz County has 19,131 individuals enrolled in the state's health insurance marketplace, Covered California.
- The percentage of county children 0-17 with health insurance coverage was 85% in 2014.

Immunizations

- Children in Santa Cruz County have consistently lower rates of immunizations than children in California overall. 83% of county kindergarteners and 90% of California kindergartners had all of their required immunizations in 2014/15.

Teens

- The teen birth rate increased between 2013-2014 to 17.9 births per 1,000 teens ages 15-19 in 2014, down from 33.6 in 2008.
- Alcohol use by teens has been going down for 7th-11th graders since 2002/03. Thirty-four percent of county 11th graders had used alcohol in the 30 days prior to the survey completed in 2014/16.

Obesity

- 66% of Latino CAP survey respondents were overweight or obese, compared to 56% of White respondents in 2015.

Mental Health

- 22% of Latino CAP survey respondents 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 15% of White respondents in 2015.

Crime

- Total crime in Santa Cruz County is at a rate of 34.6 per 1,000 residents in 2014, higher than the state at 28.8.
- The juvenile arrest rate has been decreasing since 2008 when there were 72.4 arrests per 1,000 youth ages 10-17, to 25.8 per 1,000 youth in 2014.

Child Abuse

- The rate of substantiated cases of child abuse[3] has been decreasing since 2008 when there were 12.2 substantiated cases per 1,000 children ages 0-17, to 6.8 per 1,000 children in 2014.

Elder Abuse

- There were 708 referrals to adult protective services in 2014, and 688 cases were investigated, representing a 36% increase in investigated cases since 2008.

Basic Needs and Food Insecurity

- In 2015, Latino CAP respondents (43%) were significantly more likely than white respondents (12%) to be unable to get more food when the food they bought ran out.
- 55,495 people were served by Second Harvest Food Bank in 2015, up from 48,161 in 2008.

Homelessness

- There was a 44% decrease in the number of homeless persons counted in the biennial point-in-time count from 3,536 individuals in 2013 to 1,964 in 2015.

People with Disabilities

- 20% of 2015 CAP survey respondents reported having a member of their household diagnosed with a disability. Of those, almost half (49%) participated in life at the level he or she desired.

Quality of Life

- 61% of CAP survey respondents reported being “very satisfied” with their quality of life in 2015.
- The cost of living/housing was identified by CAP survey respondents as the primary thing (24%) that takes away from their quality of life.

[3] Please see Appendix II for definitions types of child abuse: “Caretaker Absence or Incapacity,” “Emotional Abuse,” “Exploitation,” “General Neglect,” “Physical Abuse,” “Severe Neglect,” and “Sexual Abuse.”

Water

- Water availability was the #1 environmental concern according to 2015 CAP survey respondents.
- There were 164 swim advisories but no beach closures in 2015.

Protected Land

- Of all the acreage in Santa Cruz County, just under one-third of it (30%) was protected land (including such things as parks, open space, and land trusts) in 2015.

Farmer's Markets

- Almost half (43%) of 2015 CAP respondents reported shopping at least once a week at a farmer's market or produce stand, or community supported agriculture (CSAs).

Waste

- There was a 22% decrease in the total annual tons of waste disposal in Santa Cruz County between 2007 and 2013.

2015 COMMUNITY HEROES & GOALS

The CAP has annually honored community heroes, special individuals whose efforts help move Santa Cruz County toward the achievement of the community goals. These true-life heroes can be found throughout the community and are wonderful examples of making Santa Cruz County a better place to live.

A special thank you goes to the Santa Cruz Sentinel Newspaper for sponsoring the annual selection of our Community Heroes. Each year the Santa Cruz Sentinel, in association with the United Way, seeks nominations from the public of people who have worked toward meeting a CAP community goal in the past year.

PHOTO CREDIT: PAUL SCHRAUB PHOTOGRAPHY

***Front Row (left to right)**: George Jarrow, Stephanie Conner-Kent, Deborah Blumberg, Barbara Mason, MariaElena de la Garza*
***Second Row**: Jose Joel Vasquez, David Robles, Dr. Tamara Ball, Bob Cagle, Kristen Kittleson*
***Third Row:** Steve Gliessman, Andy Shatney, Sarah Emmert, Phil Kramer, Les Forster*
***Not Pictured:** Susan Freeman, Kathleen King, and Lieutenant Jorge Zamaro*

The following community goals were selected by a broad cross-section of Santa Cruz County residents to guide decision-making, planning, and social action in the years to come. The purpose of these community goals is to focus attention and energy to improve the quality of life for the people of the county. As such, these community goals are generally broad in nature. Detailed action plans involving people from all sectors of the community must be developed to realize the community goals. These community goals are not intended to endorse or oppose any particular project or initiative. They do, however, chart the course for collective action to create a better future for the people of Santa Cruz County.

Economy

- **Goal 1:** By the year 2015, Santa Cruz County will leverage educational opportunities and academic institutions as engines to fuel economic growth and technology transfer better than similarly situated counties in California.
  - » Community Hero: Dr. Tamara Ball, *Impact Designs – Engineering and Sustainability through Student Service (IDEASS) and Apprenticeships in Sustainability Science and Engineering Design (ASCEND) - University of California, Santa Cruz*
- **Goal 2**: By the year 2015, increase the percentage of economic activity with Santa Cruz County by 10% and "re-localize" 10% of our commuting workforce.
  - » Community Hero: Santa Cruz Works
- **Goal 3:** By the year 2015, Santa Cruz County will slow or stop the contraction of municipal budgets through economic development of the underlying economy.
  - » Community Hero: Barbara Mason, *County of Santa Cruz*

Education

- **Goal 1:** By the year 2015, all students will graduate with the skills and knowledge required to compete in a 21st century global economy.
  - » Community Hero: Susan Freeman, *Arts Education Consultant and Lecturer for the Stanford Graduate School of Education*
- **Goal 2:** By the year 2015, more kindergarteners will be better prepared for school through participation in high quality preschools.

Health

- **Goal 1:** By the year 2015, access to primary care will improve as measured by:
  - 95% of Santa Cruz County residents will report having a regular source of health care;
  - Less than 10% will report the emergency department as one of their regular sources of health care; and
  - No significant difference between the percentage of White and Latino residents reporting a regular source of health care.
  - » Community Hero: Kathleen King, *CEO, Pajaro Valley Community Health Trust*
- **Goal 2:** By the year 2015, 98% of Santa Cruz County children 0 to 17 will have comprehensive health care coverage as measured by the California Health Interview Survey.
  - » Community Hero: Stephanie Connor-Kent, *Nurse & Manager, Palo Alto Medical Foundation's Pediatrics and Psychiatry Behavior Health Department*
- **Goal 3:** By the year 2015, the prevalence of childhood obesity in Santa Cruz County will decrease as measured by:
  - The percentage of children under 5 years who are overweight or obese will decrease from 15% to 12%, and
  - The percentage of children 5 to 19 years who are overweight or obese will decrease from 26% to 21%.
  - » Community Hero: Jose Joel Vasquez, *Jovenes SANOS*

Public Safety

- **Goal 1:** By the year 2015, more youth will be involved in prevention and positive social activities and fewer youth will enter the juvenile delinquency system.
  - » Community Hero: Les Forster, *Principal, Cypress Charter High School*
- **Goal 2:** By the year 2015, adult and juvenile violence, including family violence and gang violence, will decrease, as will the impact of violence in the community.
  - » Community Hero: Sarah Emmert, *Coordinator, Youth Violence Prevention Task Force*
  - » Community Hero: Jorge Zamaro, *Law Enforcement*

Social Environment

- **Goal 1:** By the year 2015, more Santa Cruz County residents will have access to housing, both rental and home ownership, that they can afford.
  - » Community Hero: Phil Kramer, *Goodwill Industries*
- **Goal 2:** By the year 2015, more Santa Cruz County residents will be actively engaged in improving their community through public participation.
  - » Community Hero: Maria Elena de la Garza, *Community Action Board, Inc.*
- **Goal 3:** By the year 2015, county residents with disabilities will be able to obtain services needed to support increasing options, pursue goals and participate in community life at levels consistent with their ability.
  - » Community Hero: George Jarrow, RN, *Dignity Health Dominican Hospital*

Natural Environment

- **Goal 1:** By the year 2015, reduce water pollution: health of rivers and ocean is improved by reducing erosion, chemical and biological pollution and improving riparian corridors.
  - » Community Hero: Kristen Kittleson, *Water Resources, County of Santa Cruz*
- **Goal 2:** By the year 2015, develop a local sustainable food system: all community members have access to affordable locally grown food produced in a sustainable manner that preserves farmland fertility.
  - » Community Hero: David Robles, *Intern, Ecology Action's Sustainable Transportation Group*
  - » Community Hero: Steve Gliessman, *Professor, Environmental Studies Program for Community and Agroecology (PICA), University of California, Santa Cruz*
- **Goal 3:** By the year 2015, support clean/alternative energy: use of clean alternative energy and sustainable fuels are increased through financial incentives and reduced policy barriers.
  - » Community Hero: Andy Shatney

Lifetime Achievement Award: Deborah Blumberg

See the Appendices for a list of CAP Community Heroes from previous years.

WHAT'S NEXT – COMMUNITY GOALS 2020

Over 350 stakeholders came together to establish new Community Goals for the year 2020. CAP 22, which will be released in the fall of 2016, will link data to these new goals in order to measure our progress in attaining these goals. Presented below are the new Community Goals for the year 2020.

Economy

- **Goal 1:** By the year 2020, reduce the winter unemployment rate by one-half percent, creating 725 new winter jobs in Santa Cruz County.
- **Goal 2:** By the year 2020, increase the housing stock by 1,000 units in Santa Cruz County.

Education

- **Goal 1:** By the year 2020, all students will be fully connected and engaged with their school community, and will see their school as a welcoming, essential and safe place.
- **Goal 2:** By the year 2020, all students will have broader access to courses and enrichment activities, including visual and performing arts, career technical education and digital technology.
- **Goal 3:** By the year 2020, all students will be provided sufficient behavior, health, and counseling services to succeed in their chosen educational and career pathways.

Health

- **Goal 1:** By the year 2020, all Santa Cruz County residents will have a regular source of primary care and integrated behavioral health services with a focus on:
  - » Decreasing disparities;
  - » Decreasing reliance on Emergency Rooms as a regular source of health care; and
  - » Increasing access to mental health and substance use disorder treatment.
- **Goal 2:** By the year 2020, obesity in Santa Cruz County will be reduced by 10%.

Public Safety

- **Goal 1:** By the year 2020, the juvenile crime rate will be reduced by 10% through the use of culturally responsive evidence based strategies that promote positive interaction and reduce conflict with public safety officials.
- **Goal 2:** By the year 2020, there will be a 20% reduction in youth reporting gang involvement, resulting in a 10% reduction of gang related criminal activity.
- **Goal 3:** By the year 2020, there will be a 10% decrease in arrests or citations of individuals with chronic SUD/COD through the increase of on-demand treatment for adults with such disorders.
- **Goal 4:** By the year 2020, the violent crime rate of 18 to 25 year olds will be reduced by 10% through the use of targeted gang involvement intervention strategies, including restorative practices, street outreach, and alternatives to adult gang involvement.

Social Environment

- **Goal 1:** By the year 2020, more Santa Cruz County residents will build meaningful social bridges across differences in age, race, ethnicity, class and culture.
- **Goal 2:** By the year 2020, schools and communities will be safe, supportive, and engaging places for children, youth and families.
- **Goal 3:** By the year 2020, more Santa Cruz County residents will feel empowered to experience and pursue long-term quality of life.

Natural Environment

- **Goal 1:** By the year 2020, residential per capita water use will be sustained at or under 2013 baseline levels through 2020.
- **Goal 2:** By the year 2020, 5% of homes in Santa Cruz County will have a solar electric or hot water system.
- **Goal 3:** By the year 2020, stewardship actions for our waters will be increased by 10%.
- **Goal 4:** By the year 2020, 50 miles of urban trails will be constructed within Santa Cruz County to decrease traffic, increase active transportation and connect urban areas to open spaces.

health

HEALTH SNAPSHOT OF SANTA CRUZ COUNTY

INDICATORS	MEASUREMENT	CALIFORNIA	SANTA CRUZ COUNTY	COUNTY TREND
Access to Health Care	Percentage of CAP survey respondents who said they have a regular source of health care	NA	**88.0%**	↔
Immunization Levels	Percentage of kindergarten entrants with all required immunizations	90.4%	**83.4%**	↔
Physical Health	Percentage of CAP survey respondents who indicated that their general health was "good," "very good," or "excellent"	NA	**79.6%**	↓
Obesity	Percentage of CAP survey respondents who are overweight or obese	NA	**59.0%**	↔
Alcohol Use	Percentage of CAP survey respondents who engaged in binge drinking in the past 30 days	NA	**19.0%**	↑

↑ Increasing (Upward) trend; ↓ Declining (Downward) trend; ↔ Inconclusive; variable; no clear trend; ***NA*** Not applicable or data unavailable. Green colored arrow indicates positive trend; Red colored arrow indicates negative trend.
Note: Data presented in table are the most recent data available.

HEALTH COMMUNITY GOALS

Goal 1: By the year 2015, access to primary care will improve as measured by:

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

  - Community Hero: Kathleen King, *CEO, Pajaro Valley Community Health Trust*

Goal 2: By the year 2015, 98% of Santa Cruz County children 0 to 17 will have comprehensive health care coverage as measured by the California Health Interview Survey.

  - Community Hero: Stephanie Connor-Kent, *Nurse & Manager, Palo Alto Medical Foundation's Pediatrics and Psychiatry Behavior Health Department*

Goal 3: By the year 2015, the prevalence of childhood obesity in Santa Cruz County will decrease as measured by:

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

  - Community Hero: Jose Joel Vasquez, *Jovenes SANOS*

COUNTY HEALTH RANKINGS

The County Health Rankings is a tool designed to highlight a county's strengths, draw attention to areas with opportunity for improvement, and to support other community-level health data. These rankings are averages calculated using data provided by the Centers for Disease Control and Prevention using multiple years of data collected by the Behavioral Risk Factor Surveillance System (BRFSS). Rankings are based on nearly all of the 58 counties in California, where a lower ranking is better than a higher ranking.

Between 2014 and 2015, Santa Cruz County improved in the quality of life and physical environment rankings. Among the various indicators, Santa Cruz County's best scores were in health behaviors and clinical care, scoring seventh best out of 57 in 2015. However, the county's health outcomes, length of life, quality of life, health factors, health behaviors, and social & economic factors have worsened between 2010 and 2015.

Health Rankings, Santa Cruz County

	2010	2011	2012	2013	2014	2015
Health Outcomes	8	7	10	13	11	12
Length of Life	6	7	10	10	10	18
Quality of Life	7	7	13	20	12	11
Health Factors	8	10	10	10	11	11
Health Behaviors	2	1	3	4	6	7
Clinical Care	19	24	13	12	6	7
Social & Economic Factors	14	17	23	21	16	20
Physical Environment	37	5	10	9	23	22

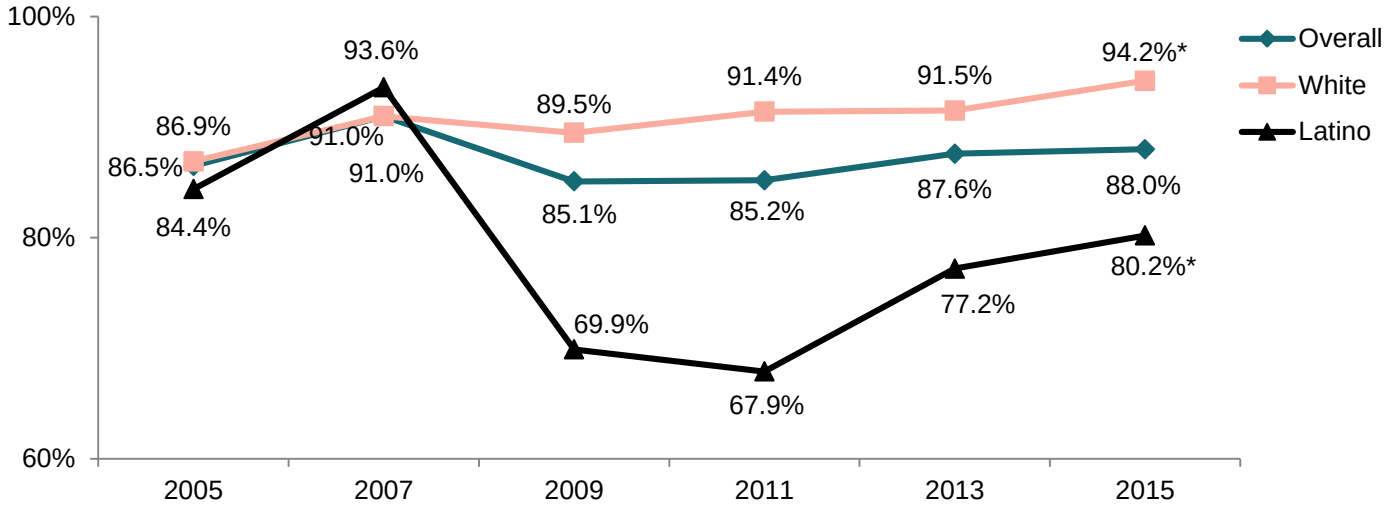
Source: University of Wisconsin, Population Health Institute. (2015). *County health rankings*. Madison, WI.
Note: 2010 through 2012 county health rankings are out of 56 counties. 2013 and 2014 county health rankings are based on 57 counties.

ACCESS TO HEALTH CARE

Individuals without a dependable source of health care have more difficulties obtaining needed care, receive fewer preventive health services, are more likely to wait to get treatment until their conditions worsen, and are more likely to require hospitalization compared to those who have a dependable source of health care.[12,13]

Ninety-four percent of White CAP survey respondents reported having a regular source of health care in 2015, as compared to only 80% of Latinos, a statistically significant difference. White respondents were significantly more likely than Latino respondents to go to a private practice for their regular source of health care, while Latino respondents were significantly more likely than White respondents to go to a community clinic for their regular source of health care.

☎ Do you have a regular source of health care? (Respondents answering "Yes") By Ethnicity



2015 - Overall n: 780; White n: 424; Latino n: 284.
Source: Applied Survey Research. (2015). 2005-2015 *Santa Cruz County Community Assessment Project, Telephone Survey.* Watsonville, CA.
*Significance testing: White respondents were significantly more likely than Latino respondents to have a regular source of health care in 2015.

[12] U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality. (2011). *National Healthcare Disparities and Quality Report.* Washington, D.C.
[13] Billings, J., Bidman, A.B., Grumbach, K., et al. (1995). Preventable hospitalizations and access to health care. *Journal of American Medical Association, 274*(4): 305-311.

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

	2013	2015
Private Practice	**75.5%**	**72.6%**
White	83.9%	81.9%*
Latino	46.7%	55.8%*
Urgent Care Clinics	**2.1%**	**6.0%**
White	1.7%	5.1%
Latino	1.4%	7.5%
Emergency Room	**0.7%**	**2.4%**
White	0.0%	1.7%
Latino	3.3%	3.5%
Alternative Care Practices	**0.2%**	**1.4%**
White	0.1%	2.0%
Latino	0.5%	0.6%

	2013	2015
Community and County Clinics	**15.5%**	**14.9%**
White	8.5%	6.9%*
Latino	43.9%	29.4%*
Out of County	**4.7%**	**2.2%**
White	4.5%	2.3%
Latino	4.2%	2.1%
Other	**1.4%**	**0.4%**
White	1.4%	0.1%
Latino	0.0%	1.1%

2015 - Overall n: 682, White n: 396, Latino n: 227.
Source: Applied Survey Research. (2015). *2013-2015 Santa Cruz County Community Assessment Project, Telephone Survey.* Watsonville, CA.
Note: Prior to 2013, this question allowed multiple responses; data are, therefore, not comparable.
*Significance testing: White respondents were significantly more likely than Latino respondents to go to a private practice for their regular source of health care; Latino respondents were significantly more likely than White respondents to go to community and county clinics for their regular source of health care in 2013.

