

Sutter Maternity & Surgery Center of Santa Cruz

2016 Community Health Needs Assessment

Sutter Maternity & Surgery Center of Santa Cruz 2900 Chanticleer Avenue Santa Cruz, CA 95065

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EXECUTIVE SUMMARY

COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) BACKGROUND

The Affordable Care Act (ACA), enacted by Congress on March 23, 2010, stipulates that nonprofit hospitals must complete a community health needs assessment (CHNA) every three years and make it widely available to the public. This assessment includes input from the community and experts in public health, service providers, and clinical care, among others. The purpose of this CHNA is to identify and prioritize significant health needs of the community served by Sutter Maternity & Surgery Center of Santa Cruz (SMSC). The priorities identified in this report will help guide SMSC community health improvement and community benefit programs, as well as to guide collaborative efforts with other organizations and providers. This CHNA report meets the Patient Protection and Affordable Care Act requirements, as well as the requirements for California Senate Bill 697, and serves as the basis for implementation strategies that are filed with the Internal Revenue Service.

BRIEF DESCRIPTION OF COMMUNITY SERVED

Santa Cruz County has a population of approximately 274,146 and covers 445 square miles. The two major cities are Santa Cruz, located on the northern side of the Monterey Bay, and Watsonville, situated in the southern part of the county. The city of Santa Cruz, which is the county seat, had an estimated population of 64,632 as of January 2015. Similarly, the City of Watsonville had an estimated population of 52,891.

The county is 58% White and 33% Latino with the remainder of the population comprised of Asian, African American and other ethnic backgrounds. The county has a relatively mature population with 52% of the residents' ages 35 or older. Median family income was \$77,255 in Santa Cruz County in 2015, higher than in California (\$73,581) and the nation overall (\$68,260). The unemployment rate was 7.5% for the county during 2015, higher than the state overall (6.2%). The City of Watsonville had the highest unemployment rate at 9.7% for 2015.

PROCESS & METHODS

Sutter Maternity & Surgery Center contracted with Applied Survey Research (ASR), a not-for-profit social research firm, to facilitate the Community Health Needs Assessment process in 2016. The goal was to collectively gather community feedback, understand existing data and trends about health status, and prioritize local health needs.

Secondary data were collected from a variety of sources. Community input was obtained during the summer of 2016 via key informant interviews with local health experts, and a focus group with hospital stakeholders. Sutter Maternity & Surgery Center and ASR also used primary data collected from the biennial Community Assessment Project (CAP) telephone survey conducted with a representative sample of Santa Cruz County residents. The CAP assesses quality of life across six subject areas: the economy, health, public safety, the social environment and the natural environment. The focus group and interviews focused on four main questions:

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

Community health needs identified during the interview and focus group process were then reviewed, resulting in the following list:

HEALTH NEEDS IDENTIFIED BY 2016 CHNA PROCESS Mental & Behavioral Health Access to Health Care Access to Health Care Youth Violence Diabetes Diabetes Economic Security Infectious & Communicable Diseases Childhood & Adult Obesity Action of Life Care Action of Life Care

In the final phase of this CHNA, representatives from SMSC's Community Board reviewed the list of health needs, as well as the secondary data, and identified the following as the priority health needs for the 2016 CHNA:

- Access to Primary Care
- Mental & Behavioral Health (including opioid use)
- Housing & Homelessness

For further details, including statistical and qualitative data, please refer to Section 5 (Identification and Prioritization of Community Health Needs).

NEXT STEPS

The CHNA report was adopted by the Sutter Maternity & Surgery Center's Bay Area Board of Directors on November 16, 2016. The report is available to the public on the hospital's website, and a paper copy is obtainable upon request at the SMSC Information Desk. Sutter Maternity & Surgery Center of Santa Cruz welcomes comments from the public on the 2016 Community Health Needs Assessment and 2016 – 2018 implementation strategy. Written comments can be submitted:

- By emailing the Sutter Health System Office Community Benefit department at SHCB@sutterhealth.org
- Through the mail using the hospital's address at: 2900 Chanticleer Avenue, Santa Cruz, CA 95065, ATTN TO: Administration
- In-person at the hospital's Information Desk

SCOPE

THE CHNA EFFORT

Sutter Maternity & Surgery Center collaborated with local health officials, County Health Department representatives, and community benefit organizations to conduct this community health needs assessment. With this assessment, SMSC will develop strategies to tackle the health needs identified in this report to improve the health and well-being of all Santa Cruz County residents.

For the purposes of this assessment, "community health" is not limited to traditional health measures. This definition includes indicators relating to quality of life (e.g., access to health care, impact of new technology, affordable housing, child care, education, and employment), the physical environment, and social factors that influence health (e.g., poverty, racism and discrimination, and immigration status), as well as the physical health of the county's residents. Sutter Maternity & Surgery Center's believes that community health and well-being cannot be understood in isolation and are affected by a multitude of factors, only one of which is physical health. Social, economic and environmental considerations must be examined to gain a full picture of a community's health and well-being.

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

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

ACA AND SB 697 CHNA REQUIREMENTS

IDENTITY & QUALIFICATIONS OF CONSULTANTS

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

For the Sutter Maternity & Surgery Center CHNA, ASR conducted primary research, collected secondary data, synthesized primary and secondary data, facilitated the processes of identification of community health needs and assets and prioritization of community health needs, and documented the processes and findings into a report.

Applied Survey Research ASR was uniquely suited to provide Sutter Maternity & Surgery Center with consulting services relevant to conducting the CHNA. The team that participated in this assessment – Susan Brutschy, Jennifer Anderson-Ochoa, and John Connery – brought together diverse, complementary skill sets and various schools of thought (public health, anthropology, sociology, psychology, education, and policy analysis).

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

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

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

ABOUT OUR HOSPITAL

Sutter Maternity & Surgery Center opened in March 1996 and currently operates 12 maternity beds and 18 medical surgical beds. Delivering approximately 1,000 babies each year and with an estimated 9,000 outpatient diagnostic and surgical procedures per year, Sutter Maternity & Surgery Center's mission is to enhance the well-being of people in the communities we serve through a not-for-profit commitment to compassion and excellence in health care services. With a commitment to improving patient health at the heart of its practices, Sutter Maternity & Surgery Center has been designated a "Baby Friendly Hospital" and has won multiple awards for patient satisfaction, quality care, safety, and health outcomes. Sutter Maternity & Surgery Center also plays a strong role in the community, demonstrating its dedication to the community with its uncompensated charity care program and through its support of programs such as Healthy Kids, Health Improvement Partnership of Santa Cruz County, Salud Para Ia Gente, and Santa Cruz Women's Health Center, among others.

