

2022

Community Health Needs Assessment

 **Sutter Health**
Sutter Maternity
& Surgery Center
of Santa Cruz



ACKNOWLEDGMENTS

The Community Health Needs Assessment (CHNA) could not have been completed without the many hours of dedication, tremendous input, and financial support from Dignity Health Dominican Hospital, with which Sutter Maternity & Surgery Center of Santa Cruz (SMSC) collaborated. SMSC especially wishes to acknowledge and thank Dominique Hollister, Director of Administrative Services and Community Benefit at Dignity Health Dominican Hospital for her contributions to promoting the health and well-being of Santa Cruz County. SMSC also thanks the County of Santa Cruz's Health Services Agency and the Health Improvement Partnership of Santa Cruz County for their kind support in serving as conveners for the purposes of the CHNA.

In addition, SMSC gratefully acknowledges Actionable Insights, LLC, which prepared this report on behalf of SMSC.



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1. EXECUTIVE SUMMARY

Sutter Maternity & Surgery Center of Santa Cruz (SMSC) is pleased to have produced the 2022 Community Health Needs Assessment (CHNA).

To identify and address the critical health needs of the community, in 2021 SMSC and Dignity Health Dominican Hospital collaborated to conduct their triennial CHNA in compliance with current federal requirements. The 2022 CHNA builds upon the 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, the collaborating hospitals will individually and collectively develop strategies to tackle critical health needs as well as improve the overall health and well-being of community members. The assessment findings also may be used as guidelines 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 SMSC to address the needs identified in the 2019 assessment.

COMMUNITY HEALTH NEEDS ASSESSMENT BACKGROUND

In addition to helping generate shared priorities around community health, the collaborating hospitals also use 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

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>

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 [i.e., vulnerable²] populations.³

The CHNA process, completed in fiscal year 2022 and described in this report, was conducted collaboratively by the hospitals in compliance with current state and federal requirements. The 2022 CHNA will serve as the basis for SMSC's implementation strategies to address identified health needs. This CHNA report and associated Implementation Strategy report will be adopted and made public by December 31, 2022. The hospital organization's 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.

PROCESS AND METHODS

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

For the purposes of the assessment, "community health" was not limited to traditional health measures. The hospitals also considered indicators relating to the quality of life (e.g., access to healthcare, 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 the collaborating hospitals' philosophy that many factors affect community health and that community health cannot be adequately understood without consideration of trends outside the realm of healthcare.

² California Department of Health Care Access and Information (2022). *HCAI Factsheet Hospital Community Benefits Plans: Vulnerable Populations*. Retrieved from <https://hcai.ca.gov/wp-content/uploads/2022/03/Hospital-Community-Benefits-Plans-Program-Vulnerable-Populations-Fact-Sheet-February-2022-ADA.pdf>

³ 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>

To assess community health trends, the hospitals directed their consultant, Actionable Insights (AI), to obtain secondary data from a variety of sources (see *Attachment 2: Secondary Data Indicators List for a complete list*). Primary data were obtained through direct community input: (a) interviews with local experts and (b) focus groups with community residents and people who serve residents. These discussions sought to answer four primary questions for each health need identified by interviewees and focus group 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?

To determine participants' health priorities, key informants and focus group members voted on their community's needs from a list derived from the previous CHNA. AI then tabulated how many focus groups and key informants chose each health need as a priority.

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

These criteria included:

DEFINITIONS

Benchmark: The California state average.

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

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.

Health condition: A disease, impairment, or other state of poor physical or mental health that contributes to a poor health outcome.

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.

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

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

1. Indicator meets the definition of a “health need.” (See Definitions box on previous page.)
2. At least two data sources were consulted.
3. Must be prioritized by multiple focus groups or key informants, or two or more direct indicators must:
 - a. Exhibit documented inequities by race; or
 - b. Show worsening trends; or
 - c. Fail the benchmark by 5 percent or more.

The CEO of Sutter Maternity & Surgery Center of Santa Cruz (SMSC) invited senior leadership to review the list of identified community health needs and, based on their knowledge and experience working with the community, rank each need in order of importance. The rankings from each senior leader were averaged together to produce SMSC’s final list of 2022 prioritized health needs.

PRIORITIZED 2022 COMMUNITY HEALTH NEEDS

Based on the previously described process and methods, AI and SMSC produced a ranked list of the most pressing health needs for the hospital. The 2022 prioritized health needs, from highest to lowest, are:

1. **Behavioral Health:** The community prioritized behavioral health, including mental health and substance use, in both focus groups and all key informant interviews. The pandemic’s negative effect on mental health was one of the strongest themes from the qualitative data. Statistics suggest that youth mental health is an issue: for example, there are rising proportions of students with chronic depression and suicidal ideation. In addition, drug overdose mortality has been rising overall in Santa Cruz County. There are disparities associated with behavioral health, including binge drinking and drug overdose deaths. Poor access to behavioral healthcare poses barriers for Black, Indigenous, and people of color (BIPOC) community members seeking help for behavioral health issues.
2. **Healthcare Access and Delivery:** Nearly all key informants identified healthcare access and delivery as a priority health need. They reported a shortage of healthcare workers and significant levels of burnout in that workforce. Compared to the state, a greater proportion of county residents reported delaying or having difficulty accessing care. Access to dental care was also worse for Santa Cruz County residents versus their counterparts statewide. Access to care was worse for people in the southern part of the county (e.g., Freedom, Watsonville). Experts indicated they had mixed experiences with

telehealth, which rose substantially during the pandemic. While telehealth can overcome transportation barriers, experts worried about the digital divide.

Maternal/Infant Health: Santa Cruz County generally fares well in maternal and infant health: Rates of low birth-weight, teen births, preterm births, and breastfeeding all meet or beat the state's benchmarks. The infant mortality rate is only slightly higher than California's. For that reason, maternal/infant health was not identified as a health need in the 2022 CHNA. However, statistics show health disparities exist among mothers and infants, including geographic disparities in early prenatal care and infant mortality (both worse in Watsonville) and ethnic disparities in prenatal care and post-partum depression (both worse for Latinx mothers).

3. **Economic Stability/Housing and Homelessness:** Both focus groups and nearly all key informants identified housing and homelessness as a top community priority. The community also placed a high priority on economic security, including income, education, and food security. Housing costs and other costs of living in Santa Cruz County are extremely high. Certain areas (e.g., Boulder Creek, Watsonville) have high levels of cost-burdened renters. Median household income is lower than the state average for all BIPOC groups, but higher than the state average for whites. Education generally correlates with income; thus, educational statistics that differ by race/ ethnicity are particularly concerning, such as the county's lower proportion of Latinx residents aged 25+ with at least a high school diploma. COVID created more economic insecurity for those who lost work and specifically impacted low-income essential workers, many of whom were Latinx and/or undocumented. Most feedback about housing from key informants and focus group participants concerned homelessness; the county's homelessness numbers rose in 2020 (the most recent homeless count). Key informants and focus group participants also mentioned that the pandemic increased food insecurity. The proportion of students eligible for free- and reduced-price meals has been rising in the county.
4. **Cancer:** Indicators of concern include rates of breast cancer incidence, prostate cancer incidence and mortality, and cancer screening levels. There are socioeconomic and racial/ethnic disparities in cancer detection, treatment, and outcomes, which the National Cancer Institute attributes 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.

5. **Healthy Lifestyles (Diabetes and Obesity):** Healthy weight is an issue in Santa Cruz County. The county's BIPOC students are much less likely to be a healthy weight than their peers statewide. Physical activity, a driver of healthy weight, has been declining among the county's children and youth. As diet is also a driver of healthy weight, it is a problem that expenditures on unhealthy foods and beverages have been rising countywide. The American Diabetes Association has suggested that racism is a root cause for disparities in diabetes outcomes in minority populations.
6. **Community Safety:** Community safety includes violent crime, domestic violence, and other forms of intentional injury. While many community safety statistics are better in Santa Cruz County than the state, rates of domestic violence calls and homicides are rising. Deaths among Latinos in custody in Santa Cruz County are double the state rate. The county's youth feel less safe at school than youth in the state overall. Some experts expressed concern about COVID-related stress contributing to intimate partner violence; it was mentioned that virtual visits made it harder for patients experiencing domestic violence to obtain both confidentiality and safety.
7. **Heart Disease/Heart Attack:** Although statistics for heart disease are generally better in the county than the state, several indicators are trending up (that is, worse): Heart disease and hyperlipidemia are both rising in the county. Parts of the South County area have populations that are doing worse on measures such as high cholesterol prevalence and stroke.
8. **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.

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

NEXT STEPS

After making this CHNA report publicly available by December 31, 2022, Sutter Maternity & Surgery Center will solicit feedback and comments about the report until two subsequent CHNA reports are posted. The hospital also will develop an implementation plan based on the 2022 CHNA results; the plan must be adopted by the Sutter Health board and made public by May 15, 2023.

2. INTRODUCTION & BACKGROUND

Sutter Maternity & Surgery Center (SMSC) is pleased to have produced the 2022 Community Health Needs Assessment (CHNA).

To identify and address the critical health needs of the community, in 2021 SMSC and Dignity Health Dominican Hospital formed an informal collaborative to conduct an extensive, countywide, triennial Community Health Needs Assessment (CHNA) in compliance with current state and federal requirements (see details below). Although not required, the benefits of collaborating on the CHNA are multifold, including the leveraging of various sets of knowledge, shared understanding of health needs in our service area, and reduced burden on the community for participation in the assessment.

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, the collaborating hospitals will individually and collectively develop strategies to tackle critical health needs as well as improve the health and well-being of community members. The assessment findings also may be used as guidelines 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 (1995, 1998, 2001, 2004, 2008, 2011, 2013, and 2016). The 2022 report documents how the current CHNA was conducted and describes the related findings. As with prior CHNAs, this assessment also highlights 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. The collaborating hospitals also considered indicators relating to quality of life (e.g., access to healthcare, 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 the hospitals’ philosophy that many factors affect community health and that community health cannot be adequately understood without consideration of trends outside the realm of healthcare.

In addition to helping generate shared priorities around community health, the collaborating hospitals also use 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.⁴

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 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 [i.e., vulnerable⁵] populations.⁶

⁴ California Office of Statewide Health Planning and Development. (1998). *Not-for-profit hospital community benefit legislation (Senate Bill 697), report to the legislature*. Retrieved from <https://oshpd.ca.gov/wp-content/uploads/2018/07/SB-697-Report-to-the-Legislature-Community-Benefit.pdf>

⁵ California Department of Health Care Access and Information (2022). *HCAI Factsheet Hospital Community Benefits Plans: Vulnerable Populations*. Retrieved from <https://hcai.ca.gov/wp-content/uploads/2022/03/Hospital-Community-Benefits-Plans-Program-Vulnerable-Populations-Fact-Sheet-February-2022-ADA.pdf>

⁶ 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 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 collaboratively by SMSC and other hospitals 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 and the associated Implementation Strategy report will be adopted and made public by December 31, 2022. The hospital organization's 2022 Form 990, Schedule H, will be filed on or before the 15th day of the fifth month after the end of the 2023 taxable year.

SUMMARY OF THE 2019 CHNA

In 2019, Sutter Maternity & Surgery Center conducted a CHNA to identify significant community health needs and to meet IRS and SB 697 requirements. During the CHNA process, 13 needs were identified. SMSC addressed the following four needs in its 2019–2021 implementation strategies:

- Healthcare Access and Delivery
- Behavioral Health
- Housing and Homelessness
- Maternal/Child Health

The full 2019 CHNA report is posted on Sutter Health's website.⁷

WRITTEN PUBLIC COMMENTS TO THE 2019 CHNA

To offer the public a means to review and provide written feedback on the 2019 CHNA, Sutter Health posted a PDF of the SMSC report and solicited comments on the Community Health Needs Assessment page of its website.⁸ Sutter Health also accepts input at the email address SHCB@sutterhealth.org. The website and email address will allow for written public comments on the 2022 CHNA as well. At the time the 2022 CHNA report was completed, Sutter Health had not received any written comments about the 2019 CHNA report. Sutter Health will continue to track submissions and ensure that all relevant comments are reviewed and addressed by appropriate staff.

