



2025

Report
Community Health
Needs Assessment



ACKNOWLEDGEMENTS

Dignity Health Dominican Hospital wishes to acknowledge the research firm Actionable Insights, LLC, which prepared this report on behalf of the hospital.

Dignity Health Dominican Hospital would also like to thank its collaborative partner, Sutter Maternity & Surgery Center, and everyone who contributed their time to this project by participating in a key informant interview or a focus group. Agencies and organizations are cited as sources, but the assistance of individuals is critical.

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Bottom row, left to right: volunteer, Liza Summer; child & parent, Oleksandr (Alex) P.; family walking, Anastasia Shuraeva



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1. EXECUTIVE SUMMARY

Dignity Health Dominican Hospital (Dominican) is pleased to have produced the 2025 Community Health Needs Assessment (CHNA). The 2025 CHNA builds upon Dominican's earlier assessments.

The goals of the 2025 CHNA are to provide insight into the health of the community, prioritize local health needs, and identify areas for improvement. With this information, Dominican will develop strategies to tackle critical health needs as well as improve the overall health and well-being of community members. The assessment findings may also be used as a guideline for funding, policy, and advocacy efforts.

This 2025 CHNA report documents how the current CHNA was conducted, describes the related findings, and shares the results of strategies implemented by Dominican to address the needs identified in 2022 by the previous assessment.

COMMUNITY HEALTH NEEDS ASSESSMENT BACKGROUND

In addition to helping generate priorities around community health, Dominican also uses the 2025 CHNA to fulfill key state and federal mandates, as described below:

California Legislative Senate Bill 697, enacted in 1994, stipulates that private nonprofit hospitals submit an annual report to the Office of Statewide Health Planning and Development that shall include, but shall not be limited to, a description of the activities that the hospital has undertaken to address identified community needs within its mission and financial capacity. Additionally, hospitals shall describe the process by which they involved community groups and local government officials in helping identify and prioritize community needs to be addressed. This community needs assessment shall be updated at least once every three years.¹

The Patient Protection and Affordable Care Act, enacted March 23, 2010, includes requirements for nonprofit hospitals that wish to maintain their tax-exempt status. Regulations finalized December 31, 2014, also provide guidance related to section 501(r) of the Internal Revenue Code. These regulations mandate that all nonprofit hospitals conduct a CHNA every three years. The CHNA must be conducted by the last day of a hospital's taxable year, and the hospital must make the CHNA report widely available to the public. The CHNA must also gather input from public health experts, local health departments, and community members—including representatives of low-income, medically underserved, or other high-need populations.²

The CHNA process, completed in fiscal year 2025 and described in this report, was conducted by Dominican in compliance with current state and federal requirements. The 2025 CHNA will serve as the basis for implementation strategies to address identified health needs. This CHNA report was adopted and made public in May 2025. The hospital's Implementation Strategy report, based on the results of the CHNA, and Form 990, Schedule H, will be completed and

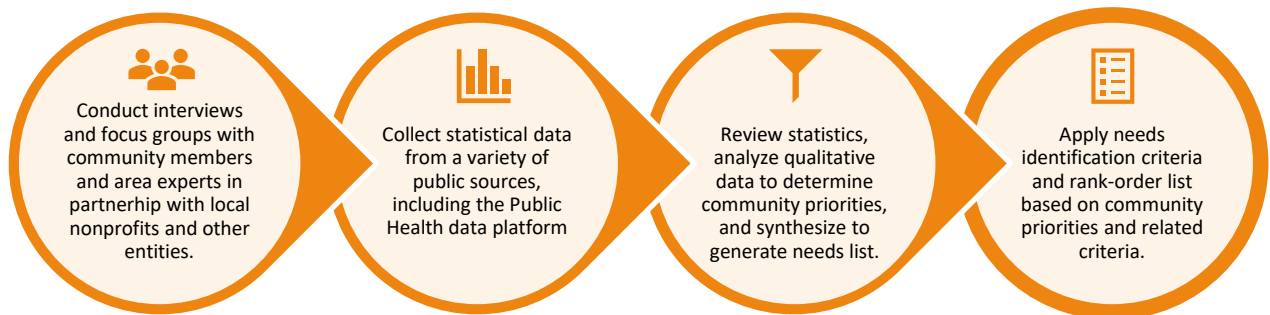
¹ California Office of Statewide Health Planning and Development. (1998). Not-for-Profit Hospital Community Benefit Legislation (Senate Bill 697), Report to the Legislature. Retrieved November 2018 from <https://oshpd.ca.gov/wp-content/uploads/2018/07/SB-697-Report-to-the-Legislature-Community-Benefit.pdf>

² U.S. Federal Register. (2014). Department of the Treasury, Internal Revenue Service, 26 CFR Parts 1, 53, and 602. Vol. 79, No. 250, December 31, 2014. Retrieved November 2018 from <https://www.govinfo.gov/content/pkg/FR-2014-12-31/pdf/2014-30525.pdf>

filed on or before the 15th day of the fifth month after the end of the 2025 taxable year (November 15, 2025).

PROCESS AND METHODS

The core of the CHNA process comprises data collection, analysis and synthesis, culminating in the development of a community health needs list.



Primary research was conducted through **12 key informant interviews** and **2 focus groups**.



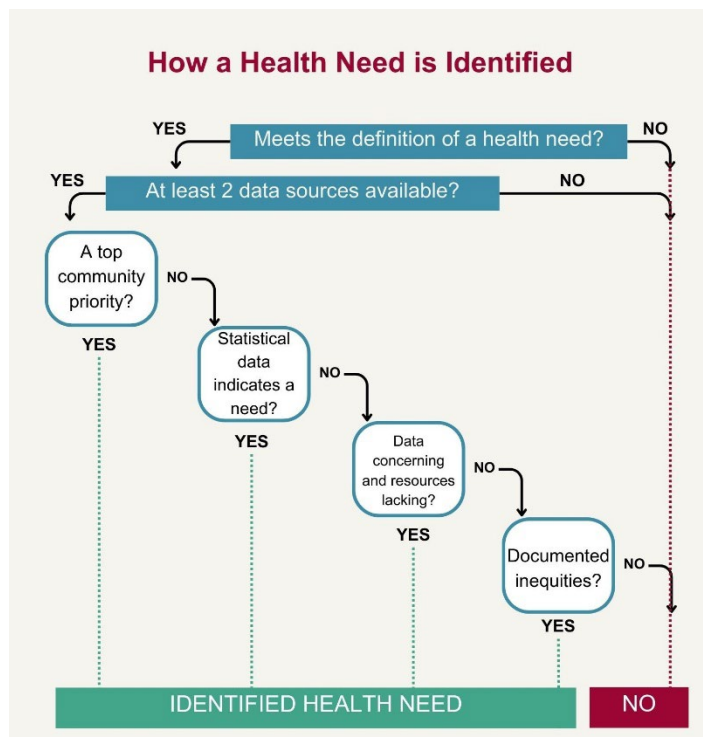
Input from **34 community members, community leaders, health experts** and representatives of various organizations and sectors informed the 2025 CHNA.



Over 250 quantitative health indicators were reviewed to assist with understanding health needs in Santa Cruz County and assessing priorities of the communities.

Process and Criteria to Identify and Prioritize Significant Health Needs

Criteria for Health Need Identification



1. Meets the **definition of a health need** (a poor health outcome and its associated risks, or a risk that may lead to a poor health outcome).
2. **At least two data sources** for the health issue are available for the service area.
3. Meets the **community priority** criterion: Prioritized (i.e., voted in top five to discuss) by at least one-half of all community input cases (interviews and focus groups combined) OR
4. Meets the **statistical data** criteria:
 - a. Multiple indicators are worse than the state by 5% or more, or
 - b. At least one indicator is worse (or worsening) and there are few available resources, or
 - c. Multiple inequities by race/ethnicity are a concern.

Criteria for Health Need Prioritization

Dominican gathered the Dominican Community Advisors (DCA) group to prioritize (rank) the health needs list generated from the CHNA. The group met on February 19, 2025. After making a presentation of the data that support the health needs list, Actionable Insights introduced the prioritization criterion (below) and then distributed a survey to participants.



Community priority. The community prioritizes the issue over other issues about which it has expressed concern during the CHNA primary data collection process. Score generated by Actionable Insights.



Disparities/inequities exist. This refers to differences in health outcomes by subgroups. Subgroups may be based on geography, languages, ethnicity, culture, citizenship status, economic status, sexual orientation, age, gender, or others. Scored by DCA based on expertise and knowledge.



Magnitude/scale of the problem. This refers to the fact that the health need affects a large number of people within the community. Scored by DCA based on expertise and knowledge.

Sixteen DCA members ranked the health needs. Actionable Insights merged the DCA's responses with the pre-scored criteria to generate Dominican's final list of 2025 Prioritized Health Needs

2025 PRIORITIZED HEALTH NEEDS

Based on the previously described process and methods, Actionable Insights and Dominican produced a list of prioritized health needs for the hospital. Those needs, ranked from highest to lowest are:

1. Housing & Homelessness
2. Behavioral Health
3. Health Care Access & Delivery
4. Education
5. Economic Insecurity
6. Community Safety
7. Maternal & Infant Health
8. Healthy Lifestyles
9. Cancer

Further details on each prioritized health need, including statistical data and citations, are included in the complete 2025 CHNA report.

NEXT STEPS

After making the 2025 CHNA report publicly available on our website in May 2025, Dominican will solicit feedback and comments about the report until two subsequent CHNA reports are posted. The hospital will also develop an implementation plan based on the 2025 CHNA results; the plan will be adopted by the Dominican board and made public by November 15, 2025.

2. INTRODUCTION & BACKGROUND

Dignity Health Dominican Hospital (Dominican) is pleased to have produced the 2025 Community Health Needs Assessment (CHNA).

CHNA PURPOSE

The goals of the 2025 CHNA are to provide insight into the health of the community, prioritize local health needs, and identify areas for improvement. With this information, Dominican will develop strategies to tackle critical health needs as well as improve the health and well-being of community members. The assessment findings may also be used as a guideline for funding, policy, and advocacy efforts.

The 2025 CHNA builds upon the findings of the 2022 CHNA (see Section 8: Evaluation Findings from 2022–2024 Implemented Strategies) and previous assessments. For the 2025 CHNA, Dominican built upon existing work by starting with a list of health needs identified during the 2022 CHNA. Updated secondary data and new community input were collected for these health needs. The 2025 report documents how the current CHNA was conducted and describes the related findings. As with prior CHNAs, this assessment also includes Santa Cruz County's assets and resources (see Section 7: Community Resources).

Note that, for the purposes of this assessment, “community health” was not limited to traditional health measures. Dominican also considered indicators relating to the quality of life (e.g., access to health care, affordable housing, food security, education, and employment) and to the physical, environmental, and social factors that influence the health of the county's residents. This broader definition reflects Dominican's philosophy that many factors affect community health, and that community health cannot be adequately understood without consideration of trends outside the realm of health care.

In addition to helping generate priorities around community health, Dominican also uses the 2025 CHNA to fulfill key state and federal mandates.

SB 697 AND CALIFORNIA'S HISTORY OF ASSESSMENTS

California Legislative Senate Bill 697, enacted in 1994, stipulates that private nonprofit hospitals submit an annual report to the Office of Statewide Health Planning and Development that shall include, but shall not be limited to, a description of the activities that the hospital has undertaken to address identified community needs within its mission and financial capacity. Additionally, the hospital shall describe the process by which they involved the community (community groups and local government officials) in helping identify and prioritize community needs to be addressed. This community needs assessment shall be updated at least once every three years.³

PATIENT PROTECTION AND AFFORDABLE CARE ACT

The 2025 CHNA will serve in meeting Internal Revenue Service (IRS) CHNA requirements pursuant to The Patient Protection and Affordable Care Act. The Affordable Care Act, enacted March 23, 2010, includes requirements for nonprofit hospitals that wish to maintain their tax-

³ California Office of Statewide Health Planning and Development. (1998). Not-for-Profit Hospital Community Benefit Legislation (Senate Bill 697), Report to the Legislature. Retrieved November 2018 from <https://oshpd.ca.gov/wp-content/uploads/2018/07/SB-697-Report-to-the-Legislature-Community-Benefit.pdf>

exempt status. Regulations finalized December 31, 2014, also provide guidance related to section 501(r) of the Internal Revenue Code. These regulations mandate that all nonprofit hospitals conduct a CHNA every three years. The CHNA must be conducted by the last day of a hospital's taxable year, and hospitals must make the CHNA report widely available to the public.

The CHNA report must document how the assessment was conducted, including the community served, who was involved in the assessment, the process and methods used, and the significant community health needs that were identified and prioritized as a result of the assessment. The CHNA must also gather input from public health experts, local health departments, and community members—including representatives of low-income, medically underserved, or other high-need populations.⁴

The CHNA process, completed in fiscal year 2025 and described in this report, was conducted by Dominican in compliance with current state and federal requirements. The 2025 CHNA will serve as the basis for implementation strategies to serve identified health needs. This CHNA report will be adopted and made public in May 2025. The hospital organization's Implementation Strategy report, based on the CHNA, and 2025 Form 990, Schedule H, will be filed on or before the 15th day of the fifth month after the end of the 2025 taxable year.

WRITTEN PUBLIC COMMENTS ON THE 2022 CHNA

To offer the public a means to review and provide written feedback on the 2022 CHNA, Dominican posted a PDF of the Dignity Health Dominican Hospital CHNA report on the Community Health Needs Assessment page of its website⁵ and solicited comments via email and in writing. The 2025 CHNA will be posted to the same website. Dominican welcomes any questions about the 2025 CHNA or ideas for collaborating that the public may have, by reaching out to Dominique Hollister, Director, Administrative Services and Community Benefit at Dominique.Hollister@CommonSpirit.org.

At the time the 2025 CHNA report was completed, Dominican had not received any written comments about the 2022 CHNA report. Dominican will continue to track submissions and ensure that all relevant comments are reviewed and addressed by appropriate staff.

⁴ U.S. Federal Register. (2014). Department of the Treasury, Internal Revenue Service, 26 CFR Parts 1, 53, and 602. Vol. 79, No. 250, December 31, 2014. Retrieved November 2018 from <https://www.govinfo.gov/content/pkg/FR-2014-12-31/pdf/2014-30525.pdf>

⁵ <https://www.dignityhealth.org/bayarea/locations/dominican/about-us/community-benefits>

3. ABOUT DIGNITY HEALTH DOMINICAN HOSPITAL

MISSION, VISION, AND VALUES

Mission

As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

Vision

A healthier future for all—inspired by faith, driven by innovation, and powered by our humanity.

Values

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

Compassion

- Care with listening, empathy, and love.
- Accompany and comfort those in need of healing.

Inclusion

- Celebrate each person's gifts and voice.
- Respect the dignity of all.

Integrity

- Inspire trust through honesty.
- Demonstrate courage in the face of inequity.

Excellence

- Serve with fullest passion, creativity, and stewardship.
- Exceed expectations of others and ourselves.

Collaboration

- Commit to the power of working together.
- Build and nurture meaningful relationships.

ABOUT DIGNITY HEALTH DOMINICAN HOSPITAL

Dignity Health Dominican Hospital was founded on September 14, 1941, by the Adrian Dominican Sisters and became a member of Dignity Health, formerly Catholic Healthcare West (CHW), in 1988. In 2019 Dignity Health merged with Catholic Health Initiatives to become CommonSpirit Health. In 2022 the Morehouse School of Medicine Dominican Hospital Family

Medicine Residency Program was established to address health equity in our local and global communities. The first class of family medicine residents was welcomed in June 2024. Dominican Hospital is licensed for 222 inpatient beds. Dominican Hospital has a staff of 1,500 employees and professional relationships with more than 470 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 our 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; 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.

In response to identified health-related needs in the Community Health Needs Assessment, 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, unpaid 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

Dominican relied on the Internal Revenue Service's definition of the community served by a hospital as "those people living within its hospital service area." A hospital service area comprises all residents in a defined geographic area and does not exclude low-income or underserved populations. Dominican is located in Santa Cruz County and serves the entire county. The ZIP codes associated with the community Dominican serves may be found in the table below.

ZIP Codes in Hospital Service Area

ZIP Code	City	ZIP Code	City
95001	Aptos	95062	Santa Cruz
95003	Aptos	95063	Santa Cruz
95005	Ben Lomond	95064	Santa Cruz
95006	Boulder Creek	95065	Santa Cruz
95007	Brookdale	95066	Santa Cruz
95010	Capitola	95066	Scotts Valley
95017	Davenport	95067	Santa Cruz
95018	Felton	95067	Scotts Valley

ZIP Code	City	ZIP Code	City
95019	Freedom	95073	Soquel
95033	Los Gatos	95076	Corralitos
95041	Mount Hermon	95076	La Selva Beach
95060	Bonny Doon	95076	Pajaro
95060	Santa Cruz	95076	Royal Oaks
95060	Scotts Valley	95076	Watsonville
95061	Santa Cruz	95077	Watsonville

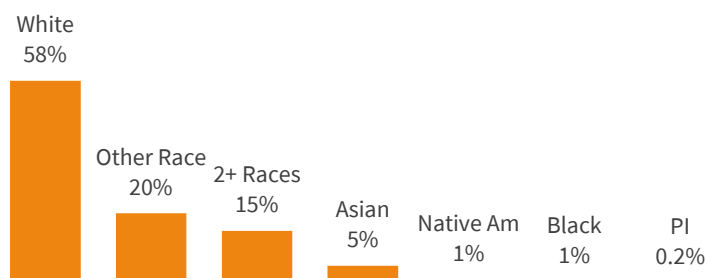
Santa Cruz County

In 2024, an estimated 265,735 people resided in Santa Cruz County (a decrease of 2 percent since 2020). The county occupies 445 square miles of land approximately 35 miles southwest of Silicon Valley, with the Pacific Ocean to the west. This land includes 29 miles of coastline, forming the northern coast of Monterey Bay, and more than 44,000 acres of parks.⁶

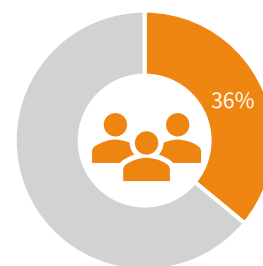
Santa Cruz County is a metropolitan area with only 13 percent of residents living in a rural area. Almost one in four county residents lives in the city of Santa Cruz, making it the largest local municipality by population. The other incorporated cities are Watsonville, Scotts Valley, and Capitola. Santa Cruz County also includes the following unincorporated towns and areas:⁷ Amesti, Aptos, Aptos Hills-Larkin Valley, Ben Lomond, Bonny Doon, Boulder Creek, Brookdale, Corralitos, Davenport, Day Valley, Felton, Freedom, Interlaken, La Selva Beach, Live Oak, Lompico, Mount Hermon, Pajaro Dunes, Paradise Park, Pasatiempo, Pleasure Point, Rio Del Mar, Soquel, Twin Lakes, and Zayante.

Demographics

The majority of residents are White.



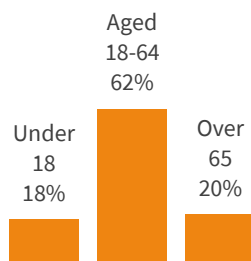
Over one-third are Latine.



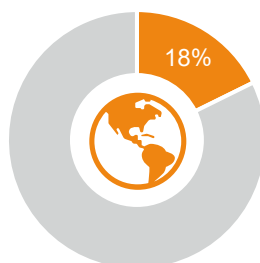
⁶ County of Santa Cruz. (2021). About Santa Cruz County.

⁷ CA Hometown Locator. (2024). Santa Cruz County CA Cities, Towns, & Neighborhoods.

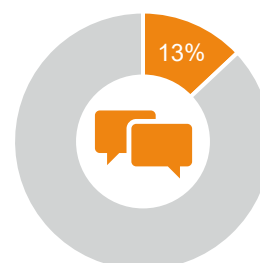
One in five residents are over 65.



Over one in six residents are foreign-born.



Over one in ten residents over age 5 speak limited English.

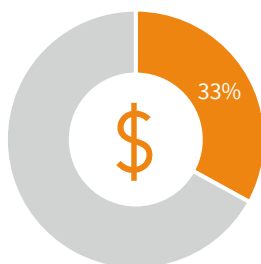


\$117,644
household Real Cost Measure (RCM)

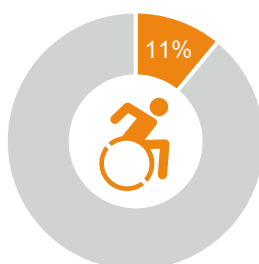


\$1.2 million
median home sale price

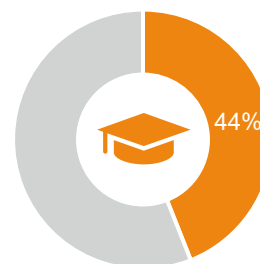
One-third of households lives below the Real Cost Measure.



About one in ten residents live with a disability.



Almost half of residents aged 25+ have earned at least a Bachelor's degree.



Sources: United Way: Real Cost Measure, 2021. Redfin.com: Median home sale price, 2024. Datashare SCC, U.S. Census Bureau: demographics, 2023.

Eighteen percent of the population in Santa Cruz County is under the age of 18, and 20 percent is 65 years or older with the older population continuing to increase. Santa Cruz County is slightly older than California as 21 percent statewide are under the age of 18 and 17 percent are aged 65 or older. The median age is 41.2 years old, slightly older than the state median age of 38.8 years. About half (44 percent) of residents older than 25 have a bachelor's degree compared to over a one-third (37 percent) of the state.

Santa Cruz County is also relatively diverse ethnically, with more than a third (36 percent) of residents from Latine heritage, however this is somewhat less than California overall (41 percent). More than half (58 percent) of community members identify as White compared to more than a third in California (39 percent). Asian county residents account for 5 percent of the population, notably less than the state proportion of 16 percent. Likewise, 18 percent of Santa Cruz County residents are foreign-born, compared to 27 percent of California residents overall. Thirteen percent of county residents are not proficient in English, which is somewhat less than

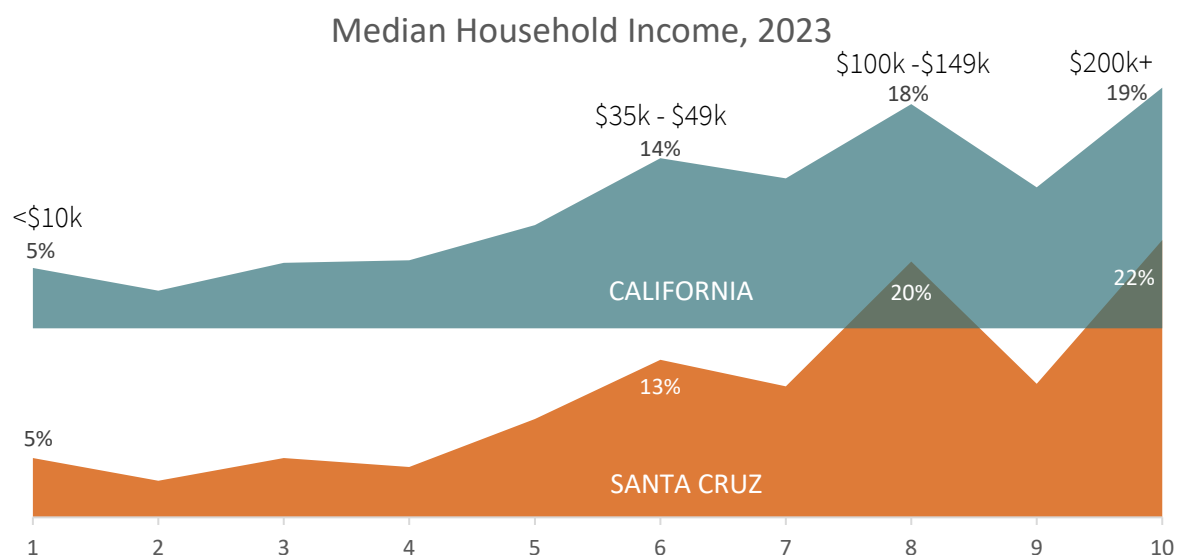
the state proportion of eighteen percent. While life expectancy, mortality, hospitalization, and disability rates in Santa Cruz County are all better than the state, life expectancy for Black residents is significantly worse (75.4 years vs 82.1 years in the county), despite being 1 percent of the county's population.

Race/Ethnicity in Hospital Service Area versus California

Race/Ethnicity	Santa Cruz County	California
American Indian/Alaskan Native	1%	2%
Asian	5%	16%
Black	1%	6%
Latine	36%	41%
Pacific Islander/Native Hawaiian	0.2%	0.4%
White	58%	39%
Other race	20%	22%
Multiracial	15%	15%

Percentages do not add up to 100 percent because Latine ethnicity is included across racial groups.

Income is one of many social determinants that can have a significant impact on health outcomes. As shown in the following chart, more than half (53 percent) of the population lives in households with incomes of \$100,000 or higher, about one fourth (24 percent) in households with incomes between \$50,000 and \$100,000, and the remaining fourth (24 percent) below \$50,000. By comparison, the Real Cost Measure for a two-adult family with one preschooler and one school-aged child in Santa Cruz County was \$117,644 per year.



Despite the fact that over half of households in the county earn more than \$100,000 per year, estimates show that between 2018 and 2022, 26 percent of county residents lived below 200 percent of the Federal Poverty Level (\$13,590 for an individual, \$18,310 for two adults, and \$27,750 for a family of four). In terms of the younger population, approximately half (46 percent) of Santa Cruz County students were eligible for the Free Lunch Program. For the older population, approximately six percent of people under 65 years old in the community is uninsured.

According to the National Low Income Housing Coalition's 2024 Out of Reach report, Santa Cruz County is the most expensive metropolitan county in the United States for renters.⁸ Housing costs in Santa Cruz County are extremely high with average apartment rents at \$3,551 per month and median home prices at \$1.2 million both of which are increasing.

⁸ National Low Income Housing Coalition: 2024 Out of Reach report

4. ASSESSMENT TEAM

HOSPITALS AND OTHER PARTNER ORGANIZATIONS

Dignity Health Dominican Hospital collaborated with Sutter Maternity & Surgery Center to prepare the 2025 CHNA.

IDENTITY AND QUALIFICATIONS OF CONSULTANTS

Actionable Insights, LLC, an independent local research firm, conducted the CHNA on behalf of the collaborative. This consulting firm managed the assessment process from planning and conducting primary and secondary research through facilitating the identification and prioritization of community health needs and ultimately writing this report.

For the 2025 CHNA, Actionable Insights fielded a team led by Emma Schifsky, the firm's research and evaluation manager and the firm's co-founders and principals, Jen van Stelle Brozzo, PhD, and Melanie Espino. Actionable Insights specializes in community health needs assessments, conducting 12 CHNAs for hospitals in the greater Bay Area during the 2024–2025 cycle. The firm also specializes in research and evaluation, helping organizations discover and act on data-driven insights.