At Sutter Health, we believe there should be no barriers to receiving top-quality medical care. We strive to provide access to excellent health care services for Northern Californians, regardless of ability to pay. As part of our not-for-profit mission, Sutter Health invests millions of dollars back into the communities we serve – and beyond. Through these investments and community partnerships, we're providing and preserving vital programs and services, thereby improving the health and well-being of the communities we serve.

COMMUNITY SERVED

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

GEOGRAPHIC DESCRIPTION OF COMMUNITY SERVED

Santa Cruz County has a population of approximately 274,146 and covers 445 square miles. The two major cities are Santa Cruz, located on the northern side of the Monterey Bay, and Watsonville, situated in the southern part of the county. The city of Santa Cruz, which is the county seat, has an estimated population of 64,632 as of January 2015. Santa Cruz is one of California's most popular seaside resorts with its historic Boardwalk, spectacular coastline, and accessible beaches. The City of Watsonville is the center of the county's agricultural activity, with major industries including food harvesting, canning, and freezing. As of January 2015, the City of Watsonville has an estimated population of 52,891. Other incorporated areas in the county include the cities of Scotts Valley and Capitola. Approximately 49% of the population lives in the unincorporated parts of the county, including the towns of Aptos, Davenport, Freedom, Soquel, Felton, Ben Lomond and Boulder Creek, and districts including the San Lorenzo Valley, and Live Oak.

DEMOGRAPHIC PROFILE OF COMMUNITY SERVED

The county is 58% White and 33% Latino with the remainder of the population comprised of Asian, African American and other ethnic backgrounds. The county has a relatively mature population with 52% of the residents' ages 35 or older. The senior population, those aged 60 and older, represent 21% of the population. While the county's largest ethnic group is White, the fastest growing ethnic group is Latino. Most Santa Cruz County residents had a high school degree (85%) in 2016. Median family income was \$77,255 in Santa Cruz County in 2015, higher than in California (\$71,015) and the nation overall (\$68,260). The unemployment rate in Santa Cruz County and throughout the country has steadily declined since 2010, following a ten-year high. The unemployment rate was 7.5% for the county during 2015, higher than the state overall (6.2%). The City of Watsonville had the highest unemployment rate at 9.7% for 2015. The median sales price of homes in Santa Cruz-Watsonville metro area has increased 80% since 2009; rent has decreased in the county since 2011. Average rent for a one bedroom apartment was \$1,424 in 2011 compared to \$1,289 in 2016, a decrease of 10%.

- Total Population: 274,146 (Source: United States Census (2015). American Community Survey)
- Hispanic or Latino: 33% (Source: United States Census (2015). American Community Survey)
- Race: 58% White, 9% Black/African American, Asian, American Indian/Alaska Native, Native Hawaiian or Other Pacific Islander, Other, or Two or More Races (Source: United States Census (2015). American Community Survey)
- Median Income: \$77,255 (Source: United States Census (2015). American Community Survey)
- Unemployment: 7.5% (Source: California Employment Development Department)
- No HS Diploma: 15% (Source: © 2016 the Nielson Company, © Truven Health Analytics Inc)
- Medicaid Patients: 26.3% of the population (Source: © 2016 the Nielson Company, © Truven Health Analytics Inc)
- Other Area Hospitals: 2
- Medically Underserved Areas or Populations: Yes (The Felton/West Santa Cruz Area and Monterey Service Area (within Santa Cruz)

With regard to medically underserved populations in Santa Cruz County:

- White CAP survey respondents were significantly more likely than Hispanics, to have had dental care in the previous 12 months (White 74% vs. Hispanic 58%)(SCC CAP 2015)
- White CAP survey respondents were significantly more likely than Hispanics to have had a regular source of health care in 2015 (White 94% vs. Hispanics 80%) (SCC CAP 2105)

STATE AND COUNTY CONTEXT

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

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

¹ http://www.healthforcalifornia.com/covered-california

² Central California Alliance for Health. (2015). [Membership enrollment report]

PROCESS & METHODS OF THE 2016 CHNA

Sutter Maternity & Surgery Center worked with ASR to collect the primary and secondary data requirements of the CHNA. The CHNA data collection process took place over four months and culminated in a report written for Sutter Maternity & Surgery Center in October of 2016.

Sutter Maternity & Surgery Center's CHNA Process



PRIMARY QUALITATIVE DATA (COMMUNITY INPUT)

Sutter Maternity & Surgery Center contracted with ASR to conduct primary research. ASR used three strategies for collecting community input: key informant interviews with health experts, a focus group with health care professionals, and telephone surveys with 700 randomly selected residents as part of the yearly Community Assessment Project.

Each interview and the focus group was then summarized as a stand-alone piece of data. When all data collection had been conducted, ASR analyzed the data and tabulated all health needs that were mentioned, along with health drivers discussed. ASR then made a list of all of the conditions that had been mentioned, counted how many groups or informants listed the condition and how many times they had been prioritized by a focus group.

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

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

KEY INFORMANT INTERVIEWS AND STAKEHOLDER FOCUS GROUP

Applied Survey Research conducted primary research via key informant interviews with three Santa Cruz County health experts. These included, the Health Services Agency Director, and two community clinic directors. These experts were selected in-part for their countywide experience and expertise and were interviewed by phone for approximately one hour.

Each participant was asked to identify the top health needs of their constituencies, how access to healthcare has changed post-Affordable Care Act, the impact of the physical environment on health, and the effect of the use of new technologies on health-related interventions.

In addition, one focus group with stakeholders was conducted in June 2016. The questions were the same as those for key informants.

See Attachment II for the titles and affiliations of key informant interviewees and focus group participants.

RESIDENT INPUT AND THE SANTA CRUZ COUNTY COMMUNITY ASSESSMENT PROJECT

Sutter Maternity & Surgery Center utilized the primary data collected and analyzed in the Santa Cruz County Community Assessment Project (CAP), implemented for over 22 years in the county, to access resident input for the 2016 CHNA.

ASR's 5 Step Assessment Process

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Collaboration

Gather a leadership team and project oversight committee that includes diverse perspectives and represents the community

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Data Collection

Develop a data collection strategy, prioritize data indicators, collect and analyze available data

Reporting

Create a comprehensive report that clearly presents the data in a way that is meaningful and useful to the community $% \left({{{\rm{D}}_{\rm{T}}}} \right)$

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Action: Community Convening

Spread the word and create an action plan to make meaningful change based upon the needs of your community

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Sustainability

Establish a plan to revisit the data, evaluate the outcomes of your actions and develop the funding to continue the assessment cycle

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

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

who are serving the medically underserved, low-income, and minority populations. The goals from CAP are taken into account when identifying top health needs.