⁷ Sutter Maternity & Surgery Center of Santa Cruz. (2019). *2019 Community Health Needs Assessment*. Retrieved from <https://www.sutterhealth.org/pdf/for-patients/chna/smsc-2019-chna.pdf>

⁸ Sutter Maternity & Surgery Center of Santa Cruz. (2019). *2019 Community health needs assessment*. Retrieved from <https://www.sutterhealth.org/for-patients/community-health-needs-assessment>

3. ABOUT SUTTER MATERNITY & SURGERY CENTER OF SANTA CRUZ

Sutter Maternity & Surgery Center of Santa Cruz (SMSC) is affiliated with Sutter Health, a not-for-profit network of hospitals, physicians, employees, and volunteers who care for more than 100 Northern California towns and cities. Together, the hospitals are creating a more integrated and affordable approach to caring for patients.

Sutter Health's mission is to enhance the well-being of people in the communities it serves through a not-for-profit commitment to compassion and excellence in healthcare services.

In 2021, Sutter Health committed nearly \$900 million to care for patients who couldn't afford to pay, and to support programs that improve community health, including unreimbursed costs of providing care to Medi-Cal patients, traditional charity care, and investments in health education and public benefit programs. For example: In 2021, Sutter Health invested \$557 million more than the state paid to care for Medi-Cal patients. Sutter Health proudly serves more Medi-Cal patients in its Northern California service area than any other healthcare provider.

As the number of insured people grows, hospitals across the U.S. continue to experience a decline in the provision of charity care. In 2021, Sutter Health's investment in charity care was \$91 million.

Throughout its healthcare system, Sutter Health partners with and supports community health centers to ensure that those in need have access to primary and specialty care. Sutter Health also supports food banks, youth education, job training programs, and services that provide counseling to domestic violence victims.

Every three years, Sutter Health hospitals participate in a comprehensive and collaborative Community Health Needs Assessment, which identifies local healthcare priorities and guides community benefit strategies. The assessments help ensure that SMSC invests community benefit dollars in a way that targets and addresses real community needs.

More information about SMSC⁹ is available on the Sutter Health website.

⁹ Sutter Maternity & Surgery Center of Santa Cruz. (2022). *Homepage*. <https://www.sutterhealth.org/smscsc>

COMMUNITY BENEFITS

Everyone deserves access to high-quality healthcare. Each year, Sutter Health invests in partnerships in its local community. SMSC helps to provide care for people without health insurance, to bolster the services offered by other local healthcare facilities, and to extend vital programs and services for underserved populations and the broader community. Meeting the healthcare needs of the whole community, including people with economic or other barriers to access, is a cornerstone of SMSC's not-for-profit mission.

SMSC community benefit programs and activities address critical health needs identified in its service area. The programs provide treatment and/or otherwise promote the health and well-being of community members by building partnerships and collaborating with local nonprofit organizations; offering educational programs; conducting research; and providing monetary grants to nonprofits focused on community clinics, senior adult or LGBTQI programs, or healthcare interventions for underserved and/or uninsured populations.

COMMUNITY SERVED

The collaborating hospitals relied on the IRS'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, underserved, or otherwise vulnerable populations. SMSC is located in Santa Cruz County and serves the entire county.

In 2020, an estimated 270,861 people resided in Santa Cruz County (an increase of 3% or approximately 8,500 people since 2010).¹⁰ 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.¹¹ 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 65 years or older). The median age is 38.5 years old, slightly older than the state median age of 37.0 years.¹²

¹⁰ U.S. Census Bureau. (2020). *Decennial census*.

¹¹ County of Santa Cruz. (2019). *About Santa Cruz County*.

¹² Age data from U.S. Census Bureau. (2021). *Quickfacts*.

Almost one in four county residents lives in the city of Santa Cruz, making it the largest local municipality by population.¹³ The other incorporated cities are Capitola, Scotts Valley, and Watsonville. Santa Cruz County also includes the following unincorporated towns and areas:¹⁴ 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.

Map, Santa Cruz County



Source: University of California, Santa Cruz

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 are non-Latino white, and nearly 15 percent are Asian. One third (35%) of residents have Latino heritage, somewhat less than the state proportion (39%).¹⁵ More than

¹³ U.S. Census Bureau. (2020). *Quickfacts*.

¹⁴ CA Hometown Locator. (2019). Santa Cruz County CA cities, towns, & neighborhoods.

¹⁵ U.S. Census Bureau. (2020). *Decennial census*.

one sixth (18%) of Santa Cruz County residents are foreign-born, while in California overall more than one in four (27%) are foreign-born.¹⁶

Race/Ethnicity in Hospital Service Area

Race/Ethnicity	Santa Cruz County Total Percent of County (Alone or in Combination with Other Races)*
American Indian/Alaskan Native	0.3%
Asian	4%
Black	1%
Hispanic/Latinx	35%
Pacific Islander/Native Hawaiian	0.1%
White	54%
Multiracial	5.0%
Some Other Race**	0.6%

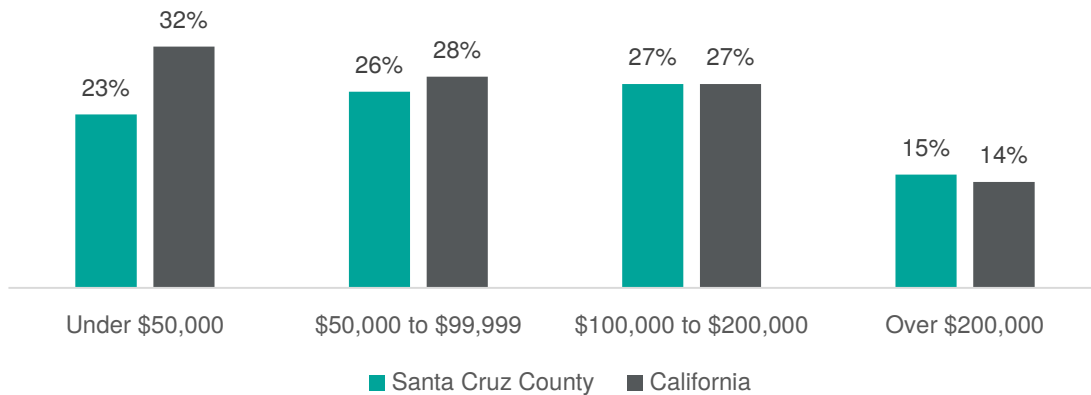
Source: U.S. Census Bureau, American Community Survey, 5-Year Estimates, 2015–2019.
 *Percentages do not add to 100% because they overlap. **The largest groups of multiracial people are those of both white and Asian descent (3% of multiracial people), those of white and American Indian descent (23% of multiracial people), and those of white and Black ancestry (12% of multiracial people).

Various social determinants, such as income, have significant impact on health outcomes. As shown in the following chart, more than 40 percent of the population live 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 \$50,000.¹⁷ 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

¹⁶ U.S. Census Bureau. (2015-2019). *Quickfacts*.
¹⁷ U.S. Census Bureau. (2019). American Community Survey, One-Year Estimates.

year.¹⁸ One source, the Insight Center, named Santa Cruz County the sixth-most expensive California county.¹⁹

Area Household Income Ranges



Source: Census Reporter, <https://censusreporter.org/profiles> (American Community Survey, 2015–2019).

Despite the fact that 42 percent of households in the county earn more than \$100,000 per year, estimates show that between 2015 and 2019, 71 percent of county residents lived below 200 percent of the Federal Poverty Level (\$24,120 for an individual, \$32,480 for two adults, and \$49,200 for a family of four). In addition, more than half of Santa Cruz County children received free or reduced-price lunch (53%).²⁰ Finally, in 2019, approximately one in 10 people (10%) in the community were uninsured.²¹

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 2022.²²

Although Santa Cruz County is quite diverse and has substantial resources (*see Attachment 3: Community Assets and Resources*), significant inequality exists in its population’s social

¹⁸ University of Washington. (2021). Self-sufficiency standard calculator. Retrieved from <https://selfsufficiencystandard.org/calculator/>

¹⁹ Insight Center. (2012). The cost of being Californian: 2021.

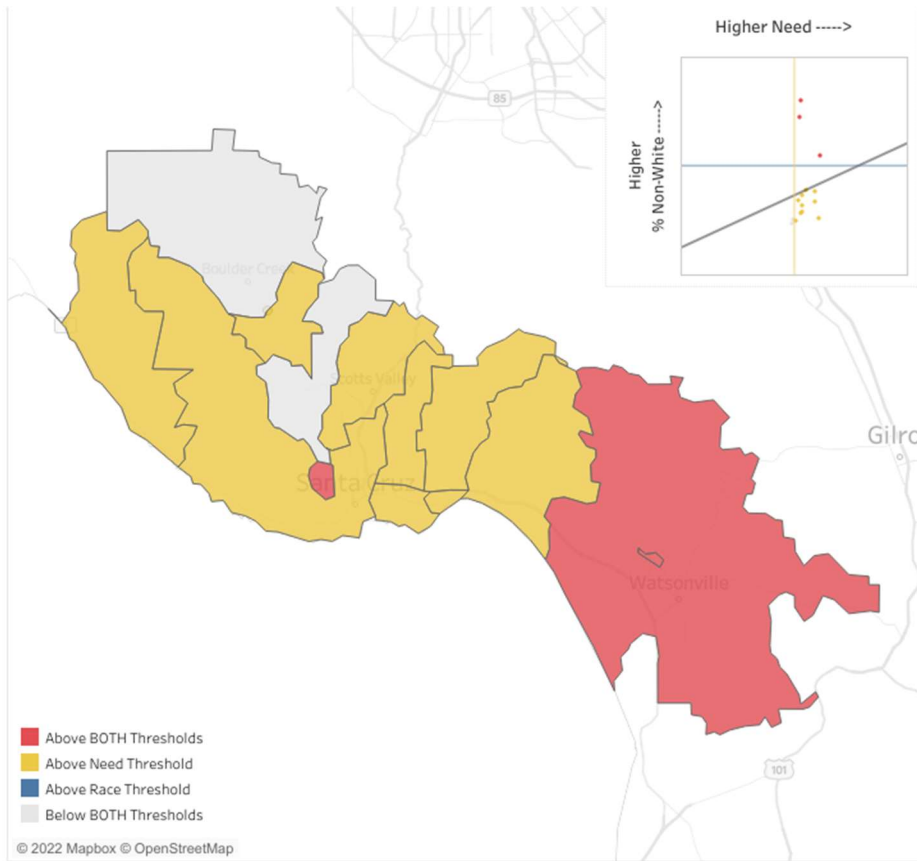
²⁰ United Way of Santa Cruz. (2019). Santa Cruz community assessment project.

²¹ United Way of Santa Cruz. (2019). Santa Cruz community assessment project.

²² According to Zillow.com, the median home price rose to over \$1.3M in February 2022.

determinants of health and health outcomes. For example, the Gini Index, a measure of income inequality,²³ is higher in certain ZIP codes compared to others (see map below).

Correlation Between Income Inequality and Non-White Population, By ZIP Code



Map: Parts of Santa Cruz County exhibit income inequality (red and yellow areas). In many places where income inequality is high, non-White community members are also in the majority (red areas). “Need Threshold” is the U.S. Gini Index, 0.4. “Race Threshold” is 50% non-White.

Certain areas also have poorer access to high speed internet (e.g., ZIP code 95064), walkable neighborhoods (e.g., ZIP code 95017), or jobs (e.g., ZIP code 95076). In this assessment of health needs in Santa Cruz County, we focus particularly on disparities and inequities within the county rather than simply in comparison to California or the nation as a whole.

²³ The Gini index “measures the extent to which the distribution of income... among individuals or households within an economy deviates from a perfectly equal distribution.” Zero is absolute equality, while 100 is absolute inequality. Organisation for Economic Co-operation and Development (OECD). (2006). *Glossary of statistical terms*. Retrieved from <https://stats.oecd.org/glossary/detail.asp?ID=4842>

4. ASSESSMENT TEAM

HOSPITALS AND OTHER PARTNER ORGANIZATIONS

SMSC collaborated with Dignity Health Dominican Hospital to prepare the 2022 CHNA. The County of Santa Cruz’s Health Services Agency and the Health Improvement Partnership of Santa Cruz County also convened partners to discuss CHNA processes and timelines.