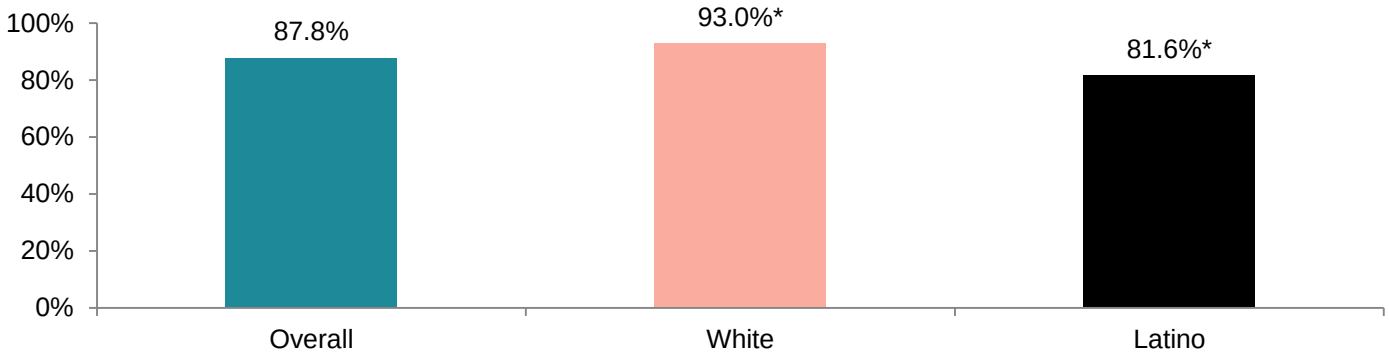
☎ If you DON'T have a regular source of health care, where do you go? By Ethnicity

	2013	2015
Private Practice	**31.5%**	**28.6%**
White	40.0%	54.5%*
Latino	19.5%	17.6%*
Urgent Care Clinics	**16.0%**	**9.6%**
White	27.6%	10.1%
Latino	4.7%	7.9%
Emergency Room	**17.6%**	**20.2%**
White	14.2%	13.6%
Latino	26.3%	17.7%
Alternative Care Practices	**4.7%**	**2.3%**
White	3.1%	8.4%
Latino	2.4%	0.0%

	2013	2015
Community and County Clinics	**24.0%**	**35.3%**
White	12.4%	11.7%*
Latino	34.2%	52.9%*
Out of County	**5.2%**	**0.0%**
White	0.9%	0.0%
Latino	12.9%	0.0%
Other	**1.0%**	**3.9%**
White	1.9%	1.8%
Latino	0.0%	3.9%

2015 - Overall n: 82, White n: 23, Latino n: 48.
Source: Applied Survey Research. (2015). *2013-2015 Santa Cruz County Community Assessment Project, Telephone Survey.* Watsonville, CA.
Note: Prior to 2013, this question allowed multiple responses; data are, therefore, not comparable.
*Significance testing: White respondents were significantly more likely than Latino respondents to go to a private practice for their regular source of health care; Latino respondents were significantly more likely than White respondents to go to community and county clinics for their regular source of health care in 2013.

☎ In the past 12 months, were you able to receive the health care you needed? (Respondents answering "Yes") By Ethnicity - 2015



2015 - Overall n: 779; White n: 424; Latino n: 284.
Source: Applied Survey Research. (2015). *Santa Cruz County Community Assessment Project, Telephone Survey.* Watsonville, CA.
Note: Survey question was modified in 2015 and is therefore not comparable to previous years.
*Significance testing: White respondents were significantly more likely than Latino respondents to have received the health care they needed in 2015.

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

	2015
No Insurance	32.9%
Insurance Wouldn't Cover It	18.8%
Medi-Cal/MediCruz Problems	4.7%
Couldn't Afford the Premium	8.3%
Too Expensive	8.3%
Couldn't Afford the Co-pay	6.7%
Other	11.6%
Total Respondents	**33**

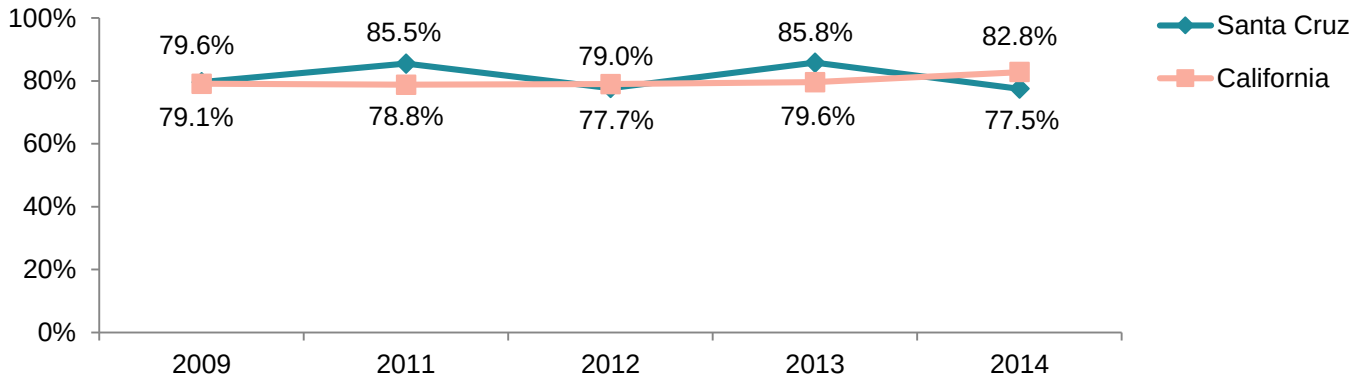
Source: Applied Survey Research. (2015). *Santa Cruz County Community Assessment Project, Telephone Survey.* Watsonville, CA.
Note: Survey question was modified in 2015 and is therefore not comparable to previous years.

HEALTH INSURANCE

A lack of health insurance coverage is a significant barrier to accessing health services. Families and individuals without health insurance coverage often have unmet health needs, receive fewer preventive services, suffer delays in receiving appropriate care and experience more hospitalizations.[14] Seventy-eight percent adults were currently insured in 2014, down from 86% in 2013. Eighty-five percent of children ages birth through 17 were currently insured in 2014, down from the previous year.

Covered California is the state's health insurance marketplace for the federal Patient Protection and Affordable Care Act.[15] Coverage began in 2014 and includes unsubsidized coverage and subsidized coverage. Subsidized coverage varies from premium assistance, where health services are available on a sliding-scale basis, to no-cost Medi-Cal. Through subsidized care, individuals and families receive federal assistance to reduce the cost of premiums and out-of-pocket expenses for health coverage.[16] During the period October 1, 2013 through March 31, 2014, there were a total of 15,071 individuals enrolled in Covered California in Santa Cruz County. During the second open enrollment period an additional 4,060 individuals enrolled bringing the total to 19,131 enrolled in Santa Cruz County.

Currently Insured Adults (Ages 18-64)



Source: UCLA Center for Health Policy Research. (2015). *California Health Interview Survey, 2009-14*.

[14] U.S. Department of Health and Human Services. (2011). Healthy People 2020 objectives. Retrieved from http://healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=1.
[15] Covered California. (2014). Covered California health insurance plans. Retrieved from http://www.coveredca.com/PDFs/CC-health-plans-booklet-rev4.pdf
[16] Ibid

Percentage of Children Currently Insured (Ages Birth through 17)

	2009	2011	2012	2013	2014	09-14 NET CHANGE
Santa Cruz County	**84.3%**	**88.7%**	**84.5%**	**87.4%**	**85.0%**	**0.7**
Children Birth-4 Years	92.1%[1]	95.9%[1]	100.0%[1]	68.0%[1]	100.0%[1]	7.9
Children 5-11 Years	99.1%[1]	88.0%[1]	100.0%[1]	100.0%[1]	100.0%[1]	0.9
Children 12-14 Years	89.9%[1]	100.0%[1]	77.9%[1]	100.0%[1]	65.4%[1]	-24.5
Children 15-17 Years	71.9%[1]	100.0%[1]	95.0%[1]	100.0%[1]	100.0%[1]	28.1
California	**85.5%**	**85.6%**	**85.5%**	**86.2%**	**88.1%**	**2.6**
Children Birth-4 Years	96.4%	96.4%	96.7%	98.3%	97.0%[1]	0.6
Children 5-11 Years	95.4%	96.2%	96.4%	97.3%	95.1%[1]	-0.3
Children 12-14 Years	93.4%	94.9%	94.2%	95.4%[1]	95.3%[1]	1.9
Children 15-17 Years	94.0%	96.4%	93.5%	95.7%	95.2%[1]	1.2

Source: UCLA Center for Health Policy Research. (2015). *California Health Interview Survey, 2009-14*.
[1]Statistically unstable due to a low number of respondents.

Individuals Enrolled in Covered California, by County, October 1, 2013 – February 22, 2015

	FIRST OPEN ENROLLMENT	SECOND OPEN ENROLLMENT	TOTAL
Monterey County	16,523	5,224	21,747
San Benito County	2,121	595	2,716
Santa Clara County	64,924	21,856	86,780
Santa Cruz County	15,071	4,060	19,131
California	**1,395,929**	**495,073**	**1,891,002**

Source: Covered California. (2015). *2015 Regional Open Enrollment Data*. Sacramento, CA.
Note: Data include individuals who finished their applications and selected plans through February 22, 2015.

LOW-INCOME HEALTH INSURANCE

Central California Alliance for Health (the Alliance) is a locally-governed, non-profit health plan that serves 330,000 members in Santa Cruz, Monterey and Merced counties. Their programs include Medi-Cal Managed Care serving Santa Cruz, Monterey and Merced counties; Healthy Kids in Santa Cruz County; Alliance Care In-Home Supportive Services (IHSS) in Monterey County; and the Medi-Cal Access Program (MCAP) in Monterey County.

Over the past seven years, the number of Alliance Medi-Cal members in Santa Cruz County increased by 105%, from 31,415 in 2009 to 64,329 in 2015. As of April 2015, near half (46%) of Alliance members were Latino/Hispanic and living in South Santa Cruz County (49%). Beginning January 1, 2014, implementation of Medi-Cal expansion under the Affordable Care Act (ACA) took effect; an expansive health care change that increased Alliance membership by 55% from January 2014 to April 2015.

Alliance Members Enrolled in Medi-Cal (Santa Cruz County), By Primary Care Provider Type

	2009	2010	2011	2012	2013	2014	2015
Clinic	12,717	14,582	13,160	12,190	13,303	16,290	28,027
Private Practice	14,929	15,178	10,798	13,289	17,125	19,411	22,657
Administrative Members (Not Linked)[1]	3,769	3,801	9,785	10,224	9,529	11,495	13,645
Total CCAH Medi-Cal Members	**31,415**	**33,561**	**33,743**	**35,703**	**39,957**	**47,196**	**64,329**

Source: Central California Alliance for Health. (2015). [Membership enrollment report]. Unpublished data. Scotts Valley, CA.
[1]Central California Alliance for Health changed their patient designation in 2011. The number of administrative members increased due to this change. The total number of administrative members includes members not yet linked to a primary care provider (PCP) in the 30-day initial period during which a member selects a PCP, as well as members with other health coverage (primarily Medicare).
Note: Reported enrollment data are as of April 30 of each year.

Percentage of Alliance Members Enrolled in Medi-Cal (Santa Cruz County), By Ethnicity

	2009	2010	2011	2012	2013	2014	2015
White	32%	32%	32%	31%	28%	29%	33%
Hispanic	59%	59%	58%	59%	60%	56%	46%
Other	9%	9%	8%	10%	12%	15%	21%
Total CCAH Medi-Cal Members	**31,415**	**33,561**	**33,743**	**35,703**	**39,957**	**47,196**	**64,329**

Source: Central California Alliance for Health. (2015). [Membership enrollment report]. Unpublished data. Scotts Valley, CA.
Note: Reported enrollment data are as of April 30 of each year.

Alliance Members Enrolled in Medi-Cal (Santa Cruz County), By Region

	2009	2010	2011	2012	2013	2014	2015
South County[1]	56%	55%	56%	54%	56%	54%	49%
North County[2]	43%	44%	43%	42%	41%	43%	46%
Out of County	1%	1%	1%	4%	3%	4%	5%
Total CCAH Medi-Cal Members	**31,415**	**33,561**	**33,743**	**35,703**	**39,957**	**47,196**	**64,329**

Source: Central California Alliance for Health. (2015). [Membership enrollment report]. Unpublished data. Scotts Valley, CA.
Note: Reported enrollment data are as of April 30 of each year.
[1]CCAH defines South County as including the areas of Freedom and Watsonville.
[2]CCAH defines North County as including the areas of Santa Cruz, Scotts Valley, Davenport, Felton, Ben Lomond, Boulder Creek, Brookdale, Aptos, Capitola, and Soquel.

Alliance Medi-Cal Enrollment since Medi-Cal Expansion[1]

	2013	2014	2015	MEMBERSHIP GROWTH 2013-2015
Medi-Cal Expansion[1] Category	0	14,011	16,661	16,661
All Other Categories	41,508	47,529	47,668	6,160
Both Programs	**41,508[2]**	**61,540[2]**	**64,329**	**22,821 (55%)**

Source: Central California Alliance for Health. (2015). [Membership enrollment report]. *Unpublished data. Scotts Valley, CA*
Note: Overall data reflects members enrolled as of December for 2013 and 2014, and as of April for 2015.
[1]Medi-Cal Expansion as a result of the Affordable Care Act (ACA) came into effect on January 1, 2014. The Medi-Cal Expansion Category reflects members enrolled under an ACA Medi-Cal eligibility code.
[2]Totals for 2013 and 2014 show slight increase from previously reported numbers due to retro-eligibility in the Medi-Cal program.

BIRTHS

The number of births to Santa Cruz County residents has increased by 6% over the last year, from 3,349 births in 2013 to 3,546 in 2014. The number of preterm births to Santa Cruz County residents decreased by 36% over the last 7 years, from 285 in 2008 to 182 in 2014. Fifty-four percent of county births were paid by Medi-Cal in 2014. Eighty-eight percent of all births at Watsonville Community Hospital were funded by Medi-Cal in 2014, compared to 28% at Sutter Maternity and Surgery Center and 44% at Dominican Hospital.

Number of Births - Santa Cruz County Residents (All Ages)

	2008	2009	2010	2011	2012	2013	2014	08-14 % CHANGE
Dominican Hospital	1,017	932	861	846	855	845	895	-12.0%
Sutter Maternity & Surgery Center	829	871	845	892	853	922	1,034	24.7%
Watsonville Community Hospital	1,435	1,236	1,213	1,232	1,098	1,299	1,318	-8.2%
Out of County	192	193	195	185	195	210	228	18.8%
Non-Hospital	53	58	56	67	74	73	71	34.0%
Santa Cruz County Total	**3,526**	**3,290**	**3,170**	**3,222**	**3,075**	**3,349**	**3,546**	**0.6%**

Source: County of Santa Cruz, Public Health Department. (2015). *Births, Santa Cruz County, 2014*. Santa Cruz County, CA.

Number of Preterm Births - Santa Cruz County Residents (All Ages)

	2008	2009	2010	2011	2012	2013	2014	08-14 % CHANGE
Dominican Hospital	125	126	125	96	111	119	79	-36.8%
Sutter Maternity & Surgery Center	9	13	19	19	16	19	23	^
Watsonville Community Hospital	106	69	69	68	51	95	47	-55.7%
Out of County	44	49	46	43	31	60	33	-25.0%
Non-Hospital	1	2	1	3	0	1	0	^
Santa Cruz County Total	**285**	**259**	**260**	**226**	**209**	**294**	**182**	**-36.1%**
Preterm Births as a Percentage of All Births	**8.1%**	**7.9%**	**8.2%**	**7.0%**	**6.8%**	**8.8%**	**5.1%**	**-**

Source: County of Santa Cruz, Public Health Department. (2015). *Births, Santa Cruz County, 2014*. Santa Cruz County, CA.
^Statistically unstable due to a low number of respondents.

Percentage of Deliveries Funded by Medi-Cal - Santa Cruz Residents (All Ages)

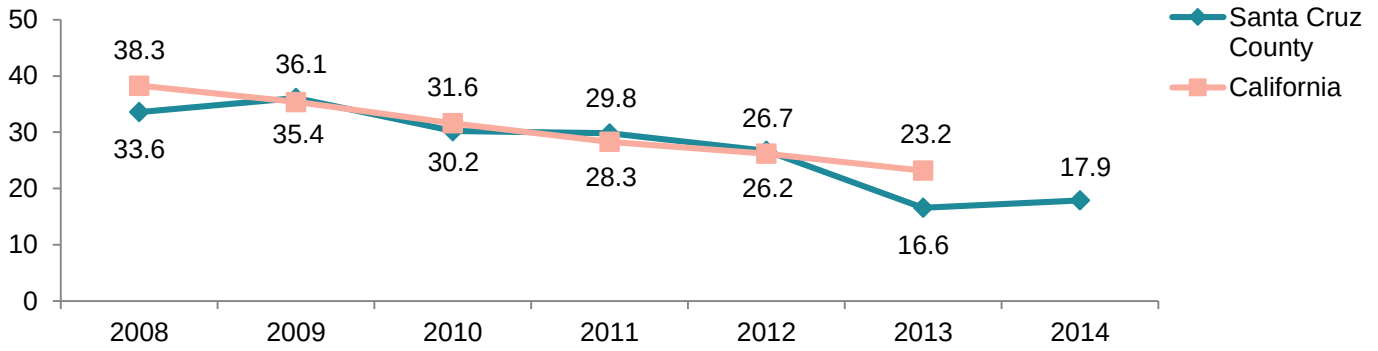
	2008	2009	2010	2011	2012	2013	2014	08-14 NET CHANGE
Dominican Hospital	40.3%	43.0%	45.3%	42.8%	45.4%	40.5%	44.1%	3.8
Sutter Maternity & Surgery Center	30.7%	30.1%	31.3%	30.5%	26.4%	28.1%	27.9%	-2.8
Watsonville Community Hospital	77.4%	79.5%	85.4%	84.2%	85.4%	85.0%	87.7%	10.3
Santa Cruz County Total	**51.4%**	**51.4%**	**54.5%**	**53.4%**	**52.0%**	**52.4%**	**53.6%**	**2.2**

Source: County of Santa Cruz, Public Health Department. (2015). *Births, Santa Cruz County, 2014*. Santa Cruz County, CA.

TEEN BIRTHS

Teen parents and their children are often at greater risk of experiencing short and long-term health, economic, social, and academic challenges, as compared to parents who have children later in life.[17] The birth rate among teens ages 15-19 years old in Santa Cruz County continued a downward trend from 33.6 births per 1,000 teens in 2008 to 17.9 in 2014. The number of teen births to Latina mothers (150) was much higher than the number of teen births to White mothers (17), making up 88% of all teen births to residents of Santa Cruz County in 2014.

Birth Rate per 1,000 Teens (Ages 15-19)



Source: County of Santa Cruz, Public Health Department. (2015). *Births, Santa Cruz County, 2014*. Santa Cruz County, CA.
California Department of Public Health, Maternal, Child, and Adolescent Health. (2015). Adolescent Births in California 2000-2013
U.S. Department of Health & Human Services, Centers for Disease Control and Prevention.
Note: Birth rates per 1,000 teens ages 15-19 include only births to mothers who were residents of Santa Cruz County.
Note: 2014 California data were not available while this report was being made.

[17] Klein, J.D., & the Committee on Adolescence. (2005). Adolescent pregnancy: Current trends and issues. Pediatrics, 116(1), 281-286.

Number of Births to Teens (Ages 19 and Under) by Delivery Location

	2008	2009	2010	2011	2012	2013[1]	2014[1]
Dominican Hospital	51	61	57	45	42	41	34
Sutter Maternity & Surgery Center	36	51	26	38	29	13	32
Watsonville Community Hospital	207	195	166	164	143	153	168
Out of County	10	10	8	9	10	6	4
Non-Hospital	0	2	1	0	0	0	0
Total Number of Births to Teens	**304**	**319**	**258**	**256**	**224**	**213**	**206**

Source: County of Santa Cruz, Public Health Department. (2015). *Births, Santa Cruz County, 2014* Santa Cruz County, CA.
^Percent change is not calculated for numbers less than 20, as small numbers are unstable and can be misinterpreted.
[1]Births to teens includes births that were not Santa Cruz County residents in 2013-2014.

Number of Births to Teens (Ages 19 and Under), by Age of Mother, Santa Cruz County Residents

	2008	2009	2010	2011	2012	2013	2014	08-14 % CHANGE
Under 15 Years	2	5	1	5	2	1	2	^
15-17 Years	99	114	88	83	71	56	53	-46.5%
18-19 Years	203	200	169	168	151	122	116	-42.9%
Total Number of Births to Teens	**304**	**319**	**258**	**256**	**224**	**179**	**171**	**-43.8%**

Source: County of Santa Cruz, Public Health Department. (2015). *Births, Santa Cruz County, 2014*. Santa Cruz County, CA.
^Percent change is not calculated for numbers less than 20, as small numbers are unstable and can be misinterpreted.

Number of Births to Teens (Ages 19 and Under) by Ethnicity of Mother, Santa Cruz County Residents

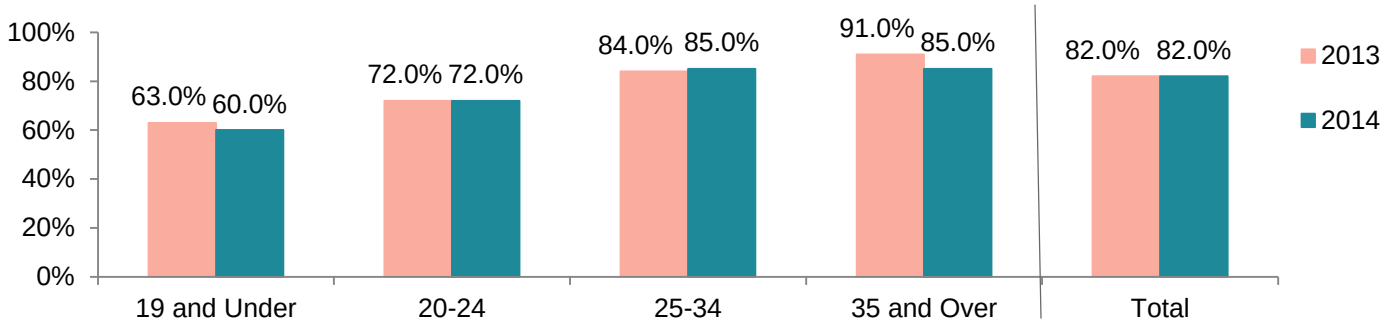
	2008	2009	2010	2011	2012	2013	2014
African American	5	8	1	0	3	0	1
Asian and Pacific Islander	1	1	1	1	0	1	0
White	28	32	27	22	19	13	17
Latina	267	273	225	229	195	164	150
Other/Unknown	3	5	4	4	7	1	3
Total Number of Births to Teens	**304**	**319**	**258**	**256**	**224**	**179**	**171**

Source: County of Santa Cruz, Public Health Department. (2015). *Births, Santa Cruz County, 2014* Santa Cruz County, CA.

