

**Santa Cruz County  
Community Health Assessment—2017**



**Public Health**  
Prevent. Promote. Protect.

**Santa Cruz County**



# Santa Cruz County Community Health Assessment

## Table of Contents

- List of Mobilizing for Action through Planning and Partnerships (MAPP) Steering Committee Partner Organizations ..... 3
- Letter from the Health Services Agency ..... 4
- About Santa Cruz County ..... 5
- Santa Cruz County History of Assessments and Planning ..... 6
- The Process: MAPP ..... 7
- MAPP Timeline ..... 8
- Vision and Values ..... 9
- Demographics ..... 10
- Community Health Status Assessment Indicators ..... 12
- Community Themes and Strengths Assessment ..... 46
  - ◇ Community Dialogue Summary ..... 47
  - ◇ Santa Cruz County Health Services Agency Public Health Division Community Assets and Resources ..... 68
- Forces of Change Assessment ..... 69
- Key Findings ..... 77
- Leveraging Existing Efforts and Resources ..... 84
- Community Health Improvement Planning ..... 85
  - ◇ Next Steps ..... 85
- Appendices ..... 86
  - ◇ I: Acknowledgements ..... 87
  - ◇ II: Community Health Status Assessment ..... 89
  - ◇ III: Full Community Dialogue Report ..... 91



The report was prepared by Public Health Institute’s Quality Improvement Onsite Technical Assistance Program (QI-On-TAP) in collaboration with Santa Cruz County Public Health.

## List of MAPP Steering Committee Partner Organizations

### County Government

Health Services Agency

Health Services Agency, Public Health Division

Health Services Agency, Behavioral Health

Health Services Agency, Environmental Health

Health Services Agency, Clinics Division

County of Santa Cruz, Public Works Department

County of Santa Cruz, Planning Department

County of Santa Cruz, County Administrative Office

County of Santa Cruz, Board of Supervisors

County of Santa Cruz, Probation Department

### Community Partner Organizations

Area on Aging Seniors Council

Central California Alliance for Health

Community Bridges

Community Foundation

Dientes Community Dental Clinic

Dominican Hospital

Encompass Community Services

First 5 of Santa Cruz

Health Improvement Partnership of Santa Cruz County

Pajaro Valley Community Health Trust

Pajaro Valley Prevention & Student Assistance

Palo Alto Medical Foundation, Santa Cruz

Salud Para La Gente

Santa Cruz Community Health Centers

Santa Cruz Community Ventures

Santa Cruz County Office of Education

Second Harvest Food Bank

Sutter Maternity & Surgery Center

United Way of Santa Cruz County

Volunteer Center

Watsonville Community Hospital

Watsonville Law Center



GIANG T. NGUYEN  
HEALTH SERVICES AGENCY DIRECTOR

## County of Santa Cruz

### HEALTH SERVICES AGENCY

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August 1, 2017

Dear Community Partners:

Over the past year and a half, the County of Santa Cruz, Health Services Agency, Public Health Division has partnered with almost 140 representatives from an array of public agencies, nonprofit organizations, businesses, and numerous residents to gain insight on issues impacting county resident's health and well-being. As a result of this collaboration, we are pleased to publish and share the Santa Cruz County Community Health Assessment with you. This report provides an in-depth, comprehensive look at the state of health in Santa Cruz County.

Utilizing the Mobilizing for Action through Planning and Partnership (MAPP) process, we gathered partners and stakeholders to review health data, assess the strengths and areas for improvement of the community and its local public health system, and identified outside factors that may impact our overall county health. Additionally, we coordinated eleven community dialogues with community members; and conversations included residents' experiences that impacted their health as well as communities' strengths and resources.

We plan to continue to collaborate with the steering committee and our partners to prioritize the health indicators and to develop and implement a community health improvement plan (CHIP), which will serve as a roadmap for us to begin our strategic planning to strengthen its capacity to deliver public health programs and services. Upon completion of the CHIP and the Strategic Plan, we will be applying for National Public Health Accreditation.

We look forward to continue this journey with you. Your dedication and contributions to this effort are appreciated by all.

Sincerely,

Giang T. Nguyen  
Health Services Agency Director

Arnold S. Leff, MD, REHS  
Health Officer

cc: Carlos Palacios, County Administrative Officer  
HSA Leadership Team



## About Santa Cruz County

Santa Cruz County is located on the California coast. The County Government Center is located in the City of Santa Cruz. Santa Cruz County has 262,382 residents and is situated at the northern tip of Monterey Bay, 65 miles south of San Francisco, 35 miles north of Monterey, and 35 miles southwest of the Silicon Valley.

Its natural beauty is present in the pristine beaches, lush redwood forests, and rich farmland. It has an ideal Mediterranean climate with low humidity and sunshine 300 days a year. There are four incorporated cities within Santa Cruz County. The largest is the City of Santa Cruz, with a population of 59,946. Watsonville has a population of 51,199; Scotts Valley has 11,580, and Capitola has 9,918.

Santa Cruz County is the Gateway to the Monterey Bay National Marine Sanctuary, boasting 29 miles of coastline, and includes numerous state parks and beaches. Its quaint shops and restaurants, coupled with a multitude of cultural and recreational activities, including sailing, fishing, golf, surfing, kayaking and hiking, provide a wealth of leisure activities.

The State of California owns and maintains 42,334 acres of parks in the coastal and mountainous areas of Santa Cruz County. The County maintains an additional 1,400 acres of parks, and numerous parks are also found within the cities. Cultural amenities include the Santa Cruz County Symphony, the Cabrillo Music Festival, Santa Cruz Shakespeare, the McPherson Museum of Art and History, the University of California Performing Arts Center, the Loudon Nelson Center, the Santa Cruz Civic Auditorium, and the Henry J. Mello Performing Arts Center.

Santa Cruz County's strong local economy is anchored by vibrant high technology, agriculture, and tourism, and the school system includes Cabrillo Community College and the University of California, Santa Cruz. Santa Cruz also hosts the Long Marine Laboratory, the Lick Observatory, the National Marine Fisheries service, and the Monterey Bay National Marine Sanctuary Exploration Center.

The San Jose International Airport, the San Francisco International Airport, Oakland International Airport, Monterey Peninsula Airport, and the Watsonville Municipal Airport serve Santa Cruz County. Union Pacific Railroad provides rail access, with a railhead at Watsonville Junction.

Per capita personal income is \$32,862. The median household income is \$65,253. Median value for owner-occupied housing is \$648,700. Santa Cruz County Government has a workforce of 2,319 employees in 20 agencies and departments and an annual budget of approximately \$595 million.

These elements of high quality living make Santa Cruz one of California's most desirable living areas.

## Santa Cruz County History of Assessments and Planning

It is important to note the long history of community health and social services assessments and planning in Santa Cruz County. This Community Health Assessment utilized previous and ongoing works in the area of community assessment that includes health and its social determinants in the Santa Cruz County Community Assessment Project (CAP) and the County Health Report.

The CAP is a multiyear longitudinal assessment, entering its third decade with 2016 marking the 22nd year of the project. The CAP was initially convened in 1994 through a collaboration of the United Way of Santa Cruz County and Dominican Hospital, with Applied Survey Research (ASR) as their research partner.

The CAP assesses quality of life across six subject areas: the economy, education, health, public safety, the social environment, and the natural environment. The CAP features over 80 indicators and almost 190 measures across these fields, including both primary and secondary data. Biennially, ASR conducts a telephone survey of a representative sample of Santa Cruz County residents; the last survey year was 2015. Secondary data is collected from a myriad of sources including at the national, state, and local level.

The Community Assessment Project report is available online and also as a book for \$30.00 at the United Way of Santa Cruz County office:

4450 Capitola Road, Suite 106, Capitola, CA 95010

Tel: 831-479-5466 | Fax: 831-479-5477

Customized reports detailing specific topic areas, geographic regions, and demographic profiles are available by contacting Applied Survey Research.

Also available at no charge is the Summary Report of the Year 22, Community Assessment Project findings, produced by Dignity Health Dominican Hospital.

This entire report and past reports are available online at [www.appliedsurveyresearch.org](http://www.appliedsurveyresearch.org).

The County Health Report 2015 is available online at <http://www.santacruzhealth.org/HSAHome/HSADivisions/PublicHealth/2015SantaCruzCountyHealthReport.aspx>, and hard copies may be available on request.

Data from the CAP and the County Health Report were used to inform the Santa Cruz County Community Health Assessment. This document will not attempt to duplicate the information in those documents. Instead those data were used to aid in identifying those health indicators to be included based upon a predetermined set of criteria.

## The Process: Mobilizing for Action through Planning and Partnerships

Committed to a community-driven health improvement process, Santa Cruz County selected Mobilizing for Action through Planning and Partnerships (MAPP) as its framework. Developed by the National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC), MAPP is a community-wide strategic planning process for improving community health.

Facilitated by public health leaders and used by local health departments across the country, MAPP helps communities apply strategic thinking to prioritize public health issues and identify the resources needed to address them. MAPP is not an agency-focused assessment framework. Rather, it is an interactive process that can improve the efficiency, effectiveness, and performance of local public health systems. Santa Cruz County created a MAPP Steering Committee with representation of community partner organizations from a multitude of sectors.

The MAPP Process Consists of Six Phases:

1. Organizing for success and partnership development
2. Visioning
3. Conducting the four MAPP assessments
4. Identifying Strategic Issues
5. Formulating goals and strategies
6. Taking action: planning, implementing, and evaluating

There are four assessments in the MAPP process: Forces of Change, Community Themes and Strengths, Community Health Status, and Local Public Health System. The MAPP Steering Committee completed the Forces of Change Assessment. Community dialogues with residents from across the county were used for the Community Themes and Strengths Assessment. A Community Health Status Subcommittee was created to complete the Community Health Status Assessment. The Local Public Health Assessment was not conducted for this Community Health Assessment.

The assessments completed as part of MAPP Phase 3 provide a comprehensive picture of health and what is happening related to health in the community. This document, the Santa Cruz County Community Health Assessment, is a compilation of those MAPP assessments that were completed in fiscal year 2015-16.

## MAPP Timeline

<b>September 2015</b>	Held MAPP Steering Committee kick-off meeting to establish community partnership commitment and plan for the Community Health Assessment and Community Health Improvement Plan, MAPP Phase 1
<b>October 2015</b>	Conducted two visioning and values sessions to complete MAPP Phase 2
<b>December 2015</b>	Held MAPP Steering Committee meeting to determine how to conduct the three selected MAPP assessments and complete the Forces of Change Assessment, MAPP Phase 3
<b>December 2015</b>	Conducted Community Health Status Assessment (CHSA) using a MAPP Community Health Status Subcommittee to identify indicators for the Community Health Assessment, MAPP Phase 3
<b>February 2016</b>	The MAPP Community Health Status Subcommittee met to further discuss the final list of possible indicators to present to the MAPP Steering Committee the following day
<b>February 2016</b>	Held a MAPP Steering Committee meeting to review the proposed list of indicators for the CHSA and plan for the community dialogues used for the Community Themes and Strengths Assessment (CTSA)
<b>April 2016</b>	Conducted final Community Health Status Subcommittee workshop and presented final list of indicators to the MAPP Steering Committee for their review and approval
<b>October 2016</b>	Conducted the 11 community dialogues for the CTSA, where community members provided insight into community health issues, MAPP Phase 3
<b>November 2016</b>	Conducted a workshop with the MAPP Steering Committee to review and analyze all of the assessment data resulting in a list of strategic issue areas, MAPP phase 4

## Vision:

### From the Redwoods through the Valleys to the Sea: Embracing Communities, Enhancing Wellbeing

Partners from a variety of sectors across Santa Cruz County are joining together to build a culture of health and aim to improve the health of every resident. The vision for this effort is From the Redwoods through the Valley to the Sea: Embracing Communities, Enhancing Wellbeing. Values and the intent behind them will guide the process toward developing a community health improvement plan.

These values are:

**Accountability:** We must be transparent to the communities that we serve and provide the utmost fiscal stewardship. Accountability goes beyond the financing of programs and services. It also includes focusing our efforts on effective strategies that are measurable and demonstrated through the achievement of performance measure targets, while ensuring that we are doing no unintentional harm.

**Collaboration:** We recognize that no one organization alone is able to achieve monumental changes in the health of a community. We will work together in an effort to break down silos, create synergies, and achieve success. Collectively we will achieve optimum health for Santa Cruz County residents.

**Equitable:** We shall include social justice in our efforts to ensure all residents achieve health equity and use a health in all policies approach whenever deemed appropriate. We must be certain that our efforts do not lead to unintended inequities by continuously monitoring and assessing our outcomes. For equity to be fully achieved, we shall make every effort to address the linguistic and cultural needs of all communities within Santa Cruz County.

**Evidence Informed and Data Driven:** Strategies implemented to tackle our health concerns will be selected based on their proven ability to improve health outcomes based on scientific research. That said, we would always have an eye toward innovation when it may be necessary to find creative new approaches/solutions in an ever-changing world. We believe that best or promising practice plus innovation equals success.

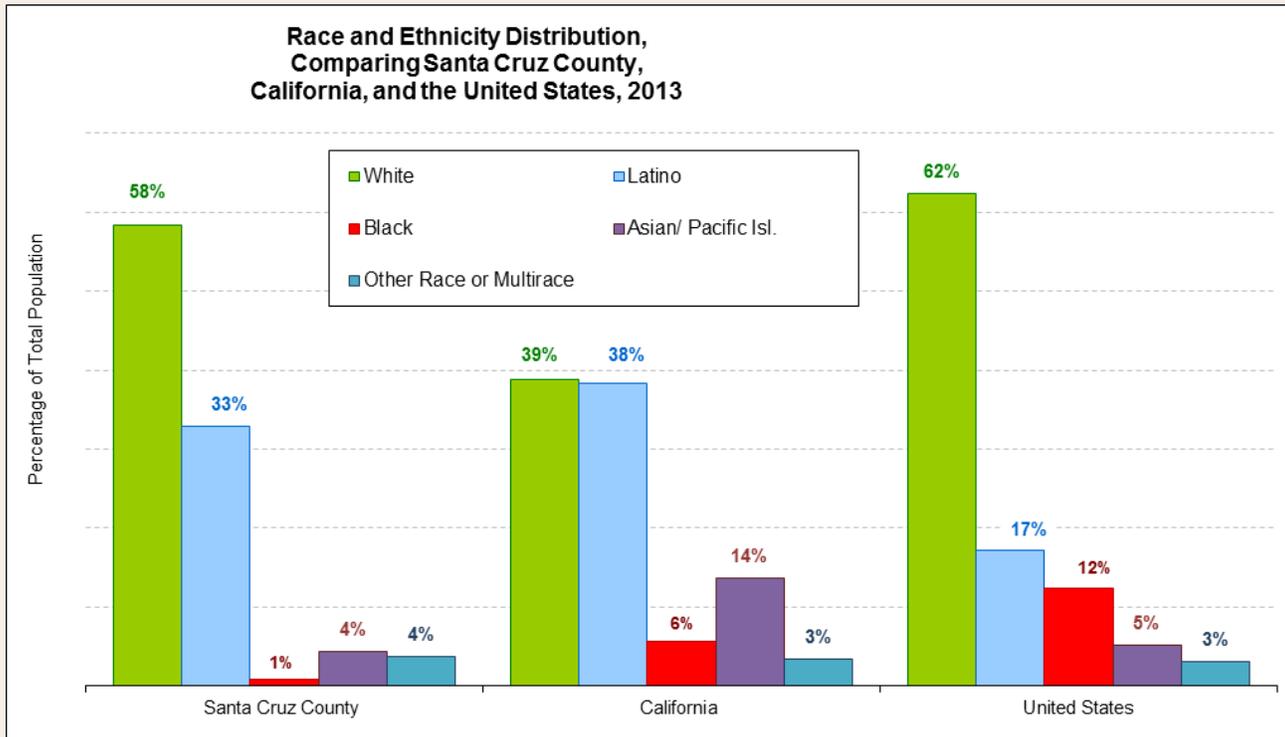
**Responsiveness:** We will engage the community in dialogues about their health needs and methods for successfully achieving optimum health status. This dialogue will be a bidirectional mode of communication where we inform them about the process and they provide input into it. We will make our best effort to provide information that is linguistically and culturally appropriate so that we may respond to diverse needs appropriately. If we do not have the resources to do so, we shall seek them out.

All of this shall be done so that the quality of life is enhanced for each and every resident of Santa Cruz County.

# Demographics

As of 2013, the population of Santa Cruz County was 269,419 as reported by the United States Census Bureau population estimates for 2013. Santa Cruz County's population comprises 58% White, 33% Latino, 4% Asian or Pacific Islander, 1% Black, and 4% other or multiracial (Figure 1). Compared to Santa Cruz County, California has a smaller proportion of Whites, larger proportions of Black and Asians, and a slightly larger proportion of Latinos. The United States has a slightly higher proportion of Whites, far more Blacks, a much smaller proportion of Latinos, and approximately the same proportion of Asians as Santa Cruz County.

Figure 1



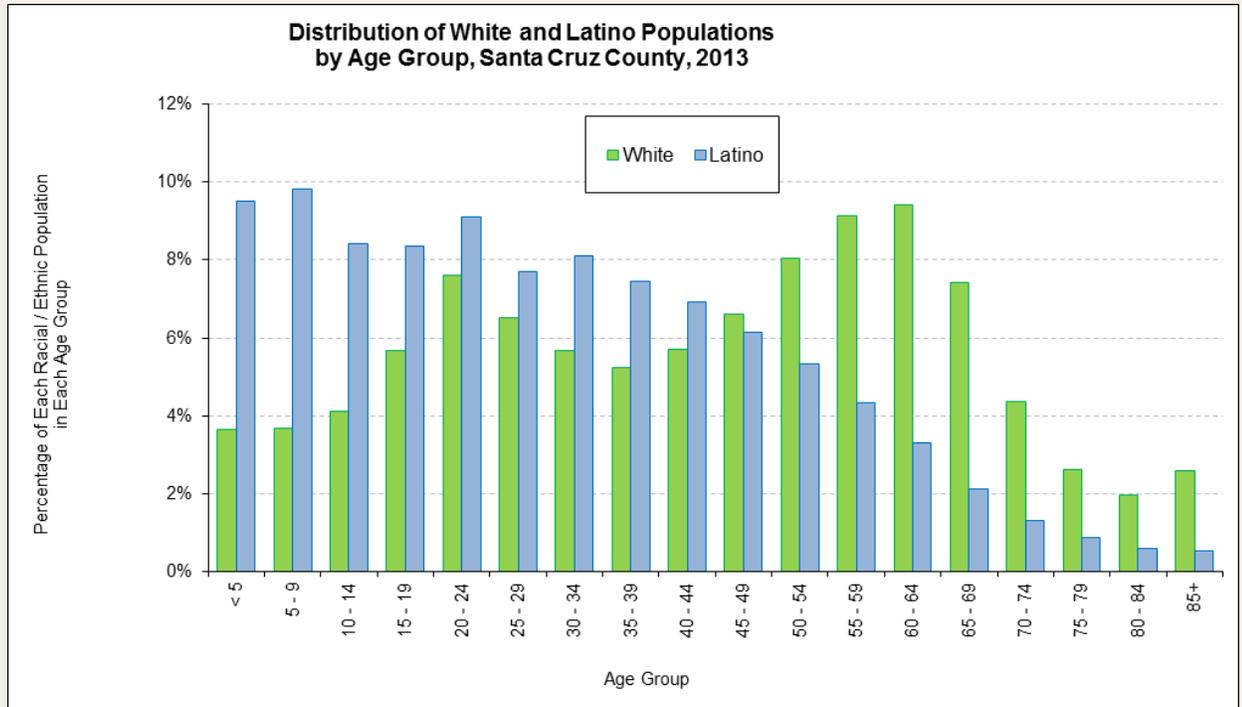
The relative proportions of various racial/ethnic groups in the county have steadily changed in the recent decades. In 1970, the county's population was more than 86% White and less than 10% Latino <sup>1</sup>. By 2013, the Latino population proportion had increased to 33%, while the White proportion had decreased to 58% <sup>2</sup>. The proportions of Asians, Blacks, and Native Americans have all increased since 1970, though not as rapidly as the Latino proportion, and they still remain relatively small proportions of the population.

<sup>1</sup>California Department of Finance. "Race/Ethnic Population with Age and Sex Detail, 1970-2040." Sacramento, CA. December 1998. Accessed 2008; no longer available online.

<sup>2</sup>U.S. Census Bureau. "Table DP05, ACS Demographic and Housing Estimates, 2013 American Community Survey 1-Year Estimates." Accessed August 7, 2015. [http://factfinder.census.gov/faces/tableservices/jsf/pages/productviews.xhtml?\\_afpt=table](http://factfinder.census.gov/faces/tableservices/jsf/pages/productviews.xhtml?_afpt=table).

Children make up a far larger proportion of the Latino population than they do of the White population, and this difference continues through every age group under 45. Conversely, every age group over 45 contains a larger proportion of the White population than of the Latino population (Figure 2).<sup>1</sup> The same basic pattern is true statewide.

**Figure 2**



Additional demographic data are available in the [Santa Cruz County Community Assessment Project](#).

## Community Health Status Assessment

The MAPP Steering Committee tasked the Community Health Status (CHS) Subcommittee with proposing a select subset of indicators. The CHS Subcommittee met three times to review and to discuss indicators within twelve categories of data recommended in the MAPP guide. After careful review of 111 proposed indicators, the CHS Subcommittee chose 28 using a number of selected criteria: impact (number affected and severity of the issue), worsening trend, geographic or demographic disparities. The final list of 28 indicators was approved by the MAPP Steering Committee.

Data for each of these indicators are organized within these twelve categories as suggested by the MAPP community health assessment and health improvement planning tool:

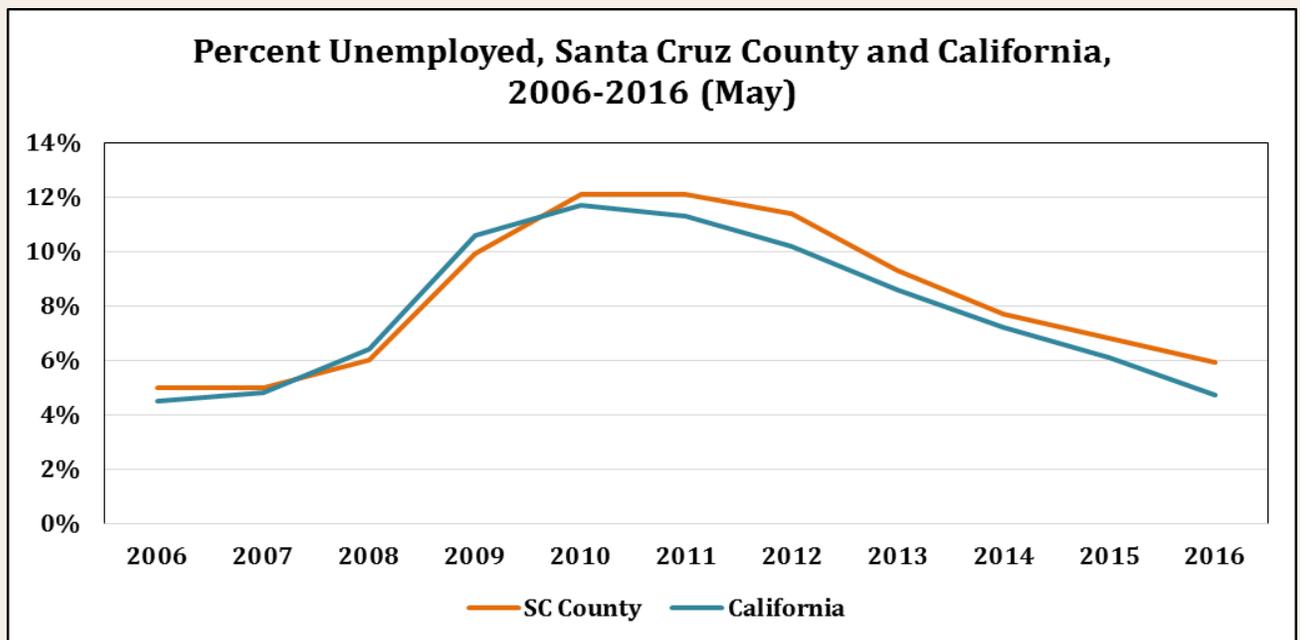
Economic Factors .....	13
Educational Factors .....	16
Social Environment Factors .....	19
Safety Factors .....	22
Health Care Access and Quality .....	24
Quality of Life .....	27
Behavioral Risk Factors.....	29
Environmental Health Factors .....	31
Social and Mental Health Factors.....	33
Maternal and Child Health Factors.....	35
Death, Illness, and Injury.....	41
Infectious Disease .....	43

## Economic Factors

### Unemployment

Unemployment serves as a measure of economic health. The relationship between unemployment and adverse health outcomes is bidirectional, meaning that unemployment contributes to ill health and ill health contributes to unemployment. Santa Cruz County unemployment spiked in 2010, just as it did in California, as a result of the national recession. Since then, both Santa Cruz County and California have been experiencing decreasing unemployment rates (Figure 3).

Figure 3



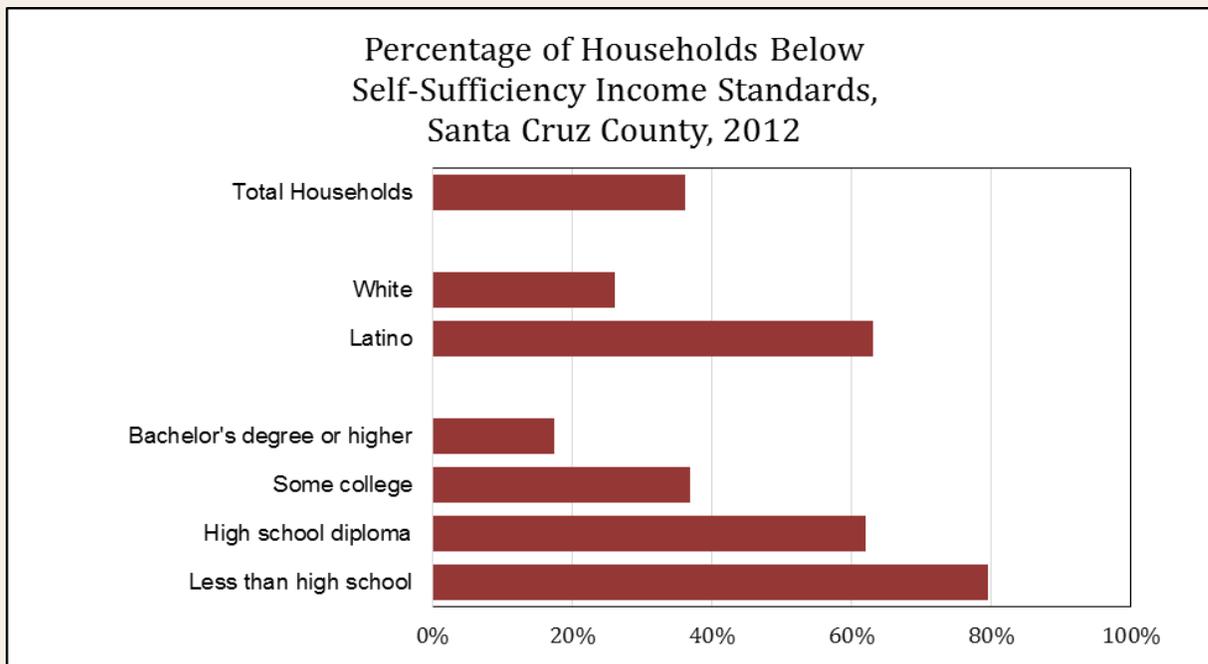
Bureau of Labor Statistics — Local Area Unemployment Status Map

<http://data.bls.gov/map/MapToolServlet?survey=la&map=county&seasonal=u>

## Self Sufficiency

According to the University Of Washington School Of Social Work, the Self-Sufficiency Standard measures how much income is needed for a family of a certain composition in a given place to adequately meet their basic needs— *without public or private assistance*. The Standard makes it possible to determine if families' incomes are enough to meet basic needs. Figure 4 shows the percentage of households that fall below self-sufficiency income standards for Santa Cruz County by ethnicity and by educational attainment.

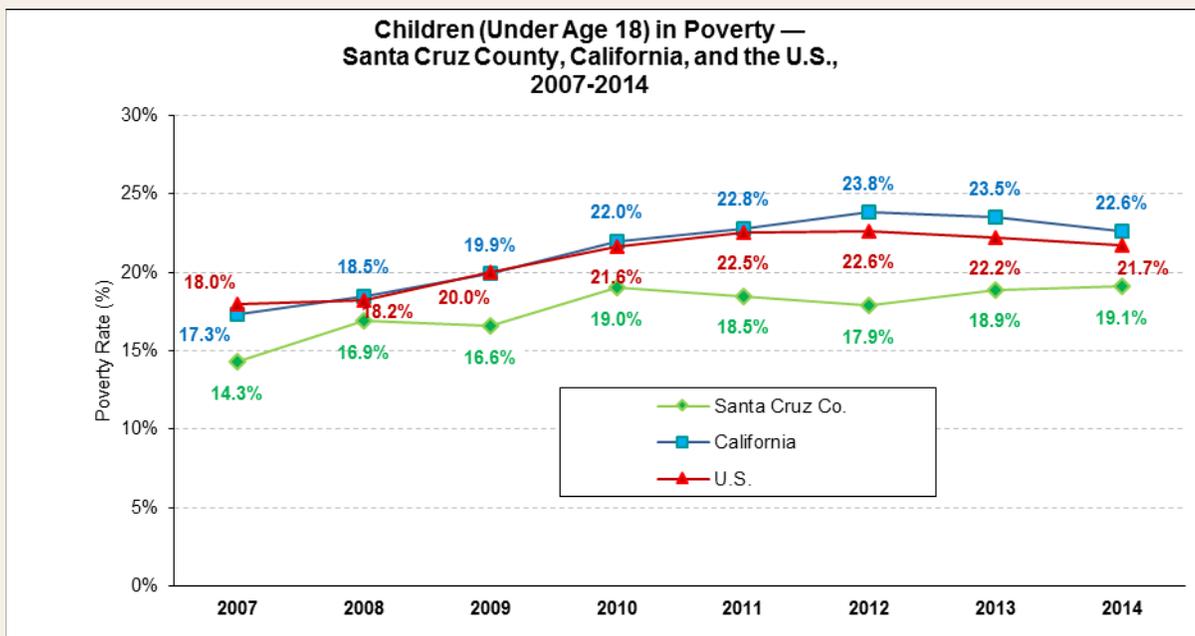
Figure 4



## Child Poverty

The effects of poverty on children’s health and well-being are well documented. Poor children have increased infant mortality, more frequent and severe chronic disease such as asthma, poorer nutrition and growth, less access to quality health care, lower immunization rates, and increased obesity and its complications.<sup>3,4</sup> Child poverty in Santa Cruz County tends to be lower than that of California and the United States. In 2014 the child poverty rate in Santa Cruz County was 19.1%, compared to 22.6% in California and 21.7% in the United States (Figure 5).

Figure 5



Source: United States Census Bureau. “Small Area Income and Poverty Estimates.” <http://www.census.gov/did/www/salpe/data/interactive/#>. [accessed on Nov. 8, 2016]

<sup>3</sup>American Academy of Pediatrics. “Poverty Threatens Health of U.S. Children.” 5/04/2013. <https://www.aap.org/en-us/about-the-aap/aap-press-room/page/Poverty-Threatens-Health-of-US-Children.aspx>.

<sup>4</sup>Paul-Sen Gupta, R., de Wit, M. L., & McKeown, D. (2007). The Impact of poverty on the current and future health status of children. *Paediatr Child Health*. 12(8): 667–672.

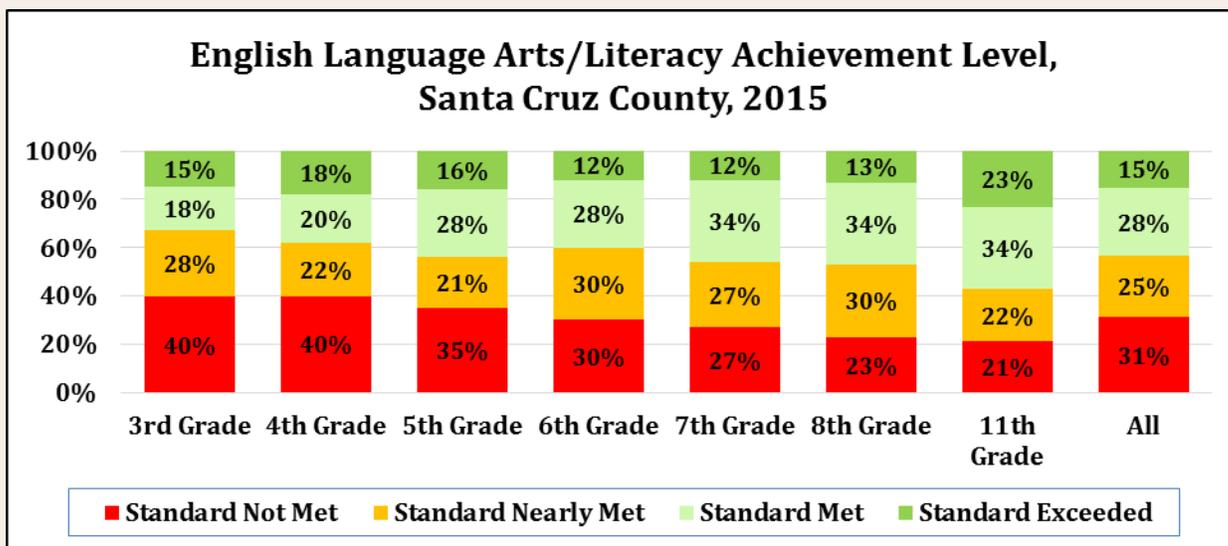
## Educational Factors

Educational level is strongly correlated with health. There is an inverse relationship between level of education and many risk behaviors. Similarly, there is a positive association between increasing level of education and an increase in health-protective factors such as income level, economic security, and the accumulation of wealth.<sup>5</sup> Additionally, educational success has been correlated with supportive and enriched childhood development. Therefore, resources and policies that support programs such as Head Start and universal pre-school are a good investment for society.

### Reading Proficiency

Reading proficiency is a skill that forms the foundation for academic learning for children and adolescents. Reading impacts education level, which is strongly correlated with health. Data for Santa Cruz County from the 2015 California Assessment of Student Performance and Progress show the reading scores are higher as grade level increases (Figure 6). Third graders have the lowest percentage of meeting or exceeding the standard (33%) compared to 11th graders with 57% meeting or exceeding the standard.

Figure 6



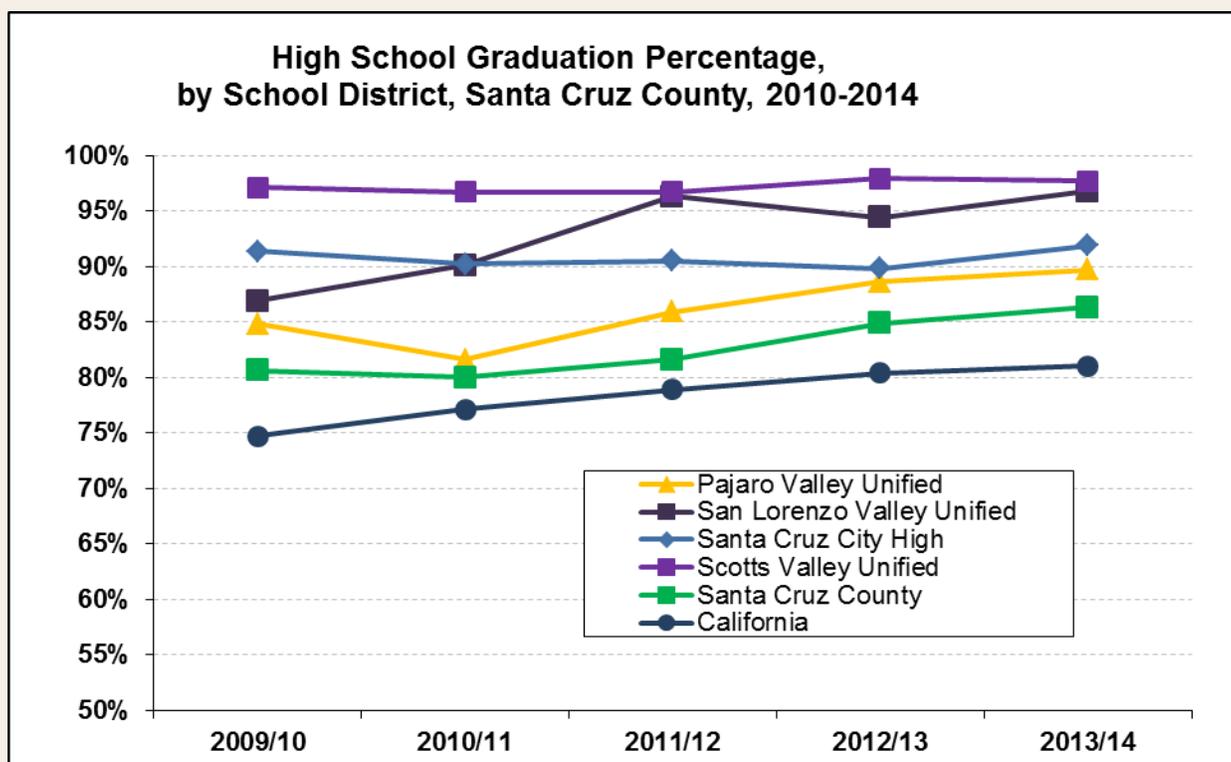
Source: California Assessment of Student Performance and Progress, 2015. Test Results for English Language Arts/Literacy and Mathematics.

<sup>5</sup>Kawachi, I. et al. "Money, Schooling, and Health: Mechanisms and Causal Evidence." *Annals of the New York Academy of Sciences* 1186 (*The Biology of Disadvantage: Socioeconomic Status and Health*): 9<sup>o</sup> -58, 16 Feb 2010. <http://onlinelibrary.wiley.com/doi/10.1111/j.1749-6632.2009.05340>.

## High School Graduation

High school graduation is another indicator of educational level. The U.S. Census Bureau estimated that 85% of Santa Cruz County residents age 25 and older have obtained at least a high school diploma (or equivalent) in the years 2009 through 2013 – compared to 81% statewide and 86% nationwide.<sup>6</sup> High school graduation rates for each of the five school districts in Santa Cruz County are plotted along with the California rates over time in Figure 7.

Figure 7



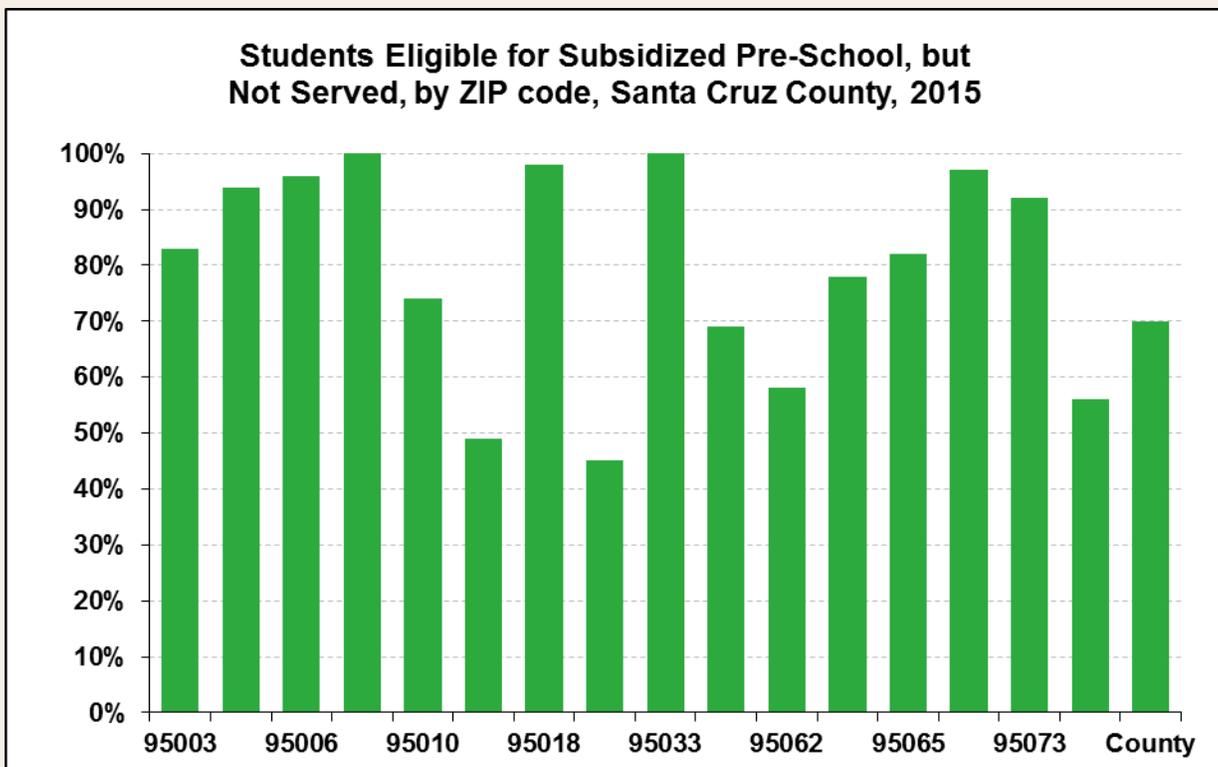
Source: California Department of Education, via Santa Cruz County CAP Report 2015

<sup>6</sup>U.S. Census Bureau. State and County Quick Facts: Santa Cruz County and California. <http://quickfacts.census.gov/qfd/states/06/06087.html> [accessed on Aug. 4, 2015]

## Preschool

In California, 15.8% of children attend preschool, nursery school, or Head Start at least 10 hours per week, compared to 11.8% in Santa Cruz County, based on California Health Interview Survey data pooling years 2009 through 2011/12.<sup>7</sup> Students that are eligible for subsidized pre-school but do not have early childhood education available represent a significant underserved population. Early childhood education helps to prepare a child for kindergarten. Figure 8 illustrates by zip code this underserved population. All but two of the zip codes are over 50%, indicating a need for more early childhood education opportunities for pre-school aged children in need.