IDENTITY AND QUALIFICATIONS OF CONSULTANTS

Actionable Insights (AI), 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, 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 AI. AI conducted Community Health Needs Assessments for seven hospitals during the 2021–2022 CHNA cycle. More information about AI is available on the company’s website.²⁴

²⁴ Actionable Insights, LLC. (2022). *Homepage*. <https://actionablellc.com/>

5. PROCESS & METHODS

SMSC worked together with Dignity Health Dominican Hospital (Dominican) and its consultants to fulfill the primary and secondary data requirements of the CHNA. SMSC and Dominican also received feedback on the CHNA process from the County of Santa Cruz’s Health Services Agency and the Health Improvement Partnership of Santa Cruz County. The CHNA data collection process took place over four months in 2021 and culminated in this report. The phases of the CHNA process are depicted below and described in this section.



Dominican and SMSC contracted AI to collect primary qualitative data—through key informant interviews and focus groups—and secondary qualitative and statistical data. Together, AI, SMSC, and Dominican (“the study team”) conducted the assessment.

SECONDARY DATA COLLECTION

Data sources were selected to understand general county-level health and specific vulnerable populations, as well as to fill previously identified information gaps. Also, data on potential health disparities by sub-county geographic area and ethnicity were analyzed. These data were used to inform the health needs lists.

The team collected and analyzed over 350 quantitative health indicators from existing sources using the DataShare Santa Cruz data platform,²⁵ 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. Findings from the previous community health needs assessment (2019) and available sub-county data (cities and neighborhoods) were also used whenever available to increase understanding of the health needs in Santa Cruz County and to assess priorities in the community.

²⁵ 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.” See <https://www.datasharescc.org/>.

For the CHNA, local data were compared to state benchmarks (California averages and rates) to help determine the severity of a health problem and to identify disparities. The following questions were asked:

- How do these indicators perform against accepted benchmarks?
- What are the inequitable outcomes and conditions for people in our community?

PRIMARY DATA COLLECTION (COMMUNITY INPUT)

The study team designed two strategies for collecting community input: key informant interviews with health experts and community service experts, and focus groups with professionals who live in, represent, and/or serve the community or residents. Individuals representing vulnerable²⁶ populations (including low-income, minority, and medically underserved) were included.²⁷

To ensure consistency across every interview and focus group, the study team generated research protocols. The study team sought to build upon prior CHNAs by focusing the primary research on topics and subpopulations that are less well understood by the statistical data. For example, the experiences of the South County population in Santa Cruz County are often obscured by statistics that represent the entire county's population rather than the South County population as a particular sub-group. The 2022 study team specifically convened a focus group of professionals who live and work in the South County to better understand the needs of this sub-group through this primary qualitative research.

AI 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 also tabulated how many times health needs were prioritized by each of the focus groups or described as a priority in a key informant interview. The study team used this tabulation to help assess community health priorities.

In all, the study team solicited input from 26 community members, community leaders, and representatives of various organizations and sectors. These representatives either work in the

²⁶ California Department of Health Care Access and Information (2022). *HCAI Factsheet Hospital Community Benefits Plans: Vulnerable Populations*. Retrieved from <https://hcai.ca.gov/wp-content/uploads/2022/03/Hospital-Community-Benefits-Plans-Program-Vulnerable-Populations-Fact-Sheet-February-2022-ADA.pdf>

²⁷ The IRS requires that community input include the low-income, minority, and medically underserved populations.

health field or in a community-based organization that focuses on improving health and quality of life conditions by serving those from vulnerable populations.

Key Informant Interviews

In September 2021, AI spoke with seven experts from various organizations in Santa Cruz County. 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 one or both counties 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.²⁸ 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 four questions for each health need 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).²⁹ Focus group discussions centered on the needs that had received the most votes from prospective participants in the online pre-survey. *See Attachment 4: Qualitative Research Protocols for complete protocols and questions, including pre-surveys. See Attachment 1: Community Leaders, Representatives, and Members Consulted for a list of key informants and focus group or interview details.*

²⁸ Only individuals who consented to be recorded were interviewed.

²⁹ Only individuals who consented to be recorded were included in focus groups.

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.

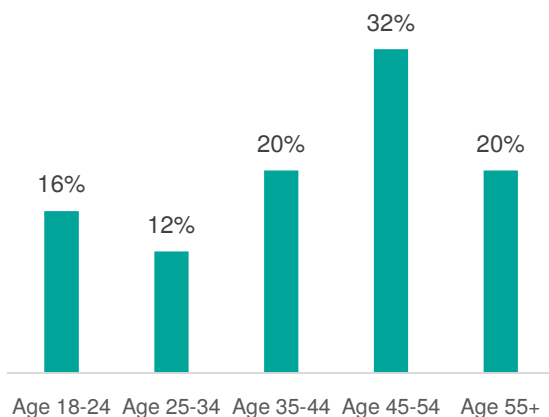
List of Focus Groups Conducted for CHNA 2022

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

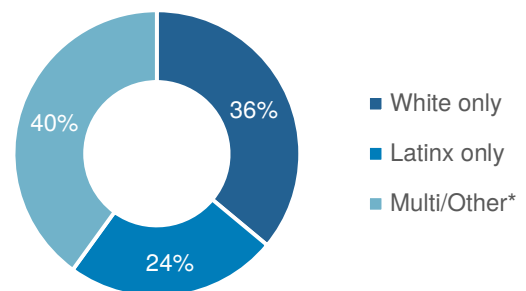
CHNA Participant Demographics

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 race; note that individuals could choose more than one race. Nearly one quarter of responding participants identified solely as Hispanic/Latinx and more than one third identified as both Latinx and another race/ethnicity (60% in total). All responding participants (100%) identified as female. On average, responding participants were aged 43 years.

Participant Age Groups



Participant Racial/Ethnic Groups



* Nine of these individuals identified as multiethnic (Latinx and another race/ethnicity) and one identified as solely of another race.

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 was lacking in some parts of the county and for some low-income community members. To best represent the perspectives and experiences of low-income, minority, underserved, and other vulnerable community members during the pandemic, AI spoke with an 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:

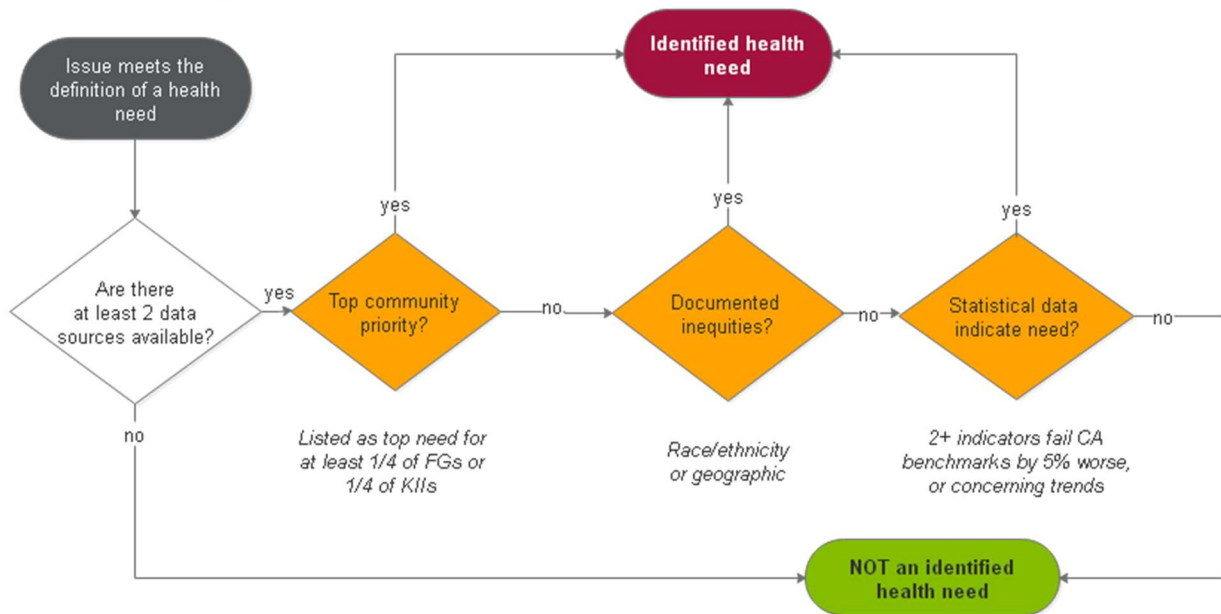
- Linguistic isolation/English proficiency data are not available (important in light of the fact that 34% speak a language other than English at home).
- Oral health data lacking, not available by race.
- Asthma data for children/teens are old (2015–16).
- Infectious disease data lacking by race/ethnicity.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

6. IDENTIFICATION & 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?

Sutter Health’s health needs criteria (decision tree)



To be identified as one of the community’s prioritized health needs, an issue had to meet the following criteria:

1. Fits the definition of a “health need.” (See Definitions box, next page.)
2. At least two data sources were consulted.
3. Must be prioritized by multiple focus groups or key informants, or two or more direct indicators must:
 - a. Exhibit documented inequities by race; or
 - b. Show worsening trends; or
 - c. Fail the benchmark by 5 percent or more.

Actionable Insights (AI) analyzed secondary data and qualitative data from focus groups and key informant interviews on a variety of health and health-related issues. In the fall of 2021, AI then synthesized the data for each issue and applied the criteria described on the previous page 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 on the next page, followed by summarized descriptions.

(For further details about each of these health needs, see Section 6, Identification and Prioritization of Community Health Needs.)

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 & Methods, AI solicited qualitative input from focus group and interview participants about which needs they thought were the highest priority (most pressing). AI and the collaborating hospitals 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

The CEO of SMSC invited senior leadership and SMSC's Community Board to review the health needs list provided by AI. Via an online survey, they

DEFINITIONS

Benchmark: The California state average.

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

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.

Health condition: A disease, impairment, or other state of poor physical or mental health that contributes to a poor health outcome.

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.

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

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

ranked each item on the list in order of importance based on their knowledge and experience working with the community. The individual rankings from each respondent were averaged together to produce the final ranked list of 2022 prioritized health needs.

Based on the criteria described above, SMSC prioritized the following nine health needs, which are listed in priority order, from highest to lowest. Summary descriptions of each health need appear on pages 37-47.

1. Behavioral Health
2. Healthcare Access and Delivery
3. Housing and Homelessness
4. Economic Security
5. Cancer
6. Healthy Lifestyles (Diabetes and Obesity)
7. Community Safety
8. Heart Disease/Heart Attack
9. Unintended Injuries/Accidents

COVID-19

In late 2019, a new coronavirus (SARS-CoV-2) appeared. It causes a respiratory illness that is now called COVID-19.³⁰ The ensuing pandemic has been a health event of historic proportions.³¹ By August 1, 2022, COVID-19 had caused an estimated 6,398,907 deaths worldwide and 1,026,937 deaths nationwide, the latter representing over 0.3% of the U.S. population.³² 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).³³

³⁰ “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>

³¹ 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/>

³² The New York Times. (2022). World coronavirus cases. *The New York Times*. Retrieved from <https://www.nytimes.com/interactive/2021/world/covid-cases.html> and Moore, D. (2021). *Happy New Year 2022!* U.S. Census Bureau. Retrieved from <https://www.census.gov/library/stories/2021/12/happy-new-year-2022.html>

³³ 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

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 throughout 2020, 2021, and 2022.³⁴ However, vaccinations—which began in early 2021—appear to be mitigating local hospitalizations and deaths. Below are the latest COVID-19 statistics for Santa Cruz County, as of August 1, 2022:

- Cases:
 - Cumulative total cases³⁴: 62,307
 - Seven-day average number of daily cases³⁴: 121
 - Seven-day average rate of daily cases³⁴: 44 per 100,000 people
 - 14-day average of hospitalized patients³⁵: 22.8
- Infections, testing, and wastewater monitoring:
 - Rate of infection since January 2020³⁴: 1 in 4 people
 - Current rate of spread (R-eff³⁶): 0.92 vs. 0.98 statewide³⁷
 - Seven-day test positivity rate³⁵: 1.3%
 - All SARS-CoV-2 RNA copies per gram of wastewater³⁸: 445,168
- Deaths:³⁴
 - Rate of deaths since January 2020: 1 in 1,016 people
 - Cumulative total deaths: 269
 - Seven-day average number of daily deaths: 0
 - Seven-day average rate of daily deaths: 0.05 per 100,000 people
- Vaccinations:³⁴
 - Fully vaccinated (all ages): 80%

<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>

³⁴ 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>

³⁵ COVID19.CA.GOV. (2022). *Tracking COVID-19 in California*. Retrieved from https://covid19.ca.gov/state-dashboard/#location-santa_cruz

³⁶ Average number of people an infected person will infect. Value less than 1 means decreasing spread. Value greater than 1 means increasing spread. Definition from: CalCAT. (2022). *California COVID Assessment Tool*.

