

**Santa Cruz County
Public Health Department
Community Dialogue
Report**

Prepared by

**Survey Research Group
Public Health Institute**

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survey research group



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Executive Summary

Introduction

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

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

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

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

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

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

Participant Demographics

Seventy-eight people participated in the community dialogue groups, which ranged in size from 1 to 23 participants (Table 1). Youth and adults participated in the community dialogue groups, with roughly

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

Summary of Findings

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

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

Conclusions

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

Report of Findings: Themes

I. Summary of Findings

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

Perceived Relationships among Themes

Substance use disorder, homelessness, mental health, and public safety were four major themes that were of great importance to nearly all of the community dialogue groups. As participants engaged in discussion, these themes were discussed in tandem as related issues that impact the health of their community. *Figure 1* depicts the perceived relationship that participants described among these themes and their relationship with other secondary themes. Participants felt that substance use disorder, homelessness, and mental health are often interrelated, and all three of these issues impact public safety. For example, a common public safety concern discussed among participants was lack of access to safe and clean public parks and open spaces. Because such spaces are often inhabited by homeless populations, participants felt that many parks are not safe to visit. Participants described drug use, discarded needles, public urination and defecation, and violence as some of the issues that impact public safety and are related to these major themes. Each of these themes is described in greater detail below, including further discussion of the perceived relationships among these themes.

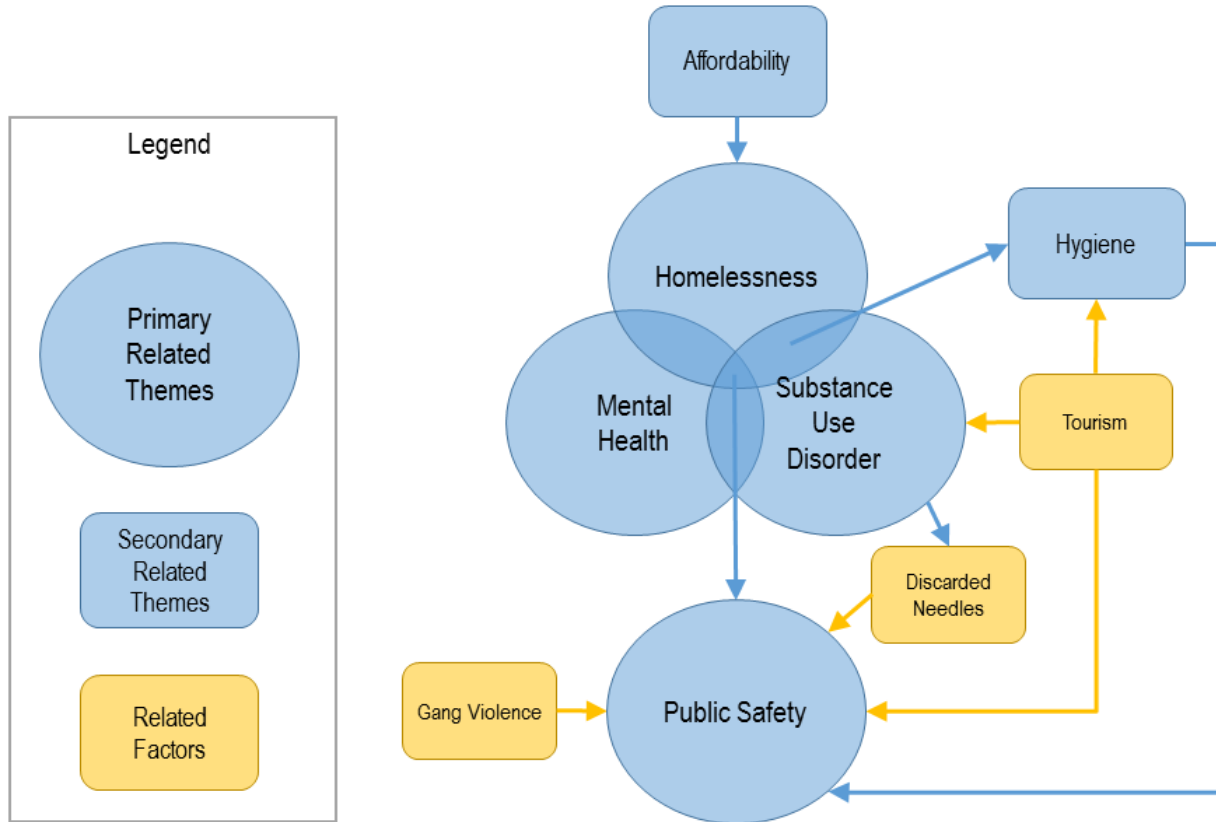
Table 2. Themes by Frequency of Discussion

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

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

II. Themes

Perceived relationships among themes as discussed by community dialogue participants.