Figure 8



Source: Santa Cruz County Child Care Planning Council Priorities Report, 2015, via CAP Report

<sup>7</sup>University of California Los Angeles. California Health Interview Survey. AskCHIS.UCLA.edu [accessed on Aug. 4, 2015]

## Social Environment Factors

### Homelessness

People who experience homelessness have a mortality rate four times that of the general population. They die decades earlier, often from treatable medical conditions.<sup>8</sup>

Homelessness in Santa Cruz County is such a significant issue that there are two formal groups working to address all of the complexities associated with it. These groups are the Homeless Action Partnership and Smart Solutions to Homelessness, and they have created a strategic plan in conjunction with the United Way of Santa Cruz County to address these complex issues: *All In: Toward a Home for Every County Resident 2015*.

A one-day point-in-time (PIT) homeless count conducted on January 22, 2015 identified 1,964 homeless persons in Santa Cruz County. This count was a 44% decrease from the prior census conducted in 2013; virtually all of the reduction came from unsheltered persons. Nearly one-third of the homeless were in a shelter, while the remaining two-thirds were unsheltered. The majority of the unsheltered lived on the streets or in a vehicle. Many homeless persons also experience disabling health conditions, primarily drug or alcohol abuse.<sup>9</sup> The homeless population in Santa Cruz County is slightly different from the general population by ethnicity, with Blacks and multi-racial groups experiencing the greatest inequities (e.g., 28% of homeless persons were multi-racial, and 5% were Black, compared to 8% multi-racial and 2% Black countywide).<sup>9</sup>

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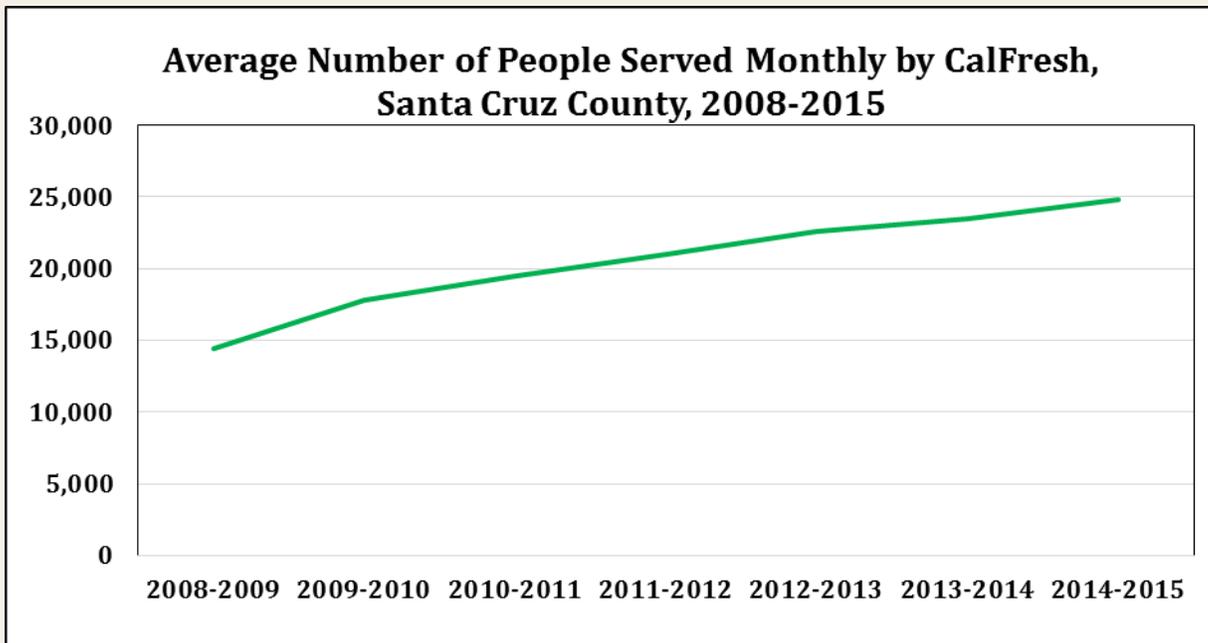
<sup>8</sup>Homelessness Resource Center. *Homelessness Kills*. <http://homeless.samhsa.gov/resource/homelessness-kills-55174.aspx>.

<sup>9</sup>Applied Survey Research. 2015 Santa Cruz County Homeless Census & Survey. Wastonville, CA. <http://www.appliedsurveyresearch.org/homelessness-reports/2014/8/15/santa-cruz-county-homeless-census-and-survey>.

## CalFresh (Food Stamps)

The CalFresh Program is California's version of the Supplemental Nutrition Assistance Program or SNAP and formerly known as Food Stamps. The purpose of the program is to assist low-income individuals and households in purchasing nutritious food to protect against hunger and malnutrition. Eligibility for CalFresh assistance, as well as the benefit amount, is based on the applicant's household size and income level. Without this resource, many county residents risk going hungry and becoming malnourished. In fiscal year 2014-15 CalFresh participation increased to its highest participation level of 24,847 (Figure 9).

Figure 9



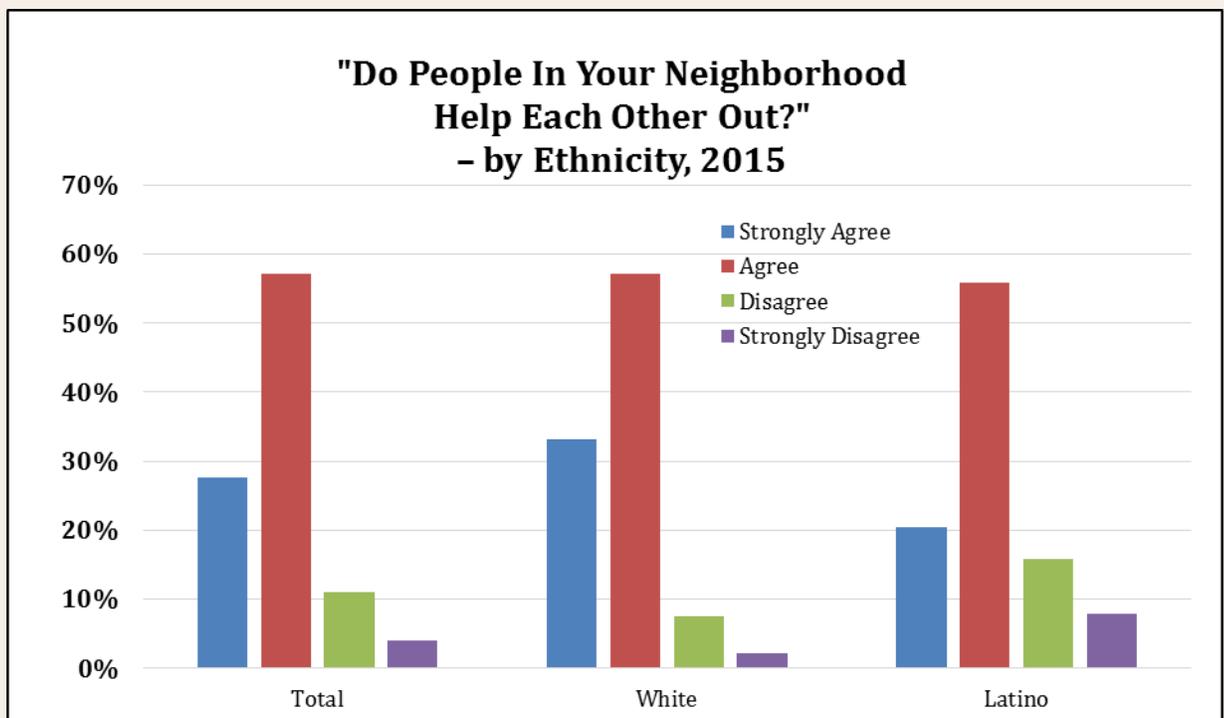
Source: County of Santa Cruz Human Services Department Annual Report 2015

## People Often Help Each Other

“Social support means having friends and other people, including family, to turn to in times of need or crisis. Social support enhances quality of life and provides a buffer against adverse life events, and has been shown to reduce the psychological and physiological consequences of stress, and may enhance immune function. People that are supported by close relationships with friends, family, or fellow members of church, work, or other support groups are less vulnerable to ill health and premature death. Social networks, whether formal (such as a church or social club) or informal (meeting with friends) provide a sense of belonging, security, and community.”<sup>10</sup>

To determine the level of social support experienced by residents of the county, Santa Cruz County CAP’s telephone survey conducted by Applied Survey Research asks participants, “Do people in your neighborhood help each other out?” Results for this question from the 2015 survey are displayed in Figure 10. The majority of county residents agreed or strongly agreed, which is true for both Whites and Latinos. However, a higher percentage of Latinos compared to Whites disagreed or strongly disagreed with this question, indicating that there may not be as much social support for this ethnic group.

Figure 10



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

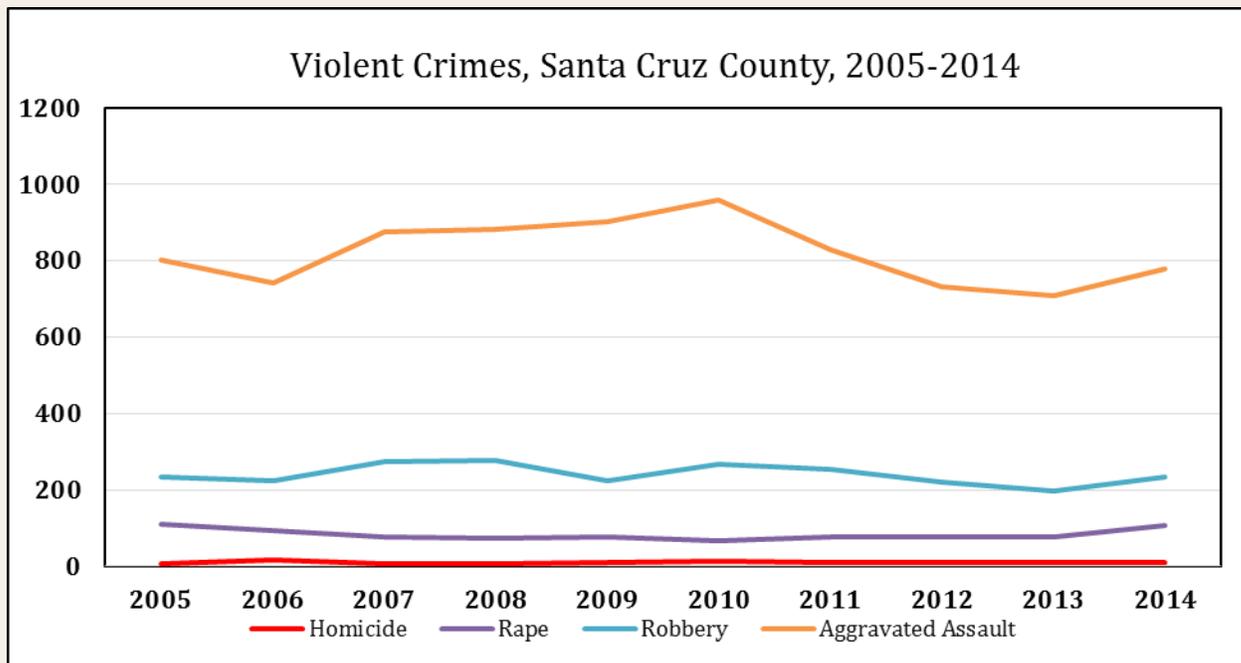
<sup>10</sup>Santa Cruz County Community Assessment Project, Year 22. 2016. <https://static1.squarespace.com/static/5176dcd7e4b0e5c0dba41ee0/t/584f358015d5db0c958b5249/1481586052655/CAP-22-SocialEnvironment.pdf>

# Safety Factors

## Violent Crime

Violent crimes are offenses that involve face-to-face confrontation between the victim and the perpetrator, including homicide, forcible rape, robbery, and aggravated assault. High levels of violent crime compromise physical safety and psychological well-being. High crime rates can also deter residents from pursuing healthy behaviors such as exercising outdoors. Figure 11 shows the 10-year trend for homicide, rape, robbery, and aggravated assault in Santa Cruz County.

Figure 11



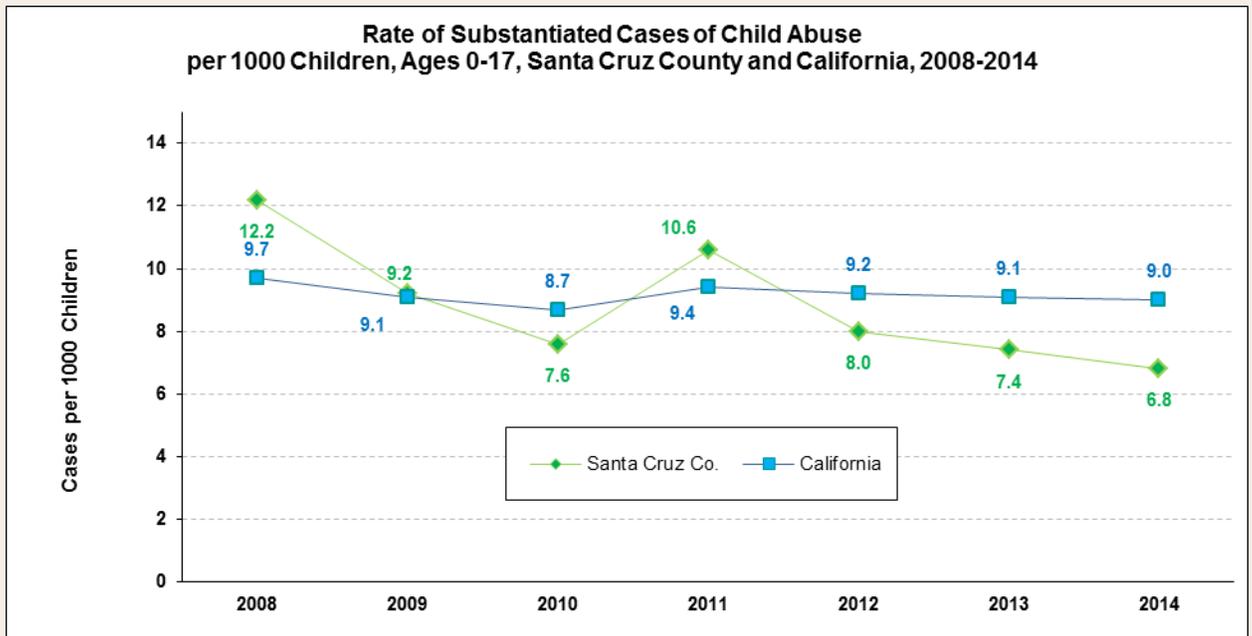
Crimes and Clearances <https://oag.ca.gov/crime/cjsc/stats/crimes-clearances>

CA Highway Patrol - Santa Cruz & Cabrillo College & Capitola & Pajaro Coast DPR & Santa Cruz & Santa Cruz Co. Sheriff's Department & Santa Cruz Mtns. DPR & Scotts Valley & Union Pacific RR - Santa Cruz & Watsonville

## Substantiated Child Abuse

Substantiated child abuse is when there is proof or evidence of a child being abused. Rates of substantiated child abuse in Santa Cruz County in 2014 were at their lowest (6.8 per 1,000) since 2008 (Figure 12).

Figure 12



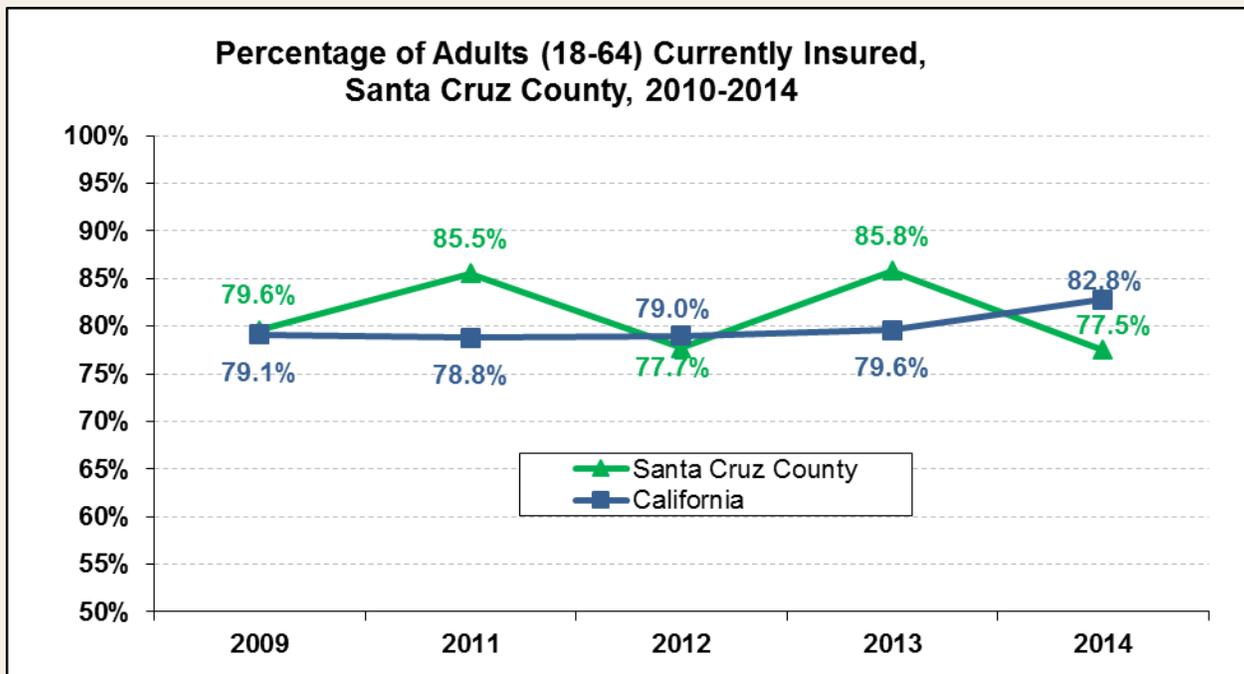
## Health Care Access and Quality

### Insured

In the United States, health insurance is a fundamental determinant of access to care. Health care costs are rising much faster than incomes, and faster than other costs of living, leaving many people unable to afford medical care – although the Patient Protection and Affordable Care Act (ACA) appears to have substantially slowed the rate of increase of health insurance costs.<sup>11</sup> Lack of health insurance leads people to forgo preventive medical care, resulting not only in worse health outcomes but also in greater monetary costs. Moreover, uninsured persons are more likely to present with more severe illness and to seek care at emergency rooms rather than using less expensive primary care practitioners to whom they have no access.<sup>12</sup>

It is important to note that during the time this report was written, the federal government was looking to repeal and replace the ACA. The impacts of any changes made to the ACA will be observed in subsequent years. Figure 13 contains the rates of insured adults (18-64) in Santa Cruz County compared with those insured throughout the State of California from 2009 to 2014. California's insured rates went up in 2014 as the ACA mandates went into effect; Santa Cruz County rates appear to fluctuate, due to small sample size, so they don't show the increase.

**Figure 13**



California Health Interview Survey, via Santa Cruz County CAP Report 2015

<sup>11</sup>Zamosky, L. (2016, July 29). Health premiums after Obamacare? They're lower. Retrieved from <https://www.healthinsurance.org/blog/2016/07/29/health-premiums-after-obamacare-theyre-lower/>

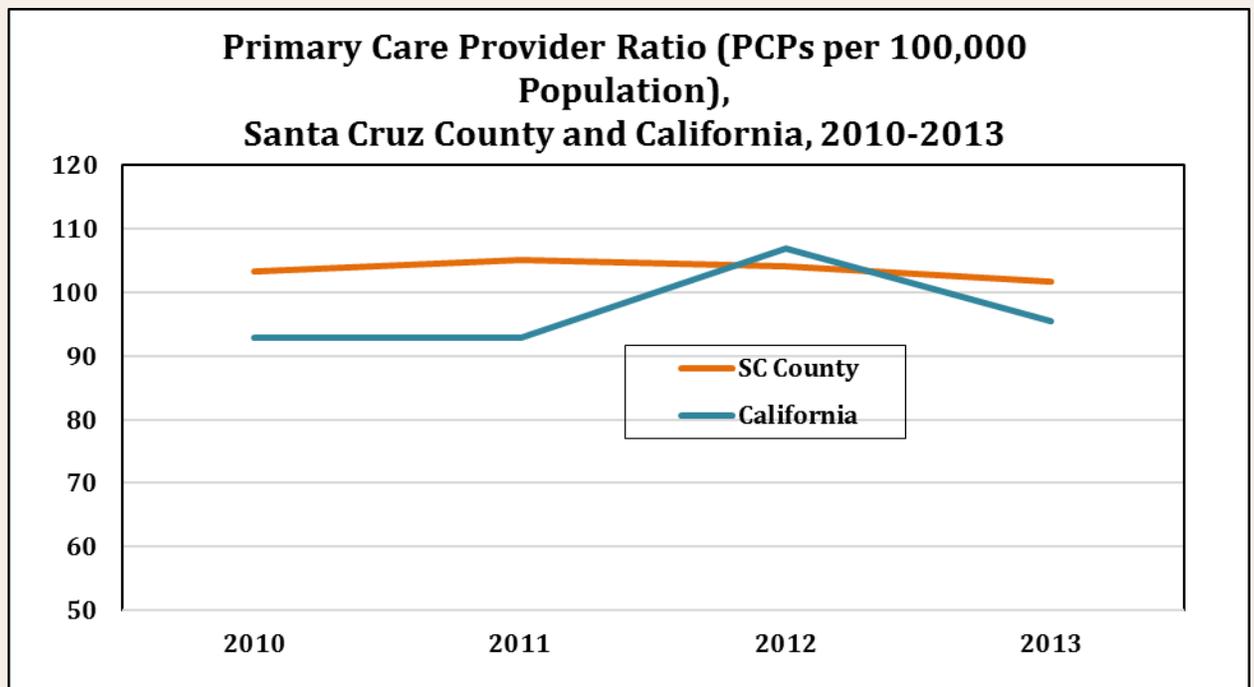
<sup>12</sup>Centers for Disease Control and Prevention, National Center for Health Statistics. Emergency Room Use Among Adults Aged 18-64: Early Release of Estimates from the National Health Interview Survey, January-June, 2011. Accessed August 6, 2015. [http://www.cdc.gov/nchs/data/nhis/earlyrelease/emergency\\_room\\_use\\_january-june\\_2011.pdf](http://www.cdc.gov/nchs/data/nhis/earlyrelease/emergency_room_use_january-june_2011.pdf).

## Primary Care Physicians

The primary care provider (PCP) rate is the number of practicing primary care physicians per 100,000 persons; a high number indicates ready availability when accessing primary care, while too low a number indicates a shortage of primary health care providers, leading to a potential of unmet need in the community. High PCP rates are strongly correlated with high life expectancy rates. A low PCP rate makes it difficult for patients, whether insured or not, to gain access to primary care, preventive care, and referrals when they need them. There is evidence that good access to primary care can reduce overall demand for medical care, probably through enhanced coordination of care and a preventive care focus.<sup>13</sup>

Yet, many PCPs in California already are refusing to accept any new patients, and the problem is expected to get worse. Additionally, as the population continues to grow, the number of new physicians remains fairly constant, resulting fewer physicians to see patients. Lastly, a large proportion of physicians are nearing retirement age, while only a limited number of new physicians will be available to replace them. Data from the Health Indicators Warehouse showed that in 2013 Santa Cruz County had 101.7 primary care providers per 100,000 population, higher than the California rate of 95.4 per 100,000 (Figure 14).

**Figure 14**



Source: [http://www.healthindicators.gov/Indicators/Primary-care-providers-per-100000\\_25/Profile](http://www.healthindicators.gov/Indicators/Primary-care-providers-per-100000_25/Profile)

<sup>13</sup>Kravet, S.J., et al. "Health Care Utilization and the Proportion of Primary Care Physicians." *American Journal of Medicine*. 121:142-148,2008.

## Dental Care

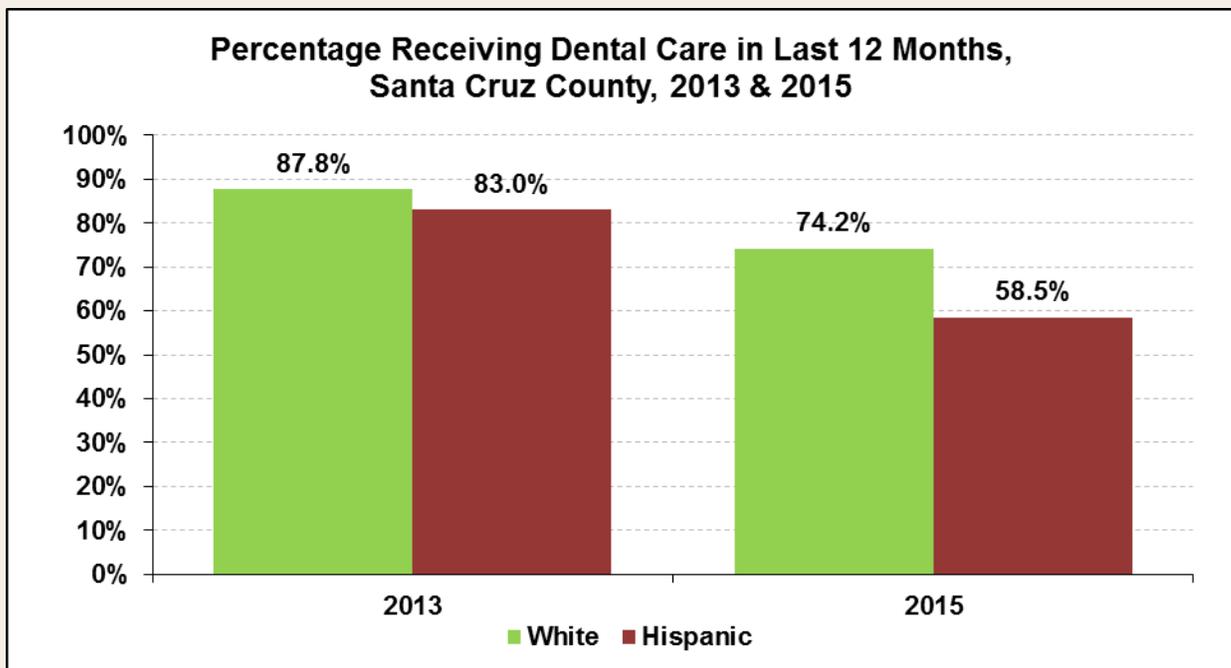
Dental health is important in its own right, but also contributes in important ways to overall health. Research has pointed to associations between chronic oral infections and cardiovascular disease, stroke, fatal heart attacks, bacterial pneumonia, and premature birth, as well making control of diabetes difficult. In addition, attentive oral health care can contribute to early detection of a wide variety of other illness. A thorough oral examination can detect signs of nutritional deficiencies as well as a number of systemic diseases, including microbial infections, immune disorders, injuries, and some cancers.<sup>14</sup>

Dental health is a challenge in Santa Cruz County, particularly due to the county's inability, as yet, to establish a drinking water fluoridation program. Lack of dental health insurance coverage is much more widespread than lack of medical health insurance. Santa Cruz County CAP reported that 74.2% of Whites and 58.5% of Latinos (or Hispanics) had dental health insurance (Figure 15) in 2015. This was down compared to the 2013 rates of 87.8% and 83.0% respectively.

Santa Cruz County participated in a thorough oral health assessment conducted in 2016 jointly with Santa Cruz and Monterey Counties, produced by Dientes Community Dental Care, a non-profit dental clinic. The full report, titled *Increasing Access to Dental Services for Children and Adults on the Central Coast*, is located online at:

<http://oralhealthscc.org/wp-content/uploads/2016/06/Central-Coast-Oral-Health-Needs-Assessment-Aved-Reformatted-and-Spelling-Errors-Corrected-June-2016.pdf>.

**Figure 15**



Source: Santa Cruz County Community Assessment Project, Telephone Survey

<sup>14</sup> US Department of Health and Human Services, US DHHS, National Institute of Dental and Craniofacial Research, NIH. Oral Health in America: A Report of the Surgeon General. 2000. <http://www.nidcr.nih.gov/DataStatistics/SurgeonGeneral/sgr/>.

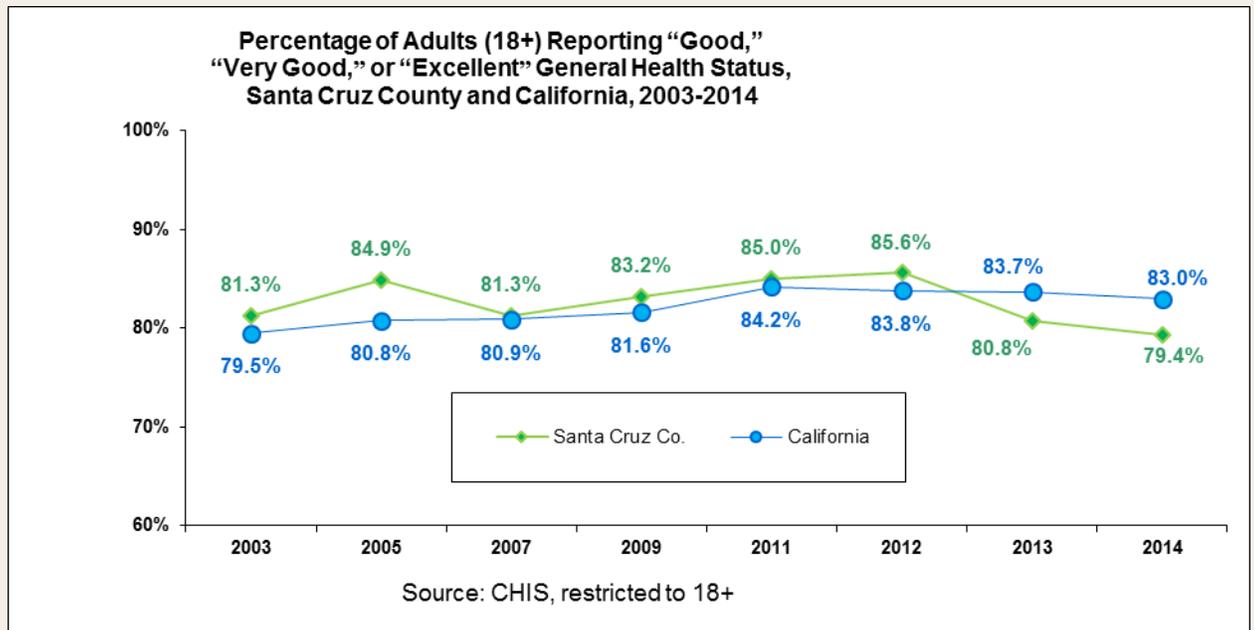
## Quality of Life

Health-related Quality of Life (HRQOL) is a measure of a person's perception of his or her own physical and mental health. The Centers for Disease Control and Prevention (CDC) validated a compact set of measures to assess HRQOL, known as the "Healthy Days Measures." They assess a person's sense of well-being based on four measures: 1) self-rated health; 2) number of recent days when physical health was not good; 3) number of recent days when mental health was not good; and 4) number of recent days when activities were limited because of poor physical or mental health. "Recent" is defined as within the last 30 days.

### Self-reported Health Status

Data from the California Health Interview Survey (CHIS) is reported in Figure 16. The CHIS survey regularly asks the following question: In general, would you say that your health is excellent, very good, good, fair, or poor?<sup>15</sup> Data for those reporting excellent, very good, and good were combined and the trend from 2003 to 2014 is displayed in Figure 16. Santa Cruz County resident responses are compared with California resident responses. In both the county and the state, about 80% of those surveyed reported favorably about their health.

**Figure 16**



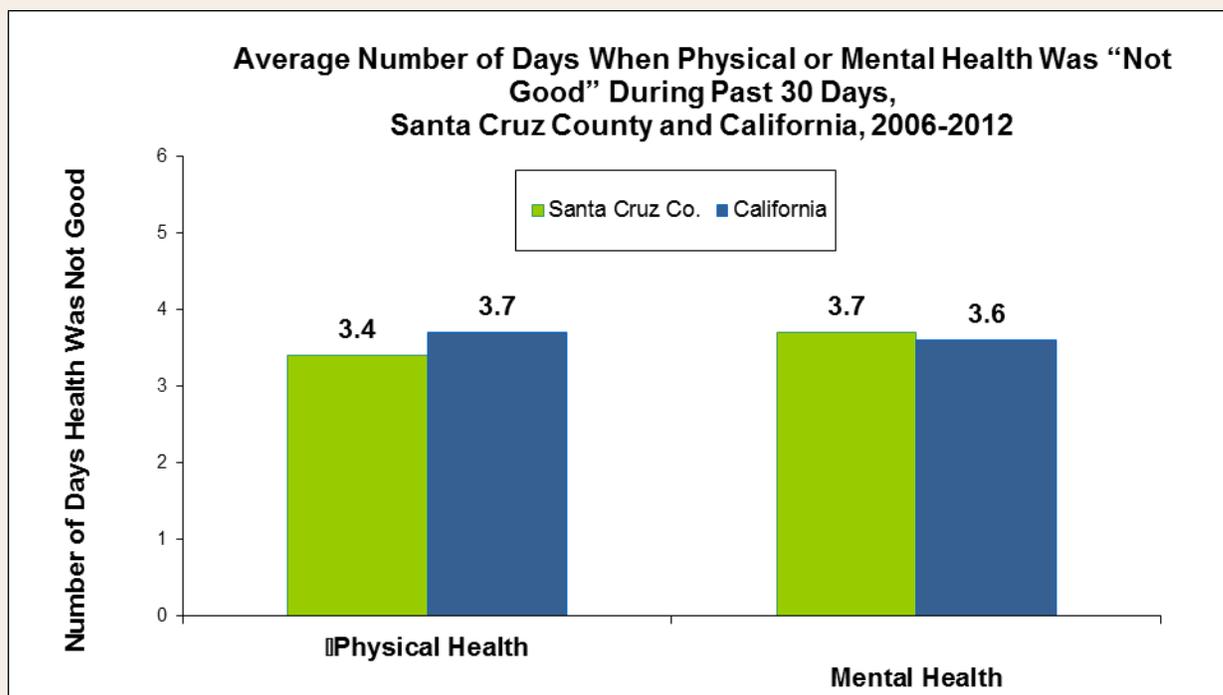
SOURCE: California Health Interview Survey, restricted to 18+

## Self-reported Physical and Mental Health Status

Since 1993, the CDC's Behavioral Risk Factor Surveillance System (BRFSS) national survey has included questions about the number of recent days when physical health was not good and when mental health was not good. From 2006 to 2012, Santa Cruz County residents reported an average of 3.4 days with either fair or poor physical health, compared to 3.7 days statewide (see Figure 17). Santa Cruz County ranked in the top quartile of the state. The national average also was 3.7 days.

BRFSS also had data for mental health status. Santa Cruz County residents reported an average of 3.7 days with either fair or poor mental health, compared to 3.6 days statewide, from 2006 to 2012 (Figure 17). The national average was 3.5 days.<sup>16</sup>

**Figure 17**



Source: National Center for Health Statistics, Health Indicators Warehouse. Accessed May 12, 2015.

<sup>16</sup> National Center for Health Statistics, Health Indicators Warehouse. Accessed May 12, 2015. [http://www.healthindicators.gov/Indicators/Fair-or-poor-health-adults-percent\\_5/Profile/ClassicData](http://www.healthindicators.gov/Indicators/Fair-or-poor-health-adults-percent_5/Profile/ClassicData)

## Behavioral Risk Factors

A behavioral risk factor is any behavior that has an adverse impact on health by increasing the chances of getting a disease. Chronic diseases such as cardiovascular disease, cancer, and diabetes are strongly related to behaviors such as diet, physical activity, and tobacco use. The behavioral risk factors selected for this report are overweight and obese adults and youth tobacco use.

### Overweight and Obese

Overweight or obese individuals are at greater risk for many major causes of morbidity and mortality: hypertension, coronary heart disease, stroke, type 2 diabetes, asthma, gallbladder disease, arthritis, sleep apnea, and certain cancers.<sup>17</sup> Diabetes rates closely follow obesity rates, with about a ten-year lag time. Obesity, in combination with physical inactivity, is now second only to smoking as a cause of death in the United States.<sup>18</sup> Childhood diabetes rates are exploding along with obesity rates.

Local, state, and national rates of overweight (BMI=25-30) and obesity (BMI $\geq$ 30) have skyrocketed in recent decades. The percentage of obese individuals has been rapidly increasing throughout the United States since 1970.<sup>19</sup> This obesity epidemic is widely regarded as one of the greatest threats to Americans' health, and some experts believe that the current generation of children may be the first generation in American history to have a shorter life expectancy than their parents – primarily because of obesity.<sup>20</sup>

Santa Cruz County and California are not exceptions to the trend. Although California had the fourth lowest rate of obesity in the country (24.1%) in 2013, the difference is not very large, and data from the Behavioral Risk Factor Surveillance System (BRFSS) show that California's adult overweight and obesity rates have very closely followed the national trends over the past two decades (Figure 18). There are not many sources for good county-level data on adult weight. However, the CDC estimates the prevalence of adult obesity (age 20 and over) for each county in the United States, based on probability modeling of BRFSS data. The CDC estimated the age-adjusted rate of obesity in Santa Cruz County adults in 2012 as 20.1%, 11th lowest in the state, and 65th lowest in the entire nation.<sup>21</sup>

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<sup>17</sup> Centers for Disease Control and Prevention. "Overweight and Obesity: Health Consequences." <http://www.cdc.gov/obesity/adult/causes/>. Accessed June 15, 2015.

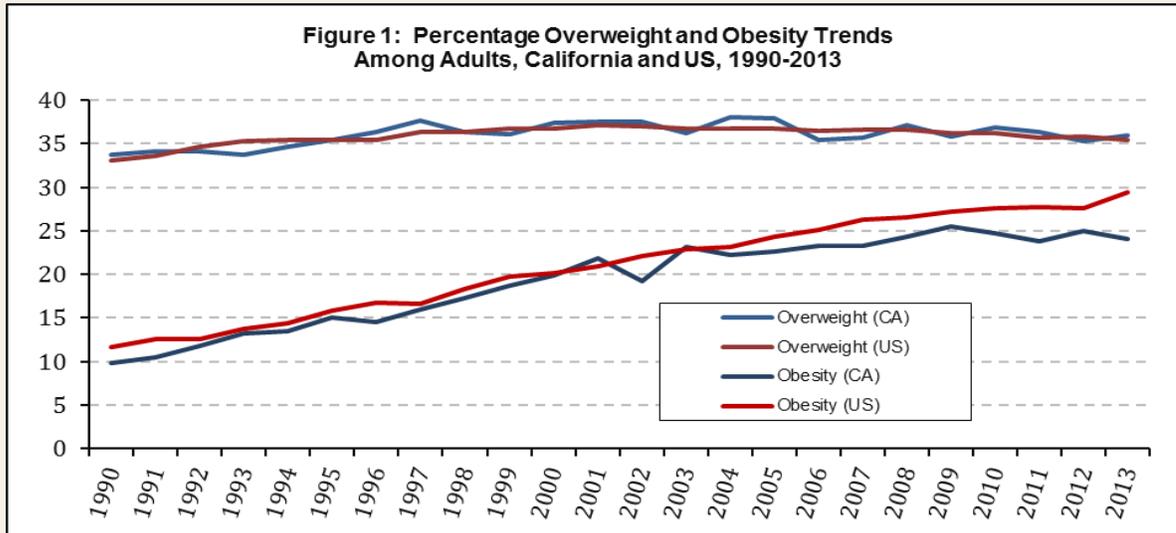
<sup>18</sup> California Healthline Daily Edition. "Obesity Second Leading Cause of Preventable U.S. Deaths, CDC Study Finds." March 10, 2004. <http://californiahealthline.org/morning-breakout/obesity-second-leading-cause-of-preventable-us-deaths-cdc-study-finds/>.

