Sutter Health

SUTTER MATERNITY & SURGERY CENTER OF SANTA CRUZ

2019 Community Health Needs Assessment

Acknowledgments

Sutter Maternity & Surgery Center wishes to acknowledge the research firm **Actionable Insights, LLC,** which prepared this report on behalf of the hospital.

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

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- Rebecca Smith Hurd
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- Julia Kadie
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1. Executive Summary

Sutter Maternity & Surgery Center (SMSC) is pleased to have produced the 2019 Community Health Needs Assessment (CHNA). The 2019 CHNA builds upon SMSC's earlier assessments.

The goals of the 2019 CHNA are to provide insight into the health of the community, prioritize local health needs, and identify areas for improvement. With this information, SMSC will develop strategies to tackle critical health needs as well as improve the overall health and well-being of community members. The assessment findings may also be used as a guideline for funding, policy, and advocacy efforts.

This 2019 CHNA report documents how the current CHNA was conducted, describes the related findings, and shares the results of strategies implemented by SMSC to address the needs identified in 2016 by the previous assessment.

COMMUNITY HEALTH NEEDS ASSESSMENT BACKGROUND

In addition to helping generate priorities around community health, SMSC also uses the 2019 CHNA to fulfill key state and federal mandates, as described below:

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

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

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

departments, and community members—including representatives of low-income, medically underserved, or other high-need populations.[2]

The CHNA process, completed in fiscal year 2019 and described in this report, was conducted by SMSC in compliance with current state and federal requirements. The 2019 CHNA will serve as the basis for implementation strategies to address identified health needs. This CHNA report and associated Implementation Strategy report will be adopted and made public by December 31, 2019. The hospital organization's 2019 Form 990, Schedule H, will be filed on or before the 15th day of the fifth month after the end of the 2019 taxable year.

PROCESS AND METHODS

To gather information for its local planning needs and to meet state and federal mandates, SMSC took the following approach to complete the 2019 CHNA.

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

To assess community health trends, SMSC directed its consultant, Actionable Insights (AI), to obtain secondary data from a variety of sources (*see Attachment 2: Secondary Data Sources for a complete list*). Primary data were obtained through direct community input: (a) key informant interviews with local health experts, (b) focus groups with community leaders and representatives, and (c) focus groups with residents. These discussions sought to answer these primary questions:

- What are the most important/pressing health needs in Santa Cruz County?
- What drivers or barriers are impacting the top health needs?
- What policies or resources are needed to impact health needs?

AI also asked questions related to access to health care, housing and homelessness, and mental health. To determine participants' health priorities, focus group members voted on their community's needs from a list derived from the previous CHNA, and key informants stated what

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

they believed were their community's top needs. AI then tabulated how many focus groups and key informants cited each health need as a priority.

In the spring of 2019, AI synthesized primary qualitative research and secondary quantitative data to create a list of health needs for SMSC. AI then filtered that list against a set of criteria to identify the significant needs of the community.

These criteria included:

1. Indicator meets the definition of a "health need." (*See Definitions box.*)
2. At least two data sources were consulted.
3. a. Three or more direct indicators show worsening trends.

   b. If not (a), two or more direct indicators fail the benchmark by 5 percent or more.

   c. If not (b), the issue was prioritized by at least half of key informants and focus groups.

Members of SMSC's Community Advisory Board reviewed the list of identified community health needs and, based on their knowledge and experience working with the community, ranked each need in order of importance. The rankings from each board member were averaged together and approved to produce SMSC's final list of 2019 Prioritized Health Needs.

2019 PRIORITIZED HEALTH NEEDS

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

- **Behavioral Health.** This health need, which comprises mental health and substance use, was prioritized by all focus

DEFINITIONS

Benchmark: The California state average or the Healthy People 2020 aspirational goal (when available), whichever is more stringent.

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

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

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

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

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

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

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

groups and key informants. Various behavioral health indicators support their concerns: The rates of suicide, self-inflicted injuries, binge drinking, deaths from opioid overdose, marijuana use among high schoolers, and pediatric mental health hospitalizations and emergency department visits are all significantly worse in Santa Cruz County than state benchmarks. Suicides and drug overdoses are among the top 10 causes of death. (*See the table "Top 10 Causes of Death, Santa Cruz County" on page 10.*) Chronic liver disease and cirrhosis, which can be caused by chronic alcoholism, ranks 11th.[3]

- **Housing and Homelessness.** Housing, a chief community concern, was also prioritized by all focus groups and key informants. They cited problems such as inadequate plumbing and described experiencing stress related to the high cost of rent and mortgage. The median rent in Santa Cruz County is significantly higher than the California average and has been increasing. The proportion of homeless students in public schools countywide is nearly double the state average, and more than one in four homeless youth is unsheltered.

- **Health Care Access and Delivery.** Health care access and delivery was prioritized by almost all focus groups and key informants. Their input suggests that access to health care is often difficult in Santa Cruz County. Data show that the county fares worse than the state in the percentage of individuals who delayed or had difficulty obtaining care, the ratio of students to school nurses and psychologists, and household expenditures on medication, among other indicators related to this need. Across ethnic groups countywide, Latinx residents are the least likely to have health insurance.[4]

- **Economic Security.** The lack of economic security also concerns the community, with many focus groups and key informants prioritizing the issue. Statistical indicators that are significantly worse in Santa Cruz County than the state include: the unemployment rate, the percentage of students eligible for free or reduced-price meals, the proportion of food-insecure children likely ineligible for government assistance, and the costs of infant, toddler, and preschool care.

- **Early Childhood Development.** All of the statistical indicators gathered for the CHNA suggest that early childhood development is a need in Santa Cruz County. The county failed benchmarks for infants born at very low birth weight, elevated blood lead levels among children ages 0–5, and pediatric mental health issues that require ER visits or hospitalization.

- **Cancer.** Cancer is the leading cause of death in Santa Cruz County. The incidence rates for breast, oral/pharynx, and prostate cancers significantly exceed state benchmarks. Cancer deaths in the county are highest among African Ancestry residents.[5]

- **Women's Health.** Numerous CHNA participants identified women, particularly those experiencing homelessness, as an especially vulnerable population. Several key

[3] California Department of Public Health. (2019). *Santa Cruz County's Health Status Profile.*
[4] The term Latinx is employed as a gender-neutral and inclusive way to refer to people of Latin American or Hispanic descent.
[5] In keeping with the *Status of African/African Ancestry Health* report, published in partnership with the Black Leadership Kitchen Cabinet of Silicon Valley, the term "African Ancestry" refers to all people of African descent. The sources from which ethnicity data are provided may use the terms "Black" and/or "African-American" in their surveys and studies.

informants mentioned a need for more affordable and accessible ob-gyn care. The breast cancer incidence and death rates in Santa Cruz County both surpass state benchmarks. The county rate of domestic violence hospitalizations among females age 10 and older is significantly higher than the state rate.

- **Education and Literacy.** The impact of education—or lack thereof—on employment emerged as a theme of discussions with focus groups and key informants. Most called for more educational programs that lead to higher-level employment. Statistical indicators that are significantly worse in Santa Cruz County compared to the state include: the preschool enrollment rate, the percentage of English-learners, and the proportion of 11th graders who meet or exceed the grade-level standard for mathematics.

- **Maternal/Child Health.** CHNA participants indicated a need for more prenatal and post-partum care; statistically, a slightly smaller proportion of mothers in Santa Cruz County receive early prenatal care than the California benchmark. Very low birthweight and infant mortality rates are significantly higher than the state average. Infant mortality rates are worsening and disproportionately high among babies born to Latinx residents.

- **Healthy Lifestyles.** This health need involves issues related to diabetes, obesity, access to food and recreation, and fitness, diet, and nutrition. Focus groups and key informants were most concerned about the ways in which economic insecurity makes it challenging to achieve and maintain a healthy lifestyle. Diabetes, heart disease, and stroke all rank among the top 10 causes of death in Santa Cruz County. Access to healthy food stores is poor; overweight and obesity are on the rise among adults in Santa Cruz County, and fitness levels among youth are often lower than state averages.

- **Violence/Safety.** Community input focused on fear and stress. Data suggest they have reason to worry: Crime, domestic violence hospitalizations among females, and child/youth traumatic injuries in Santa Cruz County surpass their respective state averages. Unintended injuries (accidents), already one of the top three causes of death in the county, are on the rise

- **Oral/Dental Health.** CHNA participants noted the expense of dental insurance and described community members letting dental issues go unresolved due to a lack of insurance. The ratio of dentists to patients in Santa Cruz County is lower than the state ratio, and the proportions of both adults and children who have never visited a dentist are significantly higher than their statewide comparisons. Finally, no public water systems in the county that are monitored by the state are fluoridated; appropriately fluoridated water is a protective factor against tooth decay.[6]

- **Environment.** With regard to this health need, focus groups and key informants focused on the county's varied terrain, which can create transportation issues and act as a barrier to health care access. Drinking water violations, child blood-lead levels, as well as statistics for flood vulnerability in Santa Cruz County are all significantly worse than state averages. Chronic lower respiratory diseases (including asthma, diagnoses of which

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[6] American Dental Association and Centers for Disease Control and Prevention. (2006). *Water Fluoridation: Nature's Way to Prevent Tooth Decay.*

are significantly higher among children in Santa Cruz County than state benchmarks) are among the top 10 causes of death in the county; these diseases can be aggravated by environmental conditions.

Further details on each prioritized health need, including statistical data and citations, are included in the complete 2019 CHNA report. For reference, the table below lists the leading causes of death in Santa Cruz County in 2019 alongside state rates and national objectives.

TOP 10 CAUSES OF DEATH, SANTA CRUZ COUNTY

Rank	Cause	Santa Cruz County Rate	California Rate	National Objective
1	All cancers	128.8	137.4	161.4
2	Coronary heart disease	63.2	87.4	103.4
3	Accidents (unintentional injuries)[7]	43.3	32.2	36.4
4	Alzheimer's disease	32.2	35.7	*
5	Stroke	31.6	36.3	34.8
6	Chronic lower respiratory disease	24.5	32.0	*
7	Drug-induced deaths[8]	17.7	12.7	11.3
8	Suicide	16.0	10.4	10.2
9	Diabetes	14.3	21.2	**
10	Flu and pneumonia	12.7	14.2	*

Age-adjusted rates per 100,000 people.
* No Healthy People 2020 National Objective has been established yet.
** National Objective is based on both underlying and contributing causes of death, which requires use of multiple cause of death files. California's data exclude multiple/contributing causes of death.
Source: California Department of Public Health, Santa Cruz County Health Status Profile, 2019.

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[7] Does not include deaths from motor vehicle crashes. Motor vehicle crashes rank 12th among the causes of death in the county, at a rate of 9.3 per 100,000 (age-adjusted), which is lower than the California rate (9.5) and the national objective (12.4).

[8] Does not include deaths from chronic liver disease and cirrhosis, which can be caused by chronic alcoholism. Chronic liver disease and cirrhosis together rank 11th among the causes of death in the county, at a rate of 11.9 per 100,000 (age-adjusted), which is lower than the California rate (12.2) but higher than the national objective (8.2).

NEXT STEPS

After making this CHNA report publicly available by December 31, 2019, SMSC will solicit feedback and comments until two subsequent CHNA reports are posted. The hospital will also develop an implementation plan based on the 2019 CHNA results; the plan must be adopted by the Sutter Health board and made public by May 15, 2020.

2. Introduction/Background

Sutter Maternity & Surgery Center (SMSC) is pleased to have produced the 2019 Community Health Needs Assessment (CHNA).

CHNA PURPOSE

The goals of the 2019 CHNA are to provide insight into the health of the community, prioritize local health needs, and identify areas for improvement. With this information, SMSC will develop strategies to address critical health needs as well as improve the health and well-being of community members. The assessment findings may also be used as a guideline for funding, policy, and advocacy efforts.

The 2019 CHNA builds upon the findings of the 2016 CHNA (*see Section 8: Evaluation Findings from 2016–2018 Implemented Strategies*) and previous assessments. The 2019 report documents how the current CHNA was conducted and describes the related findings. As with prior CHNAs, this assessment also highlights Santa Cruz County's assets and resources (*see Section 7: Community Resources*).

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

In addition to helping generate priorities around community health, SMSC also uses the 2019 CHNA to fulfill key state and federal mandates.

SB 697 AND CALIFORNIA'S HISTORY OF ASSESSMENTS

California Senate Bill 697, enacted in 1994, stipulates that private nonprofit hospitals submit an annual report to the Office of Statewide Health Planning and Development that shall include, but shall not be limited to, a description of the activities that the hospital has undertaken to address identified community needs within its mission and financial capacity. Additionally, the hospital shall describe the process by which it involved community groups and local government

officials in helping identify and prioritize community needs to be addressed. This community needs assessment shall be updated at least once every three years.[9]

PATIENT PROTECTION AND AFFORDABLE CARE ACT

The 2019 CHNA will serve in meeting Internal Revenue Service (IRS) CHNA requirements pursuant to The Patient Protection and Affordable Care Act. The Affordable Care Act, enacted March 23, 2010, includes requirements for nonprofit hospitals that wish to maintain their tax-exempt status. Regulations finalized December 31, 2014, also provide guidance related to section 501(r) of the Internal Revenue Code. These regulations mandate that all nonprofit hospitals conduct a CHNA every three years. The CHNA must be conducted by the last day of a hospital's taxable year, and hospitals must make the CHNA report widely available to the public.

The CHNA report must document how the assessment was conducted, including the community served, who was involved in the assessment, the process and methods used, and the significant community health needs that were identified and prioritized as a result of the assessment. The CHNA must also gather input from public health experts, local health departments, and community members—including representatives of low-income, medically underserved, or other high-need populations.[10]

The CHNA process, completed in fiscal year 2019 and described in this report, was conducted by SMSC in compliance with current state and federal requirements. The 2019 CHNA will serve as the basis for implementation strategies to serve identified health needs. This CHNA report and associated Implementation Strategy report will be adopted and made public by December 31, 2019. The hospital organization's 2019 Form 990, Schedule H, will be filed on or before the 15th day of the fifth month after the end of the 2019 taxable year.

SUMMARY OF THE 2016 CHNA

In 2016, Sutter Maternity & Surgery Center participated in a CHNA process to identify significant community health needs and to meet IRS and SB 697 requirements. During that process, 14 needs were identified. SMSC addressed the top three in its 2016–2018 implementation strategies:

- Access to Primary Care

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

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

- Mental and Behavioral Health (including Opioid Use)
- Housing and Homelessness

The full 2016 CHNA report is posted on Sutter Health's website.[11]

For the 2019 CHNA, SMSC built upon existing work by starting with a list of health needs identified during the 2016 CHNA. Updated secondary data were collected for these health needs. Community input added health needs to the list and prompted SMSC to delve deeper into questions about health care access, delivery, barriers to care, and solutions. The CHNA team also specifically sought to understand mental health needs in the community due to the strong interest in this topic expressed by community leaders.

WRITTEN PUBLIC COMMENTS ON THE 2016 CHNA

To offer the public a means to review and provide written feedback on the 2016 CHNA, Sutter Health posted a PDF of the Sutter Maternity & Surgery Center report and solicited comments on the Community Health Needs Assessment page of its website.[12] Sutter Health also accepts input at the email address SHCB@sutterhealth.org. The website and email address will allow for written public comments on the 2019 CHNA as well.

At the time the 2019 CHNA report was completed, Sutter Health had not received any written comments about the 2016 CHNA report. Sutter Health will continue to track submissions and ensure that all relevant comments are reviewed and addressed by appropriate staff.

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[11] https://www.sutterhealth.org/pdf/for-patients/chna/smsc-2016-chna.pdf
[12] https://www.sutterhealth.org/for-patients/community-health-needs-assessment

3. About Sutter Maternity & Surgery Center

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

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

Over the past five years, Sutter Health has committed nearly $3.7 billion to care for patients who couldn't afford to pay, and to support programs that improve community health. Our 2018 commitment of $734 million includes unreimbursed costs of providing care to Medi-Cal patients, traditional charity care, and investments in health education and public benefit programs. For example: In 2018, Sutter Health invested $435 million more than the state paid to care for Medi-Cal patients. Medi-Cal accounted for 19 percent of Sutter Health's gross patient service revenues in 2018. Sutter Health proudly serves more Medi-Cal patients in its Northern California service area than any other health care provider.

As the number of insured people grows, hospitals across the U.S. continue to experience a decline in the provision of charity care. In 2018, Sutter Health's investment in charity care was $89 million.

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

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

More information about Sutter Maternity & Surgery Center is available on the Sutter Health website.[13]

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[13] https://www.sutterhealth.org/smscsc

COMMUNITY BENEFITS

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

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

COMMUNITY SERVED

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

SANTA CRUZ COUNTY

Santa Cruz County occupies 445 square miles of land approximately 35 miles southwest of Silicon Valley, with the Pacific Ocean to the west. It includes 29 miles of coastline, forming the northern coast of Monterey Bay.[14]

In 2019, an estimated 276,603 people resided in the Santa Cruz County. More than one in five county residents lives in the city of Santa Cruz, making it the largest local municipality by population. The other incorporated cities are Capitola, Scotts Valley, and Watsonville. Santa Cruz County also includes the following unincorporated towns and areas: Amesti, Aptos, Aptos Hills-Larkin Valley, Ben Lomond, Bonny Doon, Boulder Creek, Brookdale, Corralitos, Davenport, Day Valley, Felton, Freedom, Interlaken, La Selva Beach, Live Oak, Lompico, Mount Hermon, Pajaro Dunes, Paradise Park, Pasatiempo, Pleasure Point, Rio Del Mar, Soquel, Twin Lakes, and Zayante.[15] (*See map on the next page.*)

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[14] County of Santa Cruz. (2019). *About Santa Cruz County.*
[15] CA Hometown Locator. (2019). *Santa Cruz County CA Cities, Towns, & Neighborhoods*.

Source: University of California, Santa Cruz.

Nearly 20 percent of the population in Santa Cruz County is under the age of 18, and 14 percent is 65 years old or older. These proportions are similar to those in California's population overall (23 percent of state residents are under age 18, and 13 percent are age 65 or older). The median age in Santa Cruz County is 37.3 years, slightly older than the state median age of 36.1 years.

Santa Cruz County is also relatively diverse. Notably, residents of "some other race" (i.e., one not specifically called out in data sets) are the county's third largest racial group, accounting for 12 percent of the population. More than three quarters (77 percent) of the population is White, and 5 percent is Asian. (By comparison, less than two thirds of California's population is White, and 14 percent is Asian.) One third (33 percent) of Santa Cruz County residents have Latinx heritage (compared to 39 percent statewide). Nearly one fifth (18 percent) of county residents are foreign-born (compared to more than one in four, or 27 percent, statewide).[16]

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[16] U.S. Census Bureau. American Community Survey, 5-Year Estimates. (2013–2017).

Approximately 13 percent of Santa Cruz County's population lives in a linguistically isolated household,[17] marked by wide geographic differences. For example, less than 5 percent of the population in the Aptos area lives in a linguistically isolated household, compared with more than 30 percent in parts of Watsonville and other south county areas.

RACE/ETHNICITY, SANTA CRUZ COUNTY AND CALIFORNIA

Race/Ethnicity	Total % of Santa Cruz County*	Total % of California*
White	77.3	60.6
Latinx (of Any Race)	33.3	38.8
Some Other Race	12.0	13.7
Asian	4.6	14.1
Multiracial	4.6	4.7
African Ancestry	0.9	5.8
American Indian/Alaskan Native	0.6	0.7
Native Hawaiian/Pacific Islander	0.1	0.4

Percentages do not add up to 100 percent because people may identify as more than one race/ ethnicity. Source: U.S. Census Bureau, American Community Survey, 5-Year Estimates, 2013–2017.

Two key social determinants, income and education, have significant impact on health outcomes.

As shown in the chart on the next page, more than a third of Santa Cruz County's population lives in household with incomes of $100,000 or higher. About one fourth live in households with incomes between $50,000 and $100,000, and the rest live in households with incomes below $50,000. By comparison, the 2018 Self-Sufficiency Standard for a two-adult family with two school-aged children in Santa Cruz County was $76,664.[18]

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[17] Defined as a household in which no one 14 years or older speaks English "very well." U.S. Census Bureau. American Community Survey, 5-Year Estimates. (2012–2016).
[18] The Insight Center for Community Economic Development. *Family Needs Calculator.* (2018). Retrieved July 2019 from https://insightcced.org/2018-family-needs-calculator/

HOUSEHOLDS BY INCOME RANGE, SANTA CRUZ COUNTY
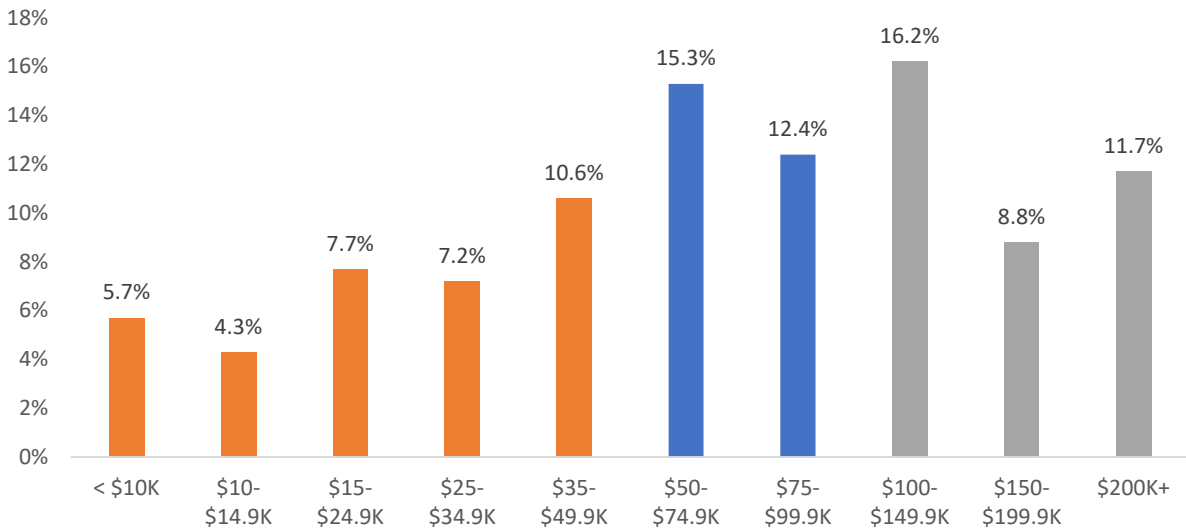
Source: U.S. Census Bureau, American Community Survey, 5-Year Estimates, 2013–2017. Table S1901.

Despite the fact that more than a third of households in the county earn more than $100,000 per year, nearly one in three (31 percent) county residents lives below 200 percent of the Federal Poverty Level ($24,120 for an individual, $32,480 for two adults, and $49,200 for a family of four).[19, 20] Almost three in five children in Santa Cruz County are eligible for free or reduced-price lunch (58 percent).[21]

Meanwhile, housing costs are high: The 2019 median home price is $924,500, and the median rent is $3,200 per month in the Santa Cruz–Watsonville metropolitan area.[22] In addition, approximately one in 10 people (10 percent) in the community is uninsured.[23]

To measure the lack of basic necessities in communities, the U.S. Health Resources and Services Administration has used the Area Deprivation Index (ADI) for the past 20 years. The current ADI combines 17 indicators of income, education, employment, and housing quality.

[19] U.S. Census Bureau. American Community Survey, 5-Year Estimates. (2013–2017).

[20] U.S. Department of Health & Human Services, Office of the Assistant Secretary for Planning and Evaluation. *2017 Poverty Guidelines.* https://aspe.hhs.gov/2017-poverty-guidelines

[21] California Department of Education, 2010-2017 Educational Demographics Unit. (2016–2017).

[22] Zillow, data through May 31, 2019. https://www.zillow.com/santa-cruz-ca/home-values/

[23] U.S. Census Bureau. American Community Survey, 5-Year Estimates. (2012–2016).

The ADI and percentile scores in the table below are calculated for Santa Cruz County using Census Block Group[24] level data (BroadStreet 2018).

In general, the greater the percentile number, the worse the area is doing. Exceptions to that rule are median gross rent and median monthly home cost, where lower percentiles indicate higher rent and housing costs. Area percentiles and indicator values that are worse than California are indicated in **bold red**.

AREA DEPRIVATION INDEX, SANTA CRUZ COUNTY

Indicator Name	County Percentile	County Value	CA State Percentile	CA State Value
Area Deprivation Index	**37**	**92.6**	**49**	**98.1**
Families below poverty level	58	8.9%	64	11.9%
High school diploma/GED, adults ≥ age 25	64	86.3%	74	81.9%
Owner-occupied housing units	66	57.7%	68	54.1%
Households without a motor vehicle	58	5.9%	62	7.5%
Crowded households (>1 person per room)	87	6.7%	89	8.3%
Households without complete plumbing	**65**	0.4%	52	0.4%
Households without a telephone	58	1.9%	59	2.2%
Income disparity (log scale)	36	2.2	36	2.2
Median family income	26	$85,313	32	$74,913
Median gross rent	**12**	**$1,482**	17	$1,313
Median home value	7	$615,200	11	$441,468
Median monthly home cost	**17**	**$1,946**	20	$1,768
Population below 150% of poverty threshold	56	23.9%	59	25.9%
Single parent households with children < age 18	53	17.3%	67	23.8%
Less than high school education, adults ≥ age 25	82	8.8%	84	10.0%
Unemployment, ≥ age 16	59	7.3%	68	8.9%
Employed in white collar occupations, ≥ age 16	42	62.4%	47	60.5%

Percentages of total population. Source: U.S. Census Bureau, American Community Survey, 5-Year estimates, 2013–2017.

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[24] A Census Block Group is smaller than a Census Tract, but larger than a Census Block. In urban areas, a Census Block is generally equivalent to a city block, but in suburban and rural areas may be defined by the Census in other ways. A Census Block Group encompasses multiple, usually contiguous, Census Blocks. (U.S. Census Bureau. [2018]. *Geography Program Glossary.*)

The map below shows the ADI score by Census Block Group. Colors are used to differentiate block groups that are more prosperous from those that are more deprived. The most prosperous areas are green, and the most deprived areas are dark orange. Colors for the block groups are based on the percentile range into which the block group falls.

AREA DEPRIVATION INDEX MAP, SANTA CRUZ COUNTY
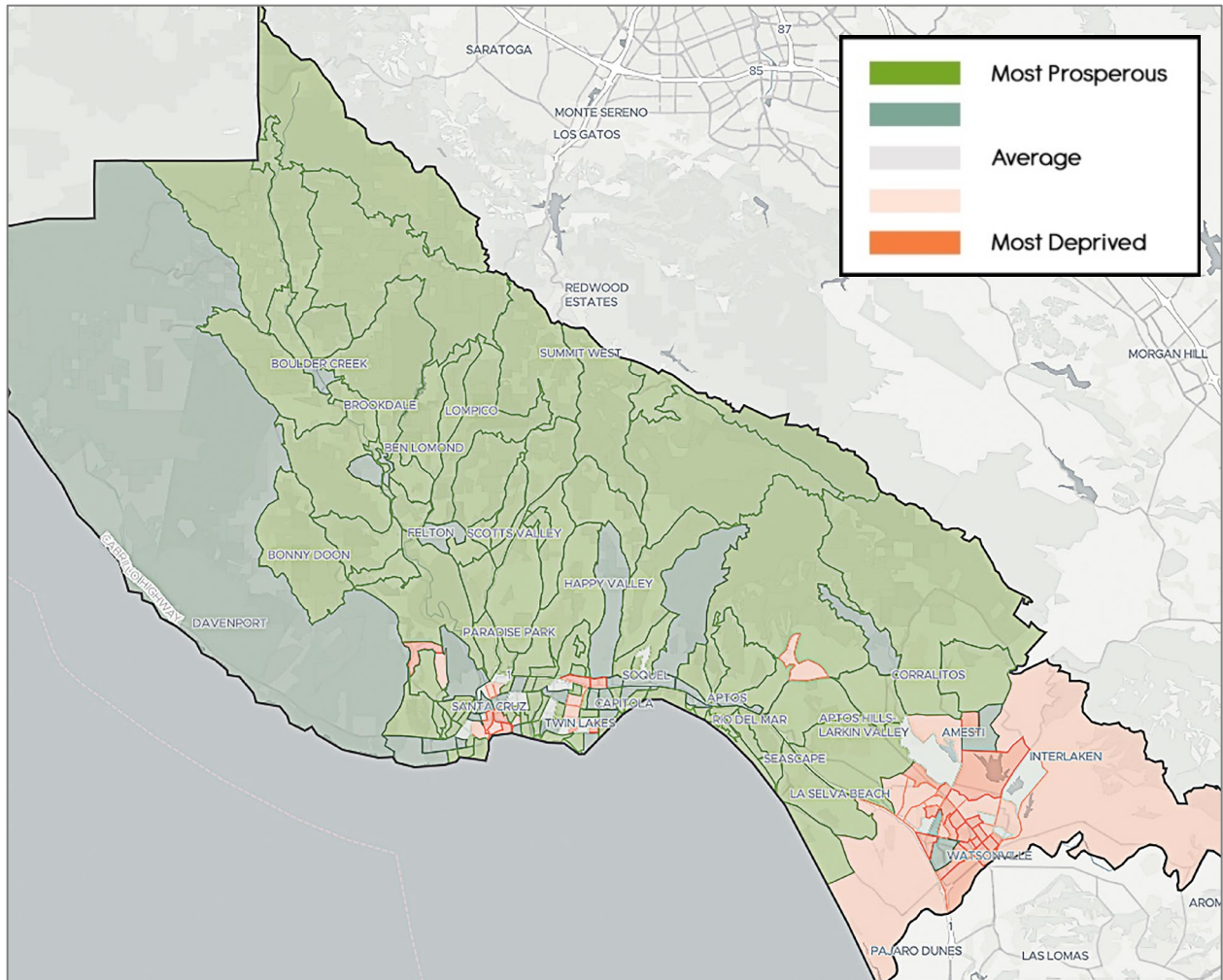
Source: Community Commons, using U.S. Census Bureau, American Community Survey data (2013–2017) and Census Block Group level data (BroadStreet 2018).

4. Assessment Team

HOSPITALS AND OTHER PARTNER ORGANIZATIONS

Sutter Maternity & Surgery Center conducted the 2019 CHNA with the support of consultants.

IDENTITY AND QUALIFICATIONS OF CONSULTANTS

Actionable Insights (AI), LLC, an independent, local research firm, completed the CHNA. For this assessment, AI assisted with CHNA planning, conducted primary research, collected secondary data, synthesized primary and secondary data, facilitated the processes of identification and prioritization of community health needs and assets, and documented the processes and findings into a report.

The project manager for this assessment was Jennifer van Stelle, PhD, a co-founder and principal of Actionable Insights. AI has conducted community health needs assessments for more than 25 hospitals across six Bay Area counties during the 2019 CHNA cycle.

5. Process and Methods

SMSC worked together with its consultants to fulfill the primary and secondary data requirements of the CHNA. The CHNA data collection process took place over five months and culminated in this report. The phases of the process are depicted below.

Secondary Data Collection	Primary Data Collection	Data Synthesis	Health Needs List	Prioritization	Report Writing

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

SECONDARY DATA COLLECTION

AI analyzed close to 250 quantitative health indicators to assist SMSC with understanding the health needs in Santa Cruz County and assessing priorities in the community. AI collected data from existing sources using the CHNA.org, DataShare Santa Cruz, and KidsData.org platforms and other online sources, such as the California Department of Public Health and the U.S. Census Bureau.

In addition, AI collected quantitative and qualitative secondary data from multiple Santa Cruz County sources, including:

- Central Coast Oral Health Needs Assessment, 2016 and 2018
- Santa Cruz Community Assessment Project (CAP 23), 2017
- CAP Children and Youth Well-Being Spotlight for Santa Cruz County, 2018

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

- How do these indicators perform against accepted benchmarks (Healthy People 2020 objectives and statewide averages)?
- Are there disparate outcomes and conditions for people in the community?

SANTA CRUZ COUNTY ASSESSMENT PROJECT

The Santa Cruz County Community Assessment Project (CAP) is conducted collaboratively by local nonprofit organizations. One of the oldest assessments of its kind, the CAP has biennially measured community members' quality of life since 1994. Primary data are gathered via a telephone survey of a statistically representative sample of county residents. The survey data are supplemented with a variety of secondary statistical indicators.

Healthy People is an endeavor of the U.S. Department of Health and Human Services that has provided 10-year national objectives for improving the health of Americans based on scientific data spanning 30 years. Healthy People sets national objectives or targets for improvement. The most recent set of objectives is for the year 2020. Year 2030 objectives are currently under development.[25]

INFORMATION GAPS AND LIMITATIONS

AI and SMSC were limited in their ability to fully assess some of the identified community health needs by a lack of secondary data, including information related to:

- Adequacy of community infrastructure (sewerage, electrical grid, etc.)
- Adult use of illegal drugs
- Anti-vaccination efforts
- Diabetes among children
- End-of-life care
- Health of undocumented immigrants (who do not qualify for subsidized health insurance and may be underrepresented in survey data)
- Hepatitis C
- Mental health disorders
- Suicide among LGBTQI youth
- Vaping

COMMUNITY INPUT

Actionable Insights conducted primary research for this assessment. AI used two strategies for collecting community input: key informant interviews with health and community-service experts and focus groups with professionals and community members.

Primary research protocols were generated by AI in collaboration with SMSC, based on a discussion with SMSC about what it wished to learn during the 2019 CHNA. SMSC sought to build upon prior CHNAs by focusing the primary research on the community's perceptions of mental health and housing and homelessness, as well as its experience with health care access and delivery. All three issues were identified as a major health needs in 2016. Relatively little timely quantitative data exists on these subjects.

AI recorded each interview and focus group as a standalone piece of data. Recordings were transcribed, after which the team used qualitative research software tools to analyze the transcripts for common themes. AI also tabulated how many times health needs had been

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[25] U.S. Department of Health and Human Services. Healthy People 2020. http://www.healthypeople.gov

prioritized by each of the focus groups or described as a priority in a key informant interview. SMSC used this tabulation to help assess community health priorities.

Across the key informant interviews and focus groups, AI solicited input from 25 community leaders and representatives of various organizations and sectors. These representatives either work in the health field or in a community-based organization that focuses on improving health and quality of life conditions by serving those from IRS-identified high-need target populations.[26] In the list below, the number in parentheses indicates the number of participants from each sector.

- Santa Cruz County Health (3)
- Other public employees (from county agencies, school districts, etc.) (3)
- Other hospitals, clinics, and health care systems (13)
- Mental health, substance use, and violence prevention providers (2)
- Other nonprofit community-based organizations (4), including those serving children, youth, seniors, parents, ethnic minorities, and other vulnerable populations, such as immigrants, those experiencing homelessness, and those experiencing food insecurity.

See Attachment 1: Community Leaders, Representatives, and Members Consulted for the names, titles, and expertise of these leaders and representatives along with the date and mode of consultation (focus group or key informant interview). See Attachment 6: Qualitative Research Protocols for protocols and questions.

KEY INFORMANT INTERVIEWS

Between April and May 2019, AI conducted primary research via key informant interviews with seven Santa Cruz County experts from various organizations. These experts included the director of the county health system and leaders of community-based organizations. Interviews were conducted in person or by telephone for approximately one hour.

AI asked informants:

- What are the most important/pressing health needs in Santa Cruz County?
- What drivers or barriers are impacting the top health needs?
- To what extent is health care access a need in the community?
- To what extent is mental health a need in the community?
- To what extent is housing a need in the community?
- What policies or resources are needed to impact health needs?

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

FOCUS GROUPS

Two focus groups were conducted in May 2019 with a total of 19 professionals and community leaders.[27] The questions were the same as those used with key informants.

DETAILS OF FOCUS GROUPS

Topic	Focus Group Host/Partner	Date	Number of Participants
Health care access and delivery	Health Improvement Partnership of Santa Cruz County	5/9/19	13
Health among south county community members	Salud Para la Gente	5/21/19	6

[27] One key informant also participated in a focus group.

6. Identification and Prioritization of Community Health Needs

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

What goes on the list?
Health needs list decision tree
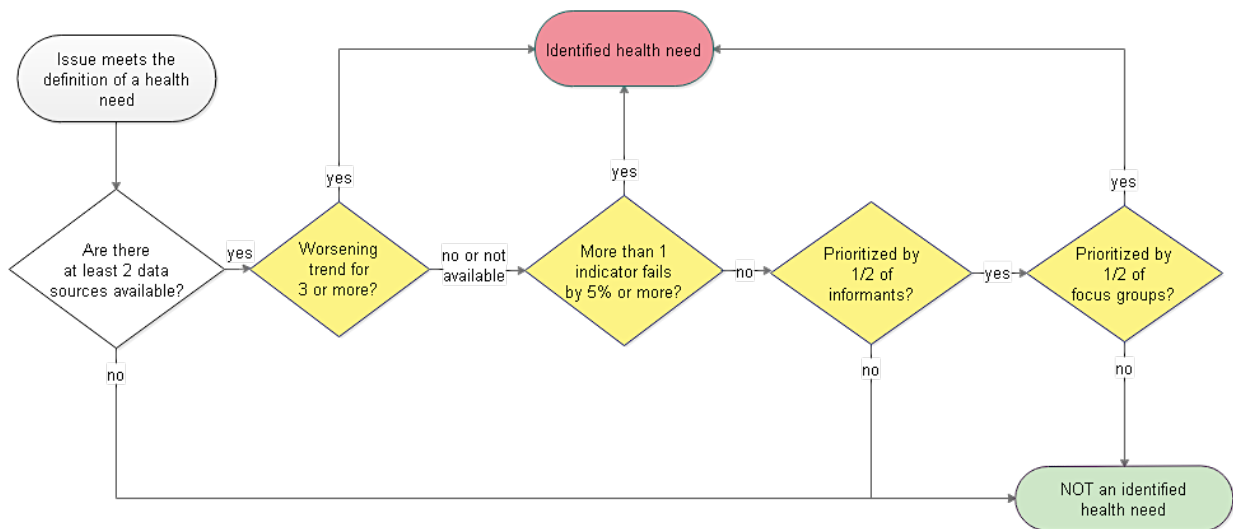
CRITERIA

1. Indicator meets the definition of a "health need."
2. At least two data sources were consulted.
3. a. Three or more direct indicators show worsening trends.

    b. If not (a), two or more direct indicators fail the benchmark by 5 percent or more.

    c. If not (b), prioritized by at least one half of key informants and focus groups.

Actionable Insights (AI) analyzed secondary statistical data and qualitative data from focus groups and key informant interviews on a variety of health and health-related issues. In the spring of 2019, AI then synthesized the data for each issue and applied the criteria described on the previous page to evaluate whether it qualified as a significant community health need.

This process led to the identification of 13 community health needs that fit all three criteria. The list of needs, in priority order, appears on the next page, followed by summarized descriptions. (*For further details about each of these health needs, including statistical data, see Attachment 4: Secondary Data Tables*.)

PRIORITIZATION OF HEALTH NEEDS

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

HOSPITAL PRIORITIZATION PROCESS AND RESULTS

Members of the SMSC Community Advisory Board reviewed the list of identified community health needs and, based on their knowledge and experience working with the community, ranked each need in order of importance. The rankings from each board member were averaged together and approved to produce SMSC's final list of 2019 Prioritized Health Needs.

DEFINITIONS

Benchmark: The California state average or the Healthy People 2020 aspirational goal (when available), whichever is more stringent.

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

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

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

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

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

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

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

Based on the criteria described above, SMSC prioritized the following 13 health needs, which are listed in priority order, from highest to lowest:

1. **Behavioral Health**

2. **Housing and Homelessness**

3. **Health Care Access and Delivery**

4. **Economic Security**

5. **Early Childhood Development**

6. **Cancer**

7. **Women's Health**

8. **Education and Literacy**

9. **Maternal/Child Health**

10. **Healthy Lifestyles**

11. **Violence/Safety**

12. **Oral/Dental Health**

13. **Environment**

Summary descriptions of each health need appear on the subsequent pages.

BEHAVIORAL HEALTH

This health need, which comprises mental health and substance use, was prioritized by all CHNA focus groups and key informants. Various behavioral health indicators support their concerns: The rates of suicide, self-inflicted injuries, binge drinking, deaths from opioid overdose, marijuana use among high schoolers, and pediatric mental health hospitalizations and emergency-department visits are all significantly worse in Santa Cruz County than state benchmarks. Suicide and drug overdoses are among the leading causes of death countywide. Chronic liver disease and cirrhosis, which can be caused by chronic alcoholism, ranked 11th.[28]

Mental Health

What Is the Issue?

Mental health—emotional and psychological well-being, and the ability to cope with normal, daily life—is key to personal wellness, healthy relationships, and the ability to function in society.[29] Mental health and good physical health are closely related. Common mental health disorders such as depression and anxiety can affect people's ability to care for themselves, and chronic diseases can lead to negative impacts on mental health.[30] Mental health issues affect a large number of Americans: The Mayo Clinic estimates that in 2015 roughly 20 percent of U.S. adults were coping with a mental illness.[31]

Why Is It a Health Need?

The suicide rate in Santa Cruz County is significantly higher than the overall rate in California—and a leading cause of death countywide. (*See the table "Top 10 Causes of Death, Santa Cruz County" on page 10*.) Other mental health indicators are also significantly worse than state benchmarks, including the proportion of community members who have seriously considered suicide, the rates of ER visits and hospitalizations among adolescents for suicide and intentional self-inflicted injury, and the rates of ER visits and hospitalizations among children and youth for mental health issues. All of these indicators have been worsening over time. In addition, the county's self-inflicted injury rate for people of all ages is significantly higher than the state rate.

The proportion of adults in Santa Cruz County with four or more adverse childhood experiences (ACEs) is much higher than the state average, as is the proportion of community members who

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[28] California Department of Public Health. (2019). *Santa Cruz County's Health Status Profile.*

[29] Office of Disease Prevention and Health Promotion. (2018). *Mental Health and Mental Disorders*.

[30] Lando, J., & Williams, S. (2006). *A Logic Model for the Integration of Mental Health Into Chronic Disease Prevention and Health Promotion* in Preventing Chronic Disease. 2006 Apr; *3*(2): A61.

[31] Centers for Disease Control and Prevention. (2018). *Learn About Mental Health*.

have recently taken medication for a mental or emotional problem. Depression among the county's older adults is on par with the benchmark but has been rising. In Santa Cruz County, more than one in six respondents to the 2017 Community Assessment Project (CAP) survey said they "felt discriminated against" in the past year.

Ethnic disparities in mental health are apparent in the community. In Santa Cruz County, ER visits and hospitalizations among the general population for suicide and intentional self-inflicted injury are highest among people of African Ancestry; among adolescents countywide, both rates are highest among Whites. Pediatric mental health ER visits are also highest among White children and youth (ages 0–17). However, the pediatric mental health hospitalization rate is highest for multi-ethnic children and youth.

At schools in Santa Cruz County, African Ancestry and Latinx youth experience the lowest levels of caring relationships with adults, while bullying and bias-related harassment are highest for Asian youth. Cyberbullying is experienced most by Pacific Islander and multi-ethnic youth. Depression appears highest among Native American and Asian youth, who also have the highest levels of suicidal ideation.

Access to mental health care is an issue in Santa Cruz County, with nearly one in five CAP survey respondents indicating they did not receive mental health treatment because they lacked insurance to cover it. Also, statistics show that the county's ratio of students to school psychologists is two times worse than the state average.

Stress was the greatest mental health issue identified by CHNA focus groups and key informants. They cited numerous causes of chronic stress. Common themes were immigration status; low socioeconomic status and economic insecurity; youth attachment to social media and its toxic effect on mental health; and a lack of trust in law enforcement.

CHNA participants also expressed concern about a lack of mental health providers and services. There was specific community interest in making sure children/youth have access to behavioral health care (counseling and in-patient facilities). Experts generally agreed that behavioral health cases are on the rise among Santa Cruz County youth.

"There's a significant increase in children and youth, ... from elementary school through high school, who are in need of mental health treatment, who are talking of suicide, who are cutting, who are depressed, who have anxiety—whatever it is. And [their] parents ... are kind of at a loss of how to access care." —Key informant

Some participants identified stigma as a barrier to mental health care and substance use treatment, in terms of both acknowledging the need for care (i.e., facing negative cultural perceptions/taboos, either internalized or imposed by family and/or friends) and in seeking and receiving care (i.e., experiencing stigma from providers delivering care).

CHNA participants also acknowledged that people struggling with behavioral/mental health issues are often perceived as struggling economically, and that mental health acts as a barrier for the homeless population in gaining access to housing. Children, residents of low socioeconomic status, and individuals experiencing homelessness were identified as having the biggest struggles with mental and behavioral health issues.

Lastly, various CHNA participants noted that government agencies and policies contributed to poor mental health among immigrants by causing stress and fear. Multiple key informants mentioned the increased anxiety this population is experiencing in the face of heightened anti-immigrant rhetoric and escalating threats of U.S. Immigration and Customs Enforcement (ICE) raids and deportations.

Substance Use

What Is the Issue?

The use of alcohol, tobacco, and other substances (legal and illegal) affects not only the individuals using them, but also their families and communities. Smoking cigarettes, for instance, can harm nearly every organ in the body and cause a variety of diseases, including heart disease.[32] Exposure to secondhand smoke can create health problems for nonsmokers.[33] Substance use can lead or contribute to other costly social, physical, mental, and public health problems, including domestic violence, child abuse, suicide, traffic accidents, and HIV/AIDS.[34]

In recent years, advances in research have resulted in a variety of effective evidence-based strategies to treat addictions. Brain-imaging technology and the development of targeted medications have helped to shift the perspective of the research community with respect to substance use.[35] Increasingly, substance use is seen as a disorder that can develop into a chronic illness requiring lifelong treatment and monitoring.

Why Is It a Health Need?

Drug-induced death ranks among the top 10 causes of death in Santa Cruz County. The drug-induced death rate is significantly higher in the county than the state average, as is the age-adjusted rate of death from opioid overdose. The opioid prescription rate also exceeds the state rate.

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[32] Centers for Disease Control and Prevention. (2018). *Health Effects of Cigarette Smoking.*
[33] American Lung Association. (2017). *Health Effects of Secondhand Smoke.*
[34] World Health Organization. (2018). *Management of Substance Abuse.*
[35] Office of Disease Prevention and Health Promotion. (2018). *Substance Abuse.*

With regard to alcohol use, the rate of binge drinking in Santa Cruz County is significantly higher than the state rate. Significantly more retail alcohol outlets exist per 10,000 people in the county than in California overall, and the number of local stores selling alcohol has been increasing over time. Chronic liver disease and cirrhosis, which can be caused by chronic alcoholism, is a leading cause of death (it ranks 11th) in the county. Impaired-driving deaths are slightly higher in the county than the benchmark.

Community experts generally agreed that behavioral health cases are on the rise among youth in Santa Cruz County. Marijuana use—both how frequently and how recently the drug was used—is significantly higher among high-schoolers than state benchmarks.[36] Frequent marijuana use (i.e., 20 to 30 days in the previous month) is highest among youth of African Ancestry and Asian youth; however, Pacific Islander youth have the highest level of marijuana use (seven or more times in their lifetime). Overall, recent alcohol and drug use is highest among Native American students.

HOUSING AND HOMELESSNESS

What Is the Issue?

The U.S. Department of Housing and Urban Development defines affordable housing as that which costs no more than 30 percent of a household's annual income. Spending greater sums can result in the household being unable to afford other necessities, such as food, clothing, transportation, and medical care.[37] The physical condition of a home, its neighborhood, and the cost of rent or mortgage are strongly associated with the health, well-being, educational achievement, and economic success of its occupants.[38] Lack of housing quality includes exposure to lead-based paint, asbestos, and other domestic toxins, as well as inadequate plumbing or kitchen facilities.[39] Residents of communities in which adequate infrastructure and quality housing exists tend to feel safer and experience greater community cohesion and interpersonal trust. They also are more likely to be physically and mentally healthy.[40]

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[36] Although medical marijuana sales were legalized in California in 1996, recreational marijuana sales were illegal before January 1, 2018. The data on marijuana use presented in this report (both lifetime use and frequency of use) were published in 2017 and thus do not capture legal recreational use. Post-legalization, marijuana use is expected to increase.