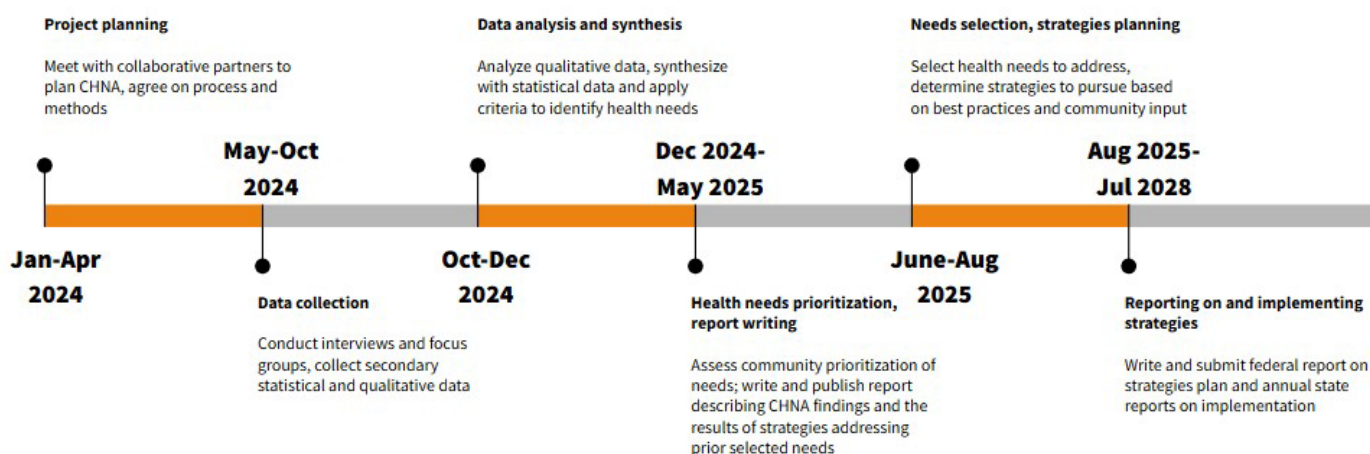
More information about Actionable Insights is available on the company's website.⁹

⁹ www.ActionableLLC.com

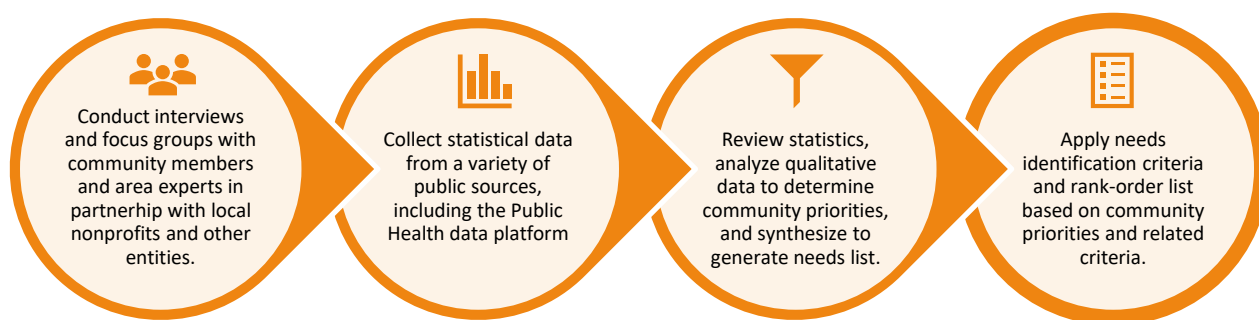
5. PROCESS AND METHODS

The CHNA primary and secondary data collection process took place over eight months in 2024 and culminated in the composition of this report, written in early 2025. The phases of the CHNA process are depicted below and described in this section. The phases of the CHNA process and the follow-on implementation strategy phase are depicted below and described in this section.

The full assessment and implementation process stretches across the arc of a three-year cycle.



The core of the CHNA process comprises data collection, analysis and synthesis, culminating in the development of a community health needs list



PRIMARY DATA COLLECTION (Community Input)

Qualitative data was collected to better understand certain topics and subpopulations that are not well understood through the statistical data. Qualitative data were also relied upon to fill previously identified information gaps for which statistical data remain unavailable.



- Primary research was conducted through **12 key informant interviews** and **2 focus groups**. Three strategies for collecting community input were used:

- Key informant interviews with health experts and community service experts
- Focus groups with professionals who represent and/or serve the community
- Focus groups with community members



- Individuals representing vulnerable populations¹⁰ were included (e.g., unhoused, low-income, communities with inadequate access to clean air and safe drinking water, “minority” groups such as Black, LGBTQ+, or individuals with disabilities, and medically underserved¹¹).



- Input from **34 community members, community leaders, health experts** and representatives of various organizations and sectors informed the 2025 CHNA. These representatives either work directly in the health field or in a community-based organization that focuses on improving health and quality-of-life conditions by serving those of vulnerable populations.



- In generating primary research protocols, prior CHNAs were consulted and built upon to focus and refine the protocol questions and topics.



- Both primary and secondary interviews and focus groups were recorded and transcribed into English.

CHNA Interviews and Focus Groups

Community members, leaders, and local experts/professionals participated in interviews and focus groups. Some interviews and focus groups gathered local information on a certain topic, such as substance use, and some were with vulnerable populations, such as farmworkers.

¹⁰ “Vulnerable” populations, communities, and individuals were formerly referred to as “high-need” populations, communities, and individuals. This term has changed due to statewide regulatory changes under AB 1204. See California Department of Health Care Access and Information. (2022). HCAI Factsheet Hospital Community Benefits Plans: Vulnerable Populations.

¹¹ The IRS requires that community input include the “low-income, minority, and medically underserved populations.” Retrieved from <https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3>



- From March to October of 2024, 12 key informant interviews were held with 15 experts from various organizations in Santa Cruz County. Interviews were conducted virtually via Zoom for about one hour.



- Prior to each interview, participants were asked to complete a short online survey:
 - They were asked to identify the health needs they felt were the most pressing among the people they serve. Interviewees could choose up to five needs from the list presented to them, which had been identified in Santa Cruz County in 2022, or could submit needs that were not on the 2022 list.
 - The survey also explained to interviewees how their data would be used and asked them to consent to participate and be recorded.¹²
 - Finally, participants were offered the option of being listed in the report and were asked, but not required, to provide basic demographic information.



- The discussions centered around five questions for each health need that was prioritized by interviewees in the online pre-survey:
 1. How do you see this need playing out; what do you think creates these issues here?
 2. Which populations or geographic areas in the community are affected more than others?
 3. How has this community need changed in the past few years?
 4. What are the biggest challenges to addressing this need?
 5. What is needed in the community (including models/best practices/key resources) to better address this need?



- Dominican Hospital conducted 2 focus groups with a total of 8 professionals and 10 community members/leaders in June 2024.



- Focus group participants also provided responses to a pre-survey,¹³ and discussions centered on the needs that had received the most votes from prospective participants in the pre-survey. The questions were identical to those asked of key informants, but language was modified appropriately for each audience.

See Attachment 3: Community Leaders, Representatives, and Members Consulted for a list of individuals' focus group or interview details. See Attachment 2: Qualitative Research Materials for protocols used.

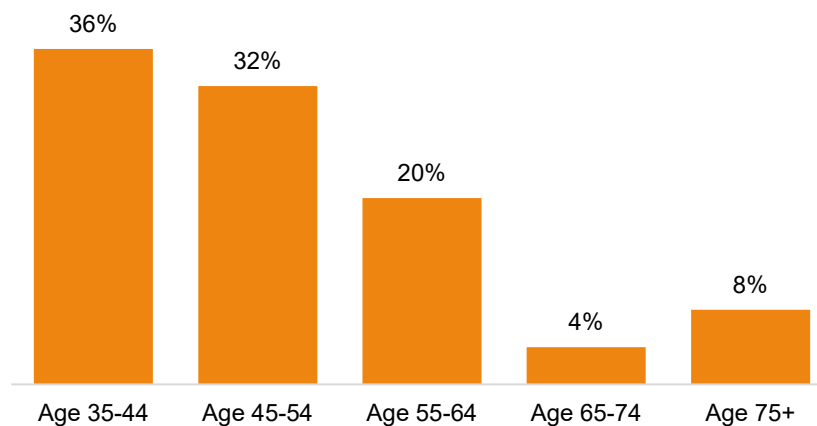
¹² Only individuals who consented to be recorded were interviewed.

¹³ Only individuals who consented to be recorded were included in focus groups. To preserve their anonymity, community members are not listed in the report. Participants in community-member focus groups could take the pre-survey online or on paper. In some cases, participants in the focus groups that were conducted by the public health departments were not asked to provide any demographic information.

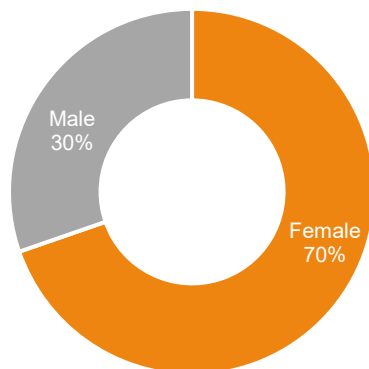
CHNA Participant Demographics

A total of 34 people participated in focus groups or interviews for the CHNA. Almost all (98 percent, N=33) of participants responded to a pre-survey asking simple demographics. The charts below show the age ranges, gender, and race of respondents (note that individuals could choose more than one race).

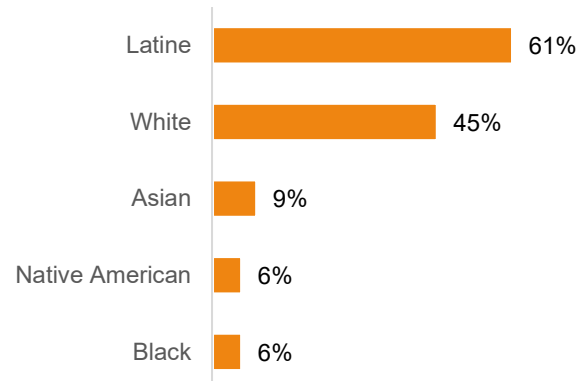
On average, CHNA participants were 50 years old. (N=25)



Over two-thirds of respondents identified as female. (N=33)



Nearly two-thirds of respondents were of Latine ethnicity, while less than half identified as White. (N=28)



SECONDARY STATISTICAL DATA COLLECTION

Data sources were selected to better understand general county-level health, specific vulnerable populations, and to fill previously identified information gaps. Additional data on potential health disparities by race/ethnicity were also analyzed.

Secondary Statistical Data Sources

Over 250 quantitative health indicators were reviewed to assist with understanding health needs in Santa Cruz County and assessing priorities of the communities. DataShare Santa Cruz County data platform was the main statistical data source for the CHNA.¹⁴ Supported by a wide variety of organizations in Santa Cruz County including the county's Public Health Department, DataShare Santa Cruz County is considered "the central hub of information for the county." Supplementary data were collected from other online and public health sources including:

- County Health Rankings & Roadmaps
- KidsData.org
- U.S. Census Bureau
- California Health Maps
- Santa Cruz County Housing for Health Partnership: Point-in-Time Counts
- Secondary reports:
 - National Low Income Housing Coalition's 2024 Out of Reach report
 - Santa Cruz Public Health Community Health Assessment 2024
 - Community Action Board of Santa Cruz County: Community Action Plan Survey 2023
 - Black Health Matters 2021 survey
 - Santa Cruz County Probation Department: Juvenile Probation Division Annual Report 2023

Local quantitative data were compared to state benchmarks (California averages and rates) to help determine the severity of a health issue and to identify disparities. The following questions were asked:

- How do these indicators perform against statewide benchmarks?
- Were there any concerning trends?
- Are there disparate outcomes and conditions for people in the community?

For further details about each of the quantitative health indicators, see Attachment 1: Secondary Data Indicators List.

COMMUNITY ASSETS

Professionals who participated in key informant interviews and focus groups were asked to review the assets list from the prior cycle's CHNA report relating to their area of expertise and to provide updates. This feedback was consolidated by Actionable Insights and the updated assets lists are provided in *Attachment 4: Community Assets and Resources*. These updated lists were

¹⁴ <https://www.datasharescc.org/>

consulted to assess the sufficiency of assets for each health need (see *Data Synthesis* section below).

INFORMATION GAPS AND LIMITATIONS

A lack of publicly accessible data limited our ability to fully assess some health issues that were identified as community needs during the 2025 CHNA and the process of conducting focus groups also presented unique challenges for data collection. Multiple county and non-profit agencies emphasized that their front-line staff was at full capacity and unable to participate in CHNA focus groups. In order to best represent the perspectives and experiences of staff and the vulnerable populations that they serve, Actionable Insights spoke with a wide array of county and nonprofit leaders via key informant interviews. We acknowledge this as a limitation in our 2025 CHNA data.

Additionally, there were some statistical data limitations as some indicators are difficult to measure or are just emerging. Since the purpose of the team's data collection was to take a broad look at health in the county, the team was limited to using a feasible number of data sources over roughly a six-month process. The Datashare data platform was an important resource which provided comparisons to California benchmarks, trends, and data by race/ethnicity. However, the team did note a lack of data for some issues:

- **Childhood diabetes prevalence.** Because childhood obesity has been a topic of concern in previous cycles, hospitals continue to seek data about childhood diabetes as well, but these data are not publicly available.
- **Oral health access and outcomes** (especially by race/ethnicity). Hospitals would like more information about access to dentists and other oral health services, and oral health outcomes data. Community Health Rankings did not provide the ratio of dentists to residents in Santa Cruz County (as it did in other counties).
- **Countywide hospital data.** Emergency Department (ED) visit rates and hospitalization rates can help to shed light on health outcomes, but very little data is available on the public county platform. In addition, hospitals would like to compare local data to California benchmarks, which has presented a challenge to hospitals across California. However, local public health departments are working on these issues for future assessments.
- **Emerging or difficult-to-measure topics.** Some issues are difficult to measure or are just emerging. For example, statistical information related to adult marijuana use is scarce. Additionally, health-related data are rarely broken out by income/socioeconomic status, limiting our ability to understand disparities by income level.

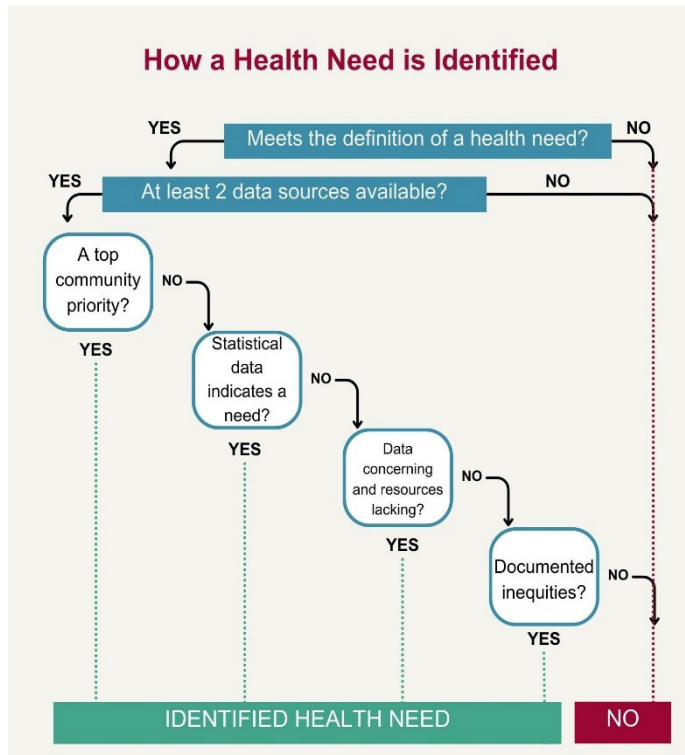
DATA SYNTHESIS

IDENTIFICATION OF COMMUNITY HEALTH NEEDS

Statistical data were reviewed for their magnitude and severity in relation to established benchmarks (California state rates and averages). Through qualitative research software tools, transcripts were analyzed to identify common themes relevant to community priorities. To further assess community priorities, the number of times health needs had been prioritized by each of the focus groups and key informant interviews was tabulated.

To be identified as one of the community's prioritized health needs, an issue had to meet certain criteria, described below, and shown in the diagram.

Health needs were identified using a set of collaboratively agreed-upon criteria.



DEFINITIONS

Data source: Either a statistical dataset, such as those found throughout the California Cancer Registry, or a qualitative dataset, such as the material resulting from interviews and focus groups.

Health risk: A behavioral, social, environmental, economic, or clinical care factor that impacts health. May be a social determinant of health.

Health need: A poor health *outcome* and its associated *risk(s)*, or a risk that may lead to a poor health outcome.

Health outcome: A snapshot of a disease/health event in a community that can be described in terms of both morbidity (illness or quality of life) and mortality (death).

Health indicator: A characteristic of an individual, a population, or an environment that can be measured (directly or indirectly) and used to describe one or more aspects of the health of an individual or population.

Criteria for Health Need Identification

1. Meets the definition of a health need (see the Definitions box above).
2. At least two data sources for the health issue are available for the service area.
3. Meets the community priority criterion: Prioritized (i.e., voted in top five to discuss) by at least one-half of all community input cases (interviews and focus groups combined) OR
4. Meets the statistical data criteria:
 - a. Multiple indicators are worse than the state by 5% or more, or
 - b. At least one indicator is worse (or worsening) and there are few available resources, or
 - c. Multiple inequities by race/ethnicity are a concern.

The team analyzed data on a variety of issues, including secondary statistics (e.g., from DataShare Santa Cruz County) and primary and secondary qualitative data from focus groups and key informant interviews. Then, the criteria listed in the diagram above were applied to the synthesized data for each issue to evaluate whether each one qualified as a prioritized health need. In 2025, this process led to the identification of 9 community health needs that met all of the criteria. The list of needs, in priority order, is found on page 27.

PRIORITIZATION OF HEALTH NEEDS

Dominican gathered the Dominican Community Advisors (DCA) group to prioritize (rank) the health needs list generated from the CHNA. The group met on February 19, 2025. After making a presentation of the data that support the health needs list, Actionable Insights introduced the prioritization criterion (below) and then distributed a survey to participants.



Community priority. The community prioritizes the issue over other issues about which it has expressed concern during the CHNA primary data collection process. Score generated by Actionable Insights.



Disparities/inequities exist. This refers to differences in health outcomes by subgroups. Subgroups may be based on geography, languages, ethnicity, culture, citizenship status, economic status, sexual orientation, age, gender, or others. Scored by DCA based on expertise and knowledge.

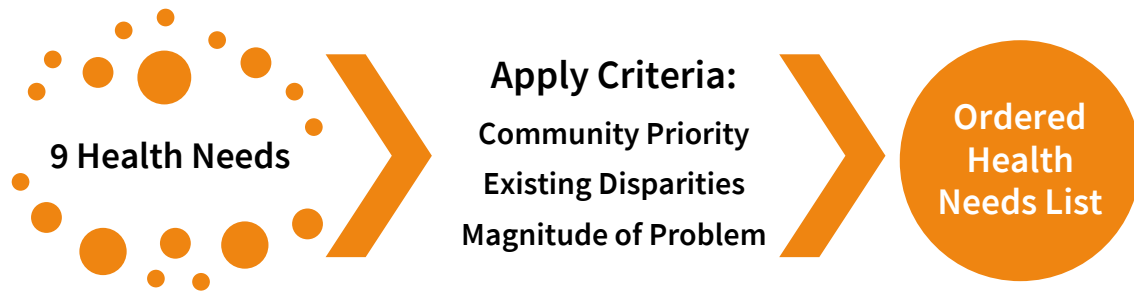


Magnitude/scale of the problem. This refers to the fact that the health need affects a large number of people within the community. Scored by DCA based on expertise and knowledge.

The following sixteen DCA members ranked the health needs:

- Anthony Pagliaro, Chief Philanthropy Officer, Dominican Hospital Foundation
- Carol Lezin, Board Member, Dominican Hospital
- Danielle Solick, Health Services Director, Santa Cruz Community Health Centers
- David Brody, Executive Director, First 5 Santa Cruz County
- Dominique Hollister, Director Administrative Services & Community Benefit, Dominican Hospital
- Eric Conrad, Chief Nurse Officer, Dominican Hospital
- Greg Whitley, MD, Chief Medical Officer, Dominican Hospital
- Isaac Chankai, MD, Physician Advisor, Dominican Hospital
- Jared Marks, Director of Mission Integration and Patient Experience, Dominican Hospital
- Karen Gosling, Director of Health and Rehabilitation, Dominican Hospital
- Nan Mickiewicz, MD, President and Chief Executive Officer, Dominican Hospital
- Nash Solano, Social Worker, Dominican Hospital
- Rachel Howley, Vice President of Ancillary Services, Dominican Hospital
- Shebreh Kalantari-Johnson, City of Santa Cruz, Councilmember
- Sonya Drottar, Director of Care Coordination, Dominican Hospital
- Susan MacMillan, Board member, Dominican Hospital Foundation

The prioritization process involved applying the prioritization criteria to the 9 identified health needs to generate an ordered needs list.



Actionable Insights merged the DCA's responses with the pre-scored criteria to generate Dominican's final list of 2025 Prioritized Health Needs.

6. PRIORITIZED 2025 COMMUNITY HEALTH NEEDS

Based on the criteria described above, Dominican prioritized the following 9 health needs, presented below in priority order (with 1 being the highest priority). A summarized description of each need in Santa Cruz County is provided in this section.

1. Housing & Homelessness
2. Behavioral Health
3. Health Care Access & Delivery
4. Education
5. Economic Insecurity
6. Community Safety
7. Maternal & Infant Health
8. Healthy Lifestyles
9. Cancer

As stated in the introduction to this report, the definition of “community health” in this assessment goes beyond traditional measures of the physical health of community members to include broader social determinants of health, such as access to health care, affordable housing, education, and employment. This more inclusive definition reflects the understanding that many factors impact community health.

Through this CHNA, the community identified that social determinants of health underlie many health needs in addition to being identified as needs in and of themselves. CHNA participants frequently mentioned economic challenges, including low-wage jobs, food insecurity, and housing instability, as underlying factors contributing to poor health outcomes. Many participants highlighted behavioral health as a major issue, particularly substance use and the opioid crisis that is compounded by economic insecurity, housing instability, and healthcare access.

When describing populations who were most greatly affected by the needs, participants frequently named low-income individuals and families, youth, older adults, BIPOC (Black, Indigenous, and people of color, in particular Latine) communities, immigrants (including the undocumented), people not proficient in English, agricultural workers, South County residents, LGBTQ+ communities, and individuals experiencing homelessness.

When asked about the healthiest characteristics of their community, CHNA participants emphasized the abundant access to natural environments that foster healthy lifestyles as a standout strength. They also highlighted a strong sense of community resilience and family-oriented support, complemented by robust collaborations among agencies that play a vital role in promoting community health, particularly for the populations in need mentioned above.

"We have strong intergenerational ties. That's actually protective. It makes for a strong community sense. We really look out for one another, try to take care of one another." –Care Provider

Housing & Homelessness

Housing is not just about having a place to live – it includes ensuring that place is safe, stable and affordable. Housing and homelessness was unanimously identified by all focus group and key informant interviews as one of the most pressing health needs in Santa Cruz County.

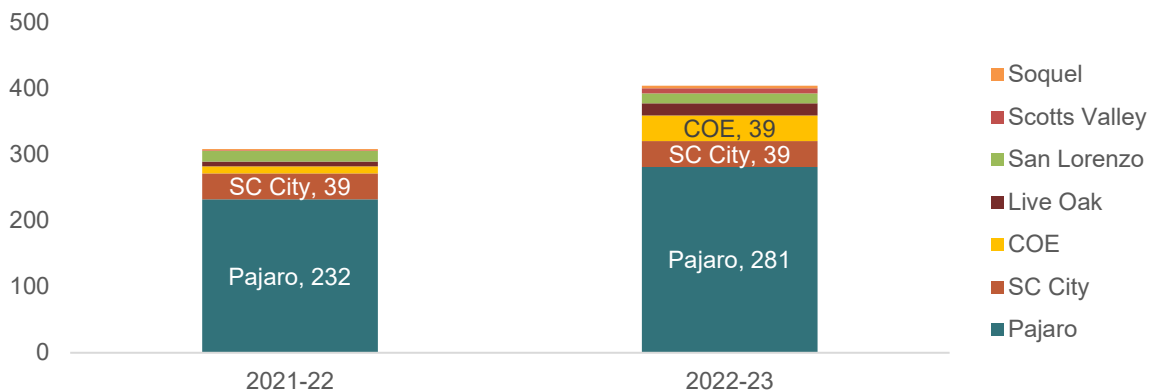
According to the National Low Income Housing Coalition's 2024 Out of Reach report, Santa Cruz County is the most expensive metropolitan county in the United States for renters.¹⁵ Housing costs in Santa Cruz County are extremely high with average apartment rents at \$3,551 per month and median home prices at \$1.2 million. Wages in the county are insufficient to meet the high housing costs, with 20 percent of residents spending half of their income on housing costs, compared to 19 percent in California. Furthermore, nearly half (40 percent) of all households spend over a third of their income on housing, making financial stability unattainable for many. The National Low Income Housing Coalition report found that a full-time worker would need to earn more than \$63 per hour (an annual income of \$131,720) to afford a two-bedroom apartment in Santa Cruz County. CHNA participants reported that overcrowded housing conditions are a result, particularly in South County, where multiple families often share single dwellings in order to afford housing costs—a problem exacerbated by the COVID-19 pandemic.

“I firmly believe that the real solution to homelessness is closing the gap between incomes of people and the cost of housing.” – Care Provider

Although the number of unhoused individuals reached its lowest in 2023 since 2017, Santa Cruz County continues to have a high proportion of unsheltered individuals, at 79 percent of the homeless population. Additionally, 81 percent of homeless individuals are White, compared to 58 percent of the county's total population. The proportion of homeless students in the county far surpasses the state average. In 2021, the percentage of homeless students during the school year was over double that in California (10 percent compared to four percent). During the 2022-23 school year, vulnerable student populations (i.e., those living in shelters, motels, or unsheltered) rose by 31 percent compared to the previous school year. The number of students living in vulnerable living conditions is particularly high in the South County Pajaro Valley Unified School District.

¹⁵ National Low Income Housing Coalition's 2024 Out of Reach report

Number of Students in Vulnerable Living Conditions by School Year



CHNA participants emphasized that economic insecurity is a key driver of homelessness, leaving low-income individuals particularly vulnerable to losing housing. They highlighted structural inequities—such as racial disparities, language barriers, and cultural factors—that disproportionately impact minorities and non-English-speaking residents. In particular, African Americans, Native Americans, LGBTQ+ individuals, and seniors are significantly overrepresented among the unhoused population. A CHNA expert noted the rate of homelessness is rising among older adults, especially those aged 55 and above.

CHNA participants stressed that current efforts to address homelessness largely focus on short-term crisis interventions, such as temporary housing, rather than tackling the root economic causes of the issue. They note that this approach fails to provide sustainable solutions, leaving many without a pathway to stable housing. CHNA experts expressed that homelessness significantly impacts physical and mental health and the strain on the healthcare system is evident, as homelessness leads to frequent emergency department visits and discharge issues. They also noted challenges in securing consistent primary or behavioral health care as many unhoused individuals struggle with severe mental health issues and substance use disorders. They note that barriers to care, including limited access to medications, difficulty attending appointments, and the prevalence of trauma-related conditions, further exacerbate their vulnerabilities.

"Homelessness is bad for our health. And so that contributes to more healthcare utilization in general. And people experiencing homelessness are often operating in day-to-day survival mode." – Care Provider

Behavioral Health

Behavioral health — encompassing mental health, trauma, and substance use — is a critical concern in Santa Cruz County and was the second highest health priority by focus groups and key informants.

Most participants noted a significant rise in mental health issues, fueled by economic pressures and the aftermath of the COVID-19 pandemic, including increased anxiety, depression, and feelings of isolation. Santa Cruz County adults reported higher rates of mental distress and serious psychological challenges compared to state averages. Suicidal ideation among adults is also on the rise with the suicide rate over one-third higher than the state (15.1 per 100,000 vs. 11.0), particularly among White residents (16.9). CHNA participants noted that older adults face heightened isolation and loneliness, while similar issues are emerging among younger populations.

