



**Saint Louis
Regional Hospital**

Your Neighbor for Life

2013

COMMUNITY HEALTH

NEEDS ASSESSMENT

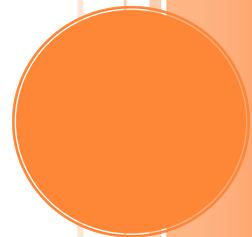


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EXECUTIVE SUMMARY

Community Health Needs Assessment (CHNA) Background

The Affordable Care Act (ACA), enacted by Congress on March 23, 2010, stipulates that non-profit hospital organizations complete a community health needs assessment (CHNA) every three years and make it widely available to the public. This assessment includes feedback from the community and experts in public health, clinical care, and others. This CHNA serves as the basis for implementation strategies that are filed with the Internal Revenue Service.

The IRS requires that the hospital conduct a CHNA and adopt an implementation strategy for each of its facilities by the last day of its first taxable year beginning after March 23, 2012. For Saint Louise Regional Hospital that tax year is July 1st – Jun 30th. The CHNA may be conducted in that same year, or in the two years immediately preceding the year in which these become effective.

This CHNA report documents how the CHNA was conducted, as well as describes the related findings.

Process & Methods

The Santa Clara County Community Benefit Coalition (“the Coalition”) members, a coalition of eight local non-profit hospitals and other partners, began the CHNA process in 2012. The Coalition’s goal was to collectively gather community feedback, understand existing data about health status, and prioritize local health needs.

Community input was obtained during the fall of 2012 via key informant interviews with local health experts, focus groups with community leaders and representatives, and resident focus groups. Additionally, Saint Louise Regional Hospital leadership obtained community input via Key Informant Interviews in San Benito County with local health experts. (See Attachment 3 for list.) Secondary data were obtained from a variety of sources for both counties – see Attachment 1 for a complete list.

In November 2012, health needs were identified by synthesizing primary qualitative research and secondary data, and then filtering those needs against a set of criteria. Needs were then prioritized by the Coalition, using a second set of criteria. See the results of prioritization included on the next page.

The Coalition met again in December 2012 to identify resources in the community, including hospitals and clinics, and special health and wellness programs.

Prioritized Needs

Based on community input and secondary data, the Coalition generated a list of health needs and then prioritized them via a multiple-criteria scoring system. These needs are listed below in priority order, from highest to lowest. Note that the cross-cutting driver, Access to Health Care, was not included in the prioritization process but is part of the set of health needs.

Santa Clara County Health Needs Identified by CHNA Process, in Order of Priority which was agreed upon by the San Benito County Key Informants

1. **Diabetes**
2. **Obesity**
3. **Violence**
4. **Poor Mental Health**
5. **Poor Oral/Dental Health**
6. **Cardiovascular Disease, Heart Disease, and Stroke**
7. **Substance Abuse (Alcohol, Tobacco, and Other Drugs)**
8. **Cancer**
9. **Respiratory Conditions**
10. **STDs/HIV-AIDS**
11. **Birth Outcomes**
12. **Alzheimer's**
13. *(Not included in prioritization process)* **Cross-Cutting Driver: Access to Health Care Services**

Next Steps

After making this CHNA report publicly available in May 2013, each hospital will develop individual implementation plans based on this shared data and the coalition may prioritize some coordinated interventions around shared health needs.

1. INTRODUCTION/BACKGROUND

Purpose of CHNA Report and Affordable Care Act Requirements

Enacted on March 23, 2010, federal requirements included in the Affordable Care Act (ACA) stipulate that hospital organizations under 501(c)(3) status must adhere to new regulations, one of which is conducting a community health needs assessment (CHNA) every three years. The CHNA Report must document how the assessment was done, including the community served, who was involved in the assessment, the process and methods used to conduct the assessment, and the community's health needs that were identified and prioritized as a result of the assessment. See Attachment 2 – IRS checklist.

As part of the tri-annual CHNA assessment, hospitals must:

- Collect and take into account input from public health experts as well as community leaders and representatives of high need populations including: minority groups, low-income individuals, medically underserved populations and those with chronic conditions
- Identify and prioritize community health needs
- Document a separate CHNA for each individual hospital
- Make the CHNA report widely available to the public
- Adopt an Implementation Strategy to address identified health needs
- Submit the Implementation Strategy with the annual Form 990
- Pay a \$50,000 excise tax for failure to meet CHNA requirements for any taxable year

SB 697 and California's History with Past Assessments

Compared to SB 697, the California-specific legislation requiring a community health needs assessment, the ACA regulations are more stringent on how to conduct and document the needs assessment. A comparison is shown in the table below.

Comparison of ACA and SB 697 CHNA Requirements

Activity or Requirement	Required by ACA	Required by SB 697
Conduct a community health needs assessment at least once every 3 years	Yes	Yes
CHNA identifies and prioritizes community health needs	Yes (Prioritization of all health needs required before implementation planning)	Yes
Input from specific groups/individuals are gathered	Yes	No
CHNA findings widely available to the public	Yes	No
Implementation strategy is adopted to meet needs identified by CHNA	Yes	Yes
File an Implementation Plan with IRS	Yes	No (CB Plan with OSHPD)
\$50,000 excise tax for failure to meet CHNA requirements for any taxable year	Yes	No

2. ABOUT SAINT LOUISE REGIONAL HOSPITAL

Saint Louise Regional Hospital, a California nonprofit religious corporation, is a 93 bed acute care hospital in Gilroy, CA which serves South Santa Clara County and North San Benito County including the cities of Morgan Hill, Gilroy, and Hollister and the towns of San Martin and San Juan Bautista. Our community is determined by the patient base. Saint Louise Regional Hospital is the largest hospital serving these communities with only one other small hospital in our service area. Currently we also operate an Urgent Care Center on our Morgan Hill campus: De Paul Health Center. We believe our Catholic-sponsored, not-for-profit hospital plays a vital role in continuing to emphasize high quality, compassionate service to the underserved in this changing, challenging environment. The hospital has served the community since 1989, under sponsorship of the Daughters of Charity of St. Vincent de Paul.

Saint Louise Regional Hospital provides the only emergency services within 30 miles, is a Certified Stroke Center and has diagnostic services, ICU, General Medical Surgical services including pediatrics and OB services. A Calstar emergency helicopter transport is based on our premises. Saint Louise also provides the latest minimally invasive surgical procedures available today; general medicine covering specialties that are not often seen in a small community hospital; maternal and child health services; wound care and hyperbaric medicine with two hyperbaric oxygen chambers on site; stroke and a telemedicine program; physician referral services; physician health and wellness lectures; and support groups. The hospital's Breast Care Center provides mammography and advanced methods of cancer detection. Bone density screening is also available at the Breast Care Center.

About Saint Louise Regional Hospital Community Benefits

In fiscal year 2012, Saint Louise Regional Hospital provided over 1 million dollars in Charity Care for 1736 persons and over 7.9 million dollars in services to 4773 persons on MediCal.

The Health Benefits Resource Center provides a one stop service center for low cost health insurance enrollment for children and adults. The Center also provides referrals to Santa Clara Valley Medical Center Specialty clinics when ongoing medical care is needed.

Saint Louise Regional Hospital provides free individual and group classes and support groups in English and Spanish for persons with diabetes and their families. The Spanish classes are provided through a grant for a Promotora (Community Health Worker) who is bilingual. This person also contacts all hospitalized patients with diabetes for follow-up.

Health screenings are provided at a variety of locations and businesses. Sponsorship of Community Health events such as the Gilroy Community Health Day is ongoing. In addition, SLRH participates in other community events such as the Mushroom Mardi Gras and Taste of Morgan Hill providing first aid services. SLRH also sponsors many community events related to health and wellness such as the "Run

for Fitness” for Gilroy Unified School District; the St. Mary’s School Walk-a-thon in Gilroy and the St Catherine’s School Walk-a-thon in Morgan Hill.

Saint Louise Regional Hospital uses the Lyon Software Community Benefit Inventory for Social Accountability tool to evaluate its community benefit work. With this program we are continually improving the data input to provide more precise and accurate reporting to our board, associates, and community.

Social accountability budgeting, reporting and oversight for implementation of community benefit activities are the responsibility of the President and CEO of Saint Louise Regional Hospital, as well as the Director of Community Health, along with the input and support of senior leadership. The Board of Directors is responsible for approving and subsequently monitoring the implementation of the Community Health Needs Assessment on a quarterly basis and for suggesting changes or improvements as appropriate.

Demographic Profile of Community Served

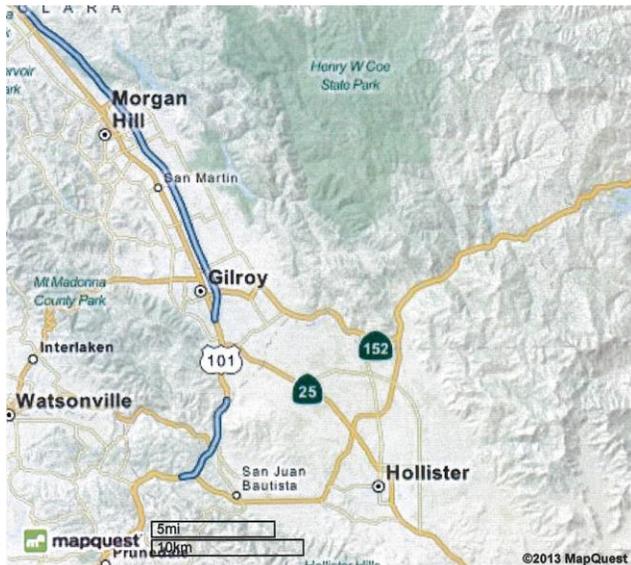
Data	<u>Gilroy</u>	<u>Morgan Hill</u>	<u>Hollister</u>	<u>San Juan Bautista</u>	<u>San Martin</u>
Total Population	48821	37882	34928	1862	7027
% Hispanic	57.8%	34%	65.7%	48.7%	46.2%
Language at home – other than English	38.7%	22.3%	46.4%	21.8%	30.5%
Median Age	32.4	36.8	30.8	38.7	38.5
Educational Attainment: less than 9 th grade	12.6%	6.4%	18.5%	8.3%	12.9%
Educational Attainment 9 th - 12 th grade – no diploma	10.4%	7.3%	11.6%	1.2%	12.4%
Unemployment	10.9%	9.3%	11.7%	11.5%	13.0%
Income under \$50,000/year	35%	26.3%	38.8%	41.3%	28.1%
Median Household Income	\$ 75,483	\$ 94,301	\$ 62,570	\$ 56,897	\$77,188
% above 30% total income spent on rent	55.7%	59%	60.4%	54.3%	42.4%
% of renters	37.9%	25.7%	40.8%	62.5%	24.5%
% of people living under Federal Poverty Level	11.0%	11.0%	13.2%	13.4%	11.9%

Source: American Fact Finder – American Community Survey 2007 - 2011

Chronic Disease Hospitalizations at Saint Louise Regional Hospital by Zip Code

January – December 2012 Individuals/Total	Gilroy 95020, 95021	Morgan Hill 95037, 95038	Hollister 95023, 95024	San Juan Bautista 95045	San Martin 95046	Totals Per Zip Code
Diabetes	990/2036	495/957	223/479	26/64	95/212	1829/3748
CHF	243/446	141/225	47/97	8/9	23/45	462/822
Asthma	443/612	231/290	63/81	17/21	43/53	797/1057
Emphysema	19/25	6/11	5/12	2/3	1/1	33/52
COPD	186/284	95/143	40/62	4/10	19/24	344/523
Bronchitis	93/147	64/97	32/51	6/9	17/24	212/328

Map of Community Served by Hospital Facility



3. ASSESSMENT TEAM

Hospitals and Other Partner Organizations

The Santa Clara County Community Benefit Coalition (“the coalition”), a coalition of eight local non-profit hospitals and other partners, collaborated to complete the CHNA. Coalition participants included: *El Camino Hospital, Hospital Council of Northern & Southern California, Kaiser Permanente Santa Clara, Kaiser Permanente San Jose, Lucile Packard Children’s Hospital at Stanford, O’Connor Hospital, Saint Louise Regional Hospital, Santa Clara County Public Health Department, Stanford Hospital & Clinics, and the United Way Silicon Valley*. This team contracted with Applied Survey Research to conduct the Community Health Needs Assessment in 2012. Additionally, Saint Louise Regional Hospital leadership conducted Key Informant Interviews with local San Benito Health Officials.

Identity and Qualifications of Consultants

The community health needs assessment was completed by **Applied Survey Research (ASR)**, a non-profit social research firm. For this assessment ASR conducted primary research, synthesized primary and secondary data, facilitated the process of identification and prioritization of community health needs and assets, and documented the process and findings into a report.

ASR was uniquely suited to provide the Coalition with consulting services relevant to conducting the CHNA. The team that participated in the work – Lisa Colvig-Amir, Dr. Jennifer van Stelle, Angie Aguirre, and Melanie Espino – brought together diverse, complementary skill sets and various schools of thought (public health, anthropology and sociology).

In addition to their research and academic credentials, the ASR team has a 32-year history of working with vulnerable and **underserved populations** such as young children, teen mothers, seniors, low-income families, immigrant families, families who have experienced domestic violence and child maltreatment, the homeless, and children and families with disabilities.

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

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

The Coalition contracted with **Resource Development Associates (RDA)** to create a compendium of secondary data. RDA is a 28-year old Bay Area consulting firm supporting government agencies and community-based organizations through assessment, planning, evaluation, data system development and analysis, and grant writing. Located in Oakland, CA, RDA is a mission driven consulting firm. It employs a full-time staff of 20 over professionals with credentials in public health, clinical services, social welfare,

organizational development and planning.

Since its inception, RDA has served some of the largest and most innovative human service initiatives in the nation. It targets its efforts towards the improvement of outcomes for public health and behavioral health agencies, school districts, early childhood programs, adult and juvenile justice organizations, and community-based organizations. RDA consults with a wide array of organizations ranging from federal agencies (e.g., Center for Substance Abuse Prevention (CSAP), Centers for Disease Control and Prevention (CDC), the Department of Housing and Urban Development (HUD), and the Office of Juvenile Justice and Delinquency Prevention (OJJDP)) to smaller, community-based organizations. It conducts comprehensive assessments and evaluations for local cities, public health departments, Maternal, Child and Adolescent Health (MCAH) divisions, and First 5 commissions, as well as alcohol and drug services, juvenile justice initiatives, violence prevention efforts, and educational initiatives. RDA has established and proven competencies in assembling and interpreting large amounts of public data to inform and structure its efforts in community needs profiling.

4. PROCESS AND METHODS

The Santa Clara County Community Benefit Coalition worked in collaboration on the primary and secondary data requirements of the CHNA. The CHNA data collection process took place over six months, and culminated in a report written for the Coalition in January 2013.

Santa Clara County Community Benefits Coalition CHNA



Secondary Data Collection

The Coalition contracted with Resource Development Associates (RDA) to create a compendium of secondary data. Working collaboratively on behalf of its member hospitals, the Coalition made available to RDA a selection of the most recent and comprehensive public health-related reports and documents as well as demographic data. One report in particular, the “Santa Clara County Health Profile, 2012”, served as the “foundational report” for the CHNA due to its comprehensive compilation of recent County-wide public health data. Additionally, secondary data was collected for San Benito County as it was available. Please see Attachment 1 for a list of data sources utilized.

As a further framework for the assessment, the Coalition requested RDA use the following filters:

- What health areas offer the most current and consistent data?
- What are the most salient/meaningful indicators?
- How do these indicators perform against accepted benchmarks?
- Are there disparate outcomes and conditions for people in the community?
- Are there opportunities for the county’s hospitals to positively impact outcomes to improve the health and quality of life for county residents?

RDA compiled the research and provided comparisons with existing benchmarks (Healthy People 2020, statewide and national averages) in its compendium. The compendium was intended to provide a rich picture of the health of the county. Secondly, it was created with an understanding of how hospitals could make use of these data to plan their community benefit priorities, outreach and education efforts, and to develop strategies for engaging partners to address identified needs.

Primary Data (Community Input)

The Coalition contracted with Applied Survey Research (ASR) to conduct the primary research. They used three strategies for collecting community input: key informant interviews with health experts, focus groups with community leaders and stakeholders, and resident focus groups.

Each group and interview was recorded and summarized as a stand-alone piece of data. When all groups had been conducted, the team used qualitative research software tools to analyze the information and tabulated all health conditions that were mentioned, along with health drivers discussed. ASR then made a list of all of the conditions that had been mentioned by a focus group or key informant, counted how many groups or informants listed the condition, and how many times they had been prioritized by a focus group.

Community Leader Input

In all, ASR consulted with more than 54 community representatives of various organizations and sectors. These representatives either work in the health field, or improve health conditions by serving those from the target populations. In the list below, the number in parentheses indicates the number of participants from each sector.

- Santa Clara County Public Health (6)
- Other Santa Clara County Health & Hospital System (3)
- Private hospital systems (3)
- Health Insurance providers (4)
- Mental/Behavioral health or violence prevention providers (4)
- School system representatives (3)
- Community center representatives (10)
- Non-profit agencies providing basic needs (5)
- Other non-profit agencies serving children, seniors and families (15)
- San Benito Public Health Department (2)
- San Benito non-profit agencies serving children, seniors and families (5)

See Attachment 3 for the names, titles and expertise of key stakeholders along with the date and mode of consultation (focus group or key informant interview).

Key Informant Interviews

ASR conducted primary research via key informant interviews with nine South Bay experts from various organizations in the health sector. In October and November 2012, experts including public health officers, community clinic managers, and clinicians were consulted. These experts had countywide experience and expertise.

Health experts were interviewed by telephone for approximately one hour. Informants were asked to discuss in detail one of the areas of focus for the CHNA: Health delivery, health access, socio-economic factors, health behaviors, environmental conditions, quality of life (morbidity), and mortality. Key Informant Interviews were also held in San Benito County. (See Attachment 3 for list.)

Details of Key Informant Interviews

Name	Position	Agency	Conducted
1. René Santiago	Deputy County Executive	Santa Clara Valley Health &	Oct 2 nd 1:00 pm
2. Shamima Hasan	CEO	Mayview Community Health Center	Oct 2 nd 2:00 pm
3. Dan Peddycord	Director	Santa Clara County Public Health	Oct 3 rd 11:00 am
4. Dr. Marty Fenstersheib	Health Officer	Santa Clara County Health/Hospital	Oct 3 rd 3:00 pm
5. Reymundo Espinoza	CEO	Gardner Health Center	Oct 4 th 10:00 am
6. Michelle Lew	Executive Director.	Asian Americans for Community	Oct 4 th 1:30 pm
7. Dolores Alvarado	Executive Director	Community Health Partnership	Oct 17 th 1:00 pm
8. Dr. Kent Imai	Medical Director	Community Health Partnership	Nov 6 th 12:00 pm
9. Dr. Thad Padua	Medical Director	Santa Clara Family Health Plan	Nov 9 th 1:00 pm

Stakeholder Focus Groups

Focus groups with stakeholders were conducted in October and November 2012. The discussion centered around four questions, which were modified appropriately for the audience.

1. How healthy is our community (on a scale of 1-5)?
2. What are the health needs (conditions) that you see in the community?
3. What are the most pressing health needs on this list? (three selected)
4. What are the drivers of these prioritized conditions?

Groups were encouraged to discuss drivers from multiple domains: health access, health delivery, social-economic factors, environmental factors and health behaviors.

Details of Stakeholder Focus Groups

Focus	Location	Date	Number of Participants
1. Community Health Organizations	Sobrato Center for Non-Profits (San Jose)	10/24/2012	11
2. Community Health Organizations	Sobrato Center for Non-Profits (San Jose)	10/24/2012	13
3. Community Health Organizations	Sobrato Center for Non-Profits (San Jose)	10/24/2012	11
4. South County Organizations	Valley Health Center (Gilroy)	11/1/2012	11
5. Basic Needs Organizations	ASR (San Jose)	11/6/2012	6
6. Chronic Condition Organization	ASR (San Jose)	11/7/2012	7
7. Senior Organizations	ASR (San Jose)	11/7/2012	7
8. Child- Serving Organizations	ASR (San Jose)	11/9/2012	8
9. Youth Organizations	ASR (San Jose)	11/9/2012	4

Please see Attachment 3 for a full list of community leaders/stakeholders and their credentials.

Stakeholder Participant Demographics

Applied Survey Research conducted nine focus groups with 79 stakeholders in the South Bay region. Three groups were held with community-based grantees (35 participants). The remaining six were held with 44 stakeholders from across the county with expertise in various fields and with various populations. Focus group participants were asked to fill out a brief demographic survey. We received 76 surveys total.

- **Professional Experience:** The stakeholders surveyed had a combined 172 years of clinical practice and 348 years of health administration experience. For those who reported experience in these fields, clinicians had an average of 11 years' experience, and health administrators had an average of 14 years' experience.
- **Professional Role:** Nearly two-thirds of respondents were from non-profit organizations. Stakeholders also work in public health, clinical care, and administrative positions.
- **Special Population Expertise:** Nearly all of the respondents indicated that they had worked intensely with the low-income population in the last five years. There was good representation of stakeholders from all target populations.

