Dignity Health®
Dominican Hospital

Community Health Needs Assessment

2022

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ACKNOWLEDGEMENTS

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

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

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1. EXECUTIVE SUMMARY

Dignity Health Dominican Hospital (Dominican) is pleased to have produced the 2022 Community Health Needs Assessment (CHNA). The 2022 CHNA builds upon Dominican's earlier assessments.

The goals of the 2022 CHNA are to provide insight into the health of the community, prioritize local health needs, and identify areas for improvement. With this information, Dominican will develop strategies to tackle critical health needs as well as improve the overall health and well-being of community members. The assessment findings may also be used as a guideline for funding, policy, and advocacy efforts.

This 2022 CHNA report documents how the current CHNA was conducted, describes the related findings, and shares the results of strategies implemented by Dominican to address the needs identified in 2019 by the previous assessment.

COMMUNITY HEALTH NEEDS ASSESSMENT BACKGROUND

In addition to helping generate priorities around community health, Dominican also uses the 2022 CHNA to fulfill key state and federal mandates, as described below:

> California Legislative Senate Bill 697, enacted in 1994, stipulates that private nonprofit hospitals submit an annual report to the Office of Statewide Health Planning and Development that shall include, but shall not be limited to, a description of the activities that the hospital has undertaken to address identified community needs within its mission and financial capacity. Additionally, hospitals shall describe the process by which they involved community groups and local government officials in helping identify and prioritize community needs to be addressed. This community needs assessment shall be updated at least once every three years.[1]
>
> The Patient Protection and Affordable Care Act, enacted March 23, 2010, includes requirements for nonprofit hospitals that wish to maintain their tax-exempt status. Regulations finalized December 31, 2014 also provide guidance related to section 501(r) of the Internal Revenue Code. These regulations mandate that all nonprofit hospitals conduct a CHNA every three years. The CHNA must be conducted by the last day of a hospital's taxable year, and the hospital must make the CHNA report widely available to the public. The CHNA must also gather input from public health experts, local health departments, and community members—including representatives of low-income, medically underserved, or other high-need populations.[2]

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

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

The CHNA process, completed in fiscal year 2022 and described in this report, was conducted by Dominican in compliance with current state and federal requirements. The 2022 CHNA will serve as the basis for implementation strategies to address identified health needs. This CHNA report was adopted and made public in May, 2022. The hospital's Implementation Strategy report, based on the results of the CHNA, and Form 990, Schedule H, will be completed and filed on or before the 15th day of the fifth month after the end of the 2022 taxable year (November 15, 2022).

PROCESS AND METHODS

To gather information for its local planning needs and to meet state and federal mandates, Dominican took the following approach to complete the 2022 CHNA.

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

To assess community health trends, Dominican directed its consultant, Actionable Insights (AI), to obtain secondary data from a variety of sources (see Attachment 1: Secondary Data Indicators List for a complete list). Primary data were obtained through direct community input: (a) key informant interviews with local health experts, and (b) focus groups with community leaders and front-line nonprofit staff. Prior to each interview or focus group, participants were asked to complete a short online survey, in which they were asked to identify the health needs they felt were the most pressing among the people they serve. Participants could choose up to three needs from the list of needs presented to them, which had been identified in 2019, or could write in needs that were not on the combined 2019 list. AI then tabulated how many focus groups and key informants chose each health need as a priority. The discussions sought to answer these questions for each health need that was prioritized by participants:

- How do you see this need playing out in the community? What differences, if any, do you see between north and south Santa Cruz County?
- Which populations are experiencing inequities with respect to this need?
- How has this need changed in the past few years; how were things going prior to the pandemic, and how are they going now?
- What is needed (including models/best practices) to better address this need?

In the winter of 2021, AI synthesized primary qualitative research and secondary quantitative data to create a list of health needs for Dominican. AI then filtered that list against a set of criteria to identify the significant needs of the community.

These criteria included:

1. Indicator meets the definition of a "health need." (See Definitions box.)
2. At least two data sources were consulted.

3.a. The issue was prioritized by at least half of key informants and focus groups.

b. If not (a), two or more indicators show inequities by race/ethnicity or by geography.

c. If not (b), two or more direct indicators fail the benchmark by five percent or more and/or exhibit concerning trends.

DEFINITIONS

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

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

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

Data source: A statistical data set, such as those found throughout the California Department of Education, or a qualitative data set, such as the material resulting from the interviews and focus groups AI conducted for the hospital.

Benchmark: The California state average.

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

Direct indicator: A statistic that explicitly measures a health need. For example, the lung cancer incidence rate is a direct indicator of the cancer health need.

Dominican gathered the Dominican Community Advisors (DCA) group to prioritize (rank) the health needs list generated from the CHNA. The group met virtually via Zoom on February 23, 2022. After making a presentation of the data that support the health needs list, AI introduced the prioritization criterion (below) and then distributed an online survey to participants.

- **Community priority.** The community prioritizes the issue over other issues about which it has expressed concern during the CHNA primary data collection process. Score generated by Actionable Insights.
- **Lacking sufficient community assets and/or resources.** The IRS requires that hospitals take into consideration whether existing assets/resources are available to address the issue. Score generated by Actionable Insights.
- **Disparities/inequities exist.** This refers to differences in health outcomes by subgroups. Subgroups may be based on geography, languages, ethnicity, culture, citizenship status, economic status, sexual orientation, age, gender, or others. Scored by DCA based on expertise and knowledge.
- **Magnitude/scale of the problem.** This refers to the fact that the health need affects a large number of people within the community. Scored by DCA based on expertise and knowledge.

Dominican provided the slide deck and survey link to members of the DCA who could not attend the presentation. Thirteen DCA members ranked the health needs. AI merged the DCA's responses with the pre-scored criteria to generate Dominican's final list of 2022 Prioritized Health Needs.

2022 PRIORITIZED HEALTH NEEDS

Based on the previously described process and methods, AI and Dominican produced a list of prioritized health needs for the hospital. Those needs, ranked from highest to lowest (an asterisk indicates a tie in ranking), are:

1. Behavioral Health*
1. Housing & Homelessness*
3. Health Care Access & Delivery*
3. Economic Insecurity*
5. Community Safety*
5. Healthy Lifestyles (Diabetes & Obesity)*
7. Cancer
8. Heart Disease/Heart Attack
9. Unintended Injuries/Accidents

Further details on each prioritized health need, including statistical data and citations, are included in the complete 2022 CHNA report.

NEXT STEPS

After making the 2022 CHNA report publicly available on our website in May, 2022, Dominican will solicit feedback and comments about the report until two subsequent CHNA reports are posted. The hospital will also develop an implementation plan based on the 2022 CHNA results; the plan will be adopted by the Dominican board and made public by November 15, 2022.

2. INTRODUCTION & BACKGROUND

Dignity Health Dominican Hospital (Dominican) is pleased to have produced the 2022 Community Health Needs Assessment (CHNA).

CHNA PURPOSE

The goals of the 2022 CHNA are to provide insight into the health of the community, prioritize local health needs, and identify areas for improvement. With this information, Dominican will develop strategies to tackle critical health needs as well as improve the health and well-being of community members. The assessment findings may also be used as a guideline for funding, policy, and advocacy efforts.

The 2022 CHNA builds upon the findings of the 2019 CHNA (see Section 8: Evaluation Findings from 2019–2021 Implemented Strategies) and previous assessments. For the 2022 CHNA, Dominican built upon existing work by starting with a list of health needs identified during the 2019 CHNA. Updated secondary data and new community input were collected for these health needs. The 2022 report documents how the current CHNA was conducted and describes the related findings. As with prior CHNAs, this assessment also includes Santa Cruz County's assets and resources (see Section 7: Community Resources).

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

In addition to helping generate priorities around community health, Dominican also uses the 2022 CHNA to fulfill key state and federal mandates.

SB 697 AND CALIFORNIA'S HISTORY OF ASSESSMENTS

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

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

PATIENT PROTECTION AND AFFORDABLE CARE ACT

The 2022 CHNA will serve in meeting Internal Revenue Service (IRS) CHNA requirements pursuant to The Patient Protection and Affordable Care Act. The Affordable Care Act, enacted March 23, 2010, includes requirements for nonprofit hospitals that wish to maintain their tax-exempt status. Regulations finalized December 31, 2014, also provide guidance related to section 501(r) of the Internal Revenue Code. These regulations mandate that all nonprofit hospitals conduct a CHNA every three years. The CHNA must be conducted by the last day of a hospital's taxable year, and hospitals must make the CHNA report widely available to the public.

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

The CHNA process, completed in fiscal year 2022 and described in this report, was conducted by Dominican in compliance with current state and federal requirements. The 2022 CHNA will serve as the basis for implementation strategies to serve identified health needs. This CHNA report will be adopted and made public in May, 2022. The hospital organization's Implementation Strategy report, based on the CHNA, and 2022 Form 990, Schedule H, will be filed on or before the 15th day of the fifth month after the end of the 2022 taxable year.

WRITTEN PUBLIC COMMENTS ON THE 2019 CHNA

To offer the public a means to review and provide written feedback on the 2019 CHNA, Dominican posted a PDF of the Dignity Health Dominican Hospital CHNA report on the Community Health Needs Assessment page of its website[5] and solicited comments via email and in writing. The 2022 CHNA will be posted to the same website. Dominican welcomes any questions about the 2022 CHNA or ideas for collaborating that the public may have, by reaching to out to Dominique Hollister, Director, Administrative Services and Community Benefit at Dominique.Hollister@DignityHealth.org.

At the time the 2022 CHNA report was completed, Dominican had not received any written comments about the 2019 CHNA report. Dominican will continue to track submissions and ensure that all relevant comments are reviewed and addressed by appropriate staff.

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

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

3. ABOUT DIGNITY HEALTH DOMINICAN HOSPITAL

MISSION, VISION AND VALUES

Mission

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

Vision

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

Values

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

Compassion

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

Inclusion

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

Integrity

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

Excellence

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

Collaboration

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

ABOUT DIGNITY HEALTH DOMINICAN HOSPITAL'S COMMUNITY BENEFIT PROGRAM

Dignity Health Dominican Hospital was founded on September 14, 1941 by the Adrian Dominican Sisters and became a member of Dignity Health, formerly Catholic Healthcare West (CHW), in 1988. In 2019 Dignity Health merged with Catholic Health Initiatives to become CommonSpirit Health. Dominican Hospital is licensed for 222 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 our community benefit and community health improvement planning process. These include, but are not limited to: conducting a Community Health Needs Assessment with community input at least every three years; 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 incorporate one or more of the following principles:

- Focus on disproportionate unmet health-related needs;
- Emphasize prevention, including activities that address the social determinants of heath;
- Contribute to a seamless continuum of care;
- Build community capacity; and
- Demonstrate collaboration.

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

COMMUNITY SERVED

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

county. The ZIP codes associated with the community Dominican serves may be found in the table below.

ZIP Codes in Hospital Service Area

ZIP Code	City	ZIP Code	City
95001	Aptos	95062	Santa Cruz
95003	Aptos	95063	Santa Cruz
95005	Ben Lomond	95064	Santa Cruz
95006	Boulder Creek	95065	Santa Cruz
95007	Brookdale	95066	Santa Cruz
95010	Capitola	95066	Scotts Valley
95017	Davenport	95067	Santa Cruz
95018	Felton	95067	Scotts Valley
95019	Freedom	95073	Soquel
95033	Los Gatos	95076	Corralitos
95041	Mount Hermon	95076	La Selva Beach
95060	Bonny Doon	95076	Pajaro
95060	Santa Cruz	95076	Royal Oaks
95060	Scotts Valley	95076	Watsonville
95061	Santa Cruz	95077	Watsonville

Santa Cruz County

In 2020, an estimated 270,861 people resided in Santa Cruz County (an increase of 3% or approximately 8,500 people since 2010).[6] The county occupies 445 square miles of land approximately 35 miles southwest of Silicon Valley, with the Pacific Ocean to the west. This land includes 29 miles of coastline, forming the northern coast of Monterey Bay, and more than 44,000 acres of parks.[7]

[6] U.S. Census Bureau Decennial Census. (2020).

[7] County of Santa Cruz. (2019). About Santa Cruz County.

Almost one in four county residents lives in the city of Santa Cruz, making it the largest local municipality by population.[8] The other incorporated cities are Capitola, Scotts Valley, and Watsonville. Santa Cruz County also includes the following unincorporated towns and areas:[9] Amesti, Aptos, Aptos Hills-Larkin Valley, Ben Lomond, Bonny Doon, Boulder Creek, Brookdale, Corralitos, Davenport, Day Valley, Felton, Freedom, Interlaken, La Selva Beach, Live Oak, Lompico, Mount Hermon, Pajaro Dunes, Paradise Park, Pasatiempo, Pleasure Point, Rio Del Mar, Soquel, Twin Lakes, and Zayante.

Demographics

Nineteen percent of the population in Santa Cruz County is under the age of 18, and 17 percent is 65 years or older. These proportions are similar to California (23 percent are under age 18, and 15 percent are age 65 or older). The median age is 38.5 years old, slightly older than the state median age of 37.0 years.[10] Santa Cruz County is also relatively diverse ethnically. More than half (54%) of community members are non-Latino white, and four percent are Asian. In comparison, 35 percent of California's population is non-Latino white, and nearly 15 percent is Asian. One third (35 percent) of residents have Latino heritage, somewhat less than the state proportion (39 percent).[11] More than one sixth (18 percent) of Santa Cruz County residents are foreign-born, while in California overall more than one in four (27 percent) are foreign-born.[12]

Race/Ethnicity in Hospital Service Area

Race/Ethnicity	Santa Cruz County Total Percent of County (Alone)	California Total Percent of State (Alone)
American Indian/Alaskan Native	0.3%	0.4%
Asian	4%	15%
Black*	1%	5%
Hispanic/Latino	35%	39%
Pacific Islander/Native Hawaiian	0.1%	0.3%
White	54%	35%
Other race	0.6%	0.6%

[8] U.S. Census Bureau Quickfacts. (2020).

[9] CA Hometown Locator. (2019). Santa Cruz County CA Cities, Towns, & Neighborhoods.

[10] U.S. Census Bureau American Community Survey. (2019).

[11] U.S. Census Bureau Decennial Census. (2020).

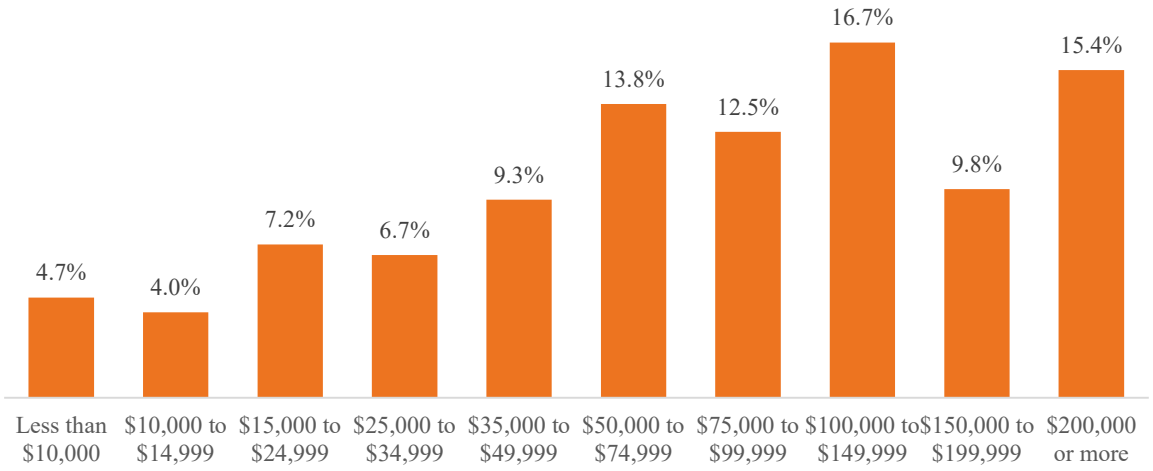
[12] U.S. Census Bureau Quickfacts. (2015-2019.)

Race/Ethnicity	Santa Cruz County Total Percent of County (Alone)	California Total Percent of State (Alone)
Multiracial**	5%	4%

Percentages do not add up to 100 percent because of rounding. Source: U.S. Census Bureau Decennial Census. (2020). * When taking into consideration estimates of multiracial people, the percentage of those with any African ancestry is 2%. ** The largest group of multiracial people are those of both white and Asian descent (35% of multiracial people).

Various social determinants, such as income, have significant impact on health outcomes. As shown in the following chart, more than forty percent of the population lives in households with incomes of $100,000 or higher, about one fourth in households with incomes between $50,000 and $100,000, and the rest below $50,000.[13] By comparison, the 2021 Self-Sufficiency Standard for a two-adult family with two school-aged children in Santa Cruz County was $119,792 per year.[14] Santa Cruz County was named the sixth-most expensive California county by the Insight Center.[15]

Figure 1, Percent of Households by Income Range, Santa Cruz County



Source: U.S. Census Bureau, American Community Survey, One-Year Estimates. (2019).

Despite the fact that 42 percent of households in the county earn more than $100,000 per year, estimates show that between 2015-2019, 71 percent of county residents lived below 200 percent of the 2019 Federal Poverty Level ($24,280 for an individual, $32,920 for two adults,

[13] U.S. Census Bureau, American Community Survey, One-Year Estimates. (2019).

[14] University of Washington Self-Sufficiency Standard Calculator. (2021).

[15] The Cost of Being Californian: 2021. Insight Center. (2021).

and $50,200 for a family of four).[16] In addition, more than half of Santa Cruz County Children received free or reduced-price lunch (53 percent).[17] Approximately eight percent of people under 65 years old in the community is uninsured.[18]

Housing costs are high; the 2015-2019 median home value was $756,600 and the median rent was $1,717 per month in the county, although housing costs most certainly will have risen by 2022.[19]

The 2021 Dignity Health Community Need Index (CNI) averages five separate scores that measure the following: [20]

1. Income barrier
    a. Percentage of households below the Federal poverty line, with head of household age 65 or older
    b. Percentage of families with children under age 18, below the Federal poverty line
    c. Percentage of single female-headed families with children under age 18, below the Federal poverty line
2. Cultural barrier
    a. Percentage of population that is minority (including Hispanic ethnicity)
    b. Percentage of population over age 5 that speaks English poorly or not at all
3. Educational barrier
    a. Percentage of population over age 25 without a high school diploma
4. Insurance barrier
    a. Percentage of population in the labor force, age 16 or older, without employment
    b. Percentage of population without health insurance
5. Housing barrier
    a. Percentage of households renting their home

The heat map below shows the CNI score by ZIP code. The cities of Freedom and Watsonville have the highest need (4.2 out of 5.0), followed by the University of California, Santa Cruz campus (4.0 out of 5.0), then the southern part of the city of Santa Cruz and the city of Davenport (3.8 out of 5.0), and the other areas north and east of Santa Cruz (above 3.4 out of 5.0).

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[16] U.S. Census Bureau – American Community Survey, 2015-2019. Retrieved from http://www.datashareSCC.org

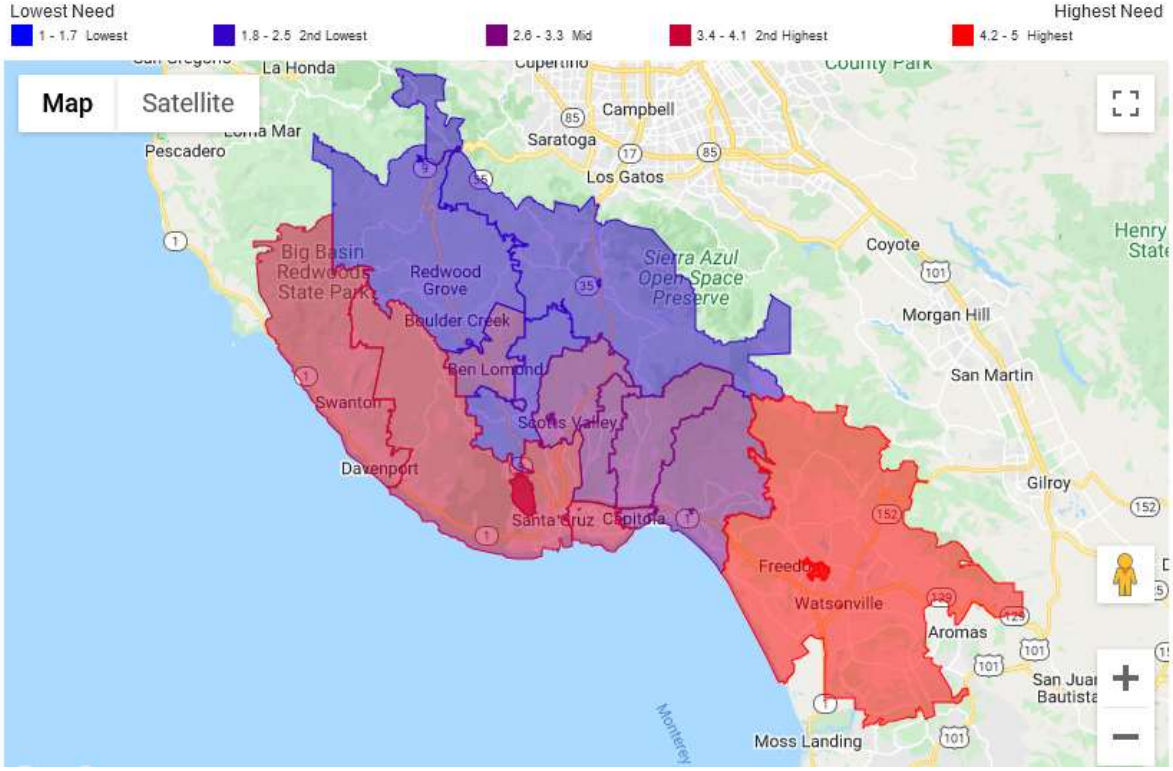
[17] Santa Cruz Community Assessment Project, 2019.

[18] U.S. Census Bureau - Small Area Health Insurance Estimates, 2019. Retrieved from http://www.datashareSCC.org

[19] According to Zillow.com, the median home price rose to over $1.3M in February 2022.

[20] "In 2004, Dignity Health and IBM Watson Health™ jointly developed a Community Need Index ("CNI") to assist in the process of gathering vital socio-economic factors in the community. Based on demographic and economic statistics, the CNI provides a score for every populated ZIP code in the United States on a scale of 1.0 to 5.0. A score of 1.0 indicates a ZIP code with the least need, while a score of 5.0 represents a ZIP code with the most need compared to the US national average (score of 3.0). The CNI is strongly linked to variations in community healthcare needs and is a good indicator of a community's demand for a range of healthcare services." Source: Dignity Health. (2021). *WatsonHealth 2021 Community Need Index Methodology and Source Notes.* Retrieved from http://cni.dignityhealth.org/Watson-Health-2021-Community-Need-Index-Source-Notes.pdf

Figure 2, Community Need Index Score by ZIP Code, Santa Cruz County



4. ASSESSMENT TEAM

HOSPITALS AND OTHER PARTNER ORGANIZATIONS

Dignity Health Dominican Hospital collaborated with Sutter Maternity & Surgery Center to prepare the 2022 CHNA.

IDENTITY AND QUALIFICATIONS OF CONSULTANTS

Actionable Insights, LLC, an independent local research firm, completed the CHNA.

For this assessment, AI assisted with CHNA planning, conducted primary research, collected secondary data, synthesized primary and secondary data, facilitated the processes of identifying community health needs and assets, assisted with determining the prioritization of community health needs, and documented the processes and findings into a report.

The project managers for this assessment were Melanie Espino and Jennifer van Stelle, PhD, the co-founders and principals of Actionable Insights. Actionable Insights helps organizations discover and act on data-driven insights. The firm specializes in research and evaluation in the areas of health, housing, STEM (science, technology, engineering, and math) education, youth development and community collaboration. AI conducted community health needs assessments for seven hospitals during the 2021–2022 CHNA cycle.

More information about Actionable Insights is available on the company's website.[21]

[21] https://actionablellc.com/

5. PROCESS AND METHODS

Dominican worked together with Sutter Maternity & Surgery Center (Sutter) and their consultants to fulfill the primary and secondary data requirements of the CHNA. The CHNA data collection process took place over four months and culminated in this report. The phases of the process are depicted below.

Dominican and Sutter contracted with Actionable Insights (AI) to collect and review secondary quantitative (statistical) data from other sources and primary qualitative data through key informant interviews and focus groups.

SECONDARY DATA COLLECTION

AI analyzed over 350 quantitative health indicators to assist the hospitals with understanding the health needs in Santa Cruz County and assessing priorities in the community. AI collected data from existing sources using the DataShare Santa Cruz data platform, the Santa Cruz Community Assessment Project, the Central California Alliance's 2021 Health Education and Cultural and Linguistic Population Needs Assessment, and the U.S. Census Bureau. Supported by a wide variety of organizations in Santa Cruz County including the county's Public Health Department, DataShare Santa Cruz is considered "the central hub of information for the county."[22]

As a further framework for the assessment, the hospitals asked AI to address these questions in its analysis:

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

PRIMARY DATA COLLECTION (COMMUNITY INPUT)

Actionable Insights conducted primary research for this assessment. AI used two strategies for collecting community input: key informant interviews with health and community- service experts, and focus groups with professionals and community members. Primary research protocols were generated by AI in collaboration with the hospitals, based on a discussion with them about what they wished to learn during the 2022 CHNA. The hospitals sought to build upon prior CHNAs by focusing the primary research on topics and subpopulations that are less well understood by the statistical data.

Actionable Insights conducted the key informant interviews and focus groups for this assessment. AI recorded each interview and focus group. Recordings were transcribed and qualitative research software tools were used to analyze the transcripts for common themes. AI

[22] https://www.datasharescc.org/

also tabulated how many times health needs were prioritized by each of the focus groups or identified as a priority by a key informant. The hospitals used this tabulation to help assess community health priorities.

Across the key informant interviews and focus groups, AI solicited input from 26 community leaders and representatives of various organizations and sectors. These representatives either work in the health field or in a community-based organization that focuses on improving health and quality of life conditions by serving those from IRS-identified high-need target populations.[23]

See Attachment 4: Community Leaders, Representatives, and Members Consulted for the names, titles, and expertise of these leaders and representatives along with the date and mode of consultation (focus group or key informant interview). See Attachment 3: Qualitative Research Protocols for complete protocols and questions, including pre-surveys.

Key Informant Interviews

In September 2021, AI conducted primary research via key informant interviews with seven Santa Cruz County experts from various organizations. These experts included the director of the county health system and leaders of community-based organizations. Interviews were conducted virtually via Zoom for approximately one hour. Prior to each interview, participants were asked to complete a short online survey, in which they were asked to identify the health needs they felt were the most pressing among the people they serve. Interviewees could choose up to three needs from the list of needs presented to them, which had been identified in 2019, or could write in needs that were not on the combined 2019 list. Also in the survey, participants were advised of how their interview data would be used and were asked to consent to be recorded.[24] Finally, participants were offered the option of being listed in the report and were asked to provide some basic demographic information (also optional).

The discussions centered around the following questions for each health need that was prioritized by interviewees:

- How do you see this need playing out in the community? What differences, if any, do you see between north and south county?
- Which populations are experiencing inequities with respect to this need?
- How has this need changed in the past few years; how were things going prior to the pandemic, and how are they going now?
- What is needed (including models/best practices) to better address this need?

AI sent a similar survey to focus group participants, and asked focus groups the same questions during discussion (modified appropriately for each audience).[25] Focus group discussions

[23] The IRS requires that community input include the low-income, minority, and medically underserved populations.

[24] Only individuals who consented to be recorded were interviewed.

[25] Only individuals who consented to be recorded were included in focus groups. To preserve their anonymity, community members who participated in the clinic patients focus group were not offered the option of being listed in the report.

centered on the needs that had received the most votes from prospective participants in the online pre-survey.

Focus Groups

AI conducted two focus groups in Santa Cruz County with a total of 19 community representatives in September and October 2021. Nonprofit hosts recruited participants for the groups. The questions were the same as those asked of key informants.

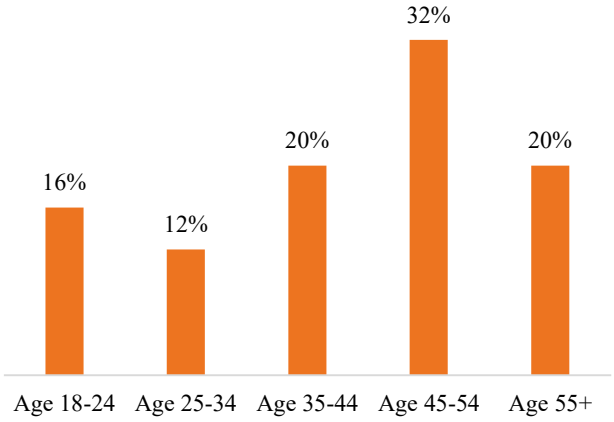
Details of Focus Groups

Topic	Focus Group Host	Date	Number of Participants
North County health	Community Bridges	9/17/2021	9
South County health	Community Action Board	10/4/2021	10

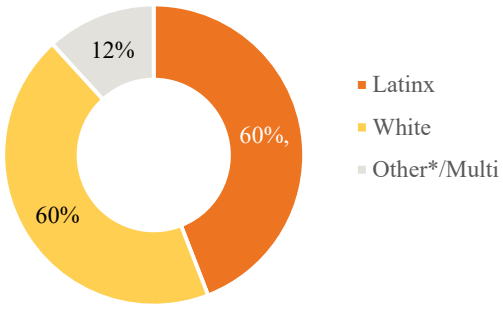
CHNA Participant Demographics

A total of 26 people participated in focus groups or interviews for the CHNA. Nearly complete demographic data were available (i.e., N=25 for all demographics). The charts below show the age ranges of responding participants, as well as their race; note that individuals could choose more than one race. Three-fifths (60%) of responding participants were of Hispanic/Latino ethnicity; the same proportion identified as white. All responding participants (100%) identified as female. On average, responding participants were aged 43 years.

Participant Age Groups



Participant Racial/Ethnic Groups



* "Other" includes American Indian/AK Native and Asian.

INFORMATION GAPS AND LIMITATIONS

A lack of data limited our ability to fully assess some health issues that were identified as community needs during the 2022 CHNA process. Conducting the 2022 CHNA presented unique challenges for data collection. Because of the pandemic, it was not safe to bring community members together in person. Moreover, nonprofit partners advised that the community was severely stressed (financially and emotionally) by the pandemic and felt it was inappropriate to burden them with CHNA data collection requests, especially given that digital access is lacking in some parts of the county and for some low-income community members. In order to best represent the perspectives and experiences of low-income, minority, and underserved community members during the pandemic, AI spoke with a wide array of nonprofit staff who work with vulnerable populations, including front-line staff who live in Santa Cruz County. We acknowledge this as a limitation in our 2022 CHNA data.