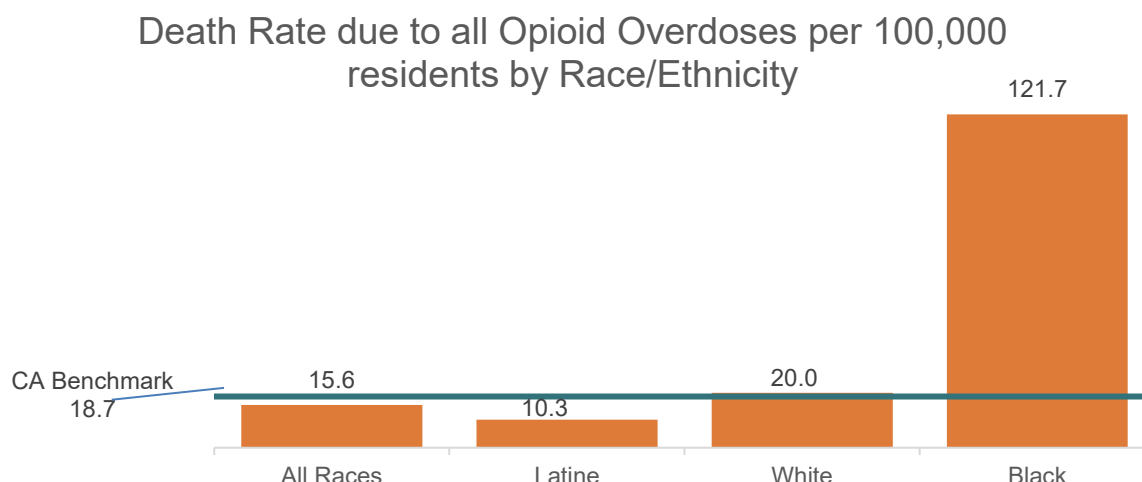
Youth mental health needs are a growing concern among CHNA participants, with increased anxiety, depression, and behavioral challenges observed as early as kindergarten. Participants linked these issues to childhood trauma, abuse, and neglect, exacerbated by COVID-19 lockdowns. Additionally, children in Santa Cruz County have statistically more adverse experiences compared to the state. Adolescent depression is notably higher among female, Black, Pacific Islander, and LGBTQIA+ students, with females experiencing rates twice as high as their male peers. Mental health challenges now account for one-fourth (25 percent) of child hospitalizations, a figure higher than the state and neighboring counties, emphasizing the urgent need for more school-based mental health services. However, the county faces a severe shortage of school psychologists, with a ratio of 2,563 students per psychologist compared to the state's 1,041-to-1. Participants in the Santa Cruz County Public Health Community Health Assessment (CHA) observed that youth mental health services are often inaccessible until issues become moderate or severe, when billing becomes possible. They noted that prevention efforts frequently lack funding, contributing to this gap in care.¹⁶

*"Mental health is a big concern. It's something we're constantly trying to keep on top of, but the demand is just so high for our [mental health] services." -
Care Provider*

CHNA participants expressed that substance use often intersects with mental health challenges as a coping mechanism and form of self-medication. Youth in Santa Cruz County use alcohol and drugs at higher rates and younger ages than their peers statewide, with 7th-grade alcohol use twice the state average. Alcohol is also an issue among adults, with excessive drinking and alcohol-impaired driving deaths exceeding state levels, which CHNA participants equated to the normalization of alcohol in society. In addition to alcohol, opiates and methamphetamine were identified by CHNA participants as the most commonly abused substances. Opioid-related deaths are 55 percent higher than the state average, with Black residents experiencing eight times higher opioid mortality than the county. In particular, the majority of participants identified the rapid rise in fentanyl use and overdoses as an urgent public health crisis, emphasizing that many overdoses occur unintentionally due to fentanyl being unknowingly mixed with other drugs. Harm reduction strategies, such as increased availability of Narcan and education about

¹⁶ Santa Cruz Public Health Community Health Assessment 2024

fentanyl risks, were emphasized as crucial steps. Positive collaboration between law enforcement, hospitals, and community agencies was also seen as vital by participants, particularly in addressing fentanyl-related crises, for example, the sheriff's office has established a task force to tackle this growing issue.



CHNA participants emphasized that high housing costs, homelessness, and financial instability, significantly contribute to mental health and substance use challenges, highlighting that unhoused individuals experience higher rates of trauma, mental illness, and substance use. However, participants also indicated that substance use is seen across all demographics, but is often more visible among the homeless population, leading to a misconception that it is primarily a problem within this population. CHNA participants explained that co-occurring mental health and substance use disorders complicate treatment due to the lack of integrated care between services. Participants note that veterans and LGBTQ+ individuals are particularly vulnerable to co-occurring mental health and substance use issues.

"I think that there's a lot of despair. I think this is kind of where economic insecurity and poverty tie into it. They have difficult lives, and [substances] are kind of a way to escape that." -Care Provider

CHNA participants note that access to behavioral health care remains a significant challenge due to the growing demand for services, resulting in long waitlists, limited psychiatric beds and provider shortages. Participants highlighted that this shortage is exacerbated by high living costs in the region, which deter mental health professionals from working locally, further straining the system. Geographic disparities also play a role, with CHNA participants noting that South County residents have fewer resources and greater difficulty accessing care compared to their counterparts in North County. They also noted that structural issues, including stigma, cultural factors, and language barriers, deter many—particularly within the Latine community—from seeking services. Participants noted that while telehealth has improved access for some, it does not address systemic limitations, such as insurance issues, low reimbursement rates and a lack of integration between mental health and primary care services.

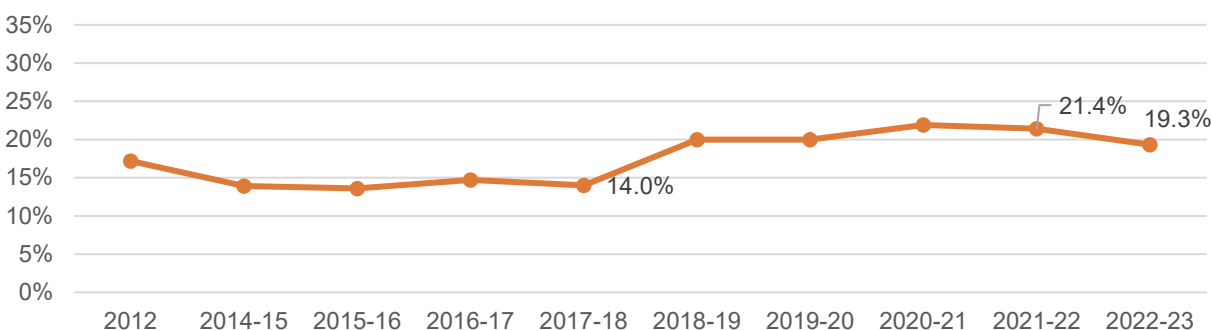
Health Care Access & Delivery

Health care access and delivery was the fourth highest priority health need in interviews and focus group discussions.

High costs of medical and dental care were frequently cited by CHNA participants as major barriers, particularly for individuals who earn too much to qualify for Medi-Cal but struggle to afford private insurance or out-of-pocket costs. Santa Cruz County has a higher percentage of uninsured children (four percent) compared to the state (three percent), but CHNA participants note that even families or individuals with insurance often find the remaining out-of-pocket expenses overwhelming. Many CHNA community members felt their insurance did not adequately cover necessary medical expenses, especially for dental care and specialized treatments. CHNA experts mentioned that healthcare providers often struggle to offer comprehensive care, including necessary follow-ups and specialized treatments, due to low Medi-Cal reimbursement rates. These rates make it difficult for providers to cover costs and sustain their operations. On the other hand, participants noted that private insurance provides less coverage than Medi-Cal for mental health services, contributing to disparities in care.

Participants cited a shortage of healthcare providers in the area resulting in long wait times and difficulties in obtaining timely care. For example, the ratio of school nurses to students is almost three times worse in Santa Cruz County (6,512 students per nurse) than the state (2,410:1). Insurance barriers further limit provider options, resulting in delayed medical appointments, particularly for urgent needs. The percentage of people reporting delays or difficulty receiving necessary medical care was approximately one-third higher in Santa Cruz County than in the state (21 percent versus 17 percent), with adult patient delays increasing over time. CHNA participants highlighted language barriers, especially for indigenous populations like the Mixteco community. They noted that the shortage of bilingual providers and interpreters further complicates access to healthcare for non-English speakers. Although adults in the county are more likely to have had a routine check-up compared to adults in the state, disparities exist for Asian and multiracial residents. Additionally, preventable hospital stays for the Medicare population are better than the state average, but higher for Black and Latine residents.

People Delayed or had Difficulty Obtaining Care: 2012-2023



"I think our ability to provide timely access - I think we're all sort of struggling with timely access to care that we're trying to create for our patient population." -Care Provider

Systemic issues in healthcare delivery were central themes, with many participants noting the need for better coordination between hospitals, clinics, and mental health services. The adoption of shared electronic health record systems like Epic was seen as a positive step, but gaps remain in data sharing and care coordination. Improved integration between primary care and mental health services was identified by participants as crucial, particularly with limited provider availability for children and those needing long-term mental health care. Participants also emphasized the need for better transportation options to healthcare facilities, with CHA participants noting that this is especially needed for veterans who need to go out of county for Veterans Affairs (VA) care.¹⁷ Transportation barriers are also present for South County residents as county resources are more concentrated in North County despite a significant Medi-Cal population in the south. Participants suggested community-based solutions, such as mobile health units, to deliver basic health services and education, reduce hospital visits, and build stronger primary care relationships. Increasing the number of healthcare providers was also seen as essential to meet the growing demand for services.

Economic instability and financial insecurity were also recurrent themes in the discussions about healthcare access. Many CHNA participants reported that low-income residents are often forced to choose between essential expenses like food and healthcare. CHNA experts reported that homeless individuals face additional challenges, often relying on emergency departments for care due to difficulty managing regular healthcare appointments. Economic instability is a particular challenge in accessing oral health. Several participants noted that dental insurance often does not cover enough, leaving significant out-of-pocket expenses even for those who do have insurance, let alone those who do not. There is also a shortage of dental providers leading to long wait times. The low supply of providers coupled with financial instability and lack of insurance further compounds the difficulty of accessing timely need dental care, especially for seniors and immigrants as noted by participants.

¹⁷ Santa Cruz Public Health Community Health Assessment 2024

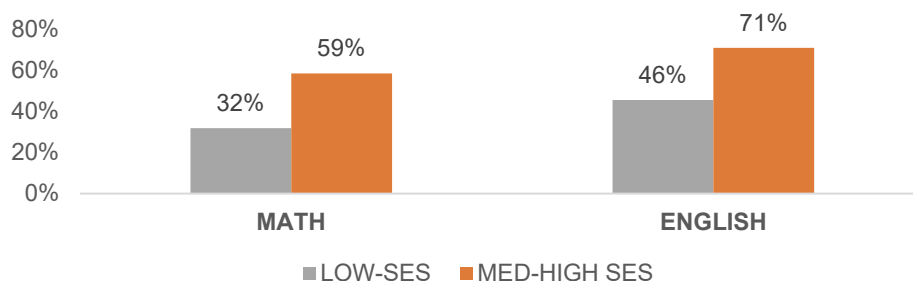
Education

Participants praised the quality of schools in Santa Cruz County; however some educational outcomes are statistically worse compared to the state with racial and economic inequities.

A higher percentage of Santa Cruz County students are dropping out of high school compared to the state (12 percent compared to nine percent). There are racial disparities, with a higher percentage of Latine students dropping out of high school compared to the county. The proportion of high school graduates prepared for college is smaller than the state and continues to decrease. These challenges are compounded by the fact that Santa Cruz County spends less per pupil than the statewide average.

Economic challenges, such as high rent and food costs, were identified by CHNA participants as significant barriers that can affect students' ability to focus on their education. Participants expressed concerns about the impact of economic insecurity on families, which can lead to stress and anxiety that negatively affect children's educational experiences. CHA participants noted that youth are asked to take on adult roles and responsibilities because parents cannot afford basic needs like childcare.¹⁸ For example, 11th Graders from low socioeconomic families are less likely to meet grade-level standards for English and Math than those with more resources. There are also racial disparities with Black and Latine 3rd graders having poorer math and reading grades than other racial groups in the county. However, reading performance is a broader issue, with average scores for county 3rd graders falling below the state average.

Percentage of Third Graders Meeting Math and English Standards by Socioeconomic Status



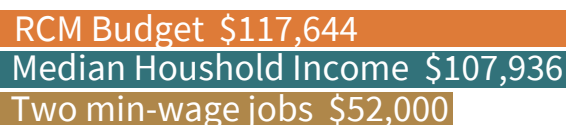
Early interventions and parenting education programs, such as the Healthy Steps model, were recognized by a CHNA expert as essential for fostering early childhood development by emphasizing the importance of talking, singing, and reading to children. There is also a need to increase student support within schools, as the student-to-counselor, social worker, and school specialist ratios in Santa Cruz County are worse than the state average, leaving many students without adequate access to these critical resources.

¹⁸ Santa Cruz Public Health Community Health Assessment 2024

Economic Security

Economic security, including food security, was the third highest-priority health need in interviews and focus group discussions.

The high cost of living in Santa Cruz County, including housing costs, gasoline, and food was identified by many CHNA participants as significant burdens for many community members. The Real Cost Measure (RCM), which estimates the minimum income needed to cover basic needs based on the region, was \$117,644 for a family of four in Santa Cruz County in 2021, nearly \$10,000 more than the county's median household income in the same year. A third of households fell below this threshold, despite almost all (96 percent) of those households having employed members. Economic inequities are pronounced, with 58 percent of Latine residents living below the Real Cost Measure compared to 25 percent of White residents, who also have the county's highest median income.



Economic challenges are exacerbated for unemployed individuals and the county's unemployment rate is 30 percent higher than the state in 2025. Many participants mentioned that even with jobs, wages are insufficient to cover basic living expenses. They noted that many families live paycheck to paycheck, facing constant risks of homelessness due to insufficient wages, and restrictions on working hours (e.g., overtime regulations) further exacerbate financial instability. The National Low Income Housing Coalition report found that minimum wage earners in Santa Cruz County would need more than four full-time jobs to cover the county rent costs.¹⁹ This is particularly true for non-English speakers, as a 2023 community survey conducted by the Community Action Board of Santa Cruz County found that over half (57 percent) of survey participants felt that pay was too low to cover the cost of living, however 89 percent of indigenous language speakers (e.g., Mixteco) surveyed expressed this compared to 57 percent of Spanish speakers and 45 percent English speakers.²⁰

Participants highlighted the interconnected nature of housing affordability, workforce challenges, and the high cost of living. They noted that workforce shortages, particularly in community health centers and nonprofits, are worsened by the high cost of living, making it difficult to recruit and retain employees. Participants emphasized leveraging local talent, such as students and faculty from UC Santa Cruz and Cabrillo College, to support workforce development and retain workers within the county.

"Economic stability also has a lot to do with the dollar... we have to take on an extra two- or three-hour job somewhere else to be able to complete those expenses we already have." -Community Member

¹⁹ National Low Income Housing Coalition: 2024 Out of Reach report

²⁰ Community Action Board of Santa Cruz County: Community Action Plan Survey 2023

CHNA participants expressed that economic challenges force many residents to prioritize basic necessities like food and clothing over healthcare and other needs. Food insecurity is higher in Santa Cruz County than the state average (10 percent compared to nine percent), with participants observing that families often turn to fast food as a cheaper alternative to nutritious meals, exacerbating health issues. Participants also recognized that financial instability limits access to healthcare and dental services, contributing to untreated medical conditions. In addition to physical healthcare barriers, they linked financial stress to anxiety and emotional distress, compounding mental health concerns.

"I think that is our biggest problem right now in terms of... medical care... because right now we are only earning enough to eat and clothe."
-Community Member

Economic challenges are particularly tough for families, with rising childcare costs making it difficult for parents to find affordable care. CHA parents reported that finding quality, affordable childcare in the area was a "very serious" or "somewhat serious" problem.²¹ This is particularly true for single mothers in Santa Cruz County; 60 percent fall below the Real Cost Measure and gender pay equity in the county is lower than the state average. While the percentage of children in poverty is lower than the state overall, it is rising, with a higher percentage of Latine children experiencing poverty compared to other groups.

Agricultural workers, many of whom are immigrants, were frequently mentioned as a group facing significant economic challenges and poor living conditions, particularly in South County. They noted that immigrants without legal status face additional economic hardships, as they often lack access to benefits and must navigate more complex employment situations. The 2023 Community Action Board survey found significant associations with economic challenges for farmworkers, including income to cover cost of living, unsteady work, caregiving limiting work, and not qualifying for public insurance. The survey also found a significant difference between North and South County in terms of economic and housing security. For example, 66 percent of South County survey respondents noted that their pay was not high enough for the cost of living versus 42 percent in North County. Additionally, the proportion of South County survey respondents who noted that rent was unaffordable was nearly three times that of North County respondents (40 percent compared to 15 percent).²²

CHNA participants note that older adults, especially those on fixed incomes, are also struggling with the rising cost of living, including housing, food, and utilities. Although poverty among older adults is lower than the state average, it is increasing, and the older adult population continues to grow in the county.

²¹ Santa Cruz Public Health Community Health Assessment 2024

²² Community Action Board of Santa Cruz County: Community Action Plan Survey 2023

Community Safety

Community safety in the county, including intentional violence and unintentional injuries, has statistical outcomes that are worse than the state, including racial disparities.

The county injury death rate, including both intentional and unintentional injuries, is 26 percent higher than the state with unintentional injuries as the second leading cause of death in Santa Cruz County. Hospitalizations for childhood poisoning are also above state levels, and higher proportions of children aged 0-5 and youth aged 6-20 have very high blood lead levels (at least 9.5 mcg/dL) compared to children statewide.

Emergency response delays and the high costs of emergency care were highlighted by CHNA community members who reported that ambulances can take up to an hour and a half to arrive in some areas, raising serious concerns during critical emergencies. One participant shared being charged \$1,000 for emergency transport, underscoring the financial burden of injuries.

In terms of crime overall, the adult arrest rate is 54 percent higher than the state with Black and Latine residents facing higher arrest rates than other racial/ethnic groups in the county. Juvenile felony arrest rates were also above the state average in 2020; however the 2023 Juvenile Probation Annual Report highlights notable improvements, including a 41% decrease in the average juvenile hall population since 2017, bringing it down to just 10.²³ Similarly, gang membership among 11th graders is decreasing in the county, however it remains higher for Asian and Black students compared to their racial peers statewide. One participant noted an increase in abuse and neglect referrals following COVID-19 lockdowns, raising concerns about domestic safety.

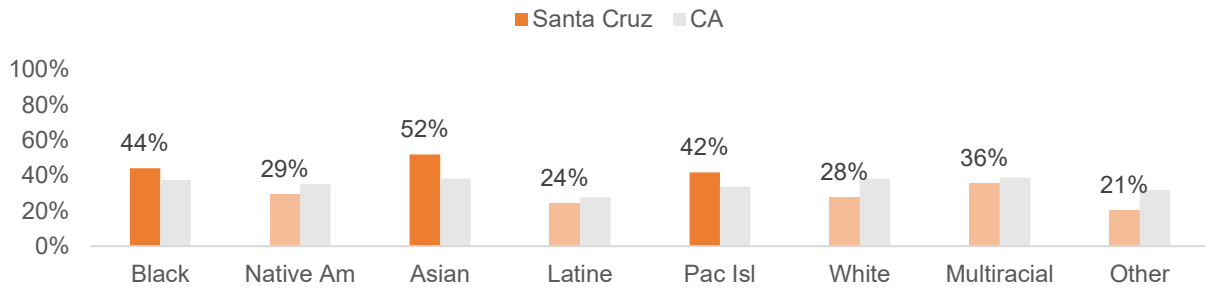
At schools, safety remains an issue for many children, particularly for Black students that report feeling unsafe at higher rates than their Black peers statewide. In a 2021 survey conducted by Black Health Matters, 35 percent of respondents reported experiencing systemic racism “often” or “very often” in Santa Cruz County.²⁴ Additionally, Black, Asian, and Pacific Islander students report higher rates of bullying and harassment compared to their statewide peers. One CHA expert expressed concern about LGBTQIA+ children facing bullying and noted that many are turning to homeschooling as a result, which may have negative impacts on socialization in the future.²⁵ Additionally, a CHA expert noted that schools are reporting increases in aggression and violence, underscoring a need to expand resources and after-school programs to provide children with a safe outlet.²⁵

²³ Santa Cruz County Probation Department: Juvenile Probation Division Annual Report 2023

²⁴ Black Health Matters 2021 survey. Retrieved from Santa Cruz Public Health Community Health Assessment 2024

²⁵ Santa Cruz Public Health Community Health Assessment 2024

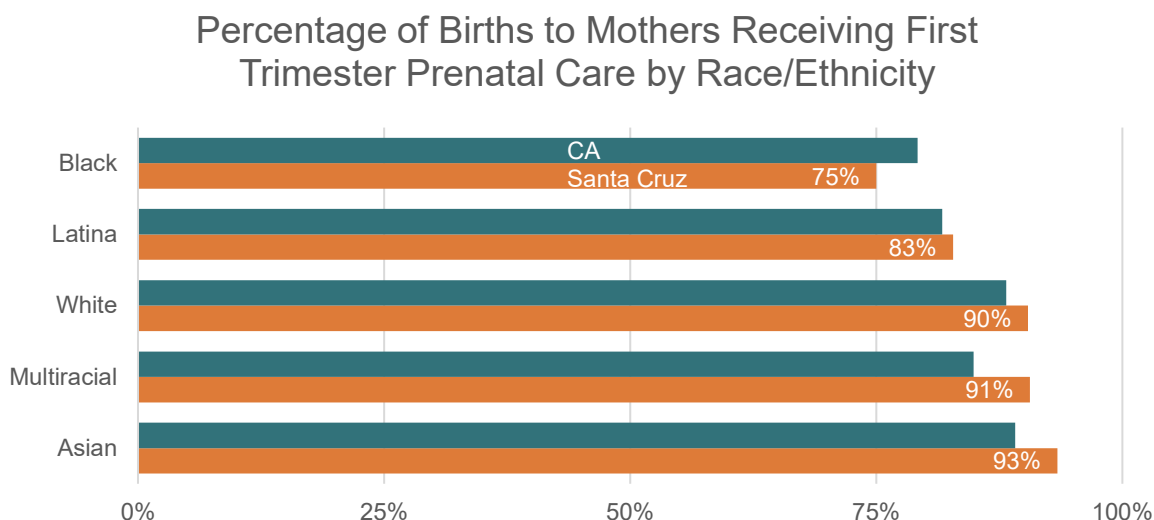
Percentage of Public School Students (Grades 7, 9, 11) Bullied/Harassed



Maternal & Infant Health

Maternal and infant health outcomes in Santa Cruz County are statistically better than the state, however significant racial inequities exist.

Although a higher percentage of Santa Cruz County mothers receive prenatal care within the first trimester compared to California as a whole, Black and Latina mothers are significantly less likely to access this care compared to other racial and ethnic groups in the county. Additionally, fewer Black mothers in Santa Cruz County receive first-trimester care compared to their Black peers statewide.



Economic challenges were frequently identified as a significant barrier to consistent and quality maternal and infant healthcare. Many participants reported a severe lack of prenatal and postpartum care, particularly clinics that accept those on Medi-Cal or without insurance, leading to long wait times for appointments and inadequate care for low-income mothers.

One CHNA participant expressed that midwifery and doula services play a critical role in improving maternal and infant health outcomes. They advocated for better integration of these services into the healthcare system, emphasizing that midwifery and doula care often involve longer, more personalized, and more frequent prenatal visits. Improved collaboration between doulas, midwives, and obstetrician-gynecologists was suggested as a key strategy to enhance care quality.

"If we lean into the midwifery model of care, even for those who are high risk pregnancies and need obstetric intervention, we see significantly longer prenatal visits. We see those visits happening more often." -Care Provider

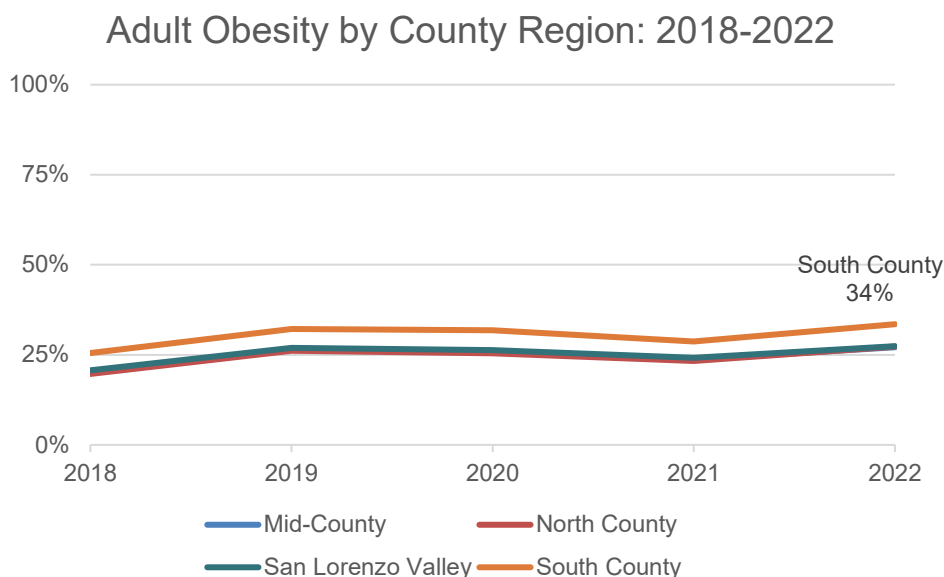
CHNA participants also identified a pressing need for better training among hospital staff to address maternal health issues, including culturally competent care and mental health support. Statistics show that this is particularly important for serving diverse populations, such as Latina mothers, who face disproportionately high teen birth rates, infant mortality rates, and rates of

low birthweight compared to the county. Additionally, Black infants in Santa Cruz County are born with lower birthweights compared to infants across the county, further underscoring the racial inequities in maternal and infant care for Latina and Black mothers in the county.

Healthy Lifestyles

Santa Cruz County residents generally exhibit healthier lifestyle outcomes than California residents overall, including lower rates of diabetes, obesity, and higher levels of healthy eating and active living. However, significant racial and geographic disparities persist.

CHNA participants praise the county's natural environment—beaches, mountains, and green spaces—for supporting outdoor activities like hiking, biking, and surfing. Yet, South County lacks the green spaces and recreational infrastructure available in North County, with one CHNA expert hypothesizing that this may contribute to less physical activity in this region. For instance, South County adults have historically been more obese than other regions in county. Although Santa Cruz County has lower rates of overweight or obese adults than the state, the proportion is still high (56 percent) and while rates are improving, disparities remain, particularly among White and Latine residents. Similarly, while Santa Cruz County youth fitness standards tend to be better than the state, Latine youth in 5th, 7th and 9th grade tend to be less physically fit and more overweight compared to their peers.