Stakeholder Expertise with Special Populations

Area of Expertise	n	%
Low Income	69	90%
Children	58	75%
Youth	55	71%
Women	45	58%
Uninsured	43	56%
Monolingual	42	55%
Older Adults	31	40%
Chronically Ill	24	31%

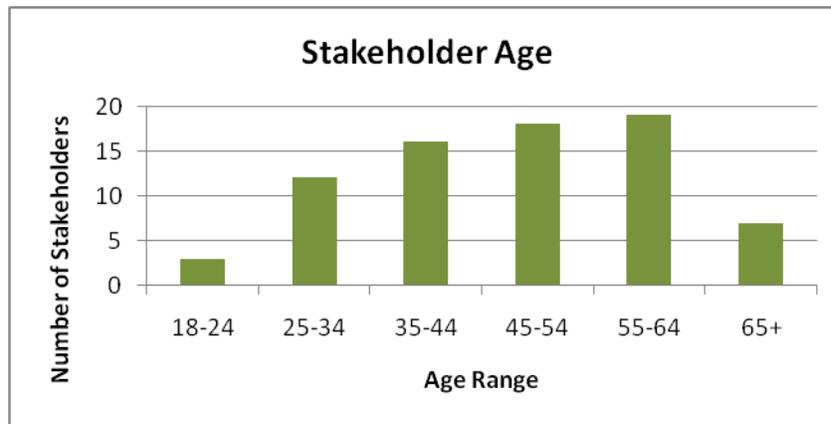
- **Regional Experience:** Stakeholders had worked all across the county, with the most combined number of years' experience in Central and West San Jose.

Stakeholder Expertise in Municipal Regions

Region	Combined Years	Average Years	Number Providers
East San Jose	239	9	26
Central & West San Jose	255	7	35
South San Jose / Los Gatos	74	5	14
South County	204	8	25
Milpitas	54	5	11
Palo Alto/Los Altos/Mountain View	174	8	23
Campbell/Saratoga	100	6	16
Sunnyvale/Cupertino	145	8	18

Other stakeholder demographics:

- **Ethnicity and Language:** Almost two thirds are white (64%) and one quarter (25%) are Latino. Eighteen reported using Spanish at work. Only one respondent reported using a language other than English or Spanish at work.
- **Age Range:** The majority of stakeholders were over the age of 45 but there were representatives of all age groups, including the 18-24 years and over 65 years ranges.



Resident Input

Resident focus groups were conducted in October and November 2012. The discussion centered around four questions which were modified appropriately for the audience.

1. How healthy is our community (on a scale of 1-5)?
2. What are the health needs (conditions) that you see in the community?
3. What are the most pressing health needs on this list? (three selected)
4. What are the drivers of these prioritized conditions?

In order to provide a voice to the community it serves in Santa Clara County, the study team targeted participants who were medically underserved, in poverty, socially or linguistically isolated, or those who had chronic conditions. Eight focus groups were held with community members. The team held two groups with a special population focus: seniors and parents of young children.

These resident groups were planned in various geographic locations around the county. Residents were recruited by non-profit hosts, such as Community Health Partnership, who serves uninsured residents.

Resident Focus Groups

Population Focus	Hospital Area	Location	Date	Number of Participants
1. Uninsured adults	All	Community Health Partnership, San Jose	10/9/12	5
2. Uninsured adults	All	Community Health Partnership, San Jose	10/9/12	6
3. Older adults	All	Indian Health Center, East San Jose	10/10/12	9
4. Youth	All	Fresh Lifelines for Youth (FLY), Milpitas	10/22/12	7
5. North County parents	Santa Clara	Columbia Neighborhood Center, Sunnyvale	10/23/12	6
6. South County residents	Gilroy	Kaiser Permanente, Gilroy	10/24/12	7
7. Campbell parents (Spanish)	Santa Clara	Rosemary Elementary School, Campbell	11/13/12	3
8. Milpitas/North San Jose Immigrants	All	Catholic Charities, North San Jose	11/20/12	7

Resident Participant Demographics

Fifty community members participated in the focus group discussions across the county. All participants completed an anonymous demographic survey, the results of which are reflected below.

- 90% of participants were ethnic **minorities**. English was a second language for most participants.
- 44% of residents (22) were under 40 years old, including seven youth under 20 years of age. 36% were middle-aged (40 years to 50 years old) and 16% were older adults (age 60 and over).
- Almost a third of the participants were **uninsured**, while 46% had benefits through Medi-Cal, Medicare or another public health insurance program.
- Almost two-thirds of the community residents lived in medically **underserved** areas of the county: South county cities of Morgan Hill, Gilroy and San Martin, East San Jose, and the Mayview area of Sunnyvale.
- Most households were comprised of multiple adults over age 25 (65%) and a child or youth under age 25. About half (48%) of the participants had **children** under the age of 18 in the house. Among the participants who lived in a household with children, the average number of children was two. A third of respondents reported having at least one **young adult** age 18-24 in their households.
- All but two respondents reported having an annual household income of **under \$45,000 per year**. The vast majority (74%) earned under \$25,000 per year, which is near Federal Poverty Level for a family of four, and below the California Self-Sufficiency Standard for two adults with no children (\$45,609). This demonstrates a high level of need among participants in an area where the cost of living is extremely high compared to other areas of California.

Income of Community Members Participating in Focus Groups

Annual household Income	Participants age 20+	% of participants
Under \$25,000	37	74%
\$25,000-\$44,000	8	16%
\$45,000-\$64,000	1	2%
\$65,000-\$84,000	1	2%
Missing	3	6%
Grand Total	50	100%

Information Gaps & Limitations

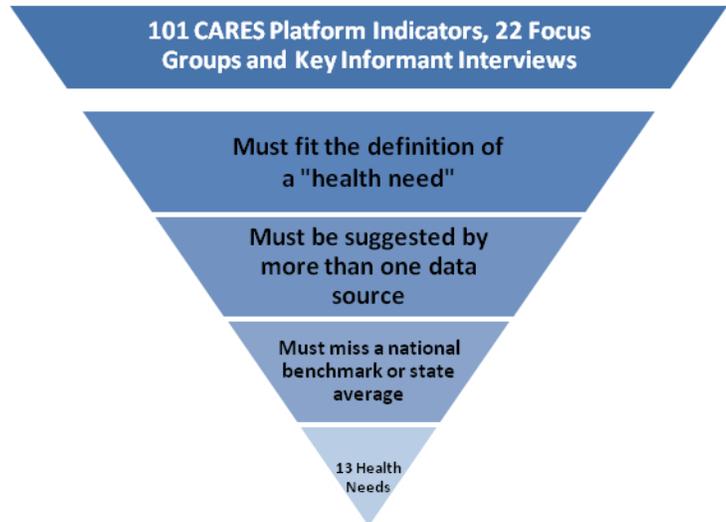
ASR and the Coalition were limited in their ability to assess some of the identified community health needs due to a lack of secondary data. Such limitations included data on oral/dental health, substance abuse (particularly, use of illegal drugs and misuse of prescription medication), dementia, and mental health. More specific limitations included lack of county data on bullying; ethnic subgroups affected by Hepatitis B; suicide among LGBTQ youth; diabetes among children; and lack of extended data on breastfeeding (data cover only the days a mother and child are in the hospital).

There were also limitations on how ASR and the Coalition were able to understand the needs of special populations including LGBTQ, undocumented immigrants, and Blacks/African-Americans. Due to the small numbers of these community members, many data are statistically unstable and do not lend themselves to predictability.

5. IDENTIFICATION AND PRIORITIZATION OF COMMUNITY HEALTH NEEDS

To identify the community's health needs, ASR and the Coalition followed these steps:

1. Gathered data on 80+ health indicators using the University of Missouri's, Center for Applied Research and Environmental System (CARES) Data Platform developed for Kaiser Permanente ("CARES Platform"), Healthy People 2020 objectives, the RDA compendium of secondary data, and qualitative data. See Attachment 4 for a list of indicators on which data were gathered.
2. Narrowed the list to "health needs" by applying criteria
3. Used criteria to prioritize the health needs



These steps are further defined below.

Identification of Community Health Needs

As described in Section 4, a wide variety of experts and community members were consulted about the health of the community. Community members were frank and forthcoming about their personal experiences with health challenges and their perceptions about the needs of their families and community.

Collectively, they identified a diverse set of health conditions (see table below) and demonstrated a clear understanding of the health behaviors and other drivers (environmental and clinical) that affect the health outcomes. They spoke about prevention, access to care, clinical practices that work and don't work, and their overall perception of the community's health. Cross-cutting drivers that frequently arose during primary data collection are listed in Attachment 5.

All Health Conditions Named During Primary Data Gathering

Arose 10 or more times in interviews or focus groups:
Substance abuse (ATOD)/behavioral health (incl. prescription meds)/addiction
Diabetes/poor nutrition
Cardiovascular disease (heart disease, stroke, CHF, HBP, hypertension)
Poor mental health/trauma/suicide/depression/anxiety/stress/cutting
Obesity/overweight/poor nutrition
Violence (incl. abuse/bullying)
Arose 5-9 times in interviews or focus groups:
Respiratory conditions (asthma, allergies, bronchitis, COPD)
Cancers
Poor oral/dental health
Teen pregnancy
Arose at least once but less than 5 times in interviews or focus groups:
Acute/episodic issues (ulcers, skin diseases, etc.)
ADD/ADHD/learning disabilities
Anemia
Arthritis
Autism/Asperger's
Chronic diseases
Deformities - tetarogenic
Dementia/Alzheimer's
Drowning
Emphysema
Falls/injury
Fatigue
Hepatitis B/C
High cholesterol
Infant mortality
Jaundice
Kidney stones
Low Birth Weight
Parkinson's
Pregnancy-related conditions
Premature births
Sciatica
Sleep apnea/disorders
Social/emotional development
STDs/unhealthy sexual behavior
Stroke
Thyroid
Trauma
Viruses
Vision/Glaucoma/Cataracts

In order to generate a list of health needs, ASR used a spreadsheet (known as the “data culling tool”) to list indicator data and evaluate whether they were “health needs.” The indicator data collected included CARES Platform data, secondary data, and qualitative data from focus groups or key informant interviews.

In order to be categorized as a prioritized Community Health Need, all three of the following criteria needed to be met:

1. The issue must fit the definition of a “health need.”
2. The issue is suggested or confirmed by more than one source of secondary and/or primary data.
3. At least one related indicator performs poorly against the Healthy People 2020 (“HP2020”) benchmark or, if no HP2020 benchmark exists, against the state average.

Thirteen health conditions or drivers fit all three criteria and were retained as community health needs. These conditions were adopted by the San Benito Key Informants. The list of needs, in priority order, is found below.

DEFINITIONS

- A health **need** is a poor health outcome and its associated health driver, or a health driver associated with a poor health outcome where the outcome itself has not yet arisen as a need.
- A health **driver** is a behavioral, environmental, or clinical care factor, or a more upstream social or economic factor that impacts health.
- A health **indicator** is a characteristic of an individual, population, or environment which is subject to measurement (directly or indirectly) and can be used to describe one or more aspects of the health of an individual or population.
- A health **outcome** is a snapshot of diseases in a community that can be described in terms of both morbidity (quality of life) and mortality (death rates).
- A health **condition** is a disease, impairment, or other state of physical or mental ill health that contributes to a poor health outcome.

Summarized Descriptions of Prioritized Santa Clara County and San Benito County Community Health Needs

Access to health care is a health need in Santa Clara County and San Benito County as marked by the proportion of the community who are linguistically isolated. In addition, there are areas with low educational attainment, which also impacts health outcomes. The community input indicates that underinsurance and lack of insurance coverage is an issue. Lack of transportation is also an access barrier that affects those in poverty. Stigma and lack of knowledge both impact the seeking of preventive care or treatment. Also, too few general and specialty practitioners, especially in community clinics, results in long wait times for appointments. These issues around lack of access contribute to community members using urgent care and emergency rooms for treatment of conditions that have worsened due to lack of treatment or preventive care.

Alzheimer’s disease is a health need in Santa Clara County as marked by the Alzheimer’s Disease being the third leading cause of death in 2010. In San Benito County it was the eighth leading cause of death in 2010. It is the fastest growing cause of death in California and the number of people living with Alzheimer’s disease is also growing rapidly. Community input suggests that the impact on caregivers who have few resources

(especially for transportation) will affect quality of life for those living with Alzheimer's. Qualitative research also suggests that there is a lack of gerontologists and those who can help coordinate care.

Birth outcomes are a health need in Santa Clara County and San Benito County, as marked by the percentage of low birth-weight babies, which are just less than the state and below the national average. African Americans are disproportionately affected, with a higher percentage of low birth-weight babies than the national benchmark. The problem of low birth-weight is worst in Saratoga, and is also of particular concern in central and south San Jose, parts of Milpitas, Sunnyvale, and Los Gatos. While infant mortality is not a concern county-wide, it is possible that some subgroups (e.g., African American infants) are disproportionately affected. The health need is likely being impacted by certain social determinants of health, and by the percentage of women receiving early prenatal care. While this is not an issue on the county-wide level, a disproportionately smaller percentage of Native American women receive early prenatal care in comparison to other ethnic groups. Community feedback indicates that the health need is affected by concerns about the cost of care, and poor access to primary care providers and specialists due to lack of insurance, particularly among low-income residents. In addition, community input suggested that limited prenatal visits may be driven by lack of knowledge of the importance of prenatal care, language barriers between patients and specialists, cultural issues such as body modesty, as well as the cost of care.

Cancer is a health need in Santa Clara County and San Benito County as marked by incidence rates of breast, cervical, liver, and prostate cancer that are high compared to benchmarks/state averages, and a liver cancer mortality rate that is high compared to the state average. Breast and prostate cancer disproportionately affect Whites; lung and prostate cancer disproportionately affect African-Americans. Latinos and Asian/Pacific-Islanders have higher incidence rates of cervical and liver cancer than other ethnic groups, and disproportionately high mortality rates due to liver cancer as well. Latinos additionally are unduly burdened by mortality from colorectal cancer. The health need is likely being impacted by health behaviors such as rates of screening that do not meet established benchmarks, and low fruit and vegetable consumption that are no better than average (as diet has been shown to have an impact on many types of cancer). Community input indicates that the health need is also affected by lack of knowledge about cancer prevention and treatment, fear and denial, lack of staff time for follow-up with those who are at risk and should be screened, concerns about the costs of treatment, and poor access to primary care providers and specialists due to lack of insurance, particularly among low-income residents. There was also some concern about youth tobacco use (as smoking has also been shown to have an impact on various types of cancer).

Cardiovascular Disease, Heart Attack, and Stroke are health needs in Santa Clara County and San Benito County as marked by high overall percentages of high cholesterol and hypertension, both of which fail Healthy People 2020 benchmarks, and higher-than-benchmark stroke mortality rates among African Americans and those who identify as multiracial. African Americans and Whites disproportionately experience hypertension and high cholesterol. Heart disease deaths are worst in the South County area and in East San Jose. Poor nutrition, which is related to cardiovascular disease, is of concern in the county. Adult and youth consumption of fruits and vegetables is no better than the state average, and in some cases is worse. There are also more fast food restaurants, and fewer grocery stores and WIC-authorized stores, than the state average. Community input reflected this, as well as a concern about lack of exercise. The community also indicated that the health need is being affected by stress and lack of knowledge about stroke and heart disease.

Diabetes is a health need in Santa Clara County and San Benito County as marked by relatively high rates of diabetes. The overall adult rate is just below the state average, but Latino residents are disproportionately diabetic, and worse off in comparison with the state average. Of all ethnic groups, African-Americans experience highest percentage of hospitalizations due to diabetes. Community input about diabetes was strong, and expressed the connection between the disease and related health behaviors such as poor nutrition and lack of physical activity. The health need is likely being impacted by health behaviors such as low fruit and vegetable consumption, soda consumption, the proximity of fast food establishments, and a lack of grocery stores and WIC-Authorized food sources. In particular, the problem is worse in South County.

Mental health is a health need in Santa Clara County and San Benito County as marked by a percentage of self-reported poor mental health that is higher than the state average. Latino and African-American youth disproportionately exhibit symptoms of depression, and African-American youth additionally experience suicidal ideation in rates higher than the county-wide average. Community input indicates that the health need is likely being affected by stress (driven by financial/economic concerns) and the lack of education about how to cope with stress, stigma about mental illness leading to fear and denial, lack of knowledge about mental health treatment, and poor access to mental health care providers and specialists due to lack of insurance and/or mental health benefits among those who are insured, and/or due to a lack of providers (i.e., workforce development issues). Related to poor mental health are the health needs around violence and substance abuse.

Obesity is a health need in the Santa Clara County and San Benito County as marked by high rates of overweight and obesity among both youth and adults. Overall rates are just below state averages, but the adult overweight rate misses the Healthy People 2020 benchmark. Latino and African-American residents are disproportionately overweight and obese, and worse off in comparison with California (and in some cases, U.S.) averages. The health need is likely being impacted by health behaviors such as low fruit and vegetable consumption, soda consumption, the proximity of fast food establishments, and a lack of grocery stores and WIC-Authorized food sources. In particular, the problem is worse in South County.

Oral/dental health is a health need in Santa Clara County and San Benito County as marked by the percentage of youth reporting their teeth in fair or poor condition, which is higher than the state average. Latino and Asian/Pacific-Islander youth are disproportionately affected. While adult dental health is not identified as a concern county-wide, some subgroups (Latinos, Native Americans, Asian/Pacific Islanders) are more likely than others not to have dental insurance, at rates nearing the statewide average. The health need is likely being impacted by certain social determinants of health, and by the cost of dental care. Community feedback indicates that the health need is affected by concerns about poor access to dental care providers and specialists due to lack of insurance, particularly among residents with chronic conditions.

Respiratory conditions are a health need in Santa Clara County and San Benito County as marked by a high lifetime prevalence and hospitalizations in both youth and adults. The health need is likely being impacted by health behaviors such as percentage of youth smoking, and by issues in the physical environment such as air quality levels. Community input indicates that the health need is also affected by concerns about the costs of treatment (including prescription medication and equipment) due to underinsurance or lack of insurance, particularly among low-income residents.

STDs including HIV and AIDS are a health need in Santa Clara County and San Benito County as marked by high incidence rates of HIV and Chlamydia but which are below California and the US. The health need is

likely being impacted by low screening rates for HIV (county-wide, the percentage of teens and adults ever screened for HIV is lower than the state average), as well as certain social determinants of health. Community feedback suggests that the health need is perceived as primarily affecting youth, and is impacted by poor outreach, lack of knowledge/health education about transmission, risk, and screening, the fear of stigmatization by others, access to and costs of prevention (e.g., condoms), and peer pressure.

Substance abuse is a health need in Santa Clara County and San Benito County as marked by levels of binge drinking among youth and adults that are higher than national benchmarks. Smoking is also an issue as the number of adult smokers exceeds the national benchmark. Community feedback indicates that the health need is impacted by stress and poor coping skills across all sub-populations, concerns about the cost of treatment, fear of being stigmatized, and poor access to primary care providers, specialists, and other support options due to lack of insurance or underinsurance, particularly among low-income residents. Medication misuse and mismanagement was also discussed, and was thought to be due to a lack of knowledge about medications and their associated risks. In addition, community input suggested that adolescents are especially vulnerable to this health need, as it was believed they are more affected by peer pressure, curiosity, media portrayals, accessibility of alcohol, tobacco, and other drugs, and parental permissiveness.

Violence is a health need in Santa Clara County and San Benito County as marked by rates of youth homicide that are higher than the national benchmark for homicide overall. Rates of bullying are also high. In addition, levels of child abuse fail against benchmarks in CA and San Benito County. The health need is likely being impacted by health behaviors such as binge drinking where the counties adult rate is higher than the state average. Community input indicates that the health need is also affected by the cost of and/or lack of activity options for youth, financial/economic stress, lack of policy enforcement, poor family models, unaddressed mental and/or behavioral health issues among perpetrators, cultural/societal acceptance of violence, lack of awareness of support and services for victims, and linguistic isolation. Community members also suggested that violence is underreported by victims, possibly due to stigma and/or cultural norms.

For further details, please consult the Health Needs Profiles appended to this report as Attachment 6.

Prioritization of Health Needs

Before beginning the prioritization process, the Coalition chose a set of criteria to use in prioritizing the list of health needs. The criteria were:

1. Clear disparities/inequities exist among subpopulations in the community
2. An opportunity to intervene at the prevention or early intervention level
3. A successful solution has the potential to solve multiple problems.
4. The community prioritizes the issue over other issues

Scoring Criteria 1-3: The score levels for the prioritization criteria were:

- 3:** Strongly meets criteria, or is of great concern
- 2:** Meets criteria, or is of some concern
- 1:** Does not meet criteria, or is not of concern

A survey was then created, listing each of the health needs in alphabetical order and offering the first three prioritization criteria for rating. Coalition members rated each of the health needs on each of the first three prioritization criteria during an in-person meeting in November 2012.

Scoring Criteria 4 (Community prioritization): ASR gave community prioritization scores based on the results of the primary data gathering process. (See Section 5 for primary data collection methodology.) The score levels for the fourth prioritization criterion were:

- 3:** Health need was prioritized by more than half of the key informants and focus groups
- 2:** Health need was prioritized, but by half or fewer of the key informants and focus groups
- 1:** Health need was mentioned by at least one key informant or focus group, but not prioritized by any

Combining the Scores: For the first three criteria, Coalition members’ ratings were combined and averaged to obtain a combined coalition score. Then, the mean was calculated based on the four criterion scores for an overall prioritization score for each health need.