<sup>19</sup> Centers for Disease Control and Prevention. "Overweight and Obesity – Obesity Prevalence Maps." Accessed June 16, 2015. <https://www.cdc.gov/obesity/data/prevalence-maps.html>.

<sup>20</sup> Olshansky et al. "A Potential Decline in Life Expectancy in the United States in the 21<sup>st</sup> Century." *New England Journal of Medicine* 352:1135-1135, 2005.

<sup>21</sup> Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System. "Prevalence and Trends Data – Overweight and Obesity." <http://www.apps.nccd.cdc.gov/brfss>. Accessed June 15, 2015.

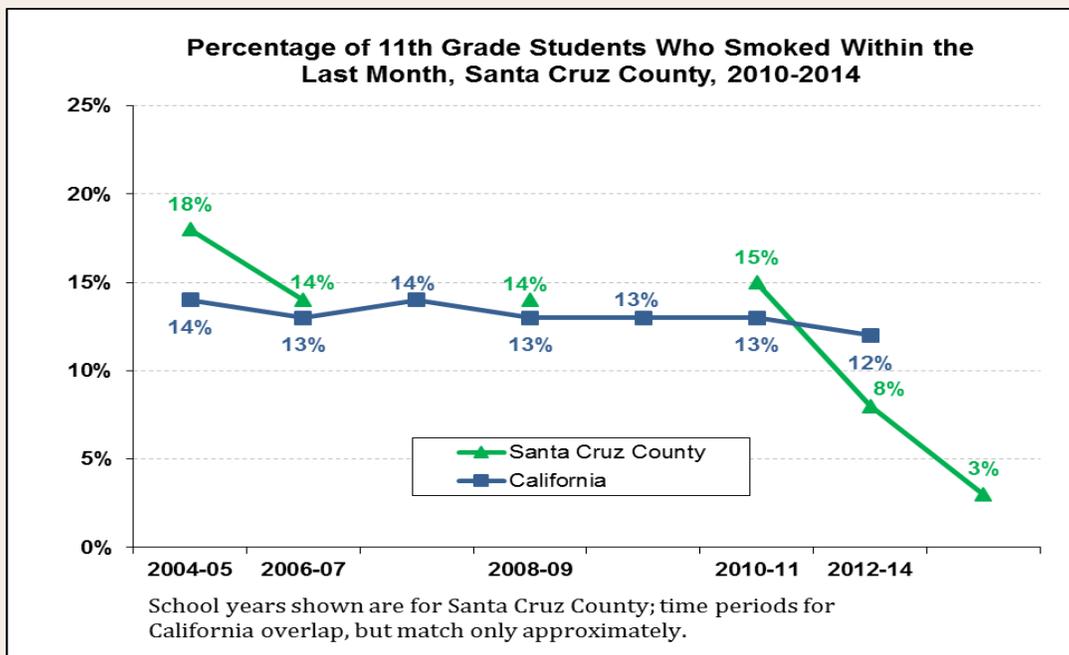
**Figure 18**



**Youth Tobacco Use**

Many adult smokers are introduced to tobacco as adolescents, leading to a lifetime of exposure to chemicals that can cause cancer, heart disease, and lung disease not only for the smoker but for those around them as well. Fortunately, the prevalence of smoking among adolescents in the U.S. has been trending down since the 1990s.<sup>22</sup> Figure 19 illustrates data from the California Healthy Kids Survey for 2004-2014 for 11th grade students who smoked within the last month.

**Figure 19**



California Healthy Kids Survey, via Santa Cruz County CAP Report 2015

<sup>22</sup> National Health Interview Survey (NHIS), CDC, NCHS. Via CDC "Smoking & Tobacco Use: Trends in Current Cigarette Smoking Among High School Students and Adults. United States, 1965-2011." Accessed March 6, 2015. [http://www.cdc.gov/tobacco/data\\_statistics/tables/trends/cig\\_smoking/](http://www.cdc.gov/tobacco/data_statistics/tables/trends/cig_smoking/).

## Environmental Health Factors

Environmental health factors are those things found in the environment that have an impact on health and wellness. They consist of air and water quality, the use of pesticides and herbicides, housing, commute times, open spaces, etc. For this assessment, the MAPP Steering Committee chose to examine air quality and commute times.

### Air Quality

Poor air quality can aggravate existing respiratory illnesses such as asthma and chronic obstructive pulmonary disease (COPD). It also negatively impacts those with heart disease. Although outdoor air quality has improved since the 1990s, those who are susceptible may be impacted at lower levels of air contaminants. The two main threats to air quality are ground-level ozone and particulate matter.

Santa Cruz County rarely exceeds the California 8-Hour Ozone standard, which is 0.070 parts per million (ppm). Over the 5-year period of time between 2010 and 2015, there was only one day where this standard was exceeded, and it was in 2012<sup>23</sup>. The same is true for particulate matter. During that same 5-year period of time, there were no days that Santa Cruz County exceeded the California 8-Hour Particulate Matter 2.5 standard, which are fine particles 2.5 micrometers in diameter produced by any form of combustion including motor vehicles, power plants, residential wood burning, forest fires, and some industrial processes.<sup>24</sup>

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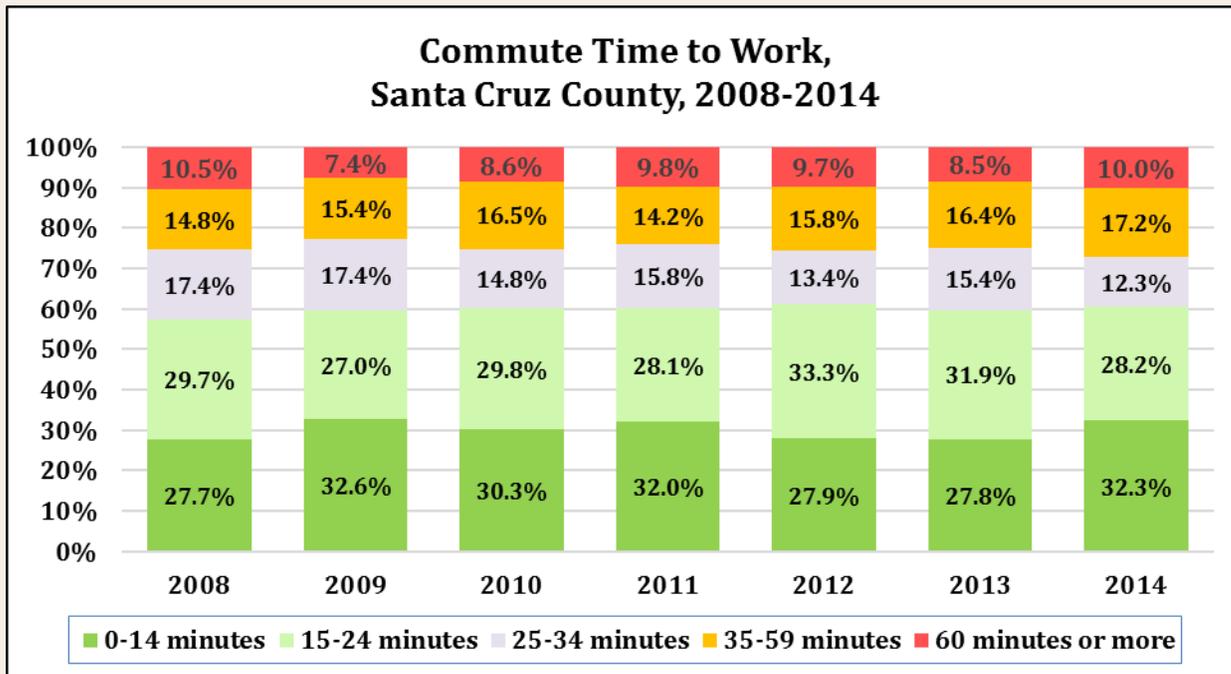
<sup>23</sup>Air Resource Board of California. (2016). ;ADAM: Air quality data statistics: Ozone, number of days above state eight-hour standard.

<sup>24</sup>Air Now, Particle Pollution PM 2.5, PM 10. Retrieved from <https://airnow.gov/index.cfm?action=aqibasics.particle>

## Commute Time

Long commutes and increasing traffic can increase stress and affect the health of community members. Many times these commutes consist of sitting in traffic in a vehicle that is either not moving or moving very slowly. This may contribute to air quality as well. Figure 20 illustrates that the majority of commute times is less than 25 minutes.

**Figure 20**



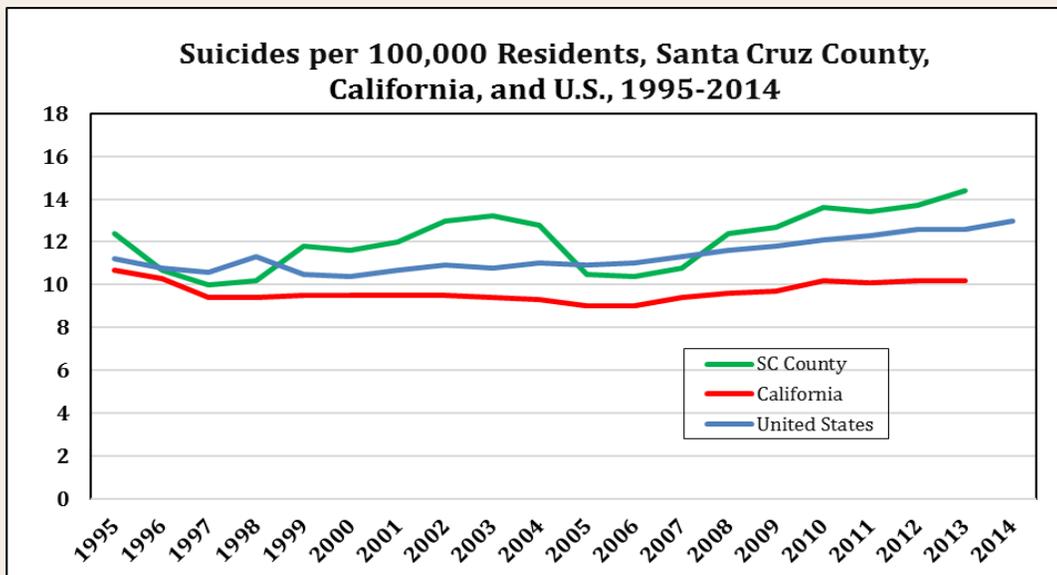
Source: California Department of Transportation. California Public Road Data, 2015. via Santa Cruz County Community Assessment Project Report, 2015

## Social and Mental Health Factors

### Suicide

Suicide is the 10<sup>th</sup> leading cause of death nationally, taking the lives of over 41,000 Americans in 2013 – almost 1.6% of all deaths in the United States, and 2.5 times as many deaths as homicide.<sup>25</sup> Figure 21 shows the trend for suicide from 1995 to 2014 for Santa Cruz County, California, and the U.S. (A smaller population such as Santa Cruz County will yield a less smooth trend line for the suicide rates, as seen in Figure 21.) During most of this time frame (with the exception of 1996, 1997, 1998, 2005, 2006, and 2007), rates in Santa Cruz County have been higher than California or the U.S.

**Figure 21**



Sources: California Department of Public Health. County Health Status Profiles. <https://www.cdph.ca.gov/programs/ohir/Pages/CHSP.aspx> and <https://www.cdph.ca.gov/programs/ohir/Pages/CHSPPriorReports.aspx> and Centers for Disease Control. Deaths: Final Data for 2013. [http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64\\_02.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_02.pdf)

<sup>25</sup> Centers for Disease Control and Prevention. Deaths: Final Data for 2013. National Vital Statistics Reports 64(2), forthcoming. See [http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64\\_02.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_02.pdf).

## Alcohol Provision to Minors

Consequences of youth alcohol use include increased risk of fatal and non-fatal injuries, risky sexual behaviors, poor school performance, and increased risk of suicide and homicide. Research has shown that youth who use alcohol before age 15 are five times more likely to become alcohol dependent than adults who begin drinking at age 21 or later.<sup>26</sup> Youth are notable to purchase alcohol before the age of 21, so when they are drinking, there is usually someone providing it to them. This may be an alcohol outlet that sells to minors, adult family members allowing minors to take from their supply, or any other adult willing to purchase alcohol for consumption by minors.

As part of the telephone survey that is done as part of the Santa Cruz CAP, participants are asked, “How acceptable do you think it is for adults to provide alcohol to persons under 21, other than their own children, in their home?” Respondents answering “Very acceptable” or “Somewhat acceptable” was 9.9% overall. There was a statistically significant difference between the responses from white respondents (11.8%) versus Latino respondents (6.3%).<sup>27</sup>

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<sup>26</sup> National Institutes for Health, National Institute on Alcohol Abuse and Alcoholism. “Underage Drinking: A Growing Health Care Concern” <https://pubs.niaaa.nih.gov/publications/PSA/underagepg2.htm>

<sup>27</sup> Applied Survey Research. (2015). 2015 Santa Cruz County Community Assessment Project, Telephone Survey. Watsonville, CA.

## Maternal and Child Health Factors

### Prenatal Care

Prenatal care allows for monitoring of the baby's and the mother's health. Early prenatal visits can also be helpful and informative regarding nutrition, alcohol, tobacco or substance use, parenting, family changes, and much more. It is an indication of good health care when prenatal care begins in the first trimester of pregnancy. In Santa Cruz County, 80.7% of mothers received early prenatal care in 2013, compared to 82.1% statewide (Figure 22). Differences also are observed when comparing White with Latina mothers: in 2013, 88.0% for Whites and 75.3% for Latinas (Figure 23). The gap appeared to be decreasing earlier in the 21<sup>st</sup> century; then it began to widen again.

Figure 22

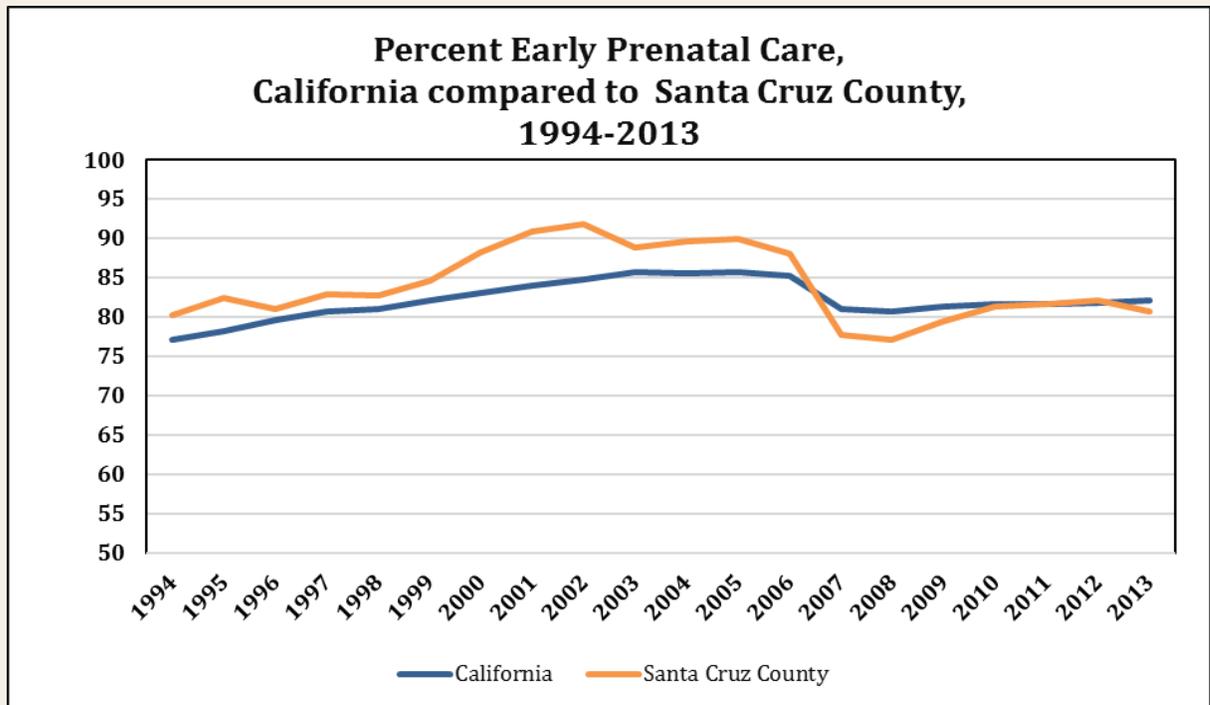
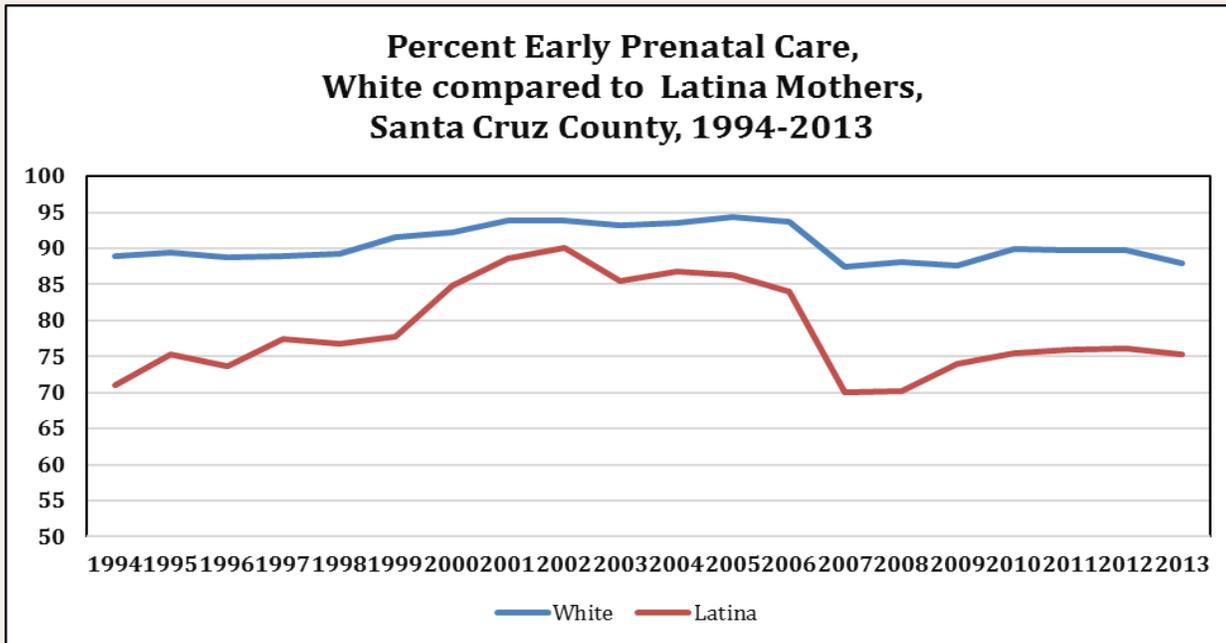


Figure 23



CDPH Vital Statistics Query System — <http://informaticsportal.cdph.ca.gov/chsi/vsqs/>

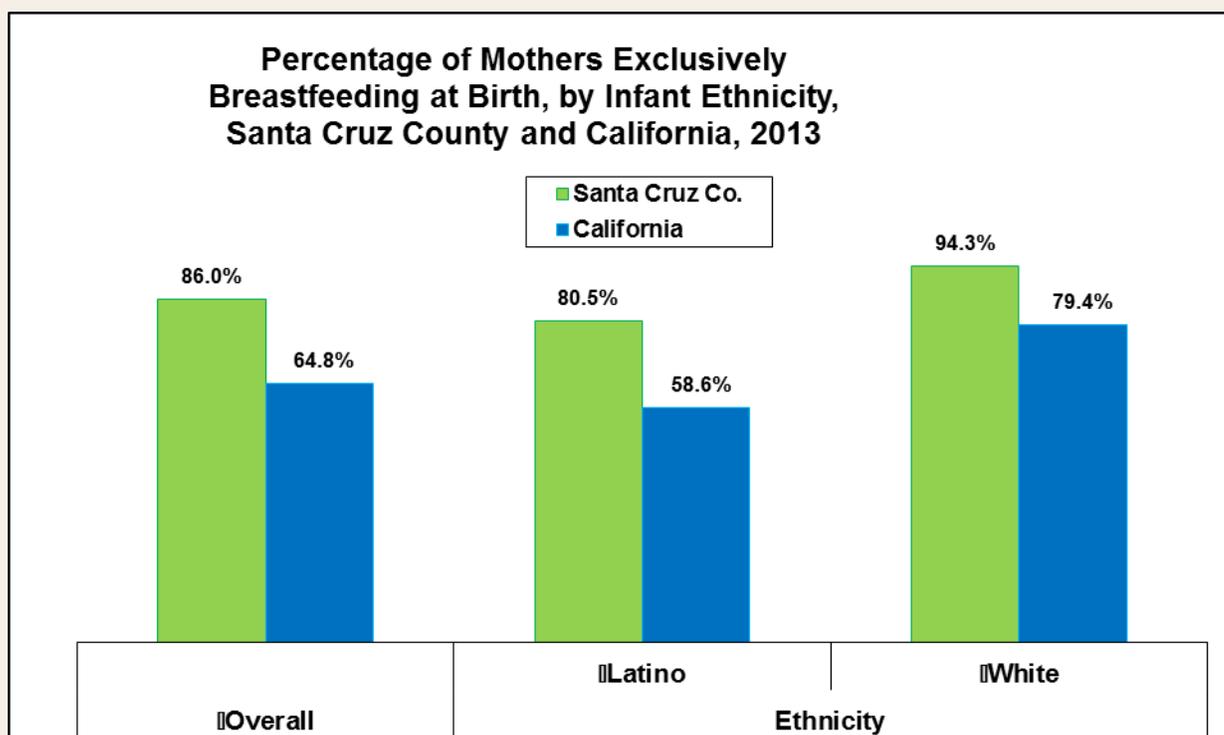
## Breastfeeding

In 2011, the U.S. Surgeon General released a “Call to Action to Support Breastfeeding,” stating that everyone can help make breastfeeding easier.<sup>28</sup> Although hospitals are not intended to be the only place a mother receives support for breastfeeding, hospitals do provide a unique and critical link between breastfeeding support before and after delivery. Therefore, the World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF) sponsor the Baby-Friendly Health Initiative (BFHI) as a global program designed to encourage and recognize hospitals and birthing centers to offer an optimal level of care for infant feeding. There are three hospitals in Santa Cruz County. Two (Sutter Maternity & Surgery Center and Dominican Hospital) are designated “Baby-Friendly,” and the third (Watsonville Community Hospital) is currently going through the application process at the time of this report.

<sup>28</sup> U.S. Department of Health and Human Services. *Executive Summary: The Surgeon General’s Call to Action to Support Breastfeeding*. Washington, DC: U.S. Department of Health and Human Services. Office of the Surgeon General; January 20, 2011.

The CDC estimates 79% of U.S. mothers breastfeed at birth, while only 17% exclusively breastfeed six months later<sup>29</sup>. County-level breastfeeding data is only collected in the hospital, usually within 24-48 hours following birth, so it is unknown how long breastfeeding continues after hospital discharge in Santa Cruz County. Hospital staff select from the following three categories to describe all feeding at birth: human milk only (i.e., exclusive breastfeeding), formula only, or human milk and formula. In 2013, 98.1% of infants residing in Santa Cruz County were given at least some breast milk while hospitalized, compared to 93.0% statewide. The Healthy People 2020 objective is 81.9%; therefore, both the county and the state have surpassed the national goal. However, exclusive breastfeeding is considered the ideal infant feeding, and 86.0% of infants in Santa Cruz County were given human milk only, compared to 64.8% statewide (Figure 24).

**Figure 24**

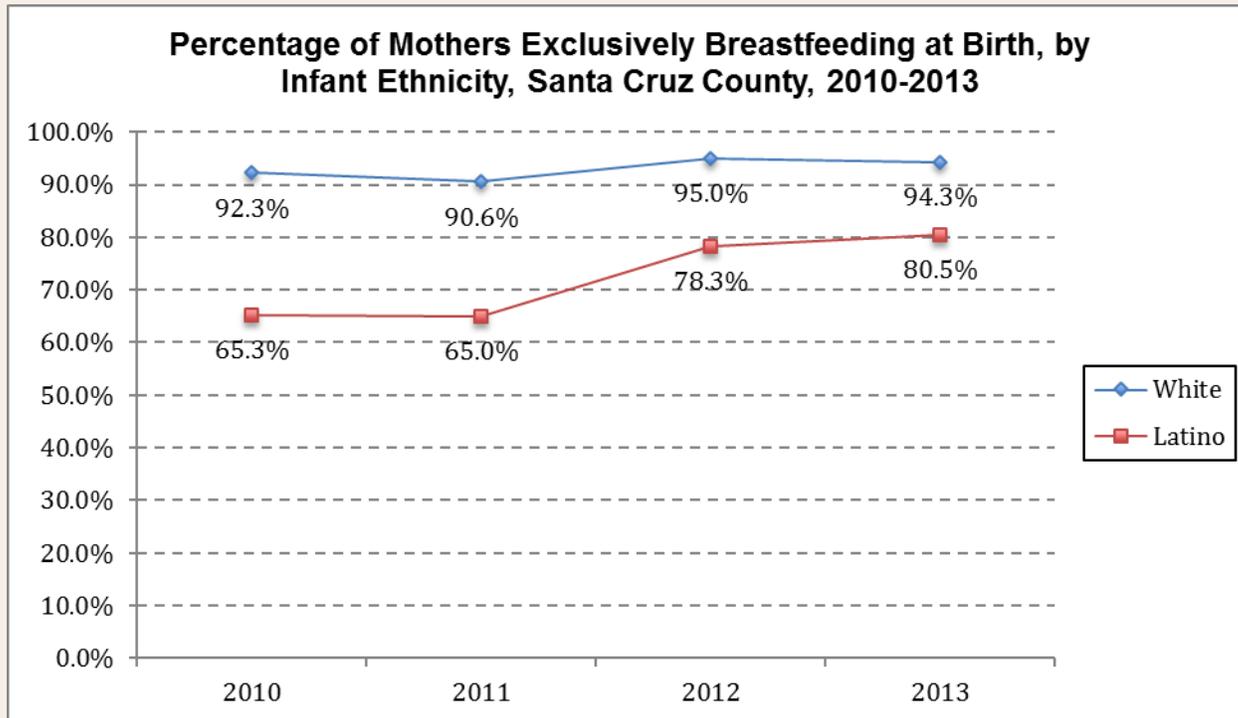


Source: CDPH. In-Hospital Breastfeeding Initiation Data. County Level Data Tables, 2010-2013.

Differences by ethnicity can be seen locally and statewide; however, the gap is narrowing, with more Latino infants being fed human milk only (Figure 2). By hospital, the 2013 exclusive breastfeeding rates were highest at Dominican Hospital at 94.7%, Sutter Maternity was close behind at 93.1%, and Watsonville Community Hospital was at 74.8%. The greatest improvements have been at Watsonville Hospital, where the rate was 53.4% in 2010.

<sup>29</sup> CDC. Division of Nutrition, Physical Activity, and Obesity. Breastfeeding. "Promote and Support." <http://www.cdc.gov/breastfeeding/promotion/default.htm>.

**Figure 25**



## Immunizations

Vaccines prevent disease both directly, in the people who receive them, and indirectly, by reducing the number of infected people who could otherwise transmit infection. Vaccines are responsible for the control of many infectious diseases that were once common in this country. High vaccination coverage in children by age 2 has resulted in historically low levels of most vaccine-preventable diseases in the United States; coverage must be maintained to reduce the burden of disease and prevent a resurgence of these diseases, particularly in populations with lower vaccination coverage.

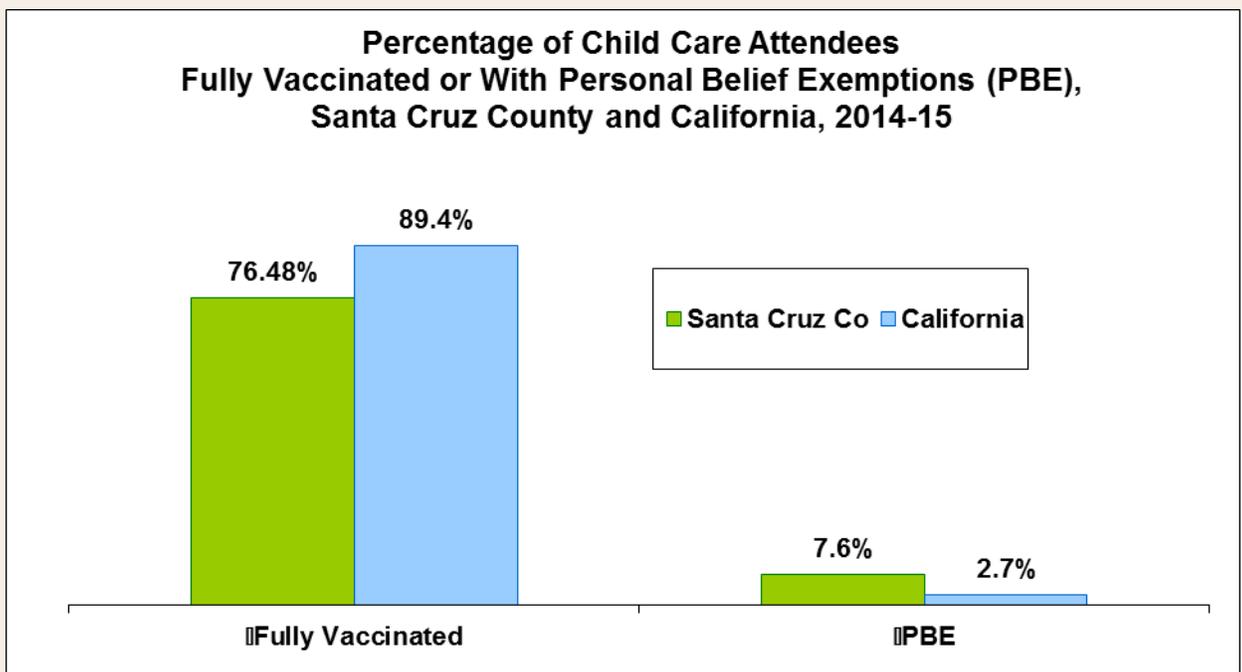
In the fall of 2014, 89.4% of children entering licensed child care in California were fully immunized, compared to 76.5% of Santa Cruz County children ages 2 years to 4 years, 11 months (Figure 26). In Santa Cruz County, 7.6% of attendees (versus 2.7% statewide) were not fully vaccinated because of a personal belief exemption (PBE); the remainder were either conditional entrants (in process to be fully vaccinated but not yet having all required vaccinations) or permanent medical exemptions. Also, only one-third of children in this age group are estimated to attend child care centers, so the data does not represent the entire population of children in this age group.

Among kindergartners, 90.4% had received all required immunizations statewide in the fall of 2014, compared to 83.8% in Santa Cruz County (Figure 27). The difference is due to PBE rates – 9.4% in Santa Cruz County in 2014, compared to 2.5% statewide. Within Santa Cruz County, PBE rates vary greatly by school; Reference 2 provides school-specific rates. Parents considering exemptions for their children should be aware of the risk for disease both for their children and the public.

## California Senate Bill 277

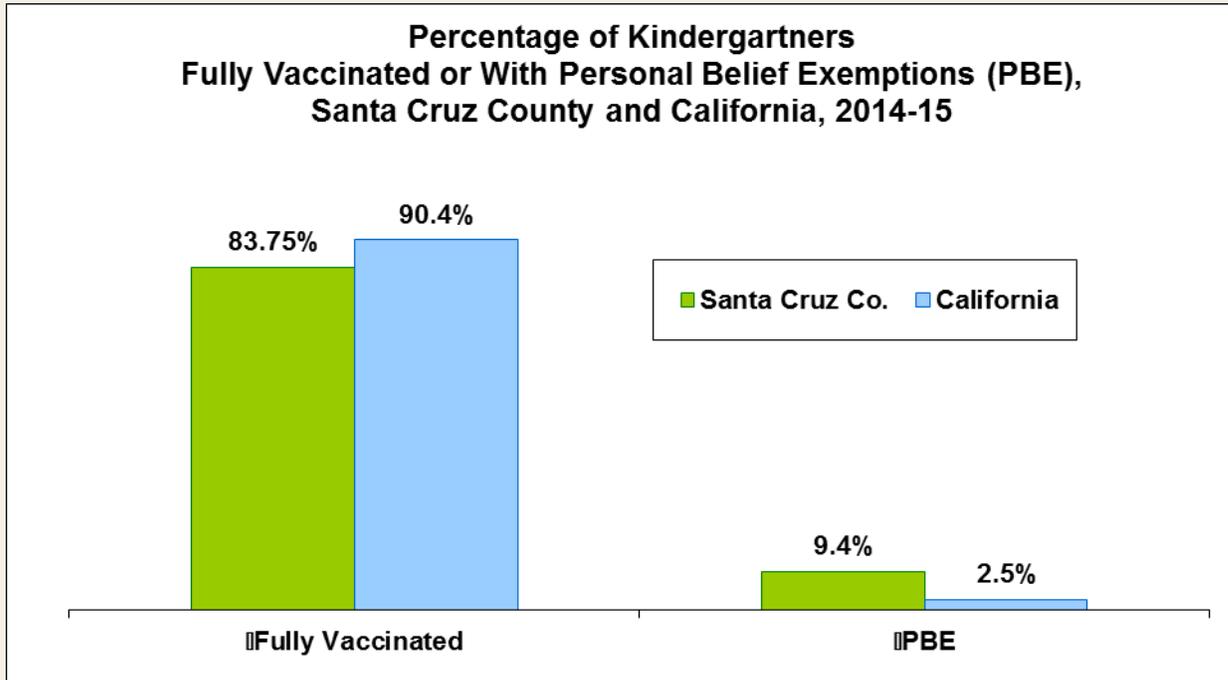
On June 30, 2015, California Governor Jerry Brown signed a bill that removes all exemptions to vaccine requirements for school entry except those medically indicated. Brown asserted, “The science is clear that vaccines dramatically protect children against a number of infectious and dangerous diseases.” The law applies to any public or private school. Kindergartners who were PBE’s prior to the law’s implementation will be “grandfathered in,” and they will not be required to be vaccinated until 7th grade when immunizations are assessed.

Figure 26



Source: California Department of Public Health. 2014-15 Child Care Immunization Assessment Results. <http://www.cdph.ca.gov/programs/immunize/Documents/2014-15%20CAChild%20Care%20Immunization%20Assessment.pdf>.

**Figure 27**



Source: California Department of Public Health. 2014-15 Child Care Immunization Assessment Results. <https://www.cdph.ca.gov/programs/immunize/Pages/ImmunizationLevels.aspx>.

## Death, Illness, and Injury

### Leading Causes of Death

The mortality rate is one of the fundamental measures of the health of a population. Examining the frequencies of the various causes of death in a population can help identify opportunities for intervention to reduce illness, injury, and death.

In Santa Cruz County, the age-adjusted rate of death from all causes for the period 2012 through 2014 was 595.8 deaths per 100,000 population.<sup>30</sup> This was better than the state rate of 619.6 deaths per 100,000, and significantly better than the national rate of 724.6 per 100,000. The county's mortality rates were better than statewide rates for diabetes, coronary heart disease, chronic obstructive pulmonary disease, and lung cancer, reflecting our relatively low rates of smoking and obesity (Figure 28). Our rates were worse than statewide rates for drug-induced fatalities, suicides, accidents, and Alzheimer's disease. Overall mortality rates continue to drop nationwide and in the county, although statewide rates have not improved in recent years.

The leading cause of death in the United States is heart disease, primarily coronary heart disease.<sup>31</sup> In Santa Cruz County in 2012-2014, the age-adjusted rate of death from coronary heart disease (76.0 per 100,000 population) was significantly better than the statewide rate (96.6 per 100,000)<sup>32</sup> and the 2014 national rate. California's County Health Status Profiles provide data on coronary heart disease, not all heart disease; the rate of death from coronary heart disease alone is considerably less than the all-cancers death rate.

The second leading cause of death in the U.S. is cancer.<sup>33</sup> In 2012 through 2014 the county's rate of death from all types of cancer combined (136.3 per 100,000)<sup>30</sup> was better than the statewide rate (146.5 per 100,000)<sup>30</sup> and the national rate (161.2).<sup>33</sup>

For many years, county rates of death from suicide and drug-induced injury have generally been higher than state rates, while deaths from homicide and motor vehicle accidents have tended to be quite low; these differences have generally not been statistically significant in any given three-year period, but they have remained consistent for many years.

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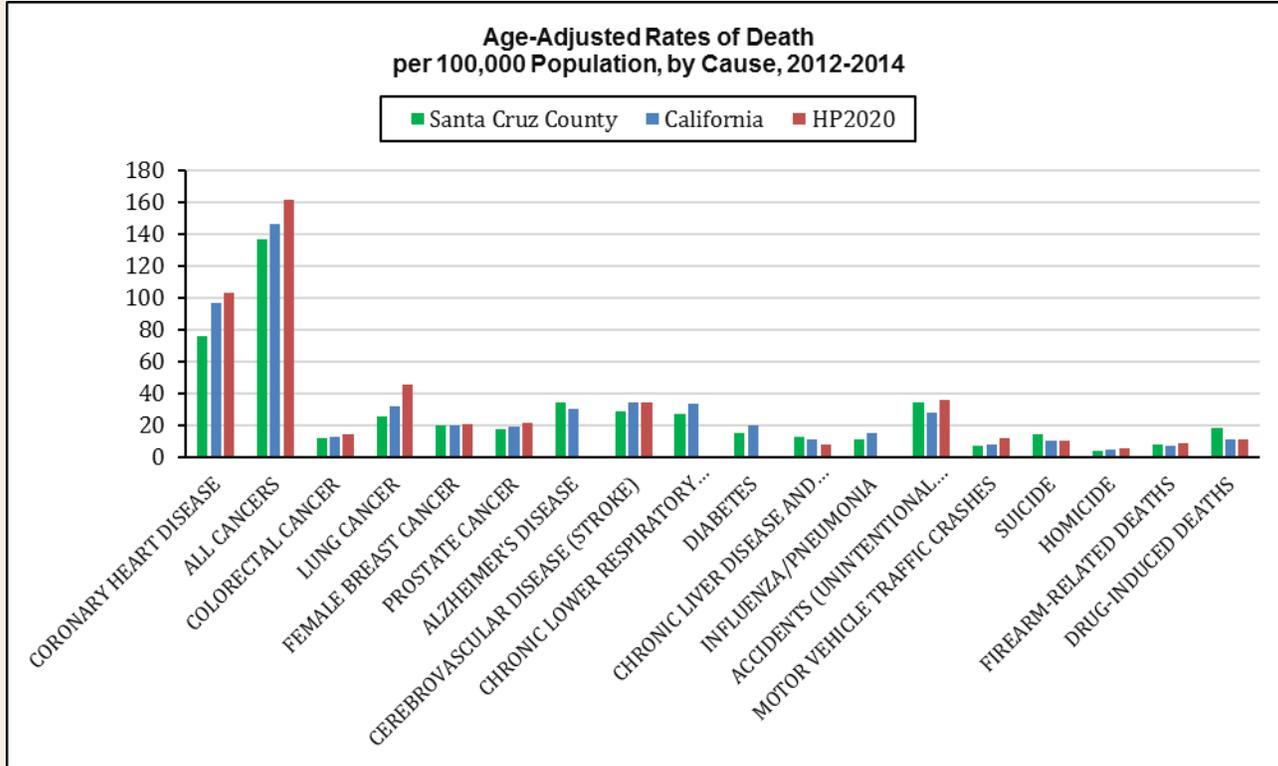
<sup>30</sup> California Department of Public Health and California Conference of Local Health Officers. County Health Status Profiles 2016. April 2015. <http://www.cdph.ca.gov/programs/ohir/Pages/CHSP.aspx>.

<sup>31</sup>Centers for Disease Control and Prevention. Deaths: Final Data for 2014. National Vital Statistics Reports 65(4). See [https://www.cdc.gov/nchs/data/nvsr/nvsr65/nvsr65\\_04.pdf](https://www.cdc.gov/nchs/data/nvsr/nvsr65/nvsr65_04.pdf).

<sup>32</sup> California Department of Public Health and California Conference of Local Health Officers. County Health Status Profiles 2016. April 2015. <http://www.cdph.ca.gov/programs/ohir/Pages/CHSP.aspx>.

<sup>33</sup> Centers for Disease Control and Prevention. Deaths: Final Data for 2014. National Vital Statistics Reports 65(4). See [https://www.cdc.gov/nchs/data/nvsr/nvsr65/nvsr65\\_04.pdf](https://www.cdc.gov/nchs/data/nvsr/nvsr65/nvsr65_04.pdf).