PRENATAL CARE

Access to and utilization of prenatal care services during the first trimester can be crucial in protecting the health of the mother and unborn child. Eighty-two percent of all births and 60% of teen births in Santa Cruz County had prenatal care in the first trimester.

Percentage of Births with Ist Trimester Prenatal Care by Age Group



Source: County of Santa Cruz, Public Health Department. (2015). *Births, Santa Cruz County, 2015*. Santa Cruz County, CA.

Percentage of Births Without Prenatal Care During the First Trimester, by Delivery Location, Santa Cruz County Residents

	2007	2008	2009	2010	2011	2012	2013	2014	07-14 NET CHANGE
Dominican Hospital	8.2%	7.1%	9.2%	6.9%	9.2%	10.9%	8.8%	11.7%	3.5
Sutter Maternity & Surgery Center	11.6%	14.1%	13.3%	12.1%	10.1%	9.0%	11.1%	11.5%	-0.1
Watsonville Community Hospital	35.0%	33.6%	30.7%	28.7%	28.5%	27.1%	30.3%	31.4%	-3.6
Out of County	12.0%	11.0%	13.1%	15.5%	16.8%	17.1%	13.2%	10.1%	-1.9
Non-Hospital	14.9%	17.0%	19.0%	17.9%	25.4%	27.0%	23.9%	28.2%	13.3
Santa Cruz County	**19.6%**	**20.1%**	**18.9%**	**17.4%**	**17.6%**	**17.0%**	**18.5%**	**19.2%**	**-0.4**

Source: County of Santa Cruz, Public Health Department. (2015). *Births, Santa Cruz County, 2015*. Santa Cruz County, CA.
Note: Data presented are the most recent data available.

Percentage of All Births With Prenatal Care During the First Trimester, by Delivery Location, Santa Cruz County Residents

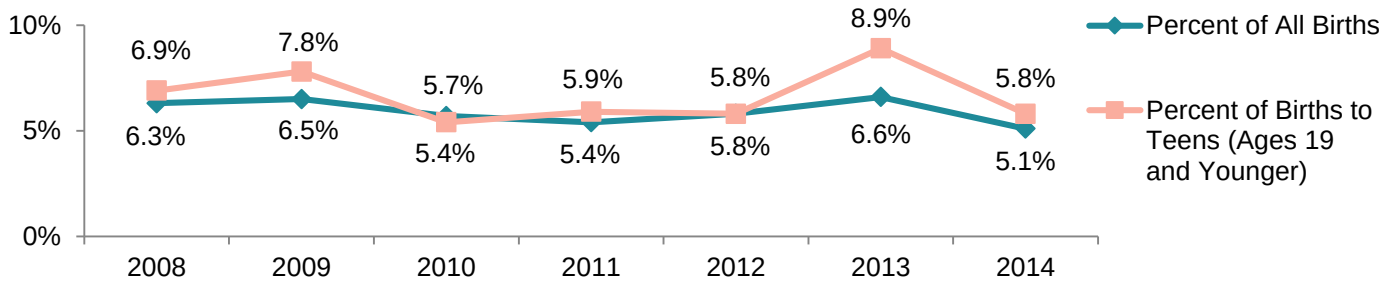
	2011	2012	2013	2014	11-14 NET CHANGE
Dominican Hospital	91%	89%	91%	88%	-3
Sutter Maternity & Surgery Center	89%	91%	89%	88%	-1
Watsonville Community Hospital	71%	70%	70%	69%	-2
Santa Cruz County	**82%**	**82%**	**81%**	**81%**	**-1**

Source: County of Santa Cruz, Public Health Department. (2015). *Births, Santa Cruz County, 2014*. Santa Cruz County, CA.

BIRTH WEIGHT

When babies are born at low birth weight throughout a community, it may indicate a need for improving the health of pregnant mothers through prenatal care services and reducing environmental stressors.[18] In Santa Cruz County, 5% of all babies were born at low birth weight in 2014, a return to the 2011 rate and a large decrease from the 2013 rate of 9%.

Percentage of Births with Babies Born at Low Birth Weight[1], Santa Cruz County Residents



Source: County of Santa Cruz, Public Health Department. (2015). *Births, Santa Cruz County, 2014*. Santa Cruz County, CA.
[1]Babies born weighing less than 2,500 grams.

Percentage of Low Birth Weight Deliveries, by Delivery Location

	2008	2009	2010	2011	2012	2013	2014	08-14 NET CHANGE
Dominican Hospital	9.3%	9.5%	9.1%	8.3%	10.1%	10.3%	7.5%	-1.8
Sutter Maternity & Surgery Center	1.4%	1.4%	0.9%	1.5%	3.0%	1.8%	1.2%	-0.2
Watsonville Community Hospital	5.6%	4.1%	4.3%	4.1%	3.6%	3.8%	4.5%	-1.1
Out of County	17.7%	25.4%	22.6%	22.7%	13.3%	28.1%	18.4%	0.7
Non-Hospital	3.8%	0.0%	0.0%	0.0%	0.0%	0.0%	1.4%	2.4
Santa Cruz County	**6.3%**	**6.1%**	**5.7%**	**5.4%**	**5.8%**	**6.3%**	**5.1%**	**1.2**

Source: County of Santa Cruz, Public Health Department. (2015). *Births, Santa Cruz County, 2014*. Santa Cruz County, CA.

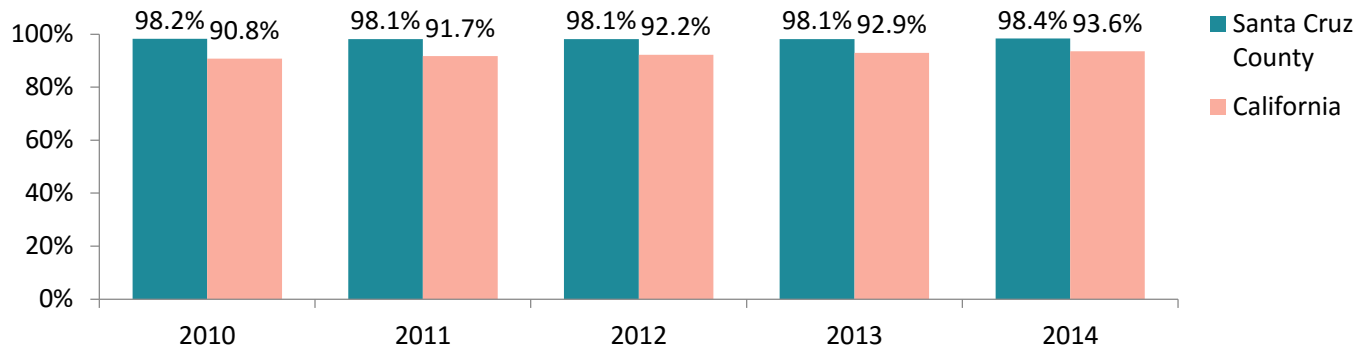
[18] Community Health Network. (2011). *High-Risk Newborn— Low Birth weight*. Retrieved January 4, 2011 from http://www.ecommunity.com/health/index.aspx?pageid=P02382.

BREASTFEEDING

According to the American Academy of Pediatrics (AAP), breastfeeding has been shown to have a number of health advantages for infants, mothers, families, and society. There is strong evidence that shows children who are breastfed experience a decreased incidence of infectious disease, a decreased rate of Sudden Infant Death Syndrome (SIDS), and enhanced cognitive development. Greater social benefits include decreased annual health care costs, decreased parental absenteeism from work, and a decreased environmental burden. Because of such benefits, the AAP recommends that infants be exclusively breastfed for at least six months after birth.[19]

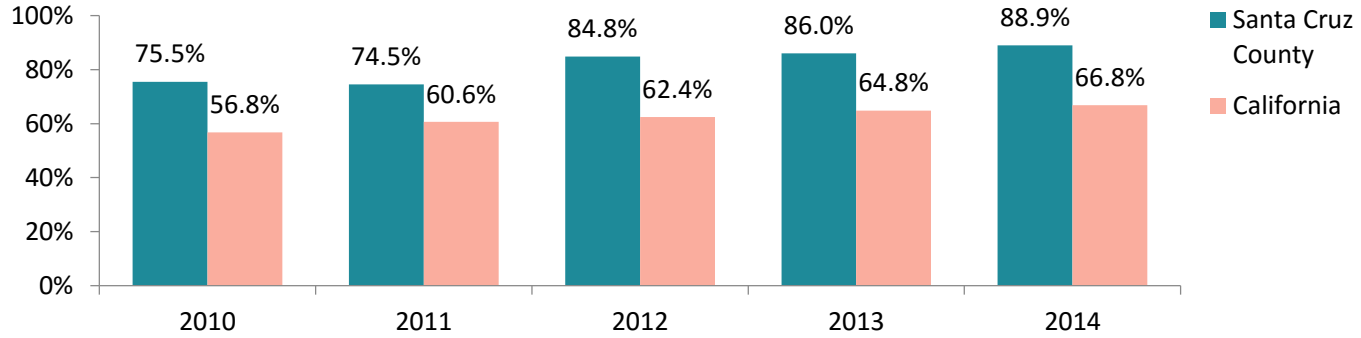
In 2014, 89% of Santa Cruz County mothers engaged in exclusive in-hospital breastfeeding, higher than California overall (67%). The percentage of Latina mothers who exclusively breast-fed in-hospital increased over the past five years, from 65% in 2010 to 85% in 2014. However, Latina mothers continue to have a much lower percentage of exclusive in-hospital breastfeeding (85%) when compared with White mothers (95%).

Any In-Hospital Breastfeeding



Source: California Department of Public Health, Maternal, Child, & Adolescent Health Division. (2015). *California in-hospital breastfeeding statistics as indicated on the newborn screening test form*. Sacramento, CA.

Exclusive In-Hospital Breastfeeding



Source: California Department of Public Health, Maternal, Child, & Adolescent Health Division. (2015). *California in-hospital breastfeeding statistics as indicated on the newborn screening test form*. Sacramento, CA.

[19] American Academy of Pediatrics, Breastfeeding and the Use of Human Milk, retrieved January 14, 2011. http://aappolicy.aappublications.org/cgi/content/full/pediatrics;115/2/496

Percentage of In-Hospital Breastfeeding, by Hospital, Santa Cruz County

	2010	2011	2012	2013	2014
Dominican Hospital					
Any Breastfeeding	98.6%	98.8%	99.0%	98.7%	98.8%
Exclusive Breastfeeding	91.0%	91.0%	94.8%	94.7%	97.4%
Sutter Maternity & Surgery Center					
Any Breastfeeding	98.8%	98.7%	98.5%	99.2%	99.4%
Exclusive Breastfeeding	92.6%	91.7%	94.3%	93.1%	93.5%
Watsonville Community Hospital					
Any Breastfeeding	97.5%	97.2%	97.2%	96.4%	98.1%
Exclusive Breastfeeding	53.4%	52.9%	71.4%	74.8%	81.1%
Santa Cruz County					
Any Breastfeeding	98.1%	98.1%	98.1%	98.1%	98.4%
Exclusive Breastfeeding	74.0%	74.5%	84.8%	86.0%	88.9%
California					
Any Breastfeeding	90.8%	91.7%	92.2%	92.9%	93.6%
Exclusive Breastfeeding	56.6%	60.6%	62.4%	64.8%	66.8%

Source: California Department of Public Health, Maternal, Child, & Adolescent Health Division (2015). *California in-hospital breastfeeding statistics as indicated on the newborn screening test form.* Sacramento, CA.

Percentage of In-Hospital Breastfeeding by Ethnicity, Santa Cruz County

	2010	2011	2012	2013	2014
Asian					
Any Breastfeeding	100.0%	100.0%	100.0%	98.2%	96.9%
Exclusive Breastfeeding	80.8%	90.9%	90.7%	82.1%	89.1%
White					
Any Breastfeeding	98.7%	97.9%	98.5%	98.6%	99.1%
Exclusive Breastfeeding	92.3%	90.6%	95.7%	94.3%	95.4%
Hispanic/Latina					
Any Breastfeeding	97.8%	97.9%	97.7%	97.9%	98.0%
Exclusive Breastfeeding	65.3%	65.0%	78.0%	80.5%	84.6%
Multiple Race					
Any Breastfeeding	98.7%	97.5%	98.9%	100.0%	98.9%
Exclusive Breastfeeding	90.7%	82.7%	92.5%	95.8%	92.6%

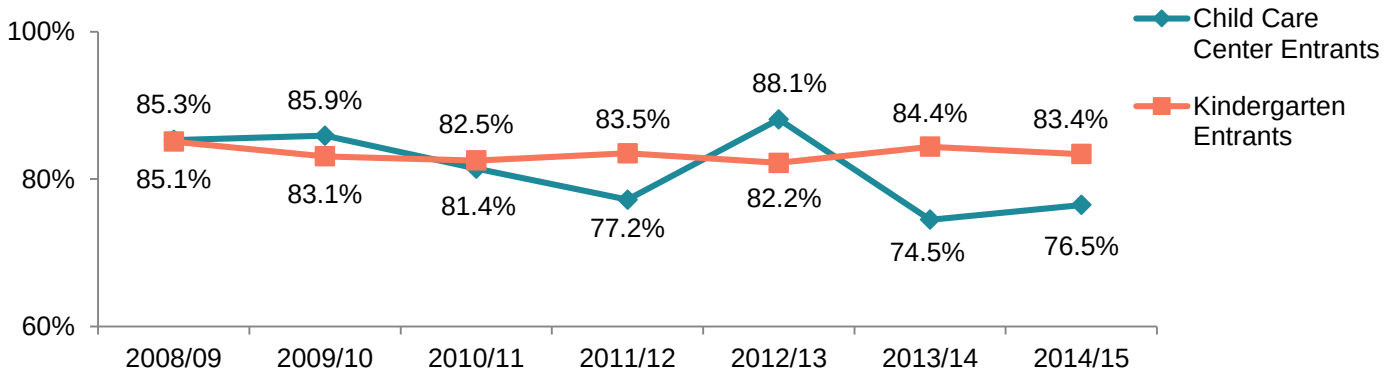
Source: California Department of Public Health, Maternal, Child, & Adolescent Health Division (2015). *California in-hospital breastfeeding statistics as indicated on the newborn screening test form.* Sacramento, CA.

Note: Percentages were not calculated for ethnicities with fewer than 20 events.

IMMUNIZATION LEVELS

The percentage of children in child care centers that had received all required immunizations[20] decreased from 88% in 2012/13 to nearly 77% in 2014/15, while the percentage of kindergarten entrants who had received all required immunizations increased slightly, from 82% to 83%, during the same period.

Percentage of Child Care Centers and Kindergarten Entrants with All Required Immunizations, Santa Cruz County



Source: California Department of Health Services, Immunization Branch. (2015). *Kindergarten assessment results*. Sacramento, CA. California Department of Health Services, Immunization Branch. (2015). *Child care assessment results.* Sacramento, CA.

Immunization Levels of Child Care Center Entrants

	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	08-15 NET CHANGE
Number of Children	3,516	4,576	3,348	3,347	2,998	3,297	3,163	-
Number of Child Care Centers	79	85	89	99	88	95	93	-
Percentage with Permanent Medical Exemptions	0.2%	0.1%	0.3%	0.4%	0.5%	0.4%	0.6%	0.4
Percentage with Personal Belief Exemptions	5.4%	4.8%	7.0%	7.1%	7.9%	7.0%	7.6%	2.2
Percentage Needing One or More Immunizations (Conditional Entrants)	9.3%	9.2%	11.3%	15.4%	11.9%	18.2%	15.4%	6.1
Santa Cruz County – Percentage with All Required Immunizations	**85.1%**	**85.9%**	**81.4%**	**77.2%**	**88.1%**	**74.5%**	**76.5%**	**-8.6**
California – Percentage with All Required Immunizations	92.9%	91.9%	90.6%	89.5%	92.3%	89.3%	89.4%	-3.5

Source: California Department of Health Services, Immunization Branch. (2015). *Child care assessment results.* Sacramento, CA
Note: Includes children ages 2 years to 4 years.

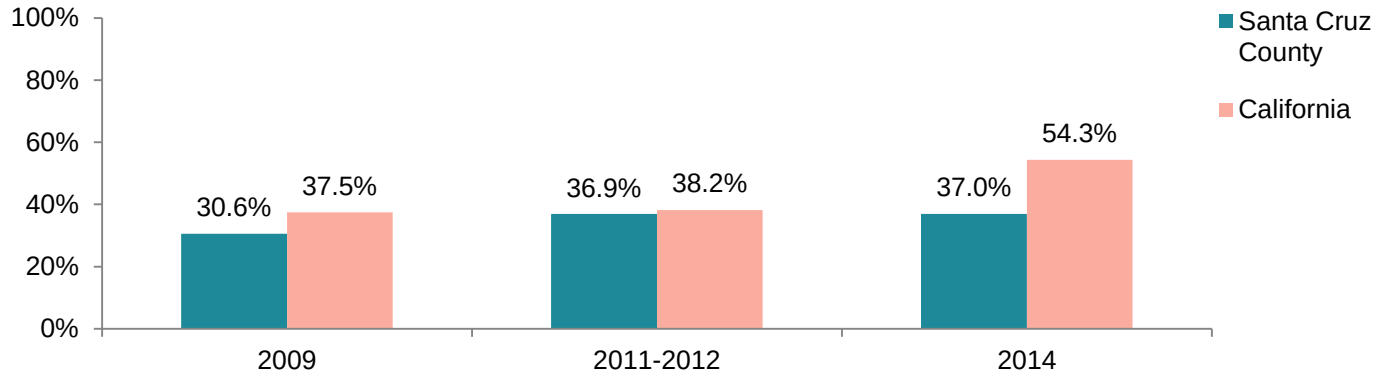
[20] Please see Appendix II for definitions of "Required Immunizations."

Immunization Levels of Kindergarten Entrants

	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	08-15 NET CHANGE
Number of Students	2,941	3,371	3,452	3,637	3,580	3,637	3,680	-
Number of Schools	58	63	64	63	65	60	63	-
Percentage with Permanent Medical Exemptions	0.5%	0.3%	0.1%	0.2%	0.3%	0.3%	0.3%	-0.2
Percentage with Personal Belief Exemptions	7.3%	6.5%	9.8%	9.1%	9.6%	9.5%	9.4%	2.1
Percentage Needing One or More Immunizations (Conditional Entrants)	6.9%	10.2%	7.6%	7.3%	8.0%	5.8%	6.6%	-0.3
Santa Cruz County – Percentage with All Required Immunizations	**85.3%**	**83.1%**	**82.5%**	**83.5%**	**82.2%**	**84.4%**	**83.4%**	**-1.9**
California – Percentage with All Required Immunizations	91.7%	91.1%	90.7%	91.0%	90.3%	90.2%	90.4%	-1.3

Source: California Department of Health Services, Immunization Branch. (2015). *Kindergarten assessment results*. Sacramento, CA.
Note: Includes children ages 4 years to 6 years.

Vaccinated for Flu in the Past 12 Months (Ages 6 months to 11 years old)

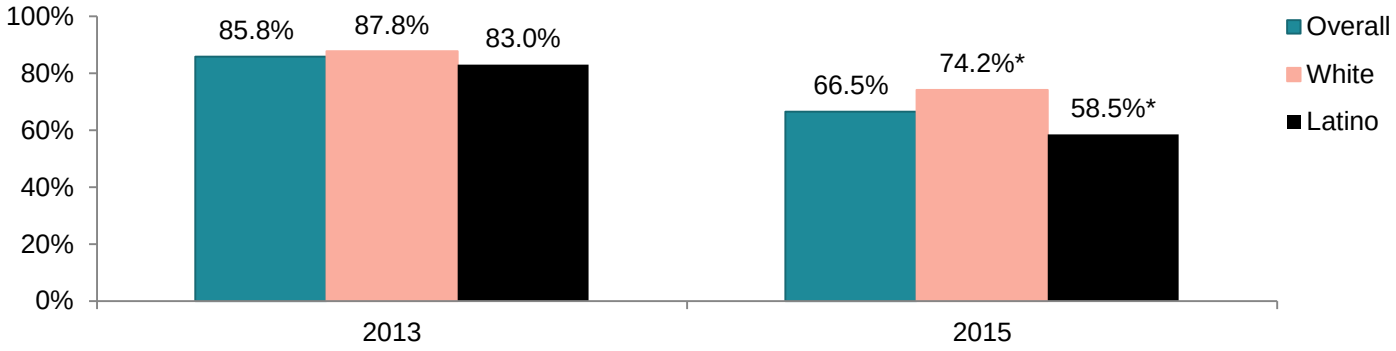


Source: UCLA Center for Health Policy Research. (2015). *California Health Interview Survey, 2009, 2011/2012, and 2014.*
Note: Data presented are the most recent data available.
Note: 2001 to 2009 CHIS data were collected over a 9-month period. Beginning June 15, 2011, CHIS data will be collected continuously over a two-year period. 2011-2012 CHIS data were collected from June 15, 2011 through January 14, 2013.