Substance Use Disorder

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

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

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

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

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

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

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

Many participants felt that alcohol and drug use is a key issue within downtown Santa Cruz. One community dialogue group described high rates of public drinking by tourists during the summer months when tourism is high. They felt that this negatively impacts their community by threatening

public safety. They also described accumulation of vomit and garbage in their public spaces and parks, hygiene concerns that they believed result from drunkenness. Another group talked about injection drug use on the beaches and in the bathrooms near the Santa Cruz Boardwalk as a primary health concern.

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

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

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

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

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

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

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

Homelessness

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

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

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

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

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

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

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

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

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

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

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

Mental Health

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

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

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

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

were mentioned included improved public transportation and additional safe places for youth to congregate such as activity centers.

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

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

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

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

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

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

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

“One thing that I think is important that is lacking in Santa Cruz County in general is there is no psychiatric health available for children or teenagers, and the rate of suicide and depression amongst teenagers is so high. What happens if you are struggling as a parent with a teenager

who is suicidal or depressed, or having anxiety is you get to a point where they are desperately in need of help right away, and the only thing you can do is basically have a Sheriff put them in an ambulance and drive them to San Francisco, where they get put on a 3-day stay – which is ridiculous.” – Community Dialogue Participant, Mountain Community Resources, Felton

Public Safety

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

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

“I get scared to take my kids to the beach because there have been numerous needle sticks.” – Community Dialogue Participant, Scott’s Valley Senior Center, Scott’s Valley

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

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

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

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

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

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

Affordability

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

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

“There are a lot of different people that are being forced out that are on low income. A lot of people that are suddenly displaced and have to figure out what to do and how to make ends

meet, if they will stay or if they will go, and where else they can go.” – Community Dialogue Participant, Mountain Community Resources, Felton

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

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

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

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

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

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

Health Care

Discussion about the quality of health care in Santa Cruz County came up during most community dialogue groups, particularly regarding the need for improved access to care. As discussed in the Affordability section, participants felt that the cost of health care was a barrier within their

community. Some participants felt that inadequate health insurance may impact individuals' ability to seek quality healthcare, limiting the doctors available to them and making services unaffordable. One participant shared about issues related to billing and the lack of unified healthcare systems in the county, describing these issues as barriers for individuals seeking care.

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

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

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

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

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

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

Food and Nutrition

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

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

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

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

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

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

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

Chronic Conditions

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

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

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

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

Physical Activity

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

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

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

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

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

Community

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

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

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

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

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

Hygiene

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

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

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

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

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

Environmental Exposures

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

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

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

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

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

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

Report of Findings: Geographic Themes

I. Introduction

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

II. Themes

Santa Cruz

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

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

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

"People defecating in public, hygiene issues, my sister has seen it driving down Ocean Street." – Community Dialogue Participant, Scott's Valley Senior Center, Scott's Valley

Many participants felt that substance use disorder is a key issue within downtown Santa Cruz. Participants in the community dialogue group described high rates of public drinking during the summer months when tourism is high. They felt that this negatively impacts their community by threatening public safety. Another group talked about injection drug use on the beaches and in the bathrooms near

the Santa Cruz Boardwalk as a primary health concern. Many participants discussed discarded needles from injection drug users as a major public safety concern, reporting that these are often found in public spaces such as parks and beaches. Participants expressed the need for additional needle disposal bins to be placed in their community in an effort to contain the problem.

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

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

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

Watsonville

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

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

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

“We got another McDonald’s in town. You look around and it’s full of pizza parlors. That’s where the parents take the kids because the kids like that. After a week of working, they feel guilty and

they want to give the kids whatever they can give them. It's a vicious cycle.” – Community Dialogue Participant, University Cooperative Extension Santa Cruz County Auditorium, Watsonville

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

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

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

Davenport

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

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

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

“The cement plant. When they’re working on the plant and starting to dismantle certain portions this winter, in the windy season and couple of days I can feel it in my lungs and I know the burning of that, the cement dust....” “The solution to that is having better monitoring, having

more water on the operations when they're doing the dismantling and then timing that when there's not big wind..." – Community Dialogue Participant, Pacific Elementary School Community Room, Davenport

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

Felton

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

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

Scott's Valley

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

Report of Findings: Responses to County Health Indicators

I. Introduction

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

II. Findings

Overweight and Obesity Trends

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

Age-Adjusted Rates of Death by Cause

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

Self-Reported Health for Adults

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

Violent Crimes

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

Percentage of Mothers Receiving Early Prenatal Care

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

Rate of Substantiated Cases of Child Abuse

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

Percentage of Children in Poverty

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

Percentage of Households Below Self-Sufficiency Income Standards

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

Percentage Unemployed

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

Additional Reactions

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

Report of Findings: Written Submissions

I. Summary of Findings

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

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

II. Themes

Substance Use Disorder

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

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

Public Safety

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

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

Mental Health

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

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

Environmental Exposures

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

Hygiene

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

Appendices

Appendix A: Community Dialogue Guide

Appendix B: Health Indicators

Appendix C: Demographic Survey

Appendix D: Written Submissions

Appendix A: Community Dialogue Guide

Focus Group Guidelines Santa Cruz County Public Health Department October 11-15, 2016

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

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

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

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

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

Let's begin.