**Figure 28**



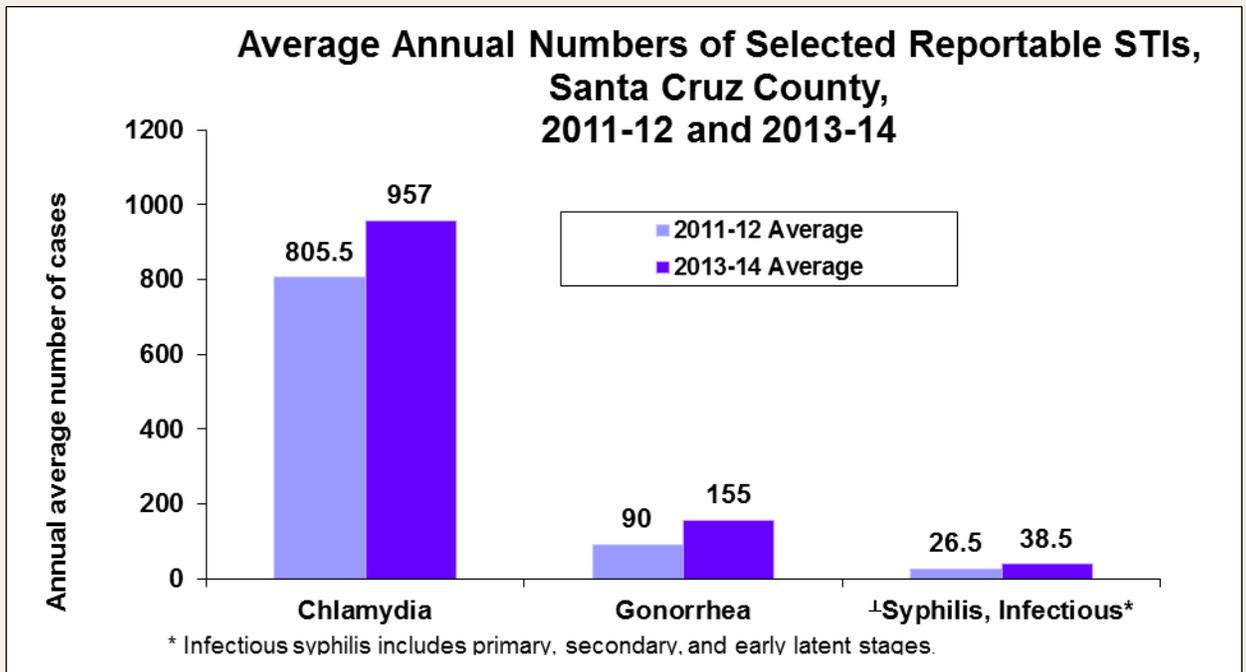
Source: California Department of Public Health and California Conference of Local Health Officers. County Health Status Profiles 2016. April 2015. <http://www.cdph.ca.gov/programs/ohir/Pages/CHSP.aspx>.

## Infectious Disease

### Sexually Transmissible Infections

Sexually transmitted infections (STIs) account for the largest number of reported diseases among Santa Cruz County residents. Chlamydia, gonorrhea and syphilis have all increased from 2011-12 to 2013-14 – with gonorrhea increasing 72% (Figure 29).

Figure 29

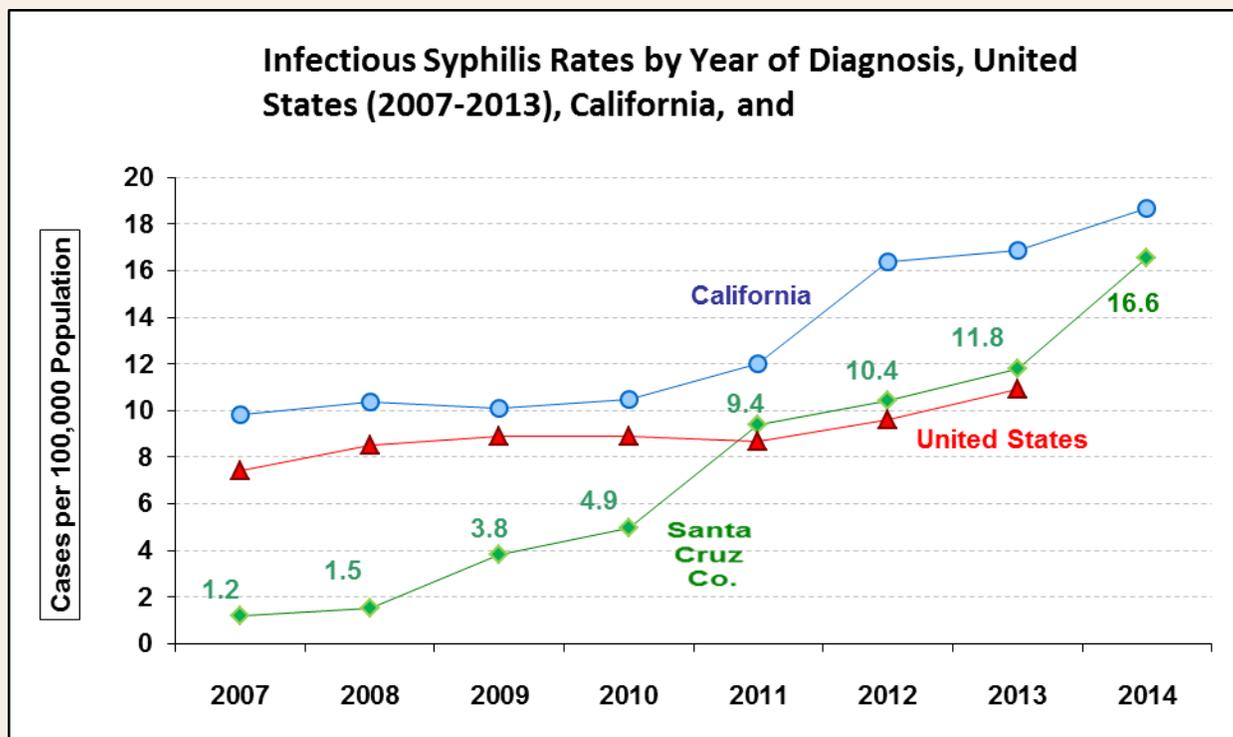


Source: County of Santa Cruz, Public Health Department, Communicable Disease Unit (unpublished data). Accessed through CalREDIE on April 22, 2015.

## Syphilis

Syphilis has increased every year over the past few years (Figure 30). The increasing trend can be seen far and wide; in fact, news articles can be found monthly describing another state or country experiencing increasing rates of syphilis. Some have hypothesized the increase is due to condom fatigue and easier access to new partners through smart phone dating applications. On April 23, 2015, Dr. Gail Bolan, director of the CDC's Division of STD Prevention, announced an "epidemic of syphilis" among gay males that began in 2008.<sup>34</sup> This is consistent with Santa Cruz County syphilis data, with the majority (75%) being males who have sex with males.

Figure 30



Source for Santa Cruz data: County of Santa Cruz, Public Health Department, Communicable Disease Unit (unpublished data). Accessed through CalREDIE on April 22, 2015

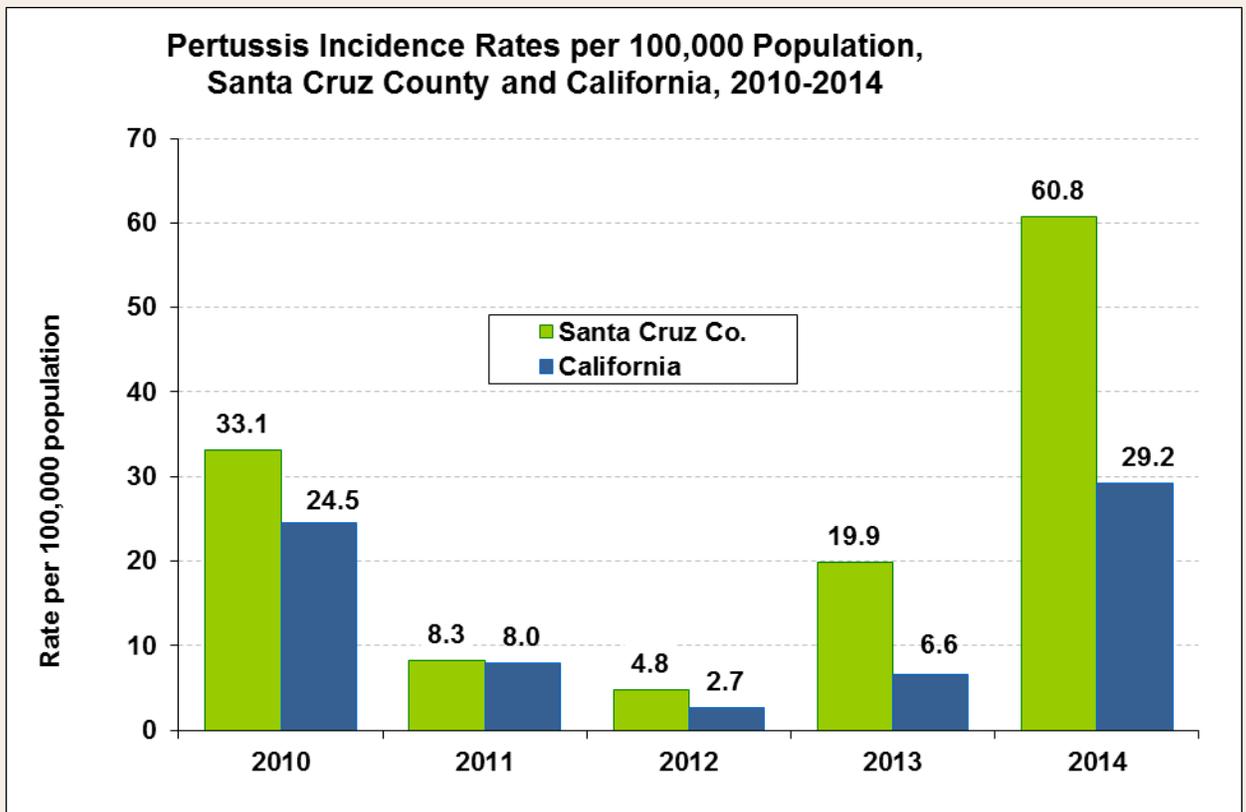
<sup>34</sup> Starr, Penny. "CDC Official: We're Seeing 'Epidemic of Syphilis' Among Gay Men." Cnsnews.com 23 Apr. 2015.

## Pertussis

Pertussis, also known as whooping cough, is a highly contagious respiratory disease. Pertussis is known for uncontrollable, violent coughing which often makes it hard to breathe. After fits of many coughs, someone with pertussis often needs to take deep breaths, which result in a "whooping" sound. Pertussis can affect people of all ages, but can be very serious, even deadly, for babies less than a year old.

Pertussis rates cycle up and down every 2-5 years. Pertussis rates bottomed out in 2012 and began to increase in 2013, and by 2014 their levels surpassed 2010 levels both in Santa Cruz County (60.8 per 100,000) and in California (29.2 per 100,000) (Figure 31). The Santa Cruz County rate was double the California rate, which could be due to the overall lower immunization coverage rates experienced in Santa Cruz County.

**Figure 31**



Source: California Department of Public Health. Pertussis Summary Report: April 20, 2015.

## Community Themes and Strengths Assessment

Early in the assessment process, the MAPP Steering Committee determined that they wanted to hear from the community to inform the Community Themes and Strengths Assessment. They wanted more than what a focus group would provide and additional information to support the data collected from the usual variety of data sources. They wanted these to be dialogues with community members across the county. They settled on a total of 11 community dialogues that included groups in each of the five supervisorial districts and additional groups for targeted populations such as seniors, youth, and farmworkers. Please see Appendix III for the full report of community member comments, which reflects their opinions, not the opinions and knowledge of the MAPP Steering Committee or authors of this report.

## Community Themes & Strengths Assessment

### Community Dialogues

The Public Health Institute (PHI) conducted a series of 11 community dialogue groups within Santa Cruz County on October 11 – 15, 2016 in the following locations: three in the Santa Cruz area, three in South County, one in Live Oak, one in Davenport, one in the San Lorenzo Valley, one in Scotts Valley, and one in Aptos. Community dialogues were open to the public and were advertised through local news outlets, flyers, and social media. Through this series of community dialogues, information was gathered to better inform the Santa Cruz County Health Services Agency's (HSA) Public Health Division of the health issues facing the community. Using a scripted interview protocol, PHI engaged a total of 78 participants in community dialogues. In addition, 11 residents submitted written statements to the Santa Cruz County HSA either in lieu of or in addition to attending the community dialogues.

The dialogue discussions were designed to provide local and statewide health data, listen, and gather information from community members in regard to the following topics\*:

1. To understand the top health issues of concern to the community;
2. To understand community members' perceptions regarding possible causes of top health issues;
3. To gather community members' feedback about their perceived barriers to improving top health issues;
4. To understand what type of support is wanted in the community;
5. To capture community members' impressions regarding health indicators selected by the Santa Cruz County HAS Public Health Division.

Age	n	Percent
Youth (<18 years)	8	13.1%
Adults (18-59 years)	31	50.8%
Seniors (≥60 years)	22	36.1%
Race/Ethnicity	n	Percent
Hispanic/Latino	14	23.0%
White/Caucasian	35	57.3%
Asian/Pacific Islander	1	1.6%
Black/African American	0	0.0%
Native American/Indian	1	1.6%
More than one race/ ethnicity	5	8.2%
Other	4	6.6%
Refused	1	1.6%
Language	n	Percent
English	51	83.6%
Spanish	1	1.6%
English/Spanish	8	13.1%
Other	1	1.6%
Gender	n	Percent
Female	44	72.1%
Male	16	26.2%
Other	1	1.6%
Children Living at Home	n	Percent
Yes	16	26.2%
No	43	70.5%
Refused	2	3.3%
Public Assistance Programs	n	Percent
CalFresh	10	16.4%
CalWORKS	1	1.6%
Medi-Cal	17	27.9%
WIC	1	1.6%

\*17 of the 78 participants did not complete surveys; percentages reported represent only participants that completed the survey.

## Participant Demographics

Seventy-eight people participated in the community dialogue groups (Table 1). Youth and adults participated in the community dialogue groups, with roughly half of participants between 18 to 59 years of age (50.8%). The majority of participants identified as white or Caucasian (57.3%), followed by 23.0% Hispanic or Latino, 8.2% more than one race or ethnicity, 6.6% other, 1.6% Asian or Pacific Islander, and 1.6% Native American or Indian. Most participants indicated that English is their preferred language (83.6%) and 13.1% preferred both English and Spanish. Most of the participants were female (72.1%). About a quarter of participants indicated that they have children under the age of 18 living at home (26.2%). Some participants indicated that their household received public assistance programs in the last 12 months, including Medi-Cal (27.9%), CalFresh (16.4%), WIC (1.6%), and CalWORKs (1.6%).

## Summary of Findings

It is important to note that the results from the community dialogues reflect to opinions of the participants and should not be considered to be fact. The purpose of conducting them was to elicit community perceptions about health, and what they would like to see happen to improve the health of their communities. The information that they provide will be considered in addition to factual data information collected in the other assessments when developing the community health improvement plan.

The five most frequent themes discussed were substance use disorder, mental health, homelessness, food and nutrition, and public safety. Table 2 highlights the top twelve themes of issues ranked by frequency of discussion. Participants saw many of the themes discussed as issues that both directly and indirectly affect health. For instance, substance use disorder was an issue that participants felt directly impacts the health of drug users, but can also impact others around them, directly through public safety hazards such as discarded needles, and indirectly through perceived associations with violence. Participants in many dialogue groups discussed homelessness and substance use disorder as issues that impact public safety. Other themes were mentioned that were perceived to be possible causes of health issues (e.g., lack of affordability) and barriers to health (e.g., the cost of health care, environmental exposures such as dust and pesticide exposure).

Community, described as willingness to come together and collaborate, was an underlying theme that many participants felt could be used to provide a possible solution to health issues. Many participants spoke positively of their community, feeling that Santa Cruz County is a very inviting place to live with many assets. Participants also expressed the desire to improve their community through engagement, community support, and having assets like community gardens to bring people together.

**Table 2. Themes by Frequency of Discussion**

Substance Abuse Disorder
Mental Health
Homelessness
Food and Nutrition
Public Safety
Affordability
Health Care
Community
Physical Activity
Chronic Conditions
Hygiene
Environmental Exposures

## Perceived Relationships among Themes

Substance use, homelessness, mental health, and public safety were four major themes that were of great importance to nearly all of the community dialogue groups. As participants engaged in discussion, these themes were discussed in tandem as interrelated issues that impact the health and safety of their community. Figure 1 depicts the perceived relationship that participants described among these themes and their relationship with other secondary themes.

For example, a common public safety concern discussed among participants was perceived lack of access to safe and clean public parks and open spaces. Participants felt that many parks are not safe to visit because the homeless often inhabit these spaces. Participants described drug use, discarded needles, public urination and defecation, and violence as some of the issues that impact public safety and are related to these major themes. Each of these themes is described in greater detail below, including further discussion of the perceived relationships among these themes.

Perceived relationships among themes as discussed by community dialogue participants.

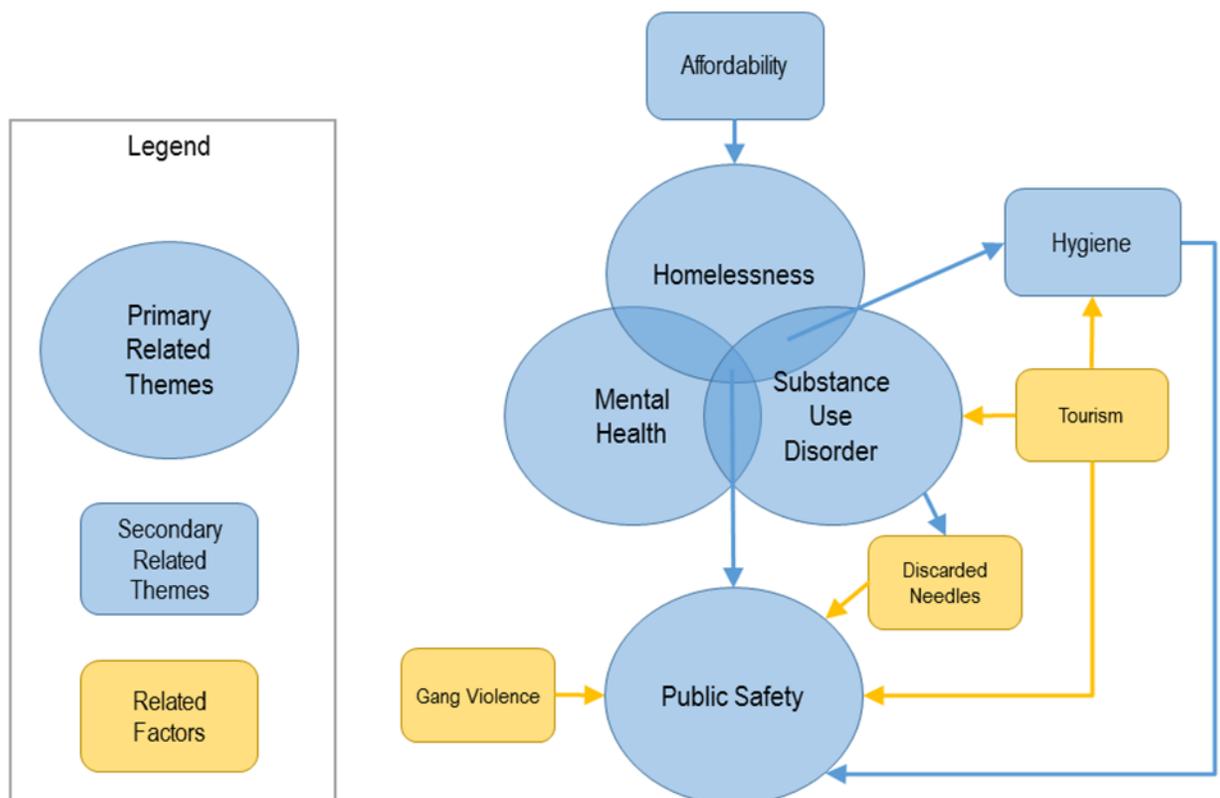


Figure 1. Diagram displaying the perceived relationships among themes as discussed by community dialogue participants

## Themes

### *Substance Use Disorder*

Substance use disorder was widely discussed and emphasized as a health concern in almost every community dialogue group. One of the primary concerns discussed among community dialogue groups was the lack of programs and services that address both mental health and drug or alcohol addiction. Participants believe that substance use may be more common as a coping mechanism among individuals suffering from mental illness. Participants described self-medicating or turning to drugs or alcohol as unhealthy solutions for handling stress, unhappiness, and depression. One participant from the Salvation Army community dialogue felt that people are often labeled or judged as ‘drug users’ and little is done to help them by addressing mental illness, which the participant felt was the root cause of this issue. Participants expressed that people suffering from both mental illness and substance use disorder often go undiagnosed and untreated. In one community dialogue group, participants discussed the work being done by faith-based organizations to try to address these issues, but felt that there is not enough support from other sectors. Another group talked about the importance of love, which they defined as acts of kindness toward others, as a key solution to addressing issues such as substance use disorder and mental illness.

Substance use disorder was also discussed at length in relation with homelessness, including injection drug use and drinking alcohol in public spaces such as parks. Participants reported not feeling safe in parts of their county, such as downtown Santa Cruz, and shared their experiences seeing homeless individuals drunk or passed out in parks, engaging in fights, and verbally accosting passerby. Furthermore, participants felt that many homeless individuals are also drug users, contributing to the magnitude of substance use in Santa Cruz. During the discussion, it became clear that the connection between these issues – substance use and homelessness – was a perceived cause of participants’ public safety concerns, as is depicted in Figure 1. Participants also talked about substance use related to violence and fighting, which presents a direct threat to public safety.

*“For us it’s a huge issue for Santa Cruz city schools. We have the community at large [homeless individuals] that tends to invade our school campuses in the evening because we have homeless issues and normally drug abuse and homelessness kind of go hand in hand in Santa Cruz and leads to other things.” – Community Dialogue Participant, Community Foundation Santa Cruz County, Aptos*

Substance use among youth was of great concern in some community dialogue groups, including discussion about youth exposure to drugs. Participants shared that drug dealers enter school campuses, making drugs accessible to youth. Additionally, a few groups discussed drug and alcohol use near schools and in parks as a concern, exposing and potentially introducing youth to drugs. In addition, participants noted a lack of parental supervision for youth at public places like parks as a contributor to this issue. Participants during a community dialogue group in Felton discussed at length their concern that more services and programs are needed to prevent youth from using drugs. A lack of healthy and affordable activities, along with geographic isolation due to lack of public transportation, were cited as possible causes for youth experimenting with drugs. The participants in Felton talked about the barriers that

prevent youth from engaging in sports and other extracurricular activities, including the need for transportation, high membership costs, and the competitiveness of joining. They also discussed the mental health issues created by academic pressure as possible precursors to drug use.

*“It’s that gateway of kids not having positive activities to keep them focused on positive goals. It’s not having enough time. Having a little depression or mental health [struggle] and wanting to make yourself feel better, there’s nothing else to do.” – Community Dialogue Participant, Mountain Community Resources, Felton*

A participant in Watsonville discussed alcohol abuse at length in relation with poverty. This participant expressed concern that alcohol is a social disease, meaning that individuals consuming alcohol negatively influence those around them, including children who witness them consuming alcohol. High costs of living and immigration issues were discussed as possible reasons for alcohol use.

*“I think that it’s first hand at home. I have witnessed people who work in the fields. Every day after work they buy themselves a 12-pack. If the weekend gets there, it’s all day sometimes. Family is around, it’s not like they make a distinction because they live in small quarters; there is no privacy and there is a total direct exposure with the kids seeing that pattern of life.” – Community Dialogue Participant, University Cooperative Extension Santa Cruz County Auditorium, Watsonville*

Many participants felt that alcohol and drug use is a key issue within downtown Santa Cruz. One community dialogue group described high rates of public drinking by tourists during the summer months when tourism is high. They felt that this negatively impacts their community by threatening public safety. They also described accumulation of vomit and garbage in their public spaces and parks, hygiene concerns that they believed result from drunkenness. Another group talked about injection drug use on the beaches and in the bathrooms near the Santa Cruz Boardwalk as a primary health concern.

*“There are people [injecting drugs] in the bathrooms in Santa Cruz near the Pier, near the Boardwalk, there’s all kinds of needles throughout the bathrooms and on the beach. There’s people literally shooting up on the beach where it’s not the most sanitary place to even do that.” – Community Dialogue Participant, Salvation Army, Watsonville*

A couple of community dialogue groups in Watsonville talked about the relationship of gang violence and substance use. They felt that gang violence was a top health concern associated with substance use, having witnessed fights and felt personally threatened because of drug use taking place in public spaces in Watsonville, particularly among gang members.

Many community dialogue participants discussed personal experiences finding used, discarded needles from injection drug use in public places, and the threat that this issue poses to public safety. A couple of groups talked about injection drug use and homelessness in the levee, a place where they felt discarded needles have been a major issue in the past. Both groups expressed appreciation for the work the police have been doing to clean up the levee and thereby improve public safety. Participants also talked about needles being found in public parks, on beaches, on neighborhood sidewalks, and in parking lots. Participants expressed fear of being stuck by a needle and the risk this poses for infection with communicable diseases such as HIV. Participants also referenced the burden that discarded needles pose for public safety officers, who must often respond to properly dispose of discarded needles that are found in public places. They expressed their great desire for additional measures to contain this problem, including taking preventive measures such as providing additional rehabilitative services, as well as direct measures such as increasing the number of needle disposal bins available within the county.

*“It’s really crazy. It’s basically killing people. If you sit down in the levee, and a needle is there that is dirty, next thing you know you have HIV.” – Community Dialogue Participant, Salvation Army, Watsonville*

*“It impacts our community when we are finding needles. Finding needles at my son’s taekwondo studio. Finding them in parks; someone found them in the planter boxes at Toys R’ Us today. They’re unavoidable.” – Community Dialogue Participant, Scotts Valley Senior Center, Scotts Valley*

A few participants discussed the County of Santa Cruz Syringe Services Program (SSP), citing their concerns about the exchange rate of needles and the need for rehabilitation services for drug users. For example, one participant whose friend is an injection drug user shared the belief that when injection drug users have access to more than one needle, they are likely to be careless and discard of their needles inappropriately. This participant expressed concern that the SSP should enforce a one-to-one exchange ratio for needles as a solution for addressing the public safety issue of discarded needles. Additionally, participants of this group talked about the need for rehabilitation counseling and services in order to discourage injection drug use. They felt that injection drug users should be required to attend rehabilitation in order to participate in the SSP program.

*“To me it seems like every time you get a needle, you should be offered drug rehabilitation services. You should have to sit through a lecture. It should not be this easy.” – Community Dialogue Participant, Scotts Valley Senior Center, Scotts Valley*

## ***Mental Health***

Mental health was discussed during several of the community dialogue groups as a top health issue within Santa Cruz County. Many groups articulated that mental illness may be a particular concern for the homeless population. At the Salvation Army community dialogue group, participants who identify as homeless expressed concern about stress associated with not being able to afford basic living expenses, living in stressful conditions (such as outside or at shelters), and being exposed to crime and violence. They felt that these issues are potential causes of mental illness, which may affect homeless populations to a greater degree due to their living conditions. Other community dialogue groups also discussed stress as an important mental health concern that they felt could be related to a range of factors, including, for example, academic pressure among youth and the high cost of living in Santa Cruz.

*“The economy, situation living, the crime rates, domestic violence, and all the crap that’s out there. There is a whole lot of stress out there.” – Community Dialogue Participant, Salvation Army, Watsonville*

Another topic of discussion was the perceived relationship between mental health and substance use. Many participants expressed the belief that individuals with mental health issues may use alcohol or drugs, including prescription drugs, as a coping mechanism. Participants felt that individuals suffering from both mental illness and addiction to substances have a particularly difficult time accessing treatment and that more services are needed to address these issues concurrently.

Within the topic of mental health, one community dialogue group in Felton brought up mental health issues among youth in particular. Possible causes for mental illness, depression, and suicide among youth that were discussed included academic pressure, lack of affordable and healthy activities for youth to engage in, and isolation. Participants expressed that isolation was an issue relating to the built environment of their community, which they described as being spread out geographically with little ability for individuals to get around without a personal vehicle. Possible solutions for this issue that were mentioned included improved public transportation and additional safe places for youth to congregate such as activity centers.

Suicide was discussed as a major concern in several community dialogue groups, with many participants sharing personal experiences with suicide among family, friends, neighbors, and acquaintances. Participants expressed that suicide is an issue that is often stigmatized and needs to be more openly discussed in order to be addressed.

*“I think [suicide] happens more than people realize. It’s the untalked about thing that happens. It’s more common than most people would think.” – Community Dialogue Participant, Community Foundation Santa Cruz County, Aptos*

In most community dialogue groups, participants expressed that there is a great need for further mental health services to address mental illness and suicide prevention. Many groups discussed the need for counseling services for both adults and youth. One participant in Aptos presented a program proposal to provide a suicide prevention support group in collaboration with the county and expressed the need for the county to collaborate with such efforts in order to expand access to group support services. Another participant in Watsonville expressed the need for patients to be referred to counseling services rather than only being prescribed medication to treat mental illness.

*“It’s not just medicating, it’s listening. Because a lot of these psychiatrists and therapists are just medicating and not listening. It’s taking the time to listen because a lot of these people are just trying to meet somebody to talk to.” – Community Dialogue Participant, Salvation Army, Watsonville*

Many community dialogue groups felt that improvements in addressing mental health within healthcare are needed. One participant in Scotts Valley presented a program proposal to train clinicians to properly assess and manage patients with depression and suicidal thoughts, as an important suicide prevention effort. This participant felt that a major barrier to suicide prevention is the presence of fragmentation within the healthcare system, including the lack of standardized training and best practices for providers to address suicide; lack of communication between providers and the county’s Behavioral Health Division; and lack of standard emergency medical record systems that could facilitate tracking of patients who may be at risk for suicide.

*“The issue with suicide, is the lack of an adequate mental health delivery system. When there is no communication between the primary care doctor and the mental health person, and there is no suicide specific treatment or comprehensive system or only see the psychiatrist or mental health professional for fifteen minutes and given an anti-depressant and maybe something like Xanax or Valium, and sent home, that’s not adequate mental health.” – Community Dialogue Participant, Scotts Valley Senior Center, Scotts Valley*

Another community dialogue participant in Felton expressed the need for services that specifically address mental illness and suicide prevention among youth. This participant shared that youth are often referred to services outside of the county, particularly for emergency services to prevent suicide, which may be cost-prohibitive. Additionally, the community dialogue group in Felton discussed how household income and access to Medi-Cal impacts access to mental health services, with participants feeling that low-income households may have better access to mental health services for youth than households that are just above the poverty thresholds that make them eligible for services.

*“One thing that I think is important that is lacking in Santa Cruz County in general is there is no psychiatric health available for children or teenagers, and the rate of suicide and depression amongst teenagers is so high. What happens if you are struggling as a parent with a teenager who is suicidal or depressed, or having anxiety is you get to a point where they are desperately in need of help right away, and the only thing you can do is basically have a Sheriff put them in an ambulance and drive them to San Francisco, where they get put on a 3-day stay – which is ridiculous.” – Community Dialogue Participant, Mountain Community Resources, Felton*

## ***Homelessness***

Homelessness was a topic of discussion in nearly every community dialogue group related to concerns about public safety, hygiene, and the need for programs and services to address poverty. The high cost of living in Santa Cruz County was discussed at length as a possible reason for the large number of homeless individuals. Participants shared that low-income groups struggle to find affordable housing and have to resort to living out of vehicles, garages, and other alternative forms of shelter. This was thought to be a concern for college students and low-income workers whose income is insufficient to cover the cost of housing in Santa Cruz County. A few participants talked about low-income families being evicted from their housing as rent costs increase, placing them at risk for homelessness.

In some groups, participants expressed concern that homeless individuals are coming into Santa Cruz County from other areas of California. They felt that this might be the case because Santa Cruz is an attractive place to live with a temperate climate. One participant shared hearing about a free bus that transports homeless individuals into Santa Cruz from other regions.

While groups expressed that homelessness impacts Santa Cruz County as a whole, many groups expressed that the city of Santa Cruz is most burdened, particularly in the downtown area. They expressed the need for resources in other parts of the county to help alleviate the problem in the city of Santa Cruz, including additional social service programs supported countywide.

*“It would be nice if there were some public camping areas. When I drive through town...all along the public library downtown there are tents and sleeping bags and just people all the way around, at city hall, in doorways of restaurants.” – Community Dialogue Participant, Scotts Valley Senior Center, Scotts Valley*

In most community dialogue groups, homelessness was described as an issue associated with health and public safety concerns. Participants felt that mental illness and substance use disorder among the homeless populations pose public safety risks, causing residents to avoid parts of the county such as parks and downtown Santa Cruz where the homeless camp. Accumulation of garbage and human body waste in public spaces where the homeless camp was described as a great hygiene concern that impacts businesses and limits the community's access to parks and other public places. One participant shared about her recent experience trying to visit the public library in downtown Santa Cruz with her children. She described having to walk past a homeless man who was yelling and cursing as they entered the library. Upon leaving, her child wanted to get a drink of water from the nearby drinking fountain but was warned not to drink the water because homeless individuals use the fountain for bathing. She shared that these experiences make her avoid downtown Santa Cruz. Another concern expressed by some participants is the spread of communicable diseases among the homeless population, which can then be spread to the larger community.

*“People defecating in public. Hygiene issues. My sister has seen it driving down Ocean Street, the main thoroughfare of Santa Cruz.” – Community Dialogue Participant, Scotts Valley Senior Center, Scotts Valley*

*“[I] notice a lot of homelessness, which brings its own set of health issues. A lot of substance abuse disorder and mental health issues.” – Community Dialogue Participant, Mountain Community Resources, Felton*

*“[Homelessness is] definitely a health issue, not only affecting the health of the people that are enduring homelessness, but also of the community at large...Their health declines, people don’t feel safe about having them around.” – Community Dialogue Participant, University Cooperative Extension Santa Cruz County Auditorium, Watsonville*

Most community dialogue groups articulated the need for more countywide resources to be dedicated toward supporting homeless individuals. Specific services that participants felt were needed include programs to treat mental illness, programs to treat drug addiction, and free health clinics. Another great need discussed in most community dialogue groups was the lack of affordable housing; this includes not only housing for low-income individuals but also to prevent homelessness. Examples of existing programs to address homelessness were discussed, including Santa Cruz Project First and The Homeless Persons Health Project. Such programs were described as being excellent resources for the homeless, providing them access to housing and healthcare along with referrals to further assistance.

Participants also discussed how programs such as The Homeless Persons Health Project help raise awareness and counter stereotypes about homeless individuals. Two community dialogue groups discussed the stigma associated with homelessness and the need for more of the community to help the homeless. In contrast, participants at other community dialogue groups expressed the desire to help the homeless but uncertainty about what could be done to help.

*“One part of our society that puts the homeless down and closes doors on them. While there’s the other part that’s doing the best to open doors for them.” – Community Dialogue Participant, Santa Cruz County Sheriff’s Community Room, Santa Cruz*

## **Public Safety**

Public safety was a major concern discussed in nearly all of the community dialogues groups, both directly and in relation to other themes. Many dialogue groups discussed homelessness and substance use as issues that impact public safety. For example, groups shared their belief that homelessness impacts them by contributing to the spread of communicable diseases and deterring them from accessing the community's parks and public spaces, which participants considered to be public safety issues. Substance use is also considered a public safety concern due to participants' perceptions that it is associated with violence, crime, and discarded needles from injection drug users, which pose direct safety risks to the community. Further discussion of how homelessness and substance use are perceived to impact public safety can be found in the previous sections, Homelessness and Substance Use Disorder.

*"We need to focus as the county on mentally ill and drug addicted. Both of those issues affect me on a daily basis." – Community Dialogue Participant, City of Santa Cruz Police Community Room, Santa Cruz*

*"I get scared to take my kids to the beach because there have been numerous needle sticks."*

*– Community Dialogue Participant, Scotts Valley Senior Center, Scotts Valley*

One public safety threat that was discussed among several community dialogue groups was crime, which came up as an issue in downtown Santa Cruz in particular. Some participants felt that crime in this area was related to the large volume of traffic and tourism that comes through this area on a regular basis. Others felt that it could be related to substance abuse, with drug addicts stealing in order to have money to purchase drugs. In one community dialogue group, a participant who lives in downtown shared about personal experiences having her property stolen. Other community dialogue groups talked about substance use and physical violence within downtown Santa Cruz. In one community dialogue group, participants who reside in downtown expressed that many residents do not trust public safety officers and aren't likely to involve the police when crimes take place, creating a barrier to preventing public safety threats. One possible reason for this barrier was that many residents may be undocumented and may fear that contacting the police puts them at risk.

In Watsonville, participants in community dialogue groups discussed physical violence and gang activity as particular public safety threats. Participants shared personal experiences feeling threatened by gang members and feeling unsafe going out at night in their community. One participant felt that by comparison, public safety was better within Santa Cruz, while Watsonville had more gang activity that prevents residents from enjoying their community. Participants felt that solutions such as better street lights, better cross walks, designated walking and biking paths, and more public transportation may help to make residents feel safe and increase use of public spaces.

*“There was a group of young men outside in the parking lot, and in broad daylight they were...it was very obvious that they were part of a group [gang], they were dressed in red, they were doing drugs right there in the parking lot and they weren’t hiding it...I happened to be wearing burgundy, it was very frightening [because burgundy is a color affiliated with gangs here], because I didn’t know what to do.” – Community Dialogue Participant, Digital Nest, Watsonville*

In Davenport, one community dialogue group discussed specific public safety threats that impact their community relating to hygiene. They described issues regarding garbage, public urination and defecation, illegal camping, and illegal fires as hazards within their community. This group was also concerned about the lack of public safety enforcement in Davenport, which they felt could help deter many of these issues.

Participants expressed that public safety impacts health in a number of ways; for example, by impeding community members’ ability to access public spaces and engage in physical activity. Many participants expressed feeling afraid to go certain places, such as downtown Santa Cruz, due to the large number of homeless individuals and potential physical violence. In one community dialogue group in Felton, a participant shared that the elderly are afraid to go to downtown Santa Cruz, citing mental illness among homeless individuals as an additional concern. Garbage, human waste, and discarded needles from injection drug users were also discussed as issues within parks and public spaces that pose public safety threats, particularly with regard to communicable diseases. Participants shared that they are afraid to take their kids to the beaches, parks, and downtown areas due to these public safety risks. Of note, not all participants felt that public safety was a top concern within their community, and a few participants shared that relative to other places, they felt that Santa Cruz was a relatively safe community.

*“In order for our community to be healthier our residents and our community members, and particularly our young people need to feel safe, because there is a lot of violence. When you don’t feel safe walking outside in your neighborhood, or if you have to walk to school and you’re stopped several times by scary people who are asking you to join their group [gang], how do you become healthy in that environment? I think that to focus on public safety it can get to the root cause of what’s going on...providing lights at night, having that infrastructure, and talking about violence as a public health issue, so that we can address it as a public health issue, so that we can focus on healing.” – Community Dialogue Participant, Digital Nest, Watsonville*

## **Affordability**

Affordability was a theme that came up across community dialogue groups in relation to health issues. Many affordability issues were discussed, including high housing and living costs, lack of affordable healthy activities, qualifying income thresholds for public assistance programs and health services, and lack of affordable healthcare.

One key affordability issue that participants discussed was the high cost of living in Santa Cruz County. Specifically regarding housing costs, participants in most community dialogue groups talked about a lack of affordable housing as a barrier, potentially contributing to the large homeless population in Santa Cruz. One participant in Aptos talked about high home prices, explaining that there are no longer homes that would be considered a “fixer-upper,” making home ownership very difficult to achieve within the county. Participants also discussed issues such as lack of housing for college students, requiring them to live in crowded or non-traditional living situations, such as converted garages. Participants in a few of the community dialogue groups expressed that displacement due to high housing costs is driving families out of the county or into homelessness. Other participants talked about the need for more high-paying jobs in order to keep students from moving after completing their educations. One possible contributor to these trends that was discussed in some groups was the influx of wealthy households moving into Santa Cruz County from Silicon Valley, which participants felt may bring wealth into the county but also results in higher living costs.

*“There are a lot of different people that are being forced out that are on low income. A lot of people that are suddenly displaced and have to figure out what to do and how to make ends meet, if they will stay or if they will go, and where else they can go.” – Community Dialogue Participant, Mountain Community Resources, Felton*

During a few community dialogue groups, participants discussed the lack of affordable healthy activities within their communities as barriers to health. For example, participants in Felton talked about the high cost of competitive sports and extracurricular activities. Without affordable activities available to youth, participants felt that youth were more likely to engage in unhealthy activities such as substance use or to suffer from mental health issues such as depression.