DENTAL CARE

Although the majority of CAP survey respondents (67%) reported being able to get the dental care they needed in the past year, White respondents (74%) reported getting the dental care they needed at a higher percentage when compared to Latino respondents (59%) in 2015, a statistically significant difference.

☎ In the past 12 months, have you had dental care? (Respondents answering "Yes") By Ethnicity

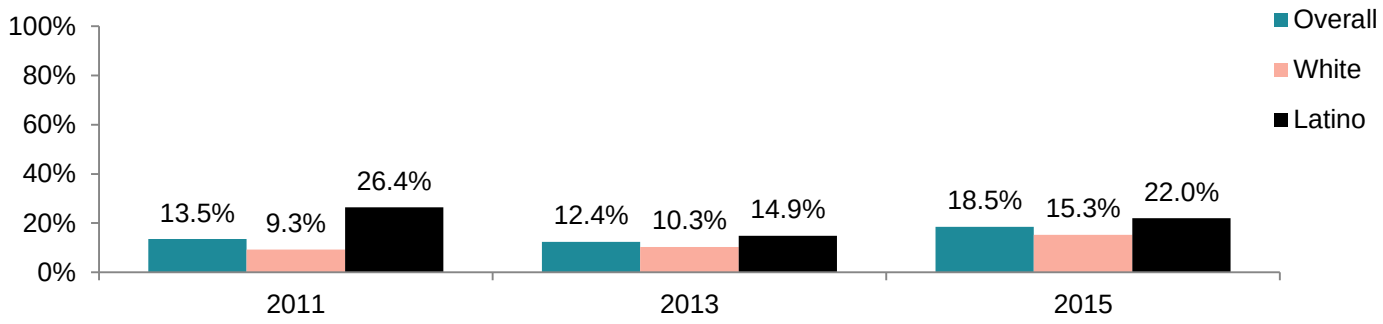


2015 - Overall n: 780; White n: 423; Latino n: 286.
Source: Applied Survey Research. (2015). 2015 *Santa Cruz County Community Assessment Project, Telephone Survey.*
Note: Survey question was modified in 2013 and is therefore not comparable to previous years.
*Significance testing: White respondents were significantly more likely than Latino respondents to have had dental care in the past year in 2015.

MENTAL HEALTH

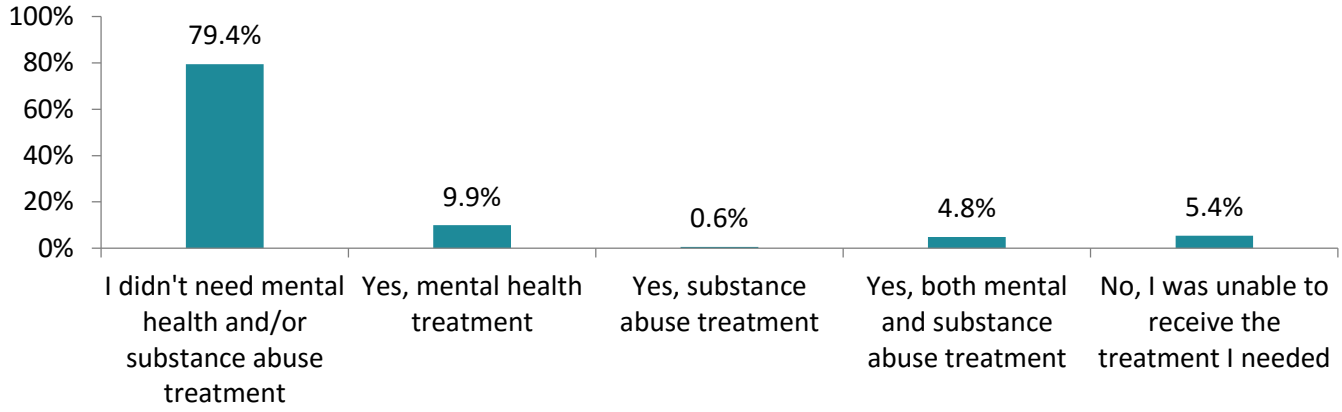
When asked about their mental health, Latino CAP survey respondents (22%) were more likely than White respondents (15%) to feel so sad or hopeless almost every day for two weeks or more in a row during the past 12 months that they stopped doing some usual activities. There were 6,195 clients of Santa Cruz County Mental Health Services in 2014/15. The top diagnoses for these clients were depression and mood disorders, psychosis, and adjustment disorders.

☎ During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities? (Respondents answering "Yes") By Ethnicity



2015 - Overall n: 783; White n: 424; Latino n: 288.
Source: Applied Survey Research. (2015). *2011-2015 Santa Cruz County Community Assessment Project, Telephone Survey.* Watsonville, CA.

☎ In the past 12 months, were you able to receive the mental health and/or substance abuse treatment you needed? – 2015



2015 – Overall n: 760.
Source: Applied Survey Research. (2015). *Santa Cruz County Community Assessment Project, Telephone Survey.* Watsonville, CA.
Note: Survey question was modified in 2015 and is therefore not comparable to previous years.

☎ Why didn't you receive the mental health treatment you needed?

	2013	2015
Insurance wouldn't cover it	29.3%	21.6%
Lack of services or services unavailable	27.9%	10.3%
Couldn't afford it	21.5%	14.4%
Didn't want people to find out	10.9%	11.9%
There were waiting lists	9.8%	0.9%
Other	22.9%	3.0%
Total respondents	**11**	**32**
Total responses	**13**	**33**

Source: Applied Survey Research. (2015). *2013-2015 Santa Cruz County Community Assessment Project, Telephone Survey.* Watsonville, CA.

Percentage of Adult Respondents (Ages 18 and Older) Who Indicated That, in the Past 12 Months, They…

	2007	2009	2011-12	2014
***Needed to See* a Professional for Problems with Their Emotional/Mental Health or Alcohol/Drug Use**				
Santa Cruz County	**19.7%**	**13.1%**	**22.7%**	**26.7%**
California	16.5%	14.3%	15.8%	15.9%
***Had Seen* a Health Care Provider for Problems with Their Emotional or Mental Health or Alcohol/Drug Use**				
Santa Cruz County	**16.3%**	**11.2%**	**16.7%**	**20.7%**
California	12.4%	10.9%	12.1%	12.0%
Taken Prescription Medication for Their Mental Health or Emotional Problems Almost Daily for Two Weeks or More				
Santa Cruz County	**9.2%**	**10.0%**	**16.2%**	**13.1%**
California	10.0%	9.7%	10.1%	10.1%

Source: UCLA Center for Health Policy Research. (2015). *California Health Interview Survey, 2007-2011/2012, and 2014.*
Note: 2001 to 2009 CHIS data were collected over a 9-month period. Beginning June 15, 2011, CHIS data will be collected continuously over a two-year period. 2011-2012 CHIS data were collected from June 15, 2011 through January 14, 2013.

Number of People Seen for Mental Health Services by Primary Diagnosis, Santa Cruz County

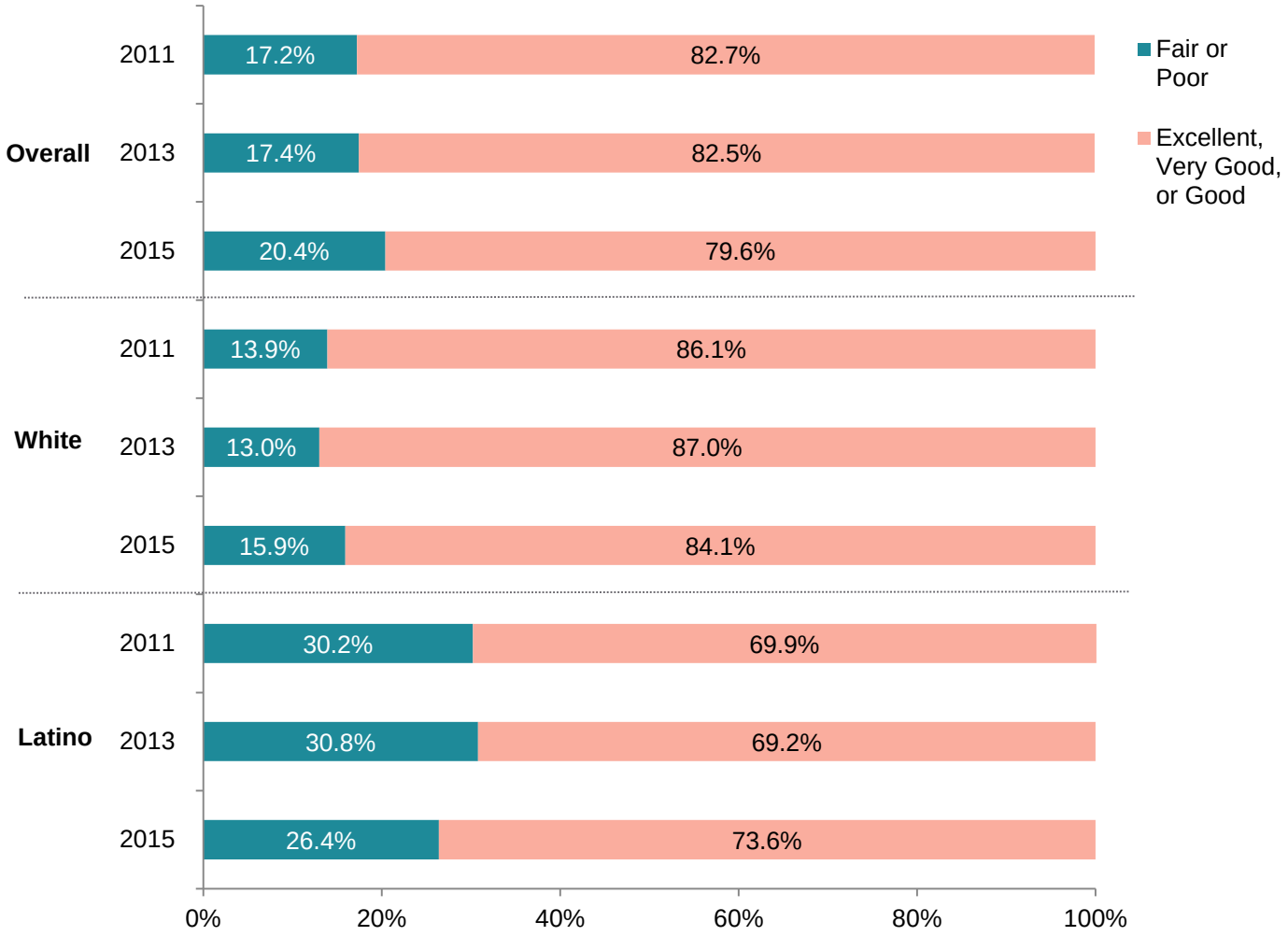
	FY 2008/09	FY 2009/10	FY 2010/11	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
Depression & Mood Disorders	1,616	1,725	1,678	1,661	1,625	1,961	2,287
Psychosis	997	991	999	990	1,004	1,045	1,064
Adjustment Disorders	934	749	712	802	1,087	1,092	964
Anxiety Disorders	694	662	662	662	394	477	539
Childhood & Adolescence	677	701	701	762	704	719	628
Substance-Related Disorders	131	156	94	132	144	158	179
Delirium, Dementia	56	80	93	82	72	NA	69
Impulse Control Disorders	22	24	18	9	0	0	0
Personality Disorder	13	18	20	18	24	18	7
Eating Disorders	7	4	5	6	0	0	0
Somatoform Disorders	2	3	2	4	0	2	3
Dissociative Disorders	1	NA	1	0	0	0	0
Mental Disorders	1	NA	2	2	2	0	0
Sexual & Gender Disorders	1	1	4	4	5	5	4
Sleep Disorders	0	2	0	0	0	0	0
Other Disorders	781	707	806	793	657	972	451
Santa Cruz County Total Mental Health Services Clients	**5,933**	**5,823**	**5,797**	**5,927**	**5,718**	**6,539**	**6,195**

Source: Santa Cruz County Mental Health Services Agency. (2015). *Personal correspondence with program representative.*
Note: Data are unduplicated counts.

PHYSICAL HEALTH

Overall, 80% of 2015 CAP survey respondents reported that their general health status was “good,” “very good,” or “excellent.” Just over one quarter (26%) of Latino CAP survey respondents indicated that their overall health was “fair” or “poor” compared to 16% of White respondents in 2015.

☎ How would you describe, in general, your overall health?



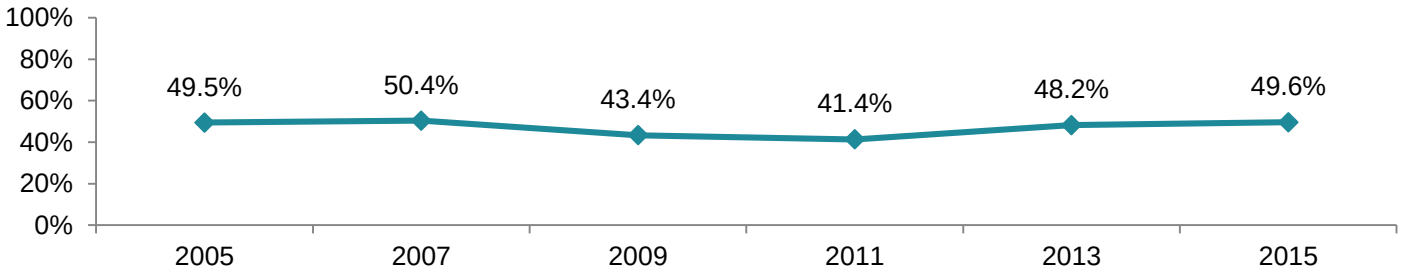
2015 - Overall n: 780; White n: 424; Latino n: 288.
Source: Applied Survey Research. (2015). *Santa Cruz County Community Assessment Project, Telephone Survey.* Watsonville, CA.

PHYSICAL ACTIVITY

Physical activity is an important factor in achieving and maintaining good health. For adults 18 to 64 years old, the Centers for Disease Control and Prevention (CDC) recommends at least 2 hours and 30 minutes of mixed moderate-intensity, vigorous-intensity, and muscle strengthening activities each week.[21] For children 6 to 17 years old, the CDC recommends at least 60 minutes of aerobic activity each day. The 60 minutes should include muscle and bone strengthening activities on at least three days during the week.

The percentage of CAP survey respondents engaging in 30 minutes or more of physical activity five or more times per week increased from 41% in 2011 to 50% in 2015. Half (50%) of 5th graders met at least 5 out of 6 physical fitness goals in the 2013/14 academic year in Santa Cruz County, while slightly more than half (57%) of 7th and 9th graders met at least 5 out of the 6 physical fitness goals.

☎ How many days per week do you engage in physical activity (such as brisk walking, bicycling, dancing, swimming, or gardening) for a combined total of 30 minutes per day? (Respondents answering "5 or more times a week")



2015 - Overall n: 781.
Source: Applied Survey Research. (2015). *2005-2015 Santa Cruz County Community Assessment Project, Telephone Survey.* Watsonville, CA.

Percentage of Students Achieving Physical Fitness Goals in At Least 5 Out of 6 Fitness Areas by Grade

	2007/ 08	2008/ 09	2009/ 10	2010/ 11	2011/ 12	2012/ 13	2013/ 14	07-14 NET CHANGE
Santa Cruz County								
5th Grade	**54.6%**	**53.0%**	**54.0%**	**48.9%**	**47.9%**	**50.1%**	**50.4%**	**-4.2**
7th Grade	**64.2%**	**63.4%**	**57.2%**	**55.9%**	**55.8%**	**57.1%**	**53.3%**	**-10.9**
9th Grade	**66.7%**	**67.6%**	**63.1%**	**61.4%**	**60.9%**	**57.1%**	**59.1%**	**-7.6**
California								
5th Grade	55.1%	55.9%	55.4%	48.4%	48.6%	48.6%	49.9%	-5.2
7th Grade	59.3%	60.7%	61.8%	54.9%	55.0%	55.3%	56.5%	-2.8
9th Grade	62.7%	64.8%	66.1%	59.4%	59.4%	59.5%	61.6%	-1.1

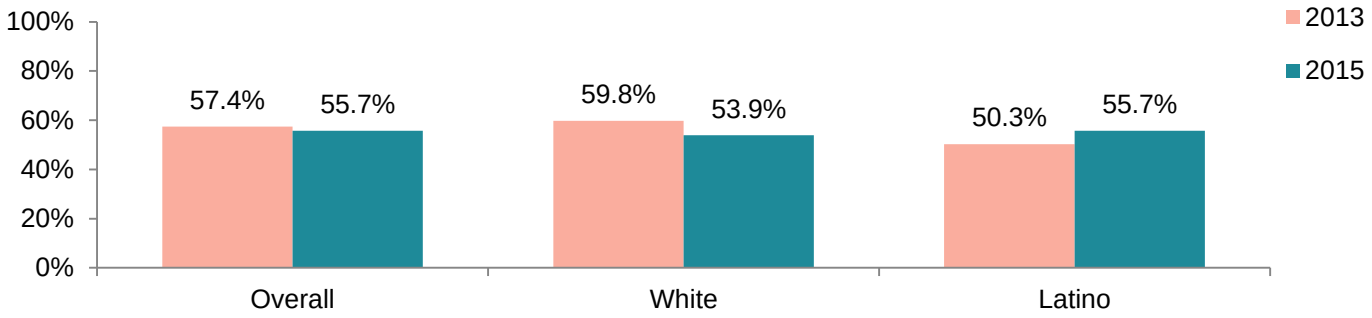
Source: California Department of Education. (2015). *Physical fitness test report.* Sacramento, CA.
Note: The Fitness Areas include aerobic capacity, body composition, abdominal strength, trunk extensor strength, upper body strength, and flexibility.

[21] Centers for Disease Control and Prevention. (2011). *Physical activity guidelines*. Retrieved 2014 from http://www.cdc.gov/physicalactivity/everyone/guidelines/

NUTRITION

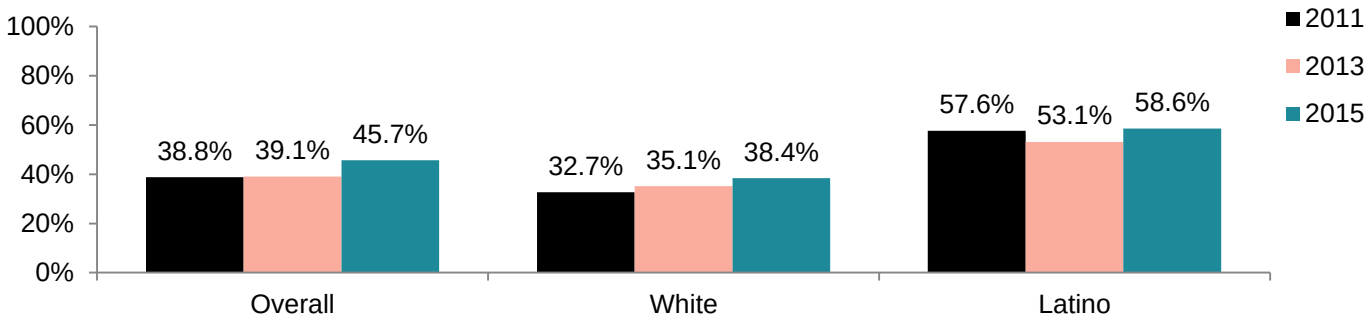
Diets rich in fruits and vegetables help to reduce the risk of obesity, diabetes, chronic disease, and cancer. Over half (56%) of CAP survey respondents reported eating 5 or more servings of fruits and vegetables per day in 2015. Fifty-four percent of White respondents and 56% of Latino respondents reported eating 5 or more servings of fruits and vegetables per day in 2015.

☎ How many days in the past 7 days did you eat 5 or more servings of fruits and vegetables a day? (Respondents answering five or more days)



2015 – Overall n: 761; White n: 411; Latino n: 279.
Source: Applied Survey Research. (2015). *2013-2015 Santa Cruz County Community Assessment Project, Telephone Survey.* Watsonville, CA.
Note: Survey question was modified in 2013 and is therefore not comparable to previous years.

☎ How many times in the past 7 days did you eat fast food? (Respondents answering at least once)



Overall 2015 n: 780; White 2015 n: 421; Latino 2015 n: 288.
Source: Applied Survey Research. (2015). *2011-2015 Santa Cruz County Community Assessment Project, Telephone Survey.* Watsonville, CA.