Comenzemos la conversación.

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

We will not share anything you mention today with anyone who does not work for our organization, the Public Health Institute. Please be aware that anything you share here today will be heard by the other focus group participants and we cannot guarantee that what you share will be kept private. We recommend that you avoid sharing personal health information about yourself or others that you know. If you do choose to share, it is best to say that you are sharing about "someone you know" rather than identifying who you are sharing about. Everyone's opinion is very important, so I want to make sure that all of you get a chance to talk. Feel free to respond to each other and give your opinion even if it differs from your neighbor. Occasionally, I may ask to move on to the next question, but I will do so just to make sure we cover all the topics that we want to talk about today.

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

Appendix A: Community Dialogue Guide

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6. What does a healthy community look like?

¿Como se imagina una comunidad saludable?

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

Appendix A: Community Dialogue Guide

Data Impressions

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

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

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

¿Hubo algo que le sorprendiera?

¿Hubo algo que le sonara cierto?

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

¿Que se destacó más de las estadísticas presentadas?

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

¿Por qué esto se destacó?

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

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

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

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

¿Esta información le cambia su opinión?

¿Esta información le fortalece sus pensamientos?

¿Esta información le inspira nuevas ideas?

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

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

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

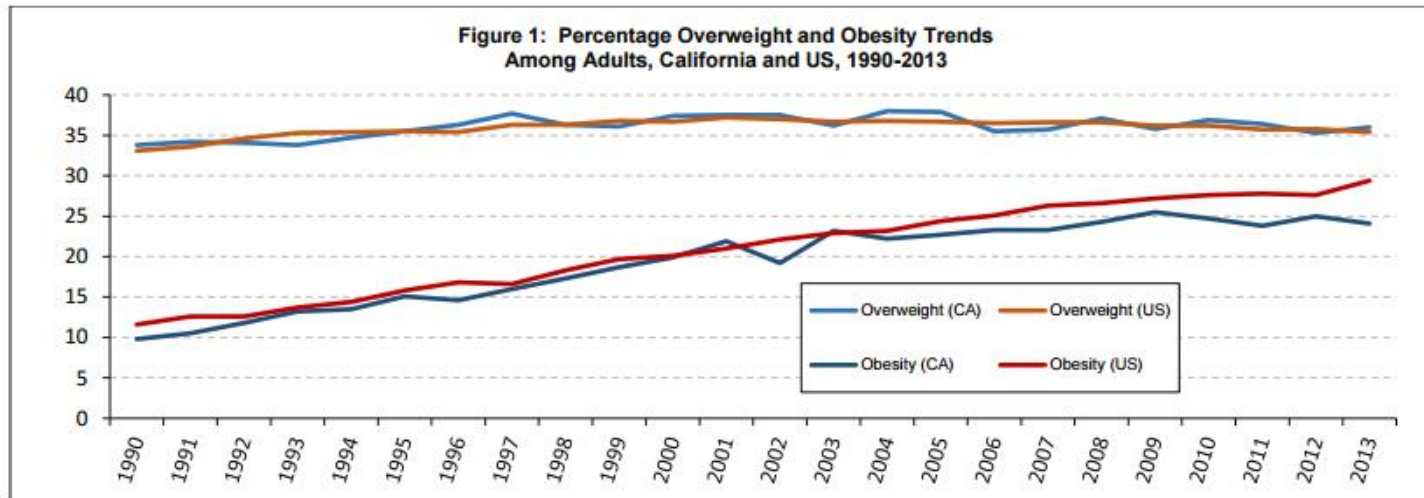
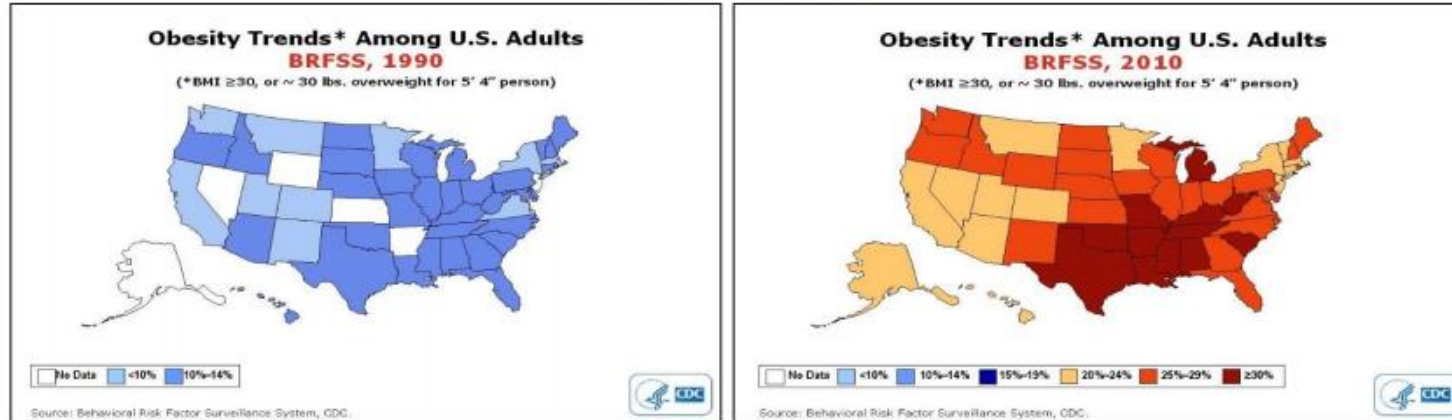
¿Cómo afectan a su comunidad estos temas?