CAP METHODOLOGY

SAMPLE SELECTION AND DATA WEIGHTING

In 2015, 784 surveys were completed with county residents. Telephone contacts were attempted with a random sample of residents 18 years or older in Santa Cruz County. Potential respondents were selected based on phone number prefixes, and quota sampling was employed to obtain the desired geographic distribution of respondents across North County, South County, and the San Lorenzo Valley. In 2015, quotas were also set for Latino respondents in order to increase the number of Latino survey respondents. In order to address the increasing number of households without landline telephone service, the sample included wireless-only and wireless/land-line random digit dial prefixes in Santa Cruz County. All cell phone numbers were dialed manually (by hand) to comply with Telephone Consumer Protection Act (TCPA) rules. Respondents were screened for geography, as cell phones are not necessarily located where the number came from originally.

As previously mentioned, quotas were used with respect to respondents' location of residence. The quotas were designed to obtain sufficient samples to allow generalization to the overall population within each of the three

designated geographic areas (North County, South County, and the San Lorenzo Valley). This method of sampling necessitated an over-sample of the San Lorenzo Valley due to its small size in relation to the rest of the county. The over-sampling of San Lorenzo Valley allowed for reliable comparisons with the other two regions (North County and South County). In total 784 surveys were completed, 282 in North County, 256 in South County, and 246 in San Lorenzo Valley.

Data from the 2015 survey were "weighted" along several demographic dimensions prior to data analysis. Data weighting is a procedure that adjusts for discrepancies between demographic proportions within a sample and the population from which the sample was drawn. For example, within the 2015 survey, the sample was 60% female and 40% male, whereas the population in Santa Cruz County is very near to evenly split between the two genders. When the data are weighted to adjust for the over-sampling of females, answers given by each female respondent are weighted slightly downward, and answers given by each male respondent are weighted slightly upward, thus compensating for the disproportionate sampling.

The survey data for 2015 were simultaneously weighted along the following demographic characteristics: gender, ethnicity, and geographic location. Weighting for both ethnicity and gender was performed to be region-specific, based on 2010 Census data, in order to account for differences across the three regions of Santa Cruz County. The weighted data were used in the generation of the overall frequency tables, and all of the cross-tabulations, with the exception of the regional cross-tabulations. For the regional cross-tabulations, the regional weights were dropped so that the San Lorenzo Valley oversample could be utilized.

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

SAMPLE REPRESENTATIVENESS

A sample size of 784 residents provides 95% confidence that the opinions of survey respondents do not differ from those of the general population of Santa Cruz County by more than +/- 3.5%. This "margin of error" is useful in assessing how likely it is that the responses observed in the sample would be found in the population of all residents in Santa Cruz County if every resident were to be polled.

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

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

SECONDARY QUANTITATIVE DATA COLLECTION

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

INFORMATION GAPS & LIMITATIONS

ASR and Sutter Maternity & Surgery Center were limited in their ability to assess some of the identified community health needs due to a lack of secondary data. Such limitations included lack of data for:

- Health data for residents without documentation
- End of Life Care

Youth Violence

Anti-Immunization Efforts

IDENTIFICATION AND PRIORITIZATION OF COMMUNITY HEALTH NEEDS

IDENTIFICATION OF COMMUNITY HEALTH NEEDS

As described previously, a variety of experts and service providers were consulted about the health of the community. Service providers and experts shared insights based on their experience and expertise regarding health needs and challenges for Santa Cruz County residents.

Collectively, experts and service providers identified a diverse set of health conditions and demonstrated a clear understanding of the health behaviors and other drivers (environmental and clinical) that affect health outcomes. Some of the health considerations they discussed included prevention, access to care, the efficacy of clinical practices, and their overall perceptions of the community's health.

QUALITATIVE DATA FINDINGS

Sutter Maternity & Surgery Center sought to understand specific aspects of community health during the 2016 CHNA. Starting with a solid understanding of the health conditions, drivers, and social determinants of health that are of concern to community residents, ASR used the following questions to gain a deeper understanding of the issues at hand:

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

HEALTH NEEDS

Applied Survey Research facilitated a series of conversations with key community members to identify the most pressing health needs in Santa Cruz County. Community members identified the following unmet health needs: access to behavioral health and substance use disorder services; access to reproductive health services; preventative services including nutrition and parenting education; violence prevention among youth; and ensuring access to all these services for undocumented individuals. Specific populations identified as underserved include: homeless adults and youth; youth with emotional issues or substance use disorders; mono-lingual Spanish speakers, and indigenous (non-Spanish speaking) persons; pregnant women; incarcerated women; the LGBQT community; and isolated seniors. South County, San Lorenzo Valley, and Live Oak were identified as areas with greater health needs.

DRIVERS AND BARRIERS

Community members identified a broad range of drivers for poor health and barriers to services in Santa Cruz County. Poverty, the high cost of living, lack of affordable housing, homelessness, immigration status, lack of providers who accept Medi-Cal, lack of transportation, and cultural and language barriers were repeatedly mentioned as barriers to optimal health. Drivers identified include the impact of chronic mental illness, chronic substance use disorders, lack of access to healthy affordable food, and lack of preventative care. It should be noted that many of these drivers/barriers are linked to social inequities and are often included in discussions about the root causes of poor health.

SUGGESTION FOR IMPROVEMENTS OR SOLUTIONS

Community member suggestions for improvements or solutions included increased funding for preventative, mental health and substance abuse services; supportive housing for under-resourced populations; improved exchange of information among service providers to facilitate better coordination of care; and more and better trained health

providers (especially Spanish-speaking and specialized care). Policy-related suggestions included a tax to support mental health and substance use disorder services; early education for children to promote healthy eating habits; and ensuring that policy makers and service providers use a social and economic equity lens in their decision-making and program development.

HEALTHCARE ACCESS

Applied Survey Research interviewed key service providers to understand how the implementation of the Affordable Care Act impacted residents' access to healthcare, including affordability of care.

Service providers were asked several questions including: awareness about health insurance and healthcare access; whether there is an increase or decrease in residents who are now insured; costs and affordability of healthcare; sufficiency of healthcare benefits; the utilization of primary versus emergency care; and what stops people from getting preventative, and/or early intervention, mental health/counseling services.

Awareness about how to obtain health insurance and health care. Service providers noted that while most residents are aware of how to access health insurance and health care services, some do not have the "health systems literacy" that they need to navigate the system. Populations who may be less aware or have more difficulty accessing insurance and health care are undocumented immigrants, those with limited English proficiency, those with limited literacy, individuals with mental health or substance abuse issues, and homeless persons who don't have the documentation necessary to enroll.