OBESITY

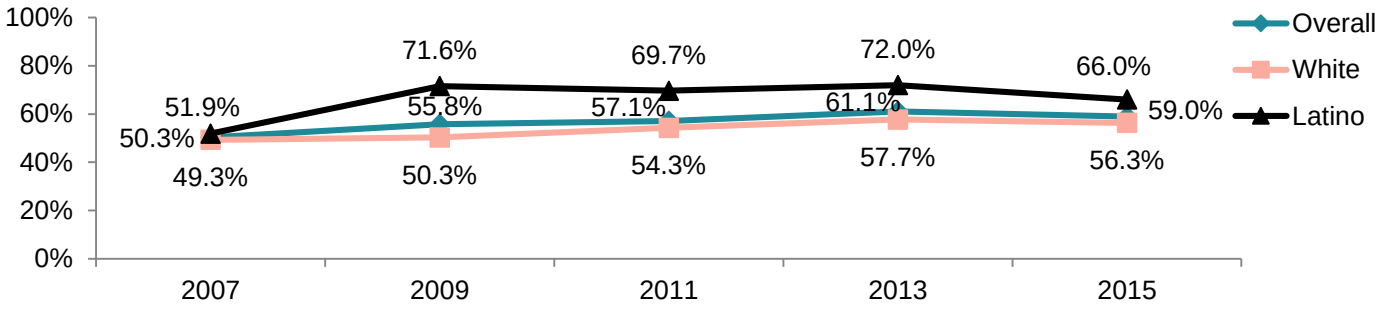
Obesity is directly linked to chronic diseases and serious medical conditions such as type 2 diabetes, heart disease, high blood pressure, respiratory problems, depression, and stroke. Obesity is also linked to higher rates of nearly all types of cancer, including cancer of the colon, rectum, prostate, gallbladder, breast, uterus, cervix, and ovaries.

For adults, overweight is defined as a BMI of 25.0 to 29.9. Obesity is defined as a BMI of 30.0 or greater. The formula for calculating the BMI of adults is:

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

Based on the Body Mass Index (BMI), the percentage of CAP survey respondents who were overweight and obese increased from 50% in 2007 to 59% in 2015. Latinos had a higher percentage of overweight or obese respondents (66%), as compared to Whites (56%) in 2015. Childhood weight statistics are unstable due to the low number of respondents to the California Health Interview Survey (CHIS).

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



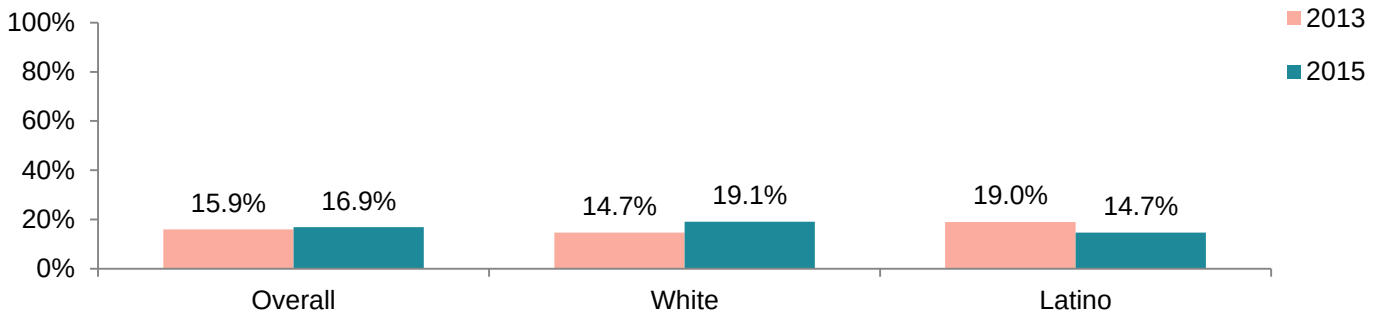
2015 - Overall n: 729; White n: 410; Latino n: 249.

Source: Applied Survey Research. (2015). *2007-2015 Santa Cruz County Community Assessment Project, Telephone Survey.* Watsonville, CA.

DIABETES

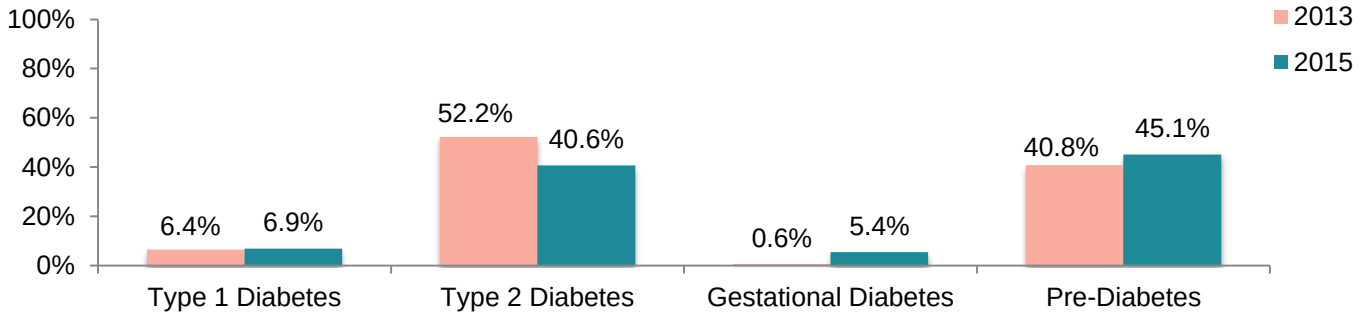
As of 2012, 29.1 million people, or 9.3% of the total population, were affected by diabetes in the United States. This condition is a major cause of heart disease and stroke and is the seventh leading cause of death in the nation.[22] Overall, in Santa Cruz County, 17% of CAP survey respondents reported that a medical professional had told them that they had diabetes or pre-diabetes in 2015.

☎ Has a medical professional ever told you that you have diabetes or pre-diabetes? (Respondents answering "Yes")



2015 - Overall n: 783; White n: 424; Latino n: 288.
Source: Applied Survey Research. (2015). *2013-2015 Santa Cruz County Community Assessment Project, Telephone Survey.* Watsonville, CA.
Note: Survey question was modified in 2013 and is therefore not comparable to previous years.

☎ If a medical professional has told you that you have diabetes or pre-diabetes, were you told it was: - 2015



2015 n: 125; 2013 n: 103.
Source: Applied Survey Research. (2015). *Santa Cruz County Community Assessment Project, Telephone Survey.* Watsonville, CA.
Note: Survey question was modified in 2013 and is therefore not comparable to previous years.

[22] Centers for Disease Control and Prevention. (2014). *National Diabetes Statistics Report, 2014.* Retrieved from http://www.cdc.gov/diabetes/pubs/statsreport14/national-diabetes-report-web.pdf

Percentage of Adult Respondents (Ages 18 and Older) Who Have Ever Been Diagnosed with Diabetes

	2003	2005	2007	2009	2011-12	2013-14	03-14 NET CHANGE
Santa Cruz County	**4.1%**	**3.5%**	**7.3%[1]**	**4.3%**	**5.7%**	**4.6%[1]**	**0.5**
California	6.6%	7.0%	7.8%	8.5%	8.4%	8.9%	2.3

Source: UCLA Center for Health Policy Research. (2015). *California Health Interview Survey, 2003-2011/2012, and 2013/2014*.
Note: 2001 to 2009 CHIS data were collected over a 9-month period. Beginning June 15, 2011, CHIS data will be collected continuously over a two-year period. 2011-2012 CHIS data were collected from June 15, 2011 through January 14, 2013.
Note: Data presented are the most recent available.
[1]Statistically unstable due to a low number of respondents.

Adult Respondents with Diabetes (Ages 18 and Older), By Type

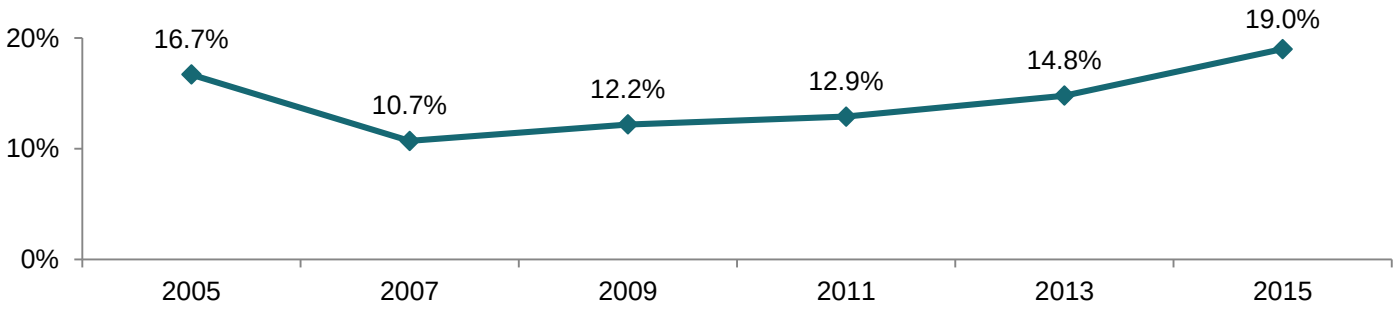
	2003	2005	2007	2009	2011-12	2013-14	03-14 NET CHANGE
Type 1							
Santa Cruz County	**13.2%[1]**	**30.8%[1]**	**9.9%[1]**	**14.7%[1]**	**9.6%[1]**	**7.9%[1]**	**-5.3**
California	15.7%	17.4%	12.9%	14.9%	13.6%	14.6%	-1.1
Type 2							
Santa Cruz County	**86.8%**	**69.2%**	**90.1%**	**82.3%**	**89.0%[1]**	**92.1%[1]**	**5.3**
California	84.3%	82.6%	87.1%	82.8%	82.3%	84.4%	0.1

Source: UCLA Center for Health Policy Research. (2013). *California Health Interview Survey, 2003- 2013/2014*.
Note: 2001 to 2009 CHIS data were collected over a 9-month period. Beginning June 15, 2011, CHIS data will be collected continuously over a two-year period. 2011-2012 CHIS data were collected from June 15, 2011 through January 14, 2013.
Note: Data presented are the most recent available.
1Statistically unstable due to a low number of respondents.

ALCOHOL USE

According to the National Institute on Alcohol Abuse and Alcoholism, binge drinking is "a pattern of drinking that brings a person's blood alcohol concentration to 0.08 grams percent or above."[23] This level of intoxication typically involves 5 or more drinks for males and 4 or more drinks for females in about a 2 hour period. Binge drinking greatly increases the chances of getting hurt or hurting others due to car crashes, violence, and suicide. Nineteen percent of CAP survey respondents engaged in binge drinking "one or more times" in the past 30 days in 2015, up from 15% in 2013.

☎ Considering all types of alcoholic beverages, during the past 30 days about how many times did you have 5 or more drinks on an occasion? An occasion is considered about 2 hours. (Respondents answering "One or more times")



2015 - Overall n: 774.
Source: Applied Survey Research. (2015). *2005-2015 Santa Cruz County Community Assessment Project, Telephone Survey.* Watsonville, CA.

[23] Centers for Disease Control and Prevention. (2014). Binge drinking. Retrieved from http://www.cdc.gov/alcohol/fact-sheets/binge-drinking.htm

AVAILABILITY OF ALCOHOL

Greater access to retail alcohol outlets, such as liquor stores and bars, is correlated with higher levels of alcohol consumption. For example, when there are more retail alcohol outlets near a university, there is more drinking among their students.[24] High outlet density is also associated with higher levels of violent crime, assault, child maltreatment and abuse, and homicide.[25] People who live in areas with high access to liquor stores tend to have higher levels of hospital admissions for anxiety, stress, and depression as compared to people with low access.[26] Several factors contribute to this relationship, including alcohol marketing, income, consumer spending habits, and public policy related to geographic placement of alcohol outlets. For example, there tend to be more alcohol and tobacco outlets in lower income neighborhoods compared to higher income neighborhoods.

Over the past seven years, the number and rate of retail alcohol outlets per 1,000 residents in Santa Cruz County has gradually increased. Santa Cruz County consistently had a higher rate of retail alcohols outlets per 1,000 people than California (2.8 versus 2.2, respectively) in 2015. With its beaches, small population, restaurants, and entertainment venues, Santa Cruz County has become a tourist destination, which may contribute to the higher than average per capita rates of retail alcohol outlets.

Number of Retail Alcohol Outlets[1]

	JUNE 2009	JUNE 2010	JUNE 2011	JUNE 2012	JUNE 2013	JUNE 2014	JUNE 2015	09-15 % CHANGE
Retail Alcohol Outlets – Santa Cruz County	**647**	**689**	**707**	**717**	**730**	**739**	**755**	**16.7%**
Retail Alcohol Outlets – California	71,087	71,599	79,298	80,450	81,590	82,738	83,891	18.0%
Outlets per 1,000 People - Santa Cruz County	**2.4**	**2.5**	**2.7**	**2.7**	**2.7**	**2.7**	**2.8**	**-**
Outlets per 1,000 People - California	1.9	1.9	2.1	2.1	2.1	2.2	2.2	-

Source: State of California, Department of Alcoholic Beverage Control. (2015). *Alcoholic beverage licenses report.*
California Department of Finance (2015). *E-1: City/county population estimates with annual percent change*.
[1]Includes both on-sale and off-sale outlets.

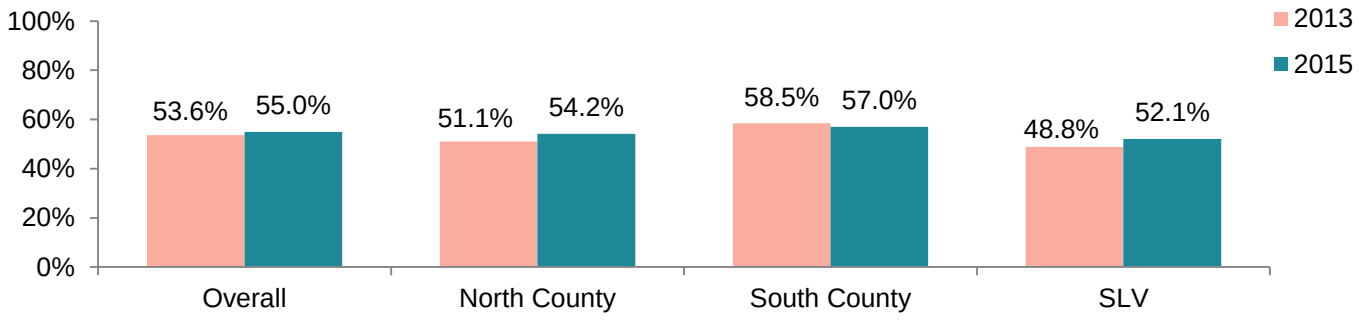
[24] Kypri, K., Bell, M.L., Hay, G.C., & Baxter, J. (2008). Alcohol outlet density and university student drinking: A national study. Addiction 103(7): 1131–1138. doi: 10.1111/j.1360-0443.2008.02239.x.
[25] Pereira, G., Wood, L., Foster, S., & Haggar, F. (2013). Access to alcohol outlets, alcohol consumption and mental health. PLoS ONE 8(1): e53461. doi:10.1371/journal.pone.0053461; and Gruenewald et al. (1995). Ecological models of alcohol outlets and violent assaults: crime potentials and geospatial analysis. Society for the Study of Addiction, 2006.
[26] Ibid.

Retail Alcohol Outlets, by City

	JUNE 2010	JUNE 2011	JUNE 2012	JUNE 2013	JUNE 2014	JUNE 2015
Unincorporated						
Number of Retail Outlets	240	243	238	243	246	255
Outlets per 1,000 People	1.7	1.9	1.8	1.9	1.8	1.9
Percentage of County Retail Outlets	34.8%	34.4%	33.2%	33.3%	33.3%	33.8%
Capitola						
Number of Retail Outlets	59	59	64	66	67	71
Outlets per 1,000 People	5.8	5.9	6.4	6.6	6.6	7.1
Percentage of County Retail Outlets	8.6%	8.4%	8.9%	9.0%	9.1%	9.4%
Santa Cruz						
Number of Retail Outlets	245	256	259	271	274	274
Outlets per 1,000 People	4.1	4.3	4.2	4.3	4.3	4.3
Percentage of County Retail Outlets	35.6%	36.3%	36.1%	37.1%	37.1%	36.3%
Watsonville						
Number of Retail Outlets	104	107	107	102	104	105
Outlets per 1,000 People	2.0	2.1	2.1	2.0	2.0	2.0
Percentage of County Retail Outlets	15.1%	15.2%	14.9%	14.0%	14.1%	13.9%
Scotts Valley						
Number of Retail Outlets	40	41	43	48	48	50
Outlets per 1,000 People	3.4	3.5	3.7	4.1	4.0	4.2
Percentage of County Retail Outlets	5.8%	5.8%	6.0%	6.6%	6.5%	6.6%

Source: California Department of Alcoholic Beverage Control. (2015*). Alcoholic beverage licenses report.* http://www.abc.ca.gov/
California Department of Finance. (2014). *E-1: City/County population estimates with annual percent change.*

☎ How concerned are you about drug and alcohol abuse in your neighborhood? (Respondents answering "Very concerned" and "Somewhat concerned") By Region

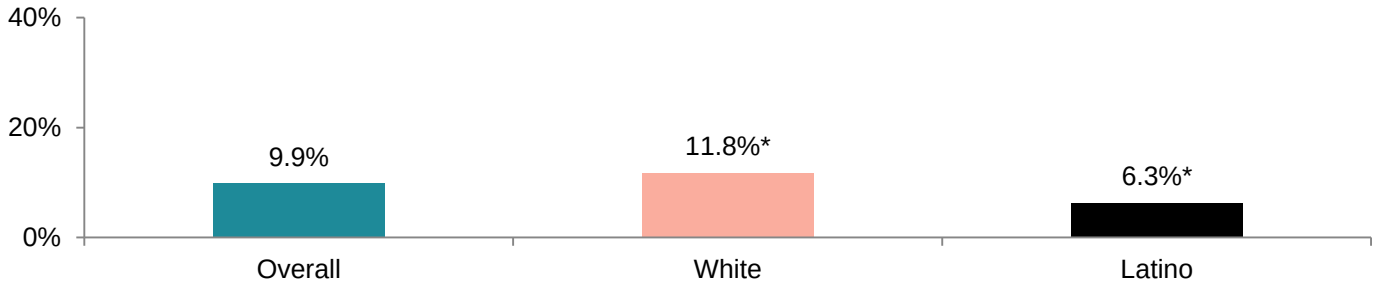


2015 - Overall n: 769; North County n: 278; South County n: 249; SLV n: 242.
Source: Applied Survey Research. (2015). *2013-2015 Santa Cruz County Community Assessment Project, Telephone Survey*. Watsonville, CA.
Note: Survey question was modified in 2013 and is therefore not comparable to previous years.

ACCEPTANCE OF ADULT ALCOHOL PROVISION

Ten percent of CAP survey respondents reported feeling that it was “very” or “somewhat” acceptable for adults to provide alcohol to underage youth in their home in 2015. Twelve percent of White survey respondents felt it was “very” or “somewhat” acceptable for adults to provide alcohol to underage youth in their home compared to 6% of Latino respondents, a statistically significant difference.

☎ How acceptable do you think it is for adults to provide alcohol to persons under 21, other than their own children, in their home? (Respondents answering “Very acceptable” or “Somewhat acceptable”) By Ethnicity - 2015



2015 - Overall n: 765; White n: 412; Latino n: 284.

Source: Applied Survey Research. (2015). *2009-2015 Santa Cruz County Community Assessment Project, Telephone Survey.* Watsonville, CA.

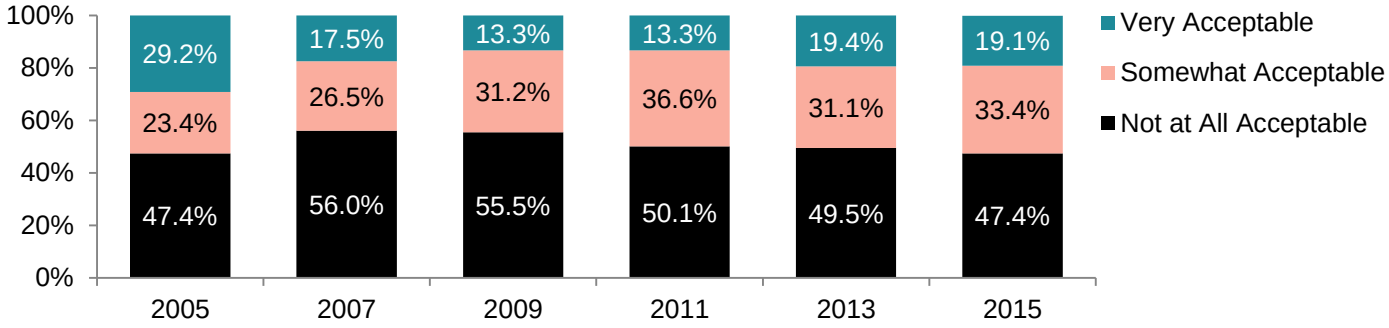
Note: Survey question was modified in 2015 and is therefore not comparable to previous years.