¿Qué información le gustaría saber?

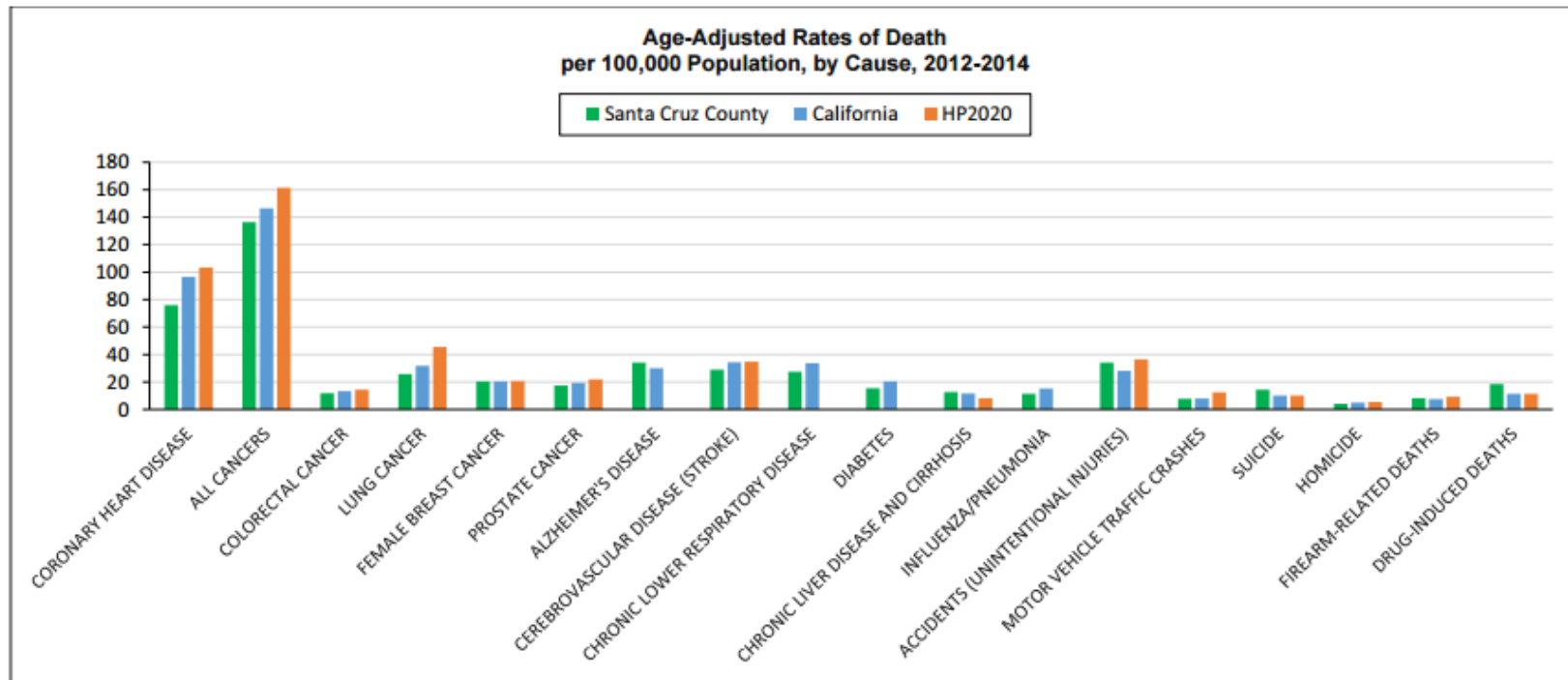
Thank you for taking time to come talk with us today. What you have shared will help us work together to understand more about the strengths and needs of the community in order to improve the health of all Santa Cruz County residents. We will be working over the next few months to put together what everyone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