*“Back then there was so much more outreach with public schools. It’s so frustrating that you don’t see this anymore. There is a division, a real economical division. There’s the haves and the have nots. It’s really sad to me. Choices are very limited here.” – Community Dialogue Participant, Mountain Community Resources, Felton*

In most community dialogue groups, participants discussed issues related to eligibility for public assistance programs and health services. For instance, one group discussed at length the contrast in health services available to households with Medi-Cal versus households that did not qualify for Medi-Cal, feeling that households that did not qualify still could not afford medical care but were not eligible for any assistance. Similarly, other groups talked about the issue with federal poverty level cut-offs, feeling that these thresholds leave many households without access to services that they need in order meet basic needs. Many groups expressed that there is great economic division within the county, with both very wealthy and very poor households.

*“You definitely have your upper class and your lower class, very few middle, because you just can’t afford to live in the middle here. Between rent, to buy a home, especially if you’re [a] young family starting out, unless you have family money, you can’t buy a home here.” – Community Dialogue Participant, Community Foundation Santa Cruz County, Aptos*

There was much discussion regarding affordability as a barrier to healthcare for residents. Participants discussed Medi-Cal as a resource for low-income households, feeling that low-income households may actually have better access to services such as mental health programs compared to households that do not qualify. In one community dialogue group, a participant shared that medical costs can be very high in Santa Cruz County. This participant felt that a lack of coordinated care contributes to this issue, giving an example of how patients are billed separately by each provider they see, which the participant perceived as possibly resulting in higher total costs. Participants felt that a lack of affordable healthcare is a barrier that could prevent individuals from seeking much-needed preventive care.

In most community dialogue groups, affordability was discussed as a key issue related to stress that impacted overall health. Many groups discussed the idea that stress affects individuals' mental health as well as risks for chronic diseases. In one community dialogue group, a participant who identified as being homeless shared that affordability was a key aspect of a healthy community. When asked what a healthy community looks like, this participant shared that a community like Menlo Park is healthy, explaining that access to money and resources enable people to live without stress and to be happy and healthy.

## Hygiene

Hygiene was a topic of discussion among participants in about half of the community dialogue groups, where participants described concerns in their communities regarding garbage, public urination and defecation, and other sanitation concerns that impact public safety. This topic came up as an issue that mostly affects downtown Santa Cruz as well as Davenport. In both communities, participants expressed the need for more public restrooms in order to prevent people from urinating and defecating in public spaces. In downtown Santa Cruz, participants described the need for more restrooms in order to accommodate the homeless and tourists, as well as the need for parks to have accessible restrooms for youth. In Davenport, participants talked at length about tourism and people stopping on the side of the highway to urinate or defecate, which they felt may be a problem because there aren't adequate signs on the highway letting tourists know where the nearest restroom is located, unlike how there are signs where the nearest gas is located. Also relating to tourism, participants in downtown Santa Cruz described issues with vomit and garbage accumulating in public spaces as a result of tourists, particularly during the summer months.

*“People defecating in public, hygiene issues, my sister has seen it driving down Ocean Street.” – Community Dialogue Participant, Scotts Valley Senior Center, Scotts Valley*

Illegal public camping, both among the homeless as well as among tourists, were considered further issues for both communities that result in the accumulation of human waste and garbage. Several participants described problems with human waste and garbage due to the homeless population, which they felt impacts local businesses and impairs the public's ability to

access public spaces. Participants in Davenport discussed further hygiene concerns related to illegal public camping and campfires on public beaches. They described garbage accumulation and pollution from people burning garbage on the beach, both issues that negatively impact their community. Possible solutions for these issues that were discussed included the need for better enforcement of illegal camping and burning, as well as more garbage receptacles.

*“Small businesses, especially downtown having to deal with feces. Camping in public areas for people who are homeless.” – Community Dialogue Participant, Scotts Valley Senior Center, Scotts Valley*

*“People are just burning their trash, rather than packing it out. Just plastic just burning away, no ring around it.” – Community Dialogue Participant, Pacific Elementary School Community Room, Davenport*

### **Food and Nutrition**

Food and nutrition were important topics in the discussion of health in nearly all community dialogue groups. Participants felt that having access to healthy foods is an important aspect of a healthy community and is a strength of Santa Cruz County. Specifically, participants cited the culture of the community as one that embraces healthy, organic, and sustainable foods. They also felt that the community has a strong awareness of the importance of nutrition and healthy eating. Most community dialogue groups felt that healthy foods are highly accessible across the county, with many farmers markets and grocery stores that sell fresh produce and other healthy food items. However, many participants felt that the cost of healthy foods may be a barrier for low-income households within the county. In some community dialogue groups, participants referenced existing resources such as the Second Harvest Food Bank, Gray Bears' Brown Bag Program for seniors, and other local non-profits that provide low-income households access to healthy foods. One participant in downtown Santa Cruz talked about a local food pantry and expressed that while such resources are appreciated, there is stigma associated with accepting food assistance, which may be a barrier for low-income households.

*“Depending on the income status of the family, it is sometimes easier and cheaper to get fast food.” – Community Dialogue Participant, Santa Cruz County Sheriff's Community Room, Santa Cruz*

*“I think the levels of poverty. A lot of people cannot afford buying more quality food and it's the thing about accessing it. In other ways also, probably the misinformation. A lot of migrant families that come here, if they didn't have the meat before they will take advantage and eat it here.” – Community Dialogue Participant, University Cooperative Extension Santa Cruz County Auditorium, Watsonville*

Participants in some community dialogue groups expressed concern about limited access to healthy foods in their communities. In particular, healthy food access was discussed as a concern in downtown Santa Cruz, Watsonville, and Davenport. Residents of these communities reported observing an increase in fast food restaurants and easy access to processed, high-calorie, unhealthy foods within their communities.

*“A lack of access to affordable [healthy] foods...we’re in a location of food desert. There’s no access to that. And it’s unfortunate because Santa Cruz County offers a lot of food markets, have a lot [of] organic food stores, but [these stores are] located in the downtown area and they’re not affordable.” - Community Dialogue Participant, Nueva Vista Community Resources, Santa Cruz*

Participants also discussed possible barriers to healthy eating, including the cost of healthy foods, lack of time for cooking, and lack of food preparation knowledge. A few community dialogue groups discussed perceived concerns about stigma and lack of awareness which may impact utilization of SNAP/EBT at grocery stores and farmers markets. One group felt that this may be due to language and/or cultural barriers. Participants’ concern about unhealthy foods was linked to concern about chronic diseases such as obesity, diabetes, and heart disease. One participant expressed concern about the potential health effects of chemicals found in processed foods. In most community dialogue groups, concern was expressed regarding the need to ensure that youth are consuming healthy diets in order to prevent early development of obesity and diabetes.

*“We got another McDonald’s in town. You look around and it’s full of pizza parlors. That’s where the parents take the kids because the kids like that. After a week of working, they feel guilty and they want to give the kids whatever they can give them. It’s a vicious cycle.” - Community Dialogue Participant, University Cooperative Extension Santa Cruz County Auditorium, Watsonville*

## Health Care

Discussion about the quality of health care in Santa Cruz County came up during most community dialogue groups, particularly regarding the need for improved access to care. As discussed in the Affordability section, participants felt that the cost of health care was a barrier within their community. Some participants felt that inadequate health insurance may impact individuals’ ability to seek quality healthcare, limiting the doctors available to them and making services unaffordable. One participant shared about issues related to billing and the lack of unified healthcare systems in the county, describing these issues as barriers for individuals seeking care.

*“I went to the emergency...I would rather kill myself rather than get that bill, there was no reason to live anymore. Kaiser didn’t have contract agreement between the two hospitals. Then if I cried a little bit, it went from \$8,000 to \$800, just like that. Part of the problem was that everyone who saw me there, from the person who checked me in, to the doctor, to the radiologist, to the person that checked my pulse, they are all contracted, so they have their own billing. So you solve one problem, you have 15 more to deal with. All I had was a*

*a sprained knee. Staggering costs if you have to go to near the hospital.” – Community Dialogue Participant, Community Foundation Santa Cruz County, Aptos*

*“The money is the biggest issue. So, I just wish we can give people a better chance, a better medical care because there’s a lot of sick people that can’t afford that stuff or don’t have rides to take them to the place.” – Community Dialogue Participant, Pacific Elementary School Community Room, Davenport*

Other issues that participants discussed include a lack of providers and choices within the healthcare system. Many community dialogue groups felt that doctor caseloads are too high, making it difficult to be seen by doctors in a timely manner. Additionally, one participant felt that the availability of specialists, such as geriatric care physicians, was limited in Santa Cruz County. A few community dialogue groups discussed the lack of choices in hospitals and health care centers. Many groups expressed the need for additional clinics, particularly those providing services for low-income or homeless individuals.

*“Insufficient resources. On a personal and macro-level. Like personally you don’t have access to health care, then you’re going to have issues that are going to go undiagnosed or you won’t have the proper treatment.”- Community Dialogue Participant, Santa Cruz County Sheriff’s Community Room, Santa Cruz*

*“A lot of my staff, especially part time staff are concerned with medical coverage. Just because the doctors are limited. There are certain doctors that belong to certain groups and only see their group patients. It can be bothersome for [my staff], especially when they don’t feel good and need to see someone.” – Community Dialogue Participant, Community Foundation Santa Cruz County, Aptos*

Many community dialogue groups shared about healthcare services available for low-income individuals which they felt are assets within their community. One community dialogue group described the Dientes program in Watsonville, which provides basic dental care for low-income residents. The Homeless Persons Health Project was also discussed at a couple of community dialogue groups as a resource that provides healthcare to homeless individuals. Another community dialogue group discussed the idea of establishing a system for individuals to donate money toward other individuals’ health insurance and healthcare cost, expressing the need for the community to step up with solutions toward removing healthcare barriers. In contrast, some community dialogue groups expressed that low-income households may have better access to healthcare; for example, participants in one group felt that Medi-Cal provides households with access to more mental health services, while households without Medi-Cal must seek care outside of the county. Participants in a few groups expressed the concern that households just above the poverty thresholds have no services available to them to make healthcare affordable because they do not qualify for government programs but cannot afford to pay out-of-pocket for services.

## Community

In most community dialogue groups, participants spoke of the importance of community and collaboration as strengths and solutions for addressing health issues. Many participants spoke positively of their community, feeling that Santa Cruz County is a very inviting place to live with many assets. For instance, many groups discussed the strong culture within Santa Cruz that embraces healthy eating. Participants also expressed the desire to improve their community through engagement, community support, and having assets like community gardens to bring people together. For example, participants in two dialogue groups based in housing developments discussed the importance of community events and resources that help bring their residents together. One expressed the desire for more programs that promote physical activity and healthy eating, in order to build trust and promote health. Most community dialogue groups felt that coming together as a community is an important aspect of a healthy community. Some participants expressed the view that love, defined as acts of kindness toward others, is what helps to bring communities together in creating solutions.

*“Putting out programs to kind of have communities to get to know each other...create a bond with one another to have that trust.” – Community Dialogue Participant, Nueva Vista Community Resources, Santa Cruz*

In some groups, participants felt that further work is needed to bring the community together. They described their community as being segmented, with certain groups such as migrant workers being isolated from others. Other groups talked about the need for more empathy and compassion toward others in order to build a sense of community. Overall, participants felt that community involvement and integration would help improve the health of their communities.

Another area for improvement that most groups discussed was the need for better communication and collaboration at an institutional and systemic level. Participants felt that opportunities were being missed for organizations working toward common goals to come together. Many participants felt that solutions to health issues, such as the need for improved nutrition and physical activity, could be implemented more effectively through collaborative efforts between school districts, community organizations, and the county. One particular concern that was expressed in many groups was how bureaucracy interferes in collaboration and progress. For instance, some participants expressed the desire for the Department of Public Health to collaborate more with the Behavioral Health Division in order to tackle issues such as suicide prevention. Participants expressed the desire for more community events to be held, such as health fairs and town hall meetings. Additionally, many participants expressed appreciation for the community dialogue groups and felt that such efforts should be continued.

*“The county needs to step up. The county needs to realize the impact on our city. The city of Santa Cruz really needs help.” – Community Dialogue Participant, City of Santa Cruz Police Community Room, Santa Cruz*

## ***Physical Activity***

Discussion about physical activity as an important aspect of health came up in most of the community dialogue groups, with some participants expressing that access to physical activity is a strength of the community. One participant in Aptos shared that bike trails are an asset, enabling people to stay physically active and have an alternate means of transportation. Participants in one of the community dialogue groups described having a lot of opportunities to do physical activity, including hiking, biking, and water activities, and they felt that it's a personal choice to prioritize physical activity. Another group in Santa Cruz talked about a bike program that teaches kids how to ride bikes and gives them a bike once they complete the program. Such resources were expressed as being a very important part of preventing chronic conditions. Having access to safe, open spaces and opportunities to be outdoors and engage in physical activity were important elements of what many participants felt contributes to a healthy community.

In contrast, many community dialogue groups felt that important barriers need to be addressed in order to increase access to physical activity. For instance, a group in Watsonville expressed that their community lacks access to safe spaces for exercise, sharing a story about how they once played soccer in a tennis court because it was the only well-lit place they could think of to use and were told to leave by police. They felt that such barriers, in combination with safety concerns related to gang activity and crimes near parks, make it difficult to find opportunities to be physically active. They stressed that their community needs more bike lanes, walking paths, and crosswalks to promote activity.

*“We were trying to play soccer and there’s no field with lights anywhere, at least not during the night we can’t go to the parks, they’re closed. So there’s a tennis court that has lights behind Ramsay...and we were there for a while until the cops showed up. So they were trying to kick us out because we were playing soccer in the tennis courts...but the thing is, there’s no access for us to go anywhere at that time of day.” – Community Dialogue Participant, Digital Nest, Watsonville*

Similarly, many community dialogue groups felt that fear was a big barrier to physical activity, with participants in many groups citing concerns such as substance use, violence, and hygiene as issues that prevent them from enjoying beaches and parks. This concern was expressed among participants in downtown Santa Cruz, who felt that their community needed physical activity classes and resources such as basketball courts or soccer fields in order for youth to be more active. In Felton, participants cited the high cost of youth sports as a barrier to physical activity, and expressed the need for more community centers with free activities available for youth. Additionally, some participants felt that more physical activity and outdoor activities are needed in schools.

*“In the school systems...there’s a very big lack of physical education and outdoor accessibility...A lot of them would prefer to force their time more into learning about computers and technology and furthering education in that perspective, rather than allowing their kids to be kids and continue being outside.” – Community Dialogue Participant, Digital Nest, Watsonville*

## Chronic Conditions

Most of the community dialogue groups brought up diet-related chronic conditions such as obesity, diabetes, and heart disease as health concerns. Possible factors that participants felt were associated with these conditions included lack of physical activity, healthy eating, and knowledge about living a healthy lifestyle. Participants were primarily concerned about obesity and diabetes risk among youth, and felt that there is a need for further access and opportunities to engage in physical activity and to ensure that youth are eating a healthy diet. Poverty was discussed as a possible barrier that prevents families from being able to afford healthy foods. Additionally, the cost of competitive sports and gym memberships, along with the lack of safe public spaces, were possible reasons why physical activity may not be accessible. Participants felt that further programs and resources are needed to provide access to healthy foods, improve utilization of SNAP/EBT, and improve nutrition education and awareness.

*“Diabetes is on the growth [sic] across the United States, not just here. I think that diabetes is a growth [sic], even in our younger society. Kids are exposed to processed foods more. Years ago we would grow our food, grandma made food, mom made food...[Now] there is more fast food, more convenience food. It affects our youth, it affects our adults even as well.” – Community Dialogue Participant, Community Foundation Santa Cruz County, Aptos*

In contrast, a few participants expressed that chronic conditions such as obesity are not a concern in Santa Cruz County relative to other communities, instead feeling that conditions like obesity are nationwide issues but that they are not top concerns within Santa Cruz County. However, participants did feel that there are pockets within the county where obesity and other chronic conditions may be of greater concern, including areas where access to healthy foods and physical activity opportunities are limited.

*“I don’t necessarily think obesity is an issue [here]. I think [it’s a] systemic issue.” - Community Dialogue Participant, Santa Cruz County Sheriff’s Community Room, Santa Cruz*

## Environmental Exposures

Concern about environmental exposures came up in two community dialogue groups as top health concerns for their communities. One group in Watsonville discussed concern about exposure to pesticides, specifically methyl bromide, throughout Pajaro Valley. They noted possible health outcomes that they feel are associated with pesticide exposure, including cancer, lower IQs, respiratory issues like asthma, and heart disease. As short-term solutions to this issue, they felt that limiting exposure to pesticides, for example by purchasing organic strawberries, was important for their community. One participant expressed concern that the elementary school he works at may be exposed to pesticides since it is next to a field. Ultimately, participants expressed desire to spread the word about this issue and advocate for systemic changes to reduce or end exposures.

*“Different type of pesticides are linked with different health effects but the biggest ones are cancers, respiratory issues like asthma and then developmental delays including autism and just lower IQ’s in general.” – Community Dialogue Participant, Digital Nest, Watsonville*

*“Coming from a family that’s farm growers...like my mom, my dad used to work in the fields. And it’s like, from them being exposed to all of that, what has affected me and how will it affect my children.” – Community Dialogue Participant, Digital Nest, Watsonville*

Another group in Davenport discussed at length their concern about exposure to air pollutants, specifically particulate matter that they feel is associated with a cement plant near their community. Participants described the dust in the air and their concern about its impact on respiratory health. One participant shared a story about a girl who suffered from respiratory issues which they believed were linked to air pollution. They expressed concern that their community in particular is at higher risk for pulmonary diseases. Participants in this group also discussed noise pollution created by airplanes that fly low over their community.

*“The cement plant. When they’re working on the plant and starting to dismantle certain portions this winter, in the windy season and couple of days I can feel it in my lungs and I know the burning of that, the cement dust...” “The solution to that is having better monitoring, having more water on the operations when they’re doing the dismantling and then timing that when there’s not big wind...” – Community Dialogue Participant, Pacific Elementary School Community Room, Davenport*

*“I’ve seen it (the dust)...it’s in the morning, all hours, it does become very, very thick.” – Community Dialogue Participant, Pacific Elementary School Community Room, Davenport*

## **Conclusions**

The community dialogues provided an opportunity for Santa Cruz County residents to share their input about perceived health issues in Santa Cruz County. The residents relied on the Santa Cruz County HSA Public Health Division to make recommendations to policy makers, if any, to implement programs, policies, and other solutions to reduce the impact of these health issues on Santa Cruz County residents. In addition to the health issues discussed, residents also mentioned community assets, such as the tradition of coming together to work towards the common good of the community that can be leveraged to implement solutions, which will work toward improving the health of all Santa Cruz County residents.

# Santa Cruz County Health Services Agency Public Health Division

## Community Assets and Resources

Al-Anon and Al-Ateen	Habitat for Humanity
Alcoholics Anonymous	Head Start
American Medical Response	Health Improvement Partnership, Santa Cruz County
American Red Cross	Homeless Services Center
Applied Survey Research	Hope Services
Aptos/La Selva Fire Protection District	Hospice of Santa Cruz
Area on Aging Seniors Council	Janus of Santa Cruz
Barrios Unidos	Kaiser Permanente
Ben Lomond Fire Protection District	Leo's Haven
Boulder Creek Fire Protection District	Live Oak Education Foundation
Boys & Girls Clubs of Santa Cruz County	Monarch Services
Branciforte Fire Protection District	Museum of Art and History
Cal Fire	Narcotics Anonymous
Cabrillo College	Pajaro Valley Community Health Trust
Cabrillo Student Health Center	Pajaro Valley Fire Protection District/
Cal Fire/County Fire	Pajaro Valley Prevention and Student Assistance
California State Parks	Palo Alto Medical Foundation, Santa Cruz
Central California Alliance for Health	Planned Parenthood
Central Coast Center for Individual Living	Recuperative Care Center
Central Fire Protection District	RotaCare Clinic: Santa Cruz
Child Development Resource Center	Salud Para La Gente
City of Santa Cruz	Santa Cruz Community Ventures
City of Scotts Valley	Santa Cruz County Centralized Eligibility List
City of Watsonville	Santa Cruz County Child Care Planning Council
City of Capitola	Santa Cruz County Community Health Centers
Community Action Board	Santa Cruz County Medical Society
Community Bridges	Santa Cruz County Office of Education
Community Foundation Santa Cruz County	Santa Cruz Education Foundation
County of Santa Cruz	Santa Cruz Public Libraries
Dientes Community Dental Clinic	Scotts Valley Fire Protection District
Digital NEST	Second Harvest Food Bank
Dignity Health Dominican Hospital	Sutter Health, Santa Cruz
Dignity Health Medical Group	Sutter Maternity and Surgery Center
Diversity Center	United Way of Santa Cruz County
Dominican Mobile Wellness Clinic	University of California Santa Cruz
Ecology Action	Valley Churches United Mission
Emergency Medical Care Commission	Watsonville Community Hospital
Encompass Community Services	Watsonville Fire Department
Felton Fire Protection District	Watsonville Law Center
First 5 Santa Cruz County	YMCA
Grey Bears	Zayante Fire Protection District

## Forces of Change Assessment

The Santa Cruz County Forces of Change Assessment was held on December 2, 2015 with the MAPP Steering Committee members. Twenty-one (21) Steering Committee members participated in the Forces of Change Assessment. Participants were provided a brief overview of what constitutes forces of change and how those forces may consist of potential opportunities or threats to community health. Next, participants had time to write down their thoughts about the external forces that would bring potential opportunities and threats. Once participants had a chance to write down their thoughts, they then worked in small group of three to four individuals to do an analysis of the forces. At this point, many of the participants had to leave, so the process was modified so that each person could report their forces to the group at large before departure. Therefore, each participant shared his/her forces that they felt were the most important to consider while planning for community health improvement. Table 1 summarizes the result of this discussion, and it shows the number of individuals that identified a similar force in the second column. Each force has its associated opportunities and/or threats. Note that not all forces have been associated with both opportunities and threats.

Many of the forces listed in the table are connected. An example of this is the high cost of housing and its impact in recruiting qualified staff for vacant positions. There will be an increase in vacant positions because of the large number of employed individuals that are approaching retirement age. The individuals aging out of the workforce may end up requiring more programs and services in their senior years. The positions that they have vacated may not offer competitive salaries (wage gaps) on the state or national level, leading to further recruitment challenges. Additionally, the low or non-competitive wages adds to the impact that housing costs have on overall cost of living for residents. There is opportunity to address housing costs and wages in light of need to develop creative strategies in recruiting qualified candidates. Also, the increase in the senior population provides a pool of residents that may be available to provide community and civic services, in addition to the opportunity for intergenerational programs and services.

Another example of interrelated forces is the Affordable Care Act and shortage of providers or providers accepting Medi-Cal. The Affordable Care Act increases the proportion of the population that has health insurance; however, there may be a shortage of medical care providers to give adequate and quality care. The shortage of medical care providers in part may be due to non-competitive wages and high cost of housing, posing challenges in recruiting enough medically trained individuals to provide services. Also, Medi-Cal reimbursements rates many times do not cover the total cost of services provided; so many providers limit or refuse to see Medi-Cal patients. With the upcoming 2016 elections, there is hope that a change in political leadership will develop policies to address these gaps on the national, state, and local levels. (At the time of this assessment, the 2016 election had not yet occurred.)

These are just a couple of examples of how these forces interact with each other to provide a dynamic mix of both opportunities and threats to the community health improvement planning process.

**Table 3: Summary of Results**

Force	Opportunities	Threats
2016 presidential elections and having a new president	<p>New opportunities for change.</p> <p>New leadership continues to work toward social justice and progress (wealth equalization), especially potential expansion and improvements to the Patient Protection and Affordable Care Act (socialized medicine).</p> <p>New leadership works to address climate change.</p>	<p>Empty promises and grandstanding.</p> <p>Election outcomes don't continue to support the positive changes that have occurred.</p> <p>New leadership pushes to underfund public health and healthcare services (end ACA).</p> <p>The social support system crumbles and disparities in health status widen.</p> <p>Deregulation that leads to increase risk to health and safety.</p> <p>New leadership ignores the impact of climate change and either does nothing to improve it or makes it worse.</p>
No action to improve the affordability of housing	Brings multiple sectors together to address the problem.	<p>No immediate action, the problem is a long-term issue.</p> <p>Housing affordability impacts the ability to recruit a competent workforce for employers, including healthcare providers and community outreach workers.</p> <p>Lack of affordable housing leads to an increase in homelessness.</p> <p>More money spent on housing leaves less money to spend on food and other basic human needs.</p>
Senior/aging population and workforce	<p>Increases the opportunity for intergenerational interactions and programs.</p> <p>Larger pool of potential volunteers for community programs and services.</p> <p>Aging workforce will open positions for those looking for jobs: new staff=new ideas.</p> <p>Higher level of community/civic engagement.</p>	<p>Aging workforce will drain institutional knowledge and memory.</p> <p>Increase in need of programs and services for this population.</p> <p>Seniors may require more medical care (increase demand for medical services).</p> <p>Aging medical care workforce will be retiring, increase the need to recruit younger professionals; however, with housing costs and low wages this may be challenging.</p>

Force	Opportunities	Threats
Climate change	<p>Brings people together from opposing sides of issues to address the need for improvements with action plans.</p> <p>Allows for a broad-based buy-in to address this issue that may include increases in active transportation as an example.</p>	<p>More severe weather patterns, such as alternating years of drought and floods.</p> <p>Increase in mosquito-borne illnesses.</p> <p>Increase in heat-related illness.</p> <p>Increase in environmental hazards.</p> <p>Responding to disasters deters us from planned improvements, which could lead to delays in action plans that address long-term health issues.</p> <p>Impact on food growth and production.</p> <p>Challenges with sheltering a large homeless population.</p>
Movement to increase the minimum wage	<p>Livable wages correlate with better health status.</p> <p>Increase in those that are able to afford the cost of living in Santa Cruz County.</p>	<p>Low income impacts housing, food, medical care leading to poorer health outcomes.</p> <p>More people living in substandard, unsafe housing leading to increases in injury and illness.</p>
Access to broadband telecommunications data	<p>Improved ability to release information to the public via the internet, especially in a timely and efficient manner.</p>	<p>Not all information on internet is valid.</p> <p>Not everyone has access to broadband telecommunications – digital divide.</p>
Affordable Care Act – volume to value payment model	<p>New payment model.</p> <p>Aligns incentives with outcomes.</p> <p>Potentially better medical care, more people have insurance, and positive impact of public health programs.</p> <p>Possibly more money for higher quality care.</p>	<p>Issues around sustainability.</p> <p>Increases provider risk if outcomes not achieved.</p> <p>Potential increases in cost for regular care or loss of revenue for non-reimbursed expenses.</p> <p>Increase in demand for medical services.</p>
Affordable Care Act – increases access to health insurance.	<p>Increase/growth in percent of population with health insurance coverage.</p> <p>Movement toward a single-payer system.</p>	<p>More people insured than providers to give medical care – inadequate number of providers.</p> <p>Insurance companies more firmly in control.</p>

**Table 3: Summary of Results (continued)**

Force	Opportunities	Threats
Immigration reform	<p>Formation of a path to citizenship to keep families intact and reduce the impact of living “outside” of the law.</p> <p>Increase opportunities for immigrants to improve the social status within the U.S.</p> <p>Improves access to medical care.</p>	<p>No action taken continues to widen disparities in access to programs and services.</p> <p>Potential threat of breaking up families leading to children needing caretakers if their parents are deported.</p> <p>Providers unprepared to offer culturally and linguistically appropriate care.</p>
Increase use and dependency of technology	<p>Broader reach, instant, and measurable.</p> <p>More timely access to health data via electronic medical records to determine more current picture of the population health status.</p> <p>Reduces errors.</p> <p>Saves time.</p> <p>Better-coordinated care.</p> <p>Facilitates data driven decision-making.</p>	<p>Not everyone has access, leaving some behind.</p> <p>Impaired clinical interactions - more focus on computer screen versus looking patient in eyes while communicating.</p> <p>Time wasted in not being able to readily enter data – clumsy systems.</p> <p>Dependency may lead to access issues if electricity or the tech server is down.</p> <p>“Hackers” could threaten data security, confidentiality, and integrity.</p>
Decrease in educational achievement	<p>Creates opportunity to develop strategies toward improving education achievement.</p>	<p>Uneducated population without employable skills</p>
Attention to equity and closing gaps	<p>Provides opportunity to create and implement strategies that addresses reducing the gaps.</p>	<p>Potential resistance due to not all residents being comfortable with the concept of equity and the strategies necessary to close the gaps.</p>
El Niño (flooding)	<p>Increases attention to the need to address climate change.</p>	<p>Displacement of residents with homes that are flooded.</p> <p>Increase risk of infectious disease.</p> <p>Transportation challenges.</p>
County North-South divide		<p>The needs of South County are diluted and not addressed.</p>

Force	Opportunities	Threats
Increase in the ratio of rich to poor (economic disparities)	Affluent residents put money into the local economy if they purchase products and services that are local.	A larger gap between rich and poor correlates to poorer health outcomes for everyone.
Increase in diverse populations, especially Mexican indigenous population leading to a shift in demographics	Brings diverse perspectives to the region. Reduced smoking rates. Increase in inclusivity.	Cultural Competency needs unmet – difficulties in accessing services. Cultural tension. Increase in obesity rates. Community push back.
Community level politics/Take Back Santa Cruz	Leverages the work to make Santa Cruz County better, safer, and cleaner.	Take Back Santa Cruz is a vocal minority attempting to represent whole community. Could pose competing priorities.
Trending issues such as e-cigarettes	E-cigarettes could be regulated as tobacco.	Increased addiction. Poses challenges to keeping health information current and relevant to youth.
Integrated behavioral health	Mental health parity in payment. Increase in the use of mental health services.	Potentially increase delays and wait times as providers become overworked and saturated with patients. Transforms provider practices.
Disease outbreaks (includes novel infectious agents)	Funding from state and federal government may be available to combat the outbreak.	Unprepared for every possible disease scenario. Not all expenses are rei
Natural disasters	Funding from state and federal government may be available to assist with recovery.	Unprepared for every possible disaster scenario.
Inconsistent funding opportunities	New funding opportunities may be available to meet new demands in programs and services.	Makes it difficult to plan and coordinate programs and services that have short funding cycles. Initiates unsustainable programs and services.

**Table 3: Summary of Results (continued)**

Force	Opportunities	Threats
Legalization of medical marijuana	Decriminalization of marijuana drug use could lead to public safety addressing more serious crime and public safety issues.	Enforcement challenges due to contradictions between state and federal laws. Increase in addiction.
Right to die	Puts control into the hands of the terminally ill.	Potential for abuse in assisted suicides that are covers for homicide. Does not ensure that mentally ill will not use this as a vehicle to commit suicide.
Decreasing opportunities for college graduates		College graduates will leave the area to find jobs or better paying jobs.
Combination of political campaigning and terrorism		Fear-based propaganda could lead public to elect officials that would unravel progress made in the area of health and medical care over the past 8 years. Threat to losing the prevention fund altogether.
Shortage of agriculture workers		Produce is left in the fields to rot causing increases in the cost of food.
Changes in the agriculture industry	New businesses and type of jobs available.	Displacement and job loss.
Proposition 47 and other criminal justice reforms	Offers opportunity for rehabilitation potentially decreasing the rate of recidivism.	
Narrative of who is deserving of services		Puts elite class in charge of determining who receives services. Community pushes back on proposed improvements.

Force	Opportunities	Threats
Increase in Obesity	<p>Use the data to draw attention to the issue and provide health education along with policy, systems, and environmental changes to address the epidemic.</p> <p>Increase awareness of food deserts and how to improve access to fresh healthy food.</p> <p>Increase awareness of the need to be physical active throughout the day.</p>	<p>Increase in chronic disease and death rates.</p> <p>If no one does anything, chronic disease (such as diabetes) will increase, leading to a whole generation of obese people that will have a shorter lifespan than the generation of their parents.</p> <p>Increase in medical costs continuing to drive the cost of medical care to levels that are unsustainable.</p>
Homelessness (increase)	<p>County has a plan to address the needs of the homeless population – proposed solutions.</p>	<p>Controversy</p> <p>The county plan may not be sufficient if the homeless population drastically increases.</p> <p>Increase in the demand for medical services with no support for managing health status outside of the hospital setting.</p>
Economic Opportunity	<p>Brings resources to the area that can be used to improve health status across the county.</p> <p>Could help with housing affordability.</p>	<p>Corporations and business provide this opportunity at the expense for the natural environment and health of the population.</p>
Public health accreditation	<p>Provides a foundation for the delivery of effective and efficient public health services through its focus on quality improvement.</p> <p>Potential for obtaining more resources for programs and services that are effective.</p> <p>Better coordination and collaboration.</p> <p>Identifies key needs.</p>	<p>Potentially brings too much focus on the process versus outcomes.</p> <p>There is a cost for health departments to become accredited and maintain accreditation status over time.</p> <p>Risk of identifying issues that cannot be resolved.</p>

**Table 3: Summary of Results (continued)**

Force	Opportunities	Threats
<p>1115 MediCal/drug expense waiver and newly insured</p>	<p>Increases the number of people who are able to participate in MediCal and have medical homes.</p> <p>Increase access to medical services.</p> <p>Improved outcomes.</p> <p>Cost savings.</p>	<p>Not all providers accept MediCal patients, so those that do accept it will become over saturated with new patients.</p> <p>High utilization rates leading to inundated medical offices with longer wait times and delays in care due to the shortage of staff to care for the increase in those seeking medical services.</p> <p>Financial liability to the County.</p>
<p>Many strategic plan initiatives in Santa Cruz County</p>	<p>Ability to leverage activities currently underway that create synergies for better health outcomes.</p>	<p>Too many areas of focus could dilute ability to fully address key issue areas.</p>
<p>Staff recruitment and changes in leadership</p>	<p>New perspectives with new employees, potential improvements to the status quo.</p> <p>Rescope positions minimum qualifications and staff classifications.</p> <p>Brings attention to workforce issues that may be directly linked with other community issues such as housing costs.</p>	<p>May be related to the lack of affordable housing leading to more of the paycheck going toward housing leaving less to cover other basic living expenses such as food, transportation, and clothing.</p> <p>The salaries are not high enough to afford living within the county.</p> <p>Leaves positions vacant for prolonged periods of time with additional tension on the staff members that are covering for this vacancy. (Overworked staff, takes longer to get things done, unmet deadlines, etc.)</p> <p>Changes in priorities, leaving previous efforts incomplete.</p>

## Key Findings

According to the demographic data, Santa Cruz County is not as diverse as the rest of California or the nation (Figure 1). Two race/ethnicity groups make up 91% of the population: White and Latino/Hispanic. Many of the data for the selected indicators are not available by race or ethnicity due to sample sizes and other limiting factors from some of the data sets used in this assessment. However, for many of those indicators where this data is available there are observable differences.

### Economic Factors

Unemployment in Santa Cruz County is slightly higher than that of California (Figure 3); however, child poverty rates are lower in Santa Cruz compared with the nation and California (Figure 5). The high cost of living is taken into account when looking at data for self-sufficiency standards. Figure 4 shows the impact education has on families' incomes to ensure that they can adequately meet their basic needs. Those with Bachelor's degrees or higher are less likely to have insufficient incomes when compared to those with some college, high school graduates, or those with less than a high school diploma.

Many affordability issues were discussed in the community dialogues, including high housing and living costs, lack of affordable healthy activities, lack of affordable health care, and qualifying income thresholds for public assistance programs and health services. Participants discussed the lack of affordable housing as a barrier, potentially contributing to the large homeless population in Santa Cruz. Some also expressed that displacement due to high housing costs is driving families out of the county or into homeless situations.

A few of the community dialogues had participants discussing the lack of affordable healthy activities within their communities as barriers to health. Competitive sports and extracurricular activities are costly. Without having the option to participate in these activities, participants felt that it may lead to youth turning to substance use and other delinquent activities.

Eligibility for public assistance was discussed in most of the community dialogues. They discussed that those who do not qualify for Medi-Cal cannot afford health insurance. Using federal poverty level to qualify does not take into consideration the high cost of living in Santa Cruz County. There was a lot of concern about the economic divide between the very wealthy and the very poor. Those with Medi-Cal are seen as having better access to care and services than those who do not qualify. Added to this is that the cost of medical care is expensive in the county due to high operational costs.

Participants viewed affordability as a factor contributing to high stress levels of residents and reduced mental health. Given that the quantitative data show that there are less children living in poverty compared to California or the country, this does not take into account the higher cost of living in Santa Cruz County. This may lead to the inability for those struggling financially to qualify for federal and state assistance.

## Educational Factors

Data regarding English language arts and literacy achievement level in schools that are under the direct domain of the County Office of Education show that the upper grades are more likely to meet or exceed standards compared to the lower grades (Figure 6). With only 33% of third graders meeting or exceeding the standard, this is an area for improvement. High school graduation rates in Santa Cruz County are higher than those for California (Figure 7). Students that are eligible for subsidized pre-school but do not have early childhood education represent a significant underserved population (Figure 8). The MAPP Steering Committee were very concerned with this information about early childhood care, which is one of the reasons for selecting a target population of families with children ages 0-5 for the Community Health Improvement Plan.

## Social Environment Factors

Homelessness is a significant issue in Santa Cruz County. The county has the Homeless Action Partnership and Smart Solutions to Homelessness groups working to address homelessness in the county. They have developed a strategic plan in conjunction with the United Way of Santa Cruz County titled, *All In: Toward a Home for Every County Resident 2015*. The participants in the community dialogues discussed homelessness extensively in addition to what they believed to be co-related issues such as substance use disorder, mental illness, hygiene, and public safety.

The County is also addressing mental health, substance use disorder, and violence prevention. The Santa Cruz County: *A Community Roadmap to Collective Mental Health Wellness, August 2015* plan outlines how the county is working with community partners to address the mental health needs of residents.

Another aspect of social environment factors includes the use of social services programs. This indicator that was used in this assessment was the number of people served by CalFresh, which has been increasing from 2008 to 2015 (Figure 9). This may help alleviate some of the affordability issues discussed in the community dialogues. However, their biggest concern was having an income too high to receive services. During the community dialogues, participants discussed frustration about exceeding eligibility income to participate in assistance programs.

The last indicator examined for assessing the social environment was how often people help each other in their neighborhoods. A majority of residents agreed or strongly agreed that this happens where they live, but when examining the differences between Whites and Latinos, a higher percentage of Latinos reportedly disagreed or strongly disagreed with that statement (Figure 10).

## Safety Factors

Most of the reported violent crimes have remained relatively consistent from 2005 to 2014 (Figure 11). The trend for aggravated assault has the most fluctuation (less than 800 to nearly 1,000) with the 2014 numbers at less than 800. The trend for rape shows an increasing slope; those cases numbered about 100 in 2014. Substantiated child abuse shows a decreasing trend from 2008 to 2014 (Figure 12). The 2014 data show the case rate per 1,000 children at 6.8, which is lower than that of the state.

Crime and public safety were in the top five concerns discussed during the community dialogues. Several of the groups discussed crime in downtown Santa Cruz in particular, especially as it relates to substance abuse. Groups from Watsonville, the southern part of the county, were more concerned with gang-related violence. These groups expressed a desire for more street lighting, safer cross walks, designated biking and walking paths, and more public transportation.

The Santa Cruz County Child Welfare/Juvenile Probation System Improvement Plan, 2015-20 and the Turning the Curve: Youth Violence Prevention Strategic Plan, 2015 contain strategies for addressing youth violence and reducing recidivism. Given that there are so many groups working on these correlated issues, the MAPP Steering Committee chose not to duplicate the work. Instead they want to address these issues further upstream to prevent youth and young adults from falling into the homeless, substance use, and violence trap in the first place. This is where they saw a gap.

## Health Care Access and Quality

The health insurance coverage rates in Santa Cruz leaves room for some improvement; it was 77.5% in 2014 (Figure 13). According to participants in the community dialogues, the cost of health care is a burden for the county residents. Some felt that inadequate health insurance potentially impacts individuals' ability to seek quality health care, limiting the doctors available to them and making services unaffordable.

As for availability of providers, the primary care provider ratio for Santa Cruz County has been fairly consistent from 2010 to 2013 at 101.7 primary care providers per 100,000 population, which is higher than the California rate (Figure 14). Community dialogue participants voiced concerns about the lack of providers and choices within the health care system. Many felt that provider caseloads were too high leading to delays. A few discussed the lack of choices in hospitals and clinics, especially those providing services for low-income or homeless individuals. One participant felt that there is a need for more specialty care providers in the area. In 2017 Kaiser Permanente established services in the county. The MAPP Steering Committee decided to wait to see if Kaiser coming into the county would improve some of these issues around access to health care.

Dental health is important to overall health, which is why it was selected as one of the indicators for this assessment. The percentage of residents receiving dental care in the last 12 months decreased for both Whites and Latinos (Figure 15). In 2015 83% of Whites and 56% of Latinos received dental care in 2015. One of the community dialogue groups described the Dientes program in Watsonville, which provides basic dental care for low-income residents.

