CHNA

2019 COMMUNITY HEALTH NEEDS ASSESSMENT

ASR

CONTENTS

EXECUTIVE SUMMARY

Community Health Needs Assessment (CHNA) Background

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

Brief Description of Community Served

Santa Cruz County has a population of approximately 271,860 and covers 445 square miles. The two major cities are Santa Cruz, located on the northern side of the Monterey Bay, and Watsonville, situated in the southern part of the county. The city of Santa Cruz, which is the county seat, had an estimated population of 63,993 in 2017. Watsonville had an estimated population of 53,452.

The county is 59% non-Latino/White, and 33% Latino, with the remaining 8% of the population comprised of Asian, African American, and other ethnic backgrounds. The median age in the county is 37.3 years. Median family income was $90,531 in Santa Cruz County in 2017, higher than California ($76,975), and the nation overall ($70,850).

Process & Methods

Dignity Health Dominican Hospital, together with its Community Advisors, Applied Survey Research (ASR), and other community partners completed a Community Health Needs Assessment process in 2019. The goal was to collectively gather community feedback, understand existing data and trends about health status, and prioritize local health needs.

Secondary data were obtained from a variety of sources. Community input was obtained during March, 2019 via key informant interviews with local health experts, and survey with community leaders and health experts, including the local public health department and representatives from the medically underserved, low-income and/or minority populations. Dignity Health Dominican Hospital and ASR also used primary data collected from the biennial Community Assessment Project (CAP) telephone survey conducted with a representative sample of Santa Cruz County residents. The CAP assesses quality of life across six subject areas: the economy, health, public safety, the social environment and the natural environment. Interviews and the survey focused on four main questions:

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

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

Health Needs Identified by the 2019 CHNA Process

Behavioral health (substance use, mental health)	Medication-assisted treatment
Economic security (housing/homelessness, food insecurity)	Need for specialized health care workers
Continuum of Care – access and delivery	Obesity/healthy eating, active nutrition
Access to care for undocumented/ immigrants	Oral/dental health
Climate and health/asthma	Prevention
Diabetes	Seniors – dementia/Alzheimer's
Diseases/conditions (Heart disease/stroke, Cancer, Infectious/communicable disease and STIs)	Traumatic brain injury care for adults
Human trafficking	Vaccinations
Maternal/child health	Violence/injury prevention

In the final step, the Dominican Community Advisors (DCA) and selected community experts consolidated and finalized the list of prioritized health needs into the following prioritized health needs (see Attachment 2 for list of participants).

Prioritized Health Needs

Behavioral Health

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

> *"Over 75% of middle school youth and their parents identified mental health as a priority during our assessment of the needs in the Watsonville community."*
>
> Community Expert

Economic Security

Economic security includes employment, access to education and/or vocational training, affordable housing, homelessness, food insecurity and other factors related to poverty and lack of income. According to the Social Determinants of Health (SDOH) framework, this also includes stable employment, food security, and housing stability.

> *"With the high cost of housing and our problems with homelessness, it is clear people are struggling to meet their basic needs – which ultimately impacts their physical and mental health."*
>
> Community Expert

Continuum of Care: Prevention, Access and Delivery

The Continuum of Care is an integrated system that guides and tracks patients over time through a comprehensive array of health services spanning all levels and intensity of care. It combines prevention and early intervention, while addressing the Social Determinants of Health (SDOH) and serving the un/under-insured.

For further details, including qualitative data, please refer Identification and Prioritization of Community Health Needs on P. 13. To review a list of resources that could potentially address the prioritized needs, see P. 21 for an overview of organizations, facilities and programs.

Human Trafficking

While not prioritized as part of the CHNA process, Human Trafficking has been identified by Dignity Health as a priority health need because while every state in the nation is affected, California and Nevada record among the highest number of cases. For that reason, Human Trafficking is prioritized by Dominican Hospital.

Next Steps

This CHNA report was adopted by the Dignity Health Dominican Hospital Community Board of Directors on May 22, 2019. The report is widely available to the public on the hospital's website, and a paper copy is available for inspection upon request at Dominican Hospital's Community Health Integration Services Office. Written comments on this report can be submitted to Dominican Hospital's Community Health Integration Services Office at 1555 Soquel Ave., Santa Cruz, CA 95065, or by email to Michaella.Siplak@dignityhealth.org.

SCOPE

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

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

The 2019 Community Health Needs Assessment is designed to serve as a tool for guiding policy and planning efforts, and the information provided here will be used to formulate strategies to improve the quality of life for Santa Cruz County residents. This assessment will also serve to assist in developing Community Benefit Plans pursuant to Legislative Bill 697, as well as assist in meeting IRS requirements for Community Health Needs Assessment pursuant to the Patient Protection and Affordable Care Act of 2010 (See Attachment 1 for the IRS Checklist).

ACA and SB 697 CHNA Requirements

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

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

- To produce a functional, comprehensive community health needs assessment that can be used for strategic planning of community programs and as a guideline for policy and advocacy efforts; and
- To promote collaborative efforts in the community and develop collaborative projects based on the data, community input, identified service gaps, and group consensus.

Identity & Qualifications of Consultants

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

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

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

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

ASR's expertise in community assessments is well-recognized. ASR won a first place award in 2007 for having the best community assessment project in the country. They accomplish successful assessments by using mixed research methods to help understand the needs in question, and by putting the research into action through designing and facilitating strategic planning efforts with stakeholders.

ABOUT OUR HOSPITAL

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

Mission, Vision and Values

Mission

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

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

Vision

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

Values

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

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

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

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

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

EXCELLENCE - Exceeding expectations through teamwork and innovation.

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

HELLO HUMANKINDNESS

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

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

About Dignity Health Dominican Hospital's Community Benefit Program

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

The hospital engages in multiple activities to conduct its community benefit and community health improvement planning process. These include, but are not limited to: conducting a Community Health Needs Assessment with community input at least every three years; using five core principles (see below) to guide planning and program decisions; measuring and tracking program indicators; and engaging the Dominican Community Advisors and other stakeholders in the development and annual updating of the community benefit plan.

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

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

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

Community Served

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

Geographic Description of Community Served

Santa Cruz County has a population of approximately 271,860 and covers 445 square miles. The two major cities are Santa Cruz, located on the northern side of the Monterey Bay, and Watsonville, situated in the southern part of the county.[1] The city of Santa Cruz, which is the county seat, had an estimated population of 63,993 in 2017. Santa Cruz is one of California's most popular seaside resorts with its historic Boardwalk, spectacular coastline, and accessible beaches. The City of Watsonville is the center of the county's agricultural activity, with major industries including food harvesting, canning, and freezing. In 2017, City of Watsonville had an estimated population of 53,452. Other incorporated areas in the county include the cities of Scotts Valley and Capitola. Approximately 48% of the population lives in the unincorporated parts of the county, including the towns of Aptos, Davenport, Freedom, Soquel, Felton, Ben Lomond and Boulder Creek, and districts including the San Lorenzo Valley, Live Oak, and Pajaro. [2]

Demographic Profile of Community Served

The county is 59% non-Latino/White, and 33% Latino, with the remaining 8% of the population comprised of Asian, African American, and other ethnic backgrounds. The median age in the county is 37.3 years. Seniors aged 65 and over represent 14% of the County population. The County's largest racial/ethnic group is non-Latino White (59%), and the second largest group is Latino (33%). Most Santa Cruz County residents had a high school diploma (86%). Approximately 15% of the County's population lives below 100% of the federal poverty line.[1]

Median family income was $90,531 in Santa Cruz County in 2017, higher than the state ($76,975), and the nation overall ($70,850).[3] The annual average unemployment rate for the county overall was 4.9% in 2018. The unemployment rate has steadily declined from a high of 13.3% in 2010.[4]

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[1] United States Census Bureau (2018). American Community Survey, 2013-17 5-Year Estimates. Table S0103.
[2] California Department of Finance. (2018). Table E-4 Population Estimates for Cities, Counties, and the State, 2011-2018 with 2010 Census Benchmark.
[3] United States Census Bureau (2018). American Community Survey, 2013-17 5-Year Estimates. Table B19013.
[4] State of California Employment Development Department. Labor Market Information Division (2018). Industry Employment & Labor Force - by Annual Average, March 2018 Benchmark.

The median sales price for homes in Santa Cruz County was $791,500 as of February 2019, while the median estimated market rate rent across all home types in the county was $3,118 in the same period.[5]

DEMOGRAPHIC PROFILE SUMMARY

- Total Population: 271,860
- Race/Ethnicity breakdown: 33% Latino, 59% White (non-Latino), 9% other race/ethnicity
- Median family income: $90,531
- Unemployment rate: 4.9%
- No high school diploma: 14%
- Central California Alliance for Health Members enrolled in Medi-Cal: 69,077 (25% of County population)
- Other area hospitals: 2
- Medically underserved areas/populations: Watsonville, Freedom, and City of Santa Cruz (UCSC region)

With regard to medically underserved populations in Santa Cruz County:

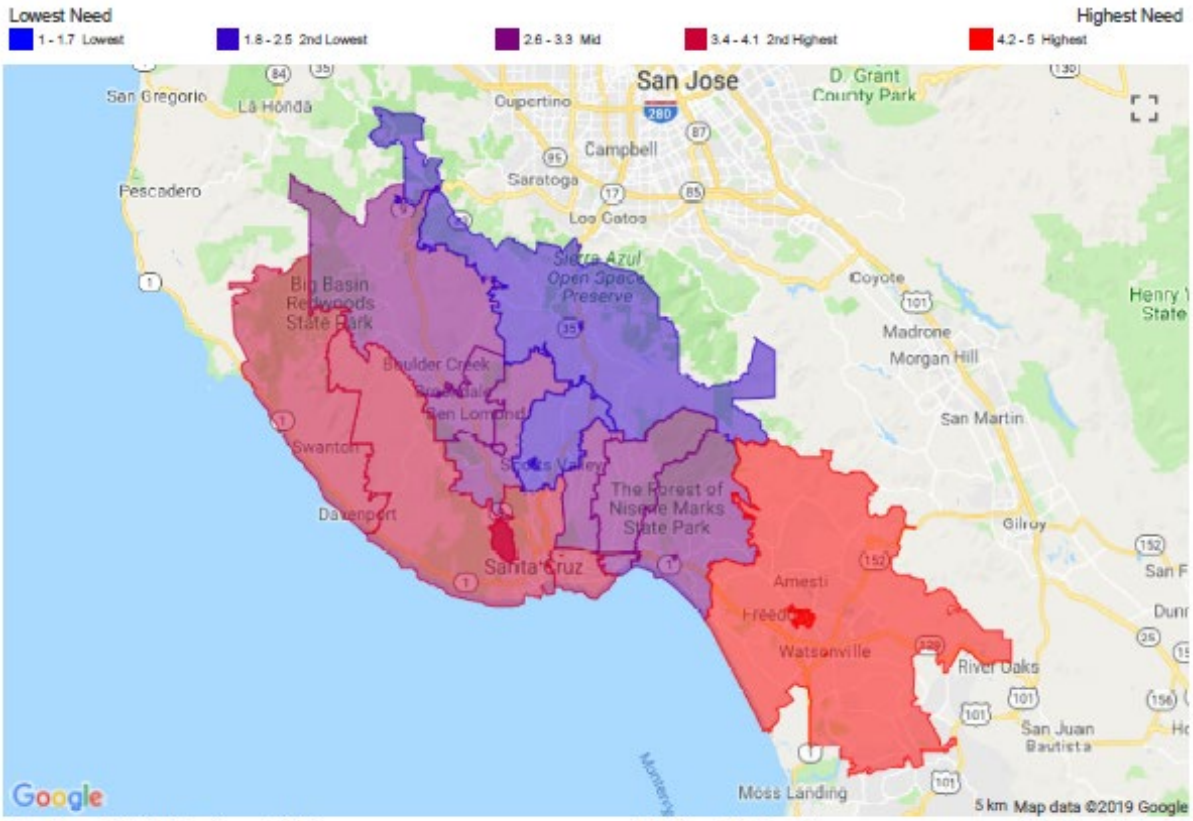
- In 2017, 83% of Latino CAP Survey respondents reported being able to receive the health care they needed in the past 12 months, while 91% of white respondents said the same.
- Of CAP respondents who were unable to receive health care in the last 12 months, 40% said it was because of lack of insurance, and 13% said care was too expensive.

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

Santa Cruz County's CNI scores clearly indicate that the greatest areas of need are in South County: Freedom (4.4) and Watsonville (4.2). CNI scores also indicate need in the City of Santa Cruz near the University of California Santa Cruz campus (4.0). These scores track with CAP data and qualitative data acquired through key informant interviews and surveys of key health experts.

[5] Zillow Research (2019). Zillow Rent Index, February 2019.