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

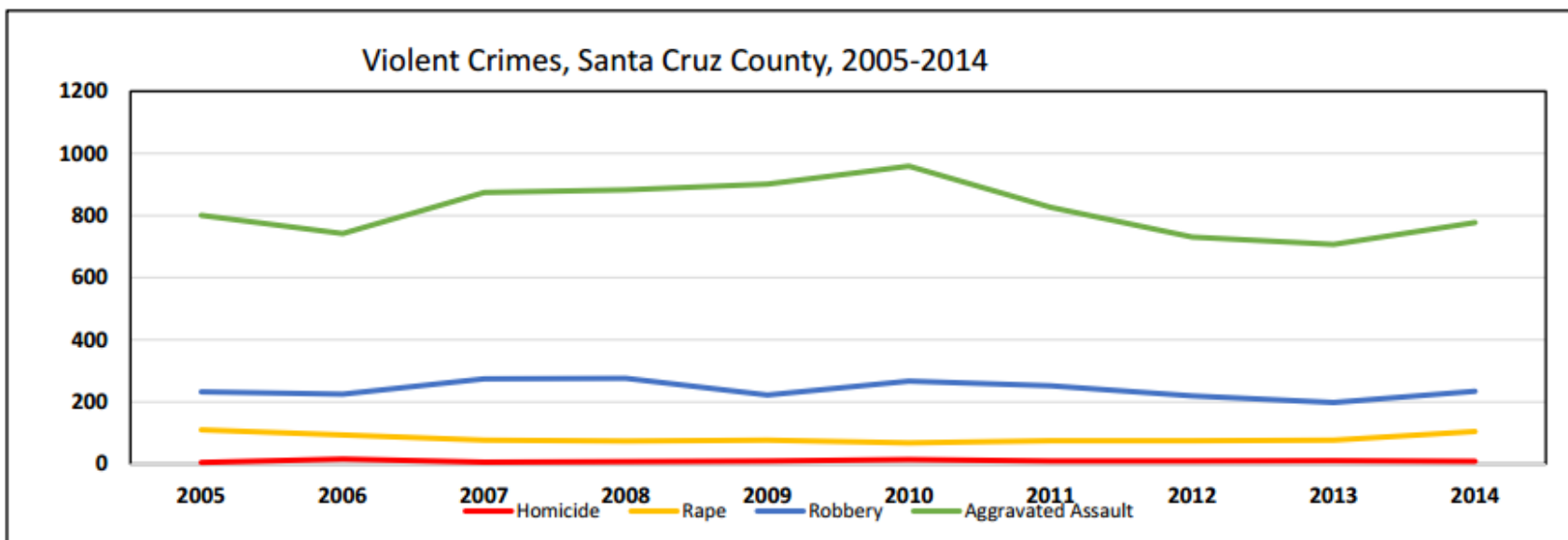
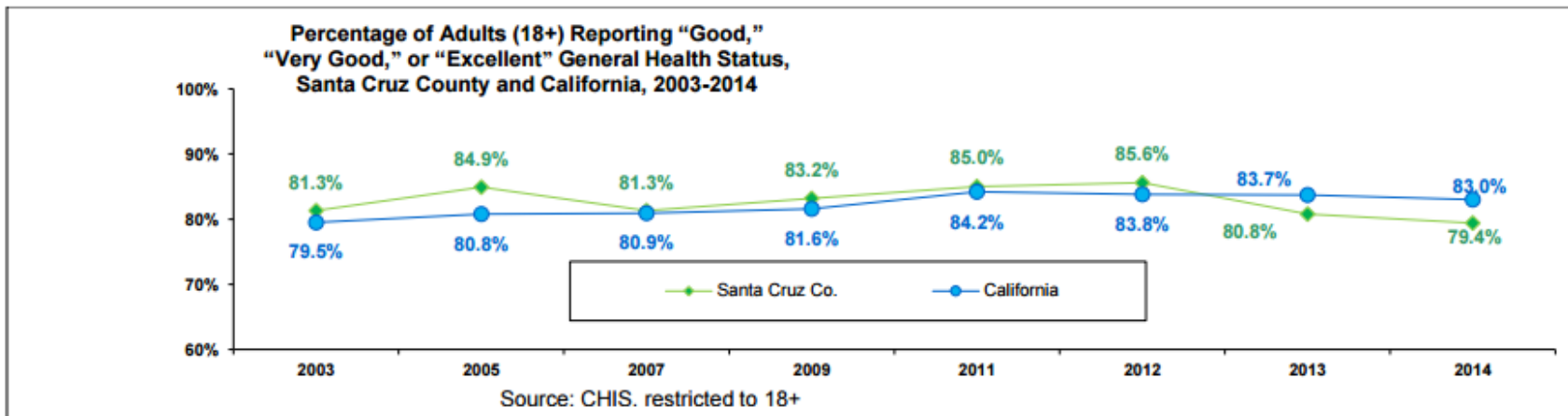
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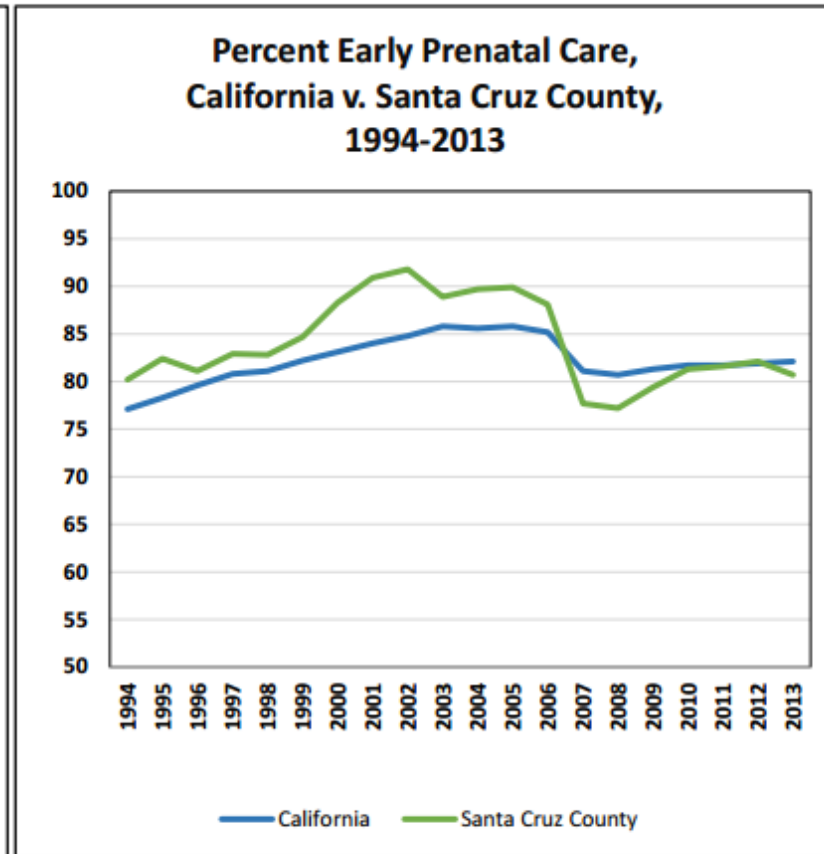