[37] U.S. Department of Housing and Urban Development. (2018). *Affordable Housing.*

[38] Pew Trusts/Partnership for America's Economic Success. (2008). *The Hidden Costs of the Housing Crisis.* See also: The California Endowment. (2015). *Zip Code or Genetic Code: Which Is a Better Predictor of Health?*

[39] Community Commons. (2018). http://www.communitycommons.org

[40] Latino Coalition for a Healthy California. (2018). *Healthy Physical Environments*.

Further, a 2011 study by Children's Health Watch found that "[c]hildren in families that have been behind on rent within the last year are more likely to be in poor health and have an increased risk of developmental delays than children whose families are stably housed."[41]

Homelessness correlates with poor health: Poor health can lead to homelessness, and homelessness can lead to poor health.[42] People who are experiencing homelessness have been shown to have more health care issues than people who are not. They also suffer from preventable illnesses at a greater rate, experience longer hospital stays, and have a greater risk of premature death.[43]

A National Health Care for the Homeless study found that the average life expectancy for a person without permanent housing was at least 25 years less than that of the average U.S. citizen.[44] Thus, it is vital that health care systems monitor local homeless populations and identify their health needs.

Why Is It a Health Need?

All CHNA focus groups and key informants prioritized housing and homelessness and as a health need. Housing was also a top trending issue identified in the County of Santa Cruz 2018–2024 Strategic Plan. CHNA participants expressed concerns about the stress caused by the high costs of mortgage and rent; nearly half of the time, housing was mentioned in conjunction with mental health.

> ## NEW CALIFORNIA LAW REQUIRES HOMELESS DISCHARGE PLANNING
>
> **SB 1152**, which took effect on January 1, 2019, requires hospitals statewide to modify existing patient discharge policies and practices to better support people who are experiencing homelessness.
>
> The law requires hospitals to:
>
> • Discharge the patient to a sheltered location (resources permitting) or a location chosen by the patient.
>
> • Supply the patient with transportation to that location (within 30 miles of the hospital).
>
> • Offer the patient a meal, weather-appropriate clothing, and screening for communicable diseases.
>
> • Provide the patient with referrals to available treatment, support services, and other community resources. (Hospitals must have a written plan for coordinating referrals with local agencies and service providers.)

Members of many vulnerable groups are unable to comfortably afford housing in Santa Cruz County—and may be experiencing either homelessness or housing instability. Significantly, the proportion of public-school students experiencing homelessness countywide is nearly twice the California average, and more than one in four homeless youth (ages 0–17) is unsheltered, a

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[41] Children's Health Watch. (2011). *Behind Closed Doors: The Hidden Health Impacts of Being Behind on Rent.*
[42] National Health Care for the Homeless Council. (2011). *Care for the Homeless: Comprehensive Services to Meet Complex Needs.*
[43] O'Connell, J.J. (2005). *Premature Mortality in Homeless Populations: A Review of the Literature.* Nashville, TN: National Health Care for the Homeless Council.
[44] National Coalition for the Homeless. (2009). *Health Care and Homelessness.*

number much higher than the state average. CHNA participants noted that the lifestyle required of people experiencing homelessness creates a barrier to routinely accessing health care.

MEDIAN HOME LIST PRICE, ALL HOMES
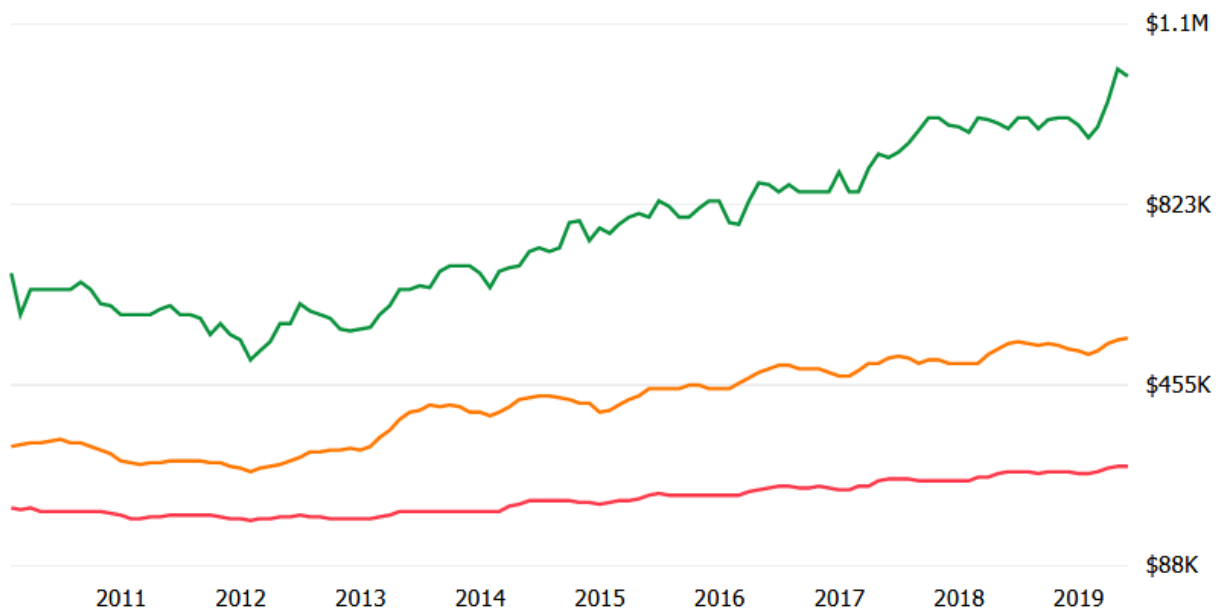
Source: Zillow. Santa Cruz County Home Prices and Values, January 2011–May 2019.

The median rent in Santa Cruz County significantly exceeds the state average—and has been increasing. The housing segregation index[45] is also higher in the county than the state.

Key informants stated that some landlords are creating hostile environments for tenants with troubled teens (as evidenced by visits from law enforcement or probation officers) by telling parents they have to either kick the kids out or the landlord will evict the entire family.

Statistics indicate that housing quality is an issue in Santa Cruz County. The proportions of cost-burdened households and households experiencing housing problems (e.g., incomplete plumbing) are both slightly higher than state averages. CHNA participants frequently discussed the relative lack of affordable housing for county residents (including health care workers specifically) as well as the poor quality of what affordable housing is available.

Data also show that drinking water violations in Santa Cruz County's community water systems are as an issue. Lack of access to clean drinking water affects physical health in various ways, including increasing the potential for acquiring communicable diseases and the likelihood of

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[45] The segregation index score is a measure of the spatial distribution or evenness of population demographic groups, for which index values range between 0.0 (indicating even distribution) and 1.0 (indicating maximum segregation).

consuming sugar-sweetened beverages instead of water. The latter is associated with obesity and tooth decay. *(See also the Environment and Oral/Dental Health descriptions.)*

Multiple experts asserted that "homelessness" in Santa Cruz County is taking a variety of forms beyond the traditional, stigmatized encampments on the streets. Examples of this include overcrowded households and/or people occupying spaces not intended for permanent human habitation, such as vehicles.

"There's a lack of appropriate housing [for] farm worker families, especially—you see families doubled up in premises that are not really legally rentable housing units, things like garages or storage shacks oftentimes that themselves have environmental toxins or some kind of other contaminants, lead or asbestos." —Key informant

CHNA participants discussed policies that are creating barriers to building more housing, to using resources to their fullest potential, or just restricting forward growth. They also expressed concern about housing development plans that are not favorable to the whole community or would further gentrification.

HEALTH CARE ACCESS AND DELIVERY

What Is the Issue?

Access to comprehensive, quality health care is important for health and for increasing the quality of life for everyone.[46] Components of access to care include insurance coverage, adequate numbers of primary and specialty care providers, and timeliness. Components of delivery of care include quality, transparency, and cultural competence/cultural humility. Limited access to health care and compromised health care delivery impact people's ability to reach their full potential, negatively affecting quality of life. As reflected in statistical and qualitative data, barriers to receiving quality care include high costs, and a lack of availability, insurance coverage, and/or cultural competence on the part of providers. These barriers to accessing health services lead to unmet health needs, delays in receiving appropriate care, and inability to get preventive services such as screenings.

Why Is It a Health Need?

Access and delivery was prioritized by almost all key informants and focus groups, and it was discussed in all CHNA interviews and focus groups. Key informant interviews and focus groups highlighted the lack of access to primary care in the southern part of the county. Although Santa Cruz County has high rates of available primary care and mental health providers overall, the proportion of individuals who recently had a primary care visit is lower than the state average,

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[46] Office of Disease Prevention and Health Promotion. (2015). http://www.healthypeople.gov

and the percentage who delayed or had difficulty obtaining care is significantly higher than the state percentage. Further, respondents to the CAP survey indicated that fewer than one in three children had used preventive services in the prior year. Statistics show that community members also have poorer access to dental care providers than the state benchmark.

Input from CHNA participants suggests that health care is often unaffordable. People who do not receive health insurance subsidies may lack the means to pay for medical care. Nearly two in five respondents to the CAP survey said they did not receive needed health care due to a lack of insurance. Latinxs, Native Americans, and county residents of "Other" ethnicities[47] have the lowest rates of health insurance. Meanwhile, the levels of expenditures on medical services, medical supplies, and medications (both prescription and over-the-counter) in Santa Cruz County are all higher than the state average. One focus group discussed a gray market for medications purchased legally without a prescription in Mexico and resold in the U.S. at a lower price than the market rate typically offered by the manufacturers of those branded or generic drugs.

Many CHNA participants said they believe undocumented immigrants are accessing health care and social services less often in recent years due to fear of being identified and deported. Regardless of immigration status or citizenship, language can be a barrier to accessing care. Santa Cruz County has a slightly higher percentage of children living in limited English–speaking households than the state average. Local experts noted that monolingual speakers of languages other than English or Spanish face particular difficulties.

"We have a lot of people from Oaxaca here who speak Mixteco or Zapoteco, and it is a big barrier for them. … [Among the] 28,000 patients that we have, it's like 1,500 patients for one interpreter." —Key informant

An additional barrier to accessing care is transportation. CHNA participants said that the county's geographical features—mountain ranges and canyons—make it more difficult to reach health care sites using public transit. Also, transportation was one of the top trending issues identified in the County of Santa Cruz 2018–2024 Strategic Plan.

The number of primary and specialty care providers in the county also emerged as a community concern. CHNA participants connected this to the cost of living, which makes it difficult for health care facilities to attract and keep providers, especially those new to the field who have hefty student loans. Participants also noted the lack of coordinated care and integrated services seriously hinders the ability of patients, particularly marginalized individuals, to navigate health

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[47] "Other" is a U.S. Census category for ethnicities not specifically called out in data sets.

care systems. Although case managers were perceived as helpful, too few are available to assist vulnerable populations with access and delivery of care, participants said.

CHNA participants showed specific interest in ensuring that children and youth have access to behavioral health care (both counseling and in-patient facilities). They also expressed special concern for the county's homeless population, noting the key role housing plays in health. Various participants described issues faced by patients experiencing homelessness, including: the lack of a place to recuperate, to cook a meal, and to store medications; and difficulties getting to and from appointments, sticking to a care plan, being able to keep up hygiene, and maintaining physical safety. Individuals experiencing homelessness and children were identified as having vulnerable status and commonly experiencing insufficient access and services, struggling with system navigation, and lacking knowledge of available resources.

ECONOMIC SECURITY

What Is the Issue?

Our health-related behavior, physical environment, and access to quality health care are all determinants of how long and how well we live. The most important determinants of population health, however, are our social and economic environments.[48] Numerous research studies have found that access to economic security programs (i.e., SNAP – formerly referred to as food stamps) results in long-term better health and social outcomes.[49] As the World Health Organization notes, "the context of people's lives determine[s] their health." A link exists between higher income and/or social status and better health. Further, a secure social support system (families, friends, communities) plays a significant role in healthier populations.[50]

Childhood poverty has long-term effects. Even when economic and social environments later improve, childhood poverty still results in poorer long-term health outcomes.[51] The establishment of policies that positively influence economic and social conditions can improve health for a large number of people in a sustainable fashion over time.[52]

Food insecurity is defined as the "lack of consistent access to enough food for an active, healthy life."[53] Various factors may have an impact on food insecurity, such as employment/income, ethnicity, and disability status. Hunger and food insecurity are related but distinct concepts; hunger is the physical discomfort related to "prolonged, involuntary lack of food," while food

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[48] County of Los Angeles Public Health. (2013). *Social Determinants of Health: How Social and Economic Factors Affect Health.*
[49] Center on Budget and Policy Priorities. (2018). *Economic Security, Health Programs Reduce Poverty and Hardship, With Long-Term Benefits.*
[50] World Health Organization. (2018). *The Determinants of Health.*
[51] Gupta, R.P., de Wit, M.L., & McKeown, D. (2007). The Impact of Poverty on the Current and Future Health Status of Children. *Pediatric Child Health. 12*(8): 667–672.
[52] Office of Disease Prevention and Health Promotion. (2018). *Social Determinants of Health.*
[53] U.S. Department of Agriculture, Economic Research Service. (2018). *Food Security in the U.S.*

insecurity refers to a "lack of available financial resources for food at the household level."[54, 55] Measurements of various levels of food insecurity, from marginal to low or very low, include anxiety about food insufficiency, household food shortages, reduced "quality, variety, or desirability" of food, diminished nutritive intake, and "disrupted eating patterns."[56]

In 2017, approximately one in eight Americans experienced food insecurity, of which more than one third were children.[57] People who are food-insecure may be more likely to experience various poor health outcomes/health disparities, including obesity. Children experiencing food insecurity are also at greater risk for developmental complications and/or delays than other children. In addition, food insecurity may have a detrimental impact on children's mental health.

Why Is It a Health Need?

The unemployment rate (among residents 16 and older) and the proportion of employed youth (ages 16–19) are both significantly higher in Santa Cruz County than the state averages. Combined with a slightly higher level of income inequality than the California benchmark, the data suggest that economic security is a need in Santa Cruz County. The economy was also a top trending issue identified in the County of Santa Cruz 2018–2024 Strategic Plan.

The proportion of cost-burdened households countywide is slightly higher than the statewide figure. The proportion of food insecure children who are likely to be ineligible for government food assistance, and the percentage of students who are eligible for free or reduced-price meals, are significantly higher in the county than the state benchmark. One key informant noted the "differential repercussions" of food insecurity by gender, as mothers "forgo meals or ration food in order to feed their children first."

"We live—or our workplace is situated in—an extremely fertile agricultural valley, and yet there are months of the year when up to a third of households are going without adequate food." —Key informant

Economic insecurity is also evident in the costs of infant, toddler, and preschool care, which are significantly higher than state averages, as well as the number of banking institutions per 100,000 people in Santa Cruz County, which is significantly lower than the state (and has been declining).

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[54] Feeding America. (2018). *What Is Food Insecurity?*
[55] U.S. Department of Agriculture, Economic Research Service. (2018). *Definitions of Food Security.*
[56] Healthy People 2020. (2018). *Food Insecurity.*
[57] Feeding America. (2018). *What Is Food Insecurity?*

CHNA participants most commonly talked about economic security in terms of jobs and education. Most called for more educational programs that lead to higher-level employment and lamented the number of low-paying, entry-level service positions offered in Santa Cruz County. Some focused on the lack of jobs, opportunities, and affordable housing for health care industry workers in the region.

Housing also came up frequently in conjunction with economic security. Most CHNA participants agreed that a lack of affordable housing is a serious impediment to health. Community members also indicated that food insecurity is worsening as the costs of housing rise and that many residents must choose between paying their rent and buying groceries or medicine. (*See also the Housing and Homelessness description.*)

HOUSEHOLDS WITH CHILDREN IN POVERTY, SANTA CRUZ COUNTY
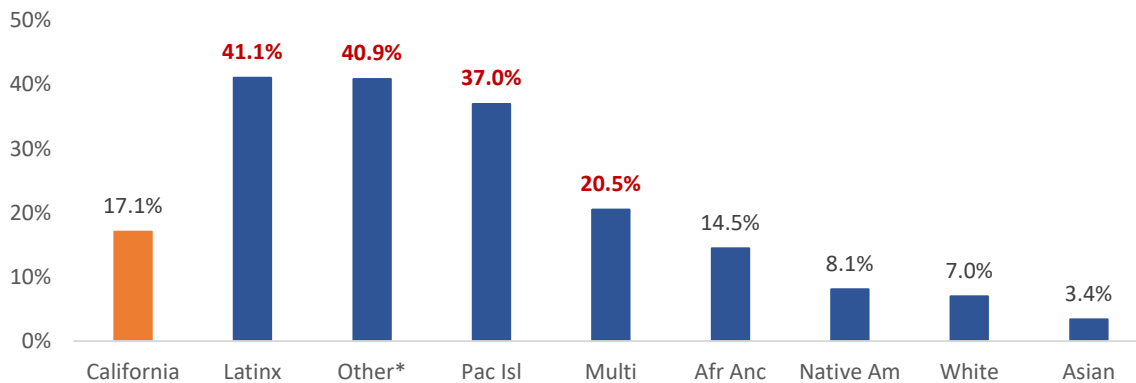
"Other" is a U.S. Census category for ethnicities not specifically called out in data sets.
Source: U.S. Census Bureau, American Community Survey, 2012–2016.

EARLY CHILDHOOD DEVELOPMENT

What Is the Issue?

Early childhood, from birth to about 5 years of age, is an important period for brain development that establishes a foundation for future cognitive and emotional function.[58] Physical factors such as low birthweight can negatively affect this development.[59] Low birthweight is associated with delayed and stunted development of age-appropriate cognitive skills. Social and environmental factors, such as chronic stress and adverse childhood experiences (ACEs), can also impact healthy development during early childhood.[57] Relationships and experiences during this period strongly predict children's future success in

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[58] Harvard University: Center on the Developing Child. (2019). *The Science of Early Childhood Development.*
[59] Scharf et al. (2017). *Growth and Development in Children Born Very Low Birthweight.*

school, work, and the community. Indicators such as family income, food insecurity, abuse/neglect, violence in or around the home, and pediatric mental health hospitalizations are all considered proxies for ACEs.[60] Pediatric mental health hospitalizations are particularly telling, because many of these hospitalizations occur as a result of attempted suicide, the risk of which at least doubles if a child has had at least one ACE.[61]

One method that can be used to identify and interrupt the negative effects of ACEs is developmental screening.[62] However, this is neither a widespread practice nor one that's equally accessible to everyone. It also needs continuous work to be effective.[63] Ensuring healthy early childhood development contributes to a successful and sustainable society.

Why Is It a Health Need?

All of the statistical indicators gathered for the CHNA suggest that early childhood development is a need in Santa Cruz County. Significantly more infants are born at very low birth weights in the county compared to the state average, with the highest proportion in the Latinx population. Significantly more children ages 0–5 experience elevated blood lead levels than the benchmark. In addition, a somewhat smaller percentage of kindergarteners have received all their required immunizations than the state average.

Among kids of all ages, significantly greater proportions of children in the county than the state have mental health issues that require ER visits or hospitalization. Multi-ethnic children have the highest rates of pediatric mental health hospitalizations, and White children have the highest rates of pediatric mental health ER visits.

Data on the cost of infant, toddler, and preschool care show that at all levels, care is significantly more expensive in the county than the state. Perhaps for that reason, preschool enrollment is significantly lower in Santa Cruz County than the state average.

CHNA participants prioritized early childhood development as a health need. Discussions revolved around two main topics: education/childcare, and the upstream prevention of ACEs. They called out an overwhelming need for affordable quality childcare and early education programs, particularly programs that begin to define healthy lifestyles and relationships. A focus

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[60] National Center for Injury Prevention and Control. (2019). *About Adverse Childhood Experiences.*
[61] Dube et al. (2001). *Childhood Abuse, Household Dysfunction, and the Risk of Attempted Suicide Throughout the Lifespan: Findings From the Adverse Childhood Experience Study.*
[62] Hirai, Kogan, Kandasamy, et al. (2018). *Prevalence and Variation of Developmental Screening and Surveillance in Early Childhood.*
[63] Centers for Disease Control and Prevention. (2019). *Child Development: Developmental Monitoring and Screening.*

on healthy relationships may reduce ACEs, which would also positively affect behavioral, mental, and physical health outcomes for children.

"Starting with newborns before they're born, and supporting healthy environments, safe families, [and] young, new parents with parenting skills, [and] ensuring that there's no trauma, violence in the home or the environment—all of that impacts somebody's long-term health outcome[s]." —Key Informant

Key informants also expressed strong interest in addressing unhealthy diets and sedentary lifestyles in young children, which could later develop into obesity and/or diabetes.

CANCER

What Is the Issue?

Cancer is a generic term used to describe a condition in which abnormal cells divide uncontrollably, invading and killing healthy tissue. These abnormal cells can metastasize to other parts of the body via the blood and lymph systems. There are more than 100 kinds of cancer, and cancer is the second leading cause of death in the U.S., following heart disease.[64, 65] High-quality screening can serve to reduce cancer rates; however, complex factors contribute to disparities in cancer incidence and death rates among different ethnic, socioeconomic, and otherwise vulnerable groups.

Research has found that health disparities related to cancer contribute to higher, avoidable death rates among low-income and ethnic minority populations nationwide. These inequitable outcomes may be exacerbated by delivery issues in cancer screening and follow-up, which research shows disproportionately affect low-income and minority patients.[66] Although personal, behavioral, and environmental factors are significant (e.g., smoking, exposure to known carcinogens), the most important risk factors for cancer are lack of health insurance and low socioeconomic status.[67]

Why Is It a Health Need?

Cancer is the leading cause of death in Santa Cruz County, and the county's breast cancer death rate is slightly higher than the state's rate. Incidence rates for breast, oral/pharynx, and prostate cancers are all significantly worse in the county than the state overall.

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[64] Centers for Disease Control and Prevention. (2018). *How to Prevent Cancer or Find It Early*.
[65] Centers for Disease Control and Prevention. (2017). *Leading Causes of Death*.
[66] Fiscella, K., et al. (2011). Eliminating Disparities in Cancer Screening and Follow-Up of Abnormal Results: What Will It Take? *Journal of Health Care for the Poor and Underserved, 22*(1): 83–100.
[67] National Cancer Institute. (2018). *Cancer Disparities*.

In Santa Cruz County, White residents are more likely to be diagnosed with cancer than residents of other ethnic groups. However, cancer deaths are highest among African Ancestry residents.

Cancer was not prioritized by the community. However, key informants discussed the "untapped potential" of peer support groups for people undergoing cancer treatment. They also highlighted the fact that few resources exist to accommodate unstably housed cancer patients over a lengthy treatment timeline.

WOMEN'S HEALTH

What Is the Issue?

Women's health is an important public health issue that can ensure the well-being of individual women and their families and communities. This is particularly important because a woman's health can predict her financial stability, educational attainment, and employment.[68] Women experience and die from various health conditions—including some forms of chronic heart disease (stress-induced cardiomyopathy), lung cancer, sexual violence, depression and anxiety, and chlamydia—at significantly higher rates than men. Women also face many female-specific health conditions and challenges related to their reproductive system, such as breast and cervical cancers, and pregnancy-related issues.[69] Regular access to prenatal care can prevent the latter by catching problems early and preventing serious complications from arising later that could harm the mother or her baby.[70]

Regular access to health care can prevent or reduce many of the women's health issues cited above. However, at least one third of U.S. women are skipping needed medical care, which may put them at risk of more serious complications.[71] It is important to address these issues and measure them through data indicators, such as access and use of health care and prenatal care, cancer incidence and screening, and level of social and emotional support.

Why Is It a Health Need?

Among the key health issues for women is breast cancer. Santa Cruz County has a significantly higher breast cancer incidence rate than the state. The county's breast cancer mortality rate is also somewhat higher than the state's rate.

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[68] Institute for Women's Policy Research: Status of Women in the States. (2019). *Health and Well-Being.*
[69] National Institutes of Health. (2019). *What Health Issues or Conditions Are Specific to Women Only?*
[70] Office on Women's Health. (2019). *Prenatal Care.*
[71] Gunja et al. (2018). *What Is the Status of Women's Health and Health Care in the U.S. Compared to Ten Other Countries?*

The county rate of domestic violence hospitalizations among females ages 10 and older is significantly higher than the state rate. Among men and women, excessive drinking (which is often linked to domestic violence) is also significantly higher compared to the state average. Among students countywide, African Ancestry youth are the most likely to have experienced recent dating violence.

Numerous CHNA participants identified women as an especially vulnerable population, with specific mention of women experiencing homelessness. They also noted that domestic violence (e.g., abuse) can lead women who are experiencing homelessness to distrust governmental and community organizations, as well as community members more generally.

Finally, a slightly smaller proportion of mothers in Santa Cruz County received early prenatal care than the California benchmark. The community's discussions of health for women who are parents centered around a lack of local resources and services; more prenatal and post-partum care are needed, participants said. (*See also Infant/Maternal Health description*.) Several key informants also mentioned a need for more affordable and accessible ob-gyn care. Anecdotes of women being afraid to seek care also surfaced in the context of larger concerns for immigrants with respect to the political climate.

EDUCATION AND LITERACY

What Is the Issue?

Literacy is generally understood to mean the ability to read and write, although the term also includes skills related to listening, speaking, and using numbers (numeracy). Limited literacy is correlated with low educational attainment, which is associated with poor health outcomes. Individuals at risk for low English literacy include immigrants, those living in households where English is not spoken, and individuals with minimal education.[72]

Pre-school education is positively associated with readiness for and success in school, as well as long-term economic benefits for individuals and society, including greater educational attainment, higher income, and lower engagement in delinquency and crime.[73] Educational attainment, along with employment rates and household income, are key indicators that show the economic vitality of an area and the buying power of individuals, including their ability to afford basic needs such as housing and health care.

The relationship among educational attainment, employment, wages, and health have been well documented. Individuals with at least a high school diploma do better on a number of measures

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[72] Office of Disease Prevention and Health Promotion. (2018). *Language and Literacy.*
[73] Barnett, W.S., & Hustedt, J.T. (2003). Preschool: The Most Important Grade. *Educational Leadership*, *60*(7):54–57.

than high school drop-outs, including income, health outcomes, life satisfaction, and self-esteem.[74] The National Poverty Center reports that increased education is associated with decreased rates of most acute and chronic diseases.[75] Additionally, research has found that wealth among families in which the head of household has a high school diploma is 10 times higher than that of families in which the head of household dropped out of high school.[76] Finally, the majority of jobs in the U.S. require more than a high school education.[74]

Why Is It a Health Need?

Significantly fewer children are enrolled in preschool in Santa Cruz County than the state average, perhaps related to the fact that the cost of preschool is significantly higher in the county than the state. Significantly more students are English learners, and a significantly lower proportion of third graders read proficiently, than the state benchmarks. Special education enrollment is significantly higher, and the overall student-to-teacher ratio is slightly higher (i.e., worse), in the county than the state.

PRESCHOOL ENROLLMENT BY CENSUS TRACT, SANTA CRUZ COUNTY
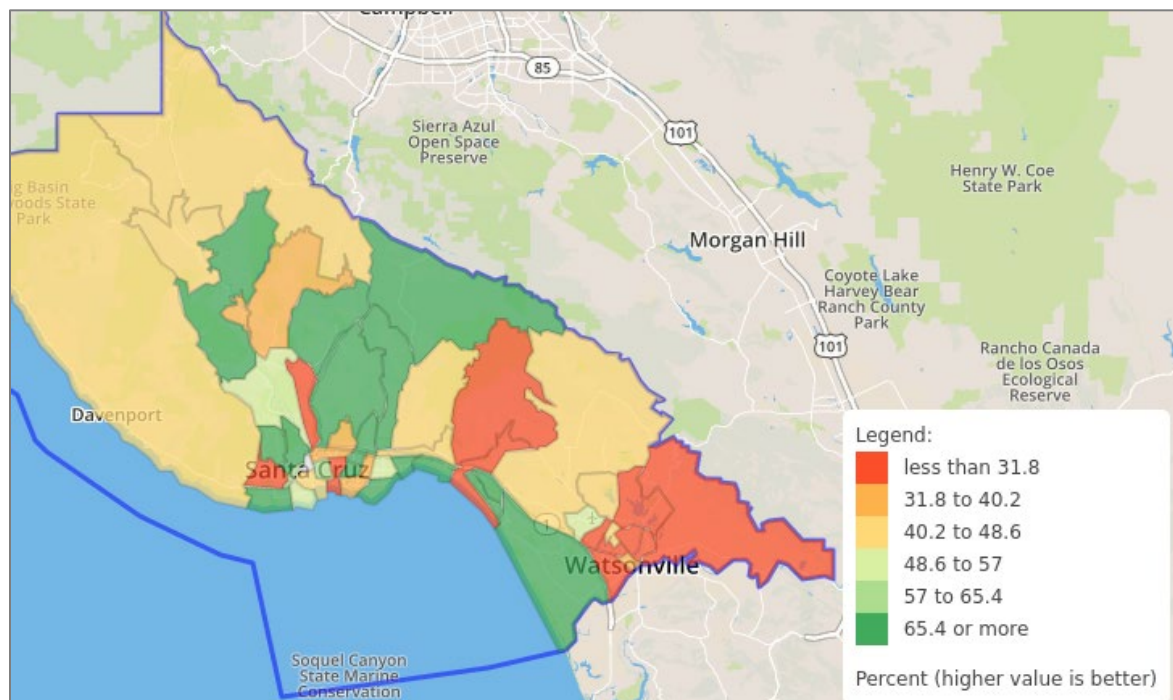
Source: U.S. Census Bureau, American Community Survey, 2012–2016.

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[74] Insight Center for Community Economic Development. (2014). https://www.insightcced.org
[75] Cutler, D.M., & Lleras-Muney, A. (2006). *Education and Health: Evaluating Theories and Evidence* (No. w12352). National Bureau of Economic Research.
[76] Gouskova, E., & Stafford, F. (2005). *Trends in Household Wealth Dynamics, 2001– 2003.* Panel Study of Income Dynamics. Technical Paper Series, 05–03.

At the high school level, a significantly smaller proportion of 11th graders meet or exceed the grade-level standard for mathematics, and a slightly smaller proportion meet or exceed the standard for English language arts, compared to state averages. There are also significantly more students per academic counselor, making it harder for counselors to give one-on-one attention to students.

As noted in the Economic Security description, most CHNA participants talked about education as it relates to jobs and called for more educational programs that lead to higher-level employment. They also identified a need for academic programs that embrace youth as individuals with different environments and circumstances rather than punish them for poor or nonconforming behaviors and essentially driving them away from school.

Community feedback about education for all ages suggested that curricula should have greater focus on healthy lifestyles, incorporating classes related to diet, nutrition, and physical exercise. CHNA participants also identified a lack of investment in "pro-social" activities and education programs that encourage students to regularly engage in diverse social settings with people of different socioeconomic backgrounds.

MATERNAL/CHILD HEALTH

What Is the Issue?

Maternal/infant health is an umbrella term for a variety of conditions, health behaviors, and health systems indicators that affect the health, wellness, and quality of life for women, children, and families. Data indicators that measure progress in this area include low birthweight, infant mortality, teen births, breastfeeding, and access to prenatal care.

Good maternal and child health—the well-being of mothers, infants, and children—is an important public health goal. The health of these populations can determine the health of the next generation and can help predict public health issues, for families, communities, and the health care system as a whole.

The risk of pregnancy-related problems, complications, and disabilities, as well as maternal and infant mortality, can be reduced through better access for both mother and child to quality health care before, during, and after pregnancy. More specifically, the early identification of health issues in infants and children can aid in the prevention of disability or death, enabling them to achieve their full potential.[77]

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[77] Office of Disease Prevention and Health Promotion. (2018). *Maternal, Infant, and Child Health.*

Why Is It a Health Need?

In Santa Cruz County, the infant mortality rate is significantly higher than the state average—and increasing. Infant mortality is significantly worse among the Latinx population in the county. Additionally, countywide there are a significantly higher percentage of very low birthweight babies in comparison to California overall. A slightly smaller proportion of mothers in Santa Cruz County received early prenatal care versus all California mothers. Finally, influenza/pneumonia is among the top 10 causes of death in the county; infants and children are at high risk for complications related to the flu, including pneumonia.[78]

CHNA participant discussions of maternal/infant health centered around a lack of resources and services in Santa Cruz County. Participants indicated a need for more prenatal and post-partum care. Several key informants also mentioned a need for more affordable and accessible ob-gyn care.

HEALTHY LIFESTYLES

Diabetes, heart disease, and stroke all rank among the top 10 causes of death in Santa Cruz County. Underlying these conditions are the built environment (i.e., local access to food and recreation) and health behaviors (i.e., personal fitness, diet, and nutrition). Access to healthy food stores is poor. Overweight and obesity are on the rise among adults in Santa Cruz County, and fitness levels among youth are often lower than state averages.

Access to Food and Recreation

What Is the Issue?

The U.S. Surgeon General's report Vision for a Healthy and Fit Nation 2010 described how different elements of a community can support residents' healthy lifestyles. The various components of the physical environment, including sidewalks, bike paths, parks, and fitness facilities that are "available, accessible, attractive, and safe" all contribute to the extent and type of residents' physical activities.[79] Other community elements supporting healthy lifestyles include local stores that sell fresh produce. Residents are more likely to experience food insecurity in communities where fewer supermarkets exist, grocery stores are farther away, and there are limited transportation/transit options.[80]

The Centers for Disease Control and Prevention recommends policies and environments that support behaviors aimed at achieving and maintaining healthy weight in settings such as workplaces, educational institutions, health care facilities, and communities.[81] For example, the

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[78] Centers for Disease Control and Prevention. (2019). *Children & Influenza (Flu).*
[79] Centers for Disease Control and Prevention. (2009). *Healthy Places.*
[80] Healthy People 2020. (2018). *Food Insecurity.*
[81] Healthy People 2020. (2015). *Nutrition and Weight Status.*

availability of healthy and affordable food in retail and cafeteria-style settings allows people to make better food choices throughout the day. Otherwise, they may settle for caloric foods of low nutritional value.[82]

Why Is It a Health Need?

Data show that Santa Cruz County has significantly lower proportions of healthy food stores compared to the state. The number of grocery stores and produce vendors in the county per 100,000 people is declining. A related statistic, the food environment index, is slightly worse than the state. Poor access to healthy food in an area with great agricultural wealth is not unusual; other agricultural counties in the state face similar situations.[83]

LOW ACCESS TO HEALTHY FOOD STORES, COMPARED TO STATE AVERAGE
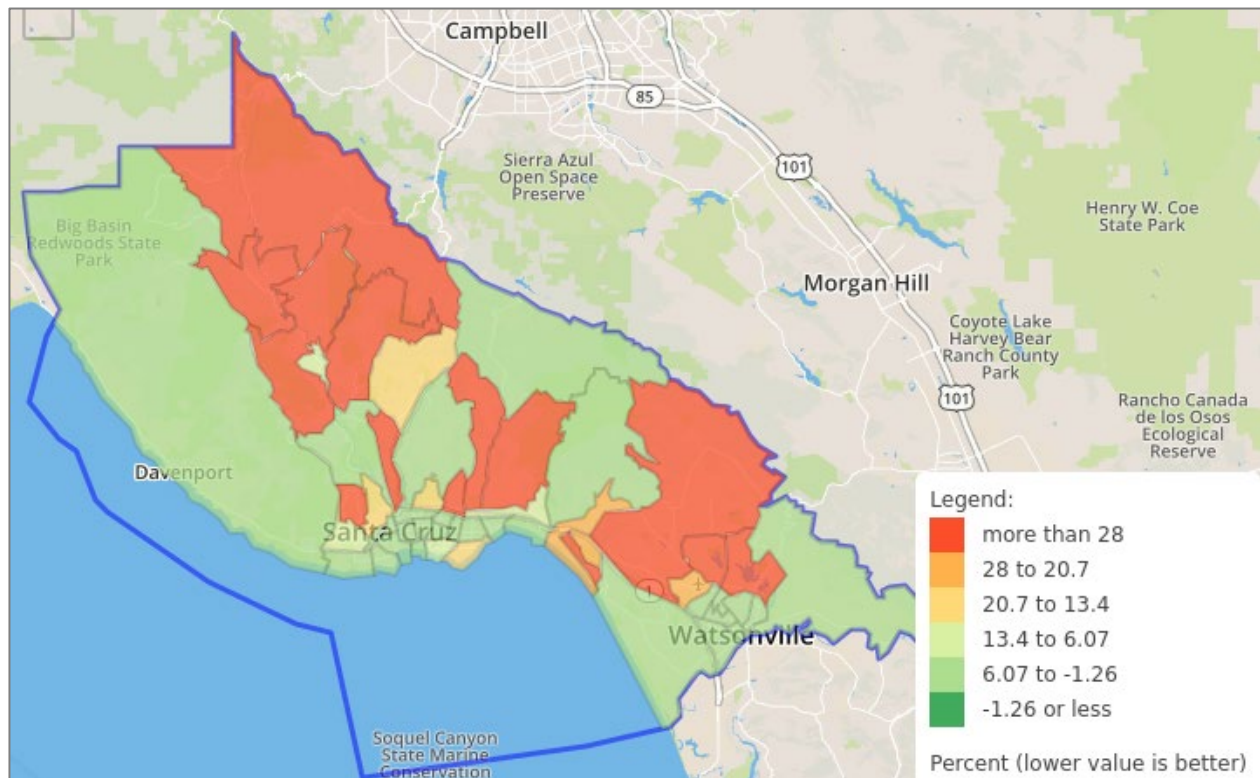
Source: USDA Food Access Research Atlas, 2014.

CHNA participants described public transit access as poor, especially in the more rural areas of the county. Streets could be safer too: Bicycle-involved collisions are significantly higher than the benchmark.

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[82] Centers for Disease Control and Prevention. (2015). *Healthy Food Environments*.
[83] MkNelly, B., Kuyper, E., & Nishio, S. (2006). *California Food Guide: Hunger and Food Insecurity*.

Diabetes and Obesity

What Is the Issue?

Diabetes refers to a category of diseases that affects how the body uses glucose (blood sugar), the body's primary source of fuel.[84] Type 1 diabetes and Type 2 diabetes are chronic, with Type 2 diabetes accounting for roughly 90 percent of all diagnosed cases, and Type 1 diabetes accounting for approximately 5 percent. Gestational diabetes accounts for the rest.[85] The Centers for Disease Control and Prevention (CDC) estimates that 30 million people in the U.S. have diabetes and an additional 84 million U.S. adults are pre-diabetic. The more serious health complications of diabetes include heart disease, stroke, kidney failure, adult-onset blindness, and lower-extremity amputations.

Although Type 1 diabetes is generally believed to be caused by a combination of genetic and environmental factors and cannot be prevented, Type 2 diabetes and pre-diabetes (higher-than-normal blood glucose levels) are the result of the body losing its ability to generate sufficient insulin to maintain and regulate a healthy blood sugar level. Risk factors for Type 2 diabetes include being physically inactive, being overweight, being age 45 or older, having a close family member with Type 2 diabetes, and having pre-diabetes. Additionally, certain ethnic groups (African Ancestry, Latinx, Native American, Pacific Islanders, and some Asian groups) are at a higher risk of Type 2 diabetes.

Diabetes is costly. The CDC estimates the annual medical costs and lost work/wages attributable to diabetes is in excess of $300 billion annually, and overall medical costs for those diagnosed with diabetes are twice as high as for those who do not have diabetes.

When someone consumes more calories than they use for everyday activity and exercise, their bodies store the excess calories as fat.[86] When someone's weight surpasses the healthy standard for their height, that person is described as overweight or obese. Both conditions are measured by body mass index (BMI), a metric ratio of weight divided by the square of height.[87] Risk factors of obesity, in addition to unhealthy diet and inactivity, include genetic factors, underlying medical issues, family models, social and economic factors, and hormonal changes due to lack of sleep, pregnancy, or age. Smoking cessation and the side effects of certain medications can also contribute to obesity.[86] Further, food insecurity and obesity often co-exist because "both are consequences of economic and social disadvantage."[88]

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[84] The Mayo Clinic (2018). *Diabetes Overview.*
[85] Centers for Disease Control and Prevention (2018). *Diabetes Quick Facts.*
[86] The Mayo Clinic. (2018). *Obesity*.
[87] Centers for Disease Control and Prevention. (2018). *Overweight and Obesity*.
[88] Food Research and Action Center. (2015). *Food Insecurity and Obesity*.

According to the CDC, nearly one in five children and nearly two in five adults in the U.S. are obese. Being obese or overweight increases an individual's risk for diabetes, hypertension, stroke, and cardiovascular disease. Obesity can also contribute to poor mental health (anxiety, depression, low self-esteem), stigma, and social isolation. Among children and youth, obesity can also increase the likelihood of bullying.[89]

Why Is It a Health Need?

Overall obesity rates are high in Santa Cruz County but do not fail the state benchmark. However, overweight and obesity are on the rise among county adults, and more than three in five CAP survey respondents were overweight or obese. Ethnic disparities exist as well: The Latinx population has significantly higher proportions of obese adults than the state average. African Ancestry adults also significantly exceed the benchmark for obesity. Perhaps unsurprisingly, given the association between obesity and food insecurity, food insecurity is slightly higher in Santa Cruz County than the state average.

CHNA participants expressed concern about obesity among youth and young adults, emphasizing that healthy habits of diet and activity begin in childhood and are strongly affected by family behaviors, access to recreation, and the food environment.

Diabetes ranks among the top 10 causes of death in Santa Cruz County. Countywide, diabetes management is the worst among White Medicare beneficiaries. Some CHNA participants identified diabetes as an issue among people experiencing homelessness; for example, they noted that keeping insulin (a hormone that controls blood sugar, required for diabetes management) cool is difficult for someone who doesn't have regular access to a refrigerator.

Economic insecurity presents barriers for others in the community as well. A number of CHNA participants discussed seeing community members living with chronic illnesses that are left untreated due to the anticipated cost of care, until an emergency room visit is necessary.

"Patients have a high premium, and they'll avoid going to the doctor. When the doctor tells them, 'You need to come in for a three-month check-up,' because of that high premium and because of the costs—and because they don't qualify for other programs—they'll say, 'No, I can't. I'll wait until six months.' I know somebody in particular who did that for a very long time with their cardiology appointments, and because of the cost they were like, 'No, I'm going to wait. I'll cut the pill in half, because it was too much cost.'" —Focus Group Participant

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[89] Centers for Disease Control and Prevention. (2018). *Overweight and Obesity*.

Fitness, Diet, and Nutrition

What Is the Issue?

The benefits of fitness and a healthy, nutritious diet are commonly known and well-documented. As noted by the Centers for Disease Control and Prevention, "physical activity fosters normal growth and development, can reduce the risk of various chronic diseases, and can make people feel better, function better, and sleep better."[90] Getting regular exercise can help people of all ages combat obesity, reduce the risk of cardiovascular disease, Type 2 diabetes, some cancers, and a host of other physical issues.[91] Regular exercise can also help to strengthen bones and muscles, prevent falls for older adults, and increase an individual's chances of living longer.[92]

Likewise, the benefits of a healthy diet include preventing high cholesterol and high blood pressure, reducing the risks of developing diseases such as cancer and diabetes, and helping to reduce the risks of obesity, osteoporosis, and dental cavities.[93] For children and adolescents, a nutritious diet helps with growth and bone development, as well as improved cognitive function.[94]

Despite the well-known benefits, most people do not meet the recommended healthy food and exercise guidelines. Most significantly, a poor diet and lack of regular exercise can lead to childhood and adult obesity, a serious and costly health concern in the U.S. that often results in some of the leading causes of preventable death.[95]

Why Is It a Health Need?

The lack of fitness among youth elevated this issue to a health need. Significantly fewer children in Santa Cruz County walk or bike to school than the state average. Moreover, students countywide are not meeting the physical fitness standards for their age groups. Of particular concern are Latinx children in fifth, seventh, and ninth grades, who fall significantly below the state fitness standards.

Based on community input, the largest threats to achieving and maintaining a healthy lifestyle are economic security and housing. Money that could be spent on improving diet and exercise instead goes toward paying for housing. Some CHNA participants also expressed concern about

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[90] Centers for Disease Control and Prevention. (2018). *Physical Activity Basics.*
[91] The Mayo Clinic. (2016). *Exercise: 7 Benefits of Regular Physical Activity.*
[92] Harvard Health Publishing/Harvard Medical School. (2013). *Balance Training Seems to Prevent Falls, Injuries in Seniors.*
[93] U.S. Department of Agriculture. (2016). *Why Is It Important to Eat Vegetables?*
[94] World Health Organization. (2018). *Early Child Development: Nutrition and the Early Years.*
[95] Centers for Disease Control and Prevention. (2016). *Childhood Obesity Causes and Consequences*. See also: Centers for Disease Control and Prevention. (2018). *Adult Obesity Causes and Consequences.*

undocumented immigrants who need food assistance but may be avoiding it for fear of being deported.

"There's been a reduction in people seeking social services, including the right food support that can help them to cope economically, due to fear of having to provide personal identifying information that could put them at risk for being picked up by ICE." —Key informant

Key informants were most interested in addressing unhealthy diets and sedentary lifestyles in youth that could later develop into obesity and diabetes.

VIOLENCE/SAFETY

What Is the Issue?

Violence and the lack of safety are related to poorer physical and mental health for the victims, the perpetrators, and the community at large.[96] Crime in a neighborhood causes fear, stress, unsafe feelings, and poor mental health. In one study, people who reported feeling unsafe to go out during the day were much more likely to experience poor mental health.[97] As reported by the World Health Organization, even apart from any direct physical injury, victims of violence have been shown to suffer from a higher risk of depression, substance use, anxiety, reproductive health problems, and suicidal behavior.[98] Additionally, just being exposed to violence has been linked to negative effects on people's mental health, including post-traumatic stress disorder, as well as a greater propensity to exhibit violent behavior themselves.[99]

The most common unintended injuries or accidents worldwide are road vehicle crashes, drowning, falls, fires and burns, and poisonings.[100] In 2016, unintentional injury was the third leading cause of death overall in the U.S.[101] The most common unintended injuries causing death in the U.S. are falls, traffic accidents, and poisonings, including overdose of prescription medications.[102, 103] Although most unintended injuries are predictable and preventable, they are a major cause of premature death and lifelong disability.[104]

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[96] Krug, E.G., Mercy, J.A., Dahlberg, L.L., & Zwi, A.B. (2002). The World Report on Violence and Health. *The Lancet*, *360*(9339), 1083–1088.

[97] Guite, H.F., Clark, C., & Ackrill, G. (2006). The Impact of the Physical and Urban Environment on Mental Well-Being. *Public Health*, *120*(12), 1117–1126.

[98] World Health Organization. (2017). *10 Facts About Violence Prevention*.

[99] Ozer, E.J., & McDonald, K.L. (2006). Exposure to Violence and Mental Health Among Chinese American Urban Adolescents. *Journal of Adolescent Health, 39*(1), 73–79.

[100] Norton, R., Hyder, A.A., Bishai, D., Peden, M., et al. (2007). Unintentional Injuries. *Disease Control Priorities in Developing Countries.*

[101] Centers for Disease Control and Prevention. (2017). *Mortality in the United States, 2016.*

[102] Centers for Disease Control and Prevention. (2017). *Accidents or Unintentional Injuries.*

[103] National Safety Council. (2018). *Unintentional Injuries Are the #1 Cause of Death from Infancy to Middle Age.*

[104] Office of Disease Prevention and Health Promotion. (2018). *Injury and Violence Prevention.*

Common among older adults, falls are becoming a larger concern, because the percentage of the U.S. population 65 years old and older is projected to double between now and 2060, from 15 percent to nearly 24 percent (roughly 98 million people).[105] Likewise, unintentional injuries are the leading cause of death and hospitalization in California for children ages 16 and younger.[106]

Why Is It a Health Need?

Crime is significantly higher in Santa Cruz County compared to the state. Further, the juvenile felony arrest rate is substantially higher in the county than the state. Nearly one in three CAP survey respondents indicated they were very concerned about crime.[107] Countywide, students of African and Native American ancestries and "Other" ethnicities[108] are most likely to be members of gangs and most frequently fear being beaten up at school. Two in five CAP survey respondents indicated they were concerned about gangs.

The rate of domestic violence hospitalizations in Santa Cruz County is significantly higher than the state rate, and excessive drinking (often linked to domestic violence) is also significantly higher than the state average.