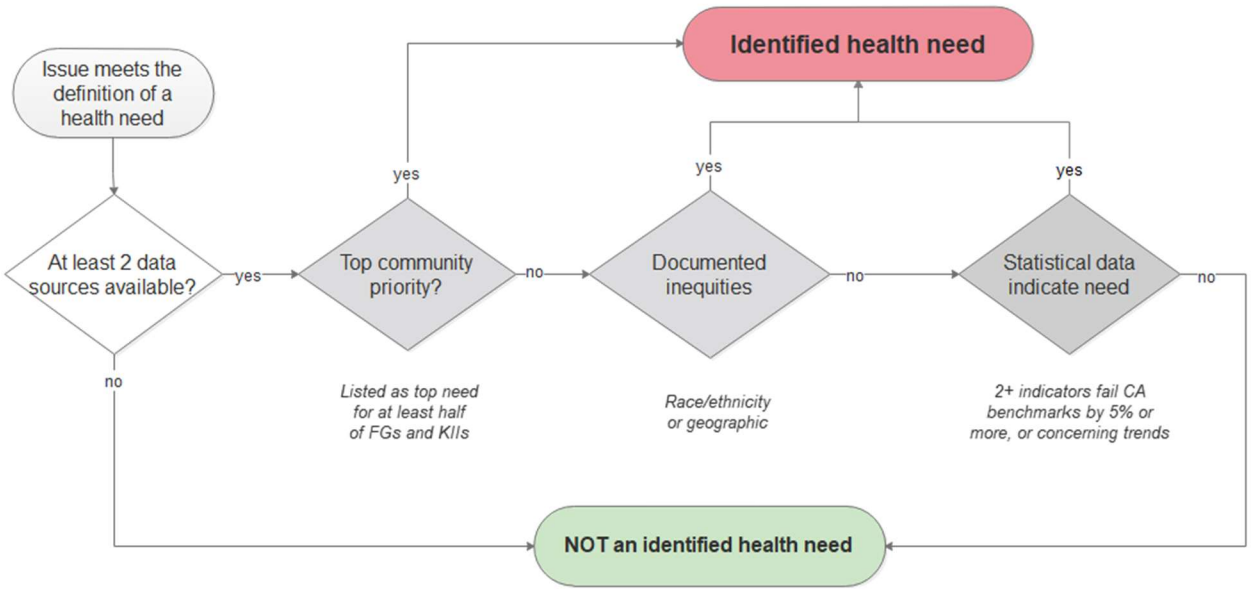
Additionally, some indicators are difficult to measure or are just emerging. Statistical information related to these topics was outdated or not included in DataShare Santa Cruz:

- Linguistic isolation/English proficiency data not available, (important in light of the fact that 34% speak a language other than English at home)
- Oral health data lacking, not available by race
- Asthma data for children/teens is old (2015-16)
- Infectious disease data lacking by race/ethnicity
- Unintended injuries lack data, including falls data
- Cognitive decline lacks data; only one indicator (Alzheimer's Disease or Dementia incidence)
- Infant mortality is not recent (2012) and breakdowns by race are not available, although it is known nationally that Black infant health is a persistent inequity.
- Data on human trafficking not included in the dataset
- Youth cigarette and e-cigarette use
- Recent marijuana use and related behavioral health data
- Impact of social media on adolescent mental health
- Caregiver health effects
- Data on experiences of discrimination

6. IDENTIFICATION AND PRIORITIZATION OF COMMUNITY HEALTH NEEDS

In the analysis of quantitative and qualitative data, many health issues surfaced. To be identified as one of the community's prioritized health needs, an issue had to meet certain criteria, as depicted in the diagram and described below. (See Definitions box on the next page for terms and definitions.)

What goes on the list in Santa Cruz County?
Health needs criteria (decision tree)



CRITERIA

In the winter of 2021, AI synthesized primary qualitative research and secondary quantitative data to create a list of health needs for Dominican. AI then filtered that list against a set of criteria to identify the significant needs of the community.

These criteria included:

1. Indicator meets the definition of a "health need." (See Definitions box.)
2. At least two data sources were consulted.
3. a. The issue was prioritized by at least half of key informants and focus groups.
   b. If not (a), two or more indicators show inequities by race/ethnicity or by geography.
   c. If not (b), two or more direct indicators fail the benchmark by five percent or more and/or exhibit concerning trends.

Actionable Insights (AI) analyzed secondary statistical data and qualitative data from focus groups and key informant interviews on a variety of health and health-related issues. At the end of 2021, AI then synthesized the data for each issue and applied the criteria described above to evaluate whether it qualified as a significant community health need.

This process led to the identification of nine community health needs that fit all three criteria. The list of needs, in priority order, appears below, followed by summarized descriptions. (For further details about each of these health needs, including statistical data, see Attachment 2: Secondary Data Tables.)

DEFINITIONS

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

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

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

Data source: A statistical data set, such as those found throughout the California Department of Education, or a qualitative data set, such as the material resulting from the interviews and focus groups AI conducted for the hospital.

Benchmark: The California state average.

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

Direct indicator: A statistic that explicitly measures a health need. For example, the lung cancer incidence rate is a direct indicator of the cancer health need.

PRIORITIZATION OF HEALTH NEEDS

The IRS CHNA requirements state that hospitals must identify and prioritize significant health needs of the community. As described in Section 5: Process and Methods, Actionable Insights solicited qualitative input from focus group and interview participants about which needs they thought were the highest priority (most pressing) and used this input to identify the significant health needs listed in this report. Therefore, the health needs list itself reflects the health priorities of the community.

Hospital Prioritization Process and Results

Dominican gathered the Dominican Community Advisors (DCA) group to prioritize (rank) the health needs list generated from the CHNA. The group met virtually via Zoom on February 23, 2022. After making a presentation of the data that support the health needs list, AI introduced the prioritization criterion (following pages) and then distributed an online survey to participants.

<table>
<tr><th>Criterion</th><th>Scoring Key</th></tr>
<tr><td>Community priority. The community prioritizes the issue over other issues about which it has expressed concern during the CHNA primary data collection process.</td><td>Score generated by Actionable Insights:

“3” – Prioritized as one of the top three needs by at least one half of all focus groups and key informants

“1” – Not prioritized by at least half of all focus groups and key informants</td></tr>
<tr><td>Lacking sufficient community assets and/or resources. The IRS requires that hospitals take into consideration whether existing assets/resources are available to address the issue.</td><td>Score generated by Actionable Insights based on number or assets/resources in the county:

<table><tr><th>Score</th><th>N Resources</th></tr><tr><td>3 – Insufficient</td><td>0-25</td></tr><tr><td>2 – Moderately sufficient</td><td>26-50</td></tr><tr><td>1 – Fully sufficient</td><td>51+</td></tr></table></td></tr>
<tr><td>Disparities/inequities exist. This refers to differences in health outcomes by subgroups. Subgroups may be based on geography, languages, ethnicity, culture, citizenship status, economic status, sexual orientation, age, gender, or others.</td><td>Scored by DCA based on expertise and knowledge:

3 – Large disparities/inequities

2 – Moderate disparities/inequities

1 – Few/no disparities/inequities</td></tr>
</table>

Criterion	Scoring Key
Magnitude/scale of the problem. This refers to the fact that the health need affects a large number of people within the community.	Scored by DCA based on expertise and knowledge: 3 - Very big problem 2 – Moderately big problem 1 – No/relatively low magnitude

Dominican provided the slide deck and survey link to members of the DCA who could not attend the presentation. The following DCA members ranked the health needs:

- David Brody, First 5 Santa Cruz County
- Keisha Browder, United Way of Santa Cruz County
- Sonya Drottar, Dignity Health Dominican
- Dominique Hollister, Dir. Administrative Services & Community Benefit, Dignity Health Dominican Hospital
- Shebreh Kalantari-Johnson, City of Santa Cruz, Social Impact Consultant (not in attendance)
- Carol Lezin, JR Parish
- Susan MacMillan, Dignity Health Dominican Hospital
- Nan Mickiewicz, MD, Dignity Health Dominican Hospital
- Erica Padilla Chavez, Pajaro Valley Prevention & Student Assistance
- Cara Pearson, Pacific Cookie Company
- Nash Solano, Dignity Health Dominican Hospital
- Steve Snodgrass, Granite Rock CFO
- Greg Whitley, MD, Dignity Health Dominican Hospital

AI merged the DCA's responses with the pre-scored criteria to generate Dominican's final list of 2022 Prioritized Health Needs.

2022 PRIORITIZED HEALTH NEEDS

Based on the previously described process and methods, AI and Dominican produced a list of prioritized health needs for the hospital. Those needs, ranked from highest to lowest (an asterisk indicates a tie in ranking), are:

1. Behavioral Health*
1. Housing & Homelessness*
3. Health Care Access & Delivery*
3. Economic Insecurity*
5. Community Safety*
5. Healthy Lifestyles (Diabetes & Obesity)*
7. Cancer
8. Heart Disease/Heart Attack
9. Unintended Injuries/Accidents

Summary descriptions of each health need appear on pages 32-43.

COVID-19

In late 2019, a new coronavirus (SARS-CoV-2) appeared. It causes a respiratory illness that is now called COVID-19.[26] The ensuing pandemic has been a health event of historic proportions.[27] By mid-April 2022, COVID-19 had caused an estimated 6,197,000 deaths worldwide and 987,200 deaths nationwide.[28] In absolute terms, the COVID-19 pandemic has surpassed the 1918 influenza (H1N1) pandemic, which killed 550,000 Americans (0.5% of the U.S. population at that time).[29]

The COVID-19 pandemic shows signs of continuing for the foreseeable future. In Santa Cruz County, the numbers of COVID-19 cases and deaths peaked several times since March of 2020.[30] However, vaccinations—which began in early 2021—appear to be mitigating local hospitalizations and deaths. The latest COVID-19 statistics for Santa Cruz County are available in Attachment 2.

Because COVID is a new virus, many health effects and health care needs are still emerging. This CHNA report summarizes what the participating hospitals know so far about the health

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[26] "COVID-19" stands for coronavirus disease 2019. Centers for Disease Control and Prevention. (2020). *COVID-19: Identifying the source of the outbreak.* Retrieved from https://www.cdc.gov/coronavirus/2019-ncov/science/about-epidemiology/identifying-source-outbreak.html

[27] Hiscott, J., Alexandridi, M., Muscolini, M., Tassone, E., Palermo, E., Soultsioti, M., & Zevini, A. (2020). The global impact of the coronavirus pandemic. *Cytokine & Growth Factor Reviews*, 53, 1–9. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7254014/

[28] The New York Times. (2022). Coronavirus Map and Cases. *The New York Times.* Retrieved from https://www.nytimes.com/interactive/2021/us

[29] Noymer, A., & Garenne, M. (2000). The 1918 influenza epidemic's effects on sex differentials in mortality in the United States. *Population and Development Review*, *26*(3), 565–581. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2740912/. And Centers for Disease Control and Prevention. (2019). 1918 Pandemic (H1N1 virus). Retrieved from https://www.cdc.gov/flu/pandemic-resources/1918-pandemic-h1n1.html

[30] The New York Times. (2022). California Coronavirus Cases. *The New York Times.* Retrieved from https://www.nytimes.com/interactive/2021/us/california-covid-cases.html

condition and its social determinants. To capture the effects of COVID on the community, the hospitals collaborating on the 2022 community health needs assessment conducted various focus groups and interviews.[31] They also chose to add "documented ethnic and/or geographic disparities and inequities" to their criteria for identifying community health needs in 2022. The hospitals will continue to monitor and address health effects, trends, and health care needs of COVID-19 as they learn more about the disease, its progression, and its short- and long-term impacts.

The pandemic has exacerbated existing inequities in the health and welfare of vulnerable populations in the U.S., causing disproportionate illness and mortality for people in minority racial and ethnic groups (i.e., Black, Indigenous, and people of color: BIPOC),[32] people with certain pre-existing health conditions,[33] people living in crowded conditions,[34] and people who are classified as "essential workers" (at higher risk of workplace exposure).[35] Approximately one in 10 people who were infected experience "long COVID," a set of lingering symptoms including "fatigue, body aches, shortness of breath, difficulty concentrating" that lasts a year or more.[36]

Perhaps the most far-reaching impacts of COVID-19 are socioeconomic. The government mandates shutting down or limiting activities in major industries (tourism, hospitality, brick-and-mortar retail and services, etc.) exacerbated the inequities experienced by many of the vulnerable populations identified above. Women, BIPOC, young people (ages 16–24), and

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[31] CHNA participants are listed in Attachment 4.

[32] Marshall, W. F. (2020). *Coronavirus infection by race: What's behind the health disparities?* Mayo Clinic. Retrieved from https://www.mayoclinic.org/diseases-conditions/coronavirus/expert-answers/coronavirus-infection-by-race/faq-20488802

[33] Arumugam, V. A., Thangavelu, S., Fathah, Z., Ravindran, P., Sanjeev, A. M. A., Babu, S., Meyyazhagan, A., Yatoo, M. I., Sharun, K., Tiwari, R. and Pandey, M. K. (2020). COVID-19 and the world with co-morbidities of heart disease, hypertension and diabetes. *Journal of Pure Applied Microbiology*, *14*(3):1623–1638. See also Lui, B., Samuels, J. D., & White, R. S. (2020). Potential pathophysiology of COVID-19 in patients with obesity. Comment on Br J Anaesth 2020; 125:e262–e263. *British Journal of Anaesthesia*, *125*(3), e283–e284. Retrieved from https://bjanaesthesia.org/article/S0007-0912(20)30439-6/pdf

[34] Arango, T. (2021). "We Are Forced to Live in These Conditions": In Los Angeles, Virus Ravages Overcrowded Homes. *The New York Times.* Retrieved from https://www.nytimes.com/2021/01/23/us/los-angeles-crowded-covid.html See also: California Institute for Rural Studies. (2018). *Farmworker Housing Study and Action Plan for Salinas Valley and Pajaro Valley.* Retrieved from https://www.co.monterey.ca.us/home/showdocument?id=63729 And Jiménez, M. C., Cowger, T. L., Simon, L. E., Behn. M., Cassarino, N., Bassett, M. T. (2020). Epidemiology of COVID-19 Among Incarcerated Individuals and Staff in Massachusetts Jails and Prisons. *JAMA Network Open*. *3*(8):e2018851. Retrieved from https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2769617 And Gebeloff, R., Ivory, D., Richtel, M., Smith, M., Yourish, K., Dance, S., Fortiér, J., Yu, E., & Parker, M. (2020). The Striking Racial Divide in How COVID-19 Has Hit Nursing Homes. *The New York Times.* Retrieved from https://www.nytimes.com/article/coronavirus-nursing-homes-racial-disparity.html

[35] Campbell, J. (2020). "What Are Essential Services and Jobs During the Coronavirus Crisis?" *Huffington Post*. Retrieved from: https://www.huffpost.com/entry/what-are-essential-services-jobs_l_5e74eaacc5b6f5b7c543370c See also: Reitsma, M. B., Claypool, A. L., Vargo, J., Shete, P. B., McCorvie, R., Wheeler, W. H., Rocha, D. A., Myers, J. F., Murray, E. L., Bregman, B., Dominguez, D. M., Nguyen, A. D., Porse, C., Fritz, C. L., Jain, S., Watt, J. P., Salomon, J. A., & Goldhaber-Fiebert, J. D. (2021). Racial/Ethnic Disparities in COVID-19 Exposure Risk, Testing, and Cases at the Subcounty Level in California. *Health Affairs*, *40*(6). Retrieved from https://www.healthaffairs.org/doi/10.1377/hlthaff.2021.00098

[36] Komaroff, A. L. (2021). *The tragedy of long COVID.* Weblog, Harvard Health Publishing, Harvard Medical School. Retrieved from https://www.health.harvard.edu/blog/the-tragedy-of-the-post-covid-long-haulers-202010152479

those with low income (usually defined as less than 80% of the area median income) or without college degrees have also been impacted by job loss, housing insecurity, food insecurity, and other difficulties, all of which are likely to persist.[37,38] Women in particular left the workforce in large numbers in 2020 and 2021, when school closures created a need for child care, a responsibility much more likely to fall on their shoulders than men's.[39]

The inequitable health and economic outcomes can be attributed, in part, to structural and institutional racism.[40] BIPOC community members may cope with toxic stress due to their experiences of discrimination. The physical toll this can take on their bodies has no equivalent among white Americans. The inflammation from toxic stress contributes to greater comorbidities among the BIPOC population in the U.S. compared to whites.[41] BIPOC individuals are also more likely to work higher-risk and/or low-wage jobs,[42] in part due to employment

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[37] Udalova, V. (2021). Initial Impact of COVID-19 on U.S. Economy More Widespread Than on Mortality. America Counts: Stories Behind the Numbers. U.S. Census Bureau. Retrieved from https://www.census.gov/library/stories/2021/03/initial-impact-covid-19-on-united-states-economy-more-widespread-than-on-mortality.html See also: Gould, E. & Kassa, M. (2020). Young workers hit hard by the COVID-19 economy. Economic Policy Institute. Retrieved from https://www.epi.org/publication/young-workers-covid-recession/

[38] Ferreira, F. H. G. (2021). *Inequality in the Time of COVID-19*. International Monetary Fund. Retrieved from https://www.imf.org/external/pubs/ft/fandd/2021/06/inequality-and-covid-19-ferreira.htm See also: Perry, B. L., Aronson, B., & Pescosolido, B. A. (2021). *Pandemic precarity: COVID-19 is exposing and exacerbating inequalities in the American heartland.* Proceedings of the National Academy of Sciences, February 2021, *118*(8). Retrieved from https://www.pnas.org/content/118/8/e2020685118 Specific to California, see Bohn, S., Bonner, D., Lafortune, J., & Thorman, T. (2020). *Income Inequality and Economic Opportunity in California.* Public Policy Institute of California. Retrieved from https://www.ppic.org/wp-content/uploads/incoming-inequality-and-economic-opportunity-in-california-december-2020.pdf

[39] Bateman, N., & Ross, M. (2020). Why has COVID-19 been especially harmful for working women? Brookings Institute. Retrieved from https://www.brookings.edu/essay/why-has-covid-19-been-especially-harmful-for-working-women/

[40] Garcia, M. A., Homan, P. A., García, C., & Brown, T. H. (2020). The color of COVID-19: structural racism and the pandemic's disproportionate impact on older racial and ethnic minorities. *The Journals of Gerontology: Series B*. Retrieved from https://digitalcommons.unl.edu/cgi/viewcontent.cgi?article=1735&context=sociologyfacpub

See also: Pirtle, W. N. L. (2020). Racial capitalism: a fundamental cause of novel coronavirus (COVID-19) pandemic inequities in the United States. *Health Education & Behavior*. *47*(4):504–508. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7301291/

[41] Adler, N. E., & Rehkopf, D. H. (2008). U.S. Disparities in Health: Descriptions, Causes and Mechanisms. *Annual Review of Public Health*, 29:235–252. See also Logan, J. G., & Barksdale, D. J. (2008). Allostasis and allostatic load: expanding the discourse on stress and cardiovascular disease. *Journal of Clinical Nursing*, *17*(7b), 201–208. Retrieved from https://onlinelibrary.wiley.com/doi/pdf/10.1111/j.1365-2702.2008.02347.x And see Schulz, A. J., Mentz, G., Lachance, L., Johnson, J., Gaines, C., & Israel, B. A. (2012). Associations between socioeconomic status and allostatic load: effects of neighborhood poverty and tests of mediating pathways. *American Journal of Public Health*, *102*(9), 1706–1714. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3416053/

[42] See various articles related to essential workers and risk during the COVID-19 pandemic:

- Gould, E., & Shierholz, H. (2020). Not everybody can work from home: Black and Hispanic workers are much less likely to be able to telework. *Working Economics Blog* by the Economic Policy Institute. Retrieved from https://www.epi.org/blog/black-and-hispanic-workers-are-much-less-likely-to-be-able-to-work-from-home/
- Greenberg, J. (2020). Blacks, Hispanics less likely to have jobs where they can work from home. *PolitiFact* by The Poynter Institute. Retrieved from https://www.politifact.com/factchecks/2020/jun/16/desiree-rogers/blacks-hispanics-less-likely-have-jobs-where-they-/

discrimination,[43] and to live in crowded or substandard conditions and impoverished neighborhoods, in part due to historical redlining policies and present-day housing discrimination.[44] All of these issues contribute to poorer health outcomes for BIPOC community members than white people for nearly all health conditions, including COVID-19.

With regard to economic outcomes, people of color are more likely to have less formal schooling than whites, in part due to education discrimination[45] and in part because they are more likely to attend segregated, underperforming schools.[46] This, combined with possible employment discrimination, makes it more likely that they'll earn less, too.[47]

- Krisberg, K. (2020). Essential workers facing higher risks during COVID-19 outbreak: Meat packers, retail workers sickened. *The Nation's Health* by the American Public Health Association. Retrieved from https://www.thenationshealth.org/content/50/6/1.1.
- Liu, J. (2020). Covid-19 patients twice as likely to be working from an office instead of home, CDC finds. *MakeIt* by CNBC. Retrieved from https://www.cnbc.com/2020/11/10/cdc-covid-19-patients-twice-as-likely-to-work-from-office-vs-home.html
- Dorman, P., & Mishel, L. (2020). *A majority of workers are fearful of coronavirus infections at work, especially Black, Hispanic, and low- and middle-income workers.* Economic Policy Institute. Retrieved from https://www.epi.org/publication/covid-risks-and-hazard-pay/
- Kinder, M. (2020). *Essential but Undervalued: Millions of health care workers aren't getting the pay or respect they deserve in the COVID-19 pandemic*. Brookings. Retrieved from https://www.brookings.edu/research/essential-but-undervalued-millions-of-health-care-workers-arent-getting-the-pay-or-respect-they-deserve-in-the-covid-19-pandemic/

[43] See meta-analysis: Neumark, D. (2018). Experimental research on labor market discrimination. *Journal of Economic Literature, 56*(3), 799-866. Retrieved from https://www.nber.org/system/files/working_papers/w22022/w22022.pdf

[44] Iton, A., & Ross, R. K. (2017). Understanding How Health Happens: Your Zip Code Is More Important Than Your Genetic Code. In *Public Health Leadership* (pp. 83–99). Routledge. Retrieved from https://zums.ac.ir//files/socialfactors/files/Public_Health_Leadership-Strategies_for_Innovation_in_Population_Health_and_Social_Determinants-2.pdf#page=84 See also: Acevedo-Garcia, D., Noelke, C., & McArdle, N. (2020). *The Geography of Child Opportunity: Why Neighborhoods Matter for Equity*. Diversitydatakids.org, Institute for Child, Youth and Family Policy, The Heller School for Social Policy and Management, Brandeis University: Waltham, MA. Retrieved from https://www.diversitydatakids.org/sites/default/files/file/ddk_the-geography-of-child-opportunity_2020v2.pdf

[45] Adair, J. K. (2015). The impact of discrimination on the early schooling experiences of children from immigrant families. Washington, DC: Migration Policy Institute. Retrieved from

https://www.migrationpolicy.org/research/impact-discrimination-early-schooling-experienceschildren-Immigrant-families See also Benner, A. D., & Graham, S. (2011). Latino Adolescents' Experiences of Discrimination Across the First 2 Years of High School: Correlates and Influences on Educational Outcomes. Child Development, 82(2), 508–519. https://doi.org/10.1111/j.1467-8624.2010.01524.x

[46] Reardon, S.F., Weathers, E.S., Fahle, E.M., Jang, H., & Kalogrides, D. (2019). Is Separate Still Unequal? New Evidence on School Segregation and Racial Academic Achievement Gaps. Retrieved from https://cepa.stanford.edu/content/separate-still-unequal-new-evidence-school-segregationand-Racial-academic-achievement-gaps

[47] Rodgers, W. M. (2019). Race in the labor market: The role of equal employment opportunity and other policies. RSF: The Russell Sage Foundation Journal of the Social Sciences, 5(5), 198–-220. Retrieved from https://www.rsfjournal.org/content/rsfjss/5/5/198.full.pdf

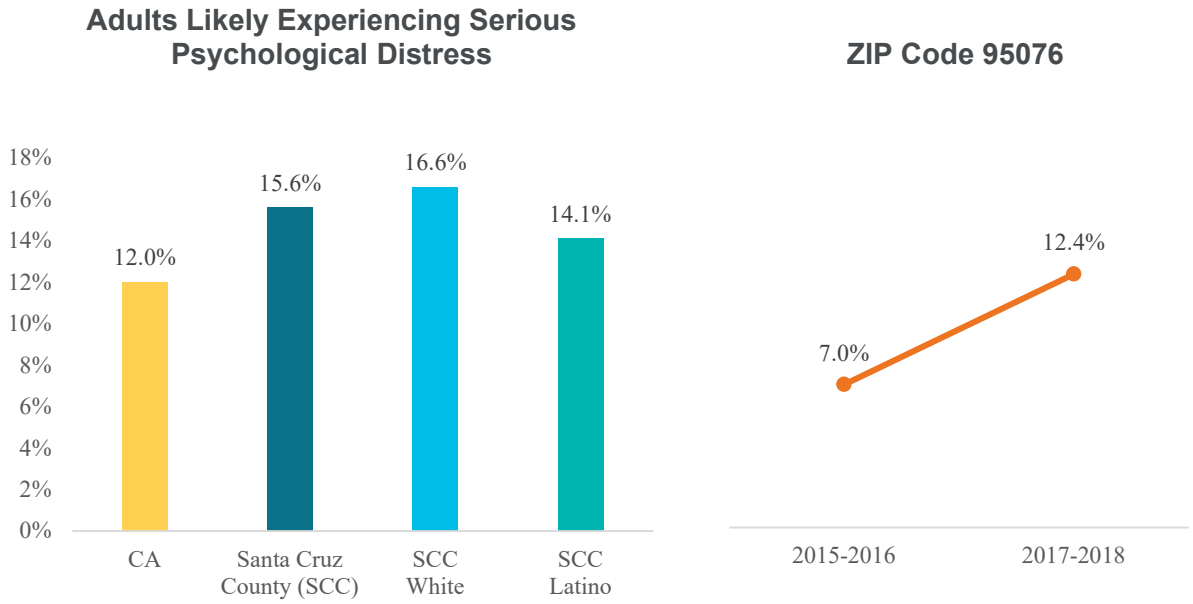
While the hospitals acknowledge the negative health effects of COVID-19 itself, this CHNA report focuses on identifying the broader health inequities and socioeconomic consequences of COVID-19 in Santa Cruz County.

SUMMARY DESCRIPTIONS OF 2022 PRIORITIZED COMMUNITY HEALTH NEEDS

Behavioral Health

Behavioral health, which includes mental health and trauma as well as substance use, was prioritized by both focus groups and all key informants.

Mental health statistics were concerning. A greater percentage of adults in Santa Cruz County were likely experiencing serious psychological distress compared to all Californians, and this figure was growing, especially in ZIP code 95076 (Corralitos, La Selva Beach, Mt. Madonna, Pajaro, Royal Oaks, and Watsonville). Both Latino and white community members were more likely to experience this than people of other races/ethnicities in Santa Cruz County. Moreover, people living in Watsonville were more likely to have had a frequent experience of poor mental health days (more than two weeks per month) than people in other areas of the county.



Source: California Health Interview Survey. Note, county-wide statistics are 2018-19.

Greater proportions of Santa Cruz County adults thought about committing suicide compared to Californians overall. This statistic was especially high among the county's white and multiethnic populations. Among the county's students, depression and suicidal ideation have been on the rise. Perhaps relatedly, the proportion of youth who report having caring relationships with adults has been dropping, and the proportion who report feeling high expectations from adults has been dropping.

Key informants and focus group participants described stress and anxiety among county residents. They were especially concerned about the isolation experienced by older adults, children, and youth during the pandemic, as well as the effect of the pandemic on the mental health of young adults whose futures are uncertain. Poor access to mental and behavioral health care was described as a common issue, with a lack of providers and programs being especially common in the southern part of the county and also in rural parts of the north. Participants expressed the need for residential psychiatric facilities, of which at least one is already underway. While the proportion of adults who both needed and received behavioral health care was better among county residents than the state average, there is a downward trend, and the county's white and Latino populations who need care were less likely to receive needed behavioral health help than their peers. There was also discussion of trauma in the county population due to intimate partner violence, generational poverty, and homelessness. Mental illness was mentioned specifically in relation to the homeless population.

Regarding substance use, the rate of opioid prescriptions to Santa Cruz County opioid-naïve patients is higher than that of Californians overall. Overdose death rates were higher in the county than in California overall, including opioid and amphetamine overdose (especially in ZIP code 95076), heroin overdose, and prescription opioid overdose. Opioid overdose was highest in Santa Cruz County among Black and white residents. The county's white community members also had the highest rate of emergency department visits due to heroin overdose. CHNA participants expressed concern about the rising rates of opioid overdoses, as well as fentanyl and methamphetamine.

Liquor store density and the average amount of spending on alcoholic beverages are both higher in the county than the state, while alcohol, tobacco, and legal marijuana expenditures have been rising in ZIP code 95076. Adult binge drinking is highest among white, Latino, American Indian, and multiethnic people in Santa Cruz County and among residents of Ben Lomond, Boulder Creek, Brookdale, Felton, and Lompico.

Housing & Homelessness

Both focus groups and nearly all key informants identified housing, homelessness, and economic stability (see *Economic Stability*) as top community priorities. Housing costs in Santa Cruz County are extremely high; compared to all Californians, higher proportions of Santa Cruz County homeowners and renters (the latter especially in Boulder Creek, Lompico, and Watsonville) are spending more than 30% of their income on housing. In addition, expenses associated with housing are higher for homeowners in the county compared to the state. The proportion of overcrowded homes has been increasing in Santa Cruz County, as has the total number of people experiencing homelessness. Finally, the percentage of homes with severe housing problems (one or more of overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities) is also higher in the county than the state.

BIPOC individuals in the U.S. are more likely to live in crowded or substandard conditions and impoverished neighborhoods, in part due to historical red-lining policies and present-day

housing discrimination.[48] In Santa Cruz County, residential segregation (white vs. non-white) is substantially worse than in California overall.

Most feedback about housing from key informants and focus group participants centered around homelessness, with concerns expressed about homeless shelters closing and a possible rise in the number of unsheltered people. An expert noted that many individuals experiencing homelessness in Santa Cruz County are employed, suggesting that wages aren't high enough to support the cost of living. Others spoke to the need for tenant protections and mentioned that during COVID, landlords may have evicted families with undocumented members because they expected these families would not seek legal protections. Finally, the recent wildfires in the county have stressed many, especially low-income individuals and families who struggle to afford to fix the damage to their homes that FEMA or insurance may not cover.

Health Care Access and Delivery

Health care access and delivery, which affects various other community health needs, was identified as a top health need by nearly all key informants.

The proportion of Santa Cruz County residents who reported delaying or having difficulty obtaining care was higher than the state average (and especially high for the county's white population), as was the proportion of adults who had a routine check-up. The latter statistic has been worsening over time and is particularly low for the county's Asian and white populations, as well as for residents of Freedom and Watsonville. Older adults in those two cities were least likely to receive recommended preventive care compared to their peers in other parts of the county. Additionally, Black residents of Santa Cruz County were much less likely to have a usual source of health care compared to the state average.

Every interviewee and focus group discussion mentioned a shortage of health care workers across the spectrum from primary to specialty care. Key informants and focus group participants felt there were too few Medi-Cal providers, which they thought was at least partially due to the low Medi-Cal reimbursement rate. In addition, participants said that due to the pandemic, worker burnout is high. It was suggested that staff need more training in trauma-informed care to better serve patients. Participants also indicated a need for the development of career pathways for BIPOC and Spanish-speaking health care workers so that county residents can see and be seen by people like themselves. Workers who speak non-Spanish Latin American languages and have Latino American cultural competency are also needed. Additionally, there was agreement that there are too few facilities in the county, especially for urgent care, and

[48] Iton, A., & Ross, R. K. (2017). Understanding how health happens: Your ZIP code is more important than your genetic code. In *Public Health Leadership* (pp. 83–99). Routledge. Retrieved from https://zums.ac.ir//files/socialfactors/files/Public_Health_Leadership-Strategies_for_Innovation_in_Population_Health_and_Social_Determinants-2.pdf#page=84 See also: Acevedo-Garcia, D., Noelke, C., & McArdle, N. (2020). *The Geography of Child Opportunity: Why Neighborhoods Matter for Equity*. Diversitydatakids.org, Institute for Child, Youth and Family Policy, The Heller School for Social Policy and Management, Brandeis University: Waltham, MA. Retrieved from https://www.diversitydatakids.org/sites/default/files/file/ddk_the-geography-of-child-opportunity_2020v2.pdf

especially in the southern part of the county. Telehealth was reported to have had mixed results, with access harder especially for those without reliable Internet access, which tends to disproportionately affect people who are low-income, rural, and/or non-white.[49]

The level of county residents' expenditures on health insurance was also higher than the California average, while the average gross premium for Covered California enrollees has been trending up and residents' expenditures on medical supplies and medications (prescription and non-prescription) have been rising. Although the proportion of county residents with health insurance (92%) is better than California, it does not meet the Healthy People 2030 aspirational goal of 100% insured. The proportion of adults *without* health insurance is higher in Freedom and Watsonville (and ZIP code 95076) than in other parts of the county.