Proportions insured. Service providers reported a significant decrease in the number of uninsured since the Affordable Care Act (ACA) was instituted. The biggest increase is in the number of people insured by Medi-Cal. Increased enrollment was credited to outreach by hospitals, the County, advocacy groups, and nonprofits.

Difficulty meeting demand. The decrease in the number of uninsured since the implementation of ACA has increased the demand for services, creating a shortage of providers and facility space. No-show rates continue to be high, further limiting the availability of services. Community members noted that despite greater awareness of how to obtain health care, establishing a medical home takes time, which slows down the process of accessing care. Furthermore, ACA brought with it significant systems and organizational changes, many of which take time to integrate. Service providers need time and resources to support these efforts.

Affording insurance and care. Service providers working with at-risk, low-income populations reported that their clients were having less difficulty affording insurance and health care. However, residents with private insurance often face prohibitive co-pays and other costs.

Barriers to mental health services. Mental health services are insufficient — especially for Medi-Cal recipients. Privately insured individuals, especially adolescents, lack adequate access to psychiatric services. Community members noted the need for more Spanish-speaking providers and policy changes that would enable MFT's, LCSW's and Clinical Psychologists to be reimbursed by Medi-Cal. In addition, community members identified the need for increased collaboration and coordination among mental health and primary care providers in Santa Cruz County.

Primary care versus emergency care. There were mixed responses about whether people use Emergency Room (ER) services for primary care to the same degree as they were prior to the implementation of ACA. Some service providers reported that more of their patients are seeking medical care from a primary care physician. Others noted an increase in the number of people visiting the ER as many people do not have a medical home. Service providers noted that the most frequent users of ER's are people with behavioral health disorders.

HEALTH NEEDS DATA SYNTHESIS

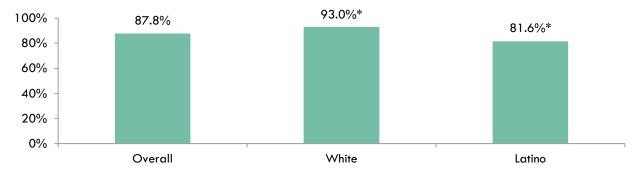
In order to generate a list of health needs, ASR started with the list of significant health needs from Sutter Maternity & Surgery Center's 2013 CHNA. Building on the CHNA work completed by ASR in the East Bay, San Mateo and

other locations, as well as the data collected during the CAP, the focus group, and key informant interviews, ASR finalized the list of significant health needs for Santa Cruz County and shared this with SMSC for review during the prioritization process meeting. A total of 11 health conditions or drivers were identified as community health needs and are listed below, in alphabetical order.

SUMMARIZED DESCRIPTIONS OF SIGNIFICANT COMMUNITY HEALTH NEEDS

Access and delivery continue to be a health need in Santa Cruz County. The County of Santa Cruz reported that since October 2013 over 19,131 residents successfully enrolled in Covered California. Moreover, since 2009, Santa Cruz County has seen a 105% increase in Medi-Cal members from 31,415 to 64,329, with 46% of their current membership being Latino. Ninety-four percent of White CAP survey respondents reported having a regular source of health care in 2015, as compared to only 80% of Latinos. White respondents were significantly more likely than Latino respondents to visit private practice for their regular source of health care, while Latino respondents were significantly more likely than White respondents to go to a community clinic for their regular source of health care. Service providers noted that patients need assistance navigating the healthcare system. Language barriers, immigration status, behavioral health issues, limited education, lack of coordination and information sharing among service providers, and lack of provider cultural competence also negatively affect access for some populations.





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

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

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

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

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

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

Additional specialized health workers is a significant unmet health need identified by service providers. Service providers expressed the need for an increase in the number of specialized health providers as well as the necessity for doctors and practitioners with more varied skill sets (Spanish-speaking, cultural competency, etc.)

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

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

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

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

Diabetes is a health need in Santa Cruz County as marked by a slight rise over time in the percentage of selfreported diabetics. Diabetes is one of the top 10 leading causes of death in the county. Service providers noted the connection to poor health outcomes for people with chronic diabetes who experience poverty, have limited access to affordable healthy food, and lack nutritional education, especially in early childhood.

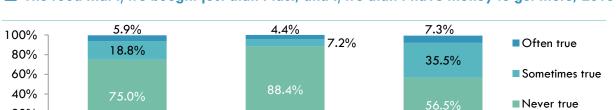
Economic security is a health need in Santa Cruz County as marked by rising percentages of adults living below 200% of the Federal Poverty Level. Unemployment rates are rising and are higher than both the state and national level. While educational indicators (high school exit exam performance, educational attainment) were better in the county as a whole than in the state, 67% of 3rd grade students did not meet the English Language Arts/Literacy Standards and 66% did not meet the mathematical standards for the CAASPP test measuring student performance and progress. Low-income individuals were identified as having less access to basic needs such as affordable healthy food and housing, and even when they have health insurance, being unable to afford co-pays or prescriptions. Service providers identified economic security as a significant concern underpinning many factors which adversely affect health. Discussion of the social determinants of health, particularly economic well-being, as a lens through which to develop policy and program solutions to community health concerns, was a common theme among service providers.

	2008	2009	2010	2011	2012	2013	2014	08-14 NET CHANGE
Santa Cruz County								
Under 18 Years	17.8%	14. 9 %	17.3%	15.5%	14.0%	18.4%	21.0%	3.2
18 to 64 Years	13.4%	14.7%	14.8%	16.0%	14.3%	15.4%	17.4%	4.0
65 Years and Over	6.7%	6.8%	8.5%	7.2%	7.5%	6.6%	7.4%	0.7
California								
Under 18 Years	18.5%	19.9%	22.0%	22.8%	23.8%	23.5%	22.7%	4.2
18 to 64 Years	12.0%	12.8%	14.5%	15.3%	15.6%	15.6%	15.3%	3.3
65 Years and Over	8.7%	8.7%	9.7%	10.0%	10.4%	10.4%	10.6%	1.9
United States								
Under 18 Years	18.2%	20.0%	21.6%	22.5%	22.6%	22.2%	21.7%	3.5
18 to 64 Years	11.9%	13.1%	14.2%	14.8%	14.8%	14.8%	14.6%	2.7
65 Years and Over	9.9%	9.5%	9.0%	9.3%	9.5%	9.6%	9.5%	-0.4

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

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

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



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

2015 - Overall n: 781; White n: 423; Latino n: 286.