"Women are definitely more vulnerable to sexual and physical abuse when they're on the street. So, the longer they're unhoused, the more danger they're in. And then, this impacts their access to services … [domestic violence survivors are] very wary to participate in transitional housing, because it is communal and co-ed."
—Key informant

Among all students countywide, African Ancestry youth are the most likely to have experienced recent dating violence. Cyberbullying is most often experienced by Pacific Islander and multiethnic students. Asian students are the most likely to have experienced bias-related in-person bullying or harassment, followed by students of African and Native American ancestries. Overall, one in six CAP respondents indicated they had experienced discrimination in the prior year.

Children and youth (ages 0–17) in Santa Cruz County experience hospitalizations for traumatic injury (intentional and unintentional) in greater proportion than the state benchmark. Children and youth are also hospitalized for poisoning at a level that is higher than the state.

Bicycle-involved collisions in Santa Cruz County are more than double the state average. The overall unintentional injury death rate is significantly higher in the county than the state—and

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[105] Population Reference Bureau. (2016). *Aging in the United States.*
[106] California Department of Public Health. (2018). *Child Passenger Safety (CPS) in California.*
[107] Three in five CAP survey respondents were specifically concerned about cybercrime.
[108] "Other" is a U.S. Census category for ethnicities not specifically called out in data sets.

worsening. The county rates of death due to overall motor vehicle crashes and to alcohol-impaired driving, respectively, are slightly higher than the California rates.

Safety and health were among the top trending issues identified in the County of Santa Cruz 2018–2024 Strategic Plan. Safety is closely related to behavioral health. Although the community did not prioritize safety as a health need, the topic came up in discussions regarding mental health and well-being. Human trafficking in the county was also mentioned as an emerging problem.

ORAL/DENTAL HEALTH

What Is the Issue?

Good oral/dental health contributes to an individual's overall health (the ability to taste, chew, and swallow) and social function (the ability to speak and make facial expressions to show feelings and emotions).[109] Maintaining oral/dental health requires routine self-care, including brushing with a fluoride toothpaste and flossing, as well as regularly receiving professional dental treatment.[110] Conversely, unhealthy behaviors such as substance use (including tobacco and drugs such as methamphetamines), poor dietary choices, and not brushing, flossing, or regularly seeing a dentist can result in conditions ranging from cavities or gum disease to cancer.[111] As with other health needs, various factors can create barriers to accessing dental services for different ethnic, socioeconomic, and otherwise vulnerable groups. The primary access factors are lack of insurance, low socioeconomic status, and fear of dental treatment.[112]

Why Is It a Health Need?

Statistics show the ratio of dentists to Santa Cruz County residents is lower (i.e., worse) than the state ratio. More than one in three county adults lack dental insurance, although this is better than the state rate of dental insurance. Additionally, the proportions of both adults and children who had never visited a dentist were significantly higher than their statewide comparisons. Latinx community members were least likely to have received recent dental care.

Many of the CHNA participant discussions regarding oral health and dental care involved examples of community members letting dental issues go unresolved due to a lack of insurance, until the issues began to negatively affect other aspects of their health. Insurance that covers routine care as well as dental surgery (e.g., wisdom tooth extraction and root canals) is perceived to be expensive, and wait times for appointments can be long. Participants indicated that it is

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[109] National Institute of Dental and Craniofacial Research. (2000). *Oral Health in America: A Report of the Surgeon General*.
[110] The Mayo Clinic. (2016). *Oral Health: Brush Up on Dental Care Basics.*
[111] Office of Disease Prevention and Health Promotion. (2018). *Oral Health*.
[112] Centers for Disease Control and Prevention. (2017). *Disparities in Preventive Dental Care Among Children in Georgia*. See also: Harvard Health Publishing/Harvard Medical School. (2015). *Dental Fear? Our Readers Suggest Coping Techniques.*

rare for health insurance plans to include dental insurance, making it difficult for individuals or families to pay the cost of additional insurance when they are already struggling financially.

"[Among] adults and the undocumented, there [are] times where they don't get their prevention for the dental care, that when they get pain, it's already very bad. ... And oftentimes, they end up either extracting the teeth ... or just in debt." —Key informant

A driver of poor oral health is drinking water violations, which were flagged as an issue in Santa Cruz County's community water systems. Lack of access to clean drinking water affects physical health in various ways, including increasing the potential for acquiring communicable diseases and the likelihood of consuming sugar-sweetened beverages instead of water. The latter is associated with obesity and tooth decay. (*See also the Housing description.*) Furthermore, no public water systems in the county that are monitored by the state are fluoridated; water fluoridation is a protective factor against tooth decay.

Finally, the incidence rate of oral cavity and pharynx cancer is significantly higher in Santa Cruz County than the state rate. White residents are the more likely than those of any other ethnicity to be diagnosed with these cancers.

ENVIRONMENT

What Is the Issue?

Living in a healthy environment is critical to quality of life and physical health. The Office of Disease Prevention and Health Promotion reports that globally nearly 25 percent of all deaths and disease can be attributed to environmental issues. Those environmental issues include air, water, food, and soil contamination, as well as natural and technological disasters.[113] For people whose health is already compromised, exposure to environmental issues can compound their problems.[114] Recent reports on climate change highlight the importance of considering environmental health in the context of climate health, which is projected to have increasing influence on sea levels, air quality, the severity of natural disasters such as fires, flooding, and droughts, and patterns of infectious diseases.[115]

Why Is It a Health Need?

Although air quality measures in Santa Cruz County are better than state benchmarks, the proportion of children diagnosed with asthma is significantly worse. Asthma and other chronic

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[113] Office of Disease Prevention and Health Promotion. (2018). *Environmental Health.*
[114] Morris, G., & Saunders, P. (2017). The Environment in Health and Well-Being. *Oxford Research Encyclopedias.*
[115] U.S. Global Change Research Program. (2018). Fourth National Climate Assessment.

lower respiratory diseases, which can be aggravated by environmental conditions, are among the top 10 causes of death in Santa Cruz County.

Santa Cruz County is also significantly more vulnerable to flooding than the state average. Low-lying parts of the city of Santa Cruz and the southernmost parts of the county, as well as areas that are close to creeks, are at greatest risk of inundation.[116]

Other environmental hazards include lead, which is particularly dangerous to children, whose bodies are still developing and thus more sensitive to such toxic substances.[117] Blood lead levels for children are higher in Santa Cruz County than the state average.

Data also show that drinking water violations in Santa Cruz County's community water systems are as an issue. Lack of access to clean drinking water affects physical health in various ways, including increasing the potential for acquiring communicable diseases and the likelihood of consuming sugar-sweetened beverages instead of water. The latter is associated with obesity and tooth decay.

Some CHNA participants expressed concern about climate change, but the community did not prioritize the environment as a health need. The main concern was the county's varied terrain: mountain ranges and canyons separating neighborhoods and making travel to health care facilities difficult for some community members. The environment was also one of the top trending issues identified in the County of Santa Cruz 2018–2024 Strategic Plan.

For further details on the 2019 Prioritized Health Needs, including statistical data and sources, see the data tables found in Attachment 4: Secondary Data Tables.

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[116] Federal Emergency Management Agency, Managing Floodplain Development Through the NFIP, Appendix D, 1998.
[117] California Environmental Health Tracking Program. (2015). *Costs of Environmental Health Conditions in California Children.* Public Health Institute.

7. Community Resources

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

HOSPITALS

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

CLINICS

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

- Cabrillo College Student Health Services, Aptos
- Clinica del Valle del Pajaro, Watsonville
- Dientes Community Dental, Santa Cruz
- Dominican Hospital Mobile Clinic
- Dominican Physical Medicine & Rehabilitation, Santa Cruz
- Homeless Persons Health Project, Santa Cruz
- Immunization Clinics
- Janus of Santa Cruz Community Clinic, Santa Cruz
- Palo Alto Medical Foundation (multiple locations[118])
- Planned Parenthood Mar Monte Watsonville Health Center, Watsonville
- Planned Parenthood Mar Monte Westside Health Center, Santa Cruz
- Salud Para la Gente, Watsonville
- Santa Cruz County Medical Society, Santa Cruz
- Santa Cruz Health Center (SC HSA Clinic), Santa Cruz
- Santa Cruz Women's Health Center, Santa Cruz
- University of California, Santa Cruz Student Health Center, Santa Cruz
- Watsonville Health Center (SC HSA Clinic), Watsonville
- Watsonville Homeless Health Center, Watsonville

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

8. Evaluation Findings from 2016–2018 Implemented Strategies

In 2016, Sutter Maternity & Surgery Center (SMSC) participated in a process to identify significant community health needs and to meet IRS and SB 697 requirements. During the CHNA process, 14 needs were identified. SMSC addressed the following in its 2016–2018 implementation strategies:

- Access to Primary Care
- Mental and Behavioral Health (including Opioid Use)
- Housing and Homelessness

Sutter Maternity & Surgery Center planned for and drew on a broad array of resources and strategies to improve the health of its communities and vulnerable populations, such as grant making, in-kind resources, collaborations, and partnerships, as well as several internal SMSC programs, including charitable health coverage programs, future health professional training programs, and research.

An overall summary of these strategies for the years 2016–2018 is below, followed by tables highlighting a subset of activities used to address each prioritized health need.

Sutter Maternity & Surgery Center Programs: From 2016 to 2018, SMSC supported several health care and coverage, workforce training, and research programs to increase access to appropriate and effective health care services and address a wide range of specific community health needs, particularly those impacting vulnerable populations.

Medi-Cal: Medi-Cal is the California Medicaid health coverage program for families and individuals with low incomes and limited financial resources. SMSC provided services for Medi-Cal beneficiaries, both members and nonmembers.

Medical Financial Assistance: The Medical Financial Assistance (MFA) program provided financial assistance for emergency and medically necessary services, medications, and supplies to patients with a demonstrated financial need. Eligibility is based on prescribed levels of income and expenses.

Grant Making: For over 10 years, SMSC has shown its commitment to improving community health through a variety of grants to charitable and community-based organizations. Successful grant applicants fit within funding priorities with work that examines social determinants of health and/or addresses the elimination of health disparities and inequities. From 2016 to 2018, SMSC awarded 31 grants amounting to a total of $1,836,165 in service of 2016 health needs.

In-Kind Resources: SMSC's commitment to community health means reaching out far beyond its patients to improve the health of its communities. Volunteerism, community service,

and providing technical assistance and expertise to community partners are critical components of SMSC's approach. From 2016 to 2018, SMSC donated several in-kind resources in service of 2016 implementation strategies and health needs, including childbirth education classes, breastfeeding consultations, education of nursing students, supplies, and the services of nurses and technicians.

Collaborations and Partnerships: SMSC has a long legacy of sharing its most valuable resources: its knowledge and talented professionals. By working together with partners (including nonprofit organizations, government entities, and academic institutions), these collaborations and partnerships can make a difference in promoting thriving communities that produce healthier, happier, more productive people. From 2016 to 2018, SMSC engaged in several partnerships and collaborations in service of 2016 implementation strategies and health needs, including Salud Para la Gente, Santa Cruz Community Health Centers, Cabrillo College, University of California Santa Cruz, SafeRx Santa Cruz County and Homeless Services Center.

IMPLEMENTATION STRATEGY EVALUATION OF IMPACT BY HEALTH NEED

2016 HEALTH NEED: ACCESS TO PRIMARY CARE

An underlying theme emerging from community members and service providers was the marked lack of access to primary care providers. Ninety-four percent of White Community Assessment Project (CAP) survey respondents reported having a regular source of health care in 2015, compared to only 80 percent of Latinxs. White respondents were significantly more likely than Latinx respondents to have received the health care they needed in 2015.

STRATEGY #1	Primary care expansion, south Santa Cruz County
Activities/ services to address this strategy	Partner with Palo Alto Medical Foundation to expand primary care physician base serving south Santa Cruz County. Provide grant funding to Salud Para la Gente (local FQHC) to expand primary care services through physical plant expansion and physician recruitment.
Evaluation results	• Total patient visits at Salud Para la Gente increased by 15%, or 12,852 visits, year over year. • 67% of patients with a medical visit at Salud Para la Gente also accessed at least one additional integrated health care service.

STRATEGY #2	Primary care expansion, central and north Santa Cruz County
Activities/ services to address this strategy	Partner with Palo Alto Medical Foundation to expand primary care physician base serving central and north Santa Cruz County. Provide grant funding to Santa Cruz Community Health Centers (local FQHC) to expand primary care services through physical plant expansion and physician recruitment.
Evaluation results	• Santa Cruz Community Health Centers opened a second clinic and hired additional personnel, which allowed it to connect 9,751 patients with a primary care provider. • Santa Cruz Community Health Centers became designated as a Healthcare for the Homeless site, Patient Centered Medical Home, and opened a Pediatric Center of Excellence.
STRATEGY #3	Expand scholarship opportunities to individuals pursuing primary care careers in Santa Cruz County
Activities/ services to address this strategy	Provide scholarship money to help one pre-med student from the University of California, Santa Cruz (UCSC) attend medical school, with the agreement that the individual will return to provide health care services in the Santa Cruz area. Partner with UCSC as well as Cabrillo College to identify additional scholarship opportunities with the same agreement, such as allied health program students at Cabrillo and pre-med students pursuing physician's assistant or nurse practitioner degrees.
Evaluation results	• University of California, Santa Cruz and Cabrillo College each awarded a scholarship to a least one pre-med or allied health student per year during the evaluation period.

2016 HEALTH NEED: MENTAL AND BEHAVIORAL HEALTH (INCLUDING OPIOID USE)

Suicide is one of the top 10 causes of death in Santa Cruz County. There has been a rise over time in the percentage of self-reported mental and emotional problems. An increase also has been seen in binge drinking among Community Assessment Project (CAP) survey respondents, from 11 percent in 2007 to 19 percent in 2015. 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. Community members indicated that there is a limited supply of mental health care providers and substance use disorder treatment options for both insured and uninsured clients. 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.

STRATEGY #1	Partner with Health Improvement Partnership and SafeRx Santa Cruz County
Activities/ services to address this strategy	Partner clinically and financially with Janus, Palo Alto Medical Foundation, the Health Improvement Partnership of Santa Cruz, and all other SafeRx Santa Cruz County partners to improve the safety of opioid use in the community by supporting safe prescribing practices, expanding access to medication-assisted addiction treatment, and increasing naloxone access.
Evaluation results	• The SafeRx program hosted four steering committee meetings and 10 community education initiative meetings per year. • Opioid prescriptions (excluding buprenorphine) decreased by 13.5% in Santa Cruz County. • Buprenorphine prescriptions increased by 15% in Santa Cruz County.
STRATEGY #2	Develop holistic alternative approaches to care in the hospital
Activities/ services to address this strategy	Invest in nationally recognized educational programs on holistic alternative approaches to medicine for Sutter Maternity & Surgery Center care teams.
Evaluation results	• Trained 12 patient care staff in the use of essential oils, therapeutic touch, and breathing techniques for use with patients. • Lead classes for non-clinical staff to support their own self-care using essential oils, therapeutic touch, and breathing techniques.
STRATEGY #3	Support our local FQHC partners in the recruitment of mental health providers
Activities/ services to address this strategy	Partner with local safety net clinics to identify and help bridge their need in recruitment of mental health providers.
Evaluation results	• Supported The Integrated Behavioral Health Action Coalition (IBHAC), which is made up of primary care, mental health, and substance use providers, as well as local hospitals, county agencies, health plans, mental health advocacy organizations, and individual community members. • Worked with IBHAC to improve system-level integration of primary care and behavioral health services for all persons.

2016 HEALTH NEED: HOUSING AND HOMELESSNESS

The community identified the lack of affordable housing as a concern, with 24 percent of Community Assessment Project respondents naming the cost of living/housing as the number one factor diminishing their quality of life. Data show that housing is less affordable in the county compared to the nation overall. 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.

STRATEGY #1	Participate in and support the Housing Advocacy Network, and provide support to new and/or existing affordable housing and homelessness efforts
Activities/ services to address this strategy	Actively participate in the Housing Advocacy Network, beginning with the Chief Administrative Officer's participation on the Network's Executive Board, and look to provide resource and funding support for projects when appropriate.
Evaluation results	• Resources were shifted from this strategy to more robust support of the Recuperative Care Center.
STRATEGY #2	Continue to support the Recuperative Care Center
Activities/ services to address this strategy	Support the Recuperative Care Center, an innovative medical respite program serving vulnerable patients without housing.
Evaluation results	• The Homeless Services Center operated a 12-bed respite care shelter in Santa Cruz County for adults experiencing homelessness. • Approximately 70 people per year received a respite bed with 24-hour/day shelter and two meals per day.

9. Conclusion

Sutter Maternity & Surgery Center (SMSC) worked with its consultants to conduct the 2019 Community Health Needs Assessment (CHNA).

The 2019 CHNA builds upon prior health assessments and meets federally mandated requirements and California state regulations.

SMSC identified priority community health needs through the assessment, which included collecting secondary data and conducting new primary research (i.e., community input). The SMSC Community Advisory Board then prioritized the health needs based on a set of defined criteria.

Next steps for the hospital:

- Ensure the 2019 CHNA is adopted by the Sutter Health board and made publicly available on the Sutter Health website by December 31, 2019.[119]
- Monitor community comments on the CHNA report (ongoing).
- Select priority health needs to address using a set of criteria.
- Develop strategies to address priority health needs.
- Ensure strategies are adopted by the Sutter Health board and made publicly available.

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[119] https://www.sutterhealth.org/for-patients/community-health-needs-assessment

10. List of Attachments

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

Attachment 1. Community Leaders, Representatives, and Members Consulted

The list below contains the names of leaders, representatives, and members who were consulted for their expertise in the community. Leaders were identified based on their professional expertise and knowledge of target groups (low-income, minority, and medically underserved populations). CHNA participants included leaders from Santa Cruz County Health, other local government employees, and representatives of nonprofit organizations. (*For more details about the community's input, see Section 5: Process and Methods of the CHNA report.*)

ID #	DATA COLLECTION METHOD	NAME, TITLE, AGENCY	TOPIC	# OF PEOPLE	TARGET GROUP(S) REPRESENTED	ROLE IN TARGET GROUP (LEADER, REPRESENTATIVE, MEMBER)	DATE INPUT WAS GATHERED
1	Interview	Caitlin Brune, Executive Director (ret.), Pajaro Valley Health Trust	South county	1	Medically underserved	Leader	5/21/19
2	Interview	Erin Gaede, Recuperative Care Center & Page Smith Community House Program Manager, Homeless Services Center	Homelessness	1	Low-income, medically underserved	Leader	4/30/19
3	Interview	Mimi Hall, Director, Health Services Agency	Public health	1	Low-income, medically underserved, minority	Leader	5/7/19
4	Interview	DeAndre James, Executive Director, Pajaro Valley Health Trust	South county	1	Medically underserved, minority	Leader, Member	5/21/19
5	Interview	Monica Martinez, Chief Executive Officer, Encompass Community Services	Behavioral health	1	Medically underserved, minority	Leader, Member	5/14/19

ID #	DATA COLLECTION METHOD	NAME, TITLE, AGENCY	TOPIC	# OF PEOPLE	TARGET GROUP(S) REPRESENTED	ROLE IN TARGET GROUP (LEADER, REPRESENTATIVE, MEMBER)	DATE INPUT WAS GATHERED
6	Interview	Jessica Randolph, Director of Administration, Health Services Agency	Public health	1	Low-income, medically underserved, minority	Leader	5/7/19
7	Interview	Jessica Scheiner, Senior Human Services Analyst, County of Santa Cruz, Human Services Department	Homelessness	1	Low-income, medically underserved	Leader	4/30/19
8	Focus Group	**Host:** Health Improvement Partnership of Santa Cruz County	Health care access	13	Low-income, medically underserved	(see below)	5/9/19
		Attendees:					
		Leslie Conner, CEO, Santa Cruz County Community Health Centers				Leader	
		Cathy Conway, Chief Mission Officer, Hospice of Santa Cruz County				Leader	
		Keisha Frost, CEO, United Way Santa Cruz County				Leader	
		Leslie Goodfriend, Senior Health Services Manager, Santa Cruz County Human Services Department				Leader	

ID #	DATA COLLECTION METHOD	NAME, TITLE, AGENCY	TOPIC	# OF PEOPLE	TARGET GROUP(S) REPRESENTED	ROLE IN TARGET GROUP (LEADER, REPRESENTATIVE, MEMBER)	DATE INPUT WAS GATHERED
		Dori Rose Inda, CEO, Salud Para la Gente				Leader	
		DeAndre James, Executive Director, Pajaro Valley Community Health Trust				Leader	
		Barbara D. Johnson, Ph.D., MSN, RN, Director of Nursing, Cabrillo College				Leader	
		Dr. Arnold Leff, Public Health Officer, Interim Director of Environmental Health, Santa Cruz County Health Services Agency				Leader	
		Laura Morgan, CEO, Dientes Community Dental				Leader	
		Jessica Nichols, LMFT, Manager of SUD Services, Salud Para la Gente				Leader	
		Jeanine Rodems, Immediate Past President, Santa Cruz County Medical Society				Leader	
		Stephanie Sonnenshine, CEO, Central California Alliance for Health				Leader	
		Amber Williams, Chief Compliance Officer, Janus of Santa Cruz				Leader	

ID #	DATA COLLECTION METHOD	NAME, TITLE, AGENCY	TOPIC	# OF PEOPLE	TARGET GROUP(S) REPRESENTED	ROLE IN TARGET GROUP (LEADER, REPRESENTATIVE, MEMBER)	DATE INPUT WAS GATHERED
9	Focus Group	**Host:** Salud Para la Gente	South county	6	Low-income, medically underserved, minority	(see below)	5/21/19
		Attendees:					
		Guadalupe Campuzano, Care Coordinator, CDV Pediatrics, Salud Para la Gente				Representative, Member	
		Araceli Castillo, Community Health Outreach Worker, Salud Para la Gente				Representative, Member	
		Jorge Chen, Patient Engagement Coordinator, Salud Para la Gente				Representative, Member	
		Oscar Hernández, Substance Use Counselor, Salud Para la Gente				Representative, Member	
		Amber Jacobo, OB-GYN Department Coordinator, Salud Para la Gente				Representative, Member	
		Veronica Vargas, Patient Service Coordinator, Salud Para la Gente				Representative, Member	

Attachment 2. Secondary Data Sources, Santa Cruz County

The sources of data in the list below were consulted to compile the data tables that underlie this 2019 Community Health Needs Assessment.

Source	Year(s)
Annie E. Casey Foundation	2015
Applied Survey Research, 2017 Santa Cruz County Community Assessment Project, Telephone Survey, Watsonville, California	2005–2017; 2007–2017; 2011–2017; 2013–2017; 2015–2017; 2017
Area Health Resource File	2010, 2011, 2012, 2013, 2014, 2015, 2016
Behavioral Risk Factor Surveillance System	2006–2012, 2015
Bureau of Labor Statistics	2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017
California Child Care Resource and Referral Network, California Child Care Portfolio	2016
California Department of Education	2015–2016; 2016–2017
California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd)	2011–2013
California Department of Education, Educational Demographics Office. Retrieved from Applied Survey Research 2017 Santa Cruz County Community Assessment Project, Telephone Survey, Watsonville, California	2010–2016; 2010–2017; 2015–2016; 2016–2017
California Department of Education, Physical Fitness Test Report, Sacramento, California. Retrieved from Applied Survey Research 2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2015–2016
California Department of Finance E-4 Population Estimates for Cities, Counties and the State. Retrieved from Applied Survey Research 2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2010–2016; 2016
California Department of Justice, OpenJustice. Retrieved from Applied Survey Research 2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2010–2016; 2016

Source	Year(s)
California Department of Public Health	2015–2017
California Department of Public Health, California Breathing, Santa Cruz County Asthma Profile. Retrieved from Applied Survey Research 2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2010–2015; 2015
California Department of Public Health, County Health Status Profiles. Retrieved from Applied Survey Research 2017 Santa Cruz County Community Assessment Project, Telephone Survey, Watsonville, California	2008–2015; 2010–2015; 2013–2015; 2015
California Department of Public Health, EpiCenter	2013–2014
California Department of Public Health, EpiCenter, Overall Injury Surveillance, Sacramento, California. Retrieved from Applied Survey Research 2017 Santa Cruz County Community Assessment Project, Telephone Survey, Watsonville, California	2010–2014; 2014
California Department of Resources Recycling and Recovery (CalRecycle), Jurisdiction Diversion/Disposal Rate Summary, by Jurisdiction. Retrieved from Applied Survey Research 2017 Santa Cruz County Community Assessment Project, Telephone Survey, Watsonville, California	2010–2014; 2014
California Department of Education, CAASPP Test Results	2016
California Department of Education, California Basic Educational Data System (CBEDS)	2015
California Department of Education, California Longitudinal Pupil Achievement Data System (CALPADS)	2015
California Department of Education, Coordinated School Health and Safety Office Custom Tabulation and California Basic Educational Data System	2016
California Department of Education, DataQuest	2018
California Department of Education, Physical Fitness Testing Research Files	2018
California Department of Education, Staff Assignment and Course Data	2018
California Department of Finance, Race/Ethnic Population With Age and Sex Detail	1990–1999, 1990–2009, 2000–2009, 2000–2010, 2010–2060

Source	Year(s)
California Department of Justice Criminal Justice Statistics Center, Domestic Violence-Related Calls for Assistance	2017
California Department of Public Health, Center for Health Statistics, Birth Statistical Master Files	2015
California Department of Public Health, Childhood Lead Poisoning Prevention Branch	2013
California Department of Public Health, Death Statistical Master Files	2013–2015
California Department of Public Health, Death Statistical Master Files; CDC, Linked Birth/Infant Death Records. Retrieved from Applied Survey Research 2017 Santa Cruz County Community Assessment Project, Telephone Survey, Watsonville, California	2012–2014
California Department of Public Health, Immunization Branch Custom Tabulation and School Immunizations in Kindergarten by Academic Year	2017
California Department of Public Health, In-Hospital Breastfeeding Initiation Data	2017
California Department of Public Health, Sexually Transmitted Diseases Data	2015
California Office of Statewide Health Planning and Development	2013–2015
California Office of Statewide Health Planning and Development Custom Tabulation	2016, 2017
California Opioid Overdose Surveillance Dashboard	2017
California Secretary of State, Elections Division. Retrieved from Applied Survey Research 2017 Santa Cruz County Community Assessment Project, Telephone Survey, Watsonville, California	2010–2016; 2016
California State Highway Patrol	2015
California Water Boards (https://www.waterboards.ca.gov). Retrieved from Central Coast Oral Health Needs Assessment 2016	2013
CDC WONDER Online Database, Underlying Cause of Death	1999–2015; 2013–2015
Center for Applied Research and Environmental Systems	2012–2015

Source	Year(s)
Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality Public-Use Data, on CDC WONDER Database	2007–2015; 2015
Centers for Disease Control and Prevention, Sexually Transmitted Diseases Data and Statistics	2015
Centers for Medicare and Medicaid Services	2010, 2011, 2012, 2013, 2014, 2015
KidsData.org. Retrieved from Applied Survey Research 2017 Santa Cruz County Community Assessment Project, Telephone Survey, Watsonville, California	2013–2014
Claritas Consumer Buying Power	2018
Climate Impact Lab	2016
Consolidated Planning/CHAS Data	2011–2015
Controlled Substance Utilization Review and Evaluation System	2018
County Business Patterns	2015, 2014, 2013, 2012
County Health Rankings	2010; 2012–2014; 2014; 2015; 2018
County of Santa Cruz, Public Health Department. Births, Santa Cruz County, California. Retrieved from Applied Survey Research 2017 Santa Cruz County Community Assessment Project, Telephone Survey, Watsonville, California	2010–2015; 2015
Dartmouth Atlas of Health Care	2010, 2011, 2012, 2013, 2014
Decennial Census	2000–2010
Department of Health Care Services, Med-Cal Dental Division. Retrieved from Central Coast Oral Health Needs Assessment 2016	2014
Department of Pesticide Regulation, Annual Pesticide Use Report, Sacramento, California. U.S. Department of Commerce. Retrieved from Applied Survey Research 2017 Santa Cruz County Community Assessment Project, Telephone Survey, Watsonville, California.	2015

Source	Year(s)
Department of Justice, Arrest Data	2015
EPA National Air Toxics Assessment	2011
EPA Smart Location Database	2011, 2013
Fatality Analysis Reporting System	2011–2015
FBI Uniform Crime Reports	2012–2014
FCC Fixed Broadband Deployment Data	2016
Feeding America	2016
Gundersen, C., et al. Map the Meal Gap: A Report on County and Congressional District Food Insecurity and County Food Cost in the United States in 2016. Feeding America	2016
Gundersen, C., et al. Map the Meal Gap: Food Insecurity and Child Food Insecurity Estimates at the County Level. Feeding America. Retrieved from Applied Survey Research 2017 Santa Cruz County Community Assessment Project, Telephone Survey, Watsonville, California	2015
Health Resources and Services Administration	2016
Hospitalizations for Mental Health Issues, by Age Group. (CHKS). Retrieved from Applied Survey Research 2017 Santa Cruz County Community Assessment Project, Telephone Survey, Watsonville, California	2011–2015
Institute for Health Metrics and Evaluation	2014
Interactive Atlas of Heart Disease and Stroke	2012–2014
Map the Meal Gap (Feeding America)	2014
National Cancer Institute	2011–2015

Source	Year(s)
National Cancer Institute, Surveillance, Epidemiology, and End Results (SEER) Program Research Data	2011–2015
National Center for Chronic Disease Prevention and Health Promotion	2013
National Center for Education Statistics	2016–2017
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2014, 2013, 2012, 2011, 2010, 2009, 2008, 2007
National Environmental Health Tracking Network	2016
National Environmental Public Health Tracking Network	2008, 2009, 2010, 2011, 2012, 2013, 2014
National Flood Hazard Layer	2011
National Land Cover Database	2011
National Vital Statistics System	2004–2010; 2008–2014; 2011–2015
Needell, B. et al. (2017). Child Welfare Services Reports for California, University of California at Berkeley Center for Social Services Research. Retrieved from Applied Survey Research 2017 Santa Cruz County Community Assessment Project, Telephone Survey, Watsonville, California	2010–2016; 2016
North America Land Data Assimilation System (NLDAS)	2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013
Opportunity Nation	2017
Population Reference Bureau, Analysis of Data from the National Survey of Children's Health and the American Community Survey	2016
Population Reference Bureau, Analysis of Data from the U.S. Census Bureau's American Community Survey Microdata Files	2016
Population Reference Bureau, Population Estimates	2010–2015; 2010–2016
Provider of Services File	2016

Source	Year(s)
Rodriguez, D., et al. (2016). Prevalence of adverse childhood experiences by county, California Behavioral Risk Factor Surveillance System. Public Health Institute, Survey Research Group	2008–2013
Safe Drinking Water Information System	2015
Santa Cruz County Environmental Health Services, Water Resources Division, Personal Correspondence with Program Representative. Retrieved from Applied Survey Research 2017 Santa Cruz County Community Assessment Project, Telephone Survey, Watsonville, California	2016
State Cancer Profiles	2010–2014
State of California, Department of Alcoholic Beverage Control, Alcoholic Beverage Licenses Report. Retrieved from Applied Survey Research 2017 Santa Cruz County Community Assessment Project, Telephone Survey, Watsonville, California	2016
U.S. Cancer Statistics Working Group, U.S. Cancer Statistics Data Visualizations Tool	2011–2015
U.S. Census Bureau, American Community Survey	2012–2016, 2013–2017, 2016
U.S. Census Bureau, Population Estimates Program, Estimates of the Resident Population by Sex and Age for the United States	2000–2010, 2010–2015, 2015
U.S. Census Bureau, State and County QuickFacts. Retrieved from Applied Survey Research 2017 Santa Cruz County Community Assessment Project, Telephone Survey, Watsonville, California	2015
U.S. Centers for Disease Control and Prevention. Retrieved from Central Coast Oral Health Needs Assessment 2016	2013
U.S. Department of Housing and Urban Development, PIT Estimates of Homelessness in the United States	2014, 2017
UCLA Center for Health Policy Research, California Health Interview Survey. Retrieved from Central Coast Oral Health Needs Assessment 2016	2014
UCLA Center for Health Policy Research, California Health Interview Survey	2013–2014, 2014; 2015–2016
UCLA Center for Health Policy Research, California Health Interview Survey. Retrieved from Applied Survey Research 2017 Santa Cruz County Community Assessment Project, Telephone Survey, Watsonville, California	2011–2015; 2015

Source	Year(s)
U.S. Census Bureau, American Community Survey, 1-year Estimates. Retrieved from Applied Survey Research 2017 Santa Cruz County Community Assessment Project, Telephone Survey, Watsonville, California	2010–2015; 2010–2016; 2015
U.S. Drought Monitor	2012–2014
USDA Food Access Research Atlas	2014
USDA Food Environment Atlas	2014, 2015
Webster, D., et al. Child Welfare Services Reports for California, UC Berkeley Center for Social Services Research	2017
West Ed for California Department of Education. California Healthy Kids Survey, Santa Cruz County. Retrieved from Applied Survey Research 2017 Santa Cruz County Community Assessment Project, Telephone Survey, Watsonville, California	2016–2017
WestEd, California Healthy Kids Survey. California Department of Education	2013–2015; 2015–2017
Zilpy.com	2019

Attachment 3. Secondary Data Indicators List, Santa Cruz County

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
30-Day Readmissions	Health Care Access & Delivery	This indicator reports the percentage of Medicare fee-for-service beneficiaries readmitted to a hospital within 30 days of an initial hospitalization discharge.	Dartmouth Atlas of Health Care	2010, 2011, 2012, 2013, 2014
Access to Fresh Fruits and Vegetables	Healthy Eating/ Active Living	Percentage of adult respondents (ages 18 and older) who always have access to affordable fresh fruits and vegetables in their neighborhoods.	UCLA Center for Health Policy Research. (2015). California Health Interview Survey, 2011–2015. Retrieved from Applied Survey Research 2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2015
Adolescent Suicide and Intentional Self-inflicted Injury Hospitalization Rate, Age-Adjusted	Behavioral Health	Number of hospitalizations for non-fatal self-inflicted injuries per 100,000 children/youth ages 5–20.	California Office of Statewide Health Planning and Development	2013–2015
Adolescent Suicide and Intentional Self-inflicted Injury, ER Rate, Age-Adjusted	Behavioral Health	Number of emergency room visits for non-fatal self-inflicted injuries per 100,000 children/youth ages 5–20.	California Office of Statewide Health Planning and Development	2013–2015
Adult Never Had Dental Visit	Oral Health	This indicator reports the percentage of adults that self-report never having visited a dentist.	California Health Interview Survey/ Central Coast Oral Health Needs Assessment 2016	2014
Adults Delayed or Had Difficulty Obtaining Care	Health Care Access & Delivery	This indicator shows the percentage of adults ages 18 and over who report having delayed or not received other medical care they felt they needed.	California Health Interview Survey	2013–2014
Adults Dental Visit Was 2+ Years/Never	Oral Health	This indicator reports the percentage of adults that self-report not having visited a dentist for at least two years, or never.	California Health Interview Survey / Central Coast Oral Health Needs Assessment 2016	2014

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Adults with an Associate's Degree or Higher	Economic Security, Education & Literacy	This indicator reports the percentage of the population ages 25 years and older with an associate's degree or higher. This indicator is relevant because educational attainment influences health knowledge and behaviors, employment and income, and social standing and social networks.	U.S. Census Bureau, American Community Survey	2012–2016
Adults with Four or More Adverse Childhood Experiences	Behavioral Health	Estimated percentage of adults 18 and older exposed to adverse childhood experiences before age 18, by household type (i.e., with or without children).	Rodriguez, D., et al. (2016). Prevalence of adverse childhood experiences by county, California Behavioral Risk Factor Surveillance System 2008, 2009, 2011, and 2013. Public Health Institute, Survey Research Group	2008–2013
Adults with No High School Diploma	Economic Security, Education & Literacy	This indicator reports the percentage of the population ages 25 years and older without at least a high school diploma or equivalent. This indicator is relevant as a measure of educational attainment, an important determinant of health and opportunity across a lifespan.	U.S. Census Bureau, American Community Survey	2012–2016
Adults with Some Post-Secondary Education	Economic Security, Education & Literacy	This indicator reports the percentage of adults ages 25–44 with at least some post-secondary education. This indicator is relevant because educational attainment is an important determinant of health, influencing health knowledge and behaviors, employment and income, and social standing and social networks.	U.S. Census Bureau, American Community Survey	2012–2016
Age-Adjusted ER Rate Due to Suicide and Intentional Self-inflicted Injury	Behavioral Health	This indicator shows the age-adjusted emergency room visit rate due to suicide or intentional self-inflicted injury per 10,000 population ages 18 years and older. Visits are included if a primary or additional diagnosis code indicates suicide or intentional self-inflicted injury.	California Office of Statewide Health Planning and Development	2013–2015

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Alcohol Use in Past 30 Days (9th Grade)	Behavioral Health	Percentage of students in grade 9 reporting use of alcohol in the past 30 days.	WestEd for California Department of Education. (2017). California Healthy Kids Survey, Santa Cruz County. Retrieved from Applied Survey Research 2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2016–2017
Alcohol/Drug Use in the Previous Month, 7th Graders	Behavioral Health	Estimated percentage of public school students in grade 7 who have used alcohol or drugs (excluding tobacco) in the previous 30 days.	WestEd, California Healthy Kids Survey. California Department of Education (Jul. 2017)	2013–2015
Alcohol/Drug Use in the Previous Month, 9th Graders	Behavioral Health	Estimated percentage of public school students in grade 9 who have used alcohol or drugs (excluding tobacco) in the previous 30 days.	WestEd, California Healthy Kids Survey. California Department of Education (Jul. 2017)	2013–2015
Alcohol/Drug Use in the Previous Month, 11th Graders	Behavioral Health	Estimated percentage of public school students in grade 11 who have used alcohol or drugs (excluding tobacco) in the previous 30 days.	WestEd, California Healthy Kids Survey. California Department of Education (Jul. 2017)	2013–2015
Asthma Diagnoses, Children Ages 1–17	Environment, Respiratory Conditions	Estimated percentage of children ages 1–17 who have ever been diagnosed with asthma.	UCLA Center for Health Policy Research, California Health Interview Survey (Mar. 2018)	2015–2016
Asthma Hospitalizations (per 10,000 pop.)	Housing & Homelessness, Environment, Respiratory Conditions	Age-adjusted rate of asthma hospitalizations per 10,000 population.	California Department of Public Health. (2017). California Breathing, Santa Cruz County Asthma Profile 2010–2015. Retrieved from Applied Survey Research 2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2015
Asthma Prevalence	Respiratory Conditions, Environment	This indicator reports the percentage of the population ages 18 years and older with asthma. This indicator is relevant because it is a measure of the burden of asthma, a significant cause of morbidity in the U.S. that is often exacerbated by poor air quality and other environmental conditions.	California Health Interview Survey (CHIS)	2014

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Average Life Satisfaction (10-best, 0-worst)	Behavioral Health	The average score on the life satisfaction ladder among survey respondents. The life satisfaction ladder captures a snapshot of well-being by asking survey respondents to rank where they land on a scale of 0–10, with 10 being their best possible life and 0 is their worse possible life.	Applied Survey Research. (2017). 2005–2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2017
Bank Account	Economic Security	Percentage of respondents answering "Yes" to the question: "Do you currently have a transaction account, checking or savings, with a bank or credit union?"	Applied Survey Research. (2017). 2005–2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2017
Banking Institutions	Economic Security, Housing & Homelessness	This indicator reports the number of banking institutions (commercial banks, savings institutions and credit unions) per 10,000 population. This indicator is relevant because an adequate supply of financial institutions enables financial inclusion, empowering people with tools and services to realize financial health and well-being.	County Business Patterns	2015, 2014, 2013, 2012
Bicycle-Involved Collision Rate	Healthy Eating/Active Living, Unintended Injuries/Accidents	This indicator shows the number of bicyclist-involved collisions resulting in bicyclist injury or death per 100,000 population.	California State Highway Patrol	2015
Binge Drinking in the Past 30 Days	Behavioral Health	Percentage of respondents answering "One or more times" to the question: "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."	Applied Survey Research. (2017). 2005–2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2017
Birth Rate per 1,000 Women	Maternal/Infant & Women's Health	Women ages 15–50 with births in the past 12 months.	U.S. Census Bureau. (2017). 2010–2016 American Community Survey 1-year estimates. Retrieved from Applied Survey Research 2005–2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2015

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Births with 1st Trimester Prenatal Care	Health Care Access & Delivery, Maternal/Infant & Women's Health	Infants whose mothers received prenatal care in the first trimester.	California Department of Public Health, Center for Health Statistics, Birth Statistical Master Files (Aug. 2017)	2015
Breast Cancer Death Rate (Three-Year Averages)	Cancer, Maternal/Infant & Women's Health	Age-adjusted death rate due to breast cancer per 100,000 population (three-year averages).	California Department of Public Health. (2017). County Health Status Profiles, 2008–2015. Retrieved from Applied Survey Research 2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2013–2015
Breast Cancer Incidence	Cancer, Maternal/Infant & Women's Health	This indicator reports the age-adjusted incidence rate of breast cancer among females per 100,000 population per year. This indicator is relevant because it is a measure of the burden of breast cancer; this indicator may be useful for targeting interventions to prevent, screen for and treat breast cancer which is among the most common cancers affecting women.	STCANPRO State Cancer Profiles	2010–2014
Breast Cancer Screening (Mammogram)	Cancer, Maternal/Infant & Women's Health	This indicator reports the percentage of female Medicare enrollees, ages 67 and older, who have received one or more mammograms in the past two years. This indicator is relevant because breast cancer screening enables early detection and treatment; low levels of screening may suggest a lack of access to preventive care, lack of health knowledge, insufficient provider outreach, and existence of other barriers to utilization of services.	Dartmouth Atlas of Health Care	2014, 2013, 2012, 2011, 2010
Bullied/Harassed at School, 7th Graders	Behavioral Health, Violence/Safety	Estimated percentage of public school students in grade 7 who were bullied or harassed at school for any reason in the previous year.	WestEd, California Healthy Kids Survey. California Department of Education (Jul. 2017)	2013–2015

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Bullied/Harassed at School, 9th Graders	Behavioral Health, Violence/Safety	Estimated percentage of public school students in grade 9 who were bullied or harassed at school for any reason in the previous year.	WestEd, California Healthy Kids Survey. California Department of Education (Jul. 2017)	2013–2015
Bullied/Harassed at School, 11th Graders	Behavioral Health, Violence/Safety	Estimated percentage of public school students in grade 11 who were bullied or harassed at school for any reason in the previous year.	WestEd, California Healthy Kids Survey. California Department of Education (Jul. 2017)	2013–2015
Cancer Death Rate (All Sites) (Three-Year Averages)	Cancer	Age-adjusted death rate due to all cancers per 100,000 population (three-year averages)	California Department of Public Health. (2017). County Health Status Profiles, 2008–2015. Retrieved from Applied Survey Research 2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2013–2015
Caring Relationships with Adults at School, Low, 7th Graders	Behavioral Health, Education & Literacy	Estimated percentage of public school students in grade 7 who have caring relationships with adults at school, by level of agreement (low).	WestEd, California Healthy Kids Survey. California Department of Education (Jul. 2017)	2013–2015
Caring Relationships with Adults at School, Low, 9th Graders	Behavioral Health, Education & Literacy	Estimated percentage of public school students in grade 9 who have caring relationships with adults at school, by level of agreement (low).	WestEd, California Healthy Kids Survey. California Department of Education (Jul. 2017)	2013–2015
Caring Relationships with Adults at School, Low, 11th Graders	Behavioral Health, Education & Literacy	Estimated percentage of public school students in grade 11 who have caring relationships with adults at school, by level of agreement (low).	WestEd, California Healthy Kids Survey. California Department of Education (Jul. 2017)	2013–2015
Cervical Cancer Incidence Rate	Cancer, Maternal/Infant & Women's Health	This indicator shows the age-adjusted incidence rate for cervical cancer in cases per 100,000 females.	National Cancer Institute	2011–2015
Child Food Insecurity Rate	Economic Security	This indicator shows the percentage of children (under 18 years of age) living in households that experienced food insecurity at some point during the year.	Feeding America	2016

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Child Never Had Dental Visit	Oral Health	This indicator reports the percentage of parents that report never having taken their child to a dentist.	California Health Interview Survey / Central Coast Oral Health Needs Assessment 2016	2014
Child/Youth Death Rate	General Health	Number of deaths per 100,000 children and youth ages 1–24.	California Department of Public Health, Death Statistical Master Files; California Department of Finance, Population Estimates by Race/Ethnicity with Age and Gender Detail 1990–2009; Population Reference Bureau, Population Estimates 2010–2015; CDC WONDER Online Database, Underlying Cause of Death 1999–2015 (Sept. 2017)	2013–2015
Childhood Cancer Diagnoses	Cancer	Number of new cancer diagnoses per 100,000 children/youth ages 0–19 over a 5-year period.	National Cancer Institute, Surveillance, Epidemiology, and End Results (SEER) Program Research Data (Nov. 2017); U.S. Cancer Statistics Working Group, U.S. Cancer Statistics Data Visualizations Tool (Jun. 2018)	2011–2015
Children Below 100% FPL	Economic Security, General Health	This indicator reports the percentage of children ages 0–17 years that live in households with incomes below the Federal Poverty Level (FPL). This indicator is a measure for the concentration of poverty and highlights a group requiring special consideration, targeted services, and outreach by providers.	U.S. Census Bureau, American Community Survey	2012–2016
Children in Foster Care	Behavioral Health, Violence/Safety	Number of children and youth under age 21 in foster care per 1,000 on July 1 of each year.	Webster, D., et al. Child Welfare Services Reports for California, U.C. Berkeley Center for Social Services Research (Jul. 2018)	2017
Children in Single-Parent Households	Economic Security	This indicator reports the percentage of children that live in households with only one parent present.	U.S. Census Bureau, American Community Survey	2012–2016
Children Living in Crowded Households	Housing & Homelessness	Estimated percentage of children ages 0–17 living in households with more than one person per room of the home.	Population Reference Bureau, analysis of data from the U.S. Census Bureau's American Community Survey microdata files (Dec. 2017)	2016

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Children Living in Food Insecure Households	Economic Security	Estimated percentage of children under age 18 living in households with limited or uncertain access to adequate food.	Gundersen, C., et al. Map the Meal Gap: A Report on County and Congressional District Food Insecurity and County Food Cost in the United States in 2016. Feeding America (May 2018)	2016
Children Living in Limited English-Speaking Households	Education & Literacy, Health Care Access & Delivery	Estimated percentage of children ages 0–17 living in households in which (1) no person age 14 or older speaks only English, and (2) no person age 14 or older who speaks a language other than English speaks English very well.	Population Reference Bureau, analysis of data from the U.S. Census Bureau's American Community Survey microdata files (Dec. 2017)	2016
Children Walking or Biking to School	Healthy Eating/ Active Living	This indicator reports the percentage of children walk, bike or skate to school at least occasionally, according to their parent/guardian.	California Health Interview Survey (CHIS)	2015–2016
Children Who Have Used Dental Treatment	Health Care Access & Delivery, Oral Health	This indicator shows the percentage of children ages 0–20 who have used dental treatment in the past year.	Annie E. Casey Foundation	2015
Children Who Used Preventative Dental Services	Health Care Access & Delivery, Oral Health	This indicator shows the percentage of children ages 0–20 who used preventative dental services in the past year.	Annie E. Casey Foundation	2015
Children with Low Access to a Grocery Store (% of Total Population)	Healthy Eating/ Active Living	This indicator shows the percentage of the population that are children living more than one mile from a supermarket or large grocery store if in an urban area, or more than 10 miles from a supermarket or large grocery store if in a rural area.	USDA - Food Environment Atlas	2015
Children with Two or More Adverse Experiences (Parent Reported)	Behavioral Health	Estimated percentage of children ages 0–17 who have experienced two or more adverse experiences.	Population Reference Bureau, analysis of data from the National Survey of Children's Health and the American Community Survey (Mar. 2018)	2016
Children Without Secure Parental Employment	Economic Security	Estimated percentage of children ages 0–17 in families without a resident parent who worked 35 hours or more per week for at least 50 weeks in the previous 12 months.	Population Reference Bureau, analysis of data from the U.S. Census Bureau's American Community Survey microdata files (Dec. 2017)	2016