³⁷ CalCAT. (2022). *California COVID Assessment Tool*. Data retrieved from <https://calcat.covid19.ca.gov/cacovidmodels/>

³⁸ County of Santa Cruz, Health Services Agency. (2022). *COVID-19 Wastewater Monitoring*. COVID-19 Information & Updates Santa Cruz County, Current Status of COVID-19 in Santa Cruz County. Retrieved from <https://www.santacruzhealth.org/HSAHome/HSADivisions/PublicHealth/CommunicableDiseaseControl/CoronavirusHome.aspx>

- Fully vaccinated (age 65+): 95%
- Vaccinated and received a booster (all ages): 48%
- Vaccinated and received a booster (age 65+): 79%

Because COVID-19 is a new virus, many health effects and healthcare needs are still emerging. This CHNA report summarizes what the participating hospitals know so far about the health condition and its social determinants. To capture the effects of COVID-19 on the community, the hospitals collaborating on the 2022 Community Health Needs Assessment conducted various focus groups and interviews.³⁹ We also chose to add “documented ethnic and/or geographic disparities and inequities” to our criteria for identifying community health needs in 2022. The hospitals will continue to monitor and address health effects, trends, and healthcare needs pertaining to 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),⁴⁰ people with certain pre-existing health conditions,⁴¹ people living in crowded conditions,⁴² and people who

³⁹ CHNA participants are listed in Attachment 1.

⁴⁰ 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>

⁴¹ Arumugam, V. A., Thangavelu, S., Fathah, Z., Ravindran, P., Sanjeev, A. M. A., Babu, S., Meyyazhagan, A., Yatoo, M. I., Sharun, K., Tiwari, R. & 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 *British Journal of Anaesthesia* 2020; 125:e262–e263. *British Journal of Anaesthesia*, 125(3), e283–e284. Retrieved from [https://bjanaesthesia.org/article/S0007-0912\(20\)30439-6/pdf](https://bjanaesthesia.org/article/S0007-0912(20)30439-6/pdf)

⁴² 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>

are classified as “essential workers” (at higher risk of workplace exposure).⁴³ 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.⁴⁴

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 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.^{45,46} 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.⁴⁷

⁴³ 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> | 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>

⁴⁴ 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>

⁴⁵ 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/>

⁴⁶ 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>

⁴⁷ 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/>

The inequitable health and economic outcomes can be attributed, in part, to structural and institutional racism.⁴⁸ 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.⁴⁹ BIPOC individuals are also more likely to work higher-risk and/or low-wage jobs,⁵⁰ in part due to employment

⁴⁸ 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/>

⁴⁹ 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/>

⁵⁰ 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-/](https://www.politifact.com/factchecks/2020/jun/16/desiree-rogers/blacks-hispanics-less-likely-have-jobs-where-they/)
- 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. *Makelt* by CNBC. Retrieved from <https://www.cnn.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/>

discrimination,⁵¹ and to live in crowded or substandard conditions and impoverished neighborhoods, in part due to historical red-lining policies and present-day housing discrimination.⁵² These issues contribute to poorer health outcomes for BIPOC community members than white people for nearly all health conditions, including COVID-19 infection.

With regard to economic outcomes, people of color are more likely to have less formal schooling than whites, in part due to education discrimination⁵³ and in part because they are more likely to attend segregated, underperforming schools.⁵⁴ This, combined with possible employment discrimination, makes it more likely that they'll earn less, too.⁵⁵

In addition to its impact on individuals and their families across the nation, the COVID-19 pandemic required hospitals and health systems to adapt and shift rapidly. The pandemic necessitated many changes in hospitals' operating procedures, including significantly increased use of telehealth and pandemic-related healthcare services, at the same time that hospitals faced supply shortages, outbreaks and burnout among staff, and extreme financial challenges

⁵¹ 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

⁵² 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

⁵³ 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>

⁵⁴ 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>

⁵⁵ 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>

that strained their capacity.⁵⁶ Many other industries also faced financial challenges.⁵⁷ The pandemic's substantial negative economic impact on communities should not be underestimated.

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.

SUMMARIZED DESCRIPTIONS OF 2022 PRIORITIZED COMMUNITY HEALTH NEEDS

The processes and methods described in Section 5: Process & Methods resulted in the prioritization of nine community health needs (see list on page 29). The descriptions of each need below summarize the data, statistics, and community input collected during the community health needs assessment. COVID-19 illness is treated separately in this report; see pages 29-35. For the sources of the statistical indicators, see *Attachment 2: Secondary Data Indicators List*.

Maternal/Infant Health

Santa Cruz County generally fares well in maternal and infant health: Rates of low birth-weight, teen births, preterm births, and breastfeeding all meet or beat the state's benchmarks. The infant mortality rate (4.0 deaths per 1,000 live births) is only slightly higher than California's (3.9 per 1,000). For that reason, maternal/infant health was not identified as a health need in the 2022 Community Health Needs Assessment.

However, statistics show health disparities exist among mothers and infants. Health indicators of concern in Santa Cruz County include:

⁵⁶ Grimm, C.A. (2021). Hospitals Reported That the COVID-19 Pandemic Has Significantly Strained Health Care Delivery. U.S. Department of Health and Human Services, Office of Inspector General. OEI-09-21-00140. Retrieved from <https://oig.hhs.gov/oei/reports/OEI-09-21-00140.pdf> . See also Kaufman, Hall & Associates. (2021). Financial Effects of COVID-19: Hospital Outlook for the Remainder of 2021. American Hospital Association. Retrieved from <https://www.aha.org/system/files/media/file/2021/09/AHA-KH-Ebook-Financial-Effects-of-COVID-Outlook-9-21-21.pdf>

⁵⁷ See, for example, Bauer, L., Broady, K., Edelberg, W., & O'Donnell, J. (2020). Ten facts about COVID-19 and the U.S. economy. The Brookings Institution. Retrieved from <https://www.brookings.edu/research/ten-facts-about-covid-19-and-the-u-s-economy/>

- The percentage of pregnant people who received early prenatal care was lower in Watsonville (75%) compared to the rest of the county and the state (over 80%). Additionally, Latinx mothers (19%) were much more likely than white mothers (8%) in Santa Cruz County to receive inadequate prenatal care.⁵⁸
- The percentage of pregnant people who had at least 10 prenatal visits dropped from 88 percent in 2015 to 79 percent in 2020.
- Latinx teen births are trending up; 90 percent of the teen births in Santa Cruz County were to Latinx mothers. Additionally, South County youth comprise the majority (81%) of teen mothers in Santa Cruz County.⁵⁸
- The infant mortality rate is substantially higher (7.5 per 1,000) in the Watsonville area (ZIP code 95076) than in the county overall.
- Low birth-weight births are substantially higher in certain ZIP codes (95006 - Boulder Creek, 95010 - Capitola, 95065 - Live Oak, and 95073 - Soquel) than other areas.
- Larger proportions of Latinx mothers in Santa Cruz County (20%) experienced postpartum depression compared to white mothers in Santa Cruz County (11%) and all mothers statewide (13%).⁵⁸

Good access to quality care before, during, and after pregnancy can reduce the risks of pregnancy-related complications, disabilities, and deaths for both mother and child.⁵⁹ Despite this, although no data were available from DataShare Santa Cruz for maternal/infant health by race or class, it is generally known that social determinants of health such as poverty and racism continue to play a role in maternal and infant health disparities.⁶⁰

As a maternity center, Sutter Maternity & Surgery Center is dedicated to contributing to good maternal and infant health. SMSC will continue to monitor and share these data indicators (and others) to increase awareness in the Santa Cruz County community.

⁵⁸ Santa Cruz County Women's Commission. (2020). *The status of women & girls in Santa Cruz County: 2020 health care update*. Retrieved from https://www.datasharescc.org/content/sites/santacruz/Local_Reports_/SOWAG_Health_2020_FINAL.pdf

⁵⁹ Yan, J. (2017). The effects of prenatal care utilization on maternal health and health behaviors. *Health Economics*, 26(8), 1001–1018.

⁶⁰ Klawetter, S. (2014). Conceptualizing social determinants of maternal and infant health disparities. *Affilia*, 29(2), 131-141.

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 (16%) compared to all Californians (12%), and this figure was growing, especially in ZIP code 95076 (Corralitos, La Selva Beach, Mt. Madonna, Pajaro, Royal Oaks, and Watsonville), where it was seven percent in 2016 and over 12 percent in 2018. Both Latino (14%) and white community members (17%) were more likely to experience this than people of other races/ethnicities in Santa Cruz County. Moreover, a greater proportion of people living in Watsonville had a frequent experience of poor mental health days (more than two weeks per month) (16%) than people in other areas of the county (less than 13%).

“I think for my youth, especially South County, there's not many behavioral health resources or support here in the area of what there is up in North County. But for my youth who are here, they don't have the transportation, they don't have the resources to go all the way to Emeline. Yes, we have PVPSA, but there's a wait list, it's not as resourceful for them to just go and get services. I still say there's not enough in either [part of the] county, but especially South County, there is just nowhere really we can refer to.”

—South County Health Focus Group Participant

Greater proportions of Santa Cruz County adults thought about committing suicide (16%) compared to Californians overall (11%). This statistic was especially high among the county's white (28%) and multiethnic populations (43%). Among the county's students, there have been rising proportions of chronic depression (from 28% in 2017 to 31% in 2019). Perhaps relatedly, the proportion of youth who report having caring relationships with adults has been dropping (for example, 30% of 9th graders reported having a caring relationship with adults in 2013, while only 27% reported this in 2017).

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 healthcare 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 healthcare was better among county residents (61%) than the state average (56%), the county's white (52%) and Latino populations (52%) 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-naive patients (2.4 per 1,000) was higher than at the state level (1.7). Several overdose death rates were higher in the county than in California overall, including opioid and amphetamine overdose (5.3 per 100,000 vs. 2.8), heroin overdose (5.5 per 100,000 vs. 2.4), and prescription opioid overdose (6.6 per 100,000 vs. 6.1). Opioid overdose was highest in Santa Cruz County among Black (33.7 per 100,000) and white residents (15.3 per 100,000). The county's white community members also had the highest rate of emergency department visits due to heroin overdose (12.2 per 100,000). CHNA participants expressed concern about the rising rates of opioid overdoses, as well as fentanyl and methamphetamine.

Liquor store density (13.2 stores per 100,000 people) and the average amount of spending on alcoholic beverages (\$1,046 per person per year) are both higher in the county than the state (10.5 stores per 100,000 and \$949 per person per year), while alcohol, tobacco, and legal marijuana expenditures have been rising in ZIP code 95076. Adult binge drinking is highest among white (45%), Latino (47%), and multiethnic people (40%) in Santa Cruz County and among residents of Ben Lomond, Boulder Creek, Brookdale, Felton (all 21%), and Lompico (22%).

Healthcare Access and Delivery

Healthcare 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 20 percent, higher than the state average of 14 percent (and especially high for the county's white population, at 24%). The proportion of adults who had a routine check-up has been worsening over time (from 71% in 2016 to 66% in 2019) and is particularly low for the county's white (65%) population, as well as for residents of Freedom and Watsonville (65%

each). Older adults in those two cities were least likely to receive recommended preventive care (27% for women aged 65+ in Freedom, 25% for men; 25% for women aged 65+ in Watsonville, 24% for men) compared to their peers in other parts of the county (35% for women aged 65+ countywide, 31% for men). Additionally, Black residents of Santa Cruz County were much less likely to have a usual source of healthcare (33%) compared to the state average (87%).