Overall

20% 0%

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

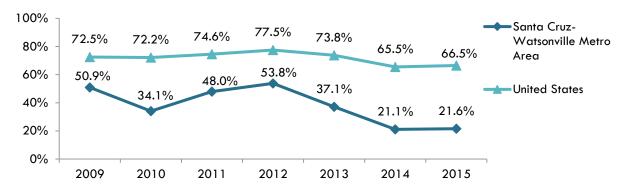
Latino*

White*

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

*Significance testing: Latino respondents were significantly more likely than White respondents to be unable to get more food when the food they bought ran out in 2015.

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



Percentage of Homes Affordable for Median Income Families

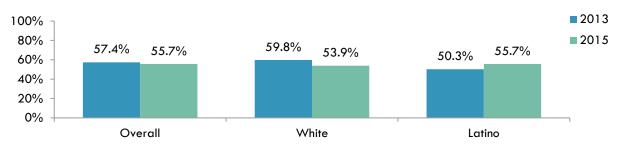
Source: National Association of Home Builders. (2015). 2009-2015 NAHB - Wells Fargo Housing Opportunity Index (HOI), 1st Ouarter.

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

Maternal and child health were identified as health needs in Santa Cruz County. Community concerns focused on teen pregnancy, although the data show that the rate of teen births in the county is less than the state as a whole. Service providers identified the need for increased supportive services for first time mothers, highlighting the need for a comprehensive approach to supportive services.

Obesity/Healthy Eating and Nutrition are health needs in Santa Cruz County. While childhood weight statistics are unstable due to the low number of respondents to the California Health Interview Survey, the CAP survey of adult respondents showed an increase in overweight and obese adults and an increase in the frequency of eating fast food since the previous CAP. Service providers identified mitigation strategies such as increased nutritional education, healthy eating curricula in early childhood education, healthy food vending and closed campus policies in K-12 schools.

³ Centers for Disease Control and Prevention. (2014). *Pertussis outbreak trends*. Atlanta, GA. Retrieved from http://www.cdc.gov/pertussis/outbreaks/trends.html

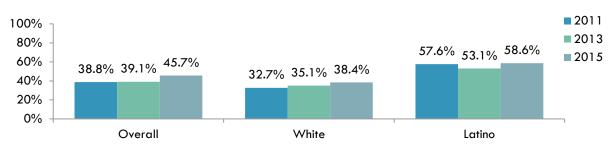


Thow many days in the past 7 days did you eat 5 or more servings of fruits and vegetables a day? (Respondents answering five or more days)

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

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

The way times in the past 7 days did you eat fast food? (Respondents answering at least once)

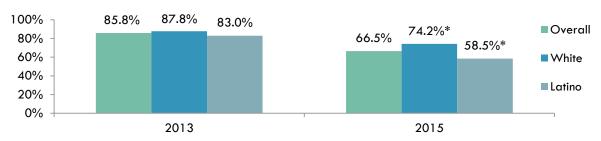


Overall 2015 n: 780; White 2015 n: 421; Latino 2015 n: 288.

Oral/dental health is a significant health need in the County as marked by a decrease in the percentage of surveyed adults who had dental care in the past year. Latino residents are disproportionately affected. This health need is likely being impacted by certain social determinants of health and by the cost of dental care. Service providers noted that children's access to oral health services are adequate because they are covered by Medi-Cal, however, low-income adults have limited access, and even residents with dental care insurance report that costs are often prohibitive.

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

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



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

2015 - Overall n: 780; White n: 423; Latino n: 286.

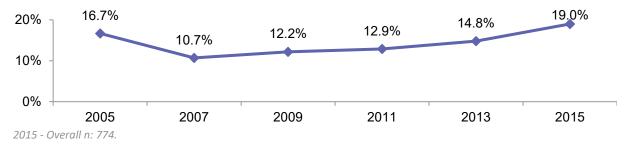
Source: Applied Survey Research. (2015). 2015 Santa Cruz County Community Assessment Project, Telephone Survey.

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

*Significance testing: White respondents were significantly more likely than Latino respondents to have had dental care in the past year in 2015.

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

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



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

Watsonville, CA.

Violence is a health need in Santa Cruz County, with 49% of respondents reporting being at least somewhat concerned about gangs and/or other violent crime in their neighborhood. Despite a decrease in violence (including violent crime) and abuse in the county, community members continue to see it as a concern and an important issue to address to improve quality of life for the county as a whole.

⁴ Centers for Disease Control and Prevention. (2014). Binge drinking. Retrieved from http://www.cdc.gov/alcohol/fact-sheets/binge-drinking.htm

QUALITY OF LIFE

Racism and discrimination are important to measure because they adversely affect mental and physical health.⁵ Approximately 14% of CAP survey respondents felt they were discriminated against in Santa Cruz County in the last 12 months. Moreover, 46% of respondents experienced discrimination or felt treated unfairly due to race/ethnicity and 21% experienced age-based discrimination. Less than two-thirds (61%) of CAP survey respondents reported being "very satisfied" with their overall quality of life in 2015, a slight decrease from 67% in 2013. In 2015, respondents identified the cost of living/housing in Santa Cruz County as the number one barrier to improving their quality of life. However, 24% of CAP respondents responded 'strongly agree' when asked if they knew how to make a positive change in their community, suggesting a high level of civic engagement??

PRIORITIZATION OF HEALTH NEEDS

The IRS CHNA requirements state that hospital facilities must identify significant health needs of the community in which they reside, and prioritize those health needs. To identify significant health needs, ASR facilitated a discussion with representatives from SMSC and their Community Board. Representatives reviewed all the quantitative and qualitative data, the list of significant health needs and their impact on the community. They were given the option to add needs, and then went through a prioritization process to narrow the list to three, combining and redefining some to fit the specific needs of the county.

The top three health needs for the 2016 CHNA are listed here, and explained in further detail below:

- Access to Primary Care
- Mental and Behavioral Health (including opioid use)
- Housing and Homelessness

ACCESS TO PRIMARY CARE

An underlining theme emerging from community members and service providers was the marked lack of access to primary care providers. Language barriers, immigration status, long wait times, behavioral health issues, limited education, lack of coordination and information sharing among service providers, and lack of provider cultural competence were noted as factors affecting resident's ability to access primary health care.

MENTAL AND BEHAVIORAL HEALTH

"We need better coordination of services and more focus on the social determinants of health, such as affordable housing, which contribute to poor health outcomes." Key informant

In Santa Cruz County, there is a limited supply of mental healthcare providers and substance use disorder treatment options for both insured and uninsured clients. Service providers identified a variety of factors that cause stress and thus have a negative impact on well-being, including lack of affordable housing, food insecurity, unemployment or under-employed or having multiple jobs, homelessness, having undocumented status, and experiencing economic disparities.