Finally, the number of dentists per 100,000 people in the county is still lower than the state average but has been rising. This appears to be a greater issue in the southern part of Santa Cruz County; a smaller percentage of adults in southern Santa Cruz County had visited a dentist compared to their peers statewide, and the proportion of older adults with total tooth loss is worse in the southern part of the county than the state average.

Economic Insecurity

Both focus groups and nearly all key informants identified economic stability and housing (see *Housing and Homelessness*) as top community priorities.

Income inequalities by race are substantial in Santa Cruz County, with median household income figures for all BIPOC groups lower than the statewide average while median household income for white Santa Cruz County residents is, on average, nearly 10% higher than California overall. Larger proportions of people (including families) live below the poverty level in Brookdale, Freedom, and Watsonville than in other parts of the county. Most BIPOC populations in Santa Cruz County have higher rates of poverty than the county's white or multiracial populations. The county also has a greater proportion of households with older adults that are below a certain income threshold (the "Elder Economic Security Standard Index") than California overall. Additionally, the proportion of older adults in the county who are living in poverty has been rising slightly, and is especially high in Boulder Creek and Brookdale, as well as among the county's Asian and Black older adults (wherever they live). Economic precariousness can force people to choose between paying rent and accessing health care; it can also lead to homelessness and the many barriers to health that unhoused individuals face.

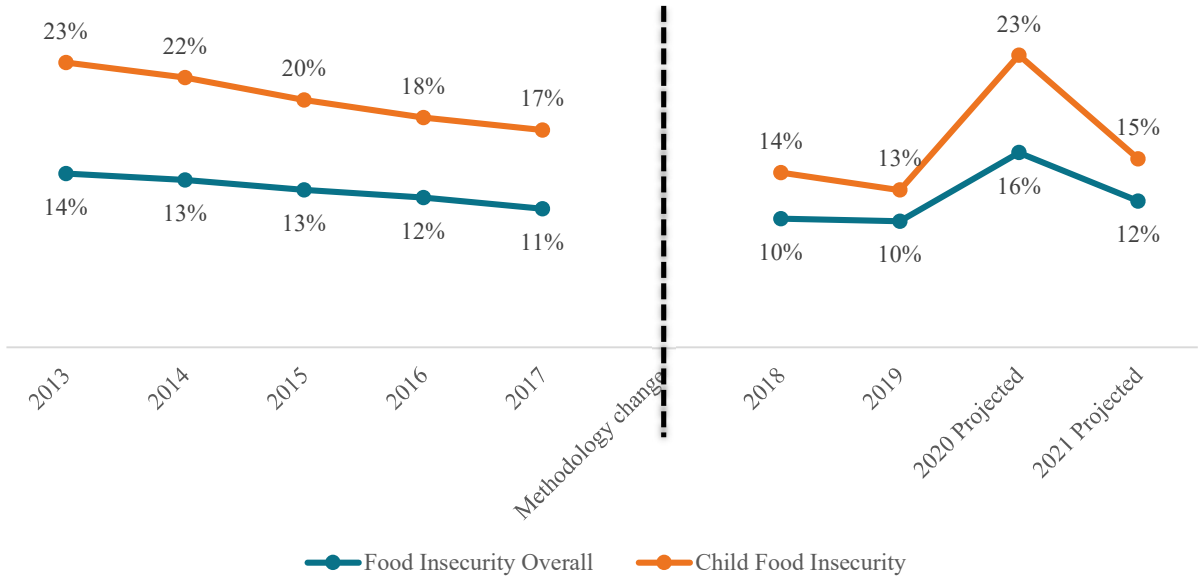
Although overall and child-specific food insecurity in Santa Cruz County had been dropping before the pandemic[50], these figures were projected to rise in 2020. Additionally, greater and

[49] Marshall, B. & Ruane, K. (2021). How Broadband Access Advances Systemic Equality. *News & Commentary*, American Civil Liberties Union (ACLU). Retrieved from https://www.aclu.org/news/privacy-technology/how-broadband-access-hinders-systemic-equality-and-deepens-the-digital-divide/

[50] The measurement methodology changed and data from 2018 and later should not be compared with data from 2017 and earlier.

greater percentages of students are becoming eligible for free or reduced-price meals over time. Even more concerning, the proportion of food-insecure children who are likely ineligible for assistance grew substantially between 2018 (16%) and 2019 (27%). Nationwide, food insecurity affects children of color "disproportionately, with Black and Hispanic households reporting rates nearly double that of white households."[51]

Santa Cruz County Food Insecurity



Source: Feeding America.

Education is a driver of income. The county's rate of high school dropout is higher and the high school graduation rate is lower than California's rates, respectively, and the student-to-teacher ratio is worse as well. Education generally correlates with income; therefore, educational statistics that differ by race/ethnicity are particularly concerning. Smaller proportions of the county's Latino inhabitants have at least a high school diploma compared to all Californians. There are issues with digital (Internet) access and access to computing devices in Freedom and Watsonville, complicating the ability for students in these areas to complete school, especially during the COVID-19 pandemic when lessons were delivered remotely for many months.

Qualitative data showed that COVID created more economic insecurity for those who lost work and also increased food insecurity. Key informants and focus group participants highlighted the undocumented population as being particularly vulnerable because they are not eligible for public benefits such as unemployment or economic stimulus payments.

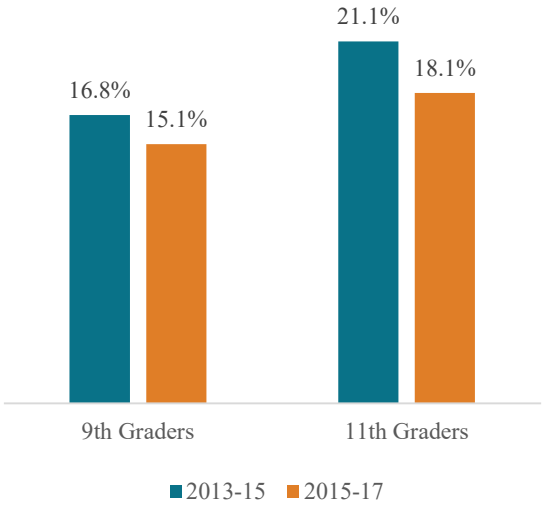
[51] Bauer, K.W., Aaronson, S., & Stewart, J. (2021). How Food Insecurity Shapes Children and Families. *Population Healthy* podcast, Season 3: Race, Inequity and Closing the Health Gap. University of Michigan, School of Public Health. Retrieved from https://sph.umich.edu/podcast/season3/how-food-insecurity-shapes-children-and-families.html

Community Safety

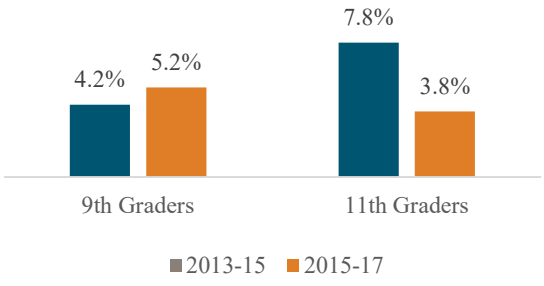
While many community safety statistics are better in Santa Cruz County than the state, both domestic violence calls and homicides are rising. Hate crimes in the county also increased slightly compared to the prior year. In addition, arrest rates for Santa Cruz County adults and juveniles (under age 18) are substantially higher than the respective state rates. Deaths in custody are twice as high for the county's Latino community members than the state average. Nationally, Latinos are overrepresented in prisons and jails compared to their overall share of the population.[52] However, this does not fully account for the disproportionality in deaths among Latinos in custody in Santa Cruz County.

Some experts expressed concern about COVID-related stress contributing to intimate partner violence. CHNA participants also shared a perception that youth violence is rising. Data show that fewer Santa Cruz County youth feel very safe at school and that 9th-graders carry weapons to school more often than in the past. Finally, participants described a need for greater safety among unsheltered people living in encampments and expressed concern about police treatment of people experiencing homelessness.

Santa Cruz County Youth Who Feel Very Safe at School



Santa Cruz County Youth Who Carry a Weapon to School



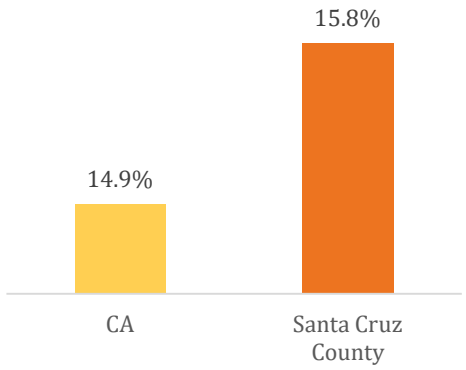
Source: California Healthy Kids Survey.

[52] The Sentencing Project. (2008). *Reducing Racial Disparity in the Criminal Justice System: A Manual for Practitioners and Policymakers.* Retrieved from https://www.sentencingproject.org/wp-content/uploads/2016/01/Reducing-Racial-Disparity-in-the-Criminal-Justice-System-A-Manual-for-Practitioners-and-Policymakers.pdf

Healthy Lifestyles (Diabetes & Obesity)

Healthy weight is a significant issue in Santa Cruz County, with a larger proportion of children who are overweight for their age compared to all California children. In addition, adult obesity and overweight are highest among the county's Latino population, while obese adults are overrepresented among the county's multiethnic population. Santa Cruz County's Filipino 5th-graders and Latino 5th- and 9th-graders are less likely to be a healthy weight compared to their county- or statewide peers, but the trends for 5th- and 9th-graders are improving. The percentage of children and teenagers who engage in regular physical activity is trending down (especially in ZIP code 95076).

Children Ages 2-11 Overweight for Age



Source: California Health Interview Survey, Neighborhood Edition (2017-18).

The food environment is related to residents' ability to maintain a healthy weight. Fast food expenditures are higher in Santa Cruz County than in California, and expenditures on high-sugar foods and beverages are trending upward. Fast food consumption is especially high among the county's Asian population. The county's CalFresh enrollment numbers increased substantially between 2019 and 2020, likely signaling a rise in food insecurity due to the pandemic. Finally, the ratio of recreation and fitness facilities in the county compared to the population has been decreasing.

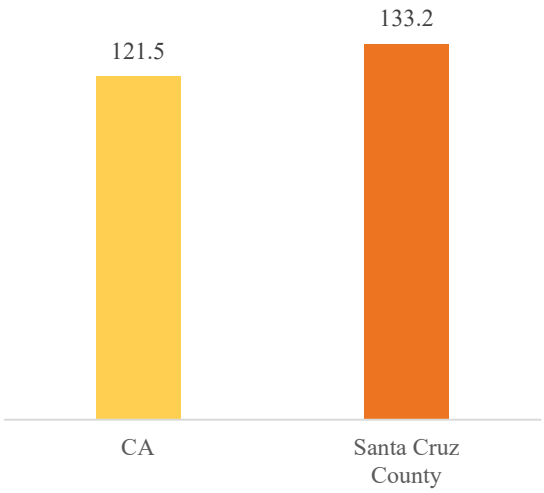
Although neither the statistical data nor the key informants and focus group participants connected diabetes and obesity with health disparities or inequities, experts writing on behalf of the American Diabetes Association describe placing "socioeconomic disparities and the other [social determinants of health] downstream from racism—which we posit is a root cause for disparities in diabetes outcomes in marginalized and minoritized populations."[53]

[53] Ogunwole, S. M., & Golden, S. H. (2021). Social determinants of health and structural inequities—Root causes of diabetes disparities. *Diabetes Care, 44* (1): 11-13. Retrieved from https://care.diabetesjournals.org/content/44/1/11

Cancer

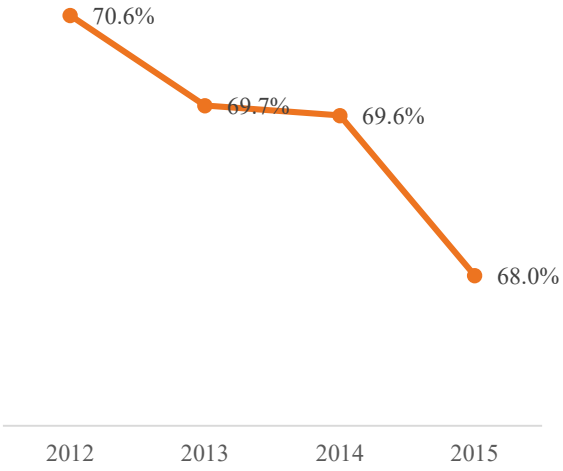
The mortality rate in Santa Cruz County for prostate cancer is worse than the state benchmark. In addition, the breast cancer incidence rate among Santa Cruz County women is worse than California women overall, and it is especially high for white women. Mammography screening levels, an early cancer detection measure, are worsening among the county's Medicare population. The prostate cancer incidence rate among Santa Cruz County men overall is worse than their statewide peers, particularly for white men. Colorectal cancer screening levels are lower in Freedom and Watsonville compared to the Healthy People 2030 target. Overall, there are larger proportions of adults with cancer in Corralitos and La Selva Beach than in California overall.

Breast Cancer Incidence Rate



Source: National Cancer Institute (2013-2017). Age-adjusted rate per 100,000 females.

Mammography Screening, Medicare Population, Santa Cruz County



Source: The Dartmouth Atlas of Health Care

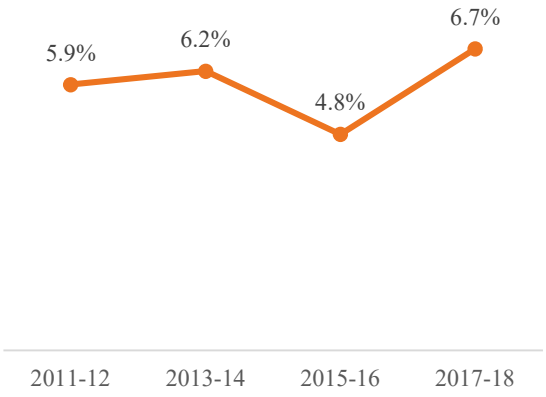
The National Cancer Institute acknowledges socioeconomic and racial/ethnic disparities in cancer detection, treatment, and outcomes. It attributes these to a variety of factors, including institutional racism and conscious or unconscious bias among care providers, as well as barriers such as low income, low health literacy, lack of insurance, and lack of transportation. It also acknowledges the role of neighborhoods in cancer risks (e.g., when a neighborhood has poor access to affordable healthy food, residents are more likely to be obese, which is a cancer risk factor). The Institute states, "Reducing or eliminating some cancer disparities in the pursuit

of health equity will require policy changes to overcome systemic social, racial, and/or institutional inequalities."[54]

Heart Disease/Heart Attack

Although statistics for heart disease are generally better in the county than the state, several indicators are trending up, causing alarm; the proportion of Santa Cruz County adults with heart disease is rising (especially in ZIP code 95076), as are the percentages of Medicare recipients in the county with hyperlipidemia.

Adults with Heart Disease, Santa Cruz County



Source: California Health Interview Survey, Neighborhood Edition.

In several areas of the county, residents are doing worse than their statewide peers. For example, adults in La Selva Beach have a higher rate of high cholesterol prevalence compared to the state average, while smaller proportions of adults in Freedom and Watsonville have had a cholesterol test than their peers statewide. Watsonville adults are also more likely to have experienced a stroke than the state average. Finally, adult residents with high blood pressure in Freedom, Lompico, and Watsonville are all less likely to be taking medication for high blood pressure than adults countywide. In general, people of color are more likely than whites to experience adverse childhood experiences, which can lead to toxic stress, which generates an inflammatory response that contributes to chronic diseases such as heart disease.[55] The role

[54] National Cancer Institute. (2020). *Cancer Disparities.* Retrieved from https://www.cancer.gov/about-cancer/understanding/disparities

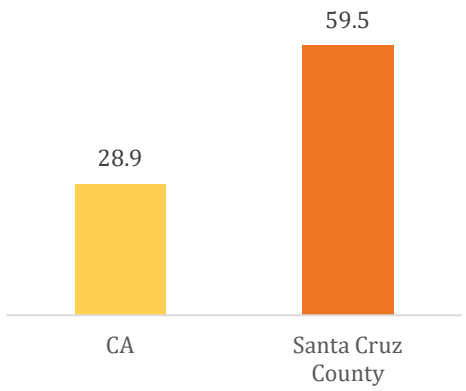
[55] Haelle, T. (2018). *Childhood Trauma and Its Lifelong Health Effects More Prevalent Among Minorities.* WABE Atlanta National Public Radio. Retrieved from https://www.wabe.org/childhood-trauma-and-its-lifelong-health-effects-more-prevalent-among-minorities/

of stress in contributing to poor health has been documented extensively; lower levels of socioeconomic status are associated with higher levels of stress, stigma (including due to discrimination and racial prejudice) contributes to higher levels of stress, and higher levels of chronic stress (also known as “toxic stress”) accumulate to increase allostatic load, which can drive worse health outcomes.[56]

Unintended Injuries/Accidents

Mortality due to unintended injuries is higher among Santa Cruz County residents than Californians overall. In addition, the bicycle-involved collision rate is higher in the county than the state. Racial inequities in accident rates have been found nationwide and are attributed in part to unequal access to safe transportation.[57] The absence of sidewalks in low-income neighborhoods is another factor related to inequities in pedestrian accident rates nationally.[58]

Bicycle-Involved Collisions Rate



Source: California State Highway Patrol (2017).
Rate per 100,000 people.

[56] Adler, N.E. & Rehkopf, D.H. (2008). U.S. Disparities in Health: Descriptions, Causes and Mechanisms. *Annual Review of Public Health*, 29:235-252.

[57] Hamann, C., Peek-Asa, C., & Butcher, B. (2020). Racial disparities in pedestrian-related injury hospitalizations in the United States. *BMC Public Health, 20*(1), 1-7. Retrieved from https://link.springer.com/article/10.1186/s12889-020-09513-8

[58] Lu, W., McKyer, E.L.J., Lee, C., Ory, M.G., Goodson, P., & Wang, S. (2015). Children’s active commuting to school: An interplay of self-efficacy, social economic disadvantage, and environmental characteristics. *International Journal of Behavioral Nutrition and Physical Activity, 12*(1):29. Retrieved from https://ijbnpa.biomedcentral.com/articles/10.1186/s12966-015-0190-8

Climate and Natural Environment

While not yet rising to the level of a health need, climate issues have risen to the fore over the past three years, including climbing temperatures, more extreme weather, flooding, and wildfires. Although no available climate statistics were worse for Santa Cruz County than the state, the county has several worsening trends that the hospital will continue to monitor.

There is increased use of electricity and natural gas among the county's residents. Many electric plants use natural gas to generate electricity.[59] The use of natural gas can cause an increase in carbon dioxide emissions, which can affect respiratory health.[60] In fact, a greater proportion of children and teens in Santa Cruz County have asthma than their statewide counterparts, as is also the case for adults in Freedom.

Focus group participants mentioned the adverse effects of wildfires, particularly on low-income individuals, especially regarding the mental and financial stress of evacuation and home repair. The recent increase in wildfires likely also had an impact on local asthma rates, with air quality in Santa Cruz County in 2020 at times being the worst it had been in two decades.[61]

While the number of extreme precipitation days in Santa Cruz County has been rising, residents have been less likely to install rainwater harvesting systems or means for reducing storm water and irrigation run-off than in the past. Such systems can reduce erosion and the degradation of water quality, and contribute to recharging stores of groundwater.[62] Residents have expressed more concern about water pollution than in the past.

[59] Union of Concerned Scientists. (2015). *The Natural Gas Gamble: A Risky Bet on America's Clean Energy Future.* Retrieved from https://www.ucsusa.org/resources/natural-gas-gamble

[60] Harvard T.H. Chan School of Public Health, Center for Climate, Health, and the Global Environment. (Undated). *Climate Change and Asthma.* Retrieved from https://www.hsph.harvard.edu/c-change/subtopics/climate-change-and-asthma/

[61] Hubbart, S. (2021). Wildfire season is coming: Protect yourself from environmental asthma triggers. *National Environmental Education Foundation.* Retrieved from https://www.neefusa.org/health/outdoor-activity/wildfire-season-coming-protect-yourself-environmental-asthma-triggers

[62] California Ag Water Stewardship Initiative. (Undated). *Stormwater Management.* Retrieved from http://agwaterstewards.org/practices/stormwater_management/

7. COMMUNITY RESOURCES

In Santa Cruz County, community-based organizations, government departments and agencies, hospitals and clinics, and other entities strive to address many of the health needs identified by this assessment. Hospitals and clinics are listed below. (For other key resources available to respond to community health needs, see Attachment 5: Community Assets and Resources.)

HOSPITALS

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

CLINICS

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

- Cabrillo College Student Health Services, Aptos
- Clínica Del Valle del Pajaro, Watsonville
- Dientes Community Dental, City of Santa Cruz
- Dominican Hospital Mobile Clinic
- Dominican Physical Medicine & Rehabilitation, City of Santa Cruz
- Homeless Persons Health Project, City of Santa Cruz
- Immunization Clinics (countywide)
- Janus of Santa Cruz Community Clinic, City of Santa Cruz
- Palo Alto Medical Foundation (multiple locations[63])
- Planned Parenthood Mar Monte Health Center, Watsonville
- Salud Para la Gente, Watsonville
- Santa Cruz County Medical Society, City of Santa Cruz

[63] For locations, see http://www.pamf.org/clinics/#Santa%20Cruz%20County

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

8. EVALUATION FINDINGS FROM 2019–2021 IMPLEMENTED STRATEGIES

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

- Behavioral Health
- Continuum of Care: Prevention, Access and Delivery
- Economic Insecurity, including income, employment, education, housing, and food security
- Human Trafficking

The full 2019 CHNA report is posted on Dominican's website.[64]

Dominican planned for and drew on a broad array of resources and strategies to improve the health of its communities and vulnerable populations, such as grant making, in-kind resources, collaborations, and partnerships. It also offered several internal Dominican programs, including charitable health coverage programs, future health professional training programs, and research.

The tables below present strategies and program activities the hospital has delivered to help address significant health needs identified in the community health needs assessment.

They are organized by health need and include statements of strategy and program impact, and any collaboration with other organizations in our community.

Health Need: Behavioral Health			
Strategy or Program Name	**Summary Description**	**Active FY20**	**Active FY21**
Dominican Hospital Psychiatric Resource Team (PRT)	Psychiatric clinical assessment, case management, and social services teams provide referrals to individuals with substance abuse and mental health disorders.	☒	☒

[64] https://www.dignityhealth.org/bayarea/locations/dominican/about-us/community-benefits/benefits-reports

Health Need: Behavioral Health			
Strategy or Program Name	**Summary Description**	**Active FY20**	**Active FY21**
Funding support for 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 initiatives to address substance use and mental health disorders anticipate:

- Improved case management and care coordination.
- Increased focus on prevention and early intervention.
- Increased education for professionals regarding risk assessment, intervention strategies, and protocols.

Collaboration: The PRT works closely with the Santa Cruz County Psychiatric Health Facility to address mental health disorders and reduce the suicide rate in Santa Cruz County by providing access to a myriad of behavioral health services. The partnership with Janus of Santa Cruz provides the hospital's care coordination team and emergency department staff ready access to expertise in addiction treatment.

Health Need: Economic Insecurity			
Strategy or Program Name	**Summary Description**	**Active FY20**	**Active FY21**
Dominican Hospital Care Coordination Team	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. When these areas are identified with a patient, they are addressed and solutions sought by the team.	☒	
Passport to Health (P2H)	Program designed to provide coordination, education, prioritization, and integration by community health leaders for high-need, high-cost patients in Santa Cruz County around health and health-related social needs.	☒	
Funding for Housing Matter's Recuperative Care Center (RCC)	Program which provides shelter services with meals, housekeeping, security, onsite case management, and medical care until recovery is achieved.	☒	☒
Funding support for FoodWhat?!	FoodWhat delivers direct services to marginalized youth and their families. These services are delivered through an empowerment model and include paid job training, crisis cash assistance, healthy food access, nutrition education, skill-building workshops, school/community garden stewardship, peer-to-peer education in schools, mental health support, and mentorship.		☒

Impact: The hospital's initiatives to address economic security anticipate:

- A decrease in the number of preventable utilization visits to the Emergency Department (ED) and inpatient hospital stays.
- Improvement in referrals to community programs which address issues related to economic security.
- A safe place for recovery of homeless individuals coming out of the hospital including support for a full recovery, linkage to primary care, and transition to temporary or permanent housing as often as possible.
- Increased economic stability and mobility for youth through earned income and job training

Health Need: Economic Insecurity			
Strategy or Program Name	**Summary Description**	**Active FY20**	**Active FY21**
Collaboration: Through the hospital's referral system, the care coordination team partners with a number of community organizations to provide resources related to economic security. Additionally, the hospital's partnership with the RCC provides individual case management and housing support to residents of the RCC. Finally, the P2H is a collaboration between community health leaders to ensure the health and continued recovery of high need patients after they are discharged.			

Health Need: Continuum of Care			
Strategy or Program Name	**Summary Description**	**Active FY20**	**Active FY21**
Funding for RotaCare Free Health Clinic at the Live Oak Senior Center	A walk-in clinic providing primary health care services, treatment, referral for diagnostic testing, and follow-up care. Services provided once a week by physicians, nurses, allied health professionals, and other volunteers from local Rotary clubs and the county.	☒	☒
Dominican Hospital Personal Enrichment Program (PEP)	PEP is a resource for community health and wellness education. PEP classes and programs focus on total joint care, childbirth and parenting, lifestyle management, improving neurological function, exercise and fitness, cancer resources, and heart health.	☒	☒
Dominican Hospital Mobile Wellness Clinic	Provides episodic health and preventive services Monday-Friday throughout Santa Cruz County at no cost to the patient.	☒	☒
Passport to Health (P2H)	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.	☒	

Health Need: Continuum of Care			
Strategy or Program Name	**Summary Description**	**Active FY20**	**Active FY21**
Community Bridges Wellness Navigation Project	The project is designed to increase patient access to healthy food, nutrition education, and other services identified during the intake process, and to increase clients' understanding of their health and how to stay healthy. The Wellness Navigation Project will offer mobile health screenings, a lifestyle health class, Navihealth referrals, and food pantry distribution.	☒	
Dominican Hospital Wellness Center	The Wellness Center addresses the needs of chronically ill and high-risk patients throughout the continuum of care. Wellness Center services provides ambulatory care and support to keep people out of the hospital, and offer opportunities to manage high-risk patient groups. Program offers patients the full spectrum of care, from preventive to post-acute.	☐	☒
Teen Kitchen Project (TKP)	The hospital provides funding to the TKP though the Community Grant's Program. This program is run by the TKP. TKP provides medically-tailored meals to individuals and families in crisis due to a life-threatening illness, particularly those who are low income, lack a support network of family or friends, or do not qualify for other free food services. TKP's meal delivery service is unique in that the program engages teens (ages 13-18) as both volunteers and employees in preparing and packaging the meals.	☒	☒
Funding support for Santa Cruz Community Health and Dientes	Funding supports Santa Cruz Community Health and Dientes expansion project. The campus, located in Live Oak, will address critical needs for increased access to healthcare. Onsite services will include medical, behavioral health, specialty care with a focus on pediatrics and dental care.		☒

Health Need: Continuum of Care			
Strategy or Program Name	**Summary Description**	**Active FY20**	**Active FY21**
Impact: This initiative targets the un-/underinsured residents of Santa Cruz County. Health care services and testing will provide earlier identification of illness and treatment, and will decrease the utilization of the hospital ED.			
Collaboration: The hospital will partner with RotaCare, the Teen Kitchen Project, Santa Cruz Community Health, Dientes, local faith-based organizations, and other community partners to deliver this access-to-care strategy. In addition to funding, the hospital will provide in-kind services.			

Health Need: Human Trafficking			
Strategy or Program Name	**Summary Description**	**Active FY20**	**Active FY21**
Monarch Services Ending the Game – Human Trafficking Program	By collaborating with partner organizations, as well as utilizing existing partnerships with social service agencies in Santa Cruz County, Monarch Services builds community capacity to prevent human trafficking and assist survivors of trafficking in exiting the life. Through its comprehensive case management model, Monarch ensures a continuum of care so that clients' needs are met in a holistic manner. Monarch emphasizes prevention by identifying those at risk and offering services and support.	☒	☒

Health Need: Human Trafficking			
Strategy or Program Name	**Summary Description**	**Active FY20**	**Active FY21**
Dominican Hospital Human Trafficking Taskforce	The hospital's Human Trafficking Taskforce is comprised of staff from the ED, social work, case management, patient registration, sponsorship, maternal child health, and community partners. The Taskforce meets every other month to review local cases of human tracking and identify staff training and education opportunities. The taskforce collaborates with the Coalition to End Human Trafficking on best practices and a community-wide approach to end human trafficking.	☒	☒

Impact: Both the hospital taskforce and Monarch Services programs work to identify and provide support to victims of human trafficking. Eighty-five percent of those identified by Monarch Services will have increased access to social support services.

Collaboration: The hospital partners with Monarch Services, the Santa Cruz County District Attorney, the Santa Cruz County Sheriff, and the Monterey and Santa Cruz Counties' Coalition to End Human Trafficking.

Additional detail on the impact of actions taken is available in the hospital's annual community benefit reports. The most recent of these is on the hospital's website, and earlier ones can be requested.

COMMUNITY GRANTS PROGRAM

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

In FY20, the hospital awarded the grants below totaling $189,646; in FY21, $190,244; and in FY22, $191,017.

Grant Recipient	Project Name	FY20 Amount	FY21 Amount	FY22 Amount
Community Action Board	Thriving Immigrants Collaborative Community Conversations		$45,244	
Community Bridges	Wellness Navigation Project	$25,000		
Dientes Community Dental Care	Creating a Dental Home for People Experiencing Homelessness	$35,000	$35,000	
Food, What?!	Youth Well-Being During COVID			$50,000
Kidpower Teenpower Fullpower	From Trauma to Thriving			$30,000
Monarch Services	Human Trafficking Case Management	$39,645	$45,000	
Santa Cruz RotaCare	Free Medical Clinic	$25,000		
Teen Kitchen Project	Home-Delivered, Medically-Tailored Meals	$40,000	$40,000	$50,000
United Way	United 4 Youth	$25,000	$25,000	
YMCA	YMCA Health Initiatives			$61,017

COVID-19

In FY21 Dominican Hospital had the opportunity to improve the health of the people it serves through the hospital's COVID-19 vaccine clinics. Dominican Hospital held over 60 COVID-19 clinics, made in large part possible by the hospital's physicians, nurses, and employees who volunteered hundreds of hours to provide vaccinations to the community.

Dominican Hospital held over 60 vaccination clinics and administered over 38,000 doses of the COVID-19 vaccine. This included numerous mobile clinics which sought out those with the least access to healthcare.

- Through a partnership with the Santa Cruz County Farm Bureau, California Strawberry Commission and Santa Cruz County Ag Commissioner, Dominican Hospital administered over 6,500 doses to agricultural workers.
- Partnered with Pajaro Valley Prevention and Student Assistance to provide vaccines for 600 South County and North Monterey County residents.
- Working with the Center for Farmworker Families, Dominican Hospital vaccine clinic members attended Oaxacan meetings in backyards and garages in Watsonville to provide vaccinations. The Oaxacan population is insular and many only speak the indigenous language Mixtec, which is a barrier to obtaining vaccine information and often results in vaccine hesitancy.
- Dominican Hospital brought clinics to RotaCare as they served the uninsured and underserved in the City of Santa Cruz.

Dominican Hospital's mobile vaccine clinics extended from Pajaro into North Santa Cruz County and included geographically isolated communities.

9. CONCLUSION

Dignity Health Dominican Hospital (Dominican) worked with Sutter Maternity & Surgery Center and their consultants to conduct the 2022 Community Health Needs Assessment (CHNA).