Every interviewee and focus group discussion mentioned a shortage of healthcare workers across the spectrum from primary to specialty care. Key informants and focus group participants indicated 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 healthcare 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.

“Cultural competency for access is really important. We talk about equity very theoretically, but we need to promote from our communities. We need to create career pathways, because we already know that access will be much improved when people are talking to, scheduling with, and seeing someone who is mirroring their own experience, someone who understands their own experience.” —Health Clinic Representative

Additionally, there was agreement that there are too few facilities in the county, especially for urgent care, and 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.⁶¹

The level of county residents' expenditures on health insurance was also higher (\$4,845 per year) than the California average (\$4,584), while the average gross premium for Covered California enrollees has been trending up (from \$676 in June 2019 to \$685 in March 2021) and residents' expenditures have been rising for medical supplies (from \$201 in 2019 to \$247 in 2021) and prescription and non-prescription medications (from \$532 in 2019 to \$656 in 2021).

⁶¹ 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/>

Although the proportion of adult county residents with health insurance (92%) is better than California (87%), it does not meet the Healthy People 2030 aspirational goal of 100% insured. The proportion of adults *without* health insurance is higher in Freedom (26%) and Watsonville (28%) than in other parts of the county, and these proportions are generally rising.

Finally, the number of dentists per 100,000 people in the county (82) is still lower than the state average (87 per 100,000) but has been rising (from 71 per 100,000 in 2013). 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 in the last year (57%) compared to their peers nationwide (67%), and the proportion of older adults with total tooth loss is worse in the southern part of the county (15.4%) than the national average (13.5%).

Housing and Homelessness

Both focus groups and nearly all key informants identified housing, homelessness, and economic security (see *Economic Security*) as top community priorities. Housing costs in Santa Cruz County are extremely high; more than half (55%) of Santa Cruz County renters are spending more than 30 percent of their income on housing. The proportions of these housing cost-burdened renters are especially high in Boulder Creek (63%), Lompico (63%), Watsonville (67%), and nearby areas. In addition, annual expenses associated with housing are higher for homeowners in the county (\$11,618) compared to the state (\$11,023). The proportion of overcrowded homes has been generally increasing in Santa Cruz County, reaching nearly seven percent in 2020, as has the total number of people experiencing homelessness (2,256 in 2020). 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 slightly higher in the county (27%) than the state (26%).

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.⁶² In Santa Cruz County, residential segregation (white vs. non-white) is substantially worse (41%) than in California overall (38%).

⁶² 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*

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 the height of the COVID-19 pandemic, 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.

"In South County, for example, homelessness or poverty look a lot different because we have so many people who are staying under one roof, like ...three, four families in a two-bedroom house. And so you end up with many children growing up in this sort of less-than-ideal situation, and it kind of perpetuates generationally. Versus in the North County region, where homelessness kind of looks a little bit different. You see more people out on the street. You see more people actively using substances. You see more of these tent encampments and whatnot. ...And it's really the same sort of systemic issue. We don't have housing options. People can't afford to live here. People can't afford to get housed. And so that's a huge issue and it's a stressful thing."

—Behavioral Health Expert

Economic Security

Both focus groups and nearly all key informants identified economic security 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 (\$78,672 annually) while median household income for white Santa Cruz County residents (\$100,259 per year) is, on average, nearly 10 percent higher than California overall. Larger proportions of families live

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

below the poverty level in Brookdale (13%), Freedom (14%), and Watsonville (13%) than in other parts of the county (7%). Most BIPOC populations in Santa Cruz County have higher rates of poverty than the county's white (10%) or multiracial populations (9%). Additionally, the proportion of older adults in the county who are living in poverty has been rising (from 7.3% in 2015 to 7.8% in 2020), and is especially high in Boulder Creek (13%) and Brookdale (19%), as well as among the county's Black older adults, wherever they live (40%). Economic precariousness can force people to choose between paying rent and accessing healthcare; it can also lead to homelessness and the many barriers to health that unhoused individuals face.

“The financial struggle of a lot of our undocumented families and those families who are ineligible for any type of benefit—including unemployment, stimulus, all of that—a lot of those families who lost their jobs, who were either restaurant workers or hotel maintenance people, a lot of those people are unemployed and without benefits. And so... they've started looking for informal work, either by cooking and selling their food or things like that. And then also they've relied a lot on other family members, extended family members or things like loans to... try to keep afloat.”

—North County Health Focus Group Participant

Although overall and child-specific food insecurity in Santa Cruz County had been dropping before the pandemic⁶³ (overall, from 14% in 2013 to 11% in 2017; for children, from 23% in 2013 to 17% in 2017), these figures were projected by Feeding America to rise in 2020 due to the pandemic's economic disruption. Additionally, greater and greater percentages of students are becoming eligible for free or reduced-price meals over time (from 37% in 2017 to 46% in 2021). 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.”⁶⁴

⁶³ The measurement methodology changed, and data from 2018 and later should not be compared with data from 2017 and earlier.

⁶⁴ 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>

Education is a driver of income. The county's rate of high school dropout is higher (12%) than California's rate (9%). 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 (64%) compared to all Californians (84%). There are issues with digital (internet) access and access to computing devices in Freedom (75%) and Watsonville (76%) compared to their peers countywide (91%), 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-19 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.

Healthy Lifestyles (Diabetes and Obesity)

Healthy weight is a significant issue in Santa Cruz County, with a larger proportion of children who are overweight for their age (16%) compared to all California children (15%). In addition, adult obesity and overweight are highest among the county's Latino population (67%), while obese adults are overrepresented among the county's multiethnic population (82%). Santa Cruz County's Filipino 5th graders (44%) and Latino 5th and 9th graders (48% and 53%, respectively) are less likely to be a healthy weight compared to their statewide peers (59% for 5th graders, 62% for 9th graders), and the trends for 5th and 9th graders are worsening. The percentage of children and teenagers who engage in regular physical activity has dropped from 35 percent in 2014 to less than 17 percent in 2016 (especially in ZIP code 95076, where it dropped from 26% to 14%).

The food environment is related to residents' ability to maintain a healthy weight. Annual fast food expenditures are higher in Santa Cruz County (\$2,142 on average) than in California (\$2,063), and expenditures are trending upward on high-sugar foods (\$483 in 2019 to \$637 in 2021) and high-sugar beverages (from \$300 in 2019 to \$400 in 2021). Fast food consumption is especially high among the county's Asian population: Nearly 78 percent had fast food at least once a week, compared to 39 percent of all county residents. The county's CalFresh enrollment numbers increased substantially between 2019 (13,281 households) and 2020 (16,799 households), 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, from 1.6 per 100 people in 2009 to 1.3 per 100 in 2016.

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.”⁶⁵

“So the farmworker population has specific [issues; for example...] not having the availability to get up and go find your primary care, not being able to get off of work, all of that. I mean, I think that affects health in a different way than the population we see. ...I think that access to primary care, there's more diabetes in South County and there are huge inequities based in that professional arena [i.e., for farmworkers] and also in race and ethnicity.”

—Health Clinic Representative

Community Safety

While many community safety statistics are better in Santa Cruz County than the state, rates are rising for both domestic violence calls (from 4.7 per 1,000 people aged 18–69 in 2009 to 5.5 per 1,000 in 2020) and homicides (from a total of 6 in 2015 to 12 in 2020). Hate crimes in the county also increased slightly compared to the prior year (from a total of 10 reported in 2019 to 13 reported in 2020). In addition, arrest rates for Santa Cruz County adults (41.1 per 1,000) and juveniles (7.0 per 1,000 under age 18) are substantially higher than the respective state rates (27.1 for adults and 4.4 for juveniles). Deaths in custody are twice as high for the county’s Latino community members (4 per 100,000) than the state average (2 per 100,000). Nationally, Latinos are overrepresented in prisons and jails compared to their overall share of the population. 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 has been rising generally, even before COVID-19. Data show that Santa Cruz County youth feel less safe at school (among 11th graders, only 18% felt “very safe” in 2017 vs. 21% in 2015; among 9th graders, 15% felt “very safe” in 2017 vs. 17% in 2015) and that 9th graders carry weapons to

⁶⁵ 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>

school more often than in the past (5.2% in 2017 vs. 4.2% in 2015). Finally, participants described a need for greater safety among unsheltered people living in encampments and expressed concern about police treatment of people experiencing homelessness.

“Women experience homelessness in a much different way than men. We have domestic violence, which is a profound need and a profound issue in our county. ...it's probably weekly we have somebody that is immediately fleeing, like, I need help right now, get me into this gate and don't let the person chase me in. And then ...maybe 100% of the women we work with have had experiences of violence, sexual violence, physical violence, emotional violence, all three at once. I mean, it is rough. It's like women who are in this endless cycle of needing protection from others and yet relying on someone who is protecting them from the outside world, but not being safe with them. And sexual violence is a prolific issue for people who are not partnered or who just have nowhere to go and need to just sleep outside. It's definitely an issue, we see a lot of trauma triggers as a result of this with the sheltered population and unsheltered population, a lot of PTSD around this. Again, I'm not a mental health doctor or anything like that, but certainly you can see it. And tents are not effective in keeping people out.”

—Housing Expert

Cancer

The mortality rate in Santa Cruz County for prostate cancer (22.5 per 100,000) is worse than the state benchmark (19.7). In addition, the breast cancer incidence rate among Santa Cruz County women (133.2 per 100,000) is higher than California women overall (121.5), and it is especially high for white women (144.8). Mammography screening levels, an early cancer detection measure, are worsening among the county's Medicare population (from 71% in 2012 to 68% in 2015). The prostate cancer incidence rate among Santa Cruz County men overall (95.2 per 100,000) is slightly worse than their statewide peers (93.0), and is especially worse among the county's white men (98.8). Colorectal cancer screening levels are lower in the county, especially in Freedom (58%) and Watsonville (57%), compared to the Healthy People 2030 target (74%). Overall, larger proportions of adults have cancer in Corralitos (7.6%) and La Selva Beach (8.0%) than in the county overall (6.2%).

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.”⁶⁶

Heart Disease/Heart Attack

Although statistics for heart disease are generally better in the county than the state, several indicators are trending up (i.e., worsening), 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. With regard to the former, the percentage of adults with heart disease rose from less than five percent in 2016 to 6.7 percent in 2018. Hyperlipidemia rose from 30 percent in 2017 to over 38 percent in 2018 among Medicare recipients.

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 (33%) compared to the county overall (less than 31%), while smaller proportions of adults in Freedom and Watsonville (80% each) have had a cholesterol test than Healthy People 2020 target (82%).⁶⁷ Watsonville adults are also more likely to have experienced a stroke (3.0%) than the state average (2.7%). 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.⁶⁸ The role 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

⁶⁶ National Cancer Institute. (2020). *Cancer disparities*. Retrieved from <https://www.cancer.gov/about-cancer/understanding/disparities>

⁶⁷ Healthy People does not provide a 2030 target for cholesterol testing.

⁶⁸ 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/>

chronic stress (also known as “toxic stress”) accumulate to increase allostatic load, which can drive worse health outcomes.⁶⁹

Unintended Injuries/Accidents

Mortality due to unintended injuries is higher among Santa Cruz County residents (44.1 per 100,000 people) than Californians overall (33.0 per 100,000). In addition, the bicycle-involved collision rate is higher in the county (59.5 injured or dead per 100,000 people) than the state (28.9 per 100,000). Racial inequities in accident rates have been found nationwide and are attributed in part to unequal access to safe transportation.⁷⁰ The absence of sidewalks in low-income neighborhoods is another factor related to inequities in pedestrian accident rates nationally.⁷¹

⁶⁹ Adler, N.E. & Rehkopf, D.H. (2008). U.S. disparities in health: descriptions, causes and mechanisms. *Annual Review of Public Health, 29*:235-252.

⁷⁰ 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>

⁷¹ 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.⁷² The use of natural gas can cause an increase in carbon dioxide emissions, which can affect respiratory health.⁷³ In fact, a greater proportion of children and teens in Santa Cruz County have asthma (19.4%) than their statewide counterparts (14.6%), as is also the case for adults in Freedom (9.8% vs. 8.9% among all California adults).