Dignity Health



Mean(zipcode): 3.1 / Mean(person): 3.5 | CNI Score Median: 3.2 | CNI Score Mode: 2.6

Zip Code	CNI Score	Population	City	County	State
95003	2.6	25446	Aptos	Santa Cruz	California
95005	2.6	6883	Ben Lomond	Santa Cruz	California
95006	2.6	9714	Boulder Creek	Santa Cruz	California
95010	3.2	9535	Capitola	Santa Cruz	California
95017	3.4	580	Davenport	Santa Cruz	California
95018	2.6	8394	Felton	Santa Cruz	California
95019	4.4	8880	Freedom	Santa Cruz	California
95033	2	9181	Los Gatos	Santa Cruz	California
95060	3.6	49650	Santa Cruz	Santa Cruz	California
95062	3.4	37510	Santa Cruz	Santa Cruz	California
95064	4	9040	Santa Cruz	Santa Cruz	California
95065	2.8	8195	Santa Cruz	Santa Cruz	California
95066	2.4	15293	Scotts Valley	Santa Cruz	California
95073	3.2	10972	Soquel	Santa Cruz	California
95076	4.2	86327	Watsonville	Santa Cruz	California

TRUVEN HEALTH ANALYTICS

Source: Truven Health Analytics, 2018. Community Need Index, 2018. Retrieved from http://cni.chw-interactive.org/

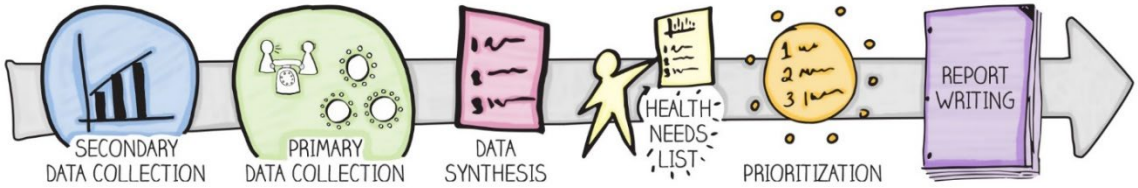
State and County Context

Following the institution of the ACA in January 2014, Medi-Cal was expanded in California to low-income adults who were not previously eligible for coverage. Specifically, adults earning less than 138% of the Federal Poverty Level (approximately $15,856 annually for an individual) are now eligible for Medi-Cal. In 2014, "Covered California," a State Health Benefit Exchange, was created to provide a marketplace for healthcare coverage for any Californian. In addition, Americans and legal residents with incomes between 139% and 400% of the Federal Poverty Level can benefit from subsidized premiums.[6] Covered California reports that as of the month of December 2018, there were 11,200 residents actively enrolled within Santa Cruz County.[7]

In 2017, the Central California Alliance for Health reported 52% of their current Santa Cruz County Medi-Cal membership being Latino, 31% white, and 17% other race/ethnicity. Over half (51%) of their membership was located in South County. Between 2010 and 2017 the Alliance has seen a 106% increase in members enrolled in Medi-Cal in the county. A total of 69,077 members were reported by the Alliance in 2017.[8]

PROCESS & METHODS OF THE 2019-2022 CHNA

ASR and Dignity Health Dominican Hospital worked to collect the primary and secondary data requirements of the CHNA. The CHNA data collection process took place over three months and culminated in a report written for Dignity Health Dominican Hospital in May of 2019.



Primary Qualitative Data (Community Input)

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

When all interviews and online surveys had been conducted, the team used qualitative research tools to analyze the information and tabulated all health needs that were mentioned, along with health drivers discussed. ASR made a list of all of the conditions that had been mentioned by key informants or online survey respondents, and facilitated a prioritization process with DCA, hospital leaders, and other local health experts.

[6] http://www.healthforcalifornia.com/covered-california
[7] Covered California Active Member Profile.
[8] Central California Alliance for Health. (2017). Membership enrollment report. *Unpublished data*. Scotts Valley, CA.

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

- Raising public awareness of human needs, changing trends, emerging issues, community assets and challenges;
- Providing accurate, credible and valid information on an ongoing basis to guide decision making;
- Setting community goals that will lead to positive healthy development for individuals, families, and communities; and
- Supporting and assisting collaborative action plans to achieve the community goals.

Community Leader Input

In all, ASR consulted with 22 community representatives of various organizations and sectors. These representatives either work in the health field or improve health conditions by serving those from the target populations. In the list below, the number in parentheses indicates the number of participants from each sector.

- Santa Cruz County Public Health Department (1)
- Santa Cruz County Health & Hospital System (7)
- Other Santa Cruz County employees (1)
- Nonprofit agencies (8)
- Business sector (1)
- Community Organizers/Volunteers (1)
- Education sector (1)
- Funder (2)

See Attachment 2 for the names and affiliations of participants.

Key Informant Interviews

In March, ASR conducted primary research via key informant interviews with three Santa Cruz County experts from various organizations. In March, ASR interviewed the Director of Santa Cruz County Health Services Agency, the Director of Santa Cruz County Human Services Department, and the Director of Santa Cruz County Behavioral Health. These experts had countywide experience and expertise.

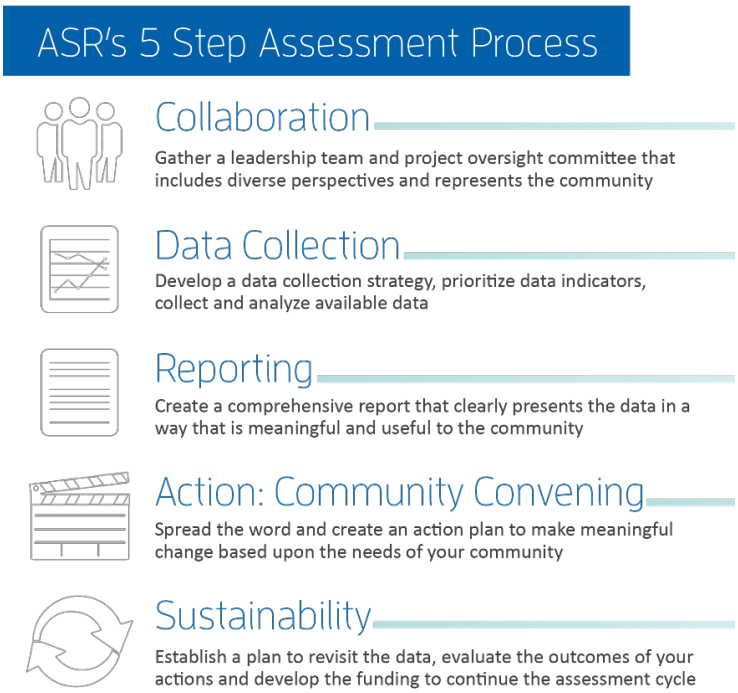
Experts were interviewed in person or by telephone for approximately one hour. Informants were asked to: identify the top health needs of their constituencies and barriers to accessing care, describe how healthcare has changed in the post-Affordable Care Act environment, and to offer solutions or suggestions for policy changes that would mitigate the needs they identified.

Online Survey

Also in March, ASR conducted an online survey with local non-profit leaders with community health expertise. The online survey questions were the same as those for the key informants. See Attachment 3 for key informant interview protocol and online survey questions.

Resident Input and the Santa Cruz County Community Assessment Project

Dignity Health Dominican Hospital utilized the primary data collected and analyzed in the Santa Cruz County Community Assessment Project (CAP) to access resident input for the 2019-2022 CHNA.



The CAP assesses quality of life across six subject areas: the economy, education, health, public safety, the social environment, and the natural environment. The CAP features over 90 indicators across these fields, including both primary and secondary data. Biennially, ASR conducts a telephone survey of a representative sample of approximately 700 Santa Cruz County residents: 2017 was a survey year. ASR uses a 5-step Assessment Process outlined here.

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

CAP Methodology

Sample Selection and Data Weighting

In 2017, 793 surveys were completed with county residents. Telephone contacts were attempted with a random sample of residents 18 years or older in Santa Cruz County. Potential respondents were selected based on phone number prefixes, and quota sampling was employed to obtain the desired geographic distribution of respondents across North County, South County, and the San Lorenzo Valley. Quotas were also set for Latino respondents in order to increase this figure. In order to address the increasing number of households without landline telephone service, the sample included wireless-only and wireless/land-line random digit dial prefixes in Santa Cruz County. All cell phone numbers were dialed manually (by hand) to comply with Telephone Consumer Protection Act (TCPA) rules. While cell phone numbers are selected based on the billing address within the county boundaries, respondents were additionally screened for geography, as cell phones are not necessarily located where the number came from originally or is billed in the case of shared plans.

As previously mentioned, quotas were used with respect to respondents' location of residence. The quotas were designed to obtain sufficient samples to allow generalization to the overall population within each of the three designated geographic areas (North County, South County, and the San Lorenzo Valley). This method of sampling necessitated an over-sample of the San Lorenzo Valley due to its small size in relation to the rest of the county. The over-sampling of San Lorenzo Valley allowed for reliable comparisons with the other two regions (North County and South County). In total 793 surveys were completed, 274 in North County, 269 in South County, and 250 in San Lorenzo Valley.

Data from the 2017 survey were "weighted" along several demographic dimensions prior to data analysis. Data weighting is a procedure that adjusts for discrepancies between demographic proportions within a sample and the population from which the sample was drawn. For example, within the 2017 survey, the sample was 60% female and 40% male, whereas the population in Santa Cruz County is very near to evenly split between the two genders. When the data are weighted to adjust for the over-sampling of females, answers given by each female respondent are weighted slightly downward, and answers given by each male respondent are weighted slightly upward, thus compensating for the disproportionate sampling.

The survey data for 2017 were simultaneously weighted along the following demographic characteristics: gender, ethnicity, and geographic location. Weighting for both ethnicity and gender was performed to be region-specific, based on 2010 Census data, in order to account for differences across the three regions of Santa Cruz County. The weighted data were used in the generation of the overall frequency tables, and all of the cross-tabulations, with the exception of the regional cross-tabulations. For the regional cross-tabulations, the regional weights were dropped so that the San Lorenzo Valley oversample could be utilized.

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

Sample Representativeness

A sample size of 793 residents provides 95% confidence that the opinions of survey respondents do not differ from those of the general population of Santa Cruz County by more than +/ -3.5%. This "margin of error" is useful in assessing how likely it is that the responses observed in the sample would be found in the population of all residents in Santa Cruz County if every resident were to be polled.

It is important to note that the margin of error is increased as the sample size is reduced. This becomes relevant when focusing on particular breakdowns or subpopulations in which the overall sample is broken down into smaller groups. In these instances, the margin of error will be larger than the initially stated interval of 3.5%.

It should be understood that all surveys have subtle and inherent biases. ASR has worked diligently with the CAP Steering Committee to reduce risks of bias and to eliminate identifiable biases. One remaining bias in this study appears in the area of respondent self-selection; the capturing of opinions only of those willing to contribute approximately 20 minutes of their time to participate in this community survey.

Secondary Quantitative Data Collection

ASR complied data and provided comparisons with statewide averages where possible. Secondary (pre-existing) data were collected from a variety of sources, including but not limited to, the U.S. Census Bureau; federal, state, and local government agencies; health care institutions; and computerized sources through online databases and the Internet. Whenever possible, multiple years of data were collected to present trends.

IDENTIFICATION AND PRIORITIZATION OF COMMUNITY HEALTH NEEDS

Identification of Community Health Needs

As described in Process & Methods of the 2019-2022 CHNA on P. 9, a variety of experts and service providers were consulted about the health needs in the community. They identified a diverse set of health conditions and demonstrated a clear understanding of the health behaviors and other drivers (environmental and clinical) that affect health outcomes. They spoke about behavioral health, homelessness and the social determinants of health, access to care, clinical practices that work and don't work, and their overall perceptions of the community's health.

Qualitative Data Findings

Dignity Health Dominican Hospital sought to understand specific aspects of community health during the 2019 CHNA. Starting with a solid understanding of the health conditions, drivers, and social determinants of health that are concerning to the community, ASR dove deeper into these questions during focus key informant interviews and in the survey:

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

Health Needs

ASR conducted key informant interviews and an online survey with key community members that resulted in the list of prioritized community health needs listed below. Examples of unmet health needs included in the list are economic insecurity, behavioral health, diabetes, dental/oral health, obesity, chronic health conditions, and access to care for undocumented immigrants. Specific populations identified as having greater need included Latinx, undocumented immigrants, and Oaxacans, seniors, people experiencing homelessness, long term drug/alcohol users, people with untreated mental health and substance use issues, and the under-insured. Watsonville and South County were identified as areas having greater health needs.

Drivers and Barriers

The lack of affordable housing and homelessness were repeatedly mentioned as drivers or barriers that contribute to health needs. Other drivers/barriers mentioned included poor access to services, cultural stigma, affordability of care, and lack of safety net services.

Suggestion for Improvements or Solutions

Suggestions for improvements or solutions included increased diversion to and investment in early onset counseling, improved training for providers in medication-assisted treatment, building more high-density housing and public investment in affordable housing, increasing resources to the Health Information Exchange to improve care coordination among providers, and better coordination of complex health care needs. Policy ideas include mandating early screening for adverse childhood experiences, changing/updating zoning codes to make it easier for multi-unit housing and Accessory Dwelling Units, and ensuring state protection of key ACA elements.

Health Care Access

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

This question was addressed with several discussion points including awareness about health insurance and healthcare access, costs and affordability of healthcare, sufficiency of healthcare benefits, and the utilization of primary versus emergency care.

Awareness about how to obtain health insurance and health care. Experts felt that residents are aware of how to access health insurance and health care, but some do not have the "health systems literacy" that they need to navigate the system and make choices. Populations who may be less aware, have more difficulty, or are afraid of accessing insurance are undocumented immigrants, those who do not speak English, those with limited/no literacy, and homeless persons who don't have the documentation necessary to enroll. Many lack the financial resources to pay for care, even with subsidies. Fear of the recent Public Charge Rule also keeps some immigrants from accessing insurance and/or care.

Proportions Insured. Experts reported an increase in the number of insured since the Affordable Care Act (ACA) was instituted; however wait times and fear keep people from accessing care.

Difficulties affording insurance and care. Experts working with at-risk, low-income populations reported that their clients were having difficulty affording insurance (premiums and co-pays), even with subsidies.

Primary care versus emergency care. Experts who serve Medi-Cal patients in community clinics report that more of their patients are assigned to primary care physicians. However, due to long wait times and difficulties in making appointments, many patients wait until their condition becomes urgent and end up in the ER.