*Significance testing: White respondents were significantly more likely than Latino respondents to think that it is somewhat acceptable or very acceptable for adults to provide alcohol to underage youth in their home in 2015.

COMMUNITY ACCEPTANCE OF MARIJUANA USE

Overall, the percentage of CAP survey respondents who reported feeling that marijuana use for recreational or non-medicinal purposes was "somewhat acceptable" or "very acceptable" stayed the same at 53% in 2005 and 2015. Significantly more White respondents (69%) found it "very acceptable" or "somewhat acceptable" to use marijuana compared to Latino respondents (25%), while significantly more San Lorenzo Valley respondents (71%) found it "very acceptable" or "somewhat acceptable" to use marijuana compared to South County respondents (32%) in 2015.

☎ How acceptable do you find the use of marijuana for recreational or non-medicinal use?

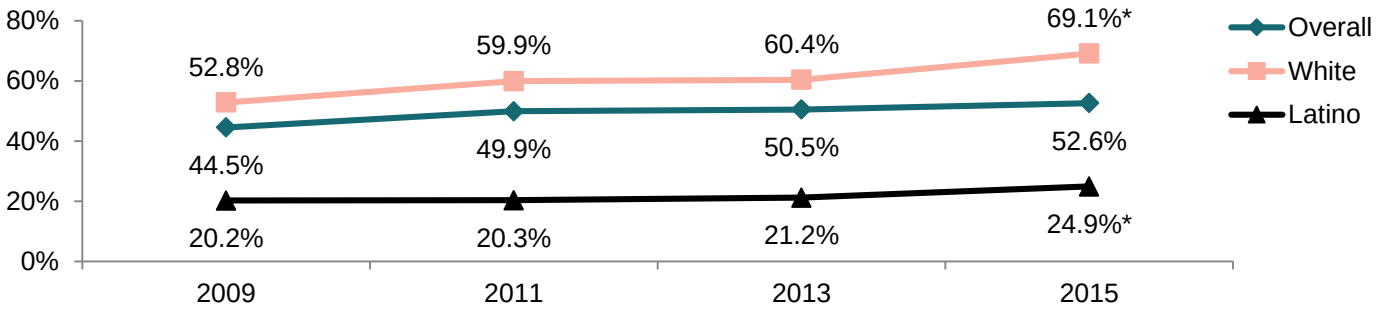


Overall n: 746.

Source: Applied Survey Research. (2015). *2005-2015 Santa Cruz County Community Assessment Project, Telephone Survey.* Watsonville, CA.

Note: "Very" was added to the response option "Very acceptable" in 2011.

☎ How acceptable do you find the use of marijuana for recreational or non-medicinal use? (Respondents answering "Very Acceptable" or "Somewhat Acceptable") by Ethnicity



2015 - Overall n: 746; White n: 400 Latino n: 283.

Source: Applied Survey Research. (2015). *2009-2015 Santa Cruz County Community Assessment Project, Telephone Survey*. Watsonville, CA.

Note: "Very" was added to the response option "Very acceptable" in 2011.

*Significance testing: White respondents were significantly more likely than Latino respondents to think that it is very or somewhat acceptable for recreational or non-medicinal use of marijuana in 2015.

☎ How acceptable do you find the use of marijuana for recreational or non-medicinal use? (Respondents answering "Very Acceptable") by Region

	2005	2007	2009	2011	2013	2015	05-15 NET CHANGE
North County	31.5%	17.0%	16.0%	15.8%	20.9%	24.8%*	-6.7
South County	25.8%	13.7%	8.7%	7.0%	13.5%	8.4%*	-17.4
San Lorenzo Valley	35.2%	29.7%	16.4%	24.7%	30.9%	28.3%*	-6.9

2015 - North County n: 265; South County n: 247; SLV n: 237

Source: Applied Survey Research. (2015). *2005-2015 Santa Cruz County Community Assessment Project, Telephone Survey.* Watsonville, CA.

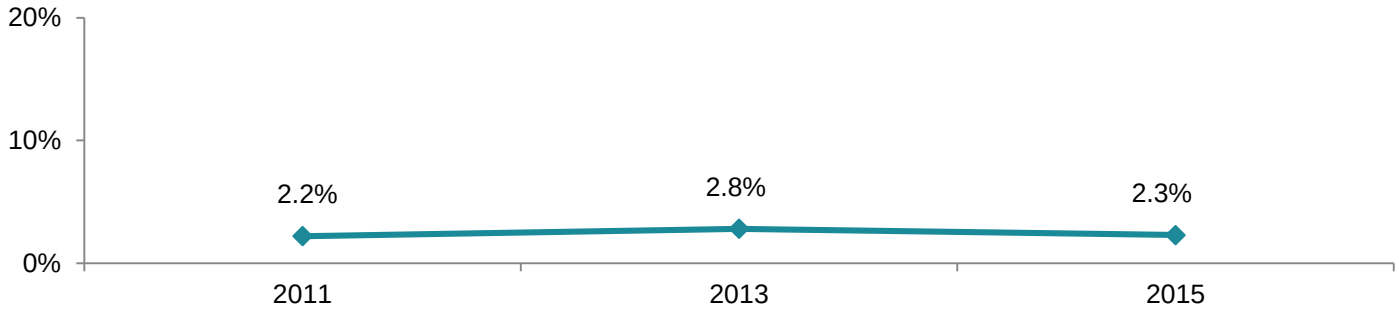
Note: "Very" was added to the response option "Very acceptable" in 2011.

*Significance testing: South County respondents were significantly more likely than San Lorenzo Valley and North County respondents to find the use of marijuana for recreational or non-medicinal use not at all acceptable in 2015.

PRESCRIPTION DRUG USE

In 2015, 2% of CAP survey respondents reported using a prescription medication without a prescription.

☎ During the past 30 days, on how many days have you taken a prescription drug that was not prescribed to you?



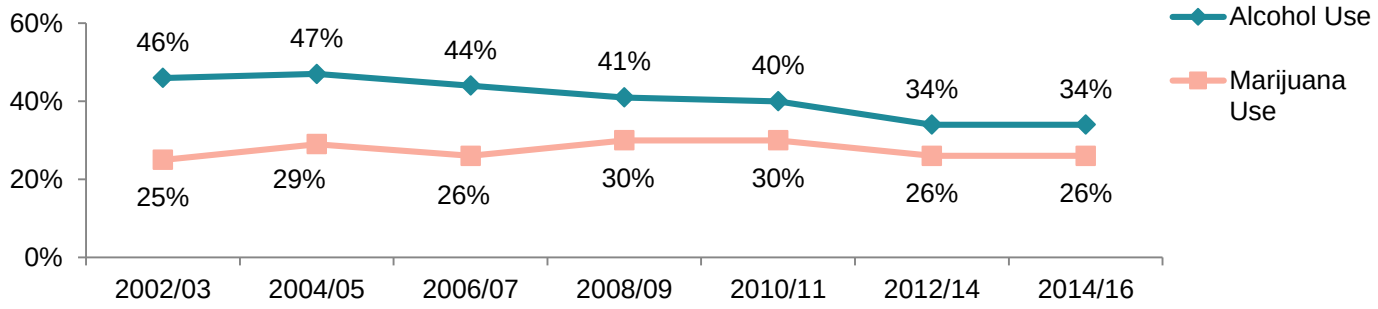
2015 - Overall n: 776.

Source: Applied Survey Research. (2015). *2011-2015 Santa Cruz County Community Assessment Project, Telephone Survey.* Watsonville, CA.

SUBSTANCE USE BY STUDENTS

Self-reported alcohol use among Santa Cruz County 11th grade students decreased over the past 15 years, from 46% in 2002/03 to 34% in 2014/16. Among 9th grade students in Santa Cruz County, self-reported use of alcohol decreased from 31% in 2002/03 to 19% in 2012/16. During this same time period, marijuana use among 11th graders remained consistent at about 25%.

Percentage of IIth Grade Students Who Reported Using Alcohol[1] or Marijuana in the Past 30 Days, Santa Cruz County



Source: West Ed for California Department of Education. (2015). 2002-2014 *California Healthy Kids Survey, Santa Cruz County*.
[1]Alcohol use refers to at least one drink.

Self-Reported Drug and Alcohol Use Among Youth in the Past 30 Days, Santa Cruz County

	2002/ 03	2004/ 05	2006/ 07	2008/ 09	2010/ 11	2012/ 14	2014/ 16	02-16 NET CHANGE
Alcohol[1]								
7th Grade	13%	16%	15%	18%	15%	10%	7%	-6
9th Grade	31%	33%	33%	34%	28%	23%	19%	-12
11th Grade	46%	47%	44%	41%	40%	34%	34%	-12
Marijuana								
7th Grade	6%	6%	7%	10%	10%	6%	5%	-1
9th Grade	19%	18%	20%	26%	23%	18%	17%	-2
11th Grade	25%	29%	26%	30%	30%	26%	26%	1
Cocaine								
9th Grade	3%	3%	3%	6%	4%	1%	-	-
11th Grade	4%	5%	4%	4%	5%	2%	-	-
Methamphetamines/Amphetamines--								
9th Grade	3%	4%	2%	4%	4%	1%	-	-
11th Grade	3%	3%	2%	3%	3%	1%	-	-
Inhalants								
7th Grade	5%	3%	5%	8%	6%	3%	1%	-4
9th Grade	5%	5%	5%	8%	6%	2%	2%	-3
11th Grade	3%	3%	3%	4%	4%	2%	2%	-
Psychedelics (Includes Ecstasy, LSD, or other psychedelics)								
9th Grade	4%	3%	3%	8%	5%	2%	-	-
11th Grade	3%	3%	3%	7%	6%	3%	-	-

Source: West Ed for California Department of Education. (2015). *California Healthy Kids Survey, Santa Cruz County*.
Note: Questions regarding use of Methamphetamines, Cocaine, and Psychedelics were not asked of 7th middle school students.
[1]Alcohol use refers to at least one drink.

Self-Reported Drug and Alcohol Use Among Youth in the Past 30 Days, California

	2005/07	2007/09	2009/11	2011/13	05-13 NET CHANGE
Alcohol[1]					
7th Grade	13%	15%	13%	11%	-2
9th Grade	27%	27%	24%	20%	-7
11th Grade	37%	36%	33%	33%	-4
Marijuana					
7th Grade	4%	6%	6%	7%	3
9th Grade	12%	13%	15%	15%	3
11th Grade	16%	19%	21%	24%	8
Cocaine					
9th Grade	2%	3%	3%	3%	1
11th Grade	3%	3%	4%	4%	1
Methamphetamines/Amphetamines					
9th Grade	2%	3%	3%	3%	1
11th Grade	2%	3%	3%	3%	1
Inhalants					
7th Grade	6%	6%	6%	5%	-1
9th Grade	5%	6%	6%	5%	0
11th Grade	3%	4%	5%	5%	2
Psychedelics (Includes Ecstasy, LSD, or other psychedelics)					
9th Grade	2%	4%	5%	4%	2
11th Grade	2%	5%	6%	5%	3

Source: West Ed for California Department of Education (2015). *California Healthy Kids Survey, Santa Cruz County*.
Note: Data are most recent available.
Note: There is a two-year cycle for all districts in the state to complete their biennial surveys, state-level reports consist of two-year compilations. However, new reports are generated each year, weighted to more accurately reflect the data from large districts that survey only a sample of their enrollment.
Note: Questions regarding use of Methamphetamines, Cocaine, and Psychedelics were not asked of 7th middle school students.
[1]Alcohol use refers to at least one drink.

STUDENT TOBACCO USE

Overall, the percentage of Santa Cruz County 11th grade students who smoked cigarettes in the last 30 days decreased from 18% in 2004/05 to 3% in 2014/16.

Percentage of Students Who Reported Using Cigarettes in the Last 30 Days, By Grade

	2004/ 05	2006/ 07	2008/ 09	2010/ 11	2012/ 14	2014/ 16	04-16 NET CHANGE
Santa Cruz County							
7th Grade	5%	4%	6%	5%	2%	1%	-4.0
9th Grade	11%	10%	12%	10%	5%	2%	-9.0
11th Grade	18%	14%	14%	15%	8%	3%	-15.0

	2004/ 06	2005/ 07	2006/ 08	2007/ 09	2008/ 10	2009/ 11	2011/ 13	04-13 NET CHANGE
California								
7th Grade	4%	4%	5%	5%	5%	5%	5%	1.0
9th Grade	9%	9%	9%	9%	10%	9%	7%	-2.0
11th Grade	14%	13%	14%	13%	13%	13%	12%	-2.0

Source: West Ed for the California Department of Education. (2015). *California Healthy Kids Survey (CHKS), Santa Cruz County and California.* San Francisco, CA.

Note: There is a two-year cycle for all districts in the state to complete their biennial surveys. State-level reports consist of two-year compilations. However, new reports are generated each year, weighted to more accurately reflect the data from large districts that survey only a sample of their enrollment.

HOSPITALIZATIONS

From July 1st 2014 to December 31st 2014, there were 5,489 admissions to Dominican Hospital, 2,849 admissions to Watsonville Community Hospital and 1,302 admissions to Sutter Maternity and Surgery Center. The top two reasons for admission to Dominican Hospital were circulatory problems and digestive problems. For Watsonville Community Hospital and Sutter Maternity and Surgery Center, the top two reasons were pregnancies and births. While Dominican Hospital and Sutter Maternity and Surgery Center experienced fairly consistent admission rates from 2011 to 2014, Dominican Hospital saw a drop from 49.3 admissions per 1,000 residents to 40.3 per 1,000 residents.

Number of Hospital Admissions, by Reason, Dominican Hospital

	1/1/11 - 12/31/11	1/1/12 - 12/31/12	1/1/13 - 12/31/13	1/1/14 - 12/31/14	1/1/11- 12/31/14 NET CHANGE
All Pregnancies	7.7%	7.9%	7.9%	9.3%	1.6
Anemia and Other Blood Disorders	1.0%	1.0%	0.9%	1.0%	0.0
Birth Defects	0.1%	0.3%	0.2%	0.1%	0.0
Births	6.9%	7.1%	7.3%	8.2%	1.3
Cancer (Includes Non-Cancerous Growths)	4.4%	4.3%	4.0%	4.3%	-0.1
Circulatory System	13.4%	13.8%	15.6%	15.3%	1.9
Digestive System	10.0%	9.9%	10.5%	11.4%	1.4
Endocrine System	2.5%	2.7%	2.7%	2.6%	0.1
Genitourinary System	4.4%	4.0%	3.8%	4.3%	-0.1
Infections	3.9%	3.7%	5.1%	6.1%	2.2
Injuries / Poisonings / Complications	8.1%	7.8%	8.5%	8.7%	0.6
Mental Disorders	8.6%	8.3%	8.6%	1.9%	-6.7
Musculoskeletal System	5.7%	6.4%	5.9%	6.0%	0.3
Nervous System	1.8%	1.9%	1.6%	2.2%	0.4
Other Reasons	9.0%	9.0%	5.9%	5.2%	-3.8
Perinatal Disorders	0.6%	0.7%	0.7%	0.8%	0.2
Respiratory System	6.4%	5.9%	6.2%	6.8%	0.4
Skin Disorders	2.2%	2.0%	1.8%	2.8%	0.6
Symptoms	3.8%	3.8%	3.3%	2.9%	-0.9
Santa Cruz County Total	**13,265**	**13,331**	**11,888**	**10,866**	**-**
Rate per 1,000 – Santa Cruz County	**49.3**	**49.5**	**44.1**	**40.3**	**-9.0**

Source: California Office of Statewide Health Planning & Development. (2015). *Hospital inpatient discharge summary report.* Sacramento, CA.
United States Census Bureau. (2015). Table DP05 - Demographic and housing estimates, 2010-2014 1-year estimates. *American Community Survey*.

Number of Hospital Admissions, by Reason, Watsonville Community Hospital, 1/1/11 – 12/31/14

	1/1/11 - 12/31/11	1/1/12 - 12/31/12	1/1/13 - 12/31/13	1/1/14 - 12/31/14	1/1/11- 12/31/14 NET CHANGE
All Pregnancies	25.4%	25.0%	25.3%	24.5%	-0.9
Anemia and Other Blood Disorders	0.8%	0.9%	0.6%	0.5%	-0.3
Birth Defects	0.1%	0.1%	0.1%	0.1%	0.0
Births	24.0%	22.8%	23.0%	20.6%	-3.4
Cancer (Includes Non-Cancerous Growths)	1.3%	2.1%	1.4%	1.5%	0.2
Circulatory System	8.4%	8.3%	8.1%	7.4%	-1.0
Digestive System	8.9%	8.9%	9.3%	12.4%	3.5
Endocrine System	2.6%	3.2%	2.5%	2.5%	-0.1
Genitourinary System	4.0%	3.9%	3.3%	3.7%	-0.3
Infections	2.3%	3.7%	4.2%	6.5%	4.2
Injuries / Poisonings / Complications	4.4%	5.0%	4.3%	4.5%	0.1
Mental Disorders	0.6%	0.8%	0.9%	1.0%	0.4
Musculoskeletal System	4.0%	4.6%	4.7%	4.4%	0.4
Nervous System	0.8%	0.8%	0.8%	0.8%	0.0
Other Reasons	0.3%	0.4%	0.3%	0.2%	-0.1
Perinatal Disorders	0.5%	0.4%	0.5%	0.4%	-0.1
Respiratory System	8.0%	6.7%	7.9%	6.2%	-1.8
Skin Disorders	1.4%	1.0%	1.4%	1.6%	0.2
Symptoms	2.7%	1.9%	2.1%	1.3%	-1.4
Santa Cruz County Total	**6,274**	**5,861**	**5,570**	**5,692**	**-**
Rate per 1,000 – Santa Cruz County	**23.3**	**21.8**	**20.7**	**21.1**	**-2.2**

Source: California Office of Statewide Health Planning & Development. (2015). *Hospital inpatient discharge summary report.* Sacramento, CA.
United States Census Bureau. (2015). Table DP05 - Demographic and housing estimates, 2011-2014 1-year estimates. *American Community Survey*.

Number of Hospital Admissions, by Reason, Sutter Maternity and Surgery Center, 1/1/11 – 12/31/14

	1/1/11 - 12/31/11	1/1/12 - 12/31/12	1/1/13 - 12/31/13	1/1/14 - 12/31/14	1/1/11- 12/31/14 NET CHANGE
All Pregnancies	37.5%	39.6%	41.1%	41.6%	4.1
Birth Defects	0.1%	0.3%	0.0%	0.1%	0.0
Births	37.3%	39.1%	40.3%	41.4%	4.1
Cancer (Includes Non-Cancerous Growths)	5.1%	4.6%	3.5%	3.3%	-1.8
Circulatory System	0.0%	0.0%	0.1%	0.0%	0.0
Digestive System	3.3%	2.4%	1.9%	1.3%	-2.0
Endocrine System	1.3%	0.6%	0.2%	0.2%	-1.1
Genitourinary System	4.4%	2.4%	1.0%	1.5%	-2.9
Infections	0.1%	0.0%	0.1%	0.0%	-0.1
Injuries / Poisonings / Complications	2.0%	1.1%	1.0%	1.2%	-0.8
Musculoskeletal System	6.8%	7.9%	9.1%	8.1%	1.3
Nervous System	0.1%	0.1%	0.1%	0.0%	-0.1
Other Reasons	0.6%	0.8%	0.6%	0.5%	-0.1
Perinatal Disorders	0.5%	1.1%	1.0%	0.6%	0.1
Respiratory System	0.2%	0.1%	0.1%	0.1%	-0.1
Skin Disorders	0.9%	0.6%	0.8%	0.2%	-0.7
Symptoms	0.1%	0.0%	0.0%	0.1%	0.0
Santa Cruz County Total	**2,601**	**2,499**	**2,278**	**2,508**	**-**
Rate per 1,000 – Santa Cruz County	**9.7**	**9.3**	**8.5**	**9.3**	**-0.4**

Source: California Office of Statewide Health Planning & Development. (2015). *Hospital inpatient discharge summary report.* Sacramento, CA.
United States Census Bureau. (2015). Table DP05 - Demographic and housing estimates, 2011-2014 1-year estimates. *American Community Survey*.

Number and Length of Hospital Stays, Dominican Hospital, 1/1/11 – 12/31/14

	1/1/11 - 12/31/11	1/1/12 - 12/31/12	1/1/13 - 12/31/13	1/1/14 - 12/31/14	1/1/11- 12/31/14 % CHANGE
Number of Discharges	13,265	13,331	11,888	10,866	-18.1%
Number of Discharge Days	62,877	62,795	55.761	47,452	-24.5%
Average Stay (Days)	4.8	4.7	4.7	4.4	-
Hospital Discharge Rate per 1,000 – Santa Cruz County	**49.3**	**49.5**	**44.1**	**40.3**	**-**

Source: California Office of Statewide Health Planning & Development. (2015). *Hospital inpatient discharge summary report.* Sacramento, CA.
United States Census Bureau. (2015). Table DP05 - Demographic and housing estimates, 2011-2014 1-year estimates. *American Community Survey*.