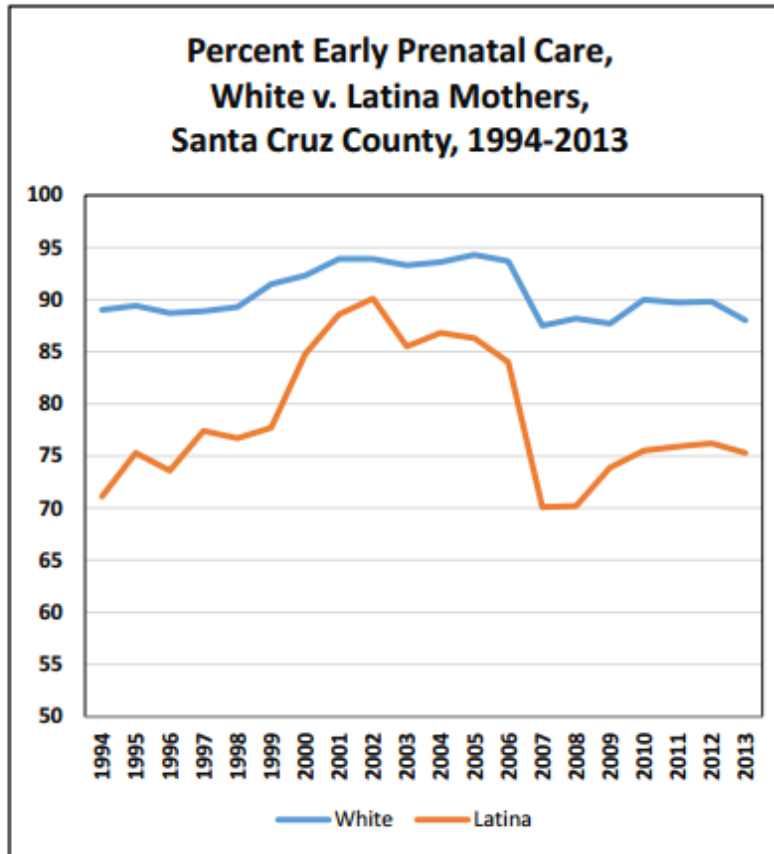
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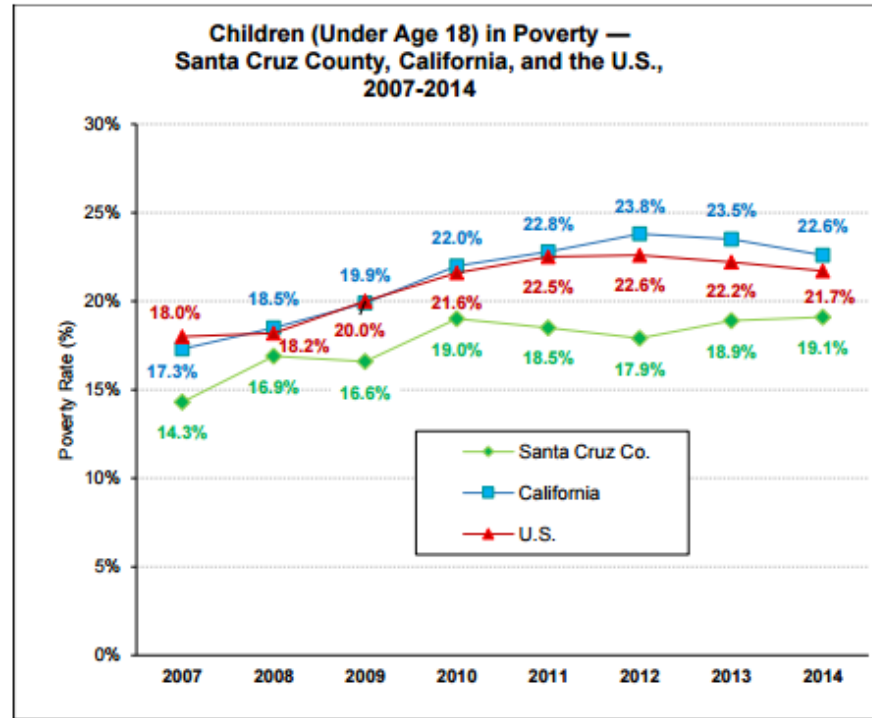
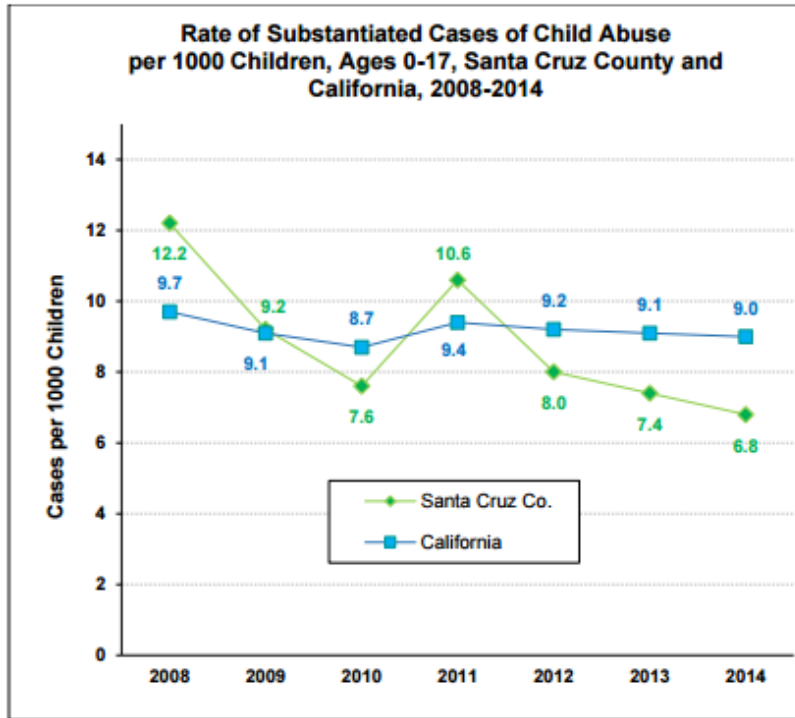