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Children/Youth with Health Insurance, Ages 0–17	Health Care Access & Delivery	Estimated percentage of children ages 0–17 with and without health insurance coverage at the time of survey.	U.S. Census Bureau, American Community Survey (Oct. 2017)	2016
Chlamydia Incidence	Infectious Diseases	This indicator reports incidence rate of chlamydia cases per 100,000 population per year. This indicator is relevant because it is a measure of the burden of chlamydia, a common sexually transmitted infection for which effective interventions for prevention and treatment exist.	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2014, 2013, 2012, 2011, 2010, 2009, 2008, 2007
Chlamydia Incidence, Children/Youth Ages 10-19	Infectious Diseases	Number of reported cases of chlamydia per 100,000 youth ages 10-19.	California Department of Public Health, Sexually Transmitted Diseases Data; California Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000–2010, 2010–2060; Centers for Disease Control and Prevention, Sexually Transmitted Diseases Data & Statistics; U.S. Census Bureau, Population Estimates Program, Estimates of the Resident Population by Sex & Age for the United States, 2000–2010, 2010–2015 (Sept. 2016)	2015
Climate-Related Mortality Impacts	Environment	This indicator reports the median estimated economic impacts from changes in all-cause mortality rates, across all age groups, as a percentage of county GDP.	Climate Impact Lab	2016
Colon and Rectum Cancer Incidence	Cancer	This indicator reports the age-adjusted incidence rate of colon and rectum cancer cases per 100,000 population per year.	State Cancer Profiles	2010–2014
Concerned About Cybercrime	Violence/Safety	Percentage of respondents indicating "Somewhat Concerned or Very Concerned" when answering the question: "How concerned are you about cybercrime in your neighborhood?"	Applied Survey Research. (2017). 2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2017

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Concerned About Gangs	Violence/Safety	Percentage of respondents indicating "Somewhat Concerned or Very Concerned" when answering the question: "How concerned are you about gangs in your neighborhood?"	Applied Survey Research. (2017). 2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2017
Consider Themselves Gang Members, 7th Graders	Violence/Safety	Estimated percentage of public school students in grade 7 who consider themselves gang members.	WestEd, California Healthy Kids Survey. California Department of Education (Mar. 2019)	2015–2017
Consider Themselves Gang Members, 9th Graders	Violence/Safety	Estimated percentage of public school students in grade 9 who consider themselves gang members.	WestEd, California Healthy Kids Survey. California Department of Education (Mar. 2019)	2015–2017
Consider Themselves Gang Members, 11th Graders	Violence/Safety	Estimated percentage of public school students in grade 11 who consider themselves gang members.	WestEd, California Healthy Kids Survey. California Department of Education (Mar. 2019)	2015–2017
Consumer Expenditures: Medical Services	Health Care Access & Delivery	This indicator shows the percentage of total consumer expenditures spent on medical services. This includes expenditures on eye care, dental care, physician care, non-physician care (e.g. chiropractors, naturopaths, psychologists, midwives), lab and blood tests, x-rays, hospital rooms and related services, nursing homes/convalescent care, and other medical services.	Claritas Consumer Buying Power	2018
Consumer Expenditures: Medical Supplies	Health Care Access & Delivery	This indicator shows the percentage of total consumer expenditures spent on medical supplies. This includes expenditures on eyeglasses, contact lenses, hearing aids, topicals (e.g. band-aids and gauze), and other medical equipment (e.g. crutches, canes, syringes, heating pads).	Claritas Consumer Buying Power	2018
Consumer Expenditures: Prescription and Non-Prescription Drugs	Health Care Access & Delivery	This indicator shows the percentage of total consumer expenditures spent on prescription drugs, non-prescription/over-the-counter drugs, and vitamins/vitamin supplements.	Claritas Consumer Buying Power	2018

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Coronary Heart Disease Death Rate (Three-Year Averages)	CVD/Stroke	Age-adjusted death rate due to coronary heart disease per 100,000 population (three-year averages)	California Department of Public Health. (2017). County Health Status Profiles, 2008–2015. Retrieved from Applied Survey Research 2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2013–2015
Cost-Burdened Households	Economic Security, Housing & Homelessness	This indicator reports the percentage of households for which housing costs exceed 30% of total household income.	U.S. Census Bureau, American Community Survey	2012–2016
Cost of Living Taking Away from Quality of Life	Economic Security	Percentage of respondents indicating "Cost of Living/Housing" when answering the question: "What do you think takes away from your quality of life in Santa Cruz County?" Also available by ethnicity.	Applied Survey Research. (2017). 2005–2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2017
Crime (per 1,000 pop.)	Violence/Safety	Total crime rate per 1,000 residents. Includes: violent crime, property crime, and arson.	California Department of Justice. (2017). 2010–2016 OpenJustice. California Department of Finance (2017). 2010–2016 E-4 Population Estimates for Cities, Counties and the State. Retrieved from Applied Survey Research 2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2016
Current Smokers	Behavioral Health, Cancer	This indicator reports the percentage of adults ages 18 years and older that self-report smoking cigarettes some days, most days or every day, or that self-reporting having smoked at least 100 cigarettes in their lifetime.	California Health Interview Survey (CHIS)	2014
Cyberbullied Four or More Times, 7th Graders	Behavioral Health, Violence/Safety	Estimated percentage of public school students in grade 7 who had mean rumors or lies spread about them on the internet by other students in the previous year, by number of occasions.	WestEd, California Healthy Kids Survey. California Department of Education (Jul. 2017)	2013–2015

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Cyberbullied Four or More Times, 9th Graders	Behavioral Health, Violence/Safety	Estimated percentage of public school students in grade 9 who had mean rumors or lies spread about them on the internet by other students in the previous year, by number of occasions.	WestEd, California Healthy Kids Survey. California Department of Education (Jul. 2017)	2013–2015
Cyberbullied Four or More Times, 11th Graders	Behavioral Health, Violence/Safety	Estimated percentage of public school students in grade 11 who had mean rumors or lies spread about them on the internet by other students in the previous year, by number of occasions.	WestEd, California Healthy Kids Survey. California Department of Education (Jul. 2017)	2013–2015
Days Beaches Open	Environment	The proportion of beach season days that beaches are open and safe for swimming. Advisories to not make contact with beach water are due to elevated bacterial levels.	Santa Cruz County Environmental Health Services, Water Resources Division. (2017). Personal Correspondence with program representative. Retrieved from Applied Survey Research 2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2016
Death Rate (Three-Year Averages)	General Health	Age-adjusted death rate per 100,000 population (three-year averages)	California Department of Public Health. (2017). County Health Status Profiles, 2008–2015. Retrieved from Applied Survey Research 2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2013–2015
Dental Care Past 12 Months	Health Care Access & Delivery, Oral Health	Percentage of respondents answering "Yes" to the question: "In the past 12 months, have you had dental care?" Also available by ethnicity.	Applied Survey Research. (2017). 2013–2017 Santa Cruz County Community Assessment Project, Telephone Survey.	2017
Dental Insurance Coverage (Lacking)	Health Care Access & Delivery, Oral Health	This indicator reports the percentage of adults ages 18 and older who self-report that they do not have dental insurance (at the time of the interview).	California Health Interview Survey (CHIS)	2015–2016

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Denti-Cal Utilization, Ages 0–20	Oral Health	This indicator reports the percentage of children ages 0–20 who are "full scope" Medicare beneficiaries who used any dental service and had 11 of 12 months of eligibility with no more than a 1-month gap (therefore continuous coverage).	Department of Health Care Services. Med-Cal Dental Division/Central Coast Oral Health Needs Assessment 2016	2014
Dentists	Health Care Access & Delivery, Oral Health	This indicator reports the number of licensed dentists (including DDSs and DMDs) per 100,000 population.	Area Health Resource File	2010, 2011, 2012, 2013, 2014, 2015
Depression Among Medicare Beneficiaries	Behavioral Health	This indicator reports the percentage of the Medicare fee-for-service population with depression.	Centers for Medicare and Medicaid Services	2010, 2011, 2012, 2013, 2014, 2015
Depression-Related Feelings, 7th Graders	Behavioral Health	Estimated percentage of public school students in grade 7 who, in the previous year, felt so sad or hopeless almost every day for two weeks or more that they stopped doing some usual activities.	WestEd, California Healthy Kids Survey. California Department of Education (Jul. 2017)	2013–2015
Depression-Related Feelings, 9th Graders	Behavioral Health	Estimated percentage of public school students in grade 9 who, in the previous year, felt so sad or hopeless almost every day for two weeks or more that they stopped doing some usual activities.	WestEd, California Healthy Kids Survey. California Department of Education (Jul. 2017)	2013–2015
Depression-Related Feelings, 11th Graders	Behavioral Health	Estimated percentage of public school students in grade 11 who, in the previous year, felt so sad or hopeless almost every day for two weeks or more that they stopped doing some usual activities.	WestEd, California Healthy Kids Survey. California Department of Education (Jul. 2017)	2013–2015

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Diabetes Diagnoses	Healthy Eating/Active Living	Percentage of adult respondents (ages 18 and older) who have ever been diagnosed with diabetes.	UCLA Center for Health Policy Research. (2017). California Health Interview Survey, 2011–2015. Retrieved from Applied Survey Research 2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2015
Diabetes Management (Hemoglobin A1c Test)	Health Care Access & Delivery, Healthy Eating/Active Living, CVD/Stroke	This indicator reports the percentage of diabetic Medicare patients who have had a hemoglobin A1c (hA1c) test of blood sugar levels administered by a health care professional in the past year.	Dartmouth Atlas of Health Care	2014, 2013, 2012, 2011, 2010
Diabetes Prevalence	Healthy Eating/Active Living	This indicator reports the percentage of adults ages 18 years and older that have ever been told by a doctor that they have diabetes.	California Health Interview Survey (CHIS)	2014
Did Not Eat Breakfast in the Past Day, 7th Graders	Economic Security	Estimated percentage of public school students in grade 7 who ate/did not eat breakfast in the previous day.	WestEd, California Healthy Kids Survey. California Department of Education (Jul. 2017)	2013–2015
Did Not Eat Breakfast in the Past Day, 9th Graders	Economic Security	Estimated percentage of public school students in grade 9 who ate/did not eat breakfast in the previous day.	WestEd, California Healthy Kids Survey. California Department of Education (Jul. 2017)	2013–2015
Did Not Eat Breakfast in the Past Day, 11th Graders	Economic Security	Estimated percentage of public school students in grade 11 who ate/did not eat breakfast in the previous day.	WestEd, California Healthy Kids Survey. California Department of Education (Jul. 2017)	2013–2015
Did Not Receive Needed Health Care Due to No Insurance	Health Care Access & Delivery	Percentage of respondents indicating "no insurance" when asked the question: "If you needed health care and were unable to receive it, why couldn't you receive it?"	Applied Survey Research. (2017). 2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2017
Discrimination in Last 12 Months	Behavioral Health, Violence/Safety	Percentage of respondents answering "Yes" to the question: "Have you felt discriminated against in Santa Cruz County in the last 12 months?" Also available by ethnicity.	Applied Survey Research. (2017). 2005–2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2017

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Domestic Violence Calls for Assistance	Behavioral Health, Violence/Safety	Rate of domestic violence calls per 1,000 population.	California Department of Justice Criminal Justice Statistics Center, Domestic Violence-Related Calls for Assistance (Jul. 2018); California Department of Finance, Race/Ethnic Population with Age and Sex Detail, 1990–1999, 2000–2010, 2010–2060 (Jan. 2018)	2017
Domestic Violence Hospitalizations	Behavioral Health, Maternal/Infant & Women's Health, Violence/Safety	This indicator reports the rate of non-fatal emergency department visits for domestic violence incidents among females ages 10 years and older per 100,000 population.	California EpiCenter	2013–2014
Drinking Water Violations	Environment, Housing & Homelessness, Oral Health	This indicator reports the presence or absence of health-based violations in community water systems over a specified time frame.	Safe Drinking Water Information System	2015
Driving Alone to Work	Healthy Eating/Active Living	This indicator reports the percentage of the civilian non-institutionalized population ages 16 years and older that commute alone to work by motor vehicle.	U.S. Census Bureau, American Community Survey	2012–2016
Driving Alone to Work, Long Distances	Healthy Eating/Active Living	This indicator reports the percentage of the civilian non-institutionalized population with long commutes to work, over 60 minutes each direction.	U.S. Census Bureau, American Community Survey	2012–2016
Drought Severity	Environment	This indicator reports the population-weighted percentage of weeks in drought from January 1, 2012–December 31, 2014.	U.S. Drought Monitor	2012–2014
Drug-Induced Death Rate (Three-Year Averages)	Behavioral Health	Age-adjusted death rate due to drug overdoses per 100,000 population (three-year averages)	California Department of Public Health. (2017). County Health Status Profiles, 2008–2015. Retrieved from Applied Survey Research 2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2013–2015

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Elevated Blood Lead Levels in Children Ages 0–5	Environment, Housing & Homelessness, Maternal/Infant & Women's Health	Percentage of children/youth with blood lead levels at or above 9.5 micrograms per deciliter, among those screened, by age group.	California Department of Public Health, Childhood Lead Poisoning Prevention Branch (Aug. 2017)	2013
Elevated Blood Lead Levels in Children/Youth Ages 6–20	Environment, Housing & Homelessness	Percentage of children/youth with blood lead levels at or above 9.5 micrograms per deciliter, among those screened, by age group.	California Department of Public Health, Childhood Lead Poisoning Prevention Branch (Aug. 2017)	2013
English Learner Students	Education & Literacy	Percentage of students who were classified as English Learners when enrollment counts were taken.	California Department of Education. (2017). 2010–2017 Educational Demographics Office. Retrieved from Applied Survey Research 2005–2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2016–2017
Environmental Stewardship-Independent Learning	Environment	Percentage of respondents indicating "Learned about local wildlife, birds, or fish on my own" when answering the question: "What actions have you taken in the past 12 months to protect or take care of our watersheds – our river/ocean?"	Applied Survey Research. (2017). 2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2017
Excessive (Binge) Drinking	Behavioral Health, Unintended Injuries/Accidents, Violence/Safety	This indicator reports the percentage of adults ages 18 years and older that self-report heavy alcohol consumption.	California Health Interview Survey (CHIS)	2015–2016
Excessive Worry in Past 12 Months	Behavioral Health	Percentage of respondents answering "Yes" to the question: "During the past 12 months, did you experience excessive, unreasonable worry about events or activities, such as work, school, your health, or politics?" Also available by ethnicity.	Applied Survey Research. (2017). Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2017
Exercise Opportunities	Healthy Eating/Active Living	This indicator reports the percentage of the population that live in close proximity to a park or recreational facility.	CHR County Health Rankings	2010; 2014

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Experienced Dating Violence, 9th Graders	Violence/Safety	Estimated percentage of public school students in grade 9 who are in a dating relationship, who report that they have experienced physical violence in a dating relationship.	California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd)	2011–2013
Experienced Dating Violence, 11th Graders	Violence/Safety	Estimated percentage of public school students in grade 11 who are in a dating relationship, who report that they have experienced physical violence in a dating relationship.	California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd)	2011–2013
Expulsions	Education & Literacy	This indicator reports the rate of expulsions per 100 enrolled students.	California Department of Education	2016–2017
Extreme Precipitation Days		This indicator shows the number of extreme precipitation days per year. Extreme precipitation days are defined by those days in which the daily maximum precipitation exceeded 0.01 inches.	National Environmental Health Tracking Network	2016
Families Living Below Poverty Level	Economic Security	This indicator shows the percentage of families living below the federal poverty level.	U.S. Census Bureau, American Community Survey	2013–2017
Fast Food Consumption (Ages 2–17)	Healthy Eating/Active Living	The percentage of children ages 2–17 who ate fast food two or more times in the past week.	Kidsdata.org. (2016). Children Who Ate Fast Food Two or More Times in the Past Week, by Age Group, 2013–2014. Retrieved from Applied Survey Research 2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2013–2014
Feared Being Beaten Up at School on Four or More Occasions, 7th Graders	Violence/Safety	Estimated percentage of public school students in grade 7 who were afraid of being beaten up at school in the previous year, by number of occasions.	WestEd, California Healthy Kids Survey. California Department of Education (Jul. 2017)	2013–2015
Feared Being Beaten Up at School on Four or More Occasions, 9th Graders	Violence/Safety	Estimated percentage of public school students in grade 9 who were afraid of being beaten up at school in the previous year, by number of occasions.	WestEd, California Healthy Kids Survey. California Department of Education (Jul. 2017)	2013–2015

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Feared Being Beaten Up at School on Four or More Occasions, 11th Graders	Violence/Safety	Estimated percentage of public school students in grade 11 who were afraid of being beaten up at school in the previous year, by number of occasions.	WestEd, California Healthy Kids Survey. California Department of Education (Jul. 2017)	2013–2015
Federally Qualified Health Centers	Health Care Access & Delivery, Oral Health	This indicator reports the rate of Federally Qualified Health Centers (FQHCs) per 100,000 total population within the service area.	Provider of Services File	2016
Felt Very Unsafe at School, 7th Graders	Violence/Safety	Level of perceived school safety among public school students in grade 7.	WestEd, California Healthy Kids Survey. California Department of Education (Jul. 2017)	2013–2015
Felt Very Unsafe at School, 9th Graders	Violence/Safety	Level of perceived school safety among public school students in grade 9.	WestEd, California Healthy Kids Survey. California Department of Education (Jul. 2017)	2013–2015
Felt Very Unsafe at School, 11th Graders	Violence/Safety	Level of perceived school safety among public school students in grade 11.	WestEd, California Healthy Kids Survey. California Department of Education (Jul. 2017)	2013–2015
Financially Better Off (Compared to Last Year)	Economic Security	Percentage of respondents answering "Yes" to the question: "Do you feel you are better off financially this year than last year?" Also available by ethnicity.	Applied Survey Research. (2017). 2005–2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2017
Firearm-Related Death Rate (Three-Year Averages)	Unintended Injuries/Accidents, Violence/Safety	Age-adjusted death rate due to firearms per 100,000 population (three-year averages)	California Department of Public Health. (2017). County Health Status Profiles, 2008–2015. Retrieved from Applied Survey Research 2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2013–2015
Flood Vulnerability	Environment	This indicator reports the estimated percentage of housing units within the special flood hazard area (SFHA) per county.	National Flood Hazard Layer	2011

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Food Environment Index	Healthy Eating/ Active Living	This indicator reports the food environment index score, a measure of affordable, close, and nutritious food retailers in a community, for which scores range between 0 (poorest food environment) and 10 (optimum food environment).	USDA - Food Environment Atlas and Map the Meal Gap (Feeding America)	2014
Food Insecure Children Likely Ineligible for Assistance	Economic Security	This indicator shows the percentage of food insecure children in households with incomes above 185% of the federal poverty level who are likely not income-eligible for federal nutrition assistance.	Feeding America	2016
Food Insecurity	Economic Insecurity, Healthy Eating/ Active Living	Percentage of the population that experienced food insecurity at some point during that year. Food insecurity refers to the USDA's measure of lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate food.	Gundersen, C., et al. Map the Meal Gap 2011–2016: Food Insecurity and Child Food Insecurity Estimates at the County Level. Feeding America, 2016. Retrieved from Applied Survey Research 2005–2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2015
Foster Care (Median Months)	Violence/Safety	Median length of stay in foster care, in months, for children under age 18.	Webster, D., et al. Child Welfare Services Reports for California, U.C. Berkeley Center for Social Services Research (Jul. 2018)	2016
Foster Care First Entries (per 1,000 children)	Behavioral Health, Violence/Safety	Rate of first entries into foster care per 1,000 children ages 0–17. Also available by ethnicity.	Needell, B. et al. (2017). 2010–2016 Child Welfare Services Reports for California, University of California at Berkeley Center for Social Services Research. Retrieved from Applied Survey Research 2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2016

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Free or Reduced Cost Meals (Students)	Economic Security	Percentage of students eligible to receive Free or Reduced Price Meals (FRPM) based on applying for the National School Lunch Program (NSLP), or who are determined to meet the same income eligibility criteria as the NSLP, through their local schools; and students who are automatically eligible for free meals based on their foster, migrant, or homeless status, or because they were "directly certified" as being eligible for free meals based on their participation in California's food stamp program.	California Department of Education. (2017). 2010–2017 Educational Demographics Unit. Retrieved from Applied Survey Research 2005–2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2016–2017
Friends/Family Experiencing Child Abuse	Violence/Safety	Percentage of respondents answering "Yes" to the question: "Have any of your family members or friends in Santa Cruz County experienced child abuse or neglect in the last year?"	Applied Survey Research. (2017). 2011–2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2017
Friends/Family Experiencing Domestic Violence	Behavioral Health, Violence/Safety	Percentage of respondents answering "Yes" to the question: "Have any of your family members or friends in Santa Cruz County experienced domestic violence or intimate partner violence in the last year?"	Applied Survey Research. (2017). 2011–2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2017
Friends/Family Experiencing Elder Abuse	Violence/Safety	Percentage of respondents answering "Yes" to the question: "Have any of your friends or family members in Santa Cruz County experienced elder abuse or neglect in the last year?"	Applied Survey Research. (2017). 2011–2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2017
Going Without Food	Economic Security	Percentage of respondents answering "Yes" to the question: "At any time in the past 12 months, did you find yourself having to go without food?"	Applied Survey Research. (2017). 2005–2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2017

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Gonorrhea Incidence, Children/Youth Ages 10–19	Infectious Diseases	Number of reported cases of chlamydia per 100,000 youth ages 10–19.	California Department of Public Health, Sexually Transmitted Diseases Data; California Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000–2010, 2010–2060; Centers for Disease Control and Prevention, Sexually Transmitted Diseases Data & Statistics; U.S. Census Bureau, Population Estimates Program, Estimates of the Resident Population by Sex & Age for the United States, 2000–2010, 2010–2015 (Sept. 2016)	2015
Good or Better Physical Health	General Health	Percentage of respondents answering "Excellent, Very Good, or Good" when answering the question: "How would you describe, in general, your overall health?" Also available by ethnicity.	Applied Survey Research. (2017). 2011–2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2017
Grocery Stores and Produce Vendors	Healthy Eating/ Active Living	This indicator reports the number of grocery stores per 10,000 population.	County Business Patterns	2012, 2013, 2014, 2015
Health Professional Shortage Area - Dental	Health Care Access & Delivery, Oral Health	This indicator reports the percentage of the population that lives in a designated Health Professional Shortage Area, defined as having a shortage of dental health professionals.	Health Resources and Services Administration	2016
Healthy Food Stores (Low Access)	Healthy Eating/ Active Living	This indicator reports the percentage of the population that do not live in close proximity to a large grocery store or supermarket.	USDA - Food Access Research Atlas	2014
Heart Disease Hospitalizations	CVD/Stroke	This indicator reports the hospitalization rate for coronary heart disease among Medicare beneficiaries ages 65 years and older for hospital stays occurring between 2012 and 2014, per 1,000 population.	Interactive Atlas of Heart Disease and Stroke	2012–2014

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Heart Disease Prevalence	CVD/Stroke	This indicator reports the percentage of the Medicare-fee-for-service population that self-report having been diagnosed with heart disease by a doctor.	California Health Interview Survey (CHIS)	2014
Heat Index	Environment	This indicator reports the percentage of days per year with recorded heat index values (a measure of temperature and humidity) of over 100 degrees Fahrenheit.	North America Land Data Assimilation System (NLDAS)	2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013
High School Graduates Completing College Prep Courses	Education & Literacy	Percentage of public school 12th grade graduates completing courses required for University of California (UC) and/or California State University (CSU) entrance, with a grade of "C" or better.	California Department of Education, California Basic Educational Data System (CBEDS) (Jun. 2016)	2015
High-Speed Internet	Economic Security, Education & Literacy	This indicator reports the percentage of population with access to high-speed internet.	FCC Fixed Broadband Deployment Data	2016
Hispanic Population	General Health	This indicator reports the percentage of the population that identify as ethnically Hispanic.	U.S. Census Bureau, American Community Survey	2012–2016
HIV/AIDS Deaths	Infectious Diseases	This indicator reports the rate of death due to HIV and AIDS per 100,000 population.	National Vital Statistics System	2008–2014
HIV/AIDS Prevalence	Infectious Diseases	This indicator reports prevalence of HIV infection per 100,000 population.	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2013

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Homeless Public School Students	Housing & Homelessness	Percentage of public school students recorded as being homeless at any point during a school year.	California Department of Education, Coordinated School Health and Safety Office custom tabulation & California Basic Educational Data System (May 2017)	2016
Homeless Youth Ages 0–17 Who Were Unsheltered	Housing & Homelessness	Percentage of public school students recorded as being homeless at any point during a school year, by type of nighttime residence.	U.S. Department of Housing and Urban Development, PIT Estimates of Homelessness in the U.S. 2014 & 2017 (Mar. 2018)	2017
Homeless Youth Ages 18–24 Who Were Unsheltered	Housing & Homelessness	Number of unaccompanied children and young adults found to be homeless during the national point-in-time (PIT) count of homeless individuals, by age group and shelter status.	U.S. Department of Housing and Urban Development, PIT Estimates of Homelessness in the U.S 2014 & 2017 (Mar. 2018)	2017
Homeownership	Economic Security, Housing & Homelessness	This indicator shows the percentage of all housing units (i.e., occupied and unoccupied) that are occupied by homeowners.	U.S. Census Bureau, American Community Survey	2013–2017
Homicide Rate (Three-Year Averages)	Violence/Safety	Age-adjusted death rate due to homicide per 100,000 population (three-year averages).	California Department of Public Health. (2017). County Health Status Profiles, 2008–2015. Retrieved from Applied Survey Research 2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2013–2015
Housing Problems	Housing & Homelessness	This indicator reports the percentage of households with one or more of the following housing problems: Housing unit lacks complete kitchen facilities; Housing unit lacks complete plumbing facilities; Housing unit is severely overcrowded (>1 person per room); or Household is severely cost burdened (all housing costs represent over >30% of monthly income).	U.S. Census Bureau, American Community Survey	2012–2016
Impaired Driving Deaths	Behavioral Health, Violence/Safety	This indicator reports the percentage of motor vehicle crash deaths in which alcohol played a role.	Fatality Analysis Reporting System	2011–2015

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Improper Prescription Drug Use	Behavioral Health	Percentage of respondents answering "One or more days" to the question: "During the past 30 days, on how many days have you taken any prescription drug that was not prescribed for you or that you took only for the feeling or experience it caused?" Also available by ethnicity.	Applied Survey Research. (2017). 2011–2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2017
Income Inequality - 80/20 Ratio	Economic Security	This indicator reports the ratio of household income at the 80th percentile to household income at the 20th percentile.	U.S. Census Bureau, American Community Survey	2012–2016
Infant Childcare at Child Care Centers, Annual Cost	Economic Security, Education & Literacy, Maternal/Infant & Women's Health	Estimated annual cost of full-time licensed child care, by age group and type of facility.	California Child Care Resource and Referral Network, California Child Care Portfolio (Jun. 2018)	2016
Infant Mortality (per 1,000 live births)	Maternal/Infant & Women's Health	Number of all infant deaths (within 1 year), per 1,000 live births	California Department of Public Health, Death Statistical Master Files; CDC, Linked Birth / Infant Death Records. (Oct. 2016). Retrieved from Applied Survey Research 2005–2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2012–2014
Infants Born at Low Birth Weight	Maternal/Infant & Women's Health	Percentage of all births where babies were low birthweight or weighing less than 2,500 grams. Also available by ethnicity.	County of Santa Cruz, Public Health Department. (2016). Births, Santa Cruz County, 2010–2015. Santa Cruz County, California Retrieved from Applied Survey Research 2005–2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2015
Infants Born at Very Low Birth Weight	Maternal/Infant & Women's Health	Percentage of infants born at very low birthweight (less than 1,500 grams or about 3 lbs., 5 oz.).	California Department of Public Health, Center for Health Statistics, Birth Statistical Master Files; Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2007–2015, on CDC WONDER Database (Aug. 2017)	2015

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Infants Whose Mothers Received Prenatal Care in the First Trimester	Health Care Access & Delivery	Percentage of infants whose mothers received prenatal care in the first trimester of pregnancy.	California Department of Public Health, Center for Health Statistics, Birth Statistical Master Files (Aug. 2017)	2015
Juvenile Felony Arrest Rate	Violence/Safety	Number of juvenile felony arrests per 1,000 youth ages 10–17.	Department of Justice, Arrest Data; California Department of Finance, Race/Ethnic Population with Age and Sex Detail, 1990-1999, 2000–2010, 2010–2060 (Oct. 2016)	2015
Kindergarteners with Required Immunizations	Infectious Diseases, Maternal/Infant & Women's Health	This indicator shows the percentage of enrolled kindergarten students that have received all required immunizations. Required immunizations include 4+ DTP, 3+ Polio, 2+ MMR, 3+ Hep B, and 1+ Var or physician documented varicella disease. The value is based on kindergartners entering public or private schools at the beginning of the school year in the fall.	California Department of Public Health, Immunization Branch custom tabulation & School Immunizations in Kindergarten by Academic Year (Dec. 2017)	2017
Lacking One or More Basic Needs	Economic Security	Percentage of respondents that indicated going without one or more basic needs when answering the question: "At any time in the past 12 months, did you find yourself having to go without any of the following: food, childcare, health care, utilities, housing, and transportation?" Also available by ethnicity.	Applied Survey Research. (2017). 2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2017
Licensed Childcare Availability for Working Families	Economic Security, Education & Literacy	Estimated percentage of children ages 0–12 with parents in the labor force for whom licensed child care slots are available.	California Child Care Resource and Referral Network, California Child Care Portfolio (Jun. 2018)	2017
Life Expectancy at Birth	General Health	This indicator reports the average life expectancy at birth in years.	Institute for Health Metrics and Evaluation	2014
Limited English Proficiency	Economic Security, Education & Literacy, Health Care Access & Delivery	This indicator reports the percentage of the population ages 5 years and older that is considered linguistically isolated (1) speak a language other than English at home, and (2) speak English less than "very well."	U.S. Census Bureau, American Community Survey	2012–2016

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Long Acting or Extended Release Opioid Prescription Rate to Opioid Naive Residents, Age-Adjusted	Behavioral Health	This indicator shows the age-adjusted rate of residents who are opioid naive in the previous 60 days per 1,000 prescribed at least one long acting/extended release (LA/ER) opioid. Opioid naive refers to patients who are not chronically receiving opioids on a daily basis.	California Opioid Overdose Surveillance Dashboard	2017
Lung Cancer Death Rate (Three-Year Averages)	Cancer	Age-adjusted death rate due to lung cancer per 100,000 population (three-year averages)	California Department of Public Health. (2017). County Health Status Profiles, 2008–2015. Retrieved from Applied Survey Research 2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2013–2015
Lung Cancer Incidence	Cancer	This indicator reports the age-adjusted incidence rate of lung cancer per 100,000 population.	State Cancer Profiles	2010–2014
Marijuana Use, 20–30 Days in the Previous Month, 7th Graders	Behavioral Health	Estimated percentage of public school students in grade 7 who have used marijuana 20–30 days in the previous 30 days.	WestEd, California Healthy Kids Survey. California Department of Education (Jul. 2017)	2013–2015
Marijuana Use, 20–30 Days in the Previous Month, 9th Graders	Behavioral Health	Estimated percentage of public school students in grade 9 who have used marijuana 20–30 days in the previous 30 days.	WestEd, California Healthy Kids Survey. California Department of Education (Jul. 2017)	2013–2015
Marijuana Use, 20–30 Days in the Previous Month, 11th Graders	Behavioral Health	Estimated percentage of public school students in grade 11 who have used marijuana 20–30 days in the previous 30 days.	WestEd, California Healthy Kids Survey. California Department of Education (Jul. 2017)	2013–2015
Marijuana Use in Past 30 Days (9th Grade)	Behavioral Health	Percentage of ninth graders reporting use of marijuana in the past 30 days.	West Ed for California Department of Education. (2017). California Healthy Kids Survey, Santa Cruz County. Retrieved from Applied Survey Research 2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2016–2017

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Meaningful Participation at School, Low, 7th Graders	Education & Literacy	Estimated percentage of public school students in grade 7 who have opportunities for meaning-ful participation at school, by level of agreement (low).	WestEd, California Healthy Kids Survey. California Department of Education (Jul. 2017)	2013–2015
Meaningful Participation at School, Low, 9th Graders	Education & Literacy	Estimated percentage of public school students in grade 9 who have opportunities for meaning-ful participation at school, by level of agreement (low).	WestEd, California Healthy Kids Survey. California Department of Education (Jul. 2017)	2013–2015
Meaningful Participation at School, Low, 11th Graders	Education & Literacy	Estimated percentage of public school students in grade 11 who have opportunities for meaning-ful participation at school, by level of agreement (low).	WestEd, California Healthy Kids Survey. California Department of Education (Jul. 2017)	2013–2015
Median Age	General Health	This indicator reports population median age.	U.S. Census Bureau, American Community Survey	2012–2016
Median Family Income	Economic Security	Median Family Income divides income distribution into two equal groups, with half of local families having incomes greater than the median and half having incomes less than the median. The median family income is the sum of monetary income received in the previous calendar year by all household members 15 years old and over, including household members not related to the householder. Also available by ethnicity.	U.S. Census Bureau. (2017). 2010–2016 American Community Survey 1-year estimates. Retrieved from Applied Survey Research 2005–2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2016
Median Household Income	Economic Security	This indicator reports median inflation-adjusted household income.	U.S. Census Bureau, American Community Survey	2012–2016
Median Rent	Housing & Homelessness	Median monthly rent, two-bedroom rentals.	Zilpy.com	2019
Medicaid/Public Insurance Enrollment	Health Care Access & Delivery, Economic Security	This indicator reports the percentage of the population that is enrolled in Medicaid or another public health insurance program.	U.S. Census Bureau, American Community Survey	2012–2016
Medicare Health Care Costs	Health Care Access & Delivery	This indicator shows the dollar amount of price-adjusted Medicare reimbursements per enrollee and includes Medicare Parts A and B.	County Health Rankings	2015

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Meeting Fitness Standards, 5th Graders	Healthy Eating/ Active Living	Percentage of public school students in grade 5 meeting six of six fitness standards.	California Department of Education, Physical Fitness Testing Research Files (Dec. 2018)	2018
Meeting Fitness Standards, 7th Graders	Healthy Eating/ Active Living	Percentage of public school students in grade 7 meeting six of six fitness standards.	California Department of Education, Physical Fitness Testing Research Files (Dec. 2018)	2018
Meeting Fitness Standards, 9th Graders	Healthy Eating/ Active Living	Percentage of public school students in grade 9 meeting six of six fitness standards.	California Department of Education, Physical Fitness Testing Research Files (Dec. 2018)	2018
Meeting or Exceeding Grade-Level Standard in English Language Arts, 11th Graders	Education & Literacy	Percentage of all 11th-grade public school students tested who completed the English Language Arts/Literacy (ELA) California Assessment of Student Performance and Progress (CAASPP) test with a score of Standard Met or Above.	California Department of Education, CAASPP Test Results (Oct. 2016)	2016
Mental Health Hospitalization Rate, Ages 5–19 (per 1,000 pop.)	Behavioral Health	Number of hospitalizations for mental health issues per 1,000 children by age group, ages 5–19.	KidsData.org. (2017). California Healthy Kids Survey Hospitalizations for Mental Health Issues, by Age Group, 2011–2015. Retrieved from Applied Survey Research 2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2015
Mental Health Hospitalizations, Children Ages 5–14	Behavioral Health	Number of hospitalizations for mental health issues per 1,000 children by age group, ages 5–14.	California Office of Statewide Health Planning and Development special tabulation; California Department of Finance, Population Estimates by Race/Ethnicity with Age and Gender Detail 2000- 2009; Population Reference Bureau, Population Estimates 2010–2016 (Aug. 2017)	2016
Mental Health Hospitalizations, Youth Ages 15–19	Behavioral Health	Number of hospitalizations for mental health issues per 1,000 children by age group, ages 15–19.	California Office of Statewide Health Planning and Development special tabulation; California Department of Finance, Population Estimates by Race/Ethnicity with Age and Gender Detail 2000- 2009; Population Reference Bureau, Population Estimates 2010–2016 (Aug. 2017).	2016
Mental Health Providers	Behavioral Health, Health Care Access & Delivery	This indicator reports the number of mental health care providers (including psychiatrists, psychologists, clinical social workers, and counsellors) per 100,000 population.	Area Health Resource File	2016

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Mothers Who Breastfeed	Maternal/Infant & Women's Health	This indicator shows the percentage of mothers who breastfed their new baby after delivery.	California Department of Public Health, Center for Family Health, Genetic Disease Screening Program, Newborn Screening Data, 2015–2017, Date Requested, July 2018	2015–2017
Mothers Who Received Early Prenatal Care	Maternal/Infant & Women's Health	This indicator shows the percentage of births to mothers who began prenatal care in the first trimester of their pregnancy.	California Department of Public Health: 2015-2017 Birth Statistical Master Files.	2015–2017
Motor Vehicle Crash Death Rate (Three-Year Averages)	Unintentional Injuries/Accidents	Age-adjusted death rate due to motor vehicle crashes per 100,000 population (three-year averages).	California Department of Public Health. (2017). County Health Status Profiles, 2008–2015. Retrieved from Applied Survey Research 2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2013–2015
Neighborhood Support	Behavioral Health	Percentage of respondents answering "Agree" or "Strongly Agree" to the following question: "How much do you agree or disagree with the following statements about your neighborhood? (People in this neighborhood help each other out?" Also available by ethnicity.	Applied Survey Research. (2017). 2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2017
Newborns Breastfed in Hospital	Maternal/Infant & Women's Health	Percentage of newborns fed breast milk during their hospitalization; includes newborns who were breastfed exclusively *and* those who received both breast milk and formula.	California Department of Public Health, In-Hospital Breastfeeding Initiation Data (Oct. 2018)	2017
Newborns Exclusively Breastfed in Hospital	Maternal/Infant & Women's Health	Percentage of newborns fed exclusively breast milk during their hospitalization.	California Department of Public Health, In-Hospital Breastfeeding Initiation Data (Oct. 2018)	2017
No Insurance as Cause for No Mental Health Treatment	Behavioral Health, Health Care Access & Delivery	Percentage of respondents indicating "insurance wouldn't cover it" when answering the question: "Why didn't you receive the mental health and/or substance abuse treatment you needed?"	Applied Survey Research. (2017). 2015–2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2017

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Non-Physician Primary Care Provider Rate	Health Care Access & Delivery	This indicator shows the non-physician primary care provider rate per 100,000 population. Primary care providers who are not physicians include nurse practitioners (NPs), physician assistants (PAs), and clinical nurse specialists.	County Health Rating	2018
Obesity (Adult)	CVD/Stroke, Healthy Eating/Active Living, Respiratory Conditions	This indicator reports the percentage of adults ages 18 years and older that self-report having a Body Mass Index (BMI) greater than 30.0 (the threshold for obesity).	California Health Interview Survey (CHIS)	2014
On-Time High School Graduation	Economic Security, Education & Literacy	Percentage of students in a 4-year cohort who graduated in four years or less with either a traditional high school diploma, an adult education high school diploma, or have passed the California High School Proficiency Exam (CHSPE). Also available by ethnicity.	California Department of Education. (2017). 2010–2016 Educational Demographics Office. Retrieved from Applied Survey Research 2005–2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2015–2016
Opioid Overdose (All) Death Rate, Age-Adjusted	Behavioral Health	This indicator shows the age-adjusted emergency department visit rate due to all drug overdose per 100,000 residents. This includes non-fatal acute poisonings due to the effects of drugs, regardless of intent (e.g., suicide, unintentional, or undetermined). Visits related to late effects, adverse effects, and chronic poisonings due to the effects of drugs (e.g., damage to organs from long-term drug use), are excluded.	California Opioid Overdose Surveillance Dashboard	2017
Opioid Overdose (excluding Heroin) ED Visit Rate, Age-Adjusted	Behavioral Health	This indicator shows the age-adjusted emergency department visit rate due to opioid overdose per 100,000 residents. This excludes visits due to heroin overdose.	California Opioid Overdose Surveillance Dashboard	2017
Opioid Overdose (Prescription) Death Rate, Age-Adjusted	Behavioral Health	This indicator shows the age-adjusted death rate due to prescription opioid overdose per 100,000 residents.	California Opioid Overdose Surveillance Dashboard	2017

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Opioid Overdose (Synthetic, excluding Methadone), Death Rate, Age-Adjusted	Behavioral Health	This indicator shows the age-adjusted death rate due to synthetic opioid overdose per 100,000 residents. This excluded overdoses due to methadone.	California Opioid Overdose Surveillance Dashboard	2017
Opioid Prescription Drug Claims	Behavioral Health	This indicator reports the number of Medicare Part D prescription claims for opiates as a percentage of total Medicare Part D prescription drug claims.	Centers for Medicare and Medicaid Services	2015
Opioid Prescription Patients	Behavioral Health	This indicator shows the percentage of the population that is an opioid prescription patient.	Controlled Substance Utilization Review and Evaluation System	2018
Opportunity Index	Economic Security	This indicator reports the opportunity index score, a measure of community well-being, for which scores range between 0 (indicating no opportunity) and 100 (indicating maximum opportunity).	Opportunity Nation	2017
Oral Cavity and Pharynx Cancer Incidence Rate	Cancer, Oral Health	This indicator shows the age-adjusted incidence rate for oral cavity and pharynx cancer in cases per 100,000 population.	National Cancer Institute	2011–2015
Overweight and Obese Adults	CVD/Stroke, Healthy Eating/Active Living	The percentage of respondents who are overweight and obese based on their reported BMI. Also available by ethnicity.	Applied Survey Research. (2017). 2007–2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2017
Ozone Levels	Environment, Respiratory Conditions	This indicator reports the percentage of days per year with Ozone (O_3) levels above the National Ambient Air Quality Standard of 75 parts per billion (ppb).	National Environmental Public Health Tracking Network	2008, 2009, 2010, 2011, 2012, 2013, 2014

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Particulate Matter 2.5 Levels	Environment, Respiratory Conditions	This indicator reports the percentage of days per year with fine particulate matter 2.5 (PM2.5) levels above the National Ambient Air Quality Standard of 35 micrograms per cubic meter.	NEPHTN National Environmental Public Health Tracking Network	2008, 2009, 2010, 2011, 2012, 2013, 2014
Pedestrian Accident Deaths	Healthy Eating/Active Living, Unintended Injuries/Accidents	This indicator reports the rate of death due to pedestrian accident per 100,000 population.	FARS Fatality Analysis Reporting System	2011–2015
Pediatric Asthma ER Rate, Age-Adjusted	Housing & Homelessness, Respiratory Conditions	This indicator shows the age-adjusted emergency room visit rate due to asthma per 10,000 population ages under 18 years. Asthma cases with a secondary diagnosis of cystic fibrosis or other respiratory anomalies are excluded.	California Office of Statewide Health Planning and Development	2013–2015
Pediatric Asthma Hospitalization Rate, Age-Adjusted	Housing & Homelessness, Respiratory Conditions	This indicator shows the age-adjusted hospitalization rate due to asthma per 10,000 population under 18 years. Asthma cases with a secondary diagnosis of cystic fibrosis or other respiratory anomalies are excluded.	California Office of Statewide Health Planning and Development	2013–2015
Pediatric Mental Health ER Rate, Age-Adjusted	Behavioral Health	This indicator shows the age-adjusted emergency room visit rate due to mental health per 10,000 population under 18 years. Cases include adjustment disorders; anxiety disorders; attention deficit conduct and disruptive behavior disorders; delirium, dementia, and other cognitive disorders; disorders usually diagnosed in infancy, childhood, or adolescence; mood disorders; personality disorders; psychotic disorders; and impulse control disorders not elsewhere classified.	California Office of Statewide Health Planning and Development	2013–2015

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Pediatric Mental Health Hospitalization Rate, Age-Adjusted	Behavioral Health	This indicator shows the age-adjusted hospitalization rate due to mental health per 10,000 population under 18 years. Cases include adjustment disorders; anxiety disorders; attention deficit conduct and disruptive behavior disorders; delirium, dementia, and other cognitive disorders; disorders usually diagnosed in infancy, childhood, or adolescence; mood disorders; personality disorders; psychotic disorders; and impulse control disorders not elsewhere classified.	California Office of Statewide Health Planning and Development	2013–2015
People Delayed or had Difficulty Obtaining Care	Health Care Access & Delivery	This indicator shows the percentage of people who report having delayed or not received other medical care they felt they needed.	California Health Interview Survey	2016–2017
People with a Usual Source of Health Care	Health Care Access & Delivery	This indicator shows the percentage of people that report having a usual place to go to when sick or when health advice is needed.	California Health Interview Survey	2015–2016
Pesticide Use (pounds per resident)	Environment	Pounds of pesticides used per resident. These data do not include over-the-counter pesticide sales for home and business use.	Department of Pesticide Regulation. (2017). 2015 Annual Pesticide Use Report. Sacramento, California U.S. Department of Commerce. (2015). U.S. Census Bureau, State and County QuickFacts. Retrieved from Applied Survey Research 2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2015
Physical Inactivity (Adult)	CVD/Stroke, Healthy Eating/Active Living	This indicator reports the percentage of adults ages 20 years and older that self-report not participating in physical activities or exercise.	National Center for Chronic Disease Prevention and Health Promotion	2013
Poisoning Hospitalizations, Children/Youth Ages 0–17	Unintended Injuries/Accidents	Percentage of hospital discharges among children ages 0–17 for poisoning.	California Office of Statewide Health Planning and Development custom tabulation (Apr. 2019)	2017

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Poor Mental Health Days	Behavioral Health	This indicator reports the age-adjusted average number of self-reported mentally unhealthy days per month among adults.	Behavioral Risk Factor Surveillance System	2015
Poor or Fair Health	General Health	This indicator reports the percentage of adults that self-report having poor or fair health.	Behavioral Risk Factor Surveillance System	2015
Poor Physical Health Days	Behavioral Health	This indicator reports the age-adjusted, average number of self-reported physically unhealthy days per month among adults.	Behavioral Risk Factor Surveillance System	2015
Population Age 65+	General Health	This indicator reports the percentage of the population that are ages 65 years and older.	U.S. Census Bureau, American Community Survey	2012–2016
Population Below 100% FPL	Economic Security	This indicator reports the percentage of the population living in households with incomes below the Federal Poverty Level (FPL).	U.S. Census Bureau, American Community Survey	2012–2016
Population Change	General Health	This indicator reports the percent difference in population between the 2000 Census population estimate and the 2010 Census population estimate.	Decennial Census	2000–2010
Population Density	General Health	This indicator reports population density.	U.S. Census Bureau, American Community Survey	2012–2016
Population Living Within 0.5 Miles of a Public Transit Stop	Environment, Health Care Access & Delivery	This indicator measures the percentage of the population living within 0.5 miles of a transit stop.	EPA Smart Location Database	2013
Population Under Age 18	General Health	This indicator reports the percentage of the population ages 5–17 years.	U.S. Census Bureau, American Community Survey	2012–2016
Population with Any Disability	General Health, Health Care Access & Delivery	This indicator reports the percentage of the total non-institutionalized civilian population with a disability.	U.S. Census Bureau, American Community Survey	2012–2016