List of Prioritized Needs

The need scores ranged between 1.4 and 3.0, with 3 being the highest score possible and 1 being the lowest score possible. The needs are ordered by prioritization score in the table below. The specific scores for each of the four criteria used to generate the overall community health needs prioritization scores may be viewed in Attachment 7. Note that while the Coalition prioritized access-related drivers, the cross-cutting driver, Access to Health Care Services, was not scored during the prioritization process.

Health Needs by Prioritization Score

Health Need	Overall Average Priority Score
Diabetes	3.0
Obesity	2.9
Violence	2.6
Poor Mental Health	2.6
Poor Oral/Dental Health	2.5
Cardiovascular Disease, Heart Disease, Stroke	2.4
Substance Abuse (Alcohol, Tobacco, and Other Drugs)	2.4
Cancers	2.2
Respiratory Conditions	2.0
STDs/HIV-AIDS	2.0
Birth Outcomes	1.6
Alzheimer's	1.4

6. COMMUNITY ASSETS AND RESOURCES

The following resources are available to respond to the identified health needs of the community.

Existing Health Care Facilities

- El Camino Hospital – Los Gatos
- El Camino Hospital – Mountain View
- Good Samaritan Hospital
- Kaiser Permanente – San Jose
- Kaiser Permanente – Santa Clara
- Lucile Packard Children’s Hospital at Stanford
- O’Connor Hospital
- Regional Medical Center of San Jose
- Santa Clara Valley Medical Center
- Saint Louise Regional Hospital
- Stanford Hospital & Clinics
- Hazel Hawkins Hospital
- San Benito Health Foundation Community Health Center

Existing Clinics

- Express Care Clinics, Santa Clara Valley Medical Center
 - Tully
 - Bascom
 - Sunnyvale
 - East Valley
 - Silver Creek
 - Moorpark
 - Gilroy
 - Mobile Medical Van: Gilroy, San Jose, and Sunnyvale
- Mayview Community Health Centers
 - Palo Alto
 - Mountain View
 - CNC, Sunnyvale
- CompreCare Health Center
- St. James Health Center
- Gardner Health Center: Gilroy Clinic and Mobile Van
- Indian Health Center of Santa Clara Valley
- RotaCare Free Clinics
 - Mountain View
 - San Jose

- South County Community Health Center (AKA Ravenswood)
- Santa Clara County CRANE Center (STD testing)
- Western Career College (dental)
- Foothill College Dental Hygiene Program
- Mobile Dental Van
 - Mayview Community Health Center, Palo Alto
 - Valley Health Center at Fair Oaks
 - Mayview Community Center, Mountain View
 - St. Mary's, Gilroy
- John F. Kennedy University-Sunnyvale Community Counseling Program
- Kurt and Barbara Gronowski Psychology Clinic
- The Center for Healthy Development
- Ellyn D. Herb, PhD Health Psychology Associates

Other existing community resources and programs

Please see the Health Needs Profiles (Attachment 6), which identify:

1. Programs/resources in which Coalition members invest community benefit funds and provide resources to the community; and
2. Programs/resources in which other health care systems, and non-profit organizations provide services to the community.

7. CONCLUSION

The Santa Clara County Community Benefit Coalition partners worked in collaboration to meet the requirements of the new federally-required CHNA by pooling expertise, guidance and resources for a shared assessment. By gathering secondary data and doing new primary research as a team, the Coalition partners were able to collectively understand the community's perception of health needs, and prioritize health needs with an understanding of how each compares against benchmarks.

In the spirit of collaboration, the Coalition has committed to working together to continually monitor these prioritized health needs. With the assistance of the Santa Clara County Public Health Department and Applied Survey Research, the Coalition created a **Community Indicator Dashboard**, which includes the key indicators for each of the prioritized health needs. Many of these indicators are also included in the attached **Health Needs Profiles**, which the hospital partners plan to use to educate and inform advisory boards and community stakeholders.

After making this CHNA report publicly available in May 2013, each hospital will develop individual implementation plans based on this shared data, and the Coalition may prioritize some coordinated interventions around shared health needs.

8. LIST OF ATTACHMENTS

1. Secondary Data Sources
2. IRS Checklist
3. List of Community Leaders and Their Credentials
4. Indicator List
5. Cross-Cutting Drivers
6. Health Needs Prioritization Scores: Breakdown by Criteria
7. Health Needs Profiles
8. Community Indicator Dashboard

Attachment 1: Secondary Data Sources

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Additionally, data related to San Benito County was obtained from County Health Rankings and CHNA.org

Attachment 2: IRS Checklist

Federal Requirements Checklist	IRS Notice	Report Reference
I. CHNA Report Requirements		
A. Pre-Assessment		
<ul style="list-style-type: none"> CHNA Report includes identification of all of the organizations with which the facility collaborated in preparing the CHNA(s) 	Notice 3.03	Section 4
<ul style="list-style-type: none"> CHNA Report includes identity and qualifications of any third parties contracted to assist in conducting a CHNA 	Notice 3.03	Section 4
<ul style="list-style-type: none"> CHNA Report includes a definition of the community served and a description of how the community was determined* 	Notice 3.03	Section 3
<ul style="list-style-type: none"> Demographics and other descriptors of the hospital service area 	IRS Form 990 Schedule H Part V 1.b	Section 3
B. Data Collection		
Secondary Data		
CHNA includes the following documentation of secondary data used for the assessment:		
<ul style="list-style-type: none"> Sources and dates of data and other information used 	Notice 3.03	Attachment 1
<ul style="list-style-type: none"> Information gaps that impact the ability to assess health needs 	Notice 3.03	Section 5
Primary Data		
CHNA includes the individuals consulted who have special knowledge of or expertise in public health:		
<ul style="list-style-type: none"> Name 	Notice 3.03	Attachment 3
<ul style="list-style-type: none"> Title 		Attachment 3
<ul style="list-style-type: none"> Affiliation 		Attachment 3
<ul style="list-style-type: none"> Brief description of individual's special knowledge or expertise 		Attachment 3
<ul style="list-style-type: none"> If not public health experts, report provides name and title of at least one such individual in each organization who was consulted 		Attachment 3
CHNA includes input from persons who represent the broad interests of the community:		
<ul style="list-style-type: none"> Persons with special knowledge of or expertise in public health 	Notice 3.06	Section 5 and attachment 3
<ul style="list-style-type: none"> Federal, tribal, regional, State, or local health or other departments or agencies with current data or other relevant information 		Section 5 and attachment 3 Attachment 3
<ul style="list-style-type: none"> Leaders, representatives, or members of medically underserved populations 		Attachment 3

<ul style="list-style-type: none"> • Leaders, representatives, or members of low-income populations • Leaders, representatives, or members of minority populations • Leaders, representatives, or members of populations with chronic disease needs • Report describes when the organization consulted with these persons • Report describes how mode of consultation (focus groups, key informant interviews, other) • Leader/representatives' names • Leader/representatives' leadership or representative roles 	<p>Attachment 3</p> <p>Attachment 3</p> <p>Attachment 3</p> <p>Notice 3.03</p> <p>Attachment 3</p> <p>Section 5</p> <p>Attachment 3</p> <p>Attachment 3</p>
<p>C. CHNA Methodology Notice 3.03</p> <p>CHNA Report includes the following information related to community health needs</p>	
<ul style="list-style-type: none"> • Criteria and analytical methods applied to identify the community health needs • Prioritized description of all health needs identified • A description of process and criteria used to prioritize the health needs 	<p>Section 6</p> <p>Section 6 and Attachment 6</p> <p>Section 6</p>
<p>D. Assets</p> <p>CHNA Report includes description of the existing health care facilities and resources within the community that are available to respond to the health needs of the community</p>	
<ul style="list-style-type: none"> • Existing health care facilities • Other available resources 	<p>Section 7</p> <p>Assets attachment (related to specific needs)</p>
<p>E. Finalizing the CHNA Notice 3.07</p>	
<ul style="list-style-type: none"> • CHNA reports have been made widely available to the public in 2013 according to requirements • Written report(s) posted visibly on facility website • If facility has no website, report(s) posted visibly on website for the organization • Instructions for accessing CHNA report are clear • Posted reports exactly reproduce an image of each report • Individuals with Internet access can access and print reports without special software and without payment of a fee • Individuals requesting a copy of the report(s) are provided the URL • Reports remain widely available until a subsequent CHNA is made widely available to the public 	

Attachment 3: Persons Representing the Broad Interests of the Community

The following leaders were consulted for their expertise in the community. They were identified based on their professional expertise and knowledge of target groups including children, youth, older adults, low-income populations, minorities, the medically underserved, and those living with chronic conditions. The coalition included leaders from health systems including the Santa Clara County Health & Hospital System including the Department of Public Health, non-profit hospital representatives, local government employees, healthcare consumer advocate organizations, and nonprofit organizations.

NAME	TITLE	AFFILIATION	EXPERTISE	TARGET GROUP(S)	TARGET GROUP ROLE	CONSULTATION METHOD	DATE CONSULTED
Aimee Reedy	SCC Division Director	SCC Public Health Dept	Public Health		Leader	Focus Group	11/7/12
Bonnie Broderick	Director, Chronic Disease and Injury Prevention	SCC Public Health Dept	Public Health	Chronic Conditions	Leader	Focus Group	11/7/12
Dan Peddycord	Director	SCC Public Health Dept	Public Health		Leader	Interview	10/3/12
Dr. Marty Fenstersheib	Health Officer	Santa Clara County Health & Hospital	Public Health		Leader	Interview	10/3/12
Eileen Obata	District Nurse	GUSD School Nurse	Public Health	Underserved & Low Income, South County	Leader	Focus Group	11/1/12
Lillian Castillo	Nutritionist	SCC Public Health Dept	Public Health		Leader	Focus Group	11/1/12
René Santiago	Deputy County Executive	Santa Clara County Health & Hospital	Public Health		Leader	Interview	10/2/12
Susan Silveira	Program Director	SCC Public Health Dept	Public Health		Leader	Focus Group	11/9/12
Dr. Dorothy Furgerson	Chief Medical Officer	Planned Parenthood	Community Health	Youth	Leader	Focus Group	11/9/12
Fred Ferrer	Executive Director	The Health Trust	Community Health	Chronic Conditions, Low Income	Leader	Focus Group	11/7/12
Michelle Lew	Executive Director	Asian Americans for Community Involvement	Community Health	Minority (Asian)	Leader	Interview	10/4/12
Naomi Nakano-Matsumoto	Executive Director	West Valley Community Services	Community Health	Low income	Leader	Focus Group	11/6/12
Reymundo Espinoza	CEO	Gardner Health Center	Community Health	Underserved (uninsured)	Leader	Interview	10/4/12
Shamima Hasan	CEO	Mayview Community Health Center	Community Health	Underserved (uninsured)	Leader	Interview	10/2/12
Jodi Kazemini	Clinic Manager	LPCH Adolescent Clinic	Community Health	Youth	Leader	Focus Group	11/9/12

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NAME	TITLE	AFFILIATION	EXPERTISE	TARGET GROUP(S)	TARGET GROUP ROLE	CONSULTATION METHOD	DATE CONSULTED
Ellen Corman	Supe. Injury Prevention & Commty Outreach	Stanford Hospital	Community Health	Chronic Conditions	Leader	Focus Group	11/7/12
Sister Rachela	Director, Community Health	Saint Louise Hospital	Community Health	Underserved & Low Income, South County	Leader	Focus Group	11/1/12
Bruce Copley	Director	Santa Clara County Drug and Alcohol	Behavioral Health		Leader	Focus Group	11/7/12
Celia Shanley	Health Services Manager	Rebekah's Children Services	Mental Health	Children/Youth	Leader	Focus Group	11/1/12
Lynn Magruder	Grants Administrator	Community Solutions	Mental Health		Leader	Focus Group	11/1/12
Sherri Terao	Division Director	Santa Clara County Mental Health	Mental Health	Children	Leader	Focus Group	11/7/12
Geraldo Cadenas	Senior Office Assistant	Columbia Neighborhood Center	Community Services	Children	Leader	Focus Group	11/9/12
Marilyn Roaf	HCD Grants Coordinator	City of Gilroy	Community Services	Underserved & Low Income, South County	Leader	Focus Group	11/1/12
Maureen Drewniany	Community Services Manager	City of Morgan Hill	Community Services	Underserved & Low Income, South County	Leader	Focus Group	11/1/12
Paul Schutz	Associate Director of Development	Community Health Awareness Council	Community Services	Youth	Leader	Focus Group	11/9/12
Petra Rigüero	Program Supervisor	City of San Jose Mayor's Gang Prevention Task Force	Community Services	Violence Prevention	Leader	Focus Group	11/9/12
Susan Fent	Director, Senior Programs & Services	Morgan Hill Senior Center	Community Services	Chronic Conditions	Leader	Focus Group	11/1/12
Susan Valenta	President & CEO	City of Gilroy Chamber of Commerce	Community Services	Underserved & Low Income, South County	Leader	Focus Group	11/1/12
Vivian Silva, MSW	Care Manager	City of Sunnyvale	Community Services	Chronic Conditions	Leader	Focus Group	11/7/12
Elaine Glissmeyer	Executive Director	YMCA	Community Wellness Services	Youth	Leader	Focus Group	11/9/12
Marlene Bjornsrud	Executive Director	Bay Area Women's Sports Initiative	Community Wellness Services	Youth	Leader	Focus Group	11/9/12
Pam Gudiño	Program Manager	Somos Mayfair	Community Wellness Services	Minority (Latino)	Leader	Focus Group	11/7/12
Rho Henry Olaisen	Director	Abilities United	Community Wellness Services	Disabled	Leader	Focus Group	11/9/12
Claudia Rossi	Trustee	Morgan Hill School Board	Education	Underserved & Low Income, South County	Leader	Focus Group	11/1/12

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NAME	TITLE	AFFILIATION	EXPERTISE	TARGET GROUP(S)	TARGET GROUP ROLE	CONSULTATION METHOD	DATE CONSULTED
Melinda Landau	Manager	San Jose Unified School District	Education	Children	Leader	Focus Group	11/9/12
Dolores Alvarado	Executive Director	Community Health Partnership	Health Insurance	Underserved (uninsured)	Leader	Interview	10/17/12
Dr. Kent Imai	Medical Director	Community Health Partnership	Health Insurance	Underserved (uninsured)	Leader	Interview	11/6/12
Dr. Thad Padua	Medical Director	Santa Clara Family Health Plan	Health Insurance	Underserved (uninsured)	Leader	Interview	11/9/12
Kathleen King	CEO	Santa Clara Family Health Foundation	Health Insurance	Underserved (uninsured)	Leader	Focus Group	11/6/12
Anne Ehresman	Executive Director	Project Cornerstone	Non-Profit	Children	Leader	Focus Group	11/9/12
Art Barron	Chair, Advisory Board	CARAS	Non-Profit	Underserved & Low Income, South County	Leader	Focus Group	11/1/12
Carol Leigh-Hutton	President & CEO	United Way Silicon Valley	Non-Profit	Low income	Leader	Focus Group	11/6/12
Cindy McGown	Senior Director	Second Harvest Food Bank	Non-Profit	Low income	Leader	Focus Group	11/7/12
Dana Bunnett	Executive Director	Kids in Common	Non-Profit	Children	Leader	Focus Group	11/9/12
Jill Dawson	Program Director	InnVision Shelter Network	Non-Profit	Low income	Leader	Focus Group	11/6/12
Marie Bernard	Executive Director	Sunnyvale Community Services	Non-Profit	Low income	Leader	Focus Group	11/6/12
Maureen Wadiak	Associate Director	Mountain View Community Services	Non-Profit	Low income	Leader	Focus Group	11/6/12
Patricia Gardner	Executive Director	Silicon Valley Council of Nonprofits	Non-Profit	Low income	Leader	Focus Group	11/6/12
Poncho Guevara	Executive Director	Sacred Heart Community Service	Non-Profit	Low income	Leader	Focus Group	11/6/12
Connie Corrales	Director, HICAP	Council on Aging	Older Adults	Chronic Conditions	Leader	Focus Group	11/7/12
Lori Andersen	Director, Healthy Aging	The Health Trust	Older Adults	Chronic Conditions	Leader	Focus Group	11/7/12
Maria Solis	Social Services Administrator	Yu Ai Kai	Older Adults	Chronic Conditions	Leader	Focus Group	11/7/12
Mike Torres	Director, Contracts & Planning	Council on Aging	Older Adults	Chronic Conditions	Leader	Focus Group	11/7/12

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NAME	TITLE	AFFILIATION	EXPERTISE	TARGET GROUP(S)	TARGET GROUP ROLE	CONSULTATION METHOD	DATE CONSULTED
Dr. Alfaro Garza	Health Officer	San Benito Public Health	Public Health	Underserved Chronic Conditions	Leader	Key Informant	12/18/12
Samela Perez	Health Education Programs Coordinator	San Benito Public Health	Public Health	Underserved Chronic Conditions	Leader	Key Informant	12/18/12
Diane Ortiz	Executive Director	Youth Alliance	Youth	Youth	Leader	Key Informant	12/15/12
Rosa Vivian Fernandez	President/CEO	San Benito Health Foundation Community Health Center	Community Health	Underserved Chronic Conditions	Leader	Key Informant	1/17/13
Leah Groppo	RD Nutritionist	San Benito Health Foundation Community Health Center	Community Health	Underserved Chronic Conditions	Leader	Key Informant	1/17/13
Lisa Faulkner	Executive Director	First 5, San Benito County	Youth 1 – 5 yrs	Youth	Leader	Key Informant	12/12/12
Margaret Nunez-Orneles	WIC Manager	San Benito Health Foundation Community Health Center	Community Health	Underserved	Leader	Key Informant	12/12/12
Lori Katterhagen, RN, MSN	Director: Med/Surg/Peds	Saint Louise Regional Hospital	Nursing	Chronic Conditions	Leader	Key Informant	12/26/12
Sunny Rutter, RN, MSN, CNC	Director: Emergency Services	Saint Louise Regional Hospital	Nursing	Emergency – Critical Issues	Leader	Key Informant	12/28/12
Louise Fry, RN, MSN	Director: OB Services	Saint Louise Regional Hospital	Nursing	OB/Newborn	Leader	Key Informant	1/8/13
Marilyn Gerrior, RN, MSN	CNE	Saint Louise Regional Hospital	Nursing	Chronic Conditions	Leader	Key Informant	1/8/13
Angela Vasquez, DTR	Director: Food Services	Saint Louise Regional Hospital	Food Services	Underserved	Leader	Key Informant	1/8/13
Alma Van den Raadt, MBA	Director: Diagnostic Imaging & Wound Care Services	Saint Louise Regional Hospital	Radiology and Wound Care Chronic Conditions	Chronic Conditions	Leader	Key informant	1/8/13

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NAME	TITLE	AFFILIATION	EXPERTISE	TARGET GROUP(S)	TARGET GROUP ROLE	CONSULTATION METHOD	DATE CONSULTED
Laura Guido, RRT	Director: Respiratory Services	Saint Louise Regional Hospital	Respiratory Issues Chronic Conditions	Chronic Conditions	Leader	Key Informant	1/8/13
Gloria De La Merced, RN, MSN, CCRN	Director: ICU	Saint Louise Regional Hospital	Chronic Conditions Acute Care	Chronic Conditions	Leader	Key Informant	1/8/13
Michael Dacoco, MHA	Director: Laboratory	Saint Louise Regional Hospital	Diagnostic Issues	Chronic Conditions	Leader	Key Informant	1/8/13
Patty Sebald, RN, BSN	Director: Surgical Services	Saint Louise Regional Hospital	Chronic Conditions	Chronic Conditions	Leader	Key Informant	1/8/13
Carol Furgurson, MS, CPA	COO	Saint Louise Regional Hospital	Administration	Underserved	Leader	Key Informant	1/8/13
Joanne Allen, MS	CEO	Saint Louise Regional Hospital	Administration	Underserved	Leader	Key Informant	1/8/13
Pam Holmquist, RN, BSN, MBA	Director: Infection Control	Saint Louise Regional Hospital	Administration	Underserved	Leader	Key Informant	2/20/2013
Norman Fox, Pharm D,	Director: Pharmacy	Saint Louise Regional Hospital	Administration	Underserved	Leader	Key Informant	2/20/2013
Carol Ann Parker, RN	VP Quality and Risk Management	Saint Louise Regional Hospital	Administration	Underserved	Leader	Key Informant	3/1/2013

For a description of **members** of the community who participated in focus groups, please see Section 5 “Resident Input.”