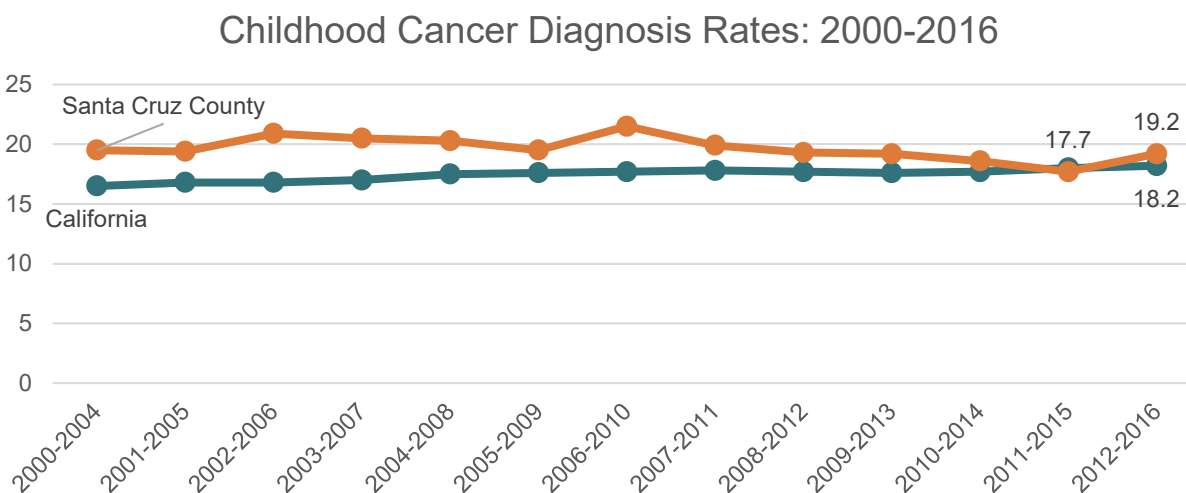
Access to healthy food also reveals inequities. The Food Environment Index (FEI), which measures the accessibility and availability of healthy food on a scale from 0 to 10 (with 10 being the best), ranks Santa Cruz County at 8.2, falling below the state average of 8.8. Additionally, five percent of the county's population is low-income and lacks proximity to grocery stores, compared to three percent statewide. Organizations like Second Harvest Food Bank and Community Health Trust of Pajaro Valley were highlighted as improving access to fresh produce and food vouchers. However, CHNA participants highlighted that economic insecurity forces many residents—especially low-income and agricultural workers—to prioritize cheaper fast food over nutritious meals. They expressed that high living costs and limited education on healthy meal preparation exacerbate these challenges.

"Because of the high cost of living, where people are making really specific decisions about how to stretch their money, food distributions are essential."
-Care Provider

Diabetes is less of an issue in Santa Cruz County compared to the state, with lower rates among the Medicare population and fewer hospitalizations for children. However, one CHNA expert noted disproportionate rates of obesity and prediabetes among children of color who live in ZIP codes with the highest percentage of poverty. One CHNA participant praised Salud Para La Gente's "Fit and Healthy" program, which is a shared medical appointment for adults with diabetes that includes accessible nutrition education and physical activity classes.

Cancer

Cancer is the leading cause of death in Santa Cruz County, with notable disparities and areas of concern. Childhood cancer rates, historically higher than the state, showed improvement after 2010 but may be rising again, increasing from 17.7 per 100,000 (2011-2015) to 19.2 (2012-2016), compared to California's 18.2. White children in Santa Cruz County have higher cancer rates than both state averages and their White peers statewide.



Breast cancer rates in Santa Cruz County exceed state averages and are increasing, with inequities in preventive care—Black and Latine Medicare women (aged 65-74) are less likely to receive annual mammograms compared to other racial/ethnic groups (29 and 31 percent, respectively, compared to 36 percent in the county). Lung and bronchus cancer rates are lower than the state, yet adult smoking prevalence is higher. Similarly, while colorectal cancer incidence and mortality rates are better overall, White residents in the county have higher colorectal mortality rates than the local average.

Many CHNA participants expressed how high treatment costs and limited insurance coverage remain significant barriers to healthcare access, especially for older adults on fixed income. While the cancer incidence rate among the older Medicare population is lower than the state, it continues to rise. Participants emphasized the need for more affordable healthcare and better coverage to ease the financial strain of treatments.

General preventive care and early detection efforts were highlighted as priorities by CHNA community members, with suggestions for hospitals to expand community outreach and education, for example through mobile health clinics. Emotional well-being and mental health support were also identified as crucial components of comprehensive care.

7. COMMUNITY RESOURCES

In Santa Cruz County, community-based organizations, government departments and agencies, hospitals and clinics, and other entities strive to address many of the health needs identified by this assessment. Hospitals and clinics are listed below. (For other key resources available to respond to community health needs, see Attachment 4: Community Assets and Resources.)

HOSPITALS

- Dignity Health Dominican Hospital, Santa Cruz
- Sutter Maternity & Surgery Center, Santa Cruz
- Watsonville Community Hospital, Watsonville

CLINICS

Many community health care clinics in Santa Cruz County are funded in part by nonprofit hospitals, private donors, and health care districts.

- Cabrillo College Student Health Services, Aptos
- Clínica Del Valle del Pajaro, Watsonville
- Dientes Community Dental, City of Santa Cruz
- Dignity Health Medical Foundation (multiple locations²⁶)
- Dominican Hospital Mobile Clinic
- Dominican Physical Medicine & Rehabilitation, City of Santa Cruz
- Homeless Persons Health Project, City of Santa Cruz
- Immunization Clinics (countywide)
- Janus of Santa Cruz Community Clinic, City of Santa Cruz
- Palo Alto Medical Foundation (multiple locations²⁷)
- Planned Parenthood Mar Monte Health Center, Watsonville
- Salud Para la Gente, Watsonville
- Santa Cruz County Medical Society, City of Santa Cruz

²⁶ For locations, see <https://www.dignityhealth.org/dhmf/about/dhmn/santa-cruz>

²⁷ For locations, see <http://www.pamf.org/clinics/#Santa%20Cruz%20County>

- Santa Cruz Health Center (SC HSA Clinic), City of Santa Cruz
- Santa Cruz Community Health, City of Santa Cruz
- UC Santa Cruz Student Health Center, City of Santa Cruz
- Watsonville Health Center (SC HSA Clinic), Watsonville
- Watsonville Homeless Health Center, Watsonville

8. EVALUATION FINDINGS FROM 2022–2024 IMPLEMENTED STRATEGIES


In 2022, Dignity Health Dominican Hospital participated in a process to identify significant community health needs and to meet IRS and SB 697 requirements. During the CHNA process, four needs were identified. Dominican addressed all four in its 2019–2021 implementation strategies:

- Behavioral Health
- Health Care Access & Delivery
- Economic Insecurity

The full 2022 CHNA report is posted on Dominican's website.²⁸

Dominican planned for and drew on a broad array of resources and strategies to improve the health of its communities and vulnerable populations, such as grant making, in-kind resources, collaborations, and partnerships.

The tables below present strategies and program activities the hospital has delivered to help address significant health needs identified in the community health needs assessment. They are organized by health need and include statements of strategy and program impact, and any collaboration with other organizations in our community.

 Health Need: Behavioral Health			
Strategy or Program	Summary Description	Active FY23	Active FY24
Dominican Hospital Psychiatric Resource Team (PRT)	Psychiatric clinical assessment, case management, and social services providing referrals to individuals with substance abuse and mental health disorders.	☒	☒
Dominican Hospital Medical Guidance Area (MGA)	The MGA is a specialized area for patients with substance abuse and mental health disorders. A psychiatric registered nurse (psych RN) is present on the unit as part of the PRT.	☒	☒

²⁸ <https://www.dignityhealth.org/bayarea/locations/dominican/about-us/community-benefits/benefits-reports>

Janus of Santa Cruz	<p>Dominican provides funding to support Janus' Project Unite Program. The Project Unite Program provides support to eligible patients to:</p> <ul style="list-style-type: none"> • Transition efficiently from the hospital to treatment for SUD and co-occurring disorder (COD); and • Transition effectively from SUD/COD treatment to community living with individualized recovery maintenance plans. The Project Unite care navigation team coordinates their efforts with the patient's health care, housing, and mental health service providers. 	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Youth Diversion Program	<p>Dominican Hospital provided a \$750,000 grant to the Santa Cruz County Health Services Agency (HSA) to fund an interim solution for youth experiencing a behavioral health crisis. The grant supported a temporary diversion of youth experiencing a behavioral health crisis to a preferred emergency department with behavioral health crisis staffing in place.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Goal and Impact: The hospital's initiative to address mental illness and substance abuse anticipates improved case management and care coordination, increased focus on prevention and early intervention, and an increase in education for professionals regarding risk assessment, intervention strategies and protocols. The grant to the HSA helped to provide a critical youth behavioral health service, while a long-term county solution is established.

Collaborators: The PRT works to decrease the suicide rate in Santa Cruz County by providing access to behavioral health services through collaboration with the HSA. The MGA provides clinical care and support to patients with substance abuse and mental health disorders. The HSA contracts with a clinical provider and south county hospital to carry out the Youth Diversion Program.




Health Need: Health Care Access & Delivery

Strategy or Program	Summary Description	Active FY23	Active FY24
Financial Assistance	The hospital provides emergency medical care and medically necessary care to all patients, without regard to a patient's financial ability to pay, and has a financial assistance policy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Support of Santa Cruz Community Health and Dientes Live Oak Expansion	<p>Santa Cruz Community Health serves the primary health care needs for patients of all ages, gender identities, ethnicities, abilities and sexual orientations in English and Spanish, regardless of their immigration status, or the ability to pay. Dientes works to ensure that cost, insurance, income, race, language, and transportation do not prevent people from visiting the dentist. Dientes provides affordable, high-quality, and comprehensive dental care for patients who are on public insurance or uninsured.</p> <p>Dominican is providing capital funding for the Live Oak Expansion project, which serves approximately 10,000 low income and uninsured patients.</p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dominican Hospital Wellness Center	The Wellness Center addresses the needs of chronically ill and high-risk patients throughout the continuum of care. Wellness Center services provides ambulatory care and support to keep people out of the hospital and offer opportunities to manage high-risk patient groups. Program offers patients the full spectrum of care, from preventive to post-acute.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dominican Hospital Mobile Wellness Clinic	Provides episodic health and preventive services at locations throughout Santa Cruz County at no cost to the patient.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Funding for RotaCare Free Health Clinic at the Live Oak Senior Center	A walk-in clinic providing primary health care services, treatment, referral for diagnostic testing, and follow-up care. Services provided once a week by physicians, nurses, allied health professionals,	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

and other volunteers from local Rotary clubs and the county.

Goal and Impact: This initiative targets the un-/underinsured residents of Santa Cruz County. Health care services, testing will provide earlier identification of illness and treatment, and will decrease the utilization of the hospital ED.

Collaborators: The hospital will partner with RotaCare, Santa Cruz Community Health, local faith-based organizations, and other community partners to deliver this access-to-care strategy. In addition to funding, the hospital will provide in-kind services.

 Health Need: Economic Insecurity			
Strategy or Program	Summary Description	Active FY23	Active FY24
Funding for Housing Matter's Recuperative Care Center (RCC)	Program which provides shelter services with meals, housekeeping, security, onsite case management, and medical care until recovery is achieved.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Second Harvest Food Bank	The Second Harvest Food Bank reaches people in need through a vast network of partner agencies and non-profits and directly through food distribution and nutrition education at dozens of program sites. The hospital provides financial support in the form of sponsorships and donations.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Tattoo Removal Program	The Catholic Charities' Tattoo Removal Program (TRP) helps remove tattoo barriers to viable employment and broadens economic and social opportunities for individuals committed to changing the direction of their lives. The hospital provides rental space free of charge to the TRP.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Goal and Impact:

- Increase economic stability and mobility for youth through earned income and job training.
- Provide adequate food and nutrition, so children can learn, adults work and contribute to a thriving community.
- Provide stable shelter while recovery is achieved.
- Remove barriers to employment.

Collaborators: The hospital collaborates with Catholic Charities, Second Harvest Food Bank, and Housing Matters to support projects and programs that address food insecurity and economic insecurity.

COMMUNITY GRANTS PROGRAM

One important way the hospital helps to address community health needs is by awarding financial grants to non-profit organizations working together to improve health status and quality of life. Grant funds are used to deliver services and strengthen service systems, to improve the health and well-being of vulnerable and underserved populations.

In FY23, the hospital awarded the grants below totaling \$199,896; in FY24, \$190,244; and in FY25, \$229,000.

Grant Recipient	Project Name	FY23 Amount	FY24 Amount	FY25 Amount
Dientes Community Dental Care	Access to Dental Care for People who are Experiencing Homelessness	\$35,000		\$40,000
Diversity Center of Santa Cruz County	Health and Wellbeing Initiative			\$35,000
Family Service Agency of the Central Coast	Suicide Survivors Outreach Team		\$42,942	
Family Service Agency of the Central Coast	WomenCare: Cancer Support Services		\$35,000	\$35,000
Food, What?!	Youth Empowerment through Sustainable	\$34,896	\$50,000	\$40,000

Grant Recipient	Project Name	FY23 Amount	FY24 Amount	FY25 Amount
	Agriculture and Culinary Arts Training			
Kidpower, Teenpower, Fullpower	Kidpower Teenpower Fullpower	\$30,000	\$30,000	\$30,000
Monarch Services	Monarch Services	\$50,000		\$49,000
Teen Kitchen Project	Medically Tailored Meals Program	\$50,000	\$50,000	

9. CONCLUSION

Dignity Health Dominican Hospital (Dominican) worked with Sutter Maternity & Surgery Center and their consultants to conduct the 2025 Community Health Needs Assessment (CHNA).

The 2025 CHNA builds upon prior health assessments and meets federally mandated requirements and California state regulations.

Dominican identified priority community health needs through the assessment, which included collecting secondary data and conducting new primary research (i.e., community input). Dominican Community Advisors then prioritized the health needs based on a set of defined criteria. This CHNA report was adopted and made public in May 2025.

Next steps for the hospital:

- Monitor community comments on the CHNA report (ongoing).
- Select priority health needs to address using a set of criteria.
- Develop strategies to address priority health needs.
- Ensure strategies are adopted by the Dominican board and made publicly available.

10. LIST OF ATTACHMENTS

1. [Secondary Data Indicators List](#)
2. [Qualitative Research Materials](#)
3. [Community Leaders, Representatives, and Members Consulted](#)
4. [Community Assets and Resources](#)
5. [IRS Checklist](#)

ATTACHMENT 1: SECONDARY DATA INDICATORS LIST

Category	Indicator	Description	Source	Year(s)
BEHAVIORAL HEALTH: ATOD ²⁹	Adult Smoking	Percentage of adults who are current smokers (age-adjusted).	Behavioral Risk Factor Surveillance System	2020
BEHAVIORAL HEALTH	Behavioral Health Care Services Utilization	Adults Needing and Receiving Behavioral Health Care Services	Datashare Santa Cruz County	2021-2022
BEHAVIORAL HEALTH: ATOD	Alcohol-Impaired Driving Deaths	Percentage of driving deaths with alcohol involvement.	Fatality Analysis Reporting System	2016-2020
BEHAVIORAL HEALTH: ATOD	Chronic Liver Disease And Cirrhosis Among Leading Causes of Death	Rank within county	California Department of Public Health, 2024_Death Statistics File.	2020-2022
BEHAVIORAL HEALTH: ATOD	Cigarette Spending-to-Income Ratio	Cigarette Spending-to-Income Ratio	Datashare Santa Cruz County	2023
BEHAVIORAL HEALTH: ATOD	Current Smokers	Percent of adults currently smoking cigarettes (age-adjusted)	California Health Interview Survey (CHIS)	2022
BEHAVIORAL HEALTH: ATOD	Drug Overdose Deaths	Number of drug poisoning deaths per 100,000 population.	National Center for Health Statistics - Mortality Files	2018-2020
BEHAVIORAL HEALTH: ATOD	Excessive Drinking	Percentage of adults reporting binge or heavy drinking (age-adjusted).	Behavioral Risk Factor Surveillance System	2020
BEHAVIORAL HEALTH: ATOD	Heroin Overdose ED Visits	Age-Adjusted ED Visit Rate due to Heroin Overdose per 100,000 residents	Datashare Santa Cruz County	2022
BEHAVIORAL HEALTH: ATOD	Opioid Overdose (excluding Heroin) ED Visits	Age-Adjusted ED Visit Rate due to Opioid Overdose (excluding Heroin) per 100,000 residents	Datashare Santa Cruz County	2022
BEHAVIORAL HEALTH: ATOD	Opioid Overdose Deaths	Age-Adjusted Death Rate due to All Opioid Overdose per 100,000 residents	Datashare Santa Cruz County	2022
BEHAVIORAL HEALTH: ATOD	Student Drinking	Students Who Have Consumed Alcohol 7 or More Times in Their Lifetimes (7 th Graders, 9 th Graders, 11 th Graders)	WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS. California Dept. of Education, as cited by KidsData.org	2017-19
BEHAVIORAL HEALTH: ATOD	Student Drinking or Drug Use	Students Who Used Alcohol or Drugs in the Previous Month (7 th Graders, 9 th Graders, 11 th Graders)	WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS. California Dept. of	2017-19

²⁹ ATOD=Alcohol, Tobacco and Other Drugs

Category	Indicator	Description	Source	Year(s)
			Education, as cited by KidsData.org	
BEHAVIORAL HEALTH: ATOD	Student Marijuana Use	Students Who Used Marijuana 20-30 Days in the Previous Month (7 th Graders, 9 th Graders, 11 th Graders)	WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS. California Dept. of Education, as cited by KidsData.org	2017-19
BEHAVIORAL HEALTH: MH	Adverse Childhood Experiences, Adults	Adults with Adverse Childhood Experiences, 1-3 and 4 or more	UC Davis Violence Prevention Research Program, tabulation of data from the California Behavioral Risk Factor Surveillance System and American Community Survey, as cited by KidsData.org	2011-2017
BEHAVIORAL HEALTH: MH	Adverse Childhood Experiences, Children	Children Ages 0-17 with 2 or More Adverse Experiences (Parent Reported)	Population Reference Bureau, analysis of National Survey of Children's Health and the American Community Survey	2016-2019
BEHAVIORAL HEALTH: MH	Caring Relationships with Adults at School	Students with a Low Level of Caring Relationships with Adults at School (7 th Graders, 9 th Graders, 11 th Graders)	WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS. California Dept. of Education, as cited by KidsData.org	2017-2019
BEHAVIORAL HEALTH: MH	Depression, Students	Students Who Had Depression- Related Feelings in the Previous Year (7 th Graders, 9 th Graders, 11 th Graders)	WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS. California Dept. of Education, as cited by KidsData.org	2017-2019
BEHAVIORAL HEALTH: MH	Frequent Mental Distress	Percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted).	Behavioral Risk Factor Surveillance System	2020
BEHAVIORAL HEALTH: MH	Mental Health Hospitalizations, Children	Mental Health Hospitalization Discharges among Children Ages 5-14, 15-19.	California Dept. of Health Care Access and Information custom tabulation (Feb. 2022), as cited by KidsData.org	2020
BEHAVIORAL HEALTH: MH	Mental Health Provider Shortage Areas	Designated Health Provider Shortage Areas within County for Mental Health	U.S. Department of Health & Human Services, Health Resources and Services Administration	2022

Category	Indicator	Description	Source	Year(s)
BEHAVIORAL HEALTH: MH	Mental Health Providers	Ratio of population to mental health providers.	Centers for Medicare & Medicaid Services, National Provider Identification, as cited by County Health Rankings	2022
BEHAVIORAL HEALTH: MH	Poor Mental Health Days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	Behavioral Risk Factor Surveillance System, as cited by County Health Rankings	2020
BEHAVIORAL HEALTH: MH	School Psychologists Ratio	Ratio of Students to School Psychologists	California Dept. of Education, Staff Assignment and Course Data & DataQuest, as cited by KidsData.org	2019
BEHAVIORAL HEALTH: MH	School Social Workers Ratio	Ratio of Students to School Social Workers	California Dept. of Education, Staff Assignment and Course Data & DataQuest, as cited by KidsData.org	2019
BEHAVIORAL HEALTH: MH	Self-Harm (Suicide) Among Leading Causes of Death	Rank among reasons for death within counties.	California Department of Public Health, 2024 Death Statistics File.	2020-2022
BEHAVIORAL HEALTH: MH	Self-Harm (Suicide) Rate	Number of Deaths due to Suicide per 100,000 population (age-adjusted)	National Center for Health Statistics Mortality Files, as cited by County Health Rankings	2016-2020
BEHAVIORAL HEALTH: MH	Serious Psychological Distress	Adults with Likely Serious Psychological Distress	Datashare Santa Cruz County	2021-2022
BEHAVIORAL HEALTH: MH	Social Associations	Number of membership associations per 10,000 population.	County Business Patterns, as cited by County Health Rankings	2020
BEHAVIORAL HEALTH: MH	Suicidal Ideation	Adults Who Ever Thought Seriously About Committing Suicide	Datashare Santa Cruz County	2021-2022
BEHAVIORAL HEALTH: MH	Suicidal Ideation, Students	Students Who Seriously Considered Attempting Suicide in the Previous Year (9 th Graders, 11 th Graders)	WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS. California Dept. of Education, as cited by KidsData.org	2017-2019
BEHAVIORAL HEALTH: MH ³⁰	Depression, Older Adults	Depression: Medicare Population	Datashare Santa Cruz County	2022

³⁰ MH=Mental Health

Category	Indicator	Description	Source	Year(s)
CANCER	Breast Cancer (Female) Incidence	Age-Adjusted Incidence Rate (AAIR) of new cancers per 100,000 for this site.	University of California, San Francisco. California Health Maps website.	2012-2021
CANCER	Breast Cancer Incidence Rate	Breast Cancer Incidence Rate	Datashare Santa Cruz County	2016-2020
CANCER	Cancer Among Leading Causes of Death	Rank within county	California Department of Public Health, 2024 Death Statistics File.	2020-2022
CANCER	Cancer Incidence, All Sites	Age-Adjusted Incidence Rate (AAIR) of new cancers	University of California, San Francisco. California Health Maps website.	2012-2021
CANCER	Cancer Incidence, Children	Cancer Incidence among Children Ages 0-19	National Cancer Institute, Surveillance, Epidemiology, and End Results (SEER) Program Research Data; US Cancer Statistics Working Group, US Cancer Statistics Data Visualizations Tool, as cited by KidsData.org	2012-2016
CANCER	Cancer: Medicare Population	Cancer: Medicare Population	Datashare Santa Cruz County	2022
CANCER	Cervical Cancer Incidence Rate	Cervical Cancer Incidence Rate	Datashare Santa Cruz County	2016-2020
CANCER	Colorectal Cancer Incidence	Age-Adjusted Incidence Rate (AAIR) of new cancers per 100,000 for this site.	University of California, San Francisco. California Health Maps website.	2012-2021
CANCER	Colorectal Cancer Incidence Rate	Colorectal Cancer Incidence Rate	Datashare Santa Cruz County	2016-2020
CANCER	Death Rate due to Colorectal Cancer Death Rate	Age-Adjusted Death Rate due to Colorectal Cancer	Datashare Santa Cruz County	2016-2020
CANCER	Kidney Cancer Incidence	Age-Adjusted Incidence Rate (AAIR) of new cancers per 100,000 for this site.	University of California, San Francisco. California Health Maps website.	2012-2021
CANCER	Liver Cancer Incidence	Age-Adjusted Incidence Rate (AAIR) of new cancers per 100,000 for this site.	University of California, San Francisco. California Health Maps website.	2012-2021
CANCER	Lung and Bronchus Cancer Incidence Rate	Lung and Bronchus Cancer Incidence Rate	Datashare Santa Cruz County	2016-2020

Category	Indicator	Description	Source	Year(s)
CANCER	Lung Cancer Incidence	Age-Adjusted Incidence Rate (AAIR) of new cancers per 100,000 for this site.	University of California, San Francisco. California Health Maps website.	2012-2021
CANCER	Lymph Cancer Incidence	Age-Adjusted Incidence Rate (AAIR) of new cancers per 100,000 for this site.	University of California, San Francisco. California Health Maps website.	2012-2021
CANCER	Mammography Screening	Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening.	Mapping Medicare Disparities Tool	2020
CANCER	Melanoma Cancer Incidence	Age-Adjusted Incidence Rate (AAIR) of new cancers per 100,000 for this site.	University of California, San Francisco. California Health Maps website.	2012-2021
CANCER	Pancreas Cancer Incidence	Age-Adjusted Incidence Rate (AAIR) of new cancers per 100,000 for this site.	University of California, San Francisco. California Health Maps website.	2012-2021
CANCER	Prostate Cancer Incidence	Age-Adjusted Incidence Rate (AAIR) of new cancers per 100,000 for this site.	University of California, San Francisco. California Health Maps website.	2012-2021
CANCER	Prostate Cancer Incidence Rate	Prostate Cancer Incidence Rate	Datashare Santa Cruz County	2016-2020
CANCER	Thyroid Cancer Incidence	Age-Adjusted Incidence Rate (AAIR) of new cancers per 100,000 for this site.	University of California, San Francisco. California Health Maps website.	2012-2021
CANCER	Urinary Cancer Incidence	Age-Adjusted Incidence Rate (AAIR) of new cancers per 100,000 for this site. Corpus and Uterus Not Otherwise Specified (NOS).	University of California, San Francisco. California Health Maps website.	2012-2021
CANCER	Uterine Cancer Incidence	Age-Adjusted Incidence Rate (AAIR) of new cancers per 100,000 for this site.	University of California, San Francisco. California Health Maps website.	2012-2021
CLIMATE/ NATURAL ENVIR	Air Pollution	Yearly average of fine particulate matter concentration (very small particles from vehicle tailpipes, tires and brakes, powerplants, factories, burning wood, construction dust, and many other sources), measured in micrograms/meter	County Health Rankings	2017
CLIMATE/ NATURAL ENVIR	Air Pollution - Diesel	Average daily amount of particulate pollution from diesel sources	CalEnviroScreen 4.0	2016

Category	Indicator	Description	Source	Year(s)
CLIMATE/ NATURAL ENVIR	Air Pollution - Particulate Matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).	Environmental Public Health Tracking Network	2019
CLIMATE/ NATURAL ENVIR	Air Pollution - Particulate Matter	Annual average amount of fine particulate matter (PM2.5)	National Institute for Minority Health and Health Disparities.	2015-2017
CLIMATE/ NATURAL ENVIR	Change in Average Daily Temperature	Change in Average Daily Temperature (Degrees Fahrenheit)	First Street Technology	2025
CLIMATE/ NATURAL ENVIR	Drinking Water Contaminants	Index score combining information about 13 contaminants and 2 types of water quality violations found during drinking water sample testing. California Environmental Protection Agency (CalEPA) and is included in the CalEnviroScreen (CES).	California Environmental Protection Agency (CalEPA)	2011-2019
CLIMATE/ NATURAL ENVIR	Drinking Water Violations	Indicator of the presence of health-related drinking water violations. 'Yes' indicates the presence of a violation, 'No' indicates no violation.	Safe Drinking Water Information System	2021
CLIMATE/ NATURAL ENVIR	Driving Alone to Work	Percentage of the workforce that drives alone to work.	United States Census Bureau, American Community Survey, 5-year estimates	2017-2021
CLIMATE/ NATURAL ENVIR	Extreme Heat Days (Projected)	Projected number of extreme heat days annually for 2050 and 2085. Extreme heat refers to 90 degrees or more.	CDPH California Building Resilience Against Climate Effects (CalBRACE)	2022
CLIMATE/ NATURAL ENVIR	Flood Risk	Flood risk now and in 30 years (minor to severe) by type (residential, commercial, infrastructure, social, and roads)	First Street Technology	2025
CLIMATE/ NATURAL ENVIR	High Temperature Days	Number of Days in excess of 95° (Projected)	First Street Technology	2025
CLIMATE/ NATURAL ENVIR	Long Commute - Driving Alone	Among workers who commute in their car alone, the percentage that commute more than 30 minutes.	United States Census Bureau, American Community Survey, 5-year estimates	2017-2021
CLIMATE/ NATURAL ENVIR	Poor Air Quality	The likely number of days with air quality considered to be “Unhealthy” or “Unhealthy for Sensitive Groups,” based on the U.S. Environmental Protection Agency’s Air Quality Index (AQI), for both today and 30 years in the future under the influence of climate change.	<i>First Street Technology</i>	2025