Number and Length of Hospital Stays, Watsonville Community Hospital, 1/1/11 – 12/31/14

	1/1/11-12/31/11	1/1/12-12/31/12	1/1/13-12/31/13	1/1/14-12/31/14	1/1/11-12/31/14 % CHANGE
Number of Discharges	6,274	5,861	5,570	5,692	-9.3%
Number of Discharge Days	21,315	20,095	19,847	18,801	-11.8%
Average Length of Stay	3.4	3.4	3.6	3.3	-
Rate per 1,000 – Santa Cruz County	**23.3**	**21.8**	**20.7**	**21.1**	**-**

Source: California Office of Statewide Health Planning & Development. (2015). *Hospital inpatient discharge summary report.* Sacramento, CA.

United States Census Bureau. (2015). Table DP05 - Demographic and housing estimates, 2010-2015 1-year estimates. *American Community Survey*.

Number and Length of Hospital Stays, Sutter Maternity and Surgery Center, 7/1/10 – 12/31/14

	1/1/11-12/31/11	1/1/12-12/31/12	1/1/13-12/31/13	1/1/14-12/31/14	1/1/11-12/31/14 % CHANGE
Number of Discharges	2,601	2,499	2,278	2,508	-3.6%
Number of Discharge Days	6,753	6,598	6,012	6,483	-4.0%
Average Length of Stay	2.6	2.6	2.7	2.6	-
Rate per 1,000 – Santa Cruz County	**9.7**	**9.3**	**8.5**	**9.3**	**-**

Source: California Office of Statewide Health Planning & Development. (2015). *Hospital inpatient discharge summary report.* Sacramento, CA.

United States Census Bureau. (2015). Table DP05 - Demographic and housing estimates, 2010-2015 1-year estimates. *American Community Survey*.

UNINTENTIONAL INJURIES

Unintentional non-fatal injuries include accidents that are the result of falls, poisoning, being struck by an object, firearm, or motor vehicle. There were 107 unintentional non-fatal injuries for children, youth, and young adults ages 0-20 in 2013, down 33% from 159 in 2007. Both the number and rate of injuries fell for this age group over the last 7 years. The top cause of unintentional non-fatal injuries in the county was falls.

Unintentional Non-Fatal Injuries (Birth-20) by Age Group, Santa Cruz County

	2007	2008	2009	2010	2011	2012	2013
Under 1 Year	8	5	10	7	6	3	6
1- 4 Years	27	30	33	33	13	15	16
5-12 Years	32	35	22	30	25	24	32
13-15 Years	26	20	15	18	20	18	9
16-20 Years	66	55	65	51	36	39	44
Santa Cruz County Total Ages 0-20	**159**	**145**	**145**	**139**	**100**	**99**	**107**
Rate per 1,000 – Santa Cruz County	**2.2**	**2.0**	**2.1**	**2.0**	**1.4**	**1.3**	**1.5**
Rate per 1,000 – California	2.1	2.0	2.0	1.9	1.9	1.9	1.8

Source: California Department of Public Health. (2015). *EpiCenter: Overall injury surveillance.* Sacramento, CA.
State of California, Department of Finance (2015). *Report P-3: Populations Projections by Race/ Ethnicity, Detailed Age, and Gender, 2010-2060.* Sacramento, CA.

Unintentional Non-Fatal Injuries (Birth-20), by Selected Cause, Santa Cruz County

	2007	2008	2009	2010	2011	2012	2013
Falls	52	38	37	40	36	31	37
Motor Vehicle Traffic	37	31	34	22	18	17	14
Poisoning	10	11	19	25	12	12	7
Struck by Object	11	11	12	14	7	4	9
Firearms	1	1	1	0	0	1	1

Source: California Department of Public Health. (2015). *EpiCenter: Overall injury surveillance.* Sacramento, CA.

INTENTIONAL INJURIES

Intentional injuries include self-inflected injuries such as cutting/piercing, poisoning, hanging, as well as assaults with weapons or objects. There were 40 intentional non-fatal injuries reported among children, youth, and young adults ages birth through 20 years old in 2013. The most common intentional non-fatal injuries since 2007 were for self-inflicted poisonings.

Number of Intentional Non-Fatal Injuries (Birth-20) by Age Group, Santa Cruz County

	2007	2008	2009	2010	2011	2012	2013
Under 1	0	1	0	1	0	1	0
1 to 4	0	0	0	0	1	1	1
5 to 12	0	0	1	1	0	0	2
13 to 15	8	5	6	9	7	8	11
16 to 20	37	35	28	33	25	23	26
Santa Cruz County Total (Ages 0-20)	**45**	**41**	**35**	**44**	**33**	**33**	**40**
Rate per 1,000 – Santa Cruz County	**0.6**	**0.6**	**0.5**	**0.6**	**0.5**	**0.4**	**0.6**
Rate per 1,000 – California	0.6	0.6	0.5	0.6	0.5	0.5	0.5

Source: California Department of Public Health. (2015). *EpiCenter: Overall injury surveillance.* Sacramento, CA.
State of California, Department of Finance (2015). *Report P-3: Populations Projections by Race/ Ethnicity, Detailed Age, and Gender, 2010-2060.* Sacramento, CA.

Number of Intentional Non-Fatal Injuries for Persons (Birth-20), by Cause, Santa Cruz County

	2007	2008	2009	2010	2011	2012	2013
Self-Inflicted	**26**	**13**	**17**	**21**	**16**	**19**	**30**
Cut/Pierce	3	2	3	4	2	7	11
Poisoning	19	9	12	11	8	9	14
Other[1]	4	0	1	1	5	3	4
Hanging/Suffocation	0	2	1	0	1	0	1
Assault	**19**	**28**	**18**	**23**	**17**	**14**	**10**
Blunt Object	2	1	0	2	1	2	0
Cut/Pierce	13	16	11	10	12	6	5
Fight, Unarmed	2	3	1	5	1	0	3
Firearm	2	3	5	4	1	1	1
Other[2]	0	5	1	2	2	5	1
Total	**45**	**41**	**35**	**44**	**33**	**33**	**40**

Source: California Department of Public Health. (2015). *EpiCenter: Overall injury surveillance.* Sacramento, CA.
[1]Other types of Non-fatal Self-Inflicted Injuries includes Suicide Attempt by Jumping.
[2]Other types of Non-fatal Assault Injuries includes Abuse and Neglect.

REPORTED COMMUNICABLE DISEASES

Communicable diseases are an indicator of a community's overall health and are largely preventable and/or treatable. The most commonly reported communicable disease over the past decade in Santa Cruz County has been Chlamydia, which increased from 661 cases in 2008 to 912 cases in 2014. Reported cases of gonorrhea increased by 193% between 2008 and 2014. Syphilis infections have steadily increased over the last six years, from 4 cases reported in 2008 to 45 cases in 2014.

Pertussis, also known as whooping cough, is a highly contagious yet preventable respiratory disease.[26]The uncontrollable cough most commonly affects babies and young children, although it is important to note that there are a growing number of teenagers who are experiencing this disease. For children under the age of one, the disease can be fatal. There were 48,277 cases of pertussis reported to CDC in 2012; the highest number of reported cases in the U.S. since 1955.[27] In Santa Cruz County, reported cases more than quadrupled between 2012 and 2013, and then tripled between 2013 and 2014.

Reported Cases of Selected Communicable Diseases, Santa Cruz County

	2008	2009	2010	2011	2012	2013	2014	08-14% CHANGE
Chlamydia	661	647	765	744	867	1,002	912	38.0%
Gonorrhea	60	55	46	81	99	134	176	193.3%
Hepatitis A[1]	2	2	0	3	2	7	3	^
Hepatitis B (Chronic)[1]	19	10	19	21	44	19	55	^
Lyme Disease	1	7	7	10	7	7	6	^
Measles[1]	0	0	0	0	0	3	0	^
Pertussis (Whooping Cough)[1]	16	33	87	22	12	54	165	^
Salmonellosis	60	56	31	36	28	33	52	-13.3%
Shigellosis	10	2	7	9	7	10	8	^
Syphilis (Infectious)	4	10	13	25	28	32	45	^
Tuberculosis (Active)	10	5	11	10	7	5	5	^

Source: Santa Cruz County Health Services Agency. (2015). *Provisional counts of selected reportable conditions by quarter and year of episode date, Santa Cruz County residents.* Santa Cruz, CA.

[1]Vaccine-preventable.

^Percent change is not calculated for numbers less than 20, as small numbers are unstable and can be misinterpreted.

[26] Centers for Disease Control and Prevention. (2014). *Pertussis outbreak trends.* Atlanta, GA. Retrieved from http://www.cdc.gov/pertussis/outbreaks/trends.html

[27] Ibid

AIDS

Acquired Immunodeficiency Syndrome (AIDS) is the final stage of the Human Immunodeficiency Virus (HIV) infection. People at this stage of the HIV disease have severely compromised immune systems which puts them at risk for opportunistic infections. AIDS requires medical intervention and treatment to prevent death.

Newly diagnosed cases of AIDS, which are attributed retroactively, have fluctuated in Santa Cruz County over the past eight years between 16 cases in 2007 and 7 cases in 2014. The majority of Santa Cruz County residents presumed to be living with HIV/AIDS are male, and White; the largest number are currently between the ages of 45 and 64. Almost half live in North County.

Diagnosed Cases of AIDS by Ethnicity[1]

	2007	2008	2009	2010	2011	2012	2013	2014
African American	0	0	1	0	1	1	1	0
Asian/Pacific Islander	0	0	0	0	0	1	0	1
White	9	5	4	2	5	5	0	2
Latino	6	1	5	4	6	2	3	3
Native American/Alaska Native	0	0	1	0	0	0	0	0
Multi-Race/Other/Unknown	1	0	0	0	1	0	0	1
Santa Cruz County Total	16	6	11	6	13	9	4	7

Source: Santa Cruz County Public Health Department, Communicable Disease, Family Health and HIV/AIDS Prevention Units. (September 2015). *Personal correspondence with program representative.*
Note: AIDS cases are attributed to the year in which the criteria for case definition were met, rather than to the year in which the disease was reported. Cases may thus be attributed retroactively, for example, to 2001 even if not reported until 2011. Updates are continual.
[1]Data for all years updated September 2015.

Characteristics of People Presumed to Be Living with HIV/AIDS, Santa Cruz County[1] – 2014

	NUMBER	PERCENT
HIV Stage		
HIV only	184	39%
AIDS	283	61%
Sex		
Male	409	88%
Female	58	12%
Current Age		
17-24 years	7	1%
25-44 years	137	29%
45-64 years	279	60%
65-81 years	44	9%

	NUMBER	PERCENT
Ethnicity		
Latino	146	31%
White	276	59%
Black	24	5%
Asian and Pacific Islander	11	2%
Other	10	2%
Current Area of Residence[2]		
North County	223	48%
Mid-County	75	16%
South County	109	23%
Santa Cruz Mountains	41	9%
Scotts Valley	16	3%
Santa Cruz County Total	3	1%

Source: Santa Cruz County Public Health Department. (2015). HIV & AIDS, Santa Cruz County, 1982-2012.
[1]Data as of December 30, 2014.
[2]North County= Santa Cruz and Bonny Doon; Mid-County= Aptos, Capitola, and Soquel; South County= Corralitos, Freedom, La Selva Beach, and Watsonville; Santa Cruz Mountains= Ben Lomond, Boulder Creek, Brookdale, Felton, and Mt. Hermon.

SUICIDES

Deaths from suicide in the United States are now higher than deaths from motor vehicle accidents, according to the Centers for Disease Control and Prevention.[28] There were 33,687 deaths from motor vehicle crashes and 38,364 suicides in the United States in 2010. The greatest increases in suicide rates nation-wide between 1999 and 2010 were among people ages 50 to 59 years old (48% to 49%). Among ethnic groups, the greatest increases were among Whites (40%) and Native Americans and Alaska Natives (65%).[29]

In Santa Cruz County, the suicide rate increased from 12.7 per 100,000 residents in 2003-05 to 13.7 suicides per 100,000 in 2011-13. The county rate (13.7) was higher than the state at 10.2 in 2011-13. There were 46 suicides in Santa Cruz County in 2014, with 35% of suicides occurring in the 60 and older age group. Suicides among those 18 and under saw an increase in 2014 from 1 in 2013 to 3 in 2014. The most common instrument of death in 2014 was firearms at 44% followed by hanging at 30%.

Suicide Age-Adjusted Death Rate per 100,000 Population, Three Year Averages

	2003-05	2005-07	2007-09	2009-11	2010-12	2011-13	HEALTHY PEOPLE 2020[1] NATIONAL OBJECTIVE	03-13 NET CHANGE
Santa Cruz County	**12.7**	**10.4**	**12.4**	**13.6**	**13.4**	**13.7**	10.2	**1.0**
California	9.2	9.0	9.6	10.2	10.1	10.2		1.0

Source: California Department of Public Health. (2015). *County health status profiles, Deaths due to suicide.* Sacramento, CA.
Note: Data presented are the most recent available.
[1]Please see Appendix II for a definition of "Healthy People 2020."

Number of Suicides

	2008	2009	2010	2011	2012	2013	2014
Under 18 Years	0	0	1	0	0	1	3
18-29 Years	1	8	7	7	5	4	4
30-39 Years	2	4	3	7	6	5	7
40-49 Years	10	12	4	5	8	7	10
50-59 Years	12	7	9	8	8	11	6
60 Years & Older	6	5	16	9	12	10	16
Santa Cruz County Total	**31**	**36**	**40**	**36**	**39**	**38**	**46**

Source: Santa Cruz County Sheriff's Office. (2015). *Personal correspondence with program representative, August 2015.*
Note: Percentage change calculations are not included as calculations based on small number of cases are unstable and can be misinterpreted.

[28] Centers for Disease Control and Prevention. (2013). CDC finds suicide rates among middle-aged adults increased from 1999-2010. Atlanta, GA. Retrieved on May 15th 2013 from http://www.cdc.gov/media/releases/2013/p0502-suicide-rates.html
[29] Ibid.

LEADING CAUSES OF DEATH

Monitoring the causes of death is important for planning prevention programs and to help inform both the public and health practitioners about health risks. The top four leading causes of death were cancer, especially lung cancer and breast cancer, coronary heart disease, unintentional injuries, and stroke in 2011-13. The drug-related death rate in the county continued to be higher than the state and did not meet Healthy People 2020 objectives. Breast cancer in the county was also higher than the state, did not meet Healthy People 2020 objectives, and, according to the community health guide, was an area for concern with respect to the U.S. and similar demographic (peer) counties' rates.

Disparities were seen between the Latino and White population, with higher death rates for Latino residents in diseases of the liver, type 2 diabetes, and homicide. White residents had higher death rates for unintentional injuries and suicide. For Santa Cruz County youth ages 15-24, the leading cause of death over the last seven years was unintentional injuries.

Age-Adjusted Death Rate per 100,000 Population by Cause of Death, Three-Year Averages

	2005-07	2006-08	2007-09	2008-10	2009-11	2010-12	2011-13	HEALTHY PEOPLE 2020 NATIONAL OBJECTIVE	05-13 NET CHANGE
Coronary Heart Disease									
Santa Cruz County	**113.2**	**112.5**	**114.5**	**111.8**	**97.2**	**83.9**	**81.6**	**103.4**	**-31.6**
California	145.2	137.1	128.0	121.6	122.4	106.2	103.8		-41.4
All Cancers									
Santa Cruz County	**166.7**	**164.6**	**168.5**	**160.3**	**145.3**	**144.3**	**144.4**	**161.4**	**-22.3**
California	159.3	155.9	154.0	151.7	156.4	153.3	151.0		-8.3
Lung Cancer									
Santa Cruz County	**37.9**	**36.1**	**39.3**	**35.1**	**28.1**	**26.3**	**26.8**	**45.5**	**-11.1**
California	39.2	38.1	37.2	36.1	36.5	34.8	33.6		-5.6
Breast Cancer (Female)									
Santa Cruz County	**26.9**	**28.0**	**25.8**	**25.7**	**23.4**	**24.1**	**21.8**	**20.7**	**-5.1**
California	21.7	21.2	21.2	20.7	21.3	20.9	20.7		-1.0
Stroke									
Santa Cruz County	**38.1**	**35.9**	**38.9**	**39.2**	**34.8**	**32.7**	**30.9**	**34.8**	**-7.2**
California	43.5	40.8	38.4	37.4	38.1	36.6	35.9		-7.6
Drug-Related									
Santa Cruz County	**11.9**	**12.1**	**11.6**	**12.4**	**15.9**	**18.8**	**18.4**	**11.3**	**6.5**
California	10.5	10.6	10.7	10.5	10.9	10.8	11.1		0.6
Unintentional Injuries									
Santa Cruz County	**32.6**	**34.2**	**32.5**	**31.6**	**32.7**	**32.6**	**33.4**	**36.4**	**0.8**
California	30.4	29.7	28.7	27.1	27.6	27.3	27.9		-2.5
Suicide									
Santa Cruz County	**10.4**	**10.8**	**12.4**	**12.7**	**13.6**	**13.4**	**13.7**	**10.2**	**3.3**
California	9.0	9.4	9.6	9.7	10.2	10.1	10.2		1.2
Firearm-related									
Santa Cruz County	**5.3**[1]	**5.4**[1]	**5.9**[1]	**6.5**[1]	**7.2**[1]	**8.1**	**7.6**	**9.3**	**2.3**
California	8.9	8.5	8.2	7.8[1]	7.8	7.7	7.8		-1.1
Homicide									
Santa Cruz County	**2.6**[1]	**2.8**[1]	**2.2**[1]	**3.2**[1]	**3.8**[1]	**4.5**[1]	**4.2**	**5.5**	**1.6**
California	6.6	6.3	5.8	5.3	5.2	5.2	5.1		-1.5
Motor Vehicle Crashes									
Santa Cruz County	**9.9**	**10.4**	**9.5**	**7.8**	**5.2**[1]	**4.8**[1]	**6.2**[1]	**12.4**	**-3.7**
California	11.1	10.3	9.2	7.9	7.5	7.3	7.6		-3.5
Deaths Due to All Causes									
Santa Cruz County	**671.7**	**669.8**	**686.8**	**676.7**	**630.2**	**614.7**	**625.9**	**None Set**	**-45.8**
California	683.5	666.4	647.2	632.7	654.9	641.5	641.1		-42.4

Source: California Department of Public Health. (2015). *Death Statistical Master Files.* Sacramento, CA.
[1]Death rate unreliable, relative standard of error is greater than or equal to 23%.

Age-Adjusted Death Rate per 100,000 Population by Selected Ethnicities, Santa Cruz County

	2006	2007	2008	2009	2010	2011	2013	06-13 NET CHANGE
Cancer								
White	174.9	194.9	176.4	195.2	166.0	186.7	141.5	-33.4
Hispanic	98.0	104.9	140.4	128.6	110.8	101.6	142.1	44.1
Diseases of the Heart & Circulatory System								
White	230.6	251.9	237.7	248.2	245.5	235.3	195.0	-35.6
Hispanic/Latino	208.8	192.0	208.4	189.6	204.7	143.1	188.7	-20.1
Diseases of the Liver								
White	16.7	10.0	17.9	14.9	12.7	15.0	13.0	-3.7
Hispanic/Latino	17.6	22.4	24.8	21.2	26.0[1]	18.4[1]	22.1	4.5
Diabetes Mellitus (Type 2)								
White	13.8	15.9	19.3	17.8	16.0	9.3[1]	12.0	-1.8
Hispanic/Latino	25.7	13.2	32.1	32.5	24.2[1]	20.7[1]	28.8	3.1
Pneumonia								
White	14.2	16.0	9.1	15.6	12.9	18.0	13.5	-0.7
Hispanic/Latino	10.6	16.1	24.3	14.0	10.8[1]	16.8[1]	13.5	2.9
Emphysema								
White	8.2	5.1	7.6	7.5	3.4[1]	5.5[1]	3.2	-5.0
Hispanic/Latino	9.2	0.0	4.1	4.0	0.0	0.0	0.0	-9.2
HIV								
White	2.2	1.1	2.2	2.2	0.0	1.1[1]	0.9	-1.3
Hispanic/Latino	0.0	2.3	0.0	3.5	1.3[1]	2.5[1]	0.0	-
Accidents								
White	41.5	37.6	34.7	33.4	35.3	47.6	32.1	-9.4
Hispanic/Latino	36.8	36.1	32.2	25.2	16.4[1]	33.0[1]	39.5	2.7
Suicide								
White	10.2	16.7	16.4	19.8	16.1	18.1	17.8	7.6
Hispanic/Latino	3.7	9.1	3.1	3.6	6.6[1]	2.7[1]	5.6	1.9
Homicide								
White	2.6	2.3	2.5	0.7	3.8[1]	2.3[1]	2.5	-0.1
Hispanic/Latino	9.6	0.0	3.3	5.8	5.4[1]	6.3[1]	5.0	-4.6
Deaths Due to All Causes								
White	703.7	746.9	717.0	773.0	709.2	787.7	639.1	-64.6
Hispanic/Latino	554.8	476.1	614.8	578.0	485.1	466.6	579.7	24.9

Source: California Department of Public Health. (2015). *Death Records.* Sacramento, CA.
Note: Age-adjusted death rates were calculated using the 2000 U.S. Standard Population.
[1]Death rate unreliable, relative standard of error is greater than or equal to 23%.