The 2022 CHNA builds upon prior health assessments and meets federally mandated requirements and California state regulations.

Dominican identified priority community health needs through the assessment, which included collecting secondary data and conducting new primary research (i.e., community input). Dominican's Community Advisory Board then prioritized the health needs based on a set of defined criteria. This CHNA report was adopted and made public in May, 2022.

Next steps for the hospital:

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

10. LIST OF ATTACHMENTS

1. Secondary Data Indicators List
2. Secondary Data Tables
3. Qualitative Research Protocols
4. Community Leaders, Representatives, and Members Consulted
5. Community Assets and Resources
6. IRS Checklist

ATTACHMENT 1: SECONDARY DATA INDICATORS LIST

Category	Indicator Name	Description	Hyperlinked Source
Behavioral Health: Alcohol	Adults who Binge Drink	The percentage of adults who reported binge drinking at least once during the 30 days prior to the survey. Male binge drinking is defined as five or more drinks on one occasion, and female binge drinking is four or more drinks on one occasion.	CDC - PLACES
Behavioral Health: Alcohol	Adults who Binge Drink: Year	The percentage of adults who reported binge drinking on one or more occasions in the year prior to the survey. Male binge drinking is defined as five or more drinks on one occasion, and female binge drinking is four or more drinks on one occasion.	California Health Interview Survey
Behavioral Health: Alcohol	Alcohol-Impaired Driving Deaths	This indicator measures the percentage of motor vehicle crash deaths with alcohol involvement.	County Health Rankings
Behavioral Health: Alcohol	Consumer Expenditures: Alcoholic Beverages	The predicted average spending on alcoholic beverages. This includes beer, wine, whiskey, and other alcoholic beverages purchased for home and away from home.	Claritas Consumer Buying Power
Behavioral Health: Alcohol	Liquor Store Density	The number of liquor stores per 100,000 population. A liquor store is defined as a business that primarily sells	U.S. Census - County Business Patterns

Category	Indicator Name	Description	Hyperlinked Source
		packaged alcoholic beverages, such as beer, wine, and spirits.	
Behavioral Health: Alcohol	Percent of Consumer Spending: Alcoholic Beverages	The percentage of total consumer expenditures spent on alcoholic beverages. This includes beer, wine, whiskey, and other alcoholic beverages purchased for home and away from home.	Claritas Consumer Buying Power
Behavioral Health: Alcohol	Teens who have Used Alcohol	The percentage of teens who answered yes to the question "Did you ever have more than a few sips of any alcoholic drink, like beer, wine, mixed drinks, or liquor?"	California Health Interview Survey
Behavioral Health: Drugs	Age-Adjusted Annual Opioid Prescription Rate	The age-adjusted annual rate of opioid prescriptions, excluding buprenorphine, per 1,000 residents by patient location, showing relative number of all opioid prescriptions (any quantity) filled at a pharmacy.	California Opioid Overdose Surveillance Dashboard
Behavioral Health: Drugs	Age-Adjusted Buprenorphine Prescription Rate	The age-adjusted rate of buprenorphine prescriptions per 1,000 residents by patient location.	California Opioid Overdose Surveillance Dashboard

Category	Indicator Name	Description	Hyperlinked Source
Behavioral Health: Drugs	Age-Adjusted Death Rate due to All Opioid Overdose	The age-adjusted death rate due to all drug overdose per 100,000 residents. This includes acute poisoning deaths due to opioids such as prescription opioid pain relievers (e.g. hydrocodone, oxycodone, and morphine), heroin, and opium. Deaths related to chronic use of drugs are excluded from this indicator.	California Opioid Overdose Surveillance Dashboard
Behavioral Health: Drugs	Age-Adjusted Death Rate due to any Opioid or Amphetamine Overdose	The age-adjusted death rate due to any opioid and amphetamine overdose per 100,000 residents.	California Opioid Overdose Surveillance Dashboard
Behavioral Health: Drugs	Age-Adjusted Death Rate due to Drug Use	The age-adjusted death rate per 100,000 population due to drug use.	California Department of Public Health
Behavioral Health: Drugs	Age-Adjusted Death Rate due to Heroin Overdose	The age-adjusted death rate per 100,000 population due to heroin overdose.	California Opioid Overdose Surveillance Dashboard
Behavioral Health: Drugs	Age-Adjusted Death Rate due to Prescription Opioid Overdose	The age-adjusted death rate due to prescription opioid overdose per 100,000 residents.	California Opioid Overdose Surveillance Dashboard

Category	Indicator Name	Description	Hyperlinked Source
Behavioral Health: Drugs	Age-Adjusted Death Rate due to Synthetic Opioid Overdose (excluding Methadone)	The age-adjusted death rate due to synthetic opioid overdose per 100,000 residents. This excluded overdoses due to methadone.	California Opioid Overdose Surveillance Dashboard
Behavioral Health: Drugs	Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	The age-adjusted drug and opioids-involved death rate.	Centers for Disease Control and Prevention
Behavioral Health: Drugs	Age-Adjusted ED Visit Rate due to All Drug Overdose	The age-adjusted emergency department visit rate due to all drug overdose per 100,000 residents. This includes non-fatal acute poisonings due to the effects of drugs, regardless of intent (e.g., suicide, unintentional, or undetermined). Visits related to late effects, adverse effects, and chronic poisonings due to the effects of drugs (e.g., damage to organs from long-term drug use), are excluded.	California Opioid Overdose Surveillance Dashboard
Behavioral Health: Drugs	Age-Adjusted ED Visit Rate due to Heroin Overdose	The age-adjusted emergency department visit rate due to heroin overdose per 100,000 residents.	California Opioid Overdose Surveillance Dashboard
Behavioral Health: Drugs	Age-Adjusted ED Visit Rate due to Opioid	The age-adjusted emergency department visit rate due to opioid overdose per 100,000 residents. This excludes visits due to heroin overdose.	California Opioid Overdose Surveillance Dashboard

Category	Indicator Name	Description	Hyperlinked Source
	Overdose (excluding Heroin)		
Behavioral Health: Drugs	Age-Adjusted Long Acting or Extended-Release Opioid Prescription Rate to Opioid Naive Residents	The age-adjusted rate of residents who are opioid naive in the previous 60 days per 1,000 prescribed at least one long acting/extended release (LA/ER) opioid. Opioid naive refers to patients who are not chronically receiving opioids on a daily basis.	California Opioid Overdose Surveillance Dashboard
Behavioral Health: Drugs	Death Rate due to Drug Poisoning	The death rate per 100,000 population due to drug poisoning.	County Health Rankings
Behavioral Health: Drugs	Opioid Prescription Patients	The percentage of the population that is an opioid prescription patient.	Controlled Substance Utilization Review and Evaluation System
Behavioral Health: Drugs	Quarterly Opioid Prescription Rate	The quarterly rate of prescriptions of opioid drugs in patient's locale per 10,000 population.	Controlled Substance Utilization Review and Evaluation System

Category	Indicator Name	Description	Hyperlinked Source
Behavioral Health: Drugs	Residents on More than 90 Morphine Milligram Equivalents (MME) of Opioids Daily	The age-adjusted rate of residents per 1,000 on more than 90 morphine milligram equivalents (MME) daily in the quarter, measuring the relative number of people on high-dose opioids.	California Opioid Overdose Surveillance Dashboard
Behavioral Health: Mental Health	Adults Needing and Receiving Behavioral Health Care Services	The percentage of adults needing care for emotional or mental health or substance abuse issues who stated that they did obtain help for those issues in the past year.	California Health Interview Survey
Behavioral Health: Mental Health	Adults Who Ever Thought Seriously About Committing Suicide	The percentage of adults who ever seriously thought about committing suicide.	California Health Interview Survey
Behavioral Health: Mental Health	Adults with Likely Serious Psychological Distress	The percentage of adults who have likely had serious psychological distress in the last year based on the Kessler 6 scale.	California Health Interview Survey
Behavioral Health: Mental Health	Age-Adjusted Death Rate due to Suicide	The age-adjusted death rate per 100,000 population due to suicide.	California Department of Public Health

Category	Indicator Name	Description	Hyperlinked Source
Behavioral Health: Mental Health	Depression: Medicare Population	The percentage of Medicare beneficiaries who were treated for depression. Medicare is the federal health insurance program for persons aged 65 years or older, persons under age 65 years with certain disabilities, and persons of any age with end-stage renal disease (ESRD).	Centers for Medicare & Medicaid Services
Behavioral Health: Mental Health	Frequent Mental Distress	The percentage of adults who stated that their mental health, which includes stress, depression, and problems with emotions, was not good for 14 or more of the past 30 days.	County Health Rankings
Behavioral Health: Mental Health	Mental Health Provider Rate	The mental health provider rate in providers per 100,000 population. Mental health providers include psychiatrists, psychologists, licensed clinical social workers, counselors, and advanced practice nurses specializing in mental health care.	County Health Rankings
Behavioral Health: Mental Health	Poor Mental Health: 14+ Days	The percentage of adults who stated that their mental health was not good 14 or more days in the past month.	CDC - PLACES

Category	Indicator Name	Description	Hyperlinked Source
Behavioral Health: Mental Health	Poor Mental Health: Average Number of Days	The average number of days that adults reported their mental health was not good in the past 30 days.	County Health Rankings
Behavioral Health: Mental Health	Social Associations	The number of membership associations per 10,000 population. Associations include business, labor, political, professional, athletic, civic, volunteer, and religious organizations.	County Health Rankings
Behavioral Health: Mental Health	Students Seriously Considering Suicide	The percentage of children that responded "Yes" to the question, "In the past 12 months, did you seriously consider attempting suicide?"	California Healthy Kids Survey
Behavioral Health: Mental Health	Students with Chronic Depression	Percentage of students that responded "yes" to the question "In the past 12 months, did you ever feel so sad or hopeless almost every day?"	California Healthy Kids Survey
Behavioral Health: Mental Health	Support Person Available in Times of Need	CAP Survey participants were asked "How often do you feel like you have someone you can turn to when you need help?"	Community Assessment Project Telephone Survey
Behavioral Health: Mental Health	People 65+ Living Alone	The percentage of people aged 65 years and over who live alone.	American Community Survey

Category	Indicator Name	Description	Hyperlinked Source
Behavioral Health: Mental Health	People 65+ Living Alone (Count)	The number of people aged 65 years and over who live alone.	American Community Survey
Behavioral Health: Mental Health	Insufficient Sleep	The percentage of adults who report fewer than 7 hours of sleep on average.	CDC - PLACES
Behavioral Health: Tobacco	Adults who Smoke	The percentage of adults who currently smoke cigarettes.	California Health Interview Survey
Behavioral Health: Tobacco	Consumer Expenditures: Tobacco and Legal Marijuana	The predicted average spending on tobacco products. This includes cigarettes, cigars, pipe tobacco, and other tobacco products. This indicator excludes accessories for smoking (e.g. pipes, lighters).	Claritas Consumer Buying Power
Behavioral Health: Tobacco	Percent of Consumer Spending: Tobacco	The percentage of total consumer expenditures spent on tobacco products. This includes cigarettes, cigars, pipe tobacco, and other tobacco products. This indicator excludes accessories for smoking (e.g. pipes, lighters).	Claritas Consumer Buying Power

Category	Indicator Name	Description	Hyperlinked Source
Cancer	Adults with Cancer	The percentage of adults aged 18 and over who have ever been told by a health professional that they have any type of cancer, except skin cancer.	CDC - PLACES
Cancer	Age-Adjusted Death Rate due to Breast Cancer	The age-adjusted death rate per 100,000 females due to breast cancer.	California Department of Public Health
Cancer	Age-Adjusted Death Rate due to Cancer	The age-adjusted death rate per 100,000 population due to cancer.	California Department of Public Health
Cancer	Age-Adjusted Death Rate due to Colorectal Cancer	The age-adjusted death rate per 100,000 population due to colorectal cancer.	National Cancer Institute
Cancer	Age-Adjusted Death Rate due to Lung Cancer	The age-adjusted death rate per 100,000 population due to lung cancer.	California Department of Public Health
Cancer	Age-Adjusted Death Rate due to Prostate Cancer	The age-adjusted death rate per 100,000 males due to prostate cancer.	California Department of Public Health

Category	Indicator Name	Description	Hyperlinked Source
Cancer	Breast Cancer Incidence Rate	The age-adjusted incidence rate for breast cancer in cases per 100,000 females.	National Cancer Institute
Cancer	Cancer: Medicare Population	The percentage of Medicare beneficiaries who were treated for cancer. Medicare is the federal health insurance program for persons aged 65 years or older, persons under age 65 years with certain disabilities, and persons of any age with end-stage renal disease (ESRD).	Centers for Medicare & Medicaid Services
Cancer	Cervical Cancer Incidence Rate	The age-adjusted incidence rate for cervical cancer in cases per 100,000 females.	National Cancer Institute
Cancer	Cervical Cancer Screening: 21-65	The percentage of women ages 21-65 who have had cervical cancer screening test. For women 21-29, every 3 years. For women 30-65, every 3 or 5 years depending on the type of test(s): (1) if Pap test alone, then every 3 years and (2) if HPV test alone or co-test, then every 5 years.	CDC - PLACES
Cancer	Colon Cancer Screening	The percentage of respondents aged 50-75 who have had either a fecal occult blood test in the past year, a sigmoidoscopy in the past five years AND a fecal occult	CDC - PLACES

Category	Indicator Name	Description	Hyperlinked Source
		blood test in the past three years, or a colonoscopy exam in the past ten years.	
Cancer	Colorectal Cancer Incidence Rate	The age-adjusted incidence rate for colorectal cancer in cases per 100,000 population.	National Cancer Institute
Cancer	Lung and Bronchus Cancer Incidence Rate	The age-adjusted incidence rate for lung and bronchus cancers in cases per 100,000 population.	National Cancer Institute
Cancer	Mammogram in Past 2 Years: 50-74	The percentage of women aged 50-74 who have had a mammogram in the past two years.	CDC - PLACES
Cancer	Mammography Screening: Medicare Population	The percentage of female Medicare enrollees, aged 67 to 69, who have had a mammogram in the past two years.	The Dartmouth Atlas of Health Care
Cancer	Oral Cavity and Pharynx Cancer Incidence Rate	The age-adjusted incidence rate for oral cavity and pharynx cancer in cases per 100,000 population.	National Cancer Institute
Cancer	Prostate Cancer Incidence Rate	The age-adjusted incidence rate for prostate cancer in cases per 100,000 males.	National Cancer Institute

Category	Indicator Name	Description	Hyperlinked Source
Community Safety	Adult Arrest Rate	The number of felony and misdemeanor arrests per 1,000 adults ages 18 and over.	California Department of Justice
Community Safety	Annual Public School Enrollment	The annual K-12 public school enrollment.	California Department of Education
Community Safety	Concern About Crime: Very Concerned	Percent of Santa Cruz County Community Assessment Project (CAP) telephone survey respondents who say that they are "very" concerned about crime in the county.	Community Assessment Project Telephone Survey
Community Safety	Deaths in Custody	This indicator shows deaths in custody, per 10,000 population 18+, as reported by law enforcement. A death in custody is defined as a person who died while in physical custody or physical restrain of law enforcement officers, while being transported to another location, while in a jail facility, or while being sentenced. Manner of deaths include: suicide, natural, accidental, homicide (by other inmate or law enforcement staff), or unknown.	California Department of Justice
Community Safety	Domestic Violence Calls	The number of domestic violence calls to law enforcement per 1,000 adults ages 18 to 69.	California Department of Justice
Community Safety	Expulsion Rate	This indicator shows students (grades K-12) who were expelled from school.	California Department of Education

Category	Indicator Name	Description	Hyperlinked Source
Community Safety	Foster Care Entry Among Infants and Toddlers	The rate per 1,000 children 0-3 years who entered foster care.	University of California at Berkeley California Child Welfare Indicators Project
Community Safety	Hate Crime Offenses	The number of hate crime offenses reported by law enforcement officials.	California Department of Justice
Community Safety	High Expectations from Adults: 11th Graders	The percent of 11th graders who report having high expectations from adults.	California Healthy Kids Survey
Community Safety	High Expectations from Adults: 9th Graders	The percent of 9th graders who report having high expectations from adults.	California Healthy Kids Survey
Community Safety	Homicides	The number of homicides.	California Department of Justice
Community Safety	Juvenile Arrest Rate	The number of felony and misdemeanor arrests per 1,000 children ages 17 and younger.	California Department of Justice
Community Safety	Quality of Educator Workforce: Average Teaching Experience (Years)	The average number of years of teaching experience among school teachers in the Santa Cruz County school district.	Ed-Data: Education Data Partnership

Category	Indicator Name	Description	Hyperlinked Source
Community Safety	Student-to-Teacher Ratio	The average number of public school students per teacher in the region. It does not measure class size.	National Center for Education Statistics
Community Safety	Substantiated Child Abuse Rate	The number of children under 18 years of age that experienced abuse or neglect in cases per 1,000 children. Rates are based on children with a substantiated maltreatment allegation.	Child Welfare Dynamic Report System
Community Safety	Suspected Gang Membership	The number of people reported by police departments that are suspected to be affiliated with a criminal gang.	California Department of Justice
Community Safety	Suspension Rate	This indicator shows students (grades K-12) who experienced at least one suspension from school.	California Department of Education
Community Safety	Teens who Carried a Gun to School: 11th Graders	The percentage of 11th graders who reported carrying a gun on school property on at least 1 day in the past 30 days.	California Healthy Kids Survey
Community Safety	Teens who Carried a Gun to School: 9th Graders	The percentage of 9th graders who reported carrying a gun on school property on at least 1 day in the past 30 days.	California Healthy Kids Survey

Category	Indicator Name	Description	Hyperlinked Source
Community Safety	Teens who Carried a Weapon to School: 11th Graders	The percentage of 11th graders who reported carrying a weapon other than a gun on school property on at least 1 day in the past 30 days.	California Healthy Kids Survey
Community Safety	Teens who Carried a Weapon to School: 9th Graders	The percentage of 9th graders who reported carrying a weapon other than a gun on school property on at least 1 day in the past 30 days.	California Healthy Kids Survey
Community Safety	Teens who were Never Afraid of Being Beaten Up in School: 11th Graders	The percentage of 11th graders who reported never being afraid of being beaten up in school during the past year.	California Healthy Kids Survey
Community Safety	Teens who were Never Afraid of Being Beaten Up in School: 9th Graders	The percentage of 9th graders who reported never being afraid of being beaten up in school during the past year.	California Healthy Kids Survey
Community Safety	Teens who were Never in a Physical Fight: 11th Graders	The percentage of 11th grade students who were never in a physical fight during the past year.	California Healthy Kids Survey
Community Safety	Teens who were Never in a Physical Fight: 9th Graders	The percentage of 9th grade students who were never in a physical fight during the past year.	California Healthy Kids Survey

Category	Indicator Name	Description	Hyperlinked Source
Community Safety	Violent Crime Rate	The total violent crime rate per 100,000 population. Violent crimes include homicide, forcible rape, robbery, and aggravated assault.	California Department of Justice
Community Safety	Youth Connectedness to School	The percentage of 11th grade students who report feeling happy, safe, close to people, a part of school, and that teachers treat students fairly.	California Healthy Kids Survey
Community Safety	Youth Connectedness to School: 9th Graders	The percentage of 9th grade students who report feeling happy, safe, close to people, a part of school, and that teachers treat students fairly.	California Healthy Kids Survey
Community Safety	Youth who feel Very Safe at School: 11th Graders	The percent of 11th graders who report feeling very safe at school.	California Healthy Kids Survey
Community Safety	Youth who feel Very Safe at School: 9th Graders	The percent of 9th graders who report feeling very safe at school.	California Healthy Kids Survey
Community Safety	Youth who have Caring Relationships with Adults: 11th Graders	The percentage of 11th grade students who report feeling adults in their school care about their learning and about them as individuals.	California Healthy Kids Survey

Category	Indicator Name	Description	Hyperlinked Source
Community Safety	Youth who have Caring Relationships with Adults: 9th Graders	The percentage of 9th grade students who report feeling adults in their school care about their learning and about them as individuals.	California Healthy Kids Survey
COVID-19	Cumulative Total Cases since January 2020	The total number of cases of COVID-19 since the beginning of the pandemic.	The New York Times
COVID-19	Seven-Day Average Rate of Daily Cases	The daily average confirmed cases due to COVID-19 calculated from the daily average confirmed cases recorded in the preceding 7 days (for example, Jan 31 includes the daily average cases between January 25 - January 31, 2020).	The New York Times
COVID-19	Seven-Day Average Number of People Hospitalized Daily	The daily average number of people hospitalized due to COVID-19 calculated from the daily average hospitalizations recorded in the preceding 7 days (for example, Jan 31 includes the daily average hospitalizations between January 25 - January 31, 2020).	The New York Times
COVID-19	Rate of Infection Since January 2020	Ratio of total number of people who have been infected with COVID-19 compared to region's population (county or state) since the beginning of the pandemic, expressed as a proportion (e.g., 1 in 4).	The New York Times

Category	Indicator Name	Description	Hyperlinked Source
COVID-19	Current Rate of Spread (R-eff)	Average number of people an infected person will infect. Value less than 1 means decreasing spread. Value greater than 1 means increasing spread.	California COVID Assessment Tool
COVID-19	Seven-Day Average Test Positivity Rate	Percentage of COVID-19 tests reported as positive in the preceding 7 days (for example, Jan 31 includes the daily average test positivity between January 25 - January 31, 2020).	California for All: Tracking COVID-19 in California
COVID-19	Rate of Deaths Since January 2020	Ratio of total number of people who have died from COVID-19 compared to region's population (county or state) since the beginning of the pandemic, expressed as a proportion (e.g., 1 in 400).	The New York Times
COVID-19	Cumulative Total Deaths since January 2020	The total number of deaths of COVID-19 since the beginning of the pandemic.	The New York Times
COVID-19	Seven-Day Average Rate of Daily Deaths	The daily average confirmed deaths due to COVID-19 calculated from the daily average confirmed cases and deaths recorded in the preceding 7 days (for example, Jan 31 includes the daily average cases and deaths between January 25 - January 31, 2020).	The New York Times

Category	Indicator Name	Description	Hyperlinked Source
COVID-19	Fully Vaccinated (All Ages)	The percentage of people who are fully vaccinated against COVID-19. This represents the number of people who have received the second dose in a two-dose COVID-19 vaccine series or one dose of the single-shot J&J/Janssen COVID-19 vaccine and is based on where the person resides.	The New York Times
COVID-19	Fully Vaccinated (Age 5+)	The percentage of people age 5 or older who are fully vaccinated against COVID-19. This represents the number of people of this age who have received the second dose in a two-dose COVID-19 vaccine series or one dose of the single-shot J&J/Janssen COVID-19 vaccine and is based on where the person resides.	The New York Times
COVID-19	Fully Vaccinated (Age 65+)	The percentage of older adults age 65 or older who are fully vaccinated against COVID-19. This represents the number of people of this age who have received the second dose in a two-dose COVID-19 vaccine series or one dose of the single-shot J&J/Janssen COVID-19 vaccine and is based on where the person resides.	The New York Times

Category	Indicator Name	Description	Hyperlinked Source
Economic Insecurity	Single-Parent Households	The percentage of children living in single-parent family households (with a male or female householder and no spouse present) out of all children living in family households.	American Community Survey
Economic Insecurity	Households with an Internet Subscription	The percentage of households that have an Internet subscription.	American Community Survey
Economic Insecurity	Households with One or More Types of Computing Devices	The percentage of households in which there are one or more types of computing devices (computer, tablet, smart phone, etc.).	American Community Survey
Economic Insecurity	Persons with an Internet Subscription	The percentage of people in households that have an internet subscription.	American Community Survey
Economic Insecurity	Persons with Disability Living in Poverty (5-year)	The percentage of people, aged 20 to 64, with any disability who are living below the poverty level.	American Community Survey
Economic Insecurity	Child Food Insecurity Rate	The percentage of children (under 18 years of age) living in households that experienced food insecurity at some point during the year.	Feeding America

Category	Indicator Name	Description	Hyperlinked Source
Economic Insecurity	Children Living Below Poverty Level	The percentage of people under the age of 18 who are living below the federal poverty level.	American Community Survey
Economic Insecurity	Elder Index (Elderly Household Below Income Threshold)	The Elder Economic Insecurity Standard Index is a more comprehensive assessment of economic insecurity than the Federal Poverty Level (FPL) guidelines and reflects actual costs at the county level for housing, health care, food, transportation, and other costs in different housing types. More information about how the Index is calculated is available in the UCLA methodology report.	California Health Interview Survey
Economic Insecurity	Families Living Below Poverty Level	The percentage of families living below the federal poverty level.	American Community Survey
Economic Insecurity	Food Insecure Children Likely Ineligible for Assistance	The percentage of food insecure children in households with incomes above 185% of the federal poverty level who are likely not income-eligible for federal nutrition assistance.	Feeding America

Category	Indicator Name	Description	Hyperlinked Source
Economic Insecurity	Food Insecurity Index	The food insecurity index rating calculates the ratio of missing meals to the number of meals needed to bridge the gap between meals purchased and total meals required: Food Insecurity Index = Missing Meals/Total Meals Required - Meals Purchased. The index rating for a particular year can be understood as the percentage of food assistance needed that goes unmet. For example, an index rating of 0.5 indicates that food assistance programs covered 50% of the meals the population at risk needed but could not afford to purchase.	UCSC Blum Center
Economic Insecurity	Food Insecurity Rate	The percentage of the population that experienced food insecurity at some point during the year.	Feeding America
Economic Insecurity	Households Receiving SNAP with Children	The percentage of households participating in the Supplemental Nutrition Assistance Program (SNAP) with children under 18 years old.	American Community Survey
Economic Insecurity	Households Receiving SNAP with Children (Count)	The number of households participating in the Supplemental Nutrition Assistance Program (SNAP) with children under 18 years old.	American Community Survey

Category	Indicator Name	Description	Hyperlinked Source
Economic Insecurity	Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold	This indicators shows the percentage of households that are above the asset limited, income constrained, employed (ALICE) threshold. These households have income above the ALICE threshold and the Federal Poverty Level, and are able to afford the basic costs of living.	United For ALICE
Economic Insecurity	Households that are Asset Limited, Income Constrained, Employed (ALICE)	This indicators shows the percentage of households that are Asset Limited, Income Constrained, Employed comprising households with income above the Federal Poverty Level but below the basic cost of living.	United For ALICE
Economic Insecurity	Households that are Below the Federal Poverty Level	The percentage of households with annual incomes below the federal poverty level.	United For ALICE
Economic Insecurity	Median Household Income	The median household income. Household income is defined as the sum of money received over a calendar year by all household members 15 years and older.	American Community Survey
Economic Insecurity	People 65+ Living Below Poverty Level	The percentage of people aged 65 years and over living below the federal poverty level.	American Community Survey

Category	Indicator Name	Description	Hyperlinked Source
Economic Insecurity	People 65+ Living Below Poverty Level (Count)	The number of people aged 65 years and over living below the federal poverty level.	American Community Survey
Economic Insecurity	People Living 200% Above Poverty Level	The percentage of people living at or above 200% of the federal poverty level.	American Community Survey
Economic Insecurity	People Living Below Poverty Level	The percentage of people living below the federal poverty level.	American Community Survey
Economic Insecurity	Per Capita Income	The per capita income.	American Community Survey
Economic Insecurity	Projected Child Food Insecurity Rate	This indicator shows children (under 18 years of age) living in households projected to experience food insecurity at some point during the year.	Feeding America
Economic Insecurity	Projected Food Insecurity Rate	The number of persons projected to experience food insecurity at some point during the year.	Feeding America
Economic Insecurity	Size of Labor Force	The number of persons in the labor force, which includes those categorized as employed or unemployed.	U.S. Bureau of Labor Statistics

Category	Indicator Name	Description	Hyperlinked Source
Economic Insecurity	Students Eligible for the Free Lunch Program	The percentage of students eligible to participate in the Free Lunch Program under the National School Lunch Program. The value includes students enrolled in public schools.	National Center for Education Statistics
Economic Insecurity	Unemployed Workers in Civilian Labor Force	This indicator describes civilians, 16 years of age and over, who are unemployed as a percent of the U.S. civilian labor force.	U.S. Bureau of Labor Statistics
Economic Insecurity	Youth not in School or Working	The percentage of youth, aged 16 to 19, who are not enrolled in school and not working.	American Community Survey
Economic Insecurity	Consumer Expenditures: Eldercare	The predicted average spending on eldercare. This includes adult day care centers and care for an infirm person in one's home or someone else's home. This indicator excludes care provided in nursing homes.	Claritas Consumer Buying Power
Economic Insecurity	Percent of Consumer Spending: Eldercare	The percentage of total consumer expenditures spent on eldercare. This includes adult day care centers and care for an infirm person in one's home or someone else's home. This indicator excludes care provided in nursing homes.	Claritas Consumer Buying Power

Category	Indicator Name	Description	Hyperlinked Source
Economic Insecurity: Education	11th Grade Students Proficient in English/Language Arts	The percentage of eleventh grade students that are proficient or above in English/language arts. This value refers to student scores on the Smarter Balanced Assessment portion of California's statewide student assessment system, CAASPP.	California Department of Education
Economic Insecurity: Education	11th Grade Students Proficient in Math	The percentage of eleventh grade students who are proficient or above in mathematics. This value refers to student scores on the Smarter Balanced Assessment portion of California's statewide student assessment system, CAASPP.	California Department of Education
Economic Insecurity: Education	3rd Grade Students Proficient in English/Language Arts	The percentage of third grade students that are proficient or above in English/language arts. This value refers to student scores on the Smarter Balanced Assessment portion of California's statewide student assessment system, CAASPP.	California Department of Education
Economic Insecurity: Education	3rd Grade Students Proficient in Math	The percentage of third grade students who are proficient or above in mathematics. This value refers to student scores on the Smarter Balanced Assessment portion of California's statewide student assessment system, CAASPP.	California Department of Education

Category	Indicator Name	Description	Hyperlinked Source
Economic Insecurity: Education	4th Grade Students Proficient in English/Language Arts	The percentage of fourth grade students who are proficient or above in English/Language Arts. This value refers to student scores on the Smarter Balanced Assessment portion of California's statewide student assessment system, CAASPP.	California Department of Education
Economic Insecurity: Education	4th Grade Students Proficient in Math	The percentage of fourth grade students who are proficient or above in mathematics. This value refers to student scores on the Smarter Balanced Assessment portion of California's statewide student assessment system, CAASPP.	California Department of Education
Economic Insecurity: Education	5th Grade Students Proficient in English/Language Arts	The percentage of fifth grade students that are proficient or above in English/language arts. This value refers to student scores on the Smarter Balanced Assessment portion of California's statewide student assessment system, CAASPP.	California Department of Education
Economic Insecurity: Education	5th Grade Students Proficient in Math	The percentage of fifth grade students who are proficient or above in mathematics. This value refers to student scores on the Smarter Balanced Assessment portion of California's statewide student assessment system, CAASPP.	California Department of Education

Category	Indicator Name	Description	Hyperlinked Source
Economic Insecurity: Education	6th Grade Students Proficient in English/Language Arts	The percentage of sixth grade students that are proficient or above in English/language arts. This value refers to student scores on the Smarter Balanced Assessment portion of California's statewide student assessment system, CAASPP.	California Department of Education
Economic Insecurity: Education	6th Grade Students Proficient in Math	The percentage of sixth grade students who are proficient or above in mathematics. This value refers to student scores on the Smarter Balanced Assessment portion of California's statewide student assessment system, CAASPP.	California Department of Education
Economic Insecurity: Education	7th Grade Students Proficient in English/Language Arts	The percentage of seventh grade students that are proficient or above in English/language arts. This value refers to student scores on the Smarter Balanced Assessment portion of California's statewide student assessment system, CAASPP.	California Department of Education
Economic Insecurity: Education	7th Grade Students Proficient in Math	The percentage of seventh grade students who are proficient or above in mathematics. This value refers to student scores on the Smarter Balanced Assessment portion of California's statewide student assessment system, CAASPP.	California Department of Education