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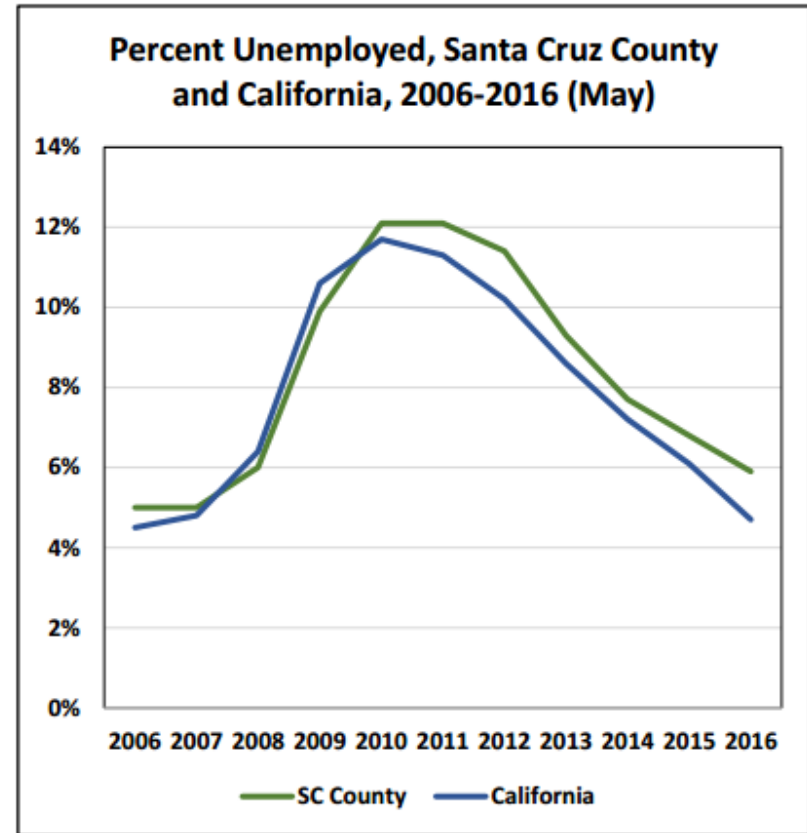
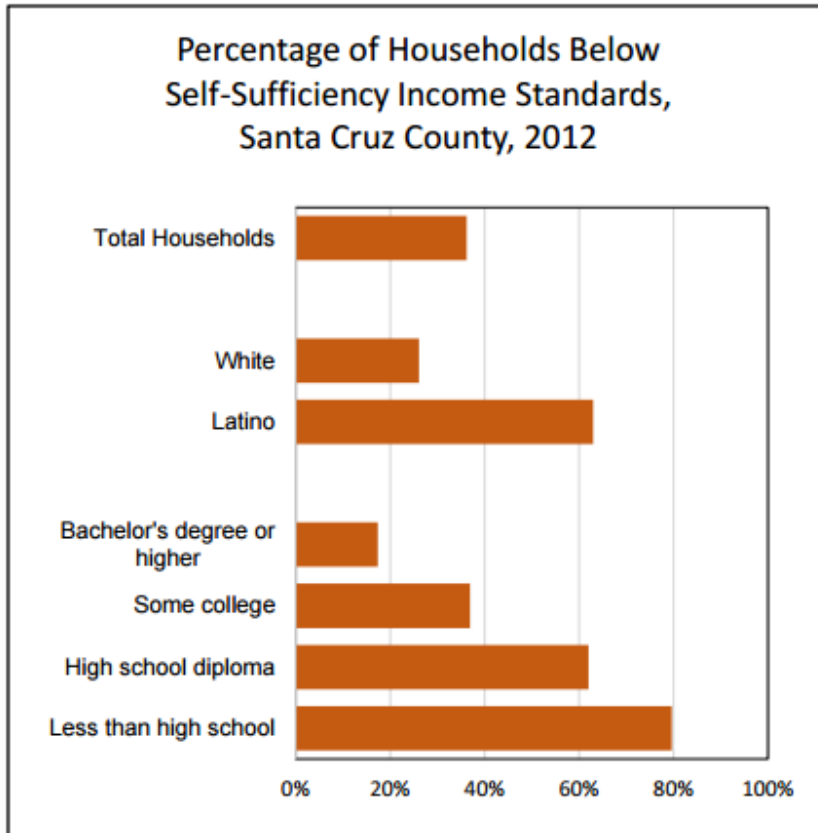
Santa Cruz County