Results of the April 2016 assessment *Increasing Access to Dental Services for Children and Adults on the Central Coast* found that there is a dental health provider shortage, especially for low-income and underserved populations. The assessment also found that about 1 in 4 children in Santa Cruz County had untreated dental decay. Lack of insurance and cost were identified as some of the key barriers to dental care. The MAPP Steering Committee found this information concerning and wanted to include addressing some of the barriers in the Community Health Improvement Plan, focusing on families with children ages 0-5.

## Quality of Life

Indicators selected to gauge quality of life included self-reported physical and mental health. The most recent data reported from the California Health Interview Survey shows that 79% of adult Santa Cruz County residents reported either good, very good, or excellent health in 2014 (Figure 16). The National Center for Health Statistics reported the average number of days when physical or mental health as not good during the past 30 days for Santa Cruz County residents were 3.4 for physical health and 3.7 for mental health (Figure 17). Neither source of information showed a huge difference between Santa Cruz County and California.

## Behavioral Risk Factors

Obesity and youth tobacco use were the indicators examined in this assessment because they are related to chronic diseases such as diabetes, cancer, and heart disease. Obesity rates have been increasing nationally as well as locally. Although the obesity rates in Santa Cruz County are some of the lowest in the state and nation, the trend is that they are increasing. Participants in nearly all of the community dialogue groups mentioned food, nutrition, and physical activity as very important health topics.

They described a healthy community as one that has access to healthy food and safe places to participate in physical activity. Although healthy food is available in most every place throughout the county, it can be too expensive when compared to cheaper, unhealthy options. There are many non-profit organizations that provide healthy food to those in need; however, there is a stigma toward participating in those programs and that stigma could be a barrier. They also expressed a need for education on what healthy food is and how to prepare and cook it.

Physical activity is another area that community dialogue participants discussed as being too expensive for everyone to participate. They mentioned the high price of competitive sports and gym membership. They also talked about safety in public spaces and how some of the lower income communities lacked access to safe spaces for exercise. Additionally some mentioned that having sports and activities for youth would keep them engaged in healthy activities as opposed to unhealthy ones that would include drinking alcohol, smoking, and using drugs. Some participants discussed the bike trails in Aptos as an asset as well as the bike program that teaches kids how to ride bicycles.

The most recent data for youth tobacco use in the county was very low at 3% compared to California's most recent rate of 12% (Figure 19). Although the participants had lengthy discussion about substance use, the group chose not to address youth tobacco use at this time because of the low rates as compared with California.

### **Environmental Health Factors**

This assessment looked at air quality and commute time indicators to assess environmental health factors. Santa Cruz County rarely exceeds the California 8-Hour Ozone Standard, which is 0.070 parts per million. However, the participants in the Davenport community dialogue discussed at length their concerns about exposure to air pollutants, specifically particulate matter that they feel is associated with a cement plant near their community. This may be more of a localized issue.

Commute times for the county were mostly (60%) in the 0-14 minute or the 15-24 minute range while 10 % commute 60 minutes or more (Figure 20). These data were not overly concerning to the MAPP Steering Committee.

Other environmental issues discussed during the community dialogues in two groups included concerns about pesticides and pesticide exposure. These communities were located where agriculture is a major business. The participants' concerns about exposure to methyl bromide included cancer risk, lower IQs, respiratory issues such as asthma, and heart disease. Note that all of these concerns may not be scientifically proven.

### **Social and Mental Health Factors**

Suicide is the 10th leading cause of death. Suicide rates in Santa Cruz County range between 10 and 15 per 100,000 residents from 1995 to 2014, and they tend to be higher than California (Figure 21). The County has a mental health strategic plan to address the mental health issues that may lead to suicide and other adverse consequences of illness that is left untreated: The Santa Cruz County: A Community Roadmap to Collective Mental Health Wellness, August 2015.

Alcohol provision to minors was a second indicator assessed for social and mental health factors. The telephone survey conducted as part of the Santa Cruz County CAP found that 11.8% of White respondents versus 6.3% of Latino respondents found it either very acceptable or somewhat acceptable to provide alcohol to persons under 21 other than their own children. This may reflect cultural differences between the two groups. Many of the community dialogue participants felt that alcohol and drug use are key issues within the downtown Santa Cruz area. In Watsonville, the groups felt that gang violence was a top concern associated with substance use.

The County has strategic plans to address substance use treatment and prevention. The MAPP Steering Committee expressed concern over this issue and wanted to expand on work that is currently underway by addressing the treatment and prevention needs of those families that have children ages 0-5.

### **Maternal and Child Health Factors**

Indicators reviewed for this assessment included early prenatal care, breastfeeding, and early childhood immunizations. The percent of pregnant women in Santa Cruz County that obtained early prenatal care in 2013 was 81% (Figure 22), with differences experienced with Whites (88%) and Latinas (75%) (Figure 23). Breastfeeding rates in Santa Cruz County are higher than those for California (Figure 24), and there are differences observed between Whites at 94% and Latinas at 81% (Figure 25). Although these topics were not discussed in the community dialogues, the disparities observed between Whites and Latinas were of concern to the MAPP Steering Committee, and they may be related to barriers with access to care.

Immunizations for child care attendees are much lower in Santa Cruz County compared with California, with nearly three times more personal belief exemptions in Santa Cruz County (Figure 26). The same is true for the kindergarten population, with nearly four times as many personal belief exemptions in Santa Cruz County compared to California (Figure 27). With recent changes in the California school admission laws regarding the elimination of personal and religious belief exemptions, there is a watch and observe approach to see if these rates improve without a need for further intervention.

### **Death, Illness, and Injury**

The two leading causes of death in Santa Cruz County are coronary heart disease and cancer, but those rates are much lower than the California rates and the Healthy People 2020 goal (Figure 28). These diseases have a strong association with lifestyle. Smoking, not getting enough physical activity, and eating a poor diet are the behaviors related to these diseases. Participants in the community dialogues listed food and nutrition as well as physical activity as part of their top ten health concerns.

Most of the community dialogue groups brought up diet-related chronic conditions such as obesity, diabetes, and heart disease as some of their health concerns. Participants were primarily concerned about obesity and diabetes risk among youth, and felt that there is a need for further access and opportunities to engage in physical activity and to ensure that youth are eating a healthy diet. Poverty was mentioned as a barrier to eating healthy food and getting enough physical activity. Healthy food, competitive sports, gym memberships are all expensive. They also mentioned the importance of CalFresh utilization and nutrition education as important resources toward improving diets.

### **Infectious Disease**

In the area of infectious disease, sexually transmissible infections are the most concerning due to increased rates over the past few years (Figures 29 and 30). This trend is also observed throughout California and the nation. Pertussis has also been a recent concern. Rates have increased in California, especially in Santa Cruz County (Figure 31). In 2014, the rate in Santa Cruz County (60.8 per 100,000) was twice that of California (29.2 per 100,000). Santa Cruz County also has lower immunization rates compared to California. The participants in the community dialogues did not discuss much about infectious disease, especially in these topic areas.

### **Health Disparities**

Differences are observed between the two dominant race/ethnic groups in a number of areas. Latinos in Santa Cruz County tend to be younger than Whites (Figure 2). Latinos are more than twice as likely as Whites to fall below self-sufficiency income standards, a measure that takes into consideration the income needed for a family to meet their basic needs living in Santa Cruz County (Figure 4).

Latinos are more likely to be uninsured. As observed in Figure 10, Latinos may have less social support than Whites. Figure 15 shows that Latinos receive less dental care than Whites. Latinas seek prenatal care in the first trimester less than Whites (Figure 23), and they breastfeed less (Figures 24 and 25).

## Leveraging Existing Efforts and Resources

Santa Cruz County has a long history of working with its community partners to conduct community health assessments and develop plans to address key issues. The MAPP Steering Committee felt it was important to not duplicate the work of the Santa Cruz County CAP and the County's Health Report. Rather, they wanted to build upon that foundation by adding the voice of community residents through a community dialogue approach. This approach allowed the partnership to glean health issues and concerns that were important to the community members as well as provide them with some data and a chance to have a conversation about it.

The findings from the three MAPP assessments in conjunction with the CAP and the County's Health Report led to an in-depth discussion about current efforts underway and how to coordinate with all of the existing plans, as opposed to duplicating activities and services.

Existing plans include:

- 2016-20 Area on Aging: Planning and Service Area 13, Santa Cruz and San Benito Counties
- Increasing Access to Dental Services for Children and Adults on the Central Coast, April 2016
- All in: Toward a Home for Every County Resident, 2015
- Santa Cruz County: A Community Roadmap to Collective Mental Health Wellness, August 2015
- Santa Cruz County Child Welfare/Juvenile Probation System Improvement Plan, 2015-20
- Turning the Curve: Youth Violence Prevention Strategic Plan, 2015
- First 5 Santa Cruz County, 2015-20
- Health Improvement Partnership of Santa Cruz County Strategic Plan, 2015-20
- One Childhood, One Chance, Santa Cruz County Master Plan for Early Care and Education, 2013-18
- Child Welfare Systems Implementation Plan, 2015-20

Many Santa Cruz organizations are involved in these collaborative efforts to address issues raised in this assessment. A few examples are Go for Health, Cradle to Career, Integrated Behavioral Health Access Coalition, Moving Healthcare Upstream, and Homeless Coordinated Entry. A number of projects either are, or will be soon addressing the issues raised in the community assessment through targeted case management programs such as High Utilizer Group, Whole Person Care, Intensive Case Management, Hub and Spoke Medication Assisted Treatment, to name a few.

## Community Health Improvement Planning

After reviewing the assessment information, the MAPP Steering Committee decided to primarily focus the Community Health Improvement Plan (CHIP) on children ages 0-5 through early childhood education, future college planning and savings, dental prevention services, and family-focused preventive services. The family is also addressed through culturally appropriate, full-spectrum mental health services. The MAPP Steering Committee also took stock of what was feasible at this time, eliminated areas where efforts were already underway, and narrowed their priorities in a way that incorporated many elements within a framework focused on families with young children.

Many of the observed disparities in the county are related to access to services and economic stability. Services such as mental health, dental health, physical health, behavioral health, and education were seen as very important in impacting the overall wellness of Santa Cruz County residents. Wrap-around services will be a key strategy in the Community Health Improvement

Plan. The MAPP Steering Committee also was very concerned with the lack of quality early childhood education. This sparked the idea to focus this effort on families with children ages 0-5, and it is where services can be coordinated to ensure the overall health and well-being of those families. Additionally, the group wanted to consider adverse childhood experiences, also known as ACEs, in developing the CHIP. Recent research suggests that ACEs is linked to risky health behaviors, chronic health conditions, low lifetime potential, and early death. By working with the families of young children, partners hope to reduce childhood exposure to adverse experiences, which in turn will help them grow healthy in all aspects of their lives.

The prioritized areas were approached through the lens of addressing social determinants of health in an upstream manner where possible. This is evidenced in some of the strategies put forth in the CHIP, including advocacy and implementation of legislation around early childcare licensing and funding, economic security and mobility through creation of child savings accounts, and understanding the linkages between dental health and school attendance.

The aim of the CHIP will be to harness existing efforts and align the work of multiple organizations to provide infants and children the best possible start for happy, healthy, and productive lives. In turn, these families will grow healthier and as time passes, the future generations may not have the same level of need for services in the future.

### Next Steps

The MAPP Steering Committee has identified leaders for each of the strategic areas identified, and subject matter experts will be invited to participate in the planning process to develop the CHIP. These leaders will work with the County's Public Health Accreditation Team to create the CHIP. Once the plan has been developed, the leaders will present it to the MAPP Steering Committee for approval. The approved CHIP will be released to the public.

## Appendices

<b>Appendix I: Acknowledgements .....</b>	<b>87</b>
<b>Appendix II: Community Health Status Assessment.....</b>	<b>89</b>
<b>Appendix III: Community Themes and Strengths/Community Dialogues Report .....</b>	<b>91</b>

## Appendix I: Acknowledgments

An undertaking of this magnitude would not be possible without the hard work and dedication of many organizations and individuals coming together. The Santa Cruz County Health Services Administration would like to recognize the following individuals that made this Community Health Assessment possible.

### **Santa Cruz County MAPP Steering Committee**

Health Services Agency

Health Services Agency, Public Health Division

Health Services Agency, Behavioral Health

Health Services Agency, Environmental Health

Health Services Agency, Clinics Division

County of Santa Cruz, Public Works Department

County of Santa Cruz, Planning Department

County of Santa Cruz, County Administrative Office

County of Santa Cruz, Board of Supervisors

County of Santa Cruz, Probation Department

Santa Cruz County Office of Education

Community Bridges

Community Foundation

Palo Alto Medical Foundation, Santa Cruz

Watsonville Community Hospital

Sutter Maternity & Surgery Center

United Way of Santa Cruz County

Salud Para La Gente

Pajaro Valley Community Health Trust

Pajaro Valley Prevention & Student Assistance

Health Improvement Partnership of Santa Cruz County

Dominican Hospital

Dientes Community Dental Clinic

Central California Alliance for Health

Area on Aging Seniors Council

First 5 of Santa Cruz

Santa Cruz Community Health Centers

Second Harvest Food Bank

Watsonville Law Center

Volunteer Center

Santa Cruz Community Ventures

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### **Community Partners Coordinating Community Dialogue Logistics**

Nueva Vista Community Resources

Community Bridges

Community Foundation Santa Cruz County

Digital NEST

Pacific Elementary School

Sunshine Villa Senior Living

Mountain Community Resources

Santa Cruz County Sheriff's Office

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## Appendix II

### Summary of Santa Cruz Community Health Status Subcommittee Meeting

The Community Health Status Subcommittee met on April 20, 2016 to finalize their selection of recommended indicators for the MAPP Steering Committee. Eleven members of the subcommittee completed an online survey prior to the meeting to rank the 111 indicators under consideration. A detailed matrix allowed committee members to prioritize each measure based on several selection criteria, including impact, worsening trend, and geographic or demographic disparities. The top two choices within each of the 12 indicator categories were reviewed and discussed. The subcommittee reached consensus on the 28 measures listed in Table 1.

**Table 1: Selected Indicators for the Community Health Assessment and Community Health Improvement Plan**

Indicator	Existing Source Report
<b>Economic Factors</b>	
% unemployed	Santa Cruz Health Status Assessment
% of households below self-sufficiency income standards	United Way Community Assessment Project
% of children <18 below 100% federal poverty level	Santa Cruz Health Status Assessment
<b>Educational Factors</b>	
% of public school 3 <sup>rd</sup> grade students tested who scored proficient or advanced on reading test	California Department of Education
% high school students who graduate in 4 years (including GED/special certificate)	United Way Community Assessment Project
% of children eligible for subsidized preschool who are not enrolled	United Way Community Assessment Project
<b>Social Environment Factors</b>	
# of homeless (one-day count)	Santa Cruz Health Status Assessment
# of people who receive CalFresh "food stamps"	United Way Community Assessment Project
% of people who feel that "the people in your neighborhood often help each other"	Santa Cruz Health Status Assessment
<b>Safety Factors</b>	
Violent crimes per 100,000 people	Santa Cruz Health Status Assessment
Substantiated cases of child abuse per 1000 children <18	United Way Community Assessment Project

Indicator	Existing Source Report
<b>Health Care Access and Quality</b>	
% insured (18-64)	United Way Community Assessment Project
Ratio of population to primary care physicians	Santa Cruz Health Status Assessment
% of population who received dental care in past 12 months	United Way Community Assessment Project
<b>Quality of Life</b>	
% who report health is excellent, very good or good	Santa Cruz Health Status Assessment
Average number of days during past 30 days when mental health was "not good"	Santa Cruz Health Status Assessment
<b>Behavioral Risk Factors</b>	
% of overweight or obese adults	Santa Cruz Health Status Assessment
% of 11 <sup>th</sup> graders who report cigarette smoking in last month	United Way Community Assessment Project
<b>Environmental Health Factors</b>	
# of air quality complaints	United Way Community Assessment Project
Average commute time to work	United Way Community Assessment Project
<b>Social and Mental Health Factors</b>	
Age-adjusted suicide rate	Santa Cruz Health Status Assessment and United Way Community Assessment Project
% who think it is acceptable for adults to provide alcohol to persons under 21, other than own children, in their home	United Way Community Assessment Project
<b>Maternal and Child Health Factors</b>	
% of births for which mother received prenatal care in first trimester	Santa Cruz Health Status Assessment and United Way Community Assessment Project
% of mothers who exclusively breastfeed at birth	Santa Cruz Health Status Assessment
% of child care center and kindergarten entrants who receive all immunizations	Santa Cruz Health Status Assessment
<b>Death, Illness, and Injury</b>	
Top 10 causes of death (age-adjusted rates and counts)	California Department of Public Health
<b>Infectious Disease</b>	
Rates of chlamydia, gonorrhea, and syphilis	Santa Cruz Health Status Assessment
Rates of measles, pertussis and other vaccine preventable diseases	Santa Cruz Health Status Assessment and United Way Community Assessment Project

**Santa Cruz County  
Public Health Department  
Community Themes and  
Strengths Assessment  
Community Dialogue Report**

Prepared by  
**Survey Research Group  
Public Health Institute**



survey research group



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We thank the 78 community dialogue participants who participated in these community dialogues, taking the time to share about the issues that are important to them and their communities. Without their willingness to share openly and honestly, and to engage in dialogue, we would not be able to develop community programs and policies to improve the health of their community.

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## Community Dialogue Report Table of Contents

Executive Summary .....	95
Report of Findings: Themes .....	97
Report of Findings: Geographic Themes .....	117
Report of Findings: Responses to County Health Indicators .....	122
Report of Findings: Written Submissions .....	125
Report Appendices.....	127
Appendix A: Community Dialogue Guide .....	128
Appendix B: Health Indicators .....	132
Appendix C: Demographic Survey .....	138
Appendix D: Written Submissions .....	140

# Executive Summary

## Introduction

The Public Health Institute (PHI) conducted a series of 11 community dialogue groups within Santa Cruz County on October 11 – 15, 2016 in the following locations: three in the Santa Cruz area, three in South County, one in Live Oak, one in Davenport, one in the San Lorenzo Valley, one in Scotts Valley, and one in Aptos. Community dialogues were open to the public and were advertised through local news outlets, flyers, and social media. Through this series of community dialogues, information was gathered to better inform the Santa Cruz County Health Services Agency's (HSA) Public Health Division of the health issues facing the community. Using a scripted interview protocol (see Appendix A: Community Dialogue Guide), PHI engaged a total of 78 participants in community dialogues. In addition, 11 residents submitted written statements to the Santa Cruz County HSA either in lieu of or in addition to attending the community dialogues.

The dialogue discussions were designed to provide local and statewide health data, listen, and gather information from community members in regard to the following topics\*:

- To understand the top health issues concerning the community;
- To understand community members' perceptions regarding possible causes of top health issues;
- To gather community members' feedback about their perceived barriers to improving top health issues;
- To understand what type of support is wanted in the community;
- To capture community members' impressions regarding health indicators selected by the Santa Cruz County HSA Public Health Division.

\*Community members' perceptions may or may not be based on scientific facts.

**Table 1. Descriptive Statistics of Participants (n=61\*)**

Age	n	Percent
Youth (<18 years)	8	13.1%
Adults (18-59 years)	31	50.8%
Seniors (≥60 years)	22	36.1%
Race/Ethnicity	n	Percent
Hispanic/Latino	14	23.0%
White/Caucasian	35	57.3%
Asian/Pacific Islander	1	1.6%
Black/African American	0	0.0%
Native American/Indian	1	1.6%
More than one race/ethnicity	5	8.2%
Other	4	6.6%
Refused	1	1.6%
Language	n	Percent
English	51	83.6%
Spanish	1	1.6%
English/Spanish	8	13.1%
Other	1	1.6%
Gender	n	Percent
Female	44	72.1%
Male	16	26.2%
Other	1	1.6%
Children Living at Home	n	Percent
Yes	16	26.2%
No	43	70.5%
Refused	2	3.3%
Public Assistance Programs	n	Percent
CalFresh	10	16.4%
CalWORKS	1	1.6%
Medi-Cal	17	27.9%
WIC	1	1.6%

\*17 of the 78 participants did not complete surveys; percentages reported represent only participants that completed the survey.

## Participant Demographics

Seventy-eight people participated in the community dialogue groups, which ranged in size from 1 to 23 participants (Table 1). Youth and adults participated in the community dialogue groups, with roughly half of participants between 18 to 59 years of age (50.8%). The majority of participants identified as white or Caucasian (57.3%), followed by 23.0% Hispanic or Latino, 8.2% more than one race or ethnicity, 6.6% other, 1.6% Asian or Pacific Islander, and 1.6% Native American or Indian. Most participants indicated that English is their preferred language (83.6%) and 13.1% preferred both English and Spanish. Most of the participants were female (72.1%). About a quarter of participants indicated that they have children under the age of 18 living at home (26.2%). Some participants indicated that their household received public assistance in the last 12 months, including Medi-Cal (27.9%), CalFresh (16.4%), WIC (1.6%), and CalWORKs (1.6%).

## Summary of Findings

The five most frequent themes discussed were substance use disorder, mental health, homelessness, food and nutrition, and public safety. Many of the themes discussed were seen by participants as issues that both directly and indirectly affect health. For instance, substance use disorder was an issue that participants felt directly impacts the health of drug users, but can also impact others around them, directly through public safety hazards such as discarded needles, and indirectly through perceived associations with violence. Participants in many dialogue groups discussed homelessness and substance use as issues that impact public safety. Other themes were mentioned that were perceived to be possible causes of health issues (e.g., lack of affordability) and barriers to health (e.g., the cost of health care, environmental exposures such as dust and pesticide exposure).

Community, described as willingness to come together and collaborate, was an underlying theme that many participants felt could be used to provide a possible solution to health issues. Many participants spoke positively of their community, feeling that Santa Cruz County is a very inviting place to live with many assets. Participants also expressed the desire to improve their community through engagement, community support, and having assets like community gardens to bring people together.

## Conclusions

The community dialogues provided an opportunity for Santa Cruz County residents to share their input about perceived health issues in Santa Cruz County. The residents relied on the Santa Cruz County HSA Public Health Division to make recommendations to policy makers, if any, to implement programs, policies, and other solutions to reduce the impact of these health issues on Santa Cruz County residents. In addition to the health issues discussed, residents also mentioned community assets, such as the tradition of coming together to work towards the common good of the community, that can be leveraged to implement solutions which will work toward improving the health of all Santa Cruz County residents.

# Report of Findings: Themes

## I. Summary of Findings

The themes that arose from the community dialogues were topics that were of great importance to participants and/or were widely discussed across community dialogue groups and among most participants. *Table 2* displays the themes, organized by the frequency with which each theme was discussed. Many of the themes discussed were seen by participants as issues that both directly and indirectly affect health. For instance, substance use disorder was an issue that participants felt directly impacts the health of drug users, but can also impact others around them, directly through public safety hazards such as discarded needles, and indirectly through perceived associations with violence. Other themes were discussed as possible causes of health issues (e.g., lack of affordability) and barriers to health (e.g., the cost of health care). Community, described as willingness to come together and collaborate, was an underlying theme that many participants saw as a possible solution to health issues. Many themes were interrelated and discussed concurrently within community dialogue discussions. In particular, four major themes were consistently brought up in relation with each other, as described below.

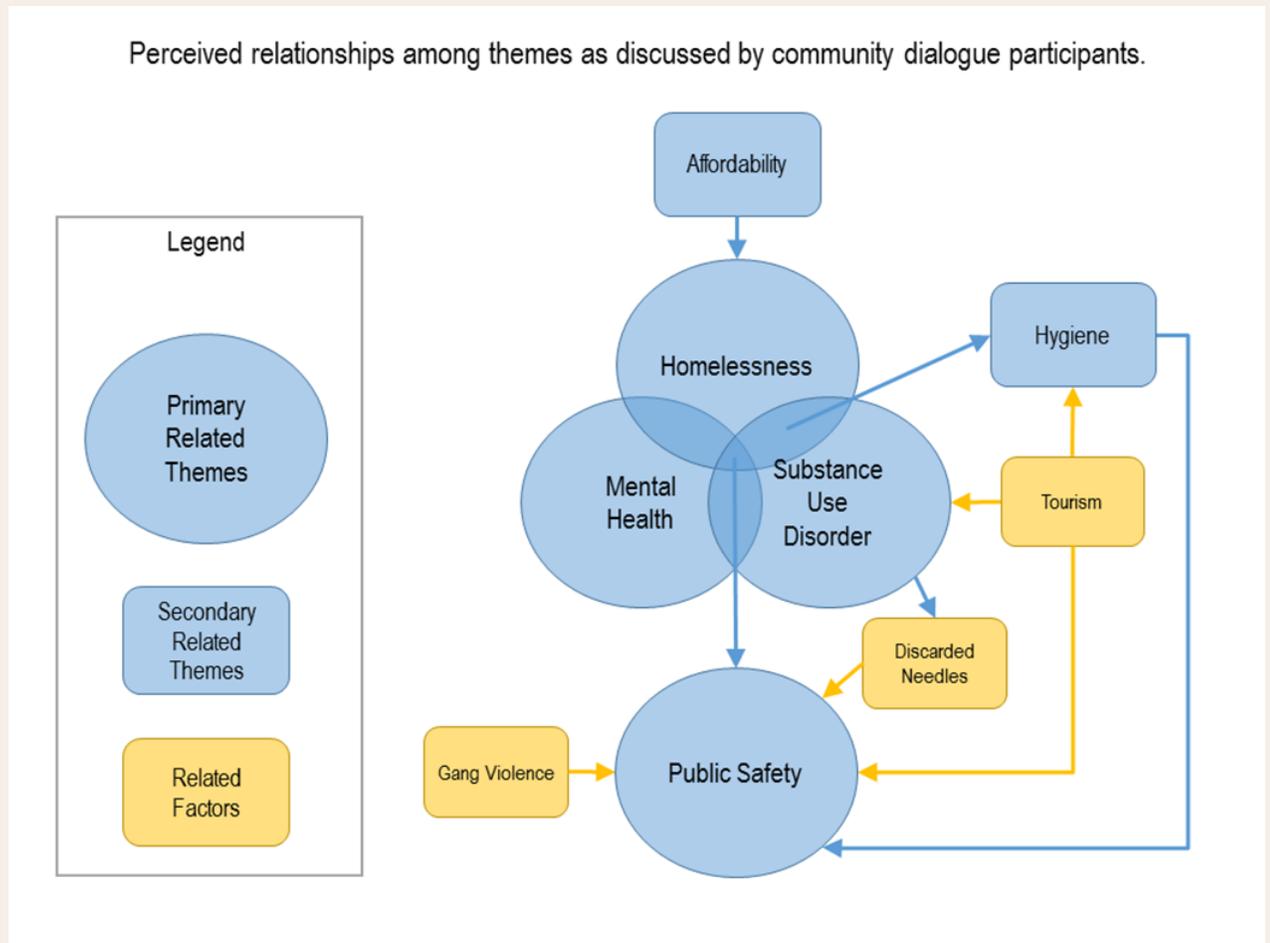
### Perceived Relationships among Themes

Substance use disorder, homelessness, mental health, and public safety were four major themes that were of great importance to nearly all of the community dialogue groups. As participants engaged in discussion, these themes were discussed in tandem as related issues that impact the health of their community. Figure 2 depicts the perceived relationship that participants described among these themes and their relationship with other secondary themes. Participants felt that substance use disorder, homelessness, and mental health are often interrelated, and all three of these issues impact public safety. For example, a common public safety concern discussed among participants was perceived lack of access to safe and clean public parks and open spaces. Because such spaces are often inhabited by homeless populations, participants felt that many parks are not safe to visit. Participants described drug use, discarded needles, public urination and defecation, and violence as some of the issues that impact public safety and are related to these major themes. Each of these themes is described in greater detail below, including further discussion of the perceived relationships among these themes.

***Table 2. Themes by Frequency of Discussion***

1.	Substance Use Disorder
2.	Mental Health
3.	Homelessness
4.	Food and Nutrition
5.	Public Safety
6.	Affordability
7.	Health Care
8.	Community
9.	Physical Activity
10.	Chronic Conditions
11.	Hygiene
12.	Environmental Exposures

Figure 2. Diagram displaying the perceived relationships among themes as discussed by community dialogue participants.



## II. Themes

### Substance Use Disorder

Substance use disorder was widely discussed and emphasized as a health concern in almost every community dialogue group. One of the primary concerns discussed among community dialogue groups was the lack of programs and services that address both mental health and drug or alcohol addiction. Participants believe that substance use may be more common as a coping mechanism among individuals suffering from mental illness. Participants described self-medicating or turning to drugs or alcohol as unhealthy solutions for handling stress, unhappiness, and depression. One participant from the Salvation Army community dialogue felt that people are often labeled or judged as ‘drug users’ and little is done to help them by addressing mental illness, which the participant felt was the root cause issue. Participants expressed that people suffering from both mental illness and substance use disorder often go undiagnosed and untreated. In one community dialogue group, participants discussed the work being done by faith-based organizations to try to address these issues, but felt that there is not enough support from other sectors. Another group talked about the importance of love, which they defined as acts of kindness toward others, as a key solution to addressing issues such as substance use disorder and mental illness.

Substance use disorder was also discussed at length in relation with homelessness, including injection drug use and drinking alcohol in public spaces such as parks. Participants reported not feeling safe in parts of their county, such as downtown Santa Cruz, and shared their experiences seeing homeless individuals drunk or passed out in parks, engaging in fights, and verbally accosting passerby. Furthermore, participants felt that many homeless individuals are also drug users, contributing to the magnitude of substance use in Santa Cruz. During the discussion, it became clear that the connection between these issues – substance use disorder and homelessness – was a perceived cause of participants’ public safety concerns, as is depicted in Figure 1. Participants also talked about substance use related to violence and fighting, which presents a direct threat to public safety.

*“For us it’s a huge issue for Santa Cruz city schools. We have the community at large [homeless individuals] that tends to invade our school campuses in the evening because we have homeless issues and normally drug abuse and homelessness kind of go hand in hand in Santa Cruz and leads to other things.” – Community Dialogue Participant, Community Foundation Santa Cruz County, Aptos*

Substance use disorder among youth was of great concern in some community dialogue groups, including discussion about youth exposure to drugs. Participants shared that drug dealers enter school campuses, making drugs accessible to youth. Additionally, a few groups discussed drug and alcohol use near schools and in parks as a concern, exposing and potentially introducing drugs to youth. In addition, participants noted a lack of parental supervision for youth at public places like parks as a contributor to this issue. Participants during a community dialogue group in Felton discussed at length their concern that more services and programs are needed to prevent youth from using drugs. A lack of healthy and affordable activities, along with geographic isolation due to lack of public transportation, were cited as possible causes for youth experimenting with drugs. The participants in Felton talked about the barriers that prevent youth from engaging in sports and other extracurricular activities, including the need for transportation, high membership costs, and the competitiveness of joining. They also discussed the mental health issues created by academic pressure as possible precursors to drug use.

*“It’s that gateway of kids not having positive activities to keep them focused on positive goals. It’s not having enough time. Having a little depression or mental health [struggle] and wanting to make yourself feel better, there’s nothing else to do.” – Community Dialogue Participant, Mountain Community Resources, Felton*

Alcohol use was discussed at length in relation with poverty by one participant in Watsonville. This participant expressed concern that alcohol is a social disease, meaning that individuals consuming alcohol negatively influence those around them, including children who witness them consuming alcohol. High costs of living and immigration issues were discussed as possible reasons for alcohol use.

*“I think that it’s first hand at home. I have witnessed people who work in the fields. Every day after work they buy themselves a 12-pack. If the weekend gets there, it’s all day sometimes. Family is around, it’s not like they make a distinction because they live in small quarters; there is no privacy and there is a total direct exposure with the kids seeing that pattern of life.” – Community Dialogue Participant, University Cooperative Extension Santa Cruz County Auditorium, Watsonville*

Many participants felt that alcohol and drug use is a key issue within downtown Santa Cruz. One community dialogue group described high rates of public drinking by tourists during the summer months when tourism is high. They felt that this negatively impacts their community by threatening public safety. They also described accumulation of vomit and garbage in their public spaces and parks, hygiene concerns that they believed result from drunkenness. Another group talked about injection drug use on the beaches and in the bathrooms near the Santa Cruz Boardwalk as a primary health concern.

*“There are people [injecting drugs] in the bathrooms in Santa Cruz near the Pier, near the Boardwalk, there’s all kinds of needles throughout the bathrooms and on the beach. There’s people literally shooting up on the beach where it’s not the most sanitary place to even do that.” – Community Dialogue Participant, Salvation Army, Watsonville*

A couple of community dialogue groups in Watsonville talked about the relationship of gang violence and substance use. They felt that gang violence was a top health concern associated with substance use, having witnessed fights and felt personally threatened because of drug use taking place in public spaces in Watsonville, particularly among gang members.

Many community dialogue participants discussed personal experiences finding used, discarded needles from injection drug use in public places, and the threat that this issue poses to public safety. A couple of groups talked about injection drug use and homelessness in the levee, a place where they felt discarded needles have been a major issue in the past. Both groups expressed appreciation for the work the police has been doing to clean up the levee and thereby improve public safety. Participants also talked about needles being found in public parks, on beaches, on neighborhood sidewalks, and in parking lots. Participants expressed fear of being stuck by a needle and the great risk this poses for infection with communicable diseases such as HIV. Participants also referenced the burden that discarded needles pose for public safety officers, who must often respond to properly dispose of discarded needles that are found in public places. They expressed the great need within the county for additional measures to contain this problem, including taking preventive measures such as providing additional rehabilitative services, as well as direct measures such as increasing the number of needle disposal bins available within the county.

*“It’s really crazy. It’s basically killing people. If you sit down in the levee, and a needle is there that is dirty, next thing you know you have HIV.” – Community Dialogue Participant, Salvation Army, Watsonville*

*“It impacts our community when we are finding needles. Finding needles at my son’s taekwondo studio. Finding them in parks; someone found them in the planter boxes at Toys R’ Us today. They’re unavoidable.” – Community Dialogue Participant, Scotts Valley Senior Center, Scotts Valley*

A few participants discussed the County of Santa Cruz Syringe Services Program (SSP), citing their concerns about the exchange rate of needles and the need for rehabilitation services for drug users. For example, one participant whose friend is an injection drug user shared the belief that when injection drug users have access to more than one needle, they are likely to be careless and discard of their needles inappropriately. This participant expressed concern that the SSP needs to enforce a one-to-one exchange ratio for needles as a solution for addressing the public safety issue of discarded needles. Additionally, participants of this group talked about the need for rehabilitation counseling and services in order to discourage injection drug use. They felt that injection drug users should be required to attend rehabilitation in order to participate in the SSP program.

*“To me it seems like every time you get a needle, you should be offered drug rehabilitation services. You should have to sit through a lecture. It should not be this easy.” – Community Dialogue Participant, Scotts Valley Senior Center, Scotts Valley*

## Homelessness

Homelessness was a topic of discussion in nearly every community dialogue group related to concerns about public safety, hygiene, and the need for programs and services to address poverty. The high cost of living in Santa Cruz County was discussed at length as a possible reason for the large number of homeless individuals. Participants shared that low-income groups struggle to find affordable housing and have to resort to living out of vehicles, garages, and other alternative forms of shelter. This was thought to be a concern for college students and low-income workers whose income is insufficient to cover the cost of housing in Santa Cruz County. A few participants talked about low-income families being evicted from their housing as rent costs increase, placing them at risk for homelessness.

In some groups, participants expressed concern that homeless individuals are coming into Santa Cruz County from other areas of California. They felt that this may be the case because Santa Cruz is an attractive place to live with a temperate climate. One participant shared hearing about a free bus that transports homeless individuals into Santa Cruz from other regions.

While groups expressed that homelessness impacts Santa Cruz County as a whole, many groups expressed that the city of Santa Cruz is most burdened, particularly in the downtown area. They expressed the need for resources in other parts of the county to help alleviate the city of Santa Cruz, including additional social service programs supported countywide.

*“It would be nice if there were some public camping areas. When I drive through town... all along the public library downtown there are tents and sleeping bags and just people all the way around, at city hall, in doorways of restaurants.” – Community Dialogue Participant, Scotts Valley Senior Center, Scotts Valley*

In most community dialogue groups, homelessness was described as an issue associated with health and public safety concerns. Participants felt that mental illness and substance use among the homeless populations pose public safety risks, causing residents to avoid parts of the county such as parks and downtown Santa Cruz where the homeless camp. Accumulation of garbage and human body waste in public spaces where the homeless camp was described as a great hygiene concern that impact businesses and limits the community's access to parks and other public places. One participant shared about her recent experience trying to visit the public library in downtown Santa Cruz with her children. She described having to walk past a homeless man who was yelling and cursing as they entered the library. Upon leaving, her child wanted to get a drink of water from the nearby drinking fountain but was warned not to drink the water because the fountain is used by homeless individuals for bathing. She shared that these experiences make her avoid downtown Santa Cruz. Another concern expressed by some participants is the spread of communicable diseases among the homeless population, which can then be spread to the larger community.

*“People defecating in public. Hygiene issues. My sister has seen it driving down Ocean Street, the main thoroughfare of Santa Cruz.” – Community Dialogue Participant, Scotts Valley Senior Center, Scotts Valley*

*“[I] notice a lot of homelessness, which brings its own set of health issues. A lot of substance abuse disorder and mental health issues.” – Community Dialogue Participant, Mountain Community Resources, Felton*

*“[Homelessness is] definitely a health issue, not only affecting the health of the people that are enduring homelessness, but also of the community at large...Their health declines, people don't feel safe about having them around.” – Community Dialogue Participant, University Cooperative Extension Santa Cruz County Auditorium, Watsonville*

Most community dialogue groups articulated the need for more countywide resources to be dedicated toward supporting homeless individuals. Specific services that participants felt were needed include programs to treat mental illness, programs to treat drug addiction, and free health clinics. Another great need discussed in most community dialogue groups was for affordable housing developments, to not only provide housing for low-income individuals but also to prevent homelessness. Examples of existing programs to address homelessness were discussed, including Santa Cruz Project First and The Homeless Persons Health Project. Such programs were described as being excellent resources for the homeless, providing them access to housing and healthcare along with referrals to further assistance.

Participants also discussed how programs such as The Homeless Persons Health Project help raise awareness and counter stereotypes about homeless individuals. Two community dialogue groups discussed the stigma associated with homelessness and the need for more of the community to help the homeless. In contrast, participants at other community dialogue groups expressed the desire to help the homeless but uncertainty about what could be done to help.

*“One part of our society that puts the homeless down and closes doors on them. While there's the other part that's doing the best to open doors for them.” – Community Dialogue Participant, Santa Cruz County Sheriff's Community Room, Santa Cruz*

Mental health was discussed during several of the community dialogue groups as a top health issue within Santa Cruz County. Many groups articulated that mental illness may be a particular concern for the homeless population. At the Salvation Army community dialogue group, participants who identify as homeless expressed concern about stress associated with not being able to afford basic living expenses, living in stressful conditions (such as outside or at shelters), and being exposed to crime and violence. They felt that these issues are potential causes of mental illness, which may affect homeless populations to a greater degree due to their living conditions. Other community dialogue groups also discussed stress as an important mental health concern that they felt could be related to a range of factors, including, for example, academic pressure among youth and the high cost of living in Santa Cruz.

*“The economy, situation living, the crime rates, domestic violence, and all the crap that’s out there. There is a whole lot of stress out there.” – Community Dialogue Participant, Salvation Army, Watsonville*

Another topic of discussion was the perceived relationship between mental health and substance use disorder. Many participants expressed the belief that individuals with mental health issues may use alcohol or drugs, including prescription drugs, as a coping mechanism. Participants felt that individuals suffering from both mental illness and addiction to substances have a particularly difficult time accessing treatment and that more services are needed to address these issues concurrently.

Within the topic of mental health, one community dialogue group in Felton brought up mental health issues among youth in particular. Possible causes for mental illness, depression, and suicide among youth that were discussed included academic pressure, lack of affordable and healthy activities for youth to engage in, and isolation. Participants expressed that isolation was an issue relating to the built environment of their community, which they described as being spread out geographically with little ability for individuals to get around without a personal vehicle. Possible solutions for this issue that were mentioned included improved public transportation and additional safe places for youth to congregate such as activity centers.

Suicide was discussed as a major concern in several community dialogue groups, with many participants sharing personal experiences with suicide among family, friends, neighbors, and acquaintances. Participants expressed that suicide is an issue that is often stigmatized and needs to be more openly discussed in order to be addressed.

*“I think [suicide] happens more than people realize. It’s the untalked about thing that happens. It’s more common than most people would think.” – Community Dialogue Participant, Community Foundation Santa Cruz County, Aptos*

In most community dialogue groups, participants expressed that there is a great need for further mental health services to address mental illness and suicide prevention. Many groups discussed the need for counseling services for both adults and youth. One participant in Aptos presented a program proposal to provide a suicide prevention support group in collaboration with the county and expressed the need for the county to collaborate with such efforts in order to expand access to group support services. Another participant in Watsonville expressed the need for patients to be referred to counseling services rather than only being prescribed medication to treat mental illness.