Category	Indicator Name	Description	Hyperlinked Source
Economic Insecurity: Education	8th Grade Students Proficient in English/Language Arts	The percentage of eighth grade students who are proficient or above in English/Language Arts. This value refers to student scores on the Smarter Balanced Assessment portion of California's statewide student assessment system, CAASPP.	California Department of Education
Economic Insecurity: Education	8th Grade Students Proficient in Math	The percentage of eighth grade students who are proficient or above in mathematics. This value refers to student scores on the Smarter Balanced Assessment portion of California's statewide student assessment system, CAASPP.	California Department of Education
Economic Insecurity: Education	Average Annual Cost of Child Care for a Preschooler in a Child Care Center	The estimated annual cost of full-time licensed child care for preschoolers in a child care center.	California Child Care Resource & Referral Network
Economic Insecurity: Education	Average Annual Cost of Child Care for a Preschooler in a Family Child Care Home	The estimated annual cost of full-time licensed child care for preschoolers in a family child care home setting. Family child care home settings are licensed facilities that offer care for up to 14 children in the provider's home.	California Child Care Resource & Referral Network
Economic Insecurity: Education	Average Annual Cost of Child Care for an Infant in a Child Care Center	The estimated annual cost of full-time licensed child care for infants in a child care center.	California Child Care Resource & Referral Network

Category	Indicator Name	Description	Hyperlinked Source
Economic Insecurity: Education	Average Annual Cost of Child Care for an Infant in a Family Child Care Home	The estimated annual cost of full-time licensed child care for infants in a family child care home setting. Family child care home settings are licensed facilities that offer care for up to 14 children in the provider's home.	California Child Care Resource & Referral Network
Economic Insecurity: Education	Child Care Spaces in Licensed Facilities	The number of child care spaces in licensed facilities.	California Child Care Resource & Referral Network
Economic Insecurity: Education	Children in Working Families that Do Not Have Licensed Child Care Slots Available	The estimated percentage of children (ages 0-12) with parents in the labor force for whom licensed child care spaces are not available.	California Child Care Resource & Referral Network
Economic Insecurity: Education	Chronic Absenteeism from School	This indicator shows students missing 10% or more of days enrolled in an academic year.	California Department of Education
Economic Insecurity: Education	College/Career Indicator: Prepared	The percent of high school graduates who are prepared for college or a career.	California Department of Education
Economic Insecurity: Education	Consumer Expenditures: Childcare	The predicted average spending on all childcare. This includes child care, day care, nursery school, preschool, and non-institutional day camps.	Claritas Consumer Buying Power

Category	Indicator Name	Description	Hyperlinked Source
Economic Insecurity: Education	Consumer Expenditures: Education	The predicted average spending on education. This includes spending on elementary, high school, college and other tuition (such as vocational and technical school tuition).	Claritas Consumer Buying Power
Economic Insecurity: Education	High School Drop Outs	The percentage of students (grades 9-12) who dropped out of high school. The adjusted, one-year high school dropout rate.	California Department of Education
Economic Insecurity: Education	High School Graduates Prepared for College	This indicator measures the percentage of 12th grade graduates in California public schools completing all courses required for University of California and/or California State University admission.	California Department of Education
Economic Insecurity: Education	High School Graduation	The percentage of students who graduate high school within four years of their first enrollment in 9th grade.	California Department of Education
Economic Insecurity: Education	Per Pupil Spending	The current expense of education per average daily attendance (ADA). The current expense of education is calculated based on salaries, employee benefits, books and supplies, equipment, and other services. ADA is defined as the total days of student attendance divided by total days of school instruction.	California Department of Education

Category	Indicator Name	Description	Hyperlinked Source
Economic Insecurity: Education	Percent of Consumer Spending: Childcare	The percentage of total consumer expenditures spent on all childcare. This includes babysitting, child care, day care, nursery school, preschool, and non-institutional day camps.	Claritas Consumer Buying Power
Economic Insecurity: Education	Quality of Educator-Learner Relationships at School: Caring Adult/11th Grade	Percent of students responding to the California Healthy Kids Survey who are in high agreement that they have caring relationships with adults at school, 11th grade.	Lucile Packard Foundation for Children's Health
Economic Insecurity: Education	Quality of Educator-Learner Relationships at School: Caring Adult/7th Grade	Percent of students responding to the California Healthy Kids Survey who are in high agreement that they have caring relationships with adults at school, 7th grade.	Lucile Packard Foundation for Children's Health
Economic Insecurity: Education	Quality of Educator-Learner Relationships at School: Caring Adult/9th Grade	Percent of students responding to the California Healthy Kids Survey who are in high agreement that they have caring relationships with adults at school, 9th grade.	Lucile Packard Foundation for Children's Health
Economic Insecurity: Education	Teacher Retention: Number of First-Year Teachers	The number of first-year teachers in the Santa Cruz County school district.	Ed-Data: Education Data Partnership

Category	Indicator Name	Description	Hyperlinked Source
Economic Insecurity: Education	Teacher Retention: Number of Second-Year Teachers	The number of second-year teachers in the Santa Cruz County school district.	Ed-Data: Education Data Partnership
Economic Insecurity: Education	Workforce Readiness: Students Approaching Prepared for College/Career	Percent of high school graduates who are approaching prepared for college or a career, as per the California Department of Education (CDE).	California Department of Education; California School Dashboard
Economic Insecurity: Education	Workforce Readiness: Students Not Prepared for College/Career	Percent of high school graduates who are not prepared for college or a career, as per the California Department of Education (CDE).	California Department of Education; California School Dashboard
Economic Insecurity: Education	Workforce Readiness: Students Prepared for College/Career	Percent of high school graduates who are prepared for college or a career, as per the California Department of Education (CDE).	California Department of Education; California School Dashboard
Economic Insecurity: Education	People 25+ with a Bachelor's Degree or Higher	The percentage of people aged 25 years and over who have earned a bachelor's degree or higher.	American Community Survey
Economic Insecurity: Education	People 25+ with a High School Degree or Higher	The percentage of people aged 25 years and over who have completed at least a high school degree or the equivalent.	American Community Survey

Category	Indicator Name	Description	Hyperlinked Source
Health Care Access & Delivery	Adults 65+ with a Disability	The percentage of the population aged 65 years and over that are limited in any activities because of physical, mental, or emotional problems.	American Community Survey
Health Care Access & Delivery	Adults 65+ with a Hearing Difficulty	The percentage of the population aged 65 and over who are deaf or have some serious difficulty hearing.	American Community Survey
Health Care Access & Delivery	Adults 65+ with a Self-Care Difficulty	The percentage of the population aged 65 years and over with a self-care difficulty.	American Community Survey
Health Care Access & Delivery	Adults 65+ with a Vision Difficulty	The percentage of the population aged 65 years and over that are blind or have serious difficulty seeing even when wearing glasses.	American Community Survey
Health Care Access & Delivery	Adults 65+ with an Independent Living Difficulty	The percentage of the population aged 65 years and over with an independent living difficulty.	American Community Survey
Health Care Access & Delivery	Adults with Disability	The percentage of the adult population that are limited in any activities because of physical, mental, or emotional problems.	California Health Interview Survey

Category	Indicator Name	Description	Hyperlinked Source
Health Care Access & Delivery	Persons with a Cognitive Difficulty	The percentage of the population with a cognitive difficulty.	American Community Survey
Health Care Access & Delivery	Persons with a Disability (5-year)	The percentage of the population that are limited in any activities because of physical, mental, or emotional problems.	American Community Survey
Health Care Access & Delivery	Persons with a Hearing Difficulty	The percentage of the population that are deaf or have some serious difficulty hearing.	American Community Survey
Health Care Access & Delivery	Persons with a Self-Care Difficulty	The percentage of the population with a self-care difficulty.	American Community Survey
Health Care Access & Delivery	Persons with a Vision Difficulty	The percentage of the population that are blind or have serious difficulty seeing even when wearing glasses.	American Community Survey
Health Care Access & Delivery	Persons with an Ambulatory Difficulty	The percentage of the population with an ambulatory difficulty.	American Community Survey

Category	Indicator Name	Description	Hyperlinked Source
Health Care Access & Delivery	Adults 65+ who Received Recommended Preventive Services: Females	The percentage of women aged 65 and older who received recommended clinical preventive services during the past year. This includes: an influenza vaccination in the past year; a pneumococcal vaccination (PPV) ever; either a fecal occult blood test (FOBT) within the past year, a sigmoidoscopy within the past 5 years and a FOBT within the past 3 years, or a colonoscopy within the previous 10 years; and a mammogram in the past 2 years. Data on all services in the core set are not available every year given the rotating core questions on BRFSS. The indicator should not be assumed to cover all recommended clinical preventives services for this age group.	CDC - PLACES
Health Care Access & Delivery	Adults 65+ who Received Recommended Preventive Services: Males	The percentage of men aged 65 and older who received recommended clinical preventive services during the past year. This includes: an influenza vaccination in the past year; a PPV ever; and either a fecal occult blood test (FOBT) within the past year, a sigmoidoscopy within the past 5 years and a FOBT within the past 3 years, or a colonoscopy within the past 10 years. Data on all services in the core set are not available every year given the rotating core questions on BRFSS. The indicator should not be assumed to cover all recommended clinical preventives services for this age group.	CDC - PLACES

Category	Indicator Name	Description	Hyperlinked Source
Health Care Access & Delivery	Life Expectancy	The life expectancy at birth in years. This represents the average number of years a person can expect to live.	County Health Rankings
Health Care Access & Delivery	Adults Delayed or had Difficulty Obtaining Care	The percentage of adults aged 18 and over who report having delayed or not received other medical care they felt they needed.	California Health Interview Survey, Neighborhood Edition
Health Care Access & Delivery	Adults who have had a Routine Checkup	The percentage of adults that report having visited a doctor for a routine checkup within the past year.	CDC - PLACES
Health Care Access & Delivery	Adults with Health Insurance	The percentage of adults aged 19-64 years that have any type of health insurance coverage. Due to the implementation of the Affordable Care Act, changes were made to the definition of a "qualifying child". Under ACA, a qualifying child is under age 19 at the close of the calendar year. Therefore, age categories used to measure health insurance now define those aged 18 as children.	American Community Survey

Category	Indicator Name	Description	Hyperlinked Source
Health Care Access & Delivery	Adults with Health Insurance: 18-64	The percentage of adults aged 18-64 years that have any type of health insurance coverage.	California Health Interview Survey, Neighborhood Edition
Health Care Access & Delivery	Adults without Health Insurance	The percentage of adults aged 18-64 that do not have any kind of health insurance coverage.	CDC - PLACES
Health Care Access & Delivery	Average Gross Premium for Covered California Enrollees	The average gross premium (in dollars) for Covered California enrollees.	Covered California
Health Care Access & Delivery	Children and Teens Delayed or had Difficulty Obtaining Care	The percentage of children and teens under 18 who report having delayed or not received other medical care they felt they needed.	California Health Interview Survey, Neighborhood Edition
Health Care Access & Delivery	Children with Health Insurance	The percentage of children under 19 that have any type of health insurance coverage. Due to the implementation of the Affordable Care Act, changes were made to the definition of a "qualifying child". Under ACA, a qualifying child is under age 19 at the close of the calendar year. Therefore, age categories used to	American Community Survey

Category	Indicator Name	Description	Hyperlinked Source
		measure health insurance now define those aged 18 as children.	
Health Care Access & Delivery	Children with Health Insurance: 0-17	The percentage of children ages 0-17 that have any type of health insurance coverage. Starting with the 2017 data release, American Community Survey began providing health insurance data using the definition of an adult as 19 years of age and older and the definition of a child as 18 years of age and younger. This change from the previous standard of those aged 18 being considered adults is due to the implementation of the Affordable Care Act that defines a "qualifying child" as under 19 years of age at the close of the calendar year. Please see the indicator Children with Health Insurance for data from the year 2017 and beyond.	American Community Survey
Health Care Access & Delivery	Consumer Expenditures: Health Insurance	The predicted average spending on health insurance. This includes spending on fee for service health plans, health maintenance organizations, Medicare payments and prescription drug premiums, as well as commercial Medicare supplements, long term care insurance and other insurances.	Claritas Consumer Buying Power

Category	Indicator Name	Description	Hyperlinked Source
Health Care Access & Delivery	Consumer Expenditures: Medical Services	This indicator shows the predicted average spending on medical services. This includes expenditures on eye care, dental care, physician care, non-physician care (e.g. chiropractors, naturopaths, psychologists, midwives), lab and blood tests, x-rays, hospital rooms and related services, nursing homes/convalescent care, and other medical services.	Claritas Consumer Buying Power
Health Care Access & Delivery	Consumer Expenditures: Medical Supplies	The predicted average spending on medical supplies. This includes expenditures on eyeglasses, contact lenses, hearing aids, topicals (e.g. band-aids and gauze), and other medical equipment (e.g. crutches, canes, syringes, adult diapers, and heating pads).	Claritas Consumer Buying Power
Health Care Access & Delivery	Consumer Expenditures: Prescription and Non-Prescription Drugs	The predicted average spending on prescription drugs, non-prescription/over-the-counter drugs, and vitamins/vitamin supplements.	Claritas Consumer Buying Power
Health Care Access & Delivery	Medicare Healthcare Costs	The dollar amount of price-adjusted Medicare reimbursements per enrollee (age-adjusted) and includes Medicare Parts A and B.	County Health Rankings

Category	Indicator Name	Description	Hyperlinked Source
Health Care Access & Delivery	Non-Physician Primary Care Provider Rate	The non-physician primary care provider rate per 100,000 population. Primary care providers who are not physicians include nurse practitioners (NPs), physician assistants (PAs), and clinical nurse specialists.	County Health Rankings
Health Care Access & Delivery	People Delayed or had Difficulty Obtaining Care	The percentage of people who report having delayed or not received other medical care they felt they needed.	California Health Interview Survey
Health Care Access & Delivery	People with a Usual Source of Health Care	The percentage of people that report having a usual place to go to when sick or when health advice is needed.	California Health Interview Survey
Health Care Access & Delivery	Percent of Consumer Spending: Medical Services	This indicator shows the percentage of total consumer expenditures spent on medical services. This includes expenditures on eye care, dental care, physician care, non-physician care (e.g. chiropractors, naturopaths, psychologists, midwives), lab and blood tests, x-rays, hospital rooms and related services, nursing homes/convalescent care, and other medical services.	Claritas Consumer Buying Power
Health Care Access & Delivery	Percent of Consumer Spending: Medical Supplies	The percentage of total consumer expenditures spent on medical supplies. This includes expenditures on eyeglasses, contact lenses, hearing aids, topicals (e.g.	Claritas Consumer Buying Power

Category	Indicator Name	Description	Hyperlinked Source
		band-aids and gauze), and other medical equipment (e.g. crutches, canes, syringes, heating pads).	
Health Care Access & Delivery	Percent of Consumer Spending: Prescription and Non-Prescription Drugs	The percentage of total consumer expenditures spent on prescription drugs, non-prescription/over-the-counter drugs, and vitamins/vitamin supplements.	Claritas Consumer Buying Power
Health Care Access & Delivery	Persons with Health Insurance	The percentage of persons aged 0-64 years that have any type of health insurance coverage of the entire population.	U.S. Census Bureau - Small Area Health Insurance Estimates
Health Care Access & Delivery	Persons with Private Health Insurance Only	The percentage of persons who have private health insurance only. Private health insurance is a plan provided by an employer or union, a plan purchased by an individual from a private company, or TRICARE or other military health care.	American Community Survey
Health Care Access & Delivery	Persons with Public Health Insurance Only	The percentage of persons who have public health insurance only. Public health coverage includes the federal programs Medicare, Medicaid, and VA Health Care (provided through the Department of Veterans Affairs); the Children's Health Insurance Program (CHIP); and individual state health plans.	American Community Survey

Category	Indicator Name	Description	Hyperlinked Source
Health Care Access & Delivery	Primary Care Provider Rate	The primary care provider rate per 100,000 population. Primary care providers include practicing physicians specializing in general practice medicine, family medicine, internal medicine, and pediatrics.	County Health Rankings
Health Care Access & Delivery	Adults who Visited a Dentist	The percentage of adults who have visited a dentist or dental clinic for any reason in the past year.	CDC - PLACES
Health Care Access & Delivery	Children who Visited a Dentist	The percentage of children who had a dental visit within the past 12 months.	California Health Interview Survey, Neighborhood Edition
Health Care Access & Delivery	Dentist Rate	The rate of dentists per 100,000 population.	County Health Rankings
Health Care Access & Delivery	Mothers who Received Early Prenatal Care	The percentage of births to mothers who began prenatal care in the first trimester of their pregnancy.	California Department of Public Health
Health Care Access & Delivery	Adults 65+ with Influenza Vaccination	The percentage of adults aged 65 and older who received an influenza vaccination in the past year.	California Health Interview Survey, Neighborhood Edition

Category	Indicator Name	Description	Hyperlinked Source
Health Care Access & Delivery	Children with Influenza Vaccination	The percentage of children ages 6 months to 11 years who received an influenza vaccination in the past year.	California Health Interview Survey, Neighborhood Edition
Health Care Access & Delivery	Kindergartners with Required Immunizations	The percentage of enrolled kindergarten students that have received all required immunizations. Required immunizations include 4+ DTP, 3+ Polio, 2+ MMR, 3+ Hep B, and 1+ Var or physician documented varicella disease. The value is based on kindergartners entering public or private schools at the beginning of the school year in the fall.	California Department of Public Health, Immunization Branch
Health Care Access & Delivery: Transportation	Consumer Expenditures: Local Public Transportation	The predicted average spending on local public transportation. This includes intercity buses and trains, intracity mass transit, and taxi and limousine services.	Claritas Consumer Buying Power
Health Care Access & Delivery: Transportation	Mean Travel Time to Work	The average daily travel time to work in minutes for workers 16 years of age and older.	American Community Survey

Category	Indicator Name	Description	Hyperlinked Source
Health Care Access & Delivery: Transportation	Solo Drivers with a Long Commute	This indicator measures the proportion of commuters who drive alone to work and commute for more than 30 minutes.	County Health Rankings
Health Care Access & Delivery: Transportation	Workers Commuting by Public Transportation	The percentage of workers aged 16 years and over who commute to work by public transportation.	American Community Survey
Health Care Access & Delivery: Transportation	Workers who Drive Alone to Work	The percentage of workers aged 16 years and over who get to work by driving alone in a car, truck, or van.	American Community Survey
Health Care Access & Delivery: Transportation	Workers who Walk to Work	The percentage of workers aged 16 years and over who get to work by walking.	American Community Survey
Healthy Lifestyles / Built Environment	Children with Low Access to a Grocery Store (% of Total Pop)	The percentage of the population that are children living more than one mile from a supermarket or large grocery store if in an urban area, or more than 10 miles from a supermarket or large grocery store if in a rural area.	U.S. Department of Agriculture - Food Environment Atlas

Category	Indicator Name	Description	Hyperlinked Source
Healthy Lifestyles / Built Environment	Fast Food Restaurant Density	The number of fast-food restaurants per 1,000 population. These include limited-service establishments where people pay before eating.	U.S. Department of Agriculture - Food Environment Atlas
Healthy Lifestyles / Built Environment	Households with No Car and Low Access to a Grocery Store	The percentage of housing units that do not have a car and are more than one mile from a supermarket or large grocery store if in an urban area, or more than 10 miles from a supermarket or large grocery store if in a rural area.	U.S. Department of Agriculture - Food Environment Atlas
Healthy Lifestyles / Built Environment	Low-Income and Low Access to a Grocery Store	The percentage of the total population in a county that is low income and living more than one mile from a supermarket or large grocery store if in an urban area, and more than 10 miles from a supermarket or large grocery store if in a rural area.	U.S. Department of Agriculture - Food Environment Atlas
Healthy Lifestyles / Built Environment	People 65+ with Low Access to a Grocery Store (% of Total Pop)	The percentage of the population that are adults age 65 and older living more than one mile from a supermarket or large grocery store if in an urban area, or more than 10 miles from a supermarket or large grocery store if in a rural area.	U.S. Department of Agriculture - Food Environment Atlas
Healthy Lifestyles: Diabetes	Adults with Diabetes	The percentage of adults who have ever been diagnosed with diabetes. Women who were diagnosed with diabetes	California Health Interview Survey

Category	Indicator Name	Description	Hyperlinked Source
		only during the course of their pregnancy were not included in this count.	
Healthy Lifestyles: Diabetes	Age-Adjusted Death Rate due to Diabetes	The age-adjusted death rate per 100,000 population due to diabetes.	California Department of Public Health
Healthy Lifestyles: Diabetes	Diabetes: Medicare Population	The percentage of Medicare beneficiaries who were treated for diabetes. Medicare is the federal health insurance program for persons aged 65 years or older, persons under age 65 years with certain disabilities, and persons of any age with end-stage renal disease (ESRD).	Centers for Medicare & Medicaid Services
Healthy Lifestyles: Diabetes	Diabetic Monitoring: Medicare Population	The percentage of diabetic Medicare patients ages 65-75 who had a blood sugar (HbA1c) test in the past year.	The Dartmouth Atlas of Health Care
Healthy Lifestyles: HEAL	7th Grade Students who are Physically Fit	The percentage of 7th grade students that achieve the Healthy Fitness Zone for the aerobic capacity portion of the annual California Physical Fitness test.	California Department of Education

Category	Indicator Name	Description	Hyperlinked Source
Healthy Lifestyles: HEAL	Access to Exercise Opportunities	This indicator measures the percentage of individuals who live reasonably close to a park or recreational facility.	County Health Rankings
Healthy Lifestyles: HEAL	Adult Fast-Food Consumption	The percentage of adults who consumed fast food at least one time in the last week.	California Health Interview Survey
Healthy Lifestyles: HEAL	Adults who are Sedentary	The percentage of adults who did not participate in any leisure-time activities (physical activities other than their regular job) during the past month.	CDC - PLACES
Healthy Lifestyles: HEAL	Adults who Drink Sugar-Sweetened Beverages	The percentage of adults ages 18 years and older who consumed soda or sugar sweetened beverages at least one time a day.	California Health Interview Survey, Neighborhood Edition
Healthy Lifestyles: HEAL	Adults who Walk Regularly	The percentage of adults who walk at least 150 minutes per week.	California Health Interview Survey, Neighborhood Edition
Healthy Lifestyles: HEAL	CalFresh Households	CalFresh is for low-income people who meet federal income eligibility rules and want to add to their budget to be able to purchase more healthy and nutritious food	CalFresh Data Dashboard

Category	Indicator Name	Description	Hyperlinked Source
Healthy Lifestyles: HEAL	Children and Teens who Engage in Regular Physical Activity	The percentage of children and teens who are physically active for at least one hour in the past week, excluding physical education.	California Health Interview Survey, Neighborhood Edition
Healthy Lifestyles: HEAL	Children with Low Access to a Grocery Store	The percentage of children living more than one mile from a supermarket or large grocery store if in an urban area, or more than 10 miles from a supermarket or large grocery store if in a rural area.	U.S. Department of Agriculture - Food Environment Atlas
Healthy Lifestyles: HEAL	Consumer Expenditures: Fast Food Restaurants	The predicted average spending on fast food restaurants.	Claritas Consumer Buying Power
Healthy Lifestyles: HEAL	Consumer Expenditures: Fruits and Vegetables	The predicted average spending on fresh, frozen, and canned fruits and vegetables.	Claritas Consumer Buying Power
Healthy Lifestyles: HEAL	Consumer Expenditures: High Sugar Beverages	This indicator shows the predicted average spending on high sugar beverages. This includes juices (fresh, frozen, and canned), carbonated beverages, and non-carbonated beverages (e.g., non-carbonated fruit flavored drinks and lemonade). This indicator excludes expenditures on tea and coffee.	Claritas Consumer Buying Power

Category	Indicator Name	Description	Hyperlinked Source
Healthy Lifestyles: HEAL	Consumer Expenditures: High Sugar Foods	The predicted average spending on high sugar foods. This includes cookies, ice cream, candy, chewing gum, jam/jelly, and sugar/artificial sweeteners.	Claritas Consumer Buying Power
Healthy Lifestyles: HEAL	Farmers Market Density	The number of farmers markets per 1,000 population. A farmers market is a retail outlet in which vendors sell agricultural products directly to customers.	U.S. Department of Agriculture - Food Environment Atlas
Healthy Lifestyles: HEAL	Food Environment Index	The food environment index combines two measures of food access: the percentage of the population that is low-income and has low access to a grocery store, and the percentage of the population that did not have access to a reliable source of food during the past year (food insecurity). The index ranges from 0 (worst) to 10 (best) and equally weights the two measures.	County Health Rankings
Healthy Lifestyles: HEAL	Grocery Store Density	The number of supermarkets and grocery stores per 1,000 population. Convenience stores and large general merchandise stores such as supercenters and warehouse club stores are not included in this count.	U.S. Department of Agriculture - Food Environment Atlas
Healthy Lifestyles: HEAL	People 65+ with Low Access to a Grocery Store	The percentage of adults age 65 and older living more than one mile from a supermarket or large grocery store if in an urban area, or more than 10 miles from a supermarket or large grocery store if in a rural area.	U.S. Department of Agriculture - Food Environment Atlas

Category	Indicator Name	Description	Hyperlinked Source
Healthy Lifestyles: HEAL	Percent of Consumer Spending: Fruits and Vegetables	The percentage of total consumer expenditures spent on fresh, frozen, and canned fruits and vegetables.	Claritas Consumer Buying Power
Healthy Lifestyles: HEAL	Percent of Consumer Spending: High Sugar Beverages	This indicator shows the percentage of total consumer expenditures spent on high sugar beverages. This includes juices (fresh, frozen, and canned), carbonated beverages, and non-carbonated beverages (e.g., non-carbonated fruit flavored drinks and lemonade). This indicator excludes expenditures on tea and coffee.	Claritas Consumer Buying Power
Healthy Lifestyles: HEAL	Percent of Consumer Spending: High Sugar Foods	The percentage of total consumer expenditures spent on high sugar foods. This includes cookies, ice cream, candy, chewing gum, jam/jelly, and sugar/artificial sweeteners.	Claritas Consumer Buying Power
Healthy Lifestyles: HEAL	Recreation and Fitness Facilities	The number of fitness and recreation centers per 1,000 population.	U.S. Department of Agriculture - Food Environment Atlas
Healthy Lifestyles: HEAL	WIC Certified Stores	This indicator shows stores certified to accept Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) benefits.	U.S. Department of Agriculture - Food Environment Atlas

Category	Indicator Name	Description	Hyperlinked Source
Healthy Lifestyles: Obesity	5th Grade Students who are at a Healthy Weight or Underweight	The percentage of 5th grade students who meet the Healthy Fitness Zone standards for Body Composition in the annual California Physical Fitness Test (PFT). The Body Composition portion includes the following tests: Skinfold Measurements, Body Mass Index, and Bioelectric Impedance Analyzer.	California Department of Education
Healthy Lifestyles: Obesity	9th Grade Students who are at a Healthy Weight or Underweight	The percentage of 9th grade students who meet the Healthy Fitness Zone standards for Body Composition in the annual California Physical Fitness Test (PFT). The Body Composition portion includes the following tests: Skinfold Measurements, Body Mass Index, and Bioelectric Impedance Analyzer.	California Department of Education
Healthy Lifestyles: Obesity	Adults Who Are Obese	The percentage of adults aged 18 and older who are obese according to the Body Mass Index (BMI). The BMI is calculated by taking a person's weight and dividing it by their height squared in metric units (BMI = Weight (Kg)/[Height (m) ^ 2]). A BMI >30 is considered obese.	California Health Interview Survey
Healthy Lifestyles: Obesity	Adults who are Overweight or Obese	The percentage of adults who are overweight or obese according to the Body Mass Index (BMI). The BMI is calculated by taking a person's weight and dividing it by their height squared in metric units (BMI = Weight (Kg)/[Height (m) ^ 2]). A BMI between 25 and 29.9 is	California Health Interview Survey

Category	Indicator Name	Description	Hyperlinked Source
		considered overweight and a BMI >=30 is considered obese.	
Healthy Lifestyles: Obesity	Children who are Overweight for Age	The percentage of children aged 2-11 who are overweight for their age where weight >= 95th percentile. This measure considers sex, age, and weight, but does not include height.	California Health Interview Survey, Neighborhood Edition
Healthy Lifestyles: Obesity	Teens who are Overweight or Obese	The percentage of high school students who are overweight or obese. Using body mass index reference data by age and sex, overweight is categorized as >85th percentile but <95th percentile and obese is >=95th percentile. The BMI is calculated by taking a person's weight and dividing it by their height squared in metric units. (BMI = Weight (Kg)/[Height (m) ^ 2])	California Health Interview Survey, Neighborhood Edition
Heart Disease/ Heart Attack	Adults who Experienced a Stroke	The percentage of adults who have ever been told by a health care provider that they had a stroke.	CDC - PLACES
Heart Disease/ Heart Attack	Adults who Experienced Coronary Heart Disease	The percentage of adults who have ever been told by a health care provider that they had coronary heart disease.	CDC - PLACES

Category	Indicator Name	Description	Hyperlinked Source
Heart Disease/ Heart Attack	Adults who Have Taken Medications for High Blood Pressure	The percentage of adults aged 18 or over with high blood pressure who report taking medications for high blood pressure.	CDC - PLACES
Heart Disease/ Heart Attack	Adults with Heart Disease	The percentage of adults who have ever been diagnosed with heart disease.	California Health Interview Survey, Neighborhood Edition
Heart Disease/ Heart Attack	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	The age-adjusted death rate per 100,000 population due to cerebrovascular disease and stroke.	California Department of Public Health
Heart Disease/ Heart Attack	Age-Adjusted Death Rate due to Coronary Heart Disease	The age-adjusted death rate per 100,000 population due to coronary heart disease.	California Department of Public Health
Heart Disease/ Heart Attack	Age-Adjusted Death Rate due to Heart Attack	The age-adjusted death rate due to heart attack per 100,000 population aged 35 years and older.	National Environmental Public Health Tracking Network
Heart Disease/ Heart Attack	Age-Adjusted Hospitalization Rate due to Heart Attack	The average annual age-adjusted hospitalization rate due to heart attack per 10,000 population aged 35 years and older.	National Environmental Public Health Tracking Network

Category	Indicator Name	Description	Hyperlinked Source
Heart Disease/ Heart Attack	Atrial Fibrillation: Medicare Population	The percentage of Medicare beneficiaries who were treated for atrial fibrillation. Medicare is the federal health insurance program for persons aged 65 years or older, persons under age 65 years with certain disabilities, and persons of any age with end-stage renal disease (ESRD).	Centers for Medicare & Medicaid Services
Heart Disease/ Heart Attack	Cholesterol Test History	The percentage of adults who have had their blood cholesterol checked in the past five years.	CDC - PLACES
Heart Disease/ Heart Attack	Heart Failure: Medicare Population	The percentage of Medicare beneficiaries who were treated for heart failure. Medicare is the federal health insurance program for persons aged 65 years or older, persons under age 65 years with certain disabilities, and persons of any age with end-stage renal disease (ESRD).	Centers for Medicare & Medicaid Services
Heart Disease/ Heart Attack	High Blood Pressure Prevalence	The percentage of adults who have been told they have high blood pressure. Normal blood pressure should be less than 120/80 mm Hg for an adult. Blood pressure	California Health Interview Survey

Category	Indicator Name	Description	Hyperlinked Source
		above this level (140/90 mm Hg or higher) is considered high (hypertension).	
Heart Disease/ Heart Attack	High Cholesterol Prevalence: Adults 18+	The percentage of adults ages 18 and older who have had their blood cholesterol checked within the past five years and have been told by a health care provider that it is high.	CDC - PLACES
Heart Disease/ Heart Attack	Hyperlipidemia: Medicare Population	The percentage of Medicare beneficiaries who were treated for hyperlipidemia. Medicare is the federal health insurance program for persons aged 65 years or older, persons under age 65 years with certain disabilities, and persons of any age with end-stage renal disease (ESRD).	Centers for Medicare & Medicaid Services
Heart Disease/ Heart Attack	Hypertension: Medicare Population	The percentage of Medicare beneficiaries who were treated for hypertension. Medicare is the federal health insurance program for persons aged 65 years or older, persons under age 65	Centers for Medicare & Medicaid Services