Health Needs Data Synthesis

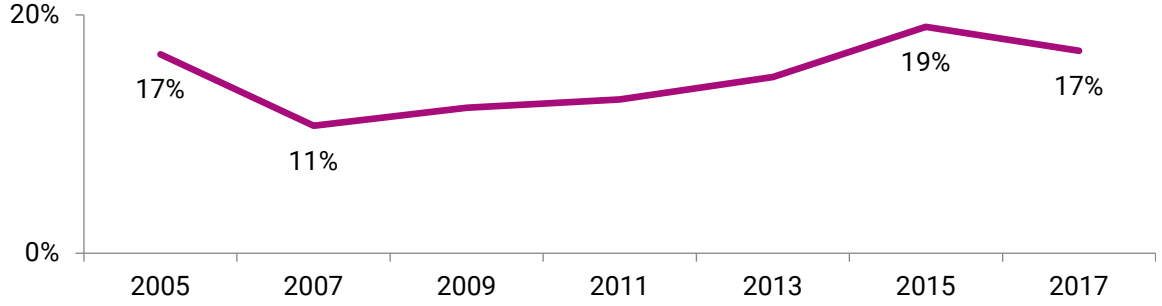
In order to generate a list of health needs, ASR started from Dignity Health Dominican Hospital's 2016 CHNA list of needs. After completing the key informant interviews and the survey, ASR finalized the list of significant health needs for Santa Cruz County and shared this list with the DCA and other health experts for final review and prioritization. A total of 16 needs were identified and are listed below, in **alphabetical order.**

Summarized Descriptions of Santa Cruz County's Community Health Needs

Access to Care for Undocumented Immigrants was mentioned by both service providers and health professionals as a health need in Santa Cruz County. Significant factors include the current climate of fear due to national policies (including the Public Charge Rule) and rhetoric, being afraid to access services due to undocumented status, and uncertainty about insurance eligibility. Mono-lingual, migrant workers who are uninsured were identified as a particularly at-risk group.

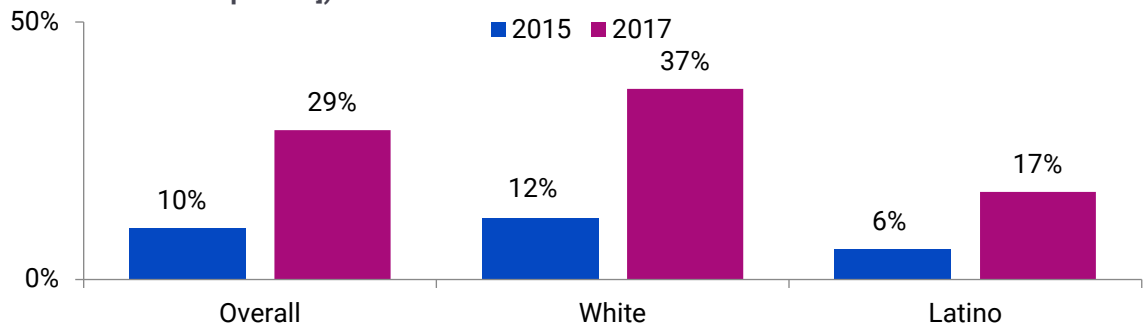
Behavioral Health (Substance Use Disorder, Mental Health, and Medication-assisted Treatment) was prioritized in the 2016 and 2019 CHNA as one of the three most significant health needs in Santa Cruz County. CAP survey data clearly indicate that alcohol use, substance use, and mental health care are needs within the county. Health experts and local stakeholders indicated that lack of resources for prevention, limited supply of mental healthcare providers and substance use treatment options, stigma, and adverse childhood experiences contribute to this being a significant need.

During the past 30 days, about how many times did you have 5 or more drinks on an occasion*? (CAP Respondents answering "At least once")



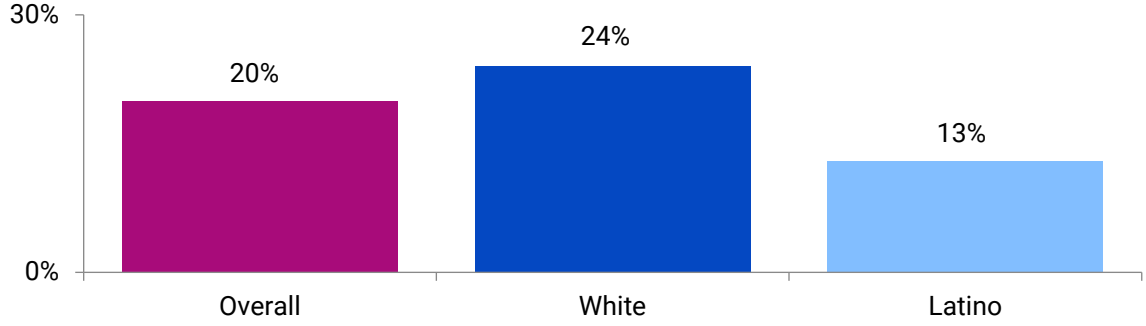
2017 - Overall n: 774
Source: Applied Survey Research. (2017). 2005-2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, CA
**An occasion is considered 2 hours. Binge drinking is consuming 5 or more drinks in 2 hours.*

Acceptance of alcohol provision to persons under 21 increased by 19% overall between 2015 and 2017. (How acceptable do you think it is for adults to provide alcohol to persons under 21, other than their own children, in their home? [CAP Respondents answering "Very acceptable" or "Somewhat acceptable"])



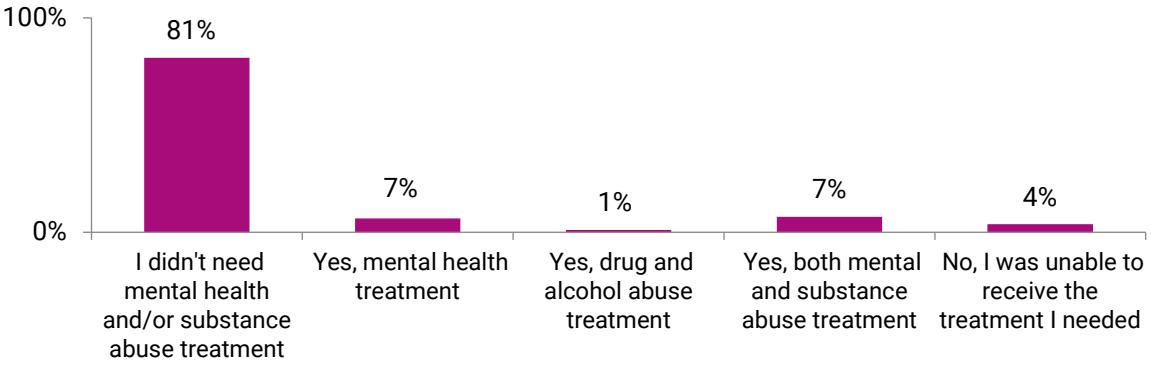
2017: Overall n=771; White=416; Latino=285
Source: Applied Survey Research. (2017). Santa Cruz County Community Assessment Project, Telephone Survey.

One in five (20%) of overall CAP respondents indicated that they think it is very or somewhat acceptable for adults to provide marijuana to persons under 21 in their home. (How acceptable do you think it is for adults to provide marijuana to persons under 21 in their home? [CAP Respondents answering "Very acceptable" or "Somewhat acceptable"] By Ethnicity – 2017)



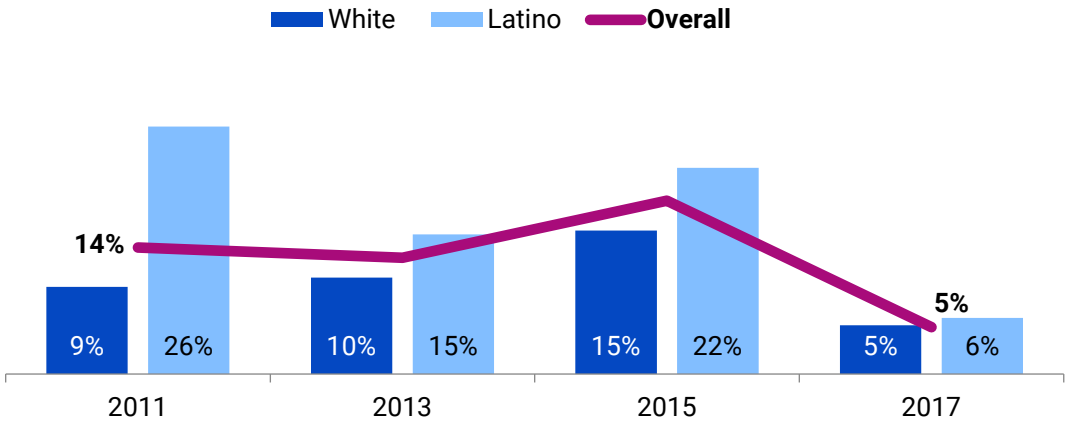
Overall n=768; White n=415; Latino n=283
Source: Applied Survey Research. (2017). Santa Cruz County Community Assessment Project, Telephone Survey.

In the past 12 months, were you able to receive the mental health and/or drug and alcohol abuse treatment (counseling or other help) you needed? – 2017



2017 Overall N=783.
Source: Applied Survey Research. (2017). Santa Cruz County Community Assessment Project, Telephone Survey

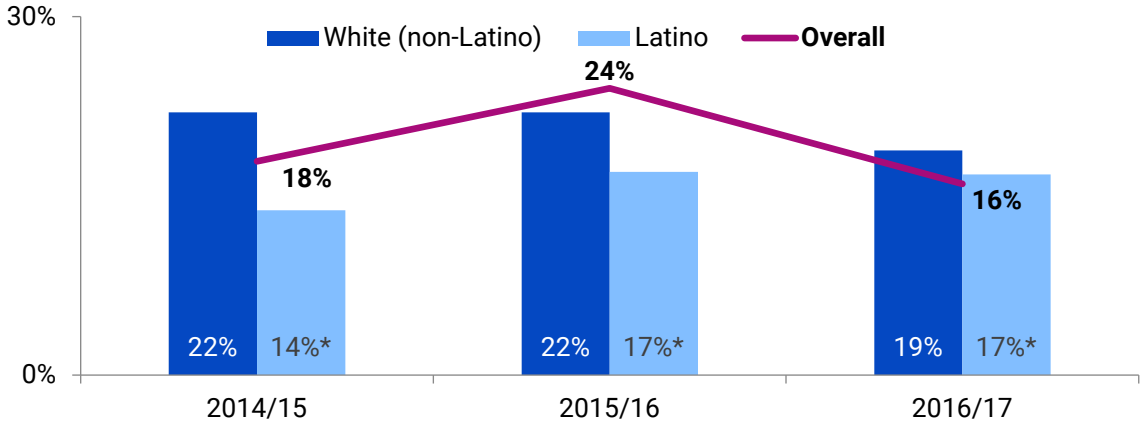
During the past 12 months, did you ever feel so sad or hopeless almost every day for 2 weeks or more that you stopped doing some usual activities? (CAP Respondents answering "Yes")



2017 Overall n=782; White n=426; Latino n=288.
Source: Applied Survey Research. (2017). 2011-2017 Santa Cruz County Community Assessment Project, Telephone Survey

Climate & Health (Asthma) has consistently been identified as a health need in Santa Cruz County. Asthma is considered a significant public health burden and its prevalence has been on the rise nationwide since 1980. Asthma affects people of every race, sex, and age. However, significant disparities in asthma morbidity and mortality exist, in particular for low-income and minority populations. [9] In Santa Cruz County since 2014/15, the prevalence of asthma is decreasing among the white population, while increasing among the Latino population.

Sixteen percent of Santa Cruz County survey respondents had ever been diagnosed with asthma in 2016-17.

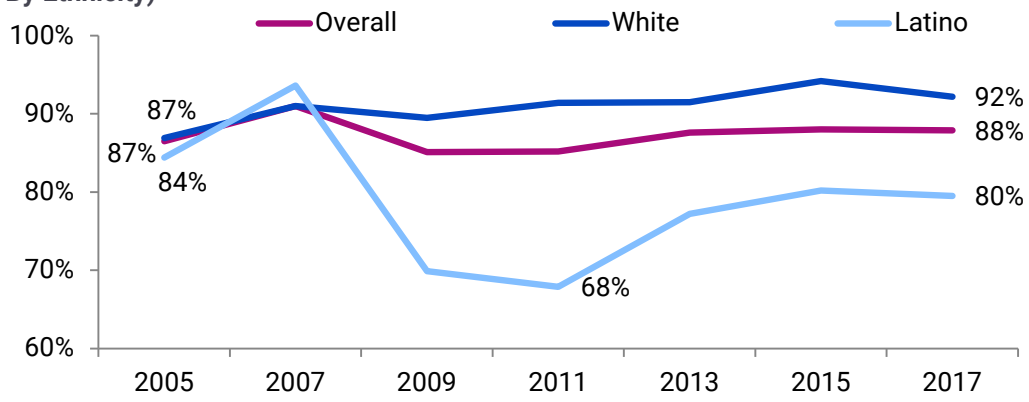


Source: UCLA Center for Health Policy Research. (2018). California Health Interview Survey, 2014-17
**Data statistically unstable.*

[9] U.S. Department of Health and Human Services, Healthy People 2020. (2016).

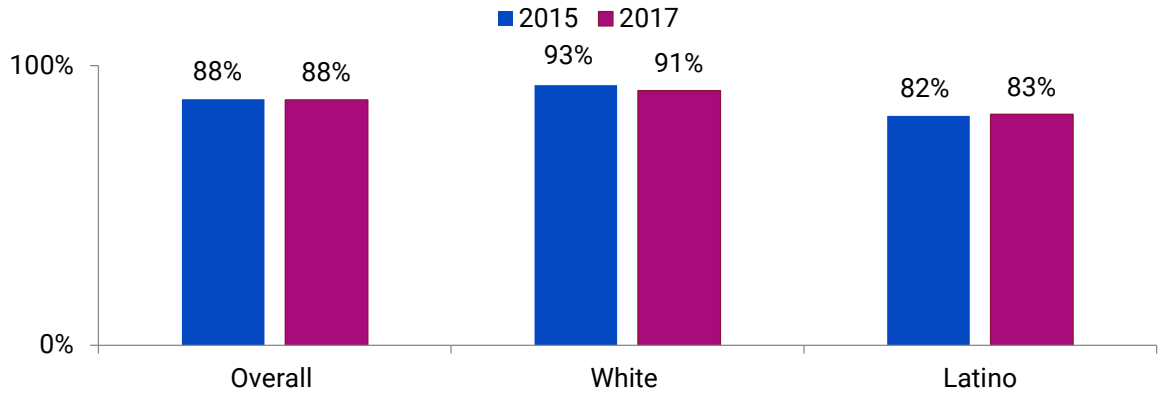
Continuum of Care: Prevention, Access & Delivery was prioritized in the 2016 and 2019 CHNA as one of the three most significant health needs in Santa Cruz County. CAP survey data indicate that some residents do lack a regular source of health care. Additionally, disparities in being able to receive needed health care exist between white and Latino survey respondents in the county. Local health experts expressed the need for more preventative services, shorter wait times for appointments, and more specialized healthcare workers. In addition they indicated that barriers to access – such as language, immigration status, cultural competency, confusion on how to navigate the system, and fear – need to be addressed to ensure equitable access to care.