*“It’s not just medicating, it’s listening. Because a lot of these psychiatrists and therapists are just medicating and not listening. It’s taking the time to listen because a lot of these people are just trying to meet somebody to talk to.” – Community Dialogue Participant, Salvation Army, Watsonville*

Many community dialogue groups felt that improvements in addressing mental health within healthcare are needed. One participant in Scotts Valley presented a program proposal to train clinicians to properly assess and manage patients with depression and suicidal thoughts, as an important suicide prevention effort. This participant felt that a major barrier to suicide prevention is the presence of fragmentation within the healthcare system, including the lack of standardized training and best practices for providers to address suicide; lack of communication between providers and the county’s Behavioral Health Division; and lack of standard emergency medical record systems that could facilitate tracking of patients who may be at risk for suicide.

*“The issue with suicide, is the lack of an adequate mental health delivery system. When there is no communication between the primary care doctor and the mental health person, and there is no suicide specific treatment or comprehensive system or only see the psychiatrist or mental health professional for fifteen minutes and given an anti-depressant and maybe something like Xanax or Valium, and sent home, that’s not adequate mental health.” – Community Dialogue Participant, Scotts Valley Senior Center, Scotts Valley*

Another community dialogue participant in Felton expressed the need for services that specifically address mental illness and suicide prevention among youth. This participant shared that youth are often referred to services outside of the county, particularly for emergency services to prevent suicide, which may be cost-prohibitive. Additionally, the community dialogue group in Felton discussed how household income and access to Medi-Cal impacts access to mental health services, with participants feeling that low-income households may have better access to mental health services for youth than households that are just above the poverty thresholds that make them eligible for services.

*“One thing that I think is important that is lacking in Santa Cruz County in general is there is no psychiatric health available for children or teenagers, and the rate of suicide and depression amongst teenagers is so high. What happens if you are struggling as a parent with a teenager who is suicidal or depressed, or having anxiety is you get to a point where they are desperately in need of help right away, and the only thing you can do is basically have a Sheriff put them in an ambulance and drive them to San Francisco, where they get put on a 3-day stay – which is ridiculous.” – Community Dialogue Participant, Mountain Community Resources, Felton*

Public safety was a major concern discussed in nearly all of the community dialogue groups, both directly and in relation to other themes. Many dialogue groups discussed homelessness and substance use as issues that impact public safety. For example, groups shared that homelessness impacts them by contributing to the spread of communicable diseases and deterring them from accessing the community's parks and public spaces, which participants considered to be public safety issues. Substance use is also considered a public safety concern due to participants' perceptions that it is associated with violence, crime, and discarded needles from injection drug users, which pose direct safety risks to the community. Further discussion of how homelessness and substance use are perceived to impact public safety can be found in the previous sections, Homelessness and Substance Use Disorder.

*"We need to focus as the county on mentally ill and drug addicted. Both of those issues affect me on a daily basis." – Community Dialogue Participant, City of Santa Cruz Police Community Room, Santa Cruz*

*"I get scared to take my kids to the beach because there have been numerous needle sticks." – Community Dialogue Participant, Scotts Valley Senior Center, Scotts Valley*

One public safety threat that was discussed among several community dialogue groups was crime, which came up as an issue in downtown Santa Cruz in particular. Some participants felt that crime in this area was related to the large volume of traffic and tourism that comes through this area on a regular basis. Others felt that it could be related to substance abuse, with drug addicts stealing in order to have money to purchase drugs. In one community dialogue group, a participant who lives in downtown shared about personal experiences having her property stolen. Other community dialogue groups talked about substance use and physical violence within downtown Santa Cruz. In one community dialogue group, participants who reside in downtown expressed that many residents do not trust public safety officers and aren't likely to involve the police when crimes take place, creating a barrier to preventing public safety threats. One possible reason for this barrier was that many residents may be undocumented and may fear that contacting the police puts them at risk.

In Watsonville, participants in community dialogue groups discussed physical violence and gang activity as particular public safety threats. Participants shared personal experiences feeling threatened by gang members and feeling unsafe going out at night in their community. One participant felt that by comparison, public safety was better within Santa Cruz, while Watsonville had more gang activity that prevents residents from enjoying their community. Participants felt that solutions such as better street lights, better cross walks, designated walking and biking paths, and more public transportation may help to make residents feel safe and increase use of public spaces.

*"There was a group of young men outside in the parking lot, and in broad daylight they were...it was very obvious that they were part of a group [gang], they were dressed in red, they were doing drugs right there in the parking lot and they weren't hiding it...I happened to be wearing burgundy, it was very frightening [because burgundy is a color affiliated with gangs here], because I didn't know what to do." – Community Dialogue Participant, Digital Nest, Watsonville*

In Davenport, one community dialogue group discussed specific public safety threats that impact their community relating to hygiene. They described issues regarding garbage, public urination and defecation, illegal camping, and illegal fires as hazards within their community. This group was also concerned about the lack of public safety enforcement in Davenport, which they felt could help deter many of these issues.

Participants expressed that public safety impacts health in a number of ways; for example, by impeding community members' ability to access public spaces and engage in physical activity. Many participants expressed feeling afraid to go certain places, such as downtown Santa Cruz, due to the large number of homeless individuals and potential physical violence. In one community dialogue group in Felton, a participant shared that the elderly are afraid to go to downtown Santa Cruz, citing mental illness among homeless individuals as an additional concern. Garbage, human waste, and discarded needles from injection drug users were also discussed as issues within parks and public spaces that pose public safety threats, particularly with regard to communicable diseases. Participants shared that they are afraid to take their kids to the beaches, parks, and downtown areas due to these public safety risks. Of note, not all participants felt that public safety was a top concern within their community, and a few participants shared that relative to other places, they felt that Santa Cruz was a relatively safe community.

*“In order for our community to be healthier our residents and our community members, and particularly our young people need to feel safe, because there is a lot of violence. When you don't feel safe walking outside in your neighborhood, or if you have to walk to school and you're stopped several times by scary people who are asking you to join their group [gang], how do you become healthy in that environment? I think that to focus on public safety it can get to the root cause of what's going on...providing lights at night, having that infrastructure, and talking about violence as a public health issue, so that we can address it as a public health issue, so that we can focus on healing.” – Community Dialogue Participant, Digital Nest, Watsonville*

## Affordability

Affordability was a theme that came up across community dialogue groups in relation to health issues. Many affordability issues were discussed, including high housing and living costs, lack of affordable healthy activities, qualifying income thresholds for public assistance programs and health services, and lack of affordable healthcare.

One key affordability issue that participants discussed was the high cost of living in Santa Cruz County. Specifically regarding housing costs, participants in most community dialogue groups talked about a lack of affordable housing as a barrier, potentially contributing to the large homeless population in Santa Cruz. One participant in Aptos talked about high home prices, explaining that there are no longer homes that would be considered a “fixer-upper,” making home ownership very difficult to achieve within the county. Participants also discussed issues such as lack of housing for college students, requiring them to live in crowded or non-traditional living situations, such as converted garages. Similar to this topic, participants in a few of the community dialogue groups expressed that displacement due to high housing costs is driving families out of the county or into homelessness. Other participants talked about the need for more high-paying jobs in order to keep students from moving after completing their educations. One possible contributor to these trends that was discussed in some groups was the influx of wealthy households moving into Santa Cruz County from Silicon Valley, which participants felt may bring wealth into the county but also results in higher living costs.

*“There are a lot of different people that are being forced out that are on low income. A lot of people that are suddenly displaced and have to figure out what to do and how to make ends meet, if they will stay or if they will go, and where else they can go.”*

*– Community Dialogue Participant, Mountain Community Resources, Felton*

During a few community dialogue groups, participants discussed the lack of affordable healthy activities within their communities as barriers to health. For example, participants in Felton talked about the high cost of competitive sports and extracurricular activities. Without affordable activities available to youth, participants felt that youth were more likely to engage in unhealthy activities such as substance use or to suffer from mental health issues such as depression.

*“Back then there was so much more outreach with public schools. It’s so frustrating that you don’t see this anymore. There is a division, a real economical division. There’s the haves and the have nots. It’s really sad to me. Choices are very limited here.”*

*– Community Dialogue Participant, Mountain Community Resources, Felton*

In most community dialogue groups, participants discussed issues related to eligibility for public assistance programs and health services. For instance, one group discussed at length the contrast in health services available to households with Medi-Cal versus households that did not qualify for Medi-Cal, feeling that households that did not qualify still could not afford medical care but were not eligible for any assistance. Similarly, other groups talked about the issue with federal poverty level cut-offs, feeling that these thresholds leave many households without access to services that they need in order meet basic needs. Many groups expressed that there is great economic division within the county, with both very wealthy and very poor households.

*“You definitely have your upper class and your lower class, very few middle, because you just can’t afford to live in the middle here. Between rent, to buy a home, especially if you’re [a] young family starting out, unless you have family money, you can’t buy a home here.” – Community Dialogue Participant, Community Foundation Santa Cruz County, Aptos*

There was much discussion regarding affordability as a barrier to healthcare for residents. Participants discussed Medi-Cal as a resource for low-income households, feeling that low-income households may actually have better access to services such as mental health programs compared to households that do not qualify. In one community dialogue group, a participant shared that medical costs can be very high in Santa Cruz County. This participant felt that a lack of coordinated care contributes to this issue, giving an example of how patients are billed separately by each provider they see which the participant perceived as possibly resulting in higher total costs. Participants felt that a lack of affordable healthcare is a barrier that could prevent individuals from seeking much-needed preventive care.

In most community dialogue groups, affordability was discussed as a key issue related to stress that impacted overall health. Many groups discussed the idea that stress affects individuals’ mental health as well as risks for chronic diseases. In one community dialogue group, a participant who identified as being homeless shared that affordability was a key aspect of a healthy community. When asked what a healthy community looks like, this participant shared that a community like Menlo Park is healthy, explaining that access to money and resources enable people to live without stress and to be happy and healthy

Discussion about the quality of health care in Santa Cruz County came up during most community dialogue groups, particularly regarding the need for improved access to care. As discussed in the Affordability section, participants felt that the cost of health care was a barrier within their community. Some participants felt that inadequate health insurance may impact individuals' ability to seek quality healthcare, limiting the doctors available to them and making services unaffordable. One participant shared about issues related to billing and the lack of unified healthcare systems in the county, describing these issues as barriers for individuals seeking care.

*"I went to the emergency...I would rather kill myself rather than get that bill, there was no reason to live anymore. Kaiser didn't have contract agreement between the two hospitals. Then if I cried a little bit, it went from \$8,000 to \$800, just like that. Part of the problem was that everyone who saw me there, from the person who checked me in, to the doctor, to the radiologist, to the person that checked my pulse, they are all contracted, so they have their own billing. So you solve one problem, you have 15 more to deal with. All I had was a sprained knee. Staggering costs if you have to go to near the hospital." – Community Dialogue Participant, Community Foundation Santa Cruz County, Aptos*

*"The money is the biggest issue. So, I just wish we can give people a better chance, a better medical care because there's a lot of sick people that can't afford that stuff or don't have rides to take them to the place." – Community Dialogue Participant, Pacific Elementary School Community Room, Davenport*

Other issues that participants discussed include a lack of providers and choices within the healthcare system. Many community dialogue groups felt that doctor caseloads are too high, making it difficult to be seen by doctors in a timely manner. Additionally, one participant felt that the availability of specialists, such as geriatric care physicians, was limited in Santa Cruz County. A few community dialogue groups discussed the lack of choices in hospitals and health care centers. Many groups expressed the need for additional clinics, particularly those providing services for low-income or homeless individuals.

*"Insufficient resources. On a personal and macro-level. Like personally you don't have access to health care, then you're going to have issues that are going to go undiagnosed or you won't have the proper treatment."- Community Dialogue Participant, Santa Cruz County Sheriff's Community Room, Santa Cruz*

*"A lot of my staff, especially part time staff are concerned with medical coverage. Just because the doctors are limited. There are certain doctors that belong to certain groups and only see their group patients. It can be bothersome for [my staff], especially when they don't feel good and need to see someone." – Community Dialogue Participant, Community Foundation Santa Cruz County, Aptos*

Many community dialogue groups shared about healthcare services available for low-income individuals which they felt are assets within their community. One community dialogue group described the Los Dientes program in Watsonville which provides basic dental care for low-income residents. The Homeless Persons Health Project was also discussed at a couple of community dialogue groups as a resource that provides healthcare to homeless individuals. Another community dialogue group discussed the idea of establishing a system for individuals to donate money toward other individuals' health insurance and healthcare cost, expressing the need for the community to step up with solutions toward removing healthcare barriers. In contrast, some community dialogue groups expressed that low-income households may have better access to healthcare; for example, participants in one group felt that Medi-Cal provides households with access to more mental health services, while households without Medi-Cal must seek care outside of the county. Participants in a few groups expressed the concern that households just above the poverty thresholds have no services available to them to make healthcare affordable because they do not qualify for government programs but cannot afford to pay out-of-pocket for services.

### **Food and Nutrition**

Food and nutrition were important topics in the discussion of health in nearly all community dialogue groups. Participants felt that having access to healthy foods is an important aspect of a healthy community and is a strength of Santa Cruz County. Specifically, participants cited the culture of the community as one that embraces healthy, organic, and sustainable foods. They also felt that the community has a strong awareness of the importance of nutrition and healthy eating. Most community dialogue groups felt that healthy foods are highly accessible across the county, with many farmers markets and grocery stores that sell fresh produce and other healthy food items. However, many participants felt that the cost of healthy foods may be a barrier for low-income households within the county. In some community dialogue groups, participants referenced existing resources such as the Second Harvest Food Bank, Gray Bears' Brown Bag Program for seniors, and other local non-profits that provide low-income households access to healthy foods. One participant in downtown Santa Cruz talked about a local food pantry and expressed that while such resources are appreciated, there is stigma associated with accepting food assistance, which may be a barrier for low-income households.

*“Depending on the income status of the family, it is sometimes easier and cheaper to get fast food.” – Community Dialogue Participant, Santa Cruz County Sheriff's Community Room, Santa Cruz*

*“I think the levels of poverty. A lot of people cannot afford buying more quality food and it's the thing about accessing it. In other ways also, probably the misinformation. A lot of migrant families that come here, if they didn't have the meat before they will take advantage and eat it here.” – Community Dialogue Participant, University Cooperative Extension Santa Cruz County Auditorium, Watsonville*

Participants in some community dialogue groups expressed concern about limited access to healthy foods in their communities. In particular, healthy food access was discussed as a concern in downtown Santa Cruz, Watsonville, and Davenport. Residents of these communities reported observing an increase in fast food restaurants and easy access to processed, high-calorie, unhealthy foods within their communities.

*“A lack of access to affordable [healthy] foods...we’re in a location of food desert. There’s no access to that. And it’s unfortunate because Santa Cruz County offers a lot of food markets, have a lot [of] organic food stores, but [these stores are] located in the downtown area and they’re not affordable.” - Community Dialogue Participant, Nueva Vista Community Resources, Santa Cruz*

Participants also discussed possible barriers to healthy eating, including the cost of healthy foods, lack of time for cooking, and lack of food preparation knowledge. A few community dialogue groups discussed perceived concerns about stigma and lack of awareness which may impact utilization of SNAP/EBT at grocery stores and farmers markets. One group felt that this may be due to language and/or cultural barriers. Participants’ concern about unhealthy foods was linked to concern about chronic diseases such as obesity, diabetes, and heart disease. One participant expressed concern about the potential health effects of chemicals found in processed foods. In most community dialogue groups, concern was expressed regarding the need to ensure that youth are consuming healthy diets in order to prevent early development of obesity and diabetes.

*“We got another McDonald’s in town. You look around and it’s full of pizza parlors. That’s where the parents take the kids because the kids like that. After a week of working, they feel guilty and they want to give the kids whatever they can give them. It’s a vicious cycle.” - Community Dialogue Participant, University Cooperative Extension Santa Cruz County Auditorium, Watsonville*

## Chronic Conditions

Most of the community dialogue groups brought up diet-related chronic conditions such as obesity, diabetes, and heart disease as health concerns. Possible factors that participants felt were associated with these conditions included lack of physical activity, healthy eating, and knowledge about living a healthy lifestyle. Participants were primarily concerned about obesity and diabetes risk among youth, and felt that there is a need for further access and opportunities to engage in physical activity and to ensure that youth are eating a healthy diet. Poverty was discussed as a possible barrier that prevents families from being able to afford healthy foods. Additionally, the cost of competitive sports and gym memberships, along with the lack of safe public spaces, were possible reasons why physical activity may not be accessible. Participants felt that further programs and resources are needed to provide access to healthy foods, improve utilization of SNAP/EBT, and improve nutrition education and awareness.

*“Diabetes is on the growth [sic] across the United States, not just here. I think that diabetes is a growth [sic], even in our younger society. Kids are exposed to processed foods more. Years ago we would grow our food, grandma made food, mom made food... [Now] there is more fast food, more convenience food. It affects our youth, it affects our adults even as well.” – Community Dialogue Participant, Community Foundation Santa Cruz County, Aptos*

In contrast, a few participants expressed that chronic conditions such as obesity are not a concern in Santa Cruz County relative to other communities, instead feeling that conditions like obesity are nationwide issues but that they are not top concerns within Santa Cruz County. However, participants did feel that there are pockets within the county where obesity and other chronic conditions may be of greater concern, including areas where access to healthy foods and physical activity opportunities are limited.

*“I don’t necessarily think obesity is an issue [here]. I think [it’s a] systemic issue.” - Community Dialogue Participant, Santa Cruz County Sheriff’s Community Room, Santa Cruz*

Discussion about physical activity as an important aspect of health came up in most of the community dialogue groups, with some participants expressing that access to physical activity is a strength of the community. One participant in Aptos shared that bike trails are an asset, enabling people to stay physically active and have an alternate means of transportation. Participants in one of the community dialogue groups described having a lot of opportunities to do physical activity, including hiking, biking, and water activities, but they felt that it's a personal choice to prioritize physical activity. Another group in Santa Cruz talked about a bike program that teaches kids how to ride bikes and gives them a bike once they complete the program. Such resources were expressed as being a very important part of preventing chronic conditions. Having access to safe, open spaces and opportunities to be outdoors and engage in physical activity were important elements of what many participants felt contribute to a healthy community.

In contrast, many community dialogue groups felt that important barriers need to be addressed in order to increase access to physical activity. For instance, a group in Watsonville expressed that their community lacks access to safe spaces for exercise, sharing a story about how they once played soccer in a tennis court because it was the only well-lit place they could think of to use and were told to leave by police. They felt that such barriers, in combination with safety concerns related to gang activity and crimes near parks, make it difficult to find opportunities to be physically active. They stressed that their community needs more bike lanes, walking paths, and crosswalks to promote activity.

*“We were trying to play soccer and there’s no field with lights anywhere, at least not during the night we can’t go to the parks, they’re closed. So there’s a tennis court that has lights behind Ramsay...and we were there for a while until the cops showed up. So they were trying to kick us out because we were playing soccer in the tennis courts...but the thing is, there’s no access for us to go anywhere at that time of day.” – Community Dialogue Participant, Digital Nest, Watsonville*

Similarly, many community dialogue groups felt that fear was a big barrier to physical activity, with participants in many groups citing concerns such as substance use, violence, and hygiene as issues that prevent them from enjoying beaches and parks. This concern was expressed among participants in downtown Santa Cruz, who felt that their community needed physical activity classes and resources such as basketball courts or soccer fields in order for youth to be more active. In Felton, participants cited the high cost of youth sports as a barrier to physical activity, and expressed the need for more community centers with free activities available for youth. Additionally, some participants felt that more physical activity and outdoor activities are needed in schools.

*“In the school systems...there’s a very big lack of physical education and outdoor accessibility...A lot of them would prefer to force their time more into learning about computers and technology and furthering education in that perspective, rather than allowing their kids to be kids and continue being outside.” – Community Dialogue Participant, Digital Nest, Watsonville*

In most community dialogue groups, participants spoke of the importance of community and collaboration as strengths and solutions for addressing health issues. Many participants spoke positively of their community, feeling that Santa Cruz County is a very inviting place to live with many assets. For instance, many groups discussed the strong culture within Santa Cruz that embraces healthy eating. Participants also expressed the desire to improve their community through engagement, community support, and having assets like community gardens to bring people together. For example, participants in two dialogue groups based in housing developments discussed the importance of community events and resources that help bring their residents together. One expressed the desire for more programs that promote physical activity and healthy eating, in order to build trust and promote health. Most community dialogue groups felt that coming together as a community is an important aspect of a healthy community. Some participants expressed the view that love, defined as acts of kindness toward others, is what helps to bring communities together in creating solutions.

*“Putting out programs to kind of have communities to get to know each other...create a bond with one another to have that trust.” – Community Dialogue Participant, Nueva Vista Community Resources, Santa Cruz*

In some groups, participants felt that further work is needed to bring the community together. They described their community as being segmented, with certain groups such as migrant workers being isolated from others. Other groups talked about the need for more empathy and compassion toward others in order to build a sense of community. Overall, participants felt that community involvement and integration would help improve the health of their communities.

Another area for improvement that most groups discussed was the need for better communication and collaboration at an institutional and systemic level. Participants felt that opportunities were being missed for organizations working toward common goals to come together. Many participants felt that solutions to health issues, such as the need for improved nutrition and physical activity, could be implemented more effectively through collaborative efforts between school districts, community organizations, and the county. One particular concern that was expressed in many groups was how bureaucracy interferes in collaboration and progress. For instance, some participants expressed the desire for the Department of Public Health to collaborate more with the Behavioral Health Division in order to tackle issues such as suicide prevention. Participants expressed the desire for more community events to be held, such as health fairs and town hall meetings. Additionally, many participants expressed appreciation for the community dialogue groups and felt that such efforts should be continued.

*“The county needs to step up. The county needs to realize the impact on our city. The city of Santa Cruz really needs help.” – Community Dialogue Participant, City of Santa Cruz Police Community Room, Santa Cruz*

Hygiene was a topic of discussion among participants in about half of the community dialogue groups, where participants described concerns in their communities regarding garbage, public urination and defecation, and other sanitation concerns that impact public safety. This topic came up as an issue that mostly affects downtown Santa Cruz as well as Davenport. In both communities, participants expressed the need for more public restrooms in order to prevent people from urinating and defecating in public spaces. In downtown Santa Cruz, participants described the need for more restrooms in order to accommodate the homeless and tourists, as well as the need for parks to have accessible restrooms for youth. In Davenport, participants talked at length about tourism and people stopping on the side of the highway to urinate or defecate, which they felt may be a problem because there aren't adequate signs on the highway letting tourists know where the nearest restroom is located, unlike how there are signs where the nearest gas is located. Also relating to tourism, participants in downtown Santa Cruz described issues with vomit and garbage accumulating in public spaces as a result of tourists, particularly during the summer months.

“People defecating in public, hygiene issues, my sister has seen it driving down Ocean Street.” – Community Dialogue Participant, Scotts Valley Senior Center, Scotts Valley

Illegal public camping, both among the homeless as well as among tourists, were considered further issues for both communities that result in the accumulation of human waste and garbage. Several participants described problems with human waste and garbage due to the homeless population, which they felt impacts local businesses and impedes upon the public's ability to access public spaces. Participants in Davenport discussed further hygiene concerns related to illegal public camping and campfires on public beaches. They described garbage accumulation and pollution from people burning garbage on the beach, both issues that negatively impact their community. Possible solutions for these issues that were discussed included the need for better enforcement of illegal camping and burning, as well as more garbage receptacles.

“Small businesses, especially downtown having to deal with feces. Camping in public areas for people who are homeless.” – Community Dialogue Participant, Scotts Valley Senior Center, Scotts Valley

“People are just burning their trash, rather than packing it out. Just plastic just burning away, no ring around it.” – Community Dialogue Participant, Pacific Elementary School Community Room, Davenport

## Environmental Exposures

Concern about environmental exposures came up in two community dialogue groups as top health concerns for their communities. One group in Watsonville discussed concern about exposure to pesticides, specifically methyl bromide, throughout Pajaro Valley. They noted possible health outcomes that they feel are associated with pesticide exposure, including cancer, lower IQs, respiratory issues like asthma, and heart disease. As short-term solutions to this issue, they felt that limiting exposure to pesticides, for example by purchasing organic strawberries, was important for their community. One participant expressed concern that the elementary school he works at may be exposed to pesticides since it is next to a field. Ultimately, participants expressed desire to spread the word about this issue and advocate for systemic changes to reduce or end exposures.

“Different type of pesticides are linked with different health effects but the biggest ones are cancers, respiratory issues like asthma and then developmental delays including autism and just lower IQ’s in general.” – Community Dialogue Participant, Digital Nest, Watsonville

“Coming from a family that’s farm growers...like my mom, my dad used to work in the fields. And it’s like, from them being exposed to all of that, what has affected me and how will it affect my children.” – Community Dialogue Participant, Digital Nest, Watsonville

Another group in Davenport discussed at length their concern about exposure to air pollutants, specifically particulate matter that they feel is associated with a cement plant near their community. Participants described the dust in the air and their concern about its impact on respiratory health. One participant shared a story about a girl who suffered from respiratory issues which were linked back to air pollution. They expressed concern that their community in particular is at higher risk for pulmonary diseases. Participants in this group also discussed noise pollution created by airplanes that fly low over their community.

“The cement plant. When they’re working on the plant and starting to dismantle certain portions this winter, in the windy season and couple of days I can feel it in my lungs and I know the burning of that, the cement dust...” “The solution to that is having better monitoring, having more water on the operations when they’re doing the dismantling and then timing that when there’s not big wind...” – Community Dialogue Participant, Pacific Elementary School Community Room, Davenport

“I’ve seen it (the dust)...it’s in the morning, all hours, it does become very, very thick.” – Community Dialogue Participant, Pacific Elementary School Community Room, Davenport

# Report of Findings: Geographic Themes

## I. Introduction

During the community dialogues, many themes were discussed by community residents that were specific to their local community rather than Santa Cruz County as a whole. While there is overlap between many of the geographic-specific themes with countywide themes, differences by local community were important and are discussed in further detail below. Geographic themes came up within the communities of Santa Cruz, Watsonville, Davenport, Felton, and Scotts Valley.

## II. Themes

### Santa Cruz

Community dialogue groups both within Santa Cruz and in other parts of the county discussed many health issues that they felt particularly affect the city of Santa Cruz. One of the top issues discussed in relation to downtown Santa Cruz was homelessness. Participants in one of the community dialogue groups felt that the saturation of public assistance services in Santa Cruz may contribute to the issue by attracting more homeless individuals to congregate within the city. This group felt that the county needs to contribute further to such programs in order to alleviate the burden on downtown Santa Cruz. In addition to expressing concern about the large number of homeless individuals in Santa Cruz, participants described concerns regarding mental illness and substance use disorder among the homeless. Many participants shared stories of feeling unsafe in public spaces such as parks and business areas where the homeless camp, fearing that they may be verbally or physically attacked by homeless individuals who are mentally ill or addicted to substances.

*“It would be nice if there were some public camping areas. When I drive through town... all along the public library downtown there are tents and sleeping bags and just people all the way around, at city hall, in doorways of restaurants.” – Community Dialogue Participant, Scotts Valley Senior Center, Scotts Valley*

In relation to homelessness but also tourism, hygiene was a unique concern that participants felt impacts downtown Santa Cruz. Several participants described major hygiene concerns, including public urination and defecation, as well as garbage accumulation, due to the homeless population. Tourism was also cited as a source of hygiene concerns, with one community dialogue group describing garbage and vomit in public spaces such as parks as a consequence of drunk tourists. Participants explained that hygiene issues threaten public safety and deter them from being able to enjoy public spaces in Santa Cruz.

*“People defecating in public, hygiene issues, my sister has seen it driving down Ocean Street.” – Community Dialogue Participant, Scotts Valley Senior Center, Scotts Valley*

Many participants felt that substance use is a key issue within downtown Santa Cruz. Participants in the community dialogue group described high rates of public drinking during the summer months when tourism is high. They felt that this negatively impacts their community by threatening public safety. Another group talked about injection drug use on the beaches and in the bathrooms near the Santa Cruz Boardwalk as a primary health concern. Many participants discussed discarded needles from injection drug users as a major public safety concern, reporting that these are often found in public spaces such as parks and beaches. Participants expressed the need for additional needle disposal bins to be placed in their community in an effort to contain the problem.

*“There are people in the bathrooms in Santa Cruz near the Pier, near the Boardwalk, there’s all kinds of needles throughout the bathrooms and on the beach. There’s people literally shooting up on the beach where it’s not the most sanitary place to even do that.” – Community Dialogue Participant, Salvation Army, Watsonville*

Threats to public safety were also discussed regarding the city of Santa Cruz. Some participants felt that crime in this area was related to the large volume of traffic and tourism that comes through this area on a regular basis. Others felt that it could be related to substance use disorder, with drug addicts stealing in order to have money to purchase drugs. In one dialogue group, a participant who lives in downtown shared about personal experiences having her property stolen. Other participants who reside in downtown expressed that many residents don’t trust public safety officers and aren’t likely to involve the police when crimes take place, creating a barrier to preventing public safety threats. One possible reason for this barrier was that many residents may be undocumented and may fear that contacting the police puts them at risk.

Finally, concern regarding food and nutrition was discussed during one community dialogue group in downtown Santa Cruz. Residents expressed that their community has limited access to affordable, healthy foods and shared concern about the relatively easy access that their community has to alcohol and unhealthy, processed foods. One participant in downtown Santa Cruz talked about a local food pantry and expressed that while such resources are appreciated, there is stigma associated with accepting food assistance, which may be a barrier for low-income households.

## **Watsonville**

In Watsonville, community dialogue groups discussed physical violence and gang activity as threats to public safety. Many participants shared personal experiences feeling threatened by gang members and feeling unsafe going out at night in their community. Discussion about gang activity was unique to Watsonville and was discussed in relation with substance use and violence. Participants felt that solutions such as better street lights, safe cross walks, designated walking and biking paths, and more public transportation may help to make residents feel safe and increase use of public spaces.

*“There was a group of young men outside in the parking lot, and in broad daylight they were...it was very obvious that they were part of a group [gang], they were dressed in red, they were doing drugs right there in the parking lot and they weren't hiding it...I happened to be wearing burgundy [because burgundy is a color affiliated with gangs here], it was very frightening, because I didn't know what to do.” – Community Dialogue Participant, Digital Nest, Watsonville*

Food and nutrition was another key concern within Watsonville, with community dialogue participants discussing a lack of access to healthy foods. Residents reported observing an increase in fast food restaurants and easy access to processed, high-calorie, unhealthy foods within their communities. They also felt that the cost of healthy foods, lack of time for cooking, and lack of food preparation knowledge were possible barriers to healthy eating.

*“We got another McDonald's in town. You look around and it's full of pizza parlors. That's where the parents take the kids because the kids like that. After a week of working, they feel guilty and they want to give the kids whatever they can give them. It's a vicious cycle.” – Community Dialogue Participant, University Cooperative Extension Santa Cruz County Auditorium, Watsonville*

One of the community dialogue groups in Watsonville discussed concern about exposure to pesticides, specifically methyl bromide, throughout Pajaro Valley. They noted possible health outcomes that they feel are associated with pesticide exposure, including cancer, lower IQs, respiratory issues like asthma, and heart disease. As short-term solutions to this issue, they felt that limiting exposure to pesticides, for example by purchasing organic strawberries, was important for their community. One participant expressed concern that the elementary school he works at may be exposed to pesticides since it is next to a field. Ultimately, group expressed desire to spread the word about this issue and advocate for systemic changes to contain exposures.

*“Different type of pesticides are linked with different health effects but the biggest ones are cancers, respiratory issue like asthma and then developmental delays including autism and just lower IQ's in general.” – Community Dialogue Participant, Digital Nest, Watsonville*

*“Coming from a family that's farm growers...like my mom, my dad used to work in the fields. And it's like, from them being exposed to all of that, what has affected me and how will it affect my children.” – Community Dialogue Participant, Digital Nest, Watsonville*

## Davenport

Hygiene was a key topic of discussion in Davenport, where participants described concerns in their communities regarding garbage, public urination and defecation, and other sanitation concerns that impact public safety. Participants talked at length about tourism and people stopping on the side of the highway to urinate or defecate, which they felt may be a problem because there aren't adequate signs on the highway letting tourists know where the nearest restroom is located, unlike how there are signs where the nearest gas is located.. Participants also discussed further hygiene concerns related to illegal public camping and campfires on public beaches. They described garbage accumulation and pollution from people burning garbage on the beach, both issues that impact their community. The Davenport community dialogue group expressed the need for more public restrooms, garbage receptacles, and better enforcement of illegal camping and burning.

*“People are just burning their trash, rather than packing it out. Just plastic just burning away, no ring around it.” – Community Dialogue Participant, Pacific Elementary School Community Room, Davenport*

Participants also discussed great concern about exposure to air pollutants, specifically particulate matter that they feel is associated with a cement plant near their community. Participants described the dust in the air and their concern about its impact on respiratory health. One participant shared a story about a girl who suffered from respiratory issues which were linked back to air pollution. They expressed concern that their community in particular is at higher risk for pulmonary diseases. Participants in this group also discussed noise pollution created by airplanes that fly low over their community.

*“The cement plant. When they're working on the plant and starting to dismantle certain portions this winter, in the windy season and couple of days I can feel it in my lungs and I know the burning of that, the cement dust...” “The solution to that is having better monitoring, having more water on the operations when they're doing the dismantling and then timing that when there's not big wind...” – Community Dialogue Participant, Pacific Elementary School Community Room, Davenport*

*“I've seen it (the dust)...it's in the morning, all hours, it does become very, very thick.” – Community Dialogue Participant, Pacific Elementary School Community Room, Davenport*

## Felton

In Felton, participants talked at length about substance use disorder and mental health concerns among youth. Possible causes for mental illness, depression, and suicide among youth that were discussed included academic pressure and a lack of affordable and healthy activities for youth to engage in. Participants expressed that physical activity is an important aspect of a healthy community and one that could help prevent substance use disorder and mental health concerns among youth. However, they cited the high cost of youth sports as a barrier to physical activity and expressed the need for more community centers with activities available for youth.

Being more of a rural community with lack of public transportation, participants cited concerns about isolation relating to the built environment of their community, which they described as being spread out geographically with little ability for individuals to get around without a personal vehicle. Participants felt that transportation challenges in Felton act as barriers to services for residents, making it difficult for them to access necessities such as health care, counseling, and public assistance programs. They also felt that the lack of public transportation makes it more difficult for youth to access healthy activities in the community.

## Scotts Valley

Participants in the Scotts Valley community dialogue group did not discuss particular health concerns within their community, but instead made reference to the strengths of their community in comparison to other parts of the county. In describing issues relevant to downtown Santa Cruz, participants noted that homelessness is less of an issue and that they feel much safer in Scotts Valley. This group talked at length about substance use and discarded needles as public safety threats within their community, but noted that these are also issues that are more centralized in Santa Cruz and are not of great concern within Scotts Valley.

# Report of Findings: Responses to County Health Indicators

## I. Introduction

The Santa Cruz County Health Services Agency Public Health Division prepared a presentation of health indicators to share with community dialogue participants, with the goal of capturing participants' responses and feedback. A copy of the health indicators presented can be found in Appendix B: Health Indicators. Many participants expressed the desire for sub-county statistics in order to see how their community compares to the county as a whole. For some of the health indicators, such as the number of violent crimes and the percentage of households below self-sufficiency income standards, participants expressed the need to see how Santa Cruz County compares to other counties in order to understand the context of these indicators. Many groups expressed interest in seeing additional health indicator data regarding the main themes they had discussed during the community dialogues.

## II. Findings

### Overweight and Obesity Trends

In response to the overweight and obesity trends presented, participants were generally not surprised to see the percentage of obesity increasing and discussed health behaviors that may contribute to obesity. The majority of participants felt that diet was a key factor that causes obesity. Participants in one community dialogue group expressed the need for further education about preparing healthy meals and programs such as school gardens to teach youth where food comes from. One participant brought up federal food assistance programs and felt that restrictions are needed to ensure that unhealthy food items such as soda and candy cannot be purchased with these funds. Other participants talked about the need for youth to engage in more physical activity and limit sedentary activities such as watching television and using the internet. One participant felt that obesity rates may be higher in Watsonville relative to the rest of the county and wanted to see rates for smaller geographies within the county, such as by city. Many participants expressed interest in having further information, including data for Santa Cruz County as well as data through 2016 in order to see whether the percentage of obesity is stabilizing.

### Age-Adjusted Rates of Death by Cause

Participants in several community dialogue groups felt that the age-adjusted rates of death for suicide and drug-induced deaths were high in Santa Cruz County and stood out the most. While some participants expressed surprise at how high these rates were for Santa Cruz, other participants shared that they were not surprised and that the data reflected their expectations. Many participants were also surprised to see that deaths related to Alzheimer's disease were high in Santa Cruz County compared to California. Participants in one of the community dialogue groups in Watsonville were surprised to see that the age-adjusted rate of death for diabetes was fairly low and expressed that obesity and diabetes are concerns for Watsonville. One participant was surprised to see the high rate of cancer-related deaths in the county and shared concern that the rate of cancer is increasing. A few participants expressed interest in having further information, including rates of death by age and further information about the Healthy People 2020 goals.

## Self-Reported Health for Adults

Participants responded positively to seeing a fairly high percentage of adults reporting “good,” “very good,” or “excellent” general health status in Santa Cruz County. However, many participants questioned the accuracy of self-reported data and suspected that people are likely to report that they are in better health than is true, even though the facilitators explained that studies have shown self-reported health predicts health status measured by more objective measures, such as disease status. One participant felt that cultural differences in how individuals view health could influence reporting. Participants in Felton expressed interest in knowing what self-reported health would look like for youth.

## Violent Crimes

Participants were very interested in the violent crime data presented for Santa Cruz County. Many participants expressed the need for comparison data in order to place the volume of crimes in Santa Cruz County into context. Without having a comparison, many participants were concerned that crime is very high in Santa Cruz (such as when looking at the rate of aggravated assaults) while others felt that it was low. A few participants expressed feeling very safe in their communities and felt that the number of crimes was higher than they expected. A few participants shared their relief to see that the number of rapes and homicides was fairly low. Most participants requested more information about the definition of aggravated assault and were interested in seeing data for other types of crime, including domestic violence, gang activity, drug-related crime, and quality of life crimes such as vandalism and theft.

## Percentage of Mothers Receiving Early Prenatal Care

Many participants were surprised to see the disparity in the percentage of white and Latina mothers receiving early prenatal care. A few participants wondered if the gap observed could be due to undocumented Latina immigrants not seeking care, either due to cultural differences or due to barriers in access. Participants in a couple of the community dialogue groups expressed the need for more prenatal care services in the county, including mobile clinics and free health clinics. One participant felt that the county needs to do more outreach to encourage mothers to seek early prenatal care. Participants were also concerned about the apparent drop in the percentage of mothers receiving early prenatal care around 2006 to 2007, wondering what the cause of that drop might have been and speculating that it could be due to funding cuts and the recession. One participant commented on the use of the term “versus” in comparing white and Latina mothers within the title of the graph, feeling that it implied an “us versus them” tone and that a better term should be used that did not imply competition, such as the term “compared to.”

## Rate of Substantiated Cases of Child Abuse

A few participants shared that they were glad to see that the rate of child abuse cases appears to be declining and wondered why this might be the case. One participant stated the understanding that emotional abuse is no longer mandated for reporting, and wondered if this could be contributing to the observed decline in the rate of child abuse cases. A few participants shared that they had not personally encountered any child abuse cases and felt that there has been a strong public stance against child abuse in Santa Cruz. In Watsonville, one participant commented that parental stress may be related to child abuse.

## Percentage of Children in Poverty

While the percentage of children in poverty was relatively lower in Santa Cruz County compared to California and the U.S., many participants felt that poverty is still of great concern in Santa Cruz. Participants referenced the high cost of housing as concerns related to poverty. One participant felt that childhood poverty is greater in Watsonville than in other areas of the county and shared seeing homeless children living in cars with their families and going to school hungry. Many participants felt that more affordable housing and assistance programs are needed to address childhood poverty. A couple of participants wondered if the reason for Santa Cruz County's lower percentage of children in poverty could be due to low-income families being displaced and moving out of the county.

## Percentage of Households Below Self-Sufficiency Income Standards

Many participants were surprised by the data presented about households below self-sufficiency income standards. Most expressed that the total percentage of households below these standards seemed high and wanted to know how Santa Cruz County compared to other counties. Many were concerned about the disparity between white and Latino households and were surprised to see the large difference in households based on education level. One participant felt that these disparities could be related, sharing the perception that many Spanish-speaking families she knows do not have a higher education and aren't as likely to encourage their children to pursue higher education compared to bilingual speakers. Participants in Watsonville who identified as homeless shared their appreciation for resources such as Medi-Cal, CalFresh, and non-profit organizations such as Salvation Army that help meet the basic needs of individuals who are below self-sufficiency standards. A few participants wanted to know more about how self-sufficiency income standards are calculated.