Category	Indicator Name	Description	Hyperlinked Source
		years with certain disabilities, and persons of any age with end-stage renal disease (ESRD).	
Heart Disease/ Heart Attack	Ischemic Heart Disease: Medicare Population	The percentage of Medicare beneficiaries who were treated for ischemic heart disease. Medicare is the federal health insurance program for persons aged 65 years or older, persons under age 65 years with certain disabilities, and persons of any age with end-stage renal disease (ESRD).	Centers for Medicare & Medicaid Services
Heart Disease/ Heart Attack	Stroke: Medicare Population	The percentage of Medicare beneficiaries who were treated for stroke. Medicare is the federal health insurance program for persons aged 65 years or older, persons under age 65 years with certain disabilities, and persons of any age with end-stage renal disease (ESRD).	Centers for Medicare & Medicaid Services

Category	Indicator Name	Description	Hyperlinked Source
Housing & Homelessness	Consumer Expenditures: Home Rental Expenses	The predicted average spending on home rental expenses. This includes spending on rent as well as maintenance, insurance and other expenses.	Claritas Consumer Buying Power
Housing & Homelessness	Consumer Expenditures: Homeowner Expenses	The predicted average spending on homeowner expenses. This includes spending on mortgage interest and charges as well as property taxes, maintenance, repairs, insurance, and other expenses.	Claritas Consumer Buying Power
Housing & Homelessness	Homeownership	The percentage of all housing units (i.e. occupied and unoccupied) that are occupied by homeowners.	American Community Survey
Housing & Homelessness	Mortgaged Owners Spending 30% or More of Household Income on Housing	The percentage of mortgaged owners who are spending 30% or more of their household income on housing. Mortgaged monthly owner costs are comprised of mortgage, second mortgage, home equity loan or line of credit, utilities (electricity, gas, other fuels, water), real estate taxes, property insurance, and any mobile home costs or condominium fees that may be applicable.	American Community Survey
Housing & Homelessness	Overcrowded Households	The households where there are more people than rooms of all types, besides bathrooms.	American Community Survey

Category	Indicator Name	Description	Hyperlinked Source
Housing & Homelessness	Renters Spending 30% or More of Household Income on Rent	The percentage of renters who are spending 30% or more of their household income on rent. Rental costs are comprised of rent and utilities (electricity, gas, other fuels, water and sewer).	American Community Survey
Housing & Homelessness	Residential Segregation - Black/White	This indicator shows the index of dissimilarity where higher values indicate greater residential segregation between black and white county residents.	County Health Rankings
Housing & Homelessness	Residential Segregation - Non-White/White	This indicator shows the index of dissimilarity where higher values indicate greater residential segregation between black and white county residents.	County Health Rankings
Housing & Homelessness	Severe Housing Problems	This indicator measures the percentage of households with at least one of the following four housing problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities.	County Health Rankings

Category	Indicator Name	Description	Hyperlinked Source
Housing & Homelessness	Sheltered Homeless	The sheltered homeless population. Sheltered homeless are those in emergency shelters, in housing programs that provide places to stay and supportive services for up to 24 months (transitional shelters), or in “safe havens” that provide temporary shelters and services to hard-to-serve individuals. This measure is based on a point-in-time count carried out on a singular designated night in the last 10 calendar days of January or at such other time as the U.S. Department of Housing and Urban Development (HUD) requires.	U.S. Department of Housing and Urban Development
Housing & Homelessness	Total Homeless Population	The total homeless population, including both sheltered and unsheltered persons. This measure is based on a point-in-time count carried out on a singular designated night in the last 10 calendar days of January or at such other time as the U.S. Department of Housing and Urban Development (HUD) requires.	U.S. Department of Housing and Urban Development

Category	Indicator Name	Description	Hyperlinked Source
Housing & Homelessness	Unsheltered Homeless	The unsheltered homeless population. Unsheltered homeless are those whose primary nighttime location is a public or private place not ordinarily used as a regular sleeping accommodation (for example, the streets, vehicles, abandoned buildings, parks, or camping grounds). This measure is based on a point-in-time count carried out on a singular designated night in the last 10 calendar days of January or at such other time as the U.S. Department of Housing and Urban Development (HUD) requires.	U.S. Department of Housing and Urban Development
Housing & Homelessness	Utilization of Housing Choice Vouchers	This indicator shows how many available subsidized housing units in the private sector are reported as occupied.	U.S. Department of Housing and Urban Development
Unintended Injuries/ Accidents	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	The age-adjusted death rate per 100,000 population due to motor vehicle traffic collisions.	California Department of Public Health

Category	Indicator Name	Description	Hyperlinked Source
Unintended Injuries/ Accidents	Age-Adjusted Death Rate due to Unintentional Injuries	The age-adjusted death rate per 100,000 population due to unintentional injuries.	California Department of Public Health
Unintended Injuries/ Accidents	Bicycle-Involved Collision Rate	The number of bicyclist-involved collisions resulting in bicyclist injury or death per 100,000 population.	California State Highway Patrol

ATTACHMENT 2: SECONDARY DATA TABLES

The data tables in this attachment include all data analyzed for the CHNA, including those that are favorable compared to the California benchmark. All data was provided by DataShare Santa Cruz, which is publicly available repository. Please consult the Indicator List (Attachment 1) for details about original data sources or refer to the DataShare public portal (www.datasharescc.org) for more details.

LEGEND

Statistical data tables compare county data to California state benchmarks. Tables are provided in alphabetical order.

Definitions

- Incidence rate: Rate of new cases within a specific time period
- Mortality rate: Rate of deaths from a given condition compared with a specified population.
- Prevalence: Proportion of a population with a given condition
- Age-adjusted rate: Statistically modified rate that eliminates the effect of different age distributions in the populations

Race/Ethnicity and Sub-County Data

- Certain indicators are available by ethnicity, which shows disparities in certain populations. Those tables follow each of the overall health need tables if available and include all data by race/ethnicity. The same formatting described above is used for the race/ethnicity tables. We use the shorthand “Native Am” for the term “Native American.” Native American also encompasses Alaskan Native. “Pac Isl” is shorthand for the term “Pacific Islander.” Pacific Islander also encompasses Hawaiian Native. We use the term “Black/Afr Anc” for individuals who are of African Ancestry, including African-Americans and foreign-born individuals.
- Certain indicators are available by sub-county area, including City and Zip Code. These data were analyzed for significant inequities, and findings for the most compelling inequities are listed after Race/Ethnicity data.

Conventions

- Health needs are listed in alphabetical order for easy reference.
- Benchmark values represent the California state average/rate.
- Rates are per 100,000 unless otherwise noted.
- Data are rounded to the tenths if available.
- Formatting for comparisons to benchmarks:
    - Data that are worse than benchmarks are **emboldened**.
    - Data that are 5% (not five percentage points, but five percent) worse than benchmarks are marked with a diamond (♦).
    - Trend arrows show the directionality of the trend, and are color-coded aqua for improving trend and red for worsening trend. “S” in this column denotes that the trend is significant over time. (Trends that were only compared to one previous data point were not marked as significant.)

BEHAVIORAL HEALTH

INDICATOR NAME	PERIOD	CA	DESIRED DIRECTION	SCC RATE	SCC N/ COUNT	TREND
Adults who Binge Drink	2015	34.7	Below	**♦44.1**		↑
Age-Adjusted Annual Opioid Prescription Rate	2020	333.3	Below	**333.4**		↓S
Age-Adjusted Buprenorphine Prescription Rate	2020	13.0	Neutral	37.5		↑S
Age-Adjusted Death Rate due to All Opioid Overdose†	2019	7.9	Below	**♦10.5**		↓
Age-Adjusted Death Rate due to any Opioid or Amphetamine Overdose	2019	2.8	Below	**♦5.3**		↑
Age-Adjusted Death Rate due to Drug Use	2016-2018	13.1	Below	**♦16.3**		↓
Age-Adjusted Death Rate due to Heroin Overdose	2019	2.4	Below	**♦5.5**		↑
Age-Adjusted Death Rate due to Prescription Opioid Overdose	2019	6.1	Below	**♦6.6**		↓
Age-Adjusted Death Rate due to Synthetic Opioid Overdose (excluding Methadone)	2019	4.2	Below	2.9		↑
Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	2017-2019	15.0	Below	**♦18.4**		—
Age-Adjusted ED Visit Rate due to All Drug Overdose	2019	123.6	Below	110.1		↓
Age-Adjusted ED Visit Rate due to Heroin Overdose	2019	11.2	Below	7.9		↓

INDICATOR NAME	PERIOD	CA	DESIRED DIRECTION	SCC RATE	SCC N/ COUNT	TREND
Age-Adjusted ED Visit Rate due to Opioid Overdose (excluding Heroin)	2019	17.4	Below	14.9		↑
Age-Adjusted Long Acting or Extended-Release Opioid Prescription Rate to Opioid Naive Residents	2020	1.7	Below	**♦2.4**		↓
Alcohol-Impaired Driving Deaths	2015-2019	35.0	Below	**♦35.7**	35	↑S
Consumer Expenditures: Alcoholic Beverages	2021	N/A	Below	N/A		↑
Percent of Consumer Spending: Alcoholic Beverages	2019	1.13	Below	1.18		↑
Death Rate due to Drug Poisoning	2017-2019	13.8	Below	**♦16.9**	139	↓
Liquor Store Density	2019	10.5	Below	**♦13.2**		↑
Quarterly Opioid Prescription Rate	Q2 2021	N/A	**Below**	292.2		↓S
Residents on More than 90 Morphine Milligram Equivalents of Opioids Daily	2020	8.4	Below	**8.8**		↓S
Teens who have Used Alcohol	2011-2012	29.5	Below	**♦43.3**		—
Adults Needing and Receiving Behavioral Health Care Services	2016-2017	60.9	Above	**♦55.8**		↓
Adults Who Ever Thought Seriously About Committing Suicide	2018-2019	13.7	Below	**♦20.6**		↑
Students Seriously Considering Suicide	2019	N/A	Below	14		↑

INDICATOR NAME	PERIOD	CA	DESIRED DIRECTION	SCC RATE	SCC N/ COUNT	TREND
Adults with Likely Serious Psychological Distress†	2018-2019	12.0	Below	**♦15.6**		↑S
Age-Adjusted Death Rate due to Suicide	2016-2018	10.6	Below	**♦15.5**		↑
Depression: Medicare Population†	2018	16.2	Below	15.4		↑S
Students with Chronic Depression	2019	N/A	Below	31		↑
Frequent Mental Distress	2018	11.3	Below	**♦12.7**		
Mental Health Provider Rate	2020	373	Above	804	2,197	↑S
Poor Mental Health: 14+ Days	2018	12.7[US]	Below	12.6		
Poor Mental Health: Average Number of Days	**2018**	**3.7**	Below	**♦4.3**		
Social Associations in the County (per 10,000)	2018	5.9	Above	7.0	192	↑
Adults who Smoke	2018-2019	9.0	Below	6.9		↓S
Percent of Consumer Spending: Tobacco	2019	0.39	Below	0.36		↓
Consumer Expenditures: Tobacco and Legal Marijuana	2021	N/A	Below	N/A		↑

BEHAVIORAL HEALTH RACE/ETHNICITY DATA

INDICATOR NAME	CA VALUE	DESIRED DIRECTION	BLACK/ AFR ANC	AMER IND	ASIAN	HISP/ LATINO	TWO OR MORE	WHITE
Adults Who Ever Thought Seriously About Committing Suicide	13.7%	Below				7.6%	**♦42.7%**	**♦27.7%**
Adults with Likely Serious Psychological Distress	12.0%	Below				**♦14.1%**		**♦16.6%**
Age-Adjusted Death Rate due to All Opioid Overdose	7.9	Below	**♦33.7**			1.3		**♦15.3**
Age-Adjusted ED Visit Rate due to Heroin Overdose	11.2	Below				3.8		**♦12.2**
Age-Adjusted ED Visit Rate due to Opioid Overdose (excluding Heroin)	17.4	Below	**♦64.4**			6.5		**♦21.3**
Adults Needing and Receiving Behavioral Health Care Services	60.9	Above			87.6	**♦51.9**	70.9	**♦52.2**
Adults who Binge Drink: Year	34.7	Below		**♦60.0**	8.1	**♦47.1**	**♦40.3**	**♦45.2**
Adults who Smoke	9.0	Below				7.7	**♦33.3**	5.5

Note: Data for “Other” races was not available.

BEHAVIORAL HEALTH SUB-COUNTY DATA FINDINGS

Watsonville / 95076:

- People 65+ Living Alone trending up
- Poor Mental Health for 14 or more days
- Adults with Likely Serious Psychological Distress
- Alcohol, Tobacco and Legal Marijuana Expenditures
- Deaths due to any Opioid or Amphetamine Overdose†

CANCER

INDICATOR NAME	PERIOD	CA	DESIRED DIRECTION	SCC	TREND
Adults with Cancer	2018	6.9[US]	Below	6.6	
Cancer: Medicare Population	2018	7.8	Below	7.0	↓
Age-Adjusted Death Rate due to Cancer	2016-2018	134.4	Below	125.5	↓
Breast Cancer Incidence Rate	2013-2017	121.5	Below	**♦133.2**	↑
Age-Adjusted Death Rate due to Breast Cancer	2016-2018	18.6	Below	16.8	↓
Mammogram in Past 2 Years: 50-74	2018	74.8[US]	Above	74.9	
Mammography Screening: Medicare Population	2015	59.5	Above	68	↓
Age-Adjusted Death Rate due to Colorectal Cancer	2013-2017	12.5	Below	10.2	↓
Age-Adjusted Death Rate due to Lung Cancer	2016-2018	25.8	Below	22.6	↓
Lung and Bronchus Cancer Incidence Rate	2013-2017	41.5	Below	35.1	↓
Prostate Cancer Incidence Rate	2013-2017	93.0	Below	**95.2**	↓
Age-Adjusted Death Rate due to Prostate Cancer	2016-2018	19.7	Below	**♦22.5**	↑

INDICATOR NAME	PERIOD	CA	DESIRED DIRECTION	SCC	TREND
Cervical Cancer Incidence Rate	2013-2017	7.2	Below	**7.5**	↓
Cervical Cancer Screening: 21-65	2018	84.7[US]	Above	**83.4**	
Colon Cancer Screening	2018	66.4 [US]	Above	70.5	
Colorectal Cancer Incidence Rate	2013-2017	35.1	Below	32.0	—
Oral Cavity and Pharynx Cancer Incidence Rate	2013-2017	10.2	Below	**10.6**	↓

Note: No counts were provided for these indicators.

CANCER RACE/ETHNICITY DATA

INDICATOR NAME	CA VALUE	DESIRED DIRECTION	BLACK / AFR ANC	ASIAN	HISPANIC/ LATINO	WHITE
Breast Cancer Incidence Rate	121.5	Below		100.1	91.2	**♦144.8**
Colorectal Cancer Incidence Rate	35.1	Below		26.8	29.8	32.4
Lung and Bronchus Cancer Incidence Rate	41.5	Below		32.9	24.0	37.2
Mammography Screening: Medicare Population (percent)	59.5	Above	93.3			67.9
Prostate Cancer Incidence Rate	93.0	Below		54.4	64.6	**♦98.8**

Note: Data was not available for American Indian/Native Hawaiian residents, multi-ethnic residents, and those for “Other” race/ethnicity.

CANCER SUB-COUNTY DATA FINDINGS

- Adults with Cancer: Corralitos, La Selva
- Colon Cancer Screening: FR, Watsonville

COMMUNITY SAFETY

INDICATOR NAME	PERIOD	CA	DESIRED DIRECTION	SCC RATE	SCC N/ COUNT	TREND
Foster Care Entry Among Infants and Toddlers	2017	N/A	Below	3.7		↓
Substantiated Child Abuse Rate	2020	6.8	Below	2.1		↓S
Adult Arrest Rate	2020	27.1	Below	**41.1♦**	8,877	↓S
Concern About Crime: Very Concerned	2019	N/A	Below	29.8		↓
Deaths in Custody	2019	0.2	Below	0.2	5	
Domestic Violence Calls	2020	6.1	Below	5.5	1,004	↑
Expulsion Rate	2019-2020	0.1	Below	0.0		↓
Suspension Rate	2019-2020	2.5	Below	2.4		↑
Foster Care Entry Among Infants and Toddlers	2018	N/A	Below	3.8		↓
Hate Crime Offenses	2020	N/A	Below		13	Mixed
High Expectations from Adults: 11th Graders	2015-2017	41.4	Above	**41.3**		↓
High Expectations from Adults: 9th Graders	2015-2017	40.9	Above	**39.6**		↓
Homicides	2020	N/A	Below		12	↑

INDICATOR NAME	PERIOD	CA	DESIRED DIRECTION	SCC RATE	SCC N/ COUNT	TREND
Juvenile Arrest Rate	2019	4.4	Below	**7.0**	373	↓S
Substantiated Child Abuse Rate	2020	6.8	Below	2.1		↓S
Suspected Gang Membership	2020	N/A	Below		31	↓
Teens who Carried a Gun to School: 11th Graders (percent)	2015-2017	1.8	Below	0.4		↓
Teens who Carried a Gun to School: 9th Graders	2015-2017	2.0	Below	1.2		↓
Teens who Carried a Weapon to School: 11th Graders	2015-2017	4.8	Below	3.8		↓
Teens who Carried a Weapon to School: 9th Graders	2015-2017	5.5	Below	5.2		↑
Teens who were Never Afraid of Being Beaten Up in School: 11th Graders	2015-2017	91.6	Above	95.2		↑
Teens who were Never Afraid of Being Beaten Up in School: 9th Graders	2015-2017	85.5	Above	89.8		↑
Teens who were Never in a Physical Fight: 11th Graders	2015-2017	92.4	Above	95.5		↑
Teens who were Never in a Physical Fight: 9th Graders	2015-2017	89.3	Above	93.0		↑
Violent Crime Rate	2020	437.0	Below	359.2	970.0	↓S
Youth Connectedness to School	2015-2017	42	Above	50		↑
Youth Connectedness to School: 9th Graders	2015-2017	45.5	Above	55.5		↑

INDICATOR NAME	PERIOD	CA	DESIRED DIRECTION	SCC RATE	SCC N/ COUNT	TREND
Youth who feel Very Safe at School: 11th Graders	2015-2017	18.1	Above	18.1		↓
Youth who feel Very Safe at School: 9th Graders	2015-2017	15.6	Above	**15.1**		↓
Youth who have Caring Relationships with Adults: 11th Graders	2015-2017	32.3	Above	33.6		↓
Youth who have Caring Relationships with Adults: 9th Graders	2015-2017	27.3	Above	**26.6**		↓

COMMUNITY SAFETY RACE/ETHNICITY DATA

INDICATOR NAME	CA VALUE	DESIRED DIRECTION	BLACK/ AFR ANC	AMER IND	ASIAN	HISP/ LATINO	TWO OR MORE	WHITE	OTHER RACE
Substantiated Child Abuse Rate	6.8	Below		0		2.7		1.3	
Adult Arrest Rate	27.1	Below	**♦191.1**			**♦43.0**		**♦39.4**	
Juvenile Arrest Rate	4.4	Below	**♦50.4**			**♦8.3**		**♦5.2**	
Deaths in Custody	0.2	Below	0	0	0	**♦0.4**		0.2	0

No sub-county data on community safety were available.

COVID-19

INDICATOR NAME	PERIOD	CA	DESIRED DIRECTION	SCC RATE	SCC N/ COUNT	TREND
Cumulative total cases since January 2020	2020-2022	9,158,448	Below	50,036		
Seven-day average rate of daily cases	2022	8	Below	**♦17**	46	
Seven-day average number of people hospitalized daily	2022	3	Below	**♦53**		
Rate of infection since January 2020	2020-2022	1 in 4	Below	**1 in 5**		
Current rate of spread (R-eff)	2022	0.86	Below	**♦1.17**		
Seven-day average test positivity rate	2022	2.1%	Below	1.9%		
Rate of deaths since January 2020	2020-2022	1 in 440	Below	1 in 1,047		
Cumulative total deaths since January 2020	2020-2022	89,752	Below	261		
Seven-day average rate of daily deaths	2022	0.11	Below	0.07	0	
Fully vaccinated (all ages)	2020-2022	72%	Above	78%		

INDICATOR NAME	PERIOD	CA	DESIRED DIRECTION	SCC RATE	SCC N/ COUNT	TREND
Fully vaccinated (age 5+)	2020-2022	76%	Above	82%		
Fully vaccinated (age 65+)	2020-2022	90%	Above	95%		

COVID-19 data by race/ethnicity were not available.
COVID-19 subcounty data were not available.

ECONOMIC INSECURITY

INDICATOR NAME	PERIOD	CA	DESIRED DIRECTION	SCC RATE	SCC N/ COUNT	TREND
Child Food Insecurity Rate	2019	13.6	Below	12.6	6700	↓
Children Living Below Poverty Level	2015-2019	18.1	Below	14.0	7272	↓
Elder Index (Elderly Household Below Income Threshold)	2018-2019	27.9	Below	**♦33.6**		—
Families Living Below Poverty Level	2015-2019	9.6	Below	7.4	4487	↓S
Food Insecure Children Likely Ineligible for Assistance	2019	32	Below	27		↑
Food Insecurity Rate	2019	10.2	Below	10.1	27710	↓
Households Receiving SNAP with Children	2015-2019	64.2	Neutral	50.7	4306	—

INDICATOR NAME	PERIOD	CA	DESIRED DIRECTION	SCC RATE	SCC N/ COUNT	TREND
Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold	2016	51.6	Above	57.5		
Households that are Asset Limited, Income Constrained, Employed (ALICE)	2016	35.2	Below	29.6		
Households that are Below the Federal Poverty Level	2016	13.2	Below	13.0		
Median Household Income	2015-2019	$75.2k	Above	$82.2k		↑S
People 65+ Living Below Poverty Level	2015-2019	10.2	Below	7.7	3,267	↑
People Living 200% Above Poverty Level	2015-2019	69.0	Above	70.8	185,603	↑S
People Living Below Poverty Level	2015-2019	13.4	Below	13.1	34,419	↓
Per Capita Income	2015-2019	$37.0k	Above	$41.3k		↑S
Projected Child Food Insecurity Rate	2021	16.8	Below	15.1	8,020	↓
Projected Food Insecurity Rate	2021	12.1	Below	11.7	32,000	↓
Students Eligible for the Free Lunch Program	2019-2020	52.3	Below	47.3	18,419	↑
Unemployed Workers in Civilian Labor Force	Jul-21	7.9	Below	6.6	8,915	↓
Youth not in School or Working	2015-2019	1.7	Below	0.5	92	↓

EDUCATION

INDICATOR NAME	PERIOD	CA	DESIRED DIRECTION	SCC RATE	SCC N/ COUNT	TREND
Annual Public School Enrollment	2020-2021	N/A	Neutral		39,724	↓
Student-to-Teacher Ratio	2018-2019	23.3	Below	**23.9**		↓
11th Grade Students Proficient in English/Language Arts	2019	57.3	Above	57.7		↓
11th Grade Students Proficient in Math	2019	32.2	Above	32.8		—
3rd Grade Students Proficient in English/Language Arts	2019	49	Above	**♦41**		↑S
3rd Grade Students Proficient in Math	2019	50	Above	**♦44**		↑S
4th Grade Students Proficient in English/Language Arts	2019	49	Above	**♦45**		↑S
4th Grade Students Proficient in Math	2019	45	Above	**♦41**		↑S
5th Grade Students Proficient in English/Language Arts	2019	51.7	Above	**♦45.5**		—
5th Grade Students Proficient in Math	2019	38.0	Above	**♦32.3**		↑
6th Grade Students Proficient in English/Language Arts	2019	48.5	Above	**♦42.6**		—
6th Grade Students Proficient in Math	2019	38.5	Above	**♦30.9**		↑
7th Grade Students Proficient in English/Language Arts	2019	51.4	Above	**♦48.4**		↑
7th Grade Students Proficient in Math	2019	37.9	Above	**♦35.9**		↑

INDICATOR NAME	PERIOD	CA	DESIRED DIRECTION	SCC RATE	SCC N/ COUNT	TREND
8th Grade Students Proficient in English/Language Arts	2019	49.4	Above	**48.3**		↑
8th Grade Students Proficient in Math	2019	36.6	Above	**35.2**		↑
Average Annual Cost of Child Care for a Preschooler in a Child Care Center	2018	N/A	Below	$12.0k		↑
Average Annual Cost of Child Care for a Preschooler in a Family Child Care Home	2018	N/A	Below	$10.1k		↑
Average Annual Cost of Child Care for an Infant in a Child Care Center	2018	N/A	Below	$17.2k		↑
Average Annual Cost of Child Care for an Infant in a Family Child Care Home	2018	N/A	Below	$10.8k		↑
Child Care Spaces in Licensed Facilities	2019	N/A	Neutral		8,153	↓
Children in Working Families that Do Not Have Licensed Child Care Slots Available	2019	N/A	Below	69.9		↑
Chronic Absenteeism from School	2018-2019	N/A	Below	10.4		↓
College/Career Indicator: Prepared	2020	N/A	Above	25.1		↑
Consumer Expenditures: Childcare	2021	N/A	Below		380	↑
High Expectations from Adults: 11th Graders	2015-2017	N/A	Above	41.3		↓
High Expectations from Adults: 9th Graders	2015-2017	N/A	Above	39.6		↓
High School Drop Outs	2019-2020	8.9	Below	**♦12.1**	399	↓

INDICATOR NAME	PERIOD	CA	DESIRED DIRECTION	SCC RATE	SCC N/ COUNT	TREND
High School Graduates Prepared for College	2016-2017	46.8	Above	57.7		↑
High School Graduation	2019-2020	84.3	Above	**82.6**	2,716	↓
Per Pupil Spending	2019-2020	$13.3k	Neutral	$14.2k		↑
Percent of Consumer Spending: Childcare	2019	0.35%	Below	0.34%		↓
Quality of Educator-Learner Relationships at School: Caring Adult/11th Grade	2017	N/A	Above	33.6		↓
Quality of Educator-Learner Relationships at School: Caring Adult/7th Grade	2017	N/A	Above	33		↓
Quality of Educator-Learner Relationships at School: Caring Adult/9th Grade	2017	N/A	Above	26.6		↓
Student-to-Teacher Ratio	2018-2019	16.5	Below	**♦23.9**		↑
Teacher Retention: Number of First-Year Teachers	2018	N/A	Neutral		11	—
Teacher Retention: Number of Second-Year Teachers	2018	N/A	Neutral		11	↑
Workforce Readiness: Students Approaching Prepared for College/Career	2019	N/A	Neutral	63		↑
Workforce Readiness: Students Not Prepared for College/Career	2019	N/A	Below	17.2		↓
Workforce Readiness: Students Prepared for College/Career	2019	N/A	Above	19.7		↑
Consumer Expenditures: Education	2021	$1,776	Below	**♦$2,023**		

INDICATOR NAME	PERIOD	CA	DESIRED DIRECTION	SCC RATE	SCC N/ COUNT	TREND
Quality of Educator Workforce: Average Teaching Experience (Years)	2018	N/A	Above	10		↑S
People 25+ with a Bachelor's Degree or Higher	2015-2019	33.9	Above	40.8	73,511	—
People 25+ with a High School Degree or Higher	2015-2019	83.3	Above	86.3	155,407	↑S
Suspension Rate	2019-2020	2.5	Below	2.4		↑
Expulsion Rate	2019-2020	0.1	Below	0.0		↓

ECOMONIC INSECURITY RACE/ETHNICITY DATA

INDICATOR NAME	CA VALUE	DESIRED DIRECTION	BLACK/ AFR ANC	AMER IND	ASIAN, PI	HISPANIC/ LATINO	TWO OR MORE	WHITE	OTHER RACE
College/Career Indicator: Prepared	25.1[SCC]	Above				**24.7**		45.2	
Median Household Income	$75.2k	Above	**♦59.0k**	**♦69.1k**	**♦70.4k**	**♦58.2k**	**♦64.6k**	92.9k	**♦57.3**
Per Capita Income	$37.0k	Above	**♦36.7k**	**♦27.1k**	**♦36.2k** **♦22.4k**	**♦20.8k**	**♦28.9k**	54.4k	**♦18.1k**
People Living Below Poverty Level	13.4	Below	**♦20.5**	**♦16.5**	**19.4** **♦20.4**	**♦16.7**	10.2	10.6	**♦16.3**

INDICATOR NAME	CA VALUE	DESIRED DIRECTION	BLACK/ AFR ANC	AMER IND	ASIAN, PI	HISPANIC/ LATINO	TWO OR MORE	WHITE	OTHER RACE
Families Living Below Poverty Level	9.6	Below	4.7	7.6	5.6 0	**♦14.1**	5.3	4.6	**♦14.2**
Children Living Below Poverty Level	18.1	Below	8.0	3.3	14.5 0	**♦20.8**	6.3	6.1	**♦21.8**
People 65+ Living Below Poverty Level	10.2	Below	**♦12.0**	5.8	**♦12.6 0**	**10.3**	4.2	6.9	**♦11.2**
People 25+ with a High School Degree or Higher	83.3	Above	87.3	83.8	92.1 97.3	**♦58.2**	90.5	97.2	**♦47.9**
People 25+ with a Bachelor's Degree or Higher	33.9	Above	40.5	**33.8**	51.9 35.4	**♦14.5**	37.8	50.9	**♦7.9**

ECONOMIC INSECURITY SUB-COUNTY DATA FINDINGS

Older Adults Living Below Poverty Level an issue here and in many areas in North and South County

Freedom and/or Watsonville

- Per Capita Income: Freedom, Watsonville
- People Living Below 200% Poverty Level
- Families Living Below Poverty Level: Freedom, Watsonville, Brookdale, and in La Selva is trending worse.

Persons with disabilities living in poverty: *

- In San Lorenzo Valley, Ben Lomond
- In South Co., La Selva

*Caution: these data have a wide confidence interval.