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Attachment 4: List of Indicators on Which Data Were Gathered

Indicator	Data Source
Absence of Dental Insurance Coverage	California Health Interview Survey (CHIS), 2007
Access to Primary Care	U.S. Health Resources and Services Administration Area Resource File, 2009 (as reported in the 2012 County Health Rankings)
Adequate Fruit/Vegetable Consumption (Youth)	California Health Interview Survey (CHIS), 2009
Adequate Social or Emotional Support	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010
Alcohol Expenditures	Nielsen Claritas Site Reports, Consumer Buying Power, 2011
Asthma Hospitalizations (Adult)	California Office of Statewide Health, Planning and Development (OSHPD), Patient Discharge Data, 2010
Asthma Hospitalizations (Youth)	California Office of Statewide Health, Planning and Development (OSHPD), Patient Discharge Data, 2010
Asthma Prevalence	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010
Breast Cancer Incidence	The Centers for Disease Control and Prevention, and the National Cancer Institute: State Cancer Profiles, 2005-2009
Breast Cancer Screening (Mammogram)	Dartmouth Atlas of Healthcare, Selected Measures of Primary Care Access and Quality, 2003-2007
Breastfeeding (Any)	CA only: California Department of Public Health, In-Hospital Breastfeeding Initiation Data, 2011; Outside CA: National Survey of Children's Health, 2007

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Indicator	Data Source
Breastfeeding (Exclusive)	CA only: California Department of Public Health, In-Hospital Breastfeeding Initiation Data, 2011; Outside CA: National Survey of Children's Health, 2007
Cancer Mortality	CA only: California Department of Public Health, Death Statistical Master File, 2008-2010; Outside CA: Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death, 2005-2009. . Accessed through CDC WONDER
Cervical Cancer Incidence	The Centers for Disease Control and Prevention, and the National Cancer Institute: State Cancer Profiles, 2005-2009
Cervical Cancer Screening (Pap Test)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2004-2010
Change in Total Population (from 2000 to 2010)	U.S. Census Bureau, 2010 Census of Population and Housing, Summary File 1; U.S. Census Bureau, 2010 Census of Population and Housing, Summary File 1
Children in Poverty	U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates
Chlamydia Incidence	Centers for Disease Control and Prevention and the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2009
Colon and Rectum Cancer Incidence	The Centers for Disease Control and Prevention, and the National Cancer Institute: State Cancer Profiles, 2004-2008
Colon Cancer Screening (Sigmoid/Colonoscopy)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2004-2010

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Indicator	Data Source
Dental Care Affordability	California Health Interview Survey (CHIS), 2007
Dental Care Utilization (Adult)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010
Dental Care Utilization [Youth]	California Health Interview Survey (CHIS), 2009
Diabetes Hospitalizations (Adult)	California Office of Statewide Health, Planning and Development (OSHPD), Patient Discharge Data, 2010
Diabetes Hospitalizations (Youth)	California Office of Statewide Health, Planning and Development (OSHPD), Patient Discharge Data, 2010
Diabetes Management (Hemoglobin A1c Test)	Dartmouth Atlas of Healthcare, Selected Measures of Primary Care Access and Quality, 2003-2007
Diabetes Prevalence	Centers for Disease Control and Prevention, National Diabetes Surveillance System, 2009
Facilities Designated as Health Professional Shortage Areas (HPSA)	U.S. Health Resources and Services Administration, Health Professional Shortage Area File, 2012
Fast Food Restaurant Access	CA only: U.S. Census Bureau, ZIP Code Business Patterns, 2009; Outside CA: U.S. Census Bureau, County Business Patterns, 2010
Federally Qualified Health Centers	U.S. Health Resources and Services Administration, Centers for Medicare & Medicaid Services, Provider of Service File, 2011
Free and Reduced Price School Lunch Eligibility	U.S. Department of Education, National Center for Education Statistics (NCES), Common Core of Data, Public School Universe File, 2009-2010

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Indicator	Data Source
Fruit/Vegetable Expenditures	Nielsen Claritas SiteReports, Consumer Buying Power, 2011
Grocery Store Access	U.S. Census Bureau, County Business Patterns, 2010
Heart Disease Mortality	CA only: California Department of Public Health, Death Statistical Master File, 2008-2010; outside CA Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death, 2005-2009. . Accessed through CDC WONDER
Heart Disease Prevalence	CA only: California Health Interview Survey (CHIS), 2009; Outside CA: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010
Heavy Alcohol Consumption	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2004-2010
High Blood Pressure Management	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010
High School Graduation Rate	U.S. Department of Education, National Center for Education Statistics (NCES), Common Core of Data, Local Education Agency (School District) Universe Survey Dropout and Completion Data, 2008-2009
HIV Hospitalizations	California Office of Statewide Health, Planning and Development (OSHPD), Patient Discharge Data, 2010
HIV Prevalence	Centers for Disease Control and Prevention and the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2008

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Indicator	Data Source
HIV Screenings	CA only: California Health Interview Survey (CHIS), 2005; Outside CA: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010
Homicide	CA only: California Department of Public Health, Death Statistical Master File, 2008-2010; Outside CA: Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death, 2005-2009. . Accessed through CDC WONDER
Inadequate Fruit/Vegetable Consumption (Adult)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2003-2009
Infant Mortality	Centers for Disease Control and Prevention, National Vital Statistics System, 2003-2009
Lack of a Consistent Source of Primary Care	CA only: California Health Interview Survey (CHIS), 2009; Outside CA: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010
Lack of Prenatal Care	CA only: California Department of Public Health, Birth Profiles by ZIP Code, 2010; Outside CA: Centers for Disease Control and Prevention, National Vital Statistics Systems, 2007-2009. Accessed through CDC WONDER
Linguistically Isolated Population	U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates
Liquor Store Access	CA only: California Department of Alcoholic Beverage Control, Active License File, April 2012; Outside CA: U.S. Census Bureau, County Business Patterns, 2010

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Indicator	Data Source
Low Birth Weight	CA only: California Department of Public Health, Birth Profiles by ZIP Code, 2010; Outside CA: Centers for Disease Control and Prevention, National Vital Statistics Systems, 2003-2009. Accessed through the Health Indicators Warehouse
Lung Cancer Incidence	The Centers for Disease Control and Prevention, and the National Cancer Institute: State Cancer Profiles, 2004-2008
Median Age	U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates
Motor Vehicle Crash Death	CA only: California Department of Public Health, Death Statistical Master File, 2008-2010; Outside CA: National Highway Traffic Safety Administration, Fatality Analysis Reporting System, 2008-2010
Obesity (Adult)	Centers for Disease Control and Prevention, National Diabetes Surveillance System, 2009
Obesity (Youth)	CA only: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2011; Outside CA: National Survey of Children's Health, 2007
Overweight (Adult)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010
Overweight (Youth)	CA only: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2011; Outside CA: National Survey of Children's Health, 2007

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Indicator	Data Source
Park Access	U.S. Census Bureau, 2010 Census of Population and Housing, Summary File 1; Esri's USA Parks layer (compilation of Esri, National Park Service, and TomTom source data), 2012.
Pedestrian Motor Vehicle Death	CA only: California Department of Public Health, Death Statistical Master File, 2008-2010; Outside CA: National Highway Traffic Safety Administration, Fatality Analysis Reporting System, 2008-2010
Physical Inactivity (Adult)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2004-2010
Physical Inactivity (Youth)	California Department of Education, Fitness gram Physical Fitness Testing Results, 2011
Pneumonia Vaccinations (Age 65+)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2004-2010
Poor Air Quality (Ozone)	Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network, 2008
Poor Air Quality (Particulate Matter 2.5)	Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network, 2008
Poor Dental Health	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010
Poor General Health	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2004-2010
Poor Mental Health	California Health Interview Survey (CHIS), 2009
Population Below 200% of Poverty Level	U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates

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Indicator	Data Source
Population Living in a Health Professional Shortage Areas (HPSA)	U.S. Health Resources and Services Administration, Health Professional Shortage Area File, 2012
Population Living in Food Deserts	U.S. Department of Agriculture, Food Desert Locator, 2009
Population Receiving Medicaid	U.S. Census Bureau, 2008-2010 American Community Survey 3-Year Estimates
Population with Any Disability	U.S. Census Bureau, 2008-2010 American Community Survey 3-Year Estimates
Population with No High School Diploma	U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates
Poverty Rate (< 100% FPL)	U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates
Premature Death	Centers for Disease Control and Prevention, National Vital Statistics System, 2008-2010 (As Reported in the 2012 County Health Rankings)
Preventable Hospital Events	CA only: California Office of Statewide Health, Planning and Development (OSHPD), Patient Discharge Data, 2010; outside CA: Dartmouth Atlas of Healthcare, Selected Measures of Primary Care Access and Quality, 2003-2007
Prostate Cancer Incidence	The Centers for Disease Control and Prevention, and the National Cancer Institute: State Cancer Profiles, 2004-2008
Recreation and Fitness Facility Access	CA only: U.S. Census Bureau, ZIP Code Business Patterns, 2009; Outside CA: U.S. Census Bureau, County Business Patterns, 2010

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Indicator	Data Source
Soft Drink Expenditures	Nielsen Claritas SiteReports, Consumer Buying Power, 2011
Stroke Mortality	CA only: California Department of Public Health, Death Statistical Master File, 2008-2010; Outside CA: Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death, 2005-2009. . Accessed through CDC WONDER
Student Reading Proficiency (4th Grade)	States' Department of Education, Student Testing Reports, 2011
Suicide	CA only: California Department of Public Health, Death Statistical Master File, 2008-2010; Outside CA: Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death, 2005-2009. . Accessed through CDC WONDER
Supplemental Nutrition Assistance Program (SNAP) Recipients	U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE), 2009
Teen Births	Centers for Disease Control and Prevention, National Vital Statistics Systems, 2003-2009. Accessed through the Health Indicators Warehouse
Tobacco Expenditures	Nielsen Claritas Site Reports, Consumer Buying Power, 2011
Tobacco Usage (Adult)	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2004-2010
Total Female Population	U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates
Total Male Population	U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates

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Indicator	Data Source
Total Population	U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates
Total Population Age 0-4	U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates
Total Population Age 18-24	U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates
Total Population Age 25-34	U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates
Total Population Age 35-44	U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates
Total Population Age 45-54	U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates
Total Population Age 5-17	U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates
Total Population Age 55-64	U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates
Total Population Age 65 or Older	U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates
Unemployment Rate	U.S. Bureau of Labor Statistics, July, 2012 Local Area Unemployment Statistics
Uninsured Population	U.S. Census Bureau, 2008-2010 American Community Survey 3-Year Estimates
Violent Crime	U.S. Federal Bureau of Investigation, Uniform Crime Reports, 2010
Walkability	WalkScore.Com (2012)

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Indicator	Data Source
WIC-Authorized Food Store Access	U.S. Department of Agriculture, Food Environment Atlas, 2012

Attachment 5: Cross-Cutting Drivers Mentioned During Primary Data Gathering

- Access issues, including insurance/coverage issues (including MediCal), lack of transportation/transportation issues, issues with location, and language barriers
- Accessing primary care providers and the supply of practitioners & specialists (workforce development)
- Being too busy
- Being unemployed
- Caregiver issues
- Concerns about delivery of prevention
- Cultural issues
- Denial/fear
- Disabilities/existing medical conditions exacerbating other drivers
- Eating fast food
- Environmental issues, especially schools, neighborhoods (walkability & personal safety), housing, and lack of grocery stores or other places to buy fresh food
- Experiencing stigma
- Gangs, crime
- Having low income or being in poverty
- Health behaviors, including utilization of health care
- Heredity/genetic predisposition
- Issues of coordination of care
- Issues with prescription drugs (medication management, access to medication, sharing)
- Issues with treatment
- Lack of awareness
- Lack of health education
- Lack of knowledge
- Lack of motivation
- Lack of physical activity
- Lack of services
- Lack of/poor outreach
- Media
- Need for a patient-centered medical home/ “warm handshake”
- Need for best practices to be employed
- Need for partnerships or more effective partnerships
- Poor nutrition, including too much sugar, not cooking at home or cooking unhealthy food, eating processed food
- Social issues, especially poor/no role models, parenting & family issues, peer pressure, and social isolation
- Special populations: Children; youth; older adults; those of particular ethnicities (including being undocumented); adults
- Specific hospital-related delivery issues
- The cost of health care/insurance/prescriptions/activities/fresh food

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Attachment 6: Health Needs Prioritization Scores: Breakdown by Criteria

Health need/ condition	Overall average score	Average Scores of Prioritization Criteria Used by Group			Community Priority Score Based on Primary Data
		Disparities Exist	Prevention/ Intervention Opportunity	Solution Has Multiplier Effect	
Diabetes	3.0	3.0	3.0	2.9	3.0
Obesity	2.9	2.9	2.8	2.9	3.0
Violence	2.6	2.9	2.6	2.9	2.0
Poor mental health	2.6	2.3	2.6	2.4	3.0
Poor oral/dental health	2.5	2.7	2.8	2.3	2.0
Cardiovascular disease, heart attack, stroke	2.4	2.3	2.8	2.4	2.0
Substance use (ATOD)	2.4	2.4	2.8	2.3	2.0
Cancers	2.2	2.1	2.8	1.8	2.0
Respiratory conditions	2.0	2.4	2.6	1.9	1.0
STDs/HIV-AIDS	2.0	2.3	2.5	2.0	1.0
Birth outcomes	1.6	2.0	1.6	1.6	1.0
Alzheimer's	1.4	1.8	1.6	1.3	1.0

Notes: Access to Health Care not scored during prioritization process.

Coding of "Community Priority Score Based on Primary Data": Coded 3 if issue was identified as a top need/condition by more than 10 key informant interviews/focus groups (KIIs/FGs); coded 2 if by 1-9 KIIs/FGs; coded 1 if mentioned but not as a top need/condition.

Attachment 7: Health Needs Profiles

Diabetes	60
Obesity	65
Violence	69
Mental Health	74
Oral Health	77
Cardiovascular Disease, Heart Attack, Stroke	80
Substance Abuse	84
Cancers	87
Respiratory Conditions	91
STD's including HIV/AIDS	94
Birth Outcomes	97
Alzheimer's	100
Access	102

Diabetes

In 2012, the Santa Clara County Community Benefits Coalition conducted a county-wide assessment of health needs. San Benito participants included San Benito Health Foundation Community Health Center, San Benito Public Health Department, Youth Alliance, and First 5 – San Benito. Based on this scan of quantitative and qualitative data, **diabetes** was prioritized as one of the 13 top health needs in the county.

The status of needs associated with diabetes is described in this profile, in terms of:

- Key indicators,
- Key drivers or factors affecting the condition,
- Community input, and
- Assets within the community that can make a difference.

Status of Key Indicators, 2013

The table of indicators below includes local data that can be compared to statewide (CA) and US data as well as Healthy People 2020 (HP 2020) indicators where available.

Indicator	San Benito County	Santa Clara County	CA State Ave	HP 2020 Benchmark	Data Source
Diabetic Adults % adults 20+ who have ever been told by a doctor that they have diabetes	7%	7%	8%	8%	CDC National Diabetes Surveillance System 2009
New Cases Diabetes 2009 per 1000	7.6	8.0	8.6	7.2	CDC National Diabetes Surveillance System 2009
Older Adult Diabetes Management % of persons with diabetes –Medicare – who had a hemoglobin A1c test in past year	78%	77%	76%	---	CHNA.org
Mortality Rate # diabetes deaths in 2010/total	11/260 4%	357/8969 3%	7027/ 233,143 3%	65.8 per 100,000	CA Public Health Death Records

FACTORS INFLUENCING THE HEALTH NEED

Full understanding of the health need requires a review of other elements that can have an impact on it, such as individuals' behaviors, socioeconomic factors, the physical environment, or the provision of preventive care or early intervention. Such factors relevant to this health need are identified in the table below.

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Category	Driver/indicator	San Benito County	Santa Clara County	CA State	US	HP 2020 Benchmark	Data Source
Health Behaviors	Inadequate fruit/vegetable consumption (adult) % of adults who consume less than five servings of fruits and vegetables daily	---	70.40%	70.30%	71.96%		CHNA.org
	Physical inactivity (adult) % adults who self-report not participating in any physical activities or exercises	16%	17%	18%	21%		County Health Rankings
	Overweight adults % who self-report a BMI between 25-30	48.08%	35.95%	36.20%	36.31%	31%	CHNA.org
	Obese adults % who self-report a BMI over 30	23.90%	21.10%	23.25%	27.35%	31%	CHNA.org
	Overweight/Obese Children Children 7 th , 9 th and 11 th grades	42.2%	32.9%	38%	---	10%	KidsData.org
Social/Economic	Educational Attainment: Less than 9th grade	13.4%	10.63%	8.8%	8.5%		American Fact Finder – American Community Survey 2007 - 2011
	% of people living under Federal Poverty Level	13.3%	11.3%	14.4%	14.3%		
	Fast food restaurant access Establishments per 100,000 pop	56.09	69.82	68.77	68.31		CHNA.org
Physical Environment	Grocery store access Establishments per 100,000 pop	23.52	20.37	22.16	21.55		CHNA.org

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Category	Driver/indicator	San Benito County	Santa Clara County	CA State	US	HP 2020 Benchmark	Data Source
	WIC-Authorized food store access Establishments per 100,000 pop	17.80	9.40	15.80	15.60		CHNA.org
	Recreation and fitness facility access Establishments per 100,000 pop	9.05	11.0	8.64	9.68		CHNA.org

Community Input

The health needs assessment process would be incomplete without community input about the health need. Key informant interviews were conducted with local health experts, as well as focus groups with community leaders, representatives, and residents. Themes from discussions regarding the health need are identified below.

- Diabetes was of high concern in 8 out of 17 groups and in 6 of 9 key informant interviews, and was mentioned in almost all of them.
- Lack of Access to Dialysis Treatment in San Benito County is a major determinant to receiving care as needed.
- Lack of grocery stores or farmers' markets was mentioned as a driver for diabetes and poor nutrition in seven separate groups/interviews; it was noted that food stamps/EBT are not accepted at farmers' markets; that poor neighborhoods were disproportionately lacking stores that sold fresh produce and other healthy foods ("more liquor stores than grocery stores in some neighborhoods"); that lack of transportation affected access to grocery stores; that Asian & Latino families are more likely to choose fresh over processed food. It was suggested that policies/ordinances be supported that increase the quality of the food that "corner stores" would carry, and increase the number of farmers' markets.
- One group mentioned that grocery stores decide how WIC benefits can be used. One WIC beneficiary noted that consumers can't buy low-sugar options because they have artificial sweetener. (USDA states: "Federal WIC regulations do not prohibit foods that contain artificial sweeteners. However, WIC State agencies are responsible for determining the brands and types of foods to authorize on their State WIC food lists. Some State agencies may allow foods sweetened with artificial sweeteners on their foods lists, but this will vary by state.")
- Six groups/interviews mentioned the cost of healthy food. Many groups/interviews discussed the need for more healthy/good quality food, but only one group specifically mentioned fruits and vegetables, saying that "children and parents need to understand the benefits of eating fruits and vegetables" and discussed access issues related to this (i.e. distribution channels not established to enable farmers to get their produce to stores, schools and families.)
- Fast food was mentioned as a driver for diabetes and poor nutrition in eight groups/interviews; belief that fast food is cheaper, more accessible ("available on every corner"), faster, and provides more calories per

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dollar than healthy food, but is more unhealthy (fatty, "starchy", has as its companion "sugary drinks"); is being pushed by the media, can be found on school campuses, and makes portion size an issue ("supersized").

- Lack of healthy eating:
 - Lack of education about healthy eating
 - Decrease in families preparing meals at home
 - Large portion size (restaurant trends having an influence on home cooks)
- Lack of exercise:
 - Busy lifestyles
 - Unsafe neighborhoods
 - High cost of physical fitness programs
- Social factors:
 - Parents may be poor models for children
 - Families used to overeating, eating unhealthy foods

Assets to Address the Need

The Santa Clara County Community Benefits Coalition members and a representative from the Santa Clara County Public Health Department were consulted to identify existing internal and community assets that could be accessed to address the health need. Additionally, the members of the Saint Louis Regional Hospital Community Health Advisory Committee and the Internal Community Benefit Committee were consulted. These include:

- Diabetes Education classes in English and Spanish through Saint Louis Regional Hospital – available both in South Santa Clara County and San Benito County
- Diabetes Education Programs at San Benito Health Foundation Community Health Center through the Health Trust
- Saint Louis Regional Hospital provides meters and strips to those without insurance
- Saint Louis Regional Hospital provides diabetes screenings at health fairs
- Diabetes Education also available at Valley Health Center Clinic, Gardner Health Clinic in Gilroy, and Kaiser
- Physical Activity Efforts are provided in a variety of venues: Local School Districts, Parks and Recreation Departments, YMCA projects, MACSA, Youth Alliance, BAWSI, Centennial Recreation Center in Morgan Hill: Fitness, Comida Sana – Vita Activa, Park Safety, El Toro Youth
- Centennial Recreation Center in Morgan Hill
- In collaboration with the Santa Clara Department of Public Health SNAP-ED grant, Saint Louis Regional Hospital has 3 Promotores that are providing nutritional education to low income persons.
- Saint Louis Regional Hospital supports community programs that promote exercise
- Food Resources
 - St. Joseph's Family Center
 - Second Harvest provides fresh fruit and vegetables in a variety of locations
 - Meals on Wheels through the Health Trust and Saint Louis Regional Hospital
 - Farmers Market – Gilroy
 - Valley Verde – Gardens in Gilroy
 - WIC Programs at Valley Health Center - Gilroy and San Benito Health Foundation Community Health Center
 - Gilroy and Morgan Hill Senior Centers: Healthy Lunch programs

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- Gavilan College
- Cal Fresh
- School Free Lunch Programs
- Food Pantry at St. Catherine's Morgan Hill and Hollister
- Free meals 1x week at Advent Ministries in Morgan Hill
- Efforts to increase EBT access, work with vendors to establish healthy check-out areas
- Provide healthy options and more salad bars at schools.

Summary

Diabetes is a health need in Santa Clara County and San Benito County. The health need is likely being impacted by health behaviors such as low fruit and vegetable consumption, soda consumption, the proximity of fast food establishments, and a lack of grocery stores and WIC-Authorized food sources.