Number of Deaths by Age Group (Ages Birth-24), Santa Cruz County

	2007	2008	2009	2010	2011	2012	2013
Children Under Age 1 Year							
Conditions Originating in the Perinatal Period	11	3	3	6	8	11	9
Congenital Malformations & Chromosomal Abnormalities	4	3	2	4	4	3	1
Cancer	0	0	0	0	0	0	0
Diseases of the Heart & Circulatory System	0	0	1	0	0	1	0
Accidents	1	1	0	0	0	1	0
Homicide	0	0	0	0	0	0	0
Other	3	1	2	0	0	0	3
All Causes	19	8	8	10	12	16	13
Children Ages 1-4 Years							
Congenital Malformations & Chromosomal Abnormalities	2	0	0	0	0	0	0
Cancer	0	0	0	0	1	1	0
Diseases of the Heart & Circulatory System	0	0	0	0	0	0	0
Accidents	0	1	0	0	0	0	0
Homicide	0	1	0	0	0	0	0
Other	2	1	0	1	0	0	2
All Causes	4	3	0	1	1	1	2
Children Ages 5-14 Years							
Congenital Malformations & Chromosomal Abnormalities	0	0	0	0	0	0	0
Cancer	1	0	3	0	0	2	1
Diseases of the Heart & Circulatory System	0	0	0	0	0	0	1
Accidents	1	1	0	0	3	1	1
Homicide	0	0	0	0	1	1	0
Other	1	4	1	0	1	0	0
All Causes	3	5	4	0	5	4	3
Youth and Young Adults Ages 15-24 Years							
Congenital Malformations & Chromosomal Abnormalities	1	0	0	0	0	0	0
Cancer	2	1	3	2	3	2	1
Diseases of the Heart & Circulatory System	1	0	3	1	0	0	1
Accidents	15	17	7	4	6	12	6
Homicide	0	2	4	5	3	5	3
Other	9	7	4	10	7	0	10
All Causes	28	27	21	22	19	21	21

Source: California Department of Public Health, Center for Health Statistics and Informatics. (2015). *Vital Statistics.* Sacramento, CA.

ATTACHMENT 3: COMMUNITY HEALTH NEEDS ASSESSMENT CONTRIBUTORS

Dignity Health Dominican Hospital wishes to acknowledge the following organizations and their representatives for contributing insight and expertise to the process and for their dedication to promoting the health and well-being of Santa Cruz County. In addition, we gratefully acknowledge Applied Survey Research (ASR) who prepared this report on behalf of Dignity Health Dominican Hospital.

Focus Group Participants & Key Informant Interviewees

- **Catholic Charities**
  Terrie Iacino, Executive Director
- **Community Bridges**
  Raymon Cancino, Chief Executive Officer
- **County of Santa Cruz Health Service Agency**
  Giang Nguyen, Director
- **Dientes Community Dental Care**
  Laura Marcus, Executive Director
- **Encompass Community Services**
  Monica Martinez, Chief Executive Officer
- **Homeless Services Center**
  Philip Kramer, Interim Executive Director
- **Salud Para la Gente**
  Dori Rose Inda, Chief Executive Officer
- **Santa Cruz Community Health Centers**
  Leslie Conner, Executive Director
- **Second Harvest Food Bank**
  Willy Elliot McCrea, Chief Executive Officer

Dominican Community Advisors – FY2015

- **Community Member**
  Reyna Ruiz, Community Organizer
- **Community Member**
  Shebreh Kalantari-Johnson, Grant Writer & Community Organizer
- **County of Santa Cruz**
  Ana Ventura Phares, Attorney
- **County of Santa Cruz Health Service Agency**
  Giang Nguyen, Director
- **Digital Nest**
  Jacob Martinez, Founder & Executive Director
- **First Five Santa Cruz County**
  David Brody, Executive Director
- **Pacific Cookie Company**
  Cara Pearson, Executive Director
- **Santa Cruz Community Health Centers**
  Leslie Conner, Executive Director
- **Santa Cruz County Office of Education**
  Carole Mulford, Manager, Child Development Programs
- **Santa Cruz County Office of Education**
  Martine Watkins, Director, Career Pathways Initiative
- **United Way of Santa Cruz County**
  Keisha Frost, Director of Community Giving

Community Assessment Project Steering Committee Members (2015)

- Brenda Armstrong, Santa Cruz County Alcohol & Drug Program
- Vincent Barabba, Community Volunteer
- Caleb Baskin, Baskin & Grant
- Donna Blitzer,University of California, Santa Cruz
- Christina Borbely, PhD, RET Partners
- David Brody, First 5 Santa Cruz County
- Susan Brutschy, Applied Survey Research
- Beth Carr, Santa Cruz Community Credit Union, Community Ventures
- Henry Castaniada, Soquel Union Elementary School District
- Leslie Conner Santa Cruz Community Health Centers
- Christina Cuevas, Community Foundation Santa Cruz County
- Karen Delaney, Volunteer Center of Santa Cruz
- Willy Elliot-McCrea, Second Harvest Food Bank
- Will Forest, County of Santa Cruz Health Services Agency
- Mary Lou Goeke, United Way of Santa Cruz County
- Fernando Giraldo, Santa Cruz County Probation Department
- Allison Guevara, County of Santa Cruz
- Will Hahn, PAMF/Sutter Health
- Dan Haifley, O'Neill Sea Odyssey
- Dr. Lisa Hernandez, MD County of Santa Cruz Health Services Agency
- Megan Joseph, United Way of Santa Cruz County
- Shebreh Kalantari-Johnson, Community Volunteer
- Rama Khalsa, Community Volunteer
- Kirsten Liske, Ecology Action
- Eleanor Littman, Health Improvement Partnership Santa Cruz County
- Madeline Noya, County of Santa Cruz Human Services Department
- Laura Marcus, Dientes Community Dental Clinic
- Paul O'Brien, Community Volunteer
- Martina O'Sullivan, Dignity Health Dominican Hospital
- Greg Pepping, Coastal Watershed Council
- Rock Pfotenhauer, Cabrillo College
- Raquel Ramirez Ruiz, Pajaro Valley Community Health Trust
- Janet Reed, Community Volunteer
- Stuart Rosenstein, Community Volunteer
- Jessica Scheiner, County of Santa Cruz Human Services Department
- Laura Segura, Monarch Services
- Nina Simon, Santa Cruz Museum of Art & History
- Brian Spector, Spector Corbett Architects
- Adam Spickler, Community Volunteer
- Abigail Stevens, Applied Survey Research
- Sharee Storm, Dientes Community Dental Care
- Michael Watkins, Santa Cruz County Office of Education
- Michelle Williams, Cultural Council of Santa Cruz County
- Craig Wilson, Santa Cruz County Sheriff's Office

Attachment 4:

Dominican Hospital

Professional Focus Group Protocol

ROOM PREP:

- Arrange room in small circle / horseshoe or combine tables; set up flip charts
- Place markers and nametags near entrance; pass out surveys, ballpoint pens, and stickers

INTRODUCTORY REMARKS:

- Welcome and thanks
- What the project is about:
  - » We are helping Dominican Hospital conduct a Community Health Needs Assessment, required by the IRS and the State of California.
  - » Identifying unmet health needs in your community, extending beyond patients.
  - » Ultimately, to invest in community health strategies that will lead to better health outcomes.
- Why we're here (put on flipchart page):
  - » Learn about health needs in your community
  - » Understand your perspective on healthcare access in the post-Affordable Care Act environment
  - » Talk about impact of various other things that influence health
  - » Hear from you what community assets that you are already aware of can help with health needs, and what community assets might still be needed
- Introductions (ASR, clients if observing, FG participants):
  - » Please make yourself a nametag so that we can address one another politely.

HOUSEKEEPING:

- Feel free to eat
- Focus group will end at _____ o'clock
- Silence cell phones
- Bathroom location

GUIDELINES/GROUND RULES:

- Don't wait to be called on.
- No right or wrong answers; we want to hear it all.
- Discussion –ask each other questions if you are unsure of what others mean
- Take turns being the first to jump in; Want to hear from everybody
- Please talk one at a time and hold side conversations for afterwards (recording).
- *[As needed (e.g., for youth focus groups): OK to disagree, just be respectful. I may interrupt – don't mean any disrespect; lots to cover, want to get you out on time.]*

WHAT WE'LL DO WITH THE INFORMATION YOU TELL US TODAY:

- Your responses will be summarized and your name will not be used to identify your comments.
- Notes and summary of all focus group discussions will go to Dominican Hospital.
- Dominican Hospital will make decisions about which needs their individual hospitals can best address, and how the hospitals may collaborate or complement each other's community outreach work.

Focus Group Questions [50 min. in total]

1. COMMUNITY HEALTH NEEDS & PRIORITIZATION – 15 MIN.

When Dominican Hospital did their Community Health Needs Assessments in 2013, these are the health needs that came up. Additional needs that are relevant to our community have been added. *(Using a list based on all of the needs identified by any hospital. List is at end of protocol.)*

a. We'd like you to let us know if you think there are any health needs (broadly defined, including social determinants of health) not on this list that should be added.

   (Write them on the list.)

   i. Overall?
   ii. Specific needs for groups by gender, age, ethnicity, geography, etc.?

   Define unmet health needs: Needs that are not being addressed very well. For example, maybe we don't know how to prevent these problems, or we don't have enough medicines or treatments, or maybe there aren't enough doctors to treat these problems, or maybe health insurance does not cover the treatment. These are unmet because there needs to be more done about this problem.

b. Please think about the top three from the list (including the added needs, if any) you believe are the most important to address in your community – the needs that still need attention.

   You'll find some sticky colored dots on the table; once you've decided which three of these needs you think are the most important, please come on up here and put one sticky dot next to each one of those three.

   We will discuss your ideas on how these might be able to be addressed later in our conversation.

c. Any particular subpopulations that are disproportionately affected? *(Prompt for ethnic minorities, LGBTQ, low-income population, urban vs. rural/geographically isolated, etc.)* Any other trends you are seeing in the past 5 years or so? How are the needs changing? We will discuss your ideas on how these might be able to be addressed later in our conversation.

2. DRIVERS/BARRIERS – 15 MIN.

What other drivers or barriers that are contributing to the health needs that you prioritized? We will talk about solutions in just a minute.

Prompts if they are having trouble thinking of anything:

- Transportation
- Housing
- Built environment incl. unsafe neighborhoods, lack of facilities/vendors, proximity to unhealthy things
- Policies/laws
- Cultural norms
- Stigma
- Lack of awareness/education
- SES (income, education)
- Mental health and/or substance abuse issues
- Being victims of abuse, bullying, or crime
-

3. SUGGESTIONS/IMPROVEMENTS/SOLUTIONS – 10 MIN.

Now that we have discussed the most challenging health needs and issues related to access to care, we are going to ask you about some possible solutions.

For the needs you prioritized earlier…

a. Are there any policy changes you would recommend that could address these issues? Consider those that are readily achievable and politically feasible.

b. Are there existing assets or resources available to address these needs that people are not using? Why?

c. What other assets or resources are needed?

Resource question prompts, if they are having trouble thinking of anything:

- Specific new/expanded programs or services?

- Increase knowledge/understanding?
- Address underlying drivers like poverty, crime, education?
- Facilities (incl. hospitals/clinics)
- Infrastructure (transportation, technology, equipment)
- Staffing (incl. medical professionals)
- Information/educational materials
- Funding
- Collaborations and partnerships
- Expertise

4. ACCESS TO CARE – 10 MIN.

We would like to get your perspective on how access has changed in the post-Affordable Care Act environment.

a. Based on your observations and interactions with the clients you serve, to what extent your clients aware of how to obtain health care? (Explain if needed: Where to find a clinic, how to make an appointment, etc.)

b. To what extent are clients aware of how to obtain health insurance?

c. What barriers to access still exist? (Focus on comparison pre- and post-ACA)

   i. Is the same proportion still medically uninsured/under-insured; or is it a smaller proportion, or a larger proportion than before ACA?
   ii. Do more people, the same, or fewer people have a primary care physician than before ACA?
   iii. Are people using the ER as primary care to the same degree, less, or more than before ACA?
   iv. Is the same proportion of the community facing difficulties affording health care, or is it a smaller proportion, or a greater proportion than before ACA?

d. Now thinking about the mental health needs in your community, what keeps people from getting the prevention and/or early intervention mental health/counseling services they need?

5. CONCLUDING REMARKS [5 MIN]

- Thanks for your time and sharing your perspective
- Confidential notes and summary of discussions to client
- Reminder about what will be done with the information
- The final Community Health Needs Assessment Report will be published in Fall of 2016 and available on Dominican Hospital's website.

Potential Health Needs

Access to Health Care (e.g., geography, language, cost, insurance eligibility, quality of services, coordination of care)
Asthma
Economic Security
Cancer
Climate and Health
Heart Disease/Stroke
Diabetes
Homeless
Human Trafficking
Infectious Diseases
Maternal and Child Health
Mental Health
Obesity/HEAL (Healthy Eating, Active Living)
Oral Health
Substance Use
Unintentional Injuries
Violence/Injury Prevention

ATTACHMENT 4

Dominican Hospital

Key Informant Interview Protocol

INTRODUCTION

What the project is about:

- We are helping Dominican Hospital conduct a Community Health Needs Assessment, required by the IRS and the State of California.
- Identifying unmet health needs in our community, extending beyond patients.
- Ultimately, to invest in community health strategies that will lead to better health outcomes.

You were chosen to be interviewed for your particular perspective on health in your community ("regarding [topic]" -- if chosen for special topic and not overall perspective on health, identify here).

What we'll do with the information you tell us today:

- Your responses will be summarized and your name will not be used to identify your comments.
- Notes and summary of all interviews will go to the hospitals.
- The hospitals will make decisions about which needs their individual hospitals can best address, and how the hospitals may collaborate or complement each other's community outreach work.

PREAMBLE

Our questions relate mainly to:

1. Health needs
2. Healthcare access in the post-Affordable Care Act environment
3. Other challenges contributing to health needs
4. Suggestions/solutions (both in terms of policies and in terms of local resources)

1. BACKGROUND (<5 MIN.)

First, please tell me a little about your current role and the organization you work for.

2. HEALTH NEEDS (10-15 MIN.)

Next, we would like to get your opinion on the top health needs among those you serve.

a) In your opinion, which health needs do you believe are the most important to address among those you serve/your constituency?

b) In your opinion, what are the health needs that are not being met very well right now among those you serve/your constituency?

c) Are there any specific groups or areas that have greater health needs, or special health needs?
   i. Differences by gender

ii. Within specific ethnic groups

iii. Among different age groups like seniors or children

iv. Within different parts of the county

v. Any other specific groups

If they identified more than three health needs, ask question c; if not, go on to section 3.

d) Which would you say are the most urgent or pressing of all the health needs that you've named?

3. CHALLENGES (10-15 MIN.)

What are the drivers or barriers that are contributing to health needs? We will talk about solutions in just a minute.

Prompts if they are having trouble thinking of anything:

- Transportation
- Housing
- Built environment incl. unsafe neighborhoods, lack of facilities/vendors, proximity to unhealthy things
- Policies/laws
- Cultural norms
- Stigma
- Lack of awareness/education
- SES (income, education)
- Mental health and/or substance abuse issues
- Being victims of abuse, bullying, or crime

4. SUGGESTIONS/IMPROVEMENT/SOLUTIONS (10-15 MIN.)

Now that we have discussed health needs and issues related to access to care, we are going to ask you about some possible solutions.

In order to maintain or improve the health of your community….

a. Are there any policy changes you would recommend that could address these issues? Consider those that are readily achievable and politically feasible.

b. Are there existing resources available to address these needs? If so, why aren't people using them?

c. What other resources are needed?

d. Of the resources/solutions to improve health, which do you feel is the most significant improvement needed, second, and third?

Resource question prompts, if they are having trouble thinking of anything:

- Specific new/expanded programs or services?
- Increase knowledge/understanding?
- Address underlying drivers like poverty, crime, education?
- Facilities (incl. hospitals/clinics)
- Infrastructure (transportation, technology, equipment)
- Staffing (incl. medical professionals)
- Information/educational materials
- Funding
- Collaborations and partnerships
- Expertise

5. CHALLENGES: ACCESS TO HEALTHCARE – POST-ACA (10 MIN.)

We would like to get your perspective on how access has changed in the post- Affordable Care Act environment.

a) Based on your observations and interactions with the clients you serve, to what extent are clients aware of how to obtain health care? *(Explain if needed: Where to find a clinic, how to make an appointment, etc.)*

b) To what extent are clients aware of how to obtain health insurance?

c) What barriers to access still exist? *(Focus on comparison pre- and post-ACA)*
   i. Is the same proportion still medically uninsured/under-insured?
   ii. Do more people or fewer people have a primary care physician?
   iii. Are people using the ER as primary care to the same degree?
   iv. Is the same proportion of the community facing difficulties affording health care?

d) Now thinking specifically about the mental health needs in your community, what keeps people from getting the prevention and/or early intervention mental health/counseling services they need?

6. CONCLUDING REMARKS

- Thanks for your time and sharing your perspective
- Confidential notes and summary of discussions to client
- Reminder about what will be done with the information
- Final CHNA report will be published in 2016 and available on Domincan Hospital's website

Attachment 5: Prioritized Health Needs Focus Group Discussion

As part of the Community Health Needs Assessment process, Dominican Community Advisors met on January 21, 2016 and went through a facilitated process to identify and discuss the county's top health needs and most vulnerable populations. Below is a summary of the discussion.

Top Three Prioritized Health Needs

1. Integrated Behavioral Health

For the CHNA, Integrated Behavioral Health is the idea that physical and emotional health are connected and can be addressed together to produce the best possible health outcomes. Providers collaborate to address physical, developmental, social, behavioral, and emotional needs, including mental health and substance abuse conditions, depression, health behaviors (including their contribution to chronic medical illnesses), life stressors and crises, and stress-related physical symptoms.

Selected comments from the DCA:

- Those with private insurance face prohibitive co-pays and other costs, making it difficult to afford support and treatment.
- Significant need for more behavioral health professionals in Santa Cruz County, especially bi-lingual providers.
- There is a lack of in-patient and in-crisis services for youth.
- Stigma prevents many people from seeking mental/behavioral health treatment.
- Three particularly under-served areas are South County, Live Oak, and San Lorenzo Valley.

Specific vulnerable populations mentioned: Youth 0-24, TAY, children 0-5, older adults 40-55, LGBTQ, persons experiencing homelessness, chronically homeless mono-lingual Spanish speakers, undocumented persons, low-income individuals

2. Economic Security

For the purposes of the CHNA, economic security includes employment, access to education and/or vocational training, affordable housing, homelessness, food insecurity and other factors related to poverty and lack of income.

Selected comments from the DCA:

- Working youth struggle to find jobs that pay enough to cover health costs
- Low income families often have children who work. They need additional support so that children can focus on school.
- More support needed for low-income pregnant women and young mothers to stop the cycle of poverty. Teen moms are especially vulnerable in Watsonville
- Nutritious food should be more readily available and affordable. Many low income neighborhoods are "food deserts" making it challenging for families to eat nutritious meals
- The recently incarcerated and those in gangs struggle to find employment, and therefore pay for healthcare
- Grandparents raising grandchildren are particularly vulnerable to problems surrounding economic security

Specific vulnerable populations mentioned: Youth, families, pregnant women and young mothers, teen mothers, recently incarcerated, gang members, grandparents

3. Continuum of Care Approach to Health

The Continuum of Care Approach is an integrated system that guides and tracks patients over time through a comprehensive array of health services spanning all levels and intensity of care. It combines prevention and early intervention, while addressing the Social Determinants of Health.

Selected comments from the DCA:

- At-risk mothers would benefit from this integrated approach, ensuring timely advice, coordinated care and services
- Education about benefits of this approach is needed for funders and policy makers
- Prevention is key a key factor
- Significant need for more healthcare professionals trained in Trauma Informed Care
- Attention to oral health early is part of the continuum of care and is an important part of a child's overall health care
- Need specific training and sensitivity for providers who work with youth
- Need more primary care doctors as well as specialty doctors

Specific vulnerable populations mentioned: 1st time/low-income mothers and youth with ACEs

Other Prioritized Health Needs

- More risk assessment data from Dominican shared with community partners
- Increased Educational Attainment for English Language Learners
- Obesity
- Homelessness (also mentioned as part of Economic Security)
- Physical fitness
- Oral health
- Housing
- Diabetes
- Food insecurity
- Equity policy/Health Equity
- Built environment

Other specific vulnerable populations mentioned:

- Undocumented workers need support with access to care
- Homeless youth, TAY, and foster youth are vulnerable to human trafficking, particularly sex trafficking
- Supportive housing is a concern for college-aged youth

Health Needs Not Prioritized:

Access to care
Additional specialized and primary care health workers
Asthma
Cancer
Climate and health
Heart disease and stroke
Infectious disease
Maternal and child health
Unintentional injuries
Violence/injury prevention