HEALTHCARE ACCESS & DELIVERY

INDICATOR NAME	PERIOD	CA	DESIRED DIRECTION	SCC RATE	SCC N/ COUNT	TREND
People Delayed or had Difficulty Obtaining Care	2018-2019	12.7	Below	**♦20.0**		—
Adults Delayed or had Difficulty Obtaining Care	2017-2018	19.6	Below	**♦24.7**		—
Children and Teens Delayed or had Difficulty Obtaining Care	2015-2016	7.7	Below	**♦11.1**		
Adults who have had a Routine Checkup	2019	70.9	Above	**♦66.1**		↓
Persons with Health Insurance: age 0-64	2019	91.1	Above	92.1		—
Children with Health Insurance: age 0-18	2019	96.4	Above	98.0	57,688	—
Children with Health Insurance: age 0-17	2016	97.1	Above	99.0		—
Adults with Health Insurance	2019	89.1	Above	92.0	152,255	—
Adults with Health Insurance aged 18-64	2017-2018	81.2	Above	86.7		↑
Persons with Private Health Insurance Only	2019	54.5	Neutral	58.6	159,244	↑
Persons with Public Health Insurance Only	2019	28.4	Neutral	22.8	62,108	↓

INDICATOR NAME	PERIOD	CA	DESIRED DIRECTION	SCC RATE	SCC N/ COUNT	TREND
Consumer Expenditures: Health Insurance	2021	$4,584	Below	**♦$4,845**		
Average Gross Premium for Covered California Enrollees	Mar 2021	N/A	Below	$685		↑
Consumer Expenditures: Prescription and Non-Prescription Drugs	2021	N/A	Below		$656	↑
Percent of Consumer Spending: Prescription and Non-Prescription Drugs	2019	0.74	Below	**0.75**		↓
Medicare Healthcare Costs	2015	$9,100	Neutral	$7,372		↑
Non-Physician Primary Care Provider Rate	2020	68	Above	78		↑
People with a Usual Source of Health Care	2017-2019	87.1	Above	90.6		—
Percent of Consumer Spending: Medical Services	2019	1.7	Below	1.7		↓
Percent of Consumer Spending: Medical Supplies	2019	0.28	Below	0.28		↓
Consumer Expenditures: Medical Services	2021	N/A	Below		$1,383	↑
Consumer Expenditures: Medical Supplies	2021	N/A	Below		$246	↑
Dentist Rate	**2019**	**87**	**Above**	**♦82**		↑S
Adults who Visited a Dentist	2018	66.5	Above	68.1		
Children who Visited a Dentist	2017-18	91.9	Above	97.1		↑

INDICATOR NAME	PERIOD	CA	DESIRED DIRECTION	SCC RATE	SCC N/ COUNT	TREND
Primary Care Provider Rate	2018	80	Above	101	278	↑
Adults 65+ with Total Tooth Loss	2018	13.5	Below	10.4		
Mean Travel Time to Work	2015-2019	29.8	Below	27.7		↑S
Solo Drivers with a Long Commute	2015-2019	42.2	Below	38.7		↑S
Workers Commuting by Public Transportation	2015-2019	5.1	Above	♦3.0	3,997	—

HEALTHCARE ACCESS & DELIVERY RACE/ETHNICITY DATA

INDICATOR NAME	CA VALUE	DESIRED DIRECTION	BLACK/ AFR ANC	AMER IND	ASIAN	HISP/ LATINO	TWO OR MORE	WHITE	OTHER RACE
Adults who have had a Routine Checkup	70.9	Above			**♦51.9**	73.4	100.0	**♦61.8**	
People Delayed or had Difficulty Obtaining Care	19.6	Below				15.1		**♦23.0**	
People with a Usual Source of Health Care	87.1	Below	**♦66.7**			90	95.3	89.9	
Children with Health Insurance: age 0-17	97.1	Above				99.1		98.7	99.2
Adults with Health Insurance	89.1	Above			94.9	84.7		95.9	**78.3**

INDICATOR NAME	CA VALUE	DESIRED DIRECTION	BLACK/ AFR ANC	AMER IND	ASIAN	HISP/ LATINO	TWO OR MORE	WHITE	OTHER RACE
Workers Commuting by Public Transportation	5.1	Above	8.4	♦**1.5**	6.0 Pac Isl 22.6	♦**2.8**	5.5	♦**2.7**	♦**1.9**

Note: Oral health data was not available by race/ethnicity.

HEALTHCARE ACCESS & DELIVERY SUB-COUNTY DATA FINDINGS

- Adults without Health Insurance: Freedom, Watsonville (both 100% worse)
- Adults with Routine Checkup: Freedom, Watsonville (both 7% worse)
- Adults who Visited a Dentist: 95012, 95019, Watsonville and 95076 (all at least 11% worse)
- Dentist rate: South County

HEALTHY LIFESTYLES (DIABETES & OBESITY)

INDICATOR NAME	PERIOD	CA	DESIRED DIRECTION	SCC RATE	SCC N/ COUNT	TREND
Adults with Diabetes	2015-2016	9.4	Below	7.5		—
Age-Adjusted Death Rate due to Diabetes	2016-2018	21.2	Below	14.6		↑
Diabetes: Medicare Population	2018	27.2	Below	18.8		↓S
Diabetic Monitoring: Medicare Population	2015	81.9	Above	87.4		↑
7th Grade Students who are Physically Fit	2018-2019	61.0	Above	66.6		↑
Access to Exercise Opportunities	2020	93.1	Above	94.0		
Adult Fast-Food Consumption	2016	65.6	Below	38.9		↓
Adults who Drink Sugar-Sweetened Beverages	2015-2016	11.0	Below	7.4		↓
Adults who Walk Regularly	2015-2016	38.9	Above	43.4		↑
Children and Teens who Engage in Regular Physical Activity	2015-2016	16.5	Above	16.5		↓

INDICATOR NAME	PERIOD	CA	DESIRED DIRECTION	SCC RATE	SCC N/ COUNT	TREND
Ratio of Fitness and Recreation Centers per 1,000 population	2016	0.06[US]	Above	0.13		↓
Consumer Expenditures: Fast Food Restaurants	2021	$2,063	Below	**$2,142**		↓
Food Environment Index	2021	8.8	Above	**8.4**		↑
Percent of Consumer Spending: Fruits and Vegetables	2019	1.45	Above	**1.39**		↑
Percent of Consumer Spending: High Sugar Beverages	2019	0.45	Below	0.42		↑
Percent of Consumer Spending: High Sugar Foods	2019	0.71	Below	0.68		↑
5th Grade Students who are at a Healthy Weight or Underweight	2018-2019	58.7	Above	59.0		↑
9th Grade Students who are at a Healthy Weight or Underweight	2018-2019	62.2	Above	64.2		↑
Adults Who Are Obese	2019	27.3	Below	21.5		↑
Adults who are Overweight or Obese	2019	59.6	Below	49.3		↓

INDICATOR NAME	PERIOD	CA	DESIRED DIRECTION	SCC RATE	SCC N/ COUNT	TREND
Children who are Overweight for Age	2017-2018	14.9	Below	**♦15.8**		—
Teens who are Overweight or Obese	2015-2016	38.2	Below	11.0		↓
CalFresh Households	2021	N/A	Above		16,204	↑
Farmers Market Density	2018	N/A	Above	0.04	10	↑S

HEALTHY LIFESTYLES RACE/ETHNICITY DATA

INDICATOR NAME	CA VALUE	DESIRED DIRECTION	BLACK / AFR ANC	AMER IND	ASIAN	FILIP-INO	HISP/ LATINO	TWO OR MORE	WHITE
5th Grade Students who are at a Healthy Weight or Underweight	58.7	Above	59.3		72.7	**♦44.4**	**♦48.4**	73.9	73.4
7th Grade Students who are Physically Fit	61.0	Above	61.3	81.8	81.0	69.2	**59.4**	63.2	79.1
9th Grade Students who are at a Healthy Weight or Underweight	62.2	Above	88.2		85.2	78.6	**♦52.9**	75.6	77.5
Adult Fast-Food Consumption	65.6	Below			**♦77.6**		55.9	40.5	29.8
Adults Who Are Obese	27.3	Below					**♦34.7**		14.7

INDICATOR NAME	CA VALUE	DESIRED DIRECTION	BLACK / AFR ANC	AMER IND	ASIAN	FILIP-INO	HISP/ LATINO	TWO OR MORE	WHITE
Adults who are Overweight or Obese	59.6	Below			55.5		**♦63.0**	**♦76.0**	40.7
Adults with Diabetes	9.4	Below					7.6	8.9	7.8
Diabetic Monitoring: Medicare Population	81.9	Above	90.5						87.3

HEALTHY LIFESTYLES SUB-COUNTY DATA FINDINGS

Watsonville / 95076

Poor Physical Health: 14+ Days: (also Freedom)

Children and Teens who Engage in Regular Physical Activity (95076 trend worsening only)

HOUSING & HOMELESSNESS

INDICATOR NAME	PERIOD	CA	DESIRED DIRECTION	SCC RATE	SCC N/ COUNT	TREND
Residential Segregation - Black/White	2021	55.1	Below	**57.7**		↑S
Residential Segregation - Non-White/White	2021	38.0	Below	**♦41.2**		↑S
Consumer Expenditures: Home Rental Expenses	2021	$7,800	Below	$7,262		
Homeowner Expenses	2021	$11,023	Below	**♦$11,618**		
Homeownership (percent of units occupied by owners)	2015-2019	50.5	Above	54.1	57,561	↑
Mortgaged Owners Spending 30% or More of Household Income on Housing	2019	36.9	Below	**38.0**	14,413	↓
Overcrowded Households	2015-2019	8.2	Below	7.2		↑S
Renters Spending 30% or More of Household Income on Rent	2015-2019	54.8	Below	**♦59.1**		↓
Severe Housing Problems	2013-2017	26.4	Below	**27.2**		↓
Total Homeless Population	2020	N/A	N/A		2,256	↑
Sheltered Homeless	2020	N/A	N/A		556	
Unsheltered Homeless	2020	N/A	N/A		1,700	
Utilization of Housing Choice Vouchers	2020	90	Above	91	6,382	↑

Housing & Homeless data by race/ethnicity were not available.

HOUSING & HOMELESSNESS SUB-COUNTY DATA FINDINGS

- Renters spending 30% or More of Household Income on Rent: Boulder Creek, Lompoc, Watsonville
- Homeownership (percent of housing units occupied by owners): La Selva, Watsonville
- Median Household Income: Freedom, Watsonville

HEART DISEASE & HEART ATTACK

INDICATOR NAME	PERIOD	CA	DESIRED DIRECTION	SCC RATE	SCC N/ COUNT	TREND
Adults who Experienced a Stroke	2018	3.4[US]	Below	2.9		
Adults who Experienced Coronary Heart Disease	2018	6.8[US]	Below	5.7		
Adults with High Blood Pressure Who Have Taken Medications for it	2017	75.8[US]	Above	**♦70.6**		
Adults with Heart Disease	2017-2018	6.8	Below	6.7		↑
Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	2016-2018	36.9	Below	30.9		↑
Age-Adjusted Death Rate due to Heart Attack	2018	42.9	Below	40.8	46	↑
Age-Adjusted Hospitalization Rate due to Heart Attack	2014	23.6	Below	18.1		↓
Atrial Fibrillation: Medicare Population	2018	7.5	Below	7.4		↓
Cholesterol Test History	2017	81.5[US]	Above	80.2		

INDICATOR NAME	PERIOD	CA	DESIRED DIRECTION	SCC RATE	SCC N/ COUNT	TREND
Heart Failure: Medicare Population	2018	13.9	Below	9.9		↓S
High Blood Pressure Prevalence	2018	29.8	Below	23.6		↓
High Cholesterol Prevalence: Adults 18+	2017	34.1[US]	Below	30.6		
Hyperlipidemia: Medicare Population	2018	45.3	Below	38.1		Mixed
Hypertension: Medicare Population	2018	53	Below	43		↓S
Ischemic Heart Disease: Medicare Population	2018	24.7	Below	16.5		↓S
Stroke: Medicare Population	2018	3.5	Below	2.4		↓S

Note: Dominican Hospital compared local rates to California rates for analysis; US rates are provided only where California rates are missing, but these were not used to determine whether the indicator fails a benchmark.

HEART DISEASE/HEART ATTACK RACE/ETHNICITY DATA

INDICATOR NAME	CA VALUE	DESIRED DIRECTION	HISP/ LATINO	TWO OR MORE	WHITE
High Blood Pressure Prevalence	29.8	Below	13.0	♦**63.5**	24.3

HEART DISEASE & HEART ATTACK SUB-COUNTY DATA FINDINGS

- Adults who Experienced a Stroke: Watsonville

- Adults with High Blood Pressure (HBP) who Have Taken Meds for it: Freedom, Lompico, Watsonville
- Cholesterol Test History: Freedom, Watsonville
- High Cholesterol Prevalence: Adult: La Selva
- Adults with Heart Disease: 95076 trend worsening only

UNINTENDED INJURIES/ACCIDENTS

INDICATOR NAME	PERIOD	CA	DESIRED DIRECTION	SCC RATE	SCC N/ COUNT	TREND
Age-Adjusted Death Rate due to Unintentional Injuries	2016-2018	33.0	Below	**♦44.1**		↑S
Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	2016-2018	9.8	Below	9.7		↑S
Bicycle-Involved Collision Rate	2017	28.9	Below	**♦59.5**	164	↓S

Unintended injuries/accidents data by race/ethnicity were not available.
Unintended injuries/accidents subcounty data were not available.

ATTACHMENT 3: QUALITATIVE RESEARCH PROTOCOLS

CHNA KII Protocol - Professionals (60 min.)

PREP

- Schedule call, send survey and main questions [*minimum: 1 week ahead of time*].
- 48 hours before:
    - Review the individual's background on LinkedIn and/or their organization's website; review their survey response (health needs they identified).
    - Send reminder email; remind them of their survey response (most pressing needs among those they serve) and the main questions.
        - If they didn't respond to the survey, include the link and ask them to respond ASAP before the interview.

INTRODUCTION (5 MIN.)

[Start recording from the beginning of the session.]

- Welcome and thanks
- What the project is about:
    - Identifying health needs in our community, including social determinants of health (called the Community Health Needs Assessment or CHNA).
    - A CHNA is required of all non-profit hospitals in the U.S. every three years. The report based on this assessment will be a snapshot in time; this report will be published next year (in 2022) and consulted through 2025.
    - Will inform investments that hospitals make to address community needs.
- Our interview is scheduled for sixty minutes -- does that still work for you?
- Today's questions:
    - Better understand the needs you identified as most pressing in Santa Cruz County
    - Which populations are experiencing inequities related to the needs

    - How things may have changed in the past few years (trends)
    - Any models or best practices you know of for addressing the needs
    - Areas of concern
    - *[If not one of the needs identified:]* Your expertise as it relates to the community's needs
    - *[If not one of the needs identified:]* Your comments on how the pandemic has affected the people you serve
- What we'll do with the information you tell us today:
    - Will record so that we can get the most accurate record possible
    - Will not share the audio itself; transcript will go to hospitals
    - Hospitals will make decisions about which needs they can best address
    - We can keep anything confidential, even the whole interview. Let me know any time.
    - *[First half depends on their survey response:]* Plan to name *you/your organization* in the report where we list all the experts we consulted, but will not attach your name to any quotes we might use.
- Any questions before I begin? *[If we don't have the answer, commit to finding it and sending later via email.]*

Kick on Zoom recording!

HEALTH NEEDS DISCUSSION (35 MIN.)

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

1. Please describe **how you see the need playing out**, including how well the need is being addressed right now and what barriers might exist to seeing better outcomes.

   Probe: Who is addressing the need? [*Prompts for barriers if they are having trouble thinking of any:* Income/economic issues, language, culture/stigma, lack of awareness/education, policies/laws, budget cuts, lack of community resources, geographic location (north vs. south county), transportation, housing, addiction, stress, being victims of abuse/bullying/crime]

2. This may overlap the previous question, but I'll ask you to identify **which populations are experiencing inequities** with respect to the need (that is, who are better or worse off than others) and explain their situation.

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

3. Third, to say **how things may have changed** in the last few years (since we know that the data always lag what is happening now). What emerging trends or areas of concern do you see? Think about how things were going prior to the emergence of COVID-19, and also how they are now, with the impact of the pandemic.

4. Finally, I'll ask you to explain **what you feel is needed to better address this need**, including **any models or best practices for addressing the need.** *Probe*: Who should be doing that (addressing this need)? [*Prompts if needed:* Practices you have observed within your health system or organization, in our county agencies, national practices you've heard about, or practices you've read about in literature.]

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

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

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

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

Only if COVID was not chosen as a need/was not discussed in the context of other needs:

FURTHER DISCUSSION: CORONAVIRUS PANDEMIC (5-10 min.)

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

- Telling me about the effects of the pandemic you may be seeing among the people you serve (not just among those who were ill with COVID)?
- What inequities are you seeing?
- How have things changed since COVID began?

ADDITIONAL COMMENTS (time permitting)

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

REQUEST FOR ASSISTANCE WITH ASSETS LIST (2 min.)

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

CLOSING (1 min.)

You can look for the hospitals' CHNA reports to be made publicly available on their individual websites in the second half of 2022.

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

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

CHNA FG Protocol - Professionals (90 min.)

PREP

- Schedule group of 8-10 participants. If needed, create recruitment email/flyer for hospital rep. Ahead of time, send participants:
    - Pre-focus group survey and main questions [*minimum: 1 week ahead of time*].
    - FG date, time, and Zoom login information
    - Advise that the session will be recorded
- 48 hours before, prepare:
    - Review the individuals' backgrounds on LinkedIn and/or their organizations' websites; review their survey responses (health needs they identified).
    - Send reminder email; if any didn't respond to the survey, include the link and ask them to respond ASAP before the focus group.
    - Ensure you have PDF of agenda/questions ready.

INTRODUCTION (10 MIN.)

[Start recording from the beginning of the session.]

- Hello everyone. Today we are hosting a focus group about health here in our county. This session will run until [*time*].
- My name is ____ and I'm with Actionable Insights, a local consulting firm. When we start our discussion in a few minutes, we will call on you and ask you to say your name before speaking.
- What the project is about:
    - Identifying health needs in our community, including social determinants of health (called the Community Health Needs Assessment or CHNA)
    - The report based on this assessment will be a snapshot in time, required of all non-profit hospitals in the U.S. every three years; this report will be published next year (in 2022) and consulted through 2025
    - Will inform investments that hospitals make to address community needs
- Today's questions: *show slide*

    - Better understand the needs you identified as most pressing in Santa Cruz County
    - Which populations are experiencing inequities related to the needs
    - How things may have changed recently (trends)
    - Any models or best practices you know of for addressing the needs
    - Areas of concern
    - *[If not one of the needs identified:]* Your expertise as it relates to the community's needs
    - *[If not one of the needs identified:]* Your comments on how the pandemic has affected the people you serve
- What we'll do with the information you tell us today:
    - We are recording this group so that we can make sure to get your words right.
    - Will not share the video itself; transcript or notes will go to hospital
    - When we are finished with all of the focus groups, we will read all of the transcripts and summarize the things we learn. We will also use some quotes so that the hospital can read your own words. We will not use your name when we give them those quotes.
    - If for any reason you are deciding that you do not want to participate, it is OK to leave the meeting now. No hard feelings!
- Guidelines:
    - We know you have other commitments and we really appreciate you taking the time out of your day to be here. It is my job to move us along to keep us on time. I may interrupt you; I don't mean any disrespect, but it is important to get to all of the questions so we can finish on time.
    - We understand that you may have distractions on your end; we ask that you do the best you can to remain present, and let us know through the chat if you absolutely need to step away.
    - It's OK to disagree, but please be respectful. We want to hear from everyone. Really want your personal opinions and perspectives, even – especially! – if they aren't the same as everyone else's.

- Any questions before I begin? *[If we don't have the answer, commit to finding it and sending later via email.]*

HEALTH NEEDS DISCUSSION (45 MIN.)

As a group, you identified [*read list*] as the most pressing needs for the people you serve -- these are the needs that got the most votes in the pre-survey. For each of these needs, I'll ask you four things [*read only **bold text** to introduce this section*]:

1. *[Facilitators call on participants one by one.]* "Please say your first name, and then describe **how you see the need playing out**, including how well the need is being addressed right now and what barriers might exist to seeing better outcomes. You can choose to pass if you didn't vote for the need and don't have anything to say about it."

   Probe: Who is addressing the need? [*Prompts for barriers if they are having trouble thinking of any:* Income/economic issues, language, culture/stigma, lack of awareness/education, policies/laws, budget cuts, lack of community resources, geographic location (north vs. south county), transportation, housing, addiction, stress, being victims of abuse/bullying/crime]

2. This may overlap the previous question, but I'll ask you to identify **which populations are experiencing inequities** with respect to the need (that is, who are better or worse off than others) and explain their situation.

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

3. Third, to say **how things may have changed** in the last few years (since we know that the data always lags what is happening now). What emerging trends or areas of concern do you see? Think about how things were going prior to the emergence of COVID-19, and also how they are now, with the impact of the pandemic.

4. Finally, I'll ask you to explain **what you feel is needed to better address this need**, including **any models or best practices for addressing the need.** *Probe*: Who should be doing that (addressing this need)? [*Prompts if needed:* Practices you have observed within your health system or organization, in our county agencies, national practices you have heard about, or practices you have read about in literature.]

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

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

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

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

***Only if* COVID was not chosen as a need/was not discussed in the context of other needs:**

FURTHER DISCUSSION: CORONAVIRUS PANDEMIC (5-10 min.)

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

- Telling me about the effects of the pandemic you may be seeing among the people you serve (not just among those who were ill with COVID)?
- What inequities are you seeing?
- How have things changed in the last few years (both prior to COVID, and since COVID began)?

ADDITIONAL COMMENTS (time permitting)

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

REQUEST FOR ASSISTANCE WITH ASSETS LIST (2 min.)

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

CLOSING (1 min.)

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

You can look for the hospitals' CHNA reports to be made publicly available on their individual websites in the second half of 2022.

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

ATTACHMENT 4: COMMUNITY LEADERS, REPRESENTATIVES, AND MEMBERS CONSULTED

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

ID #	Data Collection Method	Name, Title, Agency	Topic	# of People	Target Group(s) Represented	Role in Target Group	Date Input Was Gathered
Organizations							
1	Interview	Leslie Conner, CEO, Santa Cruz Community Health	North County	1	Low-income, medically underserved	Leader	9/9/2021
2	Interview	Monica Martinez, CEO, Encompass Community Services and Stephanie Macwhorter, Chief Operating Officer, JANUS of Santa Cruz	Behavioral health	2	Medically underserved	Leaders	9/9/2021
3	Interview	Stephanie Sonnenshine, CEO, Central California Alliance for Health	Health plan	1	Low-income, medically underserved	Leader	9/15/2021
4	Interview	Dori Rose Inda, CEO, Salud Para La Gente	South County	1	Low-income, medically underserved	Leader	9/16/2021

ID #	Data Collection Method	Name, Title, Agency	Topic	# of People	Target Group(s) Represented	Role in Target Group	Date Input Was Gathered
5	Interview	Evyn Simpson, Associate Director of Programs, Housing Matters	Housing / economic insecurity	1	Low-income	Leader	9/24/2021
6	Interview	Mimi Hall, Health Services Agency Director, County of Santa Cruz	Public health	1	Low-income, medically underserved	Leader	9/27/2021
7	Focus Group	Hosts: Sutter Health and Community Bridges	North County	8	Low-income, minority	(See below)	9/17/2021
		Attendees:					
		Cori Burt, Advocate III, Community Bridges-Mountain Community Resources				Representative	
		Pamela Nell, Program Manager, Community Bridges				Representative	
		Sandra Rodelo, Advocate III, Community Bridges - La Manzana Community Resources				Representative	

ID #	Data Collection Method	Name, Title, Agency	Topic	# of People	Target Group(s) Represented	Role in Target Group	Date Input Was Gathered
		Lois Sones, Program Director, Community Bridges Elderday				Representative	
		Tonje Wold-Switzer, Assistant to the CEO, Community Bridges				Representative	
		Advocate III, Community Bridges - La Manzana Community Resources				Representative	
		Program Coordinator, Mountain Community Resources/Community Bridges				Representative	
		Community Bridges				Representative	
8	Focus Group	Hosts: Dignity Health Dominican Hospital and Community Action Board	South County	10[65]	Low-income, minority	(See below)	10/4/2021
		Attendees:					
		Anissa Banuelos, Program				Representative	

[65] One attendee did not give permission to be listed in this appendix.

ID #	Data Collection Method	Name, Title, Agency	Topic	# of People	Target Group(s) Represented	Role in Target Group	Date Input Was Gathered
		Coordination, Community Action Board of Santa Cruz County, Inc.					
		Paz Padilla, Director of Programs and Impact, Community Action Board of Santa Cruz County, Inc.				Representative	
		Melina Perez, TAY NAV Case Manager, Community Action Board of Santa Cruz County, Inc.				Representative	
		Celeste Sandoval, ERAP Emergency Rent Relief Program Technical Assistant, Community Action Board of Santa Cruz County, Inc.				Representative	
		Sandra Varela, Coordinator/Work Experience Crew Leader, Community Action Board of Santa Cruz County, Inc.				Representative	
		Administrative Assistant, Community Action Board of Santa Cruz County,				Representative	

ID #	Data Collection Method	Name, Title, Agency	Topic	# of People	Target Group(s) Represented	Role in Target Group	Date Input Was Gathered
		Inc.					
		Program Coordinator, Community Action Board of Santa Cruz County, Inc.				Representative	
		South County Coordinated Entry System Housing Problem Solving Program Specialist, Community Action Board of Santa Cruz County, Inc.				Representative	
		Community Action Board of Santa Cruz County, Inc.				Representative	

ATTACHMENT 5: COMMUNITY ASSETS AND RESOURCES

On the following pages are lists of programs and resources available to meet each identified health need.

ACCESS TO HEALTHCARE RESOURCES

Health Care Facilities and Agencies

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

Hospitals	City/Region
Dignity Health Dominican Hospital	Santa Cruz
Sutter Maternity & Surgery Center	Santa Cruz
Watsonville Community Hospital	Watsonville

Clinics	City/Region
Cabrillo College Student Health Services	Aptos, CA
Clinica Del Valle del Pajaro	Watsonville
Dientes Community Dental	Santa Cruz
Dominican Hospital Mobile Clinic	N/A (mobile)
Homeless Persons Health Project	Santa Cruz
Janus of Santa Cruz Community Clinic	Santa Cruz
Palo Alto Medical Foundation	Multiple locations. See http://www.pamf.org/clinics/#Santa%20Cruz%20County
Salud Para la Gente	Watsonville
Santa Cruz Health Center (SC HSA Clinic)	Santa Cruz
Santa Cruz Women's Health Center	Santa Cruz
UCSC Student Health Center	Santa Cruz
Watsonville Health Center (SC HSA Clinic)	Watsonville
Watsonville Homeless Health Center	Watsonville
Planned Parenthood Mar Monte Health Center	Watsonville
Santa Cruz County Medical Society Immunization Clinics	Santa Cruz
Dominican Physical Medicine & Rehabilitation	Santa Cruz

Other General Healthcare Access Resources

- Bonny Doon Elementary School District Bus Transportation
- Cabrillo College - Program: Cabrillo College Student Health Center
- Cabrillo College - Program: Dental Hygiene Clinic
- Central California Alliance For Health - Program: Medi-Cal
- Central California Alliance For Health - Program: Medi-Cal Managed Health Care Plan
- Community Bridges - Program: La Manzana Community Resources
- Community Bridges - Program: Lift Line
- Community Bridges - Program: Live Oak Community Resources
- Community Bridges - Program: Mountain Community Resources (MCR)
- Community Bridges - Program: Nueva Vista Community Center
- Community Bridges Lift Line
- Community Bridges Meals on Wheels Program
- Community Services & Workforce Development - Program: Housing Opportunities for People with Aids
- County of Santa Cruz Human Services Department Employment and Benefit Services Division - Program: Medi-Cal
- County of Santa Cruz Human Services Workforce - Program: Services for Business
- Dientes Community Dental Care - Program: Dientes Community Dental Care-Beach Flats
- Dientes Community Dental Care - Program: Dientes Community Dental Care-Commercial Way
- Dientes Community Dental Care - Program: Dientes Community Dental Care-Watsonville
- Dominican Hospital - Program: Dignity Health Medical Group - Dominican
- Dominican Hospital - Program: Dominican Hospital Pep Program
- Dominican Hospital - Program: Santa Cruz Surgery Center
- First 5 Santa Cruz County - Program: Health Insurance Application Assistance
- Health and Human Services Agency San Benito County - Program: Maternal Child Adolescent Health
- Health and Human Services Agency San Benito County - Program: Medi-Cal
- Homeless Services Center - Program: Homeless Services Center-Basic Needs
- Jacob's Heart Children's Cancer Support Services - Program: Physiological Needs

- Mercy Transportation
- Pajaro Valley Unified School District - Program: Healthy Start
- Palo Alto Medical Foundation Santa Cruz - Program: Health Education Department
- Salud Para La Gente - Program: Community Health
- Salud Para La Gente - Program: Family Health Care
- Salud Para La Gente - Program: Pediatric Care
- Salud Para La Gente - Program: Women’s Health Care (OBGYN) And Lactation
- San Benito County Local Transportation Authority
- San Benito County Veteran Service Office - Program: San Benito County Veteran Service Office
- San Benito Health Foundation - Program: Medi-Cal Program
- Santa Cruz Community Health Center - Program: East Cliff Family Health Center
- Santa Cruz Community Health Center - Program: Santa Cruz Women's Health Center
- Santa Cruz County Health Services Agency Behavioral Health (HSA) - Program: Substance Use Disorders Services
- Santa Cruz County Health Services Agency Clinic Services (HSA) - Program: Health Care Services
- Santa Cruz County Health Services Agency Public Health Department (HSA) - Program: HIV/AIDs Services
- Santa Cruz County Health Services Agency Public Health Department (HSA) - Program: Homeless Persons Health Project
- Santa Cruz County Health Services Agency Public Health Department (HSA) - Program: California Children Services Program (Ccs)
- Santa Cruz County Health Services Agency Public Health Department (HSA) - Program: Community Health Education
- Santa Cruz County Health Services Agency Public Health Department (HSA) - Program: Medi-Cruz
- Santa Cruz County Health Services Agency Public Health Department (HSA) - Program: Health Care Access Line
- Santa Cruz County Regional Transportation Commission - Program: Cruz511
- Santa Cruz Metro - Program: Public Transportation Services
- Scotts Valley Senior Center - Program: Senior Services
- Senior Network Services - Program: HICAP
- Social Security Administration Santa Cruz - Program: Social Security Administration

- Social Security Administration Watsonville - Program: Social Security Administration
- Social Security Retirement Benefits
- United Way of Santa Cruz County - Program: United Way of Santa Cruz County
- Valley Churches United - Program: Valley Churches United Missions
- Volunteer Center of Santa Cruz County - Program: Transportation Program
- Walnut Avenue Family & Women's Center - Program: Services for Children & Youth
- Watsonville/Aptos/Santa Cruz Adult Education (WASC) - Program: Education Programs for Adults with Disabilities

RESOURCES AVAILABLE BY IDENTIFIED HEALTH NEED

Behavioral Health

- Alcoholics Anonymous of Santa Cruz County Intergroup, Inc - Program: Substance Abuse Services
- Big Brothers Big Sisters of Santa Cruz County - Program: Big Brothers Big Sisters
- Cabrillo College - Program: Cabrillo College Student Health Center
- Central California Alliance For Health - Beacon
- City of Santa Cruz Department of Parks and Recreation - Program: Parks and Recreation
- Community Bridges - Program: Live Oak Community Resources
- Community Bridges - Program: Mountain Community Resources (MCR)
- Conflict Resolution Center of Santa Cruz County - Program: Affordable Divorce Mediation
- Conflict Resolution Center of Santa Cruz County - Program: Conflict Resolution Training Workshops
- Conflict Resolution Center of Santa Cruz County - Program: Parent Teen Mediation
- County of Santa Cruz Human Services Department Adult and Long-Term Care - Program: Veterans Services Office
- County of Santa Cruz Human Services Department Family and Children's Services - Program: Independent Living Program and Transitional Housing
- Del Mar Caregiver Resource Center (Health Projects Center)
- Dominican Hospital - Program: Better Breathers Pulmonary Support Group
- Dominican Hospital - Program: Caregiver Support
- Dominican Hospital - Program: Dignity Health Medical Group - Dominican

- Dominican Hospital - Program: Dominican Hospital
- Dominican Hospital - Program: Dominican Hospital Outpatient Rehabilitation Center
- Easter Seals Central California - Program: Organizational & Nonprofit Development Services
- Elevate Addiction Services - Program: Elevate Addiction Services
- Encompass Community Services - Program: 2nd Story Program
- Encompass Community Services - Program: Alto North and South Counseling Center
- Encompass Community Services - Program: Si Se Puede (SSP)
- Encompass Community Services - Program: Sober Living Environment (SLE)
- Encompass Community Services - Program: Substance Abuse Services
- Encompass Community Services - Program: Supported Housing
- Encompass Community Services - Program: Transition Age Youth (Tay) Program
- Family Services Agency - Santa Cruz
- Hand of Santa Cruz - Program: Support Groups
- Health and Human Services Agency San Benito County - Program: Children's Medical Services
- Hospice of Santa Cruz County - Program: Hospice Transition & Grief Program
- Jacob's Heart Children's Cancer Support Services - Program: Emotional Well-Being
- Jacob's Heart Children's Cancer Support Services - Program: Physiological Needs
- Janus Of Santa Cruz - Program: Community Clinic
- Janus Of Santa Cruz - Program: Substance Abuse Services
- Mental Health Client Action Network - Program: Mental & Behavioral Health Services
- Monarch Services - Program: Domestic Violence, Sexual Assault, Human Trafficking Services
- Monterey Bay Horsemanship & Therapeutic Center - Program: Recreation Services
- Nami Santa Cruz County - Program: Hope Bipolar Disorder and Depression Support Group
- Nami Santa Cruz County - Program: Nami Classes
- Nami Santa Cruz County - Program: Nami Family Support Group for Spanish Speakers
- Nami Santa Cruz County - Program: Nami Peer Connection Support Groups
- Nami Santa Cruz County - Program: Nami Support for Family Members of Youth and Young Adults (16-26)
- Nami Santa Cruz County - Program: Nami Thursday Night Support Group for Family Members
- New Life Community Services, Inc. - Program: New Life Community Services