Category	Indicator	Description	Source	Year(s)
CLIMATE/ NATURAL ENVIR	Traffic Volume	Regional Studies	EJSCREEN: Environmental Justice Screening and Mapping Tool, as cited by Community Health Rankings	2019
CLIMATE/ NATURAL ENVIR	Wildfire Risk	Wildfire risk now and in 30 years (1=minimal; 10=extreme)	First Street Technology	2025
COGNITIVE DECLINE	Adult Day Care Costs	Adult Day Care Spending-to-Income Ratio	Datashare Santa Cruz County	2023
COGNITIVE DECLINE	Alzheimer's Disease or Dementia: Medicare Population	Alzheimer's Disease or Dementia: Medicare Population	Datashare Santa Cruz County	2022
COGNITIVE DECLINE	Cognitive Difficulty	Persons with cognitive difficulty	Datashare Santa Cruz County	2018-2022
COMMUNICABLE DISEASES	Flu Vaccinations	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.	Mapping Medicare Disparities Tool	2020
COMMUNICABLE DISEASES	Influenza and Pneumonia Among Leading Causes of Death	Rank within county	California Department of Public Health, 2024_Death Statistics File.	2020-2022
COMMUNICABLE DISEASES	Kindergarteners with All Required Immunizations	Kindergarteners with All Required Immunizations	<i>California Dept. of Public Health, Immunization Branch, Reporting Data for Kindergarten and 7th Grade</i>	2020
COMMUNICABLE DISEASES	Pneumonia Vaccinations: Medicare Population	Pneumonia Vaccinations: Medicare Population	Datashare Santa Cruz County	2022
COMMUNICABLE DISEASES	Tuberculosis Case Rate and Rank	Tuberculosis Cases, Rates per 100,000 Population, and Rank	California Department of Public Health, Tuberculosis Control Branch	2022
COMMUNITY SAFETY	Arrests, Adults	Adult Arrest Rate	Datashare Santa Cruz County	2022
COMMUNITY SAFETY	Bullied or Harassed at School	Students Bullied or Harassed at School in the Previous Year (7 th Graders, 9 th Graders, 11 th Graders)	WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS. California Dept. of Education, as cited by KidsData.org	2017-2019
COMMUNITY SAFETY	Bullied or Harassed at School because of Race/Ethnicity or National Origin	Students who were bullied or harassed at school in the previous year on the basis of their race/ethnicity or national origin, by race/ethnicity and number of occasions (7 th Graders, 9 th Graders, 11 th Graders)	WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS. California Dept. of Education, as cited by KidsData.org	2017-2019

Category	Indicator	Description	Source	Year(s)
COMMUNITY SAFETY	Cyberbullied Students	Students Cyberbullied 4 or More Times in the Previous Year (7 th Graders, 9 th Graders, 11 th Graders)	WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS. California Dept. of Education, as cited by KidsData.org	2017-2019
COMMUNITY SAFETY	Domestic Violence-Related Calls for Assistance	Domestic Violence-Related Calls for Assistance among Adults Ages 18-69	<i>California Dept. of Justice Criminal Justice Statistics Center, Domestic Violence-Related Calls for Assistance ; California Dept. of Finance, Population Estimates and Projections, as cited by KidsData.org</i>	2020
COMMUNITY SAFETY	Fear Being Beaten Up at School	Students Who Feared Being Beaten Up at School on 4 or More Occasions in the Previous Year (7 th Graders, 9 th Graders, 11 th Graders)	WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS. California Dept. of Education, as cited by KidsData.org	2017-2019
COMMUNITY SAFETY	Feeling Very Unsafe at School	Students Who Feel Very Unsafe at School (7 th Graders, 9 th Graders, 11 th Graders)	WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS. California Dept. of Education, as cited by KidsData.org	2017-2019
COMMUNITY SAFETY	Felony Arrests, Juveniles	Felony Arrests among Juveniles Ages 10-17	<i>California Dept. of Justice, Crime Statistics: Arrests; California Dept. of Finance, Population Estimates and Projections, as cited by KidsData.org</i>	2020
COMMUNITY SAFETY	Firearm-Related Deaths	Number of deaths due to firearms per 100,000 population.	National Center for Health Statistics - Mortality Files, as cited by County Health Rankings	2016-2020
COMMUNITY SAFETY	Foster Care	Children Ages 0-21 in Foster Care	<i>California Child Welfare Indicators Project, CCWIP Reports. University of California at Berkeley & California Dept. of Social Services 2024); California Dept. of Finance, Population Estimates and Projections</i>	2024
COMMUNITY SAFETY	Foster Care - Length of Stay	Median Length of Stay in Foster Care among Children Ages 0-17 Entering Foster Care	<i>California Child Welfare Indicators Project, 2022 CCWIP Reports. University of California at Berkeley & California Dept. of Social Services</i>	2022

Category	Indicator	Description	Source	Year(s)
COMMUNITY SAFETY	Homicide (Assault) Among Leading Causes of Death	Rank within county	California Department of Public Health, 2024 Death Statistics File.	2020-2022
COMMUNITY SAFETY	Homicides	Number of deaths due to homicide per 100,000 population.	National Center for Health Statistics - Mortality Files	2014-2020
COMMUNITY SAFETY	Juvenile Arrests	Rate of delinquency cases per 1,000 juveniles.	Easy Access to State and County Juvenile Court Case Counts	2019
COMMUNITY SAFETY	Student Gang Affiliation	Students Who Consider Themselves Gang Members (7 th Graders, 9 th Graders, 11 th Graders)	WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS. California Dept. of Education, as cited by KidsData.org	2017-2019
COMMUNITY SAFETY	Substantiated Cases of Abuse or Neglect	Children Ages 0-17 with Substantiated Cases of Abuse or Neglect	<i>California Child Welfare Indicators Project, CCWIP Reports. University of California at Berkeley & California Dept. of Social Services</i>	2021
COMMUNITY SAFETY	Substantiated Child Abuse Rate	Substantiated Child Abuse Rate	Datashare Santa Cruz County	2022
COMMUNITY SAFETY	Violent Crime Rate	Definition not found.	Community Health Rankings	2007-2016
DEMOGRAPHICS	Bachelor's degree	Percent of persons age 25 years+ with a Bachelor's degree or higher	United States Census Bureau, American Community Survey, 5-year estimates	2019-2023
DEMOGRAPHICS	Disability	Percentage of population with a disability	United States Census Bureau, American Community Survey, 5-year estimates via Datashare Santa Cruz County	2019-2023
DEMOGRAPHICS	Foreign-born	Percentage of population who is foreign-born	United States Census Bureau, American Community Survey, 5-year estimates	2019-2023
DEMOGRAPHICS	Kids Ages 0-17 Living in LEP Households	Children Ages 0-17 living in limited English-speaking households	Population Reference Bureau, analysis of U.S. Census Bureau American Community Survey public use microdata	2024
DEMOGRAPHICS	Not Proficient in English	Percentage of population aged 5 and over who reported speaking English less than "very well."	United States Census Bureau, American Community Survey, 1-year estimates	2023

Category	Indicator	Description	Source	Year(s)
DEMOGRAPHICS	People Living Below 200% FPL	Percentage of population below 200% of the Federal Poverty Line	United States Census Bureau, American Community Survey, 5-year estimates	2018-2022
DEMOGRAPHICS	Population	Resident population.	Datashare Santa Cruz County	2024
DEMOGRAPHICS	Population – Santa Cruz City	Resident population of Santa Cruz City	Census Population Estimates	2023
DEMOGRAPHICS	Population by Age	Percentage of population by age	Datashare Santa Cruz County	2024
DEMOGRAPHICS	Population by Gender	Percentage of population by gender	Datashare Santa Cruz County	2024
DEMOGRAPHICS	Population by Hispanic Ethnicity	Percentage of population self-identifying as Hispanic.	Datashare Santa Cruz County	2024
DEMOGRAPHICS	Population by Race	Percentage of population self-identifying as American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, Black, White, Some Other Race, or 2+ Races	Datashare Santa Cruz County	2024
DEMOGRAPHICS	Rural	Percentage of population living in a rural area.	Census Population Estimates as cited by County Health Rankings	2020
ECONOMIC SECURITY	Broadband Access	Percentage of households with broadband internet connection.	United States Census Bureau, American Community Survey, 5-year estimates	2017-2021
ECONOMIC SECURITY	Child Care Cost Burden	Child care costs for a household with two children as a percent of median household income.	The Living Wage Calculator; Small Area Income and Poverty Estimates	2022 & 2021
ECONOMIC SECURITY	Childcare Costs, Infants	Annual Cost of Childcare for Infants Ages 0-2 in a Childcare Center	<i>California Child Care Resource and Referral Network, California Child Care Portfolio</i> , as cited by KidsData.org	2021
ECONOMIC SECURITY	Childcare Costs, Preschoolers	Annual Cost of Childcare for Preschoolers Ages 3-5 in a Childcare Center	<i>California Child Care Resource and Referral Network, California Child Care Portfolio</i> , as cited by KidsData.org	2021
ECONOMIC SECURITY	Children Eligible for Free or Reduced-Price Lunch	Percentage of children enrolled in public schools that are eligible for free or reduced-price lunch.	National Center for Education Statistics	2022-2023
ECONOMIC SECURITY	Children in Poverty	Percentage of people under age 18 in poverty.	Small Area Income and Poverty Estimates, as cited by County Health Rankings	2021
ECONOMIC SECURITY	Children in Single-Parent Households	Percentage of children that live in a household headed by a single parent.	United States Census Bureau, American Community Survey, 5-year estimates, as cited by County Health Rankings	2017-2021

Category	Indicator	Description	Source	Year(s)
ECONOMIC SECURITY	Children Living in Food Insecure Households	Children Ages 0-17 Living in Food Insecure Households	USDA Food Environment Atlas; 2021 Map the Meal Gap from Feeding America, as cited by KidsData.org	2019
ECONOMIC SECURITY	Children without Secure Parental Employment	Children Ages 0-17 without Secure Parental Employment	Population Reference Bureau, 2024 analysis of U.S. Census Bureau American Community Survey public use microdata, as cited by KidsData.org	2022
ECONOMIC SECURITY	Community Spending on Food	Community Spending on Food	Datashare Santa Cruz County	2023
ECONOMIC SECURITY	Disconnected Youth	Percentage of teens and young adults ages 16-19 who are neither working nor in school.	United States Census Bureau, American Community Survey, 5-year estimates	2017-2021
ECONOMIC SECURITY	Food Insecurity	Percentage of population who lack adequate access to food.	USDA Food Environment Atlas; Map the Meal Gap from Feeding America	2020
ECONOMIC SECURITY	Gender Pay Gap	Ratio of women's median earnings to men's median earnings for all full-time, year-round workers, presented as "cents on the dollar."	United States Census Bureau, American Community Survey, 5-year estimates	2017-2021
ECONOMIC SECURITY	Homeownership	Percentage of owner-occupied housing units.	United States Census Bureau, American Community Survey, 5-year estimates	2017-2021
ECONOMIC SECURITY	Homeownership Affordability	Annual income needed to afford to buy a home, San Jose area	National Association of Realtors (NAR)	2024
ECONOMIC SECURITY	Households Below the Real Cost Measure	Households Below the Real Cost Measure	Datashare Santa Cruz County	2021
ECONOMIC SECURITY	Income Inequality	Ratio of household income at the 80th percentile to income at the 20th percentile.	United States Census Bureau, American Community Survey, 5-year estimates	2017-2021
ECONOMIC SECURITY	Kids in Working Families for Whom Licensed Childcare is Available	Children Ages 0-12 in Working Families for Whom Licensed Childcare is Available	California Child Care Resource and Referral Network, California Child Care Portfolio; U.S. Census Bureau (Jan 2023), American Community Survey public use microdata, as cited by KidsData.org	2021

Category	Indicator	Description	Source	Year(s)
ECONOMIC SECURITY	Median Household Income	The income where half of households in a county earn more and half of households earn less.	Small Area Income and Poverty Estimates	2023
ECONOMIC SECURITY	People 65+ Living Below Poverty Level	People 65+ Living Below Poverty Level	Datashare Santa Cruz County	2018-2022
ECONOMIC SECURITY	People Living Below Poverty Level	People Living Below Poverty Level	Datashare Santa Cruz County	2018-2022
ECONOMIC SECURITY	Per Capita Income	Per Capita Income	Datashare Santa Cruz County	2018-2022
ECONOMIC SECURITY	Real Cost Measure	Funds needed to afford the cost of living based on the cost of housing, childcare, food, health care, transportation, taxes and other miscellaneous things.	<i>United Ways of California, Real Cost Measure Interactive Data Dashboard. Retrieved July 2024, United Way</i>	2021
ECONOMIC SECURITY	Unemployment	Percentage of population ages 16 and older unemployed but seeking work.	Bureau of Labor Statistics	2025
EDUCATION	Child Care Centers	Number of child care centers per 1,000 population under 5 years old.	Homeland Infrastructure Foundation-Level Data (HIFLD)	2010-2022
EDUCATION	College Preparation	High School Graduates Completing College Preparatory Courses	California Dept. of Education, Adjusted Cohort Graduation Rate and Outcome Data, as cited by KidsData.org	2019
EDUCATION	College Preparation	High School Graduates Prepared for College	Datashare Santa Cruz County	2021-2022
EDUCATION	College Tuition Costs	College Tuition Spending-to-Income Ratio	Datashare Santa Cruz County	2023
EDUCATION	Community Spending on Education	Community Spending on Education	Datashare Santa Cruz County	2023
EDUCATION	Day Care Center and Preschool Spending	Day Care Center and Preschool Spending-to-Income Ratio	Datashare Santa Cruz County	2023
EDUCATION	High School Completion	Percentage of adults ages 25 and over with a high school diploma or equivalent.	United States Census Bureau, American Community Survey, 5-year estimates	2017-2021
EDUCATION	High School Graduation	Percentage of ninth-grade cohort that graduates in four years.	EDFacts as cited by KidsData.org	2019-2020
EDUCATION	Home Child Care Spending	Home Child Care Spending-to-Income Ratio	Datashare Santa Cruz County	2023
EDUCATION	Math Scores	Average grade level performance for 3rd graders on math standardized tests.	Stanford Education Data Archive	2018

Category	Indicator	Description	Source	Year(s)
EDUCATION	Meaningful Participation at School	Students with a Low Level of Meaningful Participation at School (7 th Graders, 9 th Graders, 11 th Graders)	WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS. California Dept. of Education, as cited by KidsData.org	2017-2019
EDUCATION	Reading Scores	Average grade level performance for 3rd graders on English Language Arts standardized tests.	Stanford Education Data Archive	2018
EDUCATION	School Connectedness	Students with a Low Level of School Connectedness (7 th Graders, 9 th Graders, 11 th Graders)	WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS. California Dept. of Education, as cited by KidsData.org	2017-2019
EDUCATION	School Counselors Ratio	Ratio of Students to School Counselors	California Dept. of Education, Staff Assignment and Course Data & DataQuest, as cited by KidsData.org	2019
EDUCATION	School Funding Adequacy	The average gap in dollars between actual and required spending per pupil among public school districts. Required spending is an estimate of dollars needed to achieve U.S. average test scores in each district.	School Finance Indicators Database, as cited by County Health Rankings	2020
EDUCATION	School Segregation	The extent to which students within different race and ethnicity groups are unevenly distributed across schools when compared with the racial and ethnic composition of the local population. The index ranges from 0 to 1 with lower values representing a school composition that approximates race and ethnicity distributions in the student populations within the county, and higher values representing more segregation.	National Center for Education Statistics	2021-2022
EDUCATION	Some College	Percentage of adults ages 25-44 with some post-secondary education.	United States Census Bureau, American Community Survey, 5-year estimates	2017-2021
EDUCATION	Students Meeting English Language Standards	11th Graders Meeting or Exceeding Grade-Level CAASPP Standard in English Language Arts	California Dept. of Education, Test Results for	2021

Category	Indicator	Description	Source	Year(s)
			<i>California's Assessments, as cited by KidsData.org</i>	
EDUCATION	Students Meeting Math Standards	11th Graders Meeting or Exceeding Grade-Level CAASPP Standard in Mathematics	<i>California Dept. of Education, Test Results for California's Assessments, as cited by KidsData.org</i>	2021
EDUCATION	Students Not Completing High School	Students Not Completing High School	<i>California Dept. of Education, Dropouts by Race and Gender & Adjusted Cohort Graduation Rate and Outcome Data (Feb. 2022), as cited by KidsData.org</i>	2021
GEN HEALTH LIFE/MORTALITY	Child Mortality	Number of deaths among residents under age 18 per 100,000 population.	National Center for Health Statistics - Mortality Files	2017-2020
GEN HEALTH LIFE/MORTALITY	Child/Youth Mortality	Deaths among Children and Youth Ages 1-24	<i>California Dept. of Public Health, Death Statistical Master Files; CDC WONDER Online Database, Underlying Cause of Death, as cited by KidsData.org</i>	2015-2017
GEN HEALTH LIFE/MORTALITY	Frequent Physical Distress	Percentage of adults reporting 14 or more days of poor physical health per month (age-adjusted).	Behavioral Risk Factor Surveillance System	2020
GEN HEALTH LIFE/MORTALITY	Insufficient Sleep	Percentage of adults who report fewer than 7 hours of sleep on average (age-adjusted).	Behavioral Risk Factor Surveillance System	2020
GEN HEALTH LIFE/MORTALITY	Life Expectancy	Average number of years a person can expect to live.	National Center for Health Statistics - Mortality Files, as cited by County Health Rankings	2018-2020
GEN HEALTH LIFE/MORTALITY	Mortality Rates and Rank, California and by County	Mortality counts and age-adjusted rates per 100,000, ranked.	<i>California Dept. of Public Health, Death Statistical Master Files.</i>	2022
GEN HEALTH LIFE/MORTALITY	Poor or Fair Health	Percentage of adults reporting fair or poor health (age-adjusted).	Behavioral Risk Factor Surveillance System	2020
GEN HEALTH LIFE/MORTALITY	Poor Physical Health Days	Average number of physically unhealthy days reported in past 30 days (age-adjusted).	Behavioral Risk Factor Surveillance System	2020
GEN HEALTH LIFE/MORTALITY	Premature Death	Years of potential life lost before age 75 per 100,000 population (age-adjusted).	National Center for Health Statistics - Mortality Files, as cited by County Health Rankings	2018-2020
GEN HEALTH LIFE/MORTALITY	Premature Mortality	Number of deaths among residents under age 75 per 100,000 population (age-adjusted).	National Center for Health Statistics - Mortality Files	2018-2020
GEN HEALTH LIFE/MORTALITY	Total Population	Total population of each county.	American Community Survey 5-year Estimates, 2017-2021.	2017-2021

Category	Indicator	Description	Source	Year(s)
HEAL	7th Grade Students who are Physically Fit	7th Grade Students who are Physically Fit	Datashare Santa Cruz County	2018-2019
HEAL	Access to Parks	Access to Parks	Datashare Santa Cruz County	2020
HEAL: DIABETES	Diabetes: Medicare Population	Diabetes: Medicare Population	Datashare Santa Cruz County	2022
HEAL: OBESITY	Overweight or Obese	Adults who are Overweight or Obese	Datashare Santa Cruz County	2022
HEAL: OBESITY	Students who are at a Healthy Weight or Underweight	Students who are at a Healthy Weight or Underweight, 5 th grade, 9 th grade	Datashare Santa Cruz County	2018-2019
HEALTH (GENERAL)	Persons with a Disability	Persons with a Disability	Datashare Santa Cruz County	2018-2022
HEALTH (GENERAL)	Self-Reported General Health Assessment: Good or Better	Self-Reported General Health Assessment: Good or Better	Datashare Santa Cruz County	2022
HEALTHCARE ACCESS	Adults who have had a Routine Checkup	Adults who have had a Routine Checkup	Datashare Santa Cruz County	2022
HEALTHCARE ACCESS	Health Care Spending	Community Spending on Health Care	Datashare Santa Cruz County	2023
HEALTHCARE ACCESS	Health Insurance Spending-to-Income Ratio	Health Insurance Spending-to-Income Ratio	Datashare Santa Cruz County	2023
HEALTHCARE ACCESS	People Delayed or had Difficulty Obtaining Care	People Delayed or had Difficulty Obtaining Care	Datashare Santa Cruz County	2021-2022
HEALTHCARE ACCESS	Preventable Hospital Stays: Medicare Population	Preventable Hospital Stays: Medicare Population	Datashare Santa Cruz County	2022
HEALTHCARE ACCESS & DELIVERY	Children Ages 0-18 with Health Insurance Coverage	Children Ages 0-18 with Health Insurance Coverage	Population Reference Bureau, analysis of U.S. Census Bureau American Community Survey public use microdata, 2024, as cited by KidsData.org	2021
HEALTHCARE ACCESS & DELIVERY	Children in Limited English Households	Percent of Children Living in Limited English-Speaking Households	Population Reference Bureau, analysis of U.S. Census Bureau American Community Survey public use microdata, 2024, as cited by KidsData.org	2022
HEALTHCARE ACCESS & DELIVERY	Health Provider Shortage Areas: Primary Care	Designated Healthy Provider Shortage Areas within County	U.S. Department of Health & Human Services, Health Resources and Services Administration	2022

Category	Indicator	Description	Source	Year(s)
HEALTHCARE ACCESS & DELIVERY	Limited English Proficiency by ZIP Code	Map of Zip Codes Where the Proportion of Residents is More or Less than 20% of the California Benchmark	Kaiser Permanente Community Health Data Platform	2021
HEALTHCARE ACCESS & DELIVERY	Non-Physician Primary Care Providers Ratio	Ratio of population to primary care providers other than physicians.	CMS, National Provider Identification	2022
HEALTHCARE ACCESS & DELIVERY	Preventable Hospital Stays	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.	Mapping Medicare Disparities Tool	2020
HEALTHCARE ACCESS & DELIVERY	Primary Care Physicians	Ratio of population to primary care physicians.	Area Health Resource File/American Medical Association	2020
HEALTHCARE ACCESS & DELIVERY	Ratio of Students to School Nurses	Ratio of Students to School Nurses	<i>California Dept. of Education, Staff Assignment and Course Data & DataQuest</i>	2019
HEALTHCARE ACCESS & DELIVERY	Ratio of Students to School Speech/Language/Hearing Specialists	Ratio of Students to School Speech/Language/Hearing Specialists	<i>California Dept. of Education, Staff Assignment and Course Data & DataQuest</i>	2019
HEALTHCARE ACCESS & DELIVERY	Uninsured Adults	Percentage of adults under age 65 without health insurance.	Small Area Health Insurance Estimates as cited by County Health Rankings.	2020
HEALTHCARE ACCESS & DELIVERY	Uninsured Children	Percentage of children under age 19 without health insurance.	Small Area Health Insurance Estimates as cited by County Health Rankings.	2020
HEALTHCARE ACCESS: ORAL HEALTH	Dentists	Ratio of population to dentists.	Area Health Resource File/National Provider Identifier Downloadable File	2021
HEALTHCARE ACCESS: ORAL HEALTH	Health Provider Shortage Areas: Dental Health	Designated Healthy Provider Shortage Areas within County	U.S. Department of Health & Human Services, Health Resources and Services Administration	2022
HEALTHY LIFESTYLES	Access to Exercise Opportunities	Percentage of population with adequate access to locations for physical activity.	ArcGIS Business Analyst and Living Atlas of the World; YMCA; US Census TIGER/Line Shapefiles, as cited by County Health Rankings	2022 & 2020

Category	Indicator	Description	Source	Year(s)
HEALTHY LIFESTYLES	Adult Obesity	Percentage of the adult population (age 18 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2 (age-adjusted).	Behavioral Risk Factor Surveillance System, as cited by County Health Rankings	2020
HEALTHY LIFESTYLES	Diabetes Hospitalizations, Children	Share of Hospitalizations among children Ages 0-17 for Diabetes	California Dept. of Health Care Access and Information 2021 custom tabulation, as cited by KidsData.org	2020
HEALTHY LIFESTYLES	Diabetes Mellitus Among Leading Causes of Death	Rank within county	California Department of Public Health, 2024 Death Statistics File.	2020-2022
HEALTHY LIFESTYLES	Diabetes Prevalence	Percentage of adults aged 20 and above with diagnosed diabetes (age-adjusted).	Behavioral Risk Factor Surveillance System	2020
HEALTHY LIFESTYLES	Food Environment Index	Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best).	USDA Food Environment Atlas; Map the Meal Gap from Feeding America, as cited by County Health Rankings	2019 & 2020
HEALTHY LIFESTYLES	Lack of Physical Activity	Percentage of adults age 18 and over reporting no leisure-time physical activity (age-adjusted).	Behavioral Risk Factor Surveillance System, as cited by County Health Rankings	2020
HEALTHY LIFESTYLES	Limited Access to Healthy Foods	Percentage of population who are low-income and do not live close to a grocery store.	USDA Food Environment Atlas	2019
HEALTHY LIFESTYLES	Students Meeting All Fitness Standards	Students Meeting All Fitness Standards: 5 th Grade, 7 th Grade, 9 th Grade	California Dept. of Education, Physical Fitness Testing Research Files	2019
HEALTHY LIFESTYLES	Students Who Did Not Eat Breakfast in the Previous Day	Students Who Did Not Eat Breakfast in the Previous Day (7 th Graders, 9 th Graders, 11 th Graders)	WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS. California Dept. of Education, as cited by KidsData.org	2017-2019
HEALTHY LIFESTYLES	Sufficient Fruit and Vegetable Consumption, Children	Children Who Ate 5 or More Servings of Fruits and Vegetables in the Previous Day, Ages 2-11, 12-17	UCLA Center for Health Policy Research, California Health Interview Survey, as cited by KidsData.org	2017-2018
HEART/STROKE	Atrial Fibrillation: Medicare Population	Atrial Fibrillation: Medicare Population	Datashare Santa Cruz County	2022
HEART/STROKE	Heart Attack Deaths	Age-Adjusted Death Rate due to Heart Attack	Datashare Santa Cruz County	2021
HEART/STROKE	Heart Failure: Medicare Population	Heart Failure: Medicare Population	Datashare Santa Cruz County	2022

Category	Indicator	Description	Source	Year(s)
HEART/STROKE	Hyperlipidemia: Medicare Population	Hyperlipidemia: Medicare Population	Datashare Santa Cruz County	2022
HEART/STROKE	Hypertension: Medicare Population	Hypertension: Medicare Population	Datashare Santa Cruz County	2022
HEART/STROKE	Ischemic Heart Disease: Medicare Population	Ischemic Heart Disease: Medicare Population	Datashare Santa Cruz County	2022
HEART/STROKE	Stroke: Medicare Population	Stroke: Medicare Population	Datashare Santa Cruz County	2022
HOUSING	Average Monthly Rent	Average monthly rent costs in Santa Cruz County	RentCafe: Santa Cruz, CA Rental Market Trends	2024
HOUSING	Children Living in Crowded Households	Children Ages 0-17 Living in Crowded Households	Population Reference Bureau, analysis of U.S. Census Bureau American Community Survey public use microdata, as cited by KidsData.org	2022
HOUSING	Community Spending on Housing	Community Spending on Housing	Datashare Santa Cruz County	2023
HOUSING	Home Renter Spending	Home Renter Spending-to-Income Ratio	Datashare Santa Cruz County	2023
HOUSING	Homeless Children	Point-in-Time Count of Homeless Children Ages 0-17 (multiple counties and California)	U.S. Dept. of Housing and Urban Development, Point-In- Time Estimates of Homelessness in the US, as cited in KidsData.org.	2023
HOUSING	Homeless Children, Unsheltered	Point-in-Time Count of Unsheltered Homeless Children (multiple counties and California) Ages 0-17 (multiple counties and California)	U.S. Dept. of Housing and Urban Development, Point-In- Time Estimates of Homelessness in the US, as cited in KidsData.org.	2023
HOUSING	Homeless Students	Students Recorded as Homeless at Some Point during the School Year	California Dept. of Education, Coordinated School Health and Safety Office 2023 custom tabulation & DataQuest, as cited by KidsData.org	2021
HOUSING	Homeless Youth	Point-in-Time Count of Homeless Youth Ages 18-24 (multiple counties and California)	U.S. Dept. of Housing and Urban Development, Point-In- Time Estimates of Homelessness in the US, as cited in KidsData.org.	2023
HOUSING	Homeless Youth, Unsheltered	Point-in-Time Count of Unsheltered Homeless Youth Ages 18-24 (multiple counties and California)	U.S. Dept. of Housing and Urban Development, Point-In- Time Estimates of Homelessness in the US, as cited in KidsData.org.	2023