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,⁷⁴ with air quality in Santa Cruz County in 2020 at times being the worst it had been in two decades.

As the number of extreme precipitation days in Santa Cruz County has been rising (from 2 in 2013 to 14 in 2019), residents have expressed less concern about water pollution and have been less likely to install rainwater harvesting systems or means for reducing storm water and irrigation run-off than in the past. However, such systems can reduce erosion and the degradation of water quality, and contribute to recharging stores of groundwater.⁷⁵

⁷² 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>

⁷³ 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/>

⁷⁴ 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>

⁷⁵ 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. Key resources available to respond to community health needs are listed in *Attachment 3: Community Assets and Resources*.

EXISTING HOSPITALS

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

Beyond providing excellent clinical care to their members, nonprofit hospitals (marked with an asterisk [*] above) invest in the community with a variety of strategies, including:

- Providing in-kind expertise, training, and education for health professionals
- Financial assistance (charity care)
- Subsidies for qualified health services
- Covering unreimbursed Medi-Cal costs
- Community benefit grants for promising and evidence-based strategies that impact health needs identified through the CHNA

EXISTING CLINICS

Many community healthcare clinics in Santa Cruz County are funded in part by nonprofit hospitals and private donors. These include:

- Cabrillo College Student Health Services, Aptos
- Clinica 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 locations⁷⁶)
- Planned Parenthood Mar Monte Health Center, Watsonville
- Salud Para la Gente, Watsonville
- Santa Cruz County Medical Society, City of Santa Cruz
- 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

⁷⁶ For locations, see <http://www.pamf.org/clinics/#Santa%20Cruz%20County>

8. EVALUATION FINDINGS FROM 2019–2021 IMPLEMENTED STRATEGIES

This section is based on the 2019–2021 Implementation Strategy that described how Sutter Maternity & Surgery Center (SMSC) planned to address significant health needs identified in its 2019 Community Health Needs Assessment (CHNA). The 2019 CHNA identified 13 community health needs. Working within its mission and capabilities, SMSC selected the following needs to address in its Implementation Strategy:

1. Healthcare Access and Delivery
2. Behavioral Health
3. Housing and Homelessness
4. Maternal/Child Health

The Implementation Strategy provided details of actions the hospital intended to take, including programs and resources it planned to commit. The tables below highlight the 2019, 2020, and 2021 impacts achieved by the programs that SMSC featured in its 2019–2021 Implementation Strategy.

IMPLEMENTATION STRATEGY EVALUATION OF IMPACT BY HEALTH NEED

Healthcare Access and Delivery

<p>Name of Program, Activity, or Initiative</p>	<p>Santa Cruz Community Health Center’s Health & Home: Building Wellness in the Heart of Live Oak</p>
<p>Description</p>	<p>The Santa Cruz Community Health Center’s Health & Home: Building Wellness in the Heart of Live Oak capital campaign strives to raise the funds necessary to create a 3.7-acre campus at 1500 Capitola Road to expand the depth and breadth of services to patients in Live Oak. The project will promote a thriving community, providing access to quality healthcare (serving 10,000 people) and dental services (serving 7,000 people) regardless of income. It will include a new affordable housing complex, which will provide homes for approximately 150 residents and a central plaza for events, socializing, and building community. Studies show a strong correlation between secure housing and long-term health and wellness. Sutter Maternity & Surgery Center of Santa Cruz is supporting this program with a multi-year grant.</p>
<p>Goals</p>	<p>To improve the health of the community by:</p> <ul style="list-style-type: none"> ● Reducing barriers and improving primary access to care ● Providing seamless integration of behavioral health screening and intervention ● Providing comprehensive medical, behavioral health, and dental care for our homeless, low income, and other high-risk patients
<p>Anticipated Outcomes</p>	<p>Increased access to healthcare services for high risk populations</p>
<p>2019–2021 Impact</p>	<p>This facility is still being built; the center is slated to open in early 2023.</p>

Name of Program, Activity, or Initiative	Grants and Sponsorships Addressing Healthcare Access and Delivery
Description	<p>Grants and sponsorships are decided annually based on community need. Selected executed grants and sponsorships will be reported at year end.</p> <p>An example of an organization that may receive a grant or sponsorship to address Healthcare Access and Delivery is Salud Para La Gente.</p>
Goals	Expand the county’s safety net by making healthcare services more readily available to publicly insured and uninsured populations.
Anticipated Outcomes	Increase affordable, accessible healthcare services for uninsured and underinsured patients by supporting community-based organizations that develop/expand clinical services, outreach programs, and health education workshops to ensure that the needs of the underserved populations are met.
2019–2021 Impact	85,717 persons served

Behavioral Health

<p>Name of Program, Activity, or Initiative</p>	<p>Grants and Sponsorships Addressing Behavioral Health</p>
<p>Description</p>	<p>Grants and sponsorships are decided annually based on community need. Selected executed grants and sponsorships will be reported at year end.</p> <p>An example of an organization that may receive a grant or sponsorship to address Behavioral Health is Encompass Community Services.</p>
<p>Goals</p>	<p>Promote behavioral health in the broader community and at-risk communities</p>
<p>Anticipated Outcomes</p>	<p>Examples:</p> <ul style="list-style-type: none"> ● Increase substance use disorder treatment services ● Increase age appropriate art therapy services ● Increase integrated treatment services for clients with co-occurring substance use disorder and mental health problems
<p>2019–2021 Impact</p>	<p>12,858 persons served</p>

Housing and Homelessness

Name of Program, Activity, or Initiative	Grants and Sponsorships Addressing Housing and Homelessness
Description	<p>Grants and sponsorships are decided annually based on community need. Selected executed grants and sponsorships will be reported at year end.</p> <p>An example of an organization that may receive a grant or sponsorship to address Housing and Homelessness is Housing Matters.</p>
Goals	Prevent homelessness and counter displacement by increasing the county's access to healthy, stable, and affordable housing.
Anticipated Outcomes	Increase affordable housing opportunities for unhoused and under-housed individuals by supporting community-based organizations that develop/expand housing services to ensure that the needs of the populations are met.
2019–2021 Impact	310 persons served

Maternal and Child Health

<p>Name of Program, Activity, or Initiative</p>	<p>Lactation Center</p>
<p>Description</p>	<p>The Lactation Center at SMSC supports new mothers with a variety of programming. Workshops provided include Postpartum Wellness classes, New Mothers Support Groups, and Second Baby and Mom Classes. The Center also offers free breastfeeding phone consultations for low-income mothers.</p>
<p>Goals</p>	<p>New mothers have the information and support they need to successfully breastfeed.</p>
<p>Anticipated Outcomes</p>	<p>Increased knowledge of strategies related to breastfeeding. Increased sense of social support. Increased belief in ability to address challenges experienced in parenting.</p>
<p>2019–2021 Impact</p>	<p>5,117 persons served</p>

Name of Program, Activity, or Initiative	Grants and Sponsorships Addressing Maternal/Child Health
Description	<p>Grants and sponsorships are decided annually based on community need. Selected executed grants and sponsorships will be reported at year end.</p> <p>An example of an organization that may receive a grant or sponsorship to address Maternal/Child Health is First5 Santa Cruz County.</p>
Goals	Promote maternal and child health in the broader community and at-risk communities
Anticipated Outcomes	Increase programming and resources that promote maternal and child health for underserved populations.
2019–2021 Impact	6,660 persons served

9. CONCLUSION

Sutter Maternity & Surgery Center of Santa Cruz (SMSC) worked with Dignity Health Dominican Hospital, pooling expertise and resources, to conduct the 2022 Community Health Needs Assessment. By gathering secondary data and conducting new primary research as a team, the partners were able to understand the community's perception of health needs as well as prioritize health needs with an understanding of how each compares against benchmarks. SMSC further prioritized health needs in its area based on a set of defined criteria.

The 2022 CHNA, which builds upon prior assessments dating to 1995, meets federal (IRS) and California state requirements.

Next steps for the hospital:

- Ensure the 2022 CHNA is adopted by the Sutter Health board and made publicly available on the Sutter Health website by December 31, 2022.⁷⁷
- 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 Sutter Health board and filed with the IRS by May 15, 2023.

⁷⁷ Sutter Maternity & Surgery Center of Santa Cruz. (2019). *Community health needs assessment*. Retrieved from <https://www.sutterhealth.org/for-patients/community-health-needs-assessment>

10. LIST OF ATTACHMENTS

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

ATTACHMENT 1: 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 vulnerable 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; 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	
		Lois Sones, Program Director, Community Bridges Elderday				Representative	

ID #	Data Collection Method	Name, Title, Agency	Topic	# of People	Target Group(s) Represented	Role in Target Group	Date Input Was Gathered
		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 ⁷⁸	Low-income, minority	(see below)	10/4/2021
		Attendees:					
		Anissa Banuelos, Program Coordination, Community Action Board of Santa Cruz County, Inc.				Representative	

⁷⁸ 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
		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, Inc.				Representative	
		Program Coordinator, Community Action Board of Santa Cruz County, Inc.				Representative	

ID #	Data Collection Method	Name, Title, Agency	Topic	# of People	Target Group(s) Represented	Role in Target Group	Date Input Was Gathered
		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 2: SECONDARY DATA INDICATORS LIST

Category	Indicator Name	Indicator 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 packaged alcoholic beverages, such as beer, wine, and spirits.	U.S. Census - County Business Patterns

Category	Indicator Name	Indicator Description	Hyperlinked Source
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 the 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
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

Category	Indicator Name	Indicator Description	Hyperlinked Source
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
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

Category	Indicator Name	Indicator Description	Hyperlinked Source
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 Overdose (excluding Heroin)	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
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

Category	Indicator Name	Indicator Description	Hyperlinked Source
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
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 Healthcare 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

Category	Indicator Name	Indicator Description	Hyperlinked Source
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
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 healthcare.	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	Indicator 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	Percentage of CAP Survey participants who answered "Often" or "Sometimes" when 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	Indicator 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 seven 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
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

Category	Indicator Name	Indicator Description	Hyperlinked Source
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
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,	Centers for Medicare & Medicaid Services

Category	Indicator Name	Indicator Description	Hyperlinked Source
		and persons of any age with end-stage renal disease (ESRD).	
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 aged 21–65 who have had a cervical cancer screening test. For women 21-29, every three years. For women 30–65, every three or five years depending on the type of test(s): (1) if Pap test alone, then every three years and (2) if HPV test alone or co-test, then every five 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 blood test in the past three years, or a colonoscopy exam in the past 10 years.	CDC - PLACES
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

Category	Indicator Name	Indicator Description	Hyperlinked Source
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 67–69, 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
Community Safety	Adult Arrest Rate	The number of felony and misdemeanor arrests per 1,000 adults aged 18 and older.	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	Percentage 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

Category	Indicator Name	Indicator Description	Hyperlinked Source
Community Safety	Deaths in Custody	This indicator shows deaths in custody, per 10,000 population aged 18+, as reported by law enforcement. A death in custody is defined as a person who died while in physical custody or physical restraint 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 aged 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
Community Safety	Foster Care Entry Among Infants and Toddlers	The rate per 1,000 children aged 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

Category	Indicator Name	Indicator Description	Hyperlinked Source
Community Safety	High Expectations from Adults: 11th Graders	The percentage of 11th graders who report having high expectations from adults.	California Healthy Kids Survey
Community Safety	High Expectations from Adults: 9th Graders	The percentage 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 aged 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
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

Category	Indicator Name	Indicator Description	Hyperlinked Source
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 one 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 one day in the past 30 days.	California Healthy Kids Survey
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 one day in the past 30 days.	California Healthy Kids Survey

Category	Indicator Name	Indicator Description	Hyperlinked Source
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 one 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
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

Category	Indicator Name	Indicator Description	Hyperlinked Source
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 percentage 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 percentage 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
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