## Percentage Unemployed

In response to the graph showing the percentage unemployed in Santa Cruz County, many participants commented about the spike in unemployment and felt that it was likely due to the recession. One participant commented on the difficulty of getting a job during the recession, even with a college degree, but felt that employment options have improved since the recession. Many participants commented on how not having a job makes it difficult for households to meet their basic needs.

## Additional Reactions

Many participants shared that the poverty and self-sufficiency data had stood out to them and expressed concern that these issues need to be addressed in order to improve health outcomes in Santa Cruz County. A few participants expressed interest in seeing other health indicators for the topics that had been important to them, including data about mental health, access to healthcare, housing, and homelessness. Overall, many participants expressed that they feel Santa Cruz is a fairly healthy county and shared that the culture is one that is very health-conscious.

# Report of Findings: Written Submissions

## I. Summary of Findings

In response to the flyers that went out to the public announcing the community dialogue events and inviting people to attend, a few county residents submitted written statements to the Santa Cruz County Health Department. In total, **11** written submissions were received and have been included in *Appendix D: Written Submissions*. In some cases, comments were submitted by residents who also participated in the community dialogues, while other residents submitted comments in lieu of participating. However, since it was not always possible to identify whether participants also attended the community dialogues, all submissions were reviewed.

The written submissions fairly closely mirrored the themes that were discussed during the community dialogue groups. Substance use disorder was a top issue among residents that submitted comments, with many residents describing concern about discarded needles from injection drug users and expressing concern about the county's Syringe Services Program (SSP). Public safety was also an important issue, with many residents sharing concern about the level of crime in the county. A few submissions regarding mental health were received, calling for further mental health services to address issues such as suicide and depression. Additionally, one resident submitted a detailed submission about environmental exposure to particulate matter in Davenport, and another resident mentioned the need for additional public restrooms in parks to address hygiene concerns.

## II. Themes

### Substance Use Disorder

Several residents submitted comments about discarded needles from injection drug use as a major public health concern. One resident shared personal experiences finding used needles in public spaces such as beaches, parks, and streets. This resident expressed concerns that discarded needles are preventing residents from enjoying public spaces and are creating serious threats to public safety, stating that further efforts are needed to contain this issue. Another resident shared about a recent experience finding a backpack with three used needles in it and conveyed great concern about the growing number of discarded needles in the county.

Four residents shared concern about the county's Syringe Services Program (SSP). Two residents described the large volume of discarded needles within the county and stated that many community members blame the SSP for the increase in drug use and discarded needles within the county. This resident expressed that the SSP needs to be held accountable for discarded needles and that the county needs to dedicate more resources toward addressing the issue.

## Public Safety

A few residents submitted statements expressing concerns about public safety in Santa Cruz County. One resident shared concerns about violent crimes, theft, and substance use, requesting that prioritization be given to addressing public safety. Another resident shared that further law enforcement is needed to patrol public parks.

Two residents discussed public safety concerns relating to substance use, sharing the perception that theft and burglary are threats relating to the large number of drug users in the county. Another resident stated that Santa Cruz County is too lenient toward criminals and that issues such as substance use and homelessness are contributing to increasing crime rates in the county

## Mental Health

One resident shared information from Santa Cruz County's Juvenile Justice and Delinquency Prevention Commission about the need for more mental health and substance use disorder treatment services for youth. This resident reported that there is a connection between mental illness, substance use disorder, and crime among youth, with many parents seeking preventive treatment services for their children but only gaining access to services after their children have entered the criminal justice system.

Another resident expressed that suicide is a top public health concern in Santa Cruz County and proposed that suicide prevention needs to be addressed within the health care setting. This resident felt that clinicians need to receive training in order to properly recognize and address suicide risk among patients. Similarly, another resident shared that there is a great need for psychiatric services within the county to address concerns such as depression, bipolar disorder, and post-traumatic stress disorder. This resident expressed concerns that there currently aren't enough services available to people in need of treatment.

## Environmental Exposures

One resident submitted a statement about the risk of particulate matter generated from a local cement plant and from unpaved highway pullouts in Davenport. This resident cited concerns about pulmonary health, eye health, and long-term risks associated with particulate matter exposure such as dementia. Possible solutions were included in the written submission, including restricting cement plant activities to low-wind days and implementing efforts to contain dust such as using tarps and applying sealant to highway pullouts.

## Hygiene

One resident stated that more public restrooms are needed in parks in order to prevent public urination and defecation among the homeless.

## **Report Appendices**

**Appendix A: Community Dialogue Guide**

**Appendix B: Health Indicators**

**Appendix C: Demographic Survey**

**Appendix D: Written Submissions**

# Appendix A: Community Dialogue Guide

## Focus Group Guidelines

Santa Cruz County Public Health Department

October 11-15, 2016

*Note: These guidelines are in English and Spanish for the facilitator's convenience to have just one document to refer to, regardless of focus group language. Each focus group will be conducted in English or Spanish, as appropriate. We plan all focus groups to be in one language only.*

Hello and welcome! We are very happy to see all of you here today for this focus group discussion about the health of your community. The Santa Cruz County Public Health Department would like to know more about the health issues facing your community and the things that we can do together to support and build healthier communities. I will ask you a series of questions that are meant to get your opinion. There are no wrong answers to these questions. The information gathered today will assist the County in developing a community health improvement plan.

*Hola y Bienvenidos! Estamos muy contentos de ver a todos ustedes hoy para esta conversación de grupo de enfoque sobre la salud de su comunidad. Al Departamento de Salud Pública del Condado de Santa Cruz le gustaría saber más acerca de los temas de salud que enfrenta su comunidad y las cosas que podemos hacer juntos para apoyar y crear comunidades más saludables. Tenemos un grupo de preguntas para obtener sus opiniones. En este grupo de preguntas, no existen respuestas correctas. La información reunida hoy asistirá al Condado en el desarrollo de un plan de mejoras de la salud comunitaria.*

I would like to record this conversation for the purpose of ensuring that we accurately capture your thoughts. Once we have finished the report of findings, the recording will be erased. It will not be used by anyone other than our research team. No one's name will be used in the report. I also would like to take notes during our discussion. Do I have your permission to record this session?

*Con su permiso, me gustaría grabar esta conversación con el propósito de asegurar que obtendremos con exactitud sus opiniones y pensamientos. Una vez terminado el informe, se borraré la grabación. Esta información no será compartida con personas ajenas a nuestro equipo de investigación. No se utilizará el nombre de nadie en el informe. También me gustaría tomar notas durante nuestra conversación. ¿Ahora, me gustaría saber si tengo su permiso para grabar esta conversación?*

Let's begin.

*Comenzemos la conversación.*

## Appendix A: Community Dialogue Guide

I would like to talk with you today about your community and your ideas about the strengths and needs of your community.

We will not share anything you mention today with anyone who does not work for our organization, the Public Health Institute. Please be aware that anything you share here today will be heard by the other focus group participants and we cannot guarantee that what you share will be kept private. We recommend that you avoid sharing personal health information about yourself or others that you know. If you do choose to share, it is best to say that you are sharing about “someone you know” rather than identifying who you are sharing about.

Everyone’s opinion is very important, so I want to make sure that all of you get a chance to talk. Feel free to respond to each other and give your opinion even if it differs from your neighbor.

Occasionally, I may ask to move on to the next question, but I will do so just to make sure we cover all the topics that we want to talk about today.

*Me gustaría hablar con usted hoy de su comunidad y sus ideas acerca de las fortalezas y necesidades de su comunidad.*

*No vamos a compartir nada de lo que usted mencione hoy con quien no trabaja para nuestra organización, el Instituto de Salud Pública. Por favor tenga en cuenta que cualquier cosa que comparta hoy aquí será escuchado por los otros participantes del grupo de enfoque y no podemos garantizar que lo que comparta se mantendrá en privado. Le recomendamos que evite compartir información personal de salud acerca de usted u otras personas que usted conoce. Si usted decide compartir, lo mejor es decir que está compartiendo sobre "alguien que usted conoce" en lugar de identificar acerca de quién está compartiendo.*

*La opinión de todos es muy importante, así que quiero asegurarme de que todos ustedes tengan la oportunidad de hablar. No dude en responder y dar su opinión, aunque sea diferente a la de otra persona. Ocasionalmente voy a pedir que pasemos a la siguiente pregunta, pero voy a hacerlo solo para asegurar de que podamos cubrir todos los temas que queremos hablar hoy.*

1. Let’s take a minute to introduce ourselves before we get started. Could you please tell everyone
  - a. your name,
  - b. which city you live in,
  - c. how long you have lived in Santa Cruz County.

***Tomémos un minuto para presentarnos antes de empezar. Podría por favor decirle al grupo:***

- a. su nombre,***
- b. en qué ciudad vive,***
- c. cuanto tiempo ha vivido en el Condado de Santa Cruz.***

(Have each person respond, but do not go around circle. Start with co-facilitator and end with facilitator.)

## Appendix A: Community Dialogue Guide

2. What are the top health issues facing your community?

***¿Cuáles son los temas de salud mas importantes enfrentando a su comunidad?***

(Probe: What health issues or illnesses do they see in their communities?)

Note: If participant begins to share personal information such as “my mom has...” or “I have...”, tell the participant to stop sharing personal information and to use the phrase “someone I know...” instead.)

3. What do you think may be some of the causes for these health issues?

***¿Qué cree usted que sean algunas de las causas de estos temas de salud?***

4. What are the barriers to improving these health issues?

***¿Cuáles son las barreras para mejorar estos temas de salud?***

(Probes: What types of barriers are there? Physical? Systemic? Environmental?)

5. What could be done to overcome these barriers? Or, what are the potential solutions?

***¿Qué se podría hacer para superar estas barreras? O bien, ¿cuáles son las posibles soluciones?***

(Probes: What is needed to overcome these barriers?)

6. What does a healthy community look like?

***¿Como se imagina una comunidad saludable?***

(Probes: What is different about a healthy community? What types of things are available? How is the community defined?)

### **Data Impressions**

7. What are your initial impressions to these health statistics for your community?

***¿Cuáles son sus opiniones iniciales a estas estadísticas de salud de su comunidad?***

(Probes: Did anything surprise you? Ring true?)

***¿Hubo algo que le sorprendiera?***

***¿Hubo algo que le sonara cierto?***

## Appendix A: Community Dialogue Guide

8. What stood out the most from the statistics presented?

*¿Que se destacó más de las estadísticas presentadas?*

(Probes: Why did this stand out? Is there anything more you would like to know about this issue?)

*¿Por qué esto se destacó?*

*¿Hay algo más que le gustaría saber acerca de este tema?*

9. Earlier in our discussion today, we asked you, “What are the top health issues facing your community?” After hearing the statistics presented, what additional thoughts or ideas would you like to add to this question?

*Al principio de nuestra discusión de hoy, le preguntamos, "¿Cuáles son los temas de salud más importantes enfrentando a su comunidad?" Después de escuchar las estadísticas presentadas, ¿qué pensamientos o ideas le gustaría añadir a esta pregunta?*

(Probes: Did this information change your mind? Reinforce your thoughts? Inspire any new ideas?)

*¿Esta información le cambia su opinión?*

*¿Esta información le fortalece sus pensamientos?*

*¿Esta información le inspira nuevas ideas?*

10. What other health issues would you like to know about for your county that were not presented?

*¿Qué otros temas de salud le gustaría saber acerca de su condado que no se presentaron?*

(Probes: How do these issues impact your community? What information would you like to know?)

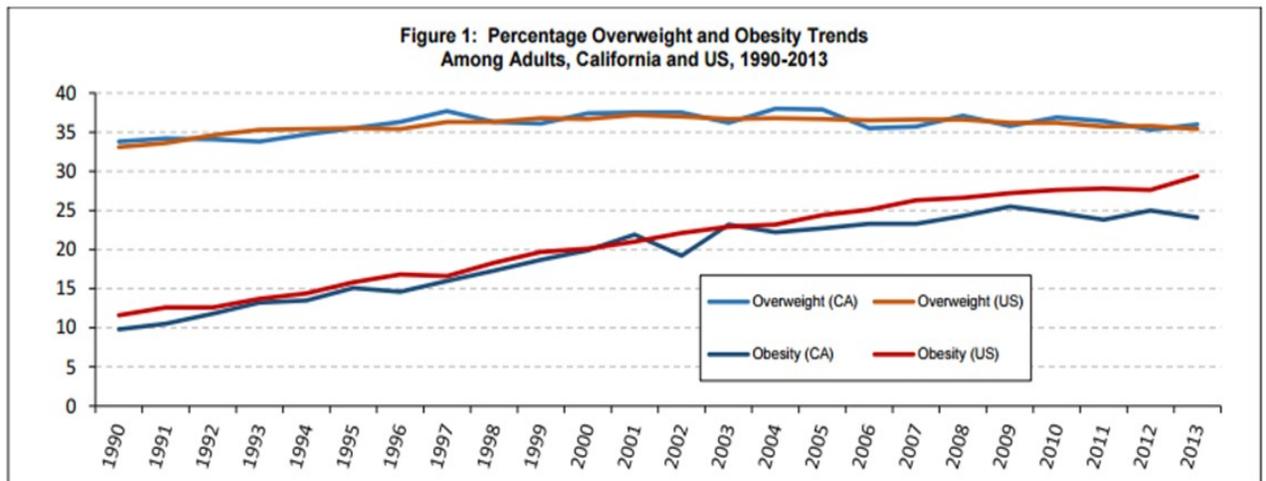
*¿Cómo afectan a su comunidad estos temas?*

*¿Qué información le gustaría saber?*

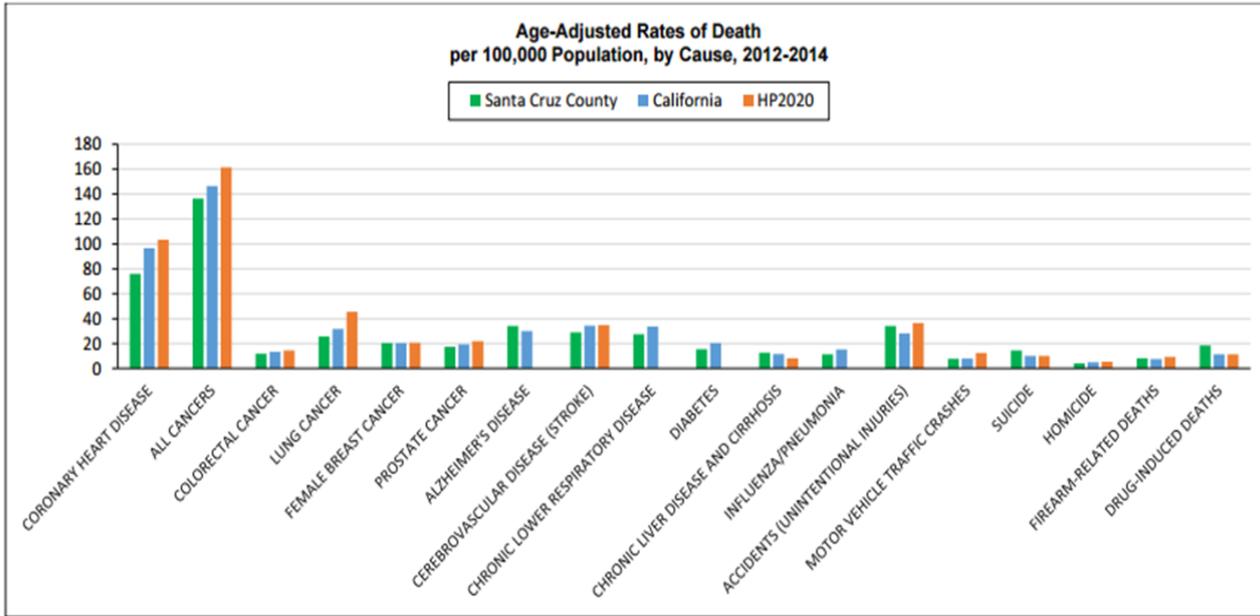
Thank you for taking time to come talk with us today. What you have shared will help us work together to understand more about the strengths and needs of the community in order to improve the health of all Santa Cruz County residents. We will be working over the next few months to put together what everyone has shared and present it to the public. We will let you know when the meeting will be held.

*Gracias por tomarse el tiempo para venir a hablar con nosotros hoy. Lo que usted ha compartido nos ayudará a trabajar juntos para entender más acerca de las fortalezas y necesidades de la comunidad para mejorar la salud de todos los residentes del Condado de Santa Cruz. Vamos a trabajar en los próximos meses para preparar un informe que describe lo que ustedes compartieron hoy y presentar el informe y planes para el futuro en una reunión de la comunidad. Le dejaremos saber cuando se llevará a cabo la reunión.*

## Indicators



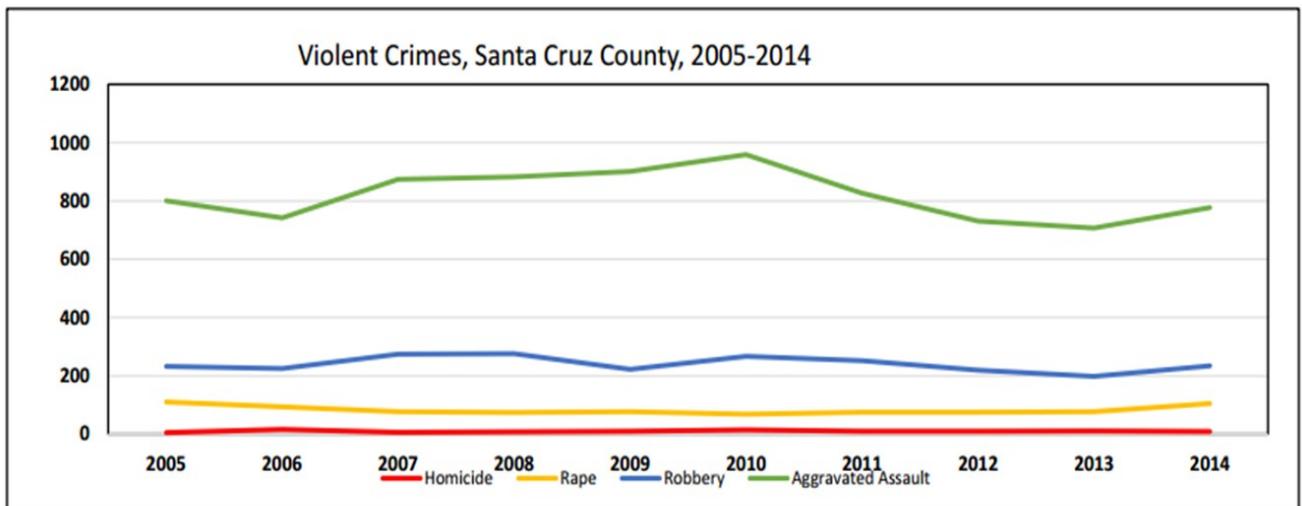
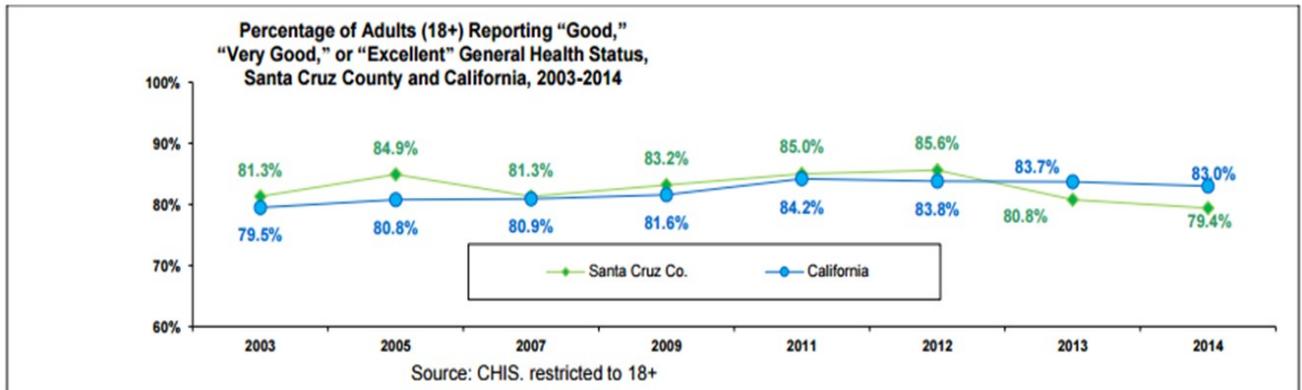
# Indicators



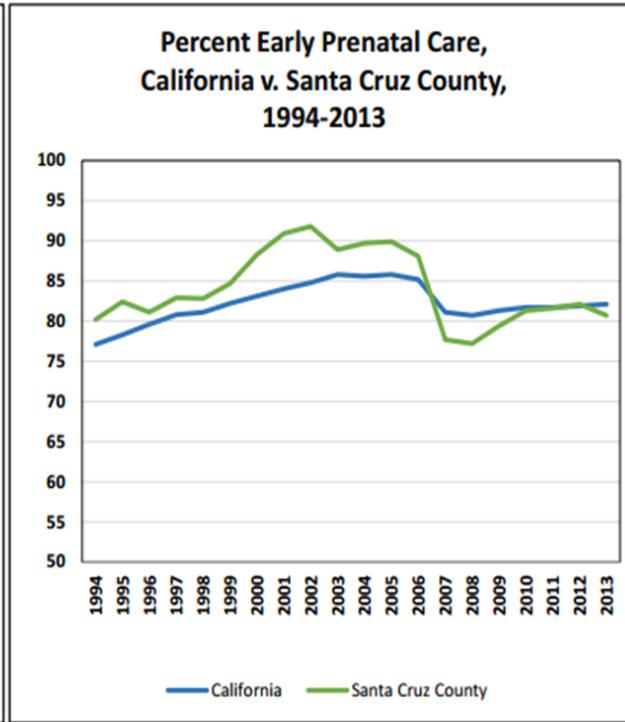
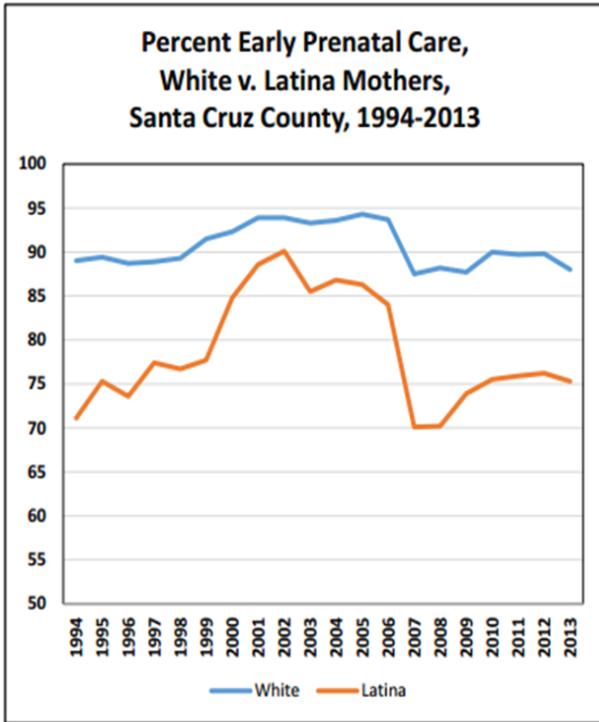
**Public Health**  
Prevent. Promote. Protect.  
Santa Cruz County



## Indicators



# Indicators

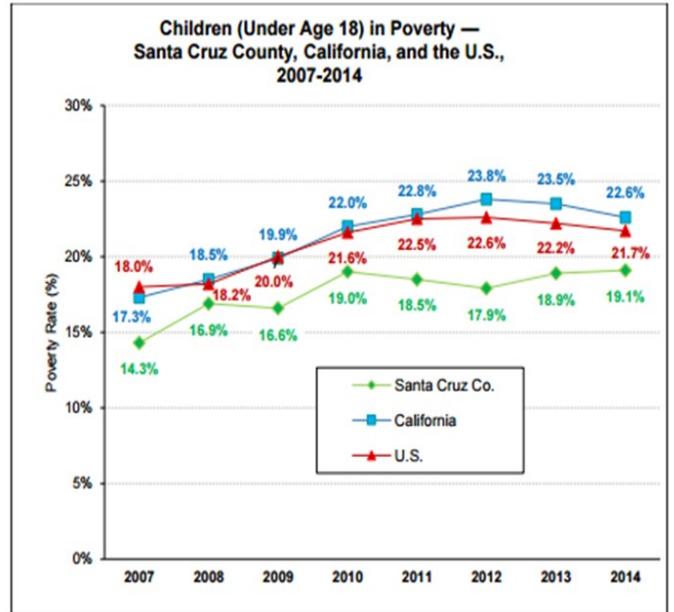
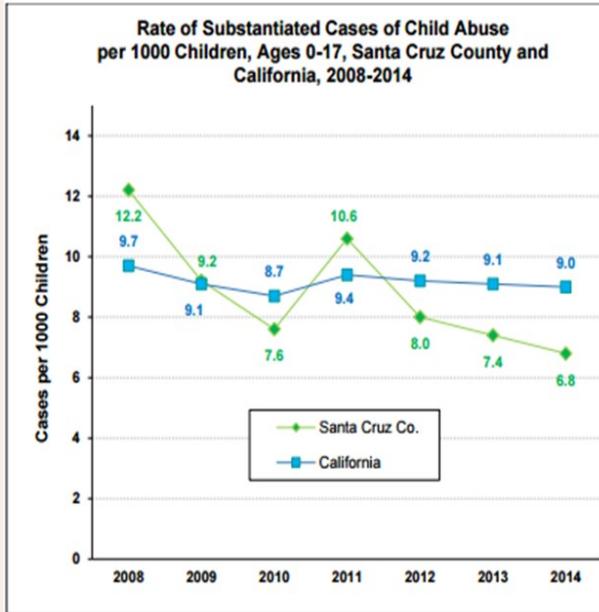


**Public Health**  
Prevent. Promote. Protect.

Santa Cruz County



# Indicators

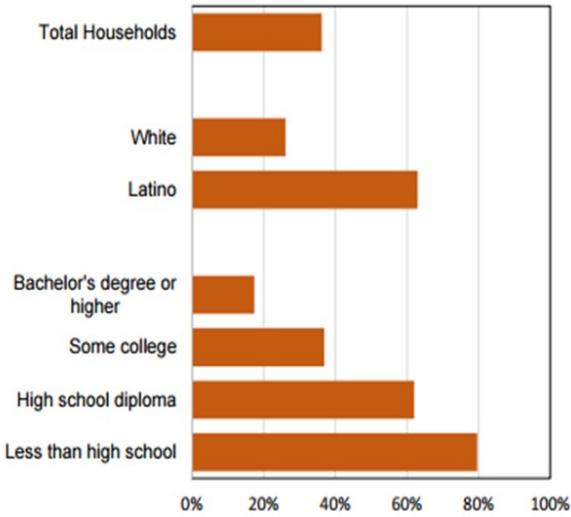


**Public Health**  
Prevent. Promote. Protect.  
Santa Cruz County

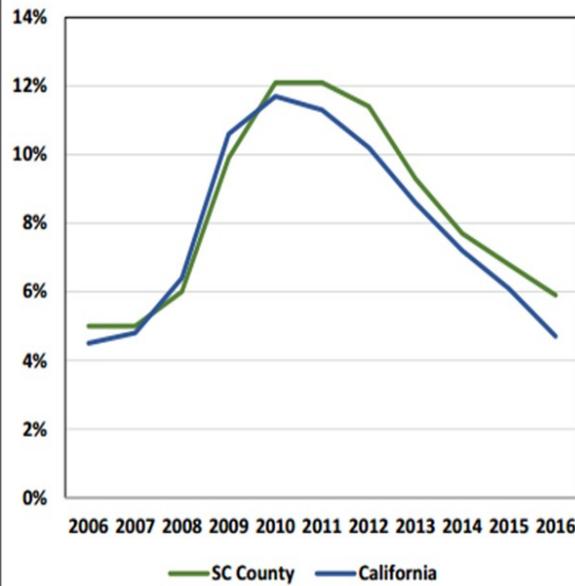


# Indicators

Percentage of Households Below Self-Sufficiency Income Standards, Santa Cruz County, 2012



Percent Unemployed, Santa Cruz County and California, 2006-2016 (May)



**Public Health**  
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Santa Cruz County



## Appendix C: Demographic Survey

### Demographic Survey

This survey is voluntary. Your answers are confidential. Your answers will be combined with those of other focus group participants and used to improve the services provided by the County of Santa Cruz Health and Human Services.

Esta encuesta es voluntaria. Sus respuestas son confidenciales. Sus respuestas van a ser combinadas con las respuestas de los otros participantes de los grupos de enfoque y serán usadas para mejorar los servicios de la Agencia de Salud y Servicios Humanos del Condado de Santa Cruz.

1. What is your age? ¿Cuál es su edad? \_\_\_\_\_

2. What race/ethnic group or groups do you identify with?

¿Qué raza o grupos étnicos se identifica usted?

(check all that apply) (marque todas las opciones que apliquen)

Hispanic or Latino

Hispano/a o Latino/a

Black or African American

Negro/a o Africano/a Americano/a

White or Caucasian

Blanco/a o Caucásic/a

Native American or Indian

Indio/a o Nativo/a Americano/a

Asian or Pacific Islander

Asiático/a o de Islas del Pacífico

Other/Otro/a \_\_\_\_\_

3. What language do you prefer to speak?

¿Qué idioma prefiere hablar?

English/ Inglés

Spanish/ Español

Other/ Otro \_\_\_\_\_

4. What is your gender? ¿Cuál es su género?

Female/Femenino

Male/Masculino

Other/Otro

5. Do you have any children living at home with you who are under age 18?

¿Tiene niños menores de 18 años de edad que viven en su hogar?

Yes/Sí  No/No

Survey Continues on Next Page à

La encuesta continúa en la página siguiente →

## Appendix C: Demographic Survey

6. In the last 12 months, have you or anyone in your household received:  
En los últimos 12 meses, usted o alguien en su hogar ha recibido:

CalFresh?  Yes/Sí  No/No  Don't know/No sabe

CalWORKS?  Yes/Sí  No/No  Don't know/No sabe

Medi-Cal?  Yes/Sí  No/No  Don't know/No sabe

WIC?  Yes/Sí  No/No  Don't know/No sabe

THANK YOU.

GRACIAS.

## Appendix D: Written Submissions

### Submission 1

*I'm disgusted with the number of discarded needles in public places!*

### Submission 2

*The County's Juvenile Justice and Delinquency Prevention Commission recently completed a needs assessment and found that there is a serious need for mental health treatment for children and youth in our County. We also see a great need for substance use disorder treatment for youth as well. In addition, we are hearing from families of juveniles adjudicated delinquent that they sought such services before their kids committed crimes, but were only eligible for them once they entered the criminal justice system.*

### Submission 3

*Suicide Prevention Clinician Training is the most important health need in Santa Cruz County. Santa Cruz County's suicide rates since 1980 have consistently been higher than state rates. As of September 2, 2016 there have been 34 suicides: 26 males and 8 females; ages 22 to 93. Four were prescription drug overdoses, eight were hangings, and ten were self-inflicted gunshot wounds. Three out of five gun deaths in the U. S. are suicides. Counseling on Access to Lethal Means is a online course sponsored by the Suicide Prevention Resource Center. Community Clinicians who know how to inquire about and restrict access to means can save lives.*

*According to Theresa Ly, Program Manager, California Mental Health Services Act. "In California, there are no required suicide prevention trainings for mental health and behavioral health professionals, but there certainly are resources that can be accessed - the Assessing and Managing of Suicide Risk Workshop (AMSR), a Best Practices Registry Course. This workshop has been and is being offered by several public health departments in California including Shasta, Placer, Los Angeles, Sonoma, etc.*

*Too many clinicians believe that suicide is a choice, a choice they cannot influence, and if they act to influence this choice, they will be blamed if the person dies by suicide. Contrary to what clinicians have been taught, there is clinical protocol that they can follow to prevent suicide attempts. The AMSR addresses training gaps and teaches how to assess, plan suicide-specific treatment, and manage ongoing safety care.*

## Appendix D: Written Submissions

*Melissa Ladrech, MS, LMFT, the Workforce Education and Training Specialist for Sonoma County and a certified AMSR trainer, is willing to lead the 6 1/2 hour workshop. Melissa has also offered to lead a Question Persuade Refer QPR two hour class designed specifically for substance abuse providers, a critical need considering the many overdoses and the opioid epidemic in Santa Cruz County. However, to offer these trainings, a sponsor who can provide CEU's is required. A donation from the Clarence and Catherine Bailey Trust will fund the AMSR Workshop.*

*Assessing and Managing of Suicide is of great concern to me for the following reason:*

*This is the story that haunts my waking hours. It started when my brother found his 59 year old wife hanging from the skylight of their Santa Cruz home. Suffering from severe anxiety and depression, she felt both hopeless and desperate. A plan to end her life may have been percolating for a long time but neither her primary care physician nor her local psychiatrist asked if she was thinking of killing herself.*

*Haunted with nightmares, flashbacks, guilt, anxiety, and loneliness, four years after his wife's suicide, my brother fell over the edge and age the age of 77 blew his brains out with a handgun. No one has ever been able to settle the minds of those left behind in the dreadful wake of a suicide.*

*It was another tragedy when their long time Santa Cruz friend was found hanging by her husband. Suicide, dangerously, can have a contagious aspect.*

*Suicide is a public health problem that Santa Cruz County can no longer ignore.*

### Submission 4

*Thank you for your upcoming visit next week to solicit input on community health needs. I live in Davenport with my wife and two young daughters. I wanted to voice some of our concerns about the health of our community to you.*

*North Coast residents, workers, and tourists that reside, work, and visit the town of Davenport next to the shuttered Cemex Cement Plant and the many dirt pullouts along Highway 1 are continually impacted by poor air quality related to wind driven dust. Ongoing demolition at the Cement Plant and the pullouts along Highway One create significant amounts of dust that negatively affects pulmonary function and eye health of residents and visitors alike. I have experience impaired pulmonary function eye irritation in my personal health and talked with others including workers at businesses along Highway One who share similar symptoms. My concern also applies to the students and staff of Pacific School which also within the envelope of the impacted area.*

## Appendix D: Written Submissions

### Submission 4 Continued...

*These concerns have been heightened as of recent because poor air quality has received significant attention in the scientific literature, where scientists have made new links between small air born particles (especially metals) that cross the blood brain barrier and may be implicated in a host of diseases including dementia. Much of the cement plant dust at the Cemex Plant contains metals that originate from slag, an additive to the final cement product.*

*These are ongoing public health issue that have tractable solutions which land owners/managers can implement to protect county residents and visitors.*

#### *Cement Plant Activities*

*Aggressive dust control during demolition/repurposing of the Cement Plant and requiring that demolition activities occur during to low wind days (not in our windy spring season).*

*Maintaining dust control practices while the plant is shuttered. This includes fixing the tattered and failing tarps on the massive slag pile on the north end of property, dust control on roads and traveled areas, and maintaining siding on buildings that house dust.*

*Tarping of Trucks that transport recycled materials from the cement plant along Highway One.*

#### *Pullouts*

*Application of dust control sealants on frequently used pullouts along Highway One.*

*I have filed a nuisance complaint with the Monterey Bay Air Resource District (MBARD) about these public health hazards. MBARD staff indicated that I was the only person filing a complaint and that multiple nuisance complaints concerning fugitive dust are necessary to trigger any action that can lead to solutions.*

*I appreciate you listening to our health concerns.*

## Appendix D: Written Submissions

### Submission 5

*As a county resident since 1971, I am distressed at the excessive number of incidents of used needles being abandoned in public places, including beaches, parks, and streets. When my children were young in the 1980s we enjoyed so many public parks and beaches. Now that I have four young grandchildren, and have personally found a used syringe under our beach blanket at Seabright Beach, I feel that we are limited in public places at which we we can spend time. We have had to eliminate San Lorenzo Park, Ocean View Park, Winkle Park, Frederick Street Park, Felton Covered Bridge Park among others, due to drug users hanging around. I only take my granddaughters to State beaches south of Santa Cruz - as there don't seem to be the same issues with drug use at State Parks where one must pay to park. The only playgrounds we use now are Skypark in Scotts Valley and Anna Jean Cummings Park (and a needle was just recently found there by a child!).*

*It is beyond my understanding why we are allowing our county (and City of SC) to become a haven for drug users. The high incidence of abandoned used needles encountered on an almost daily basis by citizens and their children belies any idea that the Needle "Exchange" Program - which is not a true exchange, but rather a giveaway with no accountability, is working. Yes, of course I want there to be programs to help addicts get off drugs, and yes, I think sharing needles is not a good thing - but why in the world does the County Board of Supervisors refuse to make efforts to stop the rampant abandonment of used needles in our county?*

*Until tourism and the subsequent economic income is affected (and that day WILL come) it seems that the consideration of local tax-paying citizens is not important to our government officials.*

*It is a sad thing to see that the public places in our beautiful community have been given over to drug using zombies.*

### Submission 6

*By far the most needed health services are psychiatric services for those who are ill. The County MH Dept takes only those who are the very worst off, but what about the many community members who have severe depression, bi-polar, ptsd, anxiety, etc. They need psychiatric care as well. And it is not available enough in this community.*

## Appendix D: Written Submissions

### Submission 7

*Apologies if this sounds cynical, but I truly believe that public health cannot happen without public safety. A healthy community means members can move about their own neighborhood and town without the fear of being caught in the crosshairs of a gun fight, stabbed by a deranged criminal released by lax policy, mugged by a drug addict needing to fund their fix, or bludgeoned by a homeless person trying to defend their corner of public space. It means the people can stay inside their own homes without fear of violent invasions, cars being stolen from behind closed garage doors, trespassers urinating on the property while they watch, or neighbors waking them up with marijuana-triggered smoke alarms. Please divert budgets from optional health and recreation to support anti-crime activity until things improve in Santa Cruz. Or we will all lose our mental health, if not our lives.*

### Submission 8

*how about having rest room in the parks open so the homeless dont pee and poop whereever they feel like and some one to patrol parks for safty reasons and serious looking into the needle exchange program*

### Submission 9

*I am writing to share my disgust with needle exchange program. It appears that the people who are not law abiding citizens have more rights than working families. Not to mention families that work hard, pay property taxes, and try to do the right thing in raising healthy children. Please explain to me how is it right that the County of Santa Cruz can hand out needles, but not accept any responsibility for the deterioration of our city. We are approaching nearly 12,000 needles found? It hit home, when a neighbor walked 6 of the neighborhood kids to Baskin Robins over the weekend. On their way they saw a backpack lying on ground that had 3 needles and one was half way loaded with some black stuff. Can you imagine the conversation that we all had to have with our children that afternoon? We had to call 9-1-1 and what waste of resources that was. When our officers swore in, I am certain they did not think their jobs would revolve around collecting dirty needles for a program that is funded by the County. It is just disgusting all around. We deserve better than this. Maybe if the decision makers that approved this program had to clean up all the needles or god forbid get stuck with a needle, maybe they would think differently. We work hard live here, but I have recently thought, why are we working so hard when I am afraid in my own home at night, dread the needles conversations with my kids, triple locking our bikes, we will be victim of a burglary, worry about leaving for work in the morning when it is dark. When is Enough, ENOUGH? Yes, there is more to just needles - but transients are here for a reason. And by the way, we are having to buy a security system this weekend because or neighbor had a man try to walk in her house at 11:10 Wednesday night! Seriously- not feeling proud of a place we call home.*

*Please be the voice in change. Do something to make Santa Cruz a safe place for families to raise their kids.*

## Appendix D: Written Submissions

### Submission 10

*A great start is not turning a blind eye to the issues that are destroying the community. We put a welcome mat out to take on every indigent, homeless person, criminal and addict of the world yet Santa Cruz is the second most unaffordable place to live in the country and don't really provide any effective rehabilitate services.*

*Encouraging people to come to an area where they really have no chance of being housed or rehabilitated and only provide enough to keep them in a downward spiral does not make a healthy community. It only increases money spent to the Charity Industrial Complex, victimizes community members including those who really need and would use a hand up instead of perpetual hand outs.*

*The continued practice increases crime both violent and property which leads to heavy stress in the community as a whole.*

*Many community members will not go to the parks and other "nice" places because they have to fear their children stepping on needles, being attacked physically and or verbally and having what little they managed to acquire living in the second least affordable place in the country stolen.*

*Looking at should we have more parks or anything else is a waste of time because people can't use them with enjoyment that should come with use and thus have a better sense of well being until the cause of unhealthy stress is addressed first.*

### Submission 11

*It seems like our City of Santa Cruz has become a dumping ground for needles. I had meeting with my district County Supervisor, Ryan Coonerty a few weeks ago about this and the huge transient drug addiction problem. Many people in this community are fed up with it and blame the "needle exchange" program directly for the huge increase of drug addicted transients and the illegal drug use and especially for the illegal dumping of used and some not used needles all over our city. We would love it if you moved out of town! Or at the very least be help accountable for the needles you hand out. I've lived here for over 40 years and I want people and agencies aiding this epidemic to be help accountable for their part in what seems an utter disaster happening in my community...*