Category	Indicator	Description	Source	Year(s)
HOUSING	Homelessness	Number of homeless individuals, sheltered and unsheltered, by age, gender, race/ethnicity.	County of Santa Cruz Homelessness Count and Survey Comprehensive Report (Applied Survey Research)	2023
HOUSING	Homeowner Spending	Homeowner Spending-to-Income Ratio	Datashare Santa Cruz County	2023
HOUSING	Housing Affordability	Least affordability housing ranking among U.S. areas	National Association of Realtors (NAR)	2024
HOUSING	Median Home Price	Median home sale price in Santa Cruz County	Redfin: Santa Cruz County Housing Market	2024
HOUSING	Rent-Burdened	Percent of residents who are rent-burdened, including severely rent-burdened (by race, socioeconomic status)	California Housing Partnership	2022
HOUSING	Severe Housing Cost Burden	Percentage of households that spend 50% or more of their household income on housing.	United States Census Bureau, American Community Survey, 5-year estimates, as cited by County Health Rankings	2017-2021
HOUSING	Severe Housing Problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.	Comprehensive Housing Affordability Strategy (CHAS) data, as cited by County Health Rankings	2015-2019
HOUSING	Students in Vulnerable Living Conditions	Number of Students living in shelters, unsheltered and motels per school year	Santa Cruz County Office of Education	2021-2022 2022-2023
MATERNAL/INFANT HEALTH	Babies Breastfed in Hospital	Babies Breastfed in Hospital	California Dept. of Public Health, In-Hospital Breastfeeding Initiation Data (2021), as cited by KidsData.org	2019
MATERNAL/INFANT HEALTH	Babies Breastfed in Hospital Exclusively	Babies Breastfed Exclusively in Hospital	California Dept. of Public Health, In-Hospital Breastfeeding Initiation Data (2021), as cited by KidsData.org	2019
MATERNAL/INFANT HEALTH	Early Prenatal Care	Babies Born to Mothers Who Received Prenatal Care in the First Trimester	California Dept. of Public Health, California Vital Data (Cal-ViDa) Query Tool and Birth Statistical Master Files (Feb. 2022)	2021
MATERNAL/INFANT HEALTH	Infant Mortality	Number of infant deaths (within 1 year) per 1,000 live births.	National Center for Health Statistics - Mortality Files	2014-2020

Category	Indicator	Description	Source	Year(s)
MATERNAL/INFANT HEALTH	Low Birthweight Babies	Percentage of live births with low birthweight (< 2,500 grams).	National Center for Health Statistics - Natality files, as cited by County Health Rankings	2014-2020
MATERNAL/INFANT HEALTH	Low Birthweight Babies	Percentage of live births with low birthweight (< 2,500 grams).	California Dept. of Public Health, Birth Statistical Master Files & California Vital Data (Cal-ViDa) Query Tool; CDC WONDER Online Database, Natality Public-Use Data (Mar. 2024), as cited by KidsData.org	2022
MATERNAL/INFANT HEALTH	Maternal Mortality by Race, by County	Rate per 10,000 live births. Pregnancy-related death is a death while pregnant or within one year of the end of pregnancy – regardless of the outcome, duration or site of the pregnancy – from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes.	The California Pregnancy Mortality Surveillance System (CA-PMSS)	2021
MATERNAL/INFANT HEALTH	Severe Maternal Morbidity by Race (per 10,000 labor hospitalizations)	Rate of SMM events per 10,000 labor hospitalizations among females, aged 12 to 55 years	The California Pregnancy Mortality Surveillance System (CA-PMSS)	2021
MATERNAL/INFANT HEALTH	Teen Births	Number of births per 1,000 female population ages 15-19.	California Dept. of Public Health, Birth Statistical Master Files; CDC WONDER, Natality; California Dept. of Finance, Population Estimates and Projections, as cited by KidsData.org	2021
MATERNAL/INFANT HEALTH	Teen Births	Number of births per 1,000 female population ages 15-19.	National Center for Health Statistics - Natality files, as cited by County Health Rankings	2016-2022
OLDER ADULTS	Chronic Kidney Disease:	Chronic Kidney Disease: Medicare Population	Datashare Santa Cruz County	2022
OLDER ADULTS	Osteoporosis:	Osteoporosis: Medicare Population	Datashare Santa Cruz County	2022
OLDER ADULTS	Rheumatoid Arthritis or Osteoarthritis	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	Datashare Santa Cruz County	2022
RESPIRATORY HEALTH	Asthma Hospitalizations, Children	Asthma Hospitalizations among Child Hospitalizations for Children Ages 0-4, 5-17	California Breathing, tabulation of data from the California Dept. of Health Care Access and Information, as cited on KidsData.org	2022
RESPIRATORY HEALTH	Asthma, Older Adults	Asthma: Medicare Population	Datashare Santa Cruz County	2022

Category	Indicator	Description	Source	Year(s)
RESPIRATORY HEALTH	Asthma/Bronchitis as Reason for Child Hospitalization	Based on percentage of hospital discharges among children ages 0-17 for the 11 most common primary diagnoses, excluding childbirth.	California Dept. of Health Care Access and Information custom tabulation, 20201, as cited on KidsData.org	2020
RESPIRATORY HEALTH	Children Ages 1-17 Ever Diagnosed with Asthma	Children Ages 1-17 Ever Diagnosed with Asthma	<i>UCLA Center for Health Policy Research, California Health Interview Survey, as cited on KidsData.org</i>	2019-2020
RESPIRATORY HEALTH	Chronic Lower Respiratory Diseases Among Leading Causes of Death	Rank within county	California Department of Public Health, 2024_Death Statistics File.	2020-2022
RESPIRATORY HEALTH	COPD, Older Adults	COPD: Medicare Population	Datashare Santa Cruz County	2022
SEXUAL HEALTH	Chlamydia Incidence - Youth	Chlamydia incidence among youth ages 10-19	<i>California Dept. of Public Health, Sexually Transmitted Diseases Control Branch custom tabulation; Centers for Disease Control and Prevention, Sexually Transmitted Disease Surveillance; U.S. Census Bureau, 2023 National Population by Characteristics & National Intercensal Tables, as cited by KidsData.org.</i>	2020
SEXUAL HEALTH	Gonorrhea Incidence - Youth	Gonorrhea incidence among youth ages 15-19	<i>California Dept. of Public Health, Sexually Transmitted Diseases Control Branch custom tabulation; Centers for Disease Control and Prevention, Sexually Transmitted Disease Surveillance; U.S. Census Bureau, 2023 National Population by Characteristics & National Intercensal Tables, as cited by KidsData.org.</i>	2020
SEXUAL HEALTH	HIV Prevalence	Number of people aged 13 years and older living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population.	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2020
STRUCTURAL RACISM	Residential Segregation	Index of dissimilarity where higher values indicate greater residential segregation between Black and white county residents.	United States Census Bureau, American Community Survey, 5-year estimates	2017-2021

Category	Indicator	Description	Source	Year(s)
TRANSPORTATION	Workers who Drive Alone to Work	Workers who Drive Alone to Work Trend	Datashare Santa Cruz County	2018-22
TRANSPORTATION	Workers who Walk to Work	Workers who Walk to Work Trend	Datashare Santa Cruz County	2018-22
UNINTENDED INJURIES	Blood Lead Levels, Children/Youth	Blood lead levels among those tested (children 0-5, youth 6-20). High = 4.5-9.49 mcg/dL, Very high = at least 9.5 mcg/dL	California Dept. of Public Health, Childhood Lead Poisoning Prevention Branch, California Blood Lead Data & California's Progress in Preventing and Managing Childhood Lead Exposure (2022).	2020
UNINTENDED INJURIES	Burn Injury ED Visits, Kids	Percent of emergency department visits among children ages 0-17 for the 11 most common primary diagnoses	California Dept. of Health Care Access and Information custom tabulation, as cited on kidsdata.org	2021
UNINTENDED INJURIES	Fatalities from Crashes	Number and Rate of fatal crashes per 100 vehicle miles driven	Vitalsigns.mtc.ca.gov	2022
UNINTENDED INJURIES	Fracture Injury ED Visits, Kids	Percent of emergency department visits among children ages 0-17 for the 11 most common primary diagnoses	California Dept. of Health Care Access and Information custom tabulation, as cited on kidsdata.org	2021
UNINTENDED INJURIES	Injury Deaths	Number of deaths due to injury (intentional and unintentional) per 100,000 population.	National Center for Health Statistics - Mortality Files	2016-2020
UNINTENDED INJURIES	Motor Vehicle Crash Deaths	Number of motor vehicle crash deaths per 100,000 population.	National Center for Health Statistics - Mortality Files	2014-2020
UNINTENDED INJURIES	Poisoning ED Visits, Kids	Percent of emergency department visits among children ages 0-17 for the 11 most common primary diagnoses	California Dept. of Health Care Access and Information custom tabulation, as cited on kidsdata.org	2021
UNINTENDED INJURIES	Poisoning Hospitalizations, Kids	Share of Hospitalizations among children Ages 0-17 for Poisoning	California Dept. of Health Care Access and Information custom tabulation, as cited on kidsdata.org	2020
UNINTENDED INJURIES	Traumatic Injuries Hospitalization, Kids	Share of Hospitalizations among children Ages 0-17 for Traumatic Injuries	California Dept. of Health Care Access and Information 2021 custom tabulation, as cited on kidsdata.org	2020
UNINTENDED INJURIES	Traumatic Injury ED Visits, Kids	Percent of emergency department visits among children ages 0-17 for the 11 most common primary diagnoses	California Dept. of Health Care Access and Information custom tabulation, as cited on kidsdata.org	2021
UNINTENDED INJURIES	Unintentional Injuries (Accidents) Among Leading Causes of Death	Rank within county	California Department of Public Health, 2024 Death Statistics File.	2020-2022

ATTACHMENT 2: QUALITATIVE RESEARCH MATERIALS

Santa Cruz County's English-language pre-surveys and qualitative protocols are included on the following pages of this attachment. For pre-surveys and protocols in other languages, please contact Actionable Insights, LLC (inquiries@actionableLLC.com).



2024 CHNA Survey to Identify Health Needs - Experts/Leaders (Santa Cruz County)

Welcome!

Thank you for clicking through to this survey. It will take about five minutes to complete. **Please respond at least two days before your scheduled interview or focus group.**

Health care organizations in Santa Cruz County, including Dominican Hospital (CommonSpirit Health) and Sutter Maternity & Surgery Center, are conducting a community health needs assessment (CHNA) in accordance with IRS guidelines for non-profit hospitals. For the 2025 CHNA, a combination of statistical data and community input are being collected by these organizations and their consultants, including Actionable Insights. This research will generate a list of community health needs.

The survey you are about to complete briefly presents a list of health needs, including all that were prioritized by the community in Santa Cruz County in 2022. You are welcome to add any needs you feel are missing. As a local expert/community leader, **you are being asked to choose up to five needs that you feel are the biggest health issues and/or conditions for the people whom you serve.** The results of this survey will be shared with the health care organizations and their consultants, and may also be shared with a limited number of additional non-profit hospitals, community-based organizations, and/or agencies such as the County's Public Health Department. During your upcoming interview/focus group, the Actionable Insights facilitator will ask you to discuss the top needs you chose.

To proceed, please enter your name below and click "Next."

* 1. Your name:



2024 CHNA Survey to Identify Health Needs - Experts/Leaders (Santa Cruz County)

List of Health Needs to Select

* 2. Below is a list of health needs. The ones in bold were prioritized by the community during the 2022 Community Health Needs Assessment in Santa Cruz County. They are presented in alphabetical order. Feel free to add any needs you feel may be missing. Please choose up to five needs that you feel are the most pressing now for the people whom you serve. There may be overlap; please choose the five that best represent the needs you have in mind.

- ☐ **Cancer**
- ☐ Communicable Diseases (including TB, COVID, flu, salmonella; not including sexually transmitted infections)
- ☐ **Community safety/intentional injury** (including child/partner abuse, hate crimes, bullying and school safety, human trafficking, violent crime, arrest rates, and deaths in custody)
- ☐ Disabilities (including vision, hearing, and mobility; neurodivergence such as autism or ADHD; and cognitive disabilities/developmental delays)
- ☐ **Economic insecurity/poverty** (including income, employment, education, digital access, and food insecurity)
- ☐ **Healthcare access and delivery** (including health insurance, costs of care and medicine, availability of primary and specialty care providers, wait times for appointments, transportation barriers, quality of care, and linguistic/cultural competence in care delivery)
- ☐ Healthy aging (including arthritis, cognitive decline/dementia, Alzheimer’s disease, aging-related vision and hearing loss, loss of mobility, falls)
- ☐ Healthy environment/climate (including extreme weather, environmental contaminants, safe air and drinking water)
- ☐ **Healthy lifestyles** (diabetes and obesity, including fitness and places to exercise; diet, nutrition, and access to fresh food)
- ☐ **Heart disease** and stroke (including heart attack, high cholesterol, and high blood pressure)
- ☐ **Housing and homelessness** (including safe, clean, and affordable housing, overcrowding, and tenant protections)
- ☐ Maternal and infant health (including prenatal care, premature births, and infant mortality)
- ☐ **Mental health** (including stress, anxiety, isolation, and depression; life satisfaction; eating disorders; trauma; and mental health disorders such as schizophrenia)
- ☐ Oral/dental health
- ☐ Respiratory diseases (including asthma, allergies, COPD)
- ☐ Sexual health (including family planning and sexually-transmitted infections such as gonorrhea, chlamydia, or HIV)
- ☐ **Substance use** (including vaping; the use of alcohol, tobacco, opioids, and other substances; addiction; and outcomes such as kidney or liver disease)
- ☐ **Unintended injuries/accidents** (including drownings, poisonings, and bicycle, pedestrian, and motor vehicle accidents)
- ☐ Other (please specify)

When you are done responding to the questions above, please click "Next" for your responses to be tallied.



2024 CHNA Survey to Identify Health Needs - Experts/Leaders (Santa Cruz County)

Consent

* 3. In order to capture your words accurately, your interview/focus group will be recorded and the recording will be transcribed. A transcript of the interview/focus group discussion will be sent to the health care organizations and their consultants, and may also be shared with a limited number of additional non-profit hospitals, community-based organizations, and/or agencies such as the County's Public Health Department. If a quote from your transcript is used in the report, you will not be identified by name; only as a "local expert." Please indicate that you understand and agree to be recorded.

- ☐ Yes, I understand and agree to be recorded.
- ☐ No, I do not agree to be recorded. I will not participate in the interview/focus group.



2024 CHNA Survey to Identify Health Needs - Experts/Leaders (Santa Cruz County)

Report Acknowledgment

* 4. An appendix to the report will contain a list of experts consulted. Please indicate how you would like to be listed:

- ☐ By name, title, and organization
- ☐ Only my title and organization, not my name
- ☐ Only my organization, not my name or role
- ☐ Do not include me in the list at all

5. Please fill in the fields that correspond to your response above. If you agreed to be listed by name, we will use your name as you entered it at the beginning of this survey.

Title

Organization

* 6. In a few sentences, please tell us what your organization does and how it serves the community.

* 7. In a sentence or two, how would you describe the geographic areas and populations you serve or represent?



2024 CHNA Survey to Identify Health Needs - Experts/Leaders (Santa Cruz County)

Demographics

The IRS would like the hospitals to describe who participated in the interviews and focus groups. We would appreciate it if you would answer the questions below, but responding is optional. We will only report these answers for experts as a group, not for individual participants.

8. What is your age? *(Please enter a number only.)*

9. Are you of Hispanic/Latinx ethnicity?

☐ Yes

☐ No

10. What is your race? (Please choose all that apply.)

☐ American Indian/Alaskan Native

☐ Asian (indicate specific ancestry, e.g., "Chinese," in Other field below)

☐ Black/African American

☐ Native Hawaiian/Other Pacific Islander

☐ White

☐ Some other race (please specify)

11. Which of the following most accurately describes you?

- ☐ Female
- ☐ Male
- ☐ Non-binary
- ☐ Transgender
- ☐ Intersex
- ☐ Let me type...



2024 CHNA Survey to Identify Health Needs - Experts/Leaders (Santa Cruz County)

Thank you!

Thank you for responding to the survey. Your facilitator will review your responses prior to your scheduled interview/focus group. If you are finished with this survey, please click "Done."



2024 CHNA Survey to Identify Health Needs - Community Members (Santa Cruz County)

Welcome!

Thank you for clicking through to this survey. It will take less than five minutes to complete. **Please respond at least two days before your scheduled focus group discussion.**

Health care organizations in Santa Cruz County, including Dominican Hospital (CommonSpirit Health) and Sutter Maternity & Surgery Center, would like to understand the needs of the community better, including its physical, emotional, and environmental health. For this Community Health Needs Assessment, these organizations are collecting thoughts and opinions from people in the community with the help of their consultants, including Actionable Insights. This will help to make a list of community health needs.

This survey has a list of health needs. It includes the ones that were found in 2022 for Santa Cruz County. You are welcome to add any needs you feel are missing. As a community member, **you are being asked to choose up to five needs that you feel are the most important for your community right now.** The health care organizations and their consultants will receive the answers from this survey and then summarize them. They may also share them with a small number of other community based organizations and health care organizations, including the County's Public Health Department, **without using your name or email address.** The Actionable Insights facilitator will lead a conversation about the needs that were rated as the most important, or pressing, in your upcoming focus group.

To proceed, please enter your name and email address below and click "Next."

* 1. Your name:

* 2. Your email address:

* 3. At the end of the focus group, you will receive a gift card as a "thank you" for participating. Which company's gift card would you like?

☐ Amazon

☐ Target

* 4. In order to get everyone's words exactly right, your focus group will be recorded. A written copy of the discussion without people's names will be sent to the healthcare organizations and their consultants. They may also share it with a small number of other community based organizations and health care organizations, including the County's Public Health Department. If you are quoted, you will be identified only as a "community member" -- no names will be used. Please indicate that you understand and agree to be recorded.

- ☐ Yes, I understand and agree to be recorded.
- ☐ No, I do not agree to be recorded. I will not participate in the focus group.



2024 CHNA Survey to Identify Health Needs - Community Members (Santa Cruz County)

List of Health Needs to Select

* 5. Below is a list of health needs. The ones in bold were identified by the community in Santa Cruz County in 2022. They are presented in random order. Please think about how important each need is for your community right now. Then, please choose up to five needs that you feel are the most important now for your community. There is a space at the bottom where you can add anything you feel may be missing. There may be overlap, but please do the best you can.

- ☐ **Cancer**
- ☐ Communicable Diseases (including TB, COVID, flu, salmonella; not including sexually transmitted infections)
- ☐ **Community safety/intentional injury** (including child/partner abuse, hate crimes, bullying and school safety, human trafficking, violent crime, arrest rates, and deaths in custody)
- ☐ Disabilities (including vision, hearing, and mobility; neurodivergence such as autism or ADHD; and cognitive disabilities/developmental delays)
- ☐ **Economic insecurity/poverty** (including income, employment, education, digital access, and food insecurity)
- ☐ **Healthcare access and delivery** (including health insurance, costs of care and medicine, availability of primary and specialty care providers, wait times for appointments, transportation barriers, quality of care, and linguistic/cultural competence in care delivery)
- ☐ Healthy aging (including arthritis, cognitive decline/dementia, Alzheimer’s disease, aging-related vision and hearing loss, loss of mobility, falls)
- ☐ Healthy environment/climate (including extreme weather, environmental contaminants, safe air and drinking water)
- ☐ **Healthy lifestyles** (diabetes and obesity, including fitness and places to exercise; diet, nutrition, and access to fresh food)
- ☐ **Heart disease** and stroke (including heart attack, high cholesterol, and high blood pressure)
- ☐ **Housing and homelessness** (including safe, clean, and affordable housing, overcrowding, and tenant protections)
- ☐ Maternal and infant health (including prenatal care, premature births, and infant mortality)
- ☐ **Mental health** (including stress, anxiety, isolation, and depression; life satisfaction; eating disorders; trauma; and mental health disorders such as schizophrenia)
- ☐ Oral/dental health
- ☐ Respiratory diseases (including asthma, allergies, COPD)
- ☐ Sexual health (including family planning and sexually-transmitted infections such as gonorrhea, chlamydia, or HIV)
- ☐ **Substance use** (including vaping; the use of alcohol, tobacco, opioids, and other substances; addiction; and outcomes such as kidney or liver disease)
- ☐ **Unintended injuries/accidents** (including drownings, poisonings, and bicycle, pedestrian, and motor vehicle accidents)
- ☐ Other need (please describe)

When you are done responding to the questions above, please click "Next" for your responses to be tallied. You will soon receive an invitation with details about the focus group. We look forward to meeting you!



2024 CHNA Survey to Identify Health Needs - Community Members (Santa Cruz County)

Demographics

Thank you for providing your responses to the survey questions! The IRS would like the hospitals to describe who participated in the interviews and focus groups. We would appreciate it if you would answer the questions below. Answering is not required. We will only report these answers for community members as a group, not for individual participants.

* 6. Are you a resident of Santa Cruz County?

☐ Yes

☐ No

7. What city do you live in right now?

* 8. What is your age? *(Please enter a number only.)*

9. Are you of Hispanic/Latine ethnicity?

☐ Yes

☐ No

10. What is your race? (Please choose all that apply.)

☐ American Indian/Alaskan Native

☐ Asian (indicate specific ancestry, e.g., "Chinese," in Other field below)

☐ Black/African American

☐ Native Hawaiian/Other Pacific Islander

☐ White

☐ Some other race (please specify)

11. Which of the following most accurately describes you?

- ☐ Female
- ☐ Male
- ☐ Non-binary
- ☐ Transgender
- ☐ Intersex
- ☐ Let me type...



2024 CHNA Survey to Identify Health Needs - Community Members (Santa Cruz County)

Thank you!

Thank you for responding to the survey. Your facilitator will review your responses prior to your scheduled focus group. Again, you will soon receive an invitation with details about the focus group.

If you are finished with this survey, please click "Done."

CHNA 2025 Key Informant Interview Protocol: Experts/Leaders (60 min.)

INTRODUCTION (5 MIN.)

- WELCOME: Thank you for agreeing to do this interview today. My name is [NAME] with Actionable Insights. I will be conducting the interview today on behalf of local health care organizations as part of the Community Health Needs Assessment process for them in Santa Cruz County.
- *[If they didn't submit survey:* In order to go ahead, we'll need you to take the survey we sent you. Here's the link; I'll wait while you complete it *[place in Zoom chat:* <https://www.surveymonkey.com/r/KIIFG-SCZ25-Consent>].
- What the project is about:
 - Local nonprofit hospitals are conducting a Community Health Needs Assessment. It is a systematic examination of health indicators in Santa Cruz County that will be used to identify key problems and assets in a community and develop strategies to address community health needs. You are an important contributor to this assessment because of your knowledge of the needs in the community you serve or represent. The hospitals greatly value your input.
 - A CHNA is required of all non-profit hospitals in the U.S. every three years. The report based on this assessment will be a snapshot in time; this report will be published next year (in 2025) and consulted through 2028.
- We expect this interview to last no longer than 1 hour; does that still work for you?
- **Today's main topics:**
 - Better understand the needs you identified as most pressing in your area
 - Which populations are experiencing inequities related to the needs
 - How things may have changed in the past few years (trends)
 - The biggest challenges you see in addressing the needs
 - Key resources and any models or best practices you know of for addressing the needs
 - Other areas of concern
 - *[If not one of the needs identified:]* Your expertise as it relates to the community's needs
- What we'll do with the information you tell us today:
 - Will record so that we can get the most accurate record possible
 - Will not share the audio itself; transcript will go to the health care organizations and their consultants, like me.
 - Hospitals will make decisions about which needs they can best address
 - We can keep anything confidential; just let me know any time.
 - The information you provide today will not be reported in a way that would identify you. *[Next part depends on their survey response:]* We plan to name *you/your organization* in the report where we list all the experts we consulted, but will not attach your name to any quotes we might use.

- Do you have any questions before we get started? *[If we don't have the answer, commit to finding it and sending later via email.]*

HEALTH NEEDS DISCUSSION (35 MIN.)

Could you please pronounce your name and share your preferred pronoun? OK, [name], before we get down to the issues you identified, I'd like to ask you:

- 1) What are the healthiest characteristics of this community? *[Prompt if needed: For example, a strong transportation system, an active arts and culture sector, safe and accessible spaces for physical activity]*
 - a) What strengths in the community amplify or support these healthy characteristics?

Thank you. Now, you identified *[read list from survey]* as the biggest health issues or conditions your community struggles with. For each of these needs, I'll ask you six things *[read only **bold text** to introduce this section]*:

1. Please briefly describe **how you see the need playing out**. What does it look like among the people you serve or represent?
2. **What do you think creates these issues?** *[Prompts for barriers if they are having trouble thinking of any: Income/economic issues, language, culture/stigma, lack of awareness/education, policies/laws, budget cuts, lack of community resources, geographic location, transportation, housing, addiction, stress, being victims of abuse/bullying/crime]*
3. This may overlap the previous question, but **are there certain people or geographic areas that have been affected by the issues** we've been talking about **more than others?** If so, in what ways? *In other words*, which specific groups of the population, if any, should the hospitals focus on to reduce disparities and inequities related to race or other factors?
[Prompts for populations if they are having trouble thinking of any: income/education level, housing status, language, immigration status, age, ethnicity, sexual orientation, gender identity, disability status, geographic location; intersectionality of any of these]
4. Next, **how things may have changed** in the last few years (since we know that the data always lag what is happening now)? What emerging trends or areas of concern have you seen since 2021? How has COVID recovery influenced the characteristics of these needs?
5. What are **one or two of the biggest challenges to addressing** the need?
6. *[1st time through only: As you know, the hospitals will make decisions about which needs they can best address, and develop strategies to address them.]* **What do**

you feel is needed to better address this need, including any models, best practices, or key community resources for addressing the need? *In other words, what are effective strategies to reduce health disparities and inequities in your community? [Prompts if needed: Is there work underway that is promising? Who is doing that work? Are there any best practices you have observed within your health system or organization, in our county agencies, national practices you've heard about, or practices you've read about in literature?]*

Probes: How would you like to see health care organizations like these hospitals address these needs? Who are the individuals or organizations that are important in connecting the sub-groups most affected by disparities to community resources that support this need?

OK, let's get started. For *[name first need]*, *[start at Q1; address all six questions, then go back to Q1-6 with second need, again with third need, then go on to the questions below.]*

Only if their expertise was not related to one or more of the needs chosen:

FURTHER DISCUSSION: THEIR EXPERTISE (5-10 min.)

You were invited to share your expertise/experience about *[topic, e.g., substance use disorder, maternal health, or homelessness]*. Let's talk a little about that; how does it relate to the community's health needs?