Category	Indicator Name	Indicator Description	Hyperlinked Source
COVID-19	14-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 seven days (for example, Jan 31 includes the daily average hospitalizations between January 25 and January 31, 2020).	California For All: Tracking COVID-19 in California
COVID-19	All SARS-CoV-2 RNA Copies per Gram of Wastewater	SARS-CoV-2 (the virus that causes COVID-19) is shed in feces by infected individuals and can be measured in wastewater. More cases of COVID-19 in the community are associated with increased levels of SARS-CoV-2 in wastewater, meaning that data from wastewater analysis can be used as an indicator of the level of transmission of COVID-19 in the community. Wastewater analysis measures the levels of non-infectious RNA (Ribonucleic Acid) in wastewater, not the viable virus.	County of Santa Cruz, Health Services Agency
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	Cumulative Total Deaths Since January 2020	The total number of deaths of COVID-19 since the beginning of the pandemic.	The New York Times

Category	Indicator Name	Indicator 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	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 (Aged 65+)	The percentage of older adults aged 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
COVID-19	Rate of Deaths Since January 2020	Ratio of total number of people who have died from COVID-19 compared to the 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

Category	Indicator Name	Indicator Description	Hyperlinked Source
COVID-19	Rate of Infection Since January 2020	Ratio of total number of people who have been infected with COVID-19 compared to the 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
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 seven days (for example, Jan 31 includes the daily average cases between January 25 and January 31, 2020).	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 seven days (for example, Jan 31 includes the daily average cases and deaths between January 25 and January 31, 2020).	The New York Times
COVID-19	Seven-Day Average Test Positivity Rate	Percentage of COVID-19 tests reported as positive in the preceding seven days (for example, Jan 31 includes the daily average test positivity between January 25 and January 31, 2020).	California for All: Tracking COVID-19 in California
COVID-19	Vaccinated and Received a Booster (All Ages)	The percentage of people who are fully vaccinated against COVID-19 and have received a booster. 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 as well as a half-dose COVID-19	The New York Times

Category	Indicator Name	Indicator Description	Hyperlinked Source
		booster shot of any kind, and is based on where the person resides.	
COVID-19	Vaccinated and Received a Booster (Aged 65+)	The percentage of older adults aged 65 or older who are fully vaccinated against COVID-19 and have received a booster. 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 as well as a half-dose COVID-19 booster shot of any kind, and is based on where the person resides.	The New York Times
Economic Security	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 Security	Households with an Internet Subscription	The percentage of households that have an internet subscription.	American Community Survey
Economic Security	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

Category	Indicator Name	Indicator Description	Hyperlinked Source
Economic Security	Persons with an Internet Subscription	The percentage of people in households that have an internet subscription.	American Community Survey
Economic Security	Persons with Disability Living in Poverty (5-year)	The percentage of people, aged 20–64, with any disability who are living below the Federal Poverty Level.	American Community Survey
Economic Security	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
Economic Security	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 Security	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, healthcare, 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

Category	Indicator Name	Indicator Description	Hyperlinked Source
Economic Security	Families Living Below Poverty Level	The percentage of families living below the Federal Poverty Level.	American Community Survey
Economic Security	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
Economic Security	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: $\text{Food Insecurity Index} = \frac{\text{Missing Meals}}{\text{Total Meals Required} - \text{Meals Purchased}}$. 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 Security	Food Insecurity Rate	The percentage of the population that experienced food insecurity at some point during the year.	Feeding America

Category	Indicator Name	Indicator Description	Hyperlinked Source
Economic Security	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 Security	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
Economic Security	Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold	This indicator 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 Security	Households that are Asset Limited, Income Constrained, Employed (ALICE)	This indicator 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 Security	Households that are Below the Federal Poverty Level	The percentage of households with annual incomes below the Federal Poverty Level.	United For ALICE
Economic Security	Median Household Income	The median household income. Household income is defined as the sum of money received over a calendar	American Community Survey

Category	Indicator Name	Indicator Description	Hyperlinked Source
		year by all household members aged 15 years and older.	
Economic Security	People 65+ Living Below Poverty Level	The percentage of people aged 65 years and over living below the Federal Poverty Level.	American Community Survey
Economic Security	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 Security	People Living 200% Above Poverty Level	The percentage of people living at or above 200% of the Federal Poverty Level.	American Community Survey
Economic Security	People Living Below Poverty Level	The percentage of people living below the Federal Poverty Level.	American Community Survey
Economic Security	Per Capita Income	The per capita income.	American Community Survey
Economic Security	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

Category	Indicator Name	Indicator Description	Hyperlinked Source
Economic Security	Projected Food Insecurity Rate	The number of persons projected to experience food insecurity at some point during the year.	Feeding America
Economic Security	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
Economic Security	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 Security	Unemployed Workers in Civilian Labor Force	This indicator describes civilians, 16 years of age and over, who are unemployed as a percentage of the U.S. civilian labor force.	U.S. Bureau of Labor Statistics
Economic Security	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 Security	Consumer Expenditures: Elder Care	The predicted average spending on elder care. 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	Indicator Description	Hyperlinked Source
Economic Security	Percent of Consumer Spending: Elder Care	The percentage of total consumer expenditures spent on elder care. 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 Security: Education	11th Grade Students Proficient in English/Language Arts	The percentage of 11th 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 Security: Education	11th Grade Students Proficient in Math	The percentage of 11th 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 Security: Education	3rd Grade Students Proficient in English/Language Arts	The percentage of 3rd 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

Category	Indicator Name	Indicator Description	Hyperlinked Source
Economic Security: Education	3rd Grade Students Proficient in Math	The percentage of 3rd 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 Security: Education	4th Grade Students Proficient in English/Language Arts	The percentage of 4th 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 Security: Education	4th Grade Students Proficient in Math	The percentage of 4th 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 Security: Education	5th Grade Students Proficient in English/Language Arts	The percentage of 5th 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

Category	Indicator Name	Indicator Description	Hyperlinked Source
Economic Security: Education	5th Grade Students Proficient in Math	The percentage of 5th 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 Security: Education	6th Grade Students Proficient in English/Language Arts	The percentage of 6th 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 Security: Education	6th Grade Students Proficient in Math	The percentage of 6th 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 Security: Education	7th Grade Students Proficient in English/Language Arts	The percentage of 7th 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

Category	Indicator Name	Indicator Description	Hyperlinked Source
Economic Security: Education	7th Grade Students Proficient in Math	The percentage of 7th 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 Security: Education	8th Grade Students Proficient in English/Language Arts	The percentage of 8th 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 Security: Education	8th Grade Students Proficient in Math	The percentage of 8th 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 Security: 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 Security: 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

Category	Indicator Name	Indicator Description	Hyperlinked Source
Economic Security: 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
Economic Security: 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 Security: Education	Child Care Spaces in Licensed Facilities	The number of child care spaces in licensed facilities.	California Child Care Resource & Referral Network
Economic Security: Education	Children in Working Families that Do Not Have Licensed Child Care Slots Available	The estimated percentage of children (aged 0–12 years) with parents in the labor force for whom licensed child care spaces are not available.	California Child Care Resource & Referral Network
Economic Security: Education	Chronic Absenteeism from School	This indicator shows students missing 10 percent or more of days enrolled in an academic year.	California Department of Education
Economic Security: Education	College/Career Indicator: Prepared	The percentage of high school graduates who are prepared for college or a career.	California Department of Education

Category	Indicator Name	Indicator Description	Hyperlinked Source
Economic Security: Education	Consumer Expenditures: Child Care	The predicted average spending on all child care. This includes child care, day care, nursery school, preschool, and non-institutional day camps.	Claritas Consumer Buying Power
Economic Security: 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 Security: 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 Security: 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 Security: 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

Category	Indicator Name	Indicator Description	Hyperlinked Source
Economic Security: 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
Economic Security: Education	Percent of Consumer Spending: Child Care	The percentage of total consumer expenditures spent on all child care. This includes babysitting, child care, day care, nursery school, preschool, and non-institutional day camps.	Claritas Consumer Buying Power
Economic Security: Education	Quality of Educator-Learner Relationships at School: Caring Adult/11th Grade	Percentage 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 Security: Education	Quality of Educator-Learner Relationships at School: Caring Adult/7th Grade	Percentage 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 Security: Education	Quality of Educator-Learner Relationships at School: Caring Adult/9th Grade	Percentage 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

Category	Indicator Name	Indicator Description	Hyperlinked Source
Economic Security: 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
Economic Security: 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 Security: Education	Workforce Readiness: Students Approaching Prepared for College/Career	Percentage 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 Security: Education	Workforce Readiness: Students Not Prepared for College/Career	Percentage 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 Security: Education	Workforce Readiness: Students Prepared for College/Career	Percentage 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 Security: 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

Category	Indicator Name	Indicator Description	Hyperlinked Source
Economic Security: 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
Healthcare 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
Healthcare 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
Healthcare 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
Healthcare 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
Healthcare 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

Category	Indicator Name	Indicator Description	Hyperlinked Source
Healthcare 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
Healthcare Access & Delivery	Persons with a Cognitive Difficulty	The percentage of the population with cognitive difficulty.	American Community Survey
Healthcare 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
Healthcare Access & Delivery	Persons with a Hearing Difficulty	The percentage of the population that are deaf or have some serious difficulty hearing.	American Community Survey
Healthcare Access & Delivery	Persons with a Self-Care Difficulty	The percentage of the population with a self-care difficulty.	American Community Survey
Healthcare 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

Category	Indicator Name	Indicator Description	Hyperlinked Source
Healthcare Access & Delivery	Persons with an Ambulatory Difficulty	The percentage of the population with an ambulatory difficulty.	American Community Survey
Healthcare 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 five years and a FOBT within the past three years, or a colonoscopy within the previous 10 years; and a mammogram in the past two 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 preventive services for this age group.	CDC - PLACES

Category	Indicator Name	Indicator Description	Hyperlinked Source
Healthcare 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 five years and a FOBT within the past three 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 preventive services for this age group.	CDC - PLACES
Healthcare 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
Healthcare 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
Healthcare 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

Category	Indicator Name	Indicator Description	Hyperlinked Source
Healthcare 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
Healthcare 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
Healthcare 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
Healthcare Access & Delivery	Average Gross Premium for Covered California Enrollees	The average gross premium (in dollars) for Covered California enrollees.	Covered California

Category	Indicator Name	Indicator Description	Hyperlinked Source
Healthcare 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
Healthcare 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 measure health insurance now define those aged 18 as children.	American Community Survey
Healthcare 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	American Community Survey

Category	Indicator Name	Indicator Description	Hyperlinked Source
		Children with Health Insurance for data from the year 2017 and beyond.	
Healthcare 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
Healthcare 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

Category	Indicator Name	Indicator Description	Hyperlinked Source
Healthcare 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
Healthcare 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
Healthcare 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
Healthcare 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
Healthcare 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

Category	Indicator Name	Indicator Description	Hyperlinked Source
Healthcare Access & Delivery	People with a Usual Source of Healthcare	The percentage of people that report having a usual place to go when sick or when health advice is needed.	California Health Interview Survey
Healthcare 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
Healthcare 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., band-aids and gauze), and other medical equipment (e.g., crutches, canes, syringes, heating pads).	Claritas Consumer Buying Power
Healthcare 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

Category	Indicator Name	Indicator Description	Hyperlinked Source
Healthcare 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
Healthcare 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 healthcare.	American Community Survey
Healthcare 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 Healthcare (provided through the Department of Veterans Affairs); the Children’s Health Insurance Program (CHIP); and individual state health plans.	American Community Survey
Healthcare 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
Healthcare 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

Category	Indicator Name	Indicator Description	Hyperlinked Source
Healthcare 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
Healthcare Access & Delivery	Dentist Rate	The rate of dentists per 100,000 population.	County Health Rankings
Healthcare 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
Healthcare 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
Healthcare 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

Category	Indicator Name	Indicator Description	Hyperlinked Source
Healthcare 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
Healthcare Access & Delivery: Transportation	Consumer Expenditures: Local Public Transportation	The predicted average spending on local public transportation. This includes intercity buses and trains, intra-city mass transit, and taxi and limousine services.	Claritas Consumer Buying Power
Healthcare 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
Healthcare 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

Category	Indicator Name	Indicator Description	Hyperlinked Source
Healthcare 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
Healthcare 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
Healthcare 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
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

Category	Indicator Name	Indicator Description	Hyperlinked Source
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 aged 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 only during the course of their pregnancy were not included in this count.	California Health Interview Survey
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

Category	Indicator Name	Indicator Description	Hyperlinked Source
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
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