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Pre-Term Births	Maternal/Infant & Women's Health	Percentage of births that were preterm and very pre-term (all births before 37 weeks). Also availble by ethnicity.	County of Santa Cruz, Public Health Department. (2016). Births, Santa Cruz County, 2010–2015. Santa Cruz County, California Retrieved from Applied Survey Research 2005–2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2015
Premature Death	Health Care Access & Delivery	This indicator reports the rate of death among people younger than 75 years old per 100,000 population.	County Health Rankings	2012–2014
Premature Death, Racial/Ethnic Disparity Index	Health Care Access & Delivery	This indicator reports a summary measure of disparity (Index of Disparity) in premature death on the basis of race and ethnicity.	National Vital Statistics System	2004–2010
Preschool Enrollment	Education & Literacy, Maternal/Infant & Women's Health	This indicator reports the percentage of the population ages 3–4 that is enrolled in preschool.	U.S. Census Bureau, American Community Survey	2012–2016
Preschooler Childcare at Child Care Centers, Annual Cost	Economic Security, Education & Literacy, Maternal/Infant & Women's Health	Estimated annual cost of full-time licensed child care, by age group and type of facility.	California Child Care Resource and Referral Network, California Child Care Portfolio (Jun. 2018)	2016
Preventable Hospital Events	Health Care Access & Delivery, General Health	This indicator reports the patient discharge rate for conditions that are ambulatory care sensitive (e.g., pneumonia, dehydration, asthma, diabetes) per 1,000 population.	Dartmouth Atlas of Health Care	2010, 2011, 2012, 2013, 2014
Primary Care Physicians	Health Care Access & Delivery	This indicator reports the number of primary care physicians (including MDs and DOs practicing general family medicine and general practice, and MDs practicing general internal medicine and general pediatrics) per 100,000 population.	Area Health Resource File	2014
Prostate Cancer Incidence	Cancer	This indicator reports the age-adjusted incidence rate of prostate cancer among males per 100,000 population per year.	State Cancer Profiles	2010–2014

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Public Water System Fluoridated	Oral Health	This indicator measures the proportion of the population who receive water from public water systems that are reported to have been fluoridated.	County: www.waterboards.ca.gov; State: U.S. Centers for Disease Control and Prevention / Central Coast Oral Health Needs Assessment 2016	2013
Reading Proficiency	Education & Literacy	This indicator reports the percentage of children in grade 4 whose reading skills test at or above the standard level for the Smarter Balanced English Language Arts portion of the California Assessment of Student Performance and Progress (CAASPP) test.	California Department of Education	2015–2016
Received Needed Health Care	Health Care Access & Delivery	Percentage of respondents answering "Yes" to the question: "In the past 12 months, were you able to receive the health care you needed?" Also available by ethnicity.	Applied Survey Research. (2017). 2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2017
Recent Dental Exam (Youth)	Oral Health	This indicator reports the percentage of children ages 2–11 years with teeth that have visited a dentist in the past year.	California Health Interview Survey (CHIS)	2014
Recent Primary Care Visit	Health Care Access & Delivery	This indicator reports the percentage of adults ages 18 years and older that visited a primary care clinician at least once within the past year.	California Health Interview Survey (CHIS)	2015–2016
Registered Voters	General Health	Percentage of registered voters who voted in general elections	California Secretary of State, Elections Division. (2017). 2010–2016. Retrieved from Applied Survey Research 2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2016
Regular Medical Care Source	Health Care Access & Delivery	Percentage of respondents answering "Yes" to the question: "Do you have a regular source of medical health care?" Also available by ethnicity.	Applied Survey Research. (2017). 2005–2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2017

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Respiratory Hazard Index	Respiratory Conditions, Environment	This indicator reports the respiratory hazard index, for which scores greater than 1.0 mean respiratory pollutants are likely to increase risk of non-cancer adverse health effects over a lifetime.	EPA National Air Toxics Assessment	2011
Retail Alcohol Outlets (per 1,000 pop.)	Behavioral Health, Unintended Injuries/Accidents	Rate of on-sale and off-sale outlets selling alcohol per 1,000 population.	State of California, Department of Alcoholic Beverage Control. (2016). Alcoholic beverage licenses report. Retrieved from Applied Survey Research 2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2016
Sad or Hopeless for 2 Weeks or More	Behavioral Health	Percentage of respondents answering "Yes" to the question: "During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?" Also available by ethnicity.	Applied Survey Research. (2017). 2011–2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2017
School Connectedness, Low, 7th Graders	Education & Literacy	Low level of school connectedness among public school students in grade 7.	WestEd, California Healthy Kids Survey. California Department of Education (Jul. 2017)	2013–2015
School Connectedness, Low, 9th Graders	Education & Literacy	Low level of school connectedness among public school students in grade 9.	WestEd, California Healthy Kids Survey. California Department of Education (Jul. 2017)	2013–2015
School Connectedness, Low, 11th Graders	Education & Literacy	Low level of school connectedness among public school students in grade 11.	WestEd, California Healthy Kids Survey. California Department of Education (Jul. 2017)	2013–2015
Segregation Index	Housing & Homelessness	This indicator reports the segregation index score, a measure of the spatial distribution or evenness of population demographic groups, for which index values range between 0.0 (indicating even distribution) and 1.0 (indicating maximum segregation).	Decennial Census	2010

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Self-Inflicted Injuries (per 1,000 pop.)	Behavioral Health	Rate of non-fatal emergency department visits for intentional self-injury resulting in treat and release or transfer to another facility per 1,000 population.	California Department of Public Health. (2016). EpiCenter: Overall injury surveillance. Sacramento, California U.S. Census Bureau. (2016). 2010–2015 American Community Survey 1-year estimates. Retrieved from Applied Survey Research 2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2014
Seriously Considered Suicide	Behavioral Health	This indicator reports the percentage of adults ages 18 years and older that self-report having seriously thought about committing suicide.	California Health Interview Survey (CHIS)	2015–2016
Seriously Considered Suicide, 9th Graders	Behavioral Health	Estimated percentage of public school students in grade 9 who seriously considered attempting suicide in the previous year.	WestEd, California Healthy Kids Survey. California Department of Education (Jul. 2017)	2013–2015
Seriously Considered Suicide, 11th Graders	Behavioral Health	Estimated percentage of public school students in grade 11 who seriously considered attempting suicide in the previous year.	WestEd, California Healthy Kids Survey. California Department of Education (Jul. 2017)	2013–2015
Severe Housing Problems	Housing & Homelessness	This indicator reports the percentage of households with one or more of the following housing problems: Housing unit lacks complete kitchen facilities; Housing unit lacks complete plumbing facilities; Housing unit is severely overcrowded (> 2 persons per room); or Household is severely cost burdened (all housing costs represent >50% of monthly income).	Consolidated Planning/CHAS Data	2011–2015
SNAP Benefits	Economic Security	This indicator reports the estimated percentage of households receiving the Supplemental Nutrition Assistance Program (SNAP) benefits.	U.S. Census Bureau, American Community Survey	2012–2016

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Social and Emotional Support (Insufficient)	Behavioral Health	This indicator reports the percentage of adults ages 18 years and older that self-report having insufficient social and emotional support.	Behavioral Risk Factor Surveillance System	2006–2012
Social Associations	Behavioral Health	This indicator reports the number of social associations (e.g. civic organizations, recreational clubs and facilities, political organizations, labor organizations, business associations, professional organizations) per 10,000 population.	County Business Patterns	2012, 2013, 2014, 2015
Soft Drink Consumption	Healthy Eating/ Active Living	This indicator reports the percentage of adults that self-report drinking a soda or sugar sweetened beverage at least once daily.	California Health Interview Survey (CHIS)	2014
Someone to Turn to for Support	Behavioral Health	Percentage of respondents answering "Often" or "Sometimes" to the following question: "How often do you feel that you have someone you can turn to when you need help?" Also available by ethnicity.	Applied Survey Research. (2017). 2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2017
Special Education Enrollment	Education & Literacy	Percentage of individuals (newborn to age 22) receiving special education instruction. Special education services are available in a variety of settings, including day-care settings, preschool, regular classrooms, classrooms that emphasize specially designed instruction, the community, and the work environment.	California Department of Education. (2017). 2010–2017 Educational Demographics Office. Retrieved from Applied Survey Research 2005–2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2016
Stroke Death Rate	CVD/Stroke	Age-adjusted death rate due to stroke per 100,000 population (three-year averages).	California Department of Public Health. (2017). County Health Status Profiles, 2008–2015. Retrieved from Applied Survey Research 2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2013–2015

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Stroke Hospitalizations	CVD/Stroke	This indicator reports the hospitalization rate for Ischemic stroke among Medicare beneficiaries ages 65 years and older for hospital stays occurring between 2012 and 2014, per 1,000 population.	Interactive Atlas of Heart Disease and Stroke	2012–2014
Stroke Prevalence	CVD/Stroke	This indicator reports the percentage of the Medicare fee-for-service population diagnosed with stroke.	Centers for Medicare and Medicaid Services	2010, 2011, 2012, 2013, 2014, 2015
Student-to-Teacher Ratio	Education & Literacy	This indicator shows the average number of public school students per teacher in the region. It does not measure class size.	National Center for Education Statistics	2016–2017
Students Achieving Physical Fitness Goals (7th Grade)	Healthy Eating/ Active Living	Percentage of seventh grade students achieving physical fitness goals (in at least 5 out of 6 fitness areas). The Fitness Areas include aerobic capacity, body composition, abdominal strength, trunk extensor strength, upper body strength, and flexibility.	California Department of Education. (2017). Physical fitness test report. Sacramento, California Retrieved from Applied Survey Research 2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2015–2016
Students Not Completing High School	Economic Security, Education & Literacy	Percentage of public high school students who do not complete high school, based on the four-year adjusted cohort dropout rate. The adjusted cohort dropout rate measures students who exit grades 9–12 without a high school diploma, GED, or special education certificate of completion and do not remain enrolled after the end of the fourth year.	California Department of Education, California Longitudinal Pupil Achievement Data System (CALPADS) (May 2016)	2015
Students per Academic Counselor	Education & Literacy	Number of public school students per full-time equivalent (FTE) pupil support service personnel, by type of personnel.	California Department of Education, Staff Assignment and Course Data (Nov. 2018) & DataQuest (Apr. 2018)	2018
Students per School Nurse	Health Care Access & Delivery	Number of public school students per full-time equivalent (FTE) pupil support service personnel, by type of personnel.	California Department of Education, Staff Assignment and Course Data (Nov. 2018) & DataQuest (Apr. 2018)	2018

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Students per School Psychologist	Behavioral Health, Health Care Access & Delivery	Number of public school students per full-time equivalent (FTE) pupil support service personnel, by type of personnel.	California Department of Education, Staff Assignment and Course Data (Nov. 2018) & DataQuest (Apr. 2018)	2018
Students per Social Worker	General Health	Number of public school students per full-time equivalent (FTE) pupil support service personnel, by type of personnel.	California Department of Education, Staff Assignment and Course Data (Nov. 2018) & DataQuest (Apr. 2018).	2018
Substantiated Cases of Child Abuse and Neglect	Behavioral Health, Violence/Safety	Number of substantiated cases of abuse and neglect per 1,000 children under age 18.	Webster, D., et al. Child Welfare Services Reports for California, U.C. Berkeley Center for Social Services Research (Jul. 2018)	2017
Sugar-Sweetened Beverage Consumption (Ages 2–17)	Healthy Eating/ Active Living	The percentage of children ages 2–17 drinking one or more sugar-sweetened beverages per day.	Kidsdata.org. (2016). Children Drinking One or More Sugar-Sweetened Beverages Per Day, 2013–2014. Retrieved from Applied Survey Research 2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2013–2014
Suicide and Intentional Self-inflicted Injury, Hospitalization Rate, Age-Adjusted	Behavioral Health	This indicator shows the age-adjusted hospitalization rate due to suicide or intentional self-inflicted injury per 10,000 population ages 18 years and older. Admissions are included if a primary or additional diagnosis code indicates suicide or intentional self-inflicted injury.	California Office of Statewide Health Planning and Development	2013–2015
Suicide Death Rate	Behavioral Health	Age-adjusted death rate due to suicide per 100,000 population.	California Department of Public Health. County Health Status Profile, 2010–2015 (2017). Retrieved from Applied Survey Research 2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2015
Suicide, Drug or Alcohol Misuse Deaths	Behavioral Health	This indicator reports the age-adjusted rate of death due to intentional self-harm (suicide), alcohol-related disease, and drug overdoses per 100,000 population.	NVSS National Vital Statistics System	2011–2015

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Suspensions	Education & Literacy	This indicator reports the rate of suspensions per 100 enrolled students.	California Department of Education	2016–2017
Teen Birth Rate	Education & Literacy, Maternal/Infant & Women's Health	Number of births per 1,000 young women ages 15–19.	California Department of Public Health, Center for Health Statistics, Birth Statistical Master Files; California Department of Finance, Race/Ethnic Population with Age and Sex Detail, 1990-1999, 2000–2009; Estimates by the Population Reference Bureau, 2010–2015; Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2007–2015, on CDC WONDER Database (Aug. 2017)	2015
Took Medication for Mental/Emotional Problems	Behavioral Health	Percentage of adult respondents (ages 18 and older) who indicated that, in the past 12 months, they had taken prescription medication for their mental health or emotional problems almost daily for two weeks or more.	UCLA Center for Health Policy Research. (2017). California Health Interview Survey, 2011-15. Retrieved from Applied Survey Research 2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2015
Traumatic Injury Hospitalizations, Children/Youth Ages 0–17	Unintended Injuries/Accidents, Violence/Safety	Percentage of hospital discharges among children ages 0–17 for traumatic injuries.	California Office of Statewide Health Planning and Development custom tabulation (Apr. 2019)	2017
Tree Canopy Cover	Environment	This indicator reports the percentage of land within the report area that is covered by tree canopy.	National Land Cover Database 2011	2011
Truancy Rate	Education & Literacy	The number of truant students divided by the cumulative enrollment, multiplied by 100.	California Department of Education. (2017). 2010–2017 Educational Demographics Office. Retrieved from Applied Survey Research 2005–2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2015–2016

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Unable to Receive Mental Health/ Substance Use Treatment	Behavioral Health, Health Care Access & Delivery	Percentage of respondents that indicated "no, unable to receive treatment I needed" when answering the question: "In the past 12 months, were you able to receive the mental health and/or substance abuse treatment you needed?"	Applied Survey Research. (2017). 2015–2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2017
Unemployment	Economic Security	This indicator reports the percentage of the civilian non-institutionalized population ages 16 years and older that is unemployed but seeking work (non-seasonally adjusted).	Bureau of Labor Statistics	2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017
Uninsured Children	Health Care Access & Delivery	This indicator reports the percentage of children younger than 18 years old without health insurance coverage.	U.S. Census Bureau, American Community Survey	2012–2016
Uninsured Population	Health Care Access & Delivery	This indicator reports the percentage of the total civilian non-institutionalized population without health insurance coverage.	U.S. Census Bureau, American Community Survey	2012–2016

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Unintentional Injuries (per 1,000 pop.)	Unintended Injuries/Accidents	Rate of non-fatal emergency department visits for unintentional injuries resulting in treat and release or transfer to another facility per 1,000 population.	California Department of Public Health. (2016). 2010–2014 EpiCenter: Overall injury surveillance. Sacramento, California U.S. Census Bureau. (2016). 2010–2015 American Community Survey 1-year estimates. Retrieved from Applied Survey Research 2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2014
Unintentional Injury Death Rate (Three-Year Averages)	Unintended Injuries/Accidents	Age-adjusted death rate due to unintentional injuries per 100,000 population (three-year averages).	California Department of Public Health. (2017). County Health Status Profiles, 2008–2015. Retrieved from Applied Survey Research 2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2013–2015
Used Alcohol Seven or More Times (Lifetime), 7th Graders	Behavioral Health	Estimated percentage of public school students in grade 7, who have ever consumed one or more full drinks of alcohol, by number of occasions.	WestEd, California Healthy Kids Survey. California Department of Education (Jul. 2017)	2013–2015
Used Alcohol Seven or More Times (Lifetime), 9th Graders	Behavioral Health	Estimated percentage of public school students in grade 9, who have ever consumed one or more full drinks of alcohol, by number of occasions.	WestEd, California Healthy Kids Survey. California Department of Education (Jul. 2017)	2013–2015
Used Alcohol Seven or More Times (Lifetime), 11th Graders	Behavioral Health	Estimated percentage of public school students in grade 11, who have ever consumed one or more full drinks of alcohol, by number of occasions.	WestEd, California Healthy Kids Survey. California Department of Education (Jul. 2017)	2013–2015
Used Marijuana Seven or More Times (Lifetime), 7th Graders	Behavioral Health	Estimated percentage of public school students in grade 7, who have ever used marijuana, by number of occasions.	WestEd, California Healthy Kids Survey. California Department of Education (Jul. 2017)	2013–2015
Used Marijuana Seven or More Times (Lifetime), 9th Graders	Behavioral Health	Estimated percentage of public school students in grade 9, who have ever used marijuana, by number of occasions.	WestEd, California Healthy Kids Survey. California Department of Education (Jul. 2017)	2013–2015

Indicator Name	Health Need	Indicator Description	Data Source	Year(s)
Used Marijuana Seven or More Times (Lifetime), 11th Graders	Behavioral Health	Estimated percentage of public school students in grade 11, who have ever used marijuana, by number of occasions.	WestEd, California Healthy Kids Survey. California Department of Education (Jul. 2017)	2013–2015
Very Concerned About Crime	Violence/Safety	Percentage of respondents indicating "Very Concerned" when answering the question: "How concerned are you about crime in Santa Cruz County?"	Applied Survey Research. (2017). 2005–2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2017
Violent Crimes	Violence/Safety	This indicator reports the rate of violent crime offenses (including homicide, rape, robbery and aggravated assault) reported by law enforcement per 100,000 population.	FBI Uniform Crime Reports	2012–2014
Walkable Destinations	Healthy Eating/ Active Living	This indicator reports the percentage of the population that live in close proximity to a park, playground, library, museum or other destinations of interest.	Center for Applied Research and Environmental Systems	2012–2015
Waste (Pounds per Resident per Day)	Environment	Estimated pounds of waste generated per resident, per day.	California Department of Resources Recycling and Recovery (CalRecycle). (2016). Jurisdiction diversion/disposal rate summary, 2010–2014, by jurisdiction. U.S. Census Bureau. (2016). 2010–2015 American Community Survey 1-year estimates. Retrieved from Applied Survey Research 2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2014
Water Pollution Concerns	Environment	Percentage of respondents indicating "Water Pollution" when answering the question: "What one thing concerns you the most about the natural environment in Santa Cruz County?"	Applied Survey Research. (2017). 2015–2017 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, California	2017
Youth Not in School or Working	Economic Security, Education & Literacy	This indicator shows the percentage of youth ages 16–19 who are not enrolled in school and not working.	U.S. Census Bureau, American Community Survey	2013–2017

Attachment 4. Secondary Data Tables, Santa Cruz County

CONTENTS

FIGURES AND TABLES

Legend

Statistical data tables compare Santa Cruz County data to California state benchmarks or Healthy People 2020 aspirational goals, whichever is more stringent.

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

Conventions:
- Core indicators are separated from drivers by a heavy border.
- Some indicators are available by ethnicity, which shows disparities in certain populations. Those tables follow each of the overall health need tables if available.
- Rates are per 100,000 unless otherwise noted.
- Data are rounded to the tenths if available. If the data point is less than 1.0, then it is presented to the hundredths.
- Data that are worse than benchmarks appear in **bold type**.
- Data that are 5% (not five percentage points, but 5 percent) worse than benchmarks are marked with a diamond (♦).
- Data where trends are available denoted with the dagger (†) symbol.
- Benchmark values represent the California state average except where noted:
  - Benchmark values with the (^{H}) superscript indicate that the Healthy People 2020 benchmark is more stringent than the state average.
- Indicator details, including the definition and original source, may be found in "Secondary Data Indicators" list provided separately.
- We use the shorthand "Afr / Afr Anc" for the term "African/African Ancestry" or "of African descent" to refer to all African people. Please note that the data sources from which ethnicity data are provided may use the terms "Black" and/or "African-American" in their surveys and studies. The term African ancestry is more inclusive and emphasizes the connectedness of all African people.
- We use the shorthand "Hisp / Lat (Any Race)" for the term "Hispanic / Latinx (Any Race)," "Pac Isl" for the term "Pacific Islander," and "Native Am" for the term "Native American."

Social Determinants of Health

Health needs in the social determinants of health category are those which impact our health by way of our social and physical environments. The Healthy People 2020 framework organizes its research on social determinants of health in five domains:

1. **Economic Stability:** Employment, Food Insecurity, Housing Instability, Poverty
2. **Education:** Early Childhood Education and Development, Enrollment in Higher Education, High School Graduation, Language and Literacy
3. **Health and Health Care:** Access to Health Care, Access to Primary Care, Health Literacy
4. **Neighborhood and Built Environment:** Access to Foods that Support Healthy Eating Patterns, Crime and Violence, Environmental Conditions, Quality of Housing
5. **Social and Community Context:** Social Cohesion, Civic Participation, Discrimination, and Incarceration

The data tables found in this section all pertain to these five domains.

Figure 1, Social Determinants of Health Domains

Adapted from HealthyPeople.gov

Economic Security

Table 1, Statistical Data for Economic Security

Indicators	Year(s)	Value	Benchmark	Desired ↑↓
Children Below 100% FPL[1]	2012-2016	17.1%	21.9%	↓
Child Food Insecurity Rate[3]†	2016	18.4%	19.0%	↓
Families Living Below Poverty Level[3]*†	2013-2017	8.4%	11.1%	↓
Food Insecure Children Likely Ineligible for Assistance[3]†	**2016**	**◆35.0%**	**33.0%**	↓
Food Insecurity[4]	**2015**	**12.6%**	**12.5%**	↓
Income Inequality - 80/20 Ratio[1]	**2012-2016**	**5.3**	**5.1**	↓
Median Family Income[4]†	2016	$92,200	$77,359	↑
Median Household Income	2012-2016	$70,088	$65,812	↑
Population Below 100% FPL*[1]†	2012-2016	15.1%	15.8%	↓
Unemployment†[1]	**2017**	**◆5.4%**	**4.0%**	↓
Adults with an Associate's Degree or Higher[1]	2012-2016	48.2%	39.8%	↑
Adults with No High School Diploma[1]	2012-2016	13.7%	17.9%	↓
Adults with Some Post-Secondary Education[1]	2012-2016	67.6%	63.6%	↑
Banking Institutions Rate (per 10,000 people)[1]†	**2015**	**◆2.5**	**2.7**	↑
Children in Single-Parent Households[1]	2012-2016	29.0%	31.8%	↓
Children Living in Food Insecure Households[2]	2016	18.4%	19.0%	↓
Children without Secure Parental Employment[2]	2016	27.3%	30.8%	↓
Cost Burdened Households[1]	**2012-2016**	**44.5%**	**42.8%**	↓
Did Not Eat Breakfast (7th graders)[2]	2013-2015	26.0%	33.0%	↓
Did Not Eat Breakfast (9th graders)[2]	2013-2015	35.0%	38.3%	↓
Did Not Eat Breakfast (11th graders)[2]	2013-2015	37.9%	38.4%	↓
Free or Reduced Cost Meals (Students)[4]	**2016-2017**	**◆58.1%**	**42.9%**	↓
High Speed Internet[1]	2016	100%	95.4%	↑
Homeownership[3]†	2013-2017	54.0%	50.2%	↑
Infant Childcare at Child Care Centers, Annual Cost[2]	**2016**	**$16,710**	**$16,452**	↓
Licensed Childcare Availability for Working Families[2]	2017	29.0%	23.0%	↑
Limited English Proficiency[1]	2012-2016	13.2%	18.6%	↓
Opportunity Index[1]	2017	56.0	51.9	↑

Indicators	Year(s)	Value	Benchmark	Desired ↑↓
Preschooler Childcare at Child Care Centers, Annual Cost[2]	**2016**	◆$12,010	$11,202	↓
SNAP Benefits[1]	2012-2016	7.9%	9.4%	↓
Students Not Completing High School[2]	2015	7.1%	10.7%	↓
Youth Not in School or Working[3]†	2013-2017	0.7%	2.1%	↓

* 2018 Federal Poverty Level (FPL) for a family of 4 was $25,100 per year. 2018 Santa Cruz County Self-Sufficiency Standard for a family of four was $86,124.

Trends (†)

Certain indicators have been measured longitudinally. Below are the trend directions for indicators with trend data available.

- Banking Institutions Rate[1]: Worsening
- Child Food Insecurity Rate[3]: Improving
- Cost of Living Taking Away from Quality of Life[4]: Mixed
- Employed Youth[4]: Rising
- Families Living Below Poverty Level[3]: Improving
- Financial Better Off (Compared to Last Year): Mixed
- Food Insecure Children Likely Ineligible for Assistance[3]: Mixed
- Homeownership[3]: Improving
- Median Family Income[4]: Improving
- Population Below Poverty Level[4]: Improving
- Unemployment[1]: Improving
- Youth Not in School or Working[3]: Mixed

Race & Ethnicity

Some indicators are available by ethnicity, which shows disparities in certain populations.

Table 2, Statistical Data for Economic Security by Ethnicity

Indicators	Bench-mark	White	Afr / Afr Anc	Asian	Pac Isl	Native Am	Other	Multi Race	Hisp / Lat (Any Race)
Limited English Proficiency[1]	18.6%	1.0%	2.7%	**18.7%**	1.9%	◆27.3%	◆43.8%	6.0%	◆36.7%
Adults with No High School Diploma[1]	13.7%	3.0%	8.0%	7.4%	0.0%	◆17.0%	◆50.0%	11.0%	◆42.2%
Bank Account[4]	84.7%	95.5%							◆66.3%
Children Below 100% FPL[1]	17.1%	7.0%	14.5%	3.4%	◆37.0%	8.1%	◆40.9%	◆20.5%	◆41.1%

Indicators	Bench-mark	White	Afr / Afr Anc	Asian	Pac Isl	Native Am	Other	Multi Race	Hisp / Lat (Any Race)
Cost of Living Taking Away from Quality of Life[4]	26.9%	23.6%							◆29.7%
Families Living Below Poverty Level[3]*	8.4%	4.9%	◆8.9%	7.3%			◆15.3%	7.8%	◆16.8%
Financially Better Off (Compared to Last Year)[4]	32.3%	33.1%							31.2%
Lacking One or More Basic Needs[4]	22.5%	14.5%							◆36.1%
Median Family Income ($)[4]	92,200	◆82,094							◆55,653
Median Household Income ($)[1]	70,088	78,181	67,188	68,947		◆56,027	◆51,028	◆60,208	◆50,488
Population Below 100% FPL*[1]	15.1%	11.5%	◆23.6%	◆18.5%	◆48.9%	11.6%	◆20.6%	◆16.2%	◆20.9%
SNAP Benefits[1]	7.9%	4.8%	◆13.1%	3.6%	0.0%	◆19.2%	◆20.7%	8.2%	◆18.0%

Blank cells indicate that data were unavailable. * 2018 Federal Poverty Level (FPL) for a family of 4 was $25,100 per year. 2018 Santa Cruz County Self-Sufficiency Standard for a family of 4 was $86,124.

Data Without Benchmarks

Certain indicators were available that had no statewide or national comparison. These data are described below.

- Bank Account[4]: 84.7%
- Cost of Living Taking Away from Quality of Life[4]: 26.9%
- Financially Better Off (Compared to Last Year)[4]: 32.3%
- Going without Food[4]: 5.8%
- Lacking One or More Basic Needs[4]: 22.5%

Education & Literacy

Table 3, Statistical Data for Education & Literacy

Indicators	Year(s)	Value	Benchmark	Desired ↑↓
On-Time High School Graduation Rate[1][†]	2015-2016	85.8%	83.2%	↑
Preschool Enrollment (ages 3-4)[1]	**2012-2016**	**◆40.3%**	**48.6%**	↑
Reading Proficiency (4th graders)[1]	**2015-2016**	**◆40.0%**	**43.9%**	↑
Students Not Completing High School[2]	2015	7.1%	10.7%	↓
Adults with an Associate's Degree or Higher[1]	2012-2016	48.2%	39.8%	↑
Adults with No High School Diploma[1]	2012-2016	13.7%	17.9%	↓
Adults with Some Post-Secondary Education[1]	2012-2016	67.6%	63.6%	↑
Caring Relationships with Adults at School, Low (7th graders)[2]	2013-2015	10.3%	14.3%	↓
Caring Relationships with Adults at School, Low (9th graders)[2]	2013-2015	15.1%	17.8%	↓
Caring Relationships with Adults at School, Low (11th graders)[2]	2013-2015	10.5%	13.0%	↓
Children Living in Limited English-Speaking Households[2]	**2016**	**10.8%**	**10.5%**	↓
English Learner Students[4][†]	**2016-2017**	**◆27.4%**	**21.4%**	↓
Expulsions Rate (per 100 enrolled students)[1]	2016-2017	0.04	0.08	↓
High School Graduates Completing College Prep Courses[2]	2015	55.3%	43.4%	↑
High Speed Internet[1]	2016	100%	95%	↑
Infant Childcare at Child Care Centers, Annual Cost[2]	**2016**	**$16,710**	**$16,452**	↓
Licensed Childcare Availability for Working Families[2]	2017	29.0%	23.0%	↑
Limited English Proficiency[1]	2012-2016	13.2%	18.6%	↓
Meaningful Participation at School, Low (7th graders)[2]	2013-2015	26.5%	31.3%	↓
Meaningful Participation at School, Low (9th graders)[2]	2013-2015	36.9%	37.9%	↓
Meaningful Participation at School, Low (11th graders)[2]	2013-2015	33.7%	36.9%	↓
Meeting or Exceeding Grade-Level Standard in English Language Arts (11th graders)[2]	**2016**	**58.0%**	**59.0%**	↑
Meeting or Exceeding Grade-Level Standard in Mathematics (11th graders)[2]	**2016**	**◆30.0%**	**32.0%**	↑
Preschooler Childcare at Child Care Centers, Annual Cost[2]	**2016**	**◆$12,010**	**$11,202**	↓

Indicators	Year(s)	Value	Benchmark	Desired ↑↓
School Connectedness, Low (7th graders)[2]	2013-2015	5.4%	8.9%	↓
School Connectedness, Low (9th graders)[2]	2013-2015	7.4%	10.5%	↓
School Connectedness, Low (11th graders)[2]	2013-2015	9.1%	11.5%	↓
Special Education Enrollment[4†]	**2016**	**◆13.2%**	**12.1%**	↓
Student Truancy Rate (per 100 students)[4]	2016	23.3	34.1	↓
Student-to-Academic-Counselor Ratio[2]	**2018**	**◆1,030**	**661**	↓
Student-to-Teacher Ratio[3†]	**2016-2017**	**23.8**	**23.4**	↓
Suspensions Rate (per 100 enrolled students) [1]	2016-2017	2.6	5.9	↓
Teen Birth Rate (per 1,000 women ages 15-19)[2]	2015	14.7	18.7	↓
Youth Not in School or Working[3†]	2013-2017	0.7%	2.1%	↓

Trends (†)

Certain indicators have been measured longitudinally. Below are the trend directions for indicators with trend data available.

- English Learner Students[4]: Rising
- High School Graduation Rates[4]: Mixed
- Special Education Enrollment[4]: Rising
- Student-to-Teacher Ratio[3]: Mixed
- Truancy Rate[4]: Mixed
- Youth Not in School or Working[3]: Mixed

Race & Ethnicity

Some indicators are available by ethnicity, which shows disparities in certain populations.

Table 4, Statistical Data for Education & Literacy by Ethnicity

Indicators	Bench-mark	White	Afr / Afr Anc	Asian	Pac Isl	Native Am	Other	Multi Race	Hisp / Lat (Any Race)
Meeting or Exceeding Grade-Level Standard in English Language Arts[2]		67%	45%	73%	64%	62%		67%	28%
Meeting or Exceeding Grade-Level Standard in Mathematics[2]		54%	32%	69%	Suppressed	44%		60%	17%

Indicators	Bench-mark	White	Afr / Afr Anc	Asian	Pac Isl	Native Am	Other	Multi Race	Hisp / Lat (Any Race)
Caring Relationships with Adults at School, Low[2]		7.8%	14.9%	3.9%	0.0%	6.6%	10.1%	10.2%	13.9%
Meaningful Participation at School, Low[2]		27.4%	24.2%	32.8%	21.7%	33.3%	37.7%	33.0%	35.1%
School Connectedness, Low[2]		6.0%	8.4%	2.3%	7.3%	6.5%	6.7%	6.1%	7.4%
High School Graduates Completing College Prep Courses[2]	43.4%	65.8%	Suppressed	80.9%	Suppressed	Suppressed		57.0%	45.9%
High School Graduation[4]	83.2%	90.8%							**82.3%**
Truancy More than Once Per Week[4]		2.0%	1.4%	8.5%	0.0%	15.7%	0.8%	4.5%	5.4%
Students Not Completing High School[2]	10.7%	4.6%	Suppressed	Suppressed	Suppressed	Suppressed		Suppressed	8.5%

Blank cells indicate that data were unavailable.

Environment

Table 5, Statistical Data for Natural Environment/Climate

Indicators	Year(s)	Value	Benchmark	Desired ↑↓
Asthma Diagnoses, Children Ages 1-17[2]	**2015-2016**	**◆18.0%**	**15.2%**	↓
Asthma Hospitalization Rate (Age-Adjusted per 10,000 pop.)[4]	2015	4.0	7.0	↓
Asthma Prevalence[1]	2014	13.9%	14.8%	↓
Climate-Related Mortality Impacts[1]	2016	0.9%	8.4%	↓
Days Beaches Open[4]	2016	100.0%	96.0%[H]	↑
Drinking Water Violations[1]	**2015**	**◆1.0**	**0.8**	↓
Drought Severity[1]	2012-2014	91.6%	92.8%	↓
Elevated Blood Lead Levels in Children Ages 0-5[2]	**2013**	**◆0.5%**	**0.2%**	↓
Elevated Blood Lead Levels in Children/Youth Ages 6-20[2]	2013	0.0%	0.3%	↓

Flood Vulnerability[1]	**2011**	**◆9.2%**	**3.7%**	↓
Heat Index[1]†	2013	0.0%	2.7%	↓
Ozone Levels[1]†	2014	34.1%	42.0%	↓
Particulate Matter 2.5 Levels[1]†	2014	6.6%	10.7%	↓
Respiratory Hazard Index[1]	2011	1.5	2.2	↓
Pesticide Use (pounds per resident)[4]†	**2015**	**◆6.9**	**5.7**	↓
Tree Canopy Cover[1]	2011	28.0%	8.3%	↑
Waste (pounds per resident per day)[4]†	2014	3.5	4.5	↓
Population Within 0.5 Miles of a Public Transit Stop[1]	2013	19.2%	16.8%	↑

Trends (†)

Certain indicators have been measured longitudinally. Below are the trend directions for indicators with trend data available.

- Heat Index[1]: Flat
- Ozone Levels[1]: Flat
- Particulate Matter 2.5 Levels[1]: Flat
- Pesticide Use (pounds per resident)[4]: Mixed
- Waste (pounds per resident per day)[4]: Mixed

Data Without Benchmarks

Certain indicators were available that had no statewide or national comparison. These data are described below.

- Environmental Stewardship-Independent Learning[4]: 61.2%
- Number of Extreme Precipitation Days[3]: 73
- Water Pollution Concerns[4]: 21.6%

Health Care Access & Delivery

Table 6, Statistical Data for Healthcare Access & Delivery

Indicators	Year(s)	Value	Benchmark	Desired ↑↓
Dentists Rate[1]†	**2015**	**76.6**	**80.3**	↑
Mental Health Providers Rate[1]	2016	615.4	288.7	↑
Non-Physician Primary Care Provider Rate[3]†	2018	65.0	56.0	↑
People with a Usual Source of Health Care[3]	2015-2016	86.9%	85.7%	↑
Primary Care Physicians Rate[1]	2014	99.0	78.1	↑

Indicators	Year(s)	Value	Benchmark	Desired ↑↓
Preventable Hospital Events Rate (per 1,000 pop.)[1][†]	2014	30.0	35.9	↓
Students per School Nurse[2]	**2018**	**7,828**	**2,505**	↓
Students per School Psychologist[2]	**2018**	**2,151**	**1,065**	↓
30-Day Readmissions[1][†]	2014	11.3%	14.4%	↓
Adults Delayed or had Difficulty Obtaining Care[3]	**2013-2014**	**27.8%**	**21.2%**	↓
Births with 1st Trimester Prenatal Care[4][†]	2015	84.0%	77.9%[H]	↑
Children Living in Limited English-Speaking Households[2]	**2016**	**10.8%**	**10.5%**	↓
Children/Youth with Health Insurance, Ages 0-17[2]	2016	99.0%	97.1%	↑
Consumer Expenditures: Medical Services[3]	**2018**	**1.82%**	**1.76%**	↓
Consumer Expenditures: Medical Supplies[3]	**2018**	**0.31%**	**0.29%**	↓
Consumer Expenditures: Prescription and Non-Prescription Drugs[3]	**2018**	**0.88%**	**0.82%**	↓
Dental Insurance Coverage Lacking[5]	2015-2016	36.3%	38.5%	↑
Diabetes Management (Hemoglobin A1c Test)[†][1]	2014	87.3%	81.8%	↑
Federally Qualified Health Centers[1]	2016	6.1	2.5	↑
Health Professional Shortage Area - Dental[1]	2016	0.0%	13.2%	↓
Limited English Proficiency[1]	2012-2016	13.2%	18.6%	↓
Medicare Healthcare Costs[3][†]	2015	$7,372	$9,100	↓
People Delayed or had Difficulty Obtaining Care[3][†]	**2016-2017**	**14.7%**	**10.1%**	↓
Population with Any Disability[1]	2012-2016	10.0%	10.6%	↓
Premature Death[1]	2012-2014	5,213.4	5,250.9	↓
Premature Death, Racial/Ethnic Disparity Index[1]	2004-2010	19.9	36.8	↓
Population Within 0.5 Miles of a Public Transit Stop[1]	2013	19.2%	16.8%	↑
Recent Primary Care Visit[1]	**2015-2016**	**69.8%**	**72.4%**	↑
Uninsured Children[1]	2012-2016	7.3%	10.4%	↓
Uninsured Population[1]	2012-2016	10.2%	12.6%	↓

Trends (†)

Certain indicators have been measured longitudinally. Below are the trend directions for indicators with trend data available.

- 30-Day Readmissions[1]: Improving
- Births with 1st Trimester Prenatal Care[4]: Mixed
- Dental Care Past 12 Months[4]: Mixed
- Dental Insurance Coverage[1]: Improving
- Dentists[1]: Rising
- Diabetes Management (Hemoglobin A1c Test): Improving
- Medicare Healthcare Costs[3]: Mixed
- Non-Physician Primary Care Provider Rate[3]: Improving
- People Delayed or had Difficulty Obtaining Care[3]: Mixed
- Preventable Hospital Events[1]: Flat
- Regular Medical Care Source[4]: Mixed

Race & Ethnicity

Some indicators are available by ethnicity, which shows disparities in certain populations.

Table 7, Statistical Data for Healthcare Access & Delivery by Ethnicity

Indicators	Bench-mark	White	Afr / Afr Anc	Asian	Pac Isl	Native Am	Other	Multi Race	Hisp / Lat (Any Race)
Births with 1st Trimester Prenatal Care[4]	77.9%[H]	93.5%	Suppressed	85.0%*		Suppressed		86.7%	**76.6%**
Children/Youth with Health Insurance, Ages 0-17[2]	96.7%	97.9%	Suppressed	98.3%	Suppressed	Suppressed		**96.4%**	**95.3%**
Diabetes Management (Hemoglobin A1c Test)[1]	81.8%	◆**69.5%**	82.6%						
Limited English Proficiency[1]	18.6%	1.0%	2.7%	**18.7%**	1.9%	◆**27.3%**	◆**43.8%**	6.0%	◆**36.7%**
People Delayed or had Difficulty Obtaining Care[3]	10.1%	◆**21.7%**						4.4%	9.1%
People with a Usual Source of Health Care[3]	85.7%	89.9%	100%	100%		74.5%			
Population with Any Disability[1]	10.6%	◆**11.3%**	10.6%	8.0%	◆**13.3%**	◆**12.6%**	7.6%	◆**13.0%**	7.5%

Indicators	Bench-mark	White	Afr / Afr Anc	Asian	Pac Isl	Native Am	Other	Multi Race	Hisp / Lat (Any Race)
Received Dental Care in Past 12 Months[4]		76.5%						4.4%	56.9%
Received Needed Health Care[4]		91.1%							82.6%
Recent Primary Care Visit[1]	72.4%	76.9%	74.3%						
Regular Medical Care Source[4]		92.2%							79.5%
Uninsured Children[1]	10.4%	2.1%	9.8%	1.7%	0.0%	◆24.4%	3.5%	3.6%	4.7%
Uninsured Population[1]	12.6%	6.9%	8.3%	4.8%	9.5%	◆15.6%	◆14.6%	9.1%	◆17.1%

Blank cells indicate that data were unavailable. * Indicates that survey combined Asian/Pacific Islander.

Data Without Benchmarks

Certain indicators were available that had no statewide or national comparison. These data are described below.

- Children who have Used Dental Treatment[3]: 15.5%
- Children who Used Preventative Services[3]: 29.0%
- Dental Care Past 12 Months[4]: 69.2%
- Did Not Receive Needed Health Care due to No Insurance[4]: 39.6%
- No Insurance as Cause for No Mental Health Treatment[4]: 18.8%
- Received Needed Health Care[4]: 87.7%
- Regular Medical Care Source[4]: 87.9%
- Unable to Receive Mental Health/Substance Use Treatment[4]: 3.8%

Housing & Homelessness

Table 8, Statistical Data for Housing & Homelessness

Indicators	Year(s)	Value	Benchmark	Desired ↑↓
Asthma Hospitalization Rate (Age-Adjusted per 10,000 pop.)[4]	2015	4.0	7.0	↓
Banking Institutions Rate (per 10,000 people)[1]†	2015	◆2.5	2.7	↑
Cost Burdened Households[1]	2012-2016	44.5%	42.8%	↓
Drinking Water Violations[1]	2015	◆1.0	0.8	↓
Elevated Blood Lead Levels in Children Ages 0-5[2]	2013	◆0.5%	0.2%	↓

Elevated Blood Lead Levels in Children/Youth Ages 6-20[2]	2013	0.0%	0.3%	↓
Homeless Public School Students[2]	**2016**	◆**8.3%**	**4.4%**	↓
Homeless Young Adults Ages 18-24 Who Were Unsheltered[2]	2017	72.3%	88.6%	↓
Homeless Youth Ages 0-17 Who Were Unsheltered[2]	**2017**	◆**27.7%**	**11.4%**	↓
Homeownership[3†]	2013-2017	54.0%	50.2%	↑
Housing Problems[1]	**2012-2016**	**46.2%**	**45.6%**	↓
Median Rent[7]	**2019**	◆**$1,552**	**$1,358**	↓
Pediatric Asthma ER Visit Rate (Age-Adjusted per 10,000 ages 0-17)[3]	2013-2015	59.9	70.9	↓
Pediatric Asthma Hospitalization Rate (Age-Adjusted per 10,000 ages 0-17)[3]	2013-2015	5.8	9.8	↓
Segregation Index[1]	**2010**	◆**0.47**	**0.43**	↓
Severe Housing Problems[1]	2011-2015	27.3%	27.3%	↓

Trends (†)

Certain indicators have been measured longitudinally. Below are the trend directions for indicators with trend data available.

- Banking Institutions Rate: Worsening
- Homeownership[3]: Improving

Race & Ethnicity

Some indicators are available by ethnicity, which shows disparities in certain populations.

Table 9, Statistical Data for Housing & Homelessness by Ethnicity

Indicators	Bench-mark	White	Afr / Afr Anc	Asian	Pac Isl	Native Am	Other	Multi Race	Hisp / Lat (Any Race)
Homeless Individuals**[6]		58%	7%	<1%	<1%	5%		30%	29%
Pediatric Asthma ER Visit Rate (Age-Adjusted per 10,000 ages 0-17)[3]	70.9	29.7	◆76.0						◆89.8
Pediatric Asthma Hospitalization Rate (Age-Adjusted per 10,000 ages 0-17)[3]	9.8	5.7							6.4

Blank cells indicate that data were unavailable. * Indicates that survey combined Asian/Pacific Islander. **Percentages add up to more than 100% because individuals could identify as both Hispanic/Latinx and another race/ethnicity.

Data Without Benchmarks

Certain indicators were available that had no statewide or national comparison. These data are described below.

- Number of Unsheltered Homeless Children/Youth Ages 0-17[2]: 159
- Number of Unsheltered Homeless Young Adults Ages 18-24[2]: 414

Violence/Safety

Table 10, Statistical Data for Violence/Safety

Indicators	Year(s)	Value	Benchmark	Desired ↑↓
Crime (per 1,000 pop.)[4][†]	**2016**	**❤38.5**	**30.2**	↓
Domestic Violence Calls for Assistance (per 1,000 pop.)[2]	2017	5.0	6.4	↓
Homicide Rate (Age-Adjusted, Three-Year Averages)[4]	2013-2015	3.4	4.8	↓
Substantiated Cases Child Abuse and Neglect (per 1,000 ages 0-17)[2][†]	2017	4.6	7.7	↓
Violent Crimes Rate[1]	2012-2014	394.1	402.7	↓
Bullied/Harassed at School (7th graders)[2]	2013-2015	33.6%	39.2%	↓
Bullied/Harassed at School (9th graders)[2]	2013-2015	28.9%	37.2%	↓
Bullied/Harassed at School (11th graders)[2]	2013-2015	26.8%	30.0%	↓
Children in Foster Care (per 1,000 age 0-20)[2]	2017	2.8	5.4	↓
Cyberbullied Four or More Times (7th graders)[2]	2013-2015	3.5%	4.7%	↓
Cyberbullied Four or More Times (9th graders)[2]	2013-2015	3.5%	4.9%	↓
Cyberbullied Four or More Times (11th graders)[2]	2013-2015	3.6%	4.6%	↓
Domestic Violence Hospitalizations (females ages 10 and older)[1]	**2013-2014**	**❤7.7**	**4.9**	↓
Excessive (Binge) Drinking[1]	**2015-2016**	**❤41.3%**	**33.4%**	↓
Experienced Dating Violence (9th graders)[2]	2011-2013	4.7%	5.0%	↓
Experienced Dating Violence (11th graders)[2]	2011-2013	5.6%	5.9%	↓
Feared Being Beaten Up at School on Four or More Occasions (7th graders)[2]	2013-2015	3.1%	4.7%	↓
Feared Being Beaten Up at School on Four or More Occasions (9th graders)[2]	2013-2015	1.9%	3.1%	↓
Feared Being Beaten Up at School on Four or More Occasions (11th graders)[2]	2013-2015	1.1%	2.0%	↓
Felt Very Unsafe at School (7th graders)[2]	2013-2015	1.8%	3.8%	↓
Felt Very Unsafe at School (9th graders)[2]	2013-2015	1.8%	2.4%	↓

Indicators	Year(s)	Value	Benchmark	Desired ↑↓
Felt Very Unsafe at School (11th graders)[2]	2013-2015	1.7%	2.0%	↓
Firearm-Related Death Rate (Age-Adjusted, Three-Year Averages)[4†]	2013-2015	7.3	7.6	↓
Foster Care First Entries (per 1,000 ages 0-17)[4†]	2016	2.4	3.2	↓
Gang Members (7th graders)[2]	2015-2017	4.2%	4.8%	↓
Gang Members (9th graders)[2†]	2015-2017	3.7%	4.8%	↓
Gang Members (11th graders)[2]	2015-2017	2.9%	4.7%	↓
Juvenile Felony Arrest Rate (per 1,000 ages 10-17)[2]	**2015**	**↴7.8**	**5.3**	↓
Time in Foster Care (median number of months)[2]	2016	13.0	16.6	↓
Traumatic Injury Hospitalizations, Children/Youth Ages 0-17[2]	**2017**	**↴2.7%**	**2.3%**	↓

Trends (†)

Certain indicators have been measured longitudinally. Below are the trend directions for indicators with trend data available.

- Crime[4]: Mixed
- Discrimination in Last 12 Months[4]: Mixed
- Firearm-Related Death Rate[4]: Mixed
- Foster Care First Entries[4]: Mixed
- Friends/Family Experiencing Child Abuse[4]: Mixed
- Friends/Family Experiencing Domestic Violence[4]: Improving
- Friends/Family Experiencing Elder Abuse[4]: Mixed
- Student Gang Involvement (9th Grade)[4]: Improving
- Substantiated Child Abuse[3]: Improving
- Very Concerned about Crime[4]: Improving

Race & Ethnicity

Some indicators are available by ethnicity, which shows disparities in certain populations.