[Probe: What services does your organization provide to help meet those needs?]

Only if structural inequities were not already discussed:

FURTHER DISCUSSION: STRUCTURAL INEQUITIES (5-10 min.)

I know you didn't identify structural inequities as a specific need; would you mind...

- Speaking to any particularly detrimental structural inequities that are affecting the people you serve? How do those structural inequities show up?
- Identifying any equity initiatives or strategies you know of, which have momentum – that is, they seem to be making a positive impact?

ADDITIONAL COMMENTS (time permitting)

We have a few minutes left; is there anything else you would like to add regarding community health needs that we haven't already discussed? Any recent reports we should consult? Any other thoughts or comments we can convey to the hospitals?

REQUEST FOR ASSISTANCE WITH ASSETS LIST (2 min.)

The IRS requires that we get feedback from the community on potential resources available to address these health needs. We are compiling a list of resources by health need later this spring, which will be based on 2-1-1's list. **Would you be willing to review a list at that time, related to your area of expertise, and give us feedback?** *[Pause]* For example, we may ask whether the resources seem sufficient or if there are gaps; or if there are resources available that we have missed. *[Make a note as to whether they agree or not.]*

CLOSING (1 min.)

You can look for the hospitals' CHNA reports to be made publicly available on their individual websites in the second half of 2025.

If anything occurs to you later that you would like to add to this interview, please feel free to send me an email.

Thank you so much for contributing your expertise and experience to the CHNA.

CHNA Focus Group Protocol – Experts/Leaders (60 min.)

INTRODUCTION (5 MIN.)

[Start recording from the beginning of the session.]

- Welcome and thanks
- What the project is about:
 - Identifying health needs in our community, including social determinants of health (called the Community Health Needs Assessment or CHNA).
 - A CHNA is required of all non-profit hospitals in the U.S. every three years. The report based on this assessment will be a snapshot in time; this report will be published next year (in 2025) and consulted through 2028.
 - Will inform investments that hospitals make to address community needs.
- Our focus group is scheduled for sixty minutes -- does that still work for you?
- Today's questions:
 - Better understand the needs your group identified as most pressing in Santa Cruz County
 - How things are different compared to the other part of the county (north/south)
 - Which populations are experiencing inequities related to the needs
 - How things may have changed in the past few years (trends)
 - Any models or best practices you know of for addressing the needs
 - Areas of concern
 - *[If not one of the needs identified:]* Your expertise as it relates to the community's needs
- What we'll do with the information you tell us today:
 - Will record so that we can get the most accurate record possible
 - Will not share the audio itself; transcript will go to hospitals
 - Hospitals will make decisions about which needs they can best address
 - We can keep anything confidential. Let us know any time.
 - Plan to name *you and/or your organization* in the report where we list all the experts we consulted *for those of you who opted in via the survey*, but **will not attach your name to any quotes** we might use.
- Any questions before I begin? *[If we don't have the answer, commit to finding it and sending later via email.]*

HEALTH NEEDS DISCUSSION (35 MIN.)

As a group, you identified *[read list]* as the most pressing needs for the people you serve. For each of these needs, I'll ask you five things *[read only **bold text** to introduce this section]:*

1. Please describe **how you see the need playing out**, including how well the need is being addressed right now and what barriers might exist to seeing better outcomes.
Probe: Who is addressing the need? [Prompts for barriers if they are having trouble thinking of any: Income/economic issues, language, culture/stigma, lack of awareness/education, policies/laws, budget cuts, lack of community resources, transportation, housing, addiction, stress, being victims of abuse/bullying/crime]
2. How is the need **different here compared to the other part of the county** (south/north)?
3. This may overlap the previous question, but I'll ask you to identify **which populations are experiencing inequities** with respect to the need (that is, who are better or worse off than others) and explain their situation.
[Prompts for populations if they are having trouble thinking of any: income/education level, housing status, language, immigration status, age, ethnicity, sexual orientation, gender identity, disability status, geographic location; intersectionality of any of these]
4. Third, to say **how things may have changed** in the last few years (since we know that the data always lag what is happening now). What emerging trends or areas of concern have you seen since 2021? *[Probe if needed: With the end of pandemic-era policies, what sorts of changes have you seen?]*
5. Finally, I'll ask you to explain **what you feel is needed to better address this need**, including **any models or best practices for addressing the need**. *Probe: Who should be doing that (addressing this need)? [Prompts if needed: Practices you have observed within your health system or organization, in our county agencies, national practices you've heard about, or practices you've read about in literature.]*

OK, let's get started. For *[name first need]*, *[start at Q1; address all four questions, then go back to Q1-4 with second need, again with third need, then go on to the questions below.]*

Only if their expertise was not related to one or more of the needs chosen:
FURTHER DISCUSSION: THEIR EXPERTISE (5-10 min.)

You were invited to share your expertise/experience about *[e.g., substance use disorder, senior health, or homelessness]*. Let's talk a little about that; how does it relate to the community's health needs?

Only if equity was not chosen as a need/was not discussed in the context of other needs:
FURTHER DISCUSSION: EQUITY (5-10 min.)

I know the group didn't identify equity as a specific need; would you mind...

- Speaking to any particularly detrimental structural inequities that are affecting the people you serve? How do those structural inequities show up?
- Identifying any equity initiatives or strategies you know of, which have momentum – that is, they seem to be making a positive impact?

ADDITIONAL COMMENTS (time permitting)

We have a few minutes left; is there anything else you would like to add regarding community health needs? Any recent reports we should consult? Anything else we can convey to the hospitals?

REQUEST FOR ASSISTANCE WITH ASSETS LIST (2 min.)

The IRS requires that we get feedback from the community on potential resources available to address these health needs. We are compiling a list of resources by health need later this year, which will be based on 2-1-1's list. **Would you be willing to review a list at that time, related to your area of expertise, and give us feedback?** For example, we may ask whether the resources seem sufficient or if there are resources available that we have missed. *[Make a note as to who agrees.]*

CLOSING (1 min.)

You can look for the hospitals' CHNA reports to be made publicly available on their individual websites in the second half of 2025.

If anything occurs to you later that you would like to add, please feel free to send us an email. Thank you so much for contributing your expertise and experience to the CHNA.

CHNA Focus Group Protocol - Community Members (90 min.)

INTRODUCTION (10 MIN.)

[Start recording from the beginning of the session.]

- Hello everyone. Today we are hosting a focus group about health here in our county. This session will run until *[time]*.
- My name is ____ and I'm with Actionable Insights, a local consulting firm. When we start our discussion in a few minutes, we will call on you and ask you to say your name before speaking.
- Purpose:
 - You are here today to let nonprofit hospitals know what the biggest health needs are in our community.
 - This is called the Community Health Needs Assessment (CHNA), which is required every three years by the IRS, so it is an official, public report.
 - Hospitals will use this to plan how they will use their resources to improve health and wellness in our county.
- Today's questions: *show slide*
 - What are the needs?
 - Which groups of people are doing better or worse when it comes to the needs?
 - What can hospitals/health systems do to improve health in the community?
 - Lastly, we will get your perspective about equity and cultural competence when it comes to health care.
- Confidentiality:
 - We are recording this group so that we can make sure to get your words right.
 - We will only use first names here -- you will be anonymous. (If you want to use a fake name that's OK, too!)
 - Will not share the audio [and video, if on Zoom]; just the transcript will go to hospitals.
 - When we are finished with all of the focus groups, we will read all of the transcripts and summarize the things we learn. We will also use some quotes so that the hospitals can read your own words. We will not use your name when we give them those quotes.
 - If for any reason you are deciding that you do not want to participate, it is OK to leave the meeting now. No hard feelings!
- Guidelines:
 - We know you have other commitments and we really appreciate you taking the time out of your day to be here. It is my job to move us along to keep us

on time. I may interrupt you; I don't mean any disrespect, but it is important to get to all of the questions so we can finish on time.

- We understand that you may have distractions [on your end]; we ask that you do the best you can to remain present, and let us know [through the chat] if you absolutely need to step away.
- If no pre-survey: You have a choice of a \$50 credit to Amazon or Target. Please chat your email address to my colleague [*name*] now, along with your choice. If you don't tell her which one you prefer, we'll send you an Amazon credit.
- It's OK to disagree, but please be respectful. We want to hear from everyone. Really want your personal opinions and perspectives, even – especially! – if they aren't the same as everyone else's.
- Any questions before we begin? [*If we don't have the answer, commit to finding it and sending later via email.*]

HEALTH NEEDS DISCUSSION (55 MIN.)

If no pre-survey: We are going to show you a list of health needs in our county from 2022. [*show slide*] You'll see that there are regular physical health conditions, like cancer, and other kinds of needs, like a healthy climate, and housing. We're going to read the needs, then put up a poll for you to choose the three you think are the most important, or pressing, in your community.

[Read off needs, then launch zoom poll. Give people 2 minutes to complete.]

If collected by pre-survey, start here: As a group, you identified [*read list*] as the most important needs in your community -- these are the needs that got the most votes in the pre-survey. For each of these needs, I'll ask you four things [*read only **bold text** to introduce this section*]:

1. [*Facilitators call on participants one by one.*] "Please say your first name, and then describe **what the need looks like in your community**, including what barriers might exist to people having better outcomes. You can choose to pass if you didn't vote for the need and don't have anything to say about it."
[*Prompts for barriers if they are having trouble thinking of any: Income/economic issues, language, culture/stigma, lack of awareness/education, policies/laws, budget cuts, lack of community resources, geographic location, transportation, housing, addiction, stress, being victims of abuse/bullying/crime*]
2. This may overlap the previous question, but I'll ask you to identify **what groups of people are better or worse off than others** for that need and explain how or why.

[Prompts for populations if they are having trouble thinking of any: income/education level, housing status, language, immigration status, age, ethnicity, sexual orientation, gender identity, disability status, geographic location]

3. Finally, I'll ask you to describe, for that need, **what you think the people in charge should do to support, enhance, facilitate, or fund** to help communities become healthier / improve everyone's lives. *[Use "improve lives" language if need is homelessness, economic stability, violence/safety, or transportation; use "help become healthier" for all other needs.]*

OK, let's get started. For *[name first need]*, *[start at Q1; address all three questions, then go back to Q1-3 with second need, then again with third, then go on to the questions below.]*

YOUR PERCEPTION OF EQUITY ISSUES (20 min.)

As you probably know, people have been talking about issues of equity much more than ever before. "Equity" means fairness and unbiased treatment. When it comes to health care, what's your perspective about equity and cultural competence? For example:

- What do you think are the barriers to everyone having the **same access** to health care?
- What do you think are the barriers to everyone getting the **same quality** of health care?
- We've heard that not all providers know how to care for people in a **respectful and culturally competent** way. What do you think those providers are missing? What do you think they need to learn?
- What can **hospitals and health systems** do to best address equity for you and the people in your community?

CLOSING (1 min.)

Thank you for contributing your opinions and experience to the CHNA.

You can contact us if you want any more information about the assessment. If anything occurs to you later that you would like to add, please feel free to send us an email.

ATTACHMENT 3: COMMUNITY LEADERS, REPRESENTATIVES, AND MEMBERS CONSULTED

The list below contains the names of leaders, representatives, and members who were consulted for their expertise in the community. Leaders were identified based on their professional expertise and knowledge of target groups including low-income populations, minorities, and the medically underserved.

ID #	Data Collection Method	Name, Title, Agency	Topic	# of People	Target Group(s) Represented	Role in Target Group	Date Input Was Gathered
Organizations							
1	Interview	Anita Aguirre, MPH, Chief Executive Officer, Santa Cruz Community Health Centers	North County	1	Low-income, medically underserved	Leader	3/25/2024
2	Interview	Mai Bui-Duy, Director of Health Information & Population Health, Salud Para La Gente	South County	1	Low-income, medically underserved	Leader	3/26/2024
3	Interview	Monica Morales, Director, Health Services Agency	Public health	1	Low-income, medically underserved	Leader	3/27/2024
4	Interview	Robert Ratner, Housing for Health Division Director, County of Santa Cruz Human Services Department	Homelessness	1	Low-income	Leader	4/12/2024

ID #	Data Collection Method	Name, Title, Agency	Topic	# of People	Target Group(s) Represented	Role in Target Group	Date Input Was Gathered
5	Interview	Director of Integrated Behavioral Health, Adult Services, Encompass Community Services Sabina Iles, Integrated Behavioral Health Director/Youth & Families, Encompass Community Services	Behavioral health	2	Low-income, medically underserved	Leaders	4/24/2024
6	Interview	James Russell, Director of Access and Crisis Services, Santa Cruz County Behavioral Health Crisis Services Manager, Santa Cruz County Behavioral Health	Behavioral health	2	Low-income, medically underserved	Leaders	7/24/2024
7	Interview	Dennis Hsieh, Chief Medical Officer, Central California Alliance for Health	Healthcare access	1	Low-income, medically underserved	Leader	9/10/2024
8	Interview	Erica Padilla-Chavez, Chief Executive Officer, Second Harvest Food Bank Santa Cruz County	Food insecurity	1	Low-income	Leader	10/3/2024
9	Interview	RC Fam Raíces y Cariño	Maternal/infant health	1	Low-income, medically underserved	Leader	10/9/2024

ID #	Data Collection Method	Name, Title, Agency	Topic	# of People	Target Group(s) Represented	Role in Target Group	Date Input Was Gathered
10	Interview	Faris Sabbah, Santa Cruz County Superintendent of Schools, Santa Cruz County Office of Education	Education	1	Low-income	Leader	10/9/2024
11	Interview	Corinne Jones, Director of Programs, Senior Network Services	Older adults	1	Low-income, medically underserved	Leader	10/10/2024
12	Interview	Leeann Luna, Chief Executive Officer, Monarch Services Jeanette Valencia, Program Manager, Monarch Services	Community safety	2	Low income	Leaders	10/18/2024
13	Focus Group	Hosts: Dominican Hospital and Sutter Maternity & Surgery Center	North County equity	8	Low-income, minority	(See below)	6/17/2024
		Attendees:					
		Jennifer Herrera, Assistant Director, County of Santa Cruz, Health Services Agency				Representative	
		Grant Hartzog, Professor, University of California, Santa Cruz				Representative	

ID #	Data Collection Method	Name, Title, Agency	Topic	# of People	Target Group(s) Represented	Role in Target Group	Date Input Was Gathered
		Cybele Lolley, Clinical Program Director, The Diversity Center of Santa Cruz County				Representative	
		David Molina, Commissioner, Santa Cruz County Commission on Disabilities				Representative	
		Jessica Bulleri , Campus Wellness Program Manager, University of California, Santa Cruz				Representative	
		Crystal Gonzalez, Semillitas Program Director, Ventures				Representative	
		Keisha Browder, Chief Executive Officer, United Way of Santa Cruz County				Representative	
		Maritza Lara, Executive Director, Health Improvement Partnership of Santa Cruz County				Representative	
Community Residents							

ID #	Data Collection Method	Name, Title, Agency	Topic	# of People	Target Group(s) Represented	Role in Target Group	Date Input Was Gathered
14	Focus Group	Host: Community Action Board of Santa Cruz - Davenport Resource Service Center	Farmworkers	10	Low-income, medically underserved	Members	6/27/2024

ATTACHMENT 4: COMMUNITY ASSETS AND RESOURCES

On the following pages are lists of programs and resources available to meet each identified health need. Note that some assets and resources are listed under multiple identified health needs.

ACCESS TO HEALTHCARE RESOURCES

Health Care Facilities and Agencies

In addition to assets and resources available to address specific health needs, the following health care facilities are available in the county. Many hospitals provide charity care and cover Medi-Cal shortfalls.

Hospitals	City/Region
Dignity Health Dominican Hospital	Santa Cruz
Sutter Maternity & Surgery Center	Santa Cruz
Watsonville Community Hospital	Watsonville
Clinics	City/Region
Cabrillo College Student Health Services	Aptos
Clinica Del Valle del Pajaro	Watsonville
Dientes Community Dental	Santa Cruz
Dignity Health Medical Foundation	Multiple locations ³¹
Dominican Hospital Mobile Clinic	N/A (mobile)
Dominican Physical Medicine & Rehabilitation	Santa Cruz
Homeless Persons Health Project	Santa Cruz
Immunization Clinics	Countywide
Janus of Santa Cruz Community Clinic	Santa Cruz
Palo Alto Medical Foundation	Multiple locations ³²
Planned Parenthood Mar Monte Health Center	Watsonville
Salud Para la Gente	Watsonville
Santa Cruz Community Health	Santa Cruz

³¹ For locations, see <https://www.dignityhealth.org/dhmf/about/dhmn/santa-cruz>

³² For locations, see <http://www.pamf.org/clinics/#Santa%20Cruz%20County>

Santa Cruz County Medical Society	Santa Cruz
Santa Cruz Health Center (SC HSA Clinic)	Santa Cruz
UCSC Student Health Center	Santa Cruz
Watsonville Health Center (SC HSA Clinic)	Watsonville
Watsonville Homeless Health Center	Watsonville

Other General Healthcare Access Resources

- Bonny Doon Elementary School District Bus Transportation
- Cabrillo College - Program: Cabrillo College Student Health Center
- Cabrillo College - Program: Dental Hygiene Clinic
- Central California Alliance For Health - Program: Medi-Cal
- Central California Alliance For Health - Program: Medi-Cal Managed Health Care Plan
- Community Bridges - Program: La Manzana Community Resources
- Community Bridges - Program: Lift Line
- Community Bridges - Program: Live Oak Community Resources
- Community Bridges - Program: Mountain Community Resources (MCR)
- Community Bridges - Program: Nueva Vista Community Center
- Community Bridges Lift Line
- Community Bridges Meals on Wheels Program
- Community Services & Workforce Development - Program: Housing Opportunities for People with Aids
- County of Santa Cruz Human Services Department Employment and Benefit Services Division - Program: Medi-Cal
- County of Santa Cruz Human Services Workforce - Program: Services for Business
- Dientes Community Dental Care - Program: Dientes Community Dental Care-Beach Flats
- Dientes Community Dental Care - Program: Dientes Community Dental Care-Commercial Way
- Dientes Community Dental Care - Program: Dientes Community Dental Care-Watsonville

- Dominican Hospital - Program: Dignity Health Medical Group - Dominican
- Dominican Hospital - Program: Dominican Hospital Pep Program
- Dominican Hospital - Program: Santa Cruz Surgery Center
- First 5 Santa Cruz County - Program: Health Insurance Application Assistance
- Health and Human Services Agency San Benito County - Program: Maternal Child Adolescent Health
- Health and Human Services Agency San Benito County - Program: Medi-Cal
- Homeless Services Center - Program: Homeless Services Center-Basic Needs
- Jacob's Heart Children's Cancer Support Services - Program: Physiological Needs
- Mercy Transportation
- Pajaro Valley Unified School District - Program: Healthy Start
- Palo Alto Medical Foundation Santa Cruz - Program: Health Education Department
- Salud Para La Gente - Program: Community Health
- Salud Para La Gente - Program: Family Health Care
- Salud Para La Gente - Program: Pediatric Care
- Salud Para La Gente - Program: Women's Health Care (OBGYN) And Lactation
- San Benito County Local Transportation Authority
- San Benito County Veteran Service Office - Program: San Benito County Veteran Service Office
- San Benito Health Foundation - Program: Medi-Cal Program
- Santa Cruz Community Health Center - Program: Live Oak Health Center
- Santa Cruz Community Health Center - Program: Santa Cruz Women's Health Center
- Santa Cruz Community Health Center - Program: Mountain Health Center
- Santa Cruz County Health Services Agency Behavioral Health (HSA) - Program: Substance Use Disorders Services
- Santa Cruz County Health Services Agency Clinic Services (HSA) - Program: Health Care Services
- Santa Cruz County Health Services Agency Public Health Department (HSA) - Program: HIV/AIDs Services

- Santa Cruz County Health Services Agency Public Health Department (HSA) - Program: Homeless Persons Health Project
- Santa Cruz County Health Services Agency Public Health Department (HSA) - Program: California Children Services Program (Ccs)
- Santa Cruz County Health Services Agency Public Health Department (HSA) - Program: Community Health Education
- Santa Cruz County Health Services Agency Public Health Department (HSA) - Program: Medi-Cruz
- Santa Cruz County Health Services Agency Public Health Department (HSA) - Program: Health Care Access Line
- Santa Cruz County Regional Transportation Commission - Program: Cruz511
- Santa Cruz Metro - Program: Public Transportation Services
- Scotts Valley Senior Center - Program: Senior Services
- Senior Network Services - Program: HICAP
- Social Security Administration Santa Cruz - Program: Social Security Administration
- Social Security Administration Watsonville - Program: Social Security Administration
- Social Security Retirement Benefits
- United Way of Santa Cruz County - Program: United Way of Santa Cruz County
- Valley Churches United - Program: Valley Churches United Missions
- Volunteer Center of Santa Cruz County - Program: Transportation Program
- Walnut Avenue Family & Women's Center - Program: Services for Children & Youth
- Watsonville/Aptos/Santa Cruz Adult Education (WASC) - Program: Education Programs for Adults with Disabilities

RESOURCES AVAILABLE BY IDENTIFIED HEALTH NEED

Behavioral Health

- Alcoholics Anonymous of Santa Cruz County Intergroup, Inc - Program: Substance Abuse Services
- Big Brothers Big Sisters of Santa Cruz County - Program: Big Brothers Big Sisters
- Cabrillo College - Program: Cabrillo College Student Health Center

- Central California Alliance For Health - Beacon
- City of Santa Cruz Department of Parks and Recreation - Program: Parks and Recreation
- Community Bridges - Program: Live Oak Community Resources
- Community Bridges - Program: Mountain Community Resources (MCR)
- Conflict Resolution Center of Santa Cruz County - Program: Affordable Divorce Mediation
- Conflict Resolution Center of Santa Cruz County - Program: Conflict Resolution Training Workshops
- Conflict Resolution Center of Santa Cruz County - Program: Parent Teen Mediation
- County of Santa Cruz Human Services Department Adult and Long-Term Care - Program: Veterans Services Office
- County of Santa Cruz Human Services Department Family and Children's Services - Program: Independent Living Program and Transitional Housing
- Del Mar Caregiver Resource Center (Health Projects Center)
- Dominican Hospital - Program: Better Breathers Pulmonary Support Group
- Dominican Hospital - Program: Caregiver Support
- Dominican Hospital - Program: Dignity Health Medical Group - Dominican
- Dominican Hospital - Program: Dominican Hospital Outpatient Rehabilitation Center
- Easter Seals Central California - Program: Organizational & Nonprofit Development Services
- Elevate Addiction Services - Program: Elevate Addiction Services
- Encompass Community Services - Program: 2nd Story Program
- Encompass Community Services - Program: Alto North and South Counseling Center
- Encompass Community Services - Program: Si Se Puede (SSP)
- Encompass Community Services - Program: Sober Living Environment (SLE)
- Encompass Community Services - Program: Substance Abuse Services
- Encompass Community Services - Program: Supported Housing
- Encompass Community Services - Program: Transition Age Youth (Tay) Program

- Family Services Agency - Santa Cruz
- Hand of Santa Cruz - Program: Support Groups
- Health and Human Services Agency San Benito County - Program: Children's Medical Services
- Hospice of Santa Cruz County - Program: Hospice Transition & Grief Program
- Jacob's Heart Children's Cancer Support Services - Program: Emotional Well-Being
- Jacob's Heart Children's Cancer Support Services - Program: Physiological Needs
- Janus Of Santa Cruz - Program: Community Clinic
- Janus Of Santa Cruz - Program: Substance Abuse Services
- Mental Health Client Action Network - Program: Mental & Behavioral Health Services
- Monarch Services - Program: Domestic Violence, Sexual Assault, Human Trafficking Services
- Monterey Bay Horsemanship & Therapeutic Center - Program: Recreation Services
- Nami Santa Cruz County - Program: Hope Bipolar Disorder and Depression Support Group
- Nami Santa Cruz County - Program: Nami Classes
- Nami Santa Cruz County - Program: Nami Family Support Group for Spanish Speakers
- Nami Santa Cruz County - Program: Nami Peer Connection Support Groups
- Nami Santa Cruz County - Program: Nami Support for Family Members of Youth and Young Adults (16-26)
- Nami Santa Cruz County - Program: Nami Thursday Night Support Group for Family Members
- New Life Community Services, Inc. - Program: New Life Community Services
- Opal Cliff Residential Center - Program: Mental & Behavioral Health Services
- Overeaters Anonymous Santa Cruz - Program: Support Groups
- Pajaro Valley Prevention and Student Assistance, Inc. - Program: Restorative Justice Programs
- Pajaro Valley Prevention and Student Assistance, Inc. - Program: Youth Services
- Planned Parenthood Mar Monte Watsonville Health Center - Program: Watsonville Health Center

- Planned Parenthood Mar Monte Westside Health Center - Program: Westside Health Center
- Raíces y Cariño - Program: Children ages 0-5 enrichment
- Raíces y Cariño - Program: Fatherhood support groups
- Raíces y Cariño - Program: Maternal mental health assessment and support groups
- Raíces y Cariño - Program: Trauma-informed parenting education
- Salud Para La Gente - Program: Family Health Care
- Salud Para La Gente - Program: Wellness and Counseling (Behavioral Health)
- San Benito County Behavioral Health - Program: Mental Health Services
- San Benito County Behavioral Health - Program: Substance Abuse Services
- Santa Cruz Barrios Unidos - Program: SCHS Educational Outreach
- Santa Cruz Chapter California Association of Marriage and Family Therapists - Program: Information and Referral Services
- Santa Cruz Community Health Center - Mountain Health Center
- Santa Cruz Community Health Center - Program: Live Oak Health Center
- Santa Cruz Community Health Center - Program: Women's Health Center
- Santa Cruz County Department of Parks Simpkins Family Swim Center - Live Oak Community Center - Program: Recreation Services
- Santa Cruz County Health Services Agency Behavioral Health (HSA) - Program: Adult Mental Health Services
- Santa Cruz County Health Services Agency Behavioral Health (HSA) - Program: Child and Adolescent Behavioral Health Services
- Santa Cruz County Health Services Agency Behavioral Health (HSA) - Program: Child and Adolescent Behavioral Health Services
- Santa Cruz County Health Services Agency Behavioral Health (HSA) - Program: Substance Use Disorders Services
- Santa Cruz County Health Services Agency Behavioral Health (HSA) - Program: Substance Use Disorders Services
- Santa Cruz County Health Services Agency Clinic Services (HSA) - Program: Health Care Services

- Santa Cruz County Health Services Agency Public Health Department (HSA) - Program: Community Health Education
- Santa Cruz County Health Services Agency Public Health Department (HSA) - Program: Family Health Programs
- Santa Cruz County Health Services Agency Public Health Department (HSA) - Program: Homeless Persons Health Project
- Santa Cruz County Probation Department - Program: Legal and Criminal Justice Services
- Sobriety Works - Program: Sobriety Works
- Sun Street Centers - Program: Sun Street Centers Women's Residential
- Survivors Healing Center - Program: Survivors Healing Center
- The Salvation Army Santa Cruz Corps Community Center - Program: Family and Youth Services
- The Salvation Army Watsonville Corps - Program: The Salvation Army Watsonville Corps
- University of CA Santa Cruz - Program: Faculty & Staff Wellness Program
- Walnut Avenue Family & Women's Center - Program: Services for Children & Youth
- Your Future Is Our Business - Program: Your Future Is Our Business Career Exploration