Twelve percent of overall CAP survey respondents did not have a regular source of health care in 2017. (Do you have a regular source of health care? [CAP Respondents answering "Yes"] – By Ethnicity)



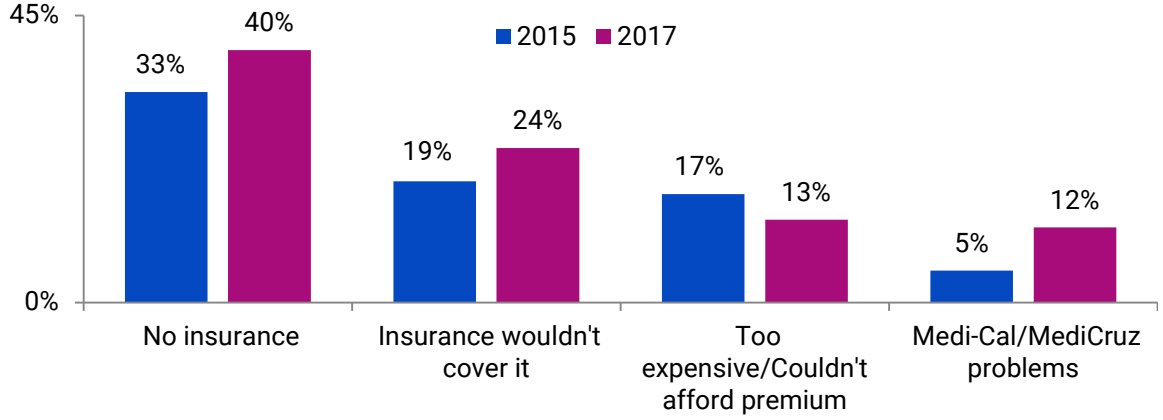
2017 - Overall n: 789; White n: 428; Latino n: 288.
Source: Applied Survey Research. (2017). 2005-2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, CA.

Twelve percent of overall CAP survey respondents were unable to receive the health care they needed within the past 12 months (In the past 12 months, were you able to receive the health care you needed? [CAP Respondents answering "Yes"])



Overall n=792; White n=428; Latino n=292
Source: Applied Survey Research. (2017). 2005-2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, CA.

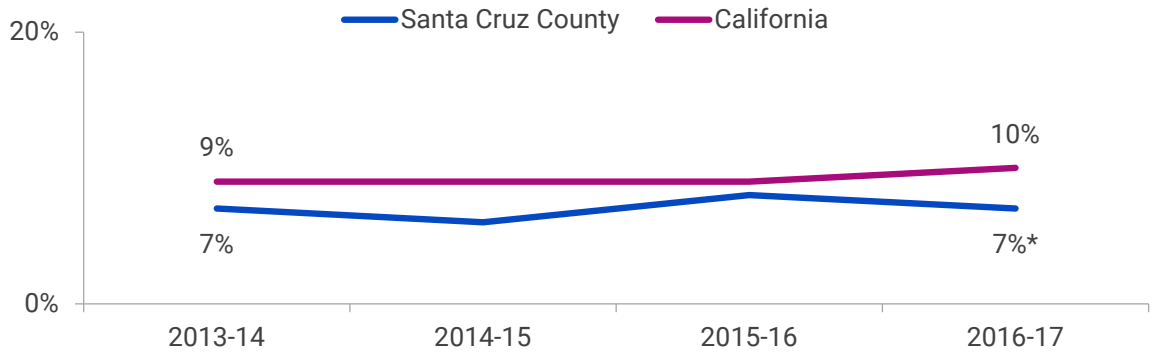
Of CAP respondents that were unable to receive the health care they needed, 89% stated this was because of insurance issues, Medi-Cal/Medi-Cruz issues, or because it was too expensive. (Why couldn't you receive the health care you needed? [CAP Respondents – Top responses.])



2017 Overall n=31
Source: Applied Survey Research. (2017). 2005-2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, CA.

Diabetes continues to be a health need in Santa Cruz County, primarily because of the connection between poor outcomes for people with chronic diabetes, and poverty and the lack of affordable, healthy food.

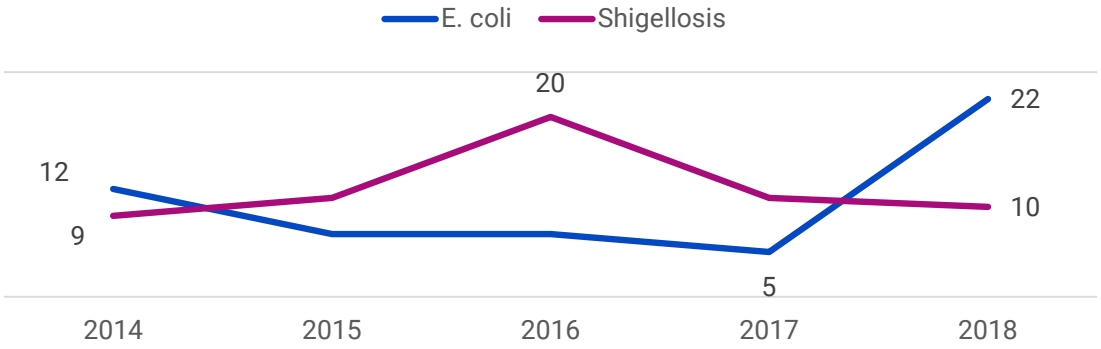
Seven percent of adult respondents (ages 18 and older) had ever been diagnosed with diabetes in Santa Cruz County in 2016-17.



Source: UCLA Center for Health Policy Research. (2019). California Health Interview Survey, 2011-2017.
**Statistically unstable due to a low number of respondents.*

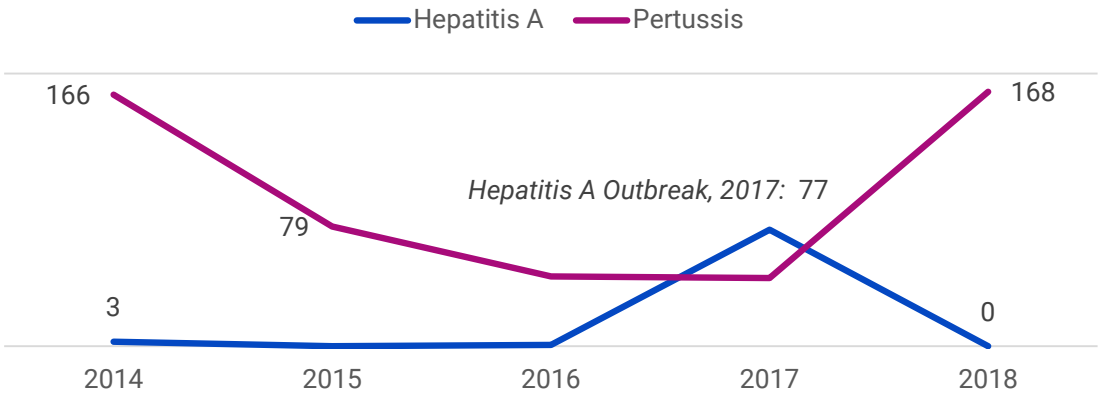
Diseases/Conditions (Heart Disease/Stroke, Cancer, Infectious/Communicable Disease and Sexually Transmitted Infections) continues to be an important health need in Santa Cruz County. Local and state health data indicate that counts of vaccine-preventable diseases, enteric and foodborne illnesses, and sexually-transmitted infections continue to rise. Rates of other conditions such as diabetes and certain types of cancer have also risen.

Provisional Counts of Selected Reportable Conditions by Year of Episode Date, Santa Cruz County Residents: Enteric & Foodborne Illnesses



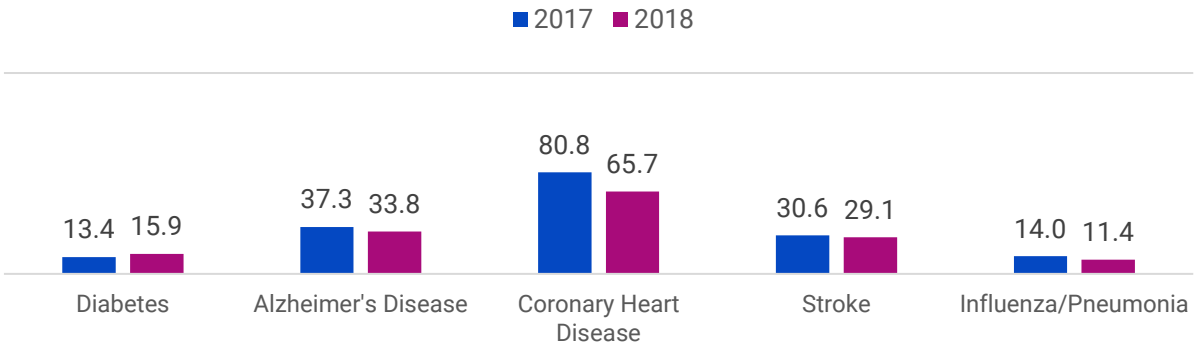
Source: Santa Cruz County Health Services Agency. (21 February 2019). Provisional counts of selected reportable conditions by quarter and year of episode date, Santa Cruz County residents, 2014-2018. Santa Cruz, CA.

Provisional Counts of Selected Reportable Conditions by Year of Episode Date, Santa Cruz County Residents: Vaccine Preventable Diseases



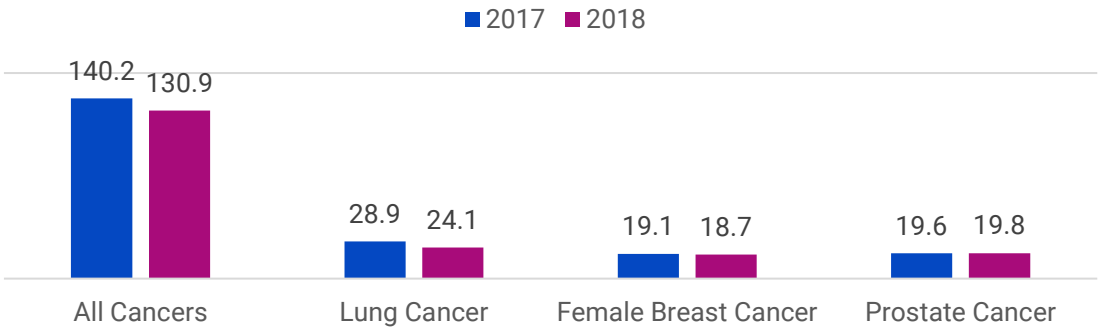
Source: Santa Cruz County Health Services Agency. (21 February 2019). Provisional counts of selected reportable conditions by quarter and year of episode date, Santa Cruz County residents, 2014-2018. Santa Cruz, CA.

Age-adjusted death rate[1] per 100,000 for select conditions – Santa Cruz County



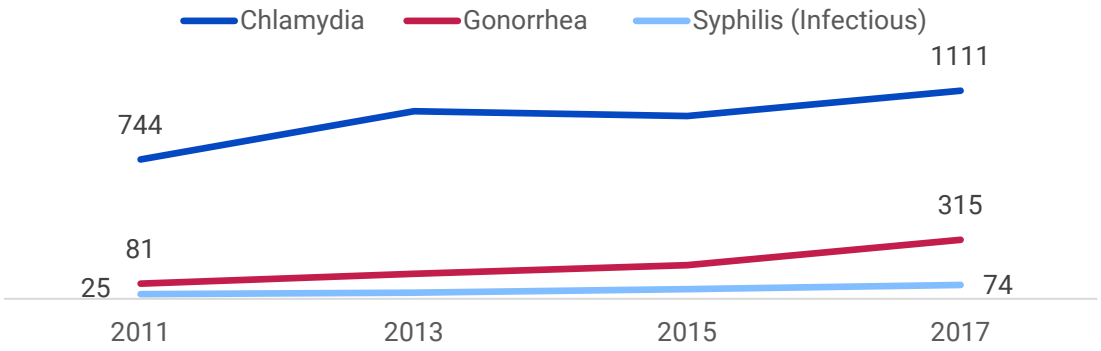
Source: California Department of Public Health. (2018). County Health Status Profile, 2018.
[1] Age-adjusted rate calculations are a summary measure allowing for unbiased comparisons between groups with different age distributions in the population over time, or among diverse populations. Unless noted as age-adjusted, rates shown are age-specific rates which are also used for unbiased evaluation however among groups of the same age or age range. Age-adjusted rates and age-specific rates are not comparable.

Age-adjusted death rate per 100,000 for all cancers – Santa Cruz County



Source: California Department of Public Health. (2018). County Health Status Profile, 2018.

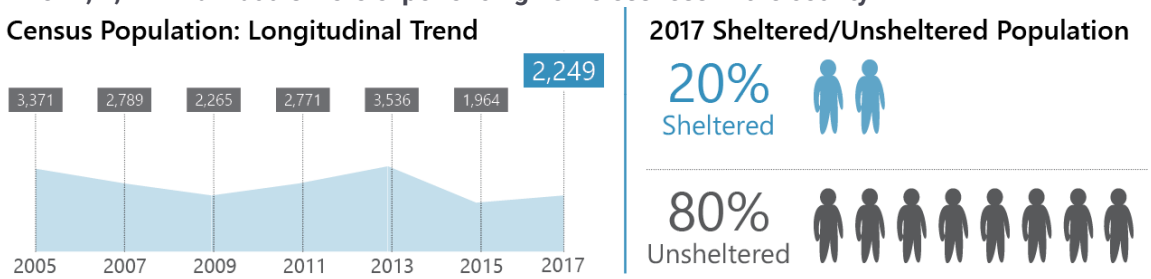
The reported cases of sexually transmitted infections (STIs) have increased since 2011 (chlamydia +49%, gonorrhea +289%, and syphilis +196%).