Table 11, Statistical Data for Violence/Safety by Ethnicity

Indicators	Bench-mark	White	Afr / Afr Anc	Asian	Pac Isl	Native Am	Other	Multi Race	Hisp / Lat (Any Race)
Bullying/ Harassment (Students)[2]		31.3%	38.2%	53.1%	29.5%	38.2%	30.6%	34.3%	25.6%

Indicators	Bench-mark	White	Afr / Afr Anc	Asian	Pac Isl	Native Am	Other	Multi Race	Hisp / Lat (Any Race)
Cyberbullied Four or More Times (Students)[2]		3.7%	0.0%	0.0%	7.1%	3.8%	2.1%	6.1%	3.5%
Discrimination in Last 12 Months[4]		11.1%							19.4%
Experienced Dating Violence in the Past Year (Students)[2]		5.0%	29.1%	3.6%	4.6%	4.6%	5.7%	7.0%	4.5%
Feared Being Beaten Up at School on 4 or More Occasions[2]		2.6%	3.0%	2.7%	1.5%	3.2%	3.9%	3.0%	1.4%
Feel Very Unsafe at School[2]		1.1%	2.1%	0.0%	0.0%	0.0%	1.8%	0.9%	2.1%
Foster Care First Entries (per 1,000 ages 0-17)[4]	8.0	5.8							5.6
Gang Membership (Students)[2]		2.7%	13.9%	2.0%	0.0%	6.2%	6.4%	4.7%	4.5%
Physical Fighting at School 4 or More Times[2]		0.8%	0.9%	1.6%	0.0%	14.8%	2.2%	1.6%	2.9%
Substantiated Cases of Child Abuse and Neglect (per 1,000 ages 0-17)[2]	7.7	6.3	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed	7.3

Blank cells indicate that data were unavailable. * Indicates that survey combined Asian/Pacific Islander.

Data Without Benchmarks

Certain indicators were available that had no statewide or national comparison. These data are described below.

- Concerned about Cyber Crime[4]: 60.0%
- Concerned about Gangs[4]: 40.7%
- Discrimination in Last 12 Months[4]: 15.3%
- Friends/Family Experiencing Child Abuse[4]: 2.5%
- Friends/Family Experiencing Domestic Violence[4]: 5.9%
- Friends/Family Experiencing Elder Abuse[4]: 2.0%
- Very Concerned about Crime[4]: 31.3%

Health Conditions

Health conditions are those topics that impact individual health, including health behaviors such as alcohol and drug use, mental health, and diseases or conditions.

Behavioral Health

Mental Health/Emotional Well-Being

Table 12, Statistical Data for Mental Health/Emotional Well-Being

Indicators	Year(s)	Value	Benchmark	Desired ↑↓
Adolescent Suicide and Intentional Self-Inflicted Injury ER Visits (Age-Adjusted Among Children/Youth ages 5-20)[3][†]	**2013-2015**	**◆66.6**	**46.3**	**↓**
Adolescent Suicide and Intentional Self-Inflicted Injury Hospitalization Rate (Age-Adjusted Among Children/Youth ages 5-20)[3][†]	**2013-2015**	**◆25.3**	**13.9**	**↓**
Depression Among Medicare Beneficiaries[1][†]	2015	14.2%	14.3%	↓
Depression-Related Feelings (11th graders)[2]	2013-2015	32.3%	33.4%	↓
Depression-Related Feelings (7th graders)[2]	2013-2015	21.6%	25.4%	↓
Depression-Related Feelings (9th graders)[2]	2013-2015	28.7%	31.5%	↓
Mental Health Hospitalization Rate, Ages 5-19 (per 1,000 pop.)[4]	2016	5.1	5.1	↓
Mental Health Hospitalization Rate, Children Ages 5-14 (per 1,000 pop.)[2]	2016	2.2	2.5	↓
Mental Health Hospitalizations Rate, Youth Ages 15-19 (per 1,000 pop.)[2]	2016	9.4	9.8	↓
Mental Health Providers Rate[1]	2016	615.4	288.7	↑
Pediatric Mental Health ER Visit Rate, Age 0-17 (Age-Adjusted per 10,000 pop.)[3][†]	**2013-2015**	**◆35.6**	**30.4**	**↓**
Pediatric Mental Health Hospitalization Rate, Age 0-17 (Age-Adjusted per 10,000 pop.)[3][†]	**2013-2015**	**◆32.8**	**26.5**	**↓**
Poor Mental Health Days[1]	2015	3.6	3.7	↓
Self-Inflicted Injuries Rate (Age-Adjusted, per 1,000 ages 18+)[4][†]	**2014**	**◆1.0**	**0.9**	**↓**
Seriously Considered Suicide[1]	**2015-2016**	**◆13.7%**	**10.0%**	**↓**
Seriously Considered Suicide (11th graders)[2]	2013-2015	15.5%	18.1%	↓
Seriously Considered Suicide (9th graders)[2]	2013-2015	14.1%	19.0%	↓
Students per School Psychologist[2]	**2018**	**◆2,151**	**1,065**	**↓**
Suicide and Intentional Self-inflicted Injury ER Visits (Age-Adjusted per 10,000 ages 18+)[3][†]	2013-2015	17.6	21.7	↓

Indicators	Year(s)	Value	Benchmark	Desired ↑↓
Suicide and Intentional Self-inflicted Injury Hospitalization Rate (Age-Adjusted per 10,000 ages 18+)[3][†]	2013-2015	7.0	10.7	↓
Suicide Death Rate (Age-Adjusted)[4][†]	**2015**	**◆14.7**	**10.3**	**↓**
Suicide, Drug or Alcohol Misuse Death Rate (Age-Adjusted)[1]	**2011-2015**	**◆48.3**	**34.2**	**↓**
Took Medication for Mental/Emotional Problems[4][†]	**2015**	**◆18.3%**	**12.0%**	**↓**
Adults with Four or More Adverse Childhood Experiences[2]	**2008-2013**	**◆24.9%**	**15.9%**	**↓**
Bullied/Harassed at School (7th graders)[2]	2013-2015	33.6%	39.2%	↓
Bullied/Harassed at School (9th graders)[2]	2013-2015	28.9%	37.2%	↓
Bullied/Harassed at School (11th graders)[2]	2013-2015	26.8%	30.0%	↓
Caring Relationships with Adults at School, Low (7th graders)[2]	2013-2015	10.3%	14.3%	↓
Caring Relationships with Adults at School, Low (9th graders)[2]	2013-2015	15.1%	17.8%	↓
Caring Relationships with Adults at School, Low (11th graders)[2]	2013-2015	10.5%	13.0%	↓
Children in Foster Care (per 1,000 ages 0-20)[2][†]	2017	2.8	5.4	↓
Children with Two or More Adverse Experiences (Parent Reported)[2]	2016	15.3%	16.4%	↓
Cyberbullied Four or More Times (7th graders)[2]	2013-2015	3.5%	4.7%	↓
Cyberbullied Four or More Times (9th graders)[2]	2013-2015	3.5%	4.9%	↓
Cyberbullied Four or More Times (11th graders)[2]	2013-2015	3.6%	4.6%	↓
Domestic Violence Calls for Assistance (per 1,000 pop.)[2]	2017	5.0	6.4	↓
Domestic Violence Hospitalizations (females ages 10 and older)[1]	**2013-2014**	**◆7.7**	**4.9**	**↓**
Foster Care First Entries (per 1,000 ages 0-17)[4]	2017	2.4	3.2	↓
Poor Physical Health Days (Age-Adjusted, per month)[1]	**2015**	**◆3.9**	**3.7**	**↓**
Social and Emotional Support (Insufficient) [1]	**2006-2012**	**24.9%**	**24.7%**	**↓**
Social Associations Rate (per 10,000 pop.)[1][†]	2015	8.4	6.5	↑
Substantiated Cases Child Abuse and Neglect (rate per 1,000 ages 0-17)[2][†]	2017	4.6	7.7	↓
Time in Foster Care (median number of months)[2]	2016	13.0	16.6	↓

Trends (†)

Certain indicators have been measured longitudinally. Below are the trend directions for indicators with trend data available.

- Age-Adjusted ER Rate due to Adolescent Suicide and Intentional Self-inflicted Injury[3]: Worsening
- Age-Adjusted ER Rate due to Pediatric Mental Health[3]: Worsening
- Age-Adjusted ER Rate due to Suicide and Intentional Self-inflicted Injury[3]: Improving
- Age-Adjusted Hospitalization Rate due to Adolescent Suicide and Intentional Self-inflicted Injury[3]: Worsening
- Age-Adjusted Hospitalization Rate due to Pediatric Mental Health[3]: Worsening
- Age-Adjusted Hospitalization Rate due to Suicide and Intentional Self-inflicted Injury[3]: Improving
- Depression Among Medicare Beneficiaries[1]: Worsening
- Discrimination in Last 12 Months[4]: Mixed
- Foster Care First Entries[4]: Mixed
- Friends/Family Experiencing Domestic Violence[4]: Improving
- Sad or Hopeless for 2 Weeks or More[4]: Mixed
- Self-Inflicted Injuries[4]: Flat
- Social Associations[1]: Mixed
- Substantiated Child Abuse[3]: Improving
- Suicide Death Rate[4]: Worsening
- Took Medication for Mental/Emotional Problems[4]: Mixed

Tobacco/Substance Use

Table 13, Statistical Data for Tobacco//Substance Use

Indicators	Year(s)	Value	Benchmark	Desired ↑↓
Alcohol Use in Past 30 Days (9th Grade)[4†]	2016-2017	16.0%	16.6%[H]	↓
Alcohol Use Seven or More Times (Lifetime) (7th graders)[2]	2013-2015	1.8%	2.5%	↓
Alcohol Use Seven or More Times (Lifetime) (9th graders)[2]	2013-2015	8.3%	10.3%	↓
Alcohol Use Seven or More Times (Lifetime) (11th graders)[2]	**2013-2015**	**25.6%**	**25.3%**	↓
Alcohol/Drug Use in the Previous Month (7th graders)[2]	2013-2015	9.4%	10.4%	↓
Alcohol/Drug Use in the Previous Month (9th graders)[2]	2013-2015	22.4%	23.2%	↓
Alcohol/Drug Use in the Previous Month (11th graders)[2]	**2013-2015**	**34.9%**	**33.4%**	↓

Indicators	Year(s)	Value	Benchmark	Desired ↑↓
Binge Drinking in the Past 30 Days[4]†	2017	17.0%	24.4%[H]	↓
Current Smokers[1]	2014	11.5%	13.7%	↓
Drug-Induced Death Rate (Age-Adjusted, Three-Year Averages)[4]†	**2013-2015**	**◆18.1**	**11.8**	↓
Excessive (Binge) Drinking[1]	**2015-2016**	**◆41.3%**	**33.4%**	↓
Long Acting or Extended Release Opioid Prescription Rate to Opioid Naive Residents Past 60 Days (Age-Adjusted, per 1,000 prescribed pop.)[3]†	**2017**	**◆1.7**	**1.4**	↓
Marijuana Use 20-30 Days in the Previous Month (7th graders)[2]	2013-2015	0.6%	0.8%	↓
Marijuana Use 20-30 Days in the Previous Month (9th graders)[2]	**2013-2015**	**◆2.5%**	**2.3%**	↓
Marijuana Use 20-30 Days in the Previous Month (11th graders)[2]	**2013-2015**	**◆4.1%**	**3.9%**	↓
Marijuana Use in Past 30 Days (9th Grade)[4]†	**2016-2017**	**◆14.0%**	**6.0%[H]**	↓
Opioid Overdose Death Rate (All Forms) (Age-Adjusted)[3]†	**2017**	**◆6.4**	**4.5**	↓
Opioid Overdose Death Rate (Prescription) (Age-Adjusted)[3]†	**2017**	**◆3.4**	**3.2**	↓
Opioid Overdose Death Rate (Synthetic, excluding Methadone) (Age-Adjusted)[3]†	**2017**	**◆1.5**	**1.1**	↓
Opioid Overdose ED Visit Rate (excluding Heroin) (Age-Adjusted)[3]†	2017	10.1	10.3	↓
Opioid Prescription Drug Claims[1]	2015	5.9%	7.0%	↓
Suicide, Drug or Alcohol Misuse Death Rate (Age-Adjusted)[1]	**2011-2015**	**◆48.3**	**34.2**	↓
Impaired Driving Deaths[1]	**2011-2015**	**30.0%**	**29.0%**	↓
Retail Alcohol Outlet Rate (per 1,000 pop.)[4]†	**2016**	**◆2.6**	**2.3**	↓

Trends (†)

Certain indicators have been measured longitudinally. Below are the trend directions for indicators with trend data available.

- Age-Adjusted Death Rate due to All Opioid Overdose[3]: Improving
- Age-Adjusted Death Rate due to Prescription Opioid Overdose[3]: Improving
- Age-Adjusted Death Rate due to Synthetic Opioid Overdose (excluding Methadone)[3]: Mixed
- Age-Adjusted ED Visit Rate due to Opioid Overdose (excluding Heroin)[3]: Mixed
- Age-Adjusted Long Acting or Extended Release Opioid Prescription Rate to Opioid Naive Residents[3]: Mixed
- Alcohol Use in Past 30 Days (9th Grade)[4]: Improving
- Binge Drinking in the Past 30 Days[4]: Mixed

- Drug-Induced Death Rate[4]: Mixed
- Marijuana Use in Past 30 Days (9th Grade)[4]: Improving
- Retail Alcohol Outlet Rate[4]: Worsening

Race & Ethnicity

Some indicators are available by ethnicity, which shows disparities in certain populations.

Table 14, Statistical Data for Behavioral Health by Ethnicity

Indicators	Bench-mark	White	Afr / Afr Anc	Asian	Pac Isl	Native Am	Other	Multi Race	Hisp / Lat (Any Race)
Adolescent Suicide and Intentional Self-Inflicted Injury ER Visits (Age-Adjusted Among Children/ Youth ages 5-20)[3]	46.3	◆83.4							◆53.3
Adolescent Suicide and Intentional Self-inflicted Injury Hospitalization Rate (Age-Adjusted Among Children/ Youth ages 5-20)[3]	13.9	◆30.1							◆15.0
Alcohol/Drug Use in Past Month (Students)[2]		26.8%	24.6%	24.7%	19.9%	37.2%	28.4%	28.4%	25.0%
Average Life Satisfaction (10-best, 0-worst)[4]		7.4							7.4
Bullying/Harassment (Students)[2]		31.3%	38.2%	53.1%	29.5%	38.2%	30.6%	34.3%	25.6%
Caring Relationships with Adults at School, Low[2]		7.8%	14.9%	3.9%	0.0%	6.6%	10.1%	10.2%	13.9%
Cyberbullied Four or More Times (Students)[2]		3.7%	0.0%	0.0%	7.1%	3.8%	2.1%	6.1%	3.5%
Depression-Related Feelings (Students)[2]		27.3%	23.1%	42.2%	17.8%	46.8%	17.6%	31.9%	30.4%
Discrimination in Last 12 Months[4]		11.1%							19.4%
Excessive Worry in Past 12 Months[4]		14.5%							15.2%
Foster Care First Entries (per 1,000 ages 0-17)[4]	8.0	5.8							5.6

Indicators	Bench-mark	White	Afr / Afr Anc	Asian	Pac Isl	Native Am	Other	Multi Race	Hisp / Lat (Any Race)
Improper Prescription Drug Use[4]		4.5%							4.9%
Marijuana Use, 20-30 Days in the Previous Month (Students)[2]		4.4%	7.5%	6.2%	4.5%	1.8%	2.9%	3.9%	3.7%
Marijuana Use, 7 or More Times in Lifetime (Students)[2]		19.7%	17.0%	16.8%	44.3%	26.9%	15.9%	19.3%	14.8%
Neighborhood Support[4]		89.7%							81.0%
Pediatric Mental Health ER Visit Rate (Age-Adjusted, per 10,000 ages 0-17)[3]	30.4	◆44.7							28.3
Pediatric Mental Health Hospitalization Rate (Age-Adjusted, per 10,000 ages 0-17)[3]	26.5	◆40.4						◆56.6	16.8
Sad or Hopeless for 2 Weeks or More[4]		5.2%							6.0%
Someone to Turn to for Support[4]		96.4%							93.9%
Substantiated Cases of Child Abuse and Neglect (per 1,000 ages 0-17)[2]	7.7	6.3	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed	7.3
Suicidal Ideation (Students)[2]		16.5%	5.5%	36.5%	4.4%	37.6%	14.8%	19.7%	15.5%
Suicide and Intentional Self-inflicted Injury ER Visits (Age-Adjusted, per 10,000 ages 18+)[3]	21.7	21.4	◆54.2					11.2	10.3
Suicide and Intentional Self-inflicted Injury Hospitalization Rate (Age-Adjusted, per 10,000 ages 18+)[3]	10.7	8.3	◆16.6					6.5	3.3

Blank cells indicate that data were unavailable. * Indicates that survey combined Asian/Pacific Islander.

Data Without Benchmarks

Certain indicators were available that had no statewide or national comparison. These data are described below.

- Average Life Satisfaction (10-best, 0-worst)[4]: 7.4
- Discrimination in Last 12 Months[4]: 15.3%
- Excessive Worry in Past 12 Months[4]: 14.8%
- Friends/Family Experiencing Domestic Violence[4]: 5.9%
- Improper Prescription Drug Use[4]: 4.5%
- Neighborhood Support[4]: 86.4%
- No Insurance as Cause for No Mental Health Treatment[4]: 18.8%
- Opioid Prescription Patients[3]: 2.9%
- Sad or Hopeless for 2 Weeks or More[4]: 5.1%
- Someone to Turn to for Support[4]: 95.6%
- Unable to Receive Mental Health/Substance Use Treatment[4]: 3.8%

Cancer

Table 15, Statistical Data for Cancer

Indicators	Year(s)	Value	Benchmark	Desired ↑↓
All Cancers Death Rate (Age-Adjusted, Three-Year Averages)[4]†	2013-2015	133.2	143.8	↓
Breast Cancer Death Rate (Age-Adjusted, Three-Year Averages)[4]†	**2013-2015**	**20.4**	**19.8**	↓
Breast Cancer Incidence Rate (Age-Adjusted)[1]	**2010-2014**	**◆136.2**	**120.7**	↓
Cervical Cancer Incidence Rate (Age-Adjusted)[3]†	2011-2015	7.0	7.2	↓
Childhood Cancer Diagnosis Rate (ages 0-19)[2]	2011-2015	17.7	17.9	↓
Colon and Rectum Cancer Incidence Rate (Age-Adjusted)[1]	2010-2014	31.9	37.2	↓
Lung Cancer Death Rate (Age-Adjusted, Three-Year Averages)[4]†	2013-2015	25.6	30.6	↓
Lung Cancer Incidence Rate (Age-Adjusted)[1]	2010-2014	36.0	44.6	↓
Oral Cavity and Pharynx Cancer Incidence Rate (Age-Adjusted)[3]†	**2011-2015**	**◆11.4**	**10.3**	↓
Prostate Cancer Incidence Rate (Age-Adjusted)[1]	**2010-2014**	**◆122.9**	**109.2**	↓
Breast Cancer Screening (Mammogram) (Medicare Beneficiaries ages 67+)[1]†	2014	69.6%	59.7%	↑
Current Smokers[1]	2014	11.5%	13.7%	↓

Trends (†)

Certain indicators have been measured longitudinally. Below are the trend directions for indicators with trend data available.

- All Cancers Death Rate[4]: Improving
- Breast Cancer Death Rate[4]: Mixed
- Breast Cancer Screening (Mammogram)[1]: Flat
- Cervical Cancer Incidence Rate[3]: Mixed
- Lung Cancer Death Rate[4]: Improving
- Oral Cavity and Pharynx Cancer Incidence Rate[3]: Improving

Race & Ethnicity

Some indicators are available by ethnicity, which shows disparities in certain populations.

Table 16, Statistical Data for Cancer by Ethnicity

Indicators	Bench-mark	White	Afr / Afr Anc	Asian	Pac Isl	Native Am	Other	Multi Race	Hisp / Lat (Any Race)
Cancer Deaths (Age-Adjusted)[1]	141.1	**145.3**	◆**149.5**	107.6					124.1
Childhood Cancer Diagnoses (ages 0-19)[2]	17.9	◆**19.4**	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed		**18.3**
Breast Cancer Screening (Mammogram) (Medicare Beneficiaries ages 67+)[1]	59.7%	69.5%	82.6%						
Oral Cavity and Pharynx Cancer Incidence Rate (Age-Adjusted)[3]	10.3	◆**12.0**							4.7

Blank cells indicate that data were unavailable. * Indicates that survey combined Asian/Pacific Islander.

Healthy Living

Access to Food/Recreation

Table 17, Statistical Data for Access to Food/Recreation

Indicators	Year(s)	Value	Benchmark	Desired ↑↓
Access to Fresh Fruits and Vegetables[4]†	2015	50.3%	48.4%	↑
Bicycle-Involved Collision Rate[3]†	**2015**	**◆71.0**	**32.7**	↓
Exercise Opportunities[1]	2010-2014	96.1%	93.6%	↑
Food Environment Index[1]	**2014**	**7.7**	**7.8**	↑
Grocery Stores and Produce Vendors Rate (per 10,000 pop.)[1]†	2015	3.1	2.4	↓
Healthy Food Stores (Low Access)[1]	**2014**	**◆20.7%**	**13.4%**	↓
Pedestrian Accident Death Rate[1]	2011-2015	1.5	2.3	↓
Walkable Destinations[1]	2012-2015	42.3%	29.0%	↑

Trends (†)

Certain indicators have been measured longitudinally. Below are the trend directions for indicators with trend data available.

- Access to Fresh Fruits and Vegetables[4]: Improving
- Bicycle-Involved Collision Rate[3]: Improving
- Grocery Stores and Produce Vendors Rate[1]: Worsening

Diabetes & Obesity

Table 18, Statistical Data for Diabetes & Obesity

Indicators	Year(s)	Value	Benchmark	Desired ↑↓
Diabetes Diagnoses[4]†	2015	7.6%	9.8%	↓
Diabetes Management (Hemoglobin A1c Test) (Medicare Beneficiaries)[1]†	2014	87.3%	81.8%	↑
Diabetes Prevalence[1]	2014	7.0%	8.4%	↓
Obesity (Adult)[1]	2014	23.0%	26.5%	↓
Food Insecurity[4]	**2015**	**12.6%**	**12.5%**	↓

Trends (†)

Certain indicators have been measured longitudinally. Below are the trend directions for indicators with trend data available.

- Diabetes Diagnoses[4]: Mixed
- Diabetes Management (Hemoglobin A1c Test)[1]: Improving
- Overweight and Obese Adults[4]: Worsening

Diet, Fitness, & Nutrition

Table 19, Statistical Data for Diet, Fitness, & Nutrition

Indicators	Year(s)	Value	Benchmark	Desired ↑↓
Children Walking or Biking to School[1]	**2015-2016**	**9.4%**	**39.3%**	↑
Driving Alone to Work[1]	2012-2016	69.0%	73.5%	↓
Driving Alone to Work, Long Distances[1]	2012-2016	37.7%	39.3%	↓
Fast Food Consumption (Ages 2-17)[4]	2013-2014	16.3%	39.4%	↓
Food Insecurity[4]	**2015**	**12.6%**	**12.5%**	↓
Meet Fitness Standards (5th graders)[2]	2018	26.2%	24.3%	↑
Meet Fitness Standards (7th graders)[2]	2018	30.8%	30.1%	↑
Meet Fitness Standards (9th graders)[2]	**2018**	**33.8%**	**34.4%**	↑
Physical Inactivity (Adult)[1]	2013	13.1%	17.3%	↓
Soft Drink Consumption[1]	2014	16.7%	18.1%	↓
Students Achieving Physical Fitness Goals (7th Grade)[4†]	**2015-2016**	**53.0%**	**55.5%**	↑
Sugar-Sweetened Beverage Consumption (Ages 2-17)[4]	2013-2014	26.0%	42.0%	↓

Trends (†)

Certain indicators have been measured longitudinally. Below are the trend directions for indicators with trend data available.

- Students Achieving Physical Fitness Goals (7th Grade)[4]: Mixed

Table 20, Statistical Data for Healthy Living by Ethnicity

Indicators	Bench-mark	White	Afr / Afr Anc	Asian	Pac Isl	Native Am	Other	Multi Race	Hisp /Lat (Any Race)
Diabetes Management (Hemoglobin A1c Test) (Medicare Beneficiaries)[1]	81.8%	✦69.5%	82.6%						
Meet Fitness Standards (5th graders)[2]	24.3%	42.5%	Suppressed	47.1%	Suppressed	Suppressed		46.7%	✦14.1%
Meet Fitness Standards (7th graders)[2]	30.1%	47.4%	Suppressed	38.5%	Suppressed	Suppressed		43.9%	20.2%
Meet Fitness Standards (9th graders)[2]	34.4%	49.8%	Suppressed	53.7%	Suppressed	Suppressed		42.1%	✦20.4%
Obesity (Adult)[1]	26.5%	19.7%	✦31.4%	9.6%					✦32.1%
Overweight/Obese Adults[4]		53.2%							72.1%

Blank cells indicate that data were unavailable. * Indicates that survey combined Asian/Pacific Islander.

Data Without Benchmarks

Certain indicators were available that had no statewide or national comparison. These data are described below.

- Children with Low Access to a Grocery Store (% of Total Child Pop.)[3]: 2.5%
- Overweight and Obese Adults[4]: 60.6%

Heart Disease/Stroke

Table 21, Statistical Data for Heart Disease/Stroke

Indicators	Year(s)	Value	Benchmark	Desired ↑↓
Coronary Heart Disease Death Rate (Age-Adjusted, Three-Year Average)[4†]	2013-2015	72.1	93.2	↓
Heart Disease Hospitalizations Rate (per 1,000 Medicare Beneficiaries ages 65+)[1]	2012-2014	9.9	10.5	↓
Heart Disease Prevalence[1]	2014	6.2%	7.0%	↓
Stroke Death Rate (Age-Adjusted, Three-Year Average)[4†]	2013-2015	29.0	34.7	↓
Stroke Hospitalizations Rate (per 1,000 Medicare Beneficiaries ages 65+)[1]	2012-2014	6.7	7.4	↓

Stroke Prevalence (Medicare Beneficiaries)[1][†]	**2015**	◆**3.9%**	**3.7%**	**↓**	
Obesity (Adult)[1]	2014	23.0%	26.5%	↓	
Physical Inactivity (Adult)[1]	2013	13.1%	17.3%	↓	

Trends (†)

Certain indicators have been measured longitudinally. Below are the trend directions for indicators with trend data available.

- Coronary Heart Disease Death Rate[4]: Improving
- Stroke Death Rate[4]: Improving
- Stroke Prevalence[1]: Mixed

Race & Ethnicity

Some indicators are available by ethnicity, which shows disparities in certain populations. Indicators in red are more than 5% worse for that ethnic group than the benchmark.

Table 22, Statistical Data for Heart Disease/Stroke by Ethnicity

Indicators	Bench-mark	White	Afr / Afr Anc	Asian	Pac Isl	Native Am	Other	Multi Race	Hisp /Lat (Any Race)
Obesity (Adult)[1]	26.5%	19.7%	◆**31.4%**	9.6%					◆**32.1%**
Overweight/Obese Adults[4]		53.2%							72.1%

Blank cells indicate that data were unavailable. * Indicates that survey combined Asian/Pacific Islander.

Infectious Diseases

Table 23, Statistical Data for Infectious Diseases

Indicators	Year(s)	Value	Benchmark	Desired ↑↓
Chlamydia Incidence Rate[1][†]	2014	340.0	459.9	↓
Chlamydia Incidence Rate, Children/Youth Ages 10-19[2]	2015	596.1	709.2	↓
Gonorrhea Incidence Rate, Children/Youth Ages 10-19[2]	2015	57.9	121.2	↓
HIV/AIDS Death Rate[1]	2008-2014	76.1	323.9	↓
HIV/AIDS Prevalence Rate[1]	2013	190.8	374.6	↓
Kindergartners with Required Immunizations[3][†]	**2017**	**90.4%**	**95.1%**	**↑**

Trends ([†])

Certain indicators have been measured longitudinally. Below are the trend directions for indicators with trend data available.

- Chlamydia Incidence Rate[1]: Worsening
- Kindergartners with Required Immunizations[3]: Mixed

Maternal/Child & Women's Health

Maternal/Infant Health

Table 24, Statistical Data for Maternal/Infant Health

Indicators	Year(s)	Value	Benchmark	Desired ↑↓
Birth Rate (per 1,000 women ages 15-50)[4][†]	2015	51.0	49.0	↓
Infant Mortality Rate (per 1,000 live births)[4][†]	**2012-2014**	**◆4.9**	**4.6**	**↓**
Infants Born at Very Low Birth Weight[2]	**2015**	**◆1.3%**	**1.1%**	**↓**
Infants Born at Low Birth Weight[1][†]	**2015**	**8.0%**	**7.8%[H]**	**↓**
Mothers who Breastfeed[3][†]	2015-2017	98.9%	94.0%	↑
Mothers who Received Early Prenatal Care[3][†]	**2015-2017**	**83.1%**	**83.5%**	**↑**
Newborns Breastfed in Hospital[2]	2017	99.1%	94.0%	↑
Newborns Exclusively Breastfed in Hospital[2]	2017	91.7%	69.8%	↑
Pre-Term Births[4][†]	2015	10.2%	11.4%[H]	↓
Teen Birth Rate (per 1,000 women ages 15-19)[2][†]	2015	14.7	18.7	↓

Trends ([†])

Certain indicators have been measured longitudinally. Below are the trend directions for indicators with trend data available.

- Birth Rate[4]: Mixed
- Infant Mortality Rate[4]: Worsening
- Low Birth Weight[4]: Mixed
- Mothers who Breastfeed[3]: Improving
- Mothers who Received Early Prenatal Care[3]: Improving
- Pre-Term Births[4]: Mixed
- Teen Birth Rate[4]: Improving

Early Childhood Development

Table 25, Statistical Data for Early Childhood Development

Indicators	Year(s)	Value	Benchmark	Desired ↑↓
Elevated Blood Lead Levels in Children Ages 0-5[2]	2013	◆0.5%	0.2%	↓
Infant Childcare at Child Care Centers, Annual Cost[2]	2016	$16,710	$16,452	↓
Infants Born at Very Low Birth Weight[2]	2015	◆1.3%	1.1%	↓
Kindergartners with Required Immunizations[3]†	2017	90.4%	95.1%	↑
Infants Born at Low Birth Weight[1]	2015	8.0%	7.8%[H]	↓
Preschool Enrollment (ages 3-4)[1]	2012-2016	◆40.3%	48.6%	↑
Preschooler Childcare at Child Care Centers, Annual Cost[2]	2016	◆$12,010	$11,202	↓

Trends (†)

Certain indicators have been measured longitudinally. Below are the trend directions for indicators with trend data available.

- Kindergartners with Required Immunizations[3]: Mixed

Women's Health

Table 26, Statistical Data for Women's Health

Indicators	Year(s)	Value	Benchmark	Desired ↑↓
Breast Cancer Death Rate (Age-Adjusted, Three-Year Averages)[4]†	2013-2015	20.4	19.8	↓
Breast Cancer Incidence Rate (Age-Adjusted)[1]	2010-2014	◆136.2	120.7	↓
Breast Cancer Screening (Mammogram) (Medicare Beneficiaries ages 67+)[1]†	2014	69.6%	59.7%	↑
Cervical Cancer Incidence Rate (Age-Adjusted)[3]†	2011-2015	7.0	7.2	↓
Domestic Violence Hospitalizations (females ages 10 and older)[1]	2013-2014	◆7.7	4.9	↓
Mothers who Received Early Prenatal Care[3]†	2015-2017	83.1%	83.5%	↑
Teen Birth Rate (per 1,000 women ages 15-19)[2]†	2015	14.7	18.7	↓

Trends (†)

Certain indicators have been measured longitudinally. Below are the trend directions for indicators with trend data available.

- Breast Cancer Death Rate[4]: Mixed
- Breast Cancer Screening (Mammogram)[1]: Flat
- Cervical Cancer Incidence Rate[3]: Mixed
- Mothers who Received Early Prenatal Care[3]: Improving
- Teen Birth Rate[4]: Improving

Race & Ethnicity

Some indicators are available by ethnicity, which shows disparities in certain populations.

Table 27, Statistical Data for Maternal/Child & Women's Health by Ethnicity

Indicators	Bench-mark	White	Afr / Afr Anc	Asian	Pac Isl	Native Am	Other	Multi Race	Hisp / Lat (Any Race)
Births with 1st Trimester Prenatal Care[4]	77.9%H	93.5%	Suppressed	85.0%*		Suppressed		86.7%	**76.6%**
Breast Cancer Screening (Mammogram) (Medicare Beneficiaries ages 67+)[1]	59.7%	69.5%	82.6%						
In Hospital Breastfeeding of Newborns (Any Breastfeeding)[2]	94.0%	99.3%	Suppressed	100.0%	Suppressed	Suppressed	Suppressed	98.5%	99.0%
In Hospital Breastfeeding of Newborns (Exclusive Breastfeeding)[2]	69.8%	96.9%	suppressed	94.6%	Suppressed	Suppressed	Suppressed	97.1%	87.5%
Infant Mortality (per 1,000 live births)[4]	4.6	4.4							◆**4.9**
Low Birth Weight[4]	8.0%	5.7%	Suppressed	Suppressed	Suppressed	Suppressed	6.5%	Suppressed	7.3%
Pre-Term Births[4]	11.4%H	7.1%					8.9%		9.1%

Blank cells indicate that data were unavailable. * Indicates that survey combined Asian/Pacific Islander. + Using older data from 2012-2014 to highlight health disparities by race/ethnicity.

Oral/Dental Health

Table 28, Statistical Data for Oral/Dental Health

Indicators	Year(s)	Value	Benchmark	Desired ↑↓
Adult Never Had Dental Visit[5]	**2014**	◆**4.3%**	**2.2%**	↓
Adults Dental Visit Was 2+ Years/Never[5]	**2014**	◆**12.6%**	**11.7%**	↓
Child Never Had Dental Visit[5]	**2014**	◆**30.8%**	**15.3%**	↓
Dental Insurance Coverage Lacking[5][†]	2015-2016	36.3%	38.5%	↑
Denti-Cal Utilization, Age 0-20[5]	2014	58.6%	52.5%	↑
Dentists Rate[†][1]	**2015**	**76.6**	**80.3**	↑
Health Professional Shortage Area - Dental[1]	2016	0.0%	13.2%	↓
Oral Cavity and Pharynx Cancer Incidence Rate (Age-Adjusted)[3][†]	**2011-2015**	◆**11.4**	**10.3**	↓
Recent Dental Exam (Youth)[1]	2014	87.4%	86.7%	↑
Federally Qualified Health Centers[1]	2016	6.1	2.5	↑
Public Water System Fluoridated[5]	**2013**	◆**0.0%**	**63.7%**	↑
Drinking Water Violations[1]	**2015**	◆**1.0**	**0.8**	↓

Trends (†)

Certain indicators have been measured longitudinally. Below are the trend directions for indicators with trend data available.

- Dental Care Past 12 Months[4]: Mixed
- Dental Insurance Coverage[5]: Improving
- Dentists Rate[1]: Improving
- Oral Cavity and Pharynx Cancer Incidence Rate[3]: Improving

Race & Ethnicity

Some indicators are available by ethnicity, which shows disparities in certain populations.

Table 29, Statistical Data for Healthcare Access & Delivery by Ethnicity

Indicators	Bench-mark	White	Afr / Afr Anc	Asian	Pac Isl	Native Am	Other	Multi Race	Hisp / Lat (Any Race)
Oral Cavity and Pharynx Cancer Incidence Rate (Age-Adjusted)[3]	10.3	◆**12.0**							4.7

Received Dental Care in Past 12 Months[4]	76.5%			4.4%	56.9%

Blank cells indicate that data were unavailable. * Indicates that survey combined Asian/Pacific Islander.

Data Without Benchmarks

Certain indicators were available that had no statewide or national comparison. These data are described below.

- Children who have Used Dental Treatment[3]: 15.5%
- Dental Care Past 12 Months[4]: 69.2%

Respiratory Conditions

Table 30, Statistical Data for Respiratory Conditions

Indicators	Year(s)	Value	Benchmark	Desired ↑↓
Asthma Diagnoses, Children Ages 1-17[2]	**2015-2016**	**◆18.0%**	**15.2%**	↓
Asthma Hospitalization Rate (Age-Adjusted per 10,000 pop.)[4]	2015	4.0	7.0	↓
Asthma Prevalence[1]	2014	13.9%	14.8%	↓
Pediatric Asthma ER Visit Rate (Age-Adjusted per 10,000 ages 0-17)[3]†	2013-2015	59.9	70.9	↓
Pediatric Asthma Hospitalization Rate (Age-Adjusted per 10,000 ages 0-17)[3]†	2013-2015	5.8	9.8	↓
Obesity (Adult)[1]	2014	23.0%	26.5%	↓
Ozone Levels[1]†	2014	34.1%	42.0%	↓
Particulate Matter 2.5 Levels[1]†	2014	6.6%	10.7%	↓
Respiratory Hazard Index[1]	2011	1.5	2.2	↓

Trends (†)

Certain indicators have been measured longitudinally. Below are the trend directions for indicators with trend data available.

- Age-Adjusted ER Rate due to Pediatric Asthma[3]: Improving
- Age-Adjusted Hospitalization Rate due to Pediatric Asthma[3]: Mixed
- Ozone Levels[1]: Flat
- Particulate Matter 2.5 Levels[1]: Flat

Race & Ethnicity

Some indicators are available by ethnicity, which shows disparities in certain populations.

Table 31, Statistical Data for Respiratory Conditions by Ethnicity

Indicators	Bench-mark	White	Afr / Afr Anc	Asian	Pac Isl	Native Am	Other	Multi Race	Hisp / Lat (Any Race)
Obesity (Adult)[1]	26.5%	19.7%	◆31.4%	9.6%					◆32.1%
Pediatric Asthma ER Visit Rate (Age-Adjusted per 10,000 ages 0-17)[3]	70.9	29.7	◆76.0						◆89.8
Pediatric Asthma Hospitalization Rate (Age-Adjusted per 10,000 ages 0-17)[3]	9.8	5.7							6.4

Blank cells indicate that data were unavailable.

Unintended Injuries/Accidents

Table 32, Statistical Data for Unintended Injuries/Accidents

Indicators	Year(s)	Value	Benchmark	Desired ↑↓
Bicycle-Involved Collision Rate[3]†	**2015**	◆**71.0**	**32.7**	↓
Firearm-Related Death Rate (Age-Adjusted, Three-Year Averages)[4]†	2013-2015	7.3	7.6	↓
Motor Vehicle Crash Death Rate (Age-Adjusted, Three-Year Averages)[4]†	**2013-2015**	**8.4**	**8.3**	↓
Pedestrian Accident Death Rate[1]	2011-2015	1.5	2.3	↓
Poisoning Hospitalizations, Children/Youth Ages 0-17[2]	**2017**	◆**1.7%**	**1.0%**	↓
Traumatic Injury Hospitalizations, Children/Youth Ages 0-17[2]	**2017**	◆**2.7%**	**2.3%**	↓
Unintentional Injuries Rate (per 1,000 pop.)[4]†	2014	55.3	60.6	↓
Unintentional Injury Death Rate (Age-Adjusted, Three-Year Averages)[4]†	**2013-2015**	◆**37.8**	**29.1**	↓
Excessive (Binge) Drinking[1]	**2015-2016**	◆**41.3%**	**33.4%**	↓
Impaired Driving Deaths[1]	**2011-2015**	**30.0%**	**29.0%**	↓
Retail Alcohol Outlet Rate (per 1,000 pop.)[4]†	**2016**	◆**2.6**	**2.3**	↓

Certain indicators have been measured longitudinally. Below are the trend directions for indicators with trend data available.

- Bicycle-Involved Collision Rate[3]: Improving
- Firearm-Related Death Rate[4]: Mixed
- Motor Vehicle Crash Death Rate[4]: Mixed
- Retail Alcohol Outlet Rate[4]: Worsening
- Unintentional Injuries Rate[4]: Mixed
- Unintentional Injury Death Rate[4]: Worsening

General Health

Table 33, Statistical Data for General Health

Indicators	Year(s)	Value	Benchmark	Desired ↑↓
Child/Youth Death Rate (ages 1-24)[2]	**2013-2015**	**♦34.4**	**30.0**	**↓**
Death Rate (Age-Adjusted, Three-Year Average)[4]†	2013-2015	593.3	616.2	↓
Good or Better Physical Health[4]†	2017	81.6%	79.8%[H]	↑
Hispanic Population[1]	2012-2016	33.1%	38.6%	
Life Expectancy at Birth (Years)[1]	2014	81.4	80.8	↑
Median Age (Years)[1]	**2012-2016**	**37.0**	**36.0**	
Poor or Fair Health[1]	2015	15.7%	17.2%	↓
Population Age 65+[1]	**2012-2016**	**13.5%**	**12.9%**	
Population Change[1]	2000-2010	+2.6%	+10.0%	
Population Density (people per square mile)[1]	2012-2016	608.6	1,814.2	
Population Under Age 18[1]	2012-2016	20.1%	23.7%	
Population with Any Disability[1]	2012-2016	10.0%	10.6%	↓
Registered Voters[4]†	2016	84.1%	75.3%	↑
Students per Social Worker[2]	**2018**	**♦40,393**	**8,600**	**↓**

Trends (†)

Certain indicators have been measured longitudinally. Below are the trend directions for indicators with trend data available.

- Death Rate[4]: Improving
- Good or Better Physical Health[4]: Mixed
- Registered Voters[4]: Mixed

Race & Ethnicity

Some indicators are available by ethnicity, which shows disparities in certain populations.

Table 34, Statistical Data for General Health by Ethnicity

Indicators	Bench-mark	White	Afr / Afr Anc	Asian	Pac Isl	Native Am	Other	Multi Race	Hisp / Lat (Any Race)
Population with Any Disability[1]	10.6%	◆11.3%	10.6%	8.0%	◆13.3%	◆12.6%	7.6%	◆13.0%	7.5%
Good or Better Physical Health[4]	79.8%[H]	84.4%							**78.4%**
Median Age (Years)[1]	36.0	26.1	36.5	32.2		33.9	26.1	23.2	26.3
Population Age 65+[1]	12.9%	4.0%	11.9%	11.9%	0.0%		4.0%	6.2%	5.3%
Population Change[1]	+10.0%	+13.0%	+11.7%	+26.5%		**-8.5%**	+13.0%	+10.3%	+23.0%
Population Under Age 18[1]	23.7%	29.6%	15.0%	9.6%		22.4%	29.6%	32.6%	31.6%

Blank cells indicate that data were unavailable.

Summary List of Sources

Health needs data found in this document were collected primarily from the publicly available Community Commons data platform (http://www.CHNA.org). Pertinent data points on health needs from these sources are included in data tables with superscript notation:

[1] CHNA.org Data Platform
[2] KidsData.org Data Platform
[3] DataShare Santa Cruz County Data Platform
[4] The Community Assessment Project (CAP) of Santa Cruz County Comprehensive Report 2017; and CAP Children and Youth Well-being Santa Cruz County Spotlight 2018
[5] Barbara Aved Associates, Central Coast Oral Health Needs Assessment 2016 and 2018 update
[6] Santa Cruz County Homeless Census & Survey Comprehensive Report 2017
[7] Zilpy.com Rental Estimates

For a complete index of original sources (with descriptions and years), see Attachment 3: Secondary Data Indicators List.