- Opal Cliff Residential Center - Program: Mental & Behavioral Health Services
- Overeaters Anonymous Santa Cruz - Program: Support Groups
- Pajaro Valley Prevention and Student Assistance, Inc. - Program: Restorative Justice Programs
- Pajaro Valley Prevention and Student Assistance, Inc. - Program: Youth Services
- Planned Parenthood Mar Monte Watsonville Health Center - Program: Watsonville Health Center
- Planned Parenthood Mar Monte Westside Health Center - Program: Westside Health Center
- Salud Para La Gente - Program: Family Health Care
- Salud Para La Gente - Program: Wellness and Counseling (Behavioral Health)
- San Benito County Behavioral Health - Program: Mental Health Services
- San Benito County Behavioral Health - Program: Substance Abuse Services
- Santa Cruz Barrios Unidos - Program: SCHS Educational Outreach
- Santa Cruz Chapter California Association of Marriage and Family Therapists - Program: Information and Referral Services
- Santa Cruz Community Health Center - Program: East Cliff Family Health Center
- Santa Cruz County Department of Parks Simpkins Family Swim Center - Live Oak Community Center - Program: Recreation Services
- Santa Cruz County Health Services Agency Behavioral Health (HSA) - Program: Child and Adolescent Behavioral Health Services
- Santa Cruz County Health Services Agency Behavioral Health (HSA) - Program: Substance Use Disorders Services
- Santa Cruz County Health Services Agency Behavioral Health (HSA) - Program: Adult Mental Health Services
- Santa Cruz County Health Services Agency Behavioral Health (HSA) - Program: Substance Use Disorders Services
- Santa Cruz County Health Services Agency Clinic Services (HSA) - Program: Health Care Services
- Santa Cruz County Health Services Agency Public Health Department (HSA) - Program: Homeless Persons Health Project
- Santa Cruz County Health Services Agency Public Health Department (HSA) - Program: Family Health Programs
- Santa Cruz County Health Services Agency Public Health Department (HSA) - Program: Community Health Education
- Santa Cruz County Probation Department - Program: Legal and Criminal Justice Services

- Sobriety Works - Program: Sobriety Works
- Sun Street Centers - Program: Sun Street Centers Women’s Residential
- Survivors Healing Center - Program: Survivors Healing Center
- The Salvation Army Santa Cruz Corps Community Center - Program: Family and Youth Services
- The Salvation Army Watsonville Corps - Program: The Salvation Army Watsonville Corps
- Walnut Avenue Family & Women's Center - Program: Services for Children & Youth
- Your Future Is Our Business - Program: Your Future Is Our Business Career Exploration

Cancer

- Dominican Hospital - Program: Breast Cancer Support Group
- Dominican Hospital - Program: Cancer Support
- Dominican Hospital - Program: Dominican Breast Center
- Dominican Hospital - Program: Dominican Hospital
- Dominican Hospital - Program: Dominican Hospital - Mary & Richard Solari Cancer Center
- Dominican Hospital - Program: Dominican Hospital Imaging & Radiology Department
- Dominican Hospital - Program: Dominican Hospital Laboratory
- Dominican Hospital - Program: Dominican Hospital Lymph-Edema Management
- Dominican Hospital - Program: Dominican Hospital Outpatient Rehabilitation Center
- Dominican Hospital - Program: Every Woman Counts
- Dominican Hospital - Program: Gentle Yoga for Those with Cancer
- Dominican Hospital - Program: Infectious Diseases, Internal Medicine and Endocrinology
- Dominican Hospital - Program: Oncology and Hematology
- Jacob's Heart Children's Cancer Support Services - Program: Physiological Needs
- Planned Parenthood Mar Monte Watsonville Health Center - Program: Every Woman Counts
- Salud Para La Gente - Program: Every Woman Counts
- Santa Cruz Community Health Center - Program: Every Woman Counts
- Santa Cruz County Health Services Agency Clinic Services (HSA) - Program: Every Woman Counts
- Santa Cruz County Health Services Agency Clinic Services (HSA) - Program: Health Care Services
- Womencare - Program: Support Groups and Healing Circles

Community Safety

- Bill Wilson Center
- California Rural Legal Assistance, Inc. - Program: California Rural Legal Assistance, Inc.
- City of Watsonville Parks and Community Services Department Contigo Program
- Commission for the Prevention of Violence Against Women
- Community Bridges - Program: Mountain Community Resources (MCR)
- Conflict Resolution Center of Santa Cruz County - Program: Community Mediation
- Conflict Resolution Center of Santa Cruz County - Program: Conflict Resolution Training Workshops
- Conflict Resolution Center of Santa Cruz County - Program: Restorative Justice Program
- Conflict Resolution Center of Santa Cruz County Parent Teen Mediation Program
- County of Santa Cruz Human Services Department Family and Children's Services - Program: Child Protective Services (Cps)
- County of Santa Cruz Human Services Workforce - Program: Services for Business
- Diversity Center of Santa Cruz County - Program: LGBTQ+ Services
- Emmaus House - Program: Emmaus House
- Gang Prevention Policy Committee
- Health and Human Services Agency San Benito County - Program: Child Protective Services (CPS)
- Monarch Services - Program: Crisis Intervention Program
- Monarch Services - Program: Domestic Violence, Sexual Assault, Human Trafficking Services
- Nonviolent Communication Santa Cruz - Program: Support Groups
- Pajaro Valley Prevention and Student Assistance Restorative Justice Programs
- Pajaro Valley Prevention and Student Assistance Youth Services Program
- Parents Center Parent and Family Counseling Program
- Positive Discipline Community Resources - Program: Parenting for Strong Communities
- Resource Center for Nonviolence Education & Training Services
- Safe Schools Project of Santa Cruz County - Program: Safe Schools Project of Santa Cruz County
- Santa Cruz Barrios Unidos - Program: Kids Club Mentorship
- Santa Cruz Barrios Unidos - Program: SCHS Educational Outreach
- Santa Cruz Barrios Unidos - Program: Youth Outreach
- Survivors Healing Center

- Walnut Avenue Family & Women's Center Services for Survivors of Domestic Violence
- Walnut Avenue Family & Women's Center - Program: Services for Children & Youth
- Watsonville Police Activities League Youth Services

Economic Insecurity

- Alianza Charter School, Watsonville
- American Red Cross of The Central Coast - Program: Programs & Services
- Big Brothers Big Sisters of Santa Cruz County - Program: Big Brothers Big Sisters
- Bike Santa Cruz County - Program: Earn-A-Bike
- Bike Santa Cruz County - Program: Middle School Bike Club
- Bonny Doon Union Elementary School District - Program: After School Program
- Boys & Girls Clubs of Santa Cruz County - Program: Youth Services
- Cabrillo College
- Cabrillo College - Program: Cabrillo College Student Health Center
- Cabrillo College - Program: Cabrillo Youth Science & Engineering Camps
- Cabrillo College/Santa Cruz County Office of Education - Program: Greater Opportunities Though Adult Learning (GOAL)
- California Conservation Corps Monterey Bay - Program: Youth Development
- Calvary Episcopal Church Food Program
- Center for Employment Training - Program: Employment & Vocational Services
- Central Coast Center for Independent Living - Program: Central Coast Center for Independent Living
- Child Development Resource Center (CDRC) - Program: Child Development Resources
- City of Santa Cruz Department of Parks and Recreation - Program: Parks and Recreation
- City of Watsonville Parks and Community Services Department - Program: Parks and Community Services Department
- Community Action Board of Santa Cruz County Davenport Resource Service Center
- Community Action Board of Santa Cruz County, Inc. (Cab, Inc.) - Program: Davenport Resource Service Center (DRSC); Youth Homelessness Response Team
- Community Bridges - Program: La Manzana Community Resources
- Community Bridges - Program: Live Oak Community Resources
- Community Bridges - Program: Mountain Community Resources (MCR)
- Community Bridges - Program: Nueva Vista Community Center
- Community Bridges Child Development Division

- Community Bridges Meals on Wheels Program
- Community Food Bank of San Benito County Food Distribution Program
- Community Information Center for Migrant Assistance: Community Information Center for Migrant Assistance
- Community Services & Workforce Development Program: Housing Opportunities for People with AIDs
- Conflict Resolution Center of Santa Cruz County - Program: Parent Teen Mediation
- Conflict Resolution Center of Santa Cruz County - Program: Workplace Mediation
- Continuing Education
- County of Santa Cruz Human Services Department Adult and Long-Term Care - Program: In Home Supportive Services (IHSS)
- County of Santa Cruz Human Services Department Employment and Benefit Services Division - Program: CalFresh
- County of Santa Cruz Human Services Department Family and Children's Services: Independent Living Program and Transitional Housing
- County of Santa Cruz Human Services Workforce - Program: Services for Job Seekers
- County of Santa Cruz Human Services Workforce - Program: Services for Business
- Elm Street Mission Dinner
- Encompass Community Services - Program: Transition Age Youth (TAY) Program
- Encompass Community Services Early Education Programs
- First 5 San Benito - Program: Playgroups
- First 5 Santa Cruz County
- Food Not Bombs
- Grey Bears Brown Bag Program
- Growing Up Wild - Program: The Boys in The Woodz Summer Camp
- Growing Up Wild - Program: The Outdoor Science and Character Development Program
- Happy Valley Elementary School District - Program: Reading Intervention
- Happy Valley Elementary School District Arts Alive! Program
- Health and Human Services Agency San Benito County - Program: CalFresh
- Highlands Park Senior Center AARP Tax Aide Program
- Homeless Garden Project - Program: Employment & Vocational Services
- Hope Services Santa Cruz District - Program: Hope Services Santa Cruz District
- Imagine Supported Living Services - Program: Disability Services
- Inner Light Ministries
- Jacob’s Heart Children’s Cancer Support Services Physiological Needs Program

- La Manzana Community Resources Community Bridges Program
- Live Oak School District - Program: After School Clubs
- Live Oak School District - Program: Education & Training Services
- Live Oak School District summer food service program
- Live Oak Senior Center
- Louden Nelson Community Center Downtown Seniors
- Migrant Education Region Xi - Program: Education & Training Services
- Monterey Bay Economic Partnership - Program: Workforce Development, Transportation, Housing, Technology
- Mountain Elementary School District - Program: After School Enrichment Classes
- Mountain Elementary School District - Program: Campus Kids Connection (CKC)
- Mountains 2 Sea - Program: Mountains 2 Sea
- New Hope Community Church Aptos Christian Fellowship Program
- Pacific Elementary School District - Program: After School Care
- Pacific Elementary School District - Program: After School Recreation
- Pacific Elementary School District - Program: Life Lab
- Pacific Elementary School District Independent Study
- Pajaro Rescue Mission - Program: Pajaro Rescue Mission
- Pajaro Valley Loaves and Fishes
- Pajaro Valley Prevention and Student Assistance, Inc. - Program: Restorative Justice Programs
- Pajaro Valley Unified School District - Program: Academic and Homework Assistance
- Pajaro Valley Unified School District - Program: After School Academic Enrichment Programs
- Pajaro Valley Unified School District - Program: Family Literacy Project
- Pajaro Valley Unified School District - Program: Healthy Start
- Pajaro Valley Unified School District - Program: Special Education Services
- Pajaro Valley Unified School District summer food service program
- Planned Parenthood Mar Monte Westside Health Center - Program: Westside Health Center
- Saint Vincent De Paul Society of Santa Cruz Program: Our Lady Star of the Sea
- Saint Vincent De Paul Society of Santa Cruz Program: St. Joseph’s Catholic Community Support Services
- Saint Vincent De Paul Society of Santa Cruz Program: St. Patrick’s Church

- Saint Vincent De Paul Society of Santa Cruz Program: The Catholic Community of San Agustin
- Salvation Army Redwood Glen Camp and Conference Center - Program: Summer Camp
- San Andreas Regional Center - Program: Disability Services
- San Benito County Library: US Passport Services
- San Benito County Sheriff Office - Program: San Benito County Sheriff Office
- San Lorenzo Valley Unified School District - Program: Art After School
- San Lorenzo Valley Unified School District - Program: YMCA - After School Care
- Santa Cruz Barrios Unidos - Program: Audio Engineering Program
- Santa Cruz Barrios Unidos - Program: Healthy Food Distribution Program
- Santa Cruz Barrios Unidos - Program: Kids Club Mentorship
- Santa Cruz Barrios Unidos - Program: SCHS Educational Outreach
- Santa Cruz City School District - Program: “Dos Alas” Program
- Santa Cruz City School District - Program: Campus Kids Connection
- Santa Cruz City School District - Program: Puentes Bilingual Program
- Santa Cruz City School District Achievement Via Individual Determination (AVID) Program
- Santa Cruz City School District After School Education and Safety (ASES) after school meal program.
- Santa Cruz City School District Mathematics, Engineering, And Science Achievement (MESA) Program
- Santa Cruz City School District summer food service program
- Santa Cruz Community Ventures Financial Capability Pathway Program
- Santa Cruz County 4-H Youth Development Program - Program: Youth Services
- Santa Cruz County Health Services Agency Behavioral Health (HSA) - Program: Child and Adolescent Behavioral Health Services
- Santa Cruz County Office of Education - Program: Fostered/Foster Youth Services Coordinating Program
- Santa Cruz County Office of Education - Program: Santa Cruz Office of Education
- Santa Cruz County Office of Education - Program: Write Start Project
- Santa Cruz Teen Center - Program: Junior Leader Program
- Santa Cruz Teen Center - Program: Teen Center Membership
- Santa Cruz Teen Center - Program: Teen Internship Program
- Santa Cruz Teen Center - Program: Youth Services
- Second Harvest Food Bank Santa Cruz County

- Senderos - Program: ¡Adelante Santa Cruz!
- Senderos - Program: Plaza Comunitaria
- Senior Center of Lorenzo Valley: Highlands Senior Dining Center
- Soquel Union Elementary School District - Program: After School Enrichment
- Soquel Union Elementary School District Education & Training Services Program
- St. Francis Catholic Kitchen
- The Bridge of Hope Foundation - Program: Nursing Home Visitation
- The Salvation Army Hollister Corps
- The Salvation Army Hollister Food and Toy Distribution Program
- The Salvation Army Santa Cruz Corps Community Center
- The Salvation Army Santa Cruz Corps Community Center - Program: Family and Youth Services
- The Salvation Army Watsonville Corps
- Twin Lakes Church Program
- University of CA Santa Cruz Education and Training Services
- Valley Churches United - Program: Valley Churches United Missions
- Ventana Wilderness Alliance - Program: Youth in Wilderness
- Veteran High School Diploma Programs
- Vista Center for The Blind and Visually Impaired - Program: Vista Center
- Volunteer Income Tax Assistance Program
- Walnut Avenue Family & Women's Center - Program: Services for Children & Youth
- Watsonville Family YMCA - Program: Neighborhood Services
- Watsonville Police Activities League - Program: Youth Services
- Watsonville Senior Center
- Watsonville/Aptos/Santa Cruz Adult Education (WASC) - Program: Adult Basic and Secondary Education
- Watsonville/Aptos/Santa Cruz Adult Education (WASC) - Program: Career Technical Education
- Watsonville/Aptos/Santa Cruz Adult Education (WASC) - Program: Education Programs for Adults with Disabilities
- Watsonville/Aptos/Santa Cruz Adult Education (WASC) - Program: English as a Second Language (ESL) And Citizenship Preparation
- Watsonville/Aptos/Santa Cruz Adult Education (WASC) - Program: Fee Supported Enrichment Classes
- Watsonville/Aptos/Santa Cruz Adult Education (WASC): Education Programs for Adults with Disabilities

- Workforce Development Boards
- Your Future Is Our Business - Program: Your Future Is Our Business Career Exploration
- Youth N.O.W. Student Center - Program: Youth N.O.W. Student Center

Healthy Lifestyles

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

- Santa Cruz County Health Services Agency Public Health Department (HSA) - Program: Community Health Education
- Santa Cruz County Medical Society - Program: Santa Cruz County Medical Society
- Santa Cruz County Probation Department - Program: Legal and Criminal Justice Services
- Second Harvest Food Bank Santa Cruz County - Program: Second Harvest Food Bank Santa Cruz County
- Ventana Wilderness Alliance - Program: Youth in Wilderness
- Walnut Avenue Family & Women's Center - Program: Services for Children & Youth

Heart Disease/Heart Attack

- Community Bridges - Program: Nueva Vista Community Center
- Dominican Hospital - Program: Dominican Hospital
- Dominican Hospital - Program: Dominican Hospital Laboratory
- Dominican Hospital - Program: Dominican Hospital Pep Program
- Dominican Hospital - Program: Infectious Diseases, Internal Medicine and Endocrinology
- Planned Parenthood Mar Monte Watsonville Health Center - Program: Watsonville Health Center
- Planned Parenthood Mar Monte Westside Health Center - Program: Westside Health Center
- Salud Para La Gente - Program: Pediatric Care

Housing & Homelessness

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

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

- Monterey Bay Economic Partnership Workforce Development, Transportation, Housing, Technology Program
- Pajaro Rescue Mission
- Pajaro Valley Shelter Services (PVSS): Annex Program
- Pajaro Valley Shelter Services: Emergency Shelter
- Pajaro Valley Shelter Services: Transitional Housing Program
- Rebele Family Shelter (RFS)
- Recuperative Care Center
- Saint Vincent de Paul Society of Santa Cruz St. Patrick's Church
- Saint Vincent de Paul Society of Santa Cruz Support Services
- San Andreas Regional Center Disability Services
- San Benito County Water District - Program: Water Resources Association San Benito County
- Santa Cruz County Health Services Agency Public Health Department (HSA) - Program: Childhood Lead Poisoning Prevention Program
- Santa Cruz County Health Services Agency Public Health Department Homeless Persons Health Project
- Santa Cruz County Health Services Agency, Environmental Health Services (HSA) - Program: Environmental Health Services
- Santa Cruz County Health Services Agency, Environmental Health Services (HSA) - Program: Land Use
- Senior Network Services
- Shower the People Program
- Smart Path to Housing and Health Families in Transition Program
- Smart Path to Housing and Health Program: CAB-Community Action Board of Santa Cruz County
- Smart Path to Housing and Health Program: Encompass
- Smart Path to Housing and Health Program: Housing Matters
- Smart Path to Housing and Health Program: Mental Health Coalition Action Network (MHCAN)
- Smart Path to Housing and Health Program: Santa Cruz Public Library, Downtown Branch
- Smart Path to Housing and Health Program: Veterans Resource Center
- St. Francis Catholic Kitchen
- The Loft
- The Salvation Army Santa Cruz Corps Community Center: Reach Program

- The Salvation Army Watsonville Corps
- The Salvation Army Watsonville Corps Shelter
- Transitional Housing/Shelter
- Valley Churches United Missions
- Volunteer Center of Santa Cruz County: Helping Hands Senior Home Repair
- Warming Center - Program: The Warming Center Program
- Weatherization Programs

Unintended Injuries/Accidents

- American Red Cross of The Central Coast - Program: Programs & Services
- Child Development Resource Center (CDRC) - Program: Child Development Resources
- Community Bridges - Program: La Manzana Community Resources
- Community Bridges - Program: Nueva Vista Community Center
- County of Santa Cruz Office of Emergency Services - Program: Disaster Preparedness, Response and Assistance Services
- County of Santa Cruz Office of Emergency Services - Program: Sandbag Distribution
- Dominican Hospital - Program: Dominican Hospital Birth Center
- Ecology Action - PROGRAM: Bike Smart
- Health and Human Services Agency San Benito County - Program: Public Health Emergency Preparedness
- Hollister City Fire Department - Program: Hollister City Fire Department
- Jacob's Heart Children's Cancer Support Services - Program: Physiological Needs
- Pacific Elementary School District - Program: Life Lab
- San Benito County Water District - Program: Water Resources Association San Benito County
- Santa Cruz County Health Services Agency Public Health Department (HSA) - Program: Community Health Education
- Santa Cruz County Health Services Agency, Environmental Health Services (EHS) Program.
- Santa Cruz County Health Services Agency, Environmental Health Services (HSA) - Program: Land Use
- Santa Cruz County Office of Education - Program: Fostered/Foster Youth Services Coordinating Program
- Santa Cruz Fire Department - Program: Santa Cruz Fire Department
- Scotts Valley Fire Protection District - Program: Fire Services
- The Salvation Army Watsonville Corps Program

- Watsonville Fire Department - Program: Car Seat Inspections
- Watsonville Fire Department - Program: Government Services

RESOURCES THAT ADDRESS MULTIPLE HEALTH NEEDS

AGENCY/ORG	BEHAVIORAL HEALTH	CANCER	COMMUNITY SAFETY	ECONOMIC SECURITY	HEALTH CARE ACCESS & DELIVERY	HEALTHY LIFESTYLES
COMMUNITY BRIDGES	- Alcohol and drug use disorder education/ prevention - ADHD Counseling - Bereavement Counseling - Divorce Counseling - Tutoring services - Education advocacy		- Child abuse prevention - Child care center - Children's in-home respite care - Disability related parenting programs - Parenting classes - Parent/child activity groups - Domestic violence support groups - Child abuse reporting/ emergency response - Anger management	- Employment related advocacy groups - Formula/ baby food - Food safety education - Meals on Wheels - Food banks - Food pantries - Brown bag food programs	- Health education - Health insurance counseling	- Brown bag food programs - Blood pressure screening

AGENCY/ORG	BEHAVIORAL HEALTH	CANCER	COMMUNITY SAFETY	ECONOMIC SECURITY	HEALTH CARE ACCESS & DELIVERY	HEALTHY LIFESTYLES
DOMINICAN HOSPITAL	- Adult Psychiatric Hospitals - Caregiver Counseling - Children's/ Adolescent Psychiatric Hospitals - Group Counseling - General Mental Health Information/ Education - Therapy Referrals	- Cancer Clinics - Mammo-grams - Pap Tests - Prostatic Specific Antigen Blood Tests	- Child Passenger Safety Seat Inspectors and Providers		- General Health Insurance Information/ Counseling - Medical Care Expense and Equipment Assistance	- Blood Pressure Screening - Blood Tests - Cholesterol/ Triglycerides Tests - Diabetes Screening - Nutrition Education - Stroke

AGENCY/ORG	BEHAVIORAL HEALTH	CANCER	COMMUNITY SAFETY	ECONOMIC SECURITY	HEALTH CARE ACCESS & DELIVERY	HEALTHY LIFESTYLES
JACOB'S HEART CHILDREN'S CANCER SUPPORT SERVICES	- Art therapy - Therapy Referrals - Cancer Support - Family Support Centers/ Outreach			- Electric, Gas, and Water Services Payment Assistance - Rent Payment Assistance - Telephone Service Payment Assistance - Trash/ Recycling Service Payment Assistance - Food Safety Education	- Medical Care Expense and Equipment Assistance - Prescription Drug Discount Cards/ Prescription Expense Assistance	- Brown Bag Food Programs - Food Pantries - Food Vouchers

AGENCY/ORG	BEHAVIORAL HEALTH	CANCER	COMMUNITY SAFETY	ECONOMIC SECURITY	HEALTH CARE ACCESS & DELIVERY	HEALTHY LIFESTYLES
SALUD PARA LA GENTE	- Alcohol Use Disorder Counseling - Bereavement Counseling - Body Image Education - Comprehensive Outpatient Alcohol and Drug Use Disorder Treatment - Chronic/ Severe Mental Illness - Develop- mental Disabilities Day Habilitation Programs - Divorce Counseling - Drug Use Disorder Counseling - Drug Use Disorder Education/ Prevention - Eating Disorders Treatment - Eating Disorders	- Cancer Clinics			- General Health Insurance Information/ Counseling - General Physical Exam- inations - Health Care Discount Enrollment Programs - Medicaid - Medical Care Expense and Equipment Assistance - Referral to Physicians Accepting Medicaid - Dental Care	- Blood Tests - Cholesterol/ Triglycerides Tests - Nutrition Education

AGENCY/ORG	BEHAVIORAL HEALTH	CANCER	COMMUNITY SAFETY	ECONOMIC SECURITY	HEALTH CARE ACCESS & DELIVERY	HEALTHY LIFESTYLES
	- General Addictions/ Substance Disorder Support Groups - Perinatal/ Postpartum Depression Counseling - Residential Alcohol and Drug Use Disorder Treatment Facilities - Substance Use Disorder Intervention Programs - Tobacco Use Education/ Prevention				- Oral Health Education/ Information	

AGENCY/ORG	BEHAVIORAL HEALTH	CANCER	COMMUNITY SAFETY	ECONOMIC SECURITY	HEALTH CARE ACCESS & DELIVERY	HEALTHY LIFESTYLES
SANTA CRUZ COUNTY HEALTH SERVICES AGENCY	- Substance Use Disorders Services - Child and Adolescent Behavioral Health Services - Drinking /Drug Impaired Driver Transportation - Adult State/Local Health Insurance Programs - Adolescent/ Youth Counseling - Adult Psychiatric Hospitals - Alcohol Use Disorder Counseling - Alcohol Use Disorder Education/ Prevention - Caregiver Counseling - Children's/ Adolescent Psychiatric Hospitals	- Mammo-grams	- Environmental Improvement Groups - Hazardous Materials Collection Sites - Poison Control - Water Quality Assurance	- Food Safety Education	- Affordable Care Act Insurance Information/ Counseling - General Health Education Programs - General Health Insurance Information/ Counseling - Medical Care Expense and Equipment Assistance - Dental Care Expense Assistance - Dental Insurance - Oral Health Education/ Information	- Nutrition Assessment Services - Nutrition Education

AGENCY/ORG	BEHAVIORAL HEALTH	CANCER	COMMUNITY SAFETY	ECONOMIC SECURITY	HEALTH CARE ACCESS & DELIVERY	HEALTHY LIFESTYLES
	- Drug Use Disorder Counseling - Drug Use Disorder Education/ Prevention - Group Counseling - Inpatient Alcohol and Drug Use Disorder Treatment Facilities - Perinatal Drug Use Disorder Treatment - Perinatal/ Postpartum Depression Counseling - Psychiatric Case Management - Tobacco Use Education/ Prevention - Therapy Referrals - Teenage Parents Support					

ATTACHMENT 6: IRS CHECKLIST

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

Federal Requirements Checklist		Regulation Section Number	Report Reference
A. Activities Since Previous CHNA(s)			
Describes the written comments received on the hospital's most recently conducted CHNA and most recently adopted implementation strategy.		(b)(5)(C)	Section #2
Describes an evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital facility's prior CHNA(s).		(b)(6)(F)	Section #8
B. Process & Methods			
Background Information			
Identifies any parties with whom the facility collaborated in preparing the CHNA(s).		(b)(6)(F)(ii)	Section #4
Identifies any third parties contracted to assist in conducting a CHNA.		(b)(6)(F)(ii)	Section #4
Defines the community it serves, which: ● Must take into account all patients without regard to whether (or how much) they or their insurers pay for care or whether they are eligible for assistance. ● May take into account all relevant circumstances including the geographic area served by the hospital, target population(s), and principal functions. ● May *not* exclude medically underserved, low-income, or minority populations who live in the geographic areas from which the hospital draws its patients.		(b)(i) (b)(3) (b)(6)(i)(A)	Section #3
Describes how the community was determined.		(b)(6)(i)(A)	Section #3

Federal Requirements Checklist				Regulation Section Number	Report Reference
	Describes demographics and other descriptors of the hospital service area.				Section #3
	Health Needs Data Collection				
		Describes data and other information used in the assessment:		(b)(6)(ii)	
		a. Cites external source material (rather than describe the method of collecting the data).		(b)(6)(F)(ii)	Attachments 1 & 2
		b. Describes methods of collecting and analyzing the data and information.		(b)(6)(ii)	Section #5
		CHNA describes how it took into account input from persons who represent the broad interests of the community it serves in order to identify and prioritize health needs and identify resources potentially available to address those health needs.		(b)(1)(iii) (b)(5)(i) (b)(6)(F)(iii)	Section #5
		Describes the medically underserved, low-income, or minority populations being represented by organizations or individuals that provide input.		(b)(6)(F)(iii)	Section #5
		a. At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) or a State Office of Rural Health.		(b)(5)(i)(A)	Section #5 & Attachment 4
		b. Members of the following populations, or individuals serving or representing the interests of populations listed below. (Report includes the names of any organizations - names or other identifiers not required.)		(b)(5)(i)(B)	Section #5 & Attachment 4
			I. Medically underserved populations	(b)(5)(i)(B)	Section #5 & Attachment 4
			II. Low-income populations	(b)(5)(i)(B)	Section #5 & Attachment 4
			III. Minority populations	(b)(5)(i)(B)	Section #5 & Attachment 4

Federal Requirements Checklist				Regulation Section Number	Report Reference
		c. Additional sources (optional) – (e.g. healthcare consumers, advocates, nonprofit and community-based organizations, elected officials, school districts, healthcare providers and community health centers).		(b)(5)(ii)	Section #5 & Attachment 4
		Describes how such input was provided (e.g., through focus groups, interviews or surveys).		(b)(6)(F)(iii)	Section #5 & Attachment 4
		Describes over what time period such input was provided and between what approximate dates.		(b)(6)(F)(iii)	Section #5 & Attachment 4
		Summarizes the nature and extent of the organizations' input.		(b)(6)(F)(iii)	Section #5 & Attachment 4
C. CHNA Needs Description & Prioritization					
	Health needs of a community include requisites for the improvement or maintenance of health status both in the community at large and in particular parts of the community (such as particular neighborhoods or populations experiencing health disparities).			(b)(4)	Section #6
	Prioritized description of significant health needs identified.			(b)(6)(i)(D)	Section #6
	Description of process and criteria used to identify certain health needs as significant and prioritizing those significant health needs.			(b)(6)(i)(D)	Section #6
	Description of the resources potentially available to address the significant health needs (such as organizations, facilities, and programs in the community, including those of the hospital facility.			(b)(4) (b)(6)(E)	Section #7 & Attachment 5
D. Finalizing the CHNA					

Federal Requirements Checklist				Regulation Section Number	Report Reference
	CHNA is conducted in such taxable year or in either of the two taxable years immediately preceding such taxable year.			(a)1	Section #2
	CHNA is a written report that is adopted for the hospital facility by an authorized body of the hospital facility (authorized body defined in §1.501(r)-1(b)(4)).			(b)(iv)	Section #9
	Final, complete, and current CHNA report has been made widely available to the public until the subsequent two CHNAs are made widely available to the public. “Widely available on a web site” is defined in §1.501(r)-1(b)(29).			(b)(7)(i)(A)	By 6/30/2022
		a. May not be a copy marked “Draft”.		(b)(7)(ii)	By 6/30/2022
		b. Posted conspicuously on website (either the hospital facility’s website or a conspicuously-located link to a web site established by another entity).		(b)(7)(i)(A)	By 6/30/2022
		c. Instructions for accessing CHNA report are clear.		(b)(7)(i)(A)	By 6/30/2022
		d. Individuals with Internet access can access and print reports without special software, without payment of a fee, and without creating an account.		(b)(7)(i)(A)	By 6/30/2022
		e. Individuals requesting a copy of the report(s) are provided the URL.		(b)(7)(i)(A)	By 6/30/2022
		f. Makes a paper copy available for public inspection upon request and without charge at the hospital facility.		(b)(7)(i)(B)	By 6/30/2022

Further IRS requirements available:

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