Source: Santa Cruz County Health Services Agency. (2011-18). Sexually Transmitted Diseases. April 2018.

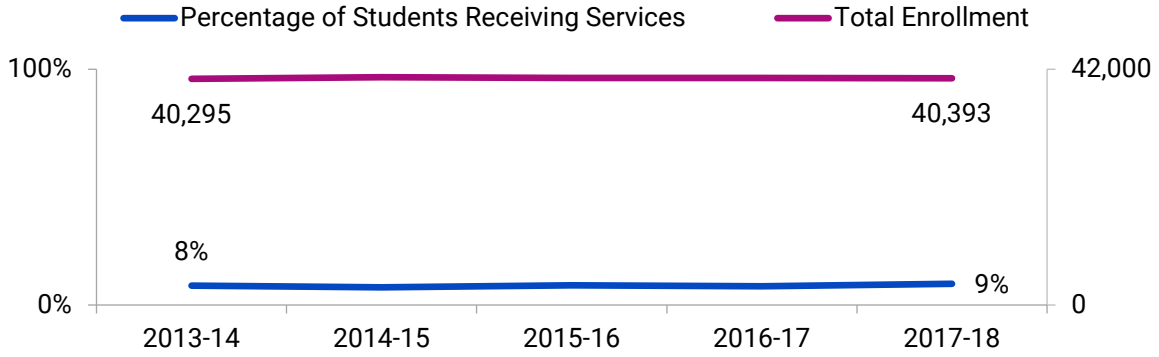
Economic Security (Housing and Homelessness, Food insecurity) was prioritized in the 2016 and 2019 CHNA as one of the three most significant health needs in Santa Cruz County. Poor health outcomes such as infectious disease, stress, and behavioral health issues are linked to crowded housing and homelessness. Local data indicate an upward trend in homelessness throughout the county and in students considered eligible for services under the McKinney-Vento Act related to housing and homelessness. Due to the high cost of living, insecure housing, poverty and food insecurity have serious impacts on the health and well—being of Santa Cruz County residents, and remain as significant health needs expressed by all health experts.

In 2017, 2,249 individuals were experiencing homelessness in the county.



Source: Applied Survey Research. (2017). Santa Cruz County 2017 Homeless Census & Survey. Watsonville, CA.

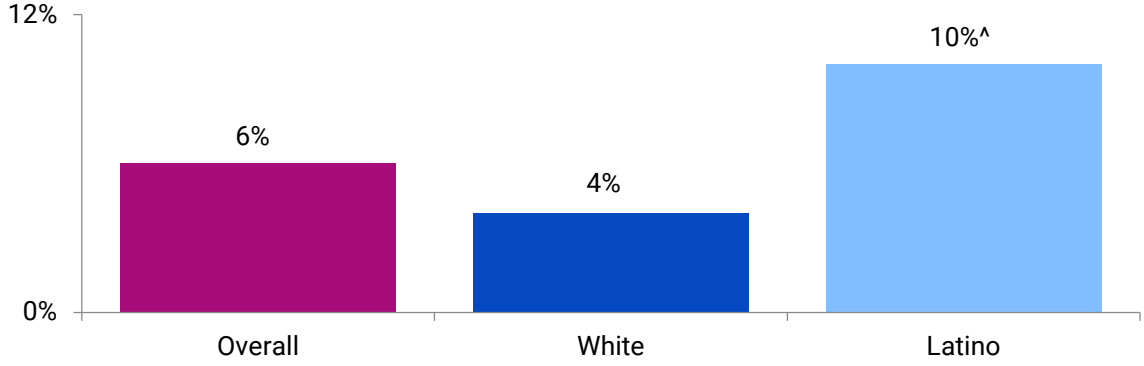
Nine percent of all Santa Cruz County students were designated eligible for services under the McKinney-Vento Act[10] in school year 2017-18.



Student Enrollment Source: California Department of Education. (2017). 2010-2017 Educational Demographics Office.
McKinney-Vento Source: Santa Cruz County Office of Education Representative. (2018). [Email with A. Gallant].

[10] The McKinney-Vento was the first significant federal response to homelessness and provides federal monies for homeless programming and shelter services. The McKinney-Vento act defines homelessness as: A) means individuals who lack a fixed, regular, and adequate nighttime residence; and (B) includes—(i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement; (ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings; (iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and (iv) migratory children who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

In 2017, 6% of overall CAP survey respondents responded that they had gone without food in the past 12 months. (At any time in the past 12 months, did you find yourself having to go without any of the following basic needs? [CAP Respondents answering "Food"] – 2017)

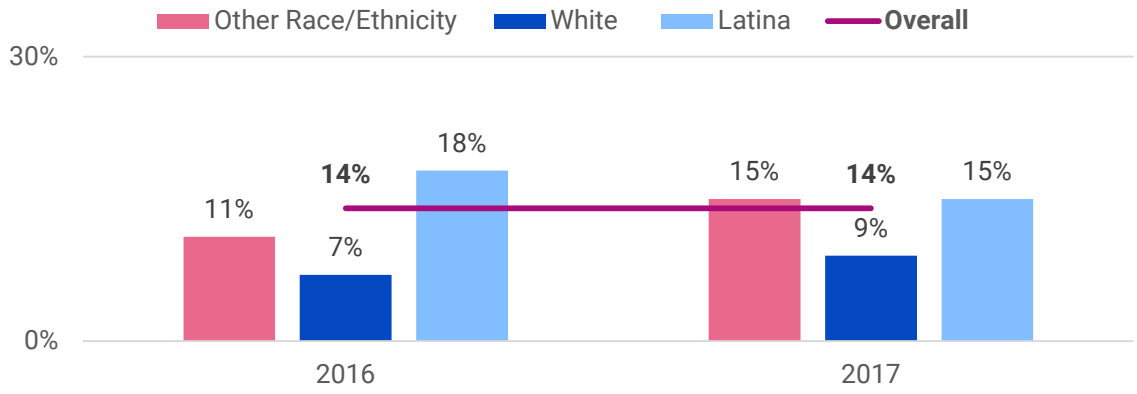


2017 Overall n: 739; White n: 408; Latino n: 263
Source: Applied Survey Research. (2017). Santa Cruz County Community Assessment Project, Telephone Survey.
^Significance Testing: Latino respondents were significantly more likely to report going without food in the last 12 months than White respondents.

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

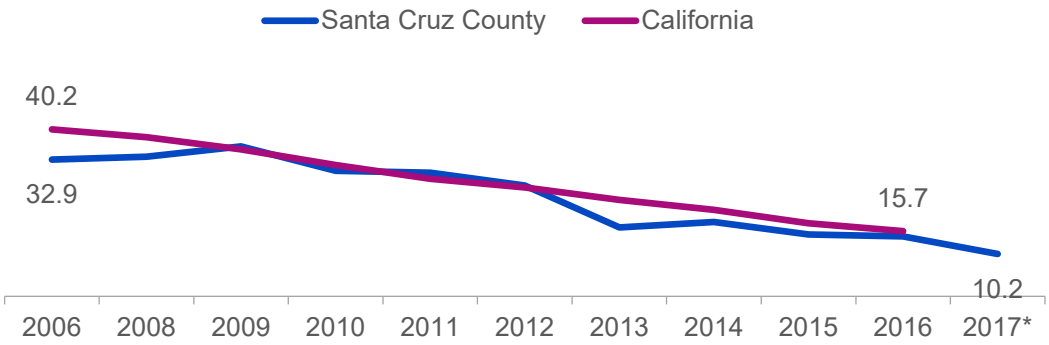
Maternal/Child Health and Vaccinations were mentioned as health needs in Santa Cruz County. Community concerns focused on teen pregnancy, although data show that the rate of teen births in the county is less than the state rate of teen births. Service providers and health professionals were particularly concerned with the decline in vaccinations and a recent measles outbreak. Local health data indicate that Latinas and women of color were more likely to have fewer prenatal visits than the county overall. State health department data also indicate a need for increased student immunizations.

Fourteen percent of births to Santa Cruz County residents overall had fewer than 10 prenatal visits in both 2016 and 2017.



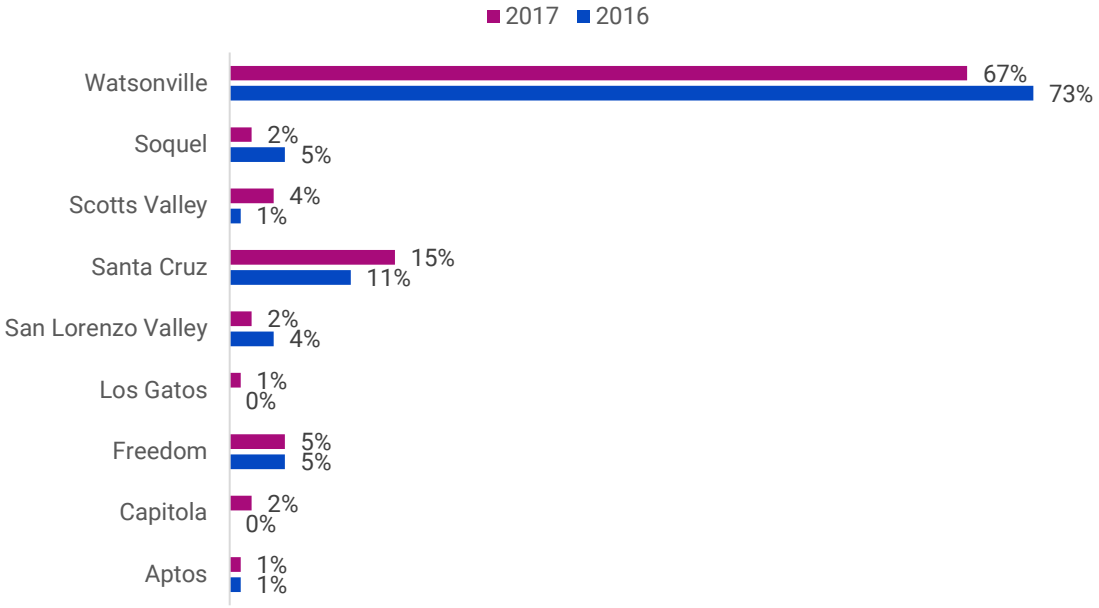
Source: County of Santa Cruz, Public Health Department. (2017). Births. 2016-17. Santa Cruz County.

In 2017, teen births in Santa Cruz County dropped to a new low of 10.2 per 1,000 females age 19 and under.



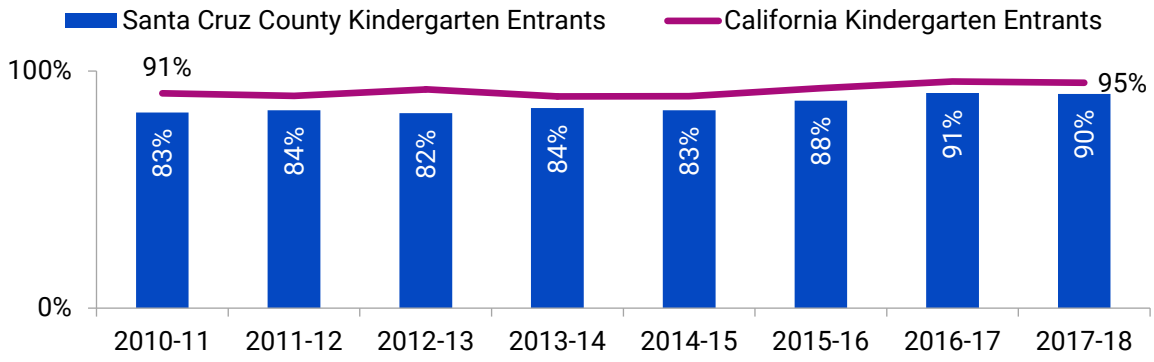
Source: County of Santa Cruz, Public Health Department. (2017). Births, Santa Cruz County, 2016. Santa Cruz County, CA. California Department of Public Health, Maternal, Child, and Adolescent Health. (2018). Adolescent Births in California 2000-2016.

The majority of teen and adolescent births (females age 19 and under) within the County were by mothers residing in Watsonville. There were 132 total teen births in 2016 and 93 total teen births in 2017.



Source: County of Santa Cruz, Public Health Department. (2017). Births, Santa Cruz County, 2016-17. Santa Cruz County, CA.

Ten percent of Kindergarten entrants in Santa Cruz County entered school without all required immunizations in 2017-18, a decrease from 17% in 2010-11.

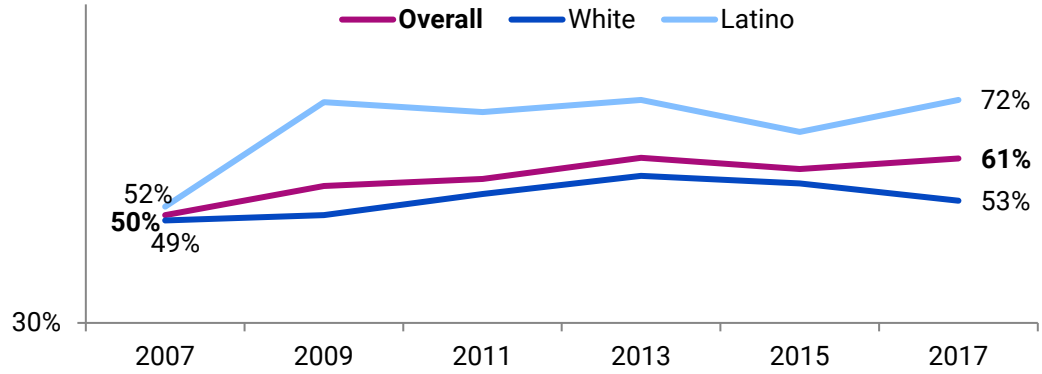


Source: California Department of Health Services, Immunization Branch. (2018). Child care assessment results. Sacramento, CA.