Obesity

In 2012, the Santa Clara County Community Benefits Coalition conducted a county-wide assessment of health needs. San Benito participants included San Benito Health Foundation Community Health Center, San Benito Public Health Department, Youth Alliance, and First 5 – San Benito. Based on this scan of quantitative and qualitative data, **obesity** was prioritized as one of the 13 top health needs in the county.

The status of needs associated with obesity is described in this profile, in terms of:

- Key indicators,
- Key drivers or factors affecting the condition,
- Community input, and
- Assets within the community that can make a difference.

Status of Key Indicators, 2013

The table of indicators below includes local data that can be compared to statewide (CA) and US data as well as Healthy People 2020 (HP 2020) indicators where available.

Indicator	San Benito County	Santa Clara County	CA State	US	HP 2020 Benchmark	Data Source
Overweight adults % who self-report a BMI between 25-30	48.08%	35.95%	36.20%	36.31%	31% overweight or obese adults	CHNA.org
Obese adults % who self-report a BMI over 30	23.90%	21.10%	23.25%	27.35%		CHNA.org
Overweight/Obese Children Children 7 th , 9 th and 11 th grades	42.2%	32.9%	38%	---	10%	KidsData.org

Factors Influencing the Health Need

Full understanding of the health need requires a review of other elements that can have an impact on it, such as individuals' behaviors, socioeconomic factors, the physical environment, or the provision of preventive care or early intervention. Such factors relevant to this health need are identified in the table below.

Category	Driver/indicator	San Benito County	Santa Clara County	CA State	US	HP2020 Benchmark	Data Source
Health Behaviors	Inadequate fruit/vegetable consumption (adult) % of adults who consume less than five servings of fruits and vegetables daily	---	70.40%	70.30%	71.96%		CHNA.org

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Category	Driver/indicator	San Benito County	Santa Clara County	CA State	US	HP2020 Benchmark	Data Source
Social/ Economic	Physical inactivity (adult) % adults who self-report not participating in any physical activities or exercises	16%	17%	18%	21%		County Health Rankings
	Educational Attainment: Less than 9th grade	13.4%	10.63%	8.8%	8.5%		American Fact Finder – American Community Survey 2007 - 2011
	% of people living under Federal Poverty Level	13.3%	11.3%	14.4%	14.3%		
Physical Environment	Fast food restaurant access Establishments per 100,000 pop	56.09	69.82	68.77	68.31		CHNA.org
	Grocery store access Establishments per 100,000 pop	23.52	20.37	22.16	21.55		CHNA.org
	WIC-Authorized food Access Establishments per 100,000 pop	17.80	9.40	15.8	15.60		CHNA.org
	Recreation/Fitness Access Establishments per 100,000 pop	9.05	11.0	8.64	9.68		CHNA.org

Community Input

The health needs assessment process would be incomplete without community input about the health need. Key informant interviews were conducted with local health experts, as well as focus groups with community leaders, representatives, and residents. Themes from discussions regarding the health need are identified below.

- Obesity/overweight was of high concern in 13 out of 22 groups/interviews, and was mentioned in almost all of them.
- Lack of **grocery stores** or farmers' markets was mentioned as a driver for obesity or poor nutrition in seven separate groups/interviews; it was noted that food stamps/EBT are not accepted at farmers' markets; that poor neighborhoods were disproportionately lacking stores that sold fresh produce and other healthy food ("more liquor stores than grocery stores in some neighborhoods"); that lack of transportation affected access to grocery stores; that Asian & Latino families are more likely to choose fresh over processed food. It was suggested that policies/ordinances be supported that increase the quality of the food that "corner stores" would carry, increase the number of farmers' markets.
- One group mentioned that grocery stores decide how **WIC benefits** can be used. One WIC beneficiary noted that consumers can't buy low-sugar options because they have artificial sweetener. (USDA states: "Federal WIC regulations do not prohibit foods that contain artificial sweeteners. However, WIC State agencies are responsible for determining the brands and types of foods to authorize on their State WIC food lists. Some State agencies may allow foods sweetened with artificial sweeteners on their foods lists, but this will vary by state.")
- Six groups/interviews mentioned the **cost** of healthy food. Many groups/interviews discussed the need for more healthy/good quality food, but only one group specifically mentioned fruits and vegetables, saying that "children and parents need to understand the benefits of eating fruits and vegetables" and

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discussed access issues related to this (i.e. Distribution channels not established to enable farmers to get their produce to stores, schools and families.)

- **Fast food** mentioned as a driver for obesity or poor nutrition in eight groups/interviews; belief that fast food is cheaper, more accessible ("available on every corner"), faster, and provides more calories per dollar than healthy food, but is more unhealthy (fatty, "starchy", has as its companion "sugary drinks"); is being pushed by the media, can be found on school campuses, makes portion size an issue ("supersized")
- Lack of healthy eating:
 - Lack of education about healthy eating
 - Decrease in families preparing meals at home
 - Large portion size (restaurant trends having an influence on home cooks)
- Lack of exercise:
 - Busy lifestyles
 - Unsafe neighborhoods
 - High cost of physical fitness programs
- Social factors:
 - Parents may be poor models for children
 - Families used to overeating, eating unhealthy foods

Assets to Address the Need

.The Santa Clara County Community Benefits Coalition members and a representative from the Santa Clara County Public Health Department were consulted to identify existing internal and community assets that could be accessed to address the health need. Additionally, the members of the Saint Louise Regional Hospital Community Health Advisory Committee and the Internal Community Benefit Committee were consulted. These include:

- In collaboration with the Santa Clara Department of Public Health SNAP-ED grant Saint Louise Regional Hospital has 3 Promotores that are providing nutritional education to low income persons.
- Saint Louise Regional Hospital provides financial support to activities in the school district and private organizations that promote exercise – i.e., Runs
- Health Benefits Resource Center: Cal-Fresh enrollment assistance onsite and in the community
- Santa Clara County Public Health Breastfeeding Program
- FIRST 5 Family Resource Centers through MACSA (nutrition and physical activity programming) (also funded by Packard Foundation)
- GUSD Wellness Policy
- Physical Activity Efforts through a variety of venues: Local School Districts, Youth Alliance, Parks and Recreation Departments, YMCA projects, MACSA, BAWSI, Centennial Recreation Center in Morgan Hill, Park Safety, El Toro Youth
- WIC program provides healthy food options to parents in Gilroy and San Benito County
- Obesity Prevention through Network for a Healthy CA
- San Benito Health Foundation Community Health Center: Nutrition Education, BMI f/u, and Counseling Services; WIC Services with improved breastfeeding rates
- Abuelos Sanos: Senior Exercise Program in Morgan Hill and Gilroy
- Soda Free events to prevent over consumption of sodas
- Comida Sana - Vita Activa (CSVA) Healthy Food – Active Living program to improve nutrition and physical activity in Region 5 After School Programs (includes South Santa Clara County and San Benito County)

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- Youth Alliance: Youth Advocates for Health
- Food resources:
 - St. Joseph's Family Center
 - Second Harvest provides fresh fruit and vegetables in a variety of locations
 - Meals on Wheels through the Health Trust and Saint Louise Regional Hospital
 - Farmers Market – Gilroy – Improved access to EBT cards
 - Valley Verde – Gardens in Gilroy
 - Gilroy and Morgan Hill Senior Centers Healthy Lunch program
 - Gavilan College
 - Cal Fresh
 - School Free Lunch Programs
 - Food Pantry at St. Catherine's Morgan Hill and Hollister
 - Free meals 1x week at Advent Ministries in Morgan Hill
 - Improve school lunches to include salad bar options
 - Working with local vendors to establish healthy check-out counters
 - Providing healthy snacks at community events – ie fruit

SUMMARY

Obesity is a health need in the Santa Clara County and San Benito County. The health need is likely being impacted by health behaviors such as low fruit and vegetable consumption, soda consumption, the proximity of fast food establishments, and a lack of grocery stores and WIC-Authorized food sources.

Violence

In 2012, the Santa Clara County Community Benefits Coalition conducted a county-wide assessment of health needs. San Benito participants included San Benito Health Foundation Community Health Center, San Benito Public Health Department, Youth Alliance, and First 5 – San Benito. Based on this scan of quantitative and qualitative data, **violence** was prioritized as one of the 13 top health needs in the county.

The status of violence is described in this profile, in terms of:

- Key indicators,
- Key drivers or factors affecting the condition,
- Community input, and
- Assets within the community that can make a difference.

Status of Key Indicators, 2013

The table of indicators below includes local data that can be compared to statewide (CA) and US data as well as Healthy People 2020 (HP 2020) indicators where available.

Indicator	San Benito County	Santa Clara County	CA State	US	HP 2020 Benchmark	Data Source
Domestic Violence (recent) % experienced physical or sexual violence by intimate partner in past year	---	2%	4%	---	--	California Health Interview Survey (CHIS 2009)
Domestic Violence (ever) % females 18-64 ever experienced sexual/ physical violence by intimate partner since age 18	---	16%	21%	---	--	
Child Abuse Rate of substantiated allegations of child maltreatment	9.1/1000	4.2/1000	9.6/1000	9.4	8.5 per 1000	CA Dept. Social Services/UC Berkeley Center for Social Service Research (2011)
Bullying % of 7 th , 9 th and 11 th grade students who reported being bullied	14.2%	13.6%	14.3%	19.9%	17.9%	Kidsdata.org 2008 - 2010
Homicide per 100,000 population	5.58	2.55	6	5.81	<=5.5	CHNA.org

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Factors Influencing the Health Need

Full understanding of the health need requires a review of other elements that can have an impact on it, such as individuals’ behaviors, socioeconomic factors, the physical environment, or the provision of preventive care or early intervention. Such factors relevant to this health need are identified in the table below.

Category	Driver/indicator	San Benito County	Santa Clara County	CA State	US	HP 2020 Benchmark	Data Source
Behaviors	Gang Membership (youth) % of 7th/9th/11th graders who consider themselves a gang member	10.06%	7%	8.53%	--	---	Kidsdata.org 2008 - 2009
	Violent Crime Violent felony arrest rate per 100,000						CA Dept. Justice Profile, 2010
	Adults		287.8	394.2	---	---	
	Youth (10-17 yrs)		253.2	294.9	---	---	
	Alcohol Consumption (Adult) % of adults reporting heavy alcohol consumption	---	13.1%	16.62%	16.05%	25.3%	CHNA.org
	Alcohol Binging (Adult) % of adults reporting binge drinking in last 30 days	34%	31%	31.3%	27.1%	24.4%	CHIS 2009
Physical Environment	Recreational Facilities number per 100,000 population of recreation and fitness facilities	9.05	8.64	8.64			CHNA.org
	Liquor store access number of active beer, wine, and liquor retailer licenses per 100,000 population	9.05	9.43	9.71	10.20		CHNA.org

Community Input

The health needs assessment process would be incomplete without community input about the health need. Key informant interviews were conducted with local health experts, as well as focus groups with community leaders, representatives, and residents. Themes from discussions regarding the health need are identified below.

- Violence was of high concern in 7 out of 22 groups/interviews, and was mentioned in others
- With regard to gang violence, frequent themes included the cost of and/or lack of healthy outlets and activity options for youth; not feeling they have better life alternatives; gang membership as a way to belong, or as protection from other forms of violence/abuse; and unsafe communities
- With regard to domestic violence, themes included underreporting; lack of awareness of support and services; social isolation; financial/economic stress; and unaddressed mental and/or behavioral (e.g., ATOD abuse) health issues on the part of the perpetrator
- With regard to bullying, themes included underreporting; lack of policy enforcement; the rise in social media as a venue for bullying; and concern about bullying as a “gateway” to gangs and other forms of violence
- Unemployment
- High stigma prevents people from reporting domestic violence and getting help
- Poor family models; can be generational
- Lack of parenting support
- Cultural/societal acceptance of violence, including media promotion
- Lack of education about coping skills, conflict resolution
- Language barriers to seek support/protection
- Incarceration, which can foreclose future life options, promote gang membership
- Easy access to weapons

Assets to Address the Need

The Santa Clara County Community Benefits Coalition members and a representative from the Santa Clara County Public Health Department were consulted to identify existing internal and community assets that could be accessed to address the health need. Additionally, the members of the Saint Louise Regional Hospital Community Health Advisory Committee and the Internal Community Benefit Committee were consulted. These include:

- Saint Louise Regional Hospital provides referrals to organizations providing assistance and provides financial support to 2 organizations that provide services for those affected by violence as well as parenting classes.
- South County Youth Task Force
- Gilroy Gang Task Force
- MACSA Programs for Youth
- Santa Clara County Public Health Department
 - Identified “Winnable Battle”
 - Anti-bullying Community Transformation Grants in South County school districts
- Rebekah’s Children’s Services: parenting programs
- Discovery Counseling Services
- Community Solutions

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- a) **Confidential shelter:** 14-bed shelter and support services for victims of intimate partner abuse and human trafficking, and their minor children (or motel vouchers if shelter is full).
- b) **24/7 bilingual (Spanish/English) crisis line** (1-877-363-7238) that provides crisis intervention for victims of domestic violence, sexual assault and human trafficking
- c) **Transportation** of victims to court, medical appointments, etc., if needed
- d) **Case Management:** Within 48 hours of arrival at our shelter, the victim is matched linguistically and culturally with a case manager.
- e) **Individualized safety plan** within 72 hours of entry into the shelter.
- f) **Peer support groups** weekly or more often at the shelter
- g) Bilingual **individual, family, and group therapy**
- h) Referral to **psychiatrists** on staff to treat eligible victims and prescribe medication if needed.
- i) Educational **workshops for shelter residents** covering topics such as power and control dynamics, healthy vs. unhealthy relationships, signs of a batterer, and the impact of intimate partner abuse on children. Staff and local experts offer life skills instruction focusing on self-care, budgeting, self-defense, parenting, housing, health, protective orders, public benefits, and other topics that aid victims on their path toward self-reliance.
- j) **Bilingual legal advocacy** for protection orders, court accompaniment, interpretation
- k) Assistance in accessing **public benefits** including social services, Victim Witness, Medi-Cal and food stamps.
- l) **Food, clothing, books, toys, and household items**
- m) Assistance in finding **permanent housing**.
- n) **Longer-term counseling** after victims leave the shelter
- o) **Referrals** for other services they need and internal referral to other Community Solutions Programs such as FIRST5.

Other Assets for Intimate Partner Abuse:

- Domestic Violence Advocacy Consortium (DVAC): Community Solutions, Asian Americans for Community Involvement, Maitri, Next Door Solutions, and Support Network/YWCA share trainings and inter-shelter referrals to meet the language and safety needs of clients
- Santa Clara County Victim Witness Assistance Center assists victims of crime in applying for compensation for expenses incurred as a result of crime
- Legal and immigrant service providers such as the Katharine & George Alexander Community Law Center, that assist victims in obtaining visas so that they may testify against perpetrators of crimes
- South Bay Coalition to End Human Trafficking (Victims of human trafficking often surface first as domestic violence victims) - provides direct services to victims of human trafficking.

Assets for Other Types of Violence:

Community Solutions Programs:

1. **Status Offender Services (SOS):** Designed to stabilize Santa Clara County children, youth, adolescents and transition-age youth who are in a current crisis to prevent their involvement in the Dependency and/or Juvenile Justice System. 24-hr. Crisis Line; Crisis intervention; Mobile Crisis Response. No fees. Must meet medical necessity for additional therapeutic / psychiatric services available through Full-scope Medi-Cal.
2. **Strengthening Families - Prevention and Early Intervention (PEI):** School-based prevention program provides parenting groups, youth groups, individual and family counseling, crisis intervention, and case management. No fees. Offered at Glen View and P.A. Walsh elementary schools in school year 2012-13.
3. **Competency Development & Support Enhancement:** Skill-building program for youth referred by Probation with histories of high risk, anti-social and early offending behaviors and for those with substance abuse and gang involvement. No fee.

4. **Direct Referral Program:** Assessment, case management and therapeutic services for youth referred by Probation who have generally low misdemeanor first-time offenses to deter penetration into the Juvenile Justice system. No fee.
5. **Concepts of Recovery Criminal Justice FSP:** Mental health services, medication support, case management, dual diagnosis groups, and 24/7 on-call services for adults ages 18-59 involved with the criminal justice system diagnosed with a mental health disorder and co-occurring substance abuse. Must be referred by Court staff and enrolled in MHSA Full Service Partnership. Medi-Cal.
6. **Crossing Bridges Adult Dual Diagnosis Program:** Group and individual counseling and case management for adults 18 and older diagnosed with a mental health disorder and co-occurring substance abuse. Must meet medical necessity for mental health services and receiving or eligible for full-scope Medi-Cal or uninsured.
7. **Integrated Services for Mentally Ill Parolees (ISMIP/CDCR Full Service Partnership):** The CDCR Program supports parolees with mental health diagnosis. Basic Services are: Mental health services, case management, dual diagnosis groups, medication services, 24/7 on-call services for individuals involved in the criminal justice system who are mentally ill with current substance abuse diagnosis. Serves Adults 18 to 59 years old enrolled in the Full Service Partnership Program and the California Department of Corrections and Rehabilitation. Must meet medical necessity for mental health services. Medi-Cal.
 - SCCPHD: Violence prevention Program
 - CDC CTG targets emotional needs youth in Morgan Hill and Gilroy Unified School Districts especially related to bullying and promotion of healthy relationships.
 - Youth Alliance: Joven Noble (Youth) Program
 - Youth Alliance: School Counseling as part of Bullying Prevention: Olweus Bullying Prevention Program
 - Youth Alliance: CASA Counselor provides training on use of Mental Health Screening tool
 - Youth Alliance: Teen Leadership Program
 - Youth Alliance: Parenting Workshops

SUMMARY

Violence is a health need in Santa Clara County and San Benito County. The health need is likely being impacted by health behaviors such as binge drinking. Community input indicates that the health need is also affected by the cost of and/or lack of activity options for youth, financial/economic stress, lack of policy enforcement, poor family models, unaddressed mental and/or behavioral health issues among perpetrators, cultural/societal acceptance of violence, lack of awareness of support and services for victims, and linguistic isolation. Community members also suggested that violence is underreported by victims, possibly due to stigma and/or cultural norms.

Santa Clara County and San Benito County Health Need Profile

Mental Health

In 2012, the Santa Clara County Community Benefits Coalition conducted a county-wide assessment of health needs. San Benito participants included San Benito Health Foundation Community Health Center, San Benito Public Health Department, Youth Alliance, and First 5 – San Benito. Based on this scan of quantitative and qualitative data, **mental health** was prioritized as one of the 13 top health needs in the county.

The status of mental health needs is described in this profile, in terms of:

- Key indicators,
- Key drivers or factors affecting the condition,
- Community input, and
- Assets within the community that can make a difference.

Status of Key Indicators, 2013

The table of indicators below includes local data that can be compared to statewide (CA) data and Healthy People 2020 (HP 2020) indicators where available.

Indicator	San Benito County	Santa Clara County	CA State	US	HP 2020 Benchmark	Data Source
Poor Mental Health (Adults 18+) % of those relating serious psychological distress in last 12 months	10.4%	4.8%	6.5%	---	---	CHIS 2009
Depression (youth) % of middle/HS students with depressive symptoms in past 12 months	29.13%	28%	29.96%	---	---	CA Healthy Kids 2009-10
Suicidal ideation (youth) % of middle/HS students who seriously considered suicide in past 12 months	--	16%	19%	---	---	
Suicide Rate Age adjusted rate per 100,000	8.49	8.10	10.05	11.57	11.2	CHNA.ORG CDC 2006 - 2010

FACTORS INFLUENCING THE HEALTH NEED

Full understanding of the health need requires a review of other elements that can have an impact on it, such as individuals' behaviors, socioeconomic factors, the physical environment, or the provision of preventative care or early intervention. Such factors relevant to this health need are identified in the table below.

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Category	Driver/indicator	San Benito County	Santa Clara County	CA State	US	HP 2020 Benchmark	Data Source
Health Behaviors	Adequate social or emotional support (adults) % adults who report receiving sufficient social / emotional support all /most of the time	---	77.79%	75%	80.33%	---	CHNA.org

COMMUNITY INPUT

The health needs assessment process would be incomplete without community input about the health need. Key informant interviews were conducted with local health experts, as well as focus groups with community leaders, representatives, and residents. Themes from discussions regarding the health need are identified below.

- Mental Health was of high concern in 16 out of 22 groups/interviews, and was mentioned in almost all of them. Residents identified specific conditions of stress, depression, suicide, and abuse (trauma).
- Social/emotional support as a driver of mental health was mentioned in at least half of the groups/interviews that identified mental health as a priority.
- Bullying, abuse and overwork can cause stress and mental health issues.
- Lack of knowledge about the effects of stress and how to cope.
- Poor mental health (stress) can cause physical problems such as heart issues, insomnia and poor diet.
- High stigma prevents people from identifying poor mental health in themselves and in getting treatment.
- Lack of mental health insurance benefits.
- Lack of affordable treatment resources.
- Lack of treatment for episodic mental health issues such as depression and stress.
- Inability to qualify for enough resources, especially after-care.