Indicators



Indicators



Appendix C: Demographic Survey

Demographic Survey

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

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

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

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

¿Qué raza o grupos étnicos se identifica usted?

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

Hispanic or Latino

Hispano/a o Latino/a

White or Caucasian

Blanco/a o Caucásic/a

Asian or Pacific Islander

Asiático/a o de Islas del Pacífico

Black or African American

Negro/a o Africano/a Americano/a

Native American or Indian

Indio/a o Nativo/a Americano/a

Other/Otro/a _____

3. What language do you prefer to speak?

¿Qué idioma prefiere hablar?

English/ Inglés

Spanish/ Español

Other/ Otro _____

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

Female/Femenino Male/Masculino Other/Otro

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

Survey Continues on Next Page →

La encuesta continúa en la página siguiente →

Appendix C: Demographic Survey

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

Yes/Sí No/No

6. In the last 12 months, have you or anyone in your household received:

En los últimos 12 meses, usted o alguien en su hogar ha recibido:

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

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

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

WIC? Yes/Sí No/No Don't know/No sabe

THANK YOU.

GRACIAS.

Appendix D: Written Submissions

Submission 1

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

Submission 2

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

Submission 3

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

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

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

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

Appendix D: Written Submissions

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

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

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

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

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

Submission 4

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

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

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

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

1. Cement Plant Activities

- a) Aggressive dust control during demolition/repurposing of the Cement Plant and requiring that demolition activities occur during to low wind days (not in our windy spring season).*
- b) Maintaining dust control practices while the plant is shuttered. This includes fixing the tattered and failing tarps on the massive slag pile on the north end of property,*

Appendix D: Written Submissions

dust control on roads and traveled areas, and maintaining siding on buildings that house dust.

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

2. Pullouts

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

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

I appreciate you listening to our health concerns.

Submission 5

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

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

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

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

Submission 6

By far the most needed health services are psychiatric services for those who are ill. The County MH Dept takes only those who are the very worst off, but what about the many

Appendix D: Written Submissions

community members who have severe depression, bi-polar, ptsd, anxiety, etc. They need psychiatric care as well. And it is not available enough in this community.

Submission 7

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

Submission 8

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

Submission 9

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

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

Submission 10

A great start is not turning a blind eye to the issues that are destroying the community.

We put a welcome mat out to take on every indigent, homeless person, criminal and addict of the world yet Santa Cruz is the second most unaffordable place to live in the country and don't really provide any effective rehabilitation services.

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

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

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

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

Submission 11

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