Need for Specialized Health Care Workers is an ongoing health need in Santa Cruz County. Service providers and health professionals expressed the need for more and varied specialized doctors and practitioners.

Obesity, Healthy Eating, Active Nutrition was identified as a health care need in the community. CAP survey data suggest a steady increase in overweight or obese survey respondents. Local education data also suggest a decline in students achieving key physical fitness goals. Regular physical activity can improve health and quality of life regardless of age or the presence of a chronic disease or disability. Among adults and older adults, physical activity can lower the risk of early death, stroke, type 2 diabetes, breast and colon cancer, and depression.[11]

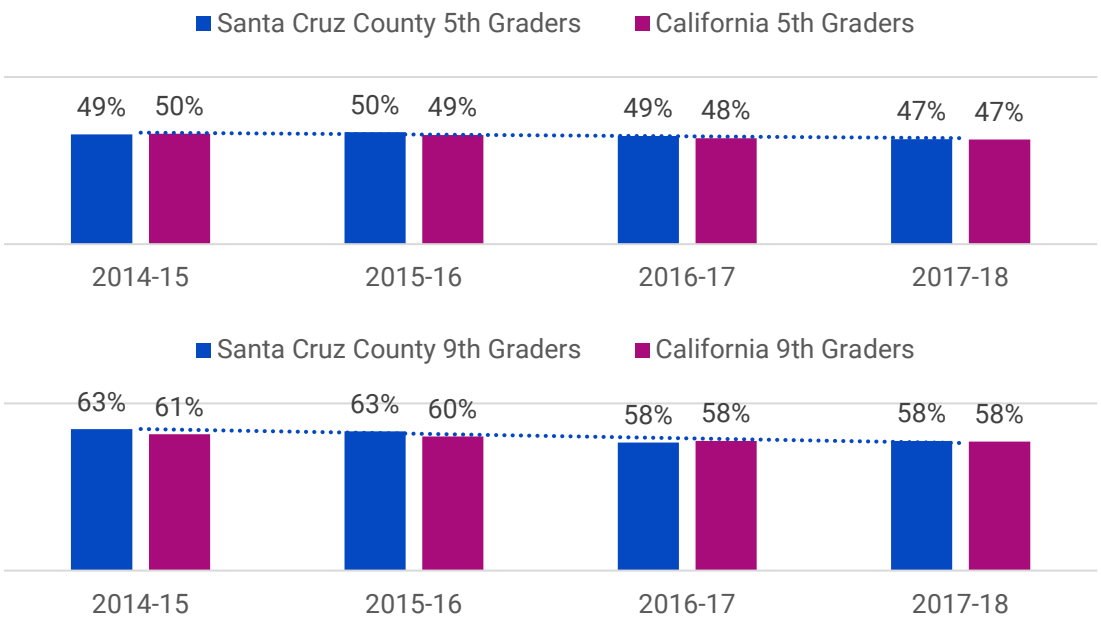
The percentage of overweight and obese adult CAP respondents has steadily increased since 2007, with a higher proportion of Latino respondents being overweight or obese. (Based on BMI) – By Ethnicity



2017 - Overall n: 774; White n: 425; Latino n: 283
Source: Applied Survey Research. (2017). 2007-2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, CA

[11] U.S. Department of Health and Human Services, Healthy People 2020. (2016).

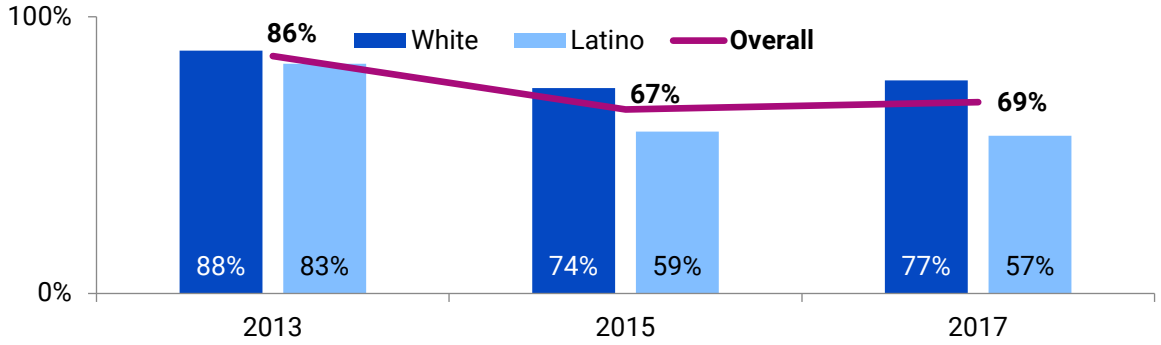
Students Achieving Fitness Goals (at least 5 out of 6 fitness areas)



Source: California Department of Education. (2017). Physical fitness test report. Sacramento, CA.
Note: The Fitness Areas include aerobic capacity, body composition, abdominal strength, trunk extensor strength, upper body strength, and flexibility.

Oral/Dental Health continues to be an important health care need. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability.[12] CAP survey data indicate a downward trend in dental care among survey respondents.

The percentage of CAP respondents receiving dental care in the past 12 months has decreased since 2013. Additionally, fewer Latino respondents indicate receiving dental care than white respondents. (In the past 12 months, have you had dental care? [CAP Respondents answering "Yes"])

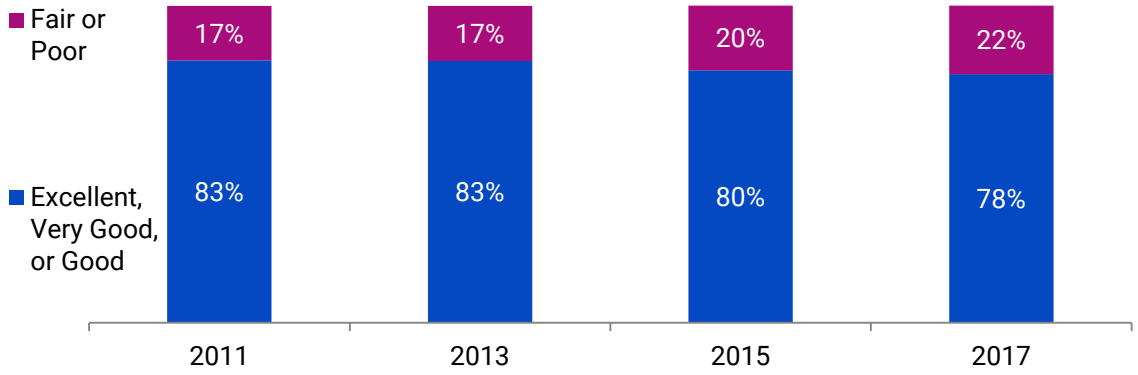


2017: Overall n=791; White=427; Latino=292
Source: Applied Survey Research. (2017). 2013-2017 Santa Cruz County Community Assessment Project, Telephone Survey.

[12] U.S. Department of Health and Human Services, Healthy People 2020. Healthy People 2020.

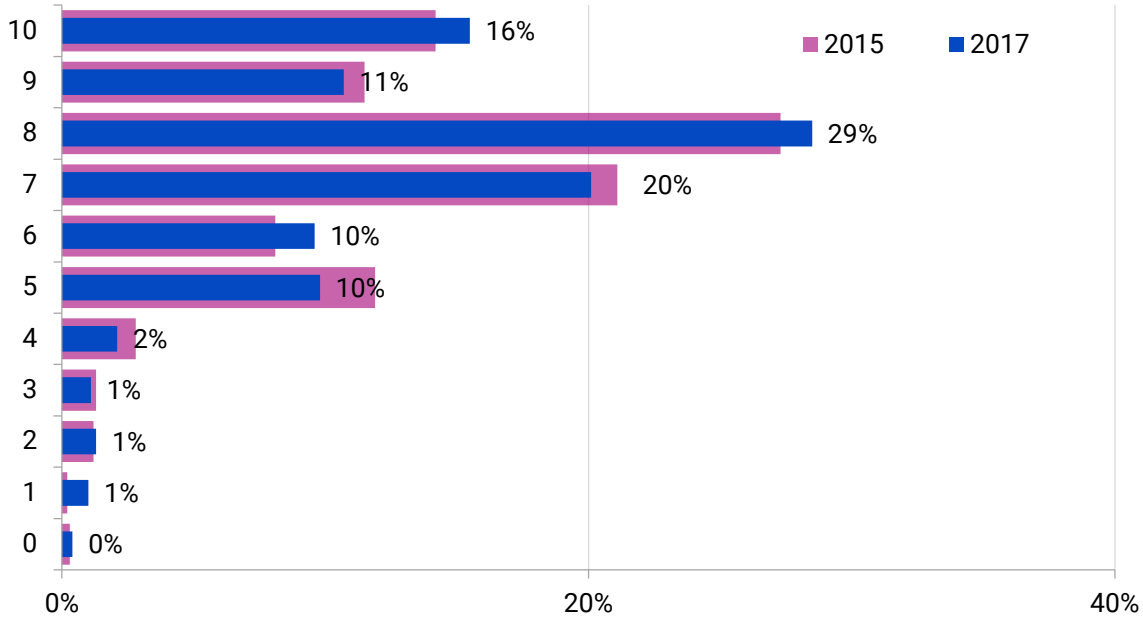
Prevention was identified as a health need in relation to behavioral health, chronic health conditions, and obesity, healthy eating, and exercise. Prevention includes a wide variety of activities that impact overall health and well-being. CAP survey data indicate that while the majority of respondents ranked their life satisfaction highly, a growing percentage of respondents describe their health as "Fair or poor" as opposed to "Excellent, very good, or good".

In 2017, the majority (78%) of CAP respondents described their health as "excellent", "very good", or "good". (How would you describe, in general, your overall health?)



2017 - Overall n: 786
Source: Applied Survey Research. (2017). 2011-2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, CA.

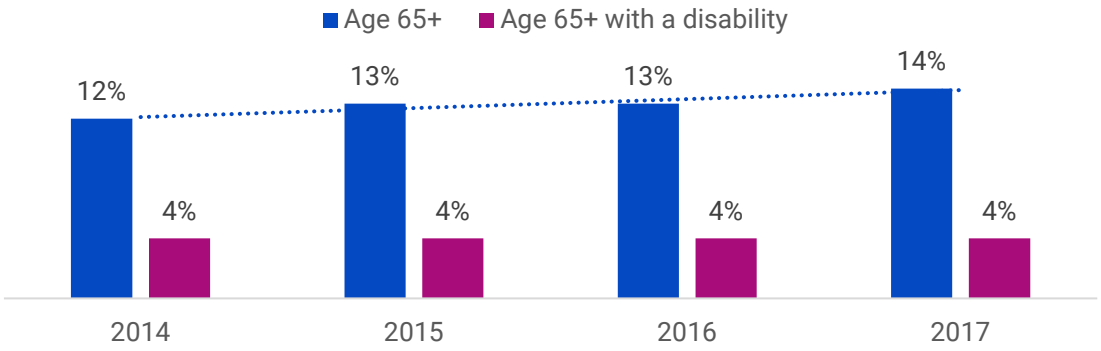
The majority (76%) of CAP respondents ranked their life satisfaction in 2017 at a 7 or above. (On which step of the [life satisfaction] ladder would you say you personally feel you stand at this time? [10 being your best possible life, 0 being your worst possible life])



2017 Overall n: 785
Source: Applied Survey Research. (2017). Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, CA

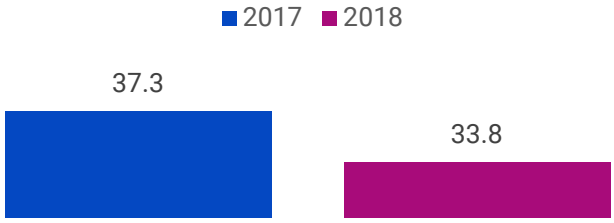
Senior Care – Alzheimer's and Dementia Care, specifically the lack of affordable services and care facilities, were identified as a health need by community experts. Census data indicate a slightly increasing percentage of the county population over the age of 65. State public health data indicate a decrease in Alzheimer's-related deaths of Santa Cruz County residents.

In 2017, County residents age 65+ made up 14% of the total population while County residents age 65+ with a disability made up 4% of the population.



Source: US Census Bureau (2018). American Community Survey, 2009-17 5-Year Estimates. Table B19013.

Age-adjusted death rate[1] per 100,000 Santa Cruz County Residents – Alzheimer's

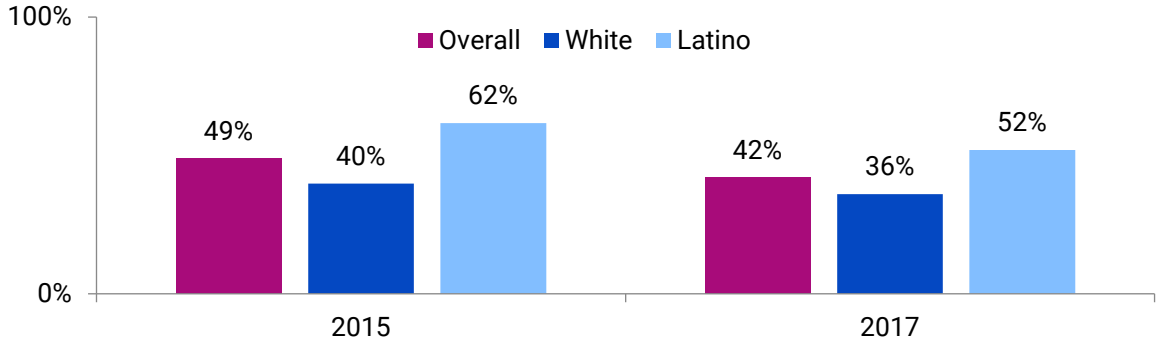


Source: California Department of Public Health. (2018). County Health Status Profile, 2018.
[1] Age-adjusted rate calculations are a summary measure allowing for unbiased comparisons between groups with different age distributions in the population over time, or among diverse populations. Unless noted as age-adjusted, rates shown are age-specific rates which are also used for unbiased evaluation however among groups of the same age or age range. Age-adjusted rates and age-specific rates are not comparable.