Attachment 5. Community Resources

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

CONTENTS

ACCESS TO HEALTH CARE RESOURCES

HEALTH CARE FACILITIES AND AGENCIES

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

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

Clinics	City/Region
Cabrillo College Student Health Services	Aptos
Clinical del Valle del Pajaro	Watsonville
Dientes Community Dental	Santa Cruz
Dominican Hospital Mobile Clinic	
Dominican Physical Medicine & Rehabilitation	Santa Cruz
Homeless Persons Health Project	Santa Cruz
Immunization Clinics	
Janus of Santa Cruz Community Clinic	Santa Cruz
Palo Alto Medical Foundation	multiple locations[1]
Planned Parenthood Mar Monte Health Center	Watsonville
Salud Para la Gente	Watsonville
Santa Cruz Health Center (SC HSA Clinic)	Santa Cruz
Santa Cruz County Medical Society	Santa Cruz
Santa Cruz Women's Health Center	Santa Cruz
UC Santa Cruz Student Health Center	Santa Cruz
Watsonville Health Center (SC HSA Clinic)	Watsonville
Watsonville Homeless Health Center	Watsonville

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

OTHER GENERAL HEALTH CARE RESOURCES

Transportation Services

Bus Fare
- Bonny Doon Elementary School District Bus Transportation
- Valley Churches United Missions

Disability-Related Transportation
- Community Bridges Lift Line
- Volunteer Center of Santa Cruz County Transportation Program
- San Benito County Local Transportation Authority

Discount Transit Passes
- Homeless Services Center (Program: Homeless Services Center-Basic Needs)

Drinking/Drug-Impaired Driver Transportation
- Santa Cruz County Health Services Agency Behavioral Health (HSA) (Substance Use Disorders Services)

Gas Money
- Jacob's Heart Children's Cancer Support Services (Program: Physiological Needs)
- Valley Churches United (Program: Missions)

Local Bus Services
- Bonny Doon Union Elementary School District (Program: Bus Transportation)
- Santa Cruz Metro (Program: Public Transportation Services)

Non-Emergency Medical Transportation
- Central California Alliance for Health (Program: Medi-Cal Managed Health Care Plan)
- Community Bridges (Program: Lift Line)

Ride-Sharing
- Santa Cruz County Regional Transportation Commission (Program: Cruz511)

Senior Rides
- Community Bridges (Program: Lift Line)
- Scotts Valley Senior Center (Program: Senior Services)
- Volunteer Center of Santa Cruz County (Program: Transportation)

Insurance

Adult State/Local Health Insurance
- Community Bridges (Programs: Live Oak Community Resources, Mountain Community Resources/MCR, and Nueva Vista Community Center)
- Santa Cruz Community Health Center (East Cliff Family Health Center and Santa Cruz Women's Health Center)
- Santa Cruz County Health Services Agency Public Health Department (HSA) (Program: Medi-Cruz)

Medicare
- Social Security Administration Santa Cruz
- Social Security Administration Watsonville

Social Security Disability Insurance
- Social Security Administration Santa Cruz
- Social Security Administration Watsonville
- Social Security Retirement Benefits

State Unemployment Insurance
- County of Santa Cruz Human Services Workforce (Services for Business)

RESOURCES AVAILABLE BY IDENTIFIED HEALTH NEED

BEHAVIORAL HEALTH

Adolescent/Youth Counseling
- Cabrillo College Student Health Center
- Community Bridges (Live Oak Community Resources)
- Conflict Resolution Center of Santa Cruz County (Conflict Resolution Training Workshops)
- County of Santa Cruz Human Services Department, Family and Children's Services Division (Programs: Independent Living Program and Transitional Housing)
- Monarch Services (Domestic Violence, Sexual Assault, Human Trafficking Services)
- Pajaro Valley Prevention and Student Assistance, Inc. (Programs: Restorative Justice and Youth Services)
- The Salvation Army Santa Cruz Corps Community Center (Family and Youth Services)
- The Salvation Army Watsonville Corps
- Santa Cruz Barrios Unidos (Program: SCHS Educational Outreach)
- Santa Cruz County Health Services Agency Behavioral Health (HSA) (Program: Child and Adolescent Behavioral Health Services)
- Sobriety Works
- Survivors Healing Center
- Walnut Avenue Family & Women's Center (Program: Services for Children & Youth)

Adult Psychiatric Hospitals
- Dominican Hospital
- Santa Cruz County Health Services Agency Behavioral Health (HSA)

Adult Residential Treatment Facilities
- Alcoholics Anonymous of Santa Cruz County Intergroup, Inc. (Program: Substance Abuse Services)
- Elevate Addiction Services
- Encompass Community Services (Program: 2nd Story)
- Encompass Community Services (Program: Si Se Puede/SSP)

- Janus of Santa Cruz (Program: Substance Abuse Services)
- Opal Cliff Residential Center (Program: Mental & Behavioral Health Services)
- Sun Street Centers (Program: Women's Residential Alcohol Detoxification)

Alcohol Use Disorder Counseling
- Alcoholics Anonymous of Santa Cruz County Intergroup, Inc (Program: Substance Abuse Services
- Salud Para la Gente (Program: Wellness and Counseling (Behavioral Health)
- San Benito County Behavioral Health (Program: Substance Abuse Services
- Santa Cruz County Health Services Agency Public Health Department (HSA) (Program: Homeless Persons Health Project
- Santa Cruz County Probation Department (Program: Legal and Criminal Justice Services
- Sobriety Works (Program: Sobriety Works

Alcohol Use Disorder Education/Prevention
- Alcoholics Anonymous of Santa Cruz County Intergroup, Inc.
- Community Bridges (Program: Mountain Community Resources/MCR)
- County of Santa Cruz Human Services Department, Family and Children's Services Division (Program: Independent Living Program and Transitional Housing)
- Encompass Community Services (Programs: Alto North and South Counseling Center and Transition Age Youth/TAY)
- Pajaro Valley Prevention and Student Assistance, Inc. (Program: Youth Services
- Santa Cruz County Health Services Agency Behavioral Health (HSA) (Program: Substance Use Disorders Services)
- Santa Cruz County Probation Department (Program: Legal and Criminal Justice Services)

Alcohol Use Disorder Support Groups
- Alcoholics Anonymous of Santa Cruz County Intergroup, Inc.
- Santa Cruz County Probation Department (Program: Legal and Criminal Justice Services)

Alcohol/Drug Use–Related Recovery Homes
- Encompass Community Services (Program: Sober Living Environment/SLE Central Intake/Assessment for Drug Use Disorders)
- San Benito County Behavioral Health (Program: Substance Abuse Services)

Alzheimer's Disease
- Alzheimer's Association of Northern California and Northern Nevada - Santa Cruz Office (Program: Information and Support Services)

Anger Management
- Community Bridges (Program: Mountain Community Resources/MCR)
- Encompass Community Services (Program: Alto North and South Counseling Center)

Aquatic Therapy
- Santa Cruz County Department of Parks Simpkins Family Swim Center, Live Oak Community Center (Program: Recreation Services)

Art Therapy
- City of Santa Cruz Department of Parks and Recreation
- Jacob's Heart Children's Cancer Support Services (Program: Emotional Well-Being)

Attention Deficit/Hyperactivity Disorder
- Community Bridges (Program: Mountain Community Resources/MCR)

Autism Spectrum Disorder
- Community Bridges (Program: Mountain Community Resources/MCR)
- Easter Seals Central California (Program: Organizational and Nonprofit Development Services)

Autism Therapy
- Easter Seals Central California (Program: Organizational and Nonprofit Development Services)

Bereavement Counseling
- Community Bridges (Program: Mountain Community Resources/MCR)
- Hospice of Santa Cruz County (Program: Hospice Transition and Grief Program)
- Salud Para la Gente (Program: Wellness and Counseling/Behavioral Health)

Bipolar Disorder
- Nami Santa Cruz County (Program: Hope Bipolar Disorder and Depression Support Group)

Body Image Education
- Salud Para la Gente (Program: Family Health Care)
- Walnut Avenue Family & Women's Center (Program: Services for Children and Youth)

Caregiver Counseling
- Dominican Hospital (Program: Caregiver Support)
- Santa Cruz County Health Services Agency Clinic Services (HSA) (Program: Health Care Services)

Child Abuse Hotlines
- County of Santa Cruz Human Services Department, Family and Children's Services Division (Program: Child Protective Services/CPS)

Crime Victim/Witness Counseling
- Conflict Resolution Center of Santa Cruz County (Program: Restorative Justice)
- Santa Cruz Barrios Unidos (Program: SCHS Educational Outreach)

Children's/Adolescent Psychiatric Hospitals
- Dominican Hospital
- Santa Cruz County Health Services Agency Behavioral Health (HSA)

Chronic/Severe Mental Illness
- Encompass Community Services (Program: Supported Housing)

- Nami Santa Cruz County (Programs: Nami Classes and Thursday Night Support Group for Family Members)
- Salud Para la Gente (Program: Family Health Care)

Condition Specific Mental Health Information/Education
- Nami Santa Cruz County (Programs: Nami Classes and Thursday Night Support Group for Family Members)

Comprehensive Outpatient Alcohol and Drug Use Disorder Treatment
- Encompass Community Services (Program: Alto North and South Counseling Center)
- New Life Community Services, Inc. (Program: New Life Community Services)
- Salud Para la Gente (Program: Family Health Care)

Depression
- Community Bridges (Program: Mountain Community Resources/MCR)
- Nami Santa Cruz County (Program: Hope Bipolar Disorder and Depression Support Group)
- Salud Para la Gente (Program: Wellness and Counseling/Behavioral Health)

Developmental Disabilities Day Habilitation Programs
- Imagine Supported Living Services (Programs: Disability Services, Early Intervention for Children With Disabilities/Delays)
- Abrite Organization (Program: Education and Training Services)
- Easter Seals Central California (Program: Organizational and Nonprofit Development Services)

Divorce Counseling
- Community Bridges (Program: Mountain Community Resources/MCR)
- Conflict Resolution Center of Santa Cruz County (Program: Affordable Divorce Mediation)
- Salud Para la Gente (Program: Wellness and Counseling/Behavioral Health)

Domestic Violence Hotlines
- Emmaus House (Program: Emmaus House)
- Monarch Services (Program: Crisis Intervention Program and Domestic Violence, Sexual Assault, Human Trafficking Services)
- Walnut Avenue Family & Women's Center (Programs: Services for Children & Youth and for Survivors of Domestic Violence)

Drug Detoxification and Medication-Assisted Maintenance Treatment for
Drug Use Disorder Counseling
- Salud Para la Gente (Program: Wellness and Counseling (Behavioral Health)
- San Benito County Behavioral Health (Program: Substance Abuse Services
- Santa Cruz County Health Services Agency Public Health Department (HSA) (Program: Homeless Persons Health Project
- Santa Cruz County Probation Department (Program: Legal and Criminal Justice Services
- Sobriety Works (Program: Sobriety Works

Drug Use Disorder Education/Prevention
- Community Bridges (Program: Mountain Community Resources/MCR)
- Encompass Community Services (Programs: Alto North and South Counseling Center, Transition Age Youth/TAY)
- Pajaro Valley Prevention and Student Assistance, Inc. (Program: Youth Services)
- Salud Para la Gente (Program: Family Health Care)
- Santa Cruz County Health Services Agency Behavioral Health (HSA) (Programs: Adult Mental Health Services, Substance Use Disorders Services)

DUI Offender Programs
- Encompass Community Services (Program: Alto North and South Counseling Center)
- Janus of Santa Cruz (Program: Substance Abuse Services)

Eating Disorders Treatment
- Overeaters Anonymous Santa Cruz (Program: Support Groups)
- Salud Para la Gente (Program: Family Health Care)

Eating Disorders
- Overeaters Anonymous Santa Cruz (Program: Support Groups)
- Salud Para la Gente (Program: Wellness and Counseling/Behavioral Health)

Emotions Anonymous Support Groups
- Monterey Bay Horsemanship & Therapeutic Center (Program: Recreation Services)
- Nami Santa Cruz County (Program: Hope Bipolar Disorder and Depression Support Group)

General Addictions/Substance Disorder Support Groups
- Encompass Community Services (Program: Transition Age Youth/TAY)
- Salud Para la Gente (Program: Wellness and Counseling/Behavioral Health)
- Santa Cruz County Probation Department (Program: Legal and Criminal Justice Services)

General Mental Health Information/Education
- Dominican Hospital (Program: Dignity Health Medical Group)
- Health and Human Services Agency San Benito County (Program: Children's Medical Services)
- Nami Santa Cruz County (Programs: Classes, Family Support Group for Spanish Speakers, and Thursday Night Support Group for Family Members)

Group Counseling
- County of Santa Cruz Human Services Department Adult and Long-Term Care (Program: Veterans Services Office)
- Dominican Hospital (Program: Better Breathers Pulmonary Support Group)
- Encompass Community Services (Program: Alto North and South Counseling Center)
- The Salvation Army Santa Cruz Corps Community Center (Program: Family and Youth Services)
- San Benito County Behavioral Health (Program: Mental Health Services)

- Santa Cruz Community Health Center (Program: East Cliff Family Health Center)
- Santa Cruz County Health Services Agency Behavioral Health (HSA) (Program: Adult Mental Health Services)
- Sobriety Works
- Survivors Healing Center

In-Home Developmental Disabilities Habilitation Programs

- County of Santa Cruz Human Services Department Adult and Long-Term Care (Program: In-Home Supportive Services/IHSS)
- Imagine Supported Living Services (Program: Disability Services)

In-Person Crisis Intervention

- Pajaro Valley Prevention and Student Assistance, Inc. (Program: Restorative Justice)
- Santa Cruz Barrios Unidos (Program: SCHS Educational Outreach)

Independent Living Skills Instruction

- Central Coast Center for Independent Living
- County of Santa Cruz Human Services Department, Family and Children's Services Division (Program: Independent Living Program and Transitional Housing)
- Encompass Community Services (Program: Transition Age Youth/TAY)
- Hope Services Santa Cruz District
- San Andreas Regional Center (Program: Disability Services)
- Vista Center for the Blind and Visually Impaired

Inpatient Alcohol and Drug-Use Disorder Treatment Facilities

- Santa Cruz County Health Services Agency Behavioral Health (HSA) (Program: Substance Use Disorders Services)

Learning Disability Resources

- Easter Seals Central California (Program: Organizational and Nonprofit Development Services)
- Watsonville/Aptos/Santa Cruz Adult Education (WASC) (Program: Education for Adults With Disabilities)

Mental Health Associations

- Nami Santa Cruz County (Programs: Classes, Family Support Group for Spanish Speakers, and Thursday Night Support Group for Family Members)

Mental Health Drop-In Centers

- Mental Health Client Action Network (Program: Mental and Behavioral Health Services)
- Nami Santa Cruz County (Program: Thursday Night Support Group for Family Members)

Mental Health–Related Support Groups

- Mental Health Client Action Network (Program: Mental and Behavioral Health Services)
- Nami Santa Cruz County (Programs: Hope Bipolar Disorder and Depression Support Group, Family Support Group for Spanish Speakers, Peer Connection Support Groups,

Support for Family Members of Youth and Young Adults Ages 16–26, and Thursday Night Support Group for Family Members)

Perinatal Drug Use Disorder Treatment
- Santa Cruz County Health Services Agency Behavioral Health (HSA) (Program: Substance Use Disorders Services)

Perinatal/Postpartum Depression Counseling
- Community Bridges (Program: Mountain Community Resources/MCR)
- Nami Santa Cruz County (Program: Hope Bipolar Disorder and Depression Support Group)
- Salud Para la Gente (Program: Wellness and Counseling/Behavioral Health)
- Santa Cruz County Health Services Agency Public Health Department (HSA) (Program: Family Health Programs)

Psychiatric Case Management
- Santa Cruz County Health Services Agency Behavioral Health (HSA) (Program: Adult Mental Health Services)

Psychiatric Education Services
- San Benito County Behavioral Health (Program: Mental Health Services)
- Santa Cruz County Health Services Agency Behavioral Health (HSA) (Program: Adult Mental Health Services)

Relapse Prevention Programs
- Encompass Community Services (Program: Alto North and South Counseling Center)

Residential Alcohol and Drug Use Disorder Treatment Facilities
- Encompass Community Services (Programs: Alto North and South Counseling Center and Substance Abuse Services)
- Janus of Santa Cruz (Program: Substance Abuse Services)
- New Life Community Services, Inc.
- Salud Para la Gente (Program: Family Health Care)
- Sun Street Centers (Program: Women's Residential)

Runaway/Homeless Youth Counseling
- Conflict Resolution Center of Santa Cruz County (Program: Parent Teen Mediation)
- Encompass Community Services (Program: Transition Age Youth/TAY)

Smoking/Vaping Cessation
- Planned Parenthood Mar Monte (Programs: Watsonville Health Center and Westside Health Center)

Substance Use Disorder Day Treatment
- Janus of Santa Cruz (Programs: Community Clinic, Substance Abuse Services)
- Sobriety Works

Substance Use Disorder Intervention Programs
- Salud Para la Gente (Program: Wellness and Counseling/Behavioral Health)

- Santa Cruz County Probation Department (Program: Legal and Criminal Justice Services)

Therapy Referrals
- Dominican Hospital (Program: Outpatient Rehabilitation Center)
- Hand of Santa Cruz (Program: Support Groups)
- Jacob's Heart Children's Cancer Support Services (Programs: Emotional Well-Being and Physiological Needs)
- Santa Cruz Chapter California Association of Marriage and Family Therapists (Program: Information and Referral Services)
- Santa Cruz County Health Services Agency Behavioral Health (HSA) (Program: Adult Mental Health Services)

Tobacco Use Education/Prevention
- Salud Para la Gente (Program: Family Health Care)
- Santa Cruz County Health Services Agency Public Health Department (HSA) (Program: Community Health Education)

CANCER

Cancer Clinics
- Dominican Hospital (Every Woman Counts, Mary & Richard Solari Cancer Center, Oncology and Hematology)
- Planned Parenthood Mar Monte Watsonville Health Center (Every Woman Counts)
- Planned Parenthood Mar Monte Westside Health Center (Every Woman Counts)
- Salud Para la Gente (Every Woman Counts)
- Santa Cruz Community Health Center (Every Woman Counts)
- Santa Cruz County Health Services Agency Clinic Services (HSA) (Every Woman Counts)

Cancer Support
- Dominican Hospital (Programs: Breast Cancer Support Group and Gentle Yoga for Those with Cancer)
- Jacob's Heart Children's Cancer Support Services (Program: Physiological Needs)
- Womencare (Program: Support Groups and Healing Circles)

Lymphoma
- Dominican Hospital (Programs: Lymph-Edema Management and Outpatient Rehabilitation Center)

EARLY CHILDHOOD DEVELOPMENT

General Resources

- Child Development Resource Center (CDRC)
- County of Santa Cruz Human Services Department, Family and Children's Services Division (Program: Adoption and Foster Care Services and Child Protective Services/CPS)
- For Kids Foundation Monterey Bay (Program: Financial Assistance Services)
- Hope Services Santa Cruz District
- Imagine Supported Living Services (Program: Disability Services)
- Mountain Elementary School District Ohlsen Foods Program (Dietary Supplements)
- Salud Para la Gente (Program: Pediatric Care)
- San Andreas Regional Center (Program: Disability Services)
- Santa Cruz County Department of Child Support Services
- Walnut Avenue Family & Women's Center

Adult/Child Mentoring Programs

- Big Brothers Big Sisters of Santa Cruz County
- Conflict Resolution Center of Santa Cruz County (Program: Parent Teen Mediation)
- Walnut Avenue Family & Women's Center (Program: Services for Children and Youth)
- Your Future Is Our Business (Program: Career Exploration)

Child Abuse Reporting/Emergency Response

- Community Bridges (Program: Mountain Community Resources/MCR)
- County of Santa Cruz Human Services Department, Family and Children's Services Division (Program: Child Protective Services/CPS)
- San Benito County Health and Human Services Agency (Program: Child Protective Services/CPS)

Child Care Centers

- Community Bridges (Program: Child Development Division)
- Santa Cruz City School District (Programs: ASES/After School Education and Safety and Campus Kids Connection)

Child Care Expense Assistance

- Santa Cruz County Parents Association (Program: Voucher Project)

Child Care Provider Referrals

- Child Development Resource Center (CDRC) (Program: Child Development Resources
- Community Bridges (Program: Mountain Community Resources/MCR)

Childhood Immunizations

- Planned Parenthood Mar Monte Watsonville Health Center (Program: Watsonville Health Center)
- Santa Cruz County Health Services Agency Public Health Department (HSA) (Program: Immunizations and Vaccines)

Children's In-Home Respite Care

- Co-Parenting Workshops
- Community Bridges (Programs: La Manzana Community Resources, Live Oak Community Resources, Mountain Community Resources/MCR, and Nueva Vista Community Center)
- Conflict Resolution Center of Santa Cruz County (Program: Parent Teen Mediation)
- County of Santa Cruz Human Services Department Adult and Long-Term Care (Program: In Home Supportive Services/IHSS)
- First 5 Santa Cruz County (Program: Triple P)
- Pajaro Valley Prevention and Student Assistance, Inc. (Program: Restorative Justice Programs)
- Positive Discipline Community Resources (Program: Parenting for Strong Communities)

Children's State/Local Health Insurance

- Community Bridges (Programs: La Manzana Community Resources, Live Oak Community Resources, Mountain Community Resources/MCR, and Nueva Vista Community Center)
- Pajaro Valley Unified School District (Program: Healthy Start)
- Santa Cruz Community Health Center (Programs: East Cliff Family Health Center and Santa Cruz Women's Health Center)

Conflict Resolution Training

- Conflict Resolution Center of Santa Cruz County (Programs: Community Mediation and Conflict Resolution Training Workshops)
- County of Santa Cruz Human Services Workforce (Program: Services for Business)
- Nonviolent Communication Santa Cruz (Program: Support Groups)
- Santa Cruz Barrios Unidos (Program: Kids Club Mentorship)

Disability-Related Parenting Programs

- Community Bridges (Programs: La Manzana Community Resources, Live Oak) Community Resources, Mountain Community Resources/MCR, and Nueva Vista Community Center)
- Expectant/New Parent Assistance
- Positive Discipline Community Resources (Program: Parenting for Strong Communities)
- Santa Cruz County Health Services Agency Public Health Department (HSA) (Program: Adolescent Family Life)

Family Support Centers/Outreach

- Conflict Resolution Center of Santa Cruz County (Program: Community Mediation)
- Jacob's Heart Children's Cancer Support Services (Program: Love and Belonging)
- Nami Santa Cruz County (Programs: Family Support Group for Spanish Speakers and Thursday Night Support Group for Family Members)
- Santa Cruz Barrios Unidos (Program: SCHS Educational Outreach)

Leadership Development

- Cabrillo College (Program: Cabrillo Youth Science & Engineering Camps)
- Conflict Resolution Center of Santa Cruz County (Program: Parent Teen Mediation)
- Growing Up Wild (Program: The Outdoor Science and Character Development)
- Live Oak School District (Program: After School Clubs)
- Mountains 2 Sea
- Santa Cruz Barrios Unidos (Program: SCHS Educational Outreach)
- Ventana Wilderness Alliance (Program: Youth in Wilderness)
- Watsonville Police Activities League (Program: Youth Services)
- Your Future Is Our Business (Program: Your Future Is Our Business Career Exploration)

Parenting Skills Classes

- Abrite Organization (Program: Education & Training Services)
- City of Watsonville Parks and Community Services Department (Program: Contigo)
- Community Bridges (Programs: La Manzana Community Resources, Live Oak Community Resources, Mountain Community Resources/MCR, and Nueva Vista Community Center)
- Conflict Resolution Center of Santa Cruz County (Program: Parent Teen Mediation)
- Encompass Community Services (Program: Papas)
- First 5 Santa Cruz County (Program: Triple P)
- Pajaro Valley Prevention and Student Assistance, Inc. (Program: Restorative Justice Programs)
- Pajaro Valley Unified School District (Program: Family Literacy Project)
- Palo Alto Medical Foundation Santa Cruz (Program: Health Education Department)
- Parents Center (Program: Parent and Family Counseling)
- Positive Discipline Community Resources (Program: Parenting for Strong Communities)
- San Andreas Regional Center (Program: Disability Services)
- Santa Cruz County Health Services Agency Public Health Department (HSA) (Program: Adolescent Family Life Program)

Parent/Child Activity Groups

- Community Bridges (Program: La Manzana Community Resources)
- Encompass Community Services (Program: Papas)
- Positive Discipline Community Resources (Program: Parenting for Strong Communities)

Science and Mathematics Clubs/Societies

- Cabrillo College (Program: Youth Science and Engineering Camps)
- Santa Cruz City School District (Program: Mesa)

Stress Management

- Encompass Community Services (Program: Transition Age Youth/TAY)
- Walnut Avenue Family & Women's Center (Program: Services for Children & Youth)

Youth Development

- American Red Cross of the Central Coast

- Big Brothers Big Sisters of Santa Cruz County (Program: Big Brothers Big Sisters
- Bike Santa Cruz County (Programs: Earn-A-Bike and Middle School Bike Club)
- Bonny Doon Union Elementary School District (Program: After School Program)
- Boys & Girls Clubs of Santa Cruz County (Program: Youth Services)
- Cabrillo College (Program: Cabrillo Youth Science & Engineering Camps)
- California Conservation Corps Monterey Bay (Program: Youth Development)
- City of Santa Cruz Department of Parks and Recreation
- City of Watsonville Parks and Community Services Department
- Community Action Board of Santa Cruz County, Inc. (Cab, Inc.) (Program: Davenport Resource Service Center/DRSC)
- Community Bridges (Program: Nueva Vista Community Center)
- Conflict Resolution Center of Santa Cruz County (Program: Parent Teen Mediation)
- First 5 San Benito (Program: Playgroups)
- Growing Up Wild (Programs: The Boys in The Woodz Summer Camp and Outdoor Science and Character Development)
- Live Oak School District (Program: Education and Training Services)
- Mountain Elementary School District (Programs: After School Enrichment Classes and Campus Kids Connection/CKC)
- Mountains 2 Sea
- Pacific Elementary School District (Programs: After School Care, After School Recreation, and Life Lab)
- Pajaro Valley Unified School District (Program: After School Academic Enrichment)
- Salvation Army Redwood Glen Camp and Conference Center (Program: Summer Camp)
- San Benito County Sheriff Office
- San Lorenzo Valley Unified School District (Programs: Art After School and YMCA - After School Care)
- Santa Cruz Barrios Unidos (Programs: Audio Engineering, Kids Club Mentorship, and SCHS Educational Outreach)
- Santa Cruz County 4-H Youth Development Program (Program: Youth Services)
- Santa Cruz County Office of Education
- Santa Cruz Teen Center (Programs: Junior Leader, Teen Center Membership, Teen Internship, and Youth Services)
- Senderos (Program: ¡Adelante Santa Cruz!)
- Soquel Union Elementary School District (Program: After School Enrichment)
- Ventana Wilderness Alliance (Program: Youth in Wilderness)
- Walnut Avenue Family & Women's Center (Program: Services for Children and Youth)
- Watsonville Family YMCA (Program: Neighborhood Services)
- Watsonville Police Activities League (Program: Youth Services)
- Your Future Is Our Business (Program: Your Future Is Our Business Career Exploration)

Adult Basic Education

- Senderos Plaza Comunitaria
- Watsonville/Aptos/Santa Cruz Adult Education (WASC) (Adult Basic and Secondary Education and Education Programs for Adults with Disabilities)

Adult Literacy

- Pajaro Valley Unified School District (Family Literacy Project)
- San Benito County Library (U.S. Passport Services)
- Senderos Plaza Comunitaria
- Watsonville/Aptos/Santa Cruz Adult Education (WASC) (Programs: Adult Basic and Secondary Education)

Employment Related Advocacy Groups

- Community Bridges (Program: Mountain Community Resources/MCR)
- County of Santa Cruz Human Services Department, Family and Children's Services Division (Programs: Independent Living, Transitional Housing, Workforce Development Boards)
- Encompass Community Services (Program: Transition Age Youth/TAY)
- Monterey Bay Economic Partnership (Programs: Workforce Development, Transportation, Housing, Technology)

Financial Literacy Training and Personal Financial Counseling

- Highlands Park Senior Center (Program: AARP Tax Aide)
- Monterey Bay Economic Partnership (Programs: Workforce Development, Transportation, Housing, Technology)
- Santa Cruz Community Ventures (Program: Financial Capability Pathway)
- Volunteer Income Tax Assistance Programs (DAY OF WEEK)
  - AJCC (M, W)
  - Aptos Library (TU, TH)
  - Cabrillo College (TU, TH)
  - Community Services & Workforce Development (W*)
  - Highlands Park Senior Center (F)
  - Immigration Project (SA)
  - La Manzana Community Resources (TU)
  - Live Oak Community Resources Center (M)
  - Live Oak Senior Center (M)
  - Louden Nelson Community Center (TH)
  - Mars Hill Coffee House (SA)
  - Mid-County Senior Center (W)
  - San Benito County Library (M*)
  - Santa Cruz Community Credit Union (F)
  - Santa Cruz Public Library (TU*, SS*)

- Scotts Valley Senior Center (TH)
- Watsonville Public Library (M, F)
- Watsonville Senior Center (W)

General Clothing Provision

- St. Francis Catholic Kitchen
- The Salvation Army Santa Cruz Corps Community Center (Family and Youth Services)

Occupation Related Support Groups

- Conflict Resolution Center of Santa Cruz County (Program: Workplace Mediation)
- Homeless Garden Project (Employment & Vocational Services)

Technical/Trade Schools

- Cabrillo College/Santa Cruz County Office of Education (Program: Greater Opportunities Though Adult Learning/GOAL)
- Watsonville/Aptos/Santa Cruz Adult Education (WASC) Career Technical Education

Work Clothing Donation

- County of Santa Cruz Human Services Department, Family and Children's Services Division (Programs: Independent Living and Transitional Housing)

EDUCATION AND LITERACY

Adult Basic Education

- Senderos Plaza Comunitaria
- Watsonville/Aptos/Santa Cruz Adult Education (WASC) (Programs: Adult Basic and Secondary Education, Education Programs for Adults with Disabilities, and Fee-Supported Enrichment Classes)

Adult Literacy

- Pajaro Valley Unified School District (Family Literacy Project)
- San Benito County Library (U.S. Passport Services)
- Senderos Plaza Comunitaria
- Watsonville/Aptos/Santa Cruz Adult Education (WASC) (Adult Basic and Secondary Education)

Citizenship Education

- Community Information Center for Migrant Assistance
- County of Santa Cruz Human Services Department, Family and Children's Services Division (Programs: Independent Living and Transitional Housing)
- Encompass Community Services (Program: Transition Age Youth/TAY)
- Watsonville/Aptos/Santa Cruz Adult Education (WASC) (Programs: Career Technical Education, Continuing Education, English as a Second Language/ESL, and Citizenship Preparation)

Colleges and Community Colleges

- Cabrillo College
- UC Santa Cruz Education and Training Services

Dropout Prevention
- Pajaro Valley Prevention and Student Assistance, Inc. (Program: Restorative Justice)
- Santa Cruz Barrios Unidos (Program: SCHS Educational Outreach)

Early Literacy Development
- First 5 San Benito (Program: Playgroups)
- Pajaro Valley Unified School District

Education Advocacy Groups
- Community Bridges (Mountain Community Resources/MCR)
- Encompass Community Services (Transition Age Youth/TAY)
- Growing Up Wild (The Boys in The Woodz Summer Camp)
- Santa Cruz County Office of Education (Fostered/Foster Youth Services Coordinating)
- Walnut Avenue Family & Women's Center (Services for Children and Youth)

Educational Support Services

Academic Counseling
- Pajaro Valley Unified School District (Program: Academic and Homework Assistance)

Career Entrance Examinations
- Cabrillo College/Santa Cruz County Office of Education (Program: Greater Opportunities Though Adult Learning/GOAL)
- County of Santa Cruz Human Services Workforce (Services for Job Seekers)
- Your Future Is Our Business (Program: Your Future Is Our Business Career Exploration)

College/University Entrance Support
- Senderos (Program: ¡Adelante Santa Cruz!)

Free School Supplies
- Santa Cruz County Office of Education (Write Start Project)
- Valley Churches United (Program: Missions)

Functional Behavioral Assessment
- Planned Parenthood Mar Monte Westside Health Center
- Santa Cruz County Health Services Agency, Behavioral Health (HSA) (Program: Child and Adolescent Services)

Higher Education Bridge Programs
- Watsonville/Aptos/Santa Cruz Adult Education (WASC) (Program: Career Technical Education)

Preschool Referrals
- Child Development Resource Center (CDRC) (Program: Child Development Resources)

Return to Education Support
- County of Santa Cruz Human Services Department, Family and Children's Services Division (Program: Independent Living Program and Transitional Housing)
- Encompass Community Services (Program: Transition Age Youth/TAY)
- Watsonville/Aptos/Santa Cruz Adult Education (WASC) (Program: Fee-Supported Enrichment Classes)

Student Counseling Services
- Cabrillo College (Program: Student Health Center)
- Community Bridges (Program: Live Oak Community Resources)
- Pajaro Valley Unified School District (Program: Healthy Start)

Student Financial Aid
- County of Santa Cruz Human Services Department, Family and Children's Services Division (Program: Independent Living Program and Transitional Housing)

Study Skills Assistance
- Happy Valley Elementary School District (Program: Reading Intervention)
- Santa Cruz City School District (Program: Campus Kids Connection)
- Watsonville/Aptos/Santa Cruz Adult Education (WASC) (Program: Fee-Supported Enrichment Classes)

Tutoring Services
- Community Bridges (Live Oak Community Resources and Nueva Vista Community Center)
- County of Santa Cruz Human Services Department, Family and Children's Services Division (Programs: Independent Living and Transitional Housing)
- Pajaro Valley Unified School District (Family Literacy Project)
- Santa Cruz Barrios Unidos (Kids Club Mentorship and SCHS Educational Outreach)
- Santa Cruz Teen Center
- Senderos Plaza Comunitaria
- The Salvation Army Santa Cruz Corps Community Center (Family and Youth Services)
- Youth N.O.W. Student Center

Elementary School
- Bonny Doon Union Elementary School District (After-School Program)
- Cabrillo College (Youth Science and Engineering Camps)
- Encompass Community Services (Early Education)
- Happy Valley Elementary School District (Program: Arts Alive!)
- Soquel Union Elementary School District (Education and Training Services)
- Pacific Elementary School District (Program: Independent Study)
- Medical Schools
- Santa Cruz County Office of Education (Greater Opportunities Though Adult Learning/ GOAL)

English as a Second Language
- Cabrillo College (Greater Opportunities Though Adult Learning/GOAL)
- Center for Employment Training (Employment and Vocational Services)
- Santa Cruz City School District (Programs: "Dos Alas" and Puentes Bilingual)
- Senderos Plaza Comunitaria
- Watsonville/Aptos/Santa Cruz Adult Education (WASC) (English as a Second Language/ESL and Citizenship Preparation Programs)

GED/High School Equivalency Test Instruction
- California Conservation Corps Monterey Bay (Program: Youth Development)
- Center for Employment Training (Employment and Vocational Services)
- Senderos Plaza Comunitaria
- Watsonville/Aptos/Santa Cruz Adult Education (WASC) (Programs: Adult Basic and Secondary Education)

Language Immersion
- Santa Cruz City School District (Programs: "Dos Alas" and Puentes Bilingual)

Migrant Education
- Migrant Education Region Xi (Education and Training Services)
- Santa Cruz City School District (Program: Puentes Bilingual)

School Readiness
- Bonny Doon Union Elementary School District (After-School Program)
- Community Bridges Child Development Division
- First 5 Santa Cruz County
- Preschools
- Santa Cruz City School District (Programs: Achievement Via Individual Determination/AVID and Mathematics, Engineering, and Science Achievement/MESA)

Service Learning
- Pajaro Valley Unified School District (After School Academic Enrichment Programs)

Special Education Classes/Centers
- Pajaro Valley Unified School District (Special Education Services)
- Veteran High School (Diploma Programs)
- County of Santa Cruz Human Services Workforce (Services for Business)

Technical/Trade Schools
- Cabrillo College/Santa Cruz County Office of Education: Greater Opportunities Though Adult Learning (GOAL)
- Watsonville/Aptos/Santa Cruz Adult Education (WASC) Career Technical Education

Vocational/Trade High Schools
- Encompass Community Services (Program: Transition Age Youth/TAY)
- Watsonville/Aptos/Santa Cruz Adult Education (WASC) (Program: Career Technical Education)

Youth Literacy Programs
- Salvation Army Redwood Glen Camp and Conference Center (Program: Summer Camp)
- Santa Cruz City School District (Program: AVID)

Air Pollution, Hazardous Waste, Litter, Ocean Pollution, Odor, Pesticide/ Herbicide, and Radiation Control

- Santa Cruz County Health Services Agency, Environmental Health Services (EHS)

Drought and Earthquake Preparedness Information

- Health and Human Services Agency San Benito County (Program: Public Health Emergency Preparedness)

Electronic Waste Recycling

- Hope Services Santa Cruz District

Environmental Hazards Reporting

- Santa Cruz County Health Services Agency, Environmental Health Services (EHS)

Environmental Improvement Groups

- Santa Cruz County Health Services Agency, Environmental Health Services (HSA)
- Watsonville Wetlands Watch (Program: Environmental Quality Services)

Evacuation Information

- Santa Cruz County Office of Emergency Services (Program: Disaster Preparedness, Response, and Assistance Services)

Hazardous Materials Collection Sites

- Santa Cruz County Health Services Agency, Environmental Health Services (HSA)

Poison Control

- Santa Cruz County Health Services Agency, Environmental Health Services (HSA)

Sandbags/Water Diversion Systems

- San Benito County Water District (Program: Water Resources Association San Benito County)
- Santa Cruz County Office of Emergency Services (Program: Sandbag Distribution)

Water Conservation Kits

- Central Coast Energy Services, Inc.
- San Benito County Water District (Program: Water Resources Association San Benito County)

Water Quality Assurance

- San Benito County Water District (Program: Water Resources Association San Benito County)
- Santa Cruz County Health Services Agency, Environmental Health Services (HSA) (Programs: Environmental Health Services and Land Use)

Wastewater Collection/Processing

- Santa Cruz County Health Services Agency, Environmental Health Services (HSA) (Program: Land Use)

Affordable Care Act Insurance Information/Counseling
- Cabrillo College Student Health Center
- Santa Cruz County Health Services Agency Clinic Services (HSA)

After-School Lunch Program
- Santa Cruz City School District After School Education and Safety/ASES

AIDS/HIV/STD Prevention Counseling and Supplies
- Salud Para la Gente (Program: Family Health Care)
- Santa Cruz County Health Services Agency Clinic Services (HSA)

Amputation Assistance
- Dominican Hospital Hand Rehabilitation Center

Anemia
- Planned Parenthood Mar Monte (Watsonville Health Center and Westside Health Center)

Arthritis
- Dominican Hospital Hand Rehabilitation Center

Asthma
- Dominican Hospital (Dignity Health Medical Group–Dominican/Pulmonology)

Blood Pressure Screening
- Community Bridges (Program: Nueva Vista Community Center
- Dominican Hospital (Dominican Hospital Pep Program and Infectious Diseases, Internal Medicine and Endocrinology)
- Planned Parenthood Mar Monte (Watsonville Health Center and Westside Health Center)

Blood Tests
- Dominican Hospital (Laboratory, Infectious Diseases, Internal Medicine and Endocrinology)
- Planned Parenthood Mar Monte (Watsonville Health Center and Westside Health Center)
- Salud Para la Gente (Program: Pediatric Care)

Brown Bag Food Programs
- Grey Bears Brown Bag
- Highlands Park Senior Center
- Jacob's Heart Children's Cancer Support Services Physiological Needs
- La Manzana Community Resources Community Bridges
- Saint Vincent De Paul Society of Santa Cruz
  - St. Patrick's Church
  - St. Joseph's Catholic Community
- Santa Cruz Barrios Unidos Healthy Food Distribution Program

Child Health and Disability Prevention Exams

- Health and Human Services Agency San Benito County (Program: Children's Medical Services)
- Santa Cruz County Health Services Agency Clinic Services (HSA) (Program: Health Care Services)
- Santa Cruz County Health Services Agency Public Health Department (HSA) (Program: Child Health and Disability Prevention/CHDP)

Cholesterol/Triglycerides Tests

- Dominican Hospital (Laboratory)
- Planned Parenthood Mar Monte (Watsonville Health Center and Westside Health Center)
- Salud Para la Gente (Program: Pediatric Care

Comprehensive Physical Examinations

- Dominican Hospital (Program: Dignity Health Medical Group–Dominican
- Dominican Hospital (Program: Dominican Hospital Cardiology Department
- Dominican Hospital (Program: Dominican Hospital Imaging & Radiology Department
- Planned Parenthood Mar Monte (Watsonville Health Center and Westside Health Center)
- Salud Para la Gente (Program: Pediatric Care
- Santa Cruz County Health Services Agency Clinic Services (HSA) (Program: Health Care Services

Communicable Disease Control

- Health and Human Services Agency San Benito County (Program: Children's Medical Services)
- Santa Cruz County Agricultural Commissioner (Program: Santa Cruz County Mosquito and Vector Control)
- Santa Cruz County Health Services Agency Clinic Services (HSA) (Program: Health Care Services)
- Santa Cruz County Health Services Agency Public Health Department (HSA) (Program: Communicable Disease Prevention and Control)
- Santa Cruz County Health Services Agency, Environmental Health Services (HSA)

Disease/Disability Information

- Alzheimer's Association of Northern California And Northern Nevada - Santa Cruz Office (Program: Information and Support Services)
- Health and Human Services Agency San Benito County (Program: Children's Medical Services)
- Santa Cruz County Health Services Agency Public Health Department (HSA) (Program: Immunizations and Vaccines)

Developmental Assessment and Screening

- Imagine Supported Living Services (Program: Disability Services)

- San Andreas Regional Center (Program: Disability Services)
- Santa Cruz County Health Services Agency Behavioral Health (HSA) (Program: Adult Mental Health Services)
- Santa Cruz County Health Services Agency Public Health Department (HSA) (Program: California Children Services Program/CCS)
- Stars Therapy Services (Program: Stars Infant Program)

Diabetes Screening
- Community Bridges (Program: Nueva Vista Community Center)
- Dominican Hospital (Programs: Dominican Hospital Pep Program and Infectious Diseases, Internal Medicine and Endocrinology)
- Palo Alto Medical Foundation Santa Cruz (Programs: Capitola Center Doctors & Services and Watsonville Center)
- Planned Parenthood Mar Monte (Watsonville Health Center and Westside Health Center)

Diabetes Management Clinics
- Dominican Hospital (Infectious Diseases, Internal Medicine, and Endocrinology)
- Monterey Bay Horsemanship & Therapeutic Center (Program: Recreation Services)
- Pajaro Valley Community Health Trust (Program: Diabetes Health Center)
- Palo Alto Medical Foundation Santa Cruz (Program: Capitola Center Doctors & Services)

Employment Physical Examinations
- Dominican Hospital (Program: Dignity Health Medical Group–Dominican)
- Planned Parenthood Mar Monte (Watsonville Health Center and Westside Health Center)
- Santa Cruz County Health Services Agency Clinic Services (HSA)

Epilepsy
- Dominican Hospital Cardiology Department
- Monterey Bay Horsemanship & Therapeutic Center (Program: Recreation Services)

Eye Screening
- Dr. Curtis M. Froid
- Santa Cruz Host Lions Club (Program: Eye Fund)
- Vista Center for The Blind and Visually Impaired (Program: Vista Center)

Eye Care Referrals
- Dr. Curtis M. Froid

Food Banks/Food Destruction Warehouses
- Community Action Board of Santa Cruz County Davenport Resource Service Center
- Community Bridges Program
  - La Manzana Community Resources
  - Live Oak Community Resources
- Saint Vincent De Paul Society of Santa Cruz Program
  - St. Patrick's Church

- St. Joseph's Catholic Community
- Santa Cruz Barrios Unidos Healthy Food Distribution Program
- The Salvation Army Hollister Food and Toy Distribution Program

Food Donation Programs

- Community Action Board of Santa Cruz County, Inc. (Cab, Inc.) (Program: Davenport Resource Service Center/DRSC)
- Community Bridges (Programs: La Manzana Community Resources and Live Oak Community Resources)
- County of Santa Cruz Human Services Department, Family and Children's Services Division (Program: Independent Living Program and Transitional Housing)
- Pajaro Rescue Mission (Program: Pajaro Rescue Mission)
- Santa Cruz Barrios Unidos (Program: Healthy Food Distribution Program)
- The Bridge of Hope Foundation (Program: Nursing Home Visitation)
- Walnut Avenue Family & Women's Center (Program: Services for Children & Youth)

Food Pantries

- Calvary Episcopal Church Food Program
- Community Action Board of Santa Cruz County Davenport Resource Service Center
- Community Bridges Program
  - La Manzana Community Resources
  - Live Oak Community Resources
  - Mountain Community Resources (MCR)
  - Nueva Vista Community Center
- Community Food Bank of San Benito County Food Distribution Program
- Community Services & Workforce Development (Program: Housing Opportunities for Persons With AIDS)
- County of Santa Cruz Human Services Department, Family and Children's Services Division (Program: Independent Living Program and Transitional Housing)
- Foods Not Bombs Program
- Inner Light Ministries
- Jacob's Heart Children's Cancer Support Services Physiological Needs Program
- New Hope Community Church Aptos Christian Fellowship Program
- Pajaro Valley Loaves and Fishes Program
- Saint Vincent De Paul Society of Santa Cruz Program
  - The Catholic Community of San Agustin
  - Our Lady Star of the Sea
  - St. Joseph's Catholic Community
  - St. Patrick's Church
  - Support Services
- Santa Cruz Barrios Unidos Healthy Food Distribution Program
- Second Harvest Food Bank Santa Cruz County

- The Salvation Army Hollister Corps
- The Salvation Army Santa Cruz Corps Community Center
- The Salvation Army Watsonville Corps Program
- Twin Lakes Church Program
- Valley Churches United Program

Food Stamps/Snap Applications
- Community Action Board of Santa Cruz County, Inc. (Cab, Inc.) (Program: Davenport Resource Service Center (DRSC)
- Community Bridges (Programs: La Manzana Community Resources, Live Oak Community Resources, and Nueva Vista Community Center)
- County of Santa Cruz Human Services Department Employment and Benefit Services Division (Program: Cal fresh)
- Health and Human Services Agency San Benito County (Program: CalFresh)
- Pajaro Valley Unified School District (Program: Healthy Start)
- Second Harvest Food Bank Santa Cruz County (Program: Second Harvest Food Bank Santa Cruz County)

Food Vouchers
- Jacob's Heart Children's Cancer Support Services Physiological Needs Program
- Saint Vincent De Paul Society of Santa Cruz Program
  - St. Patrick's Church
  - St. Joseph's Catholic Community
  - The Catholic Community of San Agustin

Flu Vaccines
- Central California Alliance for Health (Program: Flu and Whooping Cough [Pertussis] Vaccines)
- Planned Parenthood Mar Monte (Watsonville Health Center and Westside Health Center)
- Santa Cruz County Health Services Agency Public Health Department (HSA) (Program: Immunizations and Vaccines)
- Santa Cruz County Medical Society (Program: Immunization Clinics)

General Health Education
- Community Bridges (Programs: La Manzana Community Resources, Meals on Wheels, Nueva Vista Community Center)
- Health and Human Services Agency San Benito County (Program: Maternal Child Adolescent Health)
- Palo Alto Medical Foundation Santa Cruz (Health Education Department)
- Santa Cruz Community Health Center (East Cliff Family Health Center)
- Santa Cruz County Health Services Agency Public Health Department (HSA) (HIV/AIDS Services)

- Santa Cruz County Health Services Agency Public Health Department (HSA) (Program: Homeless Persons Health Project)
- Watsonville/Aptos/Santa Cruz Adult Education (WASC) (Program: Education for Adults With Disabilities)

General Health Insurance Information/Counseling
- Cabrillo College Student Health Center
- Community Bridges (Programs: La Manzana Community Resources, Live Oak Community Resources, Mountain Community Resources/MCR, Nueva Vista Community Center)
- Dominican Hospital (Program: Dignity Health Medical Group–Dominican)
- First 5 Santa Cruz County (Program: Health Insurance Application Assistance)
- Pajaro Valley Unified School District (Program: Healthy Start)
- Salud Para la Gente (Program: Community Health)
- Santa Cruz Community Health Center (East Cliff Family Health Center and Santa Cruz Women's Health Center)
- Santa Cruz County Health Services Agency Public Health Department (HSA) (Programs: Health Care Access Line and Homeless Persons Health Project)
- Senior Network Services

General Physical Examinations
- Dominican Hospital (Program: Dignity Health Medical Group–Dominican)
- Planned Parenthood Mar Monte (Watsonville Health Center and Westside Health Center
- Salud Para la Gente (Program: Pediatric Care)
- Santa Cruz County Health Services Agency Clinic Services (HSA)

Glasses/Contact Lenses
- Santa Cruz Host Lions Club (Program: Eye Fund)

Health Care Discount Enrollment Programs
- Community Bridges (Program: La Manzana Community Resources)
- Salud Para la Gente (Program: Women's Health Care/OB-GYN and Lactation)

Health Insurance Premium Assistance
- Community Bridges (Programs: La Manzana Community Resources and Live Oak Community Resources)

Hearing Aid Referrals and Hearing Augmentation Aids
- Salud Para la Gente (Program: Pediatric Care)

Home Delivered Meals
- Community Bridges (Program: Meals on Wheels)

Hepatitis Testing
- Planned Parenthood Mar Monte Westside Health Center
- Santa Cruz County Health Services Agency Public Health Department (HSA) (Program: Syringe Services)

HIV Testing

- Encompass Community Services (Program: Santa Cruz Aids Project)
- Planned Parenthood Mar Monte (Watsonville Health Center and Westside Health Center)
- Santa Cruz County Health Services Agency Clinic Services (HSA)
- Santa Cruz County Health Services Agency Public Health Department (HSA) (Programs: HIV/AIDS Services, Homeless Persons Health Project, and Syringe Services)

HPV Immunizations

- Planned Parenthood Mar Monte Westside Health Center (Westside Health Center)
- Santa Cruz County Health Services Agency Public Health Department (HSA) (Program: Immunizations and Vaccines)

Influenza Control

- Santa Cruz County Health Services Agency Public Health Department (HSA) (Program: Immunizations and Vaccines)

Laundry Services

- County of Santa Cruz Human Services Department, Family and Children's Services Division (Program: Independent Living Program and Transitional Housing)
- Homeless Services Center (Program: Homeless Services Center-Basic Needs)

Lead Information

- Santa Cruz County Health Services Agency Public Health Department (HSA) (Program: Childhood Lead Poisoning Prevention Program)

Lung Disease

- Dominican Hospital (Program: Dignity Health Medical Group–Dominican/ Pulmonology)

Lyme Disease Clinics

- Dominican Hospital (Program: Lymph-Edema Management)

Mold Pollution Information

- Citizens United for Responsible Environmentalism, Inc.