HOUSING AND HOMELESSNESS

Service providers repeatedly cited housing concerns as a significant factor impacting health conditions. They also cited the strong relationship between homelessness, substance use, and mental health issues. The community identified "We need to do a better job of attracting and retaining bilingual providers who are committed to the safety net, including medical assistants." Key informant

⁵Berkman L., Kawachi I Krieger N. (2000). Discrimination and health. Social Epidemiology. Oxford: Oxford University Press: 36-75.

the lack of affordable housing as a concern, with 24% of CAP respondents naming the cost of living/housing as the number one factor diminishing their quality of living.

RESOURCES POTENTIALLY AVAILABLE TO ADDRESS PRIORITIZED HEALTH NEEDS

Sutter Maternity & Surgery Center provides Santa Cruz residents with high quality health care and currently operates 12 maternity beds and 18 medical surgical beds. Delivering approximately 1,000 babies each year and with an estimated 9,000 outpatient diagnostic and surgical procedures per year, Sutter Maternity & Surgery Center's mission is to enhance the well-being of people in the communities we serve through a not-for-profit commitment to compassion and excellence in health care services.

Sutter Maternity & Surgery Center sponsors community education classes throughout the year. Sutter also opens its doors for many community meetings, including prenatal classes and new parent support groups. Other community education and services include blood pressure screenings at health fairs as well as various presentations to community organizations throughout the year.

Sutter Maternity & Surgery Center has 300 staff members, 80 physicians on the active medical staff, and numerous community volunteers. On an annual expense budget of approximately \$70 million, Sutter incurs about \$6 million per year in uncompensated costs of Medi-Cal, charity care for uninsured individuals, and direct community contributions to organizations like those listed below. A majority of the charity care provided arrives through Access to Care, a robust, mission-driven program in which we work closely with and actively reach out to the safety net FQHC providers in the county to care for their specialty, procedural, and surgical needs. Members of our senior leadership team support many of our local non-profit health partners through board membership and other volunteerism.

COMMUNITY ORGANIZATIONS, HEALTH PARTNERS, AND GOVERNMENT AGENCIES

Organizations identified through the process that are current or potential partners for addressing health needs and related issues include:

- Palo Alto Medical Foundation
- County of Santa Cruz Health Services Agency
- Salud Para la Gente
- Santa Cruz Community Health Centers
- Health Improvement Partnership
- Homeless Action Network
- UC Santa Cruz
- Cabrillo College Allied Health Program
- Janus of Santa Cruz
- SafeRX Santa Cruz County
- Community Foundation Santa Cruz County
- Recuperative Care Center at the Homeless Services Center of Santa Cruz
- Dignity Health Dominican Hospital

IMPACT OF THE 2013-2015 CHNA

HEALTH NEEDS IDENTIFIED IN THE 2013-2015 CHNA

- Access to Primary Care
- Health Insurance among Children
- Childhood Obesity
- Nutrition
- Physical Activity
- Dental Care
- Diabetes
- Alcohol & Drug

SUTTER MATERNITY & SURGERY CENTER'S PRIORITIZED SIGNIFICANT HEALTH NEEDS 2013-2015

Given all the information gathered during the CHNA process, the three priority areas identified by Sutter Maternity & Surgery Center, as presented to the Board of Directors were:

- Access to Primary Care
- Health Insurance among Children
- Childhood Obesity

DESCRIPTION OF IMPACT SINCE 2013-2015 CHNA

The following tables describe key programs and initiatives that addressed the priority health needs identified in the 2013-2015 CHNA.

ACCESS TO PRIMARY CARE

Name of Program, Initiative or Activity	Primary Care Expansion
Description	SMSC will partner with Sutter Health-aligned Palo Alto Medical Foundation to expand its own primary care physician base serving Santa Cruz County. In addition, SMSC will be donating \$1.5M over the next five years to Santa Cruz Community Health Centers, a local Federally Qualified Health Center, to allow them to expand their primary care services through physical plant expansion and physician recruitment.

Anticipated Impact and Plan to Evaluate	Primary Care Expansion is anticipated to improve access to care for the uninsured and medically indigent population in Santa Cruz by adding needed primary care physicians to accommodate the increasing demand of this population. The hospital will evaluate the impacts of this initiative by annually tracking the number of people served, including the number of visits at Santa Cruz Community Health Centers' new Live Oak Clinic, and by assessing the community's access to care needs in its next Community Health Needs Assessment.
2015 Impact	The new East Cliff (Live Oak) Clinic saw 1,144 patients in 2013-2014, 6,703 unique patients in the 2014-2015 fiscal year, and 7,201 unique patients in calendar year 2015. Many of these are patients who did not have a medical home prior to the new clinic location opening up.
Mechanism(s) Used to Measure Impact	Our agreement with Santa Cruz Community Health Centers ensures that we receive regular updates on growth and access of the clinic for our local uninsured and under-insured population.
Community Benefit Contribution/Expense	\$300,000 cash contribution to Santa Cruz Community Health Centers
Program, Initiative, or Activity Refinement	The partnership with Santa Cruz Community Health Centers has been a positive one that has yielded valuable improvements in primary care access. As a result of these successes, we entered into a second partnership with Federally Qualified Health Center Salud Para La Gente, which serves southern Santa Cruz County and northern Monterey County. Through this partnership, we are helping Salud expand their main clinic in downtown Watsonville to improve access to their expanding patient population.

HEALTH INSURANCE AMONG CHILDREN

Name of Program, Initiative or Activity	Support for Access to Care for Underserved Children		
Description	SMSC's financial commitment over the next five years to Santa Cruz		
	Community Health Centers will allow them to assume the care of over 1,500		
	children who have been receiving care at an existing non-FQHC pediatric		
	safety net clinic (that has closed in end of 2013). In addition, for over a		
	decade, SMSC has financially supported the Healthy Kids program each year.		
	Healthy Kids enrolls children in Medi-Cal through outreach activities and covers		