Cancer

- Dominican Hospital - Program: Breast Cancer Support Group
- Dominican Hospital - Program: Cancer Support
- Dominican Hospital - Program: Dominican Breast Center
- Dominican Hospital - Program: Dominican Hospital
- Dominican Hospital - Program: Dominican Hospital - Mary & Richard Solari Cancer Center
- Dominican Hospital - Program: Dominican Hospital Imaging & Radiology Department
- Dominican Hospital - Program: Dominican Hospital Laboratory
- Dominican Hospital - Program: Dominican Hospital Lymph-Edema Management
- Dominican Hospital - Program: Dominican Hospital Outpatient Rehabilitation Center
- Dominican Hospital - Program: Every Woman Counts

- Dominican Hospital - Program: Gentle Yoga for Those with Cancer
- Dominican Hospital - Program: Infectious Diseases, Internal Medicine and Endocrinology
- Dominican Hospital - Program: Oncology and Hematology
- Jacob's Heart Children's Cancer Support Services - Program: Physiological Needs
- Planned Parenthood Mar Monte Watsonville Health Center - Program: Every Woman Counts
- Salud Para La Gente - Program: Every Woman Counts
- Santa Cruz Community Health Center - Program: Every Woman Counts
- Santa Cruz County Health Services Agency Clinic Services (HSA) - Program: Every Woman Counts
- Santa Cruz County Health Services Agency Clinic Services (HSA) - Program: Health Care Services
- Womencare - Program: Support Groups and Healing Circles

Community Safety (including Unintended Injuries/Accidents)

- American Red Cross of The Central Coast - Program: Programs & Services
- Bill Wilson Center
- California Rural Legal Assistance, Inc. - Program: California Rural Legal Assistance, Inc.
- Child Development Resource Center (CDRC) - Program: Child Development Resources
- City of Watsonville Parks and Community Services Department Contigo Program
- Commission for the Prevention of Violence Against Women
- Community Bridges - Program: La Manzana Community Resources
- Community Bridges - Program: Mountain Community Resources (MCR)
- Community Bridges - Program: Nueva Vista Community Center
- Conflict Resolution Center of Santa Cruz County - Program: Community Mediation
- Conflict Resolution Center of Santa Cruz County - Program: Conflict Resolution Training Workshops
- Conflict Resolution Center of Santa Cruz County - Program: Restorative Justice Program

- Conflict Resolution Center of Santa Cruz County Parent Teen Mediation Program
- County of Santa Cruz Human Services Department Family and Children's Services - Program: Child Protective Services (Cps)
- County of Santa Cruz Human Services Workforce - Program: Services for Business
- County of Santa Cruz Office of Emergency Services - Program: Disaster Preparedness, Response and Assistance Services
- County of Santa Cruz Office of Emergency Services - Program: Sandbag Distribution
- Diversity Center of Santa Cruz County - Program: LGBTQ+ Services
- Ecology Action - PROGRAM: Bike Smart
- Emmaus House - Program: Emmaus House
- Gang Prevention Policy Committee
- Health and Human Services Agency San Benito County - Program: Child Protective Services (CPS)
- Health and Human Services Agency San Benito County - Program: Public Health Emergency Preparedness
- Hollister City Fire Department - Program: Hollister City Fire Department
- Monarch Services - Program: Crisis Intervention Program
- Monarch Services - Program: Domestic Violence, Sexual Assault, Human Trafficking Services
- Nonviolent Communication Santa Cruz - Program: Support Groups
- Pacific Elementary School District - Program: Life Lab
- Pajaro Valley Prevention and Student Assistance Restorative Justice Programs
- Pajaro Valley Prevention and Student Assistance Youth Services Program
- Parents Center Parent and Family Counseling Program
- Positive Discipline Community Resources - Program: Parenting for Strong Communities
- Resource Center for Nonviolence Education & Training Services
- Safe Schools Project of Santa Cruz County - Program: Safe Schools Project of Santa Cruz County
- San Benito County Water District - Program: Water Resources Association San Benito County

- Santa Cruz Barrios Unidos - Program: Kids Club Mentorship
- Santa Cruz Barrios Unidos - Program: SCHS Educational Outreach
- Santa Cruz Barrios Unidos - Program: Youth Outreach
- Santa Cruz County Health Services Agency Public Health Department (HSA) - Program: Childhood Lead Poisoning Prevention Program
- Santa Cruz County Health Services Agency Public Health Department (HSA) - Program: Community Health Education
- Santa Cruz County Health Services Agency, Environmental Health Services (EHS) Program.
- Santa Cruz County Health Services Agency, Environmental Health Services (HSA) - Program: Land Use
- Santa Cruz County Office of Education - Program: Fostered/Foster Youth Services Coordinating Program
- Santa Cruz Fire Department - Program: Santa Cruz Fire Department
- Scotts Valley Fire Protection District - Program: Fire Services
- Survivors Healing Center
- The Salvation Army Watsonville Corps Program
- Walnut Avenue Family & Women's Center Services for Survivors of Domestic Violence
- Walnut Avenue Family & Women's Center - Program: Services for Children & Youth
- Watsonville Fire Department - Program: Car Seat Inspections
- Watsonville Fire Department - Program: Government Services
- Watsonville Police Activities League Youth Services

Economic Insecurity

- American Red Cross of The Central Coast - Program: Programs & Services
- Calvary Episcopal Church Food Program
- Center for Employment Training - Program: Employment & Vocational Services
- Central Coast Center for Independent Living - Program: Central Coast Center for Independent Living
- Child Development Resource Center (CDRC) - Program: Child Development Resources

- Community Action Board of Santa Cruz County Davenport Resource Service Center
- Community Action Board of Santa Cruz County, Inc. (Cab, Inc.) - Program: Davenport Resource Service Center (DRSC); Youth Homelessness Response Team
- Community Bridges - Program: La Manzana Community Resources
- Community Bridges - Program: Live Oak Community Resources
- Community Bridges - Program: Mountain Community Resources (MCR)
- Community Bridges - Program: Nueva Vista Community Center
- Community Bridges Meals on Wheels Program
- Community Food Bank of San Benito County Food Distribution Program
- Community Information Center for Migrant Assistance: Community Information Center for Migrant Assistance
- Community Services & Workforce Development Program: Housing Opportunities for People with AIDS
- Conflict Resolution Center of Santa Cruz County - Program: Workplace Mediation
- County of Santa Cruz Human Services Department Adult and Long-Term Care - Program: In Home Supportive Services (IHSS)
- County of Santa Cruz Human Services Department Employment and Benefit Services Division - Program: CalFresh
- County of Santa Cruz Human Services Department Family and Children's Services: Independent Living Program and Transitional Housing
- County of Santa Cruz Human Services Workforce - Program: Services for Business
- County of Santa Cruz Human Services Workforce - Program: Services for Job Seekers
- Elm Street Mission Dinner
- Encompass Community Services - Program: Transition Age Youth (TAY) Program
- Food Not Bombs
- Grey Bears Brown Bag Program
- Health and Human Services Agency San Benito County - Program: CalFresh
- Highlands Park Senior Center AARP Tax Aide Program
- Homeless Garden Project - Program: Employment & Vocational Services

- Hope Services Santa Cruz District - Program: Hope Services Santa Cruz District
- Imagine Supported Living Services - Program: Disability Services
- Inner Light Ministries
- Jacob's Heart Children's Cancer Support Services - Program: Caroline's Closet
- La Manzana Community Resources Community Bridges Program
- Live Oak Senior Center
- Loudon Nelson Community Center Downtown Seniors
- Monterey Bay Economic Partnership - Program: Workforce Development, Transportation, Housing, Technology
- New Hope Community Church Aptos Christian Fellowship Program
- Pajaro Rescue Mission - Program: Pajaro Rescue Mission
- Pajaro Valley Loaves and Fishes
- Pajaro Valley Unified School District - Program: Healthy Start
- Pajaro Valley Unified School District summer food service program
- Planned Parenthood Mar Monte Westside Health Center - Program: Westside Health Center
- Saint Vincent De Paul Society of Santa Cruz Program: Our Lady Star of the Sea
- Saint Vincent De Paul Society of Santa Cruz Program: St. Joseph's Catholic Community Support Services
- Saint Vincent De Paul Society of Santa Cruz Program: St. Patrick's Church
- Saint Vincent De Paul Society of Santa Cruz Program: The Catholic Community of San Agustin
- San Andreas Regional Center - Program: Disability Services
- San Benito County Library: US Passport Services
- San Benito County Sheriff Office - Program: San Benito County Sheriff Office
- Santa Cruz Barrios Unidos - Program: Healthy Food Distribution Program
- Santa Cruz City School District summer food service program
- Santa Cruz Community Ventures - Program: Familias con Mas

- Santa Cruz Community Ventures - Program: Futuro
- Santa Cruz Community Ventures - Program: Semilitas
- Santa Cruz Community Ventures - Program: UndocuFund
- Santa Cruz County Office of Education - Program: Fostered/Foster Youth Services Coordinating Program
- Second Harvest Food Bank Santa Cruz County
- Senior Center of Lorenzo Valley: Highlands Senior Dining Center
- St. Francis Catholic Kitchen
- The Bridge of Hope Foundation - Program: Nursing Home Visitation
- The Salvation Army Hollister Corps
- The Salvation Army Hollister Food and Toy Distribution Program
- The Salvation Army Santa Cruz Corps Community Center
- The Salvation Army Santa Cruz Corps Community Center - Program: Family and Youth Services
- The Salvation Army Watsonville Corps
- Twin Lakes Church Program
- University of CA Santa Cruz - Program: Basic Needs Office
- Valley Churches United - Program: Valley Churches United Missions
- Vista Center for The Blind and Visually Impaired - Program: Vista Center
- Volunteer Income Tax Assistance Program
- Watsonville Family YMCA - Program: Neighborhood Services
- Watsonville Senior Center
- Watsonville/Aptos/Santa Cruz Adult Education (WASC) - Program: Adult Basic and Secondary Education
- Watsonville/Aptos/Santa Cruz Adult Education (WASC) - Program: Career Technical Education
- Watsonville/Aptos/Santa Cruz Adult Education (WASC) - Program: Education Programs for Adults with Disabilities

- Watsonville/Aptos/Santa Cruz Adult Education (WASC) - Program: English as a Second Language (ESL) And Citizenship Preparation
- Watsonville/Aptos/Santa Cruz Adult Education (WASC) - Program: Fee Supported Enrichment Classes
- Watsonville/Aptos/Santa Cruz Adult Education (WASC): Education Programs for Adults with Disabilities
- Workforce Development Boards

Education

- Alianza Charter School, Watsonville
- Big Brothers Big Sisters of Santa Cruz County - Program: Big Brothers Big Sisters
- Bike Santa Cruz County - Program: Earn-A-Bike
- Bike Santa Cruz County - Program: Middle School Bike Club
- Bonny Doon Union Elementary School District - Program: After School Program
- Boys & Girls Clubs of Santa Cruz County - Program: Youth Services
- Cabrillo College
- Cabrillo College - Program: Cabrillo College Student Health Center
- Cabrillo College - Program: Cabrillo Youth Science & Engineering Camps
- Cabrillo College/Santa Cruz County Office of Education - Program: Greater Opportunities Through Adult Learning (GOAL)
- California Conservation Corps Monterey Bay - Program: Youth Development
- City of Santa Cruz Department of Parks and Recreation - Program: Parks and Recreation
- City of Watsonville Parks and Community Services Department - Program: Parks and Community Services Department
- Community Bridges Child Development Division
- Conflict Resolution Center of Santa Cruz County - Program: Parent Teen Mediation
- Encompass Community Services Early Education Programs
- First 5 San Benito - Program: Playgroups
- First 5 Santa Cruz County

- Growing Up Wild - Program: The Boys in The Woodz Summer Camp
- Growing Up Wild - Program: The Outdoor Science and Character Development Program
- Happy Valley Elementary School District - Program: Reading Intervention
- Happy Valley Elementary School District Arts Alive! Program
- Live Oak School District - Program: After School Clubs
- Live Oak School District - Program: Education & Training Services
- Live Oak School District summer food service program
- Migrant Education Region Xi - Program: Education & Training Services
- Mountain Elementary School District - Program: After School Enrichment Classes
- Mountain Elementary School District - Program: Campus Kids Connection (CKC)
- Mountains 2 Sea - Program: Mountains 2 Sea
- Pacific Elementary School District - Program: After School Care
- Pacific Elementary School District - Program: After School Recreation
- Pacific Elementary School District - Program: Life Lab
- Pacific Elementary School District Independent Study
- Pajaro Valley Prevention and Student Assistance, Inc. - Program: Restorative Justice Programs
- Pajaro Valley Unified School District - Program: Academic and Homework Assistance
- Pajaro Valley Unified School District - Program: After School Academic Enrichment Programs
- Pajaro Valley Unified School District - Program: Family Literacy Project
- Pajaro Valley Unified School District - Program: Special Education Services
- Salvation Army Redwood Glen Camp and Conference Center - Program: Summer Camp
- San Lorenzo Valley Unified School District - Program: Art After School
- San Lorenzo Valley Unified School District - Program: YMCA - After School Care
- Santa Cruz Barrios Unidos - Program: Audio Engineering Program
- Santa Cruz Barrios Unidos - Program: Kids Club Mentorship

- Santa Cruz Barrios Unidos - Program: SCHS Educational Outreach
- Santa Cruz City School District - Program: “Dos Alas” Program
- Santa Cruz City School District - Program: Campus Kids Connection
- Santa Cruz City School District - Program: Puentes Bilingual Program
- Santa Cruz City School District Achievement Via Individual Determination (AVID) Program
- Santa Cruz City School District After School Education and Safety (ASES) after school meal program.
- Santa Cruz City School District Mathematics, Engineering, And Science Achievement (MESA) Program
- Santa Cruz County 4-H Youth Development Program - Program: Youth Services
- Santa Cruz County Office of Education - Program: Santa Cruz Office of Education
- Santa Cruz County Office of Education - Program: Write Start Project
- Santa Cruz Teen Center - Program: Junior Leader Program
- Santa Cruz Teen Center - Program: Teen Center Membership
- Santa Cruz Teen Center - Program: Teen Internship Program
- Santa Cruz Teen Center - Program: Youth Services
- Senderos - Program: ¡Adelante Santa Cruz!
- Senderos - Program: Plaza Comunitaria
- Soquel Union Elementary School District - Program: After School Enrichment
- Soquel Union Elementary School District Education & Training Services Program
- University of CA Santa Cruz Education and Training Services
- Ventana Wilderness Alliance - Program: Youth in Wilderness
- Veteran High School Diploma Programs
- Walnut Avenue Family & Women's Center - Program: Services for Children & Youth
- Watsonville Police Activities League - Program: Youth Services
- Your Future Is Our Business - Program: Your Future Is Our Business Career Exploration
- Youth N.O.W. Student Center - Program: Youth N.O.W. Student Center

Healthy Lifestyles

- Bike Santa Cruz County - Program: Earn-A-Bike
- City of Santa Cruz Department of Parks and Recreation - Program: Parks and Recreation
- Community Bridges - Program: Child and Adult Care Food Program
- Community Bridges - Program: La Manzana Community Resources
- Community Bridges - Program: Meals on Wheels
- Community Bridges - Program: Nueva Vista Community Center
- Dominican Hospital - Program: Dominican Hospital Pep Program
- Dominican Hospital - Program: Infectious Diseases, Internal Medicine and Endocrinology
- Growing Up Wild - Program: The Boys in The Woodz Summer Camp
- Health and Human Services Agency San Benito County - Program: Children's Medical Services
- Jacob's Heart Children's Cancer Support Services - Program: Full Hearts Grocery Program
- Jacob's Heart Children's Cancer Support Services - Program: Heart Mart Family Store
- Mid-County Senior Center - Program: Exercise Classes
- Monterey Bay Horsemanship & Therapeutic Center - Program: Recreation Services
- Overeaters Anonymous Santa Cruz - Program: Support Groups
- Pacific Elementary School District - Program: Life Lab
- Pajaro Valley Community Health Trust - Program: Diabetes Health Center
- Palo Alto Medical Foundation Santa Cruz - Program: Capitola Center Doctors & Services
- Palo Alto Medical Foundation Santa Cruz - Program: Health Education Department
- Palo Alto Medical Foundation Santa Cruz - Program: Watsonville Center
- Planned Parenthood Mar Monte Watsonville Health Center - Program: Watsonville Health Center
- Planned Parenthood Mar Monte Westside Health Center - Program: Westside Health Center

- Salud Para La Gente - Program: Family Health Care
- Salud Para La Gente - Program: Pediatric Care
- San Benito Health Foundation - Program: Community Health Center
- Santa Cruz Community Health Center - Program: Live Oak Health Center
- Santa Cruz Community Health Center - Program: Mountain Health Center
- Santa Cruz Community Health Center - Program: Women's Health Center
- Santa Cruz County Health Services Agency Public Health Department (HSA) - Program: Community Health Education
- Santa Cruz County Medical Society - Program: Santa Cruz County Medical Society
- Santa Cruz County Probation Department - Program: Legal and Criminal Justice Services
- Second Harvest Food Bank Santa Cruz County - Program: Second Harvest Food Bank Santa Cruz County
- Ventana Wilderness Alliance - Program: Youth in Wilderness
- Walnut Avenue Family & Women's Center - Program: Services for Children & Youth

Housing & Homelessness

- Advocacy Inc.: Ombudsman/Advocate Program
- California Rural Legal Assistance
- Central California Alliance For Health - Program: Recuperative Care and Bridge Housing (aka CalAIM Community Support Services)
- Central Coast Energy Services
- Citizens United for Responsible Environmentalism, Inc. - Program: Citizens United for Responsible Environmentalism, Inc.
- Community Action Board - Transition Age Youth Housing Navigation
- Community Action Board - Watsonville Works
- Community Action Board of Santa Cruz County - Watsonville Works! and Day Workers Center
- Community Action Board of Santa Cruz County Rental Assistance Program
- Community Action Board of Santa Cruz County: Youth Homelessness Response Team; Transition Age Youth Housing Navigation

- Community Bridges - Program: Live Oak Community Resources
- Community Bridges - Program: Mountain Community Resources (MCR)
- Community Bridges - Program: Nueva Vista Community Center
- Community Services & Workforce Development
- Community Services & Workforce Development Low-Income Home Emergency Assistance Program
- Community Services and Workforce Development: Housing Opportunities for people with AIDS
- Community Services and Workforce Development: Low Income Housing Program
- Community Services and Workforce Development: Rental Assistance Program
- Conflict Resolution Center of Santa Cruz County Community Mediation
- Conflict Resolution Center of Santa Cruz County Conflict Resolution Training Workshops
- County of Santa Cruz Human Services Department Adult and Long-Term Care - Program: Veterans Services Office
- County of Santa Cruz Human Services Department Family and Children's Services - Program: Independent Living Program and Transitional Housing
- Encompass Community Services - Program: Transition Age Youth (Tay) Program
- Encompass Community Services
- Encompass Community Services: Santa Cruz AIDS Project
- Encompass Community Services: Supported Housing
- Habitat for Humanity Monterey Bay Affordable Self-Help Ownership Housing Program
- Health Projects Center: Multipurpose Senior Services Program (MSSP)
- Homeless Services Center - Program: Homeless Services Center-Basic Needs
- Housing Authority of Santa Cruz County: Housing Authority Program
- Housing Authority of Santa Cruz County: Low Income Public Housing Program (LIPH)
- Housing Authority of Santa Cruz County: USDA Farm Worker Housing Program
- Housing Choices Coalition
- Housing Matters: Page Smith Community House (PSCH)

- Housing Matters-Basic Needs (including mail services)
- Imagine Supported Living Services Disability Services
- Jacob's Heart Children's Cancer Support Services Physiological Needs Program
- Jesus, Mary, and Joseph Home
- Monterey Bay Economic Partnership Workforce Development, Transportation, Housing, Technology Program
- Pajaro Rescue Mission
- Pajaro Valley Shelter Services (PVSS): Annex Program
- Pajaro Valley Shelter Services: Emergency Shelter
- Pajaro Valley Shelter Services: Transitional Housing Program
- Rebele Family Shelter (RFS)
- Recuperative Care Center
- Saint Vincent de Paul Society of Santa Cruz St. Patrick's Church
- Saint Vincent de Paul Society of Santa Cruz Support Services
- San Andreas Regional Center Disability Services
- San Benito County Water District - Program: Water Resources Association San Benito County
- Santa Cruz County Health Services Agency Public Health Department Homeless Persons Health Project
- Santa Cruz County Health Services Agency, Environmental Health Services (HSA) - Program: Environmental Health Services
- Santa Cruz County Health Services Agency, Environmental Health Services (HSA) - Program: Land Use
- Senior Network Services
- Shower the People Program
- Smart Path to Housing and Health Families in Transition Program
- Smart Path to Housing and Health Program: CAB-Community Action Board of Santa Cruz County
- Smart Path to Housing and Health Program: Encompass

- Smart Path to Housing and Health Program: Housing Matters
- Smart Path to Housing and Health Program: Mental Health Coalition Action Network (MHCAN)
- Smart Path to Housing and Health Program: Santa Cruz Public Library, Downtown Branch
- Smart Path to Housing and Health Program: Veterans Resource Center
- St. Francis Catholic Kitchen
- The Loft
- The Salvation Army Santa Cruz Corps Community Center: Reach Program
- The Salvation Army Watsonville Corps
- The Salvation Army Watsonville Corps Shelter
- Transitional Housing/Shelter
- Valley Churches United Missions
- Volunteer Center of Santa Cruz County: Helping Hands Senior Home Repair
- Warming Center - Program: The Warming Center Program
- Weatherization Programs

Maternal & Infant Health

- Dominican Hospital - Program: Dominican Hospital Birth Center
- First 5 San Benito
- First 5 Santa Cruz County
- Health and Human Services Agency San Benito County - Program: Maternal Child Adolescent Health
- Planned Parenthood Mar Monte Watsonville Health Center - Program: Watsonville Health Center
- Planned Parenthood Mar Monte Westside Health Center - Program: Westside Health Center
- Raíces y Cariño - Program: Children ages 0-5 enrichment
- Raíces y Cariño - Program: Maternal mental health assessment and support groups
- Salud Para La Gente - Program: Pediatric Care

- Salud Para La Gente - Program: Women's Health Care (OBGYN) And Lactation
- Santa Cruz Community Health Center - Program: Santa Cruz Women's Health Center
- Santa Cruz Community Health Center - Program: Women's Health Center
- Sutter Maternity & Surgery Center
- Walnut Avenue Family & Women's Center - Program: Services for Children & Youth

ATTACHMENT 5: IRS CHECKLIST

Section §1.501(r)(3) of the Internal Revenue Service code describes the requirements of the CHNA.

Federal Requirements Checklist		Regulation Section Number	Report Reference
A. Activities Since Previous CHNA(s)			
	Describes the written comments received on the hospital's most recently conducted CHNA and most recently adopted implementation strategy.	(b)(5)(C)	Section #2
	Describes 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).	(b)(6)(F)	Section #8
B. Process & Methods			
Background Information			
	Identifies any parties with whom the facility collaborated in preparing the CHNA(s).	(b)(6)(F)(ii)	Section #4
	Identifies any third parties contracted to assist in conducting a CHNA.	(b)(6)(F)(ii)	Section #4
	Defines the community it serves, which: <ul style="list-style-type: none"> • Must take into account all patients without regard to whether (or how much) they or their insurers pay for care or whether they are eligible for assistance. • May take into account all relevant circumstances including the geographic area served by the hospital, target population(s), and principal functions. • May <i>not</i> exclude medically underserved, low-income, or minority populations who live in the geographic areas from which the hospital draws its patients. 	(b)(i) (b)(3) (b)(6)(i)(A)	Section #3
	Describes how the community was determined.	(b)(6)(i)(A)	Section #3
	Describes demographics and other descriptors of the hospital service area.		Section #3
Health Needs Data Collection			

Federal Requirements Checklist			Regulation Section Number	Report Reference
	Describes data and other information used in the assessment:		(b)(6)(ii)	
	a.	Cites external source material (rather than describe the method of collecting the data).	(b)(6)(F)(ii)	Attachments 1 & 2
	b.	Describes methods of collecting and analyzing the data and information.	(b)(6)(ii)	Section #5
		CHNA describes how it took into account input from persons who represent the broad interests of the community it serves in order to identify and prioritize health needs and identify resources potentially available to address those health needs.	(b)(1)(iii) (b)(5)(i) (b)(6)(F)(iii)	Section #5
		Describes the medically underserved, low-income, or minority populations being represented by organizations or individuals that provide input.	(b)(6)(F)(iii)	Section #5
	a.	At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) or a State Office of Rural Health.	(b)(5)(i)(A)	Section #5 & Attachment 3
	b.	Members of the following populations, or individuals serving or representing the interests of populations listed below. (Report includes the names of any organizations - names or other identifiers not required.)	(b)(5)(i)(B)	Section #5 & Attachment 3
		I. Medically underserved populations	(b)(5)(i)(B)	Section #5 & Attachment 3
		II. Low-income populations	(b)(5)(i)(B)	Section #5 & Attachment 3
		III. Minority populations	(b)(5)(i)(B)	Section #5 & Attachment 3
	c.	Additional sources (optional) – (e.g. healthcare consumers, advocates, nonprofit and community-based organizations, elected officials, school districts, healthcare providers and community health centers).	(b)(5)(ii)	Section #5 & Attachment 3

Federal Requirements Checklist			Regulation Section Number	Report Reference
		Describes how such input was provided (e.g., through focus groups, interviews or surveys).	(b)(6)(F)(iii)	Section #5 & Attachment 3
		Describes over what time period such input was provided and between what approximate dates.	(b)(6)(F)(iii)	Section #5 & Attachment 3
		Summarizes the nature and extent of the organizations' input.	(b)(6)(F)(iii)	Section #5 & Attachment 3
C. CHNA Needs Description & Prioritization				
		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).	(b)(4)	Section #6
		Prioritized description of significant health needs identified.	(b)(6)(i)(D)	Section #6
		Description of process and criteria used to identify certain health needs as significant and prioritizing those significant health needs.	(b)(6)(i)(D)	Section #5 & Section #6
		Description of the resources potentially available to address the significant health needs (such as organizations, facilities, and programs in the community, including those of the hospital facility).	(b)(4) (b)(6)(E)	Section #7 & Attachment 4
D. Finalizing the CHNA				
		CHNA is conducted in such taxable year or in either of the two taxable years immediately preceding such taxable year.	(a)1	Section #2
		CHNA is a written report that is adopted for the hospital facility by an authorized body of the hospital facility (authorized body defined in §1.501(r)-1(b)(4)).	(b)(iv)	Section #9
		Final, complete, and current CHNA report has been made widely available to the public until the subsequent two CHNAs are made widely available to the public. "Widely available on a web site" is defined in §1.501(r)-1(b)(29).	(b)(7)(i)(A)	By 6/30/2025
		a. May not be a copy marked "Draft".	(b)(7)(ii)	By 6/30/2025

Federal Requirements Checklist			Regulation Section Number	Report Reference
		b. Posted conspicuously on website (either the hospital facility's website or a conspicuously-located link to a web site established by another entity).	(b)(7)(i)(A)	By 6/30/2025
		c. Instructions for accessing CHNA report are clear.	(b)(7)(i)(A)	By 6/30/2025
		d. Individuals with Internet access can access and print reports without special software, without payment of a fee, and without creating an account.	(b)(7)(i)(A)	By 6/30/2025
		e. Individuals requesting a copy of the report(s) are provided the URL.	(b)(7)(i)(A)	By 6/30/2025
		f. Makes a paper copy available for public inspection upon request and without charge at the hospital facility.	(b)(7)(i)(B)	By 6/30/2025

Further IRS requirements available:

- §1.501(r)-3(b)(iv) and (v): separate and joint CHNA reports
- §1.501(r)-3(d): requirements that apply to new hospital facilities, transferred or terminated hospital facilities, and newly acquired hospital facilities
- §1.501(r)-3(a)(2) and (c): implementation strategy requirements



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