Assets to Address the Need

The Santa Clara County Community Benefits Coalition members and a representative from the Santa Clara County Public Health Department were consulted to identify existing internal and community assets that could be accessed to address the health need. Additionally, the members of the Saint Louise Regional Hospital Community Health Advisory Committee and the Internal Community Benefit Committee were consulted. These include:

- Saint Louise Regional Hospital provides support of and referrals to Community Based Organizations that provide services
- South County Self-Help Center, includes peer mental health support groups - Gilroy
- Community Solutions in Morgan Hill, Gilroy, and Hollister
- Rebekah’s Children’s Services - Gilroy
- Discovery Counseling Services - Morgan Hill

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- Chamberlain’s Mental Health – Gilroy
- San Benito Health Foundation Community Health Center: Counseling Services
- San Benito County Mental Health Services: crisis intervention, psychiatric evaluation, psychological assessment, medication evaluation, acute hospitalization, individual/family/group counseling, case management, EPSDT
- Santa Clara County Mental Health Department: 24/7 Mental Health Call Center (multi-lingual) centralized entry point for individuals seeking services
- 24/7 Emergency Psychiatric Services at Valley Medical Center: San Jose
- Senior Engagement Center: Morgan Hill Centennial Recreation Center
- San Benito County Behavioral Health Department

Summary

Mental Health is a health need in Santa Clara County and San Benito County. Community input indicates that the health need is likely being affected by stress (driven by financial/economic concerns) and the lack of education about how to cope with stress, stigma about mental illness leading to fear and denial, lack of knowledge about mental health treatment, and poor access to mental health care providers and specialists due to lack of insurance and/or mental health benefits among those who are insured, and/or due to a lack of providers. Related to poor mental health are the health needs around violence and substance abuse.

Oral Health

In 2012, the Santa Clara County Community Benefits Coalition conducted a county-wide assessment of health needs. San Benito participants included San Benito Health Foundation Community Health Center, San Benito Public Health Department, Youth Alliance, and First 5 – San Benito. Based on this scan of quantitative and qualitative data, **oral health** was prioritized as one of the 13 top health needs in the county.

The status of oral health needs is described in this profile, in terms of:

- Key indicators,
- Key drivers or factors affecting the condition,
- Community input, and
- Assets within the community that can make a difference.

Status of Key Indicators, 2013

The table of indicators below includes local data that can be compared to statewide (CA) and US data as well as Healthy People 2020 (HP 2020) indicators where available.

Indicator	San Benito County	Santa Clara County	CA State	US	HP 2020 Benchmark	Data Source
Poor Dental Health (adult) % of adults reporting having had 6 or more of their permanent teeth have been removed due to tooth decay, gum disease, or infection	9%	7.85%	11.27%	15.57%		CHNA.org
Condition of Teeth (youth) % of teens reporting the condition of their teeth was fair or poor	--	16%	12%	--		California Health Interview Survey (CHIS), 2007

Factors Influencing the Health Need

Full understanding of the health need requires a review of other elements that can have an impact on it, such as individuals' behaviors, socioeconomic factors, the physical environment, or the provision of preventive care or early intervention. Such factors relevant to this health need are identified in the table below.

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Category	Driver/indicator	San Benito County	Santa Clara County	CA State	US	HP 2020 Benchmark	Data Source
Access	Absence of Dental Insurance % of adults who had no dental insurance	----	28%	34%			CHIS 2007
Health Behaviors	Dental Care Utilization Adults % reporting they have visited a dentist, dental hygienist or dental clinic within the past year	54.81%	81.25%	69.49%	69.86%		CHNA.org

Community Input

The health needs assessment process would be incomplete without community input about the health need. Key informant interviews were conducted with local health experts, as well as focus groups with community leaders, representatives, and residents. Themes from discussions regarding the health need are identified below.

- Oral/dental health was mentioned in 6 out of 25 groups/interviews.
- There was concern particularly about dental care for adults who are uninsured and who may also have chronic conditions.
- It was noted that Medical discontinued its dental care for adults.
- Getting annual dental check-ups is low-priority among those who have to pay out-of-pocket.
- Desire a patient-centered medical home with a patient navigator to help connect patients to dental care options.

Assets to Address the Need

The Santa Clara County Community Benefits Coalition members and a representative from the Santa Clara County Public Health Department were consulted to identify existing internal and community assets that could be accessed to address the health need. Additionally, the members of the Saint Louise Regional Hospital Community Health Advisory Committee and the Internal Community Benefit Committee were consulted. These include:

- Saint Louise Regional Hospital refers clients to the Valley Health Center Dental Mobile Unit at St. Mary's
- The Health Trust:
 - California Dental Association Fund - Santa Clara Fluoridation Initiative
- FIRST 5 Santa Clara County Distributes New Parent Kit and additional oral health care kits
- Gardner Dental Clinic (South County)
- Tooth Mobile (Head Start & Preschools)
- Valley Health Center Clinic

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- VMC Dental Mobile Unit Site: St. Mary Church
- San Benito Health Foundation Community Health Center – Dental Services: Mobile and Office
- SCCPHD Prevention and WIC education in both counties to prevent decay.

SUMMARY

Poor oral/dental health is a health need Santa Clara County and San Benito County. The health need is likely being impacted by certain social determinants of health, and by the cost of dental care. Community feedback indicates that the health need is affected by concerns about poor access to dental care providers and specialists due to lack of insurance, particularly among residents with chronic conditions.

Cardiovascular Disease, Heart Attack, Stroke

In 2012, the Santa Clara County Community Benefits Coalition conducted a county-wide assessment of health needs. San Benito participants included San Benito Health Foundation Community Health Center, San Benito Public Health Department, Youth Alliance, and First 5 – San Benito. Based on this scan of quantitative and qualitative data, **cardiovascular disease, heart attack, and stroke** were prioritized as one of the 13 top health needs in the county. This category included **cerebrovascular disease**.

The status of cardiovascular needs is described in this profile, in terms of:

- Key indicators,
- Geographic regions or subpopulations in which the need is greatest,
- Key drivers or factors affecting the condition,
- Community input, and
- Assets within the community that can make a difference.

Status of Key Indicators, 2013

The table of indicators below includes local data that can be compared to statewide (CA) and US data as well as Healthy People 2020 (HP 2020) indicators where available.

Indicator	San Benito County	Santa Clara County	CA State	US	HP 2020 Benchmark	Data Source
High cholesterol % adults ever been told by a health professional that they have high cholesterol	--	29%		--	13.5%	BRFS (cited SCC Health Profile '10)
Hypertension Management % adults not taking medication for HTN	39.61%	26.95%	30.30%	21.74	30.5%	CHNA.org
Heart disease						
Prevalence of heart disease % of adults ever told they have any kind of heart disease	7.87%	2.54%	3.37%	4.26%	--	CHNA.org
Heart Disease Mortality Crude death rate due to coronary heart disease per 100,000 adults	85.51	105.42	135.06	134.65	<=100.8	CHNA.org

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Stroke						
Prevalence of stroke % of adults who have ever had a stroke	--	2%	2%	--	--	Santa Clara County Public Health Department, BRFS 2009
Stroke mortality Crude death rate due to cerebrovascular disease per 100,000 adults	38.13	32.73	41.45	41.78	<=33.8	CHNA.org

Geographic Areas of Greatest Need

The San Martin zip code of 95046 has the highest mortality rate due to heart disease, with a death rate of 30%. The combined zip codes of Morgan Hill, San Martin, Gilroy, Hollister and San Juan Bautista had a death rate of 25% from heart disease.

FACTORS INFLUENCING THE HEALTH NEED

Full understanding of the health need requires a review of other elements that can have an impact on it, such as individuals' behaviors, socioeconomic factors, the physical environment, or the provision of preventive care or early intervention. Such factors relevant to this health need are identified in the table below.

Category	Driver/indicator	San Benito County	Santa Clara County	CA State	US	HP 2002 Benchmark	Data Source
Health Behaviors	High blood pressure management % of adults aged 18 and older who self-report that they are taking medication for their high blood pressure	60.39%	73.05%	69.7%	63.2%	69.5%	CHNA.org
	Alcohol Consumption (Adult) % of adults reporting heavy alcohol consumption	---	13.10%	16.62%	16.05%	25.3%	CHNA.org
	Smoking (Adult) % of adults who currently smoke	4.90%	9.70%	13.63%	18.21%	12%	CHNA.org
	Inadequate fruit/vegetable consumption (adult) % of adults who consume less than five servings of fruits and vegetables daily	---	70.40%	70.30%	71.96%	---	CHNA.org
	Physical inactivity (adult) % of adults who self-report not participating in any physical activity or exercise	16%	17%	18%	21%		County Health Rankings

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Category	Driver/indicator	San Benito County	Santa Clara County	CA State	US	HP 2002 Benchmark	Data Source
Physical Environment	Fast food restaurant access Establishments per 100,000 pop	<u>56.09</u>	<u>69.82</u>	<u>68.77</u>	<u>68.31</u>		CHNA.org
	Grocery store access Establishments per 100,000 pop	<u>23.52</u>	<u>20.37</u>	<u>22.16</u>	<u>21.55</u>		CHNA.org
	WIC-Authorized food store access Establishments per 100,000 pop	<u>17.83</u>	<u>9.40</u>	<u>15.80</u>	<u>15.60</u>		CHNA.org
	Recreation and fitness facility access Establishments per 100,000 pop	<u>9.05</u>	<u>11.0</u>	<u>8.64</u>	<u>9.68</u>		CHNA.org
	Liquor store access number of active beer, wine, and liquor retailer licenses per 100,000 population	<u>9.05</u>	<u>9.43</u>	<u>9.71</u>	<u>10.20</u>		CHNA.org

COMMUNITY INPUT

The health needs assessment process would be incomplete without community input about the health need. Key informant interviews were conducted with local health experts, as well as focus groups with community leaders, representatives, and residents. Themes from discussions regarding the health need are identified below.

- Heart disease was mentioned in at least half of the groups/interviews, though only rose to the top for two interviewees
- High blood pressure and high cholesterol were the most common conditions / drivers named by residents related to cardiovascular disease
- Lack of education about the signs of heart disease and high blood pressure
- Lack of recognition because it is an invisible disease
- Can be caused/exacerbated by stress, smoking and drinking alcohol

ASSETS TO ADDRESS THE NEED

The Santa Clara County Community Benefits Coalition members and a representative from the Santa Clara County Public Health Department were consulted to identify existing internal and community assets that could be accessed to address the health need. Additionally, the members of the Saint Louise Regional Hospital Community Health Advisory Committee and the Internal Community Benefit Committee were consulted. These include:

- Screenings for BP and Cholesterol
- Educate regarding foods with increased salt

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- Saint Louise Regional Hospital is a Certified Stroke Center and provides education to the community related to Stroke Awareness and Heart Disease
- Community Clinics provide care: Valley Health Center, School Health Clinic, Gardner, RotaCare
- San Benito Health Foundation Community Health Center
- Nutrition Classes related to healthy eating
- Efforts to increase EBT access, work with vendors to establish healthy check-out areas
- Provide healthy options and more salad bars at schools.
- Support of exercise programs
- Morgan Hill and Gilroy Senior Centers: Healthy Lunch
- Morgan Hill Centennial Recreation Center: Fitness
- Abuelos Sanos: Senior Exercise Programs in Gilroy and Morgan Hill Senior Centers

SUMMARY

Cardiovascular Disease, Heart Attack, and Stroke are health needs in Santa Clara County and San Benito County. Poor nutrition, which is related to cardiovascular disease, is of concern. Community input reflected this, as well as a concern about lack of exercise. The community also indicated that the health need is being affected by stress and lack of knowledge about stroke and heart disease.

Substance Abuse (ATOD)

In 2012, the Santa Clara County Community Benefits Coalition conducted a county-wide assessment of health needs. San Benito participants included San Benito Health Foundation Community Health Center, San Benito Public Health Department, Youth Alliance, and First 5 – San Benito. Based on this scan of quantitative and qualitative data, **substance use** was prioritized as one of the 13 top health needs in the county. This category included smoking, alcohol and other drugs.

The status of substance use needs is described in this profile, in terms of:

- Key indicators,
- Key drivers or factors affecting the condition,
- Community input, and
- Assets within the community that can make a difference.

Status of Key Indicators, 2013

The table of indicators below includes local data that can be compared to statewide (CA) and US data as well as Healthy People 2020 (HP 2020) indicators where available.

Indicator	San Benito County	Santa Clara County	CA State	US	HP 2020 Benchmark	Data Source
Smoking						
Adult % of adults who currently smoke	4.90%	9.7%	13.63%	18.21%	12%	CHNA.org
Alcohol						
Alcohol Consumption % of adults reporting heavy alcohol consumption	---	13.1%	16.62%	16.05%	25.3%	CHNA.org
Adult Binge Drinking % of adults reporting binge drinking in last 30 days	34%	31%	31.3%	---	24.4%	CHIS 2009

Factors Influencing the Health Need

Full understanding of the health need requires a review of other elements that can have an impact on it, such as individuals’ behaviors, socioeconomic factors, the physical environment, or the provision of preventive care or early intervention. Such factors relevant to this health need are identified in the table below:

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Category	Driver/indicator	San Benito County	Santa Clara County	CA State	US	HP 2020 Benchmark	Data Source
Physical Environment	Liquor store access number of active beer, wine, and liquor retailer licenses per 100,000	9.05	9.43	9.71	10.20	---	CHNA.org
	Educational Attainment: Less than 9th grade	13.4%	10.63%	8.8%	8.5%		American Fact Finder – American Community Survey 2007 - 2011
Social/Economic	% of people living under Federal Poverty Level	13.3%	11.3%	14.4%	14.3%		

Community Input

The health needs assessment process would be incomplete without community input about the health need. Key informant interviews were conducted with local health experts, as well as focus groups with community leaders, representatives, and residents. Themes from discussions regarding the health need are identified below.

- Substance use (addiction to alcohol, tobacco, or other drugs [ATOD], misuse of prescription medication) and overall poor behavioral health were of high concern in 8 out of 25 groups/interviews, and were mentioned in many others.
- It was acknowledged that legal and illegal drugs are relatively easy to obtain.
- Medication mismanagement (including sharing prescriptions with others) and lack of knowledge about medications (appropriate dosages, risks of overdose, risks of addiction, appropriate use) were mentioned.
- Some respondents focused on adolescents and young adults, describing concerns such as peer pressure, stress and poor coping skills, curiosity, media portrayals, and parental permissiveness (up to and including supplying ATOD to their children).
- Other respondents focused on adult ATOD use/abuse, identifying stress and poor coping skills as drivers.
- Many expressed concerns about coordination of care and the need for a patient-centered medical home; a “warm handshake” is a better transfer of care of a patient from one provider to another when referring patients for sensitive issues such as ATOD use/abuse or mental health matters.
- Behavioral Health support not covered by all insurance plans.
- Lack of support groups and practitioners who specialize in behavioral health/addiction.
- Family modeling.
- “Self-medicating” with alcohol or illicit drugs instead of dealing with root issues.
- Life worries (financial, family [including separation among the undocumented], high expectations, major losses) and being “too busy” (working multiple jobs, long hours, lengthy commutes) driving stress.
- Impact on those who are un/underinsured and cannot otherwise afford treatment.

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- Unsafe neighborhoods (where gangs or others are dealing drugs).
- Stigma of addiction, especially in some cultures, can extend to family and doctors, leading those who are addicted to remain untreated.
- Relative lack of services; need for programs to partner for more effective/efficient provision of services.

Assets to Address the Need

The Santa Clara County Community Benefits Coalition members and a representative from the Santa Clara County Public Health Department were consulted to identify existing internal and community assets that could be accessed to address the health need. Additionally, the members of the Saint Louise Regional Hospital Community Health Advisory Committee and the Internal Community Benefit Committee were consulted. These include:

- 12-step recovery programs: AA and Alanon
- Breathe CA: Smoking Cessation
- Santa Clara County Drug & Alcohol Dept.
- Santa Clara County Family & Children Services
- Santa Clara County Public Health Department partnerships with Valley Medical Center South County Clinic and Gardner (screening for tobacco use)
- Substance Abuse Education: Traffic Safe Communities Network
- SCCPHD Tobacco Prevention and promotion of smoke free environments
- San Benito Health Foundation Community Health Center
- San Benito County Behavioral Health Department

SUMMARY

Substance use is a health need in Santa Clara County and San Benito County. Community feedback indicates that the health need is impacted by stress and poor coping skills across all sub-populations, concerns about the cost of treatment, fear of being stigmatized, and poor access to primary care providers, specialists, and other support options due to lack of insurance or underinsurance, particularly among low-income residents. Medication misuse and mismanagement was also discussed, and was thought to be due to a lack of knowledge about medications and their associated risks. In addition, community input suggested that adolescents are especially vulnerable to this health need, as it was believed they are more affected by peer pressure, curiosity, media portrayals, accessibility of alcohol, tobacco, and other drugs, and parental permissiveness.

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Cancers

In 2012, the Santa Clara County Community Benefits Coalition conducted a county-wide assessment of health needs. San Benito participants included San Benito Health Foundation Community Health Center, San Benito Public Health Department, Youth Alliance, and First 5 – San Benito. Based on this scan of quantitative and qualitative data, **cancers** were prioritized as one of the 13 top health needs in the county. This category included breast cancer, cervical cancer, colorectal cancer, liver cancer, lung cancer, prostate cancer, and all cancers.

The status of cancer needs is described in this profile, in terms of:

- Key indicators,
- Key drivers or factors affecting the condition,
- Community input, and
- Assets within the community that can make a difference.

STATUS OF KEY INDICATORS, 2013

The table of indicators below includes local data that can be compared to statewide (CA) and US data as well as Healthy People 2020 (HP 2020) indicators where available.

Indicator	San Benito County	Santa Clara County	CA State	US	HP2020 Target	Data Source
All Cancers						
Mortality Age-adjusted mortality rate due to all types of cancer per 100,000 people	170.78	138.75	158.40		160.6	CA Cancer Registry 2008 - 2009
Breast Cancer						
Incidence (New Cases) Age-adjusted breast cancer incidence rate per 100,000 females	154.62	167.16	155.13	122	--	CA Cancer Registry 2008 -2009
Breast Cancer Mortality Age-adjusted mortality per 100,000 females	31.65	19.63	21.88		20.6	CA Cancer Registry 2008 - 2009
Cervical Cancer						
Incidence (New Cases) Age-adjusted incidence per 100,000 females	---	7.06	8.11	8	7.1	CA Cancer Registry 2008 - 2009
Mortality Age-adjusted mortality rate per 100,000females	---	1.40	2.26		2.2	CA Cancer Registry 2008 - 2009

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Indicator	San Benito County	Santa Clara County	CA State	US	HP2020 Target	Data Source
Colorectal Cancer						
Incidence (New Cases) Age-adjusted incidence per 100,000	35.80	42.91	44.58	40.2	45.4	CA Cancer Registry 2008 -2009
Mortality Age-adjusted mortality per 100,000	---	13.37	14.61		14.5	CA Cancer Registry 2008 - 2009
Liver Cancer						
Incidence (New Cases) Age-adjusted incidence per 100,000	--	10.97	8.38		--	CA Cancer Registry 2008 - 2009
Liver Cancer Mortality Age-adjusted mortality per 100,000	--	5.80	5.48		--	CA Cancer Registry 2008 - 2009
Lung Cancer						
Incidence (New Cases) Age-adjusted lung cancer incidence rates per 100,000 adults	40.80	40.97	50.47	67.2	--	CA Cancer Registry 2008 - 2009
Lung Cancer Mortality Age-adjusted lung mortality per 100,000 adult	37.24	30.10	37.18		45.5	CA Cancer Registry 2008 - 2009
Prostate Cancer						
Incidence (New Cases) Age-adjusted prostate cancer incidence rates per 100,000 men	181.92	142.56	135.14	151.4	--	CA Cancer Registry 2008 - 2009
Mortality Age-adjusted mortality rate of men due to prostate cancer per 100,000 males	--	15.9	22.42		21.2	CA Cancer Registry 2008 - 2009

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FACTORS INFLUENCING THE HEALTH NEED

Full understanding of the health need requires a review of other elements that can have an impact on it, such as individuals' behaviors, socioeconomic factors, the physical environment, or the provision of preventive care or early intervention. Such factors relevant to this health need are identified in the table below.

Category	Driver/indicator	San Benito County	Santa Clara County	CA State	US	HP 2020 Benchmark	Data Source
Health Behaviors	Colorectal, Liver, Lung & Prostate Cancers						
	Inadequate fruit/vegetable consumption (adults) % of adults aged 18 and older who self-report consuming less than 5 servings of fruits and vegetables each day	---	70.40%	70.30%	71.96%	—	CHNA.org
	Smoking	4.90%	9.70%	13.63%	18.21%	12%	CHNA.org
Clinical Care	Breast Cancer Screening % of females ages 50-74 who had a mammogram in the past 2 years	62.74%	62.11%	58.98%		81.1%	CHNA.org
	Cervical Cancer Screening % of females ages 21 - 65 who had Pap test in past 3 years	---	78.90%	76.84%	73.97%	93%	CHNA.org
	Colorectal Cancer Screening % of adults age 50+ who ever had sigmoidoscopy or colonoscopy exam	---	62.30%	52.18%	51.79%	70.5%	CHNA.org
	Prostate Cancer Screening % of men age 50+ who ever had a prostate-specific antigen test	---	72%	---		---	SCC PHD BRFS 2009

Community Input

The health needs assessment process would be incomplete without community input about the health need. Key informant interviews were conducted with local health experts, as well as focus groups with community leaders, representatives, and residents. Themes from discussions regarding the health need are identified below.