Traumatic Brain Injury Care for Adults was identified by health care professionals as a health need in Santa Cruz County. Experts expressed that there is currently no system responsible for the care of adults with traumatic brain injury, and as a result there is a marked gap in care provision.

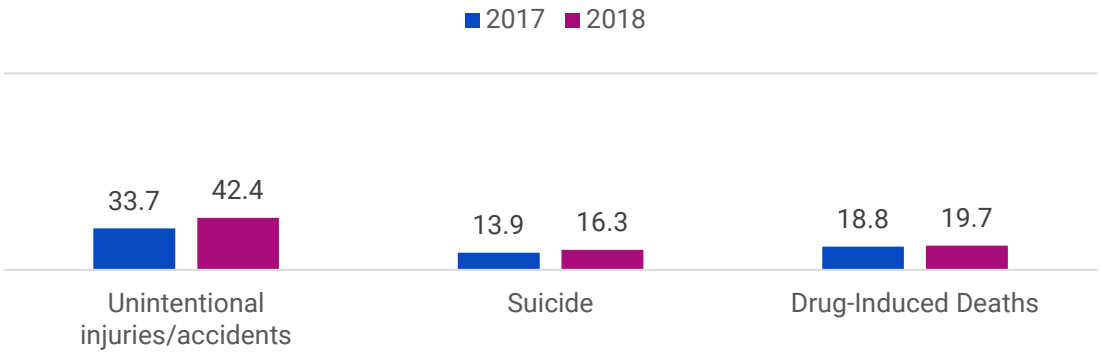
Violence/Injury Prevention remains a health need in Santa Cruz County. Although CAP survey data indicates a downward trend in concern about violent crime, the concern in the community is still high. Further, age-adjusted death rates for accidents, injuries, suicide, and drug-induced death are increasing.

Concern about violent crime in neighborhoods decreased by 7% overall from 2015 to 2017. (How concerned are you about violent crime in your neighborhood? [Respondents answering "Very concerned" or "Somewhat concerned"] By Ethnicity)



2017 Violent crime: Overall n=787; White n=423; Latino n=292
Source: Applied Survey Research. (2017). 2015-2017 Santa Cruz County Community Assessment Project, Telephone Survey.

The age-adjusted death rate per 100,000 for unintentional injuries/accidents, suicide, and drug-induced deaths increased slightly between 2017 and 2018.



Source: California Department of Public Health. (2018). County Health Status Profile, 2018.

Prioritization of Health Needs

The IRS CHNA requirements state that hospital facilities must identify significant health needs of the community, and prioritize those health needs. In order to identify significant health needs, ASR facilitated a discussion with the DCA and other health experts, who reviewed all of the quantitative and qualitative data, the list of significant health needs and their impact on the community. They were given the option to add or delete needs, and then went through a prioritization process to narrow the list to three, combining and redefining some to fit the specific needs of the county. (Data collection methods are further described in Process & Methods of the 2019-2022 CHNA on P. 9.)

The top three health needs, as prioritized by the DCA are listed here, and explained in further detail below.

1. Behavioral Health
2. Economic Security
3. Continuum of Care: Prevention, Access and Delivery
4. Human Trafficking*

Behavioral Health (Substance Use/Mental Health)

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

Selected comments from the DCA and other health experts

- *"Systematic screening, assessment and treatment for early childhood/family behavioral health as well as accessible behavioral health resources for adolescents is an ongoing need expressed by service providers and education professionals throughout the county."*
- *"Problems with substance use disorder and mental health disorders cut across all economic levels and there are not enough services to meet the need. Many people are going without behavioral health care which has a huge impact on the wider community."*
- *"Over 75% of middle school youth and their parents identified mental health as a priority during our assessment of the needs in the Watsonville community."*
- *"More than 20% of the population has mental health issues. These issues lead to other community and family problems. We have not access to mental health providers."*
- *"Prevention services targeted to youth would help the community long term; preventative services need to include afterschool programs and target young children and families to help them meet their needs to help avoid starting down a challenging path in the first place."*
- *"Many homeless issues are rooted in behavioral health."*
- *"There is a lack of understanding of how to navigate the complex patchwork that is carved out of the health care system. Behavioral health should be part of the system – otherwise it creates barriers and hoops to receiving care."*
- *"Dollars are diverted to treatment, there is not enough to invest upstream."*

Suggestions for Improvement or Solutions

- Recommended opioid prescribing practices followed county-wide
- Increase diversion and investment to early onset counseling, ensure improved reimbursement rates for services
- Early screening for Adverse Childhood Experiences
- Train providers about best practices in medication-assisted treatment

Economic Security

Economic security includes employment, access to education and/or vocational training, affordable housing, homelessness, food insecurity and other factors related to poverty and lack of income. According to the Social Determinants of Health (SDOH) framework, this also includes stable employment, food security, and housing stability.

Selected comments from the DCA and other health experts

- *"It is hard/nigh impossible to be healthy without a stable permanent home."*
- *"Economic security is a pressing need in our community. With the high cost of housing and our problems with homelessness, it is clear people are struggling to meet their basic needs -- which ultimately impacts their physical and mental health."*
- *"Addressing barriers within social determinants of health are critical in truly elevating communities."*
- *"Economic security is a major issue in Santa Cruz. People on fixed income can't afford to live here. If they live here then they can't afford food and drugs. Homelessness is a problem for community. Illegal drug use, disease transmission, frequent ER visits are some of the consequences of being homeless."*
- *"Social determinants of health have a huge impact on health. The cost of living in Santa Cruz is very challenging."*

Suggestions for Improvement or Solutions

- Build more density housing on county land
- The county could play a role by changing or updating zoning codes to make it easier to zone for and build multi-unit housing or additional dwelling units. There could be more investment by public entities of foundations in 'rental assistance programs' that prevent people from becoming homeless or over-crowding into a housing unit. Another bond measure on the next ballot for affordable housing.
- Much more public investment in affordable housing units, sheltering services or rental assistance programs for our most vulnerable members of the community.
- Funding streams to address emerging needs and social determinants of health
- Workforce housing
- Capital investments
- Public investment in building more affordable housing units, more investment in sheltering services county-wide, increased funding for rental assistance programs
- Additional outreach services
- Housing of different levels based on an individual's needs
- Funding (ongoing - not one time) to support the sheltering of homeless adults and families and the provision of expanded healthcare services in the community

Continuum of Care: Prevention, Access and Delivery

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

Selected comments from the DCA and other health experts

- *"Ultimately the complex process of establishing accessible and integrated family-friendly, whole-person care in a framework that incorporates the social determinants of health will fundamentally help our community address multiple priority health needs in an effective and sustainable manner."*
- *"Chronic diseases are at epidemic levels, especially in our most vulnerable populations (i.e. south county Hispanic population), which affects quality of life and impacts our health care delivery systems. We need to invest more money in efforts to prevent these diseases before they arise."*
- *"Prevention services targeted at youth would help the community long term, preventative services need to include after school programs and target young children and families to help them meet their needs to help avoid stating down a challenging path in the first place."*
- *"We must look through an equity lens when it comes to health and addressing chronic diseases, including more upstream, prevention approaches."*
- *"An ounce of prevention... recent trends in decreased vaccination rates further justify the already established importance of maternal/early childhood health provision/prevention."*
- *"Prevention of disease by immunization, good eating habits, exercise and weight control are essential."*
- *"More access to healthy food and activities will help health needs; there are lots of options but they are expensive and that makes them not accessible to everyone."*
- *"A medical home and access to care, especially dental, is lacking for the low income and uninsured."*

Suggestions for Improvement or Solutions

- Advocacy for universal health care at the state level
- Dental benefits in Medicare, adult dental mandated in Medicaid
- State protection of ACA elements
- Department of Health Care Services Medicaid waiver that explores care coordination models
- More resources to Health Information Exchange for better care coordination among providers
- Kaiser Permanente, Sutter/PAMF and Dignity Health to better align community benefit with CORE framework to increase impact
- Data sharing platforms
- More primary care and specialty care services through stronger partnerships with key providers
- Systems approach to care coordination, including HIE adoption of Safe Prescribing Guidelines in all care settings.
- State needs to designate a service system responsible for adults who have a brain injury that has occurred after the age of 18
- Non-competitive, shared plan to attract/retain healthcare workforce
- Coordination of complex healthcare needs
- Exact investment in what data shows are the health needs with an equity lens, rather than broad investment
- Collective impact model for planning/aligning resources more efficiently across systems

Human Trafficking*

Dignity Health prioritized human trafficking because while every state in the nation is affected, California and Nevada record among the highest number of cases. Dignity Health hospitals are deeply embedded in communities that have transient populations and high rates of poverty, unemployment, and family instability that can create conditions ripe for human trafficking. Dignity Health clinicians and staff know that they are seeing victims in their facilities. However, findings from the Massachusetts General Human Trafficking Initiative indicate that approximately 90% of victims have had a health care encounter while being held against their will and were not identified. Dignity Health Dominican Hospital has assigned a task force to address this need, and trains key staff to identify signs of a human trafficking. (See Attachment 7 for Dignity Health Dominican Hospital's Human Trafficking Assessment of Community Resources, Attachment 8 for Dignity Health Dominican Hospital's Policy Statement on the Identification and Reporting of Abuse and Neglect, and Attachment 9 - an example of an informational poster about Abuse and Human Trafficking displayed in key locations in the hospital.)

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

Resources Potentially Available to Address Prioritized Health Needs

While resources are available to address the needs of the community, the needs are too significant for any one organization. Making a substantial and upstream impact will require the collaborative efforts of community organizations, local government, local business leaders, and institutions. Santa Cruz County is home to a wealth of organizations, businesses, and nonprofits, including the following listed by prioritized need:

Behavioral Health

- Santa Cruz County Health Services Agency
- Santa Cruz County Human Services Department
- Santa Cruz County Behavioral Health
- Santa Cruz County Office of Education
- Santa Cruz County Community Health Centers
- Salud Para La Gente
- Homeless Persons' Health Project
- Janus of Santa Cruz
- Recuperative Care Center
- Encompass Community Services
- Catholic Charities
- CORE (Santa Cruz County Community Programs Jurisdictional funding)
- Community Foundation of Santa Cruz County

Economic Security

- Santa Cruz County Health Service Agency
- Santa Cruz County Human Services Department
- Santa Cruz County Office of Education
- Second Harvest Food Bank
- Community Bridges
- Community Action Board
- Homeless Persons' Health Project
- Encompass Community Services
- CORE (Santa Cruz County Community Programs Jurisdictional funding)
- Digital Nest
- RotaCare Free Health Clinic
- Wellness Mobile Clinic
- Community Foundation of Santa Cruz County

Continuum of Care: Prevention, Care and Delivery

- Santa Cruz County Health Service Agency
- Santa Cruz County Human Services Department
- Santa Cruz County Behavioral Health
- Santa Cruz County Community Health Centers
- Dientes Community Dental Care
- RotaCare Free Health Clinic
- Wellness Mobile Clinic
- Psychiatric Resource Team
- Homeless Persons' Health Project
- Community Bridges
- Central Coast Alliance for Health
- Encompass Community Services
- Pajaro Valley Community Health Trust
- CORE (Santa Cruz County Community Programs Jurisdictional funding)
- Community Foundation of Santa Cruz County
- Salud Para La Gente
- Personal Enrichment Program (PEP) Classes

Human Trafficking

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

IMPACT OF THE 2016-2019 CHNA

Health Needs Identified in the 2016-2019 CHNA

The following health needs were identified by health experts and DCA during the 2016-2019 CHNA process:

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

Dignity Health Dominican Hospital's Prioritized Significant Health Needs 2016-2019

Given the information collected during the CHNA process, the four priority areas identified by Dignity Health Dominican Hospital as presented to the Board of Director's and DCA were:

- Integrated Behavioral Health
- Economic Security
- Continuum of Care Approach to Access & Delivery
- Human Trafficking*

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

Dominican Hospital invited written comments on its 2016 CHNA report, in the report itself and on the web site where it is widely available to the public. No written comments were received on the 2016 CHNA.

Description of Impact since 2016-2019 CHNA

The anticipated impacts of the hospital's activities on significant health needs are summarized below. Overall, the hospital anticipates that actions taken to address significant health needs will:

- Improve health knowledge, behaviors, and status,
- Increase access to needed and beneficial care, and
- Help create conditions that support good health, disease prevention, management and treatment.

The hospital is committed to measuring and evaluating key initiatives. The hospital creates and makes public an annual Community Benefit Report and Plan, and evaluates impact and sets priorities for its community health program in triennial Community Health Needs Assessments.

The following tables describe key programs and initiatives that address the prioritized health needs from the 2016-2019 CHNA.

HEALTH NEED: INTEGRATED BEHAVIORAL HEALTH

Strategy or Activity	Summary Description
Dominican Health Psych Resource Team	Psychiatric clinical assessment, case management, and social services providing referrals to individuals with substance abuse disorders.
Encompass Community Services	Operation of a State funded Preschool for children.
Janus of Santa Cruz	Program to support eligible patients to: 1) transition efficiently from the hospital to treatment for substance use disorder (SUD) and co-occurring disorder (COD), and 2) 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.

Impact:

The hospital's initiative to address mental illness and substance abuse anticipates improved case management and care coordination, and increased focus on prevention and early intervention, and an increase in education for professionals regarding risk assessment, intervention strategies and protocols.

Dominican Hospital Health Contribution/Program Expense:	2017	2018	2019
	$546,985	$771,942	Not yet available

HEALTH NEED: ECONOMIC SECURITY

Strategy or Activity	Summary Description
Dominican Hospital Case Management	Several needs were combined during the consolidation process– employment, access to education, and/or vocational training, affordable housing, homelessness, food insecurity, and other factors related to poverty and lack of income. These areas when identified with the patient are addressed and solutions sought by the team.
High Utilizers Group (HUG)	Program designed to provide coordination, education, prioritization and integration by community health leaders for high need, high cost patients in Santa Cruz around health and health related social needs.
Homeless Recuperative Care	Program which provides shelter services with meals, housekeeping, security, and on site case management, and medical care until recovery is achieved.