	children who are ineligible for Medi-Cal through the locally-funded Healthy Kids Health Plan.
Anticipated Impact and Plan to Evaluate	Santa Cruz Community Health Centers expansion, which is made possible through a collaborative effort between SMSC and another local hospital's financial support, will allow them to significantly improve the access to care for children who would otherwise be left without a care provider. Healthy Kids has approximately 1,000 local children enrolled, and SMSC's financial support helps the program maintain and grow. The hospital will continue to carefully evaluate the needs of the children in our community who are not eligible for coverage under the Affordable Care Act in its next Community Health Needs Assessment.
2015 Impact	The impact of our partnership with the Santa Cruz Community Health Centers is detailed on the previous page, under "Access to Primary Care". Our partnership with the Healthy Kids program has contributed to the provision of health insurance coverage for 875 local children.
Mechanism(s) Used to Measure Impact	As part of our partnership with the Healthy Kids program, we receive reports on financial performance and enrollment in the program.
Community Benefit Contribution/Expense	\$300,000 cash contribution to Santa Cruz Community Health Centers \$100,000 cash contribution to Healthy Kids
Program, Initiative, or Activity Refinement	In a rare opportunity to "declare victory" on a community health need, the Healthy Kids program will soon no longer be needed, thanks to the passing of California Senate Bill 4, The Health for All Kids Act. As a result of SB 4, California will become the largest state in the nation to provide health care to all children, regardless of their immigration status. The support of Healthy Kids by Sutter and other community partners allowed Santa Cruz County to completely bridge the gap to this permanent legislative fix.
Name of Program, Initiative	PAMF Pediatric Weight Management Program

Name of Program, Initiative or Activity	PAMF Pediatric Weight Management Program		
Description	SMSC collaborates with Palo Alto Medical Foundation in the development of its Pediatric Weight Management Program. The target population of this program is children whose body mass index (BMI) is in the highest 15% of		

	BMIs for their age group. These children, along with their parents, are enrolled in a series of educational sessions with pediatricians and nutritionists designed to teach better nutritional, physical activity, and weight management habits. PAMF offers this intensive program to its patients despite the fact it is not covered by insurance as part of its efforts to address the overall childhood obesity issue in its service area.
Anticipated Impact and Plan to Evaluate	The PAMF Pediatric Weight Management Program strives to stop or reverse the pattern of weight gain among the highest risk youth. Results from the program in 2012 showed a 5% average reduction in BMI for enrolled participants. SMSC will evaluate the enrollment numbers into this program as well as the efficacy of the program on BMI and eating habits.
2015 Impact	In 2015, 174 families were referred to the program, 111 (64%) of whom were seen for initial assessment with a registered dietician. Of those, 24 families, some with multiple children in attendance, participated in the class series. While it is too soon to determine change in BMI data for 2015 as many have not yet had a return physician visit since attending the classes, there were measurable behavioral changes in the participants.
	Behavioral changes:
	Sugary drinks decreased from 50% consuming 3 or more a day to 100% consuming 1 or less.
	Eating breakfast increased by 40%
	Physical activity increased by 66%
	Consumption of fruits went from participants eating 2 or less to all eating 2 or more.
	Vegetable intake increased by 25%
Mechanism(s) Used to Measure Impact	BMI tracking and pre and post questionnaires.
Community Benefit Contribution/Expense	Registered Dietician (RD) and physician time and expertise for classes, individual assessments and planning. Management and support staff time to schedule patients. Facilities availability. At least 100 RD hours annually for the classes and prep, plus another 45 hours for one-on-one visits.
Program, Initiative, or Activity Refinement	To better meet families' needs, we began offering bilingual classes in 2015. We have expanded locations where are providing classes and are now offering classes at the Main Clinic and Westside Clinic in Santa Cruz and at

our Watsonville Clinic. We have shortened the series to four sessions from six to increase participation, and adjusted some of the participation requirements to improve participation compliance. In addition, all new families referred to the program receive an hour-long pre-assessment and education session with a registered dietician.

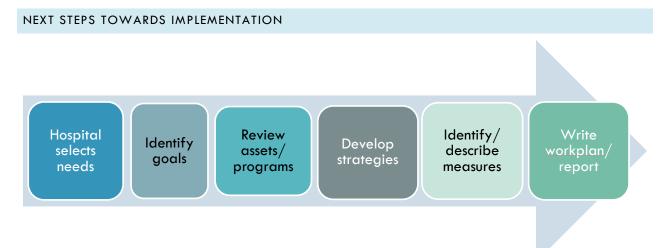
COLLABORATION

Sutter Maternity & Surgery Center and Palo Alto Medical Foundation are both not-for-profit affiliates of the not-forprofit parent organization Sutter Health. In Santa Cruz, the two organizations work together as one, assuring a seamless continuum of care for our patients and our community. We partner closely with the local federally qualified health centers, such as those at the County of Santa Cruz Health Services Agency, Salud Para La Gente, and Santa Cruz Community Health Centers, to help expand primary care access and to provide specialty care for their patients. We participate in all monthly Health Improvement Partnership (HIP) Council meetings and serve on the board of that organization as well, collaborating with HIP on programs such as SafeRx Santa Cruz County and Integrated Behavioral Health. Sutter works closely with our local higher education organizations, Cabrillo College and the University of California Santa Cruz, to provide scholarship opportunities and guidance on their health services education program.

CONCLUSION

Sutter Maternity & Surgery Center worked to meet the requirements of the federally required CHNA by pooling expertise, guidance, and resources for a comprehensive community assessment. By gathering secondary data, using primary data collected during the CAP survey, and conducting new primary data collection, SMSC was able to gain insight into the community's perception of the most pressing health concerns in Santa Cruz County and prioritize these health concerns with an understanding of how each compares against benchmarks.

Sutter is developing an Implementation Strategy Plan and prioritizing interventions that address the health concerns identified in this report. Both will be publically available.



LIST OF ATTACHMENTS

- 1. IRS Checklist
- 2. List of Participating Community Members and Their Credentials
- 3. Focus Group and Key Informant Interview Protocols

ATTACHEMENT I: IRS CHECKLIST

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

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

Sutter Maternity & Surgery Center of Santa Cruz - 2016 Community Health Needs Assessment (CHNA)

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

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

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

⁶ Must allow an internet user to access, download, view, and print a hard copy of the document from the Web site without requiring special hardware or software, paying a fee, creating an account, or providing personally identifiable information.

ATTACHMENT II: LIST OF PARTICIPATING COMMUNITY MEMBERS AND THEIR CREDENTIALS

FOCUS GROUP PARTICIPANTS & KEY INFORMANT INTERVIEWEES

- County of Santa Cruz Health Services Agency Giang Nguyen, Director
- Salud Para la Gente Dori Rose Inda, Chief Executive Officer
- Salud Para la Gente Dr. Amy McEntee, Chief Medical Officer
- Santa Cruz Community Health Centers Leslie Conner, Executive Director
- Sutter Maternity & Surgery Center Sherri Torres, RN
- Sutter Maternity & Surgery Center Nancy Chin, M.D.