- Cancer was of high concern in 3 out of 25 groups/interviews, and was mentioned in many others

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- Costs of health care and cancer treatments were of concern, particularly for un/underinsured, low-income persons, the unemployed, and those living in poverty
- Access to healthcare providers for those on MediCal and the uninsured is lacking in San Benito County.
- Fear of cancer and/or of the treatments can lead people to denial and/or to avoidance of check-ups
- Relative lack of alternative treatments from radiation/chemotherapy
- Lack of knowledge and lack of education about prevention was mentioned
- Concern about environmental toxins (PCBs, pesticides, etc.)
- Cancer screenings (breast, cervical, colon) require staff time for effective follow-up
- Tobacco use (related to lung & oral cancers) not dropping among youth; social environment (ads, TV/movies, easy access, peer pressure) pushing minors to smoke; education not working, need better prevention efforts (e.g., increase tobacco taxes, restrict smoking in public places, support policy changes, law enforcement)

ASSETS TO ADDRESS THE NEED

The Santa Clara County Community Benefits Coalition members and a representative from the Santa Clara County Public Health Department were consulted to identify existing internal and community assets that could be accessed to address the health need. Additionally, the members of the Saint Louise Regional Hospital Community Health Advisory Committee and the Internal Community Benefit Committee were consulted. These include:

- Stanford Cancer Institute
- American Cancer Society
- Leukemia & Lymphoma Society
- California Children’s Services
- Pathways Home Health & Hospice
- Valley Medical Center
- Hospice of the Valley
- Cancer Support Community
- Breathe CA: Smoke Cessation Programs
- SCCPHD Tobacco Prevention
- SCCPHD CDC CTG Goals: 1) Decrease youth access to cigarettes, 2) implement Tobacco Education program 3) Increase MD referrals to smoking cessation programs, 4) Increase access to tobacco free environments.

SUMMARY

Cancer is a health need in Santa Clara County and San Benito County. Community input indicates that the health need is also affected by lack of knowledge about cancer prevention and treatment, fear and denial, lack of staff time for follow-up with those who are at risk and should be screened, concerns about the costs of treatment, and poor access to primary care providers and specialists due to lack of insurance, particularly among low-income residents.

Respiratory Conditions

In 2012, the Santa Clara County Community Benefits Coalition conducted a county-wide assessment of health needs. San Benito participants included San Benito Health Foundation Community Health Center, San Benito Public Health Department, Youth Alliance, and First 5 – San Benito. Based on this scan of quantitative and qualitative data, **respiratory conditions** were prioritized as one of the 13 top health needs in the county.

The status of respiratory health needs is described in this profile, in terms of:

- Key indicators,
- Key drivers or factors affecting the condition,
- Community input, and
- Assets within the community that can make a difference.

STATUS OF KEY INDICATORS, 2013

The table of indicators below includes local data that can be compared to statewide (CA) and US data as well as Healthy People 2020 (HP 2020) indicators where available.

Indicator	San Benito County	Santa Clara County	CA State	US	HP 2020	Data Source
Asthma						
Lifetime Prevalence (Youth) % of children ages 0-17 ever diagnosed (parent report)	12.9	12.1%	14.2%		--	CHIS 2009; cited by Breathe CA
Lifetime Prevalence (Adult) % of adults 18+ ever diagnosed	13.7	11.4%	13.5%		--	
Hospitalizations (Youth) rate of hospitalizations per 10,000 children age 0-17	9.4	9.7	11.07			
Hospitalizations (Adult) rate of hospitalizations per 10,000 adult 18+	8.5	6.0	8.3		8.6	

Factors Influencing the Health Need

Full understanding of the health need requires a review of other elements that can have an impact on it, such as individuals’ behaviors, socioeconomic factors, the physical environment, or the provision of preventive care or early intervention. Such factors relevant to this health need are identified in the table below.

Category	Driver/indicator	San Benito County	Santa Clara County	CA State	US	HP2020 Benchmark	Data Source
Health Behaviors	Smoking (Adult)						
	% of adults who currently smoke	4.90%	9.70%	13.63%	18.21%	12%	CHNA.org
Physical Environment	Poor air quality						
	% of days with particulate matter 2.5 levels above the National Ambient Air Quality Standard	2.01%	3.74%	4.15%	1.16%		CHNA.org

COMMUNITY INPUT

The health needs assessment process would be incomplete without community input about the health need. Key informant interviews were conducted with local health experts, as well as focus groups with community leaders, representatives, and residents. Themes from discussions regarding the health need are identified below.

- Respiratory conditions, including asthma, COPD, and allergies were mentioned in 6 out of 25 groups/interviews.
- There was concern about lack of insurance and/or underinsurance for those dealing with chronic respiratory conditions
- Environmental causes were also mentioned, such as pollution.
- The cost of prescription medication and equipment for the un/underinsured and those who are low-income, unemployed, or living in poverty was noted

Assets to Address the Need

The Santa Clara County Community Benefits Coalition members and a representative from the Santa Clara County Public Health Department were consulted to identify existing internal and community assets that could be accessed to address the health need. Additionally, the members of the Saint Louise Regional Hospital Community Health Advisory Committee and the Internal Community Benefit Committee were consulted. These include:

- Saint Louise Regional Hospital: Pulmonary Rehabilitation Program
- Breathe California
- American Lung Association

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- Santa Clara County Tobacco Free Coalition
- California Smokers Helpline
- 2nd Hand Smoke Helpline
- SCCPHD Tobacco Prevention
- SCCPHD CDC CTG Goals: 1) Decrease youth access to cigarettes, 2) implement Tobacco Education program 3) Increase MD referrals to smoking cessation programs, 4) Increase access to tobacco free environments.

SUMMARY

Respiratory conditions are a health need in Santa Clara County and San Benito County. The health need is likely being impacted by health behaviors such as percentage of smoking, and by issues in the physical environment such as air quality levels. Community input indicates that the health need is also affected by concerns about the costs of treatment (including prescription medication and equipment) due to underinsurance or lack of insurance, particularly among low-income residents.

STD's, including HIV/AIDS

In 2012, the Santa Clara County Community Benefits Coalition conducted a county-wide assessment of health needs. San Benito participants included San Benito Health Foundation Community Health Center, San Benito Public Health Department, Youth Alliance, and First 5 – San Benito. Based on this scan of quantitative and qualitative data, **sexually transmitted diseases** were prioritized as one of the 13 top health needs in the county. This category included HIV/AIDS and other sexually transmitted diseases.

The status of **sexually transmitted diseases** is described in this profile, in terms of:

- Key indicators,
- Key drivers or factors affecting the condition,
- Community input, and
- Assets within the community that can make a difference.

STATUS OF KEY INDICATORS, 2013

The table of indicators below includes local data that can be compared to statewide (CA) and US data as well as Healthy People 2020 (HP 2020) indicators where available.

Indicator	San Benito County	Santa Clara County	CA State	US	HP 2020 Benchmark	Data Source
HIV Prevalence prevalence rate of HIV per 100,000 population	62.20	191.70	345.50	334	--	CHNA.org
Chlamydia Incidence Chlamydia incidence rate per 100,000	265.10	305.60	399.36	406.89	--	CHNA.org

Factors Influencing the Health Need

Full understanding of the health need requires a review of other elements that can have an impact on it, such as individuals' behaviors, socioeconomic factors, the physical environment, or the provision of preventative care or early intervention. Such factors relevant to this health need are identified in the table below.

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	Driver/indicator	San Benito County	Santa Clara County	CA State	US	HP 2020 Benchmark	Data Source
Clinical Care	Lack of HIV screening % of adults age 15-70 <u>never</u> screened for HIV	69.83%	64.43%	57.47%	84.6%	83.1%	CHNA.org

COMMUNITY INPUT

The health needs assessment process would be incomplete without community input about the health need. Key informant interviews were conducted with local health experts, as well as focus groups with community leaders, representatives, and residents. Themes from discussions regarding the health need are identified below.

- STDs, including HIV/AIDS, were mentioned in 3 out of 25 groups/interviews.
- There was concern about poor outreach, lack of knowledge and lack of health education affecting prevention efforts and treatment (i.e., many people are not aware of how STDs can be transmitted and when they might be at risk or might be putting others at risk, do not know what the symptoms are, or that they can and should be tested for STDs).
- Some mentioned that those with STDs feel they will be stigmatized (by family, peers, or even physicians) if they come forward to obtain a diagnosis and/or treatment.
- Issues with access to/cost of condoms and other means of STD prevention, particularly for adolescents, those in poverty, and the uninsured.
- Peer pressure was mentioned in relation to adolescents.
- Need for programs to partner for more effective/efficient provision of services.

Assets to Address the Need

The Santa Clara County Community Benefits Coalition members and a representative from the Santa Clara County Public Health Department were consulted to identify existing internal and community assets that could be accessed to address the health need. Additionally, the members of the Saint Louise Regional Hospital Community Health Advisory Committee and the Internal Community Benefit Committee were consulted. These include:

- Gardner Health Clinic
- Santa Clara County HIV Planning Council
- Community Health Partnership
- The Health Trust AIDS Services
- School Health Centers
- Valley Homeless Van
- Valley Health Center Clinic
- San Benito Health Foundation Community Health Center

SUMMARY

STDs including HIV and AIDS are a health need in Santa Clara County and San Benito County. The health need is likely being impacted by low screening rates for HIV (county-wide, as well as certain social determinants of health). Community feedback suggests that the health need is perceived as primarily affecting youth, and is impacted by poor outreach, lack of knowledge/health education about transmission, risk, and screening, the fear of stigmatization by others, access to and costs of prevention (e.g., condoms), and peer pressure.

Birth Outcomes

In 2012, the Santa Clara County Community Benefits Coalition conducted a county-wide assessment of health needs. San Benito participants included San Benito Health Foundation Community Health Center, San Benito Public Health Department, Youth Alliance, and First 5 – San Benito. Based on this scan of quantitative and qualitative data, **birth outcomes** were prioritized as one of the 13 top health needs in the county.

The status of birth outcome needs is described in this profile, in terms of:

- Key indicators,
- Key drivers or factors affecting the condition,
- Community input, and
- Assets within the community that can make a difference.

STATUS OF KEY INDICATORS, 2013

The table of indicators below includes local data that can be compared to statewide (CA) and US data as well as Healthy People 2020 (HP 2020) indicators where available.

Indicator	San Benito County	Santa Clara County	CA State	US	HP 2020 Benchmark	Data Source
Low birth-weight % of babies born with low birth-weight: less than 2,500 grams (5.5 pounds)	5.71%	6.54%	6.72%	8.10%	8%	CDC National Vital Statistics 2003 - 2009
Infant mortality Infant mortality rate per 1,000 live births	4.34	3.93	5.14	6.71	<=6.0	CDC National Vital Statistics 2003 - 2009

FACTORS INFLUENCING THE HEALTH NEED

Full understanding of the health need requires a review of other elements that can have an impact on it, such as individuals' behaviors, socioeconomic factors, the physical environment, or the provision of preventive care or early intervention. Such factors relevant to this health need are identified in the table below.

Category	Driver/indicator	San Benito County	Santa Clara County	CA State	US	HP 2020 Benchmark	Data Source
Health Behaviors	Smoking: Adult % of adults who currently smoke	4.90%	9.7%	13.63%	18.21%	12%	CHNA.org

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Category	Driver/indicator	San Benito County	Santa Clara County	CA State	US	HP 2020 Benchmark	Data Source
	Alcohol Consumption % of adults reporting heavy alcohol consumption	---	13.1%	16.62%	16.05%	25.3%	CHNA.org
Social Economic	Educational Attainment: Less than 9 th grade	13.4%	10.63%	8.8%	8.5%		American Fact Finder – American Community Survey 2007 - 2011
	% of people living under Federal Poverty Level	13.3%	11.3%	14.4%	14.3%		
Clinical Care	Prenatal care % infants whose mothers received first trimester prenatal care	86%	93%	81%		78%	CDPH Vital Statistics, 2010; KidsData

COMMUNITY INPUT

The health needs assessment process would be incomplete without community input about the health need. Key informant interviews were conducted with local health experts, as well as focus groups with community leaders, representatives, and residents. Themes from discussions regarding the health need are identified below.

- Poor birth outcomes were mentioned in 2 out of 25 groups/interviews.
- It was of concern that mothers who are low-income, unemployed, or living in poverty are much more likely to have poor birth outcomes than mothers who are not.
- Concerns about limited prenatal visits surfaced, potentially driven by lack of knowledge of the importance, by language barriers, cultural issues such as body modesty, or by the cost of care.
- Access to and cost of fresh food and of activities arose in thinking about pregnant mothers’ overall health.
- Relative lack of parenting support services was of concern.
- In some areas the concern is high birth weight babies secondary to Gestational Diabetes.
- In some areas the MediCal application process is very slow thereby limiting access to optimal prenatal care.

ASSETS TO ADDRESS THE NEED

The Santa Clara County Community Benefits Coalition members and a representative from the Santa Clara County Public Health Department were consulted to identify existing internal and community assets that could be accessed to address the health need. Additionally, the members of the Saint Louise Regional Hospital Community Health Advisory Committee and the Internal Community Benefit Committee were consulted. These include:

- March of Dimes

Santa Clara County and San Benito County Health Need Profile

- WIC Services in Gilroy
- WIC Services at San Benito Health Foundation Community Health Center
- SCCPHD Nurses available for high risk mothers
- All assets related to obesity and smoking prevention, and promoting access to healthy foods

SUMMARY

Poor birth outcomes are a health need in Santa Clara County and San Benito County. Community feedback indicates that the health need is affected by concerns about the cost of care, and poor access to primary care providers and specialists due to lack of insurance, particularly among low-income residents. In addition, community input suggested that limited prenatal visits may be driven by lack of knowledge of the importance of prenatal care, language barriers between patients and specialists, cultural issues such as body modesty, as well as the cost of care.

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Alzheimer's Disease

In 2012, the Santa Clara County Community Benefits Coalition conducted a county-wide assessment of health needs. San Benito participants included San Benito Health Foundation Community Health Center, San Benito Public Health Department, Youth Alliance, and First 5 – San Benito. Based on this scan of quantitative and qualitative data, **Alzheimer's Disease** was prioritized as one of the 13 top health needs in the county.

The status of Alzheimer's disease is described in this profile, in terms of:

- Key indicators,
- Key drivers or factors affecting the condition,
- Community input, and
- Assets within the community that can make a difference.

STATUS OF KEY INDICATORS, 2013

The table of indicators below includes local data that can be compared to statewide (CA), and US data as well as Healthy People 2020 (HP 2020) indicators where available.

Indicator	San Benito County	Santa Clara County	CA State	US	HP 2020 Benchmark	Data Source
Alzheimer's Prevalence (Current) Estimated number of adults 55+ with Alzheimer's	---	27,638	76,420	--	---	Alzheimer's Disease; Facts and Figures in California: Current Status and Future Projections", Alzheimer's Assoc., CA (2008 data)
Alzheimer's Prevalence (Future Estimate) Estimated % increase in people 55+ living with Alzheimer's 2008-2015	---	19 %	15%	--	---	
Alzheimer's Mortality Age-adjusted death rate per 100,000 population	---	20.8	23.4	--	---	Alzheimer's Disease; Facts and Figures in California: Current Status and Future Projections", Alzheimer's Assoc., CA (2003-05 data)

Additional Data:

- In 2010, Alzheimer's disease was the third leading cause of death in Santa Clara County, the eighth leading cause in San Benito County and the fifth leading cause in California.
- The Alzheimer's Association estimates that the number of those diagnosed with Alzheimer's disease in California will double to over 1.1 million by the year 2030.

COMMUNITY INPUT

The health needs assessment process would be incomplete without community input about the health need. Key informant interviews were conducted with local health experts, as well as focus groups with community leaders, representatives, and residents. Themes from discussions regarding the health need are identified below.

- Alzheimer's or dementia was mentioned in 4 out of 25 groups/interviews
- The lack of gerontologists and related specialists was mentioned several times
- Issues of location (isolation) and related lack of transportation were described as combining to exacerbate the impact of Alzheimer's
- Concerns about caregivers (burnout, lack of knowledge/health education, lack of awareness of supportive services such as respite) surfaced several times
- Lack of coordination of care and concerns about care transitions were of particular concern for patients with Alzheimer's
- Costs (health care, medications, fresh food) make a large dent in the budgets of older individuals who are on a fixed income
- Issues with medication management
- Relative lack of services; need for programs to partner for more effective/efficient provision of services
- Relative lack of governmental support/funding

ASSETS TO ADDRESS THE NEED

The Santa Clara County Community Benefits Coalition members and a representative from the Santa Clara County Public Health Department were consulted to identify existing internal and community assets that could be accessed to address the health need. Additionally, the members of the Saint Louise Regional Hospital Community Health Advisory Committee and the Internal Community Benefit Committee were consulted. These include:

- Council on Aging Silicon Valley
- The Health Trust – Healthy Aging Initiative
- Alzheimer's Association
- Catholic Charities
- Morgan Hill and Gilroy Senior Centers

Summary

Alzheimer's disease is a health need in Santa Clara County as marked by Alzheimer's Disease being the third leading cause of death in 2010. There is a lack of data for San Benito County but as noted above it was the eighth leading cause of death in 2010. It is the fastest growing cause of death in California and the number of people living with Alzheimer's disease is also growing rapidly. Community input suggests that the impact on caregivers who have few resources (especially for transportation) will affect quality of life for those living with Alzheimer's. Qualitative research also suggests that there are a lack of gerontologists and those who can help coordinate care.

Santa Clara County and San Benito County Health Need Profile

Access to Health Care

In 2012, the Santa Clara County Community Benefits Coalition conducted a county-wide assessment of health needs. San Benito participants included San Benito Health Foundation Community Health Center, San Benito Public Health Department, Youth Alliance, and First 5 – San Benito. Based on this scan of quantitative and qualitative data, **Access to Health Care** was prioritized as one of the 13 top health needs in the county. This category included insurance, education, and poverty.

The status of health access is described in this profile, in terms of:

- Key indicators,
- Geographic regions or subpopulations in which the need is greatest,
- Key drivers or factors affecting the condition,
- Community input, and
- Assets within the community that can make a difference.

Status of Key Indicators, 2013

The table of indicators below includes local data that can be compared to statewide (CA) and US data as well as Healthy People 2020 (HP 2020) indicators where available.

Indicator	San Benito County	Santa Clara County	CA State	US	HP 2020 Benchmark	Data Source
Linguistically Isolated Population % aged 5 and older who speak a language other than English at home and speak English less than "very well"	21.65%	22%	19.85%	8.70%	--	CHNA.org
Unemployment % of the civilian non-institutionalized population age 16 and older that is unemployed (non-seasonally adjusted)	11.73%	7.68%	9.60%	7.40%	--	CHNA.org
Insurance						
Uninsured % of the total civilian non-institutionalized population without health insurance coverage	18.04%	11.49%	17.92%	15.05%	--	CHNA.org
Medicaid Recipients % of the population that is enrolled in Medicaid	19.07%	13.20%	18.07%	16.10%	--	CHNA.org

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Indicator	San Benito County	Santa Clara County	CA State	US	HP 2020 Benchmark	Data Source
Clinical Care						
Access to Primary Care						
# of primary physicians per 100,000 pop	32.56	108.71	83.20	84.70	---	CHNA.org
Lack of Consistent Source of Primary Care % of adults self-reporting no personal MD	18.71%	21.94%	27.32%	19.32%	16.1%	CHNA.org
Preventable Hospital Events						
Preventable hospital admission rate per 1000 Medicare enrollees	68.37	48.73	62.37	76.14	---	CHNA.org
Education						
< HS Diploma % of the population aged 25 and older without a high school diploma (or equivalency) or higher	26.23%	13.68%	19.32%	14.97%	--	CHNA.org
HS Graduation Rate average freshman graduation rate (based on % of students receiving their high school diploma within four years)	85.80%	78.30%	71%	75.50%	>82.4%	CHNA.org
Poverty						
<100% FPL % of the population living below 100% of the Federal Poverty Level (FPL)	11.67%	8.89%	13.71%	13.82%	--	CHNA.org
Children <100% FPL % of children aged 0-17 living under 100% of the Federal Poverty Level (FPL)	13.05%	11.01%	19.06%	19.19%	--	CHNA.org
<200% FPL % of the population living below 200% of the Federal Poverty Level (FPL)	29.74%	21.28%	32.83%	31.98%	--	CHNA.org

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Indicator	San Benito County	Santa Clara County	CA State	US	HP 2020 Benchmark	Data Source
Free/Reduced Lunch % of public school students eligible for free or reduced price lunches	51.48%	37.36%	53.73%	48.34%	--	CHNA.org
SNAP Recipients % of the population receiving the Supplemental Nutrition Assistance Program (SNAP) benefits	9.64%	4.72%	8.40%	12.60%	--	CHNA.org

Community Input

The health needs assessment process would be incomplete without community input about the health need. Key informant interviews were conducted with local health experts, as well as focus groups with community leaders, representatives, and residents. Themes from discussions regarding the health need are identified below.

- Poverty in relation to the cost of clinical care, copays and medication, and access to healthy foods and activities
- Lack of oral health and mental health insurance coverage, and insurance for the undocumented
- Being underinsured (not all services are covered including preventive care or screening, certain medications and treatments)
- Wait times for doctor appointments (even for severe conditions) and lack of follow-up by clinicians result in overuse of urgent care/emergency room when conditions worsen. Health care leaders expressed a lack of general and specialty care practitioners.
- Lack of transportation impacts the community, especially when it comes to preventative care (such as frequent visits for diabetes check-ups). It also impacts the ability to get to grocery stores with fresh foods, and carry groceries home. Public transportation can also be difficult for families with small children.
- Linguistic isolation: Patients who do not understand the medical conditions or directions for compliance may experience negative outcomes. Also, those who do not speak English may perceive that practitioners do not understand them or their culture and therefore may trust them less.
- Poverty and unemployment causing stress for youth and adults, and are major drivers of poor health and mental health.
- Stigma, which is experienced across multiple age groups and ethnicities, prevents people from seeking treatment, and causes stress. Lack of social support can intensify stigma.