Impact:

This hospital initiative anticipates a decrease in the number of preventable utilization visits to the Emergency Department and inpatient hospital stays. A group of community partners and providers have convened to build a network involving care coordinators and data sharing among a group of providers regarding health, housing, social supports and basic living assistance.

Dominican Hospital Health Contribution/Program Expense:	2017	2018	2019
	$57,000	**$35,000**	**Not yet available**

HEALTH NEED: CONTINUUM OF CARE APPROACH TO ACCESS AND DELIVERY

Strategy or Activity	Summary Description
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.
Mobile Wellness – Dignify Health Dominican Hospital	Provides episodic health and preventive services Monday-Friday throughout Santa Cruz County at no cost to the patient. Services are provided by physicians, nurses, Allied health professionals and other volunteers from local Rotary clubs and the County.
High Utilizers Group (HUG)	Program designed to provide coordination, education, prioritization and integration by community health leaders for high need, high cost patients in Santa Cruz around health and health related social needs.

Impact:

This hospital initiative of providing access to health care targets the uninsured and underinsured residents of our county. Health care services, testing and reduction in medications will hopefully provide early identification of illness, earlier treatment and decrease in the utilization of the hospital Emergency Department.

Strategy or Activity	Summary Description
Salud Para La Gente	In March 2016 Dignity Health approved a 5 year $1,000,000 loan to provide working capital to Salud, a FQHC, while its clinic space is being expanded and until revenues from fundraising and increased patient volume are realized.

Impact:

This initiative of Dignity Health Dominican Hospital anticipates that this increase in the physical capacity of the main Watsonville clinic to serve more people, and will consolidate the location of different care providers, add more staff and providers, convert dental records to electronic health records, and partner with Second Harvest Food Bank to provide healthy food cooking classes in addition to food distribution.

Strategy or Activity	Summary Description
Santa Cruz Community Health Center (SCCHC)	Family Health Center located on East Cliff Drive. The $2,500,000 loan was renewed in 2018 for an additional 7 years in order to provide SCCHC working capital as it awaits reimbursement from Medicaid/Medicare. SCCHC is a FQHC.

Impact:

This initiative of Dignity Health Dominican Hospital to facilitate access to healthcare allows the clinic to continue to provide quality health services and advocate for feminist goals of social, political, and economic equality. This organization maintains a close relationship with Dignity Health Dominican Hospital and continues to serve over 4,000 children at its two clinics, including 182 homeless children.

Dominican Hospital Health Contribution/Program Expense:	2017	2018	2019
	$584,942	$729,426	Not yet available

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 in the communities we serve. Grant funds are used to deliver services and strengthen service systems, to improve the health and well-being of vulnerable and underserved populations. Below is a complete listing of the grant projects awarded during the 2016-2019 CHNA period. Some of these grant award amounts are also reflected in the table above.

GRANT RECIPIENT	HEALTH NEED ADDRESSED	2017	2018	2019
Dientes Community Dental Care	Continuum of Care	**$40,000**	**$20,000**	**$20,000**
Digital Nest	Economic Security	**$19,000**	**$20,000**	**--**
Encompass Community Services	Project Bright Star	**$30,000**	**$30,000**	**--**
Homeless Services Center	Continuum of Care Economic Security	**$26,000**	**$35,000**	**$30,000**
Janus of Santa Cruz	Integrated Behavioral Health	**$40,000**	**$48,424**	**$50,000**
RotaCare	Continuum of Care	**$16,000**	**$25,000**	**$25,103**
Monarch Services	Human Trafficking	**--**	**--**	**$25,000**
Community Bridges	Continuum of Care	**--**	**--**	**$25,000**
		$171,000	**$178,424**	**$175,123**

Collaboration

Economic Security

Dignity Health Dominican Hospital continues to collaborate with the Homeless Services Center's Recuperative Care Center. Being one of many partners who support this center and who value the coordination of services and collaboration between agencies to ensure the health and the continued recovery of homelessness individuals coming out of the hospital. A safe place for recovery is provided including support for a full recovery, linkage to primary care and transition to temporary or permanent housing as often as possible.

Behavioral Health

The Psychiatric Resource Team improves access to behavioral health services in helping to decrease the suicide rate in Santa Cruz County with assistance from the Recovery Center operated by Janus of Santa Cruz, an independent contractor and program partner with expertise in addiction treatment has been a valued addition.

Human Trafficking

A task force has been identified at Dignity Health Dominican Hospital for the purpose of ensuring that each key department is represented and will ensure that staff is educated, protocols are up to date, understood by staff, and followed properly. This Task Force collaborates with National organizations like AMBER ALERT, Dept. of Justice, Dept. of Homeland Security, Office of Victims of Crime, Humanity United, and others on anti-trafficking efforts.

CONCLUSION

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

After making this CHNA report publicly available in 2019, Dignity Health Dominican Hospital and its Community Advisors will develop an implementation plan and prioritize interventions around these health needs.

Next Steps towards Implementation

LIST OF ATTACHMENTS

1. IRS Checklist
2. List of Community Leaders and Credentials
3. Key Informant Interview Protocols and Online Survey

ATTACHMENT 1: IRS CHECKLIST

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

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

CHNA Requirement	Information Required	Section Reference	CHNA Report Reference/ Comments
Assessing community health needs	To assess the health needs of the community it serves, a hospital facility must identify significant health needs of the community, prioritize those health needs, and identify resources (such as organizations, facilities, and programs in the community, including those of the hospital facility) potentially available to address those health needs. For these purposes, the health needs of a community include requisites for the improvement or maintenance of health status both in the community at large and in particular parts of the community (such as particular neighborhoods or populations experiencing health disparities). A hospital facility may determine whether a health need is significant based on all of the facts and circumstances present in the community it serves. In addition, a hospital facility may use any criteria to prioritize the significant health needs it identifies, including, but not limited to, the burden, scope, severity, or urgency of the health need; the estimated feasibility and effectiveness of possible interventions; the health disparities associated with the need; or the importance the community places on addressing the need.	**(b)(4)**	
Persons representing the community	i) A hospital facility must solicit and take into account input received from persons representing the broad interests of the community in identifying and prioritizing significant health needs, including all of the following sources and in identifying resources potentially available to address those health needs:	**(b)(5)(i)**	
	At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency), or a State Office of Rural Health, with knowledge, information, or expertise relevant to the health needs of that community.	**(b)(5)(i)(A)**	
	(i) *(B) Members of medically underserved, low-income, and minority populations in the community served by the hospital facility, or individuals or organizations serving or representing the interests of such populations. For this purpose, medically underserved populations include populations experiencing health disparities or at risk of not receiving adequate medical care as a result of being uninsured or underinsured or due to geographic, language, financial, or other barriers.*	**(b)(5)(i)(B)**	

CHNA Requirement	Information Required	Section Reference	CHNA Report Reference/ Comments
	(i) *(C) Written comments received on the hospital facility's most recently conducted CHNA and most recently adopted implementation strategy.*		
	(ii) A hospital facility may solicit and take into account input received from a broad range of persons located in or serving its community, including, but not limited to, health care consumers and consumer advocates, nonprofit and community-based organizations, academic experts, local government officials, local school districts, health care providers and community health centers, health insurance and managed care organizations, private businesses, and labor and workforce representatives.		
b6	**Documentation of the CHNA (Treas. Reg. § 1.501(r)-3(b)(6))**		
	(i) In General the CHNA report adopted for the hospital facility by an "authorized body of the hospital facility" must include the six items described in **Checklist § 3(1)-(6)**, below. An "authorized body of a hospital facility" is defined to mean: (i) the governing body (that is, the board of directors, board of trustees, or equivalent controlling body) of the hospital organization that operates the hospital facility or a committee of, or other party authorized by, that governing body to the extent such committee or other party is permitted under state law to act on behalf of the governing body; or (ii) the governing body of an entity that is disregarded or treated as a partnership for federal tax purposes that operates the hospital facility or a committee thereof, or other party authorized by, that governing body to the extent such committee or other party is permitted under state law to act on behalf of the governing body.		
(i)(A) Community served	A definition of the community served by the hospital facility and a description of how the community was determined.		
(i)(B) Processes and methods	A description of the processes and methods used to conduct the CHNA. A hospital facility's CHNA report will be considered to describe the processes and methods used to conduct the CHNA for this purpose if the CHNA report describes the data and other information used in the assessment, as well as the methods of collecting and analyzing the data and information, and identifies any parties with whom the hospital facility collaborated, or with whom it contracted for assistance, in conducting the CHNA.		

CHNA Requirement	Information Required	Section Reference	CHNA Report Reference/ Comments
	In the case of data obtained from external source material, the CHNA report may cite the source material rather than describe the method of collecting the data.		
(i)(C) How the hospital facility solicited and accounted for input	A description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves. The CHNA report summarizes, in general terms, any input provided by such persons and how and over what time period such input was provided (for example, whether through meetings, focus groups, interviews, surveys, or written comments and between what approximate dates); provides the names of any organizations providing input and summarizes the nature and extent of the organization's input; and describes the medically underserved, low-income, or minority populations being represented by organizations or individuals that provided input. A CHNA report does not need to name or otherwise identify any specific individual providing input on the CHNA. In the event a hospital facility solicits, but cannot obtain, input from a source described in **Checklist § 2(3)**, above, the hospital facility's CHNA report also must describe the hospital facility's efforts to solicit input from such source.		
(i)(D) Prioritized health needs and description of process	A prioritized description of the significant health needs of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs.		
(i)(E) Available resources	A description of the resources potentially available to address the significant health needs identified through the CHNA.		
(i)(F) Evaluation of the impact	An evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital facility's prior CHNA(s) (Treas. Reg. § 1.501(r)-3(b)(6)(i)(F)).		

CHNA Requirement	Information Required	Section Reference	CHNA Report Reference/ Comments
(iv) Separate CHNA reports	Every hospital facility must document separate CHNA reports		
(v) Joint CHNA reports	(1) The joint CHNA report meets the six requirements described in **Checklist § 3(2)-(7)**, above.		N/A
	(2) The joint CHNA report is clearly identified as applying to the hospital facility.		N/A
	(3) All of the collaborating hospital facilities and organizations included in the joint CHNA report define their community to be the same.		N/A
	Making the CHNA report widely available to the public (Treas. Reg. § 1.501(r)-3(b)(1)(iv), (v) and (vii))		
(1) Making a CHNA widely available to the public	CHNA is documented in a written report (CHNA report) that is adopted for the hospital facility by an "authorized body of the hospital facility"		
	CHNA is made widely available to the public: (i) makes a paper copy of the CHNA report available for public inspection upon request and without charge at the hospital facility at least until the date the hospital facility has made available for public inspection a paper copy of its two subsequent CHNA reports; **and**		
	(ii) makes the CHNA report "widely available on a web site[1]" at least until the date the hospital facility has made widely available on a web site its two subsequent CHNA reports	(b)(7)	

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

ATTACHMENT 2: COMMUNITY HEALTH NEEDS ASSESSMENT CONTRIBUTORS

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

Key informant interviewees and online survey recipients:

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County of Santa Cruz, Human Services Department
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County of Santa Cruz, Behavioral Health
Erik Riera, Director

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Second Harvest Food Bank
Willy Elliot McCrea, Chief Executive Officer

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Health Improvement Partnership
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Community Bridges
Raymon Cancino, Chief Executive Officer

Members of the Dominican Community Advisors and other health experts who participated in the health needs prioritization process:

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First Five Santa Cruz County
David Brody, Executive Director

Santa Cruz County Office of Education
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United Way of Santa Cruz County
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Dignity Health Dominican Hospital
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ATTACHMENT 3: KEY INFORMANT INTERVIEW PROTOCOL & SURVEY QUESTIONS

INTRODUCTION

What the project is about:

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

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

- Your responses will be summarized and your name will not be used to identify your comments.
- Notes and summary of all interviews will go to the hospital
- The hospital will make decisions about which needs they can best address

Our questions relate mainly to:

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

1. BACKGROUND (<5 MIN.)

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

2. HEALTH NEEDS (10-15 MIN.)

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

a) In your opinion, which health needs do you believe are the most important to address among those you serve/your constituency?
b) In your opinion, what are the health needs that are not being met very well right now among those you serve/your constituency?
c) Are there any specific groups or areas that have greater health needs, or special health needs?
   i. Differences by gender
   ii. Within specific ethnic groups
   iii. Among different age groups like seniors or children
   iv. Within different parts of the county
   v. Any other specific groups

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

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

3. CHALLENGES (10-15 MIN.)

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

Prompts if they are having trouble thinking of anything:

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

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

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

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

- Are there any policy changes you would recommend that could address these issues? Consider those that are readily achievable and politically feasible.
- Are there existing resources available to address these needs? If so, why aren't people using them?
- What other resources are needed?
- Of the resources/solutions to improve health, which do you feel is the most significant improvement needed, second, and third?

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

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

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

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

a) Based on your observations and interactions with the clients you serve, to what extent are clients aware of how to obtain health care? (Explain if needed: Where to find a clinic, how to make an appointment, etc.)
b) To what extent are clients aware of how to obtain health insurance?
c) What barriers to access still exist? (Focus on comparison pre- and post-ACA)
    i. Is the same proportion still medically uninsured/under-insured?
    ii. Do more people or fewer people have a primary care physician?
    iii. Are people using the ER as primary care to the same degree?
    iv. Is the same proportion of the community facing difficulties affording health care?
d) Now thinking specifically about the mental health needs in your community, what keeps people from getting the prevention and/or early intervention mental health/counseling services they need?

6. CONCLUDING REMARKS

- Thanks for your time and sharing your perspective
- Reminder about what will be done with the information
- Final CHNA report will be published in mid-2019 and available on Dominican Hospital's website