Category	Indicator Name	Indicator Description	Hyperlinked Source
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 aged 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	The number of households enrolled in CalFresh. 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
Healthy Lifestyles: HEAL	Children and Teens who Engage in Regular Physical Activity	The percentage of children and teens who were 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

Category	Indicator Name	Indicator Description	Hyperlinked Source
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
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

Category	Indicator Name	Indicator Description	Hyperlinked Source
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 aged 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: 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

Category	Indicator Name	Indicator Description	Hyperlinked Source
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
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

Category	Indicator Name	Indicator Description	Hyperlinked Source
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 ($BMI = \text{Weight (Kg)} / [\text{Height (m)}^2]$). 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 ($BMI = \text{Weight (Kg)} / [\text{Height (m)}^2]$). A BMI between 25 and 29.9 is considered overweight and a BMI ≥ 30 is considered obese.	California Health Interview Survey
Healthy Lifestyles: Obesity	Children who Are Overweight for Age	The percentage of children aged 2–11 who are overweight for their age where weight \geq 95th percentile. This measure considers sex, age, and weight, but does not include height.	California Health Interview Survey, Neighborhood Edition

Category	Indicator Name	Indicator Description	Hyperlinked Source
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 healthcare 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 healthcare provider that they had coronary heart disease.	CDC - PLACES
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

Category	Indicator Name	Indicator Description	Hyperlinked Source
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
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

Category	Indicator Name	Indicator Description	Hyperlinked Source
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 above this level (140/90 mm Hg or higher) is considered high (hypertension).	California Health Interview Survey
Heart Disease/ Heart Attack	High Cholesterol Prevalence: Adults 18+	The percentage of adults aged 18 and older who have had their blood cholesterol checked within the past five years and have been told by a healthcare provider that it is high.	CDC - PLACES

Category	Indicator Name	Indicator Description	Hyperlinked Source
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 years with certain disabilities, and persons of any age with end-stage renal disease (ESRD).	Centers for Medicare & Medicaid Services
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

Category	Indicator Name	Indicator Description	Hyperlinked Source
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
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

Category	Indicator Name	Indicator Description	Hyperlinked Source
Housing & Homelessness	Mortgaged Owners Spending 30% or More of Household Income on Housing	The percentage of mortgaged owners who are spending 30 percent 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
Housing & Homelessness	Renters Spending 30% or More of Household Income on Rent	The percentage of renters who are spending 30 percent 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

Category	Indicator Name	Indicator Description	Hyperlinked Source
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
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	Indicator 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
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 3: 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

Healthcare Facilities and Agencies

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

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

<u>Clinics</u>	<u>City/Region</u>
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)

Dominican Physical Medicine & Rehabilitation	Santa Cruz
Homeless Persons Health Project	Santa Cruz
Immunization Clinics	Multiple locations.
Janus of Santa Cruz Community Clinic	Santa Cruz
Palo Alto Medical Foundation	Multiple locations. See http://www.pamf.org/clinics/#Santa%20Cruz%20County
Planned Parenthood Mar Monte Health Center	Watsonville
Salud Para la Gente	Watsonville
Santa Cruz County Medical Society	Santa Cruz
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

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 Security

- 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 Through 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	HEALTHCARE ACCESS & DELIVERY	HEALTHY LIFESTYLES
COMMUNITY BRIDGES	<ul style="list-style-type: none"> - Alcohol and Drug Use Disorder Education/Prevention - ADHD Counseling - Bereavement Counseling - Divorce Counseling - Tutoring Services - Education Advocacy 		<ul style="list-style-type: none"> - 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 	<ul style="list-style-type: none"> - Employment Related Advocacy Groups - Formula/Baby Food - Food Safety Education - Meals on Wheels - Food Banks - Food Pantries - Brown Bag Food Programs 	<ul style="list-style-type: none"> - Health Education - Health Insurance Counseling 	<ul style="list-style-type: none"> - Brown Bag Food Programs - Blood Pressure Screening

AGENCY/ORG	BEHAVIORAL HEALTH	CANCER	COMMUNITY SAFETY	ECONOMIC SECURITY	HEALTHCARE ACCESS & DELIVERY	HEALTHY LIFESTYLES
DOMINICAN HOSPITAL	<ul style="list-style-type: none"> - Adult Psychiatric Hospitals - Caregiver Counseling - Children's/ Adolescent Psychiatric Hospitals - Group Counseling - General Mental Health Information/ Education - Therapy referrals 	<ul style="list-style-type: none"> - Cancer Clinics - Mammograms - Pap Tests - Prostatic Specific Antigen Blood Tests 	<ul style="list-style-type: none"> - Child Passenger Safety Seat Inspectors and Providers 		<ul style="list-style-type: none"> - General Health Insurance Information/ Counseling - Medical Care Expense and Equipment Assistance 	<ul style="list-style-type: none"> - Blood Pressure Screening - Blood Tests - Cholesterol/ Triglycerides Tests - Diabetes Screening - Nutrition Education - Stroke

AGENCY/ORG	BEHAVIORAL HEALTH	CANCER	COMMUNITY SAFETY	ECONOMIC SECURITY	HEALTHCARE ACCESS & DELIVERY	HEALTHY LIFESTYLES
JACOB'S HEART CHILDREN'S CANCER SUPPORT SERVICES	<ul style="list-style-type: none"> - Art Therapy - Therapy Referrals - Cancer Support - Family Support Centers/Outreach 			<ul style="list-style-type: none"> - Electric, Gas, and Water Services Payment Assistance - Rent Payment Assistance - Telephone Service Payment Assistance - Trash/ Recycling Service Payment Assistance - Food Safety Education 	<ul style="list-style-type: none"> - Medical Care Expense and Equipment Assistance - Prescription Drug Discount Cards/ Prescription Expense Assistance 	<ul style="list-style-type: none"> - Brown Bag Food Programs - Food Pantries - Food Vouchers

AGENCY/ORG	BEHAVIORAL HEALTH	CANCER	COMMUNITY SAFETY	ECONOMIC SECURITY	HEALTHCARE ACCESS & DELIVERY	HEALTHY LIFESTYLES
SALUD PARA LA GENTE	<ul style="list-style-type: none"> - Alcohol Use Disorder Counseling - Bereavement Counseling - Body Image Education - Comprehensive Outpatient Alcohol and Drug Use Disorder Treatment - Chronic/Severe Mental Illness - Developmental Disabilities Day Habilitation Programs - Divorce Counseling - Drug Use Disorder Counseling - Drug Use Disorder Education/Prevention 	<ul style="list-style-type: none"> - Cancer Clinics 			<ul style="list-style-type: none"> - General Health Insurance Information/ Counseling - General Physical Examinations - Healthcare Discount Enrollment Programs - Medicaid - Medical Care Expense and Equipment Assistance - Referral to Physicians Accepting Medicaid - Dental Care - Oral Health Education/ Information 	<ul style="list-style-type: none"> - Blood Tests - Cholesterol/ Triglycerides Tests - Nutrition Education

AGENCY/ORG	BEHAVIORAL HEALTH	CANCER	COMMUNITY SAFETY	ECONOMIC SECURITY	HEALTHCARE ACCESS & DELIVERY	HEALTHY LIFESTYLES
	<ul style="list-style-type: none"> - Eating Disorders Treatment - Eating Disorders - 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 					

AGENCY/ORG	BEHAVIORAL HEALTH	CANCER	COMMUNITY SAFETY	ECONOMIC SECURITY	HEALTHCARE ACCESS & DELIVERY	HEALTHY LIFESTYLES
SANTA CRUZ COUNTY HEALTH SERVICES AGENCY	<ul style="list-style-type: none"> - 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 	<ul style="list-style-type: none"> - Mammo grams 	<ul style="list-style-type: none"> - Environmental Improvement Groups - Hazardous Materials Collection Sites - Poison Control - Water Quality Assurance 	<ul style="list-style-type: none"> - Food Safety Education 	<ul style="list-style-type: none"> - 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 	<ul style="list-style-type: none"> - Nutrition Assessment Services - Nutrition Education

AGENCY/ORG	BEHAVIORAL HEALTH	CANCER	COMMUNITY SAFETY	ECONOMIC SECURITY	HEALTHCARE ACCESS & DELIVERY	HEALTHY LIFESTYLES
	<ul style="list-style-type: none"> - Children's/ Adolescent Psychiatric Hospitals - 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 				<ul style="list-style-type: none"> - Oral Health Education/ Information 	

AGENCY/ORG	BEHAVIORAL HEALTH	CANCER	COMMUNITY SAFETY	ECONOMIC SECURITY	HEALTHCARE ACCESS & DELIVERY	HEALTHY LIFESTYLES
	<ul style="list-style-type: none"> - Tobacco Use Education/ Prevention - Therapy Referrals - Teenage Parents Support 					

ATTACHMENT 4: 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 nonprofit 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-19 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-19)?
- What inequities are you seeing?
- How have things changed since COVID-19 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/flier 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 nonprofit 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-19 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-19)?
- What inequities are you seeing?
- How have things changed in the last few years (both prior to COVID-19, and since COVID-19 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 5: IRS CHECKLIST

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

Federal Requirements Checklist		Regulation Section Number	Report Reference
A. Activities Since Previous CHNA(s)			
	Describes the written comments received on the hospital's most recently conducted CHNA and most recently adopted implementation strategy.	(b)(5)(C)	Section #2
	Describes an evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital facility's prior CHNA(s).	(b)(6)(F)	Section #8
B. Process & Methods			
	Background Information		
	Identifies any parties with whom the facility collaborated in preparing the CHNA(s).	(b)(6)(F)(ii)	Section #4
	Identifies any third parties contracted to assist in conducting a CHNA.	(b)(6)(F)(ii)	Section #4

Federal Requirements Checklist		Regulation Section Number	Report Reference
	<p>Defines the community it serves, which:</p> <ul style="list-style-type: none"> • Must take into account all patients without regard to whether (or how much) they or their insurers pay for care or whether they are eligible for assistance. • May take into account all relevant circumstances including the geographic area served by the hospital, target population(s), and principal functions. • May <i>not</i> exclude medically underserved, low-income, or minority populations who live in the geographic areas from which the hospital draws its patients. 	(b)(i) (b)(3) (b)(6)(i)(A)	Section #3
	Describes how the community was determined.	(b)(6)(i)(A)	Section #3
	Describes demographics and other descriptors of the hospital service area.		Section #3
	Health Needs Data Collection		
	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)	Attachment 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	(b)(1)(iii) (b)(5)(i) (b)(6)(F)(iii)	Section #5

Federal Requirements Checklist		Regulation Section Number	Report Reference
	resources potentially available to address those health needs.		
	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 1
	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 1
	I. Medically underserved populations	(b)(5)(i)(B)	Section #5 & Attachment 1
	II. Low-income populations	(b)(5)(i)(B)	Section #5 & Attachment 1
	III. Minority populations	(b)(5)(i)(B)	Section #5 & Attachment 1
	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 1

Federal Requirements Checklist		Regulation Section Number	Report Reference
	Describes how such input was provided (e.g., through focus groups, interviews, or surveys).	(b)(6)(F)(iii)	Section #5 & Attachment 1
	Describes over what time period such input was provided and between what approximate dates.	(b)(6)(F)(iii)	Section #5 & Attachment 1
	Summarizes the nature and extent of the organizations' input.	(b)(6)(F)(iii)	Sections #5-6 & Attachments 1, 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)	Attachment 3

Federal Requirements Checklist		Regulation Section Number	Report Reference
D. Finalizing the CHNA			
	CHNA is conducted in such taxable year or in either of the two taxable years immediately preceding such taxable year.	(a)1	Section #9
	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 12/31/2022
	a. May not be a copy marked “Draft”.	(b)(7)(ii)	By 12/31/2022
	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 12/31/2022
	c. Instructions for accessing CHNA report are clear.	(b)(7)(i)(A)	By 12/31/2022
	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 12/31/2022
	e. Individuals requesting a copy of the report(s) are provided the URL.	(b)(7)(i)(A)	By 12/31/2022

Federal Requirements Checklist		Regulation Section Number	Report Reference
	f. Makes a paper copy available for public inspection upon request and without charge at the hospital facility.	(b)(7)(i)(B)	By 12/31/2022

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