Mammograms

- Dominican Hospital Imaging & Radiology Department (Program: Breast Cancer)
- Santa Cruz County Health Services Agency Clinic Services (HSA)

Medical Marijuana Registration Programs

- San Benito County Health and Human Services Agency (Program: Medical Marijuana Identification Card Program)
- Santa Cruz County Health Services Agency Public Health Department (HSA) (Program: Community Health Education)

Medicaid

- Central California Alliance for Health (Program: Medi-Cal Managed Health Care Plan)
- Community Bridges (Programs: Live Oak Community Resources and Nueva Vista Community Center)

- Salud Para la Gente (Program: Community Health)
- San Benito County Health and Human Services Agency (Program: Medi-Cal)
- San Benito Health Foundation (Program: Medi-Cal Program)
- Santa Cruz County Human Services Department Employment and Benefit Services Division (Program: Medi-Cal)

Medical Care Expense and Equipment Assistance
- Dominican Hospital (Program: Dominican Hospital Pep Program)
- Jacob's Heart Children's Cancer Support Services (Program: Physiological Needs)
- Mercy Transportation
- Salud Para la Gente (Programs: Women's Health Care/OB-GYN and Lactation)
- San Benito County Veteran Service Office
- Santa Cruz County Health Services Agency Public Health Department (HSA) (Program: California Children Services)

Nutrition Assessment Services
- Health and Human Services Agency San Benito County (Program: Children's Medical Services)
- San Benito Health Foundation (Program: Community Health Center)
- Santa Cruz County Health Services Agency Public Health Department (HSA) (Program: Community Health Education)

Nutrition Education
- Community Bridges (Programs: Child and Adult Care Food Program, La Manzana Community Resources, and Nueva Vista Community Center)
- Pacific Elementary School District (Program: Life Lab)
- Palo Alto Medical Foundation Santa Cruz (Programs: Capitola Center Doctors & Services and Health Education Department)
- Salud Para la Gente (Program: Family Health Care)
- Santa Cruz County Health Services Agency Public Health Department (HSA) (Program: Community Health Education)
- Second Harvest Food Bank Santa Cruz County
- Walnut Avenue Family & Women's Center (Services for Children & Youth)
- Physical Activity and Fitness Education/Promotion)
- Bike Santa Cruz County (Program: Earn-A-Bike)
- City of Santa Cruz Department of Parks and Recreation
- Community Bridges (Program: La Manzana Community Resources)
- Dominican Hospital (Program: Dominican Hospital Pep Program)
- Growing Up Wild (Program: The Boys in The Woodz Summer Camp)
- Mid-County Senior Center (Program: Exercise Classes)
- Salud Para la Gente (Program: Pediatric Care)
- Santa Cruz County Probation Department (Program: Legal and Criminal Justice Services)

- Ventana Wilderness Alliance (Program: Youth in Wilderness)
- Physician Referral Services
- Dominican Hospital (Program: Infectious Diseases, Internal Medicine and Endocrinology)
- Santa Cruz County Medical Society (Program: Santa Cruz County Medical Society)

Occupational Therapy
- Dominican Hospital (Program: Outpatient Rehabilitation Center)
- Santa Cruz County Health Services Agency Public Health Department (HSA) (Program: Medical Therapy)
- Pajaro Valley Unified School District (Program: Special Education Services)

Pap Tests
- Dominican Hospital (Laboratory)

Pest Control Services
- Santa Cruz County Health Services Agency, Environmental Health Services (HSA)

Physical Therapy
- Dominican Hospital (Programs: Lymph-Edema Management, Outpatient Rehabilitation Center, Physical Medicine & Rehabilitation)
- Monterey Bay Horsemanship & Therapeutic Center (Program: Recreation Services)
- Santa Cruz County Health Services Agency Public Health Department (HSA) (Program: Medical Therapy Program)
- Speech Therapy
- Dominican Hospital (Program: Outpatient Rehabilitation)

Prescription Drug Discount Cards/Prescription Expense Assistance
- United Way of Santa Cruz County
- Jacob's Heart Children's Cancer Support Services (Program: Physiological Needs)

Prostatic Specific Antigen Blood Tests
- Dominican Hospital (Laboratory, Infectious Diseases, Internal Medicine and Endocrinology)

Public Facility Health Inspection
- Cabrillo College (Program: Cabrillo College Student Health Center)

Referral to Physicians Accepting Medicaid
- Central California Alliance for Health (Program: Medi-Cal Managed Health Care Plan)
- Salud Para la Gente (Program: Community Health)

Sexually Transmitted Disease Screening
- Planned Parenthood Mar Monte (Watsonville Health Center and Westside Health Center)
- Santa Cruz Community Health Center (Santa Cruz Women's Health Center)
- Santa Cruz County Health Services Agency Clinic Services (HSA) (Program: Health Care Services)

Sexually Transmitted Disease Treatment

- Planned Parenthood Mar Monte (Watsonville Health Center and Westside Health Center)
- Salud Para la Gente (Family Health Care)

Sports Participation Physical Examinations

- Live Oak School District (Program: After School Clubs)
- Planned Parenthood Mar Monte (Watsonville Health Center and Westside Health Center)
- Salud Para la Gente (Pediatric Care)
- Santa Cruz City School District (Program: Athletics)
- Santa Cruz County Health Services Agency Clinic Services (HSA) (Health Care Services)

Soup Kitchens

- Elm Street Mission Dinner
- Pajaro Valley Loaves and Fishes
- St. Francis Catholic Kitchen
- The Salvation Army Watsonville Corps

Stroke

- Dominican Hospital

Summer Food Service

- Community Bridges Program
  - La Manzana Community Resources
  - Nueva Vista Community Center
- School Districts With Summer Food Service Programs
  - Live Oak School District
  - Pajaro Valley Unified School District
  - Santa Cruz City School District

Tap Water Information

- San Benito County Water District (Program: Water Resources Association San Benito County)
- Santa Cruz County Health Services Agency, Environmental Health Services (HSA) (Programs: Environmental Health Services and Land Use)

Terminal Illness

- Dominican Hospital (Infectious Diseases, Internal Medicine, and Endocrinology)
- Hospice of Santa Cruz County (Program: Hospice Transition and Grief)
- Salud Para la Gente (Family Health Care)

Tuberculosis Screening

- Dominican Hospital (Dominican Hospital Pep Program)

Urine Tests

- Dominican Hospital (Laboratory and Urology)
- Salud Para la Gente (Pediatric Care)

Weight Management

- Overeaters Anonymous Santa Cruz (Support Groups)
- Palo Alto Medical Foundation Santa Cruz (Health Education Department)

HOUSING AND HOMELESSNESS

- Volunteer Center of Santa Cruz County: Helping Hands Senior Home Repair
- Smart Path to Housing and Health Program (Families in Transition)
- Community Services & Workforce Development Low-Income Home Emergency Assistance Program
- Housing Choices Coalition

Electric, Gas, and Water Services Payment Assistance

- Central Coast Energy Services
- Community Services & Workforce Development
  - Community Services & Workforce Development
  - Housing Opportunities for Persons with AIDS
- Jacob's Heart Children's Cancer Support Services: Physiological Needs
- Saint Vincent De Paul Society of Santa Cruz: Support Services
- The Salvation Army Santa Cruz Corps Community Center (Program: Reach)
- Valley Churches United Missions

Extreme Cold Warming Centers

- Warming Center (Program: The Warming Center Program

Homeless Drop in Centers

- The Salvation Army Watsonville Corps Shelter

Homeless Shelters

- Community Services & Workforce Development
- Encompass Community Services
- Rebele Family Shelter (RFS)
- Jesus, Mary, and Joseph Home
- Pajaro Rescue Mission
- Pajaro Valley Shelter Services
  - Annex Program
  - Emergency Shelter
  - Transitional Housing Program
- Smart Path to Housing and Health Program
  - Families in Transition
  - Mental Health Coalition Action Network (MHCAN)
  - Encompass
  - Homeless Services Center
  - Santa Cruz Public Library, Downtown Branch
  - Veterans Resource Center

- The Warming Center Program

Housing Counseling
- Community Bridges Program: Live Oak Community Resources
- Encompass Community Services
  - Santa Cruz AIDS Project
  - Transition Age Youth (TAY) Program
- Monterey Bay Economic Partnership Workforce Development, Transportation, Housing, Technology Program
- Smart Path to Housing and Health Families in Transition Program

Home Loans and Home Services for Veterans
- Central Coast Energy Services
- County of Santa Cruz Human Services Department Adult and Long-Term Care (Veterans Services Office)
- Weatherization Programs

Homeless Employment Programs
- Encompass Community Services (Program: Transition Age Youth/TAY)

Housing Advocacy Groups
- Community Bridges (Programs: Live Oak Community Resources, Mountain Community Resources/MCR, and Nueva Vista Community Center)
- County of Santa Cruz Human Services Department, Family and Children's Services Division (Programs: Independent Living and Transitional Housing)
- Encompass Community Services (Program: Transition Age Youth/TAY)
- Monterey Bay Economic Partnership (Programs: Workforce Development, Transportation, Housing, Technology)

Low Cost Home Rental Listings
- Community Services & Workforce Development Rental Assistance Program
- Housing Choices Coalition

Low Income/Subsidized Rental Housing
- Community Services & Workforce Development
  - Low-Income Housing Program
  - Rental Assistance program
- County of Santa Cruz Human Services Department, Family and Children's Services Division Independent Living Program and Transitional Housing
- Housing Authority of Santa Cruz County
  - Housing Authority Program
  - Low-Income Public Housing Program (LIPH)
  - USDA Farm Worker Housing Program
- Housing Choices Coalition

Landlord/Tenant Dispute Resolution
- Community Bridges (Nueva Vista Community Center)

- Conflict Resolution Center of Santa Cruz County Community Mediation
- Conflict Resolution Center of Santa Cruz County Conflict Resolution Training Workshops

Mortgage Payment Assistance
- Valley Churches United Missions

Older Adult/Disability Related Supportive Housing
- Imagine Supported Living Services Disability Services
- San Andreas Regional Center Disability Services

Personal/Grooming Supplies and Public Showers/Baths
- Santa Cruz County Health Services Agency Public Health Department Homeless Persons Health Project
- Homeless Services Center: Homeless Services Center-Basic Needs
- Shower the People Program
- St. Francis Catholic Kitchen

Rapid Re-Housing Programs
- Encompass Community Services Transition Age Youth Program (TAY)

Rent Payment Assistance
- Community Action Board of Santa Cruz County Rental Assistance Program
- Community Services & Workforce Development
  - Community Services & Workforce Development Program
  - Housing Opportunities for Persons With AIDS
  - Rental Assistance Program
- Jacob's Heart Children's Cancer Support Services Physiological Needs Program
- Saint Vincent de Paul Society of Santa Cruz
  - St. Patrick's Church
  - Support Services
- Valley Churches United Missions Program

Senior Housing Information and Referral
- Conflict Resolution Center of Santa Cruz County Community Mediation Program
- Senior Network Services Program

Subsidized Home Acquisition
- Habitat for Humanity Monterey Bay (Program: Affordable Self-Help Ownership Housing)

Transitional Housing/Shelter
- County of Santa Cruz Human Services Department Family and Children's Services (Programs: Independent Living and Transitional Housing)
- Encompass Community Services (Programs: Supported Housing and Transition Age Youth/TAY)
- Homeless Services Center (Program: Page Smith Community House/PSCH)
- Pajaro Valley Shelter Services/PVSS (Programs: Annex and Transitional Housing)

- The Salvation Army Watsonville Corps Shelter

Telephone Service Payment Assistance
- Jacob's Heart Children's Cancer Support Services: Physiological Needs

Trash/Recycling Service Payment Assistance
- Jacob's Heart Children's Cancer Support Services (Program: Physiological Needs

Tenant Rights Information/Counseling
- California Rural Legal Assistance
- Community Bridges Live Oak Community Resources
- The Salvation Army Watsonville Corps

MATERNAL/INFANT HEALTH

Baby Clothing, Furniture, and Diapers
- Community Bridges (Program: Women, Infants and Children/WIC)
- Hollister Pregnancy Center
- Siena House Maternity Home of Santa Cruz County

Birth Control
- Breastfeeding Support Programs
- Community Bridges (Program: Women, Infants and Children/WIC)
- Dominican Hospital (Program: Breastfeeding Support Groups)
- Dominican Hospital Birth Center
- Nursing Mothers Counsel (Program: Family and Parenting Services)
- Palo Alto Medical Foundation Santa Cruz (Program: Breastfeeding Support Groups)
- Planned Parenthood Mar Monte (Watsonville Health Center and Westside Health Center)
- Salud Para la Gente (Program: Women's Health Care/OB-GYN) and Lactation
- Santa Cruz Community Health Center (Program: Breastfeeding Support Groups)
- Santa Cruz Women's Health Center
- Sutter Maternity & Surgery Lactation Center (Program: Consultations and Ongoing Support Groups)
- Walnut Avenue Family & Women's Center (Program: Services for Children and Youth)
- Watsonville Community Hospital (Program: Breastfeeding Support Groups)

Baby Clothing Donation Programs
- Community Bridges (Program: Women, Infants and Children/WIC)
- Hollister Pregnancy Center (Program: Free and Confidential Pregnancy and STD Testing)

Breastfeeding Women Support
- Community Bridges (Program: Women, Infants and Children/WIC)
- Dominican Hospital (Program: Breastfeeding Support Groups)
- Nursing Mothers Counsel (Program: Family and Parenting Services)
- Palo Alto Medical Foundation Santa Cruz (Program: Breastfeeding Support Groups)
- Salud Para la Gente (Program: Women's Health Care-OB-GYN and Lactation)

- Santa Cruz Community Health Center (Program: Breastfeeding Support Groups)
- Sutter Maternity & Surgery Lactation Center (Program: Consultations and Ongoing Support Groups)
- Watsonville Community Hospital (Program: Breastfeeding Support Groups)

Childbirth Education
- Dominican Hospital Birth Center
- Palo Alto Medical Foundation Santa Cruz (Program: Health Education Department)
- Salud Para la Gente (Program: Family Health Care)
- Salud Para la Gente (Program: Women's Health Care/OB-GYN and Lactation)

Child Abuse Support Groups
- Positive Discipline Community Resources (Program: Parenting for Strong Communities)
- Survivors Healing Center

Diaper Donation Programs
- Community Bridges (Program: Women, Infants and Children/WIC)

Domestic Violence Support Groups
- Community Bridges (Program: Mountain Community Resources/MCR)
- Monarch Services (Domestic Violence, Sexual Assault, Human Trafficking Services)
- Walnut Avenue Family & Women's Center (Services for Children, Youth, and Survivors of Domestic Violence)

Formula/Baby Food
- Community Bridges (Program: Women, Infants, and Children/WIC)
- Hollister Pregnancy Center
- Siena House Maternity Home of Santa Cruz County

General Sexuality/Reproductive Health Education
- Cabrillo College Student Health Center
- Dominican Hospital (Program: Dignity Health Medical Group–Dominican)

Maternity Homes
- Siena House Maternity Home of Santa Cruz County (Program: Siena House)

Pediatric Feeding Disorders Programs
- Planned Parenthood Mar Monte Watsonville Health Center
- Salud Para la Gente (Programs: Pediatric Care, Women's Health Care/OB-GYN and Lactation)

Post Pregnancy Shelter/Transitional Housing
- Pajaro Valley Shelter Services (PVSS) (Program: Annex Program
- Siena House Maternity Home of Santa Cruz County (Program: Siena House)

Pregnancy Counseling
- Dominican Hospital Birth Center
- Hollister Pregnancy Center (Program: Free and Confidential Pregnancy and STD Testing)
- Planned Parenthood Mar Monte (Watsonville Health Center and Westside Health Center)
- Pregnancy Resource Center of Santa Cruz (Pregnancy-Related Services)

- Salud Para la Gente (Programs: Wellness and Behavioral Health Counseling, Women's Health Care/OB-GYN and Lactation)
- Santa Cruz County Health Services Agency Clinic Services (HSA) (Health Care Services)

Pregnancy Testing
- Dominican Hospital Birth Center
- Hollister Pregnancy Center (Program: Free and Confidential Pregnancy and STD Testing)
- Planned Parenthood Mar Monte (Watsonville Health Center and Westside Health Center)
- Pregnancy Resource Center of Santa Cruz (Pregnancy-Related Services)
- Salud Para la Gente (Programs: Women's Health Care/OB-GYN and Lactation)
- Santa Cruz Community Health Center (Santa Cruz Women's Health Center and East Cliff Family Health Center)

Pregnancy/Birth Problems
- Dominican Hospital (Program: Dominican Hospital Birth Center)
- Hollister Pregnancy Center (Program: Free and Confidential Pregnancy and STD Testing)
- Planned Parenthood Mar Monte Westside Health Center
- Salud Para la Gente (Programs: Women's Health Care/OB-GYN and Lactation)

Sexual Assault/Incest Support Groups
- Survivors Healing Center

Sudden Infant Death Syndrome
- Santa Cruz County Health Services Agency Public Health Department (HSA) (Program: Family Health Programs)

Teen Pregnancy Prevention
- Dominican Hospital Birth Center
- Hollister Pregnancy Center (Program: Free and Confidential Pregnancy and STD Testing)
- Planned Parenthood Mar Monte (Watsonville Health Center and Westside Health Center)
- Salud Para la Gente (Program: Family Health Care)
- Walnut Avenue Family & Women's Center (Program: Services for Children and Youth)

Teenage Parents Support
- Santa Cruz County Health Services Agency Public Health Department (HSA) (Program: Adolescent Family Life Program)

Well-Baby Care
- Community Bridges (Program: Women, Infants and Children/WIC)
- Hollister Pregnancy Center (Program: Free and Confidential Pregnancy and STD Testing)

ORAL/DENTAL HEALTH

Dental Care
- Cabrillo College (Dental Hygiene Clinic)
- Dientes Community Dental Care (Programs: Beach Flats, Commercial Way, Watsonville)
- Dominican Hospital (Santa Cruz Surgery Center)
- Salud Para la Gente (Program: Pediatric Care)

Dental Care Expense Assistance
- Community Services & Workforce Development (Program: Housing Opportunities for Persons With AIDS)
- Dientes Community Dental Care (Programs: Beach Flats and Watsonville)
- Santa Cruz County Health Services Agency Public Health Department (HSA) (Program: California Children Services Program/CCS)

Dental Insurance
- Santa Cruz County Health Services Agency Public Health Department (HSA) (Program: California Children Services Program/CCS)

Oral Health Education/Information
- Salud Para la Gente (Program: Family Health Care)
- Santa Cruz County Health Services Agency Public Health Department (HSA) (Program: Community Health Education)
- Walnut Avenue Family & Women's Center (Program: Services for Children & Youth)

VIOLENCE/SAFETY

Adult Sexual Assault and Harassment Prevention
- Community Bridges (Program: Mountain Community Resources/MCR)
- Survivors Healing Center

Bicycle Safety Education
- Ecology Action (Program: Bike Smart)

Child Abuse Prevention
- Community Bridges (Program: Mountain Community Resources/MCR)
- Pajaro Valley Prevention and Student Assistance Restorative Justice Programs
- Parents Center Parent and Family Counseling Program

Child Care Provider Training
- American Red Cross of the Central Coast
- Child Development Resource Center/CDRC

Child Passenger Safety Seat Inspectors and Providers
- Dominican Hospital Birth Center
- Santa Cruz County Health Services Agency Public Health Department (HSA) (Program: Community Health Education)
- Watsonville Fire Department (Program: Car Seat Inspections)

Child Sexual Assault Prevention
- Pajaro Valley Prevention and Student Assistance Restorative Justice Programs
- Survivors Healing Center

Community Crime Prevention Programs
- Santa Cruz Barrios Unidos: SCHS Educational Outreach

Crime Victim Accompaniment Services
- Monarch Services Crisis Intervention Program

Crime Victim Assistance
- Conflict Resolution Center of Santa Cruz County (Program: Restorative Justice)

Crime Victim Support Group
- Santa Cruz Barrios Unidos (Program: Youth Outreach)

Domestic Violence/Sexual Assault Shelters
- Emmaus House
- Monarch Services (Domestic Violence, Sexual Assault, Human Trafficking Services)
- Walnut Avenue Family & Women's Center (Services for Survivors of Domestic Violence)

Driving Safety Education
- Santa Cruz County Health Services Agency Public Health Department (HSA) (Program: Community Health Education)

Extreme Weather Shelters
- The Salvation Army Watsonville Corps Program

Fall Prevention Information
- Santa Cruz Fire Department

Fire Services
- Hollister City Fire Department
- Santa Cruz Fire Department
- Scotts Valley Fire Protection District
- Watsonville Fire Department (Program: Government Services)

Food Safety Education
- Community Bridges (Program: La Manzana Community Resources)
- Community Bridges (Program: Nueva Vista Community Center)
- Jacob's Heart Children's Cancer Support Services (Program: Physiological Needs
- Pacific Elementary School District (Program: Life Lab)
- Santa Cruz County Health Services Agency, Environmental Health Services (HSA) (Program: Environmental Health Services

Gang Programs
- City of Watsonville Parks and Community Services Department Contigo Program
- Gang Prevention Policy Committee
- Pajaro Valley Prevention and Student Assistance Youth Services Program
- Resource Center for Nonviolence Education & Training Services Program

General Crime Prevention
- City of Watsonville Parks and Community Services Department Contigo Program
- Santa Cruz Barrios Unidos SCHS Educational Outreach Program

Hate Crimes Prevention
- City of Watsonville Parks and Community Services Department Contigo Program
- Pajaro Valley Prevention and Student Assistance Restorative Justice Programs

Infant and Child Safety Education
- Santa Cruz County Health Services Agency Public Health Department (HSA) (Program: Community Health Education)
- Santa Cruz County Office of Education (Program: Fostered/Foster Youth Services Coordinating Program)

LGBTQI Resources
- California Rural Legal Assistance, Inc. (Program: California Rural Legal Assistance, Inc.)
- Diversity Center of Santa Cruz County (Program: LGBTQI Services)
- Safe Schools Project of Santa Cruz County (Program: Safe Schools Project of Santa Cruz County)

Protective/Restraining Orders
- Monarch Services Domestic Violence, Sexual Assault, Human Trafficking Services

Self-Defense Training
- Commission for the Prevention of Violence Against Women
- Monarch Services Domestic Violence, Sexual Assault, Human Trafficking Services
- Watsonville Police Activities League Youth Services

Victim/Offender Mediation Programs
- Conflict Resolution Center of Santa Cruz County Conflict Resolution Training Workshops and Restorative Justice Program

Water Safety Education
- San Benito County Water District (Program: Water Resources Association San Benito County)
- Santa Cruz County Health Services Agency, Environmental Health Services (HSA) (Programs: Environmental Health Services and Land Use)

Youth Violence Prevention
- City of Watsonville Parks and Community Services Department Contigo Program
- Conflict Resolution Center of Santa Cruz County Parent Teen Mediation Program
- Pajaro Valley Prevention and Student Assistance Restorative Justice Programs
- Resource Center for Nonviolence Education & Training Services
- Santa Cruz Barrios Unidos SCHS Educational Outreach Program

WOMEN'S HEALTH

Abortion Services
- Planned Parenthood Mar Monte (Watsonville Health Center and Westside Health Center)

Birth Control
- Dominican Hospital Birth Center
- Breastfeeding Support Programs
- Community Bridges (Program: Women, Infants and Children/WIC)
- Dominican Hospital (Breastfeeding Support Groups)
- Nursing Mothers Counsel (Family and Parenting Services)
- Palo Alto Medical Foundation Santa Cruz (Breastfeeding Support Groups)
- Planned Parenthood Mar Monte (Watsonville Health Center and Westside Health Center)
- Salud Para la Gente (Program: Women's Health Care/OB-GYN and Lactation)
- Santa Cruz Community Health Center (Breastfeeding Support Groups and Santa Cruz Women's Health Center)
- Sutter Maternity & Surgery Lactation Center (Consultations and Ongoing Support Groups)
- Walnut Avenue Family & Women's Center (Services for Children and Youth)
- Watsonville Community Hospital (Breastfeeding Support Groups)

Childbirth Education
- Dominican Hospital Birth Center
- Palo Alto Medical Foundation Santa Cruz (Program: Health Education Department)
- Salud Para la Gente (Programs: Family Health Care and Women's Health Care/OB-GYN and Lactation)

General Sexuality/Reproductive Health Education
- Cabrillo College Student Health Center
- Dominican Hospital (Program: Dignity Health Medical Group–Dominican)

Maternity Homes
- Siena House Maternity Home of Santa Cruz County

Menopause Assistance
- Salud Para la Gente (Programs: Women's Health Care/OB-GYN and Lactation)

Post-Pregnancy Shelter/Transitional Housing
- Pajaro Valley Shelter Services/PVSS (Program: Annex)
- Siena House Maternity Home of Santa Cruz County

Pregnancy Counseling
- Dominican Hospital Birth Center
- Hollister Pregnancy Center (Program: Free and Confidential Pregnancy and STD Testing)
- Planned Parenthood Mar Monte (Watsonville Health Center and Westside Health Center)
- Pregnancy Resource Center of Santa Cruz (Pregnancy-Related Services)

- Salud Para la Gente (Programs: Wellness and Counseling/Behavioral Health)
- Salud Para la Gente (Programs: Women's Health Care/OB-GYN and Lactation)
- Santa Cruz County Health Services Agency Clinic Services (HSA) (Program: Health Care Services)

Pregnancy Testing
- Dominican Hospital Birth Center
- Hollister Pregnancy Center (Program: Free and Confidential Pregnancy and STD Testing)
- Planned Parenthood Mar Monte (Watsonville Health Center and Westside Health Center)
- Pregnancy Resource Center of Santa Cruz (Pregnancy-Related Services)
- Salud Para la Gente (Programs: Women's Health Care/OB-GYN and Lactation)
- Santa Cruz Community Health Center (Programs: East Cliff Family Health Center and Santa Cruz Women's Health Center Prenatal Care)

Teen Pregnancy Prevention
- Dominican Hospital Birth Center
- Hollister Pregnancy Center (Program: Free and Confidential Pregnancy and STD Testing)
- Planned Parenthood Mar Monte (Watsonville Health Center and Westside Health Center)
- Salud Para la Gente (Program: Family Health Care)
- Walnut Avenue Family & Women's Center (Services for Children and Youth)
- Women's Support Groups
- Community Bridges (Program: Women, Infants and Children/WIC)
- County of Santa Cruz Human Services Department, Family and Children's Services Division (Programs: Independent Living and Transitional Housing)
- Dominican Hospital (Programs: Breast Cancer Support Group, Breastfeeding Support Groups, Cancer Support)
- Nami Santa Cruz County (Programs: Family Support Group for Spanish Speakers, Peer Connection Support Groups, Support for Family Members of Youth and Young Adults Ages 16–26, and Thursday Night Support Group for Family Members)
- Santa Cruz Community Health Center (Breastfeeding Support Groups)
- Siena House Maternity Home of Santa Cruz County (Program: Siena House)
- Womencare (Support Groups and Healing Circles)

Women's Advocacy Groups
- Community Bridges (Program: Women, Infants and Children/WIC)
- Womencare (Support Groups and Healing Circles)

Women's Centers
- Community Bridges (Program: Women, Infants and Children/WIC)

RESOURCES THAT ADDRESS MULTIPLE HEALTH NEEDS

AGENCY/ ORG	BEHAVIORAL HEALTH	ECONOMIC SECURITY	HEALTHY LIFESTYLES	VIOLENCE/SAFETY	WOMEN'S HEALTH
COMMUNITY BRIDGES	- ADHD counseling - Alcohol and drug use disorder education/ prevention - Bereavement Counseling - Divorce counseling - Education advocacy - Tutoring services	- Brown bag food programs Employment-related advocacy groups - Food banks - Food pantries - Food safety education - Formula/baby food - Meals on Wheels	- Blood pressure screening - Brown bag food programs - Health education - Health insurance counseling	- Anger management - Child abuse prevention - Child abuse reporting/ emergency response - Child care center - Children's in-home respite care - Disability-related parenting programs - Domestic violence support groups - Parent/child activity groups - Parenting classes	- Birth control - Perinatal/postpartum depression counseling - Teen pregnancy prevention
DOMINICAN HOSPITAL	- Adult psychiatric hospitals - Caregiver counseling - Children's/ adolescent psychiatric hospitals - General mental health information/ education - Group counseling - Therapy referrals	-	- Amputation assistance - Arthritis - Asthma - Epilepsy - Blood pressure screening - Blood tests - Cancer clinics - Cholesterol/ Triglycerides tests - Comprehensive Physical exams	- Child passenger safety seat inspectors and providers	- Birth control - Breastfeeding support - Childbirth education - General sexuality/ reproductive health education - Pregnancy counseling - Pregnancy testing - Pregnancy/birth problems - Teen pregnancy prevention

AGENCY/ ORG	BEHAVIORAL HEALTH	ECONOMIC SECURITY	HEALTHY LIFESTYLES	VIOLENCE/SAFETY	WOMEN'S HEALTH
			- Diabetes screening - Employment physical exams - General health insurance information/ counseling - General physical exams - Lung disease - Lyme disease clinics - Mammograms - Medical care expense and equipment assistance - Nutrition education - Occupational therapy - Pap tests - Physical therapy - Prostatic specific antigen blood tests - Stroke - Tuberculosis screening - Urine tests		

AGENCY/ ORG	BEHAVIORAL HEALTH	ECONOMIC SECURITY	HEALTHY LIFESTYLES	VIOLENCE/SAFETY	WOMEN'S HEALTH
JACOB'S HEART CHILDREN'S CANCER SUPPORT SERVICES	- Art therapy - Cancer support - Family support centers/outreach - Therapy referrals	- Electric, gas, and water services payment assistance - Food safety education - Rent payment assistance - Telephone Service payment assistance - Trash/recycling service payment assistance	- Brown bag food programs - Food pantries - Food vouchers - Medical care expense and equipment assistance - Prescription drug discount cards/ prescription expense assistance		- Electric, gas, and water services payment assistance - Rent payment assistance - Telephone Service payment assistance - Trash/recycling service payment assistance
SALUD PARA LA GENTE	- Alcohol use disorder counseling - Bereavement counseling - Body image education - Chronic/severe mental illness - Comprehensive outpatient alcohol and drug use Disorder treatment - Developmental disabilities day habilitation programs - Divorce counseling - Drug use disorder counseling		- AIDS/HIV/STD prevention counseling and supplies - Birth control - Cancer clinics - Cholesterol/ triglycerides tests - Comprehensive physical examinations - Dental care - General health insurance information/ counseling - General physical exams		- Breastfeeding support - Childbirth education - Menopause assistance - Pediatric feeding Disorders programs - Pregnancy counseling - Pregnancy testing - Pregnancy/birth problems - Teen pregnancy prevention

AGENCY/ ORG	BEHAVIORAL HEALTH	ECONOMIC SECURITY	HEALTHY LIFESTYLES	VIOLENCE/SAFETY	WOMEN'S HEALTH
	- Drug use disorder education/prevention - Eating disorders treatment - General addictions/ substance disorder support groups - Perinatal/postpartum depression counseling - Residential alcohol and drug use disorder treatment facilities - Substance use disorder intervention programs - Tobacco use education/ prevention		- Health care discount enrollment programs - Hearing aid referrals and hearing augmentation aids - Medicaid - Medical care expense and equipment assistance - Nutrition education - Oral health education/information blood tests - Referral to physicians accepting Medicaid - Sexually transmitted disease treatment - Sports participation physical exams - Terminal illness - Tuberculosis screening - Urine tests		
SANTA CRUZ COUNTY HEALTH SERVICES AGENCY	- Adolescent/youth counseling - Adult psychiatric hospitals	- Food safety education	- Affordable Care Act insurance counseling and information - AIDS/HIV/STD prevention	- Environmental improvement groups - Hazardous materials Collection sites - Poison control	- Perinatal drug use disorder treatment - Perinatal/postpartum depression counseling - Pregnancy counseling

AGENCY/ ORG	BEHAVIORAL HEALTH	ECONOMIC SECURITY	HEALTHY LIFESTYLES	VIOLENCE/SAFETY	WOMEN'S HEALTH
	- Adult state/local health insurance programs - Alcohol use disorder counseling - Alcohol use disorder education/prevention - Caregiver counseling - Child and adolescent behavioral health services - Children's/ adolescent psychiatric hospitals - Drinking/drug-impaired driver transportation - Drug use disorder counseling - Drug use disorder education/prevention - Group counseling - Inpatient alcohol and drug use disorder treatment facilities - Perinatal drug use disorder treatment		counseling and supplies - Child health and disability prevention exams - Communicable disease control - Comprehensive physical exams - Dental care expense assistance - Dental insurance - Developmental assessment and screening - Disease/disability information - Employment physical exams - General health education programs - General health insurance information and counseling - General physical exams - Hepatitis testing - HIV testing - HPV immunizations - HSA - Lead information	- Water quality assurance	

AGENCY/ ORG	BEHAVIORAL HEALTH	ECONOMIC SECURITY	HEALTHY LIFESTYLES	VIOLENCE/SAFETY	WOMEN'S HEALTH
	- Perinatal/postpartum depression counseling - Psychiatric case management - Substance use disorders services - Therapy referrals - Tobacco use education/prevention		- Mammograms - Medical care expense and equipment assistance - Medical marijuana registration programs - Nutrition assessment services - Nutrition education - Occupational therapy - Oral health education/information Pest control services - Physical therapy - Pregnancy counseling - Sexually transmitted disease screening - Sports participation physical exams - Sudden Infant Death Syndrome - Tap water information - Teenage parents support		

Attachment 6. Qualitative Research Protocols

Prior to key informant interviews in Santa Cruz County, participants were provided with the 2016 CHNA health needs list to consider.

2016 HEALTH NEEDS LIST

2016 Priority Health Need	Examples
Childhood and Adult Obesity	
Diabetes	
Economic Security	Income, education, employment
End of Life Care	
Health Care Access and Delivery	Health insurance, costs of medicine, availability of providers, getting appointments, patients being treated with respect; includes care coordination
Housing and Homelessness	
Infectious Diseases	TB, flu, salmonella, HIV/AIDS, gonorrhea; includes anti-immunization efforts
Mental and Behavioral Health	Depression, suicide, drug/alcohol addiction
Oral/Dental Health	
Social and Health Disparities	
Violence	Domestic violence, intimate partner violence, child/elder abuse, gang violence
Women's Health	

KEY INFORMANT PROTOCOLS: PROFESSIONALS

Prep

- Schedule call
- Send main questions and 2016 health needs list ahead of time
- Send reminder email

Introduction – 5 min.

- Welcome and thanks
- What the project is about:
    - Identifying health needs in our community (called the Community Health Needs Assessment or CHNA)
    - Required of all non-profit hospitals in the U.S. every three years
    - Will inform the investments that the hospital(s) make to address community needs
- Scheduled for one hour - does that still work for you?
- Today's questions:
    - Most pressing health needs in Santa Cruz County
    - Your perspective on [expertise area]
    - How access to care and mental health play a part in those needs
    - Which populations may have different or worse needs or experiences
    - Your suggestions for improvement
- What we'll do with the information you tell us today
    - Notes will go to hospital(s)
    - Would like to record so that we can get the most accurate record possible
    - Will not share the audio itself
    - Can keep anything confidential – even the whole interview. Let me know at any time.
    - Permission to record?
- Any questions before I begin? *[If interviewer does not have the answer, commit to finding it and sending later via email.]*

Health Needs Prioritization – 6-10 min.

Part of our task today is to find out which health needs you think are most important. You may want to take a look at the list we sent you of the most common needs from the 2016 CHNA. You can see that some of them are health conditions, and others reflect the social determinants of health (housing, education, cost of living, environment, etc.).

Thinking specifically about Santa Cruz County …

1. **Are there any needs that should be added to the list?**

Expertise Area – 20 min.

You are here to share your expertise/experience about [e.g., substance abuse, senior health, or homelessness].

> **2. Which three needs (2016 and others added) do you believe are the most _important_ to address here in the next few years for the population you serve?**
> [See table on a previous page.]

I am going to take you through a few questions about each of these needs.

> **3. When you think about [health need 1]...**
> - What are people struggling with?
> - What barriers exist to seeing better health in this area?

> **4. Are some people better or worse off?**

Prompts: Differences by age, education level, disability status, income (affecting housing and transportation), location (north/south county, urban vs. rural), etc.

> [Repeat 3 & 4 for each health need they prioritized.]

> **5. Lastly, are you seeing any trends related to these needs in the last three years?**

Access to Care – 5 min.

We know that access to care impacts all aspects of health. (Access includes not only having insurance and being able to afford co-pays/premiums, but also having a primary care physician versus using urgent care or the ER, and being able to get timely appointments with various providers.)

> **6. Would you say that health access [related to your specific expertise] is sufficient or not?**

> **7. Do you see differences among any particular groups in your work?**

Prompts: Differences by age, education level, disability status, language, those experiencing homelessness, immigration status, sexual orientation (i.e., LGBTQI), part of the county (north vs. south), location (urban vs. rural), etc.

Mental Health – 5 min.

In recent assessments, mental health arose as a top health need. (By mental health, we mean everything ranging from sub-clinical issues like stress, substance use disorder through issues like anxiety or depression, all the way up to severe mental illness.)

8. **Do you agree? In your opinion, what are the specific mental health needs in our community?**

Prompt: Conditions like stress or depression, outcomes like suicide, concerns about stigma; specific populations disproportionately experiencing mental health issues.

9. **a. In what ways might people who are struggling with mental health issues be doing worse than others when it comes to health?** Prompt: Mental health issues driving other health needs?

    b. In particular, how might stress be contributing to people's specific health issues?

Housing/Homelessness – 5 min.

In recent assessments, housing and homelessness arose as a top health need. This includes individuals experiencing homelessness as well as those at risk of being homeless, those experiencing housing instability, etc.

10. **Do you agree? In your opinion, what are the specific housing needs in our community?**

Prompt: Affordable housing (to rent/buy), more shelter beds, supportive housing, specific populations disproportionately experiencing housing/homelessness issues.

   a. In what ways might people who are struggling with housing issues be doing worse than others when it comes to health?

Prompt: Housing issues driving other health needs?

   b. In particular, how might housing issues (or homelessness) be contributing to people's specific health issues?

Suggestions/Improvements/Solutions – 5-10 min.

In addition to what we have already talked about...

11. What opinions, if any, do you have on what should be in place in our community to address these needs?

    a. What types of services would you like to see in the community, that aren't already in place?
Prompt: Preventative care? Deep-end services? Workforce changes? Are there any quick wins or low-hanging fruit?

    b. What new/revised policies or other public health approaches are needed, if any?
Prompt: Program models?
Solutions specific to south county? Rural areas?

[Time permitting] Additional comments

We thank you so much for answering our questions. In the few minutes we have left, is there anything else you would like us to add regarding community health needs?

Closing

OK, if anything occurs to you later that you would like to add to this interview, please just let us know. Thank you for contributing your expertise and experience to the CHNA.
You can look for the hospital CHNA report(s) to be made publicly available in 2019.

CHNA FG PROTOCOL: PROFESSIONALS

Prep

- Remind host
- Confirm food/snacks
- Prepare all supplies/documents
- Prepare flipchart of health needs
- Prepare flipchart on health care access

Introduction – 6 min.

- Welcome and thanks
- What the project is about:
    - Santa Cruz County Community Health Needs Assessment
    - Identifying unmet health needs in our community
    - Ultimately, to plan on how to address health needs now and in future
- Today's questions (refer to agenda flipchart page)
- Introductions (name and organization)
- Confidentiality:
    - When we are finished with all of the focus groups, we will look at all of the transcripts and summarize the things we learn.
    - Would like to record so that we can be sure to get your words right.
    - Now that we have introduced ourselves, we will only use first names here to preserve your anonymity. However, if you want to keep a comment anonymous, you may not want to name your organization.
    - We also will pull out some quotes so that the hospitals can hear your own words. We will not use your name when we give them those quotes.
    - Transcripts will go to hospital(s) if that is OK with you.
    - Permission to record?
- What we'll do with the information you tell us today
    - Hospital(s) will report the assessment to the IRS
    - Hospital(s) will use information for planning future investments
- Logistics
    - We will end at ____:____.
    - It is my job to move us along to stay on time. I may interrupt you; I don't mean any disrespect, but it is important to get to all of the questions and get you out in time.
    - Cell phones: On vibrate; please take calls outside.
    - Bathroom location.
- Guidelines: It's OK to disagree, but be respectful. We want to hear from everyone.

Health Needs Prioritization – 10 min.

You are here to share your experience as a professional serving [e.g., seniors, persons experiencing homelessness, young adults, etc.].

Part of our task today is to find out which health needs you think are most important for the population you serve. This poster has a list of the health needs that the community came up with when local hospitals did their Community Health Needs Assessment for Santa Cruz County in 2016.

[Read aloud from flipchart and define (e.g. "Access and Delivery" means insurance, having a primary care physician, preventive care instead of ED, being treated with dignity and respect, wait times, etc.).]

1. **Are there any that should be added to the list?**

2. **Please think about the three from the list you believe are the most _important_ to address here in the next 3–4 years.**

   What we would like you to do is to take the three sticky dots you have there and use them to vote for three health needs that you think are the most important to address in the next few years. There may be some needs that are very dire – like ones that cause death. But you are voting on the things that you think may not be well-addressed now. In other words, some health needs may have a lot of people working on them, and plenty of treatments or medicines to address them. Others we may not understand as well, or there may not be enough doctors or facilities out there to help people. Or there may be disparate health needs and inequities in north county, south county, urban areas and rural areas. After you vote, we will discuss the results.

3. **Summarize voting results.** [Explain that we will spend the rest of our time reflecting on these top priorities.]

Health Needs Discussion, Including Expertise Area – 20 min.

4. **When you think about this health need...**
   - What are people struggling with?
   - What barriers exist to seeing better health in this area?

5. **Which groups, if any, are better or worse off than others?**
Prompts: Differences by age, education level, disability status, income (affecting housing and transportation), location (north/south county, urban vs. rural), etc.

6. **What trends, if any, have you seen in the last three years?**

Repeat questions 4–6 for each of the top health needs prioritized by the group.

7. **[If their expertise was not related to one or more of the needs chosen:] You are here to share your expertise/experience about [e.g., substance use disorder, senior health, or homelessness]. Let's talk a little about that; how does it relate to the community's health needs?**

Access to Care – 5 min.

We know that access to care impacts all aspects of health. (Access includes not only having insurance and being able to afford co-pays/premiums, but also having a primary care physician versus using urgent care or the ER, and being able to get timely appointments with various providers.)

8. **Would you say that health access [related to the specific population you serve] is sufficient? Why or why not?**

9. **What differences do you see, if any, among various groups in your work?**

Prompts: Differences by age, education level, disability status, language, those experiencing homelessness, immigration status, sexual orientation (i.e., LGBTQI), part of the county (north vs. south), location (urban vs. rural), etc.

Mental Health – 5 min.

In recent assessments, mental health arose as a top health need. (By mental health, we mean everything ranging from stress to mental illness.)

10. **Do you agree? In your opinion, what are the specific mental health needs in our community?**

Prompt: Conditions like stress or depression, outcomes like suicide, concerns about stigma; specific populations disproportionately experiencing mental health issues.

a. **In what ways might people who are struggling with mental health issues be doing worse than others when it comes to health?**

Prompt: Mental health issues driving other health needs?

b. **In particular, how might stress be contributing to people's specific health issues?**

Housing/Homelessness – 5 min.

In recent assessments, housing and homelessness arose as a top health need. This includes individuals experiencing homelessness as well as those at risk of being homeless, those experiencing housing instability, etc.

11. **Do you agree? In your opinion, what are the specific housing needs in our community?**

Prompt: Affordable housing (to rent/buy), more shelter beds, supportive housing, specific populations disproportionately experiencing housing/homelessness issues.

    a. **In what ways might people who are struggling with housing issues be doing worse than others when it comes to health?**

Prompt: Housing issues driving other health needs?

    b. **In particular, how might housing issues (or homelessness) be contributing to people's specific health issues?**

Suggestions/Improvements/Solutions – 5-10 min.

In addition to what we have already talked about...

12. **What opinions, if any, do you have on what should be in place in our community to address these needs?**

    a. **What types of services would you like to see in the community, that aren't already in place?**
       Prompts:
- Preventative care? Deep-end services?
- Workforce changes?
- Are there any quick wins or low-hanging fruit?

    b. **What new/revised policies or other public health approaches are needed, if any?**
- Program models?
- Solutions specific to south county? Rural areas?

Closing – 5 min.

- Thank you
- Repeat - What we will do with the information
- Look for CHNA reports to be publicly available in 2019

Which three needs are most important to address in the next few years?
Put a checkmark next to THREE health needs that you think are most important.
You can also add one to the bottom of the list.

2016 Priority Health Need	Examples
Childhood & Adult Obesity	
Diabetes	
Economic Security	Income, education, employment
End of Life Care	
Health Care Access & Delivery	Health insurance, costs of medicine, availability of providers, getting appointments, patients being treated with respect; includes care coordination
Housing & Homelessness	
Infectious Diseases	TB, flu, salmonella, HIV/AIDS, gonorrhea; includes anti-immunization efforts
Mental & Behavioral Health	Depression, suicide, drug/alcohol addiction
Oral/Dental Health	
Social & Health Disparities	
Violence	Domestic violence, intimate partner violence, child/elder abuse, gang violence
Women's Health	
Others:	

Attachment 7. IRS Checklist

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

Federal Requirements Checklist	Regulation Section Number	Report Reference
A. Activities Since Previous CHNA(s)		
Describes the written comments received on the hospital's most recently conducted CHNA and most recently adopted implementation strategy.	(b)(5)(C)	Final draft Section #2
Describes an evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital facility's prior CHNA(s).	(b)(6)(F)	Section #8
B. Process and Methods		
Background Information		
Identifies any parties with whom the facility collaborated in preparing the CHNA(s).	(b)(6)(F)(ii)	Section #4
Identifies any third parties contracted to assist in conducting a CHNA.	(b)(6)(F)(ii)	Section #4
Defines the community it serves, which: • Must take into account all patients without regard to whether (or how much) they or their insurers pay for care or whether they are eligible for assistance. • May take into account all relevant circumstances including the geographic area served by the hospital, target population(s), and principal functions. • May *not* exclude medically underserved, low-income, or minority populations who live in the geographic areas from which the hospital draws its patients.	(b)(i) (b)(3) (b)(6)(i)(A)	Section #3
Describes how the community was determined.	(b)(6)(i)(A)	Section #3
Describes demographics and other descriptors of the hospital service area.		Section #3
Health Needs Data Collection		
Describes **data and other information** used in the assessment:	(b)(6)(ii)	
a. Cites external source material (rather than describe the method of collecting the data).	(b)(6)(F)(ii)	Attachments 2, 3, & 4
b. Describes methods of collecting and analyzing the data and information.	(b)(6)(ii)	Section #5
CHNA describes how it took into account input from people who represent the broad interests of the community it serves in order to identify and prioritize health needs and identify resources potentially available to address those health needs.	(b)(1)(iii) (b)(5)(i) (b)(6)(F)(iii)	Section #5
Describes the medically underserved, low-income, or minority populations being represented by organizations or individuals that provide input.	(b)(6)(F)(iii)	Section #5

Federal Requirements Checklist	Regulation Section Number	Report Reference
a. At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) or a State Office of Rural Health.	(b)(5)(i)(A)	Section #5 & Attachment 1
b. Members of the following populations, or individuals serving or representing the interests of populations listed below. (Report includes the names of any organizations - names or other identifiers not required.)	(b)(5)(i)(B)	Section #5 & Attachment 1
I. Medically underserved populations	(b)(5)(i)(B)	Section #5 & Attachment 1
II. Low-income populations	(b)(5)(i)(B)	Section #5 & Attachment 1
III. Minority populations	(b)(5)(i)(B)	Section #5 & Attachment 1
c. Additional sources (optional) – (e.g. health care consumers, advocates, nonprofit and community-based organizations, elected officials, school districts, health care providers and community health centers).	(b)(5)(ii)	Section #5 & Attachment 1
Describes how such input was provided (e.g., through focus groups, interviews or surveys).	(b)(6)(F)(iii)	Section #5 & Attachment 1
Describes over what time period such input was provided and between what approximate dates.	(b)(6)(F)(iii)	Section #5 & Attachment 1
Summarizes the nature and extent of the organizations' input.	(b)(6)(F)(iii)	Section #5
C. CHNA Needs Description and Prioritization		
Health needs of a community include requisites for the improvement or maintenance of health status both in the community at large and in particular parts of the community (such as particular neighborhoods or populations experiencing health disparities).	(b)(4)	Section #6
Prioritized description of significant health needs identified.	(b)(6)(i)(D)	Section #6
Description of process and criteria used to identify certain health needs as significant and prioritizing those significant health needs.	(b)(6)(i)(D)	Section #6
Description of the resources potentially available to address the significant health needs (such as organizations, facilities, and programs in the community, including those of the hospital facility.	(b)(4) (b)(6)(E)	Section #7 & Attachment 5
D. Finalizing the CHNA		
CHNA is conducted in such taxable year or in either of the two taxable years immediately preceding such taxable year.	(a)1	Section #2
CHNA is a written report that is adopted for the hospital facility by an authorized body of the hospital facility (authorized body defined in §1.501(r)-1(b)(4).	(b)(iv)	Section #9
Final, complete, and current CHNA report has been made widely available to the public until the subsequent two CHNAs are made widely available to the public. "Widely available on a website" is defined in §1.501(r)-1(b)(29).	(b)(7)(i)(A)	Date(s) on which a-f below were done:
a. May not be a copy marked "Draft."	(b)(7)(ii)	
b. Posted conspicuously on website (either the hospital facility's website or a conspicuously located link to a website established by another entity).	(b)(7)(i)(A)	

Federal Requirements Checklist	Regulation Section Number	Report Reference
c. Instructions for accessing CHNA report are clear.	(b)(7)(i)(A)	
d. Individuals with Internet access can access and print reports without special software, without payment of a fee, and without creating an account.	(b)(7)(i)(A)	
e. Individuals requesting a copy of the report(s) are provided the URL.	(b)(7)(i)(A)	
f. Makes a paper copy available for public inspection upon request and without charge at the hospital facility.	(b)(7)(i)(B)	

Further IRS requirements available:

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