ASSETS TO ADDRESS THE NEED

The Santa Clara County Community Benefits Coalition members and a representative from the Santa Clara County Public Health Department were consulted to identify existing internal and community assets that could be accessed to address the health need. Additionally, the members of the Saint Louise Regional Hospital Community Health Advisory Committee and the Internal Community Benefit Committee were consulted. These include:

- Saint Louise Regional Hospital provides Charity Care, is open to all clients regardless of ability to pay and has a Health Benefits Resource Center which provides screening and application assistance to anyone for

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MediCal, A.I.M., Healthy Kids, Kaiser Kids as well as Cal-Fresh. Additionally, provides Taxi Vouchers for those without transportation, and medication assistance for those unable to pay.

- RotaCare Clinic - Gilroy
- School Health Centers
- Community Health Partnership
- San Benito Health Foundation Community Health Center
- Valley Health Center – Gilroy
- Gardner Clinic and Mobile Van
- Valley Medical Center Mobile Van: Medical and Dental

TRANSPORTATION SERVICES:

- Cal Train.
- Outreach & Escort, Inc.
- Santa Clara Valley Transit Authority (VTA)

HOUSING SERVICES:

- EHC Life Builders-Emergency Housing Consortium
- Homeless Veterans
- South County Housing

Summary

Access is a health need in Santa Clara County and San Benito County. The community input indicates that underinsurance and lack of insurance coverage is an issue. Stigma and lack of transportation also affect those in poverty by contributing to poor preventive care and medication compliance. In addition, lack of enough general and specialty practitioners, especially in community clinics, results in long wait times for appointments. These issues around lack of access contribute to community members using urgent care and emergency room for treatment of conditions that have worsened due to lack of preventive care.

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Santa Clara County Hospital Benefits Coalition: **Community Indicator Dashboard**

(see notes at end)

Need	Short Description	Detailed indicator	Population/ Denominator	SCC Data source	SCC Data Year	SCC Data	CA Data	Nat'l Benchmark
Cancer	Breast Cancer Screening	% of females ages 50-74 who had a mammogram in the past two years	all females 50-74	CHIS	2009	83%	86%	81.1%
	Breast Cancer Incidence	Age-adjusted breast cancer incidence rate	100,000 females	CA Cancer Reg	2009	161.4	154.1	--
	Breast Cancer Mortality	Age-adjusted mortality rate of females for breast cancer	100,000 females	CA Cancer Reg	2009	20.0	22.1	20.6
	Cervical Cancer screening	% of females ages 21 - 65 who had Pap test 3 yrs ago or less (never had a hysterectomy)	all females 21-65	CHIS	2007	91%	90%	93.3%
	Cervical Cancer Incidence	Age-adjusted cervical or uterine cancer incidence	100,000 female adults	CA Cancer Reg	2009	7.2	7.8	7.1
	Cervical Cancer Mortality	Three-year age-adjusted mortality rate due to cervix uteri cancer	100,000 female adults	CA Cancer Reg	2007-09	1.4	2.3	2.2
	Colorectal cancer screening	% of adults 50+ who ever had a sigmoidoscopy / colonoscopy	100,000 adults 50+	SCC BRFS; Cited by SCC Health Profile	2009	65%	60%	70.5%
	Colorectal cancer incidence	Age-adjusted colon and rectum cancer incidence rate ²	100,000 adults	CA Cancer Reg	2009	40.9	43.2	45.4
	Colorectal cancer mortality	Age-adjusted colon and rectum cancer mortality	100,000 adults	CA Cancer Reg	2009	13.9	14.5	14.5
	Liver cancer incidence	Age-adjusted liver cancer incidence rate ²	100,000 adults	CA Cancer Reg	2009	10.9	8.6	--
	Liver cancer mortality	Age-adjusted liver cancer mortality	100,000 adults	CA Cancer Reg	2009	6.8	5.6	--
	Lung/bronchus cancer incidence	Age-adjusted lung/bronchus cancer incidence rate ²	100,000 adults	CA Cancer Reg	2009	41.8	50.6	--
	Lung/bronchus cancer mortality	Age-adjusted lung/bronchus mortality	100,000 adults	CA Cancer Reg	2009	28.2	37.8	45.5

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Prostate cancer screening	% of adult men ages 50 and older who reported that they had ever had a prostate-specific antigen test	men age 50+	SCC BRFS; Cited by SCC Health Profile	2009	72%		D
Prostate cancer incidence	Age-adjusted prostate cancer incidence rate ²	100,000 men	CA Cancer Reg	2009	145.9	131.0	--
Prostate cancer mortality	Age-adjusted prostate cancer mortality rate	100,000 men	CA Cancer Reg	2009	15.8	22.4	21.2
Cancer mortality (all types)	Age-adjusted mortality rate due to all cancers	100,000 adults		2009	137.6	158.3	160.6

² Veteran's Health Admin hospitals did not report to CCR in 2005-2009. Therefore, case counts and incidence rates for males are underestimated.

Need	Short Description	Detailed indicator	Population/Denominator	SCC Data source	SCC Data Year	SCC Data	CA Data	Nat'l Benchmark
Cardio/Heart/Stroke	Heart disease mortality	Heart disease deaths	raw number (age-adjusted rate N/F)	CDPH Vital Stats Table 5-20	2010	Age-adjusted rate N/F		
	Stroke hospitalization rate	Hospital discharges due to acute ischemic stroke	raw number (age-adjusted rate N/F)	OSHPD 061-063	2010	Age-adjusted rate N/F		
	Stroke death rate	Stroke deaths	raw number (age-adjusted rate N/F)	CA Vital Stats Table 5-20 (2010)	2010	Age-adjusted rate N/F	CA Vital Stats 2010, Table 5-7	
	High cholesterol	% adults ever diagnosed with high cholesterol	adults	SCC BRFS (cited SCC Health Profile '10)	2009	29%	--	14%
	Hypertension	% adults ever diagnosed with hypertension	adults	SCC BRFS (cited SCC Health Profile '10)	2009	26%	--	27%
	Heart attack	% adults ever had heart attack	adults	SCC BRFS (cited SCC Health Profile '10)	2009	3%	3%	
	Heart disease prevalence	% adults ever diagnosed with coronary heart disease/angina	adults in San Jose/Sunnyvale/Santa Clara Area	CDC BRFS (online query)	2010	3.2%	3.6%	US: 4.3%
	Stroke incidence	% of adults who have ever had a stroke	adults	CDC BRFS 2006-1010	2009	2%	2.20%	--

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Need	Short Description	Detailed indicator	Population/ Denominator	SCC Data source	SCC Data Year	SCC Data	CA Data	Nat'l Benchmark
Respiratory	Asthma: children diagnosed	% children 0-17 diagnosed with asthma (based on parent report)	children 0-17	OSHPD; Cited by CA Breathing SCC Asthma Profile	2009	12%	14%	--
	Asthma: adults diagnosed	% adults ever diagnosed with asthma (lifetime)	adults	CHIS	2009	11%	14%	CA target: 13%
	Asthma: infant/toddler hospitalizations	Age-adjusted asthma hospitalization rate for kids 0-4	10,000 residents	OSHPD; Cited by CA Breathing SCC Asthma Profile	2010	24.5	22.3	18.1
	Asthma: child hospitalizations	Age-adjusted asthma hospitalization rate of kids 5-17	10,000 residents	OSHPD; Cited California Breathing SCC Asthma Profile	2010	4.3	6.9	--
	Asthma: adult hospitalizations	Age-adjusted rate of adult 18-64 hospitalizations for asthma per 10,000 residents	10,000 residents	OSHPD; Cited California Breathing SCC Asthma Profile	2010	3.2	5.7	8.6
	Asthma: senior hospitalizations	Age-adjusted rate of adults 65+ hospitalizations for asthma	10,000 residents	OSHPD; Cited California Breathing SCC Asthma Profile	2010	19.3	20.7	20.3
	COPD prevalence	% of adults ever diagnosed with COPD	adults	--	--	D	--	--
	COPD hospitalizations	Hospital discharges due to COPD	raw number (age-adjusted rate N/F)	OSHPD 190-192	2010	Age-adjsted rate N/F		

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Need	Short Description	Detailed indicator	Population/ Denominator	SCC Data source	SCC Data Year	SCC Data	CA Data	Nat'l Benchmark
Oral Health	Dentists in SCC who accept Medi-Cal (TBD)	Number of general practice dentist offices in the county who accept Denti-Cal	--	Dentical website	2013	102	N/A	--
	Dental decay (adult)	% adults with tooth loss due to gum problems or tooth decay	adults	SCC BRFS; Cited by SCC Health Profile	2009	33%		--
	% of children with caries	% of elem. kids that have a history of tooth decay	"elementary school children"	Health Trust Oral Health Status 2001 Needs Asst; Cited by SCC Health Profile	2001	50% (D)		49%
	School absence due to dental issues	% of children who have missed school due to dental issues	--	--		D	--	--
	Dentist utilization (children)	% of middle and high school students who visited the dentist in the past 12 months	--	CHKS, 2007-2008; Cited by SCC Health Profile	2007-08	80% (D)		--
	Dentist utilization (adult)	% adults who did NOT go to the dentist in the last year	adults	SCC BRFS; Cited by SCC Health Profile	2009	26%		--
	Emergency dental visits	Number of ER visits per year due to dental problems	--	--		D	--	--
Diabetes	Diabetes prevalence (children)	% of adults who were age 0-10 when diagnosed with diabetes	adults	SCC BRFS; Data tables provided by SCC PHD	2009	4%		--
	Diabetes prevalence (adult)	% adults who have diabetes	adults 20+	SCC BRFS; Cited by SCC Health Profile	2009	8%	>8%	US 8% (ADA '07)
	Diabetes hospitalization (child)	Diabetes hospitalizations (child)	--	OSPHD		D		--
	Diabetes hospitalization (adult)	Diabetes hospitalizations (adult)	--	OSPHD		D		--

Santa Clara County and San Benito County Health Need Profile

Need	Short Description	Detailed indicator	Population/ Denominator	SCC Data source	SCC Data Year	SCC Data	CA Data	Nat'l Benchmark
Obesity	Obesity (young children)	% of kids 2-5 years old considered overweight (85-95th%)	kids 0-5 years	CDC PEDS Table 6B (Growth/Anemia by County)	2007-09	16%	16%	10%
	Obesity (young children)	% of kids 2-5 years old considered obese (>=95th%)	kids 2-5 years	CDC PEDS Table 6B (Growth/Anemia by County)	2007-09	17%	17%	10%
	Overweight or obese (5th grade youth)	% of students in 5th grade in "Needs Improvement" or "At Risk" zone	5th graders	CDE Fitnessgram (BMI)	2011-12	42%	48%	6-11 yrs: 15.7%
	Overweight or obese (7th grade youth)	% of students in 7th grade in "Needs Improvement" or "At Risk" zone	7th graders	CDE Fitnessgram (BMI)	2011-12	39%	45%	--
	Overweight or obese (9th grade youth)	% of students in 9th grade in "Needs Improvement" or "At Risk" zone	9th graders	CDE Fitnessgram (BMI)	2011-12	35%	41%	--
	Obesity (youth)	% MS/HS students considered obese	5th/7th/9th graders	CHKS 07-08; overall rate by SCC Health Profile	2007-08	10%	--	12-19 yrs: 16.1%
	Overweight/Obese(adult)	% adults considered overweight or obese (BMI >25)	adults	SCC BRFS; Cited by SCC Health Profile	2009	55%	60%	--
	Obesity (adult)	% adults considered obese	adults	SCC BRFS; Cited by SCC Health Profile	2009	18%	23%	31%

Santa Clara County and San Benito County Health Need Profile

Need	Short Description	Detailed indicator	Population/ Denominator	SCC Data source	SCC Data Year	SCC Data	CA Data	Nat'l Benchmark
Birth	High birthweight	% infants born at high birthweight (>4000 grams)	live births	CDC PEDS Table 6B (Growth/Anemia by County)	2007-09	8%	8%	--
	Babies low birth weight	% babies born less than 2,500 grams (5.5 pounds)	live births	Overall: CDPH, 2010 Vital Statistics Table 2-20 ; By race: KidsData	2010	7%	7%	8%
	Mothers with prenatal care	% infants whose mothers received 1st trimester prenatal care	live births	CDPH Vital Stats	2010	85%	84%	78%
	Infant mortality rate	Deaths of infants under 1 year	raw number (age-adjusted rate N/F)	Overall: CDPH Vital Statistics; By SCC Ethn: Table 4-13	2010	Calculated rate N/F	4.7	

Santa Clara County and San Benito County Health Need Profile

Need	Short Description	Detailed indicator	Population/ Denominator	SCC Data source	SCC Data Year	SCC Data	CA Data	Nat'l Benchmark
TB	TB infections	TB case rate per 100,000	100,000 people	SCC PHD TB Info Mgmt System 2000-2009; CA Reportable Disease Information Exchange, 2010;	2010	10.8	6.0	1
Sexually Transmitted Diseases	HIV screenings	% of adults screened for HIV	adults			D		17%
	HIV incidence rate	New HIV infections	100,000 people	eHARS 2011; analyzed by SCC PHD	2011	10.3	Rate not calc	--
	Chlamydia incidence rate (female)	Chlamydia incidence rate female	100,000 females		2011	430.9	569.9	--
	Chlamydia incidence rate (male)	Chlamydia incidence rate male	100,000 males		2011	169.1	257.8	--
	Chlamydia incidence rate	Chlamydia incidence (cases) - all ages & genders	raw number (age-adjusted rate N/F)	CDPH STDC prelim data thru 8/07/12; DOF Race/Ethnic Pop Projections Jul '07	2011	31150%	438	
	Chlamydia incidence rate (youth)	Chlamydia incidence (cases) - youth 15-24	raw number (age-adjusted rate N/F)		2011	Age-specific rate N/F		
	Gonorrhea incidence rate	Gonorrhea incidence (cases) - all ages & genders	raw number (age-adjusted rate N/F)		2011	3550%	73.1	
	Gonorrhea incidence rate (youth)	Gonorrhea incidence (cases) - youth 15-24	raw number (age-adjusted rate N/F)		2011	Age-specific rate N/F		
	Syphilis incidence rate	Primary/secondary syphilis incidence (cases) - all ages & genders	raw number (age-adjusted rate N/F)		2011	380%	6.5	

Santa Clara County and San Benito County Health Need Profile

Need	Short Description	Detailed indicator	Population/ Denominator	SCC Data source	SCC Data Year	SCC Data	CA Data	Nat'l Benchmark
Alzheimer's Disease	Alzheimer's prevalence	number adults 55+ with Alz	adults 55+	Alzheimer's Disease; Facts and Figures in California: Current Status and Future Projections", Alz Assoc, CA Council, Feb 2009	2008	27,658	588,208	--
	Alzheimer's prevalence	Rate of older adults diagnosed with Alzheimer's	adults 55+		--	D		
	Alzheimer's hospitalizations	Age-adjusted rate of Alzheimer's hospitalizations	100,000 population	N/F OSHPD	--	D		D
	Alzheimer's mortality	Age-adjusted Alzheimer's mortality rate	100,000 population	Alzheimer's Disease; Facts and Figures in California: Current Status and Future Projections", Alz Assoc, CA Council, Feb 2009	2003-05	20.8	22.1	--
Unintentional Falls	Fatal, unintentional falls older adults 65-84	Rate of fatal, unintentional falls age 65-84	100,000 adults 65-84	CADPH Epicenter	2010	26.6	21.7	--
	Fatal, unintentional falls 85+	Rate of fatal, unintentional falls age 85+	100,000 adults 85+	CADPH Epicenter	2010	268.8	148.5	--
	Nonfatal falls hospitalizations	Rate of nonfatal hospitalized fall injuries	100,000 adults 18+	CDPH EPIcenter "top 5 causes of injury" query; CA DOF Estimates 2000-2010 updated 11/2012	2011	292.4	370.4	--
	Nonfatal falls hospitalizations 65-84	Rate of hospitalizations due to falls for older adults age 65-84	100,000 adults 65-84		2011	1,015	1167.0	--
	Nonfatal falls hospitalizations 85+	Rate of hospitalizations due to falls for older adults age 85+	100,000 adults 85+		2011	4,527	5087.0	--

Santa Clara County and San Benito County Health Need Profile

Need	Short Description	Detailed indicator	Population/ Denominator	SCC Data source	SCC Data Year	SCC Data	CA Data	Nat'l Benchmark
Violence	Recent domestic violence	% adults who experienced physical or sexual violence by intimate partner in past year	all genders age 18-65	CHIS	2009	1.7%	3.5%	D
	Recent domestic violence	% adult women who experienced physical or sexual violence by intimate partner in past year	females age 18-65	CHIS	2009	2.3%	4.0%	
	Domestic violence help-police	Number calls to law enforcement for domestic-violence related assistance	all genders and ages	CA DOJ Criminal Profiles Table 14	2010	4738	--	
	Domestic violence help-CBOs	Number calls to community-based agencies for domestic-violence related assistance	all genders and ages	-	--	D	--	
	Physical bullying (youth)	% MS/HS Students Who Reported Being Physically Bullied on school property in the last 12 months	7th, 9th, and 11th graders	CHKS A6.2 by grade; Overall cited by SCC Violence report	2009-10	28%		18%
	Psychological bullying (youth)	% of youth reporting being psychologically bullied on school property in last 12 months	7th, 9th, and 11th graders	CHKS A6.2 by grade; Overall cited by SCC Violence report	2009-10	44%	--	18%
	Gang membership (youth)	% of MS/HS students who currently consider themselves a gang member	7th, 9th, and 11th graders	CHKS p.42 Table A.62 by grade; overall cited by SCC Violence report p.19	2009-10	7%	--	--
	Violent crime (youth)	Juvenile felony arrest rate for violent offenses	100,000 10-17 years	CDJ, Criminal Justice Profile Table 3C	2010	253.2	294.9	
	Violent crime (adult)	Adult Felony Arrest Rate for Violent Offenses	100,000 adults	CDJ, Criminal Justice Profile	2010	287.8	394.2	--
	Homicide(youth)	Homicide rate youth	100,000 15-24 yrs	CDPH Vital Stats; cited by RDA	2009	7.4	10.8 age 18-29	
	Homicide (adults)	Homicide rate overall	100,000 adults	CA OAG Crimes and Crime Rates 2001-2010 (Table 1)	2010	1.3		5.5
	Child abuse	Rate of substantiated allegations of child maltreatment	1,000 children/youth 0-20 yrs	CA Dept Soc Svc/UC Berkeley Ctr for Soc Svc Research; CA Dept Fin 2000-2010	2011	4.3	9.6	8.5

Santa Clara County and San Benito County Health Need Profile

Need	Short Description	Detailed indicator	Population/ Denominator	SCC Data source	SCC Data Year	SCC Data	CA Data	Nat'l Benchmark
Mental Health	Mental health problems (adult)	% of adults reporting poor mental health in last 30 days	adults	SCC BRFS 2009; Cited by SCC Health Profile	2009	33%		--
	Mental health problems (youth)	% of MS/HS students who felt sad or hopeless almost every day for 2 weeks or more in the past 12 months.	7th, 9th, and 11th graders	CHKS Mental Health Module; cited by SCC Viet report	2009-10	28%	28% 7th graders N/A overall	--
	Suicide attempts (adult)	Nonfatal self-inflicted injury hospitalizations - adults 20+	raw number	CADPH Epicenter Injury Data Summary by Cause and Age	2011	Age-specific rate N/F		
	Suicide rate (adults)	Suicides (adults 20 years +)	raw number	CADPH Epicenter	2010	Age-specific rate N/F		
	Suicide attempts (youth)	Nonfatal self-inflicted injury hospitalizations - youth 15-19	raw number	CADPH Epicenter Injury Data Summary by Cause and Age	2011	Age-specific rate N/F		
	Suicide (youth)	Suicides (youth age 15-19)	raw number	CADPH Epicenter	2010	Age-specific rate N/F		
Substance Abuse	Smoking (youth)	% MS/HS kids smoked cigarettes last 30d		CHKS A5.3; ; Cited by SCC Health Profile	2009-10	8%		16%
	Smoking (adults)	% of adults who are current smokers	adults	SCC BRFS; Cited by SCC Health Profile	2009	10%		12%
	Binge drinking (youth)	% of MS/HS binge drinking last 30 days		CHKS A4.7; Cited by SCC Viet Profile	2009-10	8%		9%
	Binge drinking (adults)	% of adults binge drinking last 30 days	adults	SCC BRFS; Cited by SCC Health Profile	2009	25%	16%	24%
	Marijuana use (youth)	% used marijuana at least once past 30d		CHKS A4.3; ; Cited by SCC Health Profile	2009-10	12%	11%	6%
	Drug use (adult)	% adults used drugs past 12 months	adults	SCC BRFS 2009; Cited by SCC Health Profile	2009	8%		7%

Data is **red** is statistically unstable and should be interpreted with caution.
National Benchmark is Healthy People 2020 unless otherwise specified.

Adult is 18+ unless otherwise specified
D = Developmental