COMMUNITY ASSESSMENT PROJECT STEERING COMMITTEE MEMBERS (2015)

- Brenda Armstrong, Santa Cruz County Alcohol & Drug Program
- Vincent Barabba, Community Volunteer
- Caleb Baskin, Baskin & Grant
- Donna Blitzer, University of California, Santa Cruz
- Christina Borbely, PhD, RET Partners
- David Brody, First 5 Santa Cruz County
- Susan Brutschy, Applied Survey Research
- Beth Carr, Santa Cruz Community Credit Union, Community Ventures
- Henry Castaniada, Soquel Union Elementary School District
- Leslie Conner Santa Cruz Community Health Centers
- Christina Cuevas, Community Foundation Santa Cruz County
- Karen Delaney, Volunteer Center of Santa Cruz
- Willy Elliot-McCrea, Second Harvest Food Bank
- Will Forest, County of Santa Cruz Health Services Agency
- Mary Lou Goeke, United Way of Santa Cruz County
- Fernando Giraldo, Santa Cruz County Probation Department
- Allison Guevara, County of Santa Cruz
- Will Hahn, PAMF/Sutter Health

- Sutter Maternity & Surgery Center Karl Christofferson, M.D.
- Sutter Maternity & Surgery Center Rami Dakkuri, M.D.
- Sutter Maternity & Surgery Center Joe Fabry, DO
- Sutter Maternity & Surgery Center Frank Jan, M.D.
- Sutter Maternity & Surgery Center Howard Salvay, M.D.
- Dan Haifley, O'Neill Sea OdysseyDr. Lisa Hernandez, MD County of Santa Cruz
- Dr. Lisa Hernandez, MD County of Santa Cruz Health Services Agency
- Megan Joseph, United Way of Santa Cruz County
- Shebreh Kalantari-Johnson, Community Volunteer
- Rama Khalsa, Community Volunteer
- Kirsten Liske, Ecology Action
- Eleanor Littman, Health Improvement Partnership Santa Cruz County
- Madeline Noya, County of Santa Cruz Human Services Department
- Laura Marcus, Dientes Community Dental Clinic
- Paul O'Brien, Community Volunteer
- Martina O'Sullivan, Dignity Health Dominican Hospital
- Greg Pepping, Coastal Watershed Council
- Rock Pfotenhauer, Cabrillo College
- Raquel Ramirez Ruiz, Pajaro Valley Community Health Trust
- Janet Reed, Community Volunteer
- Stuart Rosenstein, Community Volunteer
- Jessica Scheiner, County of Santa Cruz Human Services Department
- Laura Segura, Monarch Services

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

CHNA

ATTACHMENT III: FOCUS GROUP AND KEY INFORMANT INTERVIEW PROTOCOLS

SUTTER HEALTH

KEY INFORMANT INTERVIEW PROTOCOL

INTRODUCTION

What the project is about:

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

You were chosen to be interviewed for your particular perspective on health in your community

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

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

PREAMBLE

Our questions relate mainly to:

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

BACKGROUND (<5 MIN.)

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

HEALTH NEEDS (10-15 MIN.)

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

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

v. Any other specific groups

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

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

CHALLENGES (10-15 MIN.)

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

Prompts if they are having trouble thinking of anything:

- Transportation
- Housing
- Built environment incl. unsafe neighborhoods, lack of facilities/vendors, proximity to unhealthy things
- Policies/laws

- Cultural norms
- Stigma
- Lack of awareness/education
- SES (income, education)
- Mental health and/or substance abuse issues
- Being victims of abuse, bullying, or crime

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

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

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

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

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

- Specific new/expanded programs or services?
- Increase knowledge/understanding?
- Address underlying drivers like poverty, crime, education?
- Facilities (incl. hospitals/clinics)
- Infrastructure (transportation, technology, equipment)

- Staffing (incl. medical professionals)
- Information/educational materials
- Funding
- Collaborations and partnerships
- Expertise

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

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

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

- c) What barriers to access still exist? (Focus on comparison pre- and post-ACA)
 - i. Is the same proportion still medically uninsured/under-insured?
 - ii. Do more people or fewer people have a primary care physician?
 - iii. Are people using the ER as primary care to the same degree?
 - iv. Is the same proportion of the community facing difficulties affording health care?
- d) Now thinking specifically about the mental health needs in your community, what keeps people from getting the prevention and/or early intervention mental health/counseling services they need?

CONCLUDING REMARKS

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

SUTTER HEALTH



ROOM PREP:

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

INTRODUCTORY REMARKS:

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

HOUSEKEEPING:

- Feel free to eat
- Focus group will end at _____ o'clock

- Silence cell phones
- Bathroom location

GUIDELINES/GROUND RULES:

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

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

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

FOCUS GROUP QUESTIONS [50 MIN. IN TOTAL]

COMMUNITY HEALTH NEEDS & PRIORITIZATION - 15 MIN.

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

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

(Write them on the list.)

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

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

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

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

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

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

DRIVERS/BARRIERS - 15 MIN.

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

Prompts if they are having trouble thinking of anything:

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

SUGGESTIONS/IMPROVEMENTS/SOLUTIONS - 10 MIN.

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

For the needs you prioritized earlier...

- a. Are there any policy changes you would recommend that could address these issues? Consider those that are readily achievable and politically feasible.
- b. Are there existing assets or resources available to address these needs that people are not using? Why?
- c. What other assets or resources are needed?

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

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

ACCESS TO CARE - 10 MIN.

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

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

CONCLUDING REMARKS [5 MIN]

- Thanks for your time and sharing your perspective
- Confidential notes and summary of discussions to client
- Reminder about what will be done with the information

 The final Community Health Needs Assessment Report will be published in Fall of 2016 and available on Sutter Health's website.

Significant Community Health Need

Access to primary care

A segment of the County's adults report that they have needed healthcare but have been unable to receive it. Disparities between Latino and non-Latino residents reporting a regular source of healthcare also persist.

Health insurance among children

A segment of the County's children age 0-17 remain without healthcare insurance, at a greater rate than the state average.

Childhood obesity

Roughly one-quarter of low-income children age 5-19 years old in Santa Cruz County are obese, an increasing trend that remains higher than the state average.

Nutrition

Nutritional needs of community members vary depending on access to healthy foods and the food choices of individuals.

Physical activity

Physical activity for children in the schools is limited.

Dental care

Dental Clinics for the uninsured and underinsured is available. The need for oral health and dental care for the adults and children in the community is limited.

Diabetes

The rate of prediabetes and diabetes in the uninsured and underinsured community members has increased.

Alcohol and drug

Support of community members with alcohol and drug abuse is limited.